# Justice and Health CONNECT

*A national resource for justice and health data sharing*

## Lesson from the Byrne Reentry Information Sharing Pilots: advice on overcoming common barriers and implementing new initiatives from Bob May

*This summary is based on a conversation between Jim Parsons, director of the Justice and Health Connect Initiative at the Vera Institute of Justice and Bob May, assistant director of the Integrated Justice Information Systems (IJIS) Institute. Mr. May has 36 years experience in criminal justice, including 12 years in law enforcement and 24 years consulting on criminal justice projects. His criminal justice experience has included work at the American Jail Association on a BJA funded project to implement drug treatment programming in four jails. He was the associate director at the Association of State Correctional Administrators, where he worked on a number of projects to improve correctional information sharing, including the Byrne Reentry Information Sharing Pilot Projects, which strive to use justice information sharing to improve reentry. In April 2012, he joined the IJIS Institute as the assistant director, where he continues to develop justice information sharing initiatives across the country and to develop pilot sites to use information sharing to improve reentry, leveraging lessons learned through work on the Byrne Reentry initiatives.*

**Jim Parsons:** When did you first realize that there was a need for information sharing between justice and community treatment systems?

**Bob May:** When I started working on a BJA funded project to implement drug treatment programming in jails, it became pretty clear that continuity of care and treatment services provided in the institution was essential. I realized that if individuals can't access appropriate health care or services once they are released from jail, any services or treatment provided while in the institution is a waste of time and resources. Where services did exist in the community, I saw that information sharing about treatment history while incarcerated was a missing piece to properly inform such continuity of care.

**JP:** What are some of the barriers you frequently encounter that make collaboration between health and justice agencies challenging?

**BM:** Cultural challenges became very obvious to me in the early 1990s when I was the head of technical assistance on the Residential Substance Abuse Treatment (RSAT) Initiative, in which the federal government funded the placement of therapeutic communities in prisons around the country. We discovered that if we could address the cultural differences between the treatment world, public health world, and the corrections world, the initiative would run much more smoothly, so we developed a cross-discipline 2-day team building training aimed at breaking down cultural barriers and developing respect between treatment and corrections. It was amazing the difference this training made; once the agencies respected each other's work, recognized the value of the information another agency could offer, and understood that other agencies' policies weren't just obstructionist, the rest of the project just came together. They

each discovered their respective goals were similar and learned to accept each other's operational requirements.

The nature of separate funding streams is another challenge to interagency collaboration efforts and continuity of services. It is hard to plan joint initiatives if you have separate funding streams and, if reducing corrections systems costs makes no difference to a public health manager's budget, there is less incentive for them to actually work together. At the state and local level this has become less of an issue than in the 80s and 90s, but congressional funding for interagency collaboration initiatives continues to be a problem because each federal agency has separate budgets and can only share funding through interagency transfers of funds which are restricted by rules attached to the funding stream. Interestingly, the current budget crisis has forced agencies to be much more cooperative. At first there was a feeling that it would make collaboration worse, but agencies recognized that with budget cuts they wouldn't receive necessary funding to implement new projects on their own but would have to collaborate in order to have the resources necessary to make a difference.

Trust is another big barrier. Practitioners don't trust each other with the information that is being requested and are concerned about privacy laws. I see particular concern about privacy laws from the medical side. Often this concern stems from misinterpretation, over-interpretation, or lack of knowledge of the privacy laws, including HIPAA, and trying to break down the rules and regulations on information sharing is too difficult and time consuming, so people don't bother and just don't share information.

Staff time at the front end is often the biggest obstacle even though these information sharing initiatives will lead to savings in staff time in the long run, Even if we pay the cost of implementation, many jurisdictions just don't have the staff to commit to supporting the project.

**JP:** What are the first steps that someone who wants to implement an information sharing initiative should take?

**BM:** I think the first step is making sure that the practitioners who will be involved see the value in the information sharing initiative. If they see the benefits of information sharing, you don't have to drag them to the table and it's just a matter of working with them.

Next you need to build trust to get leaders from each agency to work together. As the leaders start working together and understanding the benefits of sharing information, trust will develop. Also, developing appropriate, concrete policies that reflect the concerns of both sides will further expand that trust.

Another step that any jurisdiction starting one of these program should take is to look at who has done similar work, how it is working, and what lessons they can learn in order to avoid stumbling blocks that have previously been encountered and overcome. People can learn a lot from the experiences of these pilot sites. None of us knew how to build these information sharing systems when we started, and this has been a huge learning process throughout. We have been learning lessons applicable to both technology and operations staff.

**JP:** What are some of the lessons that practitioners interested in information sharing can learn from the demonstration sites?

**BM:** Our experience confronting obstacles and failures and figuring out how to overcome them will be particularly important. Currently the IJIS Institute is developing a set of case studies describing various information exchange initiatives with the assistance of the Urban Institute. These use cases will include the value and benefits as described by practitioners in the initiatives and the obstacles that were encountered during implementation. These "user stories" will be very helpful to jurisdictions wanting to start information sharing programs to easily identify use cases and similar programs they can learn from.

These pilot sites will also be one of the best ways to encourage other jurisdictions to implement similar projects. No one wants to be the first person to try something because they're nervous that it won't work. But once someone else has proven that a practice works, everyone is interested in figuring out how to implement that practice in their jurisdiction. For example, when the American Jail Association conducted the jail drug treatment project in 1988, we had four model jail sites. First, we worked to get them functioning and working well like we're trying to do with the information sharing pilots. Once we did that, we promoted them across the country through articles and workshops. Within 18 months we had 109 implementations by other jails at their own expense using our free technical assistance and talking to and observing their peers who had already implemented the programs. These implementations would not have been possible without the model [Pilot] programs.

**JP:** What are some of the pilot sites where you have developed information sharing? Why did you choose those sites and where are these projects at the moment?

**BM:** The sites where I have worked most extensively on developing information sharing initiatives are the sites that were chosen for the Byrne Reentry Information Sharing Grant that I managed while at the Association of State Correctional Administrators (ASCA). The purpose was to develop information sharing initiatives using technology and standards to improve reentry. The project team included the IJIS Institute, American Probation and Parole Association (APPA), and SEARCH. For this project we chose three sites: the Rhode Island Department of Corrections; the Maryland Department of Safety and Correctional Services; and the Hampden County Sheriff's Department in Massachusetts.

We picked Rhode Island because of their demonstrated commitment to sharing information and reentry. We also thought it would be a good place to initiate a pilot because Rhode Island is small and utilizes a unified system, which means that jail, probation, parole, and state corrections all fall under the purview of the Department of Corrections.

We selected Maryland because, although they do not have a unified system, the Department of Corrections falls under Public Safety and because what they wanted to do was a somewhat unique. The University of Maryland had developed the SMART information sharing system for the Department of Alcohol and Drug Abuse in MD, which included 129 treatment providers across the state. This system was not compatible with the Department of Correction's (DOC) system. The DOC had opted to not link with the SMART system because they were developing a new OMS system and wanted to wait until it was completed. Currently, they are in the process

of figuring out what software to use to connect our service specification to their system and who will pay for it. From our experience in Maryland we have learned an important lesson. We paid to build the Service Specification Package (SSP) but did not fund the cost of the software needed to implement it. When the pilots agreed to the project, they also did not realize how costly this would be, and this cost has been a significant obstacle in getting the system off the ground. Because of this experience, BJA has required money for new pilots be allocated in grant budgets in subsequent grants in order to avoid the problem in the future.

We chose Hampden County for a few reasons. 1) The Sheriff's Department has been a nationally known leader in reentry services, and Sheriff Ash, who has been the Hampden County Sheriff for 36 years, is a long-standing national spokesman for reentry service. 2) Hampden County already had an impressive reentry program, which was important because we didn't want to build programming but wanted to lay the technology on top of existing successful programming. 3) There was already an information sharing system, which enabled information sharing about offenders within four counties in Western Massachusetts (IJIS developed this SSP through a member company).

Hampden County is the only one of the three pilot sites that is currently operational and the initiative is much more developed than the Maryland and Rhode Island programs because, in addition to the service specifications we developed to build compatibility, Hampden County also received funding from BJA to develop the Global Reference Architecture necessary for a 2 way information exchange. Hampden County can serve as an excellent information sharing model for people to learn about technology for information sharing. The information sharing system we developed there can be used for any purpose. We happen to be using it for reentry and focusing on reentry, but the technology is not reentry specific and this technology can work for any agency that wants to sign on and log in as long as the necessary memorandum of understanding (MOU) and agreements are in place to allow that to happen.

**JP:** What was your process for achieving buy-in for the Hampden County project and getting the initiative off the ground?

**BM:** We kicked the implementation phase off with a 2-day scoping session and had Hampden County invite all of their state, county, and private treatment providers. During this session we explained the mission of the technology information sharing initiative, which was to improve the effectiveness and efficiency of service provision, and asked the service providers about their needs and the perceived value of the project. This experience was eye opening for me because I thought they'd be excited about the project, but out of the 26 agencies at the table, only one person thought information sharing would be valuable to them. I realized that treatment providers just don't realize the benefits of information sharing, so we explained the benefits to them. We learned that treatment providers in Hampden County were receiving information from corrections via paper files faxed or hand delivered, but by the time the files actually arrived they were usually already in the second or third week of services in the community or the offender had already dropped out. We explained that the proposed Hampden Inmate Reentry Exchange (HIRE), would enable electronic information sharing so treatment providers could know who would be released in the next 6 months, and would be able to see what services and education the offenders have been receiving in the facility, the assessments that have been done, and the

behavior of the offender in a group setting in the institution. This would allow service providers to prepare for service provision to individuals leaving the corrections system.

A couple of months later we hosted an intense 2-day technical requirement session for providers that actually wanted to be involved. Six agencies had self-selected to be involved in the system implementation based on interest and technical capacity. One person from operations and one from their technology side participated. At that point we started working with the agencies in great detail. We walked them through the system requirements and identified every piece of information that would be of value to them within the system. By virtue of showing providers and agencies the depth of information that corrections has on offenders, the agencies that had committed to engaging in the initiative realized the benefits that information sharing held for them and became much more interested.  It was at that point that we really achieved buy-in and commitment.

The system is now operational and providers and social services agencies are able to log in and gain access to offender data. The system utilizes digital waivers that offenders sign prior to release. These waivers are displayed electronically through the system so the provider that wants information can see the waiver, download it, or print it. Once the waiver has been signed, data can be retrieved from the provider's casework database. In the providers' databases there are modules for health, mental health, substance use treatment, and education. Within each module, there are case notes and risk/need assessments. Not all of this information is initially available to each provider, but it can all be accessed if a provider needs it. Since not all service providers had a computer network, we set up the option of a portal that they can access from any computer using their log-in credentials to access the information.

**JP:** What is your vision for the future of the Hampden County initiative?

**BM:** There are still two capabilities we want to add to the system. The first thing we want to add is the ability to write subscriptions. Currently we can type in a request for information on a given person, but subscriptions would allow us to automatically receive information. This means that if I need to know when a given client is going to be getting out and what services they have been receiving, I can enter a subscription into the system and whenever information is added to the system about the client, I will receive an alert about the transaction or activity and be sent any important information. Similarly, if I am treating a client and have entered a subscription for information on him or her into the system, I would immediately receive an alert if he had been admitted into a medical facility and received treatment.

The other critical technology we want to develop is privacy protection, which would mean that users have certain rights and are only allowed to see certain information. When people register for the system, they provide their employment information and will only have access to necessary information based on their role in a case. For example, if I register as an employment service provider, I would have access to education and vocational history in the facility but would not be able to see medical records. Such privacy protections would make people much more comfortable with the system, and would make it a truly ideal model because the secret to sustaining information sharing, in my view, is to share what is needed and appropriate and nothing more.

I would like to see more agencies and providers utilize the system. Having only six agencies/providers onboard at first was perfect because we knew there were going to be bumps in the road and wanted to get the system worked out first.  Now that the system is up and running, we are confident that, as agencies start seeing the benefits of using the information sharing system, other agencies and providers will come forward and want to sign on.