# Agenda

## Granville County Board of Commissioners

## October 18, 2021

# AGENDA

## GRANVILLE COUNTY BOARD OF COMMISSIONERS

## Monday, October 18, 2021

**Call to order @ 7:00 p.m.** ..... **Chair Sue Hinman**
**Invocation and Pledge of Allegiance** ..... **Commissioner Zelodis Jay**

**Consent Agenda**

1. Contingency Summary (p. 3)
2. Budget Amendment #2 for FY 2021-22 (p. 5)
3. Minutes (p. 8)

**Introductions, Recognitions and Presentations**

4. Dysautonomia Awareness Month Proclamation (p. 29)
5. Opioid Litigation Settlement Update (p. 31)
6. Presentation by Vaya Health (p. 32)
7. Granville-Vance District Health Department Update (p. 46)

**Public Comments**

8. Public Comments (p. 47)

**Public Safety Matters**

9. Emergency Communications - Quarterly Report/Additional Positions/Trainer Pay (p. 48)
10. Sheriff's Office Quarterly Update (p. 53)

**Solid Waste Matters**

11. C & D Waste Acceptance and Conversion at the Butner Scale House (p. 54)
12. Free Mulch Event at Oxford Landfill (p. 57)

**Tax Matters**

13. Tax Matters (p. 58)

**Purchasing**

14. Emergency Management Vehicle Replacement (p. 59)

15. Inspections Department Purchase of 2022 Ford F-150 Pickup (p. 61)

**County Manager's Report**

16. Opioid Litigation Memorandum of Agreement (p. 66)

**County Attorney's Report**

17. County Attorney's Report (p. 111)

**Presentations by County Board Members**

18. Presentations by County Board Members (p. 112)

**Any Other Matters**

19. Any Other Matters (p. 113)

**Closed Session**

20. Closed Session as Allowed by G.S. 143-318.11(a)(3) - Attorney-Client Matter (p. 114)

**Granville County**
**Finance**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Steve McNally |
| **Department:** | Finance |
| **Date:** | October 13, 2021 |
| **Title:** | **Contingency Summary** |

**RECOMMENDATION:**
Finance Director recommends approval.

**ATTACHMENTS:**
Contingency Summary

**ACTION TAKEN:**

## *Summary of Contingency and Use of Fund Balance*

## *Contingency Summary*
## *For FY 2021-2022 Budget*
## *October 18, 2021*

### *Use of Contingency Summary - General Fund*

*General Contingency (10-9910-991):*

| Date | Description/Action | Adjustment Amount | Balance |
|---|---|---|---|
| 7/1/2021 | Budget Ordinance | | $ 180,000 |
| 9/7/2021 | Fund balance of GVHD renovation project | $ 51,000 | $ 129,000 |
| 9/7/2021 | COTT Register of Deeds automation project | $ 17,550 | $ 111,450 |
| 10/18/2021 | Fire, Ambulance and Rescue consulting services | $ 60,000 | $ 51,450 |

*Environmental Disaster Contingency (10-9910-993):*

| Date | Description/Action | Adjustment Amount | Balance |
|---|---|---|---|
| 7/1/2021 | Budget Ordinance | | $ 10,000 |

*School Bond D/S Contingency (10-9910-994):*

| Date | Description/Action | Adjustment Amount | Balance |
|---|---|---|---|
| 7/1/2021 | Budget Ordinance | | $ 100,000 |
| 9/7/2021 | Fund replacing fire alarm system an Butner/Stem Elementary, BoCC approved 7/6/21 | $ 100,000 | $ - |

### *Use of Fund Balance Summary - General Fund*

| Date | Description/Action | Adjustment Amount | Balance |
|---|---|---|---|
| 7/1/2021 | Budget Ordinance | | $ 5,645,236 |
| 9/7/2021 | Roll over unexpended FY 21 Reach grant funds | $ 15,000 | $ 5,660,236 |
| 9/7/2021 | Adjust 4H Best funding per initial funding agreement | $ (58,237) | $ 5,601,999 |
| 9/7/2021 | Adjust funding for FY 22 JCPC programs per PDS funding plan | $ (20,876) | $ 5,581,122 |
| 9/7/2021 | Carry forward unexpended funds from FY 21 GVHD project | $ 379,000 | $ 5,960,122 |
| 9/7/2021 | Carry forward from FY 21 Engineering services for Triangle North | $ 40,000 | $ 6,000,122 |
| 9/7/2021 | Debtbooks lease accounting software for Finance | $ 9,750 | $ 6,009,872 |
| 9/7/2021 | Carry forward from FY 21 funding for County 275 Anniversary book | $ 6,000 | $ 6,015,872 |
| 9/7/2021 | Additional fee to cover total FY 22 W/C fee from NCACC | $ 44,000 | $ 6,059,872 |
| 9/7/2021 | Carry forward from FY 21 Engineering services for Triangle North | $ 10,496 | $ 6,070,368 |
| 9/7/2021 | Replace vehicle for Emergency Management. Should have been in Ordinance | $ 30,000 | $ 6,100,368 |
| 9/7/2021 | Fire Department stipend. | $ 39,720 | $ 6,140,088 |
| 10/18/2021 | Purchase replacement radios | $ 575,000 | $ 6,715,088 |
| 10/18/2021 | Parks and Grounds administrative position - 9 months | $ 43,350 | $ 6,758,438 |
| 10/18/2021 | Stovall property for future Senio Services North building | $ 92,570 | $ 6,851,008 |
| 10/18/2021 | Fund $200,000 match for the $400,000 One NC Fund Grant for Carolina Coops | $ 200,000 | $ 7,051,008 |

**Granville County**
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104 Belle Street
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(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Steve McNally |
| **Department:** | Finance |
| **Date:** | October 12, 2021 |
| **Title:** | **Budget Amendment #2 for FY 2021-22** |

**RECOMMENDATION:**
Approve budget amendment #2

**ATTACHMENTS:**
FY 22 BA #2 - 10-18-21

**ACTION TAKEN:**

**Budget Amendment #2**
**10/18/2021**

***Be it ordained,*** the FY 2020-2021 Annual Budget Ordinance is hereby amended as follows:

**GENERAL FUND**

| | | |
|---|---|---|
| Expenditures:Increase/(Decrease) | | |
| Public Safety | | |
| Fire Services | 635,000 | |
| Community Services | | |
| Jonesland Park Operation | 43,350 | |
| Area Projects and Other Appropriations | | |
| Non-Departmental | 292,570 | |
| Contributions to Other Funds | | |
| Contingencies | (60,000) | |
| *Total Expenditures* | | 910,920 |
| Revenues: Increase/(Decrease) | | |
| Appropriated Fund Balance | 910,920 | |
| *Total Revenues* | | 910,920 |

| | | | Budget Amendment #2 | **Balance** |
|---|---|---|---|---|
| **(For reference only)** | | | | |
| General Fund/Emergency Mgmt | | | | |
| Expenditures: Increase/ (Decrease) | | | | |
| 10- | 4340 | 631 | $575,000 | $1,075,000 |
| Revenues: Increase/(Decrease) | | | | |
| 10- | 3990 | 991 | $575,000 | $6,715,088 |

*Description*: Purchse replacement radios for Granville County Fire Departments, Emergency Management, Emerg/911 and Animal Control, as approved by the Granville County BoCC on 9/7/2021.

| | | | | |
|---|---|---|---|---|
| General Fund/Emergency Mgmt | | | | |
| Expenditures: Increase/ (Decrease) | | | | |
| 10- | 4340 | 399 | $60,000 | $60,000 |
| Revenues: Increase/(Decrease) | | | | |
| 10- | 9910 | 991 | ($60,000) | $51,450 |

*Description*: To fund Fire, Ambulance and Rescue Services consulting services as approved by the Granville County BoCC on September 7, 2021.

| | | | | |
|---|---|---|---|---|
| General Fund/Parks and Grounds | | | | |
| Expenditures: Increase/ (Decrease) | | | | |
| 10- | 6130 | 260 | $1,500 | $51,500 |
| 10- | 6130 | 121 | $29,733 | $194,620 |
| 10- | 6130 | 181 | $2,275 | $18,331 |
| 10- | 6130 | 182 | $3,375 | $22,090 |
| 10- | 6130 | 183 | $6,450 | $40,850 |
| 10- | 6130 | 189 | $17 | $113 |
| Revenues: Increase/(Decrease) | | | | |

| | | | | |
|---|---|---|---|---|
| 10- | 3990 | 991 | $43,350 | $6,758,438 |

*Description*: fund addition of a Parks and Grounds administrative position, as approved by the Granville County BoCC on Sept. 9, 2021.

General Fund/Non-Departmental

Expenditures: Increase/ (Decrease)

| | | | | |
|---|---|---|---|---|
| 10- | 8540 | 126 | $92,570 | $92,670 |

Revenues: Increase/(Decrease)

| | | | | |
|---|---|---|---|---|
| 10- | 3990 | 991 | $92,570 | $6,851,008 |

*Description*: to purchase Stovall property for future Senior Services North building.

General Fund/Non-Departmental

Expenditures: Increase/ (Decrease)

| | | | | |
|---|---|---|---|---|
| 10- | 8540 | 801 | $200,000 | $800,000 |

Revenues: Increase/(Decrease)

| | | | | |
|---|---|---|---|---|
| 10- | 3990 | 991 | $200,000 | $7,051,008 |

*Description*: Fund $200,000 match fo the $400,000 One NC Fund Grant for Project Home - Carolina Coops.

# Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 14, 2021 |
| **Title:** | **Minutes** |

**PURPOSE:**
To approve minutes of the August 2, 2021 Regular Meeting, August 19, 2021 Courthouse Tour and August 25, 2021 Special Joint Meeting.

**RECOMMENDATION:**
Approval

**ATTACHMENTS:**
August 2, 2021 Draft Minutes
August 19, 2021 Tour Draft Minutes
August 25, 2021 Special Joint Meeting Draft Minutes

**ACTION TAKEN:**

***OXFORD, NORTH CAROLINA***
***August 2, 2021***

The Members of the Honorable Board of Commissioners of Granville County, North Carolina met in a regular meeting on Monday, August 2, 2021, at 7:00 p.m. in the Meeting Room, Granville Expo and Convention Center, 4185 US Highway 15 South, Oxford.

***Present were:***

***Chairman:*** Sue Hinman

***Commissioners:*** Tony W. Cozart, Jimmy Gooch, Zelodis Jay, Russ May, David T. Smith

Timothy Karan was absent.

***County Manager:*** Michael S. Felts was absent.
***Assistant County Manager:*** Korena Weichel
***County Attorney:*** James C. Wrenn, Jr. entered the meeting via phone at 7:20 p.m.

***MEETING CALLED TO ORDER***

At 7:00 p.m., Chair Sue Hinman called the meeting to order. She then recognized Commissioner Russ May for the invocation and Pledge of Allegiance.

***CONSENT AGENDA APPROVED***

Upon a motion by Commissioner Zelodis Jay, seconded by Commissioner Tony W. Cozart, and unanimously carried, the Board approved the consent agenda as follows:

(A) Approved the Summary of Contingency and Use of Fund Balance report that showed the following balances:

| | | |
|---|---|---|
| General Contingency Balance | $ | 180,000 |
| School Bond D/S Contingency | $ | 100,000 |
| Environmental Disaster Contingency | $ | 10,000 |
| General Fund Appropriated Fund Balance | $ | 5,645,236 |

(B) Approved the Emergency Services FY 2021-2022 Fee Schedule Revision for Fire Marshal fees as follows:

- The North Carolina Building Code size requirements for Temporary Membrane Structures and Tents have changed. These units will no longer require inspection unless they are more than 800 square feet (enclosed structure) or 1800 square feet (open structure). These changes to the current fee schedule are highlighted in blue on the attached document.
- Emergency Services would like to add a $10 flat rate Fire Department Inspection fee for routine inspections of a fire department. This addition to the current fee schedule is highlighted in yellow on the attached document.
- Site Plan Review also needs to be reinstated since the department will be doing new tanks again. This addition to the current fee schedule is highlighted in yellow on the attached document.

(C) Approved the final Order Granting Major Special Use Permit for 3142 Henry Wilson Road, Oxford as follows:

**GRANVILLE COUNTY**
**BOARD OF COMMISSIONERS**
**ORDER GRANTING MAJOR SPECIAL USE PERMIT**

On the date listed below, the Board of Commissioners for Granville County (the "Board") met and held a quasi-judicial hearing to consider the following application.

Applicant: Cellco Partnership, dba Verizon Wireless

Owners of record David and Gayle Cheek (as of date of hearing)

Property Location: 3142 Henry Wilson Road, Oxford, NC 27312, Granville County, NC 27565

Tax Parcel Id. Number: 191604614446

Legal Description: See attached Exhibit "A"

Proposed Use of Property: New Wireless Support Structure

Meeting Date: June 21, 2021

Having heard and reviewed all the evidence and arguments presented at the hearing, the Board finds that the application is complete and that, based upon the evidence presented, the proposed new wireless support structure complies with all of the applicable requirements of the Granville County Land Development Ordinance (the "Ordinance") for the use proposed, specifically including, but not limited to, the standards in Chapter 32 of the Ordinance and the specific requirements for the proposed use set out in Article IX (Wireless Telecommunications Facilities) of Chapter 32 of the Ordinance. Therefore, the Board grants the application to make use of the above-described property for the purpose indicated herein and the same is hereby approved, subject to all applicable provisions of the Ordinance and the terms hereinafter set forth.

In making this decision, the Board reviewed the six standards in Ordinance § 32-1101, including the specific requirements for the proposed use set out in Article IX (Wireless Telecommunications Facilities) of Chapter 32 of the Ordinance. Having heard the evidence presented at this hearing, the Board makes the following **FINDINGS OF FACT** (collectively the "Findings of Fact"):

1. That the following documents and exhibits were submitted into evidence: (i) Applicant's Granville County Major Special Use Permit Application dated on or around May 4, 2021, including all attachments and addendums thereto (the "SUP Application"); and (ii) Telecommunications Site Review report dated June 1, 2021 prepared by CityScape Consultants, Inc. consisting of nineteen (19) pages (the "Consultant's Report").

2. Josh Rotenstreich of the law firm of Teague, Rotenstreich, Stanaland, Fox & Holt PLLC represented the Applicant.

3. That the following persons provided sworn testimony to the Board concerning the application for major special use permit: (i) Josh Rotenstreich, attorney for Applicant; (ii) Susan Rabold, Consultant for CityScape Consultants, Inc., Granville County's consultant (the "Consultant"); and (iii) Barry Baker, Granville County Planning Director.

3. That the Applicant is requesting a major special use permit to allow a new wireless support structure on property that is zoned AR-40, which use is allowed under the Ordinance but only with a major special use permit. Applicant proposes to construct a new one hundred ninety-nine (199)-foot monopole wireless communication tower with a fenced compound.

4. That the Applicant is seeking a major special use permit to develop a new wireless support structure on the Property herein described in accordance with the site plan attached to the SUP Application accepted into evidence.

5. The applicant signed a written acknowledgment and agreement accepting the following conditions on June 3, 2021, a copy of which is attached as Exhibit B.

6. That based on the SUP Application, the Consultant's Report, and the testimony of the Consultant, the Applicant has (i) satisfactorily demonstrated why a site of a higher priority was not selected in accordance with Ordinance § 32-572; (ii) shown that requirements for a new wireless support structure as set out in the Ordinance have been met; and (iii) met, satisfied, and/or complied with the general requirements set out in Article IX (Wireless Telecommunications Facilities) of Chapter 32 of the Ordinance.

7. That no one appeared in opposition to the proposed new wireless support structure.

**Note-there are (2) number 3s on signed order. See above.**

**Based on the foregoing Findings of Fact, the Board makes the following conclusions as to each standard set forth in Section 32-1101 of the Ordinance:**

1. All applicable specific conditions pertaining to the proposed use contained in Article IX of Chapter 32 have been or will be satisfied.

   **The Board unanimously finds, based on the testimony and other evidence presented, including but not limited to Findings of Fact set forth above, which are hereby incorporated by reference as if fully set forth herein, that the applicant's proposed use of the property will conform to the standards set out above and in Article IX (Wireless Telecommunications Facilities) of Chapter 32 of the Ordinance. No competent evidence, as defined in N.C. Gen. Stat. §160D-1402, was presented in opposition to this finding. The Board unanimously finds that the evidence shows that this finding has been met.**

2. Access roads or entrance and exit drives are or will be sufficient in size and properly located to ensure automotive and pedestrian safety and convenience, traffic flow, and control and access in case of fire or other emergency.

   **The Board unanimously finds, based on the testimony and other evidence presented, including but not limited to the Findings of Fact set forth above, which are hereby incorporated by reference as if fully set forth herein, that the proposed access and exit drives will be sufficient to meet this requirement. No competent evidence, as defined in N.C. Gen. Stat. §160D-1402, was presented in opposition to this finding. The Board unanimously finds that the evidence shows that this finding has been met.**

3. Off-street parking, loading, refuse and other service areas are located so as to be safe and convenient, allow for access in case of emergency, and to minimize economic, glare, odor and other impacts on adjoining properties in the general neighborhood.

   **The Board unanimously finds, based on the testimony and other evidence presented, including but not limited to the Findings of Fact set forth above, which are hereby incorporated by reference as if fully set forth herein, that off-street parking, loading, refuse and other service areas, to the extent applicable, are located so as to be safe and convenient, allow for access in case of emergency, and to minimize economic, glare, odor, and other impacts on adjoining properties in the general neighborhood. No competent evidence, as defined in N.C. Gen. Stat. §160D-1402, was presented in opposition to this finding. The Board unanimously finds that the evidence shows that this finding has been met.**

4. Utilities, schools, fire, police, and other necessary public and private facilities and services will be adequate to handle the proposed use.

   **The Board unanimously finds that the evidence shows that this finding has been met. The Board unanimously finds, based on the testimony and other evidence presented, including but not limited to the Findings of Fact set forth above, which are hereby incorporated by reference as if fully set forth herein, that utilities, fire, police, and emergency services, and other necessary public and private facilities and services, will be adequate to handle the proposed use. No competent evidence, as defined in N.C. Gen. Stat. §160D-1402, was presented in opposition to this finding. The Board unanimously finds that the evidence shows that this finding has been met.**

5. The location and arrangement of the use on the site, screening, buffering, landscaping and pedestrian ways harmonize with adjoining properties and the general area and minimize adverse impact.

   **The Board unanimously finds, based on the testimony and other evidence presented, including but not limited to the Findings of Fact set forth above, which are hereby incorporated by reference as if fully set forth herein, that the location and arrangement of the use on the site, screening, buffering, landscaping and pedestrian ways harmonize with adjoining properties and the general area and minimize adverse impact. Specifically, the site is in a rural area with natural forest and vegetation surrounding the site. No competent evidence, as defined in N.C. Gen. Stat. §160D-1402, was presented in opposition to this finding. The Board unanimously finds that the evidence shows that this finding has been met.**

6. The type, size and intensity of the proposed use, including such considerations as the hours of operation and number of people who are likely to utilize or be attracted to the use, will not have significant adverse impacts on adjoining properties or the neighborhood.

   **The Board unanimously finds, based on the testimony and other evidence presented, including but not limited to the Findings of Fact set forth above, which are hereby incorporated by reference as if fully set forth herein, that the type, size and intensity of the proposed use will not have significant adverse impacts on adjoining properties or the neighborhood. Traffic in and out of the site will be minimal and adequate setbacks exit to protect neighbors. No competent evidence, as defined in N.C. Gen. Stat. §160D-1402, was presented in opposition to this finding. The Board unanimously finds that the evidence shows that this finding has been met.**

Based upon the evidence presented, the Board unanimously finds that the proposed use meets the requirements set out in the Ordinance for the reasons stated above and, as a result, grants the Applicant's application for a major special use permit.

**IT IS THEREFORE ORDERED** that the application for major special use permit referenced herein be **GRANTED** with the conditions agreed to in writing by the Applicant and the same shall be binding on them and their respective heirs, successors in interest.

**EXHIBIT A**

The property upon which the proposed Wireless Telecommunications Facility is to be located is known as Granville County Tax Map Number 191604614446 consisting of approximately 71.5 acres as shown on Granville County GIS. For further reference see Deed Book 593, Page 320.

**EXHIBIT B**

**Voluntary Conditions for Verizon Wireless Site #301011**
**Major Special Use Permit Application**
**In Granville County, NC**

Conditions:

1. Applicant shall provide a final set of construction drawings prior to permitting.
2. Applicant shall provide the necessary NEPA and SHPO documentation prior to permitting.
3. Applicant shall submit a new Determination of No Hazard from the FAA for a structure height of 199 feet above ground, stating that the structure does not require aviation obstruction marking and lighting prior to permitting.
4. The monopine shall utilize a denser faux branch configuration and antenna "socks" to make the pole and antennas visually blend with the surroundings.
5. All equipment feed lines shall be routed inside the monopine and all entry ports on the monopine shall be sealed to prevent wildlife intrusion.

Applicant herby voluntarily accepts the stated conditions for the major special use permit application for a new monopine wireless tower for Verizon Wireless (Verizon Wireless Site #301011), and will abide by said conditions concerning the major special use application.

***BOARD RECOGNIZED GRANVILLE COUNTY VOLUNTEER SERVICE AWARD RECIPIENTS***

Chair Hinman recognized the following individuals and organizations for their efforts in delivering meals to homebound senior citizens during the COVID-19 pandemic in conjunction with Granville County Senior Services: Paul Smith, Kathy Ingandela, Vivian Reed, Abie Jeffries, Bess Adcock, Lisa Rains, Charlotte Watson, Ginny Hicks, Darlene Parrish, Nichelle Harris, Gayzelle Parker, Juanita Wilkerson, Shirley Harris, Keith Carrier, Kathy Lashley, Muriel Carrington, South Granville Rotary Club (represented by David Rosenthal), and Granville County Sheriff's Office School Resource Officers (represented by Jessica Laws). Commissioner Smith and Senior Services Director Kathy May also thanked the volunteers for their service. May reported that 50,000 meals have been delivered in the past year, and the group being recognized this evening is responsible for about 50% of those deliveries.

***BOARD HEARD A PRESENTATION FROM THE VIKING EXPERIENCE NC***

Hanna Reid and Angela Reid, with The Viking Experience NC, presented the Board of Commissioners with a proposal to host a festival at the Granville Expo Center in March 2022. The festival would mostly utilize the grounds at the Expo Center property, as well as the bathrooms for staff, the kitchen for meal preparation, and the meeting room for a dinner theater event. Hanna Reid explained that a small inaugural event was held in 2021, but more space is needed. She has already received a commitment from the neighboring property owner for event parking. The space would be needed on a Friday for setup, Saturday and Sunday for the event, and The Viking Experience NC will not disturb or

displace the existing rental scheduled for each Sunday in March by a local church in the Expo Center Auditorium.

Commissioner Russ May requested additional information regarding event security. Hanna Reid stated that she will work with the Granville County Sheriff's Office to determine the proper amount of security and to ensure that any private security personnel are properly licensed. Reid also stated that parking attendants would help direct traffic within the parking area to reduce the workload on the Sheriff's Office. Commissioner May also requested information regarding restricting sale of alcoholic beverages to underaged individuals. Reid stated that vendors are responsible for verifying the age of everyone that is sold an alcoholic beverage, or risk losing their North Carolina ABC License. Commissioner Tony Cozart requested additional information regarding costs for attending the event. Reid explained that the general admission ticket would be $15, and children 8 and under would be free. There would be an additional cost for special activities and events. County Attorney Wrenn asked if liability waivers would be required for attendees. Reid stated that liability waivers would only be needed for the "fight ring," axe throwing, and other similar activities.

Chair Hinman recognized Tourism Development Authority Director Angela Allen. Allen stated that she was in full support of The Viking Experience NC, and said it fits into Granville Tourism's mission to create unique experiences. Allen stated that this event will support local hotels, restaurants, and other businesses throughout the county.

Finally, Angela Reid closed by saying the event is open to people of all backgrounds and hopes that Granville County can be at the forefront of hosting Viking themed events. Assistant County Manager Korena Weichel confirmed that this event would be subject to a rental fee.

Upon a motion by Commissioner Tony W. Cozart, seconded by Commissioner Jimmy Gooch, and unanimously carried, the Board approved authorizing The Viking Experience NC to utilize the Granville County Expo Center facility and grounds for their festival planned for March 2022.

***BOARD APPOINTED EDUARDO SOSA TO HUMAN RELATIONS COMMISSION***

Upon a motion by Commissioner Jimmy Gooch, seconded by Commissioner Russ May, and unanimously carried, the Board appointed Eduardo Sosa to the Human Relations Commission as a District 7 representative.

***BOARD APPOINTED TANA CHAMBERLAIN AND REAPPOINTED SARA LLOYD, GORDON AGINGU, MONICA SATTERWHITE, AND REVERAND PHILLIP BETTS TO THE KERR-TAR WORKFORCE DEVELOPMENT BOARD***

Upon motion by Commissioner David T. Smith, seconded by Commissioner Tony W. Cozart, and unanimously carried, the Board reappointed Sara Lloyd (Higher Education), Gordon Agingu (Division of Vocational Rehabilitation), Monica Satterwhite (Division of Workforce Solutions), and Rev. Phillip Betts (Community-Based Organization), and appointed Tana Chamberlain (Business) to the Kerr-Tar Workforce Development Board.

***BOARD APPOINTED ANDRE OAKLEY, DAVID YANCEY, LISA HARRISON, MICHAEL FELTS, JIMMY GOOCH, TIM KARAN, RUSS MAY, BOBBY WHEELER, JOHN SNOW, SCOTT PHILLIPS, ELLIOT CLARK, AND DANIELLE HARRIS TO THE OPIOID ADVISORY COMMITTEE***

Upon motion by Commissioner Russ May, seconded by Commissioner Tony W. Cozart, and unanimously carried, the Board confirmed appointments to the Opioid Advisory Committee as follows: Andre Oakley (Sheriff's Designee), David Yancey (Law Enforcement Representative), Lisa Harrison (Health Director), Michael Felts (County Manager), Jimmy Gooch (County Commissioner), Timothy Karan (County Commissioner), Russ May (County Commissioner), Bobby Wheeler (Pharmacy Representative), John Snow (Medical/Hospital Representative), Scott Phillips (Family Member Representative), Elliot Clark (Cardinal Innovations Healthcare, Ex-Officio), and Danielle Harris (Drug-Free Coalition of Granville County, Ex-Officio).

***BOARD APPOINTED APRIL SHAEFFER, WAYNE HUTSON, AND LAUREN ROBERSON AND REAPPOINTED ALLEN NELSON, GLENDA WILLIAMS, BETTY LOU DAVIS, JOSHUA AVERETTE, IVAN WASHBURN, MICHAEL MCFADDEN, MARILYN HOWARD, AND RICHARD ROTE TO THE PARKS, GREENWAYS, AND RECREATION COMMITTEE***

Upon a motion by Commissioner Zelodis Jay, seconded by Commissioner David T. Smith, and unanimously carried, the Board reappointed Allen Nelson (District 1) to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner David T. Smith, seconded by Commissioner Jimmy Gooch, and unanimously carried, the Board appointed Wayne Hutson (District 2) to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner Sue Hinman, seconded by Commissioner Zelodis Jay, and unanimously carried, the Board reappointed Glenda Williams (District 3) to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner Tony W. Cozart, seconded by Commissioner David T. Smith, and unanimously carried, the Board reappointed Betty Lou Davis (District 4) to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner Russ May, seconded by Commissioner Zelodis Jay, and unanimously carried, the Board reappointed Joshua Averette (District 5) to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner Tony W. Cozart, seconded by Commissioner Zelodis Jay, and unanimously carried, the Board reappointed Ivan Washburn (District 6) to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner Jimmy Gooch, seconded by Commissioner Tony W. Cozart, and unanimously carried, the Board reappointed Michael McFadden (District 7) to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner Russ May, seconded by Commissioner Zelodis Jay, and unanimously carried, the Board appointed April Shaeffer as an at-large representative to the Parks, Greenways, and Recreation Committee.

Upon a motion by Tony W. Cozart, seconded by Commissioner David T. Smith, and unanimously carried, the Board reappointed Marilyn Howard as an at-large representative to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner Tony W. Cozart, seconded by Commissioner Jimmy Gooch, and unanimously carried, the Board reappointed Richard Rote as an at-large representative to the Parks, Greenways, and Recreation Committee.

Upon a motion by Commissioner David T. Smith, seconded by Commissioner Zelodis Jay, and unanimously carried, the Board appointed Lauren Roberson as an at-large representative to the Parks, Greenways, and Recreation Committee.

***BOARD APPROVED THE PURCHASE OF TEN DODGE CHARGER POLICE VEHICLES***

Assistant County Manager Korena Weichel reported that the Sherriff's Office is requesting the purchase of ten (10) Dodge Charger vehicles at a total cost of $262,652.90 from Performance Automotive in Clinton, NC. These vehicles would be purchased under state contract, and funding was included in the FY 2021-2022 budget.

Commissioner Smith requested information on why the Sherriff's office would purchase 2019 vehicles. Weichel reported that this was a typo in the agenda packet, and the quote was for 2021 models.

Upon a motion by Commissioner Russ May, seconded by Commissioner Jimmy Gooch, and unanimously carried, the Board approved the purchase of ten (10) Dodge Charger police vehicles from Performance Automotive under state contract pricing for a total cost of $262,652.90 from the fiscal year 2021-2022 budget.

***BOARD APPROVED THE PURCHASE OF TWO DODGE DURANGO PURSUIT VEHICLES AND TWO FORD E-350 TRANSIT CARGO VANS***

Assistant County Manager Korena Weichel reported that the Sheriff's Office is requesting the purchase of two Dodge Durango pursuit vehicles and two Ford E-350 transit cargo vans at a total cost of $119,275.68 from Performance Automotive in Clinton, NC. These vehicles would be purchased under state contract, and funding was included in the FY 2021-2022 budget.

Commissioner Zelodis Jay and Commissioner Russ May requested additional information on what these vehicles would be used for by the Sherriff's office. Major Edward Cash explained that these vehicles would be used for inmate transportation and comply with all federal guidelines in conjunction with the proposed contract with the US Department of Justice included for Board consideration later in this meeting.

Upon a motion by Commissioner Russ May, seconded by Commissioner Tony W. Cozart, and unanimously carried, the Board approved the purchase of two (2) 2021 Dodge Durango pursuit vehicles and two (2) 2022 Ford E-350 transit cargo vans from Performance Automotive under state contract pricing for a total price not to exceed $119,275.68 from the fiscal year 2021-2022 budget.

***BOARD APPROVED THE PURCHASE OF TWO HAVIS PRISONER INSERTS FOR THE FORD E-350 TRANSIT CARGO VANS FROM DANA SAFETY SUPPLY, INC.***

Assistant County Manager Korena Weichel reported that the Sherriff's Office/Detention Center is requesting approval to purchase two Havis prisoner van inserts from Dana Safety Supply, Inc. in Greensboro, NC in the amount of $40,494.66. These inserts will be used for the Ford E-350 transit cargo vans previously approved. This equipment was not bid under state contract, so three quotes were solicited from Bob Barker Company, Batteries of NC & S.W.S., LLC, and Dana Safety Supply, Inc. Dana Safety Supply, Inc. was the lowest responsible bidder. Funding for this purchase was in included in the FY 2021-2022 budget but is subject to Board approval as it exceeds $10,000.

Upon a motion by Commissioner Tony W. Cozart, seconded by Commissioner Jimmy Gooch, and unanimously carried, the Board approved the purchase of two (2) Havis prisoner van inserts for the Ford E-350 transit cargo vans from Dana Safety Supply, Inc. for a total price of $40,494.66 from the fiscal year 2021-2022 budget. .

***BOARD AUTHORIZED THE COUNTY MANAGER TO SIGN THE DETENTION SERVICES INTERGOVERNMENTAL AGREEMENT THROUGH THE U.S. DEPARTMENT OF JUSTICE***

Assistant County Manager Korena Weichel reported that the Granville County Sherriff's Office and Detention Center staff have negotiated a contract with the U.S. Marshall Service to house Federal inmates at the Granville County Detention Center. Staff was able to negotiate a $75 per inmate/per day rate for up to 50 male inmates. Additionally, the agreement includes a guard/transportation rate of $27 per hour along with reimbursement at the current General Services Administration (GSA) Federal Travel Regulation Mileage Rate for each mile driven.

Commissioner Smith requested information about the contract term. Major Edward Cash responded that the contract term was four years and could be renewed at the same or a new negotiated rate.

Commissioner Cozart discussed the cost of medical care for Federal Inmates and the responsibility that Granville County would bear for these services. Major Cash reported that Granville County would be responsible for medical care on-site, but this was included in the negotiated contract rate. The U.S. Marshall Service would be responsible for outside medical care if an inmate was transported to a hospital. Commissioner Zelodis Jay asked if the Sherriff's Office would be responsible for guard services if an inmate was transported for outside care. Major Cash stated that this was the case, but the contract provides pay for transportation/guard services.

Commissioner Gooch asked if inmates would be transported to the Butner Federal Correctional Institute Hospital. Major Cash responded that the Butner Federal Hospital was only for convicted inmates, and inmates housed at the Granville County Detention Center would be transported to Granville Medical Center in Oxford.

Commissioner Russ May stated that he had spoken to Major Cash about this agreement and wanted to bring to the Board's attention that the Sherriff's Office has proper procedures in place to monitor mentally ill inmates. This was a prerequisite to receive this contract from the US Department of Justice.

Upon a motion by Commissioner Zelodis Jay, seconded by Commissioner Tony W. Cozart, and unanimously carried, the Board authorized the County Manager to sign the Detention Services Intergovernmental Agreement through the U.S. Department of Justice.

Chair Hinman recessed the meeting at 8:15 p.m., the meeting reconvened at 8:22 p.m.

Chair Hinman asked Assistant County Manager Korena Weichel to inform the Sherriff's Office to not hire the two additional employees approved in the FY 2021-2022 budget until after the September 7, 2021 Board of Commissioners meeting.

***BOARD APPROVED SUBMITTING A FORMAL REQUEST FOR THE NORTH CAROLINA ASSOCIATION OF COUNTY COMMISSIONERS (NCACC) TO CONDUCT A PEER REVEW OF THE GRANVILLE COUNTY TAX ADMINISTRATION OFFICE***

Assistant County Manager Korena Weichel reported that the NCACC provides peer review services to its members to review current practices, operating procedures and policies, training needs, overall employee satisfaction, etc. The findings are then presented in a final report to the Board of Commissioners. In 2020, the Emergency Services Department participated in this peer review process, but other departments have not participated due to delays in the NCACC providing this service during the COVID-19 pandemic. The Tax Administration Office has been identified as the next County department to participate, but the NCACC needs a formal request from the Board of Commissioners before the process may begin.

Upon a motion by Commissioner David T. Smith, seconded by Commissioner Jimmy Gooch, and unanimously carried, the Board approved submitting a formal request for the North Carolina Association of County Commissioners to conduct a peer review of the Granville County Tax Administration Office.

***BOARD APPOINTED CHAIR SUE HINMAN AS DELEGATE AND VICE CHAIR TONY W. COZART AS ALTERNATE DELEGATE FOR THE 2021 NCACC CONFERENCE BUSINESS SESSION***

Upon a motion by Commissioner Zelodis Jay, seconded by Commissioner David T. Smith, and unanimously carried, the Board appointed Chair Sue Hinman as the voting delegate and Vice-Chair Tony Cozart as the alternate delegate for the 2021 NCACC Conference business session.

***BOARD AUTHORIZED THE COUNTY MANAGER TO FINALIZE DOCUMENTATION TO TERMINATE THE GRANVILLE COUNTY AND OPEN BROADBAND, LLC MASTER AGREEMENT***

Assistant County Manager Korena Weichel reported that due to challenges in timelines and delivery for fixed wireless service contracted by Granville County through Open Broadband, both parties mutually agree that the contract should be terminated. Weichel stated that this step is being taken so that the County may redirect resources to other rural broadband opportunities by utilizing Federal American Rescue Plan (ARP) funds. Weichel reported that both parties remain on good terms and are open to working together in the future if an appropriate opportunity presents itself. Weichel stated that the existing agreements for wireless service at the Oak Hill Tower, Granville Athletic Park, and the Expo Center will remain in effect.

Upon a motion by Commissioner Tony W. Cozart, seconded by Commissioner David T. Smith, and unanimously carried, the Board authorized the County Manager to finalize documentation to terminate the Granville County and Open Broadband, LLC Master Agreement dated July 1, 2019, with a 60-day notice, or whatever shorter period as may be agreed upon, while allowing the current existing agreements for Oak Hill Tower and public Wi-Fi at the Expo Center and Granville Athletic Park to remain in effect, and further authorized the County Manager to terminate or continue the Wilton Tower Agreement depending on Open Broadband's commitment to finish the project.

Commissioner Cozart requested that the Assistant County Manager investigate opportunities to improve wireless service in the area on and near Fairport Road outside of Oxford. This area consistently has poor wireless service.

***BOARD AUTHORIZED A LETTER BE SENT TO THE TAR RIVER LAND CONSERVANCY (TRLC) CONVEYING THE COUNTY'S AGREEMENT TO CONSTRUCT HIKING TRAILS ON THE SMITH CREEK TRACT***

Assistant County Manager Korena Weichel reported that today, Granville County Administration received a request from Tar River Land Conservancy (TRLC) to grant permission to construct hiking trails on the Smith Creek Tract outside of Creedmoor. Granville County holds a conservation easement for this property, so TRLC must receive permission before doing any work. The hiking trails will eventually be a part of the Horseshoe Road Nature Preserve.

Upon a motion by Commissioner David T. Smith, seconded by Commissioner Jimmy Gooch, the Board approved authorizing a letter or notice be sent to Tar River Land Conservancy to convey the County's agreement to begin construction of hiking trails on the Smith Creek Tract that will be named the Horseshoe Road Nature Preserve. .

***BOARD RECOGNIZED BRIAN SHUPING OF VAYA HEALTH***

Chair Sue Hinman recognized the Vaya Health Executive Director of Community Relations Brian Shuping, who was present in the audience. Cardinal Health Innovations has merged with Vaya Health, and they are making the rounds at local county commissioner meetings. Shuping requested an opportunity to formally present at a future meeting.

***BOARD PRESENTATIONS***

Commissioner Cozart recognized the 275th Anniversary Committee for their work on the July 24th event at the Granville Athletic Park (GAP). Cozart also commended the NC Department of Transportation for the paving work they are doing in his district. Many constituents have praised how careful and considerate the contractors have been when working around private property. Cozart also reported that

the Granville Education Foundation is holding an event on August 9th at 5:30 p.m. and invited others to join him at this fundraiser. Finally, Cozart reported that Vance-Granville Community College (VGCC) is doing a lot of work to get students enrolled in classes and encouraged anyone interested to sign up for VGCC's very affordable classes.

Commissioner May reported on his attendance at the memorial service for K-9 Jaxson and sent condolences to Jaxson's family. May thanked Chair Sue Hinman and Commissioner Zelodis Jay for attending the service as well. May reported that he and Commissioner Jay are making progress on the Fire Services subcommittee and is pleased with the progress thus far. May hopes to have a proposal ready to be included in the FY 2022-2023 budget. Finally, Commissioner May thanked the parents that attended the public input sessions for Granville County Public Schools and stated that he values the feedback that parents have presented to the School Board.

Chair Hinman thanked everyone that attended the Phase III grand opening for the GAP, and all those that attended the 275th Anniversary event. Hinman noted how hard staff worked on both events and agreed with Commissioner Cozart that she would like to hold a large event at the GAP every year. Hinman also thanked everyone who attended the memorial service for K-9 Jaxson. Hinman reported on the service, and how moving and well done the entire program was for the family. Hinman spoke about K-9 Jaxson's service to the citizens of Granville County, and how loved he and the other K-9s are by their handlers and their families. Hinman reminded everyone that the Opioid Awareness Parade will be held on August 7, and requested all Commissioners attend if possible. Finally, Hinman reported on how successful the National Association of County Commissioners meeting was and looked forward to attending the NCACC Convention in August with her fellow Commissioners.

***NOTICE OF BUDGET WORKSHOP***

Chair Hinman stated that the Granville County Board of Commissioners will hold a Budget Workshop regarding the American Rescue Plan at the Granville Expo and Convention Center on Thursday, August 19, 2021, at 8:30 a.m.

***COMMISSIONERS ADJOURN***

Upon a motion by Commissioner David T. Smith, seconded by Commissioner Jimmy Gooch, and unanimously carried, the Board adjourned at 8:48 p.m.

Respectfully submitted,
Debra A. Weary, NCCCC, CMC
Clerk to the Board

*APPROVED BY:* _____

*Sue Hinman, Chair*

***OXFORD, NORTH CAROLINA***
***August 19, 2021***

The Members of the Honorable Board of Commissioners of Granville County, North Carolina, toured the Granville County Courthouse, 101 Main Street, Oxford on Thursday, August 19, 2021 beginning at 3:00 p.m. J. Yancey Washington, Clerk of Court, led the tour. There was no action taken and no business occurred.

***Present were:***

***Chair:*** Sue Hinman

***Commissioners:*** Jimmy Gooch, Zelodis Jay, Russ May, David T. Smith

Tony W. Cozart and Timothy Karan were unable to attend.

***County Manager:*** Michael S. Felts

Respectfully submitted,
Debra A. Weary, NCCCC, CMC
Clerk to the Board

*APPROVED BY:* _____
*Sue Hinman, Chair*

***CREEDMOOR, NORTH CAROLINA***
***August 25, 2021***

The Members of the Honorable Board of Commissioners of Granville County, North Carolina and the Granville County Board of Education met in a special joint meeting on Wednesday, August 25, 2021, at 9:00 a.m. in the Main Gymnasium, South Granville High School, 701 North Crescent Drive, Creedmoor. The purpose was to meet with the Granville County Board of Education for an initial meeting regarding redistricting.

***Present were:***

| | | |
|---|---|---|
| ***Chairman:*** | Sue Hinman | |
| ***Commissioners:*** | Tony W. Cozart | Jimmy Gooch |
| | Zelodis Jay | Timothy Karan |
| | Russ May | David T. Smith |
| ***County Manager:*** | Michael S. Felts | |
| ***County Attorney:*** | James C. Wrenn, Jr. | |
| ***News Reporters:*** | Amanda Dixon – Butner-Creedmoor News | |

***Present from the Granville County Board of Education were:***

| | | |
|---|---|---|
| ***Chairman:*** | David Richardson | |
| ***Board Members:*** | Ethel Anderson | G. Thomas Houlihan |
| | Amanda J. LaBrecque | Gregory McKnight |
| | Leonard E. Peace, Sr. | Glenda Williams |
| ***Board of Education Attorney:*** | Eva DuBuisson | |

***MEETING CALLED TO ORDER***

Chairman David Richardson and Chair Sue Hinman called the joint meeting to order at 9:03 a.m. Chairman Richardson then recognized Dr. Houlihan for the invocation and Chair Hinman recognized Commissioner May for the Pledge of Allegiance.

***WELCOME AND REMARKS***

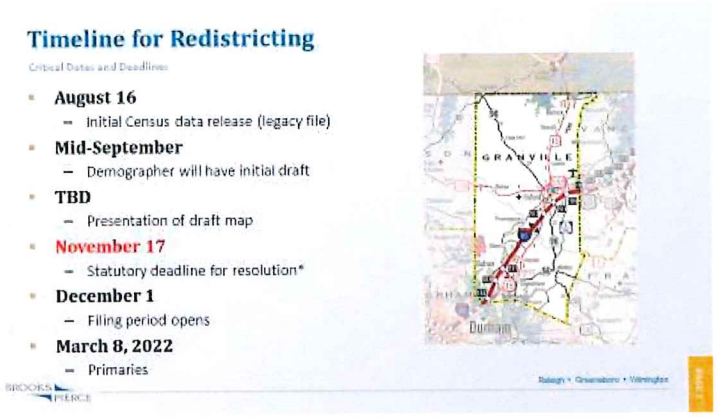
Chairman Richardson and Chair Hinman welcomed everyone to the meeting and made comments.

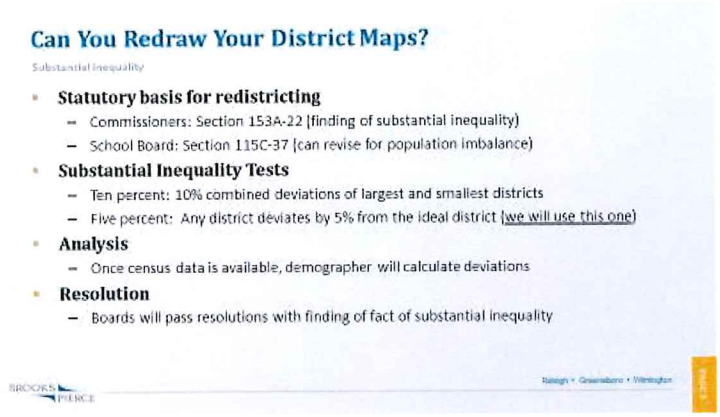
***PRESENTATION REGARDING REDISTRICTING PROCESS***

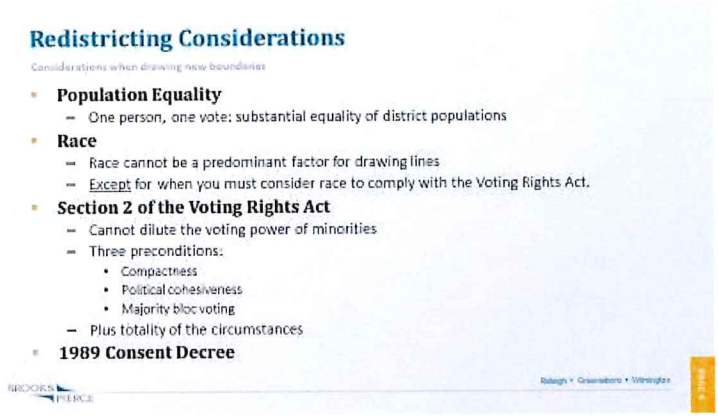
Attorneys Amanda Hawkins and Craig Schauer with Brooks, Pierce, McLendon, Humphrey & Leonard, L.L.P. were present to begin the redistricting process.

Attorney Hawkins said the purpose of the meetings was for an overview of the redistricting process and to get feedback from the Board of Commissioners and Board of Education for a first

draft of the redistricting maps. She noted that the statutory deadline for redistricting for the Board of Commissioners is November 17th. The attorneys then spoke from a PowerPoint presentation.



## Redistricting Considerations (cont.)

Considerations when drawing new boundaries

- **Incumbency**
  - Avoid having incumbent members in same district
- **Political affiliation**
  - Federal courts: U.S. Constitution does not prohibit political gerrymandering
  - North Carolina courts: twice, three-judge panel has struck down legislative maps for political gerrymandering as violating the N.C. Constitution
- **Communities of interest**
  - Retaining political subdivisions: precincts and municipalities
  - Communities of interest: compact populations with similar social, economic, and political interests (e.g., neighborhoods)
- **Compactness and contiguity**
- **Retaining existing districts (single map)**



## Review

Considerations when drawing new boundaries

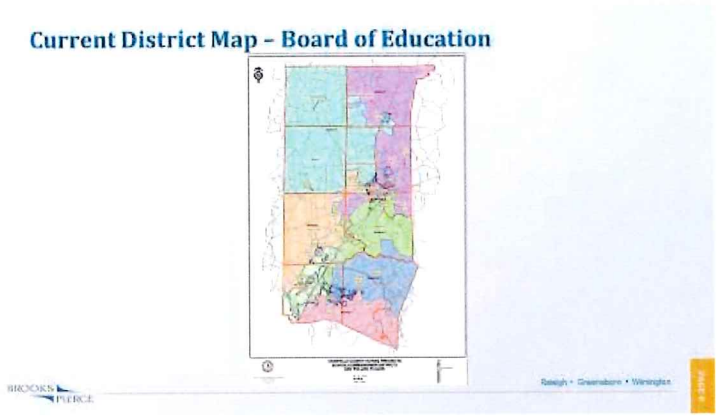
- **Population equality**
- **Race (VRA compliance; consent decree)**
- **Incumbency**
- **Political affiliation…?**
- **Communities of interest**
- **Compactness and contiguity**
- **Retaining existing districts (single map)**

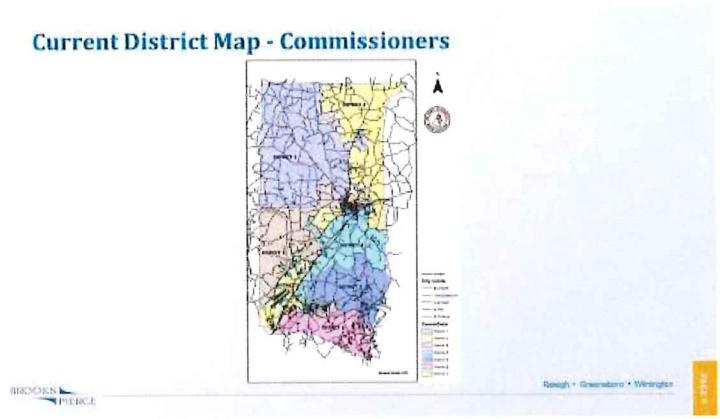


## Process

Where do we go from here?

- **Information in hand**
  - We have collected (1) map of current district, (2) map of precincts, and (3) incumbency information
- **Public involvement?**
  - No requirement, but benefits of transparency and inclusiveness.
  - Plaintiffs and their lawyers
- **Instruction from the Board**
- **Initial map presentation**
  - Confirm substantial inequality and discuss adjustments
- **Subsequent revisions**
- **Final resolution**
  - Due by November 17 (for Commissioners)




Board members asked questions and discussion ensued about how the Federal Prison, Murdoch and Central Regional Hospital affect the redistricting maps; compactness and contiguity; and objectives and priorities for drawing new maps including growth and minority representation. The consensus of the Boards was to use actual data and not projected growth for the first draft of the maps. The Attorneys agreed to research the prison population, Murdoch and Central Regional Hospital; to review minority population representation; and to have the demographer draw maps so that incumbents of the same board are not in the same district. It was noted that preclearance by the federal government is no longer required for the redistricting maps and that the Boards can decide if they wish to get public input on the redrawing of maps.

The question was asked if redistricting maps can be redrawn before the next census in 10 years if the district numbers changed significantly. The attorneys were not aware of a county doing this, but would check into the matter as the 10 year clause is based on statute.

***ANNOUNCEMENTS***

The announcement was made that the next meeting regarding redistricting will be in September at a date to be determined. First draft maps will be made available as soon as the demographers have those ready.

Chairman Richardson announced the Joint Tour of Schools on September 9th beginning at 9:00 a.m. that included a redistricting discussion.

After noting that the proposed maps will not be ready then, Attorney Wrenn suggested cancelling the redistricting part of that meeting. It was decided that the meeting will be held September 9th for the school tours, but not for redistricting discussions.

***ADJOURNMENT***

Upon a motion by Mr. Leonard Peace, seconded by Mrs. Amanda J. LaBrecque, and unanimously carried, the Board of Education adjourned.

Upon a motion by Commissioner Russ May, seconded by Commissioner Tony W. Cozart, and unanimously carried, the Board of Commissioners adjourned at 10:28 a.m.

Respectfully submitted,
Debra A. Weary, NCCMC, CMC
Clerk to the Board

*APPROVED BY:* _____
*Sue Hinman, Chair*

# Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240


| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 14, 2021 |
| **Title:** | **Dysautonomia Awareness Month Proclamation** |

**PURPOSE:**
To approve the Dysautonomia Awareness Month Proclamation.

**BACKGROUND:**
Katie Haynes is a Granville County resident. She is a dysautonomia warrior and has requested a proclamation regarding dysautonomia awareness. Dysautonomia (pronounced "dis – oughta – know' – me – uh") is a dysfunction of the nerves that regulate non-voluntary body functions, such as heart rate, blood pressure and sweating. You can learn more at www.DysautonomiaInternational.org. Raising awareness about dysautonomia will help patients get diagnosed in a more timely manner, there are many dysautonomia patients who suffer undiagnosed or misdiagnosed for many years due to a lack of awareness about dysautonomia.

**ATTACHMENTS:**
Dysautonomia Awareness Month Proclamation 2021

**ACTION TAKEN:**

SUE HINMAN
Chairman
District 3

TONY W. COZART
Vice-Chair
District 4

ZELODIS JAY
Commissioner
District 1

DAVID T. SMITH
Commissioner
District 2

RUSS MAY
Commissioner
District 5

TIMOTHY KARAN
Commissioner
District 6

JIMMY GOOCH
Commissioner
District 7

**BOARD OF COMMISSIONERS**
104 Belle Street
Oxford, NC 27565

**Proclamation for Dysautonomia Awareness Month**

***WHEREAS,*** dysautonomia is a group of medical conditions that result in a malfunction of the autonomic nervous system, which is responsible for "automatic" bodily functions such as respiration, heart rate, blood pressure, digestion, temperature control and more. Dysautonomia impacts over 70 million people around the world, and includes conditions such as diabetic autonomic neuropathy, vasovagal syncope, pure autonomic failure, and postural orthostatic tachycardia syndrome; dysautonomia impacts people of any age, gender, race or background, including many individuals living in Granville County; and

***WHEREAS,*** dysautonomia can be very disabling. This disabling, and this disability can result in social isolation, stress on the families of those impacted, and financial hardship. Some forms of dysautonomia can result in death, causing tremendous pain and suffering for those impacted and their loved ones; and

***WHEREAS,*** increased awareness about dysautonomia will help patients get diagnosed, treated earlier, save lives, and foster support for individuals and families coping with dysautonomia in our community. Dysautonomia International, a 501(c)(3) non-profit organization that advocates on behalf of patients living with dysautonomia, encourages communities to celebrate Dysautonomia Awareness Month each October around the world. We seek to recognize the contribution of medical professionals, patients and family members who are working to educate our citizenry about dysautonomia in Granville County.

***NOW, THEREFORE, BE IT RESOLVED THAT,*** the Board of Commissioners of the County of Granville, State of North Carolina, do hereby proclaim the month of October as, DYSAUTONOMIA AWARENESS MONTH.

This the 18th day of October 2021.

Attest:

Debra Weary
Clerk to the Board

Sue Hinman, Chair
Granville County Board of Commissioners

**Granville County Administration**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 13, 2021 |
| **Title:** | **Opioid Litigation Settlement Update** |

**PURPOSE:**
Attorney(s) representing Granville County Government in the Opioid Litigation are present tonight to provide an Opioid Settlement update. County Attorney, Jim Wrenn will introduce the attorney(s) in attendance this evening.

**ACTION TAKEN:**

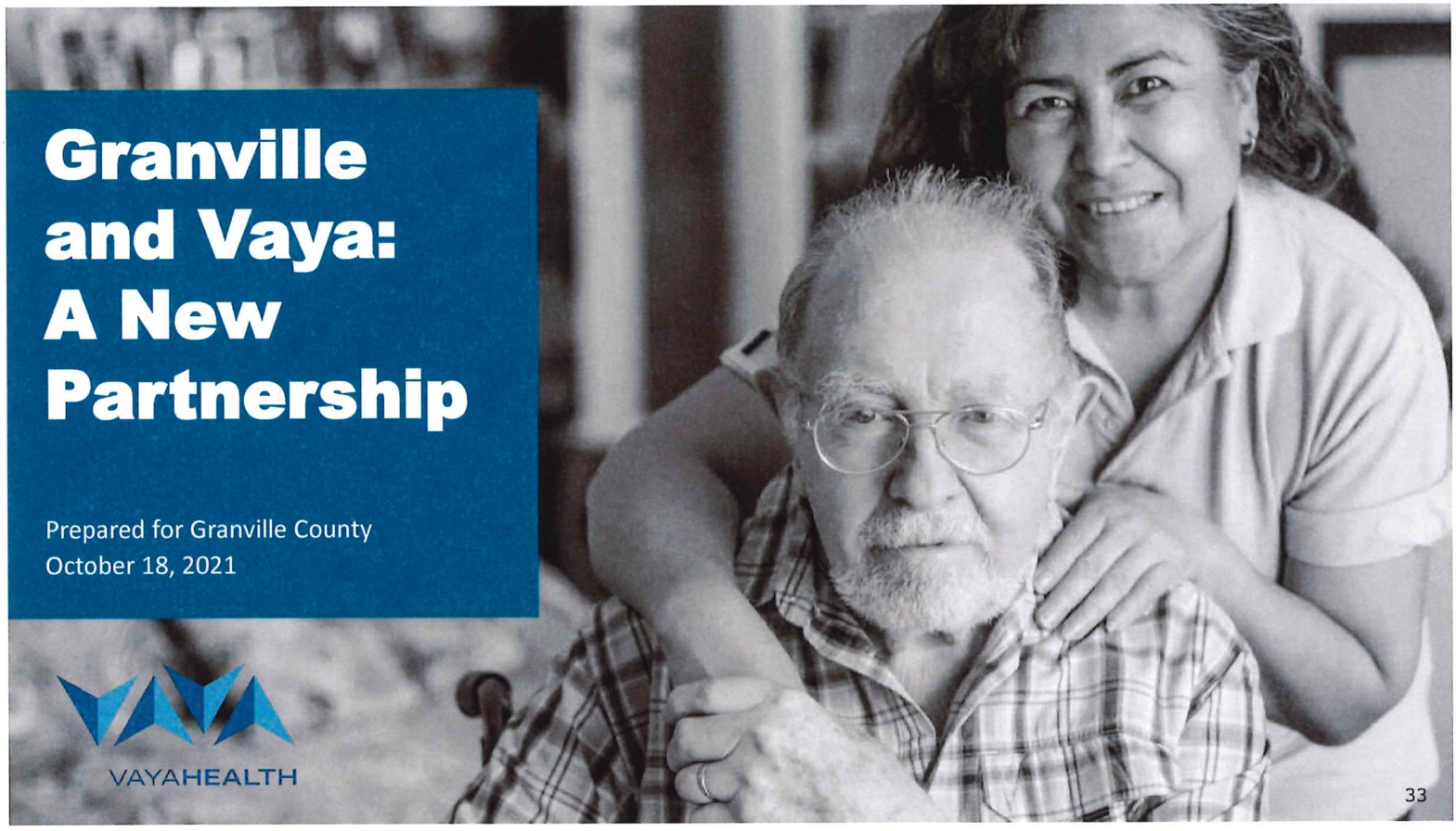
**Granville County Administration**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 14, 2021 |
| **Title:** | **Presentation by Vaya Health** |

**BACKGROUND:**
Brian Ingraham, President and CEO, and Elliot Clark, Community Relations Director, with Vaya Health are here tonight to give a consolidation update and presentation.

**ATTACHMENTS:**
Vaya Health Presentation

**ACTION TAKEN:**


Granville and Vaya: A New Partnership
Prepared for Granville County
October 18, 2021
VAYAHEALTH

# Vaya's Strengths

**PROXIMITY**

Local presence in all counties with robust and transparent communication and data sharing

**ACCOUNTABILITY**

Consolidation with Cardinal minimizes member and provider impact and reduces county burden

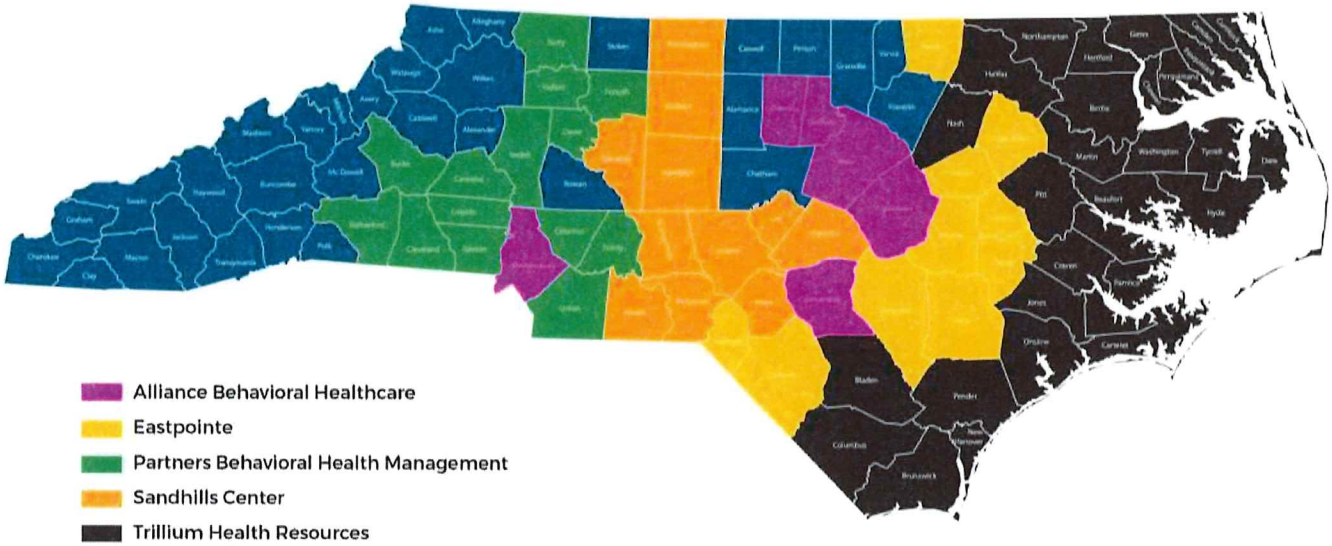
**COLLABORATION**

On the ground relationships with DSS, law enforcement and other county stakeholders to meet community and crisis needs through innovative solutions, programs and services

**STABILITY**

Real-time follow-through and decision-making with a proven record of success through innovation

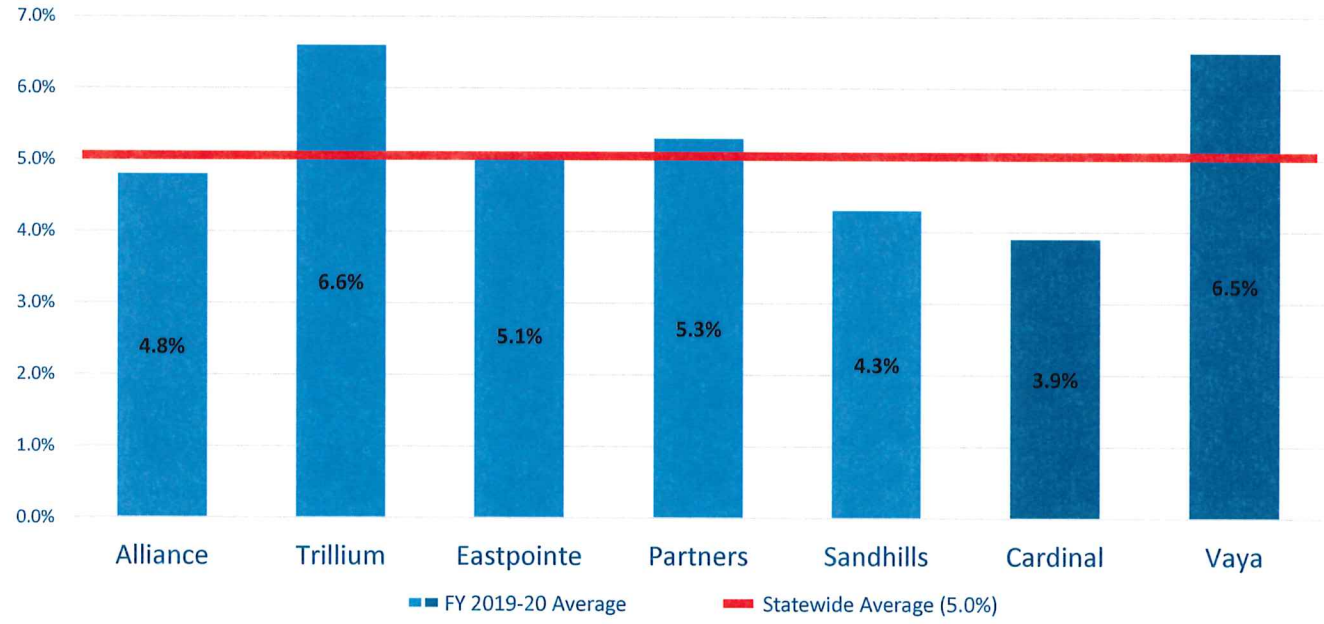
# County Realignment



## Statewide Leader on DHHS "Super Measures"

- One of two LME/MCOs that has consistently met all required benchmarks
- Follow up after discharge from inpatient facility, FBC or ADATC rate at 61% for Medicaid
- Doubled requirement through the Transitions to Community Living Initiative by 194%
- Integrated Care (I/DD annual PCP visit) – **never missed the target**

# FY 2019-20 Non-Medicaid Members Served



# NCDHHS LME/MCO Scorecard SFY2021 Q3

| Key Performance Measures[3] | | | |
|---|---|---|---|
| (Medicaid) | Integrated Care ≥ 90% | MH Follow-up ≥ 40% | SUD Follow-up ≥ 40% |
| Alliance | 94% | 45% | 42% |
| Cardinal | 96% | 39% | 28% |
| Eastpointe | 96% | 40% | 36% |
| Partners | 98% | 59% | 61% |
| Sandhills | 96% | 43% | 25% |
| Trillium | 96% | 46% | 46% |
| Vaya | 97% | 61% | 61% |

| Key Performance Measures[3] | | | |
|---|---|---|---|
| (State Services) | TCU Housing ≥ 100% | MH Follow-up ≥ 40% | SUD Follow-up ≥ 40% |
| Alliance | 121% | 29% | 41% |
| Cardinal | 136% | 25% | 28% |
| Eastpointe | 140% | 29% | 18% |
| Partners | 110% | 65% | 59% |
| Sandhills | 110% | 39% | 40% |
| Trillium | 161% | 25% | 34% |
| Vaya | 194% | 48% | 62% |

# Investing in Local Relationships to Improve Access to Care in Granville County







# Consolidation Transition Planning

- **Granville County citizens:** A seamless transition for all individuals to continue with the services and providers they are seeing today
- **Granville County providers:** Providers continue with the same contracts, programs, services and rates without disruption
- **Staff in Granville County:** Quality Cardinal staff stay in place to maintain continuity of care during the transition- merging the best of Cardinal with the best of Vaya




The original consolidation date of **April 1, 2022** has been moved up to **January 1, 2022**.

**Go Live with Vaya!**

# Governance Update

- Boards of County Commissioners will have sole authority to select representatives to regional boards.
- Regional board membership will include County Commissioners and subject matter experts such as DSS and Health Directors.
- Each regional board will appoint 2 members to the governing board.
- The regional boards will help ensure Vaya's governing board is responsive to local needs and will create opportunities for regional collaboration.

# Expansion of Services and Supports

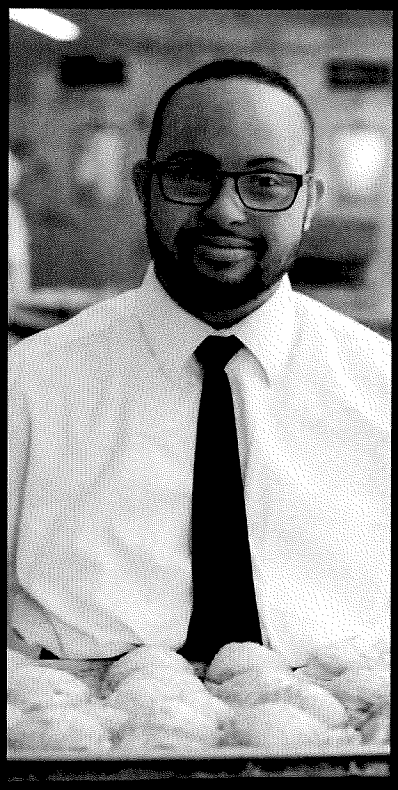
- Full DSS Continuum in place
- Improve access to crisis service continuum in Granville to better support law enforcement and prevent unnecessary emergency room and jail visits
- Expand access for school based mental health and substance use services
- Work with local medical providers and public health to expand access to behavioral health and substance use services, particularly for those with opioid use disorder
- Establish a Comprehensive Care Center within the County
- Build connections to resources for those members experiencing food insecurity, inadequate housing, and other social drivers of health
- Enhance supports to Granville DSS through closer connectivity, collaborative care management model, and building a full continuum service model within the county
- Quarterly reporting to county leadership around performance and outcomes for members in Granville County

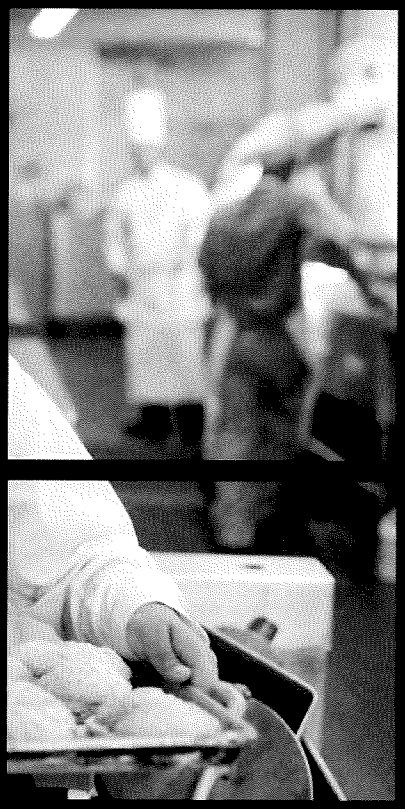
# Robust Services for DSS & DJJ in Granville County

- Comprehensive Treatment to support DSS and DJJ involved children and families
- Rapid response to emergency placement needs
- Embedded Care Management
- Embedded Assessor

## Setting the Standard

- Among the seven LME/MCOs in the state, **Vaya has the fewest members in ICF-IDD and state-operated facilities**—26% fewer individuals than neighboring LME/MCOs
- Vaya's model is being used as a guide for other LME/MCOs to follow





# We're Here For You


**Brian Ingraham, President & CEO**
704-305-2059
brian@vayahealth.com

**Brian Shuping, Executive Director, Community Relations**
828-443-0797
brian.shuping@vayahealth.com

**Donald Reuss, MS, NCC, Sr. VP Provider Network Operations**
828-329-9514
donald.reuss@vayahealth.com

**Elliot Clark, Community Relations Regional Director**
919-630-9591
elliot.clark@vayahealth.com

# Granville County Administration

104 Belle Street
Oxford, NC 27565
(919) 693-5240


| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 13, 2021 |
| **Title:** | **Granville-Vance District Health Department Update** |

**PURPOSE:**
To hear an update on the efforts of Granville-Vance Public Health.

**BACKGROUND:**
Lisa Harrison, Health Director is here this evening to provide a general update on Granville-Vance Public Health efforts and initiatives.

**FUNDING:**
N/A

**ACTION TAKEN:**

# Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240


| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 13, 2021 |
| **Title:** | **Public Comments** |

**PURPOSE:**
Public comments are limited to 3 minutes.

**ACTION TAKEN:**

# Granville County
# 911 Emergency Communications

104 Belle Street
Oxford, NC 27565
(919) 693-5240


| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Trent Brummitt |
| **Department:** | 911 Emergency Communications |
| **Date:** | October 6, 2021 |
| **Title:** | **Emergency Communications - Quarterly Report/Additional Positions/Trainer Pay** |

**PURPOSE:**
To hear a presentation from Trent Brummitt, Emergency Communications Director, on Emergency Communications Service Expansion Items and Operations.

**BACKGROUND:**
During the fiscal year 2021-2022 Budget Workshops, the Granville County Board of Commissioners requested that several expansion items be brought back to the Board in the fall months of 2021.

Tonight, Emergency Communications will give a quarterly presentation summary of their operations in the first 3 months of FY 21-22, as well as revisit previous service expansion requests.

**FUNDING:**
To be determined.

**RECOMMENDATION:**
N/A

**ATTACHMENTS:**
PowerPoint

**ACTION TAKEN:**

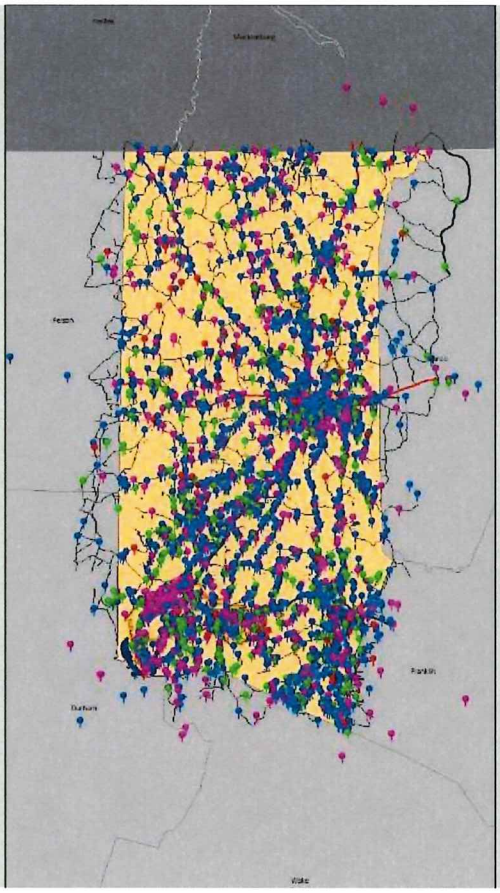

GRANVILLE COUNTY
9-1-1
EMERGENCY
COMMUNICATIONS

First quarter FY 21-22 we've answered 17,382 calls for service. *(Phone rang approximately 27,000 times)*

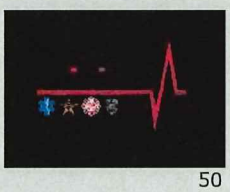
Continuing this trend would put us right at 70,000 calls for service this fiscal year.

This would be the most calls for service in our department's history.

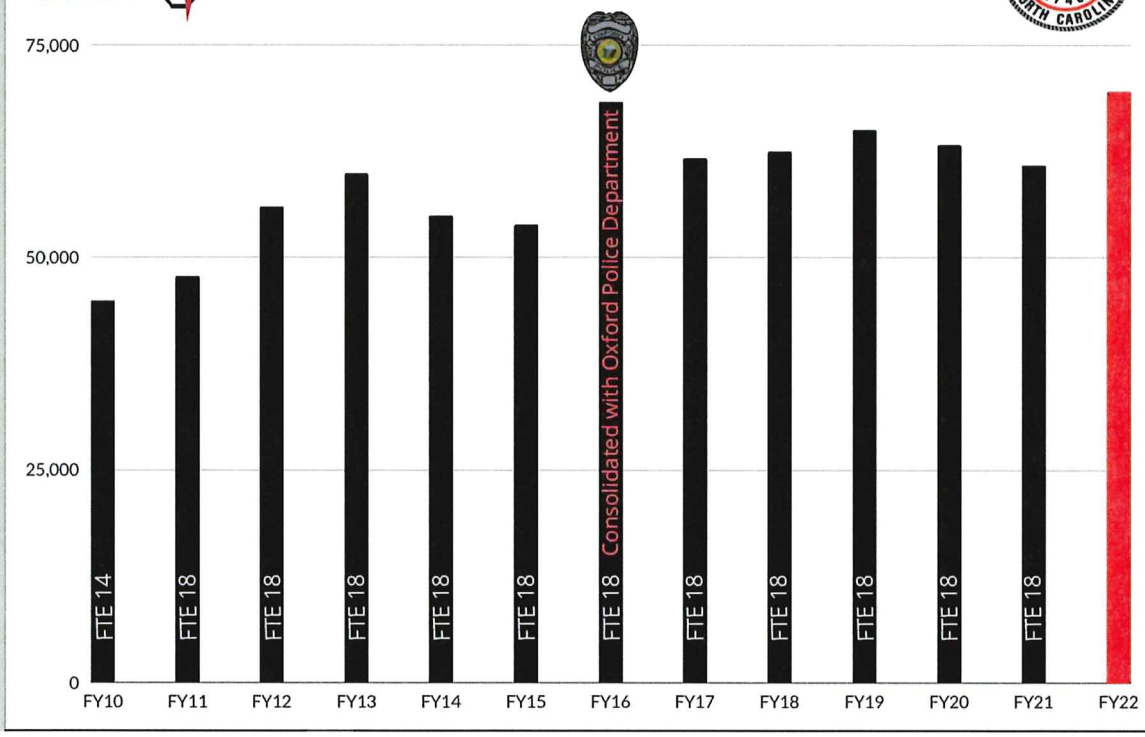
Emergency Communications has not seen a staffing increase since FY 10-11. That fiscal year we processed 47,717 calls for service.



*That is a 32% increase in call volume since we've added additional staffing.*



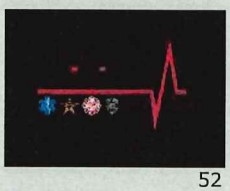
# EMERGENCY COMMUNICATIONS CALLS FOR SERVICE






- Emergency Communications requests offering trainers an additional $175.00 a month while they are training new hires.
- Training new hires takes a special person with an abundance of patience and knowledge.
- $175.00 a month averages out to roughly an extra $1.00 per hour.
- Training a new hire usually takes anywhere from 3-6 months.
- This equals out to $1,050.00 per trainee if it took the full 6 months.
- If we were to have 3 new hires a year go the full 6 months, this would still only equal $3,150.
- This is a small incentive that will boost morale and make it easier to establish good trainers when needed.

Thank you for your consideration!



**Granville County**
**Sheriff's Office**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Michael Felts |
| **Department:** | Sheriff's Office |
| **Date:** | October 13, 2021 |
| **Title:** | **Sheriff's Office Quarterly Update** |

**PURPOSE:**
To hear a quarterly update on the Sheriff's Office and to discuss two (2) authorized positions as needed.

**BACKGROUND:**
Sheriff Noblin is present this evening to present a quarterly update on the Sheriff's Office and to discuss two (2) authorized positions, as needed.

During the fiscal year 2021-2022 budget process, the Sheriff's Office requested eight (8) deputy positions and one (1) position for courthouse security. The Board funded two (2) deputy positions to be effective January 16, 2022.

**FUNDING:**
To Be Determined – [Note: each requested position is estimated to cost $53,846 annually]

**ACTION TAKEN:**

**Granville County**
**Environmental Services**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Michael Felts |
| **Department:** | Environmental Services |
| **Date:** | October 13, 2021 |
| **Title:** | **C&D Waste Acceptance and Conversion at the Butner Scale House** |

**PURPOSE:**
Construction and Demolition Wastes Acceptance/Conversion at Butner Scale House

**BACKGROUND:**
At the recent Environmental Affairs Committee (EAC) meeting held in September, the committee discussed complaints from residents being turned away at the Butner Convenience Site for construction and demolition (C&D) like wastes. These complaints were due to the new policy disallowing C & D wastes at the sites which were approved in July 2021 by staff and the Board of County Commissioners. A recommendation by members of the EAC recommended allowing construction and demolition wastes to be accepted at the Butner Scale House, weighed and charged accordingly (by weight) and allowed to dump in open 30-yard containers below/near the scale house. The customer using the scales would be charged similarly to the ones using the boxes/landfill in Oxford.

After discussing this recommendation with staff and the County Manager, additional staff and capital improvements will need to be approved to meet an anticipated, highly increased workload for staff. Staff is requesting, one (1) full-time employee and one (1) part-time employee to cover the increased workload and siting/staging of containers away from the scale house. A concrete pad will also need to be constructed to allow for easy unloading of waste materials by the customer. Attached is a request for a service expansion form detailing estimated costs of accepting and converting the scale house to accept C&D wastes.

**FUNDING:**
Funding will come from the Solid Waste Enterprise Fund. Note: The change in policy was primarily to address safety and operational concerns, however the County is saving $30,000/month on average by not accepting C&D Wastes at the convenience sites. This savings can be used to offset the cost of the service expansion request.

**RECOMMENDATION:**
Environmental Affairs Committee recommend accepting Construction & Demolition waste at the Butner Scale House upon completion of the hiring of additional staff and necessary site improvements.

**ATTACHMENTS:**
Request for Service Expansion

**ACTION TAKEN:**

# Request for Service Expansion

**Title of Service Expansion**: Construction and Demolition Waste Acceptance/Conversion at Butner Scale House

**Name of Department:** Environmental Programs/Solid Waste

**Purpose and Justification:** The purpose and justification for this request is a result of complaints from those residents living in southern Granville County and having to drive to the Oxford Landfill to dispose of Construction and Demolition Waste(s)

| | ESTIMATED COST/ (SAVINGS) | Detail Explanation/ Justification of Cost |
|---|---|---|
| Personnel | $35,000<br>$15,302<br><br>$12,000 | Full Time Scale Operator/Loader Operator<br>Benefits.<br><br>P/T Worker (20 hrs/week) |
| Operational | $70,000<br><br>$10,000 | Capital- Construction of concrete pad (60K)<br>(75' X 75')<br><br>Haul Cost/Year ($10k) |
| Total Expenditures | $142,302 | Annual |

| | | |
|---|---|---|
| **Revenue to offset Costs** | $38,000 | Anticipated 1,000 tons to be accepted and charged at a rate of $38.00/ton |
| ***Total Cost of Service Expansion*** | $104,302 | |

Note: The change in policy was primarily to address safety and operational concerns, however the County is saving approximately $30,000 per month by not accepting C&D Wastes at the convenience sites. This savings could be used to offset the cost of the service expansion request.

**Granville County**
**Environmental Services**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Jason Falls |
| **Department:** | Environmental Services |
| **Date:** | October 13, 2021 |
| **Title:** | **Free Mulch Event at Oxford Landfill** |

**PURPOSE:**
Provide a free, ground mulch to citizens between the dates of October 19, 2021 thru October 30, 2021, at the Oxford Landfill site.

**BACKGROUND:**
The Oxford Landfill has an excess of mulch onsite resulting in on-site fire hazards due to amount of material that has been ground and mulched over the last couple of years. In an effort to minimize the fire hazard, staff is recommending free mulch and loading services only at the Oxford Landfill during the advertised period.

The Butner Landfill often runs short of material during the year and is easily removed throughout the year by sale. It is not advised to advertise, nor offer free services at this facility due to the high supply and demand of this material.

**FUNDING:**
Loading services will be paid to the landfill contractor at $5.00/load through the solid waste enterprise fund.

**RECOMMENDATION:**
Environmental Services Director and staff recommend approval to allow public to receive free mulch at the Oxford Landfill from October 19, 2021 thru October 30, 2021.

**ACTION TAKEN:**

**Granville County**
**Tax Administration**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Jenny Griffin |
| **Department:** | Tax Administration |
| **Date:** | October 13, 2021 |
| **Title:** | **Tax Matters** |

**PURPOSE:**
To request approval for County Staff to prepare and release a Request for Qualifications (RFQ) or Request for Proposals (RFP) for services for the 2024 revaluation.

**BACKGROUND:**
On September 8, 2020, the Board authorized County Staff to notify the NC Department of Revenue of the County's decision to move from an eight-year to a six-year revaluation cycle based on the recommendations of the previous Tax Administrator.

To effectively prepare for and conduct the Granville County revaluation effective January 1, 2024, the tax office needs to issue an RFQ/RFP to North Carolina licensed and qualified reappraisal firms. The level of appraisal will be the walk around method, the same as 2018, and will deliver a computerized revaluation of all real property within Granville County.

Work is anticipated to begin in April of 2022 and will take effect January 1, 2024. Any changes to value will show on the tax statements that we will send out in July of 2024.

**RECOMMENDATION:**
The Tax Administrator and County Manager request approval for County staff to prepare and release an RFQ or RFP for services, and to bring a recommendation for selection of a firm, following the RFQ/RFP process, back to the Board of Commissioners for consideration.

**ACTION TAKEN:**

**Granville County**
**Emergency Management**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Reba Duke |
| **Department:** | Emergency Management |
| **Date:** | October 13, 2021 |
| **Title:** | **Emergency Management Vehicle Replacement** |

**PURPOSE:**
The purchase of this vehicle will replace a 2013 Suburban with 73,000 miles. The 2013 Suburban will be transferred to the Emergency Communications Department to replace Trent Brummitt's current vehicle

**BACKGROUND:**
The Emergency Management/Fire Marshal Office is requesting to purchase one 2022 Ford F250 from Piedmont Truck Center, Inc. in Greensboro, NC using NC State Contract pricing for a total amount of $37,430.40.

This vehicle purchase will be funded by County funds and was approved in FY 2021-2022 budget. Per policy, the request is being brought back to the Board for final approval because the expenditure is more than $10,000. The department's budgeted amount is $30,000 and the remainder of the purchase costs will be covered by adjusting the current Emergency Management budget.

**FUNDING:**
Adequate funding exists within the Emergency Management current budget.

**RECOMMENDATION:**
The Emergency Management Director recommends the purchase of one 2022 Ford F250 from Piedmont Truck Center under State Contract pricing for a total of $37,430.40.

**ATTACHMENTS:**
Quote

**ACTION TAKEN:**

## STANDARD ITEMS

10000 GVWR, COLOR: WHITE, 6.2L V-8 E85 FLEX FUEL GAS ENGINE, TorqShift-G Six-Speed Automatic w/SelectShift® Automatic, 3.73 STANDARD REAR AXLE, POWER EQUIPMENT GROUP-POWER WINDOWS/LOCKS, TRAILER TOW MIRRORS, SYNC BLUETOOTH, TILT STEERING WHEEL, AIR CONDITIONING, SPARE TIRE-Pickup version only, AM/FM RADIO, ALL SEASON TIRES, HEAVY DUTY ALTERNATOR, 40/20/40 VINYL (GRAY) SEATS, TRAILER TOW PACKAGE-TRAILER HITCH WITH 7&4 WAY TRAILER PLUG, REAR VIEW CAMERA (Pickup version only, optional with chassis), (2) KEY FOBS

| PICKUP / CAB CHASSIS CONFIGURATION | BODY CODE | | BASE BID PRICE |
|---|---|---|---|
| 2022 F250 Crew Cab 4x4 pickup-short bed 160wb | W2B-600A | | $30,841.00 |

| | OPTION | MSRP | STATE PRICING 6% Discount |
|---|---|---|---|
| **POWERTRAINS** | | | |
| 7.3L 2V DEVCT NA PFI V8 Gas - Includes:<br>- 3.55 Axle Ratio<br>- Heavy-Duty Alternator (240 Amp) | 99N | $2,045.00 | $1,922.30 |
| Electronic-Locking w/3.55 Axle Ratio | X3J | $390.00 | $366.60 |
| **TIRES / WHEELS** | | | |
| Tires: LT275/70Rx18E BSW A/T (4)-STX OR XLT PACKAGE ONLY | TDX | $265.00 | $249.10 |
| **OTHER OPTIONS** | | | |
| STX Appearance Package - Includes STX fender vent badge.<br>Includes:<br>- Bright Chrome Grille<br>- Bright Chrome Hub Covers & Center Ornaments<br>- Chrome Front Bumper<br>- Chrome Rear Step Bumper<br>- Steering Wheel-Mounted Cruise Control<br>- Wheels: 18" Sparkle Silver Painted Cast Aluminum<br>Includes bright hub covers/center ornaments.<br>- Tires: LT275/65Rx18E BSW A/S<br>Spare may not be the same as road tire. | 17S | $1,825.00 | $1,715.50 |
| Dual 78 AH Battery | 86M | $210.00 | $197.40 |
| 397 Amp Alternator | 67B | $115.00 | $108.10 |
| Trailer Brake Controller - Verified to be compatible with select electric over hydraulic brakes. Includes smart trailer tow connector | 52B | $270.00 | $253.80 |
| Platform Running Boards-SUPERCAB & CREW CAB ONLY | 18B | $445.00 | $418.30 |
| Tough Bed Spray-In Bedliner - Includes tailgate-guard, black box bed tie-down hooks and black bed attachment bolts | 85S | $595.00 | $559.30 |
| Fixed Rear-Window w/Defrost | 43B | $60.00 | $56.40 |
| Privacy Glass | 924 | $0.00 | $0.00 |
| 110V/400W Outlet - Includes 1 in-dash mounted outlet | 43C | $175.00 | $164.50 |
| Upfitter Switches (6) - Located in overhead console | 66S | $165.00 | $155.10 |
| SYNC 3 Communications & Entertainment System - Includes enhanced voice recognition, 8" LCD capacitive touch screen in center stack with swipe capability, pinch-tozoom capability included with available voice-activated touchscreen navigation system, 4.2" productivity screen in IP cluster, AppLink, 911 Assist, Apple CarPlay and Android Auto capability and 2 smart charging USB-C ports. | 913 | $450.00 | $423.00 |

| | | |
|---|---|---|
| **Total for pickup quote#GCESW2B73160-10821** | **Date: 10.8.2021** | **$37,430.40** |

**Granville County Emergency Services**
**Jason Reavis**
**252.431.5954bp jason.reavis@granvillecounty.org**

**Granville County**
**Development Services**
104 Belle Street
Oxford, NC 27565
(919) 693-5240

| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Tracy Brown |
| **Department:** | Development Services |
| **Date:** | October 13, 2021 |
| **Title:** | **Inspections Department Purchase of 2022 Ford F-150 Pickup** |

**PURPOSE:**
To consider the purchase of one (1) 2022 Ford F-150 Regular Cab Pickup

**BACKGROUND:**
Inspections is requesting approval to purchase one (1) F-150 pickup using State Contract pricing from Performance Automotive in Clinton, NC in the amount of $21,761.10. Although funding for the vehicles was approved in the FY 2021-2022 budget, the request is being brought back to the Board for final approval per policy because the expenditure is more than $10,000.00. A copy of the State Contract purchase quote is attached for your reference.

**FUNDING:**
Funding is available in the Inspection's Fiscal Year 2021-2022 budget.

**RECOMMENDATION:**
The Development Services Director recommends purchase of one (1) Ford F-150 Pickup from Performance Automotive under State Contract pricing for a total of $21,761.10.

**ATTACHMENTS:**
State Contract Purchase Agreement from Performance Auto in Clinton, NC

**ACTION TAKEN:**

PERFORMANCE AUTOMOTIVE

CHRYSLER DODGE Jeep RAM Ford

# 2022 Ford F-150 REGULAR CAB

## North Carolina Statewide Vehicle Contract #202100002

## Category D - Light Trucks

### Contract Term Dates: May 10, 2021 - May 9, 2023

### Standard Features

| | |
|---|---|
| 3.3 Liter V-6 PFDI Flex Fuel, Auto Start/Stop | 17" Steel Wheels |
| 10 Speed Automatic Transmission | Reg/Super Cab front Windows Manual |
| Electronic Shift on the Fly (4wd) | Crew Cab, Power Front and Rear Windows |
| Electric Parking Brake | Vinyl Floor Covering, Cloth 40/20/40 Front Seat |
| Coil Springs Front, Leaf Springs Rear | Halogen Headlamps |
| Black Bumper/Grill | TPMS Tire Pressure Monitoring System |
| 245/70R/17 BSW All Season Tires (2wd) | SYNC, AM/FM Stereo |
| 265/70R/17 OWL All Terrain Tires (4wd) | 23 Gallon Fuel Tank (Reg Cab & Super Cab) |
| Bumper Mount Rear Trailer Ball Location | 26 Gallon Fuel Tank (Crew) |

### Drivetrain Configurations

| | | | | |
|---|---|---|---|---|
| 3.3L V-6 Gas Engine | ☑ | F1C-100A | 2022 Ford F-150 REGULAR CAB, 2WD, 6.5' Bed | $ 21,761.10 |
| | ☐ | F1E-100A | 2022 Ford F-150 REGULAR CAB, 4WD, 6.5' Bed | $ 24,962.12 |

### NC70A Base Vehicle Configuration

#### Base Body Configuration

| | | |
|---|---|---|
| 122.5 | 122.5" Wheel Base, 6.5' Bed | Base |

#### Base Powertrain Configuration

| | | |
|---|---|---|
| 99B | 3.3L V-6 PFDI Engine | Base |
| 44G | 10 Speed Automatic Transmission | Base |

#### Base Interior Configuration

| | | |
|---|---|---|
| YZ | Oxford White | Base |
| A | Vinyl 40/20/40 Seat | Base |
| S | Medium Dark Slate Color | Base |

#### Base Package / Options

| | | |
|---|---|---|
| X19 | 3.55 Regular Axle | Base |
| 85A | Power Equipment Group *(PWR locks/Keyless Entry/Power Windows)* | Base |
| | 245/70R-17" All Season Tires (std 2wd) | Base |
| | 265/70R-17" All Terrain Tires (std 4wd) | Base |
| GVWR | 6,010LB GVWR | Base |
| | Flex Fuel Configuration | Base |
| | XL Trim Level | Base |
| | | |

Option Availability and Compatibility Vary
**USE THIS FORM AS A GUIDE**
Please Return to your Performance Representative For Confirmation

| | Code | Popular Factory Options<br>*Please Consult F-150 Order Guide for Additonal Options* | MSRP | 6% Disc |
|---|---|---|---|---|
| ☐ | 101A | Upgrade to Equipment Group 101A | $ 2,080 | $ 1,955.20 |
| | | **Powertrain Options** | | |
| ☐ | 99B | 3.3L V-6 PFD Engine | STD | STD |
| ☐ | 998 | 3.5L Ecoboost V-6 in Lieu of 3.3L V-6 | $ 2,595 | $ 2,439.30 |
| ☐ | 995 | 5.0L V-8 Engine In Lieu of 3.3L V-6 | $ 1,995 | $ 1,875.30 |
| | | **Packages** | | |
| ☐ | 86A | XL Chrome Appearance Package | $ 775 | $ 728.50 |
| ☐ | 55A | FX4 Off-Road Package (4x4 only)- Req. 101A Upgrade | $ 1,005 | $ 944.70 |
| | | **Interior Options** | | |
| ☐ | 168 | Color-coordinated Carpet w/Carpeted Matching Floor Mats | $ 145 | $ 136.30 |
| ☐ | 91P | 8-Way Power Driver's Seat Package | $ 350 | $ 329.00 |
| ☐ | 50M | Interior Work Surface (NA w/Cloth 40/blank/40 Seats (SS)) | $ 195 | $ 183.30 |
| ☐ | 924/57Q | Rear-Window, Fixed Privacy Glass with Defroster | $ 320 | $ 300.80 |
| ☐ | 50S | Cruise Control | $ 225 | $ 211.50 |
| | | **Exterior Options** | | |
| ☑ | 153 | Front License Plate Bracket | N/C | N/C |
| ☐ | 17C | Chrome front and rear bumpers- Req. Fog Lamps (595) | $ 175 | $ 164.50 |
| ☐ | 595 | Fog Lamps (incl. in XL Chrome Appearance Pkg. (86A) | $ 140 | $ 131.60 |
| ☐ | 18B | Black Platform Running Boards | $ 250 | $ 235.00 |
| ☐ | 413 | Skid Plates (4x4 only) | $ 160 | $ 150.40 |
| ☐ | 41H | Engine Block Heater | $ 90 | $ 84.60 |
| ☐ | 76R | Reverse Sensing System req. (53B), (53A) or (53C) | $ 275 | $ 258.50 |
| ☐ | 655 | Extended Range 36 Gallon Fuel Tank (NA with 122" WB) | $ 445 | $ 418.30 |
| ☐ | T7C | LT265/70R17C BSW all-terrain tires (A/T)- Req. 101A Upgrade | $ 295 | $ 277.30 |
| ☐ | 627 | Heavy-Duty Payload Package- Req. 53C with 998 or 995 | $ 1,695 | $ 1,593.30 |
| | | **Truck Bed Options** | | |
| ☐ | 8' | Upgrade to 8' Pickup Bed (141" Wheel Base) | $ 350 | $ 329.00 |
| ☐ | 55B | BoxLink™(includes four (4) premium locking cleats)- Req. 90R | $ 80 | $ 75.20 |
| ☐ | 90R | Stowable Loading Ramps- Req. BoxLink™(55B) | $ 595 | $ 559.30 |
| ☐ | 96W | Bedliner – Tough Bed® spray-in | $ 595 | $ 559.30 |
| ☐ | 96X | Tonneau Pickup Box Cover - Hard Tri Fold | $ 995 | $ 935.30 |
| ☐ | 96T | Tonneau Pickup Box Cover - Soft Folding | $ 525 | $ 493.50 |
| | | **Trailer Tow Options** | | |
| ☑ | TT1 | Factory Standard Towing (Bumper Ball Mount) | STD | STD |
| ☐ | TT2 | Basic Towing Package- Std Power Mirrors, 53B & 67T | $ 480 | $ 451.20 |
| ☐ | 53B | Class IV Trailer Hitch | $ 205 | $ 192.70 |
| ☐ | 67T | Integrated Trailer Brake Controller- Req. (53B) | $ 275 | $ 258.50 |
| | | *FOR MORE EXTENSIVE TOWING NEEDS, PLEASE CONSULT THE FORD F-150 ORDER GUIDE* | | |
| | | **Additional Factory Options** | | |
| ☐ | | | | $ - |
| ☐ | | | | $ - |
| ☐ | | | | $ - |
| ☐ | | | | $ - |

## Standard Colors:

| | | | Quantity |
|---|---|---|---|
| ☐ | UM | Agate Black Metallic | |
| ☐ | HX | Antimatter Blue Metallic | |
| ☐ | M7 | Carbonized Gray Metallic | |
| ☐ | JS | Iconic Silver Metallic | |
| ☑ | YZ | Oxford White | 1.00 |
| ☐ | PQ | Race Red | |
| ☐ | D1 | Stone Gray Metallic | |
| ☐ | GR | Green | |
| ☐ | MB | Orange | |
| ☐ | B1 | School Bus Yellow | |
| ☐ | E4 | Vermillion Red | |
| ☐ | AT | Yellow | |

Enter Quantity Here

Fleet Only

## Emergency Equipment/Lighting Upfit

| | | | |
|---|---|---|---|
| ☐ | | | |
| ☐ | | | |
| ☐ | | | |
| ☐ | | | |

Option Availability and Compatibility Vary
**USE THIS FORM AS A GUIDE**
Please Return to your Performance Representative For Confirmation

**Total Price Per Vehicle:** $ 21,761.10

**Number Units This Spec:** 1.00

**Total this Order:** $ 21,761.10

## Notes & Instructions:

Quote Date: 10-05-2021

## Agency Information:

Agency Name: Granville County Inspections
Contact: Stacey Carey
Position:
Address 1:
Address 2:
City, State, Zip: Oxford, North Carolina
Office Phone:
Cell Phone:
Email: stacey.carey@granvillecounty.org
Fax:
FIN Code:

GPC Info: _____


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|---|---|
| **To:** | Board of Commissioners |
| **From:** | Michael Felts |
| **Department:** | Administration |
| **Date:** | October 13, 2021 |
| **Title:** | **Opioid Litigation Memorandum of Agreement** |

**PURPOSE:**
To review, discuss, and consider the North Carolina Memorandum of Agreement (MOA) which would govern how NC would use the proceeds of any future national settlement related to the litigation around opioid manufacturers and distributors.

**BACKGROUND:**
The NC MOA governs how North Carolina would use the proceeds of any future national settlement or bankruptcy resolution with drug distributors Cardinal, McKesson, and AmerisourceBergen and opioid manufacturers Johnson & Johnson and Purdue Pharma. These potential settlements and resolutions could bring as much as $850 million to North Carolina over an 18-year period to support state and local efforts to address the epidemic. To maximize funds flowing to North Carolina communities on the front lines of the opioid epidemic, the agreement would direct settlement funds as follows:

- 80 percent to local governments, including all 100 counties and 17 municipalities.
- 15 percent to the state, which the General Assembly would appropriate to address the epidemic.
- An additional five percent to an incentive fund to encourage counties and large and medium-size municipalities to sign on to the agreement.

In addition, the agreement offers a high level of transparency into how local governments will use the funds, including special revenue funds subject to audit, annual financial and impact reports, and a public dashboard showing how they are using settlement funds to address the epidemic.

The NC MOA is endorsed by the North Carolina Association of County Commissioners Board of Directors, which adopted a resolution in support of the agreement urging all 100 counties and municipal partners to sign on to it.

Attached for your reference is a copy of the MOA, a one-page fact sheet, a draft resolution approving the MOA, recent letter from Kevin Leonard, and a National Opioid Settlement Overview.

**FUNDING:**
N/A

**RECOMMENDATION:**
After the Board discusses this issue, reviews the associated documents, and requests input from the Opioid Litigation Attorney, consider adopting a resolution approving the memorandum of agreement (MOA) between the state of North Carolina and local governments on proceeds relating to the settlement of opioid litigation, and authorizing staff to execute any necessary documents required to sign Granville County onto the national settlement.

**ATTACHMENTS:**
Resolution Approving the MOA
MOA - One Page Summary
Final DRAFT Opioid MOA
Letter from Kevin Leonard with NCACC
National Opioid Settlement Overview

**ACTION TAKEN:**

## Corporate Accountability: Fighting the Opioid Epidemic in North Carolina

WHAT IT IS

The NC Memorandum of Agreement (NC MOA) governs how North Carolina would use the proceeds of any future national settlement or bankruptcy resolution with drug distributors Cardinal, McKesson, and AmerisourceBergen and opioid manufacturers Johnson & Johnson and Purdue Pharma. These potential settlements and resolutions could bring as much as $850 million to North Carolina over an 18-year period to support state and local efforts to address the epidemic.

WHAT IT DOES

**Dedicates all funds to addressing the opioid epidemic.**

**Enables North Carolina to maximize resources to abating the crisis.** For North Carolina to receive the maximum payout under national settlements and bankruptcy resolutions, all relevant parties – including the state itself, all 100 counties, and all large- and medium-sized municipalities – must sign on to the NC MOA and the national settlement agreements. To maximize resources flowing to communities on the front lines of the epidemic, the NC MOA would direct settlement funds as follows:

- 15 percent to the state, which the General Assembly would appropriate to address the epidemic.
- 80 percent to local governments, including all 100 counties and 17 municipalities.
- An additional five percent to an incentive fund to encourage counties and municipalities to sign on to the agreement.

**Ensures high levels of transparency and accountability.** The agreement offers a high level of transparency into how local governments use the funds, including special revenue funds subject to audit, annual financial and impact reports, and a public dashboard showing how they are using settlement funds to address the epidemic.

WHY IT MATTERS

**Personal Cost.** The opioid epidemic has taken the lives of more than 16,000 North Carolinians, torn families apart, and ravaged communities from the mountains to the coast. Just as we began to make progress in combatting the epidemic, the COVID-19 pandemic caused a new wave of isolation, despair, drug misuse, and overdose death. Individuals, families, and entire communities continue to suffer and struggle.

**Accountability.** The opioid epidemic was created and fueled by irresponsible marketing and inadequate monitoring on the part of opioid makers and distributors. Settlements with the big three drug distributors and Johnson & Johnson, and a resolution of the Purdue Pharma bankruptcy proceedings, have the potential to bring as much as $850 million to North Carolina over an 18-year period to support state and local efforts to address the epidemic.

**United Front to Heal North Carolina.** The NC MOA is an important step forward in our collective effort to hold these companies accountable for their behavior and to secure and direct much-needed resources to communities across the state as they work to address the epidemic and its aftermath.

Click here to access an FAQ on this topic.
Click here to access the memorandum of agreement.

**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.

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[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 recommen-dations | 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 | | | |
|---|---|---|---|
| | **STAKE-HOLDERS** | **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% |

National Opioids Settlement
P.O. Box 43196
Providence, RI 02940-3196

# NPD

«3of9 barcode»
«BARCODE»
Postal Service: Please do not mark barcode
NPD «Claim Number»
«FIRST1» «LAST1»
«ADDRESS LINE 1» «ADDRESS LINE 2»
«CITY», «STATE»«PROVINCE» «POSTALCODE»
«COUNTRY»

***TO LOCAL POLITICAL SUBDIVISIONS: IMPORTANT INFORMATION ABOUT THE NATIONAL OPIOID SETTLEMENT. SUBDIVISIONS MUST SUBMIT SIGNED DOCUMENTATION TO PARTICIPATE. THE DEADLINE FOR PARTICIPATION TO MAXIMIZE SETTLEMENT BENEFITS IS JANUARY 2, 2022.***

**If your subdivision is represented by an attorney with respect to opioid claims, please immediately contact them.**

## SETTLEMENT OVERVIEW

After years of negotiations, two proposed nationwide settlement agreements ("Settlements") have been reached that would resolve all opioid litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors, McKesson, Cardinal Health and AmerisourceBergen ("Distributors"), and one manufacturer, Janssen Pharmaceuticals, Inc., and its parent company Johnson & Johnson (collectively, "Janssen").

The proposed Settlements require the Distributors and Janssen to pay billions of dollars to abate the opioid epidemic. Specifically, the Settlements require the Distributors to pay up to $21 billion over 18 years and Janssen to pay up to $5 billion over no more than 9 years, for a total of $26 billion (the "Settlement Amount"). Of the Settlement Amount, approximately $22.7 billion is earmarked for use by participating states and subdivisions to remediate and abate the impacts of the opioid crisis.

The Settlements also contain injunctive relief provisions governing the opioid marketing, sale and distribution practices at the heart of the states' and subdivisions' lawsuits and further require the Distributors to implement additional safeguards to prevent diversion of prescription opioids.

Each of the proposed Settlements has two key participation steps. First, each state decides whether to participate in the Settlements. North Carolina has joined both Settlements. Second, the subdivisions within each participating state must then decide whether to participate in the Settlements. Generally, the more subdivisions that participate, the greater the amount of funds that flow to that state and its participating subdivisions. Any subdivision that does not participate cannot directly share in any of the settlement funds, even if the subdivision's state is settling and other participating subdivisions are sharing in settlement funds.

This letter is part of the formal notice required by the Settlements.

## WHY IS YOUR SUBDIVISION RECEIVING THIS NOTICE?

You are receiving this letter because North Carolina has elected to participate in both of the two national Settlements against (1) the Distributors, and (2) Janssen, and your subdivision may participate in the Settlements. This notice is being sent directly to subdivisions and also to attorneys for subdivisions that we understand are litigating against these companies. If you are represented by an attorney with respect to opioid claims, please immediately contact them. Please note that there is no need for subdivisions to be represented by an attorney or to have filed a lawsuit to participate in the Settlements.

## WHERE CAN YOU FIND MORE INFORMATION?

This letter is intended to provide a brief overview of the Settlements. Detailed information about the Settlements may be found at: https://nationalopioidsettlement.com/. This national settlement website also includes links to information about how the Settlements are being implemented in your state and how settlement funds will be allocated within your state. This website will be supplemented as additional documents are created. The North Carolina Attorney General's Office has also set up a state-specific website, which may be found at: https://www.morepowerfulnc.org/opioid-settlements/.

## HOW DO YOU PARTICIPATE IN THE SETTLEMENTS?

**You must go to the national settlement website to register to receive in the coming weeks and months the documentation your subdivision will need to participate in the Settlements (if your subdivision is eligible). All required documentation must be executed and submitted electronically through the website and must be executed using the "DocuSign" service.** As part of the registration process, your subdivision will need to identify, and provide the email address for, the individual who will be authorized to sign formal and binding documents on behalf of your subdivision.

**Your unique Subdivision Identification Number to use to register is: <<SubdivisionRegistrationCode>>.**

## HOW WILL SETTLEMENT FUNDS BE ALLOCATED IN EACH STATE?

The settlement funds are first divided among the participating states according to a formula developed by the Attorneys General that considers population and the severity of harm caused by the opioid epidemic in each participating state. Each state's share of the abatement funds is then further allocated within each state according to agreement between the state and its subdivisions, applicable state allocation legislation, or, in the absence of these, the default provisions in the agreements.

In April 2021, Attorney General Stein and the North Carolina Association of County Commissioners unveiled a Memorandum of Agreement (NC MOA) governing how North Carolina will use the proceeds of the Settlements. The NC MOA can be found on the national settlement website and https://www.morepowerfulnc.org/opioid-settlements/.

In reviewing allocation information, please note that while all subdivisions may participate in the Settlements, not all subdivisions are eligible to receive direct payments. To promote efficiency in the use of abatement funds and avoid administratively burdensome disbursements that would be too small to add a meaningful abatement response, certain smaller subdivisions do not automatically receive a direct allocation. However, participation by such subdivisions will help maximize the amount of abatement funds being paid in the Settlements, including those going to counties, cities, parishes, and other larger subdivisions in their communities.

Local governments set to receive direct payments from the Settlements under the NC MOA are the 100 North Carolina counties as well as 17 municipalities – Asheville, Canton, Cary, Charlotte, Concord, Durham, Fayetteville, Gastonia, Greensboro, Greenville, Henderson, Hickory, High Point, Jacksonville, Raleigh, Wilmington, Winston-Salem. Municipalities that do not receive direct payments under the Settlements benefit because their respective counties will use settlement payments to provide treatment, recovery, harm reduction and other life-saving programs and services to municipal residents. Any questions concerning the status or terms of the state-subdivision agreement, allocation statute, and/or statutory trust in your state, if applicable, can be directed to the Attorney General's Office.

You may be contacted by the Attorney General's Office with additional information regarding the allocation of settlement funds in North Carolina. Subdivisions with representation can expect information from their attorneys as well. We encourage you to review all materials and to follow up with any questions. The terms of these Settlements are complex, and we want to be sure you have all the information you need to make your participation decision.

## WHY YOU SHOULD PARTICIPATE

A vast majority of states have joined the Settlements, and attorneys for many subdivisions have already announced support for them. For example, the Plaintiffs' Executive Committee, charged with leading the litigation on behalf of more than 3,000 cities, counties and others against the opioid industry, and consolidated in the national multi-district litigation ("MDL") pending before Judge Dan Aaron Polster in the Northern District of Ohio, recommends participation in these Settlements.

Subdivision participation is strongly encouraged, for the following reasons:

First, the amounts to be paid under the Settlements, while insufficient to abate the epidemic fully, will allow state and local governments to commence with meaningful change designed to curb opioid addiction, overdose and death;

Second, time is of the essence. The opioid epidemic continues to devastate communities around the country and it is critical that the funds begin to flow to allow governments to address the epidemic in their communities ***as soon as possible***;

Third, if there is not sufficient subdivision participation in these proposed Settlements, the Settlements will not be finalized, the important business practice changes will not be implemented, the billions of dollars in abatement funds will not flow to communities, and more than 3,000 cases may be sent back to their home courts for trial, which will take many years;

Fourth, the extent of participation also will determine how much money each state and its local subdivisions will receive because approximately half of the abatement funds are in the form of "incentive payments," *i.e.*, the higher the participation of subdivisions in a state, the greater the amount of settlement funds that flow into that state;

Fifth, you know first-hand the effects of the opioid epidemic on your community. Funds from these Settlements will be used to commence abatement of the crisis and provide relief to your citizens while litigation and settlement discussions proceed against numerous other defendants in the opioid industry;

Sixth, because pills do not respect boundaries, the opioid epidemic is a national crisis that needs a national solution.

## NEXT STEPS

These Settlements require that you take affirmative steps to "opt in" to the Settlements. If you do not act, you will not receive any settlement funds and you will not contribute to reaching the participation thresholds that will deliver the maximum amount of abatement funds to your state.

First, register your subdivision on the national settlement website so that information and documents required to participate can be sent to you. You will need the email address of the person who will be authorized to sign on behalf of your subdivision. This is the only action item needed at this time.

Second, have your authorizing person(s) or body begin to review the materials on the websites concerning the settlement agreement terms, allocation and other matters. Develop a list of questions for your counsel or the Attorney General's Office. In the very near future, your subdivision will need to begin the process of deciding whether to participate in the proposed Settlements, and subdivisions are encouraged to work through this process well before the January 2, 2022 deadline to be an initial participating subdivision. Again, the Attorney General's Office, your counsel, and other contacts within the state are available to discuss the specifics of the Settlements within your state, and we encourage you to discuss the terms and benefits of the Settlements with them. If you have additional questions for the Attorney General's Office, you may contact it at opioidsettlement@ncdoj.gov.

Third, monitor your email for further communications, which will include a Participation Agreement, Release, (where applicable) a model Resolution, and instructions on executing and submitting electronically using DocuSign.

We urge you to view the national settlement website and the North Carolina website at your earliest convenience. Information and documents regarding the national Settlements and your state allocation can be found on the settlement website at https://nationalopioidsettlement.com/ and https://www.morepowerfulnc.org/opioid-settlements/.

# Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240


| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 13, 2021 |
| **Title:** | **County Attorney's Report** |

**PURPOSE:**

Any matters as needed by the County Attorney.

**ACTION TAKEN:**

# Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240


| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 13, 2021 |
| **Title:** | **Presentations by County Board Members** |

**PURPOSE:**

Board members will make comments.

- Commissioner Cozart
- Commissioner May
- Commissioner Karan
- Commissioner Gooch
- Commissioner Jay
- Commissioner Smith
- Chair Hinman

**ACTION TAKEN:**

# Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240

**To:** Board of Commissioners
**From:** Debra Weary
**Department:** Administration
**Date:** October 13, 2021
**Title:** **Any Other Matters**

**PURPOSE:**
Any other matters as needed.

**ACTION TAKEN:**

# Granville County

104 Belle Street
Oxford, NC 27565
(919) 693-5240


| | |
|---|---|
| **To:** | Board of Commissioners |
| **From:** | Debra Weary |
| **Department:** | Administration |
| **Date:** | October 14, 2021 |
| **Title:** | **Closed Session as Allowed by G.S. 143-318.11(a)(3) - Attorney-Client Matter** |

**PURPOSE:**

To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged.

**ACTION TAKEN:**