

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
103 South Main Street, Waterbury, Vermont 05671

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

FROM: John Pandiani and Barbara Carroll

DATE: April 23, 2010

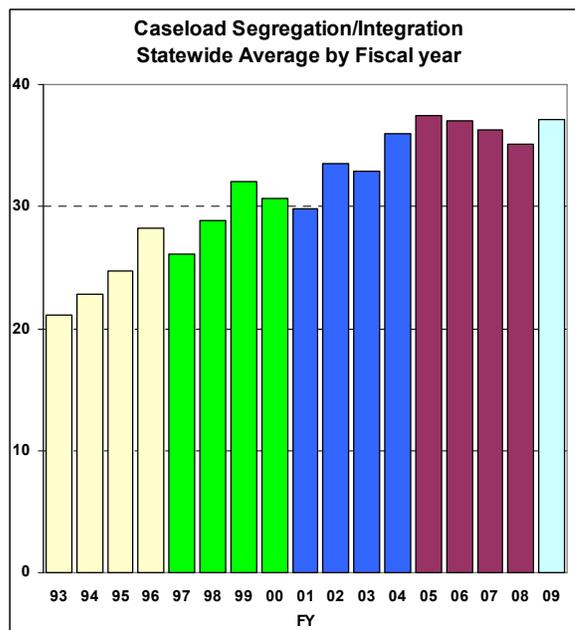
RE: Child and Adolescent Caseload Segregation/Integration in Vermont

For a number of years, Vermont has been measuring service system integration in order to help monitor its progress toward the vision of an integrated, coordinated system of care for children and adolescents. This vision has helped guide the professional activity of people working with children and adolescents for more than two decades. Our approach to monitoring service system integration is based on the measurement of caseload overlap: the degree to which child-serving agencies share responsibility for serving children and adolescents with emotional disorders.^{1,2} In addition to its use within Vermont, our measure of Caseload Segregation/Integration is one of Vermont's selected outcome measures that are reported to the Substance Abuse and Mental Health Services Administration in support of our annual block grant application.

The attached graph and table provide the Caseload Segregation/Integration Ratios (C-SIR) for each of Vermont's community mental health service areas for seventeen fiscal years, 1993-2009.

The results of this analysis indicate that Vermont has experienced a fairly consistent increase in caseload integration from 21 in 1993, to 28 in 1996, and 32 in 1999 to 37 in 2005, 2006, and 2009.

During the study period, every Vermont service area experienced increased caseload integration, with Chittenden and Northwest experiencing the greatest increases. Addison (CSAC) had the highest level of caseload integration in the state during every year under examination.



C-SIR ratios may vary from zero to one hundred. At the extremes, interpretation of the Caseload Segregation/Integration is clear. A service system in which child-serving agencies have no caseload overlap (C-SIR=0) does not have a "system of care" for children and adolescents with severe emotional disturbances. Little or no caseload overlap is most likely an indicator of poor performance by a local system of care. On the other hand, in service systems in which child-serving agencies approach total caseload overlap (C-SIR=100), the individualized focus that is a core value of the system of care philosophy is probably lacking.³ A system that treats all children and adolescents identically is probably a poor example of a child-focused system of care.

The calculation of these Caseload Segregation/Integration Ratios relies exclusively on existing databases maintained by three state level child-serving agencies: the children's mental health caseload database, the child protection/custody agency database, and the public school database for young people with an individualized educational plan for an emotional/behavioral disability. Because these three service sectors do not share unique person identifiers, unduplicated counts of the number of children and adolescents served in the service sectors were determined using Probabilistic Population Estimation.^{4,5}

We look forward to your questions and comments about these findings, and your suggestions for further analyses of data regarding caseload integration in Vermont. As always, we can be reached at 802.241.4049 or pip@vdh.state.vt.us.

References

¹ Caseload Segregation/Integration: A Measure of Shared Responsibility for Children and Adolescents. *Journal of Emotional and Behavioral Disorders*, 7 (2). Pandiani JA, Banks SM, and Schacht LM (1999).

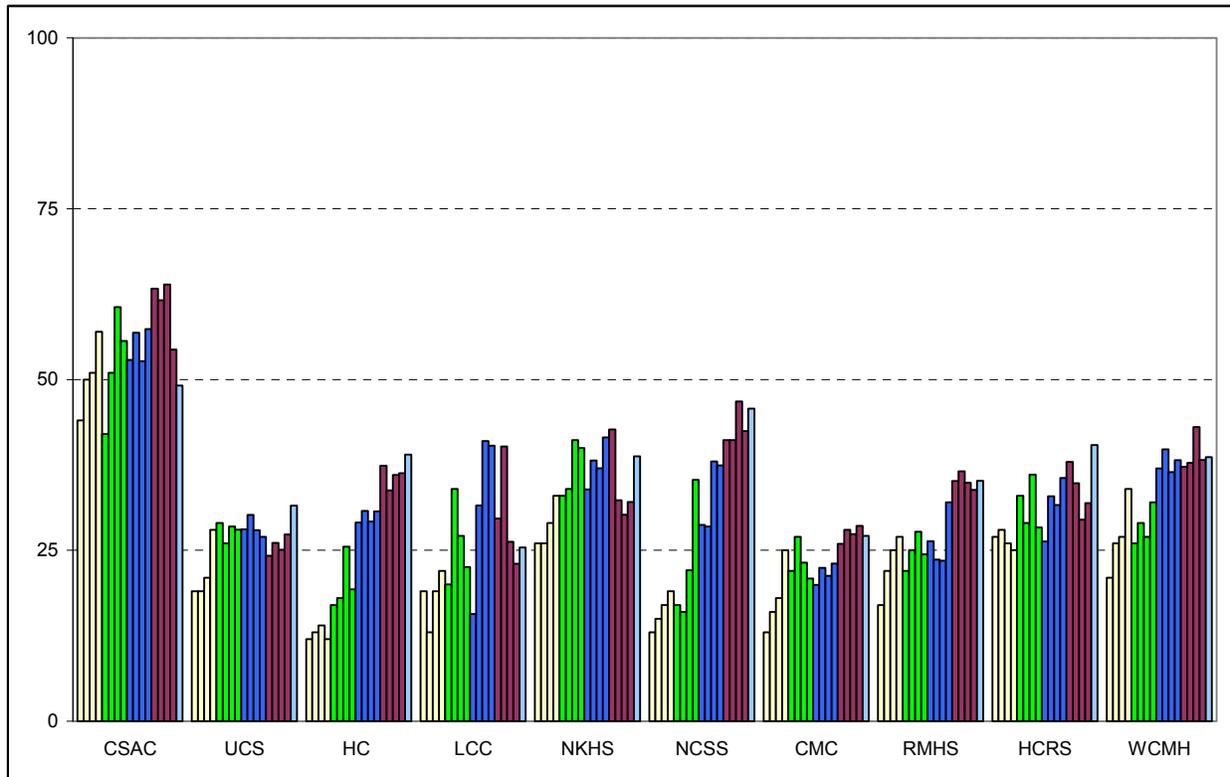
² After Children's Services: A Longitudinal Study of Significant Life Events. *Journal of Emotional and Behavioral Disorders*, 9 (2). Pandiani JA, Banks SM, and Schacht LM (2001).

³ A System of Care for Children and Youth with Severe Emotional Disturbances (Revised edition). Washington DC: Georgetown University Child Development Center, CASSP Technical Assistance Center. Stroul BA and Friedman RM (1986).

⁴ Probabilistic Population Estimation of the Size and Overlap of Data Sets Based on Date of Birth. *Statistics in Medicine*, 20. Banks SM and Pandiani JA (2001).

⁵ Personal Privacy vs. Public Accountability: A technological solution to an ethical dilemma. *The Journal of Behavioral Health Services and Research*, 25 (4). Pandiani JA, Banks SM, and Schacht LS (1998).

CASELOAD SEGREGATION/INTEGRATION VERMONT: FY1993-2009



Region/Provider	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Addison - CSAC	44	50	51	57	42	51	61	56	53	57	53	57	63	62	64	54	49
Bennington - UCS	19	19	21	28	29	26	28	28	28	30	28	27	24	26	25	27	32
Chittenden - HC	12	13	14	12	17	18	26	19	29	31	29	31	37	34	36	36	39
Lamoille - LCC	19	13	19	22	20	34	27	23	16	32	41	40	30	40	26	23	25
Northeast - NKHS	26	26	29	33	33	34	41	40	34	38	37	42	43	32	30	32	39
Northwest - NCSS	13	15	17	19	17	16	22	35	29	28	38	37	41	41	47	42	46
Orange - CMC	13	16	18	25	22	27	23	21	20	22	21	23	26	28	27	29	27
Rutland - RMHS	17	22	25	27	22	25	28	24	26	24	23	32	35	37	35	34	35
Southeast - HCRS	27	28	26	25	33	29	36	28	26	33	32	36	38	35	29	32	40
Washington - WCMH	21	26	27	34	26	29	27	32	37	40	36	38	37	38	43	38	39
Statewide Average	21	23	25	28	26	29	32	31	30	33	33	36	37	37	36	35	37

Caseload Segregation/Integration Ratio (CSIR) is a measure of the amount of caseload overlap among child serving agencies. CSIR values range from "0" (a service system in which child serving agencies have no overlap) to "100" (a service system in which there is total overlap). The CSIRs reported here are based on data held in the databases of the State of Vermont Department of Mental Health Services, the Department of Children and Families, and the Department of Education. Since these databases do not share common identifiers, Probabilistic Population Estimation was used to derive CSIR values. For more information, see: Pandiani, J.A., Banks, S.M., & Schacht, L.M. (1999). Caseload segregation/integration: A measure of shared responsibility for children and adolescents. *Journal of Emotional and Behavioral Disorders*, 7(2), 66-71.

Analysis by the Vermont Mental Health Performance Indicator Project