



## Community Health Needs Assessment Implementation Plan

### Summary

During 2015, the Betty Ford Center, a nonprofit alcohol and drug addiction treatment provider, conducted a Community Health Needs Assessment (CHNA) under the requirements set forth in Section 9007 of the Patient Protection and Affordable Care Act (ACA) and IRS Notice 2011-52. The objectives of the CHNA are to identify the significant behavioral health and substance use treatment needs in the communities served by the Betty Ford Center, determine gaps that may exist in the services offered, and provide the community with information about behavioral health, preventative care, and inpatient and outpatient services.

California and the nation are in the midst of an opioid epidemic that is drawing attention to the pervasive danger of addiction – not just to prescription painkillers and heroin (collectively known as opioids) but to all mood-altering substances. More than 20 million Americans have substance use disorders, which affect all aspects of their health. And approximately one third of health care costs are driven by addiction-related conditions and consequences. That means results-oriented addiction treatment providers like the Betty Ford Center play a key role in addressing this epidemic and in helping achieve the “triple aim” of health care, to: improve the patient experience; improve the health of populations; and reduce the per-capita cost of health care.

The CHNA concluded that a sufficient number of inpatient chemical dependency beds are available within the Betty Ford Center’s service area to meet the demand for addiction treatment. However, the CHNA also identified some community service needs that the Betty Ford Center can help address. These include:

- Priority 1: Expanding services to treat addiction in individuals ages 55 and older
- Priority 2: Establishing additional outpatient treatment facilities within the service area
- Priority 3: Offering children’s services to the community
- Priority 4: Presenting education on addiction, treatment, and recovery
- Priority 5: Providing training on marijuana and options for prevention, intervention, and treatment
- Priority 6: Addressing the opioid epidemic in the state of California through advocacy, prevention, education, and treatment



With our full continuum of services, the Betty Ford Center has the structures in place to pursue these priorities and help meet the community's needs. The Betty Ford Center's strategies for doing so are detailed within this implementation plan.

The Betty Ford Center also draws on the resources and expertise of its parent organization, the Hazelden Betty Ford Foundation, which is the nation's largest nonprofit addiction treatment provider. With a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center, the Foundation has 16 sites in California, Minnesota, Oregon, Illinois, New York, Florida, Massachusetts, Colorado, and Texas. The Foundation offers prevention and recovery solutions nationwide and across the entire continuum of care for youth and adults. It includes the largest recovery publishing house in the country, a fully-accredited graduate school of addiction studies, an addiction research center, an education arm for medical professionals, and a unique children's program. It is the nation's leader in advocacy and policy for treatment and recovery.

Hazelden and the Betty Ford Center were founded by courageous leaders who were committed to helping others overcome substance use disorders and to improving the way that addiction is addressed in this country. Dan Anderson, in the face of considerable criticism, boldly developed a new treatment philosophy called the "Minnesota Model," which then became the blueprint for treatment provided across the country. And Mrs. Ford openly shared her personal story of recovery and helped a new generation of Americans understand that addiction is a treatable disease, establishing the Betty Ford Center to bring her vision to life. Their leadership and legacy continues to impact the organization's mission, vision and values, as well as its commitment to constantly improving the care and service it provides.

## Implementation Plan

Goal	Rationale	Strategy/Tactic	Timeframe
<p><b>Priority 1: Expanding services to treat addiction in individuals ages 55 and older</b></p>	<p>Expanded and easier access to prescription medications has resulted in increased addiction to opioids among the older generation. According to recent studies, the use of hydrocodone, just one of the narcotic painkillers being prescribed, increased by 52% from 2007-2015. One-quarter of the prescription drugs sold in the U.S. are used by people aged 65 and older.</p>	<p><b>Tactic 1:</b> Develop and implement business plan to expand services for older adults through the “Recovery@60Plus Program.”</p>	<p>December 2017</p>
	<p>Within the cities surrounding the Betty Ford Center, seniors make up 27% of the population, which is significantly higher than the statewide (11%) and national (13%) percentages. Interviewees expressed a concern for this vulnerable and growing population, adding that more resources should be devoted to addiction services.</p> <p>For many in this group, the reality of addiction catches them unaware. Known as “accidental addicts,” a primary contributing factor for this group is the decreased ability of the body to metabolize medications or substances and to rid itself of toxins. People who have had a drink or two each evening for several years may now be faced with the</p>	<p><b>Tactic 2:</b> Identify and collaborate with senior housing communities and/or agencies in and around the Betty Ford Center to enhance awareness of the signs and symptoms of prescription drug addiction and alcoholism.</p>	<p>December 2016</p>



# Betty Ford Center

Part of the Hazelden Betty Ford Foundation

	<p>symptoms of addiction.</p> <p>As a result, the “face” of addiction is changing, and the Betty Ford Center is ideally located to offer addiction services to this vulnerable population. In 2015, of the 1,476 who accessed services at the Betty Ford Center in Rancho Mirage and the 129 at the Betty Ford Center Outpatient Clinic in West Los Angeles:</p> <ul style="list-style-type: none"> <li>• 39.4% of patients were 50 years and older</li> <li>• 28.3% were 55 years and older</li> <li>• 10.4% were 65 years and older</li> </ul>		
<p><b>Priority 2: Establishing additional outpatient treatment facilities within the service area</b></p>	<p>Interviewees expressed praise for the Betty Ford Center’s West Los Angeles outpatient facility and its ability to offer much needed addiction services to the residents of Los Angeles. And off-site day treatment services were relocated to the Rancho Mirage campus in 2015. However, interviewees also believed that those individuals with substance use disorder issues who live within the service area yet outside of the communities surrounding the Betty Ford Center and the West LA facility face more obstacles in obtaining services due to decreased accessibility and lack of proximity.</p>	<p><b>Tactic 1:</b> Expand outpatient services to the San Diego area.</p>	<p>Business plan for a San Diego outpatient center completed and intentions are to open the facility by the end of 2016.</p>
		<p><b>Tactic 2:</b> Continue to assess need for outpatient services in service area.</p>	<p>January 2018</p>



# Betty Ford Center

Part of the Hazelden Betty Ford Foundation

	<p>One of the cities mentioned by interviewees as an ideal site was the City of San Diego. Quantitative data results support the need for additional substance abuse services in San Diego County. Between 2006 and 2012, San Diego County reported steep increases in inpatient treatment for heroin (37%); opiates (49%); and alcohol abuse (20%).</p>		
<p><b>Priority 3: Offering children's services to the community</b></p>	<p>The Children's Program provides prevention and education services to children and families with addiction. For many children living in addicted households, the Children's Program offers a lifeline of hope. Designed specifically for children whose loved ones are struggling with addiction, the program serves as a safe harbor – a place where children can openly share their concerns, make new friends and gain a better understanding that, no matter what, the addiction is not their fault, and they are not to blame.</p> <p>No child has ever been turned away because of lack of financial ability to pay; in 2015, over 90% of the participants attended on scholarships. And in 2015, 1,504 children participated in the Children's Program.</p>	<p><b>Tactic 1:</b> Collaborate with schools and school districts in the service area to reach more students.</p>	<p>Expand “train the trainer” workshops to educate school faculty, addiction and mental health providers, and other stakeholders about the Children's Program.</p>
		<p><b>Tactic 2:</b> Expand opportunities for impacted children to attend through scholarship programs. The Children's Program is funded entirely through donor support.</p>	<p>By March 2017, develop plan to increase philanthropic support of the Children's Program.</p>



# Betty Ford Center

Part of the Hazelden Betty Ford Foundation

	<p>Currently, the program is offered to students at schools in the Coachella Valley. However, interviewees felt that other schools/school districts within the service area could benefit from these services. Interviewees also believed that gaps exist in providing children with educational content aimed at stemming drug and alcohol abuse. They felt more could be done from a preventative standpoint to educate children during their more formative and influential years.</p>		
<p><b>Priority 4: Presenting education to the community on addiction, treatment and recovery</b></p>	<p>The “Alcohol and Other Drug Awareness Hour,” a series of free public lectures held since 1976 on select Saturdays throughout the year, was established for the purpose of de-stigmatizing the chronic disease of addiction and providing information and resources on treatment and recovery. Over the years, the Betty Ford Center has been a sponsor of these Awareness Hour programs, providing funding and other resources to hold these events.</p> <p>In 2015, for the first time, the Hazelden Betty Ford Foundation began “live-streaming” of the speakers at this event on the campus of the Betty Ford Center. Livestreaming of the Alcohol and Other</p>	<p><b>Tactic 1:</b> Expand the community service programming for both the surrounding outreach and online communities, through sponsoring 6-8 Awareness Hour programs, per year, on various topics as they relate to addiction.</p> <p><b>Tactic 2:</b> Feature internal and external experts in their field as speakers.</p> <p><b>Tactic 3:</b> Provide educational materials and online resources for all individuals – those who attended as well as those who</p>	<p>Continue to offer educational programs, including the lecture series, webinars, and special events.</p>

	<p>Drugs Awareness Hour effectively turns these local events into statewide public education opportunities, boosting the potential audience far beyond the live venue capacity of 500.</p> <p>Since 2004, nearly 30,000 residents of the Coachella Valley have attended the Awareness Hour programs, and the approximate cost to hold the 5 to 8 events per year was more than \$400,000, which includes meeting room rental, A/V services, food, speaker travel expenses, materials, and advertising.</p>	<p>did not attend the lectures.</p>	
<p><b>Priority 5: Provide training on education on marijuana and options for prevention, intervention and treatment</b></p>	<p>California was the first state to approve the use of medical marijuana. Two decades later, it appears that the recreational use of marijuana will be on the November 2016 ballot for the state. The Betty Ford Center is in the best position to provide solid research results as well as evidenced-based advocacy on the issue of marijuana use for the communities it serves.</p>	<p><b>Tactic 1:</b> Serve as a resource and promote materials being developed by the wider Hazelden Betty Ford Foundation for different audiences to better understand and address the use and legalization of marijuana.</p>	<p>By the end of 2016</p>
		<p><b>Tactic 2:</b> Facilitate “thought leaders” to provide education on marijuana, its medical uses, and options for prevention, intervention, and treatment.</p>	<p>In Summer 2016, internationally known marijuana expert and researcher Jan Copeland will hold</p>



# Betty Ford Center

Part of the Hazelden Betty Ford Foundation

			public presentations; attendees will include staff members of the Hazelden Betty Ford Foundation.
		<b>Tactic 3:</b> Educate the public about marijuana and options for prevention, intervention, and treatment.	Partner with local experts to educate key stakeholders on the topic. By the end of 2016, release a marijuana education toolkit for policy-makers and the public.
<b>Priority 6: Addressing the opioid epidemic in the state of California through advocacy, prevention, education and Betty Ford Center's innovative COR-</b>	<p>In the State of California, deaths involving opioid prescription medications have increased 16.5% since 2006. In 2012 alone, there were more than 1,800 deaths from all types of opioids; of these 72% involved prescription opioids.</p> <p>It is important to remember that those with opioid use disorders are highly vulnerable, at-risk patients. They are:</p> <ul style="list-style-type: none"> <li>• More likely to leave treatment before it is completed</li> </ul>	<b>Tactic 1:</b> Provide broad-based advocacy efforts and community education to address the opioid crisis. The Hazelden Betty Ford Institute for Recovery Advocacy is helping to equip political and community leaders, individuals and families, schools, faith communities, social and law enforcement agencies, with the education and information they need to effectively address the opioid crisis.	Continue efforts to provide information to the public, policy-makers and the media about opioids.

<p><b>12<sup>TM</sup> treatment protocol</b></p>	<ul style="list-style-type: none"> <li>• Hypersensitive to physical and psychic pain, putting them at higher risk of relapse.</li> <li>• At higher risk of death from accidental overdose during relapse.</li> </ul>	<p><b>Tactic 2:</b> Mobilize local communities on prevention, intervention, and referral to treatment strategies to impact the opioid epidemic.</p>	<p>By the end of 2016, conduct public forums on the opioid crisis</p>
	<p>The risk of accidental death increases after people withdraw from opioids and remain abstinent for a period of time because they lose the tolerance level they had previously established. If they relapse and use an opioid dosage they were accustomed to prior to abstinence (when they were highly tolerant), overdose is a likely result. Breathing might be suppressed, resulting in respiratory arrest and death.</p> <p>Addiction is a major public health crisis that impacts virtually all individuals, families and communities in one way or another. With increasing use of prescription painkillers and expanded legalization of marijuana, along with other cultural, political and social developments, the need for accurate information and considered policy has never been more important. Meanwhile, public knowledge of addiction and its solutions remains mired in stigma and influenced as much by pop culture and assumptions as by science and clinical expertise. Policymakers,</p>	<p><b>Tactic 3:</b> Provide education, on both the community and professional level, about the proven track record of the evidence-based Comprehensive Opioid Response with Twelve Steps (COR-12<sup>TM</sup>) treatment protocol.</p>	<p>In 2016, the Betty Ford Center in Rancho Mirage launched the innovative COR-12<sup>TM</sup> protocol which provides an extended, adjunctive use of certain medications for opioid dependence—in combination with psychological and psychiatric care, Twelve Step-based counseling and other therapies. COR-12<sup>TM</sup> is designed to increase the potential for those with opioid use disorders to achieve ultimate abstinence from opioids and long-term recovery. COR-12<sup>TM</sup> protocol may be</p>

	<p>communities and media are beginning to ask more questions and look for solutions.</p> <p>Grassroots advocacy organizations have also made headway in establishing a recovery constituency. What’s lacking from the landscape is a prominent and bold national voice with widespread expert credibility – one that can connect grassroots and institutional efforts, reach the broader public, and help unify advocates around priorities that are based on sound experience and data. Our organization has the opportunity to take those roots and grow them to a new level that will benefit the organization, our industry and the public.</p>		<p>beneficial when administered under the directives of our board certified addiction physicians to: ease the discomfort of withdrawal; reduce cravings; and help the patient engage more successfully in longer term recovery management.</p>
		<p><b>Tactic 4:</b> Provide training for other treatment providers on the COR-12™ protocol so they can offer the program to their patients with opioid addiction</p>	<p>The “COR-12™ Leadership Training,” facilitated by our board certified addiction physicians, equips healthcare professionals, agency leadership and staff, with the tools and resources they need to improve treatment outcomes for patients addicted to heroin and prescription drugs.</p>