

# PINELLAS COUNTY REGIONAL OPIOID ABATEMENT FUNDING PRIORITY LIST

As approved by the Opioid Abatement Funding Advisory Board on June 7, 2023

June 2023

# SUMMARY

## Purpose/Goal

The Opioid Abatement Funding Advisory Board (“OAFAB”), utilizing the data and projections from the Pinellas County Opioid Taskforce and other relevant and reputable sources, will recommend how to allocate Regional Opioid Settlement Funds allocated to Pinellas County. The OAFAB will strive to fund services and programs that are available to all residents of Pinellas County and allocate funding and services in a manner that equally benefits all residents of Pinellas County.

## Pinellas County Opioid Abatement Funding Advisory Board Members

Chief Ian Womack, Chair, City of St. Petersburg Fire Rescue

Dr. Ulyee Choe, Vice-Chair, Florida Dept. of Health in Pinellas County, Director

Kathleen Beckman, City of Clearwater, Councilmember

Sandra Bradbury, City of Pinellas Park, Mayor

Kathleen Peters, Pinellas County, Commissioner

## Background

The Pinellas County Opioid Abatement Priority List (“Priority List”) is a requirement of the negotiated opioid litigation settlement. The settlement conditions are defined by the Interlocal Agreement Governing Use of Pinellas County Regional Opioid Settlement Funds (“Interlocal”), attached hereto for reference (Attachment 1). The Priority List was informed by the Core Strategies and Approved Uses enumerated in the Interlocal.

The Interlocal Agreement is the result of a collective effort by the County, the City of St. Petersburg, the City of Pinellas Park, and the City of Clearwater, to establish the County as a “Qualified County” for purposes of receiving regional opioid settlement funds and established the OAFAB.

The OAFAB is tasked with reviewing opioid-related data, setting priorities for regional settlement funding, and after competitive solicitations administered by Pinellas County Human Services, recommending funding recipients and programs to the Pinellas County Board of County Commissioners.

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This Priority List will be reviewed quarterly by the OAFAB and updated to reflect community need and program performance. OAFAB recognizes the necessity to both: 1) conduct a strategic assessment of Pinellas County’s opioid treatment services to effectively plan for the long-term recovery and support of residents; and 2) respond to the immediate need of expanding co-occurring wraparound recovery services and treatment capacity throughout the County

In consideration of a strategic assessment and wraparound service expansion, the OAFAB has identified the following Priority List:

## **1. COMMUNITY/STRATEGIC PLANNING – LEADERSHIP, PLANNING, & COORDINATION**

- a. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

## **2. EVIDENCED BASED DATA COLLECTIONS AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

- a. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
- b. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

## **3. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

- a. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments
- b. Expand warm hand-off services to transition to recovery services
- c. Broaden scope of recovery services to include co-occurring substance use disorder (“SUD”) and/or mental health conditions
- d. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare through all phases of recovery
- e. Hire additional social workers or other behavioral health workers to facilitate expansions above

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## **4. MEDICATION ASSISTED TREATMENT “MAT” DISTRIBUTION AND OTHER OPIOID RELATED TREATMENT**

- a. Increase distribution of MAT to non-Medicaid eligible or uninsured individuals
- b. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders
- c. Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.

## **5. PREGNANT AND POSTPARTUM WOMEN**

- a. Expand Screening, Brief Intervention, and Referral to Treatment ("SBIRT") services to non-Medicaid eligible or uninsured pregnant women
- b. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("OUD") and SUD/mental health disorders for uninsured individuals for up to 12 months postpartum
- c. Provide comprehensive wrap-around services to individuals with OUD including housing, transportation, job placement/training, and childcare

## **6. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME**

- a. Expand comprehensive evidence-based and recovery support for NAS babies
- b. Expand services for better continuum of care with infant-need dyad
- c. Expand long-term treatment and services for medical monitoring of NAS babies and their families