



Minnesota Overdose Spike Alert Community Response Guide

**GUIDANCE FOR JURISDICTIONS RESPONDING TO SPIKES IN
SUSPECTED DRUG OVERDOSES**

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Introduction

Purpose of the Guide

This document provides guidance, model language, and templates that jurisdictions can use to develop a response plan during a spike in suspected drug overdoses. This guide is not meant to serve as a comprehensive approach for jurisdictions but rather it is meant to provide a guide to assist jurisdictions in developing their own response plans, with the goal of mitigating the morbidity and mortality of an overdose spike.

This guide also contains information about programs and interventions that are recommended to be implemented before an overdose spike occurs that will help to prevent a spike in overdoses and aid in your community's response during a spike. This information can be found in the [Resources to Prevent and Better Respond to Spikes](#) section.

How to Use This Document

This guide is meant to be used in combination with the MN-OD-ALERTS protocol. MN-OD-ALERTS was developed by the Minnesota Department of Health (MDH) to combat the drug overdose epidemic in Minnesota through a coordinated and strategic approach that enables timely and effective identification of potential drug overdose anomalies (i.e., spikes, clusters, novel drug threats). When a potential overdose anomaly event occurs, MDH staff review the anomaly and if the threat arises to the appropriate threshold, MDH staff will alert local points of contact.

The guidance in this document is to be used by jurisdictions to assist in developing their plan to respond to an overdose anomaly event. As jurisdictions work to create their plan, they are encouraged to expand or modify the language in the guide to better fit the needs of their local community. Jurisdictions should also include key stakeholder input when developing their plan. **This document is meant to serve as guidance for jurisdictions and should be adapted to meet local needs in accordance with available resources. Jurisdictions are encouraged to take this guide as a starting point and make it their own by modifying the response actions and templates to fit the needs and resources in the community.** Jurisdictions are also encouraged to use their response protocols as iterative, living documents that are updated and adjusted based on lessons learned and changes in available resources.



Local Points of Contact: Jurisdictions will identify points of contact for their jurisdiction. The local points of contact will be notified by MDH during an anomaly event and will be responsible for communicating information to their jurisdictions' response team and back to MDH. It is recommended that jurisdictions identify at least two points of contact; one point of contact from the local/Tribal health department and the other from a local/Tribal law enforcement agency. Jurisdictions may also consider designating their county/city/Tribal Emergency Managers

and/or their regional Homeland Security and Emergency Management program coordinator as additional local points of contact. This will help ensure that a response can be coordinated outside normal working hours. **Before designating your local points of contact, please use this REDCap form to register your jurisdiction with the MN-OD-ALERTS program. Someone from MDH will reach out to you with next steps.**

Definitions and Abbreviations

Abbreviations

ED: Emergency Department

EMS: Emergency Medical Services

FDA: Food and Drug Administration

FQHC: Federally Qualified Health Center

LPH: Local Public Health

MDH: Minnesota Department of Health

MNDOSA: Minnesota Drug Overdose and Substance Use Surveillance Activity

MN-OD-ALERTS: Minnesota Overdose Alert, Local Engagement, Response, and Tracking System

MNTEST: Minnesota Timely Emerging Substance Testing program

MOUD: Medications for Opioid Use Disorder

ODMAP: Overdose Detection Mapping Application Program

OFR-PHAST: Overdose Fatality Review – Public Health and Safety Teams

OSRT: Overdose Spike Response Team

SBIRT: Screening, Brief Intervention, and Referral to Treatment

SUD: Substance Use Disorder

Anomaly Alert Definitions

This section provides a brief description of how MDH defines and categorizes overdose anomalies. This information is included here to provide context; however, jurisdictions are not expected to be responsible for detecting spikes in their county. For a more detailed description of how MDH identifies anomalies, please see the MN-OD-ALERTS protocol.

The primary data sources MDH uses to detect anomalies are **Emergency Medical Services** data (i.e., ambulance runs) and **Syndromic Surveillance** data (i.e., emergency department visits and

inpatient hospitalizations). Other data sources such as [ODMAP](#), Poison Center, and medical examiner/coroner data are also considered.

Note: MN-OD-ALERTS currently can detect overdose spikes involving opioids. MDH plans to expand to all drug overdoses in the future when a case definition becomes available.

Type of Anomalies

An anomaly is characterized as an increase in the number of overdoses compared to what is typically expected within a specific time period and population. Types of anomalies include:

Spike: an unusually high number of overdoses identified within a defined timeframe (e.g., 24 hours) and a specific place (e.g., county).

Cluster: a set of overdoses with a potential epidemiological link. For example, a grouping of overdoses occurring among acquaintances sharing the same drugs.

Novel drug threat: an unusual substance or mixture with the potential of causing spikes or clusters.

Types of Activation Thresholds

When the count of overdoses surpasses the designated threshold, an alert is initiated. For example, if the activation threshold is set to 10, an alert would be triggered at 11 overdoses.

Static and Dynamic Thresholds

Static threshold: manually predefined value to detect spikes.

Dynamic threshold: uses statistical algorithms that consider observed data trends and compare them with historical data to detect spikes.

Time and location

Time and location elements are used in the activation thresholds to allow for more effective and nuanced monitoring of overdose spikes. Each threshold definition is bound by a timeframe (e.g., daily or weekly counts) and a location (e.g., location of overdose or location of the facility where the patient was treated).

Daily counts: statistical algorithms use a dynamic, or constantly changing, threshold to identify when daily overdose counts exceed expected numbers. Alerts are categorized as either *moderate* or *severe* based on platform-developed algorithms.

Weekly counts: a static, or fixed, threshold is used to compare the number of overdoses in the previous seven days to historical data to identify when the count is higher than expected.

- A ***moderate threshold*** is determined by taking the average plus two times the standard deviation. When this calculation results in a moderate threshold of zero or one, it is set to two overdoses.

- A **severe threshold** is calculated as the average plus three times the standard deviation. If the moderate and severe thresholds result in the same value, the severe threshold is adjusted to be one overdose higher than the moderate threshold.

Each month, these static thresholds will be recalculated using data from the prior 12 months, which ends one month before the current month.

Overdose location: site of the suspected overdose, represented as geographical coordinates and classified at either the county or [Community Health Board level](#).

Facility location: hospital facility where the individual was treated for a suspected overdose, classified at either the county or Community Health Board level.



A note on terminology: From this point forward, the term “spike” will be used in place of “anomaly.” While anomalies can include spikes, clusters, or novel drug threats, spikes are expected to be the most commonly detected. For simplicity, “spike” will be the default term used in this guide. However, responses to clusters or novel drug threats are also within scope, so MDH will provide specific recommendations for those situations as they arise.

Assemble Overdose Spike Response Team

It is important to identify and engage partner agencies before a spike occurs. Creating a defined network of stakeholders to mobilize during a spike ahead of time will save time when a response is needed and will allow your jurisdiction to respond more effectively. Convene partner agencies in advance to discuss and agree upon roles and responsibilities during an overdose spike.



Overdose Spike Response Team members likely will come to the table with varying levels of knowledge about overdose and substance use disorder. Consider convening members of the team to provide important background information to ensure team members have a shared understanding. Team members should have a shared understanding that 1) the goal of the Overdose Spike Response Team is to reduce overdose deaths 2) substance use disorder (SUD) is a chronic, treatable disease and 3) overdose deaths are preventable.

Consider including representatives from the following agencies and community stakeholders when assembling your team:

- Local/Tribal health department (including emergency response coordinator, if applicable)
- Behavioral health, treatment providers, prescribers of medications for opioid use disorder
- Harm reduction services providers ([list of Syringe Service Programs in Minnesota](#))
- Law enforcement (e.g., county sheriff's office, Tribal police, jails, transit police, college campus police, local drug task forces)
- Parole/probation officers
- County Attorney
- Local hospitals and emergency departments
- EMS
- Fire departments
- Medical Examiner / Coroner
- Naloxone Access Points
- Peer recovery/support services providers with lived experience
- Housing services and services for people experiencing homelessness or unstable housing ([Housing Continuums of Care Contact List](#))
- Recovery housing
- Quick response teams/crisis response teams (if applicable)
- Community coalitions

- [Emergency Management](#)
- Social services providers (e.g., child and family services)
- [MDH Field Service Epidemiologists](#)
- [Homeland Security and Emergency Management Coordinator](#)

You may want to divide partners into sub-teams and identify leads for each sub-team. Sub-teams may include:

Communications sub-team that coordinates communications with the public and media

Harm reduction sub-team that coordinates naloxone and test strip distribution

Support services sub-team that coordinates post-overdose outreach and/or peer support services

Treatment sub-team that coordinates treatment facility information



Although not a formal member of the overdose spike response team, it is important to engage people at risk of overdose and their friends/family during the planning process as they are the intended audience for much of the public communication during an overdose spike. For example, they could provide feedback on messaging templates to ensure the message will be received as intended and is culturally responsive. They might also provide suggestions on what communication channels are most effective in reaching people at risk of overdose and their friends/family.

Best practices for inviting people who use drugs to the table:

- Invite several people who use drugs- not just one- to provide input.
- Share who else will be attending meetings, especially when meetings include law enforcement, parole officers, or city officials.
- Let people who use drugs know how they are expected to contribute.
- Provide financial support for participation in meetings such as stipends, honoraria, and per diems. Provide transportation assistance.
- Be flexible about meetings, times, location, agenda, and level of participation.
- Prepare new attendees with training.
- Learn from people who use drugs on how to make the meeting more inclusive.
- Acknowledge gaps in your own experience and address any discomfort or unfamiliarity openly and respectfully.
- Do not require disclosure of personal information.
- Do not tokenize people who use drugs.
- Do not only invite people who formerly used drugs.

For more best practices, please see [Meaningful Involvement of People Who Use Drugs.](#)

Recommended Actions

Through the MN-OD-ALERTS system, MDH will detect overdose spikes and will assign the spike with a response level tier, one through four. The MDH team will alert and share pertinent information with pre-established points of contact in the affected jurisdictions.

Situation describes the criteria for triggering the corresponding alert level. Note that the triggering event criteria are identical for Tiers 2-4. When the requirements for Tiers 2-4 are met, this will trigger an in-depth data review conducted by MDH. The results of the data review will determine the final assignment of the alert to the appropriate tier. The in-depth data review will be completed within 48 hours of when MDH is notified of the triggering event.

Recommended Local Action provides a list of recommended actions for local partner agencies according to the overdose spike level (Tiers 1-4).

Please note, the list of recommended actions is not exhaustive but is meant to provide guidance for jurisdictions as they determine what fits best in their jurisdiction. We recognize that not all recommended actions listed are appropriate or feasible in every community. Local Overdose Spike Response Teams should convene before a spike to determine a list of appropriate actions based on their community's needs and resources.

Tier 1: No Response

Situation

Tier 1 Triggering Event. The MDH team determines:

- A. that the number of drug overdose events has exceeded the moderate threshold but did not exceed the severe threshold; AND
- B. there is no evidence of a suspected cluster or novel drug threat; AND
- C. there is no evidence of a suspected fatal drug overdose

Recommended Local Action

Under a Tier 1 alert, no action is recommended. MDH will send an informative email to the local points of contact in the affected jurisdiction. The email is for situational awareness only and notifies that a potential in-depth data review will be conducted by MDH. The MDH team will continue to monitor trends over the next 48 hours and will reach out if an in-depth data review is needed.

The local points of contact should inform members of their Overdose Spike Response Team (OSRT) that the MDH team is monitoring the need for a potential in-depth data review. **This communication should be marked “For information only” and communicated only to members of the OSRT, and not to anyone in the public. OSRT members should communicate any pertinent information they have to the local points of contact who will then communicate this back to the MDH team.** For example, the local police department may be

aware of multiple overdose deaths in the community before the deaths are detected in MDH's data systems. This local information will assist MDH in more quickly coordinating an in-depth data review.

Tier 2: Mid-Level Response / Targeted Alert

Situation

Tier 2 Triggering Event. The MDH team determines:

- A. that the number of drug overdose events has exceeded the severe threshold; OR
- B. the number of drug overdose events has exceeded the moderate threshold but did not exceed the severe threshold; AND
- C. there is evidence of a suspected cluster or novel drug threat; OR
- D. there is evidence of a suspected fatal drug overdose

MDH will notify the local points of contact for the affected jurisdiction that they are conducting an in-depth data review. Points of contact will be asked not to disseminate information prior to the completion of the data review. The local points of contact should inform members of their OSRT that the MDH team is conducting an in-depth data review. **This communication should be marked "For information only" and communicated only to members of the OSRT, and not to anyone in the public to avoid panic. OSRT members should communicate any pertinent information they have to the local points of contact who will then communicate this back to the MDH team.** The MDH team will update the points of contact when the data review is complete.

Tier 2 Scenario(s): Based on the data review, the MDH team determines that the suspected spike is affecting a specific population and/or local response team mobilization is recommended and issues a Tier 2 alert. The MDH team will continue to examine data regularly to confirm a downward trend. Messaging to the general public about the overdose spike is NOT recommended for a Tier 2 scenario; however, messaging to specific affected groups may be appropriate.

Recommended Local Action

Local Public Health

**Consider sharing joint responsibility with local law enforcement for informing partners and coordinating an appropriate response. This may be especially important during spikes occurring outside normal business hours to ensure the ability to respond at any time.*

- Alert partner agencies to the suspected spike and share details as appropriate (see [Sample Alert to Overdose Spike Response Team](#)).

- Information shared with partners should be clearly marked to indicate the appropriate level of dissemination (i.e.: “For Information only,” “Targeted Alert,” “For public dissemination”) (see [Table 1](#)).
- Develop and disseminate coordinated messaging to partner agencies.
 - If the threat is specific, develop public messaging tailored for affected groups.
 - E.g., if there is a suspected increase in overdoses among people experiencing homelessness or with unstable housing, develop messaging to disseminate to that population.
 - Develop prevention messaging ([see templates](#)).
 - local resources for treatment and recovery services
 - [the Good Samaritan Law \(Steve’s Law\)](#)
 - safer use and harm reduction strategies
 - overdose symptoms and naloxone (e.g., how to use, where to find)
- Assemble resource bags for law enforcement, EMS, and fire to distribute to individuals in crisis (e.g., naloxone kits, resource cards).
- Brief appropriate LPH staff on overdose spike. For example public health nurses who may be interacting with community members and could share overdose prevention resources.
- Assess naloxone inventory across jurisdiction partners and acquire additional doses as needed.
- Maintain communication with MDH team, share any relevant information on the suspected spike with the MDH team.



Naloxone: The State of Minnesota has a system in place for law enforcement (and other mandated groups) to acquire naloxone at no cost. While the system is not currently available to local public health, local public health can work with their local law enforcement agency to place an order through the State Naloxone Portal. Naloxone ordered through the portal can be distributed by law enforcement to other agencies and the public in order to meet the jurisdiction’s needs. Note, the portal should be used to ensure an adequate supply of naloxone ahead of time as orders are not able to be expedited during a spike.

Order naloxone at no cost: [Naloxone Standing Order and Portal - MN Dept. of Health \(state.mn.us\)](#)

Local Law Enforcement

**Consider listing each law enforcement agency and its responsibilities separately.*

- Notify officers of a spike during role call or by other daily communication dissemination protocol.

- Ensure officers are carrying an adequate number of naloxone kits, consider equipping them with additional kits.
 - To learn more about eligible groups and ordering naloxone at no cost, visit: [Naloxone Standing Order and Portal - MN Dept. of Health \(state.mn.us\)](https://state.mn.us/naloxone).
- Carry resource bags to distribute to individuals in crisis (e.g., naloxone kits, [resource cards](#)).
- Activate quick response teams or outreach teams (if applicable) and disseminate information in cluster areas.
 - Information might include messaging developed by local public health on the Good Samaritan Law, harm reduction strategies, naloxone, local treatment options, and recovery resources.
- Notify [Post Overdose Response Team](#) (if applicable) so they are prepared to follow-up in the days following an overdose to connect individuals to resources.
- Ensure [ODMAP](#) access and ensure all suspected overdoses the agency responds to are being entered into [ODMAP](#) in as near-real-time as possible.
- Monitor ODMAP for subsequent increases in overdoses.
- Consider submitting drugs recovered at the scene of an overdose that will not be part of a criminal investigation for testing at the Public Health Laboratory through the MNTEST program.
 - Fill out this form to submit a sample: <https://redcap.health.state.mn.us/redcap/surveys/?s=JER8RKMXKXMMT4FM>
- Maintain communication with MDH team, share any relevant information on the spike with the MDH team.

Corrections

- Ensure staff are properly equipped with an adequate supply of naloxone.
- Distribute naloxone to individuals leaving jail and prison facilities, especially those with a SUD.
- Educate individuals leaving jail and prison facilities on their increased risk of overdose because their tolerance has decreased after a period of abstinence from drugs.
- Ensure individuals leaving jail and prison facilities with a SUD are connected to treatment and resources in the community.
- Share messaging developed by local public health on the Good Samaritan Law, harm reduction strategies, naloxone, local treatment and recovery resources with individuals leaving jail and prison facilities.

Parole and Probation

- Share messaging developed by local public health on the Good Samaritan Law, harm reduction strategies, naloxone, and local treatment and recovery resources with clients that have a SUD.

Harm Reduction / Syringe Services Programs

- Share messaging on the Good Samaritan Law, harm reduction strategies, naloxone, and local treatment and recovery resources with participants.
- Ensure adequate supply of naloxone and fentanyl test strips.
 - To order nasal naloxone at no cost visit: [Naloxone Standing Order and Portal - MN Dept. of Health \(state.mn.us\)](#).
- If the threat is specific, share relevant information with participants (e.g., The spike is suspected to be caused by an increase in overdoses among people who use cocaine).
- If feasible, consider conducting outreach in known “hot spots.”
- Share any relevant information about the overdose spike, or other relevant trends, with LPH contact.

Emergency Department (ED)

- Alert staff to potential increase in drug overdose patients (share pertinent information on suspected substances involved in the spike).
- Ensure protocol is in place for initiating patients with an opioid use disorder on Medications for Opioid Use Disorder (MOUD) in the ED.
 - [Buprenorphine Emergency Department Quick Start - Bridge to Treatment](#)
 - [Protocol for Patients Beginning Buprenorphine Treatment at Home](#)
- Ensure a process is in place for connecting patients to treatment and recovery support services in the community and/or connecting patients to peer recovery specialists.
 - [Find a Recovery Community Organization in your community](#)
 - [Building a Case for Community-Based Peer Support in the Emergent Management of Opioid Overdose](#)
- Distribute [naloxone](#) to individuals with SUD upon discharge.
- Share messaging developed by local public health on the Good Samaritan Law, harm reduction strategies, naloxone, and local treatment and recovery resources with individuals with a SUD being discharged.

Clinics and Federally Qualified Health Centers (FQHCs)

- Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Provide buprenorphine to patients with opioid use disorder as appropriate.
- Share messaging developed by local public health on the Good Samaritan Law, harm reduction strategies, naloxone, and local treatment and recovery resources with patients with SUD.

Emergency Medical Services (EMS) and Fire Departments

- Alert staff to potential increase in calls.
- Ensure adequate supply of naloxone.
- For ambulance agencies that have implemented an MOUD field administration protocol, review protocol with paramedics and ensure an adequate supply of medication.
 - [Example Protocol](#)
- Distribute [naloxone](#) on scene to individuals with SUD.
- Develop a process for connecting patients to treatment and recovery support services in the community and/or connecting patients to peer recovery specialists.
 - [Find a Recovery Community Organization in your community](#)
- Ensure [ODMAP](#) access and ensure all suspected overdoses the agency responds to are being entered into ODMAP in as near-real-time as possible.
- Monitor ODMAP for subsequent increases in overdoses.

Housing and Residential Treatment Services

- Perform intermittent bed checks in all group homes/recovery housing/shelters to check on the safety and well-being of residents.
- Share messaging developed by local public health on the Good Samaritan Law, harm reduction strategies, naloxone, and local treatment and recovery resources with residents.
- Ensure naloxone kits are on-site and accessible to residents.
- Encourage residents to not use alone and to notify staff if there is a suspected overdose.
- Consider use of overdose detection and response technology (e.g., [Brave Buttons](#) and bathroom sensors).

Dispatch

- Ensure dispatch is trained on signs of an overdose and how to communicate this to emergency responders.
 - [American Heart Association training video](#)

- [Steve Rummler Naloxone Training](#)

Peer Recovery Specialists

- Conduct outreach in affected areas and/or locations where people who use drugs frequent.
- Dispatch to ED to connect patients with SUD to treatment/recovery/harm reduction resources.
- Alert recovery community organizations.

Tier 3: High-Level Response / Public Alert

Situation

Tier 3 Triggering Event: the MDH team determines

- A. that the number of drug overdose events has exceeded the severe threshold; OR
- B. the number of drug overdose events has exceeded the moderate threshold but did not exceed the severe threshold; AND
- C. there is evidence of a suspected cluster or novel drug threat; OR
- D. there is evidence of a suspected fatal drug overdose

MDH will notify the local points of contact for the affected jurisdiction that they are conducting an in-depth data review. Points of contact will be asked not to disseminate information prior to the completion of the data review. The local points of contact should inform members of their OSRT that the MDH team is conducting an in-depth data review. **This communication should be marked “For information only” and communicated only to members of the OSRT, and not to anyone in the public to avoid panic. OSRT members should communicate any pertinent information they have to the local points of contact who will then communicate this back to the MDH team.** The MDH team will update the points of contact when the in-depth data review is complete.

Tier 3 Scenarios(s): Based on the data review, the MDH team determines the suspected spike is widespread across the jurisdiction and/or may extend to neighboring jurisdictions and issues a Tier 3 alert. The MDH team will continue to examine data regularly to confirm a downward trend.

Recommended Local Action

- All Tier 2 response items

Local Public Health

- Create messaging and coordinate dissemination to the public (e.g., [social media messaging](#), [press releases](#), [flyers posted in the community](#)).

- Provide the public with general information about the spike as appropriate.
 - For guidance on what to share and what not to share publicly, see the [Communication Considerations](#) section.
- Provide the public with resources and action items such as
 - local resources for treatment and recovery services
 - the Good Samaritan Law (i.e., Steve’s Law)
 - safer use and harm reduction strategies
 - naloxone (e.g., how to use, where to find)
 - reminder to check on friends and loved ones with a SUD
- Respond to media requests as needed.

Local Law Enforcement

- Disseminate public messaging (e.g., social media messaging, press release, flyers).
- Alert law enforcement agencies from surrounding counties.

Emergency Management Agencies

- Collaborate on the development and dissemination of messaging for the public.
- Use existing emergency management alert system to disseminate spike alert notifications to appropriate partners.

Tier 4: Statewide/Multi-State Response

Situation

Tier 4 Triggering Event: the MDH team determines

- A. that the number of drug overdose events has exceeded the severe threshold; OR
- B. the number of drug overdose events has exceeded the moderate threshold but did not exceed the severe threshold; AND
- C. there is evidence of a suspected cluster or novel drug threat; OR
- D. there is evidence of a suspected fatal drug overdose

MDH will notify the local points of contact for the affected jurisdiction that they are conducting an in-depth data review. Points of contact will be asked not to disseminate information prior to the completion of the data review. The local points of contact should inform members of their OSRT that the MDH team is conducting an in-depth data review. **This communication should be marked “For information only” and should be communicated only to members of the OSRT, and not to anyone in the public to avoid panic. OSRT members should communicate any pertinent information they have to the local points of contact who will then communicate this back to the MDH team.** The MDH team will update the points of contact when the targeted investigation is complete.

Tier 4 Scenario(s): Based on the data review, the MDH team determines the suspected spike is widespread and sustained across several jurisdictions, involves a particularly lethal substance, or involves neighboring states and issues a Tier 4 alert. MDH team will continue to examine data regularly to confirm a downward trend.

Recommended Local Action

- All Tier 2 response items.
- All Tier 3 response items.

Minnesota Department of Health

Under a Tier 4 alert, the Minnesota Department of Health will:

- Notify and coordinate with other state agencies as needed.
- Notify and coordinate with involved jurisdictions.
- Lead statewide communications efforts:
 - Social media messaging
 - Press release
 - Text alerts

After an Overdose Spike Has Ended

Debrief

After the alert has been deactivated, it is important to evaluate the response plan, capture lessons learned, and update your protocol accordingly.

- Convene the response team to debrief regarding the response plan process and outcomes.
 - To what extent did your plan achieve its goal?
 - What worked well?
 - What did not work well?
 - What recommendations do partners have for improving the plan?
 - How could communication between OSRT members be improved?
 - How could communications with the public be improved? (if applicable)
 - Who was not included in the response that should be next time?
 - What recommendations does the local response team have for the MDH team to improve communications/coordination?
- Evaluation metrics to consider:
 - Number of fatal overdoses
 - Number of non-fatal overdoses
 - Response time (e.g., average time from incident report to response)
 - Number and location of naloxone kits distributed
 - Number of individuals referred to treatment or harm reduction resources
 - Number of individuals receiving follow-up care post overdose
 - Number of clinical or physical drug samples associated with the spike sent to the public health lab for testing
- Adjust your plan accordingly and communicate new protocols to necessary stakeholders.

Provide Necessary Training and Support

- Ensure needs around compassion fatigue, secondary trauma, and mental health support are met for first responders, response team members, and affected community members.
- Ensure first responders are trained in best practices for responding to an opioid overdose.
 - Should occur before a spike with any necessary refresher provided following a spike.

Resources to Prevent and Better Respond to Spikes

Implement Overdose Prevention Programs and Interventions

There are several programs and interventions that your community can implement before a spike occurs that can help prevent a spike from occurring in the first place, and help your community more effectively respond when there is a spike. Below is a list of programs and interventions your community could consider implementing, along with a description and key resources for each.

Post Overdose Outreach Teams

Post-overdose outreach teams engage overdose survivors and/or their friends and family in the days following an overdose with the goal of connecting them to services that reduce their risk of future overdose. Post-overdose outreach teams can offer referrals and link people to local SUD treatment and healthcare, provide naloxone and harm reduction resources (e.g., safer use supplies, test strips), and connect people to social services resources (e.g., housing, food, employment). If a law enforcement agency employs non-sworn staff that are clinically trained (e.g. social worker) or are certified health professionals (e.g. community health worker, peer support specialist), these staff should be prioritized as part of the outreach rather than sworn personnel. If sworn officers are necessary to ensure staff and scene safety, officers should be trained in behavioral health de-escalation and crisis response.

Key Resources:

- [PRONTO: Partnerships for Post Overdose Outreach](#)
- [Post Overdose Outreach Guidance Summary](#)
- [Post Overdose Outreach Best Practice](#)

Overdose Fatality Review and Public Health and Public Safety Teams (OFR-PHAST)

Overdose Fatality Reviews (OFR) and Public Health and Safety Teams (PHAST) are two separate, companion models used by a growing number of jurisdictions across the country to strengthen their response to the overdose epidemic.

Overdose Fatality Reviews are confidential meetings in which a diverse group of stakeholders collaborate to share data and study the death of a specific individual to identify gaps in the system that could have saved that person's life.

Public Health and Safety Teams are partnerships between public health officials, law enforcement representatives, and other groups dedicated to preventing overdose deaths. PHAST teams are well-positioned to perform OFRs.

OFRs and PHASTs help jurisdictions reduce overdose deaths by increasing collaboration and coordination among all sectors, with a focus on public health and safety agencies. They have three overarching goals: (1) shared understanding of the local overdose crisis, (2) optimized jurisdictional capacity to respond to overdoses, and (3) shared accountability for reducing overdose deaths. Creating an OFR-PHAST is an ideal framework for identifying gaps in your jurisdiction's response and prevention capabilities; and for identifying solutions and guiding them to implementation.

MDH provides support to jurisdictions interested in implementing OFR-PHAST. If you would like to learn more, please fill out this [OFR TA Request Form](#).

Key Resources:

- [PHAST Toolkit](#)
- [OFR Toolkit](#)
- [MDH OFR Webpage](#)

Overdose Detection Mapping Application Program (ODMAP)

ODMAP provides near real-time suspected overdose data across jurisdictions to support public safety and health efforts to respond to overdoses and allocate prevention resources. ODMAP is available at no cost to first responders and government (federal, state, local, Tribal) agencies serving the interests of public safety and public health.

Key Resources:

- [Learn more about ODMAP](#)
- [Register your agency for ODMAP](#)
- [ODMAP resources](#)

Overdose Education and Naloxone Distribution in Jails

The risk of overdose in the first two weeks following release is nearly 40 times higher among formerly incarcerated individuals compared to the general public.¹ In Minnesota between 2010 and 2019, drug overdose deaths were responsible for one in every three deaths occurring in individuals within one year of release from the Department of Corrections, with 20% of those deaths occurring in just the first two weeks of release.² Educating individuals with a SUD about overdose and providing them with naloxone upon release is one strategy jurisdictions can use to decrease overdose deaths. One study showed that among incarcerated individuals who

¹ Ranapurwala SI, Shanahan ME, Alexandridis AA, et al. Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015. *American Journal of Public Health*. DOI: 10.2105/AJPH.2018.304514

² Minnesota Management and Budget. (2021). Treating Opioid Use Disorder for Criminal Justice Involved Individuals. Medication for Opioid Use Disorder for Individuals in the Criminal Justice System (mn.gov)

received naloxone, 32% reported reversing an overdose and 44% received refills from community programs after reentry.³

Key Resources:

- [Primer for implementing Overdose Education and Naloxone Distribution in Jails and Prisons](#)
- [Jail-based Overdose Prevention Education and Naloxone Distribution Toolkit](#)
- [Instructions for how jails can order naloxone at no-cost from the state](#)

Peer Recovery Specialists

Peer Recovery Specialists are people who have been successful in the recovery process and trained to support others in their recovery by providing non-clinical, strengths-based support. They offer encouragement, practical assistance, and guidance; link people to tools and resources; and help them navigate barriers to recovery. Peer Recovery Specialists help people build recovery capital- the internal and external resources needed to begin and maintain recovery. They can be embedded in a variety of settings such as emergency departments, police departments, corrections, and syringe services programs.

Key Resources:

- [Find a Recovery Community Organization in your community](#)
- [Peer Recovery Center of Excellence](#)
- [Minnesota Recovery Connection](#)
- [Minnesota Harm Reduction Support Response Team](#)

Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA)

MNDOSA tracks cases of substance misuse that resulted in hospitalizations at participating facilities in near real-time. In the hospital setting, toxicology testing is not often performed as part of treatment for overdose patients. MNDOSA provides participating hospitals with the opportunity to send biological samples to the MDH Public Health Laboratory for detailed toxicology testing. If you are interested in participating in MNDOSA or learning more, contact health.drugodepi@state.mn.us

Key Resources:

- [MNDOSA Fact Sheet](#)
- [MNDOSA Overview and Data Dashboard](#)

³ Wenger LD, Showalter D, Lambdin B, et al. Overdose Education and Naloxone Distribution in the San Francisco County Jail. *J Correct Health Care*. 2019;25(4):394-404.

Initiate Buprenorphine Treatment Pre-Hospital through EMS and in the Emergency Department

MOUD is considered the standard of care for opioid use disorder treatment. Emergency medicine represents a key access point for initiating MOUD. Buprenorphine, one of three FDA-approved medications to treat opioid use disorder, can be prescribed by any clinician with a current standard DEA registration with Schedule III authority, in any clinical setting. In addition, EMS is uniquely positioned to administer buprenorphine directly following an overdose. EMS personnel can assess patient eligibility and treat with buprenorphine under a protocol from their medical director. Buprenorphine is a safe and effective medication that reduces withdrawal symptoms, relapse, and overdose risk.

Research demonstrates that initiating buprenorphine for opioid use disorder in emergency medicine increases long-term engagement in treatment. Buprenorphine can be initiated after naloxone administration or when a patient is in sufficient withdrawal. After buprenorphine administration, patients are linked to ongoing care in the community.

Key Resources:

- [Buprenorphine Emergency Department Quick Start - Bridge to Treatment](#)
- [Protocol for Patients Beginning Buprenorphine Treatment at Home](#)
- [EMS Example Buprenorphine Protocol](#)

Medications for Opioid Use Disorder (MOUD) in Jails

Meeting the needs of individuals with a SUD in jails is critical to reducing overdose deaths. The risk of overdose in the first two weeks following release is nearly 40 times higher among formerly incarcerated individuals compared to the general public.⁴ In Minnesota between 2010 and 2019, drug overdose deaths were responsible for one in every three deaths occurring in individuals within one year of release from the Department of Corrections, with 20% of those deaths occurring in just the first two weeks of release.⁵ Providing MOUD in jail is highly effective. Research shows it reduces the risk of death following incarceration by 75% and reduces the risk of death from overdose by 85% in the first month following release. Furthermore, treatment with methadone or buprenorphine is shown to lower rates of re-arrest and reincarceration.⁶

⁴ Ranapurwala SI, Shanahan ME, Alexandridis AA, et al. Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015. *American Journal of Public Health*. DOI: 10.2105/AJPH.2018.304514

⁵ Minnesota Management and Budget. (2021). Treating Opioid Use Disorder for Criminal Justice Involved Individuals. Medication for Opioid Use Disorder for Individuals in the Criminal Justice System (mn.gov)

⁶ Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic. TheOpioidEbatement-v3.pdf (iac.org)

Key Resources:

- Get Hands on Support: [MOUD Treatment in JAILS - Stratis Health](#)
- [Medications for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#)
- [Use of Medications for Opioid Use Disorder in Criminal Justice Settings](#)
- [Jail-Based Medication for Opioid Use Disorder: Promising Practices, Guidelines, and Resources](#)
- [Menu of strategies to increase MOUD in jails and in the community](#)

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Resources and Templates

Communication Considerations

Public spike alerts should be used sparingly to avoid alert fatigue. **Best practice is to use words like “dangerous” rather than “potent,” or “strong” to describe suspected substances involved in a spike. It is recommended that more detailed information be provided to the Overdose Spike Response Team and that only essential information that would facilitate prevention be shared with the public.**

When your community experiences an overdose spike, effectively communicating about overdose prevention strategies can help raise awareness of their importance and encourage people who are using drugs to take precautions to use more safely or seek treatment for substance use disorder. On the other hand, language that is stigmatizing or overly negative can discourage people from seeking help. **Messaging should emphasize that SUD is treatable, and overdoses are preventable.** Messaging should also include resources and clear action steps that the public can take to reduce their risk and prevent overdoses in their community.

For more practical tips for communicating during an overdose spike, check out this resource from MDH: [Overdose Cluster Response Messaging: A Guide for Public Health and Prevention Organizations \(state.mn.us\)](https://www.state.mn.us/mdh/overdose-cluster-response-messaging-a-guide-for-public-health-and-prevention-organizations)

Recommendations from Research on Effective Messaging

Use clear, direct, and action oriented language.	Use person-first language to reduce stigma.	Imply harm rather than potency or strength.
Include information on how to prevent overdose and how to recognize and respond to an overdose.	Include a date on messaging and remove it in a timely manner to prevent desensitization to message alerts.	Adjust messaging for different demographic groups.

Recommendations from Overdose Response Strategy Learning Community.

Designate Appropriate Level of Dissemination

When sharing information with OSRT members and other partner agencies, information should be clearly marked to designate the appropriate level of dissemination.

Dissemination: Levels of Response

For information only

Information intended for professionals only should be marked **'For information only.'** Sending briefings to OSRT members and other professionals keeps them informed and may enable a more effective response.

Targeted alert to specific populations

Targeted alerts directly or indirectly reach specific populations of people who use drugs either by setting (e.g., prisons, unsheltered individuals) or by population (e.g., people who use cocaine).

For public dissemination

Public alerts should be sent via communications channels following agreed upon protocols. Public alerts reach the widest audience and will be posted in public places, and shared through social media, personal networks, and news media if appropriate.

Adapted from Public Health England: Drug Alerts and Local Drug Information Systems.

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Considerations for Issuing Public or Targeted Alerts

	Do not consider an alert	Consider if other evidence exists	Consider an alert
<p>Will an alert enable avoidance or risk reduction?</p> <p><i>Can the drug be identified and is there something specific to say about the risks of the drug, potency, mixtures, method of use, infections, adulterations or settings that will enable the harm to be reduced or the drug avoided?</i></p>	<p>Do not consider an alert unless the available information is specific enough to enable the risk to be reduced or avoided.</p> <p><i>For instance, the drug is unknown and the risks or harm reduction options cannot be explained.</i></p>	<p>An alert is warranted by other criteria and generic harm reduction advice is applicable.</p> <p><i>For instance, the drug is unknown but serious harm or death has occurred and generic harm reduction advice would reduce risk.</i></p>	<p>Consider an alert if it enables the drug to be avoided or the risk reduced.</p> <p><i>For instance, the drug can be identified and there are alternatives or harm reduction options.</i></p>
<p>Will an alert be counterproductive?</p> <p>Will it encourage the use of a dangerous new and/or novel drug or alert to an extra potent source?</p> <p><i>For instance, a warning of potent fentanyl may cause people with OUD to seek it out and increase the incidence of overdose.</i></p>	<p>Do not issue an alert if thought to be counterproductive.</p> <p><i>In most cases, do not alert about potent fentanyl/opioids. However, there may be circumstances when an alert is justified: For instance, there have been a number of deaths or the purity is exceptionally high.</i></p>	<p>There is a serious risk and realistic harm-reduction advice is available.</p> <p><i>For instance, high potency ecstasy pills may be sought out without the risks being understood. Simple risk-reduction, such as breaking a pill in half, may be effective.</i></p> <p><i>For instance, if there is cocaine circulating in the community that is suspected to be laced with fentanyl, harm reduction advice such as encouraging people who use cocaine to use fentanyl test strips and carry naloxone may be effective.</i></p>	<p>Consider an alert if it is unlikely to be counterproductive or the risks of the drug involved outweigh any potential risk from issuing an alert.</p>

Adapted from Public Health England: Drug Alerts and Local Drug Information Systems.

Determining outreach and public communications response

Providing public communications should be considered if:

There is an action specific to the drug threat that can be taken to protect the public from a health risk (e.g., discarding or avoiding a potentially contaminated product, being aware of a particularly lethal batch, seeking naloxone).

Or

Communication is necessary to:

- Inform the public and raise awareness of overdose prevention strategies. Assess if there has been prior messaging focused on a particular geographic area or sub-population.
- Aid the investigation (e.g., additional case finding)
- Ensure appropriate and responsible messaging and transparency (e.g., preempting, clarifying or correcting incomplete or misleading information that has become public through other channels)
- Inform healthcare providers for public health or patient care purposes (e.g., raise awareness for case finding and provide information on screening, testing, or care management).

Public Communications Options for Consideration

- Alert via press release (used less often unless widespread potential threat)
- Social media through X (Twitter), Facebook, Instagram
- Targeted outreach to culturally specific media
- Targeted outreach at syringe services programs, Human Services agencies, Behavioral Health agencies
- Community Health Boards and Coalitions
- Phone and email communication to overdose response groups
- Outreach through EMS
- Outreach through fire departments

Adapted from NACCHO Overdose Spike Response Framework for County and Local Health Departments.

Message Templates and Examples

This section contains messaging templates that can be used in your jurisdiction's spike response communications. Overdose Spike Response Teams should plug in community-specific resources and information as applicable and add agency logos and branding as needed.

Sample Alert to Overdose Spike Response Team

[Jurisdiction Name] T[1-4] Alert

[Today's Date]

[For information only]- A public health alert based on [emergency medical services and syndromic surveillance data] has been issued for [Jurisdiction Name]. Below is a summary of the alert based on the available information. If you have additional information about the spike, please contact [local point of contact names] at [(xxx)xxx-xxxx or name@email.org]. Overdose Spike Response Team agencies should begin implementing Tier [1-4] response plan actions.

[For information only]- Description of the alert:

- Time of spike: [Month, date, year, hours, a.m./p.m.]
- Time detected: [Month, date, year, hours, a.m./p.m.]
- Tier indication: [T1-T4]
- Location: [jurisdiction, city/town, zip codes]
- Results of in-depth data review: [X] suspected non-fatal overdoses and [X] suspected non-fatal overdoses. This exceeds the threshold of [X] number of expected overdoses.
- Suspected substances involved: [insert suspected substances involved if known]
- Specific populations involved: [if applicable, e.g., unstably housed, people who use methamphetamine]

Please share the attached prevention messaging/resources with your clients/patients/those you encounter: local treatment and recovery services card, flyer on Good Samaritan law, flyer on safer use and harm reduction strategies, flyer on OD symptoms and naloxone.

[Targeted alert (if applicable)] Individuals in [X population] are being disproportionately affected during this spike. Please share the following prevention messaging with this population.

Example: An overdose spike alert has been issued for County A. A number of overdoses have occurred among people who use cocaine. If you are using cocaine, you may be at increased risk of overdose at this time. Please take steps to reduce your risk of overdose such as:

- *Carry naloxone*
- *Use fentanyl test strips*
- *Don't use alone*
- *Check on friends and family who use drugs*

Sample Public / News Media Alert

[Date]

The [Agency Name] is warning residents about an increase in fatal and non-fatal overdoses since [date] in [Jurisdiction Name]. We are issuing a public alert to increase community awareness and advise first responders, healthcare providers, and people who use drugs and their families of the increased risk of overdose in our community. Overdoses are preventable and substance use disorder is treatable. Everyone is encouraged to share this information throughout our community and to take steps to reduce the risk of overdose.

Know the signs of an opioid overdose

- Loss of consciousness
- Unresponsive to outside stimulus
- Fingernails and lips turn blue or purplish-black
- Pulse is slow, erratic or absent
- Breathing is very slow and shallow, erratic, or has stopped
- For lighter-skinned people, skin tone turns bluish-purple; for darker-skinned people, skin tone turns gray or ashen
- Choking sounds or snore-like gurgling noise
- Vomiting
- Body is limp

Call 911 if you suspect an overdose

- The Good Samaritan Law protects you from arrest or prosecution of specific drug-related activities.

Whenever possible, do not use drugs alone.

- It is impossible to administer life-saving naloxone to yourself.
- If possible, use drugs in the presence of trusted people who can give you naloxone and/or call emergency services in the event of an overdose.

Carry naloxone and use fentanyl test strips

- Naloxone (Narcan) will reverse an opioid overdose if administered in time
- Find naloxone near you: [Naloxone Finder](#)
- Access naloxone, fentanyl test strips, and other health care services: [Syringe Service Program Network Calendar – MN Dept. of Health \(state.mn.us\)](#)

Recovery is possible

- Learn more about treatment options in Minnesota: [Recovery Info and Resources. | Steve Rummeler HOPE Network](#)
- Find available treatment options: [Fast Tracker – Fast Tracker \(fasttrackermn.org\)](#)
- Locate opioid-use disorder treatment providers: [Buprenorphine Treatment Practitioner Locator - SAMHSA](#)

Get immediate help

- Mental health/emotional support: Call 988
- Crisis text line: Text “MN” to 741741
- For emergencies: Call 911

Digital Media Templates

The images and text below are examples of material that you can use to reach your audiences on social media, websites, or any other digital communication channels you use. You are free to use these templates directly or edit them to suit your needs. **Click this link for editable and downloadable templates and graphics:**

Be sure to add text alongside this image that provides the links it references – and add any other information specific to your area and your available resources.

Overdose Spike Alert

Your area is currently experiencing an unusually high number of drug overdoses.

Local health providers are aware of the increased risk and ready to help.

- **Always carry naloxone.**
Find it free on the MN Naloxone Finder.*
- **Use drug checking test strips.**
Find providers on the SSP Network.*

**Read the attached text for detailed information.*

mn DEPARTMENT OF HEALTH

****Attention****

[Your geographic area] is experiencing an unusually high number of drug overdoses, and health advisors have announced an official spike alert warning. Remember, overdoses are preventable and substance use is treatable. Help is available.

Recommended actions include:

1. Learning the signs of an overdose
2. Obtaining naloxone
3. Promoting treatment and harm reduction resources
4. Checking on friends/family that use drugs

For access to [include names of local resources], go to [add website/phone number].

Other MDH-branded digital images you may use:



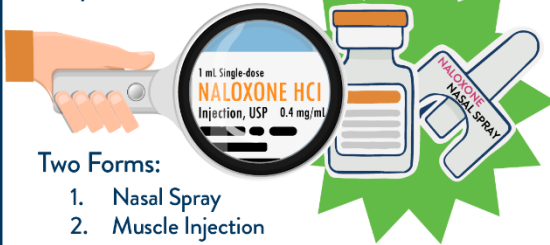
Drug Overdose Prevention

Tools to Use

As the overdose epidemic continues to worsen nationwide, new resources are available to combat it. This page explains the essential tools that all Minnesotans should know how to use to protect themselves and their communities.

Naloxone Saves Lives

Naloxone can reverse an opioid overdose.



Two Forms:

1. Nasal Spray
2. Muscle Injection

- Purchase online or over-the-counter.
- Get a prescription & buy at pharmacies.
- Get it free from harm reduction groups.

Use the MN Naloxone Finder to locate distributors near you:



Drug Checking Saves Lives

Anyone who uses drugs should always check their supply with **fentanyl test strips** before they use.

Test strips can detect fentanyl in drugs.



Simply dilute a portion of a drug sample in water, then apply the strip. Within minutes, the strip will indicate if it identified fentanyl in the sample.

Carefully follow the instructions specific to each brand of testing strip you use.

- Purchase fentanyl test strips online.
- Get them free from harm reduction groups.

Syringe Service Programs Save Lives

Syringe Service Programs (SSPs) are frontline harm reduction groups that provide direct support to people who use drugs.

They offer a wealth of services and support, such as:

- Free unused syringes, free syringe disposal.
- Free testing for HIV, hepatitis C, and more.
- Free supplies (works, naloxone, test strips).
- Free wound care, hygiene kits.
- Free vaccinations (mpox, COVID-19).
- Linkage to care and other treatment.

Check out the SSP Network Calendar to find harm reduction services near you:



Treatment Saves Lives

When you're ready, find accessible, affordable substance use disorder treatment options near you with the MN Fast Tracker:

Visit [FastTrackerMN.org](https://www.fasttrackermn.org) to search for treatment options available near you:



How to **SPOT** an overdose:

If:

-  Person is unable to respond.
-  Breath/pulse is slow or stopped.
-  Skin or lips look blue or grey.

How to **STOP** an overdose:

Then:

-  Call 911. Wait for EMS.
-  Give naloxone, rescue breaths.
-  Find treatment, harm reduction, resources.




Naloxone can reverse opioid overdoses and save lives.




These are fentanyl testing strips.

Positive Result




Negative Result



They detect fentanyl in drugs and save lives.



Resource Card Examples

Chemical Health Resources		Brooklyn Park Police Department 5400 85th Ave N Brooklyn Park, MN 55443  Rev 09/24										
<p>Substance Use Disorder: The use of alcohol or drugs that is compulsive or dangerous (or both)</p>	<p>Substance Use Disorders can be treated in a range of settings that include outpatient, residential and hospital inpatient based on an individual's assessed need.</p>											
<p>First Steps: A person will want to do a Comprehensive Assessment (previously known as a Rule 25). Most treatment providers complete this assessment.</p>	<p>How to Pay for Treatment: Do you have health insurance? Call your insurance provider for benefit eligibility. No insurance or inadequate insurance? Call your county or get an assessment from a treatment program. Hennepin 612-348-4111; Anoka 763-324-1270; Ramsey 651-266-4008.</p>											
<p>What if Treatment is Declined? Once a treatment recommendation is made, it is up to the individual to agree to it. If an individual is unwilling to do a chemical health assessment; there are a couple other options.</p> <ul style="list-style-type: none"> • One option is to hold an intervention; but this can be expensive and is not covered by insurance. • Another option is to consider any leverage you have with an individual. It is important that whenever you address your concerns that you are doing it in a caring way. 	<p>Resources for Loved Ones with Substance Use Disorders:</p> <ul style="list-style-type: none"> • The Al-Anon Family Groups (AFG) are relatives and friends of alcoholics who share their experience, strength and hope to solve their common problems. • Al-Anon Meetings can be found at: https://www.al-anon-alateen-msp.org • NAMI MN Support Groups can be found at: https://namimn.org/support/nami-minnesota-support-groups/ 											
Detox Services Withdrawal Management	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AICDC Withdrawal Management</td> <td>1800 Chicago Ave Minneapolis, MN 612-879-3646</td> </tr> <tr> <td>Fairview Recovery Services</td> <td>12450 Riverside Ave Minneapolis, MN 612-672-2736</td> </tr> <tr> <td>Judy Retterath Withdrawal Management</td> <td>3409 E Medicine Lake Blvd Plymouth, MN 763-559-1402</td> </tr> <tr> <td>Gateway Recovery</td> <td>6840 78th Ave N Brooklyn Park, MN (833) DETOX-80</td> </tr> </table>		AICDC Withdrawal Management	1800 Chicago Ave Minneapolis, MN 612-879-3646	Fairview Recovery Services	12450 Riverside Ave Minneapolis, MN 612-672-2736	Judy Retterath Withdrawal Management	3409 E Medicine Lake Blvd Plymouth, MN 763-559-1402	Gateway Recovery	6840 78th Ave N Brooklyn Park, MN (833) DETOX-80		
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Conclusion

This document provides guidance, model language, and templates that jurisdictions can use to develop a response plan during a spike in suspected drug overdoses. This document is meant to serve as guidance for jurisdictions and should be adapted to meet local needs in accordance with available resources. Jurisdictions are encouraged to take this guide as a starting point and make it their own by modifying the response actions and templates to fit the needs and resources in the community. Jurisdictions which use this guide to develop their own spike alert response plan will be better prepared to address spike in their communities should the need arise

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