



Tobacco Settlement Programs Outcomes Report

FY 2001-02



JULIETTE A. POULSON, RN, MN
DIRECTOR

COUNTY OF ORANGE
HEALTH CARE AGENCY

OFFICE OF THE DIRECTOR

Mailing Address:
405 West 5th Street, Room 721
Santa Ana, CA 92701

Telephone: (714) 834-6254
Fax: (714) 834-3660
E-mail: jpoulson@hca.co.orange.ca.us

Dear Colleagues,

On behalf of the Orange County Health Care Agency, I am pleased to present the 2001-2002 Tobacco Settlement Program Outcomes Report, the first report on Tobacco Settlement Revenues (TSR) summarizing the concrete, measurable results that have enhanced the health and well being of Orange County residents. These revenues represent a valuable asset in meeting our community's increasing health needs in a changing economic climate.

The Health Care Agency (HCA) acknowledges the support of the Orange County Board of Supervisors and our community partners who collaborated with HCA in developing the TSR priorities and the spending plan for FY 2001-2002. These partners include the Orange County Medical Association, the Orange County Chapter of the American Cancer Society, the Healthcare Association of Southern California, the Healthcare Council of Orange County, the Coalition of Orange County Community Clinics, the Mental Health Association of Orange County, the American Association of Retired Person, and the National Council on Alcoholism and Drug Dependency for Orange County.

In addition to these community partners, the FY 2002-2003 planning process was enriched to include the participation of other community representatives from the Dayle McIntosh Center and the Orange County Congregation Community Organization.

Many of the programs on the following pages are innovative health care concepts and services not previously available in our community. These services have made a direct impact on numerous lives in Orange County. Some examples include a frail elderly Santa Ana couple helped by the Senior Health Outreach Program whose attending physician commented that the couple could have died within days had they not received medical attention; two women in a residential substance abuse treatment program who gave birth to drug-free babies; over 50,000 additional patient visits provided by community clinics to low income uninsured residents; and over 1,200 seniors who received Health Risk Appraisals and information on preventing chronic diseases.

I look forward to sharing the ongoing progress of these programs as well as the many others made possible with Tobacco Settlement Revenue as we work together for a healthier tomorrow.

Respectfully submitted,

Director

Tobacco Settlement Programs Outcomes Report

Under the 1998 Tobacco Litigation Master Settlement Agreement, seven tobacco companies agreed to change the way tobacco products are marketed and pay states an estimated \$206 billion. In January 2000, the Attorney General's Office began receiving California's share of the settlement, which is approximately \$1 billion a year. Half of the payment goes to the state's General Fund with the Legislature and Governor determining how the money will be used. The remainder is divided, based on population, among California's 58 counties and the four largest cities for use as decided by each local jurisdiction.

In FY 2000-01, the Orange County Board of Supervisors allocated 50% (\$14.2 million) of the Tobacco Settlement payments received by the County of Orange pursuant to the Tobacco Litigation Master Settlement Agreement of 1998 to health programs. The programs were authorized in January 2001 and implementation began shortly thereafter, with many of the programs resulting in innovative concepts for health care services, which were previously not available.

Subsequently the Orange County voters approved Measure 'H' in November 2000 creating the Orange County Tobacco Settlement Revenue Fund (TSR) which specifies that the County's TSR funds be allocated as follows:

- 19% to provide health care services for seniors and persons with disabilities
- 12% to tobacco prevention and control, including cessation services, for youth and adults to reduce smoking and the consumption of tobacco, other addiction programs, and community mental health programs and facilities
- 20% to non-profit community clinics
- 23% to fund emergency medical services provided by emergency room physicians and emergency room on-call physician specialists
- 6% to hospitals within Orange County maintaining basic or comprehensive emergency services or trauma centers to cover the costs of providing charity care
- 20% to the Sheriff's Department for public safety programs and services

An audit of the Tobacco Settlement Revenue Funds for FY 2001-2002 will be performed by an independent third-party auditor after the conclusion of the fiscal year. This audit will be performed to ensure that monies allocated were used in compliance with the provisions of Measure H.

The Health Care Agency (HCA) and community advocates collaborated on the first spending plan for TSR health programs that were approved by the Orange County Board of Supervisors on August 14, 2001. This plan included the continuation of programs initiated in FY 2000-01 as well as new initiatives for FY 2001-02.

The first full year of programs supported by Tobacco Settlement funds was marked by notable success stories as well as operational challenges. For example, the Senior Health Outreach and Prevention Program (SHOPP) saved lives by successfully linking seriously ill isolated seniors to medical and mental health care. The Community Clinics expanded service hours and provided over 50,000 primary care visits. Some of the more inventive programs, such as countywide tobacco cessation services and the senior non-emergency medical transportation program required a more extended implementation period to develop and augment community resources to provide these new services.

In summary, the programs funded by TSR revenues have made significant and lasting impacts on the health of a number of OC residents, from drug-free newborns to isolated seniors. Moreover, as part of their mandate, organizations have incorporated smoking cessation and anti-smoking components into their programs, which promise to help further reduce smoking-related morbidity and mortality. The following report presents a summary of the first year milestones and outcomes for the health programs supported by Tobacco Settlement Funds.

Table of Contents

I.	Health Care Services For Seniors and Disabled	7
	Senior Medical Transportation	7
	Countywide Transportation Collaborative	7
	Senior Transportation Trainer	8
	Senior Health Programs	8
	Senior Health Outreach & Prevention Program (SHOPP)	8
	Health Education Campaign For Older Adults	8
	Mobile Clinic For Seniors	9
	Senior Nutrition Programs	9
	Fund Development and Replacement of Needed Equipment	9
	Mental Health Residential Program	10
II.	Tobacco Prevention & Control, Other Addiction Programs and Community Mental Health Services	10
	Tobacco and Substance Abuse Assessment	10
	Tobacco Prevention and Cessation Programs	11
	Substance Abuse Prevention	12
	Mentoring Program for Youth	12
	School & Community-Based Substance Abuse Prevention & Treatment ..	12
	Substance Abuse Treatment	13
	Perinatal Substance Abuse Treatment	13
	Alcohol & Drug Treatment Expansion	13
	Domestic Violence Program	14
	Increasing Medical-Psychiatric Beds for Acutely Mentally Ill	14
III.	Community Clinics	14
IV.	Emergency Room Physicians & On-Call Physician Specialists	15
V.	Hospitals Providing Charity Care	16

Tobacco Settlement Programs Outcomes Report

I. HEALTH CARE SERVICES FOR SENIORS AND DISABLED:

Total Budget: \$7,205,194 Total Expenditure: \$3,034,185*

*Expenditure information based on TSR claim as of June 30, 2002. Over \$3 million allocated to senior non-emergency medical transportation will be carried forward and expended in future years as part of the long term implementation of the senior non-emergency medical transportation plan. Approximately \$0.6 million from the Health Education Campaign will be used in FY 2002-03.

Senior Medical Transportation

Program Budget: \$3,417,000

Countywide Transportation Collaborative

The Countywide Transportation Collaborative program initiated a coordinated effort to improve the medical transportation options for seniors in Orange County. A survey of senior medical transportation provided an estimate of the unmet non-emergency medical transportation needs in Orange County and recommended a facilitator model for addressing this need. This model requires a long-term project approach resulting in the resources allocated in FY 01-02 being carried forward to implement the pilot non-emergency medical transportation programs.

- Outcomes/Current Status:

- Designated the Office on Aging (OOA) as the transportation facilitator for this program.
- Established collaboration with OCTA to improve non-emergency medical transportation for OC seniors through pilot programs such as the OC Senior Medical Assisted Reimbursement Transportation (SMART) and others currently under development.
- OCTA has committed an additional \$250,000 towards the SMART program. The programs will help to increase choices for OC seniors to maintain access to appropriate medical care.

Senior Transportation Trainer

This pilot program provided a Senior Transportation Trainer to aid Senior Centers in providing information and assistance to older adults in using existing transportation resources.

- Outcomes/Current Status:

- Educated older adults and caregivers on available transportation options and resources through ten (10) “train the trainer classes.”
- Trained fifty-six (56) volunteers, who have assisted over 220 seniors in completing OCTA Access program applications.

Senior Health Programs

Program Budget: \$1,882,250

Senior Health Outreach & Prevention Program (SHOPP)

A specialized program to promote the optimal health of older adults and underserved adults was implemented. Public Health Field Nurses and Behavioral Health Staff conducted home visits to high-risk elderly with identified mental and/or physical health concerns. Assessments, short-term case management, and linkage to community resources were provided to older adults, their caregivers, and families.

- Outcomes/Current Status:

- Assessments for mental and physical healthcare issues were conducted for over 579 high-risk seniors. Program referrals have led to over 2,453 direct client-contacts, through which 75% of clients were successfully linked to one or more types of community services (e.g., needed medical care, hospitalization, or mental health care). All 579 clients have received health education and tobacco assessments.
- A program Pharmacist consulted individually with over 200 older adults on their prescription and over-the-counter medications, and spoke with an additional 882 individuals during senior focused health fairs and other educational events that discussed medication usage and drug interactions.
- More than 3,080 service providers and 1,374 seniors have participated in educational outreach efforts at over 150 events.

Health Education Campaign for Older Adults

The “Healthy Aging for All Campaign” implemented a countywide, collaboratively planned health education campaign focusing on behavioral determinants of health among adults, ages 60 and older. Campaign topics included tobacco use, poor nutrition, physical inactivity and other behaviors that can lead to chronic disease and disability such as high blood pressure, cardiovascular disease, cancer and depression. The design and planning phase of this project was completed in FY 01-02 and the education campaign is scheduled to run in FY 02-03.

- Outcomes/Current Status:

- More than 1,200 seniors have received Health Risk Appraisals (HRAs) that include providing results, education, and follow up assessments to these individuals.
- Curricula for 8-session tobacco cessation classes, hypertension, “heart health,” nutrition, and physical activity sessions was developed.
- A baseline survey of 300 older adults to assess awareness/knowledge prior to the launch was completed. A follow-up survey will be conducted in late Spring 2003.
- Media messages promoting proper diet and physical activity were developed, commercials were produced for airing on English and Spanish network television channels, as well as cable stations for Leisure World and Laguna Woods, newspaper ads were created for English and Vietnamese newspapers and local senior publications. Posters and flyers in English, Spanish and Vietnamese will be placed at senior centers throughout the county.

Mobile Clinic for Seniors

Mobile clinics specifically equipped to serve seniors who are unable to seek treatment at the various clinic locations were provided.

- Outcomes/Current Status:

- Construction of a new mobile van and remodel of a second mobile van is near completion.
- In the interim, one provider has been able to utilize an existing van, and over a 10-month period of operation provided medical services to 735 seniors who are unable to access fixed-base clinics or medical offices, as well as 850 immunizations.
- Tobacco cessation literature was also distributed.

Senior Nutrition Programs

Program Budget: \$436,000

Fund Development and Replacement of Needed Equipment

This program provided onetime funding for equipment repairs and capital purchases for Orange County senior nutrition providers.

- Outcomes/Current Status:

- Services of a firm were retained to develop a 5-year Fund Development Plan to facilitate the health and welfare of OC seniors through grants and other funding opportunities to support needed programs and services. The plan will also ascertain the best long-term strategy to augment government funding for the Elderly Nutrition Program and other OOA senior services.
- The Elderly Nutrition Providers purchased transport carts, trucks to deliver meals, replaced several ovens and repaired aging equipment.

Mental Health Residential Program

Program Budget: \$1,470,000

The Mental Health Residential Center Program (MHRC) continues leverage funding with other sources to maintain local treatment for seriously and persistently mentally disabled adults during FY 2001-02. This rehabilitation program focuses on adults who have a concurrent substance abuse disorder along with chronic mental disability and who require a secure residential treatment setting.

- Outcomes/Current Status:

- A local 65-bed local long-term care facility opened in May 2001. Historically, the majority of long-term care treatment resources have been located outside Orange County. Having a local facility removes many barriers to effective care and facilitates reintegrating clients back into the community.
- Over 150 clients were served and the program operated at full capacity for FY 2001-02. Forty-four percent (44%) of the clients discharged during this period were discharged to a less restrictive level of care. Once discharged, these clients have maintained stability in the community and none have required rehospitalization during an extended follow-up period.
- A vocational rehabilitation program was successfully launched in November 2001 and an educational program in August 2002. Classes were attended by 122 clients and 43 clients also participated in an on-site work program. Over 25% of all clients participated in classroom education and two clients obtained a GED.
- All clients at the MHRC attended weekly one-hour Tobacco Cessation classes.

II. TOBACCO PREVENTION AND CONTROL, OTHER ADDICTION PROGRAMS AND COMMUNITY MENTAL HEALTH SERVICES

Total Budget: \$5,020,438 Total Expenditure: \$2,314,034*

*Expenditure information based on TSR claim as of June 30, 2002. Approximately \$1.5 million allocated to Tobacco Prevention and Cessation Programs and \$0.5 million in Substance Abuse Prevention Programs have been obligated, but not expended by June 30, 2002. The services for approximately \$ 0.5 million in medical-psychiatric beds were provided, but the costs had not been claimed from the TSR trust fund by June 30, 2002.

Tobacco and Substance Abuse Assessment

Program Budget: \$390,000

A comprehensive study of current Alcohol, Tobacco and Other Drug (ATOD) use and attitudes was initiated. Data specific to community ATOD indicators in Orange County, such as information regarding the geographic locations of alcohol/drug-related police activity (Alcohol & other drug Sensitive Information Planning System; ASIPS) and on the place of last drink (POLD) prior to DUI offender's appre-

hension, is also being collected. Results from these studies will provide baseline data related to current substance abuse patterns in Orange County. These data may also be utilized to monitor the effectiveness of future substance abuse intervention programs and responsible beverage service training.

- Outcomes/Current Status:

- An ATOD telephone survey successfully collected responses from 3,104 adults on their use and perceived risks associated with alcohol, tobacco and other drug usage. A report of results will be released in November 2002.
- The OC Sheriff's Department and a local city police department are currently considering participation in the ASIPS study that will collect and map Alcohol and Other Drug-related crime patterns and other data.
- The Place of Last Drink (POLD) survey of 3,690 DUI-convicted adults examined the circumstances and patterns of such behavior. A report of POLD survey findings will be released later this fall. Information from the report will be used to guide future prevention work and establishments identified through this survey will be offered Responsible Beverage Service training and other educational interventions.

Tobacco Prevention and Cessation Programs

Program Budget: \$2,276,000

The Tobacco-Free Communities (TFC) is a multi-year, comprehensive campaign focusing on community-school linked tobacco education and cessation programs. TSR funding supports the implementation of a comprehensive program focusing on cessation, media, youth mobilization, enforcement, school programs, city parks and recreation programs. Targeted populations include high school and college-aged youth, special populations such as monolingual Spanish and Vietnamese, disabled, deaf, and medically high-risk youth, and Court diversion programs.

- Outcomes/Current Status:

This comprehensive and ambitious health education program includes the major initiatives outlined below:

- Reducing Orange County residents' exposure to environmental tobacco smoke at various locations including bars, clubs, private households, parks, outdoor recreational/entertainment facilities, and the outdoors around medical facilities.
- Decreasing/eliminating tobacco advertising at tobacco retailers, and in magazines at doctors/dentists offices. Impressively, no tobacco-advertising violations were noted in the four contracted TFC cities.
- A notable decrease in the number of stores willing to sell tobacco to minors was observed as well as a greater awareness of the state law and fines for selling or providing tobacco to minors.
- Increasing the number of "quit attempts" by current tobacco users. Significantly, several high impact establishments /employers (e.g., Edison, Knott's Berry Farm, Wal-Mart, 4 public schools, 32 large businesses) have also signed on to promote community cessation efforts as well as for their clients and employees.

- More than 325 15-16 year old students were involved in antismoking activities, 137 ninth grade students delivered an antitobacco education message to elementary and middle school kids in a peer education program, and 450 ninth graders were trained on tobacco industry advertising and marketing tactics. Sixty-six adult youth leaders and teachers were trained on how to provide effective tobacco education interventions to youth.
- Four local colleges have also agreed to increase their smoking restrictions and cessation services to their students. Promotion of the Cessation Helpline began in May 2002 along with community interventions to increase awareness of tobacco advertising aimed at young adults. Free cessation services are now available to County residents in English, Spanish and Vietnamese.

Substance Abuse Prevention

Program Budget: \$525,000

Mentoring Program for Youth

This program was provided through a contract with the YMCA Shelter Youth Mentor Program serving young people living in “high risk” environments (shelters, transitional living homes, and motels). It provided staff support and professional development for the Community Mentor Partnership of Orange County, including facilitating collaboration among mentor programs.

- Outcomes/Current Status:

- The YMCA Shelter Youth Mentoring Program specifically focused on youth ages 6-18 years old living in shelters, transitional living homes and motels resulted in over 220 hours of group and one-to-one mentoring.
- 196 youth and adults participated in mentoring activities and 49 adult volunteers mentors were recruited.
- A mentor coordinator was hired and is beginning work on the Mentor Program Resource Directory and a Corporate Mentor Solicitation Guide.

School & Community-Based Substance Abuse Prevention & Treatment

This program continued funding for contracts with schools and community based organizations to develop and conduct effective Alcohol, Tobacco and Other Drug (ATOD) prevention programs in targeted communities.

- Outcomes/Current Status:

- Community Based Substance Abuse Prevention Programs located regionally throughout the County are focusing on preventing alcohol, tobacco, and drug abuse through a variety of strategies.
- The PAL (Peer Assistance Leadership Program) is a school-based peer education program, designed to assist youth to help other youth make positive life decisions, including decisions about ATOD use and violence. The PAL program conducted 11 advisor trainings, with 225 elementary, middle and high school teachers participating.

- “Youth Creating Change” a school-based project focusing on getting junior and senior high school students to initiate and actively get involved in reducing ATOD use on their campus and in the surrounding communities was implemented.
- The Orange County Department of Education conducted a countywide poster contest encouraging young people to promote a lifestyle free from alcohol, tobacco and other drugs; over 367 youth participated in the contest, developing 262 art posters and 105 written essays.

Substance Abuse Treatment

Program Budget: \$1,339,170

Perinatal Substance Abuse Treatment

TSR partially funds a perinatal residential substance abuse services program for 20 pregnant or parenting women and up to 24 of their children. The outcome measures include increasing the number of women with children that can be served and improving the quality of life for their children.

- Outcomes/Current Status:

- During FY 2001-02, 68 women and 78 children were served. Notably, the two babies born this fiscal year were drug-free.
- Assessment scores for clients who received 45 or more days of treatment indicated an average 75% decrease in substance abuse/use and 62% decrease in mental health issues.
- Smoking cessation classes were offered to all clients. 100% of all clients admitted to the program attended at least one of the 28 tobacco cessation classes offered during this period. Six clients successfully quit smoking.

Alcohol and Drug Treatment Expansion

Expansion of treatment services focused on clients with both substance abuse and mental health problems who required residential and intervention as well as outpatient treatment.

- Outcomes/Current Status:

- Additional capacity was obtained at two residential programs, one for adults and another for adolescents, providing substance abuse assessment, treatment and counseling to those with identified alcohol and/or drug problems. Forty-one percent (41%) of the 215 adults who were admitted to the program during this period successfully completed their treatment program. Twenty percent (20%) of the 107 juveniles admitted to the program successfully completed the treatment, 40% remained in treatment.
- A smoking cessation education program was successfully implemented in the adult and adolescent programs. All 215 adult clients attended at least one of the 23 smoking cessation classes offered. All of the juvenile clients attended at least one of 13 classes offered at the adolescent program.
- Smoking cessation classes are offered to clients wanting treatment for smoking cessation.
- A total of 230 dually diagnosed clients received outpatient treatment and 84% completed the treatment program.

Domestic Violence Program

This program expanded Alcohol & Drug Abuse Services (ADAS) to families with domestic violence cases involving substance abuse. The program goal was to provide effective outpatient assessment, treatment, and counseling to the perpetrators and victims of domestic violence and to reduce the incidence of any substance abuse by both parties.

- Outcomes/Current Status:

- Seventy clients have participated and four have successfully completed the treatment program.
- The results reflect increased levels of functioning and recovery from substance abuse behaviors that can lead to violent behavior.

Increasing Medical-Psychiatric Beds for Acutely Mentally Ill

Program Budget: \$490,000

The number of inpatient psychiatric beds serving clients with co-occurring medical conditions were increased through additional funding. The additional beds allowed for more immediate transfer of patients with psychiatric needs from medical emergency rooms into psychiatric inpatient facilities.

- Outcomes/Current Status:

- Initiated services to the indigent mentally ill that were previously unavailable.
- 892 bed days of inpatient psychiatric care were provided to 102 acutely mentally ill clients.

III. COMMUNITY CLINICS

Total Budget: \$8,470,302 Total Expenditure: \$6,068,633*

*Expenditure information based on TSR claim as of June 30, 2002. The full allocation of \$8,470,302 was utilized by the community clinics. The claim for the remainder of the allocation is in process.

This allocation enhanced healthcare services provided by community clinics. Services and/or hours of operation continued to be expanded. Outcome measures include increasing access to primary or specialty medical services; expanding access to medical care, development of a system of care, strengthening operational capacity, and may include pilot collaborations among the clinics.

- Outcomes/Current Status:

- All community clinics expanded access for primary care as well as dental services by adding staff, equipment and remaining open on weekends. There were 50,309 primary care patient visits, 1,579 mental health patient visits and 5,575 dental visits (preventive and treatment) during this period.
- As of the 3rd quarter of the Fiscal Year, primary care visits exceeded their goal by 23%, mental health visits have met 64% of their goal and dental visits have met 98% of their goal. A total of 4,929 teens and young adults participated in educational sessions or seminars conducted through Outreach and Education activities, meeting 72% of the goal for education efforts.

IV. EMERGENCY ROOM PHYSICIANS AND ON-CALL PHYSICIAN SPECIALISTS

Total Budget: \$9,417,340 Total Expenditure \$7,894,212*
(\$6.57 million from FY 01-02 & \$2.85 million from FY 00-01)

*Expenditure information based on TSR claim as of June 30, 2002. The expenditures in this category require that the physicians exhaust all other forms of payment, which extends the processing time for the payments in this category. The full allocation will be paid out as claims are processed.

This allocation provides funding to compensate emergency room physicians and emergency room on-call physician specialists for services for nonpaying patients, contributing to the continued availability of these services.

- Outcomes/Current Status:

- Funds have helped augment emergency physician and on-call specialist reimbursements and allowed continued access to healthcare without interruption. No OC emergency departments were closed in either FY 2000-01 or 2001-02.
- While other emergency rooms (ER) in the state have closed, Orange County has actually added one new ER and prevented orthopedic specialists at two hospitals from walking out due to lack of funds. Moreover, in the case of one hospital, the TSR revenue allowed the emergency department to hire two additional ER physicians.
- On-call specialists are now more interested in fulfilling their on-call panel obligations and more than 1,700 physicians have enrolled in the Emergency Medical Services Fund (EMSF) program and continue to treat indigent patients.

V. HOSPITALS PROVIDING CHARITY CARE

Total Budget: \$1,713,219 Total Expenditure: \$2,090,322*

*Expenditure information based on TSR claim as of June 30, 2002. The budgeted amount was based on the estimated tobacco settlement funds for Orange County for FY 2001-02. The actual allocation received in FY 2001-02 exceeded the original estimates; and the payment to the hospitals was based on the actual TSR received in accordance with Measure H.

Orange County hospitals that provide emergency medical services for their communities received TSR support in the amount of \$2,090,322 in FY01/02. This amount was distributed to hospitals for the uncompensated care burden born by each local hospital. The largest distribution of these funds, approximately 23%, was made to UCI Medical Center, Orange County's largest provider of uncompensated hospital care.

- Outcomes/Current Status:

- Orange County hospitals serving as paramedic receiving centers and operating at least basic emergency services provided in excess of \$211,000,000 in uncompensated hospital care during FY 01-02.
- No hospitals were forced to downgrade or curtail their emergency medical services in FY 01-02.

