

## **Vermont Mental Health Performance Indicator Project**

Agency of Human Services, Department of Mental Health  
108 Cherry Street, Burlington, Vermont 05401

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

FROM: John Pandiani and Walter Ochs

DATE: July 10, 2009

RE: Homelessness of Veterans & Other Behavioral Health Service Recipients

This week's brief report provides rates of homelessness for two groups of mental health service recipients: those who are armed forces veterans, and those who are not. The analysis includes veterans and non-veterans who received services from Vermont's Department of Mental Health (DMH) designated behavioral health agencies and veterans who received behavioral health services from a Veterans Health Administration (VHA) outpatient program in Vermont during CY2008.

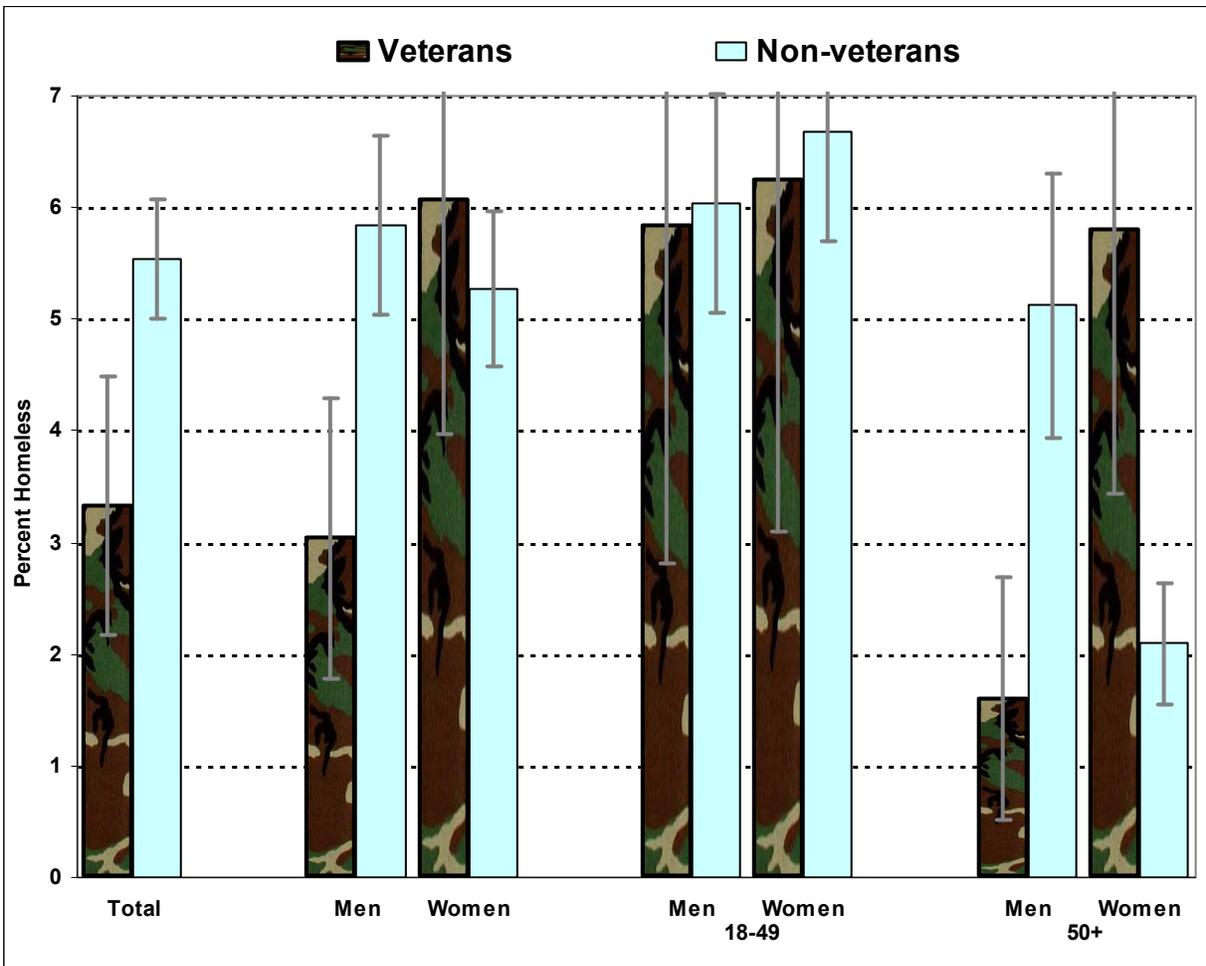
Three data sets were used in this analysis. These include two mental health services data sets, and an integrated Vermont homeless data set. An anonymous extract from the Vermont DMH Monthly Service Report database provided basic demographic information for all veterans and non-veteran adults who were served by a DMH designated agency during CY2008. The Veterans Health Administration outpatient behavioral health database provided basic demographic information for all veterans served by the VHA community-based system of care in Vermont during CY2008. The third data set includes the date of birth and gender of adults represented in an integrated Vermont homeless database containing information from the Agency of Human Services (AHS) Emergency Shelter database, the Service Point Balance of State Homeless Management Information System (HMIS) database, the Housing Works HMIS database for project years ending in 2008, and the January 2008 Vermont Point in Time homeless survey.

As you will see, Vermont non-veterans served by DMH community programs were significantly more likely than veterans served by DMH or VHA community programs to be homeless during the study period (5.5% vs. 3.3%). This overall difference between the rates of homelessness of veterans and non-veterans was evident among men, but was not evident among women or among veterans aged 18-49 of either gender.

There were, however, substantial and significant differences in homelessness rates of veterans and non-veterans in the 50+ age group. Among men in this age group, non-veterans were more than three times as likely as veterans to be homeless. Among women in this age group, this pattern was reversed. Female veterans were almost three times more likely than female non-veterans to be homeless.

We look forward to your comments and your suggestions for further analyses of these data. As always you can reach us by e-mail at [pip@vdh.state.vt.us](mailto:pip@vdh.state.vt.us) or by phone at 802-863-7249.

## Homelessness among Veterans and Non-veterans with Outpatient Behavioral Health Services in VT: CY2008



	Gender		Age 18-49		Age 50+		
	Total	Men	Women	Men	Women	Men	Women
<b>Veterans with Behavioral Health services</b>							
#	2,412 ± 25	2,180 ± 25	231 ± 3	742 ± 12	137 ± 2	1,438 ± 22	94 ± 2
%Homeless	3.3% ± 1.2%	3.0% ± 1.3%	6.1% ± 2.1%	5.8% ± 3.0%	6.2% ± 3.1%	1.6% ± 1.1%	5.8% ± 2.4%
<b>Non-veterans with Behavioral Health Services</b>							
#	14,383 ± 114	6,632 ± 78	7,751 ± 84	5,206 ± 73	5,376 ± 76	1,426 ± 25	2,375 ± 36
%Homeless	5.5% ± 0.5%	5.8% ± 0.8%	5.3% ± 0.7%	6.0% ± 1.0%	6.7% ± 1.0%	5.1% ± 1.2%	2.1% ± 0.5%

Analysis includes veterans and non-veterans who received services from Vermont's Department of Mental Health (DMH) designated community agencies, veterans who received outpatient behavioral health services from a Veterans Health Administration (VHA) community program in Vermont, and adults in an integrated Vermont homeless database including the AHS Emergency Shelter database, the Service Point Balance of State HMIS database, the Housing Works HMIS database, and the January 2008 Vermont Point in Time homeless survey. Service data includes adults served during CY2008.

Because data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals).