ODMAP

A New York State Briefing

Prepared by the NYS Overdose Response Strategy (ORS) Team

ODMAP
OVERDOSE DETECTION
MAPPING APPLICATION PROGRAM

01

Objectives

An overview of the purpose of the Overdose Detection Mapping Application Program (ODMAP) in New York State (NYS) Briefing Report

02

About ODMAP

A summary of the ODMAP tool and how it works

03

ODMAP in New York State

A profile and assessment of current ODMAP utilization in NYS

04

ODMAP Data to Action

A highlight of ways in which ODMAP is being used to support overdose prevention in NYS

05

Statewide Expansion

An exploration of statewide implementation models and recommendations for a statewide approach in NYS

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This report was prepared by the New York State (NYS) Overdose Response Strategy (ORS) Team and is part of a broader statewide overdose environmental scan report assessing overdose surveillance and response strategies in NYS with recommendations for action to reduce overdose deaths.

OVERDOSE RESPONSE STRATEGY

The Overdose Response Strategy (ORS) is an unprecedented and unique public health-public safety partnership between the Office of National Drug Control Policy (ONDCP) and the U.S. Centers for Disease Control and Prevention (CDC) through their support of the High Intensity Drug Trafficking Areas (HIDTA) program and the CDC Foundation. At its core, the ORS is an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives across the United States. The ORS is implemented by teams of Drug Intelligence Officers (DIO) and Public Health Analysts (PHA), who work together on drug overdose issues within and across sectors, states and territories. There are PHA and DIO positions in all 50 states, the District of Columbia (DC), Puerto Rico and the U.S. Virgin Islands.

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SECTION 1:
OBJECTIVES

This purpose of this report is to assess current utilization of the Overdose Detection and Mapping Application Program (ODMAP) in NYS and to explore ways in which to expand implementation statewide to support overdose prevention efforts by:

- Providing an overview of the ODMAP tool
- Assessing current ODMAP implementation in NYS and its strengths and opportunities for improvement
- Highlighting ways in which ODMAP is being used for public health and public safety overdose prevention responses
- Evaluating statewide implementation models and make recommendations for expanding ODMAP in NYS

SECTION 2:
ABOUT ODMAP

The Overdose Detection Mapping and Application Program (ODMAP) is a tool developed by the Washington/Baltimore (W/B) High Intensity Drug Trafficking Area (HIDTA) to help communities capture near real-time suspected overdose surveillance data to advance public safety and public health efforts in mobilizing immediate responses to the overdose crisis.

ODMAP is recognized as a best-practice tool by the nation's leading public health and public safety agencies, the Centers for Disease Control and Prevention and Office of National Drug Control Policy.

This section provides an overview of the ODMAP tool, how it works and addresses common questions regarding ODMAP and confidentiality.

HOW DOES IT WORK?

Registered ODMAP users can directly enter suspected overdose data via phone, tablet or computer with internet connectivity or information can be shared via existing information systems using an application program interface (API), a software intermediary that allows programs to interact with each other to share data, reducing manual and duplicate data entry.

Four fields must be entered:
(1) date/time of suspected overdose;
(2) approximate overdose location (using address, latitude/longitude or "my device's location");
(3) fatal or nonfatal overdose; and
(4) naloxone administration, if applicable.

Optional information includes case number, victim's age and sex, primary and additional suspected drugs, hospital transport, multiple victim overdose incident and identity of responder who administered naloxone.

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. Spike alerts can be established for an agency's own county, as well as nearby or neighboring counties. By establishing spike alerts for geolocations 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.

Source: https://odmap.org:4443/Content/docs/training/general-info/ODMAP-Spike-Alert-Overview.pdf

HOW IS DATA DISPLAYED?

- Data is displayed as an interactive map designed to assist strategic analysis, syndromic surveillance and response.
- The dashboard allows users to display and filter data by location, time, fatal or nonfatal overdose and other parameters.
- ODMAP also allows users to import agency data, including CSV, KML, shape files and open source ArcGIS data.

HOW IS DATA PROTECTED?

ODMAP data is considered controlled unclassified information (CUI) and is released only to authorized personnel who have a need and a right to know in the performance of public safety and public health functions.
ODMAP does not collect personally identifiable information (PII) or personal health information (PHI). All addresses entered into the system are converted to geocoded locations and are not retained. The zoom is restricted so that users cannot view precise locations.

AS OF APRIL 2024 OVER

2.45 MILLION

OVERDOSE EVENTS LOGGED IN ODMAP NATIONWIDE

ODMAP AND CONFIDENTIALITY

According to the Legislative Analysis and Public Policy Association's (LAPPA) document, *ODMAP and Protected Health Information Under HIPAA: Guidance Document*, *"at the federal level, the two health information laws that come into play are the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Confidentiality of Substance Use Disorder Patient Records (commonly referred to as 42 CFR Part 2). The short answer is that ODMAP use does not implicate 42 CFR Part 2 and is allowed under the HIPAA Privacy Rule."* This section highlights some key points in LAPPA's Guidance Document; see the full document for in depth aspects of ODMAP that implicate certain HIPAA Privacy Rule exceptions.

ODMAP and HIPAA Privacy Rule

Source: https://www.cossup.org/Content/Documents/Articles/ODMAP_Data_Privacy_Guidance_Document.pdf

LAPPA's guidance outlines three questions that must be addressed to determine the implications of HIPAA *(See corresponding diagram - LAPPA ODMAP Interaction with Federal Health Information Laws)*:

(1.) Are any ODMAP users covered entities?

- **YES** – IF a health care provider (e.g., EMS, hospital emergency department and medical personnel) bills, or is paid for health care. However, one of the exceptions listed in #3 may allow covered entities to disclose PHI.
- **NO** - Law enforcement is NOT a covered entity. A law enforcement officer's report in ODMAP of information learned first-hand at the scene of an overdose does not implicate the Privacy Rule.

(2.) Does any of the information reported and accessible on the national map, constitute PHI?

- Potentially. It must be determined if the approximate location of the event can be used, in combination with date, time and some investigative effort, to determine the identity of the victim(s) who suffered the actual or suspected overdose. ODMAP's zoom limitation provides a level of deidentification potentially sufficient to reduce substantially the possibility of identification*. In populations with low density, a data point on a street narrows the list of possible victims to a few homes or less, however incident location does not necessarily have a direct correlation to the owner or resident at a specific location (i.e., victim in a car, on foot or has no ties to the location). LAPPA concludes that actual identification would require substantial effort beyond what is available on ODMAP. (Note: ODMAP does not collect names)

(3.) IF the answers to the first two questions are BOTH YES, then is the disclosure of PHI by covered entity ODMAP users allowable under the Privacy Rule (i.e., Exceptions)?

The Privacy Rule specifies public interest and benefit activities for which use or disclosure of PHI by a covered entity without prior authorization by the individual may be acceptable (i.e., Exceptions) and 4 of these are potentially applicable to ODMAP usage; the provisions related to:

- **"Required by law"** – If there's a state law in place requiring the use of ODMAP.
- **"Public health activities and purposes"** - A covered entity may use or disclose PHI to "[a] public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability . . . and the conduct of public health surveillance, public health investigations and public health interventions."
- **Averting "a serious threat to health or safety"** - A covered entity may, "consistent with applicable law and standards of ethical conduct," use or disclose PHI if the covered entity believes in good faith that the use or disclosure "[i]s necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and . . . is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat."
- **"Law enforcement purposes"** - A covered entity may disclose PHI for a law enforcement purpose to a law enforcement official for several reasons. Two of the reasons are potentially implicated by ODMAP usage: (1) to report PHI when required by law; and (2) when responding to an off-site medical emergency, as necessary to alert law enforcement about criminal activity.

* Note: National Map users are limited in how far they can zoom into the map. According to ODMAP, the zoom level does not extend past Zoom Level 1D 15, which is a scale ratio of 1:18,055.48. This means that when the map is fully zoomed in, each centimeter on the map corresponds to 180.55 meters, or approximately 600 feet. No additional information about the location of the actual or suspected overdose incident is provided to the National Map user)

ODMAP INTERACTION WITH FEDERAL HEALTH INFORMATION LAWS

Source: LAPPA ODMAP Fact Sheet - https://legislativeanalysis.org/wp-content/uploads/2020/05/ODMAP-Fact-Sheet.pdf

Was the first-hand information about the overdose incident reported to ODMAP by an entity that is **NOT** covered by HIPAA ***(i.e., law enforcement)***?

YES (**IS NOT** a HIPAA "Covered Entity") → HIPAA Privacy Rule does not apply

(**IS** a HIPAA "Covered Entity") **NO**

Is there a legal requirement to report overdose information to ODMAP?

YES → HIPAA Privacy Rule allows disclosure pursuant to 45 CFR Section 164.512(a)

NO

Can one or more of these questions be answered affirmatively?

- Is the user of the ODMAP information a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability and to conduct public health surveillance, public health investigations and public health interventions?
- Is the disclosure of ODMAP necessary to alert law enforcement to the commission and nature of a crime, the location of such crime, the victim(s) of such crime or the perpetrator (in particular where an overdose incident is treated as a crime scene)?
- Is the report of information to ODMAP necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and used by persons reasonably able to prevent or lessen the threat?

YES

A Privacy Rule allows disclosure pursuant to 45 CFR Section 164.512(b), (f), or (j) so long as the amount of protected health information disclosed is the minimum necessary to accomplish the intended purpose of the disclosure

SECTION 3:
ODMAP IN NYS

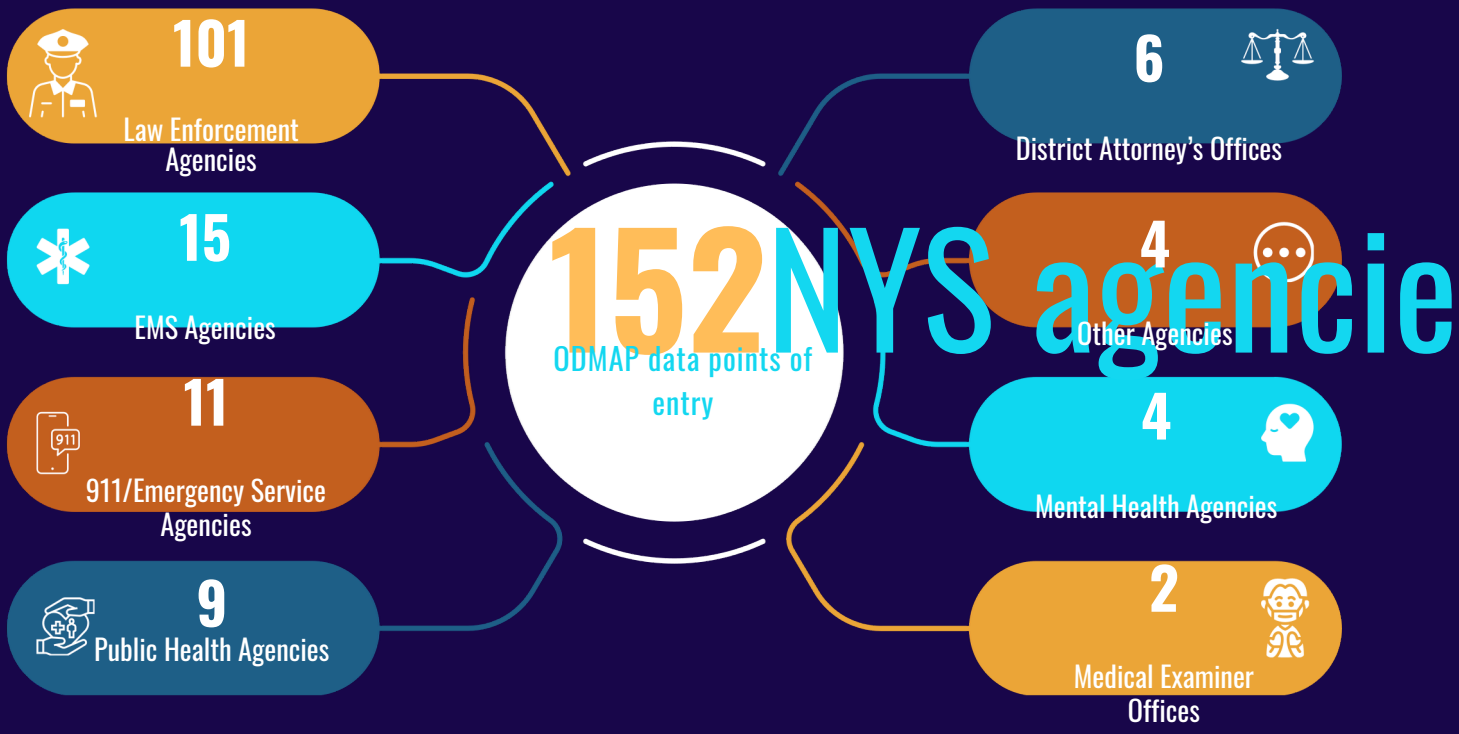
This section takes an in depth look at ODMAP utilization in NYS by analyzing quantitative and qualitative data and a corresponding *"Key Observations"* synopsis for the following areas:

- Agencies serving as data points of entry and number of overdose reports logged by agency type.
- Varying methodologies for implementation.
- Feedback from ODMAP Registered Users on primary sources of data and three key metrics related to (1) levels of reporting, (2) timeliness and (3) accuracy checking process for a jurisdiction.
- A snapshot of an "ODMAP Data Availability Score" assigned to each jurisdiction based on subjective feedback from ODMAP Users scoring of the three key metrics to better understand gaps in implementation and opportunities to expand ODMAP statewide.

ODMAP IN NEW YORK STATE

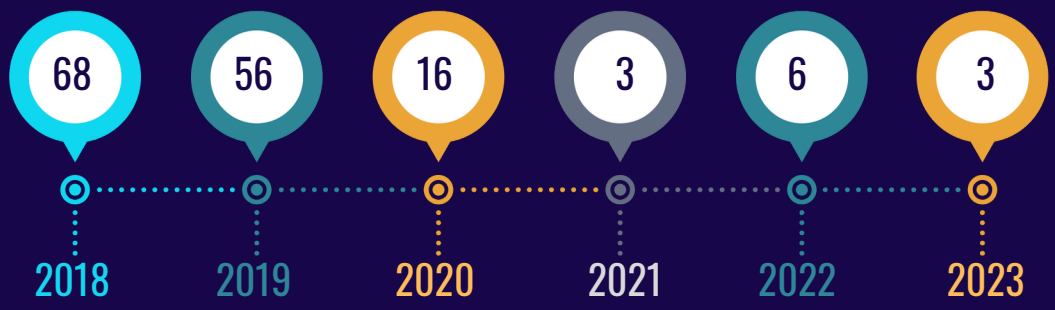
Data Points of Entry and Participating Agencies

ODMAP has been used by many NYS communities since 2018. At present, reporting is voluntary with first response agencies including EMS, Law Enforcement and 911/Emergency Services leading as points of entry for suspected overdose events in the state.



ODMAP's flexibility allows for variations in methodologies for entering data based on a jurisdiction's unique resources and partner support. The majority of the agencies entering data into ODMAP onboarded between 2018 and 2019, logically, during the same year of launch of ODMAP in 2018. Factors such as a natural tapering after the initial influx at the launch of ODMAP in 2018, COVID-19 pandemic and adoption of single points of entry models may have influenced the decrease in numbers in subsequent years.

Number of ODMAP Point of Entry Agency Registrations by Year



Data Source: Categorized using agency information in W/B HIDTA ODMAP New York Reports 0364 and 0371

ODMAP is available only to state, local, federal and tribal agencies serving the interests of public safety and health as part of their official mandate, including licensed first responders and hospitals. Agencies can register multiple user accounts for staff and/or external partners to enter data and/or view the ODMAP national map; currently, there are 358 individual ODMAP user accounts in NYS. Not all agencies and individuals with an account enter data into ODMAP; these may use the tool to monitor overdose trends and/or for responses in targeted geographic areas. Thus, the number of agencies with user accounts (238) is higher than the number of agencies logging data into ODMAP (152).

358 Individual Registered User Accounts

238 Individual Registered Agencies

As of November 2023

ODMAP Data Points Logged by Agency Type

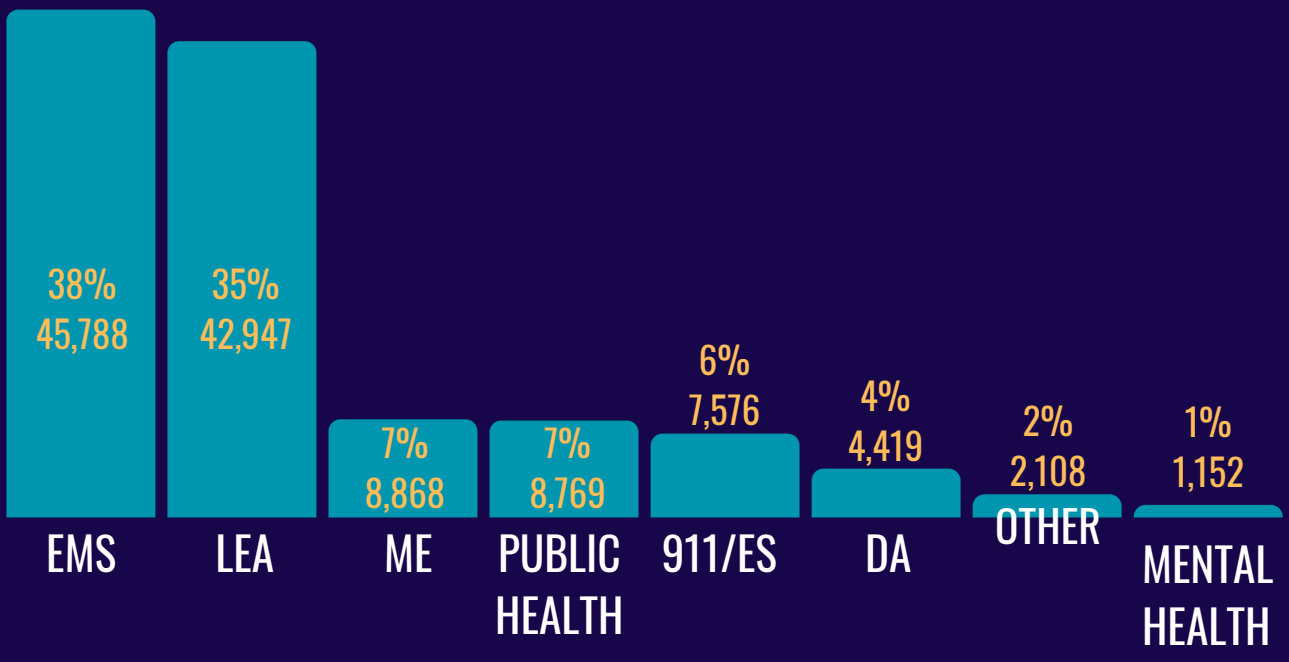
As of November 2023, New York State logged more than 120,000 overdose events in ODMAP.

NYC alone represents half of the state population and the total overdoses logged for NYC alone represents 36% of all the overdoses logged for the entire state. Therefore, when analyzing the data for *Points Logged by Agency Type* for the entire state, it is important to also examine NYS excluding NYC to accurately understand primary reporting entities:

- **Statewide:** The majority of the overdose events were logged by EMS (38%) followed by Law Enforcement at 35%; however, these proportions change significantly when analyzing NYC and the rest of NYS separately.
- **NYC:** 80% of NYC's overdose events are logged by a single EMS entity (NYC Regional Emergency Medical Services Council) and the other 20% by the NYC Office of the Chief Medical Examiner's Office.
- **NYS Excluding NYC:** NYS excluding NYC (i.e., Upstate) shows that the majority (55%) of overdose events for the rest of the state are logged in by over 100 law enforcement entities.

121,627

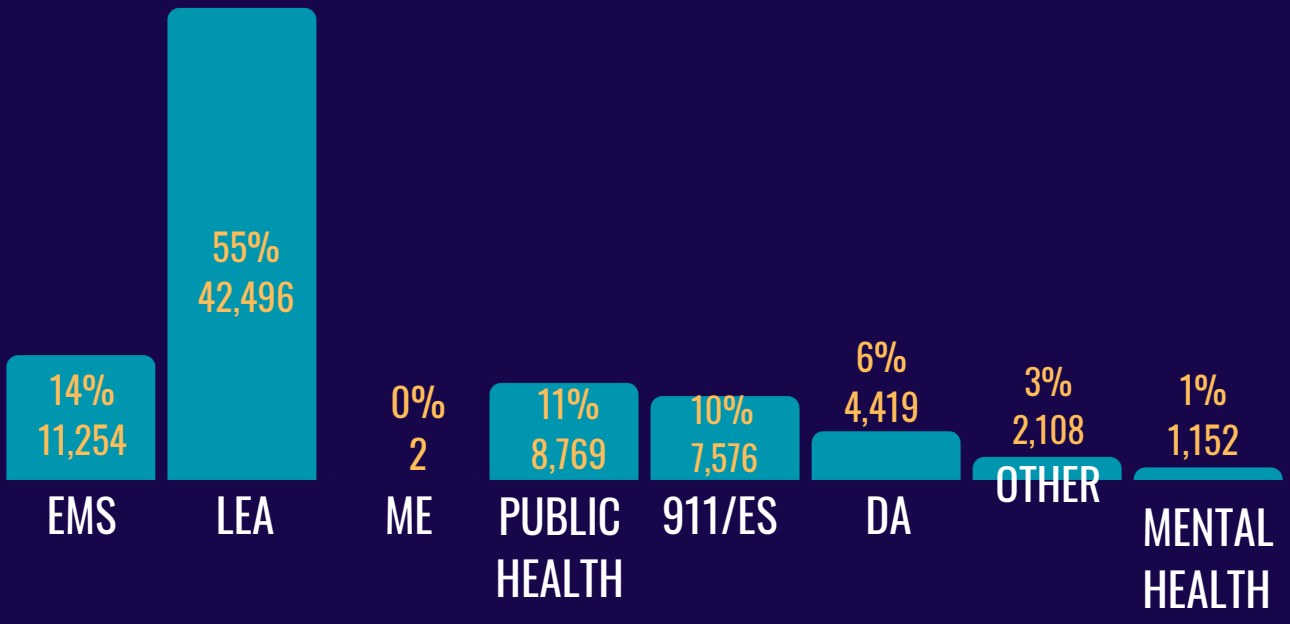
ODMAP Overdose Events Logged for ALL OF NY by Agency Type (November 2023 YTD)



NYS (Excl. NYC) and NYC Overview

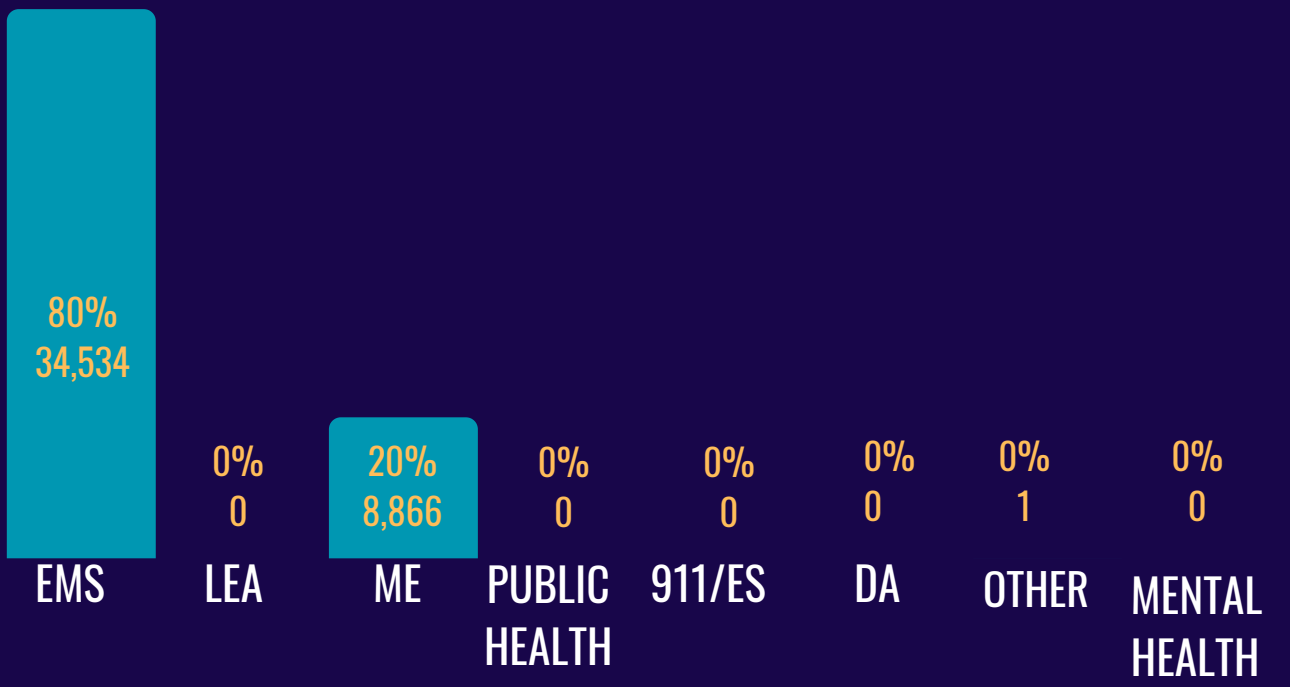
78,226 (64%)

ODMAP Overdose Events Logged for NYS (excl. NYC) November 2023 to Date by Agency Type



43,401 (36%)

ODMAP Overdose Events Logged for NYC November 2023 to Date by Agency Type



Summary of ODMAP Points Logged by Agency Type NYS 2022-2023 YTD

Agency Type	Total Points Logged	%
EMS	22943	49%
EMS	22943	48.83%
Law Enforcement	9932	21%
CAC/HIDTA	2201	5%
FBI	1	0%
Local PD	3431	7%
NYSP	2326	5%
Sheriff	1973	4%
Public Health Department	5250	11%
Medical Examiner/Coroner	3837	8%
Emergency Services	2787	6%
District Attorney's Office	1199	3%
Other	742	2%
Mental Health Department	294	1%
Grand Total	46984	100.00%

A review of a more recent subset of NYS ODMAP data from 2022 to November 2023 indicates that the points logged by agency type is consistent with the earlier referenced state data from inception (2018) to date with a few variations:

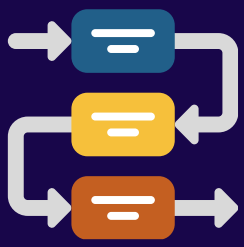
- The percentage of points logged by EMS agencies is 29% higher (49%) during the time period of 2022-2023 in comparison to 38% for 2018 YTD.
- Percentage of all law enforcement agencies points logged from 2018 YTD (35%) is 40% less than in 2022-2023 YTD (21%).
- Public health departments were responsible for entering 11% of ODMAP statewide for 2022-2023 YTD; this is 57% higher than the snapshot from 2018-YTD (7%).

The 2022-2023 YTD Table includes the agency type includes the agency type and the specific agencies logging overdose entries:

- Excluding the NYC EMS agency, REMSCO, logging in over 17,000 of the 22,9943 overdose entries for NYC alone in 2022-2023 YTD, the EMS organization, American Medical Response (AMR), logged in 99% of the remaining EMS entries in the state. However, as of 2023, AMR is no longer reporting overdoses to ODMAP, which will create gaps in overdose surveillance for areas relying on their overdose entries.
- Seventy-seven percent (77%) of the 9,932 law enforcement overdose entries from 2022-2023 YTD were logged by HIDTA and Crime Analysis Center and local police departments; 23% was entered by the New York State Police.

Key OBSERVATIONS: METHODOLOGIES FOR DATA ENTRY

- Many types of agencies serve as points of entry for ODMAP data, but these do not necessarily represent the source of the overdose data. On average there are ~2.4 different agencies entering data into ODMAP per county (excl. NYS Police). This suggests there may be challenges associated with getting all local law enforcement agencies to report and/or that many communities have opted for a central hub model for managing overdose entries.
- There is variation in methodologies for collecting and entering data into ODMAP in NYS across jurisdictions. This variation speaks to the flexibility of ODMAP as a tool that can be adapted to a community's unique resources and partner support. Methodologies for data entry include:
  - **Single Point of Entry:** A single agency serving as a central hub for collecting and manually entering law enforcement, EMS and/or medical examiner/coroner overdose reports. There is also variation in the types of agencies acting as single points of entry, which further adds variation to the type of data that is entered into ODMAP:
    - **911/Emergency Communications Centers** serving as points of entry will be able to capture all suspected overdoses responses involving EMS and/or law enforcement.
    - **A law enforcement entity** serving as the central entry point for multiple agencies; this typically captures only reports involving law enforcement responses but will have some overlap with reports with EMS co-response.
    - **An EMS entity** will capture only EMS responses with some overlap where there is co-response with law enforcement.
  - **Individual Manual Entry:** The user may use the mobile or desktop app to enter suspected overdose events manually. Several HIDTA and crime analysis center staff perform ODMAP data entry; however, some of these do not have access to all of the law enforcement agency records management systems (RMS) in their jurisdiction.
  - **API:** Other communities use an API to automate data entry into ODMAP from EMS or law enforcement program.
- **All of these options may exclude capturing coroner/medical examiner probable overdose fatality data, unless there is a reporting arrangement with the C/ME.**



ODMAP DATA POINT OF ENTRY EXAMPLES

Broome County
911 Center is single point of entry.

Oneida County
Local law enforcement calls in overdose reports to NYS Police Troop D; Mohawk Valley Crime Analysis Center enters medical examiner overdose fatality reports.

Oswego County
The HIDTA DIO has all local law enforcement agencies complete an overdose report form and submit to the DIO for entry into ODMAP.

NYC
Regional EMS Council uploads data to ODMAP using the following process:
E-PCR -> NYSDOH BEMS State Elite Site -> NYC Excel extract -> Batch Upload to ODMAP

ODMAP USER FEEDBACK

ODMAP use in NYS is completely voluntary, so there is wide variation throughout the state in how and if the tool is implemented and the data sources used. This patchwork framework creates challenges in assessing how effectively it is being used statewide. However, when assessing ways to enhance ODMAP implementation, it is importantto understand its current use and to identify ways to evaluate use with an understanding of its purpose and limitations. Therefore, there are key factors and limitations to consider when analyzing ODMAP use and its data:

- *ODMAP is a surveillance tool that is intended to capture real-time preliminary or provisional overdose data* which means that quality of the data is not equivalent to final, official record data that is cleaned and scrubbed through more rigorous and lengthy statistical processes. However, the value of ODMAP is its ability to capture more timely data that can be used to understand current overdose and drug trends to drive real-time response actions.
- *Each jurisdiction is unique in its methodology and timeframe for inputting data,* therefore one jurisdiction cannot be compared to another in analyzing overdose patterns and trends.
- *Other real-time overdose surveillance systems may be used* by communities that are not using ODMAP.

This section seeks to summarize subjective measures of reporting volumes, consistency, timeliness and accuracy of the data that is routinely entered into ODMAP by analyzing qualitative feedback from numerous stakeholders described in the box *How Was Feedback Collected?*

IMPORTANT NOTE:

This is NOT a scientific survey; the results only reflect the opinions of survey respondents. The survey results and any estimates about reporting are subjective and intended to be used as a general guide for identifying communities that may need additional support in implementing ODMAP and/or the extent to which a statewide adoption model may be beneficial.

How Was Feedback Collected?

- Survey administered to over 100 ODMAP Registered Users in NYS representing a range of sectors including public health, law enforcement, EMS, Emergency Communications, mental health and other community-based organizations (See Respondent Profile on page 15).

- Administered two surveys and conducted follow-up interview sessions with the HIDTA Drug Intelligence Officer and Analysts supporting ODMAP implementation at the local level at the 11 Crime Analysis Centers (CACs) in NYS. Participants completed a qualitative open-ended survey as well as assigned a subjective ranking of key areas to assist in capturing quantifiable measures of ODMAP utilization and reporting in all 62 NYS counties.

- Anonymous survey with responses from 7 local public health agencies on ODMAP benefits to their public health work and/or barriers to implementation in their respective jurisdictions.

ODMAP Registered Users Survey Respondent Profile

A survey assessing ODMAP usage in the state was disseminated to all registered ODMAP Users in NYS. This section is a profile of the participating agencies and a summary of the responses.

35% **106 of the ~300 Registered ODMAP Users** sent the survey responded.

69% **46 of 62 NYS Counties** represented in the survey responses.

54% **57of the 106 Respondents** are responsible for entering overdose data into ODMAP for their jurisdiction(s).

97% **103 out of 106 Respondents** represented local (vs. state or federal) agencies.

Respondent Agency Type	%	Count
Local Law Enforcement Agency	37%	39
Local Public Health HIDTA or	20%	21
Crime Analysis Center	14%	15
911/Emergency Communications	8%	8
Mental Health Department	7%	7
EMS/Fire State Public Health	5%	5
Other Recovery Organization	2%	2
State Law Enforcement Agency	2%	2
District Attorney/Prosecutor	2%	2
Coroner/Medical Examiner	1%	1
Healthcare Facility/Provider	1%	1
Treatment Provider Federal Law	1%	1
Enforcement Agency Harm	1%	1
Reduction Agency (i.e, SSP)	1%	1
Education (School or University)	0%	0
	0%	0
	0%	0

Most respondents represented law enforcement, public health and 911/emergency communications agencies; this makeup is expected given that ODMAP is only available to government (federal, state, local or tribal) agencies serving the interests of public safety and public health. These agencies also typically serve as the data points of entries for their respective jurisdictions.

Other community-based organizations can obtain user accounts with a partner government agency.

ODMAP Registered Users Survey: Data Sources

The 57 respondents indicating responsibility for entering overdose data into ODMAP, were asked to identify their data source(s); these represented 33 counties and one state agency. The table below is a summary of the data sources and jurisdiction levels covered by these 57 respondents (eight of these did not complete all the data entry questions). Respondents could select all of the data sources that apply. Note that none of the respondents representing health care facilities completing the survey responded affirmatively that they enter data into ODMAP; however, the W/B HIDTA list of registered ODMAP users for NYS shows that some health care facilities do log data into ODMAP. Without survey feedback from these entities, the sources of their data are unknown.

What are the Source(s) of Your ODMAP Data?

90% (44) Law Enforcement Data

37% (18) EMS/Fire Data

12% (6) Coroner/ME Data

6% (3) Public Health Data

- 90% of 49 respondents responsible for entering data for their jurisdiction use law enforcement data alone or in combination with other data sets (i.e., EMS/Fire, Coroner/Medical Examiner and/or Public Health).
- 98% of the 49 respondents responsible for ODMAP data entry represent local agencies; 71% enter data for the entire county and 27% for a city, town or village.
- One (1) state agency - NYS Police - currently has a statewide policy to enter overdose data in ODMAP.
- NYC enters citywide EMS and Medical Examiner overdose data via Office of the Chief Medical Examiner and NYC Regional EMS Council; an API to facilitate automated EMS overdose entries is being explored.

Data Source(s) Combinations	%	Count
Law Enforcement Alone	55%	27
LEA and EMS/Fire	18%	9
LEA, EMS/Fire and C/ME	8%	4
EMS Alone	6%	3
LEA, EMS/Fire and Public Health	4%	2
LEA and C/ME	4%	2
Coroner/Medical Examiner Alone	2%	1
LEA and Public Health	2%	1

Jurisdictional Scope of the 49 Respondents Entering Data

71% (35) Countywide

27% (13) City/Town/Village

2% (1) Statewide

Key OBSERVATIONS: ODMAP DATA SOURCES

There are multiple near real-time data sources that can potentially provide insights into overdose trends. These sources can include syndromic surveillance data from emergency departments (EDs), law enforcement data, emergency medical services (EMS) data and coroners/medical examiners probable/suspected overdose fatality data.

- **Law enforcement data is the most commonly used and accessible real-time data being used for ODMAP in NYS**, likely because it is not subject to the same regulatory requirements for data sharing as health care entities with overdose data including EMS.

- **Agencies using ODMAP recognize there are gaps in the data when the sole source is from law enforcement;** both public health and public safety partners expressed an interest in inputting hospital, EMS and/or coroner/medical examiner overdose data to achieve a comprehensive picture of overdose events occurring in their jurisdictions. However, jurisdictions in which law enforcement co- responds with EMS for overdose calls or where the central hub for data entry is a 911/emergency communications center, may be capturing a larger percentage of their overdoses in ODMAP.
- **Lack of consistent access to Medical Examiner probable or suspected overdose fatality reports;** some law enforcement agencies are unable to obtain this data at all, while those that can may opt not enter into ODMAP until autopsy is finalized, creating a significant lag in real-time entries. Others access this data in a timely manner through a relationship with the district attorney/prosecutor and/or medical examiner's office.

- **Variations in agency reporting levels within some jurisdictions leaves holes in understanding the overdose landscape in communities that do not have a central hub for data collection but rely on individual agency level repo that.** Statewide reporting would allow contiguous jurisdictions that share trends, vulnerable populations and services to better understand and respond to overdoses in their communities.

ODMAP Registered Users Survey: Data Availability Score

Survey respondents were asked to estimate their county's ODMAP utilization using three key metrics to assist in measuring a jurisdiction's access to high level routine, timely and reliable ODMAP data. The three questions were multiple choice and weighted and assigned point values to assist in quantifying subjective and qualitative feedback. The combination of these three metrics comprised the final score. **All 62 counties were represented in this scoring process** based on feedback from both ODMAP Registered Users and the HIDTA DIO responses for all the counties in their respective regions. Where there were multiple responses for one county, the average of all of the responses was used for the final score* (See Box "ODMAP Availability Scoring Metrics").

The estimates are subjective, and the results are not indicative of whether or not a community may be using an overdose surveillance tool other than ODMAP. The scoring results are not rankings, but do provide insight into areas that may need additional resources or technical assistance in implementing ODMAP as well as the potential benefit of a statewide ODMAP adoption model to level the playing field in access to real-time ODMAP data for all jurisdictions in the state.

IMPORTANT NOTE:

This is NOT a scientific survey, the results only reflect the opinions of survey respondents.

**An adjustment was made in the estimated level of reporting by NYC Office of the Chief Medical Examiner's Office (OCME) after further consultation with OCME to verify response consistency with the standardized process for ODMAP reporting in all five NYC counties.*

ODMAP "Data Availability Score"

ODMAP Availability Scoring Methodology

Three (3) questions were assigned a weighted value and combined to comprise a single accessibility score:

- **LEVEL OF REPORTING (60% of the score):** The highest value was assigned to level of reporting for all non-fatal and fatal overdoses as this metric is a requirement and at the foundation of ODMAP utilization. ***Question***: *What percentage of all overdoses (from police, EMS and/or coroners/MEs) would you ESTIMATE is routinely being captured in ODMAP in your county?*
  - 0% - NONE (0 pts)
  - 1-10% - VERY LOW (10 pts)
  - 20-30% - LOW (20 pts)
  - 40-50% - MODERATE (30 pts)
  - 60-70% - HIGH (40 pts)
  - 80-100% - VERY HIGH (60 pts)

- **TIMELINESS OF REPORTING (30% of the score):** A key objective of ODMAP is to collect relative real-time data for action. ***Question***: *How would you describe the TIMELINESS of the ODMAP overdose entries for your county?*
  - Not Entered at All (0 pts)
  - Unsure (0 pts)
  - Quarterly (3.75 pts)
  - Monthly (7.5 pts)
  - Weekly (15 pts)
  - Within 24-72 Hours (30 pts)

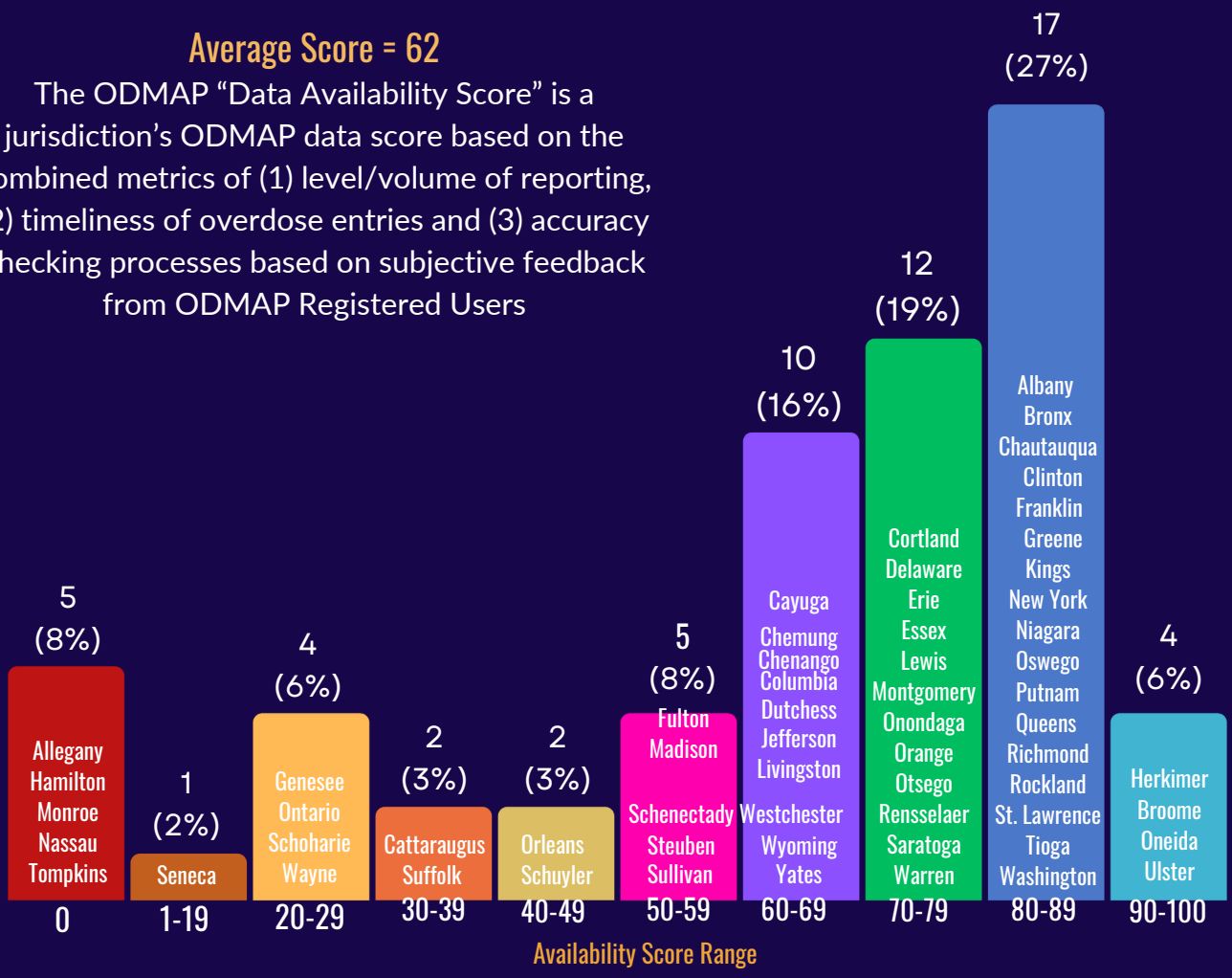
- **ACCURACY CHECKING PROCESS (10% of the score):** Although a verification process enhances ODMAP data, it is also recognized that it is intended to be provisional and preliminary data that can be used for real-time action, which means it inherently has limitations in its quality. ***Question***: *Does an Analyst, someone else at CAC, or another agency VERIFY the ODMAP data submission through law enforcement records or some other means?*
  - Yes (10 pts)
  - Unsure (5 pts)
  - No (0 pts)

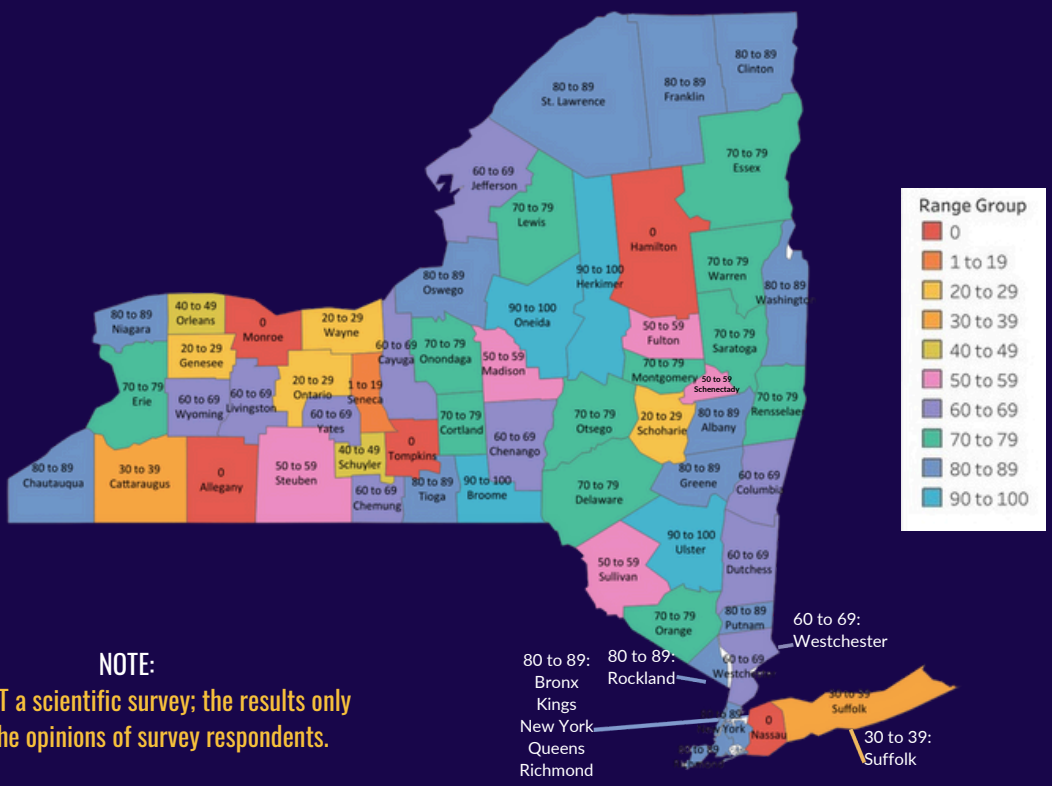
ODMAP "Data Availability Score" by County

The **higher** the score range, the **higher availability** to comprehensive, routine, timely and reliable ODMAP overdose data

Average Score = 62

The ODMAP "Data Availability Score" is a jurisdiction's ODMAP data score based on the combined metrics of (1) level/volume of reporting, (2) timeliness of overdose entries and (3) accuracy checking processes based on subjective feedback from ODMAP Registered Users





NOTE:
This is NOT a scientific survey; the results only reflect the opinions of survey respondents.

Data Source: ODMAP User Survey, January 2024; see Pages 14 and 18 for data collection process and scoring methodology

County ODMAP "Data Availability Score" by Metric

(See page 19 for scoring methodology)

County	Volume Score	Timeliness Score	Accuracy Score	TOTAL SCORE
Albany	50.0	22.5	10.0	82.5
Allegany	0.0	0.0	0.0	0.0
Bronx	60.0	15.0	5.0	80.0
Broome	60.0	30.0	10.0	100.0
Cattaraugus	20.0	15.0	0.0	35.0
Cayuga	45.0	7.5	7.5	60.0
Chautauqua	40.0	30.0	10.0	80.0
Chemung	45.0	11.3	7.5	63.8
Chenango	40.0	15.0	7.5	62.5
Clinton	40.0	30.0	10.0	80.0
Columbia	40.0	15.0	5.0	60.0
Cortland	30.0	30.0	10.0	70.0
Delaware	60.0	15.0	0.0	75.0
Dutchess	40.0	15.0	10.0	65.0
Erie	45.0	25.0	5.8	75.8
Essex	36.7	30.0	10.0	76.7
Franklin	40.0	30.0	10.0	80.0
Fulton	35.0	15.0	7.5	57.5
Genesee	10.0	15.0	0.0	25.0
Greene	50.0	22.5	7.5	80.0
Hamilton	0.0	0.0	0.0	0.0
Herkimer	60.0	22.5	10.0	92.5
Jefferson	30.0	30.0	8.3	68.3
Kings	60.0	15.0	5.0	80.0
Lewis	40.0	30.0	5.0	75.0
Livingston	40.0	15.0	10.0	65.0
Madison	23.3	25.0	6.7	55.0
Monroe	0.0	0.0	0.0	0.0
Montgomery	46.7	22.5	10.0	79.2
Nassau	0.0	0.0	0.0	0.0
New York	60.0	15.0	5.0	80.0

County	Volume Score	Timeliness Score	Accuracy Score	TOTAL SCORE
Niagara	40.0	30.0	10.0	80.0
Oneida	60.0	30.0	10.0	100.0
Onondaga	45.0	22.5	5.0	72.5
Ontario	20.0	7.5	0.0	27.5
Orange	40.0	22.5	10.0	72.5
Orleans	30.0	3.8	10.0	43.8
Oswego	60.0	15.0	10.0	85.0
Otsego	40.0	30.0	2.5	72.5
Putnam	60.0	15.0	7.5	82.5
Queens	60.0	15.0	5.0	80.0
Rensselaer	43.3	25.0	8.3	76.7
Richmond	60.0	15.0	5.0	80.0
Rockland	60.0	15.0	10.0	85.0
Saratoga	35.0	30.0	10.0	75.0
Schenectady	35.0	15.0	5.0	55.0
Schoharie	20.0	3.8	2.5	26.3
Schuyler	30.0	7.5	7.5	45.0
Seneca	10.0	0.0	0.0	10.0
St. Lawrence	48.0	27.0	9.0	84.0
Steuben	40.0	7.5	10.0	57.5
Suffolk	10.0	15.0	10.0	35.0
Sullivan	30.0	15.0	10.0	55.0
Tioga	53.3	25.0	6.7	85.0
Tompkins	0.0	0.0	0.0	0.0
Ulster	53.3	30.0	8.3	91.7
Warren	40.0	30.0	0.0	70.0
Washington	43.3	30.0	6.7	80.0
Wayne	10.0	15.0	0.0	25.0
Westchester	30.0	30.0	0.0	60.0
Wyoming	60.0	7.5	0.0	67.5
Yates	30.0	25.0	5.0	60.0

Key OBSERVATIONS: ODMAP "DATA AVAILABILITY" SCORE

Creative Methodologies: A voluntary implementation framework in NYS has fostered creative methodologies in implementing ODMAP that can be adopted by other communities, demonstrating flexibility as one of the strengths of the ODMAP tool. Twenty (20) out of 62 counties scored in the 80-100 range in data availability showing that there has been significant progress in expanding ODMAP in the state notwithstanding the challenges associated with building it jurisdiction by jurisdiction.

Unequal Access: Voluntary implementation also means unequal access to ODMAP overdose data throughout the state as well as a lack of standardization in overdose definitions and timeliness of data entry even within the same jurisdiction. A significant portion of the state (47% of 62 counties) is below average in access to quality and timely ODMAP data. Some counties only have a fraction of the overdoses in their jurisdiction being captured in ODMAP because not all of their local law enforcement agencies are reporting.

Targeted Assistance: An evaluation of the individual metrics (level of reporting, timeliness and accuracy) for each jurisdiction can be used to provide targeted and individualized technical assistance, resources and supports to enhance ODMAP data in each jurisdiction. For example, some jurisdictions may need assistance in increasing the number of agencies that participate, whereas those with a higher level of reporting but with longer delays in timeliness of reporting may benefit from assistance with data entry or exploring an API to automate data entry. Moreover, some public health partners with concerns about ODMAP and confidentiality and/or law enforcement use of the data for punitive purposes may benefit from discussion sessions that address these concerns.

Protocols for Suspected Intentional Drug-related Overdoses: There can be differences in what public health and public safety partners define as a suspected overdose that should be reported in ODMAP (*i.e., some communities retain reports of suspected intentional drug-related overdoses*). A statewide strategy could specify definitions that are flexible and broad enough to meet the needs of local partners using the data for action and while not creating overly prescriptive definitions that complicate reporting and diminish the value of ODMAP as tool to capture *provisional* real-time overdose data.

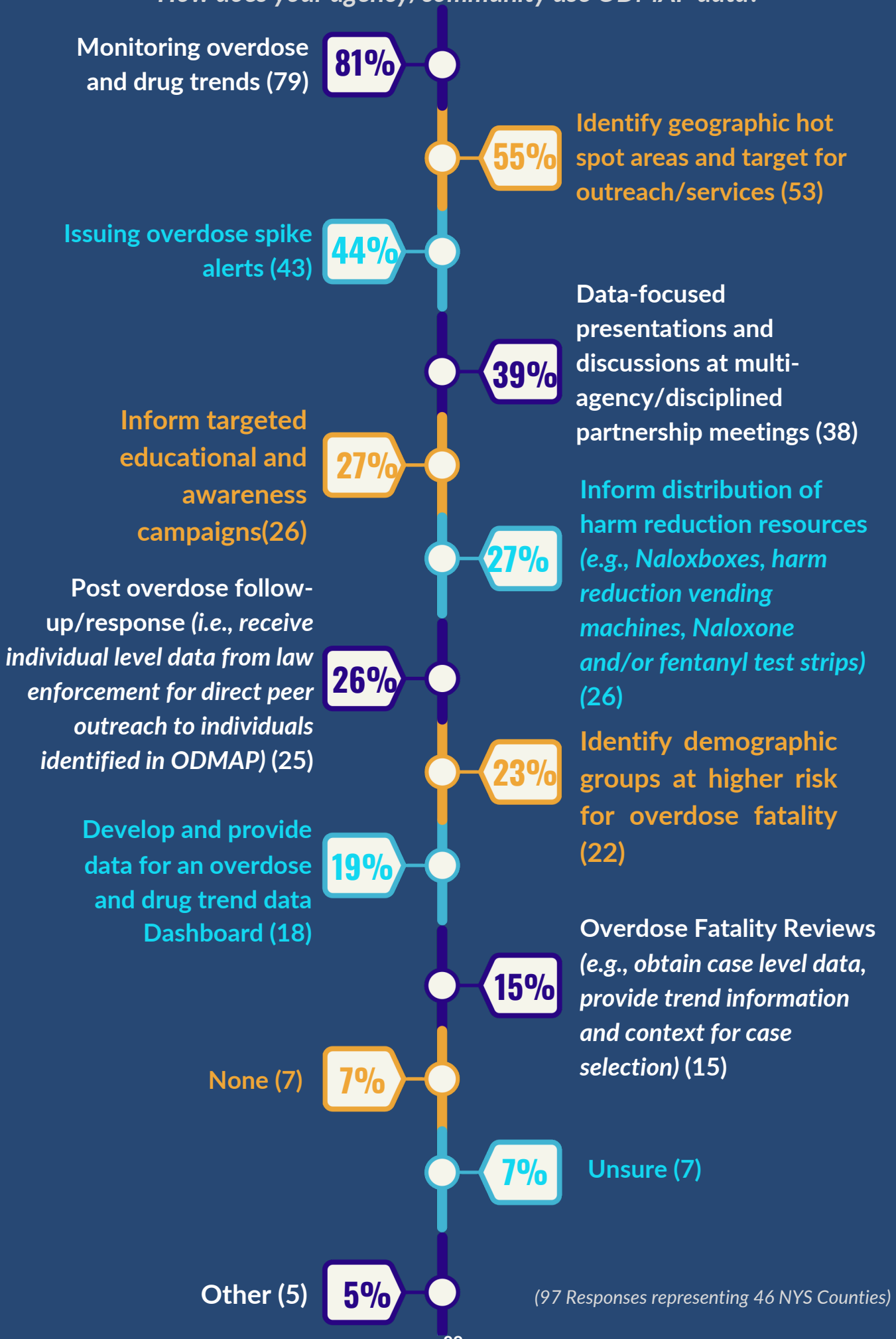
Guidance for Statewide Strategy: Jurisdictions with higher scores in the "availability" metrics, can be used as best practices that inform the framework for a statewide strategy.

SECTION 4:
ODMAP DATA TO ACTION

This section highlights ways in which ODMAP Users indicate they are utilizing ODMAP data followed by a synopsis of *"Key Observations"* of ODMAP response actions in the state.

ODMAP Users Survey: Data to Action

How does your agency/community use ODMAP data?



(97 Responses representing 46 NYS Counties)

ODMAP Data to Action Feedback

ODMAP has been a great tool for local near-real time data collection. It also helps us evaluate our Naloxone distribution program as we monitor how often Naloxone is administered and by who. This data showed us that since we implemented a comprehensive Naloxone distribution program, bystanders are administering more Naloxone than first responders now. The only improvement would be to add a category for race and ethnicity. All state and federal data is reporting on this and requires reporting on this for grant purposes.

One ODMAP Post Overdose Response program linked

210

people to treatment, recovery, harm reduction, mental health and/or other support services from 2022 to 2023

In 2021, the Crime Analysis Center flagged one individual with numerous repeat overdoses in a short period of time for priority follow up by a peer recovery specialist in the ODMAP post overdose follow up program. He experienced another overdose even while the peer was making the first home visit. The peer was able to reverse the overdose with Naloxone and over time, was able to build trust and engagement in harm reduction services. He was eventually connected to long-term treatment and completed the program. He experienced some housing instability issues after being discharged from treatment and had some overdose recurrences. Through continued engagement with the harm reduction team, he has stabilized and was able to return to employment and is now very active in the recovery community.

Key OBSERVATIONS: ODMAP DATA TO ACTION

- **Population-focused responses with aggregate data:** The highest response actions selected are connected to activities that could be implemented using aggregate data such as overdose surveillance, identification of geographic hot spots, spike alerts, distribution of harm reduction resources and data presentations and discussions.

- **Individual-focused response activities require access to individual level ODMAP data *(i.e, post overdose response, dashboards, identifying high risk demographic groups, Overdose Fatality Reviews*):** These activities were lower in comparison to population based activities; communities that have an arrangement with partners such as HIDTA and crime analysis centers who can access individual level data from law enforcement records management systems and share with public health/behavioral health/harm reduction partners to maximize ability to put ODMAP data to action.

25

of the 46 counties represented in the survey use ODMAP data for post overdose response

SECTION 5:
STATEWIDE EXPANSION

Real-time overdose reporting plays a significant role in understanding the scope of overdose and drug trend issues and how effectively communities have responded to them. It is clear that there is a growing demand for access to robust, real-time overdose surveillance data and ODMAP, as a free and easily accessible tool, has proven to be effective in meeting this need nationwide and in many NYS Communities. This section will:

- Summarize how other states have implemented statewide strategies to expand use of ODMAP.
- Propose an approach for a statewide implementation plan in NYS that takes into consideration ODMAP user feedback highlighted in all of the *"Key Observations"* identified in this report as well as other related statewide overdose surveillance initiatives.

ODMAP STATEWIDE STRATEGIES

Voluntary ODMAP implementation in NYS has fostered innovative approaches, however, this framework is fragmented, more tenuous and unpredictable as it is subject to changes in staffing, organizational priorities and/or stakeholder and leadership support. This patchwork implementation creates significant gaps and inconsistencies in understanding the scope of the overdose issue in many jurisdictions and statewide. Several states experiencing similar challenges have opted to implement broad-impact policy approaches to improve the quality of real-time overdose surveillance data in ODMAP. **A statewide approach for NYS could level the playing field by ensuring that all NYS stakeholders can access to quality and timely local overdose data to drive more relevant and meaningful responses rooted in a better understanding of the ways in which the overdose epidemic is manifesting itself in real-time in their areas of response.** A unilateral, comprehensive plan for statewide implementation of ODMAP in NYS could achieve this through one or more statewide strategies. Some key factors to consider include:

- ODMAP users and response partners recognize that the most comprehensive overdose surveillance program would include non-fatal and fatal overdose data from EMS, hospital, law enforcement and medical examiner/coroner; even the most robust jurisdictions with a high ODMAP “Data Availability Score" may not have access to one or more of these data sets. Some states have adopted
- statewide strategies that include reporting of overdose data from some or all of these entities through legislation, attorney general directives and/or a voluntary statewide API (i.e., EMS, state police). The need for local communities to access
- their local data at the aggregate and individual level to support a wider array of data-driven response actions. Other initiatives currently in development in the
- state that influence the future landscape of real-time overdose surveillance.

The following is a summary table and review of some statewide strategies, lessons learned from other states and a proposed framework for implementing a statewide plan in NYS.

ODMAP STATEWIDE STRATEGIES

C/ME=Coroner/Medical Examiner EMS=Emergency Medical Services H/ED=Hospital/Emergency Dept. HC=Health Care LE=Law Enforcement PHA=Pharmacy UC=Urgent Care

State	API	Data Entry	Legislation	AG Opinion / Directive	Participating Agency/Notes
AL	EMS				
AK	EMS				AK Office of EMS. Statewide API with Biospatial imports EMS data with one week delay. Working on integration (potentially API) with Alaska's Health Information Exchange emergency room data.
CA	EMS		C/ME		CA EMS Authority
CO			EMS, LE, C/ME, H/ED		CO Dept. of Public Safety (Dangerous Drugs Coal.)
CT		C/ME	EMS		
DE	LE, EMS	C/ME			CT DOH, SWORD; CT Poison Control Center, CT OCME DC Health
DC					EMS, Hospitals, Urgent Cares required to submit to FL DOH. Data is uploaded from EMS system, into Biospatial, and then ODMAP. Hospital data entered through ESSENCE. All systems housed at FL DOH.
FL			EMS, H/ED, UC		OEMS Update - 07-16-2021.pdf https://hub.mph.in.gov/ Indiana Department of Homeland Security
GA	EMS				MD Institute of EMS
ID	EMS	LE			MI DOH and Human Services. Data flows from EMS providers system to Biospatial and filtered through state health department's opioid overdose definition and then to ODMAP.
IL	EMS		EMS		MN DOH MT DOH and Rocky Mountain HIDTA AG Opinion - Submitting data not a violation of
IN					HIPAA NJSP, NJDOH, AG Directive All NYS Police enter overdose reports. NYC Regional EMS Council
KS					enters EMS Biospatial data for NYC
KY	EMS				into ODMAP; NYC is exploring API.
ME	EMS, LE				OH DOH Created API RI State Police HOPE Initiative AG Opinion - Submitting data not a violation of
MD	EMS, LE		EMS (State)		HIPAA SD DOH
MI	EMS				Legislation that lists overdoses as a "reportable condition" requiring the treating physician to report to the DOH dashboard; in Sept. 2023, legislation passed that recommends reporting.
MN	EMS	LE			UT Department of Health; API works through EMS data (biospatial).
MT		LE			
NV				Opinion	
NJ	EMS			LE	
NY	EMS	LE (State) EMS (NYC)			
OH					
OK					
PA		C/ME			
RI	LE			Opinion	
SC	LE				
SD	EMS				
TX			ED		
UT					
VA	EMS				
WV	EMS		EMS, LE, C/ME, HC, PHA LE (State)		
WI					WV ONDCP -API in coordination with state bill
	LE				API with WI State Police; legislation for DOT Division of State Patrol, Dpt. of Admin. Division of Capitol Police.
WY		LE			Reporting rules allow state EMS to share data with law enforcement; WY ORS DIO at Division of Criminal Investigation (DIC) enters in ODMAP. Pending API discussions; DIC also has agreement with Vital Statistics to receive monthly death reports.

Source: ODMAP Statewide Implementation Strategies and feedback from some state ORS PHA and DIOs

Key OBSERVATIONS: STATEWIDE STRATEGIES

Several states use a combination of strategies to try to achieve a high and comprehensive level of overdose reporting. Approaches may include regulatory or policy directive that is applicable to one or more key entities with overdose data. The following summarizes some observations from these statewide strategies and outlines three (3) key decision-making elements for NYS to consider for statewide implementation:

- The more comprehensive legislative approaches appears to be in Colorado and West Virginia requiring reporting from numerous entities including first responders, health care agencies, medical examiner and coroners and other health care providers (i.e., urgent care and primary care providers).
- Some anecdotal feedback from states with legislation is that compliance with reporting can be low despite passed legislation.
- Most (27) of the states with statewide strategies use an API to automate one or more streams of data into ODMAP and most frequently, EMS data; this may be due to EMS providers' common use of data and analytics platforms such as Biospatial that can integrate with other software programs. New Jersey is
- the only state with an Attorney General directive requiring all law enforcement entities to report overdoses to ODMAP; this strategy is supplemented with an API to automate EMS data from the State EMS agency into ODMAP. Currently, there is pending legislation in NYS (Senate Bill S5968) to
- enact the Model Overdose Mapping and Response Act. The bill is currently with the Senate's Finance Committee.

3 KEY DECISION-MAKING ELEMENTS OF A STATEWIDE STRATEGY

STATEWIDE STRATEGY ELEMENTS

1. WHICH DATA SET(S) TO TARGET?

- Law Enforcement
- Emergency Medical Services (EMS)
- Hospital
- Coroners/Medical Examiners
- Other Healthcare Providers

2. WHAT APPROACH(ES) TO REQUIRE REPORTING?

LEGISLATION
Legislation enacted requiring one or more of the below-referenced entity(ies) to report overdose data to ODMAP

POLICY DIRECTIVE
Authorized official issues directive requiring one or more of the below-referenced entities under their authority to enter data into ODMAP

3. HOW CAN APPLICABLE ENTITY(IES) REPORT THE DATA?

API
Automate data into ODMAP from another data system; and/or

DATA ENTRY
Data is manually entered into ODMAP by a state or local agency

NYS ODMAP STATEWIDE EXPANSION STRATEGY - A PROPOSED FRAMEWORK

The summary below is a general outline of a proposed statewide strategy to enhance and expand ODMAP implementation in NYS based on the three key decision elements referenced in the "Key Observations" section above. It includes rationale for each decision element based on key findings identified in this assessment. This summary is a high-level proposal for NY ORS partners to discuss, review and modify; once consensus is reached, the next phase is to develop a supporting and more detailed workplan for implementation.

- **TARGET DATA: Law Enforcement Data**
  - **Expediency and Flexibility in Data Sharing for Action** - A strategy focused on enhanced reporting from law enforcement alone is likely the most expedient way to expand ODMAP implementation statewide and increase access to "actionable" data because law enforcement reports are public information with fewer access barriers. EMS and other health care provider data has more regulatory restrictions on how these data can be used and shared which may impact best-practice responses that require individual level data, such as post overdose response initiatives more common with law enforcement data.
  - **Capture Most Overdose Incidents** - In most NYS communities, law enforcement co- responds to overdose calls with EMS; therefore, a law enforcement focused statewide strategy may capture most of the reportable overdoses in a jurisdiction. Note that an agency's policy may be to co-respond with EMS, however, there are incidents in which this may not occur for various reasons.
  - **Complement Statewide Public Health Overdose Surveillance Initiatives** - NYSDOH Office of Drug User Health (ODUH) established a Drug Overdose Surveillance and Epidemiology Unit (DOSE) to develop a real-time overdose surveillance program that will leverage data from multiple sources including hospital syndromic surveillance, EMS, coroners/medical examiners and other DOH program data. Enhancing ODMAP through a law-enforcement focused statewide strategy will prevent duplication of public health and public safety overdose surveillance efforts as well as fill a law enforcement overdose data gap in ODUH's overdose surveillance program.

- **APPROACH: Legislation, Policy and/or Directive**
  - **Increase Compliance** - Statewide legislation and/or policy to collect law enforcement overdose reports may achieve higher compliance; a successful precedent for this type of approach has been set in other states.
  - **Coroner/Medical Examiner Data Gap** - Targeting law enforcement data alone leaves a gap in capturing probable overdoes fatalities. Explore leveraging NY/NJ HIDTA and CAC relationships with district attorney's offices to facilitate sharing probable overdose fatality data with CACs for entry in ODMAP (this model is currently used in some counties).

- **REPORTING: Flexible Options with 24-hour timeline**
  - **NYS Police Statewide Reporting** - NYSP already has a data entry strategy in place.
  - **Allow for flexible reporting methodologies** - Flexible options for reporting will prevent disrupting the traction of already-established reporting processes occurring in some jurisdictions. Option examples could include:
    - Establishing a central hub for data collection *(i.e., 911 Center, NYS Police, crime analysis center, other law enforcement partner or public health agency).*
    - API where applicable; some localities transfer EMS data to ODMAP and this should remain an option with guidance for preventing duplicate entries.
  - **Require reporting within 24 hours** - Require reporting a suspected non-fatal and fatal overdose event within 24 hours of overdose. Some law enforcement agencies do receive C/ME overdose fatality reports, however, they may opt to wait until the autopsy is complete to report in ODMAP which creates a delay in timely surveillance. The proposed directive should specify a requirement to enter probable overdose fatalities in 24 hours as well.
  - **Establish Overdose Definitions to Standardize Reporting** -A standard definition of reportable overdose events will improve data quality and consistency. As noted earlier, this definition should be flexible and not overly prescriptive so as to make reporting burdensome or take away from local response actions. Review overdose definitions that have been established by other states and consult with NYSDOH ODUH to draft a definition that is consistent with the DOSE Unit's real-time surveillance initiative.

Rapidly Expand Evidence-based Post Overdose Responses in Tandem with Statewide ODMAP Expansion

The primary objective of expanding ODMAP is to advance evidence-based data driven responses to reduce overdose deaths. Expanding ODMAP implementation provides a unique opportunity to correspondingly enhance a key evidence-based intervention targeting some of the state's most vulnerable persons - individuals with recent overdoses - through statewide post overdose responses. One study* concluded that *"Reports of recent non-fatal overdose were independently associated with subsequent overdose mortality in a dose-response relationship. These findings suggest that individuals reporting recent non-fatal overdose should be engaged with intensive overdose prevention interventions."* NYS ODMAP User's Survey showed that 25 of the 46 counties represented in the survey use ODMAP for post overdose follow-up response; this presents an opportunity to fill the gaps by strategically directing ODMAP referrals from CACs to evidence-based, sole-source, syringe service programs (SSP) in communities where there is no existing ODMAP post overdose intervention in place.

The statewide plan should include a process for CACs to send ODMAP referrals to NYSDOH ODUH local SSPs where there are no current post overdose responses in the state. SSPs not only have strong and trusted relationships with people who use drugs, but they have proven effectiveness in linking recent overdose survivors to a range of services that reduce risky behaviors that can lead to fatal overdose and other poor health outcomes. Research** shows that new users of SSPs are five times more likely to enter treatment and about three times more likely to stop using drugs than those who don't. People with lived experience at SSPs can link individuals to any harm reduction and/or treatment program of their choice and can remain engaged with a them whether or not they complete a treatment program, thereby providing ongoing overdose prevention support. A statewide strategy to level up ODMAP use should be paired with a statewide strategy to rapidly expand evidence-based post overdose responses to maximize overdose prevention impacts.

**Non-fatal overdose as a risk factor for subsequent fatal overdose among people who inject drugs, Drug and Alcohol Dependence - https://www.sciencedirect.com/science/article/pii/S0376871616000995*

***US Surgeon General's Determination of Effectiveness of Syringe Exchange Programs - https://www.drugpolicyfacts.org/node/3600*

SUMMARY: ODMAP UTILIZATION IN NYS

Many communities in the state have opted to take advantage of ODMAP as a real-time overdose surveillance tool to increase situational awareness of the local overdose and drug trend landscape, develop spike alert messages and to support timely responses to increases in overdoses. This report assesses ODMAP utilization in the state by reviewing quantitative reporting and qualitative feedback from ODMAP users. The aim is to highlight strengths and opportunities for improvement to enhance implementation statewide. The following is a summary of the "Key Observations" identified through each section of this report that support the adoption of a statewide approach to ODMAP implementation.

FLEXIBILITY AND ACCESSIBILITY

ODMAP is valued as an easily-accessible, no cost tool. Its flexibility has allowed many NYS communities to develop tailored methodologies for implementation and response actions. There is an increasing demand for affordable solutions to comprehensive, quality and real-time overdose surveillance data that can drive local actions. Data needs to be available at both the individual and aggregate level to support data-driven responses.

IMPLEMENTATION

The current patchwork of voluntary implementation leaves "holes" or gaps in the overdose landscape and is inconsistent leaving some communities with an incomplete picture of trends in all of parts of their jurisdictions. There are also gaps in obtaining fatal overdose data even for jurisdictions that have a high level of reporting for non-fatal overdoses. Some communities face challenges in garnering or sustaining support for ODMAP implementation altogether.

TIMELINESS

There is inconsistency in the frequency and timeliness of entering the overdose event in ODMAP which can limit its usefulness for action and situational awareness.

STANDARDIZATION

There is variation in the type of overdose event information reported with no consistency in definitions of an overdose to support more accurate and quality analysis of overdose trends and spikes.

RECOMMENDATION

Implement statewide legislation or directive focused on required law enforcement reporting within 24 hours with recommended best practice overdose definitions; the methodology for entering data should be flexible allowing local jurisdictions to determine the most effective way to enter the data into ODMAP. This recommendation is paired with a strategy to utilize individual level data to rapidly expand post overdose responses (where not currently in place) to support individuals at highest risk of overdose fatality for linkage to care by evidence-based syringe service program partners.

GLOSSARY OF TERMS

Application Program Interface (API)
A software intermediary that allows programs to interact with each other to share data, reducing manual and duplicate data entry.

CDC Foundation The CDC Foundation is an independent nonprofit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support the Centers for Disease Control and Prevention's critical health protection work. To build capacity for the public health arm of the Overdose Response Strategy (ORS) program, the CDC Foundation has fully staffed 60 public health analysts across the nation. Each of these staff will work alongside the drug intelligence officers to ensure public health and public safety overdose-related efforts are collaborative, effective and efficient, sharing drug overdose data, insights and trends to help local communities reduce overdoses and save lives.

Crime Analysis Center (CAC)
Regional crime analysis centers (CACs) are centrally located multi-jurisdictional teams that conduct in-depth analyses of crime and share crime data and intelligence with local law enforcement agencies. There are 11 CACs in NYS.

High Intensity Drug Trafficking Areas (HIDTA) As an Office of National Drug Control Policy (ONDCP) grant program, the High Intensity Drug Trafficking Areas (HIDTA) Program coordinates and assists federal, state, local, and tribal law agencies to address regional drug threats with the purpose of reducing drug trafficking and drug production in the United States. The HIDTA Program oversees 33 regional HIDTAs in all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. Regional HIDTAs also collaborate closely with public health partners on innovative strategies to reduce fatal and non-fatal overdoses and substance use. The NY/NJ HIDTA currently has 14 HIDTA Drug Intelligence Officers (DIO) assigned to the HIDTA-designated regions in the state. ONDCP accepts petitions for county-based HIDTA designation based on illegal drug production, manufacturing, importation or distribution criteria.

Legislative Analysis and Public Policy Association (LAPPA)
LAPPA is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

New York State Department of Health AIDS Institute (NYSDOH AI), Office of Drug User Health (ODUH)
NYSDOH ODUH has an established and long history as a trusted leader in advancing evidence-based harm reduction interventions and advocating for systemic changes to improve the health and quality of life for People Who Use Drugs (PWUD) in NYS. ODUH operates the state's Syringe Exchange Program, Expanded Syringe Access Program, Opioid Overdose Prevention Program, Increasing Access to Buprenorphine Program and Drug User Health Hubs.

Overdose Detection Mapping and Application Program (ODMAP)
A tool developed by the Washington/Baltimore High Intensity Drug Trafficking Area to help communities capture near real-time suspected overdose surveillance data to advance public safety and public health efforts in mobilizing immediate responses to the overdose crisis.

ODMAP "Data Availability Score"
The ODMAP "Data Availability Score" is a subjective and non-scientific, estimated measurement of a jurisdiction's access to high level routine, timely and reliable ODMAP data based on responses to a NYS ODMAP Users Survey. It is a composite score based on three questions related to estimated level of reporting of all fatal and non-fatal overdoses, timeliness of data entry, and processes for accuracy checks. The questions were assigned weighted point values and the combination of these three metrics comprise the final score. The results are entirely subjective and cannot be used for ranking purposes, but rather to provide guidance in assessing ODMAP utilization and areas that may benefit from a statewide implementation strategy.

Overdose Response Strategy (ORS)
The Overdose Response Strategy (ORS) is an unprecedented and unique public health-public safety partnership between the High Intensity Drug Trafficking Areas (HIDTA) program and the U.S. Centers for Disease Control and Prevention (CDC). At its core, it is an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives across the nation. The ORS is implemented by teams of Drug Intelligence Officers (DIO) and Public Health Analysts (PHA), who work together on drug overdose issues within and across sectors, states and territories. There are PHA and DIO positions in all 50 states, the District of Columbia (DC), Puerto Rico and the U.S. Virgin Islands.

Post Overdose Response
A program that follows up with a person who has recently overdosed, typically within 24-72 hours of the overdose to provide support, harm reduction education, linkage to treatment services and/or other resources. Individuals with lived experience working as peer recovery specialists are commonly used to conduct post overdose response activities.