**Template 19**

**Partnerships For Success Grant**

**Drug Epidemiology Network (DEN) Report**

**Contract Reference:** *Section A-1.1.2 and Guidance 30*

**Frequency:** *Annually*

**Due Date:** *July 31*

**Discussion:** Provide a narrative response detailing each data point discussed below in the Drug Epidemiology Network (DEN) area for the most recently completed 12-month period available according to the protocols of each data set in **Table 2 of Guidance 30** and any other data sets utilized for this report. Insert any available graphic representation of the data reported. Include demographic data when available (sex, gender, age, race, and ethnicity). Cite the source of the data for each section. Describe any limitations, challenges, and barriers to data collection and reporting and describe recommended approaches to improve future surveillance activities.

Where this template calls for a response according to “substances of interest,” provide any available information addressing the following: prescription opioids, illicit opioids, synthetic opioid analogues, and prescription benzodiazepines.

1. **Introduction**
   1. Provide a description of the DEN, including membership, and DEN activities that occurred during the reporting period.
   2. Provide a summary of the major highlights from the report, including any emerging drug trends within the county that are relevant to the substances of interest.
2. **Medical Examiner Data**
   1. Total number of deaths from all causes reported by the local medical examiner’s office.
   2. Total number of opioid-caused overdose deaths, by manner of death (accident, suicide, homicide, or undetermined).
3. **Hospital Data**
   1. Provide a list of all hospitals licensed within the county.
   2. Provide a list of the local hospitals reporting services to patients for opioid overdose. Provide a description of the services provided. Highlight any services designed to facilitate follow up care after the patient is discharged.
   3. Total number of non-fatal overdose admissions in each hospital emergency department and each in-patient department for the substances of interest.
4. **Naloxone Data** 
   1. Provide a list of all law enforcement departments within the county.
   2. Provide a list of law enforcement departments which equip their officers with naloxone. For each equipping department, provide:
      1. Total number of officers;
      2. Number of officer trained in overdose prevention and naloxone;
      3. Number of officers equipped with naloxone; and
      4. Type of naloxone.
   3. Number of naloxone administrations (how many times naloxone was used) and number of overdose reversals (how many times naloxone reversed the overdose and revived the individual) provided by each local division of the following:
      1. Emergency Medical Services (EMS);
      2. Fire Department; and.
      3. Law Enforcement.
   4. Provide a list of public and private substance abuse treatment providers engaged in naloxone distribution. For each provider, include:
      1. Type of naloxone;
      2. Number of naloxone kits distributed to persons served and family members;
      3. Number of naloxone kits reserved on-site for staff; and
      4. Number of overdose reversals through the use of naloxone.
   5. Provide a list of all pharmacies within the county. For each pharmacy, document the following:
      1. If the pharmacy operates under a naloxone standing order;
      2. Number of naloxone kits dispensed; and
      3. Type of naloxone available and associated cost of each product.
5. **Substance Abuse Treatment Data**
   1. Provide a list of public and private substance abuse treatment providers in the county and a description of the treatment services each makes available for opioid use. For each provider and service, include:
      1. Total number of unduplicated persons served for opioid use, and by medication-assisted treatment (MAT) type (if applicable);
      2. Total number of admissions for opioid use, and by MAT type (if applicable);
      3. Total number of persons on waitlists to receive treatment for opioid use, and by MAT type (if applicable);
      4. Description of the waitlist process for opioid use treatment; and
      5. Average length of time (days) a person is on a waitlist to receive treatment for opioid use.
   2. If a provider offers medication-assisted treatment (MAT) for opioid use, please specify the type of MAT provided (methadone, buprenorphine, suboxone, or naltrexone/Vivitrol).
6. **Law Enforcement Data**

Provide a list and description of the law enforcement drug seizures in the county as related to the substances of interest.