

TARZANA TREATMENT CENTER 2012 COMMUNITY BENEFIT PLAN

Background Information

Tarzana Treatment Center, Inc. (TTC) is a private, nonprofit community-based organization that operates a variety of behavioral healthcare programs and primary medical care clinics. Its 60-bed inpatient program is licensed as an acute psychiatric hospital and its primary clinics are licensed as community clinics, and therefore fall under the legislative umbrella of SB697, which mandates that not-for-profit hospitals submit a Community Benefit Plan. This document was developed to comply with this legislative mandate.

Agency Mission

TTC's mission is to address a wide range of the community's health care and social service needs with responsive substance abuse disorder (SUD) treatment; HIV/AIDS treatment, prevention and education; mental health treatment and education; primary outpatient and medical care; and other healthcare services meeting community needs. TTC's staff includes medical doctors, physician assistants, nurses, medical assistants, psychiatrists, psychologist, social workers, and other types of professionals that are dedicated to treating each person with dignity and utmost respect, without social, cultural, political, sexual orientation or financial prejudice.

Development of Community Benefit Plan

Senior level staff and administrators met to discuss how to best achieve the needs of SB697. It was agreed that TTC should utilize as much existing data from larger providers in terms of needs assessment information and community profiling. In addition, it was believed important to talk with other staff, clients, and family members regarding their perceived needs, since community members and those seeking treatment often have different perspectives.

TTC's focus of treatment on the 60-bed inpatient unit located in Tarzana is primarily chemical dependency detoxification and treatment, followed by dual diagnosis and psychiatric treatment. TTC provides primary care services through its clinics located in Northridge, Lancaster and Palmdale. Our community benefit plan aims to address physical, behavioral healthcare and mental health issues within the context of the larger perceived needs of the community. TTC provides services to all individuals residing in Los Angeles County. For purposes of this document, emphasis is given to the San Fernando Valley and Antelope Valley communities.

San Fernando Valley

Over 1.8 million people reside in the San Fernando Valley (SFV). The population of SFV is projected to increase from 1,890,622 in year 2009 to 1,987,503 by year 2014, reflecting an increase of 5.12%. It is understandable that we would see a larger proportion of clients (estimated at 606,097 people) from our more immediate geographic area. The cities that comprise our immediate service area include Agoura, Calabasas, Canoga Park, Chatsworth, Encino, Hidden Hills, Northridge, Porter Ranch, Reseda, Sherman Oaks, Tarzana, Topanga, Winnetka, and Woodland Hills.

The racial and ethnic composition of the SFV remains diverse, where many cultures have converged in one area and no racial group currently represents a majority. The racial composition is

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43% Caucasian, 39% Latino, 10% Asian/Pacific Islander, and 4% African-American. The gender distribution is 51% (955,331) female and 49% (935,291) male. There were 637,262 households in the SFV. Approximately 11% reported annual incomes below \$15,000 and 19% earning less than \$35,000. Three communities that collectively had approximately 40% of total SFV households with annual incomes below \$15,000 per year are Van Nuys, Panorama City and North Hollywood.

With respect to education within the SFV, approximately 24% of the population, 25 years or older, have not completed high school. High school diplomas have been earned by 77% of the 25 years and older population, and the proportion with high school diplomas exceeds 90% in several communities. Bachelor degrees are held by 30% of the population. Sixty-six percent of the population (16 and over) participates in the labor force. The proportion is fairly consistent across the cities of the San Fernando Valley.

In Fiscal Year 2011-2012, the racial composition of largely SFV residents who were treated in TTC's inpatient unit was 67% non-Hispanic White, 18% Latino, 6% Black/African American, 2% American Indian, 2% Asian/Pacific Islander and 5% Other. Only 16% were working full-time/part-time, 35% unemployed seeking work, and 49% were not in the labor force. About 64% are male. 44% have completed 12th grade (high school) and 28% have completed at least two years of college. The most frequent reason for admission was detoxification and stabilization from using heroin (37%) and alcohol (33%).

In 2011, TTC's primary care clinic in SFV served a total of 3,900 patients with a total of 15,971 clinic visits. Approximately 48% were Hispanic, 14% White, 8% Black/African American, 6% Asian/PI, 2% Native American, and 22% Other. It was estimated that about 97% of the patients served lived below the Federal Poverty Level and were uninsured.

San Fernando Valley Community Needs Assessment

The not-for-profit and public hospitals, including TTC, through Valley Care Community Consortium, joined together to conduct the fourth community needs assessment. The 2010 edition of "Assessing the Community's Needs: A Triennial Report on the San Fernando and Santa Clarita Valleys" represents the collaborative efforts of multiple agencies, including community-based and faith-based organizations, hospitals, clinics, schools churches, social service agencies, government agencies, elected officials and other community stakeholders. The purpose of the report is to present the community with information regarding the physical and mental health needs of the San Fernando and Santa Clarita Valleys. The Triennial Community Needs Assessment survey identified the following needs and target populations:

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<ul style="list-style-type: none"> • Affordable health services • Affordable and accessible mental health services • Affordable and accessible dental services • Affordable and portable health insurance • Case management services for individuals and families • Wellness, screening, and prevention programs • Drug treatment programs 	<p>Children (ages 0 to 17)</p>
<ul style="list-style-type: none"> • Affordable and portable health insurance • Affordable and accessible mental health services • Chronic disease management • Affordable housing • Primary medical care • Drug treatment programs 	<p>Adults (ages 18 to 64)</p>
<ul style="list-style-type: none"> • Affordable and accessible mental health services • Chronic disease management • Affordable housing • Affordable home care and long-term care services • Affordable and accessible dental care • Affordable and reliable transportation 	<p>Seniors (age 65+)</p>
<ul style="list-style-type: none"> • Affordable and accessible mental health services • Affordable and portable health 	<p>Low-Income Population</p>

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<p>insurance</p> <ul style="list-style-type: none"> • Affordable housing • Chronic disease management • Affordable and accessible dental services 	
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The SFV has an array of existing health care facilities and resources within the community that are available to respond to the health needs of the community these include hospitals, community clinics, substance abuse treatment centers, mental health centers, trauma centers, housing/shelter, family centers, dental clinics and others. These facilities and resources provide services specifically to the uninsured and underinsured segment of the population in the community.

The primary and chronic diseases as well as other health issues of the uninsured/underinsured population in SFV that need to be addressed include: cardiac disease; cancer; respiratory disease; diabetes; obesity; HIV; STD; alcohol and substance abuse; and mental health disorders.

Through the Valley Care Community Consortium, **TTC participated in committees represented by** community-based and faith-based organizations, hospitals, clinics, schools churches, social service agencies, government agencies, elected officials and other community stakeholders in the adoption and execution of an implementation strategy to specifically address health needs identified specifically focusing on primary care, substance abuse disorder, and mental health.

Antelope Valley

Antelope Valley spans over 2,000 square miles The service area includes the communities of Lancaster, Palmdale, Rosamond, Littlerock, Mojave, Boron, Lake Hughes, Tehachapi, Ridgecrest, Llano, California City and Edwards. The Antelope Valley has the smallest population with 347,823 residents in 2009 in Los Angeles County. The ethnic/racial composition is fairly diverse: 47.9% White; 34.4% Latino; 13.2% African American; 3.7% Asian/Pacific Islander; and 0.3% Native American. The Antelope Valley is an economically disadvantaged community; 18% of families in AV live under the Federal Poverty Line (more than the County at 16.0% and the nation at 12.5%). Seventeen percent (16.5%) of adults in the AV have less than a high school education and 26% of the population in AV is living with a disability (the highest percent in the county).

In 2011, TTC’s primary care clinics in Lancaster and Palmdale served a total of 2,580 patients with a total of 14,368 clinic visits. About 60% were Hispanic, 15% White, 9% Black/African American, 1% Native American, 1% Asian/PI and 14% Other. It is estimated that approximately 98% live below the Federal Poverty Level and are uninsured.

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Antelope Valley Community Needs Assessment

The Antelope Valley Partners for Health (AVPH) is a collaboration of local residents, agencies, faith-based organizations and government agencies. It is a local planning body to facilitate the development of collaborative strategies to address the needs and gaps identified in the Community Needs Assessment. The Community Needs Assessment identified a critical need for expansion of primary care prevention and education services for the uninsured and underinsured. Antelope Valley leads the County of Los Angeles with the poorest health indicators including:

- Diabetes
- Children and Adults with Asthma
- Infant Mortality
- Obesity
- Heart Disease
- Drug-related Deaths
- Emphysema
- Chlamydia
- Children with special Needs
- Alzheimer’s Disease
- Teen Births
- Late or No Prenatal Care

The mission of AVPH is to promote access to health care, mental health care in schools, dental health for low income children, nutrition and physical activity programs for children and their families, infant mortality issues, women’s health education, among other health care concerns of the community.

TTC Community Needs Assessment

TTC conducted its own needs assessment involving clients, family members of clients, collaborating agencies, and other stakeholders in the community as an integral part of developing programs for clients. The table below summarizes the needs assessment participants and methods of obtaining input:

Target Group	Method
Community Leaders	Personal and Phone Interviews
Community Members	Personal and Phone Interviews
Social Service Staff (e.g., mental health, drug/alcohol, & children's	Personal and Phone Interviews

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service providers)	
Clients receiving drug/alcohol treatment and psychiatric services at Tarzana Treatment Center and their families	Focus Groups, Interviews, and Survey Questionnaires

The data sources used for the needs assessment were as follows:

Source	Type of Data
Tarzana Treatment Center's internal patient data	Patient demographic information; city of residence and zip code of patients; primary drug of choice; dual diagnosis
Assessing The Community's Needs Assessment: A Triennial Report on the San Fernando and Santa Clarita Valleys, 2007	Perceptions of health-related needs in the community; community demographic information; health statistics; economic indicators

TTC's needs assessment of patients, family members of patients, and staff from collaborating agencies identified the following needs:

NEEDS	TARGET POPULATION
Drug and Alcohol Prevention/Education	Youth; families with children and youth
Drug and Alcohol Treatment Services	Unemployed adults; homeless individuals
Treatment for Dually Diagnosed Individuals with a Alcohol/Drug Problem and a Psychiatric Disorder	Dually diagnosed individuals; homeless
Comprehensive primary care services including prevention and education	Medically underserved and uninsured children, youth and adults

The needs identified in our needs assessment support and compliment the priority needs indicated in the San Fernando Valley Triennial Community Needs Assessment for 2010 and Antelope Valley

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Community Needs Assessment. We feel that we can best impact the community by focusing on the areas where we have expertise such as early intervention drug counseling, providing drug treatment/recovery services, providing treatment services to dually diagnosed individuals with alcohol/drug problem and psychiatric disorders, and providing comprehensive primary care services TTC will focus on the following three needs:

Need #1: Drug and Alcohol Prevention Education

Target Populations: Youth; Families with children and youth

Rationale for Selection: The 2010 Community Needs Assessment identified the need to implement programs focusing on case management for families involving youth. As a response to this need, TTC will continue to provide drug and alcohol prevention education to youth and families with children and youth. National surveys are showing that young children are not obtaining education regarding the dangers of alcohol and drugs. This seems to be due to families not educating children about alcohol and drugs until the teenage years as well as due to positive images of alcohol and drugs in the media. In addition, the increased use of marijuana coincides with a decrease in the percentage of youth who view alcohol and drugs as dangerous. More education for youth and parents is needed to combat this trend that can lead to more substance use, abuse, and dependence.

Objective/Goals: Increase the knowledge of the dangers of the use of alcohol and drugs to children, youth, and their parents.

Plan: Make 15 community presentations to at least 500 children, youth and/or parents in the coming year at schools, civic groups, and religious organizations.

Evaluation: Document the number of presentations made and the number of children, youth and/or parents in attendance.

2011 Update: During the past fiscal year, over 15 presentations were conducted to over 800 children and youth, and to an additional 200 parents. The size of these audiences ranged from 15 to 300 people.

Need #2: Drug and Alcohol Treatment

Target Populations: Unemployed adults; homeless

Rationale for Selection: Unemployed and homeless adults with alcohol and drug problems are one of the most vulnerable populations in our community. These individuals are often hidden from others, but do present to social service and criminal justice agency personnel. Being uninsured, they have few places to go for treatment and need assistance in becoming productive members of our community once again. The 2010 Community Needs Assessment identified the need for better coordination among programs serving the poor and medically indigent population to use multi-

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system approach to link mental primary medical care, mental health services, substance abuse services and housing assistance.

Objective/Goals: Provide detoxification and other drug treatment services to unemployed and homeless adults.

Plan: Conduct outreach to assist homeless individuals in entering treatment for alcohol or drug problems. Implement a case management program in hospital emergency departments to decrease hospital emergency department diversion treating a large number of uninsured patients accessing medical care.

Evaluation: At least 15 percent of the clients admitted to our inpatient unit will report being homeless as the time of admission and over 50 percent will report being unemployed or not in the labor force at the time of admission. At least 25% of Northridge Hospital Medical Center emergency department users with an underlying alcohol/drug treatment problem will be referred to TTC for drug treatment/recovery services and other health services.

2012 Update: There were 2,572 admissions to our inpatient unit in fiscal year 2011-2012. Overall, 17 % of our inpatient unit clients were homeless at the time of admission, including clients who had private insurance or financial resources to pay for treatment. If only the public sector clients are considered (72% of clients), then the homeless rate increased to 20%, up by 3%. Considering all clients, 84% were unemployed or not in the labor force at the time of admission. Among public sector clients only, the unemployment rate was 88%. In the past fiscal year, 81% (2,074) of the total 2,572 discharges successfully completed the treatment.

Hospital Emergency Department diversion hours in San Fernando Valley have increased from 12,395 in 1997 to 46,963 hours in 2003. In July 2004, we began conducting case management in Northridge Hospital Medical Center (NHMC) – Roscoe, Emergency Department, through our partnership with NHMC. A case manager who has been working at NHMC screens ED users for referral to our detoxification services and other health services. The objective is to reduce the number of frequent users who are uninsured and need drug treatment/recovery services and other health services. In the past fiscal year, the total number of case management intervention conducted at the NHMC Emergency Department was 318 and 278 (87%) were linked to TTC for services. Of those linked to TTC, 79 (28%) were referred for substance abuse treatment and 182 (57%) were referred to our primary care clinic.

Need #3: Treatment for Individuals with a Co-Occurring Alcohol/Drug Problem and a Psychiatric Disorder

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Target Population: Individuals with co-occurring mental health and substance abuse disorders

Rationale for Selection: There is probably no group more vulnerable than psychiatrically impaired individuals with drug and alcohol problems. Treatment of both problems is hampered by social service systems that are separate and only in the early stages of integration. As a result, the needs of these individuals are often not met to the satisfaction of both consumers and service providers. These individuals use excessive amounts of health care services, often because their needs are not properly coordinated. The 2010 Community Needs Assessment identified affordable and accessible mental health services as a need across all age groups, of which those with co-occurring disorders are an important subgroup.

Objective/Goals: Improve the coordination of treatment for individuals with co-occurring disorders and to improve the access to treatment for these individuals.

Plan: Provide treatment and ongoing case management and coordinated care for 20-25 individuals with severe psychiatric disorders and co-occurring substance use disorders at any one time. Provide treatment and episodic care for individuals seeking substance abuse treatment with co-occurring mental health disorders.

Evaluation: Document that a caseload of 20-25 individuals with severe psychiatric and co-occurring substance use disorders are receiving services. Document the number of individuals with co-occurring psychiatric and substance use disorders have been admitted to our facility and the coordination of their care for both mental health and substance abuse treatment.

2012 Update: During the past fiscal year, TTC continued to implement their intensive case management and treatment program for individuals with severe psychiatric disorders, funded by the Los Angeles County Department of Mental Health. This Full Service Partnership (FSP) program arose out of the Mental Health Services Act (Proposition 63). TTC has a licensed mental health therapist, two case managers, a peer counselor, and a part-time psychiatrist to provide treatment and coordinate care “24/7” and do “whatever it takes” to meet the service needs of up to 25 individuals at one time. TTC staff attended semi-monthly meetings for this program with other providers in Service Area 2. In addition, TTC staff attended the Service Area Advisory Committee (SAAC) meetings in Service Area 2 of Los Angeles County. In both of these meetings, the needs of patients with substance abuse and mental health issues are addressed. Through a contract with the Department of Mental Health of Los Angeles County, outpatient mental health services continue to be provided to youth, many of whom have co-occurring Substance Use Disorders. In addition, the pre- and post-doctoral training program for psychologists has continued in 2011. Psychiatric service hours have been increased to meet increasing demand for psychiatric services. Specialized mental health and psychiatric services continued for HIV+ substance abusers. We operate low-cost

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mental health clinics in Tarzana and Reseda to meet the needs of community residents. The clinics are staffed by mental health interns, who are supervised by licensed mental health professionals.

There were 1,111 dually diagnosed clients admitted to the inpatient unit in FY 2011-2012 and 82% were public sector clients. About 17% (188) dual diagnosis patients were homeless. A total of 149 HIV positive patients were admitted to the inpatient unit during the fiscal year. Of those, 97% were public sector clients and 48% were homeless.

Need # 4: **Providing the community improved access to health care services**
Target Population: Underserved, underprivileged, low-income and uninsured residents in San Fernando Valley and Antelope Valley

Rationale for Selection: The medically underserved and uninsured deserve the medical services that they need. Being uninsured, they have few places to go for treatment or not all. The SFV Community Needs Assessment and AV Community Needs Assessment identified the need for improved access to a comprehensive primary medical care services.

Objective/Goals: Provide access to primary care services to medically underserved and uninsured individuals.

Plan: Conduct outreach among indigent and unemployed or low-income families

Evaluation: At least 10 percent of patients seen in SFV and AV clinics are new patients with at least 3 clinic visits.

2012 Update: In 2011, 12 percent and 14% of patients seen in SFV and AV clinics were new patients with an average of 4.3 clinic visits. Community education and outreach were implemented to reach new patients who are uninsured and low-income population.

Community Benefits

The same quality of service is provided to both vulnerable populations and the broader community. We treat individuals who are from both the public and private sector in the same fashion. We utilize accrual method of accounting. Indirect costs are allocated based on various statistical methods. We estimate that we contributed \$436,041 in direct monetary contributions, contributions in-kind, and professional services to the community at large.