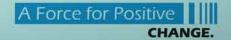




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## president's message

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too long, it would eventually melt and be consumed by the fire.



SUSAN BURKE PRESIDENT

A country that incarcerates more individuals than any other in the world is showing signs of wanting to shed that crown.

The President of the United States visited a federal prison, El Reno Federal Correctional Institution, a medium security prison for male offenders in Oklahoma City. He stated, "We have to consider whether this is the smartest way for us to control crime." He is the first sitting president to see the inside of a federal prison.

Pope Francis met with inmates and their families at Curran-Fromhold Correctional Facility in Philadelphia, and shared his feeling that rehabilitation is everyone's responsibility. "It is painful when we see prison systems which are not concerned

to care for wounds, to soothe pain, to offer new possibilities."

But even before these two historic visits to US prisons, there has been bi-partisan support at the state and federal level to reform draconian sentencing laws. States such as Georgia, New York, Utah, and most recently Alabama and Rhode Island, have jumped on the justice reinvestment bandwagon, recognizing that it will not only save the state millions in prison costs, it's also good public policy. When the data shows that 40 percent of all offenders will return to prison within three years, it makes sense to instead invest in

measures that will keep people out of prison or prevent their return through evidence-based interventions and supervision strategies.

Currently, the Smarter Sentencing Act of 2015 would reduce the mandatory minimum sentencing for controlled substances offenses. The Corrections Act aims to reduce the size of the federal inmate population and help prisoners reintegrate into society. The bill requires the Bureau of Prisons to create and use a risk assessment tool to determine which reentry programs individuals could access while still in prison. The SAFE Justice Act also includes sentencing reform measures. The Fair Chance to Compete for Jobs Act of 2015 would prohibit federal agencies and contractors from asking about a job applicant's criminal history until a conditional offer of employment is received. The goal is to make sure employers don't pass over qualified candidates because of the stigma of a past conviction.

One of the bright shining stars in this constellation of events is the Patient Protection and Affordable Care Act (ACA), which was passed in 2010. The Act increases access to health care for justice-involved individuals, the majority of whom are uninsured, low-income and have high rates of chronic illnesses, as well as mental health and substance use disorders. States such as Arizona, Colorado, Ohio, Illinois and Oregon have all taken advantage of these benefits through Medicaid expansion.

I saw first-hand how ACA is benefitting the offender population in a recent visit to the San Diego Community Transition Center. The Center serves individuals returning from state correctional institutions. Each person receives assessments to determine their behavioral, medical and criminogenic needs so they can be matched to appropriate programs. Medical needs are served by a mobile clinic that comes weekly to serve the health care needs of its residents. The Center is co-located with the Lighthouse Residential Drug Treatment program, where on-site counseling and treatment

The Act increases access to health care for iusticeinvolved individuals. the majority of whom are uninsured, low-income and have high rates of chronic illnesses, as well as mental health and substance use disorders.

What is missing, however, from these national discussions is the role of community corrections. **Emptying out** prisons and jails is not the solution if the auestion of how to better hold individuals accountable and keep communities safe is not answered.

are provided. The program is about treating the whole person and medical care is part of that approach.

A Michigan study found that recidivism was reduced when individuals with severe mental illness were enrolled in Medicaid at jail release. They were more likely to access community mental health and substance abuse services than those without Medicaid and were less likely to return to jail.

What is missing, however, from these national discussions is the role of community corrections. Emptying out prisons and jails is not the solution if the question of how to better hold individuals accountable and keep communities safe is not answered.

Community corrections is the solution for our overcrowded prisons and jails; it is the solution for keeping communities safe in a smart and humane way; it is the solution for helping individuals achieve redemption. But unless, and until, we start having that national conversation about the role of community corrections, the resources and the research will not follow our efforts.

Join APPA in Atlanta at our 2016 Winter Training Institute, January 31 to February 3, 2016, where we will discuss ways justice reinvestment is changing the national landscape and why prison reform cannot be discussed without shoring up the resources needed to perform effective community supervision and treatment.

THE IRON IS HOT.

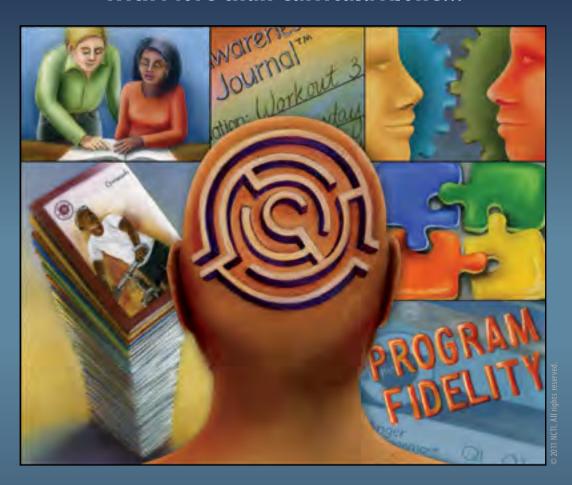
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## HEALTHCARE AS A CATALYST TO CHANGING THE LANDSCAPE OF PROBATION AND PAROLE



**FAYE S.TAXMAN**Editorial Chair for *Perspectives*American Probation and Parole Association

Mass incarceration policies and practices have dominated the correctional landscape for the last three decades. Mass incarceration policies and practices affect probation and parole with an emphasis on compliance management, more social controls, enhanced conditions, and "zero tolerance". The undoing of mass incarceration policies is occurring at the same time where there is undoubtedly another major social change—health care. Since 2010 when the Affordable Healthcare Act (generally referred to as "Obamacare") was passed, major changes have begun occurring in the provision of health care. The goal of the Affordable Healthcare Act is to provide access to health care that undoubtedly affects the justice-involved population. Individuals who traditionally did not have access to health care will now be able to obtain health care. This simple fact should alter the ability to obtain behavioral and somatic health care.

What does healthcare have to do with probation and parole? Is it possible that healthcare can have an impact on outcomes on probation or parole? These questions are important because the answers demonstrate how public health and

safety are intertwined and how the way in which health care is funded can affect the resources available to justice organizations. That is, given the change in the health care landscape, individuals on probation and parole may have health insurance that will allow them to participate in a broader range of services than have typically been available to justice organizations—in other words, the referral to community resources, the contracted treatment services, and the integrated care models may drastically change the way that justice organizations can provide evidence-based screening, assessment and treatment services.

This series of articles is devoted to various aspects of the changing landscape of health care that may ultimately affect justice organizations. The authors of these articles provide an overview of these landscape changes. Dan Mistak discusses the importance of assisting individuals to enroll in health care. Brian Mattson outlines the technology changes that will ease the use of health care advances in justice settings. And, Patrick Sutton presents how the Medicaid Administrative Claiming (MAC) & Targeted Case Management (TCM) can be used by probation agencies. These articles are provided to alert you to the possibilities of how health care reforms affect justice organizations.

As usual, we have our other featured articles including the technology and APPA updates. We also have summaries of different countries to illustrate how probation and/or parole is practiced around the world.

Our upcoming Winter 2016 is devoted to Juvenile Justice.

2016 is devoted to Juvenil

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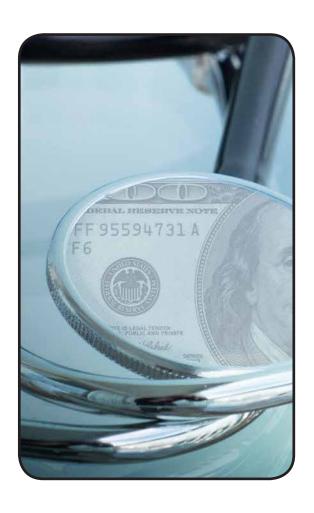
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### instructions to authors

Perspectives disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole and community corrections agencies throughout the United States and Canada. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation or research methodology. Perspectives does not reflect unsupported personal opinions. Submissions are encouraged following these procedures: Articles can be emailed to kmucci@csg.org in accordance with the following deadlines:

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FALL 2016 ISSUE: AUGUST 1, 2016
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Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English and in AP (Associated Press) Style. Authors should provide a one paragraph biography, along with contact information. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., (Jackson, 1985: 162-165). Alphabetize each reference at the end of the text using the following format:

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restoring hope by embracing a

balance of prevention, intervention

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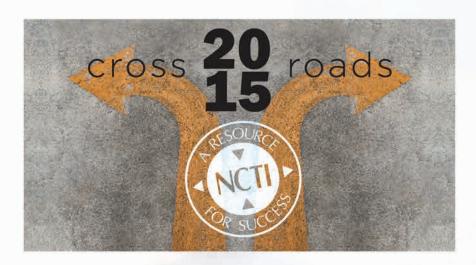
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PRESENTER:
ROBERT L. THORNTON

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### appa news



## ANNUAL SURVEYS OF PROBATION AND PAROLE, 2015-2018

The American Probation and Parole Association (APPA) is pleased to announce our partnership with the Bureau of Justice Statistics (BJS) and RTI International (RTI) to support the administration and enhancement of the Annual Surveys of Probation and Parole (ASPP). BJS has conducted the ASPP since 1980, and these collections provide the only comprehensive data to inform the community supervision field about the size, composition, outcomes, and changes to the populations you supervise. The prospect of redesigning the ASPP to target the data collection directly to the needs of the community supervision field is exciting. Through our collaboration, we hope to strengthen the link between the study data and your work, foster a team of community supervision practitioners and researchers to serve on an ASPP Project Working Group, and create a dynamic online survey portal. The portal is expected to facilitate completion of the surveys and allow users to customize the data in new and interesting ways to better serve their needs. We are very pleased to be a part of this endeavor and provide our members with the opportunity to assist BJS and RTI to make these collections more relevant for the supervision field. Please look for an ASPP workshop during the upcoming APPA 2016 Winter Training Institute to learn more about this important work and provide feedback to inform the future redesign and enhancements.





















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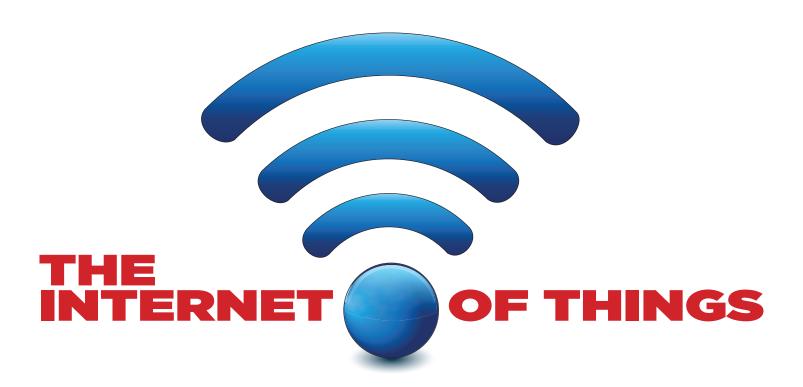
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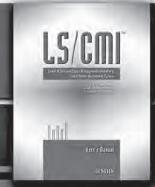
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he concept of the Internet of Things (IoT) has generated a tremendous amount of buzz in recent years but what exactly is IoT and what are the potential implications and opportunities for community corrections?

Kevin Ashton, an innovator and consumer sensor expert is generally credited for coining the phrase "Internet of Things" back in 1999.¹ In essence, IoT (note: some prefer the term "Internet of Devices") is the notion that any device that has an on and off switch can be connected to the Internet and/or to each other. Devices could include computers, machines, appliances and sensors. People, through the use of body-worn computers and cameras, are also a large component of IoT. IoT uses cloud-based applications to interpret and transmit the data coming from the various networks of sensors and devices. The intention is to make interconnected things more intelligent, programmable and capable of interaction with humans.

For a perspective on the size of this market, there were approximately 8.7 million connected devices in 2012. Some predict that number could increase to 212 billion by 2020.<sup>2</sup>



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Readers are probably most familiar with IoT applications in their homes or personal lives. For example, smart thermostats, internet-based security systems and wearable fitness devices such as FitBits are fairly commonplace today. The real power of IoT shines through in the ways devices collect observations and interact with each other producing a desirable result. We know that smart thermostats can sense human presence (or lack thereof) and adjust temperature accordingly, however advances have been made that will link your vehicle navigation device to your thermostat so that your home will be comfortable by the time you arrive. Similar applications might include linking your alarm clock with your coffee maker to ensure you have a hot beverage waiting for you on your way out of the house each morning.

While many IoT applications are currently targeted to the individual consumer there may also be great potential for criminal justice agencies in general and community corrections in particular. Community corrections agencies are already accustomed to the world of sensors and machine to machine communications. For example, GPS and cellular communications are used for offender location tracking and bodyworn sensors gather information about alcohol use. Both devices communicate the information they accumulate to other machines or devices. As IoT expands and the number of networked sensors and machines increase exponentially, what are the possibilities for community corrections?

Some of the core technologies within the IoT umbrella include RFID, GPS, WiFi, WIMAX and LTE. Understanding this, how will the nature of electronic monitoring change? For example, will smartphones (which contain an impressive array of sensors in addition to locationbased services) replace some traditional electronic monitoring equipment? Vendors are already beginning to offer these services, particularly as a tool to manage lower risk offenders. Will this trend continue? Is it feasible to enforce house arrest through a smart thermostat or refrigerator that can sense whether an offender is home or not? Could an officer's vehicle navigation system be linked to such a system (or even today's technology) so he doesn't waste time and resources traveling to a location only to find the offender is not there? Along the same lines, could the real-time locations of the officer's caseload be linked with his navigation system, or agency issued smartphone, so the officer can see which offenders are in the immediate area?

Could sensors be placed in strategic locations (such as schools, daycare centers, bars, liquor stores, etc.) which interface with offender electronic monitoring equipment and generate an immediate alert to the appropriate parties? Could similar sensors be positioned in locations where offenders are routinely referred to for employment or treatment services? Can such a configuration automate the process of verifying compliance with program attendance?



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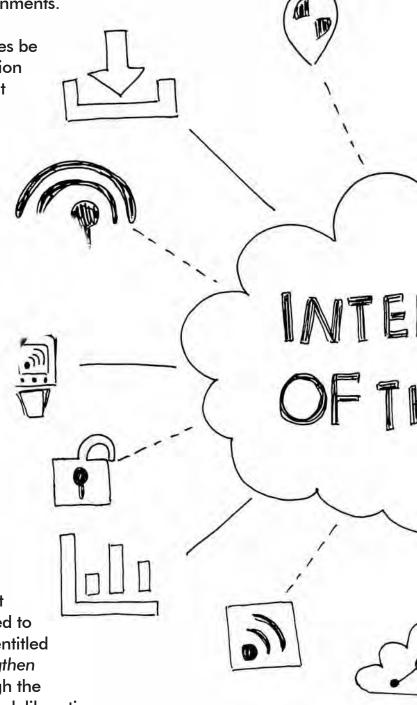
The Community Corrections Buyers' Guide is the information resource that our 37,000 members and other industry professionals have asked for, providing them with a one-stop resource to find the products and information they need.

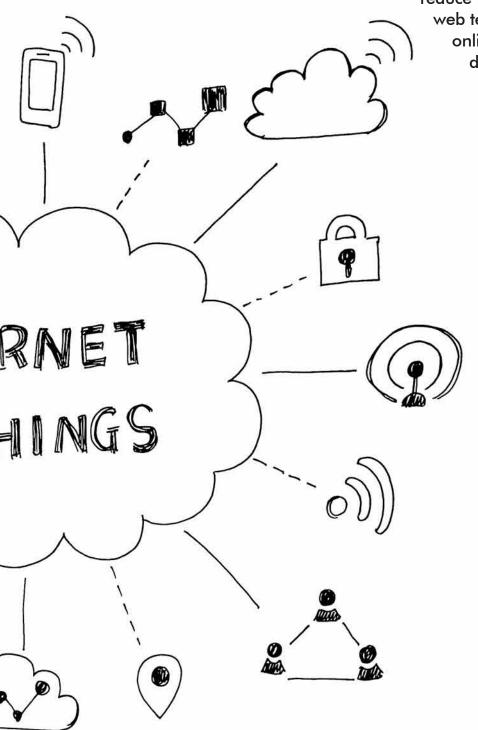
Could internet-enabled sensors in the community be mapped so as to augment GPS tracking? This would be particularly helpful indoors, within large apartment buildings and other GPS challenged environments.

Similarly, could health monitoring devices be provided to officers that connect their location to agency systems or police dispatch so that help can be sent in case of emergency? Could biomedical sensors be integrated to serve as a man-down feature initiating the assistance? Finally, could these sensors monitor an officer's stress levels and fatigue? The data feedback could be linked with agency personnel scheduling software prompting a supervisor to authorize or mandate, a day off.

As IoT develops and matures there are many issues that need to be worked through, particularly in the areas of standards, privacy and data security. That said, industry is investing billions of dollars in IoT related products and services. IoT is coming and community corrections agencies should begin to think about how they can best leverage the advancements on the horizon.

Those interested in learning more about web technologies, including IoT, are referred to a recent report by the RAND Corporation entitled Using Future Internet Technologies to Strengthen Criminal Justice. The report, funded through the National Institute of Justice, documents the deliberations of an expert panel which discussed how the criminal justice





community can take advantage of (and reduce the risks from) these emerging web technologies. The report is available online at: www.rand.org/content/dam/rand/pubs/research\_reports/RR900/RR928/RAND RR928.pdf.

For further information on the APPA Technology
Committee please feel free to contact Joe Russo at jrusso@du.edu.

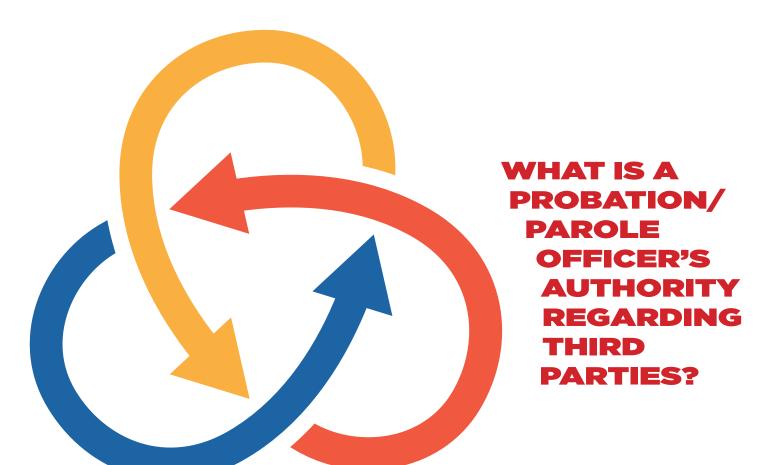
#### **ENDNOTES**

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Ovih, Lawson, "Growth of Connected Things to Reach 212bn by 2020", Business World, October 19, 2015 http://businessworldng.com/ growth-of-connected-things-toreach-212bn-by-2020/

JOE RUSSO is Director of the NLECTC – Corrections Technology Center of Excellence in Denver, Colorado and chair of the APPA Technology Committee.

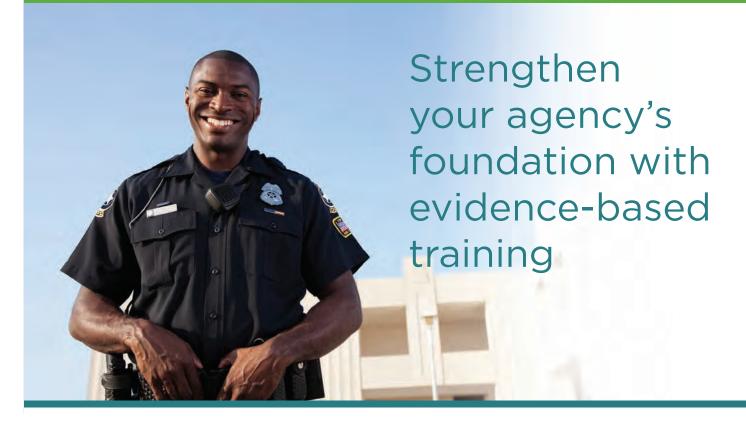
## spotlight on safety



ike many issues concerning third parties, the answer is—it depends. What is the context of the contact? Are safety issues involved? What is the location of the contact? What is the law enforcement status of the parole or probation officer? The Superior Court of Pennsylvania judgment in Commonwealth of Pennsylvania v. Darrin Orlando Mathis, filed September 22, 2015, gives some guidance and references that can provide guidance to other jurisdictions. The facts from Mathis, taken directly from the judgment, are as follows:

Darrin Orlando Mathis appealed the judgment of sentence entered on November 25, 2014, in the Court of Common Pleas of Dauphin County following his conviction for possession of a firearm by a prohibited person, small amount of marijuana and possession of drug paraphernalia. In this appeal, the Court was asked to determine if a state parole agent is legally authorized to detain, question and perform a protective frisk of a person, other than the parolee, who was present during a routine check of the parolee's approved residence when the parole agent has a reasonable suspicion that the person is armed and dangerous.

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Court records state that on December 2, 2013, at approximately 8:00 p.m., Michael Welsh and Gregory Bruner, agents for the Pennsylvania Board of Probation and Parole, conducted a routine parole check of parolee Gary Waters at his residence in Harrisburg, Pennsylvania. Agent Welsh described the area as a "high crime, high drug area." Agent Welsh had supervised Waters on and off since 2010 and had made several previous parole checks at this approved residence.

Upon arrival, Agent Welsh made contact with Waters and was invited into the residence. Agent Welsh testified that when he got to the door, there was a strong odor of marijuana and he noticed the smell of marijuana increasing as he went throughout the house. Appellant was seated in the kitchen and Waters, a barber by trade, was giving him a haircut. Waters introduced Agent Welsh as his parole officer. Agent Welsh then took Waters into the center room, talked to him about the marijuana and placed Waters in handcuffs

In the meantime, while Agent
Welsh dealt with Waters, Agent Bruner
maintained eye contact on the appellant.
As Agent Welsh was speaking to Waters,
Agent Bruner said, "'Hey, Mike.' He came
over, got my ear real quick" and said that
Mathis "was now standing in the kitchen
on his cell phone pacing back and forth"
and said Mathis seemed "pretty nervous."
Agent Welsh then went to the kitchen
to "establish some type of rapport with
Mathis."

Agent Welsh asked Mathis to put away his cell phone. Appellant was compliant but "was still kind of moving around a little bit." Agent Welsh said, "Hey, I want to get you out of here as soon as I possibly can. Could you do me a favor, grab your personal belongings and come to the front room." Agent Welsh "wanted to have everybody in a centralized location so he could maintain a visual on everyone." Agent Welsh explained that it is typical for agents to check all individuals in the residence for warrants to see if they are wanted persons and to know with whom parolees are associating since it is a violation to be with persons convicted of drug or gun offenses.

Agent Welsh noticed a green jacket on the bench beside Mathis. Agent Welsh testified, "It was kind of funny how he picked it up." Instead of putting the jacket on, appellant "real gently placed a hand underneath the jacket and over top of the jacket and kind of held it up to his body like it was a football" and was "holding this thing like it was a baby . . .being real gentle with it."

Agent Welsh testified, "that kind of raised some concerns with me, that and his nervous demeanor at the time." Agent Welsh described the situation: "As I had him walking out there, he was protecting, he, like, had a protecting type of grip over top this jacket. And I was thinking, this isn't right. Maybe he's trying to remove contraband from my offender's house, maybe he has something that could be unsafe to my partner or my offender that's sitting in the front room."

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The Council of State Governments/American Probation and Parole Association (CSG/APPA) in partnership with the American Correctional Association (ACA), American Jail Association (AJA) and the Center for Innovative Public Policies (CIPP), with funds from the Bureau of Justice Assistance (BJA) manages the Discover Corrections website.

This project was supported by Grant Nos. 2009-D2-BX-K004 and 2010-DJ-BX-K054 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

"As he was walking around, he was kind of turning away from me. At that point in time, whenever he was passing me when I was in the—what would be the formal dining room, I guess, right before the living room, I noticed that there was a bulge in it. And I kind of just reached out—well, I asked him. I'm like, 'hey, hold on a second, bud, I need to pat you down. I'm a little concerned with the way you're acting.' He told me he did not feel comfortable with me patting him down and pulled the jacket closer to his body. At that point, I noticed the bulge in the jacket, reached out just to touch it. Felt it, what I felt to be an identifiable handle of a firearm."

Agent Welsh's initial thought was, "Oh, [expletive] I just grabbed a gun by the handle."

Next, Agent Welsh "grabbed the jacket pretty forcefully" to try and pull it away from appellant. Appellant pulled back on it. Agent Welsh pulled once again and threw it down to the floor behind him. Agent Welsh illuminated his Taser on Mathis and instructed him to put his hands behind his back. Appellant complied and was handcuffed. Agent Bruner walked over to the jacket and confirmed the presence of a firearm.

Agent Welsh told Mathis to sit on the couch. A pat-down search did not reveal any further contraband. Agent Welsh noticed a bag of marijuana on the floor in between appellant's feet. Agent Welsh called police dispatch for assistance.

Officer Allison Shuff of the Harrisburg City Police Department arrived on the scene. Appellant was read his *Miranda* rights and agreed to speak without an attorney.

Mathis claimed ownership of the firearm and the marijuana. Officer Shuff collected the firearm for evidence, which contained a magazine and a round in the chamber. Officer Shuff ran appellant's criminal history and found he was a prohibited person and was not to possess a firearm due to prior charges. Appellant moved to suppress evidence on June 18, 2014. A suppression hearing was held on July 28, 2014. The trial court denied appellant's suppression motion on October 29, 2014.

A stipulated bench trial was held on November 25, 2014, after which appellant was found guilty. He was sentenced the same day to an aggregate term of 32 to 64 months in a state correctional institution.

On appeal, Mathis argued that there is no statutory authority conferred on state parole agents to question or perform an investigative detention of non-parolees or guests of parolees. He asserts that the Prisons and Parole Code of Pennsylvania authorizes state parole agents to detain and conduct searches of their parolee only. He argues that Agent Welsh had no authority to interact with him in any capacity because he was not a parolee. He contends that the discovery of the marijuana, paraphernalia, firearm and his admission were all illegally obtained and

should have been suppressed. Appellant also argued that, assuming Agent Welsh had some authority over him, Agent Welsh lacked reasonable suspicion to conduct a *Terry* frisk (*Terry v. Ohio*, 392 U.S. 1 (1968)) in violation of the Fourth Amendment.

The Court found an agent is declared to be a peace officer and is given police power and authority throughout this Commonwealth to arrest without warrant, writ, rule or process any parolee or probationer under the supervision of the board for failing to report as required by the terms of his probation or parole or for any other violation of probation or parole.

Section 6153 of the Prisons and Parole Code sets forth the bounds in which parole agents may search offenders. Agents may search the person and property of offenders. A personal search of an offender may be conducted by an agent:

- 1. If there is a reasonable suspicion to believe that the offender possesses contraband or other evidence of violations of the conditions of supervision.
- 2. A property search may be conducted by an agent if there is reasonable suspicion to believe that the real or other property in the possession of or under the control of the offender contains contraband or other evidence of violations of the conditions of supervision.

The Prisons and Parole Code speaks in terms of the parole agent's police power and authority with respect to the supervision of his parolees, probationers and/or offenders only. It gives parole agents all of the powers of a police officer with respect to offenders under their jurisdiction. The Prisons and Parole Code does not empower parole agents to act as police officers with respect to non-offenders or private citizens.

Here, Agent Welsh's contact with appellant involved an investigative detention and protective frisk based on his belief that appellant had something that was unsafe to his partner and Waters. The Court stated, "Unfortunately, there is little guidance in the way of published law in this Commonwealth."

However, the Pennsylvania Superior Court found that rulings by Courts that dealt with the issue in other states convinced the Court that parole agents in Pennsylvania must have such authority in order to protect themselves. "Parole agents often face the same risks as police officers, who have broader power to frisk persons they deem to be potential threats," the Court noted.

After the Pennsylvania Court reviewed similar cases and rulings from Ohio and California, the Pennsylvania Court rejected Mathis' appeal, but did not give parole agents permission to pat down whomever they please.

They stated the Agents can conduct weapons frisks of non-parolees who are present during arrests or home visits "where the parole agent has a reasonable suspicion that a person searched may be armed and dangerous."

As a comparison to the Pennsylvania case, the United States Probation and Pretrial Services system does not provide specific guidance on whether or not Third Party individuals may be frisked or searched during a home visit or during the execution of a search. Only post-conviction offenders are subject to searches. The Search and Seizure Guidelines do not apply to pretrial services officers supervising defendants on pretrial release or pretrial diversion or to parolees.

The Guidelines clearly state, "An officer may conduct a pat down search of the offender, based on an individualized and reasonable suspicion that the offender is armed and dangerous. Absent such a suspicion, an officer may conduct a search of the offender only pursuant to the applicable search condition; that is, the officer must have reasonable suspicion that evidence of non-compliance with a condition of supervision may be found on the person of the offender" (Guide to Judiciary Policy, Vol. 8, Part E, Appendix 4A, Section VIII, Subsection C2a and C2b).

The presumption is that Third Party individuals may only be subject to a pat down search if the individual exhibits behavior which places the officer in a

situation wherein the fear of imminent bodily injury or death is perceived by the officer and thereby warrants a response consistent with the agency Use of Force Continuum. Absent this situation, the officer may not frisk, pat down, or search a Third Party individual during a home visit or search situation.

As stated in the opening comments of this article, there are many factors that may affect the powers of each jurisdiction over third parties. Court holdings can vary significantly between jurisdictions. As such, it is advisable to seek the advice of the agency's local prosecutor or legal adviser regarding questions on this and other matters where the powers of parole and probation officers may come into question.

**NOTE:** This article is for information purposes only is not intended to constitute legal advice on a specific case or issue.

#### **RESOURCES**

Commonwealth of Pennsylvania v. Darrin Orlando Mathis. Superior Court of Pennsylvania. 9 Sept. 2015. Print

Washington v. Department of Rehabilitation and Correction, 853 N.E. 2<sup>nd</sup> 372 (Ohio App. 2006).

Washington v. Department of Rehabilitation and Correction, 2004, WL 1945675 (Ohio App. 2004).

People v. Rios, 122 Cal.Rpt.3d 96 (5th Dist. 2011).

Guide to Judiciary Policy, Vol. 8, Part E, Appendix 4A: Search and Seizure Guidelines, Revised March 15, 2011.

**ROBERT THORNTON** is the Director of the Community Corrections Institute, LLC. **RONALD SCHWEER** is the Director of Management Training and Organizational Development at the Community Corrections Institute, LLC



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- Provide guidance to community corrections agencies and personnel –at the pretrial, probation, and reentry/parole phases—on practical ways they can promote, encourage, and facilitate enrollment of justice-involved individuals in healthcare insurance programs.
- Identify strategies used by other agencies/states to improve outreach and enrollment in Medicaid for individuals on community supervision.

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### APPA RECEIVES \$150,000 3-YEAR PSN GRANT AWARD

On September 18, 2015 the American Probation and Parole Association (APPA), in partnership with the Community Corrections Institute (CCI), received notice that its proposal under the *Project Safe Neighborhoods (PSN) National Training and Technical Assistance Program FY 2015 Competitive Grant Announcement* was accepted and awarded for a three-year project period from October 1, 2015 to September 30, 2018. PSN is a national level anti-gun and gang initiative. Since 2001, over \$2 billion has been committed by the federal government to support the initiative including the hire of new federal and state prosecutors, support investigators, provide training and technical assistance, promote community outreach and support other local gun and gang reduction initiatives. Since 2004, APPA and CCI have produced numerous PSN-related trainings, technical assistance, workshops, periodicals, reports and publications. Specifically, APPA and CCI have provided training/technical assistance (T/TA) to more than 3,600 community corrections officers in conjunction with the PSN initiative.

Under this new award, APPA and CCI are committed to the continual provision of T/TA based on the needs and request of **United States Attorney Office** (USAO) districts and probation/ parole agencies. Needs may include assistance with improving community-based corrections programs, electronic supervision, inter-agency information sharing and collaboration with law enforcement. In this project APPA will also specialize in several key areas of concern as it relates to gang-affiliated probationers/ parolees. Enhanced supervision and information sharing partnerships with law enforcement represent a distinct opportunity to improve supervision and surveillance of said individuals, while also improving the safety for those officers. Further, law enforcement can be more proactive when they are knowledgeable of these high-risk individuals under supervision. In addition, APPA and CCI will provide guidance on gang-member identification, risk assessment, supervision and reentry/ reintegration needs through a variety of publications.

Since 2013 APPA has continued to publish special topics in the PSN Update of its quarterly journal Perspectives, and this project will allow this column to continue for an additional three years. Finally, APPA will continue to engage its

# GOAL: TO SUPPORT THE INVOLVEMENT OF PROBATION AND PAROLE IN PSN

#### **OBJECTIVE 1:**

### DEVELOPMENT/ DISSEMINATION OF GUIDING MATERIALS TO THE FIELD

Task 1: Publish 2<sup>nd</sup> edition of PSN Model Protocols<sup>2</sup>

Task 2: Publication(s) concerning Police-Probation/ Parole Partnerships

Task 3: Publication(s) concerning Gangaffiliation Identification and Risk

Task 4: Continuation of PSN Update in Perspectives<sup>3</sup>

#### **OBJECTIVE 2:**

### PROVISION OF TRAINING/ TECHNICAL ASSISTANCE (T/TA)

Task 1: Provide Onsite Training/ Technical Assistance (T/TA)<sup>4</sup>

Task 2: Conduct intensive sessions and workshops at APPA's bi-annual institutes

Task 3: Conduct PSN workgroup meetings at APPA's bi-annual institutes

#### **OBJECTIVE 3:**

### MARKETING OF PSN OPPORTUNITIES AND ACHIEVEMENTS

Task 1: Maintain and update APPA and CCI's PSN-dedicated websites<sup>5</sup>

Task 2: Maintain and update the PSN project page on the APPA homepage<sup>6</sup>

membership through APPA's bi-annual training institutes and encourage greater involvement of probation/ parole agencies in the PSN initiative. The objectives of the award are provided below.

APPA members with an interest in PSN and planning to attend the upcoming 2016 Winter Training Institute in Atlanta<sup>7</sup> are encouraged to participate in the PSN workgroup tentatively scheduled for Tuesday, February 2 from 2:00-3:00 pm ET.<sup>8</sup> These meetings are designed to engage the membership in the PSN project, gather input for publications, and assist with PSN T/TA provision.

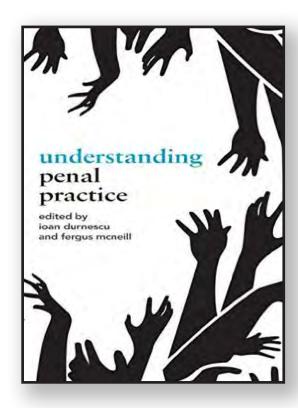
#### **ENDNOTES**

<sup>1</sup> The PSN Update is supported by Cooperative Agreement Number 2015-GP-BX-K002 awarded by the Bureau of Justice Assistance under the Project Safe Neighborhoods (PSN) anti-gun/gang initiative. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Preventions, the Office for Victims of Crime, and the SMART Office. Points of view in this document and related materials are those of the authors and do not necessarily represent the official policies or positions of the U.S. Department of Justice. For more information on PSN please visit APPA's PSN project page and dedicated website at http://www.appa-net.org/psn/. 1,000-1,500 word submissions (otherwise follow Perspectives' submission guidelines) for consideration in the PSN Update are welcome and encouraged. To be considered papers must be relevant to community corrections (probation/ parole) and concern interagency collaboration (e.g., police-probation/ parole partnerships), Project Safe Neighborhoods (PSN), gangs, and/or gun violence. Please direct PSN Update manuscripts to amatz@csg.org.

- <sup>2</sup> See DeMichele, M., & Matz, A. K. (2012). APPA's C.A.R.E. model: A framework for collaboration, analysis, reentry, and evaluation: A response to street gang violence (1st ed.). Lexington, KY: Council of State Governments, American Probation and Parole Association. Retrieved from https://www.appa-net.org/psn/docs/PSN CARE Model.pdf
- <sup>3</sup> Prior PSN Updates can be retrieved at https://www.appa-net.org/psn/psn update.html
- <sup>4</sup> Agencies interested in receiving training or technical assistance support must submit a request through their USAO to BJA using the PSN Request Form (https://www.bja.gov/Programs/PSN/psn\_ta\_request\_frm.pdf). A list of PSN T/TA Providers is also available (https://www.bja.gov/Programs/PSN/PSN\_TTA\_manual.pdf).
- <sup>5</sup> See APPA's PSN-dedicated website at https:// www.appa-net.org/psn/ and CCI's PSN webpage at http://www.communitycorrections.org/resourcespsn/
- <sup>6</sup> See https://www.appa-net.org/eweb/ Dynamicpage.aspx?webcode=IV\_ProjectDetail&wps\_ key=9f97fbdd-9113-4e99-bb5b-104eb55ad227
- <sup>7</sup> See the following website for more information about APPA's 2016 Winter Training Institute http://www.appa-net.org/institutes/2016 Atlanta/Attend/
- <sup>8</sup> Please check the APPA souvenir program once you arrive as dates and times may change. Questions about this meeting can be sent to Adam Matz by phone at (859) 244-8058 or by email at amatz@csg. org.

**ADAM K. MATZ, PH.D.** is a Research Associate with the American Probation and Parole Association (APPA).





### UNDERSTANDING PENAL PRACTICE

BY IOAN DURNESCU AND FERGUS MCNEILL ROUTLEDGE LONDON AND NEW YORK 2-015 PBK.

fter more than three decades of emphasis on determining which correctional programs are effective, scholars have produced a credible body of literature on what works. Now they have turned their attention to the challenge of correctional practice. Ioan Durnescu, a senior lecturer in the Faculty of Sociology and Social Work at the University of Bucharest and Fergus McNeill, professor of Criminology and Social Work at the University of Glasgow have combined to produce an excellent resource on recent studies on how corrections is practiced in various countries. They have brought together in this book a number of interesting and informative studies on how correctional workers practice their profession. This work contributes enormously towards bridging the gap between what works and how it works. The editors provide a brief introduction on what the reader can expect to find in this collection. The collection builds on and extends the reach of an earlier book, Offender Supervision: New Directions in Theory, Research and Practice by McNeill et al, published by Willan in 2010. Although some of the contributors are represented in both books, the editorial team is different and the focus and range of articles are different but both collections share a similar purpose: to base the improvement of penal practice in a better understanding of penal practice! The second important point to notice is that this book deals more with practices in community settings and thus differs from the majority of books

that focus on prison settings. This is a welcomed approach for practitioners in probation and parole. The last point the editors make is that this collection combines "critical descriptive sociology with unapologetically applied and prescriptive criminology." The editors take this approach further by suggesting that it is "a mistake to think it is desirable, ethical or even possible to do one without the other."

In order to clarify their intentions Durnescu and McNeill review the types of research and the relationship between theory, research and public policy. The types of research they describe are: critical, comparative, explanatory and evaluative. They note "that a narrow approach to the development of 'evidence-based' policy and practice has produced an unhelpful preoccupation with evaluation research and that this approach preoccupied itself with what works. What is needed and can be found in some of the other research approaches leads us to considerations of penal practice and importantly criminal justice practitioners. This collection endeavors to focus on penal practice and penal practitioners.

The editors are ambitiously in pursuit of a more integrated approach to understanding penal practice and have structured this collection into two parts: understanding practice/ understanding practitioners and supporting practitioners/improving practice. The first section is comprised of eleven contributions from a number of international scholars dealing with practice issues in various countries such as Canada, France, Germany, England and Wales, Romania, Scotland and the United States. The second section includes ten contributions from

...this book deals more with practices in community settings and thus differs from the majority of books that focus on prison settings. This is a welcomed approach for practitioners in probation and parole.

scholars working in Australia, Canada, England and Wales, the Netherlands, Romania and Scotland. Some examples of topics/subjects covered in the second section are:

- Professional ideologies in United States probation and parole
- Who works in the probation service in Romania
- Explaining French probation
- A comparison between Germany and Japan's volunteers in probation service
- Understanding the 'relationship' in English probation supervision
- Changing lives, changing work: social work and criminal justice.

The editors have included a number of studies by various researchers that are descriptive of practice and practitioners. Readers will find discussions of formative influences on practice, impacts of administrative reforms on practice, cultural contexts impacting the use of volunteers and current developments in the United Kingdom as a result of the government's "transforming rehabilitation" agenda. One thing that stands out in these studies is the difficulties in managing the transition (for service-user and serviceprovider) between: prison and community supervision, control and care, and from supervision to community integration and desistance. There is much to gain

for practitioners in a careful reading of these chapters and much to reflect upon regarding our practices.

In the second section topics and subjects include:

- Practicing the Good Lives Model
- A literature review of staff skills and characteristics in probation history
- Supervision skills and practices in support of practitioners
- Wraparound care as a booster of the crime-reducing effects of community-based probation
- Sources of professional effectiveness and aligning the purposes of probation with professional and learning competencies.

Turning from descriptive studies to explore ways to support practitioners and improve practice, the editors have collected some of the most recent research that is prescriptive in nature. There are studies reported here that reinforce and build on core correctional practices, target supervision skills and provide an avenue into thinking about not just what works but who works. Readers will find interesting articles reviewing research on staff skills, co-productive approaches to practice rooted in desistance research, explanations of a number of programs for enhancing staff skills and a discussion of professional effectiveness. These prescriptive studies provide an excellent

roadmap for probation administrators and practitioners interested in increasing the scale and scope of their practices and of continuing the journey towards evidence-based policy and practice.

In the concluding chapter Durnescu and McNeill reflect on their purpose in putting this collection together. Explicitly the purpose was to connect the "descriptive and prescriptive research agendas; its critical, explanatory and evaluative projects, and its institutional critical moments with its normative moments and with its moments of discovery." In this reflection they assess how well the collection made these connections and consider what should follow from this work for future research efforts.

By reviewing what is contained in each of the chapters the editors teased out elements in the work of the researchers represented in an effort to find the connections they deem important to furthering our understanding of penal practice. An important acknowledgement was that "the penal systems and practices are constantly evolving, one major contribution of research is to make these evolutions more apparent and therefore more available for scrutiny." Another notable reflection relates to improving the quality of penal practice and that is the "need to understand the skills, characteristics and qualities of practitioners, but we also need to understand the contexts in which

they practice—professional, legal, organisational, cultural, political and social." Durnescu and McNeill conclude that their collection makes clear that the different forms of research and different kinds of researchers need each other and that "the different 'moments' in the interplay between theory, research, policy and practice are also interdependent." The idea of improving and enhancing our efforts with a more inclusive use of various disciplines will no doubt assist us in developing a better understanding of penal practice and to improving penal practice. I would recommend this collection to both probation administrators and officers as a useful tool to assist them in developing their policy and practices that improve the outcomes of their efforts. I also look forward to the next offerings of the researchers represented in this volume as they strive to assist practitioners in the field with insightful and helpful information for practice.

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mmediately following the APPA 40th Annual Training Institute in Los Angeles, CA, APPA and the International Community Corrections Association (ICCA) co-hosted the Second World Congress on Community Corrections. In attendance were 370 people from around the world with representation from 27 countries including: Albania, Australia, Belgium, Canada, Cayman Islands, France, Hong Kong, Ireland, Japan, Latvia, Lesotho, Mexico, Netherlands, New Zealand, Philippines, Poland, Romania, Singapore, South Africa, South Korea, Spain, Thailand, Trinidad and Tobago, Uganda, United Kingdom, United States, and Vietnam. It was a global event and provided opportunities for beginning and continuing many international relationships.

During the World Congress, I was honored to have the opportunity of interviewing international guests about probation or supervision practices within their countries. Interviewees included both private and public-sector representatives from Belgium, Ireland, Japan, Netherlands, New Zealand, Philippines, South Africa, Trinidad, and the United Kingdom.

Five questions were asked of each interviewee including:

- Where does the probation department reside within your government structure?
- How does probation support advancing best practices?
- Has probation been impacted by the global budget crisis? If so, how?
- What are probation's current workload issues?
- How are probation staff members supported by management?

Interviewees could also offer any additional information regarding local supervision practices that may be important for others to know.

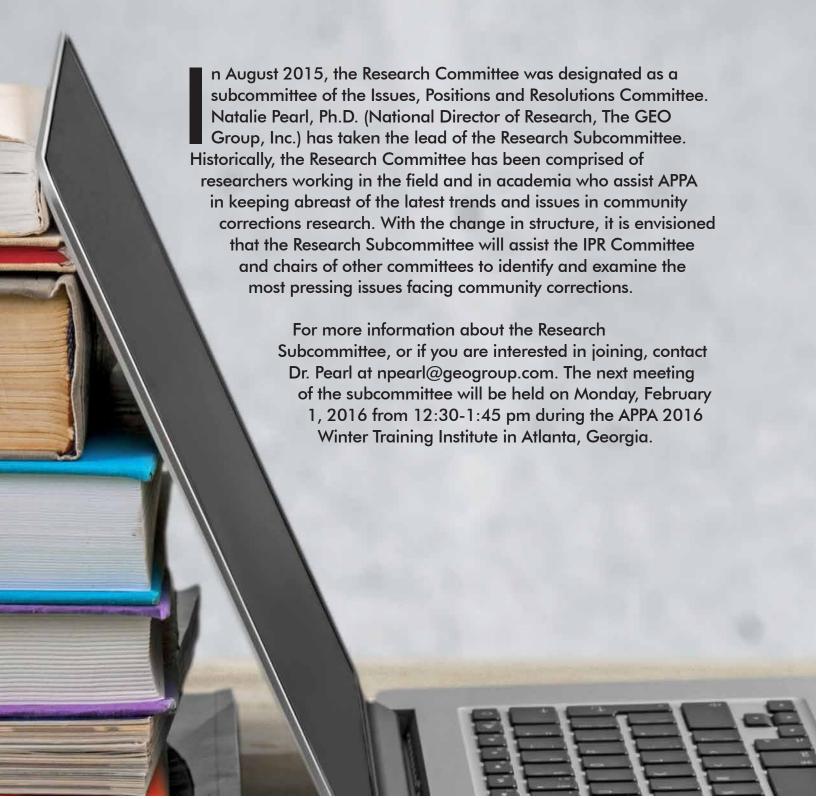
One of the interesting findings from these interviews was the large number of highly-trained volunteers used in different countries to supervise clients and lower probation officer caseload sizes. In Japan for example, there are approximately 966 probation officers and 48,000 volunteer probation officers! Along with this astounding figure is the equally amazing fact that their volunteers' average age is 64.7 years old. These people have clearly found a way to give back to their communities and provide support in a very meaningful manner. Perhaps there's something we can learn from this model?

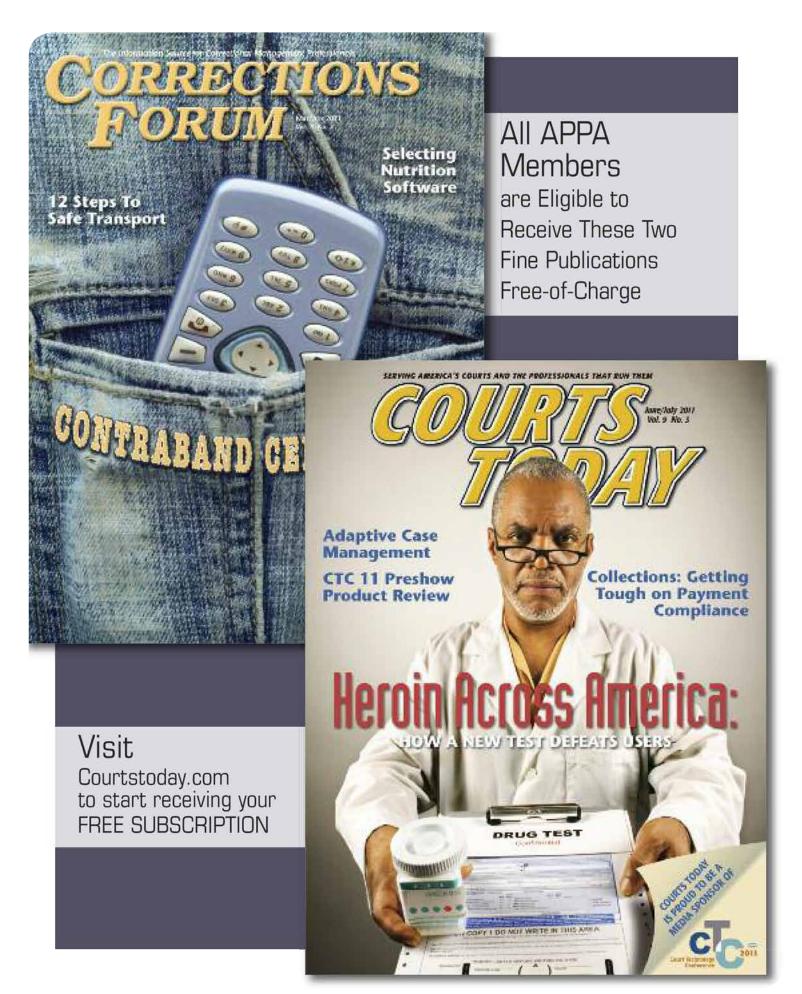
Due to the wealth of information received, there is insufficient space to include the responses in this article, but you can see available details by following this link: http://www.appa-net. org/eweb/Resources/International Update Interviews Fall 2015.pdf. Each interviewee reviewed his/her draft writeup to ensure the accuracy of information, but not everyone was able to provide their final versions by the deadline of this article. If information from a country of interest is not yet available on this link, check back at a later date to get that important information! Final interview write-ups will be included as soon as they are made available. When possible, a link for each country was also provided so that readers can do more detailed investigations of local probation and/or supervision practices.

For further information on the APPA International Relations Committee please feel free to contact Julie Truschel at julietruschel@comcast.net.

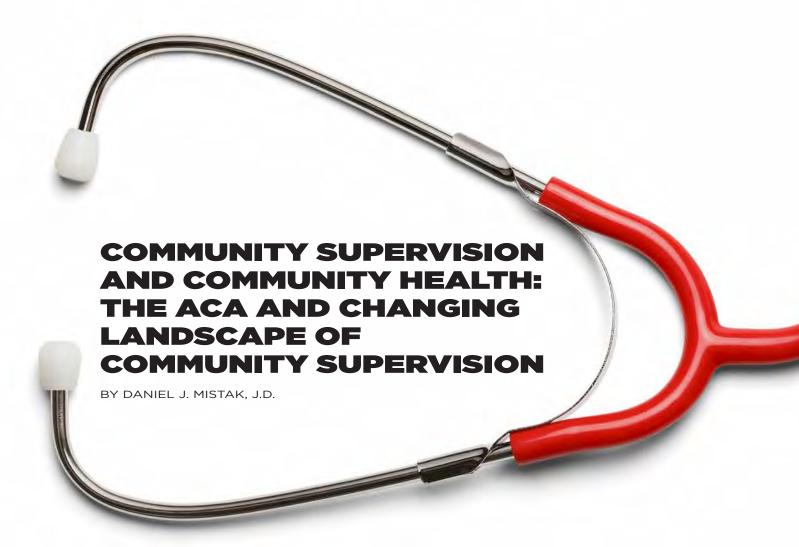
**JULIETRUSCHEL** is the Chair of the APPA International Relations Committee.

### **APPA RESEARCH COMMITTEE DESIGNATED** AS A SUBCOMMITTEE OF THE ISSUES, POSITIONS AND RESOLUTIONS COMMITTEE.









he Patient Protection and Affordable Care Act (ACA) is changing community supervision. This change, which will integrate public safety goals with the goals of public health, comes at a time when probation and parole are finding themselves with increasing responsibilities. Each year, millions of Americans are placed on probation or released on parole. This leaves community supervisors with a host of tasks necessary to ensure the safety of local residents, the reintegration of an individual into his community—all while doing so in the "minimal amount needed to protect society and promote law-abiding behavior" (Position Statement, 1997). Many of these individuals come from low-income communities who, before the ACA, were ineligible for Medicaid or too poor for commercial health insurance. Many of these individuals also have significant untreated substance use disorders, mental illness

or both. Before the ACA, community supervisors recognized the connection between substance use disorder and achieving the conditions of release, but community supervisors did not have many tools at their disposal to aid in this struggle. The ACA changes this. The ACA provides an opportunity to both manage the safety needs of the community while simultaneously helping improve the lives of individuals under community supervision.



### BACKGROUND: THE SHIFT TO COMMUNITY SUPERVISION

Across the country, federal officials, local officials and the public are recognizing that there are too many people under custodial supervision. Although the United States holds only five percent of the world's population, it holds twenty-five percent of the world's incarcerated population. When mental health institutions closed in the United States in the 1970s, the criminal justice system became the inevitable home to many individuals with serious needs who lack the support to have those needs met. This de-institutionalization, combined with the War on Drugs, has led to the levels of incarceration that we are experiencing in the United States. Increasingly, jurisdictions are recognizing that this era cannot continue and are actively taking steps to reduce the number of individuals in the criminal justice system.

Public policy is shifting the way that we punish drug crimes. California's Proposition 47, which reduced many drug felonies to misdemeanors, may be a harbinger of changes that are to come. Drug courts increasingly are diverting individuals who come into the criminal justice system due to their substance use needs away from jail and into community treatment. These policy changes rely on probation to ensure that individuals are maintaining their care regimens.

Keeping so many people in jail is also very expensive. Many jurisdictions are cutting these costs by placing individuals in community supervision rather than into jails or prison. According to the Pew Center on the States, supervising an individual on probation in 2008 costs less than \$3.42 per day, while incarceration costs 20 times that amount (2009). This cost shift, however, also increases the burden on probation and parole.

Decreasing prison populations has already begun. In 2011, California legislators and Governor Jerry Brown passed Assembly Bill 109 ("Realignment") in response to the Supreme Court's decision in Brown v. Plata. Realignment shifted responsibility for a sub-group of the State's prisoners to county jails. This burden has affected county sheriffs' offices and county probation—increasing their workloads without guidance on how to manage this increase. As a result, the percentage of individuals in probation programs shifted from forty-eight percent of the total of individuals under state supervision in December of 2008 to fiftysix percent in December 2013 (Martin & Grattet, 2015).

These changes indicate a far-ranging shift in public policy and public opinion. Alternatives to custody mean an increase in responsibility for probation and parole. Not only are there more individuals

now on community supervision, but these individuals are often in community supervision with a mandate from the courts requiring careful management of conditions of release.

## THE COMPLEX HEALTH NEEDS OF INDIVIDUALS UNDER COMMUNITY SUPERVISION

There are more individuals under community supervision, and these individuals have complex needs. These needs correlate to broad public health concerns regarding cognitive deficiencies, substance use disorders, infectious diseases and medical conditions that stand in the way of successful community integration. The U.S. Department of Justice's Bureau of Justice Statistics found that half of probationers reported being under the influence of drugs or alcohol at the time they committed the offense they were convicted for, yet only thirtyeight percent of people on probation are receiving some treatment for substance use disorder (Mumola, 1995; BJS 1998). Before the ACA, most individuals who were on probation with court-mandated drug treatment and testing were uninsured. This created access barriers to effective treatment and often precluded meaningful treatment options.

Justice-involved individuals also have complicated mental health needs. Studies estimate that fourteen percent

of male inmates and thirty-eight percent of female inmates meet the criteria for serious mental illness<sup>1</sup> (SMI), compared to five percent in the general population (Steadman 2009). Sixty-eight percent of jail inmates demonstrate signs of substance use disorder (Karberg et al., 2002). Often, individuals exhibit both (Abram et al., 1991).

The mental health needs of justiceinvolved individuals cannot be contained within the walls of the jail, but follow these individuals back into the community. Individuals on probation also have higher rates of mental health and substance use disorders. Nine percent of men report symptoms of SMI<sup>2</sup> and forty percent had abused drugs or alcohol in the last year—almost half exhibited both (Feucht & Gfroerer, 2011). Individuals leaving jail or prison are also at a high risk of death in the weeks subsequent to release. Upon leaving prison, an individual is thirteen times more likely to die in the two weeks following release than the general population; former prisoners are 129 times more likely than the general population to die of an overdose (Binswanger et al., 2007). Those whose diabetes or other medical conditions were managed while incarcerated must figure out what foods to eat and practices to incorporate daily that will manage their complex needs. While community supervisors cannot be expected to



manage all of these complex needs, they can provide the interface between the individual and his care regimen outside the jail.

Connecting individuals with the services that will help them manage their complex needs is imperative for the health of a community. Individuals leaving incarceration settings have higher than average rates of HIV and AIDS—requiring careful management to ensure that the treatment regime is maintained once an individual is released. If an individual does not maintain his treatment regime, his viral levels could increase and pose a risk to both himself and the public. Unmanaged behavioral health needs can place others at risk if an individual becomes dangerous.

Managing scores of prescription drugs, health care appointments, all while finding jobs and housing would be a daunting task for the majority of us and that task is even harder after a bout of incarceration. These needs—behavioral and medical—need to be managed for the sake of both the individual and the public to which they are returning. Public safety is intimately connected with public health, and the ACA gives community supervisors the tools to effectively manage both.

#### BETTER SERVICES, BETTER PURCHASING, AND COST SAVINGS THROUGH HEALTH REFORM

The ACA contains several features that will change how community supervision is accomplished. Perhaps the most important feature is the expansion of Medicaid eligibility. In states that elect to expand Medicaid eligibility, health insurance is available to many low-income individuals with insurance for the first time. Medicaid is a state-federal partnership that helps provides insurance to individuals who are disadvantaged. Under the ACA, states could elect to expand their population eligible for Medicaid to individuals who make below 138 percent of the federal poverty line. Many of the individuals under community supervision in expansion states will qualify for Medicaid. Medicaid offers community supervisors a set of financing and quality assurance tools, described below, that will help them manage the complex needs of individuals in their care all while having these activities and services reimbursed or paid for by federal funds.

The ACA mandates an expansion of the types of services that insurance companies must offer. All health plans, including Medicaid and commercial plans, must contain benchmarks that ensure that an individual is receiving adequate health care. Now, each plan must offer mental

health benefits and substance abuse treatment as well as rehabilitative and habilitative services. These benefits are even more salient in light of the Mental Health Parity and Addiction Equity Act of 2008, which mandates parity between medical benefits and behavioral health benefits.

Expanded eligibility and expanded services together creates an invaluable tool for community supervisors. The ACA provides a means of connecting public safety workers with the expertise of the health industry, rather than relying on probation and parole departments to contract directly with community providers. Because few individuals in the community previously had health care, probation and parole departments were tasked with contracting with providers in their community directly and paying for these services out of general budget dollars. This relationship made it difficult to accurately price contracts with community providers, and often meant that community supervisors were paying more money than they should. The ACA creates a system where community supervisors will have the ability to create memoranda of understanding with appropriate partner agencies that specialize in health care services, rather than directly negotiate contracts with providers. This means that public funds will be able to be better utilized in working with service providers.

Medicaid also can provide new ways to fund community services. Many Medicaid programs overlap with the services that community supervisors already engage in—allowing for these services to be funded by contracting with appropriate partner agencies. New York State provides an excellent example of how services salient to community supervision are moving into the realm of health. In New York, Medicaid managed care companies are funding many community services

Medicaid also can provide new ways to fund community services. Many **Medicaid** programs overlap with the services that community supervisors already engage in—allowing for these services to be funded by contracting with appropriate partner agencies.



Some of the treatments with the greatest evidence base for success may be wholly unavailable within a given community. The ACA provides a flood of consistent resources that will allow providers to emerge in communities across the country.

through Medicaid's 1915(i) Home and Community Based Services program. Many of the state's Medicaid managed care programs are creating separate lines of business called Health and Recovery Plans (HARPs). HARPs allow case managers to create individualized recovery plans for eligible individuals to help them live in the community and avoid hospital visits. Many of these plans would be of great use to community supervisors, too. For example, an individual who may need habilitative services can receive a care plan that covers services that do not exist in the general managed care paradigm. Anger management classes can be an integral part of both a health care plan and a condition of release. Medicaid would pay for these services, freeing up community supervisor budgets for other programs.

Because many of the people who would benefit from behavioral health services were too poor to afford health insurance, the behavioral health market has limited provider capacity. Some of the treatments with the greatest evidence base for success may be wholly unavailable within a given community. The ACA provides a flood of consistent resources that will allow providers to emerge in communities across the country. These providers will play an integral part in managed care plans because effective behavioral health options will lead to

decreased acute and expensive health crises. Community supervisors will benefit from these new providers as well because supervisors will be able to select more appropriate options to meet the needs of their clients.

All of this is important because health care, especially for justice-involved individuals, can have huge impacts on the lives of its recipients. In Washington, researchers studied the effects of substance use treatment for low-income individuals. They found that substance use treatment led to an average medical cost saving of \$2,500 annually per person treated (Wickizer et al., 2006); reductions for arrests (Shah et al., 2009); and savings of \$5,000-\$10,000 for local law enforcement, courts, jails and state corrections agencies per person treated (Mancuso & Felver, 2009)—all connected to reductions in crime. The impact extends beyond the community the individuals who participated in the program had an increase of \$2,000 per year in their annual income (Shah et al., 2009). Substance use treatment saves jurisdictions money, strengthens communities and empowers the individuals who participate. Now, because of the ACA, providing this care is much more feasible.

The ACA also promises to create new levels of connectivity. Another important

law, the HITECH Act, incentivized Medicaid providers to adopt electronic health records (EHRs). EHRs allow for information to be shared between providers and create better care management. These tools will allow a supervisor to track whether an individual has been attending his court-ordered treatments or whether he has been testing positive for substances. The ease of use of an EHR allows supervisors to look at the entire care plan and its effectiveness rather than simply the outcome of drug tests. Previously, an individual who tested positive for a substance would be taken back to jail, but now that there are increased levels of monitoring, probation or parole can intervene early and adjust the care plan to more effectively help an individual on his road to recovery and community integration. This level of oversight was unavailable before, leaving jails as the only viable alternative for failure.

EHRs also allow for a new way to assess the effectiveness of a treatment regime. If a particular course of treatment is failing time and time again for an individual, the EHR will provide the data that suggests a different course of action may be appropriate. By assessing the data that comes from the EHR, community supervisors can better craft their supervision to the data that is proven effective.



As the role of community services increases, solutions must be found that allow community supervisors to protect their clients and protect the public all while protecting a jurisdiction's budget. The ACA is the tool to accomplish this task.

#### **HOW TO PREPARE**

The future of probation and parole is already at hand; how should jurisdictions prepare? The first way to prepare is to ensure that the individuals under supervision are enrolled in Medicaid. The services and opportunities described above will only be available to individuals who are enrolled in a health care plan. Probation and parole have a unique opportunity to ensure that the individuals in their care are eligible for Medicaid and enrolled in a culturally competent plan that can meet their clients' behavioral health needs.

As more individuals become enrolled in health insurance, the more these individuals' health outcomes become the responsibility of other entities. Community supervisors need to reach out to and partner with health agencies in their local jurisdictions. A client's health plan needs to become an integral partner to share important health data. By alerting the health plan that one of their clients is under supervision, the plan will become a valuable partner in ensuring that an

individual remains healthy, out of the hospital and out of jail. Across the country, new programs are being created that will aid in care management of people with complex needs. Health Homes, a care management program created in the ACA, could provide an important interface for community supervisors that are tracking whether an individual is meeting his court-appointed mandates. These new community partners signal an age where probation and parole will all be a part of a network of care that will work together to meet the myriad needs of justice-involved individuals.

#### CONCLUSION

This is a time of great change for community supervision. Probation and parole, however, are not alone in the need to adapt to new situations. The ACA is ushering in a new era of health care in the United States: an era where probation has new allies, such as health care plans, that are interested in ensuring that individuals receive treatment for their mental health and substance use disorders. Because many of the individuals under community supervision have complex behavioral health needs, the ACA will strengthen and redefine the relationships between probation and health care workers to improve both public health and public safety, all while reducing the burden on local budgets.

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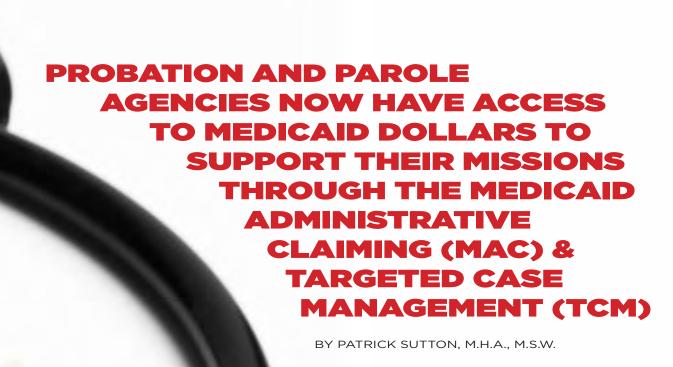
#### **ENDNOTES**

<sup>1</sup> SMI is defined as "the presence of one or more of the following diagnoses in the past month: major depressive disorder; depressive disorder not otherwise specified; bipolar disorder I, II, and not otherwise specified; schizophrenia spectrum disorder; schizoaffective disorder; schizophreniform disorder; brief psychotic disorder; delusional disorder; and psychotic disorder not otherwise specified. There were no measures of functional impairment" (Steadman 2009).

<sup>2</sup> In this study, SMI is defined as "having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and resulted in serious functional impairment. For details on the methodology, see Section B.4.3 in Appendix B of the Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings" (Feucht & Gfroerer, 2011).

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ndividuals on probation and parole are not receiving the healthcare services and array of other county-administered services that they need despite the fact that providing these services will improve health outcomes and save jurisdictions money. For instance, one recent study showed that ninety percent of those entering into a local or county jail are uninsured and that over sixty percent qualify for Medicaid under the new expansion provisions of the Affordable Care Act (ACA) (Turner et al., 2014). Unsurprisingly, many in the criminal justice system are also in dire need of county-administered services to address alarminally high rates of health and other needs. Studies estimate that fourteen percent of male inmates and thirty-



**MAC and TCM** aid agencies in adopting a balanced approach to case management by blending their supervision efforts and referrals for services to address other **fundamental** human needs. eight percent of female inmates meet the criteria for serious mental illness (SMI), compared to five percent in the general population (Steadman et al., 2009). Sixty-eight percent of jail inmates demonstrate signs of substance use disorder (Karberg et al., 2006). Targeted Case Management (TCM) and Medicaid Administrative Claiming (MAC), two under-utilized Medicaid programs, offer probation and parole agencies much needed tools and revenue to support their missions to keep their communities safe, reduce crime and help victims of crime. MAC and TCM aid agencies in adopting a balanced approach to case management by blending their supervision efforts and referrals for services to address other fundamental human needs. The combined strategy tied to the core case management practices of assessment, case planning, referral and monitoring model the cornerstones of evidence-based practices and help advance learning in the field. In fact, Medicaid reimburses the costs for time spent providing case management services for basic human needs (e.g., housing, nutrition, and education) and for activities tied to people's primary criminogenic needs (e.g., TCM reimbursement for referral and monitoring of services for substance abuse treatment and cognitive behavioral programming).

### BACKGROUND - MEDICAID & THE JUSTICE-INVOLVED

Medicaid is a joint federal-state partnership health-insurance program for those of lower economic means (Centers for Medicare and Medicaid Services, 2015). Medicaid is the largest health insurance program in the United States, providing coverage to well over 65 million Americans (Paradise, 2015). Medicaid is jointly funded by the federal government and state/local governments (Centers for Medicare and Medicaid Services, 2015).

While Medicaid acts as a traditional health insurer that pays for traditional services like doctor visits and hospital stays, it also covers services that are outside of these typical direct services, including case management and administrative activities when provided by a state or local agency like probation or parole (http://www.dhcs. ca.gov/provgovpart/Pages/TCM.aspx). Many in the justice-involved community likely now qualify for Medicaid for the first time. Prior to expansion under the ACA, Medicaid did not extend coverage to many low-income adults (Paradise, 2015). With the implementation ACA on January 1, 2014, states that elected to expand Medicaid now provide health insurance to millions of these previously ineligible populations. Many of the newly eligible individuals are adults who make below one hundred thirty-eight percent of the Federal Poverty Level (FPL) (Paradise, 2015). This is a dramatic shift from prior Medicaid practice of only covering lowincome individuals who were disabled, pregnant, young or elderly.

The ACA is intended to address two central public health issues. The first is to expand access to health insurance to many of the previously uninsured and under-insured so that they have access to needed health care services. The second is to bend the health care cost curve, which should lead to a reduction in not just the overall health care expenditures,

but also in the corollary costs of having people with unmet health care needs (Mann, 2014). Often these unmet health care needs are revealed during an individual's involvement with the criminal justice system, and policymakers are hoping that providing needed services to the justice-involved population will improve this population's overall health and allow them to address criminogenic needs resulting in a reduction in the recidivism rate. A study out of Washington State underscores the potential of providing health care services to this under-served population, which showed a reduction of between 21-33 percent in re-arrest rates for three groups that were treated for chemical dependency compared with those individuals who received no services (Mancuso & Felver, 2009). Another study in Florida and Washington State demonstrated how access to services might help justiceinvolved populations (Morrissey, 2004). In this study, people who were enrolled in Medicaid at the time of release were more likely to access community mental health and substance abuse services than those not enrolled in Medicaid. In addition. those who were still enrolled in Medicaid one year after release had sixteen percent fewer detentions and stayed out of jail longer than either those who had previously been enrolled in Medicaid or those who had not been enrolled in Medicaid.



Simply having access to these services, however, is not enough for the justiceinvolved population. Often, those who need these services the most are the same people who need help getting connected with the needed services, which is where probation and parole agencies come into play through their case management activities. The difference now is that there are two Medicaid programs that provide revenue to probation and parole departments to support their case management activities that help manage the care of the justice-involved population: Targeted Case Management (TCM) and Medicaid Administrative Claiming (MAC).

### TARGETED CASE MANAGEMENT (TCM)

TCM is a Medicaid covered service in 48 states. It is neither a direct service, nor is it an administrative activity. Instead, TCM is a program built on the premise that providing comprehensive, wholeperson case management services to identified target populations leads to better outcomes for the client and may ultimately lead to reduced costs for the federal, state and local governments (Abdallah & Mears, 2012). TCM is significantly different from direct medical services in a number of ways including that the provider qualifications are less rigorous. Most billable direct medical services covered by Medicaid must be provided by a physician, a registered nurse or someone with an advanced

clinical degree. TCM is different. TCM's provider qualifications are less stringent, often requiring only a college degree or some experience in case management (California TCM State Plan Amendment - SPA 14-024, 2014). These relaxed requirements lead to far more eligible providers, which often includes probation and parole officers.

One of the central themes of the ACA is to find more effective ways to deliver excellent care that lead to reductions in overall government spending. A balanced case management approach is just such a tool; there is evidence that preventative services like TCM lead to dramatic reduction in more costly forms of healthcare including hospitalizations and stays at skilled nursing facilities (SNFs). This is because in-home and outpatient services do not have anywhere near the same staffing, facility, and administrative overhead costs associated with running a hospital or a SNF. Like the healthcare arena, public safety agencies are embracing evidence-based practices (Jackson et al., 2015). Effective TCM services that target health and criminogenic needs may also help reduce recidivism while improving healthcare outcomes (Sharkey et al., 2014).

In reality, a number of public safety agencies, particularly probation and parole agencies, are already engaging in reimbursable TCM services when they perform assessments, develop and update care/case plans, make referrals and perform follow-up and monitoring functions. Many of these monitoring activities relate to healthcare, social services, legal services, vocational training, educational services, housing, nutritional services and other county based services. TCM is not solely about managing someone's healthcare needs--it's about managing all of their needs.

TCM can be used for a wide variety of services depending on how each state crafts its Medicaid plan. California's draft version of Medicaid plan allows TCM to be used to help individuals obtain and maintain housing. This move is intended to reduce emergency health care utilization while improving healthcare outcomes. California is proposing to implement a pilot TCM program for "frequent flyers" of hospital emergency room services. By providing TCM to a recently released frequent flyer from an emergency department and providing them with intense, whole-person case management services and connecting the individual with a full array of county services, California can reduce emergency department visits and hospital stays and reduce this individual's overall healthcare costs. TCM not only reduces costs but leads to better healthcare services and better healthcare outcomes.

Not every Medicaid eligible person, however, is also eligible to receive TCM services. Rather, they must fit into a target population identified by a state's Medicaid office and approved by the federal agency that oversees the Medicaid program, the Centers for Medicare and Medicaid Services (CMS) (California TCM State Plan Amendment - SPA 14-024, 2014). Each state has different target populations, but they usually follow common themes, such as the population being at risk for adverse health or other outcomes, and assisting those in need of accessing the service providers in their community that can address their health and other needs. The more obvious populations include the elderly, those with communicable diseases, poor children, the mentally ill and those with or surrounded by substance abuse issues.

Some states more broadly define their target populations so that they can be used for the justice-involved population. For instance, California has a target population that includes any Medicaid eligible person who is in jeopardy of negative health or psycho-social outcomes (California TCM State Plan Amendment - SPA 14-024, 2014). Some states do not have a target population that encompasses the justice-involved. For these latter states, the next step is to create a new TCM state plan amendment (SPA) to add a targeted population



by state and federal rules. Juvenile probation officers across the county are familiar with requirements that come with claiming Title IV-E dollars that include: time surveying, maintaining and updating client files, invoicing and following state and federal guidelines. These same types of requirements apply to TCM, and to a lesser degree to Medicaid Administrative Claiming (MAC).

Unlike Title IV-E, however, the federal government will reimburse local agencies for TCM services at up to one hundred percent of their costs when delivered to the newly eligible persons in expansion states vs. the fifty percent permitted by Title IV-E (Paradise, 2015). Poor adult males are generally going to qualify as newly eligible in expansion states, meaning that probation and parole case management activities delivered to their adult populations will likely qualify for this increased reimbursement.

### MEDICAID ADMINISTRATIVE CLAIMING (MAC)

MAC is a federal reimbursement program like TCM. MAC, however, reimburses for allowable expenses related to the administration of the Medicaid program and therefore is limited to activities that link Medicaid beneficiaries only with Medicaid covered services (http://www.dhcs.ca.gov/provgovpart/Pages/CMAA.aspx). By contrast, TCM is

concerned with linking an individual with all the county services that he/she may need, even if they are not covered by Medicaid.

MAC reimburses county agencies, schools, and other state and local entities for administrative activities that assist Medicaid client in activities that include linking and referring individuals to healthcare services; educating and informing individuals about Medicaid: assisting with the completion of a Medicaid application; arranging transportation services so that an individual may get to a healthcare service; and case managing a person's healthcare needs (http://www.dhcs.ca.gov/ provgovpart/Pages/CMAA.aspx). Because it is more limited in scope than TCM, however, MAC has fewer requirements than TCM. For instance, there are no provider qualification requirements. In California, all county departments and their staffs are eligible for participation in MAC. In California, there are approximately five county probation departments and one county sheriff's office that are claiming under California's MAC program.

Not every state has an agreement in place that allows for claiming MAC. For those states, we recommend that you use the California MAC agreement as an initial step with your state Medicaid



office and CMS to start negotiations. Implementing such an agreement is essential if you wish to claim for MAC reimbursement.

#### **PARTICIPANT REQUIREMENTS**

MAC and TCM both have participant requirements, but vary somewhat from state to state. In California, both MAC and TCM are cost-based programs and require that participants track their time perpetually in what is called a, "time survey". In other states, the time survey requirement may be a random moment approach. And yet in other states, TCM and MAC do not share a time survey. Instead TCM is billed in a traditional feefor-service approach.

The TCM program requires that case managers keep, maintain and update client files. These client files are vitally important, specifically because they are part of an audit file that will be audited by state and federal agencies.

Although there are varied approaches employed by different states to claim MAC and TCM, these approaches are not daunting. Many schools across the country already claim MAC and TCM—demonstrating that probation and parole can also easily participate. New technologies have also been created that allows for easier tracking of time and meeting the requirements of participation.

#### CONCLUSION

MAC and TCM have potential value in addressing the need to link justice-involved populations with the wide array of services that address criminogenic needs, mental health, substance abuse, housing, education, job training and social services. Establishing effective linkages to service, driven by the results of a multi-dimensional assessment, will support generally accepted practices that are necessary to provide services in a way that reduce recidivism.

With the expanded population that is eligible for Medicaid, these two programs—which have had limited utility before Medicaid expansion—translate into a unique opportunity for public safety agencies to draw down federal reimbursement for activities that they are already performing on a day-to-day basis.

Probation, parole and other law enforcement agencies are at a crossroads. They can move forward with the understanding that a significant portion of their population is now Medicaid eligible and take action to claim for those activities that they are already performing. Or, they can rely on the old model where their revenue stream was largely dependent on the largess of local and state bureaucrats.

MAC and TCM are an excellent fit for those involved in serving justice-involved

populations. Probation officers, parole agents and other law enforcement personnel are already performing many of these reimbursable activities. No one is asking them to change what they do, simply to record their time so that federal reimbursement can be drawn down for allowable activities.

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# TECHNOLOGY SUPPORTS DECISION MAKING IN HEALTH AND JUSTICE

BY BRIAN MATTSON, PH.D.







#### **EMERGING TECHNOLOGIES**

There have been several important improvements in technology to support health and safety outcomes over the last several years (Butler, in press). These technologies are bound to find their way into community supervision. These improvements include using advanced statistical approaches tied to assessment to identify clusters of individuals with common risk and need histories (Taxman, 2015, Brennan, 2009), evolutions in the interpretation of assessment data for treatment purposes (Gastfriend, 2003), new architectural designs to support data standardization and exchange (Galante, 2011, IJIS, 2013), emerging electronic health records (EHR) tied to health information exchanges (HIE) with justice populations (Justice and Health Connect, 2014), automation of protocols to support online programming for education and cognitive behavioral therapy (Davis, 2014; Elison, 2014), decision management systems that map the complexities of decisions in systems and the consequences that exist for efficiency and outcomes (Taylor, 2012), and telemedicine solutions to efficiently bridge geography and access to care. These improvements represent early stage innovation and create solutions that advance an understanding of what works for whom using cost efficient technical infrastructure to aid probation and parole staff as they balance challenging caseloads.

### INFORMATION EXCHANGE CHALLENGES AND BENEFITS

With the abundance of data in public systems and strained staffing models, aligning what an agency measures and what an agency intends to achieve is a necessity. Clear metrics and goals focus agencies on a clear articulation of the outcomes they seek to achieve, the practices that will produce these outcomes, the rationale underlying these practices and who should receive which services. This logic is fundamental to the evolution of learning technologies at the intersection of health and justice (see ONC, 2015). The approach will also assure that probation and parole staff are focusing on the activities most central to the public health and safety mission.

Organizations are meeting these challenges by introducing more complete case management designs that encourage officers to learn, integrate and use evidence-based practices. Leading efforts combine research with practice and move toward a science-based methodology in which work is evaluated using measures of adherence, efficiency and effectiveness. Technology is a critical infrastructure component to advance these learning interests.

There are three fundamental benefits technology provides. First, advances in assessment have allowed for statistical

approaches to segment and cluster people into meaningful treatment types (see Taxman et al., 2015, Brennan et al., 2012). These treatment types are linked to programming recommendations through automation to guide the officers' case management decisions and improve the chances of positive health and safety outcomes (Baker and Gastfriend, 2003, Taxman, 2015). The right people can access the right program.

Second, technology platforms, like Health Information Exchanges (HIE), connect multiple treatment providers in a geographic area to share health related information within networks of disparate technical platforms (Butler, in press). These platforms will provide the officer with a platform to ensure continuity of care regardless of setting and reduce the number of redundant services provided in community clinics, jails and hospitals—reducing the cost of care and ensuring continuity of care approaches that are most likely to produce positive individual outcomes.

Finally, technical systems that interpret assessment results and match people with an appropriate care plan and measure adherence and performance produce a rich source of information from which justice and health partners can learn over time. Technology allows policymakers and officers to learn from the past.

Consistent with these benefits, there have been changes in policy that are leveraged through technology to improve access and continuity of health services and the health records these activities produce. The Health Insurance Portability and Accountability Act (HIPAA) and the Affordable Care Act (ACA) provide legislative guidance on the appropriate collection, use and security of data that advance outcomes for justice-involved people.

The barriers and policies for sharing health information are all the more salient now that the ACA has expanded the number of potentially eligible people qualifying for health insurance. In states where expansion is occurring, these newly eligible people are revealing a more complete understanding of their life circumstances adding to primary risk and need data with information about their health conditions. With these advances. justice systems will use these data to clarify a person's needs, interpret these needs in a way that matches the person to the most appropriate services, manages the service delivery for integrity and fidelity to evidence-based standards and track these efforts to understand the impacts of services on near and long-term behavior chanae.



#### **DECISION SUPPORT TECHNOLOGIES**

Decision support technologies are support systems to facilitate how data are integrated across a jurisdiction to improve choices by case managers and ultimately improve outcomes. These decisions that support technologies are evolving in important directions and early adopters are discussing how to pull information from the array of data that are collected across justice and health agencies. Decision support systems are intended to address several important challenges including:

- Creating a more intelligent set of business processes—more dynamic, more transparent, more adaptive and fundamentally more focused on the client (Taylor, 2013).
- Focusing on decisions as well as processes. Intelligent processes are more decision-centric, using a focus on decisions to drive intelligence into the process (Taylor, 2013).
- Managing multiple forms of risk and need to ensure goals of public safety, population health and fiscal efficiency are maintained.
- Improving outcomes with continuity of care into community-based alternatives. The exchange of information within and across partner agencies is often under-developed and not well integrated.

With these challenges in mind, technology solutions are being envisioned to:

- Identify the decisions in primary system workflows and specify the decision architecture.
- Define the relevant dimensions and information sources to inform critical client management decisions.
- Map the system of decisions that define critical work across justice functions and agencies.
- Use these dimensions to create a decision support system that blends scientific and policy knowledge to produce informed and accurate choices.

Technology solutions are evolving in justice and health systems to improve the quality of care available through case management (Taxman, 2015). Fundamental to



FIGURE 1: LEARNING THROUGH QUALITY CASE PLANNING

the success of these approaches is the adoption of a disciplined implementation of a series of case management steps.

These steps are outlined in Figure 1, above.

The steps in the model help to disaggregate various dimensions of risk (e.g., recidivism, violence, public health) and need (e.g., substance abuse, mental health, nutrition, living environment, social support, health). This disaggregation is used to improve the match of services

using reliable and valid patient placement guidelines that address the intensity and type of service delivered.

These guidelines are used to develop an individualized case plan that is implemented to provide services and address the variety of needs identified through the assessment. With a case plan in place, the challenge shifts to examine how well the services are delivered (i.e., adherence) and what the impacts of the services are on outcomes including

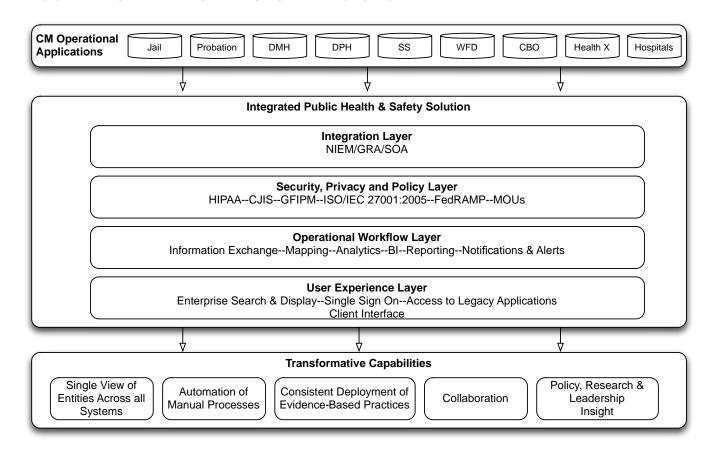


knowledge, skills and behavior. Outcome measures are used to evaluate individual performance and may be aggregated over time to improve analytics in the underlying approach. The analytics feed back into the assessment and treatment recommendation engine, promoting improved learning based on prior experience.

With the passage of the ACA and the emergence of newly eligible Medicaid populations in justice systems, there is a

push to understand and integrate health related dimensions into decision support systems. For example, the ACA mandates the inclusion of addiction treatment with parity to other medical and surgical services (Andrews, 2015). With the prevalence of addiction in justice-involved populations, technologies are emerging to connect assessment with client placement recommendations clarifying the link between substance abuse and addiction complications and treatment recommendations based on expert consensus (ASAM, 2013).

FIGURE 2: OPEN ARCHITECTURE DESIGNS



#### **TECHNICAL ARCHITECTURE**

Technical platforms are also being conceived to promote a "no wrong door" approach to care (Davis and Cloud, 2015). These solutions envision a technology platform with multiple public and private agencies providing inputs from client interactions. Figure 2 provides an example of a decentralized approach to solution architecture that creates an overlay enterprise capability, promotes the reuse of technology, improves user functionality without replacing existing software applications, accounts for security and privacy requirements and leverages national standards such as the National Information Exchange Model (NIEM), the Global Reference Architecture (GRA) and Global Federated Identity and Privilege Management (GFIPM) (Galante, 2011). Technology architecture is fundamental to achieve solutions that ensure the client is central to the solution and that the challenges of conflicting information technologies are addressed.

### INTEROPERABILITY AND NATIONAL STANDARDS

One of the challenges to be overcome in a multiagency decision support environment is the articulation and use of data standards that promote interoperability. Interoperability is the ability of technological systems to work together to share information and improve continuity of care. Governmental agencies and industry partners are working to articulate a series of data standards to support interoperability. These standards are evolving, and as they evolve, it will be imperative that the data standards reflect quality processes in probation and parole, like decision support practices demonstrated to produce positive outcomes. This alignment will help ensure that the resulting data analytics are tied to meaningful practices in agencies. One of the challenges to be overcome in a multi-agency decision support environment is the articulation and use of data standards that promote interoperability.



The primary national programs focused on improving information sharing and interoperability in justice are the National Information Exchange Model (NIEM), Global Reference Architecture (GRA), and Global Federated Identity and Privilege Management (GFIPM). NIEM enables information sharing, focusing on information exchanged among organizations as part of their current or intended business practices. The NIEM exchange development methodology results in a common understanding among participating organizations and data formatted in a consistent manner. NIEM standardizes content and data exchanges as well as provides tools process management. The GRA is an information exchange solution designed to cut implementation time and costs for state and local justice agencies through reuse of established promising practices in technology architecture and design. The GFIPM framework provides the justice community and partner organizations with a standards-based approach for implementing security and access control capabilities to restrict access to information only to those with a need and legal/statutory ability to see it.

These foundational standards will flow iteratively out of practice models in probation and parole agencies designed with outcome targets in mind. Welldesigned practice models linked to data standards create the opportunity for technology solutions to emerge that will encourage practice and program evaluation and allow the justice enterprise to learn over time and expand evidencebased practices.

#### **CONCLUSIONS**

There are several emerging initiatives and technologies aimed at improving the way data are collected and shared to meet community needs for public health and safety. These initiatives come along at a time when health and justice agencies are experiencing significant political and policy changes intended to bring transparency and accountability to shared practice models focused on outcomes. In response to these changes, probation and parole staff are poised to take advantage of technology advances. The return on these investments hinges on the ability of justice and health systems to clarify practice models and outcomes. Clarity on these fronts will help align decision support and other technical solutions with officers and clients driving a return on the financial investment, streamlining officer workload, improving the lives of clients and helping to create new learning through thoughtful and deliberate collection and use of data.

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### calendar of events

### 2016

#### **JANUARY 13-17**

Society for Social Work and Research (SSWR); Washington, DC. For more information go to http://secure.sswr. org/2016-conference-home/

#### **JANUARY 21-24**

Association of State Correctional Administrators 2016 Winter Meetings; New Orleans, LA. For more information go to http://www.asca.net/projects/24/ pages/185

#### **JANUARY 22-27**

ACA 2016 Winter Conference; New Orleans, LA. For more information go to http://www.aca.org/ACA\_Prod\_ IMIS/ACA\_Member/Home/ACA\_Member/ Home.aspx



#### **JANUARY 31-FEBRUARY 3**

APPA 2016 Winter Training Institute
Atlanta, GA. For more information go to
http://www.appa-net.org/institutes/2016\_
Atlanta/Attend/

#### **JANUARY 31-FEBRUARY 3**

Florida Sheriff's Association 2016 Winter Conference; Sandestin, FL. For more information go to www.flsheriffs.org/conferences/fsa-winter-conference

#### **FEBRUARY 1-4**

Community Anti-Drug Coalitions of America (CADCA) 2016 Leadership Forum; National Harbor, Maryland. For more information go to http://www.cadca. org/

#### **FEBRUARY 4-5**

Addiction Professional Summit: From Treatment to Recovery: Embracing a Continuing Care Model; Anaheim, California. For more information go to www.addictionpro.com/ap-summit/addiction-professional-summit-anaheim

#### **FEBRUARY 14-16**

National Association for Court Management (NACM) 2016 Midyear Conference; Mobile, Alabama. For more information go to www.nacmnet.org/ conferences/index.html

#### **FEBRUARY 18-21**

Southern States Correctional Association Mid-Winter 2016 Conference; Chattanooga, TN. For more information go towww.sscaweb.org/?page id=990

#### **APRIL 9-12**

National Commission on Correctional Health Care Spring Conference on Correctional Health Care; Nashville, TN. For more information go to www.ncchc. org/spring-conference