**ICJIA *potential* data collection of variables for deflection programs under**

**Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act**

*This is a draft of potential data measures for collection pursuant to the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act.*

**General program questions**

1. Name of program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Law enforcement agencies participating in the program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Model(s) used (*select all that apply*):
   * Model 1: Post-Overdose Response
   * Model 2: Self-Referral Response
   * Model 3: Active Outreach Response
   * Model 4: Community Engagement Response
   * Model 5: Officer Intervention Response
4. Name of person completing form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Agency of person completing form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Form completion date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Performance time period: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_
8. Are there any concerns or issues during the reporting period?

**Participant Intake Data (mainly self-reported via intake forms)**

1. Name of referring police department or district:\_\_\_\_\_\_
2. Date of law enforcement encounter:\_\_\_\_\_\_
3. Date of intake:\_\_\_\_\_\_\_
4. Referral method:
   * Model 1: Post-Overdose Response
   * Model 2: Self-Referral Response
   * Model 3: Active Outreach Response
   * Model 4: Community Engagement Response
   * Model 5: Officer Intervention Response
5. Level of care referral type:
   * Residential/Inpatient
   * Residential intensive inpatient/medically managed intensive inpatient services
   * Outpatient
   * Intensive outpatient
   * Other (please specify):\_\_\_\_\_\_\_\_\_\_
6. How the individual heard about the program:
   * Immediate family member:\_\_\_\_\_
   * Friend:\_\_\_\_\_
   * Other program participant:\_\_\_\_
   * Social media:\_\_\_\_
   * Other media (please specify):\_\_\_\_\_
   * Other police officer or police agency:\_\_\_\_\_
   * Community advocacy group:\_\_\_\_
   * From referring police officer/agency:\_\_\_\_\_
   * Other (please specify):\_\_\_\_\_
7. Individual’s Date of Birth: \_\_\_\_/\_\_\_/\_\_\_\_
8. Prior program referrals
   * Yes, \_\_\_\_
   * No
9. Date of treatment engagement:\_\_\_/\_\_\_/\_\_\_
10. Highest level of *completed* education:
    * Elementary school (grades K-4)
    * Middle school/junior high (grades 5-8)
    * High school degree/GED
    * Some college, no degree
    * Associate’s Degree
    * Bachelor’s Degree
    * Some graduate school, no graduate degree
    * Master’s degree
    * Doctoral degree or Medical Doctor degree
    * Other (please specify):\_\_\_\_\_\_
11. Employment status:
    * Unemployed
    * Seasonal or temporary employment
    * Part-time employment
    * Full-time employment
    * Currently in school
    * Retired
    * Disability
    * Other (please specify):\_\_\_\_\_\_
12. Current living situation:
    * Live alone (rent)
    * Live alone (own)
    * Live with significant other
    * Live with family/relatives
    * Live with friend(s)
    * Temporary shelter
    * Long-term shelter
    * Homeless
    * Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Race/Ethnicity (select all that apply)
    * Black/African American:\_\_\_\_
    * White/Caucasian:\_\_\_\_\_
    * Asian/Pacific Islander:\_\_\_\_\_\_\_
    * Native American/American Indian:\_\_\_\_\_
    * Other:\_\_\_\_\_
    * Hispanic or Latinx
    * Non-Hispanic or Latinx
14. Gender
    * Female
    * Male
    * Transgender
    * Other:\_\_\_\_\_\_
15. Insurance type
    * Uninsured
    * Medicaid/Medicare
    * Medicaid/Medicare eligible
    * Dept. of Human Services-SUPR (formerly DASA) covered
    * Private insurance
16. Name of individual’s identified treatment provider (where individual is being referred to for program):\_\_\_\_\_\_
17. Self-reported mental health diagnosis(es):\_\_\_\_\_\_
18. Self-reported substance use disorder(s):\_\_\_\_\_\_
19. Age of first use for alcohol/drugs:\_\_\_\_\_
20. Number of prior substance use disorder treatment episodes (not including detoxification):\_\_\_\_
21. Number of prior detoxification episodes:\_\_\_
22. Primary drug of choice (please select one):
    * Alcohol
    * Cocaine/Crack
    * Heroin/Fentanyl
    * Prescription opioids (e.g. Vicodin, OxyContin, Percocet, codeine, morphine)
    * Inhalants
    * Marijuana
    * Prescription stimulants (e.g. Adderall, Concerta, Ritalin, Dexedrine)
    * Barbiturates (e.g. Mebaral, Luminal, Nembutal)
    * Sedative hypnotics (e.g. Ambien, Lunesta, Sonata)
    * Benzodiazepines (e.g. Klonopin, Xanax, Valium)
    * Hallucinogens (e.g. LSD, peyote, DMT, psilocybin-mushrooms)
    * Synthetic cannibinoids (e.g. Spice, K2)
    * Synthetic cathinones (e.g. bath salts)
    * Methamphetamine
    * Other mood altering substances (e.g. MDMA/Ecstasy/Molly, GHB, Ketamine, Rohypnol)
23. Secondary drug of choice (please select one):
    * Alcohol
    * Cocaine/Crack
    * Heroin/Fentanyl
    * Prescription opioids (e.g. Vicodin, OxyContin, Percocet, codeine, morphine)
    * Inhalants
    * Marijuana
    * Prescription stimulants (e.g. Adderall, Concerta, Ritalin, Dexedrine)
    * Barbiturates (e.g. Mebaral, Luminal, Nembutal)
    * Sedative hypnotics (e.g. Ambien, Lunesta, Sonata)
    * Benzodiazepines (e.g. Klonopin, Xanax, Valium)
    * Hallucinogens (e.g. LSD, peyote, DMT, psilocybin-mushrooms)
    * Synthetic cannibinoids (e.g. Spice, K2)
    * Synthetic cathinones (e.g. bath salts)
    * Methamphetamine
    * Other mood altering substances (e.g. MDMA/Ecstasy/Molly, GHB, Ketamine, Rohypnol)
24. Tertiary drug of choice (please select one):
    * Alcohol
    * Cocaine/Crack
    * Heroin/Fentanyl
    * Prescription opioids (e.g. Vicodin, OxyContin, Percocet, codeine, morphine)
    * Inhalants
    * Marijuana
    * Prescription stimulants (e.g. Adderall, Concerta, Ritalin, Dexedrine)
    * Barbiturates (e.g. Mebaral, Luminal, Nembutal)
    * Sedative hypnotics (e.g. Ambien, Lunesta, Sonata)
    * Benzodiazepines (e.g. Klonopin, Xanax, Valium)
    * Hallucinogens (e.g. LSD, peyote, DMT, psilocybin-mushrooms)
    * Synthetic cannibinoids (e.g. Spice, K2)
    * Synthetic cathinones (e.g. bath salts)
    * Methamphetamine
    * Other mood altering substances (e.g. MDMA/Ecstasy/Molly, GHB, Ketamine, Rohypnol)
25. Have you previously used medication for maintenance treatment?
    * Yes
    * No

24a. If yes, which medication(s) have you previously been on:

* Methadone
* Buprenorphine (e.g. Suboxone, Bunavail)
* Naltrexone (Vivitrol, Revia)

1. Are you currently prescribed medication for maintenance treatment?
   * Yes
   * No

25a. If yes, which medication(s) have you previously been on:

* Methadone
* Buprenorphine (e.g. Suboxone, Bunavail)
* Naltrexone (Vivitrol, Revia)

1. Please identify which, if any, recovery support services for which you are currently engaged?
   * 12-step self-help groups (e.g. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, etc.)
   * SMART Recovery
   * Double Trouble in Recovery
   * Recovery coaching
   * Women for Sobriety
   * Secular Organizations for Sobriety/Save Our Selves (SOS)
   * LifeRing Secular Recovery
   * Online recovery support (e.g. In The Rooms, LifeRing Secular Recovery, SOS, SMART recovery, etc..)
   * Other (please specify):\_\_\_\_\_\_\_\_\_\_\_
2. Prior number of juvenile arrests:\_\_\_\_\_\_
3. Prior number of adult arrests:\_\_\_\_\_
4. Current supervision status:
   * Not on supervision
   * Pre-trial supervision
   * Probation
   * Parole

**Model 1: Post-Overdose Response—Grant Performance Measures**

***During the current performance period, please provide data on the following:***

1. Number of program coordinators hired by the first month of the program: \_\_\_\_\_
2. Number of protocols adopted by the second month:\_\_\_\_\_
3. Please list protocols:
4. Number of MOUs with substance use disorder treatment providers executed by the second month:\_\_\_\_\_
5. Total number of officers ***among all*** participating agencies: \_\_\_\_\_\_\_
6. Total number of officers ***participating*** in the program:\_\_\_\_\_\_
7. Number of dispatch/911 staff trained on deflection program by third month of the program:\_\_\_\_\_
8. Number of dispatch/911 staff trained on substance use disorders by the third month of the program:\_\_\_\_\_
9. Number of police officers and civilian staff trained on deflection program during performance period:\_\_\_\_\_
10. Number of police officers and civilian staff trained on substance use disorders during performance period:\_\_\_\_\_
11. Number of public information initiative(s) by the third month:\_\_\_\_
12. Total number of overdoses in participating program area(s) during performance period:\_\_\_\_
13. Total number of overdoses reversed using naloxone in participating program area(s) during performance period:\_\_\_\_\_\_\_
14. Number of naloxone kits dispersed to individuals who have experienced a drug overdose or who are at risk to experience a drug overdose:\_\_\_\_\_\_
15. Number of naloxone kits distributed to friends and family of individuals who have previously overdosed or who are at risk to overdose:\_\_\_\_\_\_
16. Number of individuals contacted/visited following and overdose reversal:\_\_\_\_\_
17. Number of handouts on treatment options provided to individuals who overdosed or who are at risk to overdose:\_\_\_\_\_\_
18. Number of individuals referred to treatment and/or services:\_\_\_\_
19. Number of individuals enrolled in available insurance coverage for which they are eligible:\_\_\_\_\_
20. Number of individuals referred to an inpatient facility:\_\_\_\_\_\_
21. Number of individuals referred to an outpatient program:\_\_\_\_\_
22. Number of individuals referred to any other community-based treatment or service provider (that is not inpatient or outpatient; this could include self-help groups, employment/vocation services, housing services, other medical services, etc…):\_\_\_\_\_\_\_\_
23. Number of individuals referred to a medical provider or an Opiate Treatment Program (OTP)
    * Number referred to a buprenorphine (e.g. Suboxone) provider:\_\_\_\_\_
    * Number referred to an OTP for methadone:\_\_\_\_\_\_\_
    * Number referred to a medical provider for naltrexone (e.g. Vivitrol):\_\_\_\_\_\_
24. Number of individuals engaged in treatment for at least 30 days:\_\_\_\_\_\_

**Model 2: Self-Referral Response—Grant Performance Measures**

1. Number of program coordinators hired by the first month of the program: \_\_\_\_\_
2. Number of protocols adopted by the second month:\_\_\_\_\_
3. Please list protocols:
4. Number of MOUs with substance use disorder treatment providers executed by the second month:\_\_\_\_\_
5. Please list providers:
6. Total number of officers ***among all*** participating agencies: \_\_\_\_\_\_\_
7. Total number of officers ***participating*** in the program:\_\_\_\_\_\_
8. Number of dispatch/911 staff trained on deflection program by third month of the program:\_\_\_\_\_
9. Number of dispatch/911 staff trained on substance use disorders by the third month of the program:\_\_\_\_\_
10. Number of police officers and civilian staff trained on deflection program during performance period:\_\_\_\_\_
11. Number of police officers and civilian staff trained on substance use disorders during performance period:\_\_\_\_\_
12. Number of public information initiative(s) by the third month:\_\_\_\_
13. Number of individuals referred to treatment and/or services:\_\_\_\_
14. Number of individuals enrolled in available insurance coverage for which they are eligible:\_\_\_\_\_
15. Number of individuals referred to an inpatient facility:\_\_\_\_\_\_
16. Number of individuals referred to an outpatient program:\_\_\_\_\_
17. Number of individuals referred to any other community-based treatment or service provider (that is not inpatient or outpatient; this could include self-help groups, employment/vocation services, housing services, other medical services, etc…):\_\_\_\_\_\_\_\_
18. Number of individuals referred to a medical provider or an Opiate Treatment Program (OTP)
    * Number referred to a buprenorphine (e.g. Suboxone) provider:\_\_\_\_\_
    * Number referred to an OTP for methadone:\_\_\_\_\_\_\_
    * Number referred to a medical provider for naltrexone (e.g. Vivitrol):\_\_\_\_\_\_
19. Number of individuals engaged in treatment for at least 30 days:\_\_\_\_\_\_

**Model 3: Active Outreach Response—Grant Performance Measures**

1. Number of program coordinators hired by the first month of the program: \_\_\_\_\_
2. Number of protocols adopted by the second month:\_\_\_\_\_
3. Please list protocols:
4. Number of MOUs with substance use disorder treatment providers executed by the second month:\_\_\_\_\_
5. Please list providers:
6. Total number of officers ***among all*** participating agencies: \_\_\_\_\_\_\_
7. Total number of officers ***participating*** in the program:\_\_\_\_\_\_
8. Number of dispatch/911 staff trained on deflection program by third month of the program:\_\_\_\_\_
9. Number of dispatch/911 staff trained on substance use disorders by the third month of the program:\_\_\_\_\_
10. Number of police officers and civilian staff trained on deflection program during performance period:\_\_\_\_\_
11. Number of police officers and civilian staff trained on substance use disorders during performance period:\_\_\_\_\_
12. Number of public information initiative(s) by the third month:\_\_\_\_
13. Number of individuals referred to treatment and/or services:\_\_\_\_
14. Number of referrals to treatment and or services by race/ethnicity:
    * Black/African American:\_\_\_\_
    * White/Caucasian:\_\_\_\_\_
    * Asian/Pacific Islander:\_\_\_\_\_\_\_
    * Native American/American Indian:\_\_\_\_\_
    * Other:\_\_\_\_\_
    * Hispanic or Latinx:\_\_\_\_\_\_
    * Non-Hispanic or Latinx:\_\_\_\_\_
15. If applicable, the number of multiple districts/agencies that made referrals:\_\_\_\_\_
16. Total number of officers conducting outreach to make referrals:\_\_\_\_\_\_
17. Total number of days spent conducting outreach during performance period:\_\_\_\_\_\_\_
18. Number of individuals enrolled in available insurance coverage for which they are eligible:\_\_\_\_\_
19. Number of individuals referred to an inpatient facility:\_\_\_\_\_\_
20. Number of individuals referred to an outpatient program:\_\_\_\_\_
21. Number of individuals referred to any other community-based treatment or service provider (that is not inpatient or outpatient; this could include self-help groups, employment/vocation services, housing services, other medical services, etc…):\_\_\_\_\_\_\_\_
22. Number of individuals referred to a medical provider or an Opiate Treatment Program (OTP)
    * Number referred to a buprenorphine (e.g. Suboxone) provider:\_\_\_\_\_
    * Number referred to an OTP for methadone:\_\_\_\_\_\_\_
    * Number referred to a medical provider for naltrexone (e.g. Vivitrol):\_\_\_\_\_\_
23. Number of individuals engaged in treatment for at least 30 days:\_\_\_\_\_\_

**Model 4: Community Engagement Response—Grant Performance Measures**

1. Number of program coordinators hired by the first month of the program: \_\_\_\_\_
2. Number of protocols adopted by the second month:\_\_\_\_\_
3. Please list protocols:
4. Number of MOUs with substance use disorder treatment providers executed by the second month:\_\_\_\_\_
5. Total number of officers ***among all*** participating agencies: \_\_\_\_\_\_\_
6. Total number of officers ***participating*** in the program:\_\_\_\_\_\_
7. Number of dispatch/911 staff trained on deflection program by third month of the program:\_\_\_\_\_
8. Number of dispatch/911 staff trained on substance use disorders by the third month of the program:\_\_\_\_\_
9. Number of police officers and civilian staff trained on deflection program during performance period:\_\_\_\_\_
10. Number of police officers and civilian staff trained on substance use disorders during performance period:\_\_\_\_\_
11. Number of public information initiative(s) by the third month:\_\_\_\_
12. Number of individuals referred to treatment and/or services based on a community call/contact:\_\_\_\_
13. If applicable, the number of multiple districts/agencies that made referrals:\_\_\_\_\_
14. Total number of officers taking community calls:\_\_\_\_\_
15. Total number of officers taking community calls to make referrals:\_\_\_\_\_
16. Total number of referrals per officer taking community calls/contacts:
    1. Officer 1:\_\_\_\_
    2. Officer 2:\_\_\_\_
    3. Officer 3:\_\_\_\_
    4. Officer 4:\_\_\_\_\_
    5. Officer 5:\_\_\_\_

*You may add more if more officers are taking community calls and making referrals*

1. Total number of referrals to treatment and/or services:\_\_\_\_\_
2. Number of referrals to treatment and or services by race/ethnicity:
   1. Black/African American:\_\_\_\_
   2. White/Caucasian:\_\_\_\_\_
   3. Asian/Pacific Islander:\_\_\_\_\_\_\_
   4. Native American/American Indian:\_\_\_\_\_
   5. Other:\_\_\_\_\_
   6. Hispanic or Latinx:\_\_\_\_\_\_
   7. Not Hispanic or Latinx:\_\_\_\_\_
3. Number of individuals enrolled in available insurance coverage for which they are eligible:\_\_\_\_\_
4. Number of individuals referred to an inpatient facility:\_\_\_\_\_\_
5. Number of individuals referred to an outpatient program:\_\_\_\_\_
6. Number of individuals referred to any other community-based treatment or service provider (that is not inpatient or outpatient; this could include self-help groups, employment/vocation services, housing services, other medical services, etc…):\_\_\_\_\_\_\_\_
7. Number of individuals referred to a medical provider or an Opiate Treatment Program (OTP)
   1. Number referred to a buprenorphine (e.g. Suboxone) provider:\_\_\_\_\_
   2. Number referred to an OTP for methadone:\_\_\_\_\_\_\_
   3. Number referred to a medical provider for naltrexone (e.g. Vivitrol):\_\_\_\_\_\_
8. Number of individuals engaged in treatment for at least 30 days:\_\_\_\_\_\_

**Model 5: Officer Intervention Response—Grant Performance Measures**

1. Number of program coordinators hired by the first month of the program: \_\_\_\_\_
2. Number of protocols adopted by the second month:\_\_\_\_\_
3. Please list protocols:
4. Number of MOUs with substance use disorder treatment providers executed by the second month:\_\_\_\_\_
5. Total number of officers ***among all*** participating agencies: \_\_\_\_\_\_\_
6. Total number of officers ***participating*** in the program:\_\_\_\_\_\_
7. Number of dispatch/911 staff trained on deflection program by third month of the program:\_\_\_\_\_
8. Number of dispatch/911 staff trained on substance use disorders by the third month of the program:\_\_\_\_\_
9. Number of police officers and civilian staff trained on deflection program during performance period:\_\_\_\_\_
10. Number of police officers and civilian staff trained on substance use disorders during performance period:\_\_\_\_\_
11. Number of public information initiative(s) by the third month:\_\_\_\_
12. Number of individuals offered pre-arrest diversion program:\_\_\_\_
13. Number of individuals who accept pre-arrest diversion program offer:\_\_\_\_
14. If applicable, the number of multiple districts/agencies that made participate in the pre-arrest diversion program:\_\_\_\_\_
15. Total number of officers offering pre-arrest diversion program:\_\_\_\_\_
16. Total number of pre-arrest diversion offers per officer:
    1. Officer 1:\_\_\_\_
    2. Officer 2:\_\_\_\_
    3. Officer 3:\_\_\_\_
    4. Officer 4:\_\_\_\_\_
    5. Officer 5:\_\_\_\_

*You may add more if more officers are offering pre-arrest diversion program/ making referrals.*

1. Number of referrals to treatment and/or services:\_\_\_\_\_
2. Number of referrals to treatment and or services by race/ethnicity:
   1. Black/African American:\_\_\_\_
   2. White/Caucasian:\_\_\_\_\_
   3. Asian/Pacific Islander:\_\_\_\_\_\_\_
   4. Native American/American Indian:\_\_\_\_\_
   5. Other:\_\_\_\_\_
   6. Hispanic or Latinx:\_\_\_\_\_\_
   7. Not Hispanic or Latinx:\_\_\_\_\_
3. Number of individuals enrolled in available insurance coverage for which they are eligible:\_\_\_\_\_
4. Number of individuals referred to an inpatient facility:\_\_\_\_\_\_
5. Number of individuals referred to an outpatient program:\_\_\_\_\_
6. Number of individuals referred to any other community-based treatment or service provider (that is not inpatient or outpatient; this could include self-help groups, employment/vocation services, housing services, other medical services, etc…):\_\_\_\_\_\_\_\_
7. Number of individuals referred to a medical provider or an Opiate Treatment Program (OTP)
   1. Number referred to a buprenorphine (e.g. Suboxone) provider:\_\_\_\_\_
   2. Number referred to an OTP for methadone:\_\_\_\_\_\_\_
   3. Number referred to a medical provider for naltrexone (e.g. Vivitrol):\_\_\_\_\_\_
8. Number of individuals engaged in treatment for at least 30 days:\_\_\_\_\_\_