

The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Windham 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 Windham 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 Windham County Needs Assessment, a survey of providers, other professionals and community members that was conducted in Windham County.

Part I: Windham County Treatment Resources and Treatment Needs Data

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

- Brattleboro Retreat- Anna Marsh Clinic provides outpatient substance abuse services to adolescents
- Healthcare And Rehabilitation Services of Southeastern Vermont (HCRS)

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 30 Licensed Alcohol and Drug Abuse Counselors (LADCs) in Windham County. 13 of those LADCs are employed at a community treatment agency (Brattleboro Retreat, HCRS, or Phoenix House). In addition, there are 7 Alcohol and Drug Counselors (ADCs) and 14 Apprentice Addiction Professionals (AAPs) in Windham 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 2013 (data from the 2015 YRBS will be available in 2016). The table below is a summary of substance abuse related measures for Windham County.

Percent of adolescents in grades 9-12 who:	2011	2013 Windham County %	2013 State wide %	2013 Statistically compared to state
Ever took a prescription drug not prescribed to them	21%	20%	13%	Worse
took a prescription drug not prescribed to them in the past 30 days	(question not asked)	10%	7%	Worse
Drank five or more drinks in a row, in the past 30 days	22%	23%	19%	Worse
Drank alcohol in the past 30 days	40%	37%	33%	Worse
Drank alcohol before the age of 13	15%	17%	14%	Worse

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

Percent of adolescents in grades 9-12 who:	2011	2013 Windham County %	2013 State wide %	2013 Statistically compared to state
Perceive great risk of harm if people their age binge drink once or twice a weekend	32%	38%	38%	Same
Who think their parents would think it is wrong for them to drink alcohol	73%	72%	74%	Same
Who think a party where people their age are drinking will be broken up by police	(question not asked)	23%	27%	Worse
Percent of students who think their parents think it is wrong for them to smoke marijuana	80%	76%	82%	Worse
Percent of students who think it is wrong for someone their age to smoke marijuana	50%	47%	57%	Worse

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

Percent of adolescents in grades 9-12 who agree that:	2011	2013 Windham County %	2013 State wide %	2013 Statistically compared to state
In your community you feel like you matter to people	45%	45%	50%	Worse
Teachers really care about them and give them lots of encouragement	56%	54%	59%	Worse

The table below is a summary of youth assets for High School Students in Windham County

Youth Asset Measures	2011	2013 Windham County %	2013 State wide %	2013 Statistically compared to state
The Percent of students who spoke with their parents at least weekly about school	73%	76%	77%	Same
The percent of students that volunteer one or more hours on an average week	57%	56%	57%	Same
The percent of students who report that they will probably or definitely complete a post high school program	(Not collected)	77%	82%	Worse
The percent of students who agree that teachers really care about them and give them lots of encouragement	53%	54%	59%	Worse
The percent of students who agree that students help decide what goes on in school	40%	38%	47%	Worse
The percent of students who agree that: in your community you feel like you matter to people	49%	45%	50%	Worse
The percent of students who agree that teachers really care about them and give them lots of encouragement	56%	54%	59%	Worse

Treatment Needs Data: School Based Substance Abuse Services

The following data were obtained from Windham County schools that participate in the School Based Substance Abuse Services Grant. A required activity for all schools participating in the SBSAS grant is

screening for substance abuse and mental health using the CRAFFT or the GAIN SS, and referral to services. This grant does not cover all schools in Windham County, and non-participating schools may have their own screening practices. The list of participating schools from Windham is included in appendix A of this report.

In the 2014-2015 school year, a total of 385 young people were screened for substance abuse and mental health concerns, representing 17% of all the middle and high school aged students enrolled in the participating schools that year.

Of those 385, 123 students screened positive for possible substance abuse. Of these individuals, 113 (91.9%) were referred for assessment. 51 of these young people (45.1%) subsequently connected with recommended services.

Of those 385, 208 students screened positive for possible mental health disorders, of whom 193 (92.8%) were referred for assessment. Of these 193 people, 127 (65.8%) went on to connect with recommended services.

Part II: The Windham 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) developed a treatment inventory survey. The survey was developed in consultation with ADAP employees, the VYTEP evaluator and treatment providers. The goal of the survey was to assess the adolescent substance abuse “treatment landscape” in a specific geographical region, Windham County, and a plan has been developed for conducting a similar needs assessment 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 Windham 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 available from November 23, 2015 through December 18, 2015. No incentive was provided for taking part in the survey.

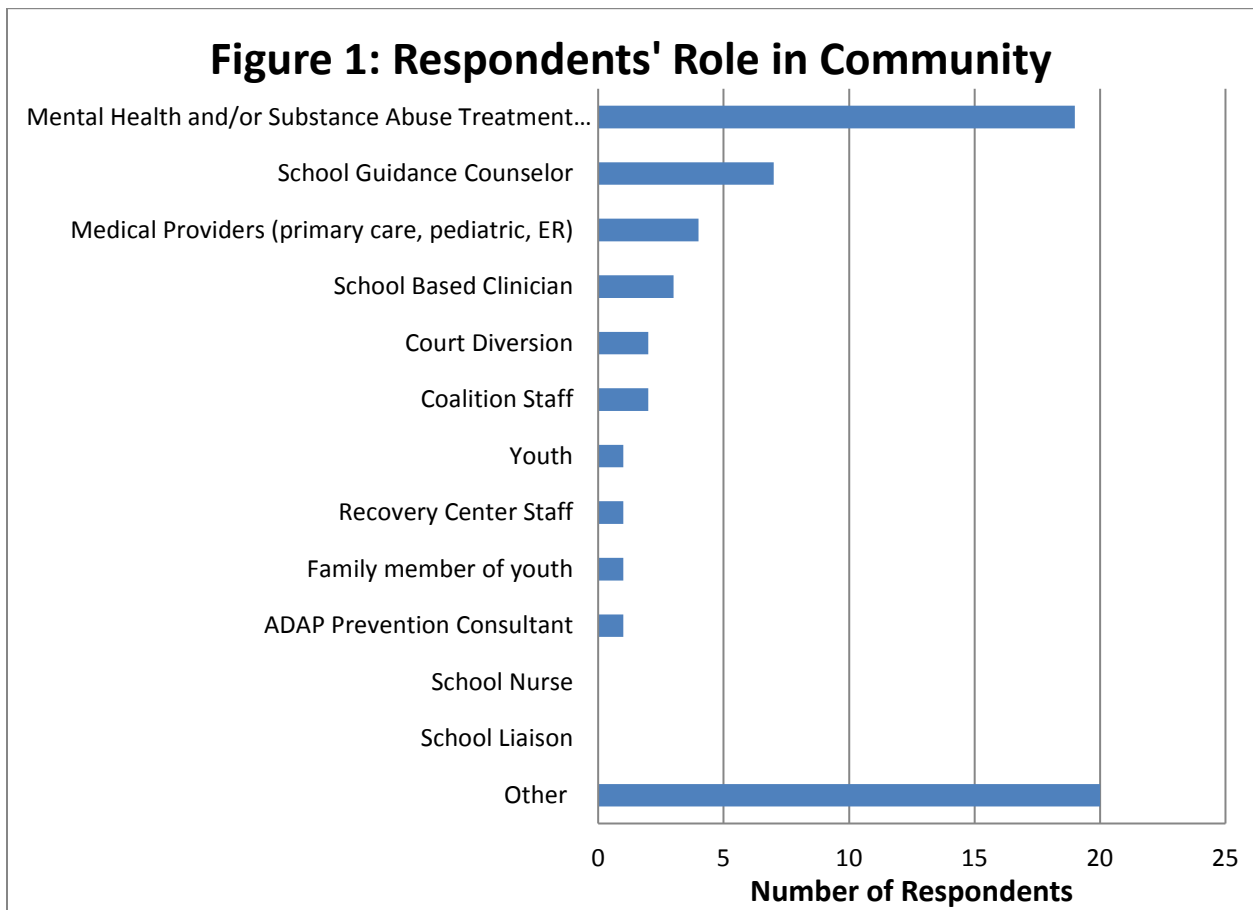
Data Summary

Data were exported after the survey was closed, and this yielded 109 total responses. 21 partial surveys were removed from the sample (a response was considered partial if there were no responses from question 12 on). In addition, there were 26 survey responses from outside of Windham County; these were removed from the sample as well. After accounting for partials and responses from outside of Windham County, the sample size was 62. All 62 surveys were completed using the web based survey link provided in emails and hardcopy letters.

The majority of survey respondents (39) reported that they have worked in Windham County for six or more years. 18 respondents reported working in Windham County for five years or less.

Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. 20 participants indicated they did not fall into one of the

roles provided in the survey. 19 respondents indicated they were substance abuse or mental health providers, 7 identified as school guidance counselors, 4 as medical providers, and 3 as school based clinicians. Based on these responses, we are re-working the response options for the statewide survey.

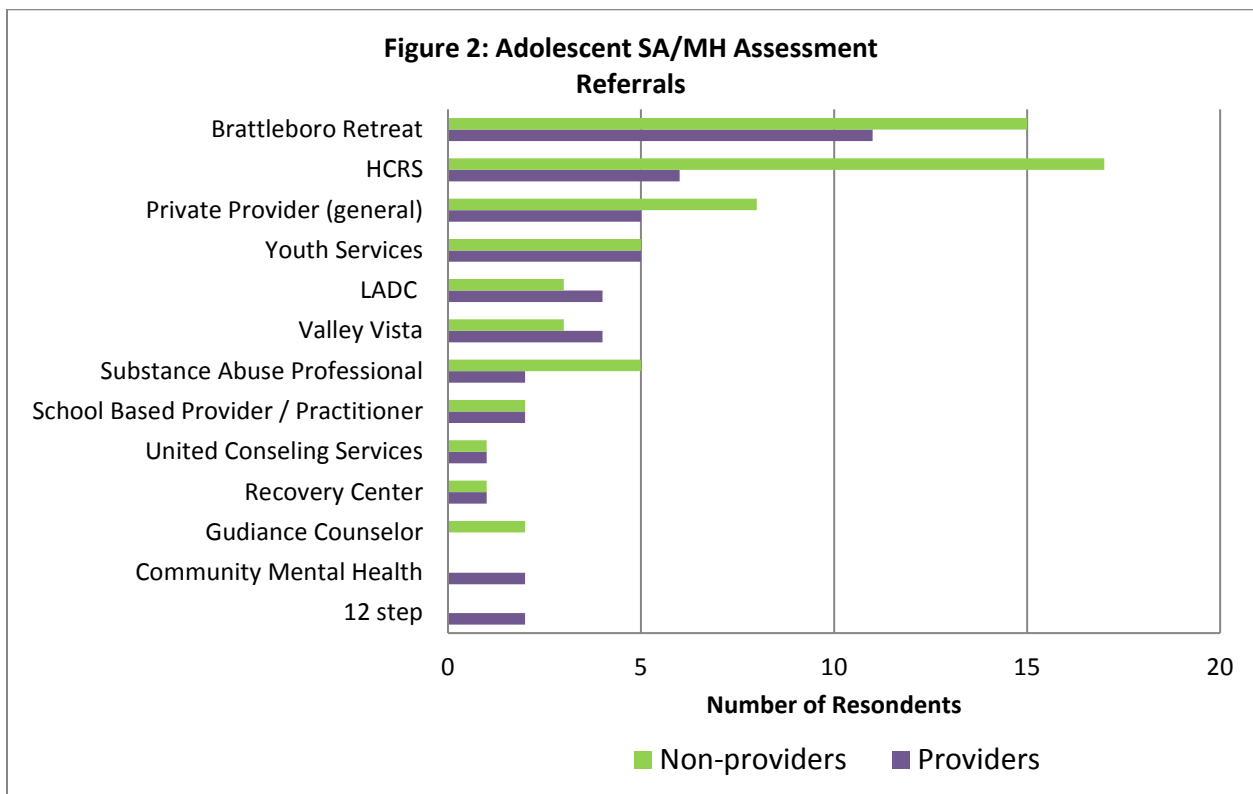


Question 7 on the survey asked respondents to identify if they are Mental Health and/or Substance Abuse treatment providers. 25 survey respondents indicated that they are one of these types of treatment providers. Of these, 13 indicated that they provide substance abuse assessments in the community for adolescents. Six of the 25 total individuals were LADCs, five were Licensed Mental Health Clinicians, two were Licensed Clinical Social Workers, one was an Alcohol and Drug Counselor (apprentice), and three were dually licensed (hold both a substance abuse license and a mental health license). Nine respondents indicated they were in private practice, and seven indicated working for a Mental Health Designated Agency.

Question 12 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 "HCRS". In another example, some respondents identified specific providers in their community, and rather than list specific

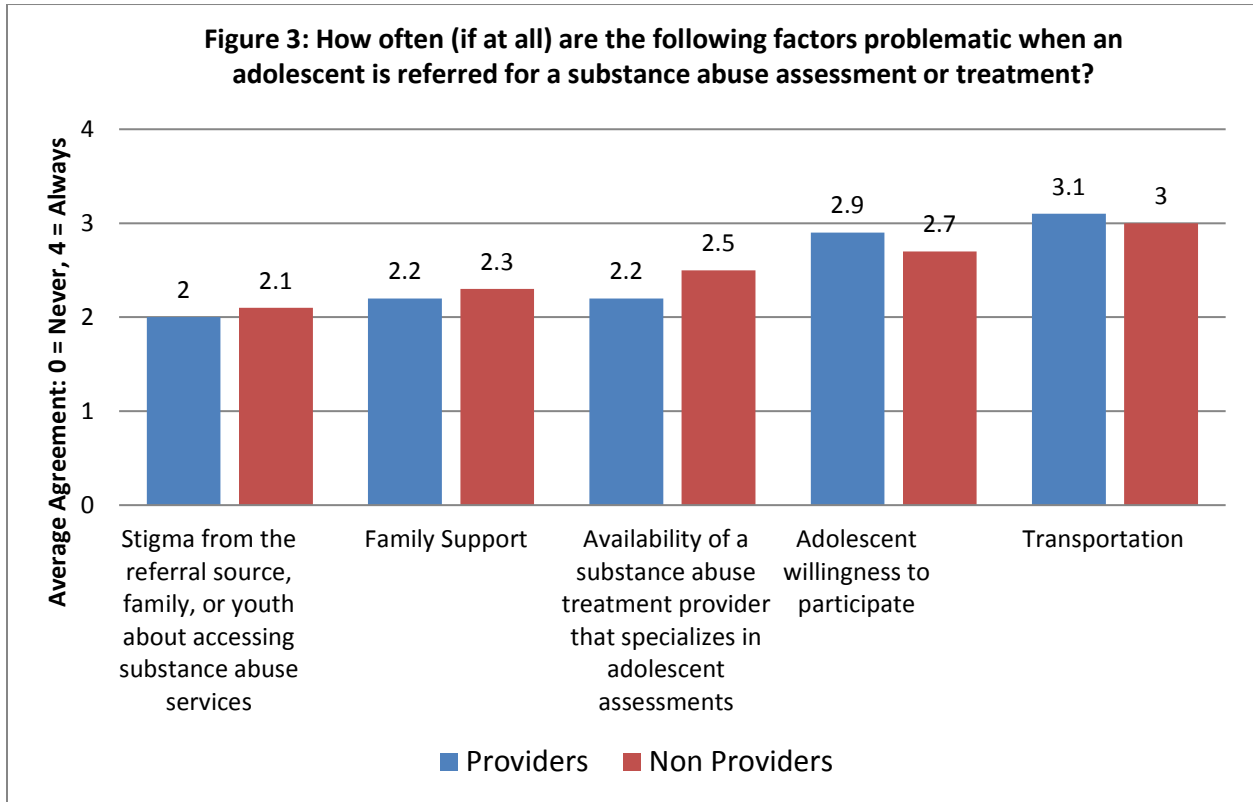
individuals these responses were combined into a category called “Substance Abuse Professional”. Other responses were clearly indicated, such as “Boys and Girls Club” or “Guidance Counselor” and did not require categorization.

Figure 2 summarizes our coding of respondents’ answers to Question 12. Respondents could indicate as many providers or programs that they refer to as they wished. Across all respondents, the most frequently cited providers/programs that providers referred to were the Brattleboro Retreat, which has an array of programs related to youth and young adult substance abuse treatment, followed by HCRS, Private Providers and Youth Services Incorporated. These were followed by a three way tie among Private Providers (named “providers” in the community), Valley Vista (a residential treatment program) and Licensed Drug and Alcohol Counselors (LADCs). Responses are presented as counts and are broken out by whether or not the respondent identified as a provider him/herself.

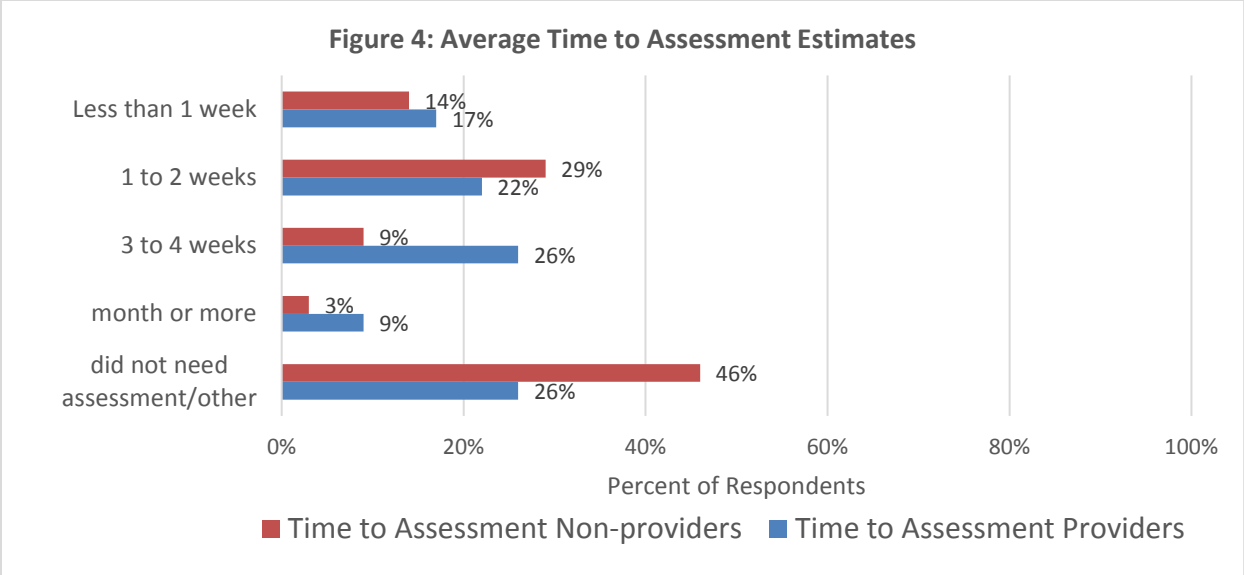


Question 13 is summarized in Figure 3, and asked respondents to indicate possible obstacles to young people receiving treatment for substance abuse and related problems. This graph presents responses separately for respondents who identified as providers and those who didn’t. Respondents were presented with a series of five 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 to 4 = Always). 42 participants answered this question. The overall (provider and non-provider) average barrier ratings were 3.04 ($SD = 1.21$) for transportation, followed by adolescent willingness to participate, which averaged 2.77 ($SD = 0.73$). These were followed by lack of available adolescent providers (average 2.38, $SD = 1.11$), lack of family support (average 2.26, $SD = .88$) and stigma associated with treatment (2.04, $SD = 1.09$). There

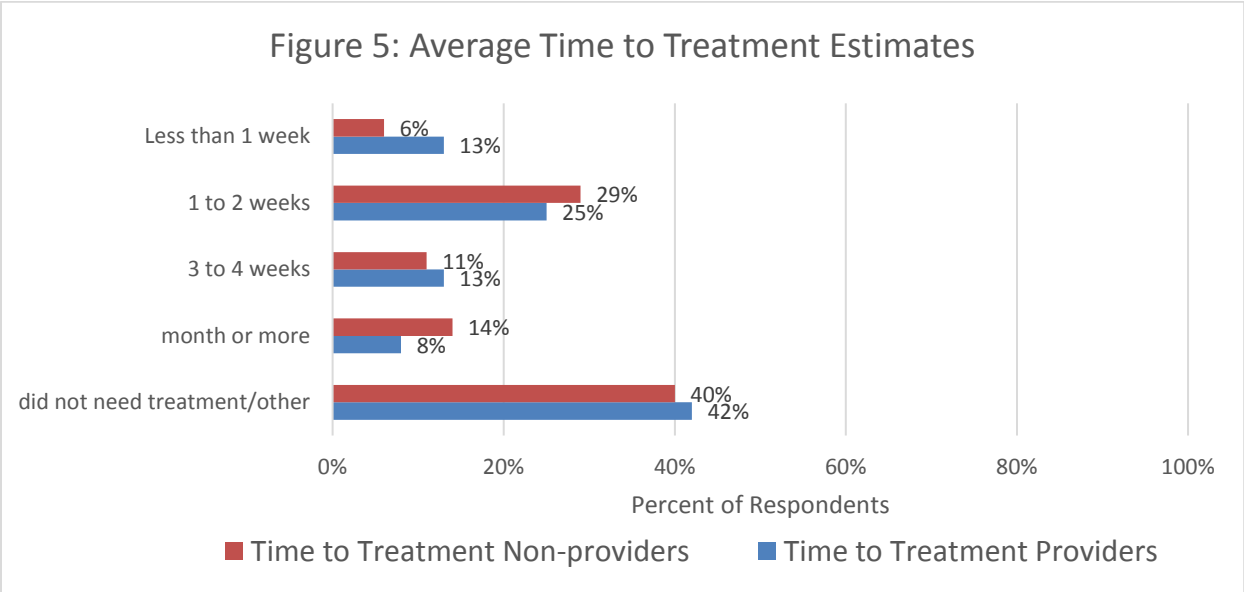
appeared to be no differences in how this question was answered based on whether or not the respondent was a mental health and/or substance abuse provider.



A later item asked survey respondents to estimate how long it took for an assessment and then a first appointment to occur after a referral was made. Overall, among the 33 responses obtained, the most frequent answer (22) was that they were not sure how long it took for an adolescent to receive an assessment once referred, followed by 13 who said it took 30 or more days to receive an assessment, and 9 indicating it took a week or less. Similar to the previous figure, this summary organizes response based on whether or not the respondent identified personally as a treatment or assessment provider. Figure 4 presents the time-to-assessment data and figure 5 presents the average time-to-appointment data.

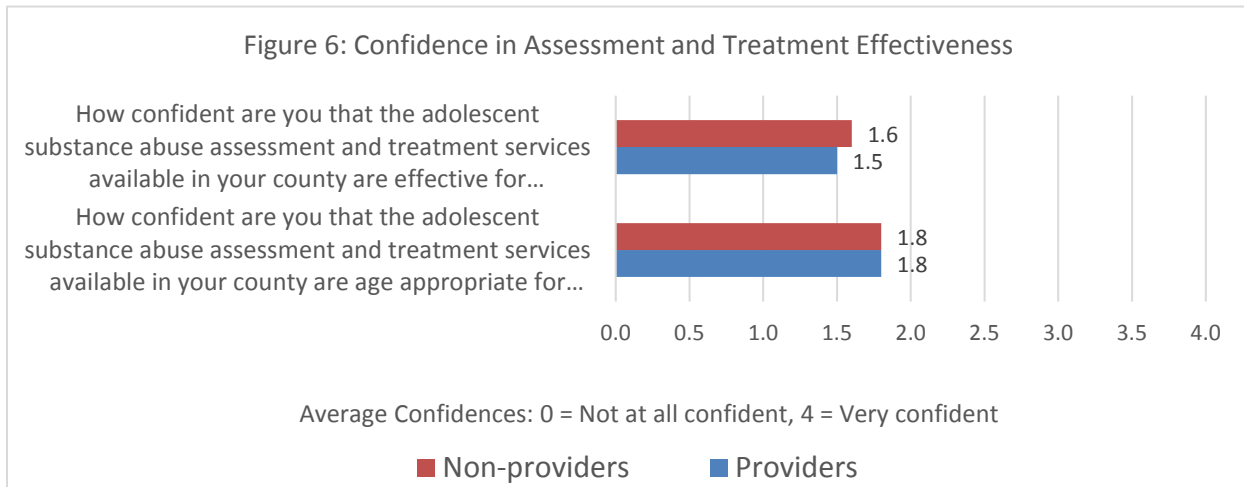


In figure 5 it can be seen that overall the most frequently estimated time until treatment begins is 1 to 2 weeks, followed 3 to 4 weeks, a month of more and less than 1 week. Neither figure 4 nor 5 shows strong differences between how providers and non-providers estimated the time until an assessment occurred or time until the first appointment occurred. The one exception to this is in figure 4, where providers were more likely to estimate the time until an assessment as being 3 to 4 weeks, while non-providers seemed more likely to indicated that less time passed prior to then an assessment occurred.



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Windham County were age appropriate for adolescents by rating confidence on a scale from 0 = not at all confident to 4 = confident. The average confidence rating that adolescent substance abuse assessment and treatment services in Windham County were age appropriate was 1.83 (*SD* = 0.92). Similarly, respondents were asked how confident they were that adolescent substance

abuse assessment and treatment services in Windham County were effective for that age group. This yielded an average confidence rating (using a similar 0 to 4 scale) of 1.60 ($SD = 0.96$). This information is summarized in figure 6.



Items 18 and 19 on the survey asked respondents to indicate specific ways in which the needs of adolescents referred for or seeking treatment were being met (item 18), and not being met (item 19). 43 individuals answered item number 18; 18 of those responses indicated ways that treatment needs were being met. The remaining 25 responses indicated ways that treatment needs were *not* being adequately met. 41 individuals answered item number 19, and 30 of those responses indicated ways that treatment needs were not adequately being met. Several individuals responded that they did not have enough experience to answer appropriately.

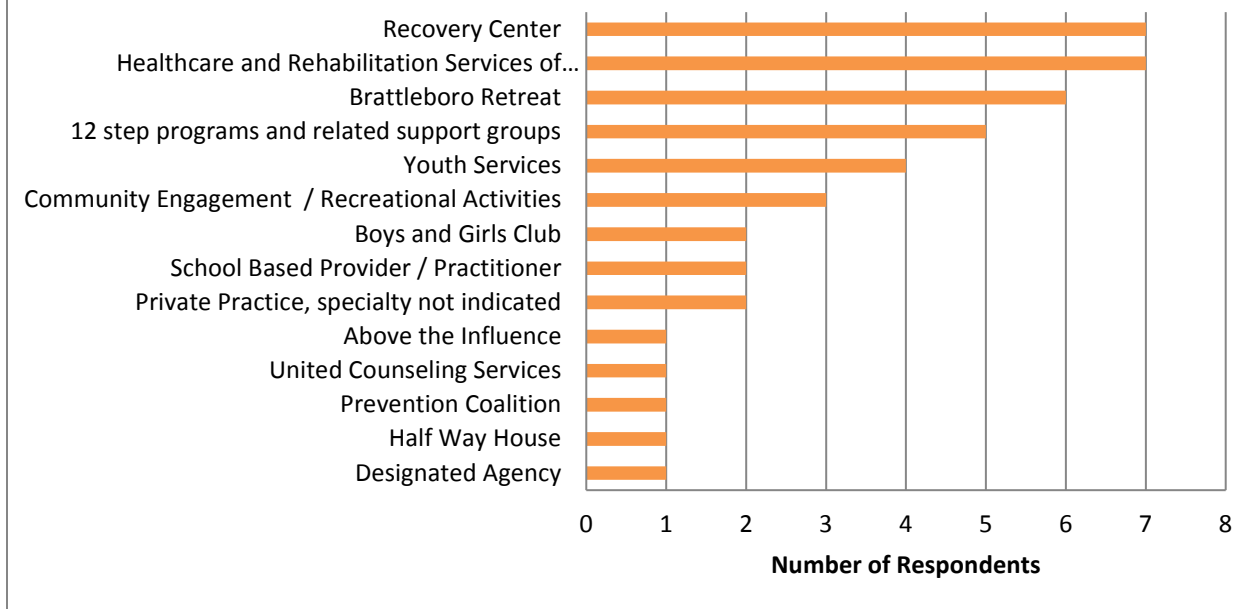
Table 1: Example ways substance abuse treatment services are working well/now working well

<i>Substance Abuse Treatment Services: Working Well</i>	<i>Substance Abuse Treatment Services: Not Working Well</i>
“They are available for teens which is a start.”	“I feel that there is a strong need for an IOP as well as a residential [treatment] program”
“Motivated adolescents with supportive families are able to access out-patient substance abuse treatment from private clinicians...”	“...there are few practitioners certified to do substance abuse treatment, and I believe (at present) there are none at the community mental health agency, HCRS.”
“Most [services] don't over engage the "low" risk individuals.”	“Educators do not seem as prepared as they should be to identify the problems and make appropriate referrals.”
“Residential”	“Substance abuse programs for teens often interrupt the teen’s day and conflict with school activities.”
“Education monitoring”	
“There are some good independent, private practice providers doing assessment and individual counseling.”	

<p>“Some youth are able to get access; the Retreat provided inpatient and outpatient services.”</p> <p>“Brattleboro Retreat has inpatient, day school and outpatient services for adolescents.”</p> <p>“Windham County has a wide variety of available treatment, from case management at Youth Services, to the Boys and Girls Club for safe socialization, to professional therapy.”</p>	<p>“The needs of our adolescents are not being met in this community. There are NO programs for adolescents under 18 years old for substance abuse treatment on an outpatient basis.”</p> <p>“The age limit on some of the services is restricting ideal ages for help with substance abuse.”</p> <p>“If [the local LADC] cannot see students then transportation for the family to get to Brattleboro could be impossible.”</p> <p>“It is hard to get into treatment right away, when it is needed; it seems like there are issues with insurance coverage and getting into treatment as well.”</p>
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Item 21 on the Survey asked respondents to name any recovery services and supports available in Windham County (responses are summarized in figure 7). 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. The majority of respondents identified that recovery supports and services can be found at the local Recovery Center (8) and/or at HCRS (8). These were followed by: Brattleboro Retreat (7), 12-step programs and support groups (5), youth services (4), Community Engagement and Recreational activities (3), School or other private practice clinician (2), followed by Above the Influence, UCS, the local Prevention Coalition, Half-way House, and Designated Agency (1 response for each).

Figure 7: Recovery Services and Supports Available In Windham County



Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Windham County. Part I also presented detailed information about substance abuse and related risk factors seen in young people. Among these are that Windham County youth are more likely than Vermont youth in general to report having used alcohol, marijuana and other drugs in the past 30 days, as well as more likely to report negative perceptions relating to their teachers and their community.

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;
- Relatively low overall confidence that treatment options for adolescents are appropriate;
- Respondents most often referring to programs of the Brattleboro Retreat and HCRS, followed by private providers and LADCs;
- The time until an assessment and then first treatment is typically 1-4 weeks;
- In general, no systematic differences seen between how providers and non-providers answered key questions.

Key barriers to treatment that were reported include lack of transportation, lack of adolescents' willingness to engage in treatment, lack of providers that specialize in adolescents and/or substance

abuse treatment, problems with families' support of treatment and stigma around substance abuse problems and services.

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

Appendix A: Schools Participating in the Windham County SBSAS Data

School Name	Supervisory Union
Leland and Gray Union Middle and High School	Windham Central
Athens/Grafton Join Contract School	Windham Northeast
Bellows Falls Middle School	Windham Northeast
Bellows Falls Union High School	Windham Northeast
Central Elementary School	Windham Northeast
Saxtons River Elementary School	Windham Northeast
Westminster Center School	Windham Northeast
BAMS	Windham Southeast
Brattleboro Union High School	Windham Southeast
Deerfield Valley Elementary (consolidated to Twin Valley Elementary in year 2)	Windham Southwest
Halifax School	Windham Southwest
Readsboro Central School	Windham Southwest
Stamford Central School	Windham Southwest
Twin Valley Elementary School	Windham Southwest
Twin Valley High School	Windham Southwest
Twin Valley Middle School	Windham Southwest
Whitingham Elementary (consolidated to Twin Valley Elementary in year 2)	Windham Southwest

Table 1: Definitions of Abbreviations

Abbreviation	Agency/Program/Provider Type
12 step	12 step programs and related support groups
ATI	Above the Influence
BGC	Boys and Girls Club
BR	Brattleboro Retreat
CMH	Community Mental Health Provider
CES	Change of Educational Setting
CF	Community forum / speaking opportunities
CE/R	Community Engagement / Recreational Activities
DA	Designated Agency
GC	Guidance Counselor
E/P	Education and Prevention
E/S	Economic Supports
HCRS	Healthcare and Rehabilitation Services of Southeastern Vermont
FR	Faith Related
FE/T	Family Engagement and/or Treatment
HD	Health Department
HWH	Half Way House
LADC (general)	Licensed alcohol and drug counselor, name not specified
IND	Individual Counseling
INP	Inpatient Treatment
IOP	Intense Outpatient Treatment
LADC (specific)	Licensed alcohol and drug counselor, name specified
OCA	Otter Creek Associates
MAT	Medication Assisted Treatment (not for specific substance)
PGM	Peer Group Meeting
PP	Private Practice, specialty not indicated
PMP	Peer Mentorship Program
PP (specific)	Private Practice, specialty not indicated, Name provided
RC	Recovery Center
SA	Sober Activities
SAP	Substance Abuse Professional
SP	School Programs
SBA	School Based Activities
SBP	School Based Provider / Practitioner
UCS	United Counseling Services
SL	Sober Locations
VV	Valley Vista
SOG	Support Outside of Group
YS	Youth Services
PC	Prevention Coalition

REFERENCES

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