

# The Role of Criminal Justice Data and Behavioral Health Data in Whole Person Care

- Susan Bower, County of San Diego Health and Human Services Agency
- Jennie Simpson, Substance Abuse and Mental Health Services Administration (SAMHSA)

# Bridging Data Across Sectors: National Efforts of the Substance Abuse and Mental Health Services Administration

Jennie M. Simpson, Ph.D.  
Staff Lead, Criminal Justice  
Substance Abuse and Mental Health Services Administration  
(SAMHSA)  
U.S. Department of Health and Human Services

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# PRESENTATION OVERVIEW

- Overview of SAMHSA
  - Agency
  - Criminal Justice and Behavioral Health Portfolio
- Data Sharing Across Behavioral Health and Criminal Justice
  - Addressing Needs of Justice-Involved Individuals with Mental and Substance Use Disorders
  - Challenges: HIPAA and 42 CFR Part 2
- SAMHSA's National Efforts to Impact Local Systems
  - Principles of Community-Based Behavioral Health for Justice-Involved Individuals
  - Data Driven Justice
  - Data Driven Justice and Behavioral Health Design Institute
  - Strategic Plans from the Design Institute
  - Team Planning for Data-Driven Justice
  - Lessons Learned from SAMHSA's Efforts

# SAMHSA: A Public Health Agency in HHS

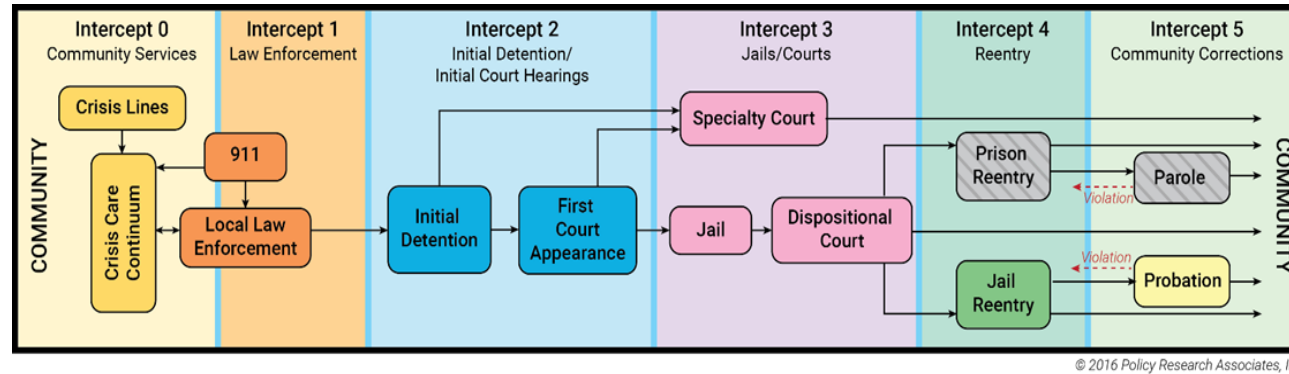
Mission: To reduce the impact of substance abuse and mental illness on America's communities.

Vision: SAMHSA provides leadership and devotes its resources towards helping the nation act on the knowledge that:

- Behavioral health is essential to health;
- Prevention works;
- Treatment is effective; and
- People recover.



# SAMHSA's Criminal Justice and Behavioral Health Portfolio: Grants



## Intercept Zero and One

Law Enforcement and Behavioral Health Partnerships for Early Diversion

## Intercept Three: Jails/Courts

- 17 Behavioral Health Treatment Court Collaboratives
- 160 Adult Drug Courts
- 18 Juvenile Drug Courts
- 13 Family Treatment Courts

## Intercept Four: Reentry

- 17 Offender Reentry Program Grants

# SAMHSA's Criminal Justice and Behavioral Health Portfolio: Policy Initiatives

- Increasing Workforce Capacity through Clinical Practice with Justice Involved Populations
- Reducing the Involvement of Individuals with Mental and Substance Use Disorders in Jails and Prisons
- *Focusing Resources on Individuals with High Utilization of Cross-Sector Services at the State and Local Level*
  - *Behavioral Health and Criminal Justice Focus*

# Addressing the Needs of Justice-Involved Individuals with High Cross-Sector Service Utilization

Intersection with priority population:

## Individuals with serious mental illness and substance use disorders

- 44.7 million adults aged 18 or older (18.3 percent) had a mental illness
  - **1 in 4 (23 percent) had a serious mental illness (SMI)**
- About a quarter of adults with SMI (25.4 percent, an estimated 2.6 million adults) have a substance use disorder and approximately one in six (16.1 percent) misused opioids in the past year
- More likely to have multiple chronic conditions and general health issues
- More likely to be involved with the criminal justice system
  - In 2016, among U.S. adults age 18 or older with SMI, 9.5 percent were on probation and 9.7 percent were on parole or supervised release. By comparison, 2.9 percent of the general U.S. adult population is currently under some form of criminal justice supervision
- SMI is common among people experiencing homelessness.
  - HUD: One in five (108,000) adults experiencing homelessness has an SMI

# Challenges to Information Sharing Between Behavioral Health and Criminal Justice

- Protected Health Information (PHI)
- Exchange between behavioral health providers and criminal justice professionals
  - At encounter with an individual in the field
  - Reentry of an individual to the community from jail or prison
  - Data sharing for decision making





# Information Sharing: HIPAA

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  - HHS Office of Civil Rights (OCR) has issued guidance and clarifying FAQs
  - FAQ published in 2016
- **Key question:** Does HIPAA permit a health care provider to share the PHI of an individual that may include criminal justice data with a law enforcement official who has the individual in custody and is looking to ensure the individual is seen by the proper treatment facility?
  - HIPAA does not limit the types of data that health care providers may seek or obtain for treatment services
  - Once a covered entity obtains criminal justice data about an individual it becomes PHI
  - A covered entity is permitted to disclose PHI in response to a request by a law enforcement official having lawful custody of an individual if the official represents that such PHI is needed to provide health care to the individual or for the health and safety of an individual

*Disclaimer: This information is not provided as legal guidance or counsel and may be obtained at <https://www.hhs.gov/hipaa/for-professionals/faq/2073/may-covered-entity-collect-use-disclose-criminal-data-under-hipaa.html>.*

# Information Sharing: 42 CFR Part 2

## 42 CFR Part 2: SAMHSA FAQ

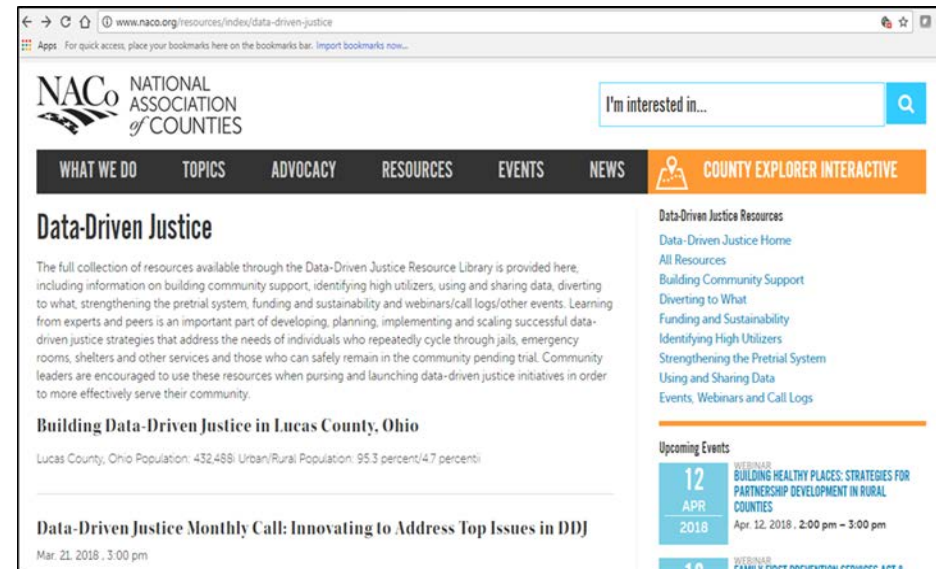
- **Notifications to law enforcement:** Law enforcement agencies can be notified if an immediate threat to the health or safety of an individual exists due to a crime on program premises or against program personnel. A Part 2 program is permitted to report the crime or attempted crime to a law enforcement agency or to seek its assistance [42 CFR §2.12(c)(5)]. Part 2 permits a program to disclose information regarding the circumstances of such incident, including the suspect's name, address, last known whereabouts, and status as a patient in the program.
- **Immediate threats to health or safety that do not involve medical emergencies or crimes on programs premises or against program personnel:** Part 2 programs and health care providers and HIOs who have received Part 2 patient information, can make reports to law enforcement about an immediate threat to the health or safety of an individual or the public *if patient-identifying information is not disclosed*. Immediate threats to health or safety that do not involve a medical emergency or crimes (e.g., a fire) are not addressed in the regulations. Programs should evaluate those circumstances individually.
- ***Disclaimer: This information is not provided as legal guidance or counsel and may be obtained at <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>.***

# SAMHSA'S Efforts to Impact Local Systems: Practice

- **Focus on improving clinical practice with justice-involved individuals**
- Development of *Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals*
  - Expert panel held in August 2017 to review document
  - Public comment to be open
- ***PRINCIPLE 2: Community providers collaborate with criminal justice professionals to improve public health, public safety, and individual behavioral health outcomes.***
  - *Collaboration between community providers and criminal justice professionals is essential for ensuring continuity of care and care coordination between transitions to and from incarceration as well as sustained treatment and supports. It includes sharing information, responsibility, and accountability.*

# SAMHSA'S Efforts to Impact Local Systems: DDJ

- **Data Driven Justice (DDJ)**
  - Initiative started in 2015
  - Partnership between National Association of Counties, Laura and John Arnold Foundation and American Psychiatric Association Foundation
  - Improve response to individuals who cycle between the justice system and behavioral health, emergency health and social service systems
- SAMHSA began participation in early 2016
- Consulting and subject matter expertise



# SAMHSA's Effort to Impact Local Systems: Policy Development and Technical Assistance

- Data Driven Justice and Behavioral Health Design Institute
  - Held September 2017
  - 13 teams from across the country selected through a competitive process
  - Team members: County executives from behavioral health, law enforcement, jail administration, hospital administration, homeless services and IT
- Institute Objectives:
  - Develop a strategic plan to collect, analyze and share data across systems
  - Enhance the technology literacy of team members
  - Develop the basic knowledge required to procure the information technology required to support a cross-sector data platform to identify and track individuals with complex health and social needs
  - Enhance cross-sector collaboration among community team members
  - Understand the legal frameworks and tools that support cross-system information sharing

# Data Driven Justice and Behavioral Health Design Institute

Consulting subject matter expert: Dr. James Dunford

- City of San Diego EMS Medical Director
- San Diego Serial Inebriate Program (SIP)
- Community paramedics



Technical Assistance Documents from NACo:

- *Team Planning for Data Driven Justice*
- *Building Data Driven Justice Case Studies*



# Strategic Plans from the Design Institute

- Dallas County, TX
  - Develop a Behavioral Health Leadership Team to lead information sharing efforts
- Lucas County, OH
  - Regional information system that allows for a unique identifier for individuals moving through systems
- Polk County, OH
  - Restructure Criminal Justice Coordinating Council to include homeless services, county hospital and county IT

# Team Planning for Data-Driven Justice

- Workbook from Design Institute available to all communities
- High-utilizer case studies and exercises
- Worksheets to assist in developing on action plan for identifying data integration goals
- Action plan template





# Lessons Learned from SAMHSA's Efforts

- Collaboration, communication and coordination
- Leadership and decision makers are critical for information sharing
  - Leadership buy-in, including elected city and county leadership
  - Leadership team
- Staff-level, cross-disciplinary teams make frontline information and data sharing possible
- Use data to identify gaps and needs in serving individuals with complex health, behavioral health, and social service needs
  - Establish data collection system and plan for implementation and sustainability
  - Opportunities to partner with universities to assist in data matching and analysis

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Jennie M. Simpson, Ph.D.

[Jennie.Simpson@samhsa.hhs.gov](mailto:Jennie.Simpson@samhsa.hhs.gov)

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)



# WHOLE PERSON WELLNESS: COORDINATING CARE AND LINKING DATA

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*Community Information Exchange Summit  
April 16, 2018*





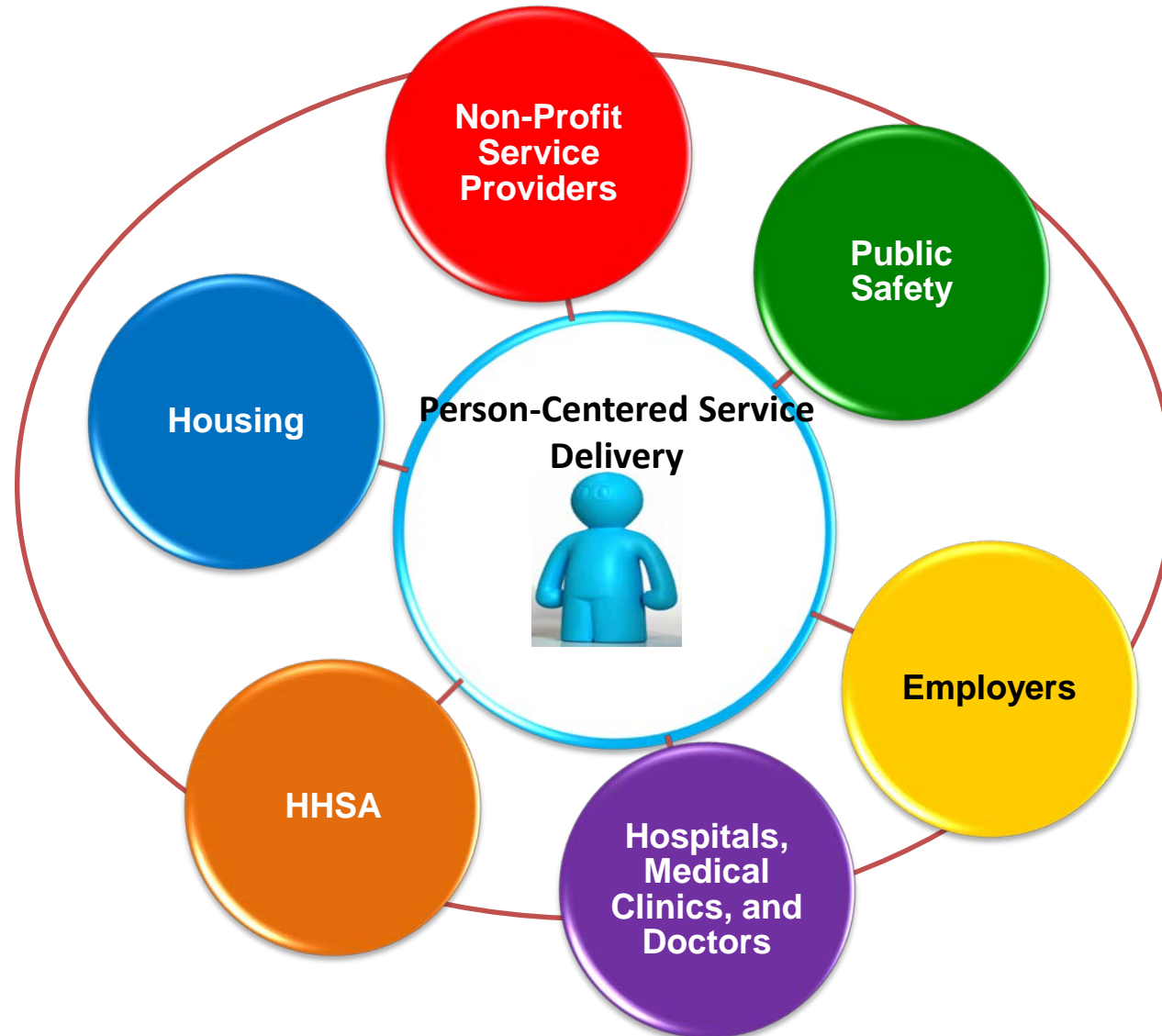
**LIVE WELL**  
SAN DIEGO

Building  
Better  
Health

Living  
Safely

Thriving

# Shifting from “Program-Centered” to “Person-Centered”



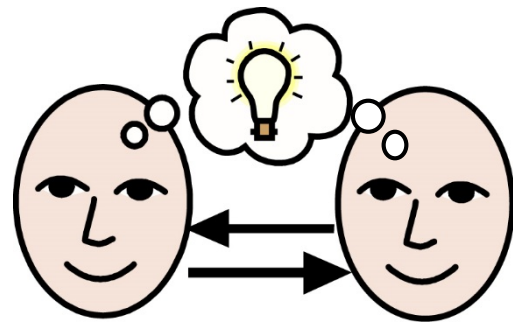


# INTEGRATION ACROSS HEALTH AND SAFETY

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# Shared goals



# Health and safety: working together

Stepping Up

Whole Person Wellness

Proposition 47

Tip the Scale



Data Driven Justice Initiative

Project One for All

Project In-Reach

Collaborative Courts

And More.....



# Common components

*Outreach and  
Engagement*

*Services*

*Housing*

*Performance  
Measurements*

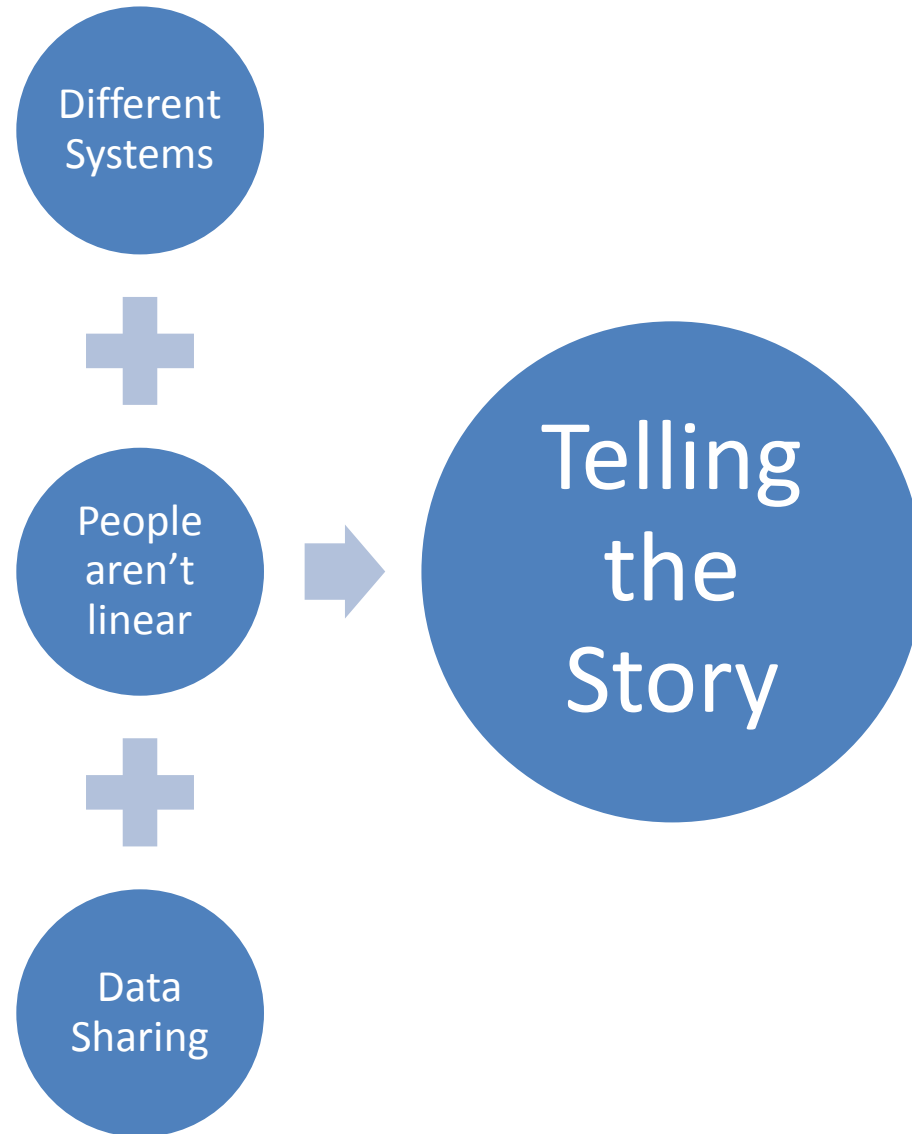


# LINKING DATA

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# data can be complicated



# Linking systems and sharing data

Release of Information

Role Based Authorizations

Use Aggregate to Evaluate

CREATIVITY!



# QUESTIONS?

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*Susan Bower, Assistant Director  
HHS Integrative Services*

