



# Betty Ford Center

Part of the Hazelden Betty Ford Foundation



## IMPLEMENTATION STRATEGY 2021



To provide feedback about this Implementation Strategy,  
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HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation firm located in Palm Desert, CA. For more information about HARC, please visit [www.HARCdata.org](http://www.HARCdata.org).

HARC would like to thank the members of Betty Ford Center's Governance Committee, presented alphabetically, who contributed to this project, including:

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## Section 1: Introduction

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### **About Betty Ford Center**

The Hazelden Betty Ford Foundation is the largest nonprofit substance use treatment provider in the nation, with 17 locations throughout the United States. One of these locations includes Betty Ford Center in Rancho Mirage.

Betty Ford Center, which was established in 1982 and is located at 39000 Bob Hope Drive in Rancho Mirage, California, is a non-profit specialty hospital that provides inpatient and outpatient treatment services for persons with substance use disorders. Betty Ford Center merged with Hazelden in 2014 to become the Hazelden Betty Ford Foundation.

Betty Ford Center provides care to people struggling with substance/mental health issues, regardless of race, sexual orientation, creed, religion, gender, or origin. Since its inception, the treatment goal of Betty Ford Center has been to provide care that is accessible, effective, clinically driven, individualized, and gender specific.

### **Mission of Betty Ford Center**

Betty Ford Center is a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs.

### **Programs & Services**

Betty Ford Center provides both inpatient and outpatient services for adults with a substance use disorder. Each patient works with an interdisciplinary treatment team that includes an addiction counselor, medical providers (physician/nurse practitioners), nurses, mental health providers (psychologist or therapist) care coordinators, addiction technicians, and spiritual care professional. They also have access to services including wellness and alumni services. The treatment team is responsible for working with each patient to establish an individualized plan of care and recommendations for continuing care services.

Services include, but are not limited to, individual therapy, group counseling, medication management, fitness, and educational lectures. Betty Ford Center provides the same level of treatment to all patients regardless of whether a patient pays in full or is admitted with financial assistance. While Betty Ford Center contracts with most commercial insurance providers, Betty Ford Center is not a Medi-Cal or Medicare provider but is contracted with TriCare. For patients who could not otherwise afford treatment, patients work with their financial advocate and treatment team to establish a plan to support them getting the services they need.

In 2019 and 2020, Betty Ford Center provided approximately \$7 million in full or partial financial assistance to patients requiring financial aid.

### ***Inpatient Services***

Betty Ford Center is licensed for 100 beds for those seeking twenty-four hours a day, seven days a week inpatient treatment services for substance use disorder. Inpatient services are gender-specific and provided in four separate units, with one additional unit devoted to mixed-gender detoxification services. Patients receive services that include, but are not limited to, individual therapy, group therapy, specialty groups, educational lectures, and fitness, based on the foundational principles of the Twelve Step recovery process as well as other evidence-based modalities such as Motivational Interviewing and Cognitive Behavioral Therapy. A patient's length of stay depends on individualized treatment needs.

### ***Day Treatment or High-Intensity Outpatient***

Day treatment services provide patients with the opportunity to establish a sober support system and practice recovery in a community setting. Patients live at home or reside in gender-specific recovery homes that are owned and staffed by Betty Ford Center and receive services Monday through Friday at Betty Ford Center's main campus. Patients travel to Betty Ford Center's main campus. Services include but are not limited to, individual therapy, educational lectures, and group therapy, focused on identification and practice of recovery skills. Programming is five days a week and typically 5 hours a day.

### ***Intensive Outpatient Program***

Intensive outpatient services include addiction treatment services for patients who live at home or reside in gender-specific recovery homes that are owned and staffed by Betty Ford Center. Patients travel to Betty Ford Center's main campus. Services, which vary from three to eight weeks in general, are offered Monday through Friday and include individual and group therapy, and educational lectures that emphasize self-management of one's substance use disorder, establishing recovery practices in home and work environments, and self-care.

### ***Family Program***

The Family Program is a one-one day educational program offered each day of the week via telehealth and is free of charge. Family members and loved ones of those impacted by the disease of addiction access this service to learn more about substance use disorders and enhance communication and self-care skills. The family program is open to those thirteen years of age or older.

### ***Children's Program***

The Children's Program provides services to children ages seven to twelve years of age who have a family history of alcoholism and/or drug addiction. The program helps children learn about addiction in an age-appropriate manner, and to develop communication, coping, and self-care skills. Parents do not have to be patients at Betty Ford Center in order for their children to participate in the four-day program. No child is turned away for lack of funds and over 95% of children receive partial or full scholarships to attend. Betty Ford Center also facilitates up to twelve four-day school-based programs per year and utilizes art, games, storytelling, film, written exercises, role play, and recreation to help youth build strengths and deepen their resilience.

## **Community Benefit Programs**

Betty Ford Center's community benefit services have supported many programs for the community including Professionals in Residence, Summer Institute for Medical Students, Children's Program Training Academy, and Awareness Hour.

### ***Professionals in Residence***

The Professionals in Residence (PIR) program offers a five-day experience for professionals from various disciplines, including physicians, nurses, mental health clinicians, social workers, police officers, lawyers, judges, clergy, school counselors and administrators. Participants learn about the disease of addiction alongside clinical staff and patients, gaining tools, knowledge and insight to recognize signs and symptoms of substance use, along with learning screening tools and how to make referrals to treatment. The Professionals in Residence program has provided services to over 3,000 professionals since its inception with 55 participating in Rancho Mirage in 2021. Betty Ford Center is committed to customizing PIR to fit the needs of the professionals.

### ***Summer Institute for Medical Students***

The Summer Institute for Medical Students was established in 1988 to provide medical students with the opportunity to learn about addiction diagnosis, treatment, and the recovery process. The weeklong experiential learning program offers medical students first-hand knowledge about addiction and treatment and expands their awareness and understanding of substance use disorders and the effects on patients and families. The Summer Institute for Medical Students has provided services to over 4,000 medical students since its start, with 106 participating in Rancho Mirage in 2021. Medical students from throughout the United States and from abroad participate through scholarships on a no-cost basis.

### ***Teaching Institution***

The Betty Ford Center is a teaching institution with a strong commitment to education. It developed the platform CARE (Course on Addiction and Recovery Education), an online package used by thousands of medical, nurse practitioner and physician assistant students worldwide, that covers the latest thinking and best practices to address substance use disorders. Betty Ford Center additionally has a yearlong ACGME-accredited Addiction Medicine Fellowship program that prepares physicians to specialize in the field, along with serving as a rotation site for Eisenhower Health Family Medicine Residents.

### ***Awareness Hour***

Awareness Hour, held on select Saturdays throughout the year, is a program that provides public lectures on alcohol and drug addiction at no cost. Up until the start of the pandemic, lectures were held since 1979 and provide current information about substance use disorders and related issues, mental health, the benefits of treatment, and where help and treatment are available. Awareness Hour is typically held at the Annenberg Center for Health Services adjacent to Betty Ford Centers main campus and historically attracted, on average, over 250 attendees at each lecture.

## **Virtual Care**

COVID-19 significantly changed the way in which services are provided to people who need them most. Betty Ford Center also offers virtual services including online addiction treatment services, mental health, psychiatry and outpatient medical in which people can participate from the convenience of their home. In addition to the program's accessible, easy-to-use video conferencing platform, Betty Ford Center's virtual systems comply with federal and state health care privacy regulations (e.g., meets HIPAA-compliant telemedicine standards).

Betty Ford Center's virtual outpatient treatment services run on a similar schedule as the in-person equivalent. Just like site-based treatment programming, virtual treatment sessions incorporate a patient-centered care approach with peer rapport and recovery support.

Betty Ford Center provides multiple levels of virtual outpatient addiction treatment including the following:

### ***Virtual Day Treatment or High-Intensity Outpatient Rehab***

Also known as day treatment and partial hospitalization, high-intensity treatment is the highest level of outpatient treatment services. Services include but are not limited to, individual therapy, educational lectures, and group therapy, focused on identification and practice of recovery skills. Programming is five days a week and typically five hours a day.

### ***Virtual Intensive Outpatient Programs (IOP)***

Treatment starts four days a week and includes a variety of groups and individual sessions including individual and group therapy, and educational lectures that emphasizes self-management of one's substance use disorder, establishing recovery practices in home and work environments, and self-care.

### ***Virtual Low-Intensity Outpatient Treatment***

Low-intensity outpatient care is typically one group, once a week. Programming offers extra support each week as someone is going through their day-to-day life while in recovery.



## About the Community Health Needs Assessment

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As a nonprofit hospital, Betty Ford Center is required to conduct a community health needs assessment (CHNA) every three years to maintain compliance with the Internal Revenue Service (IRS). Regulations stipulate that each organization must conduct the CHNA and adopt a corresponding implementation strategy to address the needs identified.<sup>1 2</sup>

Specific requirements on the content of a CHNA are listed below, and guide the layout and flow of this report accordingly:

- A. Definition of the community served and description of how it was determined
- B. Description of process and methods used to conduct the CHNA
- C. Description of how the hospital facility took into account input received from persons who represent the broad interests of the community it serves.
- D. A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
- E. A description of the resources potentially available to address the significant health needs identified through the CHNA
- F. An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).

As a result, Betty Ford Center hired HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research and evaluation firm located in Palm Desert, California to conduct the CHNA.

HARC's approach to the CHNA is very collaborative. Working in conjunction with Betty Ford Center staff, HARC first gathered existing data to learn what information already existed about substance use and mental health treatment. Next, HARC and Betty Ford Center worked together to design surveys to gather community input. The results of these efforts have informed the current report.

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<sup>1</sup> <https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable>

<sup>2</sup> [https://www.irs.gov/irb/2011-30\\_IRB](https://www.irs.gov/irb/2011-30_IRB)

## About the Implementation Strategy

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The IRS requires that nonprofit hospitals must also create a written plan, called an implementation strategy, to meet the community health needs identified through the hospital facility's CHNA. The implementation strategy must describe how the hospital facility plans to address the health need or identify the health need as well as whether the hospital facility does not intend to address and then explain why the hospital facility does not intend to address the health need.<sup>3</sup>

Betty Ford Center and HARC worked together to develop an implementation strategy to address the health needs identified in the CHNA. The implementation strategy consists of the identified health needs, activities to address those needs, available resources, possible collaborations, and the expected impact that will result from addressing these needs. The expected impact will help to create an evaluation plan moving forward with the implementation strategy so that the next (2024) CHNA can assess progress as well as opportunities for improvement.

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<sup>3</sup> <https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable>

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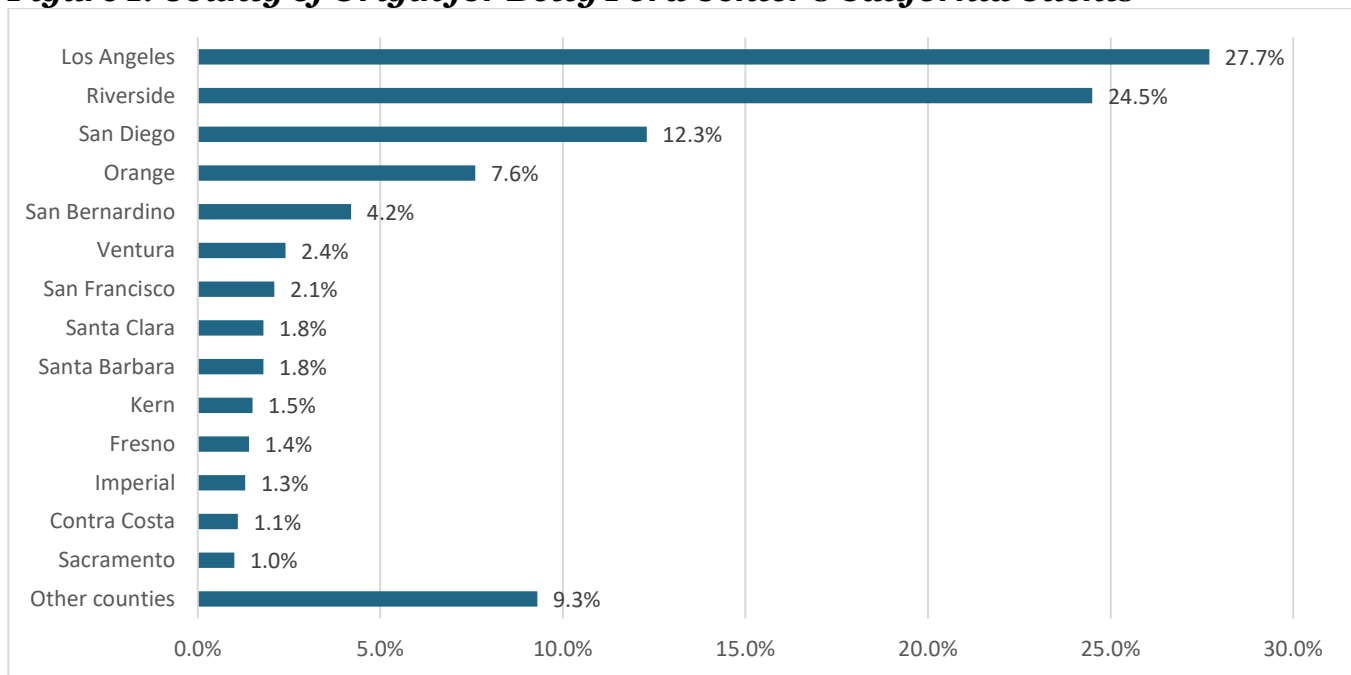
## Section 2: Community Served

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Betty Ford Center serves people from all around the world. However, for purposes of this CHNA, Betty Ford Center’s Governance Committee chose to define their community by the geography from which most clients originate.

For the calendar year 2020, most clients are coming from the counties of Los Angeles (27.7%), Riverside (24.5%), and San Diego (12.3%). Therefore, throughout this report, Betty Ford Center’s community will be defined as these counties, and is frequently referred to as the “overall service area”. “Other counties” in the figure below includes all counties from which less than 1% of Betty Ford Center’s California clients originate.

**Figure 1. County of Origin for Betty Ford Center’s California Clients**



Note:  $n = 2,212$ .

An executive summary of the secondary data findings is presented on the following page.

## **Demographics**

Across Betty Ford Center's service area, there are about 15.8 million people. About half are male while the other half are female. About 60.2% are white, and nearly half (45.5%) report being Hispanic/Latino. More than half (60.1%) of the adults in the overall service area have obtained either some college degree/associate's degree or bachelor's/higher degree. As of December of 2020, the unemployment rate of the overall service area was 9.9%. About 63.4% of households in the overall service area have a household income of \$50,000 or more; however, about 14% of the service area lives in poverty. About half of the population ages 5 and older speak English in their home (49.8%); another third speaks Spanish at home (35.4%).

## **Healthcare Access and Utilization**

Rates of healthcare coverage vary by age group. The vast majority of seniors aged 65 and older and youth younger than age 19 are insured. About 12.8% of working-age adults (ages 19 to 64) are uninsured. More than half (60.5%) of residents have private health insurance coverage whereas only 38.2% of residents have public health insurance.

## **Mental Health – Adults**

When looking at the past year, about 12.5% of adults in the overall service area have likely had serious psychological distress. About 13.8% of adults have seriously thought about committing suicide at some point in their lives.

There are about 1,636 emergency room (ER) visits and 344 ER admissions per 100,000 people in the overall service area. About a fifth (20.1%) of adults who have experienced psychological distress in the past year have been unable to work for more than 3 months due to mental problems. Riverside County's rate (34.4%) is noticeably higher.

## **Substance Use – Adults**

Across Betty Ford Center's service area, approximately 11.8% of the total population received opioid prescriptions in 2019. Approximately 3.0% of the adults in Betty Ford Center's service area have misused prescription pain killers in the past 12 months. While this number seems small, that 3.0% equates to more than 364,000 adults misusing prescription pain killers.

Among adults who report having at least a single drink in the past month across Betty Ford Center's service area, about 17.4% report binge drinking, putting nearly a fifth of drinking adults at an increased risk for poor health outcomes.

Among those aged 12 and older, between 11% and 14% have engaged in illicit drug use in the past month. However, when looking at those who engaged in illicit drug usage in the past month other than marijuana, the rates drop by more than half (between 2% and 4%).

For every 100,000 residents, between 101 and 124 residents visit the emergency department for all drug-related overdoses. The rate for drug-related hospitalizations is between 42 and 53 per 100,000 population. San Diego County has a slightly higher rate of hospitalizations per 100,000 compared to Los Angeles County, and to a lesser extent, Riverside County. The death rate due to drug overdoses ranges from 11 to 19 deaths per 100,000 population each year. Riverside County (18.1) is slightly higher than Los Angeles County (11.8) and San Diego County (13.6).

## Section 3: Prioritized Significant Health Needs

To assemble this list of significant health needs for the overall service area of Los Angeles County, Riverside County, and San Diego County, Betty Ford Center and HARC utilized both the secondary data as well as the primary data collected from local community leaders. Health needs were prioritized based on the criteria in the tables below.

That is, health needs were rated by HARC and the Governance Committee with respect to their magnitude, severity, disparity, and feasibility. In other words, each health need was evaluated in terms of how many people are affected, the consequences of the need, the disproportionate impact, and then the potential to meaningfully address the need. The top health needs that had a high need priority, as well as a high feasibility rating, were retained.

**Table 1. Prioritizing Needs**

Type	Criteria	Definition
<b>Need</b>	Magnitude	The health need affects a large number of people within the community.
	Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
	Disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.
<b>Feasibility</b>	Contribution	BFC can make a meaningful contribution to addressing the health need because of its relevant expertise and/or unique assets as an integrated health system and because of an organizational commitment to addressing the health need.

**Table 2. Need Rating Scale: What priority level is this health need?**

1	2	3	4	5
Very low priority	Low priority	Neither low nor high priority	High priority	Very high priority

**Table 3. Feasibility Rating Scale: Can Betty Ford Center meaningfully contribute to addressing this need?**

1	2	3	4	5
Not at all	Slightly	Somewhat	Very much	Extremely

## Needs Not Addressed

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Secondary data collection and primary data collection focused on themes related to substance use and mental health, as Betty Ford Center is a chemical dependency hospital, unlike a traditional acute care hospital. Thus, general health conditions (heart disease, diabetes, immunodeficiency, etc.) are not included anywhere in the prioritization process.

### Economic Opportunity

Although general health conditions were not included, the demographic findings did provide some insight into the community being served by Betty Ford Center. For example, it appears economic opportunity, as it pertains to educational attainment, employment status, and poverty status certainly are significant health needs and deserve special focus. For example, less than a third (29.6%) of adults have a bachelor's degree or higher, about a tenth (9.9%) of the labor force is unemployed, and about 14.0% are living below the poverty line (a line barely sufficient for suitable living standards). However, the need for economic opportunity is better suited for other employment development and educational institutions to pursue.

### General Healthcare Access

When looking at Betty Ford Center's service area, those who are ages 65 and older (1.4%), or under the age of 19 (3.9%) are far less likely to be uninsured compared to working-age adults (19-64) (12.8%). That said, about 14.9% of residents in the service area have delayed or didn't get needed healthcare. Thus, there is certainly a need to improve access to general healthcare. However, improving access to this type of care is better suited for other acute care hospitals, clinics, and federally qualified health centers.

## Needs to Address

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Each "need" profile on the following pages includes the following:

1. **Description of need:** What is the actual need?
2. **What is the data saying:** What were some of the high-level data points regarding the need? Note that the sources in this document are from both the Secondary Data Report and the Primary Data Report.
3. **What are strategies to addressing this need?** What did local organizations say regarding these areas?

Thus, the health needs identified through this CHNA are as follows:

1. Substance Use – Education and Awareness
2. Mental Health – Education and Awareness
3. Substance Use – Improved Access to Care
4. Mental Health – Improved Access to Care

Note that Betty Ford Center is actively engaged in each of these above bullets at all times. Thus, based on community input, these areas will remain as primary focus areas for Betty Ford Center over the next three years.

## **Substance Use – Education and Awareness**

### ***Description of Need***

There is a significant community health need to produce more education and to raise awareness on the health implications of substance use as well as the resources available to help community members who may be struggling with substance problems.

### ***What Does the Data Say?***

About half of people ages 12 and up do not view binge drinking as being a “great risk”.

Local organizations report the most common substance problems among their clients include alcohol (92.6%), methamphetamines (86.2%), marijuana (80.9%), prescription opioids (75.5%), and prescription pills (74.5%). Stigma regarding substance use exists for individuals (74.1%), for family/friends (76.5%), and also exists at a cultural level (76.5%).

Among adults who report having at least a single drink in the past month across Betty Ford Center’s service area, about 17.2% report binge drinking, putting nearly a fifth of drinking adults at an increased risk for poor health outcomes.

Among those aged 12 and older, illicit drug use has occurred among 13.6% in Los Angeles County, 11.5% in Riverside/Imperial County, and 13.9% in San Diego County. Relatively low percentages of residents (ages 12+) from each county uses cocaine, heroin, methamphetamines, or pain relievers (misuse).

However, it seems that cocaine usage (2.8% in Los Angeles County, 1.9% in Riverside/Imperial County, and 3.9% in San Diego County) and pain reliever (misuse) (3.7% in Los Angeles County, 4.7% in Riverside/Imperial County, and 4.1% in San Diego County) are a bit more common than heroin and methamphetamine across each of the counties.

The rate of age-adjusted emergency department visits for all drugs ranges between 100 and 125 visits per 100,000 population in Betty Ford Center’s service area. For every 100,000 residents, between 42 and 53 people are hospitalized for all drug-related overdoses. For every 100,000 residents in Betty Ford Center’s service area, between 11 and 19 people die each year due to drug overdoses.

### ***What Are Strategies to Addressing this Need?***

Local organizations suggest increasing efforts to raising awareness about the dangers of substance use and educating on available resources to helping them obtain treatment.

Local organizations also state that the most common barriers to substance use treatment include lack of awareness of available treatment resources (59.8%), substance users are unaware of having substance use problems (54.0%), and that there is a stigma associated with seeking treatment (52.9%).

Thus, as part of producing education and raising awareness of substance use problems, raising awareness of treatment resources, recognizing substance problems, and addressing stigma should be included in any efforts.

## **Mental Health – Education and Awareness**

### ***Description of Need***

Likewise, there is a significant community health need to produce more education and to raise awareness on the health implications of mental health and available resources to community members to help them, when they are struggling with mental health issues.

### ***What Does the Data Say?***

About 12.5% of local adults likely had psychological distress in the past year. Among these adults, 20.7% have social life impairment and 20.7% have work impairment. More than a third (34.1%) of teens (12-17) likely had psychological distress in the past year, about 13.8% of adults have seriously considered suicide, and 21.9% of seniors have experienced loneliness.

There are about 1,636 emergency room (ER) visits and 344 ER admissions per 100,000 people in the overall service area each year due to mental illness. San Diego County has the highest rate of suicide which is 12.4 deaths due to suicide per 100,000 population. Riverside County has a similar rate of 11.3 deaths due to suicide per 100,000 population. Los Angeles County has the lowest death rate due to suicide at 8 deaths per 100,000 population.

Local leaders report that among their clients, they most often struggle with depression (94.8%), anxiety (91.8%), and loneliness/isolation (85.6%).

Mental health stigma is present for individuals (78.7%), family/friends (73.0%), and is highest at the cultural level (85.4%).

### ***What Are Strategies to Addressing this Need?***

Local organizations suggest increasing efforts to raise awareness about mental health. These efforts should include improving community understanding of mental health and its consequences when untreated, how common mental health problems are, and where people can find help.

Local organizations also state the top barrier to treatment for mental health is a lack of awareness of available treatment resources (71.0%).

Thus, as part of producing education and raising awareness of mental health, efforts should include teaching people how to specifically find the help they need, and which resources are available to them.



## **Substance Use – Improved Access to Care**

### ***Description of Need***

There is a significant community health need to improving access to care for people struggling with substance use problems.

### ***What Does the Data Say?***

About 20.9% of all adults have needed help for mental health problems or alcohol/drugs, but 14.5% of all adults have seen a provider for these problems. Among those who felt they needed help, 48.1% (or 1,219,000 adults) sought but did not receive treatment.

The rate of age-adjusted emergency department visits for all drugs ranges between 100 and 125 visits per 100,000 population in Betty Ford Center's service area. For every 100,000 residents, between 42 and 53 people are hospitalized for all drug-related overdoses. For every 100,000 residents in Betty Ford Center's service area, between 11 and 19 people die each year due to drug overdoses.

More than half of local organizations report that the lack of affordability of treatment (51.7%) is a barrier to substance use care. These organizations further stated that access to substance use services needs improvement and there should be changes in how substance use treatment is provided.

Most often, local organizations noted that all people ( $n = 20$ ) experience barriers to substance use treatment. However, others did specify that demographics such as Hispanic/Latino ( $n = 19$ ), African American ( $n = 17$ ), and people with lower incomes ( $n = 15$ ) experience barriers to substance use treatment most often.

### ***What Are Strategies to Addressing this Need?***

Local organizations stated some changes to providing care for substance use such as providing more early interventions, culturally competent services, and better care coordination. Other areas noted included needing more treatment facilities, bilingual care including Spanish, and treatment with an array of options, among others.

To provide substance treatment during COVID-19, local leaders most often reported to, ostensibly, provide telehealth services for substance use treatment. Another common theme was a need to provide outreach and education on available services to people. Thus, improving access to care for substance use should include early intervention, culturally competent care such as bilingual serves, improved care coordination, and offering an array of treatment options.

## **Mental Health – Improved Access to Care**

### ***Description of Need***

There is a significant community health need to improving access to care for people struggling with mental health problems.

### ***What Does the Data Say?***

About 20.9% of all adults have needed help for mental health problems or alcohol/drugs, but 14.5% of all adults have seen a provider for these problems. Among those who felt they needed help, 48.1% (or 1,219,000 adults) sought but did not receive treatment.

More than a tenth (13.8%) of adults have seriously considered suicide, and 21.9% of seniors have experienced loneliness.

There are about 1,636 emergency room (ER) visits and 344 ER admissions per 100,000 people in the overall service area each year due to mental illness. San Diego County has the highest rate of suicide which is 12.4 deaths due to suicide per 100,000 population. Riverside County has a similar rate of 11.3 deaths due to suicide per 100,000 population. Los Angeles County has the lowest death rate due to suicide at 8 deaths per 100,000 population.

Local organizations state lack of affordability of treatment (51.7%) is a barrier to mental health care. These organizations typically alluded to communities of color experiencing these barriers. For example, the most common response was that Hispanic/Latinos ( $n = 30$ ) experience barriers to mental health treatment as well as African Americans ( $n = 19$ ) and people with lower incomes ( $n = 14$ ). Some additional demographics included the incarcerated, LGBTQIA+ community, people of color, and parents, among others are all groups which were noted.

### ***What Are Strategies to Addressing this Need?***

Local organizations state that we need to improve access to mental healthcare, raise awareness about mental health, and treatments should include cultural competency components such as providing services in Spanish, additional services, longer care, and early interventions.

To provide mental health treatment during COVID-19, local leaders stated to provide outreach and education on services available to people. Virtual services were also mentioned as a way to help people get treatment during COVID-19 and mobile services were also suggested. Thus, improving access to care for mental health should include improving cultural competency, providing additional treatment services to reach more people, increase the length of care, and provide early interventions.

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## Implementation Strategy

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To address the four needs identified in the CHNA, Betty Ford Center has identified in the following section:

1. The actions and activities Betty Ford Center will undertake to address each need;
2. The resources necessary to commit to carrying out these activities;
3. The potential collaborations that will enhance these activities;
4. The anticipated impact of these activities on the health needs.

Each need includes the expected activities to take place. The implementation strategy is presented first in a matrix format for simplicity/ clarity and future tracking purposes. There is a matrix for each health need, and the rows present the logical progression of activities, resources, collaborations, impact, and then potential measures to evaluate progress.

To aid Betty Ford Center in the CHNA process next cycle, HARC has included a column in each matrix that suggests ways to measure the impact these activities have had. This provides detail on what numbers should be tracked, beginning now, to allow Betty Ford Center to document their impact on these health needs. Tracking these metrics continually will help the Betty Ford Center to have a strong evaluation component in the next CHNA and can provide mid-term measurements on an annual basis to re-evaluate the implementation strategy and potentially shift focus if needed.

## Substance Use – Education and Awareness

**Long-Term Goal:** Betty Ford Center continues as an expert resource for community members about:

- The latest in prevention and treatment of substance use disorders
- Impact of substance use disorders for families and children
- Existing treatment and recovery resources for individuals, families, and communities

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Continue providing education for community members focused on prevention and treatment of substance use disorders and the long-term recovery process	Continue to provide seminars, presentations, and various media interviews (e.g., media, expert trainers, public speaking engagements, podcasts, Summer Institute for Medical Students [SIMS]) to educate the community on various topics related to substance use disorders	Various staff members such as outreach, clinical team, children’s team, family team, medical education	<p>Educational institutions (e.g., College of the Desert, Counseling Master’s programs)</p> <p>Clinical and medical providers (e.g., Eisenhower Health, DAP Health, Michael’s House)</p> <p>Faith leaders</p> <p>Local law enforcement and first responders</p> <p>Media entities</p>	Increase community awareness of topics related to substance use disorders (early intervention, treatment, recovery, and resources) and decrease stigma	<p>Number of presentations delivered</p> <p>Number of organizations/people reached</p>

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Continue to establish Motivational Interviewing (MI) skills as key competencies for the care we provide at Betty Ford Center	Provide training and supervision groups on MI for staff	Leadership  National MI steering committee	External MI training programs, Motivational Interviewing Network of Trainers (MINT)	Betty Ford Center staff will be highly skilled at using Motivational Interviewing to meet the individualized needs of our patients and to improve outcomes	Number of trainings  Number of supervision groups on MI  Patient experience  Patient engagement
Continue providing support and education for children and families affected by substance use disorder	Continue to provide seminars, presentations, and various media interviews to educate (e.g., media, expert trainers, public speaking engagements, podcasts) the community on various topics related to children and families affected by substance use disorders	Various staff members such as outreach, clinical team, children's program, family program team, Building Assets Reducing Risks (BARR)	Other substance use treatment providers  School districts  Drug courts & Children's Protective Services  County Public Health Departments  Faith community	Betty Ford Center will continue to expand support for families and children with loved ones who struggle with substance use	Number of presentations delivered  Number of families and children served

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
	Continue to offer the Children’s Program and Family program to loved ones whether or not their loved one is in treatment at BFC; specifically, provide services with a sliding scale so that no child is ever turned away due to an inability to pay	Existing Children’s Program and Family Program staff	Other substance use treatment facilities School districts Children’s protective services Drug court Faith community Professionals and Community Service Organizations (specifically from the East end of the Coachella Valley)	Betty Ford Center will be a long-term resource for children and families who have loved ones who struggle with substance use issues to provide support and build coping skills for their own healing and wellness	Number of families served Number of children served

## Mental Health – Education and Awareness

**Long-Term Goal:** Betty Ford Center is an expert resource for community members about the inter-connected nature of mental health and substance use including resources for when/how to seek help and empowering community to seek resources proactively.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Betty Ford Center model's integrated care for mental health and substance use disorders for their patients	Betty Ford Center to evolve treatment model to include integrated providers and integrated care in their services to meet patient needs.	Mental health manager and Addiction Program managers  Internal Leadership  HR/Recruiting	Board of Behavioral Science, CA  Educational institutions for Master's in Counseling	Betty Ford Center will provide effective and integrated care for patients who have mental health and substance use disorders	Number of integrated providers
Betty Ford Center provides training on integrated treatment of mental health and substance use disorders	Betty Ford Center to provide integrated supervision to support career development for addiction counselors.	Mental health manager & Addiction Program managers  Internal Leadership  HR/Recruiting	Board of Behavioral Science, CA  Educational institutions for Master's in Counseling	Betty Ford Center will provide high-quality training for the integrated treatment of mental health and substance use disorders  Betty Ford Center will provide career development pathways for addiction counselors	Number of integrated supervisors (Board of Behavioral Supervisors)  Number of promotions to integrated providers  Patient experience related to integrated care

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Continue providing education for community members focused on integrated treatment of mental health and substance use disorders	Continue to conduct seminars/presentations educating on integrated care for mental health and substance use disorders	Various staff members including outreach team, mental health team, counseling team, and medical education	<p>Educational institutions (e.g., College of the Desert, Master’s in counseling programs)</p> <p>Clinical and medical providers (e.g., Eisenhower Health, DAP Health, Michael’s House)</p> <p>Faith leaders</p> <p>Local law enforcement and first responders</p>	There will be increased community awareness of topics related to the treatment of mental health and substance use disorders	<p>Number of presentations delivered</p> <p>Number of organizations/people reached</p>



## Substance Use – Improved Access to Care

**Long-Term Goal:** Betty Ford Center to be a bridge to help community members reach high-quality, accessible resources for effective treatment and non-treatment support for individuals, children, and families.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Continue to expand virtual treatment options and services	Expand virtual treatment resources for substance use disorder, children, and families	Counseling team Children’s Program & Family program	Other treatment providers PCN (Patient Care Network)	Betty Ford Center will reach individuals, children, and families, across the state of California who seeks help with substance use disorder	Number of staff providing virtual resources  Number of patients, children, and families served
Continue to improve care coordination and collaboration between Betty Ford Center and community providers	Build relationships and network for effective referrals and coordination of care	Outreach Clinical team Care Coordinators	Other treatment providers PCN (Patient Care Network)	Betty Ford Center will build relationships to support excellent care coordination and communication for referrals	Number of PCN (Patient Care Network)
Remove barriers to community accessing treatment and non-treatment resources related to substance use disorder	Continue to provide financial aid to support patients receiving treatment  Continuously review and improve accessibility barriers (facilities accessibility, care accessibility)	Leadership team Diversity Equity and Inclusion (DEI) team representatives Contractors related to campus transformation	Other treatment providers County Public Health Departments County-funded providers/treatment OneFuture Coachella Valley’s	Betty Ford Center will reach individuals across the state of California who seeks help with substance use disorder	Number of patients served  Amount of patient aid given  Number of community beds

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
		Facilities team	“Behavioral Health Alignment Team”		Number of accessibility improvements  DEI initiatives
	Bolster low cost or free non-treatment related resources to the community (e.g., podcasts, apps, peer-recovery support, meetings on campus, alumni services)	Marketing and outreach teams  Alumni and peer support teams	Other treatment providers	There will be widespread use of Hazelden Betty Ford Foundation (HBFF) non-treatment resources & community recognition of Betty Ford Center as a hub for recovery	Number of peer-support staff, number of people served in peer support programs, use of non-treatment services, community mutual help meetings on campus
Expand Betty Ford Center services delivered in Spanish	Understand the needs of the Spanish speaking community & expand treatment and non-treatment Spanish-language services to meet those needs	Various staff members who can build relationships in the community and provide services fluently in Spanish	Coachella Valley Volunteers in Medicine (CVVIM)  Clinicas de Salud del Pueblo  College of the Desert  Current bilingual providers	Betty Ford Center will expand treatment and non-treatment-related services to meet the identified needs of those Spanish-speaking communities	Number of presentations delivered in Spanish  Number of customers, patients, children, and families served primarily in Spanish language

## Mental Health – Improved Access to Care

**Long-Term Goal:** Betty Ford Center to be a bridge to help community members reach high-quality, accessible resources for effective treatment and non-treatment support for mental health disorders.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Continue to expand virtual treatment services for mental health disorders	Expand virtual treatment resources for mental health disorders	Mental Health Team  Psychiatry team	Other treatment providers  PCN (Patient Care Network)	Betty Ford Center will reach individuals, children, and families, across the state of California who seeks help for mental health disorders	Number of staff providing virtual resources  Number of patients served
Continue to improve care coordination and collaboration between Betty Ford Center and community mental health and psychiatric providers	Build relationships and network for effective referrals and coordination of care	Outreach  Mental health team  Clinical team  Care Coordinators	Other treatment providers  Psychiatric hospital units  PCN (Patient Care Network)	Betty Ford Center will build relationships to support excellent care coordination and communication for referrals	Number of PCN (Patient Care Network)

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## Conclusion

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This implementation strategy was formally adopted by the Betty Ford Center in the final quarter of 2021. To provide feedback on the CHNA or implementation strategy, or to ask questions regarding these activities, please contact Betty Ford Center at: [lskochil@hazeldenbettyford.org](mailto:lskochil@hazeldenbettyford.org)



# Betty Ford Center

Part of the Hazelden Betty Ford Foundation