

Opportunities for Information-Sharing Between Criminal Justice And Community Substance Abuse Treatment Systems

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Many criminally involved individuals with substance use disorders receive treatment services in both the criminal justice and community-based substance abuse treatment systems. Unfortunately, there typically has been little information-sharing between these two systems regarding course of treatment or progress for dually involved clients (Marlowe, 2001).

Health information technology (HIT), including the use of electronic health record (EHR) systems and health information exchanges (HIEs), is spreading rapidly across the health care system, spurred in part by federal meaningful-use incentives aimed at increasing provider adoption. These incentives, however, do not extend to correctional facilities, even though they are required by law to provide health care to individuals in their custody, or to substance abuse treatment providers. Use of HIT in these settings is extremely low, yet both the criminal justice and the substance abuse treatment systems stand to benefit substantially from information exchange supported by HIT.

In addition, the expansion of Medicaid eligibility under the Patient Protection and Affordable Care Act (PPACA) to include certain offenders creates incentives for collaboration across systems that serve justice-involved populations. As research conducted in Washington state shows, cost offsets as a result of effective engagement and treatment of offenders can be significant (Aos, et al., 2009). Equally, studies have documented financial benefits to the criminal justice system for providing access to treatment of substance use disorders among offender populations (e.g., McCollister, et al., 2004). Under the

PPACA, many criminal offenders with substance use problems will become eligible for Medicaid (Mancuso & Felver, 2010), but little attention has been paid to how HIT could facilitate their treatment.

This issue brief illustrates the many opportunities for criminal justice and community substance abuse treatment systems to share information. It shows how data collected at various points along the criminal justice continuum could be shared to benefit different agencies within the criminal justice system, as well as substance abuse treatment programs outside the criminal justice system. Conversely, information collected through the substance abuse treatment system could serve the data needs of the criminal justice system.

Perhaps one of the most important uses of effective data-sharing is for the continuous adaptation of treatment and supervisory services in response to clients' ever-changing behavior. As clients' risks and treatment needs change over time, effective continuous evaluation systems must provide basic, relevant, and timely data to inform necessary adaptations to the type and intensity of supervision and treatment. Adaptive treatment interventions are based on iterative processes that continually tailor services throughout the course of client contact to optimize outcomes.

Table 1 illustrates opportunities for criminal justice and substance abuse treatment systems to share data that could help improve supervision, treatment, and program evaluation. These opportunities can be found at multiple points along the criminal justice continuum.



COCHS
COMMUNITY
ORIENTED
CORRECTIONAL
HEALTH
SERVICES

Table 1. Examples of Common Data Needs Across Systems And Opportunities For Information-Sharing

Criminal Justice Continuum¹	Data Need
Arrest	<ul style="list-style-type: none"> • Arrest data (e.g., type, seriousness) can be used to assess for eligibility in some community treatment programs. • Data on substance-related offenses may be used to assess treatment response and inform treatment adaptations. • Arrest data can be used to assess treatment program performance. • Prevalence of substance-related arrests can be used in formative evaluations of treatment programs (e.g., to identify a need for community treatment services).
Pre-Trial Hearing	<ul style="list-style-type: none"> • Data collected by CJ professionals (e.g., eligibility screens, risk assessments, and appropriateness for pre-trial treatment diversion programs) can inform case management and other service providers' treatment plans. • For those who are referred to treatment (e.g., supervision in lieu of detention, probation before judgment), data from the treatment provider on client response to or compliance with treatment may be used by courts to mitigate a sentence or dismiss a charge. • Data on CJ involvement following participation in a pre-trial diversion program can be used in evaluations of the diversion program.
Trial/Pre-sentence Hearing/Sentencing	<ul style="list-style-type: none"> • Information from community treatment providers can be used to develop pre-sentence investigation reports and may function to mitigate an imposed sentence. • Community treatment data can inform development of service plans by correctional treatment providers or community supervision and treatment providers, • Conviction data can be used to assess treatment program performance.
Jail	<ul style="list-style-type: none"> • Information collected from screenings and assessments, as well as program participation and disciplinary infractions while in jail, can be used to develop treatment plans for offenders referred to community-based service providers upon release or to revise or update existing treatment plans for offenders who are already linked with community service providers. • Information from community treatment providers can help determine an inmate's appropriateness for various types of institutional programming, including methadone maintenance, as well as eligibility for various ancillary services.
Diversion Programs	<ul style="list-style-type: none"> • Treatment providers need to know treatment mandates imposed by diversion programs, including program attendance, substance use monitoring and progress in treatment requirements. • Diversion programs need data from the substance abuse system to assess compliance with these mandates (e.g., missed appointments, urinalysis refusals) in order to adjust the level of supervision. • Treatment providers may share information on clients' progress in treatment with CJ system to facilitate clients' progress toward treatment goals or to support an adjustment in treatment intensity.
Probation	<ul style="list-style-type: none"> • Screening and assessment for treatment need is an important function of probation. If the probation department conducts these needs assessments "in-house," then the results should be shared with the service providers to whom offenders are referred on the basis of these assessments. Alternatively, probation may contract with providers to conduct standard screening and assessments, the results of which should be shared with the supervising agency. • Similar to diversion programs, treatment providers need to know treatment mandates imposed by probation departments, including program attendance, substance use monitoring, and progress with treatment requirements. • Probation departments require data from the substance abuse system to assess compliance with mandates in order to adjust the level of supervision.
Prison/Corrections	<ul style="list-style-type: none"> • Data collected by correctional institutions, including needs assessments, program participation, and treatment services received while incarcerated, can inform transition and release planning and coordination with community service providers.
Parole	<ul style="list-style-type: none"> • Supervision and treatment requirements included in offenders' community transition plans should be developed with input from appropriate community-based service organizations. • Similar to diversion programs and probation services, treatment providers need to know treatment mandates imposed by parole agencies, including program attendance, substance use monitoring, and progress with treatment requirements. • Parole departments require data from the substance abuse system to assess compliance with mandates in order to adjust the level of supervision.

¹ Source: Center for Substance Abuse Treatment (2005).

Table 1 demonstrates not only the many opportunities for information exchange between the criminal justice and substance abuse treatment systems, but also the many potential benefits to both systems in the form of better information to support planning, decision-making, and evaluation; improved coordination among criminal justice agencies and treatment providers; and more efficient and streamlined data collection and entry. Dually involved clients also benefit from services that are better integrated and from having to spend less time answering the same assessment questions by different service entities. There is also the possibility that information exchange will support better engagement and treatment of offenders with substance abuse problems. As seen in Washington state, this could help reduce recidivism and related public expenditures, thus benefitting the public as well.

Widespread adoption of HIT may improve the information that is available to inform treatment services for persons who are involved in the criminal justice system, as well as the data necessary for monitoring compliance with treatment mandates. However, substance abuse treatment programs and criminal justice agencies often lack the data needed to track client progress adequately and evaluate program performance. Lack of funding to support necessary data collection activities is a substantial challenge. Extending federal meaningful-use incentives for HIT to behavioral health systems would help promote the development of information technology that supports data-sharing

and client tracking within and across substance abuse treatment and criminal justice systems. Although information exchange efforts thus far have been targeted primarily at hospitals and physician practices, meaningful-use incentives could be applied to behavioral health systems as well.

Enhanced information-sharing requires a coordinated effort among correctional and community health systems from the time of arrest, through the penalty phase to successful transitioning into the community. Identifying effective methods for promoting this information-sharing are necessary and can improve health and ensure public safety.

References

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