

## VACIT Data Reporting Overview

The current state of data collection across Virginia CIT programs generally fall into three categories:


- CIT programs mandated to collect data due to funding,
- CIT programs capable of collecting data but not mandated or required to do so, and
- CIT programs unable to collect data

The purpose of the **VACIT Data Template**, supported by this Data Reporting Guide, is an effort to ensure that consistent data are being collected, to whatever extent possible, across all of Virginia's CIT Programs – to include both funded and non-funded programs, and across various stages of program maturity.

Three CIT program categories fall under a mandate to collect and submit CIT data:

- I. DBHDS funded CIT Assessment Sites,
- II. DBHDS funded CIT Jail Diversion Programs, and
- III. DCJS CIT Byrne Grant Recipients

DBHDS funded programs upload their data on a quarterly basis through the DBHDS sFTP server.

 **IMPORTANT!!** DCJS CIT Byrne Grant Recipients submit their data to DCJS and must comply with DCJS Byrne Grant reporting requirements.

## Schedule for Submitting DBHDS Data, and other non-Byrne CIT data:

CIT data are to be collected and submitted to DBHDS using the **VACIT Data Template**. DBHDS funded CIT initiatives, and non funded CIT initiatives able to collect data, should utilize the VACIT Data Template and upload their data on a quarterly basis through the DBHDS sFTP server to a folder called 'Jail Diversion'.

sFTP data files must be named in a very specific way, as to distinguish CIT data from other Jail Diversion Files. Data are cumulative in nature. This means that your first submission (Q1) will contain Q1 data only. Your second submission (Q2) will contain both Q1 and Q2 data. Your third submission (Q3) will include Q1, Q2, and Q3 data. And your fourth submission (Q4) will include Q1, Q2, Q3 and Q4 data and throughout the ensuing years.

Below you will find the schedule for reporting CIT data.

Quarter	Reporting period	Submission Due Date
1	July 1 through September 30	October 31
2	October 1 through December 31	January 31
3	January 1 through March 31	April 30
4	April 1 through June 30	July 31

Fiscal Year	Fiscal Year Dates
FY13	July 1, 2012 to June 30, 2013
FY14	July 1, 2013 to June 30, 2014
FY15	July 1, 2014 to June 30, 2015

### Naming Your CIT Files:

CIT Data files must be named in a very specific way to help us distinguish CIT data from other Data files. Please note: to ensure your CIT data is received by DBHDS's Office of Behavioral Health and Criminal Justice Services, you must include CJMH in your file name. Below is the format you should use for naming your files, including underscores.

[Your three digit CSB code] \_ CJMH\_VACIT\_ [Fiscal Year] \_ [Quarter]. Xlsx

Below is an example of how your FY13 quarterly data files should be named:

001\_CJMH\_VACIT\_FY13\_Q1.xlsx  
 001\_CJMH\_VACIT\_FY13\_Q2.xlsx  
 001\_CJMH\_VACIT\_FY13\_Q3.xlsx  
 001\_CJMH\_VACIT\_FY13\_Q4.xlsx


### Using the VACIT Data Template:

The **VACIT Data Template** has two separate tabs for reporting data. The first tab is named '**CIT Field**' and the second tab is named '**CIT Assess Ctr**'.

If your program does not have an Assessment Site, the **CIT Field** tab is used for collecting information on your CIT officers.

If you have a CIT Assessment Site, the **CIT Assess Ctr.** tab is used for collecting all data related to the utilization of the CIT Assessment Site, including officer field data. **If your program utilizes a secure CIT Assessment site, or Drop-Off Center where transfer of custody is available, please use the CIT Assess Ctr tab for reporting CIT data.**

*You may not delete any of the information already provided in the VACIT Data Template (this includes drop down box options, etc).* However, if there is additional information you would like to collect on either tab, you may ADD information to the existing form by naming and adding additional columns.

 **IMPORTANT!!** If you have a secure CIT Assessment Site or Drop off Center, data should be reported on any person who is seen at the Assessment Site (i.e., interacts with personnel supported by these funds at the Assessment Site location), regardless of referral source or legal status (ECO or voluntary), and should be included in the data collected. Additionally, all persons referred to the Assessment Site (including self, or from Emergency Department personnel, etc.), should be provided a pre-screening in order to establish them in the CCS3 data base with a unique client identifier<sup>1</sup>

Variable definitions are found in Appendix A below.

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<sup>1</sup> This process was agreed upon during the final in person meeting with the local project representatives in Henrico County on November 26, 2012. It appeared to be the only way to effectively quantify all of the individuals served and would then allow DBHDS follow up on outcomes in ensuing months/years.

### APPENDIX A:

Variable Definitions - CIT Field		
Data Element	Response Format/Drop Down List	Definition
<b>Call Type</b>	[Drop Down]	How the officer initially comes in contact with subject
	Dispatched MH call	CIT officer dispatched to call for assistance with possible mental health involvement
	Dispatched ECO	CIT Officer dispatched to serve ECO
	Dispatched wellness check	CIT Officer dispatched for wellness check
	Self initiated call	CIT Officer self-initiated response on scene for any of the above
<b>Injuries</b>	[Drop Down]	Any reportable injury to an officer, subject or bystander that occurs AFTER the CIT officer has arrived on scene, <b><u>excluding self-injury</u></b>
	None	
	Officer	
	Individuals	Any subject or bystander
	Both	Any subject or bystander AND any law enforcement or CIT officer
<b>Start Date &amp; Time</b>	mm/dd/yy hour: minute	Date and time of arrival on scene. <b><u>Use 24 hour format.</u></b>
<b>End Date &amp; Time</b>	mm/dd/yy hour: minute	Date and time of final field disposition. <b><u>Use 24 hour format.</u></b>
<b>Elapsed Time</b>	<b>This is an automatically calculated number. This number reflects the total number of <u>Days : Hours : Minutes</u> spent responding to a call</b>	
<b>Primary Field Disposition</b>	[Drop Down]	What the CIT officer does with the subject up to the time of transfer of custody at assessment site or other call clearing event

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	Cleared on scene	
	Voluntary transport	Law enforcement transport of anyone who is NOT under criminal charge or ECO
	ECO	Subject in custody of a paperless or paper ECO
	Criminal charge and arrest	
<b>Primary Field Disposition Location (Optional)</b>	[Drop Down]	
	CIT Program Assessment site	Non criminal justice, therapeutic location specifically designed to accept transfers for CIT program
	Other location	Any other non criminal justice site
	Jail/Criminal Justice	E.g. magistrates office, sheriffs office, police department
<b>Other information</b>		

Variable Definitions - CIT Assess Ctr		
Data Element	Response Format/Drop Down List	Definition
<b>CSB ID</b>	CSB ID	The number, provided by the Department, identifies the CSB providing the services to the individual and the supplying the individual (consumer) and service data.
<b>Consumer Id</b>	CCS3 ID	<p><b>No spaces</b> A number or a combination of numerical and alphabetical characters used to identify the individual receiving services uniquely within the CSB; the local consumer Id, rather than the statewide Id.</p> <p>NOTE: The Consumer ID field contains a maximum of 10 characters. Please report the Consumer ID exactly the same way it is reported in your CCS submission, which may include a zero fill.</p>
<b>Fname</b>	First Name	

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<b>Lname</b>	Last Name	
<b>SS</b>	social security number	Numbers only, <b>NO spaces or dash marks</b>
<b>Start Date &amp; Time</b>	mm/dd/yy hour: minute	Date and time of arrival at assessment site. <b><u>Use 24 hour format.</u></b>
<b>End Date &amp; Time</b>	mm/dd/yy hour: minute	Date and time of departure from assessment site. <b><u>Use 24 hour format.</u></b>
<b>Elapsed Time</b>	<b>This is an automatically calculated number. This number reflects the total number of <u>Days : Hours : Minutes</u> spent at the assessment site.</b>	
<b>Video Conferencing</b>	[Drop Down] Yes/No	Video conferencing utilized
<b>Clinical Disposition</b>	[Drop Down]	Where the person goes/what happens at the date and time of their leaving the site.
	No further treatment required	
	Individual declined referral and no involuntary action taken	
	Referred to ambulatory crisis stabilization	
	Referred to residential crisis stabilization	
	Referred to voluntary outpatient or community treatment other than crisis stabilization	
	Referred to voluntary inpatient admission and treatment	
	Involuntary inpatient admission and treatment	
	Medical admission	
	Arrest	
<b>Referral Source</b>	[Drop Down]	Who brought the client to the assessment site.
	Self	A consumer seeking and receiving services at the assessment site, unaccompanied by any other referral source person or entity.

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	Family/Other Civilian	Family, friend or other medical, community or social services agency personnel, etc. seeking services on behalf of a consumer and who is NOT a member of any of the other referral source options
	CIT Officer	Any law enforcement first responder with 40 hour CIT training completed (E.g., Police Officer, Deputy Sheriff, University or Facility Police or Security, etc.)
	Non CIT Officer	Any other law enforcement officer first responder
	CIT First Responder	Any non law enforcement first responder with 40 hour CIT training completed (E.g., EMS, Fire, Rescue, Ranger)
	Non CIT First Responder	Any other first responder
	CIT Jail/Corrections	Deputy Sheriff or Correctional Officer with 40 hour CIT training completed
	Non CIT Jail Corrections	Any other Deputy Sheriff or Correctional Officer
<b>On Site Peer Support</b>	[Drop Down]	
	Yes/No	Receives any on site service provided by peer
<b>Referred to Peer Support</b>	[Drop Down]	
	Yes/No	Is referred to any off site service provided by peer
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<b>Other information</b>		



**If you have any questions about submitting your data, please contact:**

Jana Braswell, M.S.  
Program Coordinator, Office of Behavioral Health and Criminal Justice Services  
(804) 786-1095 office  
[jana.braswell@dbhds.virginia.gov](mailto:jana.braswell@dbhds.virginia.gov)