

TRAINING MANUAL

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QUESTIONS?

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HISTORY OF ODMAP

The Washington/Baltimore High Intensity Drug Trafficking Areas (W/B HIDTA) was designated in 1994 with an area of responsibility including Maryland, Virginia, Washington DC, and the eastern panhandle of West Virginia. Under the leadership of Director Thomas Carr, the program has contributed significantly to addressing the drug threat, both at the national and regional level. In 2002, the W/B HIDTA developed Case Explorer, a web-based law enforcement software program focused on information sharing within the law enforcement and intelligence community. The system serves thousands of users across the country, with millions of data points within a secure system to provide police agencies case management, case deconfliction, and event deconfliction. The W/B HIDTA is also the only HIDTA program to receive funding to support drug treatment initiatives within the region, giving our staff an opportunity to work directly with our public and behavioral health partners.

Armed with the experience of developing a national law enforcement system and the experience collaborating with law enforcement and

public health partners, the W/B HIDTA leadership saw an opportunity to address the overdose threat and develop a real-time overdose tracking tool.

Overdose Detection Mapping Application Program (ODMAP) provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts. The program seeks 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, which tracks overdoses, to stimulate real-time response and strategic analysis across jurisdictions. Each agency wishing to participate, signs a data sharing agreement which is designed to protect the data within the system. Once signed, they can begin uploading data in real time through a variety of methodologies as a Level 1 user. They can also access the ODMAP dashboard, which allows users to view nationwide data and receive custom reports. This tool is only available to government (state, local, federal, or tribal) agencies serving the interests of public safety or public health.





ACCESS

REQUESTING ACCESS

STEP 1

Go to www.hidta.org/request-agency-access/

Access is available only to: Law Enforcement (Federal, State, Local, and Tribal), Fire/EMS, Public Health, and other government agencies serving the interest of public safety and public health.

Figure 1: Request Access Link on the ODMAP Homepage



STEP 2

Once agency request is approved, an e-mail will be sent with a direct link to the agency's electronic participation agreement, which requires a signature from an authorized signor of the agency.

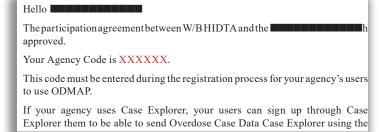
Figure 2: Agency Participation Agreement Email



STEP 3

Once the participation agreement is electronically signed, the user will receive an e-mail with their Agency Code and instructions on how to create an account

Figure 3: Agency Approval E-mail



ACCESS

STEP 4 (Case Explorers Users Only)

Case Explorer users MUST register their ODMAP account in Case Explorer (this is for Law Enforcement only who will be utilizing ODForm). Users who wish to register through Case Explorer will login into their Case Explorer account and click on "Your Profile."

At the bottom of the "Your Profile" page, there will be a section titled "ODMAP Account."

DEVICE ACCESSIBILITY

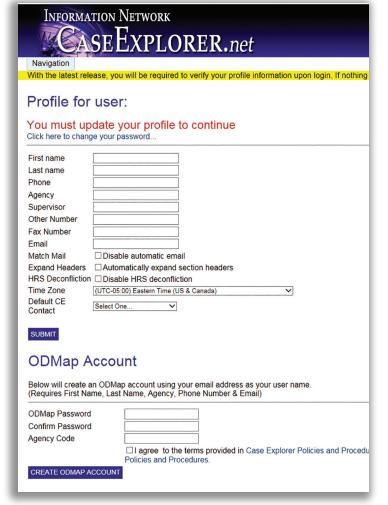
ODMAP works on Windows, Android, iOS, and OS X based devices with a standard browser such as Chrome, Firefox, and Safari.

ODMAP Level I can be used in the field or in the office from any mobile device, mobile device terminal, or desktop.

ODMAP is often referred to as an "app" however, it is a mobile friendly interface allowing it to be easily accessed on a mobile phone/tablet.

Figure 4 Linking Case Explorer and ODMAP





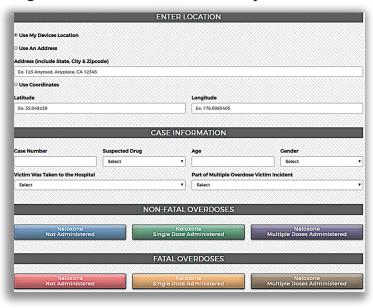
PURPOSE

Primarily used for data entry and Agency Management https://odmap.hidta.org.

OVERVIEW

- Users are required to ONLY enter: incident location and type of overdose (other fields are optional)
- If a user enters a location as opposed to using "my current location" it is important for the user to know the physical location is not disseminated as it is geocoded to latitude and longitude (this is for manual entry as well as through API)
- If the user is Law Enforcement and is utilizing ODForm, the user will enter the information into ODForm after the point is submitted into ODMAP
- Users and/or administrators can manage their overdose submissions by clicking "Manage Overdoses."
- Administrators and those with "Write" access can view ALL ODMAP submissions and enter ODFORM submissions for users under their role
- Users, admins and those with write access can also edit or delete records under the "Manage Overdoes" tab

Figure 5: ODMAP Level 1: Data Entry Screen

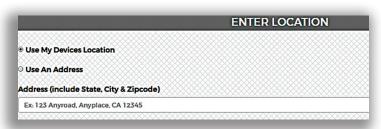


HOW TO ENTER AN OVERDOSE

STEP 1: LOCATION

When entering an overdose, there are 3 data entry options for location.

- 1. "Use my device location"- This option should only be utilized if overdoses are being entered live in the field. ODMAP will pull the GPS location from your device.
- 2. "Use Address"- The user must type the address into the box. Please note the box will be red as you type. You must select a geocoded address from the auto-populated list, at which time the box will



turn green. Addresses are not stored in ODMAP, instead they are geocoded to an approximate location.

3. "Use Coordinates"- Users may choose to enter a latitude and longitude.

STEP 2: CASE INFORMATION (Optional)

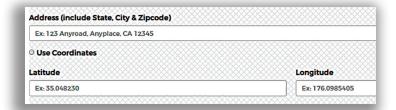
Users have the option to submit additional data fields.

- 1. Case Number
- 2. Suspected Drug
- 3. Age
- 4. Gender
- 5. Part of Multiple Overdose Victim Incident
- 6. Victim was taken to the hospital

STEP 3: OVERDOSE TYPE

Overdoses in ODMAP are broken down by fatality and naloxone administration.

- **FATALITY** Fatality is based on the victim's status at the time the first responder departs the scene. While it may be possible for a victim to be non-fatal at the time of transport, but succumb to their overdose at the hospital, the purpose of this is not to capture their eventual outcome. The purpose is to denote their status at the time of the first responder interaction.
- NALOXONE ADMINISTRATION There are 3 options for naloxone administration:
 - 1. Not Administered,
 - 2. Single Dose Administered, and
 - 3. Multiple Doses Administered. The single vs multiple doses is used as a proxy measure for fentanyl presence in the drug. As individuals who have overdosed on fentanyl may require multiple doses of naloxone to reverse their overdose.







STEP 4: CONFIRM LOCATION, DATE, AND TIME

Once an overdose type is selected the user is taken to a second screen to confirm the location, date, and time. A map is provided displaying the approximate location entered to provide a secondary means of location confirmation.

ODMAP defaults to provide the current date and time of the overdose if the user's current location was selected. For manual entry of lat/long or address, users will be required to input a date and time.

STEP 5: SUBMIT

Once all information is confirmed, the user should select "Submit this Location". Once submitted the user will have the option to enter another victim, however, if the user is Law Enforcement, they may then proceed to ODFORM.

Figure 6: Overdose Submission Confirmation Page



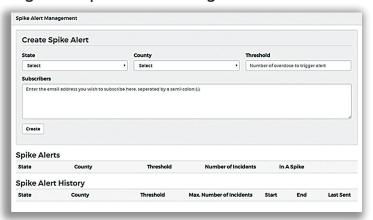
AGENCY ADMINISTRATORS

Agencies must designate an administrator at the time of registration. This administrator has access to additional management tools within Level 1.

Spike Alert Management

Administrators may set spike alerts for their own jurisdiction, as well as any jurisdiction using ODMAP. ODMAP is a system designed to provide vital information to relevant stakeholders in real time. Spike alerts can be set up to notify an agency by email if the total overdoses in an area exceeds a pre-determined threshold within a 24-hour period. Spikes alerts can be established for an agency's own jurisdiction, as well as nearby or neighboring jurisdictions. By establishing spike alerts for nearby jurisdictions the program can serve as an early warning feature. If a spike in overdoses occurs in a neighboring area, officials can anticipate a spike in their area and prepare.

Figure 7: Spike Alert Management Section



STEP 1: SELECT THE STATE OF INTEREST

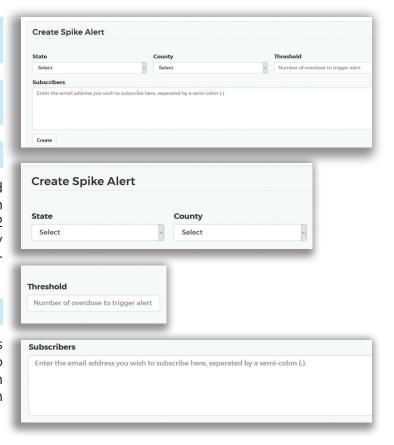
STEP 2: SELECT THE COUNTY OF INTEREST

STEP 3: ENTER THE THRESHOLD

A spike threshold can be set to any desired number. ODMAP will provide a recommendation for the spike threshold, utilizing a formula of 2 standard deviations above the mean. If a county has not entered data yet, the default recommendation is 3.

STEP 4: ENTER SUBSCRIBERS

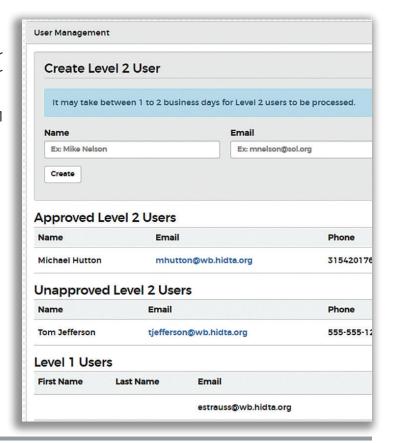
The administrator may list as many subscribers as they deem appropriate. It is recommended to include police chief, fire/EMS chief, local health officer, and any others who play a key role in responding to a sudden increase in overdoses.



User Management

Agency Administrators are responsible for approving and unapproving Level 2 users for their agency.

They may also view the list of current Level 1 users, and edit their permission levels.



ODFORM

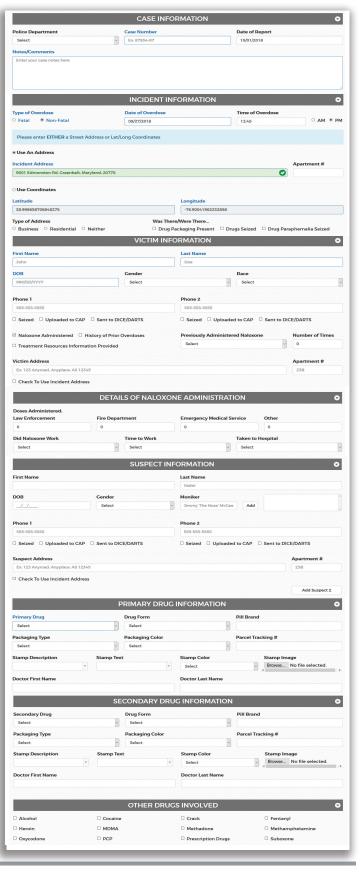
Many jurisdictions treat an overdose scene as an active investigation and collect case data in their record management system in order to identify the source of supply and ultimately prosecute drug trafficking organizations. This information is not used to prosecute overdose victims.

ODForm is an overdose investigation form that is accessed through ODMAP, but is stored within Case Explorer. Case Explorer is a separate, secure system and functions as a deconfliction system. Additionally, Case Explorer is a pointer index system, alerting law enforcement officers if they share a common case element, such as suspect name or drug packaging, with an officer in another jurisdiction. This provides the officers an opportunity to share information in order to further an investigation into a drug trafficking organization. A vital component of our work to identify sources of supply is to identify drug traffickers working across state lines. In 2017, over 60% of the drug trafficking organizations disrupted by the HIDTA program were multi-state or international.

ODForm access is limited to law enforcement agencies. Agencies interested in using ODForm, must have a Case Explorer account. Screenshots below show the information collected within ODForm. Only blue fields are required for submission.

It is important to note that no information collected in ODForm is available within ODMAP. Only the agency submitting the ODForm may access that information, and it is stored on an entirely separate secure server.

Figure 9: ODFORM Fields



PURPOSE

Access to the ODMAP Dashboard (National Map) and allows user to view data and analytical functions. https://odmapl2.hidta.org

OVERVIEW

ODMAP data is controlled unclassified information (CUI) and may only be released to authorized personnel. Recipients of this information must have a need and right to know the information in the performance of their criminal justice and public health functions. Only a select group of authorized decision-makers have access to the dashboard. The ODMAP dashboard (Level 2) is designed as a tool for decision-makers to be able to view and analyze the data, nationwide, submitted to ODMAP. Per the ODMAP Teaming Agreement, ODMAP shall only be used for its intended purposes. Agencies with authorized access can view the data in the dashboard even if they are not entering data.

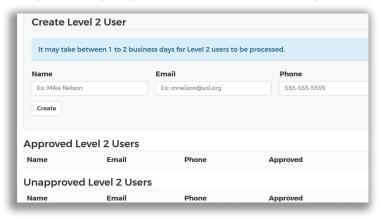


GAINING ACCESS TO LEVEL 2

Assigned Administrator for an Agency can grant Level 2 access:

- Assigned Administrator will click on Manage > Your Agency in the Level 1 platform.
- · Click on "User Management".

Figure 11: Agency Administrator User Management



AVAILABLE FILTERS AND TOOLS

Below the filters and tools of the Level 2 map are explained.

LEGEND

The legend provides a description of the symbols used on ODMAP. The diamonds represent fatal overdoses and the circles represent non-fatal overdoses. Each color corresponds to the nal-oxone administration.

OVERDOSE COUNTS

The counts for total suspected overdoses, fatal overdoses, and overdoses in which naloxone was administered are displayed in the bottom left corner. It is important to note, when first logging into ODMAP the display defaults to overdose occurring within the past 24 hours.

FREQUENCY GRAPH

A frequency graph in the bottom center of the screen displays the total suspected overdoses for each day.

ATTRIBUTE TABLE

The attribute table, which can be displayed by clicking the arrow below the frequency graph, displays the data contained in each dot on the map.

Figure 12: ODMAP Legend



Figure 13: Overdose Totals



Figure 14: Frequency Graph

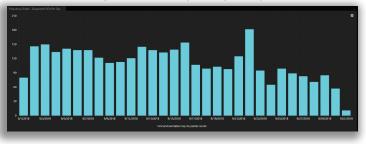


Figure 15: Attribute Table

IncidentTypeText	Incident DateTime	County Name	State Abbr	User Agency	Username	UserPhoneNumber	UserFirstName	UserLastName	InsertDate	CE_CaseID	CaseNumber	Police_District	HRS_OD_GUID
	8/13/2018, 11:51 PM	Chautauqua	NY	Southern Tier Health Care System	odmap@sheriff.us	7167534000	ccso	Officers	8/13/2018, 11:53 PM		21761-18		{725CB83A-17A7- 4238-85F1- BA2CC55AA2E3}
	8/14/2018, 9:32 AM	Philadelphia		Philadelphia Police Department	PublicSafetyGIS@phila.c	2158970813	PoliceGIS		8/14/2018, 1:30 PM			Philadelphia PD - 24	[FA122452-6432-46 8F55-F66165471FC
	8/14/2018, 7:19 PM	Anne Arundel	MD	Anne Arundel County Police Department	p91193@aacounty.org	410-222-3755	Scott	Ronaghan		{AD1D7292-ADFE- 4F27-8CDA- E22CA9C1FB25}	18-730928	Eastern	{F1EC164F-F1DD- 4F94-AE54- 05756E17592A}
	8/15/2018, 2:11 AM	Baltimore City	MD	Maryland Institute for EMS Systems	wthompson@miernss.or	4107067798	MIEMSS	MIEMSS	8/15/2018, 3:17 AM			Northwestern	{C5A1E3BE-2981- 4235-B615- 59625D6A14C8}

OVERDOSE TYPES

The pie chart in the bottom right corner, displays suspected overdoses by type.

FILTERS

ODMAP provides various filters to assist in data analysis. Data may be filtered by state, county, date range, time period, naloxone administration, and fatality.

Figure 16: Overdose Types

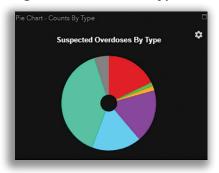


Figure 17: Filters



SPIKE RESPONSE FRAMEWORK

In order to support the needs of our community, the W/B HIDTA public health analysts developed a Spike Response Framework available at www.hidta.org/odmap, which is designed to provide guidelines and promising practices, from peers across the county, in working through an overdose spike. We reference information for fourteen distinct stakeholder groups:

- Local Health Departments
- Peer Recovery Specialists
- State Health Departments
- Community Groups
- First Responders
- Treatment Facilities
- Law Enforcement Leadership
- Parole/Probation Officers
- Forensic Laboratory/ Coroner's Offices/ Medical Examiner's Offices
- Correctional Facilities
- Emergency Management Department
- Social Services and Schools
- Hospital Emergency Departments
- Media

LOCAL HEALTH DEPARTMENTS

Recommended Role

Health Departments need to coordinate with the Overdose Spike Response Plan Team Lead and local stakeholders to implement the Overdose Spike Response Plan. Health Departments also have a role in evaluating the local plan after the spike and providing feedback to the Overdose Spike Response Team.

TIP FOR STRATEGIC PLANNING: A common theme discussed with interviewees during the development of this Framework was striking a balance between providing necessary information for alerting the public versus driving persons at risk for overdose to bad batches of drugs. Persons with substance use disorders may be prone to seek out "bad batches" because they are perceived as more potent, hence, desirable. Therefore, a balance must be struck by providing less detailed information in public alerts and more detailed information in alerts to the Overdose Spike Response Team.

PROMISING PRACTICES Gaining an understanding of available resources is a necessary component of directing individuals to treatment resources during an overdose spike. Baltimore City launched a pilot program in which a twice daily survey of participating treatment facilities provides a near real-time picture of available treatment resources. Using a free survey tool, outpatient providers indicate their capacity for assessment (same day, next day, or later), and residential providers indicate the number of available slots for each level of service, by population (e.g. men, women and children, etc.). The survey takes approximately 1 minute for the facility to complete. This information is provided to the City's 24/7 behavioral health crisis and referral line so that callers interested in treatment are quickly connected to available

resources by the referral line. Collection of this information is also useful for quantifying full or missing levels of services, which is important for long-term planning

Recommended Actions

PRE-OVERDOSE SPIKE

- ☐ Develop a local Overdose Spike Response Plan
 - ☐ Coordinate with State Health
 Department to reduce duplicate efforts
 - ☐ Meet with stakeholders to gain input
 - ☐ Incorporate an after-hours response plan for the local Public Health Department
- ☐ If appropriate, develop a public service announcement (PSA) template
- ☐ Review historical data to appropriately define a spike at the local level

(Note: The definition of a spike at the state level may be different than the definition of a spike at the local level).

- ☐ Develop a "bad batch" community alert system and template message Identify and/or secure funding
 - ☐ Coordinate the development of the Overdose Spike Response Plan
 - ☐ Prepare template message(s) for alert system to target audiences
 - ☐ Establish a means of contact or communication system with media groups and develop a plan to distribute PSAs in the event of a spike

APPLICATION PROGRAMMING INTERFACE

An Application Programming Interface (API) connects ODMAP to a local Record Management System (RMS) or any other system. This system allows an agency's native RMS to auto-populate ODMAP, without any manual data entry. The API has become a popular method for stakeholder agencies to contribute data without creating additional reporting or processes. The W/B HIDTA is working collaboratively with individual agencies and vendors to maximize the API's use to create pathways for full integration. The API is currently being used nationally, most popularly for statewide implementation.

SUCCESS STORIES

LAW ENFORCEMENT

Maryland: Five indictments were served on significant members of a Drug Trafficking Organization (DTO) responsible for distributing heroin and fentanyl in Anne Arundel County and Baltimore City. Analysts from the W/B HIDTA, in coordination with local law enforcement provided analytical support to link overdose data from ODMAP to other law enforcement data sets. As a result, 19 arrests were made on this group trafficking drugs from New York to South Baltimore and linking the group to over 70 overdoses, some of which were fatal.

BEHAVIORAL & PUBLIC HEALTH

In Erie County, New York the local Health Department has partnered with the Cheektowaga Police Department to utilize ODMAP as a tool to identify treatment referrals. When an overdose occurs, Cheektowaga law enforcement officers enter the incident in ODMAP and leave a package of introductory educational materials about Substance Use Disorder including local treatment contact information. A Health Department staff member monitors ODMAP for new points. When a new point is identified the staff member contacts the Cheektowaga Police Department

to receive a copy of the incident report through an open FOIL. The Health Department's Peer Recovery Specialist then contacts the overdose victim by phone within 24 - 72 hrs to discuss treatment options focusing on Medicated Assisted Treatment modalities. If the individual is not reached by phone, a follow-up home visit is made by the peer and their partner, if they are still unsuccessful in reaching the individual the police officer may try to return later in the day to try to make contact on the Peer's behalf if contact was not made through phone numbers and addresses accessed in the incident report. Family and friends are also invited to engage in care and will be referred to family recovery support groups. At the 90 day follow-up point 56% were connected to care (30 of 54), 19% (10) are working with a peer to identify a program that meets their needs, 11% (6) are speaking with a peer but have committed to or turned down treatment, and 11% (6) have refused treatment. but will continue to be contacted every 30 days.

