

The Vermont Youth Treatment Enhancement Program (VYTEP):

Summary of the Windsor County Needs Assessment

Prepared by: Tom Delaney & Amy Danielson

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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 Windsor 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 Windsor County in the spring of 2016.

Part I: Windsor County Treatment Resources and Treatment Needs Data

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

- Health Care and Rehabilitation Services (HCRS)
- 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 26 Licensed Alcohol and Drug Abuse Counselors (LADCs) and 15 Alcohol and Drug Counselors in Windsor County (ADCs). 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 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 Windsor County.

Percent of adolescents in grades 9-12 who:	2013 State wide %	2015 Windsor 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%	12%	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 Windsor 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%	78%	80%	Same
Percent of students who think it is wrong for someone their age to smoke marijuana	57%	55%	56%	Same

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

Percent of adolescents in grades 9-12 who agree that:	2013 State Wide %	2015 Windsor 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%	62%	63%	Same

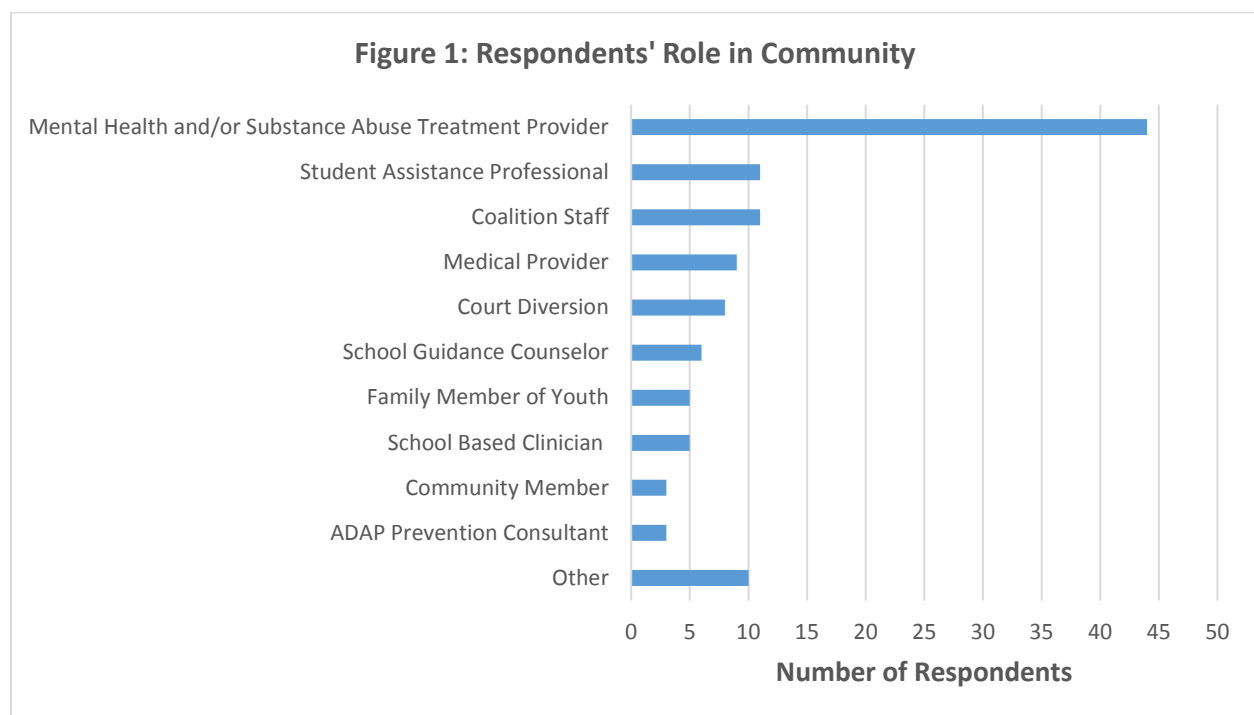
Part II: The Windsor County Needs Assessment Survey

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. Windsor 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 Windsor 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 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 Windsor County were excluded. Partially completed surveys were also excluded from the summary. A total of 139 surveys was used to create this summary. Because not all respondents completed all items, the number of individuals whose responses are included in the summary for an item may not total 139. A majority of survey respondents (61%) reported that they have worked or lived in Windsor County for six or more years.

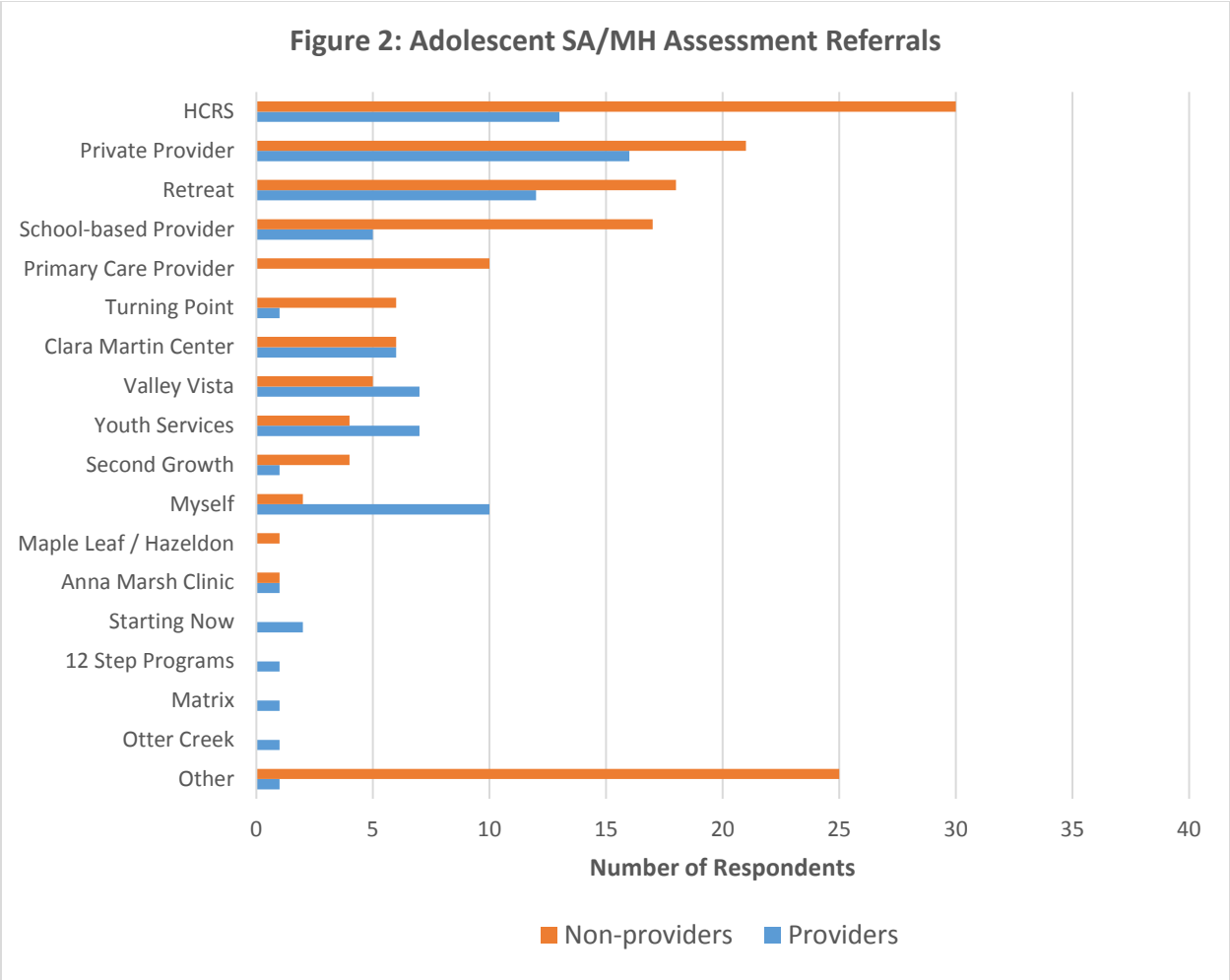
Figure 1 summarizes the survey item asking respondents to indicate the primary role they play with regard to substance abuse in their community. The most frequently cited roles were 44 who reported being substance abuse or mental health providers, 11 Student Assistance Professionals, 11 Coalition staff, nine medical providers and eight worked with Court Diversion. Ten responded they did not fall into one of the roles provided in the survey.



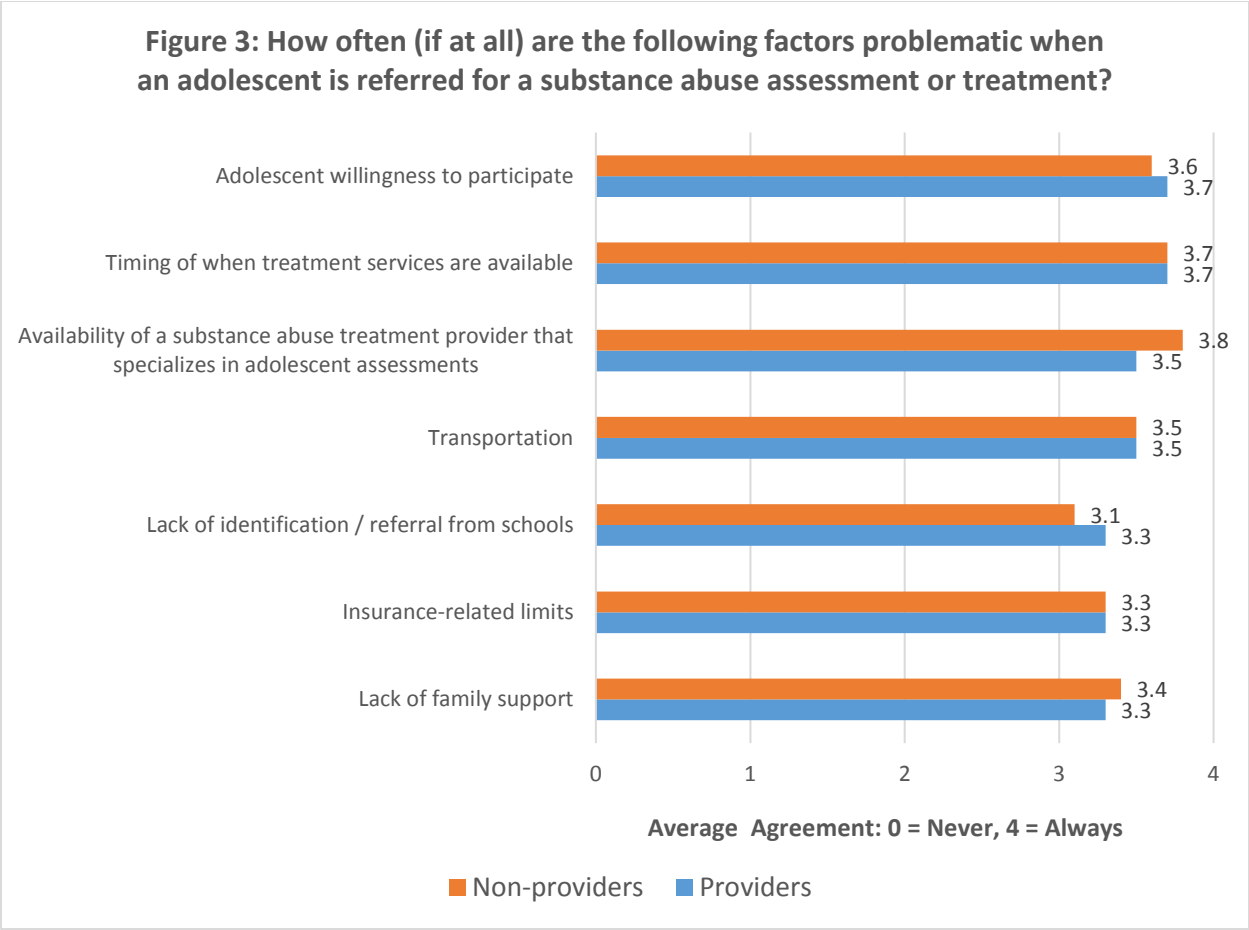
Question 7 on the survey asked respondents to identify if they were involved with providing Mental Health and/or Substance Abuse treatment services. Seventy two survey respondents indicated they provided these services. Of these, 61 indicated that they provide substance abuse assessments in the community for adolescents. Fifteen were Licensed Mental Health Clinicians, 11 individuals were LADCs, 10 were Licensed Marriage and Family Therapists, six were ADCs and five were Licensed Clinical Social Workers, with the remainder being left blank or “other”. Of the 61 providers, 20 respondents indicated they were in private practice, and 17 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 “HCRS”. 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 HCRS, private providers, Brattleboro Retreat and school-based providers, such as SAPs. Provider and non-provider respondents differed in that 10 non-providers endorsed referring a young person to a primary care provider, while no provider respondents did. Non-providers also made responses in the category of “other”, while only one provider respondent answered in this category.



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). The highest overall (provider and non-provider) average barrier ratings were for timing of when treatment services are available, availability of adolescent providers, adolescent willingness to participate and transportation. Insurance-related limits, lack of family support, lack of identification / referral from school and stigma 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.



Questions 17 and 18 are summarized in figures 4 and 5 (below). Survey respondents were asked to estimate how long it took for an assessment (figure 4) and then a first appointment/treatment (figure 5) to occur after a referral was made. Similar to the previous figure, these summaries organize responses based on whether or not the respondent identified personally as a treatment or assessment provider. The numbers represent the percentages of all providers’ and non-providers responses, separately. In figure 4, among the respondents who indicated an estimated time until assessment, the most frequent responses were three to four weeks, followed by one to two weeks and then less than one week. Non-providers appeared more likely to indicate “did not need assessment / other”, while providers were more likely to estimate an assessment occurring within one week.

Figure 4: Average Time to Assessment Estimates

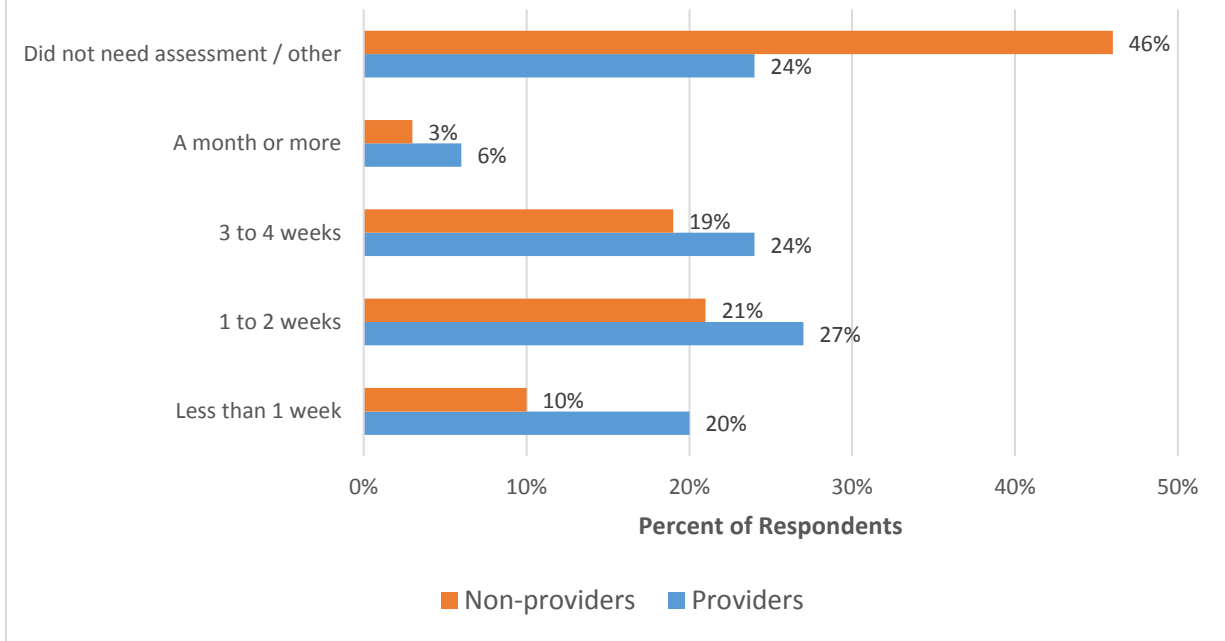
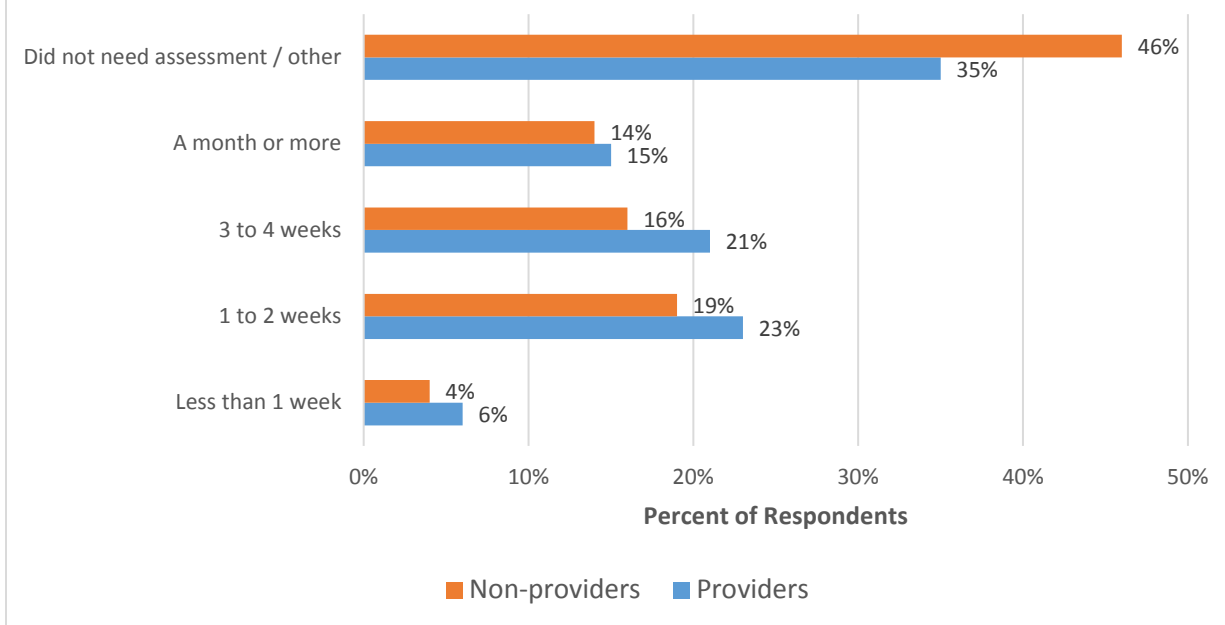
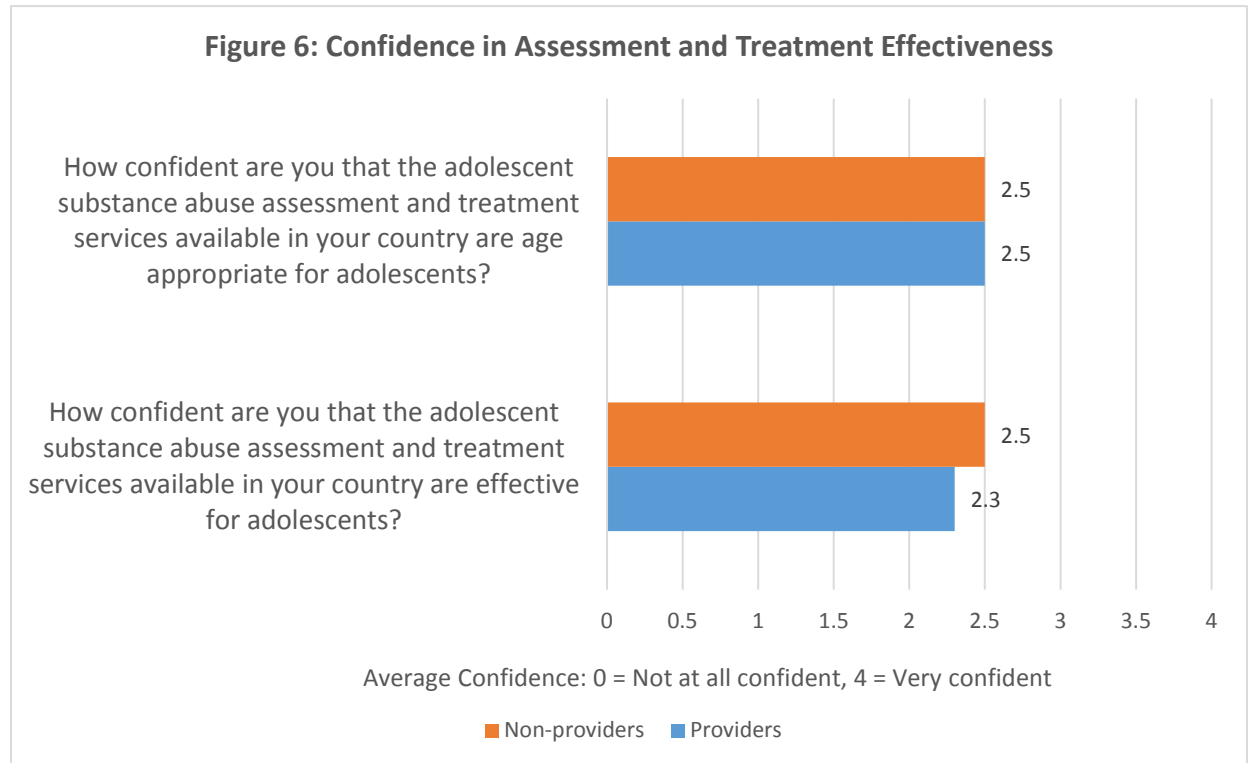


Figure 5 presents the average estimated time-to-first-treatment data. The numbers represent the percentages of all providers’ and non-providers responses, separately. In figure 5 it can be seen that among the respondents who indicated a time until treatment, the most frequent estimate was one to two weeks, followed by 3 to 4 weeks, a month or more and then 1 to 2 weeks. Figure 5 appears to show little difference between how providers and non-providers perceived the time that passes until young people typically begin treatment.

Figure 5: Average Time to Treatment Estimates



Respondents were also asked how confident they were that adolescent substance abuse assessment and treatment services in Windsor 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 Windsor County were age appropriate was 2.7. The corresponding average confidence rating that adolescent substance abuse assessment and treatment services in Windsor 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. These were selected to be representative of the total pool of responses for each question. Some responses were slightly edited for clarity and to protect the identity of specific providers.

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>“[Seven] Challenges group being offered at HCRS.”</p> <p>“Court Diversion, School SAPs, Family Service intervention.”</p> <p>“Brattleboro Retreat has inpatient, day school and outpatient services for adolescents. Valley Vista provides residential/inpatient and Youth Services provide mentoring and family support.”</p> <p>“There is an attempt to educate teens and families about opiates and I believe there has been more outreach in schools.”</p> <p>“There are some good independent, private practice providers doing assessment and individual counseling.”</p> <p>“Kids are being identified and treated with compassion and non-judgmentally, but may not have all supports needed out in the community.”</p> <p>“Some of the local schools have school based clinicians that can help address the needs.”</p> <p>“Second Growth is known more for intervention groups but is extremely successful.”</p> <p>“HCRS LADAC is excellent in compassion and effective treatment.”</p>	<p>“There exists a culture within [...] providers in this community of acceptance and tolerance for substance abuse issues, especially as they pertain to youth.”</p> <p>“I think the bigger issue is that there are not enough affordable, sober, inspiring activities available for youth.”</p> <p>“...nothing is easy, not many meet the teens where they are at (i.e. in schools, after school programs, youth centers).”</p> <p>“Substance abuse programs for teens often interrupt the teen’s day and conflict with school activities. They also do activities that are typical of adult programs rather than geared towards youth.”</p> <p>“We need a prevention coalition in this area again. There used to be one and it was great.”</p> <p>“There are no in-patient or partial-day substance abuse treatment options for adolescents within Windham County.”</p> <p>“Transportation is an issue.”</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>“There are few providers and programs.”</p>

Conclusions of this Report

Part I of this report presented information about resources for adolescent treatment resources that are available in Windsor County, as well as information about substance abuse and related risk factors seen in young people. These indicators reflected that on average, young people in Windsor County are similar to youth in Vermont as a whole, in terms of reporting less positive/healthy characteristics and strengths.

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 HCRS, private providers, the Brattleboro Retreat and school-based providers;
- The time until an assessment is estimated to usually be between 1-4 weeks, while treatment is estimated to start in another 1-4 weeks, and
- Notable barriers to treatment include lack of availability of appropriate services for adolescents, the timing of when services are available and adolescents' willingness to engage in treatment, among others.

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