

AGENDA – MEETING
GREENE COUNTY BOARD OF COUNTY COMMISSIONERS
10:00 AM – THE WELLNESS CENTER TUESDAY, SEPTEMBER 7, 2021

A. CALL TO ORDER

Invocation/Pledge to the Flag

B. APPROVAL OF AGENDA

C. CONSENT AGENDA

1. August 2, 2021 Regular Meeting Minutes
2. Releases/Refunds
3. Consideration of Late Applications for Elderly Exclusions and Present Use Value
4. Monthly Collection Report
5. Budget Amendment; Extension
6. Budget Amendment; Senior Center (3)

D. PUBLIC HEARING

1. 2021 CDBG-NR; Mike Barnett

E. PUBLIC COMMENTS

F. PRESENTATION

1. Introduction of New County Extension Director; Eve Honeycutt and Jessica Anderson

G. COUNTY MANAGERS REPORT

1. Resolution of Gratitude; Ms. Becky Sutton
2. Appointment; Jury Commission
3. Request for Public Hearing; 2023 NCDOT/IMD 3311 Community Transportation Plan
4. Amendment to Position Classification Plan; Sheriff Department
5. Amendment to Position Classification Plan; EMS
6. Budget Amendment; Animal Control
7. Designation of Funds; Water Department
8. Resolution; MOA of Opioid Litigation
9. Operation Santa Clause

H. COUNTY ATTORNEY COMMENTS

I. COMMISSIONER'S REPORT AND RECOMMENDATION

J. CLOSED SESSION – Economic Development

K. ADJOURN

Commissioners
Bennie Heath - Chairman
James T. Shackleford-Vice Chair
Jerry Jones
Susan Blizzard
Derek Burress



County Manager
Kyle J. DeHaven

Finance Officer
Beverly T. Stroud

County Attorney
Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Consent Agenda

Date: September 7, 2021

The Consent Agenda for the September 7, 2021 Regular meeting consists of the following items:

- 1.) August 2, 2021, Regular Meeting Minutes
- 2.) Releases/Refunds
- 3.) Consideration of late Elderly Exclusion and Present Use Applications
- 4.) Monthly Collection Report
- 5.) BA; Extension
- 6.) BA; Sr. Center (3)

Action Recommended:

Motion to accept the Consent Agenda

Board Action is Needed

229 Kingold Blvd., Suite D • Snow Hill, NC 28580 • (252) 747-3446 • FAX (252) 747-3884
www.greencountync.gov

The mission of Greene County Government is to serve and improve the lives of all citizens by providing high-quality, cost-effective services in an open, professional and ethical environment

NORTH CAROLINA
COUNTY OF GREENE

The Greene County Board of Commissioners met in regular session on Monday, August 2, 2021 at 10:00 a.m. in the Wellness Center. Present for the meeting: Chairman Bennie Heath, Vice Chairman James T. Shackelford Jr, Commissioners Jerry Jones, Susan Blizzard, and Derek Burress, County Manager Kyle DeHaven, Deputy Clerk Kathy Mooring and County Attorney Gay Stanley.

A. Call to Order

Chairman Bennie Heath called the meeting to order, and asked Commissioner Blizzard to give the Invocation and lead the Pledge to the Flag.

B. Approval of Agenda

Chairman Heath stated we are adding the Swearing In of Stephanie Wiggins the new Tax Administrator before the Public Comment Section. He also stated we are adding "H. Closed Session for Attorney Client Privilege" and moving Adjourn to "I". Commissioner Burress asked that we add to the agenda to appoint a member of the Board to vote at the District 3 Caucus meeting this afternoon. Chairman Heath stated that the voting member chosen for the upcoming conference also votes at the Caucus and that is usually the Chairman.

On motion by Commissioner Jones and seconded by Commissioner Shackelford, the Board voted unanimously to approve the Agenda with the noted changes.

C. Consent Agenda

Chairman Heath asked if there were any changes to the Consent Agenda. Commissioner Blizzard noted that corrections had been made to the Regular Meeting Minutes to the July 19, 2021 minutes.

On motion by Commissioner Jones and second by Commissioner Shackelford, the Board voted unanimously to approve the Consent Agenda.

- July 19, 2021 Regular Meeting Minutes
- Releases/Refunds
- Consideration of Late Applications for Elderly or Disabled Exclusion
- Budget Amendment; Senior Center

Refunds: NCVTS Tax & Tag

James Michael Marker	\$246.53	Whitney Nicole Grant	\$116.94	Frank James French	\$172.15
Michael George Suit	\$63.07				

Releases: Ad Valorem Tax

Donna Allen	\$45.00	NfinityLink Communications, Inc.	\$183.45	Xerox Corporation	\$360.84
ADP, Inc.	\$3.51	Woody Herman Beddard	\$109.20	Louis W. Dail, Jr.	\$2.45
Theresa Steward Jones	\$266.91	Eugene G. Perkins, III	\$131.28	Wayne & Rose Bullock	\$58.52

At this time Chairman Heath called Sandra Beaman, Greene County Clerk of Court to swear in Stephanie Wiggins as the new Tax Administrator. The swearing in was completed and documents signed and all congratulated Ms. Wiggins.

D. Public Comments

None

E. County Manager Report

1. Mr. DeHaven first presented a Budget Amendment for Public Buildings will be used to complete three paving initiatives. The parking lot at the new extension building has rock for paving but that has never taken place to this point. Rose Brothers has including grading the rock and paving the parking lot. The parking lot at the Recreation Center just beyond the current paved Wellness Center parking is rocked for asphalt, but has also never been paved. This quote includes that paving. And lastly, paving the washout area of the farmers market parking lot. The Public Works Director has stated his department is able to cut the asphalt and compact stone in that area and Rose Brothers will pave patch the area.

On motion by Commissioner Jones and seconded by Commissioner Blizzard, the Board voted unanimously to approve this Budget Amendment.

2. Mr. DeHaven next presented a Budget Amendment for the Landfill to purchase a new excavator. Mr. DeHaven noted to replace the motor of the excavator they currently have will cost \$55,000 and the cost to rent an excavator for the month the motor is being rebuilt is \$6,000.

A quote for a new and warranted excavator from CAT is just under \$185,000. Mr. DeHaven is recommending to purchase the new excavator this FY.

On motion by Commissioner Jones and seconded by Commissioner Shackleford the Board voted unanimously to approve the Budget Amendment.

3. Mr. DeHaven next presented a Budget Amendment for the Senior Center. This budget amendment is needed to fund adjustments that include carryover funds from projects that have crossed fiscal years, and adjusted grant matches/services.

On motion by Commissioner Jones and seconded by Commissioner Blizzard the Board voted unanimously to approve the Budget Amendment.

4. Mr. DeHaven next presented a Designation of Funds. Mr. DeHaven stated the county has received half of its ARP Funds totaling just over \$2 million. A plan to spend these funds is in progress. A request for immediate use for bodycams for the Sheriffs Department has been received and this request is eligible under the ARP Funds.

On motion by Commissioner Jones and seconded by Commissioner Shackleford the Board voted unanimously to approve this request for bodycams for the Sheriffs Department.

F. County Attorney Report

Nothing to report.

G. Commissioner's Report and Recommendations

Chairman Heath went over the county COVID number's for the past week. He stated the county COVID numbers are on the rise and that is not good. The Commissioners are encouraging all county residents to get vaccinated and take necessary precautions. The county death total is at 54 and we currently have 64 active cases.

Commissioner Jones made a motion to raise the starting pay for new deputies to \$36,000. The Sheriffs Department is having a hard time getting deputies hired and stay once hired. Commissioner Jones stated a lot of this is due to lower starting pay. Commissioner Shackleford seconded the motion and recommends increasing the pay to \$38,000 if necessary. It is a dangerous situation not having enough deputies for the citizens and the deputies we do have. They asked Sheriff Smith for his comments. He stated it is definitely a pay problem and he needs help. Commissioner Jones asked the Sheriff if he felt \$36,000 would be enough and Sheriff Smith said it is a good place to start. Commissioner Blizzard said she supports the Sheriff but asked if this is the correct route to take at this time. Sheriff Smith stated we need to do something, they are currently down seven deputies and this is a danger to the public and his

staff. Commissioner Blizzard asked to delay this until the next meeting and she asked for more data to be looked at before they jump at this. She asked if this would include raising current deputies pay as well that are below the \$36,000 amount requested. Mr. DeHaven stated they would have to do that as well because you cannot bring in new people at a higher amount and leave people who have been here for a while at a lower amount. Commissioner Burress stated that he had no problem raising the salaries if needed, but he was caught off guard by this request. He also stated that not knowing the cost and other factors involved in increasing the salaries, that it was not a good time to make a decision and that he prefers to wait until the next meeting to decide and he stated he would be voting “no” on this motion. Commissioner Burress stated he was confused at the number requested as Commissioner Jones quoted \$36,000 and Commissioner Shackleford quoted \$38,000.

Commissioner Jones asked to amend his motion to raise the starting pay for new deputies to \$36,000 and adjust current deputies to the same amount. Commissioner Shackleford seconded to amend the motion. Chairman Heath called a vote on the amendment to the motion and the Board voted 3 – 2 (Commissioners Blizzard and Burress) to approve the amendment to the motion. Chairman Heath then called for the vote to motion and the Board voted 3 – 2 (Commissioners Blizzard and Burress) to approve the motion to increase the starting pay for new deputies and increase the pay of current deputies to \$36,000.

Commissioner Burress congratulated the summer session graduates from the Greene County School system. Greene County Early College had one student and Greene Central had 9 students to graduate this past week. He also congratulated Greene Central sophomore Lucas Ellis for finishing 46th out of 630 participants in the Under-15 bracket of the U.S. Junior Gold Championships which were held in Indianapolis, IN, and Daniel Dennie a senior middle linebacker and upcoming senior at Greene Central for being selected to participate in the All-American Bowl which will be held in Tampa, FL in January of 2022. He congratulated Mrs. Stephanie Wiggins on her new position as the county’s new Tax Administrator. He also thanked Mrs. Beverly Stroud for her service as the Finance Officer. He asked about the septic/sewage issue at the Guthrie-Turner convenience site. The County Manager stated it is being looked into and that we are waiting for a company to come work on the issue. Commissioner Blizzard asked for financial statements and she also asked that Mike Barnette come to the next meeting for an update on the HMGP programs.

Chairman Heath stated that the deputy situation came up at the last minute and needed to be addressed today and not wait to do something later.

H. Closed Session – Attorney Client Privilege

Motion/Second into Closed Session were made by Commissioner Jones and Commissioner Heath. Board voted unanimously to go into closed session.

Motion/Second out of Closed Session were made by Commissioner Jones and Commissioner Shackleford. Board voted unanimously to come out of closed session.

Meeting called back to order by Chairman Heath.

I. ADJOURN

On motion by Commissioner Blizzard and second by Commissioner Jones to adjourn the meeting, the Board voted unanimously to adjourn.

Bennie Heath, Chairman

Attest:

Kyle J. DeHaven, Clerk to the Board

Refunds	NCVTS	"TAX & TAG"													
DATE:	9/7/2021														
Taxpayer	Tax-year rate year	Date paid to DMV	Tag	Assessed value	Assessed value to be refunded	Fire District	Sticker Fee	Refund amount G01	Refund amount Fire District	Refund amount Sticker fee	Refund Interest	Total Refund	Reason		
Rochester Reid, 265 Sheppard Ferry Rd, Snow Hill, NC 28580	2020	6/18/2021	FFR2610	\$11,000.00	\$ 10,500.00	F08		\$ 82.53	\$ 12.81			\$ 95.34	Tag FFR2610 exchanged for antique tag 73764. Antique auto exclusion approved on tag 73764. SCW		
Henry Clayton Keel, 221 Mill Ct, Snow Hill, NC 28580	2020	7/30/2021	74770	\$58,000.00	\$ 57,500.00	F07		\$ 451.95	\$ 47.15			\$ 499.10	Antique auto exclusion approved on tag 74770. Refund amount over \$500. SCW		
Bobby Stuart Beaman, 437 Clarence Moye Rd, Snow Hill, NC 28580	2020	3/18/2021	ZZL4787	\$25,428.00		F03		\$ 116.58	\$ 13.20		\$ 6.48	\$ 136.26	Vehicle totaled 7/26/21; tag surr. 7/27/21. Refund 7 mths. SCW		
Christine Lynn Greene, 200 Shipman Rd, Apt C23, Havelock, NC 28532	2020	5/14/2021	THL7989	\$4,210.00		F07		\$ 27.57	\$ 2.87			\$ 30.44	Vehicle sold 6/8/21; tag surr. 7/21/21. Refund 10 mths. SCW		
William Lewis Jones, 301 Mt Herman Church Rd, Snow Hill, NC 28580	2020	10/27/2020	FAH1138	\$8,360.00		F03		\$ 10.95	\$ 1.24			\$ 12.19	Vehicle sold 6/18/21; tag surr. 8/5/21. Refund 2 mths. SCW		
Janet D Skelton, 2112 Shine Rd, Snow Hill, NC 28580	2020	4/19/2021	JKW7410	\$1,020.00		F08		\$ 4.68	\$ 0.72			\$ 5.40	Vehicle sold 8/5/21; tag surr. 8/9/21. Refund 7 mths. SCW		
Peggy Christine Mooring, 102 Cobblestone Dr, Hopewell, VA 23860	2020	3/30/2021	PEG	\$43,370.00		F07		\$ 227.26	\$ 23.71			\$ 250.97	Vehicle retitled in another state 7/13/21; tag surr. 8/9/21. Refund 8 mths. SCW		
Estate of James Michael Moye, 774 Bennie Albritton Rd, Hookerton, NC 28538	2020	9/22/2020	HD5855H	\$14,110.00		F01		\$ 27.72	\$ 3.81			\$ 31.53	Vehicle sold & tag surr. 8/16/2021. Refund 3 mths. SCW		
Larry Wayne Schultz, 640 Titus Mewborn Rd, Snow Hill, NC 28538	2019	8/11/2020	PFR1739	\$5,930.00		F09		\$ 7.77	\$ 0.79			\$ 8.56	Vehicle sold 7/29/21; tag surr 7/30/21. Refund 2 mths. SCW		
Frank Ricker Sturges, 958 Morris BBQ Rd, Hookerton, NC 28538	2019	7/8/2020	HGX3229	\$20,010.00		F01		\$ 144.17	\$ 19.81			\$ 163.98	Vehicle totaled. Tag surr. 9/25/2020; vehicle transferred to ins. Co. 9/30/2020. Refund 11 mths. SCW		
Frank Ricker Sturges, 958 Morris BBQ Rd, Hookerton, NC 28538	2020	12/11/2020	HLZ1058	\$28,399.00		F01		\$ 37.20	\$ 5.11			\$ 42.31	Vehicle sold & tag surr. 8/4/2021. Refund 2 mths. SCW		
Evelyn Barnes Hart, 99 Gail Dr, Hookerton, NC 28538	2020	11/30/2020	TCD7117	\$14,900.00		F01		\$ 19.52	\$ 2.68			\$ 22.20	Vehicle totaled 6/20/21; tag surr. 7/23/21. Refund 2 mths. SCW		

Nicky Dwight Taylor, 4918 Red Heart Dr, Wilmington, NC 28412	2020	11/18/2020	DKH4932	\$7,000.00		F01		\$ 32.09	\$ 4.41					Tag surr. 4/7/21; vehicle sold 4/9/21. Refund 7 mths. SCW
Geraldine Hamm, PO Box 144, Maury, NC 28554	2020	3/24/2021	72857	\$500.00		F03		\$ 2.29	\$ 0.26					Vehicle sold & tag surr. 8/13/21. Refund 7 mths. SCW
Linwood Earl Hall, 520 E Eason St, Snow Hill, NC 28580	2021	7/29/2021	75297	\$12,500.00	\$ 12,000.00	T02		\$ 94.32	\$ 40.80				\$ 135.12	Antique auto exclusion approved on tag 75297. Refund amount over \$500. SCW
Linwood Earl Hall, 520 E Eason St, Snow Hill, NC 28580	2021	7/29/2021	73894	\$11,400.00	\$ 10,900.00	T02		\$ 85.67	\$ 37.06				\$ 122.73	Antique auto exclusion approved on tag 73894. Refund amount over \$500. SCW
Linwood Earl Hall, 520 E Eason St, Snow Hill, NC 28580	2021	7/29/2021	73893	\$22,700.00	\$ 22,200.00	T02		\$ 174.49	\$ 75.48				\$ 249.97	Antique auto exclusion approved on tag 73893. Refund amount over \$500. SCW
Robert Deuane Wagner, 301 Central Dr, Snow Hill, NC 28580	2020	8/3/2021	Z56	\$6,400.00	\$ 5,900.00	F07		\$ 46.37	\$ 4.84				\$ 51.21	Antique auto exclusion approved on tag Z56. Refund amount over \$500. SCW
Daniel Capers, 102 Hillendale Dr, Snow Hill, NC 28580	2021	8/11/2021	75015	\$690.00	\$ 190.00	T02		\$ 1.49	\$ 0.65				\$ 2.14	Antique auto exclusion approved on tag 75015. Refund amount over \$500. SCW
Daniel Capers, 102 Hillendale Dr, Snow Hill, NC 28580	2021	8/11/2021	75013	\$940.00	\$ 440.00	T02		\$ 3.46	\$ 1.50				\$ 4.96	Antique auto exclusion approved on tag 75013. Refund amount over \$500. SCW

Stephanie C. Wiggins
Tax Administrator



229 Kingold Blvd
P.O. Box 482
Snow Hill, NC 28580

Phone 252-747-3615
Fax 252-747-5067

To: Mr. Kyle DeHaven, Greene County Manager
Greene County Board of Commissioners

From: Stephanie C. Wiggins, Greene County Tax Administrator

Date: September 7, 2021

Re: Tax Office Issues

Consideration of Late Applications for Elderly or Disabled Exclusion and Present Use Value

The assessor has no authority to approve a late application for the Elderly or Disabled Exclusion or Present Use Value Deferment. However, GS 105-282.1(a1) states "upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the date of the listing period may be approved by the Board of Commissioners". If approved, the application is for the current year and is not retroactive. Due to information on the application being confidential, a copy of the application is not attached.

Attached are letters from taxpayers requesting your consideration of their late applications. The applicant and parcel meet the eligibility requirements. Consideration of these late applications would be appreciated and is recommended since the Board has previously considered other late applications.

Elderly/Disabled Exclusion:

Calvin L. Daniels – Parcel 0100295
Alton Weldon – Personal Property Number 1622803
Jean Deans – Parcel 0207037
Linda Bucheit – Parcel 0900552
Donny Head – Parcel 0700287

Present Use Value:

Marlene Hart – Parcels 0801096, 0801271, 0824123, & 0824124

RECEIVED

JUL 30 2021

GREENE COUNTY
TAX DEPARTMENT

TO: Greene County Board of Commissioners

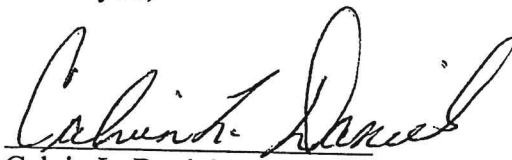
FROM: Calvin L. Daniels

DATE: July 30, 2021

RE: Request for acceptance of late application for property tax relief
for the 2021 tax year on tax property 0100295.

Please accept my late application for property tax relief. My reason for filing untimely is; I did not receive my Disable Veteran's form from VA until now.

Thank you,



Calvin L. Daniels

RECEIVED

TO: Greene County Board of Commissioners

JUL 30 2021

FROM: Alton Weldon

GREENE COUNTY
TAX DEPARTMENT

DATE: July 30, 2021

RE: Request for acceptance of late application for property tax relief
for the 2020 tax year on tax property 1622803.

2021
(Signature)

Please accept my late application for property tax relief. My reason for filing untimely is; I was not aware that I would be eligible for the Elderly/Disabled Exclusion, until I talked with the tax office today.

Thank you,

Alton Weldon 7-
Alton Weldon

RECEIVED

AUG 10 2021

GREENE COUNTY
TAX DEPARTMENT

Date: July 27, 2021

To: The Greene County Board of Commissioners

Re: Consideration of late Elderly Disabled application for 2021 tax year

Parcel or Property number: 0207037

Dear Sir:

Consideration of this late application for property tax relief would be greatly appreciated. My reason for not filing timely is:

I was unaware of this exclusion until the tax office informed me today.

Consideration of this request would be greatly appreciated.

Thank you,

Jean Deans

Jean Deans

RECEIVED

AUG 16 2021

**GREENE COUNTY
TAX DEPARTMENT**

TO: Greene County Board of Commissioners

FROM: Linda Bucheit

DATE: 08/11/2021

RE: Request for acceptance of late application for property tax relief
for the 2021 tax year on tax property 0900552.

Please accept my late application for property tax relief. My reason for filing untimely is, I was not aware that I would be eligible for the elderly/disabled exclusion until I talked with the tax office this month.

Thank you,

Linda Bucheit

Linda Bucheit

RECEIVED

TO: Greene County Board of Commissioners

AUG 24 2021

FROM: Donny & Sheryl Head

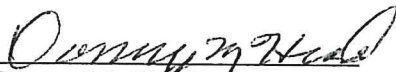
GREENE COUNTY
TAX DEPARTMENT

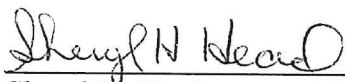
DATE: August 24, 2021

RE: Request for acceptance of late application for property tax relief
for the 2021 tax year on parcel number 0700287

Please accept my late application for property tax relief. My reason for filing untimely is that I just found out we may qualify for the exclusion.

Thank you,


Donny M. Head


Sheryl H. Head

Becky R. Sutton
Tax Administrator



229 Kingold Blvd.
P.O. Box 482
Snow Hill, NC 28580

(252) 747-3615
FAX (252) 747-5067

RECEIVED

TO: Greene County Board of Commissioners

AUG 10 2021

FROM: Marlene Hart

DATE: 9/10, 2021

GREENE COUNTY
TAX DEPARTMENT

RE: Request for acceptance of late present use value application on tax parcels 0801096, 0801271, 0824123, & 0824124. *And release of deferred taxes. MDH*

Please accept my request for acceptance of my late application for present use value on the above referenced parcel. My reason for filing untimely is

I MISPLACED THE FORM AFTER COMPLETED BY FARMER THEN I
MISPLACED - ENDED UP IN A FILE WITH ESTATE ATTORNEY.
WAS FOUND BUT THEN I HAD MEDICAL ISSUES WHICH DELAYED
DELIVERY!

Marlene D. Hart
Marlene Hart

9/10/21
Date

c4

Date: August 16, 2021

To: Greene County Board of Commissioners

From: Stephanie Wiggins - Tax Administrator

Subject: GS 105-350 (7)

Monthly

All levy

Report of amount collected on each year's taxes and amount remaining
uncollected - Collections posted as of July 31, 2021

Year		Current		FY 2021-2022	Amount Remaining	%
		Month		Collections YTD	Uncollected	Collected
		Adj. Payments+interest		Adj. Payments+interest		
2011		\$ 525.00		\$ 525.00	\$ 11,707.71	99.87%
2012		\$ -		\$ -	\$ 12,279.82	99.86%
2013		\$ -		\$ -	\$ 20,168.77	99.78%
2014		\$ -		\$ -	\$ 6,862.08	99.92%
2015		\$ 290.62		\$ 290.62	\$ 7,796.73	99.91%
2016		\$ 341.26		\$ 341.26	\$ 13,837.55	99.85%
2017		\$ 711.50		\$ 711.50	\$ 15,931.37	99.82%
2018		\$ 1,067.93		\$ 1,067.93	\$ 23,887.49	99.74%
2019		\$ 6,527.86		\$ 6,527.86	\$ 37,328.10	99.60%
2020		\$ 14,855.88		\$ 14,855.88	\$ 86,722.68	99.08%
2021		\$ 528,177.85		\$ 528,177.85	\$ 9,503,844.14	5.26%
Total		\$ 552,497.90		\$ 552,497.90	\$ 9,740,366.44	

MTD Levy added for 2021				
\$ 10,033,591.96				
Beginning Receivable		ytd add'l levy	payments (principal only)	ytd interest(+)
\$ -		\$ 10,033,591.96	\$ 528,294.59	\$ 807.00
YTD:	releases	adjustments	refunds	write offs
	\$ 4,193.73	\$ 1,816.76	\$ (2,145.42)	\$ 1,221.68

GREENE COUNTY

LINE ITEM TRANSFER/BUDGET AMENDMENT

DATE 30 August 2021
 DEPARTMENT Cooperative Extension

LINE ITEM TRANSFER					
<u>FROM</u>			<u>TO</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
Total		0	Total		0

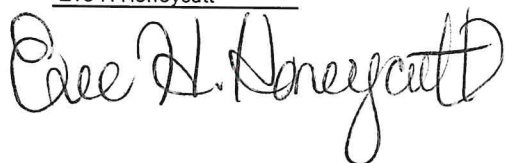
<u>REVENUES</u>			<u>BUDGET AMENDMENT</u>		
			<u>EXPENDITURES</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
Community Garden	11170-435003	1,000.00	Community Garden Supplies	11495-5203	1,000.00
Total		1,000.00	Total		1,000.00

Explanation:

Stipend received from NC A&T University to be used for Community Garden supplies

Requested by:

Eve H Honeycutt

Approved by:


GREENE COUNTY
Senior Center
 LINE ITEM TRANSFER/BUDGET AMENDMENT
 Budget Amendment-Families First Funding Home Delivered Meals
 8/10/2021
 Families First Funds
 Congregate Meals
 Home Delivered Meals

LINE ITEM TRANSFER					
<u>FROM</u>			<u>TO</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
Total			Total		

<u>REVENUES</u>			<u>BUDGET AMENDMENT</u>			<u>EXPENDITURES</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
Families First-HDM	41170-434824	7895	Part-Time Salaries	41593-510200	4000.00	Medicare	41593-513000	58.00
			FICA	41593-513100	248.00	Meals	41593-517800	3,589.00
Families First-CN	41170-434823	932.00	Meals	41591-517800	932.00			
Total		\$8,827.00	Total		\$8,827.00			

<u>Explanation:</u>	Families First Funds for Senior Meal Programs. No county match. County reimbursed as expenditures are Keyed into the State Aging Management System.
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Requested by:

Shawn S. Hansen
 8/10/2021

Approved by:

LINE ITEM TRANSFER

<u>REVENUES</u>			<u>BUDGET AMENDMENT</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
CARES FCSP	41170-434833	4498.00	FCSP CARES Salary	41596-510100	2000.00
			FCSP CARES Medicare	41596-513000	29.00
			FCSP CARES FICA	41596-513100	124.00
			FCSP CARES Retire	41596-513200	228.00
			FCSP CARES Respite	41596-513400	1165.00
			FCSP CARES Supplies	41596-517100	952.00
Total		\$4,498	Total		4,498.00

CARES Family Caregiver Funds. No county match. County reimbursed as expenditures are Keyed into the State Aging Management System.

Approved by:

Sharon L. Hansen

LINE ITEM TRANSFER					
<u>FROM</u>			<u>TO</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
Total			Total		
<u>REVENUES</u>			<u>BUDGET AMENDMENT</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
CARES Senior Nutrition	41170-434823	3674.00	CARES Equipment	11-592-530100	3674.00
Total		\$3,674	Total		\$3,674
<u>Explanation:</u> CARES Funds for non-unit purchases for Senior Nutrition Programs. No county match. County reimbursed as expenditures are Keyed into the State Aging Management System.					

Sharon L. Hammer

Commissioners
 Bennie Heath - Chairman
 James T. Shackleford-Vice Chair
 Jerry Jones
 Susan Blizzard
 Derek Burruss



County Manager
 Kyle J. DeHaven
 Finance Officer
 Beverly T. Stroud
 County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Public Hearing; 2021 CDBG-NR Application

Date: September 7, 2021

A Public Hearing, to receive Public Comment regarding the 2021 CDBG-NR application is scheduled. This is the first of two public hearings for this program, the second being October 14th. Any citizen can speak about this application at this time. Mr. Mike Barnette will give a brief overview of the program, and answer any questions that the Board of Commissioners may have.

Action Recommended:

Chairman allow an overview from Mr. Mike Barnette

Chairman Open the Public Hearing for Public Comment

After all Public Comment is received, Chairman Close the Public Hearing

NO Board Action is Needed

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Greene County 2021 CDBG-NR Application Public Hearing 1

The Rural Economic Development Division (REDD) of the NC Department of Commerce has announced the availability of Community Development Block Grant – Neighborhood Revitalization (CDBG-NR) funds for activities within the County. The program must be centered around housing. The program...

- is centered around renovation and replacement of substandard housing for low-moderate income populations standard housing, and **most the funding must be used for LMI owner housing**
- can be used to address housing and other public utility, street & drainage conditions within a neighborhood, on a scattered site basis, or for emergency housing repairs
- can be used for construction, reconstruction, rehabilitation, or installation of public facilities in support of housing or improvement, removal of architectural barriers, promote energy efficiency
- senior and community/neighborhood/recreational center, parks & playgrounds
- provide shelter for persons having special needs such as shelters for the homeless, convalescent homes, hospitals, nursing homes, battered spouse shelters, half-way houses for runaway children, drug offenders or parolees, group homes for the mentally challenged/disabled, & temporary housing for persons.
- Water & Sewer connections for LMI persons to lines not constructed with CDBG funds
- Emergency Housing Repairs

The maximum grant request is \$750,000. The Program does not require a local match; however, some level of local funding may help the application scoring in some situations such as a tiebreaker.

Applications are due by October 14, 2021.

The Board of Commissioners must conduct two public hearings prior to submission of an application. The September 7, 2021, hearing is the first public hearing and the purpose is to receive public comment about possible application activities. The second, which is tentatively scheduled for October 4, 2021, is to explain to the public the contents of the proposed application.

Requested action

Receive public comment

F1

Commissioners
Bennie Heath - Chairman
James T. Shackleford-Vice Chair
Jerry Jones
Susan Blizzard
Derek Burress



County Manager
Kyle J. DeHaven

Finance Officer
Beverly T. Stroud

County Attorney
Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Introduction of New County Extension Director

Date: September 7, 2021

Ms. Eve Honeycutt will introduce Ms. Jessica Anderson, The new Greene County Extension Director.

Action Recommended:

Informational

No Board Action is Needed

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REQUEST TO BE ON THE AGENDA FOR THE GREENE COUNTY BOARD OF COMMISSIONERS

BOARD MEETING YOU WISH TO PRESENT: Sept 7, 2021

TOPIC(S) TO BE PRESENTED: Introduction of new
County Extension Director

PRESENTER'S NAME:

Eve Honeycutt, Jessica Anderson

PRESENTER'S MAILING ADDRESS: 4106 Hwy 13 S, Snow Hill

PHONE #: 252 521 1706

FAX #: _____

PRESENTER'S EMAIL ADDRESS: eve_honeycutt@ncsu.edu

The Greene County Board of Commissioners will meet on the 1st Monday of the month at 10:00 a.m. and the third Monday of the month at 7:00 p.m. On Mondays where a meeting and holiday coincide, the meeting will fall on the following Tuesday at the same time and place.

In accordance with §34.01 Rules of Procedure (F) of the Greene County, NC Code of Ordinances – "A request to have an item placed on the agenda must be received no later than 5:00 p.m. on the Tuesday preceding the meeting." If the presenter would like to provide additional attachments/handouts to the board prior to the meeting, the material(s) must be received by the Greene County Manager's Office no later than 12:00 pm of the Wednesday prior to the meeting. The request will be placed on the agenda as a presentation, which is defined as administrative and committee reports, unfinished business, and/or new business.

A Public Comment Period will be held at each meeting in accordance with §34.01 Rules of Procedure (G) of the Greene County, NC Code of Ordinances and the Greene County Public Comment Policy. The policies and ordinances can be found at www.greenecountync.gov.

To submit the Request To Be On The Agenda For The Greene County Board Of Commissioners form:

- Call (252) 747-3446 or (252) 747-2866
- Email kathy.mooring@greenecountync.gov
- Mail or deliver to Greene County Office Complex, County Manager's Office, 229 Kingold Blvd, Snow Hill, NC 28580.

Commissioners
 Bennie Heath - Chairman
 James T. Shackelford-Vice Chair
 Jerry Jones
 Susan Blizzard
 Derek Burress



County Manager
 Kyle J. DeHaven

Finance Officer
 Beverly T. Stroud

County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Resolution of Gratitude

Date: September 7, 2021

A Resolution of gratitude has been prepared to commemorate Ms. Becky Suttons 22 years of service to Greene County. It is attached.

Action Recommended:

Motion to approve the Resolution as presented

Board Action is Needed

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James T. Shackleford-Vice Chair
Jerry Jones
Susan Blizzard
Derek Burress



County Manager
Kyle J. DeHaven

Finance Officer
Beverly T. Stroud

County Attorney
Gay Stanley

**RESOLUTION EXPRESSING APPRECIATION FOR 22 YEARS OF SERVICE
BY BECKY SUTTON TO THE COUNTY OF GREENE**

WHEREAS, Becky Sutton retired on July 30, 2021 from the Greene County Tax Department with more than 22 years of service to the County of Greene; and

WHEREAS, Becky Sutton began her career in the Tax Department on March 2nd 1998 as the Tax Appraiser, and became the Tax Administrator in September of 1999, and served in this position until her retirement; and

WHEREAS, Becky Sutton has proven herself to be a dedicated and efficient public servant and leader time and time again; and

WHEREAS, on behalf of The Greene County Board of Commissioners, the other County officials and employees, and the citizens of the County of Greene, we wish to express to Becky Sutton a deep appreciation and gratitude for the service rendered to the County over the years.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the County of Greene, North Carolina, that:

1. The Board of Commissioner express to Becky Sutton on behalf of themselves, the other County officials and employees, and the citizens of Greene County their deep appreciation and gratitude for the dedicated service rendered on behalf of the County of Greene.
2. We offer Becky our very best wishes for success, happiness, prosperity and good health in all future endeavors.
3. This Resolution shall be incorporated into the official minutes of the Greene County Board of Commissioners, and shall be in full force and effect from and after this 16th day of August, 2021.

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Commissioners
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 Jerry Jones
 Susan Blizzard
 Derek Burress



County Manager
 Kyle J. DeHaven

Finance Officer
 Beverly T. Stroud

County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Appointment; Jury Commission

Date: September 7, 2021

A request to appoint a member of the jury commission has been received. Previously, Ms. Janette Fulghum has been appointed by the Greene County Board of Commissioners. Ms. Sandra Beamon has requested the appointment of Ms. Gloria Artis.

Action Recommended:

Motion to appoint member of the jury commission

Board Action is Needed

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SANDRA E. BEAMAN, CLERK
EX OFFICIO JUDGE OF PROBATE
CLERK OF SUPERIOR COURT
GREENE COUNTY
IMELDA J. PATE
SENIOR RESIDENT SUPERIOR COURT JUDGE
301 N. GREENE STREET
PO BOX 675, SNOW HILL, NC 28580
O 252-747-6200 | F 252-747-6201

August 9, 2021

Kyle Dehaven
Greene County Manager
229 Kingold Blvd
Snow Hill, NC 28580

RE: Greene County Jury Commission Members

Dear Mr. Dehaven,

As required by G.S. 9.1, I am requesting that the Greene County Commissioners submit a letter of appointment for the above referenced commission. This commission will consist of three members. One member of the commission will be appointed by the senior resident court judge, one member by the clerk of court and one member by the county commissioners. The appointees will serve for two years.

The current members are Janette Fulghum, Gloria Artis and Donna West. Thank you in advance for your attention to this matter. I would like to be able to give the oaths of office the first of September.

Sincerely

Lisa J. Meadows
Jury Clerk/Assistant Clerk
Greene County Clerk of Court

cc: Kathy Mooring

Commissioners
 Bennie Heath - Chairman
 James T. Shackelford-Vice Chair
 Jerry Jones
 Susan Blizzard
 Derek Burress



County Manager
 Kyle J. DeHaven

Finance Officer
 Beverly T. Stroud

County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Request for Public Hearing; FY 2023 Community Transportation program Funding Application

Date: September 7, 2021

A request for a Public Hearing has been received to hear Public Comment on the FY 2023 Community Transportation Plan. The Public Hearing is requested to be Monday, September 20th at 7:00pm in the Wellness Center.

Action Recommended:

Chairman Set a Public Hearing on the requested date at the requested time and location

NO Board Action is Needed

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Kyle DeHaven

From: Misty Chase
Sent: Tuesday, August 10, 2021 9:32 AM
To: Kyle DeHaven
Subject: Public Hearing Request

Good Morning,

It is time for me to begin preparing for my 2023 FY NCDOT/IMD 5311 Non-urbanized Area Community Transportation Program Funding application. In order to meet the guidelines for grant submission I am required to have a Public Hearing. The deadline for Grant Submission is October 8, 2021 (which is earlier than in the past). I am requesting that a Public Hearing be scheduled for Tuesday September 7, 2021 at 10:00am. This will allow us to advertise the public hearing prior to, and time to prepare our full grant application and submit prior to the October 8, 2021 deadline. The funding request is for our FY 2023 funding. If you have any questions please reach out to me.

*Misty Chase, Director
Greene County Transportation
104 Hines St.
Snow Hill NC 28580
Ph. 252-747-8474*

“ Make it a Great Day”

Commissioners
Bennie Heath - Chairman
James T. Shackleford-Vice Chair
Jerry Jones
Susan Blizzard
Derek Burrese



County Manager
Kyle J. DeHaven

Finance Officer
Beverly T. Stroud

County Attorney
Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Amendment; Position Classification Plan

Date: September 7, 2021

An Amendment is need for the position classification plan due to the recent increase in Sheriff Deputy pay. The change is needed to more appropriately align the different job classifications with salary grades in our pay grade classification system. The current and proposed grades are attached for review.

Action Recommended:

Motion to approve the amendment to the position classification plan as presented

Board Action is Needed

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**GREENE COUNTY
CURRENT PAY GRADE CLASSIFICATIONS
SWORN OFFICERS**

	Current grades 7/1/21			Proposed new grades		
	GRADE	HIRING	DIFFERENCE	GRADE	HIRING	DIFFERENCE
Deputy Sheriff	65	32,398		67	36,000	
Deputy Sheriff Special Assignment	66	34,019	1,621	68	37,506	1,506
Deputy Sheriff Sergeant	68	37,506	3,487	69	39,381	1,875
Deputy Sheriff Lieutenant	69	39,381	1,875	70	41,350	1,969
Deputy Sheriff Captain	71	43,418	4,037	71	43,418	2,068
Deputy Sheriff Major	73	47,868	4,450	73	47,868	4,450
Deputy Sheriff Chief	75	52,774	4,906	75	52,774	4,906
Sheriff	79	64,148	11,374	79	64,148	11,374

Commissioners
 Bennie Heath - Chairman
 James T. Shackleford-Vice Chair
 Jerry Jones
 Susan Blizzard
 Derek Burress



County Manager
 Kyle J. DeHaven

Finance Officer
 Beverly T. Stroud

County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Amendment; Position Classification Plan

Date: September 7, 2021

An Amendment is requested for the position classification plan to add 3 positions and place them in the position classification plan. The three positions requested being added to the plan are Paramedic, Shift supervisor (paramedic), and EMS Manager (paramedic). The requested grades in the current position classification plan are included. The Greene County EMS staffing matrix is included for review, as well as a summary pay scale for that department. The manager and staff will be available for questions at this time.

Action Recommended:

Motion to approve the amendment to the position classification plan as presented

Board Action is Needed

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Shift Paramedic

Salary: Grade 67 \$17.17/Hour (\$35,713.60 annually @ 40hr/week) (**\$50, 136.40 (shift adjusted)**)

Job Type: Full Time

Department: Emergency Services

General Statement of Duties

Performs paramedic level life support work in the Emergency Medical Services Division under the supervisor of the EMS Manager. A paramedic workday will consist of 24 hours on one of three operational shifts. Greene County EMS operates on a 24/7 Kelly Shift. (2920 hours annually).

Distinguishing Features of the Class

An employee in this class performs professional advanced life support work in operating an approved mobile medical unit, rescuing victims and performing advanced emergency care including the administration of life sustaining treatment to patients on-site and while enroute to a hospital. Work involves responding to the scene of emergency and non-emergency calls, applying necessary medical treatment to sick or injured persons, and transporting persons to a medical facility. Employee serves as a member of an ambulance crew and is responsible for the medical care administered to the patient. This position is differentiated from an Advanced Emergency Medical Technician of other certification levels by the additional requirements of performing defibrillation and cardio version, using gas-powered or hand-powered nebulizers, decompressing a tension pneumothorax by use of a catheter-flutter-valve device, using positive-end expiratory pressure respirators, performing cricothyrotomy for relief of upper airway obstruction, and performing gastric suction by intubations. Employee is also responsible for patient care reports, maintaining supplies, performing janitorial duties at the base station, and performing miscellaneous office duties. Employee is exposed to the normal hazards of emergency rescue work, including risk of exposure to infectious diseases. Reports to an EMS Shift Supervisor.

Essential Duties and Tasks

- Responds to emergency calls in a quick response vehicle or ambulance; performs necessary rescue work in accordance with established protocols for Basic and Advanced Life Support; administers necessary emergency medical care requiring the use of suction units, immobilization equipment, intravenous infusions, syringes and medications, and cardiac monitors/defibrillator/pacers, and performance of intubations/advanced airway management. Lead provider for 2 person EMS crew.
- Participates in a continuous training program to improve competence in medical technical work and in ambulance service and operation; studies street and road patterns and networks of the County in order that future runs may be made with minimum difficulty and delay. Maintains state certifications through continuing education programs and/or departmental training.
- Inspects and tests ambulances and their emergency equipment, maintaining proper inventory of equipment and supplies; cleans and sanitizes ambulance and equipment daily; ensures that they are in

proper and good working order; makes routine adjustments, but reports other than minor defects for specialized attention. Completes patient care reports and participates in the department QA program.

- Maintains cleanliness and performs minor maintenance of Emergency Medical Service facilities. Provides leadership and assistance to members of volunteer emergency medical service organizations in County, as requested.

Knowledge, Skills and Abilities

- Considerable knowledge of and skill in administering emergency medical procedures and techniques.
- Considerable knowledge of anatomy and physiology.
- Considerable knowledge of intravenous therapy and skill in recognizing adverse conditions.
- Considerable knowledge of equipment and supplies employed in emergency care of patients and accident victims.
- Considerable knowledge of county geography and locations of roads and streets.
- Skill in recognizing trauma and signs and symptoms of medical emergencies to determine appropriate treatment.
- Ability to perform duties in accordance with established emergency medical procedures and techniques, medical protocols and standing orders.
- Ability to work with a diverse socio-economic population, based on the unique situations encountered.
- Ability to respond quickly and calmly in emergencies and stressful situations.
- Ability to drive safely an emergency medical vehicle in adverse conditions and according to motor vehicles laws.
- Ability to communicate effectively in a tactful and firm manner with the public.
- Ability to deal with stress and death and dying patients.
- Ability to accurately record services provided on required forms.
- Ability to work with co-workers, law enforcement personnel, fire, medical personnel, patients and the general public.
- Ability to maintain vehicles, equipment, and facilities.
- Ability to maintain confidentiality of patient contact.

Additional Job Duties

- Performs additional duties as required.

Physical Requirements

- Must be able to physical perform the basic life functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motions.
- Must be able to perform very heavy work exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to lift objects.
- Must possess the visual acuity to operate mobile equipment, monitor work site progress, and use measurement devices.

Desirable Education and Experience

Graduation from high school or equivalent and 1 to 2 years of experience in advanced emergency medical service work; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities. Associates Degree in Emergency Medical Services or related field from an accredited college or university desired. Certification as an Emergency Vehicle Driver is preferred.

Special Requirements

Must possess and maintain certification as a Paramedic through NC Office of Emergency Medical Services and be able to board with the medical director within one (1) month of employment. Must possess and maintain a valid NC Driver License.

Shift Paramedic (Part-Time)

Salary: Grade 67 \$17.50/Hour

Job Type: Full Time

Department: Emergency Services

General Statement of Duties

Performs paramedic level life support work in the Emergency Medical Services Division under the supervisor of the EMS Manager. A paramedic workday will consist of 24 hours on one of three operational shifts. Greene County EMS operates on a 24/7 Kelly Shift. (No more than 980 hours annually).

Distinguishing Features of the Class

An employee in this class performs professional advanced life support work in operating an approved mobile medical unit, rescuing victims and performing advanced emergency care including the administration of life sustaining treatment to patients on-site and while enroute to a hospital. Work involves responding to the scene of emergency and non-emergency calls, applying necessary medical treatment to sick or injured persons, and transporting persons to a medical facility. Employee serves as a member of an ambulance crew and is responsible for the medical care administered to the patient. This position is differentiated from an Advanced Emergency Medical Technician of other certification levels by the additional requirements of performing defibrillation and cardio version, using gas-powered or hand-powered nebulizers, decompressing a tension pneumothorax by use of a catheter-flutter-valve device, using positive-end expiratory pressure respirators, performing cricothyrotomy for relief of upper airway obstruction, and performing gastric suction by intubations. Employee is also responsible for patient care reports, maintaining supplies, performing janitorial duties at the base station, and performing miscellaneous office duties. Employee is exposed to the normal hazards of emergency rescue work, including risk of exposure to infectious diseases. Reports to an EMS Shift Supervisor.

Essential Duties and Tasks

- Responds to emergency calls in a quick response vehicle or ambulance; performs necessary rescue work in accordance with established protocols for Basic and Advanced Life Support; administers necessary emergency medical care requiring the use of suction units, immobilization equipment, intravenous infusions, syringes and medications, and cardiac monitors/defibrillator/pacers, and performance of intubations/advanced airway management. Lead provider for 2 person EMS crew.
- Participates in a continuous training program to improve competence in medical technical work and in ambulance service and operation; studies street and road patterns and networks of the County in order that future runs may be made with minimum difficulty and delay. Maintains state certifications through continuing education programs and/or departmental training.
- Inspects and tests ambulances and their emergency equipment, maintaining proper inventory of equipment and supplies; cleans and sanitizes ambulance and equipment daily; ensures that they are in

proper and good working order; makes routine adjustments, but reports other than minor defects for specialized attention. Completes patient care reports and participates in the department QA program.

- Maintains cleanliness and performs minor maintenance of Emergency Medical Service facilities. Provides leadership and assistance to members of volunteer emergency medical service organizations in County, as requested.

Knowledge, Skills and Abilities

- Considerable knowledge of and skill in administering emergency medical procedures and techniques.
- Considerable knowledge of anatomy and physiology.
- Considerable knowledge of intravenous therapy and skill in recognizing adverse conditions.
- Considerable knowledge of equipment and supplies employed in emergency care of patients and accident victims.
- Considerable knowledge of county geography and locations of roads and streets.
- Skill in recognizing trauma and signs and symptoms of medical emergencies to determine appropriate treatment.
- Ability to perform duties in accordance with established emergency medical procedures and techniques, medical protocols and standing orders.
- Ability to work with a diverse socio-economic population, based on the unique situations encountered.
- Ability to respond quickly and calmly in emergencies and stressful situations.
- Ability to drive safely an emergency medical vehicle in adverse conditions and according to motor vehicles laws.
- Ability to communicate effectively in a tactful and firm manner with the public.
- Ability to deal with stress and death and dying patients.
- Ability to accurately record services provided on required forms.
- Ability to work with co-workers, law enforcement personnel, fire, medical personnel, patients and the general public.
- Ability to maintain vehicles, equipment, and facilities.
- Ability to maintain confidentiality of patient contact.

Additional Job Duties

- Performs additional duties as required.

Physical Requirements

- Must be able to physical perform the basic life functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motions.
- Must be able to perform very heavy work exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to lift objects.
- Must possess the visual acuity to operate mobile equipment, monitor work site progress, and use measurement devices.

Desirable Education and Experience

Graduation from high school or equivalent and 1 to 2 years of experience in advanced emergency medical service work; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities. Associates Degree in Emergency Medical Services or related field from an accredited college or university desired. Certification as an Emergency Vehicle Driver is preferred.

Special Requirements

Must possess and maintain certification as a Paramedic through NC Office of Emergency Medical Services and be able to board with the medical director within one (1) month of employment. Must possess and maintain a valid NC Driver License.

Shift Supervisor (Paramedic)

Salary: Grade 69 \$18.93/Hour (\$39,374.40 annually @ 40hr/week) **(\$55, 275.60 (shift adjusted))**

Job Type: Full Time

Department: Emergency Services

General Statement of Duties

Performs paramedic level life support work in the Emergency Medical Services Division under the supervisor of the EMS Manager. A paramedic workday will consist of 24 hours on one of three operational shifts. Greene County EMS operates on a 24/7 Kelly Shift. (2920 hours annually).

Distinguishing Features of the Class

An employee in this class performs professional advanced life support work in operating an approved mobile medical unit, rescuing victims and performing advanced emergency care including the administration of life sustaining treatment to patients on-site and while enroute to a hospital. Work involves responding to the scene of emergency and non-emergency calls, applying necessary medical treatment to sick or injured persons, and transporting persons to a medical facility. Employee serves as a member of an ambulance crew and is responsible for the medical care administered to the patient. This position is differentiated from an Advanced Emergency Medical Technician of other certification levels by the additional requirements of performing defibrillation and cardio version, using gas-powered or hand-powered nebulizers, decompressing a tension pneumothorax by use of a catheter-flutter-valve device, using positive-end expiratory pressure respirators, performing cricothyrotomy for relief of upper airway obstruction, and performing gastric suction by intubations. Employee is also responsible for patient care reports, maintaining supplies, performing janitorial duties at the base station, and performing miscellaneous office duties. Employee is exposed to the normal hazards of emergency rescue work, including risk of exposure to infectious diseases. This employee will supervise multiple EMS crews and ensure adequate EMS coverage for the county system. Additional project management duties such as supplies, QA, and training at the department level may be assigned. Reports to the EMS Manager.

Essential Duties and Tasks

- Responds to emergency calls in a quick response vehicle; performs necessary rescue work in accordance with established protocols for Basic and Advanced Life Support; administers necessary emergency medical care requiring the use of suction units, immobilization equipment, intravenous infusions, syringes and medications, and cardiac monitors/defibrillator/pacers, and performance of intubations/advanced airway management. Provides command and control of EMS Incidents and functions as a part of the command staff in expanded incidents requiring NIMS Operations.
- Participates in a continuous training program to improve competence in medical technical work and in ambulance service and operation; studies street and road patterns and networks of the County in order

that future runs may be made with minimum difficulty and delay. Maintains state certifications through continuing education programs and/or departmental training. Serves as the primary training officer for the shift and completes daily QA for shift reports.

- Inspects and tests ambulances and their emergency equipment, maintaining proper inventory of equipment and supplies; cleans and sanitizes ambulance and equipment daily; ensures that they are in proper and good working order; makes routine adjustments, but reports other than minor defects for specialized attention. Completes patient care reports and participates in the department QA program.
- Maintains cleanliness and performs minor maintenance of Emergency Medical Service facilities. Provides leadership and assistance to members of volunteer emergency medical service organizations in County, as requested.

Knowledge, Skills and Abilities

- Mastery knowledge of and skill in administering emergency medical procedures and techniques.
- Mastery knowledge of anatomy and physiology.
- Mastery knowledge of intravenous therapy and skill in recognizing adverse conditions.
- Mastery knowledge of equipment and supplies employed in emergency care of patients and accident victims.
- Mastery knowledge of county geography and locations of roads and streets.
- Mastery skill in recognizing trauma and signs and symptoms of medical emergencies to determine appropriate treatment.
- Ability to perform duties in accordance with established emergency medical procedures and techniques, medical protocols and standing orders.
- Ability to work with a diverse socio-economic population, based on the unique situations encountered.
- Ability to respond quickly and calmly in emergencies and stressful situations and use critical thinking to make high consequence decisions rapidly
- Ability to drive safely an emergency medical vehicle in adverse conditions and according to motor vehicles laws.
- Ability to communicate effectively in a tactful and firm manner with the public.
- Ability to deal with stress and death and dying patients.
- Ability to accurately record services provided on required forms.
- Ability to work with co-workers, law enforcement personnel, fire, medical personnel, patients and the general public and operate with little supervision for long periods of time.
- Ability to maintain vehicles, equipment, and facilities.

- Ability to maintain confidentiality of patient contact.

Additional Job Duties

- Considerable experience in Payroll, Scheduling, Crew Resource Management, Budgeting, and Interpersonal Communication Skills are highly preferred.
- Perform various roles in the Emergency Operations Center during activations
- Performs additional duties as assigned.

Physical Requirements

- Must be able to physical perform the basic life functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motions.
- Must be able to perform very heavy work exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to lift objects.
- Must possess the visual acuity to operate mobile equipment, monitor work site progress, and use measurement devices.

Desirable Education and Experience

Graduation from high school or equivalent and 3 to 5 years of experience in advanced emergency medical service work; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities. Associates Degree in Emergency Medical Services or related field from an accredited college or university preferred and ability to obtain and associated degree within 2 years of hire date required. Certification as an Emergency Vehicle Driver is required.

Special Requirements

Must possess and maintain certification as a Paramedic through NC Office of Emergency Medical Services and be able to board with the medical director within one (1) month of employment. Must possess and maintain a valid NC Driver License.

EMS Manager (Paramedic)

Salary: Grade 76 \$26.64/Hour (\$55,411.20 annually)

Job Type: Full Time Exempt

Department: Emergency Services

General Statement of Duties

Performs supervisory, administrative, and managerial work in managing the daily operations of Emergency Medical Services.

Distinguishing Features of the Class

Work involves the responsibility for the operational functions of the emergency medical services program, working through Shift Supervisors. The employee works closely with the Emergency Services Director on short- and long-range budget preparation; development of operational structure and staffing; projection of needs, service expansion and delivery; and overseeing daily operations through intervening supervisors. Work includes hiring, training, performance evaluations, and discipline action, and final authority with the Director in hiring and dismissal. Employee may assist with responding to major emergency response scenes to coordinate the activities of various agencies and to ensure availability of necessary equipment, supplies and manpower. Work is performed in accordance with State and Federal regulations, program SOP's, established EMS procedures and under local medical director approved protocols. The employee is exposed to the normal hazards of emergency rescue work, including risk of exposure to human body fluids and infectious diseases, thus the work is subject to the OSHA requirements for bloodborne pathogens. Employee must maintain ability to respond to emergency situations, as required. Work is performed independently requiring initiative, sound judgment and tact and diplomacy. Work is performed under the general supervision of the Emergency Services Director, and work is reviewed by discussion, reports and public acceptance of services.

Essential Duties and Tasks

- Coordinates and supervises emergency medical services daily operations and training activities and staff through intervening supervisors; coordinates procedures and regulations with agencies served; develops and maintains up to date procedures manual for employees, and agencies served; works closely with the Medical Director on policy and medical protocol coordination.
- Assists the Director in planning, organizing and directing the delivery of emergency services throughout the County; assists in development and updating of the County's emergency medical services plan including the County First Responder Program; provides input on organizational staffing and delivery approaches; involves supervisors in planning and budgeting process.
- Recommends budget needs for the division; provides justification for recommendations; builds budget requests based on input of supervisors; researches, recommends and purchases needed equipment and medical supplies; ensures proper maintenance of equipment.
- Ensures adherence to medical and response protocols and SOP's; participates in development, evaluation and revision of protocols and SOP's. Handles personnel functions for staff; ensures training meets State certification requirements; monitors and evaluates work.

- Provides liaison services between the division, the hospital and other public safety agencies. Applies for grants and completes grants reports.
- Functions as Power of Attorney for schedule II and IV medications.
- Provides supervision over fleet maintenance and medical equipment and supplies.
- Researches technology and implements revised programs and services. Responds to complaints, questions, and information about the services.
- Assures the maintenance and completion of records, reports, and other information required in this field.
- Prepares and submits various reports as required by local, state and federal governments; oversees filing and maintenance of reports, records, and other documents as required by federal, state and local laws and regulations.
- Attends seminars, conferences, workshops, classes, lectures, etc., and reviews professional literature, as appropriate, to enhance and maintain knowledge of trends and developments in fields of emergency services response.
- Maintains readiness to respond to emergency situations, as required; responds to emergency calls as needed; and coordinates the provision of medical services making assessments and providing emergency medical care at the EMT-Paramedic level.

Additional Job Duties

- Develops and administers community service programs to citizens, special interest groups, and businesses.
- Recruitment and Selection Guidelines Knowledge, Skills and Abilities Thorough knowledge of federal, state, and local policies, procedures, and regulations pertaining to emergency services including rescue operations and natural and man-made disaster planning and operations.
- Thorough knowledge of resources available for emergency assistance from local, state and federal agencies.
- Thorough knowledge of emergency medical principles, practices and procedures.
- Considerable knowledge of management, supervision and administrative techniques.
- Considerable knowledge of modern and effective supervisory principles and practices and of County personnel and purchasing policies and procedures.
- Considerable knowledge of and skill in administering emergency medical procedures and techniques.
- Considerable knowledge of anatomy and physiology.
- Skills to supervise staff of emergency medical providers.
- Mastery skills in work as a Paramedic.
- Ability to plan, organize, and supervise EMS services; to develop and to organize programs and activities to achieve the level of emergency medical services required by the citizens; and to interpret, to explain and apply a wide variety of policies, procedures, and regulations.
- Ability to respond quickly, effectively and professionally in emergencies and stressful situations, often taking command roles at major incidents.
- Ability to safely drive an emergency medical vehicle in adverse conditions and according to NC motor vehicle laws.
- Ability to prepare reports and to make effective public presentations.

- Ability to use sound judgment and determine best options and decisions for handling emergency matters.
- Ability to establish and maintain effective working relationships with law enforcement agencies, volunteer fire services, public officials, hospitals, schools, and the general public.
- Ability to supervise EMS staff, including knowledge of budgeting, personnel, and purchasing requirements, and to train and mentor other employees.

Physical Requirements

- Must be able to perform the physical life functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motion.
- Must be able to perform very heavy work exerting in excess of 100 pounds of force occasionally, and/or up to 75 pounds of force frequently, and/or 50 pounds of force constantly to move objects.
- Must possess visual acuity to prepare and analyze data and figures, perform accounting functions, operate a computer terminal, operate a motor vehicle, do extensive reading and use measurement devices.

Desirable Education and Experience

Bachelor's degree from an accredited college with a major in emergency medical services, or related field required or ability to obtain a Bachelor's degree within 3 years of hire date. Master's degree preferred. A minimum of five years' experience in emergency services as a Paramedic or higher level with three years of supervisory experience.

Special Requirements

Certification by the North Carolina OEMS as a Paramedic. Possession of a valid NC driver's license.

Must live within an acceptable distance of GC EMS Station 1 (201 Martin Luther King Jr. Parkway, Snow Hill, NC 28580) for on-call requirements with Emergency Management.



Greene County EMS Daily Shift Minimum Staffing Matrix

Current

Provider Level	EMS 1	EMS 11	EMS 2	Shift Totals	Total Staffing
EMT	1	1	1	3	9
AEMT	1	1	1	3	9

Proposed (Paramedic Service)

Provider Level	EMS 1	EMS 11	EMS 2	QRV	Shift Totals	Total Staffing
AEMT/EMT	1	1	1	-	3	9
Paramedic	1	1	1	-	3	9
Shift Supervisor	-	-	-	1	1	3

Additional Recommendations:

1. Formal process to be held for all interested staff for Shift Supervisor Position in Spring 2022.
2. Staff QRV with Experienced Part-Time Paramedics in January 2022 to begin providing service.
3. Continue to maintain Part-Time Employees to supplement staffing.
4. Hire a full time EMS Manager in the 2022-23 Budget Cycle.



Proposed Pay Scale for Certified Employees

Greene County Current Pay Schedule			
EMT			
Grade/	Hourly Rate	Annual Salary (40 hr work week)	Annual Salary (Actual)
61 Shift EMT	\$ 12.81	\$ 26,653.00	\$ 37,405.20
AEMT			
Grade/	Hourly Rate	Annual Salary (40 hr work week)	Annual Salary (Actual)
64 Shift AEMT	\$ 14.83	\$ 30,846.40	\$ 43,303.60
Paramedic (Proposed)			
	Hourly Rate	Annual Salary (40 hr work week)	Annual Salary (Actual)
67 Shift Paramedic	\$ 17.17	\$ 35,713.60	\$ 50,136.40
69 Shift Supervisor	\$ 18.93	\$ 39,374.40	\$ 55,275.60
76 EMS Manager	\$ 26.64	\$ 55,411.20	\$ 55,411.20
Part Time Paramedic	\$ 18.00		
**Current employees that obtain their paramedic certification should receive at 3- 5% increase to prevent compression.			
Percentage Increase	Hourly Rate	Annual Salary (40 hr work week)	Annual Salary (Actual)
3.00%	\$ 17.69	\$ 36,795.20	\$ 51,654.80
4.00%	\$ 17.86	\$ 37,148.80	\$ 52,151.20
5.00%	\$ 18.03	\$ 37,502.40	\$ 52,647.60

Notes:

- In the 2019 pay study, all current salaries are more than \$1.00 per hour below the average salary for counties included in the study.
- The proposed pay rate for paramedic of \$17.51 is equal to the average hourly rate, however most services are operating on a 24/72 schedule. Greene County EMS will remain on our current schedule (24/48).

Position	Annual Need	Daily Need	Base Pay Rate	Hours per year	Total Annual Cost
EMT/AEMT	9	3	13.82*	2920	\$ 363,189.60
Paramedic	9	3	17.17	2920	\$ 451,227.60
Shift Supervisor	3	1	18.93	2920	\$ 165,826.80
EMS Manager**	1	1	26.64	2080	\$ 55,411.20
Totals	22	8	N/A	N/A	\$1,035,655.20***

The current 9 non paramedic positions requested could be filled by an EMT or AEMT. For budgeting purposes, these 9 positions should be budgeted at a rate of \$13.42/hour. This rate is an average of both EMT and AEMT pay rates. **Exempt Position *Assumes no increase for current employees to offset compression*



Recommendations from Pay Study for Emergency Services

1. EMS Coordinator reclassified as EMS Manager
2. Establishing EMS Shift Supervisors – 3 New Positions

Points to Consider

1. Provision of Paramedic Service and management of program not considered in most recent pay study.
2. EMS Manager would be responsible for the largest department in the county (when including part time-staff) with the greatest interaction with the public and most liability exposure daily.
3. EMS Manager would be an exempt position; thus, any salary grade lower would make annual salary less than proposed Shift Supervisor salary.
4. EMS Manager would remain under Emergency Service Director, but job would demand very low level of supervision (similar to a department head) with skills in budgeting, personnel, and other areas that would require at least an Associate's Degree/Bachelor's Preferred applicant pool.
5. Part-time Paramedic Salary of \$17.50/hour would be competitive enough to get Paramedics from other agencies to come work here. Average part-time pay rates in surrounding counties is \$18.00/hour.

GL

Commissioners
Bennie Heath - Chairman
James T. Shackleford-Vice Chair
Jerry Jones
Susan Blizzard
Derek Burress



County Manager
Kyle J. DeHaven

Finance Officer
Beverly T. Stroud

County Attorney
Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: BA; Animal Control

Date: September 7, 2021

A BA is needed in the Animal Services department for the purchase of a truck. This truck was encumbered in the prior FY but was not ready. We have been informed that it is finally here and the funds need to be re-appropriated to pay for the vehicle.

Action Recommended:

Motion to approve the BA as presented

Board Action is Needed

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GREENE COUNTY

LINE ITEM TRANSFER/BUDGET AMENDMENT

9/1/21

ANIMAL CONTROL

LINE ITEM TRANSFER					
<u>FROM</u>			<u>TO</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
Total		\$ -	Total		\$ -

BUDGET AMENDMENT					
<u>REVENUES</u>			<u>EXPENDITURES</u>		
<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>	<u>Account Name</u>	<u>Acct #</u>	<u>Amount</u>
FUND BALANCE APPROPRIATED	11198-439800	\$ 32,730.00	CAPITAL OUTLAY	11421-530200	\$ 32,730.00
Total		\$ 32,730.00	Total		\$ 32,730.00

Explanation: New truck for animal control (budgeted in FY21-truck not received before year end)

Requested by:



Approved by:

Commissioners
 Bennie Heath - Chairman
 James T. Shackleford-Vice Chair
 Jerry Jones
 Susan Blizzard
 Derek Burress



County Manager
 Kyle J. DeHaven

Finance Officer
 Beverly T. Stroud

County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Designation of Funds

Date: September 7, 2021

A waterline relocation is needed at the intersection of Pope Farm Rd and Bullhead Rd. This waterline has been compromised 3 times now. The improvement of this water infrastructure qualifies as an eligible expense of ARP monies. I would ask that ARP funds be designated to make this improvement to our water system.

Action Recommended:

Motion to approve the designation of funds for waterline relocation

Board Action is Needed

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Kathy Mooring

From: Kyle DeHaven
Sent: Thursday, August 19, 2021 2:40 PM
To: Kathy Mooring
Subject: FW: Pope Farm Road Waterline Relocation
Attachments: Greene Co Pope Farm Rd Wat Rel Sketch Map 210816 000.pdf; Greene Co Pole Farm Wat Rel PCE 210816 000.pdf

Add to agenda

From: David Jones
Sent: Tuesday, August 17, 2021 7:12 AM
To: Kyle DeHaven <kyle.dehaven@greencountync.gov>
Subject: FW: Pope Farm Road Waterline Relocation

This is cost est. for relocation of water that is out of service.

From: Rich Moore <rbm@mcdavid-inc.com>
Sent: Monday, August 16, 2021 6:50 PM
To: David Jones <david.jones@greencountync.gov>
Subject: Pope Farm Road Waterline Relocation

Mr. David Jones, Public Works Director
Greene County

David:

Reference the subject and as follow-up to our discussion, please find attached the following exhibits for your review in support of relocating a section of the County's existing 8" diameter waterline at the intersection of Pope Farm Road and Bullhead Road:

1. Preliminary Cost Estimate
2. Sketch Map

The GIS shows the existing waterline on Bullhead Road changes from 8" diameter to 4" diameter at the drybore crossing on Pore Farm Road (one of the existing valves is shown as a 4" gate valve). The fire hydrant on Pore Farm Road was installed using a tapping sleeve and valve.

Unknown is the level of concrete thrust blocking used at the drybore and fire hydrant installation. I've assumed that the existing hydrant is probably pretty well blocked such that relocation may prove difficult. I put cost in for a new tee, new valves and new hydrant.

Please review and advise regarding any changes. Once acceptable, I'll forward to Kyle for his approval.

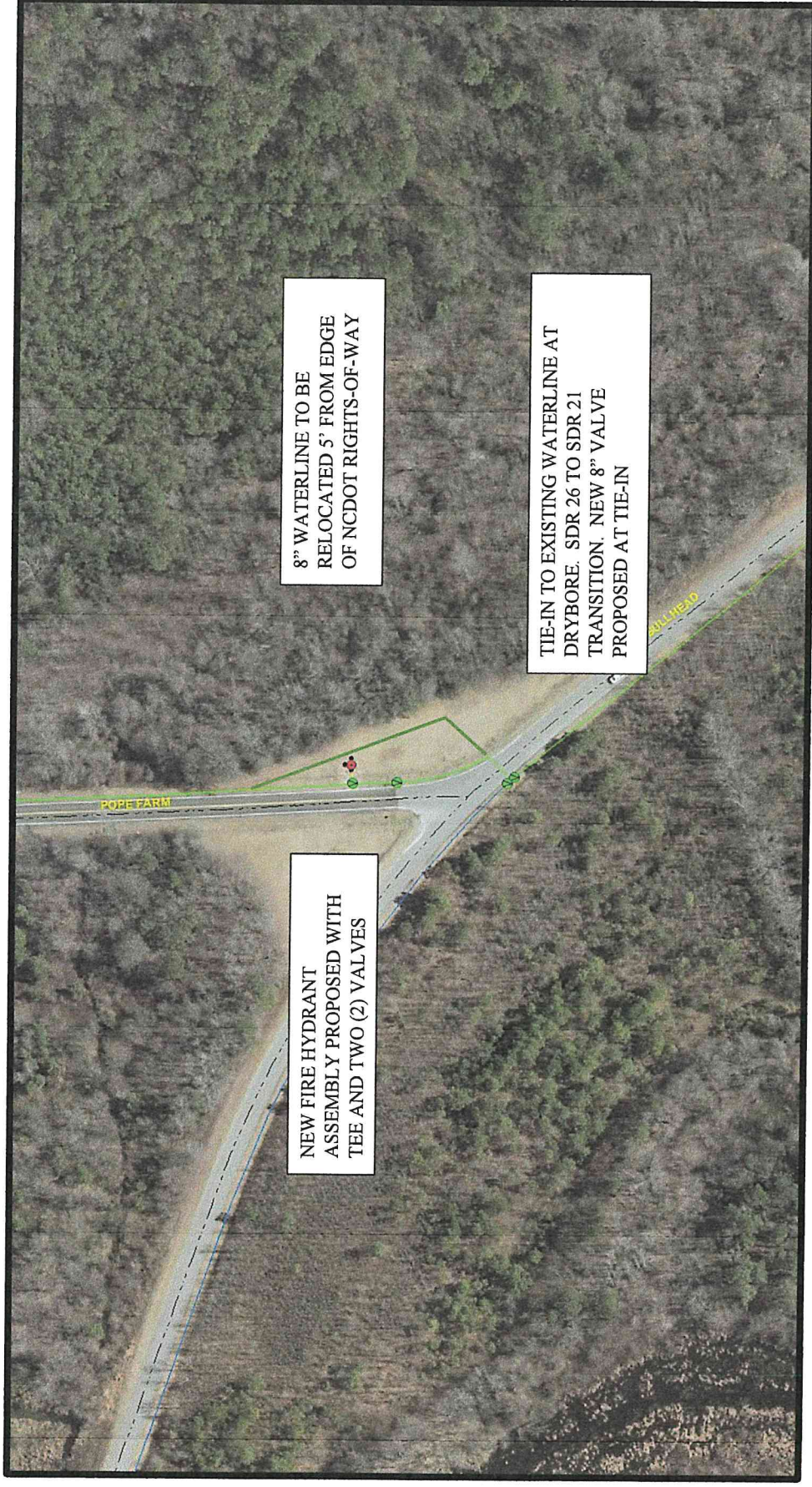
Rich



Richard B. Moore, P.E.
McDavid Associates, Inc.
3714 North Main Street
PO Drawer 49
Farmville, NC 27828

Phone: 252-753-2139
Fax: 252-753-7220

POPE FARM ROAD WATERLINE RELOCATION (INTERSECTION WITH BULLHEAD ROAD)
GREENE COUNTY REGIONAL WATER SYSTEM – AUGUST 2021



PRELIMINARY COST ESTIMATE
 POPE FARM ROAD WATERLINE RELOCATION
 GREENE COUNTY
 AUGUST 2021

Item	Description	Quantity	Unit	Price	Amount
1	8" PVC Waterline	200	LF	\$35.00	\$7,000.00
2	6" Gate Valve & Box	1	EA	\$2,000.00	\$2,000.00
3	8" Gate Valve & Box	2	EA	\$2,500.00	\$5,000.00
4	8" 45d Bend, DI	3	EA	\$1,000.00	\$3,000.00
5	8" 90d Bend, DI	1	EA	\$1,000.00	\$1,000.00
6	Transition Fitting	2	EA	\$500.00	\$1,000.00
7	8"x6" Tee, DI	1	EA	\$2,500.00	\$2,500.00
8	Fire Hydrant Assembly	1	LS	\$5,000.00	\$5,000.00
9	Remove Existing Fire Hydrant	1	LS	\$500.00	\$500.00
10	Remove Existing 90d Bend	1	LS	\$500.00	\$500.00
11	Borrow	20	SY	\$30.00	\$600.00
	Subtotal Construction				\$28,100.00
12	Technical Services				\$2,200.00
	TOTAL PROJECT COST				\$30,300.00

Commissioners
 Bennie Heath - Chairman
 James T. Shackleford-Vice Chair
 Jerry Jones
 Susan Blizzard
 Derek Burress



County Manager
 Kyle J. DeHaven

Finance Officer
 Beverly T. Stroud

County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Resolution: MOA for the Opioid Settlement

Date: September 7, 2021

Attached is a Resolution between Greene County and the State of North Carolina related to the Opioid litigation settlement. This Resolution gives background of the cause for suit, its results, and gives authorization how who can and how to proceed. The Manager will be available for questions at this time.

Action Recommended:

Motion to approve the Opioid Settlement MOA

Board Action is Needed

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A RESOLUTION BY THE COUNTY OF GREENE
APPROVING THE MEMORANDUM OF AGREEMENT (MOA) BETWEEN THE STATE OF
NORTH CAROLINA AND LOCAL GOVERNMENTS ON PROCEEDS RELATING TO THE
SETTLEMENT OF OPIOID LITIGATION

WHEREAS, as of 2019, the opioid epidemic had taken the lives of more than 16,500 North Carolinians, torn families apart, and ravaged communities from the mountains to the coast; and

WHEREAS, the COVID-19 pandemic has compounded the opioid crisis, increasing levels of drug misuse, addiction, and overdose death; and

WHEREAS, the Centers for Disease Control and Prevention estimates the total “economic burden” of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement; and

WHEREAS, certain counties and municipalities in North Carolina joined with thousands of local governments across the country to file lawsuit against opioid manufacturers and pharmaceutical distribution companies and hold those companies accountable for their misconduct; and

WHEREAS, representatives of local North Carolina governments, the North Carolina Association of County Commissioners, and the North Carolina Department of Justice have negotiated and prepared a Memorandum of Agreement (MOA) to provide for the equitable distribution of any proceeds from a settlement of national opioid litigation to the State of North Carolina and to individual local governments; and

WHEREAS, Local Governments and the State of North Carolina anticipate a settlement in the national opioid litigation to be forthcoming; and

WHEREAS, by signing onto the MOA, the state and local governments maximize North Carolina’s share of opioid settlement funds to ensure the needed resources reach communities, once a negotiation is finalized, as quickly, effectively, and directly as possible; and

WHEREAS, it is advantageous to all North Carolinians for local governments, including Greene County and its citizens, to sign onto the MOA and demonstrate solidarity in response to the opioid epidemic, and to maximize the share of opioid settlement funds received both in the state and this county to help abate the harm; and

WHEREAS, the MOA directs substantial resources over multiple years to local governments on the front lines of the opioid epidemic while ensuring that these resources are used in an effective way to address the crisis.

NOW, THEREFORE BE IT RESOLVED, Greene County hereby approves the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation, and any subsequent settlement funds that may come into North Carolina as a result of the opioid crisis. Furthermore, Greene County authorizes the County Manager (or County Attorney) take such measures as necessary to comply with the terms of the MOA and receive any settlement funds, including executing any documents related to the allocation of opioid settlement funds and settlement of lawsuits related to this matter. Be it further resolved copies of this resolution and the signed MOA be sent to opioiddocs@ncdoj.gov as well as forwarded the North Carolina Association of County Commissioners at communications@ncacc.org.

Adopted this the _____ day of _____, 2021.

Bennie Heath, Chair
Greene County Board of Commissioners

ATTEST:

Kyle J. DeHaven, Clerk to the Board

(SEAL)

**MEMORANDUM OF AGREEMENT
BETWEEN THE STATE OF NORTH CAROLINA AND LOCAL GOVERNMENTS
ON PROCEEDS RELATING TO THE SETTLEMENT OF OPIOID LITIGATION**

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Background Statement

Capitalized terms not defined below have the meanings set forth in the Definitions section of the Statement of Agreement.

WHEREAS, the State of North Carolina (the “State”), North Carolina counties and municipalities, and their people have been harmed by misconduct committed by certain entities that engage in or have engaged in the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic (“Pharmaceutical Supply Chain Participants”); and

WHEREAS, certain North Carolina counties and municipalities, through their counsel, and the State, through its Attorney General, are separately engaged in ongoing investigations, litigation and settlement discussions seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misconduct; and

WHEREAS, the State and the Local Governments share a common desire to abate and alleviate the impacts of the misconduct described above throughout North Carolina and in its local communities; and

WHEREAS, while the Local Governments and the State recognize the sums which may be available from the aforementioned litigation will likely be insufficient to fully abate the public health crisis caused by the opioid epidemic, they share a common interest in dedicating the most resources possible to the abatement effort; and

WHEREAS, settlements resulting from the investigations and litigation with Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson are anticipated to take the form of a National Settlement Agreement; and

WHEREAS, this Memorandum of Agreement (“MOA”) is intended to facilitate compliance by the State and by the Local Governments with the terms of the National Settlement Agreement and, to the extent appropriate, in other settlements related to the opioid epidemic reached by the state of North Carolina; and

WHEREAS, North Carolina’s share of settlement funds from the National Settlement Agreement will be maximized only if all North Carolina counties, and municipalities of a certain size, participate in the settlement; and

WHEREAS, the National Settlement Agreement will set a default allocation between each state and its political subdivisions unless they enter into a state-specific agreement regarding the distribution and use of settlement amounts (a “State-Subdivision Agreement”); and

WHEREAS, this MOA is intended to serve as such a State-Subdivision Agreement under the National Settlement Agreement; and

WHEREAS, the aforementioned investigations and litigation have caused some Pharmaceutical Supply Chain Participants to declare bankruptcy, and it may cause additional entities to declare bankruptcy in the future; and

WHEREAS, this MOA is also intended to serve as a State-Subdivision Agreement under resolutions of claims concerning alleged misconduct in manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic entered in bankruptcy court that provide for payments (including payments through a trust) to both the State and North Carolina counties and municipalities and allow for the allocation between a state and its political subdivisions to be set through a state-specific agreement (“Bankruptcy Resolutions”); and

WHEREAS, specifically, this MOA is intended to serve under the Bankruptcy Resolution concerning Purdue Pharma L.P. as a statewide abatement agreement, and under this MOA, a statewide abatement agreement is a type of State-Subdivision Agreement.

Statement of Agreement

The parties hereto agree as follows:

A. Definitions

As used in this MOA:

The terms “Bankruptcy Resolution,” “MOA,” “Pharmaceutical Supply Chain Participant,” “State,” and “State-Subdivision Agreement” are defined in the recitals to this MOA.

“Coordination group” refers to the group described in **Section E.7** below.

“County Incentive Fund” is defined in **Section G** below.

“Governing Body” means (1) for a county, the county commissioners of the county, and (2) for a municipality, the elected city council, town council, board of commissioners, or board of aldermen for the municipality.

“Incentive Eligible Local Government” is defined in **Section G** below.

“Local Abatement Funds” are defined in **Section B.2** below.

“Local Government” means all counties and municipalities located within the geographic boundaries of the State of North Carolina that have chosen to sign on to this MOA.

“MDL Matter” means the matter captioned *In re: National Prescription Opiate Litigation*, MDL 2804 pending in the United States District Court for the Northern District of Ohio.

“MDL Parties” means all parties who participated in the matter captioned *In re: National Prescription Opiate Litigation*, MDL 2804 pending in the United States District Court for the Northern District of Ohio as Plaintiffs.

“National Settlement Agreement” means a national opioid settlement agreement with the Parties and one or all of the Settling Defendants concerning alleged misconduct in manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic.

“Opioid Settlement Funds” shall mean all funds allocated by the National Settlement Agreement and any Bankruptcy Resolutions to the State or Local Governments for purposes of opioid remediation activities or restitution, as well as any repayment of those funds and any interest or investment earnings that may accrue as those funds are temporarily held before being expended on opioid remediation strategies. Not included are funds made available in the National Settlement Agreement or any Bankruptcy Resolutions for the payment of the Parties’ litigation expenses or the reimbursement of the United States Government.

“Parties” means the State of North Carolina and the Local Governments.

“Settling Defendants” means Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson, as well as their subsidiaries, affiliates, officers, and directors named in a National Settlement Agreement.

“State Abatement Fund” is defined in **Section B.2** below.

B. Allocation of Settlement Proceeds

1. Method of distribution. Pursuant to the National Settlement Agreement and any Bankruptcy Resolutions, Opioid Settlement Funds shall be distributed directly to the State and to Local Governments in such proportions and for such uses as set forth in this MOA, provided Opioid Settlement Funds shall not be considered funds of the State or any Local Government unless and until such time as each annual distribution is made.
2. Overall allocation of funds. Opioid Settlement Funds shall be allocated as follows: (i) 15% directly to the State (“State Abatement Fund”), (ii) 80% to abatement funds established by Local Governments (“Local Abatement Funds”), and (iii) 5% to a County Incentive Fund described in **Section G** below.
3. Allocation of funds between Local Governments. The Local Abatement Funds shall be allocated to counties and municipalities in such proportions as set forth in **Exhibit G**, attached hereto and incorporated herein by reference, which is based upon the MDL Matter’s Opioid Negotiation Class Model. The proportions shall not change based on population changes during the term of the MOA. However, to the extent required by the terms of the National Settlement Agreement, the proportions set forth in **Exhibit G** shall be adjusted: (i) to provide no payment from the National Settlement Agreement to any listed county or municipality that does not participate in the National Settlement Agreement; and (ii) to provide a reduced payment from the National Settlement Agreement to any listed county or municipality that signs onto the National Settlement Agreement after the initial participation deadline.
4. Municipal allocations. Within counties and municipalities:

- a. Local Governments receiving payments. The proportions set forth in **Exhibit G** provide for payments directly to (i) all North Carolina counties, (ii) North Carolina municipalities with populations over 75,000 based on the United States Census Bureau's Vintage 2019 population totals, and (iii) North Carolina municipalities who are also MDL Parties as of January 1, 2021.
 - b. Municipality may direct payments to county. Any municipality allocated a share in **Exhibit G** may elect to have its share of current or future annual distributions of Local Abatement Funds instead directed to the county or counties in which it is located. Such an election may be made by January 1 each year to apply to the following fiscal year. If a municipality is located in more than one county, the municipality's funds will be directed based on the MDL Matter's Opioid Negotiation Class Model.
5. Use of funds for opioid remediation activities. This MOA requires that except as related to the payment of the Parties' litigation expenses and the reimbursement of the United States Government, all Opioid Settlement Funds, regardless of allocation, shall be utilized only for opioid remediation activities.
 6. Relationship of this MOA to other agreements and resolutions. All Parties acknowledge and agree the National Settlement Agreement will require a Local Government to release all its claims against the Settling Defendants to receive Opioid Settlement Funds. All Parties further acknowledge and agree based on the terms of the National Settlement Agreement, a Local Government may receive funds through this MOA only after complying with all requirements set forth in the National Settlement Agreement to release its claims. This MOA is not a promise from any Party that any National Settlement Agreement or Bankruptcy Resolution will be finalized or executed.

C. Payment of Litigating and Non-Litigating Parties

No Party engaged in litigating the MDL Matter shall receive a smaller payment than a similarly situated non-litigating Party, other than as based on the Allocation Proportions in **Exhibit G** or based on the eligibility criteria for payments from the County Incentive Fund as provided by **Section G** below.

D. Special Revenue Fund

1. Creation of special revenue fund. Every Local Government receiving Opioid Settlement Funds shall create a separate special revenue fund, as described below, that is designated for the receipt and expenditure of the Opioid Settlement Funds.
2. Procedures for special revenue fund. Funds in this special revenue fund shall not be commingled with any other money or funds of the Local Government. The funds in the

special revenue fund shall not be used for any loans or pledge of assets, unless the loan or pledge is for an opioid remediation purpose consistent with the terms of this MOA and adopted under the process described in **Section E.6** below. Although counties or municipalities may make contracts with or grants to a nonprofit, charity, or other entity, counties or municipalities may not assign to another entity their rights to receive payments from the national settlement or their responsibilities for funding decisions.

3. Interest earned on special revenue fund. The funds in the special revenue fund may be invested, consistent with the investment limitations for local governments, and may be placed in an interest-bearing bank account. Any interest earned on the special revenue fund must be used in a way that is consistent with this MOA.

E. Opioid Remediation Activities.

1. Limitation on use of funds. Local Governments shall expend Opioid Settlement Funds only for opioid-related expenditures consistent with the terms of this MOA and incurred after the date of the Local Government's execution of this MOA, unless execution of the National Settlement Agreement requires a later date.
2. Opportunity to cure inconsistent expenditures. If a Local Government spends any Opioid Settlement Funds on an expenditure inconsistent with the terms of this MOA, the Local Government shall have 60 days after discovery of the expenditure to cure the inconsistent expenditure through payment of such amount for opioid remediation activities through budget amendment or repayment.
3. Consequences of failure to cure inconsistent expenditures. If a Local Government does not make the cure required by **Section E.2** above within 60 days, (i) future Opioid Fund payments to that Local Government shall be reduced by an amount equal to the inconsistent expenditure, and (ii) to the extent the inconsistent expenditure is greater than the expected future stream of payments to the Local Government, the Attorney General may initiate a process up to and including litigation to recover and redistribute the overage among all eligible Local Governments. The Attorney General may recover any litigation expenses incurred to recover the funds. Any recovery or redistribution shall be distributed consistent with **Sections B.3 and B.4** above.
4. Annual meeting of counties and municipalities within each county. Each county receiving Opioid Settlement Funds shall hold at least one annual meeting with all municipalities in the Local Government's county invited in order to receive input as to proposed uses of the Opioid Settlement Funds and to encourage collaboration between local governments both within and beyond the county. These meetings shall be open to the public.
5. Use of settlement funds under Option A and Option B. Local Governments shall spend Opioid Settlement Funds from the Local Abatement Funds on opioid remediation activities using either or both of the processes described as Option A and Option B below, unless the relevant National Settlement Agreement or Bankruptcy Resolution further limit the spending.

- a. Option A.
 - i. Without any additional strategic planning beyond the meeting described in **Section E.4** above, Local Governments may spend Opioid Settlement Funds from the list of High-Impact Opioid Abatement Strategies attached as **Exhibit A**. This list is a subset of the initial opioid remediation strategies listed in the National Settlement Agreement.
 - ii. **Exhibit A** may be modified as set forth in Exhibit D below; provided, however, that any strategy listed on **Exhibit A** must be within the list of opioid remediation activities for the then-current National Settlement Agreement. Opioid remediation activities undertaken under a previously authorized strategy list may continue if they were authorized at the time of the Local Government's commitment to spend funds on that activity.
- b. Option B.
 - i. A Local Government that chooses to participate in additional voluntary, collaborative, strategic planning may spend Opioid Settlement Funds from the broader list of categories found in **Exhibit B**. This list contains all the initial opioid remediation strategies listed in the National Settlement Agreement.
 - ii. Before spending any funds on any activity listed in **Exhibit B**, but not listed on **Exhibit A**, a Local Government must first engage in the collaborative strategic planning process described in **Exhibit C**. This process shall result in a report and non-binding recommendations to the Local Government's Governing Body described in **Exhibit C** (right-hand column).
 - iii. A Local Government that has previously undertaken the collaborative strategic planning process described in **Exhibit C** and wishes to continue implementing a strategy listed in **Exhibit B**, but not listed in **Exhibit A**, shall undertake a new collaborative strategic planning process every four years (or more often if desired).
 - iv. A Local Government that has previously undertaken the collaborative strategic planning process described in **Exhibit C** that wishes to implement a new strategy listed in **Exhibit B** but not listed in **Exhibit A**, shall undertake a new collaborative strategic planning process.
 - v. Two or more Local Governments may undertake a single collaborative strategic planning process resulting in a report and recommendations to all of the Local Governments involved.

6. Process for drawing from special revenue funds.

- a. Budget item or resolution required. 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. Budget item or resolution details. 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.
7. Coordination group. A coordination group with the composition and responsibilities described in **Exhibit D** shall meet at least once a year during the first three years that this MOA is in effect. Thereafter, the coordination group shall meet at least once every three years until such time as Opioid Settlement Funds are no longer being spent by Local Governments.

F. Auditing, Compliance, Reporting, and Accountability

1. Audits under Local Government Budget and Fiscal Control Act. Local Governments' Opioid Settlement Funds are subject to financial audit by an independent certified public accountant in a manner no less than what is required under G.S. 159-34. Each Local Government must file an annual financial audit of the Opioid Settlement Funds with the Local Government Commission. If any such audit reveals an expenditure inconsistent with the terms of this MOA, the Local Government shall immediately report the finding to the Attorney General.
2. Audits under other acts and requirements. The expenditure of Opioid Settlement Funds is subject to the requirements of the Local Government Budget and Fiscal Control Act, Chapter 159 of the North Carolina General Statutes; Local Government Commission rules; the Federal Single Audit Act of 1984 (as if the Opioid Settlement Funds were federal funds); the State Single Audit Implementation Act; Generally Accepted Government Auditing Standards; and all other applicable laws, rules, and accounting standards. For expenditures for which no compliance audit is required under the Federal Single Audit Act of 1984, a compliance audit shall be required under a compliance supplement approved by the coordination group.
3. Audit costs. Reasonable audit costs that would not be required except for this Section F may be paid by the Local Government from Opioid Settlement Funds..
4. Access to persons and records. During and after the term of this MOA, the State Auditor and Department of Justice shall have access to persons and records related to this MOA and expenditures of Opioid Settlement Funds to verify accounts and data affecting fees or

performance. The Local Government manager/administrator is the point of contact for questions that arise under this MOA.

5. Preservation of records. The Local Government must maintain, for a period of at least five years, records of Opioid Settlement Fund expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in a manner consistent with the National Settlement Agreement, any Bankruptcy Resolutions, and this MOA.

6. Reporting.

- a. Annual financial report required. In order to ensure compliance with the opioid remediation provisions of the National Settlement Agreement, any Bankruptcy Resolutions, and this MOA, for every fiscal year in which a Local Government receives, holds, or spends Opioid Settlement Funds, the county or municipality must submit an annual financial report specifying the activities and amounts it has funded.
- b. Annual financial report timing and contents. The annual financial report shall be provided to the North Carolina Attorney General by emailing the report to opioiddocs@ncdoj.gov, within 90 days of the last day of the state fiscal year covered by the report. Each annual financial report must include the information described on **Exhibit E**.
- c. Reporting to statewide opioid settlement dashboard. Each Local Government must provide the following information to the statewide opioid settlement dashboard within the stated timeframes:
 - i. The budget or resolution authorizing the expenditure of a stated amount of Opioid Settlement Funds for a specific purpose or purposes during a specified period of time as described in **Section E.6.b** above (within 90 days of the passage of any such budget or resolution);
 - ii. If the Local Government is using Option B, the report(s) and non-binding recommendations from collaborative strategic planning described in **Section E.5.b.ii** above and **Exhibit C** (right hand column) (within 90 days of the date the report and recommendations are submitted to the local governing body for consideration);
 - iii. The annual financial reports described in Section F.6.a and **Exhibit E** (within 90 days of the end of the fiscal year covered by the report); and
 - iv. The impact information described in **Exhibit F** (within 90 days of the end of the fiscal year covered by the report).

The State will create an online portal with instructions for Local Governments to report or upload each of these four items by electronic means.

- d. Copy to NCDOJ of any additional reporting. If the National Settlement Agreement or any Bankruptcy Resolutions require that a Local Government file, post, or provide a report or other document beyond those described in this MOA, or if any Local Government communicates in writing with any national administrator or other entity created or authorized by the National Settlement Agreement or any Bankruptcy Resolutions regarding the Local Government's compliance with the National Settlement Agreement or Bankruptcy Resolutions, the Local Government shall email a copy of any such report, document, or communication to the North Carolina Department of Justice at opioiddocs@ncdoj.gov.
 - e. Compliance and non-compliance.
 - i. Every Local Government shall make a good faith effort to comply with all of its reporting obligations under this MOA, including the obligations described in **Section F.6.c** above.
 - ii. A Local Government that engages in a good faith effort to comply with its reporting obligations under **Section F.6.c** but fails in some way to report information in an accurate, timely, or complete manner shall be given an opportunity to remedy this failure within a reasonable time.
 - iii. A Local Government that does not engage in a good faith effort to comply with its reporting obligations under this MOA, or that fails to remedy reporting issues within a reasonable time, may be subject to action for breach of contract.
 - iv. Notwithstanding anything to the contrary herein, a Local Government that is in substantial compliance with the reporting obligations in this MOA shall not be considered in breach of this MOA or in breach of contract.
7. Collaboration. The State and Local Governments must collaborate to promote effective use of Opioid Settlement Funds, including through the sharing of expertise, training, technical assistance. They will also coordinate with trusted partners to collect and share information about successful regional and other high-impact strategies and opioid treatment programs.

G. County Incentive Fund

A Local Government receiving Settlement Proceeds pursuant to **Section B.4.a** shall be an Incentive Eligible Local Government if every municipality in the Local Government's county with population of at least 30,000 has executed this MOA by October 1, 2021, but no later than any such deadline set in the National Settlement Agreement for the highest possible participation in incentive structures for North Carolina. Each Incentive Eligible Local Government shall receive a share of the 5% County Incentive Fund set forth in **Section B.2.iii**, distributed pro rata among only Incentive Eligible Local Governments as set forth in **Exhibit G**. For purposes of the calculations required by this Section, populations will be based on United States Census Bureau's Vintage 2019 population totals, and a municipality with populations in multiple counties will be counted only toward the county which has the largest share of that municipality's population.

H. Effectiveness

1. When MOA takes effect. This MOA shall become effective at the time a sufficient number of Local Governments have joined the MOA to qualify this MOA as a State-Subdivision Agreement under the National Settlement Agreement or any Bankruptcy Resolution. If this MOA does not thereby qualify as a State-Subdivision Agreement, this MOA will have no effect.
2. Amendments to MOA.
 - a. Amendments to conform to final national documents. The Attorney General, with the consent of a majority vote from a group of Local Government attorneys appointed by the Association of County Commissioners, may initiate a process to amend this MOA to make any changes required by the final provisions of the National Settlement Agreement or any Bankruptcy Resolution. The Attorney General's Office will provide written notice of the necessary amendments to all the previously joining parties. Any previously joining party will have a two-week opportunity to withdraw from the MOA. The amendments will be effective to any party that does not withdraw.
 - b. Coordination group. The coordination group may make the changes authorized in **Exhibit D**.
 - c. No amendments to allocation between Local Governments. Notwithstanding any other provision of this MOA, the allocation proportions set forth in **Exhibit G** may not be amended.
 - d. General amendment power. After execution, the coordination group may propose other amendments to the MOA, subject to the limitation in **Section H.2.c** above. Such amendments will take effect only if approved in writing by the Attorney General and at least two-thirds of the Local Governments who are Parties to this MOA. In the vote, each Local Government Party will have a number of votes measured by the allocation proportions set forth in **Exhibit G**.
3. Acknowledgement. The Parties acknowledge that this MOA is an effective and fair way to address the needs arising from the public health crisis due to the misconduct committed by the Pharmaceutical Supply Chain Participants.
4. When MOA is no longer in effect. This MOA is effective until one year after the last date on which any Opioid Settlement Funds are being spent by Local Governments pursuant to the National Settlement Agreement and any Bankruptcy Resolution.
5. Application of MOA to settlements and bankruptcy resolutions. This MOA applies to all settlements under the National Settlement Agreement with the Settling Defendants and any Bankruptcy Resolutions. The Parties agree to discuss the use, as the Parties may deem appropriate in the future, of the settlement terms set out herein (after any necessary

amendments) for resolutions with Pharmaceutical Supply Chain Participants not covered by the National Settlement Agreement or a Bankruptcy Resolution.

6. Applicable law and venue. Unless required otherwise by the National Settlement Agreement or a Bankruptcy Resolution, this MOA shall be interpreted using North Carolina law and any action related to the provisions of this MOA must be adjudicated by the Superior Court of Wake County. If any provision of this MOA is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision which can be given effect without the invalid provision.
7. Scope of MOA. The Parties acknowledge that this MOA does not excuse any requirements placed upon them by the terms of the National Settlement Agreement or any Bankruptcy Resolution, except to the extent those terms allow for a State-Subdivision Agreement to do so.
8. No third party beneficiaries. No person or entity is intended to be a third party beneficiary of this MOA.
9. No effect on authority of parties. Nothing in this MOA shall be construed to affect or constrain the authority of the Parties under law.
10. Signing and execution of MOA. This MOA may be signed and executed simultaneously in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement. A signature transmitted by facsimile or electronic image shall be deemed an original signature for purposes of executing this MOA. Each person signing this MOA represents that he or she is fully authorized to enter into the terms and conditions of, and to execute, this MOA, and that all necessary approvals and conditions precedent to his or her execution have been satisfied.

(Signature pages follow.)

Signature pages will be structured as one page for the State of North Carolina,
followed by separate signature pages for each county.

These signature pages will also include blanks for the county's municipalities.

To avoid having 101 signature pages in the middle of this file,
the signature pages are in a separate document.

**EXHIBIT A TO NC MOA:
HIGH-IMPACT OPIOID ABATEMENT STRATEGIES (“OPTION A” List)**

In keeping with the National Settlement Agreement, opioid settlement funds may support programs or services listed below that serve persons with Opioid Use Disorder (OUD) or any co-occurring Substance Use Disorder (SUD) or mental health condition.

As used in this list, the words “fund” and “support” are used interchangeably and mean to create, expand, or sustain a program, service, or activity.

1. **Collaborative strategic planning.** Support collaborative strategic planning to address opioid misuse, addiction, overdose, or related issues, including staff support, facilitation services, or any activity or combination of activities listed in Exhibit C to the MOA (collaborative strategic planning).
2. **Evidence-based addiction treatment.** Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine’s national practice guidelines for the treatment of opioid use disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration – through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence-based addiction treatment. This may include capital expenditures for facilities that offer evidence-based treatment for OUD. (If only a portion of a facility offers such treatment, then only that portion qualifies for funding, on a pro rata basis.)
3. **Recovery support services.** Fund evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.
4. **Recovery housing support.** Fund programs offering recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities; or fund recovery housing programs that provide housing to individuals receiving Medication-Assisted Treatment for opioid use disorder.
5. **Employment-related services.** Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training, job skills, job placement, interview coaching, resume review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers to facilitate any of these activities, or similar services or supports.
6. **Early intervention.** Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health

First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

7. **Naloxone distribution.** Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs. Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.
8. **Post-overdose response team.** Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.
9. **Syringe Service Program.** Support Syringe Service Programs operated by any governmental or nongovernmental organization authorized by section 90-113.27 of the North Carolina General Statutes that provide syringes, naloxone, or other harm reduction supplies; that dispose of used syringes; that connect clients to prevention, treatment, recovery support, behavioral healthcare, primary healthcare, or other services or supports they need; or that provide any of these services or supports.
10. **Criminal justice diversion programs.** Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need, or that provide any of these services or supports.
11. **Addiction treatment for incarcerated persons.** Support evidence-based addiction treatment, including Medication-Assisted Treatment with at least one FDA-approved opioid agonist, to persons who are incarcerated in jail or prison.
12. **Reentry Programs.** Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need upon release from jail or prison, or that provide any of these services or supports.

EXHIBIT B TO NC MOA:

Additional Opioid Remediation Activities (“OPTION B” List)

This list shall be automatically updated to match the list of approved strategies in the most recent National Settlement Agreement.

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:¹

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹ As used in this Exhibit B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
14. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice

system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison, have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
10. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increase electronic prescribing to prevent diversion or forgery.
8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Fund community anti-drug coalitions that engage in drug prevention efforts.
6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
7. Engage non-profits and faith-based communities as systems to support prevention.
8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities that provide free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in sections C, D, and H of this Exhibit relating to first responders, support the following:

1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to share reports, recommendations, or plans to spend Opioid Settlement Funds; to show how Opioid Settlement Funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

**EXHIBIT C to NC MOA:
COLLABORATIVE STRATEGIC PLANNING PROCESS UNDER OPTION B**

	ACTIVITY NAME	ACTIVITY DETAIL	CONTENT OF REPORT & RECOMMENDATIONS
A	Engage diverse stakeholders	Engage diverse stakeholders, per "ITEM A DETAIL" below, throughout the collaborative strategic planning process	Report on stakeholder engagement per "ITEM A DETAIL" below
B	Designate facilitator	Designate a person or entity to facilitate the strategic collaborative planning process. Consider a trained, neutral facilitator.	Identify the facilitator
C	Build upon any related planning	Build upon or coordinate with prior or concurrent planning efforts that address addiction, drug misuse, overdose, or related issues, including but not limited to community health assessments.	Report any related planning efforts you will build upon or coordinate with
D	Agree on shared vision	Agree on a shared vision for positive community change, considering how strategic investments of Opioid Settlement Funds have the potential to improve community health and well-being and address root causes of addiction, drug misuse, overdose, and related issues	Report on shared vision for positive community change
E	Identify key indicator(s)	Identify one or more population-level measures to monitor in order to gauge progress towards the shared vision. (The NC Opioid Action Plan Data Dashboard contains several such measures.)	Report on the key indicators selected
F	Identify and explore root causes	Explore root causes of addiction, drug misuse, overdose, and related issues in the community, using quantitative data as well as stakeholder narratives, community voices, the stories of those with lived experience, or similar qualitative information	Report on root causes as described
G	Identify and evaluate potential strategies	Identify potential strategies to address root causes or other aspects of the opioid epidemic; identify these strategies (by letter or number) on EXHIBIT A or EXHIBIT B, and consider the effectiveness of each strategy based on available evidence	Identify and evaluate potential strategies
H	Identify gaps in existing efforts	For each potential strategy identified (or for favored strategies), survey existing programs, services, or supports that address the same or similar issues; and identify gaps or shortcomings	Report on survey of and gaps in existing efforts
I	Prioritize strategies	Prioritize strategies, taking into account your shared vision, analysis of root causes, evaluation of each strategy, and analysis of gaps in existing efforts	Report on prioritization of strategies
J	Identify goals, measures, and evaluation plan	For each strategy (or favored strategy), develop goals and an evaluation plan that includes at least one process measure (How much did you do?), at least one quality measure (How well did you do it?), and at least one outcome measure (Is anyone better off?)	Report on goals, measures, and evaluation plan for each chosen strategy
K	Consider ways to align strategies	For each potential strategy identified (or for favored strategies), consider opportunities to braid Opioid Settlement Funds with other funding streams; develop regional solutions; form strategic partnerships; or to pursue other creative solutions	Report on opportunities to align strategies as described
L	Identify organizations	Identify organizations and agencies with responsibility to implement each strategy; and identify the human, material, and capital resources to implement each strategy	Identify organizations and needs to implement each strategy

M	Develop budgets and timelines	Develop a detailed global budget for each strategy with anticipated expenditures, along with timelines for completing components of each strategy	Report budgets and timelines for each strategy
N	Offer recommendations	Offer recommendations to local governing body (e.g., the county board, city council, or other local governing body)	Report recommendations to governing body

ITEM A DETAIL: STAKEHOLDER INVOLVEMENT

	STAKEHOLDERS	DESCRIPTION	CONTENT OF REPORT & RECOMMENDATIONS
A-1	Local officials	County and municipal officials, such as those with responsibility over public health, social services, and emergency services	Report stakeholder involvement (who and how involved in process)
A-2	Healthcare providers	Hospitals and health systems, addiction professionals and other providers of behavioral health services, medical professionals, pharmacists, community health centers, medical safety net providers, and other healthcare providers	same as above
A-3	Social service providers	Providers of human services, social services, housing services, and community health services such as harm reduction, peer support, and recovery support services	same
A-4	Education and employment service providers	Educators, such as representatives of K-12 schools, community colleges, and universities; and those providing vocational education, job skills training, or related employment services	same
A-5	Payers and funders	Health care payers and funders, such as managed care organizations, prepaid health plans, LME-MCOs, private insurers, and foundations	same
A-6	Law enforcement	Law enforcement and corrections officials	same
A-7	Employers	Employers and business leaders	same
A-8	Community groups	Community groups, such as faith communities, community coalitions that address drug misuse, groups supporting people in recovery, youth leadership organizations, and grassroots community organizations	same
A-9	Stakeholders with "lived experience"	Stakeholders with "lived experience," such as people with addiction, people who use drugs, people in medication-assisted or other treatment, people in recovery, people with criminal justice involvement, and family members or loved ones of the individuals just listed	same
A-10	Stakeholders reflecting diversity of community	Stakeholders who represent the racial, ethnic, economic, and cultural diversity of the community, such as people of color, Native Americans, members of the LGBTQ community, and members of traditionally unrepresented or underrepresented groups	same

EXHIBIT D TO NC MOA: COORDINATION GROUP

COMPOSITION

The Coordination Group shall consist of the following twelve members:

Five Local Government Representatives

- Four appointed by the North Carolina Association of County Commissioners including:
 - One county commissioner
 - One county manager
 - One county attorney
 - One county local health director or consolidated human services director
- One municipal manager appointed by the North Carolina League of Municipalities

Four Experts Appointed by the Department of Health and Human Services

- Four appointed by the Secretary of the Department of Health and Human Services, having relevant experience or expertise with programs or policies to address the opioid epidemic, or with behavioral health, public health, health care, harm reduction, social services, or emergency services.

One Expert Appointed by the Attorney General

- One appointed by the Attorney General of North Carolina from the North Carolina Department of Justice or another state agency, having drug policy or behavioral health experience or expertise.

Two Experts Appointed by Legislative Leaders

- One representative from the University of North Carolina School of Government with relevant expertise appointed by the Speaker of the North Carolina House of Representatives.
- One representative from the board or staff of the North Carolina Institute of Medicine with relevant expertise appointed by the President Pro Tem of the North Carolina Senate.

The coordination group may appoint a non-voting administrator to convene meetings and facilitate the work of the coordination group. The administrator will not be paid from the Opioid Settlement Funds distributed under this MOA.

Appointees shall have relevant experience or expertise with programs or policies to address the opioid epidemic, behavioral health, public health, health care, social services, emergency services, harm reduction, management of local government, or other relevant areas.

Those responsible for making appointments to the coordination group are encouraged to appoint individuals who reflect the diversity of North Carolina, taking into consideration the need for geographic diversity; urban and rural perspectives; representation of people of color and

traditionally underrepresented groups; and the experience and perspective of persons with “lived experience.” Those responsible for making appointments may appoint a successor or replace a member at any time. Members of the coordination group serve until they resign or are replaced by the appointer. Eight members of the coordination group constitutes a quorum.

RESPONSIBILITIES

- a. As provided in **Section F.2** of the MOA, where no compliance audit would be required under the Federal Single Audit Act of 1984 for expenditures of Opioid Settlement Funds, a compliance audit shall be required under a compliance supplement established by a vote of at least 8 members of the coordination group. The compliance supplement shall address, at least, procedures for determining:
 - i. Whether the Local Government followed the procedural requirements of the MOA in ordering the expenditures.
 - ii. Whether the Local Government’s expenditures matched one of the types of opioid-related expenditures listed in **Exhibit A** of the MOA (if the Local Government selected Option A) or **Exhibit B** of the MOA (if the Local Government selected Option B).
 - iii. Whether the Local Government followed the reporting requirements in the MOA.
 - iv. Whether the Local Government (or sub-recipient of any grant or loan, if applicable) utilized the awarded funds for their stated purpose, consistent with this MOA and other relevant standards.
 - v. Which processes (such as sampling) shall be used:
 - i. To keep the costs of the audit at reasonable levels; and
 - ii. Tailor audit requirements for differing levels of expenditures among different counties.
- b. The coordination group may, by a vote of at least 8 members, propose amendments to the MOA as discussed in **Section H** of the MOA or modify any of the following:
 - i. The high-impact strategies discussed in **Section E.5** of the MOA and described in **Exhibit A** to the MOA;
 - ii. The collaborative strategic planning process discussed in **Section E.5** of the MOA and described in **Exhibit C** to the MOA;
 - iii. The annual financial report discussed in **Section F.4** of the MOA and described in **Exhibit E** to the MOA;
 - iv. The impact information discussed in **Section F.4** of the MOA and described in **Exhibit F** to the MOA; or
 - v. Other information reported to the statewide opioid dashboard.

- c. The coordination group may, by consensus or by vote of a majority of members present and voting, work with the parties to this MOA, the North Carolina Association of County Commissioners, the North Carolina League of Municipalities, other associations, foundations, non-profits, and other government or nongovernment entities to provide support to Local Governments in their efforts to effectuate the goals and implement the terms of this MOA. Among other activities, the coordination group may coordinate, facilitate, support, or participate in any of the following activities:
- i. Providing assistance to Local Governments in identifying, locating, collecting, analyzing, or reporting data used to help address the opioid epidemic or related challenges, including data referred to in **Exhibit F**;
 - ii. Developing resources or providing training or technical assistance to support Local Governments in addressing the opioid epidemic and carrying out the terms of this MOA;
 - iii. Developing pilot programs, trained facilitators, or other resources to support the collaborative strategic planning process described in this MOA;
 - iv. Developing and implementing a voluntary learning collaborative among Local Governments and others to share best practices in carrying out the terms of this MOA and addressing the opioid epidemic, including in-person or virtual convenings or connections;
 - v. Developing voluntary leadership training programs for local officials on strategies to address the opioid epidemic, opportunities for Local Governments to harness the ongoing transition to value-based healthcare, and other relevant topics;
 - vi. Taking other actions that support Local Governments in their efforts to effectuate the goals and implement the terms of this MOA but do not in any way change the terms of this MOA or the rights or obligations of parties to this MOA.

**EXHIBIT E TO NC MOA:
ANNUAL FINANCIAL REPORT**

Each annual financial report must include the following financial information:

1. The amount of Opioid Settlement Funds in the special revenue fund at the beginning of the fiscal year (July 1).
2. The amount of Opioid Settlement Funds received during the fiscal year.
3. The amount of Opioid Settlement Funds disbursed or applied during the fiscal year, broken down by funded strategy (with any permissible common costs prorated among strategies).
4. The amount of Opioid Settlement Funds used to cover audit costs as provided in Section F.3 of this MOA.
5. The amount of Opioid Settlement Funds in the special revenue fund at the end of the fiscal year (June 30).

All Local Governments that receive two-tenths of one percent (0.2 percent) or more of the total Local Government Allocation as listed in **Exhibit G** shall provide the following additional information:

6. For all Opioid Settlement Funds disbursed or applied during the fiscal year as reported in item 3 above, a single breakdown of the total amount disbursed or applied for all funded strategies during the fiscal year into the following categories:
 - a. Human resource expenditures.
 - b. Subcontracts, grants, or other payments to sub-recipients involved in implementing of the funded strategies listed item 4 above.
 - c. Operational expenditures.
 - d. Capital expenditures.
 - e. Other expenditures.
7. With respect to item 6.b above, the Local Government shall provide the following information for any sub-recipient that receives ten percent or more of the total amount that the Local Government disbursed or applied during the fiscal year:
 - a. The name of the sub-recipient.
 - b. The amount received by the sub-recipient during the fiscal year.
 - c. A very brief description of the goods, services, or other value provided by the sub-recipient (for example, "addiction treatment services" or "peer-support services" or "syringe service program" or "naloxone purchase").

The coordination group may clarify or modify specifications for this annual financial report as provided in Exhibit D.

EXHIBIT F TO NC MOA: IMPACT INFORMATION

Within 90 days of the end of any fiscal year in which a Local Government expends Opioid Settlement Funds, the Local Government shall report impact information for each strategy that it funded with Opioid Settlement Funds during that fiscal year (“funded strategy”), using the STANDARD FORM or the SHORT FORM for each funded strategy.

The STANDARD FORM is recommended to all Local Governments for all funded strategies. However, Local Governments may use the SHORT FORM as follows:

- All Local Governments that receive less than 0.2 percent (two-tenths of one percent) of the total Local Government Allocation as shown on **Exhibit G** may use the SHORT FORM for all funded strategies.
- All Local Governments that receive 0.2 percent (two-tenths of one percent) or more but less than 0.3 percent (three-tenths of one percent) of the total Local Government Allocation as shown on **Exhibit G** must use the STANDARD FORM for the funded strategy that received the largest amount of settlement funds during the fiscal year and may use the SHORT FORM for all other funded strategies.
- All Local Governments that receive 0.3 percent (three-tenths of one percent) or more but less than 0.4 percent (four-tenths of one percent) of the total Local Government Allocation as shown on **Exhibit G** must use the STANDARD FORM for the two funded strategies that received the largest amount of settlement funds during the fiscal year and may use the SHORT FORM for all other funded strategies.

STANDARD FORM

1. County or municipality and fiscal year covered by this report.
2. Name, title, and organization of person completing this report.
3. Name of funded strategy, letter and/or number of funded strategy on **Exhibit A** or **Exhibit B** to the MOA, and number and date of resolution(s) authorizing expenditure of settlement funds on funded strategy.
4. **Brief progress report** describing the funded strategy and progress made during the fiscal year. Recommended length: approximately one page (250 words).
5. **Brief success story** from a person who has benefitted from the strategy (de-identified unless the person has agreed in writing to be identified). Recommended length: approximately one page (250 words).
6. **One or more process measures**, addressing the question, “How much did you do?”
Examples: number of persons enrolled, treated, or served; number of participants trained; units of naloxone or number of syringes distributed.
7. **One or more quality measures**, addressing the question, “How well did you do it?”
Examples: percentage of clients referred to care or engaged in care; percentage of staff with

certification, qualification, or lived experience; level of client or participant satisfaction shown in survey data.

8. **One or more outcome measures**, addressing the question, “Is anyone better off?”
Examples: number or percentage of clients with stable housing or employment; self-reported measures of client recovery capital, such as overall well-being, healthy relationships, or ability to manage affairs; number or percentage of formerly incarcerated clients receiving community services or supports within X days of leaving jail or prison.
9. In connection with items 6, 7, and 8 above, **demographic information** on the participation or performance of people of color and other historically marginalized groups.

The State will provide counties and municipalities with recommended measures and sources of data for common opioid remediation strategies such as those listed in **Exhibit A**.

Counties or municipalities that have engaged in collaborative strategic planning are encouraged to use the measures for items 6 through 8 above identified through that process.

SHORT FORM

1. County or municipality and fiscal year covered by this report.
2. Name, title, and organization of person completing this report.
3. Name of funded strategy, letter and/or number of funded strategy on **Exhibit A** or **Exhibit B** to the MOA, and number and date of resolution(s) authorizing expenditure of settlement funds on strategy.
4. **Brief progress report** describing the funded strategy and progress made on the funded strategy during the fiscal year. Recommended length: approximately one-half to one page (125-250 words).

**EXHIBIT G TO NC MOA:
LOCAL GOVERNMENT ALLOCATION PROPORTIONS**

Counties:

Alamance	1.378028967612490%
Alexander	0.510007879580514%
Alleghany	0.149090598929352%
Anson	0.182192960366522%
Ashe	0.338639188321974%
Avery	0.265996766935006%
Beaufort	0.477888434887858%
Bertie	0.139468575095652%
Bladen	0.429217809476617%
Brunswick	2.113238507591200%
Buncombe	2.511587857322730%
Burke	2.090196827047270%
Cabarrus	1.669573446626000%
Caldwell	1.276301146194650%
Camden	0.073036400412663%
Carteret	1.128465593852300%
Caswell	0.172920237524674%
Catawba	2.072695222699690%
Chatham	0.449814383077585%
Cherokee	0.782759152904478%
Chowan	0.113705596126821%
Clay	0.224429948904576%
Cleveland	1.119928027749120%
Columbus	1.220936938986050%
Craven	1.336860190247190%
Cumberland	2.637299659634610%
Currituck	0.186778551294444%
Dare	0.533126731273811%
Davidson	1.940269530393250%
Davie	0.513147526867745%
Duplin	0.382785147396895%
Durham	1.797994362444460%
Edgecombe	0.417101939026669%
Forsyth	3.068450809484740%
Franklin	0.500503643290578%
Gaston	3.098173886907710%
Gates	0.079567516632414%
Graham	0.183484561708488%
Granville	0.590103409340146%

Greene	0.123274818647799%
Guilford	3.375015231147900%
Halifax	0.453161173976264%
Harnett	0.988980772198890%
Haywood	0.803315110111045%
Henderson	1.381595087040930%
Hertford	0.206843050128754%
Hoke	0.332485804570157%
Hyde	0.027237354085603%
Iredell	2.115931374540020%
Jackson	0.507757731330674%
Johnston	1.250887468217670%
Jones	0.087966986994631%
Lee	0.653115683614534%
Lenoir	0.604282592625687%
Lincoln	0.926833627125253%
Macon	0.466767666100745%
Madison	0.237776496104888%
Martin	0.232882220579515%
McDowell	0.587544576492856%
Mecklenburg	5.038301259920550%
Mitchell	0.309314151564137%
Montgomery	0.226050543041193%
Moore	0.971739112775481%
Nash	0.845653639635102%
New Hanover	2.897264892001010%
Northampton	0.120996238921878%
Onslow	1.644001364710850%
Orange	1.055839419023090%
Pamlico	0.119936151028001%
Pasquotank	0.374816210815334%
Pender	0.585749331860312%
Perquimans	0.111833180344914%
Person	0.403024296727131%
Pitt	1.369008066415930%
Polk	0.266142985954851%
Randolph	1.525433986174180%
Richmond	0.749132839979529%
Robeson	1.359735343574080%
Rockingham	1.365368837477560%
Rowan	2.335219287913370%
Rutherford	0.928941617994687%
Sampson	0.619513740526226%
Scotland	0.449148274209402%

Stanly	0.724974208589555%
Stokes	0.623953112434303%
Surry	1.410826706091650%
Swain	0.281162928604502%
Transylvania	0.497595509451435%
Tyrrell	0.041440907207785%
Union	1.466702679869700%
Vance	0.536258255282162%
Wake	4.902455667205510%
Warren	0.106390583495122%
Washington	0.074770720453604%
Watauga	0.469675799939888%
Wayne	0.970699333078804%
Wilkes	1.997177160589100%
Wilson	0.646470841490459%
Yadkin	0.562147145073638%
Yancey	0.382114976889272%

Municipalities:

Asheville	0.235814724255298%
Canton	0.011453823221205%
Cary	0.144151645370137%
Charlotte	1.247483814366830%
Concord	0.227455870287483%
Durham	0.380405026684971%
Fayetteville	0.309769055181433%
Gastonia	0.257763823789835%
Greensboro	0.527391696384329%
Greenville	0.162656474659432%
Henderson	0.032253478794181%
Hickory	0.094875835682315%
High Point	0.206428762905859%
Jacksonville	0.095009869783840%
Raleigh	0.566724612722679%
Wilmington	0.119497493968465%
Winston-Salem	0.494459923803644%

Commissioners
 Bennie Heath - Chairman
 James T. Shackleford-Vice Chair
 Jerry Jones
 Susan Blizzard
 Derek Burress



County Manager
 Kyle J. DeHaven

Finance Officer
 Beverly T. Stroud

County Attorney
 Gay Stanley

From: Kyle J. DeHaven, County Manager

Re: Operation Santa Clause

Date: September 7, 2021

A request to participate in the Caswell Centers Operation Santa Clause has been received. In the past we have participated by donating \$225, which breaks down to \$75 for 3 children. A request to be included in the budget was not received from the Caswell Center in budget season, but many were not. This line item was budgeted realizing that responses were not received from all letters that had been sent. I am asking for approval to donate \$225, which is \$75 for 3 children as we have done in the past.

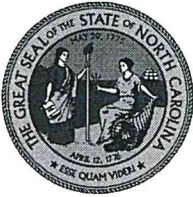
Action Recommended:

Motion to approve contribution to operation Santa Clause as recommended by the Manager

Board Action is Needed

229 Kingold Blvd., Suite D • Snow Hill, NC 28580 • (252) 747-3446 • FAX (252) 747-3884
www.greencountync.gov

The mission of Greene County Government is to serve and improve the lives of all citizens by providing high-quality, cost-effective services in an open, professional and ethical environment



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

KODY KINSLEY • Chief Deputy Secretary for Health

KAREN BURKES • DSOHF Interim Director

STAN BUTKUS • Center Director

JUL 28 2021

July 26, 2021

Dear Friends,

Christmas is a very special time of year filled with joy and hope. Our residents need to experience that especially with the pandemic and the challenges we have had. This most anticipated and festive time is right around the corner and plans for "Operation Santa Claus" at Caswell Developmental Center have already begun. This very special project ensures that every individual who is living at the Center has new gifts to open on Christmas morning. With a current census of 264, we must prepare early.

Each year, the staff in Volunteer Services works together with friends, volunteers and supporters to make our resident's Christmas wishes come true. You can help with "Operation Santa Claus" by making a financial contribution or by donating new material gifts for the project. Items that are needed this holiday season are wrapping paper, gift boxes and bags as well as tags and bows.

To simplify the purchasing of gifts, we are requesting that checks be made payable to: **Caswell Center Foundation, Inc.** Please write "Operation Santa Claus" in the memo section of your check and mail to "**Caswell Center Foundation, Inc. PO Box 1459, Kinston, NC 28503-1459.**"

All of us at Caswell Developmental Center want to send you our warmest regards with our sincere wishes for a safe and happy Christmas season. Your support is greatly appreciated.

Sincerely,

Danielle Howell
Volunteer Services Director

"Caswell Developmental Center is an agency of the State of North Carolina exempt from taxation under IRC section 115 and an organization eligible to accept tax deductible contributions as defined in IRC Section 170."

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • CASWELL DEVELOPMENTAL CENTER

2415 West Vernon Avenue Kinston, NC 28504

COURIER 01-21-04

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