

Statement of Work

PROGRAM DESCRIPTION

Contractor:	Ernst & Young U.S. LLP
Program Name:	Leadership, Coordination and Planning- Gap Analysis
Priority Area:	Behavioral Health & SUD Services Statewide Opioid Abatement; Leadership, Coordination and Planning
Agreement Timeline:	From execution of agreement until September 30,2024
Target Population:	Individuals that have experienced or are at risk of opioid overdose.
Type of Intervention:	Gap analysis to identify gaps in current programming and identify strategies to abate the opioid epidemic.

I. Program Staff

A. Program staff shall include, but not limited to:

1. Two (2) Engagement Co-Leads
2. One (1) Project Lead
3. One (1) Project Manager
4. One (1) Project Sr. Analyst
5. One (1) Project Analyst
6. One (1) Project Researcher

II. Gap Analysis Services

COUNTY is engaging **AGENCY** to conduct its Gap Analysis, defined as a report describing the current state of the opioid epidemic and abatement programming in Pinellas County to include specific recommendations, guidance, and examples of best practices for use in competitive solicitations for opioid abatement services. **AGENCY** shall perform research and analysis of services and programs currently offered in Pinellas County. **AGENCY** shall identify barriers and needs in the patient experience accessing substance use treatment and recommend leading practices for prevention, intervention, and treatment modalities. The analysis shall be inclusive of external factors to treatment such as housing, employment/workforce, justice, and general healthcare issues as identified as part of the gap analysis.

The engagement will be executed through five (5) main workstreams and activities, estimated for completion in 16 weeks, pending assumptions regarding availability, review timelines, and facilities access.

A. AGENCY shall perform the following key tasks & activities:

1. Workstream 1: Mobilize and Inventory (~3weeks, May 1, 2024 – May 17, 2024)

The **AGENCY** will confirm the planned sequence and timing with **COUNTY** including a detailed project plan and critical milestones. **AGENCY** shall complete Workstream 1 as outlined in section V. Deliverables of this Statement of Work.

- a. *In Workstream 1a Mobilize, AGENCY will:*
 - i. Create a project plan and establish critical milestones.
 - ii. Review publicly available data and reports of the current state of Pinellas County's opioid epidemic
 - iii. Engage with stakeholders within Pinellas County's System(s) of Care to understand the landscape of existing services, data analytics, and dashboards; and
 - iv. Prepare materials for aspects of the qualitative research.
 - v. Activities include:
 1. Meet with **COUNTY** to confirm work plan and identify:
 - a. Key groups and stakeholders for engagement in Workstream 1b (e.g., service provider leaders, justice system, behavioral health, emergency medical, medical examiner)
 - b. Resident community listening sessions, municipality contacts, and target date range(s) for sessions
 2. Review of publicly available data (demographic / epidemiological) pertaining to Pinellas County and reports including the Opioid Task Force (OTF) Strategic Plan, Elevate Behavioral Health report, Juvenile/Adult Sequential Intercept Mapping (SIM) reports and other relevant administrative and published data to supplement publicly available data.
 3. Working session(s) with behavioral health service funders including, **COUNTY**, Central Florida Behavioral Health Network (CFBHN), Department of Children and Families (DCF), Florida Agency for Healthcare Administration (AHCA), and Juvenile Welfare Board (JWB) team members, to review non-publicly available data.
 4. Obtain and further analyze relevant data from working sessions described in Activity 3.
 5. Develop interview guides and research fielding plans for feedback from **COUNTY**.
- b. *Workstream 1b. Inventory.* The Gap Analysis shall include inventory of existing services, across domains to include human services, behavioral health/clinical services, justice system, education, law enforcement, and the private sector (including employers and unions) feedback. The inventory of existing services shall speak to the following:
 - i. What programs currently exist to support individuals with lived and living experience of opioid use disorder (OUD) and/or co-occurring disorders, general substance use disorder, and/or multi-substance or other behavioral health diagnosis.
 1. Where and how do program service models operate?
 2. What are eligibility and exclusion criteria and policy rationale of available treatment/recovery support programs?
 3. Are services provided individualized? How?

4. How are agencies ensuring they are delivering co-occurring competent care?
 - ii. How are community-based organizations (CBOs) in Pinellas County engaged across the spectrum of prevention, treatment, recovery?
 - iii. Research and analysis activities include:
 1. Conduct desk research to document inventory of services, programs, service delivery models and practices and associated wraparound initiatives for opioid abatement across the spectrum of prevention, treatment, recovery, and harm reduction, and across stakeholder groups.
 2. Assess sources such as but not limited to Pinellas County Human Services managed data dashboard, to understand current state and develop hypotheses on service gaps, additional data elements, and potential areas to explore in leading practices.
 3. Analyze in-depth community information obtained by **AGENCY** with support of **COUNTY**, stakeholders, and other behavioral health funders in order to assess areas of highest need, including local capacity for services (e.g., waitlists/times, utilization levels, awareness of services)
2. **Workstream 2: Leading practices identification (~4 weeks, May 1, 2024 – May 24, 2024)**
AGENCY will initiate Workstream 1 and Workstream 2 in a similar timeline for efficiency. Workstream 2 focuses on identifying leading practices (evidence-based, conceptual, and innovative) representing current thinking for opioid abatement strategies. **AGENCY** shall complete Workstream 2 as outlined in section V. Deliverables of this Statement of Work. Questions to be explored include:
 - a. What are the emerging leading practices for addressing the opioid epidemic?
 - b. What strategies have been adopted by other counties in Florida? Which of these strategies have been associated with positive outcomes?
 - c. What strategies are showing positive outcomes in other states, nationally, and/or internationally?
 - d. Are there strategies that have proved to be less effective? Why?
 - e. What policy and/or infrastructure considerations are needed to enable these strategies?
 - f. Activities include:
 - i. Conduct desk research from trusted sources (e.g., peer-reviewed publications, think tanks, academic and public sector reports) to identify current and emerging best practices across the continuum of care.
 - ii. The initial list of practices will be summarized in a brief report with information on the strategies, impact on opioid use disorder measures (e.g., reduced fatal overdose (OD) rates, increased completion of medication assisted treatment (MAT), increased employment / housing stability rates, et al.) and shared with the **COUNTY** for feedback.
 - iii. Selected practices of promise will be further researched to understand financial, operational, administrative (fidelity or standards), and stakeholder requirements for program execution.
3. **Workstream 3: Health & Community Needs (~8 weeks, May 1, 2024 – June 21, 2024)**

To supplement quantitative data and existing reports, **AGENCY** will conduct primary research with local providers, community leaders, and other constituents to ensure they collect inputs that reflect the diversity of the municipalities that comprise Pinellas County. **AGENCY** shall complete Workstream 3 as outlined in section V. Deliverables of this Statement of Work.

Representative questions to be explored in this workstream include:

- a. What are the current challenges and barriers for the Pinellas County population as a whole, and relevant subsets of it?
 - i. *Including but not limited to: adults >50, tourists, Black residents, low-income, and insured*
 - ii. *Further segment detail to be defined as part of the findings and insights generated by this workstream*
- b. Which service providers / CBOs are identified as providing “best-in-class” offerings? How are these offerings differentiated?
- c. What is the awareness of the available services in Pinellas County? Are there services in one area that might be relevant to others?
- d. Difference between “what is the practice” and “how it is practiced”?
- e. How can existing services (e.g., MAT) be enhanced to meet specific needs (e.g., adjusting hours of operation, level of engagement/sessions, improved coordination with wraparound service offerings, handling of administrative or compliance discharges, practices around release, incorporation of harm reduction and post-relapse engagement, etc.)?
- f. What is the current level of integration across substance-related crisis care, including mental health crisis care, psychiatric health services, somatic health care settings, law enforcement, child welfare, and appropriate level of wraparound services and treatment?
- g. What new/innovative services could be relevant and successful in Pinellas County? [linked to findings from Workstream 2]
- h. *Workstream 3a. Clinical services and support*
 - i. Activities include:
 1. Conduct interviews for feedback and insights about the “on the ground” experience related to service levels, patient/caregiver experience, level of integration across service providers, and collaboration among public service groups. Conduct a minimum number of interviews as mutually agreed upon by the **COUNTY** and the **AGENCY**. Estimated ~35 interview across groups, assuming consistency of findings and insights;
 - a. Additional interviews may be requested or added as mutually agreed upon by the **AGENCY** and the **COUNTY**.
 2. Stakeholders limited to:
 - a. Government officials (n=2) or other administrative entities in Pinellas County responsible for overseeing opioid abatement programs
 - CFHBN (n=1)
 - Medical Examiner's Office (n=1)
 - b. Emergency responders (n=3-6)
 - Pinellas County Law enforcement (n=1-2)
 - Pinellas County EMS (n=1-2)
 - Pinellas County fire departments (n=1-2)

- c. Clinical service providers (n=8-10)
 - MAT facilities (n=3-5)
 - Inpatient / residential treatment facilities (n=3-5)
 - Behavioral health / counseling service providers (n=3-5)
 - Primary care providers who prescribe MAT (n=1-3)

NOTE: Individual N's do not sum to 8-10 because of overlap in provider types.

- d. Community-based organizations (n=8-10)
 - Prevention programs (n=2-4)
 - Harm reduction programs (n=2-4)
 - Outreach and care co-ordination services (n=2-4)
 - Crisis response services (n=2-4)
 - Housing services (n=2-4)
 - Justice-related services (n=2-4)

NOTE: Individual N's do not sum to 8-10 because of overlap in program / initiative scopes

- e. Education professionals (n=2-3)
- f. Employment related groups (n=2-4)
 - Union representative (n=1-2)
 - Member of major employer group (n=1-2)
- g. And others as mutually identified and agreed to by the **AGENCY** and the **COUNTY**.

i. Workstream 3b. Constituent needs

i. Activities include:

1. Conduct web-based / mobile survey (target response of n=3,000) to assess needs, awareness, and experience among residents of Pinellas County.
 - a. Develop a brief mobile-enabled survey to collect responses on challenges in the community related to individuals with lived and living experience of OUD and/or co-occurring disorders such as AUD, general substance use disorder, and/or multi-substance or other behavioral health diagnosis.
 - b. Structure survey to capture a sample of responses representative of the diverse population in Pinellas County, including age groups, race/ethnicities, and limits set by zip code.
 - c. Survey response is sensitive to distribution methods (e.g., social media, publicly displayed QR codes, Alert Pinellas text notifications); EY will work with appropriate Pinellas County team members to design and implement. See "Survey" section below for further detail on initial plan considerations.
 - d. Survey will capture non-residents who work, receive services, or are visiting in the county to the extent that these populations enter the survey organically through distribution methods targeting COUNTY residents (advertisements, web-based messaging, peer-to-peer, etc.)

- e. Conduct a minimum number of surveys as mutually agreed upon by the **COUNTY** and the **AGENCY**.
 2. Conduct approximately, 10-12 community listening sessions (60-90 minutes) to collect the “voice of the constituent” and further inform gap analysis. These sessions will be designed to create space for residents impacted by OUD to share lived and living experience, offer insights into challenges and opportunities, and serve as a forum to suggest how Pinellas County can continue to best support its residents.
 - a. Number of listening sessions and details of each may be reviewed and revised by mutually agreement of the **AGENCY** and the **COUNTY**.
 - b. For further detail on the planning and execution of these sessions, including initial thoughts on locations and responsibilities by party, please see the “Listening Session” section below.
 3. Throughout the assessment of constituent needs, the **AGENCY** will work with County stakeholders to define and assess key hypotheses related to OUD for non-residents who spend time in the County (e.g., visitors, commuters)
4. **Workstream 4: Summary of Gap Analysis (~3 weeks, June 17, 2024 – July 19, 2024)**
 A summary of the Gap Analysis will bring together findings from the first three workstreams. **AGENCY** shall complete Workstream 4 as outlined in Section V. Deliverables of this Statement of Work.
 - a. Representative questions to be explored in this workstream include:
 - i. How do you build a better system to fill the gaps to have individuals come forward to receive treatment?
 - ii. What are the data elements currently being collected (programs and systems) and what data is perceived to be a gap or would be helpful to collect?
 - b. These findings will be inclusive of:
 - i. leading practices research;
 - ii. qualitative feedback sessions;
 - iii. internal working sessions with **COUNTY** and other integral behavioral health stakeholders at the discretion of the **COUNTY**, and
 - iv. the resident survey
 - c. Activities include:
 - i. Develop presentation materials summarizing findings from each workstream; aggregate the findings into a structured presentation with executive summary.
 - ii. Share materials and discuss findings and considerations in working sessions to socialize executive summary with **COUNTY** and other integral stakeholders at the discretion of **COUNTY**.
5. **Workstream 5: Strategic Prioritization (~ 4 weeks, May 20, 2024 – August 9, 2024)**
 Having identified County needs, and potential leading practices to fill them, **AGENCY** will - develop a prioritization framework that includes a clear list of recommendations that will

enable the **COUNTY** to prioritize services and opportunities identified in the gaps analysis. **AGENCY** shall complete Workstream 5 as outlined in section V. Deliverables of this Statement of Work. Activities include:

- a. Develop a framework that will be used to assess potential strategies and opportunities against objective criteria for county prioritization that includes cost allocation and sustainability over 18 years of opioid settlement funding.
 - i. For example, a two-dimensional framework with set criteria may be developed to assess Feasibility and Impact of the strategies
 - ii. Feasibility sub-criteria may include (1) timing, (2) innovation, (3) financial requirements, (4) capability to execute, (5) sustainability, etc.
 - iii. Impact sub-criteria may include: (1) strategic goal alignment, (2) alignment to identified gap, (3) size of target population, (4) operational improvement, (5) connection, (6) level of evidence, et al.
- b. Facilitate working session with the **COUNTY** and other integral stakeholders at discretion of the **COUNTY**, to review findings and alignment of strategies and leading practices within the framework and enable **COUNTY** to align on strategy prioritization.
- c. **AGENCY** will facilitate the working session whereby **COUNTY** participants assign a score to the selected strategies for prioritization.
 - i. At the conclusion of the working session, **COUNTY** will confirm scoring of prioritized strategies against objective criteria framework.
- d. Following the working session, **AGENCY** will summarize findings, key takeaways and topics of discussion, and the list of prioritized strategies for **COUNTY'S** confirmation.
- e. **AGENCY** to develop final summary report in prose that summarizes the findings from the gap analysis (Workstream 4 output) and the prioritized recommendations and strategies (including the framework with brief summary describing the strategies that were evaluated) and final decisions for **COUNTY** recommendation to the Opioid Abatement Funding Advisory Board (OAFAB) and Pinellas County Board of County Commissioners for use of the opioid abatement settlement funding.

III. Timeline, Project Management, Data Requirements and Research Coordination

A. Timeline

1. Proposed work to be completed in ~14-16 weeks from initiation.
2. Concurrent workstreams to be executed by the same project team.
3. **AGENCY** partners and consultants must remain available for questions, comments, feedback, and working sessions as needed during the full period of performance (6 months from initiation) to ensure the final report meets **COUNTY** acceptance criteria.

B. Project Management

To complete the scope of work in the identified timeline, **COUNTY** agrees to:

1. Be virtually available for weekly touchpoint meetings; when necessary, responsiveness to scheduling other *ad hoc* meetings
2. Participate in identified working sessions including any (minimal) advance review of pre-read materials.
3. In-person availability for key milestones (e.g., prioritization workshop)
4. Regular and timely review and feedback of research materials (e.g., survey and interview guides)

5. Provision of requested data to the best of **COUNTY's** ability
 - a. Providing the data directly, or by serving as a liaison between **AGENCY** and another funding organizations/agency/party.
6. Introduction/support for execution of stakeholder interviews and community listening sessions
 - a. Develop introductory emails or memorandums to target municipalities introducing **AGENCY**, identify contacts for interview, and engage municipalities for other logistics and communication needs to execute the scope of work.

C. Data requirements and Research Coordination

To complete the scope of work in the identified timeline, **AGENCY** agrees to:

1. Stakeholder Interviews
 - a. Work with **COUNTY** to identify the list of stakeholders for interviews; **COUNTY** will provide initial introductions or contact information, as appropriate. The initial list includes:
 - i. Service providers and other facilities, covering the full range of opioid abatement treatment options and strategies available within the County.
 - ii. Government officials in Pinellas County and the State
 - iii. Community-based organizations involved in efforts to reduce opioid use
 - iv. Emergency responders (inc. EMS, law enforcement, and fire departments)
 - v. Education Administrators
 - vi. Members of employer / employee groups

Note: Additional individuals not included in one of the groups previously mentioned may also be included for interview at the request of the **COUNTY**
2. Listening Sessions: **COUNTY** will support **AGENCY** to execute listening sessions.
 - a. Input from **COUNTY** will include:
 - i. Suggestions / approval for proposed list of locations
 - ii. Coordination with municipalities to determine venue in each location capable of hosting up to ~50 participants (e.g., municipal buildings, community college facilities, high school facilities, faith-based organizations)
 - iii. Coordinate with facility management to book the space
 - iv. Advertisement of listening sessions through social media and other appropriate channels (e.g., county and municipal websites)
 - b. Proposed Timing
 - i. Sessions proposed to be conducted in June 2024; specific dates and times to be determined based on venue availability in coordination with county and municipal parties.
3. Survey: **COUNTY** will support **AGENCY** to execute constituent survey:
 - a. Input from **COUNTY** will include:
 - i. Suggestions for questions
 - ii. Review and approval of the final survey instrument
 - iii. Distribution support: Work with **AGENCY** to determine the best way to distribute the survey link.

- iv. Connect **AGENCY** with **COUNTY** team members managing social media, communication, and constituent engagement initiatives.
- v. Explore channels as social media, publicly displayed QR codes, Alert Pinellas text notifications, and other
- b. **AGENCY** will write, host, and prepare an access link for fielding

IV. Proposed Final Work Product

The final work product will be an **AGENCY** authored summary report, branded by **AGENCY** with specific and discrete attribution that **COUNTY** funded and supported **AGENCY** with the research, analysis, framework development, and summary of findings. The findings and insights contained in the final report will be objective in nature, represent the qualitative feedback with fidelity, and include insights aligned to the data, evidence, and feedback collected during the engagement. This may include 1. Chart/infographic/service map that clearly shows services, capacity/status, gaps and opportunities.

A. The final written report will include the following sections:

1. Background and Context
 - a. Objectives for the assessment
 - b. Context of the opioid epidemic in Pinellas County including summary statistics on opioid use, overdose (fatal and non-fatal), high-risk populations, and considerations driving overdose deaths in Pinellas County (e.g., health factor analysis)
2. Approach and Methodology
 - a. Description of approach and methodology to perform the assessments, stakeholder interviews, listening sessions, surveys, and overall structure to aggregate the workstreams into a summary report.
 - b. Summary of resources relied on for analysis, including interviews performed and secondary resources with citations reference throughout report.
3. Gaps Assessment
 - a. Service level assessment output such as visualizations from EY Health Market Navigator, maps illustrating distribution of services provided throughout Pinellas County; additional cross-cuts might include by type/strategy, number of providers, total capacity or other key metrics identified in Workstream 4.
 - b. Qualitative insights from interviews describing challenges and barriers.
 - c. Summary of findings from gap analysis, with emphasis on large persistent gaps and opportunities that will require significant investment (and more) to overcome opioid epidemic.
4. Leading Practices
 - a. Synthesis of findings from desk research, including output from EY Impact such as counties and other states, nationally or internationally, that have made transformative impact in opioid abatement programming and how individuals access treatment to consider for further research and interviews.
 - b. Qualitative insight from desk research or interviews (as applicable) with benchmarked strategies or programs describing lessons learned, resource requirements, critical success factors, metrics, and timing.
 - c. Case studies including prevention, intervention and treatment with key abatement strategies used and the impact, cost, resources required, and lessons learned.
5. Recommendations and Strategic Priorities

- a. Description of the framework used to assess initial recommendations and opioid abatement strategies that may be impactful in Pinellas County for prioritization and funding.
 - i. Clear list of transformative recommendations for opioid abatement in Pinellas County with examples that can be reviewed and explored with key assumptions clearly outlined. Including Top recommendations,
 - ii. Recommendations shall be inclusive of risk, impact potential, short-term/long-term strategies, associated timelines, and cost threshold matrix that allows for informed review of possible actions.
 - 1. Recommendations categories/actions
 - 2. Implementation cost range (e.g., under 500k, \$500k-\$1M, \$1M+)
 - 3. Projected impacts/outcomes
 - 4. Sustainability over future funding years
- b. Summary of work session(s) to align prioritized recommendations and strategies.
- c. Summary of findings, and conclusions, including details for how **COUNTY** plans to engage stakeholders to socialize the findings, priority strategies and next steps.

V. Deliverables

AGENCY will provide the following deliverables as completion of each workstream. Workstream will be completed upon the **COUNTY'S** receipt of the deliverable and acknowledgement that is aligned with the standards outlined in the scope of work.

- A. Workstream 1- Detailed project plan and critical milestones submitted including initial inventory of services as described in section II A.1.
- B. Workstream 2- Brief report with information on the program or initiative, impact on opioid use disorder measures and submission of the selected practices of promise as described in section II A.2.
- C. Workstream 3- Listening sessions, interviews and surveys as described in section II A. 3.and III C.
- D. Workstream 4- Presentation materials summarizing findings with executive summary to socialize as referenced in section II. A.4.
- E. Workstream 5- Final written report referenced in section II A.5 and IV. A.

VI. Agreement Terms and Conditions

A. Invoices

All requests for reimbursement payments must be submitted upon completion and acceptance from **COUNTY** of a defined Workstream and shall consist of an invoice for the amount as indicated on table below, signed by an authorized **AGENCY** representative, and accompanied by documentation including proof of deliverable met for each workstream which verify the services for which reimbursement is sought, as applicable and required by **COUNTY**. Invoices shall be sent electronically to the Contract Manager designated by the **COUNTY**, within thirty (30) days of the end of the completion of each defined workstream. The **COUNTY** shall not reimburse the **AGENCY** for any expenditures in excess of the amount budgeted without prior approval or notification. Invoicing due dates may be shortened as necessary to meet fiscal year deadlines or grant requirements.

AGENCY estimates that the Project will require 2000 hours, at a rate of \$239 per hour. A by-workstream view of hourly requirements is below:

Workstream	Amount	Hours (est.)	% of Total	Expected Date of Completion
1- Mobilize & Inventory	\$47,800	200	10%	5/21/2024
2- Leading Practices Identification	\$95,600	400	20%	5/28/2024
3- Health & Community Needs	\$143,400	600	30%	6/25/2024
4- Summary of Gap Analysis	\$71,700	300	15%	7/16/2024
5- Strategic Prioritization	\$119,500	500	25%	8/13/2024
	\$478,000	2000	100%	

VII. Additional Requirements

A. Limitation of Liability

Notwithstanding anything else in this contract to the contrary, including all attachments, the liability of the **AGENCY** on account of any actions, damages, claims, liabilities, costs, expenses or losses in any way arising out of or relating to the services performed under the Contract shall be limited to the amount of fees paid or owing to the **AGENCY** under the Contract. In no event shall the **AGENCY** be liable for consequential, special, indirect, incidental, punitive or exemplary damages, costs, expenses, or losses (including, without limitation, lost profits and opportunity costs). The provisions of this paragraph shall apply regardless of the form of action, damage, claim, liability, cost, expense, or loss asserted, whether in contract, statute, rule, regulation or tort (including but not limited to negligence) or otherwise and shall survive contract termination or expiration.

B. Management Decisions

The **COUNTY** acknowledges and agrees that the **AGENCY'S** services may include advice and recommendations; but all decisions in connection with the implementation of such advice and recommendations shall be the responsibility of, and made by, **COUNTY**. **AGENCY** will not perform management functions or make management decisions for **COUNTY**.