



Betty Ford Center

Part of the Hazelden Betty Ford Foundation



IMPLEMENTATION STRATEGY 2024

To provide feedback about this Implementation Strategy,
please email TFuller@hazeldenbettyford.org



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

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Section 1: Introduction

About Betty Ford Center

The Hazelden Betty Ford Foundation is the nation's largest nonprofit treatment provider, with a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center.¹ The Foundation offers prevention and recovery solutions nationwide across a variety of states, including California, Colorado, Florida, Illinois, Minnesota, New York, Oregon, and Washington. Hazelden Betty Ford Foundation (from here referred to as the Betty Ford Center) is the nation's foremost nonprofit provider of comprehensive behavioral health care and leads the way in helping society rise above stigma and overcome addiction.

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

Mission of Betty Ford Center

Harnessing science, love and the wisdom of lived experience, we are a force of healing and hope for individuals, families and communities affected by substance use and mental health conditions.

Programs & Services

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

¹ <https://www.hazeldenbettyford.org/about-us#>

Addiction Treatment Programs

Inpatient Alcohol and Drug Rehab

The Betty Ford Center's residential treatment is designed for individuals with severe substance use disorders or co-occurring mental health conditions. It begins with a comprehensive assessment of each patient's medical, mental health, and substance use history to create a personalized treatment plan. Services include medical detox, individual and group therapy, integrated mental health services, family therapy, wellness activities, and spiritual care. The program focuses on stabilizing patients and equipping them with tools for long-term recovery, addressing both physical and emotional aspects of addiction through evidence-based practices like Cognitive Behavioral Therapy and Twelve Step Facilitation.

Outpatient Rehab

The Betty Ford Center offers various types of outpatient treatment services and is a flexible option for those who need to maintain their daily responsibilities while receiving care for substance use disorders. This program is suitable for individuals with mild to moderate addiction who have a supportive home environment or living in recovery housing. Different levels of outpatient care include day treatment (partial hospitalization), intensive outpatient programs, and low-intensity outpatient treatment as well as virtual services in California for substance use and mental health. Services provided include individual counseling, group therapy, educational sessions, and specialized programs for specific populations. Outpatient care can help patients transition progressively from a higher level of care to managing their recovery with less clinical support. Family involvement is also a key component of outpatient services as the entire family is affected by substance use disorders; thus, family therapy, education, support and other resources are encouraged.

Virtual Services

Betty Ford Center's virtual services provide virtual treatment for substance use and mental health needs. It can be especially helpful for those who may not be able to attend in-person sessions due to geographic, mobility, or convenience issues. Utilizing telehealth technologies, the program offers services like phone-based assessments, virtual appointments, and patient portals for ongoing care management. Virtual services therapy incorporates evidence-based practices as in-person treatment, ensuring effective and accessible care. This option is particularly beneficial for patients in rural areas or those facing barriers to accessing traditional treatment facilities.

Family and Children's Programs

Center for Teens, Young Adults, and Families

Hazelden Betty Ford's Teen and Young Adult Addiction Treatment Center in Plymouth, MN, provides comprehensive care for individuals aged 12-25. The program includes a full continuum of residential and outpatient treatment options, addressing both substance use disorders and co-occurring mental health conditions. The center's multidisciplinary team includes psychiatrists, nurses, addiction counselors, and family therapists who work together to create personalized treatment plans. The services offered encompass mental health assessments, on-site schooling, family counseling, and post-treatment support, ensuring a holistic approach to recovery.

Family Services

The Betty Ford Center offers extensive family and children services to support those affected by a loved one's substance use disorder. Programs include in-person and virtual family workshops, phone or web-based family coaching, and specialized sessions in Spanish and for Native American families. The Children's Program, available for kids aged 7-12, teaches children that they are not the cause of their parent's addiction and equips them with skills for making healthy choices. These services aim to heal and strengthen family relationships, recognizing that addiction impacts the entire family unit.

Mental Health Services

The Betty Ford Center offers outpatient mental health services for those struggling with life's challenges. Whether diagnosed with a mental health disorder or just beginning to seek answers, their patient-centered, evidence-based approach is tailored to individual needs. Services include comprehensive behavioral assessments, individual and group therapy, medication coordination, crisis intervention, and family therapy. These services are available both in-person and virtually, making mental health care accessible and effective.

Graduate School

The Betty Ford Center's Graduate School educates future leaders in counseling, aiming to educate future clinicians that support those with mental health and substance use disorders. Their innovative curriculum combines academics with supervised clinical practice at leading treatment centers. Educational programs are offered in person in Center City, MN and also virtually for those across the United States. The school is accredited by the Higher Learning Commission. Graduates achieve high employment and exam pass rates, making the program a leader in counselor education.

Research

The Butler Center for Research at the Betty Ford Center focuses on clinical and institutional research to enhance addiction treatment and recovery. Established in 1977, the center supports sustained recovery by conducting scientific research, collaborating with other research centers, and communicating findings. The center's research helps improve Hazelden Betty Ford's treatment programs and informs the broader field of addiction and recovery. They track patient outcomes, conduct data-driven evaluations, and publish findings to guide best practices in addiction treatment. The center is led by Dr. Quyen Ngo, a clinical psychologist with expertise in substance use and intimate partner violence research.

Consulting and Training

The Betty Ford Center's Consulting and Training Solutions provide strategic support to organizations in developing and enhancing behavioral health services. They offer customized training and consulting services to schools, healthcare systems, and community organizations, focusing on best practices in addiction and mental health treatment. Their training covers various topics, including substance use disorders, co-occurring disorders, trauma-informed care, and motivational interviewing. The goal is to empower organizations through collaboration and innovation, ensuring they can effectively address their unique challenges and improve health outcomes.

Continuing Education

The Betty Ford Center offers continuing education opportunities for professionals to stay current with research and best practices. Through events, workshops, and webinars, professionals can earn continuing education credits and gain additional training in addiction and mental health treatment. These educational programs are designed to equip professionals with the latest tools and knowledge to better serve their clients, ensuring they remain at the forefront of their field.

About the Community Health Needs Assessment

As a nonprofit hospital, Betty Ford Center is required to conduct a community health needs assessment (CHNA) every three years to maintain compliance with the Internal Revenue Service (IRS). Regulations stipulate that each organization must conduct the CHNA and adopt a corresponding implementation strategy to address the needs identified.^{2 3}

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

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

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

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

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

³ https://www.irs.gov/irb/2011-30_IRB

About the Implementation Strategy

The IRS requires that nonprofit hospitals must also create a written plan, called an implementation strategy, to meet the community health needs identified through the hospital facility's CHNA. The implementation strategy must describe how the hospital facility plans to address the health need or identify the health need as well as whether the hospital facility does not intend to address and then explain why the hospital facility does not intend to address the health need.⁴

Betty Ford Center and HARC worked together to develop an implementation strategy to address the health needs identified in the CHNA. The implementation strategy consists of the identified health needs, activities to address those needs, available resources, possible collaborations, and the expected impact that will result from addressing these needs. The expected impact will help to create an evaluation plan moving forward with the implementation strategy so that the next (2027) CHNA can assess progress as well as opportunities for improvement.

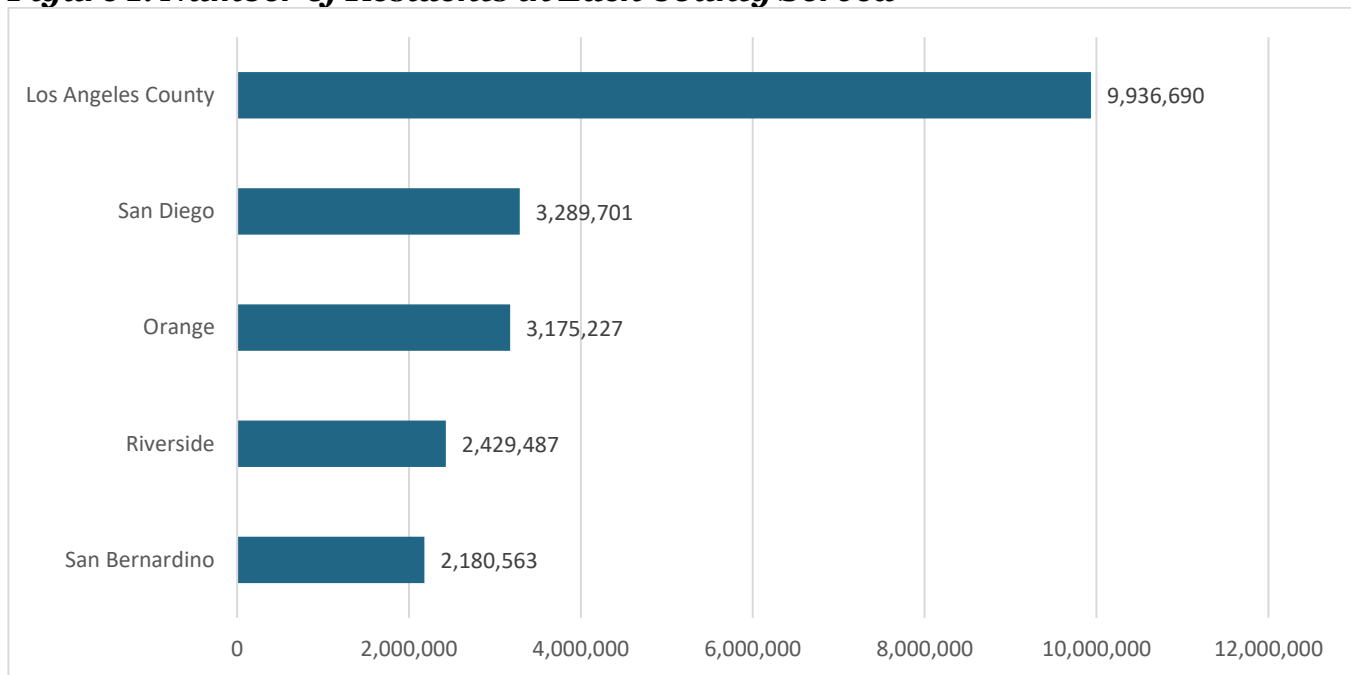
⁴ <https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable>

Section 2: Community Served

Betty Ford Center serves people from all around the world. However, for purposes of this CHNA, Betty Ford Center chose to define their community by the geography in which most clients originate, which are five counties within Southern California: Los Angeles County, Orange County, Riverside County, San Bernardino County, and San Diego County. Therefore, throughout this report, Betty Ford Center’s community will be defined as these counties and is frequently referred to as the “overall service area.”

Betty Ford Center’s service area has a total of 21,011,668 people.

Figure 1. Number of Residents in Each County Served



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

Demographics

Across Betty Ford Center's service area, there are about 21 million people. About half are male, about 45.4% are white, and nearly half (45.1%) report being Hispanic/Latino.

More than half (62.1%) of the adults in the overall service area have obtained either some college degree/associate degree or bachelor's/higher degree. About 6.6% of the overall service area is unemployed. About 70.2% of households in the overall service area have a household income of \$50,000 or more; however, about 12.4% of the service area lives in poverty.

More than half of residents in the overall service area speak only English in the home (51.8%), whereas a third (33.2%) speak Spanish at home.

Healthcare Access and Utilization

Rates of healthcare coverage vary by age group. The vast majority of seniors age 65 and older, and youth younger than age 19 are insured. About 13.1% of working-age adults (ages 19 to 64) are uninsured. More than half (61.6%) of residents have private health insurance coverage; 38.4% of residents have public health insurance in the overall service area.

Mental Health/Mental Health Treatment – Adults

When looking at the past year, about 15.8% of adults in the overall service area have likely had serious psychological distress. About 18.3% of adults have seriously thought about committing suicide at some point in their lives.

There are about 1,280 emergency department visits and 257 emergency department admissions per 100,000 people in the overall service area each year due to mental illness. About one-fifth (21.0%) of adults who have experienced psychological distress in the past year have been unable to work for more than three months due to mental problems.

About 11.7% of adults in Betty Ford Center's overall service area have taken medicine for at least two weeks for emotional/mental health in the past year.

About 8.9% of adults in Betty Ford Center's service area report having connected with a mental health professional in the past 12 months. The percentage of adults who connected with a mental health professional online has slightly increased from 2019 (5.4%) to 2022 (8.9%).

Mental Health – Focus on Youth

The rate of serious psychological distress during the past year (30.6%) is more than twice the rate in the past month (14.8%)

About 7.4% of youth ages 12 to 17 have connected with a mental health professional online in the past year. Almost half of teenagers aged 12 to 17 do not seek help online because they do not think they need it (54.4%). Although 18.1% of youth, ages 12 to 17, in the overall service area received counseling, more than a third (36.0%) needed help with their problems.

Substance Use

Across Betty Ford Center's service area, approximately 10.8% of the total population received opioid prescriptions in 2021. Approximately 1.7% of the adults in Betty Ford Center's service area have misused prescription pain killers in the past 12 months. While this number seems small, 1.7% equates to about 269,000 adults misusing prescription pain killers.

Among adults who report having at least a single drink in the past month across Betty Ford Center's service area, about 19.1% report binge drinking, putting nearly a fifth of drinking adults at an increased risk for poor health outcomes.

Among those aged 12 and older, illicit drug use ranges from 10.2% (Orange County) to 13.9% (San Diego County). These rates are approximately similar to each other. However, when looking at those who engaged in illicit drug usage in the past month other than marijuana, the rates drop substantially.

When averaging these age-adjusted drug-related death rates across all counties in Betty Ford Center's service area, the average was 7.8 deaths per 100,000 in 2006; conversely, the average was 27.4 deaths per 100,000 in 2023, representing a 251% increase in drug-related death rates. These death rates are notably higher for Riverside County than other counties within Betty Ford Center's service area.

In Betty Ford Center's service area, between 22.0% and 31.0% of vehicle deaths involved alcohol. Echoing the theme from earlier sections on death and emergency department visits, Riverside County has the highest rate of alcohol-impaired driving deaths.

Substance Use – Focus on Youth

About one-fifth, or approximately 20.4% of youth in the overall service area, have had an alcoholic drink at least once in their lives. Results from the California Healthy Kids Survey show that between 5.0% and 6.0% of 11th graders in each county report that they binge drank one or more times in the past month. This equates to approximately 13,000 or 23,000 teens.

Mental Health and Substance Use Treatment – Adults

Among the population of 12 years and older, between 2 and 3% need treatment for illicit drugs and have not received it, between 4.8% and 5.9% need treatment for alcohol use and have not received it, and between 5.8% and 7.7% needs substance use treatment and has not received it. Approximately 24.9% of adults in the Betty Ford Center service area needed help for emotional/mental health problems or for the use of alcohol/drugs.

Section 3: Prioritized Significant Health Needs

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

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

Table 1. Prioritizing Needs

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

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

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

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

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

Needs Not Addressed

Secondary data collection and primary data collection focused on themes related to substance use and mental health, as Betty Ford Center is a chemical dependency hospital, unlike a traditional acute care hospital. Thus, general health conditions (heart disease, diabetes, immunodeficiency, etc.) are not included anywhere in the prioritization process. Furthermore, a few critical areas noted below surfaced in the secondary and primary data reports. These needs are noted below; given that these needs are socially based, they are not prioritized for the Betty Ford Center.

Economic Opportunity and Employment

Although general health conditions were not included, the demographic findings did provide some insight into the community being served by Betty Ford Center. For example, there is a significant community health need to improve economic opportunities and employment rates, as 6.6% of the overall service area is unemployed and 12.4% live in poverty. Economic stability is a critical social determinant of health, influencing overall well-being and access to healthcare services.

Educational Attainment

There is a significant need to improve education rates within the Betty Ford Center's service area. Approximately 37.4% of residents (ages 25+) in the service area have only a high school education or less, and educational attainment is closely linked to health outcomes.

Housing Stability and Homelessness

Housing stability is a major concern, with 72.5% of respondents indicating a need for special expertise in supporting people experiencing homelessness. This issue disproportionately affects low-income individuals, exacerbating other health disparities.

Needs to Address

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

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

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

1. Substance Use – Harm Reduction and Overdose Prevention
2. Substance Use and Mental Health – Increasing Awareness and Reducing Stigma
3. Substance Use – Improved Access for Underserved Populations
4. Substance Use – Barriers to Virtual Treatment

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

Substance Use – Harm Reduction and Overdose Prevention

Description of Need

Implementing harm reduction strategies and overdose prevention measures, such as Naloxone distribution and safe consumption sites, is vital to reduce the rising number of drug-related deaths. Additionally, overdose prevention strategies are needed to prevent both fatal and non-fatal overdoses.

What Does the Data Say?

According to the secondary data report, drug-related death rates in the service area have escalated to 27.4 deaths per 100,000, which represents a 251% increase since 2006. The increase in drug-related death rates is primarily due to substances like fentanyl.

What Are Strategies to Addressing this Need?

- Implement community training sessions on the use of Naloxone and other harm-reduction tools.
- Increased education on overdose prevention

Substance Use and Mental Health – Increasing Awareness and Reducing Stigma

Description of Need

Raising awareness and reducing stigma through comprehensive media campaigns and community engagement can encourage more individuals to seek help for substance use and mental health issues.

What Does the Data Say?

According to the primary data report, barriers to treatment include a lack of awareness of resources (67.0%) and stigma associated with seeking treatment (62.0%).

What Are Strategies to Addressing this Need?

- Engage in media opportunities actively to promote increased awareness and reduce stigma.

Substance Use – Improved Access for Underserved Populations

Description of Need

Expanding access to substance use treatment for low-income populations can help address significant health disparities and improve treatment outcomes. Thus improving access within Betty Ford Center's insured population, providing clinical programs tailored to underserved populations, and continuing to advance health equity.

What Does the Data Say?

According to the primary data report, special expertise in supporting low-income clients is highly needed (82.5%), emphasizing the disparity in accessing substance use treatment. Professionals within Betty Ford Center's service area also listed other expertise needed, including people experiencing homelessness (72.5%), LGBTQIA+ (67.5%), and Hispanic/Latino (67.5%).

What Are Strategies to Addressing this Need?

- Expand mobile and virtual treatment services to reach underserved areas.
- Review special populations and ways to serve underserved populations
- Continue to assess and respond to patient outcomes data

Substance Use – Barriers to Virtual Treatment

Description of Need

While virtual services may not be the ideal approach for all populations, they do appear to work for some and can improve access to care overall. However, technology and privacy barriers remain. Thus, minimizing virtual barriers and expanding the capacity for virtual services can make virtual substance use treatment more effective and accessible.

What Does the Data Say?

According to the primary data report, among organizations offering virtual services, a significant barrier noted was a lack of privacy at home (81.3%) and limited access to technology (62.5%).

What Are Strategies to Addressing this Need?

- Implement privacy solutions and online safe spaces to enhance the virtual treatment experience.
- Expand virtual services to support more Californians accessing care.

Implementation Strategy

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

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

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

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

Substance Use – Harm Reduction and Overdose Prevention

Long-Term Goal: Betty Ford Center continues to be an expert resource for community members about harm reduction and overdose prevention, and the number of overdoses will be decreased.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Increased education on overdose prevention	Within Betty Ford Center, regularly provide education and demonstration on NARCAN.	Staff time for clinical educators and nurses	Other nonprofits/partners	Ongoing staff expertise on overdose and prevention measures Increased awareness of NARCAN for patients and their families.	Number of trainings provided =
Implement community training sessions on the use of Naloxone and other harm-reduction tools whenever possible	<p>Include demonstration and education of NARCAN in the family program</p> <p>Include NARCAN education/demonstration in all community events/programs (e.g., mobilized recovery)</p> <p>Explore partnerships with other organizations who are working on harm reduction (events such as needle exchange, etc.)</p>	<p>Staff member time such as physicians, nurses, and clinical educators</p> <p>Staff time (e.g., physicians, nurses, clinical educators) and NARCAN supplies</p> <p>Staff time for outreach coordinators and educators; NARCAN supplies</p>	Partners that are hosting community events/programs	<p>Increase in community awareness on harm reduction strategies</p> <p>Decrease in number of substance-related overdoses</p>	<p>Number of family program demonstrations of NARCAN</p> <p>Number of community demonstrations of NARCAN</p>

Substance Use and Mental Health – Increasing Awareness and Reducing Stigma

Long-Term Goal: Decrease stigma around substance use and mental health treatment, with the hope that more will seek treatment. Ultimately, the hope is for improved mental health and decreased substance abuse.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Increase integrated MH and SUD programming across HBFF sites	<p>Incorporate mental health education sessions into existing substance use programs.</p> <p>Develop educational materials that highlight the connection between mental health and substance use disorders.</p>	Clinical Educators' time Mental Health Professionals' time	Partner with mental health advocacy groups to co-host workshops and seminars.	<p>Increased awareness of mental health issues and their connection to substance use.</p> <p>Reduced stigma associated with seeking help for mental health issues.</p>	<p>Number of mental health education sessions provided.</p> <p>Number of participants in mental health and substance use combined sessions.</p>
Engage in media opportunities actively to promote increased awareness and reduce stigma for both substance use disorder and mental health conditions.	<p>Continue to be available for media interviews to increase awareness and reduce stigma for substance use and mental health</p> <p>Provide data that normalizes the number of people affected and struggling with substance use and mental health, especially alcohol (e.g., 1 in 12 Americans struggle with alcohol).</p>	<p>Staff time for the outreach team</p> <p>Data on substance use</p> <p>Data on mental health</p>	Media partners (e.g., KESQ, NBC, Desert Sun etc.)	Decreased stigma in the community	<p>Number of media appearances</p> <p>Number of people reached with each media appearance</p>
Make efforts to celebrate recovery, highlighting something positive rather than negative	Continue to provide and support recovery-oriented community events (Mobilize Recovery Bus, and	Staff time for the outreach team and cost of events		<p>Celebrate and normalize recovery</p> <p>Decreased stigma in the community</p>	Number of events or avenues that celebrate recovery

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
	<p>spread awareness of this celebration and the benefits of long-term recovery</p> <p>Identify new avenues for celebrating recovery</p>				
Reduce stigma amongst provider populations	<p>Increase presence at conferences, to further educate providers and professionals and decrease stigma</p> <ul style="list-style-type: none"> • Work with outreach team to strategize which conferences/events to attend for impact <p>Work with local healthcare providers/professionals to reduce stigma and educate them on addiction medicine, (e.g., Suboxone)</p> <ul style="list-style-type: none"> • Strategize which providers to approach (e.g., urgent cares, social workers, etc.) 	<p>Staff time for outreach team and clinical educators</p> <p>Staff time for outreach team, clinical educators, and medical director</p>	Local healthcare providers	<p>Decreased stigma amongst professionals at-large</p> <p>Decreased stigma among local healthcare providers/professionals</p> <p>Improved physician-patient trust to disclose addiction and seek treatment</p>	<p>Number of conferences attended</p> <p>Strategy with conferences/events to attend</p> <p>Number of professionals educated</p> <p>Strategy with specific providers to approach</p>

Substance Use – Improved Access for Underserved Populations

Long-Term Goal: Betty Ford Center will be a resource accessible to a broader range of the population.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Continue to expand services and accessibility for underserved populations	<p>Examine customer insights data to understand who Betty Ford customers are and what new groups can be reached.</p> <p>Review opportunities and data with DEI director</p>	<p>Staff time for Customer Insights Director</p> <p>Staff time DEI director</p> <p>Outreach team</p>		Betty Ford Center will be equipped with valid data to guide their ability to serve underserved populations	<p>Customer insights report</p> <p>Patient population data</p>
Increase cultural awareness to continue to enhance our cultural awareness in clinical care	<p>Provide staff with DEIB training for health equity</p> <p>Continue to assess and respond to patient outcomes data for each underserved population to understand how they fare in recovery</p> <ul style="list-style-type: none"> Review the data annually 	<p>DEIB training tools</p> <p>Staff time (e.g., clinical educators, customer insights director, and DEI director, employees) to complete the DEIB training</p> <p>Patient outcomes data and staff time to pull and interpret the data</p>	DEIB trainers	Staff will be more culturally aware when interacting with underserved populations and attentive to health equity	<p>Number of DEIB trainings offered</p> <p>Number of staff provided with DEIB training</p>
Increase access to care for underserved population (those who don't typically access treatment: racial groups, SES,	<p>Work with outreach team and contracts to expand options to support underserved populations</p> <p>Consider a workforce strategy to support</p>		Organizations who provide scholarships	Treatment will be made available to a wider range of the population	Number of scholarships provided

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
those who don't trust resources)	<p>employer groups who may need support in the Coachella Valley (e.g. seasonal workers, hospitality, spa's)</p> <p>Increase relationships/touchpoints in the East Valley</p> <p>Continue to provide virtual treatment services to reach underserved areas across CA</p>	<p>Outreach staff time to forge connections in the East Valley</p>	<p>Local human resources departments</p> <p>Local providers in the East Valley</p>	<p>Treatment/care will be accessible to more people</p>	<p>Number of organizations reached to discuss partnership</p> <p>Number of people accessing virtual treatment; data can be examined to understand where people live who access virtual treatment</p>
Increase awareness of no to low-cost treatment options for underserved populations	<p>Increase community awareness of insurance coverage info for Betty Ford Center (e.g., newspaper article)</p> <p>Increase awareness of family programs and children's program services that are accessible for low to no-cost and often virtual, programs and children's programs services =</p>	<p>Staff time (e.g., marketing team)</p>	<p>Media resources/connections in the Valley</p>	<p>A wider range of the community will access Betty Ford services and be able to access treatment</p>	<p>Number of media advertisements/appearances/impressions</p>

Substance Use – Minimize Barriers to Virtual Treatment

Long-Term Goal: Improve ease of access to substance use treatment.

Strategy	Activities	Resources	Collaborations	Impact	Potential Measures
Continue to provide and expand virtual services across CA	Expand virtual treatment services to support increased access to care	Virtual services coordinators' time Technology for staff to provide virtual services	Other treatment centers and healthcare agencies	Increased access to care and use of virtual treatment services.	Measure the number of individuals accessing virtual services – gather patient feedback on their ease/or lack of ease of access, satisfaction, and suggestions for improvement.

Conclusion

This implementation strategy was formally adopted by the Betty Ford Center in the final quarter of 2024. To provide feedback on the CHNA or implementation strategy, or to ask questions regarding these activities, please contact Betty Ford Center at: TFuller@hazeldenbettyford.org



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