

OPIOID AND SUBSTANCE USE DISORDER (OSUD) GRANTS COMMITTEE
Meeting Minutes
January 27, 2025, 2:00 PM
City Hall, 1st Floor, Lynwood Roberts Room
Chair: Dr. Richmond Wynn
Vice-Chair: Antonio Nichols (not present)
Secretary: Heather Rios

Committee Meeting Attendance	
X	Dr. Richmond Wynn - Chair
	Antonio Nichols - Vice-Chair
X	Heather Rios - Secretary
	Dr. Lantie Jorandby
X	Nancy St. Clair
X	Sarah Smith
X	Dr. John Tanner

Quorum Present: Yes

City Council Liaison (non-voting member):

- City Councilmember Ron Salem, At-Large, Group 2 (not present)

Staff:

- Madelaine Zarou, Manager of Opioid Abatement - Jacksonville Fire and Rescue Department
- Laura Viafora Ray, Program Coordinator - Opioid Abatement - Jacksonville Fire and Rescue Department
- Ashley Smith, Assistant General Counsel - Office of General Counsel, City of Jacksonville

I. Call to Order

The meeting was called to order at 2:00 PM by Dr. Richmond Wynn, Chair.

II. Welcome and Introductions

Staff members introduced themselves, and each OSUD Grants Committee member in attendance introduced themselves.

III. Office of Opioid Abatement Update

Madelaine Zarou, Manager of Opioid Abatement, provided an update from their office. Ms. Zarou shared that all 14 of the fiscal year 2024-2025 contracts had been fully executed and have final purchase orders.

They went on to say that the process of invoicing had begun, and that their office was catching up with invoices from October 2024 onward.

They continued their update noting that the Quarterly Progress Reports for the first quarter were due in January and that all programs had submitted their reports, which were currently being reviewed. Their office was requesting supporting documentation and revisions and clarification as needed.

Finally, Ms. Zarou gave an update on the program's online application platform, stating that their subscription with CyberGrants had expired on January 15, and that their office had acquired new software called Submittable. They noted that they believe it is a more user-friendly platform both on the internal and applicant ends and also said that it was cheaper than the CyberGrants renewal would have been. Ms. Zarou stated that their office would provide interested agencies with a tutorial on the platform as part of the Mandatory Application Workshop tentatively scheduled for some time in April and that they would also schedule a tutorial for Committee members to demonstrate how to use the platform as a reviewer to score applications.

IV. Drug and Opioid-Related Overdose Data Update

Laura Viafora Ray, Program Coordinator - Opioid Abatement, provided an update on drug and opioid-related overdose data. Their update included national, state, and local/regional data. They began by sharing data from a report titled "Drug Overdose Deaths in the United States, 2003-2023: Key Findings from the National Vital Statistics System":

- Overall age-adjusted rate of drug overdose deaths decreased 4.0% between 2022 and 2023
- After the age-adjusted rate of drug overdose deaths nearly quadrupled from 8.9 (per 100,000) in 2003 to 32.6 in 2022, the rate decreased to 31.3 in 2023
- After a period of increase between 2013 and 2022, rates of drug overdose deaths involving synthetic opioids (including fentanyl, fentanyl analogs, and tramadol), decreased by 2.2% between 2022 and 2023

They also shared accompanying graphs:

- "Age-adjusted drug overdose death rate, by sex: United States, 2003–2023" showed that the rate for males was significantly higher than for females for all years and showed that the rate in 2023 was significantly lower than in 2022.
- "Age-adjusted drug overdose deaths involving opioids, by type of opioid: United States, 2003-2023" illustrated that age-adjusted overdose deaths from synthetic opioids (other than methadone) saw a significant increasing trend from 2013 to

2021, with different rates of change over time, but the rate in 2023 was significantly lower than in 2022.

Next, Ms. Viafora Ray shared a graph showing predicted provisional overdose deaths which illustrated that between April 2023 and April 2024, overdose deaths declined by 10%.

Transitioning to state data, they shared that in Florida, the percent change in predicted 12 month-ending count of drug overdose deaths from July 2023 to July 2024 was a 17.39% decrease, compared to a 16.9% decrease for the United States. They noted that while this is not a significant difference, it does demonstrate that Florida is experiencing a drop in overdose deaths that slightly exceeds the drop at the national level. Ms. Viafora Ray also shared a couple of data points from the 2024 Florida Youth Substance Abuse Survey (FYSAS):

- In 2024, 23% of Florida high school students reported experiencing substance abuse in their household, compared to 27% who reported this in 2020
- In 2024, rates of lifetime and past 30-day pain reliever misuse among students in Florida were the lowest ever reported; Past 30-day use was less than 1%

Finally, Ms. Viafora Ray shared updated data from the Jacksonville Fire & Rescue Department (JFRD). They stated that in 2024, JFRD responded to 1,835 suspected opioid-related overdose patients, representing a 36% decrease from 2023. They also shared this data by race, noting that in 2024, 26% of suspected opioid-related overdose patients were black or African American, 4% were Hispanic or Latino, 4% were Other or Unknown, and 66% were white. By gender, they stated that in 2024, 64% of these patients were male and 36% were female. By age group, they shared that in 2024, 3% of these patients were 19 or younger, 14% were aged 20-29, 27% were 30-29 (the mode), 23% were 40-49, 17% were 50-59, 10% were 60-69, and 5% were 70 or older. Lastly, they shared a heat map of opioid-related overdoses by count and rate by zip code, which showed the highest counts of this measure were in the zip codes 32210 and 32218, and the highest rates per 1,000 were in zip codes 32202 and other zip codes in the urban core.

The slide deck from this meeting with the data, graphs, and maps described above are available upon request by emailing opioidabatement@coj.net.

V. Public Comment

Dr. Wynn opened the floor to public comment.

Jocelyn Turner with the Partnership for Child Health asked if the data shared could be made available. Ms. Zarou said that the slide deck with these data would be shared

stating that the slide deck with these data would be shared out to the program listserv following the meeting. The data are also available upon request by emailing opioidabatement@coj.net.

Jeremiah Harris with I.M. Sulzbacher Center asked how the “Age-adjusted drug overdose death rate” shared in the beginning of the data presentation were measured and defined. Ms. Viafora Ray answered by clarifying that drug overdose deaths are identified using the International Classification of Diseases, 10th Revision underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Mr. Harris went on to share that implementing Universal Drug Screening (UDS) with their program has been helpful in keeping their participants engaged in recovery and maintaining abstinence, because the results of their screening do not reflect what they thought they were taking.

There were no additional public comments.

VI. Vote on Minutes from December 9, 2024, Meeting

Sarah Smith put forth a motion to vote to approve the meeting minutes from the December 9, 2024, meeting. Dr. John Tanner seconded the motion. There was no discussion. The motion passed unanimously.

VII. Vote on FY 2025-2026 OSPG Program Funded Category Percentage Allocations

Ms. Zarou reminded the committee that per Chapter 84, “On or before March 1 of each year, the OSUD Grants Committee shall assess the needs of the community and recommend to the City Council the percentage of Opioid Settlement Proceeds Grants funds appropriated by the City Council to be allocated to each of the following Opioid Settlement Proceeds funded categories: (1) Prevention; (2) Treatment; (3) Recovery Support.”

Ms. Viafora Ray provided some data from the first two cycles of the program. They reminded committee members that the allocations for the first cycle were set at 34% to Prevention, 33% to Treatment, and 33% to Recovery Support. Since the amounts requested in the first cycle (fiscal year 2023-2024) were less than the budget, what was ultimately awarded to programs were 39% to Prevention, 35% to Treatment, and 26% to Recovery Support. They went on to explain that for the first cycle, not every program fully expended their budgets, so what was actually expended was 44% to Prevention, 33% to Treatment, and 23% to Recovery Support. Their office also calculated the average of the percentage of budgets expended by category and found that on average, the Prevention programs expended 74% of their budgets, Treatment programs expended 69% of their budgets on average, and Recovery Support programs expended 72% of their budgets on average. Ms. Viafora Ray also noted that the Committee had voted to retain the allocation at 34% Prevention, 33% Treatment, and 33% Recovery

Support for the fiscal year 2024-2025 cycle, and that it was too soon to report on percentages expended by category.

Dr. Wynn opened the floor for committee members to discuss.

Sarah Smith asked if they would need to change the allocation to align with what was awarded in the first cycle. Ms. Viafora Ray answered by explaining that the ordinance treats each cycle as unique and distinct, and that an adjustment does not need to be made to account for what was ultimately expended in a previous cycle. Ms. Zarou went on to clarify that the wording of the ordinance specifically mentions assessing the needs of the community.

Dr. Wynn reminded the committee that they would need to decide prior to seeing the distribution of submitted applications in this upcoming cycle. Ms. Viafora Ray acknowledged this and noted that legislation takes six or more weeks to pass, which is why delaying this recommendation until after applications are received is not possible. Ms. Zarou further clarified that unlike the first cycle, the program budget will likely be lower than the amount requested in any given category, so the distribution of applications will likely not be a factor.

Dr. Tanner put forth a motion to keep the percentage allocations the same at 34% to Prevention, 33% to Treatment, and 33% to Recovery Support. The motion was seconded by Nancy St. Claire. There was no further discussion. The motion passed unanimously.

VIII. New Business

Dr. Wynn opened the floor for new business. There was no new business.

IX. Adjournment

Heather Rios put forth a motion to vote to adjourn the meeting. Ms. Smith seconded the motion. The motion passed unanimously. The meeting was adjourned by Dr. Wynn at 2:34 PM.

Next Meeting Date - Monday, February 24, 2025 at 2:00 PM

To be signed by Heather Rios, Secretary, certifying approval by the Committee:

Signature: _____

Date: _____