2018 NACo HEALTH & JUSTICE FORUM
JANUARY 17-19 | SHELBY COUNTY, TENNESSEE

FORUM ON THE INTERSECTIONS OF HEALTH & JUSTICE: LINKING SYSTEMS AND IMPROVING OUTCOMES
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.
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. Marshall Isaacs, MD
Medical Director
Dallas Fire-Rescue Depar

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

<table>
<thead>
<tr>
<th>IMPLEMENTATION ACTIVITIES AND TASKS</th>
<th>RESPONSIBLE PARTY</th>
<th>FUNDING OR RESOURCE</th>
<th>PROGRAM/OVERSEEN MEASURES</th>
<th>ESTIMATED IMPLEMENTATION TIMELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continuity of care planning w/ Jail</td>
<td>5 Caruth PT Officers, Adopt Comm. Solutions, Parkland Specialty Courts</td>
<td>County 1115 Medicaid Waiver</td>
<td># of cases opened by Pretrial Type of PT cases/bond conditions # connected to treatment</td>
<td>Care coordination with NTHIA providers (ongoing as of 6/12) Case load started 4/2013 with full implementation 6/11</td>
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<tr>
<td>2. Connection to treatment</td>
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<td>3. Medications at release</td>
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<td>4. Diversion Court enrollment</td>
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<tr>
<td>5. Secure common resources</td>
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<tr>
<td>6. Risk-driven/Prior Jail/ MHPR bonded conditions</td>
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<table>
<thead>
<tr>
<th>INITIAL DETENTION/HEARING/JAILS/COURTS (INTERCEPTS 2-4)</th>
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<tbody>
<tr>
<td>Just under one-fifth of the funding within the criminal justice system to:</td>
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<tr>
<td>Booking Process</td>
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<td>100% MH screening</td>
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<td>Communication of MH needs to Magistrate for assessment</td>
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<tr>
<td>Jail and Court Processes</td>
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<tr>
<td>Criminogenic risk &amp; clinical needs assessments for bond</td>
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<tr>
<td>Information sharing: Parkland Jail Health, County, and Providers</td>
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<tr>
<td>Bond Supervision</td>
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<td>Enhance pre-trial supervision for MH PR bond defendants</td>
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<table>
<thead>
<tr>
<th>RESOURCES, BOND SUPERVISION and Support Services</th>
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<tbody>
<tr>
<td>• Housing</td>
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<tr>
<td>• Treatment</td>
</tr>
<tr>
<td>• Transportation</td>
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<tr>
<td>• Basic living needs</td>
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<tr>
<td>• Employment/Income</td>
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<tr>
<td>• Targeted Meadowlands funding to Permanent Support Housing</td>
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<tr>
<td>CSP-funded Housing Navigator Meadowlands housing funds Comm. Providers Local agencies</td>
</tr>
</tbody>
</table>

| 1. Treatment service availability/programming | NTHIA | Meadowlands MHPR ($3,174) Adults 60+ Comm. Providers CSG Arnold Foundation (outcome evaluation contract) | # of cases supervised by Pretrial Type of PT cases/bond conditions # successful # of bond renews Case disposition results | |
| 2. Request for TMVCT/Fear/PT supervision | | | | |
| 3. Transition from PT status to CISO @ disposition for those admitted | Meadowlands/Parkland Adult/PT Staff | | | |

Diagram: Initial Detention/Hearing/Jails/Courts (Intercepts 2-4)
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
Engage The Media

Behavioral Health Community Forum

Thursday May 18, 2017 1:00-6:30 PM
Bloomington Center for the Performing Arts

Presented by the McLean County Board, Board of Health & Regional Office of Education, Advocate Sherman Hospital, OSF Healthcare, McLean Co. League of Women Voters & NAMI of Livingston/McLean Counties

NAMI Recognition & Keynote by John Fallon, Corp. for Supportive Housing 5:30-6:30 PM
Open to the Public-Free Admission-Click Here to Register

LIFE

Health department at 70: Still adapting

Realities of depression

SAVE 50% Today!
Get $20 in gift cards for $10
(Today's Deal)

Pantagraph.com/Today'sDeal
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
NACo Health & Justice Forum

John Petrila, 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

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVONDALE</td>
<td>41</td>
</tr>
<tr>
<td>BOND HILL</td>
<td>11</td>
</tr>
<tr>
<td>CAMP WASHINGTON</td>
<td>37</td>
</tr>
<tr>
<td>CARTAGE</td>
<td>28</td>
</tr>
<tr>
<td>CLIFTON</td>
<td>17</td>
</tr>
<tr>
<td>COLLEGE HILL</td>
<td>13</td>
</tr>
<tr>
<td>CORRYVILLE</td>
<td>13</td>
</tr>
<tr>
<td>CUF</td>
<td>25</td>
</tr>
<tr>
<td>DOWNTOWN</td>
<td>99</td>
</tr>
<tr>
<td>EAST END</td>
<td>11</td>
</tr>
<tr>
<td>EAST PRICE HILL</td>
<td>86</td>
</tr>
<tr>
<td>EAST WALNUT HILLS</td>
<td>5</td>
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<tr>
<td>ENGLISH WOODS</td>
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</tr>
<tr>
<td>EVANSTON</td>
<td>9</td>
</tr>
<tr>
<td>HARTWELL</td>
<td>21</td>
</tr>
<tr>
<td>HYDE PARK</td>
<td>6</td>
</tr>
<tr>
<td>KENNEDY HEIGHTS</td>
<td>2</td>
</tr>
</tbody>
</table>

Number of Incidents by Month

Mar
Apr
May
Jun
Jul
Aug

Number of Incidents by Day

Mar 1  Apr 1  May 1  Jun 1  Jul 1  Aug 1  Sep 1

Percentage of Total Medic Transports

Mar
Apr
May
Jun
Jul
Aug

Number of Incidents During the Day (by Hour)

Sun
Mon
Tue
Wed
Thu
Fri
Sat

12 AM
1 AM
2 AM
3 AM
4 AM
5 AM
6 AM
7 AM
8 AM
9 AM
10 AM
11 AM
12 PM
1 PM
2 PM
3 PM
4 PM
5 PM
6 PM
7 PM
8 PM
9 PM
10 PM
11 PM

MIND
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

1. Intercept 1: Law Enforcement
   - 911
   - Local Law Enforcement

2. Intercept 2: Initial Detention/Initial Court Hearings
   - Initial Detention
   - First Court Appearance

3. Intercept 3: Jails/Courts
   - Specialty Court
   - Dispositional Court

4. Intercept 4: Reentry
   - Prison Reentry
   - Parole

5. Intercept 5: Community Corrections
   - Jail Reentry
   - Probation

Questions:
1. Can PHI go to law enforcement?
2. Can PHI go to the jail from treatment providers without consent?
3. How can judges address information sharing for people on specialty court dockets?
4. Can probation officers with specialty caseloads get info from mental health providers?
5. 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

- Identify Data Sources and Custodians
- Complete Diagnostic Tool
- Incorporate into MOU/Data use License

- Identify Categories, Data Fields, & Programs
- Analyze Access and Use Requirements
Description of Model 1:
Under this model, the IDS forms separate MOUS with each agency over time as needed. The IDS forms separate DUAAs 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

- Over 90 local Hospital Feeds
- Community Mental Health Providers
- Approximately 71,000 Jail Bookings Annually

Connected via Contract Agreement

To Target Population (High Users of Jails and Hospitals)

- Law Enforcement
- Multidisciplinary Response Teams
- 911 Call Center
- Hospital Emergency Departments
- Mental Health Centers
- Assertive Community Treatment (ACT) and Forensic ACT Teams

Health Data Analytics Partner for Information Integration
Some Links for Reference

- [https://www.hhs.gov/hipaa/for-professionals/faq](https://www.hhs.gov/hipaa/for-professionals/faq) (good resource for questions on HIPAA maintained by HHS/Office of Civil Rights)


- [https://www.bja.gov/Publications/CSG_CJMH_Info_Sharing.pdf](https://www.bja.gov/Publications/CSG_CJMH_Info_Sharing.pdf) (article by John Petrila and Hallie Fader—Towe on laws governing information sharing in CJ/MH collaborations)

- [https://www.aisp.upenn.edu/resources/aisp-innovation-expert-panel-reports/](https://www.aisp.upenn.edu/resources/aisp-innovation-expert-panel-reports/) (an LJAF funded project with toolkits on governance, legal issues and related matters)
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
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