



# **Strategic Information Sharing**

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

**CSG Justice Center  
22 Cortlandt St, 22<sup>nd</sup> Floor  
NY, NY 10007**

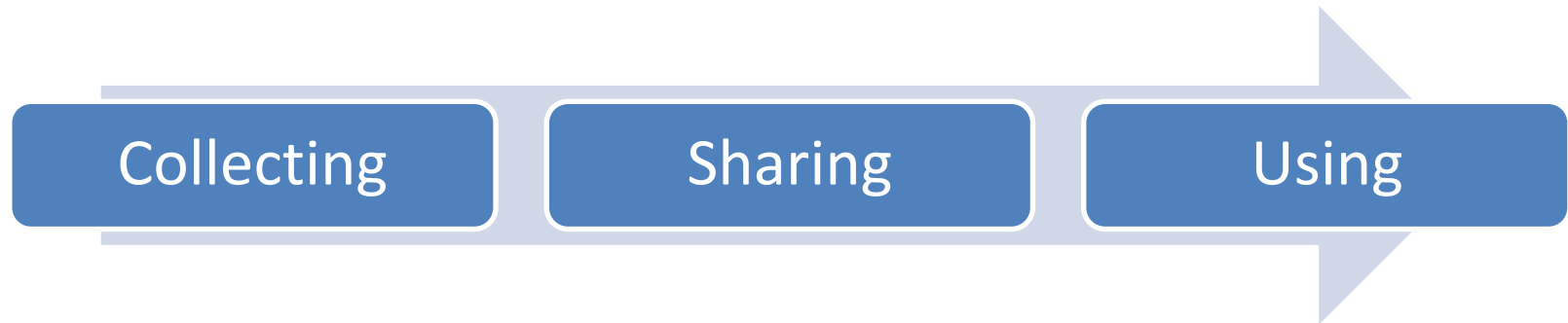
# What's wrong with this statement?

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

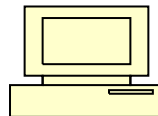
Using



Knowledge



Legal

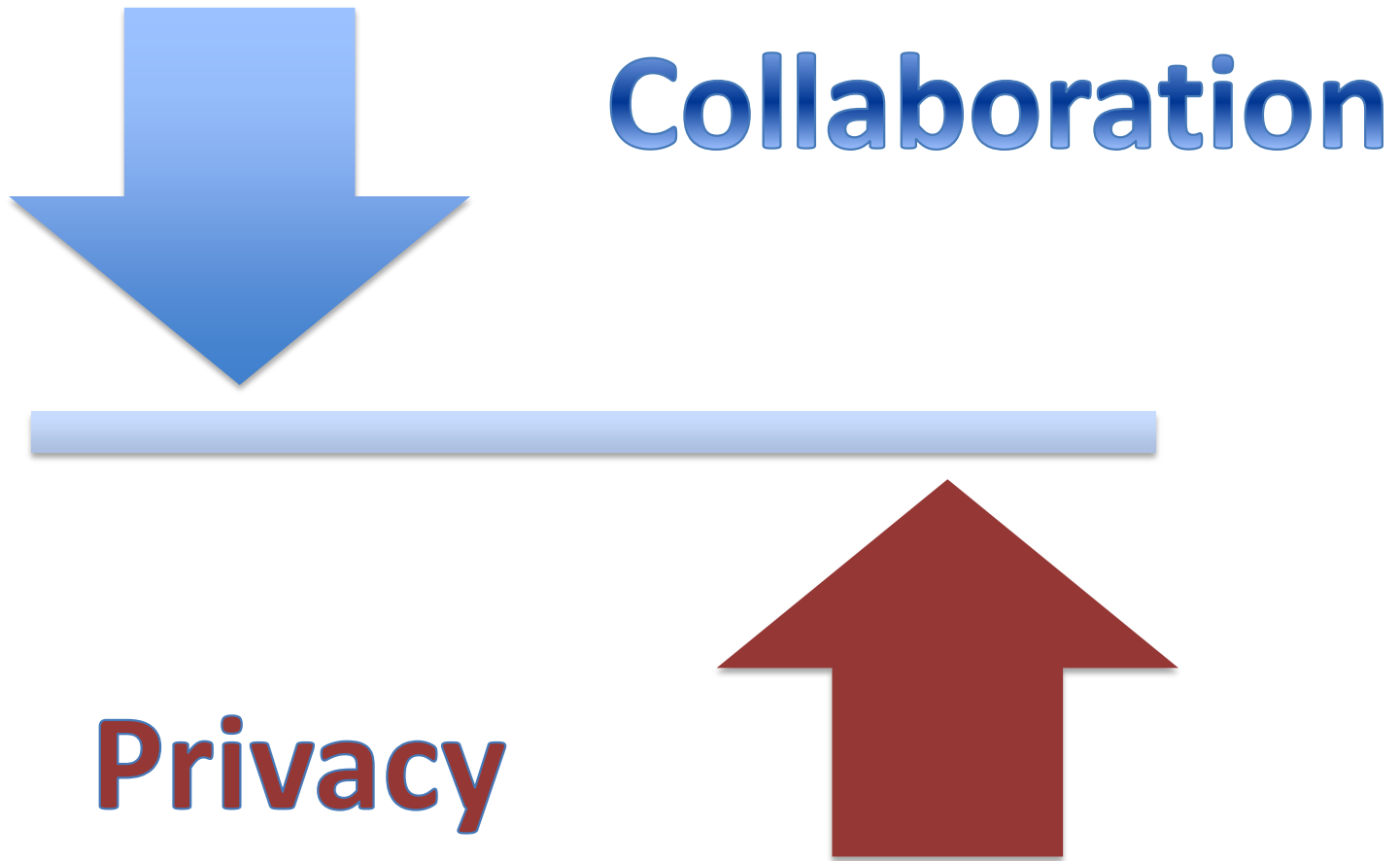


No process to capture data



No system to transfer

# Goal for JMHCP Grantees



# 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

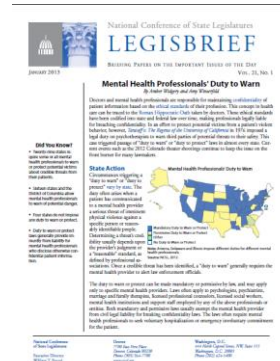
- Information privacy
- Duty to report
- Duty to warn

## 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

*What does it cover?*

Substance use treatment information

*Whom does it apply to?*

Applies to “federally assisted”  
“programs”

*What sort of permission  
do you need to share ?*

Written consent (requirements  
specified in regulations)

*How do you work with  
others?*

Work with others through “**qualified  
service organization agreements**”

# CJ-Specific Provisions?

**Medical emergencies or crime on premises**



# Today's Session

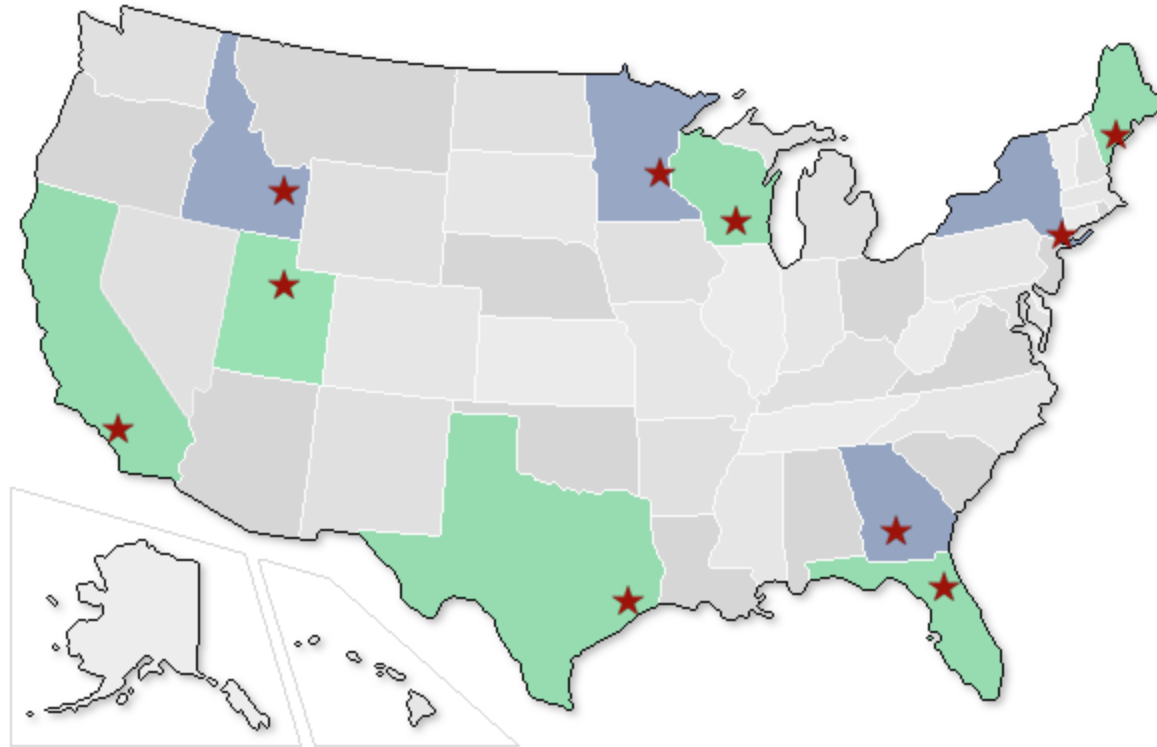
- **Understanding federal health privacy law**



- **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

Incident Reporting Control System (v 2.07)

: MEU: By Area

30036 Logout

- Home
- AFDR
- CAD Summary
- Prohibited Possessor
- FWS
- FI
- Latent Prints
- MEU
- Search
- Log
- Stats
- By Area
- Multiple
- Wait Time
- Map
- RSDA
- Admin

Active Users: 188

From  Bureau  Rpt.Type :

To  Area

Search

Division	Inquiries	5150 WIC	5150 Amb/Inj	5585 WIC	5585 Amb/Inj	Conrep	Info Only	Tarasoff	A-T	Total Rpts
[N/A]	0	1	3	0	0	0	0	4	2	10
N/A - Jail	16	0	0	0	0	0	0	0	0	0
N/A - Other	29	0	0	0	0	0	0	0	0	0
N/A - Outside	29	0	0	0	0	0	0	0	0	0
01 - CENT	442	87	21	0	1	0	28	0	0	137
02 - RAMP	196	32	11	1	0	0	12	0	0	56
03 - SW	344	43	19	5	0	0	31	0	0	98
04 - HOBK	131	14	6	4	0	0	8	1	0	33
05 - HARB	145	16	13	1	2	0	13	0	0	45
06 - HWD	246	37	18	3	0	0	21	0	0	79
07 - WIL	264	34	10	0	0	0	13	0	0	57
08 - WLA	292	19	18	2	1	0	15	0	0	55
09 - VNY	236	26	20	8	0	0	31	0	0	85
10 - WVAL	183	27	12	2	1	0	22	1	0	65
11 - NE	124	26	13	1	1	0	13	0	0	54
12 - 77TH	255	37	19	4	3	0	28	0	0	91
13 - NEWT	143	37	3	4	1	0	14	0	0	59
14 - PAC	358	28	17	4	0	0	152	0	0	201
15 - NHWD	127	22	15	2	2	0	16	0	0	57
16 - FTHL	148	16	12	4	3	0	24	3	0	62
17 - DEV	158	19	18	5	0	0	9	0	0	51
18 - SE	165	38	12	2	0	0	15	0	0	67
19 - MISN	191	23	17	6	3	0	24	5	0	78
20 - OLYM	151	29	15	3	1	0	15	0	0	63
21 - TOP	155	23	29	1	1	0	14	0	0	68
33 - DSVD	354	0	0	0	0	0	0	0	0	0
83 - PSB	6	0	0	0	0	0	0	0	0	0
85 - FID	6	0	0	0	0	0	0	0	0	0
Total for (28 rec)	4,894	634	321	62	20	0	522	12	0	1,571

Bureau	Inquiries	5150/5585	Info	Total Rpts
{Other}	86	4	4	8
CB	1036	263	75	338
DB	354	0	0	0
SB	909	214	87	301
VB	1198	317	140	457
WB	1311	239	216	455
Total for (6 rec)	1,037	522		1,559

## 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.”

# Addressing Privacy Concerns

**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, Maine



Yes. Life's good here.

Portland Police Department

# 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

# Policies, Procedures, and Paper that Help

- 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  
BETWEEN THE  
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
AND  
LOS ANGELES POLICE DEPARTMENT  
FOR  
PARTNERSHIP IN CONTINUING THE  
MENTAL EVALUATION UNIT**

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

**I. LIFE OF THIS AGREEMENT**

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

**II. AUTHORITY**

The foundation of this agreement is established pursuant to the written communication between DMH and the LAPD on July 27, 1993.

**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 establishes 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 the command that comprises the SMART, CAMP and Triage Desk.

**V. MISSION OF THE OPERATION**

The purpose of the MEU is to aid LAPD field patrol officers in handling calls for service involving persons suffering from a mental health crisis. The 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 homeless outreach missions, to support other law

1

  
DATE: July 1, 2014      Next Revision Due: July 1, 2015

**The Opportunity Alliance Crisis Service Police Liaison  
Memorandum of Understanding between  
The Opportunity Alliance Crisis Services and The Portland Police Department**

In a joint effort of The Opportunity Alliance (TOA) and The Portland Police Department (PPD), we have created this Memorandum of Understanding to promote the effective utilization of the TOA Crisis Service Police Liaison Service. The Crisis Police Liaison position at TOA was developed to strengthen the partnership between police and mental health services in order to better serve our community and people experiencing a mental health crisis.

The shared goal of TOA and PPD in creating this MOU is to produce the following results in support of the Crisis Police Liaison position:

- Effective collaboration between TOA and PPD
- Coordinated and regular communication across the program and administrative systems of PPD and TOA
- Shared accountability for supporting the work of the Crisis Police Liaison
- Continuous quality improvement strategies to promote meeting identified service outcomes
- Promotion of the best practice models that support the work of police officers, mental health providers, and the community.

**Roles and Responsibilities**


- The role of TOA Crisis Police Liaison (CPL) is to support police in their efforts to stabilize individuals experiencing a mental health crisis by providing crisis assessment and intervention planning, risk determination for harm to self or other, and general mental health consultation.
- The role of the TOA Crisis Director is to provide staff development, administrative oversight, and clinical supervision of the CPL. The Crisis Director is also responsible collaborate closely with the PPD Mental Health Coordinator to effectively manage the service to support the stated goal and results of this MOU.
- The role of the PPD Mental Health Coordinator is to work collaboratively with TOA Crisis Director and to provide on-site direction and support as necessary for the Crisis Police Liaison.
- The role of TOA Chief Program Officer and Vice President of Recovery and Community Inclusion services is to be responsible to regularly monitor adherence to MOU expectations and support progress toward the MOU goal and results.

1

# 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



**LOS ANGELES POLICE DEPARTMENT**  
Mental Evaluation Unit  
**911 Checklist**

**If your family member is in crisis and is a danger to themselves or others,**  
**Call 911**

Hold this list in your hand when you call 911, so you can read from it.

Give the dispatcher the following information:

- ☐ **Your name**
- ☐ **Address** to which the police should respond
- ☐ **Nature of the crisis** (Why you need the police)
- ☐ **Prior or current violent behavior**
- ☐ **Weapons or access to weapons**
- ☐ **Name of your family member in crisis**
- ☐ **Age of family member**
- ☐ **Height & weight of family member**
- ☐ **Clothing description of family member**
- ☐ **CURRENT location of family member**
- ☐ **Diagnosis** (Mental Health and/or Medical)
- ☐ **Current medications** (On or Off?)
- ☐ **Drug use** (current or past)
- ☐ **Triggers** (what upsets them?)
- ☐ **State what has helped in previous police contacts**
- ☐ **Identify other persons in the residence or at the location**

**IMPORTANT:** You are asking a stranger to come into your home to resolve a crisis. They will only have the information that you provide to them. It is a good practice to gather as much of this information as possible before a crisis occurs.

**THE POLICE RESPONSE:**  
*What to expect...*  
*Who will respond to your crisis?*

- The 911 operator will dispatch uniformed patrol officers to your location.
- Officers will detain your family member, which **will include handcuffing** and is for the safety of everyone, including your family member.
- Officers will conduct a preliminary investigation to determine whether a crime occurred.
- Officers will conduct a preliminary mental health investigation to determine whether your family member is a danger to self, danger to other(s), or gravely disabled due to a mental illness (CA WIC §5150).
- Your statements and historical information are an important part of the mental health investigation (CA WIC §5150.05).
- Officers will inquire about any **firearms or other deadly weapons**, and in most cases will seize them for safe-keeping (pursuant to CA WIC §8102).
- Officers will notify the Mental Evaluation Unit and a SMART unit (officer & clinician) will be dispatched if available.
- If your family member is an adult, the officers and/or the SMART Unit cannot disclose information about him/her due to medical records-related privacy laws.

**NON-EMERGENCY**  
Los Angeles County  
Department of Mental Health  
ACCESS – (1-800) 854-7771

OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 9 August 15, 2013

**SUBJECT:** INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM MENTAL ILLNESS - FIELD NOTEBOOK DIVIDER, FORM 18.47.00 - REVISED; AND, RADIO CALL DISPOSITION CODE "ARN" - ACTIVATED

**PURPOSE:** A recent audit by Internal Audits and Inspections Division revealed that the correct Mobile Data Computer disposition codes were not being properly utilized to document the disposition of dispatched radio calls involving persons suspected of mental illness. To assist officers in utilizing the correct disposition codes, a list of the codes have been added to the Incidents Involving Persons Suspected of Suffering from Mental Illness - Field Notebook Divider, Form 18.47.00. This Order also activates mental illness incident disposition code "ARN" - Arrest, No Indication of Mental Illness. All other mental illness disposition codes and procedures outlined in Operations Order No. 4, dated May 16, 2007 entitled, *Incident Disposition Codes for Incidents Involving Persons Suspected of Mental Illness - Revised*, will remain valid. The Department has ensured that all of the codes are compatible with the Mobile Data Computers.

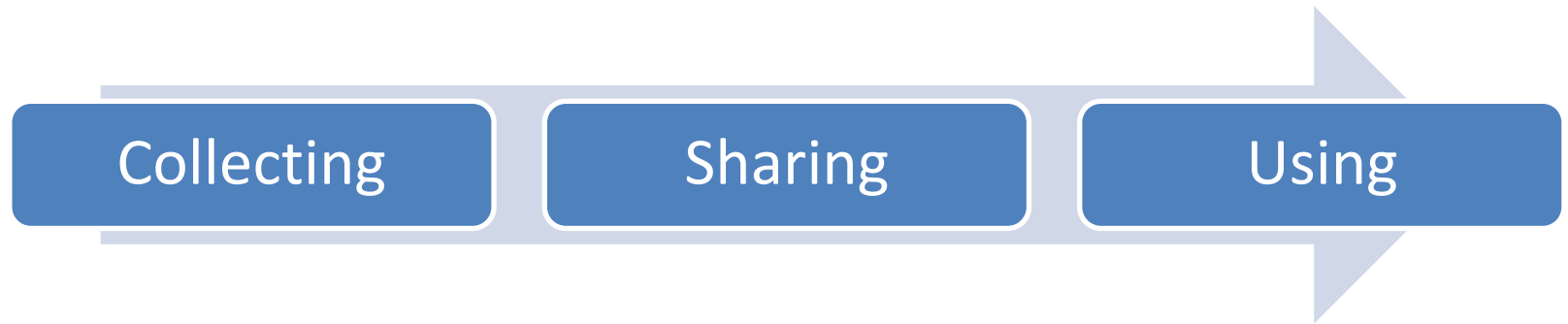
**PROCEDURE:**

- ACTIVATION OF NEW MENTAL ILLNESS DISPOSITION CODE.** After arresting the suspect and making a determination that there was no indication of mental illness, officers must use the new disposition code:
  - ARN - Arrest, No Indication of Mental Illness.**  
**Example:** A call is dispatched as a "918M - Male with mental illness wandering in and out of traffic." Upon investigation, officers determine that the subject does not suffer from mental illness and does not meet the criteria for a §150 Welfare and Institutions Code (WIC) hold. However, while officers are conducting their investigation a victim arrives to the scene and alleges that the subject is responsible for a robbery. The officers determine that probable cause exists for the crime and arrest the subject. In this instance the officers must use "ARN" to clear the incident.
- INCIDENTS INVOLVING PERSONS SUSPECTED OF SUFFERING FROM MENTAL ILLNESS - FIELD NOTEBOOK DIVIDER, FORM 18.47.00 - REVISED.** The notebook divider has been revised. The following radio call disposition codes are now listed:

# Policies, Procedures, and Paper that Help

- 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

Join our distribution list to receive  
CSG Justice Center project updates!

[www.csgjusticecenter.org/subscribe](http://www.csgjusticecenter.org/subscribe)



*The presentation was developed by members of the Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of the Justice Center, the members of the Council of State Governments, or the funding agency supporting the work. Citations available for statistics presented in preceding slides available on CSG Justice Center web site.*