

# 2025

## Community Benefit Plan



Tarzana Treatment Centers, Inc.

18646 Oxnard Street, Tarzana, CA 91356

## GENERAL INFORMATION

### **A. Background**

**Tarzana Treatment Centers, Inc. (TTC)** is a private, nonprofit community-based organization that operates full-service behavioral healthcare programs and primary medical care clinics. TTC operates a total of 13 facilities throughout Los Angeles County that are all licensed by the State of California and the County of Los Angeles and is accredited by The Joint Commission. Since our establishment, TTC's central focus has been on the development of integrated care among primary care, mental health, and substance use disorder (SUD) treatment. TTC operates two HIV specialty clinics located in Reseda and Palmdale, as well as six primary care clinics located in: Lancaster, Northridge, Palmdale, Reseda, Tarzana, and Long Beach, which are licensed as Federally Qualified Health Center (FQHC) Look-Alike clinics. Mental health services include psychiatric stabilization at the inpatient facility in Tarzana, and outpatient mental health programs in Reseda, Lancaster, Long Beach, Palmdale, Northridge, and Woodland Hills. TTC's 60-bed inpatient facility in Tarzana is licensed as an acute psychiatric hospital and therefore falls under the legislative umbrella of SB 697, which mandates that not-for-profit hospitals submit a Community Benefit Plan on a yearly basis. This document is prepared in compliance with this legislative mandate.

### **B. Organizational Structure**

TTC is governed by a board of directors, involving community stakeholders and executives. The board is responsible for setting policy on patient care operations, finances, and community benefits. TTC's highly trained multi-disciplinary team of professionals is comprised of physicians, psychiatrists, psychologists, physician assistants, nurses, 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 utmost respect, without social, cultural, political, sexual orientation, or financial prejudice.

### **C. Mission & Vision**

The mission of TTC is to provide high quality, integrated healthcare for substance use disorders, mental illness, and other chronic physical health disorders that improves the quality of life and health of patients, regardless of financial resources, and contributes to a reduction in the total cost of healthcare, negative social impacts, and criminal justice involvement.

TTC provides the highest level of quality treatment at a reasonable cost to the individual. Our services reflect our belief in individual dignity and diversity of all our staff and patients. We practice advocacy on a federal, state, and local level to reduce stigma and promote consumer involvement in the design development of services. Our continuum of care demonstrates the value of service integrity. These values drive TTC's commitment to progress and innovation.

The vision of Integrated Behavioral Healthcare is fundamental to how TTC provides services to

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patients. TTC recognizes that substance use, and mental health disorders frequently co-occur, and that effective treatment of each requires that both disorders be treated together. This, of course, requires comprehensive services ranging from inpatient, residential, day treatment, outpatient care, and sober 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.

## COMMUNITY HEALTH NEEDS ASSESSMENT

In compliance with the mandates of SB 697 and the Patient Protection and Affordable Care Act section 501(r), Tarzana Treatment Centers, Inc. (TTC) is required to conduct a community health needs assessment that identifies and addresses key issues of the defined community every three (3) years. The report is publicly available on [TTC's website](#).

### **A. Definition of Community**

TTC primarily serves residents of Los Angeles County. Our licensed 60-bed inpatient facility, located in Tarzana, is primarily for substance use disorder detoxification and treatment, followed by dual diagnosis and psychiatric treatment. In addition, primary care services are provided in our clinics located in Long Beach, Lancaster, Northridge, Palmdale, and Tarzana, as well as HIV clinics located in Reseda and Palmdale. Our community benefit plan aims to address physical, behavioral, and mental health issues within the context of the broader perceived needs of our clients.

Los Angeles County (LAC) is divided into 8 service planning areas (SPAs) based on geographic region for the purpose of the development and coordination of public health and medical services within the County.<sup>1</sup> The location of our inpatient facility falls in Service Planning Area 2 (SPA 2), which includes the San Fernando Valley (SFV) and Santa Clarita Valley (SCV). The immediate service area of the inpatient facility covers the most cities in the western half of SFV, including Burbank, Calabasas, Canoga Park, Chatsworth, Encino, Glendale, Granada Hills, Mission Hills, La Cañada Flintridge, La Crescenta, 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.

SPA 2 is approximately 1,000 square miles in area and is the most populous of the 8 SPAs with over 2 million residents. TTC's inpatient facility has continued to serve an incrementally larger proportion of patients from the immediate geographic area as well as all other SPAs of Los Angeles County because of healthcare expansion and reform.

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<sup>1</sup> <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

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**B. Development of Community Health Needs Assessment (CHNA)**

TTC's Data and Evaluation team, part of the Program Development Department, is responsible for developing each CHNA report. The planning phase involved a review of prior data collection tools, discussing the data collection process and timeline, and other aspects of completing the needs assessment.

The CHNA process involved designing the assessment tools, collecting primary and secondary data, and then analyzing this data collectively to present the current health status of the Service Areas surrounding TTC's various sites (including SA 1, 2, and 8) and Los Angeles County overall; helping us arrive at a final list of health needs TTC plans to address in the following years.

Data collection included (a) a thorough review of primary and secondary demographic data, as well as secondary epidemiological data, (b) a survey of patients receiving mental health and addiction services at TTC, and (c) key informant interviews with community partners that are engaged in addressing health needs in the San Fernando Valley (SFV) and greater Los Angeles County.

The patient survey included a breadth of health-related topics, such as: perceived health status of self; physical limitations; utilization of medical services in the last 12 months; risk behaviors in the last 30 days; and significant health needs patients could identify in their communities. The current iteration of the CHNA also asks about the effects of the COVID-19 pandemic on a person's overall health and wellbeing, including their access to health care and employment.

The purpose of the key informant interview was to inquire about the health needs of the community from the perspective of some of TTC's community partners who represent the minority and low-income populations they serve.

**C. Community Profile**

According to the most recent population data from the Los Angeles County Department of Public Health (2024), Service Planning Area (SPA) 2 – San Fernando Valley has a total population of 2,162,349, with a nearly equal gender distribution (49.02% male, 50.98% female). The age distribution indicates that 18.74% of residents are under 18, 63.87% are between 18 and 64, and 17.39% are 65 or older. The racial and ethnic composition is diverse, with 39.68% White, 3.61% Black, 0.14% American Indian/Alaska Native, 11.95% Asian, 0.09% Native Hawaiian/Pacific Islander, 40.02% Hispanic, 0.65% other races, and 3.87% identifying as two or more races. This demographic profile provides a foundation for understanding the population characteristics and planning public health interventions in SPA 2.<sup>2</sup>

SPA 2 residents have a great variation in socioeconomic status and health characteristics. Education is one of the factors that may contribute to an individual's socioeconomic status and degree of knowledge in making choices for his/her physical, mental, and social well-being.

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<sup>2</sup> [http://publichealth.lacounty.gov/epi/docs/2024-LAC-Population-8RE.pdf?utm\\_source=chatgpt.com](http://publichealth.lacounty.gov/epi/docs/2024-LAC-Population-8RE.pdf?utm_source=chatgpt.com)

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According to the 2023 California Health Interview Survey, in the SPA 2 region approximately 19% of population age 25 and older does not have a high school diploma.<sup>3</sup> Pacoima, San Fernando, Panorama City, Sylmar, Sun Valley, Mission Hill and North Hills are the topmost communities in SFV with large percentage of individuals without a high school diploma.<sup>4</sup> Employment status and income are two significant social determinants that affect an individual's health and well-being, as well as access to health care. The unemployment rate of SPA 2 is approximately 37.2% in 2023. Meanwhile, 7.7% of SPA 2 residents aged 18-64 years do not have health insurance.<sup>5</sup> In terms of household income, approximately 12.8% of households in SPA 2 reported annual earnings less than \$15,000, compared to 9.0% in LAC overall<sup>6</sup>.

**D. Results from TTC's 2024 Needs Assessment**

The patient survey created for the 2025-2027 CHNA included questions regarding patient demographics, their community, substance use, current health needs, and the COVID-19 pandemic. A total of 3 survey formats were used (Outpatient, Residential, Inpatient/Detox) with slight variation depending on the treatment modality. Three-hundred and fifty-two (352) patients completed the CHNA survey at TTC's Outpatient program. Two hundred and sixty-three (263) were surveyed in TTC's Residential program, and 26 patients completed the CHNA survey at TTC's Inpatient/Detox Facility. In terms of medical care, (10%) in Outpatient care reported receiving no routine healthcare, with (16%) not receiving any routine healthcare in Residential care, and (36%) who do not receive routine healthcare in Inpatient/Detox care. This data may be an indicator of the improvement in coverage and the standards of care through the roll out of the Drug Medi-Cal Organized Delivery System (DMC-ODS) in July 2017, in which a wider range of substance use, and mental health services were available through Medi-Cal coverage. Many patients can now access services they could not or did not know about before this change occurred. The lower number of surveys for Inpatient/ Detox reflect the fact that the focus of the needs assessment was broadened to TTC's FQHC Look-Alike clinics.

Most patients in Inpatient/Detox stated the use of Hospitals, Emergency Rooms, and other community health clinics more frequently than any other facility or clinic. Both Outpatient and Residential patients show high use of TTC Primary Care Clinics being their primary source when receiving medical care/services. When asked if patients had access to a primary doctor, both Outpatient and Residential programs show more than half of patients having access to a doctor. Approximately (32%) of surveyed Inpatient/ Detox patients claim to not have access to a primary care doctor. Patients' health behaviors were also explored as part of the survey. More than half of Inpatient/Detox patients reported smoking cigarettes (62%). Forty-four percent reported smoking cigarettes in Outpatient care, and nearly three-fourths of Residential (70%). Fifty percent in

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<sup>3</sup> [2022 California Health Interview Survey](#)

<sup>4</sup> [Valley Care Community Consortium, 2013](#)

<sup>5</sup> [2023 California Health Interview Survey](#)

<sup>6</sup> [S1501: Census Bureau Table](#)

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Inpatient/ Detox reported receiving the COVID-19 vaccine, and more than half of Residential and forty-six percent of Outpatient patients reported receiving the COVID-19 vaccine. Many of the patients who are admitted to Outpatient/ Residential and Inpatient Facilities also experience other chronic health care concerns while in treatment. Surveyed Outpatient participants identify mental health (51%), drug use (21%), and overweight (19%) as one of the health issues they deal with. Inpatient/ Detox patients identify dental health (54%), drug use (46%), mental health (46%), and hypertension (19%) as their most frequently identified concerns. Residential patients identify mental health (53%), alcohol use (46%), and dental issues (37%) as their main health concerns.

In the calendar year 2024 TTC's Inpatient Detox facility admitted 3,942 patients. Over half (56%) of the patients were diagnosed with a mental illness. Approximately (90%) were either unemployed or not in the labor force. The majority of those unemployed were not currently seeking work (37%). Twelve percent of patients were involved in the criminal justice system in some capacity, with most patients on probation at the time of admission. One in 3 patients (43%) were homeless at admission. The lack of a stable living arrangement can be a significant factor in accessing regular medical care. The patient population was also using the ER, having overnight stays in hospital, or experiencing physical health problems. Seventeen percent of patients stated to have experienced physical health problems in the past month at admission, and 59% had some sort of disability.

Data from key informant interviews illustrate that this iteration of TTC's CHNA would be unlike the previous years, due to the COVID-19 pandemic. Target populations that are particularly vulnerable include families, BIPOC, the senior population, and the homeless population, as found in the 2021 CHNA analysis. Other health needs shared by key informants outside the scope of TTC's work include barriers to healthcare services, homelessness/ housing instability, affordable housing, and food insecurity.

**E. Pressing 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 TTC may be able to address given its current capacity. Based on TTC's 2021 CHNA survey results, the top five (5) health priorities are:

*Priority 1.* TTC will continue to provide the full continuum of SUD treatment services in the community with an emphasis on providing targeted outreach and engagement activities to TAY youth, homeless individuals, and the LGBTQ community.

*Priority 2.* TTC will continue to provide the full continuum of MH treatment services to address stigma and serious mental illness (SMI) in the community with an emphasis on

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increasing community knowledge and access to underutilized programs for children and youth such as EPSDT, PEI, and mild to moderate services.

*Priority 3.* TTC's will assign the existing CLAS Standards subcommittee the task of developing a plan to increase TTC's staff cultural competency via on-going CLAS standards staff training, as well as develop a retention plan to increase TTC's staff bi-lingual (English/Spanish) language capability.

*Priority 4.* TTC will continue focus on integrating behavioral health and medical care services by 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 need to provide integrated and coordinated care via shared electronic charting and regular provider case communication and conferencing.

*Priority 5.* TTC will continue to provide benefits assistance to patients including education to 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. TTC will seek to expand the number of patients seen in SUD treatment services.

Since the approval of the 2025-2027 CHNA Implementation Plan, the Data and Evaluation team are monitoring the progress of each outcome associated with the priorities listed above on a quarterly basis.

## COMMUNITY BENEFIT PLAN (FY 2025-2026)

### **A. Continuum of Care of SUD and Mental Health Treatment Services**

Community input from the 2025-2027 CHNA process indicated that SUD treatment remains a significant need, especially for Tay and homeless youth. In response, TTC will plan to continue providing the full continuum of SUD treatment services with an emphasis on providing targeted outreach to Tay and homeless youth in the community. Mental health treatment services were also indicated through community input as a very significant for children and youth as well. The stigma of mental health issues was a significant barrier to seeking treatment, which can bring on or exacerbate depression and in turn, worsen health and wellness. These issues are particularly important for the children youth in SPA 2 who are still seen as requiring services, which fits with TTC's evaluation that mental health programs for children/youth are currently being underutilized.

Additionally, individuals with co-occurring disorders still account for a large percentage of admissions to TTC's Inpatient facility. Last fiscal year, TTC served a total of 1,388 patients with

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co-occurring disorders (COD) and about 74% completed treatment. These COD patients are mostly male (58%), White (59%), and between 25 to 40 years old (41%). In addition, TTC’s Inpatient Facility monitors patient perceptions of care via surveys on a regular basis. In 2024, all measures included in the survey achieved the 80% positive benchmark established by TTC.

	2025 N=337	
	Positive	Excellent
Overall quality of care and services	91%	47%
Quality of dietary/food services	86%	48%
Quality of the housing & facilities	85%	44%
Quality of group counseling sessions	87%	45%
Quality of nursing services	91%	52%
Quality of medical services	87%	50%
Quality of Psychological services you received from an Intern, Post-doc, or Psychologist	88%	49%
Quality of Psychiatric services	86%	47%
TTC staff provide comprehensive care, services, and treatment	85%	51%
TTC staff effectively coordinate my care, services, and treatment	85%	50%
I have been treated with respect and dignity	91%	60%
I feel confidence and trust towards the staff	89%	58%
I feel the staff are courteous and friendly	91%	61%
The staff are respectful of my cultural background	89%	60%
Treatment has helped me deal with my addiction problem	85%	56%
In the past 30 days, TTC staff asked me about my specific treatment goals and needs.	90%	60%
I am satisfied with the continuity of care, treatment and services provided by TTC staff	86%	55%
I have been able to obtain an appointment when I needed it	89%	61%
Staff here collaborate well with my physical health care providers to support my wellness.	84%	55%
Staff here collaborate well with my mental health care providers to support my wellness.	82%	52%
TTC staff make me feel safe (free from harm or discrimination) while receiving treatment/accessing services.	89%	61%

*\*Through November 2025.*

TTC will continue to provide existing services and will increase its focus on continuity of care and discharge planning to ensure transition and linkage to next level of SUD treatment and/or mental health and primary medical care. TTC staff will continue to be actively involved in community

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events with other providers in Service Area 2 (SPA 2) to address the needs of the COD population. Mental health services will continue to be provided to youth, many of whom have co-occurring Substance Use Disorders in the outpatient setting. In addition, the pre- and post-doctoral training program for psychologists will continue, and psychiatric service hours will be increased to meet growing demands for psychiatric services. Specialized mental health and psychiatric services will continue to be provided to HIV+ substance abusers.

**B. Increase Staff Cultural Humility and Competency**

TTC plans to continually improve and maintain excellent Cultural and Linguistically Appropriate Services (CLAS) standards in all its treatment services, programs, clinics, and other facilities. The Joint Commission, in accordance with the U.S. Department of Health and Human Services (HHS), requires the provision of CLAS as part of its Hospital Accreditation Standards for TTC.<sup>7</sup>

TTC's existing JEDI (Justice, Equity, Diversity, Inclusion) Committee meet bi-weekly to review plans to increase TTC staff cultural competency via on-going training through the agency's training portal, as well as updating and reviewing relevant agency policies and procedures to enhance TTC's capacity to provide culturally responsive care. There are ongoing discussions and trainings for management and supervisors to develop hiring and retention plans to increase the hiring of bi-lingual (English/Spanish) staff. These internal standards will help meet the needs of our diverse patients through advancing health equity and improving quality of care.

The committee's overarching goal is to increase access to care and address health disparities. One important goal for the committee is to ensure that all voices are heard, inclusive of patients and staff. Toward that end, the committee worked to standardize a suggestion box system throughout all facilities for use by staff who want to contribute their ideas for improvement. A similar system was put in place for patients in the form of customer service boxes with pre-printed surveys in which their experience in treatment can be shared with staff. In terms of the physical environment, the JEDI committee has also focused on ensuring that appropriate signage is displayed in all TTC sites informing patients of their right to receive language assistance services in their preferred language and the resources available to them as needed. This includes advising patients of the availability of TDD services for those who are hearing impaired and translation services when needed. The JEDI Committee works to celebrate significant events within each calendar month with all staff emails recognizing diverse and unique populations and historical events. Current goals of the JEDI committee include creating an updated Cultural Humility training to be utilized both for New Hire Orientation and as ongoing training for existing staff. Additionally, the committee collaborates with TTC's Training Department to develop culture literacy training as part of the organization's catalogue of diversity education for staff.

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<sup>7</sup> <https://www.jointcommission.org/assets/1/6/Crosswalk-CLAS-20140718.pdf>

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**C. Tobacco Control**

Smoking behavior continues to be a persistent health concern for those who seek services from TTC. In FYE 2025, TTC admission staff screened 100% of all patients for smoking behavior at admission to treatment. 100% of patients who acknowledged smoking behavior at admission to treatment were referred to the 1-800-NOBUTTS hotline. This is a standard that continues to be implemented for all admissions to treatment.

In the last fiscal year, among all patients admitted to treatment, over half (57.7%) stated they have used tobacco recently as of their latest admission episode; of these patients, 78.1% smoke cigarettes primarily. The remainder use chewing tobacco or smoke cigars/pipes or a mix of the two and 11.2% use snuff or vapes. Of the patients who smoke cigarettes, 89.2% smoke cigarettes daily. Of those who reported smoking cigarettes at admission to treatment, 8% attempted to quit in the past year and 11% expressed interest in receiving information/assistance with quitting. All TTC patients who reported smoking and interest in tobacco cessation assistance received brief tobacco cessation intervention. Furthermore, of those who reported wanting assistance quitting at admission, 3% reported no recent smoking at discharge. Of those who reported attempting to quit in the past year at admission, 4% reported they had not recently smoked at discharge. While smoking is a difficult behavior to combat, TTC remains committed to helping its patients however possible.

In FYE 2026, TTC will continue to monitor the implementation of the Tobacco Control Project and will routinely screen for tobacco use upon admission to a TTC program and/or in an outreach event. Tobacco users will be referred to our project staff to determine the most appropriate services to assist them in quitting. Services including smoking cessation classes, support groups, and small group sessions as well as individual counseling will continue to be offered at no cost to clients in alcohol and drug treatment, and to members of the community at large.

**D. Chronic and Infectious Diseases Prevention and Referrals**

Drug use is a significant risk factor for disease as well as associated with risk behaviors such as the sharing of contaminated needles and other drug paraphernalia such as unsafe sexual practices that contribute to the transmission of certain infectious diseases. TTC remains committed to administering rapid tests to patients. In FYE 2025, TTC performed a total of 111 Hepatitis C rapid tests to at-risk individuals at TTC's Inpatient, Outpatient, Residential, and Primary Care Clinics. Of these tests, 0 were reactive and confirmed as positive.

Among other rapid tests administered by TTC, HIV testing is another important service TTC provides. During FYE 2025, there were 3,525 HIV tests administered to at-risk individuals at TTC's Inpatient, Outpatient, Residential, and Primary Care Clinics. Of those patients tested, there were fifteen (15) HIV positive test results. In FYE 2026 TTC will continue to expand services aimed towards people, especially minority adults and transitional age youth (TAY), who are at risk

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for HIV. For clients that tested HCV or HIV negative, brochures and pamphlets on HIV and HCV are provided and are referred to their counselors to learn more about HIV and HCV prevention and treatment.

From 2016-2019, TTC was awarded a three-year grant fund from the California Department of Public Health to provide Pre-exposure Prophylaxis (PrEP) navigation services. TTC was the lead agency among five healthcare organizations throughout LA County. The funding allowed TTC to provide PrEP at all TTC clinics, conduct outreach to targeted populations, assess, and refer TTC clients to appropriate care and testing, and educate staff and patients on PrEP at all TTC sites. As a collaborative body, by the end of the PrEP4Life grant, 1,893 unduplicated individuals were referred to PrEP navigation services. In addition, there was a combined total of 812 linkages to PrEP services offered. PrEP4Life staff connected with 18,395 community members through outreach events/activities related to promoting PrEP/PEP. After the conclusion of the CDPH grant funding in 2019, TTC continues to provide referrals to navigation services for any patient interested in PrEP/PEP out of one of TTC's clinics. From July 2019- June 2020, there was a total of 116 new PrEP/PEP patients, all referred in different ways ranging from TTC internal referrals, pharmacies, other clinics, and even the internet and word of mouth.

As one of the largest substance treatment providers in SPA 2 of Los Angeles County, our professional and well-trained staff is highly sensitive to individuals with infectious diseases. TTC will continue reaching out to the community we serve and provide infectious disease screening (such as HIV and HCV rapid testing), preventive counseling and referrals to a specialist.

**E. Benefits Application Assistance**

Uninsured individuals are mandated to purchase affordable health care coverage through the Affordable Care Act (ACA). As a certified enrollment entity (CEE) as part of Covered California, TTC's certified enrollment counselors (CEC's) can assist individuals in applying for insurance. In the last fiscal year, all TTC patients were screened for health benefits, and all TTC patients eligible for health benefits received benefit assistance.

TTC will continue to provide benefits assistance to patients including education to 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. TTC will seek to expand the number of patients seen in SUD treatment services.

**F. Continued Community Outreach Services**

TTC will continue to offer integrative behavioral health care and educational classes 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 2. Additionally, TTC will continue to collaborate with local colleges in which students can be properly

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prepared and trained to achieve their career goal through our internship programs. We utilize accrual method of accounting. Indirect costs are allocated based on various statistical methods. TTC contributed \$1,726,255 in direct monetary contributions, contributions in-kind, and professional services to the community at large during FYE 2025.

Subsidized Health Services: \$332,743  
Cash and In-Kind Contributions: \$310,990  
Other Community Benefits: \$984,186  
Total: \$1,627,919  
Medicare (non-IRS): \$98,336  
Total Community Benefits with Medicare: \$1,726,255

## COMMUNITY BENEFIT REPORTING

TTC 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. This community benefit report FYE 2024 will be shared with internal and external stakeholders and those interested through:

- Reporting to TTC’s Board of Directors
- Participating in community-based programs, events, and health fairs
- Maintaining a free copy of Community Benefit Plan on TTC website ([www.tarzanatc.org](http://www.tarzanatc.org)) for public review. This website also provides comprehensive information about TTC’s programs to benefit the community, as well as general health information
- Distributing free education brochures
- Exhibiting program displays/posters in the waiting area at our facilities
- Providing information about programs to patients while they are in our care
- Exhibiting program information at community health fairs and other events

TTC 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.