

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601

MEMORANDUM

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

FROM: John Pandiani and Joan Mongeon

DATE: July 29, 2005

RE: Child and Adolescent Caseload Segregation/Integration in Vermont:
FY1993–2004

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”. This vision has helped guide the professional activity of people working with children and adolescents for close to twenty years. 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. (Pandiani, Banks, and Schacht, 1999; Pandiani, Banks, and Schacht, 2001).

The attached graph and table provide the Caseload Segregation/Integration Ratios (C-SIR) for each of Vermont’s community mental health service areas for twelve fiscal years 1993 - 2004. C-SIR ratios may vary from zero to one hundred. At the extremes, interpretation of the Caseload Segregation-Integration is unambiguous. 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. Service systems in which child-serving agencies approach total caseload overlap (C-SIR=100); on the other hand, probably lack the individualized focus that is a core value of the system of care philosophy (Stroul and Friedman, 1986). 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 Department of Children and Families (DCF) child protection/custody database, and the public school database for young people with an individualized educational plan for an emotional/behavioral disorder. Because these

three service sectors do not share any unique person identifiers, unduplicated counts of the number of children and adolescents served in the service sectors were determined using Probabilistic Population Estimation. (Banks and Pandiani, 2001; Pandiani, Banks, Schacht, 1998).

The attached graph and table show that Vermont has experienced a fairly consistent trend toward increased caseload integration since 1993, when the caseload integration ratio was 21, through 2004 when the caseload integration ratio was 36 (an increase of 15). Caseload integration increased in every one of Vermont's ten community mental health service areas during this period, with Northwestern Vermont and Lamoille County experiencing the greatest increases (24 and 21 respectively).

In 2004, Addison County had the most caseload integration (57) as it had throughout this twelve year period. Orange County had the lowest level of caseload integration in 2004 (23).

We will appreciate hearing your observations, interpretations, and suggestions for further analysis to 802-241-2638 or pjp@vdh.state.vt.us.

References

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

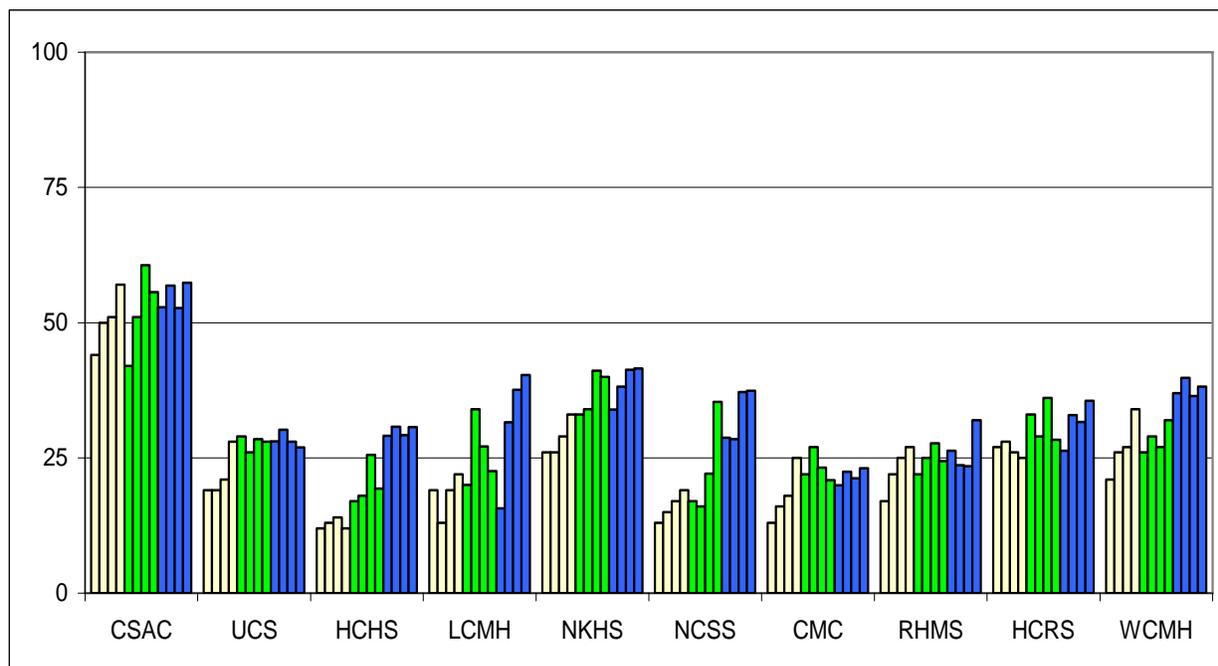
Pandiani JA, Banks SM, and Schacht LS: (1998). Personal privacy vs. public accountability: A technological solution to an ethical dilemma. *The Journal of Behavioral Health Services and Research* 25 (4) 456-463.

Pandiani JA, Banks SM, and Schacht LM: (1999). Caseload Segregation/Integration: A Measure of Shared Responsibility for Children and Adolescents. *Journal of Emotional and Behavioral Disorders*, 7 (2) 66-71.

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

Stroul BA and Friedman RM (1986). 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.

CASELOAD SEGREGATION/INTEGRATION IN VERMONT FY 1993-2004



Region/Provider	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Addison -CSAC	44	50	51	57	42	51	61	56	53	57	53	57
Bennington -UCS	19	19	21	28	29	26	28	28	28	30	28	27
Chittenden -HCHS	12	13	14	12	17	18	26	19	29	31	29	31
Lamoille -LCMH	19	13	19	22	20	34	27	23	16	32	38	40
Northeast -NKHS	26	26	29	33	33	34	41	40	34	38	41	42
Northwest -NCSS	13	15	17	19	17	16	22	35	29	28	37	37
Orange -CMC	13	16	18	25	22	27	23	21	20	22	21	23
Rutland -RHMS	17	22	25	27	22	25	28	24	26	24	23	32
Southeast -HCRS	27	28	26	25	33	29	36	28	26	33	32	36
Washington -WCMH	21	26	27	34	26	29	27	32	37	40	36	38
Statewide Average	21	23	25	28	26	29	32	31	30	33	33	36

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, Social and Rehabilitation Services 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, LM. (1999). Caseload segregation/integration: A measure of shared responsibility for children and adolescents. *Journal of Emotional and Behavioral Disorders*, 7(2), 66-71.