

Region 6 Behavioral Healthcare
Behavioral Health and Criminal Justice Data/Information Sharing
Executive Summary
Prepared by Chris Schneweis

On August 25, 2022, Douglas County, NE and Sarpy County, NE stakeholders convened a meeting at the Region 6 Behavioral Healthcare facility in Omaha, NE to discuss and work through the potential partnership to develop a data sharing platform to better communicate about shared clients and households. At the time of the meeting there were potential solutions facing this group. Either purchase an off the shelf software system to meet their needs or choose to collaborate and develop an application in-house. My role with this group was to identify obstacles and barriers for both solutions and then work with the group to identify the best path to move forward.

The conversation amongst the group showed that the members in attendance have devoted significant time and energy in researching a solution. The areas that I feel I was able to assist the group with is identifying some unforeseen obstacles that could derail their plans moving forward.

OBSTACLES/BARRIERS:

These obstacles/barriers are listed below:

- CULTURE – the group was informed that staff’s own internal bias can derail their plans for data sharing. This emphasizes the need for Champions for this initiative.
- Nebraska State Law – as it relates to services rendered for mental health. We discussed two possible options for addressing this issue:
 - Utilizing a Release of Information (ROI) is one way to advise clients of their rights and to allow for data to be shared.
 - The second option is to partition data and then control access based on user administration.
- HIPAA and 42 CFR, part 2 – the group was advised that securing outside legal counsel with the expertise in HIPAA and Healthcare Law would be advantageous to moving this initiative forward.
- Funding and internal capacity – this issue was raised as a possible barrier to both purchasing a vendor software or building something in-house.
 - Two separate grant funds were identified as possible options for paying for software, or consultants to help build something internally.
 - The group also discussed the possibility of using existing staff and allowing these individuals to devote a portion of their time to building the application.
- Data Ownership and “Turf” – both were discussed as possible barriers to data-sharing.
 - It was discussed that those departments/offices/agencies who receive county funding can have that funding impacted if they are unwilling to participate.
 - The idea of “ownership” of the data was discussed and the belief that the county, as the funder of certain departments/offices/agencies would be the true owner of the data.

Another focus of discussion was identifying who the Champion would be for this initiative. There was discussion about how to overcome the barriers that had been identified, there needs to be an individual person, or a group of people who will push others to adopt this new philosophy of client data sharing.

This individual, or individuals will challenge skeptics of the initiative, encourage staff to change their views on how they provide human services to their clients, and will be the person (or persons) responsible for moving this initiative forward.

The group identified the following Champions:

- Region 6 Behavioral Healthcare
- Douglas County, NE ○ Commissioner Mary Ann Borgeson ○ Diane C, Sherry, Lindsay, and Mike
- Sarpy County, NE ○ Rob, Jo, Jacob, Dan, and Angie

It was discussed that though these individuals would be the “Champions”, everyone in the room would take responsibility for being “cheerleaders” for this project and would take the plans and ideas back to their respective department, office, or agency to support what was decided.

SOFTWARE VS IN-HOUSE BUILD:

The second half of the day started off with a challenge to the group to discuss (and possibly decide) what course of action they wanted to take. Either move forward with a vendor purchased software or try to partner and building something in-house. There was discussion about a software that some of the members had received a demo of and Sarpy County was considering purchasing. The discussion centered around both the pros and cons of moving forward with this solution.

Then there was discussion around developing something in-house and the advantages of building what you want and controlling how the system functions. It was identified that there would be costs either way, rather that was the upfront costs for buying a system or for time/resources to build it internally. The other costs that would be identified overtime are listed below:

- Costs for Legal Services – both in-house and third-party counsel
- Training and Auditing – costs for staff time to train, develop policy, and audit the application
- Information Technology – costs for staff to either implement the purchased system, or to develop an internal application

The participants were then broken into smaller groups to start thinking about examples of “use cases” that could help promote the idea of data-sharing. This exercise took about 20 minutes, and, in the end, the groups were able to report out several examples and advantages to sharing data and communicating better about the individuals they serve. This also led to the overall group agreeing that moving forward with an application that was developed and built in-house is how they would like to proceed.

ACTION STEPS:

With the group deciding to move forward with an in-house build, we spent the remainder of the day discussion next steps and identifying who would be charged with carrying out those steps. The outline of next steps is listed below:

STEP 1:

Agreed to move forward with a partnership to develop an application in-house, Champions – as listed above in this summary.

- General Project Discussion to include:
 - Douglas County IT/GIS – **(Diane W)**
 - Meet with Dotcomm to discuss the project – **(Diane W)**
 - Sarpy County IT/GIS – **(Jo, P.J.)**
- Secure outside HIPAA Legal Counsel
 - Decide who is paying – discussed possible funding options **(Kate, Lindsay)**
 - Region 6 would hire the attorney
 - Chris Schneweis will forward his contact at Spencer Fane Law Firm

STEP 2:

- Identify what data is out there.
- Scope what the data repository would look like **(this is included in a second document)**

STEP 3:

- Reconvene this group – Criminal Justice/Behavioral Health Information Sharing **(Vicki)** ○ Include the Champions identified and include anyone not in attendance today that should be part of this group.
- Develop Project Costs:
 - Legal **(Diane C)**
 - Training **(Each Dept./Office/Agency)**
 - IT **(Dianne W)**
- Develop a System Specialist Team **(Each Dept./Office/Agency)**
 - Department level experts who will help develop the application
 - Convene Initial Meeting **(Each Dept./Office/Agency)**
- Develop Governance Structure **(Champions)**
- Develop Executive Board **(Champions)**

After the development of these first three steps, it was determined that this was enough work to keep the group busy for a year (or more), and we decided to not identify future steps at this time. This group has the expertise, the drive, and the vision to make this work successful, however, this will all be contingent on the Champions pushing this project forward, and the entire group remaining dedicated to the mission. Which is to strive to incorporate data-sharing into human service delivery to help clients and their families be successful and ensure their needs are met.

**Douglas and Sarpy County, NE
Client Matching Diagram**

Red Text – Primary Key (PK) or Foreign Key (FK)

Blue – High Priority

Green – Medium Priority

Yellow – Low Priority

* Indicates the most common cardinality

Client1
ClientID (PK)
 ClientNameFirst (50)
 ClientNameMiddle (50)
 ClientNameLast (50)
 ClientNameSuffix (50)
 ClientBirthDate (date)
 ClientRace (50) (include ethnicity)
 ClientSex (10) (Male/Female/Unknown)
 ClientSSN (11) (Last 4 of SSN)
 ClientStatus (20) (Active/Inactive)
 SourceDepartment (10)
 SourceDivision (50)
 SourceSystem (50)
 SourceSystemID (50)
 SourceDate (date/time)

ClientPartition2
 ClientID (PK)
 PartitionID (PK)

ClientMisc
 ClientMiscID (PK)
 FieldName (50)
 FieldValue (8000)
 ClientID (FK)

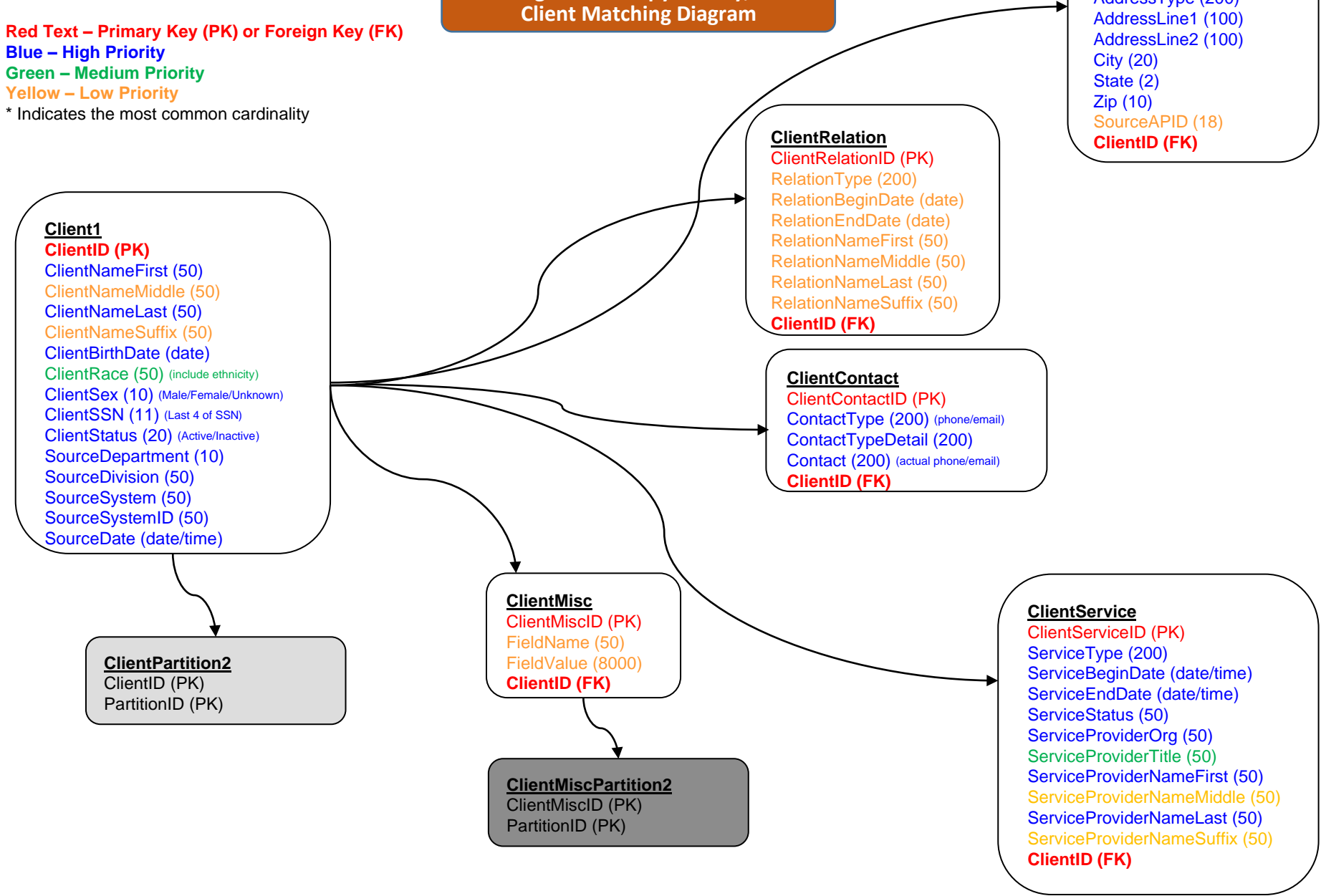
ClientMiscPartition2
 ClientMiscID (PK)
 PartitionID (PK)

ClientRelation
 ClientRelationID (PK)
 RelationType (200)
 RelationBeginDate (date)
 RelationEndDate (date)
 RelationNameFirst (50)
 RelationNameMiddle (50)
 RelationNameLast (50)
 RelationNameSuffix (50)
 ClientID (FK)

ClientContact
 ClientContactID (PK)
 ContactType (200) (phone/email)
 ContactTypeDetail (200)
 Contact (200) (actual phone/email)
 ClientID (FK)

ClientService
 ClientServiceID (PK)
 ServiceType (200)
 ServiceBeginDate (date/time)
 ServiceEndDate (date/time)
 ServiceStatus (50)
 ServiceProviderOrg (50)
 ServiceProviderTitle (50)
 ServiceProviderNameFirst (50)
 ServiceProviderNameMiddle (50)
 ServiceProviderNameLast (50)
 ServiceProviderNameSuffix (50)
 ClientID (FK)

ClientAddress
 ClientAddressID (PK)
 AddressType (200)
 AddressLine1 (100)
 AddressLine2 (100)
 City (20)
 State (2)
 Zip (10)
 SourceAPIID (18)
 ClientID (FK)

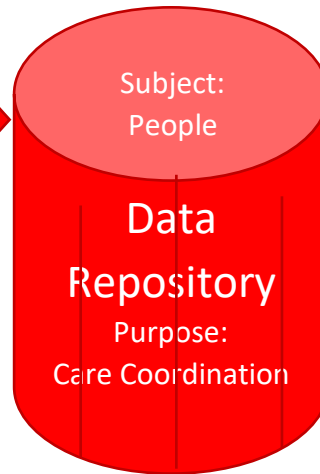


Douglas and Sarpy County, Nebraska Data Sharing

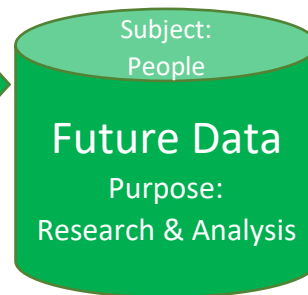
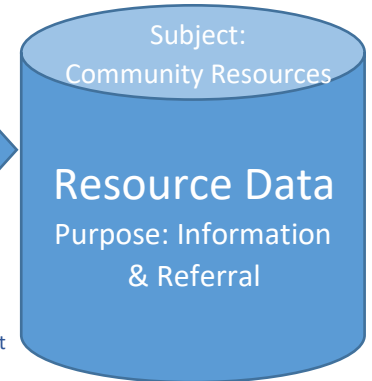
APIs • Web Services *Data Delivery Tier*

Douglas and Sarpy County:

- Douglas County Sheriff: IMS Jail Bookings and Releases
- Sarpy County Sheriff: IMS Jail Bookings and Releases
- Omaha Police Department: IMS Jail Bookings and Releases
- Omaha Police Department: Mental Health Calls
- Wellpath Mental Health data
- General Assistance Mental Health data
- Omaha Fire Department - MED-ACT
- Douglas County: Probation
- Diversion Programs



- Nebraska United Way 211 Resource Data
- Aging and Accessibility Resource Data
- Area Health Clinics
- Housing Resources
- Transportation Resources
- Psychiatric Hospitals
- Job Readiness Services
- Community Service Work Opportunities
- Temp Agencies
- Schools
- Oxford House
- Mental Health Services and Hospital Resource List



- Municipal Law Enforcement – Arrest, Calls for Service
- Private Provider: Mental Health Services
- Douglas and Sarpy County Dept. of Health and Environment: Health Clinic Services
- HMIS – Homeless Shelter Data
- Nebraska Dept. of Corrections: Parole Data

text analysis
network analysis
machine learning

data exploration/visualization
client matching
geocoding
predictive analytics

Potential Partners
(Carnegie Mellon, Notre Dame - LEO, ...)