

**Vermont Mental Health Performance Indicator Project**  
Agency of Human Services, Department of Health, Division of Mental Health  
108 Cherry Street, Burlington, Vermont 05401

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

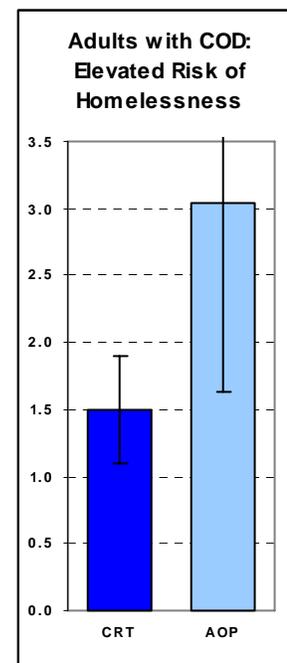
FROM: John Pandiani and Barbara Carroll

DATE: June 1, 2007

RE: AOP Service Recipients, Co-occurring Disorders and Homelessness

This week's brief report continues our examination of homelessness among community mental health service recipients in Vermont. Our May 18, 2007, PIP presented data on the rates of homelessness for two groups of adults served by Vermont Community Rehabilitation and Treatment (CRT) programs, those identified as having co-occurring substance abuse disorders and those not so identified. This report, in response to questions raised in the May 21, 2007, VISI meeting, examines rates of homelessness among adults served by CMHC Adult Mental Health Outpatient programs (AOP) during FY2006 who were identified as having co-occurring substance abuse disorders or not identified as having co-occurring substance abuse disorders.

Two data sets were used in this analysis. Monthly Service Reports (MSR) data provided basic demographic information and information regarding co-occurring substance abuse disorders for all individuals served by AOP programs during FY2006. For this analysis, substance abuse disorders were identified by a substance abuse diagnosis or a substance abuse problem identified at intake, or by receipt of service from a substance abuse programs in the same community mental health agency. Homelessness was identified using basic demographic data from the point-in-time census of homelessness in Vermont conducted by Vermont Homeless Coalition on January 25, 2007. This census collected demographic information as well as information on homeless services received and homeless service needs for individuals who lack a fixed regular and adequate nighttime residence and individuals whose primary residence is a shelter that provides temporary or transitional accommodations. Because the homeless census and MSR database do not share unique person identifiers, Probabilistic Population Estimation was used to determine the number of people identified by the homeless census who were also identified as having, or not having, a co-occurring substance abuse disorder in the MSR database.



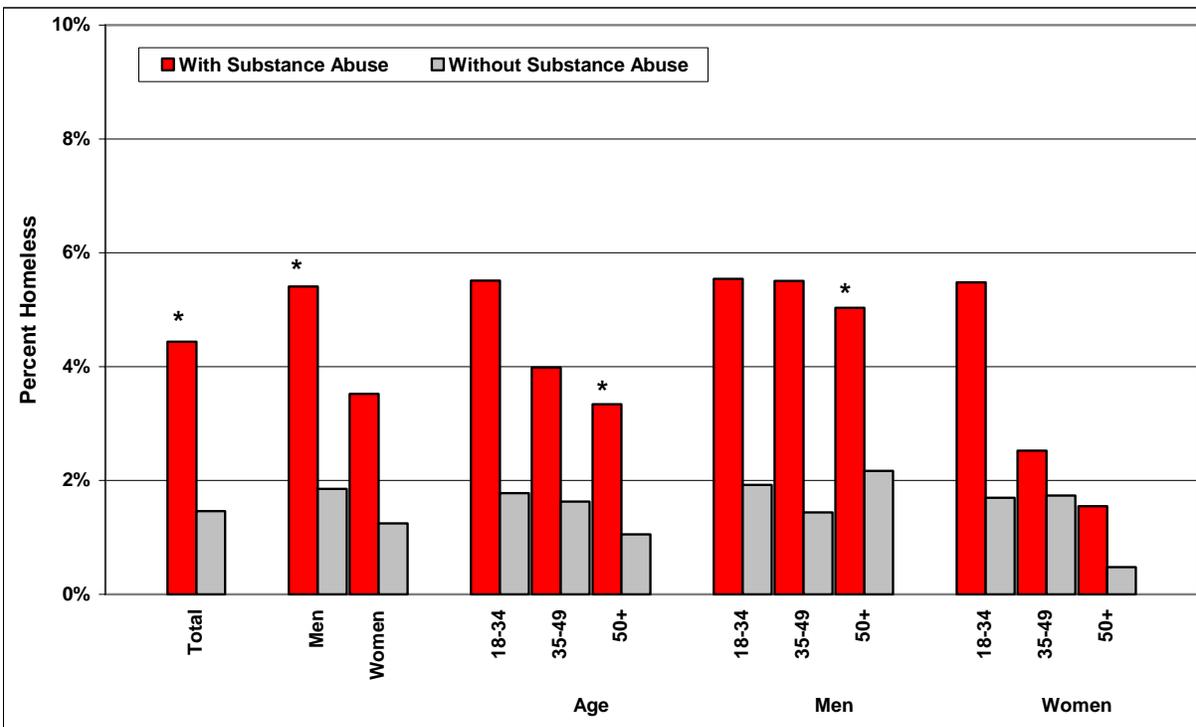
As you will see, adults served by AOP programs who had been identified as having a co-occurring substance abuse disorder were almost three times as likely as other adults served by AOP programs to be homeless (4.4% vs. 1.5%). A similar pattern was evident for both men and women. Male AOP clients with co-occurring disorders were 2.9 times as likely as other men to be homeless (5.4% vs. 1.9%), and female AOP clients with co-occurring disorders were 2.8 times as likely as other women to be homeless (3.5% vs. 1.2%), although the difference among women is not statistically significant.

Among age groups, the difference in homelessness between AOP clients with co-occurring disorders and others was statistically significant only in the 50+ age group overall, where people with co-occurring disorders were 3.2 times as likely as others to be homeless.

Compared to adults with serious mental illness served by CRT programs in Vermont (PIP report: May 18, 2007), AOP clients had lower overall rates of homelessness for those identified as having co-occurring disorders (4.4% for AOP vs. 5.3% for CRT), and for those not identified as having co-occurring disorders (1.5% for AOP vs. 3.5% for CRT). The presence of a co-occurring substance disorder, however, had a substantially greater impact on individuals served by Adult Outpatient Programs for adults with less serious emotional, behavioral, or adjustment problems. Overall, AOP clients with COD were about three times more likely to be homeless than AOP clients without COD, while CRT clients with COD were 1.5 times more likely to be homeless than CRT clients without COD.

We look forward to your comments and suggestions for further analyses regarding homelessness among mental health and substance abuse service recipients in Vermont. Please send your interpretations of these findings and your suggestions for further analysis of these data to [pip@vdh.state.vt.us](mailto:pip@vdh.state.vt.us) or 802.863.7249.

## Homelessness Among Individuals Served by a CMH Adult Outpatient Program with and without Identified Co-occurring Substance Abuse Disorders



### Co-occurring Substance Abuse Disorders

		Identified	Not Identified	Relative Risk
<b>Total</b>		4.4% ± 1.2%	1.5% ± 0.6% *	3.0 ± 1.4
<b>Men</b>		5.4% ± 1.7%	1.9% ± 1.0% *	2.9 ± 1.8
<b>Women</b>		3.5% ± 1.6%	1.2% ± 0.7%	2.8 ± 2.0
<b>Age</b>	<b>18-34</b>	5.5% ± 2.4%	1.8% ± 1.5%	3.1 ± 2.9
	<b>35-49</b>	4.0% ± 1.6%	1.6% ± 0.9%	2.5 ± 1.7
	<b>50+</b>	3.3% ± 1.1%	1.1% ± 0.3% *	3.2 ± 1.4
<b>Men</b>	<b>18-34</b>	5.5% ± 3.2%	1.9% ± 2.4%	2.9 ± 3.9
	<b>35-49</b>	5.5% ± 2.8%	1.4% ± 1.8%	3.8 ± 5.2
	<b>50+</b>	5.0% ± 1.8%	2.2% ± 0.8% *	2.3 ± 1.2
<b>Women</b>	<b>18-34</b>	5.5% ± 3.5%	1.7% ± 1.9%	3.2 ± 4.2
	<b>35-49</b>	2.5% ± 1.7%	1.7% ± 0.9%	1.5 ± 1.3
	<b>50+</b>	1.5% ± 1.2%	0.5% ± 0.3%	3.2 ± 3.0

Analysis is based on extracts from the FY2006 Monthly Service Reports (MSR) submitted to DMH by designated community agencies, and data collected as part of the Vermont point-in-time homeless census conducted on January 25, 2007 by the Vermont State Housing Authority, the Vermont Coalition to End Homelessness, and the Chittenden Homeless Alliance. The extract from the MSR database includes basic information about adults served by the Adult Outpatient Program (AOP). The extract from the homeless data includes basic information about adults identified by the homeless survey. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine caseload size and overlap (with 95% confidence intervals). Because PPE relies on date of birth and gender, records that do not include these data (12% of all records) were excluded from the analyses.

\* Indicates statistically significant differences at p<.05