

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
26 Terrace Street, Montpelier, Vermont 05609

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Emma Harrigan

DATE: February 22, 2013

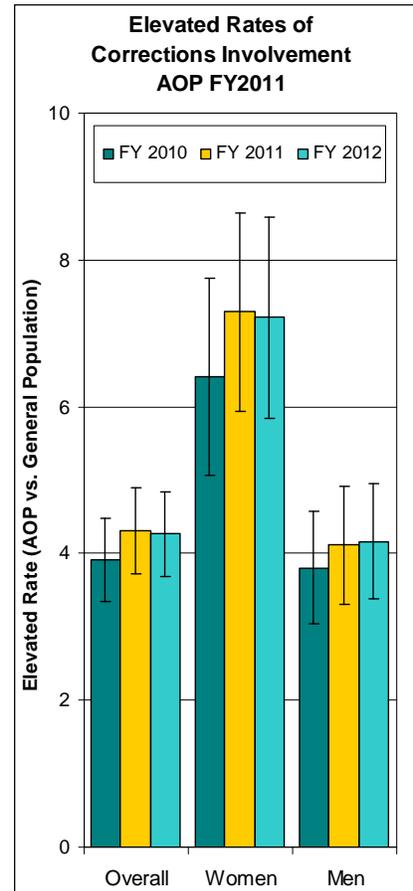
RE: Corrections Involvement of FY2010 Adult Outpatient Service Recipients
During FY2010-FY2012

This brief report provides information regarding the rates at which individuals who received services from Vermont's Adult Mental Health Outpatient (AOP) during FY2011 were in the Vermont Department of Corrections (DOC) caseload during FY2010-FY2012. This analysis was conducted in relation to a similar analysis requested by David Yacovone, Commissioner of Vermont's Department of Children and Families.

The findings reported here are based on analysis of Monthly Service Report (MSR) data submitted to Department of Mental Health (DMH) by Designated Agencies (DAs) and DOC data extracts for incarceration and field supervision caseloads. AOP provides services to adults who do not have a prolonged and serious disability, but who are experiencing emotional, behavior, or adjustment disorders that warrant professional attention. Because the two databases used in this analysis do not share unique person identifiers, Probabilistic Population Estimation (PPE)¹ was used to determine the numbers of individuals who were represented in both of these datasets during each year in the study period.

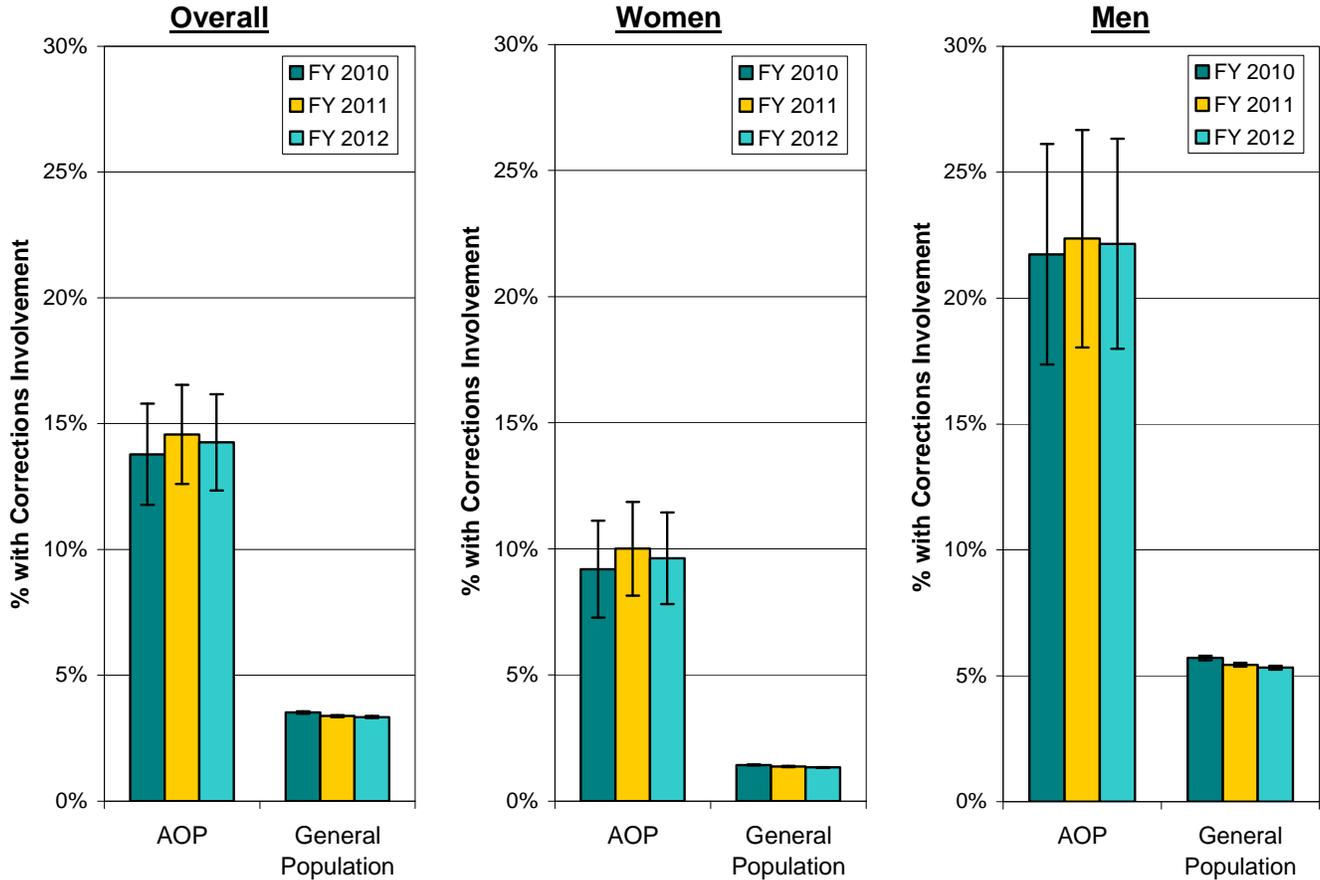
As you will see, between 14%-15% percent of all AOP service recipients were involved with corrections during each of the three years under examination. Male AOP service recipients were approximately twice as likely as female service recipients to be involved with corrections during the study period. When compared to the general population, however, the elevated risk of corrections involvement for female service recipients indicates that women in treatment were six to seven times more likely to be involved with corrections, while male service recipients were only about four times as likely as men in the general population to be involved with corrections.

We look forward to your interpretation of these findings, your questions and comments, and your requests for further analyses. As always, we can be reached at 802-828-1703 or pip@state.vt.us.



¹ PPE is a statistical tool that provides valid and reliable measures of the unduplicated numbers of individuals represented in anonymous datasets and to determine the unduplicated number of individuals shared across datasets.

DMH AOP Recipients with Corrections Involvement FY2010-FY2012



Corrections Involvement

	AOP FY2011	FY2010		FY2011		FY2012	
		#	%	#	%	#	%
Overall							
AOP	6,481 ± 48	893 ± 130	14% ± 2%	945 ± 128	15% ± 2%	924 ± 124	14% ± 2%
General Population	500,413	17,637 ± 211	4% ± 0%	16,906 ± 197	3% ± 0%	16,725 ± 194	3% ± 0%
*Elevated Rate			3.9 ± 0.6		4.3 ± 0.6		4.3 ± 0.6
Women							
AOP	4,084 ± 42	375 ± 78	9% ± 2%	409 ± 76	10% ± 2%	393 ± 74	10% ± 2%
General Population	256,281	3,677 ± 49	1% ± 0%	3,519 ± 46	1% ± 0%	3,421 ± 45	1% ± 0%
*Elevated Rate			6.4 ± 1.3		7.3 ± 1.4		7.2 ± 1.4
Men							
AOP	2,382 ± 25	518 ± 104	22% ± 4%	533 ± 103	22% ± 4%	528 ± 99	22% ± 4%
General Population	244,132	13,936 ± 205	6% ± 0%	13,271 ± 191	5% ± 0%	12,996 ± 188	5% ± 0%
*Elevated Rate			3.8 ± 0.8		4.1 ± 0.8		4.2 ± 0.8

Analysis conducted by Vermont Department of Mental Health Research & Statistics Unit.

* Elevated Rate is the corrections rate for AOP recipients divided by the corrections rate for the general population. A relative risk of 4.4 indicates that the corrections rate for AOP recipients is four times the corrections rate for the general population. Based on FY2011 AOP Caseload data maintained by the Vermont Department of Mental Health (DMH) and FY2010-FY2012 AOP Caseload data maintained by the Vermont Department of Mental Health (DMH) for adults age 18 and older. Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals). Estimates for general population are based on figures (July 1, 2011) obtained from the Vermont Department of Health. Corrections Involvement includes incarcerations and field supervision caseloads.