1. What data are you currently using or planning to use to support your efforts to address the intersection of suicide, overdose, and ACEs at the local level? Consider the intersecting risk and protective factors related to suicide, overdose, and ACEs.

2. What information do you want to know? What’s missing? Consider information such as:
   - Morbidity and mortality data from emergency department visits, hospitalizations, medical examiners, and fatality reviews
   - Children living below the poverty line
   - Food insecurity
   - Educational attainment
   - Youth substance use
   - Availability of lethal means
   - Child Protective Services (CPS) reports
   - Current wait lists and availability of mental health or substance use treatment services
3. Who might already have access to that additional data? Consider existing or potential partners, such as:
   - Department of Social Services
   - Department of Justice
   - Child Advocacy Centers
   - Outpatient Mental Health Centers (OMHC)
   - Shelters and related organizations who track the number of individuals served
   - Medical Examiners/coroner’s offices
   - Law enforcement
   - Emergency Medical Services (EMS)
   - Community coalitions

4. If no one in the community is currently collecting the data you need, how can you get it? What can you do to collect that data?
5. What is the data telling you? Consider:
   - Your community's greatest risk factors
   - Your community's greatest protective factors
   - Subpopulations who may have the greatest need
   - Subpopulations who are benefiting from existing prevention and intervention efforts
   - The largest gaps between community need and LHD resources

6. What will you do with this data now that you have it? Will you:
   - Seek grant funding?
   - Use the data to demonstrate need?
   - Target prevention and intervention efforts to identified populations of focus?
   - Develop partnerships to address the need your data is pointing out?