

2018 Community Health Needs Assessment



Betty Ford Center

Part of the Hazelden Betty Ford Foundation

Betty Ford Center
License #250000049



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

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HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation firm located in Palm Desert, CA. For more information about HARC, please visit www.HARCdata.org.

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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
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City of Coachella
City of Desert Hot Springs
City of Indio
City of La Quinta
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City of Palm Springs
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County Behavioral Health Commission
Desert Ability Center
Desert AIDS Project
Desert Best Friend's Closet
Desert Care Network
Desert Health News
Desert Healthcare District/Foundation
Desert Oasis Healthcare
Desert Regional Medical Center
Desert Sands Unified School District
Eisenhower Health

FAIR Foundation
First 5 Riverside
Inland Empire Health Plan (IEHP)
iRecover Palm Springs
Jewish Family Service of the Desert
JFK Memorial Hospital
Joslyn Senior Center
Latino Commission Counseling Center
LGBT Community Center of the Desert
Literacy, Language, & Cultural Centers (LiLaC)
Mizell Senior Center
Neuro Vitality Center
Olive Crest
OneFuture Coachella Valley
Path of Life Ministries
Police Department of Cathedral City
Police Department of Indio
Police Department of Palm Desert
Regional Access Project (RAP) Foundation
Riverside County Department of Public Social Services
Riverside County Office on Aging
Riverside County Sheriff's Department
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Riverside University Health System - Public Health
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The Community Foundation
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Variety - The Children's Charity

Additionally, Betty Ford Center and HARC would like to thank the members of the community who participated in a community survey to share their experiences coping with substance abuse and mental health treatment in the Coachella Valley.

Contents

Acknowledgements	3
Executive Summary.....	1
Section 1: Introduction.....	4
About Betty Ford Center.....	4
Mission of Betty Ford Center	4
Vision of Betty Ford Center	4
Programs & Services.....	4
Community Benefit Programs.....	6
About the Community Health Needs Assessment	7
Section 2: Community Served.....	8
Section 3: Process and Methods	14
Section 4: Gathering Community Input	16
Local Leader Survey.....	16
Community Member Survey.....	20
Section 5: Prioritized Significant Health Needs	21
Needs Not Addressed.....	21
Needs to Address	22
Access to Care for Low-Income and/or Uninsured	22
Mental Health Care	23
Substance Use Treatment.....	24
Important Approaches	25
Other Factors to Consider	26
Section 6: Available Resources	27
Section 7: Evaluation of Impact of Prior CHNA	36
Priority 1.....	36
Priority 2	37
Priority 3	37
Priority 4	38
Priority 5	39
Priority 6	39
Next Steps.....	40

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

As a nonprofit hospital, Betty Ford Center is required to conduct a community health needs assessment (CHNA) every three years to maintain compliance with the Internal Revenue Service (IRS). Regulations stipulate that each organization must conduct the CHNA and adopt a corresponding implementation strategy to address the needs identified. Betty Ford Center hired HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research and evaluation firm, to conduct the CHNA.

Community Served

Betty Ford Center's "community" is defined as the Coachella Valley, where the Betty Ford Center is located. Approximately 414,000 people live in this part of Eastern Riverside County in Inland Southern California. This definition of community includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The decision, made by Betty Ford Center senior leadership, was based on geography and patient origin; approximately 19% of patients in 2017 live in the Coachella Valley (more than 400 patients).

Process and Methods

To learn about the Coachella Valley community's health needs, data was collected in two phases:

1. Secondary data collection: Gathering existing data from reliable sources
2. Primary data collection: Collecting input from local leaders and the public to provide additional information

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

The next phase of data collection, primary data collection, was used to gather community input, as described below.

Gathering Community Input

To solicit input from people representing the broad interests of the community, HARC conducted an online survey that targeted leaders of local organizations in the health and human services fields. A total of 101 individuals representing 73 organizations participated in the online survey in June 2018. Participants represented cities (e.g., city council members, mayors, police departments, etc.), school districts, hospitals, clinics, senior centers, LGBT centers, homeless shelters, county agencies (including Public Health, Behavioral Health, the Office on Aging, and the Department of Public Social Services), as well as other local substance abuse treatment centers.

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. A total of 66 people participated in this second online survey in June 2018.

Prioritized Significant Health Needs

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

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

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

Additionally, the CHNA identified two important approaches to meeting those needs:

- Integration of Substance Use Disorder Treatment and Mental Health Care
- Education and Outreach Regarding Substance Use Disorders and Mental Health

The process also identified other factors to consider, including cultural competency (with a focus on the Hispanic/Latino community and the LGBT community) and accommodations for people with low literacy, low-to-no-vision, and those who are deaf/hard-of-hearing.

Available Resources

This portion of the report identifies 40 local programs that may serve as resources to individuals who are struggling with substance use disorders. However, it is worth noting that while there are many substance use treatment programs in the Valley, not all are affordable or offer financial assistance/sliding scales, and so not all address the stated need for access for low-income and/or uninsured individuals. Additionally, not all offer services in Spanish, limiting their usefulness for those who are not fluent English speakers. Additionally, it is unclear how many of these resources provide integrated mental health care and substance abuse treatment, and thus, may have limited utility based on what the community desires. Thus, while there are many existing resources, there is still a great need for Betty Ford Center to provide services to meet the needs as described in this report.

Evaluation of Impact of Prior CHNA

The 2015 CHNA identified three health needs for Betty Ford Center to address:

1. Age 55+ Addiction Services
2. Outpatient Treatment Services
3. Children's Services and Education

To meet those needs, Betty Ford Center developed the 2015 Implementation Plan, which included six priorities:

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

This section of the report summarizes what has been done in support of each priority. Betty Ford Center has addressed each one of the priorities established in the prior implementation plan, primarily with the following activities:

- New treatment centers: Betty Ford Center opened a West Los Angeles facility in 2015 and a San Diego facility in 2016.
- Family Program: An intensive three-day educational program for family members and loved ones of those impacted by the disease of addiction. Services include group sessions, lectures, and presentations that address various aspects of the disease of addiction (physical, emotional, mental, and spiritual).
- Children's Program: Provides services to children ages 7 to 12 years of age who have a family history of alcoholism and/or addiction. The program helps children learn about addiction in an age-appropriate manner, and to develop communication, coping, and self-care skills. No child is turned away for lack of funds; over 95% of children receive partial or full scholarships to attend.
- Professionals in Residence (PIR) Program: Offers a five-day program for professionals from various disciplines (e.g. doctors, lawyers, police officers, therapists, social workers, school administrators, etc.) to learn about addiction. In 2017, 75 professionals went through this training program.
- Summer Institute for Medical Students: Provides medical students with a week-long learning program to learn about addiction diagnosis, treatment and the recovery process. In 2017, 105 medical students went through this program at Betty Ford Center.
- Awareness Hour: Provides public lectures on alcohol and drug addiction at no cost. On average, over 250 attendees at each lecture.

Next Steps

This report summarizes the CHNA process and results. Next, Betty Ford Center will work with HARC to design an implementation plan that will provide practical guidance for how to address the established health needs in the community.

Section 1: Introduction

About Betty Ford Center

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

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

Betty Ford Center's drug and alcohol treatment programs are based on the Twelve Steps of Alcoholics Anonymous. Betty Ford Center provides care to patients eighteen years of age or older who are diagnosed with a substance use disorder, regardless of race, sexual orientation, creed, religion, gender, or origin. Since its inception, the treatment goal of Betty Ford Center has been to provide care that is accessible, effective, clinically driven, individualized, and gender specific.

Mission of Betty Ford Center

We are a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs.

Vision of Betty Ford Center

Together, we will overcome addiction.

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.

Inpatient Services

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

Residential Day Treatment

Residential day treatment services provide patients with the opportunity to establish a sober support system and practice recovery in a community setting. Patients live at home or reside in gender-specific homes that are owned and staffed by Betty Ford Center and receive services Monday through Friday at Betty Ford Center's main campus. Services include, but are not limited to, individual therapy, specialty groups, educational lectures, and group therapy, based on the Twelve Step process of recovery.

Intensive Outpatient Program

Intensive outpatient services include primary addiction treatment services for patients who live at home or reside in gender-specific homes that are owned and staffed by Betty Ford Center and travel to Betty Ford Center's main campus. Services, which typically span eight weeks, are offered Monday through Friday and include medical oversight, individual and group therapy, and educational lectures that emphasize issues in home and work environments.

Clinical Diagnostic Evaluation

Clinical diagnostic evaluation services are provided for individuals who need help determining whether or not they are manifesting signs and symptoms of an addictive disease and/or co-occurring psychiatric disorder. Evaluations take place over a four-day period and assess an individual's degree of physical, social, psychological, or cognitive impairment and the person's current suitability for returning to work. At the conclusion of the evaluation, appropriate continuing care or treatment options are reviewed and discussed with the individual. Therapeutic After Care Services Therapeutic after care services include group support for individuals who have completed treatment and/or have demonstrated a minimum of thirty days of sobriety and recovery. The sessions are provided to adults for 1.5 hours a week for one full year.

Family Program

The Family Program is an intensive three-day educational program offered Monday through Wednesday for family members and loved ones of those impacted by the disease of addiction. Services include group sessions, lectures, and presentations that address various aspects of the disease of addiction, including the physical, emotional, mental, and spiritual components, in order to help family members and loved ones with their own recovery. The Family Program is open to those thirteen years of age and older and to any person who has, or currently is, affected by someone's addiction to alcohol and/or drugs.

Children's Program

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

Community Benefit Programs

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

Professionals in Residence

The Professionals in Residence (PIR) program offers a five-day program for professionals from various disciplines, including physicians, corporate executives, police officers, lawyers, judges, psychologists, marriage and family therapists, social workers, probation officers, clergy and school administrators. Participants learn about how the disease of addiction may affect clients and colleagues and what they, as trusted advisors, might be able to do to encourage patients, families and others to seek help and treatment. The Professionals in Residence program has provided services to over 2,000 professionals, with 75 participating in Rancho Mirage in 2017. Recently, the PIR program has been adapted to meet the needs of the professionals in the community, such as offering a special four-day program for school counselors who could not commit to the traditional five-day format. Betty Ford Center is committed to customizing PIR to fit the needs of the professionals.

Summer Institute for Medical Students

The Summer Institute for Medical Students was established in 1988 to provide medical students with the opportunity to learn about addiction diagnosis, treatment and the recovery process. The weeklong experiential learning program offers medical students first-hand knowledge about addiction and treatment and expands their awareness and understanding of substance use disorders and the effects on patients and families. The Summer Institute for Medical Students has provided services to over 3,500 medical students, with 105 participating in Rancho Mirage in 2017. Medical students from all areas of the United States and from abroad participate through scholarships on a no-cost basis.

Awareness Hour

Awareness Hour, held on select Saturdays throughout the year, is a program that provides public lectures on alcohol and drug addiction at no cost. The lectures have been held since 1979 and provide current information about addiction issues, the benefits of treatment, and where help and treatment are available. Awareness Hour is held at the Annenberg Center for Health Services next to Betty Ford Centers main campus and attracts, on average, over 250 attendees at each lecture.

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 2}

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

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

As a result, The 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. The lead HARC researchers on included:

- Dr. Jenna LeComte-Hinely, Chief Executive Officer
- Chris Morin, MS, Research Associate

They were also supported by two other researchers at HARC:

- Dr. Casey Leier, Director of Research
- Gerardo Quintana, BA, Research Assistant

HARC's approach to the CHNA is very collaborative. Working in conjunction with Betty Ford Center staff, HARC first gathered existing data to learn what information already existed about substance 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 have informed the current report.

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

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

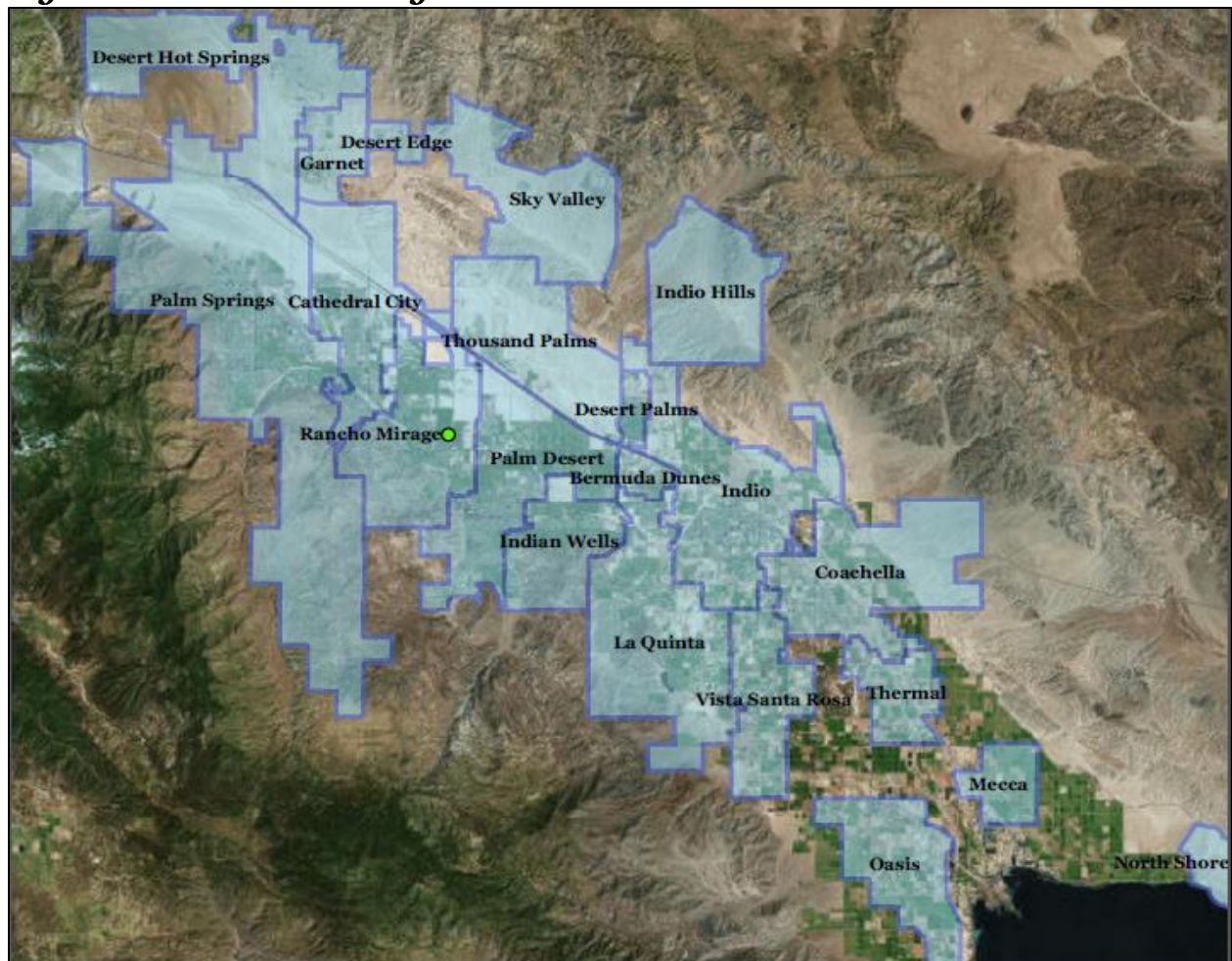
Section 2: Community Served

Betty Ford Center's "community" is defined as the Coachella Valley, where the Betty Ford Center is located. The Coachella Valley is a unique community, geographically isolated by mountain ranges so that it almost functions as an island. Approximately 414,000 people live in this part of Eastern Riverside County in Inland Southern California.

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.

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

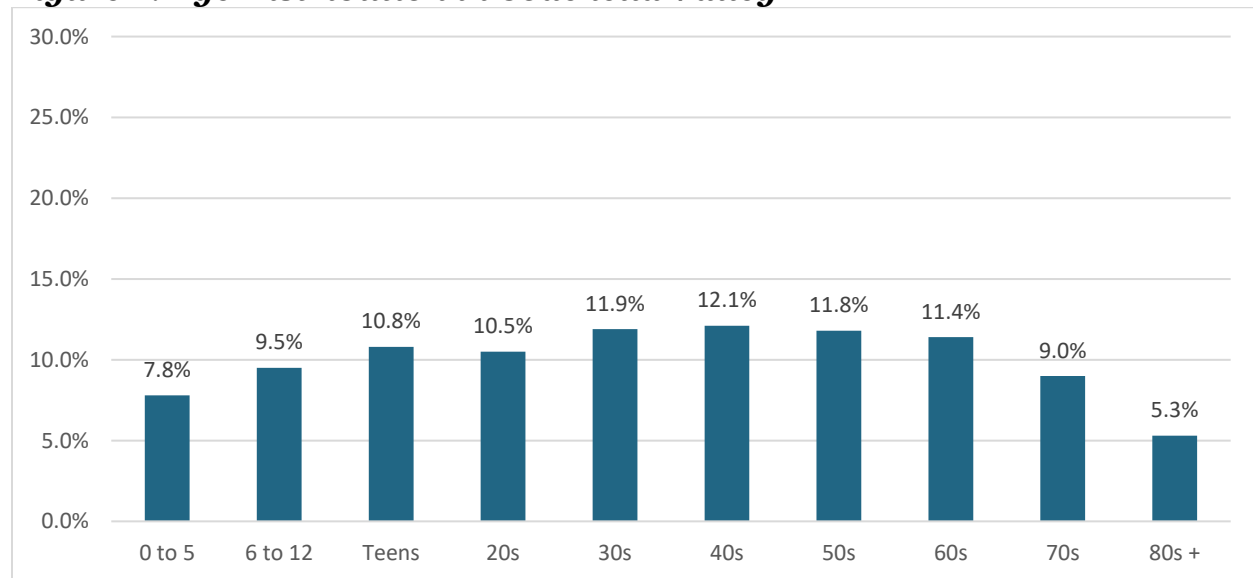
Type	Name	Population
Cities	Coachella	53,268
	Cathedral City	43,826
	Desert Hot Springs	28,091
	Indian Wells	5,194
	Indio	85,401
	La Quinta	39,801
	Palm Desert	51,045
	Palm Springs	46,714
	Rancho Mirage	17,876
Unincorporated Areas that are Census-Designated Places	Bermuda Dunes CDP	7,339
	Desert Palms 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.

About a quarter of residents (24.4%) are minors, as illustrated in Figure 2, and another third (31.4%) can be considered seniors (ages 55 and older). In fact, as illustrated in Figure 2, 5.3% of the Coachella Valley is age 80 and over (more than 21,500 people).

The percent of adults that are seniors is significantly higher in the Coachella Valley than in California as a whole. Specifically, 32% of California adults are age 55 and older³, while in the Coachella Valley, approximately 42% of adults are age 55 and older.

Figure 2. Age Distribution in Coachella Valley



Note: $n = 406,668$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Approximately 11.9% of Coachella Valley adults identify as lesbian, gay, bisexual, or other sexual orientation.⁴ This is significantly higher than the rate in the state of California as a whole, where only 6.7% identify as lesbian, gay, bisexual or other sexual orientation.⁵ Thus, Betty Ford Center must have strong competencies in LGBT-specific care and be able to provide culturally competent care to this population.

The majority of the Coachella Valley speaks either English (54.4%) or Spanish (41.0%) at home⁶, and thus, Betty Ford Center must provide culturally competent care in Spanish if they are to truly meet the needs of their population. Less than 5% of the population speaks a language other than English or Spanish, and thus, those languages are less necessary to meeting the needs of this community.

³ California data are from the U.S. Census Bureau's 2012-2016 American Community Survey 5-Year Estimates.

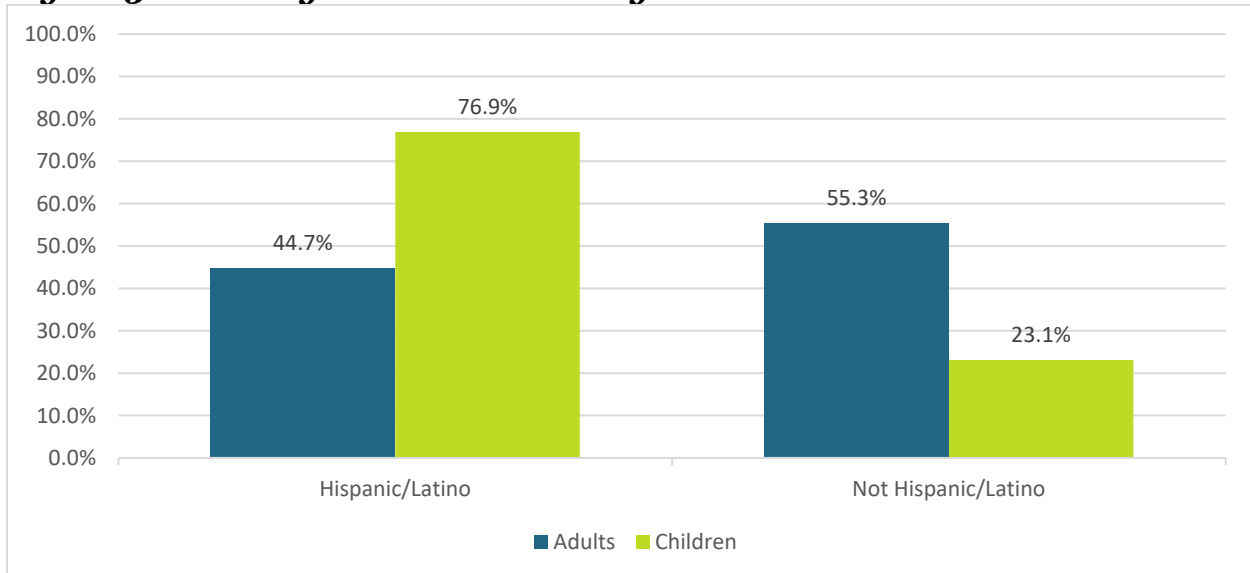
⁴ HARC, Inc. (2017). Coachella Valley Community Health Survey.

⁵ California Health Interview Survey (2016). Available online at ask.chis.ucla.edu

⁶ U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Coachella Valley, Five years and older, $n = 389,291$. Estimates were computed by aggregating the nine Coachella Valley cities and surrounding census designated places (CDPs).

Local children are more likely to be Hispanic than local adults, as illustrated in Figure 3. This illustrates the unique nature of the Coachella Valley, which includes many white retirees who relocated to the area as well as local Hispanic families with children.

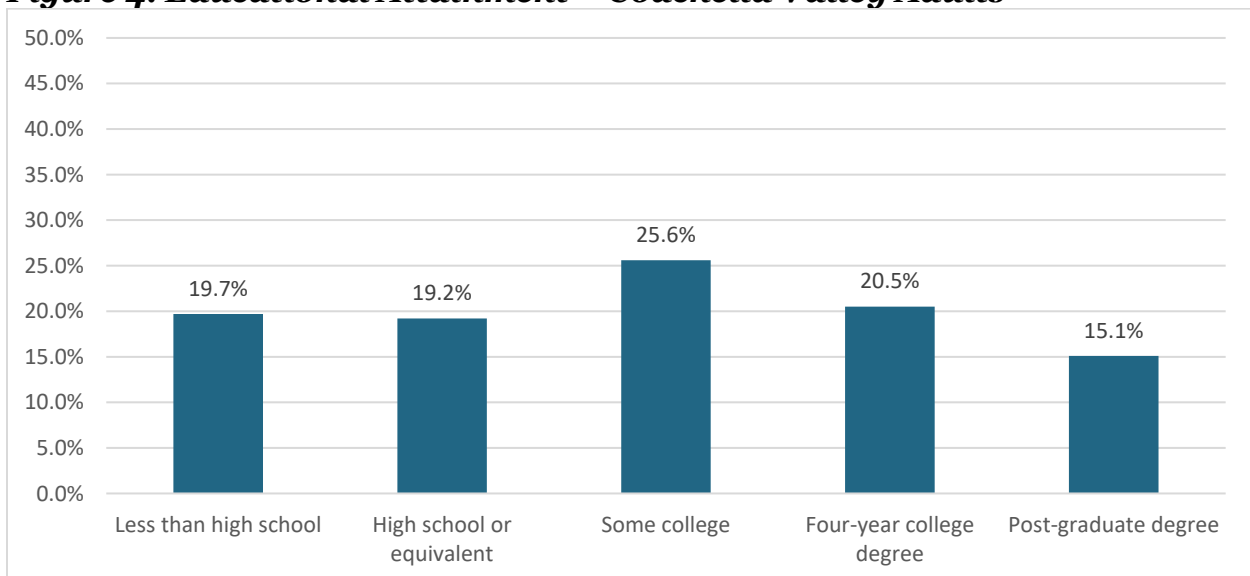
Figure 3. Ethnicity in Coachella Valley



Note: $n = 403,604$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

About 38.9% of local adults (ages 18+) have a high school degree or less, as illustrated in Figure 4. This indicates that more than 60,000 local adults lack a high school degree. Thus, Betty Ford Center must be sure to provide materials to individuals with low literacy levels in order to serve this segment of the population.

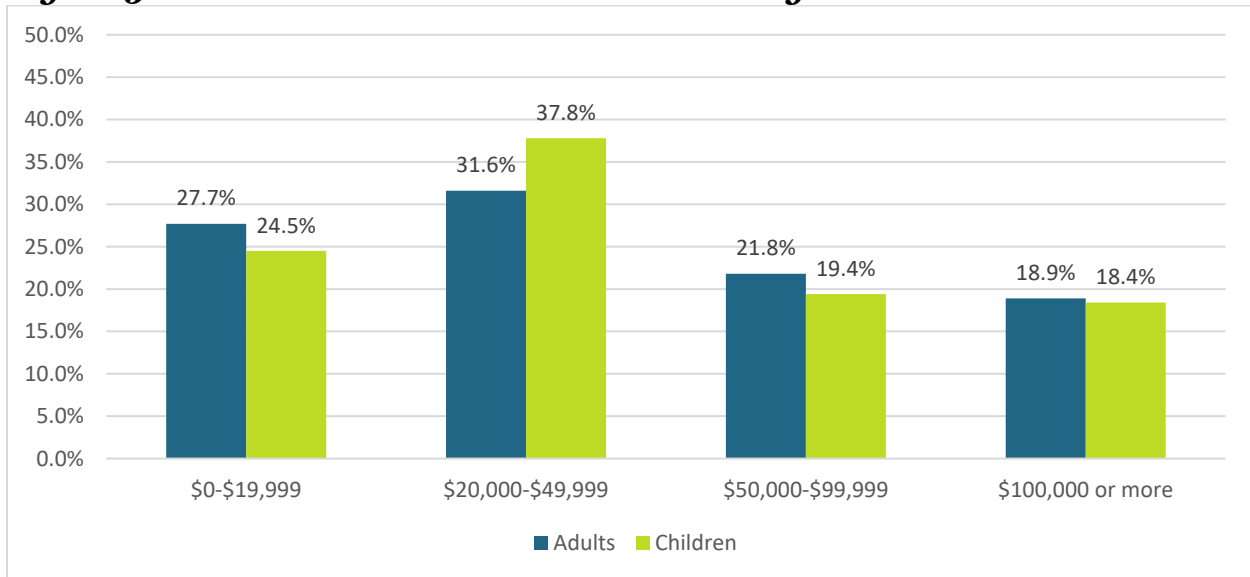
Figure 4. Educational Attainment – Coachella Valley Adults



Note: $n = 305,740$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

As illustrated in Figure 5, about a quarter of locals live in a household with an annual income under \$20,000.

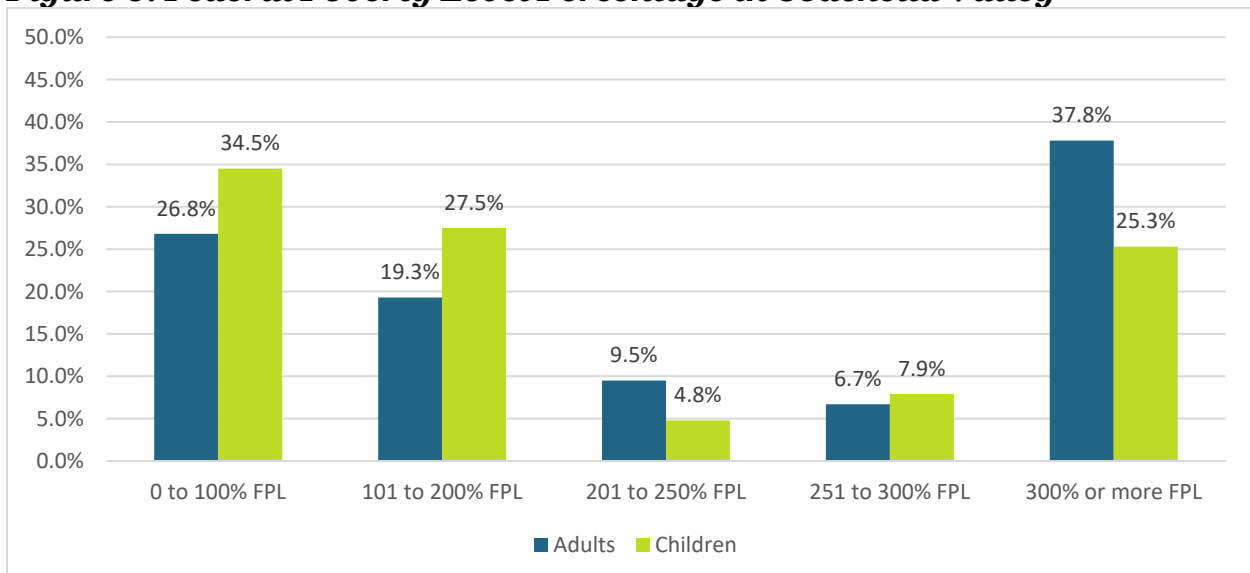
Figure 5. Household Income in Coachella Valley



Note: $n = 308,942$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Poverty was calculated using the number of people living in the home and the household income level. As illustrated in Figure 6, more than a quarter of local adults live below the federal poverty level (FPL), as do more than a third of local children.

Figure 6. Federal Poverty Level Percentage in Coachella Valley

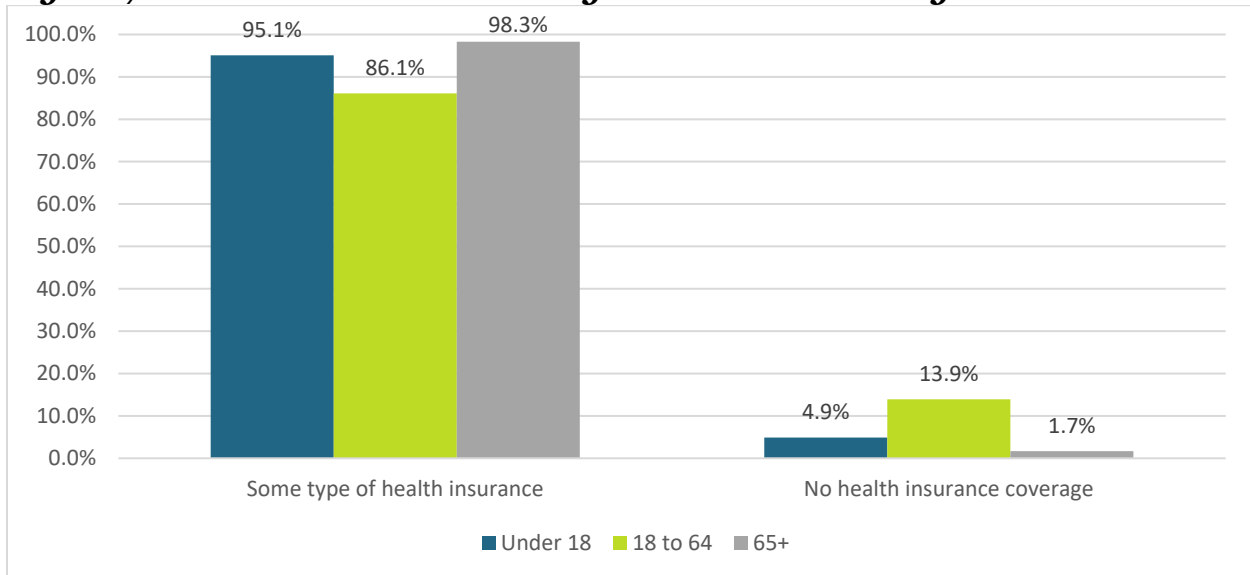


Note: $n = 308,214$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Thus, Betty Ford Center must continue to offer significant financial aid if they are to meet the needs of this substantial low-income community.

Financial aid is especially important for uninsured adults, who are unable to bill their insurance for services. As illustrated in Figure 7, approximately 13.9% of working age adults in the Coachella Valley remain uninsured. Virtually all seniors have health insurance due to Medicare.

Figure 7. Health Insurance Coverage in Coachella Valley



Note: $n = 404,378$. Data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Section 3: Process and Methods

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

The individuals that were involved in the CHNA process are listed in Table 3 (Betty Ford Center staff) and Table 4 (HARC staff).

Table 3. Betty Ford Center Participants

Name	Title
Mark Baumgartner, MEd	Executive Director, Betty Ford Center
Donald Lamp, MSL, BSN, RN	Clinical Nurse Manager, Betty Ford Center
Jerry Moe, MA, MAC, CET II	National Director of the Children's Program
Tracy Pobuda, MS, PsyD, LP	Manager, Mental Health Services, Betty Ford Center
Stanton Segal, MD, FCCP	Medical Director, Betty Ford Center
Laurie Skochil	Senior Administrative Assistant to Dr. Yadron
Christopher Yadron, PhD	VP of West Region, Betty Ford Center Administrator

Table 4. HARC Participants

Name	Title
Jenna LeComte-Hinely, PhD	Chief Executive Officer
Cassandra Leier, PhD	Director of Research and Evaluation
Chris Morin, MS	Research and Evaluation Associate
Gerardo Quintana, Jr., BA	Research Assistant

Data was collected in two phases:

1. Secondary data collection: Gathering existing data from reliable sources
2. Primary data collection: Collecting input from local leaders and the public to provide additional information

Secondary data was collected from a variety of reliable sources, as illustrated in Table 5.

Whenever possible, Coachella Valley-specific data was used (e.g., HARC's Coachella Valley Community Health Survey) or data from smaller geographic areas (e.g., cities, school districts) was aggregated together to approximate the Coachella Valley. When that was not possible, the next smallest unit of geographic measurement was used to report the data (often Riverside County as a whole, sometimes Riverside County and Imperial County together) and then extrapolated to the Coachella Valley.

Table 5. Secondary Data Sources

Survey	Source	Year(s)
American Community Survey	U.S. Census Bureau	2012 – 2016 5-Year Estimates
California Health Interview Survey	University of California, Los Angeles	2016
California Healthy Kids Survey; Coachella Valley School District	California Department of Education	2014 - 2015
California Healthy Kids Survey; Desert Sands Unified School District	California Department of Education	2015 – 2016
California Healthy Kids Survey; Palm Springs Unified School District	California Department of Education	2015 – 2016
Coachella Valley Community Health Survey	HARC, Inc.	2016
Controlled Substance Utilization Review and Evaluation System	California Department of Justice, per Health and Safety Code section 11165(d)	2017
County Health Status Profile, Riverside County	California Department of Public Health	2017
National Survey on Drug Use and Health, Riverside and Imperial County Profile	U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)	2012 – 2014
Riverside County Data	California Office of Statewide Health Planning and Development (OSHPD)	2013 - 2015

For more detail on the secondary data collected during the CHNA, please contact Betty Ford Center for a free copy of the report produced, “Secondary Data: Mental Health and Substance Abuse within the Coachella Valley”.

The next phase of data collection, primary data collection, utilized an online survey to solicit feedback from community members. HARC and Betty Ford Center worked together to design two surveys: one for community leaders who represent underserved communities, and another for people who had issues with substance use and/or mental health (either current or past). For more detail on the recruitment of these online surveys, please see section 4, page 16, “Gathering Community Input”.

Once data collection was complete, the data was cleaned, and descriptive statistics were run to allow the researchers to create tables and charts to illustrate the findings. For more detail on the primary data collected during the CHNA, please contact Betty Ford Center for a free copy of the report produced, “CHNA Primary Data Collection: Survey Results 2018”.

Section 4: Gathering Community Input

Local Leader Survey

The first method of soliciting input from people representing the broad interests of the community was an online survey that targeted leaders of local organizations in the health and human services fields. HARC and Betty Ford Center designed the survey for local leaders to assess who these organizations served, what they provided, and what their perspective was on the alcohol, drugs, and/or mental health issues that their clients struggled with. It asked their perspective on barriers to treatment, and the urgency of the need to address alcohol, drugs, and/or mental health issues in the region. Finally, the implementation plan from the previous CHNA was presented, and leaders were asked to provide feedback on the plan and what new priorities Betty Ford Center should tackle going forward. The online survey had 16 questions, including several open-ended questions where leaders could share their thoughts on the topics freely.

To recruit participants, HARC put together a contact list for the survey, which was provided to Betty Ford Center to add to. The final list included City Council Members and Mayors from all nine cities in the Coachella Valley. 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 the Department of Public Social Services. Individuals from our local Assemblymember's office and our Congressman's office were also invited to participate, as were as many local substance use 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, 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 Table 6 for the list of the 73 organizations that participated in the online survey.

Table 6. Organizations Providing Community Input

Organization Name	Type of Organization
ABC Recovery Center, Inc.	Substance Use Treatment
Addiction Therapeutic Services (ATS)	Substance Use 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

Organization Name	Type of Organization
Borrogo 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 (oversees three hospitals: JFK Memorial Hospital, Desert Regional Medical Center, and High Desert Medical Center)	Healthcare - Hospital
Desert Healthcare District/Foundation	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

Organization Name	Type of Organization
First 5 Riverside	Nonprofit - Youth and Children
Inland Empire Health Plan (IEHP)	Healthcare - Medi-Cal
iRecover Palm Springs	Substance Use 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	Nonprofit - Mental Health
Shelter From The Storm, Inc. (SFTS)	Shelter/Housing/Homeless Services
Soroptimist House of Hope	Substance Use Treatment
The Awareness Group	Substance Use Treatment
The Community Foundation	Foundation/Funder
THE EIGHT	Nonprofit - Wellness
The Ranch Recovery Centers, Inc	Substance Use 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

Participants were asked about the populations they serve to ensure that they truly represent medically underserved, low-income, and/or minority populations. Participants could select multiple options. These organizations serve a wide range of people in need, as illustrated in Table 7. The most common minority populations served include Hispanic/Latino (93.8%) and low-income (92.7%). More than two-thirds of the organizations who responded provide services to the medically underserved and the uninsured.

Table 7. Populations Served by Leaders

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: $n = 99$.

Participants were also asked to report what type of services their organization provided, to assess their area of expertise. The most common responses regarding services provided included mental healthcare (45.6%), homeless intervention services (39.2%), and advocacy (36.7%), as illustrated in Table 8.

Table 8. Services Provided by Leadership

Services Provided	Frequency	Percentage
Mental Healthcare	36	45.6%
Homeless Intervention Services	31	39.2%
Advocacy	29	36.7%
Substance Use 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: $n = 79$.

The input provided by these local leaders was factored into the determination of the significant health needs described in the next section of the report. For more detail on the input provided by local leaders, please contact Betty Ford Center for a free copy of the report produced, “CHNA Primary Data Collection: Survey Results 2018”.

Community Member Survey

Additionally, HARC also sought out input from individuals in the area who have historically had issues with mental health and/or substance use; this perspective was designed to complement the secondary data and the input from local leaders. To gather this input, HARC and Betty Ford Center collaboratively created a second online survey. This survey had 56 questions, although due to advanced skip logic, few people answered all the questions—the average time spent on the survey was seven minutes. The survey was designed to assess both current issues and lifetime issues.

Survey topics included demographics and healthcare access/utilization in addition to the primary topics of interest, substance use and mental health. Participants were asked whether they sought treatment for their issues, what the barriers to obtaining treatment were, what problems their issues caused in their daily lives, their perceptions of family support for treatment-seeking, and what factors would influence their decision in selecting a treatment facility.

The survey was made available to the public through HARC's website, social media, and e-blasts, in both English and Spanish. Participation was incentivized with the opportunity to win a \$100 Visa card. A total of 66 people participated in this second online survey in June 2018.

Participants ranged in age from 24 to 79. Community members represented the entire Coachella Valley, from Coachella to Desert Hot Springs. 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. About half (48.4%) had struggled with substance use at one point in their lives.

The input provided by these local community members was factored into the determination of the significant health needs described in the next section of the report. For more detail on the input provided by community members, please contact Betty Ford Center for a free copy of the report produced, "CHNA Primary Data Collection: Survey Results 2018".

Section 5: Prioritized Significant Health Needs

To assemble this list of significant health needs in the Coachella Valley community, Betty Ford Center and HARC utilized both the secondary data as well as the primary data collected from local community leaders and community members. 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 localized than in most hospitals' CHNAs. Specifically, the health needs identified here all pertain to substance use treatment and/or mental health and wellness; more broadly, the field of behavioral health.

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). More than a third of local children (35%) eat fast food twice or more each week.
- **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 in the region.
- **Sleep deprivation:** 31% of local adults get less than the recommended amount of sleep each night, as do 8% of local children.

However, these are not health needs that are appropriate for Betty Ford Center to address.

Needs to Address

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

4. Access to Care for Low-Income and/or Uninsured
5. Mental Health Care
6. Substance Abuse Treatment

Additionally, the CHNA identified two important approaches to meeting those needs:

1. Integration of Substance Use Treatment and Mental Health Care
2. Education and Outreach Regarding Substance Use and Mental Health

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 is 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.

Section 6: Available Resources

Table 9 lists the local resources that are available to address substance use disorders in the Coachella Valley. These resources are presented alphabetically by organizational name, and exclude the services provided by Betty Ford Center. These resources were collected from cvHIP (Coachella Valley Health Information Portal, cvHIP.com) as of August 2018. The cvHIP disclaimer is as follows:

Information on cvHIP was gathered from websites, other public sources, and telephone interviews. Every possible effort has been made to ensure that the information contained in cvHIP is accurate and complete. Any omission or errors are unintentional.

It is the responsibility of each consumer to verify information, evaluate the providers, and determine how to best meet his/her needs. Please confirm the eligibility requirements and availability of services with the provider. No endorsement or evaluation of the organizations or their services is made or implied.

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

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

Table 9. Substance Abuse Resources in Coachella Valley

Organization	Name	Description	Location	Notes
417 Recovery	Substance use intensive outpatient program	Day treatment for adolescents ages 12 to 18 with substance use disorders.	73271 Fred Waring Drive Suite 103 Palm Desert, CA 92260	Aetna, Anthem Blue Cross, Blue Cross Blue Shield, Cigna, Health Net, Humana, PHCS, United Healthcare, and ValueOptions insurances accepted. Some scholarships may be available for clients not covered. Services offered in Spanish.
ABC Recovery Center	Outpatient Treatment	Outpatient substance abuse treatment for individuals and families	44-374 Palm St Indio, CA 92201	Medicaid and private insurance accepted. Self-pay is \$1,000/month. No referral required. Services offered in Spanish.
ABC Recovery Center	Transitional Living	Sober living facilities for men, women, and women with infants who are leaving a residential treatment facility. ABC offers 3 sober living homes, which can accommodate up to 9 women and 11 men at a time. Maximum stay in the program is one year.	44-374 Palm St. Indio, CA 92201	Medi-Cal, Medicaid, and most private insurance accepted. Residents must have some time clean and sober. Many residents come from residential treatment programs, but it is not required. Residents must participate in intensive outpatient treatment. Residents are expected to be working or in school. Residents must have a source of income. Must be 18 or older. Transgender residents are welcome. Services offered in Spanish.
Axis Recovery	Residential Treatment	Residential treatment for adults ages 18 and older with substance use disorders.	75450 Fairway Dr. Indian Wells, CA 92210	Axis accepts most private insurance plans, including Aetna, Anthem, Blue Cross Blue Shield, Magellan, and United Healthcare. Call 866-737-3570 for insurance verification. Private pay clients are welcome.
Bella Monte Recovery Center	Residential Treatment	Residential treatment for those needing alcohol and substance use services	6811 Calle Las Tiendas Desert Hot Springs, CA 92240	Private insurance accepted, self-pay, scholarships available on a case-by-case basis.

Organization	Name	Description	Location	Notes
Hearth Stone House	Structured Living Program	Sober living program for adults in recovery.	44500 San Pascual Ave. Palm Desert, CA 92260	Must have completed inpatient substance abuse program. Self-pay only.
iRecover	Residential Treatment	Residential treatment program for adults with substance abuse issues	37066 Bankside Dr Cathedral City, CA 92234	Private insurance accepted. Self-pay is \$17,000 for a 4-week program, \$28,000 for an 8-week program. No sliding scale fees available.
Jewish Family Service of the Desert	Counseling Services	Counseling for Coachella Valley individuals of all ages, couples, and families.	490 S. Farrell Dr. Suite C-208 Palm Springs, CA 92262	Services are provided regardless of religious beliefs. JFS accepts the following insurance plans: Blue Cross, Cares, IEHP, Kaiser, Medi-Cal, Medicare, Molina, and United Health. Sliding scale fees are available for uninsured clients. Fees are based on household income and begin at \$5 per session. Services offered in Spanish.
Ken Seeley Communities	The Alexander Women's Facility	Sober living facility for women.	1425 S. Via Soledad Palm Springs, CA 92264	For women. Price starts at \$1,200/month for double occupancy.
Ken Seeley Communities	The Palm Tee Men's Facility	Sober living program for adult men.	1590 E. Palm Canyon Dr. Palm Springs, CA 92264	For men. Price starts at \$1,200/month for double occupancy.
Michael's House	Intensive Outpatient Program	Intensive outpatient program for adults with substance use and mental health issues	515 N. Palm Canyon Dr Palm Springs, CA 92262	Accepts most private insurances including Aetna, Blue Cross Blue Shield, ComPsych, Humana, Magellan, Multiplan, United Healthcare, and ValueOptions.
Michael's House	Stabilization Center	Residential detox center for adults with alcohol and substance use issues.	2095 N. Indian Canyon Dr. Palm Springs, CA 92262	Private insurance accepted. Those without private insurance will likely be referred to other programs in the area.
Michael's House	Women's Center	Residential treatment for women 18+ with substance use and mental health issues	430 S. Cahuilla Rd Palm Springs, CA 92262	Aetna, Blue Cross Blue Shield, ComPsych, Humana, Magellan, Multiplan, United Healthcare, and ValueOptions accepted. Self-pay is \$27,600.

Organization	Name	Description	Location	Notes
Palm Desert Sober Living	Jennifer's House for Women	Sober living program for women. This nine-bed facility offers treatment for those recovering from a chemical/alcohol dependency.	Confidential location Palm Desert, CA 92260	Eligibility: Must be sober, do random drug testing, attend 12-step meetings, do chores, seek employment, work with a sponsor, mandatory curfew. Cost starts at \$800/month, dependent on level of care.
Ranch Recovery Centers, Inc.	Family Program	Support services for family members or significant others who have a loved one with a substance abuse disorder	7885 Annandale Ave Desert Hot Springs, CA 92240	Free for family members of those receiving treatment at The Ranch Recovery Centers. For family members 14+. Services offered in Spanish.
Ranch Recovery Centers, Inc.	Men's Treatment Center	Residential detoxification program for men with substance abuse issues.	7885 Annandale Ave Desert Hot Springs, CA 92240	Medi-Cal and most private insurances accepted. Self-pay is on a sliding scale, starts at \$6,390/month. Financial assistance can be provided. Services offered in Spanish.
Ranch Recovery Centers, Inc.	Women's Treatment Center	Residential detoxification program for women with substance abuse dependency	12890 Quinta Way Desert Hot Springs, CA 92240	Medi-Cal and most private insurances accepted. Self-pay is on a sliding scale, starts at \$6,390/month. Financial assistance can be provided.
Riverside County Latino Commission on Alcohol and Drug Abuse Services	Adolescent Outpatient Substance Abuse Program	Intensive outpatient substance abuse treatment for ages 12 to 17	1612 First St. Coachella, CA 92236	Clients must have Medi-Cal. Services offered in Spanish.
Riverside County Latino Commission on Alcohol and Drug Abuse Services	Adult Outpatient Substance Abuse Program	Outpatient substance abuse treatment for adults ages 18 and older	83844 Hopi Ave. Indio, CA 92203	Clients must have Medi-Cal. Services offered in Spanish.
Riverside County Latino Commission on Alcohol and Drug Abuse Services	Casa Cecilia	Residential substance abuse and mental health services for women	83385 Rosa Ave Thermal, CA 92274	Medi-Cal only. Wait list may vary; availability is for 6 women. Services offered in Spanish.

Organization	Name	Description	Location	Notes
Riverside County Latino Commission on Alcohol and Drug Abuse Services	Casa Las Palmas	Residential substance abuse treatment for men	83844 Hopi Ave Indio, CA 92203	Must have Medi-Cal. State-funded, so no cost to residents. Clients must be referred through the CARES line. Services offered in Spanish.
RUHS – Behavioral Health	Court Ordered Assessment	Court ordered assessment for individuals seeking substance use treatment programs. Individuals convicted of a DUI are referred by the courts to the Driving Under the Influence (DUI) Program.	Three locations: 14320 Palm Drive Desert Hot Springs, CA 92240 83-912 Avenue 45 Suite 9 Indio, CA 92201 68-615 Perez Road Suite 6A Cathedral City, CA 92234	For DUI Classes there is a flat fee. Services offered in Spanish.
RUHS – Behavioral Health	Friday Night Live	Youth development, community service, and substance use prevention for students in high school. There are over 80 FNL chapters in the Coachella Valley area. Chapters include community centers, elementary schools and high schools in Coachella Valley Unified School District, Desert Sands Unified School District, and Palm Springs Unified School District.	Four locations: 14320 Palm Dr. Desert Hot Springs, CA 92240 45-305 Oasis St. Indio, CA 92201 81-678 Ave. 46 Indio, CA 92201 83100 Date Ave. Indio, CA 92201	Free, no documentation required, no wait list. Services offered in Spanish.
RUHS – Behavioral Health	MOMS Perinatal Program	Intensive outpatient treatment for pregnant and parenting women with substance use disorders.	Two locations: 83912 Avenue 45 Suite 9 Indio, CA 92201	Medi-Cal, Medicaid, self-pay sliding scale. No one is rejected due to inability to pay. Services offered in Spanish.

Organization	Name	Description	Location	Notes
			14320 Palm Drive Desert Hot Springs, CA 92240	
RUHS – Behavioral Health	Multi-Dimensional Family Therapy (MDFT)	Outpatient based treatment of adolescents who have behavioral and substance use disorders. MDFT provides an evidence-based approach to the treatment of adolescents who have behavioral and substance use disorders.	83-912 Avenue 45 Suite 9 Indio, CA 92201	Must have Medi-Cal. Services offered in Spanish.
RUHS – Behavioral Health	Outpatient Substance Abuse Counseling	Outpatient drug and alcohol counseling for youth and adults ages 12 and older.	Three locations: 14320 Palm Drive Desert Hot Springs, CA 92240 83-912 Avenue 45 Suite 9 Indio, CA 92201 68-615 Perez Road Suite 6A Cathedral City, CA 92234	Medi-Cal, Medicaid, and private insurances accepted. Services provided on a sliding scale. Services offered in Spanish.
RUHS – Behavioral Health	Outpatient Substance Use Treatment	Outpatient substance use services for Riverside County adolescents and adults ages 13 and older.	Three locations: 14320 Palm Drive Desert Hot Springs, CA 92240 83-912 Avenue 45 Suite 9 Indio, CA 92201 68-615 Perez Road Suite 6A Cathedral City, CA 92234	Accepts Medi-Cal and self-pay clients. Sliding scale fees based on income are available to those without Medi-Cal. Services offered in Spanish.

Organization	Name	Description	Location	Notes
RUHS – Behavioral Health	Recovery Opportunity Center	Counseling and education provided to persons convicted of a substance abuse crime in lieu of jail time.	83912 Avenue 45 Indio, CA 92201	Clients are referred through the court or probation. No violent offenders accepted.
Soroptimist House of Hope	Residential Substance Use Treatment	Residential substance use treatment for adult women covered by Medi-Cal	13525 Cielo Azul Way Desert Hot Springs, CA 92240	Each client must contribute \$300 every 45 days (in food stamps or cash) toward the cost of food. Clients must be clean for at least 72 hours. Dual diagnoses can generally be accommodated. Must go through Riverside County central intake for assessment. Wait time varies.
Sunspire Health Desert Palms	Medically Managed Detox	Medically managed detox for people experiencing addiction	67580 Jones Rd Cathedral City, CA 92234	Private insurance accepted. Generally lasts 2 to 7 days.
Sunspire Health Desert Palms	Residential and Extended Care	Residential and extended care for people in recovery	67580 Jones Road Cathedral City, CA 92234	
The Awareness Group	30-Hour Program	AB-541 ("30 Hour") program is a court mandated risk education program. Group education and counseling for court-mandated clients ages 18+ with a first DUI. Referral required.	Two locations: 1445 N. Sunrise Way Suite 203 Palm Springs, CA 92262 45926 Oasis St Indio, CA 92201	Self-pay clients only: insurance is not accepted. Services are on a "pay as you go" basis. A payment plan is available. The total program fee is \$588. Services offered in Spanish.
The Awareness Group	6-Month Program	AB762 program is a 6-month court mandated counseling and risk education program. Group education and counseling for court-mandated clients ages 18+ with a first DUI. Referral required.	Two locations: 1445 N. Sunrise Way Suite 203 Palm Springs, CA 92262 45926 Oasis St Indio, CA 92201	Self-pay clients only: insurance is not accepted. Services are on a "pay as you go" basis. A payment plan is available. The total program fee is \$859. Services offered in Spanish.
The Awareness Group	9-Month Program	AB-1353 program is a 9-month court mandated counseling and risk education program.	Two locations: 1445 N. Sunrise Way Suite 203 Palm Springs, CA 92262	Self-pay clients only: insurance is not accepted. Services are on a "pay as you go" basis. A payment plan is available. The total program fee is \$1,312.

Organization	Name	Description	Location	Notes
		Group education and counseling for court mandated clients ages 18 and older with a first DUI.	45926 Oasis St Indio, CA 92201	Services offered in Spanish.
The Awareness Group	Drug Diversion Program	The Penal Code 1000, or "Drug Diversion," program typically replaces jail time with drug education classes for individuals convicted of a minor drug-related offense. Substance use education and counseling program as an alternative to jail time for court mandated clients ages 18 and older.	Two locations: 1445 N. Sunrise Way Suite 203 Palm Springs, CA 92262 45926 Oasis St Indio, CA 92201	Services are self-pay only: insurance is not accepted. There is an enrollment fee of \$70, along with a weekly program fee of \$27. Payment plans are available. Services offered in Spanish.
The Awareness Group	DUI Multiple Offender Program	18-month program for court mandated clients. DUI counseling and education for court mandated clients ages 18 and older.	Two locations: 1445 N. Sunrise Way Suite 203 Palm Springs, CA 92262 45926 Oasis St Indio, CA 92201	There is an enrollment fee of \$65, with an additional program fee of \$31 per week. A payment plan is available. Services offered in Spanish.
The Awareness Group	Howard's Group	Affordable group-based substance use treatment for adults ages 18 and older. No referral required.	45926 Oasis St Indio, CA 92201	All participants are expected to be drug and alcohol free when attending Howard's Group. Testing will be required. Self-pay clients only: insurance is not accepted. Fees are \$60 for individual sessions and \$31 for group sessions. Services offered in Spanish.
The Awareness Group	Wet Reckless Program	Court mandated education for drivers ages 18 and older convicted of reckless driving involving alcohol or drug use. A "wet reckless" refers to the charge of reckless driving	Two locations: 1445 N. Sunrise Way Suite 203 Palm Springs, CA 92262	Self-pay clients only: insurance is not accepted. Services are on a "pay as you go" basis. A payment plan is available. The total program fee is \$266.

Organization	Name	Description	Location	Notes
		involving the use of alcohol or drugs. Individuals charged with a DUI may be offered a plea bargain for a “wet reckless”, which carries lower fines and shorter sentences than a DUI.	45926 Oasis St Indio, CA 92201	Services offered in Spanish.
Torres-Martinez Indian Health Clinic	Behavioral Health Services	Substance abuse and mental health services for Native Americans	66-735 Martinez Rd Thermal, CA 92274	Must be a member of the following ten tribes: Agua Caliente, Cahuilla, Morongo, Pechanga, Ramona, San Manuel, Santa Rosa, Soboba, Torres-Martinez, and Fort Mojave. Services are free.

Section 7: Evaluation of Impact of Prior CHNA

The 2015 CHNA identified three health needs for Betty Ford Center to address:

1. Age 55+ Addiction Services
2. Outpatient Treatment Services
3. Children's Services and Education

To meet those needs, Betty Ford Center developed the 2015 Implementation Plan, which included six priorities.

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

This section summarizes what has been done in support of each priority.

Priority 1

Expanding services to treat addiction in individuals ages 55 and older

Betty Ford Center now offers inpatient senior groups and aggregates older adults together in specific areas of the hospital so that they can go through the process with other seniors like them. Seniors with chronic health issues are easily treated at the next-door Eisenhower Medical Center, which makes it convenient to seek substance use treatment while also receiving treatment for chronic illness.

In 2016, Betty Ford Center began to use the "Recovery@50Plus" program, which includes individual and group therapy for seniors. This allows the groups to pay attention to problems that are more common in older adults, like chronic pain, increased use of prescription drugs, and mental health issues like isolation and depression. The program was featured in a Desert Sun newspaper article in November 2016, featuring Mark Baumgartner, Betty Ford Center's Executive Director of Clinical Services. This media coverage is one of the many ways that Betty Ford Center has worked to educate the public about addiction services for seniors, and to normalize and destigmatize treatment.

The push to get more seniors into treatment at Betty Ford Center has clearly worked: in 2017, seniors ages 55+ represented nearly a third of Betty Ford Center's patients (30.2%, 663 patients).

Priority 2

Establishing additional outpatient treatment facilities within the service area

In 2015, Betty Ford Center opened a treatment center in West Los Angeles. The West Los Angeles facility offers an intensive outpatient program and recovery management. They conduct between 350 to 400 sessions a month.

In late 2016, Betty Ford Center opened a treatment center in San Diego. The San Diego facility offers day treatment, intensive outpatient treatment, outpatient treatment, family support, and recovery management. They also provide intervention workshops and a program for youth called “Teen Intervene”.

Priority 3

Offering children’s services to the community

In 2015, Betty Ford Center was active with a single school district in the Coachella Valley: Desert Sands Unified School District, where the Center is located. Since then, Betty Ford Center has expanded their services and now collaborates with all three of the local school districts to better reach all the Valley’s children. Many children are served through the Family Program and the Children’s Program.

The Family Program is an intensive three-day educational program offered Monday through Wednesday for family members and loved ones of those impacted by the disease of addiction. Services include group sessions, lectures, and presentations that address various aspects of the disease of addiction, including the physical, emotional, mental, and spiritual components, in order to help family members and loved ones with their own recovery. The Family Program is open to those thirteen years of age and older and to any person who has, or currently is, affected by someone’s addiction to alcohol and/or drugs.

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

Priority 4

Presenting education on addiction, treatment, and recovery

Both the Family Program and the Children's program, as described above, are focused intensely on education, and thus, have addressed not only Priority 3 but also Priority 4. Betty Ford Center conducts several other programs that are dedicated to addiction and recovery education, including Professionals in Residence (PIR), Summer Institute for Medical Students (SIMS), and Awareness Hour, among others.

Professionals in Residence

The Professionals in Residence (PIR) program offers a five-day program for professionals from various disciplines, including physicians, corporate executives, police officers, lawyers, judges, psychologists, marriage and family therapists, social workers, probation officers, clergy and school administrators. Participants learn about how the disease of addiction may affect clients and colleagues and what they, as trusted advisors, might be able to do to encourage patients, families and others to seek help and treatment. The Professionals in Residence program has provided services to over 2,000 professionals, with 75 participating in Rancho Mirage in 2017. Recently, the PIR program has been adapted to meet the needs of the professionals in the community, such as offering a special four-day program for school counselors who could not commit to the traditional five-day format. Betty Ford Center is committed to customizing PIR to fit the needs of the professionals.

Summer Institute for Medical Students

The Summer Institute for Medical Students was established in 1988 to provide medical students with the opportunity to learn about addiction diagnosis, treatment and the recovery process. The weeklong experiential learning program offers medical students first-hand knowledge about addiction and treatment and expands their awareness and understanding of substance use disorders and the effects on patients and families. The Summer Institute for Medical Students has provided services to over 3,500 medical students, with 105 participating in Rancho Mirage in 2017. Medical students from all areas of the United States and from abroad participate through scholarships on a no-cost basis.

Awareness Hour

Awareness Hour, held on select Saturdays throughout the year, is a program that provides public lectures on alcohol and drug addiction at no cost. The lectures have been held since 1979 and provide current information about addiction issues, the benefits of treatment, and where help and treatment are available. Awareness Hour is held at the Annenberg Center for Health Services next to Betty Ford Centers main campus and attracts, on average, over 250 attendees at each lecture.

Priority 5

Providing training on marijuana and options for prevention, intervention, and treatment

In 2017, Hazelden Betty Ford Foundation released a policy statement describing the dangers of marijuana use, especially to young adults, and emphasizing the public health implications of legalization of another addictive drug. Locally, Betty Ford Center staff have incorporated this message into their educational materials (as described in Priorities 3 and 4) and have acted as subject matter experts in the media to educate the broader public about the issue.

Priority 6

Addressing the opioid epidemic in the state of California through advocacy, prevention, education, and treatment

In 2015, clinicians at Hazelden Betty Ford Foundation developed the Comprehensive Opioid Response with the Twelve Steps (COR-12) program, which provides a medication-assisted Twelve Step treatment for people struggling with opioid addiction. The approach is designed to help patients get through withdrawal and reduce drug cravings, with an eventual goal of discontinuing medication use and living drug free. The COR-12 program includes opiate-specific group therapy, educational sessions, and individual therapy. The COR-12 program is currently offered at the Betty Ford Center and the San Diego and West Los Angeles facilities.

As with marijuana, Betty Ford Center staff are often asked to weigh in on the issue of opioid use as subject matter experts. For example, Betty Ford Center Vice President, Dr. Yadron, has appeared on KESQ (ABC News Channel 3/CBS Local 2) in a February 2018 feature about treating opioid addiction and the COR-12 program. Dr. Yadron was also cited in a July 2018 Desert Sun newspaper article about opioid addiction and treatment in the Coachella Valley. These are just a few examples of how Betty Ford Center staff serve as subject matter experts to educate the public through the media.

Both the Professionals in Residence and the Summer Institute for Medical Students, as described above, are programs where Betty Ford Center educates medical professionals about the COR-12 treatment of opioid addiction.

Next Steps

This report summarizes the community health needs assessment (CHNA) process and results. Next, Betty Ford Center will work with HARC to design an implementation plan that will provide practical guidance for how to address the established health needs in the community.