

**CONSUMER EVALUATION
OF
COMMUNITY REHABILITATION AND TREATMENT
PROGRAMS IN VERMONT: FY2011**

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, Jessica Whitaker, and Aimee Ziter 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 mental health services for adults with serious mental illness in Vermont are provided by Community Rehabilitation and Treatment (CRT) Programs administered by ten designated agencies. The FY2011 survey of consumers served by CRT programs in Vermont is one part of a 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 and 2010. 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 weekly 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 were served.

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SUMMARY OF FINDINGS

FY2011 Consumer Evaluation Community Rehabilitation and Treatment Programs in Vermont

Statewide Results

More than 70% of Vermont's FY2011 Community Rehabilitation and Treatment (CRT) program consumer survey respondents 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.

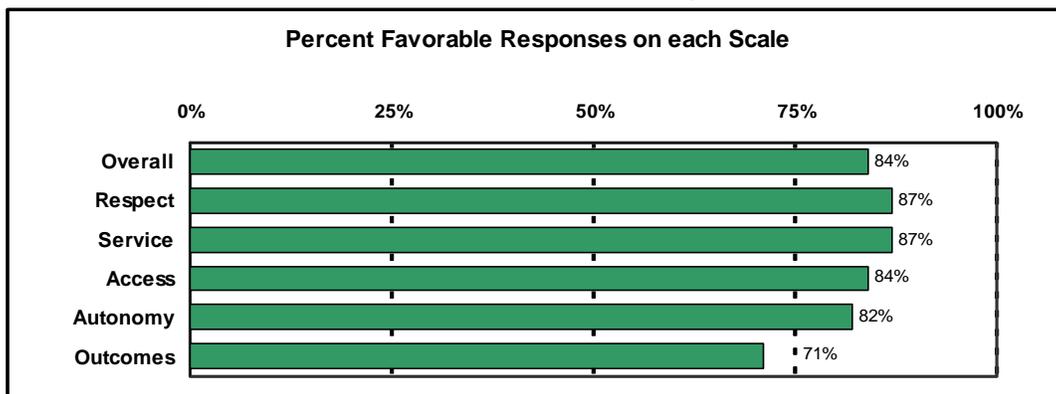
- "Staff treated me with respect," with 91% of consumers agreeing or strongly agreeing with that item
- "Staff encourage me to adopt and maintain a healthy life style" (89% favorable)
- "Staff I work with are competent and knowledgeable" (89% favorable)
- "I like the services that I receive" (89% favorable)
- "Services are available at times that are good for me" (89% favorable)

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

- "I do better at work and/or school" (56% favorable)
- "I feel I belong in my community" (62% favorable)
- "I do better in social situations" (65% favorable)
- "My symptoms are not bothering me as much" (69% favorable)
- "My housing situation has improved" (69% favorable)
- "I am getting along better with my family" (69% favorable)

There were substantial differences in consumers' ratings of CRT programs on the six scales derived from responses to the survey items. Eighty-four 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 *Respect* (87% favorable), *Service* (87% favorable), *Access* (84% favorable), and *Autonomy* (82% favorable) received more favorable responses than items related to *Outcomes*, which received the least favorable responses (71%).

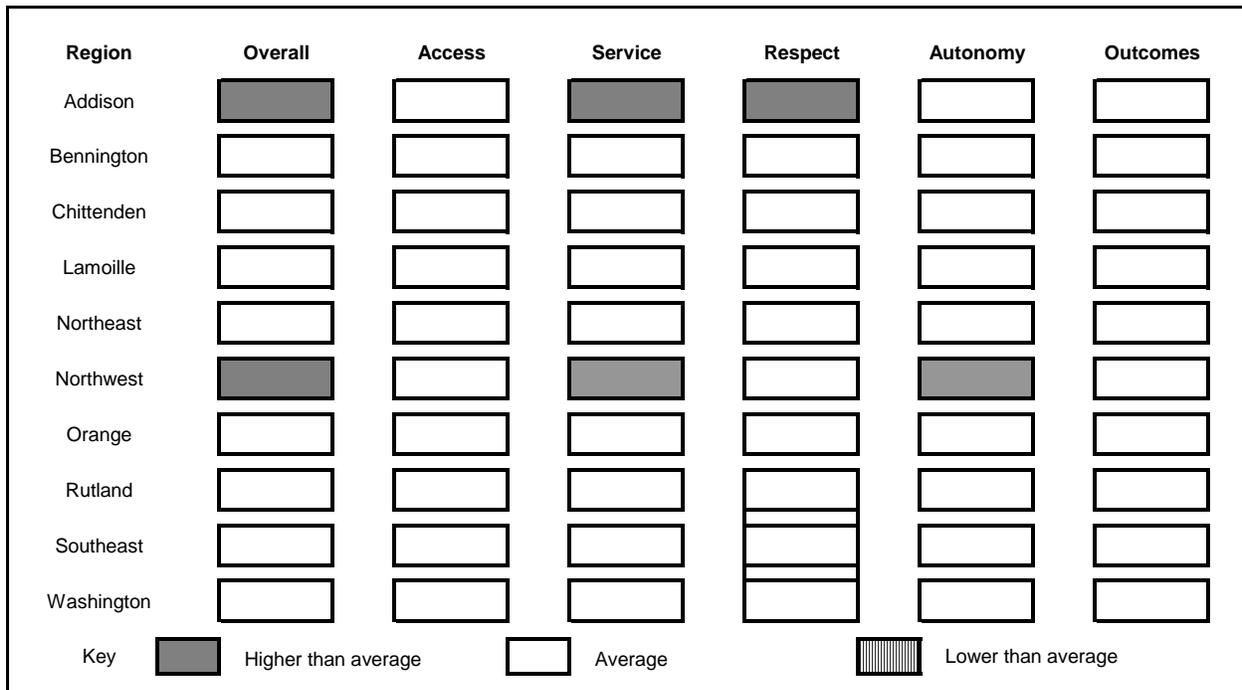
Favorable Consumer Evaluation Of Community Rehabilitation and Treatment Programs in Vermont: FY2011



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 2011.

Positive Consumer Evaluation of Community Rehabilitation and Treatment Programs: FY2011



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

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, 84% of the consumers rated their CRT programs favorably on the *Overall* scale. In the Addison region, 97% of consumers, and in the Northwest region, 92% of consumers rated their CRT program favorably on the *Overall* 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 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, 84% of the consumers rated their CRT programs favorably on the *Access* scale. Scores for individual 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, 87% of the consumers rated their CRT programs favorably on the *Service* scale. In the Addison region, 100% of consumers, and in the Northwest region, 94% of consumers rated their CRT program favorably on the *Service* 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 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, 87% of the consumers rated their CRT programs favorably on the *Respect* scale. In the Addison region, 95% of consumers rated their CRT program favorably on the *Respect* scale (significantly higher than the statewide average). Scores for the nine 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, 82% of the consumers rated their CRT programs favorably on the *Autonomy* scale. In the Northwest region, 90% of the consumers rated their CRT program favorably on the *Autonomy* scale (significantly higher 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 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.

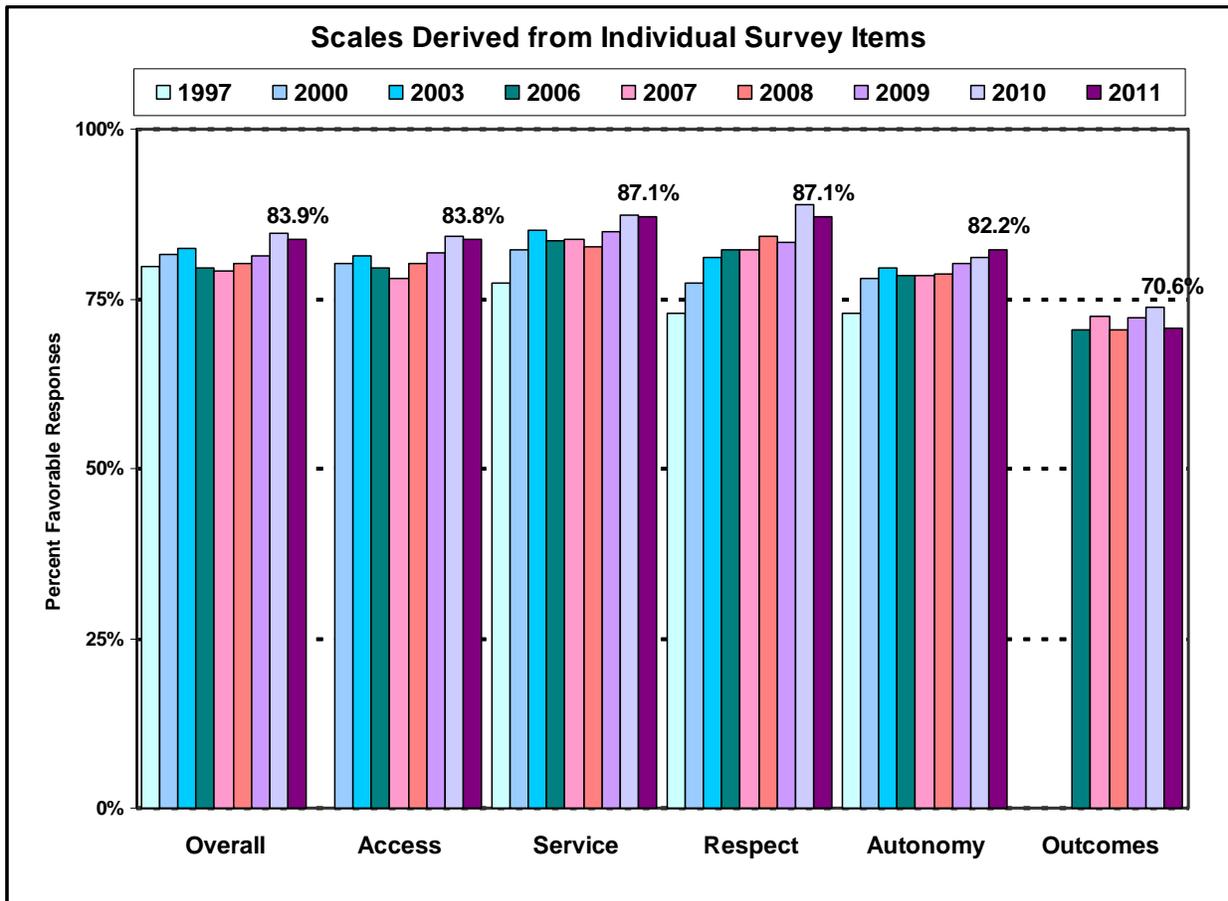
- 42. I have people with whom I can do enjoyable things.
- 43. I feel I belong in my community.
- 44. In a crisis, I would have the support I need from family or friends.

Statewide, 71% of the consumers rated their CRT programs favorably on the *Outcomes* scale. Scores for individual 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 2010. There have been small variations over time in consumers' evaluations of CRT programs in Vermont on the other five scales and all scales, with the exception of *Autonomy*, showed slight decreases from 2010.

Favorable Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont



APPENDIX I

LETTERS

First Letter to Consumers

Follow-up 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

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

Agency of Human Services

October 24, 2011

«First» «Last»
«Street»
«City_Proper», «State»
«zipcode»

Dear «First»,

I am writing to ask you to help us evaluate community mental health services in Vermont. The enclosed questions are short and easy to answer. Consumers and family members have reviewed the survey and find it a meaningful tool to capture your input.

Your opinions and responses are of great value. We need to know what works and what does not work for you so that:

- ◆ you have access to services when needed;
- ◆ your services are of high quality; and
- ◆ you can achieve the outcomes you want.

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 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 cursive script that reads "Christine M. Oliver".

Christine M. Oliver, Commissioner
Department of Mental Health

<<mh_id>>



Follow-up 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

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

Agency of Human Services

November 29, 2011

<<AddressBlock>>

Dear <<First>>,

I am writing to encourage you to complete and return the mental health service evaluation you received several weeks 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.

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 the State of Vermont only, at 1-888-212-4677.

Thank you for your help on this important project.

Sincerely,

A handwritten signature in cursive script that reads "Christine M. Oliver".

Christine Oliver, Commissioner
Department of Mental Health

<<code>



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, 2011**, from <<clinic>>.

	<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. Staff encourage 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. Staff are 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. Staff encourage me to adopt and maintain a healthy life style	1	2	3	4	5

The services I received from <<clinic>> 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 since you began to receive mental health services? Yes No
46. Were you arrested during the 12 months prior to that? Yes No
47. Since you began to receive mental health services, 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 2011. The first mailing of the surveys to 2,033 consumers took place on October 24, and a follow-up letter was mailed about four weeks later. In all, 156 surveys were returned as undeliverable.

Useable surveys were received from 36% of 1,877 potential respondents. Response rates for individual CRT programs varied from 43% (Bennington, Northwest, and Rutland) to 28% (Washington) (see Appendix V, Table 1). Response rates from previous Vermont CRT surveys had declined from 53% in 1997, to 50% in 2000, 45% in 2003, 36% in 2006, and 19% in 2007, before rising to 40% in 2008, 39% in 2009, and 38% in 2010.

Female clients responded to the survey in the same frequency as male clients, and the proportion of clients who responded to the survey increased with increasing age for both genders. Clients with a diagnosis of schizophrenia or an affective disorder had the highest response rate (37%), followed by those with a diagnosis of anxiety disorder or personality disorder (35%). Least likely to respond to the survey were clients with a diagnosis of adjustment disorder (14%). 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 0.978.

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 0.881.

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 0.955.

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 0.908.

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 0.875.

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 0.951.

Consumer Concerns

As in previous years, the 2011 CRT survey provided consumers with the opportunity to comment on any topic they wished. Written comments accompanied 21% of all returned 2011 questionnaires. The proportion of respondents with written comments in previous surveys had declined steadily from 86% of received surveys in 1997 to 24% of received surveys in 2009 and 32% of received surveys in 2010.

Whenever possible, comments about CRT programs were coded as positive or negative. In 2011, positive or negative comments accompanied 16% of received surveys: 11% of all respondents made positive comments, 6% made negative comments. Central office staff of the

Department of Mental Health (DMH) reviewed each comment that accompanied the 2011 CRT survey. No written comments required follow-up action from DMH staff.

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, and was considered 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, four 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 a diagnosis of affective disorder, a diagnosis of anxiety disorder, a diagnosis of personality disorder, or a diagnosis of substance abuse disorder. Agencies did not differ in case mix in terms of the age or gender of the consumers they served, or the proportion of respondents with a diagnosis of schizophrenia and other psychoses, or a diagnosis of adjustment disorder.

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

If a statistical adjustment of survey results was necessary to provide an unbiased comparison of CRT programs, the analysis followed 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:

$$\sum w_i \overline{X}_i$$

Where ' w_i ' is the proportion of all potential respondents who, for example, fall into age category 'i', and ' \overline{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

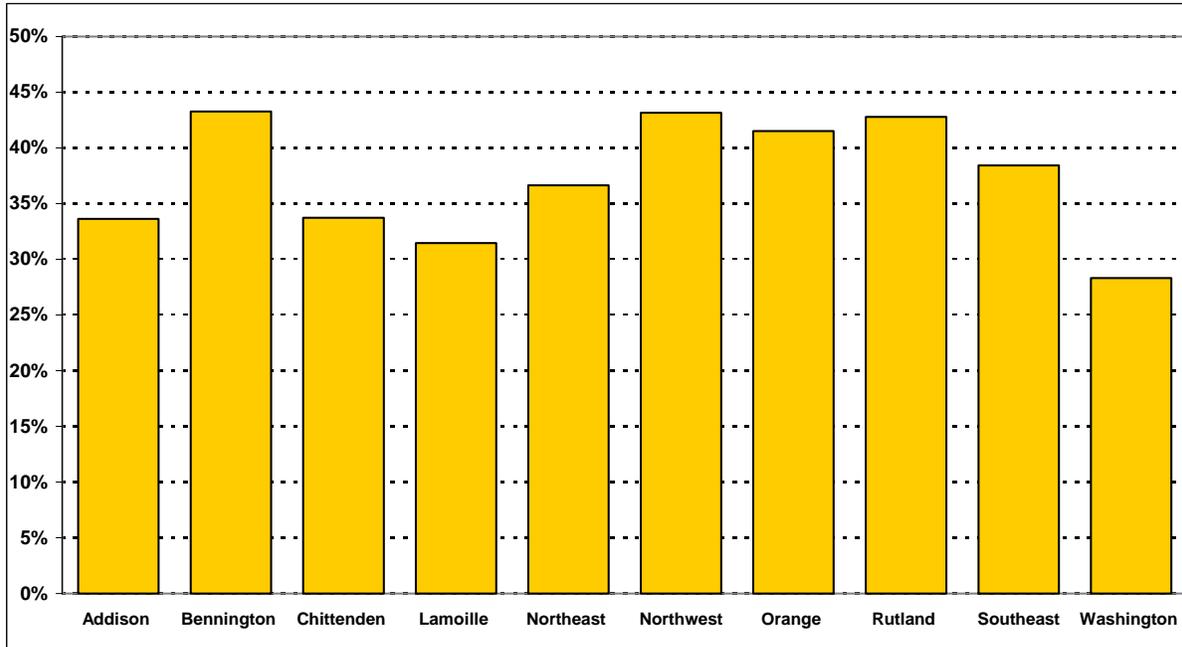
The statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the unique characteristics of Vermont's ten CRT programs. Statistical adjustment for difference in case mix allows researchers and program evaluators to compare the performance of programs that serve 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: FY2011



Region/Agency ¹	Surveys					Response Rate
	Mailed	Deliverable	No Response	Returned	Completed	Analyzed ²
Statewide	2,033	1,877	1,187	690	682	36%
Addison - CSAC	126	116	77	39	39	34%
Bennington - UCS	110	104	59	45	45	43%
Chittenden - HC	461	427	278	149	144	34%
Lamoille - LCC	98	89	61	28	28	31%
Northeast - NKHS	213	202	128	74	74	37%
Northwest - NCSS	160	146	83	63	63	43%
Orange - CMC	110	106	62	44	44	42%
Rutland - RMHS	198	180	103	77	77	43%
Southeast - HCRS	273	242	147	95	93	38%
Washington - WCMH	284	265	189	76	75	28%

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: FY2011

Region-Agency	Overall	Access	Service	Respect	Autonomy	Outcomes
Statewide	84%	84%	87%	87%	82%	71%
Addison -CSAC	97%	97%	100%	95%	87%	82%
Bennington -UCS	82%	78%	91%	89%	80%	64%
Chittenden -HC	81%	82%	84%	85%	82%	70%
Lamoille LCC	79%	86%	82%	75%	75%	73%
Northeast -NKHS	84%	85%	92%	85%	81%	68%
Northwest -NCSS	92%	89%	94%	92%	90%	66%
Orange -CMC	84%	89%	91%	93%	88%	69%
Rutland -RMHS	83%	83%	82%	86%	78%	74%
Southeast -HCRS	84%	83%	85%	87%	82%	76%
Washington -WCMH	80%	77%	81%	85%	80%	68%

* Scale scores are adjusted as appropriate for differences in case mix for diagnoses personality disorder and/or anxiety disorder and affective 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: FY2011
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>	91%	97%	96%	92%	85%	88%	94%	95%	94%	88%	84%
28. <i>Staff encourage me to adopt and maintain a healthy life style.</i>	89%	97%	84%	88%	81%	85%	92%	95%	93%	88%	89%
24. <i>Staff I work with are competent and knowledgeable.</i>	89%	100%	89%	87%	86%	91%	92%	95%	88%	87%	84%
1. <i>I like the services that I receive.</i>	89%	100%	91%	85%	81%	93%	94%	93%	86%	85%	88%
8. <i>Services are available at times that are good for me.</i>	89%	97%	84%	91%	86%	91%	92%	89%	87%	88%	82%
23. <i>Most of the services I get are helpful.</i>	88%	95%	89%	88%	79%	89%	92%	89%	86%	85%	89%
19. <i>Staff respect my wishes about who is, and is not, to be given information about my treatment.</i>	88%	89%	82%	86%	79%	91%	95%	95%	89%	83%	89%
14. <i>I have been given information about my rights.</i>	88%	87%	80%	82%	86%	86%	97%	93%	89%	90%	91%
17. <i>Staff encourage me to take responsibility for how I live my life.</i>	87%	90%	86%	84%	82%	82%	90%	91%	91%	86%	93%
15. <i>Staff respect my rights.</i>	87%	95%	84%	84%	79%	85%	94%	89%	86%	89%	85%
4. <i>The location of the services is convenient (parking, public transportation, distance, etc.).</i>	85%	90%	87%	90%	86%	81%	90%	84%	85%	86%	73%
26. <i>Staff help me to solve problems when they arise.</i>	85%	100%	89%	81%	89%	78%	95%	88%	87%	84%	80%
21. <i>Staff are sensitive to my cultural background (race, religion, language, etc.).</i>	85%	95%	82%	80%	82%	81%	89%	86%	88%	84%	86%
12. <i>My questions about treatment and/or medication are answered to my satisfaction.</i>	84%	92%	86%	85%	79%	86%	90%	91%	83%	75%	79%
3. <i>I would recommend this agency to a friend or family member.</i>	83%	97%	89%	79%	63%	88%	85%	86%	79%	85%	83%
5. <i>Staff are willing to see me as often as I feel it is necessary.</i>	83%	92%	78%	83%	82%	88%	83%	84%	81%	85%	78%
27. <i>Staff and services are responsive to my changing needs.</i>	83%	95%	75%	81%	78%	78%	92%	90%	83%	83%	84%
9. <i>I am able to get the services I need.</i>	82%	95%	76%	78%	79%	86%	90%	81%	80%	82%	80%
22. <i>Staff help me get the information I need so that I can take charge of managing my illness.</i>	82%	89%	76%	78%	82%	85%	89%	86%	82%	79%	81%
16. <i>I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc).</i>	82%	85%	89%	79%	68%	75%	94%	81%	80%	84%	81%
7. <i>Staff return my calls within 24 hours.</i>	81%	87%	77%	74%	82%	88%	81%	91%	89%	81%	73%
11. <i>Staff believe that I can grow, change and recover.</i>	81%	90%	78%	79%	75%	73%	84%	83%	83%	82%	81%
Overall Average	79%	86%	76%	77%	74%	78%	82%	82%	80%	79%	78%

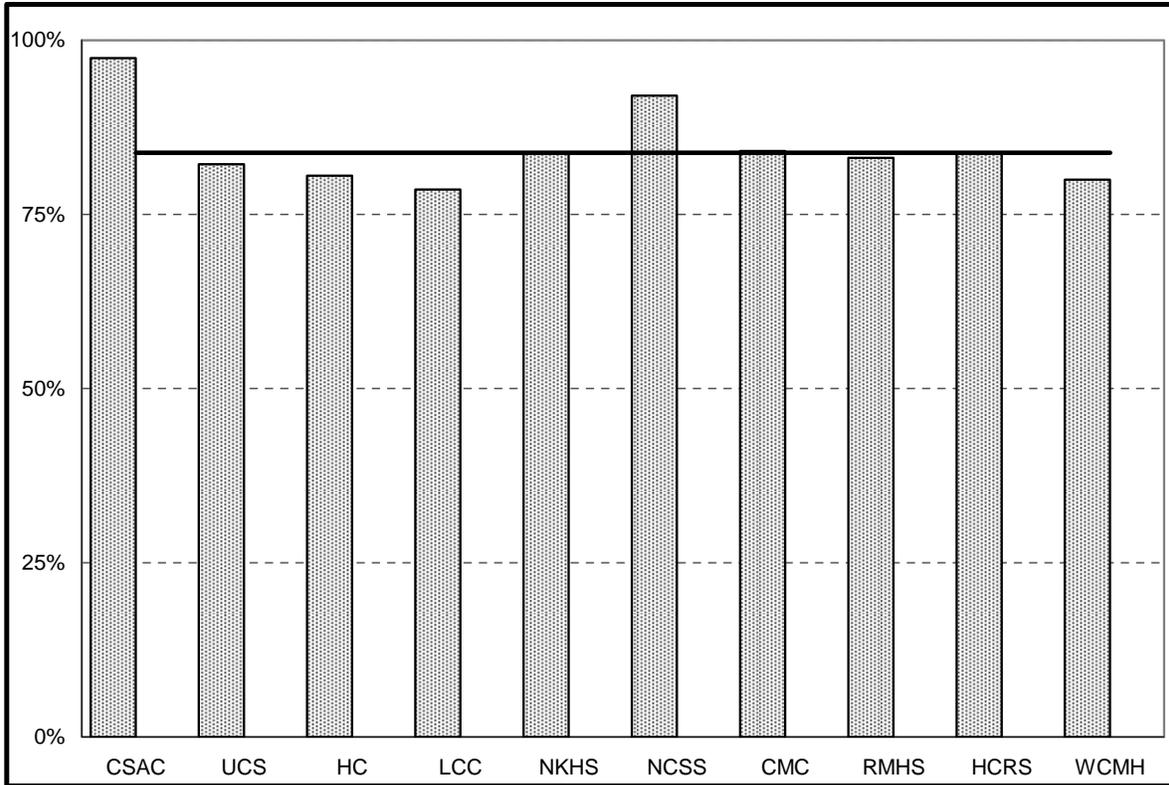
Table 3 (continued)

**Favorable Responses to Individual Items by CRT Program in Vermont: FY2011
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>
2. <i>If I had other choices, I would still get services from this agency.</i>	80%	85%	82%	78%	74%	82%	84%	81%	71%	84%	81%
13. <i>I feel free to complain.</i>	80%	82%	76%	78%	71%	71%	87%	84%	86%	82%	80%
6. <i>I am satisfied with my progress in terms of growth, change and recovery.</i>	79%	89%	73%	76%	70%	80%	75%	81%	83%	82%	79%
10. <i>I am able to see a psychiatrist when I want to.</i>	79%	79%	73%	82%	93%	72%	82%	88%	81%	79%	65%
38. <i>I am better able to take care of my needs.</i>	78%	89%	80%	75%	69%	81%	72%	76%	77%	79%	85%
20. <i>I, not staff, decide my treatment goals.</i>	78%	74%	76%	73%	86%	78%	89%	79%	79%	81%	76%
29. <i>I deal more effectively with daily problems.</i>	78%	89%	73%	76%	73%	70%	79%	81%	79%	82%	76%
30. <i>I am better able to control my life.</i>	77%	86%	67%	78%	69%	73%	82%	78%	80%	77%	79%
31. <i>I am better able to deal with a crisis.</i>	75%	83%	69%	72%	62%	70%	84%	79%	79%	75%	73%
42. <i>I have people with whom I can do enjoyable things.</i>	74%	74%	68%	76%	81%	73%	69%	76%	72%	77%	76%
37. <i>I do things that are more meaningful to me.</i>	74%	84%	80%	68%	58%	75%	66%	71%	76%	81%	78%
40. <i>I am better able to do things that I want to do.</i>	73%	79%	73%	69%	62%	71%	71%	76%	76%	79%	75%
18. <i>Staff tell me what medication side effects to watch for.</i>	72%	76%	67%	75%	70%	70%	79%	83%	68%	64%	71%
44. <i>In a crisis, I would have the support I need from family or friends.</i>	72%	78%	64%	70%	67%	66%	77%	79%	74%	80%	64%
39. <i>I am better able to handle things when they go wrong.</i>	70%	87%	77%	68%	62%	69%	69%	79%	70%	66%	68%
41. <i>I am happy with the friendships I have.</i>	70%	76%	58%	70%	70%	71%	72%	69%	74%	68%	72%
32. <i>I am getting along better with my family.</i>	69%	66%	60%	64%	68%	79%	66%	66%	73%	77%	69%
35. <i>My housing situation has improved.</i>	69%	76%	66%	65%	77%	70%	64%	65%	72%	70%	71%
36. <i>My symptoms are not bothering me as much.</i>	69%	78%	61%	66%	54%	61%	72%	74%	74%	69%	74%
33. <i>I do better in social situations.</i>	65%	76%	56%	61%	58%	64%	69%	71%	68%	64%	66%
43. <i>I feel I belong in my community.</i>	62%	66%	48%	65%	59%	66%	59%	62%	71%	60%	56%
34. <i>I do better at work and/or school.</i>	56%	61%	45%	51%	54%	58%	57%	59%	59%	50%	69%
Overall Average	79%	86%	76%	77%	74%	78%	82%	82%	80%	79%	78%

Table 4

**Overall Evaluation
By Consumers Served by CRT programs in Vermont: FY2011**

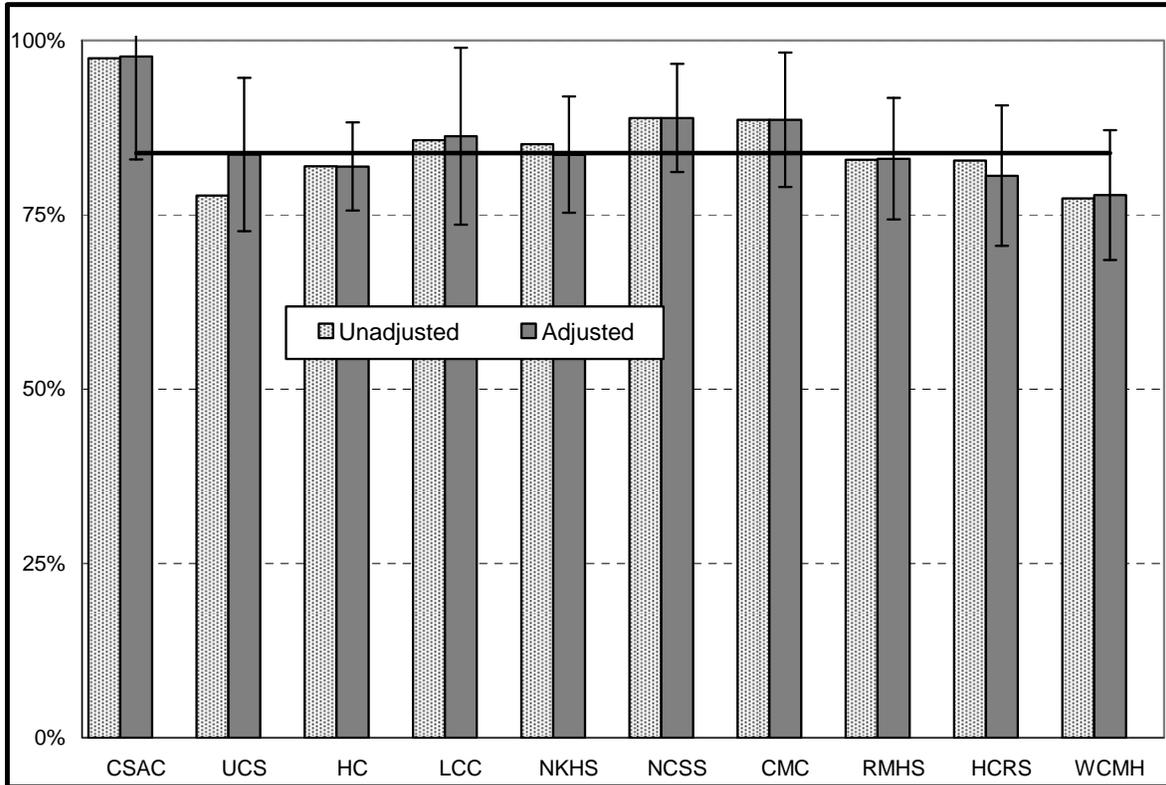


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	39	38	97%			*
Bennington - UCS	45	37	82%			
Chittenden - HC	144	116	81%			
Lamoille - LCC	28	22	79%			
Northeast - NKHS	74	62	84%			
Northwest - NCSS	63	58	92%			*
Orange - CMC	44	37	84%			
Rutland - RMHS	77	64	83%			
Southeast - HCRS	93	78	84%			
Washington - WCMH	75	60	80%			
Statewide	682	572	84%			

¹ Scale does not require statistical adjustment

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

Table 5
Evaluation of Access
By Consumers Served by CRT programs in Vermont: FY2011

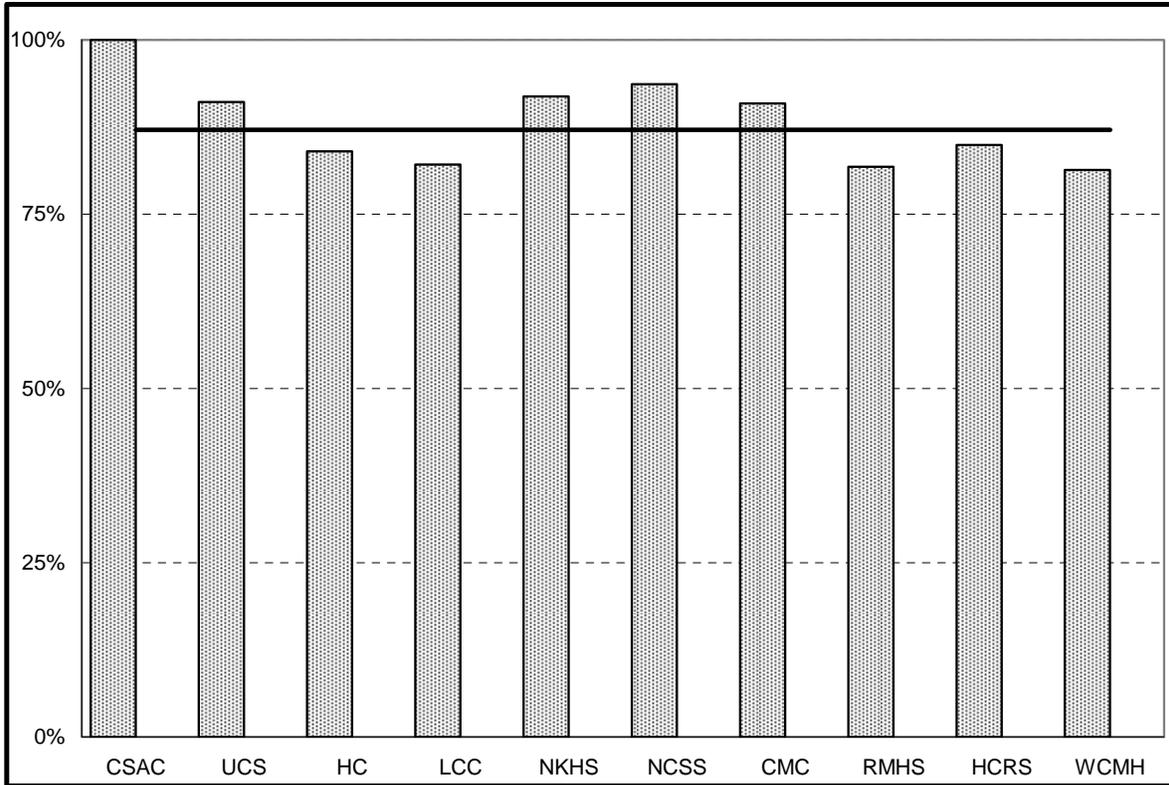


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	39	38	97%	98%	(83%-100%)	
Bennington - UCS	45	35	78%	84%	(73%-95%)	
Chittenden - HC	144	118	82%	82%	(76%-88%)	
Lamoille - LCC	28	24	86%	86%	(74%-99%)	
Northeast - NKHS	74	63	85%	84%	(75%-92%)	
Northwest - NCSS	63	56	89%	89%	(81%-97%)	
Orange - CMC	44	39	89%	89%	(79%-98%)	
Rutland - RMHS	76	63	83%	83%	(74%-92%)	
Southeast - HCRS	93	77	83%	81%	(71%-91%)	
Washington - WCMH	75	58	77%	78%	(69%-87%)	
Statewide	681	571	84%			

¹ Statistically adjusted to reflect statewide caseload composition by age, gender, and diagnosis of personality disorder

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

Table 6
Evaluation of Service
By Consumers Served by CRT programs in Vermont: FY2011

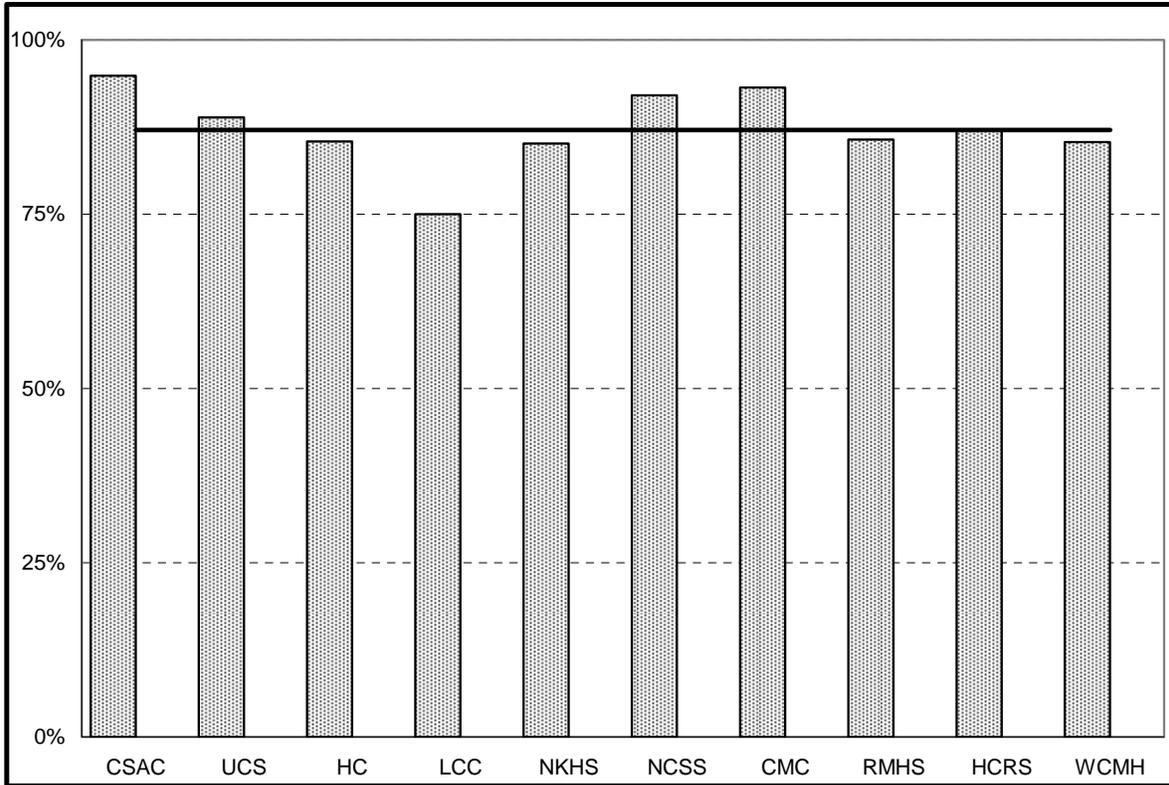


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	39	39	100%			*
Bennington - UCS	45	41	91%			
Chittenden - HC	144	121	84%			
Lamoille - LCC	28	23	82%			
Northeast - NKHS	74	68	92%			
Northwest - NCSS	63	59	94%			*
Orange - CMC	44	40	91%			
Rutland - RMHS	77	63	82%			
Southeast - HCRS	93	79	85%			
Washington - WCMH	75	61	81%			
Statewide	682	594	87%			

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: FY2011

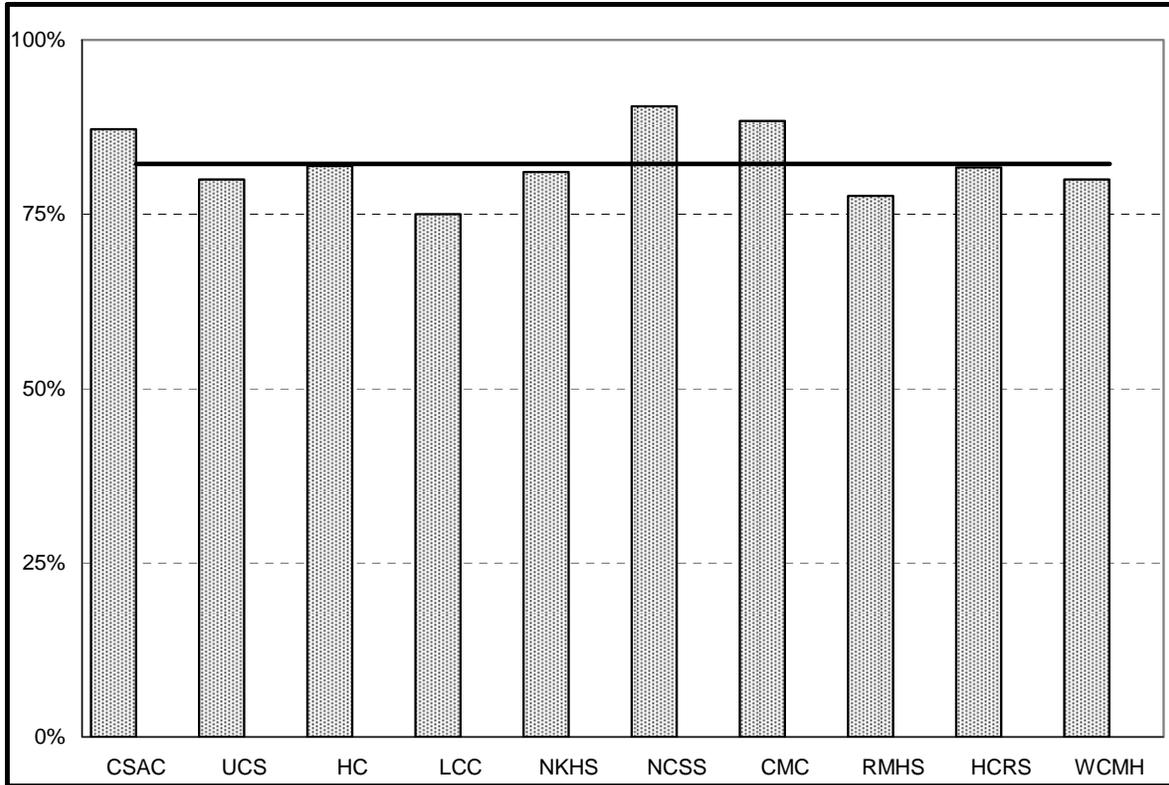


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	39	37	95%			*
Bennington - UCS	45	40	89%			
Chittenden - HC	144	123	85%			
Lamoille - LCC	28	21	75%			
Northeast - NKHS	74	63	85%			
Northwest - NCSS	63	58	92%			
Orange - CMC	44	41	93%			
Rutland - RMHS	77	66	86%			
Southeast - HCRS	92	80	87%			
Washington - WCMH	75	64	85%			
Statewide	681	593	87%			

¹ Scale does not require statistical adjustment

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

Table 8
Evaluation of Autonomy
By Consumers Served by CRT programs in Vermont: FY2011

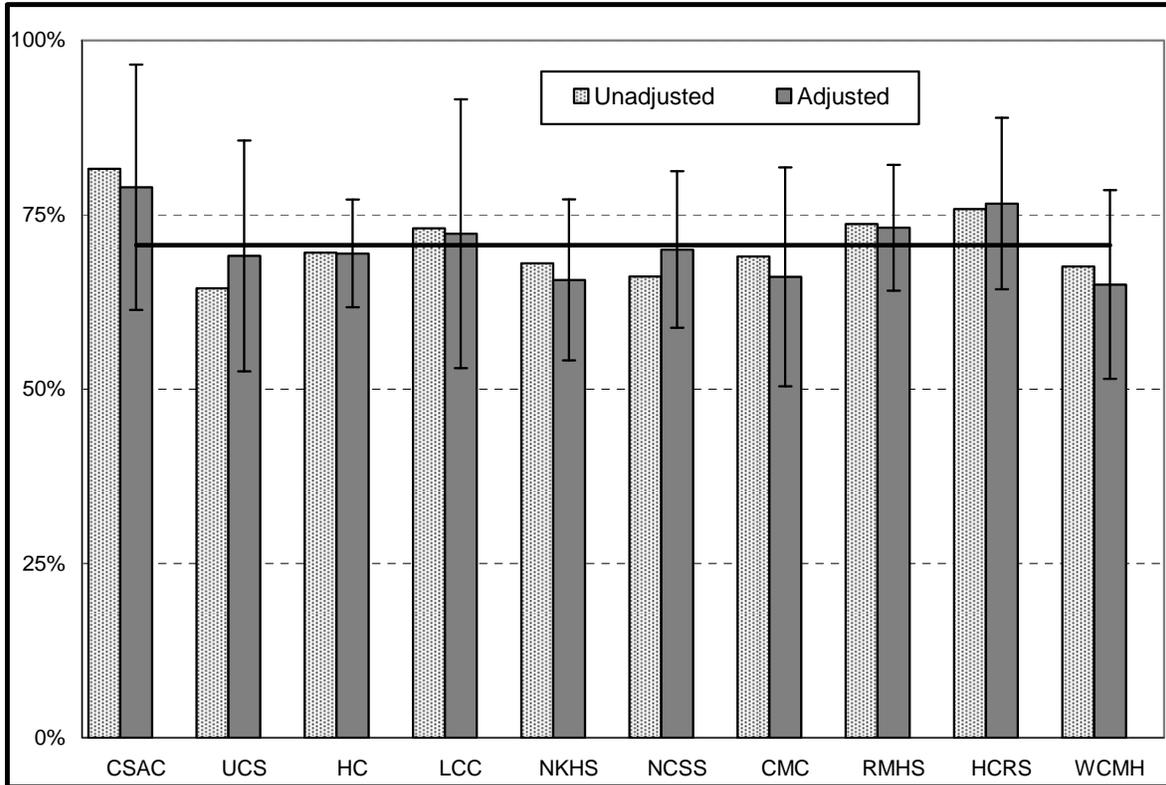


Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	39	34	87%			
Bennington - UCS	45	36	80%			
Chittenden - HC	144	118	82%			
Lamoille - LCC	28	21	75%			
Northeast - NKHS	74	60	81%			
Northwest - NCSS	63	57	90%			*
Orange - CMC	43	38	88%			
Rutland - RMHS	76	59	78%			
Southeast - HCRS	93	76	82%			
Washington - WCMH	75	60	80%			
Statewide	680	559	82%			

¹ Scale does not require statistical adjustment

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

Table 9
Evaluation of Outcomes
By Consumers Served by CRT programs in Vermont: FY2011



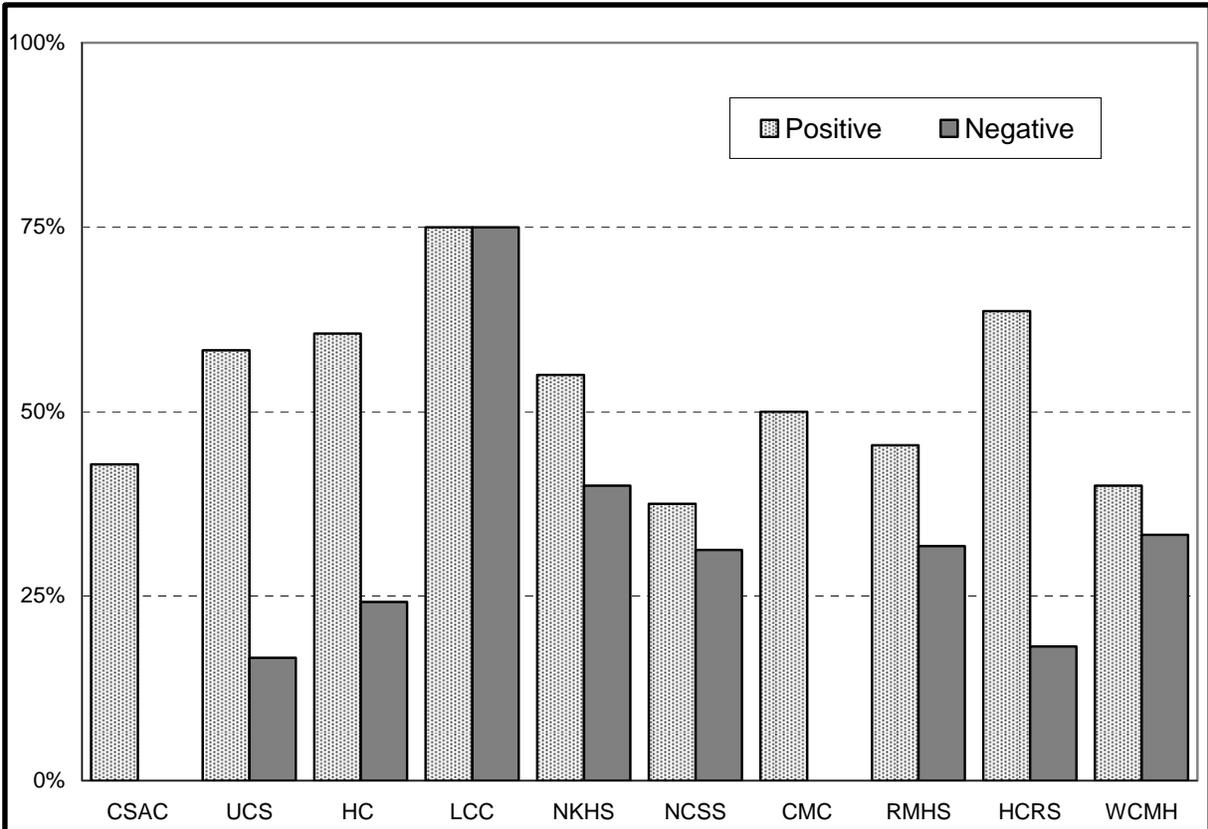
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	38	31	82%	79%	(61%-97%)	
Bennington - UCS	45	29	64%	69%	(53%-86%)	
Chittenden - HC	138	96	70%	69%	(62%-77%)	
Lamoille - LCC	26	19	73%	72%	(53%-92%)	
Northeast - NKHS	72	49	68%	66%	(54%-77%)	
Northwest - NCSS	62	41	66%	70%	(59%-81%)	
Orange - CMC	42	29	69%	66%	(50%-82%)	
Rutland - RMHS	76	56	74%	73%	(64%-82%)	
Southeast - HCRS	91	69	76%	77%	(64%-89%)	
Washington - WCMH	74	50	68%	65%	(51%-79%)	
Statewide	664	469	71%			

¹ Statistically adjusted to reflect statewide caseload composition by age, gender, and diagnosis of personality disorder

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

Table 10

**Positive and Negative Comments
By Consumers Served by CRT programs in Vermont: FY2011**



Region - Agency	# Respondents with comments	# with Positive Comments	% Positive Comments	# with Negative Comments	% Negative Comments
Addison - CSAC	7	3	43%	0	0%
Bennington - UCS	12	7	58%	2	17%
Chittenden - HC	33	20	61%	8	24%
Lamoille - LCC	4	3	75%	3	75%
Northeast - NKHS	20	11	55%	8	40%
Northwest - NCSS	16	6	38%	5	31%
Orange - CMC	6	3	50%	0	0%
Rutland - RMHS	22	10	45%	7	32%
Southeast - HCRS	11	7	64%	2	18%
Washington - WCMH	15	6	40%	5	33%
Statewide	146	76	52%	40	27%

APPENDIX VI

Community Rehabilitation and Treatment Programs in Vermont

This report provides assessments of the ten regional Community Rehabilitation and Treatment programs that are designated by the Vermont Department of Mental Health (DMH). CRT programs serve clients who are severely disabled because of serious mental illness. Frequently these programs are providing community services as an alternative to institutionalization. In addition to regular outpatient services, CRT programs provide day treatment services, case management services, vocational services and a variety of residential services to clients who have a chronic mental illness. 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 Services in Bennington.
Chittenden (HC)	HowardCenter in Burlington.
Lamoille (LCC)	Lamoille Community Connections 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.

