

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 23, 2019
 ATTENTION: Members, Medical Board of California
 SUBJECT: Administrative Summary
 STAFF CONTACT: Kimberly Kirchmeyer, Executive Director

REQUESTED ACTION:

This report is intended to provide the Members with an update on the staffing, budget, and other administrative functions/projects occurring at the Medical Board of California (Board). No action is needed at this time.

Administrative Updates:

Board staff has had several meetings with interested parties regarding the Board, including but not limited to the following:

- Board staff had calls with the Board's President and Vice President to discuss pending projects and the Board agendas.
- Meetings continue to be held with Gloria Castro, Senior Assistant Attorney General.
- Board staff continues to meet with Kathleen Nicholls, Deputy Chief, Health Quality Investigation Unit (HQIU), David Chriss, Chief, HQIU, and Chris Shultz, Chief Deputy Director, Department of Consumer Affairs (DCA) to discuss investigations and HQIU.
- Board staff continues to meet with DCA and the Department of Justice (DOJ) to discuss the Controlled Substance Utilization Review and Evaluation System (CURES) and the implementation of new legislation pertaining to CURES.
- Board and HQIU staff provided two educational sessions each day at the Practitioner Diversion Awareness Conference in Anaheim, hosted by the Drug Enforcement Administration. The first session was regarding the inappropriate use and misuse of opioids and the Board's enforcement process. The second session was about physician impairment and the implementation of the Physician Health and Wellness Program, including the requirements and regulations in progress.
- Board staff provided a presentation to the California Association of Medical Staff Services (CAMSS) Central Valley Chapter regarding mandated reporting, the Board's enforcement and licensing process, public disclosure laws, and CURES.
- Board staff attended the Board of Pharmacy's Prescription Drug Abuse Prevention Conference hosted with the Drug Enforcement Administration.
- Board and DOJ staff provided a presentation to the Garden Grove Hospital Medical Center staff regarding the mandatory use of CURES requirements.
- Board staff met with legislative staff and members regarding bills impacting the Board.
- Board staff provided a presentation on CURES, the enforcement program, and new legislation to the Sutter Medical Group of the Redwoods.
- Board staff provided a presentation to CAMSS Orange County Chapter regarding mandated reporting, the Board's enforcement and licensing process, public disclosure laws, and CURES.

- Board staff attended the Federation Credentials Verification Service Advisory Council meeting via teleconference.
- Board staff provided a presentation on the new licensing requirements, the enforcement process, new legislation, and CURES to residents and physicians at the University of California, San Francisco family medicine program in Fresno.
- Board staff attended budget hearings and meetings regarding the Board's budget change proposals.
- Board staff assisted in a presentation at the Board Member Orientation Training hosted by DCA.
- Board staff provided a presentation to the Hemet Valley Medical Center staff regarding the mandatory use of CURES requirements.
- Board staff attended the Medication Safety Committee.
- Board staff provided a presentation to CAMSS Desert Chapter regarding mandated reporting, the Board's enforcement and licensing process, public disclosure laws, and CURES.
- Board staff provided a presentation at the Train the Trainer: Primary Care Pain Management Fellowship 2019 Weekend Learning Session regarding appropriate prescribing, new laws impacting physicians, the Board's Guidelines for Prescribing Controlled Substances for Pain, the Board's enforcement process, and the project related to death certificates.
- Board staff attended webinars and teleconferences with the Federation of State Medical Boards (FSMB), United States Medical Licensing Examination (USMLE) and the International Association of Medical Regulatory Authorities.
- Board staff attended a DCA Director's quarterly meeting.
- Board staff provided an update on Board activities at the Physician Assistant Board.
- Board staff had meetings with interested parties and the Business, Consumer Services, and Housing Agency regarding the implementation of the Licensed Physicians from Mexico Pilot Program.
- Board staff continues to meet with representatives from the California Department of Public Health, the Board of Pharmacy, the Dental Board, the Department of Health Care Services, DOJ, the Emergency Medical Services Authority, DCA, and other interested parties regarding prescription opioid misuse and overdose.

Staffing Update:

The Board has 163.6 permanent full-time positions (in addition to temporary staff). The Board is at a 9.7% vacancy rate, which equates to 16 vacant positions. This is lower than the 12% vacancy rate provided in the last administrative summary. There is one candidate pending hiring, which takes the vacancy rate to 9.2%. Management will be working to fill all positions as soon as possible.

The Board is in the process of hiring a new Chief of Enforcement. Applications have been received and the Board will be holding interviews after the Board meeting. However, in the interim, retired Deputy Chief of HQUI, Laura Sweet, has returned to the Board as a retired annuitant. Her wealth of knowledge about the Board's enforcement and investigation processes has assisted the Board in the transition with the elimination of

the vertical enforcement process and also in the review of the Central Complaint Unit medical consultant program.

Budget Update:

The Board's budget documents are attached. The fund condition identifies the Board's fund reserve at 5.0 at the end of fiscal year (FY) 17-18 and is projected to be at 2.9 at the end of FY 18-19. It is important note, though, that due to the transition of DCA to the new Fi\$Cal reporting system, budget documents for FY 17-18 are still not available at this time. Therefore, the months in reserve for FY 17-18 may be adjusted in the future.

The Board's budget change proposal (BCP) to increase the hourly rate for the Board's expert reviewers has gone through both the Senate and Assembly Budget Subcommittees and now is awaiting finalization of the budget bill and signature by the Governor. If signed, this will allow the Board to increase the hourly rate for expert reviewers who have completed the Expert Reviewer Training provided by the Board. The Board is planning for this increase and will be holding four trainings by the end of this year, compared to the two that are normally held.

As previously stated, there is also a BCP to increase HQUI's line item for medical consultants by \$1.18 million. This funding is needed to pay for the overage in the medical consultant line item, which is usually funded through salary savings within HQUI. It is believed that this BCP will also be approved.

The third BCP going through the process is due to the elimination of the vertical enforcement (VE) program effective January 1, 2019 and it is also expected to be approved. However, the Board will be monitoring the Attorney General's Office (AGO) spending, as it appears that both the AGO and the Office of Administrative Hearings will be over budget this year. The Board, via DCA, will request an additional augmentation for these increased line items.

As reported at the January Board meeting, the Board will need to pursue a fee increase; however, with these additional costs, the increase will need to be pursued soon. With the information available at this time based upon projections, the Board is projected to be at 1.1 months in reserve in FY 19-20. Thus, the Board will be looking into a fee increase and performing a fee audit study this year. The last fee increase was passed in 2005. The Board can increase the fees by seven dollars via regulations, but this will not meet the necessary funding for the Board to stay solvent. Therefore, a legislative change is needed. The Board is working with DCA to obtain a contractor to perform this audit.

CURES Update:

The calls regarding CURES and the requests for presentations on CURES and its mandatory use has been slowly declining. Most physicians are now aware of the mandatory use requirements and how they need to be implemented. In addition, there is a lot of information online to assist CURES users, including the webinars that were provided by DOJ and the Board. Board staff will still be available to provide training when needed and to answer calls related to CURES.

The CURES statistics indicate that the number of physicians registered in the system continues to grow and there are now 107,664 physicians registered in the CURES system as of March 31, 2019. The number of Patient Activity Reports (PARs) run by physicians fluctuates, but in March 2019, 795,118 PARs were requested just by allopathic physicians. It is important to note, that this number does not include individuals who are using health information technology (HIT) systems to access CURES as authorized in Assembly Bill 40 (Santiago, Chapter 607), therefore the number of PARs is actually higher. DOJ is working to obtain statistics for the usage via a HIT system and will be provided in the future.

Attached to this summary is a recently released report by CDPH regarding opioid deaths in California. The document shows that in 2017 there were 2,196 opioid-related overdose deaths, the majority of which (70%) were overdose deaths involving prescription opioids. The Board continues to move forward with its project of identifying inappropriate prescribers via death certificates and hopes to have an interagency agreement signed with CDPH to obtain information from 2016 and 2017 soon.

Licensed Physicians and Dentists from Mexico Pilot Program Update:

As previously reported, the Licensed Physicians and Dentists from Mexico Pilot Program (Pilot Program) was created to allow up to thirty licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology from Mexico to practice medicine in California for a period not to exceed three years if certain requirements are met. These individuals are only authorized to work in specific clinics within California. Board staff has completed the development of the applications for this program, for both the physician applicants and the participating clinics. To date no applications have been received.

The Board continues to develop a contract for an outside entity to evaluate the program as required by law. This evaluation, conducted jointly with a medical school, the National Autonomous University of Mexico, and the Board, will include the quality of care provided by the physicians, the adaptability of the physicians to California medical standards, the impact on the working and administrative environment in nonprofit community health centers and on interpersonal relations with co-workers, the response and approval by patients, the impact on cultural and linguistic services, and the increases in medical encounters provided by the physicians to limited-English-speaking patient populations and increases in the number of limited-English-speaking patients seeking health care services from nonprofit community health centers. The Board must have the contract in place prior to the beginning of this Pilot Program.

Federation of State Medical Boards (FSMB) Update:

The FSMB held its annual meeting on April 25-27, 2019, in Fort Worth, Texas. Although the Board was unable to travel to the meeting due to California travel restrictions, the FSMB allowed individuals to participate in the opening session of the meeting and made special arrangements for President Pines to attend the House of Delegate Meeting via teleconference on April 27, 2019. The House of Delegates discussed adopting a policy on Social Media and Electronic Communications, reviewing and adopting changes to the

bylaws to increase the required number of public members on the FSMB board of directors, and looking at resolutions pertaining to DATA 2000 and treatment of opioid addiction, natural disaster emergency laws, informed consent policy, and physician impairment, among others.

The Board also was notified that Dr. Bholat was appointed to the FSMB Editorial Committee. This committee reviews articles submitted for publication in the FSMB *Journal of Medical Regulation*, generates article topics, and may create an editorial for the Journal. In addition, Ms. Kirchmeyer was appointed to the FSMB Educational Committee, which assists in the development of educational programs for the FSMB, including the Annual Meeting program as well as webinars, teleconferences, and other educational offerings.

**0758 - Medical Board
Analysis of Fund Condition
(Dollars in Thousands)**

	Actual 2017-18	CY 2018-19	BY 2019-20	BY+1 2020-21	BY+2 2021-22
BEGINNING BALANCE	\$28,728	\$29,436	\$16,748	\$6,150	-\$4,509
Prior Year Adjustment	\$1,271	\$0	\$0	\$0	\$0
Adjusted Beginning Balance	\$29,999	\$29,436	\$16,748	\$6,150	-\$4,509
 REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues:					
4129200 - Other regulatory fees	\$408	\$425	\$425	\$425	\$425
4129400 - Other regulatory licenses and permits	\$7,227	\$7,243	\$7,243	\$7,243	\$7,243
4127400 - Renewal fees	\$48,797	\$49,617	\$49,589	\$49,589	\$49,589
4121200 - Delinquent fees	\$127	\$136	\$136	\$136	\$136
4140000 - Sales of documents	\$3	\$3	\$3	\$3	\$3
4163000 - Income from surplus money investments	\$131	\$248	\$67	\$0	\$0
4150500 - Interest from interfund loans	\$226	\$0	\$0	\$0	\$0
4171400 - Escheat of unclaimed checks and warrants	\$8	\$8	\$8	\$8	\$8
4172500 - Miscellaneous revenues	\$1	\$1	\$1	\$1	\$1
Transfer From General Fund	\$9,000	\$0	\$0	\$0	\$0
Totals, Revenues	\$65,928	\$57,681	\$57,472	\$57,405	\$57,405
 Transfers and Other Adjustments:	\$0	\$0	\$0	\$0	\$0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$65,928	\$57,681	\$57,472	\$57,405	\$57,405
 TOTAL RESOURCES	\$95,927	\$87,117	\$74,220	\$63,554	\$52,896

	Actual 2017-18	CY 2018-19	BY 2019-20	BY+1 2020-21	BY+2 2021-22
EXPENDITURES AND EXPENDITURE ADJUSTMENTS					
Expenditures:					
1111 Program Expenditures (State Operations)	\$62,689	\$62,201	\$62,366	\$62,366	\$62,366
<u>2018-19 and Ongoing Approved Costs</u>					
BreEZe Costs		\$2,562	\$2,259	\$0	\$0
<u>Anticipated Future Costs</u>					
Expert Reviewer			\$499	\$499	\$499
BreEZe Costs			\$0	\$2,259	\$2,259
Vertical Enforcement			-\$1,912	-\$1,912	-\$1,912
HQIU Medical Consultants			\$1,180	\$1,180	\$1,180
DCA Admin BCP			\$204	\$172	\$106
18-19 AG/OAH Augmentation		\$2,102			
1111 Program Expenditures (State Operations) Subtotal	\$62,689	\$66,865	\$64,596	\$64,564	\$64,498
Expenditure Adjustments:					
8880 Financial Information System for California (State Operations)	\$79	\$7	-\$18	\$7	\$7
9892 Supplemental Pension Payments (State Operations)	\$0	\$319	\$685	\$685	\$685
9900 Statewide Pro Rata	\$3,723	\$4,078	\$3,707	\$3,707	\$3,707
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$66,491	\$71,269	\$68,970	\$68,963	\$68,897
Unscheduled Reimbursements		\$900	\$900	\$900	\$900
FUND BALANCE					
Reserve for economic uncertainties	\$29,436	\$16,748	\$6,150	-\$4,509	-\$15,101
Months in Reserve	5.0	2.9	1.1	-0.8	-2.6

NOTES:

Assumes workload and revenue projections are realized for FY 18/19 and beyond.

Interest on fund estimated at .382%.

\$6 million was loaned to the General Fund in FY 08/09 and \$9 million was loaned to the General Fund by the Board in FY 11/12.

\$6 million was repaid in FY 16/17 and \$9 million was repaid in FY 17/18.

The Financial Information System for California is a direct assessment which reduces the fund balance but is not reflected in the Medical Board of California's state operational budget.

Unscheduled reimbursements result in a net increase in the fund balance.

Fiscal Year 2018-19

Budget Expenditures Reports

May 2019

In July 2017, the board and bureaus within the Department of Consumer Affairs (DCA), including the Medical Board of California, migrated to the State of California's new financial management system, Financial Information System for California (FI\$Cal). Replacing more than 2,500 legacy systems, FI\$Cal is one system providing accounting, budget, cash management, and procurement services statewide.

Previously, at each quarterly meeting the Medical Board reviewed its expenditure reports. Due to complications with FI\$Cal, these reports are not available for the May 2019 meeting. DCA is working with FI\$Cal to resolve the lack of reports.

July	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	6801.25	\$170.00	\$1,156,212.50
Paralegal Services	854.25	\$120.00	\$102,510.00
Auditor/Analyst Services	206.75	\$99.00	\$20,468.25
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$11.95
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			\$1,279,202.70

August	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	6916.50	\$170.00	\$1,175,805.00
Paralegal Services	635.00	\$120.00	\$76,200.00
Auditor/Analyst Services	108.75	\$99.00	\$10,766.25
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$259.95
			<hr/>
			\$1,263,031.20

September	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	5943.00	\$170.00	\$1,010,310.00
Paralegal Services	711.50	\$120.00	\$85,380.00
Auditor/Analyst Services	104.00	\$99.00	\$10,296.00
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$1,854.85
			<hr/>
			\$1,107,840.85

October	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	6627.75	\$170.00	\$1,126,717.50
Paralegal Services	863.00	\$120.00	\$103,560.00
Auditor/Analyst Services	127.25	\$99.00	\$12,597.75
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$971.60
			<hr/>
			\$1,243,846.85

November	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	5814.50	\$170.00	\$988,465.00
Paralegal Services	906.00	\$120.00	\$108,720.00
Auditor/Analyst Services	125.50	\$99.00	\$12,424.50
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$0.00
			<hr/>
			\$1,109,609.50

December	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	5510.50	\$170.00	\$936,785.00
Paralegal Services	771.25	\$120.00	\$92,550.00
Auditor/Analyst Services	92.00	\$99.00	\$9,108.00
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$1,738.50
			<hr/>
			\$1,040,181.50

Total July-Dec = \$7,043,712.60
FY 2018-19 Budget = \$13,891,400.00

January	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	6185.25	\$170.00	\$1,051,492.50
Paralegal Services	843.50	\$120.00	\$101,220.00
Auditor/Analyst Services	68.25	\$99.00	\$6,756.75
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$6,989.70
			<hr/>
			\$1,166,458.95

February	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	5537.00	\$170.00	\$941,290.00
Paralegal Services	873.25	\$120.00	\$104,790.00
Auditor/Analyst Services	53.25	\$99.00	\$5,271.75
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$724.39
			<hr/>
			\$1,052,076.14

March	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	6153.00	\$170.00	\$1,046,010.00
Paralegal Services	866.50	\$120.00	\$103,980.00
Auditor/Analyst Services	97.75	\$99.00	\$9,677.25
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$2,933.17
			<hr/>
			\$1,162,600.42

April	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	0.00	\$170.00	\$0.00
Paralegal Services	0.00	\$120.00	\$0.00
Auditor/Analyst Services	0.00	\$99.00	\$0.00
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$0.00
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			\$0.00

May	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	0.00	\$170.00	\$0.00
Paralegal Services	0.00	\$120.00	\$0.00
Auditor/Analyst Services	0.00	\$99.00	\$0.00
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$0.00
			<hr/>
			\$0.00

June	<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
Attorney Services	0.00	\$170.00	\$0.00
Paralegal Services	0.00	\$120.00	\$0.00
Auditor/Analyst Services	0.00	\$99.00	\$0.00
Special Agent	0.00	\$150.00	\$0.00
Cost of Suit			\$0.00
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			\$0.00

Fiscal Year to Date Total = \$10,424,848.11

FY 2018-19 Budget = \$13,891,400.00

FISCAL YEAR 16-17													FYTD Total
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Invest Cost Recovery	0	100	2,050	50	50	50	50	50	15,050	0	1,192	450	19,092
Criminal Cost Recovery	181	6,225	100	50	450	50	2,050	350	50	9,025	1,200	10,200	29,931
Probation Monitoring	57,451	50,482	52,323	53,240	42,615	115,898	232,208	163,281	67,638	74,923	38,963	53,282	1,002,304
Exam	5,087	7,610	7,228	11,875	8,187	7,675	870	14,037	10,870	3,355	4,275	3,663	84,732
Cite/Fine	3,500	1,400	3,000	11,150	7,100	5,600	4,900	5,550	5,550	4,275	7,740	1,650	61,415
MONTHLY TOTAL	66,219	65,817	64,701	76,365	58,402	129,273	240,078	183,268	99,158	91,578	53,370	69,245	1,197,474
FYTD TOTAL	66,219	132,036	196,737	273,102	331,504	460,777	700,855	884,123	983,281	1,074,859	1,128,229	1,197,474	
FISCAL YEAR 17-18													FYTD Total
	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Invest Cost Recovery	0	350	250	500	250	250	250	250	250	250	250	0	2,850
Criminal Cost Recovery	32,360	15,100	50	50	2,225	100	50	1,450	3,350	50	50	100	54,935
Probation Monitoring	60,368	36,585	29,158	48,139	81,047	106,868	287,318	91,733	51,170	48,826	28,246	31,900	901,358
Exam	19,195	6,719	590	7,125	980	3,375	6,611	3,670	15,017	0	3,825	3,000	70,107
Cite/Fine	950	5,150	950	4,450	8,600	4,500	5,200	1,050	6,450	3,250	3,450	3,900	47,900
MONTHLY TOTAL	112,873	63,904	30,998	60,264	93,102	115,093	299,429	98,153	76,237	52,376	35,821	38,900	1,077,150
FYTD TOTAL	112,873	176,777	207,775	268,039	361,141	476,234	775,663	873,816	950,053	1,002,429	1,038,250	1,077,150	
FISCAL YEAR 18-19													FYTD Total
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
Invest Cost Recovery	0	1,000	0	586	8,755	0	243	100	50				10,734
Criminal Cost Recovery	1,235	50	2,036	55	50	0	100	93	50				3,669
Probation Monitoring	55,313	51,828	45,046	95,778	49,102	53,536	293,335	196,021	81,100				921,059
Exam	0	0	1,275	1,613	6,795	75	2,224	4,212	6,788				22,982
Cite/Fine	6,800	3,400	10,250	1,700	1,550	7,950	3,525	4,450	37,300				76,925
MONTHLY TOTAL	63,348	56,278	58,607	99,732	66,252	61,561	299,427	204,876	125,288	0	0	0	1,035,369
FYTD TOTAL	63,348	119,626	178,233	277,965	344,217	405,778	705,205	910,081	1,035,369	1,035,369	1,035,369	1,035,369	

NOTE: Beginning with October 2013, payment amounts reflect payments made directly to MBC; they do not include payments made through BreEZe online system. Online payment information is unavailable.

NAMES	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	YTD
DR. BHOLAT - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Dr. Bholat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MS. FRIEDMAN - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200	\$ 800	\$ -	\$ -	\$ -	\$ -	\$ 1,000
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$1,318	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,318
Total-Ms. Friedman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$1,518	\$ 800	\$ -	\$ -	\$ -	\$ -	\$ 2,318
DR. GNANADEV - Per diem	\$1,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,300
Travel	\$1,030	\$ -	\$ -	\$ 528	\$ -	\$ 129	\$ 897	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,584
Total-Dr. Gnanadev	\$2,330	\$ -	\$ -	\$ 528	\$ -	\$ 129	\$ 897	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,884
DR. HAWKINS - Per diem	\$1,700	\$1,300	\$1,800	\$1,600	\$1,400	\$1,400	\$1,600	\$1,000	\$ -	\$ -	\$ -	\$ -	\$11,800
Travel	\$ 877	\$ -	\$ -	\$ -	\$ 159	\$ -	\$1,579	\$ -	\$ 229	\$ -	\$ -	\$ -	\$ 2,844
Total-Dr. Hawkins	\$2,577	\$1,300	\$1,800	\$1,600	\$1,559	\$1,400	\$3,179	\$1,000	\$ 229	\$ -	\$ -	\$ -	\$14,644
DR. KRAUSS - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Dr. Krauss	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MS. LAWSON - Per diem	\$ 900	\$ 300	\$ 400	\$ 500	\$ 500	\$ 700	\$ 700	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 4,500
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Ms. Lawson	\$ 900	\$ 300	\$ 400	\$ 500	\$ 500	\$ 700	\$ 700	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 4,500
MS. LUBIANO - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 300
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 176	\$ 60	\$ -	\$ -	\$ -	\$ -	\$ 236
Total-Ms. Lubiano	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 476	\$ 60	\$ -	\$ -	\$ -	\$ -	\$ 536

NAMES	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	YTD
DR. LEWIS - Per diem	\$ 1,200	\$ 800	\$1,200	\$1,100	\$ 900	\$1,100	\$ 900	\$ 900	\$ -	\$ -	\$ -	\$ -	\$ 8,100
Travel	\$ 702	\$ -	\$ 600	\$ 604	\$ -	\$ 397	\$1,136	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,439
Total-Dr. Lewis	\$ 1,902	\$ 800	\$1,800	\$1,704	\$ 900	\$1,497	\$2,036	\$ 900	\$ -	\$ -	\$ -	\$ -	\$11,539
MS. PINES - Per diem	\$ 1,200	\$1,100	\$1,400	\$1,600	\$1,100	\$1,400	\$1,500	\$ 900	\$ -	\$ -	\$ -	\$ -	\$10,200
Travel	\$ 943	\$ -	\$ 329	\$ 792	\$ -	\$ -	\$1,434	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,499
Total-Ms. Pines	\$2,143	\$1,100	\$1,729	\$2,392	\$1,100	\$1,400	\$2,934	\$ 900	\$ -	\$ -	\$ -	\$ -	\$13,699
MS. SUTTON-WILLS - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 866	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 866
Total-Ms. Sutton-Wills	\$ 866	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 866
MR. WARMOTH - Per diem	\$ 900	\$ 500	\$ 500	\$1,200	\$ 400	\$ 600	\$ 800	\$ 700	\$ -	\$ -	\$ -	\$ -	\$ 5,600
Travel	\$ 870	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 876	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,746
Total-Mr. Warmoth	\$1,770	\$ 500	\$ 500	\$1,200	\$ 400	\$ 600	\$1,676	\$ 700	\$ -	\$ -	\$ -	\$ -	\$ 7,346
MS. WRIGHT - Per diem	\$ 1,200	\$1,000	\$1,300	\$1,800	\$1,300	\$ 900	\$ 900	\$ 800	\$ -	\$ -	\$ -	\$ -	\$ 9,200
Travel	\$ 769	\$ -	\$ -	\$ 580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,349
Total-Ms. Wright	\$1,969	\$1,000	\$1,300	\$2,380	\$1,300	\$ 900	\$ 900	\$ 800	\$ -	\$ -	\$ -	\$ -	\$10,549
DR. YIP - Per diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total-Dr. Yip	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

As of: 4/12/19

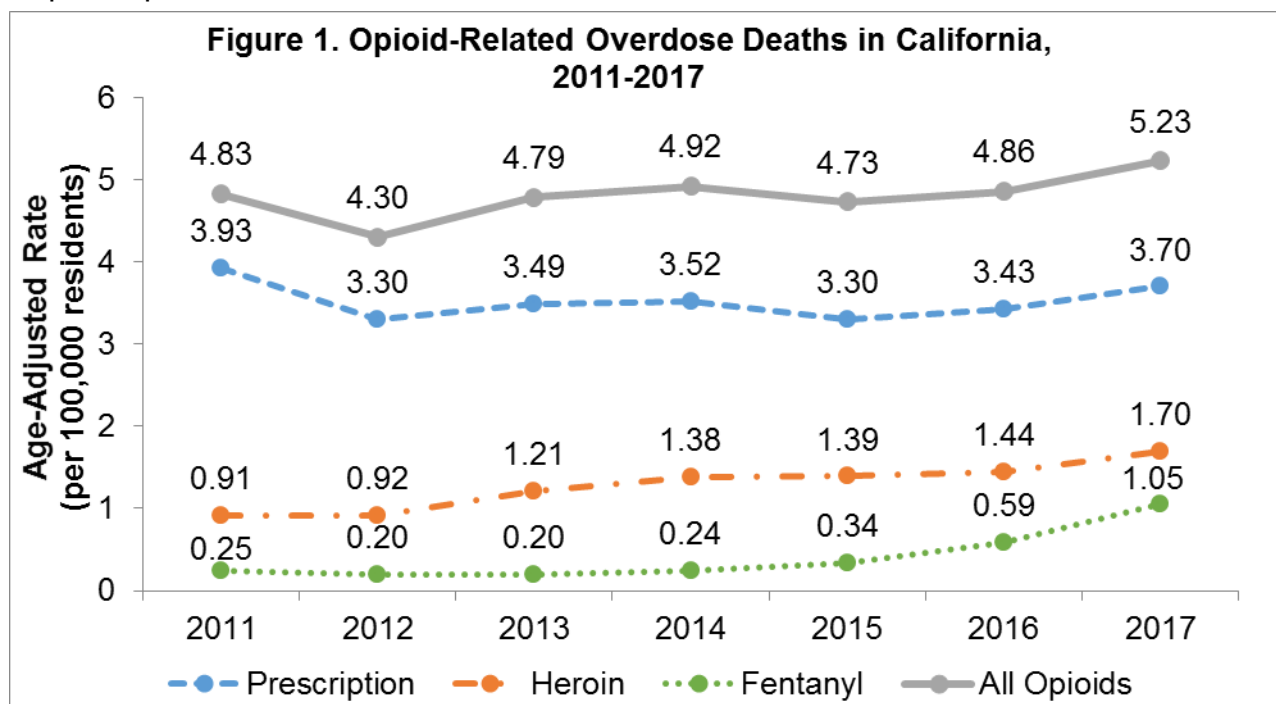
TOTAL PER DIEM BUDGETED \$32,000**TOTAL PER DIEM \$52,000****TOTAL TRAVEL \$17,881****TOTAL \$69,881**

Patterns of Opioid-Related Overdose Deaths in California, 2011-2017

California continues to face a serious public health crisis with the dynamic and rapidly changing opioid epidemic having substantial health and economic impacts. This brief describes opioid related overdose deaths over time, and demographic differences among different types of opioid overdoses.

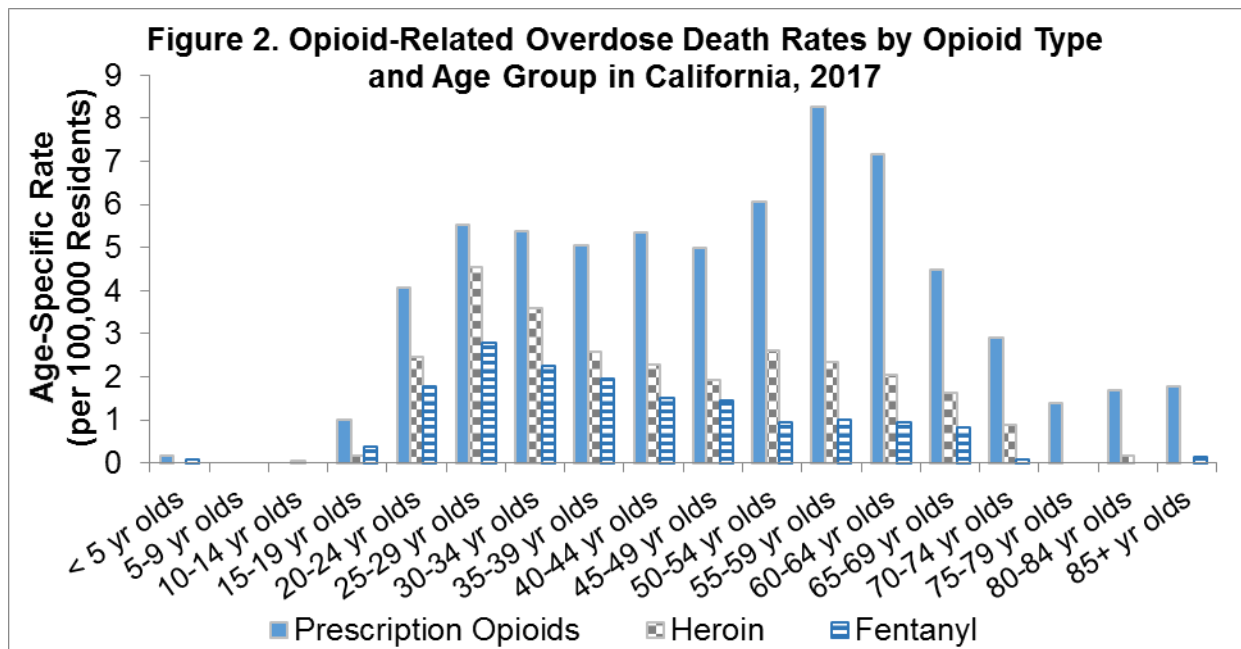
In 2017 there were 2,196 opioid-related overdose deaths (5.23 per 100,000). The majority (70%) of these overdose deaths involved prescription opioids. Overall trends from 2011 to 2017 show opioid-related overdose deaths have increased (Figure 1).

- ⇒ Heroin-related overdose death rates have increased by 89%, from 0.91 per 100,000 in 2011 to 1.70 per 100,000 in 2017, but are still lower than prescription deaths.
- ⇒ Similarly, fentanyl-related overdose death rates have increased by 320%, from 0.25 per 100,000 in 2011 to 1.05 per 100,000 in 2017, but are still much lower than prescription deaths.



As displayed in Figure 2 (See Page 2) the substances involved in opioid-related overdose deaths differ between older age groups (>50 years) and younger age groups (<30 years). (Note: Overdose deaths may involve more than one opioid.)

- ⇒ Older age groups have higher rates of prescription opioid overdose deaths than younger age groups, the highest rates are among 55 to 59 year olds (8.27 per 100,000).
- ⇒ Younger age groups have higher rates of heroin and fentanyl overdose deaths than older age groups, the highest rates are among 25 to 29 year olds (heroin: 4.54 per 100,000; fentanyl: 2.78 per 100,000).



There are differences by sex and race/ethnicity when opioid-related overdose deaths are stratified by the opioid drug involved (Table 1).

- ⇒ Male opioid-related overdose death rates are significantly* higher than females.
- ⇒ Prescription opioid and heroin related overdose death rates are significantly* higher among Native Americans and Non-Hispanic Whites compared to other races/ethnicities. Native Americans also have significantly* higher fentanyl-related overdose death rates than other groups.
- ⇒ Fentanyl overdose deaths are significantly* lower among Hispanic/Latinos and Non-Hispanic Asians compared to other races/ethnicities.

Table 1. Demographic Characteristics of Opioid Overdose by Drug Involved in California, 2017 (Crude rate per 100,000 residents (95% CI))**

Demographic Characteristic	Prescription Opioids n=1,556	Heroin n=711	Fentanyl n=429
Sex			
Males	5.22 (4.90, 5.55)	2.96 (2.72, 3.21)	1.75 (1.57, 1.95)
Females	2.67 (2.45, 2.91)	0.65 (0.55, 0.78)	0.42 (0.34, 0.52)
Race/Ethnicity			
White*	6.90 (6.49, 7.33)	2.96 (2.69, 3.25)	1.67 (1.47, 1.89)
Black*	4.46 (3.67, 5.38)	1.93 (1.42, 2.56)	1.43 (1.00, 1.99)
Hispanic/Latino	2.10 (1.89, 2.35)	1.17 (1.01, 1.35)	0.75 (0.62, 0.90)
Native American*	11.52 (7.46, 17.07)	5.76 (3.00, 10.04)	4.80 (2.34, 8.79)
Asian*	0.74 (0.55, 0.99)	0.32 (0.20, 0.50)	0.23 (0.13, 0.38)

* Statistically significant differences between rates are assessed by comparing 95% CIs and determining they do not overlap.

* Non-Hispanic/Latino

** 95% Confidence Intervals (CIs) = intervals in which there is a 95% probability of including the true value of the estimate.

Prepared by the Prescription Drug Overdose Prevention Initiative,
Safe and Active Communities Branch, California Department of Public Health.

Source Files: Multiple Cause of Death Files (2011-2015)
California Comprehensive Death Files (2016-2017)
Data retrieved from the California Opioid Overdose Surveillance Dashboard.
<https://discovery.cdph.ca.gov/CDIC/ODdash/>

