

RESOLUTION TITLE: A RESOLUTION BY THE COUNTY OF GASTON TO DIRECT THE EXPENDITURE OF OPIOID SETTLEMENT FUNDS

WHEREAS, Gaston County has joined national settlement agreements with companies engaged in the manufacturing, distribution, and dispensing of opioids, including settlements with drug distributors Cardinal, McKesson, and AmerisourceBergen, and the drug maker Johnson & Johnson and its subsidiary Janssen Pharmaceuticals; and,

WHEREAS, the allocation, use, and reporting of funds stemming from these national settlement agreements and certain bankruptcy resolutions ("Opioid Settlement Funds") are governed by the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation ("MOA"); and,

WHEREAS, Gaston County has received Opioid Settlement Funds pursuant to these national settlement agreements and deposited the Opioid Settlement Funds in a separate special revenue fund as required by section D of the MOA; and,

WHEREAS, section E.6 of the MOA states:

E.6. Process for drawing from special revenue funds.

- a. <u>Budget item or resolution required</u>. Opioid Settlement Funds can be used for a purpose when the Governing Body includes in its budget or passes a separate resolution authorizing the expenditure of a stated amount of Opioid Settlement Funds for that purpose or those purposes during a specified period of time.
- b. <u>Budget item or resolution details</u>. The budget or resolution should (i) indicate that it is an authorization for expenditure of opioid settlement funds; (ii) state the specific strategy or strategies the county or municipality intends to fund pursuant to Option A or Option B, using the item letter and/or number in Exhibit A or Exhibit B to identify each funded strategy, and (iii) state the amount dedicated to each strategy for a stated period of time.

NOW, THEREFORE, BE IT RESOLVED, in alignment with the NC MOA, <u>Gaston County</u> authorizes the expenditure of opioid settlement funds as follows:

- 1. First strategy authorized
 - a. Name of strategy: Addiction treatment for incarcerated persons
 - b. Strategy is included in Exhibit A
 - c. Item letter and/or number in Exhibit A or Exhibit B to the MOA: Exhibit A, Strategy 11

DO NOT TYPE BELOW THIS LINE

	. Buff, Clerk t ne Board of C					reby cer	tify that the	above is a t	rue and correct copy of actio
NO.	DATE	M1	М2	CBrown	CCloninger	AFraley	BHovis	KJohnson	TKeigher RWorley Vote
2024-207	05/28/2024	вн	TK	Α	А	Α	Α	А	A Ú
DISTRIBU									
Laserfiche	Users								

A Resolution by the County of Gaston to Direct the Expenditure of Opioid Settlement Funds Page 2

- d. Amounted authorized for this strategy: \$1,047,985
- e. Period of time during which expenditure may take place: Start date <u>June 1, 2024</u> through End date <u>June 30, 2026</u>
- f. Description of the program, project, or activity: Gaston County Jail MAT / MOUD

Two Community Paramedics and one peer support specialist will be in the Gaston County jail and will administer MAT to those who enter with a current 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.

g. Provider: <u>Gaston County EMS, Gaston County Sheriff's Office, and Olive Branch Ministry or any other service provider as deemed appropriate.</u>

The total dollar amount of Opioid Settlement Funds appropriated across the above named and authorized strategies is \$ 1,047,985.

Adopted this the 28th day of May, 2024.

Chad Brown, Chairman

Gaston County Board of Commissioners

ATTEST

Donna S. Buff, Clerk to the Board

SEAL

	VIIII TEEN III TUURAANAANAANAANAANAANAANAANAANAANAANAANAAN	GA:	STON COUNTY	CONTROL CONTROL OF THE SECURITY OF THE SECURIT	THE PARTY OF THE P			
			IANGE REQUEST (BCR)					
то:		Dr. Kim S. Eagle, County						
FROM:		EMS	GEMS	· · · · · · · · · · · · · · · · · · ·	1			
· Noim		Dept. Code	Department Na	ame	J			
				<u> </u>				
		L	Lamphiear	5/28/2024				
		Departi	ment 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 Betw	een Departments *R	equires resolution by the Bo	oard of Con	nmissioners		
ACCOUNT DESCRIPTI	ION		ACCOUNT NUMBER		A	MOUNT**		
As it appears in Mur	nis	Fund-Dept-0	Whole dollars only					
Ex. Employee Trainii	ng	XXXX-XXX-XXX	Ex. (\$5,000)					
		Ex. 1000-BGT-00	Ex. \$5,000					
Opioid Settlement	~~~~	2055-000-000-00000-00	0000-000000-0000-05-410211-		\$	(39,206.00)		
Salaries			TIMAT-Strgt11-0000-02-510001-		\$	12,211.00		
FICA			TIMAT-Strgt11-0000-02-510100-		\$	935.00		
Retirement		2055-EMS-000-00000-A	\$	1,573.00				
401K		2055-EMS-000-00000-A	\$	611.00				
Health Insurance			TIMAT-Strgt11-0000-02-510103-		\$	1,917.00		
Dental Insurance		2055-EMS-000-00000-A	\$	40.00				
Life Insurance		2055-EMS-000-00000-A	\$	20.00				
Medication		2055-EMS-000-00000-A	\$	4,999.00				
Uniforms		2055-EMS-000-00000-A		\$	2,000.00			
Miscellaneous Supplies/Exp	ense	2055-EMS-000-00000-A	\$	2,900.00				
Employee Training		2055-EMS-000-00000-A	\$	1,000.00				
Furn/Equip<\$5K		2055-EMS-000-00000-A	TIMAT-Strgt11-0000-02-520020-	IMM III II I	\$	11,000.00		
				······································				
Tetra de la constanta de la co								
				11 11 11 11 11 11 11 11 11 11 11 11 11				
			Olavi II. I I I I I I I I I I I I I I I I I		ļ			

Chack call. 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, 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 the County Manager and the County Manager will report data monthly to the Commissioners. 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.

^{**} 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.

				minaeimmaanummaanum		
	G	ASTON COUNTY				
	BUDGET (CHANGE REQUEST (BCR)				
TO:	Dr. Kim S. Eagle, Coun	ty Manager				
FROM:	SHF	Sheriff Depar	tment	7		
	Dept. Code	Department	Name	·············		
		nad Hawkins	5 (20 /2024	٦		
		rtment Director	5/28/2024 Date	J		
	ОСРИ	Timene on cocor				
DEQUEST TVDS.	Line It and Transfer William	this Department & Fund	Line-Item Transfe	r Detuge	n Funda*	
REQUEST TYPE: □	Project Transfer Withi	thin Department & Fund				
	Line-Item Transfer Bet		*Requires resolution by the E			
			,			
ACCOUNT DESCRIPTION		ACCOUNT NUMBER		_	MOUNT**	
As it appears in Munis	Fund-Dept	t-Div-SubDiv-Prog-SubProg-Futur	e-Obi-Proi		Whole dollars only	
Ex. Employee Training	· ·	(XXXX-XXXXXX-XXXXXXX-XXXXX-X)		1	Ex. (\$5,000)	
, , ,	Ex. 1000-BGT-	000-00000-000000-0000000-000	00-01-520011-	Ex. \$5,000		
				ļ.,		
Opioid Settlement		000000-00000000-0000-05-41021		\$	(157,498.00)	
Salaries		ATIMAT-Strgt11-0000-02-51000 ATIMAT-Strgt11-0000-02-510100		\$	98,870.00 7,564.00	
FICA Retirement		ATIMAT-Strgt11-0000-02-510100 ATIMAT-Strgt11-0000-02-510100		\$	13,882.00	
401K		ATIMAT-Strgt11-0000-02-51010		\$	4,944.00	
Health Insurance		ATIMAT-Strgt11-0000-02-510103		\$	23,000.00	
Dental Insurance		ATIMAT-Strgt11-0000-02-510104		\$	484.00	
Life Insurance		ATIMAT-Strgt11-0000-02-510105		\$	192.00	
Uniforms		ATIMAT-Strgt11-0000-02-520006		\$	4,037.00	
Miscellaneous Supplies/Expense		ATIMAT-Strgt11-0000-02-520007		\$	125.00	
Furn/Equip<\$5K	2055-SHF-000-00000-	ATIMAT-Strgt11-0000-02-520020)-	\$	4,400.00	
				<u> </u>		
				<u> </u>		
				_		
		A AMERICAN AND A STATE OF THE S		_	·	
				<u> </u>		
				 		
			····	 		

		COMMENT OF THE PARTY OF THE PAR		+		
		10.000.000		 		

Check cell- Amounts must sum to \$0 \$

JUSTIFICATION FOR REQUEST:

^{**} 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.

у уза мену у Ангана в стойн к то в Волговом вом в Свет в техня под профессов (длу то в годо в то в в в в в в п	/		CTONLOCALINATIV			MANUSCONING .	
			ASTON COUNTY	m)			
		RODGELC	HANGE REQUEST (BC	K)			
то:		Dr. Kim S. Eagle, Count					
FROM:		EMS	GI	MS		1	
		Dept. Code	Departm	ent Na	me	1	
		D.1	1.1		F /20 /2024	1	
			k Lamphiear tment Director		5/28/2024 Date]	
REQUEST TYPE:	9	Line-Item Transfer Witl Project Transfer Withir Line-Item Transfer Betv		□ □ *Re	Line-Item Transfer Additional Appropi quires resolution by the Bo	riatio	on of Funds*
ACCOUNT DESCRIPTIO As it appears in Munis Ex. Employee Training	5	XXXX-XXX-XXX-XX	ACCOUNT NUMBER -Div-SubDiv-Prog-SubProg-F XXXX-XXXXXX-XXXXXXXXXXXXXXXXXXXXXXXX	X-XX-X	XXXXX-XXXXX	W	AMOUNT** Vhole dollars only Ex. (\$5,000) Ex. \$5,000
Opioid Settlement		2055-000-000-00000-0	00000-00000000-0000-05-41	L0211-		\$	(344,460.00)
Salaries		2055-EMS-000-00000-A	ATIMAT-Strgt11-0000-02-51	.0001-		\$	146,524.00
FICA			ATIMAT-Strgt11-0000-02-51			\$	11,210.00
Retirement		+	ATIMAT-Strgt11-0000-02-51			\$	18,872.00
401K			ATIMAT-Strgt11-0000-02-51			\$	7,326.00
Health Insurance	***************************************		ATIMAT-Strgt11-0000-02-51			\$	23,000.00
Dental Insurance Life Insurance			ATIMAT-Strgt11-0000-02-51			\$	484.00
Medication			ATIMAT-Strgt11-0000-02-51 ATIMAT-Strgt11-0000-02-52			\$	192.00 85,001.00
Other Services			ATIMAT-Strgt11-0000-02-52			\$	51,851.00

	~~~~					<b></b>	
THE RESIDENCE OF THE PROPERTY			MANAGEMENT AND			<del> </del>	***************************************
						<del> </del>	
						<b></b>	
	<del></del>				Wallian		
							₩/www
	T. C.						

Check cell- Amounts must sum to \$0 \$

## JUSTIFICATION FOR REQUEST:

^{**} 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.

na zwa sanakanika ya mwajaka wa sanaka za kos manama za mwana za mwa daka wa kata wa kata wa kata wa kata wa k		GASTON COUNTY	and a second control of the second control o
		BUDGET CHANGE REQUEST (BCR)	
TO:		Dr. Kim S. Eagle, County Manager	
FROM:		SHF Sheriff Department Dept. Code Department Name	
		Depti code Department Name	
		Chad Hawkins 5/28/2024 Department Director Date	
REQUEST TYPE:	2	Project Transfer Within Department & Fund   Additional App	sfer Between Funds* propriation of Funds* the Board of Commissioners
ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training		ACCOUNT NUMBER  Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj  XXXX-XXX-XXXX-XXXXXX-XXXXXX-XXXXXX-XXXXX	AMOUNT** Whole dollars only Ex. (\$5,000) Ex. \$5,000
Opioid Settlement		2055-000-000-00000-000000-000000-05-410211-	\$ (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
4			
		Check cell- Amounts must sum	to \$0 \$ -
			•

## JUSTIFICATION FOR REQUEST:

^{**} 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.

namatan noon saada ka naka oo ka ah	GASTON COUNTY	DASO Mesamenan da Senor pues des abestantingo apparaciones en conservanta una excessivable e				
	BUDGET CHANGE REQUEST (BCR)					
то:	Dr. Kim S. Eagle, County Manager					
FROM:	EMS GEMS					
TROW.	Dept. Code Department Name					
	Department name					
	Mark Lamphiear 5/28/2024					
	Department Director Date					
REQUEST TYPE:	Project Transfer Within Department & Fund ☐ Additional App	sfer Between Funds* ropriation of Funds* he Board of Commissioners				
ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**				
As it appears in Munis	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj	Whole dollars only				
Ex. Employee Training	XXXX-XXX-XXXXXX-XXXXXX-XXXXXX-XXXX-XXXXX	Ex. (\$5,000)				
, , ,	Ex. 1000-BGT-000-00000-000000-00000-01-520011-	Ex. \$5,000				
Opioid Settlement	2055-000-000-00000-000000-000000-05-410211-	\$ (354,117.00)				
Salaries	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510001-	\$ 150,917.00				
FICA	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510100-	\$ 11,545.00				
Retirement	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510101-	\$ 19,438.00				
101K	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510102-	\$ 7,546.00				
Health Insurance	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510103-	\$ 23,000.00				
Dental Insurance	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510104-	\$ 484.00				
ife Insurance	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-510105-	\$ 192.00				
Medication	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-520003-	\$ 89,144.00				
Other Services	2055-EMS-000-00000-ATIMAT-Strgt11-0000-02-530015-	\$ 51,851.00				
		*****				
		MARKET STATE OF THE STATE OF TH				
	Check cell- Amounts must sum t					

## JUSTIFICATION FOR REQUEST:

^{**} 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.



## **Gaston County**

Gaston County Board of Commissioners www.gastongov.com

# DHHS - Community Support Services Division

## **Board Action**

File #: 24-205

Commissioner Hovis - DHHS - Community Support Services - To Approve a Resolution to Direct the Expenditure of Opioid Settlement Funds for the Gaston County Jail Medication Assisted Treatment / Medication for Opioid Use Disorder Program to be implemented by Gaston County Emergency Medical Services and Gaston County Sheriff's Office. (Year 1: \$39,206 / Total Program: \$1,047,985)

## STAFF CONTACT

Gregory Grier - Community Support Services - 704-862-6735

## **BUDGET IMPACT**

Increase revenue and expenses in the Opioid Settlement Funds by the following:

Year 1 (June 1, 2024 - June 30, 2024): \$39,206 Year 2 (July 1, 2024 - June 30, 2025): \$501,958

Year 3 (July 1, 2025 - June 30, 2026); \$506,821

Total opioid settlement funds: \$1,047,985. No additional County funds.

## **BUDGET ORDINANCE IMPACT**

Minimal impact to the budget ordinance.

## **BACKGROUND**

The State of NC joined in the national litigation against pharmaceutical supply chain participants who engaged in the manufacture, marketing, promotion, distribution, or dispensing of opioid medications that has harmed the public. On June 8, 2021 the Board of Commissioners approved the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation (Res 2021-172) joining in the national litigation. Gaston County will receive a projected \$40,000.000 in settlement funds to be received over a period of 18 years. To date, the County has received \$9,065,809 in settlement funds. To date, \$2,810,533 has been allocated by the Board of Commissioners.

(Continued on Page 2)

				D	O NOT TYPE I	BELOW TH	IIS LINE		
	. Buff, Clerk t ne Board of C					reby cert	tify that the	above is a t	rue and correct copy of actio
NO.	DATE	M1	M2	CBrown	CCloninger	AFraley	BHovis	KJohnson	TKeigher RWorley Vote
2024-207	05/28/2024	вн	TK	Α	Α	Α	Α	А	A U
DISTRIBU									<ul> <li>Influence of the process of the party of the</li></ul>

## File #: 24-205

Commissioner Hovis - DHHS (Community Support Services) - To Approve a Resolution to Direct the Expenditure of Opioid Settlement Funds for the Gaston County Jail Medication Assisted Treatment / Medication for Opioid Use Disorder Program to be implemented by Gaston County Emergency Medical Services and Gaston County Sheriff's Office. (Year 1: \$39,206 / Total Program: \$1,047,985)

Page 2

This Board Action, if approved, appropriates \$1,047,985 in Opioid Settlement funds for the Gaston County Jail MAT program to be implemented by Gaston County Emergency Medical Services and Gaston County Sheriff's Office. Certified Peer Support Specialist services will be provided by Olive Branch Ministry or any other service provider as deemed appropriate. Two Community Paramedics and one peer support specialist will be in the Gaston County jail as an extension of the Community Paramedicine Program and administer MAT to individuals daily while they are incarcerated in accordance with the Emergency Medical Services' standing order. Services in the jail will based on demand and paid when provided.

Medication Assisted Treatment will be available for those who enter with a current prescription as well as pregnant individuals who meet the eligibility criteria to initiate MAT. Additionally, one or two detention officers (dependent on need) will be responsible for movement of patients throughout the jail facility for the purposes of MAT dosing. The Certified Peer Support Specialist, Community Paramedics, and detention officer(s) will also be responsible for providing education to inmates as well as new and existing jail staff. Training will include stigma reduction and cultural humility of those who use drugs, overdose awareness education and prevention, and harm reduction education. 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 Gaston County Board of County Commissioners.

## POLICY IMPACT

N/A

## **ATTACHMENTS**

Spending Authorization Resolution and Budget Change Request (BCR) - Year 1