



2018 NACo HEALTH & JUSTICE FORUM

JANUARY 17-19 | SHELBY COUNTY, TENNESSEE

FORUM ON THE INTERSECTIONS OF HEALTH & JUSTICE:
LINKING SYSTEMS AND IMPROVING OUTCOMES

NATIONAL
ASSOCIATION
OF COUNTIES



HEALTHY
COUNTIES



Data-Driven Justice Design Institute and Caruth Smart Justice Action Plan

Dallas County, Texas Commissioner Dr. Theresa M. Daniel

Data Driven Justice (DDJ) - Top line goal

Provide care to residents of Dallas County
by improving criminal justice system.



DDJ - Identify and prioritize the top three priorities for your jurisdiction:

#1 Improve and strengthen the “Continuum of Care” for the high-utilizers of behavioral health and criminal justice services in our Community.

#2 Increase the degree and means of collaboration between the known and potential stakeholders in the Dallas County Behavioral Health Leadership Team.

#3 Develop and implement a comprehensive, strategic and sustainable plan for the Behavioral Health Leadership Team in collaboration with other community partners (Criminal Justice and Housing).



In a perfect world, what resources/stakeholders would you need to accomplish those goals?

- ▶ **Criminal Justice**
 - ▶ Public safety- local law enforcement
 - ▶ Sheriff's Office
 - ▶ Fire/EMS
 - ▶ CJAB
 - ▶ **Housing**
 - ▶ Dallas Housing Authority
 - ▶ Advocates for Housing
 - ▶ Texas Apartment Association
 - ▶ Commercial Developers
 - ▶ City of Dallas Housing
 - ▶ **Social services**
 - ▶ Faith-based organizations,
 - ▶ Workforce
 - ▶ Transportation
 - ▶ Direct Services
 - ▶ Metropolitan Dallas Homeless Association
 - ▶ **Private Sector Foundations**
 - ▶ Meadows Mental Health Policy Institute/Caruth Smart Justice
 - ▶ Arnold Foundation
 - ▶ **Federal**
 - ▶ Bureau of Justice Assistance (BJA)
 - ▶ Substance Abuse and Mental Health Services Administration (SAMHSA)
 - ▶ **Medical**
 - ▶ DFW Hospital Council
 - ▶ Parkland Hospital
 - ▶ University of North Texas
 - ▶ **Research**
 - ▶ Caruth Smart Justice
 - ▶ UT-Dallas
 - ▶ UTA
 - ▶ Caruth Police Institute
 - ▶ **Parkland Post-Acute Network**
-



DDJ - What action steps are needed to address your priorities?

▶ Steps to complete

- ▶ Develop and confirm the Governance structure and process to oversee the achievements of the committee and the realization of the goals and outcomes.
- ▶ Identify and agree upon the goals and outcomes for the committee.
- ▶ Identify the resources available and needed to move forward with the Subcommittee and Community priorities.
- ▶ Identify and agree upon the list of Community “high utilizers” to be addressed as part of a Pilot Proof of Concept (PPoC).
- ▶ Identify and confirm access to the data sets to be used initially and on a recurring basis for the PPoC.
- ▶ Identify and confirm the platform(s) and means for processing the data sets used for the PPoC.



Caruth Smart Justice Grant Vision/Goals

➤ Vision and Primary Outcomes

- To improve public safety with a multi-year plan to eliminate the need for people to use the Dallas County Jail for untreated psychiatric needs
- To engage local partners to develop a plan to transform the Dallas justice system by better identifying, assessing, and safely diverting people with behavioral health conditions from the justice system

➤ Two Phase Planning Grant (July 2015 start)

- Phase I: Collect qualitative and quantitative data from multiple sources on existing capacity, gaps, opportunities and barriers to inform the plan
- Phase II: Use these data to develop a realistic plan to safely divert the target population into treatment and relieve pressure on law enforcement, the Dallas County Jail, and the Parkland Hospital Emergency Department

➤ Multi-year Implementation Grant (January 2017 start)

- Establish new justice and treatment systems policy, procedures and processes
 - Improve treatment/community resource quality, capacity, and outcomes (super-utilizers)
 - Implement new plan to redirect manageable risk BH cases to Pretrial Supervision with treatment
 - Monitor and report results, modify plans, and implement changes
-

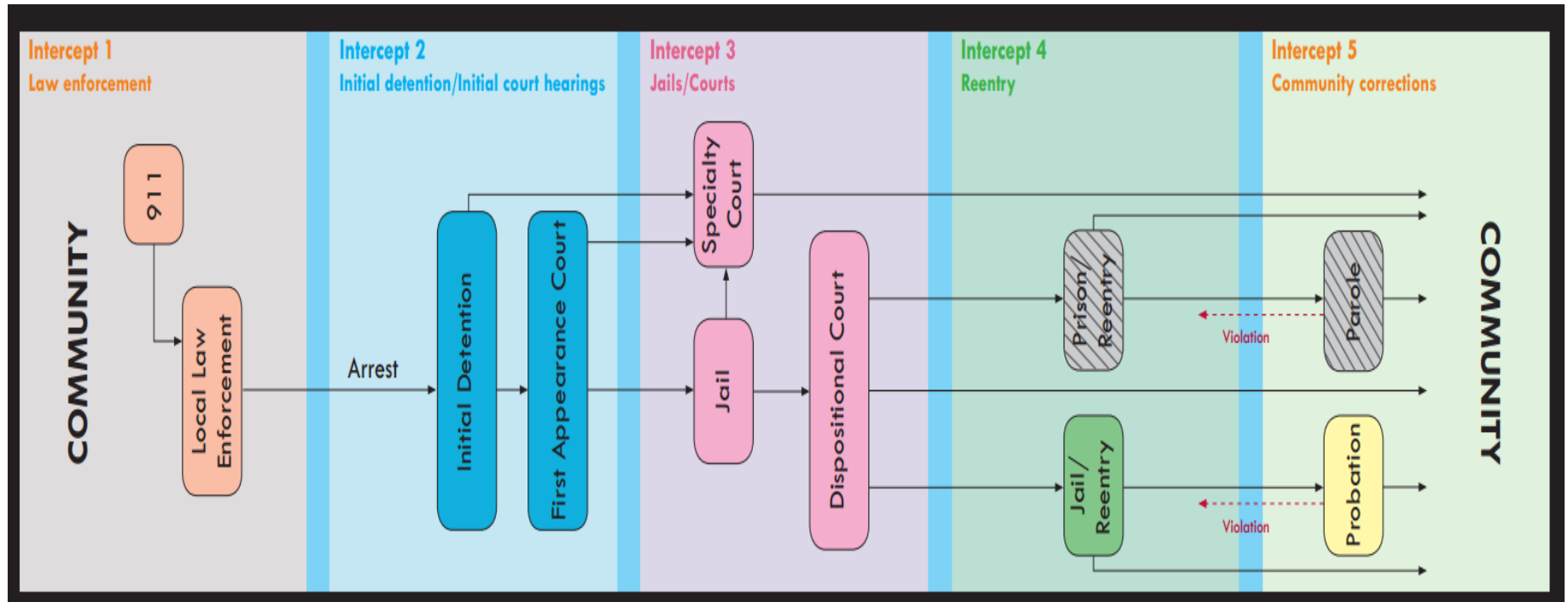


Caruth Smart Justice/Stepping Up Initiatives & Data-Driven Justice Launches

- ▶ **July 2015**, Dallas County Commissioners approved participation in the National Stepping Up Initiative
 - ▶ **July 2015**, W.W. Caruth Jr. Foundation/CFT awarded Meadows Mental Health Policy Institute (MMHPI) \$1 million Caruth Smart Justice Planning Grant for a mental health-criminal justice system redesign
 - ▶ **June 2016**, Joined the Data-Driven Justice Initiative as a founding county
 - ▶ **September 2017**, 1 of 14 jurisdictions selected to participate in the Data-Driven Justice Initiative Design Institute
-



Sequential Intercept Model and Data Sharing



Tandem Efforts

- ▶ Dallas County is helping to develop a respite center that will provide a drop-off point for people that don't need to go to jail. The center will provide direct services, observation services and diversion to care. This effort is through Homeward Bound and the North Texas Behavioral Health Authority.
- ▶ Working with Parkland to increase the number of beds for mental health involved patients.
- ▶ The Cottages is a housing first effort with Dallas County participation
- ▶ Homelessness Partnership effort with the City of Dallas



Caruth Smart Justice Grant efforts

RIGHT Care Pilot Program

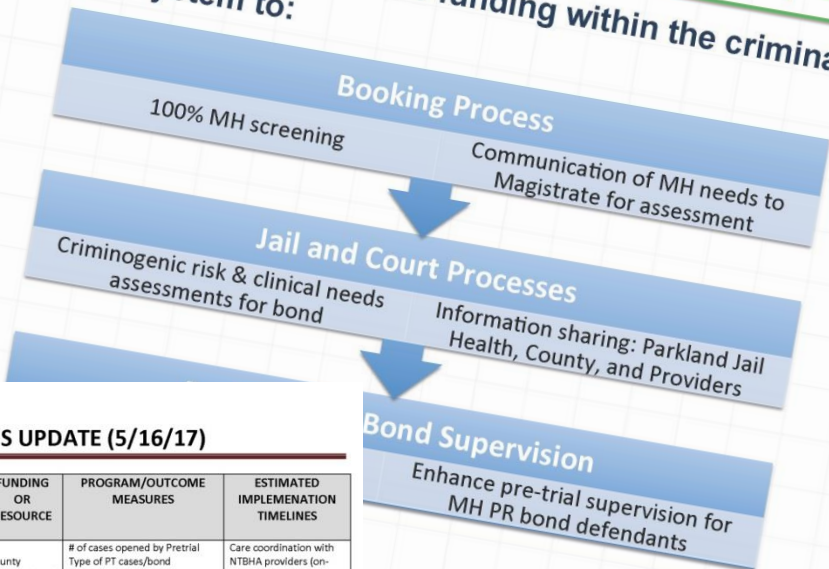
Public Safety Committee
April 10, 2017



George Gamez, Acting Assistant Chief
Dallas Fire-Rescue Department
City of Dallas

S. Marshal Isaacs, MD
Medical Director
Dallas Fire-Rescue Department

Initial Detention/Hearing/Jails/Courts (Intercepts 2-4)
Just under one-fifth of the funding within the criminal justice system to:



CARUTH SMART JUSTICE STATUS UPDATE (5/16/17)

INTERCEPT POINTS	IMPLEMENTATION ACTIVITIES AND TASKS	RESPONSIBLE PARTY	FUNDING OR RESOURCE	PROGRAM/OUTCOME MEASURES	ESTIMATED IMPLEMENTATION TIMELINES
INTERCEPT 1: Release/Reentry	<ol style="list-style-type: none"> Continuity of care planning w/jail Connection to treatment Medications at release Diversion Court enrollment Secure community resources Risk/need driven Pretrial MHPR bond conditions 	S Caruth PT Officers Adapt Comm. Solutions Parkland Specialty Courts	County 1115 Medicaid Walver CSG	# of cases opened by Pretrial Type of PT cases/bond conditions # connected to treatment	Care coordination with NTBHA providers (on-going since 4/17) Beta test started 4/17/17 with full implementation 8/7/17
INTERCEPT 2: Bond supervision and treatment services	<ol style="list-style-type: none"> Treatment service placement/tracking TMACT-compliant ACT/FACT Meadows paid treatment slots vs. control group PT MHPR Bond case opened PT MHPR Bond case planning/supervision Graduated, risk-oriented PT supervision Transition from PT status to CSCD @ disposition for those probated 	Meadows/public providers and Adap/CSP staff S Caruth PT Officers (each of 2 yrs.) Meadows MHPI CSCD	County NTBHA Meadows MHPRI (\$1.174 Million/2 yrs.) Comm. providers CSG Arnold Foundation (outcome evaluation contractor)	# referred/connected to services # of cases supervised by Pretrial Type of PT cases and conditions # treated in the community # revoked on MH PR bond # PT successful # of bond re-arrests Case disposition results	paid forensic-enhanced TMACT-compliant ACT/FACT treatment slots target to higher risk (summer 2017)
RESOURCE NEEDS: Post release	<ul style="list-style-type: none"> Housing Treatment Transportation Basic living needs Employment/Income Targeted Meadows funding to Permanent Support Housing 	CSP-funded housing navigator Meadows housing funds Comm. Providers Local agencies	NTBHA CSP Catholic Charities Meadows MHPRI MDHA Local Shelters	# who secured housing # of successful placements	On-going

Next Steps

- ▶ Because of the overlap with Data-Driven Justice and the Caruth Smart Justice efforts, the Data-Driven Dallas team is assessing how best to achieve both goals.
 - ▶ Discussion about becoming the data governance committee for Caruth Smart Justice.
 - ▶ Doing a gap analysis on where high-utilizers and the mental health involved populations don't meet and what services are needed for that population.
 - ▶ Coordination of data sharing agreements with stakeholders and execution of "just in time" information to first responders and care providers.



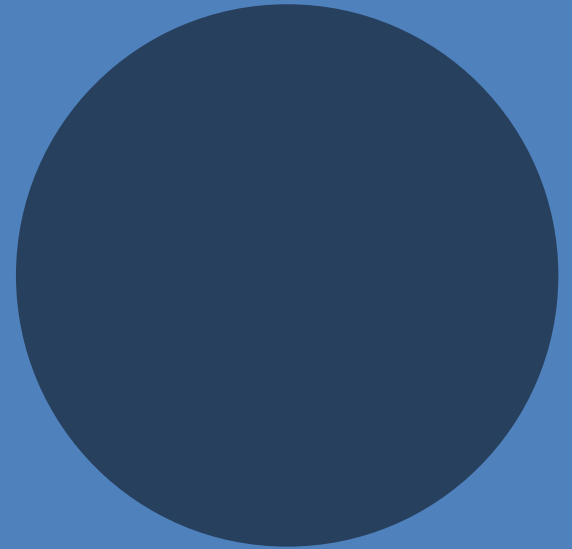
Cultivating Community Support for Mental Health

McLean County, IL

170,000 Population

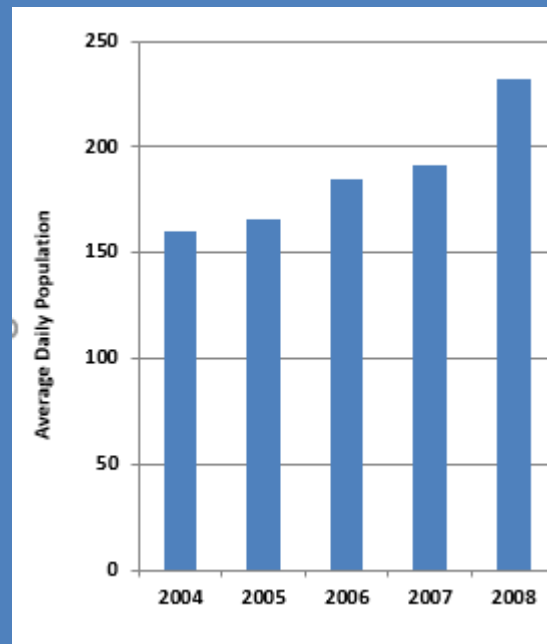
Bloomington/Normal Metro area of 132,000

Illinois State University & Illinois Wesleyan University



Identifying the Problem

Initial Issue - McLean County Jail Utilization increased by 1/3 between 2004-2008



Validating the Problem

Utilize independent experts when possible

McLean County brought the National Institute of Corrections in to validate the problem



Results of the initial NIOC assessment
identified
that McLean County

- Lack effective coordination in Criminal Justice Processes,
- Significant growth in number of individuals in the jail with behavioral illness contributing to length of stay
- Lack capability to physically house detainees by classification due to inadequate infrastructure



McLean County Response to initial NIOC Assessment

Creation of the McLean County Criminal Justice Coordinating Council in 2009

Under the Court System

1. provides oversight to Court related agencies
2. Initially included only County Agencies
3. Participants included Circuit Court, State's Attorney, Public Defender, Probation, Law Enforcement, Corrections, Circuit Clerk and County Administration
4. Allowed for frank and unfettered discussions

Building a Cooperative Consensus

\$750,000 in out-of-county housing
A hard cap on property tax revenue and
limited opportunity for other County
revenue streams for the General Corporate
Fund translated into less \$ for each of the
other criminal justice agencies

McLean County invited NIOC back 2 additional times between 2010-2012 to evaluate correctional facilities , programs and services

Additionally, in its final visit to McLean County, NOIC evaluated community programming and interaction with the criminal justice system



The result of the two additional reviews revealed that

1. programming and services within the Corrections facility exceeded expectations
2. The linear jail infrastructure of the oldest sections of the County Jail, much of it constructed in the mid-1970's, lacked the capability for correctional staff to appropriately categorize detainees and provided an environment that was not conducive to increasing number of individuals with behavioral illness
3. That the community behavioral health system and coordination with the criminal justice system were lacking in effective case management for high utilizers, leading to recidivism within the Jail

Utilize Data to Engage Assistance

- Evaluate Capacity for Analysis
- Recognize the limitations of ad-hoc Analysis
- You Only Know What You Know
- Tools -justice data systems



With an effective Coordination System in Place
The Criminal Justice Coordinating Council set to work on
addressing the two other primary deficiencies cited in the NIOC
Assessment

- The growing number of individuals in the jail with behavioral illness contributing to length of stay
- The lack of capability to physically house detainees by classification due to inadequate infrastructure

Find Stakeholders that can benefit Local

- Municipal Governments
- Police Departments
- Emergency Medical Services
- Hospital Emergency Departments
- Behavioral Health Providers
- Housing Providers

Find WIN/WIN Strategies for Stakeholders Local

- Municipal Governments
 - leverage support for multiple community needs
- Police Departments
 - Reduce petty crime, loitering
- Emergency Medical Services/ Hospital Emergency Departments
 - Reduce reoccurring calls and ED congestion
- Behavioral Health Providers
 - Diversion to /utilization of BH facilities
 - Increased funding

ONBOARD PEOPLE IN YOUR COMMUNITY TO HELP

MOBILIZE INTEREST IN TACKLING THIS ISSUE AND DEVELOP A SHARED VISION

County Mental Health Work Groups on Mental health ☒
provides level of involvement and transparency

Creation of Mental Health Action Plan ☒
provides a guide and understanding of goals/objective

Creation of Behavioral Health Coordinating Council ☒
provides an ongoing basis for strategic decisions/revisions

Find Individuals to support/assist work
State/National

- Illinois Criminal Justice Information Agency
- White House/NACO Data Driven Justice
- MacArthur Foundation
- U.S. Department of Justice-BJA
- Laura & John Arnold Foundation
- Corporation for Supportive Housing
- Nonprofit Finance Fund

USE DATA AS A MEANS TO AN END

Utilization of National Institute on Corrections Reports ☒

Engage and develop data produced by ISU Stevenson Center ☒

Develop relationships with providers for data exchange ☒

Share Justice Information with Health Providers ☒

Develop capabilities to share information real-time-Dash Board

Develop agreed upon measurements for Pay For Success

Pay For Success Strategies- Solving the Intervention vs Consequences Funding Dilemma

1. Engage and develop Stakeholders in agreed upon outcomes
2. Identify Philanthropic organizations to invest in prevention
3. Develop measurements for Pay For Success
4. Recruit Providers that will agree to outcome assessed payment
5. Stakeholders agree to pay investors back if savings are realized



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

NACo Health & Justice Forum

John Petrilu, JD, LLM January 18, 2018

Life without acronyms is hardly worth living...

HIPAA

42 CFR Part 2

HMIS

CJIS

FERPA



Privacy and Confidentiality

- **Privacy:** Applies to the person
- **Confidentiality:** Applies to information *about* the person
- Why does it matter?



In the dark days, before doctor-patient confidentiality.

Elvis is alive and raising HIPAA questions....

Birthday parties in nursing homes in New York and Arizona have been canceled for fear that revealing a resident's date of birth could be a violation.

Patients were assigned code names in doctor's waiting rooms – say “Zebra” for a child in Newton, Mass., or “Elvis” for an adult in Kansas City, Mo. – so they could be summoned without identification.

Are we talking about the same thing?

- Privacy Act: “personally identifiable information”
- HIPAA: “protected health information”
- FERPA: “personally identifiable information”
- 42 CFR Part 2: “any information...relating to a patient received or acquired by a federally assisted alcohol or drug program”
- HMIS: “protected personal information”

HIPAA: What and Why?

- Federal regulation effective 2003
- National standard for privacy and security of protected health information
- Sets a *floor* and states can have stricter laws
- **A couple of big issues:**
 - Misunderstanding of the law
 - Confusion over when law applies
 - Misplaced fear of liability

Family Educational Rights and Privacy Act (FERPA)

- Protects PII from education records
- Permitted disclosures without parental consent:

“Directory Information”

- School Officials
- “Studies”
- “Audits and Evaluations”
- Health and Safety emergencies among others.

Expanding the Use of Educational Records

- These final regulations allow FERPA-permitted entities to disclose PII from education records without consent to authorized representatives, which may include other state agencies, or to house data in a common state data system, such as a data warehouse administered by a central state authority for the purposes of conducting audits or evaluations of federal- or state-supported education programs

Does “the law” let me disclose? It depends...Creating a Framework

- *Why* do you want to share information?
- *What type* of information do you want to share?
- *Who* do you want to share it with?
- *Who decides* if you will share it?

Why Do You Want to Share Information?

- Identify a target population?
- Identify geographic areas of greatest impact?
- Evaluate program outcomes?
- Improve services at the point of intervention?
- Data Analytics?

What *types* of information?

- Information that does *not* identify individuals?
- Information that *does* identify individuals?
- Information that *might* identify a person?
- Health information?
- Housing status?
- Demographics?

A Cincinnati Example

Heroin Overdoses

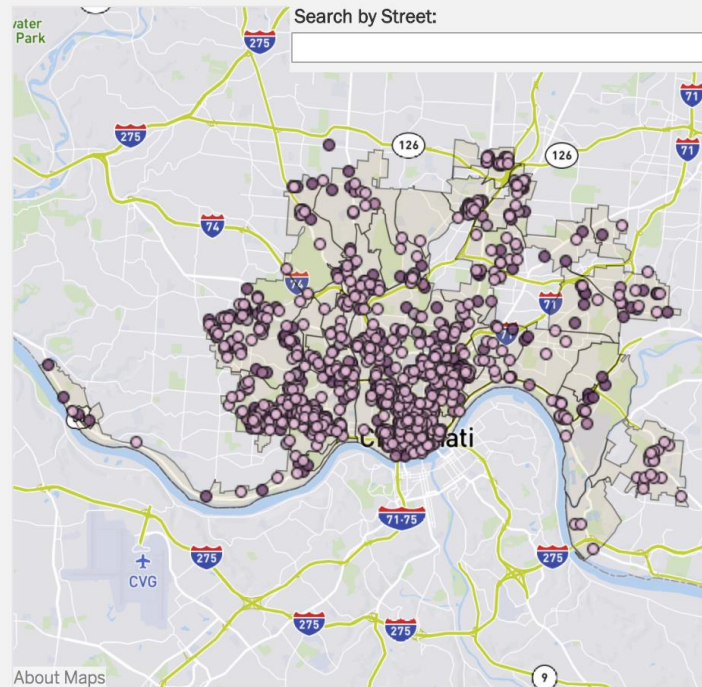
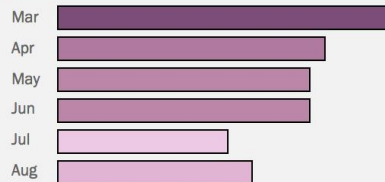
Total Heroin Overdoses:

1,063

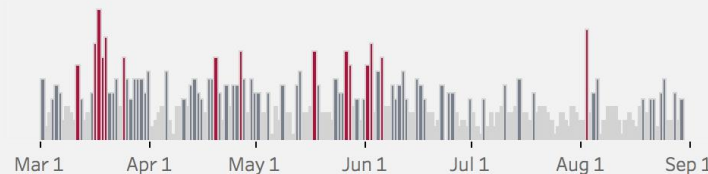
Number of Incidents per Neighborhood

AVONDALE	41
BOND HILL	11
CAMP WASHINGTON	37
CARTHAGE	28
CLIFTON	17
COLLEGE HILL	13
CORRYVILLE	13
CUF	25
DOWNTOWN	99
EAST END	11
EAST PRICE HILL	86
EAST WALNUT HILLS	5
ENGLISH WOODS	1
EVANSTON	9
HARTWELL	21
HYDE PARK	6
KENNEDY HEIGHTS	2

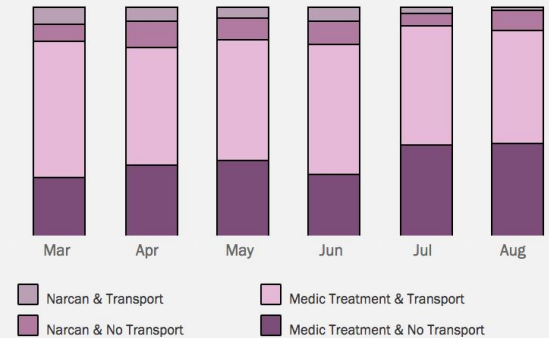
Number of Incidents by Month



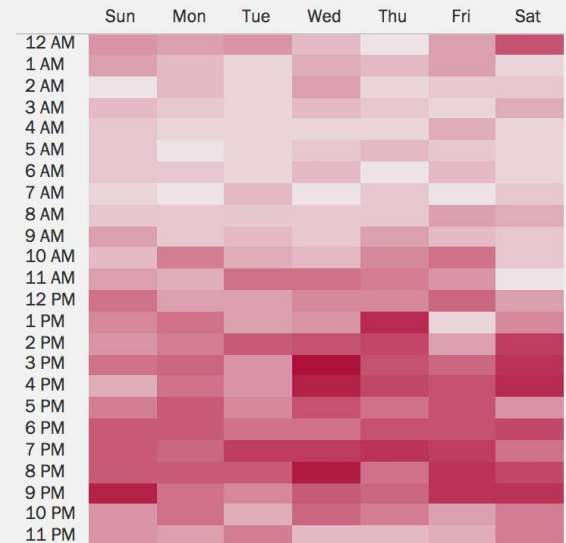
Number of Incidents by Day



Percentage of Total Medic Transports



Number of Incidents During the Day (by Hour)



Who Do You Want to Share it With?

- Law enforcement on the street?
- The jail?
- Probation officers?
- A community treatment provider?
- A hospital emergency department?
- A researcher?

HIPAA and Covered Entities

A Health Care Provider

This includes providers such as:

- Doctors
- Clinics
- Psychologists
- Dentists
- Chiropractors
- Nursing Homes
- Pharmacies

...but only if they transmit any information in an electronic form in connection with a transaction for which HHS has adopted a standard.

A Health Plan

This includes:

- Health insurance companies
- HMOs
- Company health plans
- Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans health care programs

A Health Care Clearinghouse

This includes entities that process nonstandard health information they receive from another entity into a standard (i.e., standard electronic format or data content)

Who *Isn't* A Covered Entity?

- Judges
- Police officers
- Probation officers
- Researchers/Program Evaluators
- The Jail?

HIPAA does *not* require consent for disclosures by covered entities that are

- Necessary to carry out treatment
- Payment, or
- Health care operations (administrative, financial, legal, and quality improvement activities of a covered entity necessary to run its business and support the core functions of treatment and payment)

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html>

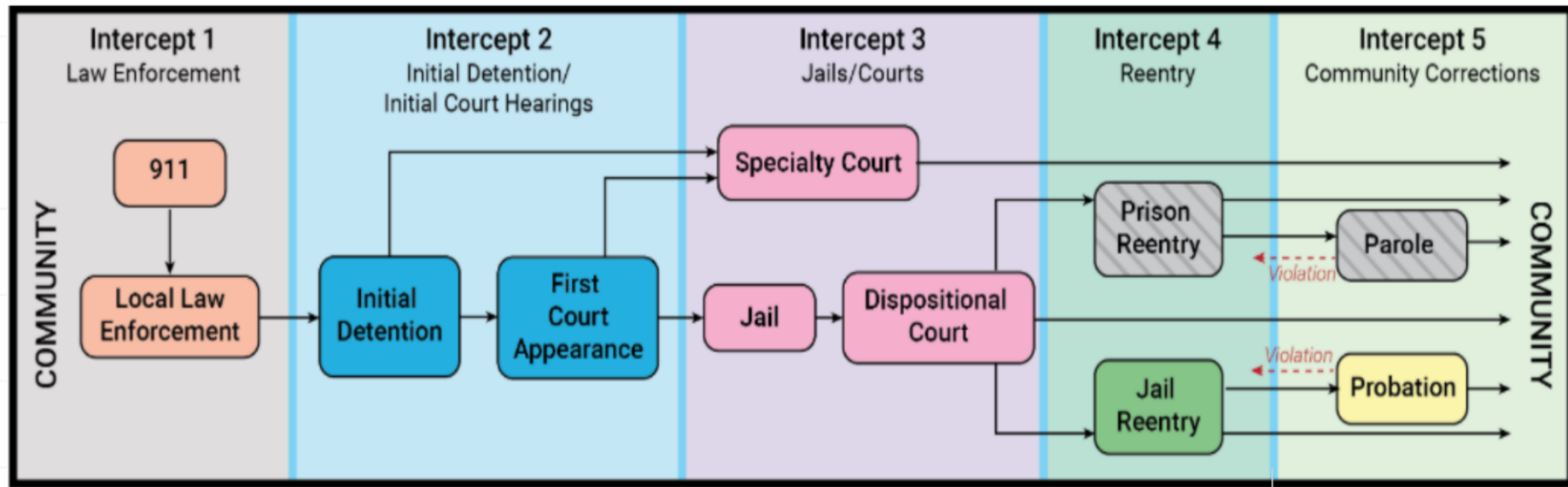
Another Note On Consent to Disclosures

- HIPAA provide for many unauthorized/unconsented disclosures
- 42 CFR Part 2 does not (but note revised rules for 42 CFR)
- FERPA requires parental consent
- State law may contain separate provisions
- What the law permits and what you decide to do may be two different things

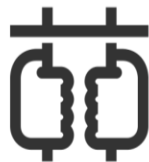
Who Decides to Share Information?

- Need a governance structure
- Requires MOUs, Data Use Agreements, Business Associate Agreements, Contracts and
- A good lawyer (there isn't any other kind...)
- A good resource on governance:
<https://www.aisp.upenn.edu/resources/aisp-innovation-expert-panel-reports/>

Sequential Intercept Model and Data Sharing



Can PHI go to law enforcement?



Can PHI go to the jail from treatment providers without consent?



How can judges address information sharing for people on specialty court dockets?

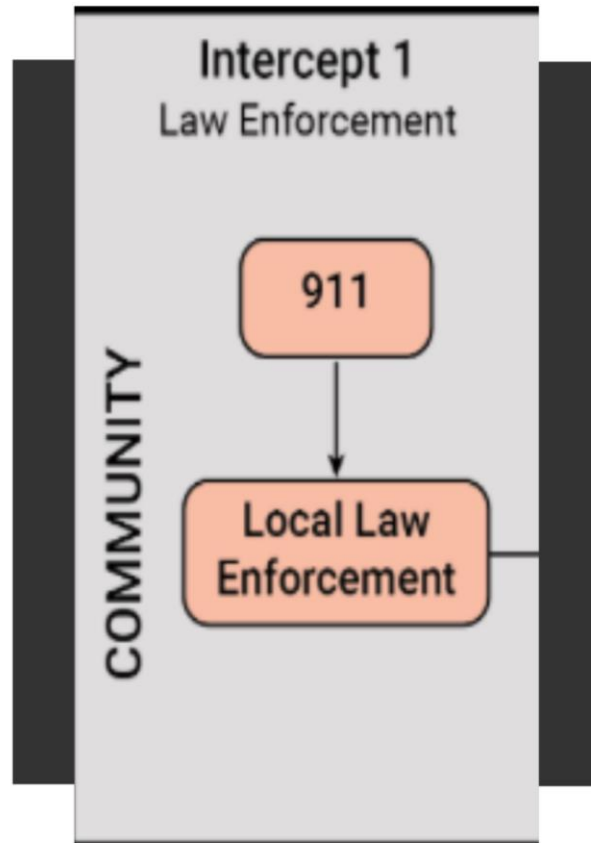


Can probation officers with specialty caseloads get info from mental health providers?



Can providers share information with each other?

Intercept 1: At Point of Intervention

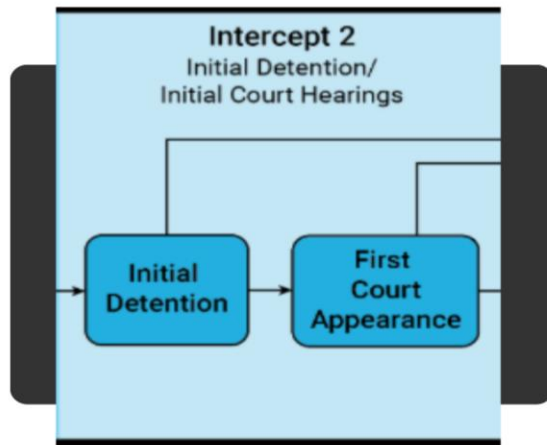


-Officer without MHP present
Yes, “to prevent or lessen a serious and imminent threat to health or safety” or under “care and control” of the officer

-Officer with MHP present
Yes, the MHP is a covered entity

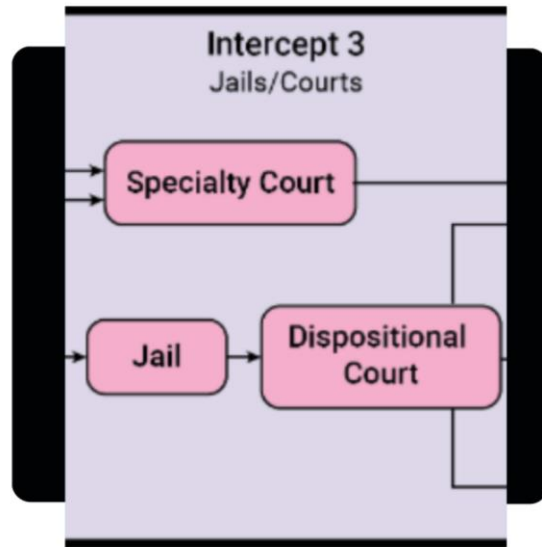
Intercept 2: In the Jail: May Treatment Provider Share PHI?

Yes, if for 1 of 4 purposes:



- Provide healthcare
- Ensure health and safety of inmates and others
- Protect transporting officer
- Promote law enforcement on premises
- For safety and security of correctional facility

Intercept 3: The Courts: Not Covered Entities!

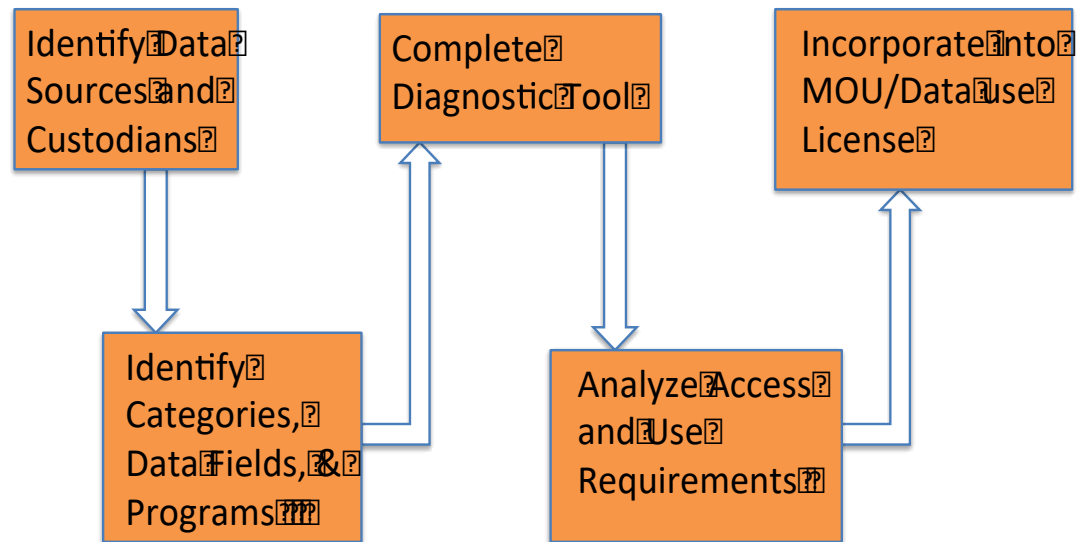


- Courts can compel production
- Courts can use waivers of confidentiality or standard language to facilitate continuity of care

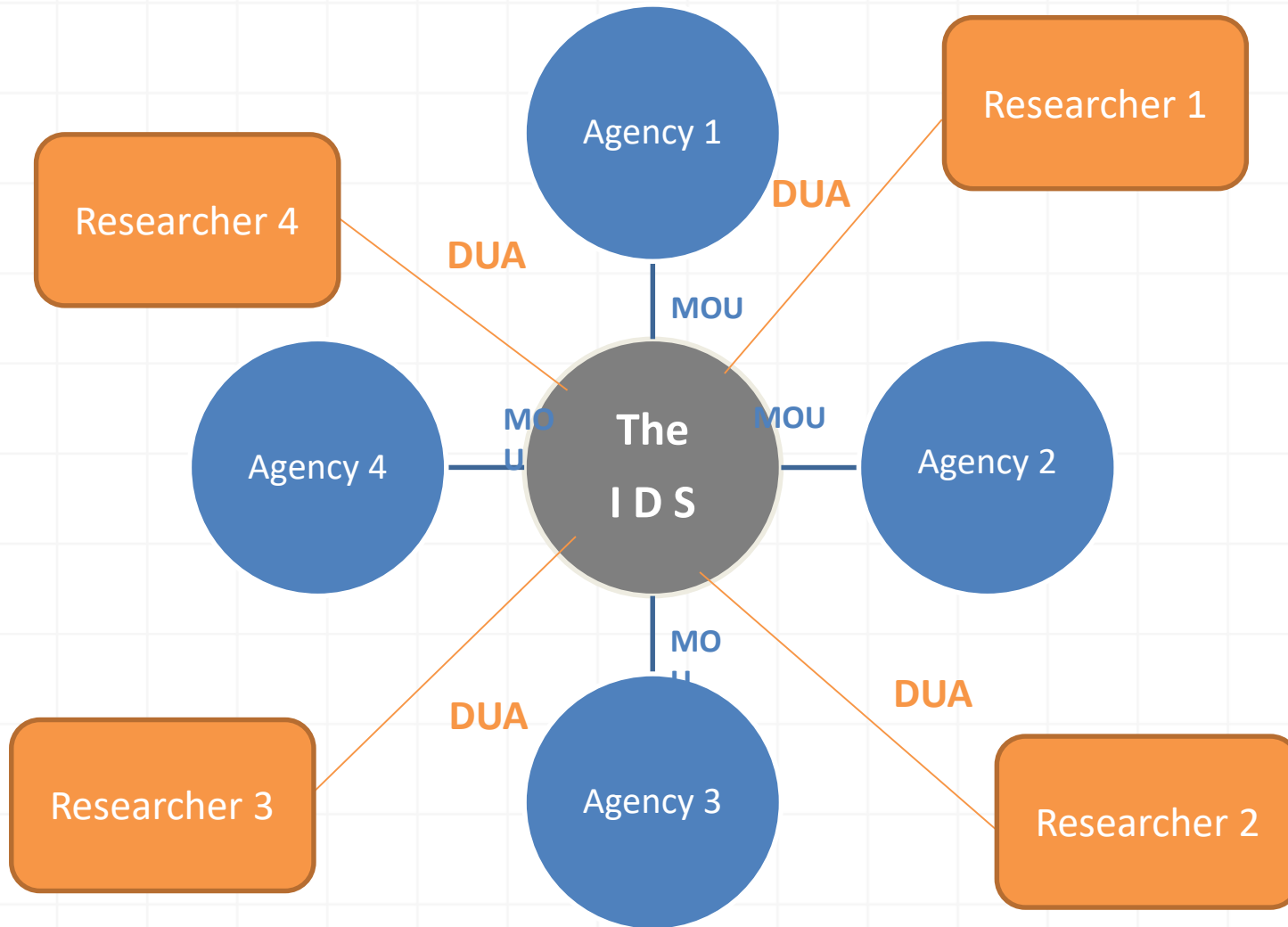
When Creating An MOU...



MOU Inventory Checklist



Model 1



Description of Model 1: Under this model, the IDS forms separate MOUS with each agency over time as needed. The IDS forms separate DUAs with each researcher over time as needed.

Knitting together the entire system:

Using identifiable data at point of service interventions

From Utilization/Cost and
Arrest Data From all of Dallas
County



To Target Population (High
Users of Jails and Hospitals)



Over 90 local
Hospital
Feeds



Connected
via
Contract
Agreement



Law Enforcement

Multidisciplinary
Response Teams

911 Call
Center



Community
Mental
Health
Providers



Health Data Analytics
Partner for Information
Integration



Hospital
Emergency
Departments



Approximately
71,000
Jail Bookings
Annually



Mental Health
Centers

Assertive Community Treatment
(ACT) and Forensic ACT Teams



Some Links for Reference

- <https://www.hhs.gov/hipaa/for-professionals/faq> (good resource for questions on HIPAA maintained by HHS/Office of Civil Rights)
- <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs> (FAQs for revised 42 CFR consent rules)
- <https://www.hhs.gov/hipaa/for-professionals/faq/2073/may-covered-entity-collect-use-disclose-criminal-data-under-hipaa.html> (HIPAA and law enforcement)
- https://www.bja.gov/Publications/CSG_CJMH_Info_Sharing.pdf (article by John Pettila and Hallie Fader—Towe on laws governing information sharing in CJ/MH collaborations)
- <https://www.aisp.upenn.edu/resources/aisp-innovation-expert-panel-reports/> (an LJAF funded project with toolkits on governance, legal issues and related matters)

TEXAS STATE
— of —
MIND

THE MEADOWS MENTAL HEALTH POLICY INSTITUTE



The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org



2018 NACo HEALTH & JUSTICE FORUM

JANUARY 17-19 | SHELBY COUNTY, TENNESSEE

FORUM ON THE INTERSECTIONS OF HEALTH & JUSTICE:
LINKING SYSTEMS AND IMPROVING OUTCOMES

