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# Board of Supervisors Memorandum

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May 14, 2013

**Justice-Health Collaboration Service Implementation Pilot Project  
Acceptance of SEARCH Grant**

Introduction

Pima County is responsible for the medical, dental and behavioral health needs of individuals charged with a crime, in the custody of the Pima County Sheriff and housed at the Pima County Adult Detention Complex (PCADC). The County has contracted with Conmed Healthcare Management, Inc. (Conmed) to provide these services. Critical to the provision of mandated healthcare in PCADC and the efficiency of the criminal justice proceedings is access by authorized health providers and court officials to current, accurate health and criminal justice information such as criminal history, probation or parole status and attendance at court hearings. Currently, there is minimal communication between criminal justice and healthcare systems and what does exist is not optimally efficient.

While Pima County is an active participant, along with hospitals, labs, clinics, health plans and state agencies, in the development and implementation of the statewide Health Information Exchange (HIE) in Arizona, the HIE exclusively focuses on health information and does not include criminal justice information that is pivotal for the Superior Court and Community Partnership for Southern Arizona (CPSA) to provide case management to these individuals.

SEARCH Grant

SEARCH, the National Consortium for Justice Information and Statistics, is a nonprofit membership organization created by and for the states that has as its primary objective "to identify and help solve the information management and information sharing challenges of state, local, and tribal justice and public safety agencies confronted with the need to exchange information with other local agencies, state agencies, agencies in other states, or with the federal government."

In September 2012, SEARCH, the National Consortium for Justice Information and Statistics, with funding provided by the U.S. Department of Justice, Bureau of Justice Assistance and support from the American Probation and Parole Association and Association of State Correctional Administrators, made funding and support available for pilot sites. Recognizing the critical need for an integrated, electronic exchange system that includes both the health and criminal justice data in standardized datasets and avoids the existing delays in communication resulting from a largely manual system, Pima County

The Honorable Chairman and Members, Pima County Board of Supervisors  
Re: **Justice-Health Collaboration Service Implementation Pilot Project**  
**Acceptance of SEARCH Grant**  
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successfully applied for and has been awarded a \$75,000 grant. These funds will be used primarily to ensure critical partners to this effort, including the Superior Court, Conmed and CPSA, develop compatible systems that can facilitate the rapid, confidential sharing of key information that is critical to the safety of individuals in custody, as well as those the court permits to transition back into the community.

Acceptance of the grant by the Board of Supervisors will formalize a unique collaboration between the Pima County Superior Court, Pima County Administration, the Pima County Sheriff's Department and their health service vendor, community providers and CPSA. Additionally, it supports the County's continued effort at avoiding unnecessary incarceration of individuals with behavioral health conditions; assures timely and appropriate treatment to stabilize the health conditions of individuals who remain in detention; and reduces recidivism by improving the quality and timeliness of information required by community providers, probation officers and case managers.

Recommendation

I recommend the Board of Supervisors accept the award of the Justice-Health Collaboration Service Implementation Pilot Project grant, referred to as the SEARCH grant, to accomplish the objectives discussed in this memorandum, including the execution of a contract with SEARCH.

Respectfully submitted,



C.H. Huckelberry  
County Administrator

CHH/mjk – May 8, 2013

Attachment

- c: Janet K. Leshar, Deputy County Administrator for Medical and Health Services  
Honey Pivrotto, Assistant County Administrator for Health  
Danna Whiting, Behavioral Health Administrator

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# MEMORANDUM

Office of the Assistant County Administrator for Health  
Medical & Health Services

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Date: May 1, 2013

To: C. H. Huckelberry  
County Administrator

From: Honey Bivrotto  
Assistant County Administrator  
for Health

A handwritten signature in black ink, appearing to read "Honey Bivrotto", is written over the typed name and title.

Via: Jan Leshar  
Deputy County Administrator  
Medical & Health Services

Re: Justice-Health Collaboration Service Implementation Pilot Project – SEARCH Grant –  
Data Exchange

## Background

County Sheriffs in Arizona have responsibility for the provision of health services to individuals in their custody. The total annual expenditure on medical and behavioral health services for detainees in the custody of the Pima County Sheriff totals slightly more than \$13 million. The expenditure across all Arizona County Sheriffs' Departments, excluding Mohave and Greenlee Counties, is estimated at \$91.4 million. This figure does not include expenditures on health services by the Arizona Department of Corrections (ADOC), Arizona Department of Juvenile Corrections (ADJC) and federal prisons located in Arizona. The correctional health system represents thousands of physicians and other practitioners diagnosing, treating and providing care for thousands of individuals daily.

At the point of intake, the responsibility of "treating provider" transfers from the community healthcare system to the Sheriffs' Departments. The Sheriffs' Departments then have full responsibility for meeting the medical and behavioral health needs of individuals in their custody, many of whom have chronic health conditions. In Pima County, care is provided by the contracted health services vendor, Conmed Healthcare Management, Inc. (Conmed). Annually, more than 40,000 individuals receive medical and behavioral health assessments as they are booked into PCADC. Daily, at least 39 percent of the nearly 2,000 detainees housed are treated by the detention healthcare provider for a chronic medical care condition. Nearly half of the individuals booked are, or have been, involved in the public mental health system, and of those nearly 8 percent are designated as Seriously Mentally Ill (SMI). Between 70 and 80 percent of the annual budgeted amount for medication (\$1.2 million) is for psychotropic medications.

Detention healthcare providers experience the same urgent need for medical information as Emergency Department (ED) physicians throughout the community who have the 24-hour-a-day/7-day-a-week responsibility of assessing and providing care to individuals without



immediate access to current health information. If the individual has previously been detained, retrieval of medical records for treatment received while in custody is possible but time consuming, as the medical records were not automated until just recently, requiring manual retrieval of records prior to February 2012. A consequence of the lack of timely and complete health information, including prescriptions, is an elevated risk of adverse events associated with failure to treat or harmful treatment, as well as unnecessary costs related to duplicative testing or treatment.

#### **Current Strategies to Facilitate Information Sharing**

Over the course of the last year, Pima County has made significant strides in the use of health information technology in the correctional setting. Pima County has been an early leader in Arizona, actively participating for the last two years in design and implementation of the only statewide HIE, the Health Information Network of Arizona (HINaz). Pima County has a seat on the HINaz Board, and its work on the Executive Committee has elevated awareness that detention settings are healthcare sites and the need for HIE strategies that accelerate the ability of providers in a correctional setting to fully participate in the sharing of information. HINaz is building the state's largest non-profit health information exchange system through which electronic health records (EHRs) can be safely accessed anywhere, any time by authorized healthcare providers. Currently, HINaz members include hospitals; labs; physician practices; Federally Qualified Health Centers; the State Medicaid agency, Arizona Healthcare Cost Containment System (AHCCCS); and all major health plans. To date, non-hospital behavioral health providers have expressed interest in participating to access medical information considered vital to treatment of their membership.

Currently, Conmed utilizes HINAZ to query Surescripts, one of the largest national repositories for prescription information. Surescripts contains detail on prescriptions filled at most major pharmacy chains as well as retail stores such as Walmart and Target. It does not contain at this time detail on prescriptions filled and provided to detainees or prisoners.

The medication query results from Surescripts are stored as an attachment in the EHR. In December 2012, Conmed's EHR vendor, CorEMR, achieved federal certification for the EHR through the Office of the National Coordinator for Health Information Technology (ONC). This certification assures that CorEMR is able to share health information in a standardized format and allows for the ability to construct an interface between CorEMR and the HIE.

Conmed applied for and was awarded an Unconnected Provider grant through the Arizona Strategic Enterprise Technology (ASET) office through funding via the American Reinvestment and Recovery Act. With this funding, Conmed, CorEMR, HINaz and Pima County will work together to build the appropriate interfaces for the reciprocal exchange of all health information in HINaz. The interfaces will support automatic feed of critical health information to the EHR and transmission of critical health treatment provided during detention at PCADC. Conmed is also registered with the Direct Exchange program through Arizona Health-e Connection to utilize Direct Exchange between treating providers in other correctional facilities to share health information vital to continuity of care.

Use of HIE in correctional settings presents an opportunity to receive health information, particularly medication history, at the point treating responsibility transfers to health staff in the jails. This will help to improve patient outcomes and safety while reducing the costs

associated with provision of healthcare services to detainees. The ability to access community treatment information upon admission supports continuity of care and increases the likelihood of success for future treatment. Participation in the HIE by PCADC healthcare providers will make available critical health information for community providers that may have previously been unavailable or too time consuming to obtain when detainees are released.

A key strategy currently utilized at PCADC to identify individuals with behavioral health conditions more rapidly before their initial court appearances at 9 AM and 8 PM daily is to require Conmed to make telephone contact with CPSA for every person booked into the PCADC. On average this represents between 100 and 150 calls each calendar day and consumes a significant amount of time for healthcare personnel while relying on a manual system of data collection which, when compared to electronic transfers of information, is recognized as having a higher error rate. In addition, the information shared with the Pretrial Services Division (PTS) of Superior Court is also handled in a manual fashion to assure that PTS has the critical information on which detainees could be considered for release at initial court appearances to the Alternatives to Incarceration program for individuals with behavioral health conditions charged with misdemeanors who are not a public safety risk if reengaged in community treatment. As soon as they receive the critical information, PTS can review the cases and provide a recommendation to the initial court appearance judge on whether or not the person could be safely released to community.

A lack of timely information sharing is not only experienced in the healthcare realm. Limited justice information is currently shared with CPSA by PCADC, including arrest and release. Information from the Courts is transmitted to CPSA on a case-by-case basis. Ideally, CPSA would benefit from access to a dataset that includes, but is not limited to, date of arrest, charges, date of release, conditions of release as well as basic information on the health services provided during the member's detention, including any diagnosis or medication information. This information would enhance CPSA's efforts to improve the recidivism rate and the effectiveness of their community supervision.

Information about treatment received while the individual was housed at PCADC is currently shared only upon request. While the treatment information will be part of the HIE, it is only accessible to CPSA or its community providers if they become members of the HIE. At this time, CPSA is not a member.

As a result, continuity of care by health providers may be compromised, and CPSA case managers and CPSA treating providers are constrained in their treatment efforts. This could result in an increased likelihood of failure during community supervision, as well as an increased likelihood that an individual with mental illness could decompensate, resulting in a crisis situation.

#### **Opportunity to Utilize Grant Funding for Integrated System Design**

Currently, exchange is occurring on a limited basis across a variety of systems and tends to rely on point-to-point sharing of information. To date, the approach has largely been fragmented and developed in silos rather than in a consistent collaborative approach. Pima County is fortunate to have motivated partners who are willing and able to participate, but it has lacked the resources to develop a concerted and devoted effort to expand coordination



that includes a simplified, standardized way of exchanging information across the service continuum to include expanding electronic exchange and broadening the information available. Expansion of current efforts to promote the sharing of information to span the health and justice boundaries is a natural next step.

The establishment of a secure electronic exchange of vital health/behavioral health and justice information will:

- assist in shortening the length of time required to identify those eligible for diversion programs such as Alternatives to Incarceration;
- increase the number of individuals who can be released to the community for treatment through more rapid and accurate identification of individuals booked into PCADC with behavioral health conditions;
- improve the health and justice information provided to CPSA providers upon release from detention;
- improve continuity of care for individuals in PCADC without incurring unnecessary costs related to orders for duplicative lab or imaging tests or treatment procedures;
- improve the quality of information for the management of individuals in the justice system by judges, probation, case managers and others;
- improve public safety through assistance with pre-release planning and post-release follow-up to assist accessibility and effectiveness of community treatment and supervision; and
- improve reentry management strategies and success rate, thereby reducing recidivism.

The federal government has recognized that a gap exists in the public health and public safety paradigms. While these two areas are highly interrelated, there is currently minimal communication between justice and health agencies. The sharing of information can reduce delays, reduce data duplication, and improve the overall coordination of the detainee population with specific health needs<sup>1</sup>. As such, standards-based solutions have been proposed to facilitate the sharing of information between justice and health. These solutions include the National Information Exchange Model (NIEM), which provides a universal data dictionary that allows organizations to agree on key elements of data and their meaning, and Global Reference Architecture (GRA), which provides the essential architecture for information exchange that is designed to cut 80 percent of implementation time and costs for state and local agencies.

In September 2012, SEARCH, the National Consortium for Justice Information and Statistics, with funding provided by the United States Department of Justice (DOJ) Bureau of Justice Assistance (BJA) and support from the American Probation and Parole Association (APPA) and Association of State Correctional Administrators (ASCA), made funding and support available for pilot sites to implement information exchanges between jails/correctional settings and health services providers. Pima County applied for this funding and was selected as one of two pilot sites in the nation. The proposed project will develop a method of electronically exchanging health and justice information among the Arizona Superior Court in Pima County,

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<sup>1</sup> See e.g. Akers, T. & Lanier, M. (2009). Epidemiological criminology: Coming full circle. *American Journal of Public Health*, 99(3), 397-402 and Potter, R. & Akers, T. (2010). Improving the health of minority communities through probation-public health collaborations: An application of the epidemiological criminology framework. *Journal of Offender Rehabilitation*, 49(8), 595-609.

the Pima County Sheriff's Department, the healthcare vendor at PCADC and the Regional Behavioral Health Authority (RBHA), CPSA. The objective of the grant is to develop a solution that can be replicated by multiple government and private sector organizations that need to share information between their systems. SEARCH and its partners will assist Pima County to develop a Global Reference Architecture (GRA)-conformant web service by leveraging justice and health standards to achieve standardized information sharing.

#### **Implementation Strategy**

Pima County's selection as a pilot site for this initiative will result in the ability to leverage the technical assistance of SEARCH, including project management, onsite and offsite assistance across a variety of needs. SEARCH will assist with the development of information exchange policies and agreements, including working with all partners to identify what information can be exchanged, assessment of technical readiness, identification of technology architecture and requirements, and development of a replicable model of information sharing using NIEM standards. Legal assistance by counsel experienced in these initiatives across the country to inform the selection of appropriate data elements to best meet the needs of each partner is a critical component of this grant. This expertise will be coordinated through the involvement of the Pima County Attorney's Office on the Project Team.

The SEARCH grant will be implemented in three stages: Design, Implementation and Project Evaluation. The design phase will begin with a two-day, on-site kickoff meeting/workshop facilitated by representatives from SEARCH and will bring all partners together to establish a baseline understanding of current data and exchange needs, followed by the development of an architecture service specification package to meet requirements of the grant. The Implementation Phase will begin with the execution of agreements between information exchange partners, the actual implementation of the specifications identified in the design phase and the development of a technical assistance report. The final phase will consist of a thorough project evaluation led by the SEARCH team.

#### **County Obligations if Grant Award is Accepted by the Board of Supervisors**

Pima County is the fiduciary for the funds and as the grant recipient has responsibility for preparation and submission of a final project report to SEARCH addressing project accomplishments, business outcomes achieved, and lessons learned based on original goals and objectives. The preparation of the report will be done with assistance from SEARCH. The Assistant County Administrator for Health will have responsibility for oversight of the grant; preparation of the required report; review of any requests for reimbursement based on documentation submitted by Conmed, CPSA and County Information Technology; and processing of payment requests to County Finance.

This grant provides up to \$75,000 for reimbursement of costs associated with the development of the information exchange architecture. We expect the majority of these funds will be utilized by the County to reimburse programming expenditures by CPSA and Conmed related to the information exchange architecture development that supports the rapid, confidential sharing of key information. Once these vendors submit documentation of their costs, the County will process the payment it receives from SEARCH to compensate the vendors. This will require subcontracts containing the terms and conditions including those related to the reimbursement process.



The County will incur development costs, primarily in the form of personnel hours, which cannot be supplanted by funding from this grant. Any hardware costs associated with the development of this architecture (such as servers) will be reimbursable.

Acceptance of the grant by the Board of Supervisors will formalize a unique collaboration between the Pima County Superior Court, Pima County Administration, the Pima County Sheriff's Department and their health service vendor, community providers and CPSA. Additionally, it supports the County's continued effort at avoiding unnecessary incarceration of individuals with behavioral health conditions; assures timely and appropriate treatment to stabilize the health conditions of individuals who remain in detention; and reduces recidivism by improving the quality and timeliness of information required by community providers, probation officers and case managers.