

Pinellas County

**Opioid**   
**TASK FORCE**

**Strategic Plan**

**2017-2019**

**Produced by the  
Pinellas County Opioid Task Force  
and the  
Opioid Strategic Planning Committee**

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# Executive Summary

The Pinellas County Opioid Task Force is a collaboration of community partners that started in June 2017 in response to the sharp increase in opioid-related drug abuse and deaths in the county. Operation PAR and the Florida Department of Health in Pinellas County (DOH-Pinellas) are acting as the core support team for the Pinellas County Opioid Task Force. The purpose of the task force is to develop a strategic plan that efficiently guides community members and resources in order to confront the opioid epidemic. The issue is a pressing matter as more than one person dies every 43 hours from a opioid-related overdose in our county. A recent community health assessment conducted by DOH-Pinellas identified 'addiction' as a top health problem of concern and 'alcohol and drug abuse' as the leading behavior of concern within Pinellas County. This problem affects every demographic of every community across the county. From 2015 to 2016, the number of opioid-related overdose deaths increased by 52%. This trend is expected to continue into 2019 and beyond until the issue is addressed through local, county, and statewide initiatives.

Pinellas County's strategic plan was developed with the Mobilizing for Action through Planning and Partnerships (MAPP) framework as the guide. Due to the urgent need for interventions to begin, the timeframe was expedited in order to have an actionable work plan by January 2018. Participants recruited for the task force 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 task force, membership increased. Strong support and participation from these individuals has been critical to the development of the strategic plan.

# Opioid Epidemic in Pinellas County

Opioids, which include oxycodone, hydrocodone, morphine, and methadone, are prescription medications used to treat moderate to severe pain. Common side effects associated with opioid use include increased tolerance, sensitivity to pain, physical dependency, depression and confusion. Opioids act on pain receptors in both the spinal cord and brain to reduce pain while activating the reward centers in the brain causing feelings of euphoria. Due to these qualities, one in four patients on long term opioid therapy develop and struggle with opioid addiction.<sup>1</sup> In fact, patients are significantly more at risk for continuing opioid therapy after receiving a prescription for greater than three days and are less likely to discontinue after 90 days.<sup>2</sup> Long term prescribing practices, coupled with increases in average doses, places individuals at an increased risk for the development of opioid dependency, disorders and overdoses.<sup>2</sup>

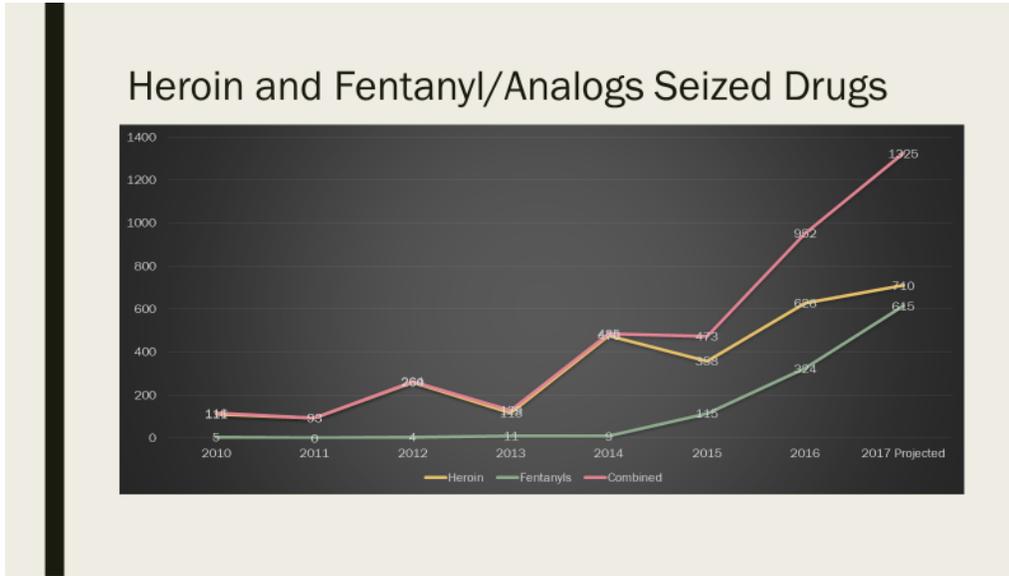
The rate of opioids prescribed peaked in 2010. Due to increased regulation and awareness, prescription opioid-related deaths decreased and there was an observed increase in deaths associated with heroin and fentanyl, two highly addictive illicit opioids. It has been suggested that the decrease in prescription opioid availability has resulted in substitution with illicit alternatives.<sup>3</sup> Thus, the Centers for Disease Control and Prevention (CDC) reported a 22.7% increase in opioid-related deaths from 2014 to 2015.<sup>4</sup> During that same period, heroin-related deaths increased by 79.7%.<sup>3</sup> Those addicted to opioids are 40 times more likely to become addicted to heroin.<sup>5</sup> Frequently mixed with or sold as heroin is fentanyl, another opioid medically used for severe pain.<sup>6</sup> This opioid is 50 to 100 times more potent than morphine.<sup>6</sup> Following the increased regulation of opioid prescribing practices, the seizure of illicit fentanyl has significantly increased by 494% concurrent with an increase of 115% of fentanyl-related deaths.<sup>7</sup> The shift from prescription opioids to illicit opioids is alarming since approximately 32% of heroin users identified with using prescription opioids first.<sup>8</sup>

In Pinellas County, illicit opioid use continues to increase, resulting in a growing number of fatalities. Data provided by the Pinellas County Forensic Laboratory and Pinellas County EMS/Fire Administration was used to identify high risk areas based on opioid-related overdoses and deaths. In 2016, a total of 204 opioid-related deaths were reported, a 52% increase since 2015 (n=134). Among the opioid-related deaths, 103 (50%) were prescription drugs, 64 (31%) were a combination of prescriptions and illicit drugs, and 37 (19%) were illicit opioid abuse. A total of 120 were males (59%) and 84 were females (41%) with 96% of all the deaths were identified as white, non-Hispanic. The predominant age group affected were between 35 to 54 years old; making up almost half of the cases. Pinellas County data is reflective of the national demographic trends.

Historical mortality data in Pinellas County has shown low rates of heroin use; however, in Pinellas County, heroin and fentanyl seized by law enforcement from 2010-2016 has increased sharply (Figure 1).<sup>9</sup> This recent trend was also identified in post mortem testing by the Pinellas County Forensic Laboratory (Figure 2). Despite clustering of deaths seen in select areas of the county, drug abuse is not limited to one area (Figure 3). Data continues to support that opioid abuse and opioid-related deaths continue to occur across Pinellas County.

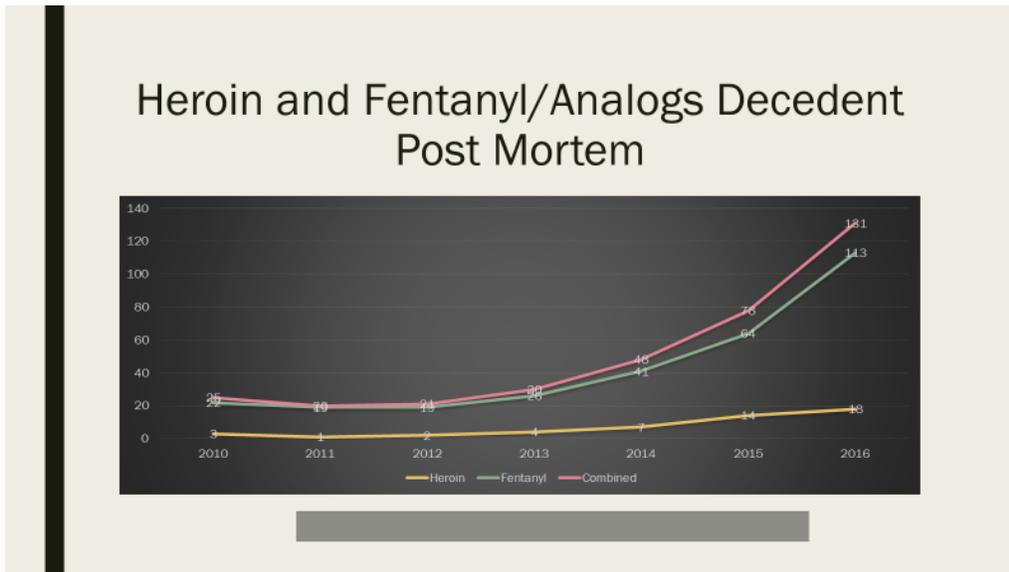
The recent trends identified reflected a problem and a comprehensive approach was needed. Community leaders and stakeholders began discussing what locally could be done and decided that a task force should be created to discuss a multi-faceted approach to the opioid epidemic.

**Figure 1: Heroin and Fentanyl/ Analogs Seized by Pinellas County Law Enforcement, 2010 - 2017**



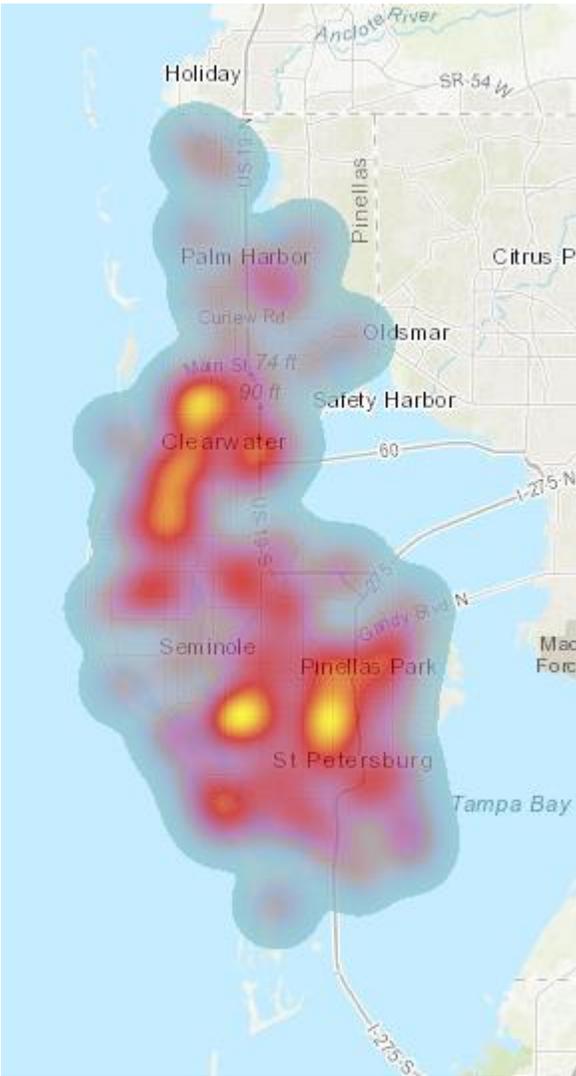
Source: Pinellas County Forensic Laboratory

**Figure 2: Post Mortem Drug Identifications in Pinellas County, 2010 - 2016**



Source: Pinellas County Forensic Laboratory

Figure 3: Opioid Related Deaths in Pinellas County (N = 204), 2016



Source: Pinellas County Forensic Laboratory

# Task Force Creation and Concepts

The Pinellas County Fusion Group came together in 2016 to build greater awareness and partnerships to manage drug issues facing the county. Through this diverse collaboration of law enforcement, public health, medical providers, and other key partners, data was shared and issues specifically related to the use of synthetic cannabinoids, were discussed. In 2016, community-wide surveillance from 911 calls identified over 500 emergency calls in concentrated areas of Pinellas County related to the use of synthetic cannabinoids. The data suggested Spice was the current illicit drug being used and actions took place to control the issue. When similar surveillance methods, including the Medical Examiner's data, identified the increase in opioid overdose deaths, it was natural that this group would continue their efforts and collaboration to curtail the problem.

Substance abuse is a complex and concerning topic and the increasing death rate is alarming. As a multifaceted problem, community wide resources are often strained in response. Acknowledging the various aspects of this epidemic, a variety of community members were encouraged to participate in the Opioid Task Force (Attachment A).

The initial planning meeting took place in June 2017 (Attachment B). It was during this meeting that the background of the problem was presented by the Pinellas County Medical Examiner's Office, DOH-Pinellas, Operation PAR, and the county EMS Medical Director. Attendees were then asked to participate in a Strengths, Opportunities, Weaknesses, and Threats (SWOT) analysis (Attachment C) to get a comprehensive picture of what was happening in the community. This analysis led to the development of our vision: to save lives by reducing opioid misuse in our county.

At the second meeting, the task force was asked to collaborate on best practices from other communities who have faced similar issues of opioid misuse to define subcommittees that could work more intensely together. Ultimately, five strategic goals were selected.

The Opioid Task Force strategic goals are:

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

Participants were then asked to join a subcommittee based on where their expertise and resources would be most beneficial. Each subcommittee was assigned a DOH-Pinellas Facilitator and a Chair was named by each group.

At the subsequent meetings, the full group came together for updates and would then break out to work on their goals. The facilitators initially led the groups through a brainstorming process to determine the strategies needed to achieve their goal, then the subcommittees worked on specific and achievable tactics to complete the strategy. Each tactic was assigned a responsible party or parties to maintain accountability. It was through this process that the strategic plan was developed. The Strategic Plan is intended to communicate the recommended actions to address

community opioid abuse, including new recommendations, but also promoting established community resources, providing opportunities for fiscal requests and empowering policy change. Only through collaboration and partnerships can change be achieved and lives saved.

# Goals and Strategies

## Goal 1: Increase Education and Awareness

Strategies	Tactics	Responsible Parties
1. Increase frequency and modality of information shared with the public.	a. Provide a Story Map that provides education about the opioid epidemic in Pinellas County and lists additional resources such as Naloxone resources, addiction identification and mental health services within three months.	Pinellas County Human Services Pinellas County Business Technology Services (BTS)
	b. Develop a marketing plan incorporating social media to increase awareness within the next six months.	Task Force
	c. Distribute the Drug Free America Foundation, Inc. Opioid Toolkit with all coordinating agency logos within one month.	Drug Free America Foundation, Inc.
	d. Increase substance abuse education for women of child-bearing age and those already pregnant through information at birthing hospitals, Federally Qualified Health Centers, Healthy Start and Healthy Families, Directions for Living and Lutheran starting within six months.	Substance Exposed Newborns Task Force (SEN) Community Health Centers of Pinellas (FQHC) Directions for Living Healthy Start Coalition of Pinellas, Inc.
2. Increase awareness/prevention messaging in schools and specialized groups targeting youth.	a. Identify and select evidence based education for youth within six months.	Pinellas County School Board John Hopkins All Children's Hospital

Strategies	Tactics	Responsible Parties
<p><b>Goal 1 Strategy 2 continued...</b></p>	<p>b. Advocate for enhanced substance abuse curriculum in Pinellas County high schools during the 2018/2019 school year.</p>	<p>Task Force</p>
	<p>c. Promote interventions at ten sponsored events annually such as Red Ribbon Week, Great American Teach-In, PTA meetings, health fairs etc. during the 2018 school year.</p>	<p>Task Force Operation PAR LiveFree! Florida Poison Control</p>
	<p>d. Identify and promote age appropriate infographics for elementary, middle, high school and college students respectively for distribution into Pinellas County Schools during the 2018 school year.</p>	<p>Pinellas County School Board DOH-Pinellas</p>
	<p>e. Identify and promote age appropriate education in community based youth groups such as before and after school care, faith based programs, athletic programs, etc. within one year.</p>	<p>Task Force John Hopkins All Children's Hospital</p>
<p>3. Increase training for physicians, dentists, medical providers and healthcare students.</p>	<p>a. Advocate for EFORCSE mandate by writing a letter to elected officials and lobbyists in support of legislation within one month.</p>	<p>Task Force Physicians Pinellas County Medical Association Pinellas County Osteopathic Medical Society Pharmaceutical Care Management Association Florida Medical Association</p>
	<p>b. Provide substance abuse education to OB/GYNs to reduce the rates of neonatal abstinence syndrome in Pinellas County within one year.</p>	<p>Drug Free America Foundation, Inc. Substance Exposed Newborns Task Force (SEN) Community Health Centers of Pinellas</p>

Strategies	Tactics	Responsible Parties
Goal 1 Strategy 3 continued...	c. Provide a one-page resource guide with information on key online resources that focus on the Opioid Epidemic (i.e. American Medical Association Safe Opioid prescribing, Chronic Pain Management) to be available for distribution at the beginning of 2018.	Task Force Drug Free America Foundation, Inc. John Hopkins All Children's Hospital
	d. Promote Pinellas County's safe storage and disposal programs year-round through multimedia outlets and community events (i.e. health fairs).	Task Force LiveFree!
	e. Promote educational resources on evidence based prescribing and treatment to Pinellas County healthcare providers within the next six months.	Task Force with American Medical Association resources John Hopkins All Children's Hospital

## Goal 2: Reduce Opioid Deaths

Strategies	Tactics	Responsible Parties
1. Increase the availability of drug overdose treatment kits throughout the county.	a. Identify and explore locations of naloxone kits in relation to high risk populations and overdose locations to target additional points of dispensing within six months.	Florida Department of Children and Families Task Force Data Group Community Health Centers of Pinellas
	b. Assist community partners to apply for free naloxone within three months.	Florida Department of Children and Families Operation PAR Task Force
	c. Advocate to establish a location with a needle exchange program which also provides a naloxone kit within one year.	Task Force
2. Increase promotion / awareness of universal prescription, especially for friends and family.	a. Provide naloxone, a standardized support packet and training for family members of opioid users within six months.	Operation PAR and other providers
	b. Engage large pharmacy chains to promote awareness messaging within six months.	Task Force Community Health Centers of Pinellas
	c. Establish an advocacy program; find family, former addicts and possible celebrities to put a face to the epidemic within six months.	Task Force
3. Increase training of first responders.	a. Provide training to law enforcement officers on naloxone administration within one year to include: <ul style="list-style-type: none"> <li>i. Injection vs nasal</li> <li>ii. Standardize naloxone administration with all agencies</li> </ul>	Pinellas County EMS / Fire Administration Florida Department of Children and Families Florida Department of Law Enforcement
	b. Provide training on the signs and symptoms of opioid use and misuse within three months.	Florida Department of Children and Families

**Goal 3: Connect to Effective Treatment**

Strategies	Tactics	Responsible Parties
<p>1. Increase the availability and access to treatment services to include places such as jails, primary care offices and emergency rooms.</p>	<p>a. Research opportunities to implement Medication Assisted Treatment and psychosocial treatments in jails/correctional facilities within the next six months.</p>	<p>Pinellas County Human Services Directions for Living</p>
	<p>b. Research opportunities to increase the amount of effective treatments available to the community in various locations within the next six months.</p>	<p>Operation PAR Florida Department of Children and Families Directions for Living</p>
	<p>c. Write a letter and set up a meeting with social services at Pinellas County Jail to discuss the implementation of Medication Assisted Treatment services within three months.</p>	<p>Task Force Directions for Living</p>
	<p>d. Advocate for support education to increase utilization of the Marchman Act for qualifying individuals within the next six months.</p>	<p>Task Force Directions for Living</p>
<p>2. Establish meaningful connections to treatments for opioid users in various places; hospitals, primary care offices, courtrooms, jails, etc.</p>	<p>a. Write a letter to stakeholders, such as drug court judges, to explain the efforts of the task force and ask for their continued assistance in establishing meaningful connections to treatment within three months.</p>	<p>Task Force Directions for Living</p>
	<p>b. Distribute an infographic about the availability and effectiveness of treatment options for both the opioid users and their families in healthcare settings within the next six months.</p>	<p>Task Force Directions for Living</p>
<p>3. Maintain current funding and seek new funding opportunities to support opioid addiction services.</p>	<p>a. Research funding for additional beds at treatment facilities that can provide services for those who are underinsured within the next year.</p>	<p>Operation PAR</p>
	<p>b. Create a transportation program (using lessons learned) that provides free transportation from ERs to treatment/assessment programs within one year.</p>	<p>Operation PAR</p>

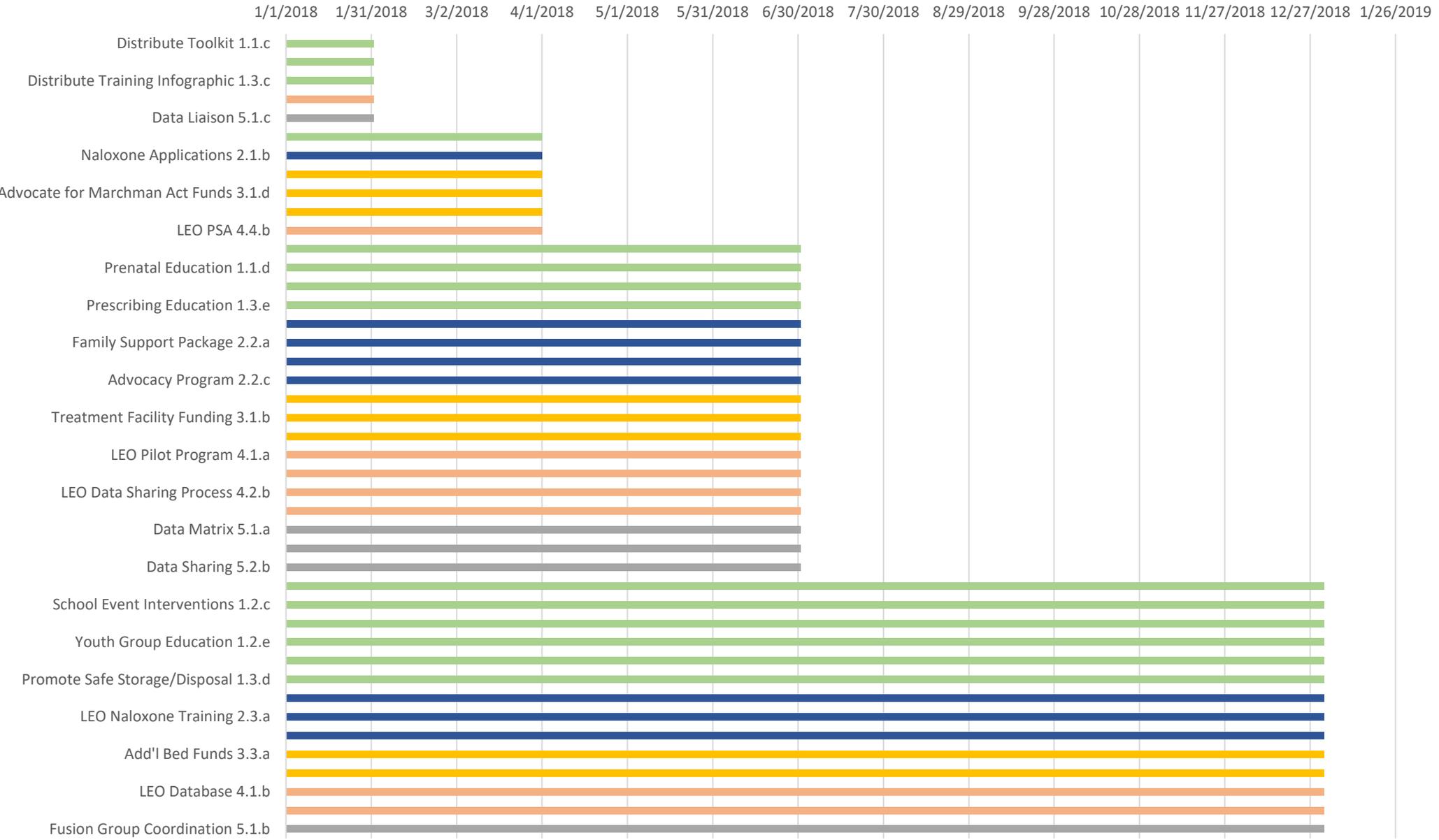
#### Goal 4: Decrease the Supply of Opioids

Strategies	Tactics	Responsible Parties
1. Establish a pilot program based off the current model of mental health workers partnering with law enforcement.	2. Research funding opportunities for the pilot program within six months.	Task Force
	3. Establish a community wide database to assist with follow up of overdose patients after hospital discharge within one year after the pilot program is established.	Law Enforcement Agencies
2. Continue efforts to decrease illicit distribution of opioids.	a. Target identified high risk areas based on available data within six months.	Law Enforcement Agencies
	b. Establish a data sharing process for standard seizure and arrest reports across jurisdictions within six months.	Law Enforcement Agencies
3. Reduce the demand for opioids.	a. Write a letter to elected officials and lobbyists in support of legislation to encourage prescribing of the lowest possible dose of opioids for the shortest amount of time within one month.	Task Force
4. Continue to coordinate reduction strategies amongst law enforcement agencies.	a. Identify best practices from each municipality within one year.	Law Enforcement Agencies
	b. Develop a public service announcement on how to report drug activity to tip lines within three months.	Law Enforcement Agencies
	c. Engage Drug Court to enroll first time offenders in intensive case management to reduce recidivism within six months.	Task Force

**Goal 5: Integrate and Collaborate on Data Sources**

Strategies	Tactics	Responsible Parties
1. Inventory data sources needed for the Opioid Task Force.	a. Create a matrix of data resources with contact information within six months.	Task Force
	b. Continue quarterly coordination with the Pinellas County Fusion Group.	Task Force
	c. Identify an agency to serve as the data liaison to assist with the facilitation of data collection within Pinellas County within one month.	Florida Department of Health in Pinellas County
2. Promote the use of standardized data.	a. Ensure distributed data sets will include source and limitations within six months.	Task Force
	b. Reinforce data sharing instructions to maintain data integrity within six months.	Pinellas County Fusion Group

## Opioid Strategic Plan Gantt Chart



# Policy, Funding and Advocacy

The Strategic Plan contains actionable items that our community can achieve; however, there are several issues that must be addressed with policy change, funding initiatives and advocacy work. Below are some of the high-level actions that are currently being addressed, as well as, initiatives that still need to be considered.

## Policy Change:

### Federal

On March 29, 2017, President Donald J. Trump signed an [Executive Order](#) establishing the [President's Commission on Combating Drug Addiction and the Opioid Crisis](#).<sup>10,11</sup> This commission is founded on the knowledge that 175 deaths occur each day due to drug overdoses. The committee members have recognized that there is a stigma associated with substance abuse and if these deaths had been associated with another cause, then the issue would have been addressed sooner. Thus, to decrease the number of lives lost, the commission recommends various activities that need to occur. There are many recommendations and it is unclear how they will translate to a local perspective.<sup>11</sup>

On October 26, 2017, the opioid epidemic was declared as a [National Public Health Emergency](#).<sup>12</sup> This declaration will allow the federal government to provide grant flexibility within the HIV/AIDS program, flexibility with the National Dislocated Workers Grants for those who cite opiate addiction as a reason for applying for grants, expanding access for qualifying patients for telemedicine to treat opioid addiction, and access to Public Health Emergency Funding for state governments.

Greater grant flexibility and additional funding for states will allow monies to be allocated towards increasing the availability of treatment and customizing suitable prevention measures for each county.

### State of Florida

Florida Governor Rick Scott recognized an increase in opioid-related deaths in 2015 and a [Public Health Emergency](#) was declared on May 3, 2017.<sup>13</sup> Thus, allowing the state to access more than \$27 million in federal grant funding specifically for an opioid targeted response.<sup>13</sup> The monies will support prevention, treatment and recovery services across the state.

In conjunction with the declaration, is the proposal to limit prescribed opioids to a three-day supply and further enforcing the use of the Department of Health Prescription Drug Monitoring Program (PDMP). In Florida, PDMP, utilized by physicians and supported by Florida Statute 893.055 is called Electronic-Florida Online Reporting of Controlled Substances Evaluation (EFORSCE). EFORSCE is an electronic database system used to collect controlled substance prescription dispensing information. The database serves multiple purposes for different partners including: 1) allowing physicians to review the opioid prescription history for clients to identify those who may be misusing and/or doctor shopping; 2) identify physicians or practices that may be

inappropriately prescribing opioids, otherwise known as “pill mills”; and 3) to identify trends regarding opioid prescription practices over time in a community.<sup>14</sup>

In Pinellas County, the EFORSCE utilization increased from 2011 to 2016. This reflects a higher utilization rates by medical professionals within the county. Of note, from 2012 to 2015, the rate of prescriptions written per 1,000 of the population increased from 955 to 1,067. <sup>14</sup> This displays that although there is increase in the EFORSCE utilization, prescription practices may not have changed significantly.

Policy that may influence prescribing practices include the Hospital Consumer Survey of Healthcare Providers and Systems (HCAHPS), which is used to calculate Medicare reimbursement rates to hospitals based on various quality measures, including pain management. These pain management questions ask patients how often pain was “well controlled” and whether the “hospital staff do everything they could to help you with your pain”. Due to the financial tie with reimbursement, healthcare professionals are pressured to perform well on these surveys.

### **Pain as the fifth vital sign**

The Promoting Responsible Opioid Prescribing (PROP) Act has been introduced to Congress as of 2016 to remove the pain management questions for the purposes of Medicare reimbursements.<sup>15</sup> By removing the financial incentives, doctors will be able to manage patient pain as deemed medically appropriate without having to adjust for survey considerations. The pain management questions may be left on the survey so hospitals can continue to monitor patient experience without compromising medical practices. Moreover, in April 2016, the Physicians for Responsible Opioid Prescribing requested The Joint Commission to reexamine the Pain Management Standards and remove pain from the vital sign list.<sup>16</sup> As of early 2016, The Joint Commission started to revise its pain assessment and management standards to ensure the safe prescription of opioids.<sup>17</sup>

Policy changes are occurring in the private sector as well that may help reduce the ease of prescription opioid abuse. One of these changes is that [Florida Blue Health](#) Insurance is no longer covering OxyContin and instead will be paying for Xtampza ER, an alternative formulary that cannot be crushed to a powder. This policy change takes effect January 2018.<sup>18</sup>

### **Marchman Act**

The [Marchman Act](#) (Title XXIX; Chapter 397) was developed to provide emergency assistance and short-term detention for individuals requiring evaluation and treatment for substance abuse.<sup>18</sup> When resources are available it has the potential to link individuals to court-ordered services to support their recovery. Pinellas County needs a more robust system to support this process beyond jail services.

## **Funding Requests:**

Opioid addiction is a complex disease that requires ongoing awareness, education, and treatment services for populations at risk or already experiencing addiction. As a result, Governor Scott has

requested \$50 million (non-specific) to combat the opioid crisis. Of the \$50 million, \$27 million are to fund medication assisted treatment centers and \$1.8 million for naloxone kits.

In Pinellas County, the Board of County Commissioners is currently seeking legal counsel to pursue a lawsuit against opioid manufacturers for falsely advertising that opioids were not addictive.

## **Advocacy Issues:**

### **Health Equity and Social Determinants of Health**

There are a variety of risk factors and health inequities that place a community at risk for a greater number of opioids prescribed and a greater number of individuals untreated for opioid addiction.

While certain demographics have been identified regarding opioid abuse, the epidemic is still wide spread and effects almost every community in the United States. Furthermore, groups that are historically at greater risk due to unequal allocation of resources are predisposed to carrying a heavier burden and suffering greater consequences. These groups include communities of color which tend to experience a greater burden of mental and substance use disorders. This is often due to poorer access to care, or even inappropriate care, and higher social, environmental, and economic risk factors.

Individuals of all age groups, race, ethnicities and socioeconomic status are susceptible to the impacts of substance abuse. Thus, advocacy and community efforts will need to be all encompassing to effectively and efficiently prevent further addiction to opioids and to treat those who are already addicted.

### **Child Welfare**

In 2017, the National Conference of State Legislatures stated that while parental substance abuse is not a new challenge for child welfare agencies, the opioid epidemic is proving to be financially burdensome on foster care homes with significant increases in caseloads. The 2015 Adoption and Foster Care Analysis and Reporting System (AFCARS) report shows that 32% of children who entered foster care was a result of parental drug abuse. Meanwhile, children who live with a parent who is dependent or abuses drugs are at an increased risk for maltreatment, abuse and entering the child welfare system.<sup>20,21</sup>

The immense burden of the opioid epidemic on child welfare in Florida was recently supported by a study conducted at the University of South Florida College of Public Health (Quast, T. et al.). The study showed that two out of every 1,000 kids and teens in Florida were put in foster care due to parental neglect in 2015.<sup>22</sup> The same study found that by 2015, doctors were prescribing 81.34 prescriptions for every 100 residents in Florida. Furthermore, for every 6.7 opioid prescriptions per 100 people, the rate of children removed for parental neglect increased by 32 percent, costing the state of Florida a total of \$40 million.

In addition to having an impact on foster care and child welfare agencies, the opioid epidemic has what the CDC calls a 'hidden consequence', a significant increase in children born with

Neonatal Abstinence Syndrome (NAS). This syndrome manifests within 48-72 hours of birth in children whose mothers abused drugs during pregnancy. The clinical signs of NAS include central nervous system irritability, gastrointestinal dysfunction, and temperature instability. The consequences of this syndrome are serious; children who are born with it are prone to respiratory and feeding difficulties, low birth weight, and seizures.<sup>23</sup>

The burden of the opioid epidemic on children is clear and poses a public health problem that needs to be addressed. One way the Pinellas County Opioid Task Force aims to tackle this problem is by providing education on NAS to obstetricians and gynecologists (Opioid Task Force Strategy 3.1b). Further efforts will need to be put in place to address foster care issues.

# Attachment A

## Pinellas County Opioid Task Force Strategic Planning Participants

Alliance for Global Narcotics Training	Pinellas Alcohol Coalition
Area Health Education Center	Pinellas County Board of County Commissioners
Baycare Health System	Pinellas County Business Technology Services
Bayfront Health	Pinellas County EMS / Fire Administration
Catholic Charities	Pinellas County Forensic Laboratory
Central Florida Behavioral Health Network	Pinellas County Fusion Group
City of St. Petersburg	Pinellas County Human Services
Clearwater Police Department	Pinellas County Medical Association
Community Health Centers of Pinellas	Pinellas County Medical Examiner's Office
Directions for Living	Pinellas County Osteopathic Medical Society
Drug Free America Foundation, Inc.	Pinellas County Safety and EMS Services
Florida Department of Children and Families	Pinellas County School Board
Florida Department of Health in Pinellas County	Pinellas County Sheriff
Florida Perinatal Quality Collaborative	Pinellas County Substance Exposed Newborn Taskforce
Florida Poison Control - Tampa	Pinellas Ex-Offender Re-entry Coalition
Gulf Coast Jewish Family Community Services	Pinellas Homeless Leadership Board
Healthy Start	Precision Diagnostics
Healthy Start Coalition	Real Recover
Hope Alive Outreach	Recovery EpiCenter Foundation
John Hopkins All Children's Hospital	Rivermend
Juvenile Welfare Board of Pinellas County	St. Petersburg College
Kinship	St. Petersburg Police Department
Lakewood United Methodist Church	Sober Evolution
LiveFree!	Spring Gardens Detox
Morton Plant	Substance Exposed Newborns Task Force
NOPE of Pinellas	Suncoast Center
Novus Medical Detox Center	Suncoast Health Council
Operation PAR	University of South Florida
PACE Center for Girls, Inc.	WestCare
Parents as Teachers	

# Attachment B

Strengths, Weakness, Opportunities and Threats (SWOT) Analysis	
Strengths (Internal)	Opportunities (External)
<ul style="list-style-type: none"> <li>• Engaged participants/buy-in</li> <li>• Data sharing from diverse community partners</li> <li>• Willingness to share data</li> <li>• EMS and First Watch Surveillance</li> <li>• Multi-disciplinary participation on task force</li> <li>• Expertise of participants/depth of representation</li> <li>• High-level participation</li> <li>• Effective treatment programs available</li> </ul>	<ul style="list-style-type: none"> <li>• Better communication to all groups, not just within health/public health/social services sector</li> <li>• Data coordination</li> <li>• Hospital drug testing/institute testing for fentanyl</li> <li>• Education, targeted to different age groups utilizing social media</li> <li>• Curriculum for medical professionals</li> </ul>
Weaknesses (Internal)	Threats or Challenges (External)
<ul style="list-style-type: none"> <li>• Treatment programs limited by size and funding</li> <li>• Missing sectors such as civic organizations, health insurance, and recovery houses</li> <li>• Lack of central receiving center; “Normalized hand off” of cases</li> </ul>	<ul style="list-style-type: none"> <li>• Health insurance funding structures</li> <li>• “Dark Web” illicit fentanyl from other countries</li> <li>• Physicians graded on pain control</li> </ul>

# Attachment C

## Glossary

### **Baseline Data**

Existing data that show current level of the indicator you are seeking to improve. Baseline data are used to determine the quantitative level for success and indicates how much change will occur if the desired outcome is achieved.

### **BTS**

Business Technology Services

### **CDC**

Centers for Disease Control and Prevention

### **EFORSCE**

Electronic-Florida Online Reporting of Controlled Substances Evaluation

### **Pinellas County Fusion Group**

Collaborative data sharing group composed of Law Enforcement from Pinellas County municipalities, Poison Control, Elected Officials, and DOH-Pinellas that meets quarterly.

### **Goal**

Long-range outcome statements that are broad enough to guide the programs, administrative, financial and governance functions (Allison & Kaye, 2005).

### **HCAHPS**

Hospital Consumer Survey of Healthcare Providers and Systems

### **MAPP**

Mobilizing for Action through Planning and Partnerships

### **Objective**

Short to intermediate outcome statements that are specifically tied to the strategy and goal. Objectives are clear and measurable.

*Measure of change, in what, by whom, by when*

### **PDMP**

Prescription drug monitoring program

### **PROP**

Promoting Responsible Opioid Prescribing

### **SEN**

Substance Exposed Newborn Task Force

### **Strategy**

The approach you take to achieve a goal.

## **SWOT Analysis**

A structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in your agency.

- **Strengths:** characteristics of your agency that give it an advantage.
- **Weaknesses:** characteristics that place the agency at a disadvantage.
- **Opportunities:** outside elements that the agency could use to its advantage.
- **Threats:** elements in the environment that could cause trouble for the agency.

# Attachment D

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