



Tobacco Settlement Spending Plan for FY 2001-02

Health Care Agency

August 14, 2001

Tobacco Settlement Spending Plan FY 2001-02

In November 2000, the 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 from the Orange County Tobacco Settlement Funds 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.

The Health Care Agency (HCA) and the community advocates worked together to develop a detailed spending plan for the health care portion of the FY 2001-02 Tobacco Settlement Revenues (TSR). The County staff and community advocates met from February through June to identify strategic health initiatives. Representatives from the Orange County Medical Association, the Orange County Chapter of the American Cancer Society, Healthcare Association of Southern California, Healthcare Council of Orange County, Coalition of Orange County Community Clinics, Mental Health Association of Orange County, American Association of Retired Persons, and the National Council on Alcoholism and Drug Dependency participated in these meetings.

The following mission statement and guiding principles and values served as the basis for determining proposed funding decisions:

Mission Statement

Local tobacco settlement health revenues will be used to reduce tobacco-related illness and death, and to improve the health and well being of all people countywide.

Guiding Principles and Values

- Support for a tobacco control strategy that will significantly reduce tobacco use among youth and adults, to be reflected in each initiative proposed for funding.
- Support for programs that promote access and reduce barriers to quality health care and improve the health and well-being of all residents county-wide.
- Support for programs that demonstrate effectiveness through evaluation of outcomes, and that incorporate "best practices" which have proven to be cost-effective and efficient.
- Use of tobacco settlement funds to leverage funding from other revenue sources, such as foundations, Proposition 10, and State and Federal funding sources, thereby maximizing new dollars to meet health care needs.
- Encouragement of public/private partnerships through community collaboratives.

In addition, all of the proposed programs will include components to promote tobacco use prevention and cessation. All of the proposed programs will also be monitored to ensure conformance with program objectives and outcome measures.

The proposed health priorities totaling \$26.22 million annually in estimated costs for FY 2001-02 have been identified below. The funding includes an estimated \$3.37 million from the 50-50 Spending Plan allocation that was approved mid-year in FY 00-01 and \$23.07 million from the FY 2001-02 allocation of Tobacco Settlement Funds under Measure H. In the event that the Tobacco Settlement Revenues received for FY 2001-02 are greater or less than the estimated \$30 million, the County Executive Office and Health Care Agency will adjust the spending plan accordingly.

**Orange County Health Care Agency
Tobacco Settlement Health Priorities Summary FY 2001-02**

<u>Health Care Services for Seniors & Disabled</u>	
I. Senior Medical Transportation Countywide Collaborative & Transportation Analysis Senior Transportation Trainer	\$3.41 Million
II. Senior Health Programs Senior Health Outreach Program Health Education Campaign for Seniors Mobile Clinic for Seniors	\$1.88 Million
III. Senior Nutrition Programs Equipment Replacement and Fund Developer	\$0.44 Million
IV. Mental Health Program for the Disabled (Royale Mission Viejo)	\$1.47 Million
Category Total	\$7.21 Million
<u>Tobacco Prevention/Control & Other Addiction Programs and Community Mental Health Programs</u>	
I. Tobacco & Substance Abuse Assessment	\$0.39 Million
II. Tobacco Prevention and Cessation Programs	\$2.28 Million
III. Substance Abuse Prevention Mentoring Program for Youth School/Community-Based Prevention/Treatment	\$0.52 Million
IV. Substance Abuse Treatment Perinatal Residential Treatment Programs Expansion of Alcohol and Drug Treatment Domestic Violence Program	\$1.34 Million
V. Increase Medical-Psychiatric Beds for Acutely Mentally Ill	\$0.49 Million
Category Total	\$5.02 Million
<u>Community Clinics</u>	\$5.71 Million
<u>Emergency Room & On-call Physician Specialists</u>	\$6.57 Million
<u>Hospitals Providing Charity Care</u>	\$1.71 Million
TOTAL	\$26.22 MILLION

HEALTH CARE SERVICES FOR SENIORS AND DISABLED: \$7.21 million

I. Senior Medical Transportation \$3,417,000

Countywide Transportation Collaborative \$3,357,000

This proposal is to initiate a coherent and coordinated program to meet the medical transportation needs of seniors in Orange County. A consultant survey of senior medical transportation is included in this category. Targeted outcomes will include the development of a countywide medical transportation plan that will be measured by the number of medical transportation trips provided and consumer satisfaction.

Senior Transportation Trainer \$60,000

A proposed pilot program will provide a Senior Transportation Trainer to aid Senior Centers in providing information and assistance to older adults in using existing transportation resources. Targeted outcomes will include the implementation of training workshops, educational materials, and assistance in consumer access to available transportation.

II. Senior Health Programs \$1,882,250

Senior Targeted Health Outreach Programs \$1,000,000

This program was initiated in FY 2000-01 and will be continued through FY 2001-02. Public Health Field Nurses and Behavioral Health Staff will outreach to high-risk elderly with identified health and mental health concerns. Assessment, case management, linkage to community resources will be provided to the elderly and their families. The targeted outcomes will include the provision of referrals to health services to 1,200 clients and their families with 100% referred and/or linked to necessary resources.

Health Education Campaign for Older Adults \$700,000

This proposal will implement a countywide, collaboratively planned health education campaign focusing on behavioral determinants of health among older adults. Those include alcohol, tobacco, and other drug use, poor nutrition, physical inactivity and other behaviors that lead to chronic disease such as high blood pressure, cardiovascular disease and depression.

The outcome measures for the Health Education Campaigns include increasing knowledge, changing attitudes/values, and modifying behaviors related to risk factors for injury and chronic disease among the target population by 10% from baseline. The outcome measures for the Media Campaign include reaching at least 250,000 older adults at least once; 150,000 at least twice; and 50,000 at least three times (for a total of 450,000 contacts) through channels such as television, radio, bill boards, print media, posters, and outreach events. All media channels used in this campaign will be required to provide data on the number of people in specific demographic groups that they reach. Additionally, presenters will be required to track the number of participants contacted through presentations and the distribution of materials.

The acquisition of a mobile clinic specifically equipped to serve seniors that are unable to seek treatment at the various clinic locations is proposed. Outcome measures for this program include providing health services to 700 seniors unable to access fixed base clinics or medical offices.

III. Senior Nutrition Programs \$436,000

Equipment Replacement and Fund Developer

This proposal is to provide one-time funding for equipment repairs and capital purchases for senior nutrition providers in Orange County that have deferred these expenses due to reduced program funding. This proposal also includes provisions to fund a contract Fund Developer located in the Area Agency on Aging to assist the local nutrition providers with obtaining additional funding to augment their programs. The outcome of this program is to replace equipment necessary to support the program and seek new funding sources to support the nutrition programs in future years.

IV. Mental Health Residential Program \$1,470,000

This proposal continues partial funding for 80 local beds 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 treatment setting. Outcome measures for this program include 25% of the clients in the program will be involved in prevocational activities and 50% of the clients in the program will participate in smoking cessation groups.

TOBACCO PREVENTION/CONTROL AND OTHER ADDICTION PROGRAMS AND COMMUNITY MENTAL HEALTH PROGRAMS

I. Tobacco and Substance Abuse Assessment \$390,000

A comprehensive study of current Alcohol, Tobacco and Other Drug (ATOD) use will be initiated. A compilation of data specific to community ATOD indicators in Orange County, including information on the places where drunk driving offenders had the last drink before being apprehended will also be compiled. This study's outcomes will provide baseline data related to current substance abuse patterns in Orange County. This data will be utilized to monitor the effectiveness of future substance abuse intervention programs.

II. Tobacco Prevention and Cessation Programs \$2,276,000

The Tobacco-Free Communities, (TFC) is a comprehensive, community-school linked tobacco education and cessation program that will continue to be funded during FY 2001-02. The proposed funding will support the implementation of a comprehensive program focusing on cessation, media, youth mobilization, enforcement, school programs, city parks and recreation programs. Targeted populations will include 18-24 year olds and special populations such as monolingual Spanish and Vietnamese disabled, deaf, medically high risk youth, and Court diversion programs. Outcomes of these programs will include a 10% decrease in the number of stores selling tobacco to minors; bars and restaurants in four targeted cities will show a 25% increase in compliance with the California smoke-free

workplace law; a 10% increase in the number of households surveyed that do not allow smoking; and at least 50 retailers will reduce tobacco advertisements and promotions.

III. Substance Abuse Prevention \$525,000

Mentoring Program for Youth \$110,000

This proposal will fund a contract for the Shelter Youth Mentor Program serving young people living in “high risk” environments –(shelters, transitional living homes, and motels) and provide staff support and professional development for the Community Mentor Partnership of Orange County, including facilitating collaboration among mentor programs. Outcome measures include increasing the number of volunteer mentors recruited by 10%, increasing by 20% the number of Community Mentor Partnership of Orange County members.

Community-Based Substance Abuse Prevention and Treatment \$415,000

This proposal will continue funding for contracted implementation of Comprehensive School-Based Program to increase the number of school sites and community based agencies involved in planning and implementing targeted prevention strategies. Targeted outcomes for this program include having three schools adopt and adhere to the Youth Development Framework principles, training at least 100 teachers, school administrators and parents in positive youth development strategies, and involving at least 300 youth as active participants in school and community youth development projects that will reduce risk factors related to ATOD.

IV. Substance Abuse Treatment \$1,339,170

Perinatal Substance Abuse Treatment \$300,000

This proposal would continue funding for residential substance abuse treatment 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. During FY 2000-01, the program served 55 women and 65 children.

As of July 1, 2001, the provider will conduct Initial Addiction Severity Index (ASI) assessments at admission and again at discharge. The ASI measures how well a person is functioning in seven separate domains: General, Medical, Employment/Support Status, Alcohol/Drugs, Legal Status; Family/Social Relationships; and Psychiatric Status. If the scores decrease, it indicates improvement. The targeted outcome measure is a reduction in ASI scores that will indicate that the program is having a beneficial impact on the people served.

Expansion of Alcohol and Drug Treatment Services \$767,150

The proposal would continue support for substance abuse as well as treatment services with an emphasis on clients with multiple diagnoses. In increasing residential Alcohol and Drug Treatment programs targeted outcomes will result in an increase the number of individuals able to receive substance abuse treatment by 240 in FY 2001-02 and reduce the waiting period for clients in need of psychiatric services with dual diagnoses. It is anticipated that the overall quality of the services provided will be increased as indicated, in part, by the results of the Addiction Severity Index standardized assessment used by providers at intake and at discharge.

This proposal would expand Alcohol & Drug Abuse Services (ADAS) to families involved in Domestic Violence cases where substance abuse has been implicated. The anticipated outcomes include increased numbers of Domestic Violence substance-involved clients admitted to treatment by 10% and a reduction in the waiting period for services from 8 days down to an average of 6 days.

V. Increasing Medical-Psychiatric Beds for Acutely Mentally Ill \$490,000

The number of inpatient psychiatric beds to serving clients with co-occurring medical conditions will be increased. The additional beds will allow for the transfer of patients with psychiatric needs out of medical emergency rooms into psychiatric inpatient facilities. The target outcome will provide three additional beds to improve access to treatment for clients requiring hospitalization for acute medical and psychiatric symptoms.

COMMUNITY CLINICS: \$5.71 million

This allocation will further enhance healthcare services provided by community clinics. Services and/or hours of operation would continue 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.

EMERGENCY ROOM AND ON-CALL PHYSICIAN SPECIALISTS: \$6.57 million

This allocation provides funding to compensate emergency room physicians and emergency room on-call physician specialists for services for non-paying patients. This funding will contribute to the continued availability of these services. Performance outcomes for this funding indicate that the Orange County Medical Association will assist physicians in developing tobacco use prevention and cessation education programs and assess physician efforts in disseminating the information.

HOSPITALS PROVIDING CHARITY CARE: \$1.71 million

This allocation funds trauma hospitals and other hospitals that provide uncompensated emergency medical services. Hospitals will receive a higher level of compensation for medically indigent persons who are provided emergency medical services. Proposed outcomes indicate that hospitals shall maintain basic or comprehensive emergency services; and establish, maintain or improve a Tobacco Use Prevention and/or Cessation program.