



Social Services Appropriations Committee

January 24, 2017

FY 2016 OME Budget Increase

- \$1.077 million
 - \$794,100 appropriated/on-going
 - \$283,000 dedicated credits from cremation permit fee increase (currently 100 permits ahead)
- Funding for:
 - 2.5 pathologist positions
 - 2 autopsy assistant positions
 - 2 front office/transcription positions
- Goal: decrease autopsy report turn-around time to 45 days for 90% of cases (was >150 days)

- Net loss of pathologists (down 1 position)
- Case load increased by >15% from end of FY15 to end of FY16
- Hired new front office manager (internal)
 - Two vacancies still to be filled
 - Temps used to eliminate transcription backlog
- Hired two new autopsy assistant managers (internal)
 - Two replacements still to be filled

Hiring Challenges



- Very limited national supply of Forensic Pathologists (~500 total)
- Stiff competition in national job market
- Lack of NAME accreditation by Utah OME
- Workload and expected workload growth
- Interviewed seven Assistant ME candidates
- Interviewed two Chief ME candidates
- One of seven assistant ME applicants accepted
- External candidate for Chief ME declined offer
- Workload cited as primary reason for decline

Success in Hiring



- Interviewed four additional candidates in fall 2016
- One was hired and began in November
- Remaining three currently in training programs
- Support from UDOH, DHRM and Governor's office allowed offering of additional incentives
- All three applicants accepted offers of employment, but due to training program length, will be unavailable to start before summer 2017 (July and August)

Autopsy Report Turnaround Time



- Was at about 150 days at time of budget increase
- FY17 to date: 110 days (but includes departing docs)
- No automated means of tracking TAT at present
 - Requires data extraction from individual case files
- SUCCESS project with GOMB on-going, but now adding a component to address TAT which will more accurately reflect quality of work done by OME
- Improvement not possible (and TAT will likely get worse) until more pathologists are hired

FY '17 Spending



- Locum tenens pathologists: ~\$282,000
- Pay down of comp and excess for OME pathologists: ~\$139,000 (YTD)
- Equipment for new pathologists: \$5,000
- Signing bonus, moving expenses for new pathologists: ~\$33,820
- Non-lapsing authority for new pathologists that start in next FY: ~\$299,000
 - Signing bonuses: ~\$50,000
 - Moving/relocation expenses: ~\$30,000
 - Locum tenens providers: \$169,000
 - New pathologist equipment: \$50,000

FY '17 Spending



- New front office manager: \$68,600
- New front office staff: \$51,300
- Autopsy supervisors: \$154,800
- Temporary typist help with transcription backlog: ~\$43,000

- TOTAL: \$1,076,520

Future Directions



- Opportunities
 - New building open February 1, 2017
 - ME database (UMED) re-write launches early 2017
 - New pathologists to begin summer 2017
 - On-going use of LT pathologists to ease workload
- Challenges
 - Pending retirements (DCME)
 - Retention of current professional staff
 - Population growth/increased case load
 - Increasing drug overdose deaths and suicides

Opioid Overdose Funding



SFY17, \$500,000:

\$250,000, one-time, direct appropriation
\$250,000, one-time, HB192, Opiate
Overdose Response Act -- Pilot Program
and Other Amendments

Measures



Measure	Program Implementation
Increase awareness and knowledge of the risks and warning signs of prescription drug abuse by 10% from 2015 to 2016	9.5% increase in the perceived potential for abuse or addiction from 2015 to 2016, from 74% in 2015 to 81% in 2016.
Increase providers reached through education, training, resources, and tools by 10% from 2015 to 2016	Over 115,000 educational materials distributed to health care providers, law enforcement agencies, local health departments, local substance abuse authorities, and others.
Decrease prescription drug overdose deaths by 15% from 2014 to 2016	7.6% decrease in prescription opioid deaths from 2014 to 2015, from 301 in 2014 to 278 in 2015.

Collaborative Approach



Collaborative Approach

Utah Coalition for Opioid Overdose Prevention

- Includes many diverse partners
- Developed statewide strategic plan to align efforts

Monitoring Efforts

- Partnered with Department of Public Safety to use real-time data to identify threats

Healthcare Provider Efforts

- Four Guideline Steering Committee Meetings
- Draft of Utah Clinical Guidelines on Prescribing Opioids for the Treatment of Pain going through final review
- Steering Committee to update provider education modules being developed

Naloxone Distribution



3,523 kits distributed in 2016 through Utah Department of Health Efforts



Overdose Outreach Pilot Program

- 2,779 naloxone kits disseminated
 - 17 law enforcement agencies
 - 6 local health departments
 - 9 direct service agencies

Community-level Grantees

- 512 naloxone kits disseminated
 - 5 local health departments
 - 3 local substance abuse authorities

Emergency Provisions

- 100 naloxone kits disseminated
 - 2 law enforcement agencies

Standing Order (Dec 8-Dec 31)

- 132 naloxone kits dispensed
 - 90 pharmacies enrolled

“Stop the Opidemic”

Stop the Opidemic Media Campaign

- Increase awareness of the risks of opioids
- Increase awareness of the signs of an overdose
- Increase awareness of naloxone

Research Conducted

Message Testing Conducted

Billboards

Posters

Brochures

Testimonial Videos

Website

Social Media

TV / Radio Spots

Talk to Your Pharmacist Month



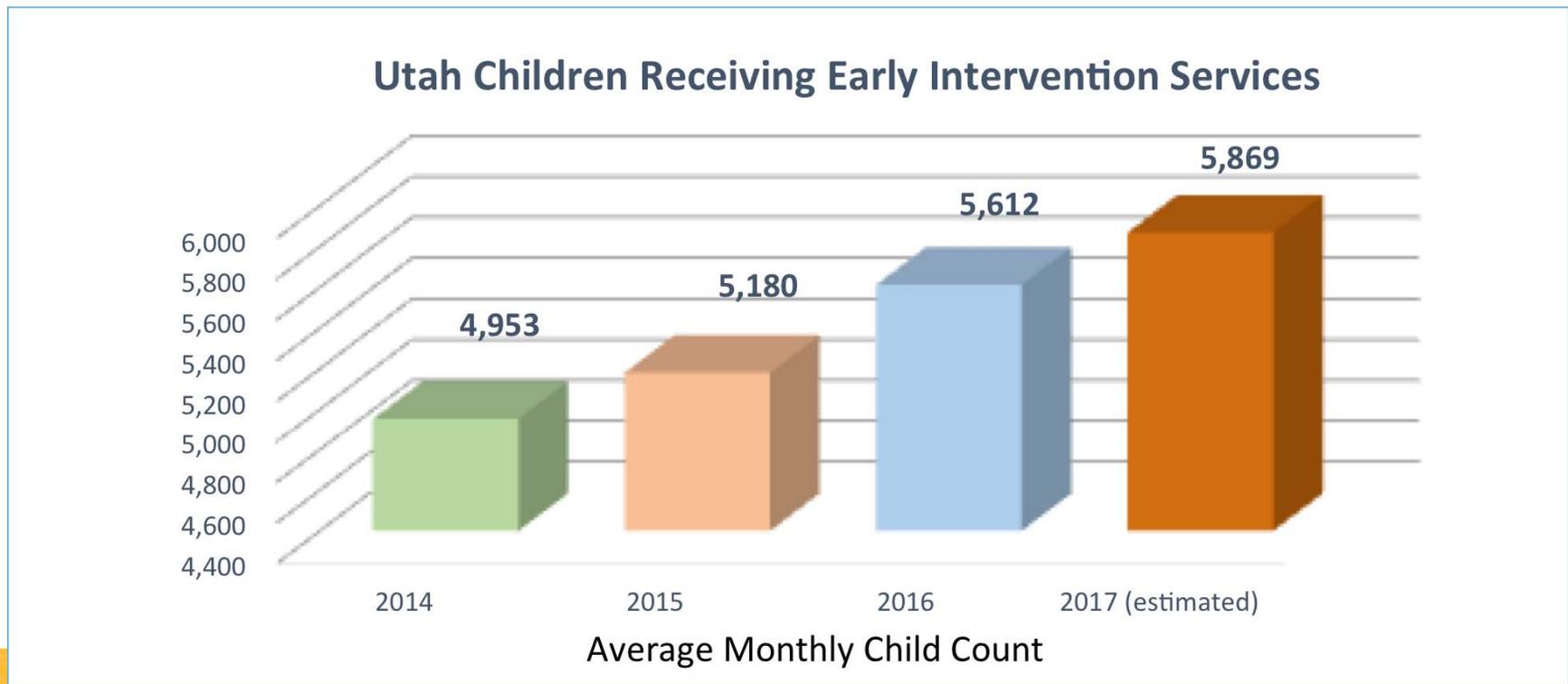
Baby Watch Early Intervention



- Serves Utah children birth to three years of age born with developmental delays or disabilities
- Provides direct services to children and their families
- Goal is to help these kids reach their full potential by the time they enter school
- Program enrollment has increased steadily, but was dramatic in '16 due to referral changes

Caseload Growth

- **\$1.5 million, one-time for FY '17**
 - Maintained provider contracts at FY '16 levels
 - No on-going funding for caseload growth since FY '14



Medicaid Dental



- **FY '17 funding: \$500,000 one-time**
 - Fiscal note for SB 39 was \$1.4 million on-going
 - Appropriation was insufficient to start program and provide benefit
 - Bill was amended to delay implementation to May 2017
 - Waiver to authorize program has been submitted
 - Future action will be based on available funding
 - Coverage would include preventive and restorative dental services for approximately 34,400 blind and disabled adults
 - Currently, Medicaid only covers emergency dental services