

The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Caledonia 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 Caledonia 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 Caledonia County in the spring of 2016.

Part I: Caledonia County Treatment Resources and Treatment Needs Data

Medicaid billable treatment options for adolescent substance abuse treatment services in Caledonia County are available through Northeast Kingdom Human Services. 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 21 Licensed Alcohol and Drug Abuse Counselors (LADCs) and eight Alcohol and Drug Counselors (ADCs) in Caledonia 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 the following licenses: LADC, LCMHC, LICSW, LFMT and 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 Caledonia County.

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

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 Caledonia 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%	28%	29%	Same
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%	62%	56%	Better

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

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

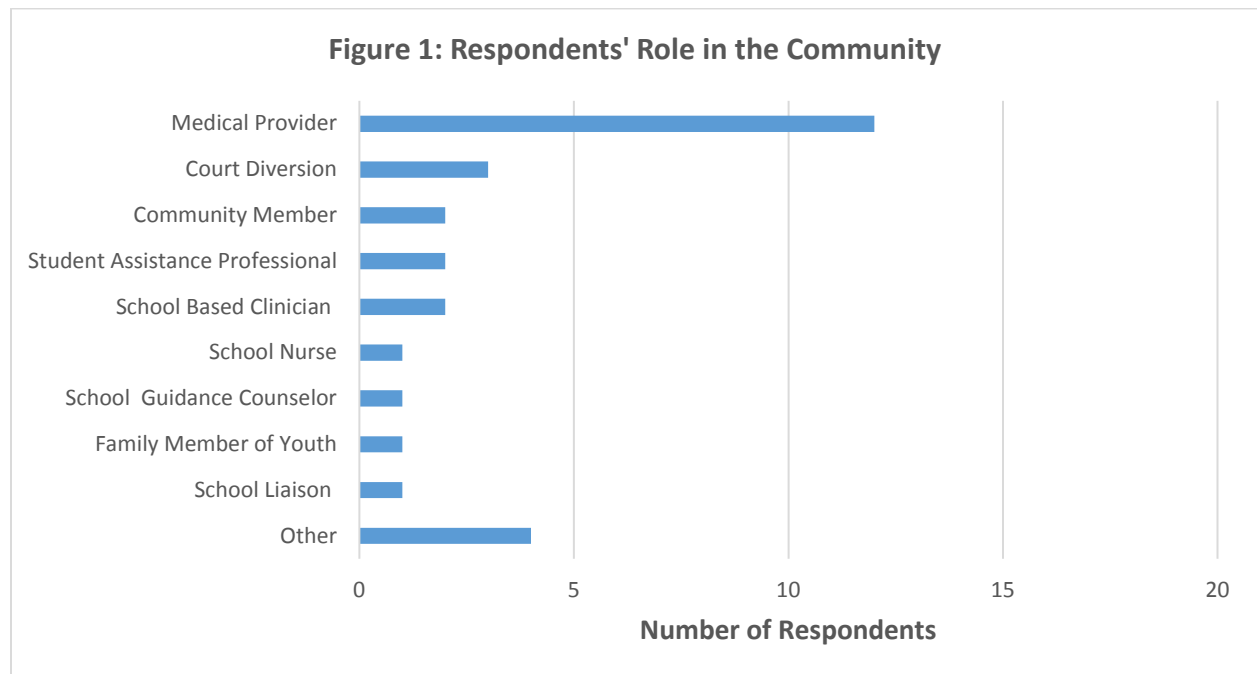
Part II: The Caledonia County Needs Assessment Survey

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. Caledonia 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 Caledonia 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 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 Caledonia County were excluded. Partially completed surveys were also excluded from the summary. Thirty one surveys were 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 31. A large majority of survey respondents (66%) reported that they have worked or lived in Caledonia County for six or more years.

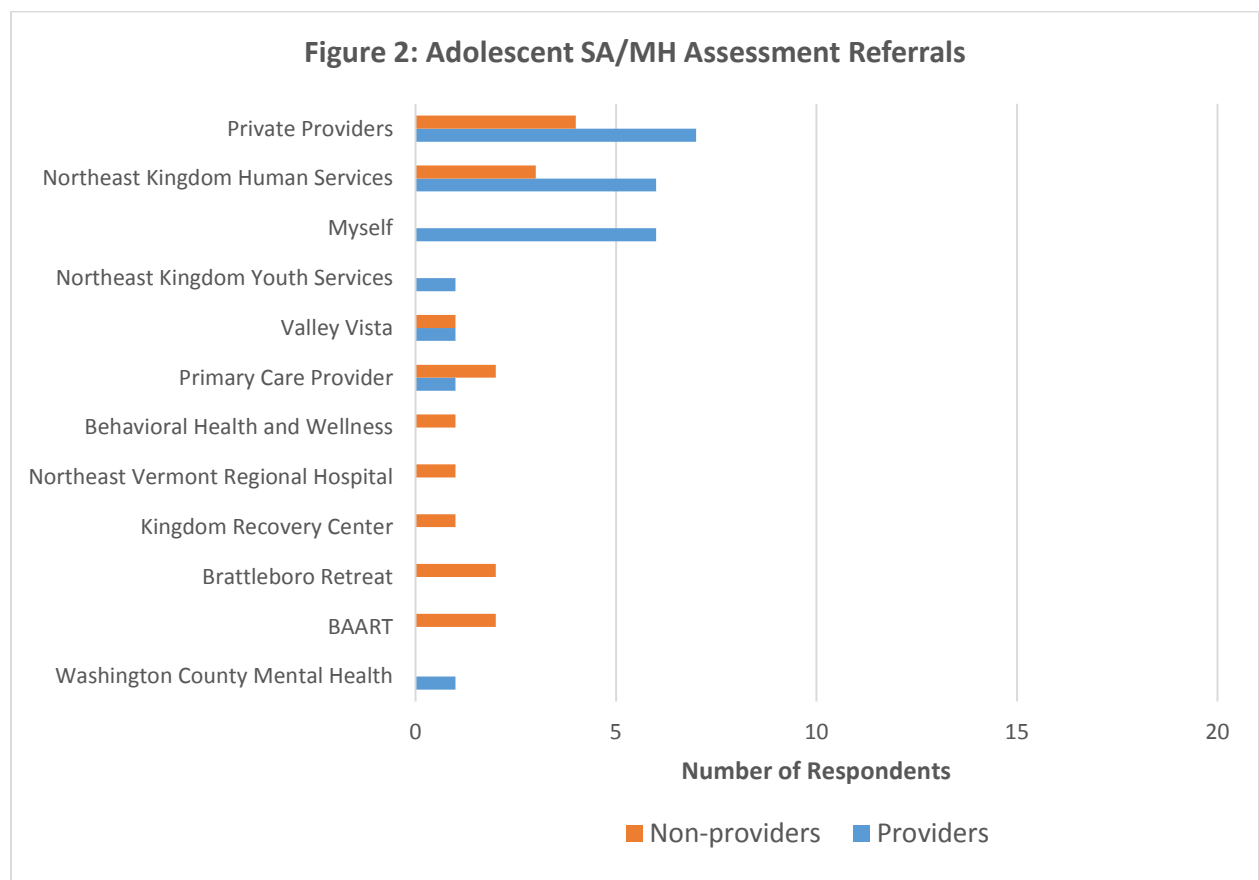
Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. Twelve reported being medical providers, three worked in court diversion and two each identified as community members, substance abuse professionals and schools-based clinicians. Four participants responded they did not fall into one of the roles provided in the survey.



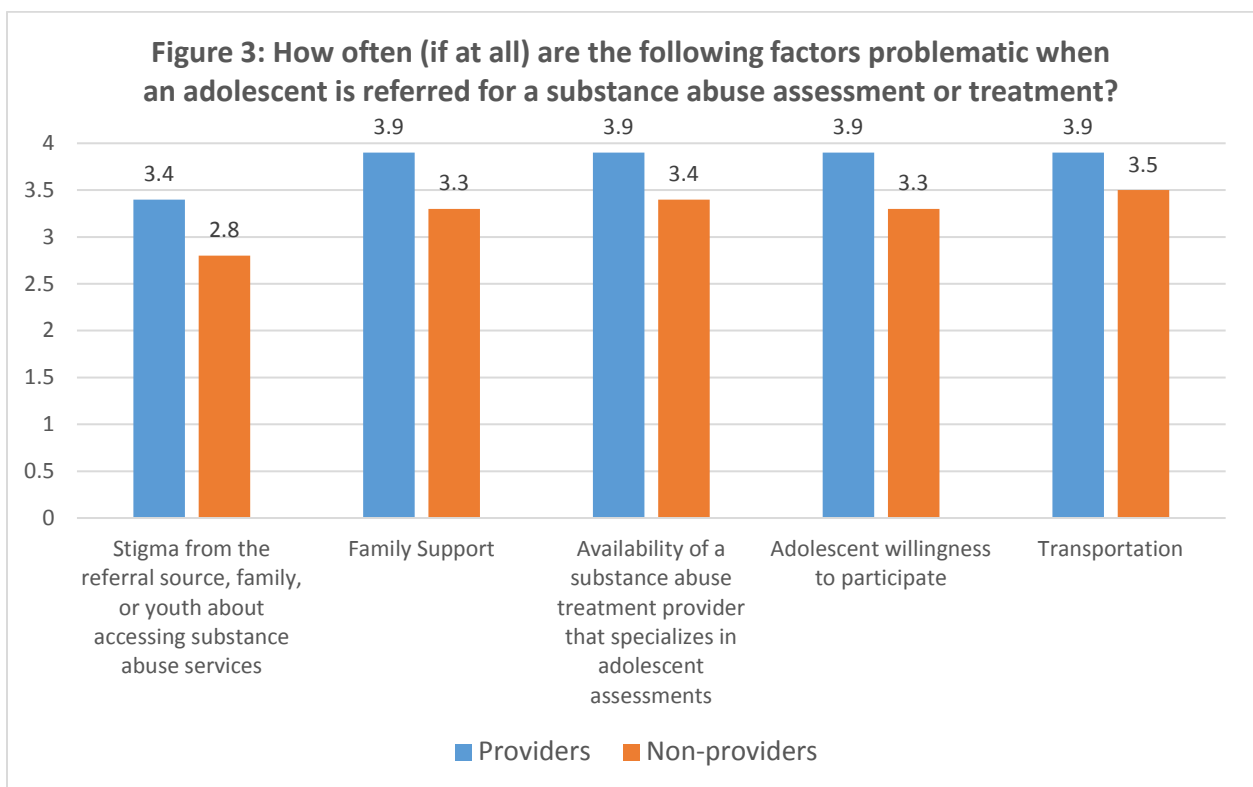
Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. Seventeen survey respondents indicated they were one of these types of providers. Of these, 10 indicated that they provide substance abuse assessments in the community for adolescents. Seven individuals were LADCs, one was a Social Worker, one was a Licensed Mental Health Clinicians and one identified as a Psychologist. Among the providers, eight respondents indicated they were in private practice, and three 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 “NKHS”. Other responses were clearly indicated, such as “Boys and Girls Club” and did not require categorization.

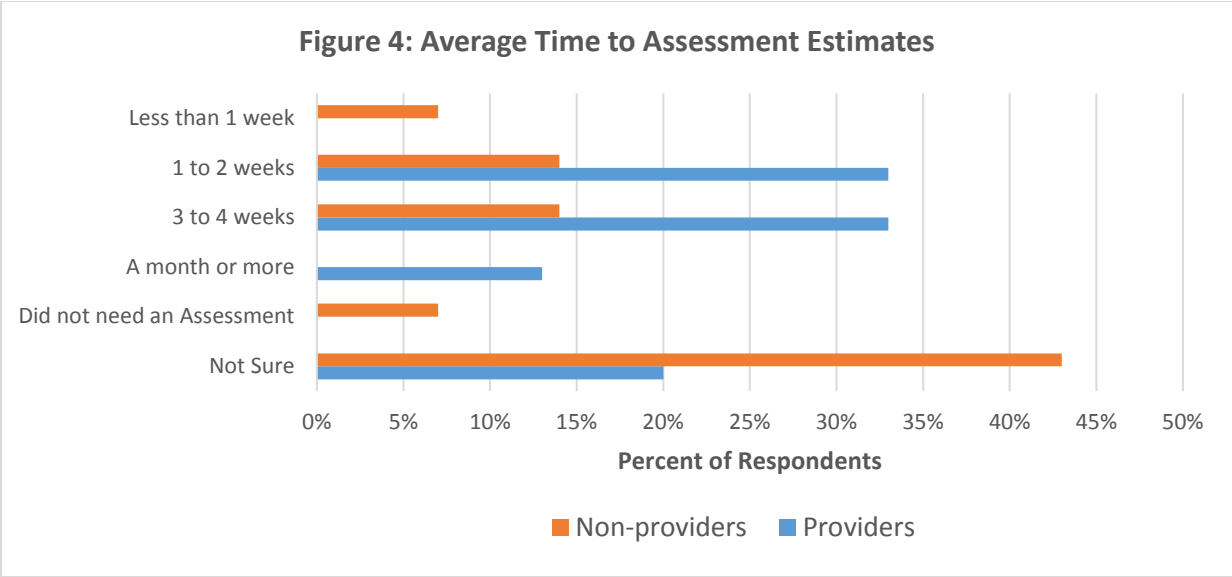
Figure 2 summarizes respondents’ answers to Question 15. Respondents could indicate as many providers or programs that they refer to as needed. Answers are organized by non-providers (top bar in each category) and providers (bottom bar in each category). Across all respondents, the most frequently cited providers/programs referred to were private providers, Northeast Kingdom Human Services (NKHS) and “myself”. Providers also made referrals to Northeast Kingdom Youth Services, Valley Vista, Primary Care and Washington County Mental Health. Non-providers cited a variety of other services and programs they had referred to.



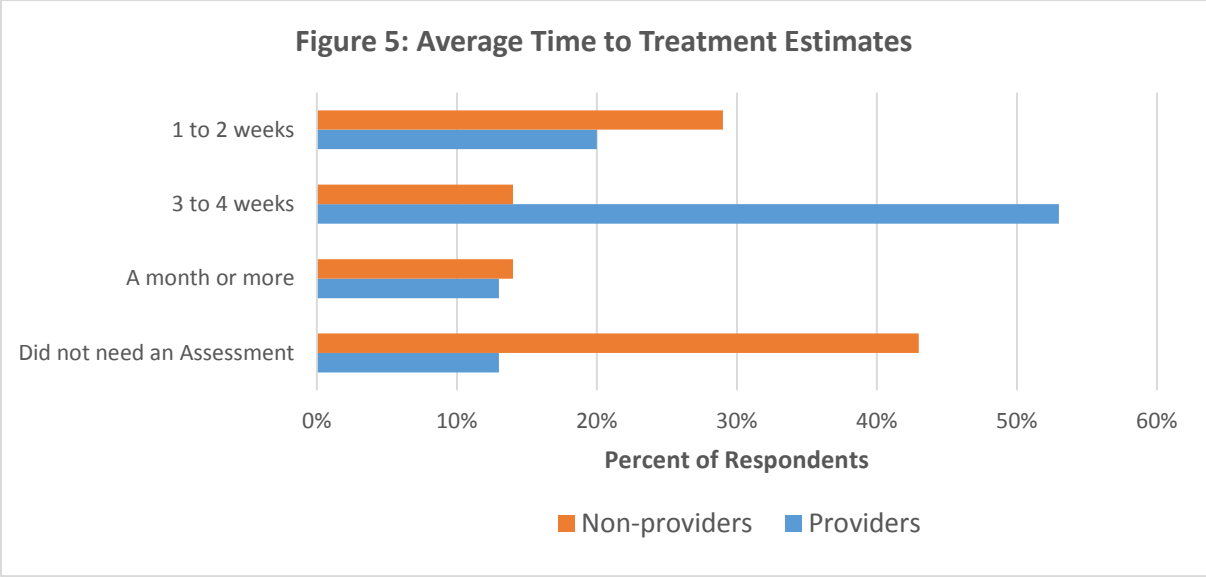
Question 16 is summarized in figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented with a series of statements and asked to rate, on a scale of 0-4, how often they perceived each as a barrier for adolescents in need of treatment (0 = Never, 4 = Always). 30 participants answered this question. The highest overall (provider and non-provider) average barrier ratings were for transportation problems, adolescent willingness to participate in services, availability of adolescent providers, lack of family support 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 a pattern in which providers consistently rates these a stronger barriers than did non-providers. The high overall ratings across barriers suggests that respondents perceive young people in need of treatment frequently face an array of circumstances that may be a deterrent to getting help.



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. Similar to the previous figure, this summary organizes responses based on whether or not the respondent identified personally as a treatment or assessment provider. Among the responses from providers in figure 4, the most common estimated time to assessment was between one to four weeks, followed by “not sure” and a month or more. Among non-providers, almost one half indicated “not sure” followed by estimates between one to four weeks and then less than one week.

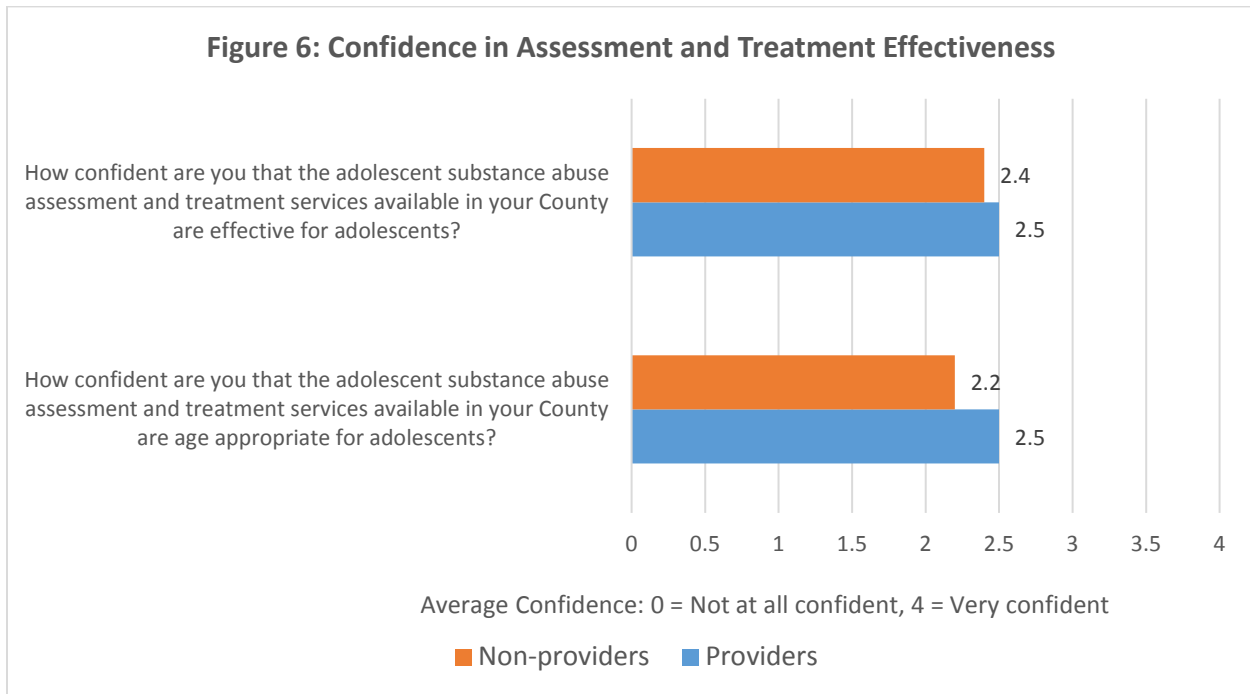


In contrast to figure 4 which presents the time-to-assessment data, figure 5 below presents the average estimated time-to-first-treatment data, also broken out by provider and non-provider estimates. In figure 5, non-providers’ most frequently estimated time until treatment is “not sure”, followed by one to two weeks and then three to four weeks and a month or more. Among providers the most common estimate was three to four weeks, followed by one to two weeks and then a month or more. , 3 to 4 weeks and then 1 to 2 weeks. Figure 5 appears to show a difference between how providers and non-providers estimated the time until the first appointment occurred, with providers estimating slightly more time until the first treatment appointment occurs.



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Caledonia 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 confidence rating that adolescent substance abuse assessment and treatment services in

Caledonia County were age appropriate was 2.2, while their average rating for treatment effectiveness was 2.4. Providers' average ratings were slightly higher, with age appropriate and effectiveness both receiving 2.5. Overall these responses suggest that survey respondents are not highly confident that the adolescent treatment services in their community are either age appropriate or effective.



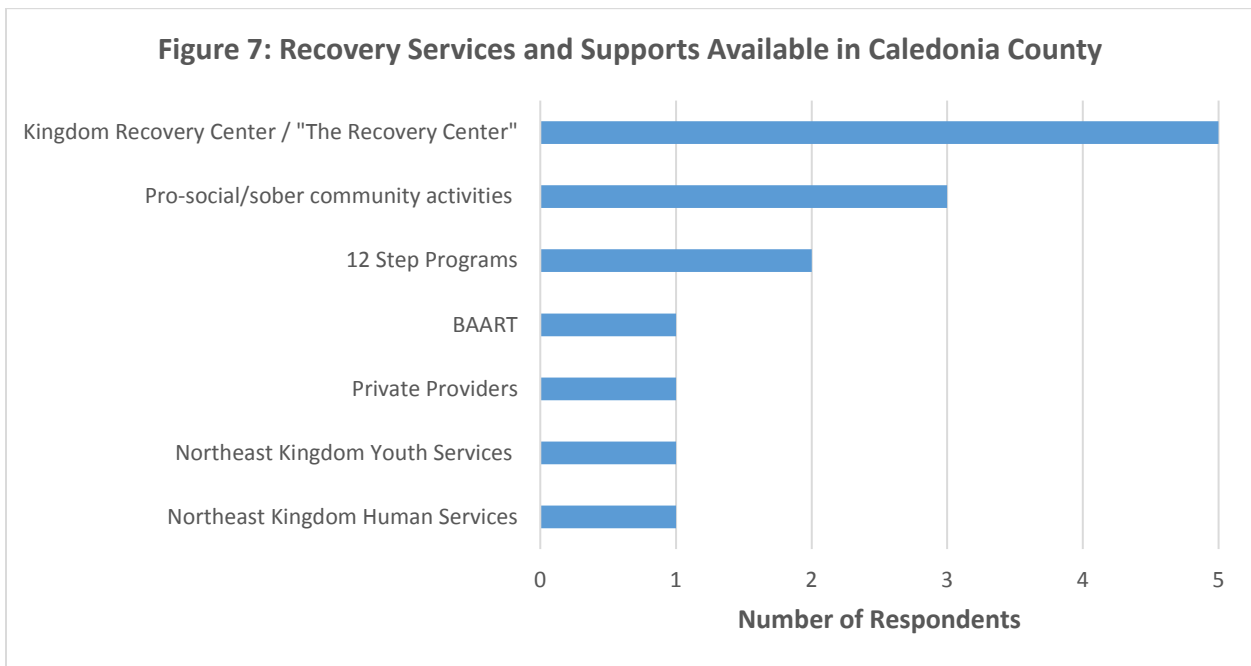
Items 21 and 22 on the survey asked respondents to indicate specific ways in which the needs of adolescents referred for or seeking treatment were being met (item 21), and not being met (item 22). Example responses for these items are presented in Table 1 below.

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

<i>Treatment Services: Working Well</i>	<i>Treatment Services: Not Working Well</i>
<p>“Providing individual counseling.”</p> <p>“Some counselors are specifically trained to work with adol. and families. Some use UA part of ongoing tx...”</p> <p>“They always seem to be available to take new clients and keep in contact with the youth's case managers so they can wrap the individual in services.”</p> <p>“[Program] provides screenings for referred youth using MI/SBIRT approach, and of the roughly 20% who are then referred on to</p>	<p>“There is NEVER communication regarding the needs and/or treatment and services available to youth in Caledonia County...never been outreach to area providers to discuss treatment options for youth when making a referral.”</p> <p>“We have few LADCs so youth are unable to access someone when they're ready for treatment. By the time there is an appointment available, the youth is no longer interested.”</p> <p>“There should be more wrap around services for the whole family. I have many clients whose parents use or are struggle to be in recovery themselves.”</p>

<p>further assessment the existing services are working well.”</p> <p>“12 step community is supportive of teens.”</p>	<p>“Seems to be little in the way of involving the adolescents.”</p> <p>“No intensive outpatient tx, most don't use UA so quickly.”</p> <p>“Minimal amt of counselors that are trained to work with [adolescents].”</p>
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A final item asked respondents to share what they know about recovery supports and services in their community that young people could access. Figure 7 below displays these responses. As with previous items, some of the response were combined into categories. The most frequently identified supports were the Kingdom Recovery Center (of just “the recovery center”), community-based pro-social and sober activities (e.g., open mic, summer youth sports) and 12 step programs, among others.



Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Caledonia 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 Caledonia County report similar levels of less positive/less healthy behaviors Vermont youth in general.

Key findings from Part II of this report include:

- Respondents are willing to share their perspectives about assessment, referrals and treatment for adolescents;
- Mixed (and often negative) perceptions of how well existing services are meeting the treatment needs of adolescents;
- Respondents most often referring to private providers, NKHS and themselves;
- The time until an assessment is typically one to four weeks, with a similar time frame reported for initiation of treatment, and
- Notable barriers to treatment include lack of adolescents' willingness to engage in treatment, transportation, availability of appropriate services and lack of family support, among others.

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