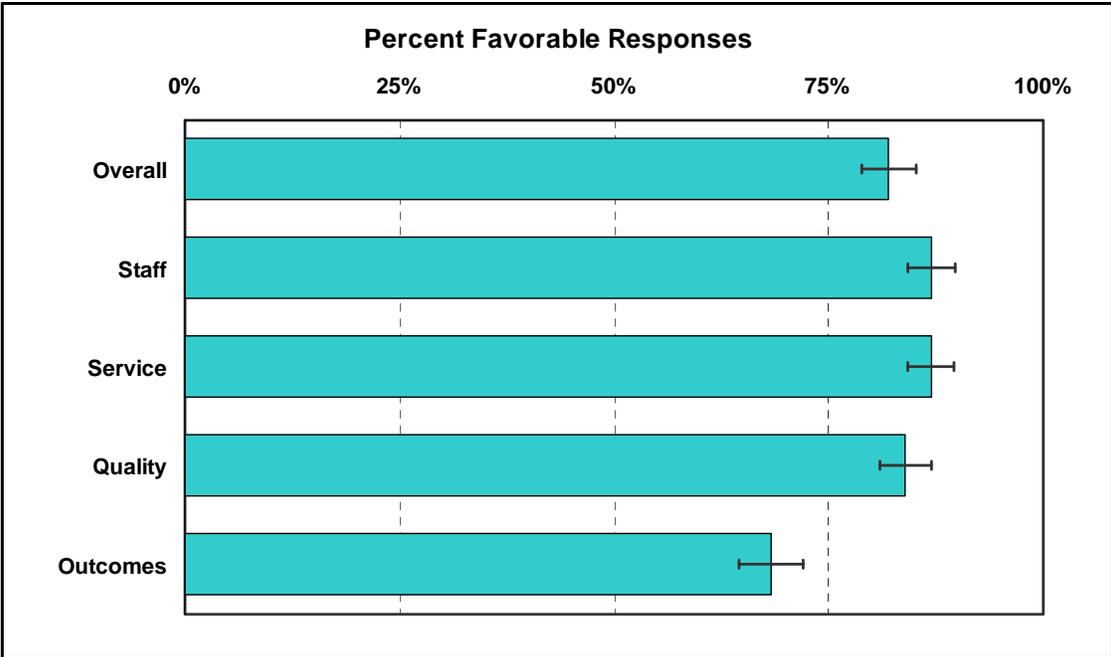


**EVALUATION OF
CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS**

**By Parents of Children Served in Vermont
September – December 2009**

TECHNICAL REPORT

SEPTEMBER 2010



Vermont Department of Mental Health
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FOREWORD

The 2010 survey of parents of children served by child and adolescent mental health programs in Vermont is one part of a larger effort to monitor community mental health program performance. The parents' 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 community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to systematically 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 and stakeholder evaluations of Vermont's community mental health programs, and in conjunction with the results of surveys that will be conducted in the future. Comparable surveys were administered to parents in 2002, 2006, and in 2008. Technical reports of previous surveys are available online at <http://mentalhealth.vermont.gov/report/survey#cafu> .

The results of these evaluations should be considered in conjunction with access to care, service delivery patterns, service system integration, and treatment outcomes based on analyses of existing databases. Many of these indicators are published in the annual Department of Mental Health (DMH) Statistical Reports and weekly Performance Indicator Project data reports (PIPs), available in hard copy from the Vermont Department of Mental Health's 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 community child and adolescent mental health programs, the subjective evaluations of parents of the children who were served.

The authors of this report thank all those who contributed to this project. This work could not have been completed without the help of Alice Maynard and Jessica Whitaker of the Child, Adolescent and Family Unit of the Vermont Department of Mental Health. The authors also thank the parents who took the time to evaluate and comment on the child and adolescent mental health services provided by community child and adolescent mental health programs in Vermont.

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EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

**By Parents of Children Served in Vermont
September - December 2009**

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the spring of 2010, the Child, Adolescent and Family Unit of the Vermont Department of Mental Health (DMH) invited the parents of children who had recently received community mental health services to complete a survey to evaluate child and adolescent mental health programs in Vermont's ten regional Community Mental Health Centers (CMHCs). Surveys were sent to parents of all children up to the age of 18 who received at least six Medicaid-reimbursed services during September through December 2009. In total, 584 of the potential pool of 2,792 deliverable surveys (21%) were completed and included in quantitative analyses (see Appendix V, Table 2, page 32).

The 2010 parent survey consisted of thirty-five fixed alternative questions and four open-ended questions designed to provide information that would help stakeholders to compare the performance of child and adolescent mental health programs in Vermont. In addition, the 2010 survey included seven new questions about community life. These questions addressed children's living situations, school attendance, and encounters with police. The survey instrument was based on the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey developed by a multi-state work group and modified as a result of input from Vermont stakeholders (see Appendix II, page 15).

Methodology

In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, parents' responses to the thirty-five fixed alternative questions were combined into five scales. These scales focus on overall consumer evaluation of program performance, and evaluation of program performance with regard to staff, services, quality, and outcomes. In order to provide an unbiased comparison across programs, survey results were statistically adjusted to control for the effect of dissimilarities among the client populations served by different community programs. Reports of significance are at the 95% confidence level ($p < .05$). For details of scale construction and statistical analyses, see Appendix IV (page 24). The percentages of parents making positive and negative narrative comments in response to the open-ended questions are noted in this report. Statewide results of analysis of the survey's new questions regarding children's living situations, school attendance, and encounters with police are also noted.

Overall Results

The parents of children served by child and adolescent mental health programs in Vermont were very likely to rate their programs favorably. Statewide, on the overall measure of program performance, 82% of the parents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than others. Fixed alternative items related to staff and to services received the most favorable responses (87% favorable on both measures), followed by quality (84% favorable). Items related to outcomes received the lowest ratings (68% favorable). Additional comments about program performance were coded as positive or negative: substantially more parents made positive comments (73%) than negative comments (35%).

Statewide, parents' 2010 evaluations of services provided by child and adolescent mental health programs were significantly more favorable than in previous years (87% compared to less than 82% in 2002, 2006 and 2008). Overall evaluations, and evaluations of staff, quality, and outcomes tended to be somewhat more favorable in 2010 than in previous years, although differences are not statistically significant.

Overview of Differences among Programs

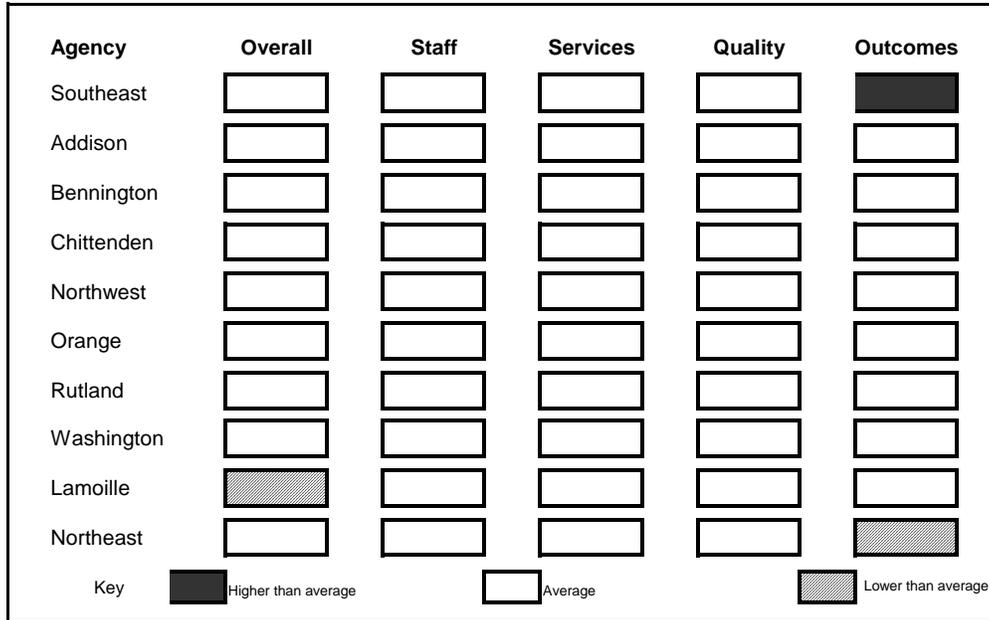
In order to compare parents' evaluations of child and adolescent mental health programs in the ten CMHCs, ratings of individual programs on each of five composite scales were compared to the statewide average for each scale. Although all programs received high scores, the results of this survey indicate that parents' evaluations of several of the state's ten child and adolescent community mental health programs were significantly different from the statewide average on individual measures of program performance.

The Southeast child and adolescent mental health program was rated more favorably compared to the statewide average on the Outcomes scale. The Lamoille child and adolescent mental health program was rated less favorably compared to the statewide average on the Overall scale. The Northeast child and adolescent mental health program was rated less favorably compared to the statewide average on the Outcomes scale. Parents' evaluations of the seven other programs were not statistically different from the statewide average on any of the scales.

In three of the four survey years, only one child and adolescent community mental health program (a different program each year) had an Overall rating that was significantly different from the statewide average. In 2006, no individual programs had an Overall rating that was significantly different from the statewide average.

Figure 1

Positive Evaluation of Child and Adolescent Mental Health Programs by Parents of Children Served in Vermont August – December 2009



The results of this evaluation of child and adolescent mental health programs in Vermont should be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to children and adolescents with mental health needs and their families in Vermont.

STATEWIDE RESULTS

The majority of parents of children served by child and adolescent mental health programs at community mental health centers in Vermont rated their programs favorably. An item-by-item summary of responses to the fixed alternative questions is available in Appendix V, Table 3, pages 33-34.

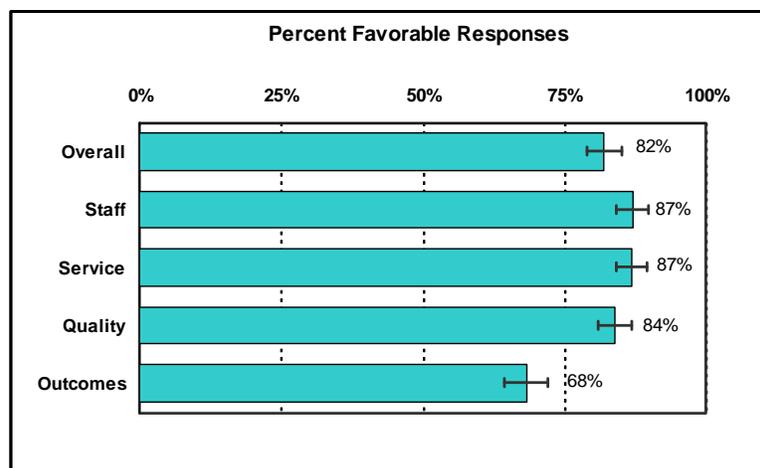
Statewide, the most favorably rated individual questions related to staff: "Staff spoke with me in a way that I understood" (93% positive), "Staff treated me with respect" (90%), and "I liked the staff people who worked with me" (90%). Parents also gave very favorable ratings to two service-related questions: "The location of my child's services was convenient for us" (91%), and "Services were available at times convenient for me" (86%). Parents indicated a high level of participation in their child's treatment, giving very favorable ratings to "I participated in my child's treatment" (88%), and "I helped to choose my child's treatment goals" (86%).

Statewide, the least favorably rated questions related to outcomes as a result of mental health services. Fifty-six percent felt that "My child is better able to cope when things go wrong" and 64% agreed that "My child gets along better with family members."

Statewide, there were significant differences in parents' ratings of child and adolescent mental health programs on the five scales derived from responses to the Vermont survey (see Figure 2 below). Eighty-two percent of parents rated programs favorably Overall. The Staff and Service scales (both 86% favorable) received more favorable responses than the Quality scale (84% favorable). Parents' ratings on all four of these scales were significantly higher than ratings on the Outcomes scale (68% favorable).

Figure 2

Positive Evaluation of Child and Adolescent Mental Health Programs By Parents of Children Served in Vermont September - December 2009



EVALUATION OF DIFFERENCES AMONG PROGRAMS

Parents' evaluations of child and adolescent mental health programs at Vermont's ten regional CMHCs on the five scales that were built from survey responses tended to be favorable. In order to provide a comprehensive statewide evaluation of program performance, the average of all individual scores for each scale was calculated. The parent ratings of each regional program were then compared to this statewide average for each scale (Appendix V, Table 4, page 35 and Appendix VI, Figures 3-7, pages 38-42). These comparisons indicate that there was some variation among providers. Taken as a whole, these results provide a succinct portrait of parents' evaluations of child and adolescent mental health programs in Vermont.

Only three child and adolescent mental health programs received scale ratings that differed significantly from the statewide average. Parents of children receiving services at Health Care and Rehabilitation Services of Southeast Vermont (Southeast) rated this program significantly more favorably on the Outcomes scale than the statewide average. Parents of children receiving services at Lamoille Community Connections (Lamoille) rated this program significantly less favorably on the Overall scale than the statewide average, and parents of children receiving services at the Northeast Kingdom Human Services (Northeast) rated this program significantly less favorably on the Outcomes scale than the statewide average.

The remaining seven Vermont child and adolescent mental health programs received parent ratings that were not significantly different from the statewide average score on any of the five scales.

Overall Evaluation

The measure of overall satisfaction with each of the ten community child and adolescent mental health programs that was used in this study is based on parents' responses to 35 fixed alternative questions. The response alternatives were on a 5-point scale: 5 (Strongly Agree), 4 (Agree), 3 (Undecided), 2 (Disagree), or 1 (Strongly Disagree). For the purposes of scale construction, the composite measure of overall satisfaction for each respondent was based on the number of individual questions with positive responses. (For details of scale construction, see Appendix IV, page 24.)

Statewide, parents tended to rate their child and adolescent mental health programs favorably with 82% of parents giving a positive overall evaluation. Parents' overall ratings in Lamoille were significantly lower (57%) than the statewide average score. Parents' overall ratings of the remaining nine CMHC programs did not differ significantly from the statewide average score (see pages 35 and 38).

Staff

The parents' rating of the staff of their local community child and adolescent mental health programs was derived from responses to nine fixed alternative questions:

23. I liked the staff people who worked with me at <CMHC Name>.
24. The staff knew how to help my child.
25. The staff asked me what I wanted/needed.
26. The staff listened to what I had to say.
27. The staff helping my child stuck with us no matter what.
28. Staff treated me with respect.
29. Staff respected my family's religious/spiritual beliefs.
30. Staff spoke with me in a way that I understand.
31. Staff were sensitive to our cultural/ethnic background.

The composite measure of staff performance was based on the number of questions with positive responses (i.e., a rating of 4 or 5). Statewide, parents tended to rate their child and adolescent mental health programs more favorably on the Staff scale than on other scales; 87% gave their child and adolescent mental health programs a positive staff evaluation. No child and adolescent mental health program was rated significantly differently from the statewide average score on the Staff scale (see pages 35 and 39).

Services

The parents' rating of the services that their children and family had received was derived from responses to six fixed alternative questions:

13. I liked the services we received from <CMHC Name>.
14. I helped to choose my child's treatment goals.
15. I helped to choose my child's services.
17. The services my child and/or family received were right for us.
18. The location of my child's services was convenient for us.
19. Services were available at times convenient for us.

The composite measure of child and adolescent program services was based on the number of questions with positive responses (i.e., a rating of 4 or 5). Statewide, 87% of parents rated their child and adolescent mental health programs favorably on the Services scale. None of the programs received ratings significantly different from the statewide average on this scale (see page 35 and 40).

Quality

Parents' rating of the quality of the programs from which their children received services was derived from responses to three fixed alternative questions:

33. The services my child received from <CMHC Name> were of good quality.
34. If we needed mental health services in the future, we would use this mental health center again.
35. I would recommend this mental health center to a friend who needed help.

The composite measure of program quality was based on the number of questions with positive responses (i.e., a rating of 4 or 5). Statewide, 84% of parents rated their child and adolescent mental health programs favorably on the Quality scale. No child and adolescent mental health program was rated significantly differently from the statewide average score on the Quality scale (see pages 35 and 41).

Outcomes

Parents' evaluation of the outcomes of the services provided by the child and adolescent mental health programs was derived from responses to six fixed alternative questions:

As a result of the services my child received:

2. My child is better at handling daily life.
3. My child gets along better with my family.
4. My child gets along better with friends and other people.
5. My child is doing better in school and/or at work.
6. My child is better able to cope when things go wrong.
7. I am satisfied with our family life.

The composite measure of outcomes was based on the number of questions with positive responses (i.e., a rating of 4 or 5). Statewide, 68% of the parents rated their child and adolescent mental health programs favorably on the Outcomes scale.

Two CMHCs were rated significantly differently from the statewide average of 68% on this scale. Parents of children served by the child and adolescent mental health program in the Southeast region rated their outcomes significantly more favorably (78%) than the statewide average, while parents of children served by the child and adolescent mental health program in the Northeast region rated their outcomes significantly less favorably (54%) than the statewide average. Parents' ratings of the remaining eight CMHC programs on the Outcomes scale did not differ significantly from the statewide average score (see pages 35 and 42).

Community Life

The 2010 survey of parents of children served by child and adolescent mental health programs in Vermont included seven new questions about aspects of their child's community life. These questions are part of the national focus on monitoring changes in the living situation, criminal justice involvement, and school attendance of children receiving mental health services.

Living Situation

One question pertained to the child's living situation:

36. Has your child lived in any of the following places since September 1, 2009?

- With one or both parents
- With another family member
- Foster home
- Therapeutic foster home
- Crisis shelter
- Homeless shelter
- Group home
- Residential treatment facility
- Hospital
- Local jail or detention facility
- State correctional facility
- Runaway/homeless/on the streets
- Other (describe)

A total of 523 parents provided information regarding their child's residences. Of these, almost all (93%) indicated that their child had resided with his or her parents or another family member at some time since September 2009. Among out-of-home placements, foster homes were the most prevalent (6.3% of children), followed by group/residential facilities (5.2%), jail/detention/correctional facilities (5%), crisis or homeless shelters (1.5%), and other residential situations (0.6%)

Responding parents provided information regarding a total of 610 residences, averaging 1.2 residences per child. Responses indicate that 394 children (75% of all children for whom residential information was provided) had resided with their parents for the entire time period under examination. The number of residences per child was greatest among older children (aged 14-17), and children with lower community functioning (as indicated by a CMH Children's Global Assessment of Function scale score). Boys had substantially greater numbers of residences than girls (see Figures 8 and 9, pages 43-44).

Criminal Justice Involvement

Three questions pertained to the children's criminal justice involvement:

- 37. Was your child arrested during the last 12 months (yes/no)?
- 38. Was your child arrested during the 12 months prior to that (yes/no)?
- 39. Over the past year, have your child's encounters with the police (decreased, stayed the same, increased)?

A total of 502 parents provided information regarding their child's criminal justice involvement. Of these, 5% indicated that their child had been arrested. Overall, children's arrest rates were highest in Washington (13%) and lowest in Lamoille where none were arrested, and boys were somewhat more likely than girls to be arrested (6% vs. 4%) (see Figure 10, page 45).

School Attendance

Three questions pertained to the children's school attendance:

40. Was your child expelled or suspended from school during the last 12 months (yes/no)?
41. Was your child expelled or suspended from school during the 12 months prior to that (yes/no)?
42. Over the last year, the number of days your child was in school is (greater, about the same, less)?

A total of 562 parents provided information regarding their child's school attendance. Of these, 20% indicated that their child had been suspended or expelled during the time periods under examination. Overall, children's suspension/expulsion rates were highest in Orange, Lamoille and Northeastern Vermont (35%, 26%, and 25% respectively). Boys were more than twice as likely as girls to be suspended or expelled (25% vs. 12%) (see Figure 11, page 46).

Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of parents of young consumers, four open-ended questions were included in the questionnaire:

43. What was most helpful about the services you have received?
44. What was least helpful about the services you have received?
45. What could your mental health center do to improve?
46. Other comments:

In total, 464 parents (79% of returned surveys) supplemented their responses to the survey with written comments that were coded and grouped into positive and negative categories regarding the helpfulness of services received. Seventy-three percent of parents made positive comments and 35% made negative comments. Twenty-eight percent of parents made both positive and negative comments. Fewer than 7% of parents made only negative comments. Parents were more likely to make positive than negative comments about every agency (see Figure 12, page 47).

A number of common themes emerged in the analysis of these comments. Positive comments regarding the helpfulness of services received tended to focus on parents'

satisfaction with the ease of talking to their child's mental health provider, and with how they and their child felt listened to and respected by their case workers. As one parent stated, "The therapist is great and the programs offered were excellent!" A number of parents made comments about specific counselors, saying they were "respectful and knowledgeable" and "understood my child's disability." Many parents found it most helpful that services were conveniently available at their child's school, or that counselors visited them at home. Parents also found the specific services their child received helpful: one parent expressed clearly that "my child's counselor has been very helpful with her learning coping mechanisms." Another stated that the child "learned exercises to help with her anxiety and anger." One parent said that "(the providers) know how to handle him and they never give up." One commonly expressed view was that the parent also benefited from the child's services: "I was able to learn some new ideas and skills for being a more improved parent ..." and "I learned how to communicate better with my child. We know how to talk and communicate with each other better. Thank you!"

Negative comments also followed several common themes. Some parents found it difficult to make appointments with psychiatrists or doctors in a timely fashion, and others stated that "services were inconsistent, and plans were made but not followed through." Often-mentioned suggestions were to involve the family more, to increase communication with parents regarding their child's progress, and to assist with transportation issues. Some parents mentioned frequent turnover in staff and the negative effect of this on their child's progress.

APPENDIX I:

LETTERS

**Letter to Children's Program Directors
First Cover Letter
Follow-up Cover Letter**

Letter to Children's Program Directors



State of Vermont
Department of Mental Health
103 South Main Street
Wasson Hall
Waterbury, VT 05671-2510
www.mentalhealth.vermont.gov

Agency of Human Services

phone 802-241-2601
fax 802-241-2004
tty 800-253-0191

Memo to: Directors
Children's Mental Health Services

From: Alice Maynard
Child, Adolescent and Family Unit

Date: March 5, 2010

Re: **Request for Review**

The Child, Adolescent, and Family Unit is beginning the process for its yearly perception of care survey. Last year we surveyed adolescents receiving Medicaid funded services. The report is posted on the department's website [<http://mentalhealth.vermont.gov/report/survey#cafu>]. This year's survey will focus on a random sample of 75% of parents whose children received a minimum of 6 Medicaid funded services between September 1, 2009 and December 31, 2009.

Before we mail out the survey, we ask that you and your staff:

1. **review** the Excel spreadsheet list of consumers who meet this requirement at your agency's FTP site;
2. **note** on the spreadsheet:
 - a. any parents whom you believe we should not contact for this survey; and
 - b. any change in mailing address;
3. **return** the results via your FTP site by **Friday, March 19**.

If you do not know how to access your agency's FTP site to view or print out the Excel spreadsheet, speak to your MIS Manager. We do not need the reason you advise us not to contact any specific parent. However, if there are several parents removed from the list, please send a general listing of reasons in a short e-mail.

We plan to mail the survey out by March 26 with a follow-up for non-respondents in early April. During these difficult economic times, we continue to look for ways to improve our levels of efficiency. Our alternating parent and adolescent perception of care surveys provide us with important data for our quality improvement efforts, help us to meet federal reporting requirements for the mental health block grant, and inform our Agency Review and Agency Designation reports. This year's questionnaire will be longer as we are adding some questions to more closely align with federal tracking elements. Final edits will be made early next week.

If the data in this survey can help in your QA and QI work, we are happy to work with you on additional analysis of your agency's data. It may be possible to determine how groups of respondents perceive their care. Please let me know if you wish to discuss this further.

Both general results and breakouts require a reasonable number of responses to be meaningful. Anything you can do with your staff to (1) ensure accuracy of mailing addresses and (2) encourage parents to complete the survey when they receive it is very important and helpful. We are concerned that the length of the survey may discourage some families from completing it, so an extra word of encouragement this year could make a critical difference. Thank you for your help in this process.

C: MIS Managers

First Cover Letter



State of Vermont
Department of Mental Health
103 South Main Street
Wasson Hall
Waterbury, VT 05671-2510
www.mentalhealth.vermont.gov

Agency of Human Services

[phone] 802-241-2601
[fax] 802-241-4004
[tty] 800-253-0191

[DA-Person #]

To the Parent(s) of:
[Address Block]

March 25, 2010

Dear Parent:

We are asking you to help evaluate the mental health services for children and adolescents provided by **[DA name]**. You were selected to participate as records indicate that your child received services from that agency between September 1 and December 31, 2009. If you are not sure what services your child received, you may call us and we will look it up. Many services by community mental health centers may be provided at other locations, such as in the child's school or in the community.

Your opinions and your answers are very important to us. We want to continue to improve the quality of care received by Vermonters, and we believe that people who participate in services have a special insight into what makes quality health care.

Answering the survey's questions is your choice. Your answers will not affect your ability to receive services. No one at **[DA name]** will know whether or not you are participating in the survey.

Your answers to this survey will not be available to anyone other than our research staff. Results will be reported as rates and percentages for groups of people; no individuals will be identified. The code on the questionnaire will allow us to link your answers to demographic and service information about your child and to assure that you do not receive a follow-up survey after you answer this one.

If you would like to receive a summary of the results of this survey, please check the box at the end of the questionnaire.

If you have any questions, please feel free to call Alice Maynard at 802-241-4028.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Charlie Biss".

Charlie Biss, Director
Child, Adolescent, and Family Unit

Enc.

Follow-up Cover Letter



State of Vermont
Department of Mental Health
103 South Main Street
Wasson Hall
Waterbury, VT 05671-2510
www.mentalhealth.vermont.gov

Agency of Human Services

[phone] 802-241-2601
[fax] 802-241-4004
[tty] 800-253-0191

To the Parent(s) of:

ADDRESS BLOCK

April **23**, 2010

Dear Parent(s):

I am writing to encourage you to complete and return the mental health services evaluation survey you received a few weeks ago. The services were provided to your child by **[Long Agency]** between September 1, 2009 and December 31, 2009. Your child may have participated in services at the mental health center, at your child's school, or in your community.

Your answers are important; they will help to improve the quality of mental health care received by Vermont's children and adolescents. Your personal answers to this survey will not be available to anyone other than Vermont Department of Mental Health research and statistics staff. All answers are grouped together and reported by agency.

In case you did not receive the original survey or misplaced it, I have enclosed another copy and a stamped return envelop for your convenience. If you have already completed and returned your survey, thank you. There is no need to respond again.

Questions? Call Alice Maynard at 802-241-4028 or toll free at 1-877-879-2326.

Thank you for your help on this important project.

Sincerely,

A handwritten signature in cursive script that reads 'Charlie Biss'.

Charlie Biss, Director
Child, Adolescent, and Family Unit

Enc.

APPENDIX II:

VERMONT MENTAL HEALTH FAMILY SURVEY

Vermont Mental Health Family Survey

Please circle the number for each item that best describes your evaluation of the services your child received during September - December 2009 from «Agency».

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Results					
1. The services we received from «CLINIC» were helpful to my child and family.....	1	2	3	4	5

As a result of the services my child and/or family received:

2. My child is better at handling daily life.....	1	2	3	4	5
3. My child gets along better with family members	1	2	3	4	5
4. My child gets along better with friends and other people.....	1	2	3	4	5
5. My child is doing better in school and/or at work.....	1	2	3	4	5
6. My child is better able to cope when things go wrong	1	2	3	4	5
7. I am more satisfied with our family life	1	2	3	4	5
8. My child is better able to do things he/she wants to do.....	1	2	3	4	5

As a result of the services my child and/or family received: please answer for relationships with persons other than your mental health provider(s).

9. I know people who will listen and understand me when I need to talk.....	1	2	3	4	5
10. I have people that I am comfortable talking with about my child's problems	1	2	3	4	5
11. In a crisis, I would have the support I need from family or friends	1	2	3	4	5
12. I have people with whom I can do enjoyable things	1	2	3	4	5

Services

13. I liked the services we received from «CLINIC».....	1	2	3	4	5
14. I helped to choose my child's treatment goals.....	1	2	3	4	5
15. I helped to choose my child's services	1	2	3	4	5
16. I participated in my child's treatment.....	1	2	3	4	5
17. The services my child and/or family received were right for us.	1	2	3	4	5
18. The location of my child's services was convenient for us.	1	2	3	4	5
19. Services were available at times convenient for us.	1	2	3	4	5
20. I felt my child had someone to talk to when he/she was troubled.....	1	2	3	4	5
21. My family got the help we wanted for my child.....	1	2	3	4	5
22. My family got as much help as we needed for my child.....	1	2	3	4	5

Please turn over for questions on other side.

Strongly
Disagree Disagree Undecided Agree Strongly
Agree

Staff

1. I liked the staff people who worked with me at «CLINIC»	1	2	3	4	5
2. The staff knew how to help my child	1	2	3	4	5
3. The staff asked me what I wanted/needed.....	1	2	3	4	5
4. The staff listened to what I had to say	1	2	3	4	5
5. The staff helping my child stuck with us no matter what.....	1	2	3	4	5
6. Staff treated me with respect	1	2	3	4	5
7. Staff respected my family’s religious/spiritual beliefs	1	2	3	4	5
8. Staff spoke with me in a way that I understood.....	1	2	3	4	5
9. Staff were sensitive to our cultural/ethnic background	1	2	3	4	5

Overall Satisfaction

10. Overall, I am satisfied with the services my child received	1	2	3	4	5
11. The services my child received from «CLINIC» were of good quality	1	2	3	4	5
12. If we needed mental health services in the future, we would use this mental health center again	1	2	3	4	5
13. I would recommend this mental health center to a friend who needed help	1	2	3	4	5

Questions about Community Life

14. Has your child lived in any of the following places since September 1, 2009? (*Check all that apply*)

- | | |
|--|--|
| <input type="radio"/> With one or both parents | <input type="radio"/> Residential treatment facility |
| <input type="radio"/> With another family member | <input type="radio"/> Hospital |
| <input type="radio"/> Foster home | <input type="radio"/> Local jail or detention facility |
| <input type="radio"/> Therapeutic foster home | <input type="radio"/> State correctional facility |
| <input type="radio"/> Crisis shelter | <input type="radio"/> Runaway/homeless/on the streets |
| <input type="radio"/> Homeless shelter | <input type="radio"/> Other (describe) |
| <input type="radio"/> Group home | |

15. Was your child arrested during the last 12 months? Yes _____ No _____

16. Was your child arrested during the 12 months prior to that? Yes _____ No _____

17. Over the past year, have your child’s encounters with the police:
- not applicable (your child had no police encounters this year or last year)
 - decreased (for example, your child has not been arrested, hassled by the police, taken by police to a shelter or crisis program)
 - stayed the same
 - increased

Please go to the next page.

«Code»

1. Was your child expelled or suspended from school during the last 12 months? Yes _____ No _____
2. Was your child expelled or suspended from school during the 12 months prior to that? Yes _____ No _____
3. Over the last year, the number of days your child was in school is:
 - greater
 - about the same
 - less
 - does not apply (please select why this does not apply)
 - child is too young to be in school
 - child did not have a problem with attendance before starting services
 - child is home schooled
 - child dropped out of school
 - child was expelled from school
 - other

Comments

4. What was most helpful about the services your child received?

5. What was least helpful about the services your child received?

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

7. Other comments?

Your relationship to child:
__ Parent __ Foster parent __ Other (please specify)_____

Please send me a summary of the findings of the survey.

Thank you!

APPENDIX III:

DATA COLLECTION

**Project Philosophy
Data Collection Procedures
Consumer Concerns**

Project Philosophy

The 2010 survey of parents of children served by child and adolescent mental health programs in Vermont was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a variety of stakeholders to compare the performance of child and adolescent mental health programs in Vermont. These stakeholders, who are the intended audience for this report, include consumers, parents, caregivers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local agency review and designation processes conducted by DMH. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give a voice to parents whose children receive mental health services and to provide a context in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, DMH randomly selected a sample of 75% of all children up to age 18 who had received at least six Medicaid-funded services in Vermont's Community Mental Health Centers (CMHCs) during the 4 month period from September through December 2009. Parents of these children were then invited to complete a survey to evaluate their child's mental health program.

Second, questionnaires were not anonymous although all responses were treated as personal/confidential information. An obvious code on each questionnaire allowed the research team to link survey responses with other data about the respondents' children (e.g., age, gender, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or bias due to any differences in the caseloads of different programs, and to apply analytical techniques that control the effect of any bias. The ability to connect survey responses to personally identifying information also allowed DMH staff to contact respondents whenever strong complaints were received or potentially serious problems were indicated. In such cases respondents were asked if they wanted Department staff to follow up on their concerns.

Third, sophisticated statistical procedures were used to assure that any apparent differences among programs were not due to differences in caseload characteristics. These procedures are described in more detail below.

Data Collection Procedures

During the period September to December 2009, 4,280 children received at least six Medicaid reimbursed services from child and adolescent mental health programs in Vermont. Questionnaires were mailed to parents of a random sample of 3,218 (75%) of these children. The questionnaires were mailed during March and April 2010 by the DMH Child, Adolescent and Family Unit central office staff. Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its

purpose, and assured the potential respondent that his or her personal privacy would be protected (see Appendix I, page 13). The questionnaire number allowed the research unit to identify non-respondents for follow-up, and allowed linkage of questionnaire responses to the DMH databases.

Approximately five weeks after the original questionnaire was mailed, people who had not responded to the first mailing were sent a follow-up letter (see Appendix I, page 14). This follow-up mailing included a second copy of the questionnaire.

Of the 3,218 questionnaires that were mailed, 2,792 were deliverable. Of these, 584 completed questionnaires (21%) were returned to DMH and included in the analyses. Response rates for individual child and adolescent mental health programs varied from 15% (Addison) to 31% (Orange) (see Appendix V, Table 2, page 32). Overall, there was no difference in response rates related to the age groups of children receiving services. However, response rates varied somewhat with regard to other characteristics of the children served. Parents of female children responded somewhat less frequently (19%) than parents of male children (22%). Parents of children with a diagnosis of organic brain syndrome, affective disorder, social disorder or substance abuse, or with an indication of family problems, suicide problems or drug abuse problems, responded less frequently than did other parents. Parents of children with a diagnosis of schizophrenia, an anxiety disorder or a personality disorder, or with an indication of alcohol problems, responded more frequently than did other parents.

Consumer Concerns

Written comments accompanied 464 (79%) of the 584 completed questionnaires. These comments expressed concerns of various kinds. Appropriate staff of DMH reviewed each comment. If a written comment indicated the possibility of a problem that involved the health or safety of a client, or that involved potential ethical or legal problems, a formal complaint procedure was offered. If follow-up to a comment was deemed appropriate, staff contacted the consumer to volunteer the service of the Department staff in regard to the issue. Of the written comments that accompanied the completed questionnaires, one comment required staff follow-up.

APPENDIX IV:

ANALYTICAL PROCEDURES

Scale Construction and Characteristics
Community Life
Narrative Comments
Data Analysis
Discussion

Scale Construction and Characteristics

The Vermont survey of parents whose children had been served by child and adolescent mental health programs included thirty-five fixed alternative questions evaluating the services their child received, seven questions regarding community life, and four open-ended questions. Responses to these questions were entered directly into a computer database for analysis. On the fixed alternative questions, responses that indicated parents “Strongly Agree” or “Agree” with the item were grouped to indicate a positive evaluation of program performance. Responses to the open-ended questions were coded into positive and negative categories for analysis.

For purposes of analysis, five scales were derived from the parents' responses to the fixed alternative questions. These scales include a measure of parents' overall evaluation of their child's treatment program and measures of parents' evaluation of the staff that provided services, the services received, and the quality of the services received. In addition, a final scale measured parents' perception of treatment outcomes to date and the impact of the services on the life of their child and family. Individuals who responded to more than half of the questions included in any scale were included in the computation for that scale.

Overall consumer evaluation of child and adolescent mental health program performance, the first composite measure, uses all of the 35 fixed alternative questions. The scores for the questions that were answered were summed and divided by the number of items answered. The results were then rounded to an integer scale with 4 and 5 (“Agree” and “Strongly Agree”) coded as positive. For a rating to be included, at least eighteen of these questions had to have been answered. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .968.

Staff, the second composite measure, was derived from consumer responses to nine fixed alternative questions. The questions that contributed to this scale include:

23. I liked the staff people who worked with me at <CMHC Name>.
24. The staff knew how to help my child.
25. The staff asked me what I wanted/needed.
26. The staff listened to what I had to say.
27. The staff helping my child stuck with us no matter what.
28. Staff treated me with respect.
29. Staff respected my family's religious/spiritual beliefs.
30. Staff spoke with me in a way that I understand.
31. Staff were sensitive to our cultural/ethnic background.

For a rating to be included, at least five of these questions had to have been answered. The scores for the questions that were answered were summed and divided by the number of questions answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .944.

The services scale, the third composite measure, was derived from consumer responses to six fixed alternative questions. The items that contributed to this scale include:

13. I liked the services we received from <CMHC Name>.
14. I helped to choose my child's treatment goals.
15. I helped to choose my child's services.
17. The services my child and/or family received were right for us.
18. The location of my child's services was convenient for us.
19. Services were available at times convenient for us.

For a rating to be included, at least four of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .904.

Quality, the fourth composite measure, was derived from consumer responses to three fixed alternative questions. The items that contributed to this scale include:

33. The services my child received from <CMHC Name> were of good quality.
34. If we needed mental health services in the future, we would use this mental health center again.
35. I would recommend this mental health center to a friend who needed help.

For a rating to be included, at least two of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .943.

Parents' perception of treatment outcomes, the fifth composite measure, was based on responses to six fixed alternative questions. The items that contributed to this scale include:

As a result of the services I received:

2. My child is better at handling daily life.
3. My child gets along better with family members.
4. My child gets along better with friends and other people.
5. My child is doing better in school and/or at work.
6. My child is better able to cope when things go wrong.
7. I am more satisfied with our family life.

The outcomes scale was constructed for all individuals who had responded to at least four of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5

coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .922.

Community Life

The 2010 survey of parents of children served by child and adolescent mental health programs in Vermont included seven new questions about aspects of their child's community life. These questions are part of the national focus on monitoring changes in the living situation, school attendance, and criminal justice involvement of children receiving mental health services.

Living Situation

36. Has your child lived in any of the following places since September 1, 2009?

- With one or both parents
- With another family member
- Foster home
- Therapeutic foster home
- Crisis shelter
- Homeless shelter
- Group home
- Residential treatment facility
- Hospital
- Local jail or detention facility
- State correctional facility
- Runaway/homeless/on the streets
- Other (describe)

Parents were asked to check any residential situation(s) that applied to their child. Responses were grouped into six dichotomous (yes/no) categories for purposes of analysis: Parents/Family, Foster home, Group/Residential Facility, Correctional facility, Crisis/Homeless Shelter, and Other.

Criminal Justice Involvement

Two questions were combined into "Arrested: yes/no" for purposes of this analysis.

- 37. Was your child arrested during the last 12 months?
- 38. Was your child arrested during the 12 months prior to that?

The third question pertaining to criminal justice involvement was not included in analysis for this report.

- 39. Over the past year, have your child's encounters with the police (decreased, stayed the same, increased)?

School Attendance

Two questions were combined into "Suspended/Expelled: yes/no" for purposes of this analysis.

- 40. Was your child expelled or suspended from school during the last 12 months?
- 41. Was your child expelled or suspended from school during the 12 months prior to that?

The third question pertaining to school attendance was not included in analysis for this report.

42. Over the last year, the number of days your child was in school is (greater, about the same, less)?

Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of consumers of child and adolescent mental health programs in Vermont, four open-ended questions were included in the questionnaire:

43. What was most helpful about the services you received?
44. What was least helpful about the services you received?
45. What could your mental health center do to improve?
46. Other comments?

Four hundred sixty-four parents (79% of respondents) supplemented their responses to the survey with written comments about the helpfulness of services received. All written responses were coded and grouped to provide further indication of consumer satisfaction with child and adolescent mental health programs. The primary indicator used was the proportion of all respondents who made positive or negative comments about their child and adolescent mental health programs.

Data Analysis

In order to provide a more valid basis for comparison of the performance of Vermont's ten child and adolescent mental health programs, two statistical correction/adjustment procedures were considered for the data analysis. First, it was determined that a "finite population correction" to adjust for the proportion of all potential respondents who returned useable questionnaires was not necessary because the overall response rate was relatively low. Second, a statistical "case-mix adjustment" was applied to the results in order to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

Finite Population Correction

Consumer satisfaction surveys, intended to provide information on a finite number of people who are served by specific programs, can achieve a variety of response rates. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a finite population correction can be added to the

computation. For this survey, 21% of all potential respondents returned useable questionnaires. Because this response rate represents a relatively small number of possible responses, finite population correction would have no impact on the data analyses of this survey.

Case-mix Adjustment

In order to compare the performance of Vermont’s child and adolescent mental health programs, each of the five measures of consumer satisfaction described above was statistically adjusted to account for differences in the case-mix of the ten programs. This process involved three steps. First, a variety of child characteristics, or potential risk-adjustment factors, were tested. These included gender, age, and a range of yes/no variables for individual DSM diagnoses. The child characteristics that were statistically related to variation in parent evaluations of child and adolescent mental health programs were identified. Second, statistically significant differences in the caseloads of the community programs were identified and compared to the child characteristics that were related to variation in parent evaluations of program performance. Finally, the child characteristics that were statistically related to both evaluation of services and caseload differences were used to adjust the raw measures of satisfaction for each community program. The relationship of each of the five scales to these child characteristics and the variation of each across programs is described in the following table.

Table 1

Risk Adjustment: Statistical Significance of Relationships

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

Two risk adjustment factors were found to vary among the child and adolescent mental health program caseloads at a statistically significant level (p<.05). These factors include a diagnosis of schizophrenia and a diagnosis of adjustment disorder. Other possible risk

factors, such as age, gender, or a diagnosis of affective disorder, were not found to vary significantly among program caseloads.

One scale score, service, was significantly related to the age of the children served and to a diagnosis of adjustment disorder. The overall, staff, and quality scale scores were significantly related to a diagnosis of adjustment disorder. The outcomes scale scores were not significantly related to any of the possible risk factors. Because scores on these scales varied among programs and were related to the risk factors, the scales were risk-adjusted before scores for different programs were compared. Age group (less than 10 years, 10-13, and 14-18) and gender were also included in the risk adjustment procedures.

Whenever a statistical adjustment of survey results was necessary to provide an unbiased comparison of child and adolescent mental health programs, the analysis followed a four-step process. First, the respondents from each community program were divided into the number of categories resulting from the combination of risk factors. When age alone is required, three categories are used. When age (three categories) and affective disorder (two categories) adjustments are both indicated, six categories result. Second, the average respondent rating was determined for each of these categories. Third, the statewide proportion of all child and adolescent mental health program clients who fell into each category was determined. Finally, the average parent rating for each category was multiplied by the statewide proportion of all respondents who fell into that category, and the results were summed to provide a measure of consumer rating that is free of the influence of differences in the characteristics of consumers across programs.

Mathematically, this analytical process is expressed by the following formula:

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

where ' w_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 included no responses, it was necessary to consider whether the difference between the caseload of a specific program and the caseload of other programs in the state was too great to allow for statistical case-mix adjustment. If it was decided that the difference was within reason, the empty category was collapsed into an adjacent category and the process described above was repeated using the smaller set of categories.

Discussion

The statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey and the unique characteristics of Vermont's community mental health programs. Statistical adjustment for

difference in case-mix allows researchers and program evaluators to appropriately compare the performance of programs that serve people with different demographic and clinical characteristics and different patterns of service utilization.

The statistical adjustment designed to correct for differences in case-mix across provider organizations had some impact on the survey results. In general, there was very little difference in the client populations of the ten programs in areas that were related to consumer satisfaction. The relative impact of these statistical adjustments could be very different in situations where response rates are higher and/or case-mix differences are more substantial.

APPENDIX V:

TABLES AND FIGURES

**Response Rates by Program
Favorable Responses to Individual Questions by Program
Adjusted Positive Scale Scores by Program**

Table 2
Response Rates by Program
Evaluation of Child and Adolescent Mental Health Programs in Vermont
By Parents of Children Served September to December 2009

Region/Provider ¹	Number of Surveys					Response Rate
	Mailed	Deliverable	No Response	Returned	Useable Survey	Analyzed ²
Statewide	3,218	2,792	2,204	588	584	21%
Addison - CSAC	242	213	180	33	33	15%
Bennington - UCS	152	117	88	29	29	25%
Chittenden - HC	777	662	505	157	156	24%
Lamoille - LCC	121	112	93	19	19	17%
Northeast - NKHS	326	305	248	57	57	19%
Northwest - NCSS	295	259	199	60	60	23%
Orange - CMC	141	130	89	41	40	31%
Rutland - RMHS	314	266	210	56	55	21%
Southeast - HCRS	578	499	400	99	98	20%
Washington - WCMH	272	229	192	37	37	16%

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

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

Table 3: page 1 of 2

**Favorable Responses to Survey Items by Program
Evaluation of Child and Adolescent Mental Health Programs in Vermont
By Parents of Children Served September to December 2009**

	<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>
Overall Average	79%	78%	83%	84%	66%	73%	78%	76%	81%	79%	77%
30. <i>Staff spoke with me in a way that I understood.</i>	93%	94%	90%	95%	84%	91%	97%	95%	94%	92%	94%
18. <i>The location of my child's services was convenient for us.</i>	91%	97%	97%	94%	68%	84%	85%	100%	91%	94%	84%
28. <i>Staff treated me with respect.</i>	90%	97%	90%	95%	79%	86%	97%	90%	91%	87%	76%
23. <i>I liked the staff people who worked with me at «CLINIC».</i>	90%	84%	97%	94%	84%	84%	92%	90%	89%	87%	86%
16. <i>I participated in my child's treatment.</i>	88%	88%	86%	95%	63%	82%	86%	92%	93%	82%	92%
26. <i>The staff listened to what I had to say.</i>	86%	84%	86%	91%	68%	80%	90%	95%	89%	81%	83%
1. <i>The services we received from «CLINIC» were helpful to my child and family.</i>	86%	81%	86%	89%	78%	88%	83%	87%	85%	85%	86%
19. <i>Services were available at times convenient for us.</i>	86%	79%	93%	92%	74%	82%	85%	90%	85%	81%	84%
14. <i>I helped to choose my child's treatment goals.</i>	86%	84%	79%	90%	74%	74%	85%	95%	96%	82%	82%
31. <i>Staff were sensitive to our cultural/ethnic background.</i>	85%	89%	90%	91%	72%	83%	84%	87%	87%	81%	76%
34. <i>If we needed mental health services in the future, we would use this mental health center again.</i>	85%	81%	83%	93%	74%	79%	80%	83%	87%	83%	78%
33. <i>The services my child received from «CLINIC» were of good quality.</i>	84%	81%	83%	90%	79%	79%	83%	78%	89%	81%	83%
35. <i>I would recommend this mental health center to a friend who needed help.</i>	84%	84%	90%	91%	74%	78%	78%	78%	87%	82%	76%
13. <i>I liked the services we received from «CLINIC».</i>	84%	84%	86%	87%	74%	75%	78%	84%	91%	84%	81%
29. <i>Staff respected my family's religious/spiritual beliefs.</i>	84%	86%	86%	90%	72%	78%	83%	84%	87%	78%	77%
15. <i>I helped to choose my child's services.</i>	83%	82%	79%	89%	68%	81%	76%	92%	85%	82%	70%
25. <i>The staff asked me what I wanted/needed.</i>	82%	81%	86%	87%	68%	78%	86%	90%	83%	73%	81%
32. <i>Overall, I am satisfied with the services my child received.</i>	82%	78%	83%	86%	74%	75%	80%	80%	87%	82%	78%

Table 3: page 2 of 2

**Favorable Responses to Survey Items by Program
Evaluation of Child and Adolescent Mental Health Programs in Vermont
By Parents of Children Served September to December 2009**

	<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>
Overall Average	79%	78%	83%	84%	66%	73%	78%	76%	81%	79%	77%
27. <i>The staff helping my child stuck with us no matter what.</i>	81%	81%	86%	87%	68%	71%	77%	90%	87%	79%	68%
10. <i>I have people that I am comfortable talking with about my child's problems.</i>	81%	85%	83%	86%	74%	72%	82%	74%	80%	81%	75%
12. <i>I have people with whom I can do enjoyable things.</i>	80%	81%	90%	83%	63%	80%	81%	77%	76%	80%	81%
20. <i>I felt my child had someone to talk to when he/she was troubled.</i>	79%	82%	86%	86%	63%	71%	78%	72%	85%	75%	78%
17. <i>The services my child and/or family received were right for us.</i>	79%	70%	79%	88%	68%	72%	71%	74%	85%	78%	83%
24. <i>The staff knew how to help my child.</i>	79%	68%	83%	86%	74%	71%	81%	68%	81%	79%	73%
21. <i>My family got the help we wanted for my child.</i>	76%	66%	86%	81%	61%	67%	73%	67%	78%	78%	76%
9. <i>I know people who will listen and understand me when I need to talk.</i>	75%	82%	86%	81%	63%	73%	79%	62%	65%	75%	72%
11. <i>In a crisis, I would have the support I need from family or friends.</i>	74%	69%	76%	75%	68%	75%	75%	72%	76%	74%	74%
5. <i>My child is doing better in school and/or at work.</i>	70%	66%	69%	75%	58%	63%	66%	46%	69%	81%	72%
4. <i>My child gets along better with friends and other people.</i>	68%	68%	69%	72%	47%	57%	70%	55%	67%	73%	71%
22. <i>My family got as much help as we needed for my child.</i>	67%	59%	83%	77%	42%	59%	61%	54%	67%	69%	65%
8. <i>My child is better able to do things he/she wants to do.</i>	67%	66%	76%	71%	42%	60%	67%	55%	56%	77%	64%
2. <i>My child is better at handling daily life.</i>	66%	63%	59%	72%	47%	55%	54%	45%	74%	78%	78%
7. <i>I am more satisfied with our family life.</i>	66%	66%	83%	68%	47%	58%	67%	63%	69%	69%	62%
3. <i>My child gets along better with family members.</i>	64%	66%	76%	70%	53%	53%	58%	55%	64%	65%	73%
6. <i>My child is better able to cope when things go wrong.</i>	56%	53%	59%	62%	47%	46%	50%	45%	60%	60%	54%

Table 4

**Adjusted* Positive Scale Scores by Program
Evaluation of Child and Adolescent Mental Health Programs
by Parents of Children Served in Vermont September - December 2009**

Region-Provider	Overall	Staff	Services	Quality	Outcomes
Statewide	82%	87%	87%	84%	68%
Addison -CSAC	80%	85%	94%	60%	68%
Bennington -UCS	92%	93%	92%	87%	75%
Chittenden -HC	87%	91%	90%	90%	72%
Lamoille -LCC	57%	66%	76%	78%	63%
Northeast -NKHS	79%	86%	83%	79%	54%
Northwest -NCSS	73%	87%	77%	80%	62%
Orange -CMC	86%	89%	94%	85%	59%
Rutland -RMHS	84%	91%	93%	90%	67%
Southeast -HCRS	84%	85%	87%	87%	78%
Washington -WCMH	79%	81%	84%	76%	69%

¹ Overall scores, and scores for Staff, Services, and Quality are adjusted for regional differences in case mix for age, gender and adjustment disorder.

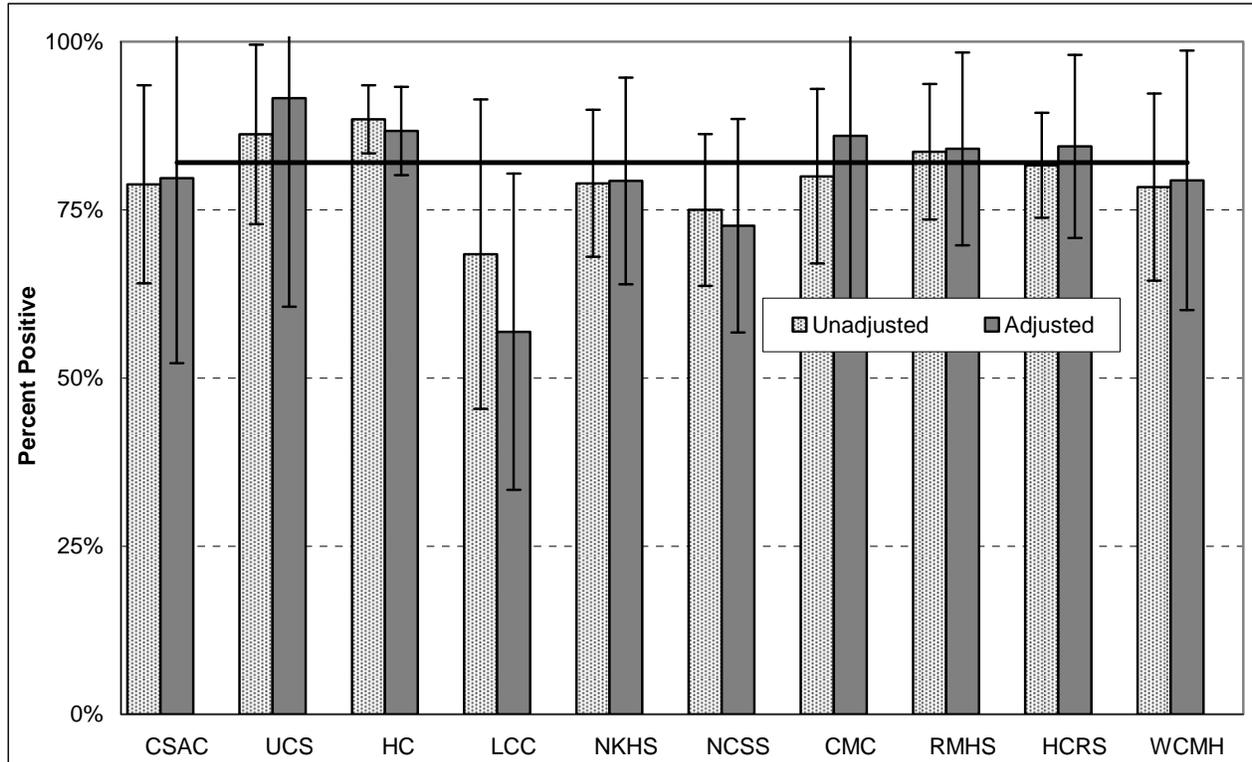
BOLD indicates significant differences when compared to the statewide average (p<.05).

APPENDIX VI:

PROGRAM COMPARISONS

**Overall Evaluation
Evaluation of Staff
Evaluation of Services
Evaluation of Quality
Evaluation of Outcomes
Residential Situations
Arrests
Suspension/Expulsion from School
Narrative Comments
Comparison of Responses from 2002, 2006, 2008 and 2010 Surveys
Comparison of Responses from 2002, 2006, 2008 and 2010 Surveys by Program**

Figure 3
Overall Evaluation
of Child and Adolescent Mental Health Services
by Parents of Children Served in Vermont September - December 2009



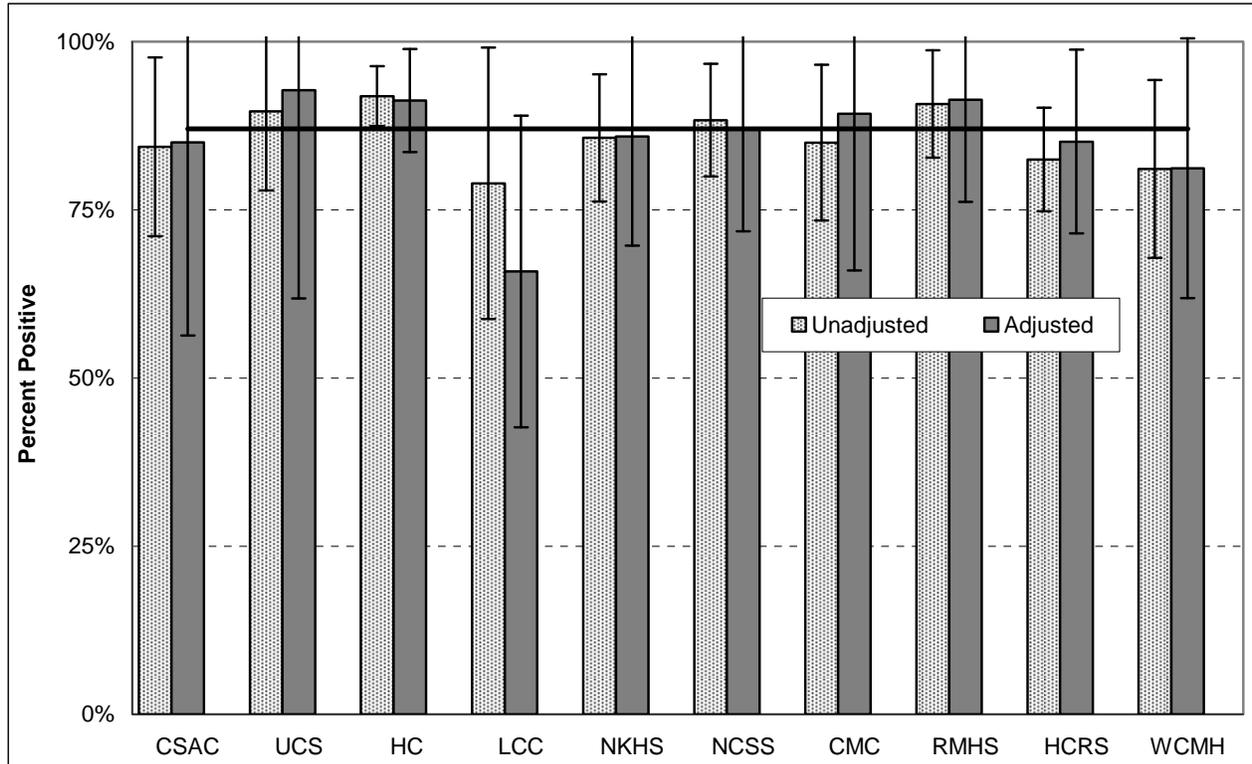
Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	33	26	79%	80%	(52%-100%)	
Bennington - UCS	29	25	86%	92%	(61%-100%)	
Chittenden - HC	156	138	88%	87%	(80%-93%)	
Lamoille - LCC	19	13	68%	57%	(33%-80%)	*
Northeast - NKHS	57	45	79%	79%	(64%-95%)	
Northwest- NCSS	60	45	75%	73%	(57%-89%)	
Orange - CMC	40	32	80%	86%	(61%-100%)	
Rutland - RMHS	55	46	84%	84%	(70%-98%)	
Southeast- HCRS	98	80	82%	84%	(71%-98%)	
Washington - WCMH	37	29	78%	79%	(60%-99%)	
Statewide	584	479	82%			

¹ Statistically adjusted to reflect caseload composition by age, gender, and adjustment disorder statewide

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

Figure 4

**Evaluation of Staff
of Child and Adolescent Mental Health Services
by Parents of Children Served in Vermont September - December 2009**

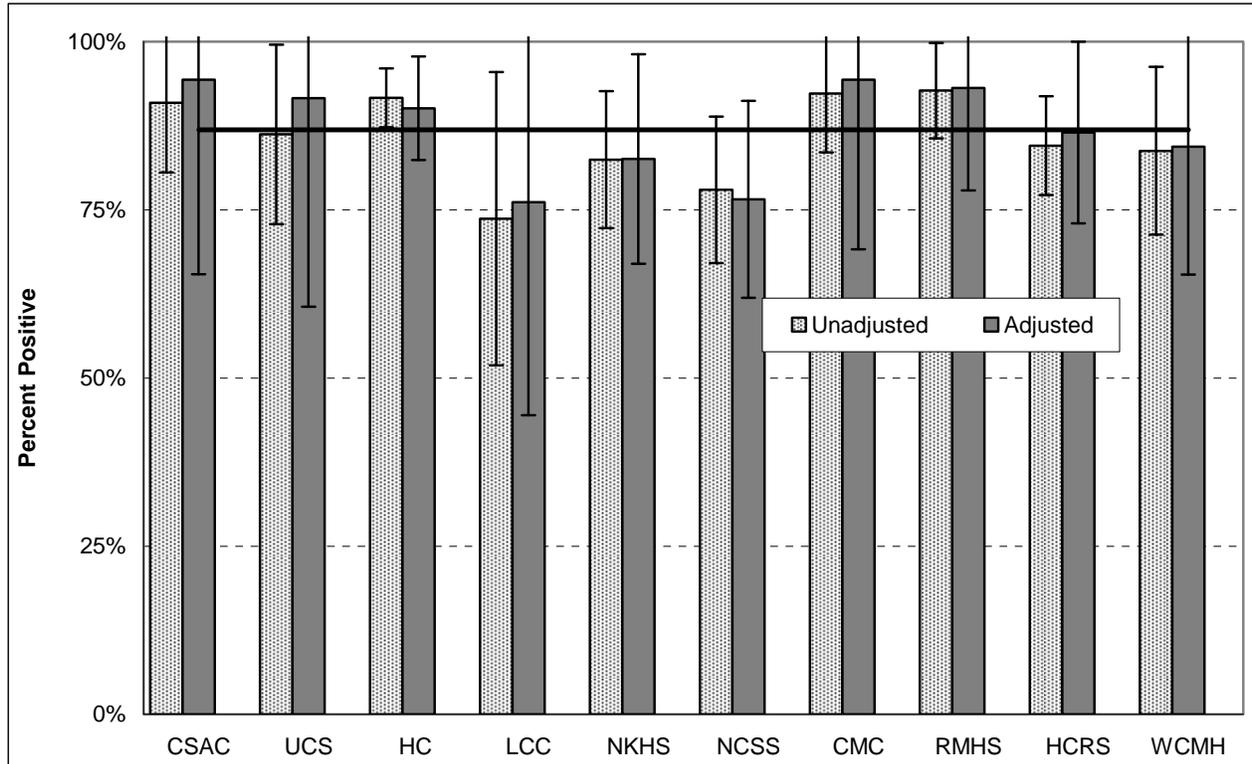


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	32	27	84%	85%	(56%-100%)	
Bennington - UCS	29	26	90%	93%	(62%-100%)	
Chittenden - HC	148	136	92%	91%	(84%-99%)	
Lamoille - LCC	19	15	79%	66%	(43%-89%)	
Northeast - NKHS	56	48	86%	86%	(70%-100%)	
Northwest- NCSS	60	53	88%	87%	(72%-100%)	
Orange - CMC	40	34	85%	89%	(66%-100%)	
Rutland - RMHS	54	49	91%	91%	(76%-100%)	
Southeast- HCRS	97	80	82%	85%	(71%-99%)	
Washington - WCMH	37	30	81%	81%	(62%-100%)	
Statewide	572	498	87%			

¹ Statistically adjusted to reflect caseload composition by age, gender, and adjustment disorder statewide

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

Figure 5
Evaluation of Services
of Child and Adolescent Mental Health Services
by Parents of Children Served in Vermont September - December 2009

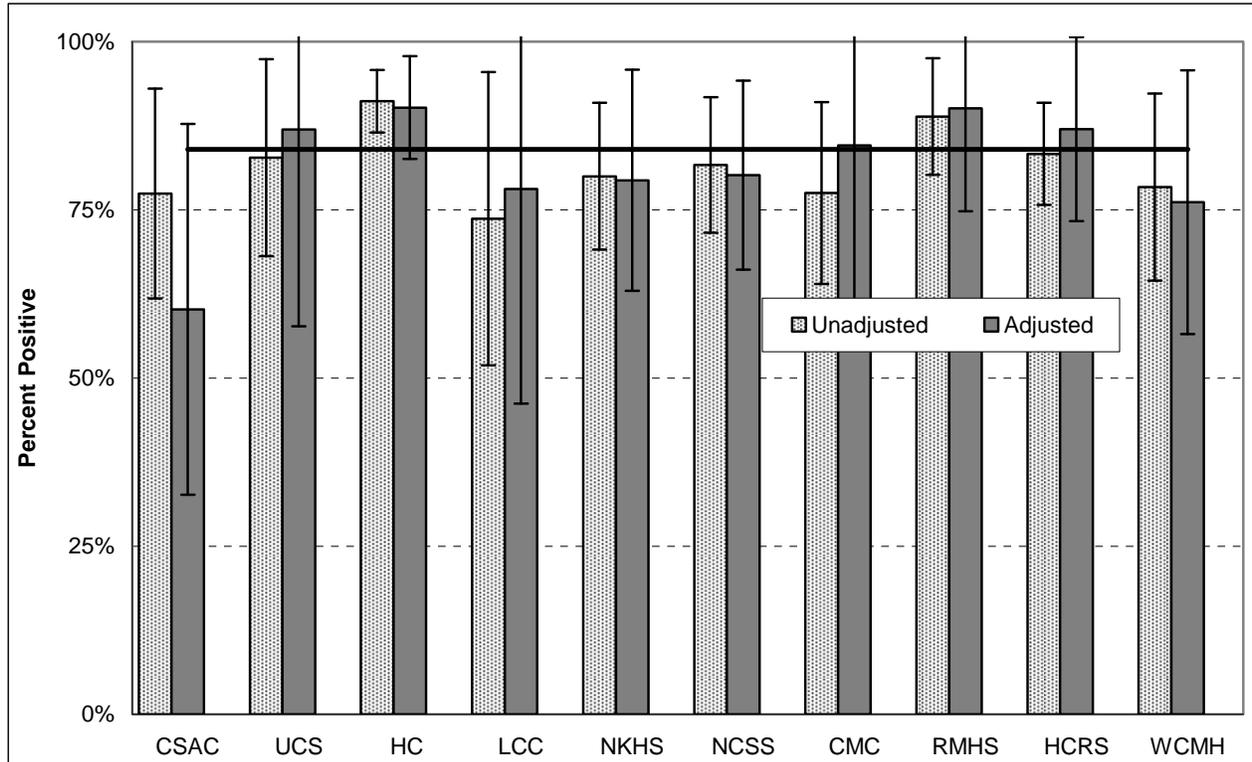


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	33	30	91%	94%	(65%-100%)	
Bennington - UCS	29	25	86%	92%	(61%-100%)	
Chittenden - HC	156	143	92%	90%	(82%-98%)	
Lamoille - LCC	19	14	74%	76%	(44%-100%)	
Northeast - NKHS	57	47	82%	83%	(67%-98%)	
Northwest- NCSS	59	46	78%	77%	(62%-91%)	
Orange - CMC	39	36	92%	94%	(69%-100%)	
Rutland - RMHS	55	51	93%	93%	(78%-100%)	
Southeast- HCRS	97	82	85%	87%	(73%-100%)	
Washington - WCMH	37	31	84%	84%	(65%-100%)	
Statewide	581	505	87%			

¹ Statistically adjusted to reflect caseload composition by age, gender, and adjustment disorder statewide

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

Figure 6
Evaluation of Quality
of Child and Adolescent Mental Health Services
by Parents of Children Served in Vermont September - December 2009

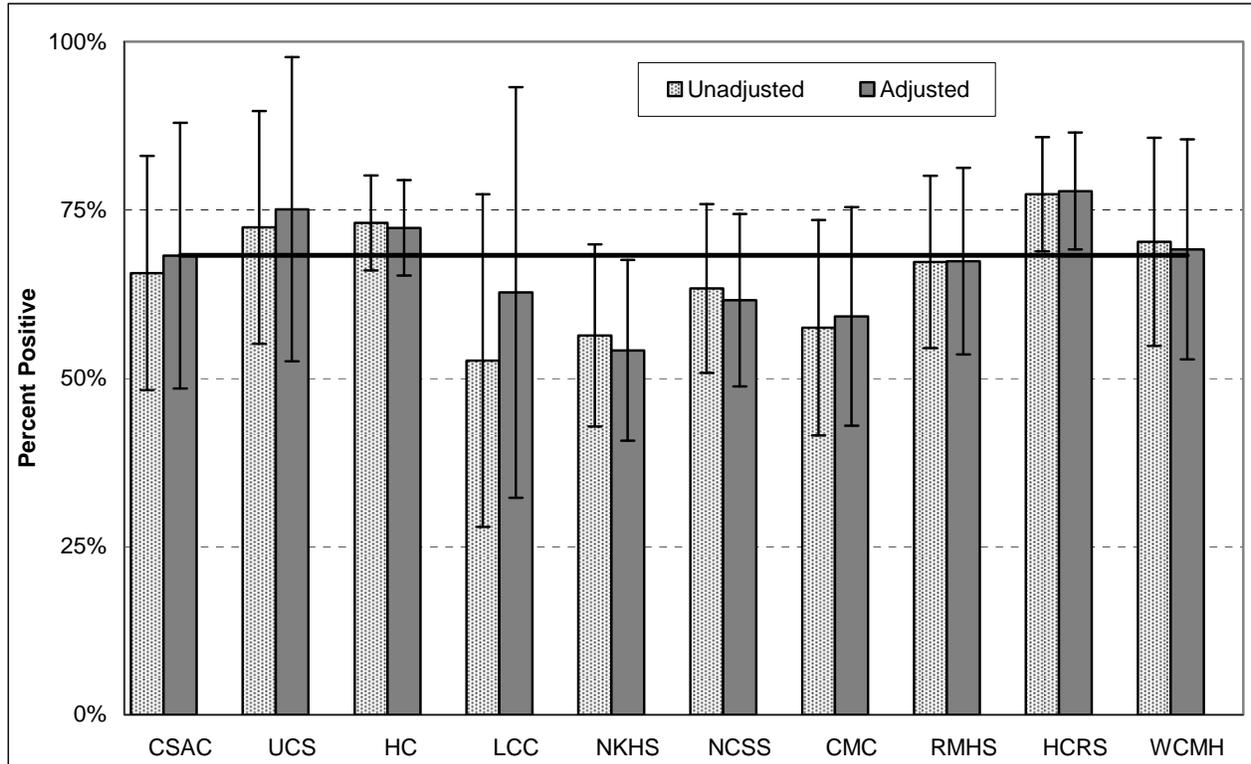


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	31	24	77%	60%	(33%-88%)	
Bennington - UCS	29	24	83%	87%	(58%-100%)	
Chittenden - HC	147	134	91%	90%	(83%-98%)	
Lamoille - LCC	19	14	74%	78%	(46%-100%)	
Northeast - NKHS	55	44	80%	79%	(63%-96%)	
Northwest- NCSS	60	49	82%	80%	(66%-94%)	
Orange - CMC	40	31	78%	85%	(61%-100%)	
Rutland - RMHS	54	48	89%	90%	(75%-100%)	
Southeast- HCRS	96	80	83%	87%	(73%-100%)	
Washington - WCMH	37	29	78%	76%	(57%-96%)	
Statewide	568	477	84%			

¹ Statistically adjusted to reflect caseload composition by age, gender, and adjustment disorder statewide

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

Figure 7
Evaluation of Outcomes
of Child and Adolescent Mental Health Services
by Parents of Children Served in Vermont September - December 2009

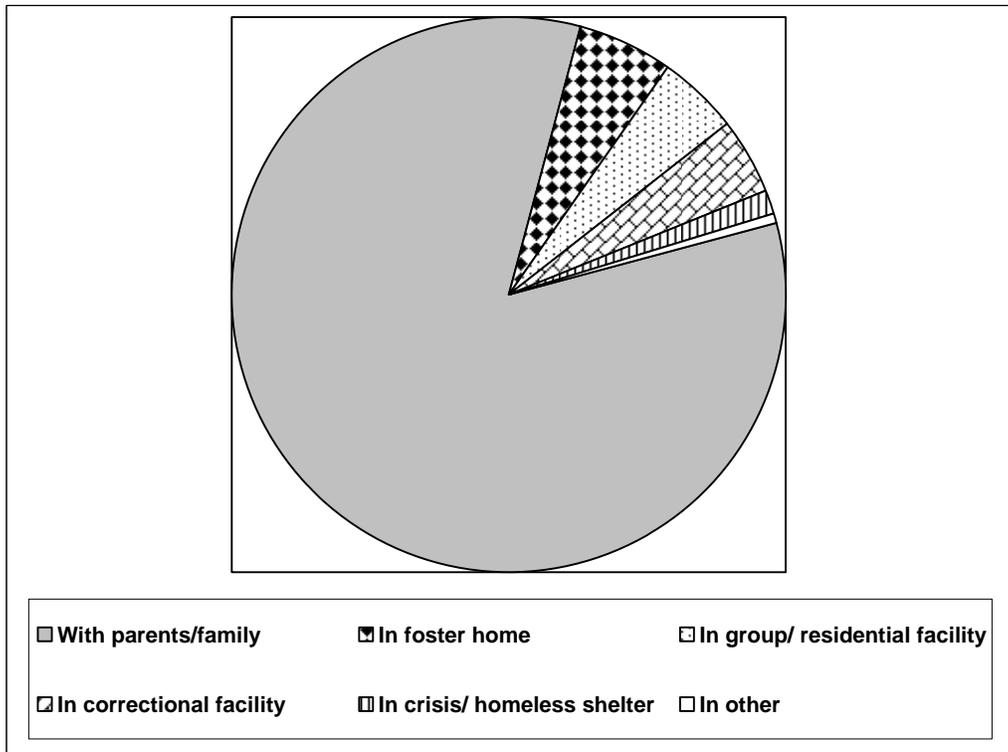


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	32	21	66%	68%	(48%-88%)	
Bennington - UCS	29	21	72%	75%	(53%-98%)	
Chittenden - HC	156	114	73%	72%	(65%-79%)	
Lamoille - LCC	19	10	53%	63%	(32%-93%)	
Northeast - NKHS	55	31	56%	54%	(41%-68%)	*
Northwest- NCSS	60	38	63%	62%	(49%-74%)	
Orange - CMC	40	23	58%	59%	(43%-75%)	
Rutland - RMHS	55	37	67%	67%	(54%-81%)	
Southeast- HCRS	97	75	77%	78%	(69%-86%)	*
Washington - WCMH	37	26	70%	69%	(53%-85%)	
Statewide	580	396	68%			

¹ Statistically adjusted to reflect statewide caseload composition by age and gender
* Significantly different from average statewide evaluation of outcomes (p<.05)

Figure 8

**Residential Situations
Reported by Parents of Children Served
by Child and Adolescent Mental Health Programs
in Vermont September - December 2009**

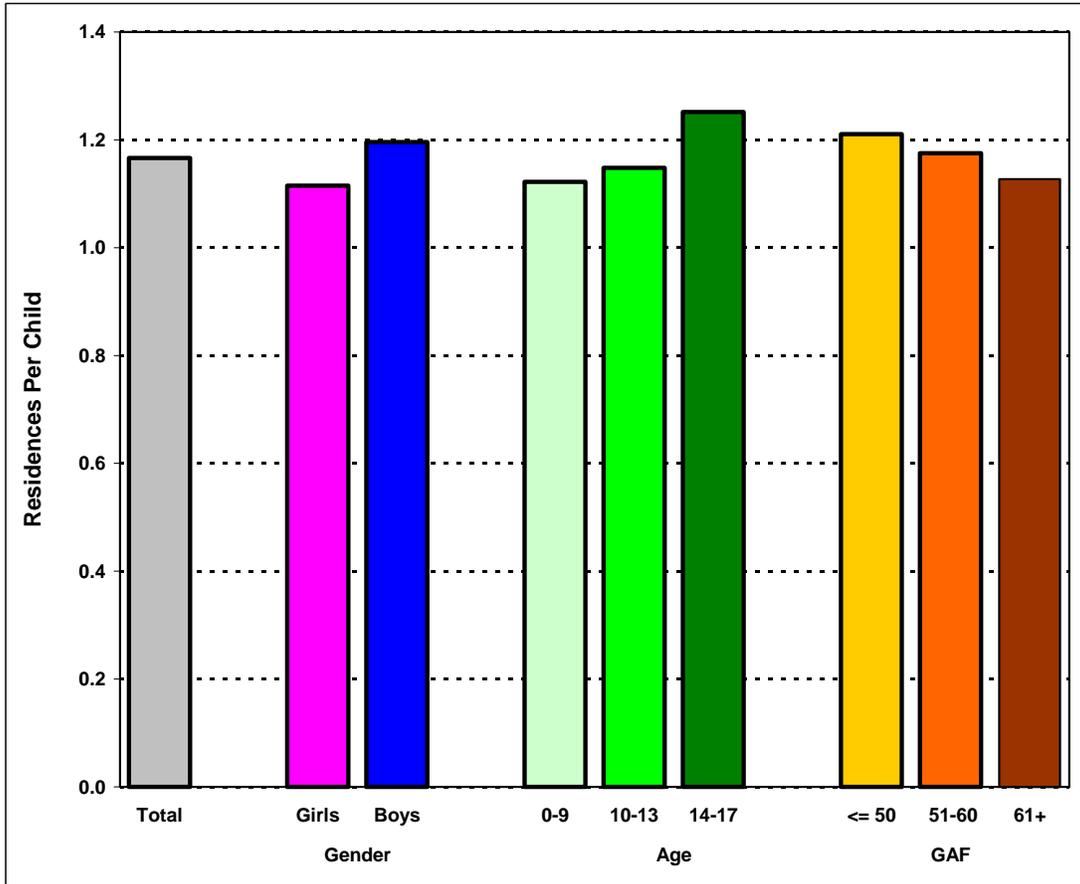


Has your child lived in any of the following places since September 1, 2009?

<u>Region</u>	<u># Respondents</u>	<u>Percent Yes</u>					
		<u>With parents/family</u>	<u>In foster home</u>	<u>In group/residential facility</u>	<u>In correctional facility</u>	<u>In crisis/homeless shelter</u>	<u>In other</u>
Addison -CSAC	28	89.3%	7.1%	0.0%	3.6%	3.6%	0.0%
Northwest -NCSS	56	91.1%	7.1%	5.4%	5.4%	0.0%	1.8%
Chittenden -HC	135	93.3%	5.2%	8.1%	5.2%	3.7%	0.0%
Lamoille -LCC	18	94.4%	11.1%	0.0%	0.0%	0.0%	0.0%
Southeast -HCRS	91	93.4%	5.5%	5.5%	4.4%	0.0%	0.0%
Northeast -NKHS	50	92.0%	6.0%	2.0%	4.0%	0.0%	0.0%
Orange -CMC	38	100.0%	0.0%	2.6%	13.2%	2.6%	0.0%
Rutland -RMHS	49	98.0%	2.0%	6.1%	0.0%	2.0%	0.0%
Bennington -UCS	25	96.0%	4.0%	8.0%	8.0%	0.0%	4.0%
Washington -WCMH	33	78.8%	24.2%	3.0%	6.1%	0.0%	3.0%
Statewide	523	92.9%	6.3%	5.2%	5.0%	1.5%	0.6%

Figure 9

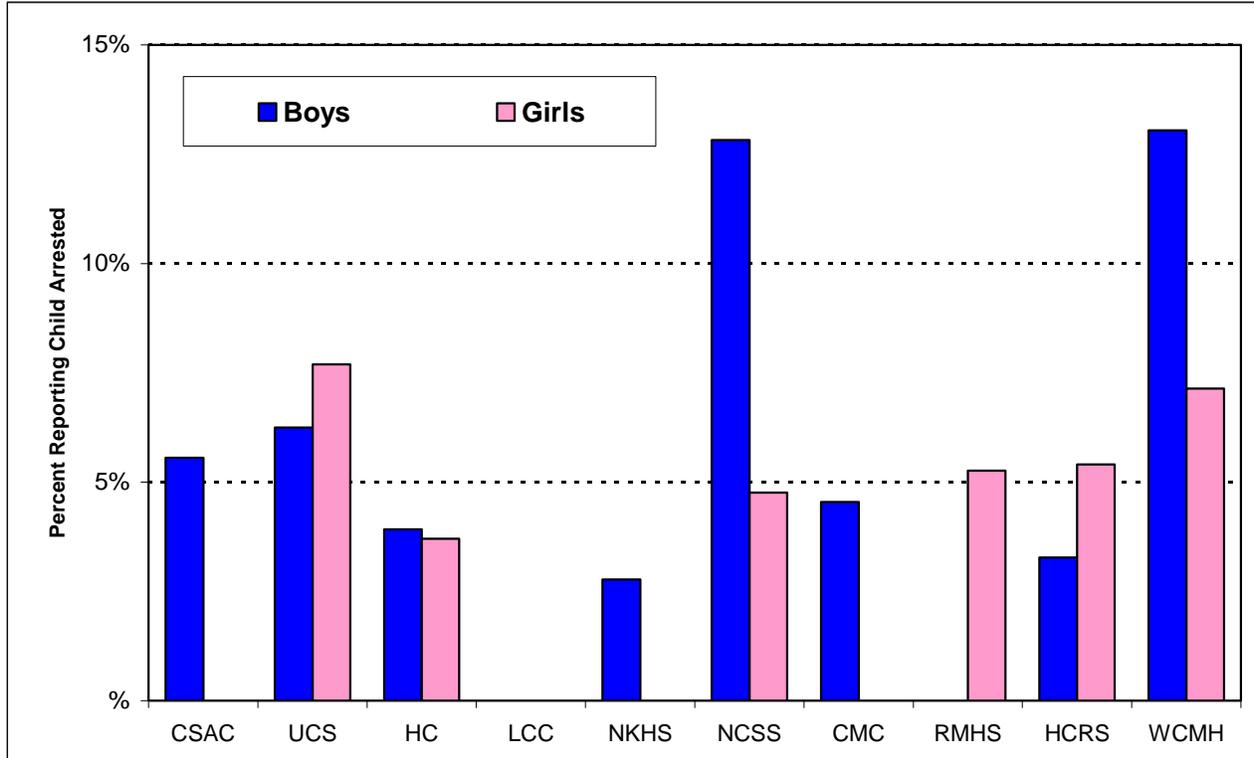
**Number of Residential Situations per Child
Reported by Parents of Children Served
by Child and Adolescent Mental Health Programs
in Vermont September - December 2009**



	Number of Children	Number of Residences	Residences Per Child
Total	523	610	1.17
Gender			
Girls	191	213	1.12
Boys	332	397	1.20
Age			
0-9	221	248	1.12
10-13	155	178	1.15
14-17	147	184	1.25
GAF Score			
<= 50	114	138	1.21
51-60	228	268	1.18
61+	181	204	1.13

Figure 10

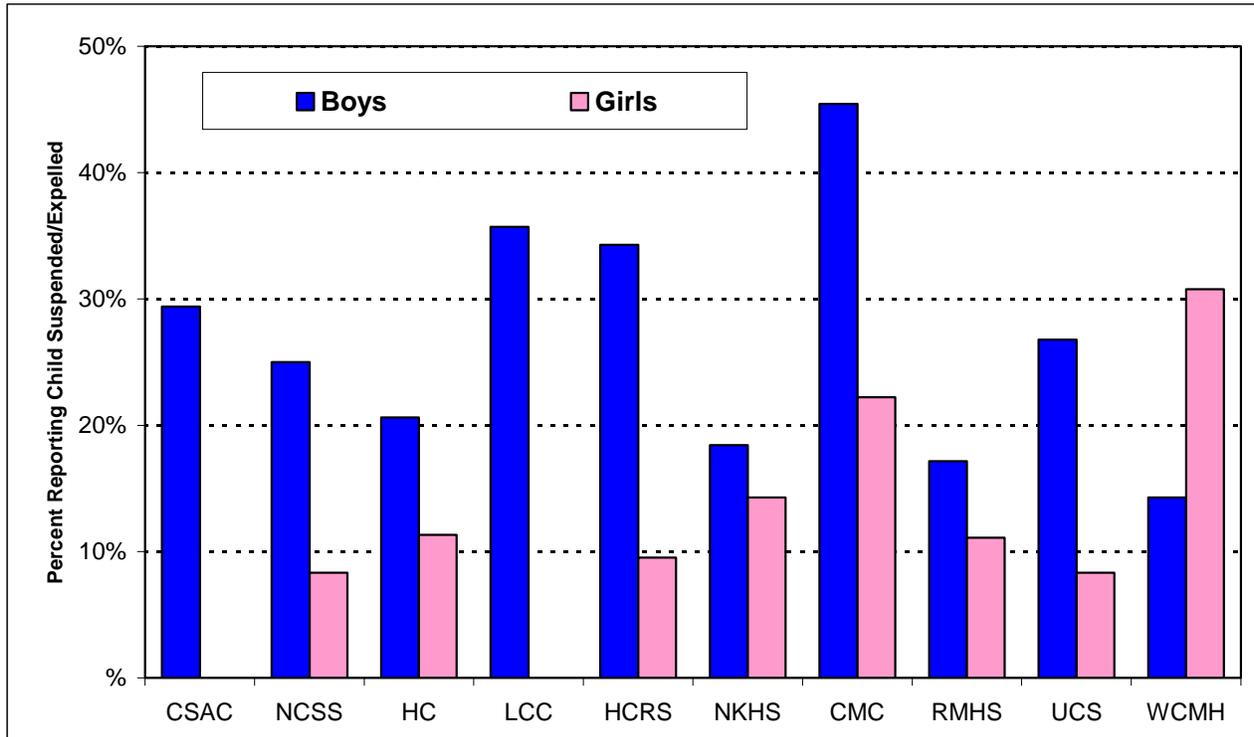
**Children's Arrests
Reported by Parents of Children Served
by Child and Adolescent Mental Health Programs
in Vermont September - December 2009**



Region	Total Responses			Boys			Girls		
	N	# arrested	%	N	# arrested	%	N	# arrested	%
Addison -CSAC	30	1	3%	16	1	6%	14	0	%
Bennington -UCS	22	2	9%	11	1	6%	11	1	8%
Chittenden -HC	130	6	5%	87	4	4%	43	2	4%
Lamoille -LCC	16	0	0%	13	0	%	3	0	%
Northeast -NKHS	50	1	2%	32	1	3%	18	0	%
Northwest -NCSS	54	6	11%	35	5	13%	19	1	5%
Orange -CMC	38	1	3%	21	1	5%	17	0	%
Rutland -RMHS	51	1	2%	34	0	%	17	1	5%
Southeast -HCRS	79	4	5%	49	2	3%	30	2	5%
Washington -WCMH	32	4	13%	20	3	13%	12	1	7%
Statewide	502	26	5%	318	18	6%	184	8	4%

Figure 11

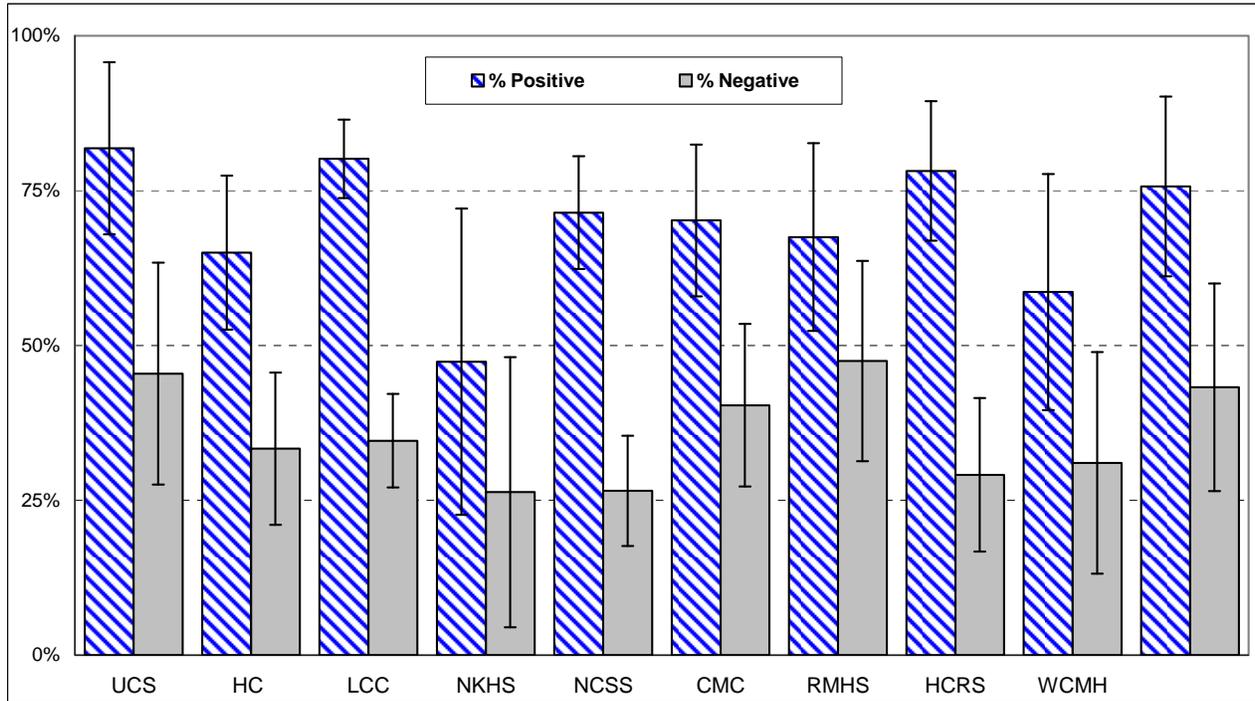
**Children Suspended/Expelled from School
Reported by Parents of Children Served
by Child and Adolescent Mental Health Programs
in Vermont September - December 2009**



Region	Total Responses			Boys			Girls		
	N	suspended/expelled		N	suspended/expelled		N	suspended/expelled	
		#	%		#	%		#	%
Addison -CSAC	31	5	16%	17	5	29%	14	0	%
Bennington -UCS	28	5	18%	16	4	25%	12	1	8%
Chittenden -HC	150	26	17%	97	20	21%	53	6	11%
Lamoille -LCC	19	5	26%	14	5	36%	5	0	%
Northeast -NKHS	56	14	25%	35	12	34%	21	2	10%
Northwest -NCSS	59	10	17%	38	7	18%	21	3	14%
Orange -CMC	40	14	35%	22	10	45%	18	4	22%
Rutland -RMHS	53	8	15%	35	6	17%	18	2	11%
Southeast -HCRS	92	18	20%	56	15	27%	36	3	8%
Washington -WCMH	34	7	21%	21	3	14%	13	4	31%
Statewide	562	112	20%	351	87	25%	211	25	12%

Figure 12

**Narrative Comments
About Child and Adolescent Mental Health Programs
By Parents of Children Served in Vermont September - December 2009**



Region-CMHC	# Respondents	# Positive Comments	% Positive Comments	Confidence Interval	# Negative Comments	% Negative Comments	Confidence Interval	Significance *
Addison - CSAC	33	27	82%	(68%-96%)	15	45%	(28%-63%)	*
Bennington - UCS	60	39	65%	(53%-77%)	20	33%	(21%-46%)	*
Chittenden - HC	156	125	80%	(74%-86%)	54	35%	(27%-42%)	*
Lamoille - LCMH	19	9	47%	(23%-72%)	5	26%	(5%-48%)	
Northeast - NKHS	98	70	71%	(62%-81%)	26	27%	(18%-35%)	*
Northwest- NCSS	57	40	70%	(58%-82%)	23	40%	(27%-53%)	*
Orange - CMC	40	27	68%	(52%-83%)	19	48%	(31%-64%)	*
Rutland - RMHS	55	43	78%	(67%-89%)	16	29%	(17%-41%)	*
Southeast- HCRS	29	17	59%	(40%-78%)	9	31%	(13%-49%)	*
Washington - WCMH	37	28	76%	(61%-90%)	16	43%	(26%-60%)	*
Statewide	584	425	73%		203	35%		

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

Figure 13

Comparison of Responses from 2002, 2006, 2008 and 2010 Surveys
of Parents of Children Served in Vermont
by Child and Adolescent Mental Health Programs

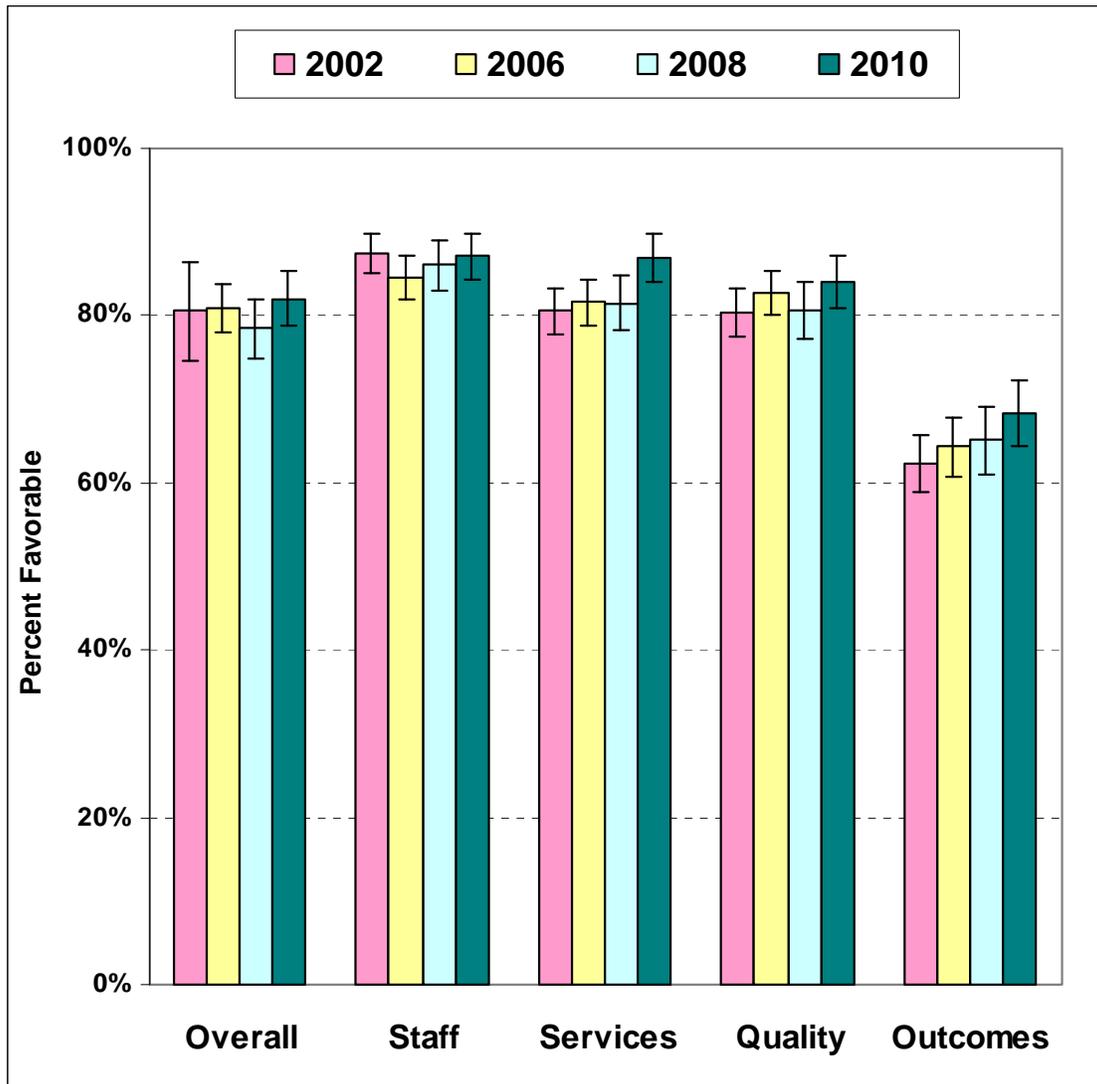
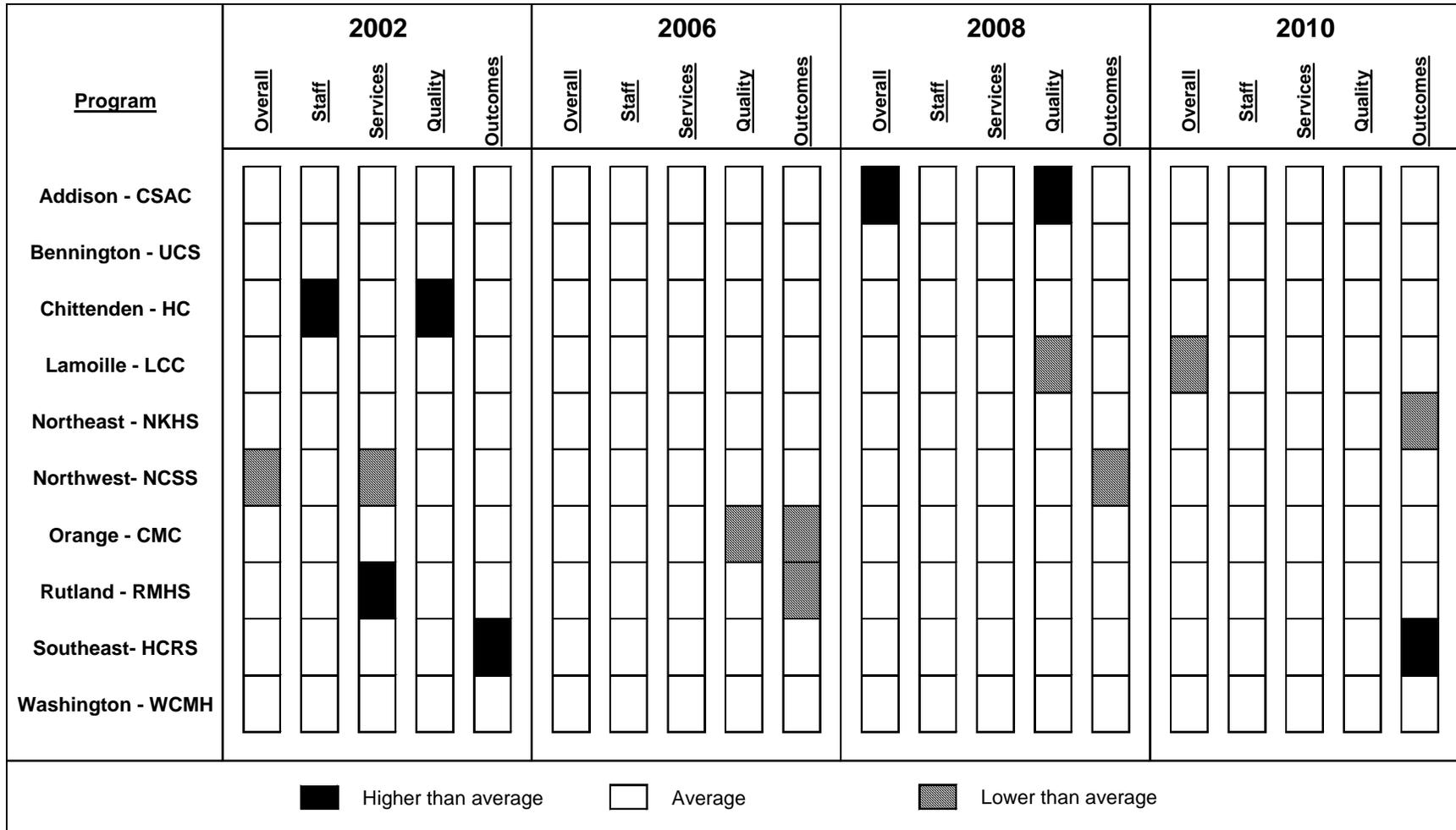


Figure 14

Comparison of Responses from 2002, 2006, 2008 and 2010 Surveys
by Program
Positive Evaluations of Child and Adolescent Mental Health Programs
By Parents of Children Served in Vermont



APPENDIX VII:

Child and Adolescent Mental Health Programs in Vermont

This report provides assessments of the ten regional child and adolescent mental health programs that are designated by the Vermont Department of Mental Health. Child and adolescent mental health programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services (individual, group and family therapy, and diagnostic services), although some agencies also provide residential services for children and adolescents who have a severe emotional disturbance.

Throughout this report, these child and adolescent mental health programs have been referred to by the name of the region that they serve. The full name and business office location of the designated agency with which each of these programs is associated are provided below. Additional information about these programs can be found at: <http://mentalhealth.vermont.gov/DAlist> .

Addison	Counseling Service of Addison County (CSAC) in Middlebury.
Bennington	United Counseling Services (UCS) in Bennington.
Chittenden	HowardCenter (HC) in Burlington.
Lamoille	Lamoille Community Connections (LCC) in Morrisville.
Northeast	Northeast Kingdom Human Services (NKHS) in Newport and St. Johnsbury.
Northwest	Northwestern Counseling and Support Services (NCSS) in St. Albans.
Orange	Clara Martin Center (CMC) in Randolph.
Rutland	Rutland Mental Health Services (RMHS) in Rutland.
Southeast	Health Care & Rehabilitation Services of Southeastern Vermont (HCRS) in Springfield.
Washington	Washington County Mental Health Services (WCMH) in Berlin and Barre.