

**CONSUMER EVALUATION
OF
COMMUNITY REHABILITATION AND TREATMENT
PROGRAMS IN VERMONT: FY2014

TECHNICAL REPORT**

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The authors of this report thank all who have contributed to this project. These include the consumers who took the time to evaluate and comment on the Community Rehabilitation and Treatment services provided by the ten designated agencies in Vermont. This work could not have been completed without the help of Melinda Murtaugh and Jennifer Rowell of the Vermont Department of Mental Health (DMH).

Copies of this report and other reports describing consumer and stakeholder evaluations of community mental health programs in Vermont are available online at: <http://mentalhealth.vermont.gov/report/survey>

FOREWORD

Community Rehabilitation and Treatment (CRT) Programs administered by ten designated agencies provide community mental health services for adults with serious mental illness in Vermont. The FY2014 survey of consumers served by CRT programs in Vermont is one part of the States larger effort to monitor CRT program performance from the perspective of service recipients. These 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 programs. The combined results of these evaluations will allow a variety of stakeholders to 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-based and stakeholder-based evaluations of CRT programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous surveys of consumers in CRT programs took place in 1997, 2001, 2003, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013. These evaluations should also be considered in light of measures of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of administrative databases. Many of these indicators are published in the annual Department of Mental Health (DMH) Statistical Reports and periodic Performance Indicator Project reports (PIPs), available in hard copy from the Vermont DMH 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 CRT programs, the subjective evaluations of the consumers who received the services.

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SUMMARY OF FINDINGS

FY2014 Consumer Evaluation Community Rehabilitation and Treatment Programs in Vermont

Statewide Results

Of Vermont's FY2014 Community Rehabilitation and Treatment (CRT) program consumer survey respondents, 78% rated their programs favorably on each of six scales. Appendix V, Table 3, provides an item-by-item summary of responses to the fixed-alternative items, statewide and for each of ten designated agencies.

Statewide, the most favorably rated items were related to staff and services.

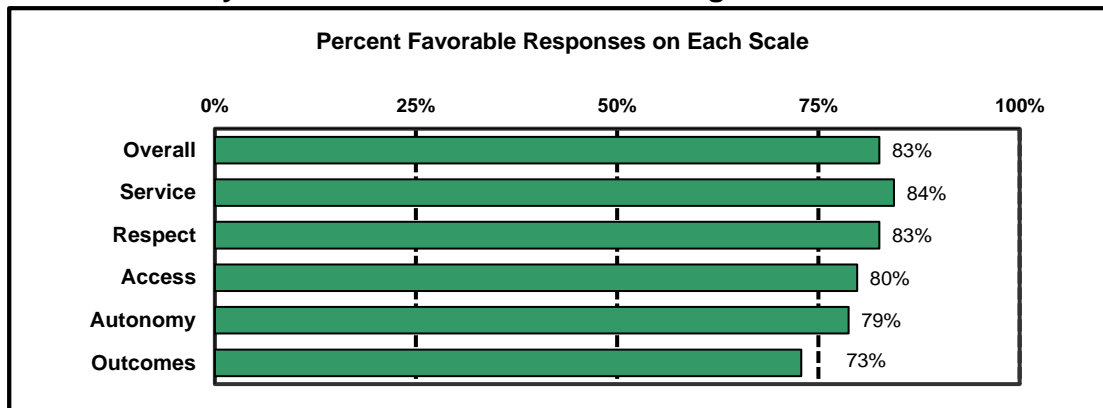
- "Staff treat me with respect," with 88% of consumers agreeing or strongly agreeing with that item
- "I like the services that I receive" (88% favorable)
- "Most of the services I get are helpful" (87% favorable)
- "Staff encourage me to adopt and maintain a healthy life style" (87% favorable)
- "Staff I work with are competent and knowledgeable" (87% favorable)

Statewide, the least favorably rated items were related to outcomes of treatment.

- "I do better at work and/or school" (57% favorable)
- "I feel I belong in my community" (63% favorable)
- "Staff tell me what medication side effects to watch for" (65% favorable)
- "My symptoms are not bothering me as much" (65% favorable)
- "I do better in social situations" (69% favorable)

There were substantial differences in consumers' ratings of CRT programs on the six scales derived from responses to the survey items. Eighty-three percent of respondents rated programs favorably *Overall*. Some aspects of program performance, however, were rated more favorably than other aspects. The survey items related to *Service* (84% favorable), *Respect* (83% favorable), *Access* (80% favorable), and *Autonomy* (79% favorable) received more favorable responses than items related to *Outcomes*, which received the least favorable responses (73%).

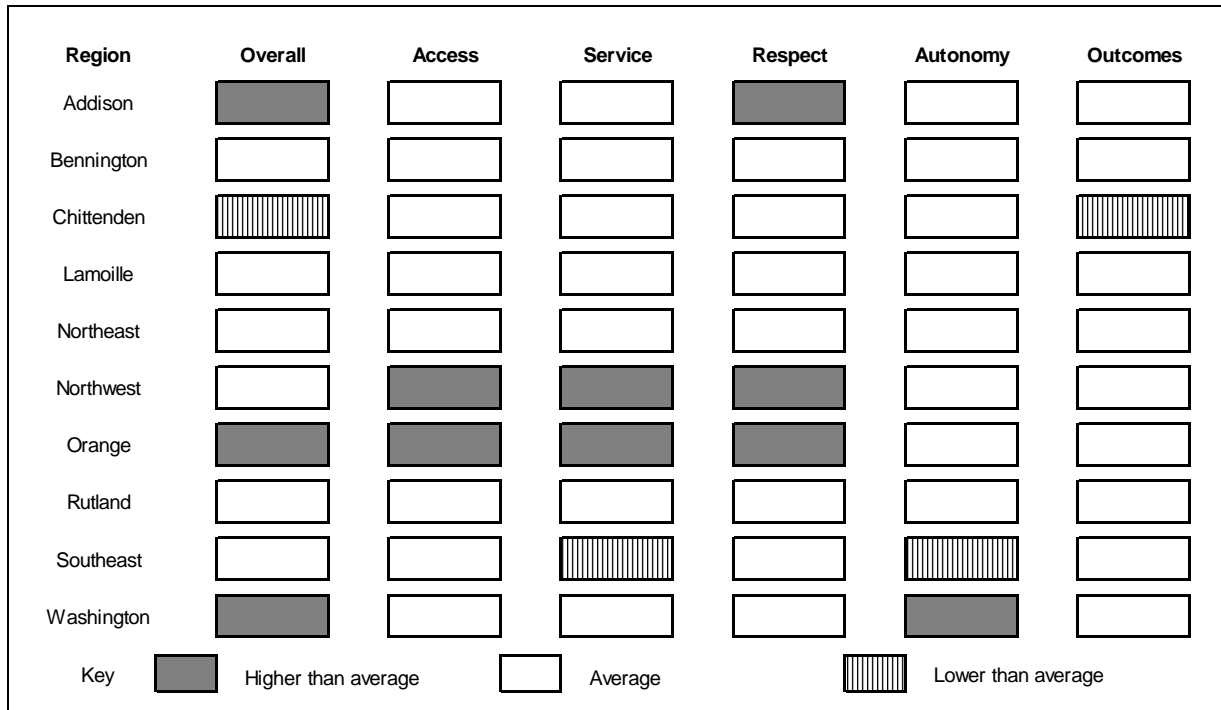
Favorable Consumer Evaluation Of Community Rehabilitation and Treatment Programs in Vermont: FY2014



Differences among Agencies

Consumer evaluations of Community Rehabilitation and Treatment programs at Vermont’s ten designated agencies were generally favorable. In order to provide a comprehensive evaluation of program performance, consumer ratings of each program were compared to the statewide average for each of the scales (see Appendix V). These comparisons showed little variation among agencies. Combined, these results provide a succinct portrait of consumers’ evaluations of CRT programs in Vermont in the period January to June 2014.

Positive Consumer Evaluation of Community Rehabilitation and Treatment Programs: FY2014



The CRT programs in the Orange region received significantly higher scores than the statewide average on four of the six scales (*Overall, Access, Service, and Respect*). The CRT programs in the Northwest region received significantly higher scores than the statewide average on three of the six scales (*Access, Service, and Respect*). The CRT programs in the Addison and Washington regions received significantly higher scores than the statewide average on two of the six scales (*Overall and Respect; Overall and Autonomy, respectively*). Consumer evaluations of CRT programs in the Bennington, Lamoille, Northeast, and Rutland regions were not significantly different from the statewide average on any of these scales. The CRT programs in the Chittenden and Southeast regions received significantly lower scores than the statewide average on two of the six scales (*Overall and Outcomes; Service and Autonomy, respectively*).

Overall Consumer Evaluation

The measure of Overall consumer satisfaction with each of the ten CRT programs in this study is based on consumers’ responses to 44 fixed-alternative items. The composite measure of **Overall** consumer satisfaction was derived from positive responses, “Strongly Agree” or “Agree” (for details of scale construction, see Appendix IV). Statewide, 83% of the consumers rated

their CRT programs favorably on the *Overall* scale. In the Orange and Addison region, 95% of consumers, and in the Washington region, 91% of consumers rated their CRT program favorably on the *Overall* scale (significantly higher than the statewide average). In the Chittenden region, 70% of consumers rated their CRT program favorably on the *Overall* scale (significantly lower than the statewide average). Scores for the six other CRT programs did not differ significantly from the statewide average for this scale (see Appendix V, Table 4).

Consumer Evaluation of Access

Consumers' perception of **Access** to the services of the CRT programs, the second composite measure, was derived from responses to seven fixed-alternative items:

4. The location of the services is convenient.
5. Staff are willing to see me as often as I feel it is necessary.
7. Staff return my calls within 24 hours.
8. Services are available at times that are good for me.
9. I am able to get the services I need.
10. I am able to see a psychiatrist when I want to.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).

Statewide, 80% of the consumers rated their CRT programs favorably on the *Access* scale. In the Orange region, 92% of consumers, and in the Northwest region, 90% of consumers rated their CRT program favorably on the *Access* scale (significantly higher than the statewide average). Scores for the eight other CRT programs did not differ significantly from the statewide average for this scale (see Appendix V, Table 5).

Consumer Evaluation of Service

Consumers' ratings of the quality of their CRT program's **Service**, the third composite measure, were derived from responses to ten fixed-alternative items:

1. I like the services that I receive.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.
9. I am able to get the services I need.
23. Most of the services I receive are helpful.
24. Staff I work with are competent and knowledgeable.
25. Staff treat me with respect.
26. Staff help me to solve problems when they arise.
27. Staff and services are responsive to my changing needs.
28. Staff encourage me to adopt and maintain a healthy life style.

Statewide, 84% of the consumers rated their CRT programs favorably on the *Service* scale. In the Orange region, 94% of consumers, and in the Northwest region, 92% of consumers rated their CRT program favorably on the *Service* scale (significantly higher than the statewide average). In the Southesat region, 74% of consumers rated their CRT program favorably on the *Service* scale (significantly lower than the statewide average). Scores for the seven other CRT programs did not differ significantly from the statewide average for this scale (see Appendix V, Table 6).

Consumer Evaluation of Respect

Consumers' ratings of the **Respect** with which they were treated, the fourth composite measure, were derived from responses to eight fixed-alternative items:

7. Staff return my calls within 24 hours.
11. Staff believe I can grow, change, and recover.
12. My questions about treatment and/or medication are answered to my satisfaction.
13. I feel free to complain.
14. I have been given information about my rights.
15. Staff respect my rights.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).
25. Staff treat me with respect.

Statewide, 83% of the consumers rated their CRT programs favorably on the *Respect* scale. In the Addison region, 93% of consumers, in the Northwest region, 92% of consumers, and in the Orange region, 92% of consumers rated their CRT program favorably on the *Respect* scale (significantly higher than the statewide average). Scores for the seven other CRT programs did not differ significantly from the statewide average for this scale (see Appendix V, Table 7).

Consumer Evaluation of Autonomy

Consumers' ratings of their **Autonomy**, the next composite measure based on responses to fixed-alternative items, include the responses to five items:

17. Staff encourage me to take responsibility for how I live my life.
18. Staff tell me what medication side effects to watch out for.
19. Staff respect my wishes about who is, and is not, to be given information about my treatment.
20. I, not staff, decide my treatment goals.
22. Staff help me get the information I need so that I can take charge of managing my illness.

Statewide, 79% of the consumers rated their CRT programs favorably on the *Autonomy* scale. In the Washington region, 88% of the consumers rated their CRT program favorably on the *Autonomy* scale (significantly higher than the statewide average). In the Southeast region, 68% of the consumers rated their CRT program favorably on the *Autonomy* scale (significantly lower than the statewide average). The scores for the eight other CRT programs did not differ significantly from the statewide average for this scale (see Appendix V, Table 8).

Consumer Evaluation of Outcomes

Consumers' ratings of **Outcomes**, the final composite measure based on responses to fixed-alternative items, include the responses to sixteen items:

29. I deal more effectively with daily problems.
30. I am better able to control my life.
31. I am better able to deal with crisis.
32. I am getting along better with my family.
33. I do better in social situations.
34. I do better at school and/or work.
35. My housing situation has improved.

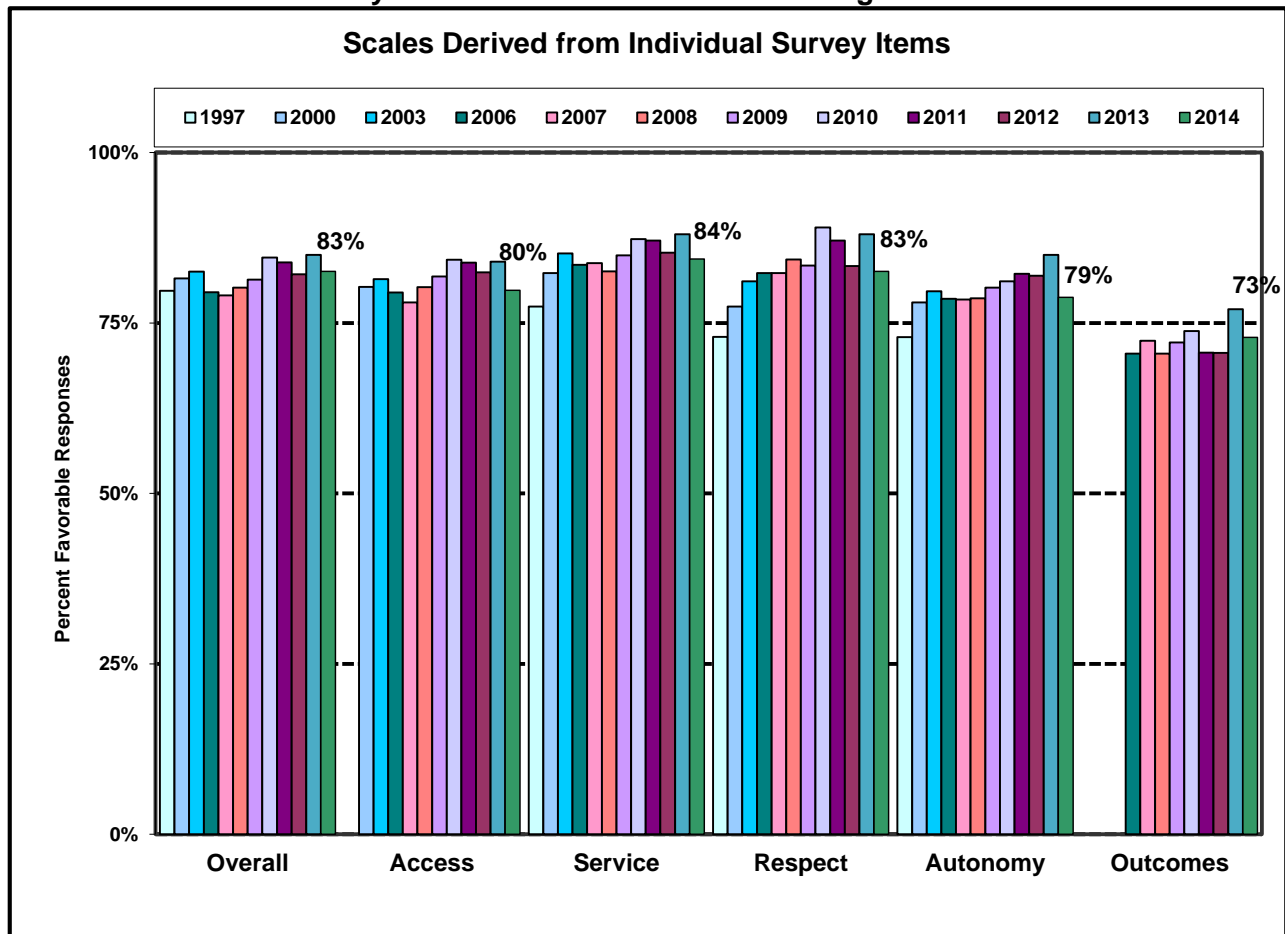
- 36. My symptoms are not bothering me as much.
- 37. I do things that are more meaningful to me.
- 38. I am better able to take care of my needs.
- 39. I am better able to handle things when they go wrong.
- 40. I am better able to do things that I want to do.
- 41. I am happy with the friendships I have.
- 42. I have people with whom I can do enjoyable things.
- 43. I feel I belong in my community.
- 44. In a crisis, I would have the support I need from family or friends.

Statewide, 73% of the consumers rated their CRT programs favorably on the *Outcomes* scale. In the Chittenden region, 38% of the consumers rated their CRT program favorably on the *Outcomes* scale (significantly lower than the statewide average). The scores for the nine other CRT programs did not differ significantly from the statewide average for this scale (see Appendix V, Table 9).

Comparison with Previous Surveys

Statewide, scale scores for *Respect* show the largest increase from 1997 to 2013. There have been small variations over time in consumers' evaluations of CRT programs in Vermont on the other five scales and all scales showed decreases from 2013.

Favorable Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont



APPENDIX I

LETTERS

Letter to Consumers

First Letter to Consumers



State of Vermont
Department of Mental Health
Office of the Commissioner
Redstone Building
26 Terrace Street
Montpelier, VT 05609-1101
www.mentalhealth.vermont.gov

Agency of Human Services

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

«mh_id»

«RecipientFirstName» «RecipientLastName»
«RecipientAddressFirstLine»
«RecipientAddressSecondLine»
«RecipientCity» «RecipientState» «RecipientZipCode»

January 14, 2015

Dear «GreetingLine»,

I am writing to ask you to evaluate community mental health services in Vermont. Consumers and family members have reviewed the survey and have found it to be a meaningful tool to capture your input.

Your opinions and responses will help us to understand what works and what does not work for you with regard to:

- ◆ your access to services;
- ◆ the quality of the services you receive; and
- ◆ your evaluation of the helpfulness of the services you received.

Your participation in this survey is voluntary. Your responses will not be available to anyone other than our research staff. Results will be reported only in aggregate form and will not identify specific individuals. The code on the questionnaire will assure that you do not receive a second questionnaire after you answer this one.

If you have any questions, please feel free to call Melinda Murtaugh at (802) 828-3822 or, toll-free in Vermont, at (888) 212-4677. If you would like us to send you a summary report of the survey results, please check the box at the end of the survey.

Thank you in advance for your participation. We appreciate your responses.

Sincerely,

A handwritten signature in blue ink, appearing to read "Paul Dupre".

Paul Dupre, Commissioner
Department of Mental Health

Second Letter to Consumers



State of Vermont
Department of Mental Health
Office of the Commissioner
Redstone Building
26 Terrace Street
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Agency of Human Services

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

«mh_id»

«RecipientFirstName» «RecipientLastName»
«RecipientAddressFirstLine»
«RecipientAddressSecondLine»
«RecipientCity», «RecipientState» «RecipientZipCode»

May 1, 2015

Dear «GreetingLine»,

I am writing to encourage you to complete and return the evaluation of mental health services that you received a couple of months ago. In case you did not receive the original survey or misplaced it, I have enclosed another copy for your convenience. If you have already completed and returned your survey, thank you. There is no need to respond again.

Your responses to this survey will not be available to anyone other than Department of Mental Health research staff, and findings will be reported only in aggregate form that will not identify individuals.

Your responses will help to improve the quality of mental health care received by Vermonters. If you have any questions, please feel free to call Melinda Murtaugh at (802) 828-3822 or, toll-free in Vermont only, at 1-888-212-4677.

Thank you for your help on this important project. We appreciate your responses.

Sincerely,

A handwritten signature in blue ink that reads "Paul Dupre".

Paul Dupre, Commissioner
Department of Mental Health

APPENDIX II

Vermont Mental Health Consumer Satisfaction Survey

Vermont Mental Health Consumer Survey

Please circle the number that best represents your response to each of the following statements about the mental health services you received during **January through June, 2014**, from «agency»

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. I like the services that I receive	1	2	3	4	5
2. If I had other choices, I would still get services from this agency	1	2	3	4	5
3. I would recommend this agency to a friend or family member	1	2	3	4	5
4. The location of the services is convenient (parking, public transportation, distance, etc.)	1	2	3	4	5
5. Staff are willing to see me as often as I feel it is necessary	1	2	3	4	5
6. I am satisfied with my progress in terms of growth, change and recovery ...	1	2	3	4	5
7. Staff return my calls within 24 hours	1	2	3	4	5
8. Services are available at times that are good for me	1	2	3	4	5
9. I am able to get the services I need	1	2	3	4	5
10. I am able to see a psychiatrist when I want to	1	2	3	4	5
11. Staff believe that I can grow, change and recover	1	2	3	4	5
12. My questions about treatment and/or medication are answered to my satisfaction	1	2	3	4	5
13. I feel free to complain	1	2	3	4	5
14. I have been given information about my rights	1	2	3	4	5
15. Staff respect my rights	1	2	3	4	5
16. I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc)	1	2	3	4	5
17. <u>Staff encourage</u> me to take responsibility for how I live my life	1	2	3	4	5
18. Staff tell me what medication side effects to watch for	1	2	3	4	5
19. Staff respect my wishes about who is, and is not, to be given information about my treatment	1	2	3	4	5
20. I, not staff, decide my treatment goals	1	2	3	4	5
21. <u>Staff are</u> sensitive to my cultural background (race, religion, language, etc.)	1	2	3	4	5
22. Staff help me get the information I need so that I can take charge of managing my illness	1	2	3	4	5
23. Most of the services I get are helpful	1	2	3	4	5
24. Staff I work with are competent and knowledgeable	1	2	3	4	5

PLEASE TURN OVER AND ANSWER QUESTIONS

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
25. Staff treat me with respect	1	2	3	4	5
26. Staff help me to solve problems when they arise	1	2	3	4	5
27. Staff and services are responsive to my changing needs	1	2	3	4	5
28. <u>Staff encourage</u> me to adopt and maintain a healthy life style	1	2	3	4	5

The services I received from «agency» helped me:

29. I deal more effectively with daily problems	1	2	3	4	5
30. I am better able to control my life	1	2	3	4	5
31. I am better able to deal with a crisis	1	2	3	4	5
32. I am getting along better with my family	1	2	3	4	5
33. I do better in social situations	1	2	3	4	5
34. I do better at work and/or school	1	2	3	4	5
35. My housing situation has improved	1	2	3	4	5
36. My symptoms are not bothering me as much	1	2	3	4	5
37. I do things that are more meaningful to me	1	2	3	4	5
38. I am better able to take care of my needs	1	2	3	4	5
39. I am better able to handle things when they go wrong	1	2	3	4	5
40. I am better able to do things that I want to do	1	2	3	4	5

For questions 41 – 44 please answer for relationships with persons other than your mental health providers.

41. I am happy with the friendships I have	1	2	3	4	5
42. I have people with whom I can do enjoyable things.....	1	2	3	4	5
43. I feel I belong in my community	1	2	3	4	5
44. In a crisis, I would have the support I need from family or friends	1	2	3	4	5

45. Were you arrested during the last 12 months? Yes No
46. Were you arrested during the 12 months prior to that? Yes No
47. Over the last year, have your encounters with the police...
- a. been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - b. stayed the same
 - c. increased
 - d. not applicable (you had no police encounters this year or last year)

Comments:

Please check this box if you would like a summary of the findings of the survey. Thank You!

APPENDIX III

Project Philosophy

Project Philosophy

This survey was designed with two goals in mind. The first goal was to provide an assessment of program performance by consumers that would allow a variety of stakeholders to compare the performance of Community Rehabilitation and Treatment (CRT) programs in Vermont. These stakeholders, who are the intended audience for this report, include consumers, families, caregivers, program administrators, funding agencies, and members of the general public. The survey findings are 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 processes. The second goal was to give a voice to consumers who receive mental health services and to provide a setting in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, a sample of 75% of CRT consumers was 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 a large number of consumers with a voice in the evaluation of their programs.

Second, survey responses were not anonymous, although all responses are treated as personal/confidential information. An obvious code on each survey form allowed the research team to link survey responses with other data about respondents (e.g., age, gender, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or other bias due to differences in the caseloads of different local 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 if strong complaints were received or potentially serious problems were indicated. Consumers were given the opportunity to express their thoughts or concerns in an open-ended comment at the end of the survey. A Department of Mental Health staff person reviewed each comment. These comments expressed a wide range of thoughts or concerns. If a written comment indicated the possibility of a problem involving the health or safety of a client, or potential ethical or legal problems, a formal follow-up procedure was initiated through correspondence with the client. Formal grievance and complaint procedures were also available for use by clients at each designated agency.

Third, statistical procedures were used to assure that any apparent differences among programs were not due to differences in caseload characteristics, and to assure that measures of statistical significance were sensitive to response rates achieved by this study. These procedures are described in more detail in Appendix IV.

APPENDIX IV
ANALYTICAL PROCEDURES

Data Collection Procedures

Scale Construction and Characteristics

Consumer Concerns

Data Analysis

Case-mix Adjustment

Discussion

Data Collection Procedures

Surveys were mailed to a random stratified sample of 75% of all consumers who received Medicaid-reimbursed services from CRT programs in Vermont during January through June 2014. The mailing of the surveys to 1,897 consumers took place on January 14, 2015. In all, 149 surveys were returned as undeliverable.

Useable surveys were received from 31% (546) of 1,748 potential respondents. Response rates for individual CRT programs varied from 42% and 38% (Orange and Addison respectively) to 19% (Lamoille) (see Appendix V, Table 1). Response rates from previous CRT surveys had declined from 53% in 1997 to 22% in 2012 (see Appendix V, Table 11).

More female than male clients responded to the survey (33% and 30% respectively). The proportion of clients who responded to the survey increased with increasing age for both genders. Clients with a diagnosis category of Affective Disorder had the highest response rate (36%), followed by those with a diagnosis category of Adjustment Disorder (33%). Least likely to respond to the survey were clients with a diagnosis category of Organic Brain Syndrome (25%). It should be noted that clients can have up to four diagnoses, so many are reported in more than one diagnostic category.

Scale Construction and Characteristics

The Vermont survey of consumers who had been served by CRT programs included forty-four fixed-alternative items. Responses to the survey items were entered directly into a computer database for analysis. For purposes of analysis, one scale (*Overall*) was constructed from responses to all forty-four survey items, and five additional subscales (*Access, Service, Respect, Autonomy, and Outcomes*) were constructed from responses to a varying number of specific items.

Responses to all survey items were coded according to whether they were positive or not. The scores for the scale items were summed and divided by the number of items answered. This average score then became the score for the scale. Scale responses of “1” or “2” (“Strongly Agree” or “Agree”) indicated a positive evaluation of program performance. Individuals who responded to half or fewer of the items in any scale were excluded from the computation for that scale. Several fixed-alternative items were included in more than one scale.

Overall consumer evaluation of Community Rehabilitation and Treatment program performance, the first composite measure, uses all 44 fixed-alternative items. The internal consistency of the *Overall* scale as measured by average inter-item correlation (Cronbach’s Alpha) is 0.982.

Access, the second composite measure, was derived from consumer responses to seven of the fixed-alternative items. The items that contributed to this scale include:

4. The location of the services is convenient.
5. Staff are willing to see me as often as I feel it is necessary.
7. Staff return my calls within 24 hours.
8. Services are available at times that are good for me.
9. I am able to get the services I need.
10. I am able to see a psychiatrist when I want to.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).

The *Access* 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 “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach’s Alpha) is 0.915.

Evaluation of *Service*, the third composite measure, was derived from consumer responses to ten of the fixed-alternative items. The items that contributed to this scale are:

1. I like the services that I receive.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.
9. I am able to get the services I need.
23. Most of the services I receive are helpful.
24. Staff I work with are competent and knowledgeable.
25. Staff treat me with respect.
26. Staff help me to solve problems when they arise.
27. Staff and services are responsive to my changing needs.
28. Staff encourage me to adopt and maintain a healthy life style.

The *Service* scale was constructed for all individuals who had responded to at least six 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 “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach’s Alpha) is 0.961.

Respect, the fourth composite measure, was derived from consumer responses to eight fixed-alternative items. The Items that contributed to this scale include:

7. Staff return my calls within 24 hours.
11. Staff believe I can grow, change, and recover.
12. My questions about treatment and/or medication are answered to my satisfaction.
13. I feel free to complain.
14. I have been given information about my rights.
15. Staff respect my rights.
21. Staff are sensitive to my cultural background (race, religion, language, etc.).
25. Staff treat me with respect.

The *Respect* scale was constructed for all individuals who had responded to at least five items in the scale. 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 “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach’s Alpha) is 0.928.

Autonomy, the next composite measure, was derived from consumer responses to five fixed-alternative items. The items that contributed to this scale include:

17. Staff encourage me to take responsibility for how I live my life.
18. Staff tell me what medication side effects to watch out for.

19. Staff respect my wishes about who is, and is not, to be given information about my treatment.
20. I, not staff, decide my treatment goals.
22. Staff help me get the information I need so that I can take charge of managing my illness.

The *Autonomy* scale was constructed for all individuals who had responded to at least three items used in the scale. 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 “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is 0.863.

Outcomes, the last composite measure, was derived from consumer responses to sixteen fixed-alternative items. The items that contributed to this scale include:

29. I deal more effectively with daily problems.
30. I am better able to control my life.
31. I am better able to deal with crisis.
32. I am getting along better with my family.
33. I do better in social situations.
34. I do better at school and/or work.
35. My housing situation has improved.
36. My symptoms are not bothering me as much.
37. I do things that are more meaningful to me.
38. I am better able to take care of my needs.
39. I am better able to handle things when they go wrong.
40. I am better able to do things that I want to do.
41. I am happy with the friendships I have.
42. I have people with whom I can do enjoyable things.
43. I feel I belong in my community.
44. In a crisis, I would have the support I need from family or friends.

The *Outcomes* scale was constructed for all individuals who had responded to at least nine items used in the scale. 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 “Strongly Agree” and “Agree” coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is 0.957.

Consumer Concerns

As in previous years, the 2014 CRT survey provided consumers with the opportunity to comment on any topic they wished. Written comments accompanied 31% of all returned 2013 questionnaires. The proportion of respondents with written comments in previous surveys had declined steadily from 86% of received surveys in 1997 to 21% of received surveys in 2011 and 14% of received surveys in 2012.

Whenever possible, comments about CRT programs were coded as positive or negative. In 2014, positive or negative comments accompanied 24% of received surveys: 15% of all respondents made positive comments, 9% made negative comments. Central office staff of the

Department of Mental Health (DMH) reviewed each comment that accompanied the 2014 CRT survey. Follow-up action from DMH staff was required for comments from 13 survey recipients.

Data Analysis

In order to provide a valid basis for comparison of the performance of Vermont’s ten Community Rehabilitation and Treatment Programs, a statistical “case mix adjustment” was applied to the survey results in order to eliminate any bias that might be introduced by dissimilarities among the client populations served by different CRT programs. A “finite population correction” to adjust for the proportion of all potential respondents who returned useable questionnaires was also considered but was found unnecessary due to the relatively low response rate.

Case-mix Adjustment

In order to compare more fairly the performance of Vermont’s ten CRT programs, each of the six scaled measures of consumer satisfaction described above were statistically adjusted to account for differences in client characteristics in the case mix of the ten programs. Potential case mix adjustment factors included client characteristics of gender, age, and diagnosis (schizophrenia and other psychoses, affective disorder, anxiety disorder, personality disorder, adjustment disorder, or substance abuse). This adjustment process involved three steps.

First, the client characteristics that were statistically related to variation in consumer evaluation of CRT program performance (scales) were identified. Second, the client characteristics that were statistically related to variation in agency caseloads of the community programs were identified. Third, client characteristics that were statistically related both to evaluation of services (scales) and to agency caseloads were used to adjust the raw measures of satisfaction for each community program. The relationship of each of the scales to client characteristics and the variation of each across agency programs is identified in the following table:

Case Mix Adjustment: Statistical Significance of Relationships (p<.05) *

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

For this survey, six of the eight potential case-mix adjustment factors were found to vary among CRT agency caseloads at a statistically significant level ($p < .05$). These factors included gender, a diagnosis category of schizophrenia, affective disorder, anxiety disorder, personality disorder, and substance abuse disorder. Agencies did not differ in case mix in terms of the age of the consumers they served or the proportion of respondents with diagnosis categories of adjustment disorder.

Two scales varied with at least one of the potential case mix adjustment factors. *Overall* varied with a diagnosis category of substance abuse. *Outcomes* varied with a diagnosis category of schizophrenia and other psychoses and a diagnosis category of personality disorder. No scales varied with gender or a diagnosis category of affective disorder or anxiety disorder.

If a statistical adjustment of survey results is necessary to provide an unbiased comparison of CRT programs, the analysis follows a four-step process. First, the respondents from each community program are divided into the number of categories resulting from the combination of case-mix adjustment factors. When age alone is required, three categories are used. When age (three categories) and schizophrenia (two categories) adjustments are both indicated, six categories result. Second, the average (mean) consumer rating is determined for each of these categories. Third, the proportion of all CRT program clients statewide in each category is determined. Finally, the mean consumer rating for each category is multiplied (weighted) by the statewide proportion of all potential respondents within that category. The results are summed to provide a measure of consumer rating that is free of the influence of differences in the case mix 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 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 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.

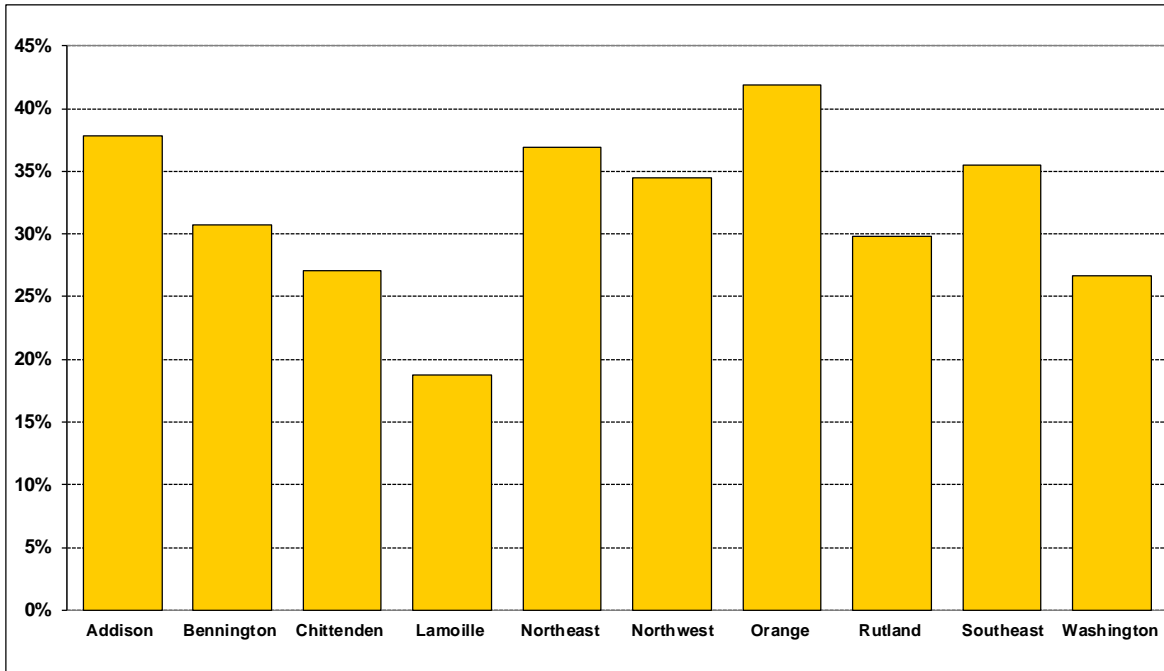
Discussion

The statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the unique characteristics of Vermont's ten CRT programs. Statistical adjustment for difference in case mix allows researchers and program evaluators to compare the performance of programs that serve people with different demographic and clinical characteristics as well as different patterns of service utilization.

APPENDIX V
TABLES AND FIGURES

Response Rates by CRT Program
Favorable Responses to Individual Items by CRT Program
Favorable Scale Scores by CRT Program
Agency Comparisons

Table 1
Response Rates by CRT Program in Vermont: FY2014



Region/Agency ¹	Surveys					Response Rate
	Mailed	Deliverable	No Response	Returned	Completed	Analyzed ²
Statewide	1,897	1,748	1,197	551	546	31%
Addison - CSAC	122	111	69	42	42	38%
Bennington - UCS	113	104	72	32	32	31%
Chittenden - HC	451	414	300	114	112	27%
Lamoille - LCMH	89	80	65	15	15	19%
Northeast - NKHS	166	157	99	58	58	37%
Northwest - NCSS	163	151	99	52	52	34%
Orange - CMC	91	86	50	36	36	42%
Rutland - RMHS	185	178	125	53	53	30%
Southeast - HCRS	269	242	154	88	86	36%
Washington - WCMH	248	225	164	61	60	27%

¹ Appendix VI gives the full name and location of each of the ten designated agencies.

² Questionnaires that were deliverable, completed, and used for analysis.

Table 2

Adjusted Scale Scores* by CRT Program in Vermont: FY2014

Region-Agency	Overall	Access	Service	Respect	Autonomy	Outcomes
Statewide	83%	80%	84%	83%	79%	73%
Addison -CSAC	95%	81%	90%	93%	83%	69%
Bennington -UCS	76%	81%	84%	88%	78%	70%
Chittenden -HC	70%	78%	82%	76%	76%	38%
Lamoille -LCMH	64%	60%	67%	73%	67%	72%
Northeast -NKHS	79%	74%	83%	79%	76%	76%
Northwest -NCSS	87%	90%	92%	92%	86%	78%
Orange -CMC	95%	92%	94%	92%	89%	80%
Rutland -RMHS	89%	83%	89%	85%	79%	75%
Southeast -HCRS	73%	72%	74%	75%	68%	69%
Washington -WCMH	91%	85%	88%	85%	88%	79%

* Scale scores are adjusted as appropriate for differences in case mix for diagnoses of schizophrenia, personality disorder, and/or substance abuse disorder by region.

For each scale, numbers in **BOLD** indicate significant differences when compared to the statewide average (p<.05).

Table 3

**Favorable Responses to Individual Items by CRT Program in Vermont: FY2014
Ordered by Statewide Percent Favorable Responses**

	<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>
25. <i>Staff treat me with respect.</i>	88%	98%	94%	89%	71%	88%	92%	94%	92%	79%	85%
1. <i>I like the services that I receive.</i>	88%	98%	91%	89%	80%	84%	92%	97%	91%	77%	88%
23. <i>Most of the services I get are helpful.</i>	87%	88%	87%	84%	80%	88%	94%	97%	88%	84%	88%
28. <i>Staff encourage me to adopt and maintain a healthy life style.</i>	87%	88%	81%	89%	79%	88%	90%	97%	91%	80%	83%
24. <i>Staff I work with are competent and knowledgeable.</i>	87%	93%	84%	85%	80%	90%	94%	94%	91%	76%	87%
17. <i>Staff encourage me to take responsibility for how I live my life.</i>	85%	88%	84%	83%	86%	79%	92%	92%	88%	81%	87%
26. <i>Staff help me to solve problems when they arise.</i>	85%	95%	81%	84%	64%	78%	90%	94%	89%	79%	88%
8. <i>Services are available at times that are good for me.</i>	85%	86%	88%	86%	60%	84%	88%	89%	87%	81%	85%
15. <i>Staff respect my rights.</i>	84%	83%	87%	79%	73%	81%	94%	89%	92%	79%	83%
19. <i>Staff respect my wishes about who is, and is not, to be given information about my treatment.</i>	83%	81%	87%	74%	80%	91%	90%	97%	87%	72%	88%
4. <i>The location of the services is convenient (parking, public transportation, distance, etc.).</i>	83%	78%	81%	81%	80%	76%	94%	92%	91%	78%	80%
14. <i>I have been given information about my rights.</i>	82%	85%	84%	78%	80%	77%	85%	86%	90%	86%	76%
3. <i>I would recommend this agency to a friend or family member.</i>	82%	76%	75%	84%	73%	88%	92%	92%	77%	73%	81%
21. <i>Staff are sensitive to my cultural background (race, religion, language, etc.).</i>	82%	93%	78%	81%	87%	79%	92%	80%	87%	71%	80%
11. <i>Staff believe that I can grow, change and recover.</i>	81%	86%	84%	77%	80%	76%	90%	83%	84%	72%	87%
5. <i>Staff are willing to see me as often as I feel it is necessary.</i>	80%	81%	81%	79%	73%	69%	92%	89%	81%	74%	85%
30. <i>I am better able to control my life.</i>	80%	76%	68%	82%	71%	80%	88%	80%	83%	73%	86%
12. <i>My questions about treatment and/or medication are answered to my satisfaction.</i>	80%	86%	72%	76%	73%	78%	87%	89%	83%	74%	83%
9. <i>I am able to get the services I need.</i>	79%	83%	81%	79%	60%	74%	88%	86%	88%	65%	88%
27. <i>Staff and services are responsive to my changing needs.</i>	79%	93%	87%	79%	57%	72%	85%	89%	77%	70%	80%
7. <i>Staff return my calls within 24 hours.</i>	78%	78%	81%	73%	73%	75%	94%	89%	80%	71%	80%
38. <i>I am better able to take care of my needs.</i>	78%	90%	66%	79%	79%	66%	76%	91%	81%	79%	78%
Overall Average	78%	80%	73%	77%	74%	75%	83%	85%	81%	71%	78%

(continued)

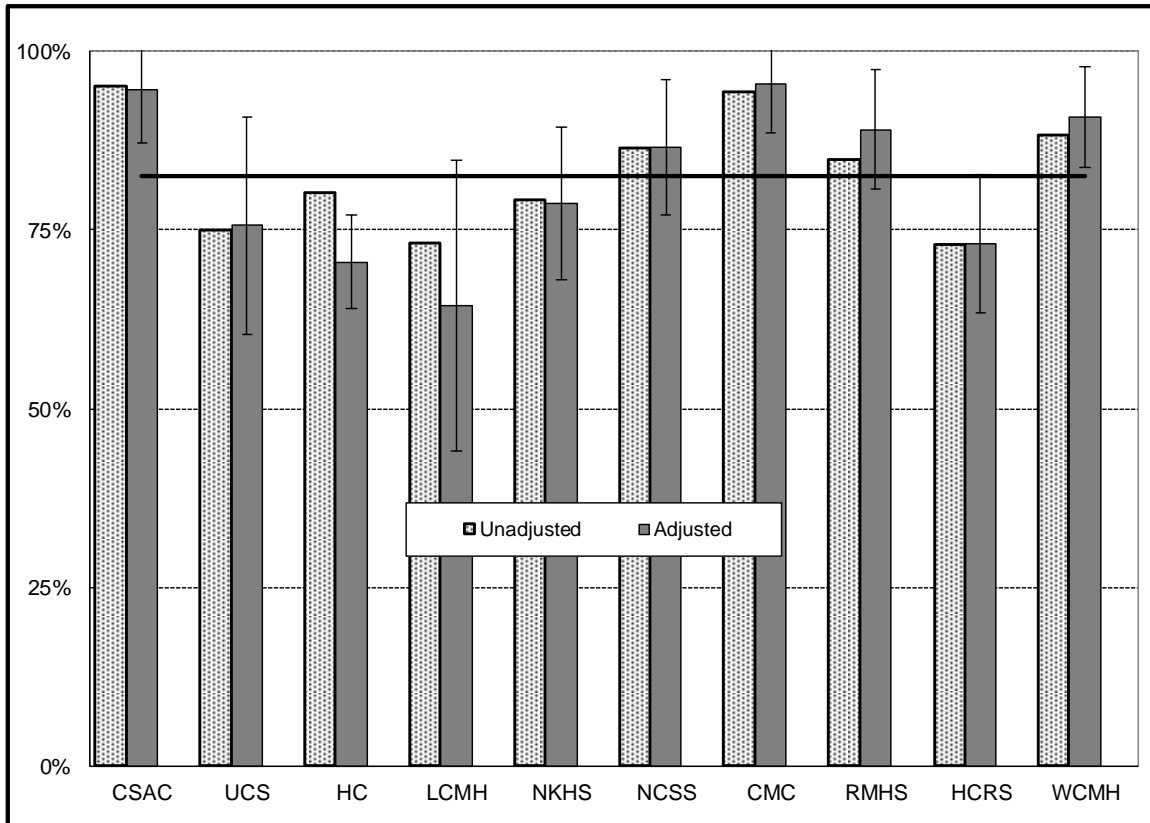
Table 3 (continued)

**Favorable Responses to Individual Items by CRT Program in Vermont: FY2014
Ordered by Statewide Percent Favorable Responses**

	<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>
6. <i>I am satisfied with my progress in terms of growth, change and recovery.</i>	78%	76%	72%	77%	87%	77%	87%	81%	83%	70%	81%
22. <i>Staff help me get the information I need so that I can take charge of managing my illness.</i>	78%	79%	74%	81%	80%	74%	84%	86%	75%	68%	83%
29. <i>I deal more effectively with daily problems.</i>	78%	79%	59%	76%	79%	78%	85%	83%	83%	74%	80%
13. <i>I feel free to complain.</i>	77%	83%	75%	75%	53%	61%	87%	94%	82%	74%	83%
2. <i>If I had other choices, I would still get services from this agency.</i>	77%	76%	78%	75%	67%	75%	90%	89%	79%	67%	77%
20. <i>I, not staff, decide my treatment goals.</i>	76%	81%	71%	80%	67%	68%	84%	81%	77%	70%	78%
37. <i>I do things that are more meaningful to me.</i>	76%	83%	61%	76%	79%	74%	75%	83%	83%	76%	71%
16. <i>I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc).</i>	76%	76%	74%	80%	80%	66%	90%	86%	75%	67%	68%
40. <i>I am better able to do things that I want to do.</i>	75%	79%	65%	78%	79%	76%	70%	77%	77%	74%	73%
31. <i>I am better able to deal with a crisis.</i>	75%	71%	65%	77%	79%	67%	80%	74%	81%	73%	78%
32. <i>I am getting along better with my family.</i>	73%	71%	55%	73%	71%	83%	70%	83%	78%	65%	80%
10. <i>I am able to see a psychiatrist when I want to.</i>	73%	68%	77%	81%	67%	73%	82%	94%	72%	59%	62%
41. <i>I am happy with the friendships I have.</i>	73%	71%	66%	68%	71%	85%	70%	78%	81%	71%	71%
39. <i>I am better able to handle things when they go wrong.</i>	73%	85%	50%	72%	71%	68%	77%	77%	87%	65%	75%
44. <i>In a crisis, I would have the support I need from family or friends.</i>	73%	74%	71%	72%	71%	75%	60%	83%	73%	67%	83%
42. <i>I have people with whom I can do enjoyable things.</i>	72%	62%	75%	69%	79%	80%	67%	72%	81%	65%	81%
35. <i>My housing situation has improved.</i>	70%	61%	67%	73%	71%	71%	73%	74%	68%	66%	74%
33. <i>I do better in social situations.</i>	69%	72%	53%	75%	71%	69%	65%	77%	73%	63%	64%
36. <i>My symptoms are not bothering me as much.</i>	65%	68%	45%	64%	71%	67%	72%	77%	68%	62%	62%
18. <i>Staff tell me what medication side effects to watch for.</i>	65%	69%	71%	67%	53%	59%	73%	67%	68%	57%	64%
43. <i>I feel I belong in my community.</i>	63%	60%	50%	62%	71%	70%	59%	78%	68%	59%	64%
34. <i>I do better at work and/or school.</i>	57%	59%	44%	62%	62%	52%	59%	62%	71%	46%	57%
Overall Average	78%	80%	73%	77%	74%	75%	83%	85%	81%	71%	78%

Table 4

**Overall Evaluation
By Consumers Served by CRT Programs in Vermont: FY2014**

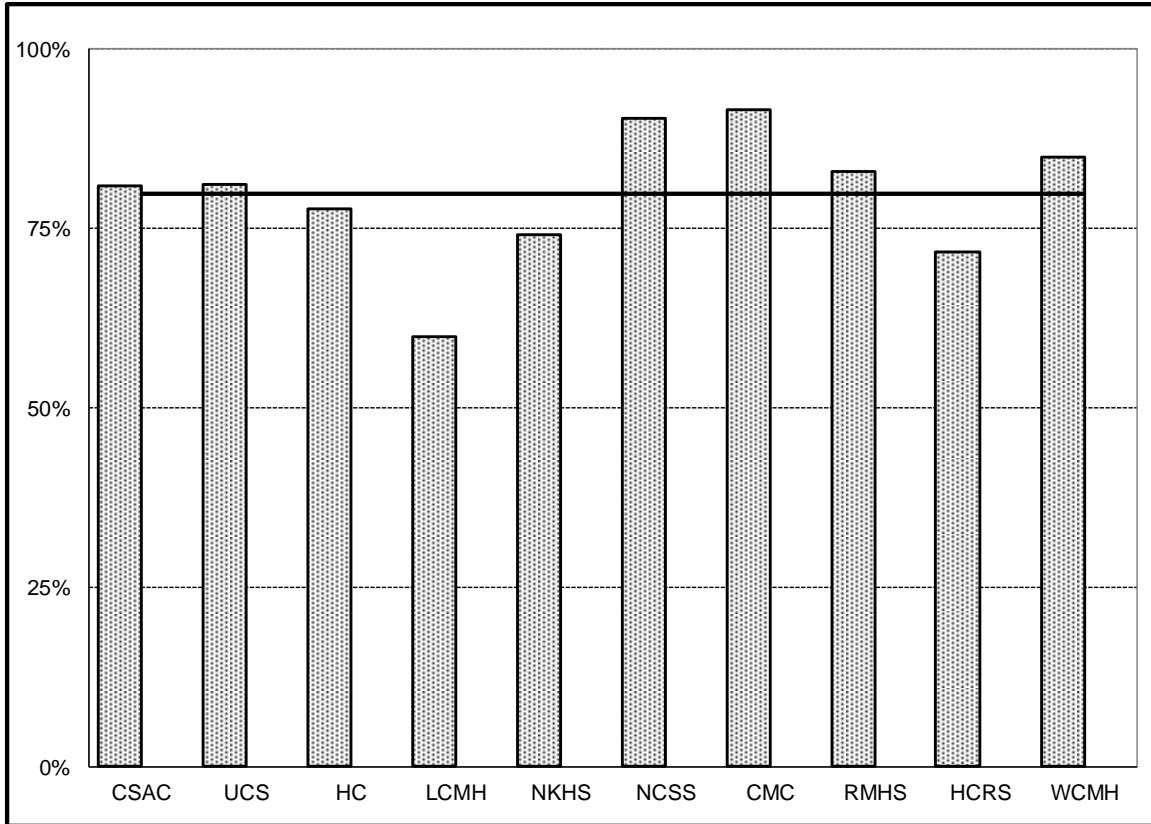


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	42	40	95%	95%	(87%-100%)	*
Bennington - UCS	32	24	75%	76%	(60%-91%)	
Chittenden - HC	112	90	80%	70%	(64%-77%)	*
Lamoille - LCMH	15	11	73%	64%	(44%-85%)	
Northeast - NKHS	58	46	79%	79%	(68%-89%)	
Northwest - NCSS	52	45	87%	87%	(77%-96%)	
Orange - CMC	36	34	94%	95%	(88%-100%)	*
Rutland - RMHS	53	45	85%	89%	(81%-97%)	
Southeast - HCRS	85	62	73%	73%	(63%-83%)	
Washington - WCMH	60	53	88%	91%	(84%-98%)	*
Statewide	545	450	83%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnosis of substance abuse disorder

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

Table 5
Evaluation of Access
By Consumers Served by CRT Programs in Vermont: FY2014

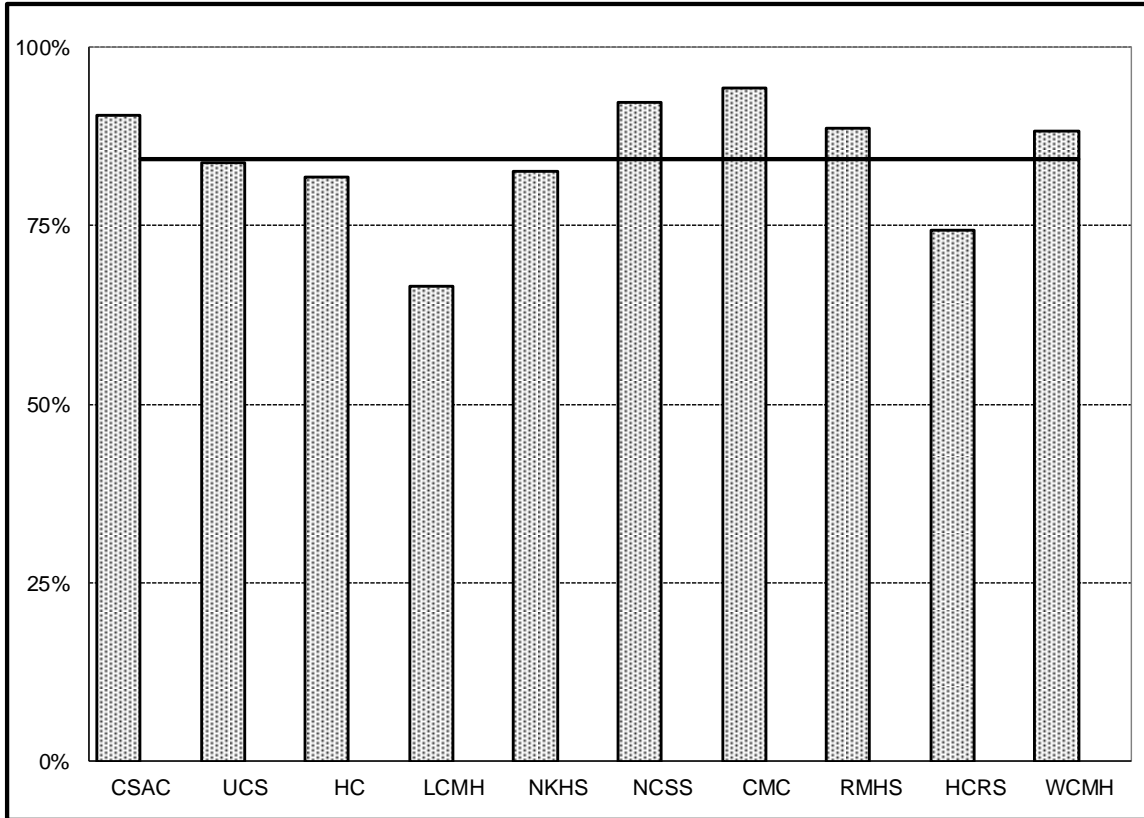


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	42	34	81%			
Bennington - UCS	32	26	81%			
Chittenden - HC	112	87	78%			
Lamoille - LCMH	15	9	60%			
Northeast - NKHS	58	43	74%			
Northwest - NCSS	52	47	90%			*
Orange - CMC	36	33	92%			*
Rutland - RMHS	53	44	83%			
Southeast - HCRS	85	61	72%			
Washington - WCMH	60	51	85%			
Statewide	545	435	80%			

¹ Scale does not require statistical adjustment

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

Table 6
Evaluation of Service
By Consumers Served by CRT Programs in Vermont: FY2014

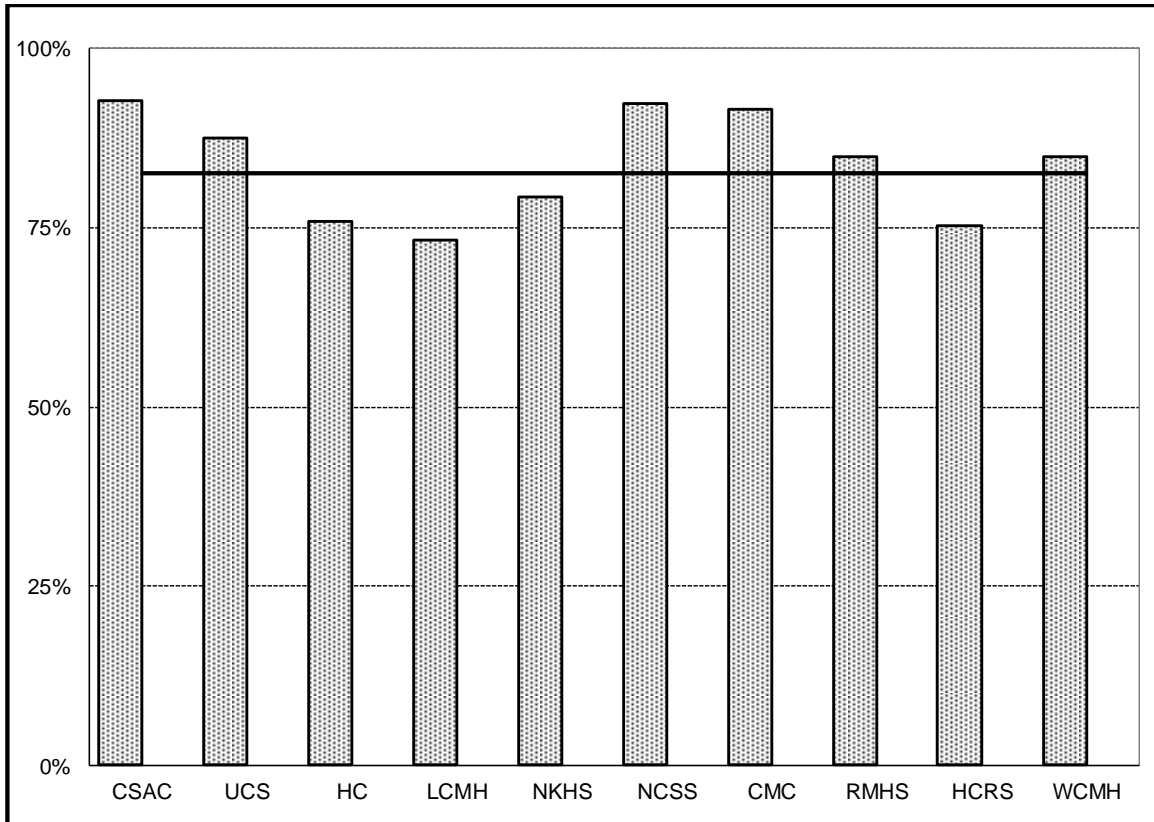


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	42	38	90%			
Bennington - UCS	31	26	84%			
Chittenden - HC	111	91	82%			
Lamoille - LCMH	15	10	67%			
Northeast - NKHS	58	48	83%			
Northwest - NCSS	52	48	92%			*
Orange - CMC	36	34	94%			*
Rutland - RMHS	53	47	89%			
Southeast - HCRS	86	64	74%			*
Washington - WCMH	60	53	88%			
Statewide	544	459	84%			

¹ Scale does not require statistical adjustment

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

Table 7
Evaluation of Respect
By Consumers Served by CRT Programs in Vermont: FY2014



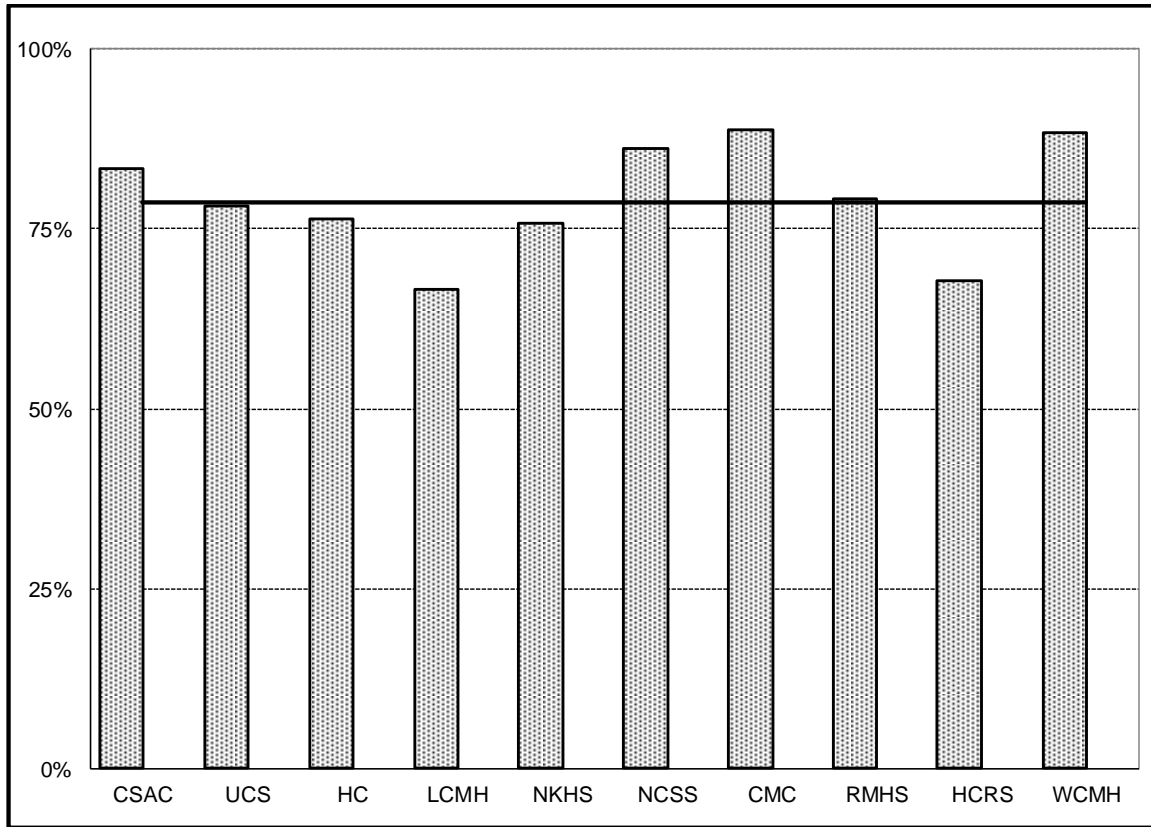
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	42	39	93%			*
Bennington - UCS	32	28	88%			
Chittenden - HC	112	85	76%			
Lamoille - LCMH	15	11	73%			
Northeast - NKHS	58	46	79%			
Northwest - NCSS	52	48	92%			*
Orange - CMC	36	33	92%			*
Rutland - RMHS	53	45	85%			
Southeast - HCRS	85	64	75%			
Washington - WCMH	60	51	85%			
Statewide	545	450	83%			

¹ Scale does not require statistical adjustment

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

Table 8

**Evaluation of Autonomy
By Consumers Served by CRT Programs in Vermont: FY2014**

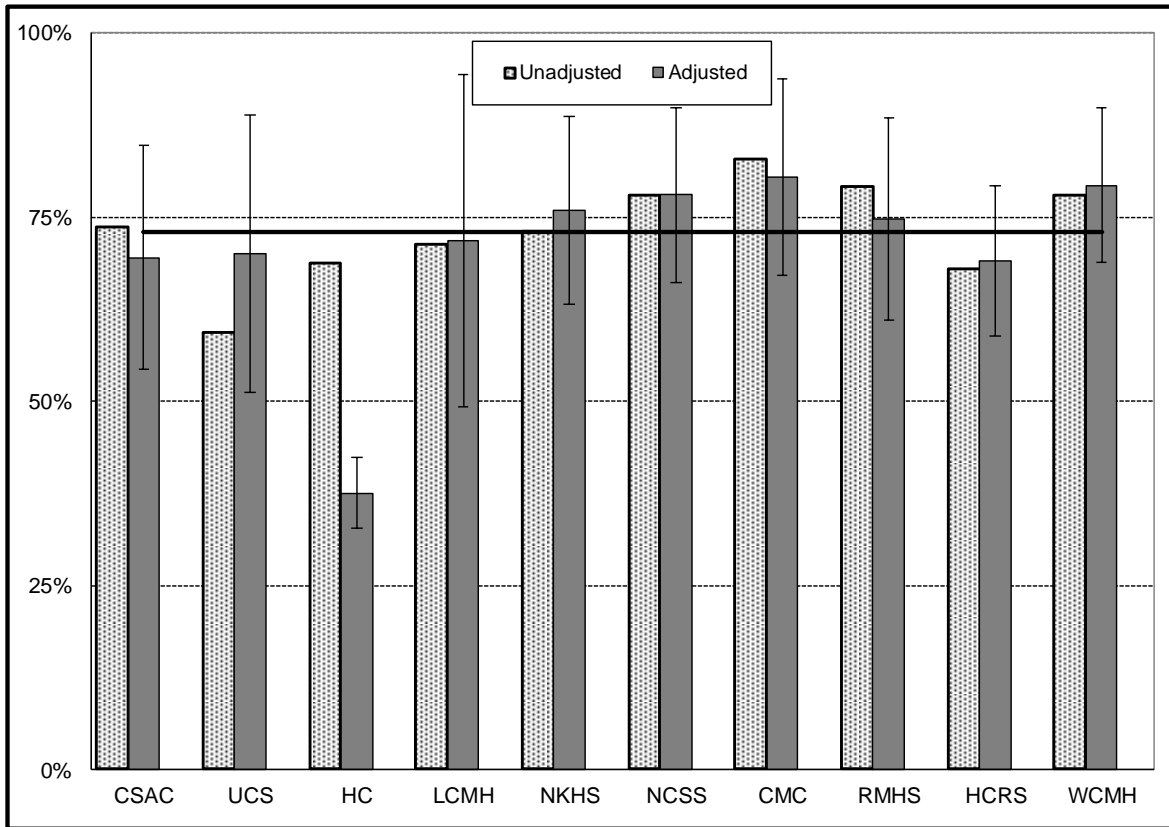


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	42	35	83%			
Bennington - UCS	32	25	78%			
Chittenden - HC	110	84	76%			
Lamoille - LCMH	15	10	67%			
Northeast - NKHS	58	44	76%			
Northwest - NCSS	51	44	86%			
Orange - CMC	36	32	89%			
Rutland - RMHS	53	42	79%			
Southeast - HCRS	84	57	68%			*
Washington - WCMH	60	53	88%			*
Statewide	541	426	79%			

¹ Scale does not require statistical adjustment

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

Table 9
Evaluation of Outcomes
By Consumers Served by CRT Programs in Vermont: FY2014



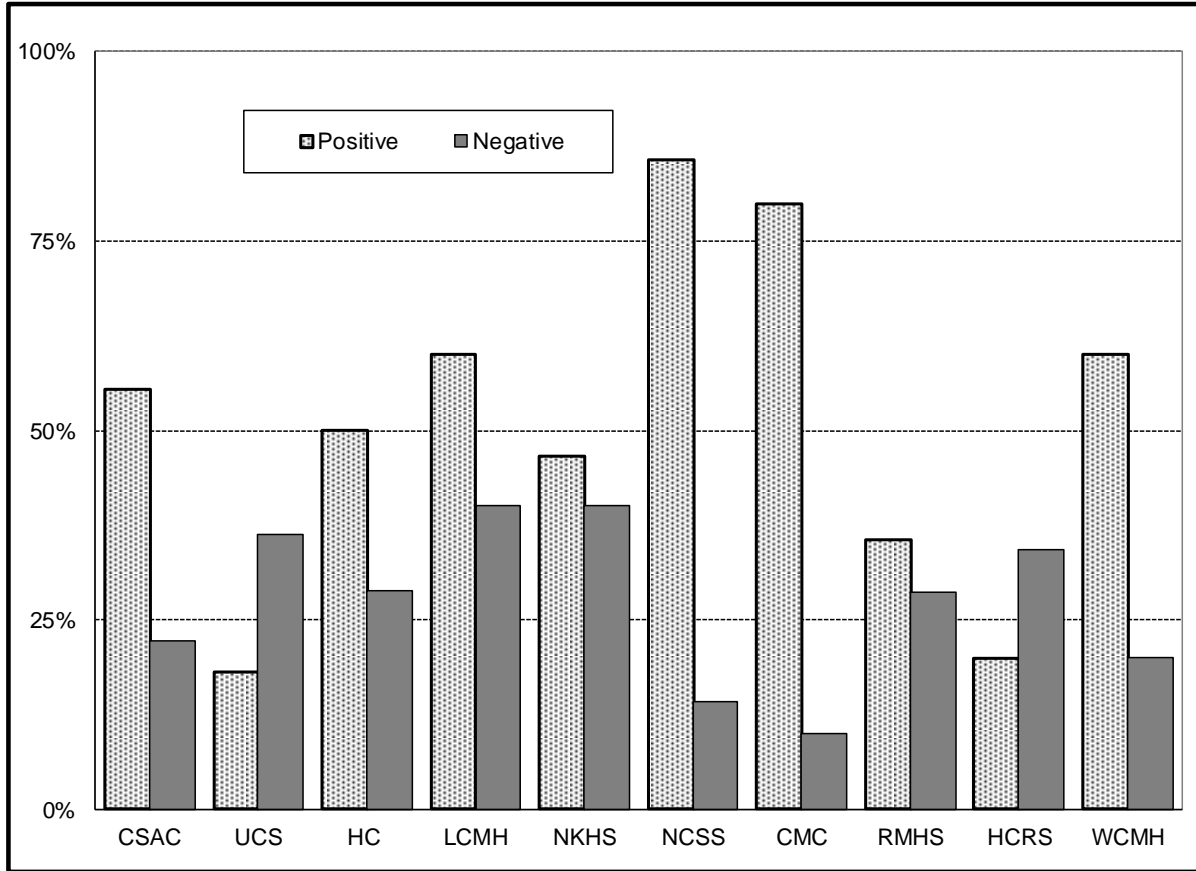
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	42	31	74%	69%	(54%-85%)	
Bennington - UCS	32	19	59%	70%	(51%-89%)	
Chittenden - HC	109	75	69%	38%	(33%-42%)	*
Lamoille - LCMH	14	10	71%	72%	(49%-94%)	
Northeast - NKHS	56	41	73%	76%	(63%-89%)	
Northwest - NCSS	50	39	78%	78%	(66%-90%)	
Orange - CMC	35	29	83%	80%	(67%-94%)	
Rutland - RMHS	53	42	79%	75%	(61%-89%)	
Southeast - HCRS	81	55	68%	69%	(59%-79%)	
Washington - WCMH	59	46	78%	79%	(69%-90%)	
Statewide	531	387	73%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnosis of schizophrenia and personality disorder.

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

Table 10

**Positive and Negative Comments
By Consumers Served by CRT Programs in Vermont: FY2014**



Region - Agency	# Respondents with comments	# with Positive Comments	% Positive Comments	# with Negative Comments	% Negative Comments
Addison - CSAC	9	5	56%	2	22%
Bennington - UCS	11	2	18%	4	36%
Chittenden - HC	38	19	50%	11	29%
Lamoille - LCMH	5	3	60%	2	40%
Northeast - NKHS	15	7	47%	6	40%
Northwest - NCSS	14	12	86%	2	14%
Orange - CMC	10	8	80%	1	10%
Rutland - RMHS	14	5	36%	4	29%
Southeast - HCRS	35	7	20%	12	34%
Washington - WCMH	20	12	60%	4	20%
Statewide	171	80	47%	48	28%

Table 11

**Response Rate of CRT Surveys
1997 - 2014**

<u>Year</u>	<u>Response Rate</u>
1997	53%
2000	50%
2003	45%
2006	36%
2007	19%
2008	40%
2009	39%
2010	38%
2011	36%
2012	22%
2013	31%
2014	31%

APPENDIX VI

Community Rehabilitation and Treatment Programs in Vermont

This report provides assessments of the ten regional Community Rehabilitation and Treatment (CRT) programs that are designated by the Vermont Department of Mental Health (DMH). CRT programs serve clients who have diagnoses of severe and persistent mental illness, usually schizophrenia and affective disorders but also including anxiety and personality disorders. CRT programs provide a range of services that include case management, service planning and coordination, community supports, vocational services and supported employment, and medication and medical support and consultation. Throughout this report, these CRT programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison (CSAC)	Counseling Service of Addison County in Middlebury.
Bennington (UCS)	United Counseling Service in Bennington.
Chittenden (HC)	Howard Center in Burlington.
Lamoille (LCMH)	Lamoille Community Mental Health in Morrisville.
Northeast (NKHS)	Northeast Kingdom Human Services in Newport and St. Johnsbury.
Northwest (NCSS)	Northwestern Counseling and Support Services in St. Albans.
Orange (CMC)	Clara Martin Center in Randolph and Bradford.
Rutland (RMHS)	Rutland Mental Health Services in Rutland.
Southeast (HCRS)	Health Care and Rehabilitation Services of Southeastern Vermont in Bellows Falls, Brattleboro, Springfield, and White River Junction.
Washington (WCMH)	Washington County Mental Health Services in Barre, Berlin and Montpelier.