

The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Lamoille County Needs Assessment

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10/25/2016

Overview of this Report

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

Part I: Lamoille County Treatment Resources and Treatment Needs Data

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

- Behavioral Health and Wellness Center
- Lamoille County Mental Health

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 one Alcohol and Drug Counselor (ADC) in Lamoille 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 Lamoille County.

| Percent of adolescents in grades 9-12 who: | 2013 State wide % | 2015 Lamoille 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% | Better |
| Drank alcohol before the age of 13 | 14% | 18% | 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 Lamoille 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% | 27% | 29% | Same |
| Percent of students who think their parents think it is wrong for them to smoke marijuana | 82% | 75% | 80% | Worse |
| Percent of students who think it is wrong for someone their age to smoke marijuana | 57% | 51% | 56% | Worse |

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

| Percent of adolescents in grades 9-12 who agree that: | 2013 State Wide % | 2015 Lamoille County % | 2015 State wide % | 2013 compared to state |
|---|-------------------|------------------------|-------------------|------------------------|
| In your community you feel like you matter to people | 50% | 49% | 50% | Same |
| Teachers really care about them and give them lots of encouragement | 59% | 62% | 62% | Same |

Part II: The Lamoille County Needs Assessment Survey

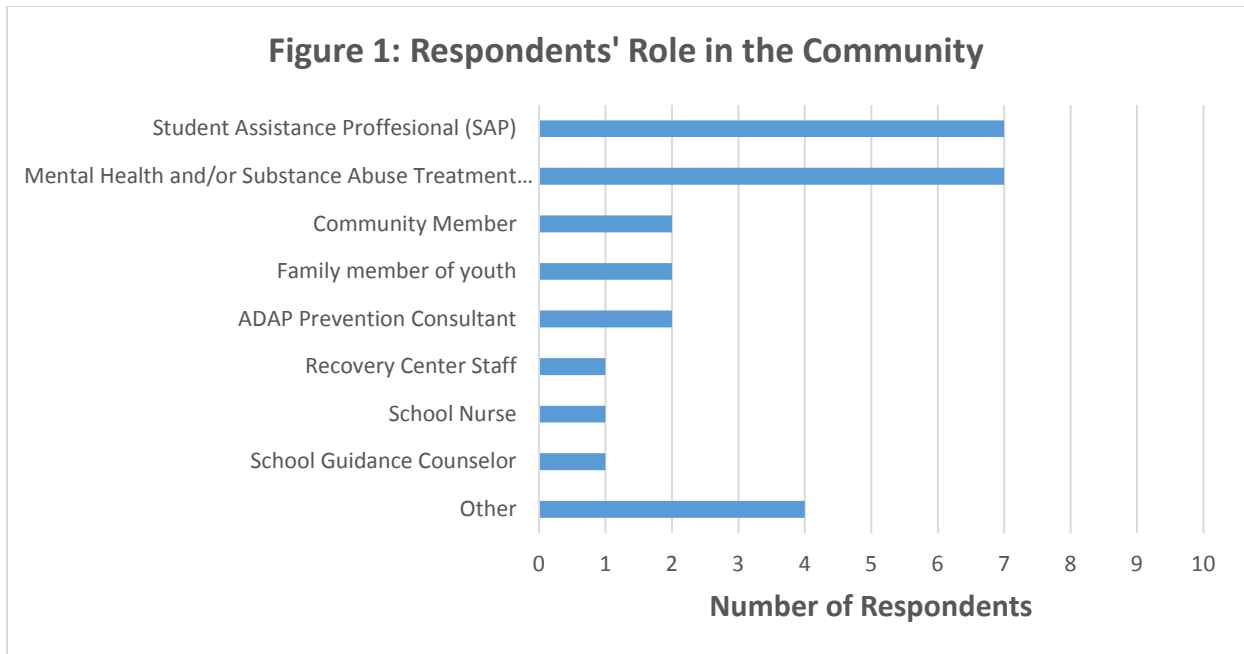
As part of a larger effort to improve access to and quality of adolescent substance abuse assessment and treatment services in Vermont, the Vermont Department of Health Division of Alcohol and Drug Abuse Programs (ADAP) and its partners developed a treatment inventory survey. The goal of the survey was to assess the adolescent substance abuse “treatment landscape” in specific geographical regions, e.g. Lamoille 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 Lamoille 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 taking part in the survey.

Data Summary

Data were exported after the survey was closed, and responses from individuals who did not live or work in Lamoille County were excluded. Partially completed surveys were also excluded from the summary. A total of 28 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 28. A large majority of survey respondents (81%) reported that they have worked or lived in Lamoille 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. 8 respondents indicated they were student assistance professionals, 8 reported being substance abuse or mental health providers and 9 indicated a different role in the community. 4 participants responded they did not fall into one of the roles provided in the survey.

Figure 1: Respondents' Role in the Community

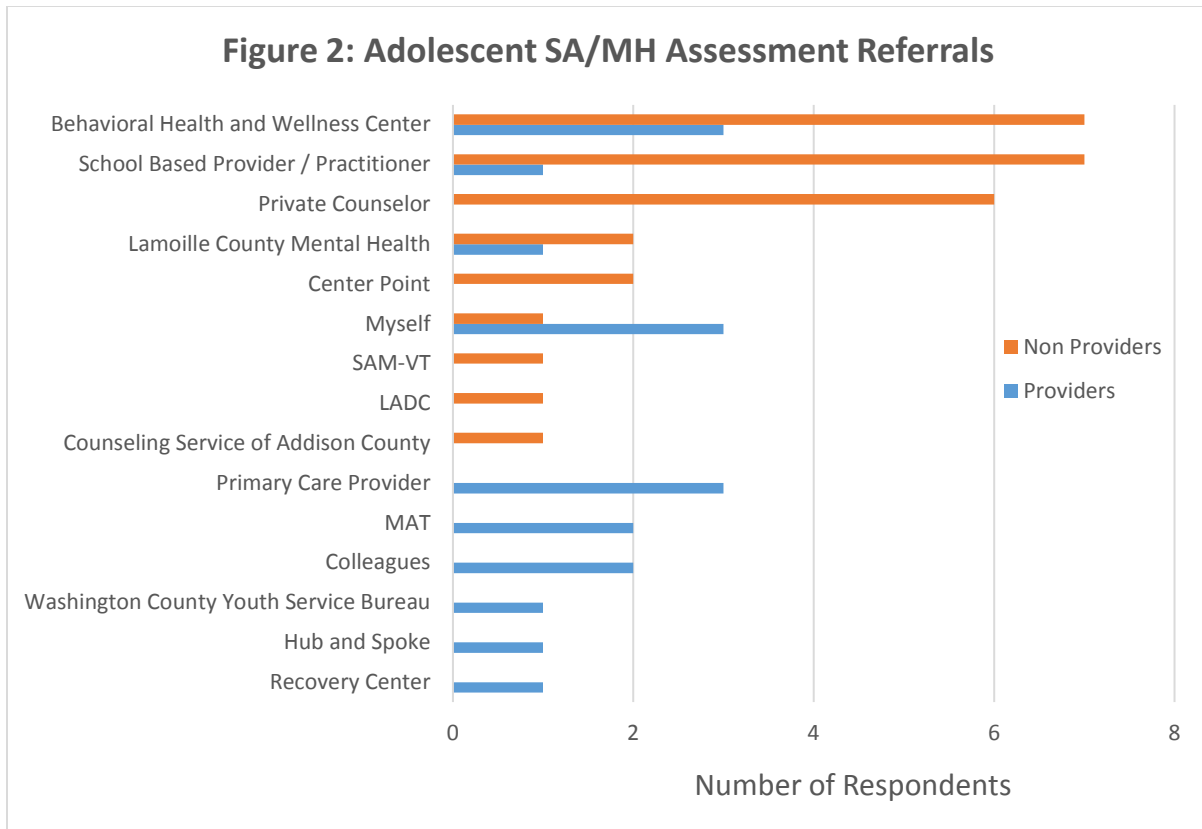


Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. 10 survey respondents indicated that they are one of these types of treatment providers. Of these, 7 indicated that they provide substance abuse assessments in the community for adolescents. Five of the 10 total individuals were LADCs, 3 were Licensed Mental Health Clinicians and 3 were PhD Psychologists. Five respondents indicated they were in private practice, and 4 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 "LCMH". Other responses were clearly indicated, such as "Boys and Girls Club" or "Guidance Counselor" and did not require categorization.

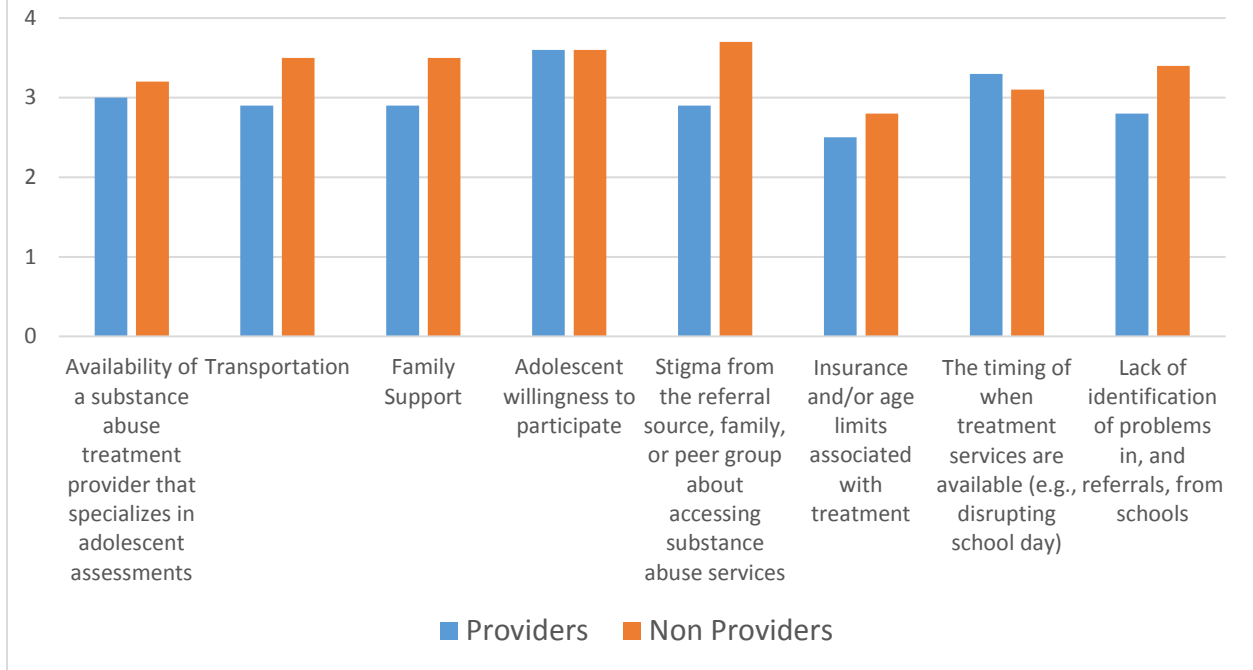
Figure 2 summarizes our coding of respondents' answers to Question 15. Respondents could indicate as many providers or programs that they refer to as they wished. Answers are organized by non-providers (top bar in each category) and providers (bottom bar in each category). Across all respondents, the most frequently cited providers/programs that providers referred to were Behavioral Health and Wellness Center, school-based clinicians and "private providers". The next most frequent responses included Lamoille County Mental Health, primary care providers and "myself".

Figure 2: Adolescent SA/MH Assessment Referrals



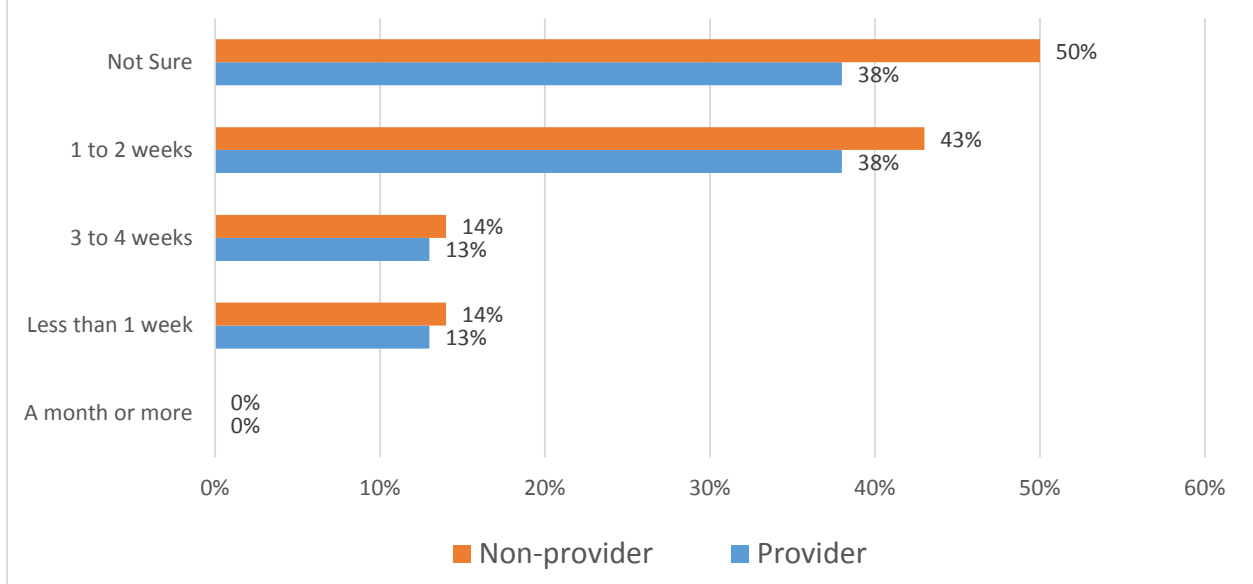
Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented 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 overall (provider and non-provider) average barrier ratings were for adolescent willingness to participate in services, stigma associated with accessing services, the timing of when services are available, lack of family support, transportation problems, lack of school identification and referral for problems and availability of adolescent providers. Insurance and age-related limits for services were also cited as barriers, but less frequently. 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, although providers generally rated each choice as less of a barrier than did non-providers.

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

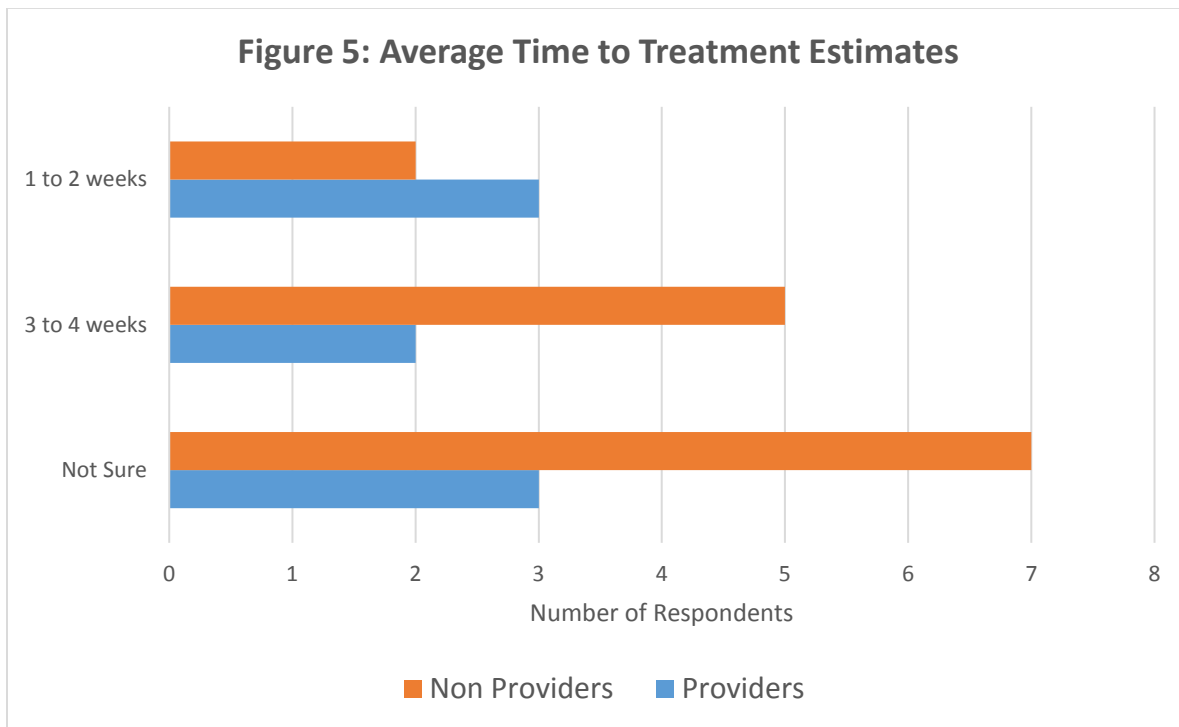


A later item asked survey respondents to estimate how long it took for an assessment and then a first appointment (treatment) to occur after a referral was made. Similar to the previous figure, this summary organizes responses based on whether or not the respondent identified personally as a treatment or assessment provider. Among the responses obtained, there was an approximately even split between 2 weeks or less and “not sure”, with non-providers being more often saying “not sure”.

Figure 4: Average Time to Assessment Estimates



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 overall the most frequently estimated time until treatment begins is the “not sure” option, followed by 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 being less likely to estimate the time until treatment occurs as “not sure”, and as a group the majority of providers indicated that treatment starts within 4 weeks.



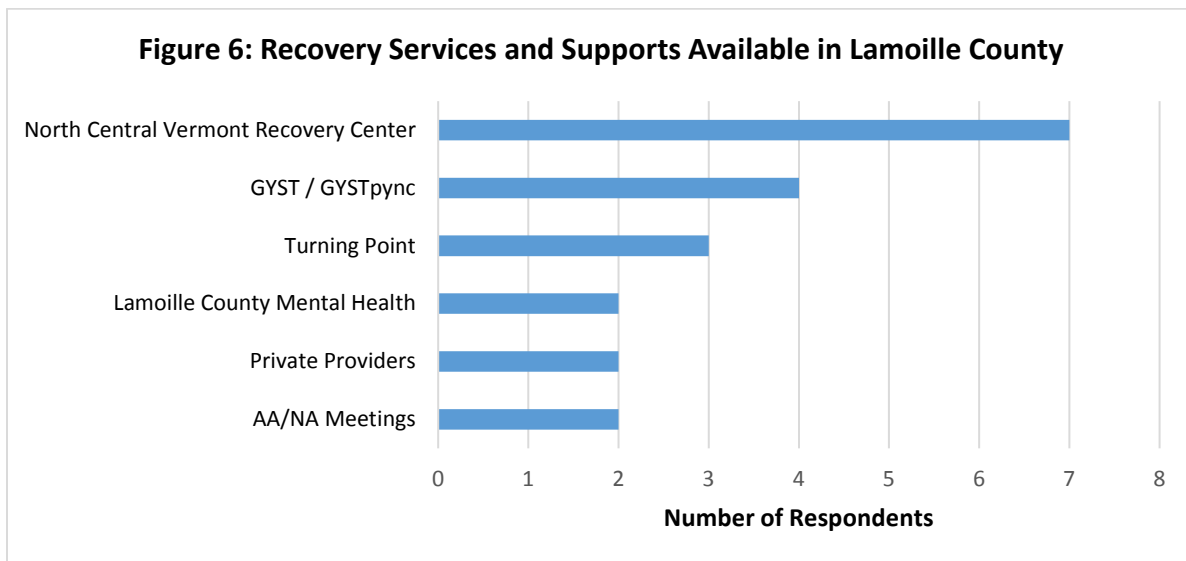
Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Lamoille County were age appropriate for adolescents, using a confidence scale from 0 = not at all confident to 4 = very confident. The average confidence rating that adolescent substance abuse assessment and treatment services in Lamoille County were effective for that age group was 2.8. The corresponding rating that adolescent substance abuse assessment and treatment services in Lamoille County were age appropriate was 2.7.

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>"We have SAP's and Court Diversion, who are often referral sources to area providers. We have Behavioral Health and a few private practitioners who provide treatment."</p> <p>"Their is some opportunity through Turning Point center that is good for the age related Group..."</p> <p>"We have access to CSAC and private LADCs for initial assessment and outpatient treatment."</p> <p>"7 Challenges is developmentally appropriate"</p> | <p>"I think most youth fall between the cracks if identified at all by schools, parents, community."</p> <p>"[Program name] does not seem to have groups for Adolescents."</p> <p>"Youth do not know about services and it does not seem that there are that many youth engaged in treatment."</p> <p>"Inpatient or intensive treatment is not available locally."</p> <p>"AA and NA for teens is sometimes available, but underutilized when available due to transportation and stigma."</p> |

Possible sources of support for young people who are in recovery from substance abuse issues were also assessed in the survey. Figure 6 presents a summary of identified recovery supports and services available to young people in Lamoille County. The most frequently cited supports were the North Central Vermont Recovery Center, GYST/GYSTpync and Turning Point.



Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Lamoille 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 Lamoille County

are similar to, although in some cases report less positive/healthy characteristics are seen in Lamoille youth than in 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 Behavioral Health and Wellness Center, school based clinicians and private providers;
- The time until an assessment and then first treatment is typically 1-4 weeks;
- Notable barriers to treatment include lack of adolescents' willingness to engage in treatment, stigma, lack of family support, transportation and other factors.

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