**Data Subcommittee Job Description**

**What are the subcommittee’s goals?**

The data subcommittee will investigate whether any data currently exists that could help guide the development of the CIT program, and will make plans for future data collection that will measure the effectiveness of the program.

**What should the subcommittee know before getting started?**

Sometimes law enforcement agencies or mental health provider agencies collect data that can shed light on the outcomes of current crisis response systems. Even inconsistent data can help guide future data collection and changes in policy. However, many communities cannot find any relevant data. If this is the case, do not dwell on the lack of data. Instead, focus on the benefits of planning for future data collection.

There are many reasons to begin collecting data. Data will help your CIT program maximize success by showing where changes in policies and procedures, improvements in training or more effective services may improve the program. In addition, outcomes data will help ensure that the program is sustainable, by providing convincing evidence to agency leaders, legislators, and potential funders.

It is extremely important to begin collecting data sooner rather than later. If possible, collect data before your CIT program is operating; this baseline data will help you accurately document the outcomes that occur when you implement CIT. Many CIT programs find themselves several years down the road needing to defend their program and struggle to do so without data.

Your subcommittee will be reaching out to individuals within law enforcement and mental health agencies to gather highly technical information. Working with these individuals is extremely valuable, but they may not necessarily need to be added as steering committee members. For example, law enforcement communications officers will have highly technical expertise about calls for service, and hospitals or other service providers will have individuals who track admissions data.

**What additional resources might be helpful?** *(All resources available online at:* [*http://cit.memphis.edu/resources*](http://cit.memphis.edu/resources)*)*

University of Memphis CIT Center, [*Crisis Intervention Team Core Elements*](http://cit.memphis.edu/pdf/CoreElements.pdf)(page 17)

NAMI, [*Responding to Youth with Mental Health Needs: A CIT for Youth Implementation Manual*](http://www.nami.org/citforyouth) (Step 5)

NAMI, [*CIT Programs Collaborating with Academic Researchers*](http://www.nami.org/Content/ContentGroups/Policy/CIT/CIT_Programs_Collaborating_with_Academic_Researchers.htm)

George Mason University, [E-Consortium of University Centers and Researchers for Partnership with Justice Practitioners](http://gmuconsortium.org/)

St Louis (MO) CIT Officer Incident Report

Hempstead NY CIT Program Survey Data

Memphis and Shelby Co (TN) Crisis Assessment Center Mobile Crisis Team Report June 2012

Memphis and Shelby Co (TN) Crisis Assessment Center Detox Report June 2012

Virginia CIT Data Evaluation Project

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| **Task** | **Instructions** |
| **Consult with law enforcement communications** | Ask law enforcement communications officers whether there is a specific call classification related to mental health crisis. If so, this can be a rich source of information. Ask for data for the past 12 months on the disposition or outcome of call events classified as mental health crises, including how many calls resulted in transports with criminal charges or transports for psychiatric services with or without charges. |
| **Consult with other law enforcement information systems** | Law enforcement agencies may collect additional information about crisis calls in information systems besides dispatch. For example, there may be records of injuries to officers, individuals and bystanders in the course of crisis calls, and there may be records of use of force during crisis calls. Consult with law enforcement leaders on the steering committee to find out how to access other data systems, and ask how future data collection could be integrated into existing systems with the least burden on law enforcement officers. |
| **Consult with mental health receiving facilities** | Consult with emergency rooms, crisis stabilization units or other service providers where law enforcement frequently transport individuals in crisis. Ask whether they keep track of the number of individuals referred by law enforcement. Providers will not be able to share individual client information, but may be able to share the number of individuals referred, as well as any outcomes (such as referral to another service provider). If these facilities are not reporting this data, ask them whether it would be possible to begin collecting this information on a monthly basis |
| **Consult with Jails** | Local jails sometimes screen for mental illness, and may be able to share the number of individuals booked who have mental illness. They may also have information about the number of inmates receiving psychiatric care or psychotropic medications in the jail. |
| **Consult with experts** | If your subcommittee discovers useful data, it may be helpful to consult with an expert at your local college or university. Academic researchers can help you to analyze data correctly.  In addition, whether current data exists, a researcher can make suggestions for how to set up future data systems. |
| **Make recommendations to the steering committee** | If dispatchers do not have a separate call classification for mental health crises, consider this as recommendation that the steering committee can pass along to the law enforcement agency. In addition, consider what information is vital to collect and recommend it be added to existing law enforcement call reporting. How data is collected will vary depending on the preferences of the law enforcement agencies and the information systems currently in use. Some agencies use computerized information systems and CIT-related data collection can be incorporated into an electronic database. Other agencies use a separate paper form for each CIT call.  Refer to the examples listed above to learn more about the types of data you may wish to collect. |
| **Plan for collecting qualitative data** | It is important to make a plan for collecting feedback and stories that show the outcomes of your CIT program, in addition to the more quantifiable data mentioned above.  This feedback can take several forms:   * Before and after comparisons of the police response to a person in crisis, * Support and suggestions from individuals who have experienced a crisis response, * Feedback from officers changes to their attitude based on the training and * Feedback from officers and front-line health care and mental health providers about the transfer of custody.   This qualitative data can help you make timely adjustment to your training or procedures when a problem arises, rather than waiting months or years for other data to come in. In the long term, this feedback also serves a variety of purposes:   * Anecdotal evidence to convince agency leaders, community leaders and funders to support the program, * Media stories highlighting CIT, * Promoting public awareness of CIT, and * Building trust from individuals living with mental illness and their family members. |