REALTIME FILE

PHI-ODMAP -A TOOL TO IMPROVE OVERDOSE RESPONSE HOW REAL-TIME DATA CAN SAVE LIVES

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>>MURLEAN TUCKER: Welcome to A Tool to Improve Overdose Response How Real-time Data Can Save Lives. My name is Murlean tucker and I'm here with my colleague Jeff born Stein, and we'll be running this dialogue for health web forum.

Thank you to our partners for today's event. The National Overdose Prevention Network and the national opioid leadership summit.

And now, it's my pleasure to introduce Dr. Carmen Rita Nevarez, the moderator of this event, she is the director of the California opioid safety network and the National Overdose Prevention Network. She is the public health institute's Vice President of external relations and preventive medicine. Director of the center for health leadership and practice and director of the dialogue for health.

Welcome, Carmen.

>>CARMEN NEVAREZ: Thank you, Murlean. Good morning, and good afternoon to everybody. And welcome to this really great session. I want to tell you a little bit about why we're doing

this. Can you get advance the next slide? Thank you.

We're going to take deeper look today at ODMAP, this is one of the sessions presented last month at the national opioid leadership summit, the summit is a gathering of healthcare, justice and prevention sectors, showcasing best practices show collaboration and how it saves lives. You can view all of the plenary sessions at the website.

Listed right here on the bottom of this slide. NOLS.dialogue for health 4 health, next slide, please.

So the National Overdose Prevention Network is a -- is a product of what has happened in California and other places where we had an opportunity to see what are the kinds of thins that we can if we bring sectors together, if we are able to really get the best conversations going, give people the support that they need in order to make their work on the ground most valuable to their communities, the most impactful.

Because of the work we've done, we've had the opportunity to work with 125 communities in California serving approximately 33 million Californians, we know what we've learned about driving local change for complex problems and the ingredients are strong partnerships, leveraging assets already in the community, working across sector, bringing everybody to the table
adopting what works and not reinventing the wheel.

We also know that stopping overdose deaths requires collaboration from a really broad set of partners. And this wheel here, on the left, gives you a sense, if you'll please advance the next slide, thank you.

The wheel here on the left gives you an idea of some of the sectors that we know we need to have at the table that we need to structure these conversations and make sure that they happen. Once we've got conversations structured, we find it's easier to develop a local response, it is more effective and strengthening systems and we know that over time, we get better at sustaining our action.

Next slide, please.

People from all over the country are working to prevent overdoses within their community. The best practices in overdose prevention, working smarter and more effectively together with your coalition, communicating for impact, making data-informed decisions, and planning for sustainable programs and services are what the elements of this National Overdose Prevention Network bring.

Next slide, please. We bring a series of skills that make coalitions function better, but also we bring to you a number of the strategies that we know are critical to preventing the

overdose death. Preventing new addictions, managing pain safely, treating addiction, and stopping overdose deaths. All of our sessions highlight one or several of these strategies and these are all evidence-based strategies. Next slide, please.

We ask you to join us to learn from others and share your experiences best practices and tell us what you want to hear about.

Help us enlarge this network of people across the country, working to prevent overdose deaths.

Next slide.

It is my great pleasure to launch this really important, really interesting session, and let's start with introduction first. Sergeant first class retired, Mark Karandang is going to be speak about the ODMAP program and the next slide. We have Reb Close, who's a physician practicing at community hospital Monterey peninsula who's worked closely with Mark, why this particular approach matters and give us some good examples of the kinds of ways in which they've been saving lives in Monterey County.

I'll turn the mic over to Mark.

>>MARK KARANDANG: Hi, good morning, good afternoon, everybody. Just one second, let me share my screen with you all. Are you guys able to see that?

>>CARMEN NEVAREZ: Yes.

>>MARK KARANDANG: Perfect, thank you so much, Dr. Carmen. And Murlean for the introductions, good afternoon for those in the central and eastern time zones and good morning for those in the pacific time zones. My name is Mark Karandang and I'm the drug demand coordinator for the northern California high intensity HIDTA for short. On behalf of my director, and deputy director Karin Sherwood, thank you for the invite and giving us the time to share a valuable resource with you fine folks.

You know, especially what I do is to synchronize efforts between law enforcement and public health and safety agencies to make our communities better resilient to the disease of addiction.

My other role is to educate and to raise awareness within our law enforcement partners about the nature of our national drug control problem. Our national strategy is two-pronged. Cemented by a very important foundation, does anybody want to guess how much Fentanyl powder was seized by the national HIDTA program in 2019? I don't know if you can see the answers in the chat.

But I'll give you guys a few minutes to guess the amount of Fentanyl powder that was seized in 2019. Actually, spoiler alert. 3.6 tons of Fentanyl powder was seized in the United

States. This is enough to kill all Americans in the country, many times over.

So, you know, the first prong, as part of our national strategy is the supply of the illicit and very dangerous drugs. The HIDTA efforts is law enforcement based, what me and my other drug reduction coordinators are call, another perspective to this very diverse team. Now, 3.6 tons is a huge win. You know, something to be incredibly proud of. Especially with the potentials of lives saved.

And I always raised a very, very important question to my other colleagues. Do we have a drug supply problem? Or do we have a drug appetite problem? So the substance abuse and mental health and services administration conducts one of the largest national surveys on drug use in health. The most recent report from 2018 detailed that approximately 50 million people age 12 and older have used illicit drugs in the past year.

The second part of the national strategy is to prevent new initiates from going down a path of addiction. What is especially concerning and alarming is that, you know, approximately one-third of those suffering from the addiction is seeking treatment. As you all know from, you know, disease and prevention science, the disease of addiction is treatable. So the foundational piece as mentioned previously, is really to increase the capacity
of, you know, available treatment to those suffering from addiction. What I wanted to share with you folks as well is our national drug control strategy. These two documents will be made available via the health web page, but I really wanted to highlight some of the successes of the previous administration.

The Trump administration did an outstanding job of really highlighting and putting to the forefront of the importance of prevention and treatment. And so, you know, the second component to the document is the fiscal year 2020 budget and performance summary, the federal Government has allocated upwards of 30 billion dollars to fight our national drug control problem and understanding where those federal dollars are allocated
may provide opportunities for potential, you know, grant funding.

So the most recent national drug control strategy, which was published by the office of national drug control policy, came out in February of 2020. Normally, this is an annual document, but with the new incoming administration, we don't anticipate a 2021 national drug control strategy yet until potentially 2022. We have a new administration. A new staff. It will take them about -- months to get their priorities in

order before they're able to
produce a national drug control strategy. What I do have, though, is a kind of a -- a teaser, if you will, last month, the office of national drug control policy provided a roadmap for the incoming administration, outlining specific activities for the first 100 days. And again, this document will be provided to you all via the web page.

You know, one of the things I wanted to highlight, in terms of specific activity, for the first 100 days, was the lifting of the ban on spending federal funds on syringes for exchange programs. This is something definitely to be excited about for the new incoming administration.

So we are here to talk about ODMAP. The real time overdose surveillance available to public health and safety agencies in tracking overdoses in real time.

I would be remiss if, you know, we did not mention COVID. It is becoming quite clear that, you know, the national, you know, global pandemic is resulting in increases in overdoses, at least nationally. This pandemic has highlighted the value of a public health led initiative in combatting against a threat of public safety. Contact tracer.. What about analyzing the heat maps of COVID exposures? In California, whole regions of our state
has been effectively shut down because of data made available from heat maps. So with everybody on the call, you know, I raised a very difficult question for all of us to ponder. Why has there not been the same level of public health led in the 80, heroin and meth epidemic. Our multigenerational drug problem has killed more Americans and impacted more family than all of the leading causes of death, many times over.

Murlean is going to introduce a poll, you know, real quick, simple, eight-question poll. Because I'm curious to know everybody's thoughts on having access to relevant and timely overdose data. Dose data.

So for a couple of things that we are going to talk about this morning, you know, we're going to talk about the genesis of ODMAP, why the ODMAP is needed. The future of this development, we'll go over user interface and then lastly, my colleague, Dr. Reb Close, will talk about, you know, what can be done with having access to data. The first question, that I'm going to address, this is something that I get asked quite often.

You know, HIDTA program, why should we collaborate with the law enforcement organization in tracking overdoses in real-time. What sets the national HIDTA from the other federal drug control agencies is our dependence and level of collaboration, cooperation, and partnership, at all levels of Government,

state, local, federal, and in tribal. If it were not for this collaborative effort, the HIDTA program would not be as successful as it is
you know, today. And so, you know, due to our, you know, collaborative, you know, business models and n HIDTAs across the nation, you know, collaboration is something that we do. In terms of working with, you know, with mapping software, this was our way of giving back to public health and public safety, in order to address the single identified obstacle in getting a better handle on our opioid epidemic.

And that, ladies and gentlemen, is, you know, the sharing of relevant overdose information in near real-time.

Common concern, a lot of people, you know, law enforcement agencies have access to information, you know, are folks going to be arrested? You know, nothing can be further from the truth. You know, what we know about, you know, overdoses as they occur is that, you know, they truly are not a victim of crime.

It's, you know, quite alarming that the majority of overdose victims are unaware that Fentanyl is part of their supply chain. And the reason why I know this is because we have tremendous partners within the arm induction, you know, coalition sectors, a huge harm' duction measure methods is if you're going to use drugs, at least, you know, take, you know, Fentanyl tests, test kits, to see if any traces of Fentanyl are in the supply.

Sadly, you know, these Fentanyl test strips are not widely and readily available to everybody. But a caveat to that is Narcan is widely available to everybody. So, you know, law enforcement aim is not to arrest everybody who overdoses, you know, on drugs. Law enforcement aim is to really disrupt the supply of these deadly drugs that are permeating our communities. Because when 20 folks overdose in a single weekend in San Francisco, for example
that will certainly raise some concerns because that now is an identified threat to the public health and safety.

So the HIDTA, the national HIDTA programs that we have upwards of up to 30 HIDTA regions nationwide, this is a resource for you folks to tap into, if you're in a HIDTA region, definitely check out the web page. You know, some of the benefits of your county being a congressionally approved HIDTA region is more resources, you know, we have three outstanding national initiatives -- the overdose response strategy in conjunction and partnership with the CDC, and the division of advancing prevention and treatment, which is a HIDTA-backed prevention initiative.

So every community in America is affected by substance abuse disorder and the challenges associated with responding to fatal and nonfatal overdoses. Something that's been lacking has been a, you know, truly coordinated, you know, deployed, you know, response. As mentioned previously, you know, the biggest obstacle that we cover is the sharing of relevant data. And again, I'm curious to hear your responses from the poll in terms of if you have access to this very, very important piece of intelligence. You know, that helps you during the course of your day-to-day duties and protecting our communities.

You know, a key factor in saving lives is this, you know, collaboration. And so, you know, our partners in Washington, Baltimore, HIDTA, they manage the, you know, the ODMAP program and provide, you know, tremendous resources to local, state, tribal, and federal, you know, public safety and public health agencies.

A couple of the examples of the agencies in law enforcement, fire and EMS department, hospitals, medical examiners, and criminal justice and public health personnel.

These are all examples of agencies that can sign up for, you know, for access to ODMAP.

There has been, you know, challenges related to the timeliness and accuracy of reporting overdose deaths, which make it very difficult for first responders and public health professionals to respond effectively.

You know, overdose data is, you know, delayed by months up to years, you know, pending toxicology reports, number one. Number two, you know, we still have, you know, informational silos within various public health and public safety departments which are not just sharing the data for whatever reason. And so, you know, ODMAP is the stop gap to this obstacle. In terms of HIPAA goes, you know, the ODMAP is HIPAA compliant. No information is shared within this program or within, you know, various
public health and public safety agencies that have partnered in using this program.

So, you know, ODMAP is relatively new, around since 2016. The Washington/Baltimore HIDTA was invited to the drug court judges -- and EMS officials, to discuss approaching for dealing with Baltimore's, you know, rising opioid epidemic. And so, you know, what's happening in Baltimore at that time, was not unique to Baltimore.

And so, you know, based off of the lessons learned from that work group, and our tremendous partnerships with the mapping software and the various other law enforcement agencies nationwide, ODMAP was born in 2016 and fully implemented in

2017.

Nothing can be more truthful than by building collaboration, begins by building trust. And the only way to do that is to overcome our selfish needs of withholding information. So ladies and gentlemen, you know, ODMAP is the fruits of that working group's labor.

ODMAP is 200 faces, we have the level one interface, which is where people would input the data via Smartphone, tablets, computers, any device connected to the Internet, and the level two interface is, you know, where, you know, folks are able to analyze the data to figure out where and how often overdoses are occurring in their communities.

This program was first made available in 2017. The number of user agencies has grown from 136 to over 3,000 in 1,000 counties across the United States. In the past two years, ODMAP has not only expanded the number of communities and users, but the type of agencies using the platform for analysis have expanded. And initially, you know, it was very heavily law enforcement based sign up, due to the fact of our, you know, tremendous law enforcement network partnership. But something that's happened in the years since, is that, you know, public health and treatment has slowly gotten on board as well. This is a snapshot of California and where we're at with the ODMAP efforts in our 58 counties, and what you're unable to see there in the small white print, you know, more than 70% of all agencies signed up are in public health and public safety. Rounded out by law enforcement sector agencies.

So this is the level one interface. You know, real quick video, this is how fast, you know, how easy the user interface of the application is very, very efficient. You know, using technology now day, you know, it will take no more than 10 or 15 seconds to be able to input a suspected overdose on this map. And this is a real-time video of, you know, that very little effort.

And when you both apply this effort, you know, the hundreds and thousands of times of overdoses as they're occurring, this translates into, you know, powerful data that can be analyzed, on the level 2 dashboard.

As you can see here. And so, just a reminder, you know, federal, state, local, tribal, Governmental agencies serving in the interest of public health or public safety may register for ODMAP and this is including EMS entities and hospitals.

It is up to them to be able to, you know, to grant access based off of who needs to know. And an example, if there's a, you know, drug free coalition or a community-based organization

who has a tremendous working partnership with the public health agency, that public health agency can grant access to that nonGovernmental agency, you know, based off of a need to know.

You know, the HIDTA program, you know, delegates that responsibility to that initial agency signing up. And this is all outlined in the end user agreement between Washington/ Baltimore HIDTA and the participating agency. More information can be found on our main web page, WWW.ODMAP.org.

And here is where you'll be able to access or request for access for ODMAP. So go to the main web page, request agency access. This is the requesting agency access, it's a simple online form, basically we need to identify an agency point of contact as well as an agency administrator, so at a minimum, two people with again contact information. Once this form is submitted and unique agency code is then e-mailed back. Folks will need this unique agency code when they sign up to get access
to ODMAP within that that agency or organization. So here's where you would need that agency code. So lastly, we spent, you know, sometime talking about ODMAP, you know, how it was developed, how to grant access, how to use ODMAP. That's part one.

The second part of ODMAP is really the playbook. And so, the Washington/Baltimore HIDTA provided this playbook to help multi jurisdictional agencies collaborate in implement ODMAP as, you know, a part of a framework in terms of the community overdose response. And it highlights, you know, the five main points of why ODMAP
was developed. To connect agencies. You know, share timely and relevant actionable information. In order to provide an appropriate community-level response. To reevaluate if those strategy -- evaluate if those strategies are sound and lastly, to prevent unnecessary deaths from overdoses.

Ladies and gentlemen, that concludes my short time. I'm going to pass it over to my colleague, Dr. Reb Close to really talk more in detail about how her organization uses the ODMAP platform. And sit not only my honor, but also my privilege to introduce you to one of our dear partners and huge ODMAP advocates, in the state of California. She is one half of the dynamic duo of dedicated husband and wife team.

Dedicated to reducing overdoses in their communities. I first met Dr. Reb Close at a local high school town hall meeting in the spring of 2019 and then we ended up co presenting at last month's national opioid leaderships summit and here we are today, again, great honor and privilege, Dr. Reb Close, take it away.

>>REB CLOSE: Thank you, Mark, thank you so much, thank you, everyone.
>>MARK KARANDANG: You're welcome.
>>REB CLOSE: I thank the organization for making this presentation possible. I'll go ahead and share my screen. Is that coming through properly? Cool.

Okay.

>>MARK KARANDANG: Yes.
>>REB CLOSE: Thank you, again, it's an honor and a privilege to be here and to share our information and hopefully it will help other communities because our community had a pretty intense experience that I would like to share and show how this software has really made a difference for us and given us power to react. So again, I'm Reb Close, I work at community hospital in Monterey peninsula, I'm a full time emergency physician.

I'm also a director for the bridge to treatment plan and you'll hear references to chomp, that's the nickname for my hospital, so if that helps explain what I'm referencing.

And so, we created in 2013-14, in response to the drug overdoses and at that time it was mainly prescription drug issues, we created a prescribe safe initiative.

And that's a collaboration, and I'll show you the partners that that collaboration on the next slide. But part of this has been physician education, we've done CME events, we've given prescribing guidelines, we do resources for complimentary medicine, I mean, we're addressing in Carmen's wheel, we're addressing a lot of those things with this initiative.

We have resources for patients, educational materials for families. Drug take back options. We work really closely with law enforcement, we have been a strong proponent for getting Naloxone, through EMS, we've been working on a multifaceted approach. The collaboration that's been mentioned and going to my next slide, I'll share with you, these are our collaborating partners and so we have all of our drug treatment programs. We work with our faith-based communities.

We have our pharmacies on board. This is a community effort. And this becomes important because this effort has made it possible for us between 2014 and 2018, we went from well above the state average for opiate overdoses. We came together as a collaborative team to start making those changes. And so we were incredibly effective and we were really seeing some changes in what was happening to our community members.

To the families. To the loved ones. I mean, this was tremendous. And we are incredibly proud of all of this work and you can see here on the opioid dashboard information that's available. From -- Monterey County was well above the state

average in about the top third of counties most affected and having the highest age adjusted opioid overdose death rate and as you see on the right slide, I mean, we are second from the bottom of all reporting counties.

And that is -- that time line is 2012 to 2018. So this, again, was something that we were working really hard on, we were doing a lot of outreach. And then something happened. And so in June of 2019, one of my physicians notes that there was a patient that came in that he said, the patient said when we woke them up with Naloxone, they had only taken a half a Percocet. And, you know, an ER doctor, we know that's not the action of a half a Percocet.

That doesn't make sense.

So we put our radar, something is going on, something bad, in our street drugs. And so, then, the next case happened, I'm sorry, in July, we had another case come through and that patient for a Percocet overdose, required multiple rounds of naloxone, they needed IV reversal agent in continuous fashion to keep them alive and that's not a Percocet. We just know that. And so we were really starting to pay attention to try to figure out
how to gather enough data to figure out what we were up against. That patient ended up in the coroner's office. And prescribed safe, we worked really close with our coroner's team and so, we were able to get the formal toxicology information and it was Fentanyl. And so, that's when we were finally able to confirm what was happening, we didn't even have Fentanyl testing capabilities in my hospital at that time. This was, you know, learning what was happening as it was
happening and so we were trying to figure out how to address it and what we were going to do. And then what I call Fentanyl weekend, happened in my small community. And in October of 2019. We had a fatality. From another Percocet overdose. This was in a teenager. And that weekend we had ten fatal and nonfatal overdoses in my county. And truly, that weekend, we called every member of prescribed safe and we pulled in emergent meeting and Mark was there. And we were talking about
okay, what are we going to do, something horrible is in our community. Hey, are you guys tracking this? We're trying, we don't know how. And that was how we got introduced to ODMAPs, we'll show how that collaboration has moved forward but now you know the why. Why did we jump at any ability to know what's happening? Because we had to.

Because this is what we were seeing.

And this slide is something that everybody is pretty familiar with. The fatal dose of heroin for an average adult is

on the left. And then Fentanyl and carfentanil on the right. My street chemists have no way to know how much Fentanyl they're getting into each of these Percocets, or now Xanax or cocaine, all through our drug supply.

But where is each of those granules showing up in that particular pill? So my patients now are taking a quarter or an eighth or a shaving of it. Where's the -- where's the fatal dose? And the fact is nobody knows.

So unfortunately, this is a national issue, and we aren't the only ones affected. Now, granted, we're still below the state average and this is the most recent data I pulled up about a week ago, but that's because the state average has changed so much.

And so if you'll notice on the prior slide, to compared to this one, actually had to change the Y axis to get all of these fatalities documented. So this is a big problem and we have got to come up with a communicated and well coordinated response.

And so what did we do now that we can start tracking things and kind of following up with what's going on? We in response to Fentanyl week, we did media and public outreach, we pulled our collaborative teammates together to talk about what was happening, to bring people together.

Again, as I mentioned, getting town halls together, getting naloxone in the community, any outreach, any way, and all of that is of course via Zoom or dropping things off in socially distanced locations. But we're still continuing this work. But the ODMAP has made a lot of the new work possible.

And so moving forward, as you can see, so here's in response to Fentanyl weekend, I went back and I put in, I track our overdoses anyway, part of our prescribed safe work, trying to get the word out and know where to do community outreach, I was already doing that work. I added in September and October, to ODMAP just for my hospital.

This is my hospital alone.

And then we moved forward and we pulled in all of our coroners information that we had available at the time for 2019. And you can see here, it's all across the county. And these are my fatalities, this is not just Fentanyl, these are all of my overdose fatality, but you can see how -- seeing these data points and being able to figure out where the clusters are and if you can see to the right, you can sort it by date, fatal, you can sort it by naloxone, by drug.

That helps me know what I'm up against and what I need to do in response.

And so we pulled in the 2019 all fatal. And then have the October to December nonfatal, just from my hospital. One

hospital. Information and here's what we were able to see and to find and to look at as far as where to we put our pubic health, which programs do we reach out to for help? And so here's our 2020 partial data to and ODMAPs updated, off to the right, I was able to select by California, Monterey, and incidences between 1120 and 123120. And this is what I have so far. For 2020. And as Mark mentioned, a lot of the coroners information isn't available for significant lag time because of the research that goes into the cases but these are lives. These are our community members. These are our families. And so you can tell, when I'm asked a question, okay, what are we seeing? Let me tell you. Literally, I go to this software, pull up the information I'm asked for, and I have it for whomever needs it for their efforts. We've used this for grant applications, for public outreach.

This is how I keep an idea of what's happening in my community. So what are we doing in response now that we have the data or now that we're able to get the data? Well, so of course, we do direct community outreach, literally, when we see a hotspot or an alert when we're getting a spike, I will contact the law enforcement agencies, the chemical dependency treatment programs in that area, and say, hey, something bad is in the drugs right now
in your area, please, you know, tell us how we can help you. Do you need more Narcan, do you need more tip cards on services, what can we do for you? And so the direct community outreach is a big part of it. As well as to the treatment programs. We have social workers, literally, that will take -- we have various homeless community populations, and if we see a spike there, literally, we arm our social workers with resources and Narcan and get out there.

Please, please help these people, and we will find the use Narcan in the encampments and we're grateful that those lives have been saved. And so we -- this is how we have done the outreach. And literally, we ask one of the chief of police in Carmel, hey, do you want to hear about spikes that are happening in other areas of the community? Absolutely, because when it's there, it's coming our way next. So it's just really nice to have this
data to be able to easily and rapidly share.

So that's how boots on the ground, our hospital, what we were up against, what happened, the changes we had already been made, the partners we had, and how out of need, we were able to use this new collaboration with ODMAPs to really improve how we respond in our community.

So I thank everyone for this time and I'm very much happy

to take questions. And I will stop sharing my screen. Thank you.
>>CARMEN NEVAREZ: So, thank you very much, Mark and Reb, that was a great intro to some of the questions that are actually -- you've already answered some of the questions that have come up from our listening audience, but I want to go back to a couple. One thing is Mark, could you talk a little bit more about where you have been able to work with folks? For example, there's a question I know, this is not in your region, but how would somebody in Connecticut
find out if ODMAP is available to them? And could you speak to what tribes you've worked with in California?
>>MARK KARANDANG: Yes, absolutely. So ODMAP is available nationwide. And in every state, all 50 states, so it is available in Connecticut. Again, just please check out the web page for how to get access to it. And in terms of tribes, specifically, to California, we have collaborated and partnered and provided resources to the California tribal epidemiology center, CTE for short, to my understanding they're the governing body of all California tribes,
in terms of public health and public safety.

But if individual tribes in California or in the rest of the nation are interested, you know, please check out the ODMAP main web page.
>>CARMEN NEVAREZ: Thank you for that. There's been several questions about this, I'm going to try to collapse them into one, and anybody who has a question, please, type it in to the Q & A at the bottom of your screen.

What is the arrangement between the high intensity drug trafficking agency and the agencies on the ground? What -- what kind of obligations are there created by an agreement to share this data and who can enter data and where does the data come from? Maybe both of you can answer this?
>>MARK KARANDANG: Yeah, absolutely. You know, because this is a Governmental system, you know, there are some user end agreement, the data collected is federally classified as controlled unclassified information. You know, that is a federal Government's way of safe guarding this information. And, you know, why, you know, the general public does not have access to this information.

As part of that end user agreement, it is specifically laid out that the data collected in ODMAP should serve in the best interest of a public health and public safety. So it's pretty broad in terms of, you know, what is required. You know, obviously, you know, we don't want drug trafficking organizations to have access to the organization, they'll want

to know how their products are impacting the communities in a negative way.

All of this, again, can be found on the main web page.

I do know that our end user agreements has not been a hindering factor in getting public health and safety agencies signed up with ODMAPs. If I can, I saw several questions about, you know, how about nonGovernmental agencies? With the Charter in making sure that, you know, public health and public safety is properly taken care of, and maybe, Reb, you're able to chime in a little bit? But I know, you know, through Reb's, you know, safer prescribing initiatives, in her contacts to the hospital to -- Monterey -- they have partnerships with various community based organizations, these are nonGovernmental public health and safety agencies. They have granted access to ODMAP under their account because of that formula partnership between hers and their organization.

>>REB CLOSE: Yeah, and that's absolutely true. We work with our partners, they are part of our organization and we input information however -- whoever has that access to the information, and I saw one of the questions was about duplication. And we see that sometimes. So if law enforcement inputs an overdose and then it comes across my desk, through the ER, if I go to put in that overdose, sadly enough, it may be days to weeks later
because if it comes through that channel it's a little slower. If they've put it on the scene, I goo to put it in, I will get a duplication error, that's something that I wanted to address in the questions, but it goes to show that various partners are able to, as well, put in data as we work on the same goals.

>>CARMEN NEVAREZ: I want to make sure that I point out that the work that Reb is doing on the ground is actually a part of the work done by the coalition in Monterey County. And this is a really good example. Why coalitions matter. And why it matters in trying to save lives. Bringing all of the different resources into one place, to share information and to really work out
what are the strategies that matter in order to make sure that the people don't die, of things that they don't know they're taking.

And I think maybe getting to that issue, there were a couple of questions about test strips that I think are worth answering here.

Are the test strips active for all analogs of Fentanyl, that's one, and then the other one was do you have any evidence about whether people are using test strips in order to seek out Fentanyl instead of avoid it?

>>REB CLOSE: Yeah, I'm happen my to start fielding that. So the analogs, unfortunately, even the labs have a difficult time with all of the various analogs so I don't trust that we are ahead of the chemists. So I use -- my recommendation for Fentanyl test strips is all reduction is great in whatever way it can be used, but I try to understand the limitations and one of the limitations are the various analogs, and another limitation is that people
are seeking Fentanyl. That's true. And so that may be kind of an incentive, okay, we know we have some fentanyl, but it goes back to what I was saying about my street chemists in any particular dose, the answer is you don't know. If I shave off a piece of my pill and I test it and it tests positive or negative, and I choose to the other part of the pill, I have no clue what I'm getting if that's a fatal dose.

And so, that's been my hesitation to really work towards getting test strips. You know only that little part that you tested. You have no idea what's in the rest of your product that you're about to use.

>>CARMEN NEVAREZ: Yeah, very good. One good question, here, is -- are you using any social media to talk about the kind of success that you've had? Or to really -- to really help inform the community about what's out there when you're seeing something?

>>REB CLOSE: Yeah, we work closely with our communications and marketing team. I am the lead socially -- social media active person on the planet. And I'm good with that. But my communications and marketing team is amazing. And so they reach out to me, I share with them what I know. And they make sure to do various outreach with it. We do a lot of media
updates, and I think two day ago it was I was working with a web designer that our organization is changing to update our website, and that's truly, we keep all of our data, somebody was asking for tip cards, they're on our website. And it's a little clunky right now. And we're modifying it. But everything that we have is there and I would invite any of our resources, so what are the dangers of opioids? Why am I getting a prescription for naloxone? People wonder and they don't know, why are you giving me this prescription?

All of that is on the website, if anybody wants it, use it, rebrand it, don't rebrand it, I don't care, I want that information available to anyone who needs it. I type in prescribe safe Monterey, and it comes up for me. The formal website and I can put it, I guess, actually, if somebody can put that in for all of the attendees to have it. But the montage health.org up slash hyphen safe. My e-mail as well is available

if you have any direct questions because I want this information for everyone. Because it's hopefully going to save lives.
>>CARMEN NEVAREZ: That's super good, and we'll also provide that link in the -- when we upload this conversation because this is being recorded. So we'll have, if you have missed it, parts that you want to hear again, we'll have it on the website and you'll be able to download it or send it over to folks.

So the other thing that I think is a very good question is, is the data in ODMAP show where naloxone was given? Does it help you understand who's actually giving the naloxone, the first responders in the hospital, how might that information be useful?
>>MARK KARANDANG: Yeah, so, that is one of the fields of query that folks can analyze ODMAP for, how often is Narcan being administered? Is there a Narcan capabilities gap, you know, within a portion of the community? And so, you know, a lot of valuable analytical tools in terms of overdoses and how they're impacting the communities are available.
>>CARMEN NEVAREZ: Uh-huh. Really good. So let me just go back to something, when we were preparing for this call, Reb, you gave an example of how you were able to see the impact of the ODMAP in your work with the homeless communities, and what it had to do with naloxone, to give a little reminder.
>>REB CLOSE: Yeah, that's what I was mentioning, so we do have our social workers go out to our home less encampments and they provide naloxone, the tip cards as I mentioned and other resources. And they will find just boxes and used naloxone products in the encampments and that's one of those things that you see that it's being used, you see that it's saving lives because these patients don't even come upcoming to the ER, these are the unknown
saves. But yet, we're seeing the evidence of it and I hear that from all of my social work teams and as well as law enforcement teams when they go into our encampments and that's where they're finding the used naloxone that we're distributing to the areas of highest need and how we're finding that is if my drug treatment program hears I need more naloxone, we saved a couple of people last night, you know, that's
that data, we can still respond to it.
>>CARMEN NEVAREZ: Really good. Thank you. I want to ask, you know, I think that there's a lot of interest here in trying to figure out, how could communities understand why ODMAP would be useful to them and so, Mark, let me just ask you, is there a look-only site that county behavioral health advisory board members would be able to look at in order to learn more information about this? How do you advise people who are

interested to find this kind of information so they can keep it around and see if they really want to enter into a relationship with you?
>>MARK KARANDANG: Sure. Get access, would be the only way and the most efficient way. Is to get access. You can get access to ODMAP, just because you have access doesn't men you necessarily have to in-- mean you necessarily have to input data. But having access is the only way to look at the data, no other way other than to request access to the ODMAP.
>>CARMEN NEVAREZ: Okay, maybe you -- one of you request answer, is there any -- any way to show the impact of over the counter naloxone, as proposed on ODMAPing? Do you get any information about people using naloxone purchased over the counter, is any of that tracker via ODMAPs?
>>MARK KARANDANG: Yes.
>>REB CLOSE: Go ahead, Mark. Your turn, I'm out.
>>MARK KARANDANG: Sorry. In ODMAP, you have the ability to be able to identify the person who administered Narcan. Whether it was fist responder, law enforcement, hospital staff, or public person. So you're able to query that information in ODMAP.
>>CARMEN NEVAREZ: Reb, anything that you want to add?
>>REB CLOSE: That's what I was going to say. When you are inputting the data, it's right there, bystander, you wouldn't be able to know if a bystander had received it as a prescription, if they had received it over the counter or if they had gotten an ER distribution, in my ER, we hand out naloxone. To patients and families in need. So you wouldn't be able to know that level of detail, but you would know if it's bystander administered.
>>CARMEN NEVAREZ: Yeah, so Reb, you're really busy as an ER doctor, how did you get other doctors, what are the ways that you get other doctors to be interested in this? Because, you know, clearly, you want to have the medical profession engaged in this, otherwise, it has limited use.
>>REB CLOSE: Right, it's the why, I've got to be honest, watching the patients, the families and the community suffer. We went into medicine to make a difference. And to help people. And this is a direct impact, when you see someone come in from a near-fatal overdose and you are compassionate with them, and you are grateful to them for
someone on scene having the naloxone and being able to save their lives and you have that connection, and then of course, prior to COVID, their family comes the in and you talk to the family and you can hand them the naloxone and you can offer them treatment, we have -- we have treatment options now. It felt like for a while, we had nothing to offer, now we have a lot to

offer.

And so, you know, I remind my doctors because, you know, the daily grind, especially adding COVID to this mess, the daily grind is pain.. But you can make a difference. And I've got to be honest, a lot of these are our kids, I'm following our youth overdoses right now, and these are our kids that we're losing.

And so it's so close to home. One of our physicians that unfortunately had a pediatric fatality, his child was nearly the same age. We are seeing this in our community, in our families, and it just matters. So you just remind them, they have something that they can do, and what they're doing makes a difference.

>>CARMEN NEVAREZ: So one of the things I want to tell y'all, both of the audience and the panelists is that we have 43 questions and clearly, we didn't have the time to get to all of them. But I've never seen so many questions, I've never seen such strong interest in a program that I've done before. And so I would just want to really thank you for having the opportunity for taking the time out of your day to do this for this audience.

Hopefully we'll be able to have some additional sessions on this in the future.

One of the things that I'd like to just ask, because this is really critical to many of the people on the line, what is the cost to utilize ODMAP?

>>MARK KARANDANG: Time and effort.

>>CARMEN NEVAREZ: So it's free?

>>MARK KARANDANG: It's free, yeah.

>>CARMEN NEVAREZ: Yeah, I think that's really important. Can ODMAP differentiate between illegal drugs and prescribed medications?

>>MARK KARANDANG: No. That's one of the limitations of ODMAP. You know, we need to keep in mind that it's not an official, you know, report if you will. It's just, you know, a real, you know, real quick pulse check of how addiction is impacting the communities. Carmen, if I can, there is one question I really wanted to highlight. And that was from Sarah. You know, she had asked

you know, she asked a question about, you know, harm induction folks about getting overdose data from coalitions. And we have two minutes left, but for everybody on the call, you know, in terms of communities being impacted by, you know, the drug opioid epidemic, you know, do we have a complete true sense of what is happening in our community? Right off the bat, the answer is no. Because the majority of the data that we're using to make those assumptions is from the EMS data, and hospital

data and law enforcement data.

A critical component are folks that are not utilizing this system. But are still overdoses and are still being revived by friends and family members. This is another data source, which will give us a much more complete picture of what is happening in our communities. So harm reduction coalitions to have access to this data can easily share with the public health partners and can get that data put in ODMAP so we get a truer sense of what is happening in our community. Thank you, Carmen.

>>CARMEN NEVAREZ: Okay, well, we're running up against the end of our time here. And I want to ask for the last slide here.

Just as one bright note. If you get a chance, please take a look at the conference, the national opioid overdose -- the national opioid leadership summit. That I mentioned earlier. And we'll post that link up on this website as soon as we -- in a couple of day, as soon as we get the recordings ready for posting.

The closing keynote on the first day was Regina LaBelle who has been named the acting director of the office of national drug -- the office of national drug control policy. And she is going to be the drug czar. So if you want to get a sense of what the new administration is doing or thinking about what to do, about this, you know, continuing problem, and particularly, I think in the age of COVID, because things changed this year, and we've had an opportunity to think a lot
and to gather information about what needs to happen in a new social environment. Please, have a chance to take a minute, listen to her presentation. She was about 40 minutes long, I think she'll give you a good sense of what she's thinking at this point. So we're come up on the hour, I want to really thank Mark Karandang and Dr. Reb Close for appearing on this session.

Great part -- great answers, great material and great participation from the audience, so thank you all.

>>MARK KARANDANG: Thank you.