



Tobacco Settlement Programs Outcomes Report

FY 2005-06



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Dear Colleagues,

On behalf of the Orange County Health Care Agency, I am pleased to present the 2005-2006 Tobacco Settlement Program Outcomes Report, the fifth annual report on Tobacco Settlement Revenues (TSR) summarizing the measurable results that enhanced the health and well-being of Orange County residents. These revenues remain a valuable asset in addressing our community's increasing health needs in an unstable economic climate.

The Health Care Agency is grateful for the support of the Orange County Board of Supervisors, and our community partners who collaborated in developing the TSR priorities and the spending plan for FY 2005-2006. These partners include the Orange County Medical Association, the Orange County Chapter of the American Cancer Society, the Hospital 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 Dayle McIntosh Center, AARP American Association of Retired Persons, and the National Council on Alcoholism and Drug Dependency for Orange County.

The various services funded through the FY 2005-06 TSR Spending Plan have made significant impacts on the health of many Orange County residents, from newborns to older adults. Tobacco Settlement funds allowed the Orange County Coalition of Community Clinics to provide over 130,000 additional medical and dental patient visits in FY 2005-06 through their member clinics. Orange County hospitals received \$1.8 million for uncompensated care. Emergency room physicians and on-call physician specialists received \$6.6 million in TSR for uncompensated care.

In April 2006, the California Attorney General's Office verified that TSR revenues were lower than projected for FY 05-06 due to claims filed by some of the tobacco companies. The State of California has initiated a lawsuit, however, the timing of any resolution is uncertain and a revenue shortfall of approximately 10-11% is a reality for the time being. Although service levels were not significantly impacted in FY 05-06, reductions in some programs were necessary for FY 06-07.

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,

Juliette A. Poulson, RN, MN
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 to pay States an estimated \$206 billion. California's share of the settlement is approximately \$1 billion a year. Half of the payment goes to the State's General Fund with the Legislature and Governor determining how it is used. The remainder of the Tobacco Settlement payment is divided, based on population, among California's 58 counties and the four largest cities for use as decided by each local jurisdiction.

Orange County voters approved Measure H in November 2000, creating the Orange County Tobacco Settlement Revenue Fund (TSR) and specifying 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

EXECUTIVE SUMMARY

The Health Care Agency (HCA) and community representatives continue to collaborate on the annual spending plan for TSR health programs. The Orange County Board of Supervisors approved the FY 2005-06 TSR spending plan on Board Date March 22, 2005. This plan included the continuation of TSR funded programs as well as new concepts for FY 2005-06.

The fifth full year of programs supported by Tobacco Settlement funds demonstrated continued success and progress in addressing areas of need. 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 continued expanded service hours and provided over 100,000 primary care visits in FY 2005-06 using Tobacco Settlement Funds.

In summary, the programs funded by TSR revenues have made lasting impacts on the health of a significant number of OC residents, such as the seriously and persistently mentally ill, homebound older adults, teens, and emergency room users. Moreover, organizations have incorporated smoking cessation and anti-smoking components into their programs, which promises to help further reduce smoking-related morbidity and mortality in Orange County. The following report presents a summary of the fifth year milestones and outcomes for the health programs supported by Tobacco Settlement Funds.

Table of Contents

I. Health Care Services for Seniors & Disabled	9
Non-Emergency Medical Transportation for Seniors	9
Senior Non-Emergency Medical Transportation	9
Services for Seniors	10
Senior Health Outreach & Prevention Program (SHOPP)	10
In-home Services for Latino and Vietnamese Older Adults	10
Door-to-Door Community Program Targeting Latino Elders	11
Friendly Visitor Program	11
Services for the Disabled	11
Mental Health Rehabilitation Center	11
Transitional Community Living Program	12
Crisis Assessment Team	12
Program for Assertive Community Treatment (PACT)	13
Access to Health Services for Persons with Disabilities	13
II. Tobacco Prevention & Control, Other Addiction Programs & Community Mental Health Services	14
Tobacco Prevention and Cessation Programs	14
Tobacco Free Communities-Lead Agencies	14
Tobacco Free Communities-Cessation Services	15
Substance Abuse Prevention	15
Community Based Substance Abuse Prevention	15
Alcohol and Drug Sensitive Information Planning System (ASIPS)	15
Circumstances of Last Drink (COLD)	16
Regional Alcohol Education Programs	16
Youth Access to Alcohol Study	16
Methamphetamine Task Force	16
Substance Abuse Treatment	17
Perinatal Substance Abuse Treatment	17
Domestic Violence Program	17
Alcohol and Drug Treatment Expansion	18
Psychiatric Services for Substance Abuse Programs	18
Medical-Psychiatric Beds for Acutely Mentally Ill	19

Table of Contents

– continued –

III. Community Clinics	19
IV. Emergency Room Physicians & On-Call Physician Specialists	20
V. Hospitals Providing Charity Care.....	20

Tobacco Settlement Programs Outcomes Report

I. Health Care Services for Seniors & Disabled

Total Budget \$9,873,063

Total Expenditure \$7,709,526*

*Expenditure information based on TSR claim as of June 30, 2006. Over \$4 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.

Non-Emergency Medical Transportation for Seniors

Program Budget \$5,619,498

Senior Non-Emergency Medical Transportation (SNEMT)

A coordinated effort to facilitate the health and welfare of OC seniors by providing transportation and access to needed healthcare services where none existed before. Since its inception, over 200,000 trips have been provided to approximately 10,000 older adults enrolled in the program. With a 92.8% client satisfaction rating, this program provides frail, low-income older adults with a means to get to their doctors and therapists for needed treatments and check-ups. The program maintains and improves their present state of health, independence, and quality of life, thereby reducing a large amount of costs for emergency care and/or skilled nursing facility care that would otherwise be incurred by county and other government agencies. The program is one of the many services provided by the Office on Aging that make Orange County the best place in America to age with dignity.

Outcomes/Current Status:

- Phase II SNEMT contracts were approved by the Board of Supervisors on March 15, 2005.
- From April 2005 through March 2006, the program provided 71,178 trips and served 9,431 clients.
- The second year of Phase II services began on April 1, 2006 and has provided 74,575 medically related trips.
- Phase I average price per trip was \$28.60 including start-up costs. Phase II average price

per trip was \$26.06 for FY05-06.

- Since its inception, over 200,000 trips were provided for over 10,000 older adults.

Services for Seniors

Senior Health Outreach & Prevention Program (SHOPP)

Program Budget \$1,263,000

A specialized program to promote the optimal health of older adults and underserved adults. 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:

- Over 1,000 initial assessments for mental and physical healthcare issues were conducted for 777 high-risk seniors (777 PHN and 326 BH).
- 559 (72%) consumers linked to healthcare services; 373 (48%) linked to ongoing case management; 458 (59%) to support services; 269 (34%) to in-home nutrition education and/or meal services; 179 (23%) linked to transportation.
- A Pharmacist conducted 34 “brown bag” events and reviewed the medications of 72 older adults.
- 2,354 seniors were provided physical health education and 2,198 seniors received behavioral health education at community events and conferences.
- Over 1,751 consumers were provided tobacco education materials and 777 seniors received a tobacco assessment.

In-home Services for Latino and Vietnamese Older Adults

Program Budget: \$270,797

This program contracted with community based providers to enhance counseling and mental health treatment focusing on socially isolated older adults who were unable or unwilling to access traditional services. Services are available to accommodate the special needs of Latino and Vietnamese older adults.

Outcomes/Current Status:

- Program has provided in-home services to 192 consumers.

Door-to-Door Community Program Targeting Latino Elders

Program Budget \$87,400

The goal of this community program is to inform and link older adults and their families, to available home and community appropriate services to protect their health and well-being, and to enhance their personal care. “Care Door-to-Door” serves low-income, high-risk elders in predominantly Latino neighborhoods, with a particular emphasis on isolated, frail older adults.

Outcomes/Current Status:

- 732 assessments including 334 initial assessments, 398 in-depth assessments including home safety checks were completed.
- 937 direct links to community resources have been completed.

Friendly Visitor Program

Program Budget \$64,400

This program aims at promoting optimal health for isolated, homebound seniors by linking them with volunteers for increased social contact and interaction. Tobacco Settlement Funds supported the coordination, training and recruitment of the volunteer visitors for this program.

Outcomes/Current Status:

- 110 volunteers participated in the program and they provided over 1,600 hours of service in 1,262 senior visits.
- 32 schools and 3 faith groups joined Caring Connections.

Services for the Disabled

Mental Health Rehabilitation Center

Program Budget \$1,470,000

The Mental Health Residential Center Program (MHRC) continues to leverage funding with other sources to maintain local treatment for seriously and persistently mentally disabled adults during FY 2005-06. This rehabilitation program focuses on adults who have a concurrent substance abuse disorder along with chronic mental disability and require a secure residential treatment setting.

Outcomes/Current Status:

- Operating at near full capacity with an average daily census of 60 patients, serving a total of 151 consumers for FY 2005-06.
- Improved effectiveness and continuity of treatment was indicated by 10% reduction in length of stay, which shortened from 260 days to 234 days.

- 63% of all discharged consumers (44 of 69) went to a less restrictive level of care, compared to 62% in FY2004-05, 75% in FY2003-04, and 69% in FY2002-03. This improvement in level is a result of a program developed at the MHRC that prepares clients for independent living in the community.
- All consumers attended prevocational skills training classes that served to build self-esteem and readiness for discharge to a less restrictive level of care.
- 58 participated in 2,631 hours of on-site educational classes conducted by the local school district. Three consumers prepared for their G.E.D exam during their stay at the MHRC.
- All 151 consumers participated in weekly tobacco cessation education classes; 73 consumers expressed an interest in quitting smoking; 17 attempted to reduce smoking and 72 of those were successful in cutting down.

Transitional Community Living Program

Program Budget \$343,434

The Transitional Community Living Program is a specialized, intensive program for 45 mentally ill disabled adults who are transitioning from inpatient treatment to community treatment.

Outcomes/Current Status:

- The average daily census has been 41.2, operating at 92% capacity.
- Of 71 total admissions, the majority (61%) originated from acute psychiatric inpatient hospitals, resulting in significantly less costly placement compared to placements outside the county.
- Family involvement in treatment has exceeded expectations, with about half (20) of families actively participating in treatment programs.

Crisis Assessment Team

Program Budget \$271,628

This dedicated team of mental health professionals is available to respond to community requests to conduct specialized evaluations of adults who may require hospitalization. The team provides a single point of contact for the community and allows for timely follow-up for consumers who may not require hospitalization.

Outcomes/Current Status:

- A total of 885 calls were received. Emergency response services were provided to 667 clients (75%) who required a crisis assessment. Of those assessments 29% (193) required involuntary hospitalization.
- A total of 1,284 follow-ups (including home visit, hospital visit, linkage to provider and family intervention) were conducted for those clients who required an assessment.

- 522 clients were successfully referred to community providers, primary care physicians or county mental health for continued treatment, including a total of 180 involuntary holds.

Program for Assertive Community Treatment (PACT)

Program Budget \$354,009

PACT’s goal is to provide intensive outpatient services to mentally ill, disabled persons and thereby increase support systems and assistance needed to prevent their hospitalization and possible incarceration.

Outcomes/Current Status:

- A total of 31 clients have been referred to the program for this fiscal year.
- 78 clients are currently enrolled in the program, including 15 challenging Transitional Age Youth cases and 17 Spanish-speaking consumers.
- Intensive outpatient services included an average of 9.0 contacts per month per client allowing for early crisis intervention and prevention of hospitalizations.
- The number of hospitalizations has decreased by 40% and hospitalization days by 55%.
- The number of incarcerations has remained level, but the number of days in custody has decreased by 54%.

Access to Health Services for Persons with Disabilities

Program Budget \$127,943

Goal of this project is to improve access to health care services for persons with disabilities through outreach, education, counseling and advocacy.

Outcomes/Current Status:

- Over 11,000 persons have been reached through professional and public presentations, educational events and health fairs.
- 814 persons with disabilities have received one-on-one counseling and advocacy on health care access and benefits from the Council on Aging.
- 787 persons with disabilities were provided legal assistance in removing barriers to health care access.
- A guide to Medicare Part D prescription drug coverage was translated into Spanish and Vietnamese. Fifteen support groups have been facilitated (including three in Spanish, one in Farsi and 11 in English) and have been meeting weekly.
- About 1,200 participated in Family to Family mental health classes sponsored by the National Alliance on Mental Illness-Orange County (NAMI-OC).

II. Tobacco Prevention & Control, Other Addiction Programs & Community Mental Health Services

Total Budget\$4,561,997

Total Expenditure\$3,789,809*

**Expenditure information based on TSR claim as of June 30, 2006.*

Tobacco Prevention and Cessation Programs

Program Budget \$1,983,895

Tobacco Free Communities-Lead Agencies

Tobacco-Free Communities (TFC) is a multi-year, comprehensive campaign focusing on community-school linked tobacco education and cessation programs. Overall goal of this project is to reduce death and disability due to tobacco use and exposure to environmental tobacco smoke. Funding includes two projects: TFC-Lead Agencies and TFC Cessation Services.

Outcomes/Current Status:

- TFC-Lead Agencies successfully assisted 13 medical facilities, 31 large worksites, 4 recreational facilities, 8 businesses catering to 18-24 year olds, and 1 post secondary educational institutions in maintaining and enforcing their policies on restricting outdoor smoking.
- 28 tobacco retailers achieved status as “5-Star” merchants.
- Community awareness of \$200 fine for supplying tobacco to a minor increased 16% following education campaign.
- 100 tobacco retailers were surveyed for the pre- and post-attempted buys and there was a 50% decrease in number of stores willing to sell to minors.
- 16 tobacco retailers eliminated some or all tobacco-related advertising.
- 11 tobacco retailers reduced advertising in store windows by 25% and 24 tobacco retailers have received an educational video on providing Penal Code Section 308 information to current and new employees.
- 194 health care professionals and allied health care professionals maintained promotion of the 1-866-New-Lung line to their patients.
- 61 high impact businesses, community organizations or schools have developed a mechanism for sustaining the promotion of the 1-866-New-Lung line.
- 1,369 ninth grade students participated in media literacy campaign and showed increased knowledge. 4,762 baseline surveys regarding tobacco and 1-866-New-Lung were conducted in 11th graders.

Tobacco Free Communities-Cessation Services

Goal of this project is to reduce the prevalence of tobacco use among adult and youth.

Outcomes/Current Status:

- 695 adult tobacco users participated in either the in-person individualized cessation-counseling or telephone counseling and 26% were tobacco-free at 90 days.
- 266 adults participated in the 1½ hour seminar or in counselor-led support groups, with 54% tobacco free at 90 days and a quit rate of 29%.
- 444 adult tobacco users have participated in the 5-10 cessation sessions with a quit rate of 29%.
- 67 youth smokers have participated in either a telephone counseling or a one-time seminar and a 63% quit rate was achieved.
- 195 youth have participated in the 5-10 cessation series with a 45% quit rate.
- 18 of 34 school districts have been actively promoting and/or providing cessation services/resources to their students.
- 77 large businesses and agencies have provided cessation services at their locations and a total of 335 large businesses and agencies have promoted cessation services. Throughout the county, businesses and agencies are promoting the 1-866-New-Lung line.
- 539 adult smokers have contacted the cessation help line.

Substance Abuse Prevention

Community Based Substance Abuse Prevention

Program Budget \$633,592

The overall goal of this project is to reduce alcohol, tobacco and drug abuse among youth and adults. The following projects are included in the Community Based Substance Abuse Prevention and Treatment funding: Alcohol and Drug Sensitive Information Planning System; Circumstances of Last Drink Survey; Regional Alcohol Education Programs (Regional); Youth Access to Alcohol Study and Methamphetamine Task Force project.

Alcohol and Drug Sensitive Information Planning System (ASIPS)

The goal of this project is to identify and reduce alcohol and drug problem sites in the community.

Outcomes/Current Status:

- Alcohol and other drug (AOD) data collection and reporting is ongoing in Fullerton, Newport Beach and Garden Grove in collaboration with local police departments.

Circumstances of Last Drink (COLD)

The goal of this project is to provide scientific data for prevention of Driving Under the Influence (DUI).

Outcomes/Current Status:

- Survey data has been collected, analyzed and a report issued on circumstances of last drink before a DUI arrest from 3,000 participants.
- Research is being conducted to identify successful DUI prevention strategies and public awareness/educational materials.

Regional Alcohol Education Programs

Three community based organizations were contracted to increase awareness of problems associated with social availability of alcohol in at least 25% of adults from baseline in their selected city.

Outcomes/Current Status:

- All three regions conducted assessments on their selected focus city and completed baseline surveys measuring adults' awareness of social availability of alcohol.
- With support from community members and local businesses, awareness campaigns were successfully implemented.
- Preliminary analysis of post survey results indicates that adult awareness on this issue increased by more than 25% on 12 of the 21 survey questions.

Youth Access to Alcohol Study

The goal of this project is to reduce youth access to alcohol by learning how youth acquire and use alcohol.

Outcomes/Current Status:

- Phase I focus groups were successfully completed.
- Phase II written survey of 1,925 16-20 year olds was completed and final report is in preparation.

Methamphetamine Task Force

The purpose of this program is to collect research data and maintain a hotline to report suspected use, dealing or manufacturing of methamphetamine (Drug Abuse Warning Network—DAWN), and to link law enforcement to community-wide drug prevention efforts.

Outcomes/Current Status:

- 273 OC professionals increased their knowledge of methamphetamine prevention, and treatment and prevention resources and services.

- 176 OC residents increased their knowledge/perception of meth use as a serious public health problem.
- Combat Methamphetamine Epidemic Act of 2005 was enacted placing restrictions on drugs containing precursors to meth cooking.

Substance Abuse Treatment

Perinatal Substance Abuse Treatment

Program Budget \$375,000

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

Outcomes/Current Status:

- 100% of the babies born (n=9) during this evaluation period were drug-free.
- 60% (n=27) of all clients admitted to the 6-month program at Heritage House North graduated from the program.
- Assessment scores for clients who received 45 or more days of treatment indicated an average 65% decrease in drug use and 52% improvement in the psychiatric status.

Domestic Violence Program

Program Budget \$272,020

This program expanded Alcohol and Drug Abuse Services (ADAS) to families with domestic violence cases involving substance abuse. The goal of the program is 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:

- 104 domestic violence and substance abusing clients have been assessed and treated.
- Less than 1% of 2,839 drug/alcohol tests performed were positive.
- 60% of clients who received 45 or more days of treatment revealed significant improvement in psychological, social, and occupational functioning.

Alcohol and Drug Treatment Expansion

Program Budget \$400,432

These funds are intended to expand treatment services focused on adult and juvenile clients with both substance abuse and mental health problems who require residential treatment and outpatient treatment. The allocation includes \$133,532 for residential treatment services and \$266,900 for outpatient treatment services.

Outcomes/Current Status

- Phoenix House Residential Program: 14% of the adults who were treated graduated while 16% remained in this long-term treatment program. Thirteen percent of the juveniles served during FY 2005-06 graduated from the program.
- Addiction Severity Index scores improved markedly for both adult and juvenile clients.
- Dual Diagnosis Outpatient Program: The number of new dually diagnosed clients served was 144, bringing the total number of dually diagnosed clients served this fiscal year to 220. Eighty-one percent of the clients showed improved (33%) or stabilized (48%) functioning.
- During this fiscal year, 17 smoking cessation classes were offered for adults and 16 classes were offered at the juvenile facility. Of the adult smokers trying to quit, 38% successfully quit smoking and 84% of the juvenile smokers who attended one or more classes successfully quit smoking.

Psychiatric Services for Substance Abuse Programs

Program Budget \$381,900

The goal of this program is to provide effective psychiatric assessment and evaluation, treatment and counseling to adults and adolescents with identified co-occurring substance abuse and mental illness diagnoses. These services are provided at both County-contracted programs and at County-operated outpatient clinics.

Outcomes/Current Status:

- From July 2005 to June 2006, the TSR-funded psychiatrist served 304 new dually diagnosed clients from both the county contracted programs as well as county clinics.
- On average, 251 clients received services from the psychiatrist monthly, with an average of about 56 direct service hours per month at the clinic.
- The Mental Health Care Coordinator served 143 new dually diagnosed clients from the contracted programs.
- On average, 40 clients received services from the Mental Health Care Coordinator monthly.
- The average waiting time to see a psychiatrist has been reduced from 14 days (prior to TSR funding) to 8.2 days.

- 49% of clients had an improvement in their Global Assessment of Functioning (GAF) score, 23% were stabilized and 28% decreased.

Medical-Psychiatric Beds for Acutely Mentally Ill

Program Budget \$515,158

This program has made it possible to substantially improve the overall quality of care provided to indigent consumers with psychiatric and a co-occurring medical condition, and allow the opportunity for many Orange County hospitals to receive reimbursement for the care they would otherwise deliver without remuneration.

Outcomes/Current Status:

- There were a total of 82 admissions across four local contract hospitals. Most of the admissions came from local hospital emergency departments.
- All admissions required concurrent medical treatment and 46% included a substance-related disorder diagnosis.
- 96% of persons hospitalized were referred at discharge to an aftercare program, 61 (75%) to county outpatient or alcohol and drug abuse services.
- The 82 admissions resulted in a total of 930 acute hospital bed days being used this fiscal year. The average length of hospitalization was 11.6 days.

III. Community Clinics

Total Budget \$6,665,343

Total Expenditure \$6,086,821*

**Expenditure information based on TSR claim as of June 30, 2006.*

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, strengthening operational capacity, development of a system of care, and external evaluation.

Outcomes/Current Status:

- Tobacco Settlement dollars were used by community clinics to expand access for primary care as well as dental and mental health services by adding staff and equipment and remaining open on weekends.

Expanded services included:
 - 66,588 primary care visits
 - 10,429 dental visits
 - 3,250 mental health visits
 - 6,073 health education visits
 Total = 86,340

- Expanded services via “competitive process” to fill priority service gaps (including Oral Health Collaboration) during FY 2005-06 included:
 - 17,773 primary care visits
 - 15,241 dental visits
 - 2,014 mental health visits
 - 600 health education visits
 - 1,967 miscellaneous services provided
- Total = 37,595

IV. Emergency Room Physicians & On-Call Physician Specialists

Total Budget \$6,647,503

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. The Emergency Medical Services Fund (EMSF) program continues to have a positive impact in Orange County as a result of the infusion of TSR monies as directed by Measure H.

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 closed in the 2005-06 fiscal year.
- In FY 2005-06 more than 119,900 claims for uncompensated care to Orange County emergency rooms were processed.
- While emergency departments in the County continue to face significant overcrowding and uncompensated care issues, the EMSF program is assisting in keeping them open and ensuring that physicians receive some payment for the services they provide. Without TSR funds, the emergency room crisis in Orange County would be a much bigger problem.

V. Hospitals Providing Charity Care

Total Budget \$1,827,660

Orange County hospitals that maintain basic or comprehensive emergency medical services (or trauma centers) for their communities received TSR support, year-to-date, in the amount of \$1,637,288 in FY2005-06. Additional payments will be made up to the total amount of TSR funds available. This amount was distributed to hospitals for the uncompensated care burden borne by each local hospital. The largest distribution of these funds, year-to-date, approximately 27%, 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 \$203,030,164 in charity care as well as \$237,652,938 in bad debts for a total of \$440,683,102 in uncompensated hospital care costs for the four quarters ending September 30, 2005.*

**Based on data from Office of Statewide Health Planning and Development (OSHPD)*

