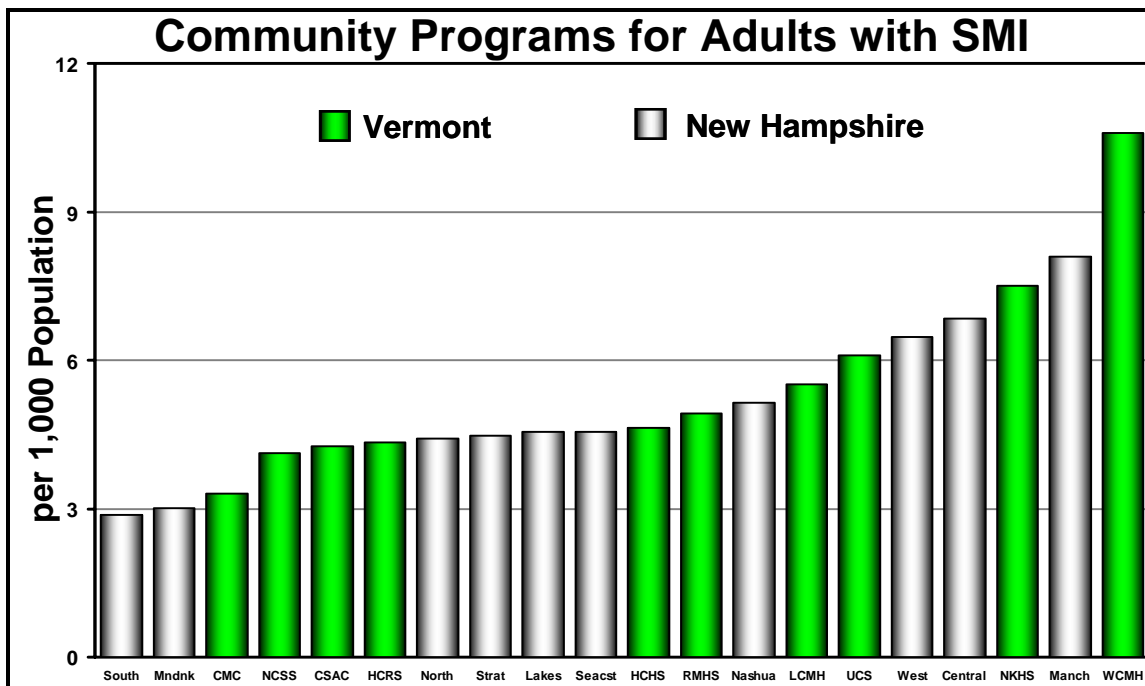


# URS/NOMS Measures Build a Learning Community Based on Widespread Distribution of Data-Based Reports

The Vermont Mental Health Performance Indicator Project (PIP) routinely analyzes data from a broad range of state agencies. Findings are distributed to a broad community of learners on a weekly basis. This community includes consumers, service providers, advocates, policy makers, and members of the general population. Most reports are based on URS/NOMS.



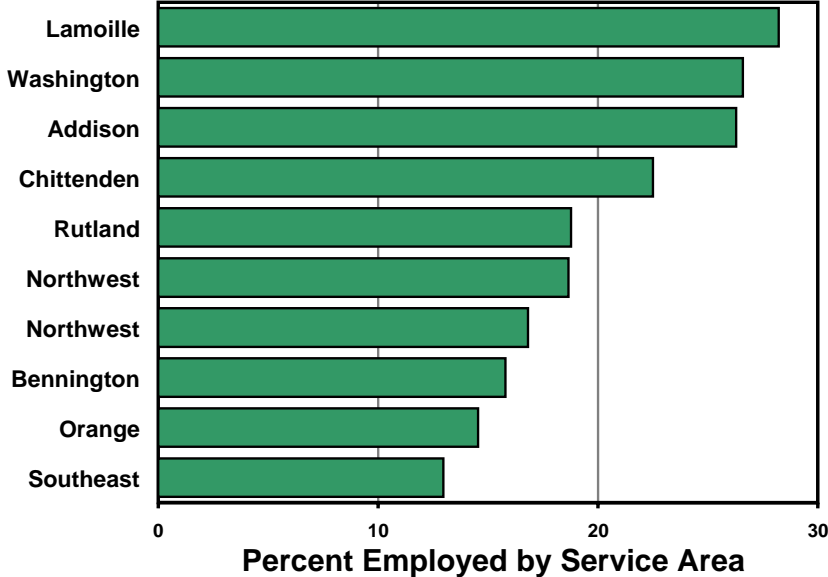
Based on URS Table 2: Unduplicated Served  
Compares CMHC SMI community MH caseloads in 20 Vermont and New Hampshire counties.  
Data: MH MIS data and general population estimates  
Method: Descriptive Statistics

Poster Presentation Prepared by  
The Vermont Mental Health Performance Indicator Project  
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NRI Conference on State Mental Health Agency Services Research,  
Program Evaluation and Policy  
February 2008, Arlington VA

## Adults with Serious Mental Illness



## EMPLOYMENT

<http://healthvermont.gov/mh/docs/pips/2008/documents/Pip011808.pdf>

Based on URS Table 4: Employment

Employment rates are monitored and reported quarterly.

Data: DMH and Dept. of Employment  
Method: direct record linkage

Analysis includes all employment reported for Community Rehabilitation and Treatment clients aged 18 - 64 who were active during April-June 2007. This report is based on record linkage of the Department of Mental Health (DMH) and the Department of Employment and Training (DET) databases. DMH client data are submitted by Community Rehabilitation and Treatment Programs in conformance with contractual requirements. DET data are submitted by employers in conformance with state and federal unemployment laws. Workers who are excluded from DET reporting are the self-employed, firm owners not incorporated and the following employee groups: selected officials, employees of nonprofit religious, charitable and educational organizations, unpaid family members, farm workers (with some exceptions), and railroad employees.

## CRIMINAL JUSTICE

<http://healthvermont.gov/mh/docs/pips/2008/documents/Pip020808.pdf>

Based on URS Table 19A: Criminal Justice

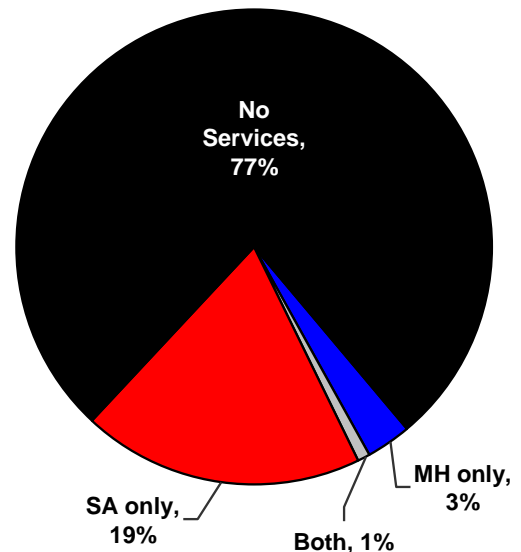
Access to MH/SA care for adults on probation/parole is recommended by the Council of State Governments.

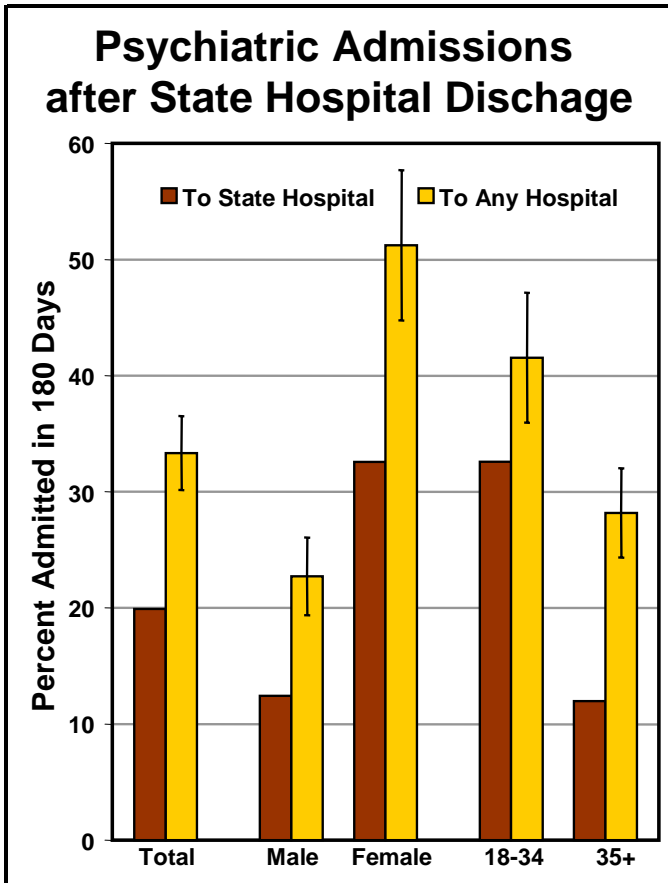
Data: DMH MIS

Method: Probabilistic Population Estimation

This report is based on analysis of anonymous extracts from databases maintained by three Vermont state agencies. The Department of Mental Health provided basic demographic information on all individuals served by its Adult Mental Health Outpatient (AOP) programs, Substance Abuse (SA) Programs and Community Rehabilitation and Treatment (CRT) programs during the study period. Vermont's Office of Alcohol and Drug Abuse Programs provided basic demographic information on all individuals served by its substance abuse programs, including both CMHC-based and other substance abuse programs. Vermont's Department of Corrections provided basic demographic information on all individuals in its community population during the same period. For purposes of this analysis, the DOC community population was divided into two groups; those classified as low-risk offenders and those classified as high-risk offenders. Because these three data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine the number of individuals in the DOC community population who participated in mental health or substance abuse treatment during July 2006 to June 2007.

## Community Corrections Receiving MH/SA Services





## READMISSIONS

<http://healthvermont.gov/mh/docs/pips/2008/documents/Pip012508.pdf>

Based on URS Table 20: Readmissions

Includes State and General Psychiatric Hospitals, based on interest in increasing utilization of private inpatient providers.

Data: VSH MIS and Hospital Discharge Dataset

Method: Probabilistic Population Estimation

Analysis is based on anonymous extracts from the Vermont State Hospital (VSH) database and the Vermont Hospital Discharge database maintained by the Vermont Department of Health. Extracts from the VSH database include all discharges during July 2004 through June 2005 and all admissions during July 2004 through December 2005. Extracts from the Vermont Uniform Hospital Discharge Data Set include all behavioral health admissions of Vermont residents to general hospitals in Vermont, New Hampshire, and Massachusetts, the Brattleboro Retreat, and the Veterans' Hospital in White River, Vermont, during July 2004 through December 2005. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to estimate the number of unique individuals represented in each data set and the number of unique individuals shared by the data sets (with 95% confidence intervals). Because this analysis requires calculation of caseload overlaps for more precise time periods than previous applications, an enhanced set of PPE analytical procedures was used.

## LIVING SITUATION

<http://healthvermont.gov/mh/docs/pips/2005/pip120905.pdf>

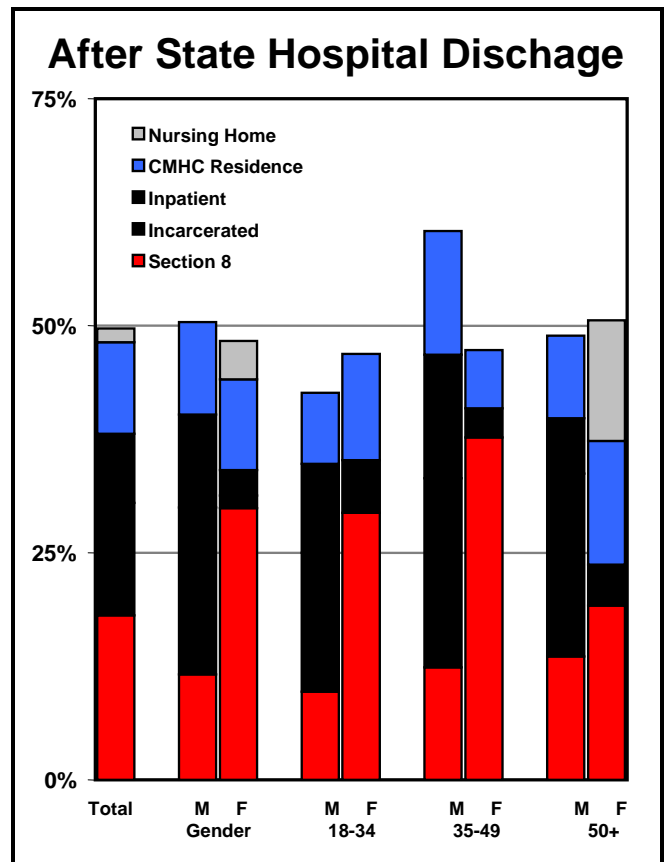
Based on URS Table 15: Living Situation

Residential situation after State Hospital discharge, based on longstanding concern about quality of life.

Data: VSH MIS, Dept. of Corrections, federal nursing home and Section 8 databases, and Hospital Discharge Dataset

Method: Probabilistic Population Estimation

Findings are based on analysis of anonymous HIPAA-compliant extracts from databases provided by State and Federal agencies. Clients included in this analysis were discharged from the Vermont State Hospital in 2004. These extracts include data from the US Department of Housing and Urban Development (HUD) for individuals residing in Section 8 housing on May 2, 2005; data from the Vermont State Hospital and designated inpatient agencies maintained by DMH for individuals residing in involuntary inpatient facilities on May 2, 2005; the Vermont Department of Corrections database for individuals residing in correctional facilities on May 2, 2005; the Monthly Service Report (MSR) data from DMH designated community agencies for individuals residing in CMHC residential treatment facilities on May 2, 2005; and the Federal Nursing Home Minimum Data Set (MDS) for individuals residing in nursing homes on June 15. Because data sets used in these analyses do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine caseload size and overlap.



**USE  
THE  
DATA**

