

Vermont Department of Mental Health

Evaluation of
Child and Adolescent Mental Health Programs

By Young People Served in Vermont
September - December 2008

TECHNICAL REPORT

September 2009

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FOREWORD

The 2009 survey of young people served by child and adolescent public mental health programs in Vermont is one part of a larger effort by the Department of Mental Health's Child, Adolescent and Family Unit to monitor community mental health program performance from the perspective of service recipients and other stakeholders. This survey is the fourth evaluation by adolescent consumers of youth and family services provided by community mental health centers in Vermont, following similar consumer surveys in 1999, 2003 and 2007.

These youth evaluations are used in conjunction with the assessments of other stakeholders and with measures of program performance based on existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations allow consumers and stakeholders an ongoing opportunity to compare the performance of community-based mental health programs in Vermont, and to support local programs in their quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing databases. Many of these indicators are published in the annual Department of Mental Health (DMH) Statistical Reports and weekly Performance Indicator Project (PIP) data reports, which are available online at <http://mentalhealth.vermont.gov/report>.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon which is best understood on the basis of a variety of indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's community child and adolescent mental health programs: the subjective evaluations of young people who were served by those programs.

EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By Young People Served in Vermont September - December 2008

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the spring of 2009, the Child, Adolescent and Family Unit of the Vermont Department of Mental Health invited young people to evaluate child and adolescent mental health programs in Vermont's ten regional community mental health centers (CMHCs). All young people aged 14 - 18 who received five or more Medicaid-reimbursed services from these centers during the period September through December of 2008 were sent questionnaires that asked for their opinion of various aspects of these services. In total, 257 (18%) of the potential pool of 1,416 deliverable surveys were completed, returned and included in the analyses (see Appendix V).

The youth survey consists of thirty-one fixed-alternative items and four open-ended questions designed to provide information that would help stakeholders to compare the performance of child and adolescent mental health programs in Vermont. The survey instrument included most items on the MHSIP Consumer Survey developed by a multi-state work group with further items added as a result of input from Vermont stakeholders (see Appendix II).

The Counseling Service of Addison County requested that four additional items specific to their program be added to the survey instrument sent to their clients. These items were not included in the general analyses.

Methodology

In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, young consumers' responses to thirty-one fixed-alternative items were combined into five scales. These scales focus on *Overall* consumer evaluation of program performance, and evaluation of program performance with regard to *Staff*, *Quality*, *Services*, and *Outcomes*. In order to provide an unbiased comparison across programs, survey results were analyzed to assess the effect of dissimilarities among the client populations served by different community programs. (For details of scale construction and adjustment, see Appendix IV.) Reports of significance are at the 95% confidence level ($p < 0.05$). Additional comments about program performance were offered by 77% of respondents. These written comments of survey respondents were reviewed by DMH staff, and were coded into positive and negative categories for analysis in this report.

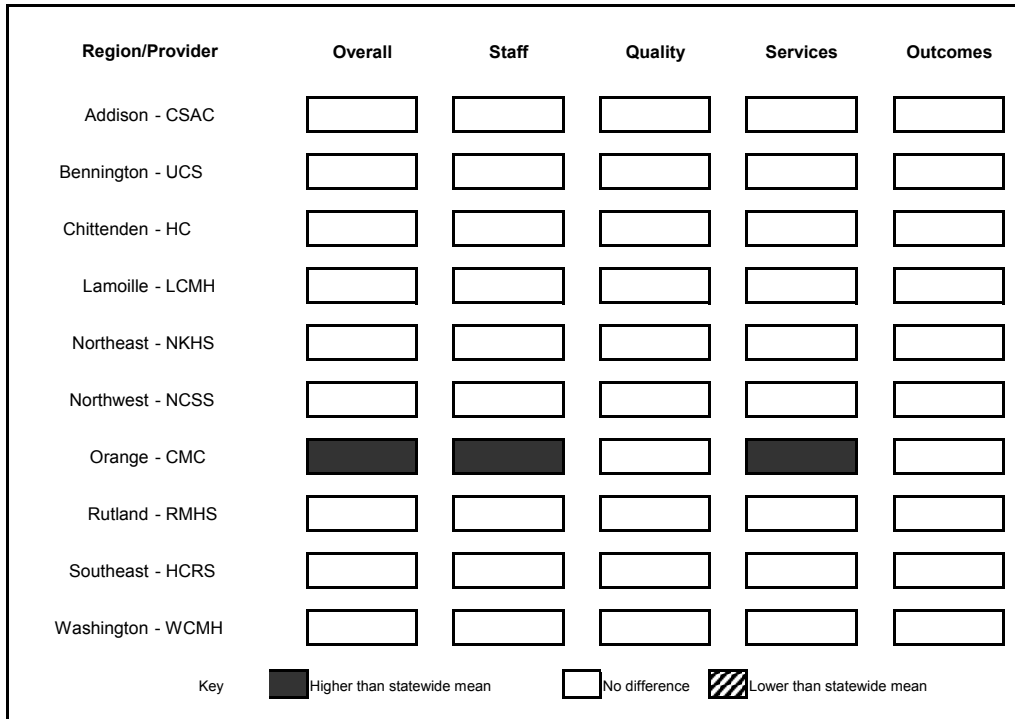
Overall Results

The young people served by child and adolescent mental health programs in Vermont rated their programs favorably (see Appendix V). Statewide, on the *Overall* measure of program performance, 78% of the youth evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than others. Fixed-alternative items related to *Staff* received the most favorable responses (85% favorable), followed by *Quality* (76% favorable) and *Services* (71% favorable). Items related to *Outcomes* (65% favorable) received the lowest ratings.

Overview of Differences among Programs

In order to compare young consumers' evaluations of child and adolescent mental health programs on a regional basis, ratings of individual programs on each of five composite scales were compared to the statewide mean for each scale. The analysis of the survey responses by region indicates that there were some significant differences in young consumers' evaluations of the ten child and adolescent community mental health programs (see Figure 1).

Figure 1. Positive Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont September - December 2008



The child and adolescent mental health program in the Orange region scored higher than the statewide mean on three of the five scales: *Overall*, *Staff* and *Services*. Young consumers' evaluations of the other nine programs were not statistically different from the statewide mean rating on any scale.

The results of this evaluation of child and adolescent mental health programs in Vermont need to be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to children and adolescents with mental health needs and their families in Vermont.

STATEWIDE RESULTS

The majority of young people served by child and adolescent mental health programs at CMHCs in Vermont rated their programs favorably. (Table 2, Appendix V provides an item-by-item summary of positive responses by program.)

The most favorably rated items all related to staff:

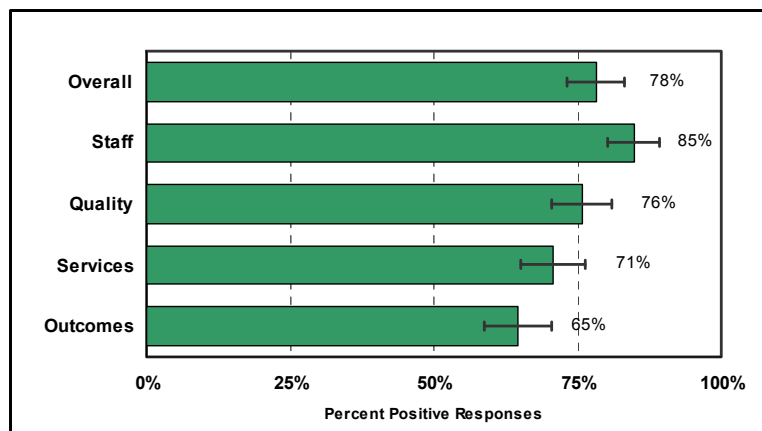
- Staff spoke with me in a way that I understood (87% positive);
- Staff respected my wishes about who received information about me" (86%);
- The staff knew how to help me (85%);
- Staff respected my family's religious/spiritual beliefs" (85%);
- Staff treated me with respect" (83%);
- The staff listened to what I had to say" (82%); and
- I liked the staff people who worked with me at [agency] (81%).

Other favorably rated aspects of care included staff sensitivity to cultural/ethnic background (81%), the helpfulness of services received (80%), and the quality of services received (80%). Seventy-nine percent of the young consumers agreed or strongly agreed that, "I would recommend this mental health center to a friend who needed help."

The young respondents gave less favorable ratings for items related to outcomes as a result of mental health services. They were least likely to agree that, "I got as much help as I needed" (54%), and only one third (33%) of respondents indicated that, since starting to receive services, the number of days they had been in school had increased.

There were significant differences in young consumers' ratings of child and adolescent mental health programs on the five scales derived from responses to the Vermont survey (Figure 2). Seventy-eight percent of young consumers rated programs favorably *Overall*. The *Staff* scale (85% favorable) received significantly more favorable responses than the *Quality* and *Services* scales (76% and 71% favorable). All of these scales received higher scores than the *Outcomes* scale (65% favorable).

Figure 2. Statewide Positive Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont September - December 2008



DIFFERENCES AMONG PROGRAMS

Young consumers' evaluations of child and adolescent mental health programs at Vermont's regional CMHCs on the five scales that were built from survey responses were generally favorable. To provide a comprehensive overall evaluation of program performance, the mean of the regional scores for each of the scales was calculated. The youth ratings of each regional program were then compared to the statewide mean for each of the scales (see Appendix V, pages 29-34). These comparisons show some variation between providers.

The child and adolescent mental health program for the Clara Martin Center (Orange) was rated higher than the statewide mean score on three of the five scales: *Overall*, *Staff* and *Services*. The remaining nine child and adolescent mental health programs were not rated differently from the statewide mean score on any of the five scales. These were Counseling Service of Addison County (Addison), United Counseling Services (Bennington), HowardCenter (Chittenden), Lamoille County Mental Health Services (Lamoille), Northeast Kingdom Human Services (Northeast), Northwestern Counseling and Support Services (Northwest), Rutland Mental Health Services (Rutland), Health Care and Rehabilitation Services of Southeastern Vermont (Southeast), and Washington County Mental Health Services (Washington).

Positive Overall Evaluation

The measure of overall satisfaction with each of the community child and adolescent mental health programs that was used in this study is based on young consumers' responses to 31 fixed-alternative items. The response alternatives were on a 5-point scale: 1 *Strongly Agree*, 2 *Agree*, 3 *Undecided*, 4 *Disagree*, or 5 *Strongly Disagree*. For the purposes of scale construction, a rating of 1 or 2 for a survey item was coded as a positive response. The composite measure of overall satisfaction for each respondent was based on the number of items with positive responses. (For details of scale construction, see Appendix IV.)

Statewide, more than three-quarters (78%) of the young consumers gave their child and adolescent mental health programs a positive overall evaluation. One of the ten regional CMHCs (Orange) was rated significantly higher than the statewide mean score of 78% on this scale (see pages 29 and 30).

Positive Evaluation of Staff

The young consumers' rating of the staff of their local community child and adolescent mental health programs was derived from responses to ten fixed-alternative items:

20. I liked the staff people who worked with me at <agency>.
21. The staff knew how to help me.
22. The staff asked me what I wanted/needed.
23. The staff listened to what I had to say.
24. Staff respected my wishes about who received information about me.
25. Staff treated me with respect.
26. Staff spoke with me in a way that I understood.
27. Staff respected my family's religious/spiritual beliefs.
28. Staff were sensitive to my cultural/ethnic background.
29. People helping me stuck with me no matter what.

The composite measure of staff performance was based on the number of items with positive responses (*i.e.*, a rating of 1 or 2). Statewide, young consumers generally rated their child and adolescent mental health programs more favorably on the *Staff* scale than on the other scales; 85% gave their child and adolescent mental health programs a positive staff evaluation. One of the ten regional CMHCs (Orange) was rated significantly higher than the statewide mean score of 85% on this scale (see pages 29 and 31).

Positive Evaluation of Quality

The young consumers' rating of the quality of the programs was derived from responses to four fixed-alternative items:

1. Overall, the services I received from <agency> were helpful to me.
19. The services I received from <agency> this year were of good quality.
30. If I needed mental health services in the future, I would use this mental health center again.
31. I would recommend this mental health center to a friend who needed help.

The composite measure of program quality was based on the number of items with positive responses, (*i.e.*, a rating of 1 or 2). Statewide, more than three-quarters (76%) of the young consumers rated their child and adolescent mental health programs favorably on the *Quality* scale. None of the ten regional CMHCs were rated significantly different than the statewide mean score of 76% on this scale (see pages 29 and 32).

Positive Evaluation of Services

The young consumers' rating of the services they had received was derived from responses to ten fixed-alternative items:

9. Overall, I am satisfied with the services I received.
10. I helped to choose my treatment goals.
11. I helped to choose my services.
12. I participated in my own treatment.
13. I got the help I wanted.
14. I got as much help as I needed.
15. I received services that were right for me.
16. I felt I had someone to talk to when I was troubled.
17. The location of my mental health services was convenient.
18. Services were available at a time convenient for me.

The composite measure of child and adolescent program services was based on the number of items with positive responses, (*i.e.*, a rating of 1 or 2). Statewide, 71% of the young consumers rated their child and adolescent mental health programs favorably on the *Services* scale. One of the ten regional CMHCs (Orange) was rated significantly higher than the statewide mean score of 71% on this scale (see pages 29 and 33).

Positive Evaluation of Outcomes

Young consumers' perception of the outcomes of the services of the child and adolescent mental health programs was derived from responses to seven fixed-alternative items:

As a result of the services I received:

2. I am better at handling daily life.
3. I get along better with my family.
4. I get along better with friends and other people.
5. I am doing better in school and/or at work.
6. I am better able to cope when things go wrong.
7. I am satisfied with my family life right now.
8. Since starting to receive services, the number of days I have been in school is [greater].

The composite measure of outcomes was based on the number of items with positive responses, (i.e., a rating of 1 or 2). Statewide, 65% of the young consumers rated their child and adolescent mental health programs favorably on the *Outcomes* scale. None of the ten child and adolescent mental health programs were rated significantly different from the statewide mean of 65% on this scale (see pages 29 and 34).

Narrative Comments Based on Open-Ended Questions

In order to obtain a more complete understanding of the opinions and concerns of young consumers, four open-ended questions were included in the questionnaire:

32. What was most helpful about the services you received?
33. What was least helpful about the services you received?
34. What could your mental health center do to improve?
35. Other comments?

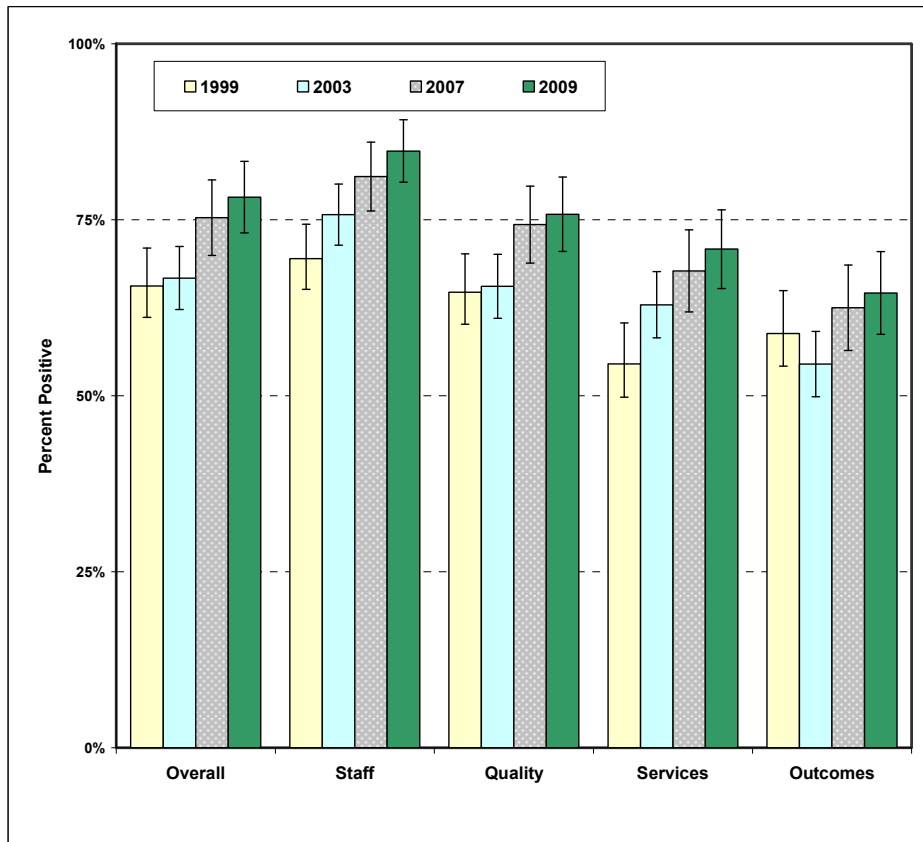
Appropriate staff of the Department of Mental Health reviewed each comment. These comments expressed a wide range of concerns. Whenever a written comment indicated the possibility of a problem involving the health or safety of a client, or that involved potential ethical or legal problems, a formal complaint procedure was initiated. If follow-up was deemed appropriate, staff contacted the consumer by telephone to volunteer the services of the Department with regard to the issue.

In total, 199 of the survey respondents (77%) supplemented their responses to the survey with 290 written comments about the helpfulness of the services they received. These comments were coded and grouped into positive and negative categories. Of the total number of comments received, 202 (from 79% of survey respondents) were positive and 88 (from 34% of survey respondents) were negative. Thirty-five percent of young consumers who made comments made both positive and negative comments. Seven percent of young consumers who made comments made only negative comments. Young consumers were more likely to make positive than negative comments about every agency (see Appendix V, Figure 11, page 35).

COMPARATIVE EVALUATIONS OVER TIME

This report briefly summarizes the results of the current survey compared to results of youth aged 14-18 surveyed in 1999, 2003 and 2007. Figure 3 below details statewide scores for the youth surveys of 1999, 2003, 2007 and 2009. In reviewing these findings, some general themes emerge.

Figure 3. Comparative Positive Evaluations by Youth of Child and Adolescent Mental Health Programs



There has been incremental improvement in ratings of child and adolescent services by youth from 1999 to 2009. The ratings for *Overall* program performance increased from 66% in 1999 to 78% in 2009, and the ratings for *Staff* increased from 70% to 85% during this time period. Ratings for *Quality* increased from 65% to 76% and the ratings for *Services* increased from 55% to 71%. Ratings for *Outcomes* increased from 59% to 65% during the period covered by these surveys. In each year, *Outcomes* received the lowest ratings given by young consumers.

Regionally, there are few differences in evaluations of the child and adolescent community mental health programs during the time period covered by these surveys (see Figure 4). Most scale scores received by the CMHCs are not significantly different from the statewide average. In 2009, however, one CMHC was rated significantly above the statewide average on three of five scales.

Figure 4. Comparative Positive Evaluations by Youth of Child and Adolescent Mental Health Programs by Region

Region	1999					2003					2007					2009				
	Overall	Staff	Quality	Services	Outcomes	Overall	Staff	Quality	Services	Outcomes	Overall	Staff	Quality	Services	Outcomes	Overall	Staff	Quality	Services	Outcomes
Addison	□	□	□	□	□	□	□	□	■	□	■	■	■	■	□	□	□	□	□	□
Bennington	□	□	□	□	□	□	□	□	□	□	▨	▨	▨	▨	□	□	□	□	□	□
Chittenden	□	□	□	□	▨	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Lamoille *	□	■	□	□	■						□	□	□	□	□	□	□	□	□	□
Northeast	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Northwest	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Orange	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	■	■	□	■	□
Rutland	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Southeast	□	□	■	□	□	□	□	□	□	■	□	□	□	□	□	□	□	□	□	□
Washington	□	□	□	□	▨	□	□	□	□	□	■	□	□	□	□	□	□	□	□	□

Key ■ Higher than statewide mean □ No difference ▨ Lower than statewide mean

* Lamoille scores are excluded from regional reporting for 2003 because too few young people completed the survey for valid comparison.

These surveys aim to paint a cumulatively clearer picture of how the adolescent consumer community views child and adolescent community mental health programs statewide and by region. As the cycle of surveys progresses, further comparisons may be made between evaluations of the same stakeholder groups over time, and between the different stakeholder groups. Along with the administrative quantitative data reported by the CMHCs on the clients served and the services they receive, information from these surveys will continue to guide program planners at the state level and enable them to identify regional strengths and weaknesses in their efforts to provide high quality service statewide. At the regional level, the findings also serve to inform local centers in their efforts to offer a seamless, effective, and efficient system of care.

APPENDIX I: LETTERS

First Cover Letter

Follow-up Cover Letter

First Cover Letter



Agency of Human Services

Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
www.healthvermont.gov/mh

[phone] 802-652-2000
[Legal] 802-657-4310
[fax] 802-652-2005
[tty] 800-253-0191

<<mh_id>>

<<AddressBlock>>

March 13, 2009

Dear <<firstname>>,

I am writing to ask you to help evaluate mental health services that you received from <<longagency>> between September 1 and December 31, 2008. You may have received these services at the mental health center, at your school, in your home, or out in your community; you may have received them either alone or in a group.

Your opinions and answers are of great value. We need to know what works and what does not work so that:

- you and others have access to services when needed;
- your services are of high quality; and
- you can achieve the outcomes you want.

You can choose one of two ways to complete the survey.

1. Fill out the paper survey enclosed and mail it back to us in the enclosed stamped envelope which is already addressed.

OR

2. Go to a computer that has web access. Type in the address: <<surveylink>>
At the prompt, type in your number: <<mh_idno>>

Completing the survey is your choice. Your answers will not be available to anyone other than our research staff. Results will be reported only in group form and will not identify individuals. The code on the questionnaire is needed for our data entry.

Questions? Call Alice Maynard at 802-652-2035 or toll free at 1-800-464-4343 extension 2.

If you would like us to send you a summary report of survey results, please check the box at the end of the survey.

Thank you. We appreciate your responses.

Sincerely,

Michael Hartman, Commissioner
Department of Mental Health
Enc.



Follow-up Cover Letter



Agency of Human Services

Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
www.healthvermont.gov/mh

[phone] 802-652-2000
[Legal] 802-657-4310
[fax] 802-652-2005
[tty] 800-253-0191

<<AddressBlock>>

March 31, 2009

Dear <<firstname>>:

I am writing to encourage you to complete and return the mental health services evaluation you received a few weeks ago. The services were provided by <<longagency>> between September 1 and December 31, 2008. You may have received these services at the mental health center, at your school, in your home, or out in your community; you may have received them either alone or in a group.

Your answers are important; they will help to improve the quality of mental health care received by Vermont's adolescents. Your personal answers to this survey will not be available to anyone other than Department of Mental Health research staff. All reporting is done at the agency level.

In case you did not receive the original survey or misplaced it, I have enclosed another copy and return envelope for your convenience. If you have already completed and returned your survey, thank you. There is no need to respond again. There is still time to complete the survey on-line if you prefer. Go to a computer that has web access. Type in the address [_____]. At the first prompt, type in your code letter: [____]; at the second prompt, type in your number: [_____].

Questions? Call Alice Maynard at 802-652-2035 or toll free at 1-800-464-4343, extension 2.

Thank you for your help on this important project.

Sincerely,

A handwritten signature in cursive script that reads "Michael Hartman".

Michael Hartman, Commissioner
Department of Mental Health

Enc.



APPENDIX II: VERMONT CONSUMER SURVEY

Vermont Consumer Survey

[mh_id]

Please **circle** the number for each item that best describes your evaluation of the services you received **since September 1, 2008** from <<longagency>>.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
<u>Results</u>					
1. Overall, the services I received from <<agency>> were helpful to me	1	2	3	4	5
<u>As a result of the services I received:</u>					
2. I am better at handling daily life	1	2	3	4	5
3. I get along better with my family	1	2	3	4	5
4. I get along better with friends and other people.....	1	2	3	4	5
5. I am doing better in school and/or at work	1	2	3	4	5
6. I am better able to cope when things go wrong.....	1	2	3	4	5
7. I am satisfied with my family life right now.....	1	2	3	4	5
8. Since starting to receive services, the number of days I have been in school is [check one]:					
	__	greater	__	about the same	__ less
<u>Services</u>					
9. Overall, I am satisfied with the services I received.....	1	2	3	4	5
10. I helped to choose my treatment goals.....	1	2	3	4	5
11. I helped to choose my services.....	1	2	3	4	5
12. I participated in my own treatment.....	1	2	3	4	5
13. I got the help I wanted.....	1	2	3	4	5
14. I got as much help as I needed.....	1	2	3	4	5
15. I received services that were right for me.....	1	2	3	4	5
16. I felt I had someone to talk to when I was troubled.....	1	2	3	4	5
17. The location of my mental health services was convenient ...	1	2	3	4	5
18. Services were available at times convenient for me.....	1	2	3	4	5
19. The services I received from <<agency>> were of good quality...	1	2	3	4	5
<u>Staff</u>					
20. I liked the staff people who worked with me at <<agency>>.....	1	2	3	4	5
21. The staff knew how to help me	1	2	3	4	5

- Please turn page over -

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
22. The staff asked me what I wanted/needed	1	2	3	4	5
23. The staff listened to what I had to say	1	2	3	4	5
24. Staff respected my wishes about who received information about me ...	1	2	3	4	5
25. Staff treated me with respect	1	2	3	4	5
26. Staff spoke with me in a way that I understood	1	2	3	4	5
27. Staff respected my family's religious/spiritual beliefs	1	2	3	4	5
28. Staff were sensitive to my cultural/ethnic background	1	2	3	4	5
29. People helping me stuck with me no matter what	1	2	3	4	5

Overall Satisfaction

30. If I needed mental health services in the future, I would use this mental health center again	1	2	3	4	5
31. I would recommend <<agency>> to a friend who needed help	1	2	3	4	5

Comments

32. What was most helpful about the services you received?

33. What was least helpful about the services you received?

34. What could your mental health center do to improve?

35. Other comments?

Would you like to receive a summary of the findings of this survey? Yes No

Thank you!

APPENDIX III: DATA COLLECTION

Project Philosophy

Data Collection Procedures

Consumer Concerns

Project Philosophy

This survey was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a variety of stakeholders to compare the performance of child and adolescent mental health programs in Vermont. These stakeholders, who are the intended audience for this report, include young consumers, parents, caregivers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local Agency Designation process conducted by DMH. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give young people who receive mental health services a collective voice and to provide a situation in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, all qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state, and to provide all young people who had received five or more Medicaid-funded mental health services during a given four month period (September through December 2008) with the opportunity to evaluate their programs with a voice that would be heard at the state level.

Second, questionnaires were not anonymous although all responses are treated as personal/confidential information. An obvious code on each questionnaire allowed the research team to link survey responses with other data about the respondents (e.g., age, sex, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or bias due to any differences in the caseload of different programs, and to apply analytical techniques that control the effect of the bias. The ability to connect survey responses to personally identifying information also allowed Department of Mental Health staff to contact respondents whenever strong complaints were received or potentially serious problems were indicated. In such cases respondents were asked if they wanted Department staff to follow up on their concerns.

Third, sophisticated statistical procedures were used to assess whether any apparent differences among programs were due to differences in caseload characteristics. These procedures are described in more detail in Appendix IV.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to 1,473 young people aged 14 to 18 who received five or more Medicaid-reimbursed services from child and adolescent mental health programs in Vermont during the period September to December 2008. The first mailing of questionnaires by the Department of Mental Health's Child, Adolescent and Family Unit central office staff took place at the middle of March, 2009. Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its purpose, and assured the potential respondent that his or her personal privacy would be protected (see Appendix I). The stated purpose of the questionnaire number was to allow the research team to identify non-respondents for follow-up, and to allow for the linkage of questionnaire responses to the DMH databases.

Before any questionnaires were mailed, every child and adolescent mental health program director was asked to review a list of children who had received five or more Medicaid-funded mental health services in the four month period September to December 2008, for the purpose of identifying any young people for whom contact about the survey might be unsuitable or inappropriate.

The original questionnaire with cover letter was mailed in mid-March, 2009. Approximately three weeks after the original questionnaire was mailed, young people who had not responded to the first mailing were sent a follow-up letter. This mailing included a second copy of the questionnaire. (See Appendix I for cover letters.)

Questionnaires were received from 18% of all potential respondents. Response rates for individual child and adolescent mental health programs varied from 13% to 30%. Consumers aged 14-15 responded slightly more often than consumers aged 16-18 (20% and 17%, respectively), and girls responded more frequently than boys (21% and 16%, respectively). (See Appendix V for program-by-program response rates.)

In an attempt to improve response rates, five child and adolescent mental health programs offered their adolescent clients an opportunity to participate in a random drawing to receive a small prize, such as free tickets to a local movie theater or a free pizza. The overall response rate for these five programs was 17%, compared to 21% for the five programs that did not offer a drawing. Of those respondents who were offered a drawing, 63% said that they would participate.

Young consumers were also offered the opportunity to complete the survey online if they preferred. Eleven adolescent clients took this opportunity (4% of respondents).

Consumer Concerns

Written comments accompanied 77% of all returned questionnaires. Appropriate staff of the Department of Mental Health reviewed each comment. These comments expressed a wide range of concerns. Whenever a written comment indicated the possibility of a problem involving the health or safety of a client, or that involved potential ethical or legal problems, a formal complaint procedure was initiated. If follow-up was deemed appropriate, staff contacted the consumer by telephone to volunteer the services of the Department with regard to the issue.

In total, 199 of survey respondents (77%) supplemented their responses to the survey with 290 written comments about the helpfulness of the services they received. These comments were coded and grouped into positive and negative categories. Of the total number of comments received, 202 (from 79% of survey respondents) were positive and 88 (from 34% of survey respondents) were negative. Thirty-five percent of young consumers who made comments made both positive and negative comments. Seven percent of young consumers who made comments made only negative comments. Young consumers were more likely to make positive than negative comments about every agency (see Appendix V, Figure 11, page 35).

APPENDIX IV: ANALYTICAL PROCEDURES

Scale Construction and Characteristics

Narrative Comments

Data Analysis

Scale Construction

The 2009 Vermont survey of young people who had been served by child and adolescent mental health programs included thirty-one fixed-alternative items and four open-ended questions. The original survey used in 1999 included 22 fixed-alternative items. Subsequently, this survey was revised in 2003 to be compliant with the survey developed for national use and to incorporate lessons learned from administration of the first survey; the 2003 survey included thirty fixed-alternative items. For the 2007 survey, one item was added to the survey used in 2003. The only change in the 2009 survey was the reordering of one item.

Responses to the fixed-alternative items were entered directly into a computer database for analysis. On the fixed-alternative items, responses that indicated that young consumers “Strongly Agree” (1) or “Agree” (2) with the item were grouped to indicate a positive evaluation of program performance.

For purposes of analysis, five scales were derived from the young consumers' responses to the fixed-alternative items. These scales include a measure of young consumers' *Overall* evaluation of their child's treatment program, and subscales that measure their evaluation of the *Staff* who provided services, the *Services* received, and the *Quality* of the services received. In addition, a final scale measured the young consumers' perception of treatment *Outcomes*, the impact of the services on their life. The same domains were measured in the earlier youth surveys. Individuals who had responded to more than half of the items included in any scale were included in the computation for that scale.

Overall consumer evaluation of child and adolescent mental health program performance, the first composite measure, uses all of the 31 fixed-alternative items. After each person's response to each questionnaire item was coded as “positive” or “not positive,” the number of items with positive responses for each person was divided by the total number of items to which the person had responded. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .971.

Staff, the second composite measure, was derived from consumer responses to ten fixed-alternative items. The items that contributed to this scale include:

20. I liked the staff people who worked with me at <agency>.
21. The staff knew how to help me.
22. The staff asked me what I wanted/needed.
23. The staff listened to what I had to say.
24. Staff respected my wishes about who received information about me.
25. Staff treated me with respect.
26. Staff spoke with me in a way that I understand.
27. Staff respected my family's religious/spiritual beliefs.
28. Staff were sensitive to my cultural/ethnic background.
29. People helping me stuck with me no matter what.

For a rating to be included, at least six of these items had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .955.

Quality, the third composite measure was derived from consumer responses to four of the fixed-alternative items. The items that contributed to this scale include:

1. Overall, the services I received from <agency> were helpful to me.
19. The services I received from <agency> this year were of good quality.
30. If I needed mental health services in the future, I would use this mental health center again.
31. I would recommend this mental health center to a friend who needed help.

For a rating to be included, at least three of these items had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .904.

Services, the fourth measure, was derived from consumer responses to ten of the fixed-alternative items. The items that contributed to this scale include:

9. Overall, I am satisfied with the services I received.
10. I helped to choose my treatment goals.
11. I helped to choose my services.
12. I participated in my own treatment.
13. I got the help I wanted.
14. I got as much help as I needed.
15. I received services that were right for me.
16. I felt I had someone to talk to when I was troubled.
17. The location of my mental health services was convenient.
18. Services were available at a time convenient for me.

For a rating to be included, at least six of these items had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .946.

Young consumers' perception of treatment *Outcomes*, the final measure, was based on responses to seven of the fixed-alternative items. The items that contributed to this scale include:

As a result of the services I received:

2. I am better at handling daily life.
3. I get along better with my family.
4. I get along better with friends and other people.
5. I am doing better in school and/or at work.
6. I am better able to cope when things go wrong.
7. I am satisfied with my family life right now.
8. Since starting to receive services, the number of days I have been in school is [greater].

The *Outcomes* scale was constructed for all individuals who had responded to at least four of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .826.

Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of consumers of child and adolescent mental health programs in Vermont, four open-ended items were included in the questionnaire:

32. What was most helpful about the services you received?
33. What was least helpful about the services you received?
34. What could your mental health center do to improve?
35. Other comments?

Appropriate staff of the Department of Mental Health reviewed each comment. Whenever a written comment indicated the possibility of a problem involving the health or safety of a client, or that involved potential ethical or legal problems, a formal complaint procedure was initiated. If follow-up was deemed appropriate, staff contacted the consumer by telephone to volunteer the services of the Department with regard to the issue.

In total, 199 of the survey respondents (77%) supplemented their responses to the survey with 290 written comments about the helpfulness of the services they received. These comments were coded and grouped into positive and negative categories. Of the total number of comments received, 202 (from 79% of respondents) were positive and 88 (from 34% of respondents) were negative. Thirty-five percent of young consumers who made comments made both positive and negative comments. Only 7% of young consumers who made comments made only negative comments. Young consumers were more likely to make positive than negative comments about every agency.

Data Analysis

In order to compare the performance of Vermont's child and adolescent mental health programs, each of the five measures of consumer satisfaction described above was statistically analyzed to determine whether differences exist in the case-mix of the ten programs. A statistical "case-mix adjustment" helps to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

This process involves three steps. First, characteristics that are statistically related to variation in evaluations of child and adolescent mental health programs are identified. A variety of youth characteristics are tested. These include gender, age, a range of yes/no variables for individual DSM diagnoses, and the amount of service received. Second, statistically significant differences in the caseloads of the community programs are identified for these same youth characteristics. Finally, variables that are statistically related to both evaluations of services and program caseloads are used to adjust the raw evaluation measures for each community program. The relationship of each of the five scales to client characteristics and the variation of each across programs is described below (Figure 5).

Figure 5. Risk Adjustment: Statistical Significance of Relationships

Potential Risk Adjustment Factors	Case Mix	Scales				
		Overall	Staff	Quality	Services	Outcomes
Gender						
Age						
Service Volume			*		*	
Adjustment Disorder	**					
Affective Disorder						
ADHD		*	*		*	
Schizophrenia						
Conduct Disorder						
Substance Abuse			*			
Anxiety Disorder						
Personality Disorder	**					

* Denotes statistically significant differences in scale scores by adjustment factor

** Denotes statistically significant differences in caseloads across programs by adjustment factor

Two potential case-mix risk adjustment factors were found to vary among the child and adolescent mental health program caseloads at a statistically significant level ($p < .05$). These factors include a primary diagnosis of adjustment disorder or of personality disorder.

Several scale scores were related to risk adjustment factors at a statistically significant level ($p < .05$). *Overall* scale scores were related to a diagnosis of ADHD. *Staff* scale scores were related to a diagnosis of ADHD, to the volume of services received by the survey respondents (roughly a third of the respondents each received less than 34 services, 34-94 services, or 95 or more services), and to a diagnosis of substance abuse. *Services* scale scores were related to a diagnosis of ADHD and to the volume of services received.

Because none of the five scales were statistically related to both a case-mix difference and another risk adjustment factor, it was determined that the scales did not need statistical adjustment before scores for different programs were compared.

APPENDIX V: TABLES AND FIGURES

Response Rates by Program

Positive Responses to Individual Items by Program

Positive Scale Scores by Program

Provider Comparisons

Table 1**Youth Survey 2009: Response Rates by Program****Evaluation of Child and Adolescent Mental Health Programs
By Young People Served in Vermont September - December 2008**

		Number			Response Rate	
		Mailed	Deliverable	Returned	Useable / Analysed ¹	
Statewide		1,473	1,416	262	257	18%
Region/Provider ²						
Addison - CSAC		126	120	15	15	13%
Bennington - UCS		93	84	11	11	13%
Chittenden - HC		328	324	54	53	16%
Lamoille - LCMH		49	48	9	9	19%
Northeast - NKHS		176	173	40	40	23%
Northwest - NCSS		143	133	30	30	23%
Orange - CMC		83	79	24	24	30%
Rutland - RMHS		114	101	22	22	22%
Southeast - HCRS		220	214	37	34	16%
Washington - WCMH		141	140	20	19	14%
Age	14-15	668	649	132	130	20%
	16-18	805	767	130	127	17%
Gender	Male	788	766	126	122	16%
	Female	685	650	136	135	21%

¹ All questionnaires with at least 50% of the items answered were used for analysis.

² Appendix VI gives the full name and location of each of the ten designated CMHCs.

Table 2

Youth Survey 2009: Positive Responses to Individual Items by Program

Evaluation of Child and Adolescent Mental Health Programs
By Young People Served in Vermont September - December 2008

State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington	
<i>Staff spoke with me in a way that I understood.</i>											
	87%	87%	73%	90%	78%	85%	90%	96%	90%	82%	84%
<i>Staff respected my wishes about who received information about me.</i>											
	86%	87%	70%	87%	89%	92%	93%	96%	70%	74%	89%
<i>The staff knew how to help me.</i>											
	85%	73%	73%	88%	100%	83%	90%	92%	91%	74%	84%
<i>Staff respected my family's religious/spiritual beliefs.</i>											
	85%	87%	73%	81%	78%	90%	93%	92%	77%	76%	95%
<i>Staff treated me with respect.</i>											
	83%	73%	60%	80%	88%	88%	90%	92%	90%	71%	84%
<i>The staff listened to what I had to say.</i>											
	82%	80%	64%	81%	78%	95%	90%	92%	68%	62%	95%
<i>I liked the staff people who worked with me at [agency].</i>											
	81%	67%	73%	83%	89%	85%	86%	92%	77%	71%	84%
<i>Staff were sensitive to my cultural/ethnic background.</i>											
	81%	73%	73%	82%	89%	85%	76%	81%	90%	70%	95%
<i>The services I received from [agency] were helpful to me.</i>											
	80%	80%	82%	80%	67%	83%	77%	96%	73%	76%	79%
<i>The services I received from [agency] this year were of good quality.</i>											
	80%	73%	73%	83%	67%	88%	87%	83%	68%	65%	95%
<i>I would recommend this mental health center to a friend who needed help.</i>											
	79%	80%	64%	81%	89%	80%	80%	83%	64%	79%	89%
<i>People helping me stuck with me no matter what.</i>											
	79%	80%	73%	84%	78%	83%	72%	81%	86%	67%	84%
<i>The location of my mental health services was convenient.</i>											
	79%	67%	73%	74%	78%	90%	77%	88%	82%	79%	68%
<i>If I needed mental health services in the future, I would use this mental health center again.</i>											
	78%	80%	64%	75%	78%	78%	80%	88%	86%	74%	79%
<i>I participated in my own treatment.</i>											
	78%	54%	73%	83%	89%	83%	80%	83%	77%	59%	95%
<i>Overall, I am satisfied with the services I received.</i>											
	77%	60%	55%	77%	56%	83%	77%	92%	86%	71%	89%
<i>I felt I had someone to talk to when I was troubled...</i>											
	73%	50%	55%	73%	78%	78%	87%	75%	73%	62%	89%
<i>The staff asked me what I wanted/needed.</i>											
	73%	73%	45%	73%	56%	80%	80%	91%	59%	59%	89%
<i>Services were available at times convenient for me.</i>											
	73%	53%	55%	65%	67%	79%	87%	88%	68%	74%	68%
<i>I helped to choose my treatment goals.</i>											
	71%	53%	64%	71%	78%	80%	77%	83%	64%	50%	89%
<i>I received services that were right for me.</i>											
	69%	47%	36%	71%	89%	73%	80%	83%	71%	59%	63%
<i>I get along better with friends and other people.</i>											
	68%	47%	64%	74%	78%	75%	60%	88%	55%	68%	58%
<i>I am better at handling daily life.</i>											
	67%	60%	45%	79%	78%	68%	73%	67%	64%	48%	79%
<i>I am doing better in school and/or at work.</i>											
	67%	60%	55%	69%	67%	74%	63%	71%	64%	68%	68%
<i>I got the help I wanted.</i>											
	65%	60%	36%	62%	67%	70%	77%	75%	55%	56%	74%
<i>I get along better with my family.</i>											
	61%	43%	45%	70%	67%	58%	53%	74%	55%	59%	74%
<i>I helped to choose my services.</i>											
	60%	40%	27%	65%	56%	65%	67%	71%	59%	47%	68%
<i>I am better able to cope when things go wrong.</i>											
	59%	47%	36%	66%	75%	63%	57%	79%	43%	44%	68%
<i>I am satisfied with my family life right now.</i>											
	58%	43%	45%	62%	78%	55%	53%	63%	48%	65%	68%
<i>I got as much help as I needed.</i>											
	54%	40%	27%	51%	78%	60%	63%	67%	45%	47%	58%
<i>Since starting to receive services, the number of days I have been in school is [greater].</i>											
	33%	23%	10%	33%	56%	39%	41%	32%	24%	24%	44%
Statewide Mean											
	73%	63%	57%	74%	76%	77%	76%	82%	68%	64%	79%

Table 3

Youth Survey 2009: Positive Scale Scores by Program

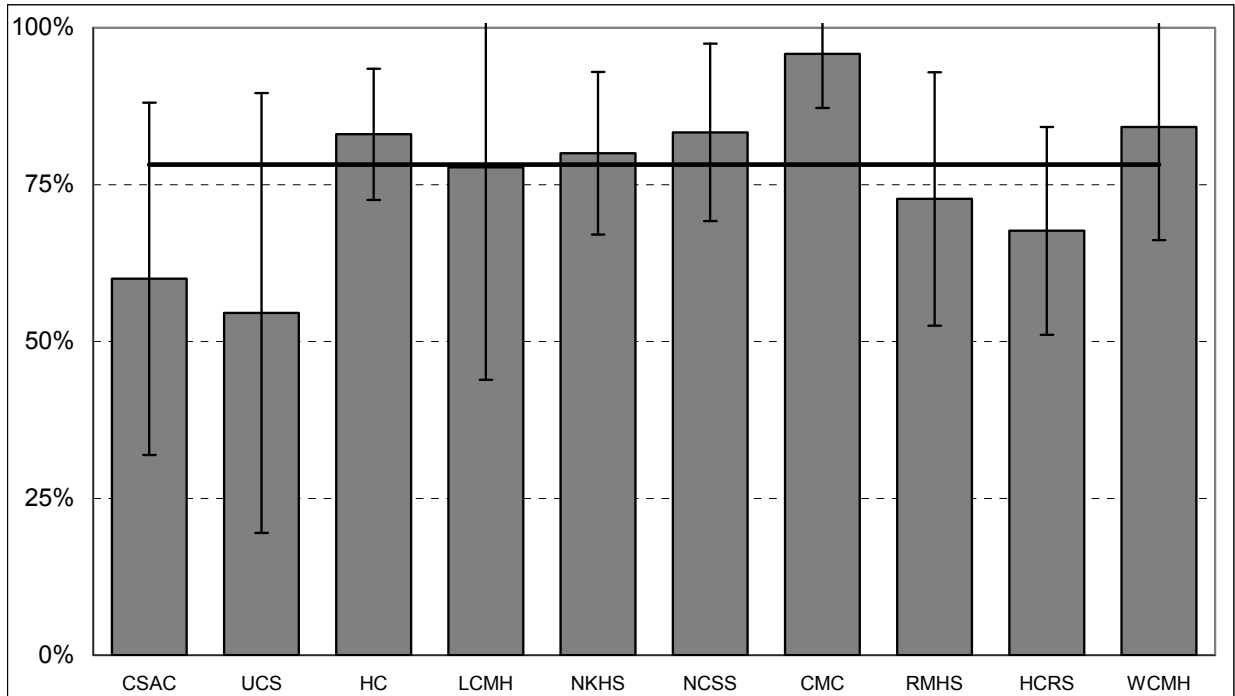
**Evaluation of Child and Adolescent Mental Health Programs
By Young People Served in Vermont September - December 2008**

Region/Provider	Overall	Staff	Quality	Services	Outcomes
Statewide Respondents	201	217	194	182	166
Mean Score	78%	85%	76%	71%	65%
Addison -CSAC	60%	80%	73%	53%	47%
Bennington -UCS	55%	82%	73%	45%	45%
Chittenden -HC	83%	85%	79%	68%	72%
Lamoille -LCMH	78%	78%	56%	78%	78%
Northeast -NKHS	80%	88%	75%	78%	68%
Northwest -NCSS	83%	90%	70%	77%	67%
Orange -CMC	96%	96%	88%	92%	75%
Rutland -RMHS	73%	82%	68%	68%	50%
Southeast -HCRS	68%	74%	76%	59%	59%
Washington -WCMH	84%	89%	84%	79%	68%

Rates in **bold** typeface are significantly different from statewide mean rating for that scale.

Figure 6. Youth Survey 2009: Positive Overall Evaluation

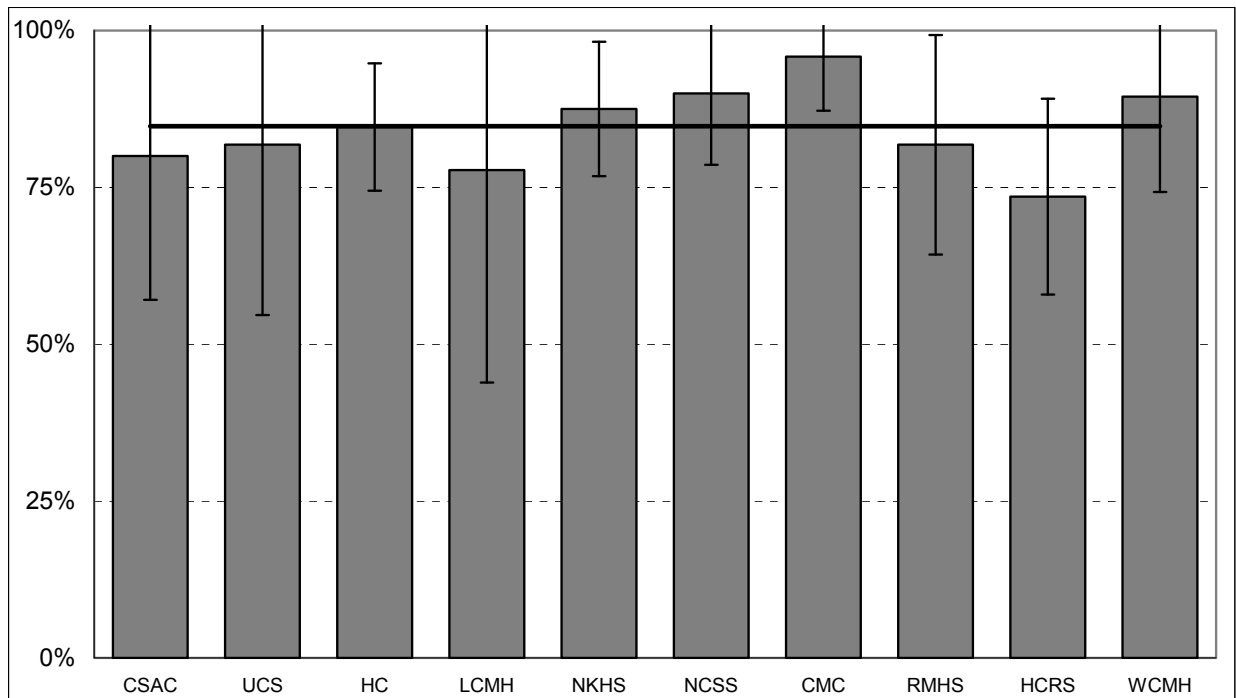
By Young People Served in Vermont September - December 2008



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison - CSAC	15	9	60%	(32% - 88%)	
Bennington - UCS	11	6	55%	(19% - 90%)	
Chittenden - HC	53	44	83%	(73% - 93%)	
Lamoille - LCMH	9	7	78%	(44% - 100%)	
Northeast - NKHS	40	32	80%	(67% - 93%)	
Northwest - NCSS	30	25	83%	(69% - 97%)	
Orange - CMC	24	23	96%	(87% - 100%)	*
Rutland - RMHS	22	16	73%	(53% - 93%)	
Southeast - HCRS	34	23	68%	(51% - 84%)	
Washington - WCMH	19	16	84%	(66% - 100%)	
Statewide Mean	257	201	78%		

* Denotes that overall ratings of this agency are significantly different from the statewide mean ($p < .05$)

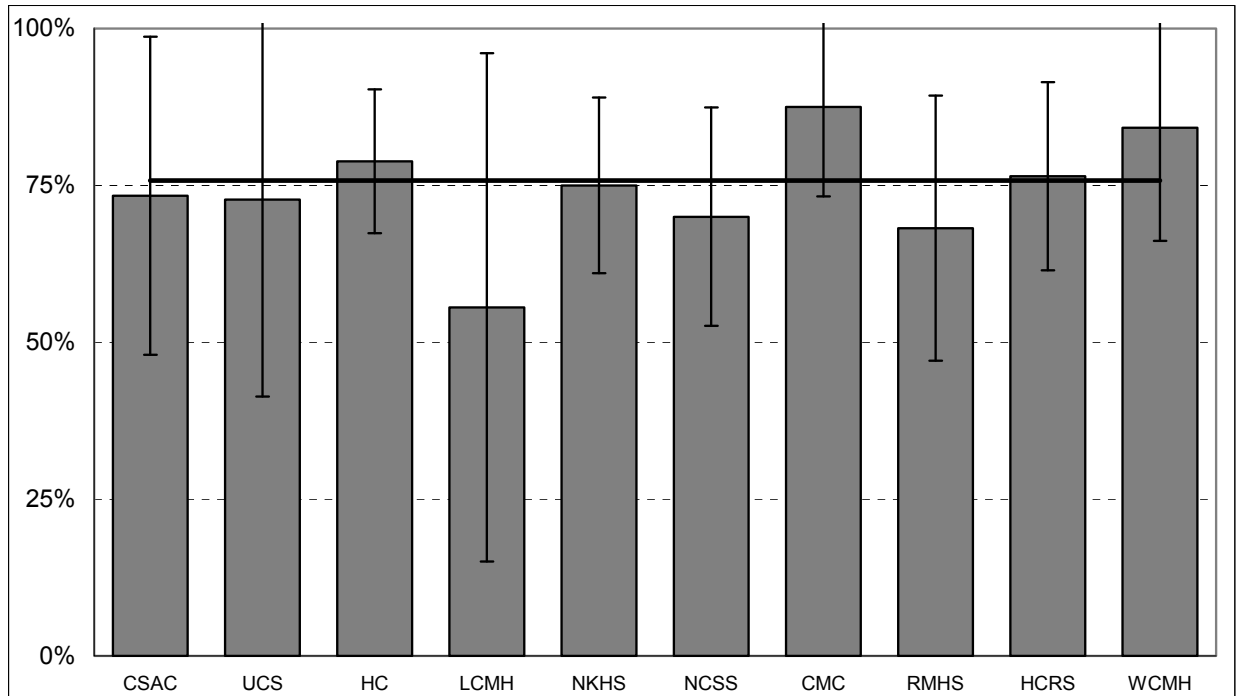
Figure 7. Youth Survey 2009: Positive Evaluation of Staff
By Young People Served in Vermont September - December 2008



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison - CSAC	15	12	80%	(57% - 100%)	
Bennington - UCS	11	9	82%	(55% - 100%)	
Chittenden - HC	52	44	85%	(74% - 95%)	
Lamoille - LCMH	9	7	78%	(44% - 100%)	
Northeast - NKHS	40	35	88%	(77% - 98%)	
Northwest - NCSS	30	27	90%	(79% - 100%)	
Orange - CMC	24	23	96%	(87% - 100%)	*
Rutland - RMHS	22	18	82%	(64% - 99%)	
Southeast - HCRS	34	25	74%	(58% - 89%)	
Washington - WCMH	19	17	89%	(74% - 100%)	
Statewide Mean	256	217	85%		

* Denotes that overall ratings of this agency are significantly different from the statewide mean ($p < .05$)

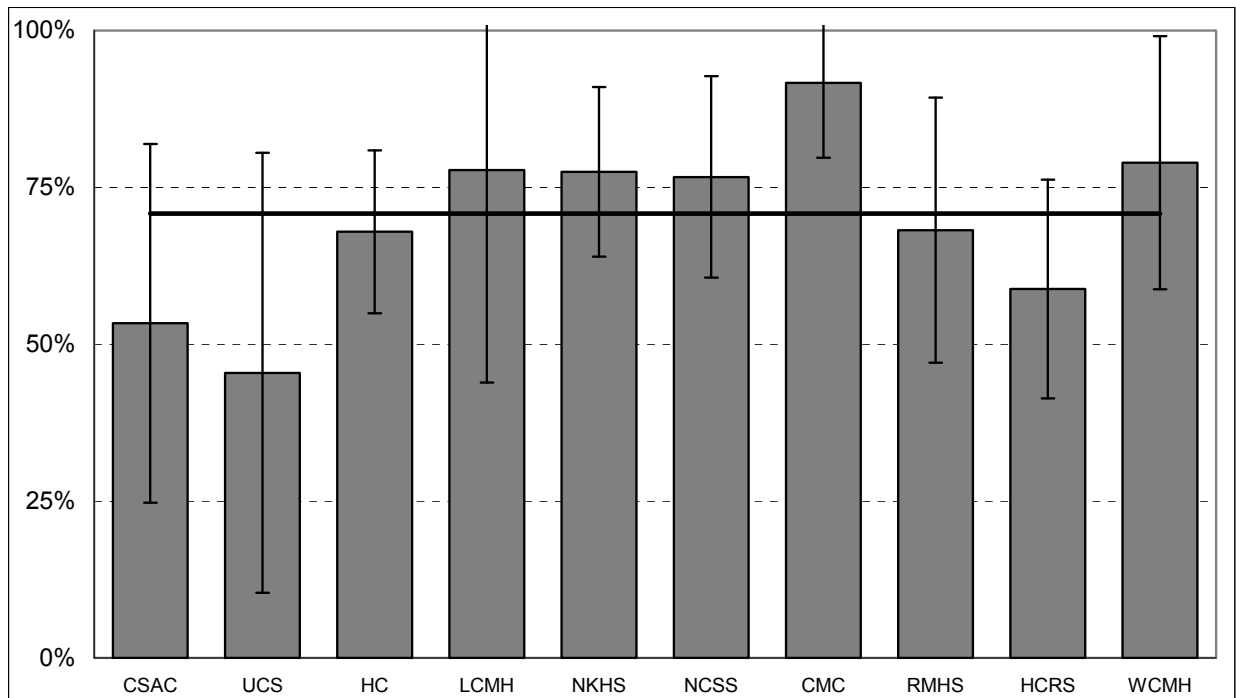
Figure 8. Youth Survey 2009: Positive Evaluation of Quality
By Young People Served in Vermont September - December 2008



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison - CSAC	15	11	73%	(48% - 99%)	
Bennington - UCS	11	8	73%	(41% - 100%)	
Chittenden - HC	52	41	79%	(67% - 90%)	
Lamoille - LCMH	9	5	56%	(15% - 96%)	
Northeast - NKHS	40	30	75%	(61% - 89%)	
Northwest - NCSS	30	21	70%	(53% - 87%)	
Orange - CMC	24	21	88%	(73% - 100%)	
Rutland - RMHS	22	15	68%	(47% - 89%)	
Southeast - HCRS	34	26	76%	(61% - 91%)	
Washington - WCMH	19	16	84%	(66% - 100%)	
Statewide Mean	256	194	76%		

* Denotes that overall ratings of this agency are significantly different from the statewide mean ($p < .05$)

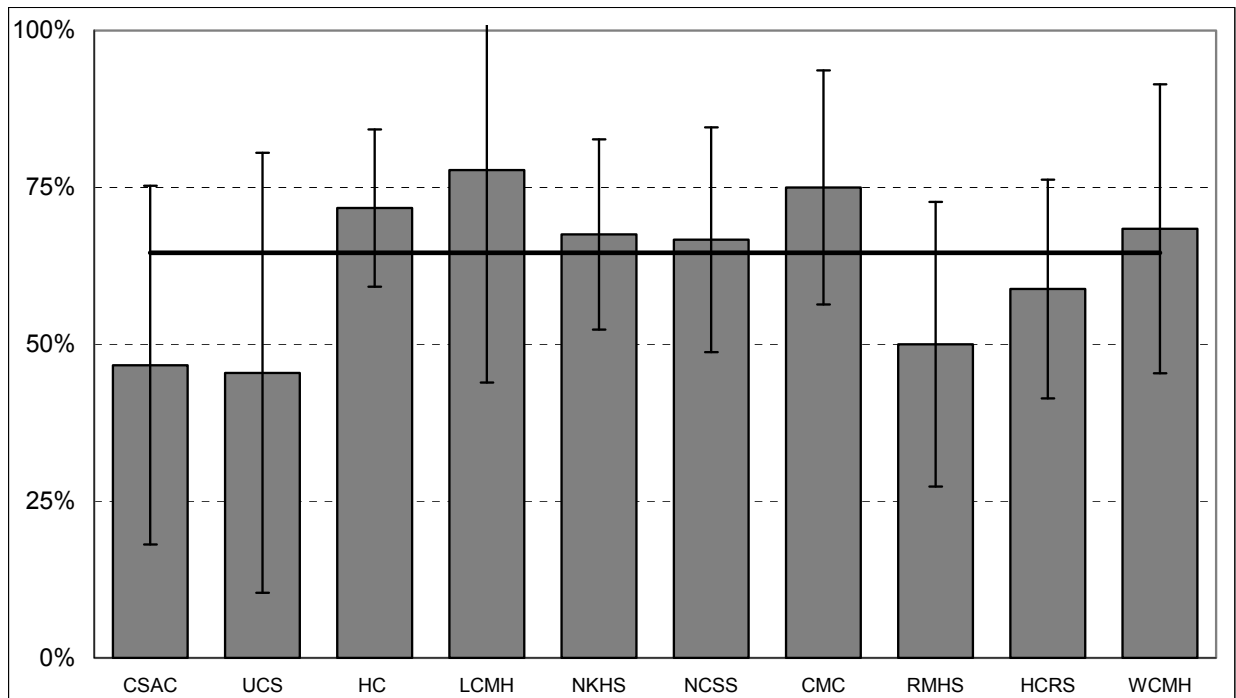
**Figure 9. Youth Survey 2009: Positive Evaluation of Services
By Young People Served in Vermont September - December 2008**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison - CSAC	15	8	53%	(25% - 82%)	
Bennington - UCS	11	5	45%	(10% - 81%)	
Chittenden - HC	53	36	68%	(55% - 81%)	
Lamoille - LCMH	9	7	78%	(44% - 100%)	
Northeast - NKHS	40	31	78%	(64% - 91%)	
Northwest - NCSS	30	23	77%	(61% - 93%)	
Orange - CMC	24	22	92%	(80% - 100%)	*
Rutland - RMHS	22	15	68%	(47% - 89%)	
Southeast - HCRS	34	20	59%	(41% - 76%)	
Washington - WCMH	19	15	79%	(59% - 99%)	
Statewide Mean	257	182	71%		

* Denotes that overall ratings of this agency are significantly different from the statewide mean ($p < .05$)

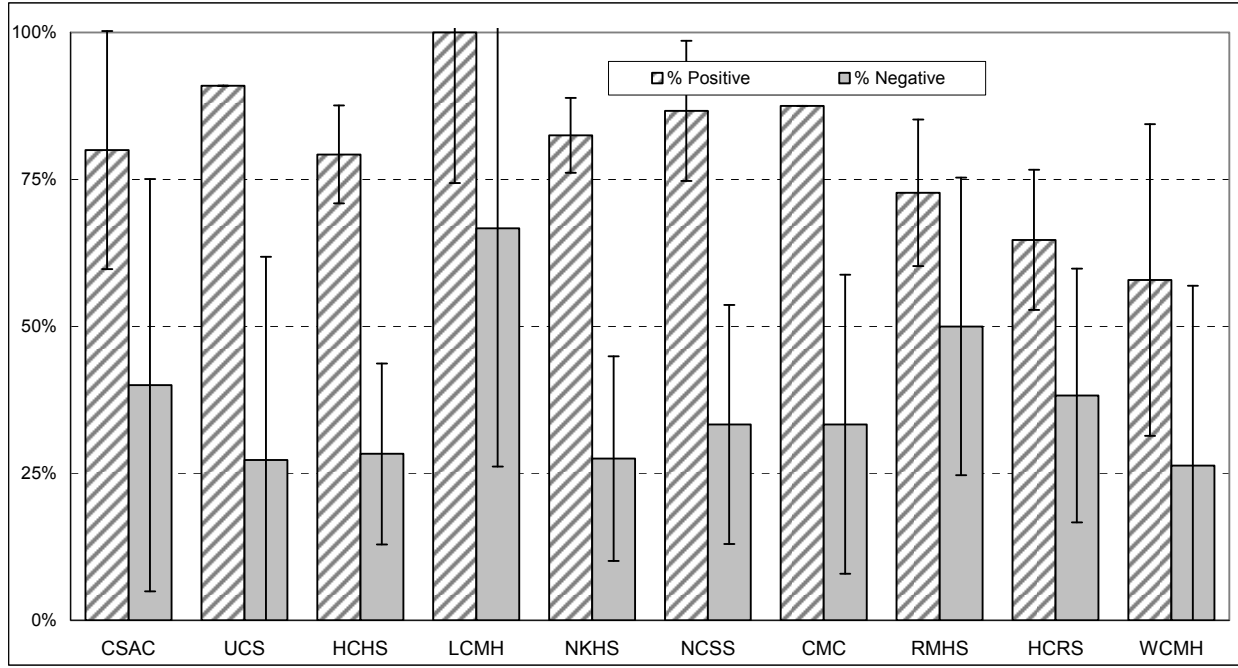
**Figure 10. Youth Survey 2009: Positive Evaluation of *Outcomes*
By Young People Served in Vermont September - December 2008**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison - CSAC	15	7	47%	(18% - 75%)	
Bennington - UCS	11	5	45%	(10% - 81%)	
Chittenden - HC	53	38	72%	(59% - 84%)	
Lamoille - LCMH	9	7	78%	(44% - 100%)	
Northeast - NKHS	40	27	68%	(52% - 83%)	
Northwest - NCSS	30	20	67%	(49% - 85%)	
Orange - CMC	24	18	75%	(56% - 94%)	
Rutland - RMHS	22	11	50%	(27% - 73%)	
Southeast - HCRS	34	20	59%	(41% - 76%)	
Washington - WCMH	19	13	68%	(45% - 91%)	
Statewide Mean	257	166	65%		

* Denotes that overall ratings of this agency are significantly different from the statewide mean ($p < .05$)

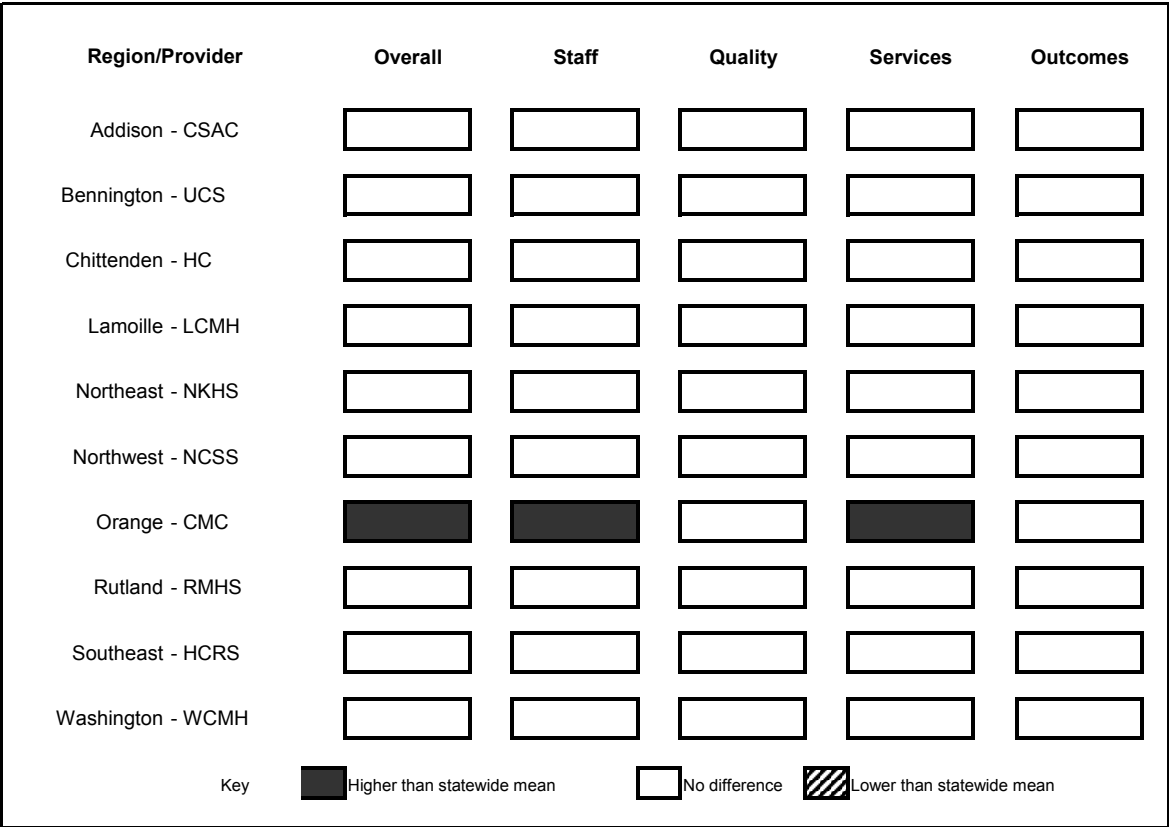
Figure 11. Youth Survey 2009: Positive and Negative Comments
By Young People Served in Vermont September - December 2008



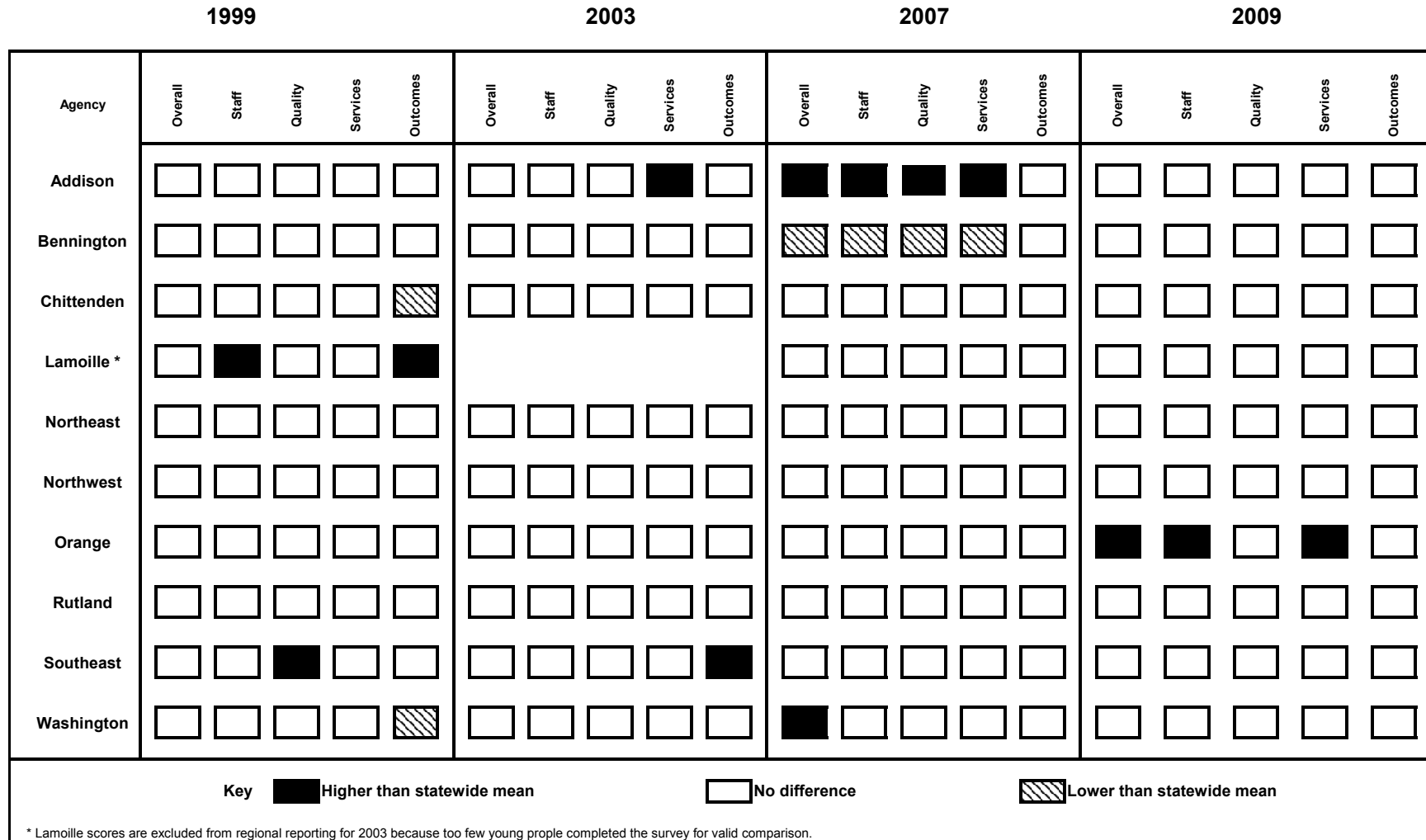
Region-Provider	# Respondents	# Positive Comments	% Positive Comments	Confidence Interval	# Negative Comments	% Negative Comments	Confidence Interval	Significance *
Addison - CSAC	15	12	80%	(71%-100%)	6	40%	(19%-90%)	
Bennington - UCS	11	10	91%	(100%-100%)	3	27%	(0%-65%)	*
Chittenden - HCHS	53	42	79%	(84%-100%)	15	28%	(21%-52%)	*
Lamoille - LCMH	9	9	100%	(63%-100%)	6	67%	(15%-96%)	*
Northeast - NKHS	40	33	83%	(91%-100%)	11	28%	(17%-52%)	*
Northwest - NCSS	30	26	87%	(80%-100%)	10	33%	(13%-54%)	*
Orange - CMC	24	21	88%	(100%-100%)	8	33%	(19%-70%)	*
Rutland - RMHS	22	16	73%	(82%-100%)	11	50%	(39%-90%)	
Southeast - HCRS	34	22	65%	(80%-100%)	13	38%	(28%-72%)	
Washington - WCMH	19	11	58%	(50%-100%)	5	26%	(8%-69%)	
Statewide	257	202	79%		88	34%		

* Denotes that parents made significantly more positive than negative comments (p<.05)

Figure 12. Positive Evaluation of Child and Adolescent Mental Health Programs by Young People in 2009



**Figure 13. Comparative Evaluation of Child and Adolescent Mental Health Programs
Positive Evaluation of Programs by Young People in 1999, 2003, 2007 and 2009**



APPENDIX VI: Child and Adolescent Mental Health Programs In Vermont

This report provides assessments of the ten regional child and adolescent mental health programs that are designated by the Vermont Department of Mental Health. Child and adolescent mental health programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services: outreach and clinic-based services, crisis intervention, family supports, and prevention, screening and consultation. Some agencies also provide residential services for children and adolescents who have a severe emotional disturbance. All facilitate access to residential and inpatient psychiatric hospitalization if needed.

Throughout this report, these child and adolescent mental health programs have been referred to by the name of the region that they serve. The full name and business office location of the designated agency with which each of these programs is associated are provided below. For additional information, see our website at <http://mentalhealth.vermont.gov/DAlist.aspx>

Addison, Counseling Service of Addison County (CSAC), in Middlebury.

Bennington, United Counseling Services (UCS) in Bennington.

Chittenden, HowardCenter (HC) in Burlington.

Lamoille, Lamoille County Mental Health Services (LCMH) in Morrisville (now called Lamoille Community Connections).

Northeast, Northeast Kingdom Human Services (NKHS) in Newport and St. Johnsbury.

Northwest, Northwestern Counseling and Support Services (NCSS) in St. Albans.

Orange, Clara Martin Center (CMC) in Randolph.

Rutland, Rutland Mental Health Services (RMHS) in Rutland.

Southeast, Health Care & Rehabilitation Services of Southeastern Vermont (HCRS) in Bellows Falls.

Washington, Washington County Mental Health Services (WCMH) in Berlin and Barre.