Strategic Information Sharing

Justice and Mental Health Collaboration Program Training Summit
Law Enforcement Grantees
September 18, 2015

CSG Justice Center
22 Cortlandt St, 22nd Floor
NY, NY 10007
What’s wrong with this statement?

The Health Information Privacy and Protection Act (HIPPA) allows a mental health care clinician to share the name of a current patient and the day and time of the most recent treatment with a law enforcement officer who needs the information to locate a suspect.

45 CFR 164.512(f)(2)

Health Insurance Portability and Accountability Act (HIPAA)
Your Information Strategy

• What do you need to know in order to make good decisions?
• Who has access to this information?
• How do your policies and procedures facilitate the appropriate collection, sharing, and use of information?
  • Do people know what they need to collect?
  • Do they know the legal frameworks that affect information collection, sharing, and use?
  • Do they have policies, processes, systems in place to help?
  • Do they have the training they need to do this well?
Diagnosing Common Barriers

- Collecting
- Sharing
- Using

- Knowledge
- Legal
- No process to capture data
- No system to transfer
Goal for JMHCP Grantees

Collaboration

Privacy
Your Panelists

Charles Dempsey, Detective III, Los Angeles Police Department (CA)

Jo Freedman, Mental Health Coordinator, Portland Police Department (ME)

Charles Lennon, Program Manager, Los Angeles County Dept. of Mental Health (CA)

Facilitator, Hallie Fader-Towe, Program Director, CSG Justice Center
Learning Objectives

By the end of today’s sessions, you will be able to:

• Recognize general policy goals of HIPAA and other federal privacy law

• Describe policies and procedures that law enforcement departments use to partner effectively with mental health care providers

• Identify policies, procedures, and forms to develop/bring into your own jurisdiction
Today’s Session

• Federal health privacy law

• Policies to facilitate appropriate information-sharing
  • Panel discussion with learning sites
  • Group discussions on taking it home
Relevant Sources of “Law”

**Federal Statutes and Regulations**
- Health: HIPAA/ 45 CFR 164
- Substance Use: 42 CFR Part 2
- Educational Records: Federal Educational Rights and Privacy Act (FERPA)

**State Statutes and Regulations**
- Information privacy
- Duty to report
- Duty to warn

**Professional standards and ethics**

**Local policies**

**Agency policies & procedures**

**Interpersonal relationships**
Analyzing Information Sharing Legal Situations

• What is the information?

• Who has the information?

• Who are you planning to share the information with? What does that person want to do with the information?
Health Information

HIPAA/ 45 CFR 164

- Facilitate access while protecting privacy
- Individual right of access

What does it cover? Protected health information ("PHI")

Whom does it apply to? Applies to "covered entities"

What sort of permission do you need to share? Depends on the circumstance:
- Consent
- Authorization
- Opportunity to agree or object

How do you work with others? Work with others through "business associate agreements"
HIPAA includes CJ-specific provisions

HIPAA provides a number of circumstances where information can be shared without consent for security purposes (45 CFR sec. 164.512 (f) and (k)(5))

- Under (f): to assist law enforcement, e.g.,
  - When there is a state law duty to report
  - In response to subpoenas, etc.
  - “for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person” (but not ALL information)

- Under (k)(5): Correctional institutions and other law enforcement custodial situations
  - For health and safety of individual, other inmates, officers

Check your handout from HHS!
Their website has lots of practical guidance.
# Substance Use Information

## 42 CFR Part 2

- **Encourage treatment by protecting privacy**

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<td><strong>What does it cover?</strong></td>
<td>Substance use treatment information</td>
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<td><strong>Whom does it apply to?</strong></td>
<td>Applies to “federally assisted” “programs”</td>
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<td><strong>What sort of permission do you need to share?</strong></td>
<td>Written consent (requirements specified in regulations)</td>
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<tr>
<td><strong>How do you work with others?</strong></td>
<td>Work with others through “qualified service organization agreements”</td>
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CJ-Specific Provisions?

Medical emergencies or crime on premises
Your packets include examples from the learning sites.

Authorization from Portland, ME

MOU/BAA/QSA template

* Make sure to have an attorney in your state check to make sure your own materials site applicable state law*

Authorizations, consents

Court orders

MOUs, BAAs, QSAs
Today’s Session

• Understanding federal health privacy law

• Policies to facilitate appropriate information-sharing
  • Panel discussion with learning sites
  • Group discussions on taking it home
Programmatic Approaches to Information Sharing

http://csgjusticecenter.org/mental-health/learning-sites/
Detective Support and Vice Division
Crisis Response Support Section

Lieutenant II Brian Bixler
Mental Illness Project Coordinator
Los Angeles County Department of Mental Health
Emergency Outreach Bureau

Chuck Lennon, LCSW
Law Enforcement / Mental Health Program Head
Crisis Response Support Section

ORGANIZATIONAL CHART

Officer-in-Charge

Mental Evaluation Unit (MEU)

- Triage Desk – Incident Tracking System
- System-wide Mental Assessment Response Team – co-responder model (SMART)
- Case Assessment Management Program (CAMP) – co-responder model – intensive case management
- Admin-Training Detail training and in-service education

Threat Management Unit (TMU)
Mental Evaluation Unit (MEU)

The collaboration begins with a team approach
# FDR / INCIDENT TRACKING

**MEU: By Area**

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Total:
- WIC: 696
- AMB/INJ: 341
Information Sharing and Safeguarding Requires Shared Risk Management

- “Sharing and safeguarding are not **mutually exclusive**. Policies, practices, and methods for information sharing and safeguarding can enable appropriate confidentiality while increasing transparency.”

- ‘In order to build and sustain the trust required to share with one another, we must work together to identify and collectively reduce risk, **rather than avoiding information loss by not sharing at all.**”

- “To realize the benefits of sharing information, stakeholders mitigate and manage risk by taking appropriate measures to **build trust in the processes** that safeguard information from compromise.”

- “As the mission imperative for sharing increases, so too does the need to improve interoperable safeguarding techniques.”
You must know the laws and how they apply to your organization and you as an individual:

- **HIPAA**: Consent for Services (release)
- **FERPA**: State and local education laws
- **CORI**: State and local laws (discovery)
- **Codes of Ethics**: Licensure and certification
- **Policies and Procedures**: Agency or organization
- **Employment Laws**: ADA
- **Organizational Firewalls**: right to know and need to know
Memorandums of Agreement (MOA)

• “...developing interagency information sharing agreements is often a critical step in the success of cross-agency collaboration. Unfortunately, this step is often protracted as agencies attempt to determine mutually agreeable requirements and restrictions related to information access, handling, and use based on differing missions, requirements, restrictions, and authorities. Creating a template, based on common legal and policy compliance requirements would streamline the process, facilitate issue resolution, and enhance partnerships”
Community Involvement

- Los Angeles Police Department and the Los Angeles County Department of Mental Health Services for the Quarterly Mental Health Crisis Response Program Advisory Board

- National Alliance on Mental Illness

- Autism Society of Los Angeles

- Los Angeles County Department of Mental Health System Leadership Team (DHS, HASC, DA, PD, DCFS, Probation, LAPD, and Community Members) Community-based meets monthly

- Los Angeles Threat Assessment Response Team (LA-TARP) School-based meets monthly

- LAPD / DMH periodic meetings with hospital and community based providers to problem solve – accessibility and familiarity are the key
Do you need a translator?

Interdisciplinary linguistics and competence can be the difference between a good and/or negative outcome when engaging or attempting to engage in information sharing........

What does that mean?
Portland Police Department

Jo Freedman
Mental Health Coordinator
Behavioral Health Unit

• Mental health coordinator

• Mental health police liaison
  – Clinician with Opportunity Alliance, full time
  – Clinician with Sweetser, one shift a week

• Internship program
  – Currently we have three masters level students approximately 16 hours a week, who commit to a year as co-responders with our department.
Information Sharing

• MOU and BAA agreements with agencies for ability to share information regarding overlapping clients

• Internship agreements for information sharing in regards to confidentiality of law enforcement information, as well as sharing information with agencies

• Protocol includes information dependent upon relevancy to do the job necessary for continuance of care
Universal Release

• For clients in chronic crisis situations, continuance of care includes multi-agency services.

• Release created has to be signed by a client,
  – allowing information sharing between agencies to create crisis plans
  – Information shared relevant only to the current case

• This release allows for consistency within the community agencies of law enforcement and mental health (shelter, hospital, police department, case worker, therapist, etc.)
Challenges

• There are ethical dilemmas regarding crisis issues that may be substantial and not imminent; that are high risk but not necessarily reach the level of duty to warn

• The gaps of times between when a situation arises in which one will not or cannot sign a universal release

• Over utilization of the system,
  – both law enforcement and mental health are attempting to provide services and pro active response and intervention to those resistant to support
Overcoming challenges

• Persistence
• Creativity

• Communication: sharing information when we can and with what information we are able to share

• Build relationships between agencies, education and awareness of each agencies limitations

• Collaboration whenever and wherever possible:

  • Meetings, hypothetical situations, redefining expectations to realistic outcomes, involving multiple agencies whenever possible to limit risk and liability

  • Community crisis providers monthly meeting and emergency meetings when necessary
• At an interagency level, what sort of agreements do you have in place between law enforcement and mental health providers? Which components of these agreements do you think are most important?

Template & Example from Portland, ME

MEMORANDUM OF AGREEMENT

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
AND
LOS ANGELES POLICE DEPARTMENT

PARTNERSHIP IN CONTINUING THE
MENTAL EVALUATION UNIT

This Memorandum of Agreement (MOA) is entered into by the Los Angeles County Department of Mental Health (DMH) and the Los Angeles Police Department (LAPD) for the purpose of continuing the co-deployed operation of the Mental Evaluation Unit (MEU), which consists of the Systematic Mental Assessment Response Team (SMART), the Case Assessment Management Program (CAMP), and the Triage Deck.

I. LIFE OF THIS AGREEMENT

This agreement shall be effective on the date of the last signature of the executing parties, and shall terminate upon mutual agreement between the DMH and LAPD. The life of this agreement is also subject to Section 6 of this MOA.

II. AUTHORITY

The foundation of this agreement is established pursuant to the written communication between DMH and the LAPD on June 27, 1992.

III. PURPOSE OF THIS AGREEMENT

This agreement revises the MOA of May 1, 2004, and establishes DMH and LAPD responsibilities to ensure the continued functionality of the MEU organization in the City of Los Angeles. This MOA integrates transportation, equipment, logistical and supply obligations, as well as operational protocols.

IV. NAME OF JOINT OPERATION

The name of the joint operation is the MEU, which is comprised of the SMART, CAMP, and Triage Deck.

V. MISSION OF THE OPERATION

The purpose of the MEU is to aid LAPD field officers in handling calls for service involving persons suffering from a mental health crisis. SMART and CAMP make use of co-deployed DMH and LAPD teams and serve as secondary responders on all calls for service. The DMH does not deploy its personnel to the MEU to engage in mental illness and homelessness outreach measures, to support other
Policies, Procedures, and Paper that Help

- From a call coming in through disposition of a case, what sort of paperwork is involved? Who fills it in? Who receives a copy? What is in paper form? Electronic form?

Examples from LAPD
What sort of training and manuals are in place so that officers and mental health clinicians know how to share information appropriately?
With Your Team: Taking It Home

- From call through case disposition, where do you see opportunities to improve your collection, sharing, and use of information?

- What policies, processes, and paper did you see today that you want to bring home?

- What will be your first steps when you get home to apply what you learned today?
Thank You

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www.csgjusticecenter.org/subscribe