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Sacramento County Behavioral Health and Justice Data Strategy

Kevin O'Connell
DATA DRIVEN RECOVERY PROJECT (DDRP)
KEVIN@OCONNELLRESEARCH.COM

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SACRAMENTO COUNTY BEHAVIORAL HEALTH AND JUSTICE DATA STRATEGY

Sacramento County has made it a priority to improve outcomes for individuals with behavioral health issues who interact with the justice system. Starting with a Stepping Up resolution in 2019, the county has committed to better informing its strategies around this shared population. Sacramento County has made numerous investments in programming, planning, and ongoing program resources to strategically implement improvements.

This document, the *Sacramento County Behavioral Health, and Justice Data Strategy*, is intended to lay out a framework for supporting technical issues in merging client data across agencies and identifying potential data usages to support decision-making and improve outcomes. This document seeks to provide structure for a sustainable approach for sharing data and building the county's capacity to update and analyze data on an ongoing basis, as well as design ideas for real time data exchanges and other innovations.

	Section	Audience	Purpose
1	Sequential Intercept Model	Elected Officials, Executive Leadership and Staff	This section provides an overview of how to use the Sequential Intercept Model and data to inform policy decisions and educate the community at large.
2	Data Governance	Elected Officials, Executive Leadership and Staff	This section describes the role and elements of an effective data governance plan. Criminal justice, behavioral health, and contracted service providers may be contributing data owners and should read this section.
3	Data Analysis and Monitoring	Elected Officials, Executive Leadership and Staff	This provides recommendations about the structure and ongoing monitoring of a criminal justice/behavioral health data warehouse. Criminal justice, behavioral health, and contracted service providers may be contributing data owners and should read this section.

4	Data Warehouse Creation	Technical Staff	This provides specific recommendations for technical staff involved in infrastructure decisions and data flows.
5	Key Metrics	Technical Staff	This provides specific measures that link to the Sequential Intercept model, and the data fields needed to build a useful model.
6	Data Dictionaries	Technical Staff	This provides specific fields and data tables from Sacramento County's current data warehouse model.

Sacramento County will be able to explore the extent to which individuals with mental illness and/or substance use are engaging in treatment, as well as who among these individuals is contacting the justice system and what their outcomes are. Notably, this will provide the county an opportunity to use data to further the county's objectives to:

1. Reduce the number of people booked in the jail with behavioral health disorders.
2. Reduce the length of time people with mental illnesses stay in jail.
3. Increase connections to community-based services and supports.
4. Reduce the number of people returning to jail.

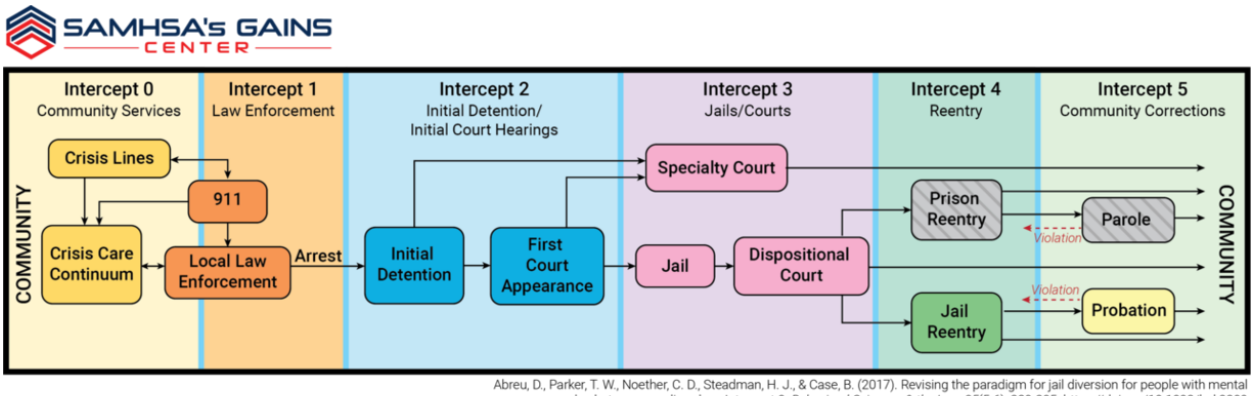
USING THE SEQUENTIAL INTERCEPT MODEL IN DATA DESIGN (SIM)

The Sequential Intercept Model (SIM) was introduced in the early 2000s with the goal of helping communities understand and improve the interactions between criminal justice systems and people with mental illness and substance use disorders. Sacramento County developed the following localized interpretation in 2018 as well as ongoing updates.

The SIM has three main objectives:

- Develop a comprehensive picture/map of how people with mental illness and co-occurring disorders flow through the Sacramento County criminal justice system
- Identify gaps, resources, and opportunities at each intercept
- Develop priorities to improve system and service-level responses

In Sacramento County, this is an important planning document that can help to guide analysis and planning to align programming efforts, grant seeking, and operations to best meet the needs of people across agencies. Figure 1 below shows the high-level interpretation of the SIM.



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300

In general, a SIM is used to identify community resources and help plan for additional resources for people with mental and substance use disorders at each phase of interaction (intercept) with the justice system. The six intercepts are described below:

0. **Community Services:** This area focuses on process and programs offered to a general population that may or may not tie into law enforcement engagement. Examples: crisis response, 911 call centers, Continuum of Care planning, and early intervention/prevention.
1. **Law Enforcement Response:** This area focuses on how law enforcement entities engage at the point of first contact. Some of these interactions will results in an arrest, but others will not. Examples: 911 Dispatcher training, specialized police training, and specialized responses to high utilizers.

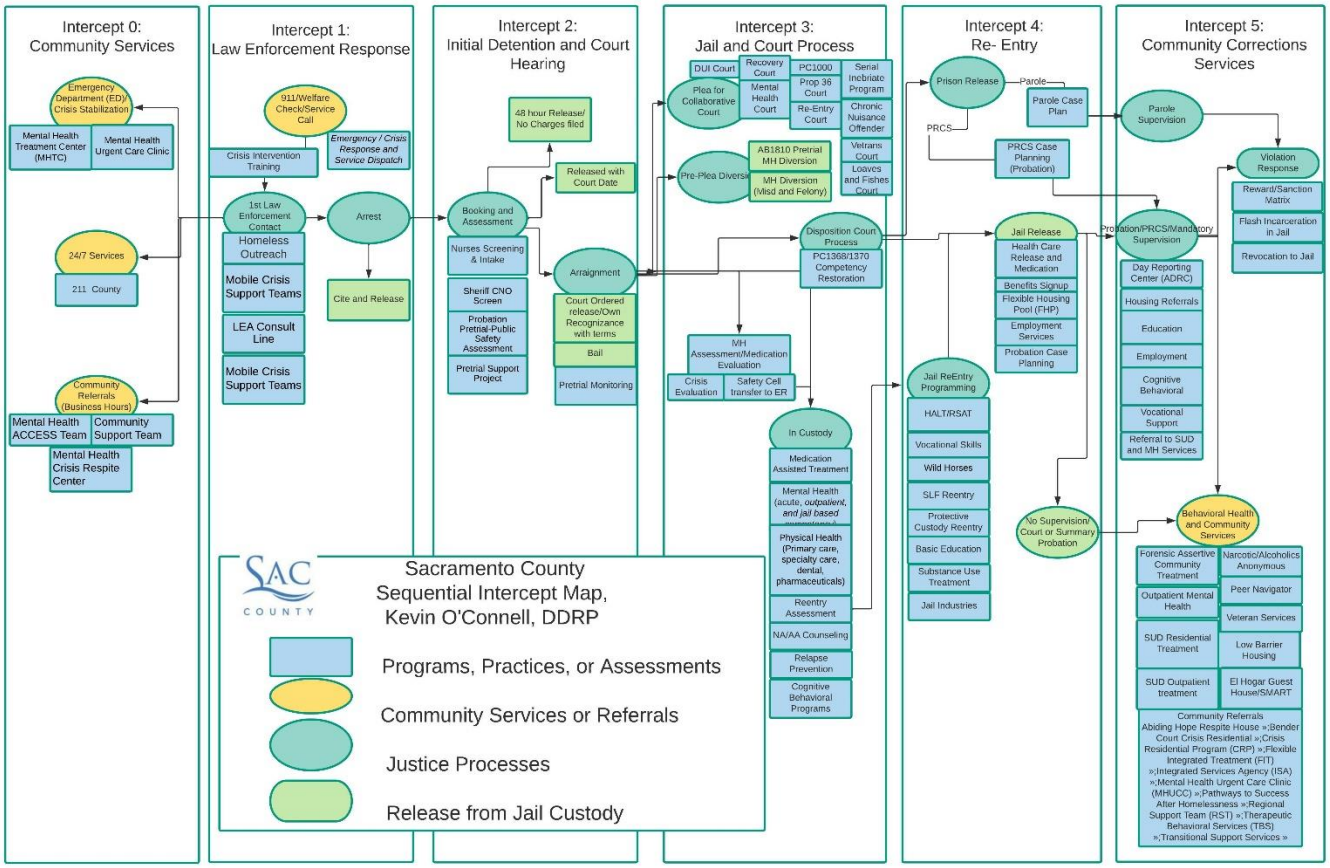
2. **Initial Detention and Initial Court Hearings:** This area covers the initial jail booking or detention, then the time and choices made leading up to and during arraignment. Examples: screening tools used at booking, Supervised Own Recognizance programs.
3. **Jails and Courts**: This area focuses on the time between arraignment and case disposition when the person is held in custody. This includes services offered while in jail, as well as through court processes. Examples: in-custody services, care coordination, counseling or therapies, mental health courts, drug courts, etc.
4. **Reentry**: This area looks at the efforts to prepare a person for release to the community. This can come in the form of making connections with community providers, probation, or other ways of ensuring a warm handoff to the community. Examples: Re-Entry Case Planning and care coordination, "warm handoffs" to the community, and Peer Navigators.
5. **Community Corrections:** This area looks at the role of community corrections agencies like probation or parole in keeping the person connected to services based on risk/need responsivity, engagement with their probation officer, and other efforts to avoid future recidivism. Examples include Risk Needs Assessment, Graduated Rewards and Sanctions in response to violations, and Correctional Case planning.

Appendix A has a detailed list of metrics for each intercept. This was created to allow for more tracking and monitoring of specific programs and practices at each intercept. Sacramento County now can look at more nuanced and detailed measures of how the system is working.

SYSTEM MAP

This map shows how different treatment, law enforcement, court, and corrections process overlap and flow to and from one another. The intent is to show a medium level of detail and provide a window into opportunities at each intercept. One can see where treatment options or pathways are present, as well as where services or processes could be augmented. The following is a summary of what each intercepts represents, with the map that follows the specific policies and programs Sacramento County employs.

This link includes a larger scale version of programming, as well as this listing of current programs in the inventory in more detail. This list is constantly evolving and being updated but using digital versions can enhance the details and interactivity.



Sacramento County Sequential Intercept Model (linked)

DEVELOPMENT OF THE DATA GOVERNANCE PLAN

Data governance is an evolving set of functions for integrating behavioral health and justice data. Any aggregation requires expertise and vision on where to take the data, a process for setting priorities on adding or defining data elements, advising on the uses of collected data, and deciding on quality control methods across agencies. The gathering and management of behavioral health and justice data into a single warehouse requires an improvement in technical infrastructure as well as coordination to guarantee availability, usability, integrity, and messaging. The human infrastructure includes a forum to coordinate efforts and ensure a shared understanding of the analysis produced. A data governance program includes:

1) a governing body (CCP, CJC or other Leadership Group),
2) a defined set of procedures and activities,
3) a plan to execute the procedures, and
4) a workgroup to conduct activities.

The varying standards of health and justice require clearly defined needs and uses of agency data. Any analysis should work to avoid the risk of re-identification using best practices and standards.

Data governance can be planned, managed, and implemented through a two-level structure, ensuring a county-defined mix of executive level support and sponsorship, as well as subject matter experts.

In Sacramento County, existing executive-level support could be maintained through the Stepping Up framework with the CJC or the CCP. To conduct the vision, a subgroup tasked with overseeing the use of the data would need to be created. Below, a two-level structure is described:

1) A Leadership Workgroup should provide strategic direction and ensure data governance efforts address all relevant analytic demands and link these to larger strategic planning efforts.

2) A Research and Development Workgroup manages data governance as an integrated program rather than a set of unconnected projects. Its strategic goals are to prioritize analysis efforts coming from the leadership group, communicate with or represent county data owners, and direct long term improvements in collection and integration. This group could also be tasked with making use of the data and vetting shared data analysis.

The warehousing effort will require ongoing cooperation from several different stakeholders, and a lack of participation presents a major risk for the success of the data warehouse. The governing board should provide a voice for stakeholders to meet their continuing (and changing) needs and incentivize continued participation.

Relevant stakeholders include any entity that is feeding data into the system, this may include, the Probation Department, the Court, the Sheriff's Office, Health Services, and Human Assistance. Other stakeholders include external users of the data. No external researchers are described in this document, but it is possible that in the future Sacramento County will have continuing relationships with other entities who may make use of the data.

This data warehouse requires that the data owners provide accurate, regular data feeds into the system. Expansion of the analytics questions that the system can address will rely on

further adjustments by the data providers to begin providing new data. This work will either require automation, a one-time investment with minimal maintenance costs, or an ongoing operational effort to provide data manually each month. These costs are not trivial, and the data providers may need to be incentivized to participate in the system. Likely this would consist of sharing the analysis that results from this system and extending the planned analysis to provide additional value by addressing questions of interest to the data providers.

DATA USE AGREEMENT

The data providers may have data use agreements (DUAs) or other policies in place that limit the use of data in their own systems, and they will want to establish new DUAs before sharing data into the system. The governance structure should provide a forum for discussing restrictions on use of data, and for suggesting changes to the DUAs. It is also recommended that the agency hosting the data warehouse implement its own restrictions in its DUAs with both data providers and researchers, making explicit that these entities are not permitted to use the data in this system in any way other than aggregated analysis.

ANALYSIS AND MONITORING

Data plays a fundamental role when it comes to analysis and monitoring. Having integrated data for the purposes of research provides leaders, analysts, and programmatic staff a rich base to understand a person's journey through different services, not just through a single system. These can play out in the following areas:

DESCRIPTIVE OVERVIEWS

To meet the county's objectives, it is imperative to understand who and how large the justice-involved population with mental illness and/or substance use issues is. This first step requires utilizing data outlined in Appendix B to run basic descriptive statistics across systems to identify individuals who 1) have been served by the County Behavioral Health system, and 2) are justice-involved, whether they have been arrested, booked into custody, diverted, convicted of a criminal offense, and/or placed on probation.

After identifying the population, the County can learn more about these individuals by identifying their demographic, criminal justice, and behavioral health profiles. Data outlined in Appendix B will also allow the county to identify the extent to which justice-involved individuals with identified mental illness and/or substance use are engaging in appropriate treatment, as well as where they are making justice system contact. This would require running basic descriptive statistics (counts, proportions, means) to identify where the population is entering the behavioral health system, as well as where and for what individuals are being arrested (i.e., arresting agency, booking reason), how often and for how long they are booked into custody,

(i.e., bookings, average length of stay, % of jail population), and the number who are under probation supervision. This information would allow the county to identify high utilizers of multiple systems and allow the county to research further what can be done to better support this population.

ACTIONABLE RESEARCH

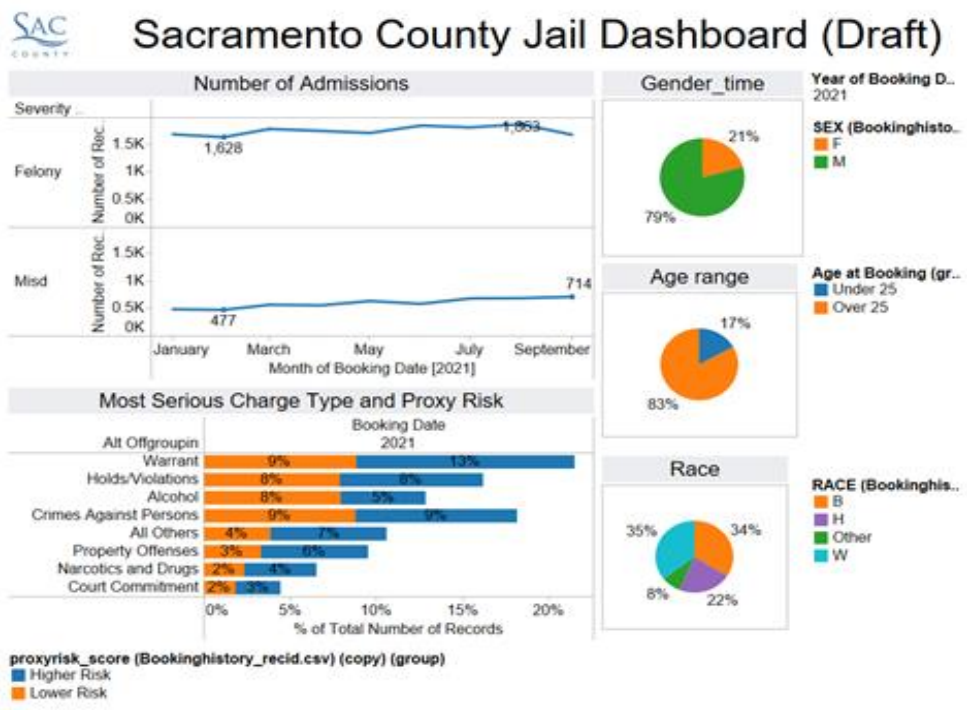
After learning more about the population and where they are touching the system, Sacramento County has an opportunity to utilize the data outlined in Appendix B to make applied policy decisions. This could include determining whether, and through what mechanism, to formally process individuals with behavioral health issues who make justice system contact, and to determine which treatment options are most appropriate for them. Given that the county has already undertaken an assessment of their criminal justice and behavioral health system utilizing the Sequential Intercept Model, the county is in an ideal place to further this analysis.

A first step would be to assess the justice system and program capacity at each intercept, as well as the need. An initial way to determine need would be to assess the extent to which current capacity meets the County's needs based on enrollment numbers and wait times (i.e., are people who need all services able to enroll in them, how long are people waiting, sometimes in jail, to enroll in programs). A more data-driven approach for determining the need at each intercept is to learn more about the intersection of mental health, substance use, and criminogenic needs and risk factors of the justice involved population with mental health and/or substance use issues. The group of people with mental health and/or substance use disorders who become involved with the justice system have a variety of mental health, substance use, and criminogenic needs and risk factors, and these factors should inform how and when to divert (pre-arrest, pre-plea, post-plea) people from the criminal justice system, as well as whether to process them formally through a specialty court or through traditional channels. These factors should also determine appropriate treatment options.

Taking this approach, Sacramento County can project the size of future populations appropriate for diversion opportunities and specific types of mental health programming, as well as jail and probation population, and invest resources in the areas where there are the greatest needs. Doing so would allow the county to explore options such as where, if appropriate, to integrate additional Mobile Crisis Response Teams, or where to add new pre-arrest and/or pre-plea mental health or substance use diversion programming. This approach would also allow the county to identify the number of residents who might benefit from various court diversion programs, and what additional programming would need to be implemented to support this population.

DASHBOARDS AND MONITORING

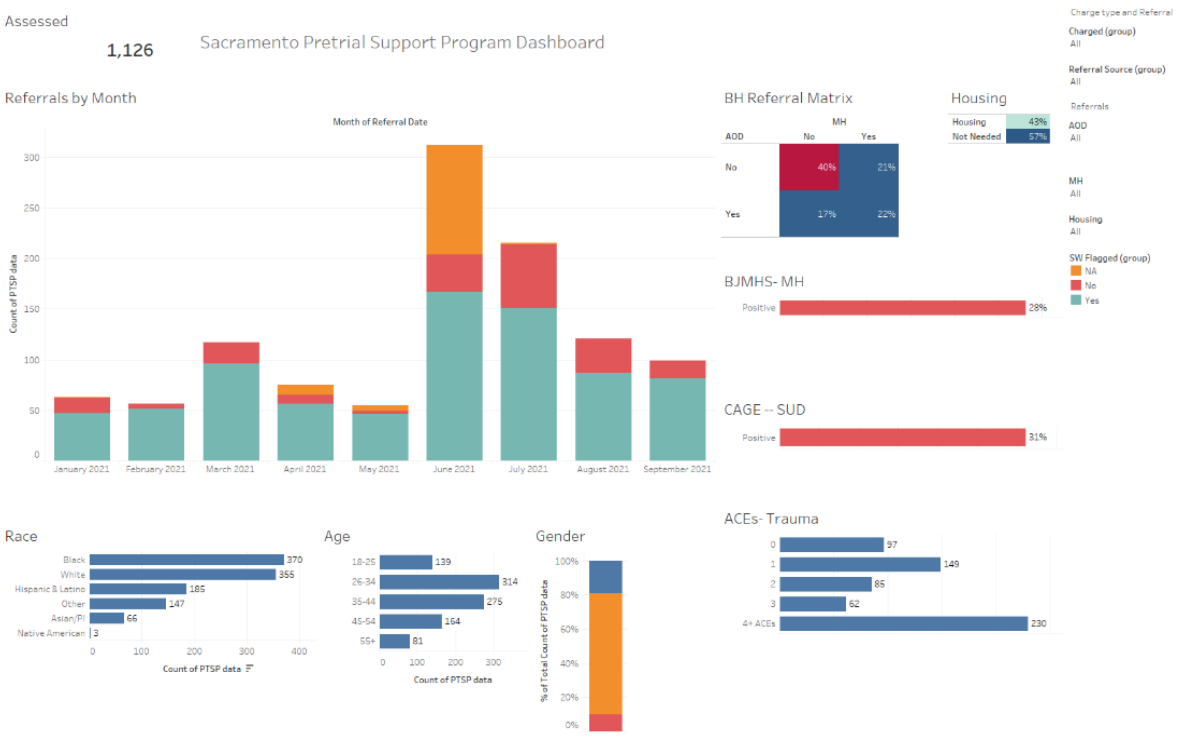
The data as it is currently available also gives the county the ability to use and develop monitoring strategies like dashboards and standard reports. A dashboard allows for a consistent presentation of key data, as well as exploration and filtering. Based on the data strategy noted above, there is currently a Tableau[1] based dashboard used for workgroup meetings, but the platform is less important than the scalability and accessibility across wide numbers of people in agencies. Sacramento County could use this design to create its own dashboard approach, even if it chooses a different platform. Dashboards can also be used for varying purposes, so the design and logic need to match the users' expectations. For example, a simple jail population monitoring dashboard can help inform single questions, as well as allow for more "self-service" across agencies and the public without risking client identification.



Or, for more analytical purposes, dashboards can answer complex questions regarding recidivism and related qualities. Much of this kind of data can be from a single source, and be adapted to the need, interests, and knowledge of the user. For example, recidivism is a complex topic, but of great interest to people. As such, it would require follow-up and detail to help people understand the complexity in the data, as well as the implications.

[1] https://www.tableau.com/

Dashboards can also be designed to focus on specific programs, such that they give insight into the work being done and who is served and can start to point to whether people are better off as a result. This example from the Public Defender's Pretrial Support Program is an example where staff can both see workload over time, but also filter by different assessments and screens to better understand the people they serve.



The steps in dashboard development can be replicated across multiple audiences, but generally follows a consistent formula that ensures positive and rapid adoption by users:

Phase 1. Designing a data dashboard

- Determine your audience(s)
- Identify the key questions you would like to address
- Identify the key variables you would like to examine
- Identify the key relationships between variables you would like to examine
- Determine the time period your dashboard will capture
- Select the types of visualizations to be included in your dashboard

Phase 2. Building out a data dashboard

- Identify the data sources you will need to access
- Extract and clean data • Link data (if necessary)
- Select the dashboard software (e.g., Tableau, Power BI) that is the best fit for your team
- Build a summary file with key variables and relationships to export to software
- Implement dashboard design

Phase 3. Publishing a data dashboard

- Determine the level of detail audiences will have access to (internal, external, etc.)
- Provide dashboard codebook that defines terms and acknowledges any limitations
- Determine the level of frequency for updating
- Consider presenting the dashboard to key audiences or providing training
- Integrate dashboard into operational and reporting practices

ADVANCED ANALYTICS AND EVALUATION

In addition to using the data and metrics outlined in Appendices A and B to describe individuals involved with the criminal justice system, this data will also allow researchers to determine the efficacy of current programming and services, including how they impact the county jail and probation populations. Because the data warehouse hosts a repository of historical data on all individuals who touch behavioral health and criminal justice systems, researchers can determine program efficacy by utilizing pre-test/post-test research designs, as well as through creating matched comparison groups who are similar across characteristics associated with mental health, substance use, and criminal justice outcomes.

Also included here should be strategies and protocols for developing research datasets to make internal sharing easier for commonly used files. Doing so will ease collaboration between research entities and partners. This can be done by looking at past research requests and designing the 5-10 common data structures. This speeds the process data cleaning and specification.

CREATION OF BEHAVIORAL HEALTH AND JUSTICE DATA WAREHOUSE

The recommended approach here is to develop a data warehouse which is flexible enough to add datasets from cross-system partners over time, so new county partners can be added, that is also compatible with state-level databases as well. The data warehouse and recommended approach would aggregate data from various sources, create a secure database cluster, and then transform the data for analyses.

Recommended Approach

Develop a data warehouse that uses extracted data from data owners and compiles them into a single resource where access and uses are determined by a governance committee.

Pros

- Architecture and approach have already been developed through an existing project
- Creates a federated data model where data owners only export data, and all transformations happen subsequently
- Stable person-level translation table of people across systems, allowing for various types of analyses
- Flexible structure allows for adding other excel based data or databases
- Supports multiple analysis approaches and dashboard development while retaining client confidentiality

Cons

- Requires technical and analytic capacity within a single entity that can be challenging to staff
- Demands continuous engagement around governance of shared data resources
- Can become unstable during case management changeovers

There are currently no common identifiers across behavioral health and justice agencies, making statistical analysis unreliable regarding the shared population. As the county begins to look at policy and practice options for clients across agencies, the need to merge select data fields is a fundamental first step to create baselines and develop a longer-term research and

analysis strategy. Since this data is being used retrospectively, there will be no data passed between entities for service provision. Personally Identifiable Information (PII) is only needed for the initial matching of records and will be deleted or de-linked early in the data processing. The goal is for the initial data request for the data warehouse to be intentional about what is shared by each data owner, merging the minimum number of fields from each data owner to reduce query and merging complexity, but still provide value in answering questions of interest.

Sacramento County would need to identify funding or internal resources to develop this approach, so it's important to note alternative approaches, and the pros and cons associated with them.

Alternate Approach 1 Leverage existing databases and have one agency be the "hub" for all case management and assessment data	**Alternative Approach 2** Use an assessment platform that integrates and shares assessments across agencies	**Alternative Approach 3** **(DDRP)** Semi-Routine updates using current database and codebase from contracted third party.
Pros • Less resources since it is an existing system, but with added data files from other entities linked • May take less time to develop as long as the software is flexible	**Pros** • Consolidates assessment forms used to drive multiple decisions in sharable database • Creates a process-specific approach for filling out and automating the movement of assessments • Can work alongside larger data infrastructure but would help with a rules-based approach for sharing data for operational reasons and research.	**Pros** • No up-front cost • Minimally disruptive to operations of agencies • Trusted third party with flexibility in data acquisition

Cons • Creates significant dependency on one agency's software model • Less reliable governance model since all entities would need to trust agency to hold raw, identifiable data as well as processed data	**Cons** • Requires new platform and training for staff • Would require more process management to ensure assessments generate a cohesive set of actions and processes • May require ongoing maintenance costs depending on assessments	**Cons** • Not a stable solution given grant funding ends in Dec 2022 • Does not address data storage needs of the county • Lack of secure data exchange for more than semi-routine data transfers • County doesn't benefit from capacity building

Given the goal of meeting the complex needs of people across multiple systems, it is proposed that Sacramento County develop a single data warehouse to meet the evolving needs of their stakeholders, possibly in the model of a Social Health Exchange.[2] Policy and funding initiatives through CalAIM, as well as lessons learned from Whole Person Care could further the understanding of workflows in addressing client needs, and the challenges of identity management.

Each agency will retain its own case management systems, so a federated approach where the source data comes from each county system on routine interval is recommended. This would transfer data to a server maintained by a centralized entity. The data of interest comes from both client management/records systems, as well as from specialized assessments. This means that any centralized efforts could look to both merge existing case management data, as well as create single platforms where data on assessments can be shared more readily. The raw data would be transferred, with personal information protected, where a series of code and automation would allow these disparate data sets to be merged and prepared, and then have personal identifiers deleted once a "translation table" has been created. This translation table allows people to be identified across systems with a high degree of accuracy, even without a

[2] Nguyen, O. K., Chan, C. V., Makam, A., Stieglitz, H., & Amarasingham, R. (2015). Envisioning a social-health information exchange as a platform to support a patient-centered medical neighborhood: a feasibility study. Journal of general internal medicine, 30(1), 60–67. https://doi.org/10.1007/s11606-014-2969-8

common identifier. The process transforms the raw data into normalized data files and links records across different systems. Once linked, this data can be used for a variety of analysis, reporting, and evaluation purposes.

DATA ARCHITECTURE

Using the federated model described above would require unification and transfer protocols to be developed. There has been recent development and planning of an integrated data system for Social Health, so it would only be a starting point for more complex efforts. The key pieces of architecture would be:

- Servers with access to a Secure File Transfer Protocol (SFTP) to securely move data from the owning agency to the centralized entity.
- A set of protocols to Extract, Transform, and Load (ETL) data to pull information from the SFTP server to then populate a relational database that could be hosted locally or in a cloud-based cluster; and
- Support database clusters with the original data input files, and a second file with the data files that have been processed for analysis. These two databases should be administered separately since one would contain identifying information from the source data, and the other would only retain the merged, but de-identified data.

DATA FLOW

Currently, data providers send data to a pilot approach that securely transfers, merges, and analyzes data. This process was started in early 2020 and has been operational since. DDRP supported analysis allowed for the development of code to merge data, as well as develop ongoing briefings and information. The basic data flow is depicted in Figure 45 below.

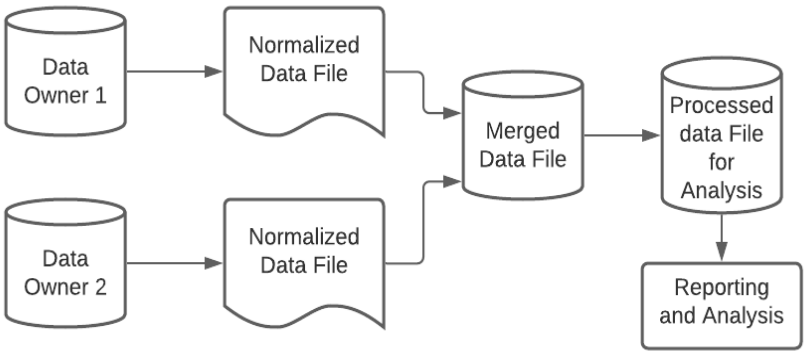


Figure 1: Proposed Data Flow

For each data owner, once the files have been transferred, centralized staff will need to implement a loading code which will be unique for each data provider. DDRP has already operationalized these, so the only change would be localizing them to Sacramento County's system preferences. The set of automations will pull the file from the SFTP, and ensure the file is in the expected format and range of dates. This will then be stored in one of the database clusters as raw data. The data automation can either do a full refresh of all data rows and records or append new data. The script would then delete the file from the SFTP so that only the copy on the secure server remains.

The completion of all the raw data transfers will then enable a main code to run that normalizes the inputs and transform the datasets into usable processed data as appropriate. This will then create two files: a raw data file from the previous transfers, and a processed data file. The raw data file would be kept on an encrypted drive only used for quality control. The processed database would only contain numerical identifiers that are no longer personally identifying.

The processed dataset would contain a data schema that allowed for flexible uses and analysis, where the data is in a more useful and accessible format. Since each data owner has its own operational needs and approaches, it is important that the data have a clear approach to how records are stored and what uniquely identifies a record. This allows the processed data to be rich enough to answer complex questions, but clear enough to be easily edited for analysis with common software applications likes Microsoft Excel. Since the initial goal is analysis, the schema should support this goal. However, this does not close the door to operational uses if they are allowed through the data use agreements.

As a baseline, the schema should include:

- A translation table of unique individuals, linking all identifiers used across the input data sets and adding a new unique identifier. XREF provides some of this, but it is important to identify different formats and spreadsheets that staff track data in outside of the major databases.

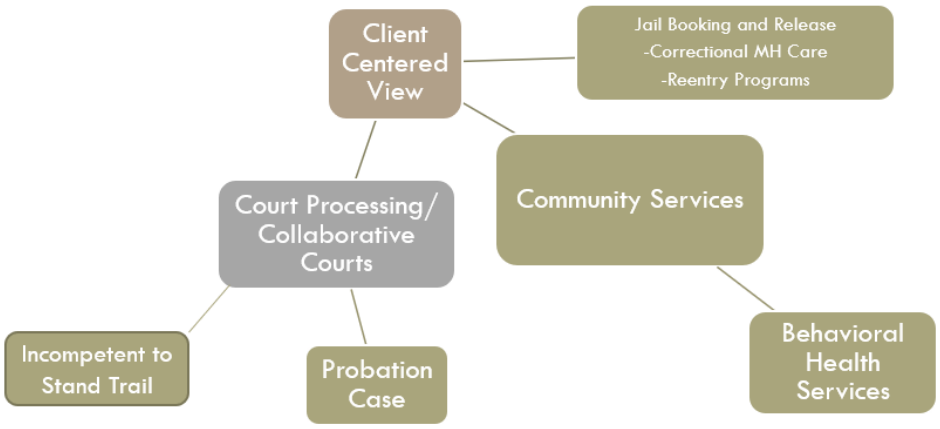


Figure 2: Data Map from various justice and service intercepts

- All justice and programming touchpoints, including health services, arrests, charges, court hearings, and probation start and end dates within a process or program

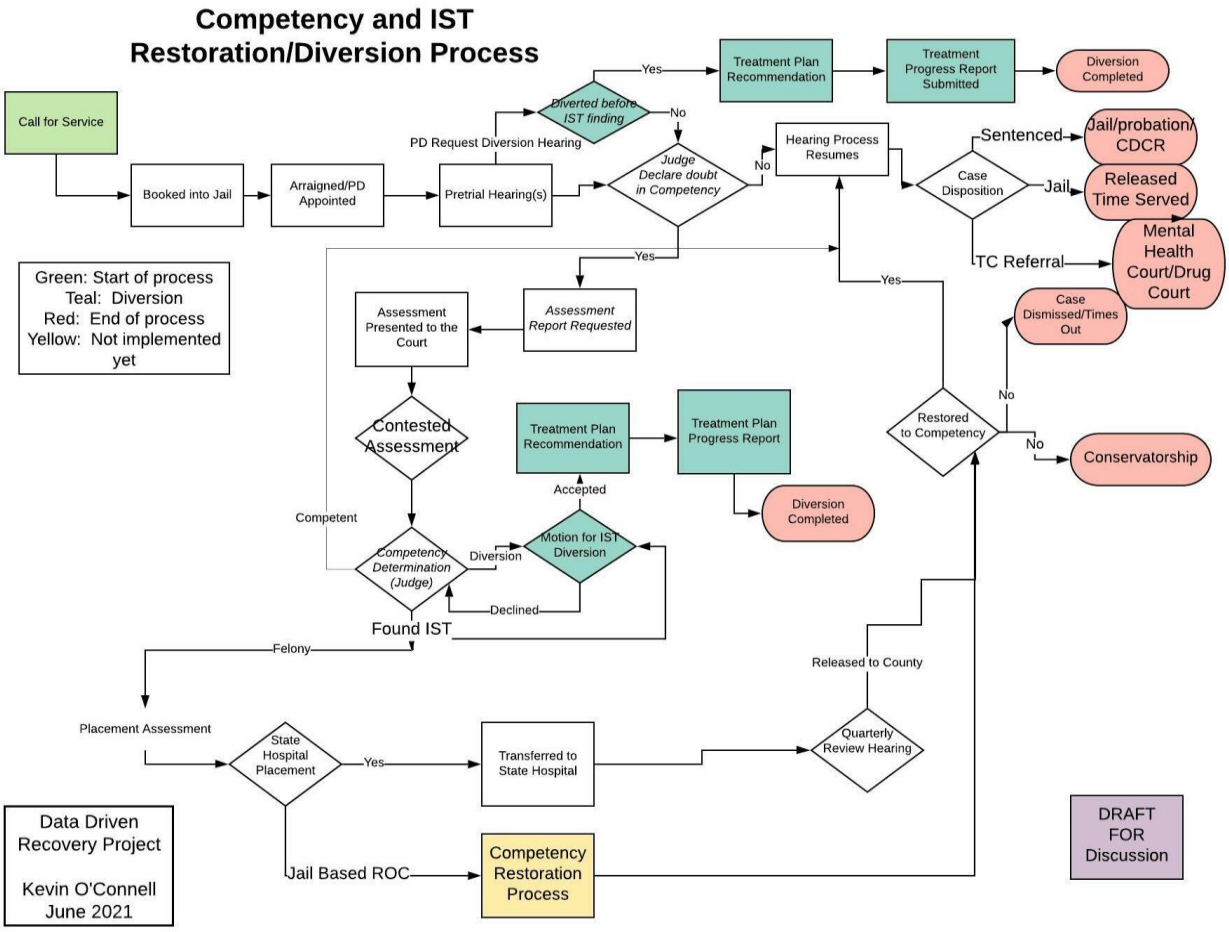


Figure 3: Example Process Map for IST to illustrate need for coordinated service and analysis

- Various assessment tools and the decisions they connect to across justice intercept points. Understanding how assessments and screenings work together is instrumental in using the data to understanding service delivery and care coordination. The more unified the assessment platform, the better chance useful information can be shared and integrated appropriately.

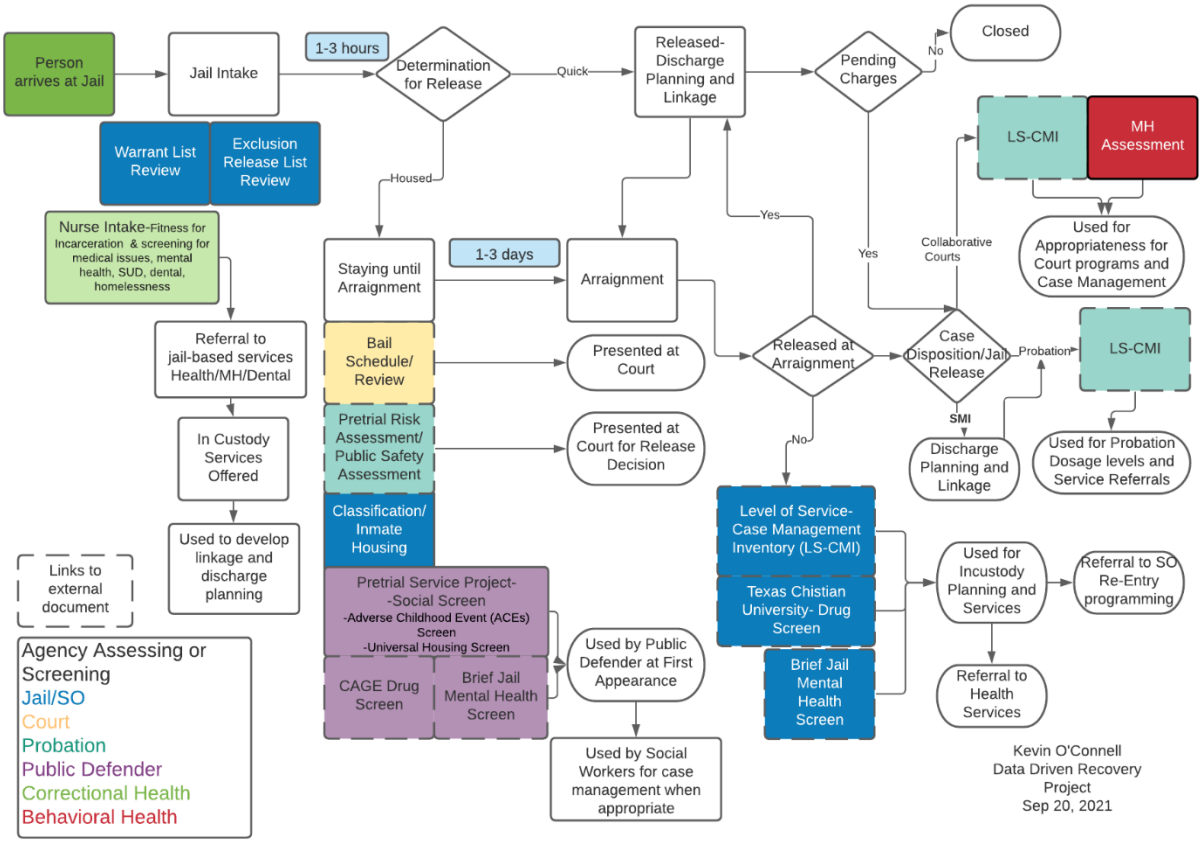


Figure 4: Example of Linked Assessments across justice and Health Processes

PERSONAL IDENTIFIERS

Both Criminal Offender Record Information (CORI) and Health Insurance Portability and Accountability Act (HIPAA) offer exceptions for the use of Personal Identifiable Information (PII) for research and internal planning. The use of the data in the current proposal is internal to Sacramento County, not a release of information to a third party. This initial project plan lays out a strategy for merging data across agencies

Behavioral Health IDs of people and Events

- Social Security Number
- Name
- Date of Birth
- Client ID
- Health Agency ID, Episode or Referral ID

Justice IDs of people and Events

- Criminal Identifying Information (CII)
- Name
- Date of Birth
- Agency Person Identifiers (Jail, Probation, etc)
- Court Case or Docket Number
- Jail Booking Identifier
- Probation Referral Identifier

Figure 1: Example PII used in data merge

where California Penal Code § 13202[3] grants analytic/research provisions as does HIPAA under 45 CFR 164.501 and 42 CFR § 2.52[4]. However, both require the removal of PII. The PII envisioned for merging is listed in Figure 1, with priority given to common numerical identifiers and then direct identifiers like name and date of birth.

Using an intermediary step that merges PII to build a main list of people in behavioral health and justice systems can then avoid explicitly sharing PII. Merging of PIIs and transformation would happen in a protected environment, where then only de-identified data would be used for analysis. The merging of PII would occur using the SOUNDEX function, used to match names based on phonetic spelling, paired with the date of birth.[5]

The merge of behavioral health and justice PII would then be "pseudonymized[6]" to make it identifiable only to a certain subset of database administrators on the "backend" of the system or deleted entirely. Merged data would not be passed back to the original data owner so no new data or identifiers would be added to the original data owners' submissions or data flow. The transformed data would be loaded into a data warehouse containing identifiers as pseudonyms, as well as selected fields from each data owner. The merged dataset would also anonymize any record locator or case file ID. Pseudonymization does not remove all identifying information from the dataset, but merely reduces the clear relationship of a dataset with the original identity of an individual. The produced data warehouse resources would then be

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[3] Notwithstanding subdivision (g) of Section 11105 and subdivision (a) of Section 13305 , every public agency or bona fide research body immediately concerned with the prevention or control of crime, the quality of criminal justice, or the custody or correction of offenders may be provided with such criminal offender record information as is required for the performance of its duties, provided that any material identifying individuals is not transferred, revealed, or used for other than research or statistical activities and reports or publications derived therefrom do not identify specific individuals, and provided that such agency or body pays the cost of the processing of such data as determined by the Attorney General.

[4] The HIPAA Privacy Rule establishes the conditions under which protected health information may be used or disclosed by covered entities for research purposes. Research is defined in the Privacy Rule as, "a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." See 45 CFR 164.501 and 42 CFR § 2.52. A covered entity may use or disclose for research purposes health information which has been de-identified (in accordance with 45 CFR 164.502(d), and 164.514(a)-(c) of the Rule) and 42 CFR § 2.52 (b)(3).

[5] https://www.archives.gov/research/census/soundex.html

[6] To pseudonymize a data set, the additional information must be kept separately and subject to technical and organizational measures to ensure non-attribution to an identified or identifiable person.

managed by workgroups/teams formed through the data governance process, working across agencies. Figure 49 shows how the initial loading of PII creates a universe of people common to all data owners, which is then merged with event and episode identifiers, after which PII is given a pseudonym, such that the final dataset contains no PII. The use of an XREF system makes this easier for the organizations on XREF, but still requires intensive identify management and merging of health data, and housing data (HMIS) if possible, as separate parts of a social profile.

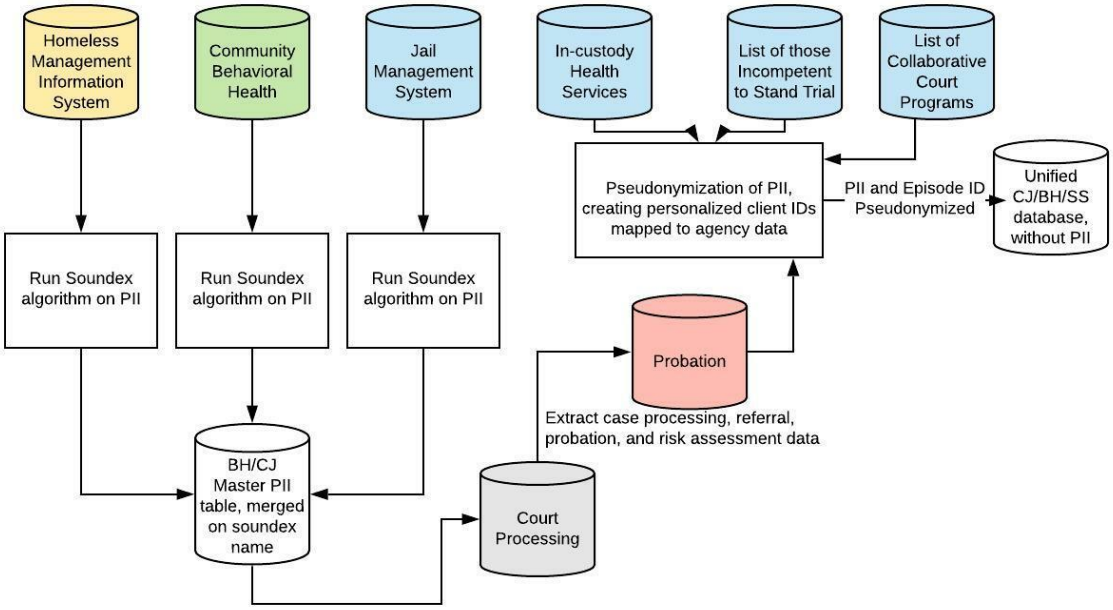

Figure 5: Flow Chart of Data exchange, transformation, and loading of Data Warehouse

Once a common identifier is established, with PII removed as noted above, a limited set of fields would be extracted from the following databases to create a single data warehouse where analysis could look across agencies at shared clients, but not pass any PII. Since each data owner has unique workflows and data structures, the initial data extraction would attempt to create the basic flow of people through each system over time, then carefully build out common baselines and analysis. A number of these fields are considered "indirect identifiers"[7]; these would need to be used with caution when time to report or aggregate to mitigate the risk

[7] Examples of indirect identifiers are one's age or date of birth, race, salary, educational attainment, occupation, marital status and zip code. The more indirect factors that are combined or overly specific, the higher the risk of reidentification when used for analysis.

of “re-identification.” It is assumed the jail’s demographics facts would be used, mainly because the use of live scan/fingerprints may be better than self-reported information elsewhere. Appendix B notes the fields of interest as well as a more detailed log of the data currently extracted.

CURRENT DATA RESOURCES

The Department of Health Services maintains the Avatar Electronic Health Record[8]. The specialty court referral ID is tracked through a spreadsheet, maintained by the DHS.

File	Description of data model	Key fields
Episodes and Programs	One record per program Entrances	Episode ID and Person ID

Correctional Health maintains data on encounters as well as a screening tool for those booked into custody.

File	Description of data model	Key fields
Mental Health Encounters in Custody	One record per Mental Health Assessment resulting in ongoing MH Care	XREF and date of Mental Health assessment

The Sheriff’s Office maintains the Jail Management System (new system will be ATIMS),

File	Description of data model	Key fields
Bookings and Release File	One record per booked charge	Booking ID and XREF

[8] https://www.ntst.com/Offerings/myAvatar-MSO

Probation uses systems for various kinds of case management, of both sentenced and pretrial clients. Probation uses the Level of Service Case Management Inventory for developing case plans and assessing risk to reoffend.

File	Description of data model	Key fields
Probation Case	One record per case	Case number
Probation Charges	One record per charge	Case Number
Risk Assessment	One record per assessment for static Risk	Assessment ID and XREF

The network of collaborative courts uses a single access database to track referrals and case engagement for a range of collaborative courts.

File	Description of data model	Key fields
Collaborative Court Database	One record per referral	Referral ID and XREF

Felony defendants who have a doubt of competency raised, are found Incompetent to Stand Trial (IST) and ordered to the State Hospital are entered into a spreadsheet maintained by the Sherriff's Office.

File	Description of data model	Key fields
Competency to Stand Trial Spreadsheet	One record per referral	Referral ID and XREF

ONGOING MAINTENANCE

NEW ANALYTICS QUESTIONS

The new data system will be built to address a certain subset of analytics questions. Over time, other system stakeholders may determine that they are interested in answering additional questions. If these questions are possible to answer using the data already being stored, it will be straightforward to add new analysis to the quarterly reporting. If the new questions require new data to be gathered from the source system, Sacramento County will need to make several adjustments. First, the data providers will need to adjust the schema of the data transfer. Second, the county will need to adjust the schema of the "raw" database and the "processed" database. Third, the county will need to adjust the ETL scripts to include the new data that is being stored. Finally, the county may desire to backfill the new data fields from previous time periods in the input systems rather than only collecting the new fields moving forward. It is also possible that Sacramento County will recommend that relevant partners begin collecting and reporting new data.

ADDING NEW INPUT SYSTEMS

Sacramento County may determine that they want to add data from new providers into their system. To do this, they will need to define schemas for the new transfer, add tables to the "raw database", and adjust the ETL scripts to account for this.

OWNERSHIP AND MAINTENANCE

Given the wide mandate for working across county entities to improve justice outcomes and address behavioral health needs, the recommended approach will provide users a unique position for maintaining and operating a new shared platform. This means that there will need to be relevant resources assigned in-house, and/or some work that will need to be contracted out for building and maintaining this system.

USERS AND STAFFING

The system design addresses several groups of users who will interact with the system.

1. For each data owner, a technical staff will need to extract data from the predefined structure and transmit this via SFTP. Since the pilot program is already doing this step operationally, it would just need to continue the work and ensure ongoing export relationships.

2. There will need to be technical employees who execute the periodic import process. There will also be upfront costs in developing scripts for the ETL process, but once

developed these should become routine. Ongoing users will need to be able to troubleshoot and debug any issues that arise during the ingestion or reporting process.

3. Internal or external analysts and researchers working with the data will need to specify their required data and be provided with data exports that do not contain PII. Since the data files can be exported once developed, the issue will be the creation of comparison groups to assure high quality research as well as consistent data access over time with minimal technical upkeep.

A rules-based permission system, across agencies should be developed based on predefined cross-agency needs, as well as agencies access to their own data. Since the software platform choice will define how detailed these permissions can be, it will be important to continue to develop use cases to support the types of roles needed. The current focus on baseline analysis and knowledge development across the Stepping Up workgroup has not required overly detailed use cases because the grant funded consultant can fill a general role, but as work progresses and governance activities begin, defining several roles and use cases will be imperative.

APPENDIX A: MEASURES USING THE SEQUENTIAL INTERCEPT MODEL

INTERCEPT 1: DISPATCH AND POINT OF ARREST

Intercept 1 includes an initial interaction with law enforcement and resulting entry into the criminal justice system. This may occur through a 911 call that summons a law enforcement officer and/or through an arrest. Because this is intercept represents an initial entry into the criminal justice system, it also contains many opportunities for early interventions and diversion efforts. Understanding this point in the process, including who experiences what type of interaction within this intercept and what their outcomes are, can help in designing and targeting interventions and diversion opportunities that can result in fewer individuals entering the criminal justice system. For example, offering services and diversion programs in this intercept, at the instance of a 911 call or an interaction that can lead to an arrest, can potentially lead individuals into services and prevention rather than detention and custody. To design effective interventions, it is important to first understand the quantity of people passing through this intercept, as well as details about the interactions that occur there.

Example Question to Ask at Intercept 1

- What are the reasons for arrests and do these differ by arresting agency?
- Given the arrest charges, can custodial arrests be diverted to citations or other diversions?
- When are most arrests occurring (by day of week and time of day) and does this differ by arresting agency?
- Are the agencies with the most arrests/citations for mental illness and substance abuse-related instances staffed with officers trained in CIT?
- Do agencies with high proportions of incidents requiring CIT responses have appropriate proportions of officers trained in CIT?
- What other specialized responses are being required, by agency, and what can be done to meet these needs?

DISPATCH

Metric to Collect	Date Fields Needed	Data Source	Currently Available
1. # of calls within a time frame for each line	• Name of line • Number of calls within a set time frame	• 911/Crisis line	N

2. # of calls within a time frame by line and type of call (type of caller, type of service requested, etc.)	• Call ID • Name of line • Type of caller (family member, law enforcement, etc) • Day of week and time of call • Type of service requested • Location of caller	• 911/Crisis Line	N
3. # of calls within a time frame by outcome and disposition	• Call ID • Name of line • Type of service requested • Call outcome (referred to service provider, dispatched to EMS, law enforcement, fire department, etc) • Disposition of call (stabilized in community, transferred to hospital, referred to services, etc)	• Call agencies	N

POINT OF ARREST

Metric to Collect	Date Fields Needed	Data Source	Currently Available
4. # of total custodial arrests by agency, type of charge, and day/time of arrest	• Arrest ID • Arresting agency • Arrest day and time • Arrest charge	• Police Departments • Other law enforcement agencies (e.g., CHP) • Sheriff	Y

5. # and % of officers who are CIT trained, by agency	• Agency name • # of officers in the field • # of officers trained in CIT	• Police Departments • Other law enforcement agencies (e.g., transit police) • Sheriff	N
6. # and % of incidents that involve a specialized response, by agency	• Incident ID • Agency name • Specialized response required	• Police Departments • Other law enforcement agencies (e.g., transit police) • Sheriff	N

INTERCEPT 2: JAIL BOOKING AND INITIAL COURT HEARING

Intercept 2 includes the initial jail booking or detention and the time leading up to and during arraignment. This intercept can last zero to three days. In this intercept, individuals are booked into custody and have their first court appearance regarding their case, potentially resulting in a probation, jail, and/or a prison sentence. In the absence of intentional effort to identify and divert individuals with behavioral health or substance abuse needs prior to arrest, it is in this intercept that individuals may get funneled into the criminal justice system, spending time pre- and post- adjudication, when they could be better served by receiving targeted treatment and interventions based on their unique needs. Understanding how many individuals pass through this intercept, how many have mental health and/or substance use service needs, and how many are being sentenced versus diverted to services will help identify opportunities for serving this population in more beneficial ways than incarceration. Knowing whether and when during the events in this intercept an individual is assessed for these needs, and whether and when they are offered services, may point to areas that need more resources to identify and reach the population in need.

Example Question to Ask at Intercept 2

- How big is the population being detained?
- What are people being booked for most often?
- How often are new bookings due to new crimes, holds, supervision violations, etc.?
- What proportion of detainees have behavioral health needs?
- Does the proportion of detainees with behavioral health needs vary by booking reason?
- Do those with identified mental health and/or substance use needs have different court hearing outcomes than those who do not?

INITIAL DETENTION

Metric to collect	Data fields needed	Where data comes from	Currently Available
7. # of bookings per day, and booking reason	• Booking ID • Booking date • Booking reason	• Sheriff	Y
8. # of releases per day, and reason for release	• Booking ID • Release date • Release reason	• Sheriff	Y
9. Average days in custody by booking type and release type	• Booking ID • Booking date • Booking reason • Release date • Release reason	• Sheriff	Y
10. Mental health screening conducted, type and timing	• Booking ID • Booking date • Booking reason • Mental health screening date	• Sheriff • In custody behavioral health provider	Y
11. # and % screening positive for mental health need and referred for further assessment	• Booking ID • Booking date • Booking reason • Mental health screening score • Referral Status	• Sheriff • In custody behavioral health provider	N
12. # and % of veterans booked into custody with mental illness and/or substance use needs who are referred to services	• Booking ID • Booking date • Booking reason • Substance use screening outcome / score • Mental health screening score • Veteran's status • Service referral type(s)	• Sheriff • In custody behavioral health provider	N

	• Service referral date(s)		
13. # and % of individuals booked who have no fixed address or are homeless	• Booking ID • Booking date • Booking reason • Address at booking • Homeless status at booking	• Sheriff	N
14. # and % of homeless individuals booked who have mental health needs	• Booking ID • Booking date • Booking reason • Mental health screening outcome / score • Secondary assessment date • Secondary assessment outcome / score • Veteran's status • Homeless status at booking	• Sheriff • In custody behavioral health provider	N
15. # and % of veterans booked who are homeless or have no fixed address	• Booking ID • Booking date • Booking reason • Veteran's status • Address at booking • Homeless status at booking	• Sheriff • In custody behavioral health provider	N

INITIAL COURT HEARING

Metric to collect	Data fields needed	Where data comes from	Currently Available
16. # of bookings that result in a court hearing	• Booking ID • Booking date • Booking reason • Court hearing date	• Sheriff • Court	Y

17. # and % of court hearing outcomes of those with identified mental illness and/or substance use needs	• Booking ID • Booking date • Booking reason • Court hearing date • Court hearing outcome • Substance use screening outcome / score • Mental health screening outcome / score	• Sheriff • Court • In custody behavioral health provider	Y

INTERCEPT 3: COURT PROCESS AND JAIL CUSTODY

Intercept 3 occurs after the initial court hearing and arraignment, when the defendant is either detained in jail while awaiting their dispositional court processing or is diverted to a collaborative court. During this intercept, the individual may receive services while in custody or through the collaborative court. This intercept offers another opportunity to keep those in need of mental health and/or substance use treatment out of custody and to divert them into treatment through the collaborative court process. Even if the individual remains in custody through this intercept and is not diverted to a collaborative court, there is opportunity to address treatment needs in custody during this intercept. Understanding who moves through this intercept and what paths they take, for example traditional sentencing to jail/prison or diversion to collaborative court processes, and what services they receive in each path, may help identify opportunities for better serving this population. It may also illuminate where resources can be better spent, for example on treatment through a collaborative court rather than on costly custody time. Understanding the time spent in this intercept, particularly the time spent in custody, can provide important information on where resources are flowing and how well those resources are serving individuals with mental health and/or substance use issues.

Example Questions to Ask at Intercept 3

- Are certain case types/charges taking longer than average and can be opportunities to target diversion efforts?
- How many people are being referred for competency to stand trial?

- How long, on average, are defendants waiting between their case being filed and being referred for an evaluation?
- What are those who get re-convicted convicted for (felony, misdemeanor), and does this vary by completion reason, court, crime type, or charge?
- Does this vary from the amount of time those without behavioral health or substance use disorders spend before being referred to services?

DISPOSITIONAL COURT PROCESSING

Metric to collect	Data fields needed	Where data comes from	Currently Available
18. Case processing rate, by case type	• Case ID • Case filing date • Case disposition date • Case type (felony, misdemeanor) • Case charge at filing (i.e., murder, burglary, etc.)	• Court	N
19. # and % of individuals referred for evaluation and evaluated for competency to stand trial	• Case ID • Case type • Case filing date • Case filing charge • Referral to competency evaluation (Y/N) • Referral date	• Court	Y
20. # and % of individuals found to be incompetent to stand trial	• Case ID • Case type • Case filing date • Case filing charge • Referral to competency evaluation (Y/N) • Referral date • Evaluation date • Evaluation outcome	• Court	Y
21. # referred to collaborative	• Case ID • Case filing date	• Court	Y

and/or treatment courts	• Case filing charge • Referral to treatment/collaborative court • Treatment/collaborative court referred to		
22. Outcomes of treatment / collaborative courts	• Case ID • Case filing date • Case filing charge • Referral to treatment/collaborative court • Treatment/collaborative court referred to • Treatment/collaborative court acceptance (Y/N) • If denied acceptance, reason • Date of acceptance/denial into treatment/collaborative court • Treatment/collaborative court case closure reason • Treatment/collaborative court case closure date	• Court	N
23. Rates of recidivism after treatment / collaborative court completion	• Case ID • Referral to treatment/collaborative court • Treatment/collaborative court referred to • Treatment/collaborative court acceptance (Y/N)	• Court	N

	• If denied acceptance, reason • Date of acceptance/denial into treatment/collaborative court • Treatment/collaborative court case closure reason • Treatment/collaborative court case closure date • New conviction date • New conviction crime type		
24. Case processing rate, by case type	• Case ID • Case filing date • Case disposition date • Case type (felony, misdemeanor) • Case charge at filing (i.e.. murder, burglary, etc.)	• Court	Y

JAIL CUSTODY

Metric to collect	Data fields needed	Where data comes from	Currently Available
25. # and % of those incarcerated with mental illness or substance use disorder	• Booking ID • Booking date • Mental illness or substance use disorder identified • Identification type (self-identified, assessment, etc)	• Sheriff • In custody behavioral health care provider	N

26. Average length of incarceration for those with mental illness or substance use disorder compared to the general jail population	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release Date	• Sheriff • In custody behavioral health care provider	N
27. # and % of those incarcerated with an identified mental illness or substance use disorder who are referred to programming or services in custody	• Booking ID • Booking date • Mental illness or substance use disorder identified • Program or service referral type	• Sheriff • In custody behavioral health care provider	N
28. Amount of time spent in custody before being referred to a program or service	• Booking ID • Booking date • Mental illness or substance use disorder identified • Program or service referral type • Program or service referral date	• Sheriff • In custody behavioral health care provider •	N
29. # and % of individuals incarcerated who receive facility-based mental health treatment and/or see a psychiatrist	• Booking ID • Booking date • Mental illness or substance use disorder identified • Engagement with behavioral treatment • Engagement with psychiatrist	• Sheriff • In custody behavioral health care provider	N
30. # of suicide watches and # of days the	• Booking ID • Suicide watch initiated	• Sheriff	N

facility is on suicide watch, annually	• Date of initiation of suicide watch • End date of suicide watch		
31. # of individuals incarcerated who receive psychotropic medications	• Booking ID • Booking date • Behavioral health or substance use disorder identified • Engagement with behavioral treatment • Engagement with psychiatrist • Prescribed psychotropic medication	• Sheriff • In custody behavioral health care provider • In custody medical provider	N

INTERCEPT 4: REENTRY

Intercept 4 contains the process of preparing an individual for release into the community, also known as the pre-release or reentry planning process. During this intercept, the detainee may be connected to their community supervision (i.e., probation or parole) officer and/or to community treatment providers. A reentry plan may be created during this intercept, outlining the treatment, services, and supervision requirements for the individual upon release. This plan may be based on an assessment of the individual's risk and needs. Understanding this intercept can help illuminate how well individuals are directed to appropriate services in the community, where this process can be improved, and how well this process is working particularly for those with mental health and/or substance use treatment needs. It also can illuminate if those released from custody for different reasons or release types (e.g., released to community supervision, released for sentence completion, released to residential treatment) receive different types and amounts of reentry planning services. Having a reentry plan in place prior to release from custody can have a significant impact on an individual's reentry success. Therefore, ensuring resources are targeted appropriately for those moving through this intercept is vital for helping those leaving custody to successfully return to their homes and communities and to not return to custody, particularly those with high risk of returning and high service needs.

Example Question to Ask at Intercept 4

- What proportion of the population being released from custody has identified mental health and/or substance abuse needs?
- Do the release reasons for these populations vary significantly from the released population as a whole?
- How long, on average, are people released with identified mental health and/or substance use needs spending in custody prior to release?

JAIL REENTRY

Metric to collect	Data fields needed	Where data comes from	Currently Available
32. # and % of persons being released from custody with identified mental health and/or substance use needs	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release date • Release type	• Sheriff • In custody behavioral health care provider	N
33. # of days between release and contact with prescribing treatment provider, for those receiving referral in reentry process	• Booking ID • Booking date • Referral made to prescribing community-based treatment provider • Name of provider referred to • Date of initial contact with treatment provider •	• Sheriff • Probation • Community-based treatment providers	N
34. # and % of persons released from custody without stable residence	• Booking ID • Booking date • Release date • Release type	• Sheriff	N

	• Release address type (shelter, homeless, residence, etc.)		
35. # and % of persons with identified mental illness and/or substance use disorders who are released from custody without stable residence	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release date • Release type • Release address type (shelter, homeless, residence, etc.)	• Sheriff • In custody behavioral health care provider	N
36. Rate of linkage to reentry services, by mental health and/or substance use need	• Booking ID • Booking date • Mental illness or substance use disorder identified • Release date • Release type • Reentry treatment and service referral type • Reentry treatment and service engagement date	• Sheriff • Probation • Community-based service and treatment providers	N

INTERCEPT 5: COMMUNITY CORRECTIONS

Intercept 5 includes the time the individual spends on community supervision. In this interval, the role of the individual's community supervision officer is key to connecting them with services and treatment in the community and helping them stay engaged with these programs. The probation or parole officer may be guided in their supervision and service referral activities by the client's reentry or case plan and/or their risk and needs assessment. The goals underlying the activities and interventions in this intercept are to assist the client in successfully reentering the community and reduce the likelihood that they will recidivate. Understanding what happens during this interval, what interventions and services are offered and to whom, and what clients' outcomes are, can help illuminate what is working and what is not in the jurisdiction's community supervision practices, particularly for those identified as high risk and/or as having behavioral and/or substance use needs.

Example Questions to Ask at Intercept 5

- What proportion of the probation population have a completed risk and needs assessment?
- What proportion of the assessed probation population has identified mental health and/or substance use needs?
- Are individuals with identified mental health and/or substance use needs being supervised by specialized caseloads?
- What is the successful completion rate for those with identified mental health and/or substance use needs?

PROBATION SUPERVISION

Metric to collect	Data fields needed	Where data comes from	Currently Available
37. # and % of individuals served by probation who have received a risk and needs assessment	• Individual ID • Probation start date • Supervision Type (Probation, PRCS, MS) • Assessment performed	• Probation	Y
38. # and % of individuals served by probation with identified mental	• Individual ID • Probation start date • Supervision Type (Probation, PRCS, MS)	• Probation	Y

health and/or substance use needs	• Assessment performed • Criminogenic Needs		
39. # and % of individual supervised with identified mental health and/or substance use needs who are supervised in specialized caseloads	• Individual ID • Probation start date • Supervision Type (Probation, PRCS, MS) • Assessment performed • Criminogenic Needs Assigned caseload • Assigned caseload type	• Probation	Y
40. Successful probation completion rate among individuals with identified mental health and/or substance use needs	• Individual ID • Supervision type • Behavioral health assessment score • Substance use assessment score • Completion date • Completion reason	• Probation	N
41. Revocation rate among individuals with identified mental health and/or substance use needs	• Individual ID • Supervision type • Behavioral health assessment score • Substance use assessment score • Revocation date • Revocation reason	• Probation	Y

APPENDIX B: DATA DICTIONARY

DEPARTMENT OF BEHAVIORAL HEALTH

EPISODES

Variable Name
PATID
EPISODE_NUMBER
program_code
program_value
preadmit_admission_date
date_of_discharge
Provider Type
Population Served

SHERIFF'S' OFFICE

SACRAMENTO BOOKING DETAIL

Variable Name
Xref
InTheDoor
OutTheDoor

RegistryNumber
RegistrySubNumber
BookingCode
ViolationSeverity
CodeSection
CodeDescription
ReleaseCode
ReleaseComment
ChargeDate
ChargeReleaseDate
ChargeDurationHours
CourtFile
Court
Docket
isOTDLine
SentenceDate
ViolationCount

SACRAMENTO JAIL ARREST HISTORY

Variable Name
Xref
ArrestDateTime
BookingDateTime
ArrestNumber
RegistryNumber
LEANumber
LEADescription

SACRAMENTO JAIL BOOKING MAIN

Variable Name
Xref
RegistryNumber
ArrestDateTime
ITD
OTD
CustHours
IntakeLocation
LastHousing

CurrentHousing
PrjRelease
IsPRCS
IsMS
IsAProb
IsJProb
ArrestingLEA

SACRAMENTO JAIL REENTRY PROGRAMS

Variable Name
Row
XREF
Startdate
Enddate
Program

SACRAMENTO JAIL IST

Variable Name
INMATE
XREF

Case #
CHARGES
Charge
Total Prior Fresh Arrests
Total Prior Bookings
Booking Date
Jail Release Date
Days In Custody
Date Found IST
DATE COMMITTED
PACKET RCVD (Court Papers Rec'd)
Movement DATE
Time/Days from Commit Date to Movement Date
MOVEMENT DATE/LOCATION
Date Returned to Jail
Time in Placement/DSH
Restored

Date Found Competent
Dys from IST Finding to Competent
Court Dispo
Probation
ROC
Conservatorship Referral
Conservetype

CUSTODY HEALTH JAIL PSYCHIATRIC SERVICES

Variable Name
XREF
RN Intake Date
MH Assessment Date
Foss Level
Housing Need

PROBATION

PERSON AND CASE DATA

Variable Name

Xref
ProbationCase
ReferralDate
SentenceDate
ExpirationDate
CurrentProbationCaseStatus
ProbLength
ProbationType
CaseTypeDesc
CategoryDesc
CaseOwnerID
CaseOwnerDivision
CaseOwnerUnit
DocketNum
ExtractDate

STATIC AND DYNAMIC RISK DATA

Variable Name
AssessmentID

Xref
FirstName
LastName
AssessmentGender
AssessmentAge
AssessmentDate
Interviewer
InterviewerSystemsUserID
InterviewerAgencyID
InterviewerJobNo
Rater
CriminalHistory_RawScore
CriminalHistory_RiskLevel
CriminalHistory_Strength
EducationEmpl_RawScore
EducationEmpl_RiskLevel
EducationEmpl_Strength
FamilyMarital_RawScore
FamilyMarital_RiskLevel

FamilyMarital_Strength
LeisureRecreation_RawScore
LeisureRecreation_RiskLevel
LeisureRecreation_Strength
Companions_RawScore
Companions_RiskLevel
Companions_Strength
AlcoholDrugProblem_RawScore
AlcoholDrugProblem_RiskLevel
AlcoholDrugProblem_Strength
AAlcoholDrugProblem_StrengthNote
ProcriminalAttitude_RawScore
ProcriminalAttitude_RiskLevel
ProcriminalAttitude_Strength
AntisocialPattern_RawScore
AntisocialPattern_RiskLevel
AntisocialPattern_Strength
Total_RawScore
Total_RiskLevel

ADRCDate
ADRCStatus

SACRAMENTO COLLABORATIVE COURTS

MENTAL HEALTH DIVERSION AND TREATMENT COURT

Variable Name
ID
Xref
Last Name
First Name
Colab Court
Cases
Status
Enter Date
Exit Date
Exit Reason
Months in Program
Susp Time (days)
Susp Time
Gender

R/E
DOB
Age at Enter
Charges
Referral Date
First Date
Decision Date
Days
Diagnosis
Case Type
Offense Code Type
Warrant Date
Grad Date
Dept
Contested?

SACRAMENTO COLLABORATIVE COURT- DRUG COURT

Variable Name
Name
Xreference #

Docket #
Referral Date
Referred By
Reviewing Probation Officer
Denied Date
Denial Reason
Probation Approval Date
Next Court Date
Drug Court Acceptance Date
Suspended Sentence