

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: Collaborative Strategic Planning
 - b. Strategy is included in Exhibit A of the NC MOA

DO NOT TYPE BELOW THIS LINE I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows: NO. DATE M1 M2 JBailey CBrown CCloninger AFraley **BHovis TKeigher** SShehan Vote 2025-152 05/27/2025 TK JB Α Α U

DISTRIBUTION:

Laserfiche Users

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

- c. Item letter and/or number in Exhibit A or Exhibit B to the NC MOA: Exhibit A, Strategy 1
- d. Amount authorized for this strategy: \$429,028.00
- e. Period of time during which expenditure may take place:
 Start date <u>July 1, 2025</u> through End date <u>June 30, 2027</u>
- f. Description of the program, project, or activity: <u>Gaston County Prevention Strategies Coordinator</u>, <u>Public Health Director</u>, <u>Public Health Assistant Director</u>, <u>Grants Coordinator</u>, <u>Business Administrator</u>, <u>Assistant Business Administrator</u>, <u>Community Health Administrator</u>, <u>Community Strategist</u>, <u>Health Educator</u>
 - Program will monitor outcomes and impact of funded and recommended programs and ongoing assessment of data and current and emerging community needs.
 - Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
 - Maintain a dashboard to ensure accountability and transparency with use of the Opioid Settlement Funds
 - · Provide oversight and management of funded programs.
- g. Provider: Gaston County Public Health

The total dollar amount of Opioid Settlement Funds appropriated for the above named and authorized strategies is \$429,028.00.

Adopted this the 27th day of May, 2025.

Chad Brown, Chairman

Gaston County Board of Commissioners

ATTEST:

Donna S. Buff, Clerk to the Board

SEAL

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: N	//atthew Rhoten, C	ounty Manager		
FROM: _	HLT	Health		
	Dept. Code	Department N	lame	
	Brit	ttain Kenney	05/27/2025	
	Departm	nent Director	Date	
REQUEST TYPE:				
Line-Item Transfe	er Within Departm	ent & Fund	Line-Item Transfer Bet	ween Funds*
Project Transfer V	Nithin Departmen	t & Fund	✓ Additional Appropriatio	n of Funds*
Line-Item Transfe	r Between Depart	ments	* Requires resolution by the	Board of Commissioners
ACCOUNT DESCRIPTION		ACCOUNT	NUMBER	AMOUNT**
As it appears in Munis Ex. Employee Training	4 3 Fund Dept XXXX XXX Ex. 1000	XXX XXXXX XXXXXX	7 4 2 6 5 SubProg Future Func Obj Proj XXXXXX XXXX XX XX XXXXXXX DOO-0000000-0000-01-520011-	Ex. \$5,000.00 Ex. (\$5,000.00)
Fund Balance Appropriated	2055-NDP-000	-0000-FBApro-000000	0-0000-99-490000-	(214,514.00)
Salaries	2055-HLT-000-	00000-CSPlng-Stratg1	-0000-05-510001-	141,932.00
FICA	2055-HLT-000-	00000-CSPIng-Stratg1	-0000-05-510100-	10,858.00
Retirement	2055-HLT-000-	00000-CSPIng-Stratg1	-0000-05-510101-	19,302.00
401K Contribution	2055-HLT-000-	00000-CSPlng-Stratg1	-0000-05-510102-	7,097.00
Health Insurance	2055-HLT-000-	00000-CSPlng-Stratg1	-0000-05-510103-	18,600.00
Dental Insurance	2055-HLT-000-	00000-CSPlng-Stratg1	-0000-05-510104-	465.00
Life Insurance	2055-HLT-000-	00000-CSPlng-Stratg1	-0000-05-510105-	310.00
Program Supplies	2055-HLT-000-	00000-CSPlng-Stratg1	-0000-05-520002-	1,000.00
Food and Provisions	2055-HLT-000-	00000-CSPIng-Stratg1	-0000-05-520005-	4,000.00
Employee Training	2055-HI T-000-	00000-CSPIng-Stratg1	-0000-05-520011-	6,000,00

JUSTIFICATION FOR REQUEST:

Gaston County joined the State in the National Opioid Settlement. This BCR appropriates Year 1 \$214,514.00 Total Project \$429,028.00 of our allotment for a Collaborative Strategic Planning program and operating costs. The program will monitor outcomes and impact of funded and recommended programs and conduct ongoing assessment of data related to current and emerging community needs. In addition, the program will maintain a dashboard to ensure accountability and transparency with use of the opioid settlement funds. Year 1 (July 1, 2025 June 30, 2026): \$214,514.00

^{**} 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.

GASTON COUNTY BUDGET CHANGE REQUEST (BCR) PAGE 2

ACCOUNT DESCRIPTION As it appears in Munis	ACCOUNT NUMBER	AMOUNT^	
**	4 3 3 5 6 7 4 2 6 5 Fund Dapt Div SubDiv Prog SubFrog Future Func Cbj Proj XXXX XXX XXX XXX XXXX XXXXXX XXXXXXX XXXX	Ex. \$5,000.00	
Ex. Employee Training	Ex. 1000-BGT-000-00000-000000-000000-01-520011-		
Printing	2055-HLT-000-00000-CSPlng-Stratg1-0000-05-520013-	100.0	
Postage	2055-HLT-000-00000-CSPIng-Stratg1-0000-05-520014-	50.0	
Software Rental	2055-HLT-000-00000-CSPIng-Stratg1-0000-05-530029-	4,800.0	

[^] Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: Ma	tthew Rhote	n, County Manager			
FROM:	HLT	Health			
De	ept. Code	Department	Name		
		Brittain Kenney	05/27/2025		
	Dep	artment Director	Date		
REQUEST TYPE:					
Line-Item Transfer	Within Depa	rtment & Fund	Line-Iter	n Transfer Betwee	en Funds*
Project Transfer Wi	ithin Departn	nent & Fund	✓ Addition	al Appropriation of	Funds*
Line-Item Transfer	Between De	partments	* Requires	resolution by the Boa	rd of Commissioners
ACCOUNT DESCRIPTION		ACCOUNT	NUMBER		AMOUNT**
As it appears in Munis	4 Fund	3 3 5 6 Dept Div SubDiv Pros	7 4 2 SubProg Future Func	6 5 Obj Proj	
Ex. Employee Training	Ex. 1	xxx xxx xxxxx xxxxxx		-01-520011-	Ex. \$5,000.00 Ex. (\$5,000.00)
Fund Balance Appropriated	2055-NDP-	000-0000-FBApro-00000	00-0000-99-490000-		(214,514.00
Salaries	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-510001-		141,932.00
FICA	2055-HLT-0	000-00000-CSPIng-Stratg	31-0000-05-510100-		10,858.00
Retirement	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-510101-		19,302.00
401K Contribution	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-510102-		7,097.00
Health Insurance	2055-HLT-0	000-00000-CSPIng-Stratg	11-0000-05-510103-		18,600.00
Dental Insurance	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-510104-		465.00
Life Insurance	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-510105-		310.00
Program Supplies	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-520002-		1,000.00
Food and Provisions	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-520005-		4,000.00
Employee Training	2055-HLT-0	000-00000-CSPIng-Stratg	1-0000-05-520011-		6,000.00

JUSTIFICATION FOR REQUEST:

Gaston County joined the State in the National Opioid Settlement. This BCR appropriates Year 2 \$214,514.00 Total Project \$429,028.00 of our allotment for a Collaborative Strategic Planning program and operating costs. The program will monitor outcomes and impact of funded and recommended programs and conduct ongoing assessment of data related to current and emerging community needs. In addition, the program will maintain a dashboard to ensure accountability and transparency with use of the opioid settlement funds. Year 2 (July 1, 2026 - June 30, 2027): \$214,514.00

^{**} 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.

GASTON COUNTY BUDGET CHANGE REQUEST (BCR) PAGE 2

ACCOUNT DESCRIPTION As it appears in Munis	ACCOUNT NUMBER 4 3 3 5 6 7 4 2 6 5 Fund Dept Div SubDiv Preg SubFreg Future Func Obj Prej XXXX XXX XXX XXX XXXX XXXXXX XXXXXX XXXX	AMOUNT^ Ex. \$5,000.00
Ex. Employee Training	Ex. 1000-BGT-000-00000-000000-00000-01-520011-	
Printing	2055-HLT-000-00000-CSPIng-Stratg1-0000-05-520013-	100.00
Postage	2055-HLT-000-00000-CSPIng-Stratg1-0000-05-520014-	50.00
Software Rental	2055-HLT-000-00000-CSPIng-Stratg1-0000-05-530029-	4,800.00

[^] Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.



Gaston County

Gaston County Board of Commissioners www.gastongov.com

DHHS - Public Health Division Board Action

File #: 25-286

Commissioner Keigher - DHHS - Health Division - To Approve a Resolution to Direct the Expenditure of Opioid Settlement Funds and Appropriate \$429,028.00 (Year 1: \$214,514.00, Year 2: \$214,514.00, Total: \$429,028.00)

STAFF CONTACT

Abigail Newton - Assistant Public Health Director - DHHS - Public Health Division - 704-853-5103

BUDGET IMPACT

Increase revenue and expenses in the Opioid Settlement Funds by \$429,028.00. No additional County funds.

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 was awarded \$40,520,354.00 in settlement funds to be received over a period of 18 years. To date the County has received \$11,845,106.51 in settlement funds.

This Board Action, if approved, appropriates \$429,028.00 in Opioid Settlement funds that will be used to fund program oversight by monitoring outcomes and impact of funded and recommended programs and conduct ongoing assessment of data related to current and emerging community needs. In addition, the program will maintain a dashboard to ensure accountability and transparency with use of the opioid settlement funds.

Year 1 (July 1, 2025 - June 30, 2026): \$214,514.00

Year 2 (July 1, 2026 - June 30, 2027): \$214,514.00

POLICY IMPACT

N/A

ATTACHMENTS

Spending Authorization Resolution and Budget Change Request (BCR)

DO NOT TYPE BELOW THIS LINE I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows: Vote CCloninger AFraley **BHovis** TKeigher SShehan NO. DATE M1 M2 **JBailey CBrown** U 2025-152 05/27/2025 TK JB Α Called govern **DISTRIBUTION:**

DISTRIBUTION: Laserfiche Users