Justice-Health Information Sharing Collaboration Pilot

Request for Proposal

September 19, 2012

Project Background

Status of Justice-Health Information Sharing

A gap exists between within-institution (corrections/jail) treatment and transitional treatment associated with reentry of offenders into the community and beyond. In many instances, institutional and community corrections agencies could overcome some of these shortcomings by increasing their level of communication with mental and physical health service providers in the community through the exchange of information. Improved information exchange reduces the duplication and/or regeneration of required information and provides service providers with the information they need to do their job more effectively. Information exchange also leads to improved continuity of services, improved individual health, improved public safety, improved recidivism outcomes, and a substantial costs savings.

Both corrections (prisons/jail) and human services providers are aware of the need to better coordinate offender reentry; however, the technical nature of communicating sensitive information and reaching beyond formal organizational boundaries has historically presented barriers to the exchange of information.

When a working group of justice and health/human services professionals assembled to develop a business case, “Justice-Health Collaboration: Improving Information Exchange Between Corrections and Health/Human Services Organizations,” it became clear that the exchange of offender profile information at or prior to release (or at probation or parole referral) could both expedite the process of providing treatment in the community while also improving the continuity and consistency of that treatment (from what was offered within the institution). Likewise, the exchange of information from health providers back to corrections upon re-arrest or revocation could similarly ensure continuity of care that could improve the likelihood of future reentry success. The sharing of information can also reduce duplicative assessments (e.g., risk/needs, medication, medical tests), saving both time and money. As the research shows, drug users and individuals with mental illness are more likely to be criminally involved than others in

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1 See RFP attachment.
2 A working group of justice and health professionals was convened by SEARCH, APPA, and ASCA for a 1½-day workshop to discuss the prospect of, and potential issues associated with, exchanging information. Representatives came from various organizations, including the American Public Human Services Association (APHSA), National Association of State Alcohol and Drug Abuse Directors (NASADAD), North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, National Association of Community Health Centers (NACHC), University of Central Florida’s Department of Criminal Justice, and the Centers for Disease Control and Prevention (U.S. Public Health Service).
the general population (Bennett et al., 2008; Hammett et al., 2001). Improving coordination between justice and health agencies has direct implications for improving public safety and health.

Planning for and proactively managing the re-entry of incarcerated or supervised offenders into society can significantly reduce the propensity of offenders to reoffend. The need to reduce recidivism, while always important, has taken on new urgency as a part of reducing overall crime rates, as well as reducing the cost of corrections borne by fiscally strapped state and local governments.

Effective reentry management strategies require close collaboration, supported by information exchange, between criminal justice agencies (especially jails, and institutional and community corrections agencies) and their partners in the health services arenas. Health services, like justice, are information-centric business areas in which timely and accurate information is critical to effective decision-making. Much of the information that health services agencies require—such as medical, mental health and substance abuse history, risk and needs assessments, treatment plans, programming completed while incarcerated, conditions of supervision, and financial status—are essential to community-based service providers in order for them to provide continuity of care and avoid duplicative efforts.

The aforementioned types of information being readily available to health services providers will make services more effective and fiscally responsible. The information that correctional institutions and community corrections agencies collect (e.g., treatment plans, health and rehabilitation history, risk and needs assessments) is valuable to health services providers when assessing an individual’s fitness for specific programs. This information exists in the corrections and supervision databases, yet is not currently being shared—primarily because of a lack of guidance at the business process, information exchange, and policy/governance levels, as well as a lack of replicable exemplar implementations. As a result, the integration of offenders into society is less effective and efficient than it should be because information collected by one discipline cannot be shared with or accessed by the other(s). Likewise, community health service providers have similar information that could provide continuity of treatment as clients enter or re-enter corrections/jails.

**Project Overview**

SEARCH, with funding provided by the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA) and support from the American Probation and Parole Association (APPA) and Association of State Correctional Administrators (ASCA), will provide funding (maximum
of $75,000) and support for pilot sites to implement information exchanges between jails/corrections and health services providers. The actual information to be exchanged will vary based on localized needs; however, risk/needs assessments and treatment-centric documentation related to evidence-based treatment interventions will be the primary focus of these pilots. Further, emphasis will be placed on prerelease planning, as well as the ability of health providers to communicate back to corrections to provide treatment updates in instances where an individual has recidivated (i.e., re-arrest, re-conviction, revocation). As a result, SEARCH expects improvements in transitional success (i.e., desistance). Therefore, this project is expected to have a direct impact on public safety and public health while also reducing the continuity of care costs associated with incarceration and correctional supervision resulting from failed community reintegration.

**Project Participants and Primary Responsibilities**

**Project Team**

The project team is responsible for the overall project guidance, management, and support and implementation. The project team consists of representatives from the following organizations:

- SEARCH, The National Consortium for Justice Information and Statistics
- Association of State Correctional Administrators (ASCA)
- American Probation and Parole Association (APPA)
- Pilot sites

**Project Workgroup**

Project practitioner representatives (practitioners) are responsible for providing business guidance (business process and information exchange) associated with the needs and requirements of Health and Human Services providers and the Justice Community. The project workgroup is comprised of representatives from the following organizations:

- SEARCH, The National Consortium for Justice Information and Statistics
- Association of State Correctional Administrators (ASCA)
- American Probation and Parole Association (APPA)
- American Public Human Services Association (APHSA)
- National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD)
- North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- National Association of Community Health Centers (NACHC)
- Department of Criminal Justice, University of Central Florida
- Administration for Children & Families (ACF), U.S. Department of Health and Human Services (HHS)
- Centers for Disease Control and Prevention (U.S. Public Health Service)
**Pilot Sites (jails/corrections, health services providers)**

Pilot sites are responsible for implementing Web services, based on Global Reference Architecture (GRA)\(^9\) *Service Specifications*,\(^10\) to be developed by the project team using the pilot partners’ information exchange requirements. Pilot sites will implement the services using either in-house technical expertise or a vendor. SEARCH will provide technical assistance in developing service specifications and implementing Web services.

**Pilot Site Selection**

Pilot sites will be chosen through an RFP evaluation process in which the project workgroup will review proposals. Emphasis for pilot site selection will be placed on the pilot partners’:

- Partnerships between corrections and health provider organizations; Governance/support for information sharing pilot project; Established willingness and need to share information (40%)
- Projected impact/outcomes of sharing information (20%)
- Technical readiness; Type of information to be exchanged (20%)
- Overall project plan and alignment with the business case document, “Justice-Health Collaboration: Improving Information Exchange Between Corrections and Health/Human Services Organizations” (20%)

As stated in the business case document, the project will concentrate on pilots that have a need to convert information between healthcare data standards (e.g., HL7,\(^11\) CCD specifications,\(^12\) Direct Project secure messaging protocol\(^13\)) and the National Information Exchange Model (NIEM).\(^14\) The messaging infrastructure for the pilots will be based on a GRA implementation of Web services, where services will implement the message transformation, exchange, security, routing, etc. The following illustrates the GRA Web services infrastructure implementation:

The GRA identifies a small but significant set of infrastructure components that are core to any GRA implementation. A common services infrastructure should provide support for *connectors*, *adapters*, and *intermediaries*:

\(^9\) “Global” refers to the Global Justice Information Sharing Initiative: [http://www.it.ojp.gov/global](http://www.it.ojp.gov/global). The GRA is an information exchange solution designed to cut 80% of implementation time and costs for justice agencies through reuse of established promising practices in IT architecture and design. It was previously known as the Justice Reference Architecture (JRA): [http://www.it.ojp.gov/default.aspx?area=nationalInitiatives&page=1015](http://www.it.ojp.gov/default.aspx?area=nationalInitiatives&page=1015).


\(^11\) Health Level Seven (HL7) is an organization involved in developing international healthcare interoperability standards: [http://www.en.wikipedia.org/wiki/HL7](http://www.en.wikipedia.org/wiki/HL7)


\(^14\) For background on NIEM, see page 7 of this RFP or: [http://www.niem.gov](http://www.niem.gov)
- **CONNECTORS** are components that implement the “consumer” side of a service interaction, typically by observing data changes or “triggers” in a consumer system and initiating a message transmission to an intermediary. The consumer system essentially “consumes” the service. The connector formulates a message from the service consumer in accordance with the service interface and sends the message to an intermediary service.

- **ADAPTERS** are components that implement the “provider” side of a service interaction, typically by receiving messages from the intermediary and interacting with the provider system. The provider system essentially “provides” the service. The adapter receives the message from the intermediary service and “adapts” the message to the service provider environment.

- **INTERMEDIARIES** are special adapters that “mediate” information exchanges between consumers and providers, performing such operations as transformations, routing, validation, and message aggregation. Intermediaries reside on an Intermediary Host or broker, which exists in a “common space.” The intermediary is a component (or set of components, linked together) that implements a business process or flow between service consumers and service providers. An intermediary is the mechanism by which the GRA separates the logic of integration from the logic of line-of-business systems, which is a key feature of service-oriented architecture.

The concepts of connectors, intermediaries, and adapters are used to ensure the loose coupling and separation of concerns for services. The separation of integration (information flow) logic from the specifics of interacting with each partner system also tends to produce reusable services.

GRA-conformant execution context provides a container environment for connectors (consumers or initiators of interaction), adapters (providers or recipients of interaction), and intermediaries. The communication between these components must adhere to the GRA Service Interaction Profiles (SIPs). Figure 1 shows how these components interact with one another in the context of a typical information exchange.

![Diagram](image)

**Figure 1**

A primary goal of this approach is to avoid point-to-point information exchanges, which tend to be brittle, inflexible, and costly to maintain over time.

The connector formulates information from the consumer system into a message, in accordance with the service interface. The connector sends the message to the intermediary for business
processing of the message (e.g., transformations, routing, validation, and message aggregation). A message emerges from the intermediary destined for a provider system, which uses an adapter to manage the interaction between the intermediary and the provider system. Specific requirement targets for particular shared infrastructure of intermediary service types are listed in the following sections.

In addition, proposal evaluations will favor projects that produce reusable solutions. This includes licensing from vendors that allow redistribution of any information exchange components at no additional cost, use of open source software, etc.

**Project Approach**

**Leveraging Existing Standards and Technology**

The exchange of healthcare information is greatly facilitated through the use of standards. The use of industry standards to exchange information allows both the sending and receiving partners to clearly understand the business and technical nexus between the exchanges. Information exchange standards also allow the information systems themselves to remain autonomous and reduce costs through reuse.

To successfully bring together the disparate systems of corrections and health communities, while keeping costs low, agencies will need to leverage existing information sharing frameworks and associated standards. Currently, the healthcare industry relies on what is known as the Health Information Exchange (HIE) framework using HL7 standards, CCD specifications, and the Direct Project secure messaging protocol. The justice domain, meanwhile, utilizes Global standards such as the GRA and NIEM. The goal of the pilot project discussed in this document is to leverage existing industry standards to allow for cross-domain information exchanges using services based on a service-oriented architecture (SOA).

**Health Information Exchange (HIE) Standards**

The healthcare industry has standards identified within the Health Information Exchange framework. HIE is considered the mobilization of healthcare information to provide the capability to electronically move clinical information among disparate healthcare information systems, according to national standards, while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and equitable patient-centered care. HIE is an integral component of the health information technology (HIT) infrastructure under development in the United States and the associated National Health Information Network (NHIN). HL7 is considered the authority on standards for the interoperability of health information technology.

The Continuity of Care Document (CCD) specification is an XML-based standard intended to specify the encoding, structure, and semantics of a patient summary clinical document for exchange. The CCD specification is a constraint on the HL7 Clinical Document Architecture (CDA) standard, which specifies that the content of the document

consists of a mandatory *textual part* (which ensures human interpretation of the document contents) and optional *structured parts* (for software processing).

The **Direct Project** is a set of specifications and service descriptions that, when implemented within a strong policy framework, enables simple, *secure* point-to-point electronic messages between healthcare participants. The Direct Project security specifications provide a set of functional requirements that need to be implemented by the various Direct Project technologies and protocols in order to satisfy the message handling policy recommendations of the HIT Policy Committee.

**Justice Information Exchange Standards: NIEM**

The National Information Exchange Model, or NIEM, is a local, state, tribal, and federal interagency initiative designed to facilitate the exchange of information between one or more agencies with diverse systems and needs. NIEM was developed in collaboration between the U.S. Departments of Justice and Homeland Security. The Global Standards Council has leveraged NIEM to facilitate information sharing across multiple domains, including justice, emergency and disaster management, intelligence, homeland security, and youth and family services. NIEM domains for both Human Services and Health are in development for a future release of NIEM. The pilots will be leveraged to help participate in the development or maturation of these domains. Project participants should be willing and able to provide feedback and input to NIEM Human Services and Health domains and other justice/health initiatives to help others learn from the pilots.

NIEM functions like a translator between one or more agency systems by standardizing each agency’s information to reflect established standards and definitions as represented within the NIEM framework. Once standardized, information can be shared across agencies within the same domain (e.g., justice) or across domains (e.g., justice and health) and eventually converted to meet the given system’s needs. Figure 2 illustrates an information exchange between two agencies using NIEM:

![Figure 2](image)

NIEM avoids creating dependencies across entities because it keeps agency systems isolated from one another by providing a “translator” between systems to translate the data and facilitate information exchange. This means if one system receives an upgrade or other change, it does not upset the other agency’s systems involved in the exchange—although the upgraded system’s contribution may be negated until it is back online and appropriate elements are redefined in NIEM, if necessary. NIEM makes no attempt to normalize all information across all agencies; rather, it focuses on standardizing those elements needed to cross organizational boundaries and the subset of data needed for interagency information sharing.
Justice Information Exchange Standards: GRA

Developed by the Global Infrastructure/Standards Working Group, the Global Reference Architecture, or GRA, is a service-oriented reference architecture for information sharing. The GRA is a description of core service-oriented concepts and principles in information sharing, and the relationship between those concepts required to facilitate an exchange. Based on service-oriented architecture, the GRA:

1. Implements a layer of messaging infrastructure, based on open standards, between the partnering agencies that effectively isolates the two systems so that each agency’s system continues to operate independently from the others (eliminating any potential dependencies that may otherwise occur as a by-product of information exchange). In other words, a change or upgrade in one partner agency’s system will not impact the operation of another agency’s system(s).

2. Follows proven open-industry standards, as opposed to proprietary approaches, which allow for maximum flexibility in agency participation and independence as well as reuse.

3. Is governed by a formal structure that promotes a common approach to information sharing, as opposed to project-by-project solutions that can become costly and disparate.

In addition, the GRA provides improved agility and responsiveness by reducing interdependencies between agencies exchanging information. The GRA further promotes a more equal sharing of resources associated with information exchange by utilizing a shared infrastructure. Finally, the GRA’s reliance on open standards for implementation provides for greater flexibility, allowing agencies with very different technological systems, vendors, or products to communicate. The GRA is used in tandem with NIEM to provide a standard information sharing solution. As a result, exchanges can be replicated (through reuse) elsewhere, leveraging service specifications, and minimizing the cost of technical implementation.

Technical Assistance

The overall approach of this project is for justice pilot sites to leverage justice standards (GRA and NIEM) and for health providers to leverage health standards (e.g., HL7, CCD, Direct) for exchanging information between justice and health agencies. A GRA-conformant Web service implementation will be implemented by the pilot sites to transform and secure information exchanges between justice and health. The Web service(s) will be documented based on the Service Specifications Packages (SSP) developed by the project team. Pilots are encouraged to use open standards-based technologies that encourage interoperability and reuse of the services to be developed.

SEARCH, ASCA, and APPA will provide technical assistance to the pilot sites on all aspects of service design and implementation, including:

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16 SEARCH, APPA, ASCA, and Pilot Sites.
17 This will include on-site and off-site assistance through remote/teleconference/web assistance, as appropriate.
• Facilitating adoption of information exchange policy;
• Formulating information exchange agreements;
• Leading the development of information exchange models and service specifications;
• Assessing technical readiness;
• Identifying technology architecture and requirements;
• Working with system vendors and other technology partners to implement Web services;
• Adhering to Global and NIEM guidelines.18

Pilot Project Activities and Deliverables

The pilot project is divided into three phases (milestones): design, implementation, and evaluation. Each pilot partner, with project workgroup assistance, will participate and be responsible for the activities and deliverables in each phase.

1. Design

Each pilot partner will be required to make sure their implementations are aligned with GRA guidance and specific project requirements. Each pilot partner will attend a Service Specification Package (SSP) development workshop hosted and facilitated by SEARCH. The purpose of this workshop will be to establish baseline knowledge of the GRA, if necessary, and begin developing a GRA SSP.

The goal of the first phase of this project is to complete the SSP. SEARCH will work with the pilot partners to design and develop a GRA-conformant service(s) for their information exchange(s) using existing GRA development resources, such as the GRA Service Specification Guideline (SSG)19 and GRA Service Specification Package (SSP) templates20 for service specification development. SEARCH will leverage the use of existing reference SSPs developed by Global, where appropriate. The project team will also provide guidance through on-site (40 hours) and remote (16 hours) technical assistance. Technical assistance means that each pilot partner will request and receive appropriate technical assistance from SEARCH as part of completing this phase of the project. All technical assistance will be provided at no cost to the pilot partners. By the end of this phase, the project team will have completed an SSP (GRA-conformant service specification).

**Deliverables:**

• Information Exchange Requirements – PILOT SITES
• GRA Service Specification Package – PILOT SITES
• Implementation Architecture Overview – A document illustrating where adapters, connectors, and intermediaries reside and how they interact – PILOT SITES

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19 Download the SSG at: [http://www.it.ojp.gov/gist/Document/43](http://www.it.ojp.gov/gist/Document/43)
2. Implementation

Services will be implemented in each pilot project based on the service specifications developed. The project budget includes a significant initial investment in these pilot project implementations. During these pilot implementations, the project team and the implementing jurisdictions (pilot project) will ensure that any models, technology components, lessons learned, agreements, and policies are available for reuse by other jurisdictions nationwide, whenever possible. Implementations will use open standards-based technologies that encourage interoperability and reuse.

SEARCH will provide technical assistance to the implementing jurisdictions on all aspects of implementation, including: facilitating meetings on adoption of policy; formulating agreements; leading the development of exchange models/specifications; assessing technical readiness; identifying technology architecture, changes, and investments; working with system vendors and other technology partners; and adhering to Global and NIEM guidelines. Technical assistance will include on-site and off-site assistance, as well as remote/teleconference/web assistance as appropriate.

Deliverables:
- Agreements (MOUs) Between Information Exchange Partners – PILOT SITES
- Technical Assistance Report (including best practices) – SEARCH
- Pilot Service Implementation – PILOT SITES

3. Project Evaluation

The project team will perform assessments/evaluations at the end of the design workshop, after any technical assistance engagements, and at the conclusion of the project. The purpose of these evaluations is to assess the GRA as an architectural solution in practice, as well as to verify the appropriateness of current established guidelines for deploying the GRA in a justice-health information exchange environment. The successes or challenges resulting from these projects will be documented and shared with Global and others as needed to improve and refine the GRA and other Global-endorsed products, as well as to support replicability of the justice-health information sharing solutions at other locations.

Deliverables:
- Final Project Report – Project Team

Payments to the pilot sites will be upon completion, based on conformance assessment, of each of the milestones above.

Pilot Project Roles and Responsibilities

The RACI Model (RACI Matrix) is a simple tool useful for highlighting roles and responsibilities during a project, program, or any organizational change. RACI is an acronym for Responsible, Accountable, Consulted, and Informed. The RACI Matrix shown in Table 1 enables you to identify who is responsible, accountable, consulted, or informed, for every task that needs to be performed.
<table>
<thead>
<tr>
<th>Responsible (R)</th>
<th>The person or role responsible for performing the task; that is, the actual person doing the work to complete the task.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable (A)</td>
<td>The person ultimately accountable for the task being done in a satisfactory manner. Essentially, the Accountable person must sign-off the work that the Responsible person produces.</td>
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<tr>
<td>Consulted (C)</td>
<td>Those people whose input is used to complete the task; thus, communication with this group will be two-way in nature.</td>
</tr>
<tr>
<td>Informed (I)</td>
<td>Those people who are informed as to the status of the task; thus, communication with this group is one-way in nature.</td>
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</tbody>
</table>

### Tasks

<table>
<thead>
<tr>
<th>Tasks</th>
<th>SEARCH</th>
<th>Pilot Site</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td></td>
<td></td>
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<tr>
<td>Project management</td>
<td>R,A</td>
<td>C</td>
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<tr>
<td>Coordinate and facilitate webinars and conference calls</td>
<td>R,A</td>
<td>C</td>
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<tr>
<td><strong>Design Phase</strong></td>
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<tr>
<td>Identify initial information exchange requirements, including business process flow, information to be exchanged, and security and privacy requirements – DELIVERABLE</td>
<td>C</td>
<td>R,A</td>
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<td>Host and attend the 2-day SSP development workshop provided by the project team</td>
<td>C</td>
<td>R,A</td>
</tr>
<tr>
<td>Plan requirements for project technical assistance</td>
<td>C</td>
<td>R,A</td>
</tr>
<tr>
<td>Develop Service Specification Packages (SSPs) – DELIVERABLE</td>
<td>R,C</td>
<td>A</td>
</tr>
<tr>
<td>Create Implementation Architecture Overview – DELIVERABLE</td>
<td>A,C</td>
<td>R</td>
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<tr>
<td><strong>Implementation Phase</strong></td>
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<tr>
<td>Perform technical readiness assessments: Review existing or new agency systems (capabilities) that will participate in the implementation, assist in determining the technology, and approach for &quot;service-enabling&quot; those systems, if necessary</td>
<td>R,A</td>
<td>C</td>
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<tr>
<td>Adopt policy and formulate agreements (MOUs) between exchange partners – DELIVERABLE</td>
<td>C</td>
<td>R,A</td>
</tr>
<tr>
<td>Provide on-site and remote technical assistance to the implementing jurisdictions (pilot sites) on all aspects of implementation</td>
<td>R,A</td>
<td>C</td>
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<tr>
<td>Produce Technical Assistance Report – DELIVERABLE</td>
<td>R,A</td>
<td>C</td>
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<tr>
<td>Service Implementation – DELIVERABLE</td>
<td>C</td>
<td>R,A</td>
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<tr>
<td>Prepare final deliverables (technical editing and packaging)</td>
<td>R,A</td>
<td>C</td>
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<tr>
<td><strong>Evaluation Phase</strong></td>
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<tr>
<td>Final Project Report – DELIVERABLE</td>
<td>R,A</td>
<td>C</td>
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</table>

Table 1

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Request for Proposal (RFP): Justice-Health Information Sharing Collaboration Pilot
General Proposal Information

- Proposals for the RFP are to be received at no later than 2:00 PM EST on **October 31, 2012**. Proposals must be emailed to jdouglas@search.org. Any questions regarding this submission should be directed to jdouglas@search.org. All questions will be collected and answered by the project team. Questions and Answers will be provided to all prospective pilot agencies by **October 3, 2012**, via email.

- A contract between the successful Pilot Partners and SEARCH will be established to include a Statement of Work and funding for each stage of the project as outlined in this RFP.

- All responses to this RFP must remain valid for 45 days following the submission deadline.

- The award will be made in accordance with all requirements listed in this RFP and any additional grant requirements.

Proposal Submission Requirements

- The project proposal must be in MS Word format and consist of the following sections. Total length of the proposal should not exceed 15 pages (1-inch margins, Times New Roman 12-point font, 1.5 line spacing).

  - **Pilot Project Proposal Executive Summary** (1 Page)
  
  - **Pilot Project Proposal Sections**
    - Project Plan
    - Alignment with the Business Case Document
    - Description of each justice and health pilot partner to participate in the project
    - Project Governance
    - Problem(s) to be solved
    - Goals, Objectives, Project Impact
    - Potential security and privacy requirements
    - Authentication and authorization requirements and the technology to be used to address those requirements (e.g., GFIPM [Global Federated Identity and Privilege Management], Global Technical Privacy framework, other)
    - Business process model of the exchange(s)
    - Description and listing/model of information to be exchanged
    - Description of current technology infrastructure
    - Description of information exchange and messaging standards currently in use and to be used for the pilot (technical implementation)

  - **Letter from the head of each partner site/agency**

  - **Cost Estimate**
    - Phase 1 – Design
      - Personnel Costs
    - Phase 2 – Implementation
      - Personnel Costs
      - Implementation Costs
      - Equipment Costs
    - Phase 3 – Project Evaluation
      - Personnel Costs