Webinar Transcript - Tribal Responses to Drug Overdoses: Overdose Data and Information Sharing to Enhance Coordinated Responses

Welcome to the National Criminal Justice Training Center webinar, Tribal Response to Drug Overdose, overdose data, and information sharing to enhance coordination responses. My name is Kevin Mariano. And I will be moderator for you today. Before we get started, I wanted to quickly highlight the learning objectives for today. Upon completion of today's webinar, you will be able to describe what the ODMAP system is, explain the benefits of the ODMAP system, overdose data tracking, and information sharing, identify steps to invite ODMAP implementation, and summarize the success of two tribal models of ODMAP implementation and responses to overdose.

I'd like to welcome the presenters today. Joining us we have Ali Burrell, Program Manager from the Washington/Baltimore High Intensity Drug Trafficking Area; Kali Joseph, ODMAP Program Coordinator with the Tulalip Tribes; Jackson Nahpi, ODMAP Law Enforcement Embedded Social Worker; Anita Lossiah, Policy Analysis/Policy Commissioner, Eastern Band of Cherokee Indians; and Ben Ekelund, Senior Research Associate, Institute for Intergovernmental Research. And my name is Kevin Mariano, and I'm a project coordinator at the National Criminal Justice Training Center of Fox Valley Technical College.

I've been with them for, say, 4 and 1/2 years. My background is law enforcement. I retired from law enforcement after 20-plus years in doing law enforcement, which has been great. And I'm also an enrolled tribal member with a tribe here in New Mexico, with the Pueblo of Acoma. So welcome again, everyone. I will turn it over to Ali for her presentation. And Ali, it's all yours. Thank you.

Great. Thank you, Kevin. Hi, everyone. My name's is Ali Burrell I'm the ODMAP program manager based out of the Washington/Baltimore HIDTA. So greetings everyone from the DC area today. So today, my goal is to give a quick overview of ODMAP, the program itself. And then I have two fantastic presenters presenting after me that will talk about their work with ODMAP in their specific communities.

So for my portion, as I said, today, I'm just going to introduce and show you what ODMAP is and some of the eligibility requirements. So the severity of the problem we've seen, the impact of overdoses continue to grow and impact us all across the United States. And we saw that for the first time in 2021, that an estimated number of overdoses were over 107,000, and that number continues to grow.

We know that this is only the number of deaths that are being presented, usually, in the news, and it does not capture the number of persons who have overdosed, nor does it capture the true number of persons who are currently using or misusing substances. We also know it's not a new epidemic, that it's continued to grow and adapt over time. And we also know that that means that all of us are in this together to bring resources and help make sure people have what they need, and also ultimately save lives in our communities.

And so we know that this means that public health data and solutions alone cannot solve the current epidemic. Public safety data and solutions alone cannot solve the current epidemic. We know that retroactive data, while great in many aspects, it alone cannot solve the current epidemic. And it cannot drive lifesaving decisions in real time. But we also know that collaboration and real-time data are key components to helping save lives and drive short- and long-term decisions.

And that's where ODMAP comes into play. So what is ODMAP? For those of you that are not familiar with the system, ODMAP is a free web-based tool that provides near real-time surveillance of suspected overdose events to support public safety and public health efforts to mobilize an immediate response to overdose events. So a little history, so ODMAP has been around since 2016.

It was created, not ironically, but in need of a real-time response to what we were seeing locally here in the Baltimore area. My director of the Washington/Baltimore HIDTA, Tom Carr, met with many different personnel across public safety and public health in the city and the county of Baltimore and realized that there was not a lot of cooperation, and that they were losing. And many citizens were continuing to die on the streets. And so they came together and said, what can we do?

So Tom took the lead and said, we're going to create a real-time system. We can do this because we can bring everyone together to the table. So he said to our team, you have 30 days. And so knowing that we needed to respond in real time, we created a real-time data system. And that's where ODMAP came from.

And so since then, since 2016, we have grown to have agencies in all 50 states, as well as the District of Columbia and Puerto Rico, we have over 4,300 agencies that are currently participating on the system. And that includes 28 that currently identify as tribal agencies. However, there's an asterisk there because we do have several agencies that when I looked a little bit more into the system, such as Indian health boards or services that have listed themselves as state or local agencies.

We also have, of those 4,300 agencies, approximately 28,500 users registered over the system-- throughout the system's duration. We have 30 states with a statewide implementation strategy. And we are over-- and it's more like 1.8 at this point-- million overdose events entered into ODMAP. And that number is very large, and continues to grow. But you'll see here in a minute that number also can help others across the country.

So now I want to get into ODMAP 101 a little bit. So ODMAP is not meant for the general public. It's really meant to help agencies working within the near real-time response reduction and prevention space when looking at overdoses. So eligibility includes federal, state, local, and tribal law enforcement and criminal justice personnel. This includes local medical examiners and coroners, as well as public health personnel. And we know that varies area to area. So you can always reach out to us and ask. It also includes licensed first responders, so your fire and EMS, as well as hospitals with emergency departments.

Now, this does exclude associated research units. And that's because for ODMAP, the data ownership is maintained by the agency. So if you enter a data point into ODMAP, that data ownership is maintained by you. So there is some research limitations-- or that does exclude, then, those research units due to the data privacy components.

And then all agencies must sign a participation agreement prior to gaining access. And that outlines things like the data privacy and the data ownership. It outlines the dos and don'ts of what you can and cannot do with the data. And this is ultimately to protect the individual that that data point represents. We want to make sure that there is that privacy there.

So data can be entered into ODMAP in three different ways. So you'll see here on the left is our manual entry form. And that is going to be available through our secure website. It is mobile friendly, so you can enter cases from your phone, from any sort of tablet, computer, you name it. It can be entered that way.

A system called ODFORM, but that is for exclusive personnel that use what's called Case Explorer, which is usually your law enforcement. And then you have the option, which is our fastest-growing option, which is your Application Programming Interface, or API. So I'll talk about APIs here in a second.

But when we think about ODMAP, the thing that makes us unique is that we are not a system of record. We really focus on near real time. And so what that means is we also only require four data points to be entering a suspected overdose event into the system.

So the only four required data points are going to be the date and the time of the incident, the location which I'll get into in a second when it comes to the location information, the outcome, so if it was a fatal or non fatal overdose, and then naloxone administration. And that's bucketed out into four groups, your single dose naloxone, multi-dose naloxone, naloxone administration unknown, and then naloxone not administered. So those are the only four data points. And this really helps for agencies that are concerned about sharing too much information. This is kind of as minimal information, but can still drive decisions. It's going to be these four data points.

However, you do have the option to include additional information if you would like. One we really encourage, because we know that it can change over time, but also it can drive the implementation of new programs, it's going to be suspected drug. Because a growth in fentanyl is going to require, likely, more naloxone-driven decisions and looking at opioid-specific programs versus something that doesn't respond to naloxone, like an increase in cocaine or an increase in methamphetamine. There's going to be potentially different types of responses.

And then also one that we just recently added was you can track if naloxone was left behind and who it was left behind by. So we have several different additional data points you can enter. But all of those are going to be optional.

Ali, we had a question. I don't know if you want to--

Yes.

So the question is, do any harm reduction programs participate?

So the harm reduction component is dependent on-- the main thing that it's dependent on is if they are a nonprofit. If they are a nonprofit, they by definition are not eligible to join ODMAP. However, we do have what I like to call the workaround rule, which I think Montana's done a great job of embracing and has really showcased the power of that workaround rule, which is we don't-- so we vet the agencies as they join. So we would say, we really understand why you would want to have access to ODMAP. However, as a 501(c)(3) nonprofit, unfortunately you would not be eligible.

We would recommend reaching out to maybe a local agency, like your local department of health or another local agency that's on board with ODMAP. And if you partner with them, they might be able to add you in as a user underneath their department of health. Because while we vet the agencies, the management of users for that agency is up to the agency themselves. So they could add you in under that.

There's a way where-- I'll talk about later-- you can be added to spike alert. So you would then be able to be notified if there's an increase in overdoses in your community. So there are ways to incorporate harm reduction programs into ODMAP without them being able to actually join ODMAP. So it's a very good question.

So for ODMAP, so we talked about data. And one question that always comes to mind when individuals are involved in any sort of data set is privacy and HIPAA. And so one thing I mentioned was ODMAP's not considered a system of record. It only collects location information, the date, and the time, fatality status, and naloxone administration. The information captured by ODMAP is not considered PHI.

The location is translated into a geolocated point, where an overdose occurred, and then without any other information about the person. So we don't collect anything like their date of birth, their age, their address, or anything like that. None of that is collected. And then the information on the actual geolocated point is never shared with another agency without the data-contributing agency's permission.

So I live outside DC In Arlington County. But I'm currently in Fairfax County. So if an event happened in Arlington County but I'm working with somebody, a different agency, out of Fairfax, I would never get to receive that information on the actual incident location in Arlington because I didn't put that information in there. But I could connect with my team out in Arlington and say, hey, would you mind sharing information? They would then decide if that information's shared.

But that has to be a conversation between the data contributing agencies. It's not something that's just available on ODMAP. And we don't keep any information on addresses. So in the manual entry form, you have the option to enter an address. However, that address is turned into a latitude and longitude. And then that's never kept by the agency or by us. It's immediately deleted.

And then we also want to make sure we're still protecting the individual. So on ODMAP, on the actual map-- and I'll show you the map here in a second. But on the actual map, there is a zoom limitation. So you can only zoom into a specific area so much. And then this is the level ID is 15, so scale of 1 to 18,055.95. So we really do try to make sure that we are restricting as much as possible while still providing information to drive decisions.

So some of the features of ODMAP are the actual national map. It's going to provide cross-jurisdictional information. And this is really key. You're not limited to just information within your geographical area of responsibility. You can see everything across the country, DC, Puerto Rico, and the occasional mismapping in Africa or the middle of the Pacific Ocean.

And then filters-- there are heat map options. There are built-in charts that I'll show you in a second. ODMAP also features a spike overdose and statewide alerting system to make sure that people are informed of if there are some anomalies going on in a specific area.

You can also upload your own personal data. So if you have information, as long as it has a latitude and longitude associated with it, you can upload that such as naloxone distribution sites, mobile clinics, whatever it might be in your area. If it's got a latitude and longitude, you can upload it. That information is not kept in ODMAP. So if it's something of a sensitive nature, you don't have to worry about us keeping it.

And then if you have a Esri web layer already built, you can also add that as a layer into ODMAP. And then another important thing is that due to ODMAP being cross-jurisdictional and nationwide, multiple agencies can provide data for a specific area, which allows a more suspected overdose events to be captured. So you can have law enforcement and public health all within one area submitting information. So it's great for coordination. But also most importantly, it provides the greatest context of what's truly going on.

Ali, we have another question if you're ready for it.

Yes.

Would you be able to see another county's data via the national map?

That's a great question. So you can see-- this is the perfect time actually. So the slide here is the national map. So when it comes to seeing other data, what you are able to see, if you have access to ODMAP, you would see what you see on this slide here. So it is an actual map with dots. So in here you have circles and diamonds. This is what you would see.

You can click on those individual points, and it will provide you some information. But it will not provide you everything. But it's not limited just to your specific county.

Now, you are not able to download line information data or anything like that. That would have to come from the agency itself. We do not have that.

If nonprofits are not eligible to collect and/or input this data, are for-profits eligible? And there's another question behind that.

No. So it's only eligible to local, state, federal, and tribal public safety, public health agencies working within the overdose reduction prevention and response space. So if you have a for-profit clinic, they would not be eligible. And we would vet them too. So I guess-- well, hold on, let me take this back.

So when it comes to hospitals, they would be eligible. And I guess health clinics would as well, which can be for profit. So we would talk through it with them. For us, it's not necessarily about the profit eligibility. It's mostly within the space that they're working. And it has to do with their-- that's a good question.

And the other question following that is, is there a list of eligibility requirements for this tool? And if so, what are they?

So the only eligibility requirements are that they fall within the parameters that they're a local, state, federal, or tribal public safety or public health agency listed there, so your local hospitals, your fire, EMS, that sort. And all of that's available on our website. And we also do offer-- if an agency submits a request and we have concerns about them joining ODMAP, we do offer the option to have a follow-up conversation and go from there.

And they can put a rebuttal in. We've gotten some really good ones about the reasons why they would need access to ODMAP. So we can work with agencies to kind of make sure we have an understanding of how they're structured. So we do offer that as an option as well.

The last one is about obtaining a list of ODMAP-participating organizations. Yes, on our website you can get a real-time list of every agency that has signed up for ODMAP. If you just go to odmap.org, and then go to the Agencies tab-- and it might take a second because it's a little slow on the loading. But it will query and then break it down by state. You can look up, as well, by county, every single agency there. So if you have a question, you can always go there.

But I'm going to show you guys an actual map first, and then we'll get to the question about reservation lines because I wanted to make sure that that's addressed. And so as I mentioned, so with national map, when you have access to it on ODMAP, so what happens is when you log in, you click on the National Map. And it will automatically query the last 24 hours worth of overdoses that were submitted by the agencies that are part of ODMAP. So it only represents the data that's contributed by those agencies.

So here I will note all of this is dummy data. The information here on these slides does not include a representation of any actual overdose event. But as you can see here, it will just represent circles and diamonds, which is going to be circles are nonfatals, and fatal overdoses will be diamonds. So as I mentioned, it will do the last default of 24 hours.

And then on the right-hand side, when you log in, there are going to be built-in filters. And those include being able to filter by the date, specific dates of interest, locations, so state, county, zip code, and police district. This kind of goes in, Randy, to what you were asking. But I will address that again in a second.

The agencies, you can always query by the agency and see if an agency is submitting data and if so, what their numbers look like, the type of drug, if it is submitted, as well as the outcome. So you can always query by fatal versus non-fatal. And then we have also, for agencies, you are able to look at things through built-in charts. So we wanted to provide something that you could do quick analytics for, but also be able to export them and put them on a PowerPoint or things of that nature when you're going to have conversations.

It looks at the type of overdose, the day of the week, hour of day, by day, by month. You can look at multiple counties and states together. So if you are part of an area that has multiple counties, you can compare each county amongst those. And then you can also look at a grid for reviewing individual cases.

Now, I will say since Brady did bring up that you cover four states and multiple counties, right now, with our query, you can query up to seven counties and/or states in a combination. So you can do three states, four counties. But the total number is seven right now. Otherwise it got a little too hectic, and you couldn't really see anything.

And Tanya asked what a heat map is. A heat map looks like-- if you've ever seen a map that's kind of got concentration blobs on it, that's going to be your heat map. So we'll show areas where if they're concentrated, they'll kind of-- on ours, they become darker orange. So that is what a heat map is.

And then just for reference here, this is what one of the prebuilt-in charts looks like. There is, underneath the County line chart button, there are three lines, a hamburger menu. And when you click on that, you can download it into a image file, a vector file, or a CSV file. Right now with how Esri is set up is that within the ODMAP there is no current tribal reservation designation lines.

We looked into and we're trying to figure out how to do that moving forward. However, there is a prebuilt map layer. And you can change the backend layer that is called charted territories. And that has an option that does include the reservation boundaries. But you're not able to click by your tribe and then query by that at the moment.

We're still trying to figure all of that out to make sure we are able to track that, especially knowing that there is areas that are just so vast that they cover multiple states, multiple counties. We want to make sure that we are able to provide that. It's just taking a little bit longer just due to how the system is set up with Esri. So we are working on that. But this is my quick 30-second tip on our YouTube channel on how to do that, currently, with how ODMAP is set up.

So my last thought I want to talk about is about spike alerts. And so a spike alert within our system is a way to be notified when currently at a single county level, if there is within a rolling 24-hour period, a "higher than a set threshold" number of overdoses in your area. So you can go on to the website and say for Arlington County, Virginia, I want to be notified when there is more than four overdoses in a rolling 24-hour period.

Now, if at any point in time that meets or exceeds that threshold of four, I will receive an email or a text message. You can set up as many spike alerts as you would like for each county. You can set up as many counties as you would like. So it's a great way to say within my area, I know that the drug trafficking route is along I-95. So I'm going to set it up from New York City to DC. I'm going to set up all these major metro hubs.

So I can do Boston to New York to Philadelphia to Baltimore to DC. I can set up spike alerts for all of those major counties from a prevention perspective. But also I can set it up just to be aware of when there's an anomaly in my area at the time.

So that's how our system is currently set up, is you set up the spike alert. The alert is initiated if it is triggered. The response is then initiated. So this is where agencies can set up a spike response, so depending on how their county or city or state is set up.

And then if the spike lasts longer than a rolling 24-hour period, then you would be notified as well. And then you'll be notified when the spike ends. So every spike has at least a beginning email and then an end email. And then this is what they look like.

So if you receive an email, you would just be notified that there's a spike in your area. You do have the option to customize what's included in this email. You can also add in individuals that are not part of ODMAP-eligible agencies. But they should fall under a need to know. So you should not be including your local newspaper or anything like that. It should really be focused on, like for example, harm reduction initiatives would be a great point of contact to include in here. Or maybe somebody who is part of an agency that is just not eligible. You can put that here as well. And then you can customize this as much as you would like.

And then also you have the option to set it up as a text alert. And then this is what it would look like. It just says that there is a spike in the area. And then you could follow up with your local protocols. So this is my last slide for this section. So Tonya, to circle back to your question real fast, in heat maps, the darker orange circles are where more overdoses are occurring on a heat map.

If there's any color, that's where an overdose occurs. The darker it is, the more concentrated in that area, so a higher number. So before I hand it off to our two other groups today, ODMAP in the field, this is going to be where they're going to talk about how ODMAP is used in their agencies. So thank you, guys, for letting me talk about ODMAP and give a quick overview. So I'm now going to hand it off to the other presenters so they can talk about how they use ODMAP.

Hello, everyone. I'm Anita Lossiah. I'm the tribal policy analyst for the Eastern Band of Cherokee Indians. Thank you for joining us. The Eastern Band of Cherokee Indians I'll refer to as EBCI. We're the federally recognized tribal government located on our Cherokee ancestral homelands in the mountains of Western North Carolina within a five-county area. We're a rural area with a local population of approximately 9,000 residents on EBCI trust lands, majority being EBCI-enrolled citizens, with approximately 8,000 additional EBCI-enrolled citizens residing off trust lands, domestically and internationally.

Our seat of government is Cherokee, North Carolina with a population of around 2,138 located at the entrance of the Great Smoky Mountain National Park and Blue Ridge Parkway, with the presence of a tribal casino. Our tourist traffic results in large numbers with actual service populations reaching 85,000 at any given time. Our team for overdose fatality review is the Tribal Coordinating Committee led by the Office of Governmental Affairs and the Office of Attorney General.

This team was established in 2019 through legislation, Cherokee code 117-42, titled Tribal Action Plan for Substance Use Disorder Prevention, Treatment and Recovery. Our number of overdose deaths per year is approximately 12, which is drastic in our rural area. This is limited data through our Cherokee Indian Hospital Authority. Reviewed all recorded deaths from 2018 through 2021 with partial OFR process through our tribal epidemiologists.

In 2018, when Tribal Policy Group went to our federal TAP training, it included the "Life of Little Johnny" exercise, which was immediately taken back to Cherokee and shared using a local case. This was the first example of OFR for our group here in Cherokee. The EBCI is early in the development of these processes. They're thankful to be a part of this TRDO/ODMAP grant project to jump start implementation of building capacity to reduce illness and death from overdoses.

We have a successful team built on a foundation of coalition building. Groups that we already have that we're working with is our Tribal Coordinating Committee, which is SUD/OUD stakeholders. It's a multi-system coordination established by our law, as I mentioned. It consists of top administrators of tribal government, our hospital, our schools, our court that houses programs that provide SUD/OUD related services. And these are all tribally maintained.

Also, our Cherokee Police Commission, which is a group of public safety stakeholders. And they oversee all of the law enforcement programs and receive reports from all public safety related programs. Also our Tribal Health Improvement Plan and Tribal Health Assessment Group is a group of public health stakeholders. And they initiate the five-year process that engages programs and communities in the Tribal Health Assessment and Tribal Health Improvement plan.

Regarding data collection, our ODMAP grant project has provided an opportunity for the EBCI to comprehensively collect data from the programs that provide SUD/OUD related services, including overdose related services, collect data within a centralized data hub for tribal governmental analysis and export necessary data to the ODMAP database. Reports from tribal epidemiologists regularly incorporate ODMAP data, as shown on the next few slides, such as to use for report and our THIP report. So I've got a few to show you.

And these, were what Ali had mentioned, how tribes can use the information in the ODMAP database to create reports for multiple purposes. And so here on this first slide, our epidemiologists had charted that we saw more overdoses around 10:00 PM and midnight, 1:00 AM. Here is one that showed we got more overdoses on Monday.

This one, which other tribes can relate to, we clearly can see two spikes around the two times we do per capita casino revenue distribution. And we see that twice a year, every time. This one shows how quarterly we saw more overdoses, as many people have during 2020, during the heart of COVID.

And this is the GPS mapping of overdoses, such as what Ali had already shown you on her demonstration. Here is, of course, naloxone administrated. Here's a chart he created with overdoses, suspected and fatal, in addition to our naloxone given. The EBCI is committed to overdose prevention.

Here's a little history. September 2012, to strengthen governance and improve data collection processes, our tribe attended the Capstone Project in Georgetown on result-based accountability for government. Then, in July 2015, our Public Health and Human Services division was created using this methodology. We did not have that division before. Then, in November 2018, we implemented a whole section in our Cherokee Code on results-based accountability, which affects our whole jurisdiction.

Our EBCI tribal council, which is our legislative branch of government, passed a resolution identifying our top health priority of government to be the reduction of SUD and OUD morbidity and mortality. Our EBCI Principal Chief and Vice Chief, which makes up our executive branch of government, have also included this health priority into the strategic priorities of tribal government programs. Our Cherokee Indian Hospital Authority has implemented a dynamic continuum of care for SUD/OUD treatment. And our Cherokee tribal court recently passed budgetary legislation to sustain behavioral health services within the justice system, which includes peer support.

We highlighted MAT in Jail. It was a focus for our grant. Overdose review resulted in systemic recommendations to improve behavioral health services and MAT in jail, to implement better peer support for those in the criminal justice system, build capacity on data collection on these related services. It was systemic because this required three distinct systems of ours to come together-- our jail and law enforcement, our hospital system, and our court system. Through this grant project, EBCI learned that one of the best MAT programs of a comparable size jail was only 50 miles away in Buncombe County. And we were able to coordinate a tour and learning session for our EBCI stakeholders with them.

Results of this work and exposure to a local successful MAT program, the EBCI has implemented peer support services by contract to enhance capacity for prevention and intervention activities of public safety records for jail re-entry services. These contractors are to utilize the centralized database for the TCC to track and monitor these OUD/SUD cases and determine if peer support has made a difference to the path to recovery for the clients. This will assess the impact of prevention and intervention strategies for inmate re-entry services.

EBCI ODMAP technology enhancements. Cloud-based solutions developed by Beraten to enhance data collection, analysis, and holistic review under Cherokee code 117B. Utilizing a hub-and-spoke architecture, EBCI contracted with our consultant to custom build the following modules-- direct-entry EBCI ODMAP module with Tribe-specific community overlays and extrapolations allow review of metrics by council districts, which we call our communities or our townships. These API tools prevent dual entry and automatically update federal ODMAP, avoiding data loss or lags. Our OD Response Team Case Management module linked to the EBCI ODMAP entries provide a clear notification to response workflow, which consolidates data collection and reporting capabilities.

Executive Level Dashboard and Meeting Facilitator aggregates SUD/OUD and overdose-related data from a variety of tribal departments, including, but not limited to, Cherokee Indian Police Department, Cherokee Tribal Court, Cherokee Marshals, which is our probation, Cherokee Detention Center, Family Safety Child Welfare programs, Adult Protective Services, Syringe Exchange Program, OD Response Team, and EBCI ODMAP.

Here are some product previews that was created with this grant. This first slide is our ODMAP Admin dashboard. And as you can see, it tracks incidents and gives a summary by our communities and by county.

Here's another product preview, ODMAP Admin Incident Summary. This maps the naloxone incident type, gender, multiple overdoses.

This is a preview of our ODMAP sample report, Tribal community specific. Each community is identified with a different color so it's easy to look at and see which communities are considered hotspots. It tracks nonfatal and fatal overdoses, easily viewable. It can give reports using yearly summaries, naloxone doses, overdoses by community or by week.

Here is a preview of our ODMAP Response Team Module. It shows how you enter the date, time, number of people serviced, Narcan kit numbers, fentanyl kits, team member, and even a narrative, such as with this one, they have entered, they visited a nonfatal OD location and met with four individuals, provided referrals to outpatient behavioral health services available through the hospital [INAUDIBLE]. Housing assistant information was refused, but also provided an anonymous syringe exchange card with location map throughout community to dispose of needles. So you can get really good details on it.

Here is a preview-- an example of how it's sharing data. So this one shows how you got Human Services dashboard, Police Commission, and the SUD/OUD OD dashboard. And here is the Human Services dashboard, which identifies different charges.

Here's the Police Commission dashboard. Identifies charges filed and other categories-- violent crime summary, which is reviewed for public safety. Here's the SUD/OUD OD slide where you can see the intake stats, naloxone summary, syringe summary, drug usage summary.

Here's the TCC dashboard where you can see where all of our syringe kiosks are located and the numbers involved with them, incident summary, naloxone dose summary.

Here is another dashboard for TCC, Controlled Substance Data. And here's the Executive dashboard, a meeting facilitator. And this is formulated after our results-based accountability methodology that is being implemented within our programs. And this is an ongoing process. This helps identify any results we want to see and to track, in a very timely fashion, by identifying, after those goals are set, what's working well, what's not working well, and if anyone is better off, which has to be the ultimate question that we ask when we're looking at how we're impacting our community.

Challenges encountered-- of course it's everyone, COVID. Additionally, we had ransomware attack on our tribal IT network, which was devastating to our whole tribal government. But we're up and running stronger than ever. We had a lack of uniform languages between EBCI systems on data collection, lack of accurate data from suspected nonfatal cases, lack of accurate data from all emergency responders on naloxone administered. And that's the end of my presentation. Thank you.

[NON-ENGLISH SPEECH]

And that means, I'm Kali. And hello, all of my people and my relatives. I'll only speak a few words to you today. So we are the Tulalip ODMAP program. And then this is just a snippet of our overdose data that we have entered into the map. As you can see, there's some high areas where there's lots of overdoses and some fatals, and mostly non nonfatals.

This is a little snippet of our brochure. So in our brochure, we have partnered with the Portland Indian Health Board. So we like to include their opioid campaign there. When we implemented the program, we wanted to provide an opioid educational and awareness program that was more culturally responsive to our community. So I used a lot of the Portland Indian Health Board's resources to model the way that we wanted to do our campaign. And we connect folks to different resources, which you could see some of the numbers for those different resources in the community or in the area.

And a little bit of background about our logo, so our logo, it's a canoe. And for those of you who don't know much about Tulalip of Coast Salish tribes, Tulalip is a Coast Salish tribe in Washington state. We have around 5,000 tribal members. And our ancestors used to survive dominantly off of the water and what was in the local area, so salmon, shellfish, crab, geoduck, things like that were really staple, traditional foods for us. And we still utilize those foods for subsistence.

And we also used cedar for many different things. So we lived in cedar plank long houses. And our dominant source of transportation was a canoe. And we also did things like weaving. We would use cedar strips to weave baskets. And we thought that the canoe was a really good logo to go with.

And we actually partnered with the Healing to Wellness Court to use that logo. But it basically symbolizes that all of us are pulling the canoe together to reach a goal as a united front. And we each need every puller to be able to paddle the canoe as we navigate our way through bringing solutions forward and offering services, like the overdose mapping and overdose prevention program to our community.

So some of the things that we've done with the ODMAP grant is we have hired myself and then a law enforcement embedded social worker-- and that's Jackson, who's here with me today-- and Tashina Hill who is an outreach specialist. And among the two of them and myself, the services we've offered is connection to recovery and treatment services. We've done countless warm hand-offs to people who are seeking different levels of treatment, whether that's in-patient, outpatient, medicated-assisted treatment.

And we also guide and assist clients through the recovery treatment and healing process. We do Narcan instruction and distribution, culturally responsive activities and events, and peer recovery support. We also assist with clothing and hygiene items. We have a whole clothing closet here. A lot of it is from donations. And we'll give clients who are in need of clothing to get into inpatient treatment or detox, that's one of the services we offer. And then we also help address transportation barriers.

So this is a snippet of our Narcan distribution. Narcan has been one of our main things that we've done. So as you can see on the left-hand side of this slide, we have a Narcan nasal distribution form and a website. And we created that in collaboration with Tulalip Data Services so that we wanted to get Narcan accessible to the community during the last portion of COVID because that's when our program started. So we weren't able to gather as much.

So we thought, let's collaborate and let's create a website and link in a Vimeo video that highlights how to administer Narcan-- how to administer Narcan and how to identify overdoses. So when a community member clicks the link, this form will come up. And they can provide their name, their address for a drop-off, a number, and then affirm that they watched the video, and then we would go out and deliver the Narcan at doorsteps.

So in response to the data embedded in the map, we also did targeted Narcan distributions in neighborhoods that had the highest overdose. So for example, the flyer that's in the middle, we did that in a neighborhood. And we wanted to make it-- we wanted to collaborate with Family Services, but we also wanted to make it seasonal. So we called it the Valentine's Day Narcan distribution. And I think that day we gave out Valentine's candy and cookies and things like that.

And then we also offered a $5 Starbucks gift card to the first 12 people that came to get a Narcan kit. We try to do some sort of incentive program every time we do a Narcan distribution, whether it's a little tumbler or an educational item. Yeah, and then we also created this sticker, which is on the right. And we placed the sticker on every Narcan box that we give out just to remind those that are using the Narcan or give their Narcan away to someone in need that they could always give us a call or a text and come in and get another kit.

So some more ways that we responded to the data is through this SUD and OD educational campaign, which I'll share some of the marketing materials that we created, educational materials that we created momentarily. We also did an event for National Overdose Awareness Day and Recovery month, cultural and therapeutic activities. For example, we went department cedar pulling. And as I mentioned before, cedar is very culturally significant to the community.

So with that cedar, as it's been curing all year, we are doing, for example, next week actually, a week from today, an elder is going to come in and teach folks in recovery how to process the cedar and thin it. And then, that way, it could be used to make cedar roses, cedar headbands, cedar baskets, things like that. And we also have done multidisciplinary coordinated outreach efforts.

One of the first ones that we did was in the elders' village and we had to collaborate with the leasing department because there was some homes there where an elder was letting a lot of her grandkids live there. And they were all using, and that was putting that home at risk for eviction. So we got a group of stakeholders together, including the Overdose Mapping program, the police department, the senior center, a nurse from community health, to come together and be like an outreach, offer care packages, offer Narcan, offer referrals if they were interested in being connected.

We also have an agreement with the Snohomish County Diversion Center. And that is a place where someone who might just need a place to lay their head for the night to stay there. And sometimes they stay for a week or three weeks. It just depends. But it's meant to help create a bridge between someone getting out of jail, waiting for a treatment bed day, or someone who had completed treatment and just needs a place to stay, or maybe someone that's not sober at the time but is waiting for their treatment bed date.

We also have partnered with the Recovery Cafe Network. Tulalip and the city of Marysville is actually bringing a Recovery Cafe Network to the area. And it's actually going to start very soon on the weekends. And then we partnered with the Tulalip Cold Weather Shelter program. And we partner with the Tulalip Healing to Wellness Court, Narcan distributions, and lots of networking.

So these are some of our educational campaign resources. We did one just highlighting the opioids among Native people, what are social and cultural factors and why are opioids and overdose-- why is that important for native communities to be aware of and why might we be overrepresented in some of those stats, and also where to access Narcan. We were also sitting in on a multidisciplinary team meeting monthly with Legacy of Healing, which they have a department that works and serves victims of human trafficking. And we wanted to work with them and show collaborative effort by creating a fact sheet that highlights the intersectionality of human trafficking and substance use disorder.

And then we did one on medicated-assisted treatment to just address some of the stigma and the falsehoods about that. And that was super-important because we actually had just opened up a new MAT clinic within the past month. It had finally just opened its doors a few weeks ago . And the MAT clinic here in Tulalip is starting to get patients.

And then another thing that we have been trying to help with is in Tulalip, we have quite a bit of recovery services. There are still a lot of gaps. And one issue, to be completely transparent, that we have as a community is the flow of all of those services. So I created a visual aid early on in the program to identify how a community member who is struggling with substance use disorder and might be interested in accessing some sort of treatment, how they could get connected with different programs and be funneled through behavioral health and then funneled to whatever treatment recommendation they had after their chemical dependency assessment.

This is our PSA video. This was one of my most favorite things I got to work on. And I think what made me so excited about it is that we could really see the Seventh Generation philosophy incorporated into one of them. I tried to make that an effort because you'll see an elder-- you'll see elders and you'll see youth. We collaborated with the Tribal Youth Council to create this video. So we can go ahead and play that.

[VIDEO PLAYBACK]

You know what, the blame could go around to everybody. We look at how we need to accomplish things in life. And each one of us are part of that community. So we need to be able to be more responsible than we've ever been and worry about how we're going to take care of the child so the child lives to be an elder.

[CHANTING]

I carry Narcan because I love my people.

I carry Narcan because we, as native people, have lost too many lives to overdose.

I carry Narcan because I know it will help our homeless people that are out there lost. And this will save their life.

I carry Narcan to help the community.

I carry Narcan because the opioid overdose rate among native people has been on the rise since the year 2000.

I carry Narcan because every life matters. And you never know when you have to use it.

Carry one of these Narcans in your vehicle or have one at you're home so you can save our people, a little bit more today than you did yesterday, and think about how we're doing it because we're the community that's going to save our people. We're the community. So please have a Narcan with you and carry with you all the time. Thank you.

[CHANTING]

[END PLAYBACK]

Another thing that we did was recovery campouts. So we got to facilitate a whole campout. It was the first time that we've ever done this. And Tulalip owns some land on Lopez Island, which are a group of islands maybe 45 minutes north of us. And we own a plot of land and then a dock. So we thought, let's take community members that are in recovery to camp out there for a week. And it actually turned out really good, a lot of trial and error, but it was probably one of the most funnest camping trips ever.

We had several people from the Healing Lodge, which is the tribe's sober living facility, members that were participants of Wellness Court, and then just folks that were in recovery and connected to the tribe's chemical dependency program themselves. And so we took them to a camping trip in August. And then the Quileute tribe, we saw a flyer for a recovery campout that they were facilitating one weekend in the end of summer.

So the picture that's on the right, that was all of us at the Quileute campout. And we had about the same amount of participants, maybe a little bit less at the Quileute one. But it was just really awesome to bring that to this population. Some of them have never been kayaking before or have never been to the islands before or been on a camping trip like that. So it was just a really amazing experience. And we hope to continue to bring aftercare recovery events and activities to the population going forward.

These are some of the community participatory events that we've worked on. In a lot of these, you can see members of the recovery community helping us in tabling events and just events in general. So one of them was the Overdose Awareness Day event that I highlighted. You can see just a couple of our targeted Narcan distributions happening.

We table at youth events, so the top left photos was a Winter Break Bash that the youth department facilitated. So we had a table there. And we got participants from Wellness Court and other folks to come and volunteer or do their community giveback hours with us. And we try to incorporate all of our events that we do, we try to get not only the participation, but the help of them to help just to help have their presence there.

Some of the barriers that we ran into is engagement with first responders. We know that first responders are very, very busy. So in the beginning, I remember one of the barriers being how busy the first responders were with deploying vaccines. And then, community stigma-- COVID, as I mentioned, was a barrier.

And then, we have a wildfire season at the end of summer that goes through early fall. And I remember reaching out to a first responder and saying, hey, I was wondering if there's been any overdoses lately. I try to reach out and just send reminders in case that they get too distracted to enter them. And I remember the wildfire coming up as an issue that they are very busy out there fighting wildfires.

And then, regarding clientele resources, housing is an issue. And as a tribe, we're working on addressing some of that. We did just recently, within the past month, open up a pallet shelter. Myself, and Jackson and Tashina, we also would like more training on serving dual-diagnosis clients. Case loads, once we started the program-- when you start a program, it goes a little bit slow at first. But once we started seeing the need and the demand for this kind of work, we were like, we need more team members.

And then aftercare, we tried to incorporate aftercare through the activities. But I think that in the community, there's a big need for aftercare program. Staff burnout, compassion fatigue, and vicarious trauma are also some barriers that we run into working with this population, and for anyone that works in Human Services.

These are some numbers-- so over the past grant quarters, we've distributed more than 300-- we've distributed more than 331 Narcan kits. We've transported more than 191 people-- or not people. It could have been a couple of people or the person could have been transported more than once. But we've provided 191 transportations. We've provided 83 people with clothing and hygiene and 192 people with linkages, 223 consultations, and 357 referrals-- or we've received that many referrals. A little bit of stats is that we have dominantly nonfatal overdoses. More males overdose. And opioids are dominating the suspected involved substances.

So some future plans that we have-- the overdose prevention program, although it's growing, we are going to be funded and supported by the tribe and tribal leaders. We're going to be paid for our program. We'll continue on past the end of our grant. We're being paid for by our board of directors and the leaders. We've also moved under a new division. We originally were at the Tribal Court and we're now under the Recovery and Resource Center where we actually have a building that we get to work out of. We started out in cubicles in the judge's chambers at the Tribal Court.

We have a close partnership with the Tulalip Pallet Shelter. I guess, we have a close partnership, but we've actually been really helping run the Tulalip Pallet Shelter the past few weeks. It's been our other job lately. We have a future partnership with the MAT clinic. We hope to get Narcan med boxes or vending machines.

We want to do a community training on OD prevention and opioid use, create an educational website, and then have more consistent recovery activities and events. Because once we took the folks to camping and we took them to Wild Waves, they're like, when's the next event, when's the next outing. So we want to make that a regular thing. And that's part of why we're doing the Cedar Thinning event next week.

We want to have a regular scheduled self-help meeting day. So that could be having talking circles here at the building. Or there's a tribal member in the community that does a Recovery on the Res, potentially doing those. And then Tashina, our outreach worker, wants to delegate a couple of days a month or a day a week to just bring people to an NA meeting because folks are always in need of that. We want to have an expanded Tulalip Recovery Campout next year-- or this year, actually, and hope to invite members who are-- members of other tribes who are in recovery. And then we have a growing team.

[NON-ENGLISH], that means "thank you" in Lashootseed, which is Tulilap's traditional language. And that's the end of my PowerPoint. And I would like to offer space for questions. And Jackson's going to chime in and help me with questions.

Hi, we only have really one question. I answered another one about services and information. But Nadine Olmet, she asked, "How would we get clean needle and dirty drop off program get going in Alaska?" So we don't actually do that. We do have kits for it that we've had donated to our program. But what we've been doing is actually we work with-- we don't really work with this organization.

But we met with them to help them identify what areas would be best to bring by a van that essentially meets with people who are out using. And they can exchange needles and get clean ones and stuff of that sort. With Narcan available, what we've done is we have a budget for it. But we also, every now and then, we'll partner with Family Services, if we're low on Narcan, to help us actually meet the amount that we need to have to give out to the community. And condoms and Plan B, we don't have that as a part of our program. That's probably more under a different department.

"Would you be willing to provide a site visit if we travelled to Tulalip?" I think that's a Kali question. But I'm pretty sure we'd be up for it. John Hops and-- hi from Tulalip. And then, Isabel Rivera asked, "Were there any challenges in partnering with your local law enforcement agencies to begin participating with ODMAP?" So that's an interesting question because our ODMAP grant was actually written by a judge at the court.

So mainly, my position is the law enforcement embedded social worker is I work with law enforcement to go out and outreach to people. And they'll even give me people they want me to go outreach to and talk to. And it's something that it's a recurring issue but they can't do anything much about it. And putting them in jail won't solve the issue. And so they'll have me go out and try to meet with them and see if there's anything we can do.

In terms of working with the law enforcement agency, it was actually-- it was a lot of, Kali, as she always says, being a squeaky wheel. Keep asking them if there's any overdoses or anything of that sort. And it was actually about a year in until I could actually go and work in the PD. I work there for about two days out of the week and help assist the other law enforcement embedded social worker that they have there.

But up until that point, there was actually just nowhere to actually house me. They were under construction. And so they didn't have a place for me to go. But because we worked so well with the community, we offered our services to help with law enforcement when they were doing these outreaches or if they were having to go check out a property because they have activity.

They would bring us along and let us talk to the people who are leaving or they have asked them to leave just so then we get the opportunity to provide them with any information that might help. And I don't see any other questions. And I think that's it.

Thank you to Anita, Jackson, and Kali. I always love hearing your presentations and how you guys are using ODMAP. So if you guys are interested in joining ODMAP, feel free to start by completing an eligibility form, which we just look at and make sure that you meet those requirements. So you just go to ODMAP.org and then you complete the Request Agency Access form.

And then once you're approved, you can log in and begin using ODMAP. You can enter data. You do not have to enter data in order to see the information. So you can just go and look at National map and all of its features.

And if you're part of an ODMAP agency, feel free to work with your admin to be added. Or you can reach out to me or our team, and we'll get you the agency code to get you to be part of that agency. But it's pretty simple. We have a lot of different resources and tutorials on our website, ODMAP.org, as well as YouTube tutorials that walk you through how to use ODMAP in a variety of different ways. So I highly recommend checking it out. And if you have any questions, you can always reach out to us and we're happy to walk you through any of that.

Thanks, Ali. So hello, everybody. My name is Ben Ekelund. I'm a senior research associate with IAR. And we help to coordinate BJA's COSSUP program, which is the Comprehensive Opioid Stimulant and Substance Use Program. And I just wanted to touch on a few resources available through COSSUP before we close out today. And the first thing that I wanted to highlight is the fact that there's currently an open grant solicitation for local jurisdictions to receive funding to address opioid use in their communities.

So you heard today from two panelists, from eastern band of Cherokee and Tulalip, who have received COSSUP funding to help implement the initiatives to address opioid use in their communities. So funding could be used to help develop your information-sharing initiatives and to use tools such as ODMAP to help build better public health, public safety partnerships as well as to implement interventions, like outreach, Narcan distribution, or even partnership with your local law enforcement to identify individuals that are at risk and intervene and get them linked up with services in your community.

So we're hoping that you were inspired today hearing from our two panelists and the great work that they're doing in their jurisdictions to submit a proposal yourselves to be able to receive funding and use that to address drug use that's occurring in your community. You can see on the slide here, there's a link there to the solicitation. And the deadline for grant proposals is March 28. So it is this month. So if you're interested in doing that, please make sure that you look into the solicitation as soon as possible so that you can get that proposal in by the deadline.

And I just want to highlight the resources available through the COSSAP website. If you go to cossapresources.org, you'll actually see in the opening carousel there a link to the solicitation available through BJA, so you can use that to access the solicitation. And on the COSSAP site, you also see a wealth of resources pertaining to best practices, developing interventions and strategies, again, to help develop linkages between your public health and public safety initiatives.

And you can also find information regarding the National Mentoring Program. So if you're interested in visiting sites that are implementing pre-arrest deflection initiatives, jail-based initiatives, or have a peer support service provider, you can find information about accessing mentoring programs through the COSSAP website. So again, there's just a lot of great resources on there that can also help inform a grant proposal that you may be submitting.

I also just want to also highlight the availability of no-cost technical assistance. So whether or not you receive grant funding from COSSAP or not, you can request technical assistance to be able to access subject matter experts that can help you with planning, coordinating, and implementing your strategies or activities to better, again, address drug use that's occurring in your communities and to help reduce overdoses and fatalities that are associated with that.

So with that, I think, Kevin, if there's any final questions, I think I'll leave it up to the group. But I want to thank everybody for your time today.

Yeah, thank you Ali, Anita, Kali, Jackson, and Ben. Really great information and great presentations to everyone here today. Lots of good information there. So with that said, we're going to open up to questions that you all may have. Please feel free to put those in the Q&A or chat. Chat's also available if you want to enter your questions in there. We'd be happy to make sure that we get those answered for you.

So is this just a quick something that someone put in chat here. And this says, I'm a program director for a program BCOR, Building Communities of Recovery, and could use a lot of this. So great to see all the information put in into the Q&A and also in chat. So please feel free. This is all for you all there to get all the information that we can out to you all there.

Kevin, I was just going to add, I know I saw something come through the chat asking about developing harm reduction initiatives. COSSAP funding can be used for those types of things, so for purchasing Narcan or fentanyl strips, if that is something that is allowable in your jurisdiction. You can use that to hire staff or again, provide services for harm reduction. So that's something that COSSAP is eligible for. So just wanted to make sure I pointed that out.

Great. And I've got a question for either Kali, Anita, or Jackson, if they want to answer this one here. When you were working towards ODMAP, what brought the group together for you all in moving forward with establishing an ODMAP system? And did you have any barriers that you had to overcome or work through in all that?

So I actually came on a little later after Kali and Tishina. The really big barriers that we had were just kind of showing that we were able to actually do what we were saying we were trying to do. Because a lot of times-- and this is something that happens sometimes with tribal programs is that they'll kind of come and go.

And that's what we really tried to do is actually make the most out of the time that we had with this grant. And thankfully, it paid off to where we're an official program now. The hardest thing was just getting buy in from different communities stakeholders. One of the biggest ones that was-- Are you able to hear me through my--- Can you guys not-- Oh, there we go.

The biggest buy in that we had was with the police department. Because one of the biggest things that they provided us was vehicles. And with vehicles, the biggest thing that stops a lot of people being able to enter into recovery or get to their appointment or get to methadone or even just for us to get Narcan to them, is really if we can get there to them. That was a substantial thing that really made a huge difference for us.

The other thing was just being able to work with the tribe's marketing and media department, too. They helped us a lot with making all of these different forms, different outreach materials, and also, just giving us an avenue to help us actually expand our platform. So for instance, like the Cedar event we're having, marketing is actually sending out. We've sent out, too, to other places. But they're also sharing it.

And so it's helping us get a lot of people sign up for these programs that we're doing that give them more opportunity not just to come learn a skill. But they can learn more about us. They can learn what the tribe has to offer in terms of programs. And I'll often, at events like this, someone's parent or some family member will just come up and ask me, I might have this relative who needs help. I don't really know what to do.

And thankfully, they're in the right place to ask that question. Because we know exactly where to go. Or they can even just work with me, and I can help their family members start on that journey if they're willing to make a referral. And so really, the big thing is just showing the community that this is something that's needed by the community. Because a lot of times, there's extra stuff.

People don't really think that tracking all this data is important sometimes. But it really is. It helps make informed decisions for the community. I hope that answers the question.

Yeah, Jackson, great. I know it's always great to have resources available. And having those from the law enforcement side, I know it's always great to also build that collaboration and having that communication flow happen. And all that really goes a long way with trying to provide the good services out into the community.

And I think the ODMAP brings that part of it all together, where you can track all the information that you need. And you can also use that in ways that are going to be really helpful to the community, as well, too. So thank you. Jackson, for that. Anita, did you have anything for the question there?

Yes, for here, we had really started providing more services and developing a very strong continuum of care. And so we really needed to look at our numbers, also, to see what impact we were positively making in the community. And also our ODMAP information data was starting to be collected. But it wasn't readily available as a tool for the other programs and service providers.

And so with this project, we were able to actually sort of help both areas-- make that information more available and collect more data from more of our service providers to really have a more accurate picture of what our impacts are in community with the continuum of care we've built, the improvements we're making, and also be able to see where there's areas of need. And so it was similar for us as well.

Great. Thank you, Anita. I think, again, the importance of that information being able to be available to other areas-- programs that are part of it. I think, Jackson, you mentioned the buy in, is getting that buy in from those programs to support what, obviously, we work towards and all that. And I think ODMAP really goes quite a long ways with the communities.

And I just got one more. We've got probably a couple of minutes here for questions. And whoever wants to jump in on the question, here it is. Were there any type of MOUs or something like that set up in working with different programs within the communities? Or was it just something that was discussed through a team of some sort?

With us, we're all tribal programs. And so we're able to work together under the same umbrella. And so we haven't reached out to outside jurisdictions. We do have a couple counties that do have more checkerboard areas that we do depend on, some of our county services over there. And so we do need to do that in the future, reach out to them to collect more information in those areas. But we haven't done that at this point.

So we haven't done it yet, either, any MOUs. But we are planning on trying to do some this year. Because thankfully, at the ODMAP Final Convening Conference that we had just a few months ago, we managed to meet with the Snohomish County Health District. Because they heard that we were there when one of us asked a question or something like that. So they came up and talked to us.

And so we are thinking of trying to work with them to make an MOU or something of that sort. So then we can get more data on tracking these overdoses. And also, the big issue that we have is that since we're focused on trying to track the tribal community, when people pass away from an overdose or they overdose, the only way we can find out about it is if it's on the reservation boundaries.

And so that's something where we do have tribal members and stuff like that who go down a few counties over to one of the other tribes, or they go up north to Stillaguamish or something like that. And so it's one of those things that those people who may overdose, or they may go to the hospital, or they may pass away, overdosing off the reservation, we don't know about it unless we find out about it through enrollment, which is a very complicated and not easy process.

And that's only for people who pass away. And so we're hoping that by partnering with the health district for the county that the tribe resides in, we'll be able to find more of that information of anyone who overdoses, not just people who pass away.

Also, in follow up, ours is implemented by tribal code. So it's in our legislation now. So it's a little bit stronger because it crosses over into all of our entities for the data collection purposes and highlighted as a priority. So for our internal governmental purposes, that ordinance, that law covers that. But when we do reach out outside of our jurisdiction, we'll need to do the MOU. So I just wanted to clarify that.

Great. Thank you, Anita. And thank you, Jackson. I think that understanding of where and what's going to be worked is always good to have as far as who's doing what and how it's going to be done. Thank you for that. And we have a question here.

Do both tribes represented run their own health care? And there's another add-on to this. We are having problems with standing orders for Narcan for distribution. So the question here again is, do both tribes represented run their own health care?

We do.

We do, too. And it's one of those things that it does really depend on what state you're in. Because for instance, like Washington state has a standing order that any pharmacy people can pick up a prescription for Narcan. So I would look at, if you're having issues with getting Narcan or having people be able to go get it, I'd look at your state laws. Because they may be able to get it outside the reservation. It would be nice if you could hand it to them. But sometimes, you kind of have to work around.

Thank you, Jackson and Anita. So with that, I want to say thank you again to Ali, Anita, Jackson, Ben. Thank you for a wonderful presentation and great information for everyone to have. And I'm sure we're going to probably get some more responses from other individuals. And a lot of information that was given today.

So again, thank you for all your wonderful work that you're all doing. This concludes our webinar today. Thank you again to all our presenters for a great webinar and a great discussion today. To our attendees, we hope you can join us again for future webinars. Have a wonderful day. Thank you again.