

# Global Justice Information Sharing Initiative (Global) Advisory Committee (GAC) Biannual Meeting: Summer 2014



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BJA FY 2013 Justice Information Sharing Solutions  
Implementation Program—Pilot Site Briefing:

## **Alabama Secure Sharing Utility for Recidivism Elimination (ASSURE) Alabama Department of Mental Health (ADMH)**

- **Business Problem(s) Targeted:**
  - Lack of information sharing relative to offenders' substance abuse (SA) and mental health (MH) diagnosis and treatment histories between the Alabama Department of Corrections (ADOC), Alabama Board of Pardons and Paroles (ABPP), Alabama Department of Mental Health (ADMH) and community-based SA/MH treatment providers
  - Need to improve access to continuity of care for persons with SA/MH issues for offenders under probation supervision in the community
  - Need to improve access to and continuity of care for persons with SA/MH issues released from ADOC into the community
  
- **Global Solutions Implemented/to Be Implemented and for What Specific Purpose(s):**
  - National Information Exchange Model (NIEM) - To support the data sharing initiative, NIEM conformant transactional schemas will ensure that the data transmitted are appropriately translated and understood by all participants.
  - Global Federated Identity and Privilege Management (GFIPM) - GFIPM will be used to establish a trust domain which describes the boundaries of the security infrastructure. Assertions will be created to provide the necessary information about users, system entities, information resources, information-sharing actions, and environmental conditions within the exchange. These assertions will govern access to all datasets to be shared using the GFIPM User-to-System transaction model. Importantly, the GFIPM infrastructure will not only ensure that data are being shared securely, it also allows for enforcement of state and federal privacy policies governing the sharing of personally identifiable information (PII) and personal health information (PHI).
  - Global Reference Architecture (GRA) - GRA conformant web services will be used to support the federated search functionality.
  
- **Reusability Factors (i.e., specific business problems, considerations, factors, or environments to be considered if project efforts are planned for reuse or replication):**
  - Service Specification Packages (SSPs) to include IEPDs and WSDLs
  - New GFIPM entity, user and resource attributes to support justice to health exchanges
  - Project artifacts that could be used (or adapted) by other states
    - Multi-Agency Data Sharing Memorandum of Understanding (MOU)
    - ASSURE Project Charter

- Multi-Agency HIPAA and 42 CFR Part 2 conformant consent form
- Privacy Policy
- A trust framework that could be replicated (or joined) by other agencies and entities seeking to participate in cross-domain information exchanges. To support this approach, the project team will define and vet a Trust and Interoperability Profile (TIP) for the project and issue necessary “trustmarks” to participating agency Identity and Service Providers. (Phase 2 – Fall 2015)
- **“Asks” of BJA/Global (i.e., other than funding, what additional solutions or support would facilitate successful resolution of the project’s business problem[s]?):**
  - Continued technical assistance to support creation of SSP’s for ASSURE project
  - Assistance in facilitating communication with other states conducting similar work
- **Data-Driven or Evidence-Based Practices or Evaluation Methods Used/Planned for Use:**

<b>Data to be provided to BJA</b>	<b>Plan for data collection</b>
Number and types of agencies/entities participating in the collaborative governance process	Alabama will maintain and provide: project charter, governance committee meeting minutes, MOUs, data sharing agreements
Number and type of Global Standards Package (GSP) components leveraged to support technical solution implementation	Alabama will maintain and provide: system architecture documentation and service specification packages.
Date of full implementation of each Global-supported technical solution	Date of successful migration from beta to production environment
Number of agencies/organizations receiving and sharing information before and after the implementation of the technical solution	Review of current data sharing agreements compared to memoranda of understanding executed after the project start date
Number of new policy or procedure templates, guidelines, or publications developed	Review of meeting minutes and central repository for all project documents including operations manual and privacy policy.
Number of automated cross-boundary information exchanges that occurred after implementation	User query, search response and search details transaction logs will reveal each time an agency originates a data request. This information will be used to generate reports on the number of exchanges occurring during each reporting period.
Number of data elements shared across jurisdictions after implementation	Review of request return XML schema.
Number of data sources that could be queried after the implementation	Documentation of successful onboarding of each partner agency

- **Benefits and Outcomes (realized or anticipated, depending on project maturity):**
  - Development of lawful and effective physical and behavioral health information exchanges between and among law enforcement, public safety, health and mental health providers, human/social services agencies, including substance abuse treatment agencies, and other government and community organizations that need information about individuals involved in the justice system to ensure continuity of care and participate effectively in the pre- and post-adjudication processes without compromising individual rights.

- Increasing the effectiveness and efficiency of the intake and classification process for the community-based MH/SA service providers, ADMH, ABPP and ADOC by providing access to treatment and supervision records across agency boundaries.
- Reducing reliance on emergency room services by referring people leaving correctional facilities to community-based behavioral health and substance use treatment services and providing clinical information to inform their treatment.
- Ensuring timely access to essential medications for people entering jail or prison by linking correctional health providers to ADMH hospitals and community-based MH/SA service providers.
- Informing behavioral health clients and/or probationers about all insurance affordability programs to improve access to behavioral and physical health care.
- Ensuring timely access to essential medications for persons leaving or prison by linking correctional health providers to ADMH hospitals and community-based behavioral health services.
- Producing more accurate and complete profiles of offenders receiving behavioral health and substance use services through behavioral health services funded through ADMH.
- Producing more accurate and complete profiles of offenders under the supervision of ABPP.
- Producing more accurate and complete profiles of offenders sentenced to ADOC
- Create a common, extensible information sharing platform using Global standards.
- Reducing recidivism by helping to ensure that offenders – whether in a community or incarceration setting – receive educational, vocational, rehabilitation and/or treatment services matched to their individual need; and
- Improving continuity in services provided to offenders as they move between community supervision and incarceration.

• **Lessons Learned and Challenges to Implementation (as part of the final findings or feedback to date, depending on project maturity):**

<b>Challenge</b>	<b>Explanation</b>	<b>Solution/Proposed Solution</b>
Obtaining Executive Sponsorship	Critical to success of project	Sought and achieved buy-in from Commissioner of Mental Health, Commissioner of Corrections and Executive Director of the Board of Pardons and Paroles. ADMH applied for BJA grant to fund the project with ABPP serving as lead criminal justice agency.
Establishing Project Governance	Critical to success of project	Developed ASSURE Memorandum of Understanding (MOU) which was approved and signed by all agency heads.  Developed Project Charter which was approved and signed by all agency heads.  Created Advisory Board comprised of appointees from each participating agency including: SME's, end users and consumer representative.
Obtaining Input and Support from User Community	This is needed to ensure that the system under development is responsive to the business needs of those who will be	Scheduled meetings with representatives from mental health, substance abuse treatment and reentry associations to explain the project and to seek input.

	using the information sharing portal.	Included representatives from each type of organization involved in ASSURE on the Advisory Board.
Need for Privacy and Security Policy to Govern Health/Justice Exchanges	While each agency has its own set of privacy and security policies, none of these policies was comprehensive enough to cover all of the issues associated with sharing data across the health justice domains.	Review federal and state statutes governing the data to be exchanged – including PII, PHI and substance abuse treatment data.  Used Global Privacy and Civil Liberties Police Template to create a draft privacy policy.
Need to Obtain Informed Consent	Based on legal review of HIPAA, 42 CFR Part 2 and the <i>Code of Alabama</i> it was determined that informed consent would be required as a prerequisite for seeking information about all subjects.	Developed a common consent form that allows for data sharing among all participating agencies once it is signed by the client. The form allows clients to specify what data can be shared, and it includes all required HIPPA and 42 CFR Part 2 notices.  There is a functional requirement for the ASSURE portal that allows authorized users to enter information – into a searchable “consent module.” This module will be used to determine when consent was obtained, who obtained it, when consent expires, when consent was revoked, etc. This module will populate an attribute table that allows the system to perform searches to be performed only if consent requirements are met.
Need to Share Credentials Between Multiple Agencies	ADOC and ABPP both have credentials in a common active directory; however, ADMH manages credentials separately.	GFIPM framework will be used to authenticate users from different identity providers.  Based on a review of the current GFIPM attributes, it was revealed that several entity, user and resource attributes needed to implement a justice/health exchange do not currently exist. The ASSURE project team will work with SME’s from partner agencies to define these attributes.
Lack of Centralized User Account Administration	Like most other states, Alabama’s mental health system is moving from a hospital-based to a community-based treatment delivery model. The vast majority of MH/SA services funded through ADMH are provided through contract providers in local communities. User accounts for contract providers are provisioned locally, and no centralized user directory exists for authenticating these users.	Alabama is seeking additional BJA funding to create a “self-service” user account management system to allow authorized personnel within local SA/MH centers to create role-based user accounts. These credentials will be used by the ASSURE portal to authenticate users and to enforce access control rules.  Phase II of the ASSURE project seeks to create a trust framework that could be replicated (or joined) by other agencies and entities seeking to participate in cross-domain information exchanges. To support this approach, the project team will define and vet a Trust and

		Interoperability Profile (TIP) for the project and issue necessary “trustmarks” to participating agency Identity and Service Providers.
Lack of Common Data Elements Among Partner Agencies	Each database to be queried by ASSURE has its own data elements and values.  NIEM does not presently contain all of the data elements needed to support the exchange of behavioral health data.	The ASSURE team will map existing data elements to create a NIEM conformant query/response payload to ensure that data are delivered and understood in a consistent manner across all agencies.  Alabama is working with SEARCH to map existing data elements to NIEM and to create new extension schemas to support exchanges within the ASSURE portal.
Need to Combine Records from Multiple Data Sources into a Common View within Portal	ASSURE is designed to support federated query and search returns across multiple data sets.	GRA conformant web services will be used to support the federated search functionality.
Clients’ Right to Information Concerning Sharing of PHI	HIPAA requires clients to be able to request a history of everyone who has accessed their health records.	There is a functional requirement for the ASSURE portal requiring logging of all search returns from ASSURE queries.

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