

HCA WORK PLAN

TOBACCO SETTLEMENT REVENUE ADVISORY GROUP

I. Background

In November 2000, Orange County voters approved Measure H that created the Orange County Tobacco Settlement Fund for the County's share of all funds received from the Tobacco Litigation Master Settlement Agreement of 1998. The measure specifies that moneys shall be allocated and appropriated for health programs from the Orange County Tobacco Settlement Funds as follows:

- A. 19% to provide health care services for seniors and persons with disabilities including but not limited to community based long term care, transportation services, and in-home support services.
- B. 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.
- C. 20% to non-profit community clinics, mobile health clinics, university and hospital-affiliated clinics so that children and families receive immunizations, primary, specialty, and dental health care services.
- D. 23% to fund emergency medical services provided by emergency room physicians and emergency room on-call physician specialists to pay for non-paying patients, so that emergency rooms and trauma centers are not closed.
- E. 6% to hospitals within Orange County maintaining basic or comprehensive emergency services or trauma centers to cover the costs of providing charity care, proportionate to each hospital's charity care and bad debts as reported to the California Office of Statewide Health Planning and Development.
- F. 20% to the Sheriff's Department for public safety program and services, which may include expansion of existing facilities and programs that provide mental, alcohol, and drug abuse treatment programs under the direction or supervision of the Sheriff.

II. General Guidelines

A. MISSION

The Health Care **Tobacco Settlement Revenue Advisory Group** will provide community recommendations on the distribution of Tobacco Settlement Revenue to the Health Care Agency in a manner that conforms to the requirements of Measure H.

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B. GUIDING PRINCIPLES

1. Support for a Tobacco Control Strategy that will significantly reduce tobacco use among youth and adults, should be reflected in each proposal for funding as appropriate.
 2. Support for programs that promote known health care needs of the county and that promote access and lessen barriers to quality health care that improves the health and wellbeing of all residents.
 3. Support for programs and services that minimize the adverse effects of uncompensated care on physicians and hospitals.
 4. Use of Tobacco Settlement Revenue to address the known health care needs of the county, but having the flexibility to respond to new and changing threats to the health of the community.
 5. Promote healthy life styles through prevention, education and treatment.
 6. Support for programs that demonstrate effectiveness through evaluation of outcomes, and that Incorporate "best practices" which have proven to be cost effective and efficient.
 7. Use of Tobacco Settlement Revenue funds to leverage funding, thereby maximizing new dollars to meet health care needs.
 8. Use of Tobacco Settlement Revenue to supplement, not supplant, existing health care revenue and programs.
 9. Collaboration with the entire county health community, and encouragement of public /private partnerships.
- C. Local Tobacco Settlement Revenues (TSR) will be used to reduce tobacco related illness and death, and to improve the health and wellbeing of all people countywide-children, adolescents, adults, and older adults.

III. Definitions

- A. The purpose of the Health Care **Tobacco Settlement Advisory Group** is to provide community recommendations to the Health Care Agency Director on annual tobacco settlement funded program planning and oversight to verify that expenditures conform to the requirements of Measure H.
- B. The Tobacco Settlement Advisory Group is comprised of the following members:
1. Physicians Community Representative
 2. Hospital Community Representative
 3. Children & Families Representative
 4. Orange County Community Clinic Representative

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5. Mental Health Community Representative
 6. Senior Community Representative
 7. Alcohol & Drug Representative(s):
 - a. Prevention
 - b. Treatment
 8. Community Health Representative(s)
 9. Disabled Community Representative
 10. Tobacco Community Representative
 11. At-Large Member
 12. Health Care Agency
- C. Ad hoc “**Tobacco Settlement Subcommittees**” shall be convened on an as-needed basis to address specific issues at the request of the larger Tobacco Settlement Advisory Group. Subcommittee working groups shall include representation from community representatives, issue area experts and the Health Care Agency. The suggested composition of the subcommittees shall include but are not limited to the following:
1. At least one Tobacco Settlement Advisory Group member
 2. At least one County representative with experience in the issue area
 3. Representation from the healthcare community at large in Orange County
 4. Health Care Agency Tobacco Settlement Coordinator
- D. The "Annual Tobacco Settlement Spending Plan" shall include descriptions of the proposed Tobacco Settlement Revenue programs and expenditures for a fiscal year.
- E. The "Quarterly TSR Fiscal Report" is a report of the expenditures by TSR funded programs and actual revenue.
- F. The "Annual Tobacco Settlement Program Report" is a report to the Board of Supervisors that includes summaries of accomplishments and outcome evaluations of TSR funded programs in the preceding fiscal year. This report also identifies how the TSR funds are used throughout the community.

IV. **Advisory Group Representation**

- A. TSR Advisory Group members shall meet regularly and observe the HCA Code of Conduct. Members that miss three or more meetings in a twelve-month period may be replaced upon the recommendations of the Advisory Group.

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- B. Those appointed to membership in ad hoc subcommittees are expected to regularly attend scheduled meetings, accurately represent community needs, and adhere to the Health Care Agency's Code of Conduct.
- C. Nominations for voting membership shall be recommended by the Advisory Group and approved by the Health Care Agency Director or his/her designee for appointment.
- D. Advisory Group members may be removed for cause pursuant to standards adopted by the Advisory Group.
- E. The following shall constitute standards for removal:
 - 1. Loss of the status that qualified the member for appointment.
 - 2. Absences per Article A above.
 - 3. Conduct that would have a negative impact on the integrity of, and/or the community's confidence in, the Advisory Group mission.
- F. Voting
 - 1. The Advisory Group shall strive to govern by consensus.
 - 2. When a consensus cannot be reasonably reached, official actions taken by the Group shall be adopted by a majority vote of all voting members.
 - 3. Absentee or proxy votes shall be permitted as necessary.
 - 4. Members who represent a related field/subject area shall come to a consensus in order to formally place one vote towards a given action.
 - 5. Any member may request that a vote be taken by roll call.

V. Procedure

A. Program Planning

- 1. Continuing Programs
 - a. The Tobacco Settlement Advisory Group shall make recommendations by majority vote on continuing programs based on program outcomes and the guiding principles.
 - b. Spending Plan funding recommendations shall require a majority vote to determine the position of the TSR Advisory Group, although consensus shall be the guiding principle.
 - c. The target date for completing evaluations and recommendations is April of any given Fiscal Year.
- 2. Annual Tobacco Settlement Spending Plan

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- a. The Tobacco Settlement Advisory Group shall make recommendations for the Annual Tobacco Settlement Spending Plan based on the guiding principles and community need by majority vote, with input from HCA Program staff.
 - b. HCA will draft the Annual Tobacco Settlement Spending Plan. The plan will be developed with the input from the Advisory Group and shall address the healthcare needs in Orange County. The target date for the completion of the Annual Tobacco Settlement Spending Plan is the month of June. This Plan will address spending for the Fiscal Year that immediately follows.
 3. Needs Assessment
 - a. The Tobacco Settlement Advisory Group and/or ad hoc Subcommittees shall assist in identifying service gaps and community needs within the funding categories of Measure H.
- B. Program Implementation and Monitoring
1. The Tobacco Settlement Advisory Group shall assist the Health Care Agency in the implementation of the approved programs. The assistance may include but is not limited to participating on evaluation panels, attending meetings, coordinating community events, publicizing program services and other functions as needed.
 2. The Health Care Agency is responsible for contract administration related to the Annual Tobacco Settlement Spending Plan.
 3. The Health Care Agency shall share program updates with the Tobacco Settlement Advisory Group on a regular basis. Updates shall include program status and a quarterly TSR fiscal report.
 4. The Tobacco Settlement Advisory Group shall review adjustments to the Tobacco Settlement Spending Plan if necessary in response to fluctuations in the actual TSR received.
- C. Program Evaluation
1. The Health Care Agency shall share TSR program outcome reports with the Tobacco Settlement Advisory Group.
 2. The Tobacco Settlement Advisory Group will fulfill its oversight role through review and analysis of program outcomes for effectiveness, efficiency, consistency with Measure 'H' and the guiding principles. This information will be used in program planning for subsequent years as described above.
 3. The Tobacco Settlement Advisory Group shall review and provide input on the Annual Tobacco Settlement Program Report, which is transmitted to the Board of Supervisors.

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4. The target date for the completion of the Annual Tobacco Settlement Program Report is Fall. This document reports on activity which is reflective of the previous Fiscal Year.