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Community Needs Assessment

June 26, 2013

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Agenda

- Purpose
- Methodology for Collecting Data
- Geographic Area
- Demographic Information
- Community Health Data
- Prevalence of Alcohol & Drug Use
- Utilization data
- Findings
- Implementation Strategy



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Purpose of a Community Needs Assessment

1. Identify the community needs of Fairbanks primary service market regarding the provision of alcohol and other drug abuse treatment.
2. Determine the like-characteristics of people, types of organizations, values, beliefs, goals, concerns, and problems. (is it low-income, multicultural, high crime?)
3. Determine gaps in services.
4. Meet IRS requirements for a Community Needs Assessment.
5. Adopt an implementation strategy



Methodology Used for Collecting Data

- Five focus groups were held.
 - Two with primary providers and stakeholders
 - One with Hope Academy students
 - One with parents of Fairbanks alumni
- 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 (data sources include patient demographics, County Health Rankings/Profiles, prevalence data from the Indiana Youth and College Survey(s)-2012 and Treatment Episode Data-TEDS).



Geographic Data – Primary Market

November 1, 2011 to November 30, 2012

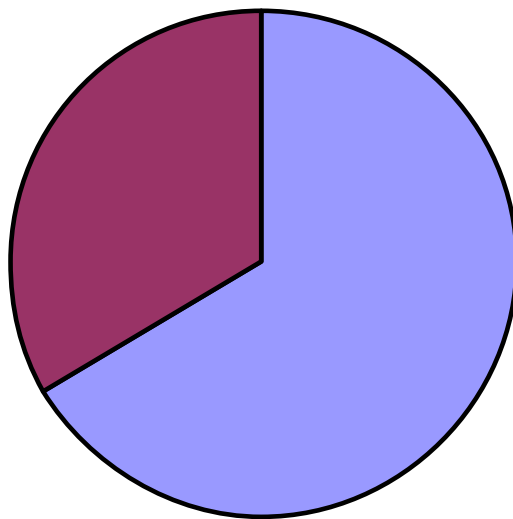
<u>County</u>	<u>Percent of Admissions</u>
Marion	32%
Hamilton	16%
Hendricks	4%
Hancock	3%
Madison	3%
Howard	2%
Boone	2%
Johnson	2%



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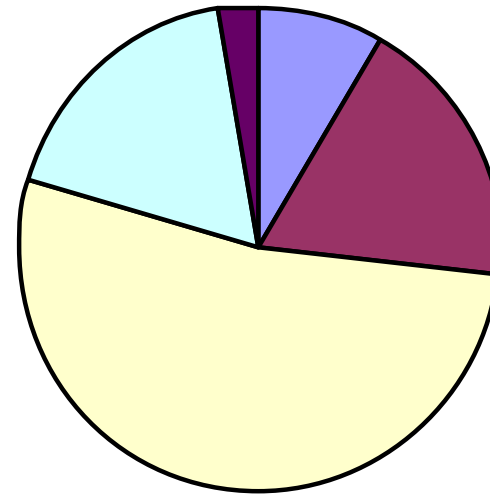
Demographic Data—Who Fairbanks Serves

Gender



- Male - 66.44%
- Female - 33.56%

Age



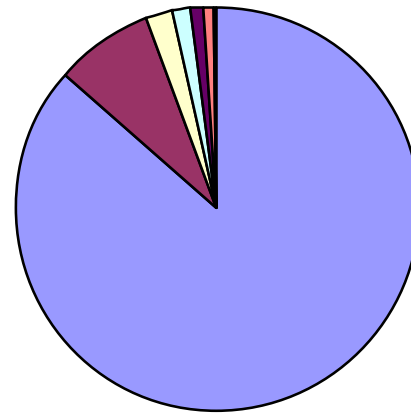
- 9 - 18 - 8.64%
- 19 - 23 - 18.54%
- 24 - 49 - 53%
- 50 - 65 - 18%
- 66 - 92 - 2.55%



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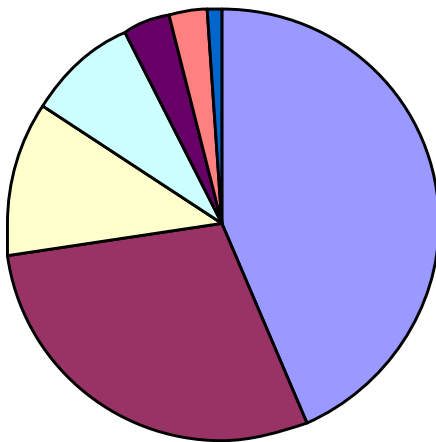
Demographic Data—Who Fairbanks Serves

Race/Ethnicity



- Caucasian - 86.42%
- African American - 7.89%
- No Answer - 2.39%
- More Than One Race - 1.35%
- Hispanic - .91%
- Other - .72%
- Asian - .31%

Marital Status



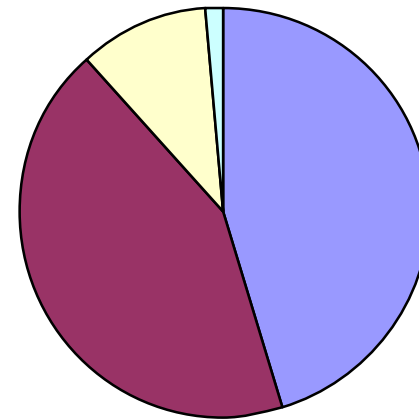
- Single - 43.71%
- Married - 28.76%
- Divorced - 11.79%
- No Answer - 8.33%
- Separated - 3.46%
- Cohabiting - 2.73%
- Widowed - 1.23%



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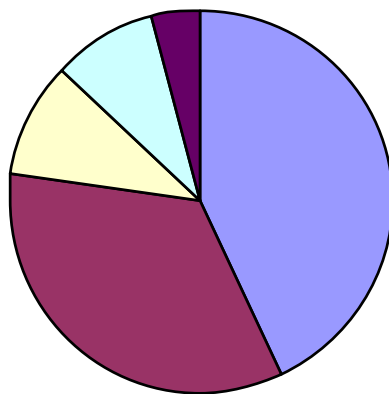
Demographic Data—Who Fairbanks Serves

Economic Status



- Below Poverty Line - 45.38%
- Above Poverty Line - 42.99%
- No Answer - 10.31%
- Refused to Answer - 1.32%

Occupational Status



- Employed - 43.12%
- Unemployed - 33.82%
- No Answer - 10.12%
- Disabled - 8.80%
- Retired - 4.15%



Community Health Data

County Health Rankings for Primary Market

Health Outcome	Indiana	Marion	Hamilton	Hendricks	Hancock	Madison	Howard	Boone	Johnson
Poor Mental Health Days	3.6	3.8	2.4	3.2	2.9	4.8	4.9	2.6	3.3
Adult Smoking	24%	26%	13%	21%	19%	30%	25%	19%	26%
Excessive Drinking	16%	16%	18%	15%	19%	15%	13%	19%	18%
Vehicle crash death rate	13	11	6	10	13	14	14	12	10
Sexually transmitted	351	808	93	107	91	397	365	122	118
Uninsured	17%	20%	10%	11%	14%	17%	16%	11%	14%
Unemployment	9%	9.4%	6.3%	7.2%	7.9%	10.5%	10.5%	7.3%	7.7%
Violent Crime Rate	327	1,146	60	156	51	205	257	22	226

Data Source: CountyHealthRankings.org

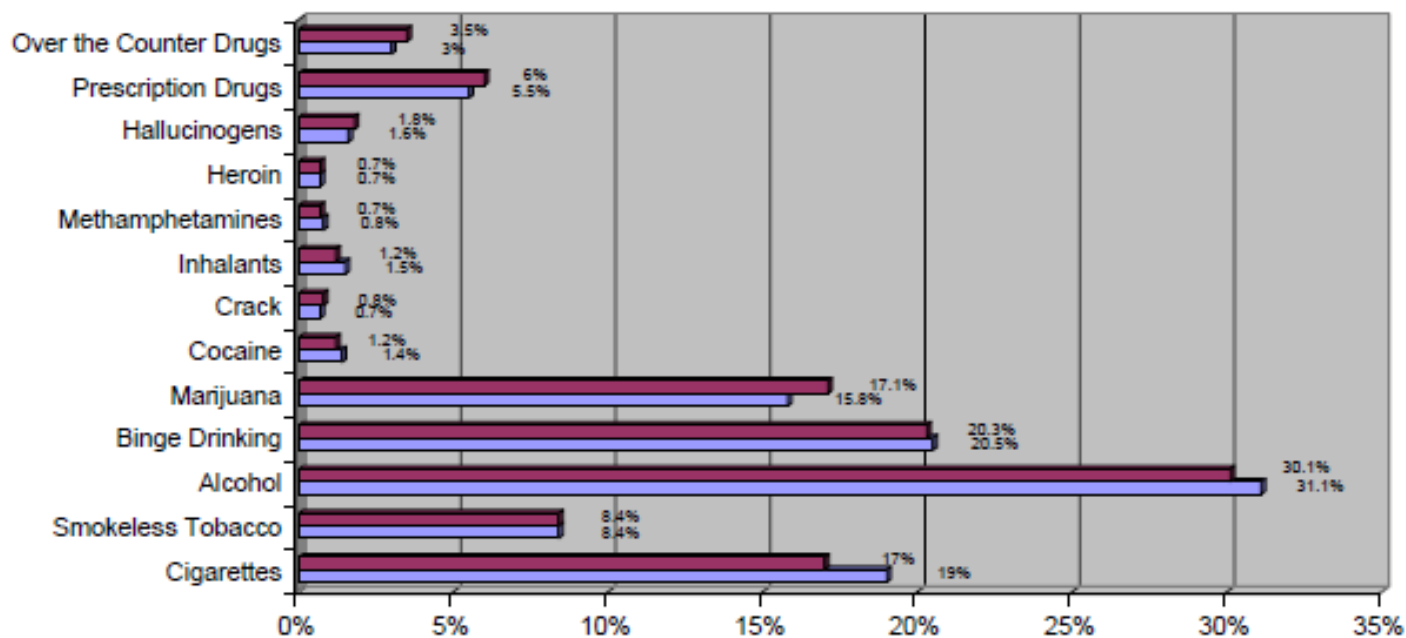


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Prevalence Data

Monthly Use of Alcohol, tobacco & Other Drugs by Indiana 11th Grade Students: 2012

■ Indiana ■ Central Indiana

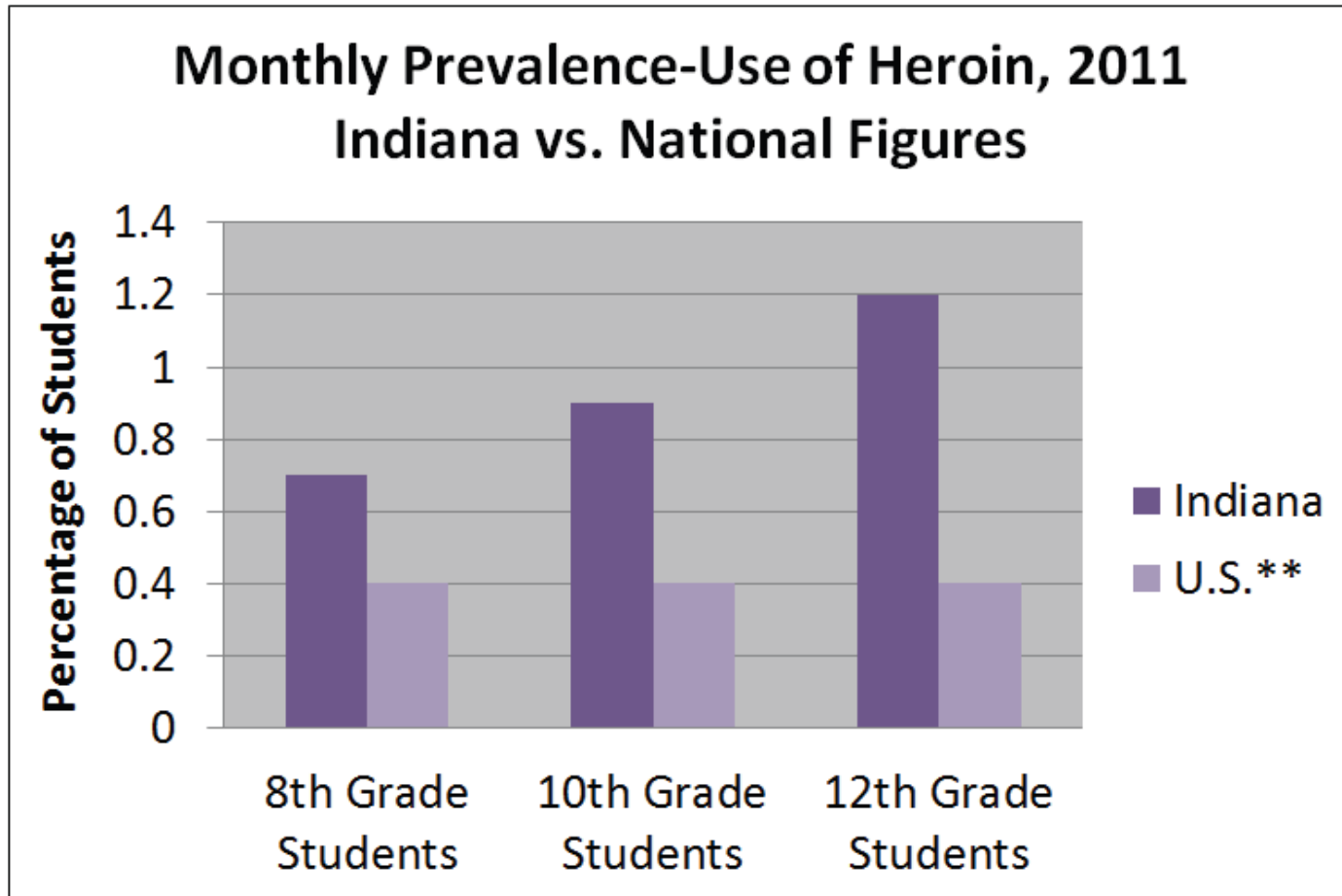


Data Source: 2012 Indiana Youth Survey



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Prevalence Data

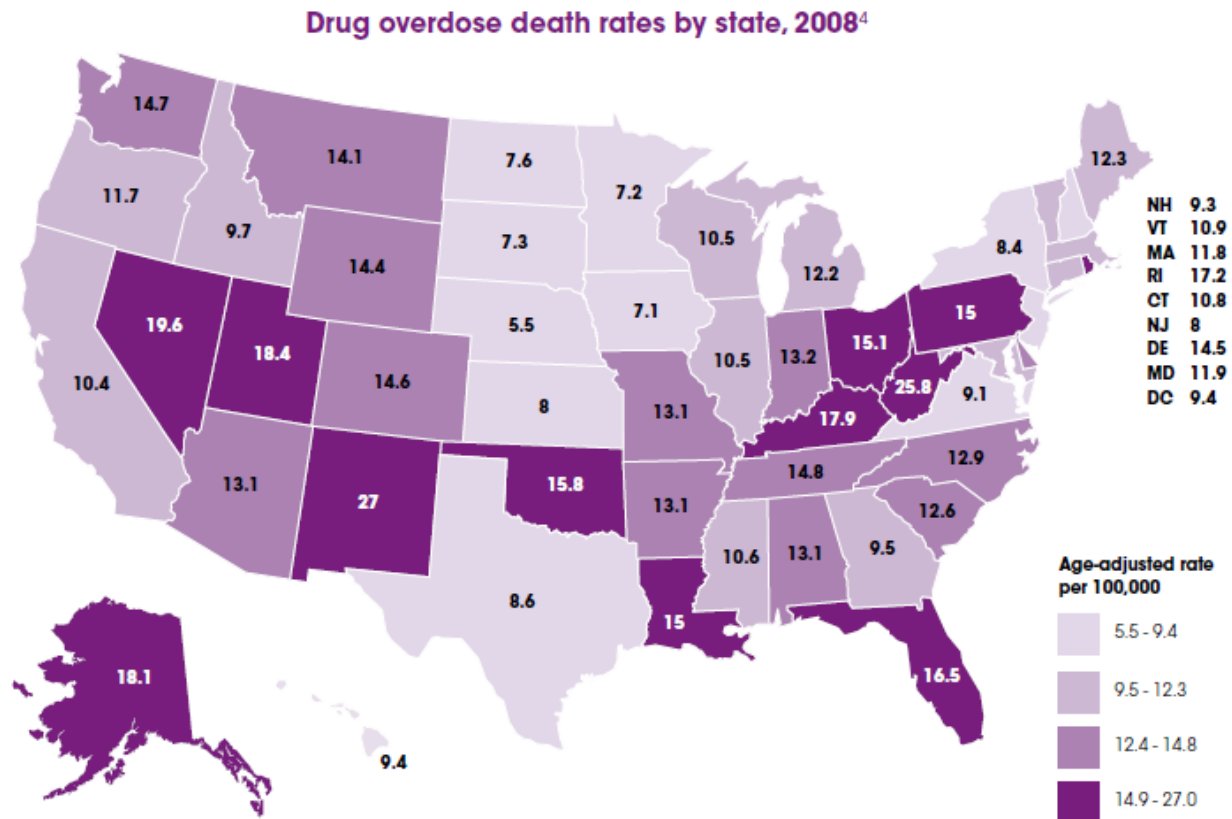


Data Source: 2012 Indiana Youth Survey



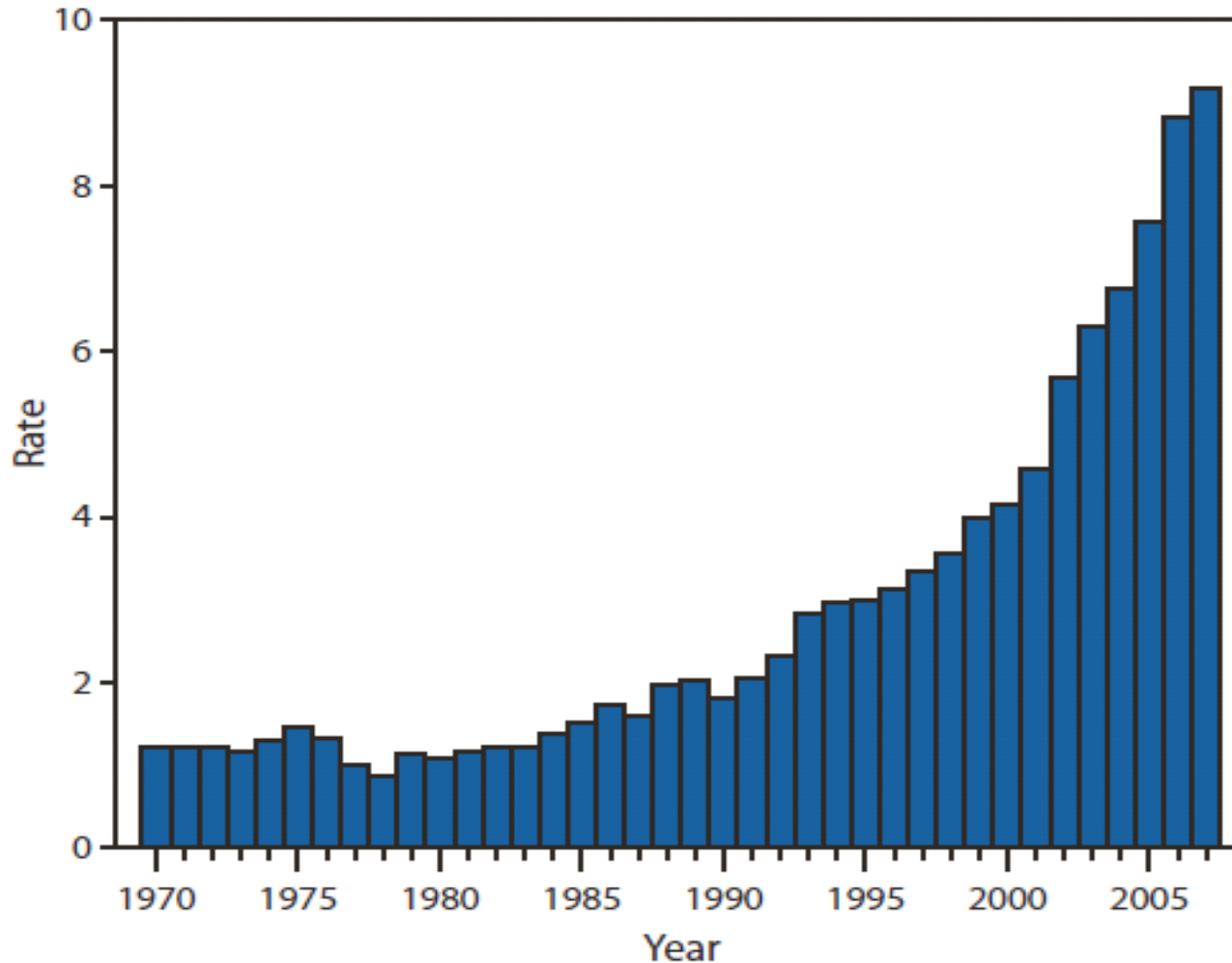
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Alcohol and Drug Induced Mortality



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Rate* of unintentional drug overdose deaths – United States, 1970 – 2007



Per 100,000 population.

Source: National Vital Statistics System. Available at <http://www.edc.gov/nchs/nvss.htm>.

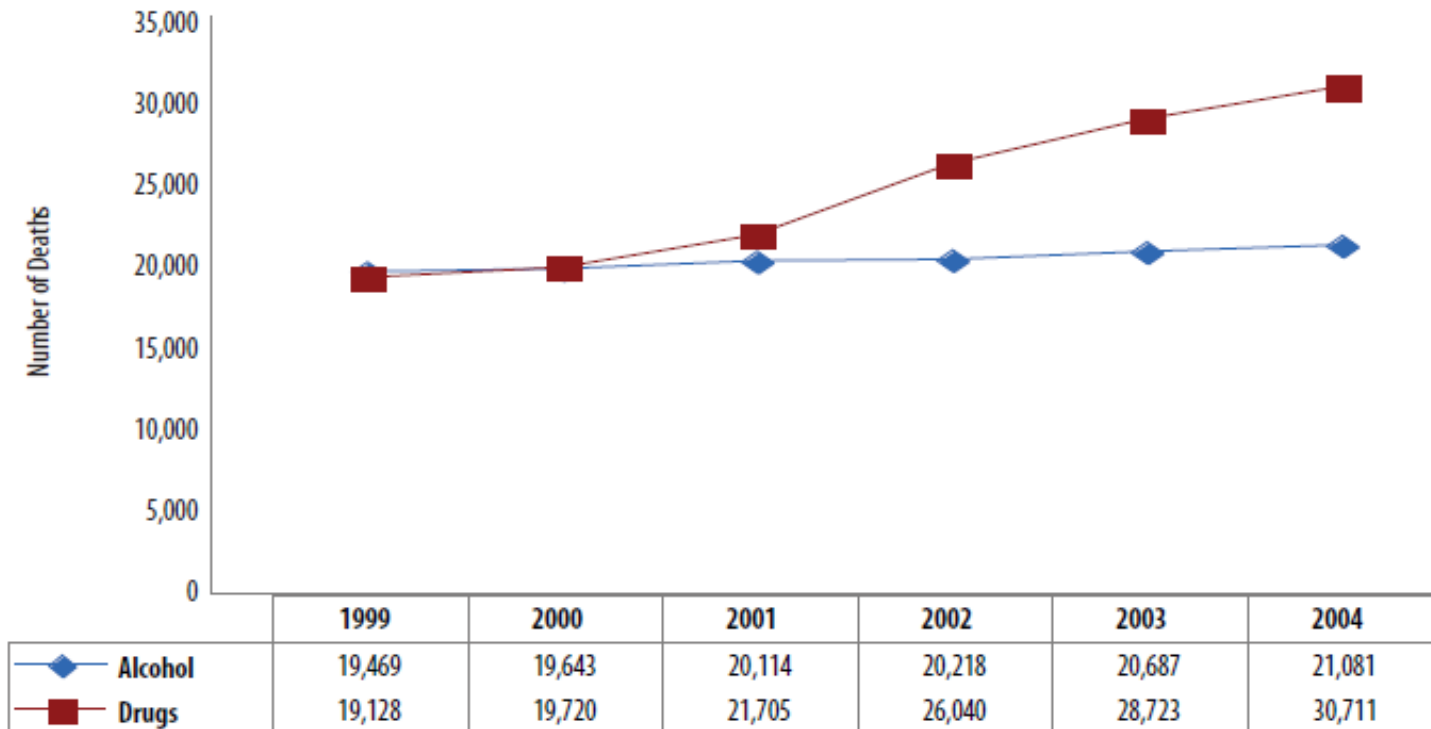
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Alcohol and Drug Induced Mortality

Figure 1: Number of Alcohol- and Drug-Induced Deaths in the United States, 1999 through 2004



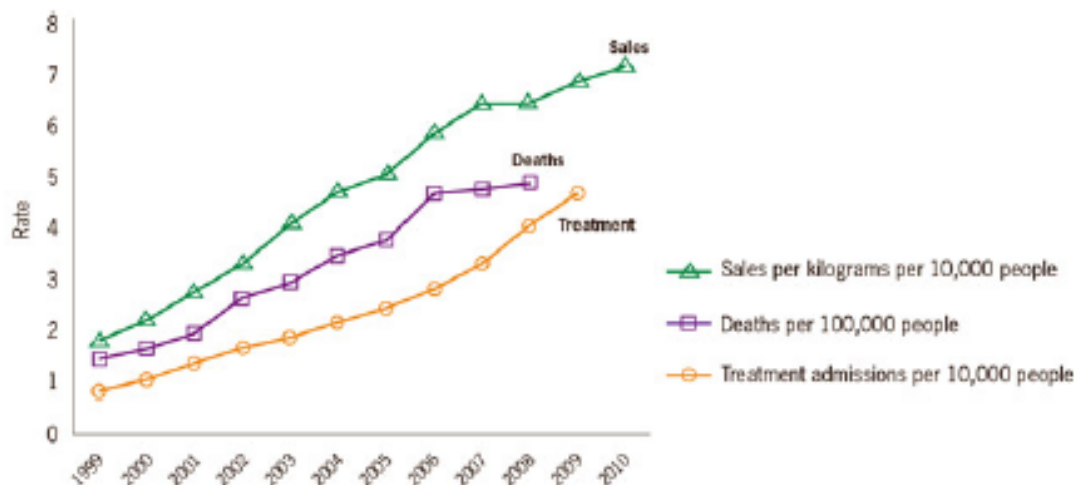
Source: Miniño et al., 2007



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Alcohol and Drug Induced Mortality

Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)



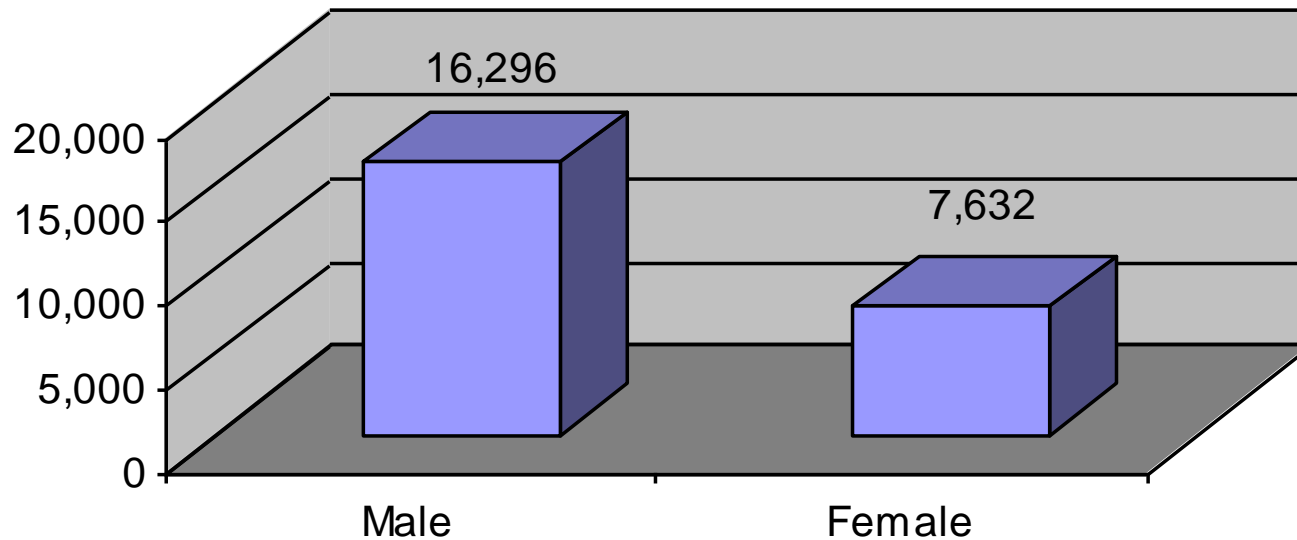
SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009



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Utilization Data for Indiana

Gender Data for Indiana Residents Seeking Treatment for Drug & Alcohol Abuse



Very similar to the population Fairbanks serves.

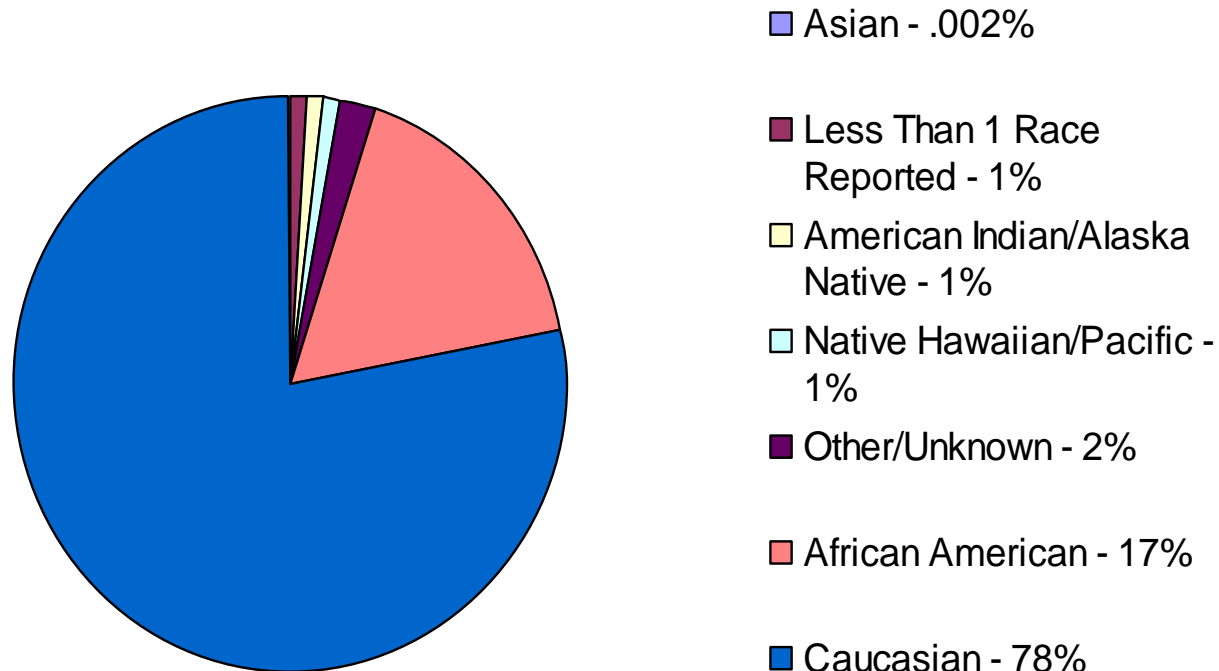
Data Source: 2012 Treatment Episode Data (TEDS)



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Utilization Data for Indiana

Ethnic Groups Seeking Treatment for Drug Abuse in Indiana

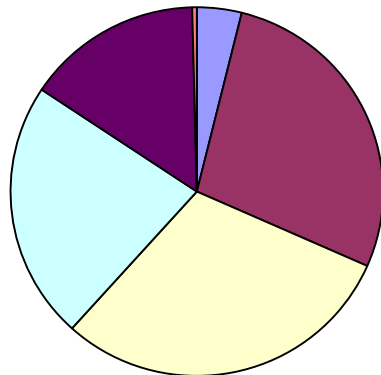
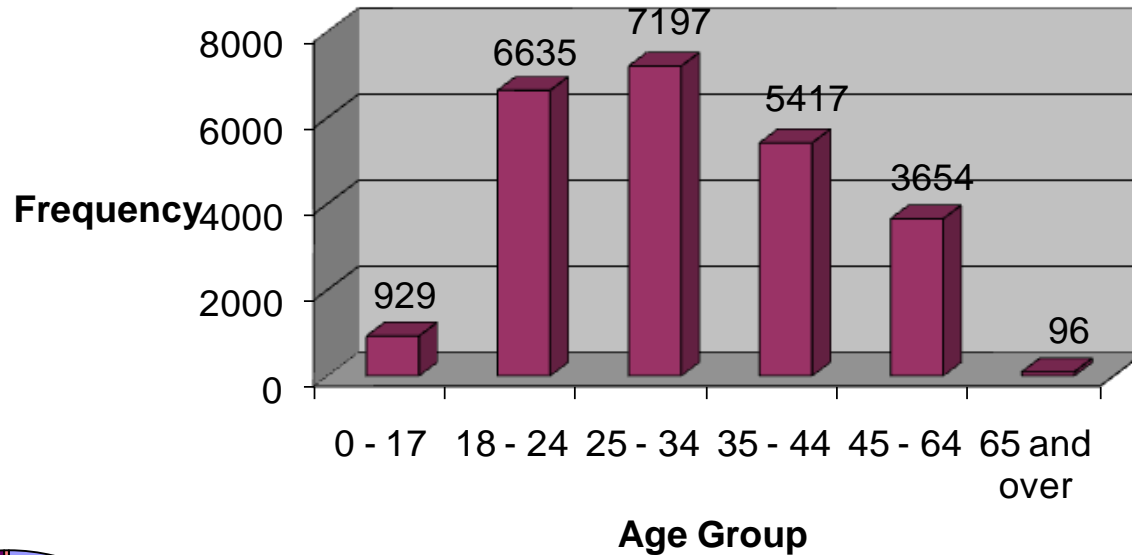


In Indiana, Caucasians are primarily seeking treatment

Data Source: 2012 Treatment Episode Data (TEDS)

Utilization Data for Indiana

Age Data for Indiana Residents Seeking Treatment for Drug & Alcohol Abuse



- 0 - 17 - 929
- 18 - 24 - 6635
- 25 - 34 - 7197
- 35 - 44 - 5417
- 45 - 64 - 3654
- 65 and over - 96

Largest age group seeking treatment is 18-24 and 25-34 year olds. Data Source: 2012 Treatment Episode Data (TEDS)



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Focus Group Findings

Strengths of the Overall Addiction Treatment Delivery System

- Favorable impression of addiction services in Central Indiana with respondents citing that providers are dedicated and committed.
- Fairbanks is seen to excel in the big picture and the Recovery Center is perceived as very beneficial.
- There is evidence of a slight shift to early treatment and reimbursement for early intervention.
- The medical staff at Fairbanks is outstanding and adept at working with all ages.
- Numerous support group offerings in Indianapolis such as Alcoholics and Narcotics Anonymous.
- Hope Academy is perceived as a strong asset, providing a positive environment and no stigma.



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Focus Group Findings

Weakness of the Adolescent Addiction Treatment System

- Few options for youth beyond detoxification.
- Too few professionals are interested in working with adolescents.
- Lack of long-term or residential treatment programs for youth under 18.



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Focus Group Findings

Identified Community Partners

- Fairbanks and Valle Vista clearly identified and recognized for the provision of inpatient services.
- Midtown recognized as the county hospital partner.
- Gallahue and WindRose identified as community health service partners.
- The Salvation Army identified as a “sober up” facility for the poor.

Overall Community Trends

- Rise in substance abuse in the Hispanic community.
- Increase in heroin overdoses and a lack of attention given regarding the crisis.



Focus Group Findings

Overall System Issues

- Lack of outreach to Hispanics or African Americans.
- Limited addiction services outside of Indianapolis.
- Transportation and distance to a treatment provider was a perceived barrier.
- There are limited translation services for an emerging Hispanic community.
- Often addiction becomes a law enforcement issue.
- The stigma of addiction can create a barrier for treatment and recovery.
- There are significant financial barriers to accessing and continuing treatment services for all ages, these are heightened for the “working poor”.



Focus Group Findings

Overall System Issues

- Inadequate insurance coverage is perceived as a significant barrier with participants citing that access to appropriate services is a limiting factor.
- Lack of capacity is a perceived barrier with participants citing that there are an inadequate number of addiction physicians, counselors or hospitals to deal with those needing treatment.
- Counselor licensing requirements are seen as too restrictive, reducing opportunities to attract providers.
- The addiction treatment delivery system is difficult to navigate and there is a lack of a 411 directory for identification of available services.
- Post treatment and reintegration concerns focused on a lack of housing, employment, transportation and education assistance.
- Concern was expressed regarding waiting lists being too long for treatment services.

Recommendations from Fairbanks' Leadership Team

1. Expand bi-lingual (Spanish) treatment and education offerings through hiring bi-lingual counseling staff.
2. Facilitate outreach to African American and Hispanic populations through partnership and collaboration with existing minority focused organizations, faith based organizations and providers.
3. Seek funding to expand outreach efforts and provide more treatment options for minority populations.
4. Increase patient access to services regionally by adding two new Outpatient locations within the next 24 months.



Recommendations from Fairbanks' Leadership Team

5. Educate school nurses within IPS and other Marion County Schools to educate them on the signs and symptoms of substance abuse.
6. Expand formal efforts to market Fairbanks teen help line and toll free Centralized Access number to targeted school professionals, probation officers and the community at large.
7. Seek collaborative partners and foundation dollars to enhance employment and educational support during and post treatment.
8. Advocate that addiction is a disease and that treatment is a solution.



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Recommendations from Fairbanks' Leadership Team

9. In response to the current opiate epidemic develop a dedicated inpatient and partial hospital program for young adult males ages 19-23.



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