The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Franklin and Grand Isle County Needs Assessments

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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 Franklin and Grand Isle Counties, 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 Franklin and Grand Isle Counties in the spring of 2016.

Part I: Franklin and Grand Isle County Treatment Resources and Treatment Needs Data

The following summary is of Medicaid billable treatment options for adolescent substance abuse treatment services in Franklin and Grand Isle Counties. Agencies providing adolescent outpatient treatment include:

- NCSS
- Howard Center

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 22 Licensed Alcohol and Drug Abuse Counselors (LADCs) and 12 Alcohol and Drug Counselors (ADCs) in Franklin and Grand Isle Counties. Clinicians in private practice (not employed at a community treatment agency) can bill Medicaid for providing substance abuse treatment services, provided they are licensed as an 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 Franklin and Grand Isle County.

Percent of adolescents in grades 9-12 who:	2013 State wide %	2015 Franklin / Grand Isle County %	2015 State wide %	2015 compared to state
Drank five or more drinks in a row, in the past 30 days	19%	16% / 12%	16%	Same / Same
Drank alcohol in the past 30 days	33%	31% / 28%	30%	Same / Same
Drank alcohol before the age of 13	14%	13% / 11%	12%	Same / 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 Franklin / Grand Isle 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%	32% / 30%	29%	Better / Same
Percent of students who think their parents think it is wrong for them to smoke marijuana	82%	82% / 86%	80%	Same / Same
Percent of students who think it is wrong for someone their age to smoke marijuana	57%	58% / 58%	56%	Same / Same

The following table summarizes belonging for High School Students in Franklin and Grand Isle County.

Percent of adolescents in grades 9-12 who agree that:	2013 State Wide %	2015 Franklin / Grand Isle County %	2015 State wide %	2015 compared to state
In your community you feel like you matter to people	50%	51% / 58%	55%	Worse / Same
Teachers really care about them and give them lots of encouragement	59%	63% / 62%	63%	Same / Same

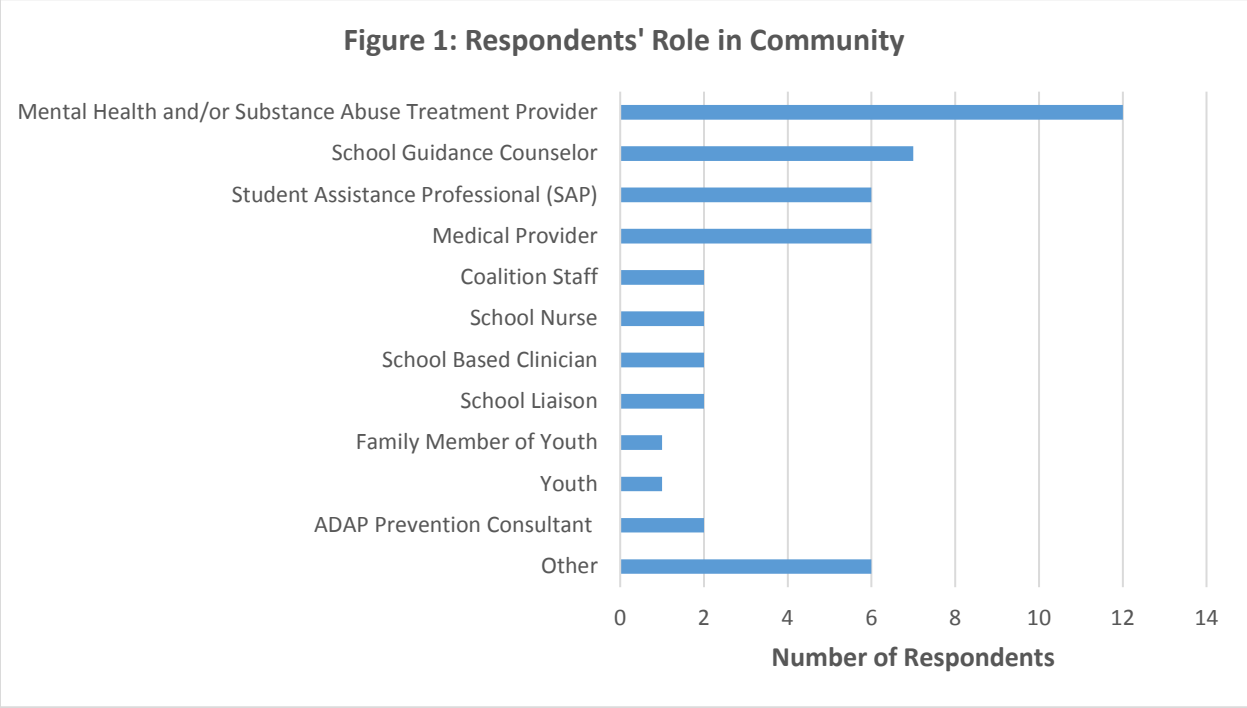
Part II: The Franklin and Grand Isle County Needs Assessment Survey

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. Franklin and Grand Isle 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 Franklin and Grand Isle 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 open in May and June of 2016 and no incentive was given for participating.

Data Summary

Data were exported after the survey was closed, and responses from individuals who did not live or work in Franklin and Grand Isle County were excluded. For the purpose of the summaries presented in this report, data from the counties were combined. Partially completed surveys were excluded from the summary. A total of 48 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 does not total 48. Most (79%) survey respondents reported that they had worked or lived in Franklin and Grand Isle County for six or more years.

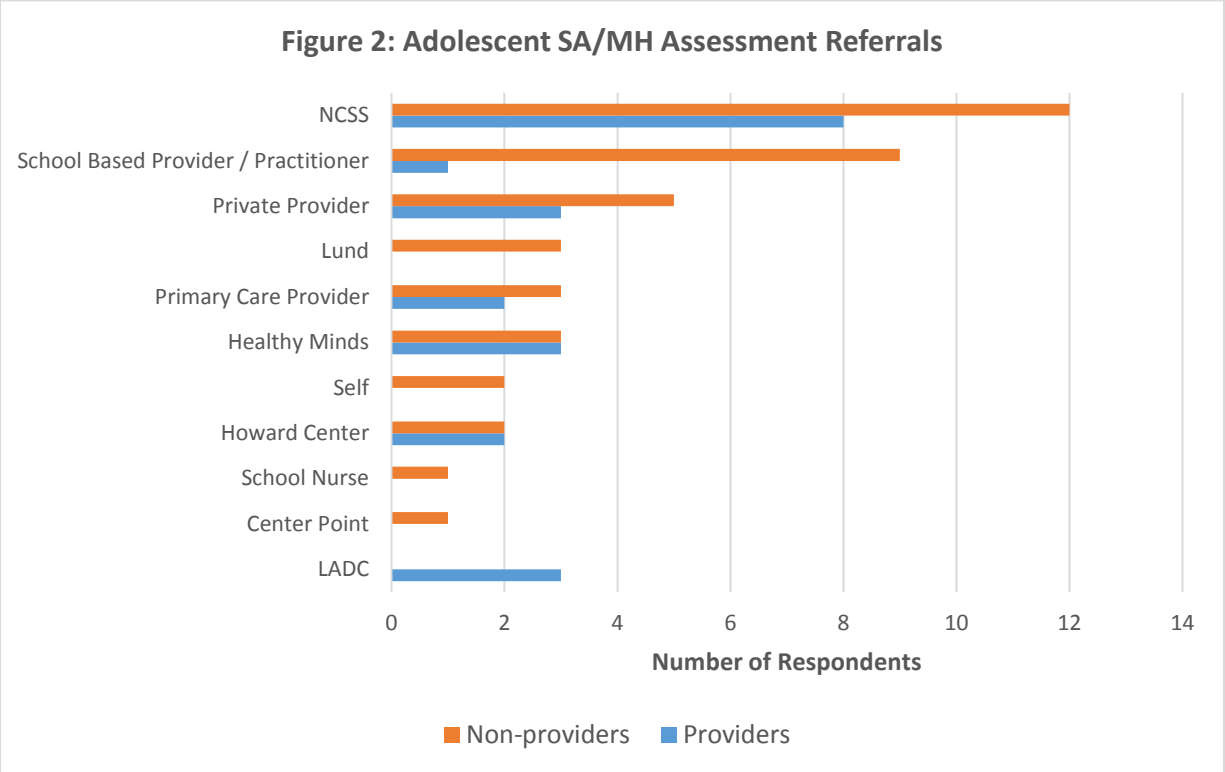
Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. Twelve reported being substance abuse or mental health providers. Seven were guidance counselors and six each were Student Assistance Professionals and medical providers.



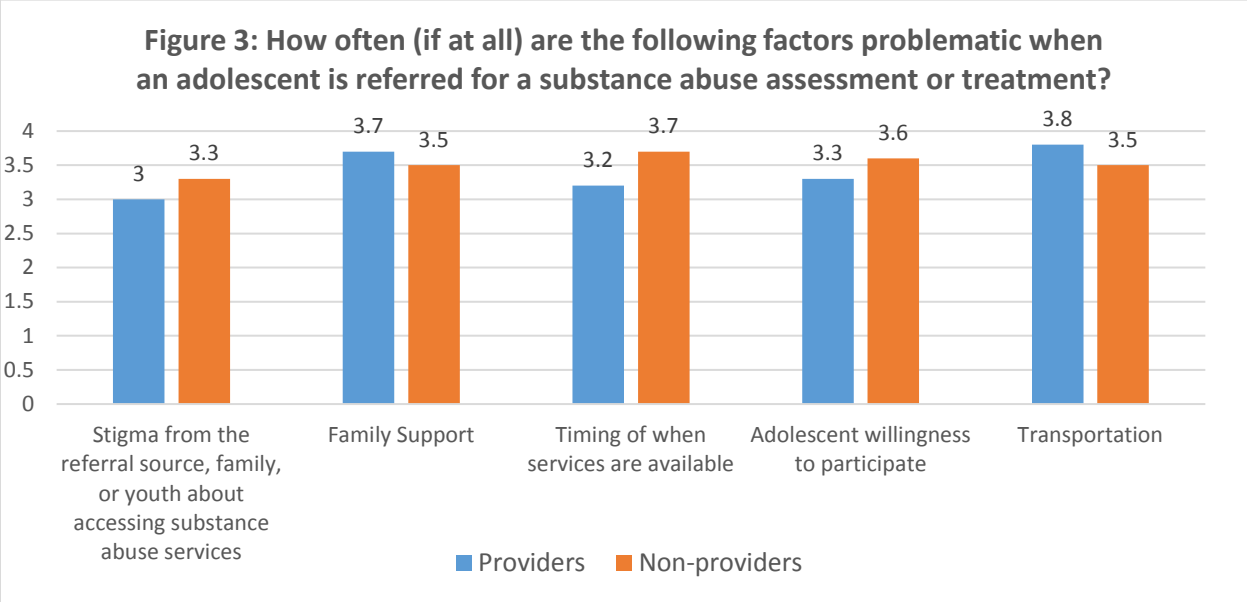
Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. Eighteen survey respondents indicated they were one of these types of providers. Ten indicated that they provide substance abuse assessments in the community for adolescents. Of these, six were LADCs or ADCs, two were Licensed Mental Health Clinicians, one was a Licensed Clinical Social Workers and one was an AAP. Two respondents indicated they were in private practice and five worked at 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 "NCSS". Other responses were clearly indicated, such as "Boys and Girls Club" and did not require categorization.

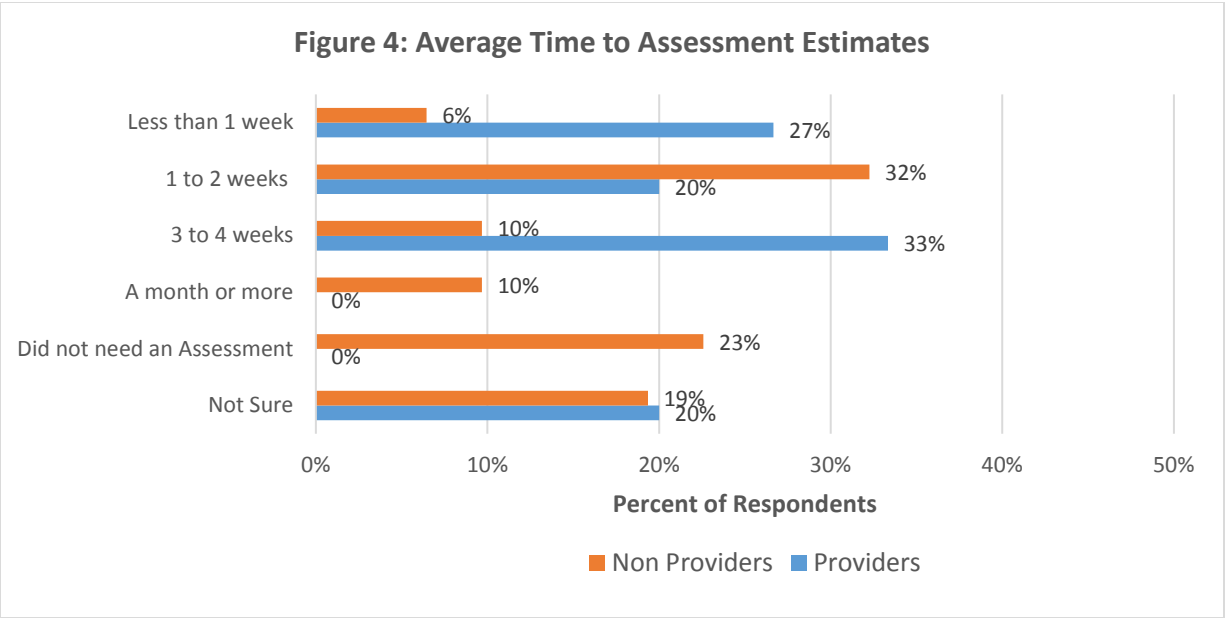
Figure 2 summarizes our coding of respondents' answers to Question 15. Respondents could indicate as many providers or programs that they refer to as they wished. Answers are organized by non-providers (top bar in each category) and providers (bottom bar in each category). Across all respondents, the most frequently cited providers/programs that were referred to were NCSS, school-based providers and private providers. The next most commonly cited programs were the Lund Center, Primary Care Providers and the Healthy Minds program. Non-providers appeared to be more likely than treatment providers to refer to school-based service providers.



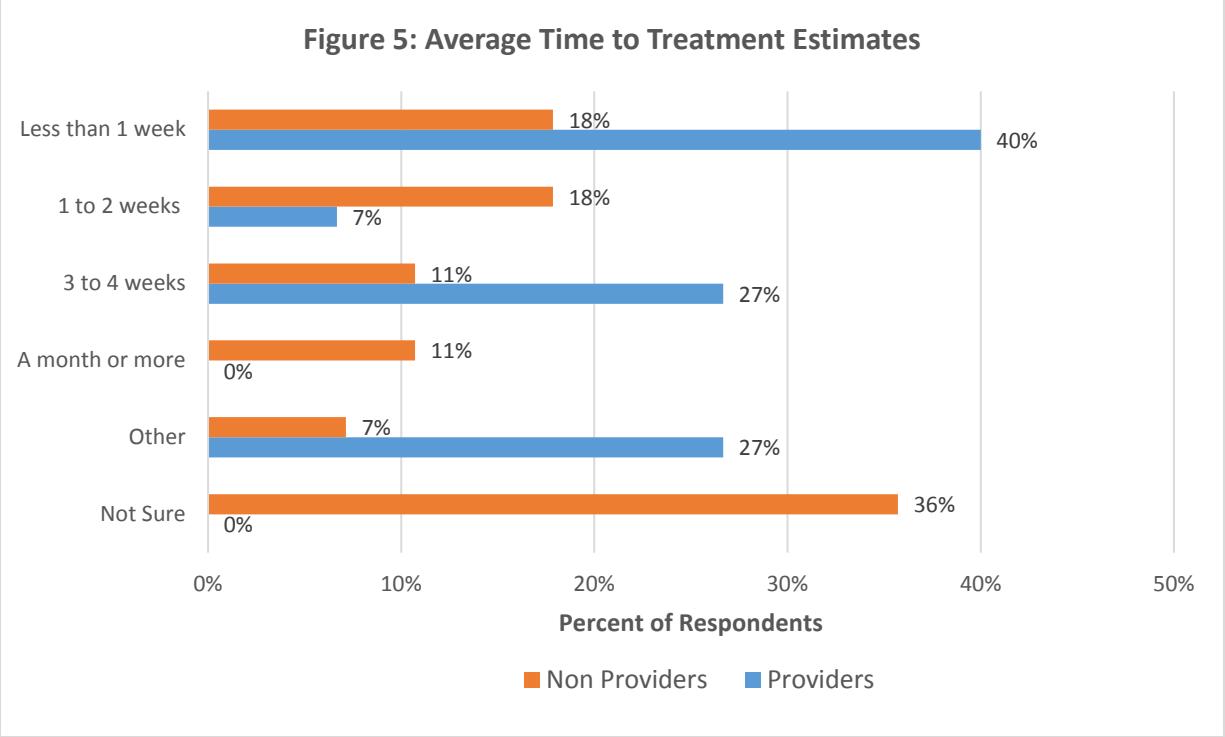
Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented 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). 43 participants answered this question. The highest overall (provider and non-provider) average barrier ratings were for transportation, adolescent willingness to participate in services, the timing of when services were available, lack of family support and stigma associated with accessing services. Insurance, availability of adolescent providers and age-related limits for services 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. Similar to the previous figure, this summary organizes responses based on whether or not the respondent identified as a treatment or assessment provider. In figure 4, the most frequent provider responses were 3-4 weeks, less than 1 week and then 1-2 weeks. Among non-providers, the most common responses were 3-4 weeks followed by "not sure". Providers' and non-providers' patterns of estimates were not consistent with each other.

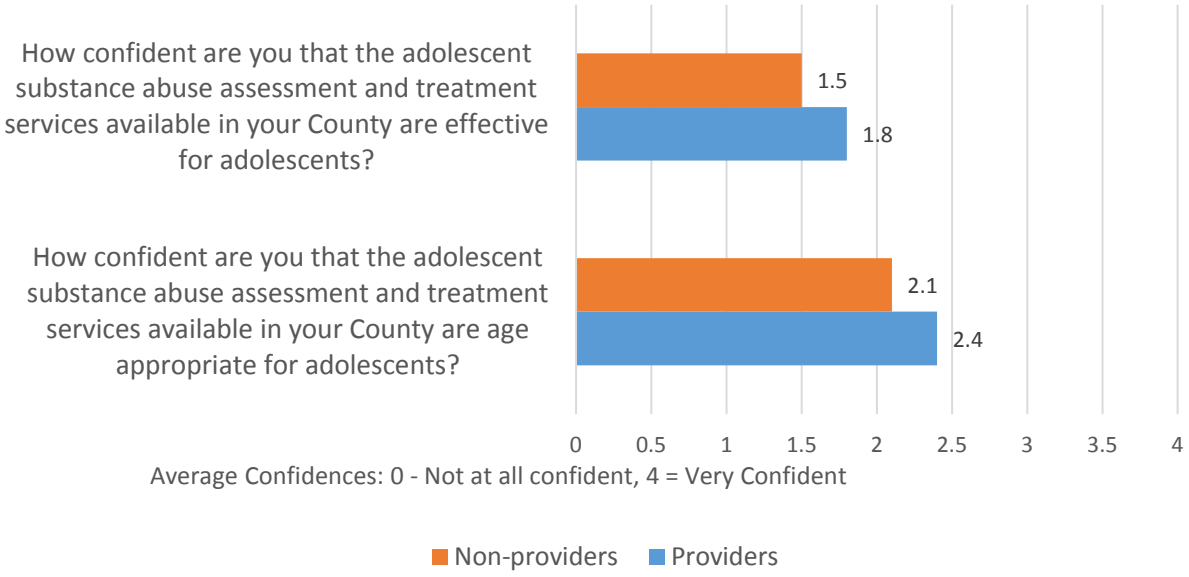


In contrast to figure 4 which presents the time-to-assessment data, figure 5 below presents the average estimated time-to-first-treatment data, also broken out by provider and non-provider estimates. In figure 5 it can be seen that providers' most frequently estimated time until treatment begins is "less than 1 week" followed by 3-4 weeks and then "other". Among non-providers, "not sure" was the most frequent response followed by 1-2 weeks and then 3-4 weeks. Figure 5 appears to show that except for non-providers' "not sure" responses, there were not strong differences between the time-to-treatment estimates of providers and non-providers.



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Franklin and Grand Isle Counties 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' estimates for adolescent substance abuse assessment and treatment services in Franklin and Grand Isle Counties being age appropriate was 2.1, while their average confidence rating that treatment services were effective for that age group was 1.5. The corresponding estimates by providers were 2.4 age appropriate and 1.8 for effectiveness. This pattern suggests that providers who responded to this survey were slightly more likely to believe that treatment services were more age appropriate and effective than were non-providers. Across both groups, respondents on average did not endorse high levels of confidence in either age appropriateness or effectiveness of treatment for adolescents.

Figure 6: Confidence in Assessment and Treatment Effectiveness



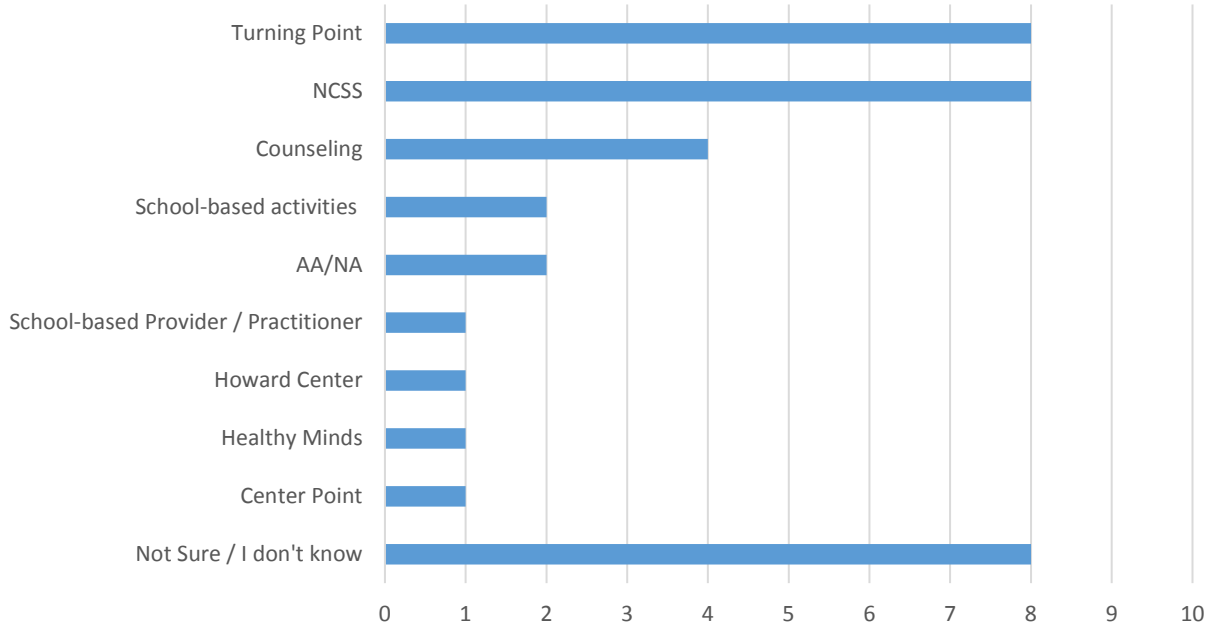
Items 21 and 22 on the survey asked respondents to indicate specific ways in which the needs of adolescents referred for or seeking treatment were being met (item 21), and not being met (item 22). Responses for these items are presented in Table 1 below. Rather than an exhaustive list of responses, the table presents a representative array of responses from each item, and with minimal editing.

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

Treatment Services: Working Well	*Treatment Services: Not Working Well*
"SA services are integrated within NCSS, the mental health center which allows for integrated treatment and referrals to other program needs as necessary." "The flexibility of our staff allow youth to access services easier. Having clinicians within the school supports youth accessing and receiving services/treatment." "Teens are able to receive assessment and treatment through caring providers at NCSS as well as through the connection with Drug Court." "[A]ssessments are available and taking place due to co-located substance abuse clinician in DCF office." "Where multiple systems of support exist, particularly within family structures, there is a "higher probability" of meeting needs." "Our co-located screener and drug court are positive supports and attend to the issues in a timely way."	"Lack of transitional housing, foster homes, youth shelter which means that youth are often staying in homes with others that are using and that are not supportive of youth goals [about] their use." "It is not equitable for those who receive Medicaid or are less financially secure to have less choice of services provided, as state only pays NCSS for substance disorders." "There is not an identified peer-recovery support group for adolescents." "Very few SAP in schools [due to] lack of understanding of role. Fee for service is the standard for schools." "Follow-through by clients and families is a barrier to thorough treatment. Often they will only do the minimum in order to satisfy the school's original referral." "The services are not timely or consistent. There is not IOP for this age group and there are no groups really offered." "I […] think we don't do SA or MH treatment where clinicians connect with the people they serve."

A final survey item asked people to indicate what recovery-related services or supports were available in their community for adolescents. Figure 7 below presents this information. The most frequently reported supports cited were Turning Point, NCSS and counseling, followed by school-based activities and twelve step programs. Eight of the survey respondents indicated they were unaware of any adolescent recovery supports or services in Franklin or Grand Isle counties.

Figure 7: Recovery Services and Supports Available in Franklin and Grand Isle Counties



Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Franklin and Grand Isle Counties, as well as information about substance abuse and related risk factors seen in young people. These indicators reflected that on average, young people in Franklin and Grand Isle Counties report less positive/healthy characteristics similarly 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;
- Mixed (and often negative) perceptions of how well existing services are meeting the treatment needs of adolescents;
- Respondents most often referring to NCSS, schools-based services and private providers;
- Estimated times until an assessment and then first treatment varied from 1-4 weeks, and
- Notable barriers to treatment include transportation, adolescents' willingness to engage in treatment and lack of family support, among others.

In addition to providing information to community members and professionals in Franklin and Grand Isle Counties, 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.