

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

**TO:** Matthew Rhoten, County Manager

**FROM:** HLT Health  
Dept. Code Department Name  
Brittain Kenney 05/27/2025  
Department Director Date

## REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund ☐ Line-Item Transfer Between Funds\*
- ☐ Project Transfer Within Department & Fund ☒ Additional Appropriation of Funds\*
- ☐ Line-Item Transfer Between Departments \* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table><tr><td>4</td><td>3</td><td>3</td><td>5</td><td>6</td><td>7</td><td>4</td><td>2</td><td>6</td><td>5</td></tr><tr><td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td></tr><tr><td>XXXX</td><td>XXX</td><td>XXX</td><td>XXXXX</td><td>XXXXXX</td><td>XXXXXX</td><td>XXXX</td><td>XX</td><td>XXXXXX</td><td>XXXXX</td></tr></table>	4	3	3	5	6	7	4	2	6	5	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	Ex. \$5,000.00 Ex. (\$5,000.00)
4	3	3	5	6	7	4	2	6	5																							
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj																							
XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-																															
Fund Balance Appropriated	2055-NDP-000-0000-FBApro-0000000-0000-99-490000-	(314,126.00)																														
Professional Services	2055-HLT-000-00000-MATSch-Stratg2-0000-05-530010-	314,126.00																														

## JUSTIFICATION FOR REQUEST:

Gaston County joined the State in the National Opioid Settlement. This BCR appropriates Year 1 \$314,126.00 Total Project \$668,378.00 of our allotment for Evidence-Based Addiction Treatment through a Gaston County Medication Assisted Treatment (MAT) Scholarship fund (GCMATS) implemented by McLeod Centers for Wellbeing. Through the program, Gaston County's uninsured/underinsured residents will have the opportunity to receive Evidence-Based Medication Assisted Treatment for Opioid Use Disorder along with care navigation to address social determinants of health that may impact their recovery. Year 1 (July 1, 2025 - June 30, 2026): \$314,126.00

\*\* 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.