

LEGISLATIVE FACT SHEET

DATE: 02/08/23

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: _____
FIRE AND RESCUE
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: _____
JACOB W. BLANTON

Provide Name: _____
KEITH POWERS

Contact Number: _____
904-255-3308

Email Address: _____
Jblanton@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

Duval County, along with Jacksonville Fire/Rescue (JFRD) is one of only 12 counties in Florida that has been selected by the "State" (Florida Department of Health) to participate in a community-based intervention program that will implement a network of providers for the care, treatment, and recovery of substance use disorder (SUD). On a national level, standard SUD treatment programs have had limited success in creating long-term recovery for those who suffer from deadly and debilitating SUD processes.

This innovative grant-funded program involves the JFRD partnering with other local organizations such as the Duval Co. Health Department, Gateway Community Services, the Sulzbacher Homeless Center, local Emergency Departments, and the Department of Children and Families (DCF). This comprehensive approach will address primary and secondary impacts and outcomes of SUD. From initial consultation with peer navigators directly within an emergency department, to a sustainable plan for long-term recovery, this program will target those individuals who are otherwise not receiving the services and treatment that they need to restore their lives.

The grant funding for this program expires on June 30, 2023, so it is necessary to file this legislation as an emergency, and more importantly, SUD is a national public health emergency. Since 2017, the City of Jacksonville and JFRD have partnered with Gateway Community Services and local emergency departments through "Project Save Lives" (PSL) to provide initial peer navigators, detox, and medication-assisted treatment (MAT) services for those within the Jacksonville community who are afflicted with SUD. During those five plus years, nearly 50 percent of those who overdosed and were eligible for participation in PSL refused all services. These are real people who refused the opportunity to participate in recovery, many of whom most-likely suffered additional overdoses, and many who later died as a result of lethal overdoses. This new program intends to address the gaps and barriers that exist currently with regard to treatment and recovery opportunities for SUD.

APPROPRIATION: Total Amount Appropriated: \$311,823.00 as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s):	From: <u>Centers for Disease Control (CDC) (CFDA 93.354)</u>	Amount: _____	\$311,823.00
	To: <u>Rescue Services/JFRD Coordinated Opioid Response (CORE) Initiative 2023</u>	Amount: _____	\$311,823.00
Name of State Funding Source(s):	From: _____	Amount: _____	
	To: _____	Amount: _____	
Name of City of Jacksonville Funding	From: _____	Amount: _____	
	To: _____	Amount: _____	
Name of In-Kind Contribution(s):	From: _____	Amount: _____	
	To: _____	Amount: _____	
Name & Number of Bond Account(s):	From: _____	Amount: _____	
	To: _____	Amount: _____	

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

This is a federal grant from the CDC (CFDA 93.354) that is being managed by the Florida Department of Health. The funding ends at midnight on 6/30/23. This money will be utilized by JFRD to fund our obligations to the program. Those costs include both personnel and equipment. No match is required.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
			The Coordinated Opioid Response (CORE) program funding expires June 30, 2023 and is necessary to provide program medication assisted therapy services to individuals experiencing or overdose and acute withdrawal symptoms.
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year sub fund carryover language.
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports.

Division Chief: _____
(signature)

Date: _____

Prepared By: _____
(signature)

Date: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o the Budget Office, St. James Suite 325

Thru: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

From: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

Primary Contact: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5006

E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480
Phone: 904-255-5062 E-mail: mstaff@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: rachelz@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: **Yes** **No**
Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED