Deflection Data Collection and Definitions Guide

Purpose: This document provides standardized definitions and guidance to support consistent data collection and reporting across deflection teams. Using these shared terms helps ensure accuracy and strengthen the ability to measure impact and outcomes.

Outreach:

Providing general information about services to individuals or communities. Outreach focuses on sharing basic information about available programs, resources, or support options.

Referred:

Identifying a specific agency, service, or organization and sharing relevant details to help the individual access that resource. It does not require confirmation that the individual made contact or enrolled in services.

Connected to Treatment:

Scheduled, verified, or arranged transportation to a behavioral health treatment appointment. Documentation includes verified details such as the type of service (e.g., detox, residential, outpatient) and the name of the provider.

> **Treatment (SUD/MH):**
> Services provided by a behavioral health clinician to address substance use disorders (SUD) and/or mental health (MH) conditions.
> Examples include withdrawal management, medication assisted treatment, residential, partial hospitalization, outpatient.
> **Note:** *This may include recovery housing if housing incorporates treatment services.*

Initial Follow-Up:

The confirmation that the individual attended an appointment, completed an assessment, or participated in a telehealth or in-person service. Follow-up is made possible through confirmation with the client or a Release of Information (ROI) with the identified service provider.

Point of Care Follow-Up

Verification of an individual's continued engagement and retention in treatment at specific milestones (e.g., 30, 180, 365 days). Follow up is made possible through confirmation with the client or a Release of Information (ROI) with the identified service provider.

> - **30 Day Follow-Up (Initial Stabilization)**
>   *Purpose: Reaffirm support, address early barriers, encourage continuation.*
> - **60 Day Follow-Up (Ongoing Engagement)**
>   *Purpose: Maintain connection, identify gaps, support momentum or re-engagement*
> - **90 Day Follow-Up (Recovery Progress/Transition Support)**
>   *Purpose: Celebrate progress or support re-engagement, explore long-term needs*
> - **6-Month Follow-Up (Recovery Progress/Long-Term Needs)**
>   *Purpose: Celebrate progress or support re-engagement, planning long-term needs*
> - **1-Year, 18 Months, 2-5 Year Follow-Ups (Sustained Recovery/Relationship Maintenance)**
>   *Purpose: Reinforce long-term support, offer resources, celebrate growth, reconnect as needed*
>
> **Note:** *Teams have multiple interactions with the individuals they serve beyond formal follow-up, making it important to document each interaction (e.g., in-person, phone call, text, or social media message) separately.*

Connected to Recovery Supports

Scheduled, verified, or arranged transportation to substance use disorder (SUD) or mental health (MH) related services/supports that do not involve a behavioral health clinician.

Examples include peer support, recovery support groups (Celebrate Recovery, Grief Share, Alcoholics Anonymous, Narcotics Anonymous), Safe Services Vans, Harm Reduction Services, Sober Living, Recovery Housing.

Connected to Community Supports

Scheduled, verified, or arranged transportation to services that address social determinants of health and are not specifically recovery related.

Examples include housing, food, clothing, legal assistance, employment support, identification (ID), birth certificates, Job and Family Services (JFS) connection, education, transportation, childcare, Social Security Administration (benefits and card), financial support.

Connected to Medical Supports

Scheduled, verified, or arranged transportation to an appointment with a medical provider where services do not include behavioral health.

Examples include primary care physician, pregnancy/OB care, optometry, dental care.

Note: Some organizations offer multiple services, making it important to document each type of connection individually.

Demographics

It is recommended to collect at least the following demographics:

- **Name, date of birth (DOB), sex, gender identity, address**
- **Race and ethnicity (include a 'not known' or 'prefer not to answer' option)**
- **Any other required funding/program requirements (i.e. pronouns, housing status, veteran status, LGBTQIA status, criminal history)**

Additional Recommendations

Release of Information

It is recommended to obtain a Release of Information (ROI) because it enables teams to verify engagement and progress directly with service providers, ensuring accurate documentation, and supporting coordinated care across systems. *Guidance and templates in development.*

Memorandum of Understanding (MOU) or Business Associate Agreement (BAA)

It is recommended to establish formal agreements with partners, such as MOUs or BAAs, to clearly outline roles, responsibilities, and terms of collaboration, promoting continuity and sustainability. *Guidance and templates in development.*

Six Pathways of Deflection and Pre-Arrest Diversion

It is recommended to become oriented to the Six Pathways of Deflection and incorporate those most appropriate to your team and resources to ensure an evidence-informed yet locally responsive approach. *Learn more: PTACC Six Pathways*