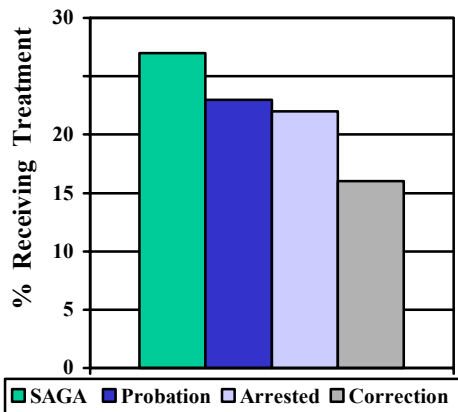


**Linking Data, Informing Policy**

Understanding the ways in which persons within Connecticut’s publicly funded addiction service system interact with other human service and criminal justice systems can guide policymaking and program development. To that end, DMHAS along with 9 other state agencies, the Judicial Branch and the Office of Policy and Management have been collaborating on sharing “administrative” data. These data are collected routinely as part of a state agency’s charge, and therefore require no additional data collection. Data on child abuse/neglect cases, arrests, prison inmates, probationers, adult welfare and Medicaid recipients, along with persons receiving substance abuse treatment have been shared cross-agency for state fiscal years (SFYs) 1999, 2000 and 2001.

**POPULATION OVERLAPS**

Most persons receiving substance abuse treatment are also likely to be receiving state welfare (SAGA) and involved with the criminal justice system (on probation, arrested and/or incarcerated).



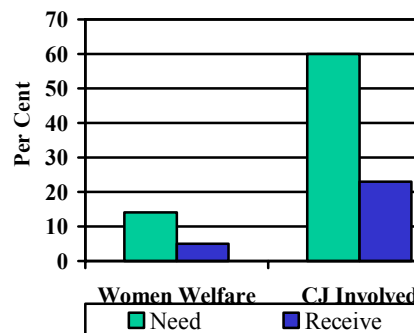
Using a patented process known as *Probabilistic Population Estimation* (PPE), data can be shared across state agencies without breaching confidentiality. Only date of birth and gender are needed for thousand of records to be analyzed as to the likelihood of an individual being in 2 or more databases. Participating state agencies include:

- Office of Policy & Management
- Judicial Branch**
- Department of Children & Families**
- Department of Correction**
- Dept. Of Mental Health & Addiction Services**
- Department of Motor Vehicles**
- Department of Public Health
- Department of Public Safety**
- Department of Social Services**
- Department of Transportation**
- Board of Parole

**Over a million records shared**

**ACCESS TO TREATMENT**

Looking at it another way – How many persons served in other state agencies also access substance abuse treatment? Studies conducted for DMHAS by Yale University have shown that that over 60% of persons arrested and 14% of women on welfare need substance abuse treatment. Yet **less than half** are receiving it.



***Policy Implications:***  
*Move need to demand.*  
*Outreach to difficult to engage populations.*  
*Promote best practices like Motivational Enhancement Therapy.*

**TREATMENT OUTCOMES**

But does treatment make a difference? With PPE, we have begun to explore treatment outcomes. For instance, substance abusing probationers receiving treatment were over 2 times more likely to successfully complete probation than probationers not receiving treatment.

