

# **Tobacco Settlement Programs Outcomes Report**

Fiscal Year 2009 – 2010



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Dear Colleagues,

n behalf of the Orange County Health Care Agency, I am pleased to present the 2009-2010 Tobacco Settlement Program Outcomes Report, the ninth 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 our community partners who collaborated in developing the TSR priorities and the spending plan for FY 2009-2010. These partners include the Orange County Medical Association, the Hospital Association of Southern California, the Children and Families Commission of Orange County, the Coalition of Orange County Community Clinics, the Mental Health Association of Orange County, Kaiser Permanente, the American Association of Retired Persons, and the National Council on Alcoholism and Drug Dependency for Orange County.

The various services funded through the FY 2009-2010 TSR Spending Plan have made significant impacts on the health of many Orange County residents, from newborns to older adults. Tobacco Settlement Revenue funds allowed the Senior Non-Emergency Medical Transportation program to provide a total of 57,640 one-way county-wide trips for our County's older adults totaling 370,015 trip miles. Orange County hospitals which maintain basic or comprehensive emergency medical services for their communities received nearly \$1.8 million for uncompensated care. Emergency room physicians and on-call physician specialists received over \$7 million in TSR funds which helped to augment reimbursements and allowed continued access to healthcare without interruption. Key outcomes from fiscal year 2009-20010 are summarized in the attached report.

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 towards a healthier tomorrow.

Respectfully submitted,

David L. Riley, 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 which is submitted to the Board of Supervisors on an annual basis. This plan included the continuation of TSR funded programs as well as new concepts for FY 2009-10.

The ninth full year of programs supported by Tobacco Settlement funds demonstrated continued success and progress in addressing areas of need. TSR provides funding for programs that enhance mobility, counseling, and medical health treatment to otherwise isolated older adults thereby enhancing their quality of life. As one example, with a consistently high client satisfaction rating, the Senior Non-Emergency Medical Transportation program improved the quality of life of countless seniors by connecting them to important medical services, 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. TSR also provides funds for comprehensive tobacco education and cessation program that in sum have helped to make Orange County one of the healthiest and safest communities in the nation in which to live, work and play. In totality, Tobacco Settlement funds provide countless services that enhance the quality of life for all Orange County residents – from newborns to older adults.

In summary, the programs funded by TSR revenues have made lasting impacts on the health of a significant number of Orange County 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 represents a summary of the ninth 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.

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# **Tobacco Settlement Programs Outcomes Report**

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

1. Total Expenditure . . . . . \$5,628,774\*

\*Expenditure information based on TSR claim as of June 30, 2010.

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

**Program Expenditure ......\$ 1,898,649** 

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

A coordinated effort to facilitate the health and welfare of Orange County (OC) seniors by providing transportation and access to needed healthcare services where none existed before. The SNEMT program prevents premature institutionalization of older adults, and improves their quality of life by connecting them to important medical services, 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. This program is 100% funded with TSR funds.

- FY 2009-10 represents Year 1 of new Request for Proposal Process. From July 2009 -June 2010, SNEMT contractors provided a total of 57,640 one-way county-wide trips totalling 370,015 trip miles. As of June 2010, there were a total of 7,180 clients enrolled in the program. Due to the increased fraility of older adults, the majority of SNEMT trips were provided to clients in need of non-ambulatory door-to-door service. The arm-to-arm assisted trips represent 58% (33,524) of all SNEMT trips provided during this period. Continued service provision to these frail older adults maintains independence in the home and prevents premature institutionalization.
- In January 2010, OC Community Services Office on Aging obtained Board of Supervisors approval for the Orange County Transportation Authority (OCTA) New Freedom funds grant for \$1,000,000 for FY 2009-10 (\$500,000) and FY 2010-11 (\$500,000). The New Freedom Program provides new transportation services to overcome existing barriers facing Americans with disabilities seeking integration into the workforce and full participation into society. The program also seeks to expand the transportation mobility options available to persons with disabilities beyond requirements of the American with Disabilities Act of 1990.

 The Office on Aging distributes a SNEMT Survey to program participants on an annual basis as a method to monitor SNEMT performance and client satisfaction of transportation services to medical appointments. The results of FY 2009-10 survey showed 98% client satisfaction with overall SNEMT transportation program.

#### **Services for Seniors**

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

#### **Program Expenditure ......\$1,079,041**

A specialized program to promote the optimal health of older adults and underserved adults. Public Health Field Nurses (PHN) and Behavioral Health (BH) staff conduct home visits to high-risk elderly with identified mental and/or physical health concerns. Assessments, short-term case management, and linkage to community resources are provided to older adults, their caregivers, and families. Many of the barriers such as inadequate medical insurance, inadequate finances, lack of transportation and cognitive and behavioral issues which prevent clients from accessing health care are overcome through education, advocacy and linkage to community services. TSR funds represented 52% of the total program budget.

- During FY 2009-10, a total of 2,900 assessments for physical and mental health care issues were conducted (1,687 initial and follow-up PH SHOPP assessments and 1,230 BH SHOPP assessments) and 1,935 clients (1115 for PHN and 820 for BH) received services through the SHOPP program. To overcome the barriers to health care identified by these assessments, education, advocacy and linkage to physicians and community resources were provided. Of the referrals to medical providers, 68% resulted in a new diagnosis, diagnostic tests, medication change, surgery, new treatment or hospitalization. Out of 258 community service referrals with known outcomes, clients received service and were satisfied 81% of the time. SHOPP nurses have received compliments from clients for making a positive difference in their lives.
- PHNs continue to educate and assist clients to make healthy lifestyle choices. 88% of
  the referrals received by the program indicated an educational need. From July 2009 to
  June 2010, PHNs made 1,687 home visits to provide health education. The nurses have
  taken an active role in safety education during this period as safety concerns were identified for 45% of the clients.
- The request for the Brown Bag Medication Review sessions continue to rise based on the enthusiastic responses from participants and the community. During this reporting period, a total of 1,112 consumers and 47 professionals were educated regarding the use of over the counter medications, natural remedies and drug interactions via brown bag medication, one-on-one medication review sessions, or at other educational sessions or health fairs.

• From July 2009 to June 2010, 782 older adults received tobacco assessments and 2,082 individuals received tobacco education materials in the home and through community outreach and health fairs. The community based organizations that receive SHOPP funds to promote health based and relevant information to the community distributed smoking cessation literature to 1,741 individuals.

#### **In-Home Mental Health Treatment Services for Aging**

**Program Expenditure:.....\$201,051** 

A program to enhance counseling and mental health treatment, focusing on socially isolated older adults who are unable or unwilling to access traditional services, by contracting with community based providers. Services are available to accommodate the special needs of Latino and Vietnamese older adults through Camino Nuevo and the Value programs. TSR funds represented 100% of the total program budget.

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

• During the period from July 2009 through June 2010, a total of 53 clients were served within the two programs, Camino Nuevo and the Value program. Using various methods and approaches including home visits, outreach and comprehensive mental health assessment and linkage to resources, both programs are focused on providing services to the Hispanic and Vietnamese elders.

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

#### Program Expenditure .....\$94,191

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. TSR funds represented 100% of the total program budget.

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

• During this contract period, a total of 3,762 outreach contacts were conducted by door-to-door outreach. The program identified 354 older adults for intake assessments. The majority of the elderly population identified were not aware of the resources available to them in their community. As a result of the program, much of the elderly received information and services for the first time. A total of 533 in-depth intake assessments were conducted this year, including 172 in home safety instructions/inspections, 73 mental health, and 104 physical health assessments. A total of 1,963 links/referrals were made by the program including 184 elderly to community clinics; 272 to the food banks; 39 to the Health Insurance Counseling and Advocacy Program (HICAP); 298 to the Office on Aging; 79 to the Seniors Centers, and 203 to Alzheimer's Association among others.

• The contractor found that 30% of the elderly served had experienced a fall. This finding clearly reflects the importance of fall prevention education among the elderly. To reinforce the safety and precaution concepts night lamps were donated to each elderly identified. In addition, the program has donated Durable Medical Equipment such as wheelchairs, canes, walkers and incontinence supplies. Bus passes were donated to promote mobility and socialization among the elderly.

#### Services for the Disabled

#### **Mental Health Program for Disabled**

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

The Mental Health Program for Disabled continues to leverage funding with other sources to maintain local treatment for seriously and persistently mentally disabled adults. 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. It remains unique among long-term care programs in offering multi-level vocational programming. TSR funds represented 9% of the total budget.

- The Mental Health Rehabilitation Center (MHRC) operated at an average of 97% capacity during this fiscal year with an average daily census of 63 patients, exceeding the goal (94% capacity and average daily census 61). The facility worked diligently in this period to maintain a waiting list so that beds may be filled quickly once vacated. A total of 139 consumers were served in FY 2009-10.
- The MHRC has participated in an on-going workgroup which was established for the purpose of better understanding admission and exclusion criteria for facilities and communicating to facilities the Agency's needs with regard to the patient population served. 63% of 67 admissions to the MHRC this year came from acute psychiatric inpatient hospitals in Orange County. 31% of the admissions were from a lateral level of care this year. Of the 21 patients admitted from Therapeutic Residential Center (TRC) programs, 18 (86%) were from Royale TRC (RTRC). This is significant because patients who are placed at MHRC from RTRC generally present with more challenging behaviors than those placed from the other TRC facilities. The remaining 6% admissions were from Institutions of Mental Disease (IMD). This year there was a system-wide reduction in the overall number of referrals received for movement to lower levels of care from the IMDs.

- Discharge to a less restrictive level of care is an important measure of program effectiveness. During FY 2008-09, MHRC saw a significant increase in discharges to lower levels of care from the prior year (74% in FY08-09 vs. 53% in FY07-08). This fiscal year, however, MHRC's numbers reflect a reduction that moves back toward the FY07-08 levels. 60% of the 65 discharges were to a less restrictive level of care during this period, 31% were to a higher level of care and 9% were laterally transferred to an equivalent level of care. It has been a challenge for the MHRC to maintain the high level of discharges to a lower level of care while accepting a higher acuity patient.
- Fifty-six families participated in Treatment Team Conferences with a total of 171 family contacts made by the treatment team for the purposes of treatment and discharge planning. MHRC has a high number of privately conserved residents which means that 100% of these families are participating in the residents' treatment in some manner. For the MHRC consumers with a private conservator, MHRC held quarterly telephone conferences with the conservator. For all other consumers with a Public Guardian as conservator, MHRC held monthly meetings with the assigned Care Coordinators.
- MHRC remains unique among the long-term care programs in offering multi-level vocational programming and it continues to break down the barriers preventing consumers from obtaining viable work experience which is critical to establishing future independence in the community. Ninety-two consumers participated in the pre-vocational skills training classes, 112 consumers participated in the Work/School/Volunteer program (which combines both on-site and off-site activities), with each having worked an average of 4 hours per month. Twenty-eight residents were employed in-house by Royale Healthcare for U.S. money. In addition, there were 5,391 hours of vocational training in the work program comprised of 3,131 hours of on-site work, 973 hours of off-site work, 1,159 hours of off-site school, and 130 hours of volunteer work.
- MHRC continues to offer residents the opportunity to participate in formal educational programming as a means to enhance consumer self-esteem and build independent living skills. As a result of the funding cut, the number of classes offered at MHRC reduced from 5 classes a week to only 2 per week. This had a significant impact on the number of consumers enrolled for these services in the second half of this fiscal year and dramatically cut the number of hours of instruction provided on-site. Despite these cuts, in the second half of this fiscal year one consumer was studying to take the G.E.D. test and another was determined to be prepared to take the test but was discharged prior to doing so.
- Tobacco Cessation classes are held weekly for one hour. Sixteen consumers reported they benefited from the classes and expressed an interest in quitting smoking this fiscal year. Thirty-five reported they reduced the number of cigarettes smoked daily. Ten consumers reported successful abstinence from tobacco, an increase from 6 the previous year. An additional 19 attempted to quit smoking. MHRC also offered a weekly Alcoholics Anonymous meeting on-site and a Dual Diagnosis group.

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

#### **Program Expenditure ......\$305,455**

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. The services are provided at the West Anaheim Therapeutic Residential Center (WATRC) inpatient facility. TSR funds represented 10% of the total budget.

- WATRC met the goal of operating at 95% capacity this fiscal year, by maintaining a waiting list to ensure that beds were filled quickly once vacated. This resulted in a slight increase over last fiscal year's average daily census (42.96 this year compared to 42.8).
- The facility also succeeded in increasing the overall number of admissions from IMD by a small margin (12.8% compared to 10% last year), but the majority of the 47 admissions this fiscal year continued to be from acute inpatient hospitals (44.7%) and lateral levels of care (42.6%). The Behavioral Health (BH) Long Term Care program continues to work to increase the number of referrals to WATRC from IMD facilities and is also working with WATRC to accept consumers who present with more challenging behaviors.
- Of the 46 consumers discharged during this fiscal year 52% completed the program and were able to discharge to a less restrictive level of care, while 39% were discharged to a higher level of care. WATRC staff regularly collaborates with family members and/or legal guardians regarding care, treatment goals and discharge planning to ensure the best outcome for the resident.
- WATRC continues to offer classes through Cypress College Disabled Student Services. Due to budget cuts, the college reduced the number of instructors conducting general education classes on site at WATRC from 2 instructors last year to one instructor this year and cancelled the Music Therapy program. However, Extended Care has contracted for this service and the music class is offered at the facility once a week. Despite the funding cuts to the education program the average daily attendance for these programs was 20 students for the past year.
- WATRC continues to link residents with the Orange County Transportation Authority (OCTA) reduced fare bus cards so that residents are able to get out into the community independently on passes, and to make referrals to the Department of Rehabilitation. Two residents obtained reduced fare cards in this fiscal year and one resident referred this year attended the pre-vocational classes offered.
- Tobacco Cessation groups are offered on a weekly basis. Dual Recovery Anonymous
  groups are held twice per week at the facility to address polysubstance issues and emotional/psychiatric illness. One resident quit smoking upon entering the program and has
  continued to abstain. Another resident decreased the number of cigarettes smoked by
  50%. WATRC has maintained a reduced number of smoke breaks in combination with
  their smoking cessation program.

#### **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 Crisis Assessment Team (CAT) provides a single point of contact for the community and allows for timely follow-up for consumers who may not require hospitalization. TSR funds represented 69% of the total program budget.

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

- 209 (43%) of 489 clients assessed between July 2009-June 2010 were diverted from hospitalization and were followed-up for 30 days to ensure linkage with community providers, primary care physicians, or county mental health staff for continued treatment.
- An average of 2.4 follow-up contacts was required to assess the client's ability to engage in services and locate appropriate treatment providers. A total of 1,150 follow-up contacts including home visit, hospital visit, linkage to provider and family intervention were provided during this reporting period. Staff continues to attend community provider forums and work collaboratively with community partners to assist clients, family members, and caregivers in receiving the most appropriate services.
- The underserved culturally diverse population has been reliant upon CAT to assist with emergency psychiatric evaluations. Almost half (241) of the 489 clients assessed during this period were culturally diverse (31% Hispanic, 6% Asian/ Pacific Islanders, 10% African American). More than 38% of all referrals received during this period (188 of 489), were received from local law enforcement to provide assessments in the community.

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

#### **Program Expenditure ......\$314,861**

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. TSR funds represented 49% of the total program budget.

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

• From July 2009 through June 2010, there were a total of 62 new referrals from Adult Mental Health Services (AMHS) clinics. At the end of June there were 86 clients enrolled in PACT. The PACT team maintained an average of 1.0 MD contacts per client per month, and 5.00 Care Coordinator contacts per month. As a result of intensive services and frequent client contacts, the number of hospitalization days since enrollment into the treatment program decreased by 54% and the number of incarceration days since enrollment into the treatment program decreased by 61% during this reporting period.

- During this fiscal year 14 clients graduated to lower levels of care, 12 of them in the last 6 months. At the end of June 2010, there were approximately 15 clients scheduled to graduate in the next 6 months.
- Starting in November 2009, the program began accepting "Direct Referrals" from hospitals and jails, pre-screened by the AMHS Clinic Officer of the Day. The admission criteria was modified to accept all referrals that had at least 2 psychiatric hospitalizations and/or 2 mental health incarcerations into the program. The modified referral process has made it easier for new referrals to be accepted into PACT.
- The method by which cases are assigned to clinicians was also modified. Previously cases were assigned weekly and based upon the best match between client and clinician. Now cases are assigned on a rotational basis on the day they are received by the Service Chief, and when clinically indicated, consideration for best match is given. As a result of these changes the PACT caseload size increased by 15% during the second half of the fiscal year. The maximum case load size for each clinician has increased from 15 to 20 and individual caseloads are anticipated to reach maximum capacity by the end of next fiscal year. The challenge will be to continue to provide a high level of care despite the increased caseload size.

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

#### **Program Expenditure ......\$139,870**

The goal of this program is to improve access to health care services for persons with disabilities through outreach, education, counseling and advocacy. TSR funds represented 100% of the total program budget.

- The two contractors for this project, Disability Rights Legal Center (DRLC) and Legal Aid Society of Orange County (LASOC) have been very successful in outreaching to persons with disabilities and healthcare professionals. DRLC conducted 18 public educational presentations on how to access health care coverage reaching 675 persons, while LASOC conducted 16 Public presentations on this topic reaching 187 persons. DLRC conducted 4 presentations including training regarding consumer health rights and a Cancer Rights Conference reaching 86 healthcare professionals. LASOC conducted 8 presentations including training regarding consumer health rights and an Advance Healthcare Directive workshop reaching 204 healthcare professionals.
- Both contractors provided assistance to individuals through one-on-one counseling and advocacy in either face-to-face or telephone hotline interactions (DLRC: 276 persons; LASOC: 358 persons) and by distributing educational materials (DLRC: 2,432 individuals; LASOC: 3,478 individuals).

- The Stigma Elimination Program was developed by both contractors. DLRC provided 16 trainings to 334 participants, while LASOC made 10 presentations at faith-based organizations, schools, and businesses reaching 299 persons and 9 presentations to High Priority Audiences reaching 650 participants.
- DLRC conducted 18 trainings regarding disability rights reaching 337 persons and conducted 4 task force meetings to develop, implement and evaluate specific strategies to improve existing health care services for persons with disabilities and to advocate for filling gaps in services.
- LASOC held two Family-to-Family classes and two Peer-to-Peer classes, including two Spanish language classes, reaching 65 people on issues relating to persons with disabilities, where the disability arises from mental illness. Contractor concluded the contract period with ten on-going support groups, including one in Spanish with attendance ranging from 36 to 76 participants per month.

#### **Specialty Dental Care for Seniors and Persons with Disabilities**

#### **Program Expenditure ......\$46,627**

The overall goal of this project is to make specialty dental services, including diagnostic, endodontic, oral and maxillofacial surgery, accessible to Seniors and Persons with Disabilities. TSR funds represented 100% of the total program budget.

- HCA and Share Ourselves (SOS) successfully negotiated an agreement for Specialty Dental Services for Seniors and Persons with Disabilities effective October 1, 2009.
- The initial rendering of specialty dental services was slower than anticipated due to the multiple medical conditions of qualifying patients for the program. However, the program is now averaging 11 patient visits per month. Nearly 50% of the TSR funding has been utilized for specialty dental services for Seniors and Persons with Disabilities as of June 2010. Additionally, Share Our Selves has contributed to the program by providing \$5,181 dollars, as well as providing initial and follow up services.

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

**Total Expenditure . . . . . \$3,554,720\*** 

\*Expenditure information based on TSR claim as of June 30, 2009.

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

**Program Expenditure ......\$1,474,462** 

Tobacco Prevention and Cessation Projects is a multi-year, comprehensive campaign focusing on community-school linked tobacco education and cessation programs. The overall goal of these projects is to reduce death and disability due to tobacco use and exposure to environmental tobacco smoke. Funding includes two projects: (1) Tobacco Prevention and Cessation Projects - Cessation Providers and (2) Tobacco Prevention and Cessation Projects - Prevention Providers. TSR funds represented 100% of the total program budget for both the projects.

#### **Tobacco Prevention and Cessation Projects – Cessation Providers**

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

- For this project, Orange County cities were divided into three geographic regions, North, South and West/Central. All of the tobacco cessation objectives were surpassed in all regions.
- Tobacco cessation services to adult tobacco users included individual or structured telephone counseling, 90-minute cessation counseling seminar, and a series of five 45-minute cessation classes; for young adult tobacco users between the ages 18-24 years, cessation services included "quick kits" to assist them in quitting smoking, followed by a one-hour telephone cessation counseling session. Tobacco services to youth tobacco users included a series of five 45-minute cessation classes and a 60-minute seminar. The percentage of adult participants reporting abstinence from tobacco three months after participating in a cessation service ranged from 45% to 48%; while among young adult participants this percentage was 61%. The percentage of youth participants reporting abstinence from tobacco three months after participating in a cessation service was 51%.
- A mass media cessation promotion was conducted by each provider in the Region and surrounding areas such as schools, colleges, businesses, and medical facilities, to promote the 1-866-NEW-LUNG line and cessation services. A total of 21 media ads were placed in large media outlets throughout West/Central, North and South Regions.

#### **Tobacco Prevention and Cessation Projects – Prevention Providers**

This fiscal year Prevention projects included: (1) Lowering Youth Prevalence of Tobacco; (2) Reducing Tobacco Prevalence Disparities; and (3) Lowering Youth Access to Tobacco. The first project targeted tobacco use prevention for high school students, while focus for the second project was the at-risk population between the ages 18-24 years. The third project focused on social and merchant/retailer education regarding minor or youth access to tobacco.

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

All three prevention projects had two common objectives in addition to a number of objectives related to the individual focus of each project. All the objectives were met or surpassed during this fiscal year.

- Educational, promotional and/or incentive items were updated to promote 1-866-NEW-LUNG helpline and provide tobacco prevention education by all three providers.
- Articles and educational pieces on second-hand smoke exposure and its health effects were developed and distributed to the respective target population of each project, including parents of high school students, school/district staff, coalition/taskforce members, 18-24 year old youth, community organizations, civic groups and business associations.
- Tobacco and Hollywood: educational presentations to parents of 10th grade students reaching more than 200 parents and to 1,300 students; Campus-wide art contests at the high schools.
- Campus-wide tobacco cessation awareness campaign on high school campuses: 19 presentations for teachers and administration at three high schools on 1-866-NEW-LUNG and free tobacco cessation services; five 1-866-NEW-LUNG line ads placed in PTSA materials and sports related publications; 850 cessation awareness surveys conducted with the students and staff at the three targeted high schools; presentations to Capistrano Unified School District (CUSD) employees and faculty of San Clemente High School and Capistrano Valley High School on how to sustain and institutionalize promotion of the 1-866-NEW-LUNG line and free cessation services for teens and adults. Development and dissemination of tobacco education/promotion materials to School District staff to institutionalize the free tobacco cessation services with the 1-866-NEW-LUNG line. Twelve campus-wide tobacco education events were held on the 3 high school campuses; The Alternative to Suspension Cessation program at San Clemente High School started with students who chose the classes as an alternative to Friday and Saturday school or supspension. Serra High School has instituted a schedule for a 5-session cessation class series each semester.
- Tobacco cessation promotion, education, and prevention services for the 18-24 year old population: Thirty-one tobacco prevention education/cessation presentations reaching 385 young adults; A total of 49 printed ads to promote cessation services and educate 18-24 year-olds on the dangers of tobacco and second hand smoke; 1-866-NEW-LUNG website developed and promoted to 18-24 year-olds through different promotional items, educational presentations, and as a link on the Santa Ana College website. A video Public Service Announcement (PSA) developed and placed in 234 spots for one month through Time Warner Cable networks in the region.

- Educational packets with Geographic Information Services (GIS) maps of the geographic areas surrounding the high schools and cities of focus were created. These packets were provided to parents and other community members to share findings and educate them about the effects of proximity of tobacco retailers to high schools and community organizations on youth tobacco prevalence.
- Approximately 2,000 18-24 year-olds and other community members were reached through 20 community events. Ten community partners institutionalized tobacco prevention education and promotion of cessation services for 18-24 year-olds in the selected cities in the region. Over 100 institutionalization packets with tobacco prevention, education, and cessation materials were distributed to businesses, educational institutions, and community organizations in the region.
- Merchant education on tobacco access laws, and state and local exterior window signage laws was conducted with merchants at 277 commercial tobacco retail locations in the targeted region. The number of commercial tobacco retailers willing to sell tobacco to minors decreased by 56% from pre-survey to post-survey. After providing merchant education, the compliance rate with the STAKE (Stop Tobacco Access to Kids Enforcement) Act and posting of the State tobacco retailers license among these retailers increased from 95% on the pre-attempted purchase survey to 100% on the post-attempted purchase survey. The compliance rate for exterior window signage law increased from 46% to 73% among these retailers. At the end of the 4th quarter, 144 of 277 tobacco retailers reached the level of a "5-Star Merchant" which means compliance with all laws governing the sale and advertising of tobacco.
- Along with educational presentations, institutionalization packets with educational
  materials on State tobacco access laws were provided to 20 community groups. Ten
  educational presentations on the "5-Star" Merchant Program and how to institutionalize
  it were conducted for business associations/chambers of commerce/business in the cities
  of focus. Ten educational presentations on lowering youth access to tobacco and how to
  institutionalize it were conducted to civic groups/service clubs in the cities of focus. One
  law enforcement training meeting was conducted with the La Habra Police Department.
- A task force comprising of 25 members representing the two cities within the selected region meets once a month to discuss youth tobacco use prevalence issues. A task force was formed with seven members to assist in the development and implementation of tobacco cessation promotion, education, and prevention services appropriate for the 18-24 year old population. A total of 100 high-impact businesses, community organizations, and institutions in the identified city/cities within the selected region were invited to join the task force, and two task forces (one in the City of Anaheim, and one in the City of La Habra) were maintained throughout the funding period in the cities of focus.
- A total of 14 print media ads were placed at various venues in the cities of Anaheim
  Hills, Brea, Cerritos, La Habra, La Palma and Yorba Linda to promote the 1-866-NEWLUNG line and free tobacco cessation services. Eight large-scale media items were
  developed amd displayed in the cities of focus to raise community awareness of social
  sources of tobacco for minors.

#### **Substance Abuse Prevention**

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

#### **Program Expenditure ......\$214,000**

The overall goal of this project is to reduce alcohol and drug abuse among youth and adults. The Community Based Substance Abuse Prevention projects include Responsible Beverage Service (RBS) training to persons involved in serving or selling alcoholic beverages; Alcohol Sensitive Information Planning Systems (ASIPS) Project; educating health professionals in the selected four cities on methods to reduce prescription and over-the-counter drug abuse; and a countywide impaired driving media campaign. TSR funds represented 30% of the total program budget for this project.

#### Responsible Beverage Service (RBS) Training

The goal of this project is to educate alcohol retail owners, managers and servers on responsible beverage serving (RBS) practices. RBS is a key prevention strategy that research has shown to be effective in reducing alcohol-related problems.

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

- The cities of Anaheim, Huntington Beach, Santa Ana, and Irvine had been selected to train at least 200 persons involved in serving or selling alcoholic beverages on practices and strategies to reduce alcohol-related problems. However, due to the city of Irvine's existing extensive alcohol and other drug prevention services, the city of Orange replaced Irvine in December 2009. Twenty-eight responsible beverage service trainings were conducted within the selected cities. A total of 406 persons involved in serving or selling alcoholic beverages were trained on practices and strategies to reduce alcohol-related problems, of which, 97% achieved a passing score on the post-training exam.
- The cities of Laguna Beach, Newport Beach, Dana Point and Anaheim were selected to receive responsible beverage service training, with the goal of training at least 25 off-sale alcohol outlet owners/managers/clerks. This fiscal year, 88 alchol outlet owners, managers, and clerks were trained. Evaluation results show that 99% of those trained achieved a passing score on the post-training exam.

#### **Alcohol Sensitive Information Planning Systems (ASIPS)**

The purpose of the ASIPS program is to compile data on alcohol/drug involvement in police activities through partnerships with local law enforcement agencies. Analyses of these data serve to identify Alcohol and Other Drugs (AOD)-related community problems and provide information for planning local prevention efforts. Current ASIPS partners include the communities of Fullerton, Garden Grove, Newport Beach, Laguna Hills and Lake Forest.

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

• The contract for the ASIPS Project is off-cycle (Sept. 16, 2009 to Sept. 15, 2010), therefore the timetable for achieving project outcomes is adapted to the contract year, rather than the fiscal year. Community Tour reports for each community partner are prepared on a calendar-year basis. Police data for CY 2009 have been collected from each community partner and are being processed and analyzed for preparation of the three respective ASIPS Community Tour reports.

## **Educating Health Professionals in the Selected Four Cities on Methods to Reduce Prescription and Over-the-Counter Drug Abuse**

The goal of this project is to increase knowledge of a minimum of 160 health professionals regarding methods of reducing prescription and over-the-counter drug-abuse. This project is focusing services in the cities of Fullerton, Orange, Newport Beach and Mission Viejo.

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

• During this fiscal year, 14 educational workshops for health professionals were conducted. These educational workshops were well-received and attended, reaching a total of 278 participants. Of those health professionals educated, 99% agreed (responding either "agree" or "strongly agree") that they knew more about the methods to reduce prescription and over-the-counter drug abuse.

#### **Countywide Impaired Driving Media Campaign**

The goal of this project is to develop an impaired driving media campaign for all of Orange County that will address the financial consequences of driving under the influence.

- The Alcohol Impaired Driving Task Force was expanded to include all of Orange County and its name was changed to the Orange County DUI Task Force. As a result, the Task Force co-chairs worked with the graphic designer to review, modify, translate and update the media artwork to bring new light and attention to the campaign and to the efforts of a newly formed countywide coalition. Two 2'x6' magnetic vinyl banners in English and Spanish, 1,000 window clings, 1,000 8.5"x11" posters, 5,000 postcards (English and Spanish), and 5,000 tipping chart cards were produced and distributed.
- As of June 30, 2010, 14 agencies showcased and/or distributed approximately 16,000 pieces of printed materials and two agencies displayed the vinyl banners at three DUI sobriety checkpoints. In addition, among the initial distribution points, one agency further expanded the distribution points to include an additional 140 vendors to distribute the materials to, thereby expanding the distribution to a broader audience. Furthermore, the development and use of the magnetic vinyl banners and window clings has broadened the distribution to include individuals traveling through scheduled DUI Sobriety/ ID Checkpoints, coordinated and facilitated by local law enforcement and/or community based organizations.

#### **Substance Abuse Treatment**

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

#### **Program Expenditure ......\$467,395**

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. In FY 2009-10, the Perinatal Residential Alcohol and Drug Abuse Services funding included two locations: Heritage House-North (HHN) and Heritage House-Costa Mesa (HHCM). TSR funds represented 34% of the total program budget for this project.

#### Outcomes/Current Status:

- 100% of the babies born (n=23) between the two locations during this evaluation period were drug-free. All pregnant women (100%) served by the program between both locations received prenatal care. Depending on how high the risk level is, a minimum of one to two visits are required per pregnant client.
  - A total of 129 clients were served between these two locations, including 91 new clients. At the end of June 2010, the combined retention rate at both locations was 67% (57/129 graduated and 29/129 still enrolled in treatment). More than half (57%, n = 57) of the 100 clients that were discharged during this period completed the treatment successfully.
- The program exceeded its goal of administering a Client Evaluation of Self and Treatment (CEST) survey at discharge to all discharged clients (100%) at both locations. The goal of administering a Client Self Evaluation at Intake (CESI) at intake was exceeded overall with 99% of the new clients completing the survey at intake (HHN 100%, HHCM 98%). Clients, on average, entered this program with very high levels of motivation, and a significant proportion either improved or maintained their level of motivation for recovery. Compared to HCA norms, most clients were above average in all of the psychosocial assessment subscales at discharge.
- Tobacco cessation classes were offered at both the locations. Almost 40% of the clients who attempted to quit smoking at both locations actually quit smoking. It is a significant challenge for those with substance use disorders to quit smoking cigarettes while concurrently giving up drugs. Over the next year, nicotine patches will be available to help those who wish to quit smoking.

#### **Domestic Violence Substance Abuse Treatment**

#### **Program Expenditure ......\$248,800**

This program expanded Alcohol and Drug Abuse Services (ADAS) to families with domestic violence (DV) 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. TSR funds represented 100% of the total program budget for this project.

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

The Domestic Violence Courts have been referring very few clients in the north and central jurisdictions. This has been out of the control of HCA staff as referrals are completely dependent upon the Court. Due to the low number of referrals, this program was phased out at the end of FY 2009-10.

- During the reporting period, the program served a total of 14 domestic violence and substance abusing clients. Eight new clients were assessed and treated. Of the 14 clients served, the program was successful in retaining 13 clients (93% retention rate). With only one client leaving the program without completing treatment, the completion rate was 93%.
- 34 clients were screened for Domestic Violence in all of the Collaborative Court programs utilizing a domestic violence screening tool. 11% of those were identified as being victims of domestic violence, which then led to them receiving treatment for these issues.

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

#### **Program Expenditure ......\$149,451**

These funds were intended to expand treatment services focused on adult and juvenile clients who require residential treatment to reduce the county-wide incidence of substance abuse as well as the likelihood of relapse. TSR funds represented 9% of the total program budget for this project.

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

• Phoenix House served a total of 173 adults and 65 adolescents during this reporting period. The program was successful in retaining in treatment more than half (56%) of the adults served during this time with 64 clients completing the program and 32 still enrolled in treatment at the end of June 2010. Sixty-four of the 141 clients discharged this year completed the program for a treatment completion rate of 45%. Retention rate for the juvenile program was 37% (11 graduated and 13 remained in treatment at the end of June 2010), and 21% of the clients discharged during the fiscal year completed the treatment (11 of 52).

- During this reporting period, 142 new adult clients were admitted to Phoenix House and 56% of those completed a CESI psycho-social assessment survey. Of the 64 clients who graduated from the program during this period, 17 (27%) completed a CEST psycho-social assessment survey. Forty-six new juvenile clients were admitted to the program and of those, 41 (89%) completed a CESI at intake, while 10 of the 11 individuals (91%) that graduated completed a CEST. The challenge for the program in the future will be to ensure that all adult clients complete both a CESI at intake and a CEST at discharge.
- Based on the CEST scores of the adult and adolescent clients who completed the
  surveys, most clients showed improved motivation for recovery between intake and discharge. Clients had reasonably high motivation, engagement and support scores. More
  than half of adult clients scored above local norms on most of the measures, while 50%
  of adolescent clients scored above HCA norms on desire for help, treatment participation and peer support. Youth, across all HCA programs, tend to score significantly lower
  than norms. However, youth in this program only scored low on treatment readiness.
- During this fiscal year, 10 smoking cessation classes were offered at the adult facility. All adult clients (102) who attended cessation classes smoked and 12% of those were trying to quit. Of those who were attempting to quit, 25% successfully quit smoking while in the program.

#### **Outpatient Adolescent Substance Abuse Treatment Services**

#### **Program Expenditure ......\$158,044**

The overall goal of this project is to respond to the existing need for youth-specific treatment for abuse of Alcohol and Other Drugs (AOD) through a dedicated funding source. The target population for this program is the self-referred and Probation-referred adolescent clients with substance abuse problems. This is a combined funding for two locations, Anaheim and Westminster Alcohol and Drug Abuse Services (ADAS) clinics. TSR funds represented 100% of the total budget.

- The program has been very successful. Dedicated staff to work with adolescents, coupled with the use of incentives to improve the show rate, has demonstrated great effectiveness in engaging and treating a challenging adolescent population. During this fiscal year, a total of 137 clients were served at both locations, and 45% attended the first four treatment sessions in the beginning.
- A total of 548 individual treatment sessions were offered at the two locations, and 76% of those sessions were with "show." Both clinics exceeded the goal of average 90 days length of stay, with the Anaheim location achieving an average length of stay of 196.1 days and Westminster averaging 210.1 days.

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

#### **Program Expenditure ......\$842,568**

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. TSR funds represented 16% of the total budget.

- One of the contracted hospitals, University of California, Irvine Medical Center in
  Orange, opted not to renew their Adult Mental Health Inpatient (AMHI) contract for this
  fiscal year. As a result the number of hospitals available to provide services using TSR
  funding for this population reduced from three to two. The program continues to face
  the challenge of maintaining their contract hospital network in the face of escalating
  costs for the providers.
- A total of 5,690 bed days were used, of which 1,340 were paid exclusively from the TSR allocation. This represents 100% utilization of the TSR fund allocation of \$842,568 and an additional \$2,750,885 in county general funds were used for the remaining 4,350 days. The FY 2009-10 contract was written to include an increase in rate from \$629 to \$640 once the contractor met a minimum number of beds. As a result, the number of beds purchased with the TSR allocation this year is three bed days less than last fiscal year.
- The percentage of patients admitted with a concurrent medical issue requiring evaluation and/or treatment increased from 60% last fiscal year to 72% this fiscal year. In addition, the percentage of patients diagnosed with a persistent, co-occurring substance-related disorder increased from 32% last fiscal year to 45% this fiscal year. HCA/BHS successfully ensured that TSR funds were used for their intended purposes. BHS Emergency Treatment Service (ETS) staff continues to efficiently monitor referrals to TSR-funded beds.
- Uninsured indigent consumers who use acute psychiatric hospital services typically have multiple concerns, including co-occurring chronic medical problems, substance abuse disorders, and homelessness. For those who leave the hospital to return to independent living in the community, linkage to outpatient services is a crucial element in ensuring continuity of care. Of the 827 TSR-funded persons who were discharged to the community this year, 83% received a referral either to AMH outpatient services, alcohol and drug abuse services or private outpatient clinics. About 2% did not have a documented linkage to aftercare that included clients who refused linkage, leaving the hospital Against Medical Advice (AMA) or Absent Without Leave (AWL). The rest were discharged to non-outpatient locations, such as medical hospitals or long-term care psychiatric placement.

#### **III. Community Clinics**

**Total Expenditure . . . . . \$5,296,724 \*** 

\*Expenditure information based on TSR claim as of June 30, 2010

This allocation helped maintain the enhanced healthcare services provided by community clinics, to improve access to primary services. Based on a policy decision adopted by the Board of Supervisors, HCA moved from reimbursing for Program Costs to a Fee for Service methodology. As a result, the contracts only allowed reimbursement for Direct Medical, Dental, and Mental Health Services. About 12.96% of this allocation was used for services provided by the Coalition to the participating community clinic organizations, including management of individual contracts and effective oversight to ensure that the best available health care is provided to patients and that tobacco settlement funds are effectively utilized.

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

- HCA and the Coalition staff prepared and executed individual Community Clinic subcontracts for FY 2009-10 in June 2009. One key difference in FY 2009-10 was that the clinics had to have sufficient unfunded visits to justify their allocated TSR amount. HCA no longer reimburses or requires information for health education visits, support services visits, or miscellaneous services provided.
- This is the first year that the clinics are reporting under the fee for service model. Per the terms of their subcontracts, clinics carried out individualized direct services for unfunded patients and were on target or exceeded their goals in all areas. The breakdown of visits by type of service provided under the community clinic service subcontracts for FY 2009-10 included 77,257 medical, 24,864 dental, and 8,866 mental health visits for a grand total of 110,987.

Details of services provided by individual clinics are included in Appendix B.

- One of the Quality Management (QM) programs of the Coalition tracks Adult diabetes for 18-75 year olds, every 6 months. The adult diabetes health indicators include the A1C blood test that reflects average blood glucose level over the last 3-months and Low-density lipoprotein (LDL) Cholesterol test based upon diagnosis. The data are collected and then reported to the clinic members for identifying their data outcomes, determining baselines and Quality Improvement (QI)/Quality Assurance (QA) planning. The goals are to facilitate standardization of best practices in order to promote a unified approach to the highest quality of care in the Coalition. The project also allows the clinics to benchmark themselves against the nation and other community clinics.
- From April-July 2010, the Coalition engaged in four collaborative opportunities to sustain and expand TSR funded activities/services including specialty care, patient centered medical home, workforce development and immunization services. In May, June and July of 2010, the Coalition finalized a safety net video in conjunction with Orange County Congregation Community Organization (OCCCO) to highlight the safety net health care system in Orange County and identify opportunities for development and growth. In addition, the Coalition has been involved with peer consortia throughout the state in key messaging and advocacy with key funders to promote sustainability and investments in the community clinics and consortia in preparation of the implementation of HealthCare Reform.

#### TSR Mobile Clinic Services for the Homeless

#### Total Expenditure . . . . . . \$9,790

This allocation complements Contractor's existing mobile clinic services to provide mobile clinic services to homeless. The TSR Mobile Clinic Services Agreement is for \$100,000 and is for the period March 29, 2010 through March 28, 2011.

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

- The agreement for Mobile Clinic Services for the Homeless between HCA and Hurtt
  Family Health Clinic was successfully negotiated effective March 29, 2010. Subsequent to the contract negotiations, HCA and Hurtt Family Health Clinic collaboratively developed and implemented successful invoice and reporting formats. A spreadsheet to monitor monthly services provided and the associated costs was developed.
- Services were delayed until April due to the difficulty Hurtt Family Health Clinic faced in hiring a part-time Physician/Nurse Practitioner. The staffing concerns have been fully addressed and services are being provided as anticipated.

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

**Total Expenditure . . . . . . \$7,068,402** 

This allocation provides funding to compensate emergency room physicians and emergency room on-call physician specialists for services for non-paying 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.

- Funds have helped augment emergency physician and on-call specialist reimbursements and allowed continued access to healthcare without interruption.
- In FY 2009-10 more than 139,000 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 . . . . . . . \$1,776,475** 

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 \$1,776,475 in FY 2009-10. 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 14%, 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 \$271,647,473 in charity care, as well as \$314,288,504 in bad debts for a total of \$599,952,317 in uncompensated hospital care costs for the four quarters ending September 30, 2009.\*

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

## Appendix A Contractors for TSR-Funded Programs, Sections I and II

TSR Program	Contractor Name	FY 2009-10 Total Contract Amount	FY 2009-10 TSR Funding Level	Subcon- tractor Name	Sub- contractor Service Type	FY 2009-10 Subcon- tract Total Amount
	Health (	Care Services	for Seniors	s & Disabled		
Access to Health Services for Persons with Disabilities	Legal Aid Society of Orange County	\$87,387	\$87,387	National Association Mentally III	Stigma Elimination program	\$31,132
Access to Health Services for Persons with Disabilities	A. Milton Miller Memorial Fund, dba Disability Rights Legal Center	\$57,032	\$57,032	N/A	N/A	\$0
Door-to-Door Community Program Targeting Latino Elders	Latino Center for Prevention and Ac- tion in Health and Welfare dba Latino Health Access	\$94,191	\$94,191	N/A	N/A	\$0
Friendly Visitor Program for Elderly	Council on Aging of Orange County	\$88,981	\$88,981	N/A	N/A	N/A
In-home Mental Health Services for Aging	College Community Services	\$4,694,522	\$270,797	N/A	N/A	N/A
Mental Health Pro- gram for Disabled	Royale Health Care Center-Mission Viejo	\$7,174,488	\$1,307,349	N/A	N/A	N/A
Pediatric Development Screening Services	California Chap- ter 4, American Academy of Pediatrics	Maximum Obligation for 7/1/09- 8/31/09: \$6,600	\$6,600	N/A	N/A	N/A
Senior Health Outreach and Prevention Program Services (SHOPP)	Community SeniorServ, Inc.	\$36,791	\$36,791	N/A	N/A	N/A
Senior Health Outreach and Prevention Program Services (SHOPP)	Council on Aging of Orange County	\$36,791	\$36,791	N/A	N/A	N/A
Senior Health Outreach and Prevention Program Services (SHOPP)	Age Well Senior Services (formerly know as South County Senior Services)	\$36,791	\$36,791	N/A	N/A	N/A

#### Appendix A (cont.)

TSR Program	Contractor Name	FY 2009-10 Total Contract Amount	FY 2009-10 TSR Funding Level	Subcon- tractor Name	Sub- contractor Service Type	FY 2009-10 Subcon- tract Total Amount
Transitional Community Living Program (WATRC)	Extended Care Hospital of Westminster	\$2,961,517	\$305,455	N/A	N/A	N/A
Tobacco Preven	tion & Control, Ot	her Addiction	Programs	& Commun	ity Mental Hea	alth Services
Community Based Substance Abuse Prevention & Treatment-South Region	National Council on Alcoholism and Drug Dependence- Orange County	\$388,675	\$50,000	N/A	N/A	N/A
Community Based Substance Abuse Prevention & Treat- ment-North and Central Regions	Community Service Programs, Inc.	\$777,350	\$122,000	N/A	N/A	N/A
Med-Psych Beds for Indigents	College Hospital of Costa Mesa; Uni- versity of California at Irvine Medical Center; Western Medical Center at Anaheim	\$6,145,999	\$842,568	None	N/A	N/A
Tobacco Prevention and Cessation Projects-Prevention Services	America On Track DBA Orange County on Track	\$277,000	\$277,000	N/A	N/A	N/A
Tobacco Prevention and Cessation Projects-Prevention Services	Community Service Programs, Inc.	\$277,000	\$277,000	N/A	N/A	N/A
Tobacco Prevention and Cessation Projects-Prevention Services	National Council on Alcoholism and Drug Dependence, Orange County	\$277,000	\$277,000	N/A	N/A	N/A
Tobacco Prevention and Cessation Projects-Cessation Services	National Council on Alcoholism and Drug Dependence, Orange County	\$117,000	\$117,000	N/A	N/A	N/A
Tobacco Prevention and Cessation Projects-Cessation Providers	Anaheim Memorial Medical Center	\$157,000	\$157,000	N/A	N/A	N/A

#### Appendix A (cont.)

TSR Program	Contractor Name	FY 2009-10 Total Contract Amount	FY 2009-10 TSR Funding Level	Subcon- tractor Name	Sub- contractor Service Type	FY 2009-10 Subcon- tract Total Amount
Tobacco Prevention and Cessation Projects-Cessation Providers	Nhan Hoa Comprehensive Healthcare Clinic	\$157,000	\$157,000	Korean Community Services	Korean- speaking Health Educator Services	\$7,000
Perinatal Residential Alcohol & Drug Abuse Services	Heritage House North	\$1,384,917	\$467,395	N/A	N/A	N/A
Expansion of Contracted Residential Alcohol and Drug Treatment Services-Adults	Phoenix House	\$704,633	\$64,136	Dr. Igor Koutsenok	Drug and alcohol rehabilitation services, case supervision, and case review services.	\$6,000
Expansion of Contracted Residen- tial Alcohol and Drug Treatment Services- Adults	Phoenix House	\$704,633	\$64,136	Jill Tait Machany, R.D.	Dietician consultation to clients and staff; Educationa/ nutritional seminars and workshops, menu planning, and visitation inspections.	\$7,880
Expansion of Contracted Residential Alcohol and Drug Treatment Services-Adults	Phoenix House	\$704,633	\$64,136	Dr. Edward Kaufman, M.D.	Psychiatric Examination and Treatment.	\$5,400
Expansion of Contracted Residential Alcohol and Drug Treatment Services- Adolescents	Phoenix House	\$937,317	\$85,315	Dr. Stephen Winston	Adolescent psychological analysis and assessment for Drug Rehabilitation.	\$14,561

# Appendix B Contracted Community Clinics, Section III Services Provided in FY 2009 – 10

Clinic	Funding Allocated	Type of Service	Services	Target Popula- tion	Number of Visits
AltoMed Health Carines Inc	\$407,280	Medical	Primary Medical Care Services	Adults & Adolescents	9,758
AltaMed Health Serices, Inc.	\$27,027	Dental	Dental Care Services	All Patients	2,648
Birth Choice Pregnancy Centers, Inc.	\$75,000	Medical	Medical Care Services	Teens and Adults	1,073
Camino Health Center	\$241,534	Medical	Primary Medical Care Services	All Patients	4,783
Central City Community Health Center	\$186,391	Medical	Primary Medical Care Services	Adults	2,479
Children's Hospital of Orange County	\$239,939	Medical	Primary Medical Care Services	Children and Teens	3,084
Friends of Ohildren Hoolib Conton	\$177,384	Medical	Primary Medical Care Services	Children	1,880
Friends of Children Health Center	\$63,378	Dental	Dental Care Services	Children	1,006
Healthy Smiles for Kids of Orange County	\$198,325	Dental	Dental Care Services	Children	3,719
Hurtt Family Health Center	\$239,261	Medical	Primary Medical Care Services	All Patients	5,354
Laguna Beach Community Clinic	\$206,851	Medical	Medical Care Services	Adults	3,783
Loctomaco Free Clinic	\$261,816	Medical	Medical Care Services	All Patients	3,568
Lestonnac Free Clinic	\$24,318	Dental	Dental Care Services	Children and Adults	403
Nilson Haa Carronals and a Haalikaana Ciinis	\$194,793	Medical	Medical Care Services	All Patients	7,494
Nhan Hoa Comprehensive Healthcare Clinic	\$45,234	Dental	Dental Care Services	All Patients	2,045
Chara Our Calina Francisch	\$222,868	Medical	Primary Medical Care Services	All Patients	9,931
Share Our Selves Free Clinic	\$153,064	Dental	Dental Care Services	Adults	6,042
Sierra Health Center	\$179,428	Medical	Primary Medical Care Services	Adults	2,610

#### Appendix B (cont.)

Clinic	Funding Allocated	Type of Service	Services	Target Popula- tion	Number of Visits
St. Joseph - La Amistad	\$102,879	Dental	Dental Care Services	Adults	2,865
St. Joseph - Puente a la Salud	\$232,716	Medical	Primary Medical Care Services	Agricultural Workers	3,319
Ct. Judo	\$195,355	Medical	Primary Medical Care Services	Children and Adults	3,838
St. Jude	\$63,000	Dental	Dental Care Services	Children and Adults	1,007
UCI Family Health Center - Anaheim &	\$379,312	Medical	Medical Care Services	All Patients	11,263
Santa Ana	\$17,388	Dental	Dental Care Services	All Patients	480
The Gary Center	\$265,795	Mental Health	Mental Health Services	Children, Youths, & Adults	8,866
	\$87,216	Dental	Dental Care Services	Children and Adults	2,074
VALCOC Asian Haalth Contain	\$164,558	Medical	Medical Care Services	All Patients	3,040
VNCOC - Asian Health Center	\$16,612	Dental	Dental Care Services	All Patients	2,575
Total	\$4,668,722				110,987

## **NOTES**