

**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 Joan Mongeon

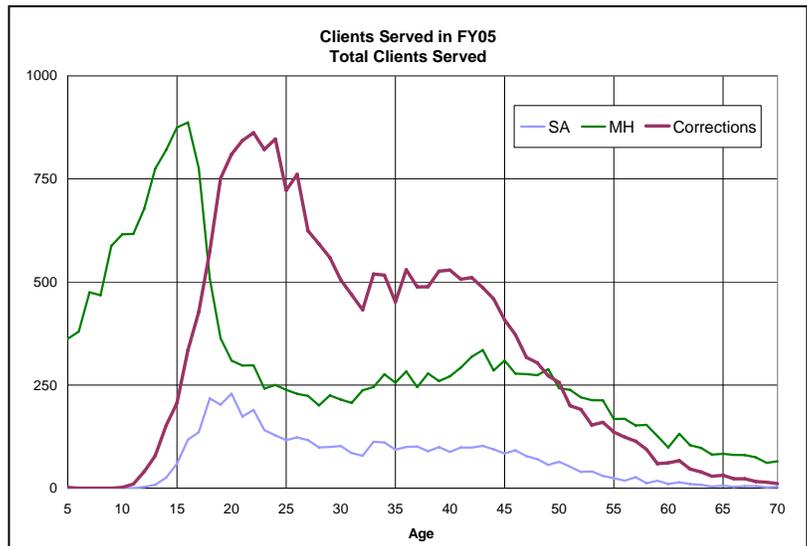
DATE: May 5, 2006

RE: Corrections Caseload Overlap with CMHC MH & SA Programs

On March 24, 2006, the Vermont Performance Indicator Project distributed a brief report on the “Age of CMHC and Corrections Clients During FY2005”.<sup>1</sup> In response to that report, Anne Van Donsel (VDH Alcohol and Drug Abuse Division) requested that this analysis be conducted separately for CMHC mental health (MH) and substance abuse (SA) service recipients. This week’s PIP report was prepared in response to that request.

Data for this analysis were obtained from three sources. Information regarding CMHC MH and SA caseloads was obtained from the Monthly Service Report (MSR) data provided to the Division of Mental Health by designated community agencies. Data regarding Vermont’s adult correctional caseload (including probation, parole, and incarceration) were obtained from the Vermont Department of Corrections. Data regarding the juvenile corrections caseload (including all “delinquent” youth) were obtained from the Vermont Department of Children and Families. Because the data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine the unduplicated number of individuals who were served by each service sector and the unduplicated number of individuals who were on the caseload of both service sectors.

During FY2005, a total of 24,179 unduplicated individuals aged 5 to 70 were served by CMHC MH and SA programs and a total of 20,960 individuals in this same age range were on the caseload of the state’s adults and juvenile caseloads. The MH caseload included 19,987 individuals and the SA caseload included 4,422 individuals. In total, 40,142 unduplicated individuals were served by one or both of these service systems. As you will see, the size of all three caseloads (MH, SA, and corrections) varied substantially



with age. Overall, the MH caseload was larger than the DOC and the SA caseloads for individuals who were 5 to 18 years of age in 2005 and for individuals over 50 years of age. In the 18 to 49 age group, the DOC caseload was larger. The CMHC SA programs had the smallest caseload in every age group.

Interestingly, the number of CMHC MH clients on the corrections caseload was similar to the number of CMHC SA clients on the corrections caseload (2,712 for MH vs. 2,432 for SA). The rate of correctional involvement for the SA programs, however, was substantially higher than the rate of correctional involvement for the MH programs (55% vs. 14%) because the CMHC MH caseload was so much larger than the CMHC SA caseload.

As in previous reports, this analysis focused on a single year. The degree to which CMHC MH and SA caseloads overlap with corrections programs in previous years could be substantially different than what was found here.

We look forward to your comments, questions, and suggestions for further analysis to 802.863.7249 or [pip@vdh.state.vt.us](mailto:pip@vdh.state.vt.us).

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<sup>1</sup> <http://healthvermont.gov/mh/docs/pips/2006/pip032406.pdf>

