CHNA Primary Data Collection: Survey Results 2018

Betty Ford Center

Part of the Hazelden Betty Ford Foundation

Report By:

HARC

HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

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July 2018

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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 the Betty Ford Center in Rancho Mirage. Betty Ford Center is located in the heart of the Coachella Valley, a community of more than 400,000 people in Riverside County, California. Services offered at Betty Ford Center include inpatient and outpatient treatment, specialized addiction programs, sober recovery housing, and family and children programs, to name a few.

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.

Methods

After Betty Ford Center decided upon the definition of the hospital's community (the Coachella Valley, a geographically isolated region with 400,000+ residents), HARC gathered secondary data to better understand the topics of substance abuse and mental health in the community. Next, per the IRS guidelines, HARC sought input from persons who represent the broad interests of the community Betty Ford Center serves in the form of an online survey that targeted local leaders. HARC put together a contact list for the survey, which was provided to Betty Ford Center to add to.

The final list included all City Council Members and Mayors from all nine cities. Input was also sought from all three school districts, all three hospitals, and all local federally qualified health centers (FQHCs). The list also included local nonprofits that provided health and human services, such as senior centers, LGBT centers, homeless shelters, etc. Also included were several representatives from Riverside County, including from Public Health, Behavioral Health, the Office on Aging, and DPSS. A total of 101 individuals representing 73 organizations participated in the online survey, while a total of 66 community members participated to provide a first-person perspective.

Results: Local Leaders

Alcohol (96.5%), prescription pills (84.7%), and methamphetamine (78.8%) are the most common substances these leaders see in their daily work. In regard to mental health, depression (97.7%), anxiety (90.9%), and loneliness/isolation (88.6%) were the most common issues seen.

Consequences of Substance Abuse and Mental Health

Local leaders were asked about consequences of substance abuse and mental health within the areas of "family/functioning", "legal", "health", and "other". The most common problem within family/functioning included problems with substance abuser's family (79.7%). More than half also reported problems with their ability to pay bills (64.6%) and problems with work (63.3%). More than three-quarters of local leaders reported legal consequences of substance abuse being trouble with police/arrests

(77.0%) and violence (77.0%). Mental health (91.4%) was the most common consequence of substance use as reported by local leaders. More than three-quarters (79.0%) of local leaders also reported costs to taxpayers as a burden.

In regard to mental health, the most common consequence included problems with the person's family (78.4%) within family/functioning. More than three-quarters reported seeing trouble with the police/arrests (79.4%). Health consequences included hospitalization (74.3%) and physical health problems (73.0%).

Barriers to Treatment
Barriers to treatment were also assessed, and local leaders emphasized that a barrier to seeking substance abuse treatment is the lack of affordable treatment (71.9%), followed closely by the stigma associated with seeking treatment (67.4%). Not having insurance (60.7%) and not having the right insurance coverage (56.2%) were also common barriers. In regard to mental health, the greatest barriers include stigma associated with seeking treatment (69.6%) and the lack of providers/treatment centers (68.5%). Not having insurance (56.5%) and the lack of affordable treatment (55.4%) were also barriers.

Urgency
Most of the local leaders rated substance abuse as somewhat urgent [top 3-5 issues in our community, (53.8%)], whereas mental health was mostly rated as very urgent [one of the top priorities, (75.3%)].

Final Comments
A common theme that emerged from the open-ended statements regarding substance abuse was that there is a need for more treatment centers. Another theme included substance abuse treatment for youth. For the open-ended question pertaining to mental health, once again, a lack of providers was the most common theme. The need to address stigma was also a common theme.

Results: Community Members
A total of 66 community members participated in the survey, ranging in age from 24 to 79. Community members represented the entire Coachella Valley, from Coachella to Desert Hot Springs.

Mental Health
More than half (57.6%) of the community participants had at least one mental disorder diagnosis, and the majority (80.3%) of the sample has had mental health concerns in the past year. Of those 46 people who felt that they needed to see a professional, a little over two-thirds (69.6%) actually sought help, while 30.4% did not seek help.

About 30.2% needed mental healthcare and couldn't get it, and about 23.4% needed mental health medication and couldn't get it. Community participants that reported not receiving either mental healthcare or mental health medication most commonly said it was because that there are not enough mental health providers (65.0%).

Substance Abuse
Community members were asked a series of substance abuse questions pertaining to current usage (within the past year) and lifetime usage (ever used). A total of 32 participants had struggled with a substance use issue at some point in time.

The most common substances used are alcohol, marijuana, and prescription pills (in descending order of common. Most people who had substance abuse issues suffered from problems with their friends, family, and trouble paying bills. About 54.8% sought treatment for their issues. Those who did not seek treatment either didn't see it as a major problem, or they were prevented by their lack of insurance. Individuals who had good insurance felt confident they would be able to get treatment easily, while those who were uninsured or had poor insurance felt it would be very difficult to get treatment.

When choosing a treatment facility, the most commonly considered factors were whether the facility took the patient's insurance (53.1%), and whether it was an affordable program (53.1%). Less common but still important was proximity to their home (37.5%).

Community members felt that the most important issues to address—for both mental health and substance abuse—was the fact that there were not enough affordable treatment providers in the region.

Input on Prior CHNA
On both surveys, HARC provided an external link to The Betty Ford Center's most recently conducted CHNA from 2015, along with a list of the priorities from the 2015 implementation plan. Participants were asked to provide comments on the previous CHNA and priorities.

Many leaders and community members felt the priorities were both relevant and appropriate. Other suggested areas of focus included improving access to treatment (e.g., affordable treatment, taking Medi-Cal insurance, providing transportation, etc.), integrating mental health and substance abuse treatment together, prioritizing the growing opioid epidemic, expanding services for children/youth, expanding services to the East Valley, ensuring cultural competency in services (especially as it pertains to language), increasing outreach and education, and collaborating with other entities.

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 the Betty Ford Center in Rancho Mirage. Betty Ford Center is located in the heart of the Coachella Valley, a community of more than 400,000 people in Riverside County, California. Services offered at Betty Ford Center include inpatient and outpatient treatment, specialized addiction programs, sober recovery housing, and family and children programs, to name a few.

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] [2]

Specific requirements on the content of a CHNA are listed below:
   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).

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.

First, HARC gathered secondary data to assess what information is already in existence about substance abuse and mental health in the Coachella Valley (see HARC's previous report "Secondary Data"). Next, HARC created an online survey for local leaders to fulfill the IRS requirement to "take into account input from persons who represent the broad interests of the community". Finally, HARC created a second online survey to get a first-person perspective from individuals who have struggled with substance abuse and/or mental health issues in the Coachella Valley. This report covers the results of these two surveys.

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[1] https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable
[2] https://www.irs.gov/irb/2011-30_IRB

Methods

After Betty Ford Center decided upon the definition of the hospital's community (the Coachella Valley, a geographically isolated region with 400,000+ residents), HARC gathered secondary data to better understand the topics of substance abuse and mental health in the community. The results of these efforts were presented in a prior report, entitled, "Secondary Data: Mental Health and Substance Abuse within the Coachella Valley".

Next, per the IRS guidelines, HARC sought input from persons who represent the broad interests of the community Betty Ford Center serves in the form of an online survey that targeted local leaders. HARC put together a contact list for the survey, which was provided to Betty Ford Center to add to.

The final list included all City Council Members and Mayors from all nine cities. Input was also sought from all three school districts, all three hospitals, and all local federally qualified health centers (FQHCs). The list also included local nonprofits that provided health and human services, such as senior centers, LGBT centers, homeless shelters, etc. Also included were several representatives from Riverside County, including from Public Health, Behavioral Health, the Office on Aging, and DPSS. Individuals from our local Assembly member's office and our Congressman's office were also invited to participate, as were as many local substance abuse treatment facilities as possible. Finally, police departments were also invited to participate in the survey.

The final list was used to send survey invitation to 358 individuals from 117 organizations on May 31, 2018. A reminder was issued on June 5, 2018, to those who had not yet responded. Personalized reminders were sent out again on June 18, 2018. The survey was closed on June 29, 2018. To incentivize participation, leadership participants were offered a chance to win a $100 visa gift card.

A total of 101 individuals representing 73 organizations participated in the online survey. See the table below for the list of the 73 organizations that participated in the online survey.

Table 1. Participating Organizations

Organization Name	Type of Organization
ABC Recovery Center, Inc.	Substance Abuse Treatment
Addiction Therapeutic Services (ATS)	Substance Abuse Treatment
American Red Cross - Coachella Valley and Morongo Basin	Nonprofit
Anderson Children's Foundation	Foundation/Funder
Birth Choice of the Desert	Nonprofit - Pregnancy Crisis Center
Borrego Health	Healthcare - FQHC
Boys & Girls Club of Cathedral City	Nonprofit - Youth and Children
California Partnership	Nonprofit - Economic Justice

California State University, San Bernardino	Education
Cancer Partners	Nonprofit - Health
Cathedral City Senior Center	Nonprofit - Senior Center
City of Cathedral City	Local Government - City
City of Coachella	Local Government - City
City of Desert Hot Springs	Local Government - City
City of Indio	Local Government - City
City of La Quinta	Local Government - City
City of Palm Desert	Local Government - City
City of Palm Springs	Local Government - City
Clinicas de Salud del Pueblo	Healthcare - FQHC
Coachella Valley Association of Governments (CVAG)	Local Government - JPA
Coachella Valley Economic Partnership (CVEP)	Nonprofit - Economic Development
Coachella Valley Housing Coalition	Shelter/Housing/Homeless Services
Coachella Valley Rescue Mission	Shelter/Housing/Homeless Services
Coachella Valley Volunteers in Medicine (CVVIM)	Healthcare - Free Clinic
College of the Desert	Education
Concierge Addiction Medicine	Substance Abuse Treatment
Congressman Raul Ruiz	Local Government - Congress
County Behavioral Health Commission	Other
Desert Ability Center	Nonprofit - Disability
Desert AIDS Project	Healthcare - FQHC
Desert Best Friend's Closet	Nonprofit
Desert Care Network - JFK, DRMC, HDMC Hospitals	Healthcare - Hospital
Desert Health Care District	Healthcare District
Desert Health News	Media
Desert Oasis Healthcare	Healthcare
Desert Regional Medical Center	Healthcare - Hospital
Desert Sands Unified School District	Education
Eisenhower Health	Healthcare - Hospital
FAIR Foundation	Nonprofit - Disease Support Group
First 5 Riverside	Nonprofit - Youth and Children
Inland Empire Health Plan (IEHP)	Healthcare - Medi-Cal
iRecover Palm Springs	Substance Abuse Treatment
Jewish Family Service of the Desert	Nonprofit - Social Services
JFK Memorial Hospital	Healthcare - Hospital

Joslyn Center	Nonprofit - Senior Center
Latino Commission Counseling Center	Substance Abuse Treatment
LGBT Community Center of the Desert	Nonprofit - LGBT
Literacy, Language & Cultural Centers (LiLaC), Inc.	Nonprofit - Youth and Children
Mizell Senior Center	Nonprofit - Senior Center
Neuro Vitality Center	Nonprofit - Disability
Olive Crest	Nonprofit - Youth and Children
OneFuture Coachella Valley	Nonprofit - Youth and Children
Path of Life Ministries	Shelter/Housing/Homeless Services
Police Department of Cathedral City	Police
Police Department of Indio	Police
Police Department of Palm Desert	Police
Regional Access Project (RAP) Foundation	Foundation/Funder
Riverside County Behavioral Health	Local Government - Behavioral Health
Riverside County Department of Public and Social Services	Local Government - DPSS
Riverside County Office on Aging	Local Government - Office on Aging
Riverside County Public Health	Local Government - Public Health
Riverside County Sheriff's Department	Police
Scott Hines Mental Health Clinic @ The Center	Nonprofit - Mental Health
Shelter From The Storm, Inc. (SFTS)	Shelter/Housing/Homeless Services
Soroptimist House of Hope	Substance Abuse Treatment
The Awareness Group	Substance Abuse Treatment
The Community Foundation	Foundation/Funder
THE EIGHT	Nonprofit - Wellness
The Ranch Recovery Centers, Inc	Substance Abuse Treatment
U.S. House of Representatives	Local Government
United Way of the Desert	Nonprofit - Social Services
University of California, Riverside School of Medicine	Education
Variety - the Children's Charity	Nonprofit - Youth and Children

Local leaders were asked about the populations they serve as well as the services they provide. Leadership participants could select multiple options.

Local leadership serves a range of minority populations, as illustrated in Table 2. The most common minority populations served include Hispanic/Latino (93.8%) and low-income (92.7%).

While not the most common, more than two-thirds of the leadership sample also serve medically underserved (66.7%) and the uninsured (65.7%).

Table 2. Populations Served

Population Served	Frequency	Percentage
Hispanic/Latino	90	90.9%
Low-Income	89	89.9%
LGTBQIA+	79	79.8%
Seniors	76	76.8%
Youth	69	69.7%
Homeless	69	69.7%
Medically Underserved	66	66.7%
Veterans	65	65.7%
Uninsured	65	65.7%

Note: *n* = 99.

The most common responses regarding services provided included mental healthcare (45.6%), homeless intervention services (39.2%), and advocacy (36.7%).

Table 3. Services Provided

Services Provided	Frequency	Percentage
Mental Healthcare	36	45.6%
Homeless Intervention Services	31	39.2%
Advocacy	29	36.7%
Substance Abuse Treatment	23	29.1%
Primary Healthcare	19	24.1%
Food Distribution	19	24.1%
Secondary Healthcare/Specialist	15	19.0%
Education	13	16.5%
Dental Care	9	11.4%
Shelter Services	8	10.1%

Note: *n* = 79.

Additionally, HARC also sought out input from individuals in the area who have historically had issues with mental health and/or substance abuse; this perspective was designed to complement the secondary data and the input from local leaders. In order to gather this input, HARC created a second online survey that was made available to the general public through HARC's website, social media, and e-blasts. To incentivize participation, participants were offered a chance to win a $100 gift card.

To recruit for this survey, HARC posted the survey link and information on HARC's social media and "boosted" posts three times on Facebook and twice on Twitter to increase views within 50 miles of Palm Desert, thereby reaching all boundaries of the Coachella Valley. This boosting method reached a total of 6,400 people and subsequently 117 link clicks on Facebook, while Twitter resulted in 738 impressions and three link clicks. An e-blast was also conducted to those on HARC's mailing list.

Finally, HARC reached out to ABC Recovery Center, a substance abuse treatment center, who has more than 5,000 followers on their Facebook page. HARC asked them to share the survey on their Facebook, which resulted in a dramatic increase of participation. A total of 66 people participated in this second online survey in June 2018.

Results: Local Leaders

Substance Use

In order to assess the substances people struggle with, local leaders were asked, "In your experience, what substances, if any, do your clients/patients struggle with? Please check all that apply."

As illustrated in Table 4, alcohol, prescription pills, and methamphetamine are the most common substances these leaders see in their daily work.

Table 4. Substances People Struggle With

Type	Frequency	Percentage
Alcohol	82	96.5%
Prescription pills	72	84.7%
Methamphetamine	67	78.8%
Marijuana	62	72.9%
Heroin	56	65.9%
Cocaine or crack	46	54.1%
Hallucinogens (LSD, PCP, Ecstasy)	36	42.4%
Inhalants	30	35.3%

Note: *n* = 85.

Mental Health

Local leaders were asked, "In your experience, what mental health issues, if any, do your clients/patients struggle with? Please check all that apply."

As illustrated in Table 5, depression, anxiety, and loneliness/isolation were the most common issues.

Table 5. Mental Health Issues

Type	Frequency	Percentage
Depression	86	97.7%
Anxiety	80	90.9%
Loneliness/isolation	78	88.6%
Low self-esteem	72	81.8%
Panic attacks/Panic disorder	66	75.0%
PTSD	65	73.9%
Suicidal Tendencies	65	73.9%
Phobias	49	55.7%

Note: *n* = 88.

Consequences of Substance Abuse

Local leaders were asked about the consequences of substance abuse and mental health issues they see with their clients/patients. Specifically, they were asked, "What are the most serious/most concerning consequences of substance abuse in the Coachella Valley?" Areas of consequences included "family/functioning", "legal", "health", and "other".

As illustrated in Table 6, local leaders believe that the most common family/functioning problem for their clients/patients is problems with substance abuser's family (79.7%). More than half also reported problems with their clients'/patients' ability to pay bills (64.6%) and problems with work (63.3%).

Table 6. Consequences - Family/Functioning

Type	Frequency	Percentage
Problems with substance abuser's family	63	79.7%
Problems with substance abuser's ability to pay bills	51	64.6%
Problems with substance abuser's work	50	63.3%
Problems with substance abuser's school performance	43	54.4%
Problems with substance abuser's friends	37	46.8%

Note: n = 79.

Most local leaders believe the most common legal consequences of substance abuse are trouble with police/arrests (77.0%) and violence (77.0%).

Table 7. Consequences - Legal

Type	Frequency	Percentage
Trouble with police/arrests	57	77.0%
Violence	57	77.0%
Robbery/theft	46	62.2%
Unwanted sexual contact	37	50.0%

Note: n = 74.

According to local leaders, mental health problems are the most common health consequence of substance abuse for their clients/patients, as illustrated in Table 8.

Table 8. Consequences - Health

Type	Frequency	Percentage
Mental health problems	74	91.4%
Physical health problems	63	77.8%
Overdoses	52	64.2%
Hospitalization	48	59.3%

Note: n = 81.

More than three-quarters of local leaders (n = 53) reported costs to taxpayers as a burden. Other responses included a lack of services (n = 4), all of the consequences are related to students (n = 1), sexual risk taking (n = 1), people not being able to function (n = 1), burden on courts (n = 1), and home fires (n = 1).

Consequences of Mental Health

Local leaders were asked, "What are the most serious/most concerning consequences of mental health problems in the Coachella Valley?" Areas of consequences included "family/functioning", "legal", "health", and "other".

As illustrated in Table 9, local leaders perceive that the most common family/functioning issues for their clients/patients was problems with the person's family (78.4%). Other common consequences included the ability to pay bills (68.9%) and consequences with the person's work (60.8%).

Table 9. Consequences - Family/Functioning

Type	Frequency	Percentage
Problems with the person's family	58	78.4%
Problems with the person's ability to pay bills	51	68.9%
Problems with the person's work	45	60.8%
Problems with the person's school performance	41	55.4%
Problems with the person's friends	32	43.2%

Note: n = 74.

Local leaders believe that the major legal consequences impacting their clients/patients are trouble with the police/arrests (79.4%), as illustrated in Table 10. Another common consequence was violence (70.6%).

Table 10. Consequences - Legal

Type	Frequency	Percentage
Trouble with the police/arrests	54	79.4%
Violence	48	70.6%
Unwanted sexual contact	37	54.4%
Robbery/theft	31	45.6%

Note: n = 68.

According to local leaders, the most common health consequences of mental health issues included hospitalization (74.3%) and physical health problems (73.0%), as illustrated in Table 11.

Table 11. Consequences - Health

Type	Frequency	Percentage
Hospitalization	55	74.3%
Physical health problems	54	73.0%
Over doses	41	55.4%

Note: n = 74.

A total of 83.3% of local leaders (n = 50). reported costs to taxpayers as a consequence of mental health problems. "Other" responses included statements such as a lack of quality services (n = 4), homelessness (n = 3), specific mental health problems (n = 2), food insecurity (n = 1), all consequences being related to student cases (n = 1), and a burden on medics and hospitals (n = 1).

Barriers to Treatment for Substance Abuse

Local leaders were asked, "Based on your experience, what are the greatest barriers to treatment for people with substance abuse issues?" and could select multiple options. As illustrated in Table 12, the most commonly reported barrier for seeking substance abuse treatment is the lack of affordable treatment (71.9%), followed closely by the stigma associated with seeking treatment (67.4%). Not having insurance (60.7%) and not having the right insurance coverage (56.2%) were also common barriers.

Table 12. Barriers to Treatment - Substance Abuse

Type or Barrier	Frequency	Percentage
Lack of affordable treatment	64	71.9%
Stigma associated with seeking treatment	60	67.4%
Not having insurance	54	60.7%
Not having the right insurance coverage	50	56.2%
Lack of providers/treatment centers	50	56.2%
Time commitment of treatment-seeking	36	40.4%
Not enough support from friends/family	34	38.2%
Lack of culturally competent providers	30	33.7%
Other	24	27.0%

Note: n = 89.

"Other" responses included combinations of the above options, but some common themes that emerged included transportation (n = 4), willingness to seek treatment (n = 4), denial (n = 3), lack of insurance coverage (n = 3), and lack of support (n = 3).

Barriers to Treatment for Mental Health

Local leaders were asked, "Based on your experience, what are the greatest barriers to treatment for people with mental health issues?" As illustrated in Table 13, the greatest barriers include stigma associated with seeking treatment (69.6%) and the lack of providers/treatment centers (68.5%). Not having insurance (56.5%) and the lack of affordable treatment (55.4%) were also common barriers to mental health treatment.

Table 13. Barriers to Treatment - Mental Health

Type of Barrier	Frequency	Percentage
Stigma associated with seeking treatment	64	69.6%
Lack of providers/treatment centers	63	68.5%
Not having insurance	52	56.5%
Lack of affordable treatment	51	55.4%
Not having the right insurance coverage	48	52.2%
Lack of culturally competent providers	42	45.7%
Not enough support from friends/family	36	39.1%
Time commitment of treatment-seeking	36	39.1%
Other	19	20.7%

Note: n = 92.

A common theme reported in the "other" responses included transportation (n = 4), lack of compliance with treatment (n = 3), and lack of providers (n = 3).

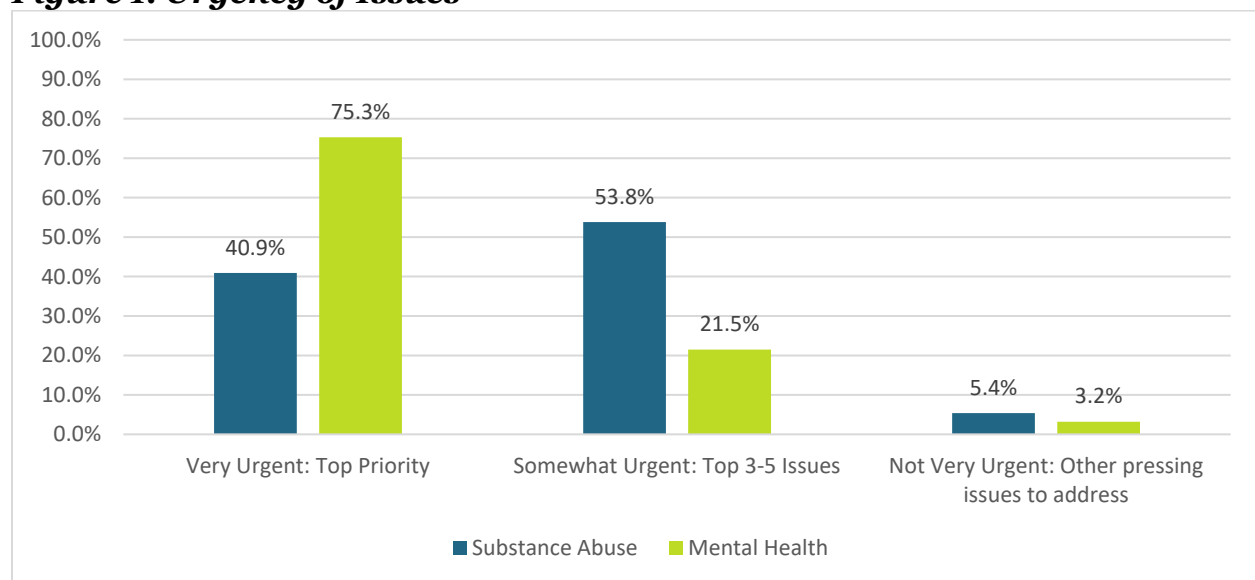## Urgency of Substance Abuse and Mental Health

The urgency of substance abuse and mental health was assessed by asking 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/mental health in our Valley?"

Response options included:
- Very urgent: Addressing substance abuse/mental health needs to be one of our top priorities in our community.
- Somewhat urgent: Substance abuse/mental health should be in the top 3 to 5 issues to address in our community.
- Not very urgent: Substance abuse/mental health is important, but there are many other issues that are more pressing to address.
- Not at all urgent: Substance abuse/mental health isn't really a major issue in our community.

Most rated substance abuse as somewhat urgent (53.8%), whereas mental health was mostly rated as very urgent (75.3%).

Figure 1. Urgency of Issues

Note. *n* = 93.

Open-Ended
Local leaders were asked final open-ended questions pertaining to substance abuse and mental health. Regarding substance abuse, "Is there anything else about substance abuse or substance abuse treatment in the Coachella Valley you would like to share?"

The most common theme that emerged from the open-ended statements regarding substance abuse was that there is a need for more treatment centers (*n* = 11).

Table 14. Final Comments - Substance Abuse

Theme	Frequency
Need more treatment centers	11
Need substance abuse treatment for youth	4
Stigma is an issue being faced with substance abuse	3
Lack of problem recognition	3
Need more accountability at treatment centers	2
Lack of culturally competent treatment	2
Need to fix waiting times for treatment	2
Mental health needs to be addressed within substance abuse	2
More detox beds are needed	2
Treatment needs to be more accessible	2
Substance abuse is passed down from parents	2
More sober living homes for women and their children	1
Need programs for seniors	1
Related to homelessness, joblessness, and a lack of education	1

In regard to needing more treatment centers, one local leader wrote:

"We really need more substance abuse treatment centers for adults and youth as well"

For the open-ended question pertaining to mental health, local leaders were asked, "Is there anything else about mental health issues or mental health treatment in the Coachella Valley you would like to share?"

Once again, a lack of providers (n =14) was the most common theme among the open-ended statements. The need to address stigma (n = 9) was also a common theme.

Table 15. Final Comments - Mental Health

Theme	Frequency
Lack of providers	14
Need to address stigma	9
Need inpatient care	5
Need culturally competent care	4
Inpatient beds	4
Need more facilities	2
More education on mental health	2
More prevention and early intervention	1
More shelters for those with mental health issues	1

In regard to having a lack of providers, one local leader wrote:

"lack of providers; lack of in-patient treatment centers; long waiting lists for care now"

Stigma was also a common theme reported among leadership.

"Promote mental health for all, not just for those who are suffering. Normalize it and make it part of routine checkup and prevention to remove stigma. Find role models and public figures to talk about their own experience so acute suffering doesn't seem as isolated"

Results: Community Members

A total of 66 community members were included in the dataset. In order to qualify for the survey, participants had to be members of the Coachella Valley. The youngest was 24, while the oldest was 79, with an average age of 52. The majority of the community sample was white/Caucasian (94.8%).
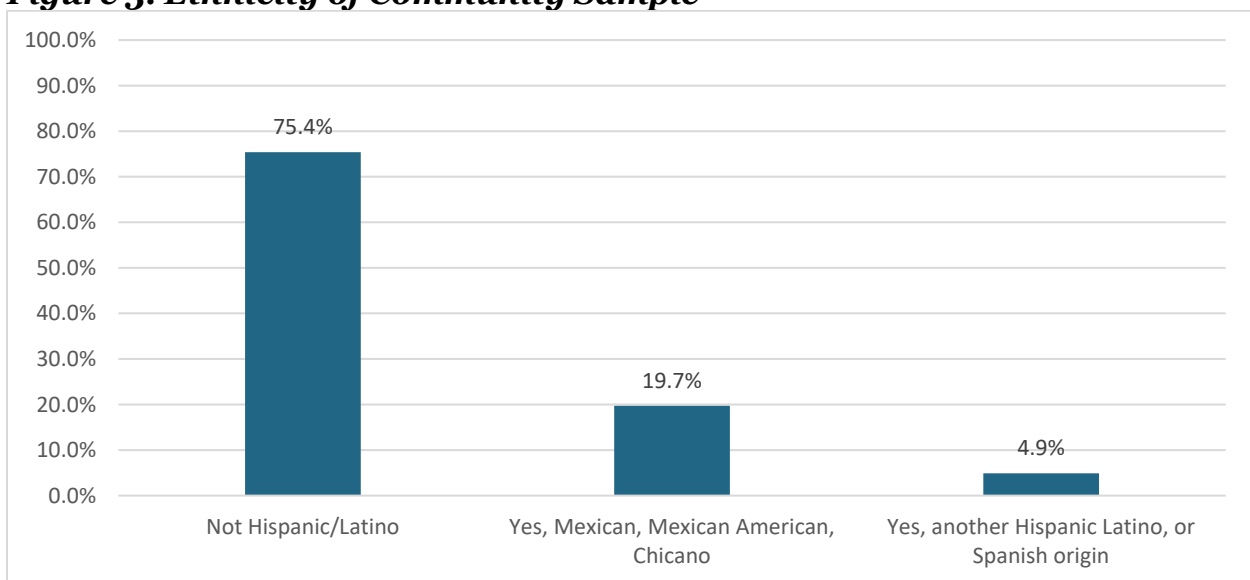
Figure 2. Race of Community Sample

Note: *n* = 58

A little over three-quarters of the community sample was not Hispanic/Latino (75.4%), whereas 24.6% were Hispanic/Latino.

Figure 3. Ethnicity of Community Sample

Note: *n* = 62

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As illustrated in Table 16, the most commonly reported home residences included Palm Springs (27.0%) and Indio (22.2%).

Table 16. Home Residence Zip Code

Zip Code	City	Frequency	Percentage
92262	Palm Springs	12	19.1%
92201	Indio	9	14.3%
92240	Desert Hot Springs	8	12.7%
92253	La Quinta	8	12.7%
92203	Indio	5	7.9%
92234	Cathedral City	5	7.9%
92264	Palm Springs	5	7.9%
92260	Palm Desert	4	6.3%
92211	Palm Desert	3	4.8%
92270	Rancho Mirage	3	4.8%
92236	Coachella	1	1.6%

Note: *n* = 63.

The community sample is well-educated. Half (50.0%) of participants have a four-year degree or higher, as illustrated in Figure 4.

Figure 4. Educational Attainment
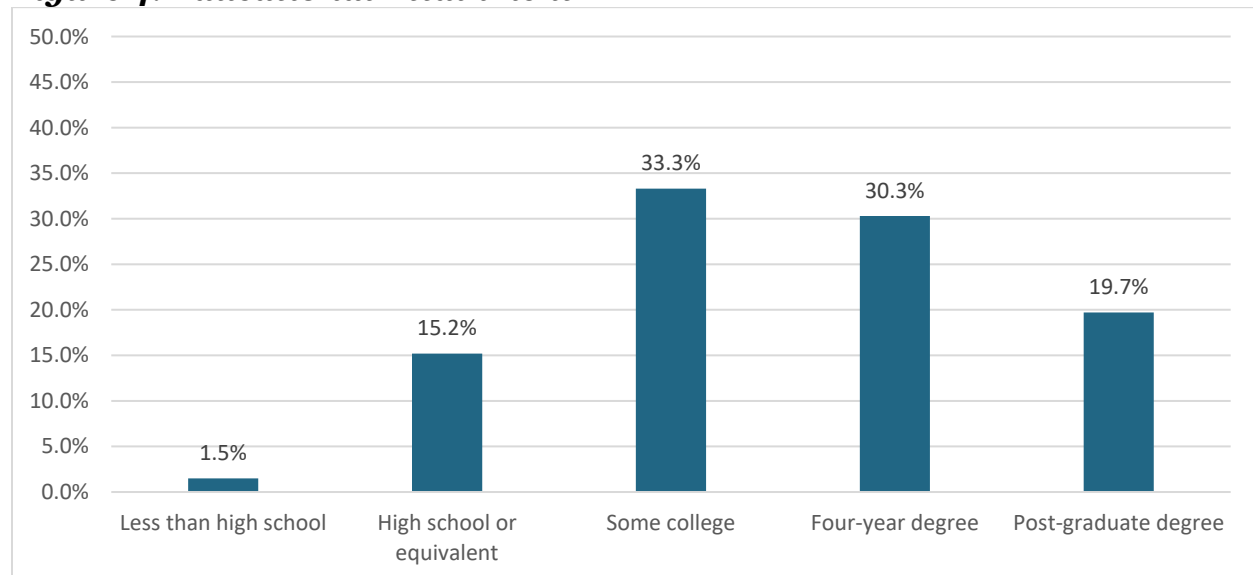
Note: *n* = 66

More than half of the community sample is employed or self-employed (51.5%), while 21.2% are retired, as illustrated in Figure 5.

Figure 5. Employment Status
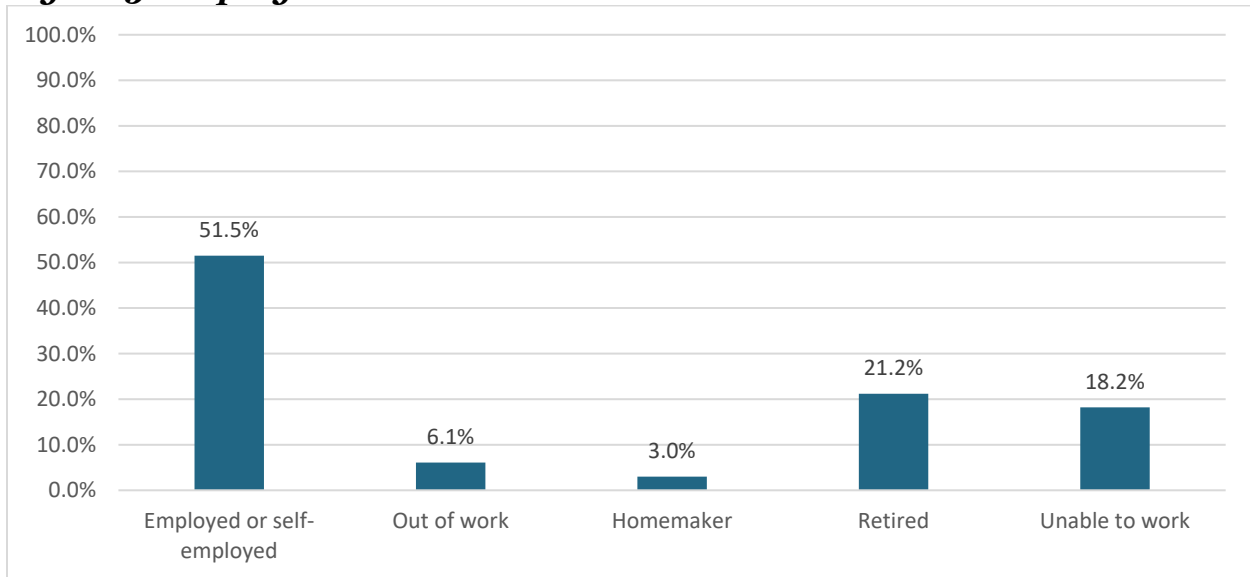
Note: *n* = 66

A total of 42.6% of the community sample has a household income of $50,000 or more a year.

Figure 6. Household Income
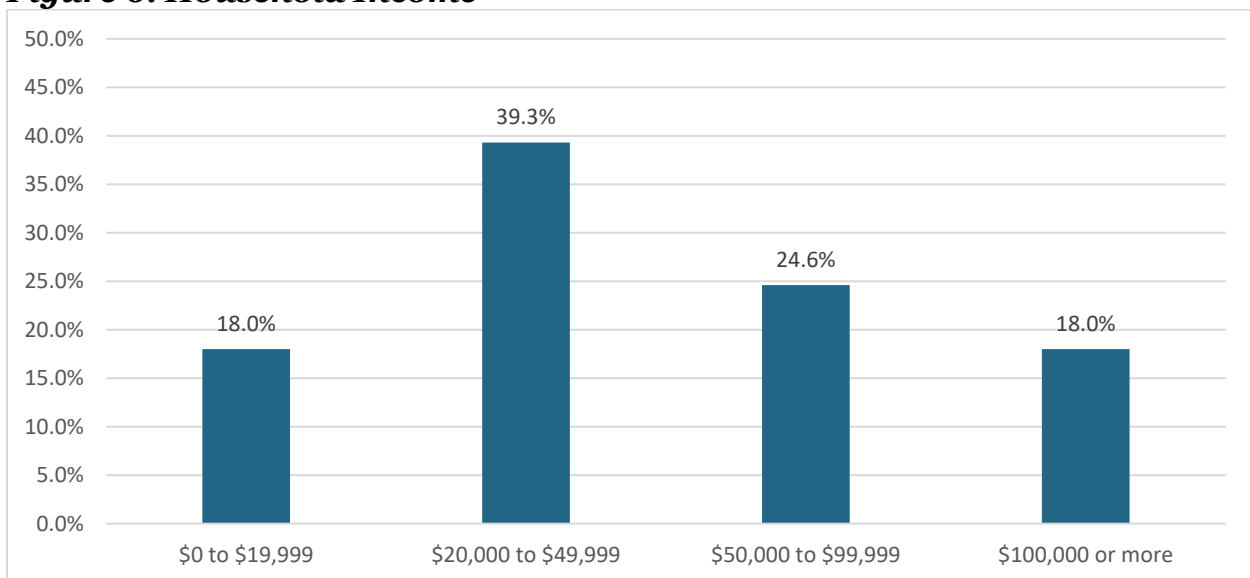
Note: *n* = 61

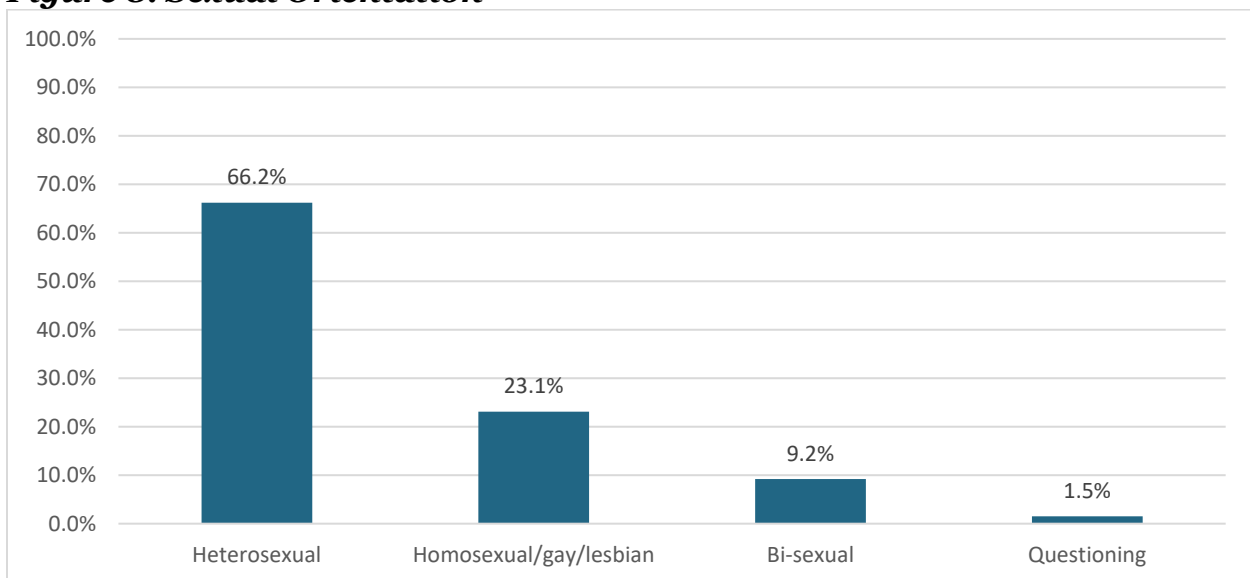The most commonly reported household size was one (30.2%) or two people (34.9%), as illustrated in Figure 7.

Figure 7. Household Size
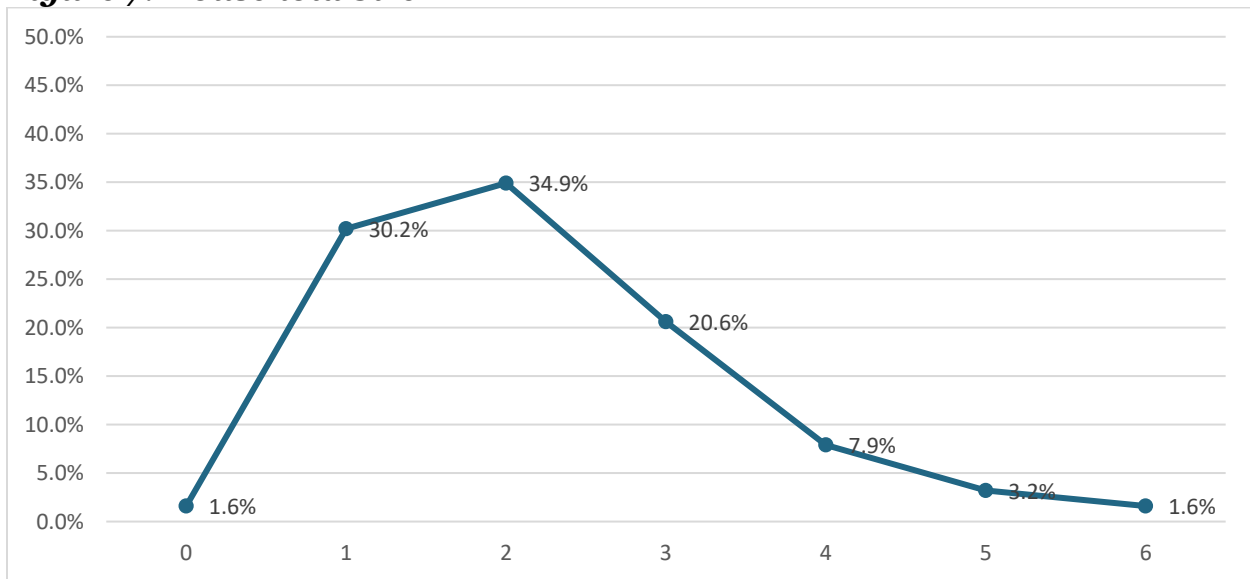
Note: *n* = 63

Two-thirds of the community sample is heterosexual (66.2%), while the remaining participants were sexual minorities (33.8%)

Figure 8. Sexual Orientation

Note: *n* = 65

Participants were asked about their birth certificate sex as well as the gender they currently identify with. Most participants (72.7%) were female, as illustrated in Figure 9. One transgender participant was included in the sample (female to male).

Figure 9. Gender
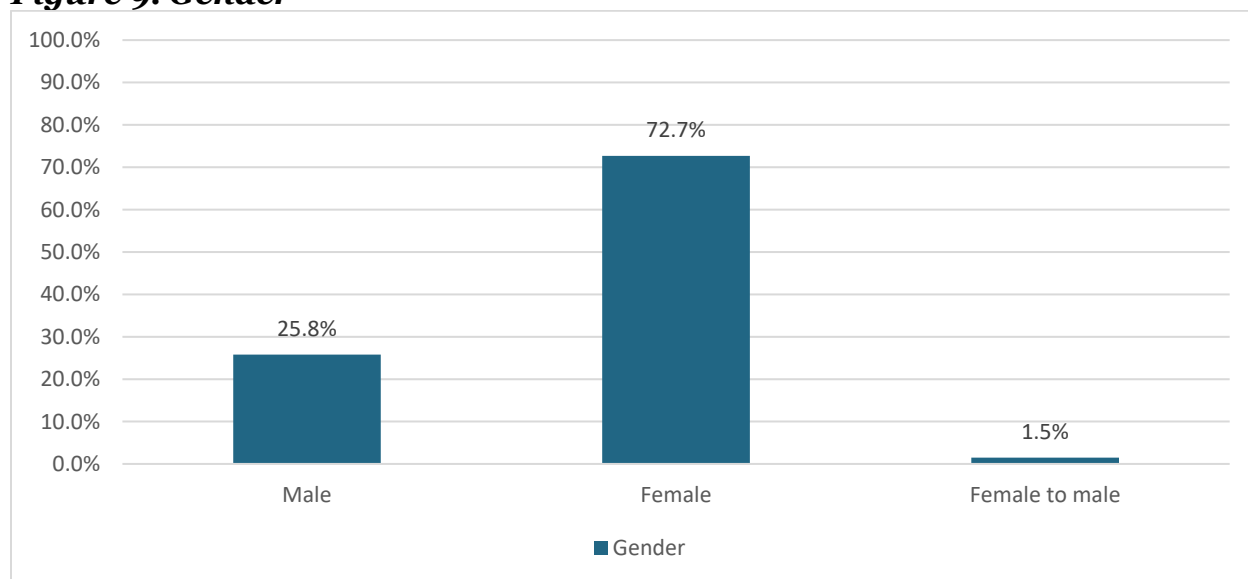
Note: *n* = 66.

A total of 86.4% of the community sample has some kind of health insurance. However, slightly fewer (78.8%) have been to a healthcare provider within the past year, as illustrated in Figure 10.

Figure 10. Time Since Last Visit to Healthcare Provider
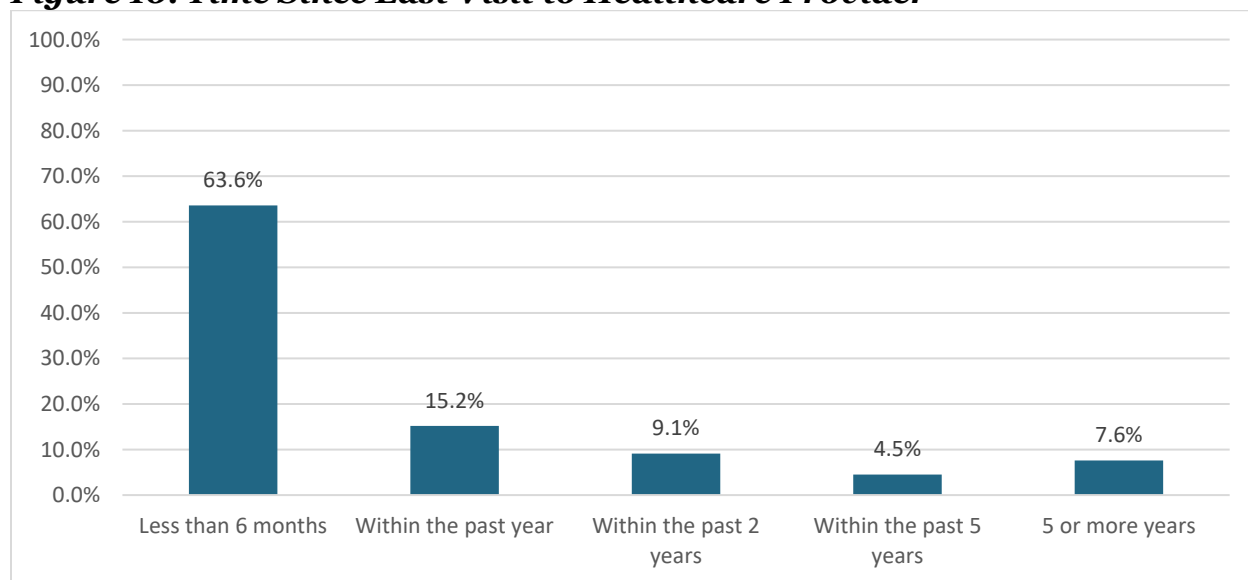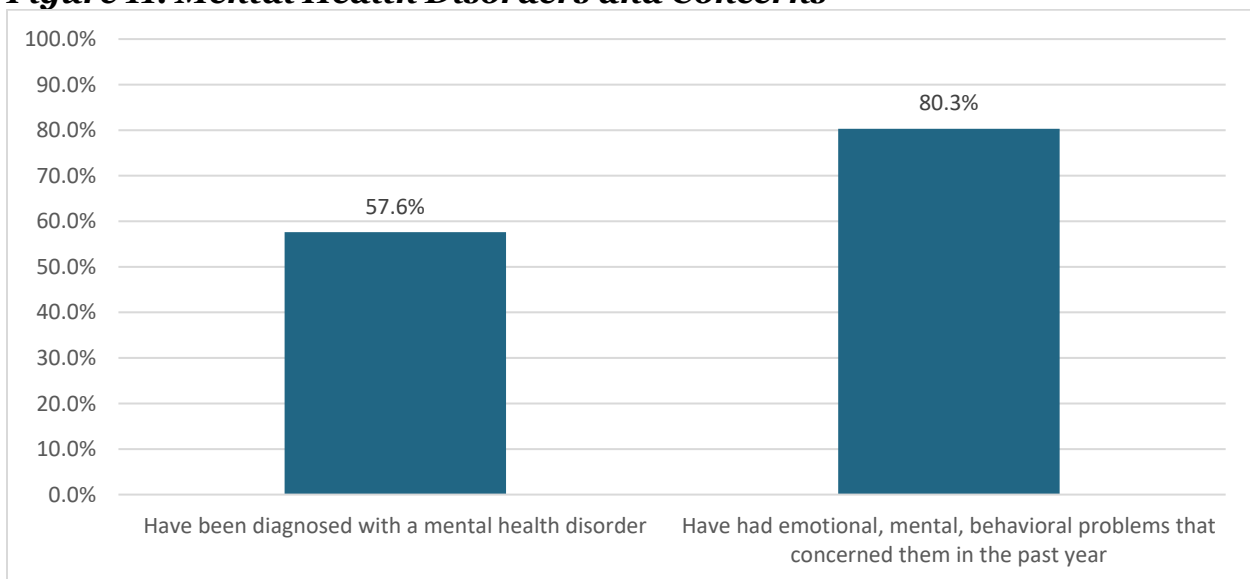

Note: *n* = 66.

Mental Health

To assess mental health, the community sample was asked, "Have you ever been told by a doctor, or other health care professional that you have any mental health disorder?"

As illustrated in Figure 11, more than half (57.6%) of the community sample has had at least one mental disorder diagnosis.

People often struggle with poor mental health and do not have a diagnosis. For this reason, community members were asked "Have you had any emotional, mental, and behavioral problems such as stress, anxiety, or depression that concerned you during the past 12 months?"

As illustrated in Figure 11, the majority (80.3%) of the sample has had mental health concerns in the past year.

### *Figure 11. Mental Health Disorders and Concerns*

Note: *n* = 66.

To determine if community members felt they have a problem, they were asked "Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol and drugs?"

More than two-thirds (69.7%) felt they needed to see a professional because of their mental health or substance use.

### *Figure 12. Felt the Need to See a Professional*
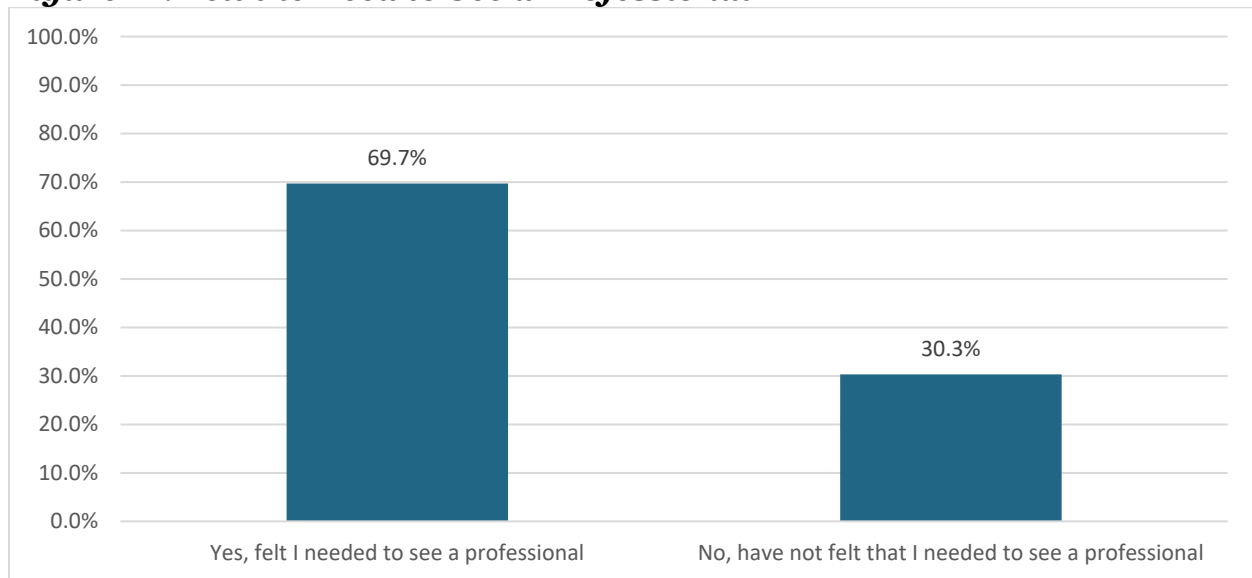
Note: n = 66.

Participants who said "Yes" to the above question were then asked, "If yes, did you seek help for your mental or emotional health or for an alcohol or drug problem?"

Of those 46 people who felt that they needed to see a professional, a little over two-thirds (69.6%) actually sought help, while 30.4% did not seek help.

Community members were asked, "Was there ever a time in the past 12 months when you needed mental health care and could not get it?" and "Was there ever a time in the past 12 months when you needed mental health medication and could not get it?" As illustrated in Figure 13, about 30.2% needed mental healthcare and couldn't get it, and about 23.4% needed mental health medication and couldn't get it.

Figure 13. Needed Mental Healthcare and Couldn't Get It
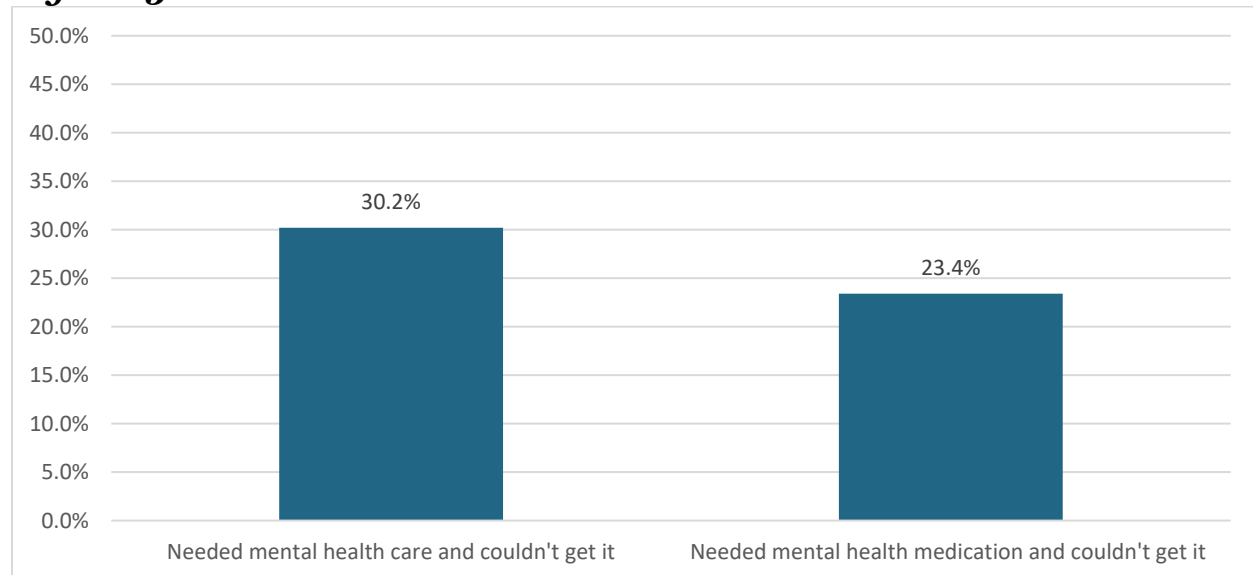
Note: *n* = 63.

Community participants that reported not receiving either mental healthcare or mental health medication were asked, "What prevented you from getting the treatment you need? Please check all that apply." As illustrated in Table 17, the most common response was that there are not enough mental health providers (65.0%).

This statement by community members echoes the finding from the secondary data that Riverside County has far fewer mental health providers (148.3 per 100,000) compared to California (280.6 per 100,000) and the United States (202.8 per 100,000).

Table 17. Reasons for Not Getting Treatment

| Type	Frequency	Percentage
There are not enough mental health providers who are affordable/take my insurance	13	65.0%
I'm uninsured	4	20.0%
I'm insured, but it doesn't cover the mental healthcare I need	4	20.0%
I can't afford mental healthcare	4	20.0%

Note: *n* = 20.

Community member participants were also asked about "internal" reasons (e.g., preference, time, embarrassment) for not getting treatment. Only one person reported being too embarrassed to seek mental healthcare.

Substance Abuse

Community participants were asked about their current and lifetime substance use behaviors. Specifically, current users were asked "In the past 12 months, have you been told by a doctor or other healthcare professional that you have a substance use problem/issue/disorder?" while lifetime users were asked, "Have you EVER been told by a doctor or other healthcare professional that you have a substance use problem/issue/disorder?"

As illustrated in Figure 14, a total of 14.3% of current substance, and 23.7% of lifetime users reported having been told by a healthcare professional that they have a substance use problem.

### *Figure 14. Diagnosed Substance Use Problem*
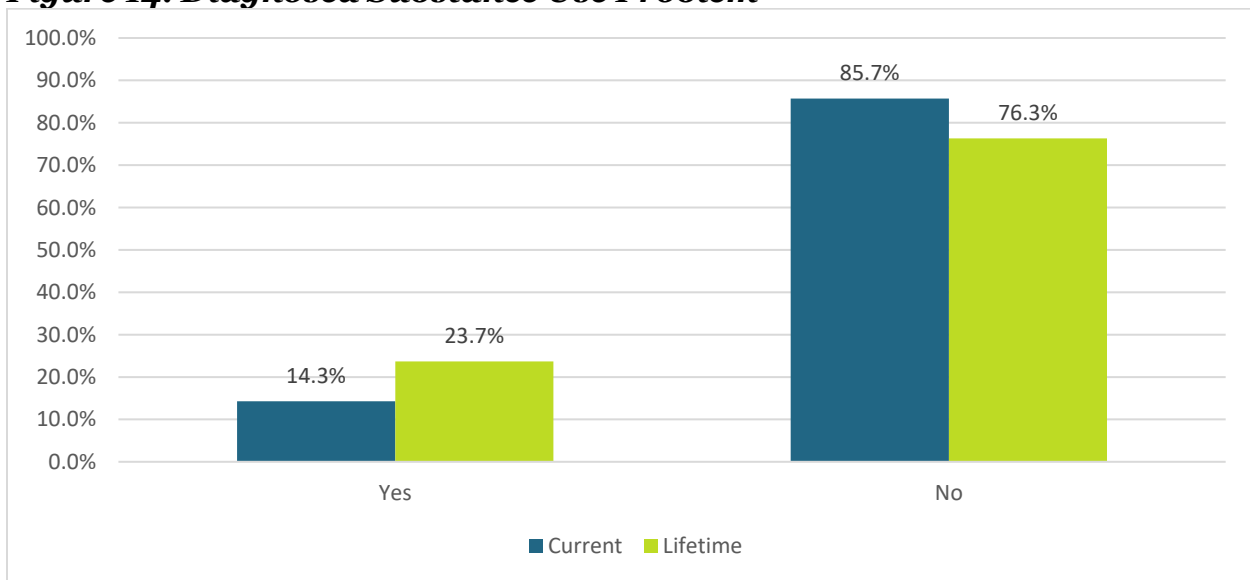
Note: Current *n* = 63; lifetime *n* = 59.

Some participants may not have visited a healthcare professional and thus, have not received a diagnosis, or mentioning of a problem. For this reason, HARC asked "Do you feel that you might currently have a substance abuse problem?" and, "Have you EVER felt like you might have a substance use problem?". Those who answered "yes" to the first question are categorized as current users, while those who answered "yes" to the second question are categorized as lifetime users.

As illustrated in Figure 15, 17.8% of participants are current users, and 47.4% are lifetime users, using the above definition. Note that this is somewhat higher than the rates of those who have been diagnosed with a substance abuse problem, confirming that many have not been treated for this issue.

Figure 15. Self-Perceived Substance Use Problem
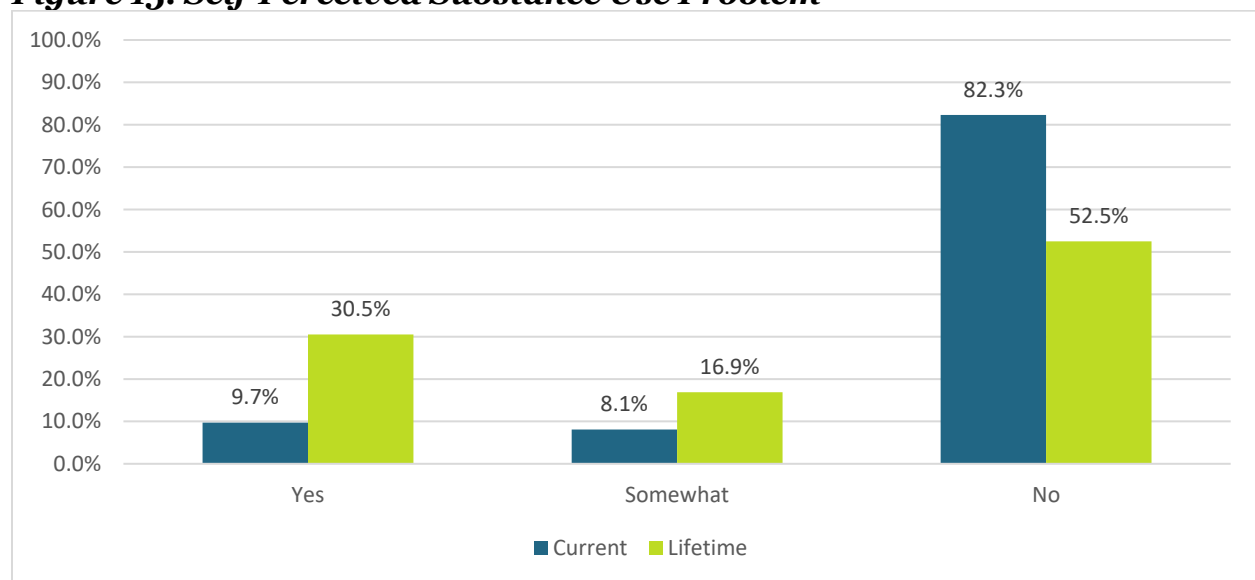
Note: Current *n* = 62; lifetime *n* = 59.

Combining these two questions, there are a total of 32 participants who have been diagnosed with a substance abuse problem and/or who feel they might have one sometime in their lives (current or former).

Participants that reported "no" to either of the preceding two questions did not answer the subsequent sections about substances used, problems experienced, and treatment sought.

Community members who had at one time or another struggled with substance abuse were provided with a list of substances along with a frequency of usage scale.

As illustrated in Table 18, of the 32 community members with substance abuse problems, alcohol was the most common for regular use (more than once or twice), followed by marijuana. Other common substances included prescription pills, meth, and cocaine.

Table 18. Used Substance More than Once or Twice

Substance	*n*	Percent
Alcohol	28	87.5%
Marijuana	22	68.8%
Prescription pills	16	50.0%
Methamphetamine	9	28.1%
Cocaine or crack	9	28.1%
Hallucinogens	5	15.6%
Inhalants	2	6.3%
Heroin	1	3.1%

Note that no one reported using cocaine or crack, heroin, or hallucinogens in the past year. "Other" substances included suboxone, Ativan, ephedrine diet pills, and a sugar addiction.

In order to determine the consequences associated with substance use, participants were provided with a list of problems within the areas of 1) family/functioning, 2) legal, and 3) health, and told to select all that apply.

As illustrated in Table 19, the most commonly reported negative consequences impacting family/functioning include problems with friends, problems with family, and difficulty paying bills. About a third did not have issues with family/functioning.

Table 19. Consequences - Family/Functioning

Type of Problem	n	Percent
Problems with my friends	19	59.4%
Problems with my family	16	50.0%
Problems with paying bills	16	50.0%
Problems with my work	15	46.9%
Problems with school	11	34.4%
No problems with these	10	31.3%

Note: *n* = 32.

As illustrated in Table 20, the most common negative consequences related to the legal environment were the experience of violence and/or unwanted sexual contact. About half of the participating substance users never experienced issues with these legal/criminal issues.

Table 20. Consequences - Legal

Type of Problem	n	Percent
Experienced violence	10	31.3%
Experienced unwanted sexual contact/advances	10	31.3%
Trouble with polices/arrests	9	28.1%
Experienced robbery/theft	9	28.1%
No problems with any of these	16	50.0%

Note: n = 32.

The final area of consequences included health; "During the past year, has using drugs and/or alcohol resulted in any of the following health problems? Please check all that apply." As illustrated in Table 21, the most commonly reported answers were physical health and mental health problems.

Table 21. Consequences – Health

| Type of Problem	n	Percent
Physical health problems	15	46.9%
Mental health problems	14	43.8%
Hospitalization	9	28.1%
Overdose	3	9.4%
No problems with any of these	12	37.5%

Note: n = 32.

The "other" responses included loss of family, lost apartment, and one participant who stated, "I've lost everything". Another stated "it is my only release".

Help Seeking

The Betty Ford Center was interested in help seeking behaviors of those with substance use issues. For this reason, the 32 participants who are substance users were asked whether they sought treatment for their substance abuse issues. As illustrated in Figure 16, about 54.8% of them sought treatment for their problems.

Figure 16. Help Seeking Among Users
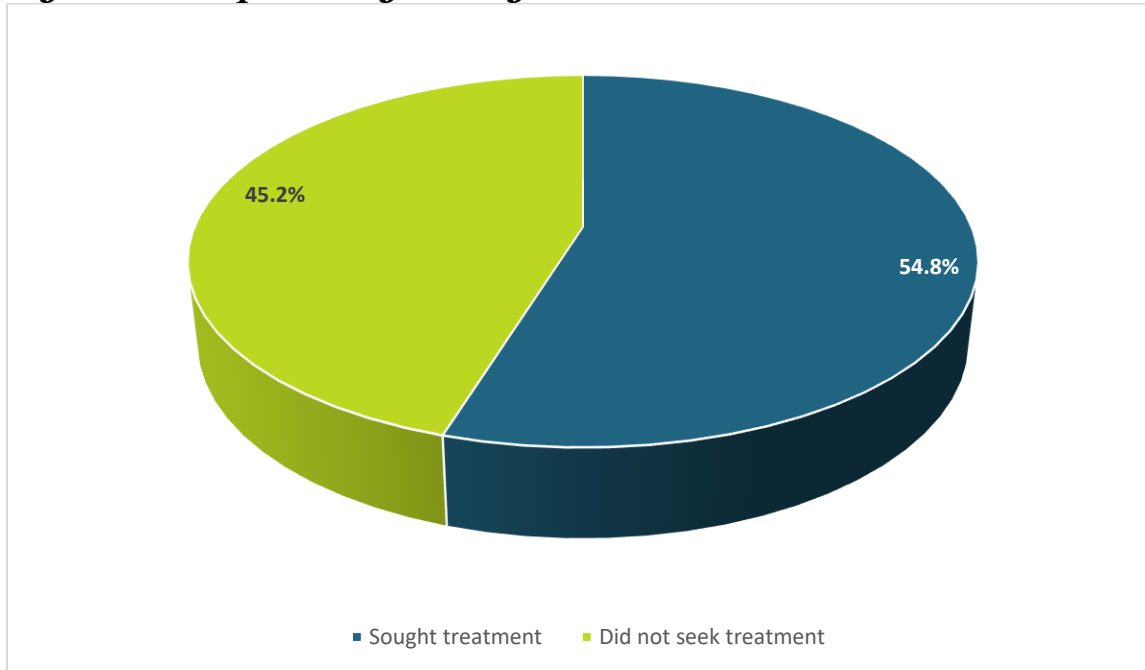
Note: *n* = 31.

Lifetime users that reported not seeking treatment were asked why they didn't seek treatment. Most stated that it was because they did not feel like they needed it:

- "Did not feel like I needed it."
- "I didn't have a problem"
- "I didn't think that my problem was big enough, in comparison to others, and didn't want to stand in the way of others getting help. I just tried to deal with it on my own."

Another common theme was the lack of insurance:

- "Uninsured"
- "No insurance"

Finally, one participant stated, "I had already faced deep scrutiny from the courts and limited in seeing my children. It nearly killed me detoxing and getting sober on my own, but I was not willing to give them another opportunity to destroy what little life I had left at that moment."

Lifetime users that received treatment were asked where they went. As can be seen in Table 22, several organizations throughout the Coachella Valley have been utilized.

Table 22. Treatment Location

Location	Frequency
ABC Recovery Center	2
House of Hope	1
Hacienda Valdez	1
Desert Palms	1
Eisenhower Behavioral Health	1
Latino Commission	1
New Beginnings	1
Alcoholics Anonymous	1

They were also asked to report on how difficult it was for them to find the help they needed at that time. As illustrated in Figure 17, it varied widely—some found the help they needed easily, while others found it to be difficult.

***Figure 17. Ease of Finding Help – Prior Users***
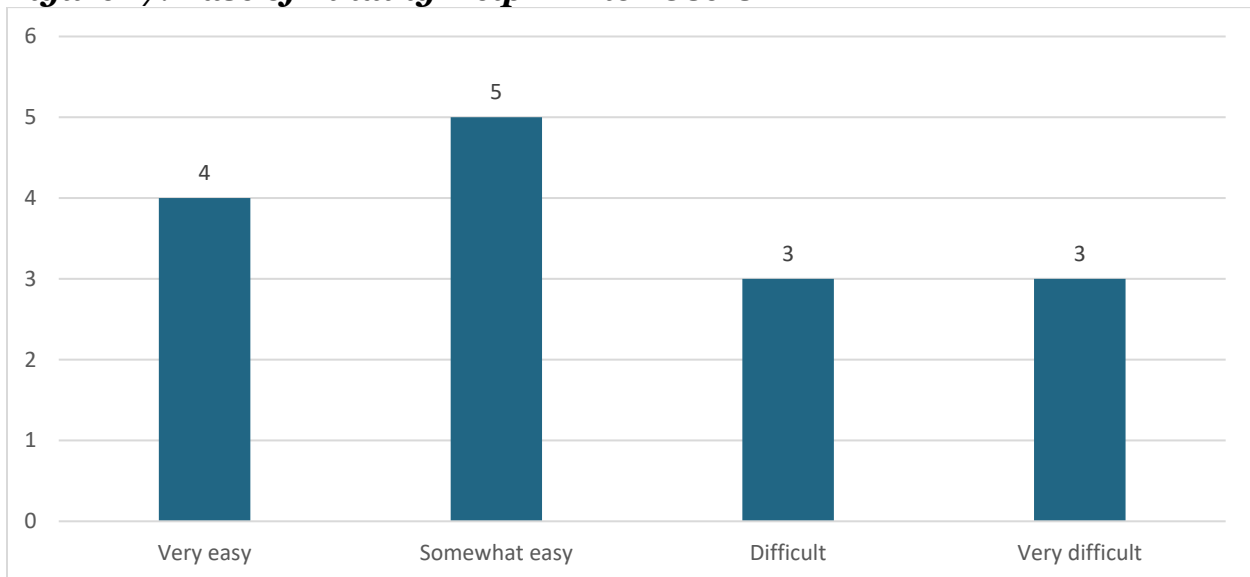
Note: *n* = 15.

This is extremely informative, but many of these individuals may have sought treatment years ago, and thus, this may not represent the current state of affairs properly. Thus, the next question was aimed at those who are currently dealing with substance abuse issues, and asked them, "If you needed substance use treatment, how easy would it be for you to find the help you need?"

As illustrated in Figure 18, perceptions of the current ease of finding treatment were quite polarized.

Figure 18. Ease of Finding Help – Current Perceptions
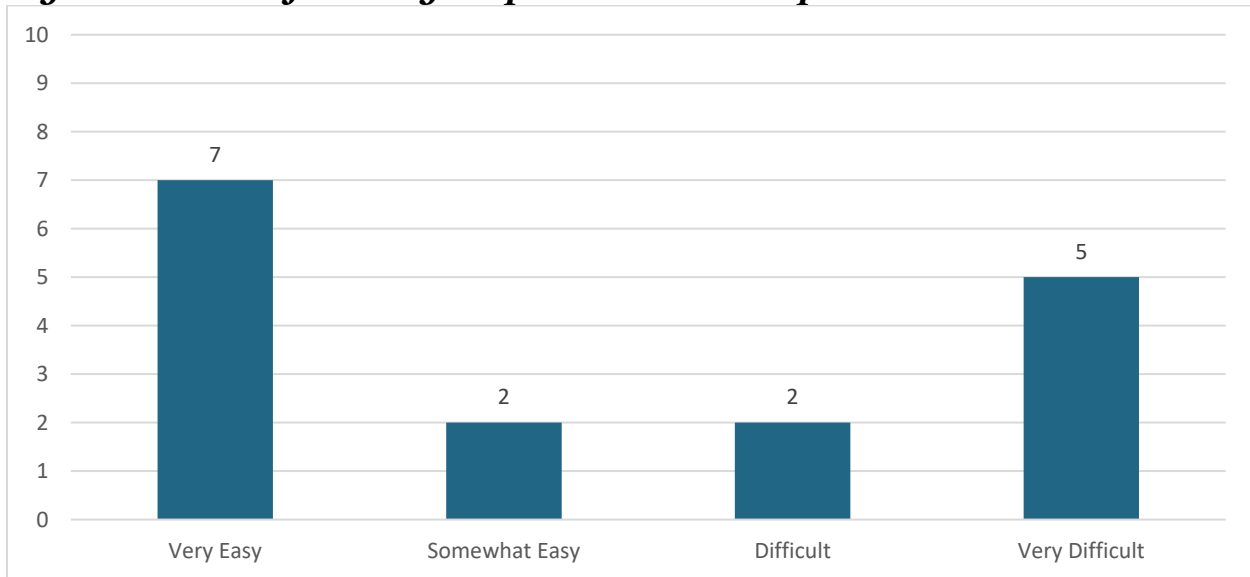
Note: *n* = 16.

To gain insight into this polarization, current users were asked to explain why they selected their answers. For those who felt it would be easy, reasons included affordability, local accessible services, and being enrolled in an existing program. For example,

- "Could afford to enter treatment program. Also, am member of AA."
- "I sought help and received it through Michael's House in Palm Springs and continue to go to outpatient program for support."
- "I have good health insurance and I can afford treatment."

In contrast, those who said it would be challenging mostly described difficulties with affordability and insurance. For example,

- "Uninsured"
- "No one take my insurance"
- "In the past when I wanted to see someone, it was hard to find someone affordable. I'm sure it's worse now."

One participant stated that they were unable to seek treatment because they were a full-time caregiver for a parent with Alzheimer's, which emphasizes that there are unique needs for different groups of people (in this instance, caregivers). Potential partnerships with organization that serve caregivers, such as the Coachella Valley Alzheimer's Association or the Inland Caregiver Resource Center, may be fruitful in the future.

The decision to pursue treatment is a multifaceted one and important to understand so that providers can better attract those who need help. For this reason, substance users were provided with a list of factors and then asked which influenced their decision to pursue treatment.

As illustrated in Table 23, the two most important factors include the insurance that is accepted there, and the cost/affordability of the program. Proximity to their home was also a major consideration, which confirms that Betty Ford Center is right to focus on the surrounding geographic areas as the identified "community" for the CHNA.

Table 23. Factors that Influence Selection of Treatment Facility

Type of Factor	n	Percent
Whether they took my insurance	17	53.1%
Cost/affordable program	17	53.1%
Location – close to where I live	12	37.5%
Reputation of the program	10	31.3%
Success rate of the facility	6	18.8%
Referral from friends/family	5	15.6%
Reviews by other clients	4	12.5%
Referral from my primary care provider	4	12.5%
Other	4	12.5%

Note: n = 32.

Those who responded "other" specified the following: "hit bottom", "I googled in a blackout. Still no clue how I got there!" and "Why spend the cash if you're just going to send me to a 12-step program."

Community members were asked an open-ended question near the end of the survey; "Is there anything else you'd like to share about your story of getting treatment for substance abuse?"

Several shared their success stories. For example,
- "11 years clean off of alcohol, meth, cocaine, pills, and all other ILLEGAL drugs. Currently using cannabis, with amazing results, both with my addictive cravings, and my mental health. I currently hold a salaried position, and have an extremely happy and productive life, which includes daily use of cannabis."
- "I found recovery through a Christ centered recovery program, Celebrate Recovery. I am now 7 1/2 years sober and healthier than I have been in years."
- "I was in a small facility, with about ten other patients, and I think the close attention helped. I never had to relapse so far."

Others were still clearly struggling. For example,
- "I want to be sober. But can't find a place. Methadone clinic is too far to visit every day to get meds."
- "Sick and tired of being sick and tired"
- "I couldn't actually afford a treatment center because I have two small children. I am there primary caregiver."

This emphasizes again the importance of location/proximity for many, as well as the issue of caregiving responsibilities, both of which arose earlier in the survey.

Community Opinion on Priorities

Community members were also asked about what they believe are the most important mental health and substance abuse issues in the Coachella Valley: "What do you think are the most important mental health issues that should be addressed in our Valley?"

As illustrated in Figure 18, the most commonly reported issue includes the Valley not having enough affordable treatment providers (47.9%). The issue of not having enough providers emerged earlier as a reason for not getting treatment, as reported by community members, as well as the secondary data portion of the CHNA.

*Figure 19. Mental Health Issues to be Addressed*
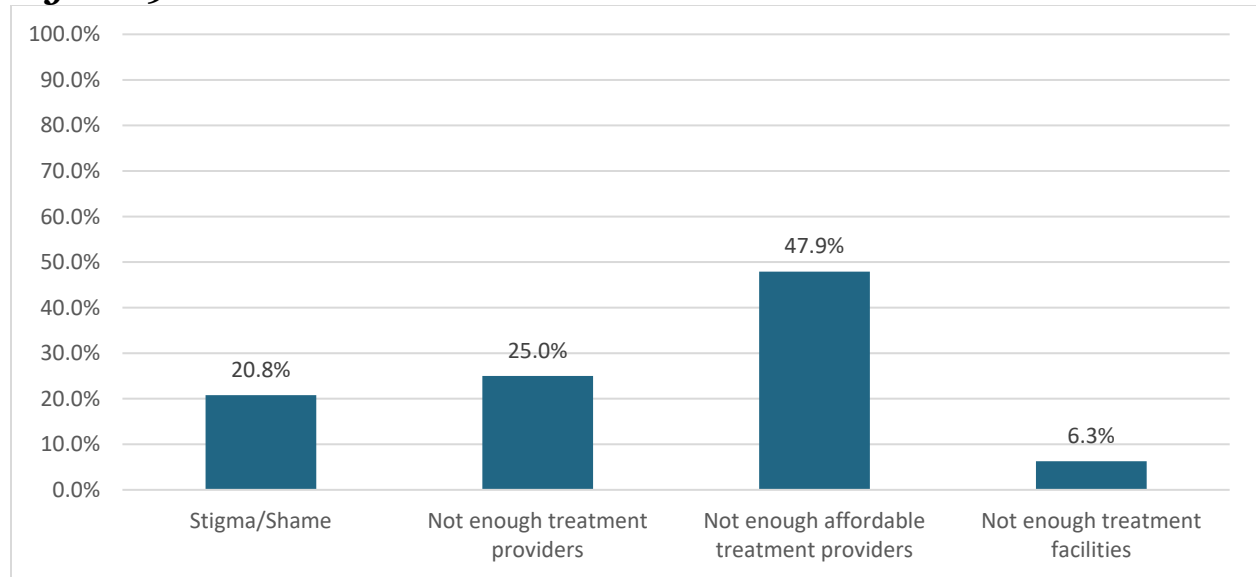
Note: *n* = 48.

Some of the open-ended responses reinforced the need for change around these issues. For example, one participant wrote eloquently about the issue of stigma:

"The stigma has to end. If the stigma didn't exist, then people would pour into finding solutions like they do for heart disease. Mental illness and heart disease are similar in that neither are the patient's choice, but both will assuredly kill you."

Regarding substance abuse, community members were asked, "What do you think are the most important substance abuse issues that should be addressed in our Coachella Valley?" Once again, the Coachella Valley not having enough affordable treatment providers (53.2%) was the most commonly listed issue.

Figure 20. Substance Use Issues to be Addressed
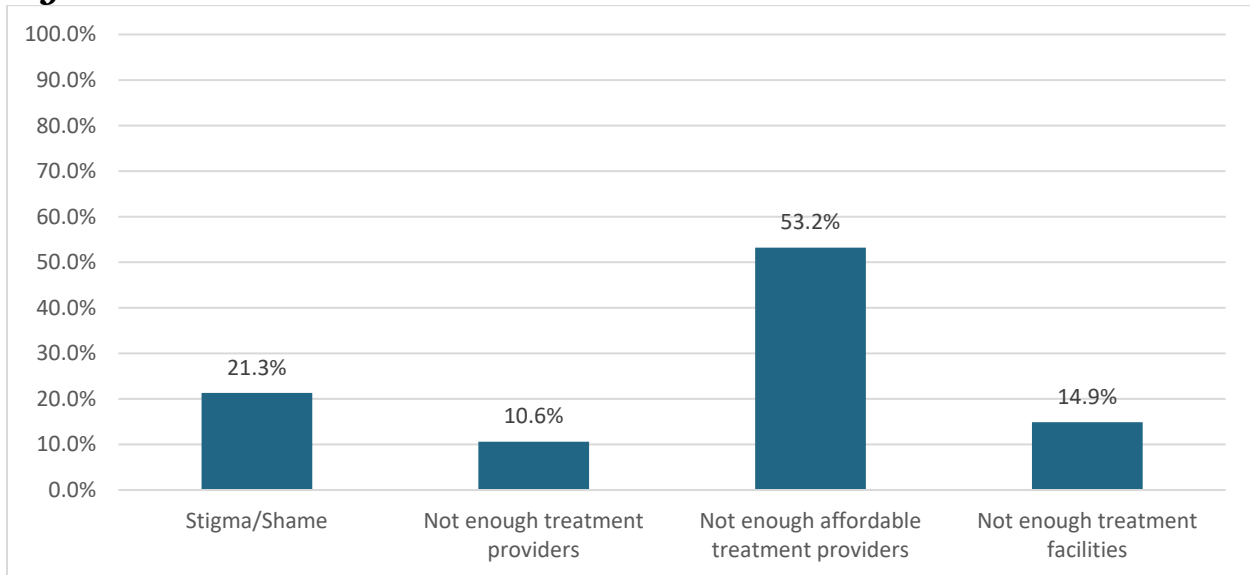
Note: *n* = 47.

Some open-ended responses emphasized the importance of addressing stigma. For example,

> *"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"*

Others emphasized the importance of affordable treatment. For example,

> *"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."*

Input on Prior CHNA

On both surveys, HARC provided an external link to the Betty Ford Center's most recently conducted CHNA from 2015, along with a list of the priorities from the 2015 implementation plan. These included the following:

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

Participants were asked, "Would you like to provide any comments on the CHNA or priorities that the Betty Ford Center chose to address? You can tell us things like whether these priorities resonate with you, or whether you think some are less important than others. Are there any other priorities that you think the Betty Ford Center should focus on in the next three years?"

Local Leader Input on Prior CHNA

Many local leaders felt that the Betty Ford Center's previous CHNA priorities were solid. For example,

- "I believe all are a priority and are a great start to in addressing some of the needs."
- "I believe these are all great priorities. The barriers are always financial. It is easy to identify priorities but difficult to put our attention to the implementation because we are always struggling financially."
- "These priorities are excellent"

Improving Access to Treatment
Others emphasized the issue of access, whether it be related to cost, lack of insurance, or lack of transportation. For example,

- "Providing services for people who cannot pay is the most important challenge. Substance abuse sends many people into poverty. As they descent into poverty, they became less able to meet the finance part of taking care of themselves."
- "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."
- "Transportation to facilities is vital to receive care. Providing avenues to ensure access is necessary in the Coachella Valley area, where so much of the communities needing care are spread out."
- "Can people afford to obtain treatment at Betty Ford? Do they take Medi-Cal?"

Integration of Mental Health and Substance Abuse Treatment
Others mentioned the complex interplay between mental health and substance abuse, and how integration of services would be an important priority. For example,
- "I do not see any reference to mental health in these priorities and 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."
- "Access to inpatient rehabilitation to those individuals with Medicaid coverage and those with comorbid mental illnesses."

Treating the Opioid Epidemic
Another theme that emerged was that of opioids, and the need to treat this as a growing concern. For example,
- "The opioid epidemic should be a higher priority."
- "Need to include opioid epidemic and the effects locally"
- "The opioid epidemic cannot be rectified without treating the underlying reasons: greed on the part of big pharma; indifference on the part of patients, their family members and friends because 'after all, the doctor would not have prescribed it, if it wasn't safe or if it wasn't medically necessary'; and finally the medical insurance system which will pay for meds but, not alternative methods of chronic and acute pain control and relief, such as physical therapy, chiropractic, meditation, acupuncture/pressure, etc."

Focusing on Youth
Many local leaders emphasized the need for focusing on youth. For example,
- "Children should be higher priority."
- "Addressing the mental issues for children"
- "Significant need to offer children's services to the community"
- "Early usage has caused more issues with younger people."
- "Heroin amongst young people is a huge issue. And there's seemingly not enough affordable options. Parents are not educated enough about the warning signs."

Expand to East Valley
Additionally, several leaders mentioned the Eastern Coachella Valley as an area in need of resources. For example,
- "Communities in the eastern valley (mecca, thermal, oasis, and north shore) need to be engaged. Substance abuse, especially alcohol abuse, is common among Latino men. while this population needs treatment/support, there are almost no programs in their communities. Additionally, there is much stigma to accessing services. Services need to be brought to them."
- "Addressing the mental health and substance abuse of Latino youth in the eastern valley."
- "East valley development."

Cultural Competency

Cultural competency was also mentioned as a need, mostly in reference to the Hispanic community, but also to the lesbian, gay, bisexual, transgender (LGBT) community. For example,

- "Making all services bilingual and culturally competent"
- "Having services available in English and Spanish would be beneficial."
- "Addressing barriers to the Latinx and LGBT communities"
- "Cultural competent services"

Other Sub-Populations

A few other sub-groups were mentioned by local leaders as areas needing special attention, including seniors and people who are homeless. For example,

- "I believe that expanding services to treat addiction and mental health issues in homeless individuals should be right at the top of the list. Without those services, the health, safety, and economic prosperity of the entire community is adversely impacted."
- "Senior services are often overlooked - think it is very important here in the Valley"
- "Would agree that services for those 55 and older is a priority. We see a high percentage of older adults, and fewer with opiate dependency issues than would be expected from media reports and statistics in other parts of the country. Methamphetamine addiction for us is the number one SA priority, and affects a significant percentage of Behavioral Health clients in the HIV/LGBT communities."
- "Addiction within the homeless community"

Increased Outreach and Education

Several local leaders took an upstream, preventative approach, and emphasized the importance of education and outreach activities in addressing substance abuse and mental health issues. For example,

- "More education to help individuals recognize their own need to seek treatment."
- "I believe educating the general population on mental health illness and what it looks like (normal looking and professional looking people can be suffering from mental health issues such as depression). To me, education is the KEY to make things better for everyone (family and people with mental health illness)."
- "Education and community outreach for those who are in severe need of services. The more help these people get, the less social problems and conflict we will have in the Coachella Valley."
- "I fully agree with and support the priorities CHNA and the Betty Ford Center have. I believe the centers need to do outreach in the communities and take the care to the person, as some will not want to walk into the centers due to stigma. Especially older adults."
- "To be perfectly honest, my impression of the Betty Ford Center is place where wealthy people go to dry out and clean up. This may or may not be true, but that is my impression. So perhaps—if they do more than that, they maybe should spend some time, money and effort to build awareness for the services they offer to the general community."

Collaboration

Several leaders emphasized the opportunities for collaboration between Betty Ford Center and other entities. For example,

- "Contacting the County of Riverside - Behavioral Health would be a good step if it has not been done. The County has been meeting with the state to secure funding for Substance Abuse. The 'For Profit' and 'Non Profit' agencies appear to work completely independent of one another in some respects. I have worked in both sectors and am always surprised how much is going on in the non profit arena that would be of interest to for profit organizations."
- "We would like to have more outpatient centers that work in partnership with community health centers that work with underserved populations"
- "Networking with other treatment/education programs"

Community Member Input on Prior CHNA

Most community members resonated strongly with the priorities identified in the previous CHNA. For example,
- "All sound very good"
- "Think it is a great idea"
- "You are doing a great service!!"

Improving Access to Treatment

Several emphasized the need for affordability, especially for those who are uninsured/under-insured. For example:
- "Betty Ford has provided excellent service to the valley but it needs to be more affordable. They do have scholarships for detained children, but not so much for the working."
- "They need to accept Medicare patients."
- "Make your programs more affordable"
- "Providing easier accessibility to those who have limited resources."
- "Affordable mental healthcare for those with and without health insurance"

Integration of Mental Health and Substance Abuse Treatment

A few comments emphasized integration of mental health and substance abuse treatment together. For example,
- "Integrate more mental health into substance-abuse treatment and less 12 step programs. 12 step programs are great however it is basically a self-help program which works for some people and not everyone"
- "Mental health problems that lead to addiction"
- "Dual diagnosis"

Treating the Opioid Epidemic

Several comments referenced opioid addiction. For example:
- "Would like to see emphasis on Opiod addiction."
- "All priorities are spot on. Opioid/heroin huge huge issue, should be a higher priority."
- "Inpatient medically managed tapering of benzodiazepines and opiates."

Focusing on Youth

Finally, several comments mention the need for services targeted at youth. For example,
- "Young adult"
- "Youth and marijuana. It's impact on a youth's developmental brain."
- "Alcohol with teens"
- "Youth abusing codeine cough syrup by mixing it with soda. Hip Hop/Rap music glamorizes it's use. Cough syrup and heroin are the same. Both opiates."

Conclusion

Survey results indicate that the most common substances that are abused in the Coachella Valley are alcohol, marijuana, prescription pills, and methamphetamines. Many people struggling with substance abuse issues experience problems with their family, friends, and ability to pay bills.

About half of the participating community members who struggled with addiction sought treatment. Those who did not either felt they didn't have a major problem, or were unable to get care due to lack of insurance. When asked if they thought they'd have a problem getting treatment now, responses were varied. Basically, those with good health insurance feel they could afford treatment, while others who are uninsured or on Medi-Cal find it very difficult to seek treatment. Similarly, when asked what factors influence their selection of a treatment facility, the top two reasons among participants were "whether they took my insurance" and "cost/affordable program". Local leaders state that barriers to treatment for substance abuse are lack of affordable treatment, not having insurance, and not having the right insurance. Most local leaders (54%) rated substance abuse as a "somewhat urgent" need to address in our community; that is, it should be in the top 3 to 5 priorities.

According to local leaders, the most common mental health issues in the Coachella Valley are depression, anxiety, and loneliness/isolation. Similar to substance abuse issues, mental health issues impact the person's family and friends, as well as their ability to pay bills. Barriers to seeking treatment for mental health are the stigma associated with seeking treatment, lack of providers, and lack of insurance. Community members who tried to seek mental health treatment and couldn't get it stated that it was primarily because there were not enough mental health providers who are affordable/take their insurance, or there are uninsured. Most local leaders (75.3%) rated mental health as a "very urgent" priority in our community, indicating that it needs to be one of the top priorities to address.

The number one priority for both substance abuse and mental health treatment, according to community members, is addressing the fact that there are not enough affordable treatment providers.

Regarding Betty Ford Center's previous CHNA priorities, many leaders and community members felt the priorities were relevant and appropriate. Other suggested areas of focus included improving access to treatment (e.g., affordable treatment, taking Medi-Cal insurance, providing transportation, etc.), integrating mental health and substance abuse treatment together, prioritizing the growing opioid epidemic, expanding services for children/youth, expanding services to the East Valley, ensuring cultural competency in services (especially as it pertains to language), increasing outreach and education, and collaborating with other entities.

Next Steps

The next step in the CHNA process is to use the data collected in this report, along with the secondary data collected in the prior report, to inform the identification of health issues to prioritize for Betty Ford Center's new CHNA.

The CHNA report will be developed next, based on these initial reports and meetings. The CHNA report will meet the IRS guidelines, and will include identification of health priorities, prioritization of health priorities, and evaluation of the work done to support the prior CHNA implementation plan.

After this report has been created, reviewed, and revised, the next step in the process will be to design the implementation strategy, or the plan for how Betty Ford Center will address some of the most pressing health issues in the next three years.