



# The Overdose Mapping Application Program

A guide to the  
ODMAP platform and  
community user application

## Acknowledgements

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More than  
3,000 agencies in  
49 states participate  
in ODMAP,  
including the  
District of Columbia  
and Puerto Rico



# Introduction

Every community in America is affected by substance abuse disorder and the challenges associated with responding to fatal and nonfatal overdoses. A key factor in saving lives is the ability to access near real-time overdose data and share this information with community stakeholders to deploy coordinated responses. The Overdose Detection Mapping Application Program (ODMAP) is a tool for collecting and tracking geographic data points of suspected overdose events. Managed and supported by the Washington Baltimore High Intensity Drug Trafficking Area (W/B HIDTA), ODMAP is a free Web-based, mobile-friendly software platform available to local, state, federal and tribal entities serving the interest of public safety and

health as part of their official mandate. These entities include law enforcement, fire and EMS departments, hospitals, medical examiners/coroners' offices, and criminal justice and public health personnel. ODMAP is also available to licensed first responders and hospitals. Only agencies that have signed a participation agreement are eligible to submit data.

This document provides a comprehensive overview of the ODMAP platform, including the genesis for the platform and its application in communities. There are four main sections. Section 1 provides the context and history in which the ODMAP platform was developed. Section 2 describes the ODMAP platform and features. Section 3 describes the expansion of ODMAP and examples of the ways in which communities are using it to respond to overdoses. Finally, Section 4 highlights efforts by states to expand overdose reporting.





Access to near real-time fatal and nonfatal overdose data can help public safety and public health agencies mobilize prevention and intervention responses. The Overdose Detection Mapping Application Program (ODMAP) is a tool that can enable communities to develop tailored interventions targeting specific geographic areas or high-risk individuals.

# History and Background

## Context

In 2017, the United States reached a peak of 70,237 overdose deaths, 68 percent of them involving an opioid (Wilson et al., 2020). While drug overdose deaths decreased by 4.1 percent in 2018, deaths involving synthetic opioids increased 10 percent (Hedegaard et al., 2020; O'Donnell et al., 2020). Illicit opioids (heroin, synthetic nonmethadone opioids) have been a predominant cause of overdose deaths, increasing 200 percent since 2010 (Dowell et al., 2017). The substantial increases in illicit-opioid deaths can be largely attributed to contamination with fentanyl, which is 50 times more potent than heroin (Dowell et al., 2017).

Fentanyl is often mixed with heroin or other drugs to enhance the euphoric effect and maximize profit (DEA, 2018). Individuals who use drugs mixed or replaced by fentanyl are often unaware of the drug's potency, which puts them at high risk for overdose or death. Further, the rapid development of fentanyl analogs has made it difficult for lab testing and law enforcement to keep pace with the drug variations (Morrison & Munden, 2019).

Nearly a third (32.9 percent) of the drug overdose deaths in 2017 involved cocaine, psychostimulants,

or both (Scholl et al., 2019). Further, the rates of overdose deaths involving cocaine and psychostimulants increased by a third between 2016 and 2017 (Karissa et al., 2019). While data suggests that increases in psychostimulant-involved deaths were largely independent from opioids from 2010 to 2017, recent trends indicate that synthetic opioids are also involved in these deaths (Karissa et al., 2019). Response strategies must include attention to the increasing polysubstance landscape of overdoses.

Challenges related to timeliness and accuracy of reporting overdose deaths make it difficult for first responders and public health professionals to respond effectively. Medical examiners and coroners confirm overdose as the cause of death through toxicology tests, a process that typically takes weeks to months. Moreover, toxicology tests may not keep pace with the appearance of novel synthetic opioids, potentially resulting in an undercounting of overdose deaths due to these drugs. These challenges prevent a timely response that can save lives. Further, while many states and communities collect overdose data, they are frequently limited to specific stakeholders (e.g., public health, fire/EMS, law enforcement) and therefore do not reflect the totality of overdoses in any given jurisdiction.

## ODMAP Origins

In fall 2016, the Washington Baltimore High Intensity Drug Trafficking Area (WB/HIDTA) convened staff members, medical researchers, drug court judges, and public health, fire, and EMS officials to discuss approaches for dealing with Baltimore's opioid crisis. Among the concerns raised during this meeting was the inability to identify and track sudden increases in drug overdose incidents, commonly referred to as spikes, and a lack of a consistent method to track both fatal and nonfatal overdoses. Building on W/B HIDTA's experience developing and managing Case Explorer, a Web-based software program focused on information sharing within the law enforcement community, the W/B HIDTA Network Operations Center developed an interface that could track and map overdose spikes within and across jurisdictions. A key feature of the platform is that it allows first responders to submit information while they are at the scene of an overdose, immediately providing a visualization of this data on a map. The ODMAP platform was launched as a pilot in January 2017 in areas of West Virginia and Maryland and subsequently made available nationally in April 2017.

In 2017, an Interagency Working Group (IWG) was established through the Executive Office of the President to review opportunities to encourage ODMAP implementation. The Government Accountability Office (GAO) report on combatting synthetic opioids (GAO, 2018) recommended that the Director of the Office of National Drug Control Policy (ONDCP) collaborate with law enforcement and public health professionals to identify ways to improve timeliness and accessibility of fatal and nonfatal overdose reporting, including understanding the benefits and scalability of ODMAP. In 2018, the IWG was disbanded when support for ODMAP was included in opioid-related

## Interagency Working Group

- **Executive Office of the President**
  - National Security Council (NSC)
  - Office of National Drug Control Policy (ONDCP)
- **Department of Justice (DOJ)**
  - Bureau of Justice Assistance (BJA)
  - Drug Enforcement Administration (DEA)
  - Criminal Division, Fraud Section
  - Office for Victims of Crime (OVC)
  - Federal Bureau of Investigation (FBI)
  - National Institute of Justice (NIJ)
- **U.S. Department of Health and Human Services**
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Centers for Disease Control and Prevention
  - National Institution on Drug Abuse (NIDA)
- **National Highway Traffic Safety Administration Office of Emergency Medical Services**
- **United States Postal Inspection Services**
- **Department of Homeland Security**
  - Policy, Law Enforcement
  - Homeland Security Investigations (HSI)
- **Office of the Director of National of National Intelligence**

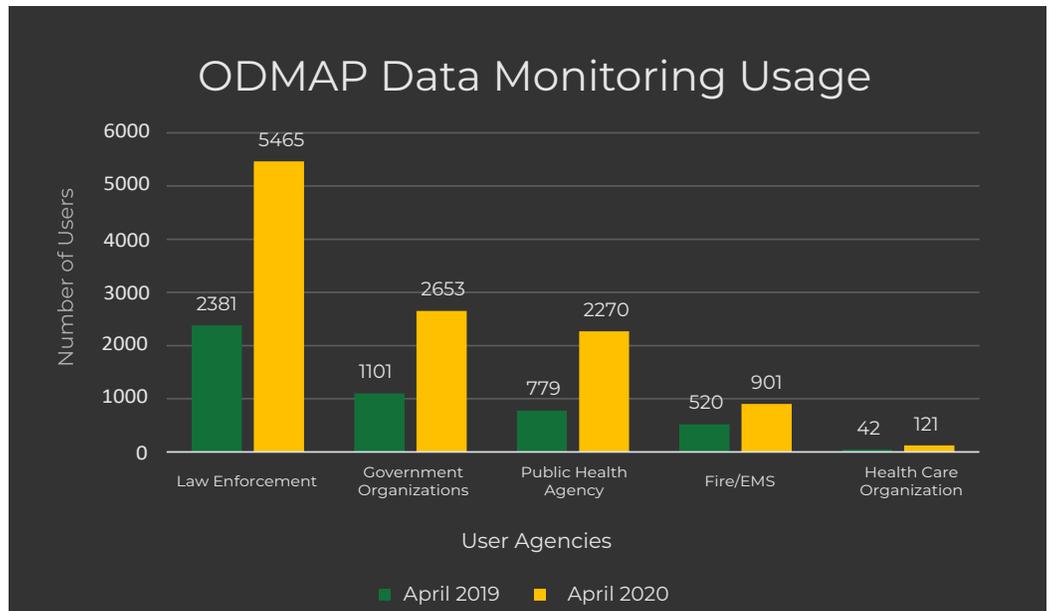


grant programs sponsored by the Bureau of Justice Assistance (BJA) and the Centers for Disease Control and Prevention (CDC).

## ODMAP Growth

Since the platform was made available in 2017, the number of user agencies has grown from 136 to 3,330 in 1,019 counties across the United States.<sup>1</sup>

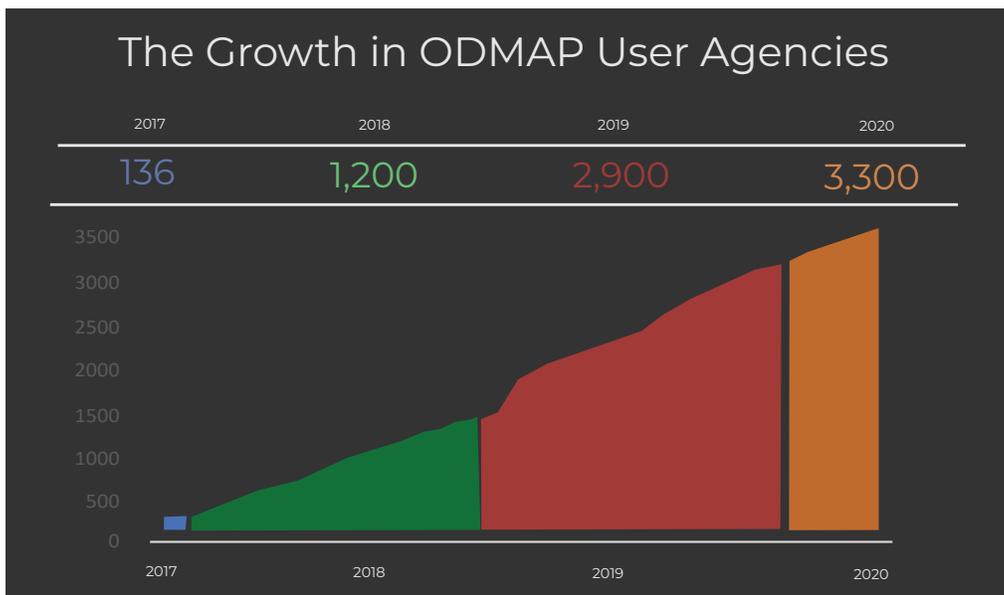
In the past two years, ODMAP has not only expanded the number of communities and users, but the types of agencies using the platform for analysis have expanded. While law enforcement agencies continue to comprise the majority of users because of ODMAP's roots in HIDTA and the role regional HIDTA agencies play in sharing information, government and public health agencies have experienced substantial increases.



## ODMAP Management

W/B HIDTA is responsible for management and administration of ODMAP, including communication with participating agencies, training and technical support, file maintenance and security, and statistical analysis and reporting.

W/B HIDTA staff members conduct routine administrative and security audits to remove incorrect or duplicate entries, and improper or unauthorized users.





“ODAMP is a tool that helps us see the epidemic unfold as it is occurring, and helps our coalition pinpoint areas in our community that are experiencing more overdoses than other areas.”

David Sweat  
Chief of Epidemiology, Shelby County  
Tennessee Health Department

# ODMAP Platform

The accessibility of near real-time data is essential to enabling communities to respond to overdoses as practically as possible. ODMAP is the only overdose surveillance system that is nationally available, facilitating information sharing and response across jurisdictional boundaries.

## Data Submission

ODMAP's Web interface allows users to submit suspected fatal and nonfatal overdose data through manual entry or through an automated application programming interface (API).

### Manual Entry

The manual entry allows first responders, including law enforcement, fire and EMS personnel, hospitals, and medical examiners to log an overdose while on the scene, in their vehicles, or when they return to their offices. Data can be entered via a mobile device, tablet, or computer. Authority to enter data is granted by the agency administrator.

Many communities chose manual entry because it is quick and allows responders to enter information while in the field.

The screenshot displays the ODMAP web interface. At the top, there is a section titled "ENTER LOCATION" with options to "Use My Device Location", "Use An Address", or "Use Coordinates". Below this are input fields for "Address (Include State, City & Zipcode)", "Latitude", and "Longitude". The next section is "CASE INFORMATION", which includes fields for "Case Number", "Age", "Gender", "Primary Suspected Drug", "Victim Was Taken to the Hospital", "Additional Suspected Drug", "Part of Multiple Overdose Victim Incident", "Motor Vehicle Involved", and "Medicine Administered By". At the bottom, there are two main sections: "NON-FATAL OVERDOSES" and "FATAL OVERDOSES". Each section contains two buttons: "Add New Administration" and "Multiple Doses (Using IM or IV) (Only NY) Administered".

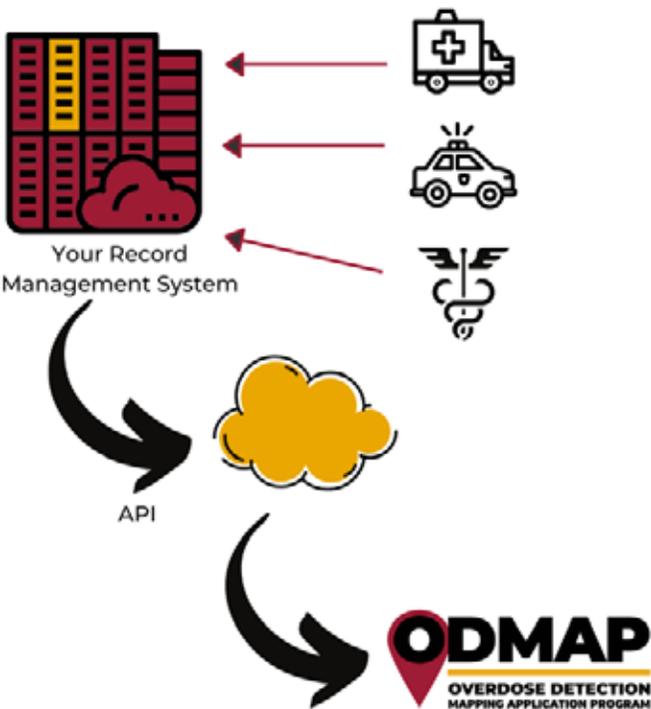
“Training our officers to enter an overdose into ODMAP was completed in 20 minutes during roll call briefing. Our officers are required to enter each overdose into ODMAP while on scene. The process takes less than a minute to open the program, log on and submit the entry. ODMAP has made the process very quick and user friendly.”

Assistant Chief Brian Gould  
Cheektowaga Police Department  
ODMAP user since 2017

## Application Programming Interface (API)

The API allows for direct, automated data integration by connecting with the agency or state's records management software (RMS) to ODMAP. An API is a software intermediary that allows programs to interact with each other to share data. Using API allows agencies to contribute data without manual processing.

The API is a popular method for stakeholder agencies to contribute data without creating additional reporting processes.



“Implementing ODMAP in Davidson County has significantly bolstered our local acute overdose response plan by allowing first responders and public health to remain situationally aware of overdose activity and spike events occurring in the community and communicate any such events in an automated and rapid fashion.”

Josh Love, M.P.H., Epidemiologist, Opioid/Overdose Response and Reduction Program, Metro Public Health Department, Nashville/Davidson County

Several dozen agencies are using ODMAP API. These agencies include state and local law enforcement, fire and EMS services, public health providers, and coroners' offices.

## Data Elements

The platform requires users to enter four fields:

- 1 Date/time of the suspected overdose
- 2 Approximate location (address, latitude/longitude, or utilizing “my device’s location”)
- 3 Specify fatal or nonfatal overdose
- 4 The naloxone dosage administered to the victim

ODMAP also allows users to enter optional information including case number, victim's age, victim's sex, primary suspected drug, additional suspected drugs, whether the victim was transported to the hospital, whether the overdose was part of a multiple victim overdose incident, and responder who administered naloxone.

Data is maintained by the submitting agency and remains under its authority.

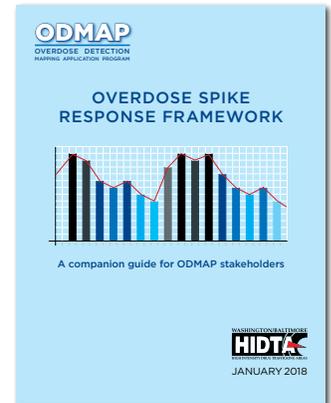
## Managing Duplicate Data

ODMAP checks all suspected overdose submissions to mitigate data duplication. Once a submission is confirmed by the user, the system checks for any existing submissions that are within 285 feet and one hour before or after. If there are any potential duplicate submissions, the system will return a warning message with the contact information for the user(s) who submitted the potential duplicate entry and verifies whether the entry should still be submitted.

## Spike Alerts

Spike alerts can provide vital information to public health and public safety about sudden increases in overdoses. ODMAP users set up notifications for spike alerts when suspected overdoses exceed a predetermined threshold in a specific time

period. ODMAP provides users with a suggested spike threshold based on submitted data, generally two standard deviations above the mean; however, it can be adjusted as needed by the agency administrator. In addition, the alert can be set for neighboring jurisdictions to provide an early warning and help communities prepare.



After a spike alert notification is sent, communities use the ODMAP and data (location, doses of naloxone administered, multiple victims in same location, type of drugs, etc.) to determine the appropriate response. Many communities set multiple levels for spike alerts to appropriately scale

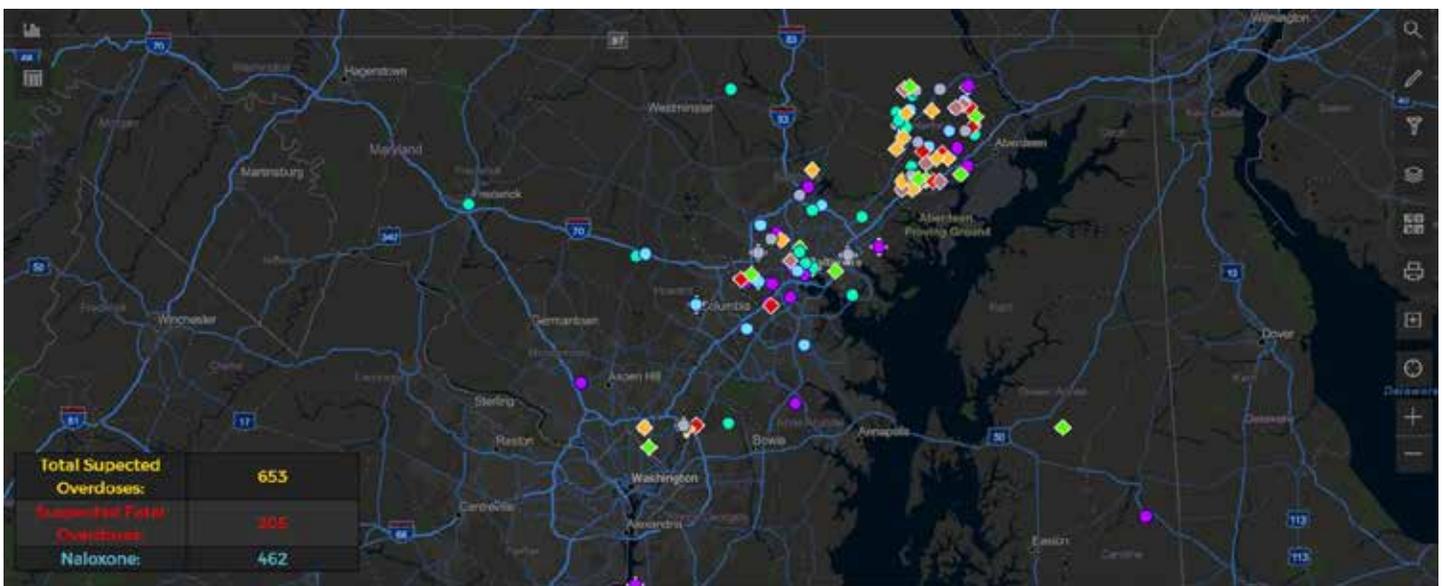


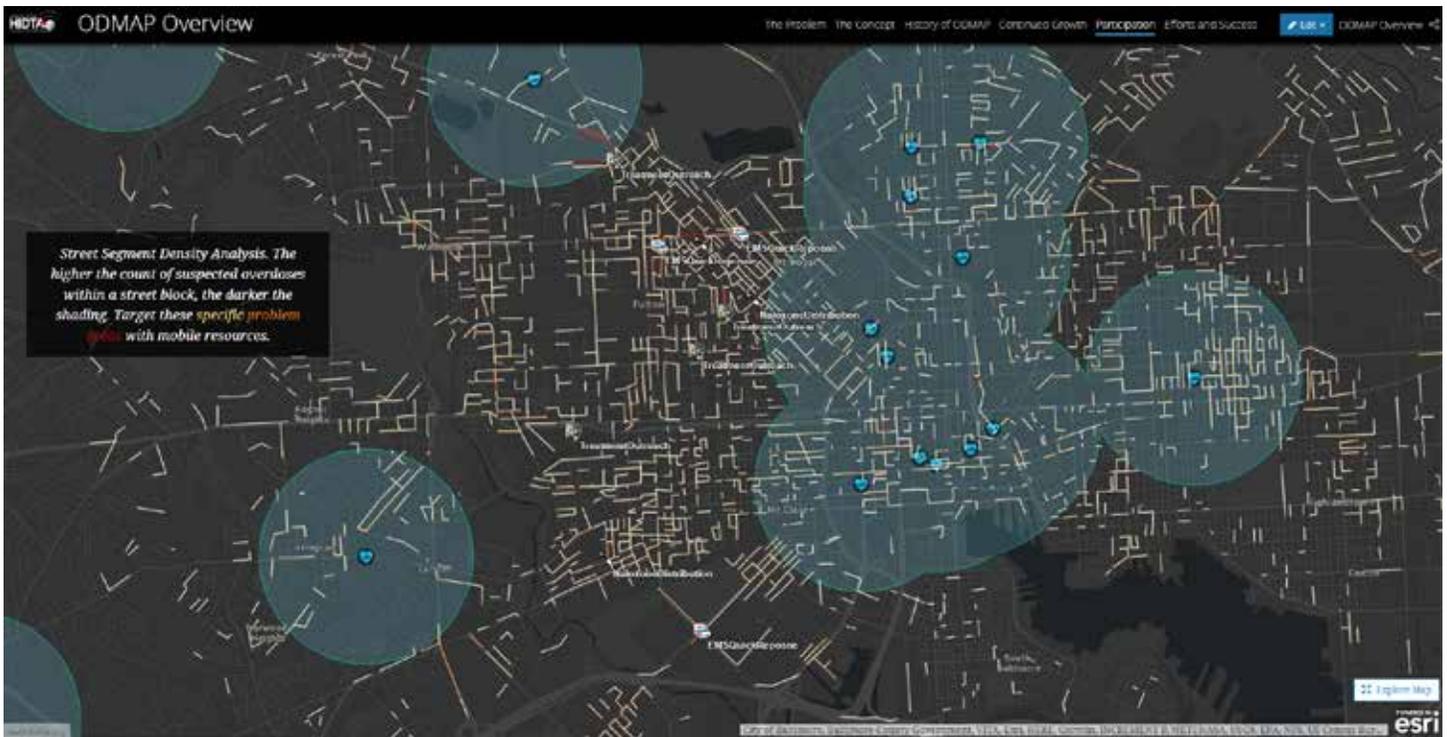
response activities to the number of overdoses. Typically, as the number of overdoses increases, broader notifications and more resources are deployed.

The Spike Response Framework (2018), prepared by W/B HIDTA, provides guidelines and promising practices for overdose spike responses. The document was developed based on the recommendations from communities that use ODMAP to deploy coordinated overdose responses. It includes suggestions for engaging stakeholders and recommended roles for public health, public safety, emergency service providers, and other partners.

## Data Monitoring

The ODMAP platform is designed to assist analysts and officials with strategic analysis, syndromic surveillance, and response by allowing users to display and filter locations of submitted suspected overdose events. There are multiple filter options including location (state, county, ZIP code); incident date, time, and day of the week; fatal and nonfatal; naloxone administration (yes/no); and submitting agency. Filters are also available for optional fields, primary suspected drug, and multiple-victim scene. The dashboard also displays frequency charts for the applied filters.





ODMAP also allows users to import open source data available through ESRI's ArcGIS, as well as insert agency/jurisdictional owned data housed on an ArcGIS server. In addition, other files may be uploaded to ODMAP, including KML, Shape, and CSV. However, CSV files must have longitude and latitude to import properly.

## Reports

W/B HIDTA can also provide users with weekly reports for their counties. The weekly reports provide a breakdown of the suspected fatal and nonfatal overdoses submitted in the past 30 days, including number of entries per day, number per hour of the day, and by naloxone administration. The report also compares submissions in the past 30 days with those for the prior 12 months.



“We prepare a weekly overdose surveillance report using ODMAP data that includes a running month and year to-date summary for context. The report is distributed to our Oneida County Opioid Task Force, which includes partners from a variety of sectors including governmental and elected officials, law enforcement, EMS, health and human services, behavioral health, recovery, judicial, education, and others. The aim in sharing weekly surveillance reports is to monitor trends, provide a shared understanding of what is occurring in the community, and encourage use of the data to for action. We have also found that sharing weekly counts evokes an important human connection to the lives impacted and lost which could be obscured with larger annual numbers or rates; depending on what is occurring, the reports have provoked a compassionate or concerned response from our partners that we hope continues to drive and reinforce the need for collective action.”

Lisa A. Worden, Program Analyst  
Oneida County Health Department

## Data Security and Privacy

### Access

Information submitted to ODMAP is considered controlled unclassified information (CUI) that may be released only to authorized personnel. The ODMAP system is not accessible by the general public. Access is restricted to government entities serving the interest of public health and/or public safety, licensed first responders, and hospitals. Each participating agency signs a participation agreement that outlines access, data ownership, and guidelines for use. ODMAP policies and procedures provide additional direction on operating procedures, information storage, dissemination, sharing, security, and compliance.

### Privacy

Questions about the applicability of federal health information laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality of Substance Use Disorder Patient records (commonly referred to as 42 CFR Part 2), may be a concern for new users. However, no personally identifiable information (PII) or protected health information (PHI) are collected by ODMAP.

The information collected and available through ODMAP does not involve patient records about substance use disorder diagnosis, treatment, or referral to treatment; therefore, it does not implicate 42 CFR Part 2. Further, it does not collect or retain any law enforcement sensitive data within the platform. While administrators may view the GPS coordinates of a suspected overdose, the zoom level is restricted to 15 so that users cannot view the precise location.



The Legislative Analysis and Public Policy Association (LAPPA) has developed a guidance document that discusses the application of HIPAA and the Health and Human Services (HHS) Privacy Rule to ODMAP. The main conclusions of their research suggest that ODMAP use is allowed under the HIPAA Privacy, even by covered entities.<sup>2</sup> Covered entities are providers of medical or health services that or other persons who furnish, bill, or are paid for health care services. Under this definition, EMS, fire departments, and hospital emergency departments may be defined as covered entities. Notably, law enforcement officers are not considered covered entities because of firsthand acquisition of information. The LAPPA document provides a detailed description of the Privacy Rule, covered

entities subject to the Privacy Rule, permitted uses and disclosures under the Privacy Rule, and how these are relevant to ODMAP. Readers concerned about information sharing are encouraged to consult the document.<sup>3</sup>

Consistent with LAPPA's analysis, three states have issued legal opinions addressing ODMAP and the HIPAA Privacy Rule, the Maryland Office of the Attorney General Division of Opinions and Advice (2017),<sup>4</sup> the South Carolina Office of the Attorney General (2019),<sup>5</sup> and the Nevada Office of the Attorney General (2019).<sup>6</sup> In all three states, the Attorneys General concluded that the Privacy Rule allows covered entities to report suspected overdose information in ODMAP.<sup>7</sup>

## Data Limitations

As described throughout this document, ODMAP is intended to provide agencies and localities with timely data on suspected fatal and nonfatal overdoses. It is not intended serve as an official repository of official records, an intelligence sharing database, or an index-pointer records system. Data entry of the suspected overdose events is based on the trained judgement of the user submitting the event; therefore, all overdose events should be treated as unconfirmed until verified by official record.



“The ODMAP platform has allowed us to communicate more effectively with our Department of Health. Now instead of exchanging emails to share information, data is entered in near real-time and is shared seamlessly with the Department of Health so that we both have a complete picture of what is going on and can respond accordingly.”

Lieutenant Jason Piotrowski  
New Jersey State Police

# ODMAP Utilization and Rapid Responses

## Examples of Community Application

ODMAP allows public safety and public health users to input and share suspected overdoses in near real-time, allowing stakeholders to use data to support a range of rapid response activities.

### Spike alerts

Near real-time data can serve as a warning system for overdoses that can help communities mobilize resources to minimize fatalities by warning the public of the bad batches, preparing first responder and hospital resources, and alerting neighboring counties.

- The Connecticut SWORD program requires all EMS providers to report opioid overdoses to the Connecticut Poison Control Center (CPCC), which enters the data into ODMAP. This data, in conjunction with Connecticut's current hospital syndromic surveillance system, allowed the CPCC to identify and pinpoint an overdose outbreak that included



a fentanyl/cocaine cluster. The cluster lasted for five days, including at least 22 overdoses and 7 deaths. The CPCC and the state health department mobilized a rapid response to the outbreak, notifying local health and public safety officials as well as harm-reduction groups, which distributed fentanyl tests strips to crack cocaine users and warned of the dangers of using alone and the need to have naloxone present.

### Overdose responses

Information can be used as a tool to deploy overdose outreach/response teams to provide services and support to overdose victims.

- In Erie County, New York, ODMAP is used as a tool to facilitate communication between police agencies and the county health department. The health department utilizes ODMAP to identify recent overdoses and then contacts the police department to obtain identifying information about the victim through the police report.



Once the victim is identified, police and peer recovery specialists conduct outreach to the victim to discuss treatment and recovery options. In addition, police officers can refer other individuals they encounter who may be interested in treatment options.

- **The Torrington Area Health District, Litchfield, Connecticut's** multidisciplinary post-overdose response team, includes a mobile toolkit called the Rover. The Rover is a toolbox on wheels that carries naloxone, fentanyl testing strips, wound care, safe sex, and other supplies, as well as multilingual resource cards with service information for substance abuse treatment and recovery supports. Besides post-overdose responses, the team deploys the Rover to hot spots, areas experiencing an increase in overdoses.



overdose data with ODMAP, including the Memphis Fire Department, which utilizes an API to input data directly into ODMAP. ODMAP data is also combined with other syndromic surveillance data sources, such as emergency department data from ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics)–Tennessee, to support analyses. The health department monitors data for spike alerts and maintains a Web page on overdose data that is updated weekly. ODMAP data has been used to inform multiple community response initiatives, including developing targeted educational campaigns, identifying areas of high impact for naloxone distribution, and determining locations for prevention efforts.

- **The District of Columbia** uses ODMAP as part of its three-pronged approach to overdose surveillance. Through a data exchange, information from ODMAP is combined with other public health data to inform prevention responses. For example, during a recent spike, the District of Columbia Department of Health analyzed the paths between overdose locations and victims' residences and used these data to inform harm-reduction efforts. Messaging on mass-transit media, sidewalk stencils, and billboard campaigns was strategically placed along these routes to known overdose hot spots.

## Community Engagement and Prevention Planning

Information can be used to target naloxone distribution and prioritize outreach, prevention, harm reduction, and treatment initiatives to areas most affected by overdoses.

- **Shelby County, Tennessee,** has adopted ODMAP in support of the health department's strategic priority to use technology to improve data decision making and communications. Multiple fire and police department agencies as well as the West Tennessee Regional Forensic Center share



# Expanding Overdose Reporting With ODMAP

*Statewide Efforts: Recognizing the value of near real-time information on suspected overdoses, several states have passed bills or released policies that require entities to report overdoses using technology platforms, with several specifying ODMAP. The table below highlights these efforts.*

State Bill/Order	Relevant Content
<b>Connecticut Public Act No. 18-166 (2018)</b>	Requires hospitals and EMS providers that treat suspected opioid overdoses to report these events to the Department of Public Health (DPH). DPH has directed EMS to report all overdoses to the Connecticut Poison Control Center, which enters suspected overdose data in ODMAP.
<b>Florida CS/CS/HB 249 (2017)</b>	Providers that treat, release, or transport suspected overdose must report the event using the Emergency Medical Service Tracking and Reporting System or ODMAP.
<b>Illinois Senate Bill 1258 (2019)</b>	Requires covered vehicle providers that treat or transport a suspected opioid overdose to submit data to a mapping application, which may include ODMAP or a similar information technology platform with secure access operated by the federal government or a unit of state or local government.
<b>Maine Executive Order No. 2 (2019)</b>	To help prevent overdoses and deaths, develop an Overdose Map with geomapping technology to locate overdose-related hot spots and provide real-time data sharing.
<b>Maryland House Bill 359 (2018)</b>	Authorizes EMS and law enforcement to report overdoses using an information technology platform, including ODMAP or any other program operated by the federal government or a unit of state or local government.
<b>Nevada Technical Bulletin (2018)</b>	Requests that EMS and law enforcement agencies enter suspected overdoses in ODMAP.
<b>West Virginia Senate Bill 520 (2019)</b>	Requires health care providers, EMS, law enforcement, medical examiners, and hospital emergency departments to report suspected overdoses in ODMAP, or another program specified by the department, within 72 hours.

## Federal Efforts

The Centers for Disease Control and Prevention (CDC), the Office of National Drug Control Policy (ONDCP), and the High Intensity Drug Trafficking Area (HIDTA) program have partnered since 2015 to enhance public health and public safety partnerships through the **Overdose Response Strategy (ORS)**. The mission of the ORS is to reduce both fatal and nonfatal suspected overdoses through improving information sharing and evidence-based interventions within 21 HIDTAs across 34 states. ORS has helped expand and support the reach of the ODMAP user community through these diverse partnerships.

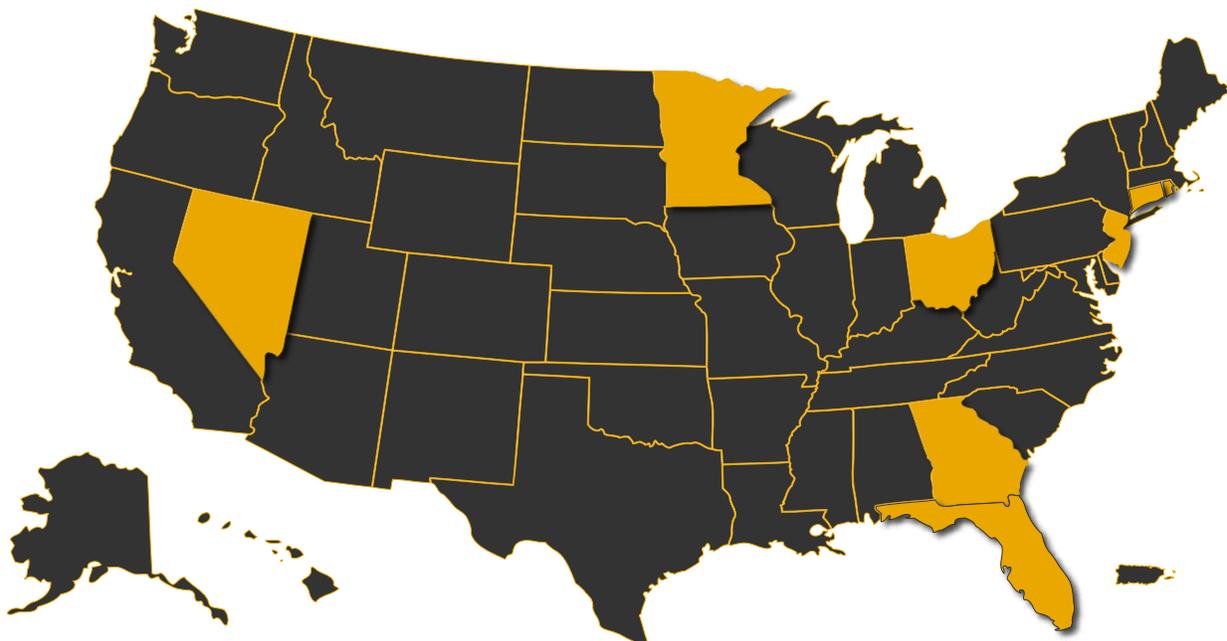
In 2019, BJA and CDC jointly funded the **ODMAP Statewide Expansion and Response Initiative**. This initiative is designed to reduce overdose deaths by supporting statewide adoption of ODMAP and enhance the ability of local communities to effectively leverage ODMAP data to develop coordinated public safety, public health, and behavioral health intervention strategies. Eight states were awarded two-year grants through

a competitive solicitation. These states are Connecticut, Florida (Seminole County), Georgia, Minnesota, Nevada, New Jersey, Ohio, and Rhode Island.

Under the ODMAP Initiative, states are working to expand adoption of ODMAP to at least 80 percent of counties in the state. Activities to support statewide adoption include providing community education, training and technical support and expanding the use of API as appropriate. The other primary grant activity is supporting the implementation of rapid responses in five to seven local communities. Local communities funded under this grant are required to form cross-sector organizational groups to provide guidance that ensures meaningful use of ODMAP data. Among the planned activities are developing data collection and reporting procedures; supporting data analysts to create and share data dashboards; developing and operationalizing spike alert protocols; and targeting and deploying outreach teams and prevention activities.

For more information:

<https://odmap.cossapresources.org/>



# Getting Started With ODMAP

Agencies interested in using ODMAP to document suspected overdoses can request access on the ODMAP homepage. <http://www.odmap.org/AgencyAccess/RequestForm>

**ODMAP**  
OVERDOSE DETECTION  
NATIONWIDE APPLICATION PROGRAM

HOME AGENCIES IMPLEMENTATION HOW IT WORKS SPIKE ALERTS TRAINING IN THE NEWS

### REQUEST AGENCY ACCESS

To participate with ODMAP, complete the electronic form below. Once the form is submitted, the following process will occur:

- The person designated as "Signatory" below will receive an email invitation to the electronic participation agreement. Once the agreement is received, the "Signatory" will click the hyperlink and review the document and sign online.
- Once the electronic participation agreement is signed by the "Signatory," the NCHH/NIH will approve the document fully, notifying the administrator. Once this occurs, the designated "Signatory" will notify Agency Administrator via email or personal visit that agency is now agency user which is used to register additional users within the Agency.
- The "Agency Administrator" can then designate additional agency administrators as well as facilitate permission to users.

**AGENCY INFORMATION**

Agency Name:

Agency State:

Agency Website:

Agency Email:

Agency Phone:

Agency Address:

Requesters must submit an electronic form that will be reviewed by WB/HIDTA for approval. Once an agency request is approved, the requestor will be sent a participation agreement that must be signed by an authorized agency representative.

## Training and Resources

WB/HIDTA hosts a range of training materials on its website, including manuals, FAQ documents, and training videos.

HOME AGENCIES IMPLEMENTATION HOW IT WORKS SPIKE ALERTS TRAINING IN THE NEWS

## TRAINING

### GENERAL INFORMATION

ODMAP Policies and Procedures	PDF File	Frequently Asked Questions	PDF File
Training Manual	PDF File	ODFORM Tutorial	PDF File
ODMAP YouTube Channel	YouTube	Access & Assistance	YouTube
Model Overdose Mapping and Response Act	PDF File	ODMAP and Protected Health Information Under HIPAA: Guidance Document	PDF File
ODMAP Fact Sheet	PDF File		

ODMAP users will find guidelines for managing spike alerts, links to news articles highlighting ODMAP communities, and other relevant materials from the field. There also is a user community that includes recordings of ODMAP webinars featuring programs that are using ODMAP to support overdose responses in communities.

<http://www.odmap.org/#train>

## ODMAP YouTube Channel

W/B HIDTA hosts a YouTube channel that includes training videos on data entry, user management, setting spike alerts, and user stories.



## ODMAP Box User Community

W/B HIDTA also hosts an ODMAP users' community that is only available to registered users. In addition to recordings of ODMAP webinars, the site also features materials submitted by communities across the United States, including naloxone educational materials, resource cards, and spike alert communications. To obtain a log-in for ODMAP Box, please request and complete an agreement form and submit it to: [odmapnewsletter@wb.hidta.org](mailto:odmapnewsletter@wb.hidta.org).

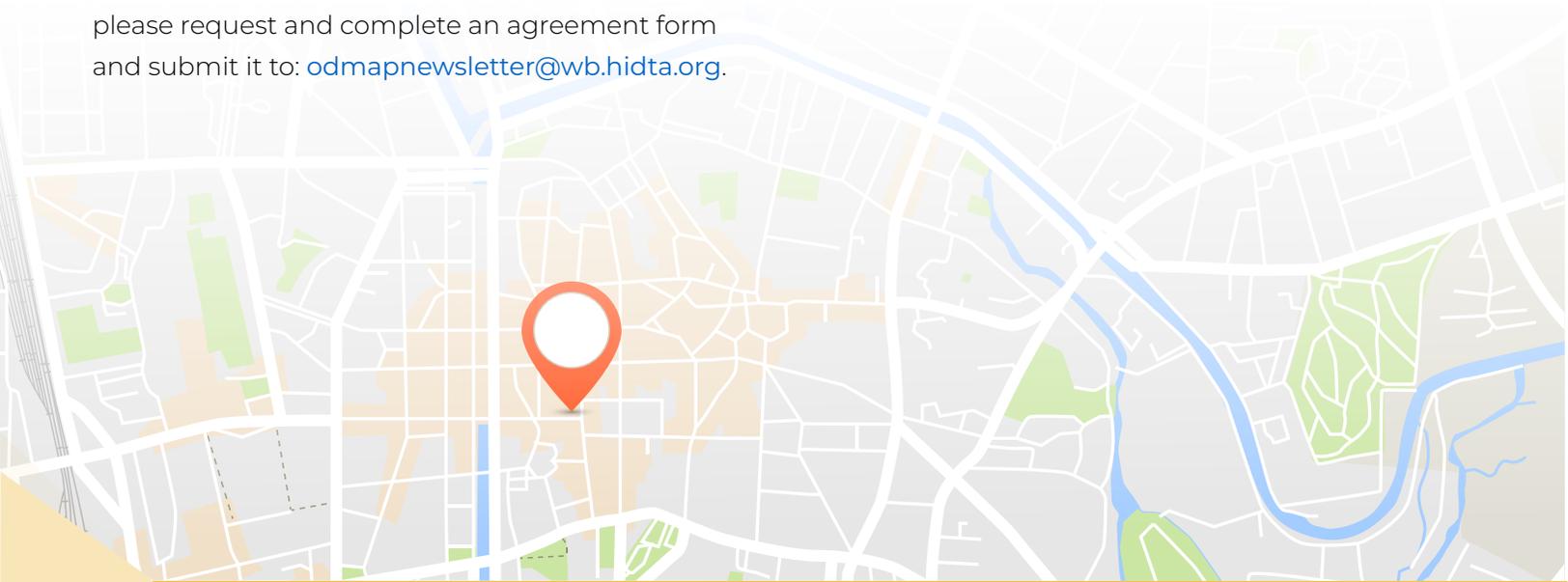
## ODMAP In the News

W/B HIDTA compiles media stories related to overdoses, overdose responses, and ODMAP from newspaper and television outlets across the country.



## ODMAP Quarterly Newsletter

Every quarter, W/B HIDTA distributes an electronic newsletter that highlights new training and resources posted to the ODMAP website, upcoming webinars, and recent news articles.





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## Endnotes

<sup>1</sup>Based on WB/HIDTA data 5.13.2020.

<sup>2</sup>LAPPA, March 2020. ODMAP and Protected Health Information Under HIPAA: Guidance Document.

<sup>3</sup>The Legislative Analysis and Public Policy Association, ODMAP and Protected Health Information Under HIPAA: Guidance Document. March 2020, available at <https://legislativeanalysis.org/wp-content/uploads/2020/03/ODMAP-Data-Privacy-Guidance.pdf>.

<sup>4</sup>Maryland Office of the Attorney General, Division of Opinions & Advice, October 19, 2017.

<sup>5</sup>South Carolina Office of the Attorney General, March 5, 2019.

<sup>6</sup>Nevada Office of the Attorney General, Opinion No. 2019-03.

<sup>7</sup>LAPPA, March 2020. ODMAP and Protected Health Information Under HIPAA: Guidance Document.



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