TARZANA TREATMENT CENTERS

Integrated Behavioral Healthcare

2012 Community Health Needs Assessment

ACUTE PSYCHIATRIC HOSPITAL

SPA 2

Prepared by
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Executive Summary

Tarzana Treatment Centers, Inc. (TTC) prepared the 2012 Community Health Needs Assessment (CHNA) for its Acute Psychiatric Hospital in compliance with the Patient Protection and Affordable Care Act enacted on March 23, 2010, section 501(r) requirement on tax-exempt hospitals to conduct CHNA every three years. The objectives of the CHNA are to: 1) define the community TTC serves; 2) describe demographic, social, economic, health and other characteristics of the community/populations served; 3) describe the process and methods used to conduct the assessment; 4) assess the health needs perceived by providers, patients, and members of the community; 5) assess existing primary health care facilities and other resources within the community available to meet the identified community health needs; and 6) describe how individual providers collaborate to deliver services.

TTC established a CHNA planning team under the leadership of Dr. José C. Salazar, TTC's Director of Program Development with Dr. Clarita Lantican as the lead Principal Investigator (PI). Dr. Lantican's staff consisting of Hsin-I Chen, MHSA; Alex Salazar, BS; and Karen Wloch, MPH formed the core team. This team worked collaboratively and engaged additional TTC employees and other community stakeholders. Several methods were used to address the objectives of the CHNA, including; conducting client, health provider, and community resident surveys plus key informant interviews (KII) with community stakeholders. These methods allowed TTC to identify potential priority areas based on the current status of services available and also the services gaps in the communities TTC serves. Additionally, TTC's CHNA team reviewed existing epidemiological data sources; past community needs assessment studies, and inventories of current health facilities and services in the community.

Definition of Community

TTC's Acute Psychiatric Hospital, referred to as Inpatient Facility, is located in the city of Tarzana in Los Angeles County (LAC) in California. LAC has been divided it into eight service planning areas (SPA) based on geographic region for the purpose of the development and coordination of public health and medical services within the County. TTC's Acute Psychiatric Hospital is located in SPA 2, which covers San Fernando Valley and Santa Clarita Valley. SPA2 is identified as the community of focus in preparing the CHNA.

SPA 2 contains a large and diverse demographic, social, and economic population with a variety of health related characteristics. There are currently more than two million people living in SPA2. The gender identification of SPA 2 residents is fairly evenly split between 50.3% female and 49.7% male. T TTC anticipates that with the implementation of the Affordable Care Act, and due to the growing population, TTC's Inpatient facility would serve a larger proportion of patients from the immediate geographic area.

Overall, in SPA 2, there is a higher percentage of people who identify as Caucasian, followed by Latinos, Asians, people who identify as Other (or multiple) races, and African Americans. The people living in SPA 2 are adults age 25-44 (29%), followed by older adults ages 45-64 (26.2%), children ages 0-3 (19.2%), young adults ages 14-24 (16%), seniors ages 65-64 (8.3%) and the smallest percentage of people are 85 years or older in age (1.4%).

In terms of key diseases for SPA 2 Cardiac Disease affects the largest percentage of the population (26.6%), followed by hypertension (18.8%), asthma (7.6%), diabetes (6.1%), cancer (2.8%), and stroke (1.7%). The leading causes of death (in order of highest incidence) across SPA 2 are heart disease (30.6% (of all deaths)), cancer (23.8%), and stroke (5.1%).

There were 7,984 people living with HIV in SPA 2 in 2010. By race, Caucasians and Hispanics/ Latinos represent the largest incidences of HIV infection. There were 51 HIV related deaths in SPA 2 in 2010. With an overall prevalence of 276/100,000, SPA 2 accounts for 14% of all people living with HIV/AIDS in Los Angeles County (LAC). Also, SPA 2 has the third highest number of people living with AIDS in LAC, accounting for 39% of cumulative living cases.

Process and Methods

Prior to implementing any prioritization process, preliminary preparations were initiated to ensure the most appropriate and objective selection of priority health needs. The process to identify and prioritize the health needs of the community involved designing the assessment tools, collecting primary and secondary data, and analyzing the data.

In June 2012, the CHNA planning team identified the key players that needed to be involved in the collection of community health needs data. The team agreed on the goals that needed to be accomplished as well as how the community was defined. In doing this, the team identified and reviewed the studies that already existed in the community in addition to the information that needed to be collected from primary and secondary sources.

A CHNA Survey and the Key Informant Interviews (KII) with community stakeholders were determined to be the targeted approach of identifying potential priority areas based on the current status and to determine service gaps in the communities TTC serves. The team randomly surveyed community members and conducted Key Informant Interviews (KII) with key partners and collaborators of TTC. A total of 202 surveys were collected and a total of 18 KII's were conducted with community stakeholders.

Health needs perceived by providers, patients, and members of the community

Based on survey results, the top 10 health priorities are the need for or access to substance use disorder (SUD) programs and services (52.5%); dental health (40.8%); health insurance (39.6%); violence prevention (30.6%); sexually transmitted infections (education and treatment); (27%), mental health services (26.8%); tobacco control (25.9%); weight management (25.7%); comprehensive health care (24.3%); and chronic disease management (24.1%). Based on the 18 Key Informant Interviews, the top health needs of SPA 2 that need to be addressed include: access to medical care (5); mental health (4); substance abuse disorder (2); homelessness (2); chronic disease management (1); continuous care (1); dental care (1); education and prevention (1); obesity/weight management (1); and women's health (1).

Existing facilities and other resources within the community available to meet the identified community health needs

The facility of Tarzana Treatment Centers, Inc. (TTC) located in Tarzana is licensed as an acute psychiatric hospital by California Office of Statewide Health Planning and Development (OSHPD). Based on the 2011 OSPHD Hospital Utilization Data, Los Angeles County has a total of 11 facilities licensed as an acute psychiatric hospital and 2 facilities are located in SPA 2. The Inpatient Facility of TTC is one of the 2 licensed acute psychiatric hospitals in Los Angeles County and the only one in SPA 2 that provides services to individuals with mental and chemical dependency co-occurring disorders (COD).

Considering the spectrum of services, TTC is the only licensed facility in SPA 2 that provides comprehensive mental health services and chemical dependency treatment to dual-diagnosed individuals, offering 24-hour inpatient services for detoxification and residential treatment and outpatient services. Throughout Los Angeles County, there are four (4) OSHPD licensed hospitals and 2 community-based health facilities that provide similar services to individuals with COD.

Collaboration of health providers

The key informants in SPA 2 provided their insights and feedback concerning collaboration among health-related agencies in SPA 2. To summarize, the agencies collaborated to provide/receive referrals for patients, share data and information, enhance program implementation and provide technical assistance to other agencies. The agencies represented by the key informants have been collaborating with other agencies to address and/or resolve health issues. Collaboration is an effective way to pool and/or match existing health-related resources in addressing the health needs of the SPA 2 community based on reduction of ER visits and improved physical and mental health conditions of the population being served. It is important however that collaboration must be maintained and/or expanded to meet the identified health needs. With the Affordable Care Act providing uninsured and underinsured population access to medical care, collaboration among health agencies in SPA 2 will be instrumental in maximizing and organizing funding resources for health care services in the community

INTRODUCTION

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 facility 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. 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.

TTC's focus of treatment on the 60-bed inpatient facility 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. TTC provides services to all individuals residing in Los Angeles County.

TTC prepared the 2012 Community Health Needs Assessment (CHNA) for its Acute Psychiatric Hospital in compliance with the Patient Protection and Affordable Care Act enacted on March 23, 2010, section 501(r) requirement on tax-exempt hospitals to conduct CHNA every three years. The objectives of this CHNA are to: 1) define the community we serve; 2) describe demographic, social, economic, health and other characteristics of the community/populations served; 3) describe the process and methods used to conduct the assessment; 4) assess the health needs perceived by providers, patients, and members of the community; 5) assess existing primary health care facilities and other resources within the community available to meet the identified community health needs; and 6) Describe how individual providers collaborate to deliver services.

DEFINITION OF COMMUNITY SERVED

The Acute Psychiatric Hospital, referred to as Inpatient Facility, is located in the city of Tarzana, Los Angeles County in California. Los Angeles County has been divided it into 8 service planning areas (SPA) based on geographic region for the purpose of the development and coordination of public health and medical services within the County. SPA 2 is identified as the community of focus in preparing the CHNA. The immediate service area of the facility includes the cities of Burbank, Calabasas, Canoga Park, Chatsworth, Encino, Glendale, Granada Hills, North Hills, Mission Hills, Granada Hills, La Cañada Flintridge, La Cresenta, Mission Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, Porter Ranch, Reseda, San Fernando, Sherman Oaks, Studio City, Sunland, Sun Valley, Sylmar, Tarzana, Tujunga, Universal City, Van Nuys, Valley Village West Hills, Westlake Village, Winnetka, and Woodland Hills (Table 1). The zip codes of these cities run from 90290 through 91605, a total of 63zip codes. The Inpatient Facility has also been providing services to clients from other SPAs... A little more than half (53%) of patients that TTC served in 2012 resided in San Fernando Valley while the remaining 47% resided outside of the SFV and within Los Angeles County (Table 1).

Table 1: Patient Residence and Distance to TTC Inpatient Psychiatric Facility by SPA, 2012

Service Planning Area (SPA)	Estimated Distance to Inpatient Facility (Miles)	Number of Patients (n)
SPA 1 – Antelope Valley (AV)	43-79.3	102
SPA 2 – San Fernando & Santa Clarita Valley (SFV & SCV)	0.0-40.9	631
SPA 3 – San Gabriel Valley (SGV)	25.4-57.1	52
SPA 4 – Metropolitan (Metro)	13.4 – 29.5	67
SPA 5 – West Los Angeles (West)	14.0 – 39.5	50
SPA 6 – South Los Angeles (South)	21.0 – 39.5	229
SPA 7 – East Los Angeles (East)	26.0 – 49.5	18
SPA 8 – South Bay (South Bay)	25.6 – 53.2	48
Grand Total	**1,197**	

The location of the Inpatient Facility is highlighted in Figure 1. Within SPA 2, the maximum distance to this facility is approximately 30 miles (from La Cañada, Flintridge).

Figure 1: Map of Los Angeles County SPA's and Location of TTC Inpatient Facility

EMOGRAPHIC, SOCIAL, ECONOMIC, HEALTH, AND OTHER CHARACTERISTICS OF THE POPULATION SERVED

Los Angeles County divides its territory into 8 Service Planning Areas (SPAs). Our inpatient facility is located in SPA 2. It is the SPA with the highest population count of L.A. County, and is comprised of diverse communities within the San Fernando and Santa Clarita Valleys. The variations in demographic and socioeconomic characteristics of SPA 2 residents affect their quality of life, health, and health related values/ priorities. The objective of this section is to present the demographic and socioeconomic profile of SPA 2 residents and make some comparisons to L.A. County residents as well as present morbidity statistics of SPA 2 based on existing community reports.

Population

There are currently more than two million people living in Service Planning Area 2 (SPA 2). The population is expected to increase about 5% by 2014. Tarzana Treatment Centers, Inc. (TTC) anticipates that with the implementation of the Affordable Care Act, and due to the growing population, TTC's Inpatient Facility would serve a larger proportion of patients from the immediate geographic area as well as from other SPAs of L.A. County. The population of SPA 2 is approximately 22% of the total population of L.A. County.

Table 2: SPA 2 and L.A. County Population, 2010

	SPA 2	L.A. County
Population	**2,143,450**	**9,818,605**

Source: Valley Care Community Consortium (VCCC), 2010&U.S. Census Bureau, 2010

Population by Gender

The population of SPA 2 is fairly evenly split 50.3% female and 49.7% male. This is consistent with the gender breakdown of L.A. County as a whole.

Table 3:SPA 2 and L.A. County Population by Gender, 2010

	SPA 2		L.A. County	
	n	%	n	%
Male	1,064,859	49.7%	4,840,572	49.3%
Female	1,078,591	50.3%	4,978,033	50.7%
Total	**2,143,450**	**100.0%**	**9,818,605**	**100.0%**

Source: Valley Care Community Consortium (VCCC), 2010&U.S. Census Bureau, 2010

Population by Ethnicity

The population of SPA 2 is racially and ethnically diverse with no clear majority population. Overall, in SPA 2 there is a higher percentage of people who identify as Caucasian, followed by

Latinos, Asians, people who identify as Other (or multiple) races, and African Americans. The population of L.A. County as a whole is more ethnically diverse, and this is due to a large Caucasian population in the Santa Clarita Valley of SPA 2.

Table 4: SPA 2 and L.A. County Population by Race/ Ethnicity, 2010

	SPA 2		L.A. County	
	n	%	n	%
Latino	843,810	39.4%	4,687,889	47.7%
Caucasian	916,064	42.7%	2,208,278	22.5%
Asian	215,427	10.1%	1,346,865	13.7%
African-American	76,805	3.6%	913,130	9.3%
Other	91,290	4.3%	662,443	6.8%

Source: Valley Care Community Consortium (VCCC), 2010&U.S. Census Bureau, 2010

Population by Age

The people living in SPA 2 are adults ages 25-44 (29%), followed by older adults ages 45-64 (26.2%), children ages 0-3 years old (19.2%), young adults ages 14-24 (16%), seniors ages 65-84 (8.3%) and the smallest percentage of people are 85 years or older in age (1.4%). There is no significant difference between the percentages of people in different age categories living in L.A. County. More than half (54%) of the SPA 2 population is between 25 to 64 years. Approximately 19% are children (0-13 years) and 12% are seniors and elderly. This is consistent with data found for SPA 2. The only significant difference is that there seems to be a slightly higher percentage of older adults in SPA 2.

Table 5: SPA 2 and L.A. County Population by Age, 2010

	SPA 2		L.A. County	
	n	%	n	%
Children (SPA20-13& L.A. County 0-14)	405,029	19.2%	1,958,328	19.9%
Young Adults (SPA2 14-24& L.A. County 15-24)	338,540	16.0%	1,506,418	15.3%
Adults (25-44)	614,098	29.0%	2,906,057	29.6%
Older Adults (45-64)	552,918	26.2%	2,382,103	24.3%
Seniors (65-84)	203,606	9.6%	914,073	9.3%
Elderly (85+)	36,867	1.7%	151,626	1.5%
Total	**2,114,191**	**100.0%**	**9,818,605**	**100.0%**

Source: Valley Care Community Consortium (VCCC), 2010&U.S. Census Bureau, 2010

Language

The primary languages spoken at home in SPA 2 are English (42.8%) and Spanish (31.4%) the next most common languages at home in SPA 2 are Armenian (5.5%) and Tagalog (2.2%), but certain areas contain higher and lower concentrations of particular languages spoken based on the 2008 Vulnerable Communities in Los Angeles County (VCLC) report (Los Angeles County Department of Mental Health, 2009). This seems consistent with L.A. County overall where

56.6% of the population reports that a language other than English is spoken at home (U.S. Census Bureau, 2010).

Population by Household Income

The largest percentages of SPA 2 residents live in households that earn between $15,000 to less than $35,000 and $50,000 to less than $75,000 a year. Those two groups make up 36.2% of the total population of SPA 2, which is consistent with the large percentages (37.5%) of L.A. County population reported earning between $15,000 to less than $35,000 and $35,000 to less than $50,000 a year.

Table 6: SPA 2 and L.A. County Population by Household Income, 2010

	SPA 2		L.A. County	
	n	%	n	%
Less than (<) $15K	71,698	10.0%	385,558	12.0%
$15K - <$35K	130,066	18.1%	645,625	20.1%
$35K - <$50K	95,997	13.4%	412,247	12.8%
$50K - <$75K	130,163	18.1%	560,364	17.4%
$75K - <$100K	90,982	12.7%	385,543	12.0%
$100K - <$150K	105,960	14.8%	439,121	13.6%
More than(>) $150K	93,497	13.0%	390,060	12.1%
Total	**718,363**	**100.0%**	**3,218,518**	**100.0%**

Source: Valley Care Community Consortium (VCCC), 2010&U.S. Census Bureau, 2010

Population by Level of Education

Approximately 46% of the people living in SPA 2 were either currently enrolled in Kindergarten through eighth grade or were too young to be in school. Excluding those still in school and too young for school, 14.1% of the population stopped going to school between Kindergarten and eighth grade and 12.9% attended but did/ have not completed High School. Seventy three percent (73%) of the SPA 2 population have completed high school or achieved a level of educational attainment above high school. Degree of educational attainment is lower in SPA 2 than L.A. County where 29.2% of the population has completed a Bachelor's and/or Graduate/ Professional degree.

Table 7: SPA 2 and L.A. County Population by Level of Education, 2010

	SPA 2		L.A. County	
	n	%	n	%
Left school K-8	183,173	14.1%	872,164	13.8%
Some High School	168,266	12.9%	639,509	10.1%
High School Graduate	263,195	20.2%	1,316,441	20.8%
Some College	261,283	20.1%	1,211,694	19.2%
AA Degree	80,166	6.2%	431,905	6.8%
BA Degree	227,801	17.5%	1,208,493	19.1%

Graduate/ Professional Degree	117,576	9.0%	638,099	10.1%

Source: Valley Care Community Consortium (VCCC), 2010&U.S. Census Bureau, 2010

Labor Force

Due to the limitation of available secondary data, the labor force statistics are aggregated for San Fernando Valley and Newhall census county divisions to represent SPA 2, based on the estimates of American Community Survey by U.S. Census Bureau. Out of 1,592,972 individuals in the labor force in SPA 2 representative area, about 67% were gainfully employed whereas a substantial 33% of population 16 years and over were not in the labor force. Those who were not in the labor were students, retired individuals and the elderly. SPA 2 representative area has a slight higher percentage of population (16 years and over) in the labor force than L.A. County (65%).

Table 8: SPA 2 and L.A. County Population by Labor Force, 2011

	SPA 2		L.A. County	
	n	%	n	%
Population 16 years & over	1,592,957	100.0%	7,805,258	100.0%
In labor force	1,068,266	67.1%	7,805,258	64.5%
Civilian labor force	1,067,561	67.1%	5,032,729	64.5%
Employed	966,341	60.7%	4,420,242	56.6%
Unemployed	101,220	6.4%	612,487	7.8%
Armed Forces	705	0.0%	3,201	0.0%
Not in Labor Force	524,691	32.9%	2,769,328	35.5%

Source:U.S. Census Bureau, 2011 American Community Survey

Key Disease Estimates

In terms of key diseases for SPA 2, Cardiac Disease affects the largest percentage of the population (26.6%), followed by Hypertension (18.8%), Asthma (7.64%), Diabetes (6.1%), Cancer (2.8%), and Stroke (1.7%).

Table 9: Estimated cases of key diseases in SPA 2

	SPA 2	
	Affected Population	% of Total Population
Cardiac Disease	569,721	26.6%
Hypertension	402,476	18.8%
Asthma	162,497	7.6%
Diabetes	130,581	6.1%
Cancer	59,397	2.8%
Stroke	36,534	1.7%

Source: Valley Care Community Consortium (VCCC), 2010

Estimates of Cancer Incidence

There were 59,397 incidences of cancer in SPA 2 reported in 2009. The types of cancer people are most likely to have in SPA 2 are Breast Cancer (0.8% of total population), prostate cancer (0.6%), skin cancer (0.3%), and lung cancer (0.2%).

Table 10: Estimated Incidence of Cancer in SPA 2

	SPA 2	
	Affected Population	% of Total Population
Breast Cancer	16,899	0.8%
Lung Cancer	3,420	0.2%
Prostate Cancer	12,082	0.6%
Skin Cancer	6,350	0.3%
Total Cancer	**59,397**	**2.8%**

Source: Valley Care Community Consortium (VCCC), 2010

HIV/AIDS Prevalence

There were 7,984 people living with HIV in SPA 2 in 2010. By race; Caucasians and Hispanics/ Latinos represent the largest incidences of HIV infection. There were 51 HIV related deaths in SPA 2 in 2010. With an overall prevalence of 276/100,000, SPA 2 accounts for 14% of all people living with HIV/AIDS in LAC. Also, SPA 2 has the third highest number of people living with AIDS in Los Angeles County, accounting for 39% of cumulative living cases.

Table 11: HIV/ AIDS Prevalence in SPA 2

	SPA 2	% of Total Population
Total People living with HIV	7,982	0.4%
Caucasians living with HIV	4,694	0.2%
Hispanic/ Latinos living with HIV	2,328	0.1%
HIV Related Deaths 2007	51	0.0%

Source: Valley Care Community Consortium (VCCC), 2010

Leading Causes of Death

The leading causes of death (in order of highest incidence) across SPA 2 are Heart Disease (30.6% of all deaths), Cancer (23.8%), and Stroke (5.1%).

Table12: Leading Causes of Death in SPA 2

Cause of Death	SPA 2	% of Death
Heart Disease	3,652	30.2%
Cancer	2,896	23.9%
Stroke/ Cerebrovascular Accident	623	5.1%
Alzheimer's Disease	539	4.5%
Chronic Lower Respiratory Disease	636	5.3%
Unintentional Injuries	59	0.5%

Total Deaths	**12,110**	**100%**

Source: Valley Care Community Consortium (VCCC), 2010

Incidence of Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI), by Gender, Age, and Race

There are 144,995 recorded incidences of SED or SMI in SPA 2. The largest percentages of these are found in women (58.9%), Caucasians (44.8%) and Hispanics/Latinos (44.7%) and people between the ages of 25 and 29 (43.7%).

Table 13: SED or SMI by Gender in SPA 2

	SPA 2	% of SED or SMI
Male	69,525	47.9%
Female	85,375	58.9%
Total	**144,995**	**100%**

Source: Valley Care Community Consortium (VCCC), 2010

Table 14: SED or SMI by Race in SPA 2

	SPA 2	% of SED or SMI
Caucasian	64,923	44.8%
Hispanic/ Latino	64,878	44.7%
Asian/ Pacific Islanders	16,215	11.2%
African Americans	5,509	3.8%
Native American	389	0.3%
Total	**144,995**	**100%**

Source: Valley Care Community Consortium (VCCC), 2010

Table15: SED or SMI by Age in SPA 2

	SPA 2	% of SED or SMI
0-15 years	37,634	26.0%
16-25 years	26,660	18.4%
25-29 years	63,400	43.7%
60 + years	17,300	11.9%
Total	**144,995**	**100%**

Source: Valley Care Community Consortium (VCCC), 2010

According to 2008 Vulnerable Communities in Los Angeles County report (Los Angeles County Department of Mental Health): the overall Penetration rate for SPA 2 suggests that local mental health resources may have a smaller reach into SMI population than in other parts of the county. SPA 2 accounts for 18.5% of depressed clients in the county. SPA 2 also accounts for 18.9% of individuals with Co-Occurring Disorders (COD) and 15.5% of the county's cases of Post-Traumatic Stress Disorder (PTSD) in the county's mental health system. The suicide rate in SPA 2 is 7.7 (countywide rate is 7.0). Suicide is particularly prevalent among older adults residing in

Burbank, Sherman Oaks, and Encino areas. Since 1972, TTC has been providing services to SPA 2 clients with mental health issues, including those with co-occurring substance and mental health. Based on TTC's 2011 admission data, TTC served a total of 85 patients with serious mental illness (SMI) through its treatment facilities.

Demographic characteristics of substance use population is not aggregated by SPA level by any reporting agency, but epidemiology data related to substance use of Los Angeles County is relevant to the population the Inpatient Facility serves because they come from all over LA County.

Table 16: SUD Treatment Admissions, Los Angeles County (LAC), 2010

	LAC	%
Total number of admissions to substance treatment	**43,380**	-
Substance Abuse Type		
Drugs Only	25,992	59.9%
Alcohol and Other Drugs	12,049	27.8%
Alcohol Only	5,339	12.3%
Primary Substance of Choice		
Marijuana/Hashish	10,056	23.2%
Alcohol	9,378	21.6%
Heroin	9,331	21.5%
Methamphetamine	7,244	16.7%
Cocaine/Crack	4,196	9.7%
Other Opiates and Synthetics	1,307	3.0%
Other Stimulants	567	1.3%
Other Amphetamines	368	0.8%
PCP (Phencyclidine)/Angel Dust	236	0.5%
Other	206	0.5%
Benzodiazepines	155	0.4%
Non-Prescription Methadone	144	0.3%
Other Hallucinogens	25	0.1%
Barbiturates	47	0.1%
Other Non-Barbiturate Sedative or Hypnotics	23	0.1%
Inhalants	63	0.1%
Over-The-Counter Medications	23	0.1%
Other Non-Benzodiazepine Tranquilizers	11	0.0%
Frequency of Use		
No Use in the Past Month	13,061	30.1%
1-3 Times in the Past Month	5,420	12.5%
1-2 Times in the Past Week	5,929	13.7%
3-6 Times in the Past Week	7,609	17.5%
Daily	11,356	26.2%
Unknown/Unreported	5	-
Age at First Use		
11 years and under	3,336	7.7%

12-14 years	10,749	24.8%
15-17 years	11,545	26.6%
18-20 years	6,426	14.8%
21-24 years	4,159	9.6%
25-29 years	3,096	7.1%
30-34 years	1,712	3.9%
35-39 years	1,002	2.3%
40-44 years	627	1.4%
45-49 years	366	0.8%
50-54 years	210	0.5%
50 years and over	146	0.3%
Unknown/Unreported	6	-

Source: 2010 Treatment Episode Data Set-Admission (TEDS-A), SAMHSA

More than 50% of clients admitted for SUD treatment reported that they require services exclusively for drug use issues (59.9%), followed by Alcohol and drugs (27.8%), and only alcohol (12.3%). Marijuana is reported to be the drug of choice by the highest percentage of people entering SUD treatment followed by Alcohol (21.6) and Heroin (21.5%). Most of the clients entering treatment (30.1%) reported no drug use in the last 30 days followed by clients reporting Daily use (26.2%). More than fifty percent of clients entering treatment (59.1%) reported first using drugs before the age of 17.

Table 17: Demographics of SUD Treatment admissions, Los Angeles County (LAC), 2010

Demographic Characteristics	SUD		COD	
	n	%	n	%
Total number of admissionsto substance treatment	**43,380**	**-**	**5,170**	**-**
Gender				
Female	15,721	36.3%	2,153	58.3%
Male	27,640	63.7%	3,015	41.7%
Unknown/Unreported	19	-	2	-
Age				
12-14 years old	2,145	4.9%	38	0.7%
15-17 years old	6,567	15.1%	155	3.0%
18-20 years old	2,679	6.2%	180	3.5%
21-24 years old	3,526	8.1%	351	6.8%
25-29 years old	4,790	11.0%	490	9.5%
30-34 years old	4,238	9.8%	560	10.8%
35-39 years old	3,685	8.5%	533	10.3%
40-44 years old	4,101	9.5%	701	13.6%
45-49 years old	4,473	10.3%	780	15.1%
50-54 years old	3,478	8.0%	676	13.1%
55 years and older	3,698	8.5%	706	13.7%
Race/Ethnicity				
Alaska Native	16	0.0%	0	0.0%

American Indian	425	1.0%	71	1.4%
Asian	653	1.5%	99	1.9%
Black/African American	9,587	22.1%	1,606	31.1%
Latino/Hispanic American	18,477	42.6%	1,276	24.7%
White	13,009	30.0%	1,946	37.7%
Native Hawaiian/Other Pacific Islander	56	0.1%	6	0.1%
Two or more races	235	0.5%	46	0.9%
Other single race	900	2.1%	117	2.3%
Unknown/Unreported	22	-	3	-
Education				
8 years or less	5,344	12.3%	420	8.1%
9-11 years	16,986	39.2%	1,629	31.5%
12 years	15,382	35.5%	2,306	44.6%
13-15 years	4,481	10.3%	648	12.5%
16 years or more	1,166	2.7%	165	3.2%
Unknown/Unreported	21	-	2	-
Employment				
Full Time	2,193	5.0%	102	2.0%
Part Time	1,717	4.0%	93	1.8%
Unemployed	10,403	24.0%	755	14.6%
Not in Labor Force	29,060	67.0%	4,220	81.6%
Unknown/Unreported	7	-	-	-
Living Arrangement				
Homeless	7,453	17.2%	1,007	19.5%
Dependent Living	22,352	51.5%	2,830	54.7%
Independent Living	13,570	31.3%	1,332	25.8%
Unknown/Unreported	5	-	1	-
Prior Treatment Episodes				
None	22,351	51.7%	2,283	44.3%
1 prior episode	7,935	18.3%	1,054	20.5%
2 prior episodes	4,321	10.0%	579	11.2%
3 prior episodes	3,620	8.4%	392	7.6%
4 prior episodes	1,415	3.3%	232	4.5%
5 prior episodes	3,631	8.4%	612	11.9%
Unknown/Unreported	107	-	18	-

Source: 2010 Treatment Episode Data Set-Admission (TEDS-A), SAMHSA

Individuals who had received substance treatment also self-reported having psychiatric problem in addition to substance use. Based on the 2010 Treatment Episode Data Set – Admissions (TEDS-A), Los Angeles County had a total of 43,380 admissions to substance treatment (SAMHSA). Among these admissions, 11.9% (5,170) reported having psychiatric problem in addition to alcohol/drug problem. Of all these COD individuals, although about 45% had no prior (substance use disorder) SUD episode, 55% had 1 or more prior episodes indicating the occurrence of relapse. The epidemiology data demonstrated in Table 19 indicates the nature and

extent of COD in Los Angeles County. Comparing the age distributions between those received substance abuse treatment (SA) and SUD treatment receivers with psychiatric problem (COD), older individuals are more likely to report having psychiatric problem. Very little percent of individuals were employed either full time or part time among SUD and COD group. A relatively higher percent (81.6%) of individuals with psychiatric problem claimed they are not in labor force than those without psychiatric problem (67%). Those who received substance use treatment with psychiatric problem had a relative lower percent of unemployment (14.6%) than those who do not have psychiatric problem (24%). COD group has relative higher percent of homelessness (19.5%) and living dependently (54.7%) than SA group, 17.2% and 51.5% respectively for homelessness and living independently.

PROCESS AND METHODS

Prior to implementing any prioritization process, preliminary preparations were initiated to ensure the most appropriate and objective selection of priority health needs. The process to identify and prioritize the health needs of the community involved designing the assessment tools, collecting primary and secondary data, and analyzing the data.

In June 2012, the Community Health Needs Assessment (CHNA) planning team identified the key players that needed to be involved in the collection of community health needs data. The team agreed on the goals that needed to be accomplished as well as how the community was defined. In doing this, the team identified the studies that already existed in the community in addition to the information that needed to be collected from primary and secondary sources. The methods included (a) a thorough review of epidemiological data, (b) surveys of community members and consumers of mental health and addiction services, and (c) Key Informant Interviews (KII) with direct service providers.

From July 2012 through February 2013, TTC collected epidemiological data associated with local, state, and national mental health and addiction needs. Epidemiological data refer to the incidence of health-related issues and the factors that contribute to the existence of those issues. Secondary analysis was performed using a comprehensive internet search to identify organizations, studies, surveys, and reports that contained mental health and addiction data. Examples of organizations cited in include the 2010 Assessing the 2010 Community's Needs: A Triennial Report on San Fernando and Santa Clarita Valleys, Valley Care Community Consortium (VCCC), San Fernando Valley Economic Alliance, the Los Angeles County Department of Public Health Key Indicators of Health by Service Planning Area, Healthy Communities of St. Charlie County, 2011 Hospital Annual Utilization Data, Office of Statewide Health Planning and Development (OSHPD), Healthy People 2020, 2010 Treatment Episode Data Set-Admissions (TEDS-A), Survey Documentation and Analysis (SDA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Los Angeles County Department of Mental Health Vulnerable Communities in Los Angeles County (VCLC).

A Community Health Needs Assessment Kick-Off Meeting was held in July 2012 to involve key community service providers to begin to identify the community assets and resources as well as the needs and deficits in the community. In this meeting, key players brainstormed and identified a list of health needs in the communities that TTC serves. This list was later employed

in the Community Needs Assessment Survey. Conducting the Community Health Needs Assessment Survey and the Key Informant Interviews (KII) with community stakeholders served as the tools to identify priority health needs in SPA 2. The team randomly surveyed community members and conducted Key Informant Interviews (KII) from key partners and collaborators of Tarzana Treatment Centers.

The process for both the Survey and KII followed an exploratory research design to generate posterior hypotheses by examining the data-set and looking for potential relations between variables in the survey questionnaire. This exploratory research approach also relied on secondary data collected and KII data.. The advantage of exploratory research is that it is easier to make new discoveries due to the less stringent methodological restrictions.

Assessment Tool Design

The design of the Community Health Needs Assessment (CHNA) Survey tool was developed by reviewing various sample health needs assessment surveys found online (e.g. Healthy Communities of St. Charlie County). In addition, the health priorities identified by stakeholder during the Kick-Off meeting were incorporated in the Community Health Needs Assessment Survey. After multiple revisions and pilot testing, the final survey consisted of a total of 53 questions focusing on demographics, the perceived health status of self and child(ren), physical limitations, health insurance coverage, utilization of medical services in the last 12 months, risk behaviors in the last 12 months, and prioritizing the health needs in the community. The survey tool was a self-administered questionnaire in both Spanish and English.

For the Key Informant Interviews (KII), the Community Health Needs Assessment team formulated open-ended questions to thoroughly understand the health needs of the community from key partners and collaborators. The design of the Key Informant Interview survey was partially modified based on the 2010 assessing the Community's Needs: A Triennial Report on San Fernando and Santa Clarita Valleys developed by the Valley Care Community Consortium. The Key Informant Interview tool collected information on the agencies including service areas, target population served, and services offered as well as their insight of the needs and/or deficits in the community. The final KII survey required many several meetings to refine the questions, and was launched online via SurveyMonkey for the convenience of the key community partners and collaborating agencies.

Data Collection and Methodology

The CHNA planning team trained TTC staff to help conduct Community Health Needs Assessment surveys in the Inpatient Facility. Clients were randomly selected and approached to voluntarily respond to the survey. Surveys took approximately 15–20 minutes to complete. To assure a randomized sample, survey administrators asked every 3rd client who were currently in treatment. A total of 202 surveys were collected. This sample is based on approximately 90% confidence interval calculated by the Raosoft Software which calculates sample size. A 90% confidence interval assures that 90% of the correct answers are within the margin of error of the correct answer. The higher the confidence interval requires a larger sample size.

To identify Key Informant Interview participants, a list of key partners, collaborators, and service providers that have a working relationship with TTC staff and who were appropriate to represent the community were identified. A master contact list was created to categorize contact information and any duplicate contacts at an agency. TTC's Director of Program Development sent out several emails with the on-line link to SurveyMonkey to solicit responses from the identified community leaders/service providers.

TTC consulted with the Valley Care Community Consortium (VCCC) Board, which is the health and mental health planning collaborative for Los Angeles County's Service Planning Area 2 (SPA 2), representing the 2 million plus residents of the San Fernando and Santa Clarita Valleys. Additionally, TTC received input from Dr. Elise Pomerance, Area Medical Director with the Los Angeles County Department of Public Health, who has special knowledge of and expertise in public health for SPA 2. In the attachments you can find a full list of Key Informants.

Data Analysis and Prioritization

The community survey primarily collected qualitative data. Responses were coded with numeric values to analyze data quantitatively using SPSS. A total of 18 community leaders/service providers representing SPA 2 responded to the KII questions. The Key Informant Interviews collected qualitative data and was also quantified and analyzed using Excel. The open-ended responses were categorized to identify themes that clarify and validate responses to the questions.

The simplex prioritization approach was used to prioritize health needs by obtaining community perceptions via survey and KII questionnaires. The responses to the questionnaires were calculated in percentages and ranked the health issues with the highest scores were given the highest priority.

Data Limitations

This report provides a detailed assessment of mental health and addiction needs in the community, yet there are data limitations that should be considered. First, many local, state and federal data sources were not available or not updated. TTC had to rely on reviewing older and limited epidemiological data sources. Second, the results from the Key Informant Interviews are based on data from organizations that agreed to participate. Although a comprehensive group of organizations and individuals who provide direct mental health care were invited to submit data, not all chose to do so. While this did not include all organizations that provide support services, education/intervention/enrichment services, or referrals, 36% (18/50)of those that were invited did participate in the Key Informant Interviews. Finally, although this report highlights several issues pertaining to mental health and addiction needs, they are not necessarily the only issues that individuals in the community may experience. The health priorities noted were ones that were identified by community members through surveys and Key Informant Interviews, along with a review of epidemiological data sources. They represent the key concerns that were identified for the community as a whole.

HEALTH NEEDS AS PERCEIVED BY PROVIDERS, CLIENTS, AND COMMUNITY MEMBERS

Assessment of the health needs of SPA 2 was based on data/information collected by conducting patient survey, key informant interviews and gathering secondary data. Our reference list provides a list of the data sources that we reviewed to collect the data needed to complement and/or supplement TTC's patient survey data and completed key informant interviews.

Demographics of Survey Respondents

Based on 2012 survey respondents obtaining services at TTC's Inpatient Facility, the following is the racial/ethnic breakdown for SPA (Service Planning Area) 2, White/Caucasian 58.9%, Latino 25.2%, Black/African American 8.9%, American Indian 5.4%, Asian 2.0%, Pacific Islander 2.0%, and mixed or other race 4.5%. Of all survey respondents, 69.3% identified as male, 29.6% identified as female, and 1.0% identified as transgender. There were less female survey respondents (29.6%) representing SPA 2 compared to 50% of the overall population of SPA 2 (Table 3). Based on the Los Angeles County Department of Public Health Key Indicators of Health, 55.9% of San Fernando Valley residents have graduated from high school.

Overall, survey respondents rated their health as 57.7% very good/good, 13.2% bad/very bad and 29.1% neither good nor bad. The self-reported employment status of survey respondents are 17.3% employed for wages, 23.7% out of work less than 1 year, 23.7% out of work more than one year, 20.8% disabled/unable to work, 3.5% homemaker, 2.0% retired, 4.5% student, and 4.5% refused to answer. The household income of survey respondents (n=126) in the past year are as follows: 48.5% earned less than $5,000; 30.9% earned $5,000-$20,000; 7.9% earned $20,000-$35,000; and 12.7% earned more than $35,000. The survey participants earned less income compared to SPA 2 overall. Approximately 30% of residents in SPA 2 reported earning less than $35,000 (Table 7) whereas 87.3% of survey participants reported earnings in that same bracket.

Access to Health Care

Table 18: Facilities where Respondents Received Medical Services in the last 12 months (n=202)

Medical Service Received by Facility Type	Insured	Uninsured	Total
TTC Primary Care Clinic	19.1%	15.8%	17.3%
Emergency Room	45.7%	35.8%	40.6%
Hospital	46.8%	22.1%	33.7%
Private Doctor	35.1%	13.7%	23.8%
Other Community Health Clinic	12.8%	16.8%	13.9%
Urgent Care	20.2%	8.4%	14.4%
Don't Remember/Not Applicable	9.6%	23.1%	15.8%
Out of State/Country	3.2%	1.1%	2.0%
County Jail/Prison	1.1%	0.0%	0.5%

Among survey respondents, the emergency room (ER) ranks the first place where they received their medical services in the last 12 months overall. Of those who responded to the survey, 57.9% were uninsured, 22.5% were publicly insured, which includes Healthy Way LA (HWLA), Medi-Cal, Medicare, Healthy Families, and ADPA, and 19.5% were privately insured. When comparing between the insured and uninsured survey respondents (Table 21), the insured population unexpectedly has a higher ER utilization rate (45.7%) than the uninsured (35.8%). The general public may need to be better educated about what services the clinic offers and when it is appropriate to go to ER. For the uninsured survey respondents who responded "not applicable" to this question, it is possible that they needed medical services but they just didn't seek out services.

Based on the Los Angeles County Department of Public Health Key Indicators of Health, 37.8% of adults residing in SPA 2 did not have dental insurance. Additionally, 21.8% of adults reported difficulty accession medical care and 20.4% did not obtain dental care (including checkups) because they could not afford it. Access to care is also a top health need that is identified by many of the Key Informant Interviews.

Emergency rooms operate as frontline providers of the health care safety net in the United States, providing 24-hour health care access, serving as the only guaranteed source of healthcare for the uninsured. However, there is growing concern that emergency rooms are being used to treat non-urgent and preventable conditions. This may be contributing to overcrowding in emergency rooms. Reducing over-utilization of emergency rooms is a critical reassessment of patients' ability to access primary care providers and urgent care centers in a timely fashion and to receive appropriate care in those settings. Such strategies as extending business hours in primary care settings and expanding weekend access service might be possible solutions to decrease the use of emergency rooms for non-urgent conditions and to improve continuity of patient-to-provider care.

Table 19: Survey Respondents' Access to Medical Care/Services in the last 12 months (n=202)

Access to Medical Care/Services	Insured	Uninsured	Total
Had routine physical exam	74.7%	46.7%	61.7%
Avoided to see a doctor due to fear	9.9%	14.4%	11.9%
Able to visit a doctor when you needed	79.1%	53.9%	68.2%
Able to afford all medications prescribed	71.9%	38.9%	56.0%
Access to all health services you or your family needed	71.1%	34.5%	54.3%
Visited an Emergency Room	70.0%	65.1%	68.6%
Stayed in a hospital	48.3%	37.5%	44.9%
Unable to receive medical service because you could not afford	27.5%	51.2%	38.1%
Problem getting transportation to and from your health provider	20.0%	40.7%	30.1%
Received a flu shot	45.6%	31.9%	38.9%
Access medical services in the language you prefer to speak	84.6%	76.7%	82.0%
Seen a dentist	58.7%	34.8%	47.7%

Approximately 54.3% of survey respondents had access to health services that either the individual or their family needed. Over 68% of survey respondents reported visiting an emergency room. The insured survey respondents have higher percentage of ER visits (70%) than the uninsured (65%). Although the medical reason for visiting the emergency room is unknown, these rates are extremely high for emergency room utilization.

Over half (53.3%) of uninsured survey respondents did not have a routine physical exam in the last 12 months and only 38.9% of uninsured (56% overall) were able to afford their prescription medications. In addition 51.2% of uninsured survey respondents were unable to receive medical care due to financial issues. Looking at the Los Angeles County Department of Public Health Key Indicators of Health, 9.7% of adults did not obtain needed prescription medication in the past year because they could not afford it (Los Angeles County Department of Public Health).

Table 20: Medical Care/Services Survey Respondents Received in the last 12 months (n=202)

Type of Medical Care/Services Received	Insured	Uninsured	Total
Had a hearing test	31.9%	18.9%	25.9%
Had an eye exam	51.1%	27.3%	40.0%
Had a glaucoma test	30.4%	21.1%	25.3%
Had a blood pressure check	83.5%	58.4%	72.3%
Had a blood sugar check	55.4%	28.9%	42.8%
Had a cholesterol test	53.3%	24.4%	39.7%
Had a cardiovascular test	42.9%	22.2%	33.8%
Had a bone density test	13.0%	12.4%	12.5%
Had a skin cancer check	19.6%	14.6%	16.7%
Had a STI check	37.4%	35.6%	38.0%
Had a colon/rectal exam	19.5%	14.9%	16.8%
Had a mammogram	33.3%	23.1%	26.3%
Had a gynecological exam	52.0%	30.8%	38.2%
Had a prostate exam	19.7%	14.8%	16.5%

There were very low rates of survey respondents receiving routine health screenings, especially among the uninsured population. Compared between the insured and uninsured survey respondents, the uninsured population has much less access to medical care/services in the areas of routine physical exams, affordable prescriptions, affordable medical services, transportation, flu shot, dental, hearing, and vision care. The uninsured respondents were less likely to be checked for blood pressure, blood sugar, and cholesterol than the insured. Many of these screenings are low-cost and could diagnose medical issues early on before costly treatment or ER visits are necessary.

- Dental exam: 47.7%
- Hearing test: 25.9%
- Eye exam: 40.0%
- Glaucoma test: 25.3%
- Blood sugar check: 42.8%
- Cholesterol test: 39.7%

- Bone density test: 12.5%
- Skin cancer check: 16.7%
- STI check: 38.0%
- Colon/rectal exam: 16.8%
- Mammogram: 26.3%
- Gynecological exam: 38.2%
- Prostate exam: 16.5%

The Los Angeles County Department of Public Health Key Indicators of Health states that 83.7% of adult women in SPA 2 had a Pap smear (gynecological exam) within the past 3 years and 75.4% of women ages 40 years and older had a mammogram within the past 2 years (Los Angeles County Department of Public Health). According to this same report, more than half (52.6%) of adults residing in SPA 2 reported having a colon/rectal exam (sigmoidoscopy or colonoscopy) within the past 2 years (Los Angeles County Department of Public Health).

Quality of Care

Approximately 34.3% of survey respondents rated their overall health as fair (neither good nor bad) or poor (bad or very bad). Based on the Los Angeles County Department of Public Health Key Indicators of Health, 15.8% of SPA 2 residents report their health to be fair or poor (Los Angeles County Department of Public Health). The survey respondents rate their health much worse than the overall population of SPA 2.

Table 21: Self-rated overall health (n=196)

	n	%
Good or very good	113	57.7%
Neither good nor bad (fair)	57	29.1%
Bad or very bad	26	13.2%

In addition, 65.6% of survey respondents indicated they are limited in activities due to an impairment or health problem. Some of the top physical limitations include bodily injury/pain (36%), depression/mental health issues (13%), alcohol and drug addiction vision impairment and issues (10%). The survey respondent's rates are 10 times higher than the rate (2.0%) that SPA 2 residents report for regular daily activities being limited due to poor physical/mental health during the past month.

Table 22: Limited in activities due to an impairment/health problem (n=202)

	n	%
Yes	48	23.8%
No	120	59.4%
Don't know/refused	34	16.9%

Behavioral Risk Factors

Table 23: Survey Respondents' Risk Behaviors in the last 12 months by Age (n=202)

	18-24	25-34	35-44	45-54	55-64
Alcohol					
All The Time/Most of the Time	14.3%	36.7%	47.6%	56.0%	33.3%
Some of the Time	57.1%	20.0%	4.8%	8.0%	0%
None of the Time/NA	28.6%	43.3%	47.6%	36.0%	66.7%
Cigarettes					
All The Time/Most of the Time	71.4%	76.7%	80.0%	48.0%	100%
Some of the Time	14.3%	20.0%	10.0%	28.0%	0%
None of the Time/NA	14.3%	3.3%	10.0%	24.0%	0%
Tobacco					
All The Time/Most of the Time	14.3%	6.9%	25.0%	0%	0%
Some of the Time	14.3%	17.2%	5.0%	0%	0%
None of the Time/NA	71.4%	75.9%	70.0%	100%	100%
Second-hand Smoke					
All The Time/Most of the Time	42.9%	65.7	52.4%	54.1%	33.3%
Some of the Time	0.0%	14.8%	23.8%	4.2%	33.3%
None of the Time/NA	57.1%	18.5%	23.8%	417%	33.3%
Illegal Drugs					
All The Time/Most of the Time	83.3%	80.0%	45.0%	56.0%	50.0%
Some of the Time	16.7%	13.3%	40.0%	8.0%	50.0%
None of the Time/NA	0.0%	6.7%	15.0%	36.0%	0.0%
Injected Drugs					
All The Time/Most of the Time	42.8%	60.0%	57.9%	33.3%	100%
Some of the Time	0.0%	10.0%	5.3%	12.5%	0.0%
None of the Time/NA	57.1%	30.0%	36.8%	54.2%	0.0%
Bothered thoughts, acts & feelings					
All The Time/Most of the Time	85.7%	63.3%	66.7%	40.0%	33.3%
Some of the Time	0.0%	20.0%	23.8%	28.0%	0.0%
None of the Time/NA	14.3%	16.7%	9.5%	32.0%	66.7%

Overall, respondents reported risky behaviors, especially with substance use, tobacco use and mental health issues. High percentages (48%) of respondents age 45-54 have consumed alcohol all the time in the last 12 months. Survey respondents between the ages of 18 and 54 have high percentages of illegal drug use occurring all the time in the last 12 months. The respondents between the ages 25 and 44, as well as ages 55 and 64 were more likely to inject drugs all the time in the last 12 months. Also, a high percentage of respondents across all age groups have smoked cigarettes all the time in the last 12 months. About 52% of respondents between 25 and

34 and 38% between 35 and 44 have been exposed to second hand smoke all the time in the last 12 months.

Based on the Los Angeles County Department of Public Health Key Indicators of Health, 16.2% of adults binge drink (men who had 5 or more alcoholic drinks and women who had 4 or more, on at least one occasion in the last 30 days) and 13.3% of SPA 2 residents smoke cigarettes (Los Angeles County Department of Public Health).

A large percentage of survey respondents age 18-44 were bothered by how they were thinking, acting or feeling in the last 12 months. This may be an indicator of the need for mental health assessments and mental health services, which is one of the top six health priorities indicated by survey respondents. Based on the Los Angeles County Department of Public Health Key Indicators of Health, 8.3% of SPA 2 adults have frequent mental distress, defined as stress, depression, or emotional problems for 14 or more days in the past month (Los Angeles County Department of Public Health).

Health Priorities

Based on survey results, the top 10 health priorities identified as listed in Table 26 are the need for or access to substance use disorder (SUD) programs and services (69.5%), tobacco control (33.7%), dental health (32.6%), infectious disease (30.5%), health insurance (29.5%), violence (28.4%), sexually transmitted infections (28.4%), mental health services (26.3%), HIV/AIDS services (23.2%), and child safety services (21.1%).

According to the Los Angeles County Department of Public Health Key Indicators of Health (2011), 12.3% of adults believe their neighborhood is unsafe due to crime. Other health need in SPA 2 is for 13.5% of adults having been diagnosed with depression (Los Angeles County Department of Public Health).

Table 24: Top 10 Health Priorities Identified by Survey Respondents (n=202)

Health Priorities	%
Substance Use Disorder	69.5%
Tobacco Control	33.7%
Dental Health	32.6%
Infectious disease (i.e. TB, measles, hepatitis etc)	30.5%
Health Insurance	29.5%
Violence (i.e. Gang, domestic violence, bullying etc)	28.4%
Sexually Transmitted Infections (STI) (i.e. Syphilis, Chlamydia etc)	28.4%
Mental Health Services	26.3%
HIV/AIDS services	23.2%
Child safety services	21.1%

According to the 18 Key Informant Interviews, the top health needs of SPA 2 that need to be addressed include: access to medical care (5), mental health (4), substance abuse disorder (2), homelessness (2), chronic disease management (1), continuous care (1), dental care (1), education and prevention (1), obesity/weight management (1), and women's health (1).

Based on the ranking of health needs identified by survey participants and key informants, the Inpatient Facility will address the following top 5 health needs for SPA 2:

1. Substance Use Disorder/Mental Health Disorder
2. Tobacco Control
3. Infectious Diseases (i.e., TB, hepatitis, measles, etc.)
4. Health Insurance
5. HIV/AIDS Services

The other identified health needs including dental health, violence prevention, child safety services, homelessness, chronic disease management, continuous care, education and prevention, obesity/weight management and women's will not be addressed by the Inpatient Facility. The facility currently lacks financial and staff resources to provide services to address such needs. However, the facility will continue to collaborate with community partner agencies by providing referrals to help patients address their other health needs.

These top 5 health needs identified are consistent with the Health People 2020 Leading Health Indicators. The Healthy People 2020 Report provides a comprehensive set of 10-year national goals and objectives for improving the health of all Americans. A smaller set of Healthy People 2020 objectives, called Leading Health Indicator (LHI), has been selected to communicate high-priority health issues and actions that can be taken to address them. These LHIs include: 1) access to health care; 2) clinical prevention services; 3) environmental quality; 4) injury and violence; 5) maternal, infant and child health; 6) mental health; 7) nutrition, physical activity and obesity; 8) oral health; 9) reproductive and sexual health; 10) social determinants; 11) substance abuse; and 12) tobacco. The Healthy People 2020 provides the trends/benchmarks, disparities, causal factors and health indicators for the top 5 identified health needs in SPA 2.

Access to Health Services

A person's ability to access health services has a profound effect on every aspect of him or her health, yet at the start of the decade, almost 1 in 4 American do not have a primary care provider or health center where they can receive regular medical services. Approximately 1 in 5 Americans (children and adults under are age 65) do not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a primary care provider and are more likely to skip routine medical are due to costs, increasing their risk for serious and disabling health conditions. Increasing access to both routine and medical care and medical insurance are vital steps in improving the health of all Americans. The implementation of the Affordable Care Act is expected to increase the total number of individuals with insurance and consequently regular access to medical care. Access to health services affects a person's well-being through: 1) prevention of disease and disability; 2) detection and treatment of illnesses or other health conditions; 3) increase in quality of life; 4) reduction of the likelihood of premature death; and 5) increase of life expectancy. The indicator of access to health services are 1) persons with medical insurance and 2) persons with a usual primary care provider.

Community health providers play an important role in protecting the health and safety of the communities they serve. They can develop meaningful and sustained relationship with patients and provide integrated services while practicing in the context of family and community.

Substance Use Disorder (SUD)

Although progress has been made in substantially lowering rates of substance abuse in the United States, the use of mind and behavior-altering substances continues to take a major toll on the health of individuals, families, and communities nationwide. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem.

Substance abuse involving drugs, alcohol or both is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, and failure in school, domestic violence, child abuse and crime. Moreover, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. Estimates of the total overall costs of substance abuse in the United States, including lost productivity and health- and crime-related costs exceed $600 billion annually. National Institute on Drug Abuse (NIDA) and Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that:

- The use of cocaine, MDMA, amphetamines, and steroids have been linked to abnormal cardiovascular functioning, ranging from abnormal heart rate to heart attacks
- Approximately one-fourth of AIDS cases in the United States have resulted from injection drug use.
- More than half of people arrested in the United States, including for homicide, assault and theft, tested positive for illicit drugs
- In 2009, an estimated 10.5 million people age 12 or older reported driving under the influence of illicit drugs in the previous year. In 2009, among fatally injured drivers, 18 percent tested positive for at least one drug.
- Prenatal drug exposure can result in premature birth, miscarriage, low birth weight, and a variety of behavioral and cognitive problems.

Mental Health Disorder

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Statistics suggest that, in 2004, approximately 1 to 4 adults in the United States had a mental health disorder in the past year – most commonly anxiety or depression and 1 in 17 had a serious mental illness. Mental health disorders also affect children and adolescents at an increasingly alarming rate. In 2010, 1 in 5 children in the United States had a mental health disorder, most commonly attention deficit hyperactivity disorder (ADHD). It is not unusual for either adults or children to have more than one mental health disorder.

People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-

destructive behavior and suicide – the 11th leasing cause of death in the United States or all age groups and second leading cause of death among people age 25 to 34.

Mental health and physical health are inextricably linked. Evidence has shown that mental health disorders, most often depression, are strongly associated with risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease and cancer. Therefore, while efforts are underway to reduce the burden of death and disability caused by chronic disease in the United States, simultaneously improving mental health is critical to improving the health of all people.

Tobacco

In 2009, an estimated 20.6% of all American adults age 18 and older, 46.6 million people identified as daily smokers, another 850 young people age 12 to 17 began smoking on a daily basis. As a results of widespread tobacco use, approximately 443,000 Americans die from tobacco-related illnesses, such as cancer and heart disease, each year. An estimated 49,000 of these deaths are the result of secondhand smoke exposure. For every person who dies from tobacco use, another 20 suffer at least one serious tobacco-related illness. Tobacco use poses a heavy burden on the United States economy and medical care system. Each year, cigarette smoking costs more than $193 billion in medical care costs.

Tobacco use in any form, even occasional smoking, causes serious diseases and health problems, including:

- Several forms of cancer, including cancers of the lung, bladder, kidney, pancreas, mouth and throat
- Heart disease and stroke
- Lung diseases including emphysema, bronchitis, and chronic obstructive pulmonary disease (COPD)
- Pregnancy complications including preterm birth, low birth weight, and birth defects
- Gum disease
- Vision problem.

Secondhand smoke from cigarettes and cigars also causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: 1) asthma; 2) respiratory infections; 3) ear infections; and 4) sudden infant death syndrome (SIDS).

Reproductive and Sexual Health

An estimated 19 million new cases of sexually transmitted diseases (STDs) are diagnosed each year in the United States—almost half of them among young people age 15 to 24. An estimated 1.1 million Americans are living with the human immunodeficiency virus (HIV), and 1 out of 5 people with HIV do not know they have it. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women, including reproductive health problems and infertility, fetal and perinatal health problems, cancer, and further sexual transmission of HIV.

For many, reproductive and sexual health services are the entry point into the medical care system. These services improve health and reduce costs by not only covering pregnancy prevention, HIV and STD testing and treatment, and prenatal care, but also by screening for intimate partner violence and reproductive cancers, providing substance abuse treatment referrals, and counseling on nutrition and physical activity. Each year, publicly funded family planning services help prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies. For every $1 spent on these services, nearly $4 in Medicaid expenditures for pregnancy-related care is saved.

Improving reproductive and sexual health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities, and financial stability. The reproductive and sexual health indicators are 1) sexually active females aged 15 to 44 years who received reproductive health services in the past 12 months and 2) persons living with HIV who know their serostatus.

Priority Health Needs vs. Resources

The results of the key informant interviews show that the primary reasons health needs are not adequately being met in SPA 2 include lack or limited funding, limited staffing and providers, and lack of training for therapists. In addition, programs lack effective evidence-based models that pertain to the SPA 2 population. There is a need for programmatic assistance as key informants indicate there is a lack of resources to provide housing for patients, limited transportation assistance, and a lack of resources to provide assistance to patients to cover their food costs

Particular resources that would help agencies meet health needs in SPA2 include timely referrals, collaboration with other agencies/organizations that provide resources in SPA 2, and more adequate space to provide services. Multiple key informants indicated that there is a need to recruit providers, including more qualified therapists, with the right skills set for their specific target populations and provide more training opportunities for those providers. Additionally, there is a need to create and develop programs to service the elderly (65+) and the dying patient.

HEALTH CARE FACILITIES AND OTHER RESOURCES AVAILABLE IN THE COMMUNITY SERVED

The facility of Tarzana Treatment Centers, Inc. (TTC) located in Tarzana is licensed as an acute psychiatric hospital by California Office of Statewide Health Planning and Development (OSHPD). According to the Subdivision (b) of Section 1250 of the California Health and Safety Code, an acute psychiatric hospital is defined as a health facility having duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for mentally disordered, incompetent, or other referred patients for basic services including medical, nursing, rehabilitative, pharmacy, and dietary service (California Health and Safety Code). Based on the 2011 OSPHD Hospital Utilization Data, Los Angeles County has a total of 11 facilities licensed as an acute psychiatric hospital and 2 facilities are located in SPA 2. The Tarzana facility of TTC is the one of the 2

licensed acute psychiatric hospitals in Los Angeles County and the only one in SPA 2 that provides services to population with mental and chemical dependency co-occurring disorders.

Other than licensed acute psychiatric hospitals, there are two (2) licensed chemical dependency recovery hospitals, one in SPA 3 and another in SPA 6, and two (2) licensed psychiatric health facilities in SPA 8. OSHPD defines a chemical dependency recovery hospital as a health facility that provides 24-hour inpatient care for persons who have a dependency on alcohol or drugs, including patient counseling, group and family therapy, physical conditioning, outpatient, and dietetic services (OSHPD). A psychiatric health facility (PHF), defined by Section 1250.2 of the California Health and Safety Code, is licensed by the State of Mental Health that provides 24-hour inpatient care for mentally disordered, incompetent, or other persons for psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings (California Health and Safety Code).

Additionally, there are a total of 98 facilities throughout Los Angeles County and 16 facilities located in SPA 2 that provide services to population with mental health and substance use co-occurring disorder according to the facility locator website launched by Substance Abuse and Mental Health Service Administration (SAMHSA). All the facilities provide services to co-occurring population at different level of care ranging from outpatient and partial hospitalization/day treatment to residential rehabilitation short-term and/or long-term. Of all 16 substance abuse treatment facilities in SPA, 15 facilities provide outpatient services, 6 offers partial hospitalization/day treatment, and 5 have residential rehabilitation short-term and/or long-term. In general, treatment in an outpatient setting involves clients in a variety of group modalities, such as chemical dependency education, relapse prevention, recovery process, family involvement and support, 12-step education, and aftercare, in addition to individual counseling sessions. A residential rehabilitation program is usually designed to create a therapeutic community geared to addressing all aspects of addiction- and mental health-related issues in a safe, supportive and structured environment for either short-term (within 30 days) or long-term (more than 30 days). A day treatment program generally offers partial hospitalization services during the day to address the unique needs of individuals struggling with addiction and/or mental health problems.

Seven out of 16 facilities in SPA 2 offer detoxification to individuals struggling with a variety of substance abuse addictions, including: alcohol, cocaine, crack, ecstasy, marijuana, inhalants, methamphetamines, opiates, stimulants, narcotics, hypnotics, muscle relaxers, and hallucinogens, as well as co-occurring mental issues, chemical dependencies and other illegal drugs. The aim of detoxification treatment is on early recovery, identifying relapse, and educating addictive individuals to cope with the triggers. Only two (2) facilities in SPA 2 have both methadone maintenance and methadone detoxification program available to individuals who are addicted to opioids where detoxification has not been successful and/or admittance to a substance abuse treatment facility requires complete abstinence. Methadone maintenance is the use of methadone administered over a period of time as treatment for opioid addicts whereas methadone detoxification is a mean of gradual and safe methadone withdrawal process in preparing clients to get clean and sober. Additionally, there are 4 facilities in SPA 2 that provide Buprenorphine

services for the treatment of opioid addiction, which is an alternative option to reduce risk potential for abuse, diversion and overdose of opioids.

Considering the spectrum of services, TTC is the only licensed facility in SPA 2 that provides comprehensive mental health services and chemical dependency treatment to dual-diagnosed individuals, offering 24-hour inpatient services for detoxification and residential treatment and outpatient services. Throughout Los Angeles County, there are four (4) OSHPD licensed facilities and 2 community-based health facilities that provide similar services to individuals with mental health and substance abuse co-occurring disorders.

A list of licensed acute psychiatric hospitals, dependence recovery hospitals, psychiatric health, and other licensed facilities providing services to people with mental health and substance use co-occurring disorder in Los Angeles County by SPA is included in the attachments.

Description of Service Capacity and Utilization by Population with Co-Occurring Disorders (COD) in Los Angeles County using 2011 OSHPD data and 2010 TEDS-A Data

Epidemiologic data are fundamental to planning services that are responsive to the needs of our service population. Individuals with co-occurring disorders (COD) are our main target population; thus, we determined to explore the capacity of and services provided by existing licensed acute psychiatric hospitals as well as chemical dependency recovery hospitals and psychiatric health facilities demonstrated in Table 28, 29, and 31. In this preliminary finding based on the available secondary data extracted from OSHPD, only two licensed acute psychiatric hospitals that provide services to individuals with mental and chemical dependency co-occurring disorders (COD). Due to the target population that our Inpatient Facility serves, this report only focuses on the COD population served by these two licensed acute psychiatric hospitals, one located in Tarzana that falls within the boundaries of SPA 2 and another one in Pasadena within SPA 3 of Los Angeles County.

By the end of 2011, these two licensed acute psychiatric hospitals had a total of 82 beds licensed for the treatment of co-occurring disorders. In 2011, a total of 2,744 COD patients were discharged with a total of 18,346 discharge days. Each discharged patient stayed in the facility at an average of 7 days. Looking at demographic characteristics of discharged patients, 89% of them age between 20 and 59 years old. Approximately 65% of these discharged patients identified themselves as White and 19% were Latino/Hispanic. In terms of payers, more than 55% were covered by public funds, including 29% other government funds, 23% Medicare, 3% Medi-Cal whereas 34% were covered by private insurance and 5% self-paid.

However, many individuals with COD are either undiagnosed or cannot overcome the stigma associated with mental and/or behavioral health difficulties to seek out for help or to navigate the complicated service systems. According to Substance Abuse and Mental Health Services Administration (SAMHSA), among the 8.9 million adults with co-occurring disorders (COD), 44% received substance use or mental health treatment, only 13.5% of individuals receive treatment for both conditions, and 37.6% did not receive treatment at all (SAMHSA).

Table 25: Service Capacity and Utilization in Los Angeles County by SPA, 2011

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Total number of licensed facilities	**0**	**2**	**4**	**1**	**1**	**1**	**2**	**4**
Acute psychiatric hospitals	0	2	3	1	1	1	2	1
Chemical dependency recovery hospitals	0	0	1	0	0	0	0	1
Psychiatric health facilities	0	0	0	0	0	0	0	2
Total number of licensed beds	**0**	**309**	**365**	**55**	**74**	**135**	**1,441**	**198**
Acute psychiatric	0	70	310	55	74	72	1,319	198
Skilled nursing	0	239	5	0	0	0	102	0
Chemical dependency	0	0	50	0	0	0	0	63
Intermediate care	0	0	0	0	0	0	20	0
Total number of discharges	**N/A**	**2,886**	**13,812**	**1,012**	**2,064**	**1,048**	**7,440**	**6,852**
Acute psychiatric	N/A	185	12,254	1,012	2,064	1,048	7,409	6,135
Acute psychiatric-chemical recovery	N/A	2,407	337	0	0	0	0	0
Chemical dependency recovery	N/A	0	1,221	0	0	0	0	717
Skilled nursing	N/A	294	0	0	0	0	16	0
Intermediate care	N/A	0	0	0	0	0	15	0
Total number of patient days	**N/A**	**106,581**	**89,546**	**12,757**	**24,786**	**24,246**	**284,572**	**65,861**
Acute psychiatric	N/A	3,492	79,808	12,757	24,786	24,246	261,026	52,695
Acute psychiatric-chemical dependency	N/A	16,564	1,782	0	0	0	0	0
Skilled nursing	N/A	86,525	0	0	0	0	0	0
Chemical dependency	N/A	0	7,956	0	0		21,499	13,166
Intermediate care	N/A	0	0	0	0	0	2,047	0

Source: 2011 Hospital Annual Utilization Data, OSHPD

TTC Primary Care Clinics

Tarzana Treatment Centers, Inc. (TTC), as an integrated healthcare organization, has three satellite facilities licensed by Office of Statewide Health Planning and Development (OSHPD) of California Department of Health that provide primary medical care and other health care services to the communities in SPA 1 and SPA 2. These clinics serve as support and fill in some of the gaps in services identified by clients of its Inpatient Psychiatric Hospital.

Northridge Primary Care Clinic
In 2012 Northridge primary care clinic in SPA 2 had a total of 6.2 Full-Time Equivalent (FTE) primary care providers along with 23 FTE clinical staff—physicians, physician assistants, clinical psychologist, registered nurses, medical assistants, health educators, billing and other administrative staff. The clinic served 6,301 unduplicated clients with a total of 25,839 encounters. All clients who received primary medical care at the Northridge Clinic were below the 100% Federal Poverty Level (FPL). A majority of these clients (81%) were covered by county indigent funds, 13.6% Medi-Cal/Medi-Cal Managed Care, 1.5% Medicare, 1.5% self-pay, and 2.4% all other payers.

Lancaster Primary Care Clinic
In 2012, Lancaster primary care clinic in SPA 1 had a total of 1.1 Full-Time Equivalent (FTE) primary care providers along with 3 FTE clinical staff—physicians, physician assistants, family nurse practitioners, registered nurses, licensed vocational nurse, medical assistants, health educators, and other administrative staff. The clinic served 2,899 unduplicated clients with a total of 11,196 encounters. All the clients who received primary medical care at the Lancaster Clinic were below the100% Federal Poverty Level (FPL). A majority (84%) of these clients were covered by county funds, 4.6% Medi-Cal/Medi-Cal Managed Care and 1.9% Family PACT out of state funds, 4.2% self-pay, and 1.9% Medicare. Less than 1% of clients were covered by private insurance and 4.2% self-pay.

Palmdale Primary Care Clinic
In 2012, Palmdale primary care clinic in SPA 1 had a total of 1.1 Full-Time Equivalent (FTE) primary care providers along with 3 FTE clinical support staff—physicians, physician assistants, medical assistants, and other administrative staff. The clinic served 1,307 unduplicated clients with a total of 7,179 encounters. All the clients who received primary medical care at the Palmdale Clinic were under 100% Federal Poverty Level (FPL). A majority of these clients (79%) were covered by county indigent funds, 10.4% Medi-Cal/Medi-Cal Managed Care, 2.5% Medicare, 6.1% self-pay, and 2% all other payers.

Health needs of the community identified based on patient survey and key informant interviews

As mentioned in the previous section, the top 10 health priorities identified by our existing COD clients are: alcohol and drug use, tobacco control, dental health, infectious disease, health insurance, violence, sexually transmitted infections, mental health services, HIV/AIDS services, and child safety services. According to the 18 Key Informant Interviews, the top health needs of SPA 2 that need to be addressed include: access to medical care (5), mental health (4), substance

abuse disorder (2), homelessness (2), chronic disease management (1), continuous care (1), dental care (1), education and prevention (1), obesity/weight management (1), and women's health (1). Both Inpatient Facility patients and key informants placed emphasis to substance use, dental health/care, chronic disease management, and obesity/weight management as among the top health priorities in SPA 2.

Gaps in health resources

In order to plan for an ideal system of care for COD population, it is necessary to have common vision in the community. The shared vision guides the development of programs or collaborations, and the allocation of scarce resources among agencies and county officials. In our key informant interviews with community representatives of county, community-based organizations and hospitals, the gaps in health resources are related to funding, staffing and program implementation. The gaps concerning funding are lack of resources to provide patients housing assistance, transportation assistance and assistance to cover their food costs. Limited staffing, lack of training of therapists and limited providers for adult internal medicine were also identified as gaps in health resources which can also be related to funding issue. Gaps related to program implementation are lack of evidence-based models to effectively implement programs. Aside from funding, the key informants identified particular resources that would help agencies meet priority health needs: more qualified therapists and providers with right skills set for population served; better customer service among clinic staff; timely referrals, referral sources, creating/developing programs for specific population served; and more importantly, collaboration with other agencies that provide resources in the community.

AGENCY COLLABORATION IN SPA 2

The key informants also provided their insights and feedback concerning collaboration among health-related agencies in SPA 2. To summarize, the agencies collaborated to provide/receive referrals for patients, share data and information, enhance program implementation and provide technical assistance to other agencies. The agencies represented the key informants have been collaborating with other agencies to address and/or resolve health issues. For instance, since 2004, TTC has worked in collaboration with Northridge Hospital Medical Center's Emergency Department (NHMC ED) and Behavioral Services, to address the health needs of patients that utilize the ED. TTC's expertise in providing comprehensive case management services in NHMC's ED has continued to improve the access to appropriate levels of health care services for uninsured, underinsured and underserved residents of the SPA 2 ED users. Also, TTC has been receiving funding assistance from Kaiser Permanente Medical Center to serve uninsured, living below the federal poverty level, and/or homeless with a chronic condition (i.e., diabetes and hypertension). If these individuals do not have continued access to appropriate medical care they will lose any health benefits gained while insured and ultimately cost the community more because of unnecessary and costly services at local emergency rooms (ER). The Los Angeles County Department of Mental Health has provided TTC funding assistance to provide services mental health services targeting Latino population being served by TTC's primary care clinic in Northridge. TTC also has been working with collaborative partners including faith-based organizations and non-profit organizations (Mission City Community Network (MCCN), BIENESTAR, Providence Center for Community Health Improvement (PCCHI), and Vision y

Compromiso (VyC) in SPA 2 to recruit Latino client and their families who are indigent/uninsured.

The key informants reported that they collaborate with other agencies in SPA 2 in a variety of ways as described below:

- Attending inter-agency meetings regularly
- Prepared booklets, identifying the services we provide and sent to courts as well as other agencies
- NEVHC tries to collaborate where possible, but being such a large agency, sometimes it gets difficult. We have broadened our collaboration with mental health agencies and have some successful models at different sites of sharing space/resources and cross referral.
- Northridge Hospital collaborates with a broad spectrum of community agencies to deliver compassionate care and services to residents of SPA 2
- Our sexual assault program collaborates with law enforcement, the City and District Attorney Offices, Victims of Crime, the local rape crisis center.
- Our school-based Obesity and Diabetes Initiative collaborates with the local university, American Heart Assn., American Diabetes assn., Healthnet, Network for a Healthy California and many other agencies to improve the eating behaviors of students and parents and increase their daily physical activity.
- Program development and implementation provide resources to other organizations. Needs assessment, grant writing and referral resources to and from Providence.
- Public Health is involved in many community initiatives and provide ongoing data support and organization as needed
- Through our Homeless Navigator Pilot program, we establish positive interactive, supportive resource sharing with our partners. We have supported the establishment of the West San Fernando Valley and Ventura Alliance to End Homelessness.
- TTC works cooperatively with a multitude of agencies across the county
- We provide MAT assessments in which linkage to services are sought and collaborated upon to provide support to families and children for services beyond our scope. We also collaborate with other mental health agencies locally for referring clients who require specific services we do not provide
- We conduct triennial community needs assessments through collaborative committees consisting of SPA2 community-based organizations to address needs identified. We collaboratively seek grant funding to improve the health of the communities we serve.
- We coordinate with outside agencies that can address identified needs for clients such as food banks, housing, etc.
- We partner with NEW (New Economics for Women) on a City contract called Family Source Center. We work with youth and the families with the goal to get them back to school, improve attendance and raising their grades.
- We work with agencies on domestic violence, sexual assault, obesity and diabetes and outreach to uninsured for cancer services
- Working in CASC, I have regular (daily) contact with other agencies to coordinate services for client being referred.

Collaboration is an effective way to pool and/or match existing health-related resources in addressing the health needs in SPA 2. It is important however that collaboration must be maintained and/or expanded to meet the identified health needs. As discussed above, collaboration was identified as one of gaps in health resources to adequately meet priority health needs. With the Affordable Care Act providing uninsured and underinsured population access to medical care, collaboration among health agencies in SPA 2 will be instrumental in maximizing and organizing funding resources for health care services in the community.

III. List of Tables and Figures

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V. Attachment

- Patient Survey
- Key Informant Interview
- List of Key Informants for SPA 2
- List of facilities providing services to population with mental health and substance use co-occurring disorder in Los Angeles County by SPA