

## **The Vermont Youth Treatment Enhancement Program (VYTEP):**

### **Summary of the Rutland 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 Rutland 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 conducted in Rutland County in the spring of 2016.

#### **Part I: Rutland County Treatment Resources and Treatment Needs Data**

Medicaid billable treatment options for adolescent substance abuse treatment services in Rutland County are available through Evergreen 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 28 Licensed Alcohol and Drug Abuse Counselors (LADCs) and 21 Alcohol and Drug Counselors (ADCs) in Rutland County. Clinicians in private practice (not employed at a community treatment agency) can bill Medicaid for providing substance abuse treatment services, if they have any of the following licenses: 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 Rutland County.

<b>Percent of adolescents in grades 9-12 who:</b>	<b>2013 State wide %</b>	<b>2015 Rutland County %</b>	<b>2015 State wide %</b>	<b>2015 compared to state</b>
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%	27%	30%	Same
Drank alcohol before the age of 13	14%	10%	12%	Same

The table below is a summary of perception of harm in terms of substance use.

<b>Percent of adolescents in grades 9-12 who:</b>	<b>2013 State wide %</b>	<b>2015 Rutland County %</b>	<b>2015 State wide %</b>	<b>2015 compared to state</b>
Who think a party where people their age are drinking will be broken up by police	27%	31%	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%	60%	56%	Better

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

<b>Percent of adolescents in grades 9-12 who agree that:</b>	<b>2013 State Wide %</b>	<b>2015 Rutland County %</b>	<b>2015 State wide %</b>	<b>2015 compared to state</b>
In your community you feel like you matter to people	50%	48%	55%	Worse
Teachers really care about them and give them lots of encouragement	59%	56%	63%	Worse

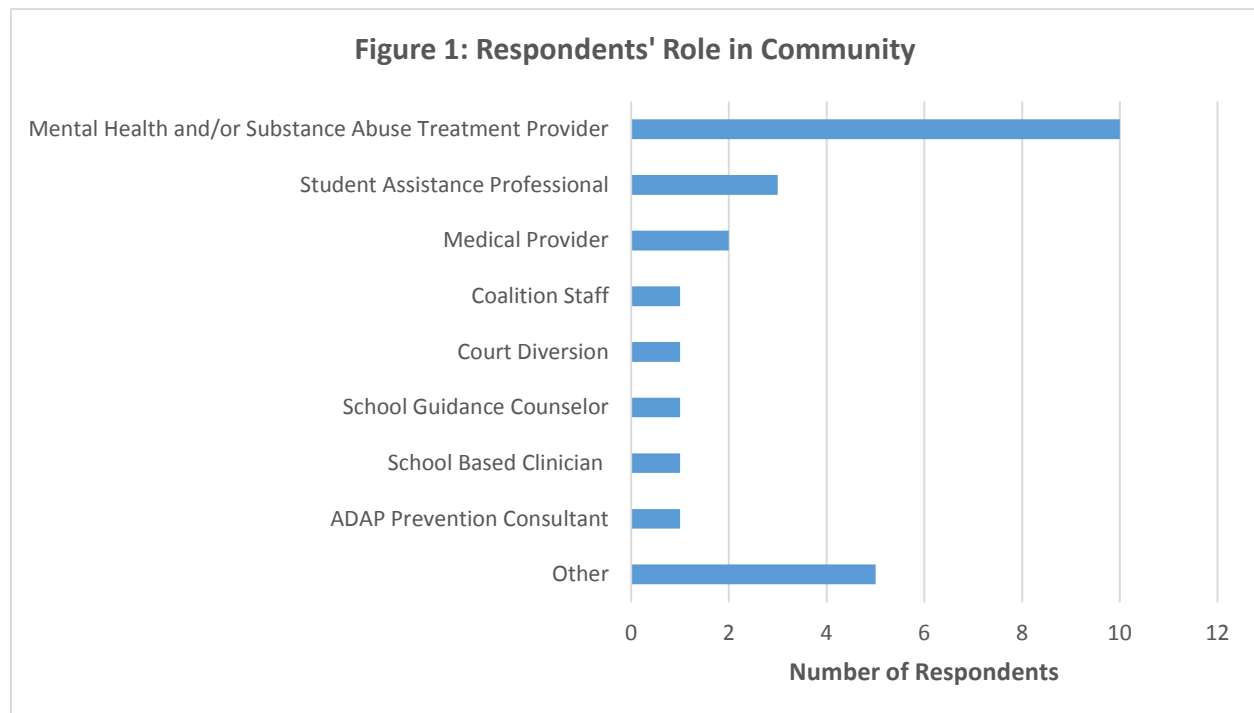
## Part II: The Rutland County Needs Assessment Survey

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. Rutland 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 Rutland 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 Rutland County were excluded. Partially completed surveys were also excluded from the summary. A total of 25 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 25. A majority (74%) of survey respondents reported that they have worked or lived in Rutland County for six or more years.

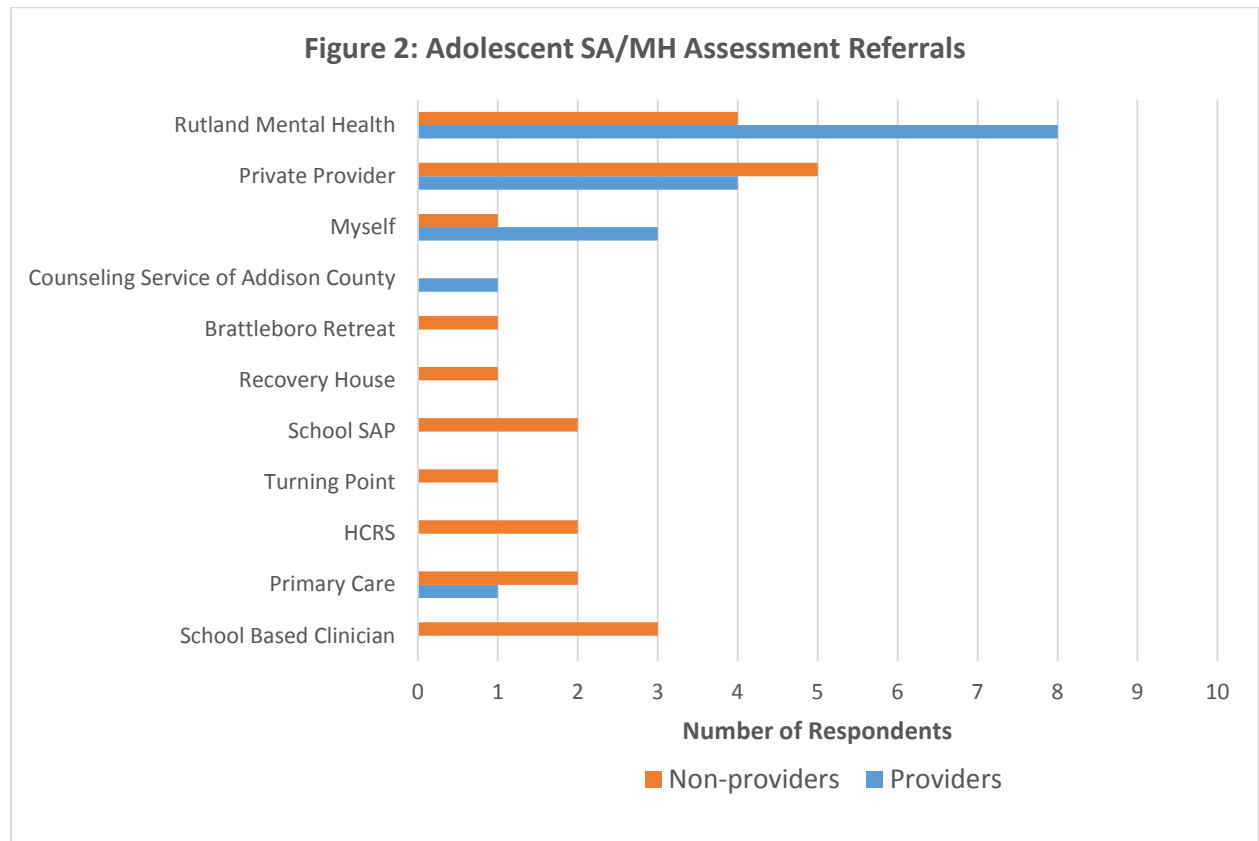
Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. Ten reported being substance abuse or mental health providers, two were Student Assistance Professionals and one was a medical provider, with the remainder working in different roles.



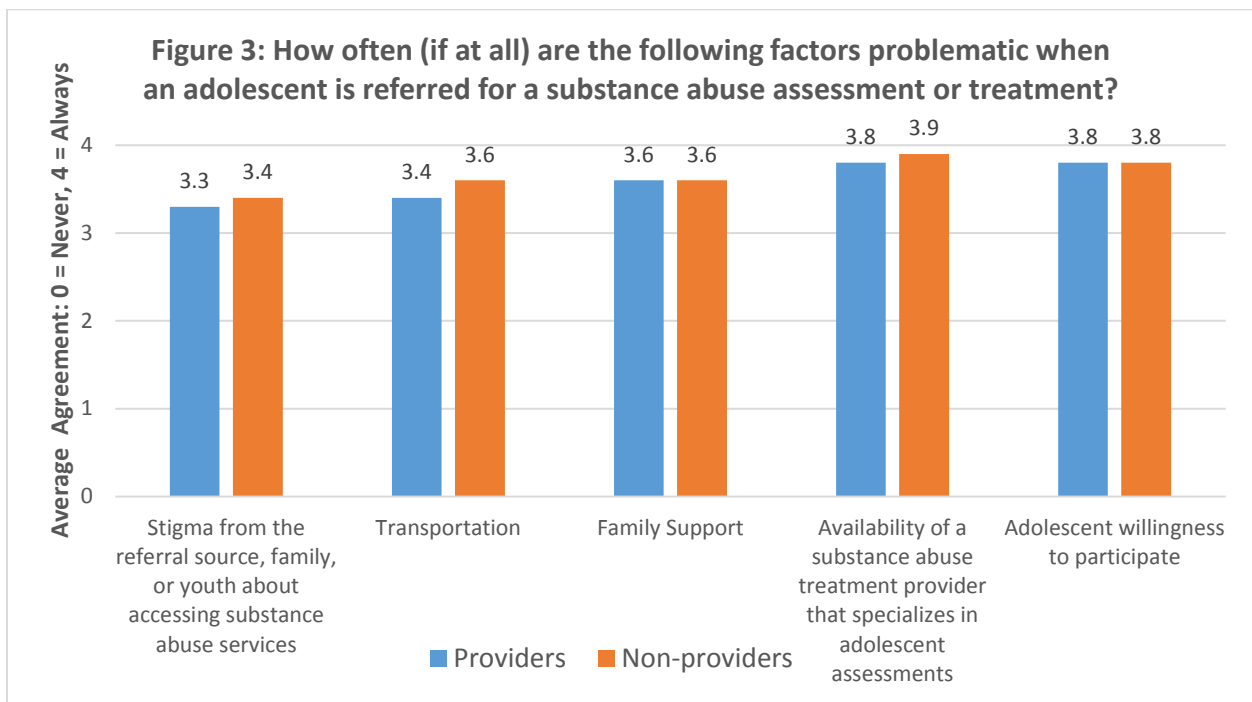
Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. Fifteen survey respondents indicated they were one of these types of providers. Of these, seven were LADCs, four were Licensed Clinical Social Workers, three were AAPs and two were Licensed Community Mental Health providers. Ten respondents indicated that they provide substance abuse assessments in the community for adolescents. Of the ten adolescent service providers, three respondents reported they were in private practice and five 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 “RMH”. Other responses were clearly indicated, such as “Boys and Girls Club” and did not require categorization.

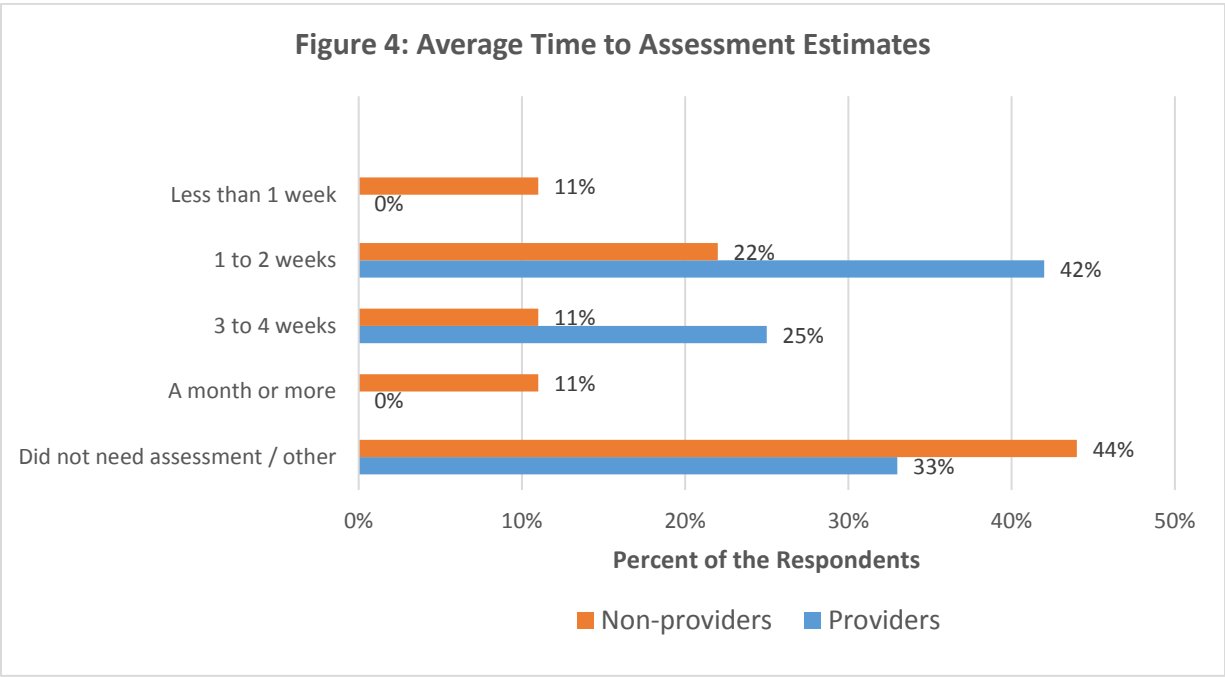
Figure 2 summarizes our coding of respondents’ answers to Question 15. Respondents could indicate as many providers or programs that they refer to as they wished. Answers are organized by non-providers (top bar in each category) and providers (bottom bar in each category). Across all respondents, the most frequently cited providers/programs that providers referred to were Rutland Mental Health, private providers, “myself” and school-based clinician.



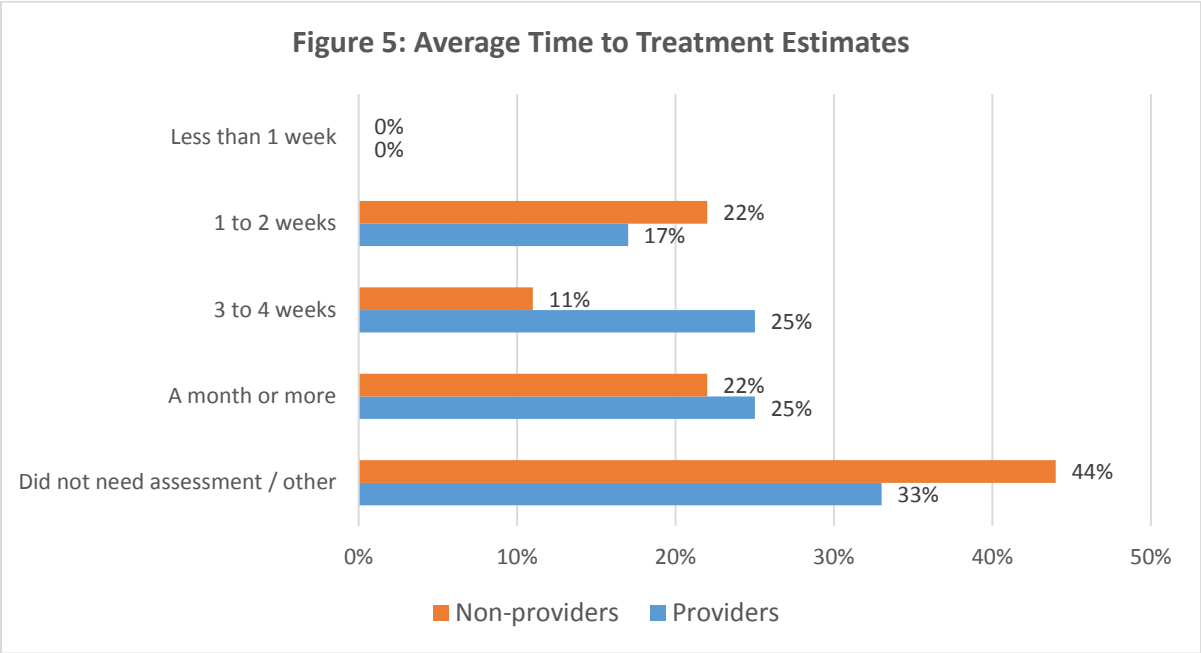
Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented 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 one participants answered this question. The highest overall (provider and non-provider) average barrier ratings were for availability of adolescent providers, adolescent willingness to participate in services, lack of family support, transportation problems, 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 these ratings based on whether or not the survey respondent was a treatment provider.



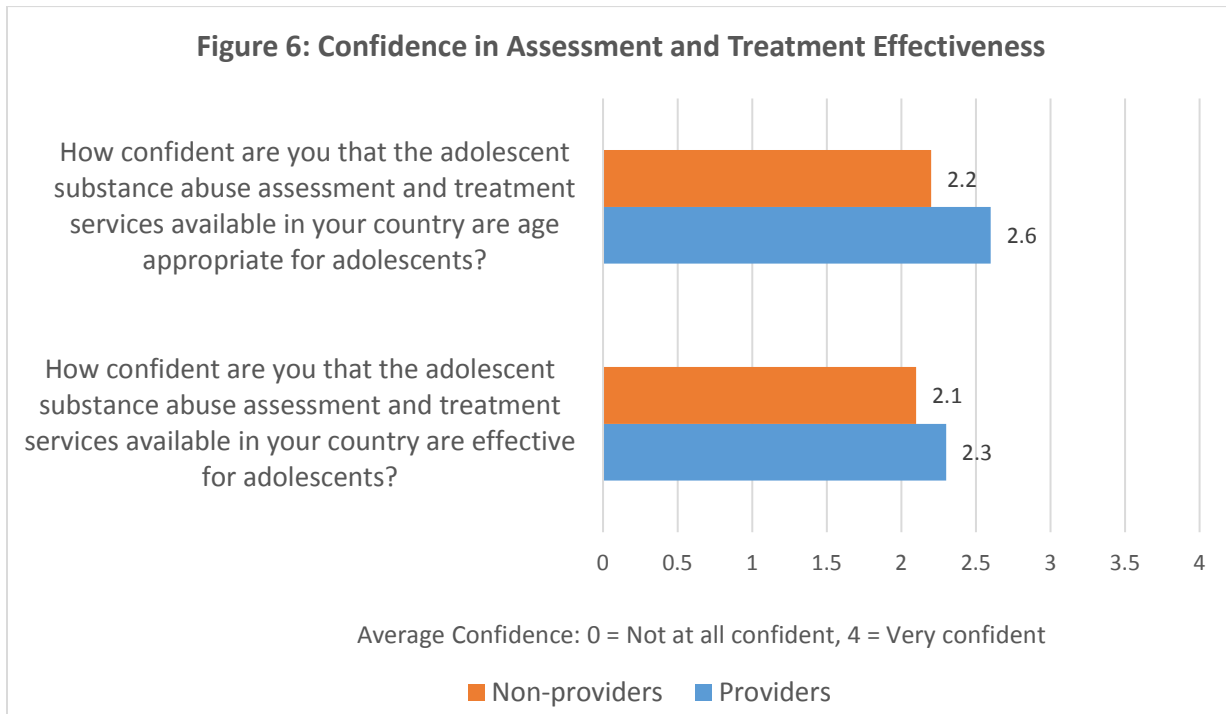
A later pair of items asked survey respondents to estimate how long it took for an assessment and then a first appointment (treatment) to occur after a referral was made. The summary presented in figure 4 organizes responses based on whether or not the respondent identified personally as a treatment or assessment provider. Among non-providers the most frequent estimated time until an assessment was “did not need assessment/other” followed by 1-2 weeks. Among treatment providers, the most common response was 1-2 weeks, followed by “did not need assessment/other” and then 3-4 weeks. The pattern of responses for the groups are similar, in that the choices “less than one week” and “a month or more” were the least often selected estimates.



In contrast to figure 4 which presents the time-to-assessment data, figure 5 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 “did not need assessment/other” option, followed by “a month or more”, 3 to 4 weeks and then 1 to 2 weeks. No respondents selected “less than 1 week”. In figure 5 it appears that there are not significant differences between providers’ and non-providers’ estimated time until a first appointment occurs.



Survey respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Rutland 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 rating for age appropriate treatment services was 2.2, while the average rating for treatment effectiveness was 2.1. The corresponding average ratings made by providers were 2.6 for age appropriate and 2.3 for effectiveness. These findings suggest that providers were slightly more likely to find treatment services age appropriate and effective, while also suggesting that overall perceptions of how age appropriate and effective adolescent treatment services are not highly positive.

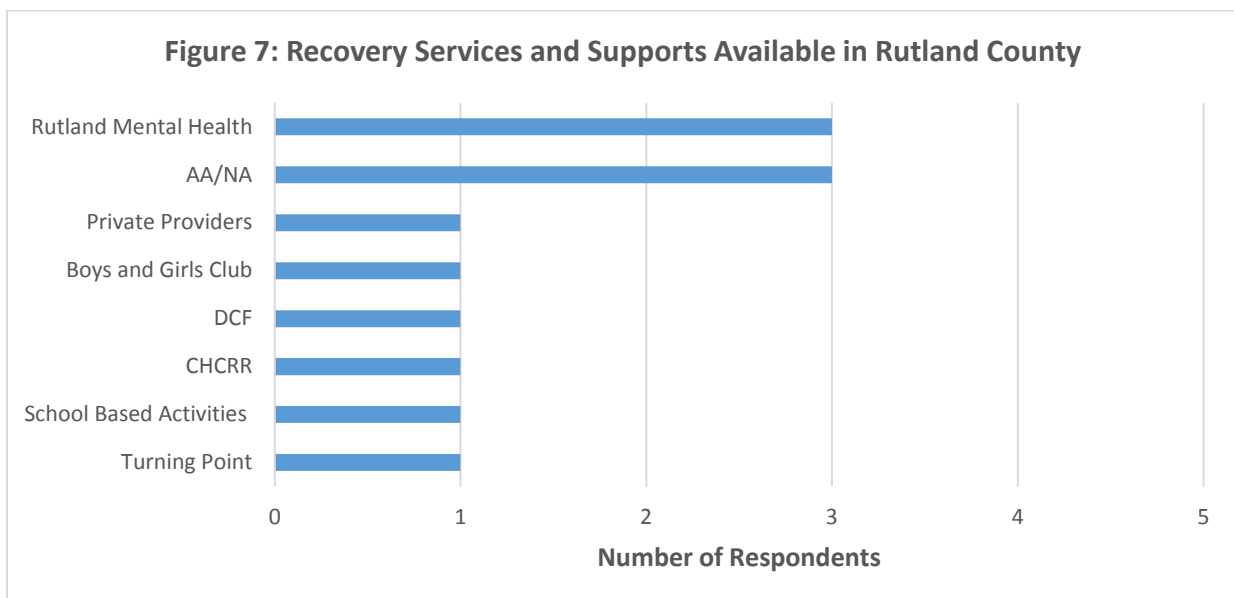


Items 21 and 22 on the survey asked respondents to indicate specific ways in which the needs of adolescents referred for, or seeking treatment, were being met (item 21) and not being met (item 22). Many written responses were provided for these items. All answers were reviewed, and representative examples of the responses are presented in Table 1 below. Some responses were lightly edited for clarity and some of the agency/program names were removed.

**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>“The most effective treatment occurs when adolescents are court referred to treatment or are participating through a Court Diversion program.”</p> <p>“We usually have services in place that are capable of meeting the needs of those referred for services.”</p> <p>“[Independent] tx is available and generally good.”</p> <p>“Aside from Turning Point and possibly UCS/HCRS I am not aware of adolescent treatment services”</p>	<p>“Many adolescents are abusing and not either identified or engage[d] in treatment.”</p> <p>“[Agency name] has waiting lists that are months long, very few substance abuse providers for adolescents and private practice providers are often over run...”</p> <p>“Referrals are very low and the numbers are not reflective of the overall need in the community. Once an adolescent begins treatment there is little support from the larger system to keep them engaged.”</p> <p>“1) Timing from when youth seeks treatment / diagnosed to entering treatment is too long, 2) costs, 3) availability/options are limited.”</p> <p>“Very few if any IOP, group, recovery programs that I am aware of, also family support/education has not been successful in our community.”</p>

A final item asked respondents to identify any recovery-related services or supports they were aware of in their community, and that were available to adolescents. The most frequently cited resources were RMH and 12 step programs. Approximately one half of respondents answered this question.





### *Conclusions of this Report*

Part I of this report presented information about resources for adolescent treatment resources that are available in Rutland 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 Rutland County are similar, although in some cases report 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 (sometimes negative) perceptions of how well existing services are meeting the treatment needs of adolescents;
- Respondents most often referring to Rutland Mental Health and private providers;
- The time until an assessment is estimated as typically 1-2 weeks;
- Time until start of treatment estimates varied from 1-2 weeks to more than a month, and
- Notable barriers to treatment include lack of adolescents' willingness to engage in treatment, availability of appropriate services and lack of family support, among others.

In addition to providing information to community members and professionals in Rutland 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](mailto:Amy.Danielson@vermont.gov)) or Tom Delaney ([Thomas.Delaney@uvm.edu](mailto:Thomas.Delaney@uvm.edu)) with any questions about the contents of this report.