



Betty Ford Center

Part of the Hazelden Betty Ford Foundation



COMMUNITY HEALTH NEEDS ASSESSMENT 2021



To provide feedback about this Community Health Needs Assessment, please email lskochil@hazeldenbettyford.org



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.

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

- Kendra Allen-Abella, Manager Nursing Services
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ABC Recovery Center	Los Angeles County	Olive View UCLA Medical Center
Action Family Counseling	Department of Children and Family Services	Operation SafeHouse
Adventist Health White Memorial	Desert Care Network	Path of Life Ministries
Alpha Project/Casa Raphael	Desert Healthcare District	Planned Parenthood of the Pacific Southwest
ATS Addiction Therapeutic Services	Desert Oasis Healthcare	Riverside County Latino Commission
Awareness Group	Eisenhower Health	Riverside County Office on Aging
Bastyr University- California (former employer: Latino Commission Counseling Center)	Emanate Health	Riverside University Health System - Behavioral Health
Being Alive Los Angeles	Fallbrook Regional Health District	Riverside University Health System - Public Health
Beit T'Shuvah	Greater El Monte Community Hospital	Safe Refuge
Bienestar Human Services, Inc.	Hospital Association of San Diego & Imperial Counties	San Diego Freedom Ranch
California Behavioral Health	Huntington Memorial Hospital	Second Chance Reentry Court Program
California Highlands	Inland Empire Health Plan	Shelter From the Storm
Addiction Treatment	Integrated Recovery Network	SHIELDS for Families
Cambodian Association of America	Interfaith Community Services	Solid Ground Wellness in Recovery
Casa Treatment Center	Jacobs & Cushman San Diego Food Bank	Stepping Stone of San Diego
Catholic Charities of Los Angeles	Jewish Family Service of the Desert	Tessie Cleveland Community Services
Center for Health Justice	Kaiser Permanente	The LGBTQ Community Center of the Desert
Champions for Health	Koreatown Youth and Community Center, Inc.	The Life Group LA
Clinicas de Salud del Pueblo	Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA)	The Midnight Mission
Coachella Valley Rescue Mission	Los Angeles County Department of Health Services	The Ranch Recovery Centers, Inc
Desert Regional Medical Center	Los Angeles County Board of Supervisors, Fifth District	Twin Town Treatment Centers
Concierge Addiction Medicine	Los Angeles County Department of Mental Health	University of California, Riverside School of Medicine
County of San Diego Public Health	Los Angeles County Department of Public Health	University of Southern California
County of San Diego Health & Human Services Agency	Mental Health America of San Diego	Valley Women's Center
The Joslyn Center	MFI Recovery Center	Van Ness Recovery House
California State University, San Bernardino	Mizell Senior Center	Volunteers of America Los Angeles (VOALA)
California State University, San Bernardino - Palm Desert Campus		Walden Family Services
DAP Health		Whiteside Manor

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Executive Summary

Introduction

The Hazelden Betty Ford Foundation is the largest nonprofit substance abuse 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 both inpatient and outpatient services for persons with substance use disorders.

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

Community Served

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 in which most clients originate from. The decision, made by Betty Ford Center Governance Committee, was based on geography and patient origin; for the year of 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 three counties, and is frequently referred to as the "overall service area". This definition of community includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Process and Methods

To learn about the overall service area's community's health needs, data was collected in two phases:

1. Secondary data collection: Gathering existing data from reliable sources
2. Primary data collection: Collecting input from local leaders serving these three counties

The secondary data collection gathered data from a wide variety of reputable sources, including the California Department of Public Health, California Health Interview Survey (CHIS), California Office of Statewide Health Planning and Development (OSHPD), U.S. Census Bureau, and Substance Abuse and Mental Health Services Administration (SAMHSA), among others.

The next phase of data collection, primary data collection, was used to gather input from leaders/organizations working within the areas of mental health and substance use.

Gathering Community Input

To solicit input from people representing the broad interests of the community, HARC conducted an online survey that targeted leaders of local organizations in the health and human services fields.

A total of 120 respondents, representing 80 organizations participated in the survey. Participants represented hospitals, clinics, senior centers, LGBT centers, homeless shelters, county agencies (including Public Health, Behavioral Health, the Office on Aging), as well as other local substance use treatment centers and mental health treatment providers.

Prioritized Significant Health Needs

To assemble this list of significant health needs in the Coachella Valley community, Betty Ford Center and HARC utilized both the secondary data as well as the primary data collected from local community leaders and community members. 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.

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

Available Resources

This portion of the report identifies local resources that are available to address substance use throughout Los Angeles County, Riverside County, and San Diego County. These resources are presented alphabetically by organizational name, and exclude the services provided by Betty Ford Center. The list was tabulated using the Substance Abuse and Mental Health Services Administration (SAMHSA) treatment locator.¹ It is important to note that SAMHSA works to keep the sources of this list current and it is updated annually. However, it is possible that not all providers are represented, and it is also possible that some providers exist in multiple locations and/or provide services in multiple locations.

¹ <https://findtreatment.samhsa.gov/locator>

Evaluation of Impact of Prior CHNA

The 2018 CHNA identified three health needs for Betty Ford Center to address:

1. Access to Care for Low-Income and/or Uninsured
2. Mental Health Care
3. Substance Use Disorder Treatment

To meet those needs, Betty Ford Center developed the 2018 Implementation Plan, which included these strategies:

- 1. Access to Care for Low-Income and/or Uninsured**
 - a. Financial assistance for the uninsured, under-insured, and/or low-income community.
 - b. Contribute to local efforts to “grow our own” behavioral health workforce locally, thereby increasing the number of providers available
 - c. Make Betty Ford Center more physically accessible to people with mobility issues.
- 2. Mental Health Care**
 - a. Provide Betty Ford Center patients with a multidisciplinary treatment team that is competent with both substance use and mental health treatment
 - b. Hire new staff that will enhance Betty Ford Center’s mental health competencies
 - c. Contribute to local efforts to “grow our own” behavioral health workforce locally, thereby increasing the number of providers available
 - d. Provide education and outreach efforts to the community about the relationship between substance use and mental health
- 3. Substance Abuse Treatment**
 - a. Provide education and outreach regarding substance use
 - b. Use the expertise and specialized knowledge at Betty Ford Center to train professionals in substance use treatment

Each of these strategies and progress made towards them are summarized in the main report based on evaluation tracking of the Betty Ford Center CHNA Implementation Plan (2018-2020).

Next Steps

This report summarizes the community health needs assessment (CHNA) process and results of the Secondary Data Report, Primary Data Report, and prioritization process between HARC and Betty Ford Center’s Governance Committee.

Next, Betty Ford Center’s Governance Committee will work with HARC to design an Implementation Strategy which will provide practical guidance for how to address the established health needs in the community, as well as how to track progress over the next three years.

Section 1: Introduction

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

We are 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

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.^{2 3}

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.

In conjunction with this report, Betty Ford Center and HARC will work together to develop an Implementation Strategy to address the health needs described herein. Both the CHNA and Implementation Strategy will be posted publicly online as well as filed with the IRS using the Form 990 Schedule H.

² <https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable>

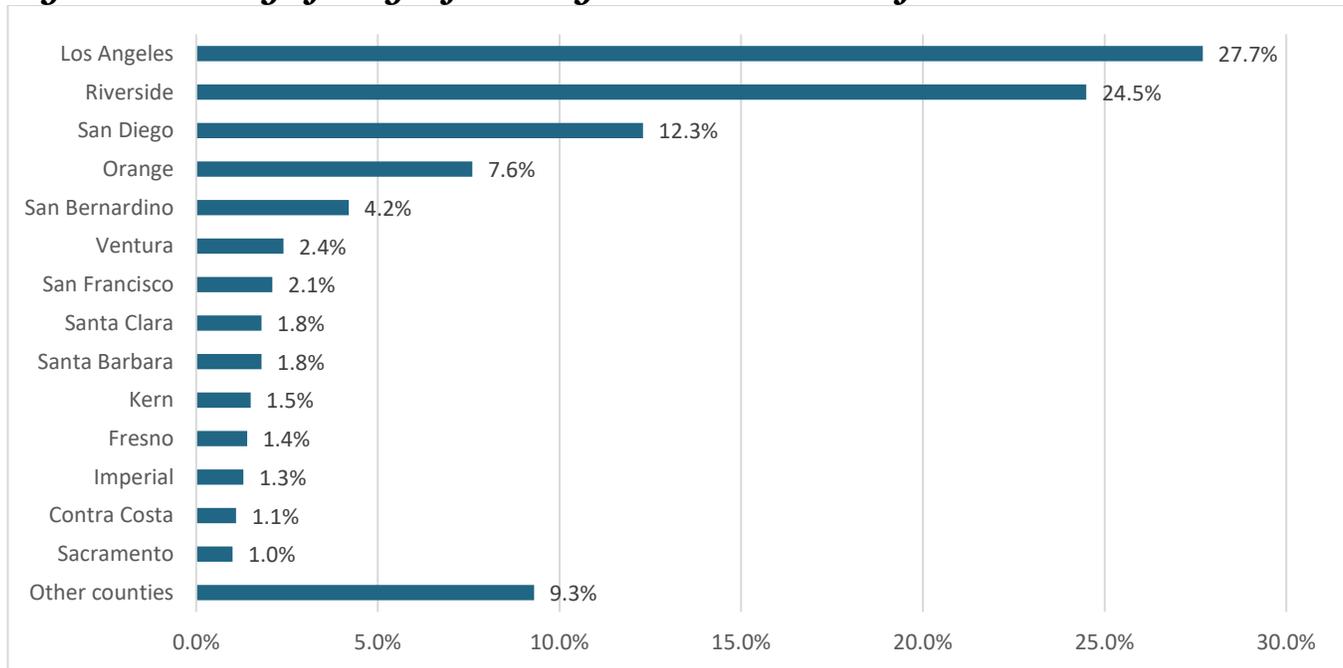
³ https://www.irs.gov/irb/2011-30_IRB

Section 2: Community Served

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 in which most clients originate from.

For 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 in which less than 1% of Betty Ford Center’s California clients originate from.

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 speak Spanish at home (35.4%).

Healthcare Access and Utilization

Rates of healthcare coverage vary by age group. The vast majority of seniors age 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 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: Process and Methods

As mentioned previously, Betty Ford Center contracted with HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research firm, to collect, analyze, and interpret data for the CHNA.

HARC worked with the Governance Committee at Betty Ford Center to determine research questions, design a survey, and identify potential respondents. A secondary data report was created to first describe what is already known/unknown about Betty Ford Center’s service area. From that report, a survey was collaboratively developed along with a recruitment list to obtain primary data on substance use and mental health.

Data was collected in two phases:

1. Secondary data collection: Gathering existing data from reliable sources
2. Primary data collection: Collecting input from local leaders

Secondary data was collected from a variety of reliable sources, as illustrated in the table below.

Table 1. Secondary Data Sources

Source
U.S. Census Bureau
University of California, Los Angeles
California Department of Education
California Department of Justice, CURES Statistics.
California Department of Public Health
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health
Substance Abuse and Mental Health Services Administration (SAMHSA)
California Office of Statewide Health Planning and Development (OSHPD)

For more detail on the secondary data collected during the CHNA, please contact Betty Ford Center for a free copy of the extensive report produced, “Betty Ford Center Secondary Data Report”.

The next phase of data collection, primary data collection, utilized an online survey to solicit feedback from community leaders. HARC and Betty Ford Center worked together to design this survey.

For more detail on the recruitment of these online surveys, please see section 4, “Gathering Community Input”.

Once data collection was complete, the data was cleaned, and descriptive statistics were compiled to allow the researchers to create tables and charts to illustrate the findings. For more detail on the primary data collected during the CHNA, please contact Betty Ford Center for a free copy of the report produced, “Betty Ford Center Primary Data Report”.

Section 4: Gathering Community Input

Local Leader Survey

The first method of soliciting input from people representing the broad interests of the community was an online survey that targeted leaders of local organizations in the health and human services fields. HARC and Betty Ford Center designed the survey for local leaders to assess who these organizations served, what types of services they provided, and what their perspective was on substance use and/or mental health issues that their clients struggled with. The survey included questions regarding barriers to treatment, and the urgency of the need to address substance use and/or mental health issues in the region. Finally, the 2018 implementation plan from the previous 2018 CHNA was presented to participating leader and were asked to provide feedback on the plan and what new priorities Betty Ford Center should tackle going forward. The online survey had 30 questions, including several open-ended questions where leaders could share their thoughts on the topics freely.

To recruit participants, HARC put together a recruitment list for the survey, which was provided to Betty Ford Center to revise if needed. The list was produced by obtaining active provider information from the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as California Office of Statewide Health Planning and Development (OSHPD). The list included a variety of health and human services organizations such as health clinics, hospitals, federally qualified health centers (FQHCs), nonprofits including homeless shelters, LGBT centers, senior centers, and county health departments including Department of Health, Department of Behavioral Health, and Department of Public Health.

The original recruitment list had a total of approximately 250 organizations. However, during recruitment, many of these organizations did not have listed electronic mailing contacts, resulting in undeliverable electronic mailings. Thus, a total of 147 organizations (two of these were not originally on the recruitment list but received information about the survey) were reached by HARC. Among these 147 organizations, 51% participated in the survey.

The survey launched on April 20th, 2021 and concluded on May 24th, 2021. After the launch date, HARC sent the recruited organizations an email reminder encouraging them to participate; the email reminders were sent on April 23rd and April 27th. Despite the email invitation and reminder emails, the response rate was subpar. To increase response rates, HARC began sending personal email reminders on May 5th, May 11th, and May 18th.

These recruitment efforts resulted in a total of 120 respondents, representing 80 organizations.

Table 2. Participating Organizations

Organization	Frequency	Percent
ABC Recovery Center	2	1.7%
Action Family Counseling	1	0.8%
Adventist Health White Memorial	1	0.8%
Alpha Project/Casa Raphael	1	0.8%

Organization	Frequency	Percent
ATS Addiction Therapeutic Services	1	0.8%
Awareness Group	1	0.8%
Bastyr University- California (former employer: Latino Commission Counseling Center)	1	0.8%
Being Alive Los Angeles	2	1.7%
Beit T'Shuvah	1	0.8%
Bienestar Human Services, Inc.	3	2.5%
California Behavioral Health	2	1.7%
California Highlands Addiction Treatment	1	0.8%
California State University, San Bernardino	1	0.8%
California State University, San Bernardino - Palm Desert Campus	1	0.8%
Cambodian Association of America	1	0.8%
Casa Treatment Center	2	1.7%
Catholic Charities of Los Angeles	1	0.8%
Center for Health Justice	1	0.8%
Champions for Health	1	0.8%
Clinicas de Salud del Pueblo	1	0.8%
Coachella Valley Rescue Mission	2	1.7%
Concierge Addiction Medicine	1	0.8%
County of San Diego Health & Human Services Agency	1	0.8%
County of San Diego Public Health	1	0.8%
DAP Health	2	1.7%
Desert Care Network	1	0.8%
Desert Healthcare District	3	2.5%
Desert Oasis Healthcare	3	2.5%
Desert Regional Medical Center	1	0.8%
Eisenhower Health	5	4.2%
Emanate Health	1	0.8%
Fallbrook Regional Health District	1	0.8%
Greater El Monte Community Hospital	1	0.8%
Hospital Association of San Diego & Imperial Counties	1	0.8%
Huntington Memorial Hospital	1	0.8%
Inland Empire Health Plan	1	0.8%
Integrated Recovery Network	1	0.8%
Interfaith Community Services	3	2.5%
Jacobs & Cushman San Diego Food Bank	1	0.8%
Jewish Family Service of the Desert	2	1.7%
Joslyn Senior Center	1	0.8%
Kaiser Permanente	2	1.7%
Koreatown Youth and Community Center, Inc.	1	0.8%
Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA)	1	0.8%

Organization	Frequency	Percent
Los Angeles County Board of Supervisors, Fifth District	1	0.8%
Los Angeles County Department of Health Services	1	0.8%
Los Angeles County Department of Mental Health	1	0.8%
Los Angeles County Department of Public Health	1	0.8%
Los Angeles County Department of Children and Family Services	1	0.8%
Mental Health America of San Diego	3	2.5%
MFI Recovery Center	1	0.8%
Mizell Senior Center	1	0.8%
Olive View UCLA Medical Center	3	2.5%
Operation SafeHouse	1	0.8%
Path of Life Ministries	4	3.3%
Planned Parenthood of the Pacific Southwest	1	0.8%
Riverside County Latino Commission	1	0.8%
Riverside County Office on Aging	1	0.8%
Riverside University Health System - Behavioral Health	5	4.2%
Riverside University Health System - Public Health	5	4.2%
Safe Refuge	1	0.8%
San Diego Freedom Ranch	1	0.8%
Second Chance Reentry Court Program	1	0.8%
Shelter From the Storm	1	0.8%
SHIELDS for Families	1	0.8%
Solid Ground Wellness in Recovery	1	0.8%
Stepping Stone of San Diego	3	2.5%
Tessie Cleveland Community Services	1	0.8%
The LGBTQ Community Center of the Desert	1	0.8%
The Life Group LA	1	0.8%
The Midnight Mission	1	0.8%
The Ranch Recovery Centers Inc	1	0.8%
Twin Town Treatment Centers	2	1.7%
University of California, Riverside School of Medicine	3	2.5%
University of Southern California	1	0.8%
Valley Women's Center	1	0.8%
Van Ness Recovery House	1	0.8%
Volunteers of America Los Angeles (VOALA)	1	0.8%
Walden Family Services	1	0.8%
Whiteside Manor	1	0.8%
Total	120	100.0%

All participants were asked to specify the County service area in which they work. Results are provided in the table below. Participation was acquired from each county, and some respondents indicated that they serve clients outside of these three counties.

Table 3. County of Work

Service Area	Frequency	Percent
Riverside County	47	39.5%
Los Angeles County	26	21.8%
All of California	22	18.5%
San Diego County	15	12.6%
A combination of these three counties or others	7	5.9%
United States	2	1.7%
Total	119	100.0%

Respondents were also asked to specify the populations they serve and to check all that apply. Because this question included responses that were not mutually exclusive, results will add to more than 100%.

A total of 119 participants responded to this question. As illustrated in the table below, a range of populations are served, including various demographic races (Hispanic/Latino (93.3%), White/Caucasian (87.4%), African American (86.6%), American Indian/Alaska Native (80.7%), as well as LGBTQIA+ (84.9%), low-income (89.9%), homeless (72.3%), uninsured (67.2%), and medically underserved (68.1%). See the table below for other populations served.

Table 4. Populations Served

Population Served	Frequency	Percent
Hispanic/Latino	111	93.3%
Low-income	107	89.9%
White/Caucasian	104	87.4%
African American	103	86.6%
LGBTQIA+	101	84.9%
Asian	97	81.5%
American Indian/Alaska Native	96	80.7%
Seniors	95	79.8%
Homeless	86	72.3%
Veterans	82	68.9%
Medically underserved	81	68.1%
Uninsured	80	67.2%
Victims of abuse (sexual, domestic, emotional)	80	67.2%
Youth	68	57.1%
Incarcerated people	50	42.0%
Other	23	19.3%

Participants were also asked to specify the types of services that their organization provides and were encouraged to select all of the response options that apply. As illustrated in the table below, a range of services are provided. The most common, as expected, are mental healthcare (58.3%) and substance use treatment (57.5%); however, there were other selections such as advocacy (35.8%), homeless intervention services (33.3%), and primary healthcare (26.7%). See the table below for additional responses.

Table 5. Services Provided

Services Provided	Frequency	Percent
Mental health care	70	58.3%
Substance use treatment	69	57.5%
Advocacy	43	35.8%
Homeless intervention services	40	33.3%
Primary healthcare	32	26.7%
Food distribution	28	23.3%
Secondary healthcare/specialist care	26	21.7%
Shelter services	17	14.2%
Education (K12, college, tutoring, etc.)	13	10.8%
Dental care	10	8.3%
Other	43	35.8%

The survey was designed to measure perceptions of local organizations providing substance use and mental health services in some capacity. However, some organizations may exclusively provide one type of service such as only substance use or only mental health services, while others provide a combination of these two services. For example, if an organization provided only mental health services, they received questions pertaining only to mental health.

As illustrated below, nearly three-quarters (73.7%) of participants stated their organization provides both mental health and substance use services.

Table 6. Types of Services Provided

Type of Service	Frequency	Percent
Both mental health and substance use	87	73.7%
Yes, mental health	20	16.9%
Yes, substance use	11	9.3%
Total	118	100.0%

For more detail on the input provided by local leaders, please contact Betty Ford Center for a free copy of the report produced, “BFC Survey Results”.

Section 5: 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 7. Prioritizing Needs

Type	Criteria	Definition
Need	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.
Feasibility	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 8. 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 9. 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

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 to 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 of 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

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 exist for individuals (74.1%), for family/friends (76.5%), and is also exist 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 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 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 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 that 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.

Section 6: Available Resources

The tables on the following pages list local resources that are available to address substance use throughout Los Angeles County, Riverside County, and San Diego County. These resources are presented alphabetically by organizational name, and exclude the services provided by Betty Ford Center. The list was tabulated using the Substance Abuse and Mental Health Services Administration (SAMHSA) treatment locator.⁴ It is important to note that SAMHSA works to keep the sources of this list current and it is updated annually. However, it is possible that not all providers are represented, and it is also possible that some providers exist in multiple locations and/or provide services in multiple locations.

The same disclaimer applies here, as organizations frequently change their services or eligibility standards. That is, being listed in this document does not guarantee that these services are available from the providers listed here. It also does not indicate an endorsement of the quality of services provided.

It is worth noting that while there are many substance use treatment programs, not all are affordable or offer financial assistance/sliding scales, and so not all address the stated need for access for low-income and/or uninsured individuals. Additionally, it is possible that not all offer services in Spanish and thus, limit their usefulness for those who are not fluent English speakers. Additionally, it is unclear how many of these resources provide integrated mental health care and substance use treatment and may have limited utility based on what the community desires. Altogether, while there are many existing resources, there is still a great need for Betty Ford Center to provide services to meet the needs as described in Section 5 of this report.

⁴ <https://findtreatment.samhsa.gov/locator>

Table 10. Substance Use Treatment Providers by County

County	Frequency
Los Angeles	348
Riverside	73
San Diego	123
Total	544

Table 11. Substance Use Treatment Providers in Los Angeles County

Los Angeles County Substance Use Providers		
1 Method LLC	El Dorado Community Service Center	Pasadena Council on Alcoholism and Drug Dependence
310 Recovery Inc	El Proyecto del Barrio	Pasadena Public Health Department
6390 Meadows Court LLC	Elijah’s House Treatment Center	Passages Malibu
90210 Recovery	Ettie Lee Homes Inc	Peggy Albrecht Friendly House
A Better Life	Exodus Recovery Inc	Penny Lane Centers
Absolute Control Transitional	Faith Recovery Center Inc	People Coord Servs of Southern CA
Access Malibu Inc	Families for Children Inc	Phoenix House
Action Family Counseling Inc	Federal Recovery Systems LLC	Positive Steps Inc
ADAPT Aware Zone Inc	Forward Recovery Solutions LLC	Precious Treatment
Addiction Research and Treatment Inc	Fred Brown Recovery Services Inc	Principles Inc
Aegis Treatment Centers LLC	Going Straight Ministries	Prototypes
Alcoholism Center for Women	Gooden Center	Puente House
ALT Recovery Group 2	Grandview Foundation Inc	Quest 2 Recovery
Alta Centers Inc	Grasshopper House LLC	Recovery Corps Health Group LLC
AM/PM Culver City Budget DUI School	Harmony Place	Reflection and Recovery Inc
AM/PM Van Nuys Driver Safety DUI School	Haven House Addiction Treatment	Revive Detox
AM/PM West LA Convenient Driver Safety	HealthRIGHT 360	Rickman Recovery Center
Ambrosia Treatment Center	Healthy Living Residential Program	Rise Luxury Rehab LLC
American Health Services LLC	Healthy Paradigms LLC	Roots Through Recovery
American Indian Changing Spirits	Helping Our Mentalities Excel Inc	RS Recovery Services Inc
Amity Foundation	Helpline Youth Counseling Inc	Safe Haven Recovery Inc
Asian American Drug Abuse Program	High Road Program	Safe Refuge
Aurora Charter Oak Hospital	Hills Treatment Center	Safety Consultant Services Inc
Aurora Las Encinas Hospital	His Sheltering Arms Inc	Safety Education Center
Avalon by the Sea Ac LLC	Hollywood and Vine Recovery Center	Salvation Army
BAART Behavioral Health Services Inc	Hollywood Medical Rehab Care Inc	San Fernando Recovery Center
BAART Behavioral Health Services Inc	Homeless Healthcare Los Angeles	Sea Change Santa Monica
BAART Programs Southeast	House of Hope Foundation Inc	Seasons Recovery Centers LLC
Back to Life Transitional Living	IADARP	Shields for Families
Beacon House Association of San Pedro	Insight Treatment Programs	Sober District Inc
Behavioral Health Services	Inspire Malibu	Social Model Recovery Systems

Los Angeles County Substance Use Providers		
Behavioral Health Solutions of Malibu	Iris Healing Center	Southern CA Alcohol and Drug Prog Inc
Beit T'Shuvah	Iris Healing Retreat	Special Services for Groups Inc
Betty Ford Center	James and Bentz Inc	SPIRITT Family Services
BHS High Gain Program Westchester	Journey Hillside Tarzana LLC	Stepping Stones Home
Bienestar Human Services	JWCH Institute Inc	Sunrise Community Counseling Center
Breathe Weho Treatment Services LLC	Kaiser Permanente	Sunset Malibu
CA Diversion Intervention Foundation	Kaiser Permanente Bellflower Med Center	Support for Harbor Area
CA Hispanic Commission (CHCADA)	Koreatown Youth and Community Center	SV Recovery Inc
CA Hispanic Commission Alcohol/Drug Abuse	LA Centers for Alcohol and Drug Abuse	TAJ Treatment Centers Inc
California Diversion Programs Inc	LA County Department of Public Health	Tarzana Treatment Centers Inc
California Mental Health Connection	La Fuente Hollywood Treatment Ctr LLC	Tavarua Health Services
Cambodian Association of America	LABIOMED/Options for Recovery	Tavarua Medical Rehabilitation Service
Canon Human Services Centers Inc	Lake Hughes Recovery	Teen Project Inc
Casa Treatment Center	LAT Intensive Outpatient Programs	Thelma McMillen Center
Center for Integrated Family/Health	Latino Family Alcohol and Drug Abuse Center	Thrive Treatment
Chabad of California	Lifesync Recovery	Transformations Care Inc
Chabad Residential and Outpatient	Little House Inc	Triumph Recovery
Change Lanes	Los Angeles County DPH AVRC	Turning Point Alcohol and
Child and Family Center	Lumpkin House	Twin Town Treatment Centers
Children's Hospital Los Angeles	Malibu Balance Day Treatment	Union Rescue Mission
Choice and Change	Malibu Detox LLC	United American Indian Involvement
CLARE Matrix	Malibu Hills Treatment Center	US VETS Inglewood
CLARE Outpatient	McIntyre House	VA Greater LA Healthcare System
Clearview Treatment Programs	MedMark Treatment Centers	VA Los Angeles Ambulatory Care Center
Cliffside Malibu	MedMark Treatment Centers Los Angeles	VA Sepulveda Ambulatory Care Center
Clinica Monsenor Oscar A Romero	Mela Counseling Services Center Inc	Valley Recovery Center
Clinical Services Department	Melrose Recovery LLC	Valley Recovery Center of Agua Dulce
CNV Detox Inc	Mermaids Cove Malibu Inc	Valley Women's Center Inc
Coastal Recovery Comp Center	Milestones Ranch Malibu	Van Ness Recovery House
Compator Inc	Motivational Recovery Services Inc	Visions Adolescent Treatment Center
County of Los Angeles	Narcotic Addiction Treatment Agency Inc	Volunteers of America
Creative Care Inc	Narcotics Prevention Association	Watts Healthcare Corp Inc
CRI Help Inc	National Council on Alcohol and Drug Dependency	West County Medical Clinic
Cri-Help Inc	Ness Counseling Center Inc	West County Medical Corporation
Crosspointe Recovery	New Directions	West Hollywood ATC LLC
Crossroad Transitional Inc	New Directions Alcohol and	Western Health Harbor City Clinic
Dare U to Care Outreach Ministry	New Found Life	Western Pacific Med Corp
Dedicato Treatment Center	New Hope Drug and Alcohol Treatment Prog	Western Pacific Re Hab

Los Angeles County Substance Use Providers		
Department of Veterans Affairs	New Road Recovery Services Inc	Westwind Recovery
Didi Hirsch Mental Health Services	Nexus Recovery Services	Women and Children First
Discovery House	Northstar Detox and Rehab Center	Women's Treatment Program
Divine Healthcare Services Inc	Nova Vitae Treatment Center	Y and Y Recovery
Dolorosa Operations LLC	Novo Medical Detoxification Centers of	You Can Health Services
Driver Benefits Inc	O/G Recovery	Your Empowering Solutions Inc
	Palm House Inc	

Table 12. Substance Use Treatment Providers List in Riverside County

Riverside County Substance Use Providers		
10 Acre Ranch Inc	Indio Substance Abuse	Riverside Latino Commission on Alcohol
ABC Recovery Center Inc	Inland Empire Teen Challenge	Riverside San Bernardino County Indian Health
Addiction Therapeutic Services	Intervention911	Riverside University Health System
Adelante Recovery Center Inc	Ken Seeley Communities	Rose of Sharon 7
Awareness Program	LaVista Alcohol/Drug Recovery Center	RUHS/Behavioral Health
Bella Monte Recovery Center	Living Longer Recovery	RUHS/BH/SAPT Lake Elsinore
California Behavioral Health LLC	MFI Recovery Center	SCE Corp
California Highlands Addiction Treatment	Michaels House	Sierra by the Sea
Daylight Recovery Services	Natural Rest House Inc	Soroptimist House of Hope Inc
Desert Comprehensive Treatment Center	Pacific Grove Hospital	Sunrise Ranch
Evexia Health Services	Providence Recovery Centers Inc	Valley Wide Counseling
Full Circle Recovery	Ranch Creek Recovery Inc	Veterans Alcoholic Rehab Prog (VARP)
Gravity Treatment Centers Inc	Ranch Recovery Centers Inc	Vital Treatment and Recovery Centers Inc
Hazelden Betty Ford Foundation	Rancho Milagro Recovery Inc	Western Clinical Health Services (WCHS)
Hemet Valley Recovery Center	Resilience Rehabilitation LLC	Whiteside Manor
High Road Program	Riverside County Latino Commission	
Hill Alcohol and Drug Treatment	Riverside County Substance Use Program	

Table 13. Substance Use Treatment Providers List in San Diego County

San Diego County Substance Use Providers		
ABC Sober Living LLC	HealthRIGHT 360	San Diego American Indian Health Center
Alpha Project	Hope Canyon	San Diego Freedom Ranch Inc
Alvarado Parkway Institute	House of Metamorphosis Inc	San Diego Treatment and Recovery Center
AToN Center	Immersive Recovery	San Diego VAMC
Aurora Behavioral Healthcare	Kali West LLC	Sharp Mesa Vista Hospital
Bethesda Recovery Center	La Jolla Healing Center	Shoreline Recovery Center
Boardwalk Recovery Center	La Jolla Recovery	SOAP MAT LLC
Bridges of San Diego	Lasting Recovery	Sober Life Recovery Solutions
California Addiction Treatment Center LLC	MAAC Project	Southern Indian Health Council Inc
Capalina	McAlister Institute for Treatment and Education	Stepping Stone of San Diego Inc
Choices in Recovery Center	Mental Health Systems Inc	Substance Abuse Counseling Center
Community Research Foundation Inc	Mission Treatment Services Inc	Substance Abuse Evaluation
Confidential Recovery	Mission Treatment Servs of Escondido	Teen Challenge
CRASH Inc	Mission Treatment Servs of Oceanside	Third Avenue Comp Treatment Center
Crossroads Foundation	Narconon Fresh Start	Tradition One
Deaf Community Services of San Diego	New Connections	Training Center
Downtown Family Health Center at	North Central Women’s Recovery Center	Turning Point Crisis Center
El Cajon Comprehensive Treatment Center	North County Lifeline Inc	Twelfth Step House of San Diego Inc
El Dorado Community Service Center	North County Serenity House	Union of Pan Asian Communities
Epidaurus	Occupational Health Services (OHS)	US Marine Corps
Episcopal Community Services	Pacific Bay Recovery	VA San Diego Healthcare System
Fashion Valley Comp Treatment Center	Paradise Detox	Veterans Affairs Medical Center
Fellowship Center	Parent Care Family Recovery Center	Veterans Village of San Diego
Genesis Recovery Inc	Pemarro	Vista Hill Foundation
Golden Hill House I	Practical Recovery Psychology Group	Volunteers of America Southwest CA Inc
Harmony Grove Recovery	Progressive Medical Specialists Inc	Way Back Inc
Healthcare Services Inc	Rejuvenations Outpatient Facility Inc	

Section 7: Evaluation of Impact of Prior CHNA

The 2018 CHNA identified three health needs for Betty Ford Center to address:

1. Access to Care for Low-Income and/or Uninsured
2. Mental Health Care
3. Substance Abuse Treatment

To meet those needs, Betty Ford Center developed the 2018 Implementation Plan, which the following, sub-bulleted priorities.

1. Access to Care for Low-Income and/or Uninsured

- a. Financial assistance for the uninsured, under-insured, and/or low-income community.
- b. Contribute to local efforts to “grow our own” behavioral health workforce locally, thereby increasing the number of providers available
- c. Make Betty Ford Center more physically accessible to people with mobility issues.

2. Mental Health Care

- a. Provide Betty Ford Center patients with a multidisciplinary treatment team that is competent with both substance use and mental health treatment
- b. Hire new staff that will enhance Betty Ford Center’s mental health competencies
- c. Contribute to local efforts to “grow our own” behavioral health workforce locally, thereby increasing the number of providers available
- d. Provide education and outreach efforts to the community about the relationship between substance use and mental health

3. Substance Abuse Treatment

- a. Provide education and outreach regarding substance use
- b. Use the expertise and specialized knowledge at Betty Ford Center to train professionals in substance use treatment

This following pages summarize what has been done in support of each need and priority based on evaluation tracking of the Betty Ford Center CHNA Implementation Plan (2018-2020).

Need 1: Access to Care for Low-Income and/or Uninsured

Priority A: Financial assistance for the uninsured, under-insured, and/or low-income community.

From 2018-2020, Betty Ford Center provided \$3,380,035.74 in financial assistance to the people they serve. Across the 1,036 unique people served, this total comes to about \$3,262.58 of financial assistance per person. See the table below for details by specific program.

Table 14. Financial Assistance Provided

Program	Unique People per Program	Amount Given	Amount Given per Person
Children's program	23	\$7,150.00	\$310.87
Day treatment	122	\$434,971.47	\$3,565.34
Family program	73	\$31,543.50	\$432.10
Medical services	8	\$2,059.25	\$257.41
Mental health	47	\$15,799.01	\$336.15
Recovery housing	444	\$1,208,177.40	\$2,721.12
Residential	236	\$1,497,701.92	\$6,346.19
Residential detox	24	\$32,449.06	\$1,352.04
Residential evaluation	3	\$4,168.63	\$1,389.54
Intensive outpatient	56	\$146,015.50	\$2,607.42
Total	1036	\$3,380,035.74	\$3,262.58

Riverside County of Health was also contacted during 2018 regarding the possibility of providing financial assistance to clients but was put on hold due to other initiatives.

Priority B: Contribute to local efforts to “grow our own” behavioral health workforce locally, thereby increasing the number of providers available.

Betty Ford Center has been collaborating with a local non-profit of the Coachella Valley, OneFuture Coachella Valley. This organization helps local residents to go to and complete college through degrees, credentials or certificates and also helps to earn employment. Betty Ford Center VP Chris Yadron met with OneFuture Vice President Kim McNulty and Chief Executive Officer, Sheila Thorton. Betty Ford Center’s Children’s Program director, Jerry Moe, formed a partnership with OneFuture Coachella Valley and attends monthly meetings on how to improve resources across the Board and services in the community.

The staff of the Children’s Program have also conducted Red Ribbon Assemblies at elementary schools throughout the Coachella Valley.

Priority C: Make Betty Ford Center more physically accessible to people with mobility issues.

Betty Ford Center conducted a Department of Justice ADA Remediation report. The report details the capital expansion and development of Betty Ford Center to make the facility more accessible to people with mobility issues.

Specific capital expansions include:

- Relocate side grab bar and lengthen in locations/halls identified in DOJ
- Install door hardware operable with one hand where identified
- Insulate water supply and drain pipes under sinks where identified
- Lower shower spray wand in patient room bathrooms where identified
- Lower paper towel dispensers where identified
- Lower rod and shelf in patient room wardrobe closet where identified
- Lower mirror in restrooms where identified
- Lower medicine cabinet shelf where identified
- Lessen force required to open door where identified
- Lower urinals in men's toilet in James West Auditorium
- Correct water closet centerline in some locations (patient halls to be corrected during capital expansion project)
- Lower height of countertop in Firestone Hall patient lounge
- Increase lavatory knee clearance in Cork building men's and women's restrooms
- Widen door clearance / opening in Cork building relaxation room
- Corrected size of built-in bench and add back support in men's and women's locker room
- Installed pool lift

Need 2: Mental Health Care

Priority A: Provide Betty Ford Center patients with a multidisciplinary treatment team that is competent with both substance use and mental health treatment.

To ensure that Betty Ford Centers patients receive multidisciplinary treatment, staff was provided a variety of trainings. Specifically, staff were trained in Motivational Interviewing II (10/2018), Model of Care Training (10/2019 & 11/2019), and Motivational Interviewing (8/2019).

Additionally, Betty Ford Center began (8/2019) rolling out weekend coverage along with on-call availability. Beginning 2/2020, the mental health department is staffed by two licensed psychologists and two licensed master-level mental health professionals with training in co-occurring disorders in addition to mental health manager. Three psychiatric staff members offer services to patients across levels of care and provide on-call consultation as needed.

Beginning 6/2020, Daeleigh Valentine, Manager of Mental Health Services provides on-call coverage for mental health services and consult with psychiatry when needed/appropriate for weekend issues. Mental Health Services plans to roll out rotating on-call coverage in the future.

Priority B: Hire new staff that will enhance Betty Ford Center's mental health competencies.

Beginning 5/2018, tele-psychiatry was implemented with Dr. Greg McFadden. From 6/2019 to 7/2019, a mental health services manager and two psychologists were hired.

In 12/2019, an internal transfer from counselor to mental health professional to support patients in outpatient level of care was conducted. In 4/2020, a mental health professional was hired to support outpatient services and on-call psychiatrist was hired for continuity of care. In 6/2020, a new staff psychiatrist started and provided telehealth services.

Starting 2/2021, the mental health department reach full staffing levels. A total of four mental health providers and mental health manager provide on-site services seven days a week. Finally, a psychiatric nurse practitioner was hired who functions as an integrated provider.

Priority C: Contribute to local efforts to "grow our own" behavioral health workforce locally, thereby increasing the number of providers available.

Beginning 6/2020, a Hazelden Betty Ford Foundation (HBFF) counselor was in HBFF graduate school and was shadowing mental health providers to increase competency in co-occurring disorders. Further, an HBFF nurse was in the doctoral program for psychiatric nurse practitioner degree.

At the end of the 2020 year, a review was in development to determine if a formal pre/post doctoral psychology internship training program will be implemented.

Priority D: Provide education and outreach efforts to the community about the relationship between substance use and mental health.

As of 5/2019, a graduate school student was interning in intensive outpatient services.

During 8/2019, Jerry Moe and Jeff Schlund collaborated with Dr. Linda Emerson, a professor of Psychology at College of the Desert and planned a community forum on addiction and recovery for 11/2019. The forum was successfully held during November and also included information on potential internships. Chris Yadron spoke about stigma, Cynthia Galaviz spoke about Children and Families, Daeleigh Valentine spoke about recovery and co-occurring disorders, and John Walton spoke about treatment and recovery. College of the Desert put together media regarding the event.

Jerry Moe also connected Dr. Emerson with Mark Baumgartner and Kendra Allen-Abella regarding internship possibilities. No internships were made with University of California Riverside or California State University, San Bernardino.

During 11/2019, Betty Ford Center held an informational booth at the Pride Event in Palm Springs.

Need 3: Substance Use Treatment

Priority A: Provide education and outreach regarding substance use.

To provide education and outreach regarding substance use, Betty Ford Center conducted a variety of activities. Starting 12/2018, Jerry Moe presented at a Coachella Valley Leadership meeting. Further, Jeff Schlund (outreach manager) partnered with Finding Freedom symposium to provide information on best practices in supporting the LGBTQ community with co-occurring disorders during 1/2020. Also, Dr. Rigo Brueck, Betty Ford Center psychologist, presented on “The importance of attachment healing for LGBTQ+ persons in substance use disorder treatment” at this event.

Jeff Schlund also represented Betty Ford Center at the 2019-2020 Leadership Coachella Valley program, which is a program encouraging community involvement by providing knowledge and perspective on valley-wide needs and concerns.

During 5/2020, Jerry Moe was a guest speaker for a virtual class on Prevention, Treatment, and Recovery at College of the Desert.

Starting 9/2020, Children’s Program supervisor, Cynthia Galaviz reached out to Betty Ford Center partners within Eastern Coachella Valley to inform them of a new Spanish language Family Program at the Betty Ford Center. The Children’s Program held a virtual school-based program (12/2020) for students at Desert Sands Unified School District and the Coachella Valley Unified School District. Children’s Program staff have been actively participating in a variety of community outreach events including The Student Assistance Program, Hope Collaborative, and Mecca FRC Service Provider Network meeting. These are all currently virtual due to the COVID-19 pandemic.

Priority B: Use the expertise and specialized knowledge at Betty Ford Center to train professionals in substance use treatment.

Jeff Schlund (outreach manager) worked with the Director of Volunteer Services at Eisenhower Medical Center in an attempt to bring back the Awareness Hour in 2020. However, the Awareness Hour classes did not take place in February, March, and April due to the COVID-19 pandemic. Additional programs were conducted throughout 2020 including, “Recovery and the Buddha” (1/2020), “What’s a Family to Do?” (2/2020), “Creating Whole-System Health to Support Recovery Success” (3/2020), and “Evolution of Addiction and Treatment” (T&R) (4/2020).

Next Steps

This report summarizes the community health needs assessment (CHNA) process and results of the Secondary Data Report, Primary Data Report, and prioritization process between HARC and Betty Ford Center's Governance Committee.

Next, the Governance Committee of Betty Ford Center will work with HARC to design an Implementation Strategy which will provide practical guidance for how to address the established health needs in the community, as well as how to track progress over the next three years.