



**2023
COMMUNITY
BENEFIT
PLAN**



4211 South Avalon Blvd
Los Angeles, CA 90011

General Information

A. Background

Established in 1965 in response to the Watts uprising, Kedren Community Mental Health Center, Inc. (Kedren) has provided mental health and substance abuse services to the South Los Angeles community through its Acute Psychiatric Hospital and Community Mental Health Center. Offering an integrated behavioral health care system, Kedren has served as the primary resource for outpatient and inpatient behavioral health services in Los Angeles County. It has received Los Angeles County funding for over 30 years and Substance Abuse and Mental Health Services Administration (SAMHSA) funds for integrated care. Its psychiatric inpatient hospital has 72 beds – 55 for adults 18-64 and 17 for children ages 5-12 and serves more than 4,500 patients annually.

Individuals referred to Kedren often are from emergency rooms throughout Los Angeles County or brought in by law enforcement. Many adults are chronically homeless with severe mental illness and frequently use the emergency rooms to receive care and support.

Recognizing the importance of providing primary care to its patients within its behavioral health services and acknowledging the health disparities in the South Los Angeles community, in 2013, Kedren became a Federally Qualified Health Center (FQHC), a division of the Corporation, to ensure all patients have access to care, regardless of their ability to pay.

Additionally, Kedren provides mental health services on an outpatient basis to 39 schools in the Service Planning Area (SPA) 6. These services are provided as part of the Juvenile Justice Programs, through Adult Conditional Release and Stepdown Programs with supportive housing models such as partial hospital services for children which includes case management, peer support, and medication management.

B. Organizational Structure and Core Principles

Kedren is governed by a Board of Directors, which consists of members who are the majority of consumers representing the service area demographic. The Board is responsible for setting policy on patient care operations, finances, and community benefits. Kedren's highly trained multi-disciplinary team of professionals is comprised of physicians, psychiatrists, psychologists, physician assistants, nurse practitioners, register nurses, certified nurse assistants, medical assistants, licensed clinical social workers, marriage/family therapists, certified chemical dependency counselors, and a variety of other professionals dedicated to providing services to individuals with dignity and the utmost respect, without social, cultural, political, sexual orientation, or financial prejudice.

The core principles of effective integrated behavioral health care include a patient-centered care team providing evidence-based treatments for a defined population of patients using a measurement-based treat-to-target approach.

Kedren's holistic integrated delivery system allows for optimal success, as the pillars of a healthy community are centrally located on one campus and treatment teams can work to create a tailored plan for each client. This promotes an increased likelihood of comprehensive wellness, for low-income families who would not otherwise have the resources to receive the care they need.



PRIMARY CARE

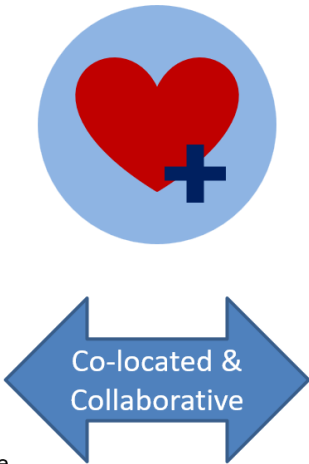
KEDREN

- FQHC
- 2 Clinics at Avalon
- Quarterly Community Health Fairs
- Faith-based Outreach & Screenings
- Co-located Mental Health at Private Primary Care Clinics

COMMUNITY COLLABORATIVE

Co-locate within the Private Primary Care Physicians offices to bring Mental Health Screening, Behavioral Intervention & Training for Nurses and provide classes to Private Physician Patients at Kedren:

- Nutrition - Parenting Tips
- Diabetes Management
- Parenting for AHDH/ ADD Children



MENTAL HEALTH

KEDREN

- Inpatient Acute Psyc.
- Outpatient Services
- Field Based Clinical Services
- Goto Wellness Center: Nutrition, Stress Management, Substance Abuse Groups, Behavioral Change Classes, Meditation & Relaxation Groups, Weekly Food Journal & Exercise, Medication Education and One-on-One Dietician & Rehab Specialists

COMMUNITY COLLABORATIVE

Satellite Offices located within Faith Based Organizations
Co-locate within Private Primary Care Physician Offices to provide mental health screenings and referrals.



C. Mission and Vision

The mission of Kedren is to provide quality integrated health and behavioral health services to children, youth, adults, and families irrespective of immigration status, residency, language, culture, gender, ethnicity, religion, sexual orientation, or one’s ability to pay.

Kedren’s vision is to eliminate health disparities for children, youth, adults, and families in South Los Angeles by creating access to care irrespective of one’s ability to pay. Kedren is committed to promoting well-being by enhancing the quality of life through best practices in healthcare delivery. Kedren’s focus in creating access to programs regardless of one’s ability to pay is an important community benefit, as is its onsite provision of both acute, involuntary inpatient psychiatric care, and outpatient services in less restrictive settings. Staff strive to be the best by treating patients and clients with dignity and respect no matter what their psychological or physical health conditions. Treatment is focused on teamwork, respect, and innovation. Services are delivered through a coordinated, multi-disciplinary and sensitive approach to care, through a delivery system which follows all federal and state laws regulating health care providers.

The organization advocates in partnership with, and on behalf of, persons, groups, and families served, the public or community, and other stakeholders. The organization works in active partnership with persons and families served to:

- a. Ensure that they have appropriate advocacy support, either from their own support system or through active case advocacy;
- b. Assist them to gain access to the full array of eligible services; and
- c. Mediate barriers to services within the service delivery system.

Kedren Community Health Center, Inc. | 2023 Community Benefit Plan

The organization's governing body and management collaborate with national and local voluntary organizations, public organizations, and community and ethnic groups to advocate for issues of mutual concern, such as:

- a. Improvements to existing services;
- b. Redress for gaps in service;
- c. The full and appropriate implementation of applicable laws and regulations
- a. regarding issues concerning the service population; and
- d. Improved support and accommodation for persons with special needs.

Kedren recognizes that mental health and physical health involves a whole person care model. This requires comprehensive services ranging from inpatient, residential, day treatment, outpatient care, and housing. Patients are frequently impacted by chronic diseases (such as diabetes, hypertension, HIV/AIDS, and hepatitis) which require wrap around services outside the traditional modalities, as well as case management and therapeutic follow-ups.

D. Primary Care to Outpatient Mental Health Services

At Kedren, all patients are screened for behavioral health services at the Primary Care Clinic.

- a. Consumer walks-in to the Primary Care Clinic for services.
- b. Consumer's medical home is contacted for Hx/information. If requested, a switch is made to Kedren as their medical home.
- c. Patients are screened to discern the need for mental health, substance use, health education, and housing services.
- d. If mental health and/or behavioral health services are warranted, a referral for appointment is made.
- e. The behavioral health team conducts triage; if medical necessity is met, and consumer is referred for ongoing specialty mental health services. Primary care is notified of patient status.

E. Patient Flow Regardless of Entry to Kedren's System of Care

Primary Behavioral Health Care Integration (PBHCI)

- a. Kedren's holistic integrated delivery system allows for optimal success, as the pillars of a healthy community are centrally located on one campus and treatment teams can work to create a tailored plan for each client. This promotes an increased likelihood of comprehensive wellness, for low-income families who would not otherwise have the resources to receive the care they need.
- b. Care managers assess patient's primary care, substance use housing and health education needs. Referrals are made accordingly.

Primary Care Walk-In

- a. Patient meets with Primary Care Clinic front desk.
- b. Primary Care Clinic front desk checks for medical eligibility, medical home, and completes admission paperwork.
- c. Clinical Provider visit is completed with primary care, mental health, substance use screenings, and health education.
- d. Referrals are made accordingly for mental health services.

Field-Based Services

- a. Field-based Provider submits Client Admissions Data Sheet to PAS.
- b. PAS checks for medical eligibility, IS for prior admissions/open episodes, and completes admission paperwork.
- c. Field Provider obtains necessary signatures from the patient and completes assessments based on medical necessity.
- d. Patient is scheduled for continued MHS (with TxPlan and Assessment) and Care Management Needs Assessment is done.

Community Health Needs Assessment (CHNA)

In compliance with the Patient Protection and Affordable Care Act of 2010, Kedren is required to conduct a Community Health Needs Assessment (CHNA) that identifies and addresses key issues of the defined community every three years. In 2022, Kedren completed its CHNA and implementation strategy for 2022-2025. Upon completion of the document, the Board of Directors reviewed and approved it and subsequently will use it to strategize and chart the direction for Kedren in the upcoming years. The report is publicly available on Kedren’s website – www.kedren.org.

A. Definition of Community

As illustrated in its latest CHNA, Kedren’s designated service area covers 59.3 square miles and includes Southeast, Westlake, and Mid City areas of Los Angeles. It comprises a part of Compton in the southeast corner of the service area (ZIP code 90222), the unincorporated areas of Florence Graham (ZIP code 90001), View Park-Windsor Hills, West Athens, West Rancho Dominguez (ZIP code 90061), Westmont, and Willowbrook (ZIP code 90059). Most of the service area and service area residents are within the City of Los Angeles. These include ZIP codes 90002-90003, 90006-90008, 90011, 90015-90019, 90037, 90043-90044, 90047, 90057, and 90062. The boundaries of the service area are roughly South San Pedro and Alameda Streets to the east; El Segundo Boulevard and Rosecrans Avenue to the south; Van Ness Avenue, La Cienega Boulevard, and Fairfax Avenue to the west; and Olympic Boulevard, James M Wood Boulevard, and 9th Street to the north.

This is a densely populated urban area with 1.1 million residents for an average population density of 17,600 per square mile. The low-income penetration among FQHCs in 2020 was below 50% (45.93%), with coverage rates among the uninsured and Medicaid populations even lower (33.24% and 43.03%, respectively). There remain 324,000 unserved low-income residents, 112,000 remain medically uninsured and 256,000 on Medicaid (call Medi-Cal in California).

With healthcare expansion and reform, Kedren’s inpatient facility has continued to serve an incrementally larger proportion of patients from the immediate geographic area, as well as all geographic locations where there is great need.

B. Development of Community Health Needs Assessment (CHNA)

Both primary and secondary data sources were used in assessing the need of mental health services and supports. The assessment began with a literary review of previous reports yielded from our community collaborative members and community activists who have been working with Kedren for several years in our aid to get help for those who are underserved. In addition, data was collected from the U.S. Census Bureau, the American Community Survey, the Los Angeles County Department of Health Services, the California Department of Public Health, the California Health Interview Survey, and the Los Angeles Homeless Service Authority. The data collected were, in addition, compared at the service level, SPA 6, the county, state, and U.S., when available. Kedren’s 2022-2025 CHNA is included herein.

The need for mental health and substance abuse services for low-income residents of Kedren’s service area is evidenced by the number of South Los Angeles residents who reported having mental health challenges and/or have sought mental health care, and/or treatment for alcohol or drug use. According to the 2021 California Health Interview Survey¹, about 45,666 seriously considered suicide. Low-income residents 18 years and older self-report that they are more likely to have serious psychological distress during the past year (15.2%), moderate or severe social and family like impairment during the past year (24.1%, and 23.4% respectively), have moderate or severe household chore and work impairment (22.3%,

¹ UCLA Center for Health Policy Research. (n.d.). California Health Interview Survey (CHIS). <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis>

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and 22% respectively), and were unable to work more than 30 days in the past year due to mental problems (6.1%), compared with the county and state average.

Kedren also offers SUD services as part of behavioral health care. Kedren's approach to care addresses patients with primary and specialty care needs, such as patients with co-occurring conditions. The level of substance misuse in Kedren's service area compared with Los Angeles County and California rates. There is a higher incident of misused of prescription pain killer (3.1%) and use of methamphetamine (1.8%) are higher than county- (2.1% and 1.0% respectively), and statewide (2.1% and 1.0%, respectively) numbers. More than one in seven low-income adults (14.6%) have engaged in binge drinking in the past month and more than one in 13 adolescents have tried alcohol².

C. Community Profile

Kedren is located in South Los Angeles, which is a densely populated section of Los Angeles County which is sometimes referred to as Service Planning Area (SPA) 6. This is where a majority of our patients (77.8%) reside. SPA 6 spreads over 51.08 square miles and includes 25 neighborhoods within the city of Los Angeles and three unincorporated districts. It is home to an estimated 1,056,870 people and holds the distinction of having the greatest health disparities among the County’s eight SPAs, as well as the highest poverty rate. Kedren slightly overlaps with SPA 4, and SPA 8. More than one-half (52.7%) of residents in the service area live at or below twice the FPG.

Major health disparities exist within SPA 6 considering that there are high mortality rates from heart disease, cancer, stroke, diabetes, pneumonia, and hypertension, as well as liver and kidney disease. The age-adjusted death rate for all causes, at 724.5 per 100,000, is 4% lower than the county as a whole; 12.9% higher than California’s rate; and 15.7% higher than the nationwide rate.

Knowing these health disparities exist, Kedren established its Primary Care Clinic to expand services and increase access to health care for this high-need area. Since receiving FQHC designation in 2013, Kedren has provided high quality comprehensive health care across the age continuum to meaningfully address health disparities in our service area. Using a Board-approved sliding fee schedule, Kedren provides care regardless of a patient’s ability to pay.

D. Results from 2022 Needs Assessment

The need for mental health and substance abuse services for low-income residents of Kedren’s service area is evidenced by the number of South Los Angeles residents who reported having mental health challenges and/or have sought mental health care, and/or treatment for alcohol or drug use. According to the 2021 California Health Interview Survey, about 45,666 seriously considered suicide. Low-income residents 18 years and older self-report that they are more likely to have serious psychological distress during the past year (15.2%), moderate or severe social and family like impairment during the past year (24.1%, and 23.4% respectively), have moderate or severe household chore and work impairment (22.3%, and 22% respectively), and were unable to work more than 30 days in the past year due to mental problems (6.1%), compared with the county and state average.

Low-income service area residents were more likely to suffer moderate to severe social and family like impairment, household chore impairment, and/or work impairment, and seniors were more likely to suffer from loneliness. According to an analysis of results from the 2018 survey by the Los Angeles Department of Public Health, 48,000 low-income service area adults currently suffer from depression and 85,000 are at risk for major depression. More than one-half of low-income adults (56.0%) report not always receiving the social and emotional support they need for a healthy life.

² UCLA Center for Health Policy Research. (n.d.). California Health Interview Survey (CHIS). <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis>

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Access to mental health services in the service area outside of Kedren is limited. Nearly one-half (45.3%) of low-income adults with current depression are not receiving counseling from a mental health professional, 42.6% are not taking medication prescribed by a doctor or psychiatrist, and more than one-quarter (25.9%) are receiving neither counseling nor medications for their disorder. About 10% of those receiving mental health care received care from a physician as opposed to a mental health professional due to a shortage of providers in the area. Indeed, the Health Resources and Services Administration (HRSA) has designated nearly the entire service area as a Health Professional Shortage Area (HPSA) for a mental health population with high needs. These HPSAs have population-to-provider ratios ranging from 46,659:1 to 116,471:1, all of which have fewer than one-half of the mental health professionals needed to adequately serve a high needs population, which HRSA determines is 20,000:1.

Kedren offers SUD services as part of behavioral health care. Kedren's approach to care addresses patients with primary and specialty care needs, such as patients with co-occurring conditions. The level of substance misuse in Kedren's service area compared with Los Angeles County and California rates. There is a higher incident of misused of prescription pain killer (3.1%) and use of methamphetamine (1.8%) are higher than county- (2.1% and 1.0% respectively), and statewide (2.1% and 1.0%, respectively) numbers. More than one in seven low-income adults (14.6%) have engaged in binge drinking in the past month and more than one in thirteen adolescents have tried alcohol.³

Data from key informant interviews illustrate that the COVID-19 public health emergency severely impacted the physical and behavioral health of Kedren's service area residents. Target populations that are particularly vulnerable include low-income families (individuals at or below 200% FPG), seniors, and the homeless population, as found in the 2022 CHNA analysis. Other health needs shared by key informants outside the scope of Kedren's work include barriers to healthcare services, homelessness/housing instability, affordable housing, and food insecurity. Key informants also noted the high use of Kedren's BH in-patients having shown high use of its Primary Care Clinic as being their primary source when receiving medical care/services.

The patient satisfaction surveys are comprised of questions regarding patient demographics, their current health needs, staff courtesy, cleanliness, wait times, telehealth availability, reasonable fees, and the COVID-19 pandemic. Data was collected in the month of [Date]. Kedren received survey responses from 40 patients completed the survey at Kedren's Primary Care Clinic program. Of survey respondents, approximately 14 (35%) were female, and 25 (62.5%) were male. Of the respondents, 42.9% were of Black/African American descent, 34.1% Hispanic/Latino, and 4.9% White, 2.4% American Indian/Alaska Native, and 7.3% Declined to Specify. Eighty-five percent were current patients, and 15% were new Kedren patients.

On average, Kedren received the following ratings (from one to five):

³ UCLA Center for Health Policy Research. (n.d.). California Health Interview Survey (CHIS). <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis>

Kedren Community Health Center, Inc. | 2023 Community Benefit Plan

Survey Questions	Average Rating
How would you rate the ease of making an appointment?	4.8
Appointment times were available within a reasonable time.	4.8
My overall impression of the appointment booking and appointment check-in process.	4.9
I would rate the overall clinical care I received as...	4.8
My overall impression of the practice as a whole.	4.8
How was your visit with our practice?	4.8
My overall impression with the billing from this practice.	4.5

Other Survey findings included the following:

- 95% of respondents reported the front desk staff as polite and respectful during the appointment booking process.
- 43% of responded reported the wait time before the clinical staff brought them to an exam room as one to 10 minutes, followed by 32% who said the wait time was approximately 11 to 15 minutes.
- 93% of respondents reported that the provider spent enough time with them during their appointment to address the needs and answer questions.
- Nearly one-half (50%) would be likely to schedule a tele-visit (online virtual visit) with a provider instead of coming into the medical office.
- More than one-half (47%) of survey respondents reported that the nominal fee (which is \$10) is not a barrier to health care services.

E. Health Needs Identified

A multi-step process was used to arrive at a final list of health needs for the CHNA. The steps included organizing a matrix of topics/themes by data source, then adding detailed context for each topic/theme as mentioned in each data source. A final review of the topics/themes according to each data source was completed and included 1) common needs identified between all data sources, and 2) unique needs that Kedren may be able to address given its current capacity. Based on Kedren’s 2022-2025 CHNA survey results, the top five health priorities are:

Priority 1. Kedren will become a recognized Patient-Centered Medical Home (PCMH) that continues to put patients at the forefront of care, and to build better relationships between patients and their clinical teams. PCMH designated entities have shown to improve access to health care, increase patient satisfaction with care, and improve patient health.

Priority 2. Kedren will continue to provide the full continuum of integrated Primary Care, MH, and SUD treatment services to address stigma in the community with an emphasis on increasing community knowledge and access to underutilized programs for children and youth.

Priority 3. Kedren will continue to provide benefits assistance to patients including education to the uninsured, under insured and undocumented patients who may be able to access primary medical care and/or behavioral health services via state benefits and/or local benefits.

Priority 4. Kedren will continue focus on integrating behavioral health and medical care services by

Kedren Community Health Center, Inc. | 2023 Community Benefit Plan

focusing on chronic diseases prevalent in the communities served (e.g. diabetes, obesity, asthma, high blood pressure, etc.) and its interaction with SUD/MH. This includes addressing comorbidity and the need to provide integrated and coordinated care via shared electronic charting and regular provider case communication and conferencing.

Priority 5. Kedren will develop new, and strengthen existing, partnerships with community partners that provide health and social services in order to increase access to services at Kedren and in the community.

Since the approval of the 2022 CHNA, Kedren’s data and evaluation team are monitoring the progress of each outcome associated with the priorities listed above on a quarterly basis.

F. Continuum of Care of Primary and Behavioral Health Treatment Services

Community input from the 2022 CHNA process indicated that primary care, MH, and SUD treatment remains a significant need, especially for low-income residents. In response, Kedren plan to continue providing the full continuum primary care and behavioral health treatment services with an emphasis on providing targeted outreach to low-income individuals in the community.

Last fiscal year, Kedren served a total of 654 patients with co-occurring disorders (COD) and about 96 % completed treatment. These COD patients are mostly male (59%), Black (51%), and between 25 to 65 years old (87%). In addition, Kedren’s in-patient facility monitors patient perceptions of care via surveys on a regular basis.

Kedren will continue to offer comprehensive in-patient and outpatient behavioral health services for children, transitional aged youth, adults and older adults residing in SPA 6, who are experiencing serious or persistent mental illness or emotional disturbance. Our services will continue to be provided in a caring, compassionate environment promoting a shared vision of improving lives and empowering individuals to recover.

Service delivery is holistic, collaborative, multidisciplinary and culturally competent, focusing on the individual, and when appropriate with the involvement and support of family or significant other. Our highly trained mental health staff, together with our strong leadership, create an unwavering commitment to quality services based on our belief in the resiliency and potential of the individual we serve.

G. Benefits Application Assistance

A lack of health insurance can pose a significant barrier to accessing healthcare and can significantly contribute to poor health. Within Kedren’s service area, 15.1% were medically uninsured, representing more than 163,000 people in the service area without medical insurance. More than one-third (39.1%) of service area residents are insured through Medicaid (Medi-Cal). Both are greater than the average for the county, state, or nation. Between the two, more than one-half of residents (54.1%) were either on Medicaid or not medically insured, which is much higher than the county (31.5%), state (27.0%), and nation (23.6%)⁴.

Additionally, based on results from the 2021 California Health Interview Survey (5-year average), 10.4% of low-income residents ages 18-64 within Kedren’s service area reported to have had no insurance for all of the past year. When added to those who had no insurance for part of the year, 17.3% of low-income residents had at least some gap in coverage during the past 12 months. These rates were both higher than in Los Angeles County or California. More than one-third (34.8%) of uninsured residents were eligible to enroll in Medi-Cal based on screening questions. Yet, low-income service area residents were more likely to have difficulty paying medical bills or paying for basing necessities due to medical bills.

⁴ U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates, Table B27010.

Kedren Community Health Center, Inc. | 2023 Community Benefit Plan

As a certified enrollment entity (CEE) as part of Covered California, Kedren can provide support and enrollments services to our patients onsite with staff who are certified enrollment counselors (CEC’s) assist individuals in applying for coverage/ insurance.

Kedren will continue providing benefits assistance to patients including education to the uninsured, under insured and undocumented patients who may be able to access primary medical care and/or behavioral health services via state benefits and/or local benefits.

H. Ongoing Community Outreach and Supportive Services

Kedren will continue to offer integrative primary and behavioral health care to our target populations and the broader community, and contribute in-kind support to a variety of organizations, with priority given to those that are directly health related and support the community in SPA 6. Kedren strives to provide benefits to the community at large by offering an assortment of services and encouraging community members to be actively involved in our programs that promote disease management, healthy living, and maintenance of a wellness state.

Community Benefit Costs

Kedren is a baseline Short/Doyle Medical Specialty Mental Health Service (SD/MC SMHS) provider of Los Angeles County. One hundred percent (100%) of Kedren’s mental health services, including inpatient and outpatient services are contracted with the Los Angeles County Department of mental health (LACDMH) through a single agreement. The contract with the LACDMH is a cost reimbursement contract that covers all the Los Angeles County residents who qualifies for the SMHS program, therefore all costs incurred by Kedren are reimbursed under the contract with LACDMH. Based on this cost reimbursement contract, Kedren hence reports zero (0) Community Benefit cost in its Form 990 per its Community Benefit Reporting:

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost					-	-
b Medicaid					-	-
c Costs of other means-tested government programs					-	-
d Total. Financial Assistance and Means-Tested Government Programs					-	-
e Community health improvement services and community benefit operations					-	-
f Health professions education					-	-
g Subsidized health services					-	-
h Research					-	-
i Cash and in-kind contributions for community benefit					-	-
j Total. Other Benefits					-	-
k Total. Add lines d and j					-	-

Community Benefit Reporting

This community benefit report will be shared with internal and external stakeholders and those interested through:

- Reporting to Kedren’s Board of Directors
- Participating in community-based programs, events, and health fairs
- Dispatching our mobile unit to provide health education and outreach
- Maintaining a free copy of Community Benefit Plan on Kedren’s website (www.kedren.org) for public review.
- Exhibiting program displays/posters in the waiting area at our facilities.
- Providing information about programs to patients while they are in our care.

Kedren values community involvement in the development and evaluation of its programs. To obtain feedback, we will continue to use surveys, track attendance, solicit the opinions of program attendees, provide feedback to the leaders of our programs, evaluate requests for repeat programs, and incorporate suggestions for future topics.