

Pinellas County

Opioid



TASK FORCE

Strategic Plan

2020-2022

**Updated by the
Opioid Strategic Planning Committee
with input from the
Pinellas County Opioid Task Force**

Table of Contents

Executive Summary	4
Task Force Continuation	6
Significant Challenge	8
Opioid Epidemic in Pinellas County	9
Continuation of Goals	11
Future Steps	16
Attachments	
Attachment A: Task Force Meeting Summary 17-19	17
Attachment B: Task Force Meeting Summary 20-22	18
Attachment C: HOME Program Final Figures	19
Attachment D: KPMG International Key Findings	20
Attachment E: MAPP Evolution Blueprint Executive Summary	22
Attachment F: Pinellas County Led Efforts	23
Attachment G: Qualtrics™ Task Force Survey	24
References	25

Executive Summary

The Pinellas County Opioid Task Force (PCOTF) is a collaboration of community partners that came together in June 2017 in response to the sharp increase in opioid-related drug abuse and deaths. Participants recruited for the PCOTF were individuals from key organizations and the community that have a vested interest in the reduction of opioid misuse in the county. This includes, but is not limited to, community stakeholders, government agencies, non-governmental organizations, faith-based organizations, law enforcement and elected officials within Pinellas County. As other community members heard of the PCOTF, membership increased. Strong support and participation from these individuals have been critical to the development of the strategic plan. The PCOTF, with facilitation from the Opioid Strategic Planning Committee (OSPC), created and implemented a Strategic Plan for 2017-19, using the Mobilizing for Action through Planning and Partnerships (MAPP) framework as a guide.

The strategic goals identified were:

1. Increase Education and Awareness
2. Reduce Opioid Deaths
3. Connect to Effective Treatment
4. Decrease the Supply of Opioids
5. Integrate and Collaborate Data Sources

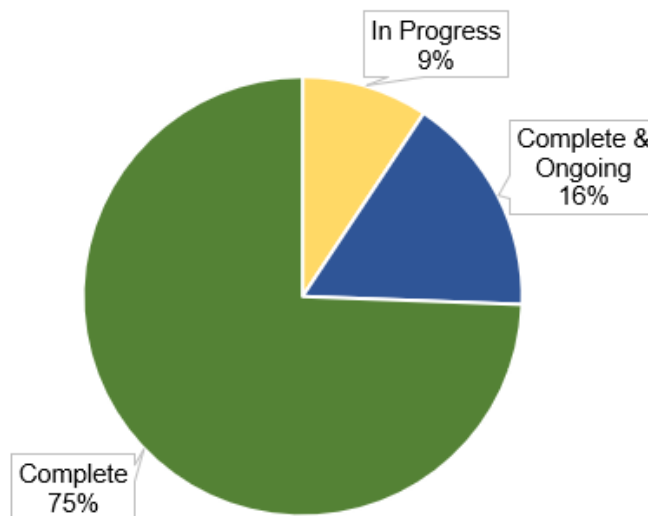
During this three-year period, the PCOTF met multiple times and engaged in activities to support the goals, tactics, and activities (See Attachment A, Task Force Meeting Summary 2017-2019).

At the end of 2019, an implementation report was created by the OSPC, that listed the following:

The Pinellas County Opioid Task Force assigned 43 tactics to the 5 agreed upon strategic goals. Of those tactics, 36 (84%) were completed and/or ongoing over the three-year period and 6 (16%) are in progress. The chart below indicates the progress made on the PCOTF tactics during the 2017-2019 operational period.

Complete	Reached or surpassed objective target
Complete & Ongoing	Objective target was completed and action is continuous
In Progress	Some progress was made toward meeting the objective target

Strategic Activities



As the timeframe for completion of the strategic plan was nearing, the OSPC created and presented a survey to gauge the next steps for the group. Some of the questions asked about successes and challenges, recommendations for improvements and participation in the future. Even though the survey was discussed at a face-to-face meeting and was sent out on three separate occasions, only 19 participants completed the task. This was approximately 9.5% percent of the total membership as of September 2019. The strengths listed were collaboration and information sharing, and the weaknesses were lack of funding, resources, and time commitment. It was clear that the group needed a “refresh.”

Task Force Continuation

Pinellas County Human Services (PCHS), who have been tremendous partners to this effort, found, applied for, and entered grantee status for an “eight-month intensive training and technical assistance initiative to strongly align existing opioid initiatives in their communities and develop comprehensive and multidisciplinary approaches to more effectively respond to OUD and other emerging drug threats¹.” This opportunity was available as PCHS was a COSSAP grantee, the Bureau of Justice Assistance. This grant allowed for a structured, three-day site visit to Erie County, New York, to meet with representatives from various components of Erie County’s highly successful opioid response network.

The Pinellas County team consisted of core members of the PCOTF representing human services, county administration, local law enforcement, local health department, and a current substance abuse provider. The team was a great cross-section of experience and knowledge and each member actively participated in local efforts and initiatives. The range of information and programs that were presented was broad and the interaction helped to foster excitement to bring ideas and opportunities back to Pinellas. All mentors and mentees were open to sharing what worked and what did not, and team learned of some key points to how Erie County was engaging partners. This included information about the stakeholders involved, their expected contributions, and what services or strategies they were best suited to facilitate such as law enforcement, family members, or health community partners. The methods used for rapid access to treatment in crisis events were discussed, as well as unique ideas on avenues or access to care. Those ideas touched upon mobile MAT vans and opioid court as ways to bridge gaps between those who need these services but are unable to freely access without partner assistance.

The discussions touched upon ODMAP, a data surveillance program which provides near real-time suspected overdose events across multiple jurisdictions allowing the ability to see current high-risk areas to determine where additional opioid overdose crisis interventions can be placed. Having the ability to observe the Erie County Opiate Epidemic Task Force assisted with program direction for Pinellas County, and avenues to follow for a successful start-up. Overdose fatality reviews including forensic interviews were discussed as tools to identify what happened in a decedent’s life that caused them to follow destructive pathways and find those holes where services can be placed to prevent a death outcome in another. Erie County mentors emphasized the importance of leveraging peer support to connect with individuals in need of opioid interventions but may be hesitant to approach a community partner in fear of the stigma associated with their unique condition. Local behavioral health partners joined the conversations to discuss their roles including the accessibility of treatment to those in need, referred to as

their MATTERS program. Lastly, there was discussion on key elements that are pivotal for success of these programs, and importantly discussions of the lessons learned to assist in mitigating failed ventures.

The three top priorities the team reported from the visit to Erie County included review and redevelopment of the PCOTF with utilization of targeted, data-driven actions, as well as a review of local policies and processes relating to opioid response.

Upon returning, the information was presented to the existing PCOTF in November 2019. Some of the pieces presented as possible new committees or strategies were:

- Restructuring the PCOTF to be Quarterly, with subcommittees meeting more regularly on the subjects below:
 - Psychological Autopsy / Opioid Mortality Review Board – engage with families and friends approximately 3-4 months after an overdose to identify gaps or lack of treatment as well as any missed opportunities
 - Response after OD – after an overdose, law enforcement leaves a “*your life was saved packet*” that introduces the possibility of being visited by a peer counselor. The responding agency will place the encounter on the ODMAP, and using real-time data from ODMAP, the health department would dispatch the peer counselor for engagement.
- **MATTERS-** Medication Assisted Treatment (MAT) is started in the Emergency Department and a referral to treatment is made prior to the client leaving the ED, where loss to follow up is most often seen.
 - Dedicated Addiction Hotline – to assist with locations of naloxone and treatment locations. (highly advertised in Erie).
 - Harm Reduction - with a syringe exchange program being the top priority.
 - Family and Consumer group – a volunteer group of dedicated family and friends who have a passion to make a difference.

Following the discussion of the restructuring, a proposal of quarterly PCOTF meetings with informal monthly subcommittee meetings was decided to model after the successes of Erie County (See Attachment B, Task Force Meeting Summary 2020-2022).

Significant Challenge

Coronavirus disease 2019 (COVID-19) and Effect on PCOTF

At the end of 2019, the first case of COVID-19 was identified which led to a global pandemic. Because of the high transmissibility of the virus, alongside unknown virulence factors and mechanisms, many parts of the developed and under-developed world shut down. In the wake of the shutdown many offices and partners that once supported or lead community-based activities could no longer perform these duties in fear of potential exposure to COVID-19, as well as the inability to maintain their current business due to effects of supply and demand of goods and services including sanitizer and personal protective equipment. Outreaches to populations in need were reduced while a heavy burden was then placed on public health and medical services.

Prevention of COVID-19 infection and transmission was the priority. With “Stay at Home” orders in place and the need for social distancing, PCOTF meetings were put on pause and then forced onto a virtual platform. Furthermore, members were faced with competing priorities and struggled to stay on task and on track. The previously identified subcommittees were put on hold.

Opioid Epidemic in Pinellas County

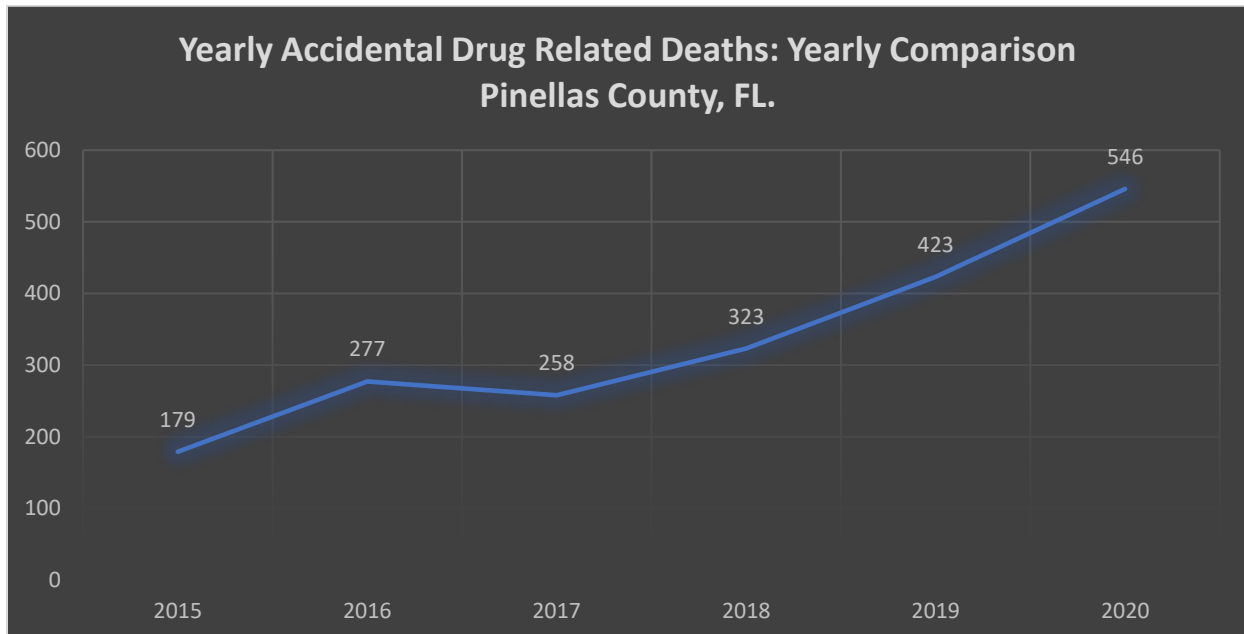


Figure 1: Yearly Accidentally Drug Related Deaths - Pinellas County, FL. Source: District 6 Medical Examiner's Office².

Routine surveillance and data sharing conducted by the Pinellas County Medical Examiner, Pinellas County Forensic Laboratory, Pinellas County Emergency Medical Services (EMS) & Fire Administration, and other community partners is used to monitor the opioid epidemic in Pinellas. Pinellas County is one of the top five Florida counties for fentanyl associated deaths, at a rate of over 20 deaths per 100,000 population³. In Pinellas County, overdose deaths have increased annually since 2018 (Figure 1). In 2020, 546 people died from a drug overdose in Pinellas County, representing a 26% increase over 2019⁴.

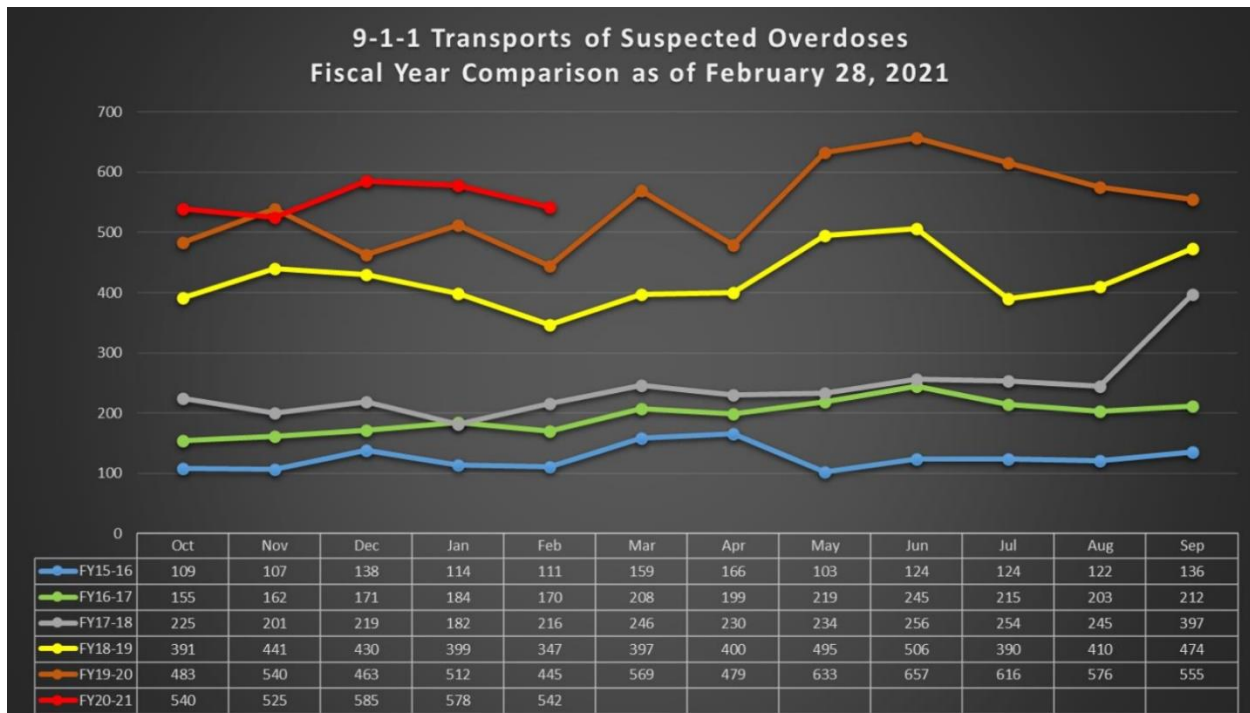


Figure 2: 911 Transports of Suspected Overdoses- Fiscal Year Comparison; 2015-2021. Data and visualization provided by Pinellas County Fire/EMS: Presented 3/2021 to the Pinellas County Opioid Task Force⁶.

Among the accidental overdose deaths, 47 (8.6%) were prescription drugs, 125 (22.9%) were a combination of prescriptions and illicit drugs, and 352 (64.5%) were illicit opioid abuse. Most deaths occurred in white, non-Hispanic males. The predominant age group affected were between 35 to 54 years old⁴. In 2020, Pinellas Emergency Departments encountered more than 11,000 suspected overdoses, representing a nearly 52% increase from the year before⁵. EMS was dispatched to 23% more calls for suspected overdose in 2020 than 2019 (n=2627 v 2261) (Figure 2).

Continuation of Goals

Despite the many challenges that COVID-19 had placed upon the PCOTF and the community there have been opportunities to meet the previously established goals.

AWARENESS

Overdose Data to Action (OD2A)

In 2020, the Florida Department of Health in Pinellas County (DOH-Pinellas) was identified as a recipient of the Overdose Data to Action grant through the Centers for Disease Control and Prevention (CDC) as grantee. This 3-year award is structured with goals that closely align with the mission statement of DOH-Pinellas, as well as mirroring the goals of the 17-19 Strategic Plan. OD2A has allowed for revitalization of the PCOTF through the addition of a full-time strategic planner to coordinate efforts. OD2A has assigned DOH-Pinellas an Epidemic Intelligence Service (EIS) Fellow to assist in syndromic surveillance of Pinellas County, and a full-time OD2A Outreach Coordinator to assist in identifying populations with known substance use disorders. In addition to the goals in place through OD2A, the team also participates in many of the workgroups held by our community partners. OD2A is involved with the SIP and COSSAP project goals leveraging knowledge and training as appropriately applied. OD2A efforts are scheduled to continue until Summer 2023 where any programs put in place will have a sustainable funding source. An OD2A-funded grant writer has been put into place to continue identifying funding opportunities that will ensure that all efforts can be maintained. Several grants have been identified and the OD2A team is working alongside community partners to assist in grant application.

REDUCE DEATHS

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

In 2020, Pinellas County was awarded \$1,199,163 in grant funding for Category 1a urban area to “enhance current overdose response by increasing connections and engagements in community substance use treatment services, providing peer support to overdose survivors and families, conducting overdose fatality reviews to identify trends and potential gaps in the system of care, and increasing first responder and community access to naloxone⁷.”

Homeless Overdose Mitigation and Engagement (HOME) Program

The HOME program was funded by the University of Baltimore’s Combating Overdose through Community-level Intervention (COOCLI) funding program⁸. It was a 12-month program scheduled for Dec 2019 – Nov 2020 that looked to engage the homeless and

transient population, and those that may interact with these populations, to provide education, naloxone, and a linkage to treatment through outreach and engagement. The program was extended to 17 months due to effects from COVID-19. The program was a collaborative effort between PCHS, Operation PAR, and FDOH-Pinellas. The core piece of this program was to identify public and privately owned locations in Pinellas County with high callouts for EMS services to areas of suspected overdose using available EMS data. Once identified, these locations were contacted in effort to provide education of the opioid overdose situation at their location. This included an opportunity for the establishment to receive a naloxone emergency box containing naloxone, as well as on-site or virtual naloxone administration training, and printed brochures for their establishments. Another piece of the HOME Program included collaboration between Operation PAR and FDOH-Pinellas to conduct street outreach targeting the homeless population where those currently affected by opioid use disorder could receive naloxone and a linkage to treatment from Operation PAR's case management staff (See Attachment C, HOME Program Final Figures).

Opioid Overdose Modeling

Researchers from Northwestern University and the University of South Florida have partnered with Operation PAR and the PCOTF to develop a decision support tool that uses modeling to identify the most efficient processes and effective strategies to reduce overdose deaths based on Pinellas County's specific needs and resources. The Northwestern research team has fully joined the PCOTF, presenting quarterly updates on their work while simultaneously conducting qualitative interviews of key stakeholders. The Northwestern research team has been integrating the extensive county level epidemiologic, geographic, treatment, rescue, and social service data, which is used to conduct detailed simulation modeling to inform policy decisions and direct resources to make the largest impact on reducing overdose mortality. The goals of the PCOTF are well aligned with the planned modeling through Northwestern University research, allowing focus on data collection efforts which would inform system level services to the needs of opioid and other drug using populations at risk for overdose.

CONNECT TO TREATMENT

KPMG International Project

In December of 2019, Pinellas County engaged KPMG to perform a 3-month project to identify areas where gaps in behavioral health access may exist. This project identified key stakeholders and leading practice reviews in effort to develop a foundational step forward for Pinellas County in patient-centric services including enhanced governance and performance management aimed towards improved outcomes for Pinellas County residents. Through this process KPMG identified Top 5 questions to guide the analysis for the county and key findings (See Attachment D, KPMG Int. Key Findings).

COSSAP – Quick Response Program

Through the COSSAP grant the Quick Response Program was created allowing for an accelerated connection to treatment post-overdose with assistance from the Pinellas County EMS & Fire Administration. Launched in August 2021, the Quick Response Team has successfully touched 38 individuals experiencing overdose within 90 days of launch. Operation PAR, a long-standing PCOTF partner will be assisting with COSSAP goals including the Quick Response Team and Overdose Fatality Reviews.

Infectious Disease Elimination Program – Syringe Exchange Program

In January 2021, the Board of County Commissioners in Pinellas County passed ordinance No. 21-02 establishing Chapter 42, Article XV, Pinellas County Code relating to an Infectious Disease Elimination Program including syringe exchange. The ordinance reads in partial, “an ordinance of the county of Pinellas related to public health and safety; establishing authority for an infectious disease elimination program for Pinellas county...providing authorization for a sterile needle and syringe exchange program (syringe exchange) pursuant to Florida statute 381.0038(4); providing for conditions precedent [sic] to establishing a syringe exchange program...providing for security of sites and equipment; providing for syringe exchange program operation; providing for data and reporting requirements for syringe exchange program; providing for enforcement; providing for prohibition of county, state, and municipal funding support for syringe exchange; providing that the defined syringe program is not in conflict with other ordinances; providing for severability; providing for areas embraced; providing for inclusion in code; providing for an effective date⁹.” This program will provide sterile needles to clients predicated on a one-to-one exchange, and at any time needles are exchanged the Syringe Exchange Program must offer bloodborne disease transmission education. In addition, the recipient must attend onsite counseling provided by the Operator and provide referrals services to participants within 72 hours of referral⁹.

DECREASE SUPPLY

Pinellas County Opioid Task Force

Academic Detailers provide prescribing physicians with educational materials about their opioid prescribing practices. The OD2A team will provide this service once the state Prescription Drug Monitoring Program (PDMP), a valuable tool allowing insight into physician opioid prescribing practices, is launched. Tighter prescribing practices translates into less opioids available for street sale. Decreasing the supply of opioids at the street level is an important task and can be accomplished with partners in law enforcement. Law enforcement partners work behind the scenes to seize illicit drugs within the community further reducing the supply available on the streets. The US Army

National Guard Drug Demand Reduction Civil Operation hosts annual drug take-back events and assists law enforcement with resources to support drug task force efforts.

DATA SHARING

Pinellas County FUSION Group

The Pinellas County FUSION Group came together in 2016 to build greater awareness and partnerships to manage drug issues facing the county. Members of the FUSION group include the DOH-Pinellas, PCHS, Pinellas County EMS & Fire Administration, Pinellas County Forensic Laboratory, District 6 Medical Examiner's Office, Pinellas County Sheriff's Office, Pinellas County Poison Control, and other key partners where data is shared, and issues related to community drug trends are discussed. This group continues to meet quarterly to discuss observable trends in data, observable spikes in overdose hospitalizations, increased naloxone administration by local law enforcement agencies, drug seizure data, or upticks in EMS observable reported transport data.

Strategic Information Partnership (SIP)

The goal of the Strategic Information Partnership is to accomplish Goal 5 and supports Goals 1-4 of the PCOTF listed in the *Executive Summary*. The program has reviewed and planned around the current data collaborative to upgrade capacities with real time information and reporting for stakeholder activities. Through the dedication of the SIP team the suggestion to move forward with the creation of White Papers was discussed, and widely supported. White Papers are used to quickly disseminate information among stake holders. SIP is working with the Medical Examiner's Office to track overdose deaths in the community while simultaneously identifying concerning trends such as death locations, drug types involved, age, gender, race, and time of year. This data will be analyzed for both "all drug related deaths," as well as "opioid only" related deaths. In addition, SIP has been cross analyzing the Medical Examiner's Office and jail data to determine individuals' involvement in the jail system before their overdose/death. SIP is working collaboratively with the University of South Florida (USF) to expand upon previous drug-related death data sets and review crisis services utilized by persons two years prior to death. Included in this research are discoveries of potential patterns in drug-related overdose deaths and jail stays.

The following infographic is a representation of current and future objectives and tactics for this strategic cycle. Furthermore, the National Association of County and City Health Officials (NACCHO) is undergoing a Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning process for improving community health evolution with a suggestion to add Health Equity to each framework. This has been added as an additional guiding principle (See Attachment E, MAPP Evolution).

Pinellas County Opioid Task Force

Awareness

Reduce Deaths

Connect to Treatment

Decrease Supply

Data Sharing

Explorer Program
Media Campaigns
Website
Innovation

Emergency Box
Placement
Syringe Exchange
Program
Overdose fatality
Reviews

MATTERS
Program
Quick Response
Team
Linkage to Care
after Jail Stay

Drug Take Back
Events
Revisit Flush
Policy
Law Enforcement
Substance
Exposed
Newborn
Academic Detail

SIP
FUSION
NW Modeling

Health Equity

Future Steps

There have been many outstanding efforts initiated through our community partners and stakeholders, and many of the successes are due in part through generous funding. It is through grant funding, such as COSSAP, SIP, and OD2A that many of the PCOTF goals are met and sustained. Participation from establishments of higher learning such as the USF and Northwestern University have highlighted the importance of academic collaboration to accomplish the goals of the PCOTF (See Attachment F, Pinellas County Led Efforts).

In Fall 2021, Operation PAR reached out to the Opioid Response Network¹⁰ funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) to inquire about technical assistance to assist in filling identifiable gaps in the PCOTF ability to execute set goals. After discussion, ORN has agreed to assist in funding the technical assistance needed to reinvigorate and steer the PCOTF back on track tentatively scheduled to begin in January 2022.

During the 2021 Q3 PCOTF meeting, leaders from PCHS created a survey that was presented to PCOTF members to determine areas of opportunity to reinvigorate PCOTF participation and identify roadblocks limiting desired interaction. The survey was created in part to provoke critical thought about on-going strategies that continue to evolve our system and guide future discussions and direction. The survey was presented live within the meeting as an external link directing participants to a list of questions hosted through Qualtrics™ ensuring that personal data was not collected or stored, and all responses to the survey remain anonymous. Survey results are pending however Qualtrics™ survey questionnaire is available (See Attachment G, Qualtrics™ Task Force Survey).

Ongoing data sharing and collaboration between all members of the PCOTF is paramount for successful goal outcomes as outlined in the Strategic Plan. Data is the hard evidence which steers the PCOTF into discovering areas of high overdose risk, immediate community need, and the creation of actionable items to combat the opioid epidemic in Pinellas County. It is only through the strategic plan initiatives and partnering agencies that the PCOTF can coordinate swift action where needed.

Attachment A

Pinellas County Opioid Task Force Meeting Summary 2017-2019

PCOTF Planning Meeting Summary			
MEETING DATE	MEETING TOPIC	MEETING DATE	MEETING TOPIC
June 30, 2017	<ul style="list-style-type: none"> Education from community experts SWOT analysis 	July 26, 2018	<ul style="list-style-type: none"> Formal Meeting and presentations
July 20, 2017	<ul style="list-style-type: none"> Discussion of available data related to opioid misuse Presentation on substance-exposed newborns Prioritize key goals and strategies 	August 22, 2018	<ul style="list-style-type: none"> Webinar meeting; date changed due to conflict
August 24, 2017	<ul style="list-style-type: none"> Review of activities Presentation on medication-assisted therapy Information sharing from representatives of other Pinellas County task forces and coalitions Breakout session for groups formed for key areas 	September 27, 2018	<ul style="list-style-type: none"> Formal Meeting and presentations Discuss EOY meetings
September 21, 2017	<ul style="list-style-type: none"> Cancelled due to Hurricane Irma 	October 25, 2018	<ul style="list-style-type: none"> No formal meeting; send additional activities only
October 19, 2017	<ul style="list-style-type: none"> Review of priority areas Group breakout sessions 	November 29, 2018	<ul style="list-style-type: none"> Formal Meeting and presentations decided on <i>bi-monthly</i> starting in January
November 16, 2017	<ul style="list-style-type: none"> Finalize goals and strategies Discussion about additional activities being done in the community 	January 31, 2019	<ul style="list-style-type: none"> Moved due to the PIT count Formal Meeting and presentations
December 14, 2017	<ul style="list-style-type: none"> Review Story Map Review Strategic Plan 	March 28, 2019	<ul style="list-style-type: none"> Webinar Discussion about work plan for the remainder of the year
January 25, 2018	<ul style="list-style-type: none"> Committee meetings (held on and around this date) Review and finalize Report Cards 	May 23, 2019	<ul style="list-style-type: none"> Formal Meeting and presentations
February 22, 2018	<ul style="list-style-type: none"> Review Story Map and prepare for launch Review and update Report Cards 	July 25, 2019	<ul style="list-style-type: none"> Formal Meeting and presentations
March 22, 2018	<ul style="list-style-type: none"> Review and update Report Cards 	September 26, 2019	<ul style="list-style-type: none"> Presentations and Tour of the Forensic Lab
April 26, 2018	<ul style="list-style-type: none"> No formal meeting; send additional activities only 	October 3, 2019	<ul style="list-style-type: none"> Meeting with Congressman Charlie Crist
May 24, 2018	<ul style="list-style-type: none"> Formal Meeting and presentations 	November 21, 2019	<ul style="list-style-type: none"> Moved up for Thanksgiving holiday Discuss OD2A Grant; Meet <i>Quarterly</i> starting January
June 28, 2018	<ul style="list-style-type: none"> Mid-Year Review & Grant Discussions Presentations on FOCUS, Safe Exchange Tampa, The Pipe to the Pulpit 		<ul style="list-style-type: none">

Attachment B

Pinellas County Opioid Task Force Meeting Summary 2020-2022

PCOTF Planning Meeting Summary 2020 - 2022			
MEETING DATE	MEETING TOPIC	MEETING DATE	MEETING TOPIC
January 24, 2020	<ul style="list-style-type: none"> Formal meeting and presentations Strategic Plan review Funding discussion 		
March 3, 2020	<ul style="list-style-type: none"> COVID-19 Pandemic Planning Formal meeting <i>cancelled</i> due to COVID-19 		
June 25, 2020	<ul style="list-style-type: none"> Formal meeting and presentations Introduction of the NW Agent Based Model Identified correlation to overdose and jail stays 		
September 24, 2020	<ul style="list-style-type: none"> Formal meeting and presentations OD2A funding secured by FDOH-Pinellas EIS officer appointed to DOH-Pinellas assist with SIP 		
December 17, 2020	<ul style="list-style-type: none"> Formal meeting and presentations Introduction Marianne Dean OD2A Coordinator Narcan expiry date extended to 36 months 		
March 18, 2021	<ul style="list-style-type: none"> Formal meeting and presentations Preliminary Narcan model debuted Florida Drug Demand Reduction Civil Operations introduced 		
June 17, 2021	<ul style="list-style-type: none"> Formal meeting and presentations Fentanyl trend discussed DCF discussed naloxone program 		
September 16, 2021	<ul style="list-style-type: none"> Formal meeting and presentations Discuss technical assistance funding approval by ORN 		
December 16, 2021	<ul style="list-style-type: none"> . 		
March 17, 2022	<ul style="list-style-type: none"> . 		
June 16, 2022	<ul style="list-style-type: none"> . 		
September 15, 2022	<ul style="list-style-type: none"> . 		
December 15, 2022	<ul style="list-style-type: none"> . 		

Attachment C

HOME Program Final Figures¹¹

QUARTER	OUTREACHES	REMOTE %*	NALOXONE	TREATMENT DISCUSSED	DECLINATIONS
1	3	0%	55	59	5
2	4	0%	60	40	5
3	18	47%	190	132	21
4	19	21%	197	66	33
2-1	5	0%	51	8	10
2-2	6	0%	75	0	0
TOTAL	55	24%	628	305	74

Values	Business	Homeless Resource	Hotel/Motel
Sum of INC_30 day Adj 10/1/2018-10/15/2019	3.95	3.63	13.26
Sum of INC_30 day Adj 12/02/2019 THRU 04/30/2021	4.83	3.08	14.42
% Change	22%	-15%	9%

Values	MHP/Apartment	Other	Public Space	Grand Total
Sum of INC_30 day Adj 10/1/2018-10/15/2019	9.95	26.05	5.53	62.37
Sum of INC_30 day Adj 12/02/2019 THRU 04/30/2021	5.70	19.53	2.38	49.94
% Change	-43%	-25%	-57%	-20%

Attachment D

Top 5 Questions and Top Recommendations Presented by KPMG, International¹²

Question 1: Do we have the data to know how well our system of care is performing in terms of access, capacity, productivity, and quality outcomes?

No, the system does not, based on the data reviewed. There is a lack of data-driven accountability regarding the performance of behavioral health providers at both an individual and system level. As a result, provider performance remains largely opaque to the County and system stakeholders due to lack of transparency around efficiency and effectiveness of processes and outcomes—making it difficult to consistently and continuously evaluate quality of care, access to care and value of care for the level of investment. Various stakeholders have commented on the need for performance-based and data-informed funding, so that return on investment can be more accurately assessed based on a “true” understanding of the cost and outcomes of care.

Question 2: Should we build a new Marchman facility or expand current capacity?

No, not until we have better system-level data on capacity, utilization, and productivity. Stakeholders in Pinellas County have asked the question of whether they need a new facility to address the behavioral health needs of their residents. At first glance, it appears the increase in suicides and substance-abuse-related deaths may indicate that the current system is not managing the problem well and a new public receiving facility might be needed. However, it is unclear if Pinellas County citizens are not accessing the right level of care at the right time by the most appropriate clinicians, with treatment that is aligned with standards of care, or if the high volume that accesses care through crisis services is not well transitioned into appropriate follow-up services due to the current fragmented care system. Until these questions are answered, it is difficult to state whether the solution is a new Marchman facility or an expansion of current capacity. It is noteworthy that the practice of forced detention of substance abusers has mixed results and there is disagreement regarding the efficacy of this practice.

Question 3: Should we increase case management compliment to better accommodate the Baker Act population to ensure no one falls through the cracks?

No, not until further evaluation of how existing case management capacity is utilized. We caution against funding additional case management without properly evaluating current capacity, effectiveness and models in place. The recent study conducted by University of Southern Florida on the Pinellas County Empowerment Team (PCET) program of the top 33 high utilizers of CSU and jails, demonstrated good outcomes with a reduction in jail costs (decreased by 52%), crisis stabilization unit services (decreased by 82%), Medicaid costs (decreased by 58%), and shelter costs (decreased by 94%). Of interest, is that through the collaboration with partners and leveraging existing resources, “only 69% of the funding allocated by the Board of Commissioners for PCET was expended during year one.” Prior to funding additional case management, we would encourage a full evaluation of current case management services.

Question 4: Should we consolidate all our contracts and funding into fewer providers?

Potentially yes, once a better view of system performance is achieved. Behavioral health entities across the country are consolidating to drive efficiencies, increase effectiveness and

save money. The private industry and providers are leading these changes nationwide. Governments are following to ensure that funding is tied to a unified strategy. The core to those strategies involves holistic wraparound care of patients. The leading practitioners have realized that funding silos result in operational and programmatic silos—a situation in which Pinellas County is a case study. In order to deliver world class service aligned with leading practices providers and government entities are using consolidated funding tied to strategic holistic care, which includes coordination and case management. To achieve this, the County should consider consolidating its services into fewer contracts to align its vision for patients with the practical tools for programmatic and performance management.

Question 5: Should we be doing more as a system of care to combat the opioid crisis?

Potentially yes, building on the County’s existing efforts and with improved models of coordinated access and management of system performance. While KPMG did not conduct a detailed operational scan of interventions currently in place by providers, the County and its stakeholders should consider the use of physician training, peer support, and data and analytics in line with localized initiatives and national trends in Opioid Crisis prevention and early intervention. Additionally, the County should consider more closely integrating behavioral health efforts (i.e., mental health and substance use) to achieve greater outcomes. Leading practices show that treatment of co-occurring disorders demonstrate better outcomes than treatment conducted in silos of care.

Based on answers to the Top 5 Questions above, KPMG recommends that the County take immediate action and consider investment in the following foundational issues:

1) Establish a systemic performance management approach in terms of access, quality, capacity, productivity, and outcomes—grounded on a Minimum Data Set (MDS) across all providers, allowing for benchmarking comparison and trend analysis. This requires establishing a contractual MDS requirement for all providers arising from collective development of an MDS with behavioral health funders within the County.

2) Establish a robust Coordinated Access Model that allows for increased transparency in how clients, families, caregivers, and professionals can access the right services within the system. This requires various enabling elements including a 1-800 number; standardized screening, triage and scheduling practices; and an evaluation of the current systems in place by providers to ensure interoperability and exchange of information to allow for a consolidated view of consumer demand, level of need, available capacity, and access to care.

Once the above foundational issues are addressed, KPMG recommends that the County reevaluate its needs and appropriate levels of investment in the following service delivery and system management elements.

— Explore the County’s receiving and diversion needs in terms of capacity by optimizing utilization of current bed capacity or contracting for additional flex beds within its existing provider network, as appropriately evidenced by data-driven performance management and coordinated access across the system of care.

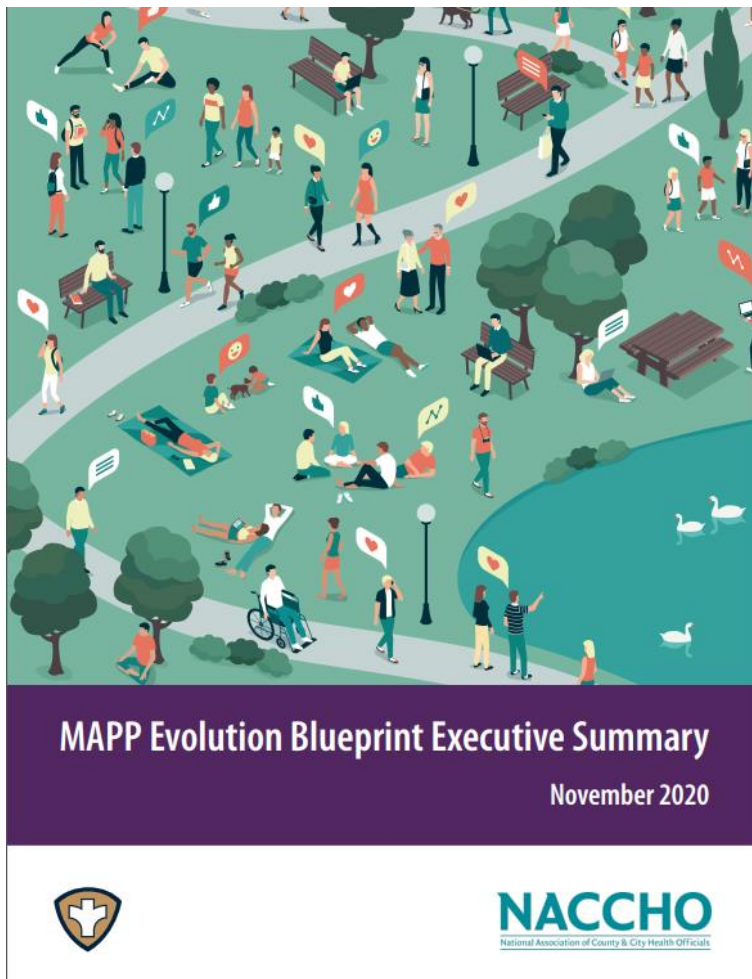
— Evaluate, enhance and/or expand existing case management services—specifically through focusing on the individual’s strengths, promoting the use of informal supportive networks, and utilizing either transitional case management (up to 3 months) or long-term case management to effectively bridge clients and assist in navigating a complex behavioral health system of care.

— Consolidate the County’s services into fewer performance-based contracts and collaborate with funding partners to identify ways to reduce silos of care based upon established performance management and coordinated access capabilities.

Attachment E

MAPP Evolution Blueprint Executive Summary 2020¹³

Discover more by clicking the MAPP Evolution Blueprint Executive Summary Icon below, or click [HERE](#).



Attachment F

Pinellas County Led/Funded Efforts for Opioid/Overdose Response



Attachment G

Pinellas County Opioid Task Force 2021 Q3 Qualtrics™ Survey¹⁴

1. Please choose the best descriptor for your field/area of work:
2. Consider your field/type of work. What strategies are you doing that you feel are the most effective at preventing opioid-overdoses and should be expanded/supported?
3. Consider your field/type of work. What strategies do you see are the least effective or are not successful at preventing opioid-overdoses and should be stopped?
4. Consider a field or area of work that you work closely with. What strategies are they doing that you feel are the most effective at preventing opioid-overdoses and should be expanded/supported?
5. Consider a field or area of work that you work closely with. What strategies are they doing that you feel are the least effective or are not successful at preventing opioid-overdoses and should be stopped?
6. You have received a lot of information and data relative to the ongoing opioid epidemic. What additional strategies or focus do you believe will improve our efforts in preventing opioid-related overdoses and deaths in Pinellas County?
7. How comfortable are you in providing verbal input during Task Force meetings?
8. How often do you NOT contribute during Task Force meetings although you have something you want to contribute or share?
9. Are there additional strategies to prevent opioid-overdoses and overdose deaths that you feel should be further researched or discussed for additional consideration by the Task Force?

Is there any additional feedback that you would like to provide to this group in this confidential survey forum?

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