

**CONSUMER EVALUATION
OF
COMMUNITY REHABILITATION AND TREATMENT
PROGRAMS IN VERMONT: FY2007**

TECHNICAL REPORT

John Pandiani, PhD
jpandiani@vdh.state.vt.us
802-241-2639

Barbara B. Carroll, EdD
bcarrol@vdh.state.vt.us
802-657-4341

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Vermont Agency of Human Services
Department of Mental Health
Department of Health

Research and Statistics Unit
108 Cherry Street
Burlington, Vermont 05401

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[HTTP://HEALTHVERMONT.GOV/MH/DOCS/RES-EVAL/RESEARCH-EVALUATION.ASPX](http://HEALTHVERMONT.GOV/MH/DOCS/RES-EVAL/RESEARCH-EVALUATION.ASPX)

FOREWORD

Community mental health services for consumers with severe and persistent mental illness in Vermont are provided by Community Rehabilitation and Treatment (CRT) Programs administered by ten community mental health centers. The FY2007 survey of consumers served by CRT programs in Vermont is one part of a larger effort to monitor community mental health 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 community mental health 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- and stakeholder-based evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous surveys of consumers in CRT programs took place in 1997, 2001, 2003 and 2006. These evaluations should also be considered in light of measures of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of administrative databases. Many of these indicators are published in the annual Department of Mental Health (DMH) Statistical Reports and weekly Performance Indicator Project reports (PIPs), available in hard copy from the Vermont DMH Research and Statistics Unit or online at <http://healthvermont.gov/mh/docs/res-eval/research-evaluation.aspx>.

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

CONTENTS

EXECUTIVE SUMMARY	1
Methodology	1
Overall Results	1
Overview of Differences among Programs	1
SUMMARY OF FINDINGS	3
Statewide Results	3
Differences among Programs	4
Overall Consumer Evaluation	4
Consumer Evaluation of Access	5
Consumer Evaluation of Service	5
Consumer Evaluation of Respect	5
Consumer Evaluation of Autonomy	6
Consumer Evaluation of Outcomes	6
Comparison with Previous Surveys	7
APPENDIX I	8
Letter to CRT program Directors	9
First Cover Letter	10
APPENDIX II	11
Vermont Community Rehabilitation and Treatment Consumer Survey	12
APPENDIX III	14
Project Philosophy	15
APPENDIX IV	16
Data Collection Procedures	17
Scale Construction and Characteristics	17
Consumer Concerns	19
Data Analysis	20
Case-Mix Adjustment	20
Discussion	21
APPENDIX V	22
Response Rates by Program	23
Adjusted Scale Scores by Program	24
Positive Responses to Individual Questions by Program	25
Overall Evaluation	27
Evaluation of Access	28
Evaluation of Service	29

Evaluation of Respect	30
Evaluation of Autonomy	31
Evaluation of Outcomes	32

APPENDIX VI

Community Rehabilitation and Treatment Programs in Vermont	33
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EXECUTIVE SUMMARY

CONSUMER EVALUATION COMMUNITY REHABILITATION AND TREATMENT PROGRAMS IN VERMONT

In October 2007, the Adult Unit of the Vermont Department of Mental Health (DMH) asked consumers to evaluate the Community Rehabilitation and Treatment (CRT) Programs for adults with severe and persistent mental illness in Vermont's ten Community Mental Health Centers. A random sample of 75% of all consumers who received services from these programs during July through December of 2006 were sent questionnaires that asked for their opinion of various aspects of these services. A total of 420 consumers (19% of deliverable surveys) returned completed questionnaires. 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). The Vermont consumer survey was designed to provide information that would help stakeholders to compare the performance of CRT programs in Vermont.

Methodology

In order to facilitate comparison of Vermont's ten CRT programs, the consumers' responses to 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*. In order to provide an unbiased comparison across programs, survey results were statistically adjusted to remove the effect of dissimilarities among the client populations served by different community programs.

Overall Results

The majority of consumers served by CRT programs in Vermont rated their programs favorably. On the *overall* measure of program performance, 79% of the respondents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than other aspects. The survey items related to *service* received more favorable responses (84% favorable) than items related to *respect* (82% favorable), *access* (78% favorable), *autonomy* (78% favorable), or *outcomes* (72% favorable).

Overview of Differences among Programs

In order to compare consumers' evaluations of CRT programs in the ten regional Community Mental Health Centers, scores on each of the six composite scales were compared to the statewide average for each scale. The results of this survey indicate that there were significant differences in consumers' evaluations of some of the state's ten CRT programs.

Positive Consumer Evaluation of Community Rehabilitation and Treatment Programs: FY2007

Agency	Overall	Access	Service	Respect	Autonomy	Outcomes
Addison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bennington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chittenden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamoille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northeast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northwest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rutland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southeast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Key Higher than average Average Lower than average

The CRT program in the Northwest region received significantly lower scores on one scale based on fixed-alternative items (*access*). The CRT program in the Washington region also received significantly lower scores on one scale (*autonomy*). Consumer evaluations of the remaining regions, Addison, Bennington, Chittenden, Lamoille, Northeast, Orange, Rutland and Southeast, were not significantly different from the statewide average on any of these scales. None of the ten regional CMHCs received scores that were significantly higher than the statewide average on any of these scales.

SUMMARY OF FINDINGS

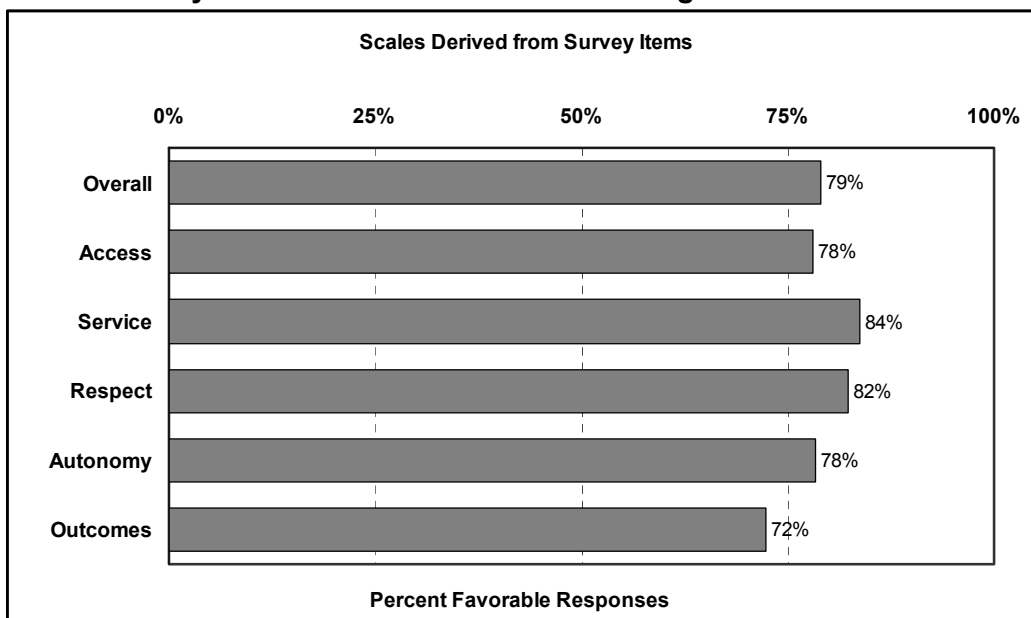
CONSUMER EVALUATION COMMUNITY REHABILITATION AND TREATMENT PROGRAMS IN VERMONT

Statewide Results

The majority of consumers served by CRT programs at Community Mental Health Centers in Vermont rated their programs favorably. (Appendix V, Table 3, provides an item-by-item summary of responses to the fixed-alternative questions.) The most favorably rated item was *“Staff treated me with respect,”* with 89% of the consumers agreeing or strongly agreeing with that item. Other favorably rated aspects of care were *“Staff treat me with respect”* (87% favorable), *“Staff I work with are competent and knowledgeable”* (86% favorable), *“Staff encourage me to adopt and maintain a healthy life style”* (86% favorable), and *“I have been given information about my rights”* (85% favorable). The least favorably rated items were related to outcomes of treatment. Sixty percent felt that *“I do better at work and/or in school.”* Sixty-four percent indicated that *“My symptoms are not bothering me as much,”* and 64% indicated that *“I feel I belong in my community.”*

There were significant differences in consumers' ratings of CRT programs on the six scales derived from responses to the survey items. Seventy-nine percent of consumers rated programs favorably *overall*. Some aspects of program performance were rated more favorably than other aspects. The survey items related to *service* received a higher percentage of favorable responses (84% favorable) than items related to *respect* (82% favorable), *access* (78% favorable), and *autonomy* (78% favorable). Survey items related to *outcomes* received the least favorable responses (72%).

**Favorable Consumer Evaluation
Of Community Rehabilitation and Treatment Programs in Vermont: FY2007**



Differences among Programs

Consumer evaluations of Community Rehabilitation and Treatment programs at Vermont's ten regional Community Mental Health Centers were generally favorable. In order to provide a comprehensive overall evaluation of program performance, consumer ratings of each program were compared to the statewide average for each of the scales (see Appendix V). These comparisons showed some variation among providers. Combined, these results provide a succinct portrait of consumers' evaluations of CRT programs in Vermont in the period July to December 2006.

Positive Consumer Evaluation of Community Rehabilitation and Treatment Programs: FY2007

Agency	Overall	Access	Service	Respect	Autonomy	Outcomes
Addison	□	□	□	□	□	□
Bennington	□	□	□	□	□	□
Chittenden	□	□	□	□	□	□
Lamoille	□	□	□	□	□	□
Northeast	□	□	□	□	□	□
Northwest	□	▨	□	□	□	□
Orange	□	□	□	□	□	□
Rutland	□	□	□	□	□	□
Southeast	□	□	□	□	□	□
Washington	□	□	□	□	▨	□

Key Higher than average Average Lower than average

The CRT program in the Northwest region received significantly lower scores on one scale based on fixed-alternative items (*access*). The CRT program in the Washington region also received significantly lower scores on one scale (*autonomy*). Consumer evaluations of the remaining regions, Addison, Bennington, Chittenden, Lamoille, Northeast, Orange, Rutland and Southeast, were not significantly different from the statewide average on any of these scales. None of the ten regional CMHCs received scores that were significantly higher than the statewide average on any of these scales.

Overall Consumer Evaluation

The measure of overall consumer satisfaction with each of the ten Community Mental Health Center CRT programs in this study is based on consumers' responses to 44 fixed-alternative questions. The composite measure of *overall* consumer satisfaction was created by counting the number of respondents with positive responses, "Strongly Agree" or "Agree." (For details of scale construction, see Appendix IV.) Statewide, 79% of the consumers rated their CRT programs favorably on the *overall* scale. None of the scores for any CRT program were different from the statewide average for this scale (see Appendix V, Table 4).

Consumer Evaluation of Access

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

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

Statewide, 78% of the consumers rated their CRT programs favorably on the *access* scale. For this scale, the CRT program in the Northwest region received a score (59%) that was significantly lower than the statewide average. Scores for other CRT programs did not differ from the statewide average for this scale (see Appendix V, Table 5).

Consumer Evaluation of Service

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

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

Statewide, 84% of the consumers rated their CRT programs favorably on the *service* scale. The scores for each individual CRT program did not differ from the statewide average for this scale (see Appendix V, Table 6).

Consumer Evaluation of Respect

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

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

Statewide, 82% of the consumers rated their CRT programs favorably on the *respect* scale. The scores for each individual CRT program did not differ from the statewide average for this scale (see Appendix V, Table 7).

Consumer Evaluation of Autonomy

Autonomy, the next composite measure based on responses to fixed-alternative items, includes the responses to five questions:

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

Statewide, 78% of the consumers rated their CRT programs favorably on the *autonomy* scale. The Washington region's CRT program was rated significantly lower (66%) than the statewide average on this scale. The scores for all other programs did not differ from the statewide average for this scale (see Appendix V, Table 8).

Consumer Evaluation of Outcomes

Outcomes, the final composite measure based on responses to fixed-alternative items, includes the responses to sixteen questions:

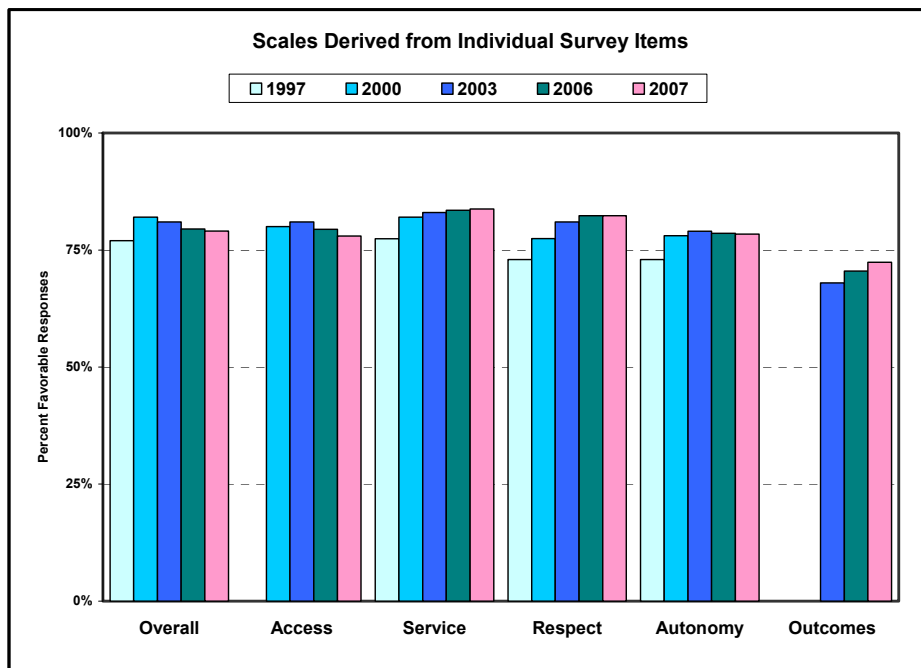
29. I deal more effectively with daily problems.
30. I am better able to control my life.
31. I am better able to deal with crisis.
32. I am getting along better with my family.
33. I do better in social situations.
34. I do better at school and/or work.
35. My housing situation has improved.
36. My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

Statewide, 72% of the consumers rated their CRT programs favorably on the *outcomes* scale. The scores for each individual CRT program did not differ from the statewide average for this scale (see Appendix V, Table 9).

Comparison with Previous Surveys

Statewide, scale scores for *service* and *respect* show small, steady increases from 1997 to 2007. Scale scores for *outcomes* show small, steady increases from 2003 to 2007.

Favorable Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont



APPENDIX I

LETTERS

Letter to DA Executive Directors and DA CRT Program Directors

Cover Letter



State of Vermont

Department of Mental Health

108 Cherry Street, PO Box 70

Burlington, VT 05402-0070

healthvermont.gov/mh

[phone] 802-652-2000

[Legal] 802-657-4310

[fax] 802-652-2005

[tty] 800-253-0191

Agency of Human Services

MEMO

TO: DA Executive Directors
DA CRT Program Directors

FROM: Frank Reed, Director of Adult Mental Health Services

DATE:

RE: CRT Consumer Survey

I am writing to bring you up to date on plans for our fifth statewide CRT Consumer Survey. This survey will solicit the opinions of individuals served by CRT programs during July – December 2006. We will be mailing out these surveys over the next several weeks. We appreciate your help in encouraging consumers to share their candid assessments with us.

Questionnaires will be mailed to the addresses in the Medicaid system for consumers of CRT programs.

If a consumer asks one of your staff people about the questionnaire, I hope your staff will encourage that client to complete the questionnaire and to provide a full and honest assessment of your program. If a consumer asks one of your staff people for help in completing the questionnaire, I hope your staff will respond by providing unbiased assistance.

If you have any other questions, please feel free to contact Frank Reed (652.2000) about policy issues or John Pandiani (863.7249) about technical issues.

I thank you for your cooperation and look forward to the opportunity to discuss the findings with you.

FR



State of Vermont

Department of Mental Health

108 Cherry Street, PO Box 70

Burlington, VT 05402-0070

healthvermont.gov/mh

[phone] 802-652-2000

[Legal] 802-657-4310

[fax] 802-652-2005

[tty] 800-253-0191

Agency of Human Services

<Date>

<Name>

<Address>

Dear <Name>:

I am writing to ask you to help us evaluate community mental health services in Vermont. Enclosed are a number of survey questions that have been reviewed by consumers and family members and are considered important for feedback. Your opinions and your responses are of great value to us. Your participation in this survey is voluntary, and your answers will have no effect on your health care coverage. <Clinic> will not know that you are participating in the survey.

Your responses to this survey will not be available to anyone other than Department of Mental Health staff. Results will only be reported in aggregate form, and will not identify specific individuals. The code on the questionnaire will allow us to link your responses to information about your insurance coverage, and to assure that you do not receive another questionnaire after you answer this one.

We hope your response 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 802-652-2000 or toll free in the State of Vermont only at 1-888-212-4677.

I thank you in advance for your participation.

Sincerely,

Frank Reed, Director
Adult Mental Health Services
Department of Mental Health

FR

Enclosure

APPENDIX II

Vermont Community Rehabilitation and Treatment Consumer Survey

Vermont Mental Health Consumer Satisfaction Survey

Please circle the number that best represents your response to each of the following statements about the mental health services you have received in the last year from <CMHC Name> Community Services.

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

PLEASE TURN OVER AND ANSWER QUESTIONS

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

The services I received from <CMHC Name> 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

Comments:

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

Thank You!

APPENDIX III

Project Philosophy

Project Philosophy

This survey was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a variety of stakeholders to compare the performance of Community Rehabilitation and Treatment 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 will be an important part of the local agency designation process conducted by DMH. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give consumers who receive mental health services a voice and to provide a situation in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, a sample of 75% of qualified individuals 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 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, sex, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or bias due to differences in the caseload of different programs and to apply analytical techniques that control the effect of the bias.

The ability to connect survey responses to personally identifying information also allowed Department of Mental Health staff to contact respondents if strong complaints were received or potentially serious problems were indicated. Consumers were given the opportunity to voice their concerns in an open-ended comment at the end of the survey. Written comments accompanied 32% of all returned surveys. Assigned staff of the Department of Mental Health reviewed each comment. These comments expressed a wide range of concerns. Whenever a written comment indicated the possibility of a problem involving the health or safety of a client, or potential ethical or legal problems, a formal follow-up procedure was initiated through correspondence with the client. Formal grievance and complaint procedures were also available for use by clients at each designated agency.

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

APPENDIX IV
ANALYTICAL PROCEDURES

Data Collection Procedures
Scale Construction and Characteristics
Consumer Concerns
Data Analysis
Case-mix Adjustment
Discussion

Data Collection Procedures

Surveys were mailed to a random sample of 75% of all consumers who received Medicaid-reimbursed services from CRT programs in Vermont during July through December 2006. The surveys were mailed to 2,382 consumers in October 2007 by the DMH Adult Unit central office staff. Of these, 181 surveys were returned as undeliverable. A follow-up letter was not mailed because of unexpected administrative staff changes.

Useable surveys were received from 19% of 2,201 potential respondents. The proportion of clients who responded to the survey increased with increasing age. Female clients responded to the survey more frequently than did male clients. Response rates for individual CRT programs varied from 16% (Lamoille) to 26% (Bennington). (See Appendix V, Table 1.) Response rates from previous Vermont CRT surveys declined from 53% in 1997, to 50% in 2000, 45% in 2003 and 36% in 2006.

Scale Construction and Characteristics

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

Responses to all survey questions were coded according to whether they were positive or not. The scores for the scale items that were answered 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 questions were included in more than one scale.

Overall consumer evaluation of Community Rehabilitation and Treatment program performance, the first composite measure, uses 44 fixed-alternative questions. The internal consistency of the *overall* scale, as measured by average inter-item correlation (Cronbach's Alpha), is .980.

Access, the second composite measure, was derived from consumer responses to seven of the fixed-alternative questions. 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 .893.

Evaluation of *service*, the third composite measure, was derived from consumer responses to seven of the fixed-alternative questions. 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 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 .960.

Respect, the fourth composite measure, was derived from consumer responses, to eight fixed-alternative questions. 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 .910.

Autonomy, the next composite measure, was derived from consumer responses to five fixed-alternative questions. 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 effect 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 .860.

Outcomes, the last composite measure, was derived from consumer responses to sixteen fixed-alternative questions. 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 .954.

Consumer Concerns

Consumers were given the opportunity to comment at the end of the 2007 CRT survey. Written comments accompanied 32% of all returned questionnaires. Staff of the Department of Mental Health reviewed each comment. Ten comments were received that required action from staff. One comment involved a CRT client with a clinical question that was referred to the DMH Director of Quality Management, who has the clinical expertise for further follow-up. Of the nine remaining comments, two clients requested assistance about specific problems and were sent letters with information. Four clients expressed concerns about services such as an unresponsive caseworker, lack of continuity in treatment, and violation of confidentiality: these clients were sent letters offering copies of the CRT client handbook and further follow-up if needed. Two clients referred to grievances that they had already filed against agencies and one client complained about problems with the corrections system. These clients were also sent letters offering assistance with follow-up. No further communications were received from these ten clients. An eleventh comment expressed a desire for no further contact, and none was undertaken.

Open-ended comments were not coded into categories for analysis. Comments accompanied 86% of received surveys in 1997, 85% of received surveys in 2000, 81% of received surveys in 2003, 80% of received surveys in 2006, but declined to 32% in 2007.

Data Analysis

In order to provide a valid basis for comparison of the performance of Vermont’s ten Community Rehabilitation and Treatment 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.

Case-mix Adjustment

In order to compare the performance of Vermont’s CRT programs, each of the six measures of consumer satisfaction and the five self-reported outcome measures described above were statistically adjusted to account for differences in client characteristics in the case-mix of the ten programs. This process involved three steps.

First, various potential case-mix adjustment factors were evaluated. These included client gender, age, volume of services received, and diagnosis (schizophrenia, affective disorder, anxiety disorder, or substance abuse). The client characteristics that were statistically related to variation in consumer evaluation of CRT programs were identified. Second, statistically significant differences in the caseloads of the community programs were identified and compared to the client characteristics that were related to variation in evaluations of program performance. Finally, client characteristics that were related to evaluation of services and varied among 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 programs are described in the following table:

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

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

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

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

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

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

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

For this survey, three of the eight potential case-mix adjustment factors were found to vary among CRT agencies at a statistically significant level ($p < .05$). These factors include the proportion of respondents having a personality disorder diagnosis, the proportion having a diagnosis of adjustment disorder, and the proportion having a diagnosis of substance abuse. Agencies did not differ in case-mix in terms of the age or gender of the consumers they served. None of the scales varied with any of the potential case-mix adjustment factors.

Discussion

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

APPENDIX V
TABLES AND FIGURES

Response Rates by Program
Positive Responses to Individual Questions by Program
Positive Scale Scores by Program
Provider Comparisons

Table 1
Response Rates by Program

Region/Provider ¹	Number					Response Rate
	Mailed	Deliverable	No Response	Returned	Useable Survey	Analyzed ²
Statewide	2,382	2,201	1,776	425	420	19%
Addison - CSAC	142	136	112	24	24	18%
Bennington - UCS	143	137	100	37	36	26%
Chittenden - HC	491	469	385	84	83	18%
Lamoille - LCMH	109	102	86	16	16	16%
Northeast - NKHS	306	276	223	53	53	19%
Northwest - NCSS	191	172	141	31	31	18%
Orange - CMC	135	121	93	28	27	22%
Rutland - RMHS	225	211	168	43	42	20%
Southeast - HCRS	301	270	222	48	48	18%
Washington - WCMH	339	307	246	61	60	20%

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 2
Adjusted Scale Scores* by Program

Region-Provider	Overall	Access	Service	Respect	Autonomy	Outcomes
Statewide	79%	78%	84%	82%	78%	72%
Addison -CSAC	67%	65%	70%	62%	62%	50%
Bennington -UCS	82%	79%	86%	76%	79%	74%
Chittenden -HC	76%	72%	78%	78%	75%	67%
Lamoille -LCMH	75%	71%	71%	65%	65%	52%
Northeast -NKHS	79%	76%	85%	92%	81%	71%
Northwest -NCSS	66%	59%	68%	67%	63%	61%
Orange -CMC	92%	100%	100%	100%	100%	84%
Rutland -RMHS	79%	86%	90%	89%	87%	77%
Southeast -HCRS	70%	88%	83%	86%	84%	71%
Washington -WCMH	74%	71%	83%	76%	66%	72%

* Overall scores, and scores for Access, Service, Respect, Autonomy and Outcomes are adjusted for differences in case mix for age and gender by region.

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

Table 3

Positive Responses to Individual Questions by Program

	<u>Statewide</u>	<u>Addison</u>	<u>Bennington</u>	<u>Chittenden</u>	<u>Lamoille</u>	<u>Northeast</u>	<u>Northwest</u>	<u>Orange</u>	<u>Rutland</u>	<u>Southeast</u>	<u>Washington</u>
25. <i>Staff treat me with respect.</i>	89%	83%	89%	85%	81%	89%	77%	100%	93%	98%	88%
15. <i>Staff respect my rights.</i>	87%	86%	81%	83%	88%	88%	77%	96%	90%	94%	85%
24. <i>Staff I work with are competent and knowledgeable.</i>	86%	83%	83%	87%	81%	89%	74%	96%	90%	94%	78%
28. <i>Staff encourage me to adopt and maintain a healthy life style.</i>	86%	79%	86%	78%	75%	86%	81%	100%	90%	91%	89%
14. <i>I have been given information about my rights.</i>	85%	70%	86%	77%	94%	91%	90%	96%	93%	92%	76%
17. <i>Staff encourage me to take responsibility for how I live my life.</i>	84%	79%	85%	76%	94%	78%	84%	93%	90%	90%	86%
23. <i>Most of the services I get are helpful.</i>	84%	83%	89%	80%	75%	85%	74%	96%	90%	79%	86%
19. <i>Staff respect my wishes about who is, and is not, to be given information about my treatment.</i>	83%	67%	86%	76%	88%	83%	84%	96%	90%	91%	78%
8. <i>Services are available at times that are good for me.</i>	83%	79%	85%	77%	93%	81%	81%	100%	88%	88%	77%
1. <i>I like the services that I receive.</i>	83%	88%	75%	78%	69%	89%	73%	93%	90%	83%	86%
21. <i>Staff are sensitive to my cultural background (race, religion, language, etc.).</i>	82%	74%	75%	80%	94%	87%	77%	92%	86%	87%	77%
26. <i>Staff help me to solve problems when they arise.</i>	82%	87%	86%	80%	81%	81%	77%	96%	85%	79%	79%
27. <i>Staff and services are responsive to my changing needs.</i>	81%	74%	81%	80%	88%	82%	74%	100%	85%	79%	77%
3. <i>I would recommend this agency to a friend or family member.</i>	81%	79%	81%	72%	81%	88%	68%	93%	90%	83%	78%
30. <i>I am better able to control my life.</i>	80%	78%	75%	78%	69%	77%	80%	96%	88%	77%	79%
2. <i>If I had other choices, I would still get services from this agency.</i>	79%	75%	83%	72%	69%	94%	68%	81%	79%	85%	80%
5. <i>Staff are willing to see me as often as I feel it is necessary.</i>	79%	71%	74%	73%	81%	77%	81%	93%	90%	88%	70%
22. <i>Staff help me get the information I need so that I can take charge of managing my illness.</i>	79%	75%	78%	73%	69%	85%	77%	93%	86%	85%	69%
7. <i>Staff return my calls within 24 hours.</i>	78%	79%	79%	69%	69%	89%	73%	93%	78%	85%	72%
12. <i>My questions about treatment and/or medication are answered to my satisfaction.</i>	78%	83%	81%	75%	63%	85%	68%	93%	88%	78%	66%
13. <i>I feel free to complain.</i>	77%	58%	74%	75%	69%	82%	77%	85%	83%	81%	78%
4. <i>The location of the services is convenient (parking, public transportation, distance, etc.).</i>	77%	87%	89%	69%	81%	64%	87%	85%	86%	74%	75%
9. <i>I am able to get the services I need.</i>	77%	78%	75%	69%	75%	81%	62%	96%	83%	81%	77%
Total	76%	70%	77%	73%	72%	75%	75%	86%	83%	81%	73%

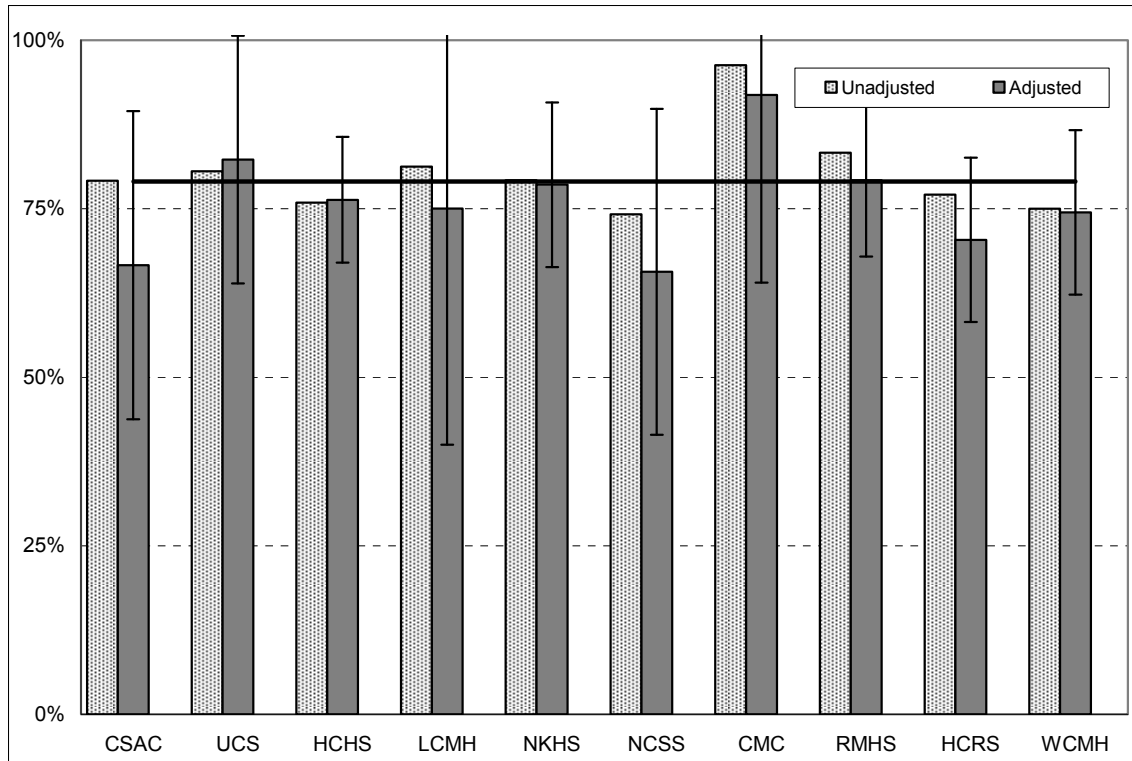
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Table 3 (continued)

Positive Responses to Individual Questions by Program

	<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>
11. <i>Staff believe that I can grow, change and recover.</i>	76%	70%	78%	74%	69%	75%	74%	78%	88%	77%	72%
20. <i>I, not staff, decide my treatment goals.</i>	76%	67%	71%	81%	69%	77%	72%	81%	76%	87%	64%
38. <i>I am better able to take care of my needs.</i>	75%	70%	82%	71%	63%	74%	77%	81%	85%	76%	74%
29. <i>I deal more effectively with daily problems.</i>	75%	63%	78%	74%	75%	70%	74%	93%	83%	77%	72%
16. <i>I am encouraged to use consumer run programs (support groups, drop-in centers, crisis lines etc).</i>	75%	74%	81%	73%	69%	60%	83%	85%	78%	88%	68%
44. <i>In a crisis, I would have the support I need from family or friends.</i>	74%	74%	69%	73%	47%	75%	86%	73%	78%	84%	73%
31. <i>I am better able to deal with a crisis.</i>	74%	63%	74%	71%	88%	67%	77%	89%	83%	81%	66%
42. <i>I have people with whom I can do enjoyable things.</i>	74%	68%	68%	75%	67%	67%	87%	80%	80%	69%	76%
41. <i>I am happy with the friendships I have.</i>	74%	55%	78%	70%	67%	69%	87%	77%	76%	70%	84%
6. <i>I am satisfied with my progress in terms of growth, change and recovery.</i>	74%	71%	78%	70%	63%	70%	71%	74%	80%	79%	76%
37. <i>I do things that are more meaningful to me.</i>	72%	70%	77%	69%	63%	60%	80%	81%	85%	79%	66%
10. <i>I am able to see a psychiatrist when I want to.</i>	72%	65%	83%	65%	69%	65%	73%	81%	76%	89%	62%
40. <i>I am better able to do things that I want to do.</i>	70%	68%	72%	68%	69%	67%	74%	80%	73%	67%	66%
32. <i>I am getting along better with my family.</i>	69%	58%	76%	70%	47%	73%	73%	69%	83%	72%	58%
35. <i>My housing situation has improved.</i>	69%	50%	74%	63%	58%	66%	67%	78%	77%	74%	75%
18. <i>Staff tell me what medication side effects to watch for.</i>	68%	46%	78%	67%	75%	64%	55%	81%	83%	73%	62%
33. <i>I do better in social situations.</i>	67%	52%	69%	68%	56%	62%	72%	71%	70%	73%	69%
39. <i>I am better able to handle things when they go wrong.</i>	66%	59%	64%	65%	63%	62%	68%	64%	83%	66%	60%
43. <i>I feel I belong in my community.</i>	64%	43%	72%	59%	67%	52%	73%	77%	68%	64%	72%
36. <i>My symptoms are not bothering me as much.</i>	64%	48%	71%	61%	50%	63%	74%	67%	80%	61%	58%
34. <i>I do better at work and/or school.</i>	60%	50%	61%	61%	42%	56%	44%	60%	83%	64%	55%
Total	76%	70%	77%	73%	72%	75%	75%	86%	83%	81%	73%

Table 4
Overall Evaluation
By Consumers Served by CRT programs in Vermont

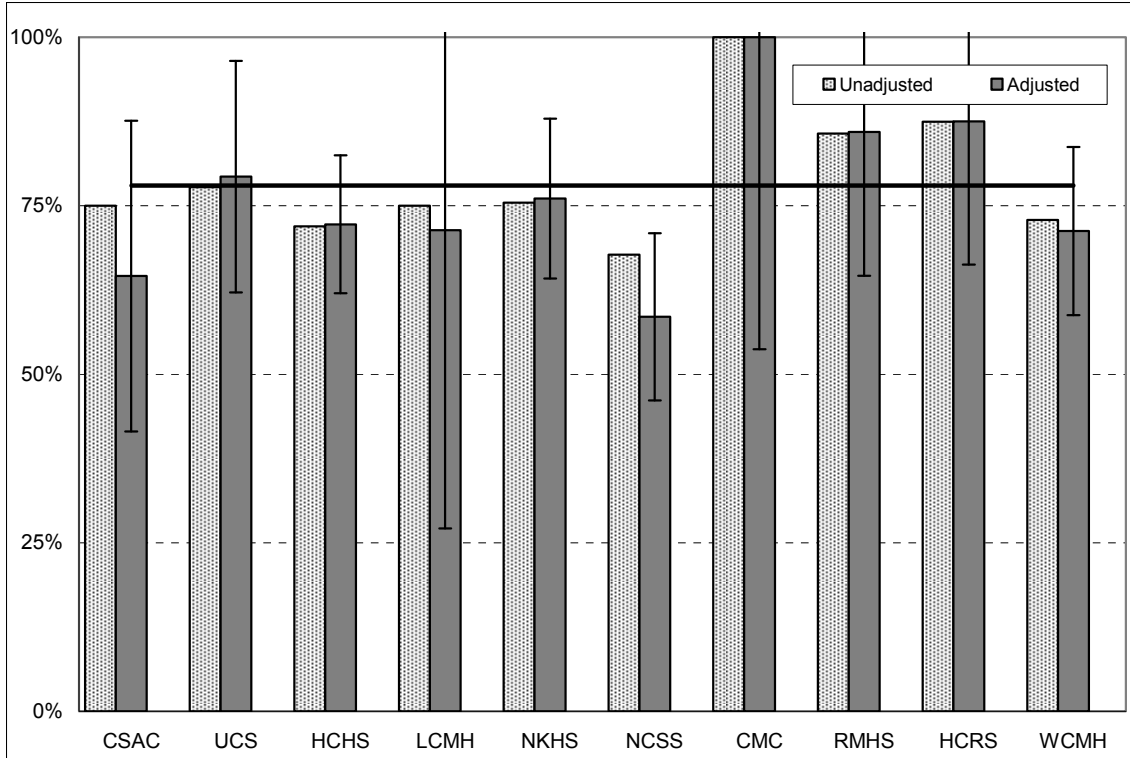


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	24	19	79%	67%	(44%-89%)	
Bennington - UCS	36	29	81%	82%	(64%-100%)	
Chittenden - HCHS	83	63	76%	76%	(67%-86%)	
Lamoille - LCMH	16	13	81%	75%	(40%-100%)	
Northeast - NKHS	53	42	79%	79%	(66%-91%)	
Northwest- NCSS	31	23	74%	66%	(41%-90%)	
Orange - CMC	27	26	96%	92%	(64%-100%)	
Rutland - RMHS	42	35	83%	79%	(68%-91%)	
Southeast- HCRS	48	37	77%	70%	(58%-83%)	
Washington - WCMH	60	45	75%	74%	(62%-87%)	
Statewide	420	332	79%			

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

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

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

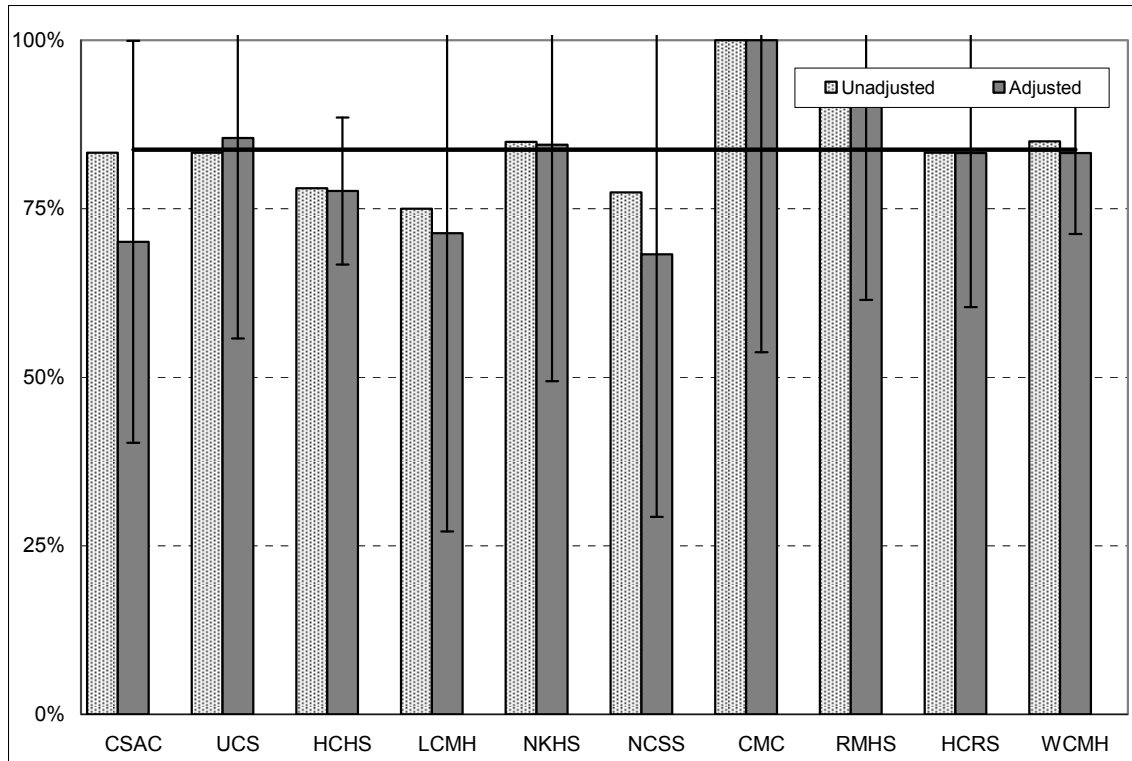


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	24	18	75%	65%	(41%-88%)	
Bennington - UCS	36	28	78%	79%	(62%-97%)	
Chittenden - HCHS	82	59	72%	72%	(62%-82%)	
Lamoille - LCMH	16	12	75%	71%	(27%-100%)	
Northeast - NKHS	53	40	75%	76%	(64%-88%)	
Northwest- NCSS	31	21	68%	59%	(46%-71%)	*
Orange - CMC	27	27	100%	100%	(54%-100%)	
Rutland - RMHS	42	36	86%	86%	(65%-100%)	
Southeast- HCRS	48	42	88%	88%	(66%-100%)	
Washington - WCMH	59	43	73%	71%	(59%-84%)	
Statewide	418	326	78%			

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

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

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

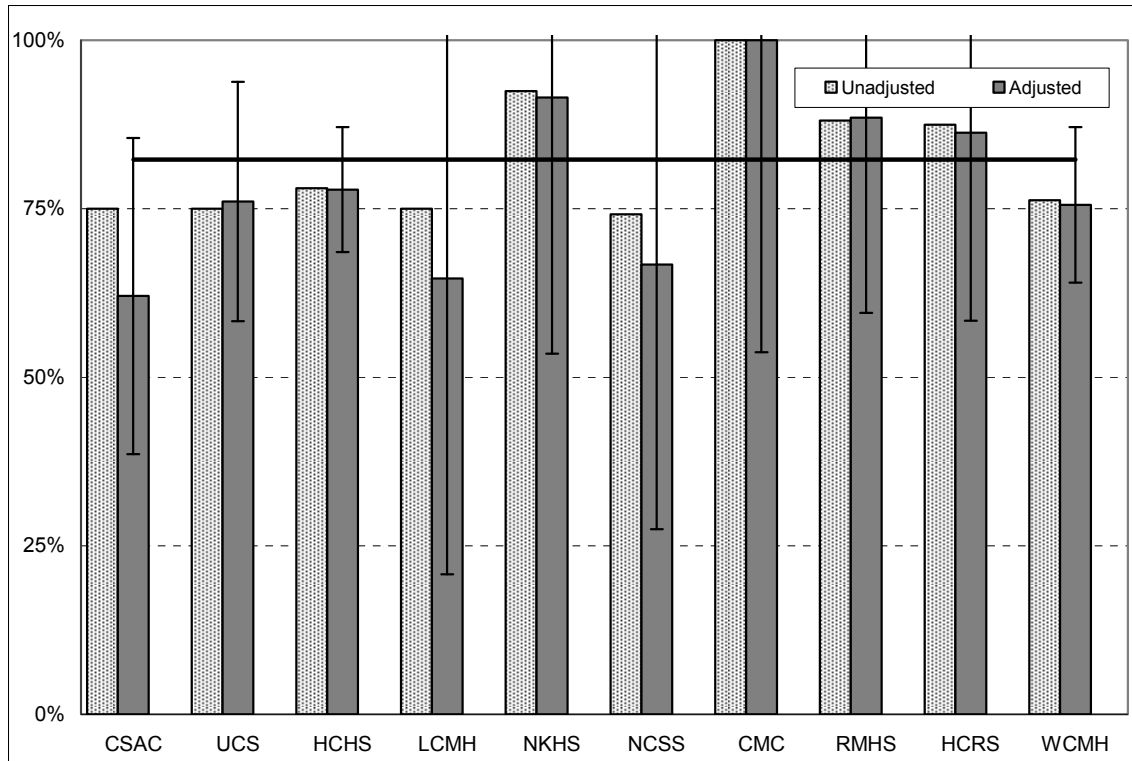


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	24	20	83%	70%	(40%-100%)	
Bennington - UCS	36	30	83%	86%	(56%-100%)	
Chittenden - HCHS	82	64	78%	78%	(67%-89%)	
Lamoille - LCMH	16	12	75%	71%	(27%-100%)	
Northeast - NKHS	53	45	85%	85%	(49%-100%)	
Northwest- NCSS	31	24	77%	68%	(29%-100%)	
Orange - CMC	27	27	100%	100%	(54%-100%)	
Rutland - RMHS	42	38	90%	90%	(62%-100%)	
Southeast- HCRS	48	40	83%	83%	(60%-100%)	
Washington - WCMH	60	51	85%	83%	(71%-95%)	
Statewide	419	351	84%			

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

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

Table 7
Evaluation of Respect
By Consumers Served by CRT programs in Vermont

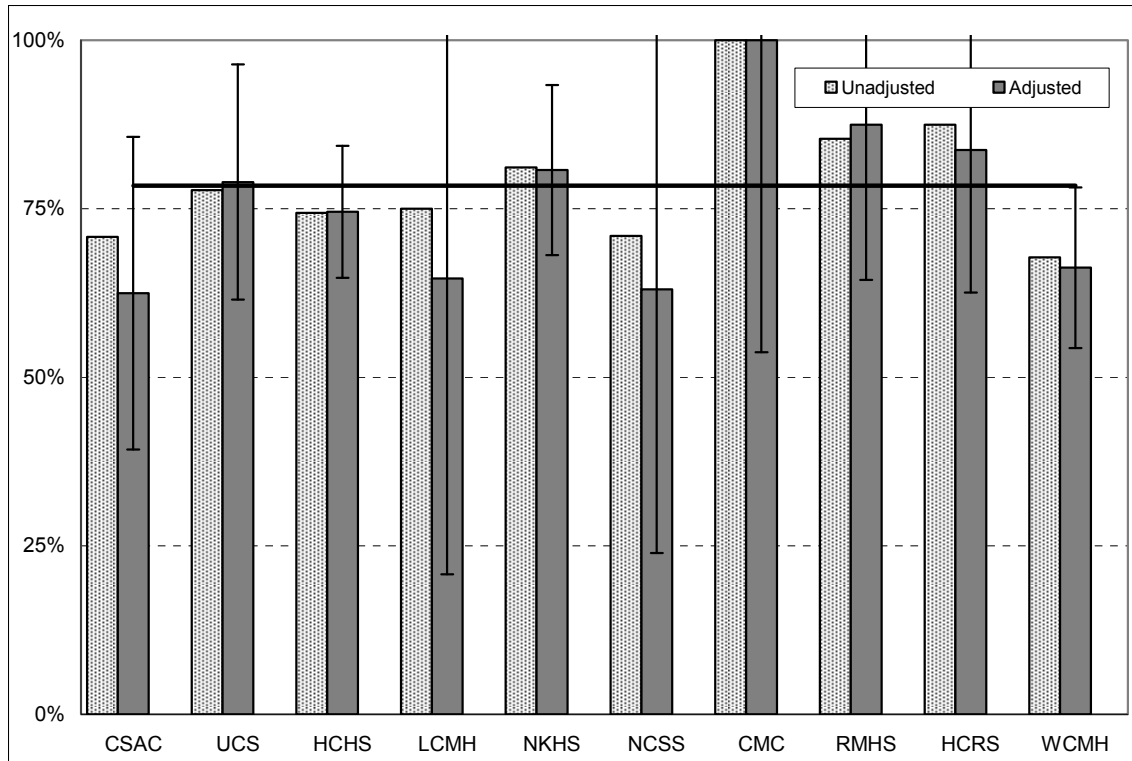


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	24	18	75%	62%	(39%-85%)	
Bennington - UCS	36	27	75%	76%	(58%-94%)	
Chittenden - HCHS	82	64	78%	78%	(69%-87%)	
Lamoille - LCMH	16	12	75%	65%	(21%-100%)	
Northeast - NKHS	53	49	92%	92%	(54%-100%)	
Northwest- NCSS	31	23	74%	67%	(27%-100%)	
Orange - CMC	27	27	100%	100%	(54%-100%)	
Rutland - RMHS	42	37	88%	89%	(60%-100%)	
Southeast- HCRS	48	42	88%	86%	(58%-100%)	
Washington - WCMH	59	45	76%	76%	(64%-87%)	
Statewide	418	344	82%			

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

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

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

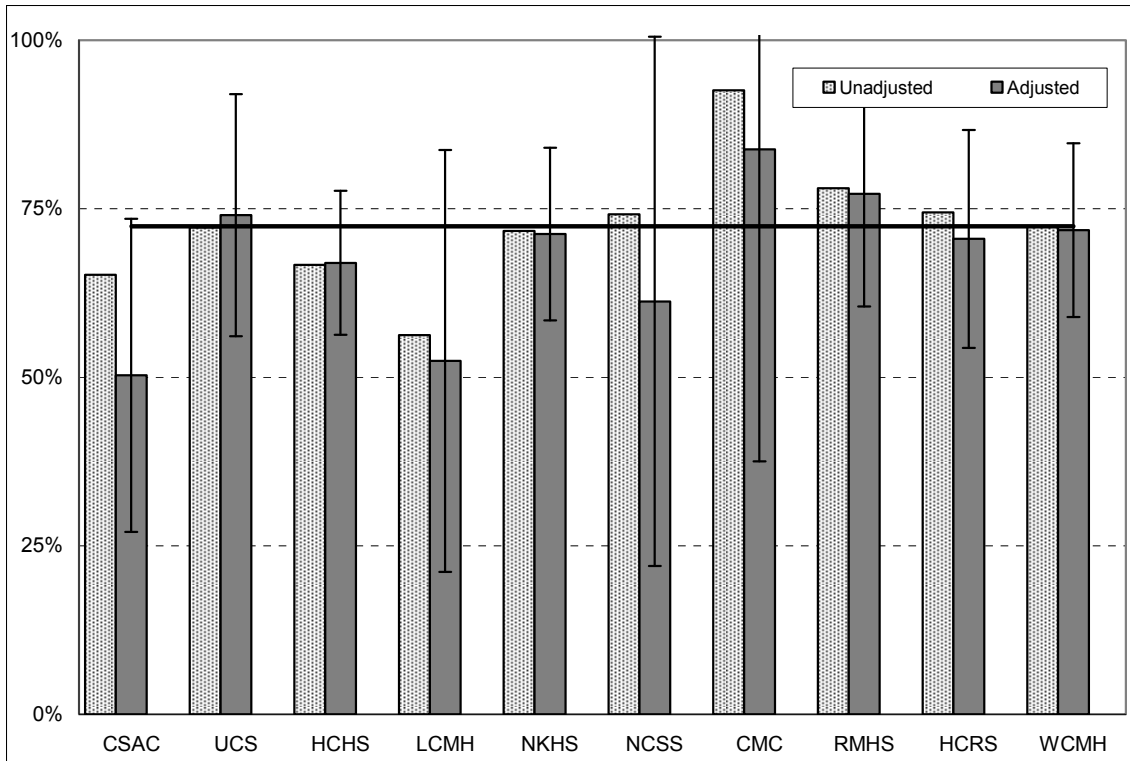


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	24	17	71%	62%	(39%-86%)	
Bennington - UCS	36	28	78%	79%	(62%-96%)	
Chittenden - HCHS	82	61	74%	75%	(65%-84%)	
Lamoille - LCMH	16	12	75%	65%	(21%-100%)	
Northeast - NKHS	53	43	81%	81%	(68%-93%)	
Northwest- NCSS	31	22	71%	63%	(24%-100%)	
Orange - CMC	27	27	100%	100%	(54%-100%)	
Rutland - RMHS	41	35	85%	87%	(64%-100%)	
Southeast- HCRS	48	42	88%	84%	(63%-100%)	
Washington - WCMH	59	40	68%	66%	(54%-78%)	*
Statewide	417	327	78%			

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

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

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



Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents ¹	Confidence Interval	Significance
Addison - CSAC	23	15	65%	50%	(27%-74%)	
Bennington - UCS	36	26	72%	74%	(56%-92%)	
Chittenden - HCHS	81	54	67%	67%	(56%-78%)	
Lamoille - LCMH	16	9	56%	52%	(21%-84%)	
Northeast - NKHS	53	38	72%	71%	(58%-84%)	
Northwest- NCSS	31	23	74%	61%	(22%-100%)	
Orange - CMC	27	25	93%	84%	(38%-100%)	
Rutland - RMHS	41	32	78%	77%	(60%-94%)	
Southeast- HCRS	47	35	74%	71%	(54%-87%)	
Washington - WCMH	58	42	72%	72%	(59%-85%)	
Statewide	413	299	72%			

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

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

APPENDIX VI

Community Rehabilitation and Treatment Programs in Vermont

This report provides assessments of the ten regional Community Rehabilitation and Treatment programs that are designated by the Vermont Department of Mental Health (DMH). CRT programs serve clients who are severely disabled because of mental illness. Frequently these programs are providing community services as an alternative to institutionalization. In addition to regular outpatient services, CRT programs provide day treatment services, case management services, vocational services and a variety of residential services to clients who have a chronic mental illness. Throughout this report, these CRT programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison (CSAC)	Counseling Service of Addison County in Middlebury.
Bennington (UCS)	United Counseling Services in Bennington.
Chittenden (HC)	Howard Center in Burlington.
Lamoille (LCMH)	Lamoille County Mental Health Services in Morrisville.
Northeast (NKHS)	Northeast Kingdom Human Services in Newport and St. Johnsbury.
Northwest (NCSS)	Northwest 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.