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)
Office of the Medical Examiner

• 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

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

STOP THE OPIDEMIC
LEARN HOW AT OPIDEMIC.ORG
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