

The Vermont Youth Treatment Enhancement Program (VYTEP):

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

Part I: Chittenden County Treatment Resources and Treatment Needs Data

The following summary is of Medicaid billable treatment options for adolescent substance abuse treatment services in Chittenden County. Agencies providing adolescent outpatient treatment include:

- HowardCenter – Centerpoint Adolescent Treatment Services
- HowardCenter – Mental Health & Substance Abuse Services
- Spectrum Youth and Family Services
- The Lund provides residential and outpatient services for women and their families

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 134 Licensed Alcohol and Drug Abuse Counselors (LADCs) in Chittenden County. In addition, there are 30 Alcohol and Drug Counselors (ADCs) and 1 Apprentice Addiction Professionals (AAPs) in Chittenden 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 Psychologists.

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 Chittenden County.

Percent of adolescents in grades 9-12 who:	2013	2015 Chittenden County %	2015 State wide %	2015 Statistically compared to state
Drank five or more drinks in a row, in the past 30 days	19%	14%	16%	Same
Drank alcohol in the past 30 days	33%	27%	30%	Better
Drank alcohol before the age of 13	14%	8%	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	2015 Chittenden County %	2015 State wide %	2015 Statistically compared to state
Who think a party where people their age are drinking will be broken up by police	27%	30%	29%	Same
Percent of students who think their parents think it is wrong for them to smoke marijuana	82%	83%	80%	Better
Percent of students who think it is wrong for someone their age to smoke marijuana	57%	56%	56%	Same

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

Percent of adolescents in grades 9-12 who agree that:	2013	2013 Chittenden County %	2015 State wide %	2013 Statistically compared to state
In your community you feel like you matter to people	50%	62%	55%	Better
Teachers really care about them and give them lots of encouragement	59%	68%	63%	Better

Part II: The Chittenden 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. Chittenden 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 Chittenden 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 in May and June of 2016. No incentive was given for completing the survey.

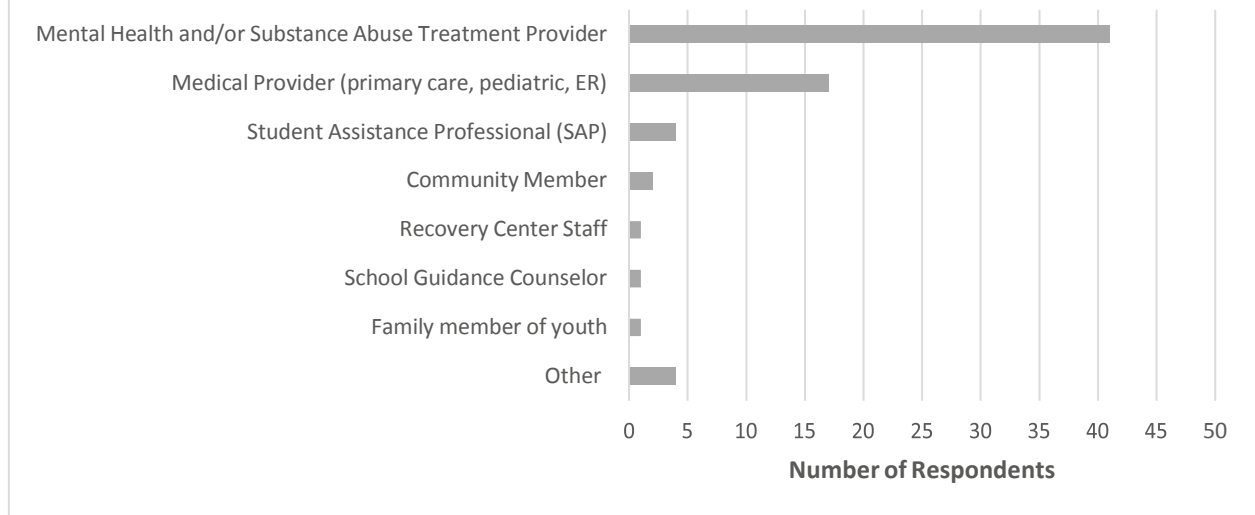
Data Summary

Data were exported after the survey was closed, and responses from individuals who did not live or work in Chittenden County were excluded. Partially completed surveys were also excluded from the summary. A total of 75 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 75.

The majority of survey respondents (44) reported that they have worked in Chittenden County for six or more years. 31 respondents reported working in Chittenden County for five years or less.

Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. 4 participants indicated they did not fall into one of the roles provided in the survey. 51 respondents indicated they were substance abuse or mental health providers, 17 indicated medical providers, and 3 were student assistance professionals.

Figure 1: Respondents' Role in the Community

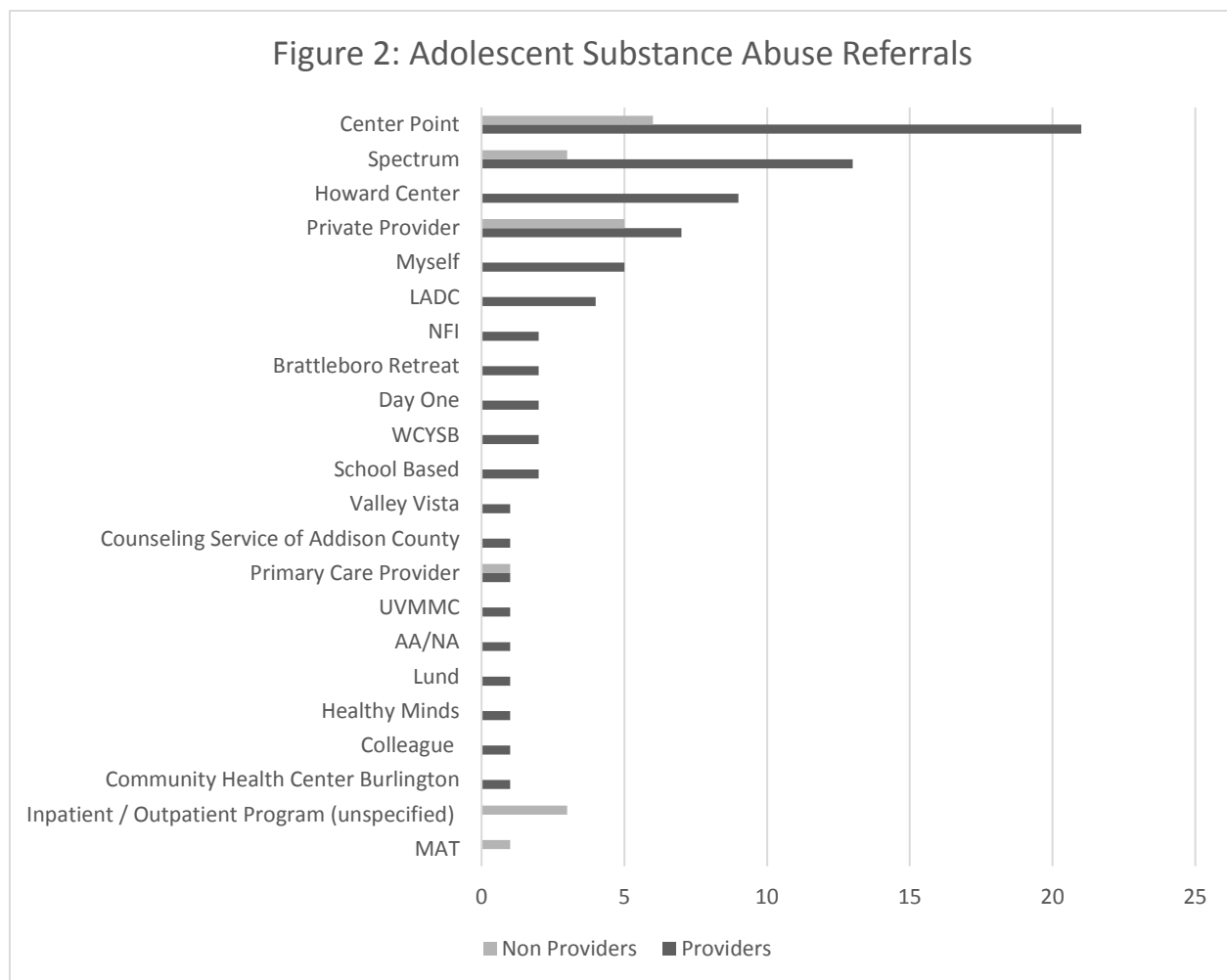


Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. 51 survey respondents indicated that they are one of these types of treatment providers. Of these, 29 indicated that they provide substance abuse assessments in the community for adolescents. 30 of the 51 total individuals were LADCs, 16 were Licensed Mental Health Clinicians, nine were Licensed Clinical Social Workers, six were AAPs, five were PhD Psychologists and three were licensed medical providers. 23 respondents indicated they were in private practice, and nine 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 “Howard Center”. In another example, some respondents identified specific providers in their community, and rather than list specific individuals these responses were combined into a category called “Substance Abuse Professional”. Other responses were clearly indicated, such as “Boys and Girls Club” or “Guidance Counselor” and did not require categorization.

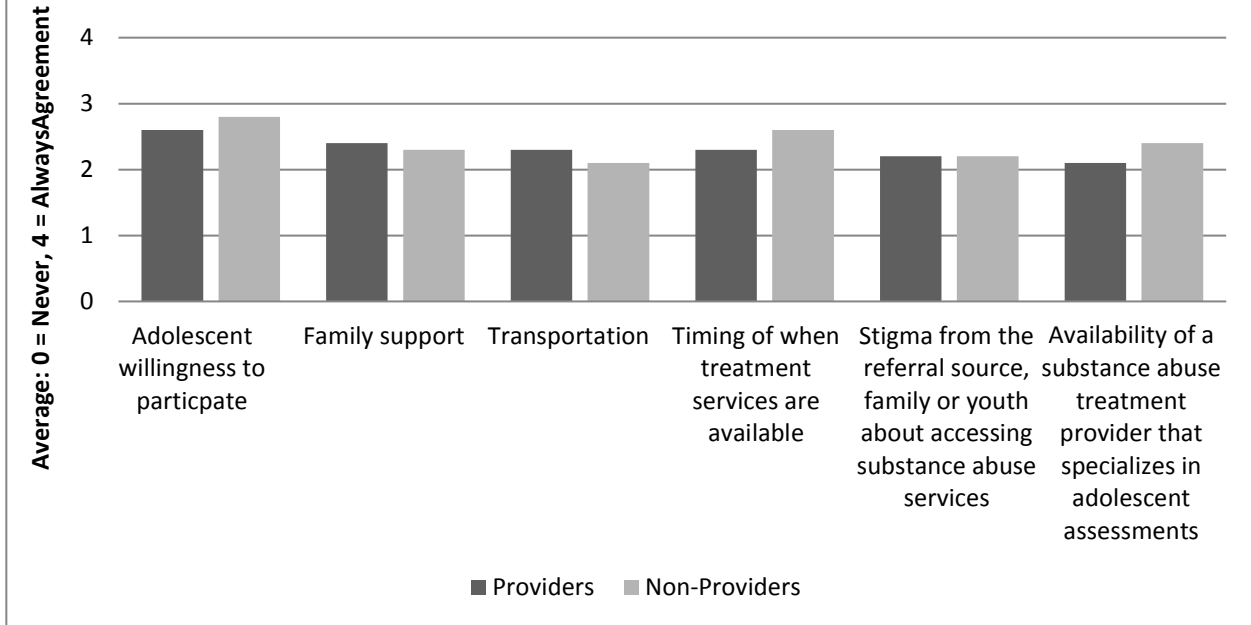
Figure 2 summarizes our coding of respondents’ answers to Question 15. Respondents could indicate as many providers or programs that they refer to as they wished. Across all respondents, the most frequently cited providers/programs that providers referred to was Centerpoint, which has an array of programs related to youth and young adult substance abuse treatment, followed by Spectrum Youth and Family Services, the Howard Center, Private Providers and “myself” as the person they would refer to. Responses are presented as counts and are broken out by whether or not the respondent identified as a provider him/herself.

Figure 2: Adolescent Substance Abuse Referrals

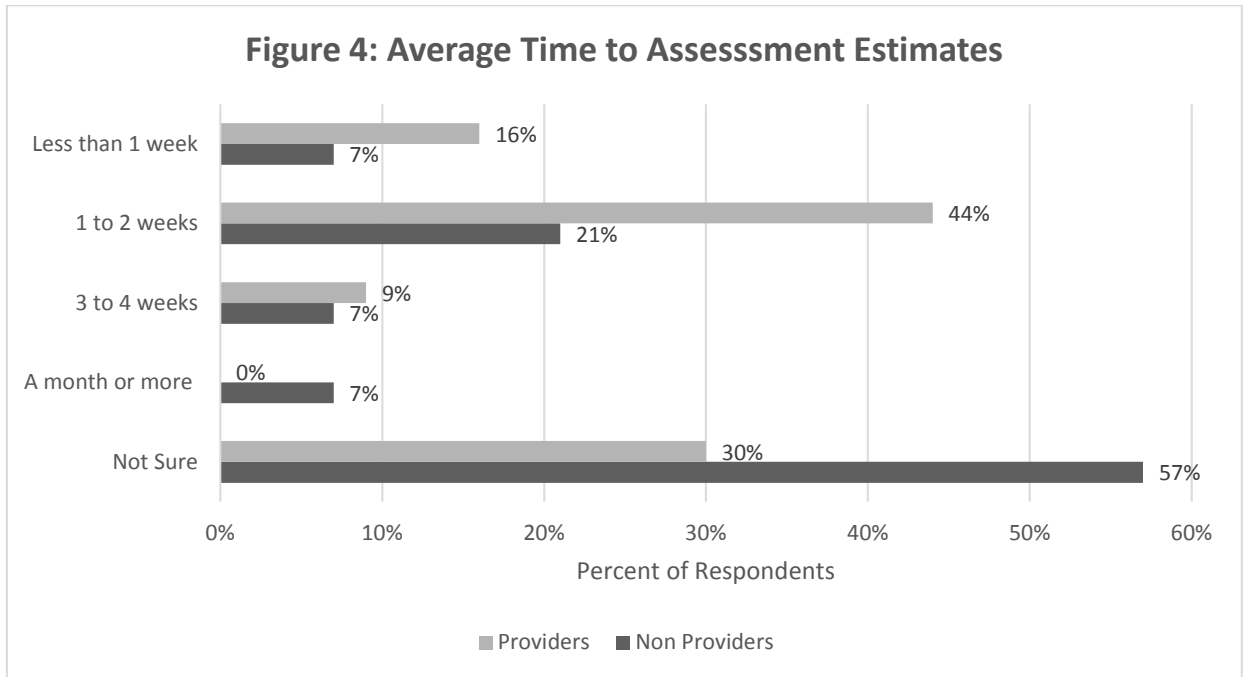


Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who didn't. Respondents were presented 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). 63 participants answered this question. The overall (provider and non-provider) average barrier ratings were 2.7 for adolescent willingness to participate in services, 2.5 for timing of when services are available, 2.4 for family support, 2.3 for availability of adolescent providers, 2.2 for transportation and 2.2 for stigma associated with accessing services. There appeared to be little to no difference in how this question was answered based on whether or not the respondent was a mental health and/or substance abuse provider.

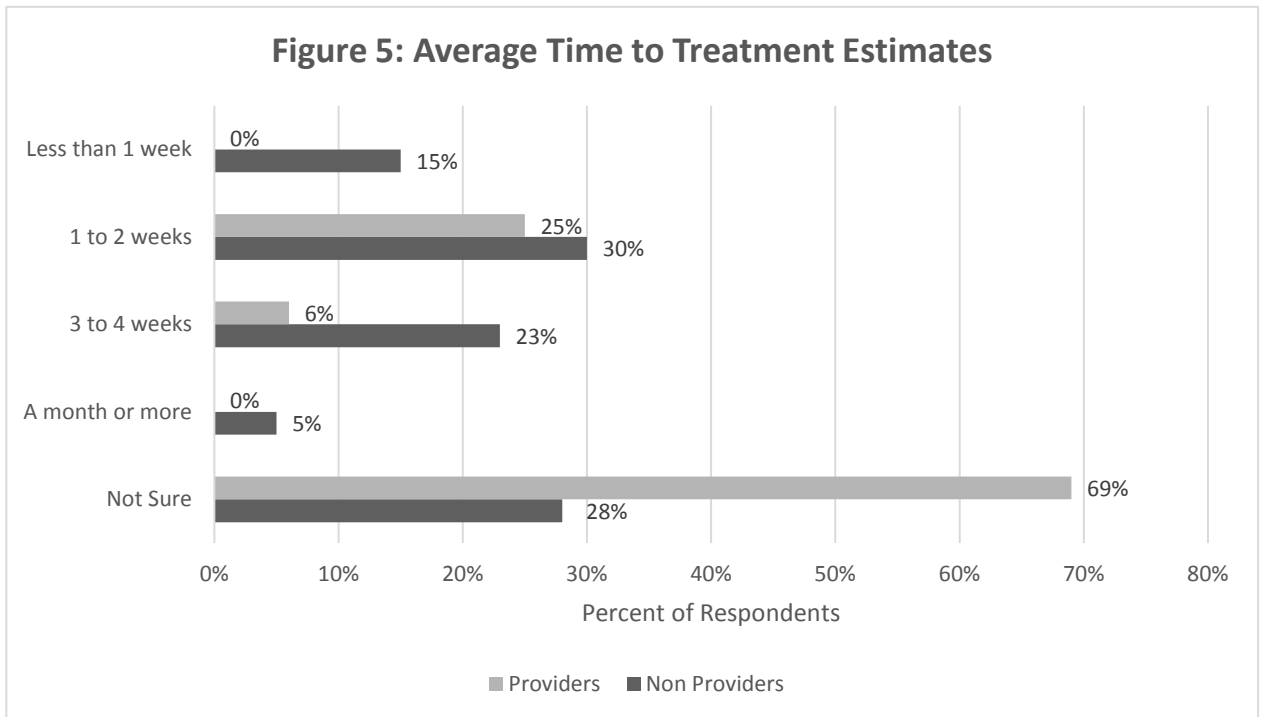
Figure 3: How often (if at all) are the following factors problematic when an adolescent is referred for a substance abuse assessment or treatment?



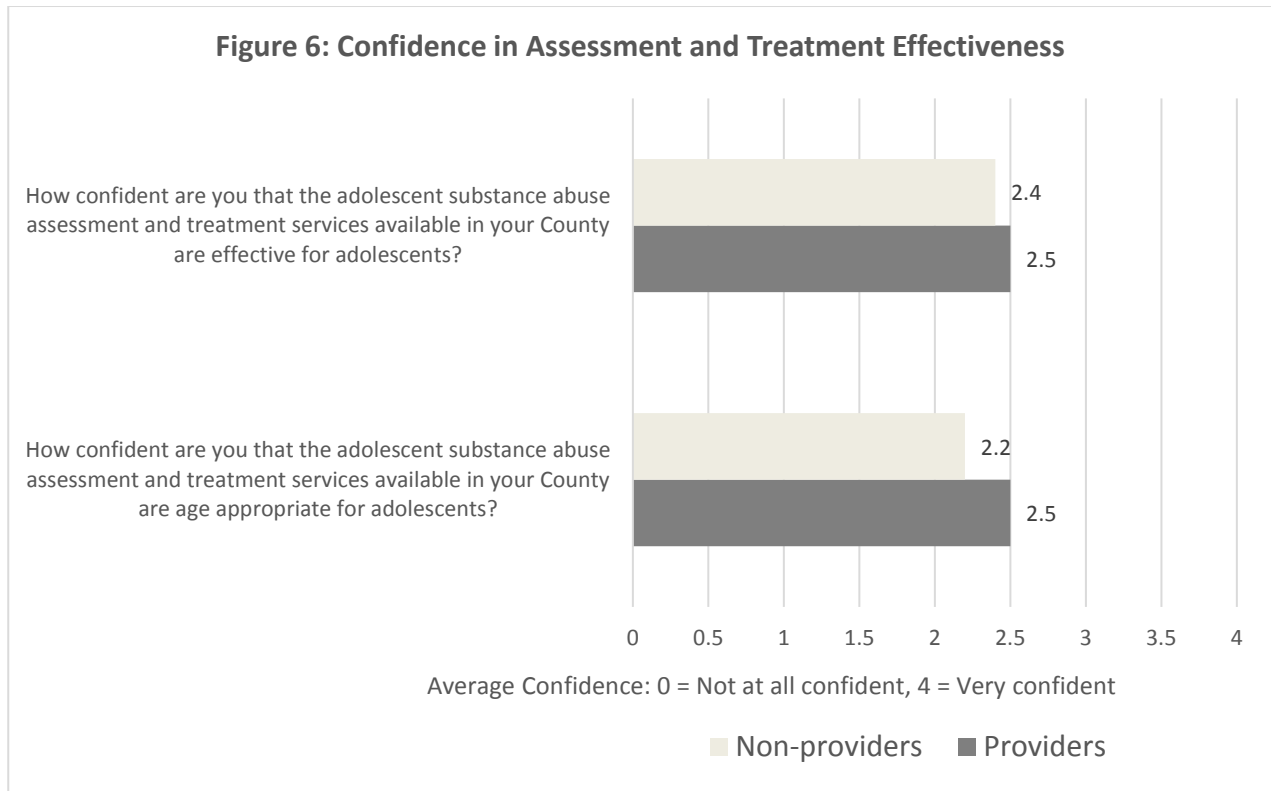
A later survey item asked respondents to estimate how long it took for an assessment and then a first appointment (treatment) to occur after a referral was made (see figure 4 below). Among the 57 responses obtained, providers’ most frequent answer (22) was 1 -2 weeks for an adolescent to receive an assessment once referred, followed by 21 who were not sure, 8 who indicating it took a week or less, 5 who indicated 3-4 weeks and 1 who said more than one month. Similar to the previous figure, this summary organizes responses based on whether or not the respondent identified personally as a treatment or assessment provider. The pattern of responses in figure 4 for non-providers differs, mainly in that the majority indicated they were not sure how long the time until assessment took.



In contrast to figure 4 which presents the time-to-assessment data, figure 5 below presents the averaged 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 “not sure” option, followed by 1 to 2 weeks, 3 to 4 weeks, less than one week and then a month of more. Figure 5 appears to show differences between how providers and non-providers estimated the time until the first appointment occurred, with the largest being that providers were more likely to estimate the time until treatment occurs as “not sure.” In general non-providers estimated more time until the first appointment.



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Chittenden County were age appropriate for adolescents, using a confidence scale from 0 = not at all confident to 4 = confident. The average confidence rating that adolescent substance abuse assessment and treatment services in Chittenden County were effective for that age group was 2.5. The corresponding rating that adolescent substance abuse assessment and treatment services in Chittenden County were age appropriate was 2.4. These data points are summarized in figure 6 below.



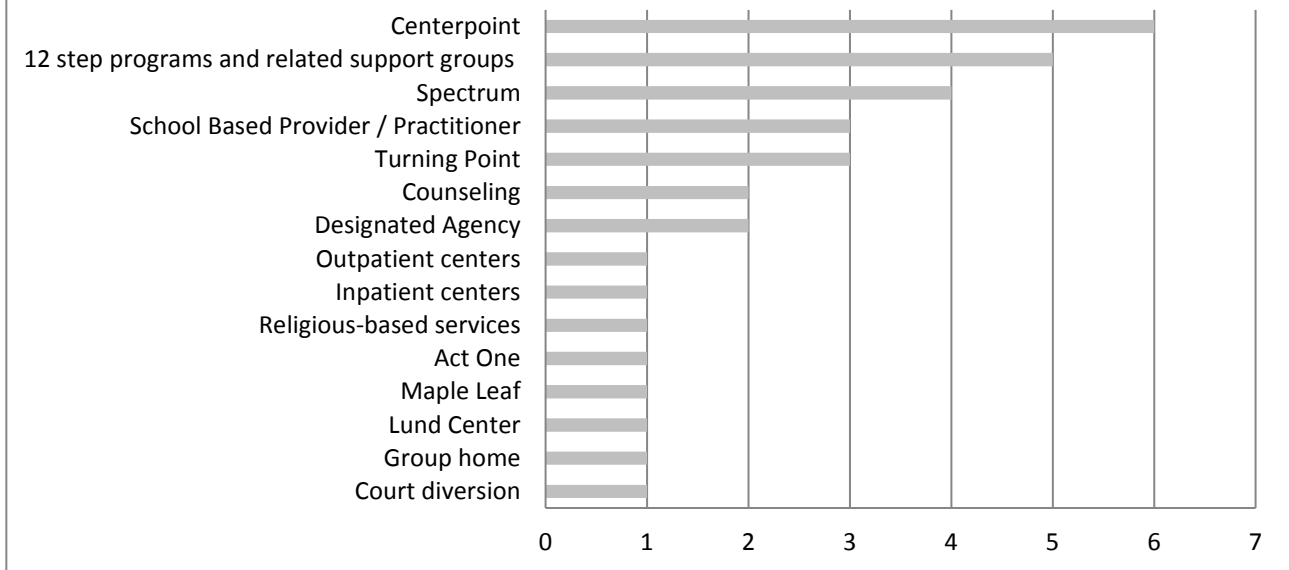
Items 21 and 22 on the survey asked respondents to indicate specific ways in which the needs of adolescents referred for or seeking treatment were being met (item 21), and not being met (item 22). 33 individuals answered item number 21, of whom 17 of those responses indicated ways that treatment needs were being met. The remaining 16 responses either indicated ways that treatment needs were *not* being adequately met, or described how the respondent did not feel capable of answering the question. 35 individuals answered item number 22, and 25 of those responses indicated ways that treatment needs were not adequately being met. The remaining responses indicated “not sure” of other reasons that they did not feel they could reply meaningfully.

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>"Immediate access program which can get kids and families in very quickly"</p> <p>"[Agency name] doing the most responsive, innovative work when it comes to substance abuse for teens"</p> <p>"We work flexibly and collaboratively with adolescents to meet their needs and support them in making the changes they want to make"</p> <p>"Having SAP counselors in schools is critical to make a referral happen"</p> <p>"We are very fortunate to have clinicians willing to come to school to provide treatment services"</p>	<p>"Follow through with treatment continues to be a challenge for adolescents"</p> <p>"Long waiting lists for medication assisted treatment"</p> <p>"Available treatment and variety of treatment options"</p> <p>"Long wait lists"</p> <p>"Lack of services and programs that focus on Multi-cultural youth. Providers are almost always White Americans. Lack of connection and cultural competency to serve youth who have non-American culture background."</p>

Item 23 on the survey asked respondents to name recovery services and supports available in Chittenden County (responses are summarized in figure 7 below). Because this elicited a wide range of responses, we developed a coding scheme where responses were organized into specific categories of services and/or providers. The number of individuals indicating each recovery support or service is listed in parenthesis following the service. Respondents most frequently identified recovery supports and services associated with Centerpoint (6), 12 step and related programs (5), Spectrum Youth and Family Services (4), school-based providers (3) and Turning Point centers (3).

Figure 7: Recovery Options Available In Chittenden County



Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Chittenden 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 Chittenden County are similar to, and in some cases report more positive/healthy characteristics, than do youth in other Vermont communities.

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 Centerpoint, Spectrum, programs of the Howard Center and private providers;
- The time until an assessment and then first treatment is typically 1-4 weeks, and
- Notable barriers to treatment include lack of adolescents’ willingness to engage in treatment, the timing of when services are available, and other factors.

In addition to providing information to community members and professionals in Chittenden County, we hope this report can help guide conversations about adolescent treatment services moving forward. Because the report was created prior to the entire Chittenden County dataset being available, the findings should be treated as preliminary. We anticipate being able to create an up[dated, more detailed report addressing youth access to substance abuse treatment in Chittenden County in the future. 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.