



Virginia Statewide Needs Assessment on Adolescent Substance Use: *Executive Summary*



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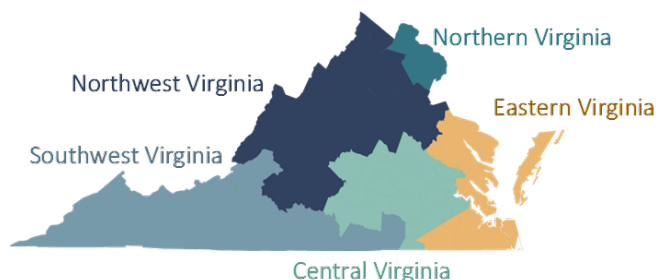
Executive Summary

Introduction and Methods

A comprehensive needs assessment of adolescent substance use services was conducted by OMNI Institute in partnership with the Office of Children and Family Services (OCFS) within the Virginia Department of Behavioral Health and Developmental Services (DBHDS). In accordance with the overarching project purpose of better understanding adolescent substance use behaviors and service needs, this report is intended to **1) describe the nature and prevalence of adolescent alcohol and drug use in Virginia; 2) highlight barriers to service access and delivery, as well as service gaps, and 3) provide recommendations for addressing this important issue in Virginia.**

To gather the relevant data and information needed to provide an in-depth understanding of adolescent substance use behaviors and service needs in Virginia, the needs assessment involved five main components of work: *Literature Review, Secondary Data Review, Provider Survey, Provider Focus Groups, and Caregiver Survey.*

Information gathered from these work areas was synthesized and organized into several main sections for reporting: *Nature and Prevalence of Need, Barriers to Service, and Gaps in Service.* Statewide findings and regional breakdowns were provided across each of these areas where data allowed based on the DBHDS regions depicted in the map on the right. The report concludes with a *Key Reflections and Recommendations* section that takes the key findings from the needs assessment and outlines implications and potential areas of system improvement for the state to consider moving forward. Highlights from each of these sections are presented below.



Nature and Prevalence of Need

Overall, adolescent substance use trends in Virginia strongly parallel those found at the national level when reviewing data from the National Survey of Drug Use and Health (NSDUH, 2020), with the exception of all indicators of problematic alcohol use, which were higher among Virginia youth. Further, the secondary data review also revealed that the most prevalent substances of concern among adolescents in Virginia are **marijuana, alcohol, and electronic vaping** (Virginia Youth Survey- High School, 2019). These were also the substances that providers taking the needs assessment survey reported seeing being used the most by their adolescent clients.



Approximately **20% of respondents reported electronic vaping** in the previous month



17% of youth report having used marijuana at least one day in the previous month



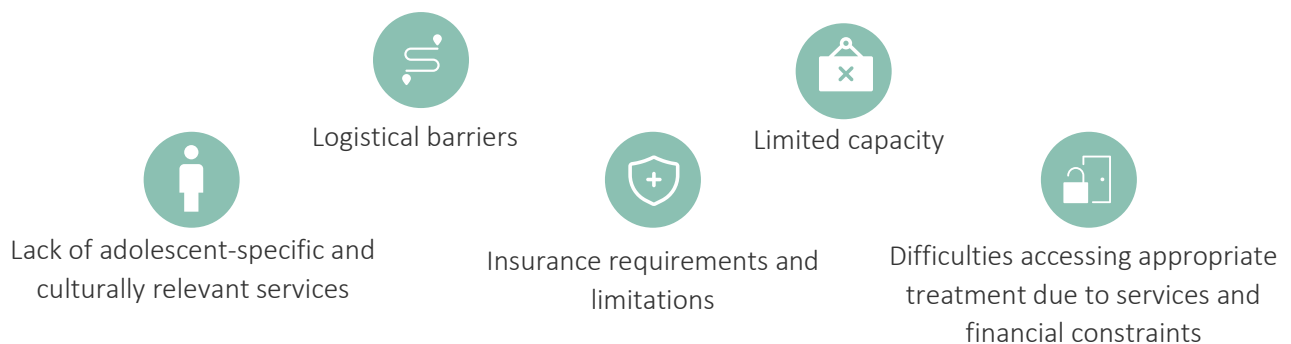
Nearly **13% reported binge drinking** in the last 30 days

Although providers in the focus groups discussed the increase in the use of harder drugs, they still saw marijuana and alcohol as the most common substances used. Providers attribute this to the social acceptability and availability of these substances. They shared that although marijuana and alcohol are seen as less deadly or serious than methamphetamine or opioids, providers are still seeing extremely heavy use of these substances, which they say still leads to harmful physical and mental outcomes.

Barriers to Accessing and Providing Services

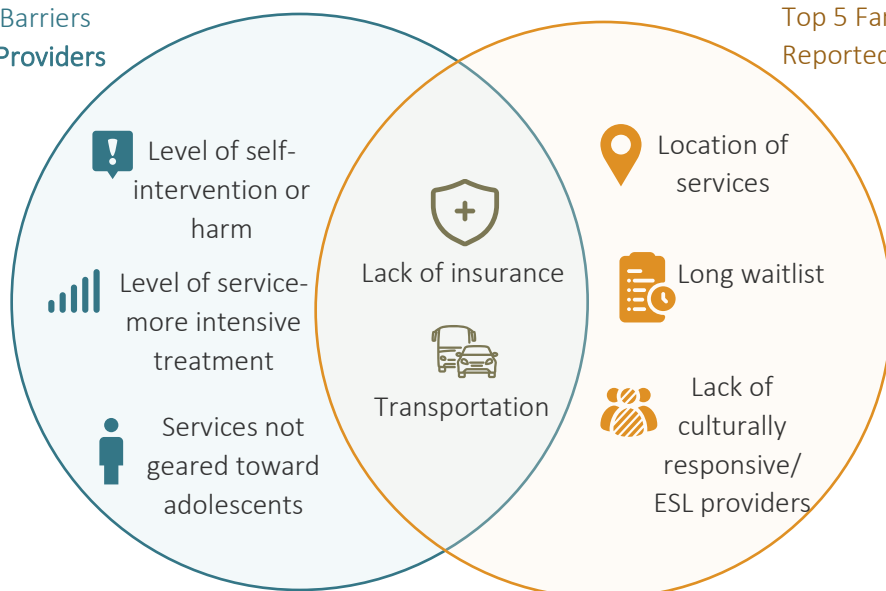
According to the literature review and findings derived from the primary data collection efforts of this needs assessment, adolescents and their caregivers face a number of barriers to accessing substance use that can be categorized into two overarching categories: *systemic and personal/family barriers*. The most pervasive systemic and personal/family barriers are presented below.

Most Common Systemic Barriers Reported



Top 5 Personal/Family Barriers Reported

Top 5 Family Barriers
Reported by **Providers**

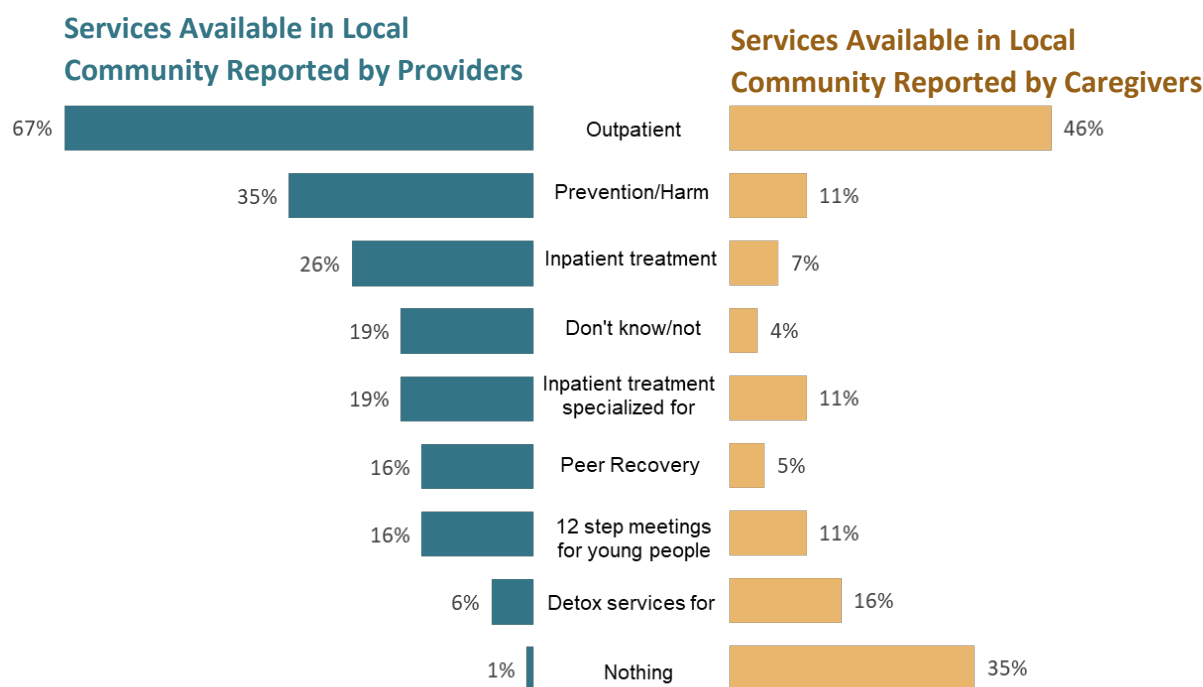


Interestingly, the perceived family barriers from the provider perspective were somewhat different from those actually raised by caregivers in the needs assessment survey, as depicted in the figure above. This highlights the importance of truly incorporating the family voice when considering approaches and strategies to best mitigate barriers to accessing adolescent substance use services. Relatedly, providers also encounter several barriers when *providing* services, such as finding the appropriate level of care for their clients and coordinating care across different systems and providers.

Gaps in Service

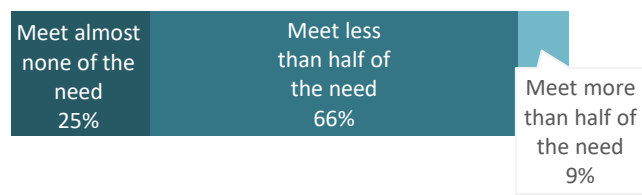
Service providers and caregivers were asked what adolescent substance use services were available in their community and the degree to which those services were meeting the need. As illustrated below, the most commonly recognized adolescent substance use service across the Commonwealth was outpatient services, followed by prevention/harm reduction efforts. Notably, over 1/3 of caregivers indicated that they were unaware of any services being available for adolescent substance use in their community.

Overall, findings also suggest that caregivers have less overall knowledge and awareness of available services in their community indicating a need for greater parental education and support.

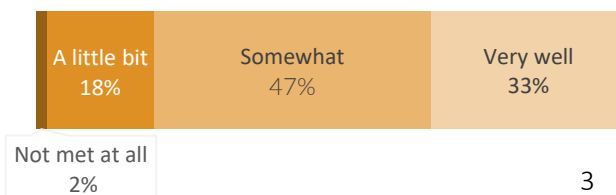


When asked the degree to which services are meeting the needs in the community, most providers indicated that that the services were meeting less than half of the community need. Similarly, only 1/3 of caregivers indicated that the services in their community are meeting the needs of their child “very well.”

Providers report how well services meet the need in their community



Caregivers report how well the services in their community meet the child's need



Key Reflections & Recommendations

This needs assessment generated several key findings related to adolescent substance use in Virginia, as highlighted below:

- Statewide trends in self-reported alcohol and drug use and related arrests mostly parallel national statistics.
- The primary substances most frequently being used among adolescents across the Commonwealth are marijuana, alcohol, and electronic vaping, with some regions also raising concerns around prescription drug use.
- According to caregivers and providers, families encounter numerous systemic and personal barriers when attempting to access adolescent substance use services, including transportation and location of services, as well as difficulty navigating insurance challenges and finding culturally responsive services.
- Providers raised concerns around caregivers and adolescents not fully acknowledging the severity of substance use issues, and caregivers shared resistance to seeking services due to perceived stigma of doing so.
- Providers shared that the disjointed and inadequate system of care for adolescent substance use in Virginia makes it difficult for them to find the appropriate level of care for their clients and facilitate that service connection.
- When asked about service provision, providers and caregivers shared that there are limited options available targeting adolescent substance use, and what is available is not fully meeting the needs in their communities.
- Providers and caregivers saw a need for improvements across the continuum of care to better address adolescent substance use in Virginia, from enhancing adolescent-specific harm reduction and prevention efforts to include more robust parental education programming, to farther along the continuum with the implementation of peer recovery models and expanding adolescent inpatient treatment options.

Based on the findings presented above, a key recommendation that stemmed from this project is for the state to move toward **establishing an adolescent-specific continuum of care that spans prevention, early intervention, treatment, and recovery**. Providers in Virginia echo the best practice recommendations (SAMHSA, 2016) that suggest services along that continuum need to be adolescent-focused and delivered by a well-trained and supported workforce. According to providers, **the continuum of care should also include supportive services for caregivers** and families of adolescents who use substances. To develop and implement an integrated continuum of care that can both prevent and address substance use among adolescents, it is important to reflect on existing research and the broader evidence base on this topic. Additional research on best practices pertinent to an adolescent substance use continuum of care is available in Appendix F.

In general, providers that completed the needs assessment survey indicated that the existing **system of substance use care in Virginia is not meeting the needs of adolescents** and their families. From the provider perspective, a stronger, more cohesive and integrated system of care is needed to better meet the needs of their adolescent clients. While many providers shared that they felt confident identifying the substance use needs of their clients and providing basic supportive and outpatient services, they felt less

equipped to support adolescents and their families with accessing different levels of care outside of their service provision. This finding suggests that a **case management and wrap-around model** might play a key role in bolstering the existing system and helping adolescents and their families get connected to needed services early on **to potentially avoid formal child welfare or juvenile justice system involvement.**

One interesting finding that emerged through this needs assessment is that **providers and caregivers differed in their perspectives around several issues pertinent to this topic**, including specific substances of concern, barriers to accessing services, and available services in their respective communities. This indicates that these two groups do not have a shared understanding of this important issue, and as key stakeholders supporting adolescents in Virginia this raises an important gap to be addressed. Most notably, **caregivers reported far less knowledge of available services in their communities** when compared to providers. Caregivers also shared that they wish they had more information about where to turn for support and resources around their child's substance use needs and how to better communicate effectively with their children about their concerns. These results suggest that **additional efforts are needed across the Commonwealth to increase general awareness around service availability and provide caregivers with easier access to resources and supportive communication tools.**

Highlighting the disconnect between the provider and caregiver perspectives illustrates the importance of **prioritizing the family voice** in the development and enhancement of the adolescent substance use system of care. Too often, system stakeholders lead the decision-making process without caregiver input resulting in systems that are creating rather than eliminating barriers for caregivers. A key recommendation for local and state leaders would be to closely examine the barriers that were raised by caregivers here and work with a local or state caregiver advisory board to further unpack those barriers and identify potential solutions to ensure the system is truly being designed in an inclusive and informed way. For instance, communities should prioritize **ensuring equitable access to services** for those with limited financial resources or insurance coverage (SAMHSA, 2016). Improving access to insurance coverage or eliminating financial barriers to accessing services could be a key aspect of improving service provision and increasing utilization.

Because best practices recommend that services for adolescents should be tailored to meet their needs, including the individual experience of the adolescent as well as their cultural background (SAMHSA, 2016), and because our findings suggest that each region of the state has unique strengths and challenges, **services should continue to be developed and implemented at the regional and community levels.** A more localized approach allows the continuum of care to consider the context of a region or community in the development and implementation of substance use services. For example, both Southwest and Northern Virginia caregivers reported that the location of service delivery was a barrier for their family. However, the solutions that might be prudent in Northern Virginia, such as providing passes to use public transportation, would not necessarily work well in Southwest Virginia where communities are more spread out and public transport is less available. Therefore, these initial findings help illuminate additional areas for research in and collaboration with local agencies, CSBs, and providers to improve services in ways that target the gaps barriers and build on the strengths of local communities.

Conclusion

Findings from this needs assessment indicate that there are committed providers and leaders, and a robust substance use response infrastructure in Virginia. However, there remain considerable gaps in service along the continuum of care when it comes to service provision for adolescents. Many of the services currently in place are geared toward adults and little support is available for caregivers and families of adolescents with substance use concerns. Moving forward, local and state leaders should consider centering the family voice and leverage the existing infrastructure to integrate or adapt evidence-based adolescent-specific practices across the continuum of care to enhance the system of care for adolescents with substance use needs and their families in Virginia. In addition, incorporating the local context and partnering with key community stakeholders will be critically important to ensuring that local systems of care are tailored to meet the unique needs of each community across the Commonwealth. As an immediate next step, building from this needs assessment to engage in an in-depth strategic planning and implementation planning process at the state and regional levels will set the stage for data-driven, thoughtful, and responsive implementation of adolescent substance use system of care improvements throughout Virginia.