

The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Addison County Needs Assessment

Prepared by: Tom Delaney & Amy Danielson

11/15/2016

Overview of this Report

The current report presents two different, yet related, summaries relating to adolescent substance abuse and mental health in Addison County, Vermont. Part I presents data about existing treatment resources that are known to ADAP and partner agencies, as well as presenting data about treatment needs based on community surveys of substance abuse and mental health risk factors. Part II of the report presents data from the Adolescent Substance Abuse Treatment Needs Assessment (the “Needs Assessment”), a survey of providers, other professionals and community members conducted in Addison County in the spring of 2016.

Part I: Addison County Treatment Resources and Treatment Needs Data

Medicaid billable treatment options for adolescent substance abuse treatment services in Addison County are available through Counseling Services of Addison County (CSAC). Valley Vista in Bradford, Vermont is the only Medicaid funded adolescent residential substance abuse treatment provider in Vermont.

In addition to the above, there are currently 15 Licensed Alcohol and Drug Abuse Counselors (LADCs) and 7 Alcohol and Drug Counselors (ADCs) in Addison County. Clinicians in private practice (not employed at a community treatment agency) can bill Medicaid for providing substance abuse treatment services, if they have any of the following licenses: LADC, LCMHC, LICSW, LFMT or Psychologist.

Treatment Needs Data: NSDUH (National Survey on Drug Use and Health)

According to national estimates, in Vermont in 2012/2013, approximately 4.5% of adolescents age 12-17 needed but did not receive treatment for illicit drug dependence and approximately 4.5% needed but did not receive treatment for alcohol dependence. (It is important to note that 95% of individuals who identify as needing treatment and who do not get treatment do not think they need treatment.)

Treatment Needs Data: Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. The last survey was completed in 2015. The table below is a summary of substance abuse related measures for Addison County.

Percent of adolescents in grades 9-12 who:	2013 State wide %	2015 Addison County %	2015 State wide %	2015 compared to state
Drank five or more drinks in a row, in the past 30 days	19%	15%	16%	Same
Drank alcohol in the past 30 days	33%	28%	30%	Same
Drank alcohol before the age of 13	14%	12%	12%	Same

The table below is a summary of perception of harm in terms of substance use.

Percent of adolescents in grades 9-12 who:	2013 State wide %	2015 Addison County %	2015 State wide %	2015 compared to state
Who think a party where people their age are drinking will be broken up by police	27%	26%	29%	Worse
Percent of students who think their parents think it is wrong for them to smoke marijuana	82%	81%	80%	Same
Percent of students who think it is wrong for someone their age to smoke marijuana	57%	58%	56%	Same

The following table summarizes feeling of belonging for High School Students in Addison County.

Percent of adolescents in grades 9-12 who agree that:	2013 State Wide %	2015 Addison County %	2015 State wide %	2015 compared to state
In your community you feel like you matter to people	50%	57%	55%	Worse
Teachers really care about them and give them lots of encouragement	59%	62%	63%	Worse

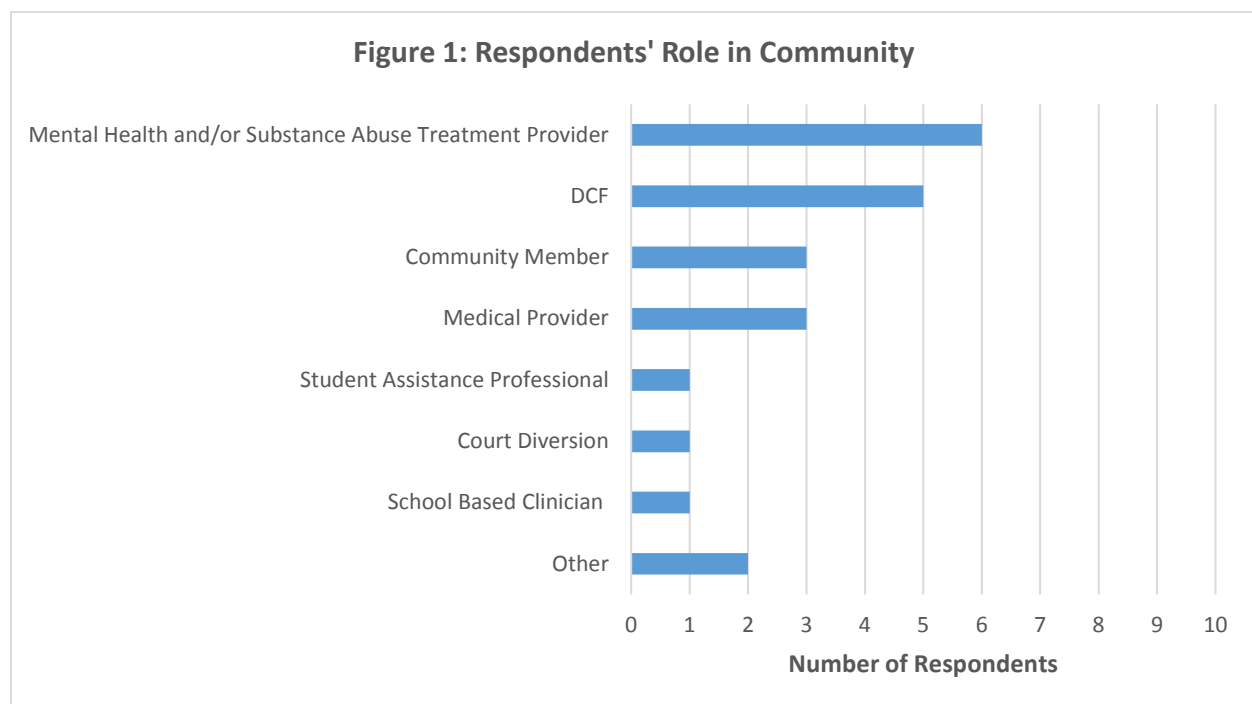
Part II: The Addison County Needs Assessment Survey

As part of a larger effort to improve access to and quality of adolescent substance abuse assessment and treatment services in Vermont, the Vermont Department of Health Division of Alcohol and Drug Abuse Programs (ADAP) and its partners developed a treatment inventory survey. The goal of the survey was to assess the adolescent substance abuse “treatment landscape” in specific geographical regions, e.g. Addison County, and statewide. The survey sought input from a wide array of respondents about specific needs and concerns around availability and quality of adolescent substance abuse assessment and treatment in Addison County. The survey was disseminated via an emailed link to an online survey, hard copy letters, and links to the survey were posted on various websites. The survey was available for much of May and June of 2016. No incentive was provided for completing the survey.

Data Summary

Data were exported after the survey was closed, and responses from individuals who did not live or work in Addison County were excluded. Partially completed surveys were also excluded from the summary. A total of 24 surveys was used to create this summary, all of which were completed as web-based surveys. Because not all respondents completed all items, the number of individuals whose responses are included in the summary for an item may not total 24. A majority (63%) of survey respondents reported that they have worked or lived in Addison County for six or more years.

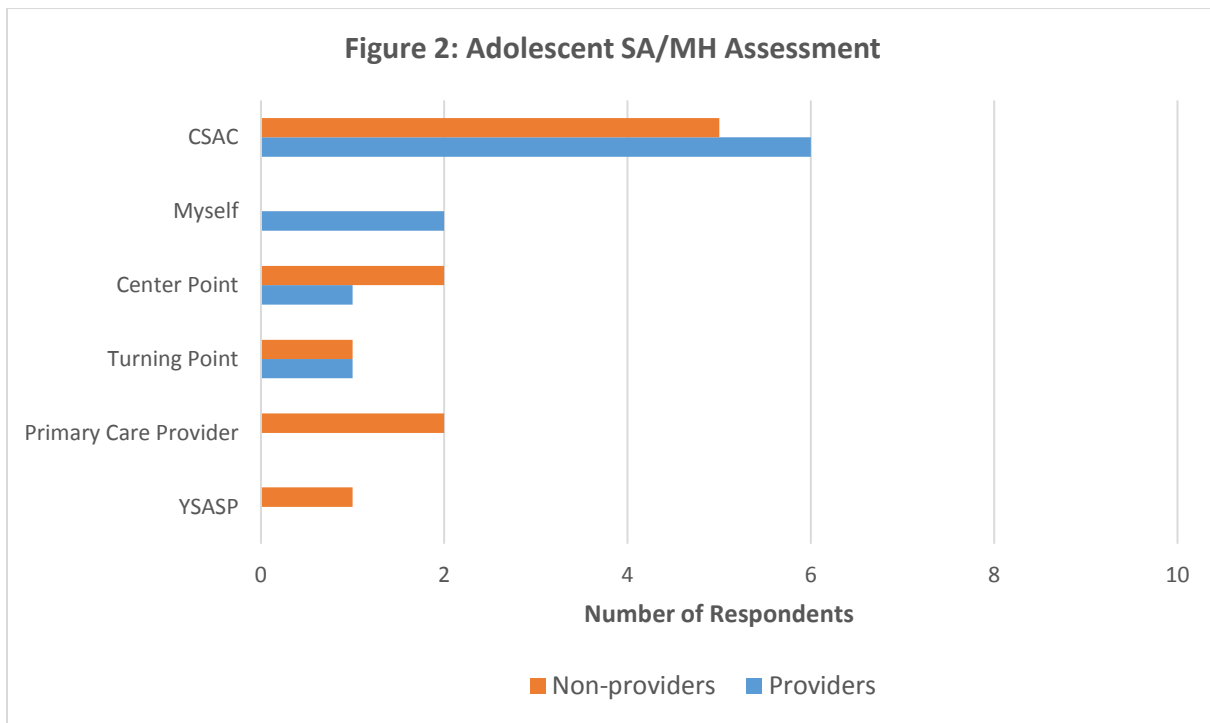
Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. Six reported being substance abuse or mental health providers, five worked for DCF and three each were community members or medical providers. Student Assistance Professionals, Court Diversion, and School Based Clinicians each had one respondent, and Other had two respondents.



Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. Twelve survey respondents indicated they were one of these types of providers. Of these, eight were LADCs, two were Licensed Community Mental Health providers and two were healthcare providers. Nine respondents indicated that they provide substance abuse assessments in the community for adolescents. Of the nine adolescent service providers, three respondents reported they were in private practice and four indicated working for a Mental Health Designated Agency.

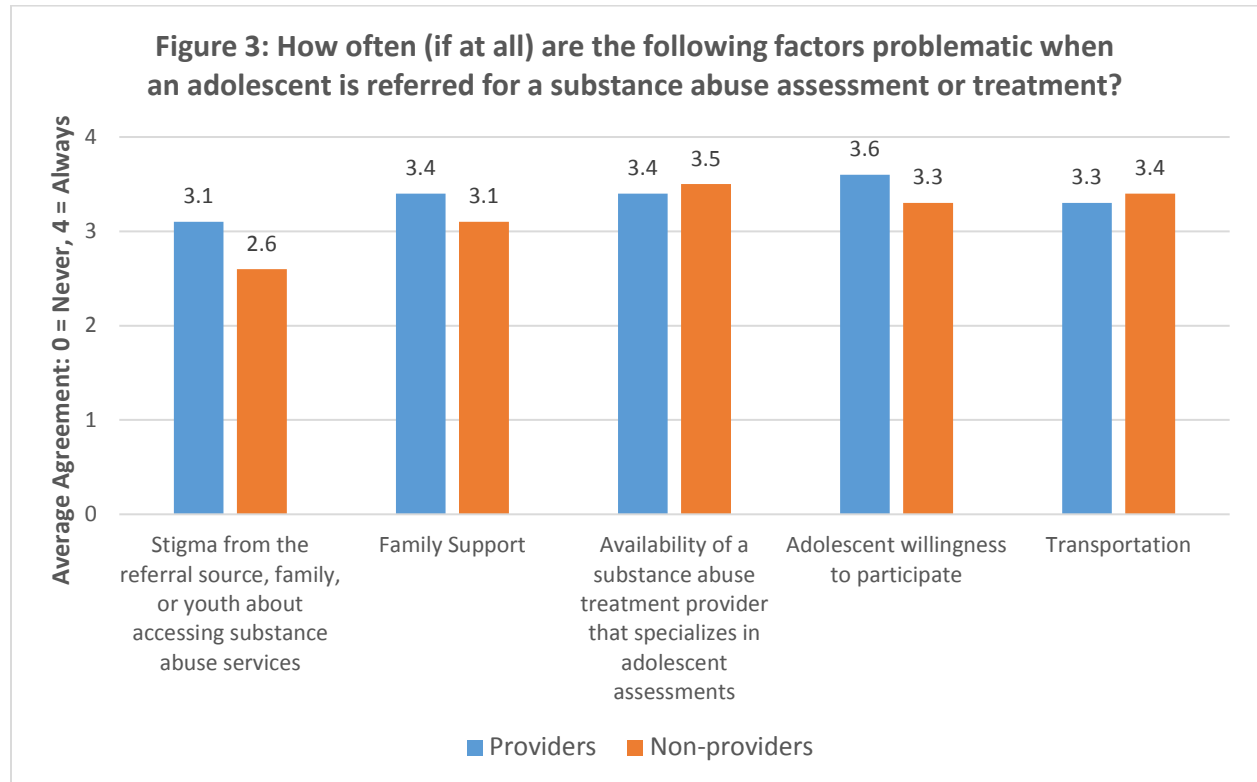
Question 15 on the survey asked respondents to indicate where they would refer an adolescent in need of substance abuse assessment or treatment. Because this elicited a wide range of responses, we developed a coding scheme in which narrative responses were organized into specific categories of services and/or providers. For example, a respondent may have indicated two different programs connected with the local Designated Agency, and these would be grouped as “CSAC”. Other responses were clearly indicated, such as “Boys and Girls Club” and did not require categorization.

Figure 2 summarizes our coding of respondents’ answers to Question 15. Respondents could indicate as many providers or programs that they refer to as they wished. Answers are organized by non-providers (top bar in each category) and providers (bottom bar in each category). Across all respondents, the most frequently cited providers/programs that providers referred to were CSAC, “myself”, Centerpoint and primary care providers.

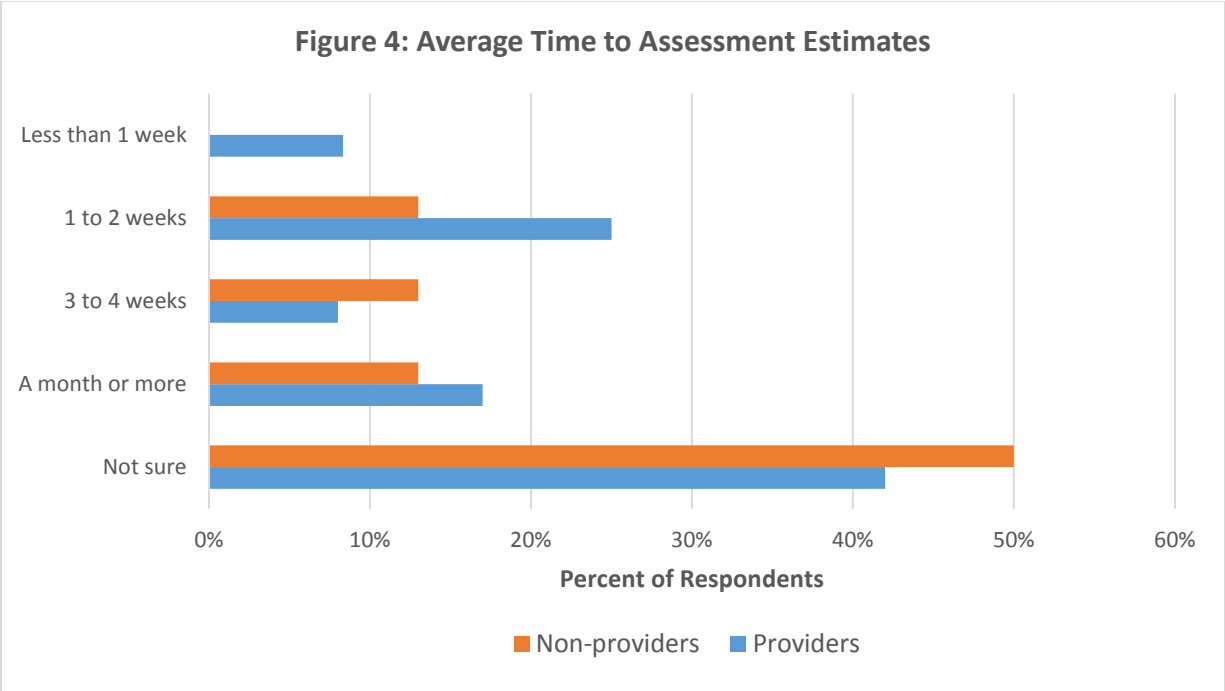


Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented with a series of statements and asked to rate, on a scale of 0-4, how often they perceived these as barriers for adolescents in need of treatment (0 = Never, 4 = Always). Twenty participants

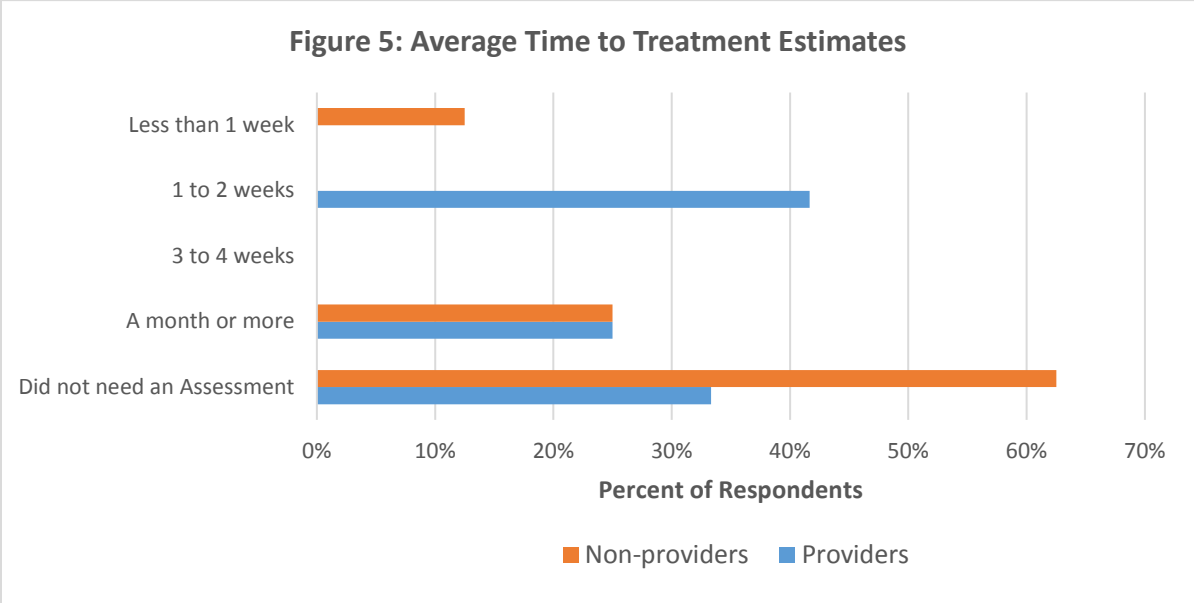
answered this question. The highest overall (provider and non-provider) average barrier ratings were for adolescent willingness to participate in services, availability of adolescent providers, lack of family support, transportation problems, and stigma associated with accessing services. Insurance and age-related limits for services were also cited as barriers, but less frequently. There appeared to be little difference in these ratings based on whether or not the survey respondent was a treatment provider.



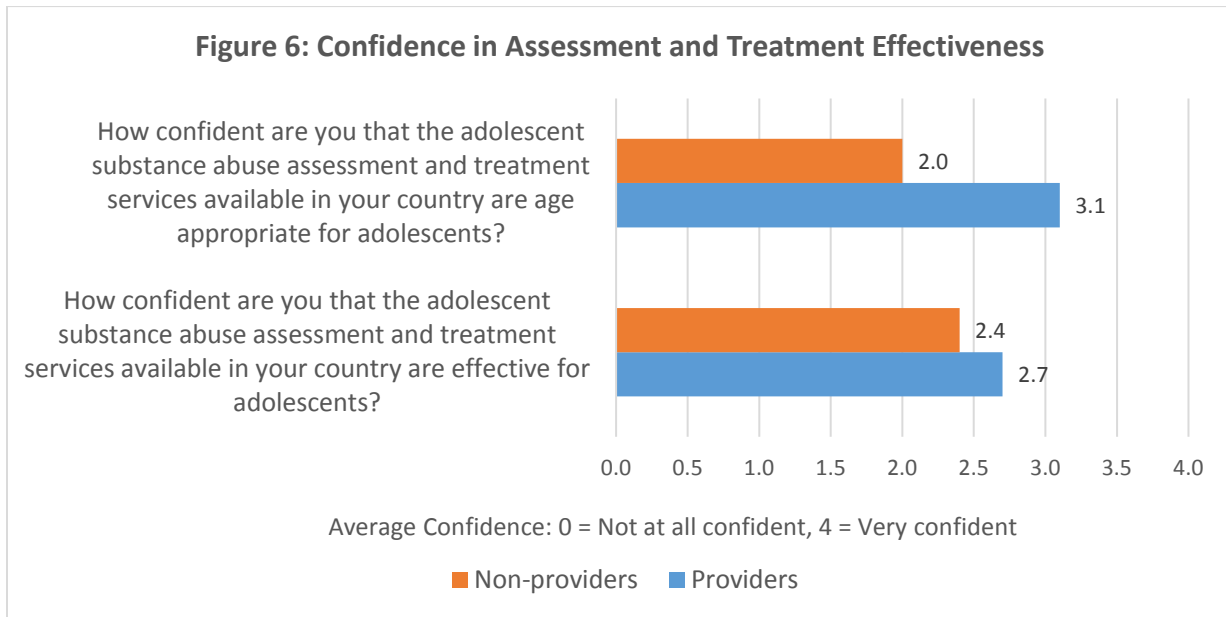
A later pair of items asked survey respondents to estimate how long it took for an assessment and then a first appointment (treatment) to occur after a referral was made. The summary presented in figure 4 organizes responses based on whether or not the respondent identified personally as a treatment or assessment provider. Among non-providers the most frequent estimated time until an assessment was “not sure” followed by estimates of 1 week to a “month or more”. Among treatment providers, the most common response was “not sure” followed by 1-2 weeks and then “a month or more”. The patterns of responses for the provider and no-provider groups are generally similar.



In contrast to figure 4 which presents the time-to-assessment data, figure 5 presents the average estimated time-to-first-treatment data, also broken out by provider and non-provider estimates. In figure 5 it can be seen that overall the most frequently estimated time until treatment begins is the “did not need assessment/other” option. Providers then selected 1-2 weeks followed by “a month or more”, while non-providers selected “a month or more” and then less than 1 week. Figure 5 suggests there were no major differences in providers’ and non-providers’ estimated time until first appointment. Because so few time estimates were provided, these data may not be reliable indicators of time-to-treatment in Addison County.



Survey respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Addison County were age appropriate and effective for adolescents, using a confidence scale from 0 = not at all confident to 4 = very confident (see figure 6). Non-providers' average rating for age appropriate treatment services was 2.0, while the average rating for treatment effectiveness was 2.4. The corresponding average ratings made by providers were 3.1 for age appropriate and 2.7 for effectiveness. These findings suggest that providers were more likely to find treatment services age appropriate and effective, with non-providers having more negative views on these aspects of adolescent treatment.

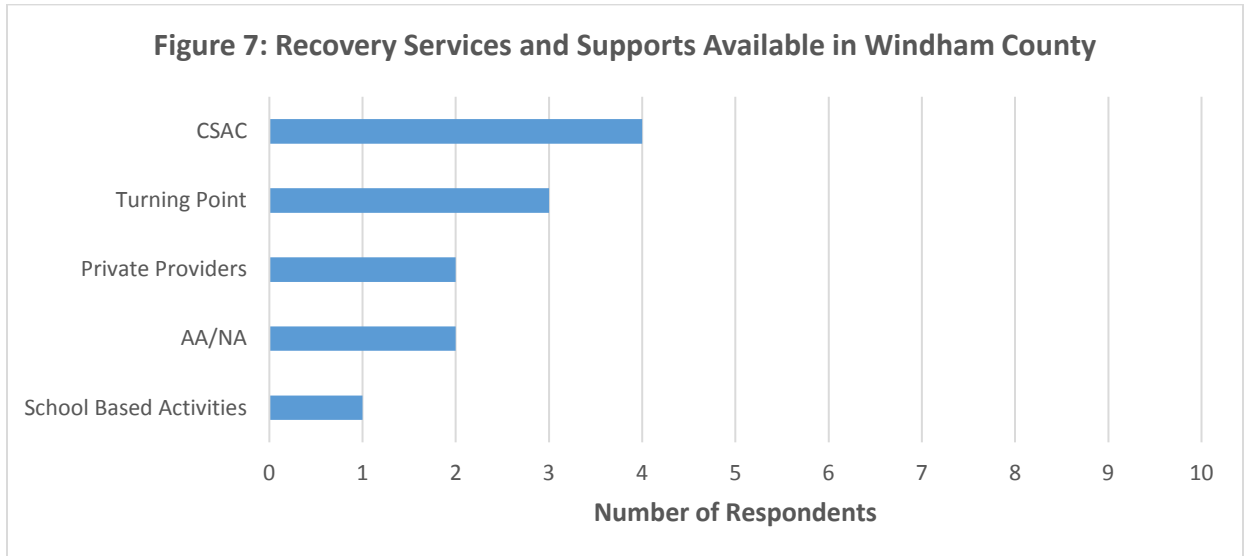


Items 21 and 22 on the survey asked respondents to indicate specific ways in which the needs of adolescents referred for, or seeking treatment, were being met (item 21) and not being met (item 22). Many written responses were provided for these items. All answers were reviewed, and representative examples of the responses are presented in Table 1 below. Some responses were lightly edited for clarity and some of the agency/program names were removed.

Table 1: Example ways substance abuse treatment services are working well/now working well.

<i>Treatment Services: Working Well</i>	<i>Treatment Services: Not Working Well</i>
<p>“Outpatient tx with flexibility for Outreach and community based services...lots of help with transport and activity based tx options.”</p> <p>“The IFS work is great for getting parents, siblings and client support. Addiction and MH are family and social disorders-- we need to treat all of these- IFS is helping but we need that funding for adults too.”</p> <p>“Good identification of problem via school based clinicians and easy access to comprehensive community based services via [agency].”</p> <p>“There are clinicians housed within the public schools providing clinical services making access to students much easier.”</p>	<p>“...need private ins. coverage for care. Need more LADCs. People do not want to do this work- it doesn't pay well and it is tough heartbreaking work at times.”</p> <p>“Referral sources are not identifying youth lately.”</p> <p>“There aren't any groups available for our kids and we don't have IOP in the county, so referrals aren't made for that level of treatment.”</p> <p>“STRONG NEED for adolescent Tx providers to use EVIDENCE-BASED TREATMENTS.”</p> <p>“I think educating youth at a younger age [about opiates]- Middle School- is paramount. I would also really like to see support services for family members of those struggling with addiction.”</p> <p>“Admission into residential treatment still pretty slow and arduous.”</p>

A final item asked respondents to identify any recovery-related services or supports they were aware of in their community, and that were available to adolescents. The most frequently cited resources were CSAC and Turning Point, followed by private providers, twelve step programs and school-based activities. Approximately one half of survey respondents answered this question.



Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Addison County, as well as information about substance abuse and related risk factors seen in young people. Several of these indicators reflected that on average, young people in Addison County resemble young people throughout Vermont, in terms of less positive/healthy behaviors and risk factors.

Key findings from Part II of this report include:

- Respondents are willing to share their perspectives about assessment, referrals and treatment for adolescents;
- Mixed (sometimes negative) perceptions of how well existing services are meeting the treatment needs of adolescents;
- Respondents are most often referring to CSAC, “myself”, Centerpoint and primary care;
- The time until an assessment is estimated between 1-2 weeks to a “month or more”, and
- Notable barriers to treatment include lack of adolescents’ willingness to engage in treatment, availability of appropriate services and lack of family support, among others.

In addition to providing information to community members and professionals in Addison County, we hope this report can help guide conversations about adolescent treatment services moving forward. Please feel free to contact Amy Danielson at ADAP (Amy.Danielson@vermont.gov) or Tom Delaney (Thomas.Delaney@uvm.edu) with any questions about the contents of this report.