

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

### **Summary of the Washington 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 Washington 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 Washington County in the spring of 2016.

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

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

- Central Vermont Substance Abuse Services
- Washington County Youth Service Bureau

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 40 Licensed Alcohol and Drug Abuse Counselors (LADCs) and 12 Alcohol and Drug Counselors in Washington 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 Washington County.

Percent of adolescents in grades 9-12 who:	2013 State wide %	2015 Washington 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%	31%	30%	Same
Drank alcohol before the age of 13	14%	11%	12%	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 Washington 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%	21%	29%	Worse
Percent of students who think their parents think it is wrong for them to smoke marijuana	82%	78%	80%	Worse
Percent of students who think it is wrong for someone their age to smoke marijuana	57%	52%	56%	Worse

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

Percent of adolescents in grades 9-12 who agree that:	2013 State Wide %	2015 Washington County %	2015 State wide %	2015 compared to state
In your community you feel like you matter to people	50%	55%	55%	Same
Teachers really care about them and give them lots of encouragement	59%	64%	63%	Same

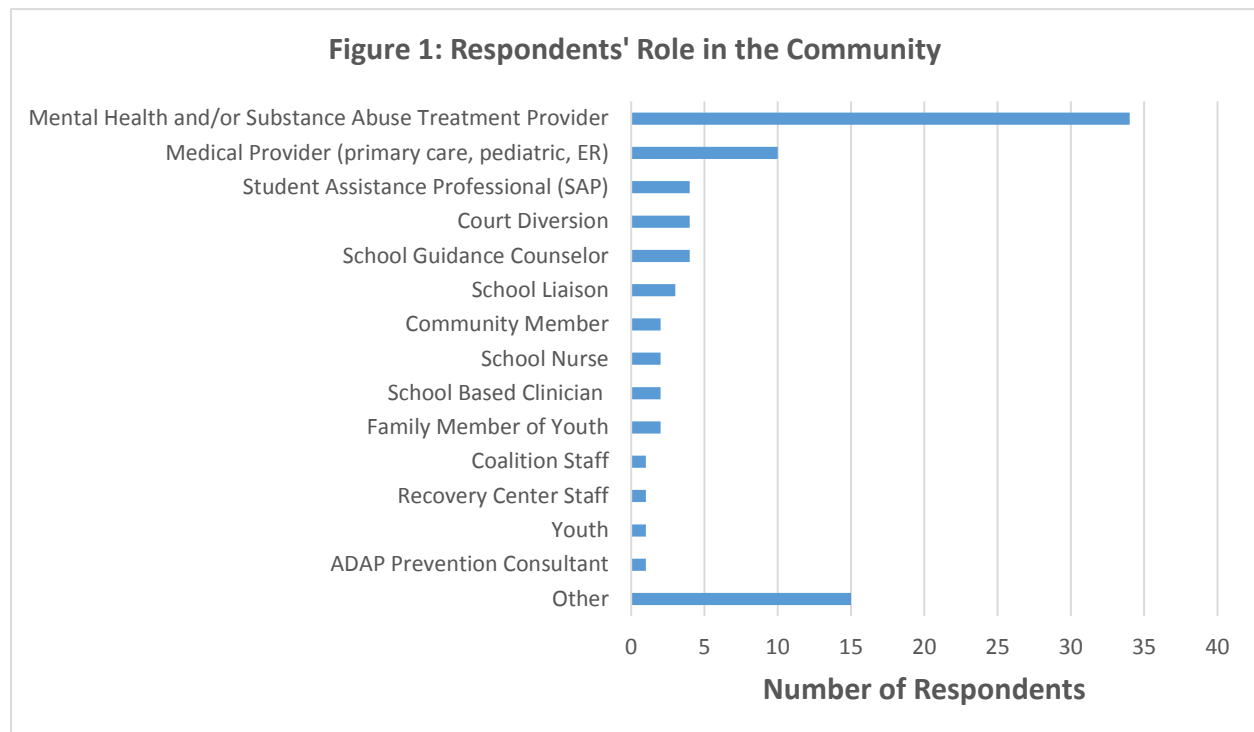
## Part II: The Washington County Needs Assessment Survey

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. Washington 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 Washington 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 open in 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 Washington County were excluded. Partially completed surveys were also excluded from the summary. A total of 89 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 89. A majority of survey respondents (56%) reported that they have worked or lived in Washington County for six or more years.

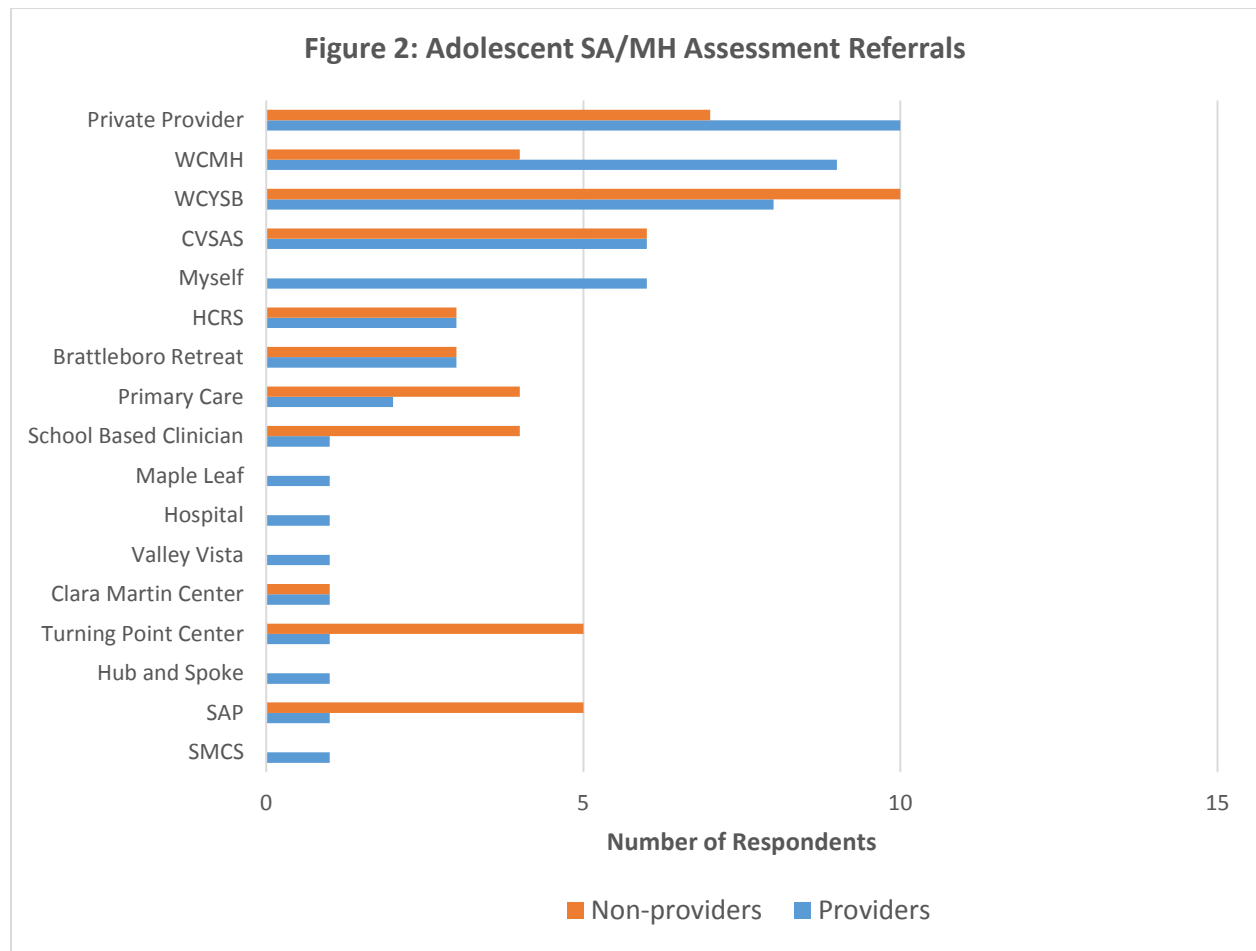
Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. Thirty four reported being substance abuse or mental health providers, 10 were medical providers and four each reporting being Student Assistance Professionals, court diversion staff and guidance counselors.



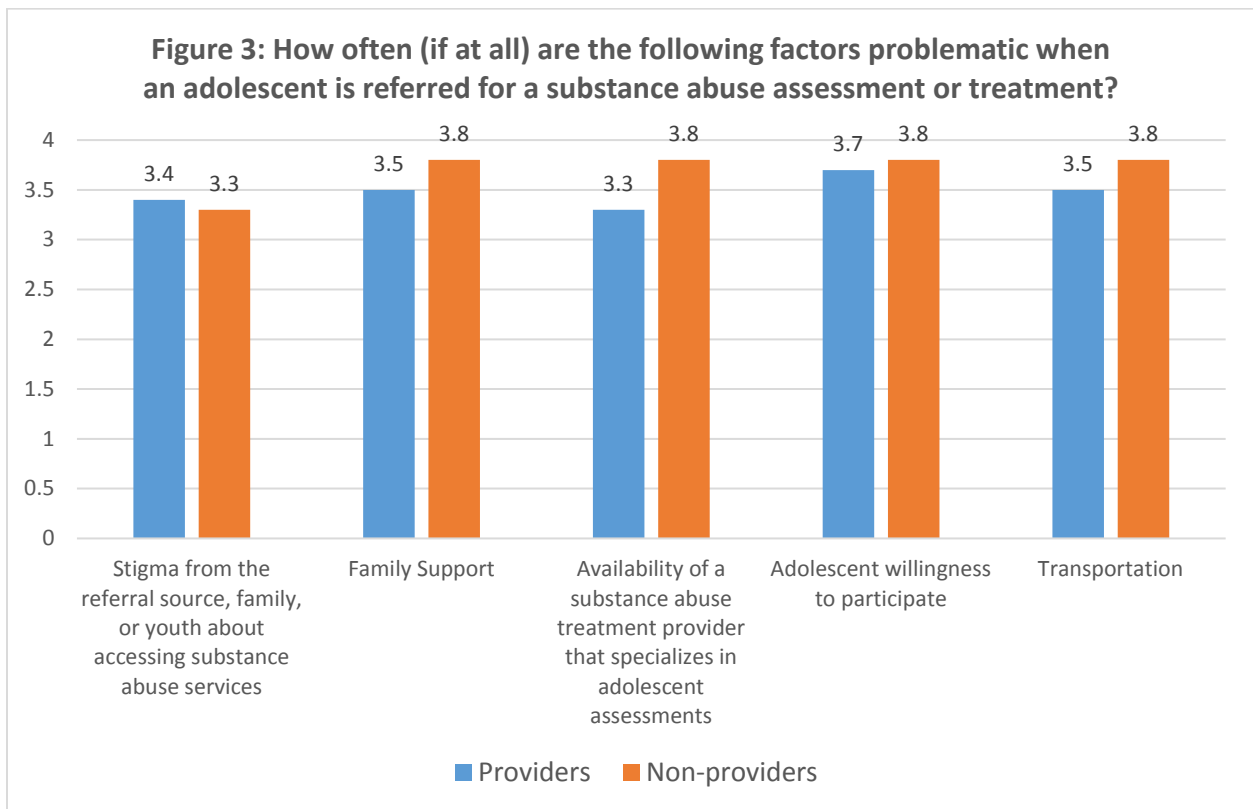
Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. Forty four survey respondents indicated they were one of these types of providers. Of these, 29 indicated that they provide substance abuse assessments in the community for adolescents. Fifteen individuals were LADCs, seven were Licensed Mental Health Clinicians, three were Licensed Clinical Social Workers and two were PhD Psychologists. Of the 29 providers, 16 respondents indicated they were in private practice, and nine 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 “WCMH”. Other responses were clearly indicated, such as “Boys and Girls Club” and did not require categorization.

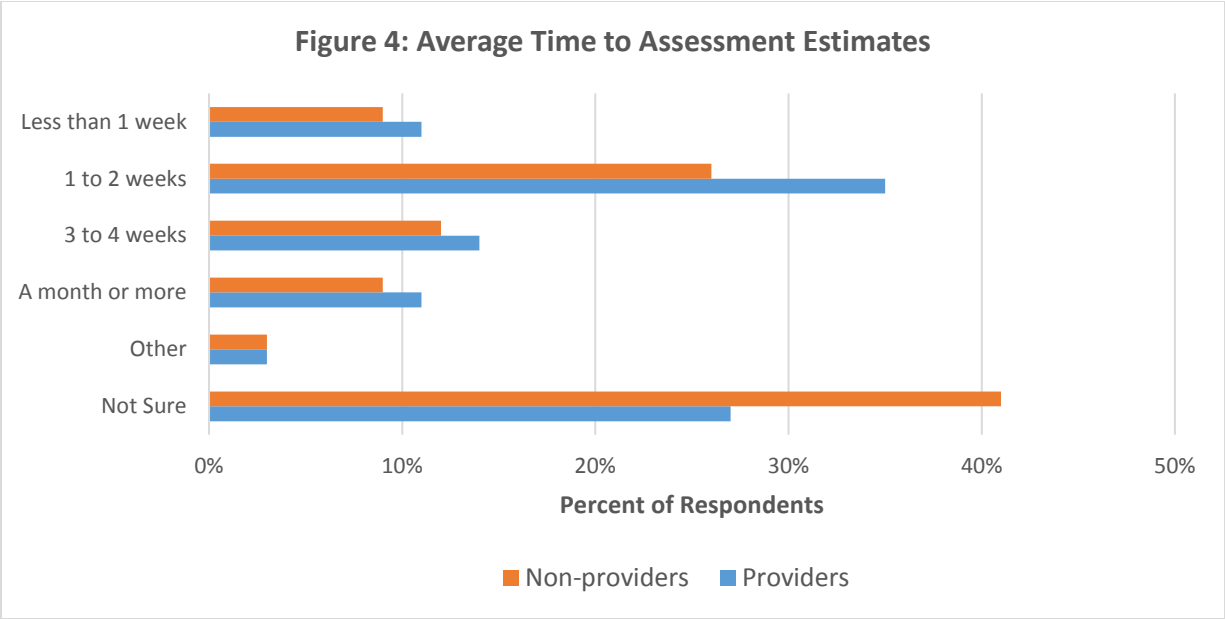
Figure 2 summarizes our coding of respondents’ answers to Question 15. Respondents could indicate as many providers or programs that they refer to as they wished. Answers are organized by non-providers (top bar in each category) and providers (bottom bar in each category). Across all respondents, the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



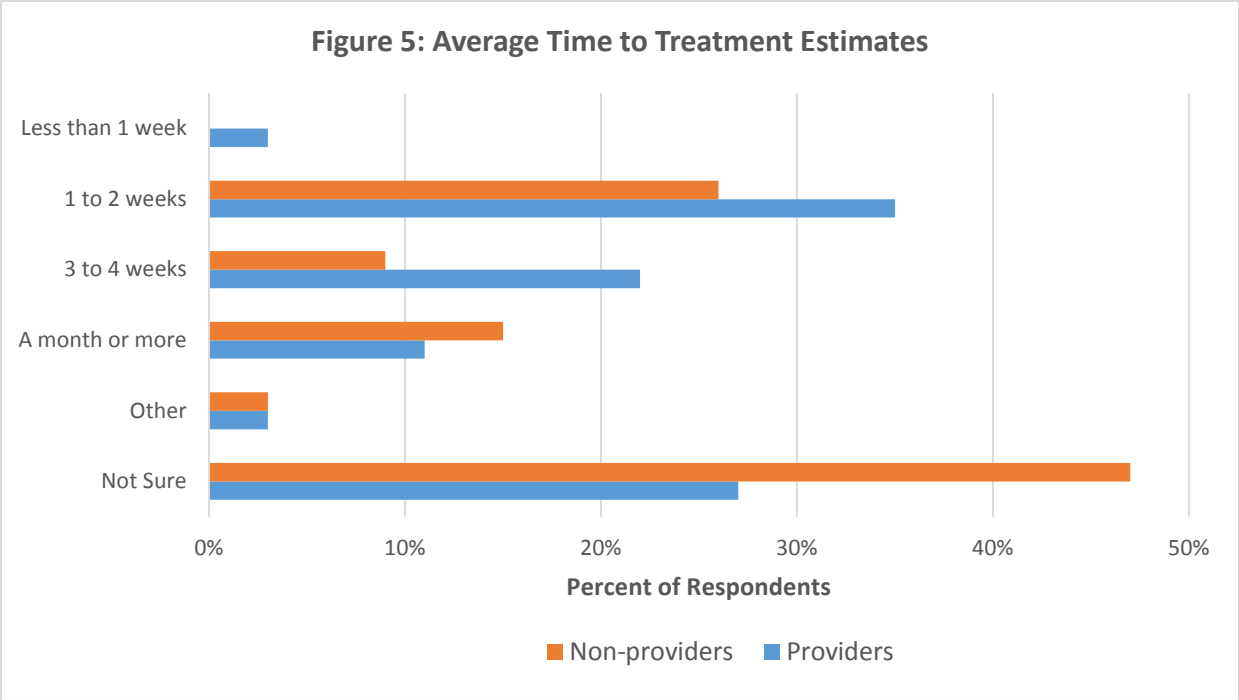
Question 16 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who did not. Respondents were presented 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). 69 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.



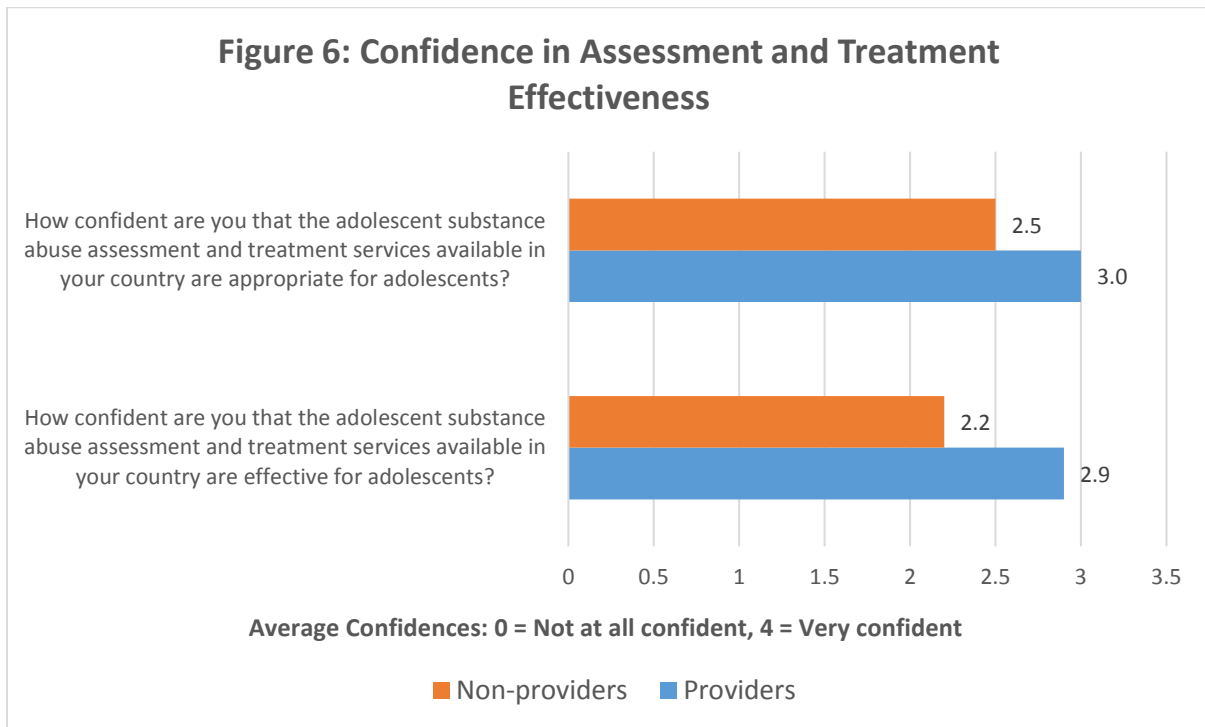
A later item asked survey respondents to estimate how long it took for an assessment and then a first appointment (treatment) to occur after a referral was made. Similar to the previous figure, this summary organizes responses based on whether or not the respondent identified personally as a treatment or assessment provider. In figure 4, the most frequent provider responses were 1-2 weeks, followed by “not sure” and 3-4 weeks. Among non-providers, the most common responses were “not sure” followed by 1-2 weeks and 3-4 weeks. Except for non-providers having more “not sure” answers, the pattern of estimates across the two groups is similar.



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 1-2 weeks followed by 3-4 weeks and a month or more. 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 3-4 weeks than non-providers, who were more likely to indicate 1-2 weeks.



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Washington 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' estimates for adolescent substance abuse assessment and treatment services in Washington County being age appropriate was 2.5, while the average confidence rating that adolescent substance abuse assessment and treatment services in Washington County were effective for that age group was 2.2. The corresponding estimates by providers were 3.0 and 2.9. This pattern suggests that providers who responded to this survey were more likely to believe that treatment services were more age appropriate and effective than were non-providers.



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.

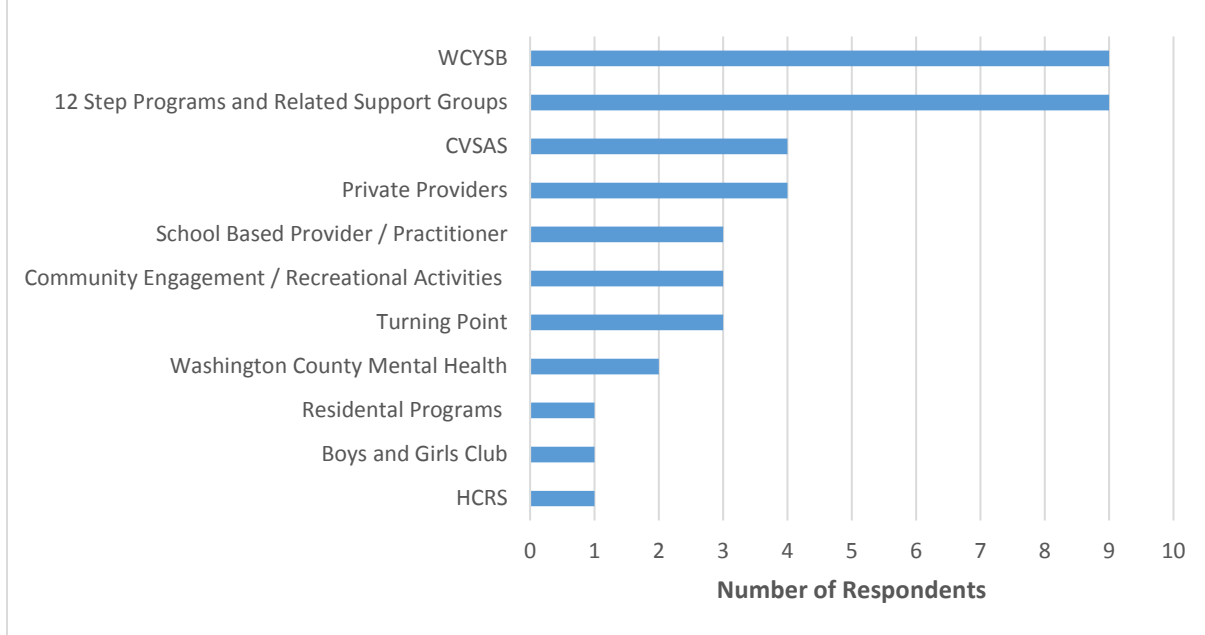
**Table 1: Example ways substance abuse treatment services are working well/now working well.**

<i>Treatment Services: Working Well</i>	<i>Treatment Services: Not Working Well</i>
<p>“Our Program has done a great job reaching out to schools and community partners to provide on-site treatment and reduce the barriers of transportation for our clients and their families.”</p> <p>“Providers meeting students where they are at with positive non-judgmental attitudes.”</p> <p>“Referrals are being made by schools, court diversion, and family.”</p> <p>“I have found that with the JOBS program at HCRS, there is wrap around support to help the treatment continue.”</p> <p>“Washington Count Youth Service Bureau is meeting the substance abuse treatment needs of adolescents in our county.”</p> <p>“I know that we have SBIRT available in most of our primary care offices, I know that WCMH provides some services, I am not aware of what they are.”</p>	<p>“I feel there is more of a need than our SAP's can handle.”</p> <p>“Adolescents report that Tx just a meeting with someone and that is just one more thing they have to do. And that is doesn't help get them off drugs.”</p> <p>“Lack of local referral sources.”</p> <p>“Lack of trained SA clinicians to work in the areas of Assessment and Intervention. Rampant use of opiates in our community, along with the normative use of pot and alcohol.”</p> <p>“A lot of turnover, bad experiences, lack of experience in staff, waiting periods and availability in community mental health agencies hinder the process.”</p> <p>“More funding is needed for recovery environment support/case management services (housing, child care, employment) and wellness based proactive treatment (teaching emotional regulation before substance use is an issue).”</p> <p>“1) Timing from when youth seeks treatment /diagnosed to entering treatment is too long 2) costs 3) availability/options are limited.”</p>

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 the Washington County Youth Services Bureau, 12 step programs, CVSAS and private providers.



**Figure 7: Recovery Services and Supports Available in Washington County**



*Conclusions of this Report*

Part I of this report presented information about resources for adolescent treatment resources that are available in Washington 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 Washington County are similar to, 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 (and often negative) perceptions of how well existing services are meeting the treatment needs of adolescents;
- Respondents most often referring to private providers, WCMH and the Youth Services Bureau;
- The estimated time until an assessment and then first treatment is typically 1-2 weeks, followed by 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 Washington 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.