

The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Orange County Needs Assessment

Prepared by: Tom Delaney & Amy Danielson

11/15/2016

Overview of this Report

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

Part I: Orange County Treatment Resources and Treatment Needs Data

Medicaid billable treatment options for adolescent substance abuse treatment services in Orange County are provided by the Clara Martin 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 21 Licensed Alcohol and Drug Abuse Counselors (LADCs) and seven Alcohol and Drug Counselors in Orange 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 Orange County.

Percent of adolescents in grades 9-12 who:	2013 State wide %	2015 Orange 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%	32%	30%	Same
Drank alcohol before the age of 13	14%	15%	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 Orange 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%	20%	29%	Worse
Percent of students who think their parents think it is wrong for them to smoke marijuana	82%	80%	80%	Same
Percent of students who think it is wrong for someone their age to smoke marijuana	57%	59%	56%	Better

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

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

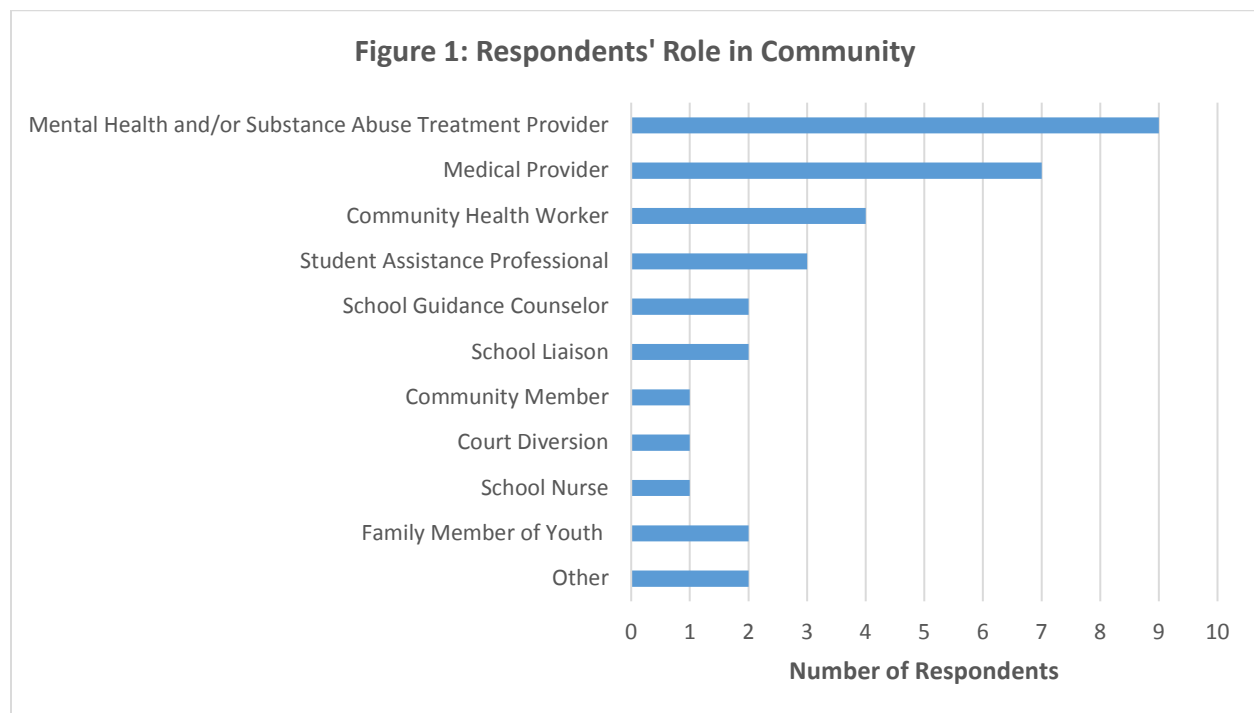
Part II: The Orange County Needs Assessment Survey

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. Orange 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 Orange 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 Orange County were excluded. Partially completed surveys were also excluded from the summary. A total of 34 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 34. A large majority of survey respondents (62%) reported that they have worked or lived in Orange County for six or more years, with the remainder reporting 5 or fewer years in the community.

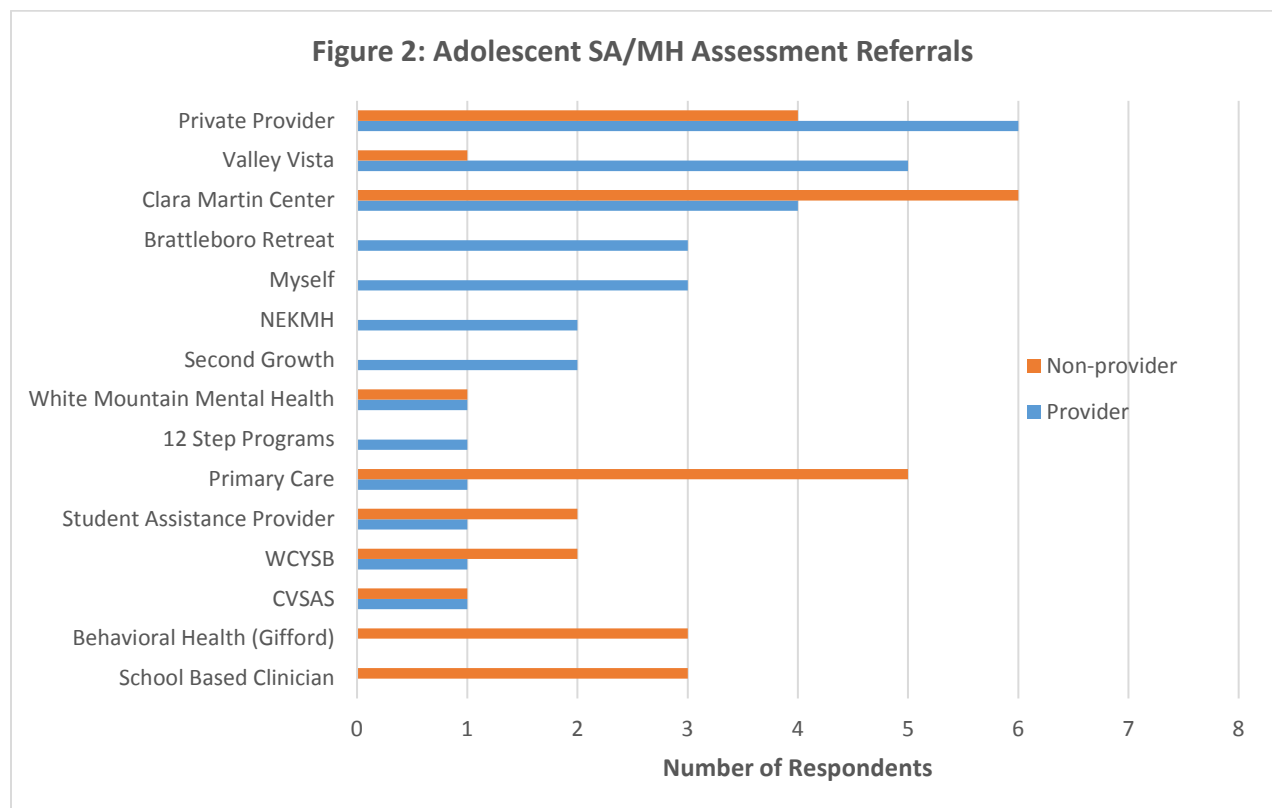
Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. Nine reported being substance abuse or mental health providers, 7 were medical providers, 4 were community health workers and 3 were Student Assistance Professionals. Two participants responded they did not fall into one of the roles provided in the survey.



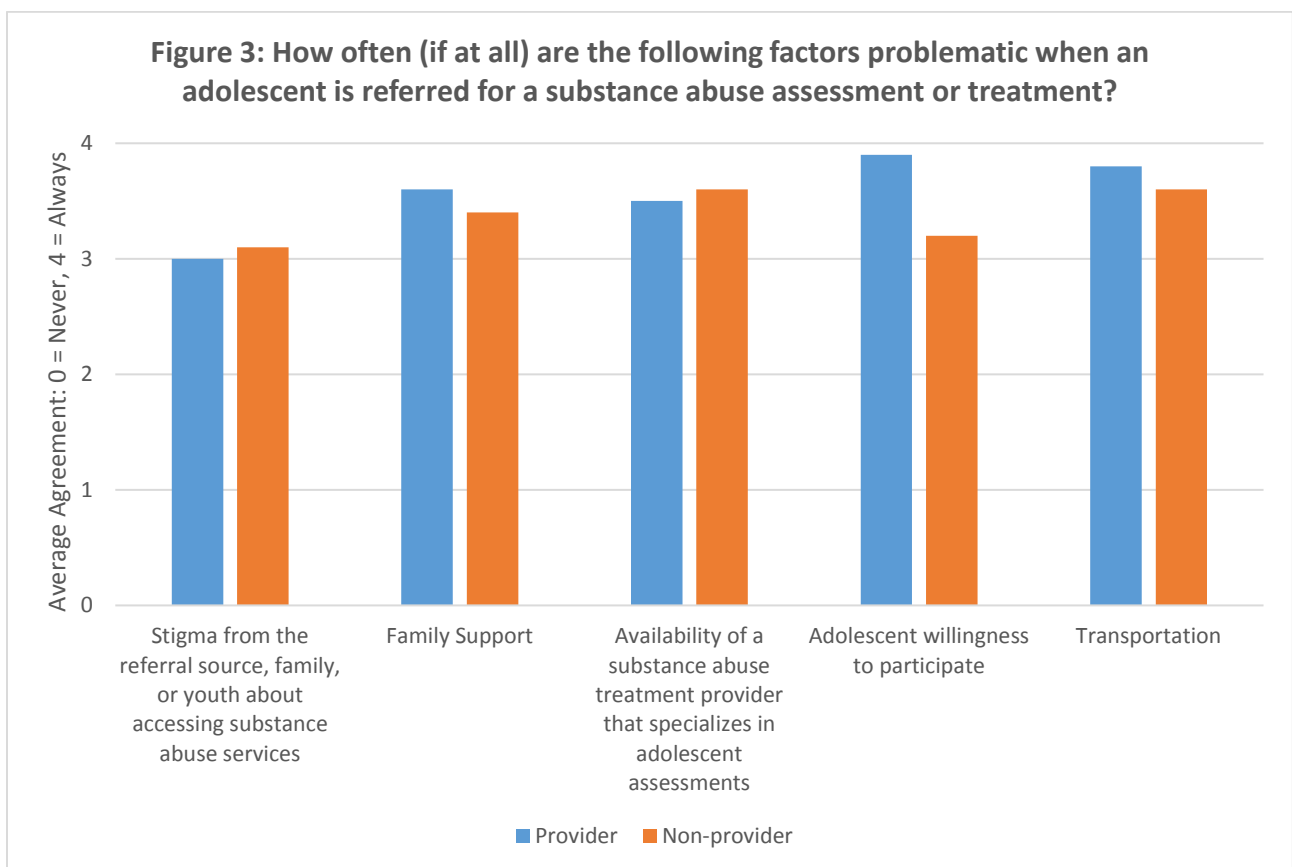
Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. Seventeen survey respondents indicated they were one of these types of providers. Of these, 13 indicated that they provide substance abuse assessments in the community for adolescents. Seven individuals were LADCs, 6 were Licensed Mental Health Clinicians (some of whom were dually licensed as LADCs) and 3 were PhD Psychologists. Of the 17 providers, 9 respondents indicated they were in private practice, and 6 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.

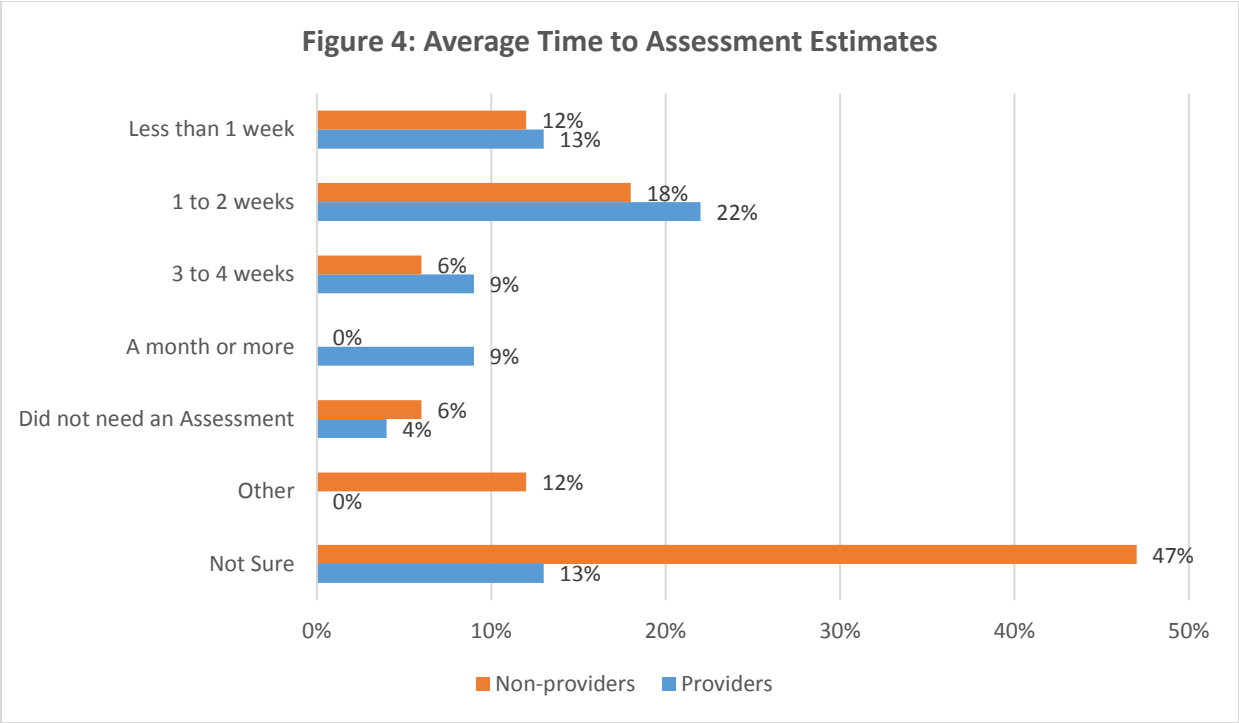
Figure 2 summarizes our coding of respondents’ answers to Question 15. Respondents could indicate as many providers or programs that they refer to as they wished. Answers are organized by non-providers (top bar in each category) and providers (bottom bar in each category). Across all respondents, the most frequently cited providers/programs that providers referred to were private providers, Valley Vista and the Clara Martin Center. Among providers the next most frequent responses were the Brattleboro Retreat, “myself”, Northeast Kingdom Mental Health and Second Growth. Other programs cited by non-providers included primary care providers, Gifford Behavioral Health, school based providers and Washington County Youth Services Bureau.



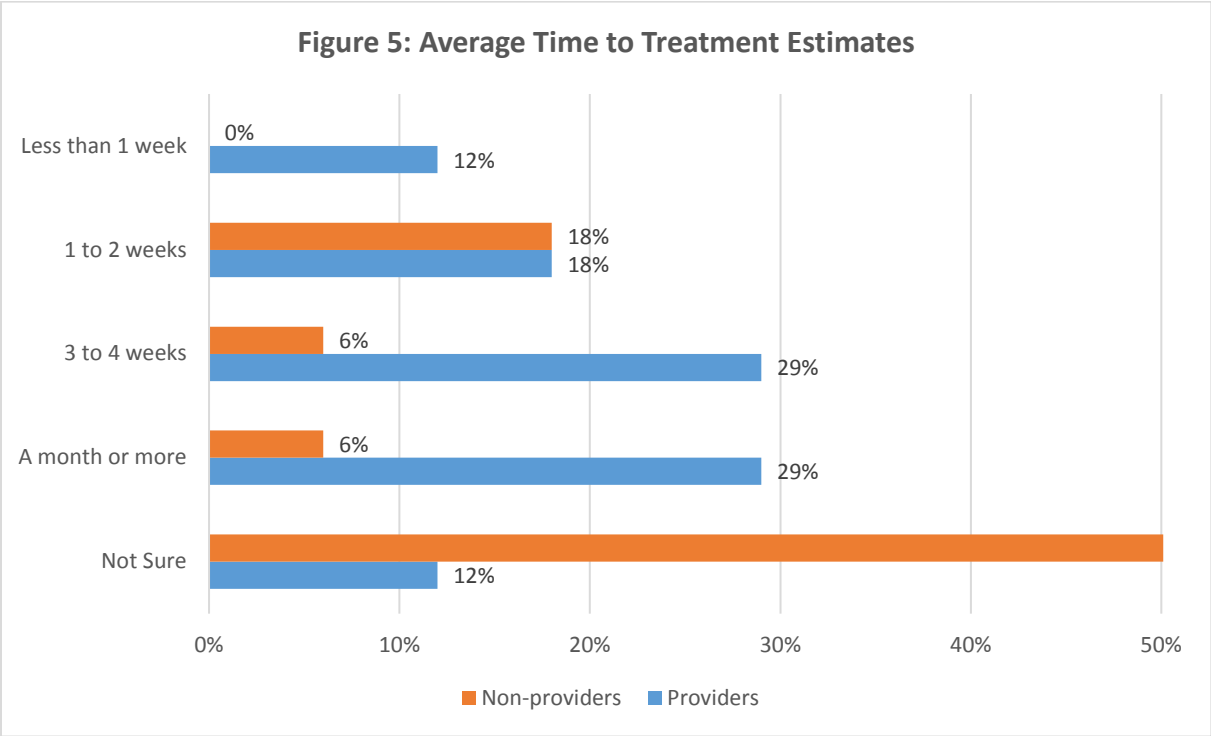
Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented 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). 31 participants answered this question. The highest overall (provider and non-provider) average barrier ratings were for adolescent willingness to participate in services, transportation problems, 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 little difference in how this question was answered based on whether or not the respondent was a mental health and/or substance abuse provider, with the exception of adolescent willingness to participate in treatment, which was rated as more of a barrier by providers.



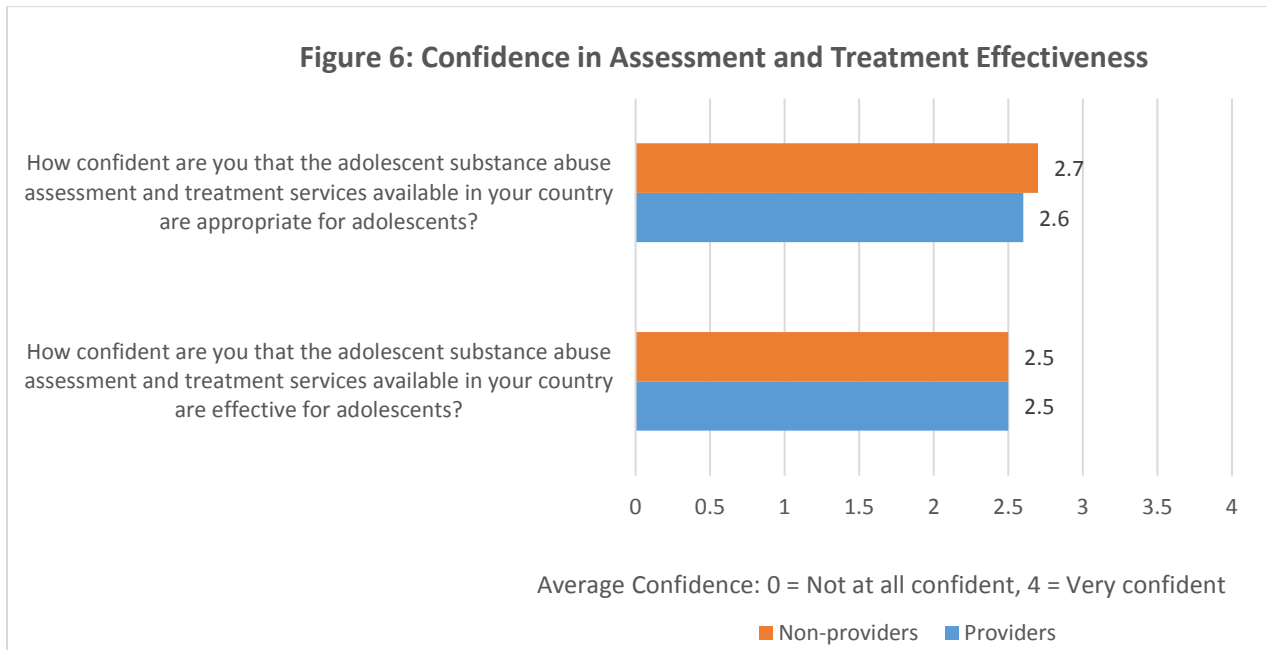
A later item asked survey respondents to estimate how long it took for an assessment and then a first appointment (treatment) to occur after a referral was made. Similar to the previous figure, this summary organizes responses based on whether or not the respondent identified personally as a treatment or assessment provider. As can be seen in figure 4, about one half of non-providers were not sure about the amount of time prior to an assessment; this may be due to the difference between assessment and treatment not always being clear to non-providers. Among providers, the most frequent response was 1-2 weeks, followed by less than 1 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 it can be seen that non-providers’ most frequently estimated time until treatment begins is the “not sure” option, followed by 1 to 2 weeks. In contrast, providers most often identify 3 to 4 weeks and a “month or more” as the most frequent time until treatment initiation.



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Orange 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). The rating that adolescent substance abuse assessment and treatment services in Orange County were age appropriate was 2.7. The corresponding average confidence rating that adolescent substance abuse assessment and treatment services in Orange County were effective for that age group was 2.5. Examination of the average rating based on whether respondents were providers or not suggests there was no difference across these two groups.



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. This is not a complete list of the information provided by survey participants, but are quotes selected to be broadly representative of the answers provided on these two items.

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>"In patient adolescent services are well met by Valley Vista. Outpatient treatment is more varied, complex and less available."</p> <p>"Providing individual counseling."</p> <p>"We have individual counseling at our medical clinic."</p> <p>"We have one treatment center (inpatient). If the teen can get admitted, their needs seem to be met and they return to school after discharge."</p> <p>"Court Diversion, School SAPs, Family Service intervention."</p>	<p>"Second [Growth] is meeting the needs of referrals and callers. However I don't think we are getting as many referrals as there is need for services."</p> <p>"I don't think there is a consensus or clarity about what constitutes pathological substance use..."</p> <p>"For residential programs; it's a long process whereas you have the buy in from the youth and family, then the process takes so long that they say forget it and look for something else."</p> <p>"Transportation is an issue."</p> <p>"Lack beds. Lack of expertise in adolescent issues. Need outpatient programs."</p>

Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Orange 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 Orange County are similar to overall Vermont youth, although in some cases the data show less positive/healthy characteristics than are seen 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 private providers, Valley Vista, Clara Martin Center and primary care providers;
- The time until an assessment is most often reported as 2 weeks or less, while treatment s estimated to start within 3 - 4 weeks, 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 Orange 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.