



**VERMONT AGENCY OF HUMAN SERVICES
DEPARTMENT OF MENTAL HEALTH**

**Consumer Evaluation of
Community Rehabilitation and Treatment
Programs in Vermont
FY2016**

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Executive Summary

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 the Vermont Department of Mental Health (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.

A random stratified sample of 75% of all consumers who received Medicaid-reimbursed services from CRT programs in Vermont during January through June of 2016 were sent questionnaires that asked for their opinion of various aspects of these services. To facilitate comparison of Vermont's eleven CRT programs, the consumers' responses to the forty-four fixed-alternative items were combined into six scales. The scales focus on *Overall* consumer evaluation of program performance, and evaluation of program performance with regard to *Access*, *Service*, *Respect*, *Autonomy* and *Outcomes*. The survey instrument is based on the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey developed by a multi-state work group, with additional items that were added in response to input from Vermont stakeholders.

A total of 482 consumers (29% of deliverable surveys) returned completed questionnaires. Of Vermont's FY2016 CRT program consumer survey respondents, 78% rated their programs favorably on each of six scales. There were substantial differences in consumers' ratings of CRT programs on the six scales derived from responses to the survey items. Eighty-two percent of respondents rated programs favorably *Overall*. Some aspects of program performance, however, were rated more favorably than others. The survey items related to *Service* (85% favorable), *Respect* (85% favorable), *Access* (81% favorable), and *Autonomy* (80% favorable) received more favorable responses than items related to *Outcomes*, which received the least favorable responses (74%).

For more information on outcomes related to the CRT population in Vermont, please see the Vermont Department of Mental Health website: <http://mentalhealth.vermont.gov/reports-forms-and-manuals/reports>.

1. Introduction

Community Rehabilitation and Treatment (CRT) Programs administered by ten designated agencies and one specialized service agency provide community mental health services for adults with serious mental illness in Vermont. The FY2016 survey of consumers served by CRT programs in Vermont is one part of the States larger effort to monitor CRT program performance from the perspective of service recipients. These evaluations will be used in conjunction with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local programs. The combined results of these evaluations will allow a variety of stakeholders to compare the performance of community-based mental health programs in Vermont and to support local programs in their ongoing quality-improvement process.

The results of this survey should be considered in light of previous consumer-based and stakeholder-based evaluations of CRT programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous surveys of consumers in CRT programs took place in 1997, 2001, 2003, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, and 2014. These evaluations should also be considered in light of measures of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of administrative databases. Many of these indicators are published in the annual Department of Mental Health (DMH) Statistical Reports and periodic Performance Indicator Project reports (PIPs), available in hard copy from the Vermont DMH Research and Statistics Unit or online at <http://mentalhealth.vermont.gov/reports-forms-and-manuals/reports>.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon best understood on the basis of a variety of indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont’s CRT programs, the subjective evaluations of the consumers who received the services.

2. CRT Programs in Vermont

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

Addison (CSAC)	Counseling Service of Addison County in Middlebury
Bennington (UCS)	United Counseling Service in Bennington
Chittenden (HC)	Howard Center in Burlington
Lamoille (LCMH)	Lamoille Community Mental Health in Morrisville

Northeast (NKHS)	Northeast Kingdom Human Services in Newport and St. Johnsbury
Northwest (NCSS)	Northwestern Counseling and Support Services in St. Albans
Orange (CMC)	Clara Martin Center in Randolph and Bradford
Rutland (RMHS)	Rutland Mental Health Services in Rutland
Southeast (HCRS)	Health Care and Rehabilitation Services of Southeastern Vermont in Bellows Falls, Brattleboro, Springfield, and White River Junction
Washington (WCMH)	Washington County Mental Health Services in Barre, Berlin and Montpelier
Pathways (PATH)	Pathways Vermont (serving several geographic areas in the state)

3. Summary of Findings

Statewide Results

Of Vermont’s FY2016 Community Rehabilitation and Treatment (CRT) program consumer survey respondents, 78% rated their programs favorably on each of six scales. Section 5, Table 1: Favorable Responses, provides an item-by-item summary of responses to the fixed-alternative items, statewide and for each of the ten designated agencies and one specialized service agency.

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

- *“Staff treat me with respect,”* with 91% of consumers agreeing or strongly agreeing with that item
- *“Most of the services I get are helpful”* (88% favorable)
- *“Staff I work with are competent and knowledgeable”* (88% favorable)
- *“Services are available at times that are good for me”* (87% favorable)
- *“Staff respect my rights”* (87% favorable)

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

- *“I do better at work and/or school”* (55% favorable)
- *“I feel I belong in my community”* (64% favorable)
- *“I do better in social situations”* (66% favorable)
- *“I am better able to handle things when they go wrong”* (69% favorable)
- *“My symptoms are not bothering me as much”* (69% favorable)

There were substantial differences in consumers' ratings of CRT programs on the six scales derived from responses to the survey items. Figure 1 shows that eighty-two percent of respondents rated programs favorably *Overall*. Some aspects of program performance, however, were rated more favorably than other aspects. The survey items related to *Service* (85% favorable), *Respect* (85% favorable), *Access* (81% favorable), and *Autonomy* (80% favorable) received more favorable responses than items related to *Outcomes*, which received the least favorable responses (74%).

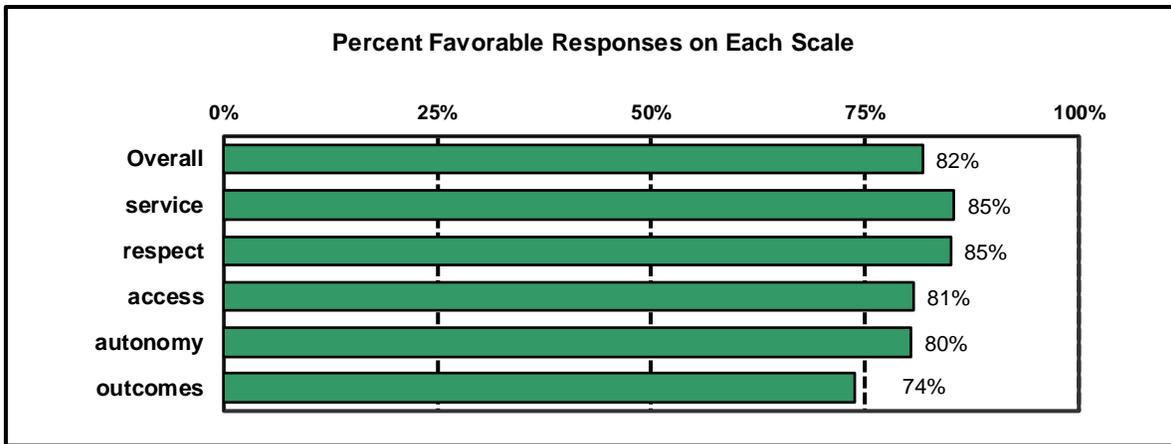


Figure 1: Favorable Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont, FY 2016

Consumer Concerns

As in previous years, the 2016 CRT survey provided consumers with the opportunity to comment on any topic they wished. Written comments accompanied 20% of all returned 2016 questionnaires. The proportion of respondents with written comments in previous surveys had declined steadily from 86% of received surveys in 1997 to 21% of received surveys in 2011 and 14% of received surveys in 2012. The proportion of comments made by respondents increases to 31% in 2014.

Whenever possible, comments about CRT programs were coded as positive or negative. In 2016, positive or negative comments accompanied 17% 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 2016 CRT survey to determine if follow-up action from DMH staff was required.

Differences Among Agencies

Consumer evaluations of Community Rehabilitation and Treatment programs at Vermont’s ten designated agencies and one specialized service agency 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 (Section 5). 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 2016. (Figure 2)

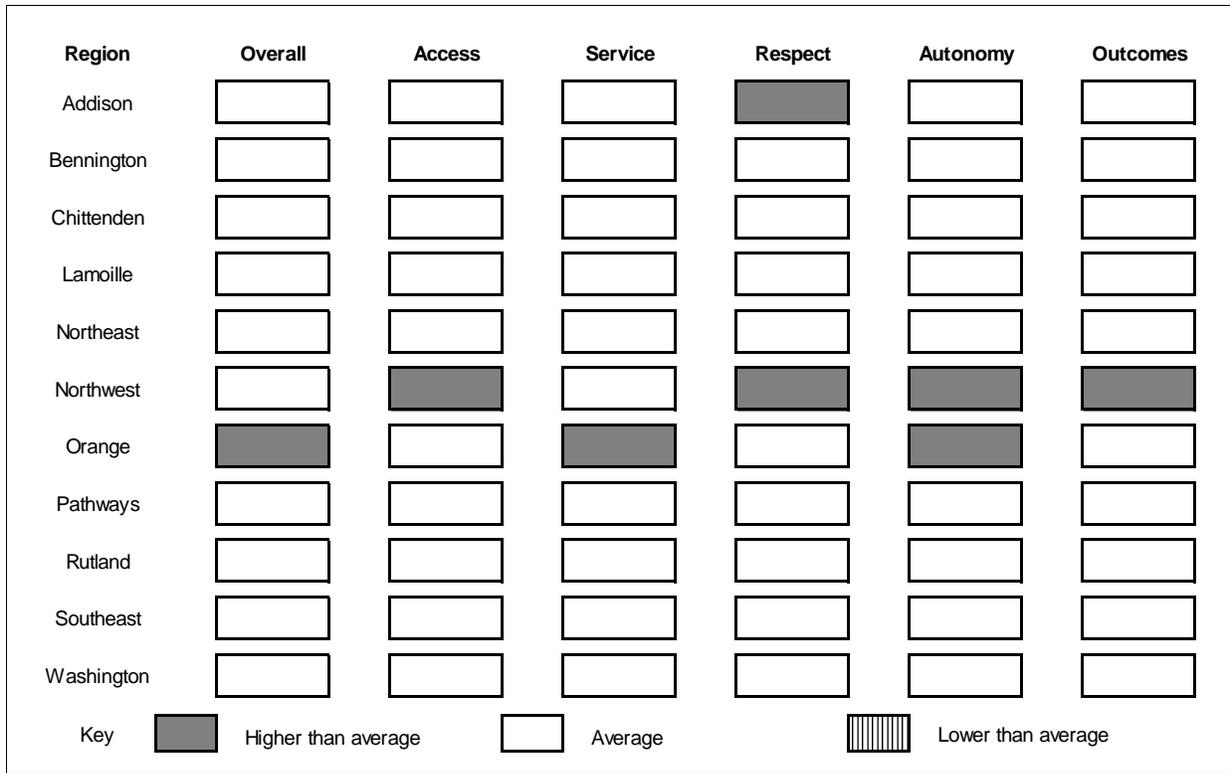


Figure 2: Differences among agencies

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

Consumer Evaluation

Overall Consumer Evaluation: The measure of Overall consumer satisfaction with each of the eleven 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 Section 4). Statewide, 82% of the consumers rated their CRT programs favorably on the *Overall* scale. In the Orange region, 95% of consumers rated their CRT program favorably on the *Overall* scale (significantly higher than the statewide average). Scores for the ten other CRT programs did not differ significantly from the statewide average for this scale (Section 5, Table 2).

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. The fixed-alternative items can be found in Section 4 of this document.

Statewide, 81% of the consumers rated their CRT programs favorably on the *Access* scale. In the Northwest region, 94% of consumers rated their CRT program favorably on the *Access* scale (significantly higher than the statewide average). Scores for the ten other CRT programs did not differ significantly from the statewide average for this scale (Section 5, Table 3).

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. The fixed-alternative items can be found in Section 4 of this document.

Statewide, 85% of the consumers rated their CRT programs favorably on the *Service* scale. In the Orange region, 98% of consumers rated their CRT program favorably on the *Service* scale (significantly higher than the statewide average). Scores for the ten other CRT programs did not differ significantly from the statewide average for this scale (Section 5, Table 4).

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. The fixed-alternative items can be found in Section 4 of this document.

Statewide, 85% of the consumers rated their CRT programs favorably on the *Respect* scale. In the Addison region, 97% of consumers, and in the Northwest region, 96% 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 (Section 5, Table 5).

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. The fixed-alternative items can be found in Section 4 of this document.

Statewide, 80% of the consumers rated their CRT programs favorably on the *Autonomy* scale. In the Northwest region, 92% of consumers, and in the Orange Region, 91% 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 (Section 5, Table 6).

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. The fixed-alternative items can be found in Section 4 of this document.

Statewide, 74% of the consumers rated their CRT programs favorably on the *Outcomes* scale. In the Northwest region, 88% of consumers rated their CRT program favorably on the *Outcomes* scale (significantly higher than the statewide average). The scores for the ten other CRT programs did not differ significantly from the statewide average for this scale (Section 5, Table 7).

Comparison with Previous Surveys

Statewide, scale scores for *Respect* show the largest increase from 1997 to 2016. There have been small variations over time in consumers' evaluations of CRT programs in Vermont on the other five scales (Section 5, Table 11).

4. Analytical Procedures

This section contains information regarding the data collections procedures, scale construction and characteristics, consumer concerns, data analysis, case-mix adjustment, and discussion.

Sampling Procedures

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.

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 2016. The mailing of the surveys to 1,907 consumers took place on February 27, 2017. In all, 265 surveys were returned as undeliverable.

Useable surveys were received from 29% (482) of 1,642 potential respondents. Response rates for individual CRT programs varied from 38% (Northeast and Orange) to 23% (Lamoille) (Section 5, Table 8). Response rates from previous CRT surveys had declined from 53% in 1997 to 22% in 2012 (Section 5, Table 9)

More female than male clients responded to the survey (32% and 26% respectively). The proportion of clients who responded to the survey increased with increasing age for both genders. Clients with a diagnosis category of mental disorders due to known physiological conditions had the highest response rate (43%), followed by those with a diagnosis category of schizophrenia non-mood psychotic disorders and with a diagnosis category of Mood [Affective] Disorders (30%). Least likely to respond to the survey were clients with a diagnosis category of disorders of adult personality and behavior (26%). 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 an Excel spreadsheet 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 Evaluation

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 0.984.

Evaluation of Access

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 0.903.

Evaluation of Service

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 0.960.

Evaluation of Respect

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 0.924.

Evaluation of Autonomy

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 0.888.

Evaluation of Outcomes

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

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

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

Data Analysis

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

Case-mix Adjustment

In order to compare more fairly the performance of Vermont’s eleven 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 eleven programs. Potential case mix adjustment factors included client characteristics of gender, age, and diagnosis (schizophrenia and other non-mood psychotic disorders, mood disorders, anxiety and other non-psychotic mental disorders, disorders of adult personality and behaviors, or psychoactive substance use). 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 Figure 3:

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 Non-Mood Psych Disorders	*						
Mood Disorders							*
Anxiety and Other Non-Psych Disorder		*					*
Disorders of Adult Personality and Behavior	*	*	*				*
Psychoactive Substance Use	*						

Figure 3: Case Mix Adjustment: Statistical Significance of Relationships ($p < .05$) *

For this survey, three of the seven 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 category of schizophrenia non-mood psychotic disorders, disorders of adult personality and behavior, and psychoactive substance use. 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 diagnosis categories of mood disorders, or anxiety and other non-psychotic disorders.

Three scales varied with at least one of the potential case mix adjustment factors. *Overall, Service, and Outcomes* varied with a diagnosis category of disorders of adult personality and behavior. No scales varied with a diagnosis of schizophrenia non-mood psychotic disorders or a diagnosis category of psychoactive substance use.

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

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

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

where ' w_i ' is the proportion of all potential respondents who, for example, fall into age category 'i', and \bar{X}_i is the average level of satisfaction for people in age group 'i'.

When one of the categories used in this analysis includes no responses, it is necessary to reconsider if the difference between the caseload of a specific program and the caseload of other programs in the state is too great to allow for statistical case-mix adjustment. If the difference is within reason, the empty category is collapsed into an adjacent category and the process described above is repeated using the smaller set of categories.

Discussion

The statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the unique characteristics of Vermont's eleven 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.

5. Tables and Charts

Table 1: 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>Pathways</u>	<u>Rutland</u>	<u>Southeast</u>	<u>Washington</u>
25. <i>Staff treat me with respect.</i>	91%	100%	82%	90%	88%	83%	100%	97%	50%	84%	93%	94%
23. <i>Most of the services I get are helpful.</i>	88%	90%	71%	87%	94%	82%	94%	97%	80%	81%	96%	87%
24. <i>Staff I work with are competent and knowledgeable.</i>	88%	93%	72%	88%	87%	80%	94%	91%	60%	81%	95%	92%
8. <i>Services are available at times that are good for me.</i>	87%	89%	83%	89%	88%	83%	93%	88%	100%	81%	88%	86%
15. <i>Staff respect my rights.</i>	87%	93%	69%	88%	87%	78%	94%	97%	80%	84%	89%	87%
28. <i>Staff encourage me to adopt and maintain a healthy life style.</i>	87%	86%	75%	87%	94%	80%	94%	97%	50%	82%	85%	90%
26. <i>Staff help me to solve problems when they arise.</i>	86%	96%	68%	85%	94%	79%	94%	97%	50%	79%	89%	87%
17. <i>Staff encourage me to take responsibility for how I live my life.</i>	86%	97%	72%	90%	87%	79%	92%	97%	60%	77%	83%	84%
1. <i>I like the services that I receive.</i>	86%	82%	66%	89%	94%	80%	94%	91%	60%	79%	85%	90%
4. <i>The location of the services is convenient (parking, public transportation, distance, etc.).</i>	85%	83%	90%	80%	94%	89%	94%	88%	80%	88%	86%	78%
19. <i>Staff respect my wishes about who is, and is not, to be given information about my treatment.</i>	85%	82%	86%	83%	88%	82%	92%	88%	60%	88%	80%	89%
14. <i>I have been given information about my rights.</i>	84%	93%	72%	81%	81%	80%	88%	84%	100%	88%	95%	79%
21. <i>Staff are sensitive to my cultural background (race, religion, language, etc.).</i>	83%	86%	75%	79%	94%	80%	90%	91%	60%	83%	74%	89%
16. <i>I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc).</i>	82%	86%	79%	78%	81%	65%	98%	81%	80%	79%	93%	87%
3. <i>I would recommend this agency to a friend or family member.</i>	82%	86%	57%	83%	88%	76%	92%	91%	75%	79%	85%	81%
12. <i>My questions about treatment and/or medication are answered to my satisfaction.</i>	82%	86%	76%	87%	81%	72%	90%	79%	80%	79%	85%	79%
27. <i>Staff and services are responsive to my changing needs.</i>	81%	93%	61%	82%	88%	73%	90%	93%	75%	84%	75%	82%
9. <i>I am able to get the services I need.</i>	80%	83%	64%	83%	88%	70%	88%	85%	60%	74%	86%	83%
22. <i>Staff help me get the information I need so that I can take charge of managing my illness.</i>	80%	86%	71%	75%	81%	78%	88%	88%	60%	81%	82%	80%
5. <i>Staff are willing to see me as often as I feel it is necessary.</i>	79%	90%	62%	81%	81%	69%	88%	85%	60%	84%	75%	83%
11. <i>Staff believe that I can grow, change and recover.</i>	79%	90%	64%	77%	81%	76%	90%	82%	40%	79%	79%	83%
13. <i>I feel free to complain.</i>	79%	86%	69%	84%	75%	69%	92%	78%	100%	79%	76%	73%
Overall Average	78%	82%	67%	79%	84%	71%	88%	83%	70%	77%	77%	79%

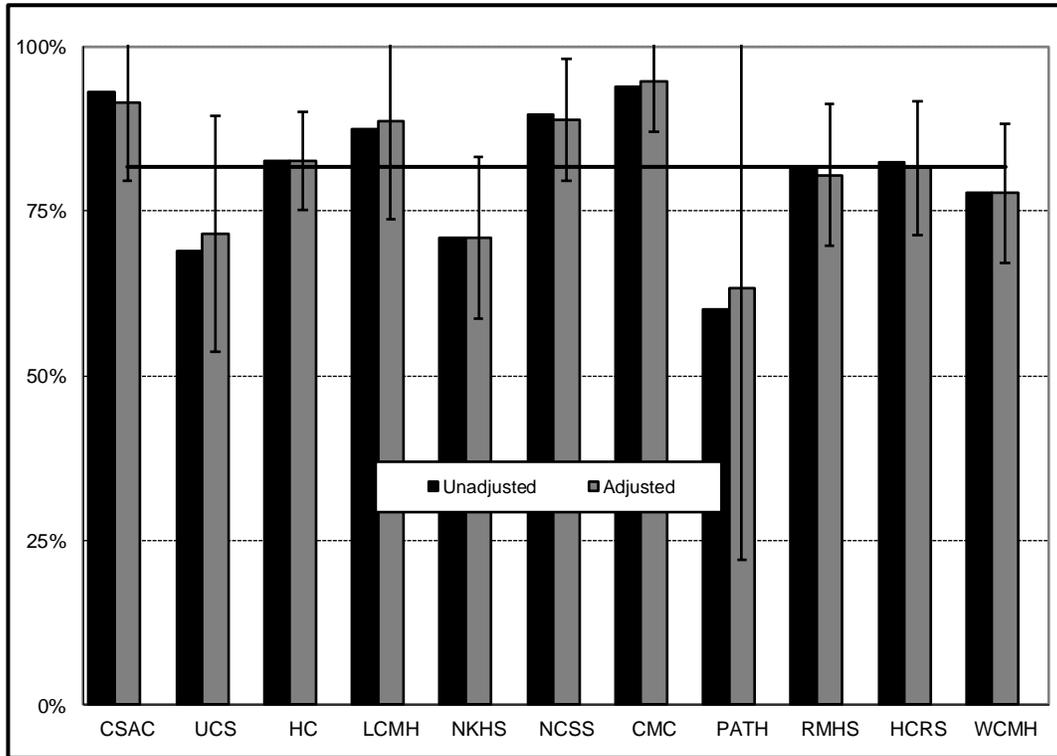
(continued)

Favorable Responses (continued)

	<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>Pathways</u>	<u>Rutland</u>	<u>Southeast</u>	<u>Washington</u>
29. <i>I deal more effectively with daily problems.</i>	79%	79%	61%	78%	81%	73%	88%	84%	75%	84%	83%	77%
7. <i>Staff return my calls within 24 hours.</i>	78%	93%	59%	76%	88%	76%	90%	84%	80%	77%	79%	74%
2. <i>If I had other choices, I would still get services from this agency.</i>	78%	86%	68%	77%	63%	72%	91%	88%	40%	79%	76%	79%
38. <i>I am better able to take care of my needs.</i>	78%	86%	65%	80%	88%	63%	85%	87%	75%	81%	80%	74%
30. <i>I am better able to control my life.</i>	78%	82%	68%	78%	81%	69%	85%	94%	75%	81%	73%	75%
20. <i>I, not staff, decide my treatment goals.</i>	78%	86%	69%	77%	94%	69%	90%	76%	80%	76%	78%	75%
37. <i>I do things that are more meaningful to me.</i>	76%	86%	58%	77%	88%	67%	90%	73%	75%	78%	73%	75%
6. <i>I am satisfied with my progress in terms of growth, change and recovery.</i>	76%	83%	55%	80%	81%	63%	90%	85%	60%	77%	80%	67%
44. <i>In a crisis, I would have the support I need from family or friends.</i>	75%	73%	75%	70%	80%	78%	87%	81%	100%	81%	67%	69%
32. <i>I am getting along better with my family.</i>	75%	61%	68%	78%	75%	72%	75%	77%	75%	80%	76%	75%
42. <i>I have people with whom I can do enjoyable things.</i>	75%	63%	74%	78%	87%	72%	85%	81%	100%	78%	65%	66%
10. <i>I am able to see a psychiatrist when I want to.</i>	74%	76%	72%	80%	75%	60%	94%	69%	75%	67%	68%	75%
31. <i>I am better able to deal with a crisis.</i>	74%	71%	57%	77%	94%	60%	85%	84%	50%	81%	67%	74%
41. <i>I am happy with the friendships I have.</i>	74%	70%	68%	78%	80%	72%	83%	77%	75%	79%	61%	71%
40. <i>I am better able to do things that I want to do.</i>	72%	81%	54%	76%	75%	59%	83%	81%	75%	76%	66%	70%
35. <i>My housing situation has improved.</i>	71%	81%	68%	69%	81%	62%	83%	76%	100%	70%	67%	69%
18. <i>Staff tell me what medication side effects to watch for.</i>	69%	83%	62%	69%	93%	67%	83%	66%	40%	62%	63%	66%
36. <i>My symptoms are not bothering me as much.</i>	69%	57%	42%	73%	75%	63%	77%	74%	50%	64%	72%	77%
39. <i>I am better able to handle things when they go wrong.</i>	69%	67%	42%	73%	88%	62%	81%	71%	50%	65%	61%	75%
33. <i>I do better in social situations.</i>	66%	64%	50%	71%	81%	59%	75%	65%	75%	69%	57%	67%
43. <i>I feel I belong in my community.</i>	64%	58%	52%	66%	80%	61%	69%	58%	75%	70%	61%	66%
34. <i>I do better at work and/or school.</i>	55%	58%	43%	56%	60%	50%	71%	40%	33%	57%	38%	69%
Overall Average	78%	82%	67%	79%	84%	71%	88%	83%	70%	77%	77%	79%

Table 2: Overall Evaluation

**Overall Evaluation
By Consumers Served by CRT Programs in Vermont: FY2016**



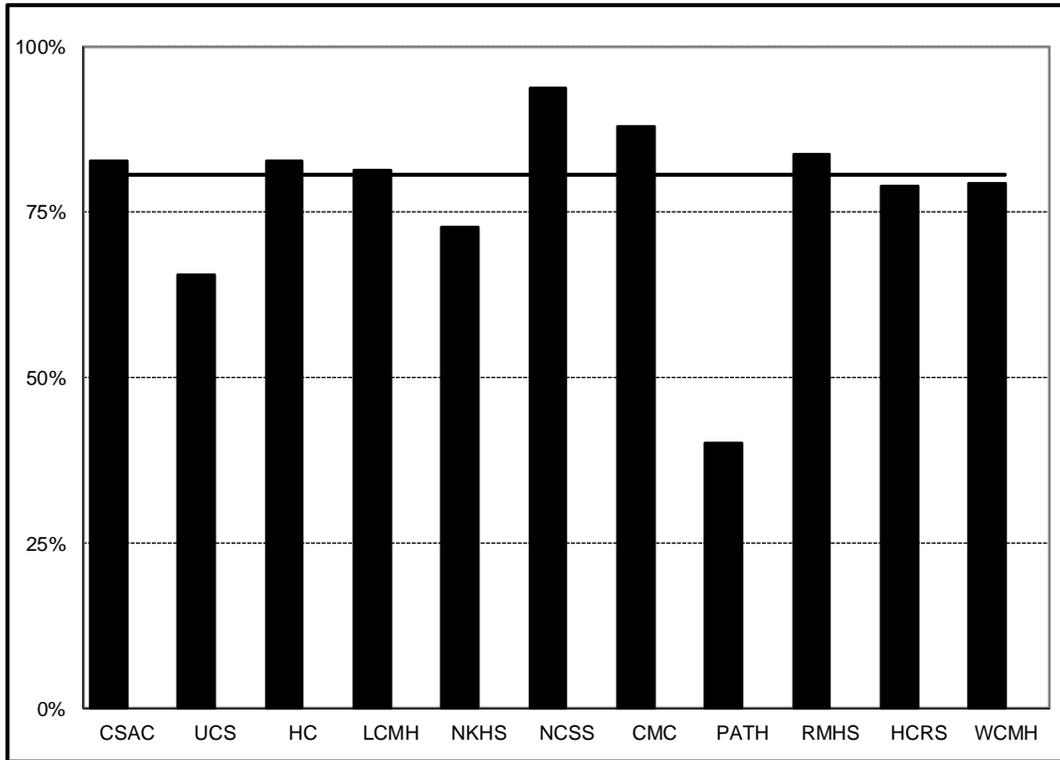
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	29	27	93%	92%	(80%-100%)	
Bennington - UCS	29	20	69%	72%	(54%-89%)	
Chittenden - HC	104	86	83%	83%	(75%-90%)	
Lamoille - LCMH	16	14	88%	89%	(74%-100%)	
Northeast - NKHS	55	39	71%	71%	(59%-83%)	
Northwest - NCSS	48	43	90%	89%	(80%-98%)	
Orange - CMC	33	31	94%	95%	(87%-100%)	*
Pathways - PATH	5	3	60%	63%	(22%-100%)	
Rutland - RMHS	43	35	81%	80%	(70%-91%)	
Southeast - HCRS	57	47	82%	82%	(71%-92%)	
Washington - WCMH	63	49	78%	78%	(67%-88%)	
Statewide	482	394	82%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnosis of disorders of adult personality and behavior

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

Table 3: Evaluation of Access

**Evaluation of Access
By Consumers Served by CRT Programs in Vermont: FY2016**



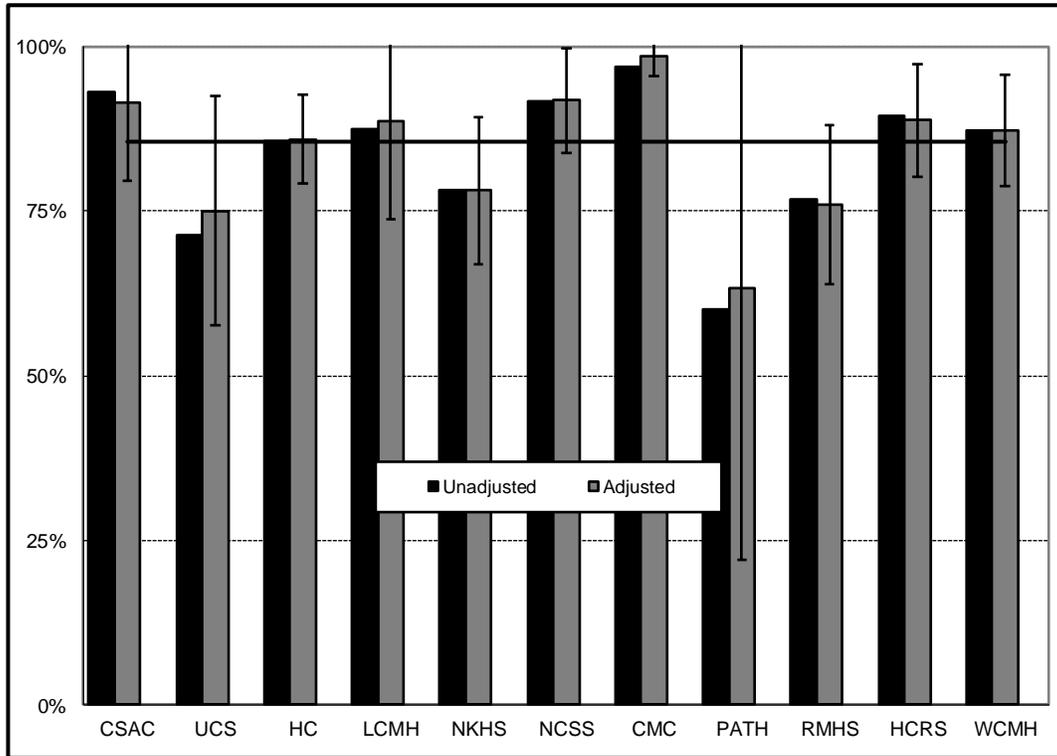
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	29	24	83%			
Bennington - UCS	29	19	66%			
Chittenden - HC	104	86	83%			
Lamoille - LCMH	16	13	81%			
Northeast - NKHS	55	40	73%			
Northwest - NCSS	48	45	94%			*
Orange - CMC	33	29	88%			
Pathways - PATH	5	2	40%			
Rutland - RMHS	43	36	84%			
Southeast - HCRS	57	45	79%			
Washington - WCMH	63	50	79%			
Statewide	482	389	81%			

¹ Scale does not require statistical adjustment

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

Table 4: Evaluation of Service

**Evaluation of Service
By Consumers Served by CRT Programs in Vermont: FY2016**



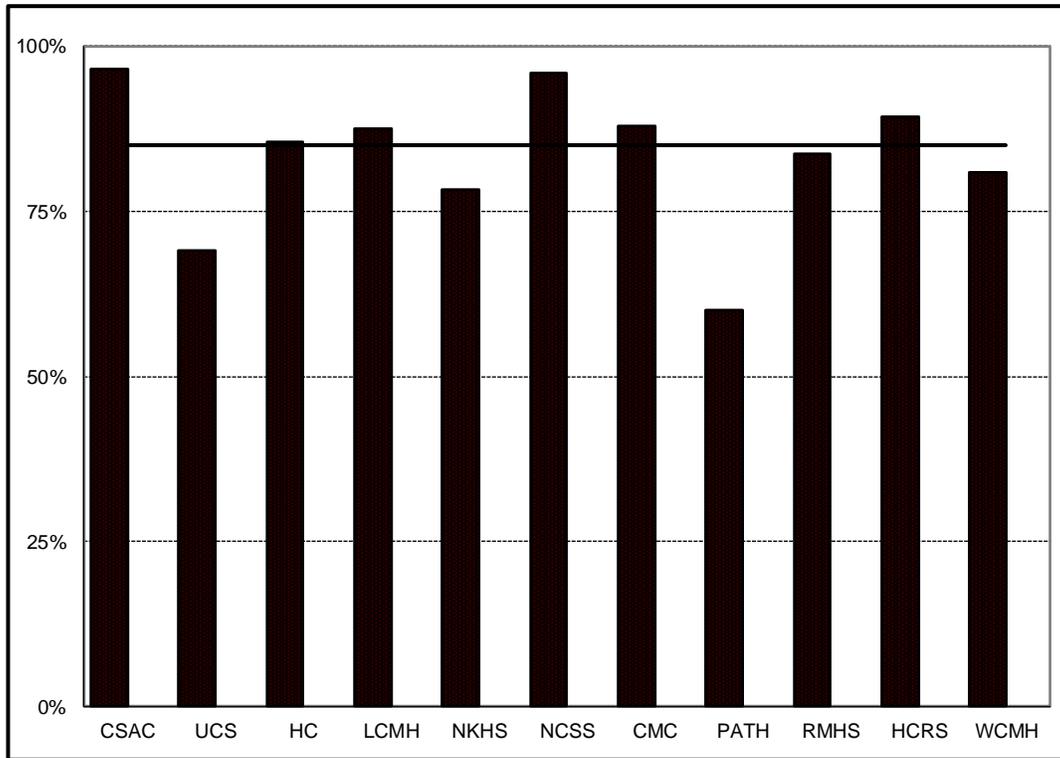
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	29	27	93%	92%	(80%-100%)	
Bennington - UCS	28	20	71%	75%	(58%-92%)	
Chittenden - HC	104	89	86%	86%	(79%-93%)	
Lamoille - LCMH	16	14	88%	89%	(74%-100%)	
Northeast - NKHS	55	43	78%	78%	(67%-89%)	
Northwest - NCSS	48	44	92%	92%	(84%-100%)	
Orange - CMC	33	32	97%	98%	(95%-100%)	*
Pathways - PATH	5	3	60%	63%	(22%-100%)	
Rutland - RMHS	43	33	77%	76%	(64%-88%)	
Southeast - HCRS	57	51	89%	89%	(80%-97%)	
Washington - WCMH	63	55	87%	87%	(79%-96%)	
Statewide	481	411	85%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnosis of disorders of adult personality and behavior

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

Table 5: Evaluation of Respect

**Evaluation of Respect
By Consumers Served by CRT Programs in Vermont: FY2016**



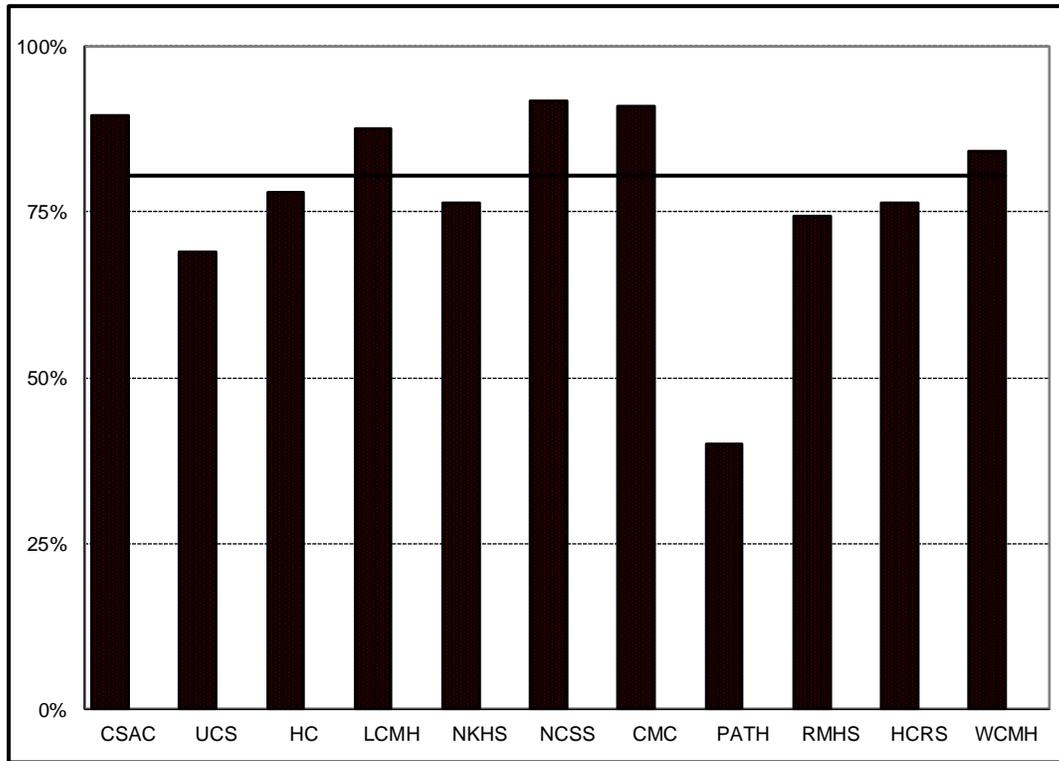
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	29	28	97%			*
Bennington - UCS	29	20	69%			
Chittenden - HC	104	89	86%			
Lamoille - LCMH	16	14	88%			
Northeast - NKHS	55	43	78%			
Northwest - NCSS	48	46	96%			*
Orange - CMC	33	29	88%			
Pathways - PATH	5	3	60%			
Rutland - RMHS	43	36	84%			
Southeast - HCRS	56	50	89%			
Washington - WCMH	63	51	81%			
Statewide	481	409	85%			

¹ Scale does not require statistical adjustment

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

Table 6: Evaluation of Autonomy

**Evaluation of Autonomy
By Consumers Served by CRT Programs in Vermont: FY2016**



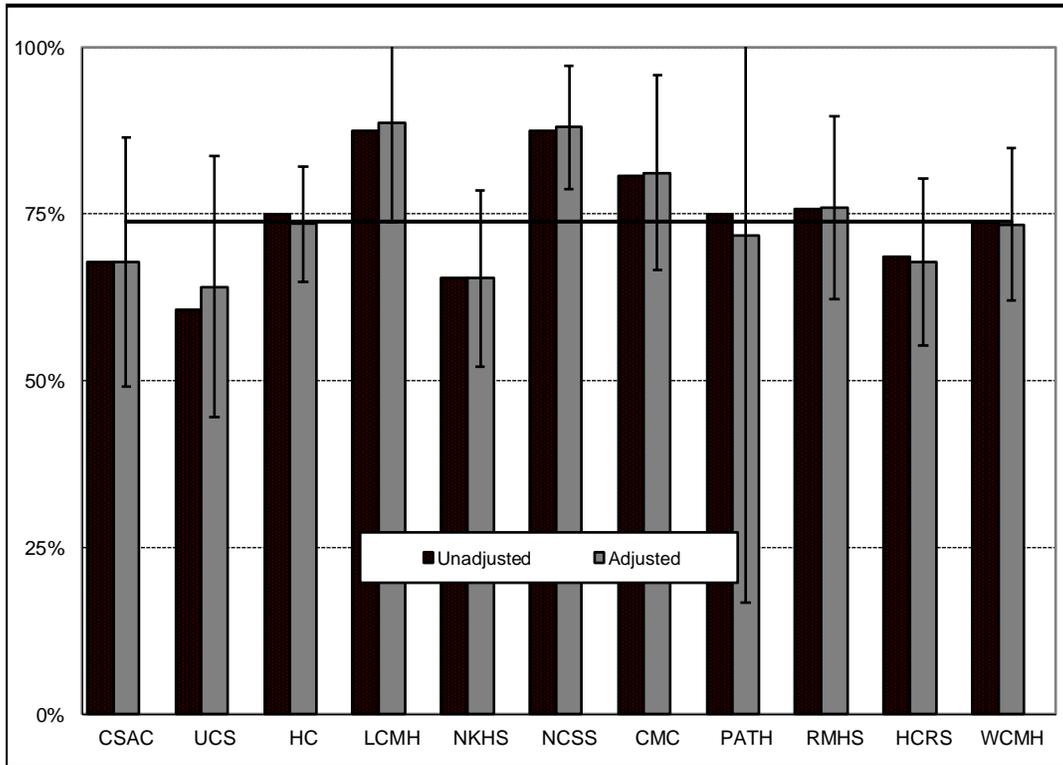
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	29	26	90%			
Bennington - UCS	29	20	69%			
Chittenden - HC	104	81	78%			
Lamoille - LCMH	16	14	88%			
Northeast - NKHS	55	42	76%			
Northwest - NCSS	48	44	92%			*
Orange - CMC	33	30	91%			*
Pathways - PATH	5	2	40%			
Rutland - RMHS	43	32	74%			
Southeast - HCRS	55	42	76%			
Washington - WCMH	63	53	84%			
Statewide	480	386	80%			

¹ Scale does not require statistical adjustment

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

Table 7: Evaluation of Outcomes

**Evaluation of Outcomes
By Consumers Served by CRT Programs in Vermont: FY2016**



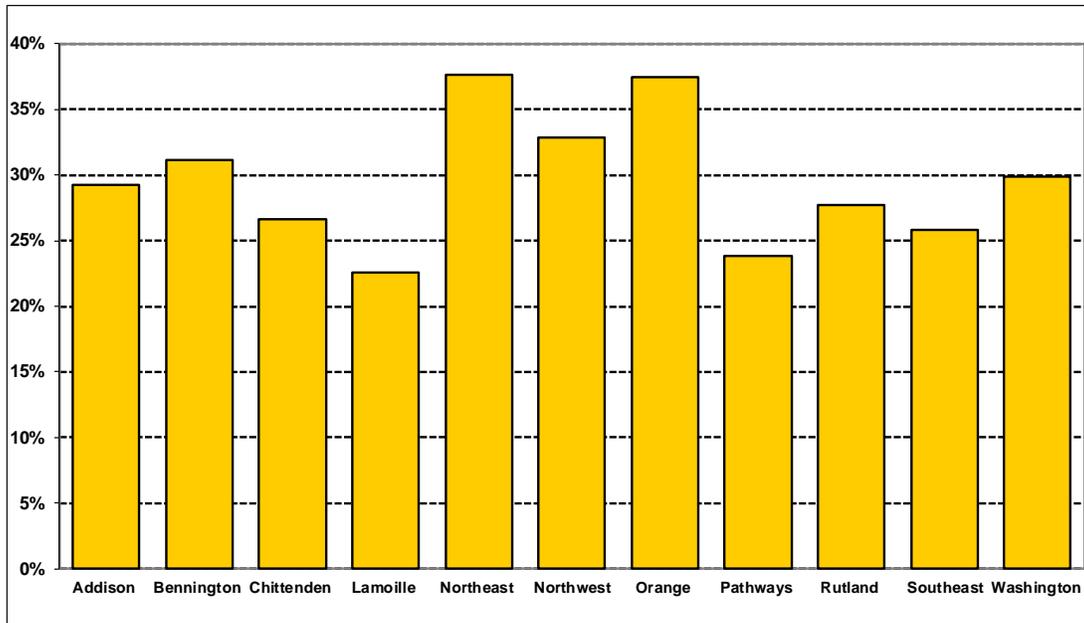
Region - Agency	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	28	19	68%	68%	(49%-87%)	
Bennington - UCS	28	17	61%	64%	(44%-84%)	
Chittenden - HC	100	75	75%	73%	(65%-82%)	
Lamoille - LCMH	16	14	88%	89%	(74%-100%)	
Northeast - NKHS	52	34	65%	65%	(52%-79%)	
Northwest - NCSS	48	42	88%	88%	(79%-97%)	*
Orange - CMC	31	25	81%	81%	(67%-96%)	
Pathways - PATH	4	3	75%	72%	(17%-100%)	
Rutland - RMHS	37	28	76%	76%	(62%-90%)	
Southeast - HCRS	54	37	69%	68%	(55%-80%)	
Washington - WCMH	61	45	74%	73%	(62%-85%)	
Statewide	459	339	74%			

¹ Statistically adjusted to reflect statewide caseload composition by diagnosis of disorders of adult personality and behavior

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

Table 8: 2016 CRT Survey Response Rates

2016 CRT Survey Response Rates



Region/Agency ¹	Surveys					Response Rate
	Mailed	Deliverable	No Response	Returned	Completed	Analyzed ²
Statewide	1,907	1,642	1,155	487	482	29%
Addison - CSAC	114	99	70	29	29	29%
Bennington - UCS	106	93	64	29	29	31%
Chittenden - HC	434	391	286	105	104	27%
Lamoille - LCMH	88	71	55	16	16	23%
Northeast - NKHS	174	146	89	57	55	38%
Northwest - NCSS	161	146	98	48	48	33%
Orange - CMC	111	88	55	33	33	38%
Pathways - PATH	31	21	16	5	5	24%
Rutland - RMHS	188	155	112	43	43	28%
Southeast - HCRS	262	221	163	58	57	26%
Washington - WCMH	238	211	147	64	63	30%

¹ Section 2 of report gives the full name and location of each of the ten designated agencies and one specialized service agency.

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

Table 9: Survey Response Rates

**Response Rate of CRT Surveys
1997 - 2016**

<u>Year</u>	<u>Response Rate</u>
1997	53%
2000	50%
2003	45%
2006	36%
2007	19%
2008	40%
2009	39%
2010	38%
2011	36%
2012	22%
2013	31%
2014	31%
2016	29%

Table 10: Adjusted Scale Scores

Adjusted Scale Scores* by Program

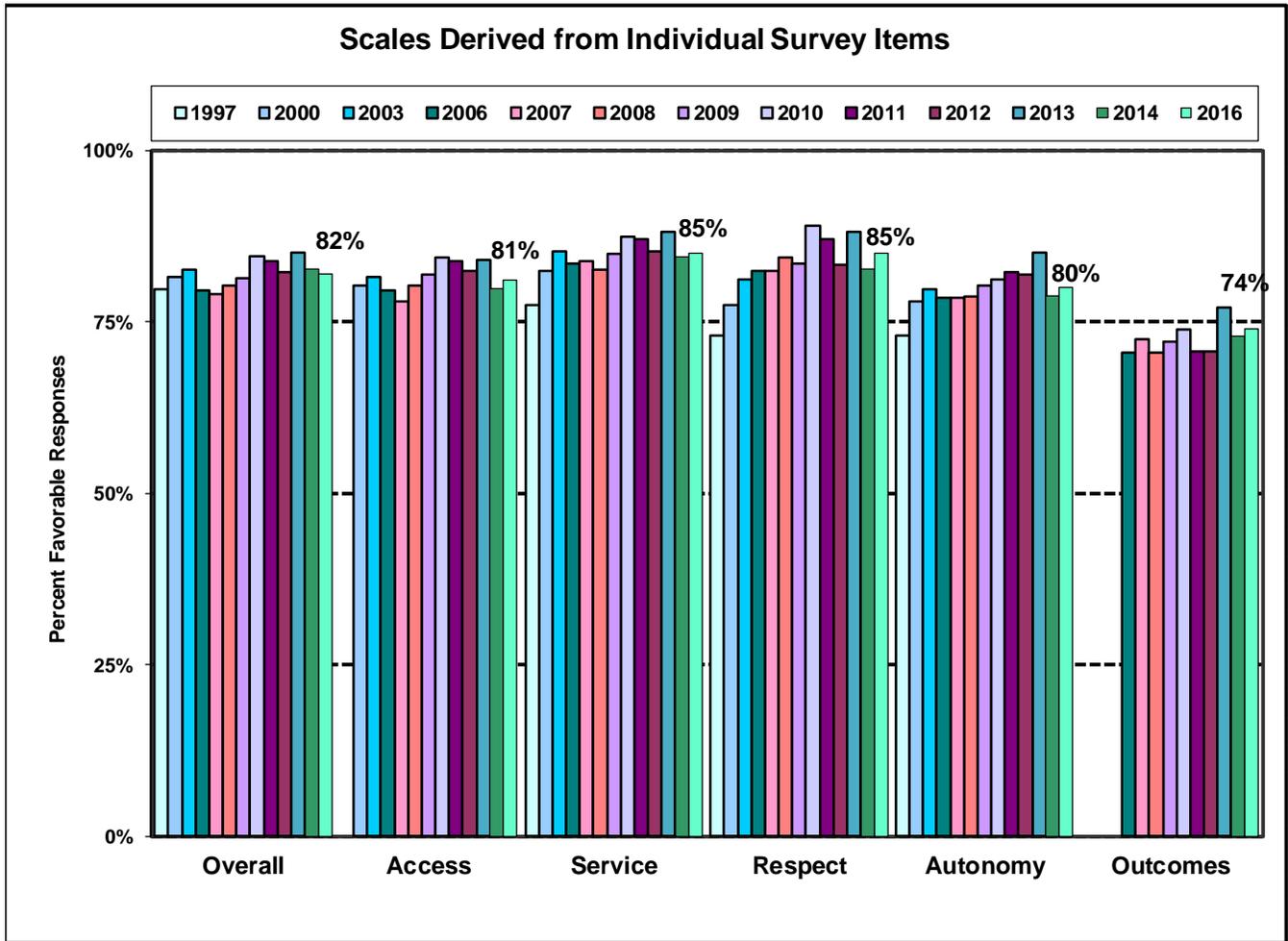
Region-Agency	Overall	Access	Service	Respect	Autonomy	Outcomes
Statewide	82%	81%	85%	85%	80%	74%
Addison -CSAC	92%	83%	92%	97%	90%	68%
Bennington -UCS	72%	66%	75%	69%	69%	64%
Chittenden -HC	83%	83%	86%	86%	78%	73%
Lamoille -LCMH	89%	81%	89%	88%	88%	89%
Northeast -NKHS	71%	73%	78%	78%	76%	65%
Northwest -NCSS	89%	94%	92%	96%	92%	88%
Orange -CMC	95%	88%	98%	88%	91%	81%
Pathways -PATH	63%	40%	63%	60%	40%	72%
Rutland -RMHS	80%	84%	76%	84%	74%	76%
Southeast -HCRS	82%	79%	89%	89%	76%	68%
Washington -WCMH	78%	79%	87%	81%	84%	73%

* Scale scores are adjusted as appropriate for differences in case mix for diagnoses of personality disorder by region.

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

Table 11: Favorable Consumer Evaluation

**Favorable Consumer Evaluation
of Community Rehabilitation and Treatment Programs in Vermont**



6. Letters and Surveys

Initial Letter



State of Vermont
Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0090
[fax] 802-241-0100
[tty] 800-253-0191

«mh_id»

«Fname» «Lname»
«longstreet»
«City», «State» «zipcode»

February 27, 2017

Dear «GreetingLine»,

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

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

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

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

If you have any questions, please feel free to call Melinda Murtaugh at (802) 241-0109 or, toll-free in Vermont, at (888) 212-4677.

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

Sincerely,

A handwritten signature in black ink that reads "Melissa Bailey".

Melissa Bailey, Commissioner
Department of Mental Health

Follow-up Letter



State of Vermont
Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0090
[fax] 802-241-0100
[tty] 800-253-0191

«mh_id»

«Fname» «Lname»
«longstreet»
«City», «State» «zipcode»

May 1, 2017

Dear «GreetingLine»

I am writing to encourage you to complete and return the evaluation of mental health services that you received a couple of months ago. In case you did not receive the original survey or misplaced it, I have enclosed another copy for your convenience. If you have already completed and returned your survey, thank you. There is no need to respond again. Please return the survey no later than May 29, 2017.

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

Your responses will help to improve the quality of mental health care received by Vermonters. If you have any questions, please feel free to call Melinda Murtaugh at (802) 241-0090 or, toll-free in Vermont only, at 1-888-212-4677.

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

Sincerely,

A handwritten signature in blue ink that reads "Melissa Bailey".

Melissa Bailey, Commissioner
Department of Mental Health

Surveys

«mh_id»

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 2016**, from «agency»

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. I like the services that I receive	1	2	3	4	5
2. If I had other choices, I would still get services from this agency	1	2	3	4	5
3. I would recommend this agency to a friend or family member	1	2	3	4	5
4. The location of the services is convenient (parking, public transportation, distance, etc.)	1	2	3	4	5
5. Staff are willing to see me as often as I feel it is necessary	1	2	3	4	5
6. I am satisfied with my progress in terms of growth, change and recovery ...	1	2	3	4	5
7. Staff return my calls within 24 hours	1	2	3	4	5
8. Services are available at times that are good for me	1	2	3	4	5
9. I am able to get the services I need	1	2	3	4	5
10. I am able to see a psychiatrist when I want to	1	2	3	4	5
11. Staff believe that I can grow, change and recover	1	2	3	4	5
12. My questions about treatment and/or medication are answered to my satisfaction	1	2	3	4	5
13. I feel free to complain	1	2	3	4	5
14. I have been given information about my rights	1	2	3	4	5
15. Staff respect my rights	1	2	3	4	5
16. I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc)	1	2	3	4	5
17. 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

«mh_id»

	<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 «agency» helped me:

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

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

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

45. Were you arrested during the last 12 months? Yes No

46. Were you arrested during the 12 months prior to that? Yes No

47. Over the last year, have your encounters with the police...

a. been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)

b. stayed the same

c. increased

d. not applicable (you had no police encounters this year or last year)

Comments:

Thank You!