

2018 Community Health Needs Assessment: Implementation Plan



Betty Ford Center

Part of the Hazelden Betty Ford Foundation

Betty Ford Center
License #250000049



To provide feedback about this Implementation Strategy, please
email staff@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.

Community Health Needs Assessment Team:

- Dr. Jenna LeComte-Hinely, Chief Executive Officer
- Chris Morin, MS, Research Associate
- Dr. Casey Leier, Director of Research
- Gerardo Quintana, BA, Research Assistant

HARC would like to thank the Betty Ford Center team members who contributed to this project, including:

- Dr. Christopher Yadron, Vice President of the West Region and Administrator of the Betty Ford Center
- Jerry Moe, National Director of the Children's Program
- Dr. Tracy Pobuda, Manager of Mental Health Services
- Mark Baumgartner, Executive Director of Betty Ford Center
- Dr. Stanton Segal, Medical Director
- Laurie Skochil, Executive Assistant to Dr. Yadron

Contents

Introduction	4
About Betty Ford Center	4
Programs & Services	4
About the Community Health Needs Assessment	5
About the Implementation Strategy	5
Community Served	6
Prioritized Health Needs	8
Needs Not Addressed	8
Needs to Address	8
Access to Care for Low-Income and/or Uninsured	9
Mental Health Care	10
Substance Use Treatment	11
Important Approaches	12
Other Factors to Consider	13
Implementation Strategy	14
Access to Care Summary Matrix	15
Mental Health Care Summary Matrix	16
Substance Use Treatment Summary Matrix	18
Access to Care	20
Strategy 1: Financial Assistance	20
Strategy 2: “Grow Our Own” Local Behavioral Health Workforce	20
Strategy 3: Increase Physical Accessibility	21
Mental Health Care	22
Strategy 1: Multi-Disciplinary Treatment Team	22
Strategy 2: Hiring Mental Health Staff	22
Strategy 3: “Grow Our Own” Local Behavioral Health Workforce	23
Strategy 4: Education and Outreach	23
Substance Use Treatment	24
Strategy 1: Education and Outreach	24
Strategy 2: Professional Development	25
Conclusion	27

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

Programs & Services

Betty Ford Center provides both inpatient and outpatient services for persons with a substance use disorder. Each patient is assigned to a treatment team that consists of a physician, nurse, psychologist, primary counselor, case manager, spiritual care counselor, family counselor, wellness specialist, addiction technician, and alumni services representative. The treatment team is responsible for working with each patient to establish an individualized plan of care and recommendations for discharge.

Services include, but are not limited to, individual therapy, group counseling, 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, Betty Ford Center assists with cost by subsidizing their treatment and services. In 2017, Betty Ford Center provided approximately \$3.4 million in full or partial financial assistance to patients requiring financial aid. Programs and services include some of the following:

- Inpatient services
- Residential day treatment
- Intensive outpatient program
- Clinical diagnostic evaluation
- Family program
- Children's program

Additionally, 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
- Awareness Hour

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.¹

As a result, Betty Ford Center hired HARC (Health Assessment and Research for Communities), a nonprofit research and evaluation firm located in Palm Desert, California to conduct the CHNA. Working in conjunction with Betty Ford Center staff, HARC first gathered existing data to learn what information already existed about substance abuse and mental health treatment. Next, HARC and Betty Ford Center worked together to design surveys to gather community input. The results of these efforts created a CHNA product that identified critical health needs in the community.

About the Implementation Strategy

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.²

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 (2021) CHNA can assess progress as well as opportunities for improvement.

¹ Department of the Treasury, Internal Revenue Service. (December 31, 2014). Federal Register, Vol. 79, No. 250, Part II. 26 CFR Parts 1, 53, and 602. Available online at:

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

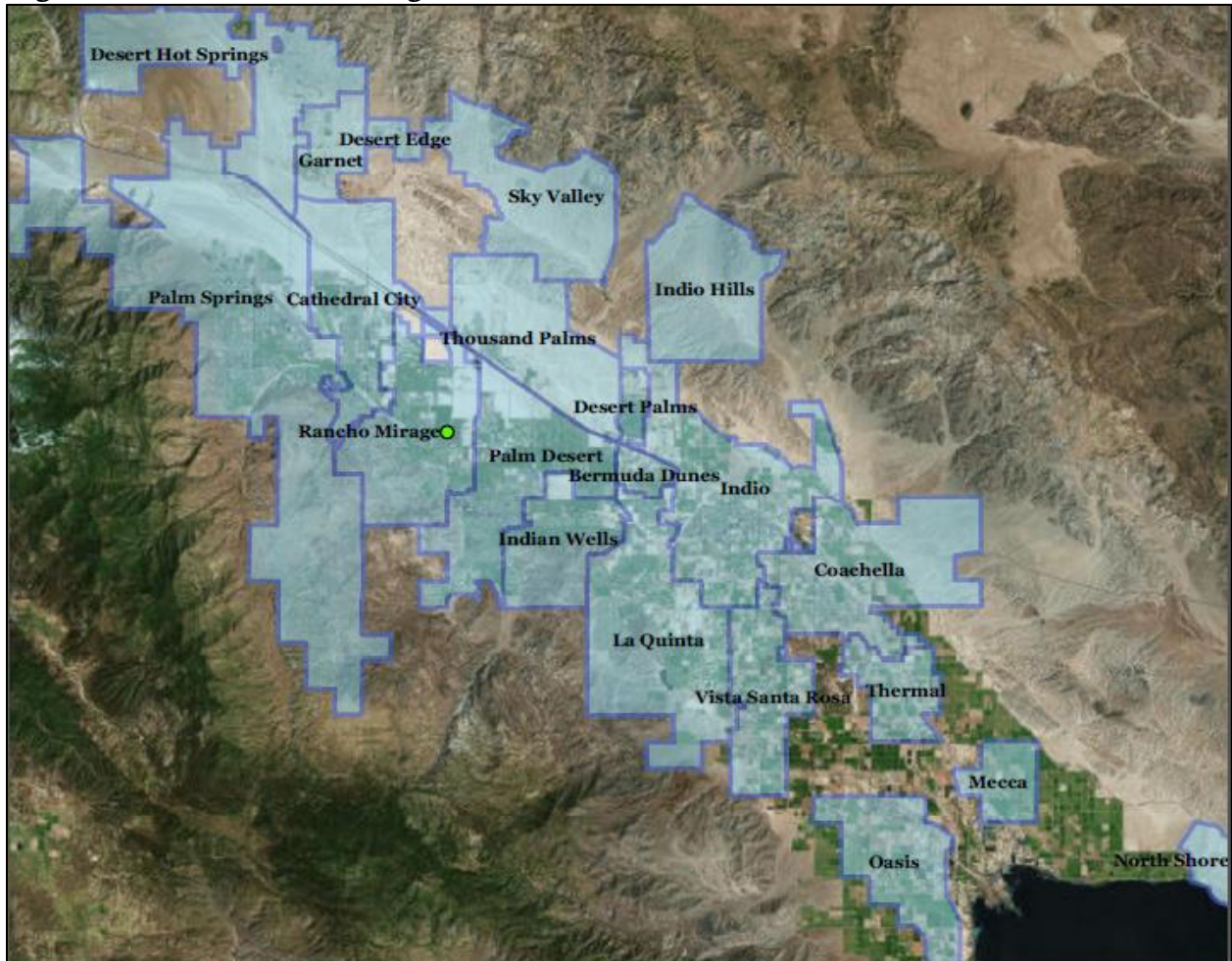
² Ibid.

Community Served

Betty Ford Center’s “community” is defined as the Coachella Valley, where the Betty Ford Center is located. The Coachella Valley as the community was determined by the senior leadership of the Betty Ford Center. It includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The decision was based on geography and patient origin; approximately 19% of patients in 2017 live in the Coachella Valley (more than 400 patients). Specifically, the three most common hometowns of patients include Rancho Mirage (122 patients), Palm Desert (78 patients), and Indio (60 patients), all of which are within the Coachella Valley.

Approximately 414,000 people live in this part of Eastern Riverside County in Inland Southern California. The map below includes the geography of the Coachella Valley with city boundaries as well as the location of Betty Ford Center (green dot).

Figure 1. Coachella Valley



This includes individuals from the following towns/areas:

Table 1. Cities and Zip Codes in Betty Ford Center's Community

City	Zip codes
Cathedral City	92234, 92235
Coachella	92236
Desert Hot Springs (and unincorporated Sky Valley)	92240, 92241
Indian Wells	92210
Indio (and unincorporated Bermuda Dunes)	92201, 92202, 92203
La Quinta	92247, 92248, 92253
Palm Desert	92211, 92255, 92260, 92261
Palm Springs	92262, 92263, 92264, 92292
Rancho Mirage	92270
Unincorporated: Mecca, North Shore	92254
Unincorporated: North Palm Springs	92258
Unincorporated: Salton Sea, Mecca	92275
Unincorporated: Thermal, Desert Shores, Sandy Korner, Valeri Vista Santa Rosa	92274
Unincorporated: Thousand Palms	92276

This includes approximately 414,000 people, as illustrated in Table 2.

Table 2. Population of Betty Ford Center's Community

Type	Name	Population
Cities	Coachella	53,268
	Cathedral City	43,826
	Desert Hot Springs	28,091
	Indian Wells	5,194
	Indio	85,401
	La Quinta	39,801
	Palm Desert	51,045
	Palm Springs	46,714
	Rancho Mirage	17,876
Unincorporated Areas that are Census-Designated Places	Bermuda Dunes CDP	7,339
	Desert Palms CDP	6,940
	Garnet CDP	6,297
	Indio Hills CDP	1,119
	Mecca CDP	8,863
	Oasis CDP	4,374
	Thousand Palms CDP	7,875
	Total	414,023

Source: U.S. Census Bureau, American Community Survey Demographic and Housing Estimates, 2012 – 2016 5-Year Estimates.

Prioritized 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. Prevalence of the issues (drawn from the secondary data) was used to estimate scope and burden of the need, and community input was also considered in the prioritization.

Needs Not Addressed

Since Betty Ford Center provides substance use treatment and provision of mental health services and is not a general hospital providing primary care or preventative care, the health needs identified through this CHNA are more focused on behavioral health than in most hospitals' CHNAs.

This is not to suggest that other health needs in the community do not exist; many of these are documented in HARC's Coachella Valley Community Health Survey.

Especially prevalent issues include the following:

- **Disability:** 22% of local adults are limited in their activities because of a physical, mental, and/or emotional problem. About 11% are deaf/hard-of-hearing, and 10% have low-to-no-vision.
- **Major disease:** 34% of local adults have been diagnosed with high blood pressure; 28% with high cholesterol, and 28% with arthritis.
- **Obesity:** 61% of local adults have a body mass index that places them in the “overweight” or “obese” category, as are 49% of local children ages 2 to 17. As a contributing factor, 21% of local adults do no cardiovascular activity each week (e.g., walking, jogging, golfing).
- **Prevention of sexually transmitted diseases/infection:** 78% of sexually active adults do not use condoms to prevent STDs. About 53% of adults have never been tested for HIV, despite the high prevalence rate of the disease locally.
- **Sleep deprivation:** 31% of local adults get less than the recommended amount of sleep each night, as do 8% of local children.

As a drug and alcohol rehab facility, Betty Ford Center's mission and purpose is focused around substance abuse treatment, not general physical health. Thus, there is a relative lack of expertise to address needs like arthritis, obesity, and STDs. Other organizations in the region—such as the three hospitals in the community, the federally-qualified health centers (FQHCs), etc.—are much better suited to tackle these issues, and many have strong existing programs designed to address these needs.

Needs to Address

Instead, Betty Ford Center will focus considerable resources and expertise on the local needs relating to behavioral health; specifically:

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

Access to Care for Low-Income and/or Uninsured

Description of Need

According to the Centers for Disease Control and Prevention, individuals with low income and/or low socioeconomic status are less likely to receive healthcare or be able to take advantage of healthful opportunities. Health insurance is also critically important to access to care; uninsured persons tend to have fewer healthcare visits than those who are insured, receive less preventive health care, less service for major health conditions, and less service for chronic diseases.

Burden and Scope of Need

Locally, nearly 28% of local adults are living in households with an annual income of less than \$20,000 per year. Approximately 27% are living in poverty, per the Department of Health and Human Services definition, as are 35% of local children. Approximately 14% of working-age adults remain uninsured (which equates to more than 30,000 people). Common reasons for the lack of insurance include a lack of documentation to prove legal residency (more than 7% of local adults are non-citizens who lack green cards) and the inability to pay premiums.

Community Input on Need

In the local leader survey, lack of affordable treatment was listed as the number one barrier to obtaining substance abuse treatment in the Coachella Valley. Not having insurance was also in the top three barriers for both substance abuse treatment and mental health treatment. One leader stated, "Providing services for people who cannot pay is the most important challenge. Substance abuse sends many people into poverty. As they descend into poverty, they became less able to meet the finance part of taking care of themselves." Another local leader stated, "I think the overall access for mental health treatment is limited and is not very affordable. The location that offer a sliding scale are typically full and not able to provide the need." The community survey asked individuals what factors were most influential to them when selecting a treatment facility; the most commonly listed reasons were "whether they took my insurance" and "cost/affordable program". Finally, one community member stated, "Not all of us want to live this way, some of us actually want the treatment and do better, if we can't afford it just turns into a horrible cycle."

Mental Health Care

Description of Need

Mental health is a state of psychological well-being in which an individual can enjoy life and can cope with everyday situations and stressors. A healthy community is characterized by low rates of mental illness, high rates of access to mental health care for those who need it, and the presence of positive mental health.

Burden and Scope of Need

Approximately 22% of local adults—about 68,500 people—have been diagnosed with a mental health disorder. Common disorders include depression and anxiety. About 26% of adults have had an emotional, mental, or behavioral problem that concerned them in the past year. The community reports that loneliness/isolation is a major problem.

Approximately 10% of Coachella Valley adults with a mental health diagnosis or concern had a time in the past year when they needed mental health care and could not get it. This equates to more than 10,500 locals in need. Similarly, 7.9% needed mental health medication and couldn't get it (more than 8,150 people).

Mental health issues are also prevalent in our youth. On average, 20% of local high school freshmen have seriously considered suicide in the past month, as have 16% of high school juniors. In contrast, fewer than 5% of local adults have seriously considered suicide in the past year. About a third of local high school students report feelings of chronic sadness or hopelessness in the past month.

Community Input on Need

The urgency of mental health was assessed by asking local leaders the following, “Compared to other health issues (e.g., major diseases, obesity, disability, etc.), how would you rank the urgency of addressing the issue of mental health in our Valley?” Most local leaders (75%) rated mental health as “very urgent”, indicating that addressing mental health needs to be one of the top priorities in the Coachella Valley. Another 22% rated it as “somewhat urgent”, placing mental health in the top 3 to 5 issues to address in the Coachella Valley.

Substance Use Treatment

Description of Need

Using alcohol and/or other drugs can cause issues such as health problems, impaired control, and social problems. Social problems can include continuing to use the substance despite negative consequences or placing a higher priority on consuming the substance than other activities and obligations, even to the point that it causes a failure to meet major life responsibilities.

Burden and Scope of Need

The most commonly used substances include (in order) alcohol, marijuana, methamphetamines, opioids, and prescription pills. Binge drinking affects thousands locally; more than 58,900 local adults have engaged in binge drinking in the past month, and over 10,000 have engaged in binge drinking seven or more times per month. Approximately 6.8% have used marijuana in the past month, and 3.5% have used other illicit drugs in the past month. Currently, about 3.7% of adults are opioid prescription patients.

Our local youth reflect similar patterns, with alcohol and marijuana being the most common substances of choice. On average, 16% of local high school freshmen have consumed alcohol in the past month, as have 23% of high school juniors. About 9% of local freshmen have used marijuana in the past month, as have 15% of juniors. Other substances (e.g., prescription medications, inhalants, other drugs) are still relatively rare, although between 2% and 5% of high schoolers have used these within the past month.

Community Input on Need

The urgency of substance use was assessed by asking local leaders the following, “Compared to other health issues (e.g., major diseases, obesity, disability, etc.), how would you rank the urgency of addressing the issue of substance abuse in our Valley?” Results indicate that 41% of local leaders rated substance abuse as “very urgent”, indicating that addressing substance abuse needs to be one of the top priorities in the Coachella Valley. Another 54% rated it as “somewhat urgent”, placing substance abuse in the top 3 to 5 issues to address in the Coachella Valley.

Important Approaches

Integration of Substance Use Treatment and Mental Health Care

Community members and local leaders who were surveyed emphasized the need to provide treatment that integrates substance use and mental health issues. More than 90% of local leaders felt that substance use has serious mental health consequences. Several leaders described the interaction between the two constructs in their own words

- “In my professional experience many folks with addiction are actually masking a mental health challenge.”
- “Substance abuse as a slow form of suicide. How to address the mental health within substance abuse recovery.”
- “Mental health issues are highly correlated with substance abuse and dual diagnoses must be addressed in integrated treatment.”
- “Many of those with substance abuse issues have underlying mental health issues that they are treating with substances due to lack of treatment and access to the appropriate care. The majority of these conditions go hand and hand.”

Education and Outreach

There is a need to educate the public about substance use and mental health, and to empower individuals to recognize their needs and actively seek out treatment. They need to be educated as to what resources exist to help them and encouraged to seek out resources to address their needs. For example, “[We need] more education to help individuals recognize their own need to seek treatment.”

Education and outreach are especially important to addressing the lessen the stigma. Local leaders listed stigma as one of the top three barriers to receiving treatment for substance use and/or mental health. Several comments addressed the issue of stigma:

- “People see what addiction looks like every day, but people don’t know that recovery is possible, and what it looks like. It’s important to share our success stories and break the stigma so people getting sober know it is possible, and it is worth it.”
- “Sadly mental health issues are still taboo and people are reluctant to share their feelings in fear of being typecast in a white straitjacket and in fear of losing their jobs, children, friends, etc. Education is part of the puzzle.”

Other Factors to Consider

There are several factors that Betty Ford Center must bear in mind when approaching the needs described in this section. Two important ones include cultural competency and accommodations.

Cultural Competencies

Betty Ford Center must be sure to provide culturally competent services for the following populations:

- **Hispanic/Latino Community:** 45% of local adults are Hispanic/Latino, as are 77% of local children. Approximately 41% of locals age 5+ speak Spanish at home. Thus, all services should be provided in English and Spanish (this is especially important for outreach), and in a manner that is culturally competent to the Hispanic/Latino community. Having staff who represent this community (e.g., local Hispanic care providers) would be ideal.
- **LGBT Community:** Nearly 12% of local adults identify as gay, lesbian, bisexual, or “other” sexual orientation. This is significantly higher than the rate in California as a whole; several of our cities are in the top five in the state for same-sex households. Services need to be provided in ways that are culturally competent to this population, and capable of addressing their unique needs. Having staff who represent this community (e.g., openly gay care providers) would be ideal.

Accommodations

Betty Ford Center must be sure to consider common limitations in the community, and be able to provide materials/services/outreach in ways that can breach the following limitations:

- **Low Literacy:** Approximately 20% of local adults lack a high school degree or GED, and thus, their literacy rates are likely low. Services should be provided with easy-to-understand language, and in-person assistance with forms and paperwork would likely be beneficial to this community.
- **Disabilities:** Approximately 11% of local adults are deaf/hard of hearing, and 10% are blind/low vision. Thus, services should be available for both populations, including sign language translators, webpages optimized for speech-to-text readers, etc.

Implementation Strategy

To address the three 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 carry out these activities;
3. The potential collaborations that will enhance these activities;
4. The anticipated impact of these activities on the health needs.

Activities are broken out by need, although it is worth noting that some of the activities overlap (e.g., education and outreach to address both mental health care and substance abuse treatment).

The implementation strategy is presented first in matrix format for simplicity and clarity. There is a matrix for each health need, and the rows present the logical progression of activities, resources, collaborations, and impact.

Additionally, 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 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.

Following the matrices, the implementation strategy is outlined in a narrative format, which contains the same information from the matrices in more depth.

Access to Care Summary Matrix

Long-Term Goal: Community members—including those who are low-income and/or uninsured—have access to high quality care from culturally competent behavioral health workers.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Financial assistance for the uninsured, under-insured, and/or low-income community	Continue to provide financial assistance through funds designated for patient aid	~ \$3 million	Private donors	Local adults will get treatment they otherwise could not afford	Number of locals receiving financial assistance
	Explore the possibility of setting aside specific beds for uninsured local adults	Outreach department Community relations	Riverside County Behavioral Health	Increased treatment for those who couldn't afford substance use and behavioral health services	Number of beds provided for uninsured adults
Contribute to local efforts to “grow our own” behavioral health workforce locally, thereby increasing the number of providers available	Work with existing efforts to provide students (K12 and college students) exposure to careers in substance use treatment and mental health services, including career education presentations, job shadowing, internships, etc.	Preceptors at Betty Ford Center Human resources department	OneFuture Coachella Valley’s “Behavioral Health Alignment Team”	Within 10 years, local substance use treatment facilities (including Betty Ford Center) will have access to a growing pool of local qualified behavioral health professionals from which to staff the facilities; this will increase cultural competency/relevancy of staff	Number of partnerships with local organizations to grow the behavioral health workforce Number of student interactions (e.g., job shadows, internships, career presentations, etc.)
Make Betty Ford Center more physically accessible to people with mobility issues	Renovate existing buildings which are already ADA friendly to increase ADA accessibility by 2021	Development department Capital campaigns Facilities team	Hired contractors	Increased access to the Betty Ford Center for community members with disabilities, increased ease of getting around for people with mobility problems	ADA assessment of accessibility of facility

Mental Health Care Summary Matrix

Long-Term Goals:

- Integrate mental health treatment into all substance use treatment services.
- Educate the community about the inter-connected nature of mental health and substance use, empower them to recognize problems as they arise and seek treatment proactively.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Provide Betty Ford Center patients with a multi-disciplinary treatment team that is competent with both substance use and mental health treatment	Continue to include mental health professionals on treatment teams	Psychologist, primary counselor on staff; psychiatrist available via tele-medicine	None	All substance use patients who meet DSM criteria for a co-occurring mental health disorder also receive mental health services as a part of their treatment at Betty Ford Center	Number of mental health professionals on substance use treatment teams Number of substance use patients that received mental health treatment
	Continue to train staff in motivational interviewing as a counseling/therapy platform	Miller and Rollnick curriculum Psychiatrist on staff	None	All staff are able to use motivational interviewing when interacting with patients	Number of staff members capable of conducting motivational interviewing
Hire new staff that will enhance Betty Ford Center's mental health competencies	Expand the staff in the mental health department and recruit licensed professionals in both substance use treatment and mental health	Human resources department	None	Betty Ford Center has a greater capacity to provide mental health services	Number of mental health staff members

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Contribute to local efforts to “grow our own” behavioral health workforce locally, thereby increasing the number of providers available	Offer graduate student internships and/or post-doc fellowships for mental health professionals	Licensed supervisors on staff who are willing and able to oversee graduate student practice (e.g., licensed clinical psychologist to oversee registered therapists, etc.)	Eisenhower Medical Center Hazelden Graduate School of Addiction Studies	Increased number of mental health professionals are trained at Betty Ford Center, and possibly become staff members Betty Ford Center after their training is complete	Number of interns and/or addiction medicine fellows
Provide education and outreach efforts to the community about the relationship between substance use and mental health	Host seminars, education, and outreach for the community	Staff members to facilitate, advertising/PR to promote to the public	RUHS – Behavioral Health Desert Healthcare District	Increased understanding in the community of substance use and mental health, as well as the relationship between the two. Increased knowledge of available resources decreased stigma associated with seeking treatment.	Number of seminars, presentations, other outreach efforts provided in the community Qualitative assessment of learning

Substance Use Treatment Summary Matrix

Long-Term Goals:

- Betty Ford Center continues to provide high-quality substance use treatment to patients
- Betty Ford Center continues to act as a subject matter expert and thought leader on the issue of substance use
- Educate the community about substance use, empower them to recognize problems as they arise and seek treatment proactively.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Provide education and outreach regarding substance use	Host seminars, presentations, education, and outreach for the community, with an emphasis on decreasing stigma and increasing hope	Staff members to facilitate, advertising/PR to promote to the public	Eisenhower Medical Center Leadership Coachella Valley Local school districts	Increased understanding in the community of substance use issues, increased knowledge of available resources, decreased stigma associated with seeking treatment	Number of outreach events provided in the community Qualitative assessment of learning
	Host seminars, presentations, education, and outreach for the community, with an emphasis on decreasing stigma and increasing hope – in Spanish	Bilingual staff members to facilitate, advertising/PR to promote to the public	Coachella Valley Volunteers in Medicine (CVVIM) Clinicas de Salud del Pueblo	Increased understanding in the Spanish-speaking community of substance use issues, increased knowledge of available resources, decreased stigma associated with seeking treatment	Number of outreach events provided in Spanish in the community Qualitative assessment of learning
	Partner with community organizations to provide education about substance use in the LGBT community locally	Staff members to facilitate, advertising/PR to promote to the public	Desert AIDS Project The LGBT Community Center of the Desert	Increased understanding in the community of substance use issues, increased knowledge of available resources, decreased stigma associated with seeking treatment within the LGBT community	Number of outreach events provided in the LGBT community Qualitative assessment of learning

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
	Continue to offer the Family Program for families of those with substance use disorders	Existing Family Program staff, experience, curriculum, expertise	Other substance use treatment facilities	Family members with loved ones who have substance use issues feel supported and have increased coping skills related to substance use treatment	Number of families served Qualitative assessment of people in the Family Program
	Continue to offer the Children’s Program (with a sliding scale, with no child ever turned away due to an inability to pay), to unfunded or underfunded children and families across the community, whether their loved one is in treatment at BFC	Existing Children’s Program staff, experience, curriculum, expertise	Other substance use treatment facilities School districts Children’s protective services Drug court Faith community	Children with loved ones who have substance use issues feel supported and have increased coping skills related to substance use treatment	Number of children served Qualitative assessment of children and/or parents
Use the expertise and specialized knowledge at the Betty Ford Center to train professionals in substance use treatment	Continue to provide the “Professionals in Residence” to educate local professionals about substance use	Existing PIR staff, experience, curriculum, expertise, BFC clinical team	None	Increased ability of local professionals to identify substance use issues in their clients/constituents and knowledge of how to help them. Also, BFC learns about other community resources.	Number of local professionals served Qualitative assessment of learning
	Continue to provide the “Summer Institute for Medical Students” to provide exposure to substance use treatment as a field	Staff who provide lectures Existing Medical & Prof. Education program	Medical schools across the country	Greater awareness, understanding, and competency in substance use and treatment among medical professionals	Number of medical students served Qualitative assessment of learning and surveys

Access to Care

The identified need of access to care will be met through three strategies, which are described below.

Strategy 1: Financial Assistance

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

Betty Ford Center has historically provided a great deal of financial assistance for individuals. This will continue in the coming years. Betty Ford Center is committed to giving at least \$2.7 million in patient aid each year; the actual amount will likely be closer to \$3 million. This will result in treatment that local adults could otherwise not afford. Success can be measured by tracking the number of dollars expended on patient aid each year.

Additionally, Betty Ford Center will explore the possibility of setting aside specific inpatient beds for uninsured local adults. Internally, this will require designating a key point person assigned to this task—likely from the outreach department. In addition to these internal resources, this effort will require collaboration with Riverside University Health System – Behavioral Health. Success can be measured by tracking the number of beds set aside for uninsured individuals each year.

Strategy 2: “Grow Our Own” Local Behavioral Health Workforce

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

Addressing the behavioral health provider shortage locally will require a long-term approach to cultivating local youth into these careers. Betty Ford Center will work with existing local efforts to provide students exposure to careers in substance use treatment and mental health services. This may include providing career education presentations, job shadowing, hosting internships, etc.

Internally, this will include the Human Resources Department, as well as the availability of staff to act as preceptors to guide students and interns. Externally, Betty Ford Center should collaborate with existing efforts to address this issue. For example, OneFuture Coachella Valley is a nonprofit located in Palm Desert that is very active in these efforts. Their “Behavioral Health Alignment Team” is made up of local practitioners and educators and strives to bring more talented students into the field. By joining the Behavioral Health Alignment Team, Betty Ford Center would learn more about the status of local efforts and be able to mentor potential future employees through their career pipeline.

OneFuture Coachella Valley is also the local leader of the “Health Career Connections” internship program, a national program that connects educated, driven local youth who intend to become leaders in the health industry with local providers. The students contribute 400 hours to working towards the organization’s goals, and are supported by supplemental lectures, team projects, community research projects, and more. By

participating in this program, Betty Ford Center would educate students about the intricacies of substance use treatment and inspire them to choose this career path to serve their own community, the Coachella Valley.

Within 10 years, local substance use treatment facilities (including Betty Ford Center) will have access to a growing pool of local qualified behavioral health professionals from which to staff the facilities. The fact that these professionals came from the Coachella Valley and have already been exposed to Betty Ford Center will increase the cultural competency and relevancy of these individuals to treat locals. In the short-term, success can be measured by tracking the number of partnerships/ collaborations with local organizations to grow the behavioral health workforce and the number of student interactions (e.g., job shadows, internships, career presentations, etc.).

This is one of the strategies that appears across all three identified health needs (access, mental health, and substance use). To learn about “growing our own” local behavioral health workforce in relation to mental health, please see Strategy 3 under “Mental Health Care” (page 23). To learn about professional development, a related concept, in relation to substance abuse treatment, please see Strategy 2 under “Substance Use Treatment” (page 25).

Strategy 3: Increase Physical Accessibility

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

Currently, Betty Ford Center facilities are ADA compliant. However, Betty Ford Center plans to renovate the existing buildings so that they are even more easily accessible by 2021. Internally, the development department will conduct a capital campaign to obtain the funds to support the project, while the facilities team will be responsible for coordinating with hired contractors to implement the work. The expected impact is increased access to the Betty Ford Center for community members with disabilities and increased ease of getting around for people with mobility problems. Success can be measured by tracking the actual improvements that are made, and the ways in which they enhance accessibility.

Mental Health Care

The identified need of mental health care will be met through four strategies, which are described below.

Strategy 1: Multi-Disciplinary Treatment Team

Provide Betty Ford Center patients with a multi-disciplinary treatment team that is competent with both substance use and mental health treatment

In the past few years, Betty Ford Center has made strides in increasing the number of staff in the mental health department and in integrating their work with the substance use treatment work. Going forward, Betty Ford Center will include mental health professionals on patient treatment teams. Mental health professionals at many levels are available for patients, including psychologists, primary counselors, and a psychiatrist available via tele-medicine.

The expected impact of this activity is that all substance use patients who meet DSM (Diagnostic and Statistical Manual of Mental Disorders) criteria for a co-occurring mental health disorder also receive mental health services as a part of their treatment at Betty Ford Center. Since substance use and mental health are closely linked, this treatment will help them to overcome their substance use addictions and to improve the quality of their lives. Success can be measured by tracking the number of mental health professionals on staff at Betty Ford Center, as well as the number of substance use patients that received mental health treatment each year.

In recent years, Betty Ford Center has trained staff in motivational interviewing. Going forward, Betty Ford Center will continue to train all staff on this counseling/therapy platform, utilizing the Miller and Rollnick Curriculum taught by Dr. Joseph Lee. Eventually, Betty Ford Center expects to adopt a “train-the-trainer” model for this skillset. The expected impact is that all staff will be able to use motivational interviewing when interacting with patients, which will be measured by the number of staff who have been trained in this tool.

Strategy 2: Hiring Mental Health Staff

Hire new staff that will enhance Betty Ford Center’s mental health competencies

Betty Ford Center will focus on recruiting new hires who are licensed professionals in both substance use treatment and mental health. Additionally, Betty Ford Center will work to grow the number of staff in the mental health department (ideally with these dual-credentialed individuals, if possible). This will result in the Betty Ford Center having a greater capacity to provide mental health services. Success can be measured by the number of mental health staff members over the years, as well as the number of individuals on staff at Betty Ford Center who have dual credentials.

Strategy 3: “Grow Our Own” Local Behavioral Health Workforce

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

As described under “Access to Care”, it is important to develop a local pool of potential Betty Ford Center employees, as this will help solve staffing shortages and ensure that the staff are culturally competent and committed to their community. One aspect of this related to mental health is offering graduate student internships and/or post-doc fellowships for behavioral health professionals. Some programs of this type do exist already—for example, Family Medicine Residents at Eisenhower Medical Center typically rotate through Betty Ford Center on their psychiatry rotation for a week, and there is an existing year-long Addiction Medicine Fellowship that includes psychiatric conditions related to the use of addictive substances. However, the potential for growth in this area is large.

These efforts will require licensed supervisors at Betty Ford Center who are willing and able to oversee graduate student practice. For example, a licensed clinical psychologist is required to oversee registered therapists. Potential collaboration partners for this work include Eisenhower Health, Hazelden Graduate School of Addiction Studies, and potentially California State University, San Bernardino’s masters students in Clinical/Counseling Psychology. The expected impact is that there will be an increased number of behavioral health professionals who are trained at Betty Ford Center, and who possibly become staff members upon training completion. Success can be measured by tracking the number of interns and/or post-docs hosted at Betty Ford Center.

To learn about “growing our own” local behavioral health workforce in relation to access to care, please see Strategy 2 under “Access to Care” (page 21). To learn about professional development, a related concept, in relation to substance abuse treatment, please see Strategy 2 under “Substance Use Treatment” (page 25).

Strategy 4: Education and Outreach

Provide education and outreach efforts to the community about the relationship between substance use and mental health

Betty Ford Center will host seminars, education, and outreach for the community, with the goal of educating the community about mental health care and the relationship with substance use treatment. These outreach efforts will work to increase knowledge, decrease stigma, and empower community members to seek treatment.

Internally, this effort will require the staff members to serve as subject matter experts, presenting the outreach programs, giving guest lectures, etc. It will also require the advertising and public relations department’s assistance to publicize the lectures and recruit attendees. Potential outside partners include Riverside University Health System – Behavioral Health, as well as several local funders who have focused their efforts on behavioral health for the coming years (Regional Access Project Foundation and the Desert Healthcare District). Success can be measured by tracking the number of seminars, presentations, and other outreach efforts provided in the community, as well as a qualitative evaluation of the public’s learning at each event.

Substance Use Treatment

The identified need of substance use treatment will be met through two strategies, which are described below.

Strategy 1: Education and Outreach

Provide education and outreach regarding substance use

As described in the previous section, education and outreach is an important component of Betty Ford Center's work. This is especially true in relation to the identified need of substance use treatment. To address this, Betty Ford Center will provide seminars, presentations, lectures, education, and outreach for the community, with an emphasis on decreasing stigma and increasing hope.

Internally, this effort will require the staff members to serve as subject matter experts, presenting the outreach programs, giving guest lectures, etc. It will also require the advertising and public relations department's assistance to publicize the lectures and recruit attendees.

Potential outside partners include Eisenhower Health (who hosts regular lectures for the public), Leadership Coachella Valley (which hosts a full day's lecture series once a year for local leaders), and the local school districts (who can utilize Betty Ford Center's expertise for assemblies).

In addition to the general public presentations, Betty Ford will provide targeted outreach to the two special populations identified through the CHNA: the Spanish-speaking community and the lesbian, gay, bisexual, transgender (LGBT) community.

To provide the outreach to the Spanish-speaking community will require bilingual staff members to facilitate the outreach. Potential outside partners include organizations that primarily serve a Hispanic audience, such as the Coachella Valley Volunteers in Medicine (CVVIM), the region's only free clinic, and Clinicas de Salud del Pueblo, an FQHC.

To provide the outreach to the LGBT community, Betty Ford Center will need to partner with outside partners that serve this community, such as Desert AIDS Project, a local FQHC, and the LGBT Community Center of the Desert. Both of these partners have many extensive outreach and education programs, as well as relevant support groups, and would be an ideal partner for reaching interested persons in this community.

The expected impact of the outreach is an increased understanding in the community of substance use issues, increased knowledge of available resources, and decreased stigma associated with seeking treatment.

Success can be measured by tracking the number of seminars, presentations, and other outreach efforts provided in the community, as well as a qualitative evaluation of the public's learning at each event.

Family Program

One of Betty Ford Center's existing strengths is the Family Program, which Betty Ford Center will continue to offer in the coming years. This program helps families with loved ones who have substance use issues to feel supported and teaches them coping skills related to substance use treatment.

Internally, the existing Family Program staff will carry out the program using their extensive experience and expertise along with the existing curriculum. Externally, potential partners may send families to Betty Ford Center to go through the Family Program. Some of these existing partners include New Found Life, ABC Recovery Center, and the Ranch, all substance use treatment facilities. Success can be measured by tracking the number of families served in the program, as well as a qualitative evaluation of the impact the program had on participants. This qualitative evaluation may measure participants' satisfaction with the program, change in attitudes as a result of the program, increased coping skills, and/or increased feelings of support, among other outcomes.

Children's Program

In addition to continuing the Family Program, Betty Ford Center will continue to offer the existing robust Children's Program. Internally, the existing Children's Program staff will carry out the program using their extensive experience and expertise along with the existing curriculum. Externally, the three local school districts will be strong partners for this program (Coachella Valley Unified, Desert Sands Unified, and Palm Springs Unified), as will other local substance use treatment facilities (e.g., ABC Recovery Center, Riverside County Latino Commission, etc.). Additional collaborators will include County of Riverside Department of Public Social Services, Children's Services Division (often known as Children's Protective Services or CPS), drug courts, and the faith community.

The expected impact is that children with loved ones who have substance use issues feel supported and have increased coping skills related to substance use treatment. The Children's Program will continue to be offered on a sliding scale, with no child ever turned away due to inability to pay and will be open to children whether or not their loved one is in treatment at Betty Ford Center. Success can be measured by the number of children served in the program, as well as a qualitative evaluation of the program's impact.

Strategy 2: Professional Development

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

Staff at Betty Ford Center have a wealth of knowledge and experience to share with others who serve the community that can allow them to better understand addiction in their clients. As such, Betty Ford Center will continue to provide the Professionals in Residence (PIR) program to educate local professionals about substance use.

This will allow local professionals—teachers, school counselors, law enforcement officers, social workers, lawyers, etc.—an opportunity to learn about addiction, identify how it causes issues with their clients/constituents, and educate them as to how they can help. In the PIR program, learning goes both ways—not only do the leaders learn more about addiction, but Betty Ford Center staff learns more about the health and human services efforts that are going on in the community that are intended to improve quality of life. This opens to the door for potential future partnerships as well as community outreach. Success can be measured through tracking the number of local professionals served and a qualitative assessment of learning.

Additionally, Betty Ford Center will continue to provide the Summer Institute for Medical Students (SIMS) program, designed to provide exposure to substance use treatment as field for medical students. A part of Hazelden Betty Ford Foundation’s Medical and Professional Education program, this weeklong educational experience helps medical students learn about addiction, treatment, and recovery. Locally, Betty Ford Center staff provide the expertise to give lectures and guide medical students. Externally, Betty Ford Center partners with numerous medical schools across the country to provide students for the program.

The expected impact of the SIMS program is greater awareness, understanding, and competency in substance use and treatment among medical professionals in the field. Success can be measured through tracking the number of medical students served in the program and the existing program evaluation tools, which cover increased knowledge and understanding of addiction concepts.

This is one of the strategies that appears across all three identified health needs (access, mental health, and substance use), first as “growing our own” local behavioral health workforce and eventually as the professional development described here. To learn about “growing our own” workforce, please see Strategy 2 under “Access to Care” (page 21) and Strategy 3 under “Mental Health Care” (page 23).

Conclusion

This implementation strategy was formally adopted by Betty Ford Center on **Date**. To provide feedback on the CHNA or implementation strategy, or to ask questions regarding these activities, please contact Betty Ford Center at: staff@hazeldenbettyford.org



Betty Ford Center

Part of the Hazelden Betty Ford Foundation