

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
108 Cherry Street, Burlington, Vermont 05401

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

FROM: John Pandiani and Barbara Carroll

DATE: March 9, 2007

RE: Participation in Treatment Planning

This week's PIP compares participation in treatment planning reported by respondents to the 2006 Community Rehabilitation and Treatment (CRT) consumer survey to the reports of CRT consumers surveyed in 1997, 2000, and 2003. Participation in treatment planning for people served by Vermont's CRT programs for adults with serious mental illness was measured by the survey item "I, not staff, decide my treatment goals."

Self-reported participation in treatment planning was the lowest rated item on the 1997 survey, the first in our current series of CRT consumer surveys. At that time, participation in treatment planning was identified as an area of concern by program managers. Subsequent to the 1997 survey, the Adult Mental Health Division of the Department of Mental Health developed and propagated new statewide guidelines for clinical records. These guidelines were designed to encourage increased consumer participation in treatment planning, and were followed by a statewide training effort.

Vermont's next CRT survey, in 2000, found that there had been a statistically significant increase in participation in treatment planning statewide, and at three of our ten local programs. Our third CRT consumer survey, in 2003, found that there had been a statistically significant increase in participation in treatment planning statewide and at seven of our ten local programs compared to 1997, and a statistically significant increase in participation in treatment planning statewide and at one of our ten local programs compared to 2000.

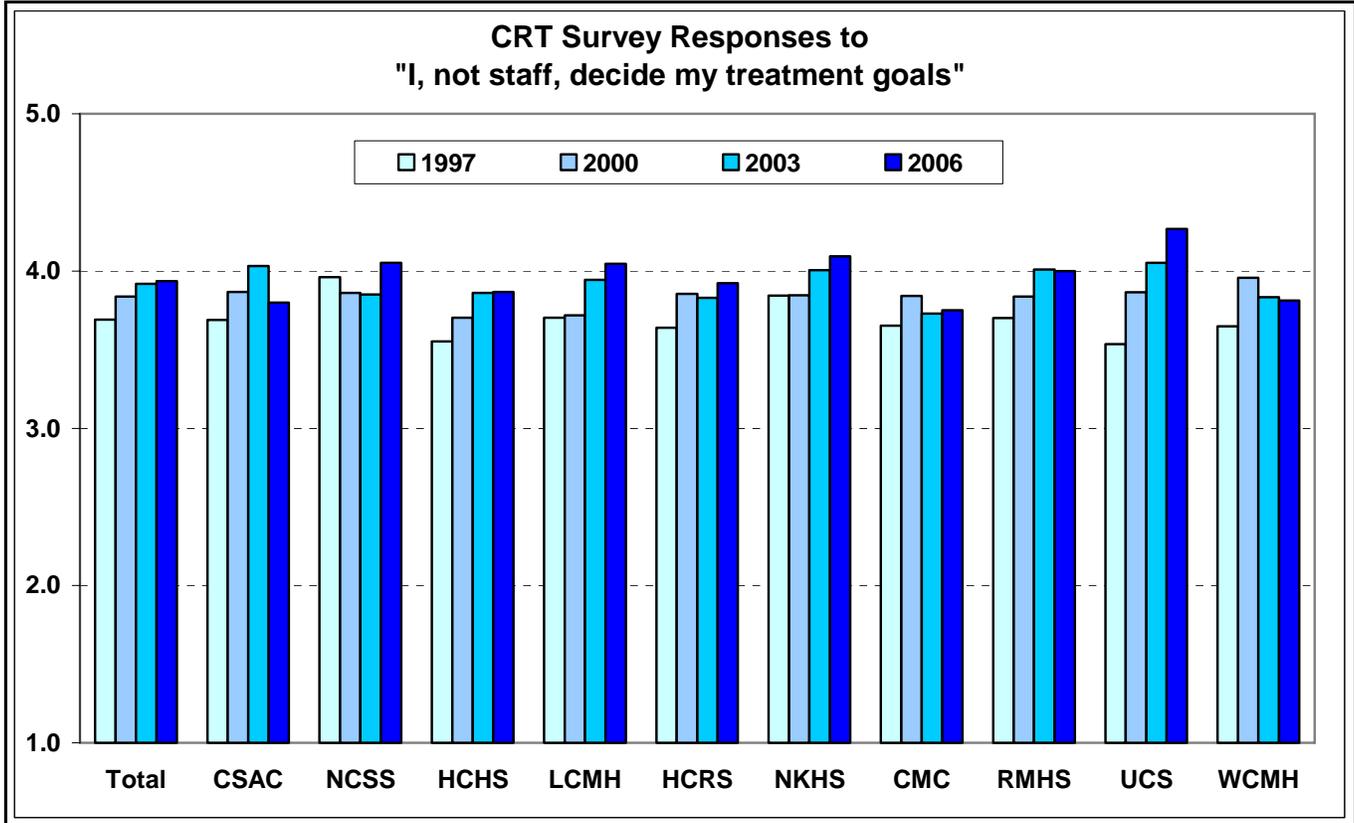
Results of our 2006 CRT consumer survey indicate that there was still a statistically significant increase in participation in treatment planning statewide and at five local programs compared to 1997. In addition, there was a statistically significant increase in participation in treatment planning statewide and at two of our ten local programs compared to 2000. However, there was no significant change in self-reported participation in treatment planning at the state level or at any local programs from 2003 to 2006.

We look forward to your comments and your suggestions for further analyses of these data (pip@vdh.state.vt.us or (802)863-7249).

References

<http://healthvermont.gov/mh/docs/pips/2004/pip112604.pdf>
<http://healthvermont.gov/mh/docs/pips/2001/pip081701.pdf>
<http://healthvermont.gov/mh/docs/res-eval/satisfaction-research/04CRTtechnicalreport.pdf>
<http://healthvermont.gov/mh/docs/res-eval/satisfaction-research/01CRTtechnicalreport.pdf>
<http://healthvermont.gov/mh/docs/res-eval/satisfaction-research/97consumertechnicalreport.pdf>
http://www.thebristolobservatory.com/fulltext/CRTSatHandout_statscon.pdf

Community Rehabilitation and Treatment Consumer Ratings of Participation in Treatment Planning: 1997, 2000, 2003 and 2006



Survey Year Comparison Year	Average Rating				Statistical Significance *					
	1997	2000	2003	2006	2000	2003		2006		
					1997	1997	2000	1997	2000	2003
Statewide	3.7	3.8	3.9	3.9	*	*	*	*	*	
Addison -CSAC	3.7	3.9	4.0	3.8		*				
Northwest -NCSS	4.0	3.9	3.9	4.1						
Chittenden -HCHS	3.6	3.7	3.9	3.9		*		*		
Lamoille -LCMH	3.7	3.7	3.9	4.0						
Southeast -HCRS	3.6	3.9	3.8	3.9	*	*		*		
Northeast -NKHS	3.8	3.8	4.0	4.1		*	*	*	*	
Orange -CMC	3.7	3.8	3.7	3.8						
Rutland -RMHS	3.7	3.8	4.0	4.0		*		*		
Bennington -UCS	3.5	3.9	4.1	4.3	*	*		*	*	
Washington -WCMH	3.6	4.0	3.8	3.8	*	*				

* Significant differences at the .05 level.

Average ratings are based on a 5 point scale where a rating of '5' indicates that a consumer strongly agreed with the statement and a rating of '1' indicates that a consumer strongly disagreed with the statement.