

# OD2A: LOCAL Linkage to and Retention in Care Data Entry Form

## Metadata

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1. Select the entry points for which your jurisdiction is reporting data. (At least two entry points must be selected, one of which must be Nonfatal overdose.)

- Nonfatal overdose
- Other clinical
- Criminal justice
- Harm reduction program
- Community-based program
- Self-referral
- Other

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2. Describe the population captured at each entry point for which your jurisdiction is reporting data. \_\_\_\_\_

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3. Please identify and describe the data sources that were used to report data on each indicator. Descriptions should comment on data availability, frequency of data availability, data granularity, whether the data is identifiable, and whether data is linked to other data sources. \_\_\_\_\_

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4. Describe any changes or improvements in data sources since the previous reporting period. \_\_\_\_\_

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5. Please provide a qualitative assessment of the data coverage or representativeness for each reported indicator for the nonfatal overdose entry point. \_\_\_\_\_

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6. Please provide a qualitative assessment of the data coverage or representativeness for each reported indicator for additional entry points. \_\_\_\_\_

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7. Please identify other strengths and limitations of the data based on the other quality attributes, like uniqueness, timeliness, validity, accuracy, and consistency. \_\_\_\_\_

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8. Who should CDC contact with questions about this data report?

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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## Indicators

### General Information

Jurisdiction Name \_\_\_\_\_

Quarter/Year \_\_\_\_\_

Entry Point

- Nonfatal overdose
- Other clinical
- Criminal justice
- Harm reduction program
- Community-based program
- Self-referral
- Other

Substance Type

- Opioid
- Stimulant

### Demographic Characteristics

Are you reporting indicators disaggregated by demographic characteristics?

- Yes
- No  
*(If "Yes," we strongly suggest submitting data using the Data Import Tool)*

Sex: *Select.*

Age Group: *Select.*

Race: *Select.*

Ethnicity: *Select.*

### Indicators

Number of individuals identified

*Enter number.*

Number of individuals engaged

*Enter number.*

### Referred by Service Type

| Service Type            | Number of individuals referred |
|-------------------------|--------------------------------|
| Any treatment           | <i>Enter number.</i>           |
| MOUD                    | <i>Enter number.</i>           |
| Behavioral treatment    | <i>Enter number.</i>           |
| Harm reduction services | <i>Enter number.</i>           |

### Treatment Initiation by Service Type

| Service Type  | Number of individuals who initiated |
|---------------|-------------------------------------|
| Any treatment | <i>Enter number.</i>                |

