

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 cannabinoids (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 cannabinoids (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 cannabinoids (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)

26. 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)

27. 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): \_\_\_\_\_
28. Prior number of juvenile arrests: \_\_\_\_\_
29. Prior number of adult arrests: \_\_\_\_\_
30. 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: \_\_\_\_\_

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  - 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:
  - a. Officer 1: \_\_\_\_\_
  - b. Officer 2: \_\_\_\_\_
  - c. Officer 3: \_\_\_\_\_
  - d. Officer 4: \_\_\_\_\_
  - e. Officer 5: \_\_\_\_\_

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



17. Total number of referrals to treatment and/or services: \_\_\_\_\_
18. Number of referrals to treatment and or services by race/ethnicity:
  - a. Black/African American: \_\_\_\_\_
  - b. White/Caucasian: \_\_\_\_\_
  - c. Asian/Pacific Islander: \_\_\_\_\_
  - d. Native American/American Indian: \_\_\_\_\_
  - e. Other: \_\_\_\_\_

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  - f. Hispanic or Latinx: \_\_\_\_\_
  - g. Not Hispanic or Latinx: \_\_\_\_\_
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)
  - a. Number referred to a buprenorphine (e.g. Suboxone) provider: \_\_\_\_\_
  - b. Number referred to an OTP for methadone: \_\_\_\_\_
  - c. Number referred to a medical provider for naltrexone (e.g. Vivitrol): \_\_\_\_\_
24. 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:

- a. Officer 1: \_\_\_\_\_
- b. Officer 2: \_\_\_\_\_
- c. Officer 3: \_\_\_\_\_
- d. Officer 4: \_\_\_\_\_
- e. Officer 5: \_\_\_\_\_

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

17. Number of referrals to treatment and/or services: \_\_\_\_\_

18. Number of referrals to treatment and or services by race/ethnicity:

- a. Black/African American: \_\_\_\_\_
  - b. White/Caucasian: \_\_\_\_\_
  - c. Asian/Pacific Islander: \_\_\_\_\_
  - d. Native American/American Indian: \_\_\_\_\_
  - e. Other: \_\_\_\_\_
- 
- f. Hispanic or Latinx: \_\_\_\_\_
  - g. Not Hispanic or Latinx: \_\_\_\_\_

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)

- a. Number referred to a buprenorphine (e.g. Suboxone) provider: \_\_\_\_\_
- b. Number referred to an OTP for methadone: \_\_\_\_\_
- c. Number referred to a medical provider for naltrexone (e.g. Vivitrol): \_\_\_\_\_

24. Number of individuals engaged in treatment for at least 30 days: \_\_\_\_\_