



DISTRICT OF COLUMBIA
COURT SERVICES AND OFFENDER SUPERVISION AGENCY &
PRETRIAL SERVICES AGENCY
RESEARCH REVIEW COMMITTEE

RECOMMENDATION STATEMENT

DATE: *October 20, 2009*

I. RESEARCH PROPOSAL SUMMARY

Principal Researcher: Jim Parsons, Substance Use and Mental Health Program Director, Vera Institute of Justice

Title: District of Columbia Forensic Health Study (DCFHS)

Institution: *Vera Institute of Justice: DC Forensic Health Project*

Description:

This study applies to CSOSA and PSA.

The purpose of this project is to use administrative data from several DC agencies to provide information to criminal justice and treatment providers to improve the effectiveness and reach of substance use and mental health services in the District. The study will profile the mental health and substance use problems experienced by a sample of arrestees in the District and assess the services received. In particular, the research intends to:

- Describe the substance use and mental health problems experienced by a cohort of arrestees in DC who subsequently contact the District's pretrial services, jail, probation and/parole systems;
- Describe the pathways of individuals as they pass through the DC criminal justice system and reenter communities;
- Identify the substance abuse and mental health treatment services received by members of the cohort before, during, and after contact with criminal justice agencies and describe risk and protective factors for service receipt and short-term recidivism.

The proposed study intends to match administrative data collected from several DC government agencies, and use the combined data set to provide information on the

**CSOSA/PSA RESEARCH REVIEW COMMITTEE
REVIEW RECOMMENDATION STATEMENT**

experiences, criminal justice contacts, services received, and outcomes for individuals involved with the DC criminal justice system.

Type of Data, Subjects and Analysis:

The study proposes to request data from the CSOSA and PSA, along with the Department of Corrections (DOC), the Department of Mental Health (DMH), and the Addiction Prevention and Recovery Administration (APRA).

The researchers request criminal justice, substance use, and mental health information from each of these agencies for two cohorts: the first includes all individuals arrested in June 2007 that had subsequent contact with CSOSA, PSA, or DOC; and the second includes all individuals entering CSOSA parole supervision in June 2008. The second cohort is designed to include those CSOSA-supervised parolees who were arrested prior to June 2007 and, thus, will not be captured by the June 2007 arrest cohort. No other selection or exclusion criteria will be applied.

The researchers propose a two-step process for data matching. First, a file of identifying information for the cohorts will be provided by CSOSA and PSA to Vera for exhaustive data matching. After matching is complete, the file would be returned to the participating agencies to link the confidential mental health and/or substance use data relevant to the study. This file then would be returned to Vera with only a Vera-assigned identifier in lieu of all meaningful personal identifying information. This two-step process is outlined in greater detail in section (2b), "Research Methods," subsection, "Data Matching" of the proposal.

II. RECOMMENDATION

The RRC recommendation for this study:

Support Support with Conditions **Do Not Support**

The RRC recommends that the Agency not support this request as proposed for the following reasons:

- The request is for individually-identifiable data which cannot be released for the proposed purpose; and
- Research involving individually-identifiable data cannot be conducted without the informed consent of the subjects.

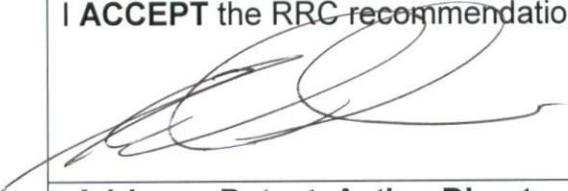
CSOSA/PSA RESEARCH REVIEW COMMITTEE
REVIEW RECOMMENDATION STATEMENT

III. SUPPORTING INFORMATION

Regulatory:

The pertinent citations regarding the requirement for informed consent that support the RRC recommendation include:

- 45 CFR 46.116 and 45 CFR 46.101 from the Department of Health and Human Services (HHS); and
- 28 CFR 46.116 and 28 CFR 46.101 from the Department of Justice.

I ACCEPT the RRC recommendation 	I DO NOT ACCEPT the RRC recommendation
Adrienne Poteat, Acting Director, Court Services And Offender Supervision Agency Comments:	

I ACCEPT the RRC recommendation 	I DO NOT ACCEPT the RRC recommendation
Susan W. Shaffer, Director, D.C. Pretrial Services Agency Comments:	

Draft Submission: CSOSA/PSA Research Review Committee

7-28-09

Vera Institute of Justice: DC Forensic Health Project

Project Summary

1a) Name and current affiliation(s) of the researcher(s)

Jim Parsons, Substance Use and Mental Health Program Director, Vera Institute of Justice

1b) Title of the study

District of Columbia Forensic Health Study (DCFHS)

1c) Purpose of the project

This memo describes a research project to be undertaken by the Vera Institute of Justice. The principle investigator on this project is Jim Parsons, Director of Vera's Substance Use and Mental Health Program. The DCFHS aims to improve the effectiveness and reach of substance use and mental health services for residents of the District of Columbia (DC) by using administrative data held by several DC agencies to provide information to criminal justice and treatment providers. The study will profile the mental health and substance use problems experienced by a sample of arrestees in the district and assess the services received by this group. In particular, the research will:

- Describe the substance use and mental health problems experienced by a cohort of arrestees in DC who subsequently contact the district's pretrial services, jail, probation and/parole systems;
- Describe the pathways of people as they pass through the DC criminal justice system and reenter communities;
- Identify the substance abuse and mental health treatment services received by members of the cohort before, during, and after contact with criminal justice partner agencies and describe risk and protective factors for service receipt and short-term recidivism;
- Highlight gaps in the identification of needs and delivery of interventions, and recommend improvements to drug, alcohol and mental health services;
- Provide agencies with information to help them identify those in need of intervention earlier and improve the targeting of drug, alcohol and mental health services towards individuals who are likely to benefit the most; and
- Provide agencies with an opportunity to test the reliability of preexisting data systems that track information on criminal justice contact, substance use and/or mental health for the study population.

1d-e) Location of the project and duration of the study

All data will be collected in DC; however analysis will take place in Vera's offices in both DC and New York. The study will last 18 months.

If-g) Research methods to be employed, sample type and size, time frame for sample collection

The study will match administrative data collected from several DC government agencies, and use the combined data set to provide information on the experiences, criminal justice contacts, services received, and outcomes for individuals involved with the DC criminal justice system. Data will be requested from the Court Services and Offender Supervision Agency (CSOSA), the Pretrial Services Agency (PSA), the Department of Correction (DOC), the Department of Mental Health (DMH), and the Addiction Prevention and Recovery Administration (APRA). The study team will request criminal justice, substance use, and mental health information from each of these agencies for two cohorts: the first will include all individuals arrested in June 2007 who had subsequent contact with CSOSA, PSA, or DOC, and the second will include all individuals entering CSOSA parole supervision in June 2008. The second cohort is designed to include those CSOSA parole clients who were arrested prior to June 2007 and, thus, will not be captured by the June 2007 arrest cohort. No other selection or exclusion criteria will be applied. Data will be collected at the beginning of the study, with the exact time frame of the data collection depending on the steps necessary to gain access to data within each agency.

In order to meet the regulations restricting the release of mental health and substance use information, data matching will be conducted in a two-step process. This approach allows for thorough data matching of identifiable information while maintaining anonymity of confidential mental health and/or substance use information as well as minimizing the use of CSOSA and PSA resources. First, a file of identifying information for the cohorts will be provided by CSOSA and PSA to Vera for exhaustive data matching. After matching is complete, the file will be returned to the participating agencies to link the confidential mental health and/or substance use data relevant to the study. This file will then be returned to Vera with only a Vera assigned identifier in lieu of all meaningful personal identifying information. This two-step process is outlined in greater detail in section (2b), "Research Methods," subsection, "Data Matching." Additionally, while all of the aforementioned agencies will be active participants in the study, the remainder of this document will refer specifically to the involvement of CSOSA and PSA.

1h) Agency staff/resources needed to support the study and description of support needs
Vera will ask CSOSA and PSA staff to assist in accessing the data in CSOSA and PSA's databases, and to participate in discussions of the project aims and design to ensure that the end result is useful to the agencies. Accessing the data will require:

1. Identification of all records related to the June 2007 arrest cohort by CSOSA and PSA and the June 2008 parole entries cohort by CSOSA;
2. Provision of the two cohorts and their requested records to Vera;
3. Matching of PSA data with the June 2008 parole entries cohort; and
4. Appending the requested confidential data to the anonymized cohort files upon completion of Vera's data matching.

ii-k) Indication of risks and discomfort to subjects as a result of participation, anticipated results, and list of deliverables

As this study relies on administrative data only, the risks to subjects are minimal. Subjects of the study will not be contacted by researchers and all identifiable data will be subject to rigorous protections. We will apply procedures for protecting confidential information by:

- a) Using a specially designed data matching protocol to ensure that Vera does not hold individually identifiable confidential information;
- b) Storing all information on Vera's secure computer networks in password-protected files; and
- c) Abiding by Vera's data-protection and confidentiality protocol;

The results will be used to inform policy change and provide participating agencies with concrete recommendations for steps to improve the targeting and reach of forensic mental health, drug treatment and other supportive services for this population. At the conclusion of the study, Vera will produce and distribute a report and host meetings with each of the participating agencies in order to present the study findings and discuss recommendations aimed at helping participating agencies improve their service to the population in question.

Please see Appendix 2 for a copy of Vera's data-protection and confidentiality protocol.

Review of Literature

2a) Review of the related literature

It is estimated that over 14 million arrests take place each year nationally, and many of those arrested are drawn into prolonged contact with the courts, jails, prisons and community corrections. Most arrestees are poor and underserved and criminal justice system involvement often goes hand in hand with a range of health and social problems. Most notable among those problems are substance use, mental illness, homelessness, employment and education needs.

In the past few decades, the prison and jail population in the United States has grown at an unprecedented rate: the Bureau of Justice Statistics documented a 257% increase in the U.S. jail population since 1983.¹ A substantial part of this explosion in the use of incarceration is related to increases in the incarceration of people with mental illness and drug users. In 1998, the number of prison and jail inmates with serious mental illness was estimated to be 280,000. This number accounts for over 16% of both jail and state prison inmates, and 7.4% of federal prison inmates.² This prompted one researcher to refer to prisons and jails as 'hospitals of last resort.'³ National estimates produced in 2002 place

¹ Freudenberg, N., Moseley, J., Labriola, M., Daniels, J., & Murrill, C. (2007). Comparison of health and social characteristics of people leaving New York City jails by age, gender, and Race/Ethnicity: Implications for public health interventions. *Public Health Reports*, 122(6), 733-743. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=27135366&site=ehost-live>

² Bureau of Justice Statistics (BJS) *Mental Health and treatment of Inmates and Probationers* (Washington, DC: Department of Justice, 1999).

³ Heather Barr *Prisons and Jails: Hospitals of Last Resort: The Need for Diversion and Discharge Planning for Incarcerated People with Mental Illness in New York* (New York: The Correctional Association of New York, 1999)

rates of drug and alcohol problems in jails at slightly above 68%.⁴ Within the population of justice-involved individuals with mental health problems, it is estimated that 72% have a co-occurring substance use disorder.⁵ Without access to treatment services while in custody and in the community upon release, individuals with mental health and substance abuse problems face significant challenges to successful reintegration and are likely to continue a cycle of offending. Sustained mental health and drug abuse treatment has the potential to break this cycle, as well as preventing criminal justice involvement for those not yet involved.

The situation in DC is particularly ripe for additional research. With an average daily population of 3,275 inmates in FY 2007, DC has one of the largest jail populations in the nation.⁶ The majority of offenders are incarcerated for drug-related offenses and approximately 34% of the DC jail population has some type of mental health diagnosis.⁷ One recent DC Superior Court survey revealed that 72% of inmates are in need of substance abuse treatment and 24% require mental health services, although these numbers may under-represent the real scope of the problem.⁸ Because DC does not have the equivalent of a state prison system, individuals sentenced to prison time are transferred to one of many federal prisons across the country, so a focus on providing treatment to individuals re-entering their communities from prison is much less feasible than in many other jurisdictions. Together with the DC Department of Corrections, CSOSA and PSA are the key DC-based agencies contacting the criminal justice population in DC.

On any given day, CSOSA and PSA supervise over 15,000 offenders. Mental health and substance use needs are common among this population as well. In fiscal year 2002-2003, 71% of new entrants on parole and supervised release tested positive for one of the seven illegal substances that CSOSA monitors; however, the agency's fiscal appropriation allows CSOSA to meet only 25% of the population's addiction needs.⁹ Furthermore, CSOSA reports that 37% of clients self-report needing mental health assistance.

While there has been a fair amount of research on the needs of individuals at the point at which they re-enter communities from prison and jail, not enough has been done to identify the needs of the population at earlier points in the process and the steps taken to address those needs by criminal justice and community-based agencies holistically.

⁴ Karberg, J.C. and James, D.J. *Substance Dependence, Abuse, and Treatment of Jail Inmates*, 2002. Bureau of Justice Statistics Special Report; NCJ 209588, 2002.

⁵ National GAINS Center for People With Co-occurring Disorders in the Justice System. (2002b, Spring). *The prevalence of co-occurring mental illness and substance use disorders in jails.* ((Fact Sheet Series). Delmar, NY: Author.

⁶ Minton, Todd D. and William J. Sabol. *Jail Inmates at Midyear 2007*. Bureau of Justice Statistics Bulletin; NCJ 221945, 4. 2008.

⁷ Department of Mental Health/Criminal Justice Coordinating Council. *Strategic Plan for the District of Columbia 2009-1015*. December 2007.

⁸ 5 Superior Court of the District of Columbia (2006). *Social Service Needs of Defendants in D.C. Cases*. Washington, DC: District of Columbia Superior Court.

⁹ CSOSA Fact Sheet. Retrieved on November 19, 2008 from http://www.csosa.gov/Olipa/factsheets/mission_csfs.pdf

Information is needed on the nature, extent and distribution of needs among the arrested population, as well as on current services and the extent to which those services are meeting the level of need. This study aims to match data from both criminal justice agencies and community service providers to provide an information base to improve the network of supportive services targeting those reentering communities across Washington DC.

Research Methods

2b) Detailed description of the research method

This study will match administrative data for two cohorts: a one-month cohort of DC arrestees who have subsequent contact with DOC, CSOSA, or PSA, and a one-month cohort of parolees entering CSOSA supervision. Data from DOC, CSOSA, and PSA will be combined with data from DMH and APRA to profile the experiences of mentally ill and substance-using individuals in the DC criminal justice system. By matching data from several DC agencies, we will describe the needs and pathways of people passing through the DC criminal justice system, the risk and protective factors for service engagement and short-term recidivism, and the opportunities for intervention with those populations.

The data systems used by each of the partner agencies are designed to manage internal workload and client flow, rather than matching across and between different agency systems. The benefits of data sharing between agencies are often not realized and, as a result, information on the treatment needs of individuals stored by the district's drug treatment and mental health agencies is rarely available to criminal justice entities. As a result, there are repeated missed opportunities for criminal justice agencies to identify, serve, or divert individuals with drug, alcohol and mental health treatment needs. This project seeks to identify these missed opportunities and fill the gaps by helping design new approaches to screening, assessment and information sharing which can guide the identification and treatment of arrestees with substance use and mental health needs.

The following section describes our plan for data collection and analysis, including cohort selection, data to be requested, plan for requesting data, and matching protocols.

Cohort Selection

For this study we will be matching and analyzing data on historical cohorts. We will be using cohorts recent enough to be reflective of the current situation in DC, but with enough time since their arrest to enable us to track short and medium term outcomes. By choosing recent historical cohorts we will be able to track important outcomes such as recidivism, while still producing results that are useful and relevant.

We will select two cohorts for analysis: the first will be a cohort of all individuals arrested in Metropolitan DC during the month of June 2007 who have subsequent contact with DOC, CSOSA, or PSA. This will include sentenced and detained portions of the jail population, inmates in transit to prison, pretrial detainees and new probation and parole clients. We are aware that this first cohort will not capture the experiences of all CSOSA clients, as many of the parole clients will be entering CSOSA custody after several years

in prison. Therefore we are requesting additional data on a second cohort which will include all individuals entering CSOSA parole supervision during the month of June 2008. The arrest cohort will generate findings which are reflective of the current challenges facing the district, while also providing an opportunity to track short- to medium-term recidivism outcomes for most study participants. The parole entry cohort will allow us to describe the experiences of those individuals sentenced to prison time, who then return to the district and enter CSOSA supervision.

Data Requests

We will request individually-identifiable information on members of those two cohorts from PSA and CSOSA on:

- Full history of criminal justice contact and types of contact (pretrial, court, jail);
- Offense type and severity for all prior contacts
- Participation in alternative-to-incarceration diversionary programs (ATIs);
- Services provided while under community supervision;
- Results of any screening or assessment undertaken while in custody or under community supervision;
- Psychiatric diagnosis (results of psychiatric screening and assessments, assessment dates, etc.);
- Identification of substance use needs;
- Mental health and drug treatment service history (services provided, length of contact, program completion status, etc.);
- Demographic information;
- Case outcomes; and
- Any subsequent arrests (recidivism).

We are currently in the early stages of defining our data requests, and will be working closely with each agency to develop those requests. As a first step, Vera will request records from CSOSA and PSA describing all those individuals *arrested* during June 2007 who have subsequent contact with either of these agencies, in connection with the same arrest. Vera will also request records from CSOSA on all individuals entering CSOSA parole supervision during June 2008. Researchers will then ask PSA to match members of the second study cohort with their administrative records using a combination of social security numbers, name, date of birth, address, and other unique identifiers that PSA and CSOSA share. Matching will be conducted by staff from each of the participating agencies, and those agency staff will then provide a matched file to the Vera research team. The research aims to gather the following individual-level data from district agencies:

Table 1: Data Requests

Agency	Information requested
<ul style="list-style-type: none"> • CSOSA (probation clients) 	Dates of contact, arrest date, charge type and severity, sentence, results of drug and mental health screening interviews and assessments, drug test results, profile of drug and alcohol use, (type and frequency of recent use, history of use, results of screening measures), number and type of contact with

	community supervision agencies, length of supervision, supervision requirements, violations, service referrals and type of service, and engagement with health, welfare, and treatment service providers
• CSOSA (parole clients)	Dates of contact, arrest date, charge type and severity, sentence, location at which sentence was served, results of drug and mental health screening interviews and assessments, drug test results, profile of drug use, including alcohol (type and frequency of recent use, history of use, results of screening measures), number and type of contact with community supervision agencies, length of supervision, supervision requirements, violations, service referrals and type of service, and engagement with health, welfare, and treatment service providers
• PSA	Dates of contact, arrest date, charge type and severity, results of drug and mental health screening interviews and assessments, drug test results, profile of drug use, including alcohol (type and frequency of recent use, history of use, results of screening measures), length of supervision, supervision requirements, violations, service referrals and type of service, engagement with service providers, and case outcomes

Using individual-level identifiers to match records from each of these databases will enable us to track each individual's arrests, service contact, and contact with pretrial and court supervision agencies over the approximately two-year period between the cohort arrest date (June 2007) and the date of our request. We will additionally request the above information historically for the parole entry cohort, to track those contacts both retrospectively and for the period between June 2008 and the date of request for all individuals entering CSOSA parole supervision in June 2008.

Matching Data

To conduct the data match, we will engage in a two-step process of data requests: the first will involve requesting the information listed above from CSOSA and PSA on all members of the June 2007 arrest cohort, and information from CSOSA on the June 2008 parole entry cohort. We will then provide the additional participating agencies with personal identifying information for members of the study cohort and request that they provide information specific to their agencies. The exact combination of identifiers we provide will depend on the identifiers used in the data management systems of each agency.

We understand that some of the data fields that we are requesting—specifically information regarding mental health and substance use—are subject to elevated protections and we fully support the need to protect such information. Therefore, we are suggesting a two-step approach to data matching that will allow Vera researchers to access protected data in an anonymized form. The staff resources required for this two-step approach are not significantly greater than the demands of a “standard” request for

identifiable data.

A two-step cohort identification process preceding the provision of any confidential information will allow for thorough data matching of identifiable information while maintaining anonymity of confidential mental health and/or substance use information. In summary, we will ask CSOSA and PSA to identify all individuals in the two cohorts and provide the information as follows:

- 1) CSOSA and PSA will provide a file of individual identifiers allowing for matching with other agency databases; and
- 2) Protected confidential data will be appended to an anonymized version of the original file that will be provided to Vera.

This will allow for extensive data matching between CSOSA and PSA records and data files provided by DMH, DOC, and APRA based on multiple combinations of names, dates of birth, SSNs, and other identifiers. This will increase the validity and relevance of the study findings by minimizing discrepancies across agency databases and maximizing the scope of the cohorts, while maintaining the anonymity of confidential information. There is a precedent for this approach, as it has been used previously by Vera to receive confidential information in a study in collaboration with the New York State Office of Court Administration. Additionally, this approach is technically simple to implement and does not require extensive resources from CSOSA and PSA nor does it call for any inter-agency coordination.

• *Steps involved :*

- 1) A file of identifiers (name, SSN, DOB, in-house identifiers) will be provided by CSOSA and PSA to the Vera research team for the June 2007 arrest cohort and the June 2008 CSOSA parole cohort;
- 2) The other participating agencies will use these identifiers to provide Vera with a matched file containing individual identifiers from their own databases. Vera will use a variety of matching techniques to ensure that these matches are accurate and as exhaustive as possible.¹⁰ These techniques are designed to maximize cohort size by circumventing the inevitable discrepancies that occur in data files maintained by agencies;
- 3) After completion of the data matching process, Vera will have a file of individual identifiers and a randomly-assigned Vera identifier for all members of the study cohorts (see below). This file will be sent to CSOSA and PSA for the second step of the matching process;

Vera ID	Last Name	First Name	DOB	SSN	PSA ID	Non-Confidential Data
1001	Doe	Jonathan	xx-xx-xxxx	000-00-0000	ABC123	Xxxxxx

- 4) Vera researchers will delete and destroy all identifiable data. Vera will only retain a file with the Vera assigned identifiers;

¹⁰ Iterative matching using varying combinations of identifiers accounts for discrepancies in data reporting and collection that may occur when people report data to different agencies for different purposes, such as the use of aliases or 'nicknames,' changes due to marriage, and data entry errors.

- 5) CSOSA and PSA will provide a final, anonymized file with the requested fields, including confidential mental health and/or substance use information, for each of the two cohorts. All identifying information except for the Vera assigned identifier will be removed (see below). We will ask that CSOSA and PSA retain a linked file of Vera assigned identifiers and identifiable data on a secure computer network. After this process is complete, Vera will not retain any identifiable information for the cohort nor be able to link confidential information to individuals. At no point in the matching process will Vera disclose confidential information maintained by CSOSA or PSA to any other agencies.

Vera ID	Criminal Justice Data	Mental Health Data	Substance Use Data
1001			

2c) Significance of anticipated results and their contribution to the advancement of knowledge

This research has the potential to add significantly to the knowledge in DC about the service needs and possibilities for intervention for substance using and mentally ill offenders. While there have been great strides made recently in the district to address the needs of this population, not enough is known about the pathways that individuals follow through the criminal justice system, the appropriate points of intervention, or the number and profile of those currently slipping through the cracks. By combining data from the agencies in the district that are charged with serving this population, the study will provide important information on the levels of need within the client populations they serve, the services those individuals receive before and after they reach the agency, and the potential for collaboration with other district agencies.

2d) Benefits of research and/or participation to CSOSA/PSA

We expect that this research will greatly benefit CSOSA and PSA by providing both agencies with information about their clients not currently available to them. In particular, the addition of service history information, as well as the combination of data from multiple agencies, should provide:

- A description of the needs of CSOSA and PSA clients;
- Information to identify potential data sharing opportunities between agencies;
- A description of the typical paths CSOSA and PSA clients take both before entering and after leaving CSOSA/PSA supervision;
- A tool to check the validity of existing screening and assessment tools used by CSOSA and PSA by identifying individuals who may be missed with the tools used at present;
- An opportunity to test the reliability of preexisting agency databases that track information similar to that collected by the study.

This type of detailed information will enable us to suggest intervention points for those individuals not accessing services as well as opportunities for collaboration with other DC agencies.

2e) Specific resources required from the Agency

The primary investment required from CSOSA and PSA is the commitment of staff time to run two data requests: the first requesting records for all individuals in the arrest cohort, and the second requesting records for all individuals in the CSOSA entry cohort. Additional resources may include minimal staff time to provide data to Vera and engage in ongoing conversations about the work, and review results of the research as the project progresses. In particular, we will ask that staff at CSOSA and PSA:

- Identify all records related to June 2007 arrest cohort and June 2008 parole entries CSOSA cohort;
- Provide associated information for these cohorts based on the agencies' internal data systems for this period of contact and all prior and subsequent contacts following the 'two-step' process described above;
- Work with Vera staff to finalize data sharing arrangements; and
- Answer occasional questions related to the use and interpretation of data

Risks to Subjects and Protections

2f-g) Description of all possible risks, discomforts, and benefits to individual subjects or a class of subjects, and a discussion of the likelihood that the risks and discomforts will actually occur; and description of steps taken to minimize any potential risks or discomforts

This study involves accessing data describing the experiences of a vulnerable population. Below are outlined the potential risks of the study, and the protections Vera will employ to minimize those risks. Also outlined here are the potential benefits of the study, and a full description of the data protections Vera has in place. We are also seeking approval from Vera's Internal Review Board for this work, to ensure that the protections listed here are sufficient, and that the benefits of the study outweigh the risks.

Risk: Identifiable individual information on research subjects may be accidentally disclosed to the public.

Protection: The confidentiality protocol within Vera will reduce the likelihood that data will be accidentally disclosed. In addition, the fact that all protected confidential data will be anonymized and identifiable data will be deleted and destroyed, as per the two-step data matching process, will minimize the likelihood of inappropriate disclosure. Additionally, all analysis will be conducted on Vera premises by Vera staff working directly on the project and trained in the confidentiality protocol, further reducing the likelihood that data will be accidentally disclosed.

Risk: Records held by Vera as part of the study may be subpoenaed.

Protection: This study is based entirely on administrative data held by a number of DC agencies. Vera will not be in possession of any information regarding a study subject which is not already held by a district agency. It is therefore unlikely that a party seeking the information would go to Vera, rather than directly to the agency.

Risk: Identifying information supplied by Vera to the agencies to enable them to match records will indicate prior criminal justice involvement and may be used by agencies to deny access to services.

Protection: Vera will negotiate Memoranda of Understanding (MOUs) with all agencies to restrict their use of study data to research purposes only.

Benefits:

By identifying risk and protective factors for the substance-using and mentally ill populations in the DC criminal justice system, it is hoped that we will be able to inform service and policy changes in the area, including improved access to appropriate treatment services, higher rates of recovery, reduced rates of recidivism, and appropriate triage of services. Benefits from these changes will affect the entire criminal justice-involved mentally ill or substance-using population. It is hoped that this study will provide information which will help reduce the criminal justice involvement of this population, and improve service engagement.

Data Protections:

2h) Description of physical and/or administrative procedures to be followed to: 1) ensure the security of any individually identifiable data that are being collected for the project; and 2) destroy research records or remove individual identifiers from those records when the research has been completed

Vera will use the information gathered about subjects for research purposes only and will protect the data and individual identity of subjects from public disclosure. Subjects will not be individually identified in any project reports, and their information will not be disclosed in identifiable form to anyone outside of the study staff, other than as required for data matching with DMH and APRA records.

Furthermore, confidential information will be kept separate from identifiable data by way of a two-step data matching process, as outlined in section (2b).

Data collected during the course of this study will be safely stored by Vera staff. Vera will not receive or maintain hard copies of any identifiable information, and electronic identifiable data will be removed from the Vera network after cohort identification, as per the explanation of the data matching in section (2b) It is Vera's standard practice that electronic data received from each agency will be stripped of identifying information after each match is complete, and the data will be stored on a secure, password protected part of the Vera network accessible only to researchers who are working directly on the research and are trained to maintain the confidentiality of data. Data will be maintained by Vera for a period of not more than five years from the date of receipt in a password-protected anonymized file. To ensure that staff understands the confidentiality protocol, all those working on this project will receive IRB training, as well as receiving a copy of the policy and signing a statement of understanding before handling research data.

Please see Appendix 2 for a copy of the data-protection and confidentiality protocol.

Study Impact and Relevant Experience

2i) Description of any anticipated effects of the research project on Agency programs and operations

While this study will not directly affect CSOSA/PSA programs and operations during its implementation, it is our hope that the resulting recommendations will be useful to the agency in future program planning. Findings of this study may be used to inform collaboration with other DC agencies, screening, assessment, and triage practices, and information management practices, as well as contributing generally to the knowledge about the population CSOSA and PSA serve. Additionally, data collected in this study may serve as a tool to test reliability of any preexisting data systems that capture information about criminal justice, substance use and/or mental health.

2j) Relevant research materials such as vitae, endorsements, descriptions of similar work undertaken, sample informed consent statements, questionnaires, and interview schedules
The Vera Institute of Justice combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety. For more than four decades, Vera has worked successfully to improve the efficiency of correctional systems and produce better outcomes for inmates and ex-offenders. Highlights from our work reforming the correctional systems include:

- Vera has aided in the evaluation of criminal justice systems in NYC since the 1960s, when the NYC Mayor's Criminal Justice Coordinating Council contracted with Vera to analyze the causes of overcrowding in the city's jails. Vera made seventeen detailed recommendations to the Council on ways to reduce overcrowding that involved improved court processing and expanded use of non-financial conditions of release. Since then, Vera has partnered with numerous criminal justice agencies to continue making justice systems more effective and efficient. Vera has conducted evaluations and provided recommendations for improvement of such varied aspects of correctional systems as the selection criteria for temporary release programs, incentives and programs to ease jail overcrowding, and practices to reduce parole failures.
- Currently: Vera's Washington D.C. office established the Commission on Safety and Abuse in America's Prisons in 2005 to identify and recommend solutions to the most serious challenges facing America's jails and prisons. The commission was co-chaired by former United States Attorney General Nicholas de B. Katzenbach and the Honorable John Gibbons. Over the course of four public hearings held throughout the year in cities across the United States, commissioners collected voluminous testimony and supporting information from a broad and diverse array of experts and stakeholders. In June 2006, the commission published *Confronting Confinement*, a comprehensive report of its findings along with 30 practical recommendations for operating safe and effective correctional facilities. Based on several of the recommendations, Vera has launched a new project, Corrections Support and Accountability, which is partnering with two states and two large counties to create systems of oversight for correctional facilities that are tailored to meet each jurisdiction's needs.
- Currently: In March of 2008, SUMHP staff completed the first phase of *From Risk to Resiliency*. This study uses administrative data from the New York City Department of Correction (NYC DOC), Department of Health and Mental Hygiene, and the New York State Department of Criminal Justice Services to

describe in-custody psychiatric screening interviews and criminal justice system involvement for a cohort of 8,594 inmates who entered NYC DOC custody during June 2005. SUMHP staff are currently working on a second phase of this study, requesting data from the New York City (NYC) Department of Homeless Services, NYC Human Resources Administration, New York State (NYS) Office of Alcohol and Substance Use Services, and NYS Office of Mental Health. This phase will expand the database of criminal justice and psychiatric needs for the study cohort including information on contact with housing, health, drug treatment, and psychiatric services in the community, and the relationship between receipt of services and rates of recidivism.

- Currently: In August of 2008, SUMHP staff began the Comprehensive Transition Planning Project in collaboration with the New York City Department of Correction (NYC DOC) to develop tools to make NYC DOC's re-entry transitional planning programs more effective. This study uses a combination of administrative data from NYC DOC and interviews with inmates in NYC jails to describe the experiences of inmates leaving NYC jails. Upon completion of the data collection phase of the project, Vera will use the information collected and reviews of national best practices to help NYC DOC design and test new approaches to providing discharge planning and reentry services. The project aims to provide individuals leaving DOC custody in New York City with greater, more targeted access to community service providers.

Please see Appendix 3 for relevant vitae and endorsements.

We are seeking a waiver of consent from Vera's Internal Review Board for this research. The federal regulations governing human subjects research allow for waiver of consent¹¹ when the following requirements are met: (1) the research involves no more than minimal risk to the subjects; (2) the waiver or alteration will not adversely affect the rights and welfare of the subjects; (3) the research could not practicably be carried out without the waiver or alteration; and (4) whenever appropriate, the subjects will be provided with additional pertinent information after participation. This evaluation meets all of the above requirements.

2k) Statement indicating that copies of all deliverables will be provided to CSOSA/PSA
At the conclusion of this study, copies of all deliverables will be provided to CSOSA/PSA.

Appendices

- 1) Copy of Submission to Vera IRB
- 2) Vera's data-protection and confidentiality protocol (1i-k; 2h)
- 3) Vitae (2j)

¹¹ 45 CFR §46.116(d).