

# **Tobacco Settlement Programs Outcomes Report**

FY 2006-07

#### **COUNTY OF ORANGE**

#### **HEALTH CARE AGENCY**

#### OFFICE OF THE DIRECTOR

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

DIRECTOR

Telephone: (714) 834-6254 Fax: (714) 834-3660 E-mail: jpoulson@ochca.com

Dear Colleagues,

n behalf of the Orange County Health Care Agency, I am pleased to present the 2006-2007 Tobacco Settlement Program Outcomes Report, the sixth 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 2006-2007. 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 2006-07 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 a total of 136,841 additional medical and dental patient visits in FY 2006-07 through their member clinics. Orange County hospitals received nearly \$1.7 million for uncompensated care. Emergency room physicians and on-call physician specialists received \$6 million in TSR for uncompensated care. The Senior Health Outreach and Prevention Program conducted mental and physical health assessments for 1,488 high-risk older adults. Key outcomes from fiscal year 2006-07 are summarized in the attached report.

In April 2006 several tobacco companies filed claims against the 1998 Tobacco Litigation Master Settlement Agreement which resulted in lowered revenues, repercussions of which are continuing to be felt in the State of California. HCA is committed to minimizing the impact of lowered revenues on service levels.

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**

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 oncall 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

he 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 2006-07 TSR spending plan on Board Date May 15, 2007. This plan included the continuation of TSR funded programs as well as new concepts for FY 2006-07.

The sixth 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 2006-07 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 sixth year milestones and outcomes for the health programs supported by Tobacco Settlement Funds. Program expenditures reflect actual drawdowns from Measure H funds for the time period reported.

## **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	
	In-home Services for Latino and Vietnamese Older Adults	
	Door-to-Door Community Program Targeting Latino Elders	
	Friendly Visitor Program	
	,	
	Services for the Disabled	
	Transitional Community Living Program	2
	Crisis Assessment Team	.3
	Program for Assertive Community Treatment (PACT)	.3
	Access to Health Services for Persons with Disabilities	4
11.	Tobacco Prevention & Control, Other Addiction Programs & Community Mental Health Services	4
	Tobacco Prevention and Cessation Programs	4
	Tobacco Free Communities-Lead Agencies	.4
	Tobacco Free Communities-Cessation Services	6
	Substance Abuse Prevention	
	Reducing High Risk Drinking in Community Colleges	6
	California Healthy Kids Survey	.7
	Methamphetamine Task Force	.7
	Substance Abuse Treatment	
	Domestic Violence Program	8
	Alcohol and Drug Treatment Expansion	8
	Psychiatric Services for Substance Abuse Programs	9
	Medical-Psychiatric Beds for Acutely Mentally Ill	20

### **Table of Contents**

### - continued -

III.	Community Clinics	20
IV.	<b>Emergency Room Physicians &amp; On-Call Physician Specialists</b>	21
V.	Hospitals Providing Charity Care	22

# Tobacco Settlement Programs Outcomes Report

#### I. Health Care Services for Seniors & Disabled

**Total Expenditure . . . . . \$6,757,645\*** 

\*Expenditure information based on TSR claim as of June 30, 2007.

### **Non-Emergency Medical Transportation for Seniors**

Program Expenditure .....\$2,966,826

#### **Senior Non-Emergency Medical Transportation (SNEMT)**

A coordinated effort to facilitate the health and welfare of Orange County 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 checkups, 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.

- The Phase II SNEMT Program started on April 1, 2005 with a 12-month contract that was extended in February 2006 for an additional 12 months. In March 2007, the Board of Supervisors approved a 3-month extension of the contract to align the contract year with the County's Fiscal Year.
- During the 2<sup>nd</sup> year of Phase II, the SNEMT providers successfully ramped up the program and incrementally increased the number of one-way trips provided to older adults to 87,764, resulting in 12,974 more trips than the number of one-way trips provided during the 1<sup>st</sup> year of Phase II.
- The SNEMT Program is currently funded at a level that is higher than the annual TSR allocation. The Office on Aging is currently working with SNEMT providers to develop a Board of Supervisors directed Phased-Down Plan.

#### **Services for Seniors**

#### **Senior Health Outreach & Prevention Program (SHOPP)**

Program Expenditure ......\$1,123,330

A specialized program to promote the optimal health of older adults and underserved adults. Public Health Field Nurses (PHN) and Behavioral Health (BH) 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 high-risk seniors (777 PHN and 326 BH). During FY 2006-07, 1,488 clients received services through the SHOPP program.
- Client community linkages/referrals included 65% to medical care, 45% to long term case management services, 43% to support services, 21% to nutritional resources and services, and 11% to transportation.
- The SHOPP Pharmacist educated a total of 1,646 consumers during this fiscal year including 603 professionals and 286 consumers via brown bag medication or other 1:1 medication review sessions, and 1,360 consumers in group settings.
- 751 seniors were provided physical health education and a total of 1,769 Health Education home visits were made.
- Over 1,278 consumers were provided tobacco education materials and 618 seniors received a tobacco assessment.

#### **In-home Services for Latino and Vietnamese Older Adults**

Program Expenditure . . . . . . . . . . . . \$229,463

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 146 consumers.

#### **Door-to-Door Community Program Targeting Latino Elders**

Program Expenditure .....\$111,267

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:**

- 620 assessments including 275 initial assessments and 345 in-depth assessments were completed. In-depth assessments also included home safety checks.
- 1,209 direct links to community resources have been completed.

#### **Friendly Visitor Program**

Program Expenditure ......\$62,720

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:**

• 126 volunteers participated in the program and they provided over 1,439 hours of service in 1,497 senior visits.

#### Services for the Disabled

#### **Mental Health Rehabilitation Center**

Program Expenditure ......\$1,307,439

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 2006-07. 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:**

- MHRC increased the average daily census to 62 patients. Operating at an average of 95% capacity, an improvement over last year's 92%. MHRC served a total of 134 consumers during FY 2006-07.
- The average length of stay this year (245 days) was 9 days longer than last year, probably due to the increased acuity of residents.
- 61% of all discharged consumers (44 of 72) went to a less restrictive level of care. Despite taking more acute patients, MHRC sustained last fiscal year's performance of 62% of consumers being discharged to a less restrictive level of care, indicating the effectiveness of the program developed at the MHRC that prepares clients for independent living in the community.
- 99 consumers attended prevocational skills training classes that serve to build selfesteem and readiness for discharge to a less restrictive level of care, 107 participated in the on-site work program, 24 residents were employed in-house by Royale Healthcare and 6 residents worked part-time outside the facility. In addition, there were 3,302 hours of vocational training provided in the work program.
- 42 consumers participated in 2,022 hours of on-site educational classes conducted by the local school district. Four have been prepared to take the G.E.D. exam, but were discharged prior to actually taking the exam. One consumer successfully obtained a G.E.D.
- All consumers participated in weekly tobacco cessation education classes. The number
  of consumers reporting successful abstinence from tobacco improved to 12 this year
  from 3 last year. Thirteen consumers expressed interest in quitting smoking, 22 reported
  they reduced the number of cigarettes smoked daily and an additional 9 attempted to
  quit smoking.

#### **Transitional Community Living Program**

Program Expenditure .....\$234,385

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.

- Operating at 94% capacity, West Anaheim Therapeutic Residential Center (WATRC) has improved their average daily census to 42.3, as well as their ability to handle the increased acuity of the referred patients.
- The majority (65%) of 56 total admissions originated from acute psychiatric inpatient hospitals, resulting in significantly less costly placement compared to placements outside the county.
- This year, a third of the planned discharge placements (33% of 56) were to a less restrictive level of care, a 5% improvement over last year's performance.

#### **Crisis Assessment Team**

Program Expenditure .....\$241,590

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 390 calls for assessment were received. 129 (33%) of those clients required involuntary hospitalization. 261 clients (67%) assessed were not hospitalized and followed up for 30 days to ensure linkage with community providers, primary care physicians, or county mental health staff for continued treatment.
- A total of 603 follow-ups (including home visit, hospital visit, linkage to provider and family intervention) were conducted for those clients who required an assessment.
- In collaboration with the Police Chiefs Association, a protocol has been developed for law enforcement evaluations with the mentally ill consumers and trainings are being provided to law enforcement roll call, so the police departments utilize clinicians when conducting 5150 evaluations.

#### **Program for Assertive Community Treatment (PACT)**

Program Expenditure .....\$327,477

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.

- A total of 35 clients were referred to the program for this fiscal year.
- 46 clients are currently enrolled in the program, including 13 challenging Transitional Age Youth cases and 16 Spanish-speaking consumers.
- Despite staffing shortage during this period that impacted caseload sizes significantly, the PACT team has maintained an average of 1.0 MD contacts per client per month, and 7.0 Care Coordinator Contacts per month.
- The number of hospitalizations has decreased by 15% and hospitalization days by 50%.
- The number of incarcerations decreased by 25%, while the incarceration days decreased by 53%.

#### **Access to Health Services for Persons with Disabilities**

Program Expenditure .....\$153,148

The 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 6,800 persons were reached through professional and public presentations, educational events and health fairs.
- 839 persons with disabilities received one-on-one counseling and advocacy on health care access and benefits, including Medicare Part D Prescription Drug coverage from the Council on Aging.
- 526 persons with disabilities were provided assistance in resolving problems related to health care services or programs by the Legal Aid Society.
- Over 1,000 educational materials, including materials related to Medicare Part D coverage were distributed to clients in English, Spanish and Braille.
- Over 200 persons were reached through 18 English language and 6 Spanish language Family-to-Family classes organized by the Legal Aid Society.
- 339 people were reached through 19 English, 9 Spanish, and 3 Vietnamese language support groups.

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

**Total Expenditure . . . . . \$4,184,024\*** 

\*Expenditure information based on TSR claim as of June 30, 2007.

#### **Tobacco Prevention and Cessation Programs**

Program Expenditure ......\$1,895,354

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.

#### **Tobacco Free Communities-Lead Agencies**

The goal of this project is to reduce outdoor smoking and decrease tobacco sales to minors.

- TFC-Lead Agencies successfully assisted 24 medical facilities or large worksites, 32 recreational facilities and 31 businesses in establishing or maintaining their policies on restricting outdoor smoking.
- 40 tobacco retailers achieved status as "5-Star" merchants, a ranking based on 5 criteria restricting the display and sale of tobacco products to minors, window signage, tobacco ads and sale of alcohol to anyone under age 21.
- Merchant education was provided to 108 tobacco retailers on not selling tobacco to minors and 83 merchants signed merchant education agreements to continue new employee tobacco law education.
- The percentage of community members aware of \$200 fine for supplying tobacco to a minor increased by 8% following the education campaign.
- 108 tobacco retailers were surveyed for the pre- and post-attempted buys and there was a 70% decrease (from 30% –pre to 8% –post) in number of stores willing to sell to minors.
- 51 tobacco retailers reduced tobacco advertising. 27 tobacco retailers from year 2 and 6 tobacco retailers from year 1 maintained their elimination of all tobacco advertising.
- 415 health care professionals, schools, high-impact businesses, and/or community-based organizations institutionalized the promotion of 1-866-NEW-LUNG line and cessation services offered.
- 318 health care professionals and allied health care professionals are currently providing cessation materials and/or referrals to 1-866-NEW-LUNG line to their patients on an ongoing basis.
- 67 large mass media advertisements to promote the 1-866-NEW-LUNG line and cessation services have been placed in media outlets.
- The 1-866-NEW-LUNG was promoted at 32 locations on 9 high school campuses. 52% of 924 students, staff, and faculty surveyed demonstrated an awareness of the TFC 1-866-NEW-LUNG line.
- 1,297 10<sup>th</sup> grade students received education on tobacco promotions and Hollywood.
- 10 post-secondary institutions promoted cessation services on campuses while 6 strengthened and enforced smoking restrictions on campus and passed a policy to restrict tobacco use on campus. Four new institutions increased the promotion of cessation and cessation services on campus.
- 22 on-campus anti-tobacco events were held at 9 colleges, and 9 anti-tobacco sponsorship policies were signed.

#### **Tobacco Free Communities-Cessation Services**

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

#### **Outcomes/Current Status:**

- 814 adult tobacco users participated in either the in-person individualized cessation-counseling or telephone counseling and 27% were tobacco-free at 90 days.
- 466 adults participated in the 1½ hour seminar or in counselor-led support groups, exceeding the goal (188 participants) by 148%. Of the 466 participants 93 (20%) remained tobacco-free at 90 days.
- 466 adult tobacco users participated in the 5-10 cessation sessions with a quit rate of 22%.
- 95 youth smokers participated in either a telephone counseling session or a one-hour smoking cessation session, exceeding the goal by 58%. Of those, 29 participants (37%) were smoke free at 90 days.
- 228 youth participated in the 5-10 cessation series, exceeding the goal (144 youth participants) by 58%. Of those, 65 (29%) remained tobacco-free at 90 days.
- 71 large businesses and agencies provided cessation services at their locations and a total of 452 large businesses and agencies have promoted cessation services. Throughout the county, businesses and agencies are promoting the 1-866-NEW-LUNG line.
- The mass media campaign resulted in placing 24 large media ads, ads on various websites, as well as carwash ads. The carwash ads successfully brought in many new calls to the 1-800-NEW-LUNG line.

#### **Substance Abuse Prevention**

#### **Community Based Substance Abuse Prevention**

Program Expenditure .....\$255,981

The overall goal of this project is to reduce alcohol, tobacco and drug abuse among youth and adults. The Community Based Substance Abuse Prevention includes funding for Reducing High-Risk Drinking in Community Colleges (CC), California Healthy Kids Survey (CHKS) and Methamphetamine Task Force project.

#### **Reducing High Risk Drinking in Community Colleges (CC)**

The goal of this project is to identify and reduce high-risk drinking among community college students.

#### **Outcomes/Current Status:**

- All 3 colleges have completed comprehensive alcohol assessments with assistance from their campus and community partners.
- An assessment of on and off campus alcohol prevention services was compiled and reports based on the assessment were distributed throughout campuses and to community partners.
- The district policies have been updated and are included in a variety of materials being disseminated to students. An alcohol screening protocol has been adopted and is being utilized on a regular basis. Efforts to infuse alcohol prevention into course curricula and developing a peer health education program continue.

#### California Healthy Kids Survey (CHKS)

The goal of this project is to provide scientific data for prevention of Driving Under the influence (DUI) of alcohol and/or drugs.

#### **Outcomes/Current Status:**

- Report of the 2005-06 Orange County CHKS data for grades 5, 7 and 9 has been distributed.
- A user-friendly booklet identifying priority areas of health and alcohol, tobacco and
  other drug (ATOD) risk within the county, delineating recommendations for ATOD
  policy and program initiatives that could be implemented by both school districts and
  community organizations in their efforts, either respectively or collaboratively, to serve
  the health needs of Orange County youth has been produced and is being distributed.

#### **Methamphetamine Task Force (Meth 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.

- The Meth Task Force has been successful in identifying the data gaps despite the limited availability of Orange County specific data. The Orange County Health Needs Assessment (OCHNA) group was contracted to conduct an assessment of the scope of the methamphetamine problems in Orange County. All the data have been compiled and the report is in its final stages of editing.
- The Meth Task Force has initiated the strategic planning process. This Strategic Planning meeting and subsequent strategic plan will be completed early next fiscal year.

#### **Substance Abuse Treatment**

#### **Perinatal Substance Abuse Treatment**

Program Expenditure ......\$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. The goal of the program is to increase the number of women with children that can be served and to improve birth outcomes and the quality of life for their children.

#### **Outcomes/Current Status:**

- 100% of the babies born (n=8) during this evaluation period were drug-free.
- 47% of all clients (n = 66) served by the 6-month program at Heritage House North graduated from the program.
- Alcohol and Drug Abuse Services implemented new assessment forms Client Evaluation of Self at Intake (CESI) and Client Evaluation of Self & Treatment (CEST) on July 1, 2006. On average, clients showed a slight improvement in the Desire for Help and Treatment Readiness from intake to discharge.

#### **Domestic Violence Program**

Program Expenditure .....\$300,789

This program expanded Alcohol and Drug Abuse Services (ADAS) to families with domestic violence cases (DV) 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:**

- During the fiscal year, 29 domestic violence and substance abusing clients were assessed and treated. The average completion rate for the fiscal year was 83% and the average retention rate was 99%.
- 2,074 clients were screened for Domestic Violence utilizing a domestic violence screening tool. 10% of those were identified as having domestic violence issues.

#### **Alcohol and Drug Treatment Expansion**

Program Expenditure .....\$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 \$266,900 for residential treatment services and \$153,900 for outpatient treatment services.

#### **Outcomes/Current Status**

- Phoenix House Residential Program: 45% of the 137 adults who were treated graduated, while 27% remained in this long-term treatment program. 18% of the 80 juveniles served during FY 2006-07 graduated from the program.
- Alcohol and Drug Abuse Services (ADAS) implemented new assessment forms Client Evaluation of Self at Intake (CESI) and Client Evaluation of Self & Treatment (CEST) on July 1, 2006. Adult Clients showed improvement in the Desire for Help and Treatment Readiness scales from admission to discharge. The treatment motivation of juvenile clients who returned the intake (CESI) and discharge (CEST) assessments showed improvement from intake to discharge. The challenge for the program in the future will be to increase the number of these assessments conducted at intake and discharge.
- Dual Diagnosis Outpatient Program: The program provided over 200 referrals for additional supportive services such as Alcohol and Drug structured program, employment services and smoking cessation classes to clients identified with co-occurring substance abuse and mental illness diagnosis. The new CESI and CEST assessments (implemented by ADAS on July 2006) will be used to establish a baseline for Orange County.
- During this fiscal year, 13 smoking cessation classes were offered at both adult and juvenile facilities. Of the adult smokers trying to quit, 50% successfully quit smoking and 83% of the juvenile smokers who attended one or more classes successfully quit smoking.

#### **Psychiatric Services for Substance Abuse Programs**

Program Expenditure .....\$203,649

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.

- From July 2006 to June 2007, 647 new dually diagnosed clients were served at county operated and contracted clinics.
- On average, 45 clients at the contracted facilities and 1,592 clients at the county clinics received services from the psychiatrist monthly. The capacity of county-operated clinics to serve dually diagnosed clients has greatly increased due to TSR funding.
- The Mental Health Care Coordinator served 163 new dually diagnosed clients from the contracted programs. The monthly average of clients served by the Mental Health Care Coordinator was 51.

- The average waiting time to see a psychiatrist at a county operated dual diagnosis clinic was 10.2 days for this fiscal year. The contracted clinic recently implemented structural changes that have temporarily increased the wait time (avg. 11.1 days) for services, still below the average wait time of 14 days prior to receiving TSR funding.
- 100% of the clients seen by the Mental Health Care Coordinator received tobacco education and cessation information.

#### **Medical-Psychiatric Beds for Acutely Mentally Ill**

Program Expenditure ......\$752,819

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. An additional allocation of \$1,208,880 of county general funds added to the master agreement for adult mental health inpatient services (TSR) in late FY 2005-06, continued in FY 2006-07. With this additional allocation, the TSR portion of the contract now represents 38% of the total contract.

#### **Outcomes/Current Status:**

- HCA Behavioral Health Services maintained contracts for FY 2006-07 with three of the four contracted hospitals from last year.
- 73% of the 310 admissions under the contract in FY 2006-07 required concurrent medical evaluation and/or medical treatment, and 36% had a diagnosis of a persistent co-occurring substance related disorder.
- 1,335 of the total 3,150 bed-days used by clients admitted under the expanded contract were paid from the TSR allocation, which represents 100% utilization of the TSR fund allocation for medical-psychiatric beds at acute psychiatric inpatient hospitals for FY 2006-07.
- Of the 310 TSR-funded persons who were discharged to the community, 91% received a referral either to adult mental health outpatient services, alcohol and drug abuse services or private outpatient clinics, 4% either did not have a documented linkage to aftercare, or left against medical advice and the rest were discharged to non-outpatient locations.

### **III.** Community Clinics

**Total Expenditure . . . . . . \$6,798,028\*** 

\*Expenditure information based on TSR claim as of June 30, 2007.

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. Overall, clinics experienced an increase in the numbers of patients seeking primary care, dental and mental health care services offered via existing programs and exceeded their goals.

Expanded services included:

- ✓ 91,624 primary care visits
- ✓ 20,820 dental visits
- ✓ 4,664 mental health visits
- ✓ 19.733 health education visits

Total = 136,841

- Expanded services via "competitive programs" to fill priority service gaps (including Oral Health Collaboration) during FY 2006-07 included:
  - ✓ 1,543 primary care visits
  - ✓ 19,885 dental visits
  - ✓ 3,881 mental health visits
  - ✓ 35,828 health education visits
  - ✓ 130,000 miscellaneous services provided

Total = 191,128

### IV. Emergency Room Physicians & On-Call Physician Specialists

**Total Expenditure . . . . . . \$6,224,283** 

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 Orange County emergency departments closed in the 2006-07 fiscal year.
- In FY 2006-07 more than 120,000 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 Expenditure . . . . . . . \$1,677,288** 

Orange County hospitals that maintain basic or comprehensive emergency medical services (or trauma centers) for their communities received \$1,637,288 in TSR support, year-to-date in FY 2006-07. 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 \$233,622,912 in charity care as well as \$228,727,334 in bad debt for a total of \$462,350,246 in uncompensated hospital care costs for the four quarters ending September 30, 2006.\*

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

# **NOTES**