

**Vermont Department of Mental Health**

**Evaluation of**  
**Child and Adolescent Mental Health Programs**

**By Young People Served in Vermont**  
**September - December 2012**

**TECHNICAL REPORT**

December 2013

Emma Harrigan, MS  
*Emma.Harrigan@state.vt.us*

Sheila Leno, MS  
*Sheila.Leno@state.vt.us*

Mental Health Research and Statistics  
Vermont Department of Mental Health  
Agency of Human Services  
26 Terrace Street  
Montpelier VT 05609

The authors of this report thank all those who contributed to this project. This work could not have been completed without the help of the staff of the Child, Adolescent and Family Unit of the Department of Mental Health, especially Alice Maynard, Quality Management Chief, and Deb Franzke, Administrative Assistant. The authors would also like to thank the young consumers who took the time to evaluate and comment on the child and adolescent mental health programs provided by the community mental health centers in Vermont.

## TABLE OF CONTENTS

FOREWORD.....	3
PROJECT OVERVIEW AND SUMMARY OF RESULTS.....	4
Methodology.....	4
Overall Results.....	4
Overview of Differences among Programs.....	5
STATEWIDE RESULTS.....	6
DIFFERENCES AMONG PROGRAMS.....	7
Positive Overall Evaluation.....	7
Positive Evaluation of Staff.....	7
Positive Evaluation of Quality.....	8
Positive Evaluation of Services.....	8
Positive Evaluation of Outcomes.....	9
Narrative Comments Based on Open-Ended Questions.....	9
COMPARATIVE EVALUATIONS OVER TIME.....	10
APPENDIX I: LETTERS.....	12
APPENDIX II: VERMONT CONSUMER SURVEY.....	15
APPENDIX III: DATA COLLECTION.....	18
Project Philosophy.....	19
Data Collection Procedures.....	19
Consumer Concerns.....	20
APPENDIX IV: ANALYTICAL PROCEDURES.....	21
Scale Construction.....	22
Narrative Comments.....	24
Data Analysis.....	24
APPENDIX V: TABLES AND FIGURES.....	27
Response Rates by Program.....	28
Positive Responses to Individual Items by Program.....	29
Positive Scale Scores by Program.....	30
Positive <i>Overall</i> Evaluation.....	31
Positive Evaluation of <i>Staff</i> .....	32
Positive Evaluation of <i>Quality</i> .....	33
Positive Evaluation of <i>Services</i> .....	34
Positive Evaluation of <i>Outcomes</i> .....	35
Positive and Negative <i>Comments</i> .....	36
Positive Evaluation of Child and Adolescent Mental Health Programs.....	37
Comparative Evaluation of Child and Adolescent Mental Health Programs.....	38
APPENDIX VI: Child and Adolescent Mental Health Programs In Vermont.....	39

## FOREWORD

The 2013 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 sixth evaluation by adolescent consumers of youth and family services provided by community mental health centers in Vermont, following similar consumer surveys in 1999, 2003, 2007, 2009 and 2011.

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 2012

## PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the spring of 2013, 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) and one state-wide specialized service agency. All young people aged 14-18 who received six or more Medicaid-reimbursed services from these centers during the period of September through December of 2012 were sent questionnaires that asked for their opinion of various aspects of these services. In total, 209 (18%) of the potential pool of 1,139 deliverable surveys were completed, returned and included in the analyses (see Appendix V).

The youth survey consists of thirty-two 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).

### Methodology

In order to facilitate comparison of Vermont's ten child and adolescent mental health programs and one state-wide specialized service agency, young consumers' responses to thirty-two 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 69% 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.

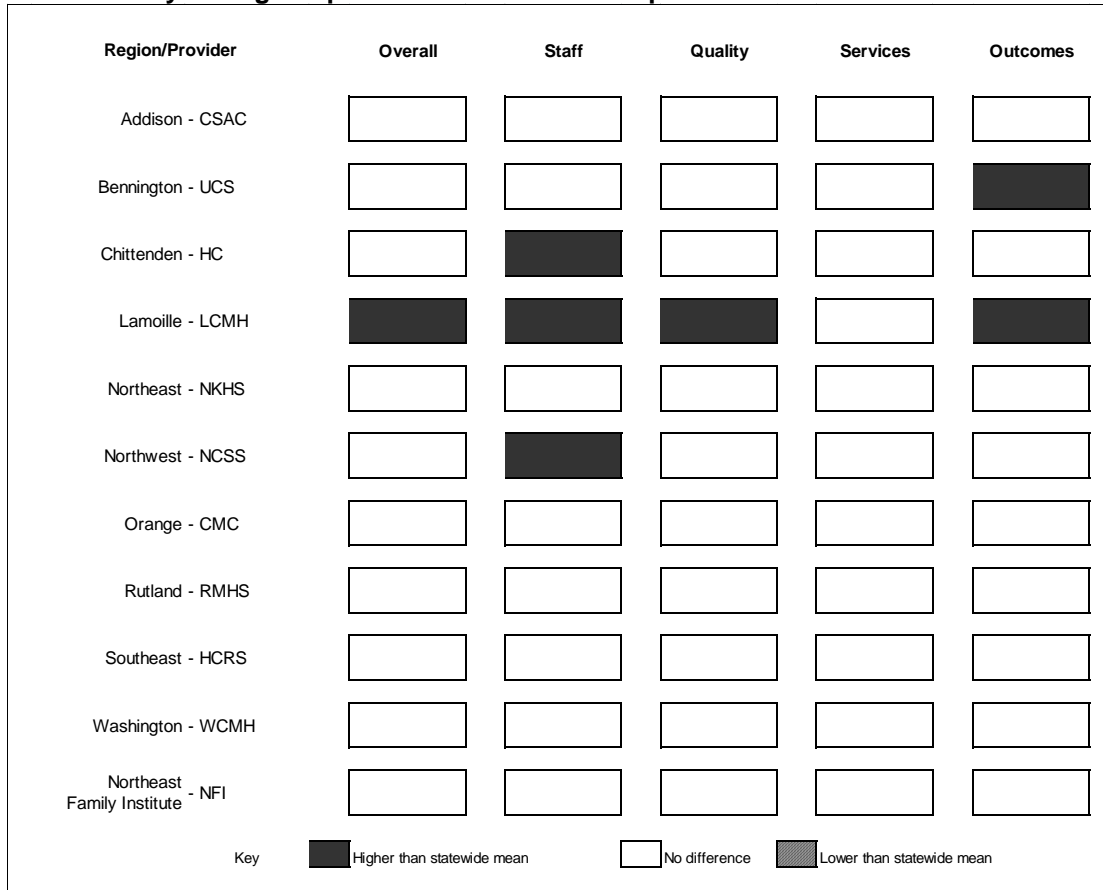
### Overall Results

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, 84% 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 (88% favorable), followed by *Quality* (81% favorable) and *Services* (73% favorable). Items related to *Outcomes* (66% 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 and one state-wide specialized service agency (see Figure 1).

**Figure 1. Positive Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont September - December 2012**



The child and adolescent mental health program in the Lamoille region scored higher than the statewide mean on four of the five scales: *Overall*, *Staff*, *Quality*, and *Outcomes*. Because only three service recipients (of a possible twenty-six) from Lamoille responded to the survey, their scale scores are not necessarily an accurate representation. The child and adolescent mental health programs in the Bennington, Chittenden, and Northwest regions also scored higher than the statewide mean on one of the five scales: *Outcomes* and *Staff*, respectively. Young consumers' evaluations of the other seven 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:

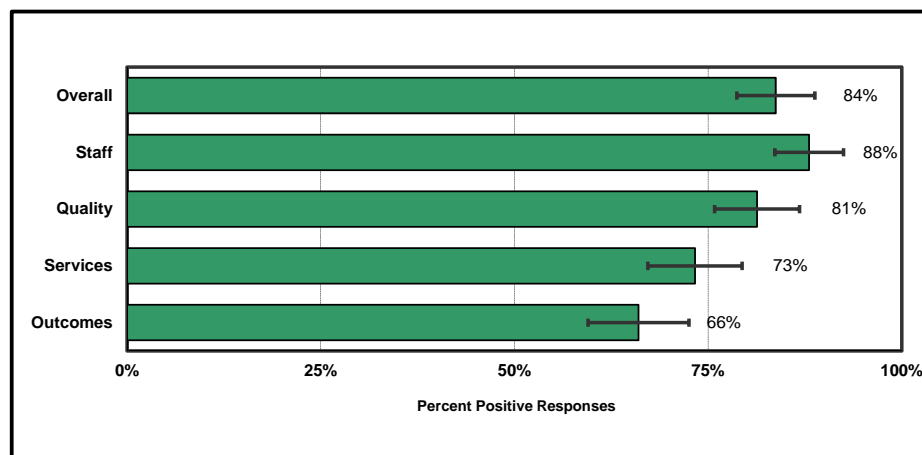
- Staff treated me with respect (89% positive);
- The staff listened to what I had to say (88%);
- Staff spoke with me in a way that I understood (88%);
- I liked the staff people who worked with me at [agency] (86%).

Other favorably rated aspects of care included the quality of the services received (85%), the continuous support of the staff (82%), the helpfulness of services received (82%), the ability to help choose treatment goals (82%), and that people stuck with them no matter what (82%).

The young respondents gave less favorable ratings for items related to outcomes as a result of mental health services. Only 39% 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). Eighty-four percent of young consumers rated programs favorably *Overall*. The *Staff* scale (88% favorable) received more favorable responses than the *Quality* and *Services* scales (81% and 73% favorable). All of these scales received higher scores than the *Outcomes* scale (66% favorable).

**Figure 2. Statewide Positive Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont September - December 2012**



## 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 30-35). These comparisons show some variation between providers.

The child and adolescent mental health program for Lamoille County Mental Health (Lamoille) was rated higher than the statewide mean score on four of the five scales: *Overall, Staff, Quality, and Outcomes*. Because only three service recipients from Lamoille responded to the survey, their scale scores are not necessarily an accurate representation. The child and adolescent mental health program at United Counseling Services (Bennington) scored higher than the statewide mean on one of the five scales: *Outcomes*. The child and adolescent mental health programs at HowardCenter (Chittenden) and Northwestern Counseling and Support Services (Northwest) also scored higher than the statewide mean on one of the five scales: *Staff*. The remaining seven 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), Northeast Kingdom Human Services (Northeast), Clara Martin Center (Orange), Rutland Mental Health Services (Rutland), Health Care and Rehabilitation Services of Southeastern Vermont (Southeast), Washington County Mental Health Services (Washington), and Northeastern Family Institute (NFI).

### 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 thirty-two fixed-alternative items. The response alternatives were on a five-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 (84%) of the young consumers gave their child and adolescent mental health programs a positive overall evaluation. One of the ten regional CMHCs (Lamoille) was rated significantly higher than the statewide mean score of 84% on this scale (see pages 30 and 31).

### 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:

1. I liked the staff people who worked with me at <agency>.
2. The staff knew how to help me.
3. The staff asked me what I wanted/needed.
4. The staff listened to what I had to say.
5. Staff respected my wishes about who received information about me.
6. Staff treated me with respect.

7. Staff spoke with me in a way that I understood.
8. Staff respected my family's religious/spiritual beliefs.
9. Staff were sensitive to my cultural/ethnic background.
10. 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; 88% gave their child and adolescent mental health programs a positive staff evaluation. Three of the ten regional CMHCs (Chittenden, Lamoille, and Northwest) were rated significantly higher than the statewide mean score of 88% on this scale (see pages 30 and 32).

### **Positive Evaluation of Quality**

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

23. Overall, the services I received from <agency> were helpful to me.
22. The services I received from <agency> this year were of good quality.
31. If I needed mental health services in the future, I would use this mental health center again.
32. 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 (81%) of the young consumers rated their child and adolescent mental health programs favorably on the *Quality* scale. One of the ten regional CMHCs (Lamoille) was rated significantly higher than the statewide mean score of 81% on this scale (see pages 30 and 33).

### **Positive Evaluation of Services**

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

11. Overall, I am satisfied with the services I received.
12. I helped to choose my treatment goals.
13. I helped to choose my services.
14. I participated in my own treatment.
15. I got the help I wanted.
16. I got as much help as I needed.
17. I received services that were right for me.
18. I felt I had someone to talk to when I was troubled.
19. The location of my mental health services was convenient.
20. I learned a skill or approach that helps me get through the day.
21. 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, 73% of the young consumers rated their child and adolescent mental health programs favorably on the *Services* scale. None of the ten regional CMHCs nor the one state-wide specialized service agency were rated



significantly different than the statewide mean score of 73% on this scale (see pages 29 and 34).

### **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:

24. I am better at handling daily life.
25. I get along better with my family.
26. I get along better with friends and other people.
27. I am doing better in school and/or at work.
28. I am better able to cope when things go wrong.
29. I am satisfied with my family life right now.
30. 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, 66% of the young consumers rated their child and adolescent mental health programs favorably on the *Outcomes* scale. Two of the ten regional CMHCs (Bennington and Lamoille) were rated significantly higher than the statewide mean score of 66% on this scale (see pages 30 and 35).

### **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:

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

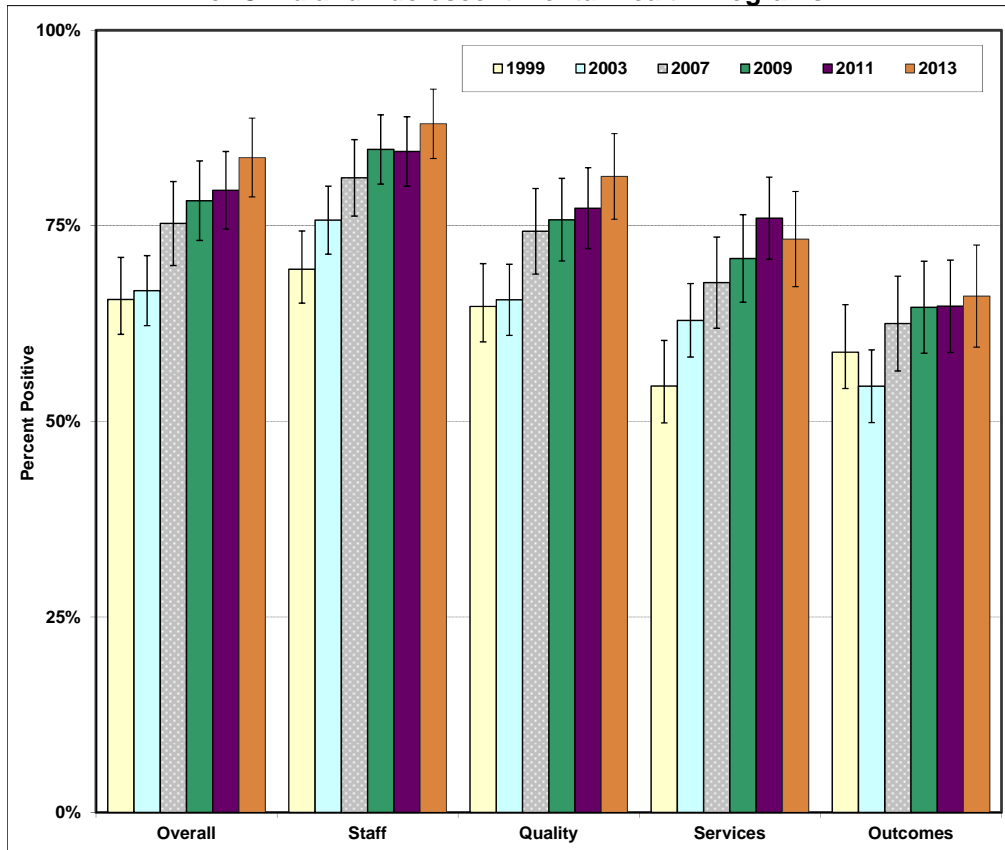
Appropriate staff of the Department of Mental Health reviewed each comment. These comments expressed a wide range of concerns. Whenever a written comment indicated the possibility of a problem involving the health or safety of a client, or that involved potential ethical or legal problems, staff attempted to contact the consumer by telephone to ask if they would like a formal complaint to be initiated.

In total, 145 of the survey respondents (69%) supplemented their responses to the survey with 287 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, 133 (from 64% of survey respondents) were positive and 77 (from 37% of survey respondents) were negative. Forty-five percent of young consumers who made comments made both positive and negative comments. Eight percent of young consumers who made comments made only negative comments. With the exception of Washington, young consumers were more likely to make positive than negative comments about every agency (see Appendix V, Figure 11, page 36).

## 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, 2007, 2009, and 2011. Figure 3 below details statewide scores for the youth surveys of 1999, 2003, 2007, 2009, 2011 and 2013. In reviewing these findings, some general themes emerge.

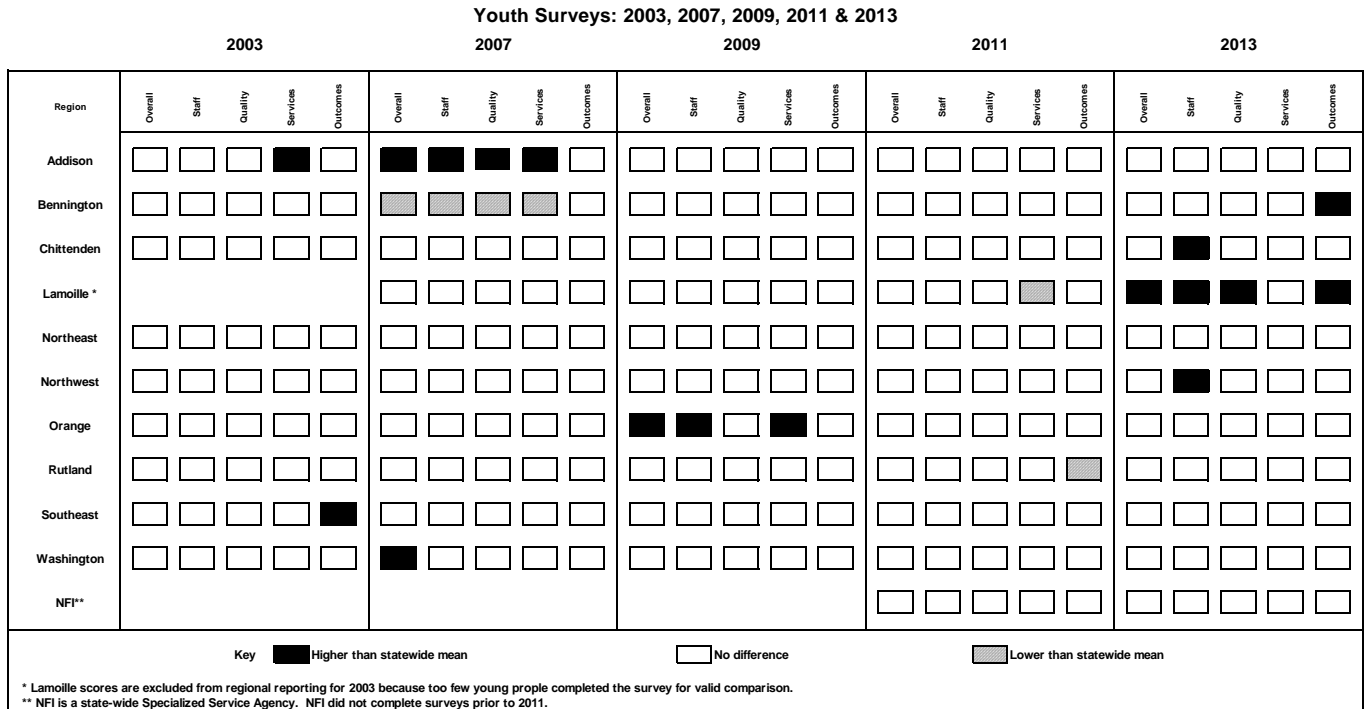
**Figure 3. Comparative Positive Evaluations by Youth of Child and Adolescent Mental Health Programs**



There has been incremental improvement in ratings of child and adolescent services by youth from 1999 to 2013. The ratings for *Overall* program performance increased from 66% in 1999 to 84% in 2013, and the ratings for *Staff* increased from 70% to 88% during this time period. Ratings for *Quality* increased from 65% to 81% and the ratings for *Services* increased from 55% to 73%. Ratings for *Outcomes* increased from 59% to 66% during the period covered by these surveys. In each year from 2003 to 2013, *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 2013, however, one CMHC was rated significantly higher than the statewide average on four of five scales (because of the low response rate at this CMHS, their scale scores are not necessarily an accurate representation) and three CMHCs were rated significantly higher than the statewide average on one of five scales.

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



These surveys aim to paint a cumulatively clearer picture of how adolescent consumers view 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. Results from these surveys also inform quality assurance monitoring and quality improvement efforts by the Department of Mental Health in Agency Review and in Agency Redesignation processes. 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



State of Vermont  
Department of Mental Health  
Commissioner's Office  
Redstone Office Building  
26 Terrace Street  
Montpelier VT 05609-1101  
<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

[phone] 802-828-3824  
[fax] 802-828-1717  
[tty] 800-253-0191

April 1, 2013

First Name Last Name mh\_id  
Street 1  
Street 2  
City, State Zip

Dear **FIRST NAME**:

I am writing to ask you to help evaluate mental health services that you received from the [*Designated Agency (Abbr)*] since September 1, 2012. 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.

We ask that you fill out the enclosed survey and mail it back to us in the enclosed stamped envelope which is already addressed.

Completing the survey is your choice. Your personal 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 802-951-1222 or toll free at 1-888-212-4677.

If you would like us to send you a summary report of survey results, please check the box at the end of the survey. Both the summary and the full report will be posted to the department's website by October 2013 at: <http://mentalhealth.vermont.gov/report/survey#cafu>.

Thank you. We appreciate your responses.

Sincerely,

A handwritten signature in cursive script that reads "Mary Moulton".

Mary Moulton, Commissioner  
Department of Mental Health

Enc.

## Follow-up Cover Letter



State of Vermont  
Department of Mental Health  
Commissioner's Office  
Redstone Office Building  
26 Terrace Street  
Montpelier VT 05609-1101  
<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

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

April 30, 2013

mh\_id

First Name Last Name  
Street 1  
Street 2  
City, State Zip

Dear **FIRST NAME**,

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 [**Designated Agency (Abrv)**] after September 1, 2012. 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. If you have already completed and returned your survey, thank you. There is no need to respond again.

In case you did not receive the original survey or misplaced it, I have enclosed another copy and return envelope for your convenience.

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.

Questions? Not sure what services we're asking about? Call Alice Maynard at 802-951-1222 or toll free at 1-888-212-4677.

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 getting your feedback!

Sincerely,

A handwritten signature in cursive script that reads 'Mary Moulton'.

Mary Moulton, Commissioner  
Department of Mental Health

Enc.



## **APPENDIX II: VERMONT CONSUMER SURVEY**

# Vermont Consumer Survey

Code #

Please circle the number for each item that best describes your evaluation of the services you received since September 1, 2012 from XXXX.

1 = Strongly Agree; 2 = Agree; 3 = Undecided; 4 = Disagree; 5 = Strongly Disagree

## STAFF

- |                                                                       |   |   |   |   |   |
|-----------------------------------------------------------------------|---|---|---|---|---|
| 1. I liked the staff people from XXX who worked with me.              | 1 | 2 | 3 | 4 | 5 |
| 2. The staff knew how to help me.                                     | 1 | 2 | 3 | 4 | 5 |
| 3. The staff asked me what I wanted/needed.                           | 1 | 2 | 3 | 4 | 5 |
| 4. The staff listened to what I had to say.                           | 1 | 2 | 3 | 4 | 5 |
| 5. Staff respected my wishes about who received information about me. | 1 | 2 | 3 | 4 | 5 |
| 6. Staff treated me with respect.                                     | 1 | 2 | 3 | 4 | 5 |
| 7. Staff spoke with me in a way that I understood.                    | 1 | 2 | 3 | 4 | 5 |
| 8. Staff respected my family's religious/spiritual beliefs.           | 1 | 2 | 3 | 4 | 5 |
| 9. Staff were sensitive to my cultural/ethnic background.             | 1 | 2 | 3 | 4 | 5 |
| 10. People helping me stuck with me no matter what.                   | 1 | 2 | 3 | 4 | 5 |

## SERVICES

- |                                                                      |   |   |   |   |   |
|----------------------------------------------------------------------|---|---|---|---|---|
| 11. Overall, I am satisfied with the services I received.            | 1 | 2 | 3 | 4 | 5 |
| 12. I helped to choose my treatment goals.                           | 1 | 2 | 3 | 4 | 5 |
| 13. I helped to choose my services.                                  | 1 | 2 | 3 | 4 | 5 |
| 14. I participated in my own treatment.                              | 1 | 2 | 3 | 4 | 5 |
| 15. I got the help I wanted.                                         | 1 | 2 | 3 | 4 | 5 |
| 16. I got as much help as I needed.                                  | 1 | 2 | 3 | 4 | 5 |
| 17. I received services that were right for me.                      | 1 | 2 | 3 | 4 | 5 |
| 18. I felt I had someone to talk to when I was troubled.             | 1 | 2 | 3 | 4 | 5 |
| 19. The location of my mental health services was convenient.        | 1 | 2 | 3 | 4 | 5 |
| 20. I learned a skill or approach that helps me get through the day. | 1 | 2 | 3 | 4 | 5 |
| 21. Services were available at times convenient for me.              | 1 | 2 | 3 | 4 | 5 |
| 22. The services I received from this agency were of good quality.   | 1 | 2 | 3 | 4 | 5 |



1 = Strongly Agree; 2 = Agree; 3 = Undecided; 4 = Disagree; 5 = Strongly Disagree

## RESULTS

23. Overall, the services I received from XXX were helpful to me. 1 2 3 4 5

### As a result of the services I received:

24. I am better at handling daily life. 1 2 3 4 5

25. I get along better with my family. 1 2 3 4 5

26. I get along better with friends and other people. 1 2 3 4 5

27. I am doing better in school and/or at work. 1 2 3 4 5

28. I am better able to cope when things go wrong. 1 2 3 4 5

29. I am satisfied with my family life right now. 1 2 3 4 5

30. Since starting to receive services, the number of days I have been in school is [check one]:  
\_\_\_ greater \_\_\_ about the same \_\_\_ less.

## OVERALL

31. If I needed mental health services in the future, I would use this mental health center again. 1 2 3 4 5

32. I would recommend this mental health center to a friend who needed help. 1 2 3 4 5

## TELL US WHAT'S UP!

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

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

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

36. Other comments?

**Thank you!**

**TO RECEIVE A COPY OF THE SURVEY'S RESULTS, CHECK HERE.**



## **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 six or more Medicaid-funded mental health services during a given four month period (September through December 2012) 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 1,173 young people aged 14 to 18 who received six or more Medicaid-reimbursed services from child and adolescent mental health programs in Vermont during the period September to December 2012. The first mailing of questionnaires by the Department of Mental Health's Child, Adolescent and Family Unit central office staff took place in early April, 2013. 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.

The original questionnaire with cover letter was mailed in early April, 2013. Approximately four 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 12% to 29%. Consumers aged 14-15 responded slightly more often than consumers aged 16-18 (19% and 18%, respectively), and girls responded more often than boys (22% and 15%, respectively). (See Appendix V for program-by-program response rates.)

### **Consumer Concerns**

Written comments accompanied 69% 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, staff attempted to contact the consumer by telephone to ask if they would like a formal complaint to be initiated.

In total, 145 of the survey respondents (69%) supplemented their responses to the survey with 287 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, 133 (from 64% of survey respondents) were positive and 77 (from 37% of survey respondents) were negative. Forty-five percent of young consumers who made comments made both positive and negative comments. Eight percent of young consumers who made comments made only negative comments. With the exception of Washington, 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 2013 Vermont survey of young people who had been served by child and adolescent mental health programs included thirty-two fixed-alternative items and four open-ended questions. The original survey used in 1999 included twenty-two 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. The 2013 survey was revised to include one additional question, the survey questions were reordered, and the appearance of the questionnaire was revamped in an attempt to make it more appealing to adolescents.

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 thirty-two 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 .976.

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

1. I liked the staff people who worked with me at <agency>.
2. The staff knew how to help me.
3. The staff asked me what I wanted/needed.
4. The staff listened to what I had to say.
5. Staff respected my wishes about who received information about me.
6. Staff treated me with respect.
7. Staff spoke with me in a way that I understand.
8. Staff respected my family's religious/spiritual beliefs.
9. Staff were sensitive to my cultural/ethnic background.
10. 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 .968.

*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:

23. Overall, the services I received from <agency> were helpful to me.
22. The services I received from <agency> this year were of good quality.
31. If I needed mental health services in the future, I would use this mental health center again.
32. 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 .939.

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

11. Overall, I am satisfied with the services I received.
12. I helped to choose my treatment goals.
13. I helped to choose my services.
14. I participated in my own treatment.
15. I got the help I wanted.
16. I got as much help as I needed.
17. I received services that were right for me.
18. I felt I had someone to talk to when I was troubled.
19. The location of my mental health services was convenient.
20. I learned a skill or approach that helps me get through the day.
21. 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 .959.

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:

24. I am better at handling daily life.
25. I get along better with my family.
26. I get along better with friends and other people.
27. I am doing better in school and/or at work.

28. I am better able to cope when things go wrong.
29. I am satisfied with my family life right now.
30. 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 .889.

### **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:

33. What was most helpful about the services you received?
34. What was least helpful about the services you received?
35. What could your mental health center do to improve?
36. 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, staff attempted to contact the consumer by telephone to ask if they would like a formal complaint to be initiated.

In total, 145 of the survey respondents (69%) supplemented their responses to the survey with 287 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, 133 (from 64% of survey respondents) were positive and 77 (from 37% of survey respondents) were negative. Forty-five percent of young consumers who made comments made both positive and negative comments. Eight percent of young consumers who made comments made only negative comments. With the exception of Washington, 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**

**Youth Survey 2013**

Case-mix Adjustment: Statistical Significance of Relationships (p<.05)						
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

Four 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 service volume, and a primary diagnosis of an affective disorder, conduct disorder, or anxiety disorder.

Several scale scores were related to risk adjustment factors at a statistically significant level (p<.05). *Overall*, *Staff*, and *Quality* scale scores were related to service volume and a diagnosis of personality disorder. *Services* and *Outcomes* scale scores were related to a diagnosis of personality disorder. Because scores on the Overall, Staff, and Quality scales varied with service volume, the scales were risk adjusted before scores for different programs were compared.

Whenever a statistical adjustment of survey results was 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. Second, the average (mean) respondent rating was determined for each of these categories. Third, the proportion of all child

and adolescent mental health program clients, statewide, who fell into each category was determined. Finally, the average rating for each category was multiplied by the statewide proportion of all potential 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<sub>i</sub>" is the proportion of all potential respondents who 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 includes no responses, it is necessary to reconsider if the difference between the caseload of a specific program and the caseload of other programs in the state is too great to allow for statistical case-mix adjustment. If it is decided that the difference is within reason, the empty category is collapsed into an adjacent category and the process described above is repeated using the smaller set of categories.

## Discussion

Both of 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. Finite population correction provides the narrower confidence intervals that are appropriate to a study, which obtains responses from a reasonable proportion of all potential respondents. 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.

## **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 2013: Response Rates by Program**

**Evaluation of Child and Adolescent Mental Health Programs  
By Young People Served in Vermont September - December 2012**

		Number			Response Rate	
		Mailed	Deliverable	Returned	Useable / Analysed <sup>1</sup>	
Statewide		1,173	1,139	210	209	18%
Region/Provider <sup>2</sup>						
Addison - CSAC		116	115	26	26	23%
Bennington - UCS		49	49	14	14	29%
Chittenden - HC		267	255	52	51	20%
Lamoille - LCMH		26	26	3	3	12%
Northeast - NKHS		123	119	18	18	15%
Northwest - NCSS		104	103	25	25	24%
Orange - CMC		78	75	12	12	16%
Rutland - RMHS		107	104	17	17	16%
Southeast - HCRS		115	111	15	15	14%
Washington - WCMH		97	93	13	13	14%
Northeast Family Institute - NFI		91	89	15	15	17%
Age	14-15	617	603	113	113	19%
	16-18	556	536	97	96	18%
Gender	Male	614	597	91	90	15%
	Female	558	541	119	119	22%

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

<sup>2</sup> Appendix VI gives the full name and location of each of the ten designated CMHCs.

Table 2

Youth Survey 2013: Positive Responses to Individual Items by Program

Evaluation of Child and Adolescent Mental Health Programs  
By Young People Served in Vermont September - December 2012

	State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington	NFI
<i>Staff treated me with respect.</i>	89%	77%	93%	94%	100%	83%	100%	83%	88%	93%	85%	80%
<i>The staff listened to what I had to say.</i>	88%	81%	93%	86%	100%	83%	92%	83%	88%	93%	85%	100%
<i>Staff spoke with me in a way that I understood.</i>	88%	77%	100%	94%	100%	72%	92%	83%	94%	87%	77%	87%
<i>I liked the staff people who worked with me at [agency].</i>	86%	81%	86%	92%	67%	83%	100%	83%	82%	87%	69%	80%
<i>The services I received from [agency] this year were of good quality.</i>	85%	76%	90%	93%	100%	83%	92%	100%	75%	91%	57%	75%
<i>The staff asked me what I wanted/needed.</i>	82%	73%	93%	90%	100%	72%	88%	75%	82%	73%	77%	80%
<i>The services I received from [agency] were helpful to me.</i>	82%	73%	92%	88%	100%	83%	83%	83%	80%	73%	69%	86%
<i>I helped to choose my treatment goals.</i>	82%	77%	93%	90%	33%	83%	92%	75%	81%	73%	62%	80%
<i>People helping me stuck with me no matter what.</i>	82%	73%	86%	90%	100%	72%	84%	83%	71%	80%	77%	87%
<i>Overall, I am satisfied with the services I received.</i>	81%	73%	86%	90%	100%	83%	88%	75%	65%	73%	77%	80%
<i>Staff respected my wishes about who received information about me.</i>	81%	77%	86%	86%	0%	83%	84%	67%	88%	93%	62%	87%
<i>I participated in my own treatment.</i>	81%	72%	79%	90%	67%	72%	84%	67%	88%	73%	62%	100%
<i>Staff respected my family's religious/spiritual beliefs.</i>	80%	68%	100%	78%	67%	76%	92%	67%	82%	92%	77%	80%
<i>If I needed mental health services in the future, I would use this mental health center again.</i>	80%	72%	93%	84%	100%	78%	79%	92%	75%	79%	69%	73%
<i>Staff were sensitive to my cultural/ethnic background.</i>	80%	68%	100%	80%	67%	71%	92%	67%	81%	93%	69%	80%
<i>I would recommend this mental health center to a friend who needed help.</i>	79%	77%	86%	81%	67%	83%	77%	75%	75%	79%	62%	87%
<i>The location of my mental health services was convenient.</i>	78%	81%	100%	76%	67%	78%	84%	67%	88%	80%	77%	53%
<i>I felt I had someone to talk to when I was troubled.</i>	78%	73%	79%	80%	33%	72%	84%	75%	76%	73%	85%	87%
<i>Services were available at times convenient for me.</i>	78%	68%	86%	88%	100%	83%	80%	58%	71%	73%	62%	80%
<i>I received services that were right for me.</i>	77%	65%	86%	84%	67%	89%	80%	75%	76%	53%	77%	73%
<i>The staff knew how to help me.</i>	76%	69%	93%	84%	67%	78%	80%	75%	65%	67%	62%	73%
<i>I got the help I wanted.</i>	75%	68%	86%	86%	67%	78%	60%	83%	76%	60%	69%	67%
<i>I got as much help as I needed.</i>	74%	65%	100%	84%	67%	72%	71%	58%	71%	67%	77%	53%
<i>I learned a skill or approach that helps me get through the day.</i>	74%	60%	79%	84%	100%	67%	72%	67%	76%	60%	54%	93%
<i>I am doing better in school and/or at work.</i>	69%	52%	86%	73%	100%	78%	61%	64%	56%	67%	69%	87%
<i>I get along better with friends and other people.</i>	69%	58%	85%	75%	67%	61%	54%	75%	56%	80%	62%	87%
<i>I helped to choose my services.</i>	68%	62%	86%	78%	0%	67%	63%	75%	65%	60%	54%	67%
<i>I am better able to cope when things go wrong.</i>	65%	56%	79%	71%	67%	67%	57%	67%	44%	67%	62%	87%
<i>I am better at handling daily life.</i>	65%	56%	86%	75%	67%	78%	50%	58%	44%	53%	54%	80%
<i>I am satisfied with my family life right now.</i>	64%	57%	79%	73%	33%	72%	58%	42%	63%	67%	54%	67%
<i>I get along better with my family.</i>	63%	44%	79%	71%	100%	72%	48%	67%	63%	60%	54%	73%
<i>Since starting to receive services, the number of days I have been in school is [greater].</i>	39%	24%	27%	49%	33%	53%	36%	64%	33%	47%	8%	40%
<b>Overall Mean</b>	77%	69%	88%	84%	73%	77%	78%	73%	74%	75%	68%	80%

**Table 3**

**Youth Survey 2013: Positive Scale Scores by Program**

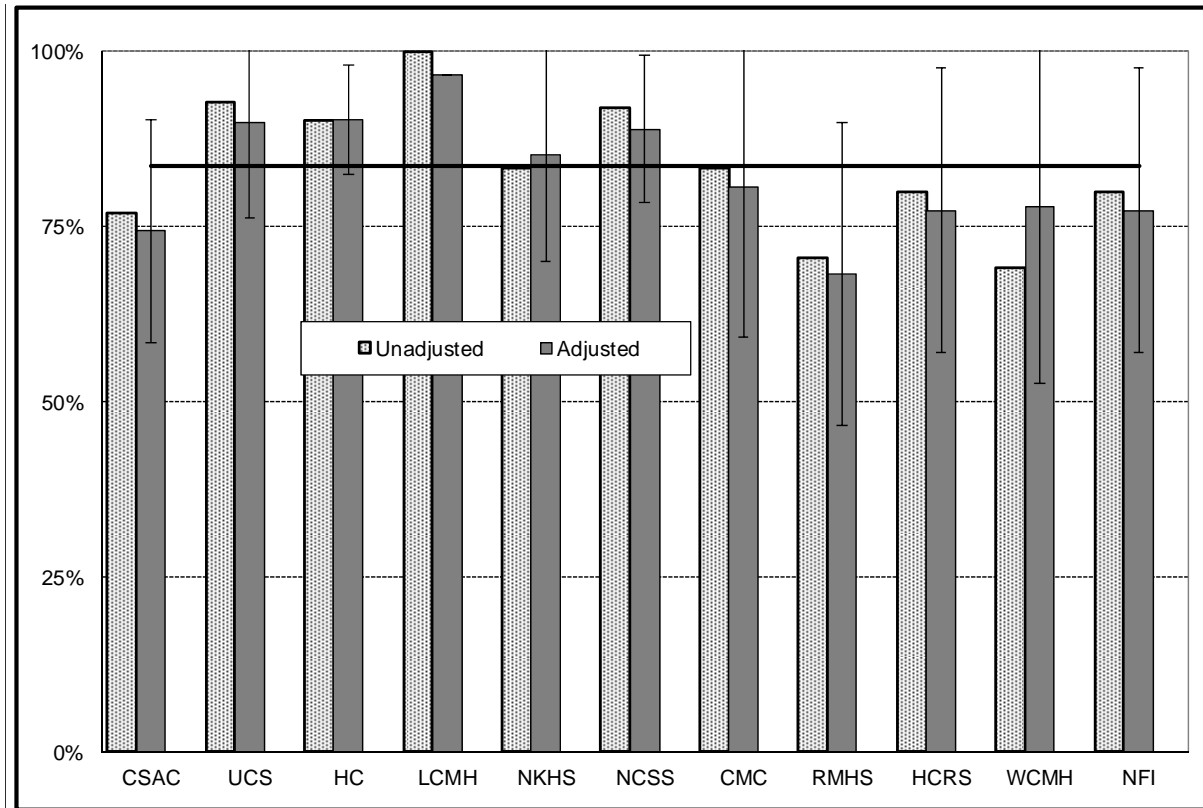
**Evaluation of Child and Adolescent Mental Health Programs  
By Young People Served in Vermont September - December 2012**

Region/Provider		Overall	Staff	Quality	Services	Outcomes
Statewide	Respondents	175	184	161	151	136
	Mean Score	84%	88%	81%	73%	66%
Addison	-CSAC	74%	74%	72%	65%	48%
Bennington	-UCS	90%	90%	90%	86%	<b>93%</b>
Chittenden	-HC	90%	<b>94%</b>	87%	82%	73%
Lamoille	-LCMH	<b>97%</b>	<b>97%</b>	<b>97%</b>	33%	<b>100%</b>
Northeast	-NKHS	85%	85%	85%	78%	83%
Northwest	-NCSS	89%	<b>97%</b>	78%	72%	50%
Orange	-CMC	81%	81%	81%	82%	67%
Rutland	-RMHS	68%	80%	72%	75%	44%
Southeast	-HCRS	77%	84%	76%	60%	67%
Washington	-WCMH	78%	78%	78%	67%	54%
Northeast Family Institute	-NFI	77%	90%	77%	60%	80%

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

**Figure 6. Youth Survey 2013: Positive Overall Evaluation**

**By Young People Served in Vermont September - December 2012**

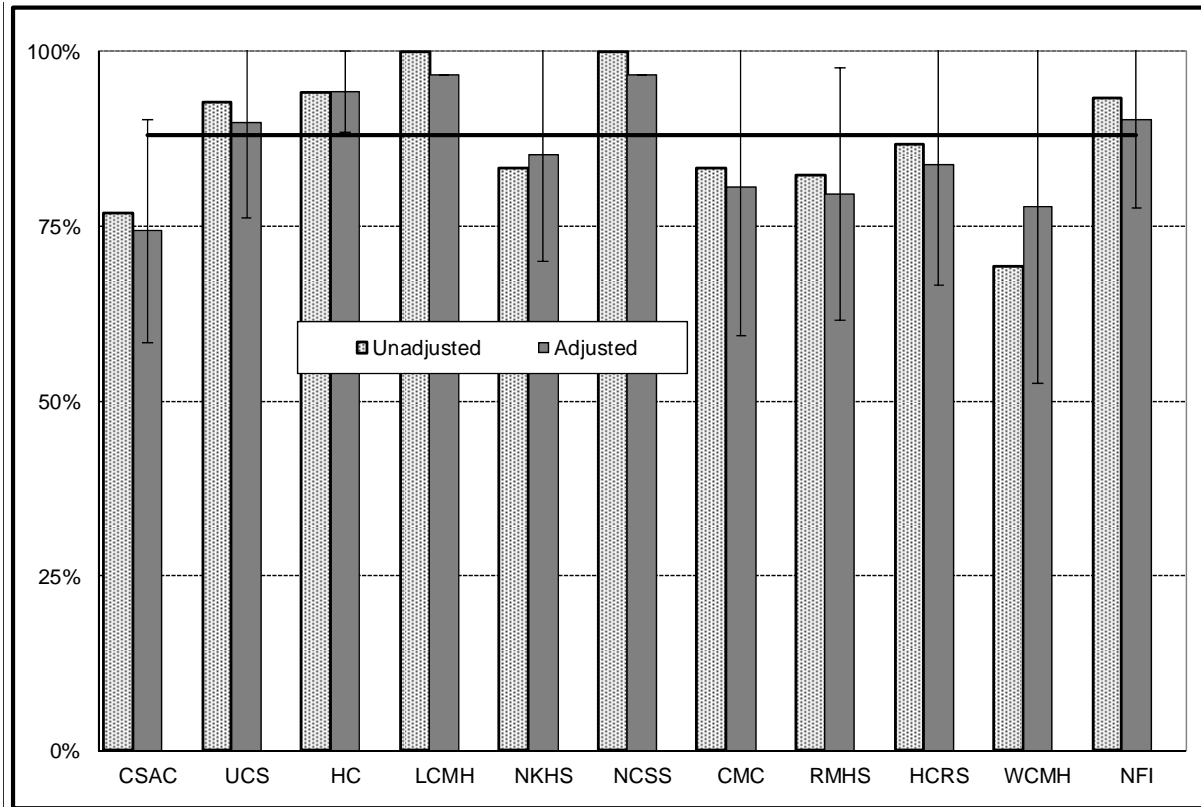


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	26	20	77%	74%	(58%-90%)	
Bennington - UCS	14	13	93%	90%	(76%-100%)	
Chittenden - HC	51	46	90%	90%	(82%-98%)	
Lamoille - LCMH	3	3	100%	97%	(97%-97%)	*
Northeast - NKHS	18	15	83%	85%	(70%-100%)	
Northwest - NCSS	25	23	92%	89%	(78%-99%)	
Orange - CMC	12	10	83%	81%	(59%-100%)	
Rutland - RMHS	17	12	71%	68%	(47%-90%)	
Southeast - HCRS	15	12	80%	77%	(57%-98%)	
Washington - WCMH	13	9	69%	78%	(53%-100%)	
Northeast Family Institute - NFI	15	12	80%	77%	(57%-98%)	
Statewide	209	175	84%			

<sup>1</sup> Statistically adjusted to reflect statewide caseload composition by service volume

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

**Figure 7. Youth Survey 2013: Positive Evaluation of Staff**  
**By Young People Served in Vermont September - December 2012**



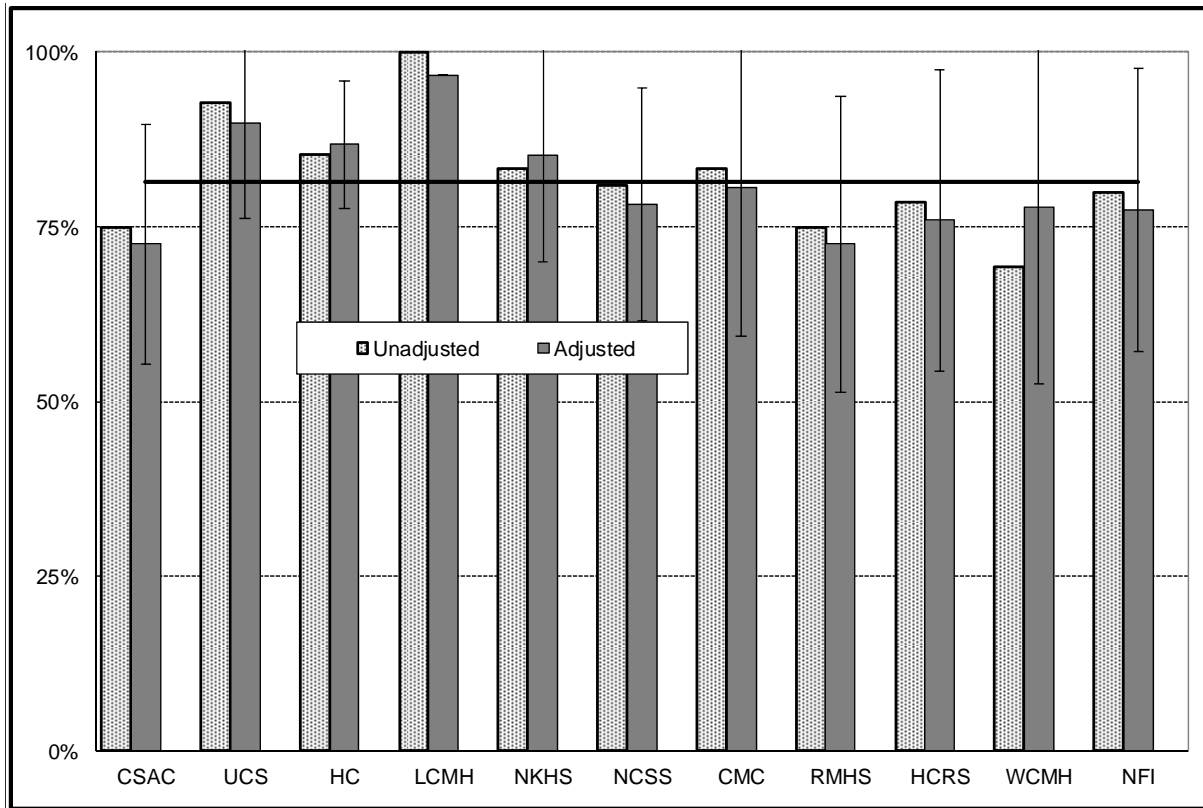
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	26	20	77%	74%	(58%-90%)	
Bennington - UCS	14	13	93%	90%	(76%-100%)	
Chittenden - HC	51	48	94%	94%	(88%-100%)	*
Lamoille - LCMH	3	3	100%	97%	(97%-97%)	*
Northeast - NKHS	18	15	83%	85%	(70%-100%)	
Northwest - NCSS	25	25	100%	97%	(97%-97%)	*
Orange - CMC	12	10	83%	81%	(59%-100%)	
Rutland - RMHS	17	14	82%	80%	(62%-98%)	
Southeast - HCRS	15	13	87%	84%	(67%-100%)	
Washington - WCMH	13	9	69%	78%	(53%-100%)	
Northeast Family Institute - NFI	15	14	93%	90%	(78%-100%)	
Statewide	209	184	88%			

<sup>1</sup> Statistically adjusted to reflect statewide caseload composition by service volume

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



**Figure 8. Youth Survey 2013: Positive Evaluation of *Quality***  
**By Young People Served in Vermont September - December 2012**

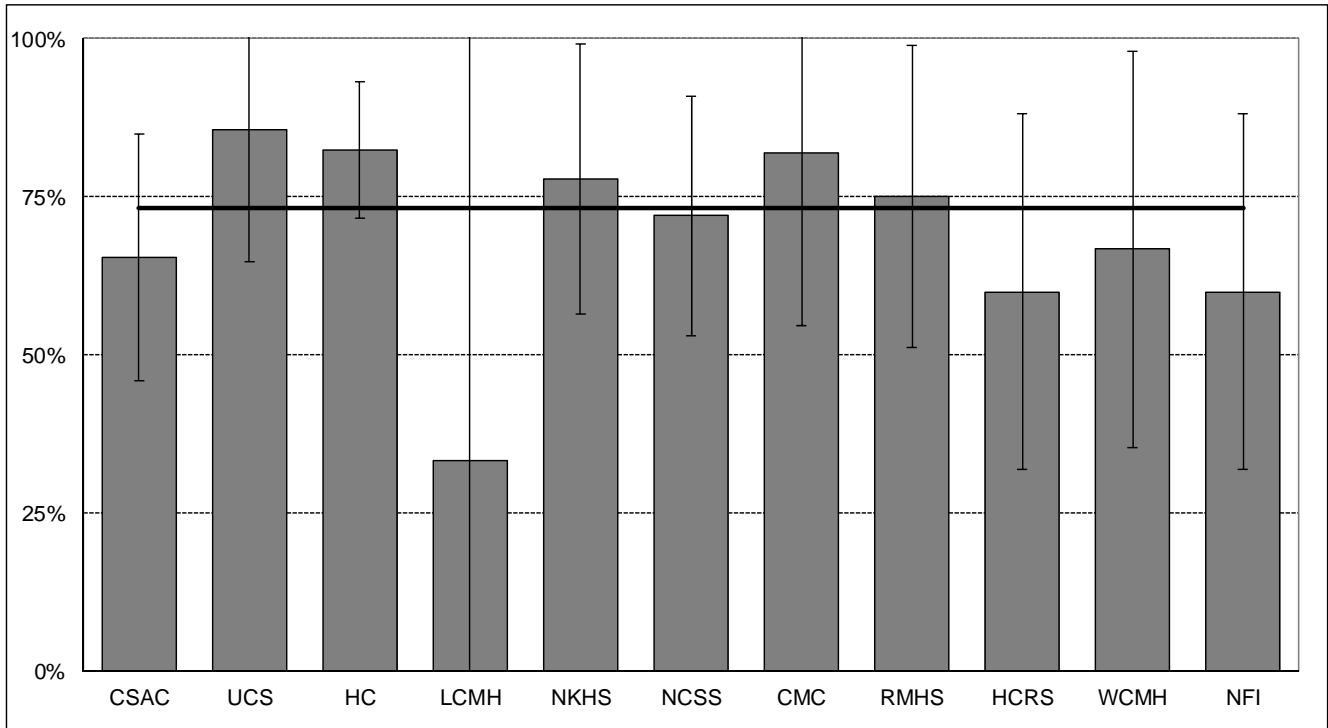


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents <sup>1</sup>	Confidence Interval	Significance
Addison - CSAC	24	18	75%	72%	(55%-90%)	
Bennington - UCS	14	13	93%	90%	(76%-100%)	
Chittenden - HC	48	41	85%	87%	(78%-96%)	
Lamoille - LCMH	3	3	100%	97%	(97%-97%)	*
Northeast - NKHS	18	15	83%	85%	(70%-100%)	
Northwest - NCSS	21	17	81%	78%	(62%-95%)	
Orange - CMC	12	10	83%	81%	(59%-100%)	
Rutland - RMHS	16	12	75%	72%	(51%-94%)	
Southeast - HCRS	14	11	79%	76%	(54%-97%)	
Washington - WCMH	13	9	69%	78%	(53%-100%)	
Northeast Family Institute - NFI	15	12	80%	77%	(57%-98%)	
<b>Statewide</b>	<b>198</b>	<b>161</b>	<b>81%</b>			

<sup>1</sup> Statistically adjusted to reflect statewide caseload composition by service volume

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

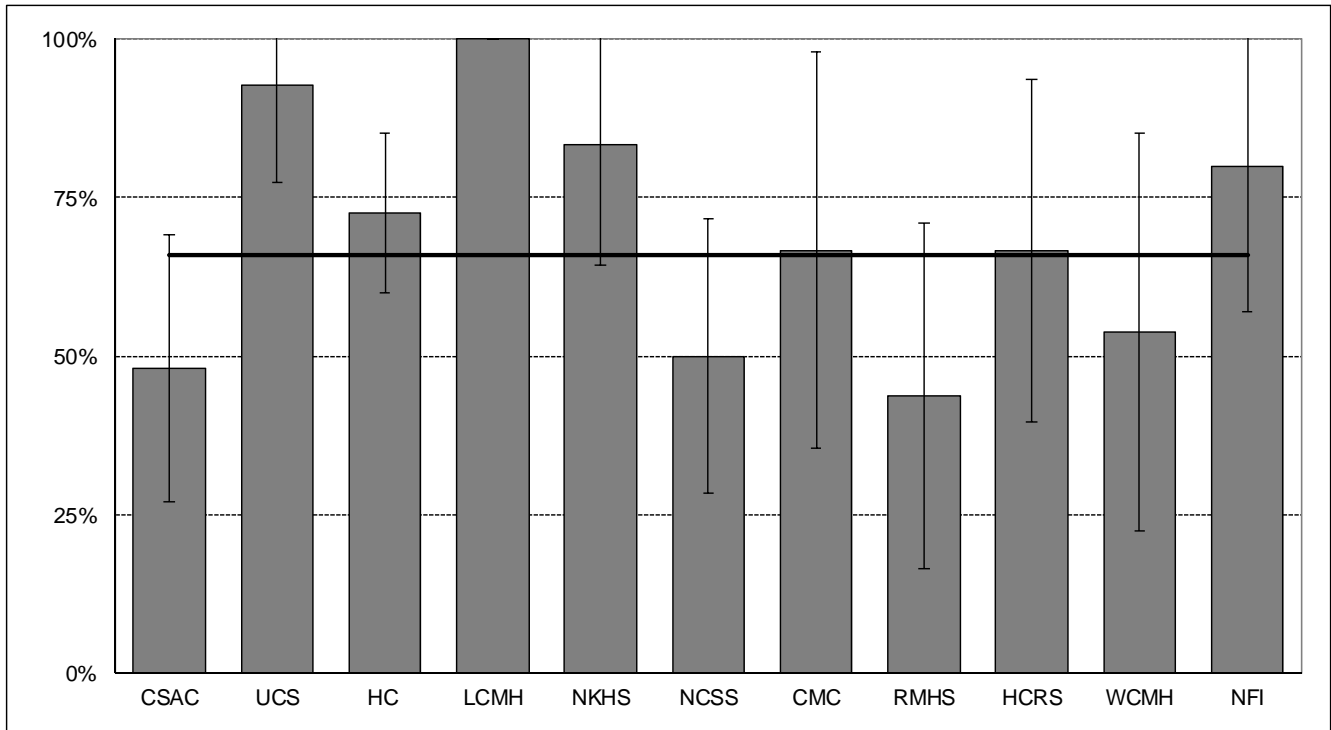
**Figure 9. Youth Survey 2013: Positive Evaluation of Services**  
**By Young People Served in Vermont September - December 2012**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison - CSAC	26	17	65%	(46% - 85%)	
Bennington - UCS	14	12	86%	(65% - 100%)	
Chittenden - HC	51	42	82%	(72% - 93%)	
Lamoille - LCMH	3	1	33%	(0% - 100%)	
Northeast - NKHS	18	14	78%	(57% - 99%)	
Northwest - NCSS	25	18	72%	(53% - 91%)	
Orange - CMC	11	9	82%	(55% - 100%)	
Rutland - RMHS	16	12	75%	(51% - 99%)	
Southeast - HCRS	15	9	60%	(32% - 88%)	
Washington - WCMH	12	8	67%	(35% - 98%)	
Northeast Family Institute - NFI	15	9	60%	(32% - 88%)	
Statewide Mean	206	151	73%		

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

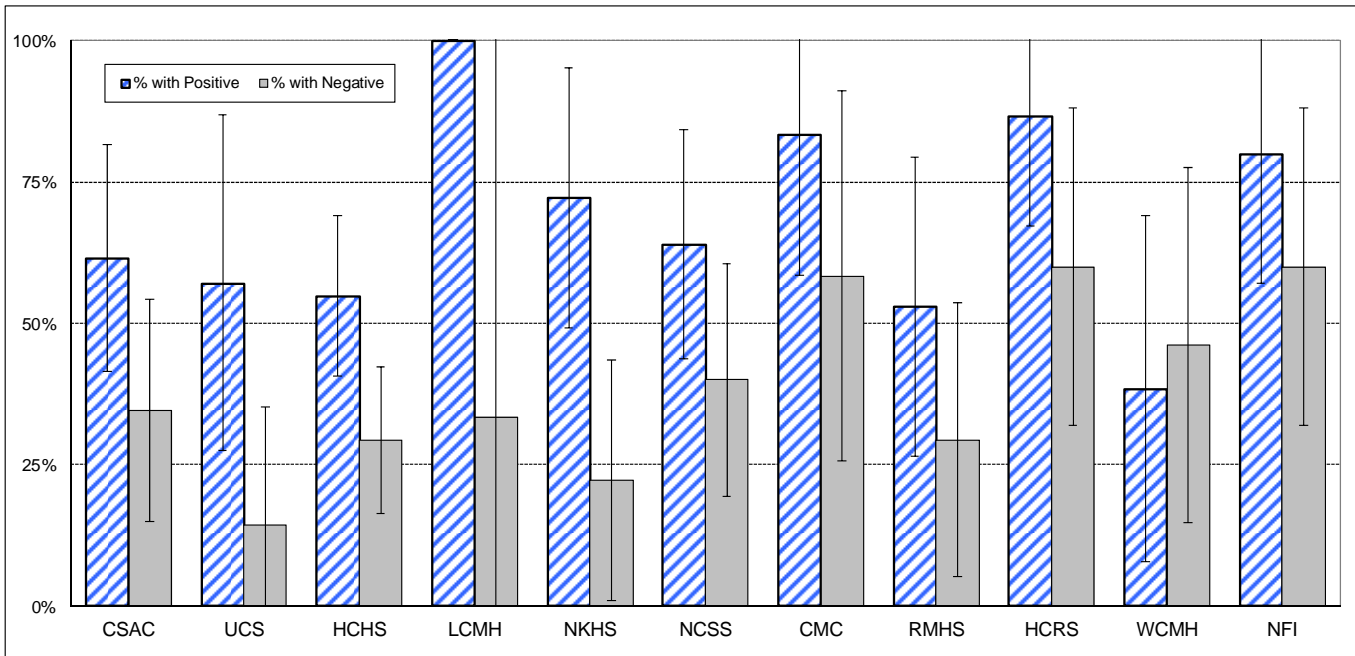
**Figure 10. Youth Survey 2013: Positive Evaluation of *Outcomes***  
**By Young People Served in Vermont September - December 2012**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison - CSAC	25	12	48%	(27% - 69%)	
Bennington - UCS	14	13	93%	(77% - 100%)	*
Chittenden - HC	51	37	73%	(60% - 85%)	
Lamoille - LCMH	3	3	100%	(100% - 100%)	*
Northeast - NKHS	18	15	83%	(64% - 100%)	
Northwest - NCSS	24	12	50%	(28% - 72%)	
Orange - CMC	12	8	67%	(35% - 98%)	
Rutland - RMHS	16	7	44%	(16% - 71%)	
Southeast - HCRS	15	10	67%	(40% - 94%)	
Washington - WCMH	13	7	54%	(22% - 85%)	
Northeast Family Institute - NFI	15	12	80%	(57% - 100%)	
Statewide Mean	206	136	66%		

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

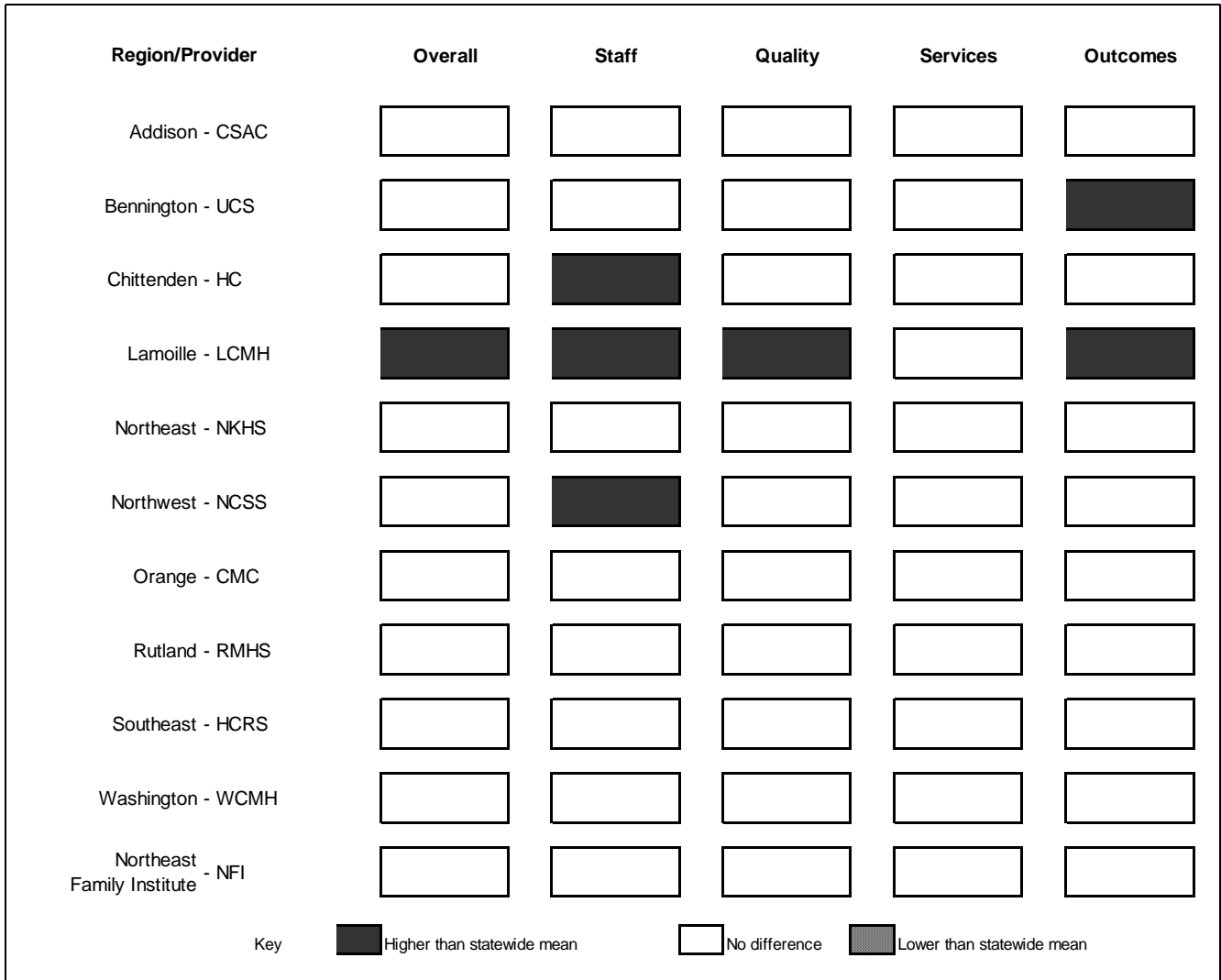
**Figure 11. Youth Survey 2013: Positive and Negative Comments**  
**By Young People Served in Vermont September - December 2012**



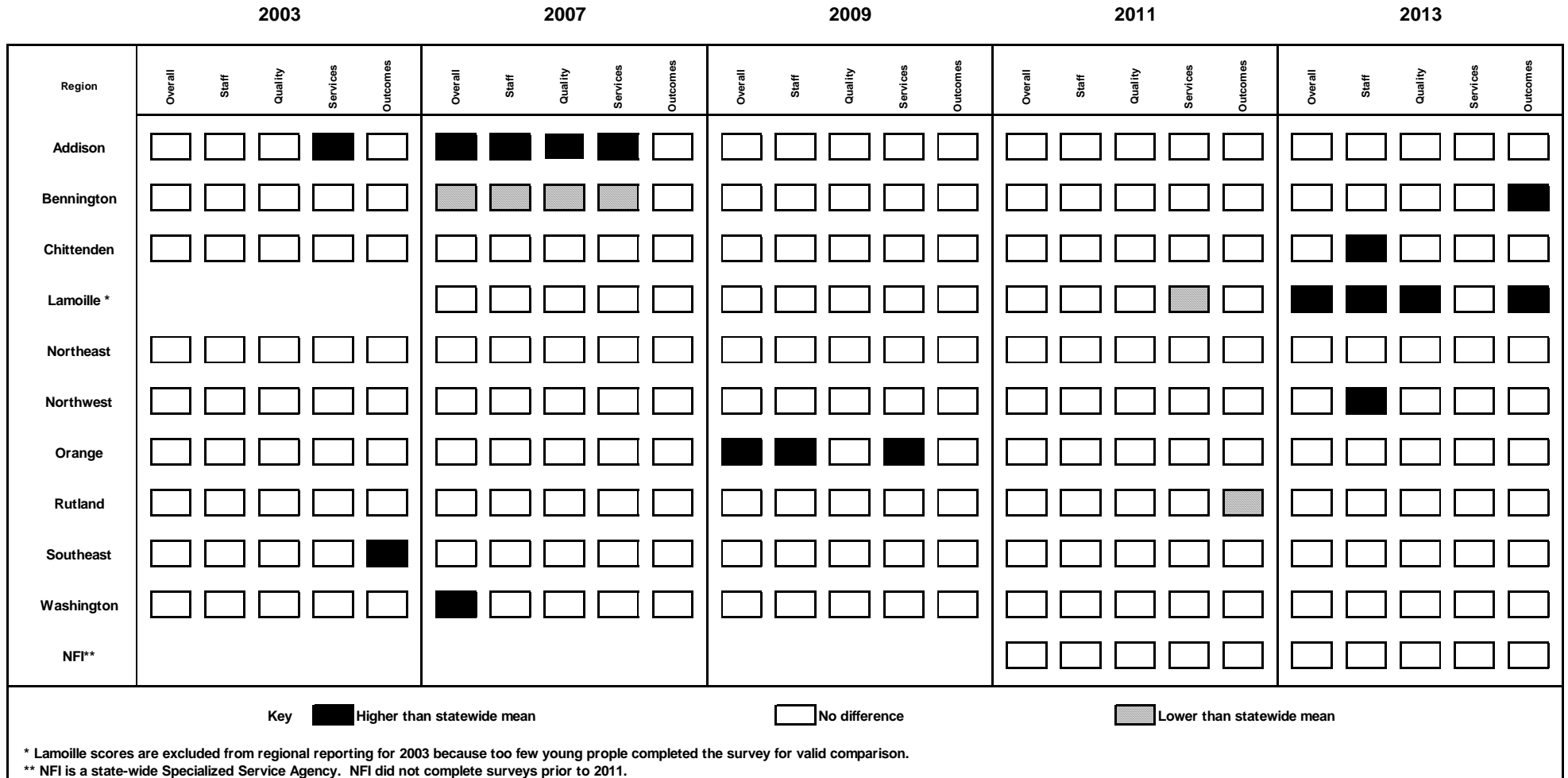
Region-Provider	# Respondents	# with Positive Comments	% with Positive Comments	Confidence Interval	# with Negative Comments	% with Negative Comments	Confidence Interval	Significance *
Addison - CSAC	26	16	62%	(42%-82%)	9	35%	(15%-54%)	
Bennington - UCS	14	8	57%	(27%-87%)	2	14%	(0%-35%)	
Chittenden - HCHS	51	28	55%	(41%-69%)	15	29%	(16%-42%)	
Lamoille - LCMH	3	3	100%	(100%-100%)	1	33%	(0%-100%)	
Northeast - NKHS	18	13	72%	(49%-95%)	4	22%	(1%-44%)	*
Northwest- NCSS	25	16	64%	(44%-84%)	10	40%	(19%-61%)	
Orange - CMC	12	10	83%	(59%-100%)	7	58%	(26%-91%)	
Rutland - RMHS	17	9	53%	(26%-79%)	5	29%	(5%-54%)	
Southeast- HCRS	15	13	87%	(67%-100%)	9	60%	(32%-88%)	
Washington - WCMH	13	5	38%	(8%-69%)	6	46%	(15%-78%)	
Northeast Family Institute - NFI	15	12	80%	(57%-100%)	9	60%	(32%-88%)	
Statewide	209	133	64%		77	37%		

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

**Figure 12. Positive Evaluation of Child and Adolescent Mental Health Programs by Young People in 2013**



**Figure 13. Comparative Evaluation of Child and Adolescent Mental Health Programs  
Positive Evaluation of Programs by Young People in 2003, 2007, 2009, 2011 and 2013**



## **APPENDIX VI: Child and Adolescent Mental Health Programs in Vermont**

This report provides assessments of the ten regional child and adolescent mental health programs and one state-wide specialized service agency 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 city of the business office location of the designated agency with which each of these programs is associated are provided below.

**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.

**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 and Rehabilitation Services of Southeastern Vermont (HCRS) in Bellows Falls.

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

**NFI**, Northeast Family Institute (NFI) in South Burlington.