The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Bennington County Needs Assessment

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Overview of this Report

The current report presents two different, yet related, summaries relating to adolescent substance abuse and mental health in Bennington 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 that was conducted in Bennington County in the spring of 2016.

Part I: Bennington County Treatment Resources and Treatment Needs Data

Medicaid billable treatment options for adolescent substance abuse treatment services in Bennington County are offered by United Counseling Service (UCS). 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 14 Licensed Alcohol and Drug Abuse Counselors (LADCs) and two Alcohol and Drug Counselors (ADCs) in Bennington County. Clinicians in private practice (not employed at a community treatment agency) can bill Medicaid for providing substance abuse treatment services, provided they have any of these 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 Bennington County.

Percent of adolescents in grades 9-12 who:	2013 State wide %	2015 Bennington 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%	29%	30%	Same
Drank alcohol before the age of 13	14%	10%	12%	Better

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 Bennington 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%	35%	29%	Better
Percent of students who think their parents think it is wrong for them to smoke marijuana	82%	79%	80%	Same
Percent of students who think it is wrong for someone their age to smoke marijuana	57%	54%	56%	Same

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

Percent of adolescents in grades 9-12 who agree that:	2013 State Wide %	2015 Bennington County %	2015 State wide %	2015 compared to state
In your community you feel like you matter to people	50%	49%	55%	Worse
Teachers really care about them and give them lots of encouragement	59%	59%	63%	Same

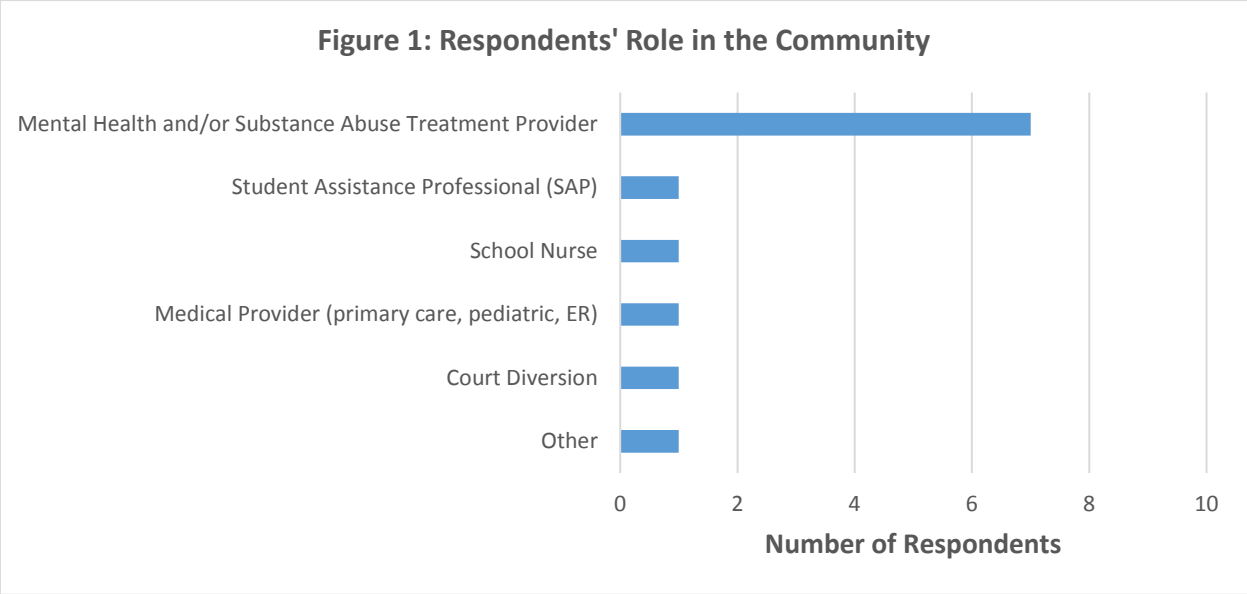
Part II: The Bennington County Needs Assessment Survey

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. Bennington 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. 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 current version of 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 Bennington County were excluded. Partially completed surveys were also excluded from the summary. A total of 12 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 12. A majority of survey respondents (67%) reported that they have worked or lived in Bennington 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. Seven reported being substance abuse or mental health providers, 2 were medical providers, 1 was a Student Assistance Professional and 1 worked with court diversion. One participant identified as "other".

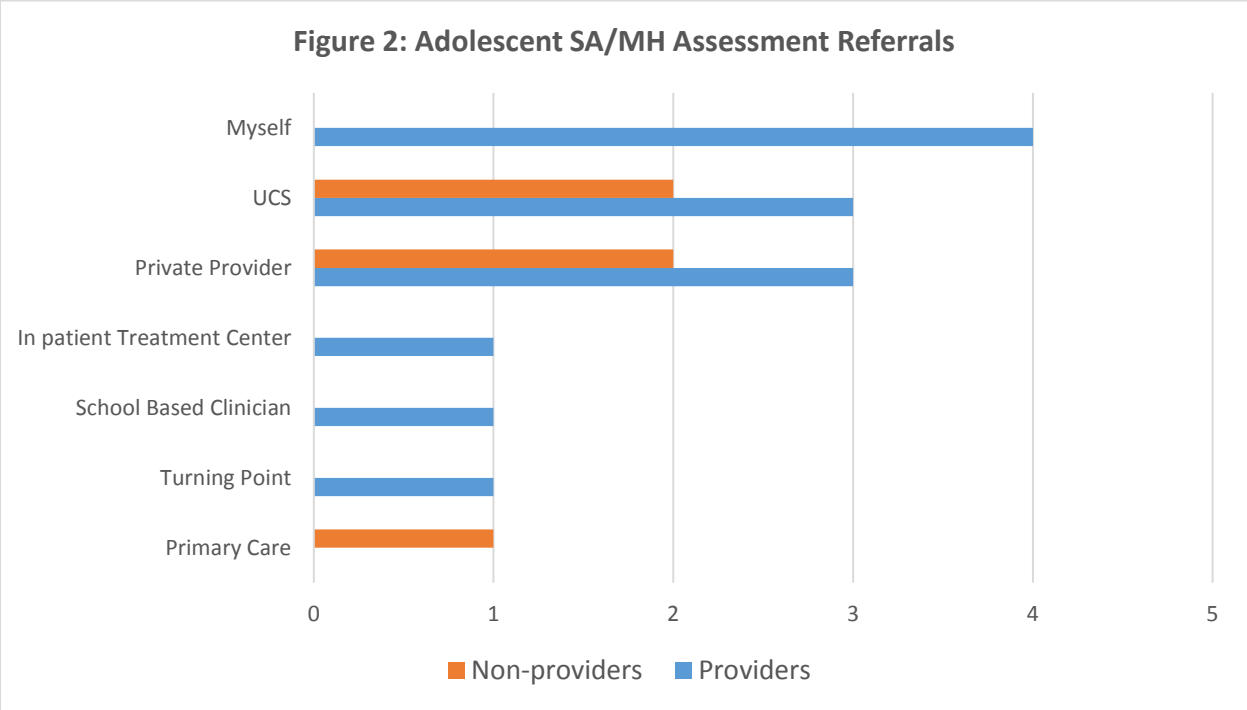


Question 7 on the survey asked respondents specifically to identify if they are Mental Health and/or Substance Abuse treatment providers. Eight of the 12 survey respondents indicated they were one of these types of providers. Of these, seven indicated that they provide substance abuse assessments in

the community for adolescents. Four individuals were LADCs, 3 were Licensed Mental Health Clinicians and 3 were Clinical Social Workers (some reported dual qualifications). Of the seven providers, three respondents were in private practice and three worked for a Mental Health Designated Agency.

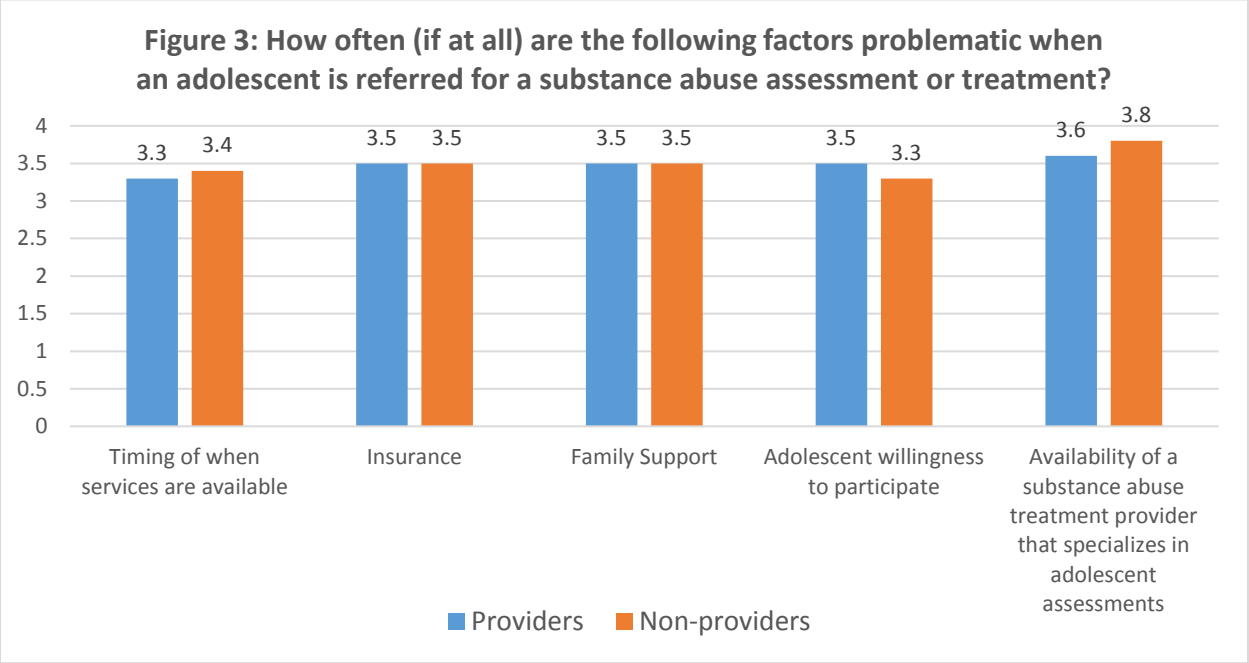
Question 15 on the survey asked respondents to indicate where they would refer an adolescent in need of substance abuse assessment or treatment. Because this elicited a wide range of responses, we developed a coding scheme in which narrative responses were organized into specific categories of services 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 "UCS". 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 "myself", UCS and private providers. Programs cited by non-providers included UCS, private providers and primary care providers.

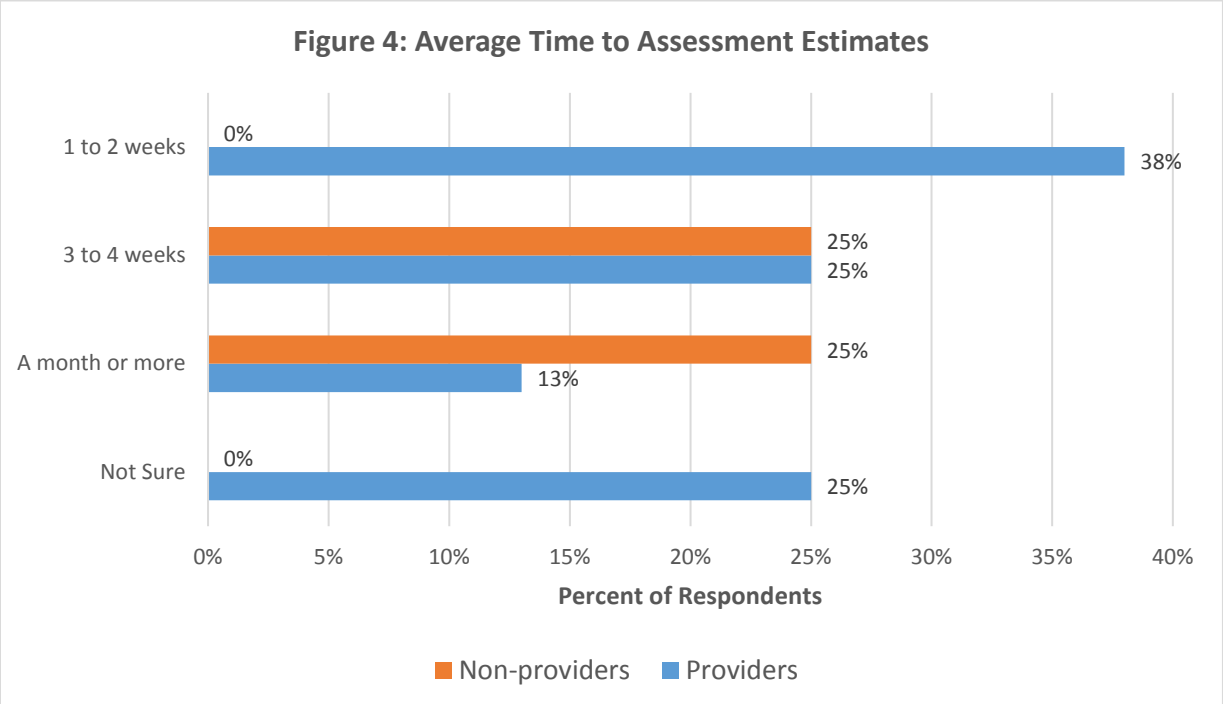


Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented 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). 12 participants answered this question. The highest overall (provider and non-provider) average barrier ratings were for availability of adolescent providers, adolescent willingness to participate in services, lack of family support, insurance and timing of when services are available. Stigma associated with accessing services

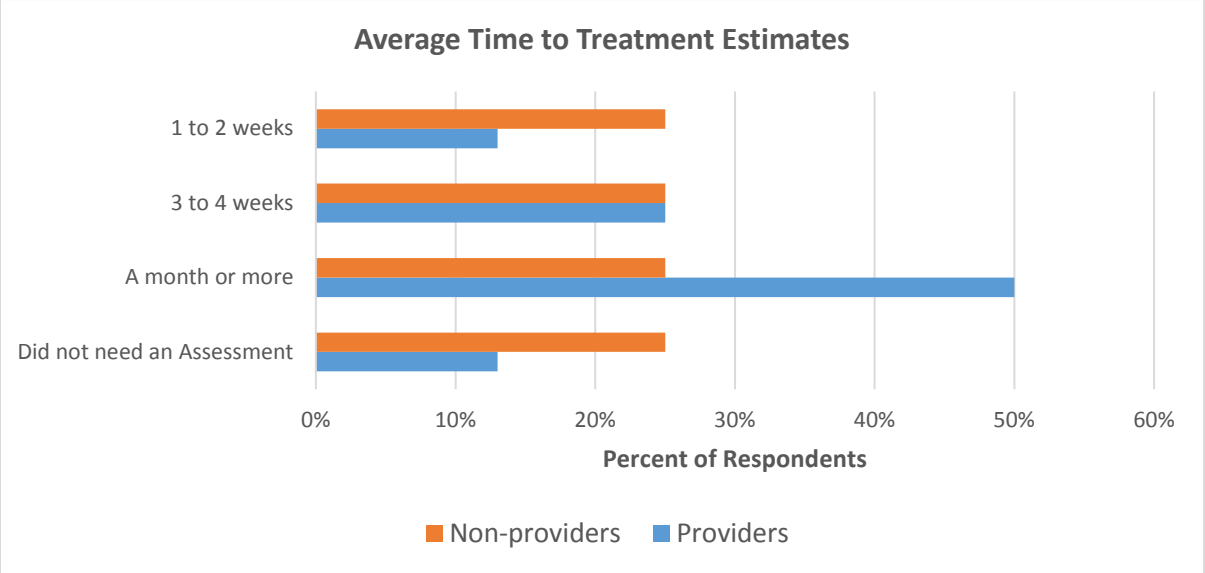
and transportation were also cited as barriers, but less frequently. There appeared to be little difference in how this question was answered based on whether or not the respondent was a mental health and/or substance abuse provider.



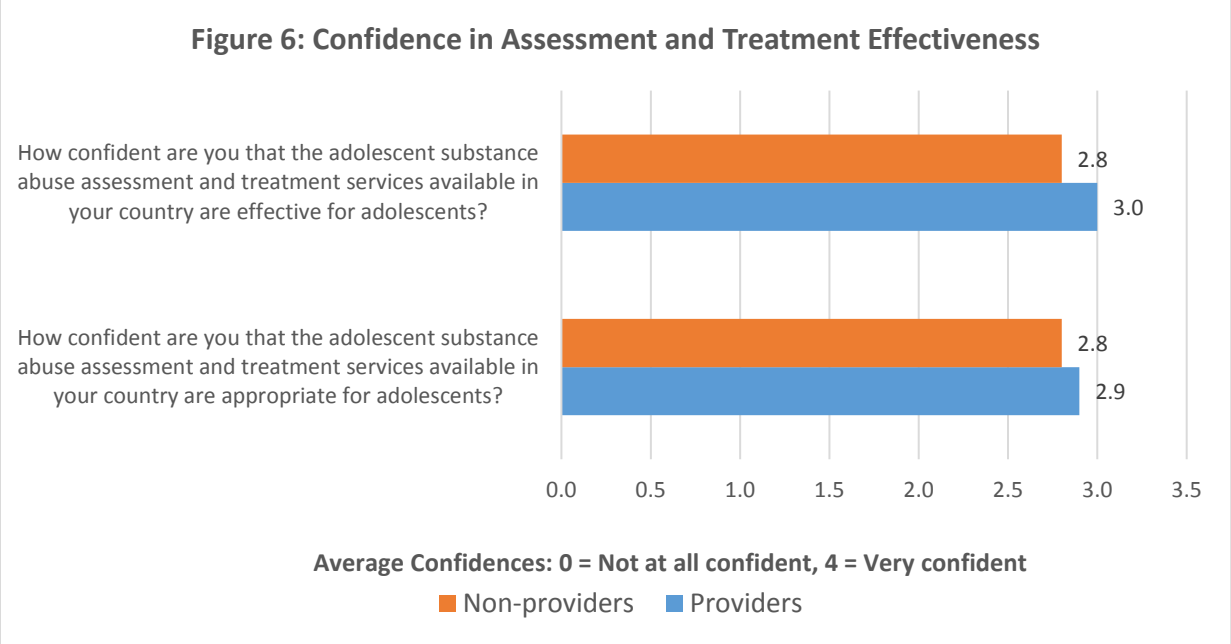
A later item asked survey respondents to estimate how long it took for an assessment and then a first appointment (treatment) to occur after a referral was made. The summary in figure 4 (below) is organized by whether the respondent identified as a treatment or assessment provider. Providers most often estimated 1 to 2 weeks as the when assessments occur, followed by 3 to 4 weeks and a month or more. Non-providers split between 3-4 weeks and a month or more.



In contrast to figure 4 which presents the time-to-assessment data, figure 5 below 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 providers' most frequently estimated time until treatment begins is "a month or more", followed by 3 to 4 weeks and 1 to 2 weeks. Non-providers estimated the time until the first appointment occurred evenly across the three time frames. One provider and one non-provider indicted that an assessment hadn't been needed.



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Bennington 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 rated both effectiveness and appropriateness of adolescent substance abuse assessment and treatment services in Bennington County as 2.8. The corresponding rating by providers was 3.0 and 2.9, suggesting there are not substantial differences between these groups in their perceptions of services.



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). Example responses for these items are presented in Table 1 below.

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

Treatment Services: Working Well	*Treatment Services: Not Working Well*
"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…" "When they are referred and they follow through, I think clinicians do well to engage and educate young people." "Prevention services through the Collaborative are plentiful." "Our community has the Turning Points Program which is available to assist in meeting the needs of adolescents in our county."	"IFS is helping but we need that funding for adults too." "...need private ins. coverage for care." "Need more LADCs." "Not enough children are identified/referred." "Greater access to families and adolescents is needed, and wider range and types of services are needed." "[D]ifficult to assess the actual services and by that time the adolescent has disengaged and we start the clock all over again." "…more treatment options for adolescents is needed from what I have seen especially with rising numbers of use, availability, and harder drugs being used."

A final item asked respondents to identify recovery supports in the community that they believed were available to adolescents. Responses included school-based clinicians/recovery services, Turning Point, UCS, the Collaborative and private providers. Court Diversion was also identified as a recovery support.

Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Bennington County, as well as information about substance abuse and related risk factors seen in young people. These indicators reflected that on average, young people in Bennington County report similar levels of less positive/ less healthy characteristics to Vermont as a whole.

Key findings from Part II of this report include:

- Respondents are willing to share their perspectives about assessment, referrals and treatment for adolescents;
- Estimated time until an assessment varied widely, while time until first treatment was typically 3 weeks or more;
- Respondents are most often referring to private providers, UCS and themselves;

- Mixed (and sometimes negative) perceptions of how well existing services are meeting the treatment needs of adolescents, and
- Notable barriers to treatment include lack of adolescents' willingness to engage in treatment, availability of appropriate services, lack of family support and insurance, among others.

In addition to providing information to community members and professionals in Bennington 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.