



Sharing Data: The Road to Understanding Addiction Services in Connecticut

To gain a better understanding of Connecticut's public addiction services - including prevention, intervention and treatment - the General Assembly legislated in 1999 that a comprehensive repository of service and outcome data be created. In order to build this repository, data would be shared across all state agencies involved in the delivery of addiction services. Not only would this information expand our knowledge of who is served and how well they do, it would also improve our understanding of how the various state systems (welfare, criminal justice, and addiction services) are interconnected. In the end, findings from this body of data would lead to improved decision-making.

Client Confidentiality

Data sharing, however, is not simply a matter of linking information systems. Over the past three years, state agencies have focused on finding viable approaches to meet the legislative requirement. Of primary concern to all was, and still is, maintaining client confidentiality.

Under existing law and regulations, much of the data gathered by state agencies is restricted in its use and access. This limitation and others might have slowed the process, but they haven't deterred state agencies from working collaboratively.

PPE: A Workable Solution

A number of techniques are available that allow us to share data while assuring personal privacy. One of the most flexible and accurate of these is Probabilistic Population Estimation (PPE). Using data of birth and gender, PPE provides a secure and scientifically proven statistical method to examine the overlap of persons in two or more databases. With PPE we can now determine those involved in substance abuse treatment who might also have been arrested, on probation, incarcerated, receiving welfare or obtaining child protective services.

The PPE technique is a major key to data sharing, allowing information to be collected and used to determine trends and treatment outcomes. To date, over 2.5 million records from seven state agencies and the Judicial Branch have been processed and analyzed over three state fiscal years.

I-SATIS: A Monumental Step Forward

In 2002, the second initiative, the Interagency Substance Abuse Treatment Information System (I-SATIS) was implemented. For the first time, substance abuse treatment data from four state agencies are now linked through a unique identifier. While this first attempt is limited in its scope of data shared, it is a monumental step forward. Over time and with additional resources, I-SATIS can grow to meet the decision-making needs of legislators and other policymakers.

The following graphs demonstrate how PPE analysis can be used to link state agency populations, as well as uncover trends in treatment access and the effects of treatment through outcomes. All results are based upon State Fiscal Year (SFY) data.

Figure 1 Many People Receiving Substance Abuse Treatment Are Also Served by Other State Agencies

People receiving substance abuse treatment in Connecticut also interact with many state agencies from the criminal justice system to child protective services. As you can see in Figure 1, people receiving treatment are also involved with the criminal justice system through probation (23%), arrest (22%) or incarceration (16%). Over a quarter of those in treatment also receive welfare through State-Administered General Assistance. (Figures are for SFY 2001.)

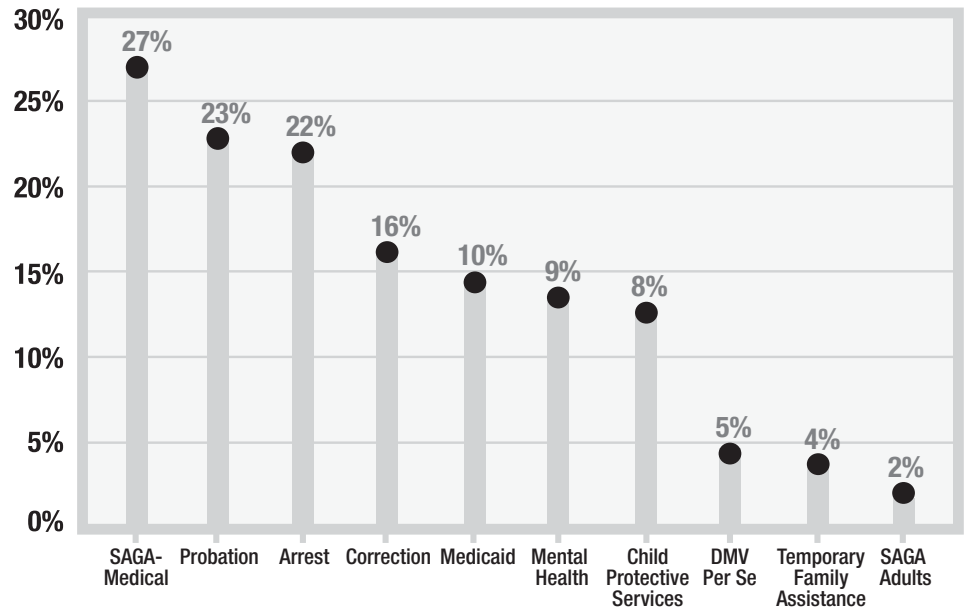


Figure 2 Meeting the Need for Treatment: State Agency Populations Receiving Substance Abuse Treatment

This graph shows the percentage of people served by state agencies who also received treatment for substance abuse. This information is helpful in understanding how well Connecticut is meeting the need for treatment. A Yale University study found that approximately 60% of those arrested (men and women) are in need of treatment, while less than 40% of criminal justice clients needing treatment actually received it. In another Yale study, 12% of Temporary Family Assistance (TFA) recipients were identified as in need of treatment, yet only 5% of them received it. (Figures are for SFY 2001.)

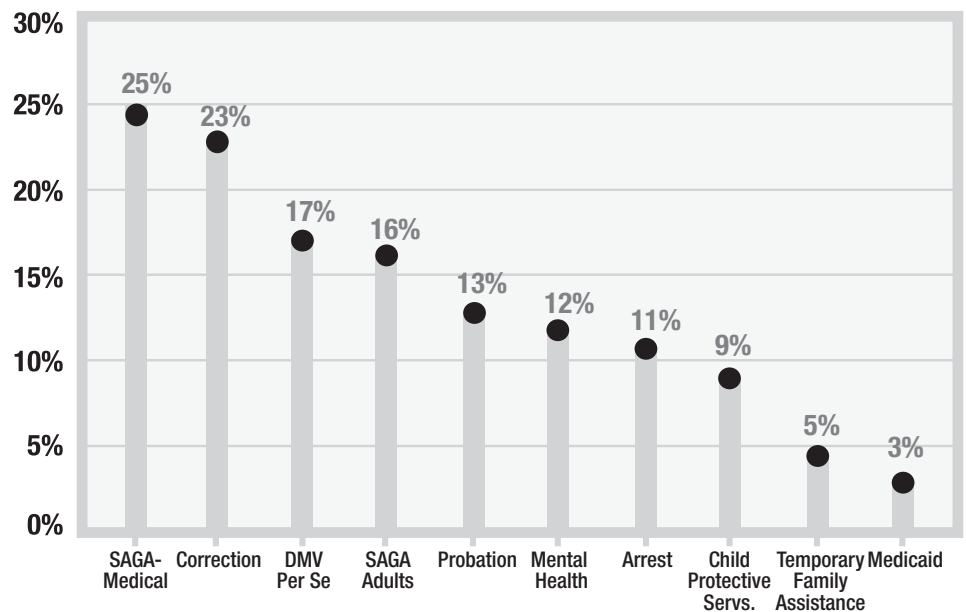


Figure 3

The Relationship Between Substance Abuse Treatment and Being Arrested

One important aspect of PPE is the ability to analyze trends. Here, we take a look at the relationship between treatment and arrest. Over a three-year period (SFY 1999-2001), the percentage of those arrested in the year they received treatment (either before, during or after treatment) dropped from 24% to 22%. Of those receiving treatment, men more than women, and whites more than non-whites, were likely to have been arrested.

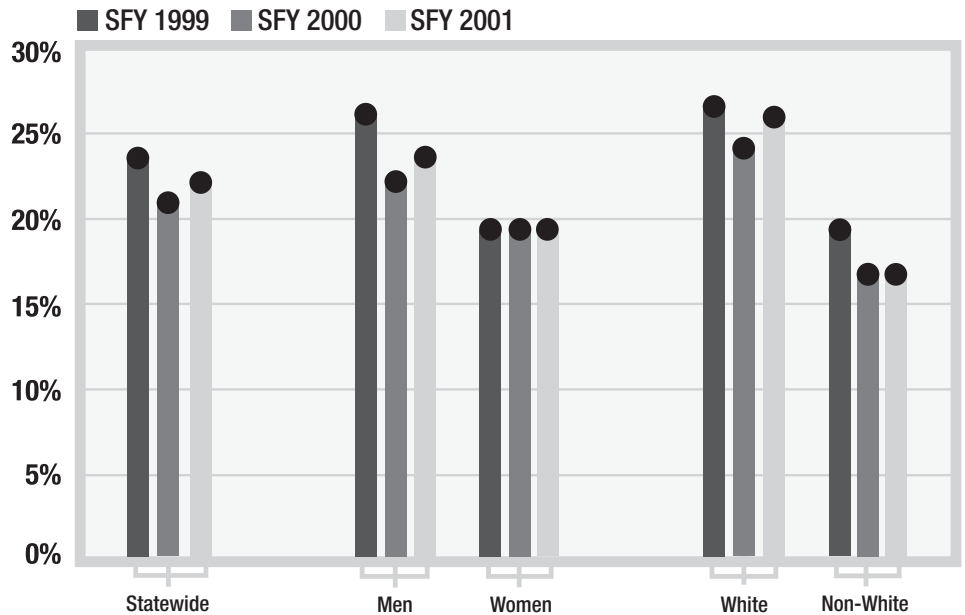
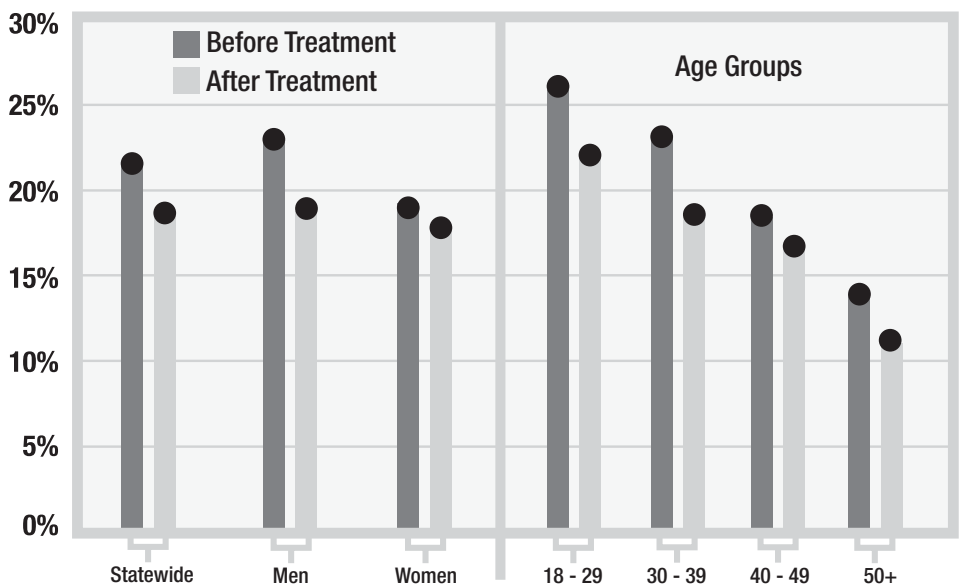


Figure 4

Treatment Can Reduce Criminal Involvement

One important measure of successful treatment is reduced criminal justice involvement. Post-treatment arrest rates for men and women (and across all age groups) showed an overall reduction of 15% with the biggest drop (29%) among non-whites. Similar studies have shown reductions up to 30% in arrests one year after treatment. However, the follow-up period in the PPE analysis was as long as two years in some cases. Also, arrests for outstanding warrants for crimes committed before entering treatment are included in the analysis. Overall, these findings are consistent with other studies and clearly demonstrate the potential of PPE to measure treatment success. (Figures are from SFY 1999 and 2001.)



I-SATIS

Preliminary analysis of I-SATIS data shows the following client characteristics and services used by those receiving substance abuse treatment through the Departments of Children and Families, Mental Health and Addiction Services, Correction, Veteran Affairs and the Judicial Branch for SFY 2002:

- There were over 50,000 unduplicated individuals reported to I-SATIS.
- Clients were mostly white (56%) followed by blacks (24%) and Hispanics (19%), with the only exception being the DOC which had a much higher proportion of non-whites.
- A vast majority were male (76%), with DCF reporting the highest percent of women (33%).
- Over 50% of clients had one treatment episode, while 20% had more than three.
- Outpatient treatment (34%) was the most utilized care followed by intervention and evaluation (17%), medical and ambulatory detoxification (15%), case management (11%), methadone maintenance (9%) and residential rehabilitation (8%).

State agencies will continue to report clients receiving substance abuse treatment through state funds to the DMHAS repository each September. As the capacity to report the I-SATIS unique identifier grows, additional analysis will be performed.

Looking Ahead

In the coming year, DMHAS and collaborating state agencies will continue to use shared data as the basis for informed program development and policymaking. Plans are underway to continue and expand the analysis of trends and outcomes using PPE. Another fiscal year of PPE-based data will afford us new opportunities to explore the effectiveness of treatment within the social contexts of criminal justice involvement, welfare, and child protective services. In addition to PPE, the DMHAS Research Division will, in collaboration with Yale University, begin a project to match substance abuse treatment clients with wage data. Based on a sound scientific approach, this project will look at the effects of treatment on post-treatment earnings. Efforts will continue to collect uniform substance abuse treatment data across state agencies through I-SATIS. Finally, we will begin to develop a core prevention services information system based on the conceptual design created by the State Prevention Council.

For their cooperation and effort in the preparation of 2003 Biennial Report on the Collection and Evaluation of Data Related to Substance Use, Abuse and Addiction Programs, we acknowledge the following state agencies:

Office of Policy and Management, Judicial Branch, Department of Children and Families, Department of Correction, Department of Education, Department of Mental Health and Addiction Services, Department of Motor Vehicles, Department of Public Health, Department of Public Safety, Department of Social Services, Department of Transportation, Department of Veterans' Affairs, Board of Parole. The 2003 Biennial Report can be obtained at <web site> or by contacting DMHAS at 860-418-6838.

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