

## 2009 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 09-S-16OK

Please provide the following information, adding space as necessary:

State: Oklahoma

Assign Program Category (applicant): Corrections

**1. Program Name:**

Mental Health Records Sharing Program (Sharing Behavioral Health Services Records Data for Seamless Continuity of Care)

**2. Administering Agencies:**

The Oklahoma Department of Corrections (ODOC) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

**3. Contact Person:**

Bob Mann, RN, LSW, Coordinator of Clinical Social Work Services

**4. Address:**

Oklahoma Department of Corrections, Treatment and Rehabilitative Services Div  
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405-962-6150

**7. E-mail Address:**

[bob.mann@doc.state.ok.us](mailto:bob.mann@doc.state.ok.us)

**8. Web site Address:**

The Initiative does not have a specific web address, but two agencies web addresses are [WWW.ODMHSAS.ORG](http://WWW.ODMHSAS.ORG) and [WWW.DOC.STATE.OK.US](http://WWW.DOC.STATE.OK.US)

**9. Please provide a two-sentence description of the program:**

The Oklahoma Department of Corrections and the Oklahoma Department of Mental Health and Substance Abuse Services have implemented a system to share mental health and substance abuse information to provide a seamless clinical continuity of care for individuals with mental illness and co-occurring disorders who become incarcerated. For the first time in Oklahoma, designated ODOC and ODMHSAS mental health professionals can log into a secure web-based portal to obtain a summary of the consumer's previous treatment history from either agency.

**10. How long has this program been operational (month and year)?**

This initiative began in August 2001, with a signed-release-only system and was revised to its current methodology in July 2008.

**11. Why was the program created? What problem[s] or issue[s] was it designed to address?**

Although ODOC and ODMHSAS provide mental health and substance abuse services to citizens of the state of Oklahoma, they have not traditionally shared treatment level information. This situation hindered both agencies ability to provide the best possible mental health services and had created a serious break in the necessary treatment continuum.

**12. Describe the specific activities and operations of the program in chronological order.**

- 2001 - Representatives from ODOC and ODMHSAS work to develop a web-based information sharing system that allows ODOC mental health staff to access treatment summary information gathered in the ODMHSAS Integrated Client Information System (ICIS) data system. A Memorandum of Understanding is drafted and signed. This iteration of the Initiative required an individual signed release of information.
- 2002 to 2005 - Initiative went live. The web-based system was only implemented at the Lexington Assessment and Reception Center (single point of entry for all individuals entering ODOC). During this same year, the interface activity dwindled as it is determined that individuals who enter ODOC who are willing to sign a consent were often the best historians and those who did not sign releases were the individuals for whom ODOC mental health staff most needed to have accurate previous treatment information.
- 2006 to 2007 - Legal and clinical staff from ODOC and ODMHSAS worked together to develop a mechanism that allowed sharing of treatment information without requiring a signed consent to release.
- 2007 - The ODOC/ ODMHSAS Mental Health Reentry Program began. This Program was designed to assist offenders with disabling serious mental illness in their recovery and transition into community based mental health services. The implantation of these interagency services highlighted the absolute necessity for information sharing.
- 2008 - Qualified Service Organization Agreement was developed and signed. This agreement addresses language in HIPAA and 42 CFR Part 2 (federal legislation that

governs substance abuse information) and allows seamless release of information without requiring individual consent. This new iteration of the Initiative allows for all ODOC mental health professional staff to be credentialed to use the web-based interface.

**13. Why is the program a new and creative approach or method?**

Many states have been wrestling with this concept; HIPAA and 42 CFR Part 2 are very complicated laws that govern protected health information. The ODOC and ODMHSAS simply agree that they are two state agencies that serve a common population and are partners in helping these individuals to succeed.

**14. What were the program's start-up costs?**

The costs are limited to the time of staff from both agencies. Programming the web interface and designing the summary output were done in-house by The ODMHSAS.

**15. What are the program's annual operational costs?**

There is no extra cost to the state.

**16. How is the program funded?**

The only funding is for the staff positions involved, none of which were created for and dedicated solely to this initiative.

**17. Did this program require the passage of legislation, executive order or regulations? If YES, Please indicate the citation number.**

None needed.

**18. What equipment, technology and software are used to operate and administer this program?**

The ODMHSAS Integrated Client Information System (ICIS) data system is queried through a web-based interface. The web browser uses a Crystal Report Writer plug-in to view the summary of treatment information.

**19. To the best of your knowledge, did this program originate in your state?**

Years of discussions with state and federal agencies interested in this concept have not revealed any other similar program. The Program originated in this state, and was a collaborative effort between ODOC and ODMHSAS.

**20. Are you aware of similar programs in other states**

No other states are sharing treatment level information.

**21. Has the program been fully implemented?**

Yes. However, the Program will be even more enhanced when ODOC implements its electronic health record (ODOC is 18 months from that implementation) and ODOC and ODMHSAS will devise procedures to safely and securely migrate the treatment information directly into the health record.

**22. Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.**

A recent example of the benefits of information sharing is when an offender with a serious mental illness was in an acute crisis and was admitted to a mental health unit. A query of the ICIS system yielded a wealth of previous clinical information that was able to give the mental health professionals a much more robust clinical history that enabled the staff to better care for the individual. Another interesting application of information sharing is being used to solve an inter-system disconnect. State statute allows for offenders who spend time in the state Forensic Center (for competency evaluation) to have that time counted as time served. However, privacy concerns often prevented ODOC obtaining this information and therefore the offender may not have been granted those days served. ODOC and ODMHSAS are currently doing a match between our two information systems to determine which offenders were in the Forensic Center prior to incarceration. The output of this system match will result in giving these offenders those days they had served prior to incarceration in ODOC.

**22. How has the program grown and/or changed since its inception?**

As mentioned previously, this Program has evolved much in the last eight years and will continue to expand as ODOC’s electronic health record becomes a reality.

**23. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?**

Many of the obstacles faced by Oklahoma in the creation of this initiative are the same that would likely be encountered by other states attempting to adopt it:

- HIPAA and 42 CFR are complicated pieces of legislation that are open to conflicting views of legal interpretation. There is no one specific federal source of guidance on this sharing of protected health information. Many states may get caught up in HIPAA’s language that states that corrections is a non-covered entity. Others get caught up in interpreting the 42 CFR wording. Oklahoma decided to agree that both agencies are covered entities and proceeded with a business agreement allowed by HIPAA.
- Corrections and mental health stage agencies may have a pronounced “silo effect” and not have trust that the information shared will be protected by both entities equally.
- Many state stakeholders may have unfounded fears of the misuse of the information and concerns of big government (big brother) sharing such information. Safeguards can be implemented that ensure parties involved rigorously adhere to HIPAA and 42 CFR Part 2.

## 2009 Innovations Awards Program Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

### Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

### Government Operations

- Administration
- Elections
- Public Information
- Revenue

### Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

### Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

### Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

### Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

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This application is also available at [www.csg.org](http://www.csg.org), in the Programs section.

Deadline: March 2, 2009