

**Vermont Department of Mental Health**

**Evaluation Of**

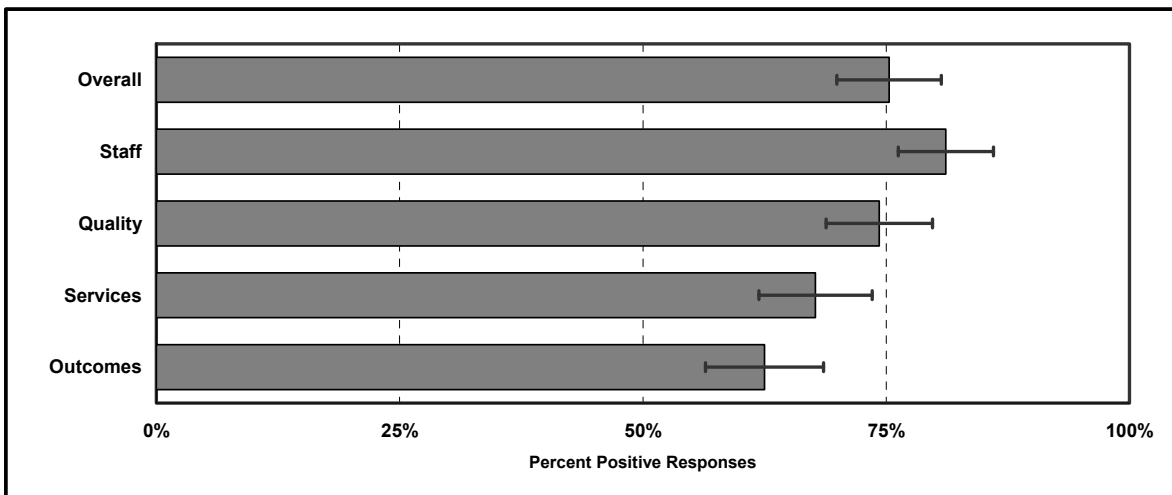
**Child and Adolescent Mental Health Programs**

**By Young People Served in Vermont**

**July - December 2006**

**TECHNICAL REPORT**

**Positive Evaluation of Child and Adolescent Mental Health Programs  
by Youth Served in Vermont July-December 2006**



**December 2007**

**Vermont Department of Mental Health**

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**Child and Adolescent Mental Health Programs**

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The authors of this report thank all those who contributed to this project. This work could not have been completed without the help of the staff of the Child, Adolescent and Family Unit of the Department of Mental Health, especially Alice Maynard, Quality Management Chief, and Rebecca McGurl, Administrative Assistant. The authors would also like to thank the young consumers who took the time to evaluate and comment on the child and adolescent mental health programs provided by the community mental health centers in Vermont.

## FOREWORD

The 2007 survey of young people served by child and adolescent public mental health programs in Vermont is one part of a larger effort by the Department of Mental Health's Child, Adolescent and Family Unit to monitor community mental health program performance from the perspective of service recipients and other stakeholders. This survey is the third evaluation by adolescent consumers of youth and family services provided by community mental health centers in Vermont, following similar consumer surveys in 1999 and 2003.

These youth evaluations are used in conjunction with the assessments of other stakeholders and with measures of program performance based on existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations allow consumers and stakeholders an ongoing opportunity to compare the performance of community-based mental health programs in Vermont, and to support local programs in their quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder 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. These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing databases. Many of these indicators are published in the annual Department of Mental Health (DMH) Statistical Reports and weekly Performance Indicator Project (PIP) data reports, which are available 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 which is best understood on the basis of a variety of indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's community child and adolescent mental health programs, namely the subjective evaluations of young people who were served by those programs.

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# EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By Young People Served in Vermont July - December 2006

## PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the spring of 2007, the Child, Adolescent and Family Unit of the Vermont Department of Mental Health invited young people to evaluate child and adolescent mental health programs in Vermont's ten regional community mental health centers (CMHCs). All young people aged 14 - 18 who received three or more Medicaid-reimbursed services from these centers during the period July through December of 2006 were sent questionnaires that asked for their opinion of various aspects of these services. In total, 251 (14%) of the potential pool of 1,832 deliverable surveys were returned, completed and included in the analyses (see Appendix V).

The youth survey consists of thirty-one fixed-alternative questions and four open-ended questions designed to provide information that would help stakeholders to compare the performance of child and adolescent mental health programs in Vermont. The survey instrument included most questions on the MHSIP Consumer Survey developed by a multi-state work group with further questions added as a result of input from Vermont stakeholders (see Appendix II).

### Methodology

In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, young consumers' responses to thirty-one fixed-alternative questions were combined into five scales. These scales focus on *Overall* consumer evaluation of program performance, and evaluation of program performance with regard to *Staff*, *Quality*, *Services*, and *Outcomes*. In order to provide an unbiased comparison across programs, survey results were analyzed to assess the effect of dissimilarities among the client populations served by different community programs. (For details of scale construction and adjustment, see Appendix IV.) Reports of significance are at the 95% confidence level ( $p < .05$ ). Additional comments about program performance were offered by 80% of respondents. These written comments of survey respondents were reviewed by DMH staff but were not coded for analysis in this report.

### Overall Results

The young people served by child and adolescent mental health programs in Vermont rated their programs favorably. Statewide, on the *Overall* measure of program performance, 75% of the youth evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than others. Fixed-alternative questions related to *Staff* received the most favorable responses (81% favorable), followed by *Quality* (74% favorable) and *Services* (68% favorable). Questions related to *Outcomes* (63% favorable) received the lowest ratings.

### Overview of Differences among Programs

In order to compare young consumers' evaluations of child and adolescent mental health programs on a regional basis, ratings of individual programs on each of five composite scales were compared to the statewide mean for each scale. The analysis of the survey responses by

region indicates that there were some significant differences in young consumers' evaluations of the ten child and adolescent community mental health programs (see Figure 1).

**Figure 1. Positive Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont July - December 2006**



The child and adolescent mental health program in Addison scored higher than the statewide mean on four of the five scales: *Overall*, *Staff*, *Quality* and *Service*. The child and adolescent mental health program in Bennington scored lower than the statewide mean on the same four scales: *Overall*, *Staff*, *Quality* and *Service*. The program in the Washington region scored higher than the statewide mean on the *Overall* scale. Young consumers' evaluations of the other seven programs were not statistically different from the statewide mean rating on any scale.

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

## STATEWIDE RESULTS

The majority of young people served by child and adolescent mental health programs at CMHCs in Vermont rated their programs favorably. (Table 3, Appendix V provides an item-by-item summary of responses to the fixed-alternative questions.)

The most favorably rated questions all related to staff:

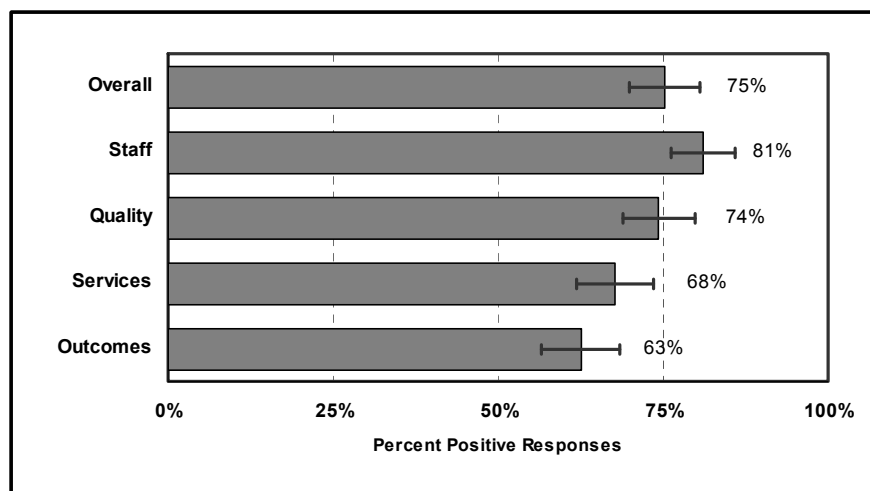
- "Staff treated me with respect" (89%);
- "Staff spoke with me in a way that I understood (86% positive);
- "Staff respected my wishes about who received information about me" (84%);
- "Staff listened to what I have to say" (83%);
- "Staff respected my family's religious/spiritual beliefs" (83%); and
- "I liked the staff who worked with me" (81%).

Other favorably rated aspects of care included staff sensitivity to cultural/ethnic background (80%) and the convenience of the location of services (79%). Seventy-six percent of the young consumers agreed or strongly agreed that, "The services I received from <agency> were helpful to me."

The young respondents gave less favorable ratings for questions related to outcomes as a result of mental health services. They were least likely to agree that, "I am better able to cope when things go wrong" (57%), and only one third (33%) of respondents indicated that since starting to receive services, the number of days they had been in school had increased.

There were significant differences in young consumers' ratings of child and adolescent mental health programs on the five scales derived from responses to the Vermont survey (Figure 2). Seventy-five percent of young consumers rated programs favorably *Overall*. The *Staff* scale (81% favorable) received significantly more favorable responses than the *Quality* and *Services* scales (74% and 68% favorable). All of these scales received higher scores than the *Outcomes* scale (63% favorable).

**Figure 2. Statewide Positive Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont July - December 2006**



## DIFFERENCES AMONG PROGRAMS

Young consumers' evaluations of child and adolescent mental health programs at Vermont's regional CMHCs on the five scales that were built from survey responses were generally favorable. To provide a comprehensive overall evaluation of program performance, the mean of the regional scores for each of the scales was calculated. The youth ratings of each regional program were then compared to the statewide mean for each of the scales (pages 27, and 28-33). These comparisons show some variation between providers.

The child and adolescent mental health program for the Counseling Service of Addison County (Addison) was rated higher than the statewide mean score on four of the five scales: *Overall*, *Staff*, *Quality* and *Services*. The United Counseling Services (Bennington) was rated lower than the statewide mean on these same four scales (*Overall*, *Staff*, *Quality* and *Services*). Young consumers at Washington County Mental Health Services (Washington) rated their child and adolescent mental health program higher than the statewide mean on the *Overall* scale.

The remaining seven child and adolescent mental health programs were not rated differently from the statewide mean score on any of the five scales. These were HowardCenter (Chittenden), Lamoille County Mental Health Services (Lamoille), Northeast Kingdom Human Services (Northeast), Northwest Counseling and Support Services (Northwest), Clara Martin Center (Orange), and Rutland Mental Health Services (Rutland).

### Positive Overall Evaluation

The measure of overall satisfaction with each of the community child and adolescent mental health programs that was used in this study is based on young consumers' responses to 31 fixed-alternative questions. The response alternatives were on a 5-point scale: 1 *Strongly Agree*, 2 *Agree*, 3 *Undecided*, 4 *Disagree*, or 5 *Strongly Disagree*. For the purposes of scale construction, a rating of 1 or 2 for a survey question was coded as a positive response. The composite measure of overall satisfaction for each respondent was based on the number of questions with positive responses. (For details of scale construction, see Appendix IV.)

Statewide, three quarters (75%) of the young consumers gave their child and adolescent mental health programs a positive overall evaluation. Two of the ten regional CMHCs (Addison and Washington) were rated significantly higher than the statewide mean score of 75% on this scale, and one (Bennington) was rated significantly lower than the statewide mean score (see pages 27 and 29).

### Positive Evaluation of Staff

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

19. I liked the staff people who worked with me at <agency>.
20. The staff knew how to help me.
21. The staff asked me what I wanted/needed.
22. The staff listened to what I had to say.
23. Staff respected my wishes about who received information about me.
24. Staff treated me with respect.
25. Staff spoke with me in a way that I understood.

26. Staff respected my family's religious/spiritual beliefs.
27. Staff were sensitive to my cultural/ethnic background.
28. People helping me stuck with me no matter what.

The composite measure of staff performance was based on the number of questions with positive responses (i.e., a rating of 1 or 2). Statewide, young consumers generally rated their child and adolescent mental health programs more favorably on the *Staff* scale than on the other scales; 81% gave their child and adolescent mental health programs a positive staff evaluation. One of the ten regional CMHCs (Addison) was rated significantly higher than the statewide mean score of 75% on this scale, and one (Bennington) was rated significantly lower than the statewide mean score (see pages 27 and 30).

### **Positive Evaluation of Quality**

The young consumers' rating of the quality of the programs was derived from responses to four fixed-alternative questions:

1. The services I received from <agency> were helpful to me.
29. The services I received from <agency> this year were of good quality.
30. If I needed mental health services in the future, I would use this mental health center again.
31. I would recommend this mental health center to a friend who needed help.

The composite measure of program quality was based on the number of questions with positive responses, (i.e., a rating of 1 or 2). Statewide, three quarters (74%) of the young consumers rated their child and adolescent mental health programs favorably on the *Quality* scale. One of the ten regional CMHCs (Addison) was rated significantly higher than the statewide mean score of 75% on this scale, and one (Bennington) was rated significantly lower than the statewide mean score (see pages 27 and 31).

### **Positive Evaluation of Services**

The young consumers' rating of the services they had received was derived from responses to ten fixed-alternative questions:

9. I am satisfied with the services I received.
10. I helped to choose my treatment goals.
11. I helped to choose my services.
12. I participated in my own treatment.
13. I got the help I wanted.
14. I got as much help as I needed.
15. I received services that were right for me.
16. I felt I had someone to talk to when I was troubled.
17. The location of my mental health services was convenient.
18. Services were available at a time convenient for me.

The composite measure of child and adolescent program services was based on the number of questions with positive responses, (i.e., a rating of 1 or 2). Statewide, 68% of the young consumers rated their child and adolescent mental health programs favorably on the *Services* scale. One of the ten regional CMHCs (Addison) was rated significantly higher than the

statewide mean score of 75% on this scale, and one (Bennington) was rated significantly lower than the statewide mean score (see pages 27 and 32).

### **Positive Evaluation of Outcomes**

Young consumers' perception of the outcomes of the services of the child and adolescent mental health programs was derived from responses to seven fixed-alternative questions:

As a result of the services I received:

2. I am better at handling daily life.
3. I get along better with my family.
4. I get along better with friends and other people.
5. I am doing better in school and/or at work.
6. I am better able to cope when things go wrong.
7. I am satisfied with my family life right now.
8. Since starting to receive services, the number of days I have been in school is ...

The composite measure of outcomes was based on the number of questions with positive responses, (i.e., a rating of 1 or 2). Statewide, 63% of the young consumers rated their child and adolescent mental health programs favorably on the *Outcomes* scale. None of the ten child and adolescent mental health programs were rated significantly different from the statewide mean of 63% on this scale (see pages 27 and 33).

### **Narrative Comments Based on Open-Ended Questions**

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

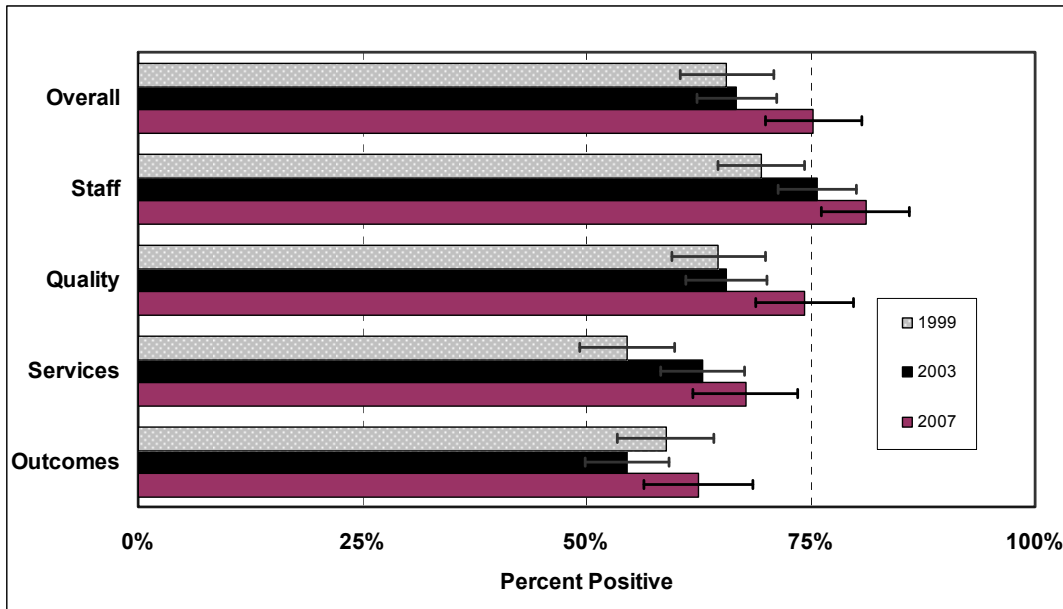
32. What was most helpful about the services you received?
33. What was least helpful about the services you received?
34. What could your mental health center do to improve?
35. Other comments:

In total, 200 of the survey respondents (80%) supplemented their responses to the fixed-alternative questions with written comments. Appropriate 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 that involved potential ethical or legal problems, a formal complaint procedure was initiated. If follow-up was deemed appropriate, staff contacted the consumer by telephone to volunteer the services of the Department with regard to the issue. Respondents' written comments were not coded for analysis in this report.

## COMPARATIVE EVALUATIONS BETWEEN STAKEHOLDERS

This report briefly summarizes the results of the current survey compared to results of youth aged 14-18 surveyed in 1999 and 2003. Figure 3 below details statewide scores for the youth surveys of 1999, 2003 and 2007. In reviewing these findings, some general themes emerge.

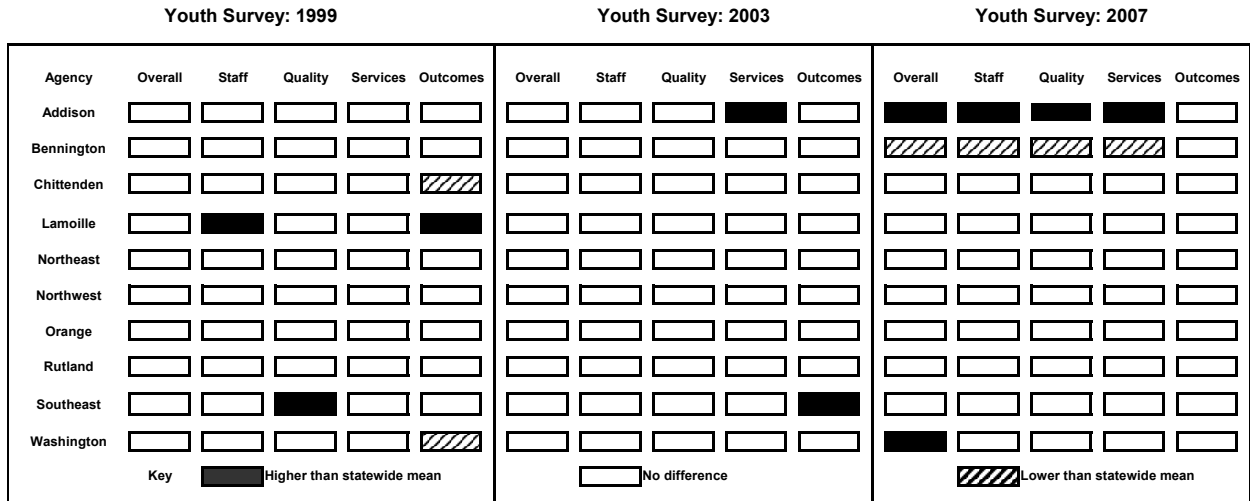
**Figure 3. Comparative Positive Evaluations by Youth of Child and Adolescent Mental Health Programs**



There has been incremental improvement in ratings of child and adolescent services by youth from 1999 to 2007 (see Figure 1). The ratings for *Overall* program performance increased from 66% in 1999 to 75% in 2007, and the ratings for *Quality* increased from 65% to 74% during this time period. Ratings for *Staff* increased from 70% to 81%, and the ratings for *Services* increased from 55% to 68%. There has been little change in ratings for *Outcomes* during the period covered by these surveys. In each year, *Outcomes* received the lowest ratings given by young consumers.

Regionally, there are few differences in evaluations of the child and adolescent community mental health programs during the time period covered by these surveys (see Figure 2). Most scale scores received by the CMHCs are not significantly different from the statewide average. In 2007, however, one CMHC was rated significantly below the statewide average on four of five scales and one CMHC was rated significantly above the statewide average on four of five scales.

**Figure 4. Comparative Positive Evaluations by Youth of Child and Adolescent Mental Health Programs by Region**



These surveys aim to paint a cumulatively clearer picture of how the adolescent consumer community views child and adolescent community mental health programs statewide and by region. As the cycle of surveys progresses, further comparisons may be made between evaluations of the same stakeholder groups over time, and between the different stakeholder groups. Along with the administrative quantitative data reported by the CMHCs on the clients served and the services they receive, information from these surveys will continue to guide program planners at the state level and enable them to identify regional strengths and weaknesses in their efforts to provide high quality service statewide. At the regional level, the findings also serve to inform local centers in their efforts to offer a seamless, effective, and efficient system of care.

**APPENDIX I**  
**LETTERS**

**Letter to Child and Adolescent Mental Health Program Directors**

**First Cover Letter**

**Follow-up Cover Letter**



**Department of Health**

Division of Mental Health  
108 Cherry Street, PO Box 70.  
Burlington, VT 04502-0070

[phone] 802-652-2000  
[fax] 802-652-2005  
[tty] 800-253-0191

*Agency of Human Services*

**www.HealthyVermonters.info**

Memo to: Directors  
Children's Mental Health Services

From: Alice Maynard, Quality Management Chief  
Child, Adolescent and Family Unit

Date: March 7, 2007

Re: **Request for Review**

The Child, Adolescent, and Family Unit is beginning the process for its yearly satisfaction survey. Last year we surveyed parents of children receiving services. The report is posted on the department's website [[www.healthvermont.gov/mh/docs/res-eval/satisfaction-report.aspx](http://www.healthvermont.gov/mh/docs/res-eval/satisfaction-report.aspx)]. This year's survey will focus on all adolescents aged 14-18 who received a minimum of 3 Medicaid funded services between July 1 and December 31, 2006.

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

1. **review** the attached list of consumers who meet this requirement;
2. **note:**
  - a. any youth whom you believe we should not contact for this survey; and
  - b. any change in mailing address;
3. **return** the results by **Friday, March 23**.

We do not need the reason you advise us not to contact any specific youth. However, if there are several, we would like a general listing of reasons.

Our general timeline is:

- March finalize survey and mailing list
- April individualize and print cover letters, surveys, and mailing labels
- April 30 first mailing
- May 14 follow-up mailing
- May – June data entry
- July – August analyze data and draft report
- September finalize report; print, distribute, and post report on the website
- October discuss report with CAFU, State Program Standing Committee, Act 264 Advisory Board, and SIT; assemble, print, and mail out Executive Summary for those who requested it

Thank you for your help in this process. Our two consumer satisfaction surveys provide us important data for our quality improvement efforts and help us to meet federal reporting requirements for the mental health block grant.

Enc.



State of Vermont  
Department of Mental Health  
108 Cherry Street, PO Box 70  
Burlington, VT 05402-0070  
[healthvermont.gov/mh](http://healthvermont.gov/mh)

[phone] 802-652-2000  
[Legal] 802-657-4310  
[fax] 802-652-2005  
[tty] 800-253-0191

Agency of Human Services

April 30, 2007

«RFName» «RLName»  
«Raddress1»  
«Raddress2»  
«Rcity», «Rstate» «zip»

Dear: «RFName» «RLName»

You have been selected to help us evaluate the mental health services you received from «Clinic\_name». Your services may have been provided to you individually or in a group, and you may have received them in the mental health center, at your school, in your home, or out in the community.

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

Answering the survey's questions is your choice. Your answers will not affect your ability to receive services. No one at «Clinic\_name» will know that you are participating in the survey.

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

If you would like to receive a summary of the results of this survey, please check the box at the end of the questionnaire. If you have any questions, please feel free to call Alice Maynard at 802-652-2035.

Thank you.

Sincerely,

Charles Biss, Director  
Child, Adolescent, and Family Mental Health



---

**State of Vermont**  
**Department of Mental Health**  
108 Cherry Street, PO Box 70  
Burlington, VT 05402-0070  
[healthvermont.gov/mh](http://healthvermont.gov/mh)

[phone] 802-652-2000  
[Legal] 802-657-4310  
[fax] 802-652-2005  
[tty] 800-253-0191

*Agency of Human Services*

May 17, 2007

Dear

I am writing to encourage you to complete and return the survey about community mental health services you received three weeks ago. Your answers to the survey's questions are important to us.

In case you did not receive the original survey or misplaced it, I have enclosed another copy with a pre-addressed and postage paid envelope in which to mail it.

Thank you for your help.

Sincerely,

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

Charles Biss, Director  
Child, Adolescent, and Family Mental Health

Enc.

**APPENDIX II**  
**VERMONT MENTAL HEALTH CONSUMER SURVEY**

## Vermont Mental Health Consumer Survey

Please circle the number for each item that best describes your evaluation of the services you received **within the past year** from [agency].

Strongly  
Agree   Agree   Undecided   Disagree   Strongly  
Disagree

### Results

1. The services I received from [agency] were helpful to me ..... 1   2   3   4   5

### As a result of the services I received:

2. I am better at handling daily life..... 1   2   3   4   5
3. I get along better with my family..... 1   2   3   4   5
4. I get along better with friends and other people..... 1   2   3   4   5
5. I am doing better in school and/or at work..... 1   2   3   4   5
6. I am better able to cope when things go wrong..... 1   2   3   4   5
7. I am satisfied with my family life right now. .... 1   2   3   4   5

8. Since starting to receive services, the number of days I have been in school is [check one]:  
       \_\_\_\_\_ greater        \_\_\_\_\_ about the same        \_\_\_\_\_ less        \_\_\_\_\_ do not attend school

### Services

9. Overall, I am satisfied with the services I received. 1   2   3   4   5
10. I helped to choose my treatment goals..... 1   2   3   4   5
11. I helped to choose my services..... 1   2   3   4   5
12. I participated in my own treatment..... 1   2   3   4   5
13. I got the help I wanted..... 1   2   3   4   5
14. I got as much help as I needed..... 1   2   3   4   5
15. I received services that were right for me..... 1   2   3   4   5
16. I felt I had someone to talk to when I was troubled... 1   2   3   4   5
17. The location of my mental health services was convenient ..... 1   2   3   4   5
18. Services were available at times convenient for me. 1   2   3   4   5

### Staff

19. I liked the staff people who worked with me at [agency] ..... 1   2   3   4   5
20. The staff knew how to help me..... 1   2   3   4   5

- Over -

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
21. The staff asked me what I wanted/needed.....	1	2	3	4	5
22. The staff listened to what I had to say.....	1	2	3	4	5
23. Staff respected my wishes about who received information about me.....	1	2	3	4	5
24. Staff treated me with respect.....	1	2	3	4	5
25. Staff spoke with me in a way that I understood.....	1	2	3	4	5
26. Staff respected by family's religious/spiritual beliefs.	1	2	3	4	5
27. Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5
28. People helping me stuck with me no matter what.....	1	2	3	4	5

**Overall Satisfaction**

29. The services I received from [agency] this year were of good quality.....	1	2	3	4	5
30. If I needed mental health services in the future, I would use this mental health center again.....	1	2	3	4	5
31. I would recommend this mental health center to a friend who needed help.....	1	2	3	4	5

**Comments**

32. What was most helpful about the services you received?

33. What was least helpful about the services you received?

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

35. Other comments?

Please send me a summary of the findings of the survey.       Yes       No

**Thank you!**

**APPENDIX III**  
**DATA COLLECTION**

**Project Philosophy**  
**Data Collection Procedures**  
**Consumer Concerns**

## **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 child and adolescent mental health programs in Vermont. These stakeholders, who are the intended audience for this report, include young consumers, parents, caregivers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local Agency 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 young people who receive mental health services a collective 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, all qualified individuals, not just a sample of qualified individuals, were 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 all young people who had received three or more Medicaid-funded mental health services during a given six month period (July through December 2006) with the opportunity to evaluate their programs with a voice that would be heard at the state level.

Second, questionnaires were not anonymous although all responses are treated as personal/confidential information. An obvious code on each questionnaire allowed the research team to link survey responses with other data about the respondents (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 any 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 whenever strong complaints were received or potentially serious problems were indicated. In such cases respondents were asked if they wanted Department staff to follow up on their concerns.

Third, sophisticated statistical procedures were used to assess whether any apparent differences among programs were due to differences in caseload characteristics. These procedures are described in more detail in Appendix IV.

## **Data Collection Procedures**

Questionnaires (see Appendix II) were mailed to 1,832 young people aged 14 to 18 who received three or more Medicaid-reimbursed services from child and adolescent mental health programs in Vermont during the period July to December 2006. The first mailing of questionnaires by the Department of Mental Health's Child, Adolescent and Family Unit central office staff took place at the end of April, 2007. Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its purpose, and assured the potential respondent that his or her personal privacy would be protected (see Appendix I). The stated purpose of the questionnaire number was to allow the research team to identify non-respondents for follow-up, and to allow for the linkage of questionnaire responses to the DMH databases.

Before any questionnaires were mailed, a letter with a list of children served who had received three or more Medicaid-funded mental health services in the six month period July to December 2006 was sent to every child and adolescent mental health program director. This letter described the project and asked the program directors to identify any young people receiving services that it would be inappropriate to contact (see Appendix I).

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

Questionnaires were received from 14% of all potential respondents. Response rates for individual child and adolescent mental health programs varied from 9% to 18%. (See Appendix V for program-by-program response rates.)

### **Consumer Concerns**

Written comments accompanied 80% of all returned questionnaires. Appropriate 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 that involved potential ethical or legal problems, a formal complaint procedure was initiated. If follow-up was deemed appropriate, staff contacted the consumer by telephone to volunteer the services of the Department with regard to the issue.

**APPENDIX IV**  
**ANALYTICAL PROCEDURES**

**Scale Construction and Characteristics**

**Narrative Comments**

**Data Analysis**

## Scale Construction

The 2007 Vermont survey of young people who had been served by child and adolescent mental health programs included thirty-one fixed-alternative questions and four open-ended questions. The original survey used in 1999 included 22 fixed-alternative questions. Subsequently, this survey was revised in 2003 to be compliant with the survey developed for national use and to incorporate lessons learned from administration from the first survey; the 2003 survey included thirty fixed-alternative questions. For the current survey, one question was added to the survey used in 2003. Responses to the fixed-alternative questions were entered directly into a computer database for analysis. On the fixed-alternative questions, responses that indicated that young consumers “Strongly Agree” (1) or “Agree” (2) with the question were grouped to indicate a positive evaluation of program performance. Responses to the open ended questions were not coded for analysis.

For purposes of analysis, five scales were derived from the young consumers' responses to the fixed-alternative questions. These scales include a measure of young consumers' *Overall* evaluation of their child's treatment program, and subscales that measure their evaluation of the *Staff* who provided services, the *Services* received, and the *Quality* of the services received. In addition, a final scale measured the young consumers' perception of treatment *Outcomes*, the impact of the services on their life. The same domains were measured in the 1999 and 2003 surveys. Individuals who had responded to more than half of the questions included in any scale were included in the computation for that scale.

*Overall* consumer evaluation of child and adolescent mental health program performance, the first composite measure, uses all of the 31 fixed-alternative questions. After each person's response to each questionnaire item was coded as “positive” or “not positive,” the number of questions with positive responses for each person was divided by the total number of questions to which the person had responded. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .973.

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

19. I liked the staff people who worked with me at <agency>.
20. The staff knew how to help me.
21. The staff asked me what I wanted/needed.
22. The staff listened to what I had to say.
23. Staff respected my wishes about who received information about me.
24. Staff treated me with respect.
25. Staff spoke with me in a way that I understand.
26. Staff respected my family's religious/spiritual beliefs.
27. Staff were sensitive to my cultural/ethnic background.
28. People helping me stuck with me no matter what.

For a rating to be included, at least six of these questions had to have been answered. The scores for the questions that were answered were summed and divided by the number of questions answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .957.

*Quality*, the third composite measure was derived from consumer responses to four of the fixed-alternative questions. The questions that contributed to this scale include:

1. The services I received from <agency> were helpful to me.
29. The services I received from <agency> this year were of good quality.
30. If I needed mental health services in the future, I would use this mental health center again.
31. I would recommend this mental health center to a friend who needed help.

For a rating to be included, at least three of these questions had to have been answered. The scores for the questions that were answered were summed and divided by the number of questions answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .922.

*Services*, the fourth measure, was derived from consumer responses to ten of the fixed-alternative questions. The questions that contributed to this scale include:

9. Overall, I am satisfied with the services I received.
10. I helped to choose my treatment goals.
11. I helped to choose my services.
12. I participated in my own treatment.
13. I got the help I wanted.
14. I got as much help as I needed.
15. I received services that were right for me.
16. I felt I had someone to talk to when I was troubled.
17. The location of my mental health services was convenient.
18. Services were available at a time convenient for me.

For a rating to be included, at least six of these questions had to have been answered. The scores for the questions that were answered were summed and divided by the number of questions answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .945.

Young consumers' perception of treatment *Outcomes*, the final measure, was based on responses to seven of the fixed-alternative questions. The questions that contributed to this scale include:

As a result of the services I received:

2. I am better at handling daily life.
3. I get along better with my family.
4. I get along better with friends and other people.
5. I am doing better in school and/or at work.
6. I am better able to cope when things go wrong.
7. I am satisfied with my family life right now.
8. Since starting to receive services, the number of days I have been in school is [greater].

The *Outcomes* scale was constructed for all individuals who had responded to at least four of these questions. The scores for the questions that were answered were summed and divided by the number of questions answered. The results were rounded to an integer scale with 1 and 2 coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach’s Alpha) is .857.

### Narrative Comments

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

- 32. What was most helpful about the services you received?
- 33. What was least helpful about the services you received?
- 34. What could your mental health center do to improve?
- 35. Other comments?

Two hundred young consumers (80% of all respondents) supplemented their responses to fixed-alternative questions with written responses to these open-ended questions. These written comments of survey respondents were reviewed by appropriate staff, but were not coded for analysis as part of this report.

### Data Analysis

In order to compare the performance of Vermont’s child and adolescent mental health programs, each of the five measures of consumer satisfaction described above was statistically analyzed to determine whether differences exist in the case-mix of the ten programs. A statistical “case-mix adjustment” helps to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

This process involves three steps. First, characteristics that are statistically related to variation in evaluations of child and adolescent mental health programs are identified. A variety of youth characteristics are tested. These include gender, age, a range of yes/no variables for individual DSM diagnoses, and the amount of service received. Second, statistically significant differences in the caseloads of the community programs are identified and compared to the variables that are related to variation in consumer ratings of program performance. Finally, variables that are statistically related to both response rates and satisfaction with services are used to adjust the raw measures of satisfaction for each community program. The relationship of each of the five scales to client characteristics and the variation of each across programs is described in the following table:

**Table 1. Risk Adjustment: Statistical Significance of Relationships**

Potential Risk Adjustment Factors	Case Mix	Scales				
		Overall	Staff	Quality	Services	Outcomes
Gender	0.17	<b>0.02</b>	0.18	0.40	0.33	0.17
Age Group	0.26	<b>0.06</b>	<b>0.03</b>	0.18	0.54	<b>0.00</b>
Service volume	<b>0.02</b>	0.13	0.48	0.17	0.65	0.49
Adjustment disorder	<b>0.06</b>	0.73	0.16	0.26	0.70	0.54
Anxiety disorder	<b>0.04</b>	0.32	0.30	0.17	0.20	0.22

Three potential risk adjustment factors were found to vary among the child and adolescent mental health program caseloads at a statistically significant level ( $p < .10$ ). These factors include service volume (roughly a third of the respondents each received less than 26 services, 26-74 services, or 75 or more services), and a primary diagnosis of adjustment disorder or anxiety disorder.

*Overall* scale scores were significantly related to the gender of the respondent, with males giving significantly higher evaluations than females gave ( $p < .10$ ). *Overall*, *Staff* and *Outcomes* scale scores were significantly related to the age group of the survey respondents, where youth aged 16-18 gave significantly higher evaluations than those aged 14-15 ( $p < .10$ ).

Because none of the five scales were statistically related to both a case-mix difference and a risk factor (service volume, a primary diagnosis of adjustment disorder, or a primary diagnosis of anxiety disorder), it was determined that the scales did not need statistical adjustment before scores for different programs were compared.

**APPENDIX V**  
**TABLES AND FIGURES**

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

**Table 2**

**Youth Survey 2007: Response Rates by Program**

**Evaluation of Child and Adolescent Mental Health Programs  
By Young People Served in Vermont July - December 2006**

	Number			Response Rate
	Mailed	No Response	Returned/Useable	Analyzed <sup>1</sup>
Statewide	1832	1581	251	14%
Region/Provider <sup>2</sup>				
Addison - CSAC	196	168	28	14%
Bennington - UCS	134	119	15	11%
Chittenden - HC	364	316	48	13%
Lamoille - LCMH	70	59	11	16%
Northeast - NKHS	184	167	17	9%
Northwest - NCSS	185	160	25	14%
Orange - CMC	120	99	21	18%
Rutland - RMHS	171	148	23	13%
Southeast - HCRS	217	182	35	16%
Washington - WCMH	191	163	28	15%
Age				
14-15	867	747	120	14%
16-18	965	834	131	14%
Gender				
Male	996	867	129	14%
Female	836	714	122	14%

<sup>1</sup> All returned questionnaires were completed and used for analysis.

<sup>2</sup> Appendix VI gives the full name and location of each of the ten designated CMHCs.

**Table 3**  
**Youth Survey 2007:**  
**Positive Responses to Individual Questions by Program**

	State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
<b>24. Staff treated me with respect</b>	89%	100%	67%	87%	91%	88%	88%	90%	96%	83%	92%
<b>25. Staff spoke with me in a way that I understood</b>	86%	96%	71%	83%	82%	88%	84%	81%	96%	80%	93%
<b>23. Staff respected my wishes about who received information about me</b>	84%	89%	87%	85%	80%	82%	80%	85%	83%	77%	93%
<b>22. The staff listened to what I had to say</b>	83%	89%	60%	83%	70%	82%	84%	81%	91%	83%	89%
<b>26. Staff respected my family's religious/spiritual beliefs</b>	83%	85%	80%	87%	91%	82%	72%	80%	83%	77%	92%
<b>19. I liked the staff people who worked with me at [agency]</b>	81%	93%	60%	83%	82%	82%	88%	81%	70%	74%	86%
<b>27. Staff were sensitive to my cultural/ethnic background</b>	80%	79%	60%	86%	100%	82%	76%	85%	78%	74%	85%
<b>17. The location of my mental health services was convenient</b>	79%	82%	80%	79%	82%	53%	80%	86%	87%	76%	85%
<b>21. The staff asked me what I wanted/needed</b>	79%	93%	53%	81%	90%	71%	80%	81%	82%	71%	86%
<b>29. The services I received from [agency] this year were of good quality</b>	78%	89%	47%	81%	100%	71%	72%	81%	73%	71%	93%
<b>28. People helping me stuck with me no matter what</b>	76%	82%	47%	81%	82%	71%	84%	71%	70%	77%	77%
<b>12. I participated in my own treatment</b>	76%	78%	53%	85%	82%	65%	80%	71%	82%	69%	78%
<b>01. The services I received from [agency] were helpful to me</b>	76%	89%	43%	81%	91%	59%	64%	81%	71%	74%	86%
<b>31. I would recommend this mental health center to a friend who needed help</b>	76%	96%	43%	77%	91%	82%	72%	81%	65%	71%	73%
<b>09. Overall, I am satisfied with the services I received</b>	73%	86%	53%	77%	82%	71%	64%	76%	65%	69%	82%
<b>18. Services were available at times convenient for me</b>	73%	96%	53%	68%	82%	69%	68%	76%	70%	71%	74%
<b>30. If I needed mental health services in the future, I would use this mental health center again</b>	72%	89%	40%	70%	91%	71%	64%	80%	70%	71%	71%
<b>10. I helped to choose my treatment goals</b>	69%	74%	40%	71%	73%	59%	68%	71%	82%	63%	82%
<b>04. I get along better with friends and other people</b>	69%	81%	47%	72%	91%	59%	60%	71%	70%	66%	74%
<b>15. I received services that were right for me</b>	68%	79%	40%	71%	82%	59%	56%	76%	73%	63%	79%
<b>20. The staff knew how to help me</b>	68%	86%	40%	71%	82%	65%	52%	67%	70%	65%	75%
<b>16. I felt I had someone to talk to when I was troubled...</b>	68%	79%	33%	69%	91%	47%	60%	76%	78%	66%	71%
<b>02. I am better at handling daily life</b>	65%	86%	40%	70%	73%	71%	40%	76%	74%	54%	59%
<b>03. I get along better with my family</b>	64%	82%	60%	70%	73%	47%	42%	62%	70%	51%	81%
<b>05. I am doing better in school and/or at work</b>	63%	79%	36%	77%	55%	65%	46%	76%	73%	51%	54%
<b>13. I got the help I wanted</b>	63%	71%	23%	69%	73%	35%	56%	76%	68%	51%	79%
<b>07. I am satisfied with my family life right now</b>	62%	71%	60%	59%	73%	44%	54%	76%	48%	57%	78%
<b>14. I got as much help as I needed</b>	61%	61%	21%	73%	73%	53%	52%	67%	61%	57%	68%
<b>11. I helped to choose my services</b>	58%	68%	33%	58%	64%	35%	72%	57%	67%	49%	68%
<b>06. I am better able to cope when things go wrong</b>	57%	75%	33%	63%	55%	53%	44%	62%	57%	49%	67%
<b>08. Since starting to receive services, the number of days I have been in school is ...</b>	33%	33%	46%	43%	20%	23%	22%	30%	43%	31%	26%
<b>Average</b>	71%	82%	50%	74%	79%	64%	65%	75%	73%	66%	77%

**Table 4**

**Youth Survey 2007: Positive Scale Scores by Program**

**Evaluation of Child and Adolescent Mental Health Programs  
By Young People Served in Vermont July - December 2006**

Region		Overall	Staff	Quality	Services	Outcomes
Statewide	Respondents	189	202	185	170	155
	Mean Score	75%	81%	74%	68%	63%
	Addison -CSAC	<b>93%</b>	<b>96%</b>	<b>89%</b>	<b>86%</b>	79%
	Bennington -UCS	<b>40%</b>	<b>47%</b>	<b>40%</b>	<b>33%</b>	47%
	Chittenden -HC	77%	83%	77%	73%	65%
	Lamoille -LCMH	82%	82%	91%	82%	64%
	Northeast -NKHS	65%	76%	71%	53%	59%
	Northwest -NCSS	68%	80%	72%	60%	48%
	Orange -CMC	76%	81%	76%	76%	71%
	Rutland -RMHS	74%	78%	68%	70%	70%
	Southeast -HCRS	71%	80%	71%	57%	54%
	Washington -WCMH	<b>89%</b>	89%	79%	75%	63%

Rates in bold typeface are significantly different from statewide mean rating for that scale.

## **PROVIDER COMPARISONS**

Positive Overall Evaluation

Positive Evaluation of Staff

Positive Evaluation of Quality

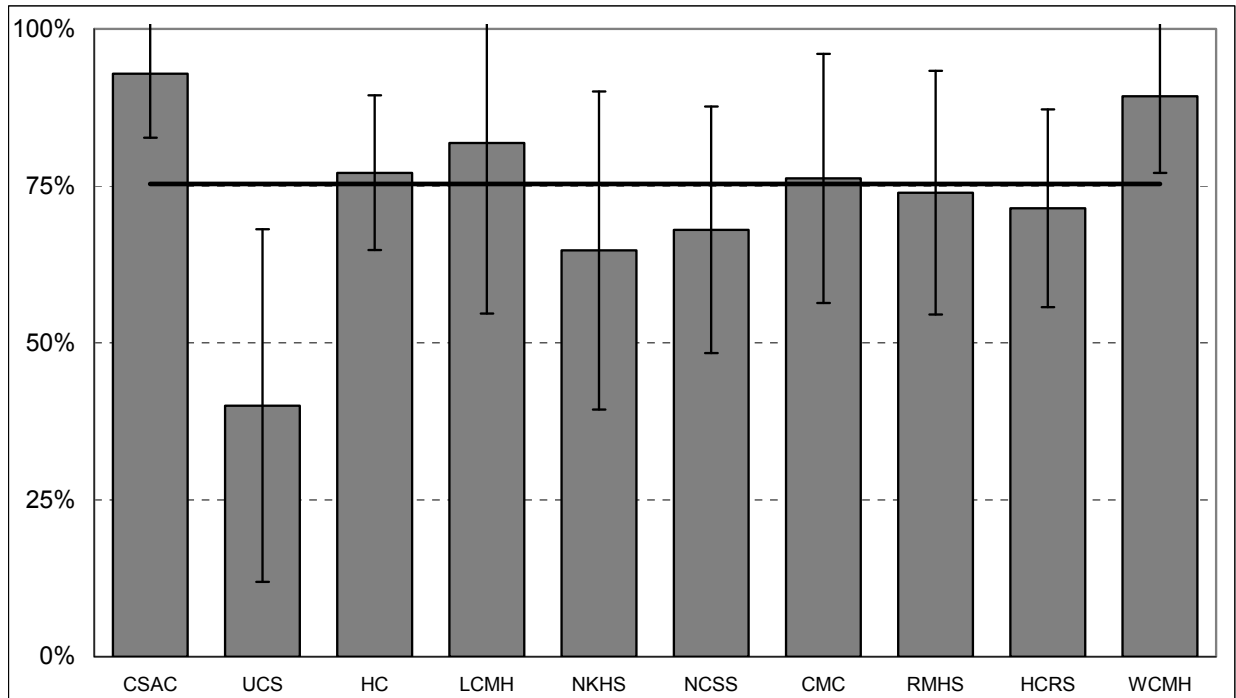
Positive Evaluation of Services

Positive Evaluation of Outcomes

Positive Evaluation of Programs by Young People in 2007

Comparative Evaluation: 1999, 2003 and 2007

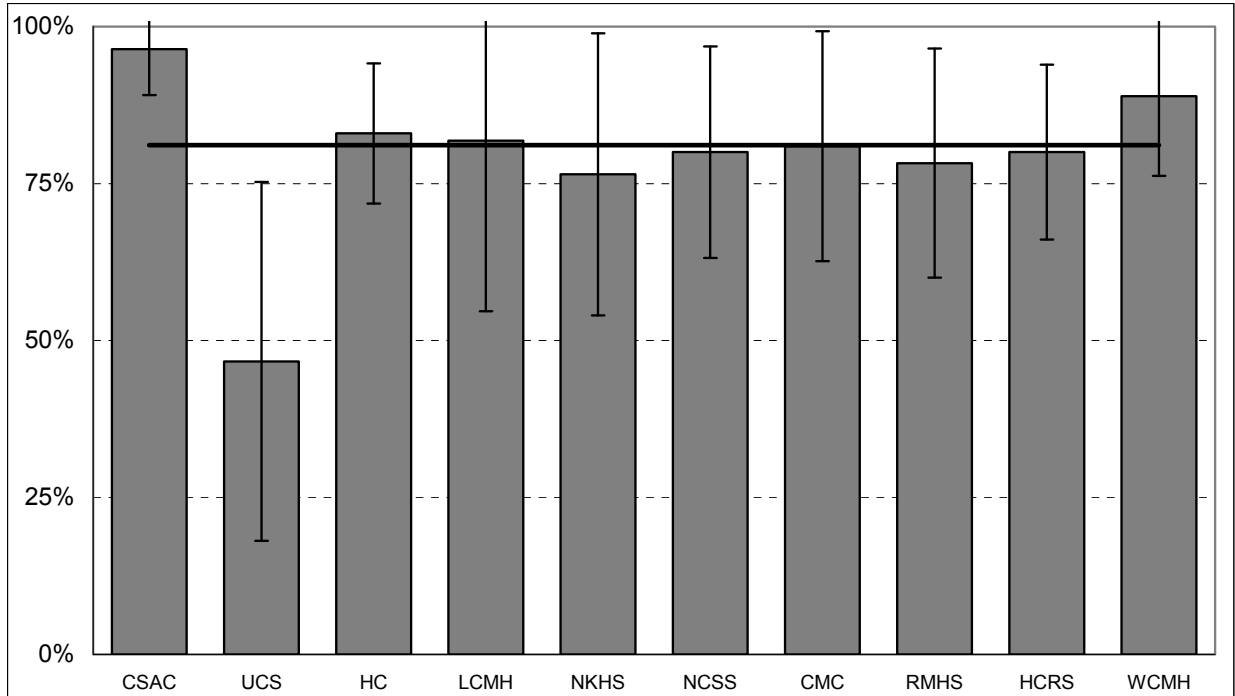
**Figure 5. Youth Survey 2007: Positive Overall Evaluation  
By Young People Served in Vermont July - December 2006**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	28	26	93%	(83% - 100%)	*
Bennington -UCS	15	6	40%	(12% - 68%)	*
Chittenden -HC	48	37	77%	(65% - 89%)	
Lamoille -LCMH	11	9	82%	(55% - 100%)	
Northeast -NKHS	17	11	65%	(39% - 90%)	
Northwest -NCSS	25	17	68%	(48% - 88%)	
Orange -CMC	21	16	76%	(56% - 96%)	
Rutland -RMHS	23	17	74%	(54% - 93%)	
Southeast -HCRS	35	25	71%	(56% - 87%)	
Washington -WCMH	28	25	89%	(77% - 100%)	*
Statewide mean	251	189	75%		

\* Denotes that overall ratings of this agency are significantly different from the statewide mean ( $p < .05$ )

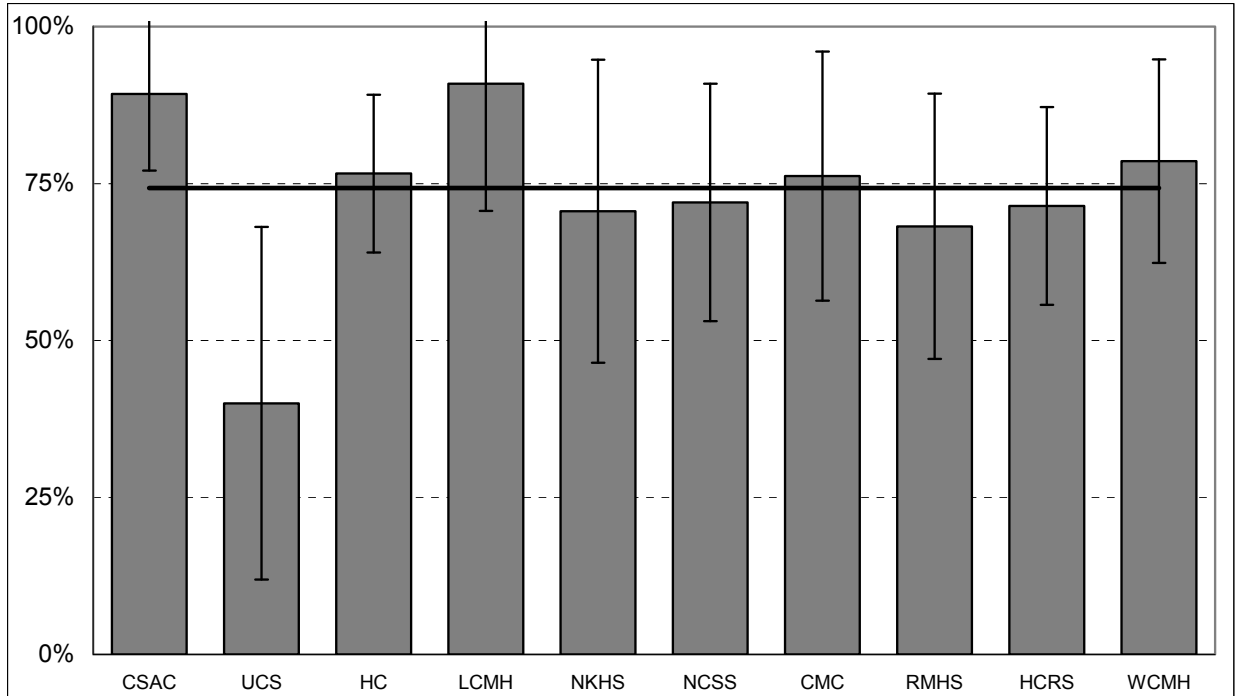
**Figure 6. Youth Survey 2007: Positive Evaluation of Staff  
By Young People Served in Vermont July - December 2006**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	28	27	96%	(89% - 100%)	*
Bennington -UCS	15	7	47%	(18% - 75%)	*
Chittenden -HC	47	39	83%	(72% - 94%)	
Lamoille -LCMH	11	9	82%	(55% - 100%)	
Northeast -NKHS	17	13	76%	(54% - 99%)	
Northwest -NCSS	25	20	80%	(63% - 97%)	
Orange -CMC	21	17	81%	(63% - 99%)	
Rutland -RMHS	23	18	78%	(60% - 96%)	
Southeast -HCRS	35	28	80%	(66% - 94%)	
Washington -WCMH	27	24	89%	(76% - 100%)	
Statewide mean	249	202	81%		

\* Denotes that overall ratings of this agency are significantly different from the statewide mean ( $p < .05$ )

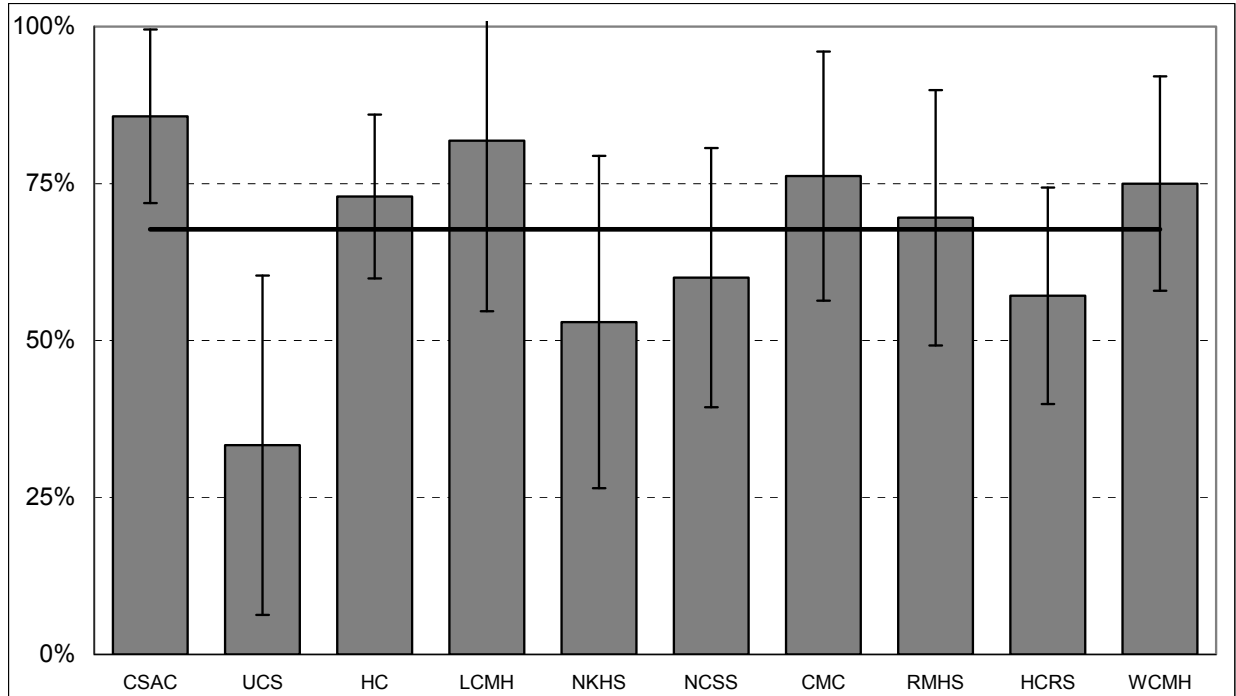
**Figure 7. Youth Survey 2007: Positive Evaluation of Quality  
By Young People Served in Vermont July - December 2006**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	28	25	89%	(77% - 100%)	*
Bennington -UCS	15	6	40%	(12% - 68%)	*
Chittenden -HC	47	36	77%	(64% - 89%)	
Lamoille -LCMH	11	10	91%	(71% - 100%)	
Northeast -NKHS	17	12	71%	(46% - 95%)	
Northwest -NCSS	25	18	72%	(53% - 91%)	
Orange -CMC	21	16	76%	(56% - 96%)	
Rutland -RMHS	22	15	68%	(47% - 89%)	
Southeast -HCRS	35	25	71%	(56% - 87%)	
Washington -WCMH	28	22	79%	(62% - 95%)	
Statewide mean	249	185	74%		

\* Denotes that overall ratings of this agency are significantly different from the statewide mean ( $p < .05$ )

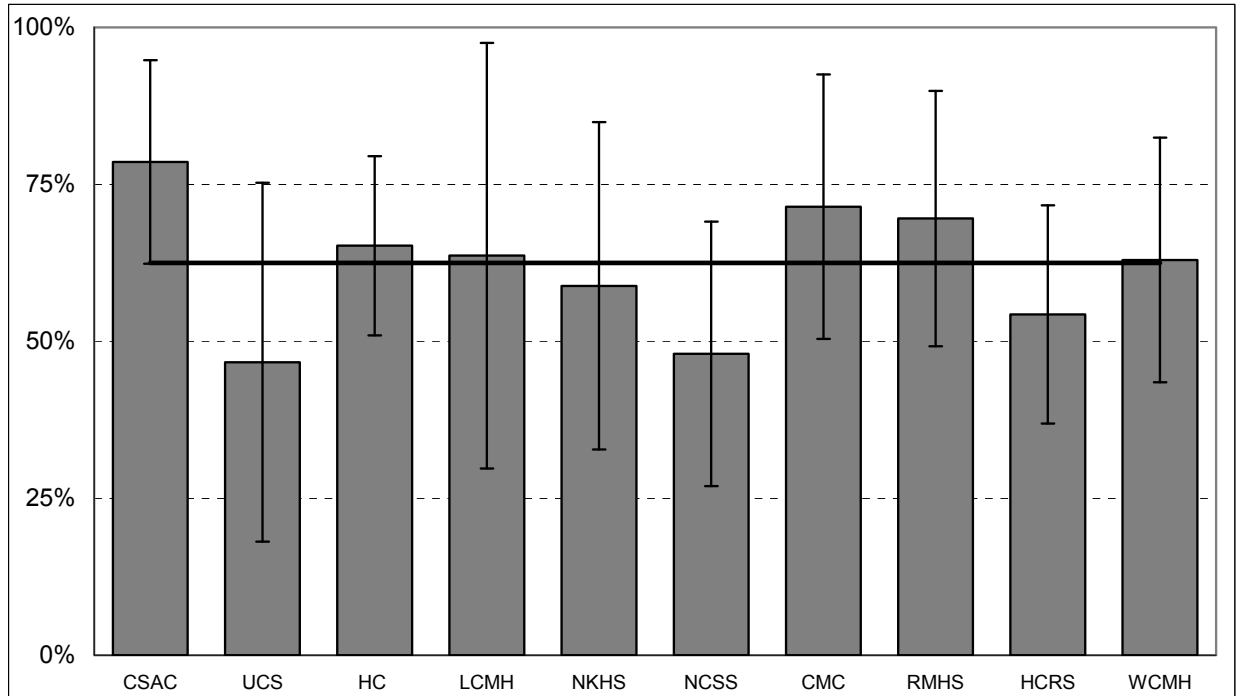
**Figure 8. Youth Survey 2007: Positive Evaluation of Services  
By Young People Served in Vermont July - December 2006**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	28	24	86%	(72% - 100%)	*
Bennington -UCS	15	5	33%	(6% - 60%)	*
Chittenden -HC	48	35	73%	(60% - 86%)	
Lamoille -LCMH	11	9	82%	(55% - 100%)	
Northeast -NKHS	17	9	53%	(26% - 79%)	
Northwest -NCSS	25	15	60%	(39% - 81%)	
Orange -CMC	21	16	76%	(56% - 96%)	
Rutland -RMHS	23	16	70%	(49% - 90%)	
Southeast -HCRS	35	20	57%	(40% - 74%)	
Washington -WCMH	28	21	75%	(58% - 92%)	
Statewide mean	251	170	68%		

\* Denotes that overall ratings of this agency are significantly different from the statewide mean ( $p < .05$ )

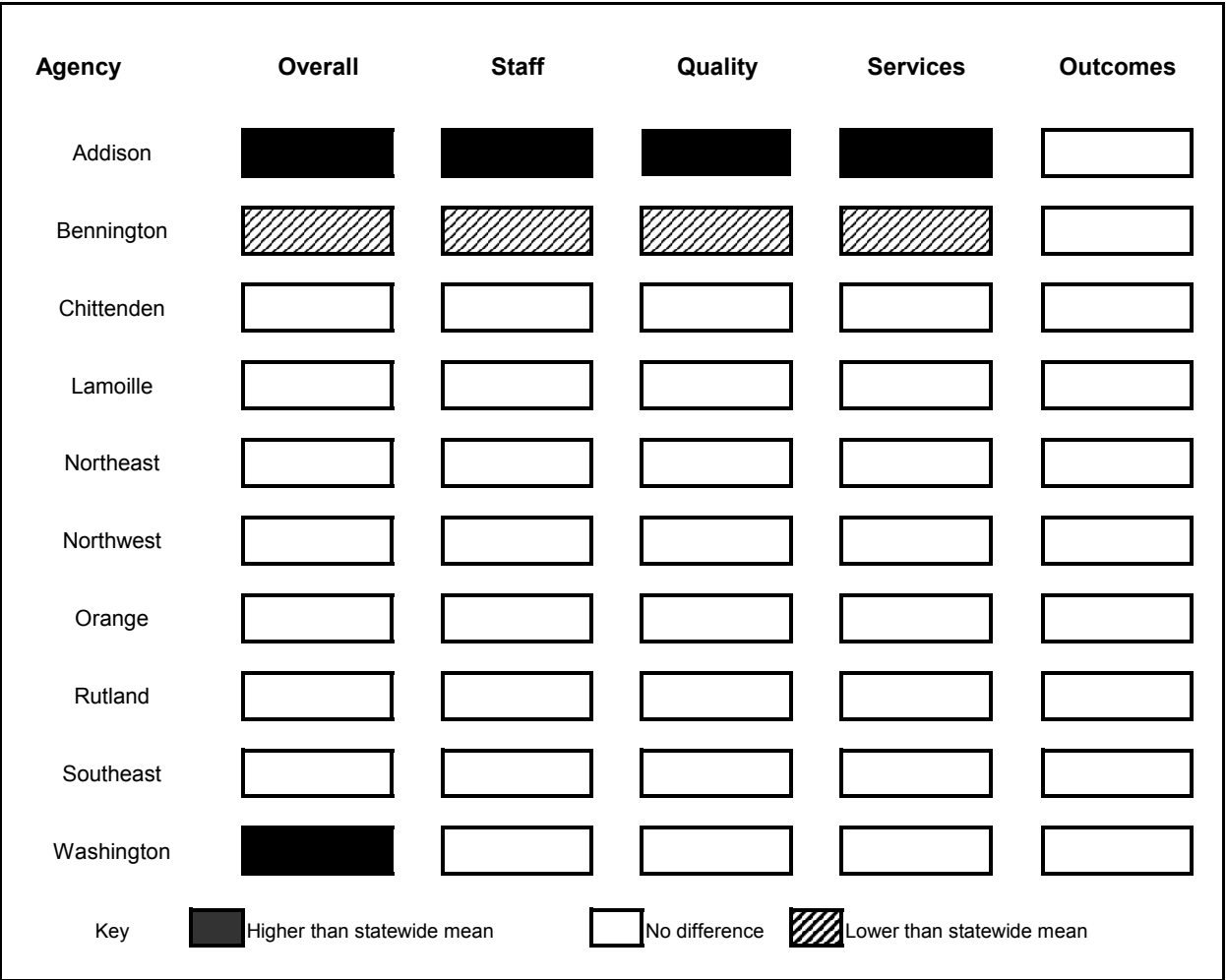
**Figure 9. Youth Survey 2007: Positive Evaluation of Outcomes  
By Young People Served in Vermont July - December 2006**



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	28	22	79%	(62% - 95%)	
Bennington -UCS	15	7	47%	(18% - 75%)	
Chittenden -HC	46	30	65%	(51% - 80%)	
Lamoille -LCMH	11	7	64%	(30% - 98%)	
Northeast -NKHS	17	10	59%	(33% - 85%)	
Northwest -NCSS	25	12	48%	(27% - 69%)	
Orange -CMC	21	15	71%	(50% - 92%)	
Rutland -RMHS	23	16	70%	(49% - 90%)	
Southeast -HCRS	35	19	54%	(37% - 72%)	
Washington -WCMH	27	17	63%	(43% - 82%)	
Statewide mean	248	155	63%		

\* Denotes that overall ratings of this agency are significantly different from the statewide mean ( $p < .05$ )

**Figure 10. Positive Evaluation of Child and Adolescent Mental Health Programs by Young People in 2007**

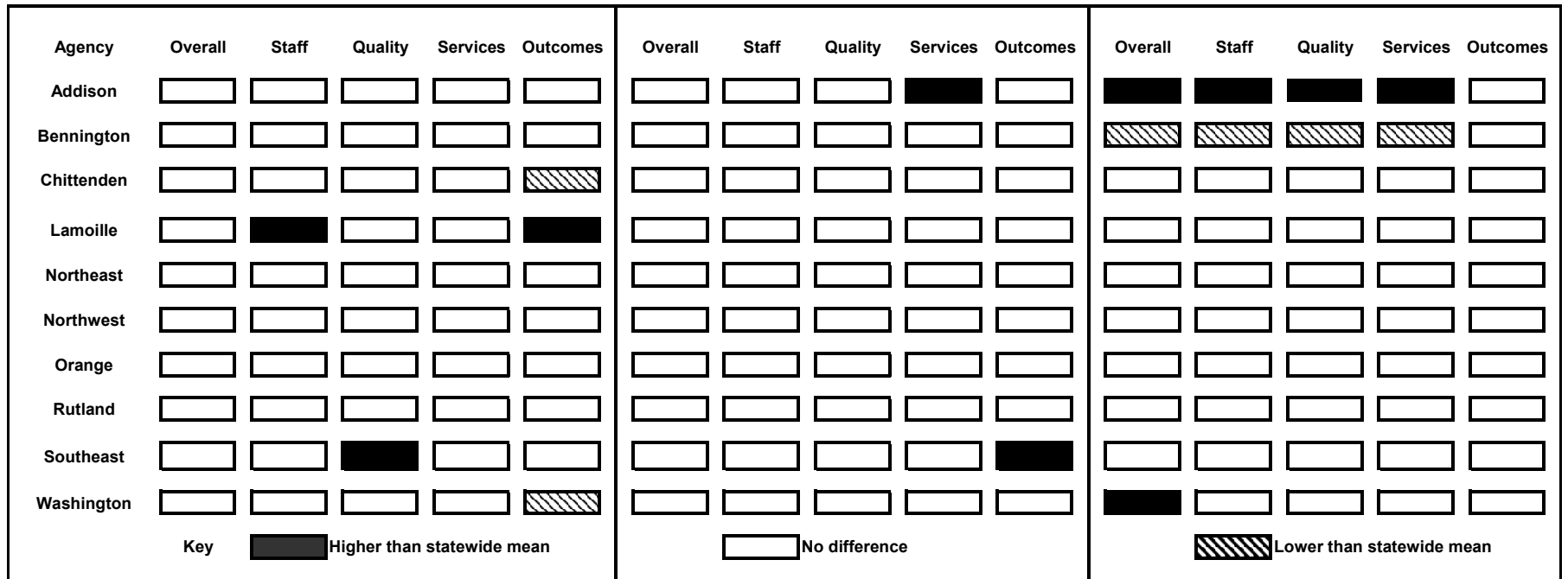


**Figure 11. Comparative Evaluation of Child and Adolescent Mental Health Programs  
Positive Evaluation of Programs by Young People in 1999, 2003 and 2007**

Youth Survey: 1999

Youth Survey: 2003

Youth Survey: 2007



## APPENDIX VI

### Child and Adolescent Mental Health Programs In Vermont

This report provides assessments of the ten regional child and adolescent mental health programs that are designated by the Vermont Department of Mental Health. Child and adolescent mental health programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services: outreach and clinic-based services, crisis intervention, family supports, and prevention, screening and consultation. Some agencies also provide residential services for children and adolescents who have a severe emotional disturbance. All facilitate access to residential and inpatient psychiatric hospitalization if needed.

Throughout this report, these child and adolescent mental health programs have been referred to by the name of the region that they serve. The full name and business office location of the designated agency with which each of these programs is associated are provided below. For additional information, see our website at:

<http://healthvermont.gov/mh/providers/provider-list.aspx>

**Addison**, Counseling Service of Addison County (CSAC), in Middlebury.

**Bennington**, United Counseling Services (UCS) in Bennington.

**Chittenden**, HowardCenter (HC) in Burlington.

**Lamoille**, Lamoille County Mental Health Services (LCMH) in Morrisville.

**Northeast**, Northeast Kingdom Human Services (NKHS) in Newport and St. Johnsbury.

**Northwest**, Northwest Counseling and Support Services (NCSS) in St. Albans.

**Orange**, Clara Martin Center (CMC) in Randolph.

**Rutland**, Rutland Mental Health Services (RMHS) in Rutland.

**Southeast**, Health Care & Rehabilitation Services of Southeastern Vermont (HCRS) in Bellows Falls.

**Washington**, Washington County Mental Health Services (WCMH) in Berlin and Barre.