

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601

MEMORANDUM

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

FROM: John Pandiani and Shoshana Boar

DATE: July 15, 2005

RE: Co-occurring (MH/SA) disorders Among AOP Clients

This week's PIP is the second in a series that examines the rate at which individuals served by different CMHC programs are identified as having a co-occurring substance abuse disorder in the MSR data sets submitted to DMH by local service providers. The indicators of substance abuse disorders used in this analysis included an intake problem assessment that indicated an alcohol or drug abuse problem, a diagnosis of substance abuse (303.9-305.9), and having received service(s) from a substance abuse program in the reporting CMHC that were reported in Monthly Service Report (MSR) data files that were submitted to DMH by designated community agencies. This analysis is the second in a series that replicates a series of PIP reports on indicators of dual diagnosis during CY2003 that were distributed last year at this time as part of our preparation for a federal grant proposal. The first in this series focused on adults served by Community Rehabilitation and Treatment (CRT) Programs for Adults with serious mental illness in Vermont (<http://www.ddmhs.state.vt.us/docs/pips/2005/pip062405.pdf>) during CY2004. The current report focused on adults served by Adult Mental Health Programs (AOP) for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention who were served during this same time period.

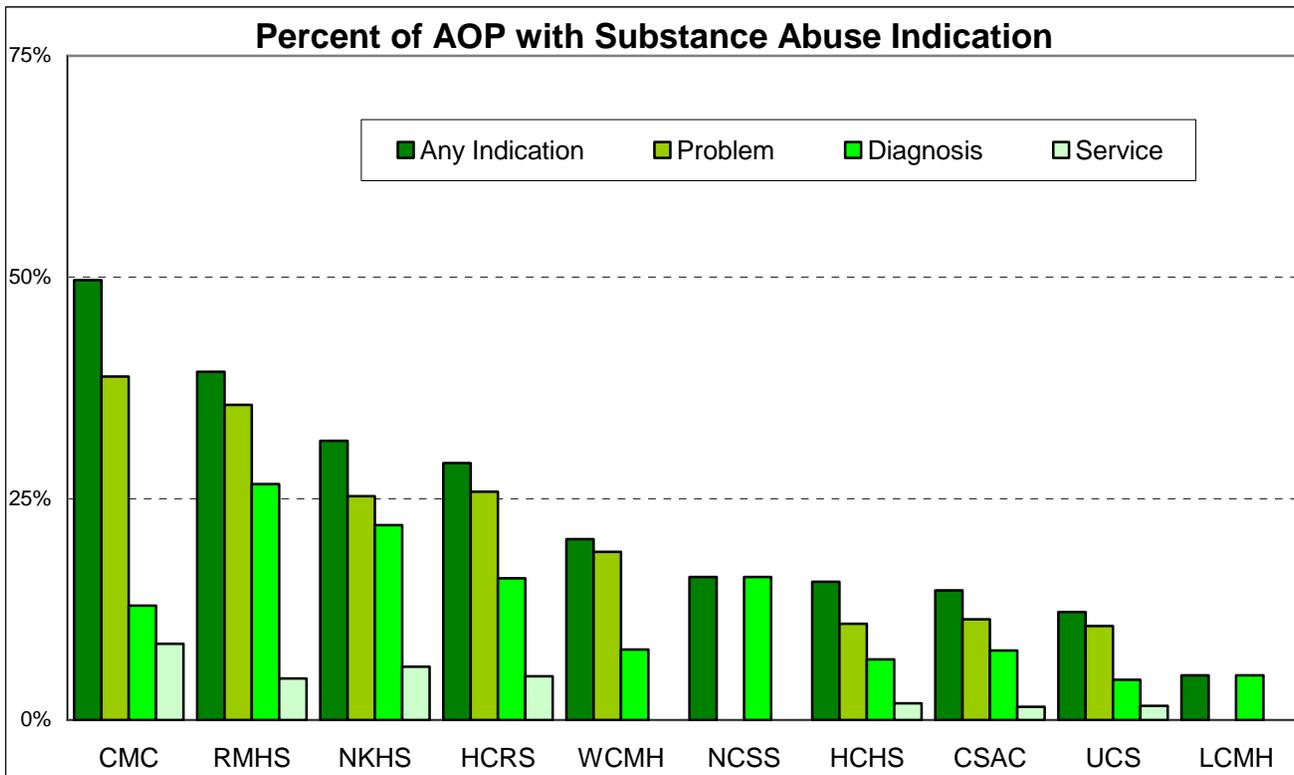
As you will see, less than one-fourth of AOP clients (compared to one-third of all AOP clients) statewide, had at least one of these indications of a co-occurring substance abuse disorder. The rate at which AOP clients were identified as having a co-occurring disorder, however, varied from more than 50% at the Clara Martin Center in Orange County to only 5% at Lamoille County Mental Health. Problem assessments indicated a co-occurring disorder for 18% of all AOP clients (compared to 23% of AOP clients) and diagnosis indicated a co-occurring disorder for 13%. Very few AOP clients (3%) had received a service from the agency's substance abuse program during CY2004. There were also substantial differences among providers in the rate at which the different indicators appeared in the data reported to DMH.

As we mentioned in the previous report, the substantial differences among local programs in reported prevalence of co-occurring substance abuse disorders could be interpreted in a

number of ways. First, they could reflect differences in the prevalence of substance abuse disorders in different parts of the state. These differences could also be interpreted as an indication of differing levels of access to AOP programs for adults with a substance abuse disorder. A third interpretation could suggest these differences reflect differing ability of clinical staff at the local AOP programs to effectively screen for substance abuse disorders. Finally, these differences could be interpreted as an indication of differing record keeping and reporting practices at the various AOP programs.

We will appreciate your interpretations of these findings and your suggestions for further analysis of these data to pip@vdh.state.vt.us.

Adult Outpatient Clients with Co-Occurring Substance Abuse Disorders Vermont CY 2004



Adult Outpatient Clients Served
Percent with a Substance Abuse Indication

	Number	Any Indication	Problem	Diagnosis	Service
Total	7,149	23%	18%	13%	3%
Clinic					
Orange - CMC	441	50%	39%	13%	9%
Rutland - RMHS	638	39%	36%	27%	5%
Northeast - NKHS	831	32%	25%	22%	6%
Southeast - HCRS	868	29%	26%	16%	5%
Washington - WCMH	753	20%	19%	8%	0%
Northwest - NCSS	848	16%	0%	16%	0%
Chittenden - HCHS	890	16%	11%	7%	2%
Addison - CSAC	853	15%	11%	8%	2%
Bennington - UCS	810	12%	11%	5%	2%
Lamoille - LCMH	217	5%	0%	5%	0%

Data used in this analysis were extracted from Monthly Service Report (MSR) files submitted to DMH by designated community mental health service providers. AOP (Adult Outpatient) clients include all individuals who were assigned during calendar year 2004 to an Adult Outpatient Program.

Any substance abuse indication is defined as an alcohol and/or drug abuse problem, a substance abuse diagnosis, and/or receiving substance abuse services. A substance abuse problem includes all clients with an alcohol and/or drug abuse problem according to the problem checklist done at time of intake. A substance abuse diagnosis includes all clients with a diagnosis greater than or equal to 303.90 and less than 306.00. Substance abuse services include all clients who received at least one service from a substance abuse program.