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Methodology Used for Collecting Data

- Four focus groups were held.
 - One with primary providers and stakeholders
 - One with Hope Academy students
 - One with family members of Fairbanks alumni
 - One with alumni of Fairbanks programs and services
- Indiana University Richard M. Fairbanks School of Public Health's Center for Health Policy conducted the focus groups, collected and analyzed data.
- Additional research conducted by Fairbanks staff.



Purpose of Community Needs Assessment

- Identify the community needs of Fairbanks primary service market regarding the provision of substance abuse treatment.
- Determine the like-characteristics of people, types of organization, values, beliefs, goals, concerns and problems.
- Determine gaps in services.
- Meet IRS requirements for a Community Needs Assessment.
- Adopt an implementation strategy



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Geographic Data – Primary Market

July 1, 2013 to December 31, 2015

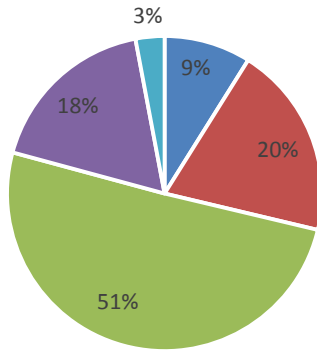
County	Admissions
Marion	32%
Hamilton	13%
Hendricks	5%
Hancock	3%
Madison	3%
Johnson	3%
Delaware	2%
Boone	2%
Morgan	2%



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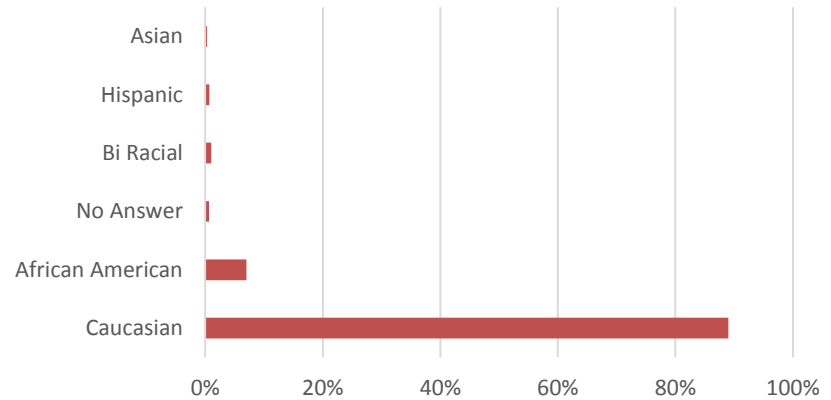
Demographic Data—Who Fairbanks Serves

Ages Served

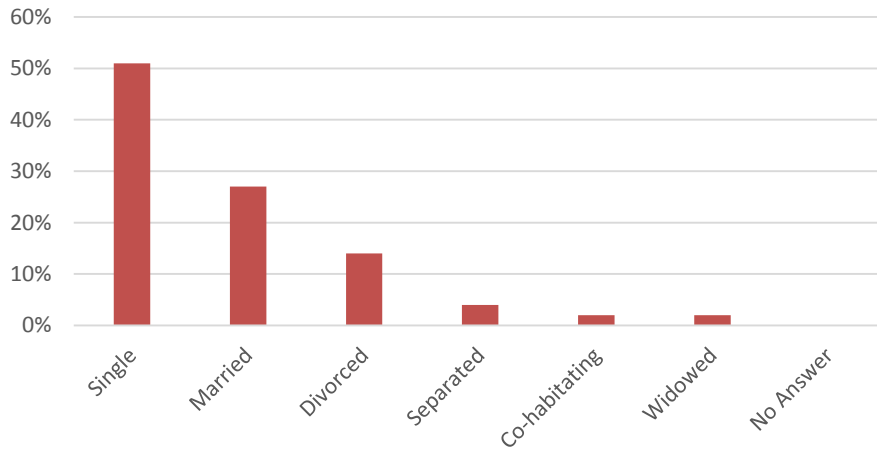


■ 9 to 18 ■ 19 to 23 ■ 24 to 49 ■ 50 to 65 ■ 66 to 92

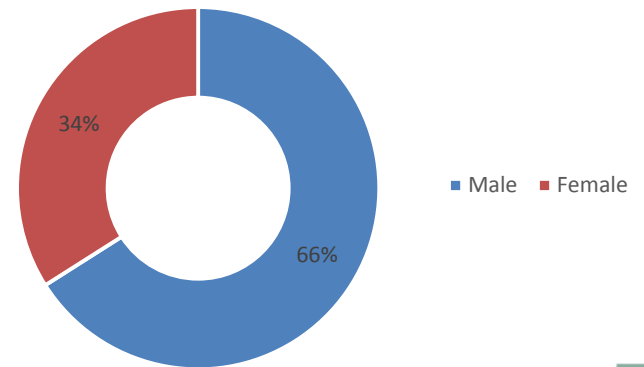
Race/Ethnicity



Marital Status



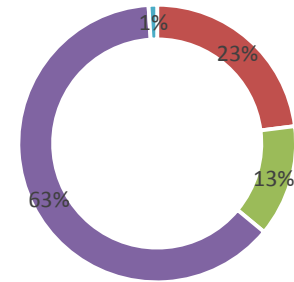
Gender



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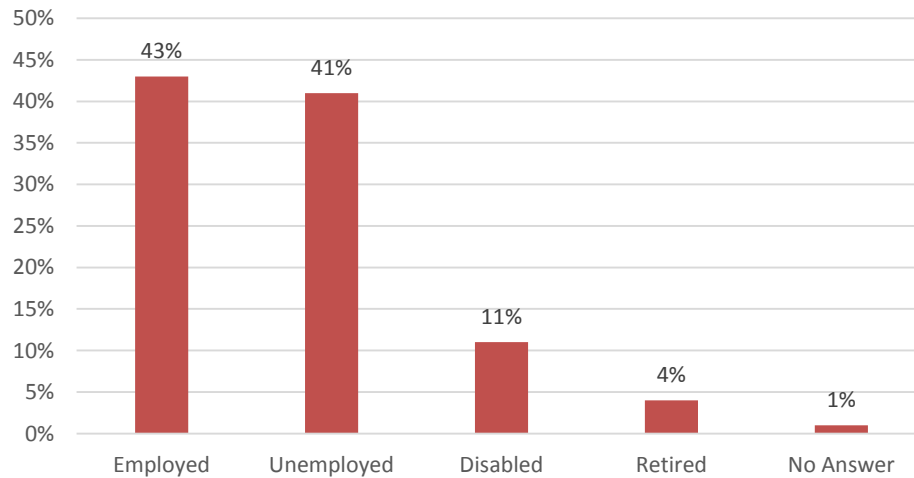
Demographic Data—Who Fairbanks Serves

Economic Status



- Below Poverty Line
- Above Poverty Line
- No Answer
- Refused to Answer

Occupational Status



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Community Health Data

	County Health Rankings									
	Indiana	Boone	Delaware	Hamilton	Hancock	Hendricks	Johnson	Madison	Marion	Morgan
Adult Smoking	23%	17%	23%	13%	18%	16%	19%	22%	22%	19%
Alcohol-Impaired Driving Deaths	14%	11%	28%	36%	21%	28%	21%	14%	24%	15%
Drug Overdose Rates*	8	29	73	70	44	63	70	101	643	55
Excessive Drinking	12%	17%	15%	18%	18%	17%	16%	14%	16%	16%
Frequent Mental Distress	13%	10%	13%	9%	10%	10%	11%	12%	13%	11%
Mental Health Providers	370:1	1260:1	420:1	760:1	1800:1	1130:1	1350:1	990:1	420:1	2110:1
Uninsured	11%	11%	16%	11%	12%	11%	13%	16%	19%	14%
Unemployment	3.5%	4.5%	7.1%	4.1%	5.2%	4.7%	5%	7%	6.5%	5.8%
*Per 100,000 population										
Source: Countyhealthrankings.org										



Prevalence Data--Alcohol

- Among Hoosiers ages 12 and older, 51.5% drank alcohol in the past month, and 21.8% engaged in binge drinking.
- Young adults ages 18 to 25 had the highest rates of alcohol use in Indiana: 61.8% reported current alcohol use, and 39.5% reported binge drinking.
- Most admissions to substance abuse treatment were due to alcohol; more than one-third of Hoosiers (38.0%) received treatment for alcohol dependence (U.S.: 37.5%)
- Alcohol abuse in the treatment population differed by race: 37.5% of whites, 40.1% of blacks, and 39.9% of other races indicated alcohol dependence.

Source: *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2015*



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Prevalence Data--Marijuana

- Marijuana is the most commonly used illicit substance in Indiana and the nation.
- Among Hoosiers ages 12 and older, 7.5% used marijuana in the past month, and 12.9% used it in the past year
- In 21.5% of Indiana treatment admissions, marijuana dependence was reported at treatment admission, a significantly higher percentage compared to the nation's 16.7%.
- Marijuana users in treatment were more likely to be male, black, and under 18 years old.

Source: *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2015*



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Prevalence Data-Heroin

- In 2013, 12.0% of Indiana treatment admissions reported heroin use, which is significantly less than the U.S. percentage of 22.4%. However, while the nation's percentage slightly increased since 2001, Indiana's percentage more than quadrupled during that time period.
- Among Indiana's substance abuse treatment population, women, whites, and individuals under the age of 34 had the highest rates of heroin use.
- The percentage of youth less than 18 years old abusing heroin saw a sharp increase from 1.1% in 2010 to 11.5% in 2012, but then decreased significantly to 1.8% in 2013.

Source: *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2015*



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Prevalence Data—Prescription Medication

- The three most commonly abused types of prescription medicine are pain relievers (opioids), central nervous system depressants (sedatives, tranquilizers, hypnotics), and stimulants (used to treat attention deficit disorders, narcolepsy, and weight loss).
- In 2015, more than 13 million prescription drugs (controlled substances) were dispensed in Indiana; approximately half of which were pain relievers.
- Admissions for pain reliever and sedative/tranquilizer misuse increased significantly from 2000 to 2013 in Indiana.
- Prescription drug abusers in treatment were primarily female and white.

Source: *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2015*



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Bottom Line

- Among the Indiana treatment population, 62.3% reported use of two or more drugs; the percentage was statistically significantly higher in Indiana compared to the nation (54.7%). •
- The percentage of treatment admissions with polysubstance abuse has increased in Indiana since 2000.
- Most frequently, substance use in Indiana involves using two or more substances, most frequently alcohol together with another drug.
- The most common drug clusters identified in Indiana were alcohol and marijuana; alcohol and some other drug; and alcohol, marijuana, and methamphetamine.

Source: SAMHSA, 2013



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Focus Group Findings

Strengths of the Overall Addiction Treatment System

- Providers believe there has been great improvement in treatment and recovery services over past years.
- Providers agree that while we don't have "enough" there are a good variety of service providers and quality services available in our area.
- Programs and providers are actively engaged in meeting the needs of the population.
- Fairbanks "does a good job" with providing recovery options.
- Hope Academy is a great concept, though it is underutilized.
- Hope Academy students believe that after school programs have been engaging and beneficial.
- Students gain value in meetings and peer support.



Focus Group Findings

Strengths continued--

- Family support programming is an valuable asset to the community..
- Hope Academy is an incredible charter school which is underutilized.
- The detox and inpatient programs at Fairbanks received high marks.
- Alumni meetings are beneficial to those in recovery



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Focus Group Findings

Weaknesses

- There is not enough sober housing for women
- Physicians are still not fully educated or aware of the repercussions of their prescribing practices
- Cost and insurance are the biggest barriers for those seeking services.
- There are not enough affordable options when individuals do not have coverage or the services are out of network.
- There is an overwhelming need for more dual diagnosis services.
- Not enough Medication Assisted Treatment Providers
- More specialized services for transgender population



Focus Group Findings

Overall System Issues

- Transportation and distance to a treatment provider was a perceived barrier.
- There are significant financial barriers to accessing and continuing treatment services for all ages, these are heightened for the “working poor”.
- The implementation of Naloxone creates a gap with people who use Naloxone yet do not seek follow-up treatment.
- Naloxone is saving lives, but once stabilized people are no longer in urgent need and cannot receive coverage for detox.
- Recovery housing is lacking.
- There is a shortage of addiction psychiatrists/psychologists.
- No one is addressing geriatric addiction.
- There is a need for a networked recovery advocacy and support services referral system.



Focus Group Findings

Overall System Issues

- There are not enough meetings for young people
- The general public does not know enough about the disease of addiction.
- The indigent population is dealing with a huge problem of addiction and there are not enough services to provide for those in need.
- Not enough medication providers
- A need for more aftercare programming after inpatient and outpatient services are completed.



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Recommendations from Fairbanks' Leadership Team

1. Expand MAT (Medication Assistance Treatment) programming.
2. Develop substance abuse prevention programming for high school and middle school students.
3. Increase access and availability to peer recovery coaching.
4. Increase the number of support meetings for young people in recovery.
5. Continue efforts to educate the community on the disease of addiction through content development, media opportunities, education events and public speaking.
6. In concert with other recovery organization, advocate for legislation that improves access to treatment.



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