	<u>West</u> <u>Virginia Drug</u> <u>Intervention</u> <u>Institute</u>	West Virginia Board of Pharmacy – Controlled Substance Monitoring Program	WV Office of Drug Control Policy (ODCP) Treatment & Recovery Resource Map	<u>WV ODCP</u> <u>Overdose Data</u> <u>Dashboard</u>	WV ODCP Overdose Detection Mapping Application Program (ODMAP)	<u>West Virginia</u> <u>Poison Center –</u> <u>Real Time Data</u> <u>Dashboards</u>	<u>West Virginia</u> <u>Health</u> <u>Information</u> <u>Network</u> <u>Portal</u>	<u>Marshall</u> <u>University –</u> <u>West</u> <u>Virginia</u> <u>Community</u> <u>Addiction</u> <u>Dashboard</u>	<u>West Virginia Office of</u> <u>the Chief Medical</u> <u>Examiner</u>
What are your organization' s goals concerning treatment of Substance and Opioid Use Disorder in the state?	Reduce drug deaths through activities such as education and advocacy.	Educate and assist pharmacists and health care providers with reducing negative effects of substance use disorder.	Provide access to a comprehensiv e list of treatment and recovery options in West Virginia.	Decrease overdose fatalities by collecting and using data- based decision making	Collect both suspected fatal and non-fatal overdoses, in real time, across jurisdictions, to mobilize a cohesive and collaborative response.	Optimize care of the overdosed patient and help prevent future poisonings.	Allow health care and other professionals to access the patient index to make better decisions about the health of those with substance use disorder.	Provide real- time data coordination between substance use providers and integrate data and project management in order to link together public health and demographic information.	Provide data to aid prevention efforts relating to substance use disorder across the state.
What type of data does your organization collect in regard to SUD and OUD?	Reduce drug deaths through activities such as education and advocacy.	Data on all controlled substance prescriptions in West Virginia as well as fatal and non-fatal overdoses.	Location, program type, and contact information for treatment and recovery facilities in West Virginia.	EMS and ER data on suspected overdoses. Naloxone administration prior to EMS. Fatal Overdoses in WV.	Overdose related data where law enforcement has responded.	All overdoses in which the poison center is consulted on. A lot of data observed for each case.	Patient health documents such as lab results, clinical documents, and healthcare encounter information.	SUD providers, recovery support services, health organizations , and other partner organizations all submit demographic and health information to the exchange.	Death certificates submitted to the WV Registration Office.
How is the data collected?	Research or collaboration with partner organizations	Through pharmacies and various governmental offices	Provide data to aid prevention efforts relating to substance use disorder across the state.	ER and EMS data is collected through run sheets and electronic forms from multiple	Law Enforcement and other first responders supply real time data with ODMAP.	Through a SQL database called ToxSentry.	Participating health care providers send pertinent information to the exchange.	It depends on the data source.	Office of Health Statistics (OHS) creates a spreadsheet based on death certificates from the Medical Examiner's office. After a full calendar year, OHS sends

				vendors to compile de- identified data.					that spreadsheet to be uploaded.
How often is the data updated and collected?	Depends on the timeline and project. Monthly for city	Pharmaceutica I data every 24 hours. Overdose data every couple of weeks. Backlog usually a few days for most data but can be months.	Data is verified on a monthly basis and updated when pertinent new information becomes available.	Data collection is always ongoing. Public data on the ODCP dashboard is typically updated by mid-month for the previous months data.	Data is in real time or near real time.	In real time.	In real time.	Depends on the data partner source. The goal is monthly.	A few weeks/months after a full calendar year is completed (2019 data is available now).
What is the purpose of that data?	To identify gaps in service, program evaluation, research on program efficacy, and insight related to substance use disorder.	To help prescribers and pharmacists make clinical and treatment decisions and surveil for abnormal or questionable prescribing practices.	Provide the general public a convenient way to locate the right recovery or treatment facility for their needs.	To track drug trends over time to inform decisions on SUD resource placement and actionable solutions.	To place resources more accurately within the state at a community level to maximize efficacy.	Part of the National Poison Data System, which is used for toxicosurveillance . Can also be used for education and administration.	To assist teams with care coordination, give healthcare providers a more comprehensiv e view of patient health, and prevent errors as well as duplicate tests.	Public health monitoring of substance use disorder and related issues, measuring and evaluating the efficacy of partnerships and programs, and helping to develop better practices to treat substance use disorder.	Record pertinent information for medical investigations into causes of deaths across the state.
What is the collected data primarily used for?	Program evaluation, identification of service gaps, and to inform resource allocations for SUD programs and services.	Surveilling prescribers for questionable treatment and notifying them of important information in order to aid decision- making and treatment.	To provide the general public an easy way to locate the right recovery or treatment facility for their needs.	ER and EMS data on the ODCP dashboard is used to inform community organizations of recent overdose related trends and activity.	Real time data alerts QRT and task force personnel of overdose spike activity around the state, as well as overdose activity locally through the ODMAP spike	Part of the National Poison Data System is used for toxicosurveillance . Can also be used for education and administration.	It can assist teams with care coordination, give healthcare providers a more comprehensiv e view of patient health, and prevent	Public health monitoring of substance use disorder and related issues, measuring and evaluating the efficacy of partnerships	To aid prevention efforts.

					alert framework.		errors as well as duplicate tests.	and programs, and helping to develop better practices to treat substance use disorder.	
Who is your intended audience for the data?	Educators, prevention specialists, key stakeholders, and WVDII team looking for gaps in services.	Healthcare providers, prescribers, the general public, and various pharmaceutica I committees.	Individuals seeking treatment and recovery programs for a SUD, loved ones, community members, Peer Recovery Support Specialists.	Legislative bodies, subcommittees , and advisory committees to help drive policy. This is a public facing dashboard.	Legislative bodies, subcommittees , and advisory committees to help drive policy. Also, to provide intel to QRTs and law enforcement personnel of anticipated OD and drug trafficking.	The general public, as well as organizations and government agencies.	Participants in the exchange, such as health care providers.	Public health analysts, researchers, and data analysts from various organizations and agencies	Public Health entities.
How can the intended audience apply the data?	Program evaluation, identification of service gaps, and to inform resource allocations for SUD programs and services.	Can be used for prevention efforts, for prescribers to make clinical and treatment decisions, and to reevaluate their prescribing practices.	Can use the map to find the right recovery or treatment facility for themselves or someone else.	Community leaders and other organizations may access the data and apply the information to their decision- making process regarding naloxone distribution, harm reduction locations, or interdiction.	Provides public safety and health agencies an opportunity to view spike alerts, deploy overdose responses, target and secure community resources to respond to a crisis as it occurs.	Educational and surveillance purposes as long as consent is gained from the center.	It can assist health care providers and health plans with making the best decisions for their patients based on the available data.	A web interface is being created to make WVCAD data available to all audiences. Not yet available to researchers but will be soon.	Can be used for prevention efforts as well as for medical and public health professionals looking to gain more insight into causes of mortality across the state.
What are the limitations to the data?	Different for each individual research project.	Data can be incomplete, incorrect, totally missing, or take a very long time	If new recovery residences start up quickly, they may not be	Data is not displayed in real time and duplications may occur when comparing	ODMAP data is limited by participation among the law enforcement agencies, to whom the	Relies on volunteers coming forth to the center so not representative of every poisoning.	Patients can choose to opt out of participating in the system. Some health care providers	Mostly focused on gathering treatment data at first, but system is designed to	There are some delays in the release of mortality data due to the time it takes to perform necessary toxocological/pathologic al analysis and the

		(months) to be uploaded.	immediately included.	EMS to ER data.	program was primarily deployed.		are not participating in the exchange.	host other sources of data and will do so in the future.	uploading policy of OHS and OCME.
How is the data accessible?	All reports are made public and accessible on WVDII website. City of Charleston manages their own data.	Overdose data available through request, prescribing data is only available to those with a CSMP account including prescribers, pharmacists, law enforcement, and some BOP staff.	Map is accessible online on the ODCP website.	ER,EMS, OCME, and naloxone data is visible on the ODCP website.	Access to the ODMAP data is restricted due to the street level information and real-time nature of the data.	The Poison Center has some online data and publishes an annual report.	Data available upon request if approved by the WVCAD Governance Committee.	Data available to all participants.	Online on the ODCP Data Dashboard