		GASTON COUNTY			
		BUDGET CHANGE REQUEST (BCR)			
		boboti cimitot negotor (beny			
то:		Dr. Kim S. Eagle, County Manager			
FROM:		EMS GEMS		1	
		Dept. Code Department Name		4	
		Mark Lamphiear	5/28/2024	1	
		Department Director	Date	1	
REQUEST TYPE:		Line-Item Transfer Within Department & Fund Project Transfer Within Department & Fund Line-Item Transfer Between Departments *	Line-Item Transfer Additional Approp Requires resolution by the B	riation c	of Funds*
ACCOUNT DESCRIPT	ION	ACCOUNT NUMBER		А	MOUNT**
As it appears in Mu	nis	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj			le dollars only
Ex. Employee Train	ing	XXXX-XXX-XXXX-XXXXXX-XXXXXXX-XXXXXX-XXXX			x. (\$5,000)
		Ex. 1000-BGT-000-00000-000000-0000000-0000	0-01-520011-	E	Ex. \$5,000
Opioid Settlement		2055-000-000-00000-000000-000000-05-410211	L-	\$	(39,206.00
Salaries		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510001		\$	12,211.00
FICA		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510100		\$	935.00
Retirement		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510101		\$	1,573.00
401K		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510102		\$	611.00
Health Insurance		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510103		\$	1,917.00
Dental Insurance		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510104		\$	40.00
Life Insurance		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510105		\$	20.00
Medication		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-520003	 -	\$	4,999.00
Uniforms		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-520006	j-	\$	2,000.00
Miscellaneous Supplies/Exp	oense	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-520007	'-	\$	2,900.00
Employee Training		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-520011	-	\$	1,000.00
Furn/Equip<\$5K		2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-520020)-	\$	11,000.00
		Charles			

JUSTIFICATION FOR REQUEST:

This Board Action appropriates \$1,047,985 in Opioid Settlement funds for a Gaston County Jail MAT program, and setup Year 1 budget in the amount of \$39,206. Two Community Paramedics and one peer support specialist will be in the Gaston County jail and administer MAT to those who enter with a prescription as well as pregnant individuals who meet the criteria to initiate MAT. Detention officers will be responsible for movement of patients throughout the jail facility for the purposes of MAT. All program staff will also be responsible for providing education to inmates as well as jail staff. Outcomes to be measure include number of inmates receiving MAT, impact on overdose post-release, recidivism rates, and continuing participation in treatment post-release. Program Staff will report data weekly to those who enter with a prescription as well as pregnant individuals who meet the criteria to initiate MAT. Detention officers will be responsible for movement of patients throughout the jail facility for the purposes of MAT. All program staff will also be responsible for providing education to inmates as well as jail staff. Outcomes to be measured include number of inmates receiving MAT, impact on overdose post-release, recidivism rates, and continuing participation in treatment post-release. Program Staff will report data weekly to the County Manager and the County Manager will report data monthly to the Commissioners.

^{**} Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.

		GAS	STON COUNTY				
			ANGE REQUEST (BCR	()			
TO: Dr. Kim S. Eagle, County Manager							
FDOM.		CHE	Chariff Dar		unt.	1	
FROM:		SHF Dept. Code	Sheriff Dep Departme]	
		·	·			1	
			d Hawkins nent Director	[5/28/2024 Date		
		Берин	nent birector		Date		
REQUEST TYPE:	Ø	Line-Item Transfer Withi Project Transfer Within I Line-Item Transfer Betw	Department & Fund		Line-Item Transfer Additional Approp	riation	of Funds*
ACCOUNT DESCRIPT	TION		ACCOUNT NUMBER				AMOUNT**
As it appears in Mu		•	Piv-SubDiv-Prog-SubProg-Fu			Whole dollars only	
Ex. Employee Train	ning	XXXX-XXX-XXXX-XXXXXX-XXXXXX-XXXXXX-XXXXX			Ex. (\$5,000) Ex. \$5,000		
Opioid Settlement		2055-000-000-00000-00	0000-00000000-0000-05-410)211-		\$	(157,498.00)
Salaries		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-5100	001-		\$	98,870.00
FICA		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-510:	100-		\$	7,564.00
Retirement		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-510:	101-		\$	13,882.00
401K		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-510:	102-		\$	4,944.00
Health Insurance		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-5102	103-		\$	23,000.00
Dental Insurance		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-510:	104-		\$	484.00
Life Insurance		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-510:	105-		\$	192.00
Uniforms		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-5200	006-		\$	4,037.00
Miscellaneous Supplies/Ex	pense	2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-5200	007-		\$	125.00
Furn/Equip<\$5K		2055-SHF-000-00000-AT	IMAT-Strgt11-0000-02-5200	020-		\$	4,400.00
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JUSTIFICATION FOR REQUEST:

This Board Action appropriates \$1,047,985 in Opioid Settlement funds for a Gaston County Jail MAT program. Two Community Paramedics and one peer support specialist will be in the Gaston County jail and administer MAT to those who enter with a prescription as well as pregnant individuals who meet the criteria to initiate MAT. Detention officers will be responsible for movement of patients throughout the jail facility for the purposes of MAT. All program staff will also be responsible for providing education to inmates as well as jail staff. Outcomes to be measured include number of inmates receiving MAT, impact on overdose post release, recidivism rates, and continuing participation in treatment post release. Program Staff will report data weekly to the County Manager and the County Manager will report data monthly to the Commissioners.

		GA	STON COUNTY			
		BUDGET CH	HANGE REQUEST (BCR)			
TO:	v Manager					
			_		7	
FROM:		EMS	GMS	Name		
		Dept. Code	Department	Name		
		Marl	c Lamphiear	5/28/2024	1	
		Depart	ment Director	Date	-	
REQUEST TYPE:	<!--</td--><td>Line-Item Transfer With Project Transfer Within Line-Item Transfer Betw</td><td>Department & Fund</td><td></td><td>riation</td><td>of Funds*</td>	Line-Item Transfer With Project Transfer Within Line-Item Transfer Betw	Department & Fund		riation	of Funds*
ACCOUNT DESCRIP	PTION		ACCOUNT NUMBER			AMOUNT**
As it appears in M		Fund-Dept-	Div-SubDiv-Prog-SubProg-Futur	re-Obi-Proi	Whole dollars only	
Ex. Employee Train		-	XXX-XXXXXX-XXXXXXX-XXXX-XX			Ex. (\$5,000)
		Ex. 1000-BGT-000-00000-000000-000000-01-520011-				Ex. \$5,000
Opioid Settlement		2055-000-000-00000-0	00000-00000000-0000-05-41022	11-	\$	(344,460.00)
Salaries		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-51000)1-	\$	146,524.00
FICA		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-51010	00-	\$	11,210.00
Retirement		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-51010)1-	\$	18,872.00
401K		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-51010)2-	\$	7,326.00
Health Insurance		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-51010)3-	\$	23,000.00
Dental Insurance		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-51010)4-	\$	484.00
Life Insurance		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-51010)5-	\$	192.00
Medication		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-52000)3-	\$	85,001.00
Other Services		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-53001	.5-	\$	51,851.00
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JUSTIFICATION FOR REQUEST:

This Board Action appropriates \$1,047,985 in Opioid Settlement funds for a Gaston County Jail MAT program. Two Community Paramedics and one peer support specialist will be in the Gaston County jail and administer MAT to those who enter with a prescription as well as pregnant individuals who meet the criteria to initiate MAT. Detention officers will be responsible for movement of patients throughout the jail facility for the purposes of MAT. All program staff will also be responsible for providing education to inmates as well as jail staff. Outcomes to be measured include number of inmates receiving MAT, impact on overdose post release, recidivism rates, and continuing participation in treatment post release. Program Staff will report data weekly to the County Manager and the County Manager will report data monthly to the Commissioners.

		GASTON COUNTY				
		BUDGET CHANGE REQUEST (BCR)				
то:		Dr. Kim S. Eagle, County Manager				
FROM:		SHF Sheriff Department Dept. Code Department Name				
		Chad Hawkins 5/28/2024 Department Director Date				
REQUEST TYPE:	✓ □	Line-Item Transfer Within Department & Fund	riation of Funds*			
ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training		ACCOUNT NUMBER Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj XXXX-XXX-XXX-XXXXX-XXXXXX-XXXXXX-XXXXXX	AMOUNT** Whole dollars only Ex. (\$5,000) Ex. \$5,000			
Opioid Settlement		2055-000-000-00000-000000-00000-05-410211-	\$ (152,704.00)			
Salaries		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-510001-	\$ 101,836.00			
FICA		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-510100-	\$ 7,790.00			
Retirement		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-510101-	\$ 13,116.00			
401K		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-510102-	\$ 5,092.00			
Health Insurance		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-510103-	\$ 23,000.00			
Dental Insurance		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-510104-	\$ 484.00			
Life Insurance		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-510105-	\$ 192.00			
Furn/Equip<\$5K		2055-SHF-000-00000-ATIMAT-Strgt11-0000-02-520020-	\$ 1,194.00			
		Check cell- Amounts must sum to \$0	\$ -			

JUSTIFICATION FOR REQUEST:

This Board Action appropriates \$1,047,985 in Opioid Settlement funds for a Gaston County Jail MAT program. Two Community Paramedics and one peer support specialist will be in the Gaston County jail and administer MAT to those who enter with a prescription as well as pregnant individuals who meet the criteria to initiate MAT. Detention officers will be responsible for movement of patients throughout the jail facility for the purposes of MAT. All program staff will also be responsible for providing education to inmates as well as jail staff.

Outcomes to be measured include number of inmates receiving MAT, impact on overdose post release, recidivism rates, and continuing participation in treatment post release. Program Staff will report data weekly to the County Manager and the County Manager will report data monthly to the Commissioners.

		GAS	STON COUNTY				
		BUDGET CH	ANGE REQUEST (BC	CR)			
то:		Dr. Kim S. Eagle, County	Manager				
FROM:		EMS	GE	EMS		Ī	
		Dept. Code	Department Name			l	
			Lamphiear nent Director		5/28/2024 Date		
		Бераги	ment birector		Date		
REQUEST TYPE:	☑	Line-Item Transfer Withi Project Transfer Within I Line-Item Transfer Betwo	Department & Fund	□ □ *Po	Line-Item Transfer Additional Approp	riation	of Funds*
		Line-item transfer between	een bepartments	· Ne	equires resolution by the Bo	oaru or cc	ommissioners
ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training		ACCOUNT NUMBER Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj XXXX-XXX-XXXX-XXXXX-XXXXXX-XXXXXX-XXXXXX			AMOUNT** Whole dollars only Ex. (\$5,000) Ex. \$5,000		
Opioid Settlement		2055-000-000-00000-00	0000-0000000-0000-05-4	10211-		\$	(354,117.00)
Salaries		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-51	10001-		\$	150,917.00
FICA		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-51	10100-		\$	11,545.00
Retirement		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-51	10101-		\$	19,438.00
401K		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-51	10102-		\$	7,546.00
Health Insurance		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-51	10103-		\$	23,000.00
Dental Insurance		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-51	10104-		\$	484.00
Life Insurance		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-51	10105-		\$	192.00
Medication		2055-EMS-000-00000-AT	ΓΙΜΑΤ-Strgt11-0000-02-52	20003-		\$	89,144.00
Other Services		2055-EMS-000-00000-AT	FIMAT-Strgt11-0000-02-53	30015-		\$	51,851.00
		<u> </u>		heck cell-	- Amounts must sum to \$0	Ś	

JUSTIFICATION FOR REQUEST:

This Board Action appropriates \$1,047,985 in Opioid Settlement funds for a Gaston County Jail MAT program. Two Community Paramedics and one peer support specialist will be in the Gaston County jail and administer MAT to those who enter with a prescription as well as pregnant individuals who meet the criteria to initiate MAT. Detention officers will be responsible for movement of patients throughout the jail facility for the purposes of MAT. All program staff will also be responsible for providing education to inmates as well as jail staff. Outcomes to be measured include number of inmates receiving MAT, impact on overdose post release, recidivism rates, and continuing participation in treatment post release. Program Staff will report data weekly to the County Manager and the County Manager will report data monthly to the Commissioners.