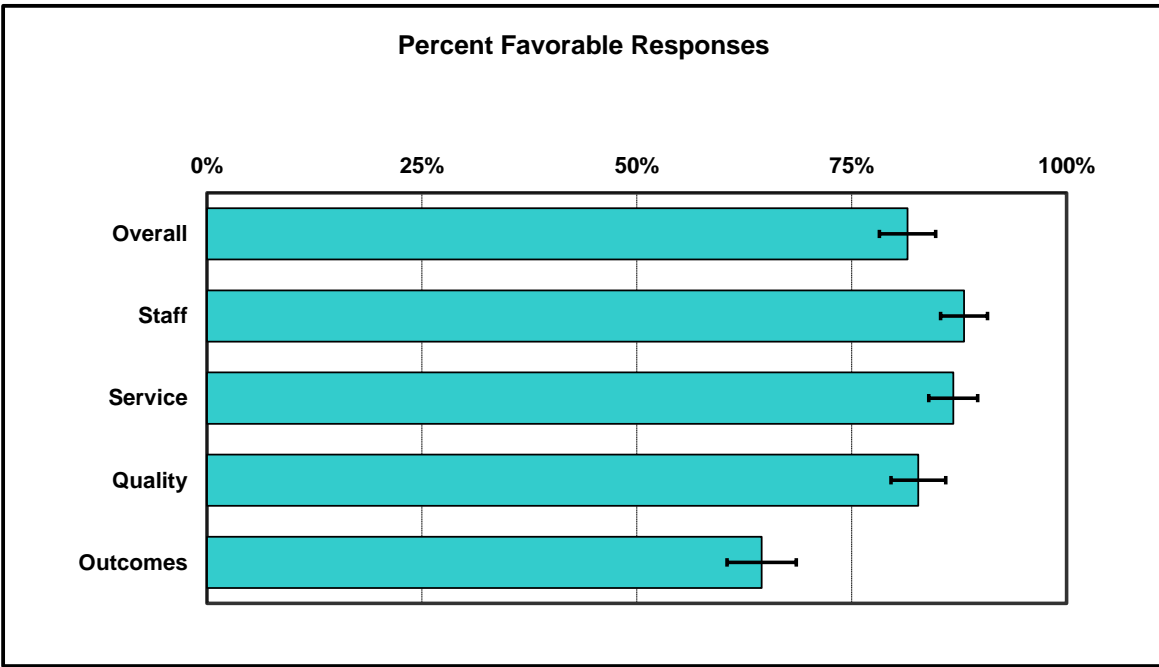


# EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By Parents of Children Served in Vermont  
September – December 2013

## TECHNICAL REPORT

OCTOBER 2015



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## FOREWORD

The 2014 survey of parents of children served by child and adolescent mental health programs in Vermont is one part of a larger effort to monitor community mental health program performance. The parents' evaluations will be used in conjunction with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to systematically compare the performance of community-based mental health programs in Vermont, and to support local programs in their ongoing quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder evaluations of Vermont's community mental health programs, and in conjunction with the results of surveys that will be conducted in the future. Comparable surveys were administered to parents in 2002, 2006, 2008, 2010, and in 2012. Technical reports of previous surveys are available online at <http://mentalhealth.vermont.gov/report/survey#cafu>.

The results of these evaluations should be considered in conjunction with access to care, service delivery patterns, service system integration, and treatment outcomes 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 data reports (PIPs), available in hard copy from the Vermont Department of Mental Health's Research and Statistics Unit or online at <http://mentalhealth.vermont.gov/report>.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon 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 parents of the children who were served.

The authors of this report thank all those who contributed to this project. This work could not have been completed without the help of Alice Maynard and Deb Franzke of the Child, Adolescent and Family Unit of the Vermont Department of Mental Health. The authors also thank the parents who took the time to evaluate and comment on the child and adolescent mental health services provided by community child and adolescent mental health programs in Vermont.



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# **EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS**

**By Parents of Children Served in Vermont  
September - December 2013**

## **PROJECT OVERVIEW AND SUMMARY OF RESULTS**

During the spring of 2014, the Child, Adolescent and Family Unit of the Vermont Department of Mental Health (DMH) invited the parents of children who had recently received community mental health services to complete a survey to evaluate child and adolescent mental health programs in Vermont's ten regional Community Mental Health Centers (CMHCs). Surveys were sent to parents of all children up to the age of 18 who received at least six Medicaid-reimbursed services during September through December 2013. In total, 546 of the potential pool of 2,732 deliverable surveys (20%) were completed and included in quantitative analyses (see Appendix V, Table 2, page 31).

The 2014 parent survey consisted of twenty-six fixed alternative questions and three 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 was based on the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey developed by a multi-state work group and modified as a result of input from Vermont stakeholders (see Appendix II, page 13).

### **Methodology**

In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, parents' responses to the twenty-six fixed alternative questions were combined into five scales. These scales focus on overall consumer evaluation of program performance, and evaluation of program performance with regard to staff, services, quality, and outcomes. In order to provide an unbiased comparison across programs, survey results were statistically adjusted to control for the effect of dissimilarities among the client populations served by different community programs. Reports of significance are at the 95% confidence level ( $p < .05$ ). For details of scale construction and statistical analyses, see Appendix IV (page 23). The percentages of parents making positive and negative narrative comments in response to the open-ended questions are noted in this report. Statewide results of analysis of the survey's question regarding children's living situations are also noted.

## **Overall Results**

The parents of children served by child and adolescent mental health programs in Vermont were very likely to rate their programs favorably. Statewide, on the overall measure of program performance, 82% of the parents 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 (88% favorable), followed by service (87% favorable), and quality (83% favorable). Items related to outcomes received the lowest ratings (65% favorable). Additional comments about program performance were coded as positive or negative: substantially more parents made positive comments (71%) than negative comments (40%).

Statewide, parents' 2014 evaluations of services tended to be somewhat more favorable in 2014 than in previous years, although differences are not statistically significant.

## **Overview of Differences among Programs**

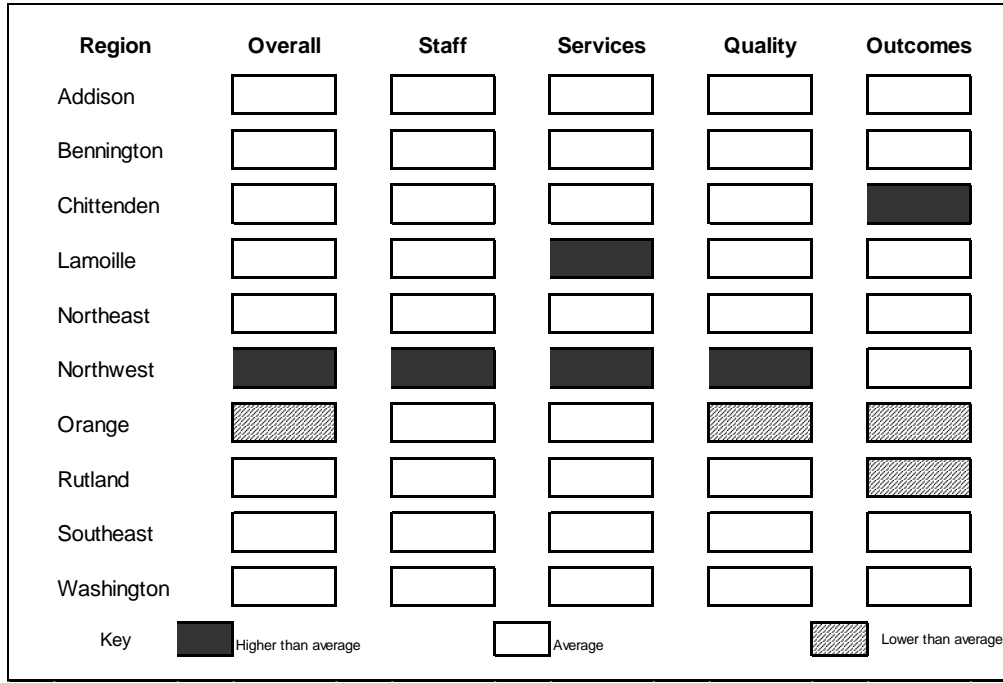
In order to compare parents' evaluations of child and adolescent mental health programs in the ten CMHCs, ratings of individual programs on each of five composite scales were compared to the statewide average for each scale. Although all programs received high scores, the results of this survey indicate that parents' evaluations of several of the state's ten child and adolescent community mental health programs were significantly different from the statewide average on individual measures of program performance.

The Chittenden child and adolescent mental health program was rated more favorably compared to the statewide average on the Outcomes scale. The Lamoille child and adolescent mental health program was rated more favorably compared to the statewide average on the Services scale. The Northwest child and adolescent mental health program was rated more favorably compared to the statewide average on the Overall, Staff, Services, and Quality scales. The Orange child and adolescent mental health program was rated less favorably compared to the statewide average on the Overall, Quality, and Outcomes scales. The Rutland child and adolescent mental health program was rated less favorably compared to the statewide average on the Outcomes scale. Parents' evaluations of the five other programs were not statistically different from the statewide average on any of the scales.



**Figure 1**

**Positive Evaluation of Child and Adolescent Mental Health Programs  
by Parents of Children Served in Vermont September - December 2013**



The results of this evaluation of child and adolescent mental health programs in Vermont should 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 parents of children served by child and adolescent mental health programs at community mental health centers in Vermont rated their programs favorably. An item-by-item summary of responses to the fixed alternative questions is available in Appendix V, Table 3, pages 32-33.

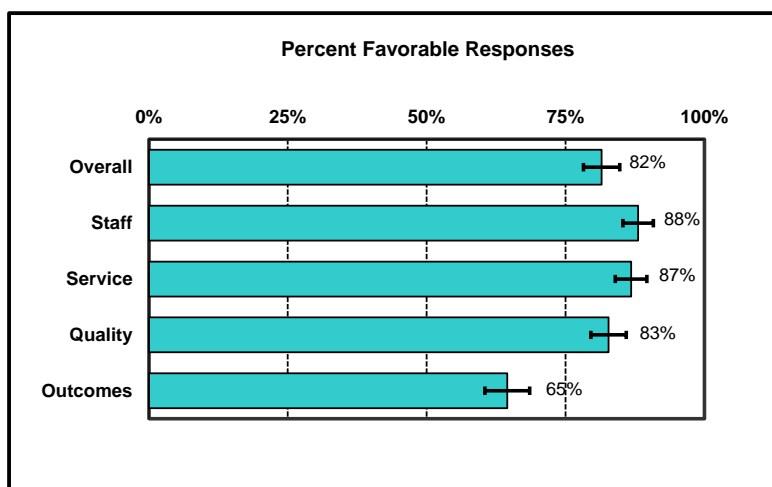
Statewide, the most favorably rated individual questions related to staff and services: "Staff spoke with me in a way that I understood" (93% positive), "The location of my child's services was convenient for us" (92% positive), "Staff respected my wishes about who received information" (91%), "Staff treated me with respect" (90%) and "Services were available at times convenient for us" (86%).

Statewide, the least favorably rated questions related to outcomes as a result of mental health services. Fifty-nine percent felt that "My child is better able to cope when things go wrong" and 63% agreed that "My child gets along better with family members."

Statewide, there were significant differences in parents' ratings of child and adolescent mental health programs on the five scales derived from responses to the Vermont survey (see Figure 2 below). Eighty-two percent of parents rated programs favorably Overall. The Staff scale (88% favorable) received more favorable responses than the Services and Quality scales (87% and 83% favorable, respectively). Parents' ratings on all four of these scales were significantly higher than ratings on the Outcomes scale (65% favorable).

**Figure 2**

### **Positive Evaluation of Child and Adolescent Mental Health Programs By Parents of Children Served in Vermont September - December 2013**



## EVALUATION OF DIFFERENCES AMONG PROGRAMS

Parents' evaluations of child and adolescent mental health programs at Vermont's ten regional CMHCs on the five scales that were built from survey responses tended to be favorable. In order to provide a comprehensive statewide evaluation of program performance, the average of all individual scores for each scale was calculated. The parent ratings of each regional program were then compared to this statewide average for each scale (Appendix V, Table 4, page 34 and Appendix VI, Figures 3-7, pages 37-41). These comparisons indicate that there was some variation among providers. Taken as a whole, these results provide a succinct portrait of parents' evaluations of child and adolescent mental health programs in Vermont.

Five child and adolescent mental health programs received scale ratings that differed significantly from the statewide average. Parents of children receiving services at HowardCenter in Burlington (Chittenden) rated this program significantly more favorably on the Outcomes scale than the statewide average. Parents of children receiving services at Lamoille County Mental Health in Morrisville (Lamoille) rated this program significantly more favorably on the Services scale than the statewide average. Parents of children receiving services at the Northwestern Counseling and Support Services in St. Albans (Northwest) rated this program significantly more favorably on the Overall, Staff, Services, and Quality scales than the statewide average. Parents of children receiving services at the Clara Martin Center in Randolph (Orange) rated this program significantly less favorably on the Overall, Quality, and Outcomes scales than the statewide average. Parents of children receiving services at Rutland Mental Health Services in Rutland (Rutland) rated this program significantly less favorably on the Outcomes scale than the statewide average.

The remaining five Vermont child and adolescent mental health programs received parent ratings that were not significantly different from the statewide average score on any of the five scales.

### Overall Evaluation

The measure of overall satisfaction with each of the ten community child and adolescent mental health programs that was used in this study is based on parents' responses to 26 fixed alternative questions. The response alternatives were on a 5-point scale: 5 (Strongly Agree), 4 (Agree), 3 (Undecided), 2 (Disagree), or 1 (Strongly Disagree). For the purposes of scale construction, the composite measure of overall satisfaction for each respondent was based on the number of individual questions with positive responses. (For details of scale construction, see Appendix IV, page 23.)

Statewide, parents tended to rate their child and adolescent mental health programs favorably with 82% of parents giving a positive overall evaluation. Parents' overall ratings

in the Northwest region were significantly higher (91%) than the statewide average score and parents' overall ratings in Orange were significantly lower (65%) than the statewide average score. Parents' overall ratings of the remaining eight CMHC programs did not differ significantly from the statewide average score (see pages 34 and 37).

### **Staff**

The parents' rating of the staff of their local community child and adolescent mental health programs was derived from responses to eight fixed alternative questions:

7. Staff knew how to help my child and family.
8. Staff asked me what I wanted/needed.
9. The staff listened to what I had to say.
10. Staff treated us with respect.
11. Staff spoke with me in a way that I understood.
12. Staff respected my family's religious/spiritual beliefs.
13. Staff were sensitive to our cultural/ethnic background.
14. Staff respected my wishes about who received information.

The composite measure of staff performance was based on the number of questions with positive responses (i.e., a rating of 4 or 5). Statewide, parents tended to rate their child and adolescent mental health programs more favorably on the Staff scale than on other scales; 88% gave their child and adolescent mental health programs a positive staff evaluation. Parents' Staff ratings in the Northwest region were significantly higher (97%) than the statewide average score. The remaining nine child and adolescent mental health programs were not rated significantly differently from the statewide average score on the Staff scale (see pages 34 and 38).

### **Services**

The parents' rating of the services that their children and family had received was derived from responses to six fixed alternative questions:

1. I helped to choose my child's treatment goals.
2. I helped to choose my child's services.
3. I participated in my child's treatment.
4. The location of my child's services was convenient for us.
5. Services were available at times convenient for us.
6. I felt my child had someone to talk to when he/she was troubled.

The composite measure of child and adolescent program services was based on the number of questions with positive responses (i.e., a rating of 4 or 5). Statewide, 87% of parents rated their child and adolescent mental health programs favorably on the Services scale. Parents' Services ratings in the Lamoille and Northwest regions were significantly higher (100% and 94% respectively) than the statewide average score. The remaining eight child and adolescent mental health programs were not rated significantly differently from the statewide average score on this scale (see page 34 and 39).

### **Quality**

Parents' rating of the quality of the programs from which their children received services was derived from responses to three fixed alternative questions:

17. The services my child received from were of good quality.
18. If we needed mental health services in the future, we would use this mental health center again.
19. 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 questions with positive responses (i.e., a rating of 4 or 5). Statewide, 83% of parents rated their child and adolescent mental health programs favorably on the Quality scale. Parents' Quality ratings in the Northwest region were significantly higher (92%) than the statewide average score. Parents' Quality ratings in Orange were significantly lower (66%) than the statewide average score. The remaining eight child and adolescent mental health programs were not rated significantly differently from the statewide average score on the Quality scale (see pages 34 and 40).

### **Outcomes**

Parents' evaluation of the outcomes of the services provided by the child and adolescent mental health programs was derived from responses to seven fixed alternative questions:

As a result of the services my child received:

20. My child is better at handling daily life.
21. My child gets along better with family members.
22. My child gets along better with friends and other people.
23. My child is doing better in school and/or at work.
24. My child is better able to cope when things go wrong.
25. I am more satisfied with our family life.
26. My child is better able to do things he/she wants to do.

The composite measure of outcomes was based on the number of questions with positive responses (i.e., a rating of 4 or 5). Statewide, 65% of the parents rated their child and adolescent mental health programs favorably on the Outcomes scale.

Three CMHCs were rated significantly differently from the statewide average of 65% on this scale. Parents of children served by the child and adolescent mental health program in the Chittenden region rated their outcomes significantly more favorably (74%) than the statewide average, while parents of children served by the child and adolescent mental health program in the Orange and Rutland regions rated their outcomes significantly less favorably (45% and 48% respectively) than the statewide average. Parents' ratings of the remaining seven CMHC programs on the Outcomes scale did not differ significantly from the statewide average score (see pages 34 and 41).

### **Narrative Comments**

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

27. What was most helpful about the services your child received?

28. What was least helpful about the services your child received?

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

In total, 428 parents (78% of returned surveys) supplemented their responses to the survey with written comments that were coded and grouped into positive and negative categories regarding the helpfulness of services received. Seventy-one percent of parents made positive comments and 40% made negative comments. Thirty-two percent of parents made both positive and negative comments. Seven percent of parents made only negative comments. Parents were more likely to make positive than negative comments about every agency (see Figure 8, page 42).

**APPENDIX I:**

**LETTERS**

**Letter to Children's Program Directors  
First Cover Letter  
Follow-up Cover Letter**

## Letter to Children's Program Directors



State of Vermont  
Department of Mental Health  
26 Redstone Terrace  
Montpelier, VT 05602  
[www.mentalhealth.vermont.gov](http://www.mentalhealth.vermont.gov)

*Agency of Human Services*

phone 802-828-3824  
fax 802-828-3823  
tty 800-253-0191

Memo to: Directors  
Children's Mental Health Services

From: Alice Maynard  
Child, Adolescent, and Family Unit  
DMH; 108 Cherry Street; Suite 306  
PO Box 70  
Burlington, VT 05402-0070

Date: March 28, 2014

Re: **CAFU Perception of Care Survey**

The Child, Adolescent, and Family Unit is beginning the process for its yearly perception of care survey. Last year we surveyed adolescents receiving Medicaid funded services. The report is posted on the department's website at <http://mentalhealth.vermont.gov/report/survey#cafu> along with previous reports. This year's survey will focus on a random sample of 75% of parents whose children received a minimum of 6 Medicaid funded services between September 1, 2011 and December 31, 2013.

We continue to look for ways to improve our levels of efficiency. Our alternating parent and adolescent perception of care surveys:

- provide us with important data for our quality assurance and improvement efforts,
- help us to meet federal reporting requirements for the mental health block grant, and
- inform our Agency Review and Agency Designation reports, essential now that we no longer conduct site visits and interviews with families.

Because we need to use this data in several ways, it is important that we achieve a meaningful response rate to provide a fair and accurate picture of your program's performance. ***Anything you can do with your staff to encourage parents to complete the survey when they receive it is very important and helpful.*** We plan to mail the survey out on April 28 with a follow-up for non-respondents in mid-May.

Thank you for your help in this process.

Enc.



## First Cover Letter



State of Vermont  
Department of Mental Health  
Child, Adolescent and Family Unit  
329 Harvest Lane  
Suite 300  
Williston, VT 05495  
[www.mentalhealth.vermont.gov](http://www.mentalhealth.vermont.gov)

*Agency of Human Services*

[phone] 802-878-7997  
[fax] 802-871-3109  
[tty] 800-253-0191

«mh\_id»

To the Parent(s) of:  
«First\_Name» «MMI» «Last\_Name»  
«Address» «Address\_1»  
«City», «State» «zipcode»

May 14, 2014

Dear Parent:

We are asking you to help evaluate the mental health services for children and adolescents provided by «longagency». You were selected to participate as records indicate that your child received services from that agency between September 1 and December 31, 2013. If you are not sure what services your child received, you may call us and we will look it up. Many services by community mental health centers may be provided at other locations, such as in the child's school or in the community.

Your opinions and answers are very important to us. 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
- your family can achieve the outcomes you want.

Answering the survey's questions is your choice. Your answers will not affect your ability to receive services. No one at «longagency» will know whether or not you are participating in the survey. Your answers to this survey will not be available to anyone other than our research staff. Results will be reported as rates and percentages for each of our mental health centers; no individuals will be identified. The code on the questionnaire is needed for our data entry.

If you would like to receive a summary of the results of this survey, please check the box at the end of the questionnaire. The summary and the full technical report will be posted to the Department of Mental Health website in October at <http://mentalhealth.vermont.gov/report/survey#cafu>.

If you have any questions, please feel free to call Alice Maynard at 802-878-7992 or toll free at 1-888-212-4677.

Thank you for your help with this important process.

Sincerely,

A handwritten signature in cursive script that reads "Charlie Biss".

Charlie Biss, Director  
Child, Adolescent, and Family Unit

Enc.



## Follow-up Cover Letter



State of Vermont  
Department of Mental Health  
Child, Adolescent and Family Unit  
329 Harvest Lane  
Suite 300  
Williston, VT 05495  
[www.mentalhealth.vermont.gov](http://www.mentalhealth.vermont.gov)

*Agency of Human Services*

[phone] 802-878-7997  
[fax] 802-871-3109  
[tty] 800-253-0191

«mh\_id»

To the Parent(s) of:  
«First\_Name» «MMI» «Last\_Name»  
«Address» «Address\_1»  
«City», «State» «zipcode»

June 24, 2014

Dear Parent(s):

I am writing to encourage you to complete and return the mental health services evaluation survey you received a few weeks ago. The services were provided to your child by «longagency» between September 1, 2013 and December 30, 2013. Your child may have participated in services at the mental health center, at your child's school, or in your community.

**Your answers are important;** they will help to improve the quality of mental health care received by Vermont's children and adolescents. Your personal answers to this survey will not be available to anyone other than Vermont Department of Mental Health research and statistics staff. All answers are grouped together and reported by agency.

In case you did not receive the original survey or misplaced it, I have enclosed another copy and a stamped return envelope for your convenience. If you have already completed and returned your survey, thank you. There is no need to respond again.

**Questions?** Call Deb Franzke at 802-878-7997 or toll free at 1-888-212-4677.

Thank you for your help on this important project.

Sincerely,

A handwritten signature in cursive that reads "Charlie Biss".

Charlie Biss, Director  
Child, Adolescent, and Family Unit

Enc.



**APPENDIX II:**

**VERMONT MENTAL HEALTH FAMILY SURVEY**



## Vermont Mental Health Family Survey

Please circle the number for each item that best describes your evaluation of the services your child received during **September – December 2013** from «agency».

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1.	I helped to choose my child's treatment goals.	1	2	3	4	5
2.	I helped to choose my child's services.	1	2	3	4	5
3.	I participated in my child's treatment.	1	2	3	4	5
4.	The location of my child's services was convenient for us.	1	2	3	4	5
5.	Services were available at times convenient for us.	1	2	3	4	5
6.	I felt my child had someone to talk to when he/she was troubled.	1	2	3	4	5
7.	Staff knew how to help my child and family.	1	2	3	4	5
8.	Staff asked me what I wanted/needed.	1	2	3	4	5
9.	Staff listened to what I had to say.	1	2	3	4	5
10.	Staff treated us with respect.	1	2	3	4	5
11.	Staff spoke with me in a way that I understood.	1	2	3	4	5
12.	Staff respected my family's religious/spiritual beliefs.	1	2	3	4	5
13.	Staff were sensitive to our cultural/ethnic background.	1	2	3	4	5
14.	Staff respected my wishes about who received information.	1	2	3	4	5
15.	Overall, I am satisfied with the services my family received.	1	2	3	4	5
16.	The services we received from «agency» were helpful to my child and family.	1	2	3	4	5
17.	The services my child received from were of good quality.	1	2	3	4	5
18.	If we needed mental health services in the future, we would use this mental health center again.	1	2	3	4	5
19.	I would recommend this mental health center to a friend who needed help.	1	2	3	4	5

*As a result of the services my child or family received:*

20.	My child is better at handling daily life.	1	2	3	4	5
21.	My child gets along better with family members.	1	2	3	4	5
22.	My child gets along better with friends and other people.	1	2	3	4	5
23.	My child is doing better in school and/or at work.	1	2	3	4	5
24.	My child is better able to cope when things go wrong.	1	2	3	4	5
25.	I am more satisfied with our family life.	1	2	3	4	5
26.	My child is better able to do things he/she wants to do.	1	2	3	4	5

**MORE ON BACK**

## Tell Us What You Think!

27. What was most helpful about the services your child received?

28. What was least helpful about the services your child received?

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

Your relationship to child:  Parent  Foster parent  Other (please specify) \_\_\_\_\_

Please check box if you wish to receive a summary of the survey's findings.

**Thank you!**



## **APPENDIX III:**

### **DATA COLLECTION**

**Project Philosophy  
Data Collection Procedures  
Consumer Concerns**





## **Project Philosophy**

The 2014 survey of parents of children served by child and adolescent mental health programs in Vermont 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 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 review and designation processes 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 a voice to parents whose children receive mental health services and to provide a context in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, DMH randomly selected a sample of 75% of all children up to age 18 who had received at least six Medicaid-funded services in Vermont's Community Mental Health Centers (CMHCs) during the 4-month period from September through December 2013. Parents of these children were then invited to complete a survey to evaluate their child's mental health program.

Second, questionnaires were not anonymous although all responses were 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' children (e.g., age, gender, 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 caseloads of different programs, and to apply analytical techniques that control the effect of any bias. The ability to connect survey responses to personally identifying information also allowed DMH 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 assure that any apparent differences among programs were not due to differences in caseload characteristics. These procedures are described in more detail below.

## **Data Collection Procedures**

During the period September to December 2013, 4,345 children received at least six Medicaid reimbursed services from child and adolescent mental health programs in Vermont. Questionnaires were mailed to parents of a random sample of 3,219 (75%) of these children. The questionnaires were mailed during May 2014 by the DMH central office staff. 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, page 11).

The questionnaire number allowed the research unit to identify non-respondents for follow-up, and allowed linkage of questionnaire responses to the DMH databases.

Approximately five weeks after the original questionnaire was mailed, people who had not responded to the first mailing were sent a follow-up letter (see Appendix I, page 12). This follow-up mailing included a second copy of the questionnaire.

Of the 3,219 questionnaires that were mailed, 2,732 were deliverable. Of these, 546 completed questionnaires (20%) were returned to DMH and included in the analyses. Response rates for individual child and adolescent mental health programs varied from 16% (Rutland) to 30% (Orange) (see Appendix V, Table 2, page 31). Overall, there was no difference in response rates related to the age groups or sex of children receiving services.

### **Consumer Concerns**

Written comments accompanied 428 (78%) of the 546 completed questionnaires. These comments expressed concerns of various kinds. Appropriate staff of DMH reviewed each comment. If a written comment indicated the possibility of a problem that involved the health or safety of a client, or that involved potential ethical or legal problems, a formal complaint procedure was offered. If follow-up to a comment was deemed appropriate, staff contacted the consumer to volunteer the service of the Department staff in regard to the issue.

**APPENDIX IV:**

**ANALYTICAL PROCEDURES**

**Scale Construction and Characteristics**  
**Community Life**  
**Narrative Comments**  
**Data Analysis**  
**Discussion**



## Scale Construction and Characteristics

The Vermont survey of parents whose children had been served by child and adolescent mental health programs included twenty-six fixed alternative questions evaluating the services their child received and three open-ended questions. Responses to these questions were entered directly into a computer database for analysis. On the fixed alternative questions, responses that indicated parents “Strongly Agree” or “Agree” with the item were grouped to indicate a positive evaluation of program performance. Responses to the open-ended questions were coded into positive and negative categories for analysis.

For purposes of analysis, five scales were derived from the parents' responses to the fixed alternative questions. These scales include a measure of parents' overall evaluation of their child's treatment program and measures of parents' evaluation of the staff that provided services, the services received, and the quality of the services received. In addition, a final scale measured parents' perception of treatment outcomes to date and the impact of the services on the life of their child and family. Individuals who responded to more than half of the questions 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 26 fixed alternative questions. The scores for the questions that were answered were summed and divided by the number of items answered. The results were then rounded to an integer scale with 4 and 5 (“Agree” and “Strongly Agree”) coded as positive. For a rating to be included, at least thirteen of these questions had to have been answered. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .968.

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

7. Staff knew how to help my child and family.
8. Staff asked me what I wanted/needed.
9. The staff listened to what I had to say.
10. Staff treated us with respect.
11. Staff spoke with me in a way that I understood.
12. Staff respected my family's religious/spiritual beliefs.
13. Staff were sensitive to our cultural/ethnic background.
14. Staff respected my wishes about who received information.

For a rating to be included, at least four of these questions had to have been answered. The scores for the questions that were answered were summed and divided by the number of questions answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .924.

The services scale, the third composite measure, was derived from consumer responses to six fixed alternative questions. The items that contributed to this scale include:

1. I helped to choose my child's treatment goals.
2. I helped to choose my child's services.
3. I participated in my child's treatment.
4. The location of my child's services was convenient for us.
5. Services were available at times convenient for us.
6. I felt my child had someone to talk to when he/she was troubled.

For a rating to be included, at least three of these questions 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 4 and 5 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .860.

Quality, the fourth composite measure, was derived from consumer responses to three fixed alternative questions. The items that contributed to this scale include:

17. The services my child received from were of good quality.
18. If we needed mental health services in the future, we would use this mental health center again.
19. I would recommend this mental health center to a friend who needed help.

For a rating to be included, at least two of these questions 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 4 and 5 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .932.

Parents' perception of treatment outcomes, the fifth composite measure, was based on responses to seven fixed alternative questions. The items that contributed to this scale include:

As a result of the services I received:

20. My child is better at handling daily life.
21. My child gets along better with family members.
22. My child gets along better with friends and other people.
23. My child is doing better in school and/or at work.
24. My child is better able to cope when things go wrong.
25. I am more satisfied with our family life.
26. My child is better able to do things he/she wants to do.

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 4 and 5 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .952.

### **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, three open-ended questions were included in the questionnaire:

- 27. What was most helpful about the services your child received?
- 28. What was least helpful about the services your child received?
- 29. What could your mental health center do to improve?

Four hundred twenty-eight parents (78% of respondents) supplemented their responses to the survey with written comments about the helpfulness of services received. All written responses were coded and grouped to provide further indication of consumer satisfaction with child and adolescent mental health programs. The primary indicator used was the proportion of all respondents who made positive or negative comments about their child and adolescent mental health programs.

### **Data Analysis**

In order to provide a more valid basis for comparison of the performance of Vermont's ten child and adolescent mental health programs, two statistical correction/adjustment procedures were considered for the data analysis. First, it was determined that a "finite population correction" to adjust for the proportion of all potential respondents who returned useable questionnaires was not necessary because the overall response rate was relatively low. Second, a statistical "case-mix adjustment" was applied to the results in order to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

#### **Finite Population Correction**

Consumer satisfaction surveys, intended to provide information on a finite number of people who are served by specific programs, can achieve a variety of response rates. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a finite population correction can be added to the computation. For this survey, 20% of all potential respondents returned useable questionnaires. Because this response rate represents a relatively small number of

possible responses, finite population correction would have no impact on the data analyses of this survey.

### Case-mix Adjustment

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 adjusted to account for differences in the case-mix of the ten programs. This process involved three steps. First, a variety of child characteristics, or potential risk-adjustment factors, were tested. These included gender, age, and a range of yes/no variables for individual DSM diagnoses. The child characteristics that were statistically related to variation in parent evaluations of child and adolescent mental health programs were identified. Second, statistically significant differences in the caseloads of the community programs were identified and compared to the child characteristics that were related to variation in parent evaluations of program performance. Finally, the child characteristics that were statistically related to both evaluation of services and caseload differences were used to adjust the raw measures of satisfaction for each community program. The relationship of each of the five scales to these child characteristics and the variation of each across programs is described in the following table.

**Table 1**

#### Risk Adjustment: Statistical Significance of Relationships

Case-mix Adjustment: Statistical Significance of Relationships (p<.05)						
Potential Case-mix Adjustment Factors	Agency Case Mix	Fixed Alternative Scales				
		Overall	Staff	Service	Quality	Outcomes
Age						
Gender						
Schizophrenia						
Affective Disorder	*					
Anxiety Disorder	*		*			
Personality Disorder						
Adjustment Disorder		*				*
Substance Abuse						

Two 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 diagnosis of Affective Disorder and a diagnosis of Anxiety Disorder. Other possible risk factors, such as age, gender, or a diagnosis of Schizophrenia, Personality Disorder,



Adjustment Disorder, or Substance Abuse were not found to vary significantly among program caseloads.

One scale scores, overall and outcomes, were significantly related to a diagnosis of Adjustment Disorder. The staff scale scores were significantly related to a diagnosis of Anxiety disorder.

Whenever a statistical adjustment of survey results is necessary to provide an unbiased comparison of child and adolescent mental health programs, the analysis followed a four-step process. First, the respondents from each community program were divided into the number of categories resulting from the combination of risk factors. When age alone is required, three categories are used. When age (three categories) and affective disorder (two categories) adjustments are both indicated, six categories result. Second, the average respondent rating was determined for each of these categories. Third, the statewide proportion of all child and adolescent mental health program clients who fell into each category was determined. Finally, the average parent rating for each category was multiplied by the statewide proportion of all respondents who fell into that category, and the results were summed to provide a measure of consumer rating that is free of the influence of differences in the characteristics of consumers across programs.

Mathematically, this analytical process is expressed by the following formula:

$$\sum w_i \bar{X}_i$$

where ' $w_i$ ' is the proportion of all potential respondents who, for example, fall into age category ' $i$ ', and ' $\bar{X}_i$ ' is the average level of satisfaction for people in age group ' $i$ '.

When one of the categories used in this analysis included no responses, it was necessary to consider whether the difference between the caseload of a specific program and the caseload of other programs in the state was too great to allow for statistical case-mix adjustment. If it was decided that the difference was within reason, the empty category was collapsed into an adjacent category and the process described above was repeated using the smaller set of categories.

## Discussion

The statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey and the unique characteristics of Vermont's community mental health programs. Statistical adjustment for difference in case-mix allows researchers and program evaluators to appropriately compare the performance of programs that serve people with different demographic and clinical characteristics and different patterns of service utilization.

The statistical adjustment designed to correct for differences in case-mix across provider organizations had some impact on the survey results. In general, there was very little difference in the client populations of the ten programs in areas that were related to consumer satisfaction. The relative impact of these statistical adjustments could be very different in situations where response rates are higher and/or case-mix differences are more substantial.

**APPENDIX V:**

**TABLES AND FIGURES**

**Response Rates by Program  
Favorable Responses to Individual Questions by Program  
Adjusted Positive Scale Scores by Program**



**Table 2**  
**Response Rates by Program**  
**Evaluation of Child and Adolescent Mental Health Programs in Vermont**  
**By Parents of Children Served September to December 2013**

Region/Provider <sup>1</sup>	Number of Surveys					Response Rate
	Mailed	Deliverable	No Response	Returned	Useable Survey	Analyzed <sup>2</sup>
Statewide	3,219	2,732	2,184	548	546	20%
Addison - CSAC	291	259	212	47	46	18%
Bennington - UCS	182	146	118	28	28	19%
Chittenden - HC	665	574	451	123	123	21%
Lamoille - LCMH	107	97	80	17	17	18%
Northeast - NKHS	345	279	215	64	64	23%
Northwest - NCSS	354	311	259	52	52	17%
Orange - CMC	169	140	98	42	42	30%
Rutland - RMHS	331	289	244	45	45	16%
Southeast - HCRS	454	374	292	82	82	22%
Washington - WCMH	321	263	215	48	47	18%

<sup>1</sup> Appendix VI gives the full name and location of each of the ten designated CMHCs.

<sup>2</sup> Questionnaires that were deliverable, completed and used for analysis.

Table 3: page 1 of 2

**Favorable Responses to Survey Items by Program**  
**Evaluation of Child and Adolescent Mental Health Programs in Vermont**  
**By Parents of Children Served September to December 2013**

	<u>Statewide</u>	<u>Addison</u>	<u>Bennington</u>	<u>Chittenden</u>	<u>Lamoille</u>	<u>Northeast</u>	<u>Northwest</u>	<u>Orange</u>	<u>Rutland</u>	<u>Southeast</u>	<u>Washington</u>
<b>Overall Average</b>	<b>79%</b>	<b>74%</b>	<b>79%</b>	<b>84%</b>	<b>80%</b>	<b>82%</b>	<b>86%</b>	<b>69%</b>	<b>73%</b>	<b>77%</b>	<b>76%</b>
26. <i>Staff spoke with me in a way that I understood.</i>	93%	89%	89%	95%	88%	91%	98%	93%	89%	94%	91%
14. <i>The location of my child's services was convenient for us.</i>	92%	93%	89%	89%	88%	94%	100%	95%	96%	93%	83%
28. <i>Staff respected my wishes about who received information.</i>	91%	82%	85%	91%	88%	92%	98%	90%	98%	91%	89%
24. <i>Staff treated me with respect.</i>	90%	83%	86%	93%	82%	91%	100%	90%	91%	91%	81%
15. <i>Services were available at times convenient for us.</i>	86%	78%	86%	89%	76%	94%	92%	86%	82%	82%	80%
25. <i>Staff respected my family's religious/spiritual beliefs.</i>	85%	81%	85%	87%	88%	85%	92%	88%	84%	81%	80%
22. <i>The staff listened to what I had to say.</i>	85%	80%	86%	89%	88%	84%	94%	83%	78%	83%	81%
27. <i>Staff were sensitive to our cultural/ethnic background.</i>	85%	83%	81%	86%	88%	87%	92%	85%	84%	84%	80%
10. <i>I helped to choose my child's treatment goals.</i>	85%	80%	79%	89%	94%	86%	96%	79%	82%	79%	83%
12. <i>I participated in my child's treatment.</i>	85%	78%	79%	81%	100%	91%	92%	73%	87%	90%	81%
30. <i>The services my child received from «CLINIC» were of good quality.</i>	85%	76%	82%	88%	82%	88%	96%	76%	84%	82%	83%
11. <i>I helped to choose my child's services.</i>	84%	74%	79%	86%	94%	87%	92%	81%	87%	79%	81%
29. <i>Overall, I am satisfied with the services my child received.</i>	83%	78%	81%	87%	76%	84%	88%	71%	87%	83%	79%
31. <i>If we needed mental health services in the future, we would use this mental health center again.</i>	82%	78%	89%	87%	71%	88%	88%	68%	80%	78%	79%
1. <i>The services we received from «CLINIC» were helpful to my child and family.</i>	82%	78%	86%	88%	81%	81%	90%	68%	76%	80%	78%
32. <i>I would recommend this mental health center to a friend who needed help.</i>	81%	76%	82%	87%	76%	86%	90%	61%	78%	80%	77%
21. <i>The staff asked me what I wanted/needed.</i>	81%	72%	85%	86%	82%	83%	94%	74%	69%	73%	83%
16. <i>I felt my child had someone to talk to when he/she was troubled.</i>	78%	76%	82%	85%	82%	80%	81%	62%	69%	78%	73%

Table 3: page 2 of 2

**Favorable Responses to Survey Items by Program**  
**Evaluation of Child and Adolescent Mental Health Programs in Vermont**  
**By Parents of Children Served September to December 2013**

	<u>Statewide</u>	<u>Addison</u>	<u>Bennington</u>	<u>Chittenden</u>	<u>Lamoille</u>	<u>Northeast</u>	<u>Northwest</u>	<u>Orange</u>	<u>Rutland</u>	<u>Southeast</u>	<u>Washington</u>
<b>Overall Average</b>	<b>79%</b>	<b>74%</b>	<b>79%</b>	<b>84%</b>	<b>80%</b>	<b>82%</b>	<b>86%</b>	<b>69%</b>	<b>73%</b>	<b>77%</b>	<b>76%</b>
20. <i>The staff knew how to help my child.</i>	76%	67%	79%	85%	71%	81%	85%	55%	60%	77%	78%
5. <i>My child is doing better in school and/or at work.</i>	68%	65%	71%	75%	82%	81%	64%	50%	55%	65%	64%
8. <i>My child is better able to do things he/she wants to do.</i>	66%	70%	68%	76%	71%	73%	73%	45%	47%	60%	69%
4. <i>My child gets along better with friends and other people.</i>	66%	64%	68%	75%	71%	70%	67%	48%	49%	64%	67%
2. <i>My child is better at handling daily life.</i>	64%	54%	68%	72%	76%	70%	71%	48%	49%	64%	61%
7. <i>I am more satisfied with our family life.</i>	64%	58%	71%	70%	53%	76%	75%	41%	47%	62%	64%
3. <i>My child gets along better with family members.</i>	63%	62%	68%	74%	65%	63%	67%	49%	42%	62%	63%
6. <i>My child is better able to cope when things go wrong.</i>	59%	56%	57%	69%	76%	73%	63%	33%	44%	52%	58%

**Table 4**

**Adjusted\* Positive Scale Scores by Program  
Evaluation of Child and Adolescent Mental Health Programs  
by Parents of Children Served in Vermont September - December 2013**

Region-Provider	Overall	Staff	Services	Quality	Outcomes
<b>Statewide</b>	<b>82%</b>	<b>88%</b>	<b>87%</b>	<b>83%</b>	<b>65%</b>
Addison -CSAC	76%	85%	78%	76%	63%
Bennington -UCS	82%	86%	75%	82%	68%
Chittenden -HC	86%	89%	90%	88%	<b>74%</b>
Lamoille -LCMH	76%	82%	<b>100%</b>	71%	71%
Northeast -NKHS	84%	89%	92%	88%	71%
Northwest -NCSS	<b>90%</b>	<b>96%</b>	<b>94%</b>	<b>92%</b>	71%
Orange -CMC	<b>67%</b>	90%	76%	<b>66%</b>	<b>45%</b>
Rutland -RMHS	78%	89%	87%	82%	<b>44%</b>
Southeast -HCRS	82%	85%	89%	82%	61%
Washington -WCMH	79%	83%	79%	81%	63%

<sup>1</sup> Services and Quality scores did not require adjustment for regional differences in case mix.

**BOLD** indicates significant differences when compared to the statewide average (p<.05).



**APPENDIX VI:**

**PROGRAM COMPARISONS**

**Overall Evaluation**

**Evaluation of Staff**

**Evaluation of Services**

**Evaluation of Quality**

**Evaluation of Outcomes**

**Narrative Comments**

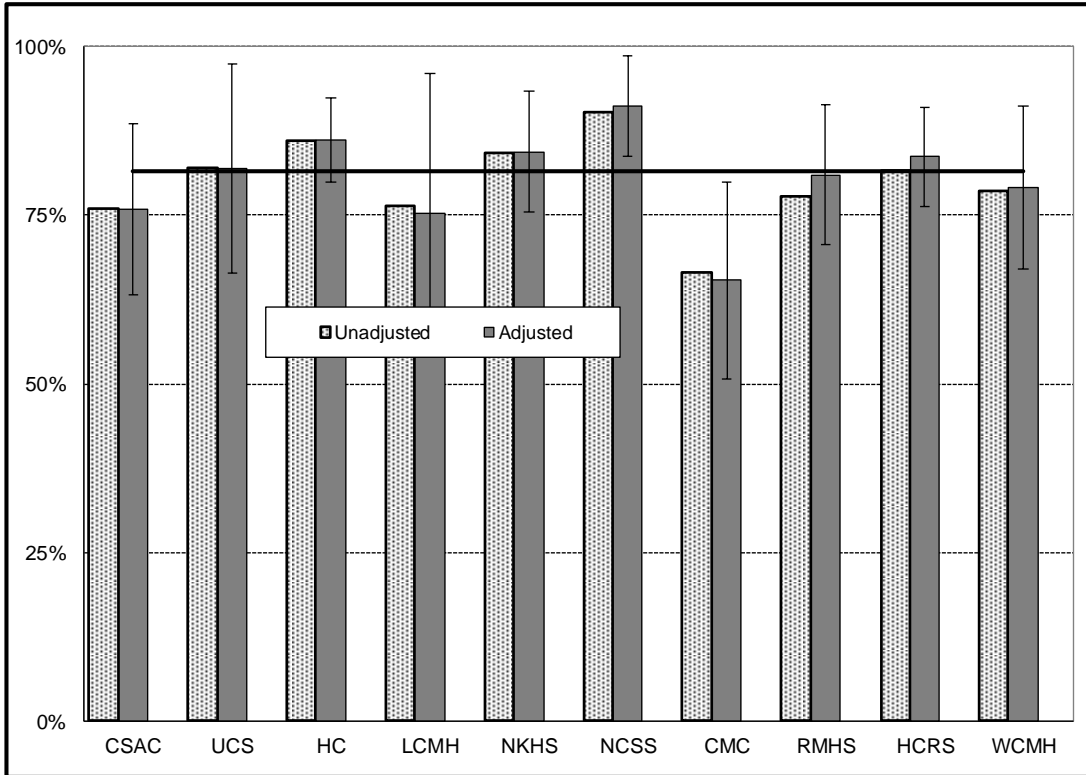
**Comparison of Responses from 2002, 2006, 2008, 2010, 2012 and 2014 Surveys**

**Comparison of Responses from 2006, 2008, 2010, 2012 and 2014 Surveys by  
Program**



**Figure 3**

**Overall Evaluation  
of Child and Adolescent Mental Health Services  
by Parents of Children Served in Vermont September - December 2013**



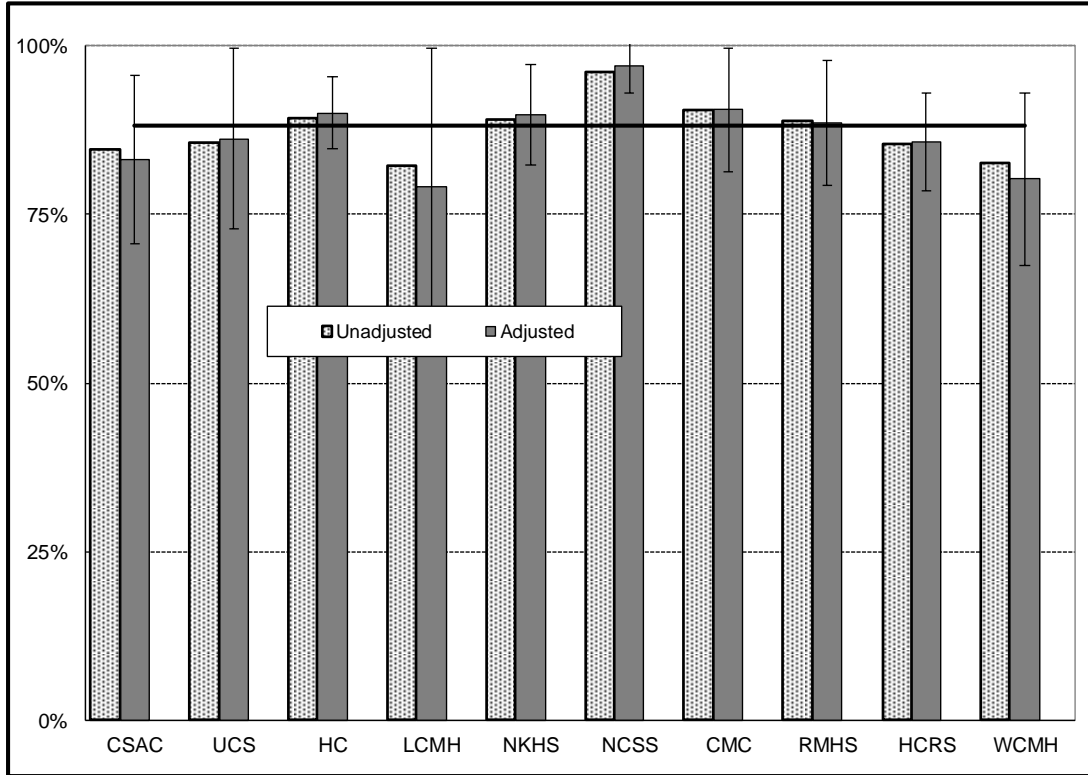
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	46	35	76%	76%	(63%-89%)	
Bennington - UCS	28	23	82%	82%	(66%-97%)	
Chittenden - HC	123	106	86%	86%	(80%-92%)	
Lamoille - LCMH	17	13	76%	75%	(55%-96%)	
Northeast - NKHS	64	54	84%	84%	(75%-93%)	
Northwest - NCSS	52	47	90%	91%	(84%-99%)	*
Orange - CMC	42	28	67%	65%	(51%-80%)	*
Rutland - RMHS	45	35	78%	81%	(71%-91%)	
Southeast - HCRS	82	67	82%	84%	(76%-91%)	
Washington - WCMH	47	37	79%	79%	(67%-91%)	
<b>Statewide</b>	<b>546</b>	<b>445</b>	<b>82%</b>			

<sup>1</sup> Statistically adjusted to reflect statewide caseload composition by diagnosis of adjustment disorder

\* Significantly different from average statewide evaluation of overall (p<.05)

**Figure 4**

**Evaluation of Staff  
of Child and Adolescent Mental Health Services  
by Parents of Children Served in Vermont September - December 2013**

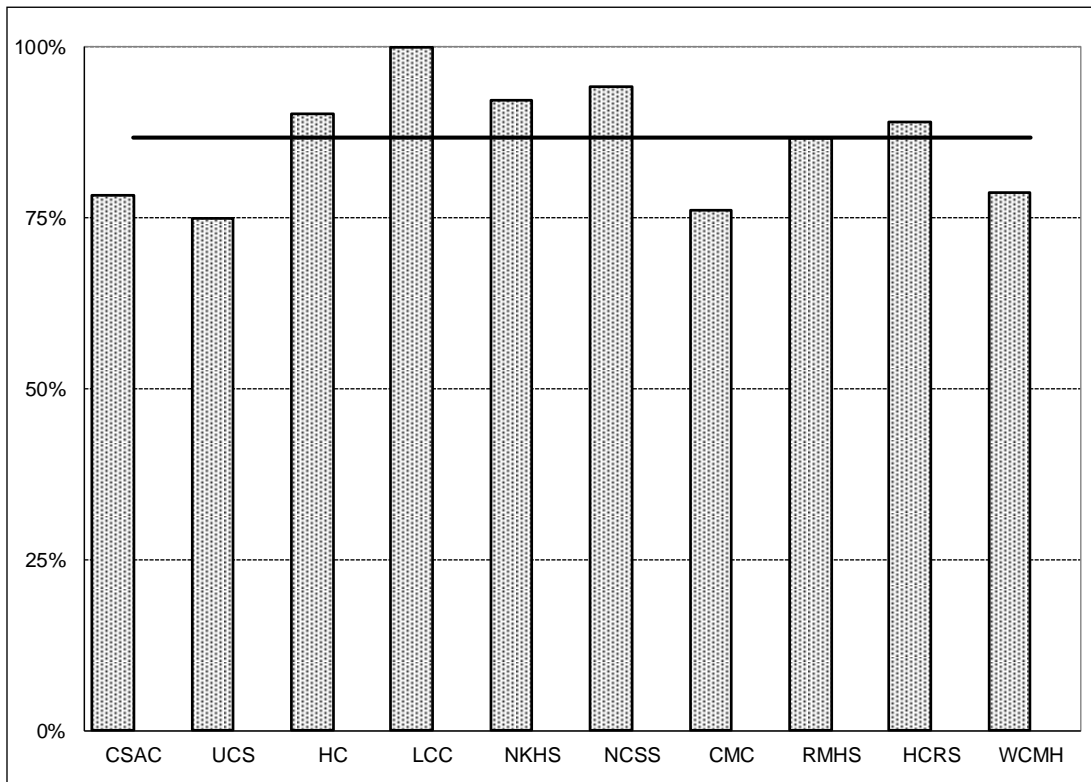


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	46	39	85%	83%	(71%-96%)	
Bennington - UCS	28	24	86%	86%	(73%-100%)	
Chittenden - HC	123	110	89%	90%	(85%-95%)	
Lamoille - LCMH	17	14	82%	79%	(59%-100%)	
Northeast - NKHS	64	57	89%	90%	(82%-97%)	
Northwest - NCSS	52	50	96%	97%	(93%-100%)	*
Orange - CMC	42	38	90%	91%	(81%-100%)	
Rutland - RMHS	45	40	89%	89%	(79%-98%)	
Southeast - HCRS	82	70	85%	86%	(78%-93%)	
Washington - WCMH	46	38	83%	80%	(67%-93%)	
Statewide	545	480	88%			

<sup>1</sup> Statistically adjusted to reflect statewide caseload composition by diagnosis of anxiety disorder

\* Significantly different from average statewide evaluation of overall (p<.05)

**Figure 5**  
**Evaluation of Services**  
**of Child and Adolescent Mental Health Services**  
**by Parents of Children Served in Vermont September - December 2013**

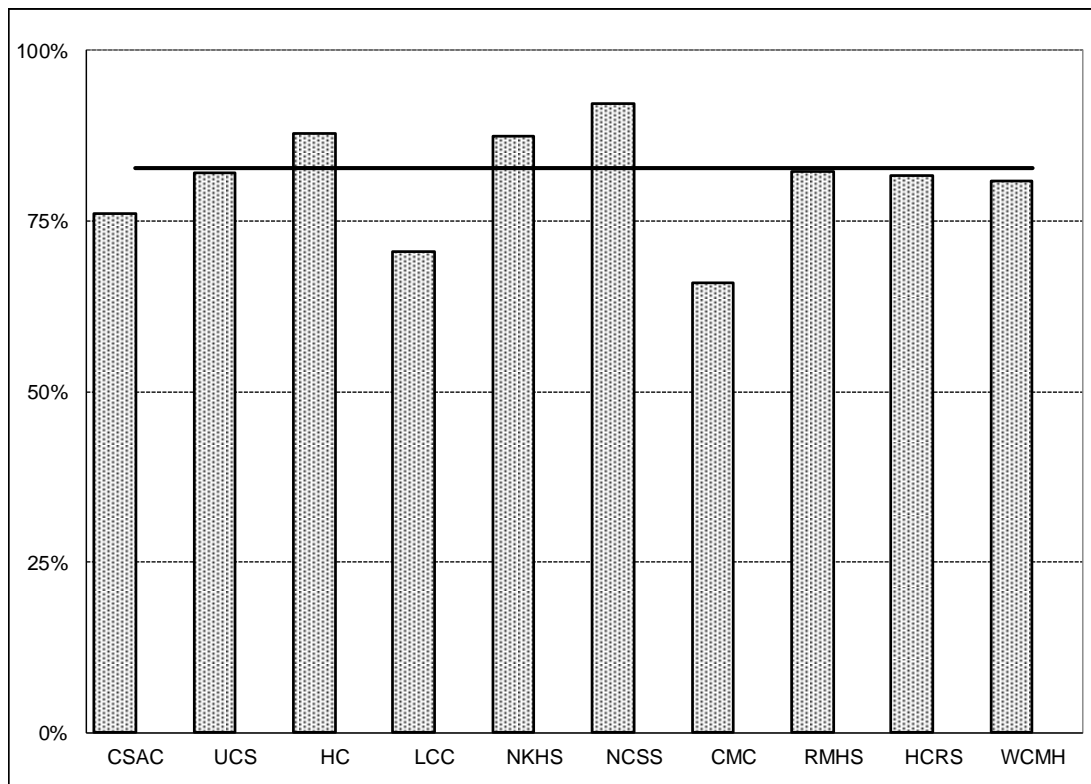


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	46	36	78%			
Bennington - UCS	28	21	75%			
Chittenden - HC	123	111	90%			
Lamoille - LCMH	17	17	100%			*
Northeast - NKHS	64	59	92%			
Northwest - NCSS	52	49	94%			*
Orange - CMC	42	32	76%			
Rutland - RMHS	45	39	87%			
Southeast - HCRS	82	73	89%			
Washington - WCMH	47	37	79%			
Statewide	546	474	87%			

<sup>1</sup> Scale does not require statistical adjustment

\* Significantly different from average statewide evaluation of service (p<.05)

**Figure 6**  
**Evaluation of Quality**  
**of Child and Adolescent Mental Health Services**  
**by Parents of Children Served in Vermont September - December 2013**

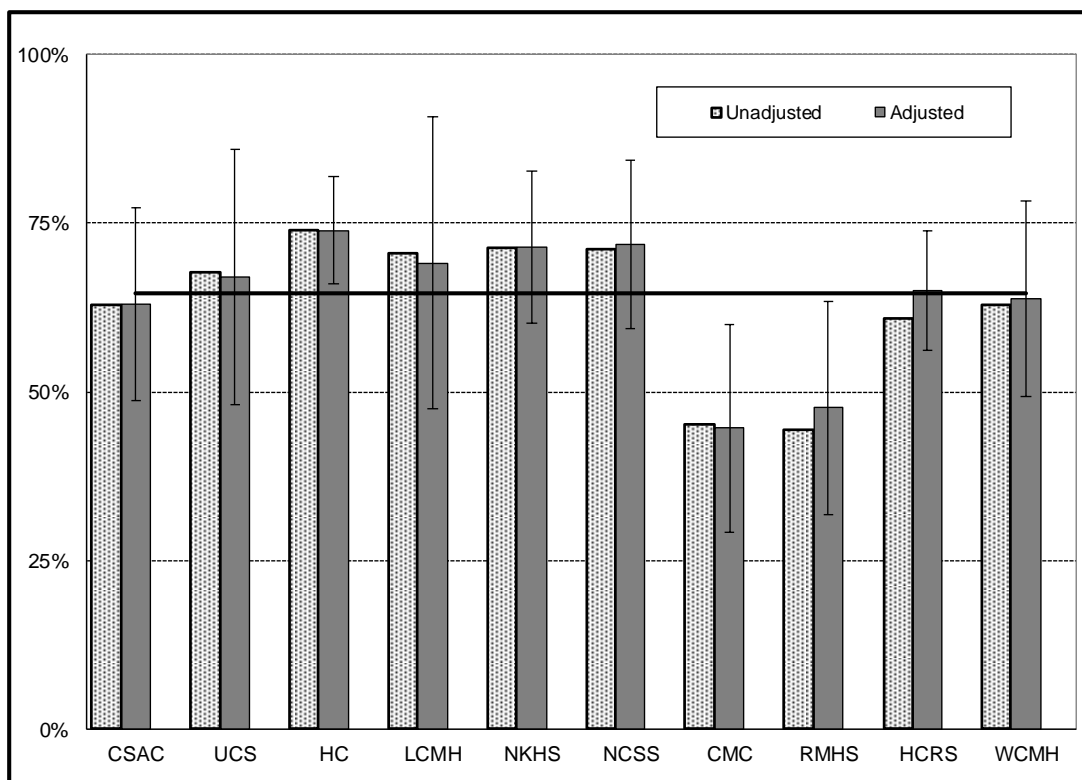


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	46	35	76%			
Bennington - UCS	28	23	82%			
Chittenden - HC	123	108	88%			
Lamoille - LCMH	17	12	71%			
Northeast - NKHS	64	56	88%			
Northwest - NCSS	52	48	92%			*
Orange - CMC	41	27	66%			*
Rutland - RMHS	45	37	82%			
Southeast - HCRS	82	67	82%			
Washington - WCMH	47	38	81%			
Statewide	545	451	83%			

<sup>1</sup> Scale does not require statistical adjustment

\* Significantly different from average statewide evaluation of service (p<.05)

**Figure 7**  
**Evaluation of Outcomes**  
**of Child and Adolescent Mental Health Services**  
**by Parents of Children Served in Vermont September - December 2013**

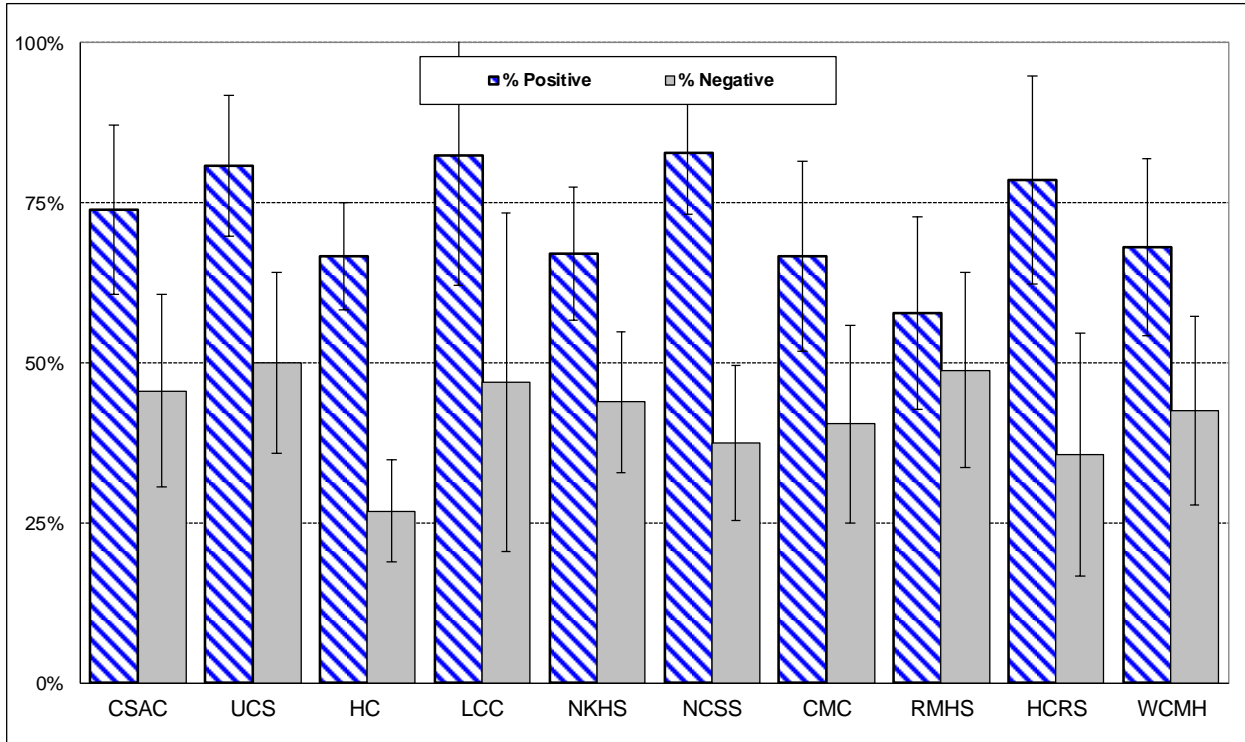


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	46	29	63%	63%	(49%-77%)	
Bennington - UCS	28	19	68%	67%	(48%-86%)	
Chittenden - HC	123	91	74%	74%	(66%-82%)	*
Lamoille - LCMH	17	12	71%	69%	(47%-91%)	
Northeast - NKHS	63	45	71%	72%	(60%-83%)	
Northwest - NCSS	52	37	71%	72%	(59%-84%)	
Orange - CMC	42	19	45%	45%	(29%-60%)	*
Rutland - RMHS	45	20	44%	48%	(32%-63%)	*
Southeast - HCRS	82	50	61%	65%	(56%-74%)	
Washington - WCMH	46	29	63%	64%	(49%-78%)	
Statewide	544	351	65%			

<sup>1</sup> Statistically adjusted to reflect statewide caseload composition by diagnosis of adjustment disorder

\* Significantly different from average statewide evaluation of overall ( $p < .05$ )

**Figure 8**  
**Narrative Comments**  
**About Child and Adolescent Mental Health Programs**  
**By Parents of Children Served in Vermont September - December 2013**



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



Figure 9

Comparison of Responses from 2002, 2006, 2008, 2010, 2012 and 2014 Surveys  
of Parents of Children Served in Vermont  
by Child and Adolescent Mental Health Programs

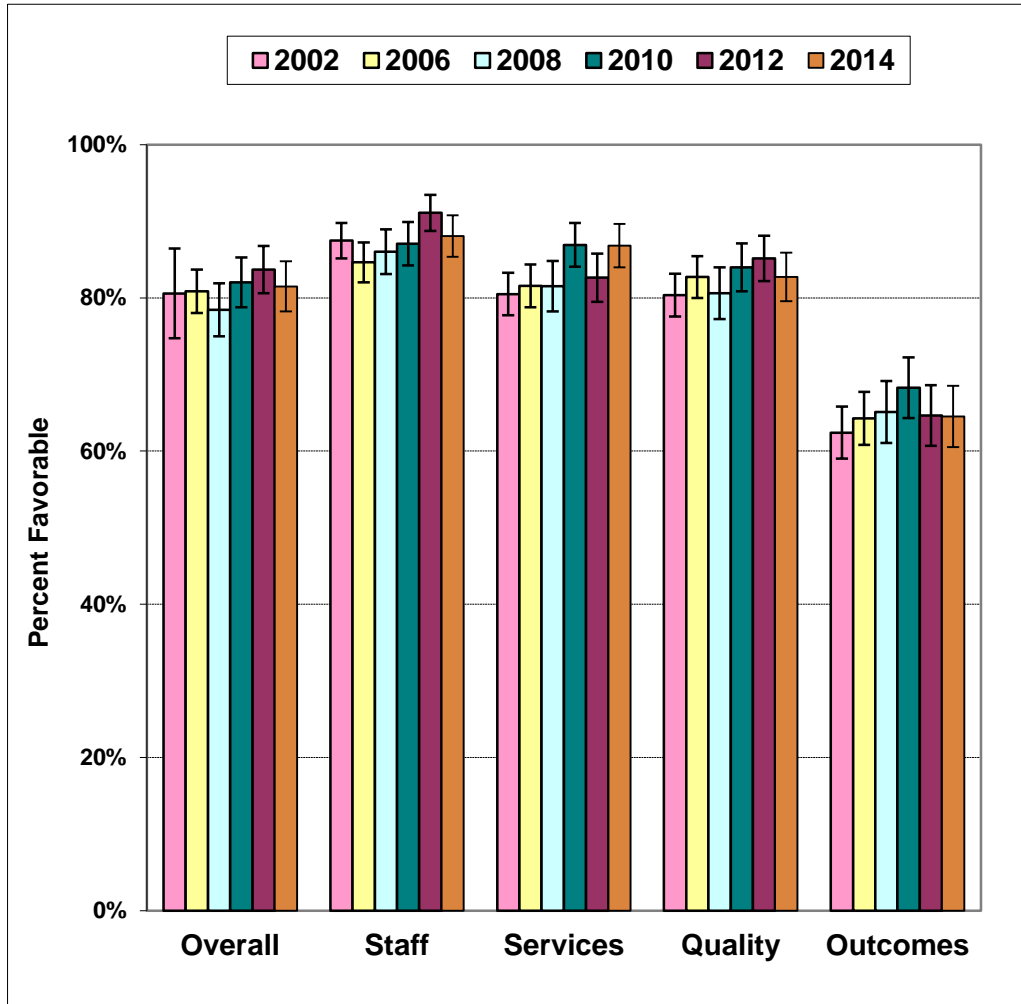
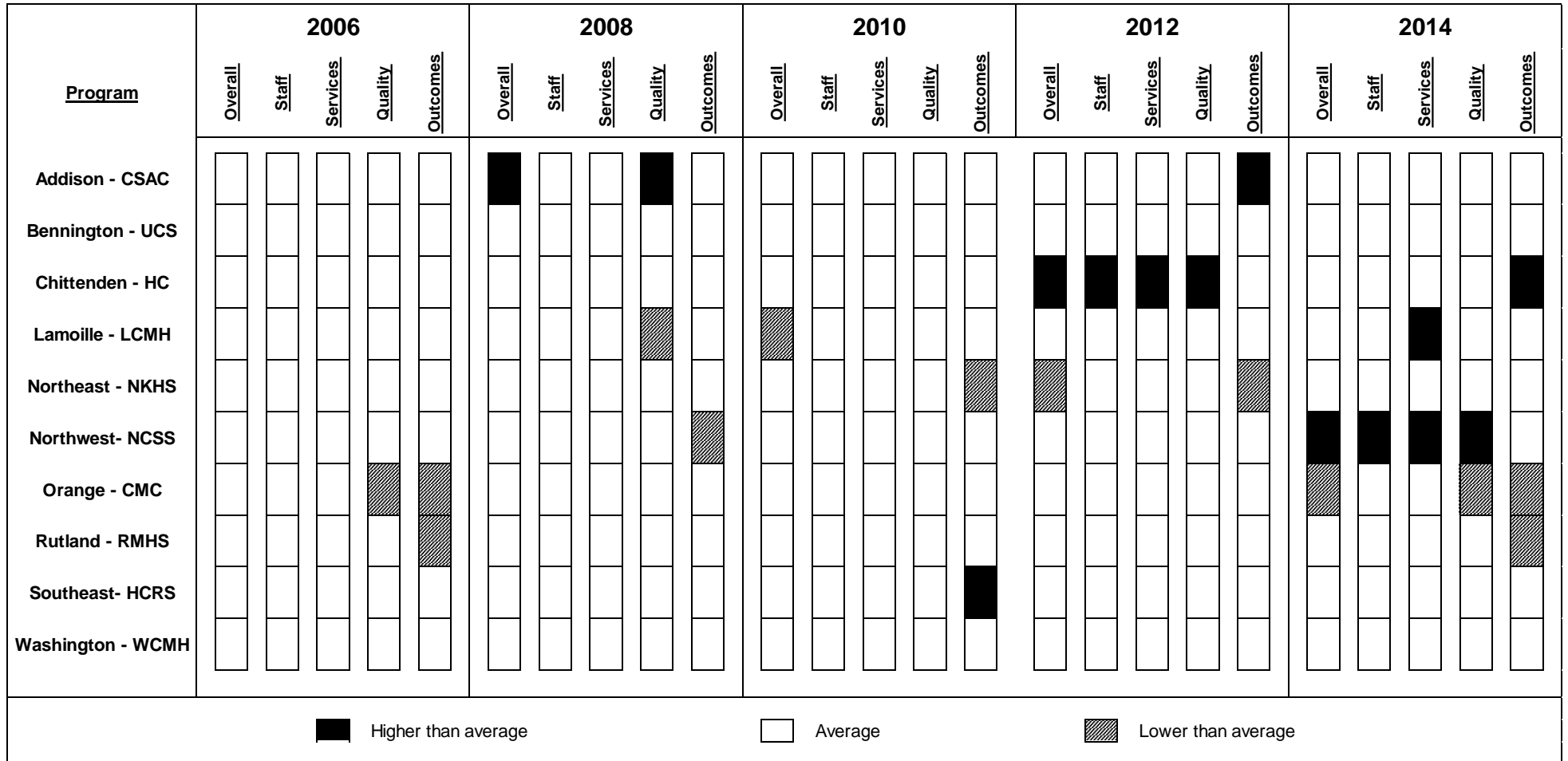


Figure 10

Comparison of Responses from 2006, 2008, 2010, 2012 and 2014 Surveys  
by Program  
Positive Evaluations of Child and Adolescent Mental Health Programs  
By Parents of Children Served in Vermont



## APPENDIX VII:

### 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 (individual, group and family therapy, and diagnostic services), although some agencies also provide residential services for children and adolescents who have a severe emotional disturbance.

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. Additional information about these programs can be found at: <http://mentalhealth.vermont.gov/DAlist> .

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 (LCMH) in Morrisville.
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 Springfield.
Washington	Washington County Mental Health Services (WCMH) in Berlin and Barre.