City of Jacksonville Beach

Briefing Notice

City Council

11 North Third Street
Jacksonville Beach, Florida

Monday, December 11, 2023	5:30 PM	Council Chambers Conference Room

City Manager Mike Staffopoulos will conduct a Council Briefing to update the City Council about ongoing items in the City. The Briefing will include, but not be limited to, the following topics:

A. Project Opioid Update
B. Paid Parking Year-End Review 2023
C. City Attorney Search Discussion
D. Draft Request for Proposals for Ticketed Events
E. Gateway Signage Initial Discussion
F. CRA Project Funding
G. Future Briefing Topics
H. Miscellaneous City Manager Items
I. Committee Assignment Report

Council Members in attendance may include:

Mayor:	Christine Hoffman		
Council Members:	Bill Horn	Sandy Golding	Dan Janson
	Fernando Meza	Cory Nichols	Greg Sutton

Please note: Council Members in attendance may vary according to their schedules.

In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing special accommodations to participate in this meeting should contact the City Clerk's Office at (904) 247-6299, no later than one business day before the meeting or by sending an email to CityClerk@jaxbchfl.net.

CITY COUNCIL BRIEFING TOPIC	
TO:	Mayor and City Council
FROM:	Mike Staffopoulos, City Manager
DATE:	December 11, 2023
SUBJECT:	Opioid Update

BACKGROUND

In October 2023, a briefing was held with City Council to discuss directions on the expenditure of opioid settlement funding. Additionally, Council Member Horn was appointed the Council liaison/representative on this topic. Direction was to reach out to Project Opioid, a statewide entity providing assistance to governments and stakeholders on opioid issues.

Administration and Council Member Horn have had conversations with representatives of Project Opioid to discuss developing a path forward. The cities of Neptune Beach and Atlantic Beach have been added to the conversation due to their geographic location and community similarities. The dialogue with this group has led to the recommendation of performing a SWOT analysis (strength, weaknesses, opportunities, and threats) for the combined beach communities to determine focal areas of need in the opioid crisis. Project Opioid further recommends using the North East Florida Regional Council (NEFRC) as the facilitator, and the participation of community stakeholders in the process. NEFRC recently performed a SWOT analysis for the City of Jacksonville/Duval County (see attached). While the beach communities were part of this SWOT analysis, the analysis did not provide recommendations by zip code or community of Duval County. A SWOT analysis for the three beach cities would be specific to these areas. Overdose information specific to the City's zip code (32250) has also been provided for information.

The City of Jacksonville Beach is the first community to be discussing the approach of a SWOT analysis. Neptune Beach and Atlantic Beach will likely be discussing this recommended course of action after January 1, 2024.

FINANCIAL IMPACT

None at this time.

COUNCIL DIRECTION REQUESTED

Does the City Council concur with the recommendation to perform a SWOT analysis to determine community needs related to the opioid crisis?

If yes, should the City partner with the NEFRC and Project Opioid to perform such analysis?

ATTACHMENTS

1. COJ SWOT Report
2. O-R OD Beaches Data
3. October 2023 Briefing Memo

BRIEFING ITEM:	A.
BRIEFING DATE:	December 11, 2023

CITY OF JACKSONVILLE SUBSTANCE USE DISORDER SWOT ANALYSIS REPORT

PREPARED BY THE
NORTHEAST FLORIDA
REGIONAL COUNCIL

Executive Summary

Provisional data from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics indicates that for the first time, drug overdose deaths topped 100,000 individuals in the United States during a 12-month period ending in April 2021. During this period, the nation experienced a 28.5% increase in overdose deaths compared to the previous year and an estimated 100,306 overdose deaths.

In anticipation of the upcoming opioid settlement dollars, the City of Jacksonville wanted to conduct a community-based Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of its framework to address Substance Use Disorders (SUDs). To accomplish this task, the Northeast Florida Regional Council (NEFRC), at the direction of Jacksonville City Council's Special Committee on Opioid Epidemic, Vaping & Mental Health, facilitated a community SWOT meeting around SUDs to identify how the City and its community partners are addressing this issue and where there are gaps in service and areas for improvement.

Conducted on November 17, 2022, NEFRC staff provided partners with relevant data on the impacts of SUDs and conducted a SWOT analysis across the three key focus areas of Prevention, Treatment, and Recovery Support. This report contains participant comments received during the SWOT analysis from all three focus areas. Participants provided a valuable understanding of the City's efforts to address this epidemic. Ultimately, the meeting highlighted a few efforts that can be strengthened, including expanding prevention programs across Duval County youth and adolescents, hiring and retaining additional qualified Peer Specialists, and expanding the concepts of "warm-handoffs" from treatment-based programs to recovery-oriented ones.

Lastly, this reports details current actions being taken by Jacksonville City Council to prepare for the arrival of opioid litigation monies and the areas of focus the City should prioritize to save the most lives while doing so in a manner that is efficient and cost-effective.

The Impact of Substance Use Disorder

Provisional Data from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics indicates that for the first time, drug overdose deaths topped 100,000 individuals in the United States during a 12-month period ending in April 2021. During this period, the nation experienced a 28.5% increase in overdose deaths than the year prior, and of the estimated 100,306 overdose deaths, 75,673 were attributed to opioids, an increase of 34.9% from the year prior. Additionally, deaths from substances such as methamphetamine and cocaine have also increased.

Local data indicates that the City of Jacksonville has not been spared from these national trends. Data from the Jacksonville Fire and Rescue Department (JFRD) shows 3,013 suspected Opioid-Related Overdose Patients in 2022, an increase of 1,033% compared to 2014, as seen below. However, data from 2022 indicates a 14% decrease in suspected Opioid-Related Overdose Patients compared to 2021. While this decrease may include many factors, the significant decrease is highly encouraging.

# of Suspected Opioid-Related (O-R) Overdose (OD) Patients									
Month/Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Jan	15	16	39	170	115	259	238	248	251
Feb	16	33	91	200	143	195	282	203	239
Mar	13	17	118	164	235	244	276	276	242
Apr	29	28	106	145	170	207	319	303	259
May	23	16	97	136	230	227	369	342	240
Jun	27	18	72	224	187	225	351	330	291
Jul	23	27	99	179	205	213	321	328	238
Aug	29	36	124	210	139	219	323	316	280
Sep	29	56	140	151	165	248	247	305	281
Oct	21	47	209	183	184	250	298	293	241
Nov	18	34	229	205	152	243	220	265	221
Dec	23	44	189	180	196	262	223	309	230
TOTAL	**266**	**372**	**1,513**	**2,147**	**2,121**	**2,792**	**3,467**	**3,518**	**3,013**
% Change		**+40%**	**+307%**	**+42%**	**-1%**	**+32%**	**+24%**	**+1%**	**-14%**

Figure 1: Total JFRD Patients

Suspected Opioid-Related Overdose equals the following type of incidents: naloxone administered and nature of call at the scene is "ingestion/poisoning/OD," OR naloxone administered, and the clinical impression is "opioid-related," OR overdose reported with the following substances: "Fentanyl, Carfentanil or Heroin," OR overdose reported with naloxone administration; A 911 call received as overdose and/or naloxone administration does not necessarily confirm an overdose, opioid use, or opioid misuse.

Current data from JFRD shows that Suspected Opioid-Related Overdoses were the highest in zip codes 32210, 32218, and 32244 from January 2022 – December 2022. However, if compared against 2021 data from the same January-December timeframe, not only have all top 10 zip codes seen a decrease in patients, but all 37 zip codes JFRD responded to have also seen a decrease in trends (*see Figure 2 below*). In rare instances, JFRD will assist in calls outside of the City's 34 zip codes.

Suspected Opioid-Related (O-R) Overdose (OD) Patients by Incident Zip Code January 2022 - December 2022			
Top 10 Zip Codes	**Count**	**% of O-R OD**	**Count Trend (Compared to Jan 2021 - Dec 2021)**
32210	310	10%	Decrease
32218	296	10%	Decrease
32244	223	7%	Decrease
32254	174	6%	Decrease
32209	160	5%	Decrease
32246	146	5%	Decrease
32211	140	5%	Decrease
32207	134	4%	Decrease
32208	131	4%	Decrease
32216	118	4%	Decrease
TOTAL (Top 10)	**1,832**	**61%**	**Decrease**
TOTAL (Other 27 Zips)	**1,181**	**39%**	**Decrease**
TOTAL (All 37 Zips)	**3,013**	**100%**	**Decrease**

Figure 2: Total Patients per Zip Code

Additionally, most overdose patients are white males. While male patients have made up the majority of patients over the past five years, the percentage of patients among black individuals has steadily increased since 2018, as seen in *Figures 3 & 4*.

% of Suspected Opioid-Related (O-R) Overdose (OD) Patients									
Gender/Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Male	53%	55%	64%	62%	61%	64%	66%	68%	66%
Female	47%	45%	36%	38%	39%	36%	34%	32%	34%

Figure 3: Patients by Gender

% of Suspected Opioid-Related (O-R) Overdose (OD) Patients									
Race/Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Black or African American	8%	8%	10%	9%	10%	11%	14%	17%	20%
Hispanic or Latino	2%	2%	2%	3%	4%	3%	3%	3%	5%
Other/ Unknown	2%	3%	2%	4%	4%	4%	4%	4%	2%
White	88%	87%	86%	84%	82%	82%	79%	76%	73%

Figure 4: Patients by Race

Duval County also trends above the state and national average for Drug Overdose Annual Age-Adjusted Death Rate per 100,000 persons. The data in *Figure 5* is provided by the Florida Department of Health's Overdose Data 2 Action program. These deaths are reviewed by the Medical Examiner (ME) and then compared against the nation, the state, and surrounding counties. In 2020, Northeast Florida suffered 779 drug overdose deaths, and 86% were opioid-related. It should be noted this data set lags in time due to the time it takes to be confirmed by the ME.

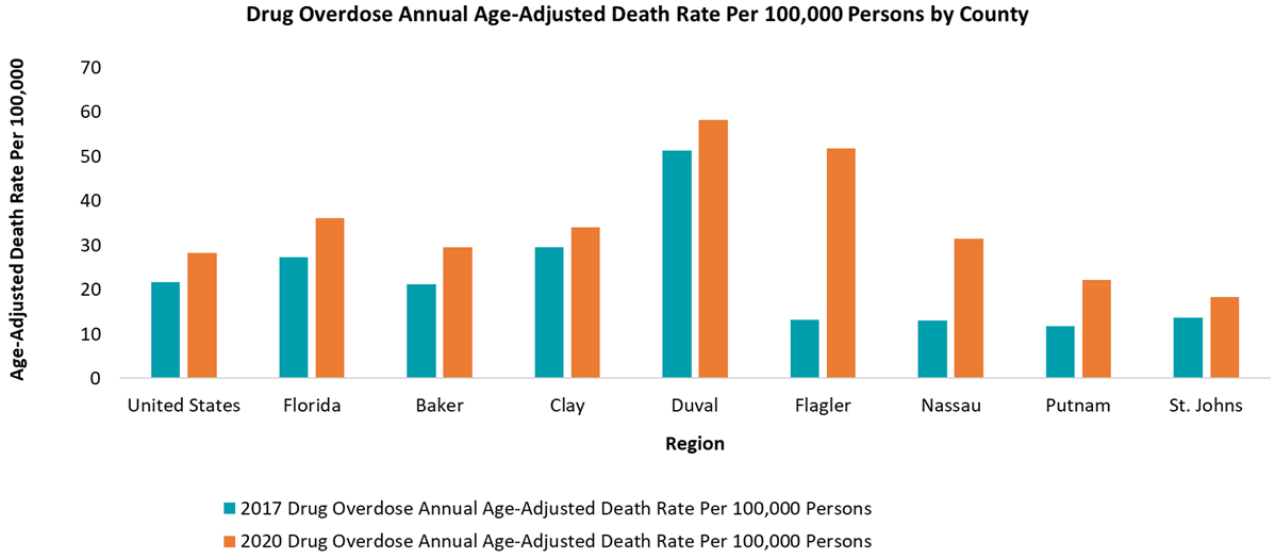


Figure 5: Drug Overdose Deaths per 100,000

According to the Department of Health, age-adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population. The same distortion can happen when comparing races, genders, or even time periods. Age adjustment can make the different groups more comparable.

SWOT: Prevention

Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.

The following comments were received during the community SWOT analysis meeting. These comments are not ranked in priority.

Strengths

- Awareness through local media
- Opioid provider education (doctors and pharmacist)
- Community based initiatives
- Strong connection with the business community
- Data tracking by JFRD
- Participants in DEA Drug Take Back Day
- Safe disposal education and resource supplier
- JSO and District Attorney Programs and convictions

Weaknesses

- Gap in educational programs to specific communities
- DCPS programs are currently in a handful of schools
- Increase public messaging about Narcan training opportunities
- Cohesive communication on prevention programs
- Collaboration of partners
- Increase emphasis on emotional connection messaging
- Improve on United Way partnership for Full-Service Schools
- Work with providers to co-prescribe Naloxone with opioids

Opportunities

- Increase focus on Dentistry field
- New public messaging themes
- More engagement with those in Recovery
- Teacher education
- Work with uniformed services and SUD programs (i.e., military, LEO & Fire)
- Parental education
- Increased focus on LGBTQIA+ Community
- Expanding public messaging to match tobacco initiatives
- Engagement with the faith-based community
- Expansion of Harm Reduction initiatives

Threats

- Stigma
- Increasing presence of Fentanyl
- Increasing vulnerability of adolescence forming ACEs
- Social media-based misinformation
- Street level outreach programs are small and underfunded
- Co-occurring mental health issues
- Time consuming process with Local, State and Federal Laws
- Need for staff
- Unintended effect of prescribing laws/regs that push chronic pain patients to street drugs. Instead of prescribed opioids

SWOT: Treatment

Treatment for substance use disorders is designed to help people stop alcohol or drug use and transition into recovery to remain sober and/or drug-free.

The following comments were received during the community SWOT analysis meeting. These comments are not ranked in priority.

Strengths

- Project Save Lives
- CORE Collaborative
- Peer Support Groups
- Existing grants that fund initiatives across the city and county
- JSO corrections 'Matrix' Program

Weaknesses

- Wages of peer support specialist
- Expand access to wraparound services (food, affordable housing, and jobs)
- Increased Engagement with local business community
- Treatment of SUD as an illness
- Increased family treatment education
- Increased effort on Health Literacy initiatives

Opportunities

- Additional treatment and detox facilities
- Better coordination, ensuring no duplication of efforts
- Standardization of services
- Increase messaging/ education on MAT
- Focused effort on how to share patient information across organizations efficiently
- Focused effort on pregnant women. Engage with OB/GYNs
- Expand TeleHealth options
- Community wide treatment identification options

Threats

- Staffing
- Stigma
- Current grants ending
- Complexity of grants and reporting
- Treatment options can make treatment for specific populations difficult (i.e, MAT programs and the homeless)
- Gaps in transportation services
- Organizations working in silos
- Legal barriers (I.e., HIPAA laws

SWOT: Recovery Support

Recovery Support services assist individuals in their recovery and prevention of relapse in the future. Recovery is a lifelong process, and staying in recovery can be a difficult task.

The following comments were received during the community SWOT analysis meeting. These comments are not ranked in priority.

Strengths

- Bus vouchers offered by Project Save Lives
- Supporting caregivers, tutoring support for Kinship families
- Community Partnerships
- 1-year post incarceration "Matrix" Program follow-up

Weaknesses

- Expand recovery options in Jacksonville
- Increased education and knowledge of available resources
- Expand service hours for individuals trying to access recovery services
- Improve grant access to smaller but effective organizations

Opportunities

- Family recovery support programs
- Legal assistance and navigator programs for individuals looking to be peer support
- Education to employers and HR departments for recovery minded workplaces
- More engagement with affordable housing and food security programs
- Mobile MAT units
- Expansion of women recovery programs
- Expansion of JSO "Matrix" Program to non-Duval residents, while incarcerated in Duval County
- 5 varieties of peers- increase family peer training

Threats

- Stigma
- Economic stressors
- People unaware of available programs
- Lack of warm handoffs
- Challenge of grant recipients and their ability to hire peer specialist with arrest records and/or prior convictions
- Disparity amongst men and women in sober living facilities
- Not a lot of recovery options

Analysis

Prevention

In the City of Jacksonville, several City, State, and community organizations are working diligently in prevention. Everyone understands the importance and the cost savings of preventing substance use disorders. Recently, Project Opioid, the Community Coalition Alliance, LSF, and the High-Intensity Drug Trafficking Areas (HIDTA) program have partnered for a massive public messaging campaign via billboards, posters, and top social media platforms (including Snapchat, TikTok, Instagram, and Facebook) to raise awareness of the dangers of Fentanyl and opioids. This campaign generated over 2 million interactions and thousands of website clicks. The City of Jacksonville also participated in the Drug Enforcement Administration's (DEA) Drug Take-back Day, where 443 pounds of unused prescription drugs were collected and properly disposed of. Additionally, due to the coordination between the Jacksonville Sheriff's Office and the State Attorney's Office 4th Judicial Circuit, they were able to have the first homicide trial and conviction due to a drug-related overdose in Duval County.

While there have been many accomplishments over the last year, work is still to be done. The Jacksonville Fire and Rescue Department has effectively and efficiently organized routine data reports. Prevention-based organizations should utilize this information to target specific zip codes, demographics, and even specific times of the year when surges of drug overdoses are occurring. Additionally, more work needs to be done with Duval County Public Schools (DCPS) to unify and structure prevention programs across all schools and focus on students with co-occurring mental health issues and those struggling with Adverse Childhood Experiences (ACEs). Finally, funding and resources must be increased to successful street-level programs that allow small community-based organizations to impact their local community.

Treatment

The City of Jacksonville continues to be an innovator and a model for surrounding communities and the state in addressing the treatment of opioid and substance dependence. In November 2017, the City of Jacksonville partnered with Gateway Community Services and St. Vincents Medical Center to provide specialized, coordinated, and seamless services to treat drug addiction and substance misuse. Dubbed *Project Save Lives*, once overdose patients are stabilized, they are met by a Peer Specialist housed in the Emergency Department. The Peer Specialist establishes a rapport with the patient and works as part of the multidisciplinary healthcare team to aid in the early recognition and treatment of withdrawal symptoms. The Peer Specialist also offers recovery services as appropriate. *Project Save Lives* has expanded to seven area hospitals, reducing dependence on drugs and alcohol and reducing drug-related deaths.

While the City of Jacksonville has had great success with the thousands of patients that have benefited from *Project Save Lives*, there is more to do. First, there is a need for more qualified Peer Specialists. This deficiency occurs for several reasons, one of the most identifiable being adequate compensation. Wages can be the number one factor in the City's ability to attract and retain qualified Peer Specialists.

Secondly, telehealth services need to be expanded. Telehealth options are growing rapidly across several medical fields. Mental health and substance-dependence patients could also benefit tremendously from telehealth availability. Telehealth often provides nearly immediate assistance that traditional medical appointments cannot match. Lastly, the City and its partners should increase community education on Medication Assisted Treatment (MAT) to reduce its stigma. MAT is an evidence-based solution to opioid and substance dependence that continues to advance and demonstrate its effectiveness. Yet, one of its most significant barriers is negative public opinion.

Recovery Support

Recovery Support for individuals experiencing opioid and substance dependence is the most challenging area for assistance because recovery is a complex and life-long task. Patients often experience hardships and external stressors that can lead them down the path of returning to the substance they once depended on. The City of Jacksonville provides opportunities to assist those in recovery, including providing transportation vouchers to connect individuals with medical services. In addition to the Jacksonville Sheriff's Office's inmate *Matrix Program*, JSO provides post-incarceration SUD services for up to one year to reduce recidivism. Additionally, the City has many community partners providing family and employer education focused on assisting those in recovery. One example is the *Employer Tool Kit* developed by Drug-Free Duval and Project Opioid. This tool kit recommends best practices and policies to encourage recovery-minded workplaces.

While the City has made great strides in developing recovery services, there is still a need to expand women-specific programs and expand warm-handoffs for patients transitioning from treatment to recovery-based programs. Because fewer women are in need, women-based programs often get overlooked, but it is vital to dedicate funding and resources specifically for women to ensure they receive much-needed treatment options. Another challenging task facing the City and its partners is the unintended consequences of the Health Insurance Portability and Accountability Act (HIPAA) when conducting warm handoffs between treatment and recovery services. HIPAA makes sharing patient information between these organizations difficult due to the confidentiality of patient records. As a result, City and community organizations are currently discussing and implementing ways to make sharing patient information easier without violating HIPAA.

The City and community partners are developing a HIPAA-compliant *Patient Information Network* to accomplish this task. This network will allow patient data to flow seamlessly from treatment-based organizations to recovery-focused ones ensuring patients get connected to appropriate services and don't fall through the cracks during the transition. Additionally, the Florida Department of Health-Duval County is developing a resource hub that individuals can use to find information about recovery-focused community services. This one-stop shop will identify and connect individuals with all the treatment and recovery-based organizations throughout the City.

Conclusion

As the City of Jacksonville prepares for the arrival of opioid settlement monies, it continues to reaffirm its commitment to addressing substance use disorders. Currently, Jacksonville City Council is preparing local legislation to formulate its path forward over the next two decades as funds are received from the State. The Jacksonville Fire and Rescue Department is prepared to be the hub of this coordination. It will be vitally important for the City and its community partners to continually work on making current successful programs more efficient and cost-effective and to continue innovating with evidence-based solutions to address substance use disorder and the often co-occurring mental health component.

A top priority of the City of Jacksonville should be prevention. While it may be difficult to quantify the cost savings provided by prevention, conservative estimates by the Substance Abuse and Mental Health Services Administration (SAMHSA) estimate that for every dollar spent on prevention services, there is a cost savings of roughly **18 dollars**. It will also be necessary for the City to stay committed to prevention efforts should overdose patients, drop significantly over the next few years. To have the greatest impact on prevention, the City, its community partners, and Duval County Public Schools should expand their programs to target youth and adolescents.

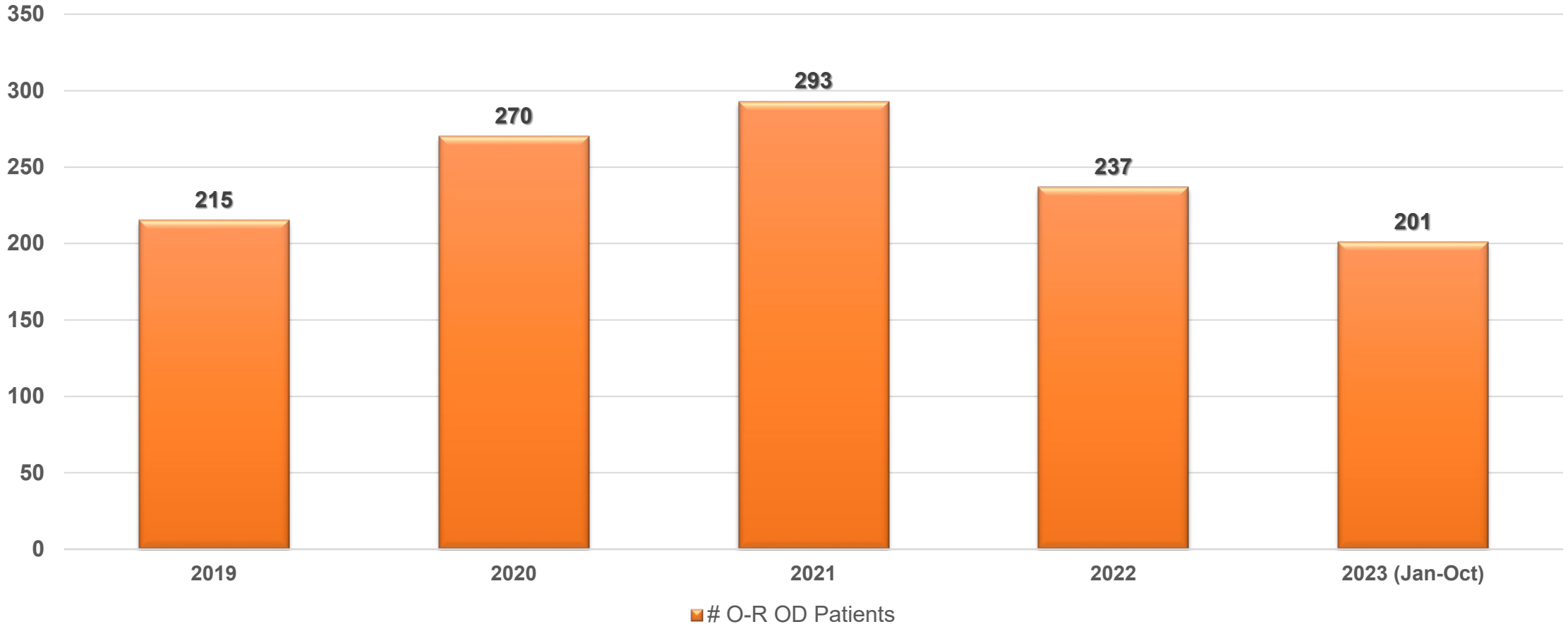
With a population of nearly 1 million people, the City of Jacksonville has one of the most diverse populations in the State of Florida. For this reason, the City and its partners must stay proactive when addressing substance use disorder and mental health. Individuals will always require treatment and recovery services as SUDs are not entirely preventable. However, focusing on prevention would significantly reduce the number of individuals needing costly and complicated treatment and recovery services. Additionally, individuals will always be in crisis with a population of this size. The City and its partners must expand services to these individuals with crisis hotlines or facilities. Every effort to prevent the initial or relapsed use of substances will save lives. Additionally, the City and its partners must determine program evaluation criteria before implementation. A structured evaluation criterion allows the City to identify which programs have the most impact and to determine where funding and resources can be reallocated to have the most significant impact.


NEFRC
NORTHEAST FLORIDA
REGIONAL COUNCIL

Jacksonville Fire & Rescue Department Overdose Data

- **Data Source**
  - Jacksonville Fire & Rescue Department, City of Jacksonville, Florida
  - Captain Michael Bernard - Office of Information Services (with additional analysis and chart/graph development by Laura Viafora Ray, MPH, CPH, Program Coordinator - Opioid Abatement)
- **Definitions**
  - **Suspected Opioid-Related Overdose** = the following conditions existed: naloxone administered and nature of call at scene is "ingestion/poisoning/OD," *OR* naloxone administered and clinical impression is "opioid-related," *OR* overdose reported with the following substances: "Fentanyl, Carfentanil or Heroin," *OR* overdose reported with naloxone administration, *OR* treatment protocol = "Overdose-Narcotic/Opioid" with duplicates removed
- **Additional Notes**
  - A 911 call received as overdose and/or naloxone administration does not necessarily confirm an overdose, opioid use, or opioid misuse
  - Each of the definitions and events listed above are independent of the other and are not mutually exclusive

of Suspected Opioid-Related (O-R) Overdose (OD) Patients
Incident Zip Codes 32224, 32225, 32233, 32250, & 32266



	2019-2020	2020-2021	2021-2022	2022-2023 (Jan-Oct)
% Change	+26%	+9%	-19%	-1%

Suspected Opioid-Related (O-R) Overdose (OD) Patients

Incident Zip Codes 32224, 32225, 32233, 32250, & 32266

Year	2019	2020	2021	2022	2023 (Jan-Oct)
Incident Zip Code	**# (%)**	**# (%)**	**# (%)**	**# (%)**	**# (%)**
32224	27 (13%)	42 (16%)	55 (19%)	50 (21%)	45 (22%)
32225	99 (46%)	108 (40%)	126 (43%)	80 (34%)	77 (38%)
32233	38 (18%)	47 (17%)	50 (17%)	46 (19%)	36 (18%)
32250	50 (23%)	64 (24%)	53 (18%)	54 (23%)	41 (20%)
32266	1 (<1%)	9 (3%)	9 (3%)	7 (3%)	2 (1%)
TOTAL	***215***	***270***	***293***	***237***	***201***

% of Suspected Opioid-Related (O-R) Overdose (OD) Patients Incident Zip Codes 32224, 32225, 32233, 32250, & 32266					
Race/Year	**2019**	**2020**	**2021**	**2022**	**2023 (Jan-Oct)**
Black or African American	7%	10%	9%	12%	8%
Hispanic or Latino	4%	3%	2%	3%	2%
Other/ Unknown	2%	2%	1%	3%	2%
White	87%	85%	88%	82%	88%

% of Suspected Opioid-Related (O-R) Overdose (OD) Patients Incident Zip Codes 32224, 32225, 32233, 32250, & 32266					
Gender/Year	**2019**	**2020**	**2021**	**2022**	**2023 (Jan-Oct)**
Female	40%	30%	30%	37%	40%
Male	60%	70%	70%	63%	60%

% of Suspected Opioid-Related (O-R) Overdose (OD) Patients Incident Zip Codes 32224, 32225, 32233, 32250, & 32266					
Age Range/Year	**2019**	**2020**	**2021**	**2022**	**2023 (Jan-Oct)**
19 or younger	2%	2%	3%	2%	1%
20-29	24%	24%	17%	14%	21%
30-39	29%	34%	39%	34%	29%
40-49	21%	20%	18%	17%	22%
50-59	12%	10%	14%	17%	11%
60-69	7%	8%	5%	9%	11%
70 or older	5%	2%	4%	7%	5%

CITY COUNCIL BRIEFING TOPIC	
TO:	Mayor and City Council
FROM:	Michael J. Staffopoulos, City Manager
DATE:	October 9, 2023
SUBJECT:	Opioid Fund Use

BACKGROUND

In June 2021, via Resolution No. 2086-2021, the City Council authorized the City to join the state of Florida and other local governmental units as a participant in the Florida Memorandum of Understanding (the "Florida Plan") and formal agreements implementing a united plan for the allocation and use of opioid settlement proceeds. The Florida Plan divides the settlement funds into three funds: (1) the City/County fund; (2) the Regional Fund; and (3) the State Fund.

Since that time, the City of Jacksonville Beach has opted-in to participate in all settlements the state of Florida negotiated with McKesson, Cardinal Health, AmerisourceBergen (distributors), Janssen Pharmaceuticals, Inc., and its parent company Johnson & Johnson (manufacturer and collectively referred to as Janssen), Endo Health Solutions, CVS Health Corporation/CVS Pharmacy, Inc., Teva Pharmaceuticals Industiries, Ltd., Allergan Finance, LLC, Walgreens Boots Alliance Inc./Walgreen Co., and Walmart as a result of the opioid litigation.

In August 2022, as supported by Resolution No. 2115-2022, the City of Jacksonville Beach, together with the City of Atlantic Beach, City of Neptune Beach, and the Town of Baldwin, entered into an Interlocal Agreement (ILA) with the Consolidated City of Jacksonville regarding the distribution of Regional Funds under the Florida Plan. As stated in the ILA, the City of Jacksonville Beach will receive a share percentage of the Regional Funds based on the adjusted population estimates for Florida counties and municipalities used for state revenue-sharing calculations as provided in the Local Government Financial Information Handbook *current at the time of each settlement fund distribution*. The approximate distributions of Regional Funds from the City of Jacksonville over the next 18 years (based on a share percentage of 2.3686%) are as follows:

YEAR	DISTRIBUTION YEAR	ANTICIPATED AMOUNT
1	Apr. 2023	$218,146.71*
2	Sept. 2023	$102,998.90
3	Sept. 2024	$111,057.25
4	Sept. 2025	$114,039.57
5	Sept. 2026	$88,986.21
6	Sept. 2027	$82,083.54
7	Sept. 2028	$77,616.70
8	Sept. 2029	$78,917.69
9	Sept. 2030	$79,304.71
10	Sept. 2031	$70,647.68
11	Sept. 2032	$64,738.22
12	Sept. 2033	$59,954.57

BRIEFING ITEM:	B.
BRIEFING DATE:	October 9, 2023

13	Sept. 2034	$63,204.29
14	Sept. 2035	$63,204.29
15	Sept. 2036	$63,204.29
16	Sept. 2037	$50,634.67
17	Sept. 2038	$50,634.67
18	Sept. 2039	$22,691.31
	TOTAL	**$1,462,110.27**

*Amount actually received on May 11, 2023 was $218,151.04

In addition to the Regional Funds received from the City of Jacksonville, the City will also receive City Funds, paid annually in September by the opioid administrator. The anticipated distributions of City Funds from the opioid administrator over the next 18 years are as follows:

YEAR	DISTRIBUTION YEAR	AMOUNT
1	Dec. 2022	$21,437.80*
2	Sept. 2023	$48,192.79*
3	Sept. 2024	$25,275.07
4	Sept. 2025	$26,203.41
5	Sept. 2026	$18,404.78
6	Sept. 2027	$23,984.00
7	Sept. 2028	$25,927.86
8	Sept. 2029	$26,390.68
9	Sept. 2030	$26,390.68
10	Sept. 2031	$24,321.53
11	Sept. 2032	$22,194.59
12	Sept. 2033	$20,553.65
13	Sept. 2034	$22,332.72
14	Sept. 2035	$22,332.72
15	Sept. 2036	$22,332.72
16	Sept. 2037	$19,694.25
17	Sept. 2038	$19,694.25
18	Sept. 2039	$8,812.57
	TOTAL	**$424,476.07**

*These funds have not yet been received, but are expected to be received via paper check in the near future as part of the September 2023 distribution.

As stated in the Florida Plan, all proceeds must be spent on opioid abatement, including prevention efforts, treatment, or recovery services. Schedule B of the Florida Plan, which sets forth approved uses of the settlement proceeds, is attached hereto.

FINANCIAL IMPACT

COUNCIL DIRECTION REQUESTED

1. Is it the consensus of Council to accept the Regional Funds received from the City of Jacksonville, and the City Funds from the opioid administrator?
2. If the City accepts the funds, is there a consensus among Council as to which service(s) the funds should be spent on?
3. What are Council's thoughts on the appropriate distribution or funding process?

ATTACHMENTS

1. Florida Plan Schedule B - Approved Uses

Schedule B

Approved Uses

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:[2]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training,

[2] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. [Intentionally Blank – to be cleaned up later for numbering]

13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;

c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;

e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

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

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.

10. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:

a. Increase the number of prescribers using PDMPs;

b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increase electronic prescribing to prevent diversion or forgery.

8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

7. Engage non-profits and faith-based communities as systems to support prevention.

8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address

mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities provide free naloxone to anyone in the community

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in sections C, D, and H relating to first responders, support the following:

1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. 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. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

CITY COUNCIL BRIEFING TOPIC	
TO:	Michael J. Staffopoulos, City Manager
FROM:	Gene Paul N. Smith, Chief of Police Thomas W. Bingham, Services Commander
DATE:	December 11, 2023
SUBJECT:	Paid Parking Year-End Review 2023

BACKGROUND

Paid parking began on March 17, 2023, and ended on October 29, 2023. The Police Department performed a liaison role for operations between citizens and SP Plus, and the financial components were overseen by the Finance Department. The Police Department's priority was to ensure SP Plus provided a convenient environment for customers using paid parking lots.

The Department is pleased with the operations this year. The new signage, high-caliber SP Plus employees, and multiple methods of payment (e.g., kiosk, text, and phone applications) made for a problem-free program. Additionally, SP Plus utilized signage and language on citations which directed violators to contact the SP Plus office, which significantly reduced the number of calls to the Parking Enforcement Coordinator. SP Plus developed and implemented a new website for Jacksonville Beach citizens to enroll for free parking. There were no major criminal incidents, and operationally, there were no issues of concern over the course of the paid parking season.

The designated paid parking areas were expanded in 2023 to include three new lots: the 6th Avenue North end zone, the 100 Block of 6th Avenue North, and the parking lot at 102 2nd Avenue North. There was one kiosk installed on 6th Avenue North to handle the transactions for both designated areas on that road, and there was one kiosk installed in the parking lot of 102 2nd Avenue North. The transactions recorded from the kiosk and parking apps for 6th Avenue North showed this area accounted for approximately 5.4% of all transactions for paid parking in 2023. Similarly, the transactions for 102 2nd Avenue North accounted for approximately 5.7%.

FINANCIAL IMPACT

See Attached

COUNCIL DIRECTION REQUESTED

The Police Department and Administration have no recommended changes to the current paid parking program.

ATTACHMENTS

1. Supplemental Information 2023 Paid Parking Season
2. Paid Parking Lot Map

BRIEFING ITEM:	B.
BRIEFING DATE:	December 11, 2023

PAID PARKING – 2023 SEASON
SUPPLEMENTAL INFORMATION
CITY COUNCIL BRIEFING 12-11-2023

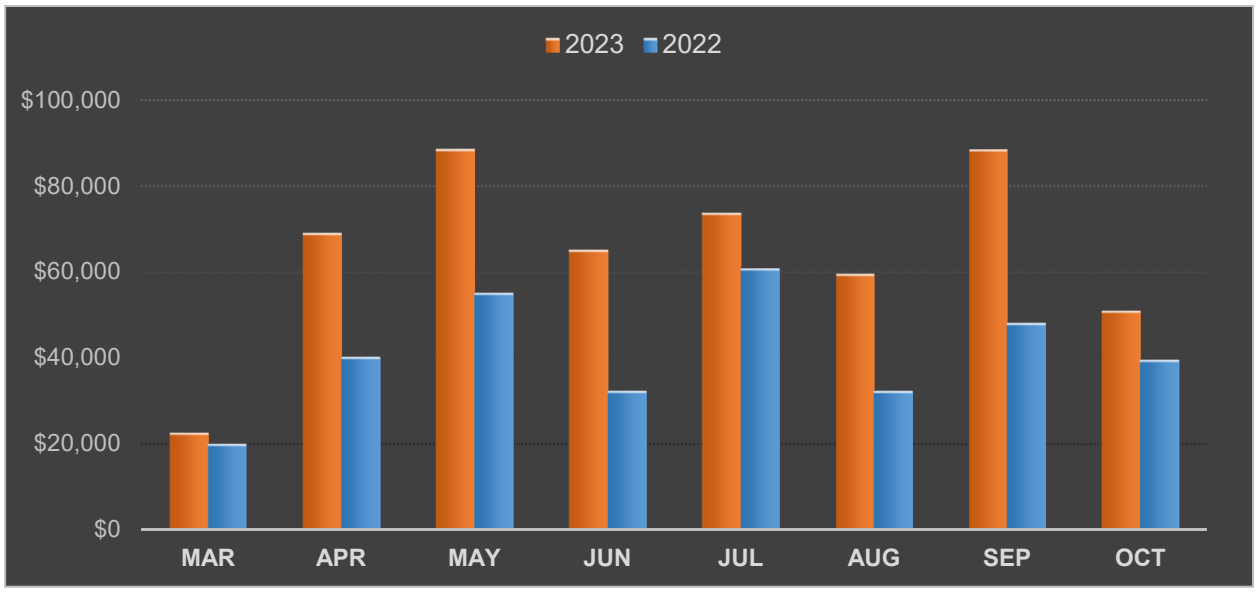
FINANCIAL IMPACT

The City noted a marked increase in paid parking revenue for the 2023 season, due largely to the new contract and revenue sharing agreement. The new revenue sharing terms are 74% City / 26% Contractor before credit card processing fees; whereas the prior agreement was 60% City / 40% Contractor, net of credit card processing fees. The increase is also attributable to the addition of the 6th Avenue North and Beachside Lot parking locations. In total, the City received $517,609 in paid parking revenues for the 2023 season versus $327,494 during the 2022 season.

2023 paid parking gross revenues by month:

MONTH	COJB (74%)	SP+ (26%)	TOTAL REVENUE
MAR	$22,347	$8,073	$30,420
APR	$68,964	$24,813	$93,777
MAY	$88,630	$31,954	$120,584
JUN	$65,130	$23,370	$88,500
JUL	$73,779	$26,383	$100,162
AUG	$59,464	$21,190	$80,654
SEP	$88,462	$31,805	$120,267
OCT	$50,834	$18,164	$68,998
TOTAL	**$517,609**	**$185,753**	**$703,363**

Comparison of City revenues from 2022 to 2023:

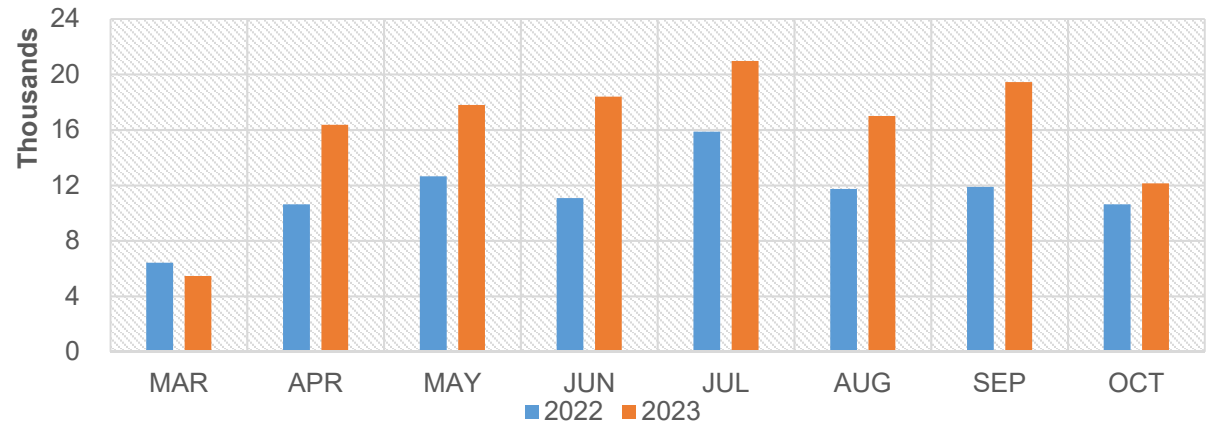


PAID PARKING – 2023 SEASON
SUPPLEMENTAL INFORMATION
CITY COUNCIL BRIEFING 12-11-2023

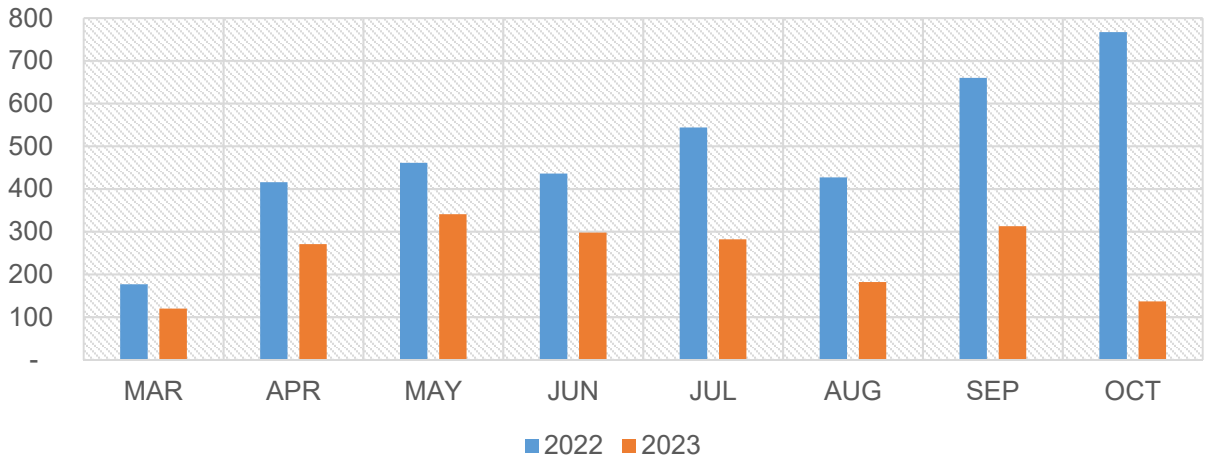
2023 Paid vehicle counts by location and month:

LOCATION	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTAL
Latham	1,117	1,994	2,826	2,671	3,009	2,446	2,491	814	17,368
Pier	1,145	3,258	3,215	3,101	3,452	2,873	3,159	2,006	22,209
3rd St. N	763	1,886	1,533	1,487	1,824	1,446	1,722	1,143	11,804
CRA 2nd St.	424	1,020	934	882	953	706	848	645	6,412
Beachside lot	-	194	299	336	385	341	367	327	2,249
6th Ave lot	-	132	147	193	185	139	192	22	1,010
parking.com (location unknown)	2,015	7,885	8,839	9,723	11,161	9,046	10,670	7,184	66,523
TOTAL	**5,464**	**16,369**	**17,793**	**18,393**	**20,969**	**16,997**	**19,449**	**12,141**	**127,575**

Paid vehicle count by month:



Resident vehicle count by month:




3rd St N
A1A
1st Ave N
2nd Ave N
4th Ave N
5th Ave N
CAPE lot
2nd St N
Latham/ Municipal lot
Beachside Casuals
Ritz lot
6th Ave N parallel and endzone lots
1st St
Pier lot
All City lots under the SP Plus contract

CITY COUNCIL BRIEFING TOPIC	
TO:	Michael J. Staffopoulos, City Manager
FROM:	Molly Alleger, Assistant to the City Manager
DATE:	December 11, 2023
SUBJECT:	Request for Proposals for Fully Ticketed Events

BACKGROUND

At a previous briefing, the City Council expressed interest in a Request for Proposals (RFP) solicitation for a pilot program for fully ticketed special events. Currently, the Special Event Policy only allows a limited number of ticket sales in a defined VIP area. However, several event producers have requested the ability to charge an entry fee, in order to cover production costs.

Attached is a draft RFP detailing Section C: Technical Specifications and Section D: Evaluation and Award Procedures.

Sections A, B, and E of the RFP were prepared by Procurement containing submittal forms and our standard terms and conditions.

FINANCIAL IMPACT

None.

COUNCIL DIRECTION REQUESTED

1. Does City Council agree with the recommended language?

2. Does City Council prefer to wait for solicitation for the ticketed event to take place after the redevelopment with Latham Plaza, or should staff move forward at this time?

ATTACHMENTS

1. RFP for Ticketed Special Event

BRIEFING ITEM:	D.
BRIEFING DATE:	December 11, 2023

SECTION C: TECHNICAL SPECIFICATIONS

1. Introduction

The Jacksonville Beach City Council has indicated an interest in a pilot program for a fully ticketed event. Currently, the Special Event Policy (only allows a limited number of purchased tickets in a defined VIP area) does not allow for fully ticketed events. However, several Event Producers have expressed interest in the ability to charge an entry fee, in order to attract higher-rated entertainment and cover costs of event production.

2. Scope of Services

- The event site will include Latham Plaza and Seawalk Pavilion.
- The Event Producer will be responsible for security fencing for the entire event site.
- Road closure will be allowed on 1st street only.
- The event may or may not include alcohol. Alcohol is strictly defined as only beer or wine.
- Set-up for the event may take place the day prior to the event.
- The Event Producer is responsible for ensuring the facility is returned broom clean at the conclusion of the event.
- Tear-down and clean-up should be completed within 24 hours after the conclusion of the event.
- Food vendors operating from tents and food trucks are permitted and may be limited in number depending on event layout.
- The Event Producer should provide a security plan to accommodate orderly evacuation from the event site, in the event of an emergency. In addition, a plan for re-entry should be included, should the event be temporarily suspended due to severe weather or other unforeseen circumstance.
- The Event Producer should provide a transportation plan to encourage shuttle passage between the event site and parking lots. Examples include using beach buggies or ride-share services, or a bike-valet option to encourage non-automobile transportation to the event.
- The Event Producer should be able to provide the City with contact data collected from attendees, that could be used for future surveys and information gathering.

SECTION D: EVALUATION AND AWARD PROCEDURES

Proposals will be independently evaluated by the Special Events Committee based on the following criteria: Event planning and logistics; experience and track record; marketing and promotion; budget proposal; and type of event. After independent evaluation, the Special Events Committee will meet to collaborate the scoring and discuss the merits of each proposal. The evaluation committee may request interviews with respondents to further determine the ranking of proposals. The evaluation committee will make recommendation to the City Council based on the ranking of proposals.

1. Event planning and logistics (50 points)

- Describe a transportation plan to encourage shuttle transportation –between the event site and parking lots such as beach buggies or ride-share services, as well as a bike-valet option to encourage non-automobile transportation.
- Describe a security plan for the proposed event including crowd control and street closures etc., include a detailed plan for evacuation due to emergencies.
- Describe your re-entry plan when the event site is closed temporarily due to inclement weather or other unforeseen circumstance.
- Describe your methodology to capture attendance and other economic related data.
- Describe waste management and port-o-let plan
- Provide a site plan for the proposed event *(including fencing, dumpster placement, vendor placement, etc.)*

2. Experience and track record (20 points)

- 5 years minimum experience of event production
- List events produced over last 5 years and include venue
- Provide documentation/proof – permit, photos, advertisement
- List 3 references and include contact information

3. Marketing and promotion (10 points)

- Describe marketing and promotion plans – platforms to be used and access for City oversight?

4. Type of event (10 points)

- Describe your proposed event – include target demographic, crowd size, amplified music, etc
- List potential vendors and vendor types

5. Budget proposal (10 points)

- Provide proposed ticket pricing
- Provide an itemization of anticipated production expenses
- Provide additional revenue sources anticipated from production of this event

CITY COUNCIL BRIEFING TOPIC	
TO:	Michael J. Staffopoulos, City Manager
FROM:	Molly Alleger, Assistant to the City Manager
DATE:	December 11, 2023
SUBJECT:	Citywide Gateway Signage Initial Discussion

BACKGROUND

The Citywide Gateway Signage project includes five signs which have been identified in the City's Capital Improvement Plan for either modification or new construction.

The sign locations and regulatory agency governing each location are as follows:

- Beach Boulevard at Adventure Landing (Easement on private property; easement document and City code)
- Beach Boulevard at Penman Road (City Property; City code)
- A1A at 19th Street South (City Property; City code)
- A1A at the Duval County Line (DOT Median; FDOT regulations)
- A1A at Seagate Avenue (DOT Median; FDOT regulations)

Staff has contacted each regulatory agency and begun identifying parameters and requirements for each sign. Staff would like to solicit a Request For Qualifications (RFQ) for a design firm to create the signage brand strategy. It is the intent of these signs to ensure that all residents, businesses, and visitors feel connected to the City's vision of a vibrant, coastal community that embraces the beach life. Once the selection committee has reviewed all proposals, a formal recommendation will be made to the City Council to move forward with the most qualified firm. Design elements from gateway signs will be incorporated into smaller site signs throughout the City in future years.

FINANCIAL IMPACT

The City has $65,000 budgeted for design in FY 2024.

COUNCIL DIRECTION REQUESTED

Does the City Council concur that staff should move forward with the RFQ process to identify a design firm for this project?

ATTACHMENTS

BRIEFING ITEM:	E.
BRIEFING DATE:	December 11, 2023