BJA
Bureau of Justice Assistance
U.S. Department of Justice

Global Justice Information Sharing Initiative

Prioritizing Justice-to-Health Exchanges Task Team Final Report



Information sharing between the criminal justice and healthcare communities has the potential to enhance public safety and health outcomes for offenders by reducing redundancies, enhancing continuity of care, and generating efficiencies in both domains.

Global Strategic Solutions Working Group

March 2014

Information sharing between the criminal justice and healthcare communities has the potential to enhance public safety and health outcomes for offenders by reducing redundancies, enhancing continuity of care, and generating efficiencies in both domains. The IJIS Institute's Criminal Justice and Health Collaboration Project[1] identified 34 interdomain information exchanges between community-based health organizations and the criminal justice system.[2] The Bureau of Justice Assistance (BJA) chose the community-based treatment with effective criminal justice supervision (justice/health) exchange synopses as one of the areas for further development.

The Global Strategic Solutions Working Group (GSSWG) assembled a team of justice and health practitioners and subject-matter experts (SMEs) to review the 34 exchanges. (See Appendix A.) The team includes representatives from the Bureau of Justice Assistance (BJA), Substance Abuse and Mental Health Services (SAMHSA), Community Oriented Correctional Health Services (COCHS), National Association for Court Management, National Center for State Courts, George Mason University, SEARCH, American Probation and Parole Association, IJIS, Pennsylvania Justice Network, Maryland State Police, and Alabama Health Insurance Exchange. Through conference calls and e-mails, the team worked through its review of the 34 exchanges; with a focus on prioritizing those exchanges with the greatest potential benefit to the criminal justice community.

The exchanges were grouped into four categories for review: (1) arrest and detention, (2) pretrial, courts and supervision, (3) investigation, and (4) treatment and reentry. As the team proceeded in its evaluation, it became apparent that a singular view considering the potential benefit to the criminal justice community was not practical in the prioritization process. Rather, the team found it to be more responsive if a view of the potential benefits to both communities was considered. As a result, the majority of the highest-ranking exchanges indicate the highest value assessed by the team to be in the area of sharing treatment and reentry information.

While both evaluation and basic research has been generated on offender treatment, risk assessments, and other programs, less is known about the effectiveness of using information exchange and information technologies to facilitate effective treatment or to reduce risk and recidivism.

The subset of ten exchanges was identified through an initial review of the full set of 34 exchanges. The team then concentrated on ranking the list of ten exchanges, with one having the greatest and ten having the least impact benefit. The team conducted a thorough review, and these rankings represent a consensus based on the assessments received from each participant. These assessments were then summarized and averaged numerically to establish the initial ranking. A final consensus was achieved through an interactive session in which the numerical results were presented and discussed, and each participant was given the opportunity to comment, adjust, and/or confirm his or her agreement with the ranking. The list of ten exchanges is included in the table on the next page:

1 Criminal Justice and Health Collaboration Project Working Group, IJIS Institute, and Urban Institute (2013), Opportunities for Information Sharing to Enhance Health and Public Safety Outcomes: A Report by the Criminal Justice and Health Collaboration Project, http://www.ijis.org/_publications/proj_reports.html or http://www.urban.org/publications/412788.html.

2 Broadly defined to include mental health (MH); physical health (PH), including HIV/AIDS services; prescription-related information RX; and substance abuse (SA).

Rank	J2H Exchanges/CJIS Support	Reference (34)	Review Category
1	Community-based service providers receive information on criminal charges and criminal justice risk assessments to assess defendants' eligibility or suitability for their programs.	31	Treatment and Reentry
2	Community-based providers receive inmates' expected release dates to coordinate reentry planning.	34	Treatment and Reentry
3	Correctional health records are populated with basic personal and demographic information from the facility's offender management system to reduce the time spent asking for redundant information and to eliminate duplicate data entry.	12	Arrest and Detention
4	Pretrial, court-based, and post-conviction supervision programs receive status updates from behavioral health treatment providers to support compliance monitoring (e.g., program attendance, treatment adherence).	25	Pretrial, Courts, Supervision
5	Health providers receive an inmate's actual date of release from a detention facility to conduct client outreach and facilitate continuity of care.	10	Treatment and Reentry
6	Returning inmates receive copies of their correctional health records upon release as a means of both information transfer to community-based health providers and personal empowerment.	22	Treatment and Reentry
7	Treatment providers receive client updates and compliance information from criminal justice supervision agencies to support the treatment process.	27	Treatment and Reentry
8	Health departments receive notification about inmates with reportable communicable diseases, in accordance with public health reporting laws, to prevent disease transmission and care for the affected individual.	14	Treatment and Reentry
9	Treatment providers receive notification of upcoming court dates to promote client compliance with court appearances.	28	Treatment and Reentry
10	Pretrial, court-based, or post-conviction supervision personnel receive drug testing results from treatment providers (or their laboratories) to support compliance monitoring.	26	Pretrial, Courts, Supervision

The team reached a unanimous consensus, with two conditions to be considered by future initiatives utilizing the results of this analysis. These two conditions are in relation to potential jurisdictional policy/legislative matters—which could not be fully studied by this team via this effort; and the feasibility of implementing any given exchange in a reasonable time frame at reasonable cost. Mitigation of these conditions would be based on the overall value of a subject exchange in terms of its impact on the criminal justice and/or health system. In any case, the development of future exchanges will likely involve an evaluation of these conditions on balance with the priorities as assessed across the list of ten.

The list of exchanges also crosses paths with other GSSWG task teams—Prescription Drug Monitoring and Corrections Management and Reentry. Some of the exchanges could overlap significantly with the risks/needs assessment and will need to be cross-referenced, since six of the exchanges are directly relevant to offender reentry.

Further, the resulting list of prioritized justice-to-health exchanges is valuable to anyone working on the justice-to-health exchange effort, including but not limited to work being done by the Prescription Drug Monitoring Program, the IJIS Justice-to-Health Team, the Global Standards Council, and the State of Pennsylvania Justice Network.

The task team also encourages researchers to consider building research evidence in the area of justice-to-health exchanges and for these priorities. While both evaluation and basic research has been generated on offender treatment, risk assessments, and other programs, less is known about the effectiveness of using information exchange and information technologies to facilitate effective treatment or to reduce risk and recidivism. Researchers might consider basic research on the extent to which information technology is used throughout the criminal justice systems for these ten priorities, as well as process and evaluation research assessing the outcomes of implementing these priorities.

As a closing note, this team brings together a valuable cross-set of perspectives and can provide an additional benefit to the GSSWG. Given the level of input and expertise when working through the exchanges, it would be beneficial to retain the ability to reconvene this group in an ad-hoc capacity for future J2H developments, such as looking at issues related to top-ten exchanges, and also for ranking the remaining 24 exchanges. The team is willing to be called upon to participate in this capacity. Members have an interest in contributing their expertise on the progress of the various J2H programs, and they can provide a confident information channel as this topic finds its way to its next levels of maturity.

Appendix A-Group Members

Mr. Steve Ambrosini, Executive Director, IJIS Institute, Group Lead

Maureen Boyle, Ph.D., Health Information Technology, Substance Abuse and Mental Health Services Administration (SAMHSA), Lead Public Health Advisor

Ms. Becky Goggins, Alabama Health Insurance Exchange, Privacy and Data Specialist

Mr. Chris Traver, Senior Policy Advisor, Bureau of Justice Assistance, U.S. Department of Justice

Mr. Mike Roosa, Chief Information Officer, Maryland State Police

Mr. Carl Wicklund, Director, American Probation and Parole Association

Mr. James Dyche, Information Systems Manager, Justice Network (JNET) State of Pennsylvania, Information Technology Specialist

Mr. Kevin Bowling, J.D., 20th Circuit Court, Michigan, and Global Advisory Committee (GAC) member representing the National Association for Court Management

Mr. John Kenney, Assistant Superintendent, Hampden County Sheriff's Department

Mr. Bob May, Assistant Director, Program and Technology, IJIS Institute

Mr. Mark Perbix, Director, Information Sharing Programs at SEARCH, The National Consortium for Justice Information and Statistics

Mr. Paul Embley, Director of Technology, National Center for State Courts

Mr. Steven Rosenberg, Community Oriented Correctional Health Services, Founder and President, Health Care Policy Specialist

Cynthia Lum, Ph.D., Director and Associate Professor, George Mason University