Overdose Spike Response Framework for Communities and Local Health Departments

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National Association of County & City Health Officials

OVERDOSE SPIKE RESPONSE FRAMEWORK FOR COMMUNITIES AND LOCAL HEALTH DEPARTMENTS

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INTRODUCTION

The purpose of this resource is to help local health departments (LHDs) plan for, respond to, and evaluate public health responses to overdose spikes. LHDs play a leading role in detecting spikes and responding to them; but they are not alone. Much of their role requires coordination with other response partners in the planning, execution, and evaluation of an overdose spike response. As the local public health authority, LHDs are best suited to coordinate response efforts among first responders, healthcare, and community-based organizations to efficiently leverage available harm reduction, treatment and recovery resources. This unique role of convening multi-sector partners is even more critical when co-occurring crises, such as the COVID-19 pandemic, or other natural disasters, limit organizations' capacity to prepare for and respond to an overdose spike event.

Multiple factors may trigger an overdose spike in a jurisdiction, including:

- Changes in the illicit drug supply or "bad batches" and changes to illicit drug trafficking patterns;
- Limited access to behavioral health and mental health services, recovery support and harm reduction services;
- Global pandemics, dismantling homeless encampments, and other social stressors;
- Changes in access to prescription pain medications or treatment.

Understanding the root cause of an overdose spike can take time; therefore, a swift and effective spike response typically necessitates multiple interventions from a variety of sectors. This document has been produced to assist LHDs with guidance as they develop their context-specific response to overdose spikes as drug trends, overdose frequency, and public health and public safety resources will be unique to each local jurisdiction.

PLANNING FOR AN OVERDOSE SPIKE RESPONSE

While it may feel impractical to prepare for another emergency in the midst of other competing challenges, prioritizing preparedness is even more critical during these times of increased strains on organizational and resource capacity. The more prepared a jurisdiction is for an overdose spike, the more swiftly and efficiently stakeholders can act when one occurs.

Planning for an overdose spike response begins with relatively simple steps that can have long-lasting and wide-ranging benefits. The five main steps of planning for an overdose spike response are:

1. ***IDENTIFY AND ENGAGE PARTNERS***
2. ***CONVENE PARTNERS***
3. ***DEVELOP THE PLAN***
4. ***EXERCISE THE PLAN***
5. ***EVALUATE THE PLAN***

PLANNING FOR AN OVERDOSE SPIKE RESPONSE

1 IDENTIFY AND ENGAGE PARTNERS

The goal of identifying partners before a spike occurs is to create a formal network of individuals and organizations that can provide enhanced harm reduction, treatment, recovery and other services to the affected jurisdiction. Doing so may require removing barriers and increasing access to the affected populations, so a variety of organizational roles may be leveraged in a response. Relationships are incredibly useful at times of crisis. Therefore, a little bit of pre-work to establish this network can save tremendous time during an actual response.

Remember, a major role of the LHD in an overdose spike response is that of convener. Therefore, while some individuals in the LHD may be familiar with some individuals working in partner organizations or agencies, planning involves bringing the relevant partners together to engage with and learn about one another's roles and capabilities.

RESOURCES

Key Partner Roles and Responsibilities Guidance

As stated in the *"Community Response Plan Template: Guidance for Coordinated Response to Rapid Increase in Drug Overdoses"* from the Ohio Department of Health, partner agencies and organizations are an essential component of a strong Community Response Plan. The below section from the Ohio response plan template outlines the recommended roles that partners would play in the event of a spike in overdoses in a county. Please note the list is not exhaustive; rather, it outlines recommended partners and actions they would take.

The partners and actions should be modified to best fit your county. Recruit key stakeholders from your coalition and your Overdose Fatality Review, as well as from the wider community. The Ohio response plan template recommends that you plan a meeting with key stakeholders identified to play a role in the response efforts: discuss roles and responsibilities they feel need to be addressed during an alert or are within their scope of practice. Once everyone has decided which roles/responsibilities they are comfortable with, get formal or informal commitments from agencies to fulfill those roles during an alert. Partner buy-in is a key component to ensuring that the plan can be effectively enacted in the event of a spike.

Read the full *Community Response Plan Template* from the Ohio Department of Health.
(*https://www.naccho.org/uploads/downloadable-resources/ODHCommunityResponsePlanTemplate.pdf*)

PLANNING FOR AN OVERDOSE SPIKE RESPONSE

1 *IDENTIFY AND ENGAGE PARTNERS (CONT'D)*

Identify and engage partner organizations and community stakeholders, ensuring that you have representation from the following:

- ✓ **Local health department contact (include emergency response coordinator, if applicable)**
- ✓ **State health department contact (include emergency response coordinator, if applicable)**
- ✓ **Behavioral health, treatment providers, including prescribers of medication for opioid use disorder**
- ✓ **Harm reduction service providers and consumers**
- ✓ **Local hospital and emergency department contacts/physicians/liaisons**
- ✓ **First responders, including EMS and fire departments**
- ✓ **Naloxone distributors**
- ✓ **Naloxone administration trainers**
- ✓ **Peer recovery/support service providers with lived experience**
- ✓ **Housing/homeless services**
- ✓ **Law Enforcement to include local High Intensity Drug Trafficking Area (HIDTA) program, Overdose Response Strategy Public Health Analyst and Drug Intelligence Officer, all local police departments, mass transit authorities, and local college campus police**
- ✓ **Crisis and risk communication experts**
- ✓ **Quick response teams/Crisis response teams, if available**
- ✓ **Risk communication/media outreach specialists and media contacts**
- ✓ **Pain clinics**
- ✓ **Community anti-drug coalitions and advocacy groups**
- ✓ **Social service providers, including child and family service**

As you reach out to individual partners to invite them to be part of an overdose spike response team, ask each partner who else should be included in response planning, and cross-check suggestions with your list so that by the end, you have a comprehensive list of key partners.

HELPFUL TIP:

Utilize online file sharing tools, such as Google Docs, or SharePoint sites, so that partners can verify and edit their own contact information and provide accurate agency/program acronyms. This way, the responsibility does not fall on a single individual to compile the information.

RESOURCES

National Incident Management System (NIMS)

NIMS is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to:

- Be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity.
- Improve coordination and cooperation between public and private entities in a variety of incident management activities.
- Provide a common standard for overall incident management.

The Command and Management component within NIMS is designed to enable effective and efficient incident management and coordination by providing a flexible, standardized incident management structure. To institutionalize these activities within a formal structure, command and management includes three fundamental elements: the Incident Command System (ICS), Multiagency Coordination Systems (MACS), and Public Information. When an incident requires response from multiple local emergency management and response agencies, effective cross-jurisdictional coordination using common processes and systems is critical. The Incident Command System (ICS) provides a flexible, yet standardized core mechanism for coordinated and collaborative incident management, whether for incidents where additional resources are required or are provided from different organizations within a single jurisdiction or outside the jurisdiction, or for complex incidents with national implications.

https://www.fema.gov/pdf/emergency/nims/nimsfaqs.pdf

The Community Overdose Action Team in Montgomery County, Ohio utilizes the Incident Command System (ICS) structure for their response to the drug overdose and addiction crisis. ICS is the standard for emergency management across the United States and is used to manage local, state and federal responses to complex emergencies. Public Health regularly utilizes ICS to respond to disease outbreaks. Given the devastating impacts drug overdoses were having on the community in Montgomery County, structuring the county-wide response under ICS made perfect sense. ICS has provided a coordinated management system, allowing community partners to work collaboratively towards addressing overdoses and addiction in Montgomery County. For more information on PHDMC's response strategies, visit their website here:

https://www.mccoat.org/

1 IDENTIFY AND ENGAGE PARTNERS (CONT'D)

Response teams that often include multi-disciplinary experts in emergency medical, mental health and substance use disorder, and trauma services are commonly used in local jurisdictions. These teams can help reduce risk, provide appropriate and immediate care, and divert individuals away from the criminal justice system toward appropriate support services.

RESOURCES

Quick Response Teams (QRTs)

An integrated, first responder and community paramedicine unit comprising law enforcement officers, rescue personnel, health care professionals and / or substance abuse counselors.

A QRT is trained to serve as a first responder unit for narcotic-related medical emergencies and, thereafter, to approach and counsel overdose victims during their "recovery windows" — the 72 hours immediately following life-threatening drug overdoses — when users are thought to be more open to accepting help.

https://www.uc.edu/news/articles/legacy/enews/2017/03/attacking-the-overdose-epidemic-with-community-paramedicine-quick-response-teams.html

Crisis Response Team (CRT)

A group of individuals specifically trained to provide trauma mitigation, education and emotional first aid in the aftermath of a critical incident, either small-scale or mass-casualty.

https://www.trynova.org/crisis-response-program/overview/

Coordinate With Your State's Overdose Spike Response Team

Your state health department or local harm reduction program may have its own overdose response plan, including how the state will support local efforts. Be sure to communicate within your state, to ensure that plans are coordinated and complementary.

PLANNING FOR AN OVERDOSE SPIKE RESPONSE

2 CONVENE PARTNERS

Before you convene a meeting, provide the following to all participants:

- Proposed contact list
- List of key terms, definitions, and acronyms (including state and local agency and program acronyms)
- Educational and informational resource links
- Current overdose rates for your jurisdiction

You may need to educate some partners on drug use, opioid use disorder, opioid withdrawal symptoms, stigmatizing language, and other related topics. Be prepared to provide, and encourage the use of, resources that partners can review on their own time. See Resources list below on page 11.

The goals of an initial meeting are the following:

- Orient the entire group to the purpose of planning for an overdose spike response
- Introduce each partner/stakeholder by face, name, organization, and role
- Gain buy-in for collaborating in the planning, response, and assessment of a local overdose spike response

PLANNING FOR AN OVERDOSE SPIKE RESPONSE
2 CONVENE PARTNERS (CONT'D)

RESOURCES —LIST 1

Shatterproof
https://www.shatterproof.org/

Naloxone Training Videos
Instructions for administration of NARCAN® Nasal Spray 4mg:
https://www.youtube.com/watch?v=tGdUFMrCRh4

Opioid Rapid Response Team (ORRP) Training for Clinicians/ Non-Clinicians
https://www.cdc.gov/opioids/pdf/ORRT-External-Training-One-Pager-08222019-FINAL.pdf

Words Matter: How Language Choice Can Reduce Stigma
https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf

National Institute on Drug Abuse (NIDA) Opioid Overview
https://www.drugabuse.gov/drug-topics/opioids

CDC Opioid Basics
https://www.cdc.gov/drugoverdose/opioids/index.html

Substance Abuse and Mental Health Services Administration (SAMHSA) Overview of Medications for Opioid Use Disorder
https://www.samhsa.gov/medication-assisted-treatment

CDC Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
https://www.cdc.gov/drugoverdose/pubs/featured-topics/evidence-based-strategies.html

Saint Paul Police Department's Co-Responder, Spike Response Model
http://odmap.org/Content/docs/ODMAP-Spotlight-StPaul-MN.pdf

Overdose Detection Mapping Application Program (ODMAP) Training Manual - February 2021
http://www.odmap.org/Content/docs/training/general-info/ODMAP-Training-Manual.pdf

Public Health and Safety Teams (PHAST) Toolkit
https://www.cdcfoundation.org/sites/default/files/files/PHAST_Web_Toolkit_Pilot_Version_2.0_For_Dissemination.pdf

PLANNING FOR AN OVERDOSE SPIKE RESPONSE

3 DEVELOP THE PLAN

If you do not already have an overdose spike response plan, begin by reaching out to other local health departments and harm reduction programs in your network as well as your state health department to request examples of definitions, plans, and communication tools that can be adapted to your specific local needs.

The overdose spike response plan should provide clear instructions and goals on the following:

A. **Defining a Spike:** How will you detect a spike?

B. **Verify the Data:** How will you verify that a spike is occurring?

C. **Establish Spike Alert Protocol:** How will you notify response partners and maintain effective communication throughout the response?

D. **Identify Team Leads:** What specific response roles does each partner play in the response?

E. **Develop Sub-Team Plans:** What specific activities does each partner engage in during the response?

A. Defining a Spike

A spike will be defined by the number of suspected overdoses in a jurisdiction within a certain timeframe that exceeds a certain threshold, and therefore triggers the Overdose Spike Response. In some cases, the state health department may notify the LHD of an overdose spike. In other cases, a spike will first be identified by local stakeholders. LHDs should be specific on what defines a spike (substance(s), intentional/unintentional) for their explicit jurisdiction as well. To determine whether a spike is occurring, overdose case rates (suspected or confirmed) should be monitored regularly by the LHD. Jurisdictions may use any of the following data sources to monitor local overdose rates:

- Coroner/medical examiner reporting (deaths)
- First responder overdose reporting of overdoses or naloxone administrations (EMS, fire, police, or ODMAP data)
- Emergency department/hospital data

Depending on what data source(s) you are using to monitor overdose trends, you will need to determine a threshold at which a spike response is triggered. This could be a percentage increase from the previous month or quarter, or it could be based on several standard deviations above the mean.

Selecting a Clinically Significant Overdose Threshold
Clinical significance refers to "the practical importance of an effect" and whether there is a noticeable change due to an intervention. In this instance, an example will be an increase in overdoses. Thus, the threshold should be clinically significant and not just statistically significant. It is important that the felt effect is big enough due to the intervention.

Data from multiple sources should be examined to determine whether the statistically significant increase really is beyond what is expected given historical trends and contextual factors. There might be statistically significant increases that are short in duration and that cannot be addressed practically (e.g., a small bad batch that causes an increase in overdoses during a few days but then abates after the bad batch is exhausted). Beyond identifying a statistically significant increase using data from a given source, there are other factors to consider to determine if/how, where, when, and what interventions should be deployed.

https://www.evidentlycochrane.net/glossary/clinically-significant/

Data Dashboards
Some jurisdictions may develop data dashboards to alert a variety of stakeholders of overdose trends and potential spikes, or they may use ODMAP, which has a spike alert system that is triggered (by default) when cases increase two standard deviations above the mean in the past 24 hours for a particular county and state; the threshold can be adjusted as needed.

Overdose Detection Mapping Application Program (ODMAP)
ODMAP provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events. It links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.

http://www.odmap.org/

HELPFUL TIP:

Any health department can take steps to monitor for overdose spikes. One easy way is to use conditional formatting in Microsoft Excel tables to automatically calculate and alert you when the number of overdoses in any time period exceeds the previous time period's overdoses by a certain amount (threshold).

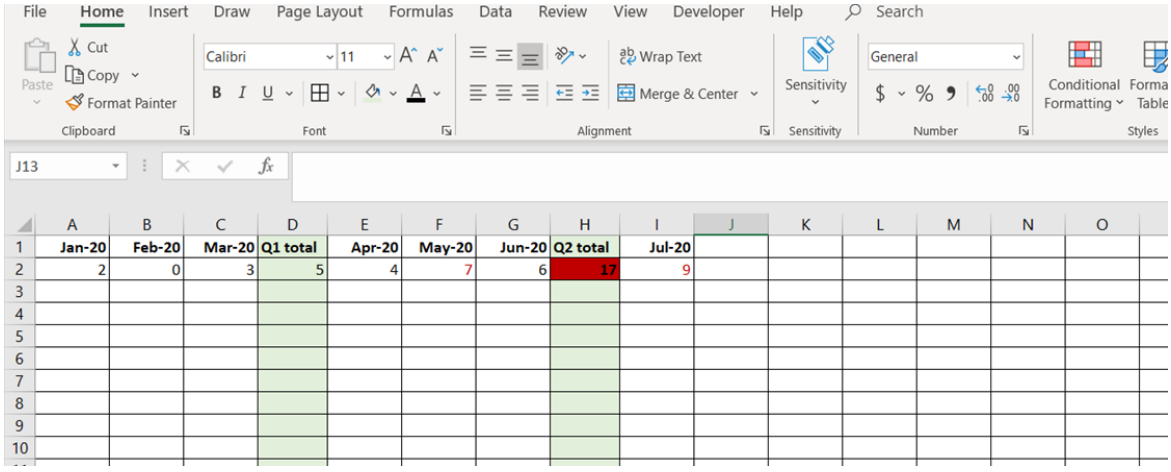
As you can see, from the example in Figure 1 below, May and July data are red because during those months, the number of overdoses exceeded the threshold set, in this case at least 50% higher than the previous months. In addition, a conditional formatting formula was used to examine trends by quarter. The number of overdoses in Q2 is highlighted red because it exceeds the threshold set for comparing it to Q1.

As shown in Figure 1 below, smaller incremental increases month to month can hide gradual increases. The quarter to quarter analysis in the example below highlights that, in the second quarter of 2020, this jurisdiction saw 3.4 times as many overdoses as they did in the first quarter of the same year.

Setting up these types of conditional formatting formulas can help your health department save time as you monitor trends month to month, quarter to quarter, and year to year.

As a reminder, changes in small counts can produce high percent change values that might or might not be indicative of a spike and the need to mobilize resources.

FIGURE 1. Overdose monitoring using conditional formatting in Microsoft Excel



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Jan-20	Feb-20	Mar-20	Q1 total	Apr-20	May-20	Jun-20	Q2 total	Jul-20						
2	2	0	3	5	4	7	6	17	9						
3															
4															
5															
6															
7															
8															
9															
10															

B. Verify the data

No matter what monitoring and methods are used, always verify the data validity and consider whether possible reporting delays or errors may be causing the appearance of a spike. This can be done by asking reporting agencies to verify the dates when overdoses occurred. The added step involved in validating the data is worthwhile to avoid activating a spike response unnecessarily. Crosschecking the information using multiple and reputable data sources is very beneficial. Refer to ***Appendix C*** for data source options and examples.

C. Establish a Spike Alert Protocol

Swift, accurate communication is a key component of any overdose spike response. Any partner can notify the LHD in the event of a suspected overdose spike. The LHD should verify the spike before alerting the rest of the overdose response partners via agreed upon communication channels. Your network may also choose to create an emergency phone-based, or text-based alert system to formally notify the appropriate partners that the overdose spike response team is being mobilized.

After the alert is issued, follow-up correspondence should notify the team of a response meeting appointment, where additional information about the spike will be relayed. Ideally the response meeting should occur as soon as possible (within 24 hours), even if limited information is known.

RESOURCES

Examples of spike alert public messaging

- *https://ocgov.net/content/oneida-county-overdose-response-team-issues-overdose-spike-alert-3*
- *https://www.shelbytnhealth.com/DocumentCenter/View/1736/May-15-2020-Drug-Overdose-Spike-Alert*

Planning for 24/7/365 Response
It is important that the LHD and partners plan for and are prepared to respond outside of normal hours of operation (i.e. Monday through Friday, 9am-5pm). This is a coordinated effort as most health department staff typically do not work beyond the normal hours of business. As a team-based response, ensure that local EMS, fire fighters, police, hospitals and other direct service providers who are accustomed to 24/7 staffing models are on the appropriate response teams.

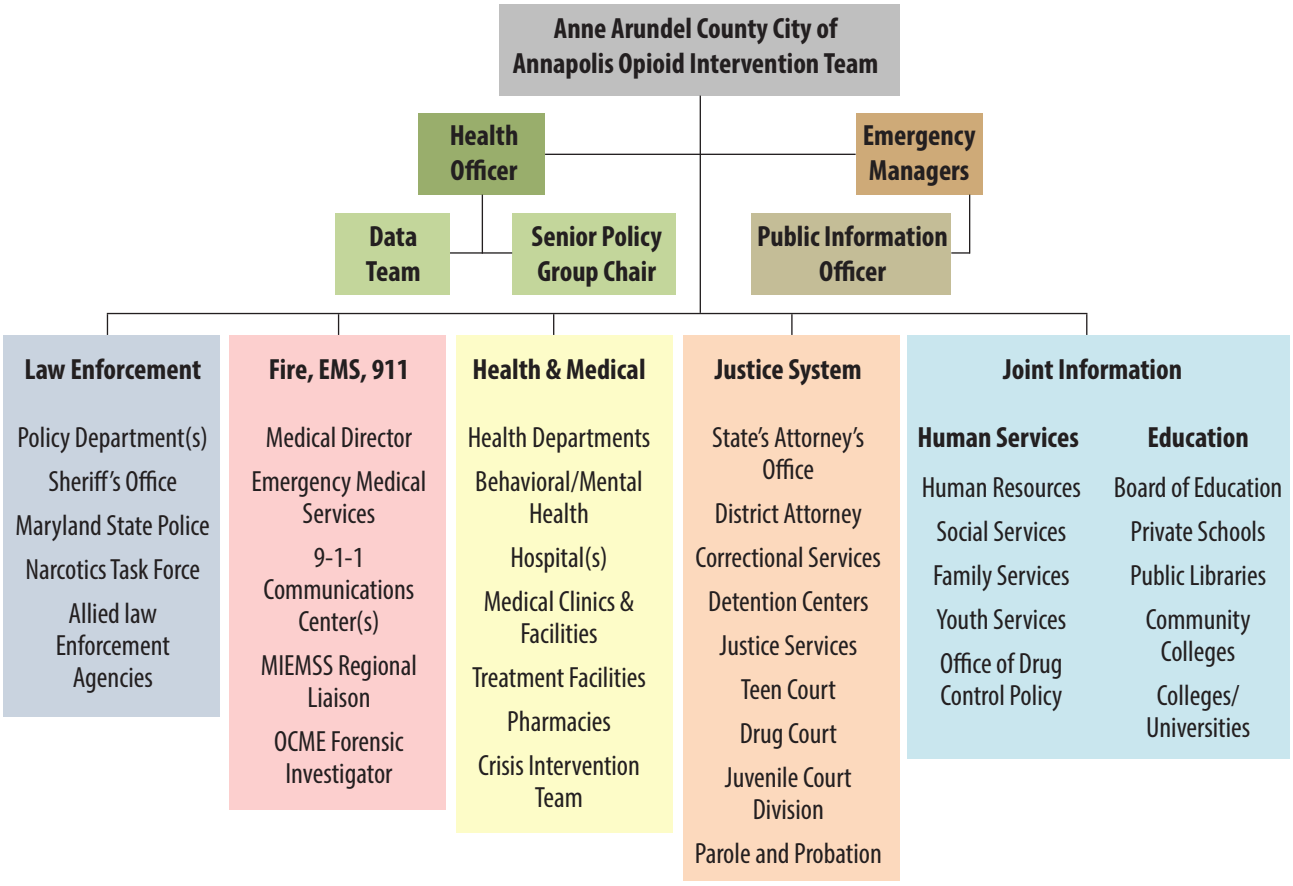
D. Identify Team Leads

Within the overdose spike response team, often sub-teams or smaller topic-specific groups may form. Identify team lead(s) and roles for these smaller groups. These teams might include:

- **Harm Reduction sub-team:** Team that coordinates naloxone distribution (to people who use drugs, their contacts, first responders and those most likely to encounter overdoses); harm reduction mobile units
- **Support Services sub-team:** Team that coordinates post-overdose and survivor support services, and/or peer support services. May also coordinate first responder health and well-being training and support services
- **Treatment sub-team:** Team that coordinates treatment facility information
- **Communications sub-team:** Team that coordinates the communications to the public (alerts to local hospitals, partner organizations, local media, social media) such as:
    * "Bad batch" alerts
    * General "overdose spike" alert
    * Harm reduction/overdose education/911 Good Samaritan PSAs

HELPFUL TIP:
In your contacts spreadsheet create a separate column for each type of overdose prevention strategy used in your jurisdiction (e.g., mobile syringe services programs, naloxone distribution, and Quick Response Teams). For each contact agency, indicate whether it has capabilities relevant to each strategy by marking the appropriate cell.

Chart 1. Example of Opioid Intervention Team Organizational Chart, Anne Arundel County, City of Annapolis.



E. Develop Sub-Team Plans

Just as the response itself is a multi-sector, team effort, so is planning for a response. For this reason, it is important to identify the agencies that will most likely lead specific response efforts, so they can plan accordingly. Each team can develop its own plan, each of which then becomes part of the overall spike response plan to be coordinated by the LHD. The primary plan components should include the following:

1) Key Contacts
2) State and Local Assets
3) Situational Awareness Needs (i.e. variables that will influence decisions and actions) – See ***Table 1***
4) Strategies and Interventions
5) Templates of Materials
6) Distribution Channels (of supplies, materials or information)
7) Metrics to Monitor Progress

EXAMPLE

NALOXONE DISTRIBUTION PLAN (HARM REDUCTION SUB-TEAM)

Team Lead

- Naloxone distribution coordinating agency

Team contact list

- List of all local naloxone distributors, trainers, and administrators, and key partner agencies

State and Local Assets

- Stockpile inventory/quantities and access
- Naloxone distribution protocols
- Trained cadre of first responders (police, fire, EMS) trained and equipped with naloxone
- State SAMHSA funding for naloxone
- Naloxone standing orders

Situational awareness needs

- Substances involved and lethality of recent overdoses
- Locations of recent overdoses

Strategies for increasing naloxone access and supply in [Jurisdiction]

- Issue standing orders and confirm naloxone supply at local pharmacies
- Ensure and encourage co-prescribing of naloxone (**CDC PDMP Information** *https://www.cdc.gov/drugoverdose/pdmp/providers.html*)
- Initiate expanded "leave-behind" protocols with first responders
- Increase number of doses carried by first responders
- Naloxone available at food pantries and shelters
- Local harm reduction facilities
- Mail-order naloxone

Materials templates:

- Example of a standing order
- Contracts with naloxone distributors, trainers, administrators,
- Memos/alerts to Medications for Opioid Use Disorder (MOUD) providers, local pharmacies, first responder organizations, and harm reduction organizations

Distribution channels

- Expanded distribution via "leave-behind" through law enforcement, fire, EMS
- Co-prescriptions of naloxone with opioids or MOUD
- Number of fulfilled requests/total requests for naloxone

EXAMPLE

COMMUNICATIONS PLAN (COMMUNICATIONS SUB-TEAM)

Team Lead

- LHD

Team contact list

- Include local media, public relations, coroner/medical examiner, and lead contacts for each partner agency; identify any individuals trained in crisis and emergency risk communication

Materials templates

- Develop and organize communication template(s) in conjunction with partners and people who use drugs to understand methods, locations, languages, etc. — Examples in ***Appendix B***

Communications review protocols

- Who must review/clear materials

Distribution

- Develop a rapid distribution plan for health alerts, PSAs, risk communication

Metrics

- Number of alerts, messages, social media postings, views, news segments

4 EXERCISE THE PLAN

A cornerstone of any LHD emergency preparedness program is the implementation of an exercise and evaluation process. Many LHDs utilize the **Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP)** *https://www.fema.gov/emergency-managers/national-preparedness/exercises/hseep*. HSEEP is rooted in a traditional "plan-do-study-act" cycle which helps organizations identify multiple points for improvement during the evaluation process. This standardized approach to planning, conducting and evaluating exercises provides many useful concepts and tools for spike response partner planning and engagement.

Responding to an overdose spike response requires utilizing your response plan, updating it as needed in real-time, and adapting to new information as it is obtained.

Update Your List of Contacts

Clearly defined communication channels can help mobilize resources quickly in the event of an overdose spike. As part of your plan, you will need a contact list. The list of contacts should include the agency name, a short description of their services and role in overdose prevention, and two points of contact (primary and secondary), along with phone and email contact information. You can then create an up to date "Overdose Spike Response" email listserv, and store appropriate contacts in your phone.

Begin Scheduled Response Meetings

Determine a realistic and reliable meeting schedule to minimize the need to repeat the same information to different partners. Refer to *List 1* for partner list. You may choose to have weekly or even daily briefings, depending on the amount of response activity. Finding a time when everyone can be available will be difficult, so encourage those partners who are unable to attend to assign an alternate and send brief meeting notes after each call.

Meetings should be brief and tightly managed, as time and resources will be limited. The first meeting will serve to notify all partners at the same time about what is known about the overdose spike that has been detected and begin the process of focusing response activities. If you've preassigned sub-groups within the Overdose Spike Response Team, each sub-group could present on their response activities.

Focus Your Response Activities

Focusing response efforts is particularly important when you have limited resources, but data are not always readily available to inform specific target areas. If possible, use geo-mapping software to plot the overdoses in your jurisdiction. This is one of the benefits of using ODMAP, which geocodes all reported overdoses. Particularly in larger jurisdictions, identifying boundaries of the overdose spike can help you better assess the amount of resources needed and where those resources should be deployed. If you do not have a formal surveillance system that allows you to geocode overdoses in your jurisdiction, you can still focus your response efforts during the response when you consult with your overdose response partners.

Consult with your network of overdose response partners to leverage their collective knowledge, and try to answer the following questions:

a) Where are most overdoses happening (if you do not have a near real-time geocoded surveillance system)?
b) What factors may be contributing to the local overdose spike?
c) Which individuals are most vulnerable?
d) Which prevention strategies may be most effective?
e) What actions will we take?

This can be achieved through informal group or individual phone calls in which each partner is asked to reflect on what overdose-related patterns they are observing. These conversations can be particularly useful when they include local law enforcement and other first responders, local hospital emergency department physicians, harm reduction organizations, and people in the community who use drugs. ***Table 1*** lists specific interventions and corresponding questions to ask the spike response partner network.

By the time you have determined that a spike is happening, you may already be generating hypotheses about what is causing the spike and where to focus your response efforts. ***Table 1*** lists specific questions that will help your response teams make decisions about where to target various interventions. The content of this table is not meant to be exhaustive, but it should get you started.

HELPFUL TIP:

*Before convening diverse groups of partners, consider the interpersonal dynamics that may inhibit information sharing. For example, people who use drugs may not feel comfortable sharing information about local illegal drug-related activity with law enforcement; therefore, these partners should be consulted separately, and every effort should be made to maintain the trust and confidence of your partners. In general, when any multi-sector group is convened, stigma-reducing language (see **Appendix A**) should be expressly used and encouraged among all partners.*

Table 1. Gathering Information to Inform and Target Response Efforts

RESPONSE INTERVENTION	QUESTIONS AND CONSIDERATIONS
Overdose education and naloxone distribution (OEND)	• *Are there specific high-risk populations totarget (e.g., justice-involved populations and their family members, homeless populations, etc.)?* • *Are there specific locations to target (e.g., specific neighborhoods or city blocks, homeless encampments or shelters, specific establishments where drug use is common, local jails or prisons, local institutes of higher education, local public transit stations, etc.)?* • *Is there a particular group of first responders who are likely to respond to more overdoses and may need more secondary trauma support, training, or naloxone doses?* • *What types of substances are involved in recent overdoses?*
Hospital Health Alerts	• *What nearby hospitals should be targeted with health alerts notifying them of the overdose spike?*
Hospital-based post-overdose outreach	• *Which local hospitals are seeing an increase in overdoses and should be prioritized for post-overdose outreach using peer recovery specialists?*
Syringe services programs	• *Are there co-occurring spikes in HIV or Hepatitis C that need to be targeted with specific syringe services or other harm reduction services?*
MOUD induction/bridge care/ maintenance	• *Are there sufficiently available local providers who can prescribe MOUD?*
Warm hand-off programs	• *What is the current capacity of local treatment facilities?*
Risk communication	• *What is known or suspected about the supply trends that may be contributing to the overdose spike? E.g., Is there a "bad batch"?* • *Are there any specific markings or stamps on the packaging of the "bad batch"?*

RESOURCES

Southern Nevada Health District's Linkage to Action Team

As part of Southern Nevada Health District's Overdose Spike Response Plan, a Linkage to Action (L2A) Team is deployed to the ZIP code specific to the impacted area(s) to inform residents and local agencies about the spike, hand out overdose prevention materials, and distribute naloxone. The L2A Team will work to holistically address the needs of those who have overdosed or who are at-risk of overdose and will be made up of a combination of Disease Data Collection Specialists and social workers. All members of the team have extensive training in harm reduction and field safety.

The excerpt below from the response plan describes the L2A Team in more detail.

Table 3: Overview of the Linkage to Action (L2A) Team

L2A Team	**The L2A Team will be deployed to the ZIP code specific impacted area (if the spike is confined to a specific area) to inform residents and local agencies about the spike, hand out overdose prevention materials, and distribute naloxone. The L2A Team will enhance public safety response to the needs of the community & increase education and support to the community on addiction. The naloxone distributed by the L2A Team will be coming from the FR-CARA grant that the Health District was awarded in 2017. The L2A Team can enroll those clients who need assistance into the L2A Program. The L2A Team can make referrals and link clients to services to help make positive changes in order to reduce behaviors that cause overdose and harm. The L2A Team will make appropriate referrals for identified individuals vulnerable to overdose in need of services pertaining to primary care, mental and behavioral health, CPS, suicidal prevention, sex work, substance use/misuse, and domestic violence. For those clients who decline to enroll in the L2A Program, the L2A Team can provide information on local resources according to their needs. The L2A Team will work to holistically address the needs of those who have overdosed and will be made up of Disease Data Collection Specialists (DDCS) and Disease Investigation & Intervention Specialists (DIIS). All members of this team will have extensive training in harm reduction and field safety.**	
	DDCS II	**The DDCS IIs will carry out important tasks including swiftly informing residents about the overdose spike, handing out overdose prevention materials, and distributing naloxone. DDCS IIs will also administer immediate overdose risk assessments, link clients to the team's social worker and assist with distributing materials pertaining to the overdose spike in the community.**
	Social Worker	**The social worker will provide counseling, additional linkage services, and offer additional support for individuals who have been victims of an overdose, struggle with co-occurring disorders, sexual assault, suicidal ideations, sex work, substance use disorders, CPS, and domestic violence.**

For more information about Southern Nevada Health District's Overdose Spike Response Plan, visit their website here:
https://www.southernnevadahealthdistrict.org/news-release/southern-nevada-health-district-launches-linkage-to-action-l2a-mobile-outreach-unit/

Execute Coordinated Plans

Although team-based plans are developed by individual partner groups, the execution of the plans should be coordinated to maximize resources and facilitate shared understanding of a dynamic situation. Frequent, regular response team calls and status updates, coordinated by the LHD, should be maintained throughout the response.

Deactivate the Overdose Spike Response

When overdose rates recede to their previous rates, it is time to deactivate the overdose spike response. Notifying partners of this decision is critical to allow them to refocus their resources and efforts. Make sure that all partners understand the importance of participating in post-response activities to inform its evaluation and capture lessons learned. These results will be used to improve your jurisdiction's overdose spike response plan to be used in the future.

RESOURCES

South Carolina Rapid Response Team Action Log

In preparing for its rapid response team, the South Carolina Opioid Emergency Response Team reviewed materials from rapid response teams and alerts in other state and local jurisdictions to model an overdose action protocol for how to identify and respond to high overdose activity. They adapted these materials to outline levels of response, including 1) routine monitoring and detection, 2) watch for enhanced investigation and data analysis, and 3) warnings for rapid response and alerts. The action protocol is a living document where the team facilitator documents steps taken, results, and policy/process/program improvements in an action log.

They have used this to help track the performance of their efforts in several areas, including instances of targeted outreach to counties and statewide, reach of notifications, additional data sources shared, and improvements identified. As they have continued, staff have categorized improvements by whether the work is systemic, agency-specific, research/data focused, or population-specific.

https://scemd.org/em-professionals/plans/opioid-emergency-response-plan/

4 EVALUATE THE PLAN

Immediately after the spike response is deactivated, capture lessons learned with all partners involved in the response. The steps are as follows:

1) Convene spike overdose response team to evaluate the response and outcome(s) using the metrics identified in your plan.
    a. For each activity, answer 1) To what extent did we achieve the goal? 2) What worked well? 3) What did not work well? 4) What recommendations do partners have for improving our plan?
    b. Adjust your plan
2) Communicate evaluation findings broadly to drive improvement of response strategies.
3) Continue ensuring access and continuity of care for individuals who experienced a non-fatal overdose, family members, allies, and those at-risk of overdose in the community. Consider incorporating overdose response activities into ongoing prevention efforts. Refer to Continuity of Care Section.
4) Engage with local first responders involved in spike response to assess and support their health and well-being. Refer to **Resources & Trainings for First Responder Well-Being** *https://www.firstrespondercenter.org/behavioral-health/*
5) Continue to monitor overdose rates in your community and maintain communication with your overdose prevention and response partners.

Continuity of Care: After the Spike

PROGRAM/ SERVICE/ INTERVENTION	TARGET POPULATION	POTENTIAL IMPACT ON OVERDOSE SPIKE	PARTNERS OPTIMIZING CAPACITY
Community-wide naloxone distribution and trainings	Friends and family of people who use drugs; people who use drugs; potential bystanders in areas with high levels (hot spots) of overdose	Reduce mortality associated with overdose	• Expand naloxone distribution • Issue standing orders for naloxone • Expand training for naloxone • Increase co-prescribing of naloxone and MOUD or opioids • Start a communications campaign encouraging people to carry naloxone if they are around people who use drugs
Public spike alerts & 'bad batch' alerts—often issued via text message or another electronic alert system	People who live in or near a high-burden area; people who use drugs; friends and family of people who use drugs	Prevent further overdose by alerting and encouraging individuals to practice harm reduction strategies; reduce mortality associated with overdose	• Issue a local health department alert notification • Have harm reduction agencies or other partners help enroll clients in an alert service as part of their in-take processes
Access to medication for opioid use disorder (MOUD) (also known as medication-assisted treatment/MAT)	People who use drugs; people who are seeking treatment	Reduce overdoses/ prevent a spike; reduce the severity and duration of a spike by making MOUD programs accessible to people who are at risk of overdose	• Increase number of providers who prescribe MOUD by incentivizing and appealing to local providers • Identify barriers to MOUD access and work collaboratively to eliminate barriers/close gaps in service • Encourage more emergency departments to offer rapid buprenorphine inductions using the "three-day rule." (The 72-hour rule is intended to provide an emergency option for treating withdrawal as someone is getting established in treatment. It does not allow for prescribing but does allow repeat administration for three consecutive days for a given patient.)

Continuity of Care: After the Spike (cont'd)

PROGRAM/ SERVICE/ INTERVENTION	TARGET POPULATION	POTENTIAL IMPACT ON OVERDOSE SPIKE	PARTNERS OPTIMIZING CAPACITY
Harm reduction services (besides naloxone)	People who use drugs; people who are in active recovery or treatment	Prevent or reduce the severity of a spike	• Increase harm reduction services and outreach through mobile units and collaborative programs with organizations that serve people at risk of overdose and associated harms
Communication campaigns	General public	Prevent or reduce overdose spikes by educating the public and reducing stigma	• Increase the reach of PSAs such as **Rx Awareness** *(https://www.cdc.gov/rxawareness/index.html)* to combat stigma • Create communication campaigns encouraging the general public to become equipped to administer naloxone and advertise that they "carry naloxone" via car magnets or on social media

Summary

Local health departments play a leading role in detecting spikes and responding to them in conjunction with other response partners. The more prepared a jurisdiction is for an overdose spike, the more swiftly and efficiently stakeholders can act when one occurs. Responding to an overdose spike requires utilizing your response plan, updating it as needed in real-time, and adapting to new information as it is obtained. Immediately after the spike response is deactivated, capture lessons learned with all partners involved in the response. Engage with local first responders involved in the spike response to assess and support their health and well-being. Continue to monitor overdose rates in your community and maintain communication with your overdose prevention and response partners.

Attachments/referenced documents

Appendix A

Non-Stigmatizing Language

Terms to use and avoid when talking about addiction

https://www.drugabuse.gov/sites/default/files/nidamed_words_matter_508.pdf

This document from NIDA offers background information and tips to keep in mind while using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing addiction.

Terms to Avoid, Terms to Use, and Why

Consider using these recommended terms to reduce stigma and negative bias when talking about addiction.

Instead of…	Use…	Because…
• Addict • User • Substance or drug abuser • Junkie	• Person with substance use disorder[8] • Person with opioid use disorder (OUD) or person with opioid addiction [when substance in use is opioids] • Patient	• Person-first language. • The change shows that a person "has" a problem, rather than "is" the problem.[7] • The terms avoid elicit negative associations, punitive attitudes, and individual blame.[7]
• Alcoholic • Drunk	• Person with alcohol use disorder • Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
• Former addict • Reformed addict	• Person in recovery or long-term recovery • Person who previously used drugs	
• Habit	• Substance use disorder • Drug addiction	• Inaccurately implies that a person is choosing to use substances or can choose to stop.[6] • "Habit" may undermine the seriousness of the disease.
• Abuse	**For illicit drugs:** • Use **For prescription medications:** • Misuse • Used other than prescribed	• The term "abuse" was found to have a high association with negative judgments and punishment.[9] • Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.
• Opioid substitution replacement therapy	• Opioid agonist therapy • Medication treatment for OUD • Pharmacotherapy	• It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[6]

Consider using these recommended terms to reduce stigma and negative bias when talking about addiction.

Instead of...	Use...	Because...
• Clean	**For toxicology screen results:** • Testing negative **For non-toxicology purposes:** • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • Set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.[7]
• Dirty	**For toxicology screen results:** • Testing positive **For non-toxicology purposes:** • Person who uses drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • May decrease patients' sense of hope and self-efficacy for change.[7]
• Addicted baby	• Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome • Newborn exposed to substances	• Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • Using person-first language can reduce stigma.

References

1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5937046
2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854406
3 https://www.tandfonline.com/doi/abs/10.1080/10826084.2019.1581221?journalCode=isum20 (link is external)
4 https://www.ncbi.nlm.nih.gov/pubmed/31140667
5 https://apastyle.apa.org/6th-edition-resources/nonhandicapping-language (link is external)
6 https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal% 20Terminology %20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf
7 https://www.thenationalcouncil.org/wp-content/uploads/2016/10/Substance-Use-Teminology.pdf (link is external)
8 https://psycnet.apa.org/record/2018-44736-001
9 https://www.sciencedirect.com/science/article/abs/pii/S0955395909001546?via%3Dihub (link is external)
10 https://jamanetwork.com/journals/jama/article-abstract/1838170 (link is external)

Appendix B

Resources for Developing Spike Alert Messaging

CDC's crisis emergency risk communication (CERC) program in response to an opioid overdose event

https://www.cdc.gov/opioids/pdf/Overdose-Event-Response.pdf

CDC created this resource to facilitate to facilitate the adoption of CERC to the opioid crisis. The CERC program is a proven approach utilized by many LHDs. The six principles of CERC are: be first; be right; be credible; express empathy; promote action; show respect.

By drawing on the principles of CERC to inform planning, message development, and community engagement, LHDs can adapt and lead the development of shared language with overdose response partners.

Additional resources from CDC's CERC Program that may be helpful when developing spike alert messaging include:

CERC Checklist: Basic tenets of emergency risk communication

https://emergency.cdc.gov/cerc/resources/pdf/cercchecklist.pdf

CERC: Engaging the Community with Credibility

https://emergency.cdc.gov/cerc/resources/pdf/CERC_Engaging the_Community_with_Credibility.pdf

CDC's opioid overdose communications resource center

https://www.cdc.gov/drugoverdose/resources/graphics.html

CDC has developed graphics and videos that may help facilitate effective communication among partners. These tools can be used on social media, in presentations, on promotional materials, and web page. Effective communication among partners during an overdose spike requires a recognition that the 'right' message may be different for different stakeholders, the 'right' person to deliver that message may not always be the health department, and the 'right' timing is a crucial factor in mitigating the impacts of an overdose spike.

Public Health - Seattle & King County's protocol for determining outreach and public communications response during an overdose spike
https://kingcounty.gov/depts/health/overdose-prevention.aspx

The following protocol from Seattle and King County Department of Health provides an example of criteria and guidance for when and how to alert the public to an increase in drug overdoses:

Background
Public Health - Seattle & King County has expanded its capacity to monitor fatal and non-fatal overdose in close to real-time (e.g. within days of the overdose occurrence). Given this increased access to information, these guidelines are designed to assist program staff in determining options for responding to drug threats such as upticks in overdose incidents, presence of unique drugs or combinations. The following examples provide criteria for helping to determine public communications or other targeted outreach strategies. More information can be found here: ***https://kingcounty.gov/depts/health/overdose-prevention.aspx***

Definitions
Baseline: The number of overdoses that usually occur in a specified geographic area or sub-population. This level is not necessarily the desired level (zero fatal overdoses), rather the current observed level. Where possible, we will estimate the baseline as the average number of overdose events that occurred in each geography or sub-population in the prior 12 months. *Assessing a baseline is often the first step to contextualize upticks or emerging drug threats.

Sentinel event: Overdose(s) that draw the attention of MEO, those in the community or epidemiologists because the events may be different than baseline, or what our data has been showing.

Uptick: An increase in overdose cases occurring in each time period or geographic location.

We use the term cluster in public communications interchangeably with uptick. Clusters *may or may no*t have a linked connection. Use the term **"linked cluster"** to describe overdoses where overdoses involve a common drug source.

Criteria for Identifying Events of Public Health Importance
If one of the circumstances below is met, the event may be considered an event of public health
The specific drug threat was previously thought to be non-existent, uncommon or recently increasing in King County.
Or
We are seeing the impact of the drug in a new geographic region or sub-populations.
Or
There are unexpected outcomes from the drug threat (serious health threat).

Key Steps for Assessing OD Surveillance Data

A. Encourage partners to report unusual events to PH duty line. (See duty line protocol for overdoses)

B. Internally monitor clusters, upticks, emerging drug threats. Inform and consult with key stakeholders (Washington Poison Center, Law Enforcement, Department of Health, First responders, DEA, etc.)

C. Identify events of public health importance.

- Following chain of command guidance Targeted response.
- Coordinate with agencies: KC MEO, EMS. Fire Departments, Law Enforcement, City Human Service Departments, Department of Community and Human Services prevention and BHRD, Overdose Response Workgroup, Heroin and Prescription Opioid Taskforce partners
- Public Health will assist in coordinating outreach response.
- Law enforcement is point on type of drugs confiscated. Media calls specifically about drugs confiscated should be directed to PIO at police department or Sherriff's Office.

Roles and Responsibilities

CORE TEAM will determine if the uptick or cluster is of public health importance. Core team will consult with Health Officer if there is something unusual about the overdoses.

When upticks/clusters of public health importance are identified:

- MEO will communicate with law enforcement as part of their standard workflow. This includes King County Sheriff's Office.
- MEO will email Overdose Core team.
- WA Poison Center will report unusual overdose activities to Public Health Epidemiologists who will intern loop in Core Team as needed.
- EMS Epidemiologist will report unusual patters of non-fatal overdoses to PH Epidemiologist.
- EMS leadership will determine the appropriate communications to inform their Fire Department, at their discretion.
- In the event of an overdose uptick of public health importance, government relations will be notified to determine appropriate communications with the King County Executive's Office and relevant leadership, including Mayors from affected Cities.
- Public Health PIO will connect with PIOs from EMS in relevant geographic areas and will connect with King County Executive Communications as relevant.
- Consult with related programs that may serve similar populations HIV Program/ Needle Exchange staff, Mobile medical or other outreach opportunities.

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).
- Alert via Blog posting on Public Health Insider. Example: ALERT: THREE FENTANYL OVERDOSES DEATHS IN ONE DAY (https://publichealthinsider.com/2020/02/07/alert-three-fentanyl-overdoses-deaths-in-one-day/)
- Social media through PH Twitter, Facebook, Instagram
- Targeted outreach to ethnic media, reporter papers
- Targeted outreach at Needle Exchanges, Human Services agencies, Behavioral health agencies
- Community Health Board Coalitions
- Community Communications Network
- Phone and email communication to overdose response group
- Outreach through EMS PIOs
- Outreach through Fire Departments (EMS)
- Communication through King County Executive's channels

Ohio Department of Health notification and messaging of a rapid increase in drug overdoses

https://www.naccho.org/uploads/downloadable-resources/ODHCommunityResponsePlanTemplate.pdf

The following excerpts from the Ohio Department of Health's Coordinated Response Plan Template provides examples of a communications plan as well as sample spike alert templates.

Notification and Messaging

Notifications

Guidance:

The purpose of this section is to list how and who you will notify in the event of an alert circumstance. Consider an appendix where you create a drug overdose notification list (similar to an emergency phone tree) to be activated during an alert. Include stakeholder responsibilities during a verified alert. Meet regularly with community partners to determine who to contact. We strongly recommend creating an alternate protocol for weekends and after-hours incidents. Contact community partners as defined by the Community Response Plan using various methods, which may include: social media platforms, emergency notification systems such as WENS (Wireless Emergency Notification System), emails, or blast faxes to name a few. Consider varying levels of communication by agency, such as those notified immediately and those notified within 24 hours. In addition, be mindful of the information that is being shared, including health information that is protected by state law. It is recommended that only aggregate information regarding a suspected increase in suspected drug overdoses be shared especially via email, text message or public facing media (like social media or blast faxes).

If your county has an alert notification system, consider using this tool in order to notify all Community Response Plan members of a potential alert. Considering consulting the local health department's emergency preparedness team that generally has knowledge of how to utilize and send alerts to group members. These systems are predominantly overseen by an emergency preparedness (EP) team in order for them to notify members during emergency and disaster situations. A specific group of contacts can be entered and notified in mass alerts if any suspected surge is detected. Each contact can choose three different methods of receiving communication, and when the Community Response Plan is activated, they will receive this alert. You can let the individuals involved in surge response know of the current situation at hand and inform members of a potential conference call with all necessary call-in information. When an outside agency other than public health detects a surge, that

agency may notify the proper contacts at public health in order for a message to be disseminated to the group. As the plan is continuously updated, the contact list for the alert notification system can similarly be reviewed and updated as necessary.

Sample Notification List

Name	Agency/Role	E-mail	Work hour phone	After hours contact method
Name	Injury Prevention Coordinator	email@healthdept.gov	xxx-xxx-xxxx	Phone, email or other method
Name	Health Department Leadership	email@healtdept.gov	xxx-xxx-xxxx	Phone, email or other method
Name	Public Relations/PIO	email@healthdept.gov	xxx-xxx-xxxx	Phone, email or other method
Name	ADAMHS/MHRSB	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	First Responders Leadership (Police)	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	First Responders Leadership (Fire)	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	First Responders Leadership (EMS)	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	County Coroner	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	Hospitals	email@agency.org	xxx-xxx-xxxx	Phone, email or other method
Name	Project Dawn	email@agency.org	xxx-xxx-xxxx	Phone, email or other method

Sample Message Templates

Sample EpiCenter Alert

ATTACHMENT A – EXAMPLE EPICENTER ALERT COMMUNICATION

A public health alert based on hospital emergency department and urgent care patient chief complaints has been issued for the <insert municipality>, Ohio, area. Below is a summary of the alert based on the available limited information provided thus far to public health.

DESCRIPTION OF THE ALERT:

- Time of Anomaly: <Month Date, Year hh:mm a.m./p.m.>
- Time Detected: <Month Date, Year hh:mm a.m./p.m.>
- Indication: <insert indication> (ex. Emergency Department Registrations)
- Classification(s): <insert classification> (ex: Drugs (Traumatic Injury))
- Location: <insert municipality>, Ohio
- Analysis Method: <insert method> (ex: Recursive Least Squares)
- Data Conditioning Method: <insert data conditioning method> (ex. No Data Conditioning)
- Results of Analysis: <insert results> (ex. 25.00%, (15 actual cases/ 60 total cases))
- Records Totaled By: <insert location> (ex. Facility Location)

Between <Time Month Date, Year> and <Time Month Date, Year> XX cases with drug-related complaints were seen in emergency departments in <insert municipality>, Ohio. These XX interactions exceeded the predicted number of cases (4.60) and the case threshold (13.51) for this chief complaint.

Please contact <insert epidemiologist's name>, the epidemiologist, at (xxx) xxx-xxxx if any additional information is discovered and/or something new presents itself.

Litchfield County, CT Spike Alert Text Initiative

https://www.lcotf.org/spike-alerts/

The Litchfield County Opiate Task Force's (LCOTF) overdose spike alert response includes an innovative capability that sends out text alerts to anyone in the community who signs up to receive them. The response also includes community engagement through social media, deployment of harm reduction services, and follow-ups by teams consisting of a recovery navigator and law enforcement officer.

The LCOTF was formed in December 2013 in response to the increase in overdose deaths. Co-chaired by leadership from the McCall Center for Behavioral Health and Charlotte Hungerford Hospital, the Task Force is a multi-disciplinary, multi-lateral group with representatives from each sector in the community to work toward a coordinated public health response. An executive committee, including key leadership from the Health Department, State Office of Rural Health, funding sources and a paid master's level Public Health Specialist assure that initiatives are aligning with the group's strategic plan and are achieving measurable outcomes. The LCOTF organizes its work around the central goals of reducing the harm caused by the opioid crisis and addressing the root causes of addiction.

Spike text alerts are disseminated when three or more overdoses (fatal or non-fatal) are reported by first responders throughout Litchfield County to the ODMAP in a 24-hour period. The alerts are intended to inform those at risk for overdose, family members, and community members of times of higher risk and how to access various resources, including how to obtain naloxone locally. Volunteers with harm reduction toolboxes called Rovers, which hold items like naloxone, wound care supplies, syringes, fentanyl testing strips, etc. are deployed to towns or areas where overdoses were clustered. A central staff person, the Network Coordinator of the LCOTF, is charged with sending the alerts, organizing volunteers, and identifying response locations based on the ODMAP data.

The LCOTF directs members of the community to their online and social media sites to connect with local recovery navigators and case managers, and identify harm reduction, treatment, and behavioral health resources. Below are examples of what individuals may see when they visit the LCOTF's social media sites during a spike alert. These posts are widely shared on online community boards and social media groups to reach a broad community audience.

Additionally, local law enforcement agencies throughout the county are working with the LCOTF in their overdose response. Police assisted addiction recovery follow-ups are conducted following a non-fatal overdose in the community. An area recovery navigator is deployed alongside a plain-clothes officer to visit the residence where the overdose occurred. During this visit, the overdose victim and their families are offered support services, access to treatment, and harm reduction materials. The attending recovery navigator maintains contact independent of law enforcement after the initial introduction.

The coordinated response to overdoses is assisted by several additional programs created by the LCOTF and its participating agencies.

The McCall Center for Behavioral Health expanded its Medication Assisted Treatment (MAT) services in 2019, including the launch of the Mobile Wellness Van. The van is stationed at locations throughout Litchfield County during the week, allowing access to same day, on-site initiation of MAT and connections to local treatment providers and other community resources. The van helps people in the moment without the need of an appointment or proof of insurance. The van is equipped with an exam room and staffed with a recovery coach and prescribing doctor. This service is especially important in serving the rural communities of Litchfield County, where access to treatment is otherwise limited.

Charlotte Hungerford Hospital's emergency department has further expanded immediate access to treatment by offering 24/7 MAT inductions. Same day treatment is essential in responding to overdose spikes and ensuring access when people are ready. There are two community case managers stationed in the hospital who assist with referrals to outside providers and resources once the patient is inducted.

To further assist with navigating the treatment network and accessing support services, several case managers and recovery navigators are employed by agencies in Litchfield County. One such role is the Community Outreach and Recovery Navigator employed by Greenwoods Counseling Referrals, Inc. who travels to various towns informing residents of the resources available and how to access them and helping those seeking treatment or other support services. The focus is on harm reduction to keep people safe and meeting with individuals to discuss treatment services and develop a plan that is best suited for them.

Appendix C

Examples of Data Sources for Monitoring Overdose Spikes

Dayton and Montgomery County, Ohio monitoring and alert analysis
https://www.naccho.org/uploads/downloadable-resources/Montgomery_County_Community_Response_Plan.pdf
The excerpt below provides descriptions from Public Health Dayton and Montgomery County of data sources that should be regularly monitored to identify a spike in overdoses, as well as the process for investigating and verifying the alert.

Public Health Dayton and Montgomery County Monitoring and Alert Analysis

The following section establishes what data will be monitored regularly. The data sources identified below will provide needed information in identifying a possible spike in overdoses in Montgomery County. Additionally, the process for investigating and verifying the alert of a potential spike in overdoses is outlined.

- **Epicenter –**
  - Upon receipt of an alert from the Epicenter syndromic surveillance system, Public Health epidemiologists will conduct a brief review to determine the validity of the anomaly. Public Health will then report the results of the investigation to local partners and the Ohio Department of Health (ODH).

- **ODMAP –**
  - Public Health will utilize historical data to establish a county-wide threshold for spike alerts in the ODMAP system. The threshold will be adjusted as determined necessary.

- **Montgomery County Regional Dispatch Center (RDC) –**
  - When RDC, run by the Montgomery County Sheriff's Office, notice an unusual number of overdose calls or is notified by other dispatch centers or hospitals that they are receiving an unusual number of overdose calls, they will alert the appropriate entities. If RDC is aware of, for example, eight overdose calls in twenty minutes, or twelve overdose calls within a two-hour period, they will provide paging notifications to the appropriate entities.

Other sources of data that could indicate a spike in overdoses in Montgomery County could include, but is not limited to:

- Law Enforcement Task Forces – have a large drug seizure
- Other local health departments & ODH - surrounding communities experience a spike or surge in overdoses
- Additional information gathered from Quick Response Teams (QRTs), jail intake, hospitals, Montgomery County Emergency Room Notification System (MCERON), etc.

Public Health and Safety Teams (PHAST) Toolkit

https://www.cdcfoundation.org/sites/default/files/files/PHAST_Web_Toolkit_Pilot_Version_2.0_For_Dissemination.pdf

To support local jurisdictions' implementation of multi-sector opioid overdose response initiates, the PHAST toolkit provides an organizational structure as well as recommended processes to enhance cross-sector relationship-building, data use, and opioid overdose prevention. The excerpts below from the PHAST toolkit (version 2.0) 1) describe how to effectively engage in cross-sector data sharing to monitor overdose trends, 2) list the kinds of data sources that should be regularly monitored, and 3) provide investigation questions linked to the possible data sources.

Data and Data Sharing

Optimizing capacity indicates the partners are identifying the most effective interventions or supports to current programs as evidenced by the data available. As a result of creating shared understanding, the overdose response team should have identified the type and source of data that each partner can bring to the table. The accuracy, frequency, reliability, and availability of data sources may vary from jurisdiction to jurisdiction. Therefore, it is essential that the overdose response team consider many factors when analyzing the data to optimize capacity.

- Data use & Data sharing agreements—Access to and use of data from the overdose response team partners will vary depending on a myriad of factors. It is essential to consider the need for a data use and/or data sharing agreement early in the process. For example, the following considerations could reasonably affect the need for a data use and/or data sharing agreement as well as the scope of these agreements:
    - Type of data (aggregate vs. case-level)
    - Identifiable vs. de-identified data
    - Intended use for the data
    - Existing laws governing the collection, use, and sharing of the data (e.g. HIPAA, 42 CFR Part 2)
    - Who has access to the data?
    - Expiration data or mechanism to renew
    - Data security and storage practices

Some examples of data sharing agreements are listed below:

- Inter-Agency-Data-Sharing Agreement
- Network for Public Health Law: Data Sharing Agreements
- Sample Information Sharing Agreements from Ohio DOH Community Response Plan Template

- Using data to develop a shared understanding of the current overdose situation in your jurisdiction
    - Data is a powerful source of information that can be gathered, analyzed, and reported by multiple partners for many different purposes. The goal of using data to create a shared understanding is to both take stock of the current data sources available to the health department and their partners and also to foster agreement in the interpretation and utilization of some of that data. Much like creating a shared language, creating a shared interpretation of data and is a dynamic and iterative process that must be continually revisited and assessed for alignment with the partners goals and abilities in mind. There are many ways to report data and many agencies/organizations have their own protocols and rules governing data collection, analysis, and sharing.

- The table below does not distinguish between individual/case-level data and aggregate/population-level data. Both types of data are important sources of information in creating shared situational awareness of overdoses in a jurisdiction; however, they also likely bring their own set of specific constraints. It is important to assess the balance of which source(s) of data are most useful and feasible for your overdose spike response team to consider when creating shared understanding. The availability of the data sources and indicators listed below will likely vary by jurisdiction.

Agency	Data Sources and Indicators	Purpose
Emergency Department	• Suspected overdose • Suspected substances involved	Syndromic surveillance data from emergency departments on number of fatal and non-fatal overdoses, especially trend data over time, can assist a jurisdiction in setting a threshold number to define a spike in overdoses. Information on suspected substances can assist partners in developing effective intervention and harm reduction strategies to prevent and respond to overdoses.
Crime lab/Forensic department	• Drug type • Possible drug source/origin	Information on the type and source of substances in a community allows the overdose response team to identify the most effective points of intervention to prevent, respond to, and recover from an overdose spike in their community.
Emergency Medical Services	• Suspected overdose • Suspected substances involved • Suspected overdose location • Administration of naloxone • Response to naloxone • Transportation to ED or other service provider (e.g. treatment/recovery provider)	Creating a geographic picture of overdose trends in a community, understanding availability and usage of naloxone and the result of an overdose (e.g. transport to medical service or treatment facility) can illuminate barriers or gaps in the system
Fire Department	• Suspected overdose • Suspected overdose location • Administration of naloxone • Transportation to ED or other service provider (e.g. treatment/recovery provider) • Needle/syringe disposal surveillance • Naloxone utilization information	Creating a geographic picture of overdose trends in a community, understanding availability and usage of naloxone and the result of an overdose (e.g. transport to medical service or treatment facility) can illuminate barriers or gaps in the system
Health Department	• Syndromic surveillance data • Notifiable conditions • Needle/syringe surveillance • Naloxone utilization and trend information	Data on suspected number and rates of fatal and non-fatal overdoses and substances involved, especially trend data over time, can assist a jurisdiction in setting a threshold to define a spike in overdoses
Law Enforcement	• Substance trend information • Supply, source • Administration of naloxone • Naloxone training • Qualitative data from overdose response and post overdose outreach (i.e. Quick Response Teams)	Understanding community-level supply trends and overdose risk Understanding reach of naloxone distribution programs Monitoring progress Understanding and evaluating risks and feasibility of prevention interventions

Medical examiner and Coroners	• Cause of death • Toxicity information, including substances involved in fatal overdoses	Understanding risks and selecting effective prevention interventions Data on suspected number and rates of fatal overdoses and substances involved, especially trend data over time, can assist a jurisdiction in setting a threshold to define a spike in overdoses
Parks department/public works	• Environmental syringe surveillance (e.g. discarded/incidental usage sites)	Understanding risks and selecting useful interventions
Treatment & Recovery Centers/Providers	• Opioid assessment/client intake • Naloxone distribution	Understanding risks and selecting useful interventions
Office of Emergency Management	• Suspected overdose • Naloxone administration • Data on areas prone to natural disaster/potential impacts of natural disasters	Creating a geographic picture of overdose trends in a community, understanding availability and usage of naloxone and the result of an overdose can illuminate barriers or gaps in the system
Criminal Justice	• Incarceration data/release data	Understanding the risks of overdose post-release and targeting interventions to this potentially high-risk group
Mental and/or Behavioral Health Department/Human Services	• Needle/syringe disposal surveillance • Naloxone utilization information • Substance use trend information • Treatment access	Understanding treatment availability and reach of naloxone distribution programs
Harm Reduction Agencies	• Naloxone surveillance data (e.g. training on administration, re-distribution of Naloxone post administration) • Fentanyl test strip data (e.g. distribution trends, result of test strips) • Qualitative/interview data from SUD population • Trends in personal harm reduction strategies of the population/community • Peer recovery specialists	Understanding risks and selecting effective prevention interventions Understanding reach of naloxone distribution programs Identifying emerging threats through fentanyl test strip data and communicating risk to people who use drugs
Overdose Fatality Review Board	• Qualitative/interview data with victims' friends, family, community-members • Systems-life course review of individual case data	Understanding systems-level interventions with the potential to reduce overdose
HIDTA	• Local HIDTA may have additional information on case development or information shared between law enforcement	Identifying emerging threats such as rapid increases in illicit drug seizures or a new type of synthetic opioid analogue
Community Members	• Qualitative/interview data with victims' friends, family, community-members • Report overdoses	Understanding risks and selecting effective prevention interventions

Investigation questions linked to possible data sources table

The table below from the PHAST Toolkit provides a list of some specific investigation questions that may be answered by leveraging and monitoring available data.

Table 1D

Table 1D: Examples of PHAST Investigation Questions Linked to Possible Data Sources

Question	How will you use this information?	Possible data sources	Level of detail needed (case-level vs. aggregate)
What is the opioid-related overdose death rate in our jurisdiction?	To track cases of overdose death longitudinally	Confirmed: State Unintentional Drug Overdose Reporting System (SUDORS), which captures detailed information on toxicology, death scene investigations, route of administration, and other risk factors that may be associated with a fatal overdose associated risk factors	Aggregate
		Local and state health departments	
		Provisional: National Vital Statistics System (provisional counts for drug overdose deaths occurring within the 50 states and the District of Columbia. The counts represent the number of reported deaths due to drug overdose occurring in the 12-month periods ending in the month indicated.	
Where are the deaths happening in our jurisdiction?	To determine geographical high-burden areas and target interventions	Medical examiner/coroner suspected overdose data	Aggregate
		Overdose Detection Mapping Application (ODMAP), an overdose mapping tool that provides real time suspected overdose data in local and surrounding jurisdictions.	Aggregate
What is the non-fatal overdose rate?	To track non-fatal overdose occurrences longitudinally (for surveillance)	State health department's syndromic surveillance data (from emergency departments) – does not include individuals who decline transfer to emergency department post overdose.	Aggregate
Are we seeing a spike in overdoses or a particular type of overdose?	To identify spikes for early detection of emerging threats and rapid response	Coroners observations/reports	Aggregate
		Increase in 911 calls related to overdose	
		Sharp increase in EMS treating suspected overdoses and reversing opioid overdoses with naloxone. (May be tracked and monitored through ODMAP.)	
		Hospital Emergency Departments report large numbers of overdoses presenting	
		Police report increase in illicit drug seizures or rapid increases in illicit drug seizures containing a new type of synthetic opioid such as fentanyl, fentanyl analogs, or other synthetic opioids such as U-47700.	
		Medical examiners/coroners noting a sharp increase in overdose Deaths	

Examples of PHAST Investigation Questions Linked to Possible Data Sources (continued)

Question	How will you use this information?	Possible data sources	Level of detail needed (case-level vs. aggregate)
Who is overdosing and in need of care, treatment, support services?	To target interventions and response efforts by population	State health department's syndromic surveillance data (from emergency departments)	If targeting by population: aggregate. If targeting by individual: case-level
		EMS/Emergency responder data	
		Client records from harm reduction service providers	
		Treatment service requests	
		Medical examiner/coroner suspected overdose data (may be an entry-point to connect with family or friends who may be at risk of overdose or a way to identify high-risk populations)	
		Inmate release information (to provide further supports to this high-risk group)	
What are the limitations in the current overdose prevention services?	To improve effectiveness of interventions aimed at reducing overdose	Treatment service records including waitlists, retention, and reasons for drop out	Aggregate
		Community surveys and client records by harm reduction providers	
		Pharmacy records on naloxone distribution	
What are the local trends in illicit drug use?	To identify treatment and harm reduction needs	Law enforcement drug seizure data	n/a
		Community surveys by harm reduction providers	
What is in the local drug supply?	To anticipate increased risks among people who use drugs	Law enforcement drug seizure data, possession arrests	n/a
		Community surveys by harm reduction providers	
What are the local opioid prescribing practices/ trends?	To anticipate potential risks among people who use prescription opioids, benzodiazepines, etc.	Prescription Drug Monitoring Program (PDMP) data	Aggregate

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