

Domain IV: Data/Communication

Enhanced data collection and sharing is required to meet the needs of local entities to facilitate a homogeneous network of pertinent information that lead to a heightened response to criminal activity, drug trends and enlightened views on how to respond to these matters.

Research indicates that data sharing technology is currently available to law enforcement entities at the governmental level due to September 11, 2001. Acts of terrorism and the threat to homeland security has brought about the need to share information that is vital to the nation's welfare.

In saying this, it has been determined that data sharing allows for the depiction of criminal activity and trends that can be readily recognized through the development of governmental common knowledge. Technological advances have made this possible, identifying a myriad of security intelligence that stems from sensitive data such as case reports to incarceration history that detail behaviors enacted by criminals in an effort to generate a working sketch of those who threaten the welfare of every citizen.

Local law enforcement agencies have technologies in place to record criminal activity within their jurisdiction and, although data collection is occurring in local areas across the nation, data sharing among these agencies remain elusive. There is a need to create a local network of intelligence that may be shared to ensure an enhanced law enforcement experience that is positive and rewarding to those who serve and to those who are in need of the service.

The Texas Data Exchange (TDEx) is a system that compiles law enforcement incident records and other non-intelligence criminal justice information into a central state repository of sharing across jurisdictional lines. The information is available for law enforcement and criminal justice purposes. The greatest value of TDEx is being realized in the wealth of information it brings to criminal investigations. Data pertaining to incidents, suspects, booking and incarceration records, and other law enforcement activity is provided by approximately 200 contributing Texas sources. (TDEx. Texas Department of Public Safety)

The Texas Department of Public Safety (TXDPS) is working toward expanding the quantity of contributing agencies; however, this requires development of customized software tools ("adapters") which function to gather and standardize the agencies' crime incident and other data and submit it to the TDEx application.

The adapters developed under TDEx Contract will allow for authorized regional and national integration of this same data without the burden of additional costs to contribute the data to those other systems (Texas Data Exchange, Texas Department of Public Safety).

The capability to share data is available, but the effort must be made to implement such devices. Local agencies are making great efforts to provide preparedness plans in the event of hazardous situations; however, this endeavor will be enhanced with the sharing of local law enforcement data that is sure to provide pertinent information.

The need to share has become a topic of discussion in an effort to bring dialogue that is beneficial and productive for all stakeholders. The goal of sharing data bridges local law enforcement agencies with the endeavor to decrease criminal activity.

According to the article *Data Sharing between HPD, Precinct 6 Still an Issue* posted by Douglas Pritt, September 26, 2007, Chronicle.com statistical sharing is still an issue. Pritt states, "The County does not share information with the City, and the City does not share information with the County. The county keeps their crime stats, and the city keeps their crime stats."

Pritt also asks, "Is the City of Houston in Harris County? Yes it is. Now, that's the best way I can explain it. Now, if y'all want this to change ... You need to talk to somebody rather than the guys in blue. We're in 100 percent agreement. I've got city radios; they've got county radios; we can talk to each other on the radio, but when you file an offense report, was that filed with the City or was it filed with the County?" (Pritt, 2007)

In our current age of high mobility and increasing availability of technology, criminals are able to take advantage of the fact that limited information sharing between law enforcement jurisdictions reduces the likelihood of getting caught (Information Sharing and Collaboration Policies within Government Agencies). Local Texas agencies may be able to facilitate the structuring of such a network through the development of sharing technology known as Texas Data Exchange (TDEx). This technology is available through the Texas Department of Public Safety Crime Records Service (CRS) and will allow for the implementation of local agency data collection and sharing.

Public Health and Data Collection

Operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the United States Department of Health and Human Services, the Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners. DAWN underwent a redesign in 2003 that expanded the network beyond drug abuse. New DAWN helps communities and member facilities identify emerging problems, improve patient care, and manage resources. The New DAWN is a public health surveillance system that monitors drug-related hospital emergency department visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the United States ("New DAWN", n.d.).

New DAWN is the product of a comprehensive evaluation of options, guided by two questions: "Who are Dawn's users?" and "What information do they need?" The expansion began in November 1997 when SAMHSA convened a panel of experts for advice on the future of DAWN. The network had previously been operating continuously since 1972 with very little change; the result was that it had not kept up with changes in the health care system, changes in the population, or changes in

patterns of drug use. The panel agreed that the network needed major improvements to serve its users better. SAMHSA responded with a two-year evaluation of design alternatives (“New DAWN”, n.d.).

Undergoing critical assessment and methodology field-tests, the DAWN re-design focused on five key components: is data collected from the right settings, from the right patients, and does the network collect the right data? Additionally, how can the network collect data more efficiently and deliver information more effectively? The result was a comprehensive set of recommendations for the overhaul of the network. Westat, a private research corporation, manages the New DAWN on the agency’s behalf (“New DAWN”, n.d.).

The White House Office of National Drug Control Policy (ONDCP) uses DAWN to assess progress and pinpoint problems in controlling drug abuse in the United States, and is an essential component of their 25-Cities Initiative aimed at developing coordinated local efforts to understand and respond to drug abuse. The Food and Drug Administration (FDA) has also relied on DAWN for many years to assess the abuse potential of prescription drugs. The FDA currently uses data from New DAWN for post-marketing surveillance and to identify adverse reactions and other health consequences of prescription drugs (“New DAWN”, n.d.).

New DAWN is also used to identify emerging drug abuse problems, new populations affected, and the need for prevention and treatment services. SAMHSA regulates Buprenorphine, a new treatment for opiate addiction, and uses the network to monitor emergency department visits associated with this treatment. The network also focuses particular attention on drug use as a local public health problem. For example, emergency department visits associated with underage drinking, adverse reactions to new medications, accidental poisonings of young children, and the misuse of prescription drugs are monitored under the new system (“New DAWN”, n.d.).

New DAWN data is used by a variety of diverse audiences in government and the private sector for public health planning, policy, and program development, obtaining grant support to address local drug-related problems, and to improve patient care and management of resources in participating hospitals. The network provides a picture of the impact of drug use, misuse, and abuse on metropolitan areas and across the Nation (“New DAWN”, n.d.).

Recommended strategies:

The recommended strategies to address the concerns of this domain are to build relationships between schools and churches, examine existing ordinances and analyze barriers to compliance, and increase shared information among agencies, courts, and healthcare agencies. An increase in community involvement in the drug conversation, as well as collaborative community planning by providers and resources, are expected as a result of the strategic plan. Ultimately, an increase in funding through economic opportunity and development of private funding will occur. The strategies that were discussed are included in the following logic model.

Data/ Communication Logic Model

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Intermediate Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
<ol style="list-style-type: none"> 1. Collaboration between stakeholders (law enforcement, schools, parole and probation, MH treatment providers, consumers) 2. Political mobilization/ Community ownership 3. Establish centralized case management treatment accessible through the criminal justice system and other referral agencies 4. Lack of accountability/Willingness to take ownership and get involved in addressing issues affecting the community 5. Lack of recognition of the significance of substance abuse problems in schools and lack of education on the issues, resulting in a lack of data to attract funding/resources 	<ul style="list-style-type: none"> • Build relationships between school and churches • Develop relationship with specific groups and identify their needs • Mentors, ad campaigns, and partnerships and alliances • Equal time for partnership for drug free American or other message • Examine existing ordinances and analyze barriers to compliance • Need to share information among agencies, courts and healthcare • Investigate what top ranked states in the nation do with respect to behavioral health/mental issues and model a program after them • Make age appropriate curriculum research of what age drugs and alcohol knowledge begins • Establish measures to evaluate outcomes per Evidence Bases protocols 	<ul style="list-style-type: none"> • Academia • law enforcement • Private healthcare Provider • Public Healthcare Providers • Criminal Justice • Community Stake Holders(religious, non-profit) • Behavior Health • Industry/Business 	<ul style="list-style-type: none"> • Identify responsible persons within each identified area • Develop (close) working relationships between identified organization "commitments" • Identify other successful community interventions/programs that are applicable to our community • Revisit and identify past unsuccessful interventions to prevent repeating mistakes from the past. 	<ul style="list-style-type: none"> • Establish agreements between different organizations on how information will be used. • Identify data elements of importance to the community • Establish different levels of information per needs of organizations and community • Establish a community-wide report card on substance abuse issues/community health every two years • Effectively using data to generate information that will drive policy development from the community 	<p>An increase in Community Readiness and Involvement</p> <p>Increase community organizations chances of funding</p> <p>Increase data collaboration /access between community organizations</p>

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Mid-Range Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
<p>6. Increase funding and advocacy for services</p> <p>7. Collaboration between stakeholders (law enforcement, schools, parole and probation, MH treatment providers, consumers)</p> <p>8. Political Mobilization/Community ownership for effective interventions</p> <p>9. Obtain Funds to establish centralized case management and treatment, accessible through the criminal justice system and other referral agencies</p> <p>10. The greater community should be made aware of the cost of Substance Abuse and it's impact on the communities economic health.</p> <p>11. Lack of recognition of the significance of substance abuse problems in schools and lack of education on the issues, resulting in a lack of funding/resources</p>	<ul style="list-style-type: none"> • Build relationships between school and churches • Develop relationship with specific groups and identify their needs • Mentors, ad campaigns, and partnerships and alliances • Examine existing funding sources • Need to share information among agencies, courts and healthcare • Investigate and compare other states cost for treatment and access to services • Establish measure to evaluate outcomes per Evidence Bases protocols 	<ul style="list-style-type: none"> • Academia • law enforcement • Private healthcare Provider • Public Healthcare Providers • Criminal Justice • Community Stake Holders (religious, non-profit) • Behavior Health • Industry/Business 	<ul style="list-style-type: none"> • Identify responsible persons within each identified area to establish a need for services • Develop relationships to coordinate a unified approach to increase chances of enhanced funding • Identify funding sources. • Revisit and identify past unsuccessful grant submissions and collaborative efforts to prevent repeating mistakes from the past. 	<ul style="list-style-type: none"> • Use data collected to enhance political clout. • Increased funding opportunities through effective lobbying at state and federal level • Establish different levels of information per needs for funding of organizations, community, and political leaders • Establish a community wide financial report card to ensure funds are used effectively. • Effectively using funding that will drive policy development to increase funding opportunities. 	<p>An increase in Community Readiness and Involvement</p> <p>Increase community organizations chances of funding</p> <p>Increase data collaboration /access between community organizations</p>

Strategy	Actions	Who will be Responsible?	Short-Term Outcomes One year	Mid-Range Outcomes 1 to 3 years	Long-Term Outcomes 3 to 5 years
<p>12. Collaboration between stakeholders (law enforcement, schools, parole and probation, MH treatment providers, consumers)</p> <p>13. Establish centralized data management system</p> <p>14. Willingness to take ownership and get involved in addressing data issues</p> <p>15. educate the community on how to use data to generate information for it's benefit</p>	<ul style="list-style-type: none"> Build relationships between all data sources in the community Develop relationship with specific groups and identify their data needs Analyze barriers to data acquisition. Need to share data among agencies, courts and healthcare Establish measure to evaluate outcomes per Evidence Bases protocols 	<ul style="list-style-type: none"> Academia law enforcement Private healthcare Provider Public Healthcare Providers Criminal Justice Community Stake Holders (religious, non-profit) Behavior Health Industry/Business 	<ul style="list-style-type: none"> Identify responsible persons within each identified area Develop (close) working relationships between identified organization "commitments" for data sharing Identify other successful data Sharing collaboration (do not reinvent use what has proven to be successful) Start to identify differences in data definitions (how we collect and identify data) 	<ul style="list-style-type: none"> Establish agreements between different organizations on how data/information will be used. Identify data elements of importance to the community and stakeholders Establish different levels of access to data/information per needs of organizations and community Establish a community wide report on Substance Abuse trends for the community on a yearly basis Effectively using data to generate information that will drive policy development from the community Establish a standard for data collection Increase data collaborations/access between community organizations Establish a data warehouse for the community 	<p>An increase in Community Readiness and Involvement</p> <p>Increase community organizations chances of funding</p> <p>Increase data collaboration /access between community organizations</p>