

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**1. CALL TO ORDER - CHAIRMAN**

**2. APPROVAL OF WORK SESSION AGENDA - CHAIRMAN**

2.1. BOC - Changes to the Agenda Pg. 3

**3. PUBLIC HEARINGS**

3.1. County Manager - FY 2025 Budget - Public Hearing 5:30 p.m. Pg. 5

3.2. Fire Marshal - Fire District Boundary Change - Public Hearing 5:30 p.m. Pg. 9

**4. DISCUSSION ITEMS FOR ACTION**

4.1. County Manager - Opioid Settlement Strategic Funding Plan - Cabarrus County Pg. 17

4.2. Juvenile Crime Prevention Council - Approval of JCPC FY2024-25 Certification Pg. 92

4.3. Active Living and Parks - New Pool Contract Pg. 104

4.4. Department of Social Services - FY 25 Home and Community Care Block Grant Funding Plan Pg. 125

4.5. Finance - Governmental Accounting Standards Board (GASB) 87 and 96 Budget Amendments Pg. 127

4.6. Finance - Budget Amendment for Interest Received on Grant Project Pg. 131

4.7. Finance - Year End Budget Amendments - Multi-Year and Annual Funds Pg. 137

4.8. BOC - Appointments to Boards and Committees Pg. 150

4.9. BOC - NACo Voting Credentials - 2024 Annual Conference Pg. 154

**5. DISCUSSION ITEMS - NO ACTION**

5.1. Finance - Refinancing of Draw Program Pg. 155

5.2. BOC - Budget Discussion Pg. 156

**6. APPROVAL OF REGULAR MEETING AGENDA**

6.1. BOC - Approval of Regular Meeting Agenda Pg. 157

**7. CLOSED SESSION**

7.1. Closed Session - Acquisition of Real Property

**8. ADJOURN**

*In accordance with ADA regulations, anyone in need of an accommodation to participate in the meeting should notify the ADA coordinator at 704-920-2100 at least 48 hours prior to the meeting.*

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Approval of Work Session Agenda - Chairman

**SUBJECT:**

BOC - Changes to the Agenda

**BRIEF SUMMARY:**

A list of changes to the agenda is attached.

**REQUESTED ACTION:**

Motion to approve the agenda as amended.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Lauren Linker, Clerk to the Board

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- Changes to the Agenda



**CABARRUS COUNTY BOARD OF COMMISSIONERS  
CHANGES TO THE AGENDA  
June 3, 2024**

**UPDATED:**

**Discussion Items for Action**

4.4 County Manager - Opioid Settlement Strategic Funding Plan - Cabarrus County

**ADDITION:**

**Closed Session**

7.1 Closed Session - Acquisition of Real Property



# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**  
PUBLIC HEARINGS

**SUBJECT:**  
County Manager - FY 2025 Budget - Public Hearing 5:30 p.m.

**BRIEF SUMMARY:**  
There will be a public hearing to receive comments from the public on the proposed FY 2025 budget.

**REQUESTED ACTION:**  
Hold a public hearing.

Motion to direct staff to prepare the FY25 Budget Ordinance, consistent with the FY25 Recommended Budget and technical adjustments, for adoption by the Board at the regular meeting on June 17, 2024.

**EXPECTED LENGTH OF PRESENTATION:**  
5 Minutes

**SUBMITTED BY:**  
Mike Downs, County Manager

**BUDGET AMENDMENT REQUIRED:**  
No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▣ Public Hearing Notice - Newspaper
- ▣ Public Hearing Notice - Website

THE INDEPENDENT TRIBUNE

May 22, 2024



**CABARRUS COUNTY  
BOARD OF COMMISSIONERS**

**NOTICE OF PUBLIC HEARING  
June 3, 2024 - 5:30 P.M.**

The Cabarrus County Manager presented the recommended Cabarrus County Budget for Fiscal Year 2025 to the Board of Commissioners on Monday, May 20, 2024. A copy of the recommended budget is filed in the Clerk's office and is available for inspection on the County's website: <https://www.cabarruscounty.us/Government/Departments/Budget-and-Evaluation>

A Budget Workshop meeting was held on April 18, 2024. An additional Budget workshop meeting is scheduled on June 6, 2024, if needed. A public hearing on the recommended budget is scheduled for Monday, June 3, 2024 at 5:30 p.m. (or as soon thereafter as persons may be heard). Adoption of the recommended budget is scheduled for June 17, 2024.

For ease of access, the Board of Commissioners' meetings are broadcast live on Channel 22, <https://www.youtube.com/cabarruscounty> and <https://www.cabarruscounty.us/cabcotv>.

If reasonable accommodations are needed, please contact the ADA Coordinator at 704-920-2100 at least 48 hours prior to the public hearing.

Lauren Linker, Clerk to the Board

**Publish: May 22, 2024.**



**CABARRUS COUNTY  
BOARD OF COMMISSIONERS**

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Lauren Linker, Clerk to the Board

Publish May 22, 2024

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**  
PUBLIC HEARINGS

**SUBJECT:**  
Fire Marshal - Fire District Boundary Change - Public Hearing 5:30 p.m.

**BRIEF SUMMARY:**  
The property owned by James and Janet Lentz is currently divided between two fire districts; Cold Water and Mt. Pleasant Rural. The property owners have petitioned the county to have the entirety of their property moved into the Cold Water Fire District. The Mt. Pleasant Rural Fire District would see an approximate \$300 a year loss in revenue by the change.

**REQUESTED ACTION:**  
Motion to adopt the ordinance changing the fire district.

**EXPECTED LENGTH OF PRESENTATION:**  
5 Minutes

**SUBMITTED BY:**  
Fire Marshal Jacob Thompson

**BUDGET AMENDMENT REQUIRED:**  
No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▣ Ordinance
- ▣ Districts Existing
- ▣ Districts Proposed
- ▣ Parcel Existing
- ▣ Parcel Proposed
- ▣ Public Hearing Notice



**AN ORDINANCE CHANGING THE BOUNDARIES  
OF THE RURAL FIRE PROTECTION DISTRICTS  
WITHIN CABARRUS COUNTY**

**WHEREAS**, notwithstanding N.C.G.S. 69-25.11, the Cabarrus County Board of Commissioners may change the boundaries of fire districts in Cabarrus County by ordinance pursuant to section 19.1 of Chapter 558 of the 1987 Session Laws, as added by N.C. Sess. Laws 2006-1, and amended by N.C. Sess. Laws 2010-17; and

**WHEREAS**, upon the application of the owner or owners of Parcel No. 56502999180000, having an address of 4545 HWY 73 E, Concord, NC 28025 for the parcel to be removed from the Mt. Pleasant district and included in the Coldwater District; and

**WHEREAS**, the Cabarrus County Board of Commissioners held a public hearing on this ordinance on May 20, 2024, after public notice was given on May 6, 2024; and

**WHEREAS**, a map showing the proposed changes to the rural fire protection districts within Cabarrus County were made available in the office of the Clerk to the Board of Commissioners; and

**WHEREAS**, no area in the proposed fire districts will be in more than one district; and

**WHEREAS**, no area in the proposed fire districts will be within the corporate limits of a municipality.

**NOW, THEREFORE BE IT ORDAINED** by the Cabarrus County Board of Commissioners as follows:

**Section 1. Revision of Rural Fire Protection District Boundaries.**

The boundaries of the Rural Fire Protection Districts within Cabarrus County, North Carolina are revised as indicated in the map identified as “Proposed Fire Districts;”, which is attached to this ordinance and identified as Attachment A.

**Sec. 2. Effective date.**

This ordinance shall become effective on [REDACTED].

**ADOPTED** this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Attest:

\_\_\_\_\_  
Stephen M. Morris, Chairman  
Cabarrus County Board of Commissioners A

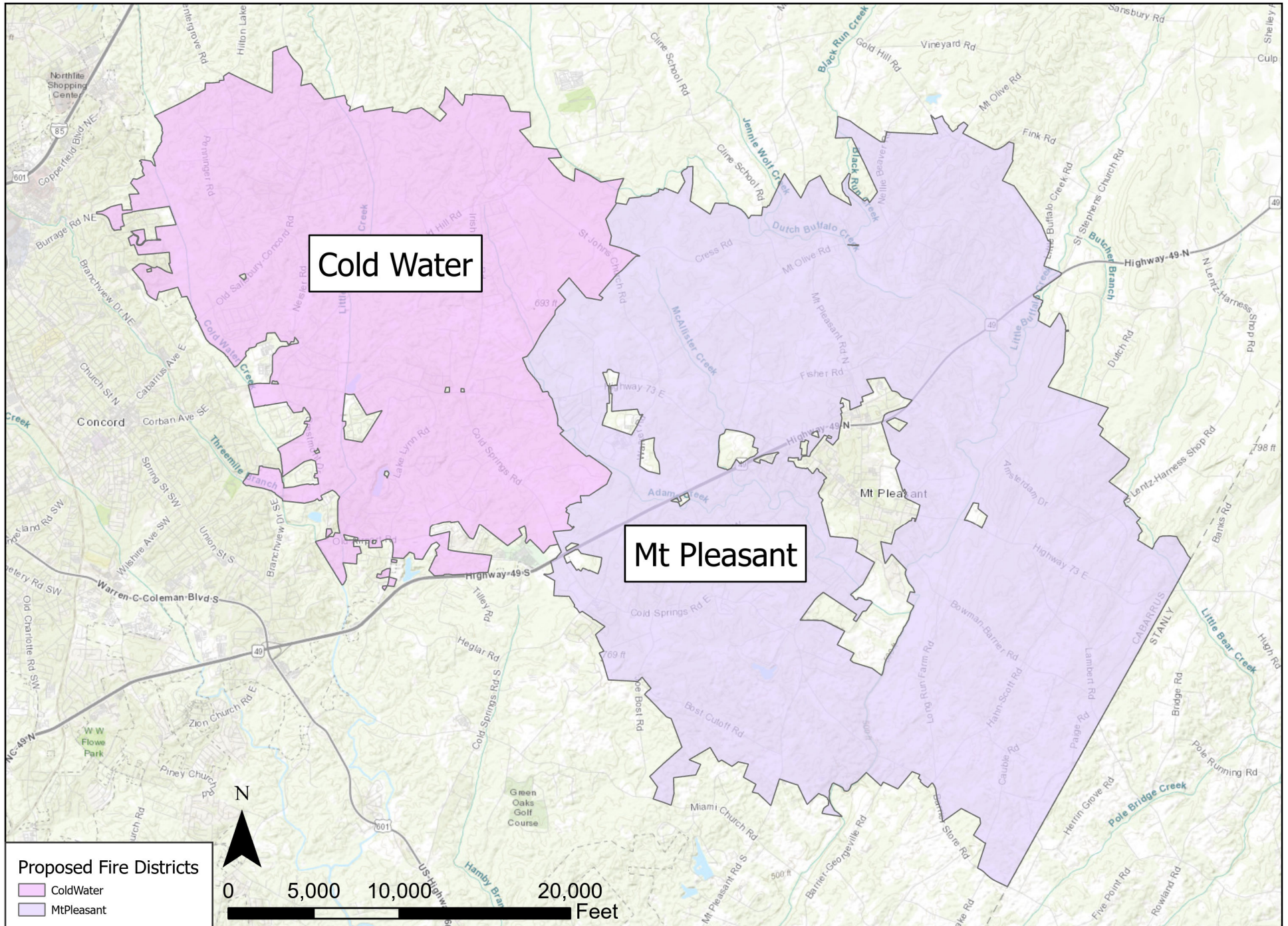
\_\_\_\_\_  
Clerk to the Board



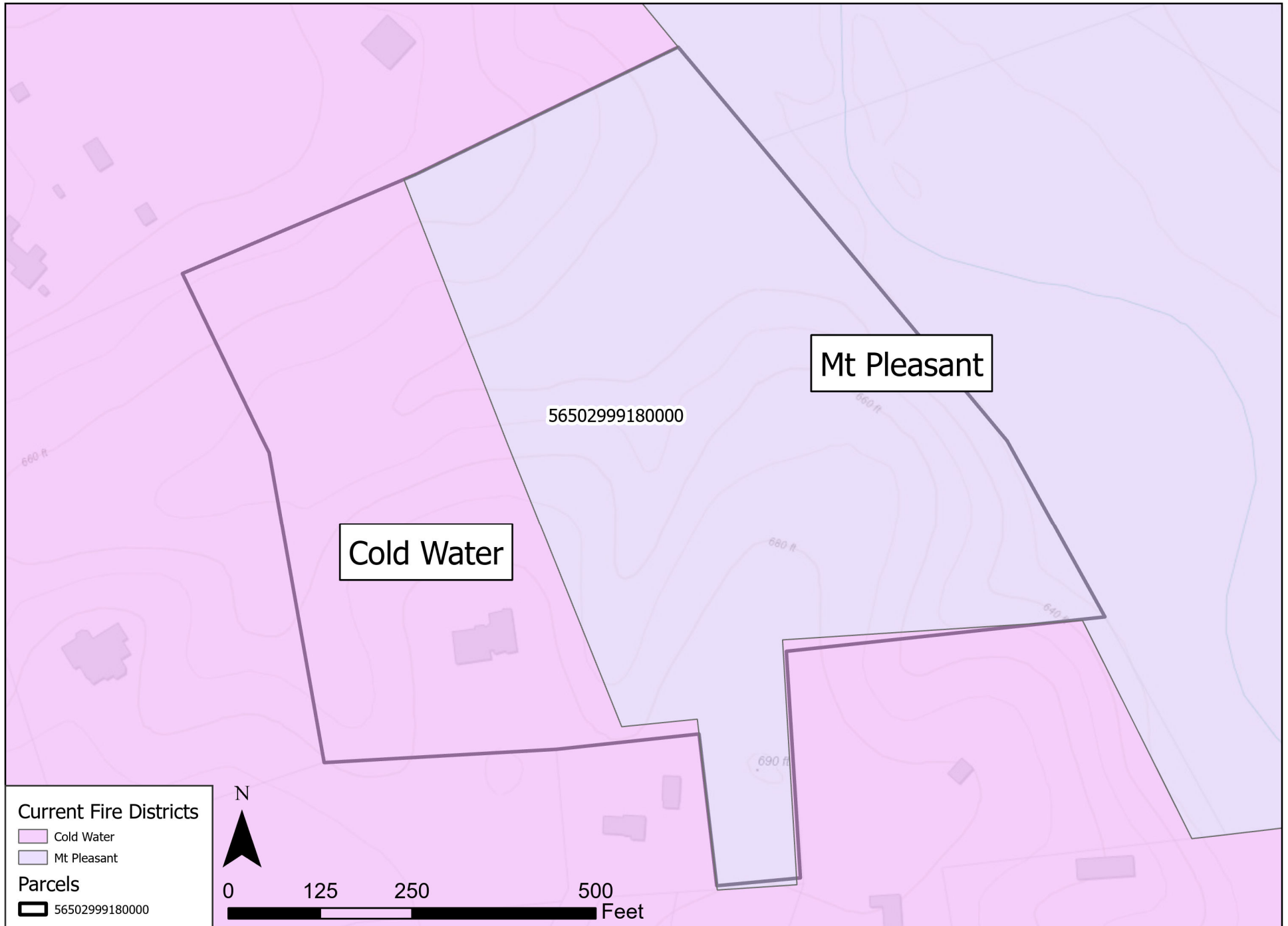




# Cold Water & Mt. Pleasant - Proposed Fire Districts

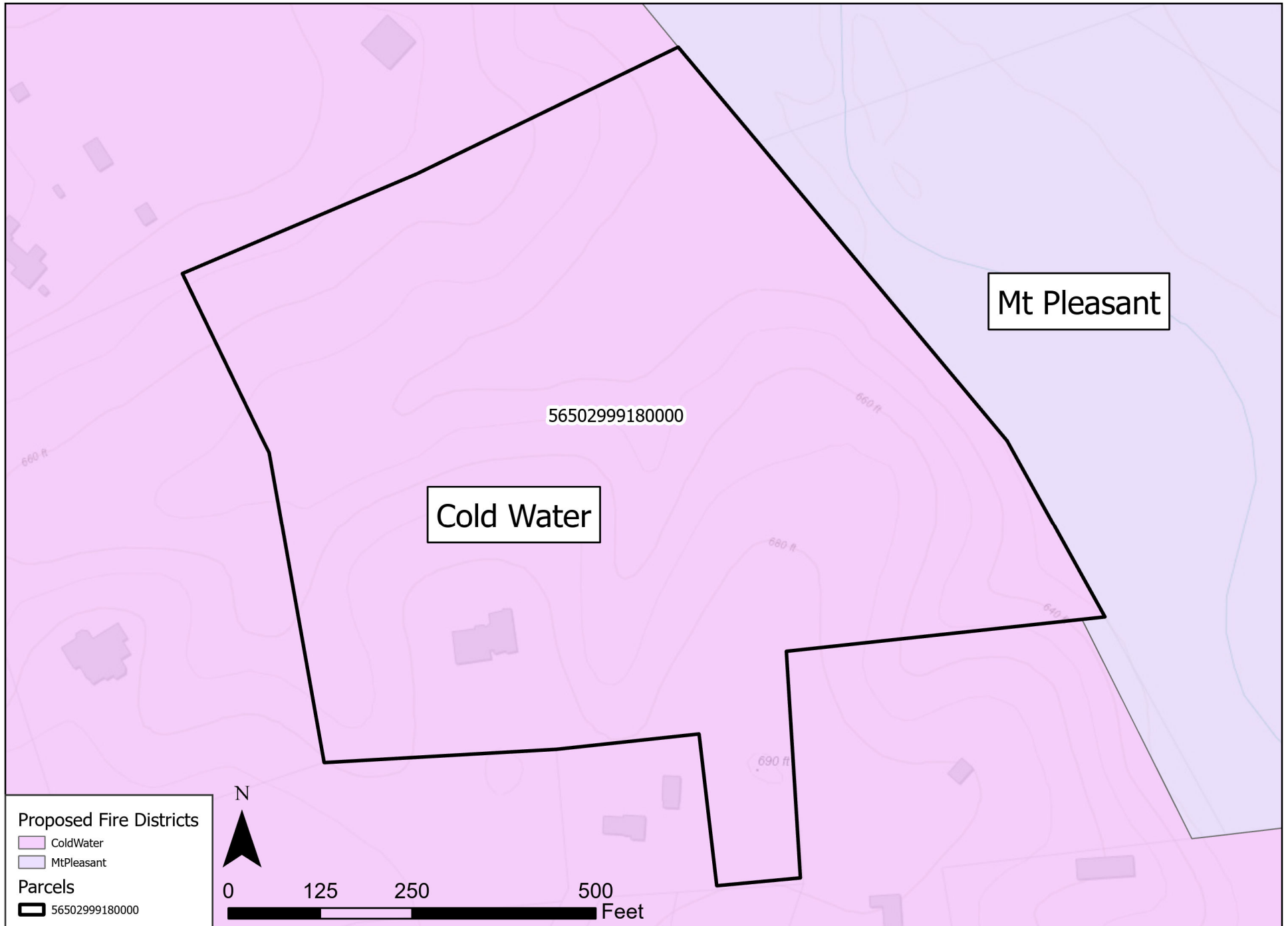


# Parcel #56502999180000 - Current Fire Districts





# Parcel #56502999180000 - Proposed Fire Districts





**CABARRUS COUNTY  
BOARD OF COMMISSIONERS**

**NOTICE OF PUBLIC HEARING  
June 3, 2024 – 5:30 p.m.**

**FIRE DISTRICT BOUNDARY MODIFICATIONS**

Notice is hereby given that the Cabarrus County Board of Commissioners will hold a public hearing at 5:30 p.m. (or as soon thereafter as persons may be heard) on Monday, June 3, 2024, in the Board of Commissioners' Meeting Room located on the second floor of the Cabarrus County Governmental Center, 65 Church Street S, Concord, to consider the Cabarrus County Fire Marshal's recommended boundary changes to the Cold Water and Mt. Pleasant Rural Fire/Insurance Districts at the request of the property owners.

The maps of the proposed changes are available for review at the Clerk to the Board of Commissioner's Office on the second floor of the County Governmental Center, 65 Church Street S, Concord.

The Board of Commissioner's meeting will be broadcast live on Channel 22, <https://www.youtube.com/cabarruscounty> and <https://www.cabarruscounty.us/cabcotv>.

For information, contact Fire Services at 704-920-2143. If reasonable accommodations are needed, please contact the ADA Coordinator at 704-920-2100 at least 48 hours prior to the public hearing.

Lauren Linker, Clerk to the Board

Posted May 17, 2024.

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

County Manager - Opioid Settlement Strategic Funding Plan - Cabarrus County

**BRIEF SUMMARY:**

Proposed funding plan secondary to the collaborative strategic planning process. Consulting firm Health Management Associates (HMA) will share the results of the process and the proposed 3-5-year funding plan.

**REQUESTED ACTION:**

Motion to approve the strategic plan.

**EXPECTED LENGTH OF PRESENTATION:**

30 Minutes

**SUBMITTED BY:**

Dr. Aalece Pugh, Assistant County Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

approve the

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**ATTACHMENTS:**

- Strategic Plan

## ▣ Presentation

# Cabarrus County Strategic Plan:

## Opioid Settlement Funds

Prepared For  
Cabarrus County

May 20, 2024



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## INTRODUCTION

In 2021, nationwide settlements were reached to resolve all opioid litigation brought by states and local subdivisions against pharmaceutical distributors and manufacturers, with subsequent agreements in 2022 against pharmacy chains and additional manufacturers. These historic opioid settlement agreements, which total more than \$56 billion, will provide funds to states and local governments to address the crisis in their communities. North Carolina was awarded \$1.5 billion to address communities affected by the opioid epidemic, with 85 percent of these funds being distributed to North Carolina counties and municipalities, encouraging a locally tailored response. In partnership with municipalities, Cabarrus County stands to receive approximately \$21,980,750 over 18 years (2022–2038) in settlement funds.

This funding has significant potential to address the immediate needs of people affected by opioids and overdose while responding to structural barriers to care. To inform the use of these funds, Cabarrus County elected to undertake a collaborative strategic planning process. This collaborative planning process provided opportunities to engage the community—both professionals working in and around this space as well as those with lived experience—to hear the needs of residents, understand current services offered and existing strengths, and explore barriers to accessing care, with a goal of using this information to make informed decisions.

The outcome of this process, which is detailed in the pages to come, is an identified set of strategies that the County can fund to address the crisis, while offering enough flexibility to make adjustments as the crisis continues to evolve. These settlement funds alone are insufficient to fully address the needs of the community and end this crisis overnight, but they offer important resources and opportunities for collective action that can help stem the tide and create the path toward a brighter future.

## The Impact of the Opioid Crisis on North Carolinians & Strategies to Address the Problem

The opioid crisis is a health and human services crisis. According to the North Carolina Department of Health and Human Services (NCDHHS) Dashboard:

- From 2000 to 2022, more than 37,000 North Carolinians lost their lives to opioid overdose.<sup>1</sup> In 2022, 4,339 died from an overdose—the highest annual total over this timeframe.
- In 2022, more than 11 North Carolinians died each day from a drug overdose.<sup>1</sup> Most (78%) of these overdose deaths were attributed to manufactured fentanyl.
- From 2000 to 2022, Cabarrus County witnessed 770 opioid overdose deaths, with 74 in 2022, resulting in an annual rate of 34.2 per 100,000 residents.<sup>1</sup>

The opioid crisis has wreaked havoc on the lives of individuals and families. It also has challenged our communities and the key institutions that we all rely upon, impacting everything from government to healthcare to education. The problem is deep and complex and requires collective action to meaningfully address the issue.

### Strategies to Address the Crisis

#### *North Carolina Opioid and Substance Use Action Plan*

In 2017, the NCDHHS launched [North Carolina's Opioid and Substance Use Action Plan](#) to address the opioid crisis. The action plan was updated in 2019 and 2021 to keep current with the opioid epidemic and the needs of individuals with lived experience. Collaboration between state and local governments and across different organizations has been a hallmark of the approach in North Carolina.

The NCDHHS has also developed a dashboard to provide integration and visualization of state, regional, and county-level metrics that measure progress toward reaching the goal of addressing the opioid epidemic through a lens of equity and lived experience. The table below tracks five of the action plan metrics in North Carolina and Cabarrus County since 2017, when the plan was launched.

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<sup>1</sup> North Carolina Department of Health and Human Services. Opioid and Substance Use Action Plan Data Dashboard. Available at: <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>. Accessed September 5, 2023.

**Table A. NCDHHS Dashboard**

Metric	Year
Action Plan Metric	North Carolina
	Cabarrus County

Metric	2018	2019	2020	2021	2022	2023
Overdose Deaths	2,301	2,352	3,304	4,041	4,439	*
	58	43	75	73	74	*
Emergency Department Visits	12,049	12,208	14,958	16,816	16,937	16,932
	243	214	319	300	300	336
Residents Receiving Dispensed Opioids	1,721,997	1,605,281	1,431,663	1,355,132	*	*
	37,681	35,421	30,684	28,994	*	*
Number of children in foster care due to parental substance use	6,761	6,724	6,746	6,700	*	*
	30	51	65	77	*	*
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder that are served by treatment programs	39,658	43,611	46,689	48,637	*	*
	846	850	969	900	*	*

\*Data not available

*North Carolina Memorandum of Agreement*

The NC **Memorandum of Agreement (MOA)** established between the state attorney general and local governments aims to increase transparency about and direction for how opioid settlement funds must be spent, after a funding plan is approved by the Board of County Commissioners. The MOA governs how North Carolina uses the proceeds of any settlements to address the opioid epidemic. The MOA ensures that:

1. All funds will directly address the opioid epidemic, with an emphasis on high-impact strategies.
2. North Carolina is able to maximize resources to abate the crisis. All 100 counties, plus the state itself, need to sign onto the MOA for our state to receive the maximum payout.
3. A high level of transparency and accountability is given.

Opioid settlement funds can only be used to address the opioid epidemic and should utilize high-impact strategies. The strategies fall into three broad categories: Prevention, Treatment, and Recovery (definitions below).

**Table B. Category Definitions**

Categories	Prevention	Treatment	Recovery
Definition	Prevent future addiction and address trauma by supporting children and families	Therapies and various evidence-based treatments to address substance use disorder	Services focused on harm reduction provided to help individuals maintain their recovery

The MOA offers local governments two options:

**MOA A:** Through Option A, a local government may fund one or more strategies from a shorter list of evidence-based, high-impact strategies to address the epidemic. Under Option A, counties have access to 12 strategies to support programs and services that serve persons with Opioid Use Disorder (OUD) or any co-occurring Substance Use Disorder (SUD) or mental health conditions.

**MOA B:** Through Option B, a local government may fund one or more strategies from a longer list of strategies after engaging in collaborative strategic planning. Under Option B, counties have access to a wider array of strategies.

Cabarrus County decided to undergo the Collaborative Strategic Planning Process to provide access to all potential strategies identified via MOA A as well as the broader list of strategies in MOA B. The strategies for MOA A and B are outlined below.

MOU A	MOU B
Collaborative Strategic Planning	Treat Opioid Use Disorder
Evidence-based Addiction treatment	Support People in Treatment and Recovery
Recovery Support Services	Connect People Who Need Help to The Help They Need
Recovery Housing Support	Address the Needs of Criminal Justice Involved Populations
Employment-related services	Address the Needs of Pregnant or Parenting Women and their Families, Including Babies with Neonatal Abstinence Syndrome
Early Intervention	Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
Naloxone Distribution	Prevent Misuse of Opioids
Post-overdose Response Team	Prevent Overdose Deaths and Other Harms (Harm Reduction)
Syringe Services Program	First Responders
Criminal Justice Diversion Program	Leadership, Planning, and Coordination
Addiction Treatment for Incarcerated Persons	Training
Reentry Programs	Research

Requirements of the MOA include that local governments are expected to publicly report when they have adopted a resolution for funding expenditures. HMA recognizes the importance of assisting Cabarrus County with that commitment. Requirements of this public report are included in the Appendix.

With the almost \$22 million allotted, the County will receive roughly \$1.5 million per year (on average) to support programs. The County must be purposeful with its funding strategies to ensure that the funds are geared directly toward strategies that not only meet the identified needs of the community but will also have a high impact.





## STRATEGIC PLANNING PROCESS

A collaborative strategic planning process was created to follow all requirements noted in the Memorandum of Agreement (MOA). This strategic plan is the result of months of conversations and planning that **engaged key stakeholders in meaningful discussions to inform the strategies reflected in this document**. This process created the opportunity to hear from these stakeholders – described further below – and access the full scope of strategies made available under Option B of the MOA. The strategic planning process was led by the community response team (CRT), which included members of the County’s Behavioral Health Department, County Manager's Office, Emergency Services Department, and Sheriff’s Office, as well as one member from the Board of Commissioners. The CRT **met regularly to review data, discuss stakeholder feedback received, and identify what strategies the County should consider funding to address opioid misuse, overdose, and related issues**. The County contracted with Health Management Associates (HMA) as a **neutral facilitator for the collaborative strategic planning process**.

### Data Collection and Related Planning Efforts

At the outset of the planning process, **HMA reviewed data and previous opioid-related efforts to ensure building upon former and/or current efforts**. Some examples include, but are not limited to, reports and assessments that address addiction, drug misuse, overdose, and related issues. Data reviewed included the North Carolina Opioid Action Plan dashboard, as well as county-developed reports, such as the 2023 State of the County Report. To understand historical needs identified by the community, we reviewed recent Community Needs Assessments – where mental and behavioral health and substance use have been identified as the top three priorities in recent years (2016 & 2020). HMA also reviewed the North Carolina Opioid and Substance Use Action Plan document and the North Carolina Institute of Medicine’s May 2023 report titled, ‘Practical Considerations for North Carolina’s Community Leaders: The Challenges, Opportunities, and Transformative Potential of Opioid Settlement Funds’. These resources ensured our understanding of statewide strategies. Lastly, HMA and the CRT reviewed the Johns Hopkins Bloomberg School of Public Health report entitled “Principles for the Use of Funds from the Opioid Litigation”. These principles were used in the design of the collaborative planning process and were ultimately adopted by the CRT to guide its work.

HMA also worked closely with the County to identify any previously committed opioid settlement funds, as well as existing/planned efforts that align with this work. Examples included discussions with the Medication Assisted Treatment (MAT) in Detention and MAT Community Paramedicine teams that were launching programs resourced by opioid settlement funds during our planning process, as well as the County’s planned Behavioral Health Urgent Care (BHUC) and Facility Based Crisis Center that are currently in development. The development of the BHUC and the Facility Based Crisis Center is supported by \$32.5 million from the State. Set to open in mid-2025, collectively, these facilities will address the complex navigation challenges by providing a “no wrong door” approach to receiving walk-in/drop-off patients in crises. Beds will serve FBC, substance use disorder and psychiatric residential treatment needs.

These existing/planned efforts were incorporated into our strategy identification process. To further ensure that the plan builds on previous efforts, we conducted focus groups with community coalitions that serve as hubs for collaborative planning. Focus groups with the Mental Health Advisory Board, Early Childhood Taskforce, and Juvenile Crime Prevention Council – described further below – ensured that our work built upon the best and most current thinking related to opioid prevention, treatment, and recovery.

## Stakeholder Engagement

*Central to the strategic planning process was engaging in authentic discussions with diverse members of the community, both residents, professionals, and those with lived experience. Hearing the needs of our residents, understanding the current services offered and their existing strengths, exploring barriers to accessing care, and considering root causes of addiction and overdose were vital in reaching our goal of utilizing information to make informed decisions.*

Cabarrus County recognized the importance of having the right voices represented at the table throughout the process and worked to identify individuals and organizations that best represent the realities, needs, and values of those impacted by – or invested in – the opioid crisis.

The planning process included a multi-pronged approach to engagement that included a community survey and a series of focus groups.

### Community Survey

HMA administered an anonymous community survey between January 17 and March 15 of 2024. The survey was available in both English and Spanish and asked for feedback on strengths, opportunities, unmet needs, and barriers to care, as well as a set of demographic questions to better understand the respondent pool. In total, 257 individuals completed the survey. Survey responses were coded and presented to the CRT for review.

### Interviews and Focus Groups

HMA also conducted a series of interviews and focus groups to better understand the thoughts, experiences, and perspectives of a broad array of individuals impacted by the opioid crisis. This included several focus groups with individuals who are currently misusing or have previously misused opioids. Each group engaged was asked for feedback on strengths, opportunities, unmet needs, and barriers to care. While the focus groups were anonymous to support open and honest feedback, the engagements were transcribed, capturing key themes and takeaways. Below (Table C) is a summary of the focus groups and interviews conducted. This list was informed by the CRT and aligns with the requirements of the collaborative strategic planning process set forth by the state.



**Table C. Stakeholder Engagement List**

Stakeholder/Stakeholder Groups	Notes
Mental Health Advisory Board	<p>The MHAB is a 26-member board that discusses cross-cutting health-related issues. Below is a brief summary of participating sectors:</p> <ul style="list-style-type: none"> <li>• Mayors, law enforcement, judges, and the District Attorney’s office</li> <li>• Public health, mental health providers, and the hospital</li> <li>• EMS, human services, and schools</li> </ul>
Early Childhood Taskforce	<p>The ECT is a 15-member board that advises the Board of Commissioners on matters related to the development of children, from birth through five years of age</p>
Juvenile Crime Prevention Council	<ul style="list-style-type: none"> <li>• The JCPC is a 26-member board that:</li> <li>• Reviews the needs of at-risk youth</li> <li>• Evaluates juvenile services and programs</li> <li>• Promotes public awareness</li> <li>• Develops intervention strategies</li> <li>• Provides funding for services, treatment, and counseling</li> </ul>
School Representatives	<p>A focus group was convened that included staff from both Cabarrus County Schools and the Kannapolis School District</p>
Healthcare Representatives	<p>A focus group was convened that included several representatives from the following organizations:</p> <ul style="list-style-type: none"> <li>• Atrium Health</li> <li>• Cabarrus Health Alliance</li> <li>• Suda Institute</li> </ul>
Faith-Based and Housing Representatives	<p>A focus group was convened that included representatives from the following organizations:</p> <ul style="list-style-type: none"> <li>• Amazing Grace Advocacy</li> <li>• Bridges to Recovery</li> <li>• Cooperative Ministry</li> <li>• Safer Communities Ministry</li> <li>• We Build Concord</li> </ul>
Monarch Behavioral Health	<p>An interview was conducted with the leadership from Monarch</p>
City of Concord	<p>A focus group was conducted with representatives from the City of Concord administration. Concord assigned their settlement funds for Cabarrus County to manage and distribute.</p>

Stakeholder/Stakeholder Groups	Notes
MAT in Detention Team	<p>A focus group was convened with representatives of the recently launched MAT in Detention Program (which was funded using opioid settlement dollars), including representation from:</p> <ul style="list-style-type: none"> <li>• Cabarrus County Sheriff’s Department</li> <li>• Cabarrus Health Alliance</li> <li>• Southern Health Partners</li> </ul>
MAT Community Paramedicine	<p>A focus group was convened with representatives of the recently launched MAT Community Paramedicine Program (which was funded using opioid settlement dollars), including representation from:</p> <ul style="list-style-type: none"> <li>• Atrium Health (including family and emergency medicine representatives)</li> <li>• Cabarrus County EMS Department</li> </ul>
Latino Community Leaders	<p>A focus group was convened with Latino community leaders that included representatives from the following organizations:</p> <ul style="list-style-type: none"> <li>• Atrium</li> <li>• Blue Cross Blue Shield of North Carolina Foundation</li> <li>• Cabarrus Health Alliance</li> <li>• City of Concord</li> <li>• El Puente</li> <li>• Habitat for Humanity</li> </ul>
AYA House	<p>An interview was conducted with the executive director of AYA House</p>
Individuals with Lived Experience	<p>Four separate focus groups were held with individuals with lived experience, recruited from the SUN and RISE Clinics and Daymark Recovery Services, as well as individuals currently detained in the jail for opioid-related offenses.</p> <ul style="list-style-type: none"> <li>• SUN Clinic Participants</li> <li>• RISE Clinic Participants</li> <li>• Daymark Recovery Services Participants</li> <li>• Jail Detainees</li> </ul>

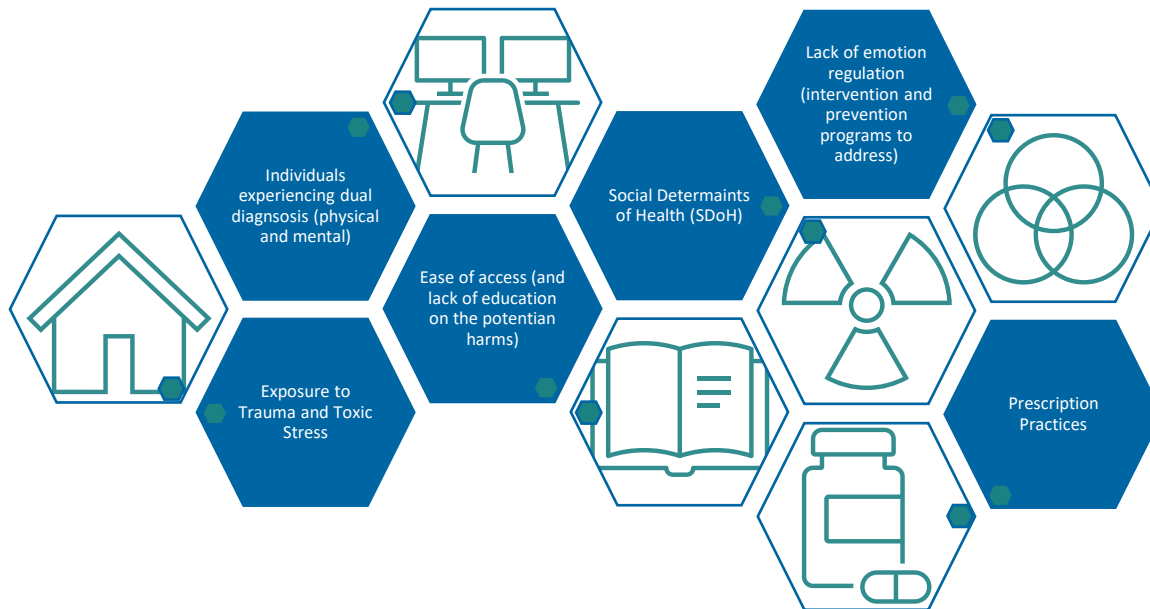


### Themes from Stakeholder Engagement

Feedback from the community survey and focus groups was coded and analyzed to identify the top themes captured from the various groups. In addition to our data review and discussions with the CRT, these results **supported the identification of root causes of addiction, drug misuse, overdose, and related community issues, and lifted community voices.** The input also supported the **review of existing programs, services, and supports, as well as gaps in the local continuum of care.**

Table D below summarizes recurring themes from the focus groups. This table is not meant to capture all that was shared, but instead, the things that were shared consistently across the various groups. To better understand the feedback captured, the results are segmented by focus groups that included representatives from community-based organizations, professionals working in and around the opioid crisis, the taskforces listed above, and individuals with lived and living experience. This segmentation helps us to better understand where perspectives between professionals working in this space and those who are directly impacted by opioid use. The table breaks down the results by identified strengths and community needs, barriers, or opportunities for improvement. The themes that emerged in both groups are shown in a colored and bolded font. Overall, you can see the strong similarities in the feedback gathered between the two groups.

The figure below presents themes that emerged related to the root causes of addiction and drug misuse within the county.



**Table D. Summary of Focus Group Themes**

Community-Based Organizations, Taskforces, and Other Professionals	Individuals with Lived Experience
Strengths	Strengths
<ul style="list-style-type: none"> <li>• <b>Great treatment programs (e.g., SUN Clinic, RISE Clinic, and Daymark)</b></li> <li>• <b>Expansion of harm reduction strategies and services (e.g., Naloxone distribution)</b></li> <li>• Strong cross-sector collaboration</li> <li>• Committed community-based organizations</li> <li>• Growing access to medication assisted treatment (MAT)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Great treatment programs (e.g., SUN Clinic, RISE Clinic, and Daymark)</b></li> <li>• <b>Expansion of harm reduction strategies and services* (e.g., Naloxone distribution)</b> <i>*though more are needed</i></li> <li>• Peer support and caring staff</li> <li>• Programs that do not kick you out for a relapse</li> </ul>
Gaps/Community Needs/Barriers & Opportunities for Improvement	Gaps/Community Needs/Barriers & Opportunities for Improvement

<ul style="list-style-type: none"> <li>• Stigma</li> <li>• Lack of knowledge of what is available and how to navigate between services/systems</li> <li>• More peer support services</li> <li>• Need for more community education/training about the crisis and resources available</li> <li>• Limited housing options (transitional, supportive, affordable, etc.)</li> <li>• Need better support for individuals existing incarceration</li> <li>• Better access to detox facilities</li> <li>• Challenges related to serving un/under-insured individuals and families</li> <li>• Transportation can limit access</li> <li>• No longer-term treatment options</li> <li>• More youth-focused prevention</li> <li>• More support for parents and families (including pregnant persons)</li> <li>• Need for more culturally-responsive services (including services offered in Spanish)</li> <li>• More services to address the Social Determinants of Health (e.g., food, housing, employment, etc.)</li> <li>• Staffing shortages in the behavioral health sector</li> <li>• Long wait times for service (tied to staffing shortages)</li> </ul>	<ul style="list-style-type: none"> <li>• Stigma</li> <li>• Lack of knowledge of what is available and how to navigate between services/systems</li> <li>• Employ persons with lived experience to support others (i.e., peer support)</li> <li>• Need for more community outreach and education</li> <li>• Limited housing options (transitional, supportive, affordable, etc.)</li> <li>• Need better support for individuals existing incarceration</li> <li>• Better access to detox facilities</li> <li>• Access to and affordability of MAT</li> <li>• Transportation can limit access</li> <li>• Improve access to shelters and safe places to go</li> <li>• Need for more harm reduction services (Naloxone, syringe exchanges, etc.).</li> <li>• Need for more on-demand/immediate services</li> <li>• Mobile services to improve access to care</li> <li>• More recovery support services (housing, employment, education, legal services, etc.)</li> </ul>
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Table E below includes themes that emerged from the community survey. They are broken down by strengths and community needs, barriers, and opportunities for improvement. Items shown in blue and bolded font indicate an alignment with the feedback received via the focus groups. Overall, we see strong similarities between the survey and focus group results.

**Table E. Summary of Survey Themes**

Results from Community Survey
Strengths
<ul style="list-style-type: none"> <li>• <b>Great treatment programs (e.g., SUN Clinic, RISE Clinic, and Daymark)</b></li> <li>• <b>Expansion of harm reduction strategies and services (e.g., Naloxone distribution)</b></li> <li>• Cabarrus Health Alliance</li> <li>• Growing awareness of the opioid crisis, but needs to be expanded</li> <li>• Some fast treatment options available</li> <li>• Public health, EMS, and law enforcement have been important stakeholders</li> </ul>

## Gaps/Community Needs/Barriers & Opportunities for Improvement

- **Stigma**
- **Need for more community outreach and education**
- **Lack of knowledge of what is available and how to navigate between services/systems**
- **Limited housing options (transitional, supportive, affordable, etc.)**
- **No longer-term treatment options**
- **Access to and affordability of Medication Assisted Treatment**
- **Need for more harm reduction services (Naloxone, syringe exchanges, etc.).**
- **Need for more on-demand/immediate services**
- **Need for more culturally-responsive services (including services offered in Spanish)**
- **More youth-focused prevention**
- **More support for parents and families (including pregnant persons)**
- **More services to address the Social Determinants of Health (e.g., food, housing, employment)**
- **Services for un/underinsured individuals**
- Need a wide range of options – one size does not fit all
- Employment and vocational training
- Lack of wraparound services
- More focus on equity and equitable services
- Fear of arrest keeps people from accessing care
- More access to services in remote areas of the County



## Strategy Identification & Prioritization

The themes outlined above were presented to the CRT for review. These emerging themes were then cross-walked to the NC Memorandum of Agreement to identify strategies the County would need to select in order to pursue the needs and opportunities identified. The CRT then **reviewed and prioritized the strategies based on needs identified, impact, and sustainability (cost)**. The prioritized strategies are reflected in the sections below. Overall, the CRT gleaned several key takeaways from the stakeholder input that drove the prioritization process:

1. The County already has several projects in development that address some of the needs identified (e.g., the MAT in Detention/MAT Community Paramedicine Programs and the Behavioral Health Urgent Care)
2. A strong network of local providers is working in this space.
3. There is a need to support better navigation to and from services and engage peers in the treatment and recovery process
4. There is a need to educate the community—youth in particular—about the dangers of opioid use and the supports that are available
5. MAT is crucial, especially for higher-risk populations (e.g., pregnant persons, jail detainees, low-income individuals)
6. While housing is a major need, the County is not well-positioned to expand availability with the limited opioid settlement funds available



## THE STRATEGIC FRAMEWORK

### Vision for Fund Use

Identifying a shared vision that can serve as a guide to achieving positive community change is critical in advancing this type of collective work.

This will help ensure that investments made from Opioid Settlement Funds have the potential to improve community health and well-being and address the root causes of addiction, drug misuse, overdose, and related issues. The CRT opted to **adopt an existing vision for fund use** that was developed by the Johns Hopkins Bloomberg School of Public Health called '[Principles for the Use of Funds From the Opioid Litigation](#)'. These principles were used when assessing the strategies selected and will continue to serve as guideposts when making funding and implementation decisions in the future. They are outlined below:

**Table F. John Hopkins Bloomberg School of Public Health's Principles**

PRINCIPLES	
<b>Principle 1</b>	Spend settlement money to save lives
<b>Principle 2</b>	Use evidence to guide spending
<b>Principle 3</b>	Invest in youth prevention
<b>Principle 4</b>	Focus on racial equity
<b>Principle 5</b>	Develop a fair and transparent process for deciding where to spend the funding

### Prioritized Strategies and Population-Level Measures

Table G below captures the prioritized strategies from MOAs A and B, aligned with the broad categories of prevention, treatment, and recovery. The strategies are identified with a number and/or letter that corresponds with the MOA document, with additional detail about specific activities to be pursued captured in the following section. Note: Many of the treatment and recovery strategies overlap and thus are reflected in both columns. The table also captures initial population-level measures, which will be tracked during the implementation process to support assessing effectiveness. Program-level measures will also be established with contractors, and examples can be found in the Strategic Plan Detail section below. These population-level measures align with several identified in the North Carolina Opioid Action Plan.



**Table G. Prioritized Strategies**

Categories	Prevention	Treatment	Recovery
Definition	Prevent future addiction and address trauma by supporting children and families	Therapies and various treatments (evidence-based) to address substance use disorder	Services (focused on harm reduction) provided to help individuals maintain their recovery
Prioritized Strategies	MOA A.6. Early Intervention	MOA A.2. Evidence-based Addiction Treatment	
	MOA A.7. Naloxone distribution	MOA A.3. Recovery Support Services	
		MOA B.C. Connect People Who Need Help to the Help They Need	
		MOA A.11. & A.12. Addiction Treatment for Incarcerated Persons & Reentry Programs	
		MOA B.E. Address the Needs of Pregnant or Parenting Women and their Families, Including Babies with Neonatal Abstinence Syndrome	
	MOA A.1.Collaborative Strategic Planning		
Population-Level Measures	<ul style="list-style-type: none"> <li>• Overdose Deaths</li> <li>• Overdose Death Rates, by Race/Ethnicity</li> <li>• Illicit Opioid Overdose Deaths</li> <li>• Emergency Department Visits</li> <li>• Number of children in foster care due to parental substance use</li> <li>• Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder that are served by treatment programs</li> <li>• Patients receiving buprenorphine</li> </ul>		

## IDENTIFIED STRATEGIES AND EXAMPLE ACTIVITIES & INDICATORS

The tables below provide additional details on the strategies, example activities, and key indicators that were prioritized by the CRT. The activity-level language comes directly from the MOA document. To better convey the priorities of the CRT, activity and indicator examples have also been included. While implementation will be managed through a Request for Proposal (RFP) process or expansion of existing programs within the County (and thus specific activities funded and indicators may shift somewhat), the table provides direction and alignment for the opioid settlement funds.

### MOA A, Strategy 1: Collaborative Strategic Planning

An important component of ensuring the effective implementation of the strategies identified above is building Cabarrus County's capacity for oversight and monitoring. This strategy will allow the County to hire and/or re-assign staff to support this important work. Responsibilities of new/reassigned staff may include RFP development, contract monitoring, data collection and reporting, and ongoing communication and coordination with contracted partners, relevant county departments, and state oversight bodies.

MOA A, Strategy 1: Collaborative Strategic Planning		
Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
Provide resources to staff government oversight and management of opioid abatement programs.	<ul style="list-style-type: none"> <li>Hire/re-assign County staff to oversee, manage, and support opioid abatement programs</li> </ul>	<ul style="list-style-type: none"> <li># of engagements with contracted partners</li> <li>% of contracted partners adhering to reporting requirements</li> <li>% of contracts operating in compliance</li> </ul>



## MOA A, Strategy 2: Evidence-based Addiction Treatment

Treating OUD via medication assisted treatment (MAT)<sup>2</sup> is central to addressing the impacts of the opioid crisis. The CRT has prioritized expanding MAT programs, as well as supporting the newly launched MAT Community Paramedicine program. Alongside evidence-based behavioral therapies, MAT is seen by many as the gold standard for treatment. Despite several providers in the community offering these services, data and stakeholder feedback reflects that it is insufficient to meet the level of need experienced in the community.

### MEDICATION ASSISTED TREATMENT (MAT)

MAT is the use of medications in combination with evidence-based behavioral therapy to address substance use disorder and help individuals maintain recovery. There are three drugs approved by the Federal Drug Administration to treat opioid dependence: buprenorphine (suboxone), methadone, and naltrexone (vivitrol). Treatment via MAT is not time limited. Benefits of MAT include decreases in overdose deaths, decreases in illicit opioid use, increases in social functioning and retention in treatment, decreases in engagement in criminal activity, and improvements in outcomes for pregnant and breastfeeding women and their children. MAT also reduces risk of infection and transmission of infectious diseases. The County currently partners with two providers, Daymark and Cabarrus Health Alliance to provide MAT to individuals experiencing OUD in the community.

MOA A, Strategy 2: Evidence-based Addiction Treatment		
Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
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.	<ul style="list-style-type: none"> <li>MAT</li> <li>MAT + Evidence-based behavioral health</li> <li>Low Barrier Buprenorphine</li> </ul>	<ul style="list-style-type: none"> <li># of providers who dispense methadone, buprenorphine, and naltrexone</li> <li># of unique patients with OUD served (breakdown by demographics)</li> <li># of patients who were connected to treatment</li> <li># of patients who adhere to treatment</li> </ul>
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.	<ul style="list-style-type: none"> <li>MAT Community Paramedicine (already funded through FY 27 at 930K)</li> <li>MAT Technical Assistance</li> <li>Other Mobile Treatment Teams</li> </ul>	<ul style="list-style-type: none"> <li># of EMS programs offering MAT in the County</li> <li># of patients served through EMS-based MAT programs</li> <li># of patients who declined EMS-based MAT services</li> <li># of patients who declined linkage to treatment</li> </ul>

<sup>2</sup> Substance Abuse and Mental Health Services Administration. Medications for Substance Use Disorders. April 11, 2024. Available at: <https://www.samhsa.gov/medications-substance-use-disorders>.

## MOA A, Strategy 3: Recovery Support Services

Supporting people in treatment for and recovering from OUD includes the use of evidence-based or evidence-informed programs or strategies. The Substance Abuse and Mental Health Services

Administration (SAMHSA) has defined recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” Recovery should be developed based on an individual’s strengths, talents, coping abilities, resources, and personal values. In the recovery process, individuals should be supported by their community, peers, friends, and family members. Importantly, recovery will be a unique journey for all individuals. Some individuals may benefit from medication in

combination with peer support and behavioral health, while others may be drawn to faith-based organizations, self-care, or other approaches. Peer support specialists, a strategy already being funded through a resolution developed by the County in December of 2023, are people living in recovery from SUD who have the capacity to provide support to others via their personal lived experience. Peer support specialists<sup>3</sup> have found success in navigating their own recovery process and providing supports to individuals in recovery within the communities where they reside. In addition to peer support, care navigators support linkages to care and harm reduction services.

<b>The Role of Peer Support Specialists<sup>3</sup></b>	
<b>A peer support specialist does / is ...</b>	<b>A peer support specialist does not / is not ...</b>
Share their experience in meaningful / strategic ways	Serve as the sole support
Relatable	Serve in the role of therapist / behavioral health specialist
Provide affirmation and normalization	Make decisions for others
Destigmatize	Speak for others (unless asked)
Build relationships	Function as the navigator or resources
Provide individualized support	An Uber or babysitter
	A policing system






<sup>3</sup> Welch M B, Baird C, & Seibel C L. Portland State University, with sponsorship from the Department of Health and Human Services. What Is Peer Support and What Is NOT Peer Support? Available at: [https://pdxscholar.library.pdx.edu/socwork\\_fac/447/](https://pdxscholar.library.pdx.edu/socwork_fac/447/).

MOA A, Strategy 3: Recovery Support Specialists

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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.</p>	<ul style="list-style-type: none"> <li>• Certified peer support specialists (already funded through FY 25 at 210K to Cabarrus Health Alliance)</li> </ul>	<ul style="list-style-type: none"> <li>• # of peer support specialists</li> <li>• #/% of participants connected with peer support specialists</li> <li>• Satisfaction with services</li> </ul>
	<ul style="list-style-type: none"> <li>• Navigation to community-based services</li> </ul>	<ul style="list-style-type: none"> <li>• # of care navigators</li> <li>• #/% of participants connected with care navigators</li> <li>• Satisfaction with services</li> <li>• # of referrals to recovery supports, harm reduction services, primary healthcare</li> </ul>

## MOA A, Strategy 6: Early Intervention

The strategy of Early Intervention allows the County to support programs that discourage and prevent misuse of opioids. Stakeholder engagement identified two specific activities that are most needed within the County. Stakeholders first identified a need for evidence-based curriculums that de-stigmatize mental health and educate the community on signs of mental health and SUD. Stakeholders also highlighted the need for prevention programs in school settings that engage youth and families. The infographic below provides examples of the role that schools can play in prevention efforts.

				
<p>Educate students and families about the dangers of opioid use and how to prevent misuse</p>	<p>Deliver evidence-based programs within the school curriculum</p>	<p>Provide a strengths-based perspective that provide youth and families with protective factors</p>	<p>Provide harm reduction tools on school campus to mitigate overdoses (e.g. naloxone)</p>	<p>Support youth and families in active recovery</p>

MOA A, Strategy 6: Early Intervention		
Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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.</p>	<ul style="list-style-type: none"> <li>• Teen Mental Health First Aid and/or other evidence-based curricula</li> </ul>	<ul style="list-style-type: none"> <li>• # of Teen Mental Health First Aid sessions held</li> <li>• # of individuals trained</li> </ul>
	<ul style="list-style-type: none"> <li>• Community education on opioids, the local impact, root causes, and prevention, including culturally-specific events</li> <li>• Parent/family-oriented education events</li> </ul>	<ul style="list-style-type: none"> <li>• # of community education sessions held</li> <li>• # of participants, by geography and target population</li> </ul>



Create and/or support recovery high schools

- Recovery High School support/ expansion

- # of students served
  - #/% of students meeting recovery goals
  - #/% of students meeting academic goals
-

## MOA A, Strategy 7: Prevent Overdose Deaths and Other Harms (Harm Reduction) through Naloxone Distribution

At the heart of preventing overdose deaths and other risks associated with OUD (e.g., infectious disease transmission) is utilizing methods that encourage harm reduction. Harm reduction is an evidence-based approach that is driven by public health strategies. Through harm reduction models, individuals who are experiencing an OUD crisis are first and foremost kept alive and safe. Harm reduction models also allow for meaningful connections with individuals who can support connections to services and resources that will improve physical and mental health, as well as social well-being, all the while eliminating barriers to access. A key component of harm reduction models is ensuring that individuals experiencing OUD have access to naloxone to prevent overdose. This strategy can help to ensure that naloxone is accessible, particularly for at-risk individuals, and that there is education provided related to harm reduction models to increase awareness across the community.

### MOA A, Strategy 7: Prevent Overdose Deaths and Other Harms (Harm Reduction) through Naloxone Distribution

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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, outreach workers, persons being released from jail or prison, or other members of the general public.</p>	<ul style="list-style-type: none"> <li>• Purchase and distribute naloxone</li> <li>• Target distribution to people at-risk of overdoses and their social network</li> </ul>	<ul style="list-style-type: none"> <li>• # of intranasal/intramuscular naloxone kits purchased</li> <li>• # of intranasal/intramuscular naloxone kits distributed</li> <li>• # of agencies offering naloxone to people at high-risk of overdose</li> <li>• Zip codes for those receiving naloxone (to determine saturation rates)</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Naloxone training/education</li> <li>• Increase education/awareness of good Samaritan laws</li> <li>• Increase EMS and law enforcement awareness of best practices at an overdose scene</li> </ul>	<ul style="list-style-type: none"> <li>• # of intranasal/intramuscular naloxone kits distributed</li> <li>• # of trainings on harm reduction (e.g., overdose prevention, safer use practice, disease prevention) provided</li> <li>• # of training participants, by geography and target populations</li> </ul>

## MOA A, Strategies 11 & 12: Address the Needs of Criminal-Justice Involved Persons through Addiction Treatment for Incarcerated Persons and Reentry Programs

This strategy addresses the needs of individuals with OUD who are engaged with (or at risk of becoming engaged with) the justice system or transitioning out of incarceration through evidence-based interventions. The County has already begun to meet the needs of this population through the dedicated funding that will increase the detention center's capacity to provide MAT to individuals in incarceration. Research has demonstrated that initiating and/or continuing MAT to inmates reduces drug use, overdose events, and recidivism, while simultaneously promoting recovery.<sup>4 5</sup> In addition, for individuals transitioning out of detention centers, overdose is a leading cause of death, with the first two weeks being the period with the highest risk. In addition to MAT in Detention, there are opportunities to provide community supports through re-entry programs that develop person-centered transition plans. SAMHSA has provided best practices for re-entry programs and noted several important characteristics for successful re-entry, especially for individuals who experience behavioral health disorders or SUD. For re-entry to be successful, planning should be an iterative and dynamic process that occurs at several time points, including pre-release, at-release, and post-release. In addition, it is essential that individuals are connected to community-based services that mirror the treatment they received during their incarceration, thus ensuring continuity of care. For individuals who have not been linked to services during incarceration or may require additional services, navigators should help them connect to evidence-based services that are readily accessible upon release. Re-entry from incarceration can lead to several barriers in accessing care including lack of continuity of treatment, access to housing (due to being ineligible for resources), and ability to obtain meaningful employment.<sup>6</sup> This strategy provides an opportunity to not only support justice-involved individuals during detention, but also to support them as they transition back to the community, with the ultimate goal of decreasing recidivism.

“There is evidence that people who are released from prison or jail and are employed are less likely to recidivate. Yet, unemployment rates are almost five times higher for formerly incarcerated individuals than for the general population.”

– SAMHSA

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<sup>4</sup> Lee JD, McDonald R, Grossman E, McNeely J, Laska E, Rotrosen J, Gourevitch M N. National Library of Medicine. Opioid treatment at release from jail using extended- release naltrexone: a pilot proof-of-concept randomized effectiveness trial. Available at: <https://pubmed.ncbi.nlm.nih.gov/25703440/#:~:text=Conclusion%3A%20Extended%2Drelease%20naltrexone%20is,treatment%2Das%2Dusual%20condition.>

<sup>5</sup> Lee J D, Friedmann P D, Kinlock TW et. al. National Library of Medicine. Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders. Available at: <https://pubmed.ncbi.nlm.nih.gov/27028913/>.

<sup>6</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders. Available at: <https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf>.

MOA A, Strategies 11 & 12: Address the Needs of Criminal-Justice Involved Persons through Addiction Treatment for Incarcerated Persons and Reentry Programs

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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.</p>	<ul style="list-style-type: none"> <li>• MAT in Detention (already funded through FY 27, at \$1,447,702 to Cabarrus Health Alliance (\$702,702) + Cabarrus County Sheriff Department (\$745,000)</li> <li>• MAT Technical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• # of people who are incarcerated screened as having OUD</li> <li>• # of people who receive MAT for OUD</li> <li>• # of referrals made for continued MAT support that result in first appointment</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Re-entry programs</li> <li>• Evidence-based interventions (e.g., MAT)</li> </ul>	<ul style="list-style-type: none"> <li>• # of written transition plans developed prior to release</li> <li>• # of re-entry navigators/peer support on staff</li> <li>• # of participants with OUD who are referred to addiction treatment</li> </ul>

## MOA B, Strategy C: Connect People Who Need Help to the Help They Need

Connect People Who Need Help to the Help They Need is a strategy focused on providing connections to care for people who have – or are at risk of developing – OUD through evidence-based strategies. One need highlighted throughout the strategic planning process was the need for additional services that provide individuals with OUD the opportunity to stabilize in a safe and monitored setting. In the County, there are currently two initiatives that would increase the number of beds available for stabilization. In addition, some of these beds will be specifically dedicated to adolescents, which was another key need highlighted during the research process.

### Behavioral Health Urgent Care

North Carolina has experienced a rise in the number of behavioral health urgent care (BHUC) and facility-based crisis (FBC) centers opening across the state. In April of 2024, NCDHHS announced that it will dedicate nearly \$15 million to nine BHUC centers across the state, increasing the state’s capacity by 50 percent.<sup>7</sup> The County is developing its own BHUC center, which is set to open in 2026. BHUC centers are intended to provide services to individuals aged four and older who are experiencing a behavioral health crisis related to an SUD, mental health disorder, and/or intellectual/developmental disability (I/DD) diagnosis, or any combination of the above. Services within BHUC include triage, assessment (crisis/risk), evaluation, intervention, and discharge planning. Services provided via a BHUC are meant to serve as a safe alternative to, and diversion from, emergency departments or incarceration. BHUC clients should be evaluated, stabilized, and referred to an appropriate level of care, ideally within their own community.<sup>8</sup>

### Facility-Based Crisis Center

In addition to the BHUC development, the County is also in the process of developing an FBC center, which will also open in 2026. This crisis center will have at least six beds dedicated to adolescents. Like BHUCs, FBCs provide an alternative to hospitalization for individuals who are experiencing a crisis related to mental health, SUD, or I/DD. These short-term services are provided in a full-time residential facility. FBC centers serve as an alternative to hospitalization and incarceration, offering similar services including assessment/evaluation, detox, psychiatric evaluation, peer support groups, long-term outpatient treatment plans, medication management, and referrals to hospitalization as needed.

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<sup>7</sup> North Carolina Department of Health and Human Services. Investment in Strengthening North Carolina’s Behavioral Health Crisis Response System. April 8, 2024. Available at: <https://www.ncdhhs.gov/news/press-releases/2024/04/08/investment-strengthening-north-carolinas-behavioral-health-crisis-response-system>.

<sup>8</sup> North Carolina Department of Health and Human Services. Division of Mental Health, Developmental Disabilities, & Substance Abuse Services. State-Funded Behavioral Health Urgent Care. Available at: <https://files.nc.gov/ncdhhs/documents/files/State-Funded-Behavioral-Health-Urgent-Care--BHUC---effective-2-1-2020.pdf>.

MOA B, Strategy C: Connect People Who Need Help to the Help They Need (Connections to Care)

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>8. 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.</p>	<ul style="list-style-type: none"> <li>Behavioral Health Urgent Care (in development)</li> </ul>	<ul style="list-style-type: none"> <li># of referrals to MAT that resulted in first appointment attended</li> <li># of patients served with OUD (breakdown by demographics)</li> </ul>
	<ul style="list-style-type: none"> <li>Facility-based crisis for children/young adults (e.g., Cabarrus Regional Behavioral Health Center)</li> </ul>	<ul style="list-style-type: none"> <li># of referrals to MAT that resulted in first appointment attended</li> <li># of patients served with OUD (breakdown by demographics)</li> </ul>



## MOA B, Strategy E: Address the Needs of Pregnant or Parenting Women and Their Families

This strategy addresses the needs of pregnant and parenting persons who are experiencing SUD through evidence-based and informed interventions. The use of opioids during pregnancy can have a vast range of detrimental effects on the pregnant person and the fetus, including a variety of birth defects, miscarriage, Neonatal Abstinence Syndrome, preterm birth, and maternal mortality.<sup>9</sup> One allowable activity to address the needs of pregnant and parenting persons is to ensure that they have access to MAT in low-barrier settings, rather than allowing them to withdraw, as withdrawal during pregnancy is linked to negative outcomes and higher rates of relapse.<sup>10</sup> As with the utilization of MAT across other populations, pairing MAT with behavioral therapy such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) or Eye Movement Desensitization and Reprocessing (EMDR) is highly encouraged. In addition to supports for pregnant persons, this strategy also provides supports to parents managing OUD. Parental substance use is a known adverse childhood experience (ACE) that increases exposure to toxic environments, dysregulated attachment patterns, behavioral issues, and involvement with the child welfare system.<sup>11</sup> Programs should include evidence-based practices that specifically address these ACEs as well as evidence-based parenting programs. Parent and Child Interaction Therapy (PCIT), an evidence-based model, enhances the parent-child relationship while providing parents with effective strategies to manage their children’s behaviors. Research has demonstrated that PCIT is an effective modality to address the needs of families with SUD.<sup>12</sup>

### MOA B, Strategy E: Address the Needs of Pregnant or Parenting Women and their Families, Including Babies with Neonatal Abstinence Syndrome

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
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.	<ul style="list-style-type: none"> <li>• MAT for pregnant persons</li> </ul>	<ul style="list-style-type: none"> <li>• # of pregnant persons who are screened as having OUD</li> <li>• # of pregnant persons who receive MAT for OUD</li> <li>• # of referrals made for continued MAT support that result in first appointment</li> </ul>

<sup>9</sup> Gangi E. Treatment for Pregnant Women with Opioid Use Disorder—Cabarrus County. Available at: <https://ncimpact.soq.unc.edu/2020/04/treatment-for-pregnant-women-with-opioid-use-disorder-cabarrus-county/>.

<sup>10</sup> Centers for Disease Control and Prevention. Treatment for Opioid Use Disorder Before, During, and After Pregnancy. Available at: <https://www.cdc.gov/pregnancy/opioids/treatment.html>.

<sup>11</sup> Waite D, Greiner MV, Laris Z. Putting Families First: How the Opioid Epidemic Is Affecting Children And Families, and the Welfare Policy Options to Address It. *Journal of Applied Research on Children*. 2018;9(1).

<sup>12</sup> Victory E, Han R, Druskin L, Phillips S, McNeil, C. Parent-Child Interaction Therapy (PCIT) as a Treatment for Families Impacted by the Opioid Crisis.

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.

- Evidence-based, trauma-focused practices and parenting programs

- # of children/family members who are referred to trauma-focused services
- Satisfaction with services

## IMPLEMENTING THE PLAN

Cabarrus County has elected to implement the strategies and activities outlined above through the direct funding of county-operated programs, as well as through the allocation of funds to non-county organizations serving Cabarrus County (e.g., community-based organizations, hospitals, Federally Qualified Health Centers, medical groups, and others). The sections below outline the planned process to support the successful implementation and evaluation of opioid settlement funded efforts.

### Fund Allocation and Budgeting

Once the strategies and corresponding budget allocations are approved, the County will finalize the plan and process for selecting fund recipients. **The County anticipates funding both county-operated programs, as well as programs/activities operated by non-county organizations.** Funding for county-operated programs can be transferred directly, while Requests for Proposals (RFPs) will be released for programs operated by non-county organizations. The intent is to use settlement funding to expand services and programs, develop new and innovative programs based on gaps and community needs, and help with capital expansion of facilities to help serve persons experiencing OUD.

RFPs will align with the funded strategies and include the prioritized activities and indicator examples identified by the CRT to guide applicants. This will allow applicants to offer creative and innovative approaches, and tailor proposed services to the communities they serve.

To date, the County has allocated approximately \$2.8 million in opioid settlement funds to support programs such as MAT in Detention and MAT Community Paramedicine. The table below captures proposed budget allocations, by strategy, covering Fiscal Years 2024 – 25 through 2028 – 29. This new funding allocation totals approximately \$6.66 million.



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### THE PROCESS

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Cabarrus County elected to undertake a collaborative strategic planning process. This collaborative planning process provided opportunities to engage the community—both professionals working in and around this space as well as those with lived experience—to hear the needs of residents, understand current services offered and existing strengths, and explore barriers to accessing care, with a goal of using this information to make informed decisions.

<b>Proposed Budget Allocation</b>						
<b>Strategy</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total</b>
<b>MOU A.1. Collaborative Strategic Planning</b>	\$96,174	\$96,174	\$96,174	-	-	\$288,522
<b>MOU A.2. Evidence-based Addiction Treatment</b>	-	-	-	\$465,000	\$465,000	\$930,000
<b>MOU A.3. Recovery Support Services</b>	-	-	\$90,000	\$100,000	\$106,000	\$296,000
<b>MOU A.6. Early Intervention</b>	\$371,472	\$251,472	\$251,472	\$0	\$0	\$874,416
<b>MOA A.7. Prevent Overdose Deaths and Other Harms</b>	\$50,000	\$110,000	\$113,000	\$116,500	\$120,000	\$509,500
<b>MOA A.11 Addiction Treatment for Incarcerated Persons</b>	-	-	-	\$323,500	\$342,425	\$665,925
<b>MOA A.12 Reentry Programs</b>	-	-	-	\$271,439	\$287,726	\$559,165
<b>MOA B, Strategy C: Connect People Who Need Help to the Help They Need</b>	-	\$351,374	\$351,374	-	-	\$702,748
<b>MOA B, Strategy E: Address Needs of Pregnant Women and their Families</b>	\$361,563	\$378,756	\$396,981	\$341,299	\$361,776	\$1,840,375
<b>Total</b>	<b>\$879,209</b>	<b>\$1,187,776</b>	<b>\$1,299,001</b>	<b>\$1,617,738</b>	<b>\$1,682,927</b>	<b>\$6,666,651</b>

In an RFP response, organizations will be asked to provide a detailed implementation plan, in which they will discuss how the program/services will be brought to fruition, as well as a requested budget amount and proposed metrics for evaluation. Responses to the RFP should also honor the spirit of the MOA, which highlights the importance of using programs and interventions that are evidence-based/informed, trauma-competent, and embrace the harm reduction approach. The County will provide general guidance regarding award amounts to inform proposal development. We also anticipate that the contract duration will be no more than two to three years, with opportunities to renew.

The County will review and evaluate all applicants, assessing the alignment with the prioritized strategies, feasibility (informed by the implementation plan), sustainability, and anticipated impact. The County will then select organizations and agencies with responsibility to implement each strategy and identify the human, material, and capital resources to implement each strategy. The County will announce anticipated awardees and award amounts. These organizations will then enter final contract negotiations, outlined further below. The total dollars awarded will align with the approved budget, as approved by the Board of County Commissioners for each strategy.

For directly funded programs, the County will request the development of detailed implementation plans, budgets, and metrics for evaluation. The County will review and evaluate these internal applicants, in a similar process to that of the external RFP respondents.

For each potential strategy identified, the County will consider opportunities to braid Opioid Settlement Funds with other funding streams to pursue creative solutions. The County will develop a detailed global budget for each strategy with anticipated expenditures, along with timelines for completing components of each strategy. The County will appropriate the opioid settlement funds in the annual budget ordinance or an amendment to the annual budget ordinance.

### Implementation and Evaluation Planning

For all awarded programs – both county-operated and those selected via the RFP process – the County will engage in final contract negotiations, during which the implementation plan, budget, and evaluation plan will be finalized. **The evaluation plan will include project goals and at least one process measure (how much did you do?), one quality measure (how well did you do it?), and one outcome measure (is anyone better off?) for each awardee.** These measures, in addition to the implementation plan, are what the County will utilize to evaluate the impact and effectiveness of the contractor. The County will establish the process whereby awardees will submit data and progress updates over the contract period. These data – as well as the population-level measures identified previously – will serve as the basis for the overall evaluation of the impact of opioid settlement fund utilization. Importantly, all counties are required to submit annual financial and impact reports, further promoting transparency and accountability.

### Monitoring, Evaluation, and Compliance

We anticipate quarterly reports on implementation plan progress, budget spend, and metric results. Therefore, HMA will help the county develop a framework for evaluation on an ongoing basis. A regular reporting frequency will allow the County to ensure the proper and effective use of funding and provide additional support and technical assistance as needed. The County will ensure alignment with all state reporting requirements, such as requirements about producing spending authorization reports within 90 days of authorization. The County will also produce an annual financial report and annual impact report within 90 days of the fiscal year-end, as required. These annual reports will capture the aggregate financial and impact data, and report on implementation progress to date. This annual report will allow the County to evaluate the global and strategy-specific impacts of the opioid settlement fund utilization and adjust its approach accordingly. The opioid crisis continues to evolve, and this approach will allow the County to evolve with it.

## **FINAL APPROVAL OF RECOMMENDATIONS BY GOVERNING BODY**

HMA will present the final Three Year Collaborative Strategic Planning Process recommendations of the Cabarrus County Board of Commissioners for approval, which will include the identified MOA Option B strategies and budget, as required to initiate the implementation steps outlined above. Once approved, the County will develop and release RFP(s), make funding determinations, finalize contracts and implementation/evaluation plans, and release opioid settlement funds.



**APPENDIX**

# Compliance with Collaborative Strategic Planning Process and Use of Settlement Funds Requirements

Requirements of MOA B include that local governments are expected to report publicly once they have adopted a resolution for funding expenditures, and HMA recognizes the importance of assisting Cabarrus County with that commitment. Below is a summary of some of the key requirements in the MOA.

**EXHIBIT A KEY REQUIREMENTS IN THE MOA**

KEY REQUIREMENTS	
<b>Establish a fund</b>	A local government receiving opioid settlement funds must secure and account for these funds in a special revenue fund.
<b>Authorize spending</b>	<p>Before spending opioid settlement funds, a local government must authorize the expenditure of these funds in a manner that satisfies MOA requirements as well as state law. The MOA does not require that a local government spend all the funds it receives in a particular fiscal year by the end of that fiscal year. It allows a local government to roll funds over from year to year as long as it reports the amount of opioid settlement funds in the special revenue fund at the end of one fiscal year and the beginning of the following fiscal year. In addition to adopting the authorizing resolution that the MOA requires, a local government’s governing board must appropriate the opioid settlement funds through a legal budget ordinance before funds can be obligated and expended. Under current law, there are two budgeting options available to local governments:</p> <ul style="list-style-type: none"> <li>• The annual budget ordinance, or an amendment to the annual budget ordinance; or</li> <li>• A capital project ordinance for capital projects that are consistent with the MOA.</li> </ul> <p>While some local governments have considered a grant project ordinance for opioid settlement funds, the NC DOJ does not believe this is a viable option at present (August 2023) unless legislation is passed to clarify the availability of this option for opioid settlement funds. The local government’s governing board may appropriate the opioid settlement funds in the annual budget ordinance or an amendment to the annual budget ordinance. The amount of opioid settlement funds estimated to be expended during the fiscal year is included as revenue, and corresponding appropriations are made by department, function, or project in accordance with NCGS § 159-13. The appropriations must be consistent with the authorizing resolution required by the MOA.</p>

## KEY REQUIREMENTS

### Understand and follow the options

A local government must spend opioid settlement funds on opioid remediation activities authorized under Option A or Option B as detailed in the MOA, requiring strict compliance. The local government must adopt a resolution that states each specific strategy it intends to fund, along with the amount dedicated to that specific strategy for a specified period of time. For this reason, the MOA does not allow a local government to authorize the expenditure of a single amount of funds on multiple strategies. The MOA provides that a local government may contract with a nonprofit, charity, or other entity to use opioid settlement funds to implement opioid remediation strategies in a manner consistent with all of the substantive and procedural requirements of the MOA and all other applicable laws and rules. The MOA permits a local government to spend opioid settlement funds on the salary and fringe benefits of an employee if certain reporting conditions are satisfied. The MOA permits a local government to spend opioid settlement funds on a building, vehicle, or other capital asset if certain conditions are satisfied.

### Understand and follow all reporting requirements

A local government must comply with all reporting requirements in the MOA, including the following:

- The local spending authorization report due within 90 days of the authorization of the expenditure of opioid settlement funds.
- The Option B report and recommendations due within 90 days of presentation to the governing body.
- The annual financial report (Exhibit E) due within 90 days of any fiscal year in which opioid settlement funds are received, held, or expended.
- The annual impact report (Exhibit F) due within 90 days of any fiscal year in which opioid settlement funds are received, held, or expended.
- A local government that contracts with a third party to implement opioid remediation strategies under the MOA must ensure that the third party complies with the MOA. To ensure that this happens, the local government should include relevant MOA requirements in its contract with the third party.

### Hold annual meeting

The MOA requires that each county receiving opioid settlement funds hold at least one annual meeting open to the public, with all municipalities in the county invited to the meeting to receive input on proposed uses of the opioid settlement funds and to encourage collaboration among local governments. The MOA does not specify when the annual meeting should take place and does not clarify whether the term “annual” refers to the fiscal year or the calendar year (however, the fiscal year is being assumed by most).

## 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:<sup>1</sup>

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.

<sup>1</sup> 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 tele mentoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who collaborate 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.

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

ACTIVITY NAME		ACTIVITY DETAIL	CONTENT OF REPORT & RECOMMENDATIONS
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



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

### ITEM A DETAIL: STAKEHOLDER INVOLVEMENT

ACTIVITY NAME		ACTIVITY DETAIL	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	same

ACTIVITY NAME		ACTIVITY DETAIL	CONTENT OF REPORT & RECOMMENDATIONS
		health plans, LME-MCOs, private insurers, and foundations	
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

# Cabarrus County

## Opioid Settlement Funds Collaborative Strategic Plan

*Board of Commissioners*

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***June 3, 2024***

# AGENDA

**Meeting Objective:** Provide an overview of the strategic planning process and prioritized strategies

- **Project Overview**
- **Prioritized Strategies**
- **Next Steps**

# PROJECT OVERVIEW

# PROJECT TEAM

	Members	Roles/Responsibilities
<b>Core Team</b>	<ul style="list-style-type: none"> <li>• Dr. Pugh</li> <li>• John Eller</li> <li>• Rob Muschler</li> </ul>	<ul style="list-style-type: none"> <li>• Oversees all aspects of the project</li> <li>• Meets bi-weekly to support project management</li> </ul>
<b>Subject Matter Experts</b>	<ul style="list-style-type: none"> <li>• Dr. Jean Glossa</li> <li>• Erin Russell</li> <li>• Mayur Chandriani</li> <li>• Patrick Meadors</li> </ul>	<ul style="list-style-type: none"> <li>• Supports the review of best practices and stakeholder engagement efforts</li> <li>• Provides guidance to the Core Team and CRT</li> <li>• Participates in Core Team &amp; CRT meetings as needed</li> </ul>
<b>Community Response Team (CRT)</b>	<p><i>Core Team+</i></p> <ul style="list-style-type: none"> <li>• Stephen Morris</li> <li>• Mike Downs</li> <li>• Rodney Harris</li> <li>• Kara Clarke</li> <li>• Tessa Burchett</li> </ul>	<ul style="list-style-type: none"> <li>• Provides broad project oversight, input, and insight throughout</li> <li>• Participates in 4 – 5 meetings</li> <li>• Identifies key stakeholders and assists with gathering input</li> <li>• Provides input and feedback on draft recommendations and deliverables</li> </ul>



# PROCESS OVERVIEW

December

January

February

March

April

May

June

**Core Planning Team** – The Core Team will meet throughout the process to support PM activities and meeting preparation

Community Response Team Meeting 1 (1/25)

Community Response Team Meeting 2 (3/20)

Community Response Team Meeting 3 (4/4)

Community Response Team Meeting 4 (5/8)



## Data Gathering & Stakeholder Engagement

- Focus Groups/ Interviews
- Community Surveys (2)
- Data Collection & Review (Ongoing)

### Stakeholder Examples:

- Individuals w/ lived experience
- Local City/County Officials
- Advisory Boards
- Healthcare providers
- Social services providers
- Education and employment service providers
- Payers and funders
- Law Enforcement and Justice
- Business community
- Community groups and community members
- Stakeholders reflecting diversity of community

Data Gathering & Stakeholder Engagement

Analysis & Recommendation Development

Strategic Plan Development

# STAKEHOLDER ENGAGEMENT

**To inform the strategic planning process, HMA conducted focus groups or interviews with the following organizations, groups, and taskforces.**

- » AYA House
- » City of Concord
- » Daymark Clients – Lived Experience
- » Early Childhood Taskforce
- » Faith-Based and Housing Representatives
- » Healthcare Representatives
- » Jail Detainees – Lived Experience
- » Juvenile Crime Prevention Council
- » Latino Community Leaders
- » MAT Community Paramedicine
- » MAT in Detention Team
- » Mental Health Advisory Board
- » Monarch Behavioral Health
- » RISE Clinic Participants – Lived Experience
- » School Representatives
- » SUN Clinic Participants – Lived Experience

Findings from these engagements were presented to the Community Response Team for their review and consideration.

# STAKEHOLDER ENGAGEMENT

Findings from these engagements were presented to the Community Response Team for their review and consideration. While the full results of the findings can be found in the strategic plan document, below is a summary of several key takeaways gleaned by the CRT.

1. The County already has several projects in development that address some of the needs identified (e.g., the MAT in Detention/MAT Community Paramedicine Programs and the Behavioral Health Urgent Care)
2. A strong network of local providers is working in this space.
3. There is a need to support better navigation to and from services and engage peers in the treatment and recovery process
4. There is a need to educate the community—youth in particular—about the dangers of opioid use and the supports that are available
5. MAT is crucial, especially for higher-risk populations (e.g., pregnant persons, jail detainees, low-income individuals)
6. While housing is a major need, the County is not well-positioned to expand availability with the limited opioid settlement funds available

# PRIORITIZED STRATEGIES

# PRIORITIZED STRATEGIES

The North Carolina Memorandum of Agreement that governs the utilization of opioid settlement funds includes two options for local governments:

**MOA A:** Through Option A, a local government may fund one or more strategies from a shorter list of evidence-based, high-impact strategies to address the epidemic. Under Option A, counties have access to 12 strategies to support programs and services that serve persons with Opioid Use Disorder (OUD) or any co-occurring Substance Use Disorder (SUD) or mental health conditions.

**MOA B:** Through Option B, a local government may fund one or more strategies from a longer list of strategies after engaging in collaborative strategic planning. Under Option B, counties have access to a wider array of strategies.

Cabarrus County decided to undergo the Collaborative Strategic Planning Process to provide access to all potential strategies identified via MOA A as well as the broader list of strategies in MOA B.

# PRIORITIZED STRATEGIES

The CRT reviewed the strategy options offered under MOA A and MOA B and prioritized the following:

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## **Strategy**

**MOU A.1. Collaborative Strategic Planning**

**MOU A.2. Evidence-based Addiction Treatment**

**MOU A.3. Recovery Support Services**

**MOU A.6. Early Intervention**

**MOA A.7. Prevent Overdose Deaths and Other Harms**

**MOA A.11 Addiction Treatment for Incarcerated Persons**

**MOA A.12 Reentry Programs**

**MOA B, Strategy C: Connect People Who Need Help to the Help They Need**

**MOA B, Strategy E: Address Needs of Pregnant Women and their Families**

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# PRIORITIZED STRATEGIES

## MOA A, Strategy 1: Collaborative Strategic Planning

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>Provide resources to staff government oversight and management of opioid abatement programs.</p>	<ul style="list-style-type: none"><li>• Hire/re-assign County staff to oversee, manage, and support opioid abatement programs</li></ul>	<ul style="list-style-type: none"><li>• # of engagements with contracted partners</li><li>• % of contracted partners adhering to reporting requirements</li><li>• % of contracts operating in compliance</li></ul>

# PRIORITIZED STRATEGIES

## MOA A, Strategy 2: Evidence-based Addiction Treatment

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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.</p>	<ul style="list-style-type: none"> <li>• MAT</li> <li>• MAT + Evidence-based behavioral health</li> <li>• Low Barrier Buprenorphine</li> </ul>	<ul style="list-style-type: none"> <li>• # of providers who dispense methadone, buprenorphine, and naltrexone</li> <li>• # of unique patients with OUD served (breakdown by demographics)</li> <li>• # of patients who were connected to treatment</li> <li>• # of patients who adhere to treatment</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• MAT Community Paramedicine (already funded through FY 27 at 930K)</li> <li>• MAT Technical Assistance</li> <li>• Other Mobile Treatment Teams</li> </ul>	<ul style="list-style-type: none"> <li>• # of EMS programs offering MAT in the County</li> <li>• # of patients served through EMS-based MAT programs</li> <li>• # of patients who declined EMS-based MAT services</li> <li>• # of patients who declined linkage to treatment</li> </ul>

# PRIORITIZED STRATEGIES

## MOA A, Strategy 3: Recovery Support Specialists

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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.</p>	<ul style="list-style-type: none"> <li>• Certified peer support specialists (already funded through FY 25 at 210K to Cabarrus Health Alliance)</li> </ul>	<ul style="list-style-type: none"> <li>• # of peer support specialists</li> <li>• #/% of participants connected with peer support specialists</li> <li>• Satisfaction with services</li> </ul>
	<ul style="list-style-type: none"> <li>• Navigation to community-based services</li> </ul>	<ul style="list-style-type: none"> <li>• # of care navigators</li> <li>• #/% of participants connected with care navigators</li> <li>• Satisfaction with services</li> <li>• # of referrals to recovery supports, harm reduction services, primary healthcare</li> </ul>

# PRIORITIZED STRATEGIES

## MOA A, Strategy 6: Early Intervention

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
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.	<ul style="list-style-type: none"> <li>● Teen Mental Health First Aid and/or other evidence-based curricula</li> <li>● Community education on opioids, the local impact, root causes, and prevention, including culturally-specific events</li> <li>● Parent/family-oriented education events</li> </ul>	<ul style="list-style-type: none"> <li>● # of Teen Mental Health First Aid sessions held</li> <li>● # of individuals trained</li> <li>● # of community education sessions held</li> <li>● # of participants, by geography and target population</li> </ul>
Create and/or support recovery high schools	<ul style="list-style-type: none"> <li>● Recovery High School support/ expansion</li> </ul>	<ul style="list-style-type: none"> <li>● # of students served</li> <li>● #/% of students meeting recovery goals</li> <li>● #/% of students meeting academic goals</li> </ul>

# PRIORITIZED STRATEGIES

## MOA A, Strategy 7: Prevent Overdose Deaths and Other Harms (Harm Reduction) through Naloxone Distribution

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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, outreach workers, persons being released from jail or prison, or other members of the general public.</p>	<ul style="list-style-type: none"> <li>• Purchase and distribute naloxone</li> <li>• Target distribution to people at-risk of overdoses and their social network</li> </ul>	<ul style="list-style-type: none"> <li>• # of intranasal/ intramuscular naloxone kits purchased</li> <li>• # of intranasal/ intramuscular naloxone kits distributed</li> <li>• # of agencies offering naloxone to people at high-risk of overdose</li> <li>• Zip codes for those receiving naloxone (to determine saturation rates)</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Naloxone training/ education</li> <li>• Increase education/ awareness of good Samaritan laws</li> <li>• Increase EMS and law enforcement awareness of best practices at an overdose scene</li> </ul>	<ul style="list-style-type: none"> <li>• # of intranasal/ intramuscular naloxone kits distributed</li> <li>• # of trainings on harm reduction (e.g., overdose prevention, safer use practice, disease prevention) provided</li> <li>• # of training participants, by geography and target populations</li> </ul>

# PRIORITIZED STRATEGIES

## MOA A, Strategies 11 & 12: Address the Needs of Criminal-Justice Involved Persons through Addiction Treatment for Incarcerated Persons and Reentry Programs

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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.</p>	<ul style="list-style-type: none"> <li>• MAT in Detention (already funded through FY 27, at \$1,447,702 to Cabarrus Health Alliance (\$702,702) + Cabarrus County Sheriff Department (\$745,000)</li> <li>• MAT Technical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• # of people who are incarcerated screened as having OUD</li> <li>• # of people who receive MAT for OUD</li> <li>• # of referrals made for continued MAT support that result in first appointment</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Re-entry programs</li> <li>• Evidence-based interventions (e.g., MAT)</li> </ul>	<ul style="list-style-type: none"> <li>• # of written transition plans developed prior to release</li> <li>• # of re-entry navigators/peer support on staff</li> <li>• # of participants with OUD who are referred to addiction treatment</li> </ul>



# PRIORITIZED STRATEGIES

## MOA B, Strategy C: Connect People Who Need Help to the Help They Need (Connections to Care)

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>8. 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.</p>	<ul style="list-style-type: none"> <li>Behavioral Health Urgent Care (in development)</li> </ul>	<ul style="list-style-type: none"> <li># of referrals to MAT that resulted in first appointment attended</li> <li># of patients served with OUD (breakdown by demographics)</li> </ul>
	<ul style="list-style-type: none"> <li>Facility-based crisis for children/young adults (e.g., Cabarrus Regional Behavioral Health Center)</li> </ul>	<ul style="list-style-type: none"> <li># of referrals to MAT that resulted in first appointment attended</li> <li># of patients served with OUD (breakdown by demographics)</li> </ul>

# PRIORITIZED STRATEGIES

## MOA B, Strategy E: Address the Needs of Pregnant or Parenting Women and their Families, Including Babies with Neonatal Abstinence Syndrome

Allowable Activities Prioritized by the CRT	Activity Examples	Indicator Examples
<p>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.</p>	<ul style="list-style-type: none"> <li>• MAT for pregnant persons</li> </ul>	<ul style="list-style-type: none"> <li>• # of pregnant persons who are screened as having OUD</li> <li>• # of pregnant persons who receive MAT for OUD</li> <li>• # of referrals made for continued MAT support that result in first appointment</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Evidence-based, trauma-focused practices and parenting programs</li> </ul>	<ul style="list-style-type: none"> <li>• # of children/family members who are referred to trauma-focused services</li> <li>• Satisfaction with services</li> </ul>

# PRIORITIZED STRATEGIES

The proposed budget allocation, by strategy, is as follows:

Proposed Budget Allocation						
Strategy	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>MOU A.1. Collaborative Strategic Planning</b>	\$96,174	\$96,174	\$96,174	-	-	\$288,522
<b>MOU A.2. Evidence-based Addiction Treatment</b>	-	-	-	\$465,000	\$465,000	\$930,000
<b>MOU A.3. Recovery Support Services</b>	-	-	\$90,000	\$100,000	\$106,000	\$296,000
<b>MOU A.6. Early Intervention</b>	\$371,472	\$251,472	\$251,472	\$0	\$0	\$874,416
<b>MOA A.7. Prevent Overdose Deaths and Other Harms</b>	\$50,000	\$110,000	\$113,000	\$116,500	\$120,000	\$509,500
<b>MOA A.11 Addiction Treatment for Incarcerated Persons</b>	-	-	-	\$323,500	\$342,425	\$665,925
<b>MOA A.12 Reentry Programs</b>	-	-	-	\$271,439	\$287,726	\$559,165
<b>MOA B, Strategy C: Connect People Who Need Help to the Help They Need</b>	-	\$351,374	\$351,374	-	-	\$702,748
<b>MOA B, Strategy E: Address Needs of Pregnant Women and their Families</b>	\$361,563	\$378,756	\$396,981	\$341,299	\$361,776	\$1,840,375
<b>Total</b>	<b>\$879,209</b>	<b>\$1,187,776</b>	<b>\$1,299,001</b>	<b>\$1,617,738</b>	<b>\$1,682,927</b>	<b>\$6,666,651</b>

# IMPLEMENTING THE PLAN

- Once the strategies and corresponding budget allocations are approved, the County will finalize the plan and process for selecting fund recipients. The County will have flexibility to fund both county-operated programs, as well as programs/activities operated by non-county government organizations.
- The County will review and evaluate county and non-county government organizations, assessing the alignment with the selected strategies, feasibility (informed by an implementation plan), sustainability, and anticipated impact.
- For all awarded programs the County will engage in final contract negotiations, during which the implementation plan, budget, and evaluation plan will be finalized.
- Awarded entities will provide quarterly reports on implementation plan progress, budget spend, and metric results.
- The County will also produce an annual financial report and annual impact report and ensure alignment with all state reporting requirements. These annual reports will capture the aggregate financial and impact data, and report on implementation progress to date.

# NEXT STEPS

# NEXT STEPS

- » Review and Approval of the Opioid Settlement Funds Collaborative Strategic Plan
- » Resolution Approval in July
- » Required Forms and Documents Submitted to the State TA team within 90 days of Plan Approval

**QUESTIONS?**



# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Juvenile Crime Prevention Council - Approval of JCPC FY2024-25 Certification

### **BRIEF SUMMARY:**

The Juvenile Crime Prevention's Council's (JCPC) FY 2024-25 County Funding Plan remains pending at this time due to a program's appeal following funding recommendations made during JCPC's April 17 meeting. The Funding Plan itself cannot be presented for BOC approval until the appeal is fully resolved. However, it is requested that the JCPC Certification be considered for approval because the \$15,500 recommended for JCPC Administration remains unchanged from last fiscal year.

### **REQUESTED ACTION:**

Motion to approve the JCPC Certification as presented with the understanding that the FY 24-25 County Funding Plan will be presented for approval when the appeal is fully resolved.

### **EXPECTED LENGTH OF PRESENTATION:**

1 Minute

### **SUBMITTED BY:**

Dr. Aalece Pugh, Assistant County Manager/Department of Human Services Director

### **BUDGET AMENDMENT REQUIRED:**

No

### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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## **ATTACHMENTS:**

- ▢ JCPC Certification Standards
- ▢ Certification Attachment

## JUVENILE CRIME PREVENTION COUNCIL CERTIFICATION STANDARDS

G.S. 143B-853 allows for a 2-year funding cycle for programs that meet the requirements of the statute and have been awarded funds in a prior funding cycle. Indicate below if the JCPC plans to allow for a 1-year or 2-year funding cycle.

1-Year Funding: FY 2024-2025

### **Membership**

- |   |            |
|---|------------|
| A. Have the members of the Juvenile Crime Prevention Council been appointed by county commissioners?                              | <u>Yes</u> |
| B. Are members appointed for two-year terms and are those terms staggered?  | <u>Yes</u> |
| C. Is membership reflective of social-economic and racial diversity of the community?   | <u>Yes</u> |
| D. Does the membership of the Juvenile Crime Prevention Council reflect the required positions as provided by N.C.G.S. §143B-846? | <u>Yes</u> |
- If not, which positions are vacant and why?  
There are no vacant positions at this time.

### **Organization**

- |   |                |
|---|----------------|
| A. Does the JCPC have written Bylaws?   | <u>Yes</u>     |
| B. Bylaws are   | <u>On file</u> |
| C. Bylaws contain Conflict of Interest section per JCPC policy and procedure. | <u>Yes</u>     |
| D. Does the JCPC have written policies and procedures for funding and review? | <u>Yes</u>     |
| E. These policies and procedures  | <u>On file</u> |
| F. Does the JCPC have officers and are they elected annually?                 | <u>Yes</u>     |

### **Meetings**

- |  |            |
|--|------------|
| A. JCPC meetings are considered open and public notice of meetings is provided.  | <u>Yes</u> |
| B. Is a quorum defined as the majority of membership and required to be present in order to conduct business at JCPC meetings? | <u>Yes</u> |
| C. Does the JCPC meet six (6) times a year at a minimum?   | <u>Yes</u> |
| D. Are minutes taken at all official meetings?   | <u>Yes</u> |
| E. Are minutes distributed prior to or during subsequent meetings?   | <u>Yes</u> |

### **Planning**

- |  |            |
|--|------------|
| A. Does the JCPC conduct a biennial planning process which includes a needs assessment, monitoring of programs and funding allocation process? | <u>Yes</u> |
| B. Is this Biennial Plan presented to the Board of County Commissioners and to DPS?  | <u>Yes</u> |
| C. Is the Funding Plan approved by the full council and submitted to Commissioners for their approval?   | <u>Yes</u> |

### **Public Awareness**

- |  |            |
|--|------------|
| A. Does the JCPC communicate the availability of funds to all public and private non-profit agencies which serve children or their families and to other interested community members?<br><input checked="" type="checkbox"/> RFP, Distribution List, and Advertisement attached | <u>Yes</u> |
| B. Does the JCPC complete a biennial needs assessment and make that information available to agencies which serve children or their families, and to interested community members?   | <u>Yes</u> |

### **No Overdue Tax Debt**

- |  |            |
|--|------------|
| A. As recipient of the county DPS JCPC allocation, does the County certify that it has no overdue tax debts, as defined by N.C.G.S. §105-243.1, at the Federal, State, or local level? | <u>Yes</u> |
|--|------------|

## **JUVENILE CRIME PREVENTION COUNCIL CERTIFICATION STANDARDS**

Briefly outline the plan for correcting any areas of standards non-compliance.

The JCPC added a Parliamentarian to the slate of officers during FY 22-23.

## JUVENILE CRIME PREVENTION COUNCIL CERTIFICATION STANDARDS

Instructions: N.C.G.S. § 143B-846 specifies suggested members be appointed by county commissioners to serve on local Juvenile Crime Prevention Councils. In certain categories, a designee may be appointed to serve. Please indicate the person appointed to serve in each category and his/her title. Indicate appointed members who are designees for named positions. Indicate race and gender for all appointments.

Specified Members	Name	Title	Designee	Race	Gender
1) School Superintendent or designee	Amy Jewell	School Superintendent	<input checked="" type="checkbox"/>	White	Female
2) Chief of Police or designee	Sergeant Matthew Greer	Sergeant - Concord Police	<input checked="" type="checkbox"/>	White	Male
3) Local Sheriff or designee	Deputy Travis Burke	Cabarrus County Sheriff's Office	<input checked="" type="checkbox"/>	White	Male
4) District Attorney or designee	Ashlie Shanley	District Attorney		White	Female
5) Chief Court Counselor or designee	Gayle Alston	Chief Court Counselor		White	Female
6) Director, Local Management Entity/ Managed Care Organization (LME/MCO), or designee	Malisha Ross	Regional Director of Community Operations	<input checked="" type="checkbox"/>	Black or African-American	Female
7) Director DSS or designee	Sharon Reese	DSS	<input checked="" type="checkbox"/>	Black or African-American	Female
8) County Manager or designee	Aalece Pugh-Lilly	Assistant County Manager, Health & Human Services	<input checked="" type="checkbox"/>	Black or African-American	Female
9) Substance Abuse Professional	Terry Wise	Substance Abuse		White	Male
10) Member of Faith Community	Steven Ayers	Faith Based		White	Male
11) County Commissioner	Chris Measmer	County Commissioner		White	Male
12) A Person Under the Age of 21	Mikayla Branch	Student Under Age 21		Black or African-American	Female
13) A Person Under the Age of 21, or a member of the public representing the interests of families of at-risk juveniles	Lakesha Steele	Parent		Black or African-American	Female
14) Juvenile Defense Attorney	Heather Mobley	Juvenile Defense Attorney		White	Female
15) Chief District Judge or designee	Judge Christy Wilhelm	Chief District Court Judge		White	Female
16) Member of Business Community	Melissa Dixon	Business Community		Black or African-American	Female
17) Local Health Director or designee	Sonja Bohannon-Thacker	Cabarrus Health Alliance	<input checked="" type="checkbox"/>	White	Female
18) Rep. United Way/other non-profit	Carolyn Carpenter	Non-Profit		White	Female
19) Representative/Parks and Rec	Jacob Wentink	Senior Park Ranger		White	Male
20) County Commissioner appointee	Ashley Fitch	At-Large		Black or African-American	Female
21) County Commissioner appointee	Connie Philbeck	At-Large		White	Female
22) County Commissioner appointee	Marta Meares	At-Large		White	Female
23) County Commissioner appointee	Megan Baumgardner	At-Large		White	Female

**JUVENILE CRIME PREVENTION COUNCIL CERTIFICATION STANDARDS**

<b>Specified Members</b>	<b>Name</b>	<b>Title</b>	<b>Designee</b>	<b>Race</b>	<b>Gender</b>
24) County Commissioner appointee	Michelle Wilson	At-Large		White	Female
25) County Commissioner appointee	Officer Adrian Attaway SRO	At-Large		Black or African- American	Male
26) County Commissioner appointee	Rosemary Gause	At-Large		Black or African- American	Female

**Cabarrus County Juvenile Crime Prevention Council  
Request for Proposals**

**\$459,927**

**30%**

**January 2, 2024**

**Anticipated Annual Allocation**

**Required Local Match Rate**

**Date Advertised**

The Juvenile Crime Prevention Council (JCPC) has studied the risk factors and needs of Juvenile Court involved youth in this county and hereby publishes this Request for Proposals. The JCPC anticipates funds from the NC Dept of Public Safety Juvenile Justice and Delinquency Prevention in the amount stated above to fund the program types specified below. Such programs will serve delinquent and at-risk youth for the state Fiscal Year 2024-2025 beginning on or after July 1, 2024. The use of these funds in this county requires a local match in the amount specified above.

**Based on identified needed programs and possible gaps in the service continuum, the following checked program types will be considered for funding:**

<input checked="" type="checkbox"/> Mentoring Services	<input checked="" type="checkbox"/> Restitution/Community Service	<input checked="" type="checkbox"/> Services addressing Problem Sexual Behavior
<input checked="" type="checkbox"/> Parent/Family Skill Building	<input checked="" type="checkbox"/> Teen Court – including Sentencing and Responsive Circles	<input checked="" type="checkbox"/> Group Home
<input checked="" type="checkbox"/> Interpersonal Skill Building	<input checked="" type="checkbox"/> Psychological Assessments	<input checked="" type="checkbox"/> Temporary Shelter Care
<input checked="" type="checkbox"/> Vocational Skills	<input checked="" type="checkbox"/> Family Counseling	<input checked="" type="checkbox"/> Runaway Shelter Care
<input checked="" type="checkbox"/> Experiential Skills	<input checked="" type="checkbox"/> Home-Based Family Counseling	<input checked="" type="checkbox"/> Specialized Foster Care
<input checked="" type="checkbox"/> Tutoring/Academic Enhancement	<input checked="" type="checkbox"/> Individual/Group/Mixed Counseling	<input checked="" type="checkbox"/> Temporary Foster Care
<input checked="" type="checkbox"/> Mediation/Conflict Resolution – including Truancy Mediation, Victim-Youth and Family Group Conferencing, Responsive Circles	<input checked="" type="checkbox"/> Substance Abuse Counseling	<input checked="" type="checkbox"/> Juvenile Structured Day

**Proposed program services should target the following risk factors for delinquency or repeat delinquency:**

\*Serious school behaviors, \*Runaway Behaviors, \*Substance Use, \*Youth association with others involved in delinquent/criminal activity, \*Youth association with gang members, \*Adverse Childhood Experiences, \*Human Trafficking, \*Reduction in Juvenile Recidivism, \*Parent Enhancement Skills \*Vocational Development, \*Reduction in possession and the use of Weapons.

**Proposed services should address the following concerns as reported in the Youth Assessment Screening Instrument (YASI) for adjudicated youth:**

Peer Domain: Juveniles who associate with other delinquent youth who are gang members or who associate with gang members.

Individual Domain: Substance abuse or use, youth with mental health needs, and youth exhibiting sexually problematic behaviors, and vocational services.

Family Domain: Parental support and/or parental enhancement skills needed for juvenile court referred youth, and family criminality.

School Domain: Youth involved with Cabarrus County Juvenile Justice system who have increased risk of school behavior issues.

**Applicants are being sought that are able to address items below:**

1. Program services compatible with research that are shown to be effective with juvenile offenders.
2. Program services are outcome-based.
3. The program has an evaluation component.
4. Program services detect gang participation and divert individuals from gang participation.
5. Awareness of and sensitivity to Racial Ethnic Disparity that exists in the County.
6. Programs are encouraged to provide effective programming that includes restorative justice practices.
7. Program/agency utilizing trauma focus/resiliency-based modalities.

**Only local public agencies, 501c3 non-profit corporations and local housing authorities will be considered for funding.**



In order to apply for FY 2024-2025 JCPC funding, you must complete and submit your application online by accessing NC ALLIES. Please read and follow all instructions at <https://cp.ncdjdp.org/CP>. Additional self-help videos on the NC ALLIES webpage are available by clicking the HELP tab. Private non-profits are also required to submit, by uploading in NC ALLIES, the following:  
1) No Over Due Tax form; 2) DPS Conflict of Interest Statement;  
3) Agency Conflict of Interest Policy; and 4) Proof of 501(c)(3) status. (#1 & #2 are available at the above link.)

A mandatory information session will be held virtually via Webex on January 11, 2024 @ 9am- 11:30am (Webex Link: <https://ncdps.webex.com/ncdps/j.php?MTID=m782985525a429a921a04ffe383a549cc>) OR January 12, 2024 @ 1pm- 3:30pm (Webex Link: <https://ncdps.webex.com/ncdps/j.php?MTID=m60178477e335a3b047a75b0f3dd465fc>)  
You must RSVP to Joanie Bischer to reserve your session. [jbischer@cabarruscounty.us](mailto:jbischer@cabarruscounty.us)

**Joanie Bischer, Administrative Asst**  
JCPC Chairperson / or Designee

**704.785.0932**  
Telephone #

For further information or other technical assistance about applying for JCPC funds in this county, or about the program application workshop, please contact:

**Daniel Sevigny**, DPS Area Consultant at **704-754-8215**.

The deadline for receiving Applications is: **February 2, 2024.**

Email or deliver by 5 pm to:

**Megan Baumgardner**  
**Baucom Lewis & Baumgardner**  
**Attorneys at Law**  
**49 Union Street North**  
**Concord NC 28025**  
**[mebattorney@gmail.com](mailto:mebattorney@gmail.com)**

# List Serve 2

**Joanie Bischer**

**From:** Joanie Bischer  
**Sent:** Tuesday, January 2, 2024 10:23 AM  
**To:** kim@aspirenc.org; Chef Kimberly Townsend; Kasshema Samuels; Karen South Jones; Kristen McEvoy; Anissa L Jones; reggie@tyminc.org; Shannon Chambers; Darryl Bego; palzubeidy@ydiinc.org; Kim Olige; Jodi Ramirez; kina.marshall@presentageministries.org; Kareem Hammond; Tyris Rorie; gwen@amazgraceadvocacy.com; Adriane Robins-Ward; dennis.brown@rccc.edu; nurse@opphouse.net; deonafrierson procureagency.com; renewingyoungminds@yahoo.com; Jeannie Sherrill; Elizabeth Hutchins; Toni Freeman; Pam Cunningham; James Catoe; chayas@7th-sigma.com; Melanie Moore; L B Wilkins; beverly.mack@cabarrus.k12.nc.us; parson-adams@preventionservices.org; kayla@golsonfamilyservices.net; Maegan Mack; notaryandthingsllc@yahoo.com; tonya@family-advocate.org; dlwrightsr@msn.com; yrlowery@yahoo.com; msbeasleyjac@yahoo.com; blmelissa.thompson@outlook.com  
**Cc:** Sevigny, Daniel  
**Subject:** Cabarrus Co Juvenile Crime Prevention Council - FY 2024-25 RFP  
**Attachments:** Helpful Web Link Information.docx

Good morning Program Managers and Agency Representatives,

The Cabarrus County JCPC's Fiscal Year 2024-25 Request for Proposals is posted on the websites below. Remember that all applicants must attend one of the two Webex informational sessions listed on Page 2 of the RFP in order to apply. Please refer to the attached *Helpful Web Links* document for further information. For technical assistance with NCALLIES, applicants may contact Daniel Sevigny at [daniel.sevigny@ncdps.gov](mailto:daniel.sevigny@ncdps.gov).

<https://www.cabarruscounty.gov/procurement/procurement/2024/2024-25%20JCPC%20RFP%20Informational%20Sessions>

<https://www.cabarruscounty.gov/procurement/procurement/2024/2024-25%20JCPC%20RFP%20Informational%20Sessions>

**Note:** You may also visit the NCDPS websites listed below for more information regarding the RFP application process, county schedules, and FAQs.

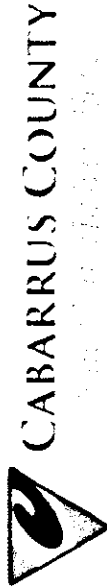
<https://www.ncdps.gov/procurement/procurement/2024/2024-25%20JCPC%20RFP%20Informational%20Sessions>

<https://www.ncdps.gov/procurement/procurement/2024/2024-25%20JCPC%20RFP%20Informational%20Sessions>

Best wishes,  
Joanie Bischer  
Administrative Assistant  
Juvenile Crime Prevention Council  
Cabarrus County Government  
704.785.0932

[joanieb@cabarruscounty.gov](mailto:joanieb@cabarruscounty.gov)





Services    Community and Public Safety    Activities and Recreation  
Property, Building and Development    Connect with CabCo    Government

500 Hargett Street, Suite 1000

Home / Bid Postings

# Bid Postings

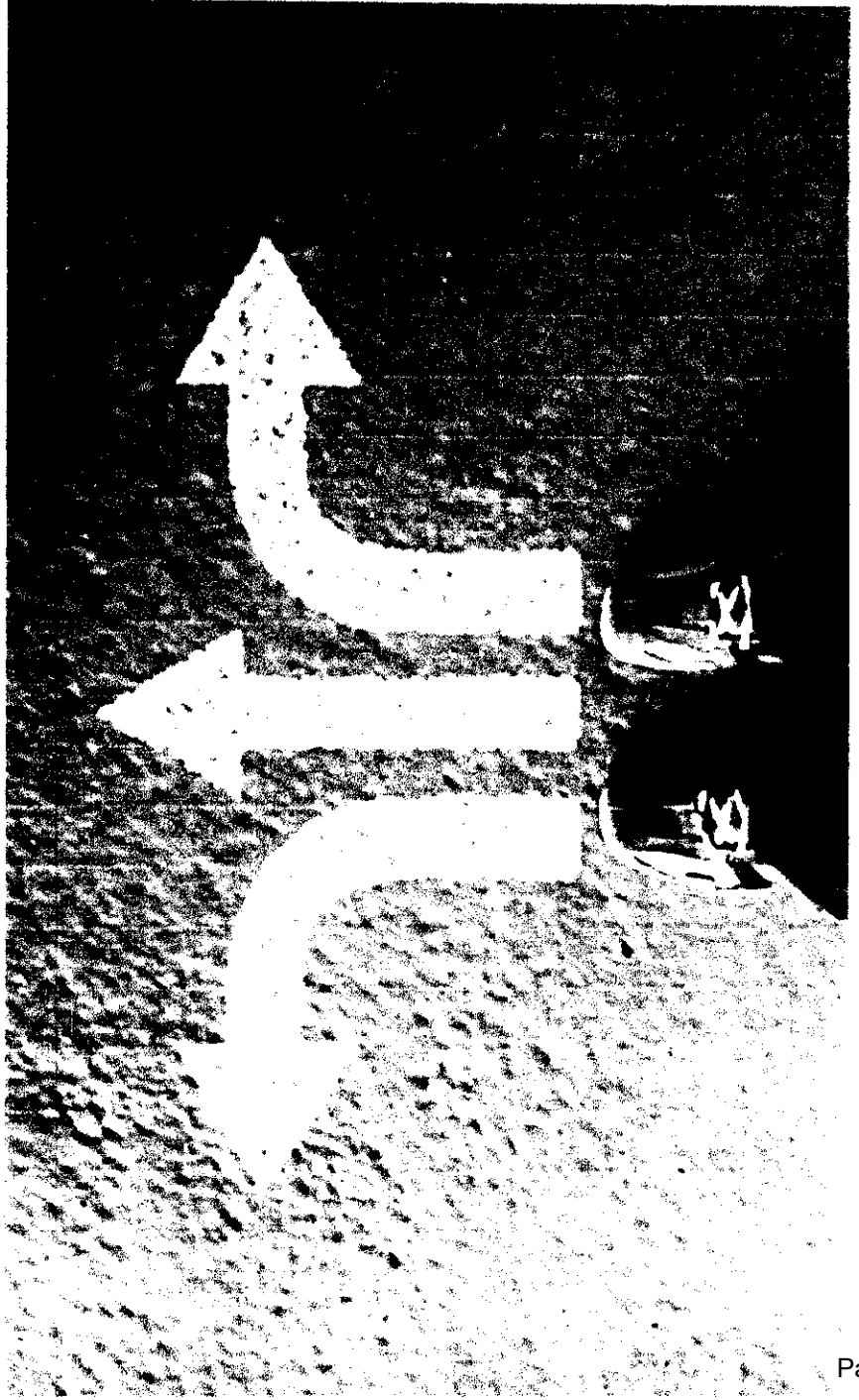
Juvenile Crime Prevention  
Council

Behavioral Health Renovation

RFP for Residential Electrical  
Services

Home / Government / Boards and Committees / Juvenile Crime Prevention Council

# Juvenile Crime Prevention Council



**Boards and Committees**

[Apply Now](#)

**Related Documents**

[2019 Youth Program](#)

[Request for Proposal](#)

**Positions and Vacancies**

[Number of Positions: 06](#)

# List Serve 1

**Joanie Bischer**

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**From:** Joanie Bischer  
**Sent:** Tuesday, January 2, 2024 10:10 AM  
**To:** gayle.alston@ncdps.gov; Adrian E. Attaway; Steve Ayers; Megan Baumgardner; 'Sonja J BohannonThacker'; Mikayla Branch; tsburke@cabarruscounty.us; carolcarp71@yahoo.com; Melissa Dixon; Ashley Fitch; Rosemary Gause; Matthew Greer; amy.jewell@cabarrus.k12.nc.us; martameares@msn.com; Commissioner Christopher Measmer; heather@mobleylegal.com; Philbeck, Connie; Aalece Pugh-Lilly; Sharon Reese; mross@partnersbhm.org; Shanley, Ashlie P.; Lakesha Steele; Jacob Wentink; Wilhelm, Christy E.; Michelle Wilson CabarrusHealth; Terry Wise  
**Cc:** Sevigny, Daniel  
**Subject:** Cabarrus Co Juvenile Crime Prevention Council - FY 2024-25 RFP  
**Attachments:** Cabarrus JCPC FY 24-25 RFP.pdf; Helpful Web Link Information.docx

Good morning Council Members,  
JCPC's Fiscal Year 2024-25 Request for Proposals is posted to the county's bid website and the JCPC website. Links are below. Please feel free to share the links, or the attached RFP, with interested organizations. The only entities eligible to apply are government agencies, housing authorities, and 501(c)3 non-profit corporations, and all applicants must attend one of the two Webex informational sessions detailed on Page 2 of the RFP in order to apply. For additional information helpful to applicants, please refer them to the attached *Helpful Web Link* document. The information in this email will be sent separately to all agencies and program managers who expressed interest. Thank you for your service!

<http://www.cabarruscounty.us/web/links/juvenile-crime-prevention-council-fy2024-25.rfp.pdf>

<http://www.cabarruscounty.us/web/links/juvenile-crime-prevention-council-fy2024-25.rfp.pdf>

Best wishes,  
Joanie Bischer  
Administrative Assistant  
Juvenile Crime Prevention Council  
Cabarrus County Government  
704.785.0932

[joanie.bischer@cabarruscounty.us](mailto:joanie.bischer@cabarruscounty.us)



# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

Active Living and Parks - New Pool Contract

**BRIEF SUMMARY:**

Swim Club Management Group (SCMG) is the new contract vendor for the Camp T.N. Spencer Swimming Pool. This contract is the same as the one previously approved through June 30, 2024. The dates have been changed to cover July 1, 2024 - June 30, 2026.

SWMG is new to Cabarrus County this year. They have been performing all pre-opening maintenance, permitting, well permits, and preparing for the opening Memorial Day Weekend. Pool operation is through Labor Day.

**REQUESTED ACTION:**

Motion to approve the contract with Swim Club Management Group through June 30, 2026.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Londa Strong, Director  
Jacob Wentink, Camp T.N. Spencer Park Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- 2024 Management Proposal





# SCMG

Camp Spencer  
Management Contract Agreement  
May 16<sup>th</sup>, 2024



Swim Club Management Group  
9800 West Kinsey Ave.  
Suite #135  
Huntersville, NC 28078  
[www.SwimClubCharlotte.com](http://www.SwimClubCharlotte.com)



## SWIM CLUB MANAGEMENT AGREEMENT

This management agreement, between **Swim Club Management Group of Charlotte, LLC.** (the “Company”), a North Carolina corporation, and **Camp Spencer** (the “Customer”), is to provide for the operation and management by the Company of the Customer’s swimming pool/Swim Club located in **Cabarrus County, North Carolina** in accordance with the specifications, conditions, and terms set forth herein.

1. **Effective Date.** This agreement, when executed by both parties hereto, shall become effective immediately for **2024, 2025, and 2026**, as detailed in this agreement.
2. **Proposal Expiration Option.** This agreement is voidable at the Company’s option if not executed by the Customer and returned to the Company within thirty (30) days.
3. **Access and Utilities.** The Customer will permit and maintain free access to the pool site to the Company and upon signing this agreement the Customer will provide four (4) sets of keys to the Company to open any and all locks required to operate the pool. The Customer agrees to reimburse the Company for expenses associated with making these four (4) sets for keys. The Company shall keep and safeguard keys and only release keys to authorized personnel. Keys shall be returned to Customer in the event of termination of this agreement.

Customer shall also agree to furnish at the swim club without cost to Company:

1. water.
  2. electricity.
  3. 110 volt electric outlet in pump room.
  4. garbage pick-up service.
  5. lifeguard stands, rescue tubes, spinal backboard, and umbrellas for lifeguard stands.
  6. Landline telephone with capabilities of making local calls operational from April 15 through the end of the pool season.
  7. Equipment to operate pool required by local county health department codes.
  8. Complete written copy of pool rules shall be provided to the Company 30 days prior to Opening Day.
  9. Any other equipment or services necessary to render the pool facility compliant with industry standards according to any regulatory bodies with authority over the pool facility including, but not limited to, OSHA or the local health department.
4. **Telephone.** The Customer shall be responsible for providing an operational landline telephone from April 15 until the end of the pool season that is accessible to Company’s staff at the pool site. For safety reasons, and in compliance with local and state regulations, the pool will not open or be permitted without an operational landline telephone with corresponding address confirmed by 911 emergency response. The phone will be checked daily to ensure proper functionality.
  5. **Opening Duties.** The Company agrees to provide the following services prior to opening the pool for operation. This work will be subject to review by the Customer’s General Manager, Pool Committee Person and/or Pool Manager.
    - a. remove and clean Customer’s pool cover (*where applicable*).
    - b. vacuum pool
    - c. clean pool enclosure area.



- d. inspect chemical feeders.
- e. inspect all filtration equipment.
- f. inspect flow meters, pressure gauges, and valves.
- g. mount guard chairs, and ladders.
- h. clean bathroom.
- i. inspect underwater lights.
- j. order, store and inject all necessary chemicals to establish proper levels for: free chlorine, total alkalinity, pH, calcium hardness, and conditioner.
- k. set out and pressure wash deck furniture.
- l. start up equipment.
- m. company is not responsible for the installation or removal of ADA lifts, dive blocks, and/or backstroke flags.
- n. perform requisite repair work as needed and authorized by Customer (see "Repair Work").
- o. If Customer's pool needs to be drained and cleaned prior to opening Company agrees to do so for an amount not to exceed \$2,500.00. The cost of water to refill the pool will be the Customer's responsibility.

Permit: The Company will assist the Customer in obtaining a Swimming Pool Operation Permit from the local health department.

The Company shall:

1. Clean and chemically balance pool to health department standards.
2. Make necessary repairs and provide parts under the terms of "Repair Work" section of this Agreement.
3. Complete the Operating Permit Application and return it to the Health Department with the Permit Fee.
4. Schedule pre-season health department inspection and meet the county health department inspector at Customer's pool to walk through the inspection with the health department inspector, as required.

The Customer agrees to:

1. Reimburse Company for any applicable Permit Fees and \$25 processing fee.

Initial Opening. Company agrees pool will be clean and free of algae no later than one (1) week prior to Opening Day, unless the Customer has contracted differently with the Company.

Preseason Swim Team Practice. If Customer hosts a swim team, and if requested by the Customer prior to April 1<sup>st</sup>. The Company shall prepare the pool for swim team practice earlier than the normal opening date at no extra charge to the Customer. Maintenance of the pool during such preseason swim team practice period shall be invoiced to Customer separately. The Company shall stand ready to provide daily maintenance and chemical testing during this period at a rate of \$125 per day.

6. **Pool Operation.** Company agrees to hire and train a Pool Manager, certified lifeguards, and other personnel as required to operate the pool in accordance with **Attachment A** provided herein.



**Safety Break or Lap Swim Periods.** Company recommends clearing the pool once every hour for a period of 10 – 15 minutes, allowing use of the pool to only experienced or lap swimmers. Lap swim is considered continuous swimming back and forth in individual lanes. During this period, neither the Pool Manager nor the Lifeguards will be on duty or actively scanning the pool, and neither the Pool Manager, Lifeguards, nor the Company shall be responsible for anyone using the pool. This recommendation shall be mandatory for pools where only one lifeguard is on duty.

**Vandalism and Natural Disasters.** The Customer shall pay additional charges to the Company for cleanup required as the result of vandalism, natural disasters, or Acts of God. The Company will seek Customer's approval before starting cleanup procedures.

**Post-Closing Day.** At the option of the Customer, the Company will staff and maintain the pool, thus providing all necessary services to allow swimming with a lifeguard on duty after the Closing Day. The Customer will notify Company on or before August 10<sup>th</sup> concerning post-Closing Day openings. The cost is \$65.00 for each day (including days the pool is closed) from the originally scheduled Closing Day through the final day the pool is open for swimming, plus \$35.00 per lifeguard hour for time worked. An additional four (4) hours will be added for pre/post operational maintenance hours. Amount shall be paid to the Company on the initial day of post-Closing operation. The cost is to be extra to the contract in addition to the fees as provided hereinafter. This rate will also apply to any pre-Opening Day openings including those requests made by the Customer's Swim Team. The Company maintains the right to decline any extension of services as determined by Attachment A based on the availability of staffing and additional resources.

**Additional Lifeguards.** The Company will provide lifeguards for special events and after-hours parties at the request of the Customer subject to the following:

Lifeguard hours and gate attendant hours provided by the Company other than those specified in this contract shall be billed to the Customer, Customer's Swim Team, or Customer's Members at the Company's prevailing rate, which is currently \$35.00 per lifeguard hour. No lifeguard shall be provided by Company beyond the hour of 11:00 p.m. ET.

If additional lifeguards are needed for parties, special events (including Swim Team), or normal operations the Customer is required to use Company lifeguards.

Any organized gathering regardless of size must be booked through the Company's website in advance. There will be no charge to the Customer for additional lifeguards for parties with 12 or fewer people attending.

If the Customer requires lifeguards for parties or special events during or after normal operation hours, the Customer is responsible for giving the Company seven (7) days prior notice via the Company's website. For events where less than seven (7) days notice is provided, Company reserves the right to charge an additional fee. Reservation requests should include the following:

- a. the time and date of the party
- b. the number of people who are scheduled to attend
- c. the general age group of the people scheduled to attend.
- d. whether alcoholic beverages will be permitted
- e. any special admission instructions



- f. how many lifeguards the Customer is requesting

The Company will mandate the number of lifeguards required for after-hours events/parties based upon industry staffing standards.

At the Company's discretion, one (1) additional lifeguard may be required for any teenage party, college age party, or for any party involving alcoholic beverages. Customer agrees to provide one adult chaperone for each ten (10) people at a child or teenage party. Billing may include any time spent cleaning up after use by any special group or party.

The Company reserves the right to remove lifeguards and other staff members from the Customer's facility should an event occur that was not reported to the Company prior to transpiring, and the materialization of such event creates an unsafe environment for the users and the Company based on the ratio of guests to lifeguards. The Company will communicate to the Customer the need for such action at the time of the incident.

**Inclement Weather Days.** On inclement weather days the Company will keep a lifeguard at the pool until two (2) hours before closing. At such time, if the weather is still unsuitable for swimming, the pool will be closed for the day. Company shall have the right to close the pool early or reduce staff in the event of severe weather, as defined by the National Weather Service, with no refund due to Customer. The Company's policy regarding pool closure due to thunder and lightning is based on the recommendations of the National Lightning Safety Institute. At the first sound of thunder the pool will be cleared of swimmers for thirty (30) minutes. At the first sight of lightning the pool and pool deck will be cleared of all patrons for thirty (30) minutes. The pool and pool deck will reopen when thirty minutes have passed without any sighting of lightning or sound of thunder. In the absence of thunder or lightning the pool may also be cleared if rainfall becomes so intense that the bottom of the pool is not visible, with the pool reopening after the intense rain subsides and the bottom of the pool becomes visible. Further, the Company reserves the right to reduce staff on days when bather load (i.e., number of swimmers) is low.

**Minimum Safety Standards.** The Customer agrees and acknowledges that it is their responsibility and duty to operate Customer's pool within the established minimum safety standards, including maintaining a safe working environment for the Company's personnel. ANSI/The Pool and Hot Tub Alliance "Minimum Standards for Public Pools," the National Electric Code, and any and all state and local health and building codes shall be used as minimum standards for safety herein.

Customer acknowledges that the Company may bring the Customer's pool into compliance if necessary, at Customer's cost, with minimum standards in the following areas:

- a. Tile depth markings at water line and safety warnings on pool deck.
- b. Safety equipment: ring buoy(s), shepherd hook(s), first aid kit, and safety rope.
- c. Safety warning signs on the pool deck.
- d. GFI circuit breakers for underwater pool lights
- e. Purchase and maintain spinal backboard with straps and head immobilizer, rescue tube (one per lifeguard station and one extra), umbrella (one per lifeguard station).
- f. All submerged suction outlets must comply with the Virginia Graeme Baker Act.
- g. All federal, state, and local regulations.
- h. All OSHA required items needed as it relates to the pool and pool pump room.





Payment for work and equipment to bring Customer's pool within minimum standards on the above items shall be the responsibility of the Customer. Company shall have the right to temporarily suspend management services or cancel this agreement if Customer fails to comply with the Company's recommendations regarding minimum standards and chooses not to have the pool adhere to any minimum standards as defined above.

- 7. Closing.** The pool will be considered closed to swimmers on the day following the final day listed in **Attachment A.** (date will roll forward for future years) The Company will close the pool as soon after that date as Company deems possible. The Company will complete the following winterization services where applicable:
- a. Pump pool water to correct level
  - b. add anti-freeze to appropriate fixtures and equipment
  - c. drain pumps and hair/lint strainer
  - d. backwash and drain filter tanks
  - e. open all valves to the appropriate settings
  - f. store Customer's deck furniture at Customer's pool
  - g. remove and store skimmer parts
  - h. remove and store all lifeguard chairs
  - i. clean chemical feeders
  - j. drain and store hoses
  - k. lubricate filter system valves
  - l. add winterization chemicals to pool
  - m. Prepare pool and pool plumbing for freeze protection; Company agrees to use common and accepted winterization techniques.
  - n. install Customer's cover (*if applicable*)
  - o. winterization of bathhouses and/or pool house, if requested, will be billed in addition to payments noted in Section 17.**
- 8. Wading Pool(s) (Unguarded Pool/Pool Area).** IF APPLICABLE to Customer's facility - The supervision and safeguarding of the users of any unguarded pool and/or pool areas (i.e. wading pools, activity pools, spray pads, etc.) shall be the responsibility of the individual bathers and/or parents of said bathers using these defined pools and pool areas. The Company will not be responsible for any injury or loss related to the use of these pools and/or pool areas. The Company will agree to provide routine maintenance of these pools and pool areas. Customer agrees to indemnify and hold Company harmless from any and all claims for damages or injuries resulting from the utilization of Customer's unguarded pools and related pool areas as it pertains to supervision. Customer shall post a sign in any unguarded pool areas in accordance with all state and local regulations or industry standards and health department standards stating "NO Lifeguard on Duty. Children must be accompanied by an adult at all times." In addition, Company requires that Customer install and maintain fencing with self-closing, self-latching gates providing access to any such unguarded pools or pool areas.
- 9. Off-Season Service.** The Company will provide off-season service visits for Customer as outlined herein.
- One (1) weekly visit if pool is uncovered.
  - One (1) bi-weekly visit if pool is covered.



The following services will be performed, as appropriate, on off-season visits:

- a. Check chemicals and adjust as needed.
- b. Monitor calcium levels in the pool during the winter months.
- c. Leaf Vacuum Pool, as needed, and if uncovered.
- d. Blow off deck as needed.
- e. Backwash filters & clean strainer pots as needed.
- f. Report any off-season vandalism to Customer.
- g. Add winterization chemicals to help retard algae growth.

**10. Personnel.** All Company personnel who will work at the Customer's pool in fulfilling the terms of this agreement, including all pool managers and lifeguards, shall be employed solely by the Company and be employees of the Company. No pool manager or lifeguard shall be engaged by the Company as an "Independent Contractor" to fulfill the terms of this agreement.

**In an effort to combat labor shortages and provide employees with a competitive pay wage, all personnel employed by the Company to work at the Customer's pool facility will be compensated at a rate no less than \$15.00 per hour worked. All Facility Managers will be compensated at a rate no less than \$18.00 per hour worked.**

- a. The Company agrees to pay the following for Company's employees, including all pool managers and lifeguards: wages; income tax withholdings; Social Security withholdings; State unemployment insurance; and Federal unemployment insurance.
- b. Personnel will be selected by the Company. Personnel not performing up to the reasonable expectations of the Customer will be replaced by the Company within 24 hours.
- c. All pool managers and lifeguards employed by the Company shall have Basic Lifeguard Certificates including CPR.
- d. Pool Managers and lifeguards shall have the authority to discipline swimmers and any and all other persons within the pool facility within their best judgement and sole discretion consistent with the published pool rules of the Customer and minimum safety standards.
- e. When a proper ratio of swimmers-to-lifeguards does not exist as determined by Company, and when additional lifeguards are available, Company reserves the right to temporarily increase the lifeguard staff in order to ensure a proper lifeguard-to-swimmer ratio. Lifeguard hours provided by the Company during such periods shall be billed to the Customer at the Company's prevailing rate, which is currently \$35.00 per lifeguard hour.
- f. The Company may decrease the number of personnel at the facility at any given time due to low bather load and/or activity at the pool without notifying the Customer in advance.
- g. Various Company personnel will be responsible for the following duties:
  1. lifeguarding predetermined pool(s)
  2. checking water chemistry and recording readings every hour
  3. maintaining chemical balance of pool water
  4. vacuuming pool
  5. cleaning tiles around pool edge
  6. backwashing filter system
  7. cleaning bathhouse daily
  8. cleaning swimming pool area
  9. emptying trash





- 10. straightening deck furniture
- 11. replenishing janitorial supplies in bathhouse
- 12. enforcing rules of the Customer for safety and convenience of Customer’s members
- 13. assisting Customer in monitoring of membership
- 14. Maintaining the condition of the pool water within the tolerances of the local Health Department while pool is open to swimmers.
 

Free Chlorine	above 1.0ppm
PH	7.2 to 7.8
Total Alkalinity	80 to 120 ppm
Calcium Hardness	200 to 300 ppm
Chlorine Stabilizer	less than 100 ppm

Company is not contracted to:

- 1. Deep clean furniture
- 2. Power wash the pool deck
- 3. Pull weeds or grasses
- 4. Clean outside the fenced-in area
- 5. Deep clean restroom facilities.

In the event the local health department revokes permission to operate the pool due to poor water quality, Customer shall be entitled to a partial refund of the contract price set forth herein computed by the following formula:

- Formula: Number of days closed times the average daily portion of the contract price (total price divided by number of days pool is to be in operation as determined by this agreement).

All of the foregoing notwithstanding however, the company shall be excused from maintaining water quality as established herein and the Customer shall be entitled to no refund in the event of any Act of God, repairs, interference by Customer, together with any and all other reasons beyond the control of Company.

Any work performed by Company shall be subject to the conditions in the “Repair Work” section of this agreement.

The Company will invest substantial resources to train its employees and convey information concerning operational techniques and management procedures at the Customer’s facility. Customer acknowledges that such information and investment is a valuable asset to the Company’s business. Therefore, Customer agrees that if the Customer employs any Assigned Employee (i.e. any employee assigned by Company to work at Customer’s pool facility during the term of this agreement or any such extensions) of Company to work as a direct employee, independent contractor, or through any person or firm other than the Company, during the term of this agreement or within one (1) year after expiration or termination of this agreement, Customer must notify Company in writing and agrees to compensate Company. This compensation shall be in the form of a fee in the amount of twenty percent (20%) of the trailing twelve months contract amount for any assigned Manager or leadership level employee, and a fee in the amount of ten percent (10%) of the trailing twelve months contract amount for any other Assigned Employee.



**11. Repair Work.** The Company will be available to perform any repair work related to the Customer’s pool facility needed during the term of this agreement; however, Customer shall have the option of using another contractor for repair work.

Repair work will be billed as follows:

- a. Any repairs required as the result of error by the Company shall be paid for by the Company with no cost to the Customer.
- b. For specific repair work or necessary equipment where the cost does not exceed \$500.00, the Company shall bill Customer.
- c. Any work or equipment in excess of \$500.00 to be provided by the Company or Company’s subcontractors will be provided and billed to Customer. Such work or equipment shall be provided only upon the authorization of the designated representative of Customer listed in **Attachment C**. In the event the Customer elects not to have such work performed or equipment provided, Company may cancel this agreement if said election interferes with the Company’s ability to carry out its responsibilities under this agreement.

**12. Chemicals and Supplies.**

The Company agrees to supply, at its expense:

- a. The Company will provide all standard chemicals for maintaining safe and clean pool water under normal conditions throughout the summer, including chlorine/sanitizer, pH adjustment chemicals, calcium chloride, sodium bicarbonate, chlorine stabilizer, and diatomaceous earth, as needed. Company reserves the right to bill Customer additional for chemicals that are non-standard, such as phosphate removers, algaecides, and water clarifier.
- b. Company will provide a chlorinator or liquid chemical pumps for Customer’s primary pool during the term of this agreement. Unless agreed otherwise herein, the Company reserves the right to remove this equipment upon termination of this agreement.
- c. The Company will provide refills for pool test kit reagents.
- d. The Company will provide the following janitorial supplies for use when pool is open:
 

toilet paper	disinfecting cleaners
paper towels	glass cleaner
replacement mop heads	toilet brushes
toilet bowl cleaners	floor cleaners
trashcan liners	

Company agrees to furnish the janitorial supplies listed above. The types of supplies provided are standard industry items. Should Customer have non-standard toilet paper holders, paper towel holders, or request specialty cleaning products Company reserves the right to invoice Customer for these items.

- e. Company agrees to re-supply the following first aid supplies:
 

Band-Aids	gauze pads and wraps
antibacterial ointment	ice packs
gloves	alcohol prep pads
triangle bandages	anti-itch cream



The contract price for the proposed Scope of Work has been calculated based on current prices for all necessary chemicals, fuel, supplies, etc.; however, the current market is volatile and sudden price increases may occur. Company agrees to use best efforts to obtain the lowest prices for chemicals, fuel, supplies, etc. from available suppliers, but if a sudden increases in costs occur after the execution of this proposal, Customer agrees to pay the increased cost. Any claim by the Company for payment related to a price increase shall require written notice from the Company to the Customer setting forth the increased cost, the material(s) in question, and the source of the supply.

The Customer agrees to supply:

- a. The Customer shall be responsible for the cost of replacing all light bulbs within the pool and general pool area.
- b. The Customer shall be responsible for providing, at no cost to the Company, the following equipment thirty (30) days prior to opening:
 

water hoses safety ropes pool vacuum hoses life hooks trash receptacles pole hangers blood borne pathogen clean-up kit return/vac diffusers/fittings mop for bathrooms fire extinguisher pool signs as required by code skimmer weirs, baskets, and lids	pool vacuum heads pool extension poles ring buoys w/ heaving lines required pool signage water test kit first aid kit safety tubes spray nozzles skimmer nets/brushes secondary pump strainer baskets flowmeters ladder bumpers, and escutcheons
---	---

Customer shall be responsible for supplying the above items, consistent with local health department regulations thirty (30) days prior to opening date. If Customer does not purchase these items thirty (30) days prior to opening date the Company will purchase these items and bill the Customer accordingly.

- c. Customer shall be responsible for supplying a completely stocked first aid kit and water testing kit, consistent with local health department regulations thirty (30) days prior to opening date. If Customer does not have a first aid kit and water test kit on-site thirty (30) days prior to opening date the Company will purchase a first aid kit and water test kit and bill the Customer accordingly.
- d. Customer shall be responsible for lawn care and landscaping around the facility, including outside and inside the fence line. Monthly weed and bug control around the pool deck is recommended.
- e. Additional chemical or labor: If additional chemicals or labor are required to maintain or correct pool water chemistry due to a failure or breakdown of Customer’s equipment or loss of water due to a defect in Customer’s pool, water source, or recirculation system, Customer agrees to pay as an additional charge the reasonable expense of all said additional chemicals and/or labor after invoicing is provided by the Company.
- f. Condition of the Pool Upon Taking Over Management: For new clients, the Company will assume that upon taking over the management of the pool that the pool water will be in good condition. Should the pool water need to be drained and the pool shell cleaned the



Customer agrees to pay this expense. If the pool water needs to be treated with a chlorine shock treatment the Customer agrees to pay for the associated chemical costs.

**13. Swimming Instruction.** Swimming instruction/lessons will be provided by the Company for Customer's residents/members. The Company shall have exclusive rights to provide swimming instruction/lessons at Customer's pool during the term of this agreement. No individual may provide swimming instruction/lessons at the Customer's pool without prior written consent from the Company. Any individual providing swimming instruction/lessons without prior written consent from the Company will be asked to leave the Customer's pool.

Company shall be entitled to all fees paid for swimming instruction/lessons. Payment of fees shall be solely the responsibility of the Customer.

**14. Emergency Closing of Pool.** The Customer and/or Company may close the pool in an emergency situation, whether the emergency is caused by breakdown of equipment, or by other causes outside of the Company's control. An emergency related pool closing will not affect any other provisions of this agreement. Should a time lapse of more than ten (10) days be necessary to perform repairs and/or restore pool to normal operations, the Company shall refund fifty percent (50%) of the daily operating cost from the eleventh day forward on a pro-rated basis. The daily operating cost is to be computed at one percent (1%) of the total contract cost, until such time as the pool is reopened for normal operation. If the pool is not reopened for normal operation within thirty (30) days, either party may cancel this agreement by written notice to the other party. This section is only intended to apply to emergency situations that arise after the pool opens for the season as defined in Attachment A.

**15. Insurance/Liability.** The Company shall maintain and keep in full force the following coverage:

1. General liability insurance no less than the amount of **\$25,000,000.00**
2. Professional liability insurance no less than the amount of **\$25,000,000.00**
3. Workers' Compensation Insurance

Company agrees to supply copies of the certificates of insurance to the Customer verifying the above-mentioned insurance coverage upon request. It is the responsibility of the Customer to provide all other insurance coverage.

Company assumes no liability for damage or injury to persons or property arising from or caused by Acts of God or mechanical failure of equipment. Except as to agents of Company, Company assumes no liability for damage or injury to persons or property arising from or caused by physical or mental incapacity, physical or mental diminution, or intoxication from alcoholic or other substances, whether legal or illegal, nor for the acts of "Good Samaritan" by any agents of Company. The Company shall not be liable or responsible for any injuries or damages that arise at any time that is not within the hours of operation as stated in this agreement. Further, the Company shall not be held liable for any injury or injuries to persons or property that occur during normal operation, other than those that are proximately caused by the gross negligence of the Company, its employees, agents, or independent contractors. Customer shall indemnify Company against liability for any and all damage, including all costs and attorney fees, except to the extent such liability was caused by the gross negligence of the Company.

The Customer shall maintain and keep in full force and affect the following coverage:



1. Premises liability insurance.
2. Comprehensive general liability insurance in the amount of no less than \$1,000,000.00 each accident and \$1,000,000.00 each person.

Customer agrees to supply copies of the certificates of insurance to the Company verifying the above-mentioned insurance coverage upon request. It is the responsibility of the Customer to provide all other insurance coverage.

At Customer's written request, Company will use its best efforts to have Customer named as an additional insured to the Company's general liability policy. As a condition precedent, Company will bill the Customer One Thousand Dollars (\$1,000.00) per policy year if Customer desires to be added as an additional insured. Company shall provide Customer with proof of insurance in the form of Certificates of Insurance verifying the above-mentioned insurance coverage.

Company shall not be responsible for any lost or stolen items from facility including, but not limited to, guest fees, snack bar items, and left behind valuables.

The Company shall not be liable for any damages to the Customer's pool related to or caused by lifting of the pool as a result of hydrostatic pressure.

**16. Cancellation.** The Customer shall have the right to cancel this agreement based on Company's non-performance of duties and responsibilities as follows:

1. Customer shall notify Company by certified mail of any problem(s) regarding performance as detailed in this agreement. Company shall have five (5) days following receipt of notification to remedy stated violation of contract. Notice via certified mail of non-performance related to regular summer operations must be provided between the period of May 1 – August 25. Any notification received outside of this period will be invalid for cancellation purposes.
2. If Company fails to remedy the violation within the five (5) day period and continues to not perform as detailed in this agreement, the Customer may terminate this agreement by providing five (5) days' written notice to Company by certified mail.
3. Any refund owed shall be paid within thirty (30) days after termination.

Refund to be computed as follows:

A daily portion of the contract price shall be computed by dividing the total contract price by the number of days pool was to be open to members as determined by this agreement. That amount shall be multiplied by the number of days pool was operated under this agreement. That amount shall be subtracted from the total amount of contract price paid to Company by Customer as of termination date. The resulting figures shall be the refund to which the Customer is entitled.



The Company shall have the right to terminate this agreement for any reason with sixty (60) days written notice to Customer. The Customer will be responsible for all contractual payments due through those sixty (60) days, as defined in Attachment B of this agreement.

If Customer has paid all contractual payments as well as all other outstanding balances owed to Company, Customer has the right to cancel this agreement for any reason on October 1 in the year in which the agreement is set to expire if the Customer provides the Company with written termination notice of this intent within thirty (30) days prior to October 1 in the year in which the agreement is set to expire (i.e., on or before September 1 of that year). Upon termination, the Customer will be responsible for all contractual payments due through the term of the agreement as defined in Attachment B. Company and Customer agree that Customer's failure to pay all contractual payments as outlined in Attachment B will negate Customer's option to cancel this agreement as outlined in this paragraph.

**17. Payments.** The Company hereby proposes to perform the work and services set forth herein for the price outlined in **Attachment B**.

Payments are due as indicated in Attachment B. Any and all payments, including but not limited to payments as specified in Attachment B, payments for repairs, equipment or labor, not made on or before ten (10) days after the due date shall be subject to a delinquent payment of five (5%) percent of the amount due or any portion thereof. In the event payments are not received within ten (10) days from the due date, the Company shall have the right, at its option, and within its sole discretion, to terminate or suspend its services under this agreement and to withdraw and remove all personnel from Customer's pool facilities without any further or additional notice to Customer. Any such termination notwithstanding, Customer shall be fully responsible for all payments provided herein. Company may continue to suspend services until such time as the entire outstanding agreement balance is paid in full. If Company elects to pursue collection of any amount due under this agreement, Customer shall pay all said amounts, together with interest at the rate of 12% per annum from the date the same became due.

Customer will be in default of this agreement if any of the following occurs: (a) Customer fails to make a payment in full when due; (b) Customer becomes insolvent; (c) Customer fails to keep any promise Customer has made in connection with this agreement; (d) Customer makes any written statement or provides any financial information that is untrue or inaccurate at the time it is provided; (e) any creditor attempts to collect any debt Customer owes through court proceedings, set-off, or self-help repossession; or (f) anything else happens that causes Company to believe that the prospect of payment or performance is significantly endangered or impaired. If Customer is in default of this agreement, Company may: (a) declare unpaid principal, earned interest, and all other agreed charges Customer owes Company under this agreement immediately due; (b) use the right of set-off; (c) demand security or new parties obligated to pay amounts due under this agreement (or both) in return for not using any other remedy; and (d) use any remedy Company has under state or federal law. By choosing any one or more of these remedies, Company does not give up Company's right to use another remedy later. By deciding not to use any remedy should Customer be in default, Company does not give up Company's right to consider the event a default if it happens again.

**Performance Clause.** Each year, the Company agrees to issue a refund to the Customer of \$1,000.00 if the Company's service has not met the Customer's reasonable expectations. The Customer will evaluate the Company, via the Company's Monthly Performance Appraisal. The refund would be payable on November 1. Any and all refunds will be considered forfeited if the Performance Appraisals are not returned to the



Company within 10 days following the end of each month. Appraisals will be available for electronic submission.

**Extension of Agreement.** Upon the expiration of this agreement's original term or any renewal term, this agreement shall continue to renew for periods equal to the original contractual term length at the then-current contract price plus eight percent (8%), unless and until: (i) Customer delivers a written termination notice pursuant to the cancellation without cause terms outlined in Section 16 above in which case the agreement shall terminate as of October 1 of that year; or (ii) this agreement is otherwise terminated pursuant to the terms contained herein. During any renewal term of the agreement, the terms, conditions, and provisions set forth in this agreement shall remain in full effect, however, opening and closing dates shall adjust accordingly.

- 18. Governing Law.** This agreement shall be governed by the laws of the State of North Carolina.
- 19. Strict Compliance.** No failure of Company to exercise any power or right granted hereunder or to insist upon strict compliance by Customer with its obligations and duty hereunder shall constitute a waiver of Company's right to demand strict compliance with the provisions hereof at any time.
- 20. Time of Essence.** Time is of the essence of this agreement.
- 21. Entire Agreement, Modification, Binding Effect.** This agreement, including Attachments A-D, constitutes the entire agreement of the parties and supersedes any prior agreements, understanding or negotiations, written or oral. This agreement may not be modified or amended except in writing, signed by both parties. This agreement shall be binding upon and inures to the benefit of the Customer and Company and their respective heirs, successors and assigns.
- 22. Rights Cumulative.** All rights and powers under this agreement shall be cumulative and, except as otherwise provided herein, shall be in addition to any and all other provided at law or in equity.
- 23. Company's Option in the Event of Change in Laws.** If there is a change in local, state, or federal law concerning any cost aspect relating to this proposal, including an increase in federal, state or local minimum wage laws, the Company may present a new contract amount to Customer, which new contract shall supersede and replace this agreement. Customer shall have five (5) days from the date of receipt of the new contract in which to reject the new contract. In the event the Customer elects to reject the new contract, this agreement may be terminated at the sole option of the Company. Unless rejected by Customer, as provided herein, the new contract will become effective and this agreement will terminate at the Company's option on the sixth (6) day after receipt.
- 24. Attorney Fees.** In the event of legal action to enforce the rights of either Company or Customer under the terms of this agreement, the parties agree that the prevailing party in said legal proceeding shall be entitled to receive as additional damages, any and all litigation expenses, including reasonable attorney's fees.
- 25. Acceptance.** Acceptance of this agreement by Customer through signatures below and return of this agreement along with any payments due hereunder, will constitute a contract entered into in accordance with any specifications, terms and conditions, supplements, or addenda attached hereto.



(This space intentionally left blank.)

**Swim Club Management Group of Charlotte, LLC.**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Camp Spencer**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_





## Attachment A

**Dates of Operation:**

The Pool will be open on the following days in 2024:  
 (2025 will be adjusted accordingly)  
 (2026 will be adjusted accordingly)

Saturday, May 25th through Monday, September 2<sup>nd</sup>, 2024  
 (2025 will be adjusted accordingly)  
 (2026 will be adjusted accordingly)

**Hours of Operation and Staffing:**

The pool is to be open during the following hours and with the noted staffing levels:

**May 25<sup>th</sup> through August 4<sup>th</sup>**

Monday through Friday

4 Lifeguards 10:00am-4:00pm

Saturday and Sunday

4 Lifeguards 10:00am-7:00pm

**August 5<sup>th</sup> through September 2<sup>nd</sup>**

Monday through Friday

No Lifeguard Pool is closed

Saturday and Sunday

4 Lifeguards 10:00am-7:00pm

Labor Day

4 Lifeguards 10:00am-7:00pm

***Additional Lifeguards will be available at a rate of \$35.00 per hour.***

Customer Initials \_\_\_\_\_  
 Company Initials \_\_\_\_\_



### Attachment B

**Payments.** The Company hereby proposes to perform the work and services as set forth in the Swim Club Management Agreement based upon specifications, conditions, and terms as set forth herein. Payments shall be made by the Customer in accordance with the following schedule: **This payment Schedule is for July, 2024 through September, 2024**

a.	Due on or before July 1, 2024	12,465.81
b.	Due on or before August 1, 2024	12,465.81
c.	Due on or before September 1, 2024	12,465.82
		37,397.44

**2025 Payment Schedule:**

a.	Five (5%) percent due on or before January 1 2024	4,850.00
b.	Ten (10%) percent on or before March 1 2024	9,700.00
c.	Twenty (20%) percent on or before May 1 2024	19,400.00
d.	Twenty-five (25%) percent on or before June 1 2024	24,250.00
e.	Twenty-five (25%) percent on or before July 1 2024	24,250.00
f.	Ten (10%) percent on or before August 1 2024	9,700.00
g.	Five (5%) percent on or before September 1 2024	4,850.00
		97,000.00

**2026 Payment Schedule:**

a.	Five (5%) percent due on or before January 1 2024	5,000.00
b.	Ten (10%) percent on or before March 1 2024	10,000.00
c.	Twenty (20%) percent on or before May 1 2024	20,000.00
d.	Twenty-five (25%) percent on or before June 1 2024	25,000.00
e.	Twenty-five (25%) percent on or before July 1 2024	25,000.00
f.	Ten (10%) percent on or before August 1 2024	10,000.00
g.	Five (5%) percent on or before September 1 2024	5,000.00
		100,000.00

***\*The above pricing does not include applicable sales tax. Tax will be added to each contract installment as per county and state regulations.***

***\*\*If this contract is signed after January 1, all installment payments due from January 1 through the date of contract execution will be due upon execution of the contract.***

Customer Initials \_\_\_\_\_

Company Initials \_\_\_\_\_



### Attachment C

**Customer Contact Person.** Please direct all Company communications to the following Customer representative:

Customer Name \_\_\_\_\_

Customer Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Customer Billing Contact Information.** Please direct all billing to the following Customer representative:

Billing Contact Person \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Phone \_\_\_\_\_

Billing Email \_\_\_\_\_

a.

b.

c. **Pool/Facility Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Pool/facility telephone \_\_\_\_\_

Customer Initials \_\_\_\_\_

Company Initials \_\_\_\_\_



## Attachment D

### Miscellaneous Items:

1. Customer agrees to allow Company to display a sign on the pool premises in a conspicuous place designating the responsibility to the Company for the quality of the pool operation.
2. Company agrees to store Customer's pool cover (where applicable) while the pool is in use for the Summer, if requested, for the additional cost of \$650.00 per year.

Customer Initials \_\_\_\_\_

Company Initials \_\_\_\_\_

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Department of Social Services - FY 25 Home and Community Care Block Grant Funding Plan

### **BRIEF SUMMARY:**

The FY25 Home and Community Care Block Grant (HCCBG) funding plan is attached for review and approval by the Board of Commissioners. The plan has been prepared, reviewed, and approved by the HCCBG Advisory Committee. The Department of Social Services serves as the lead agency for the Home and Community Care Block Grant. The lead agency's primary role is to organize the committee, develop the funding plan for the grant, and seek approval from the Board of Commissioners for the funding plan. The Home and Community Care Block Grant serves citizens ages 60 and older and promotes health and well-being services for qualified recipients. The grant is administered by the North Carolina Division of Aging and Adult Services (DAAS). The grant provides local flexibility in that the advisory committee and the Board of Commissioners can set priorities for services that the grant will fund.

### **REQUESTED ACTION:**

Motion to approve the FY25 Home and Community Care Block Grant funding plan as submitted by the Home and Community Care Block Grant Advisory Committee.

### **EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

### **SUBMITTED BY:**

Tammy Bare, Adult and Aging Services Program Administrator

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Finance - Governmental Accounting Standards Board (GASB) 87 and 96 Budget Amendments

### **BRIEF SUMMARY:**

The Governmental Accounting Standards Board (GASB) established GASB 87 and GASB 96, which requires us to recognize certain leases and technology subscriptions as debt service payments of principal and interest.

The original expenditure for these items is budgeted in the General Fund within the departments. This budget amendment will allow Finance to prepare the year end journal entry to recognize the payments as principal and interest within our Community Investment Fund where our debt payments reside.

### **REQUESTED ACTION:**

Motion to approve the corresponding budget amendments.

### **EXPECTED LENGTH OF PRESENTATION:**

1 Minute

### **SUBMITTED BY:**

Jim Howden, Finance Director

### **BUDGET AMENDMENT REQUIRED:**

Yes

### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

---

**ATTACHMENTS:**

- ▣ GASB 96 Budget Amendment
- ▣ GASB 87 - Budget Amendment



### Budget Revision/Amendment Request

Date:

Amount:

Dept. Head:

Department:

Internal Transfer Within Department

Transfer Between Departments/Funds

Supplemental Request

This budget amendment is to budget principal and interest payments for Subscription-Based Information Technology Arrangements (SBITA's) as a result of implementing GASB 96. The budget amendment budgets principal and interest payments in the Community Investment Fund (CIF) and appropriates fund balance. Actual expenditures (SBITS's) were paid out of the general fund and will be moved to the principal and interest accounts in CIF. This budget amendment also budget initial expenditures and other financing source to record inception of SBITA's.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
100	6	9120-690501-G96	PROCEEDS FROM SBITA - Other Financing Source	-	2,000,000.00	-	2,000,000.00
100	9	9120-9865-G96	CAPITAL OUTLAY - G96	-	2,000,000.00	-	2,000,000.00
			<i>To budget expenditure (subscription asset) and other financing source for GASB 96 implementation.</i>				
100	6	0000-6901	Fund Balance appropriated	15,944,832.00	667,621.00	-	16,612,453.00
100	9	9120-991303-G96	PRINCIPAL GASB 96	-	646,324.00	-	646,324.00
100	9	9120-993202-G96	INTEREST GASB 96	-	21,297.00	-	21,297.00
			<i>To budget principal and interest payments for GASB 96 implementation</i>				

**Budget Officer**

- Approved
- Denied

**County Manager**

- Approved
- Denied

**Board of Commissioners**

- Approved
- Denied

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Budget Revision/Amendment Request**

Date: June 17, 2024

Amount: 1,835,230.00

Dept. Head: James Howden - Finance

Department: Finance

Internal Transfer Within Department       Transfer Between Departments/Funds       Supplemental Request

**This budget amendment is to budget principal and interest payments for lease payments made in FY 2024 as a result of implementing GASB 87. The budget amendment budgets principal and interest payments in the Community Investment Fund (CIF) and appropriates fund balance. Actual expenditures (lease payments) were paid out of the general fund and will be moved to the principal and interest accounts in CIF. The overall effect on fund balance is zero.**

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
100	9	9120-9800-G87	CAPITAL OUTLAY - LEASAE - G87	-	595,000.00	-	
100	6	9120-6905-G87	PROCEEDS FROM LEASE	-	595,000.00	-	
			<i>TO BUDGET GASB87 IMPLEMENTATION FOR SHARPE COPIERS</i>				
100	6	0000-6901	Fund Balance Appropriated	-	1,240,230.00	-	1,240,230.00
100	9	9120-991302-G87	LEASE FINANCING PRINCIPAL - G87	-	57,000.00	-	57,000.00
100	9	9120-993201-G87	LEASE INTEREST	-	7,500.00	-	7,500.00
			<i>To budget GASB 87 implementation for Sharpe copier lease principal and interest payment</i>				
100	9	9120-991302-G87	LEASE FINANCING PRINCIPAL - G87	-	905,000.00	-	905,000.00
100	9	9120-993201-G87	LEASE INTEREST	-	13,000.00	-	13,000.00
			<i>To budget GASB 87 implementation for DHS building lease principal and interest payment</i>				
100	9	9120-991302-G87	LEASE FINANCING PRINCIPAL - G87	-	115,000.00	-	115,000.00
100	9	9120-993201-G87	LEASE INTEREST	-	530.00	-	530.00
			<i>To budget GASB 87 implementation for copier lease principal and interest payment</i>				
100	9	9120-991302-G87	LEASE FINANCING PRINCIPAL - G87	-	20,000.00	-	20,000.00
100	9	9120-993201-G87	LEASE INTEREST	-	1,200.00	-	1,200.00
			<i>To budget GASB 87 implementation for The Old Creamery lease principal and interest payment</i>				
100	9	9120-991302-G87	LEASE FINANCING PRINCIPAL - G87	-	120,000.00	-	120,000.00
100	9	9120-993201-G87	LEASE INTEREST	-	1,000.00	-	1,000.00
			<i>To budget GASB 87 implementation for HPE equipment and HP switches lease principal and interest payments</i>				

**Budget Officer**

Approved  
 Denied

**County Manager**

Approved  
 Denied

**Board of Commissioners**

Approved  
 Denied

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Finance - Budget Amendment for Interest Received on Grant Project

### **BRIEF SUMMARY:**

Grant funds received for the PAVE project earned interest and that interest is required per the grant to be used for the project. This budget amendment will allow us to increase the revenue and expenditure for the grant so we may distribute the interest to the subrecipient for the program.

### **REQUESTED ACTION:**

Motion to approve corresponding budget amendment, which will allow for payment to the subrecipient.

### **EXPECTED LENGTH OF PRESENTATION:**

1 Minute

### **SUBMITTED BY:**

Jim Howden, Finance Director

### **BUDGET AMENDMENT REQUIRED:**

Yes

### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

---

### **ATTACHMENTS:**

▫ Budget Amendment

### Budget Revision/Amendment Request

Date: 6/17/2024

Amount: 49,648.44

Dept. Head: Jim Howden

Department: Other Econ Psy & Development

- Internal Transfer Within Department
  Transfer Between Departments/Funds
  Supplemental Request

Need to increase budget for the interest we received on the paving grant funds and increase the expenditure so that we can use the funds for grant expenditures. (Caine Group)

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
001	6	3910-6701-PAVE	Interest on Investments-PAVE	-	49,648.44	-	49,648.44
001	9	3910-971061-PAVE	The Caine Group	5,000,000.00	49,648.44	-	5,049,648.44
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00

**Total**      5,000,000.00

**Budget Officer**

- Approved  
 Denied

**County Manager**

- Approved  
 Denied

**Board of Commissioners**

- Approved  
 Denied

\_\_\_\_\_  
*Signature*

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*Signature*

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*Signature*

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*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

Account Inquiry [CABARRUS COUNTY - PROD]

Account

Fund	001 ... General	Acct	001 -00-00-6-3910-6701 -PAVE	
Org	00163910 ... Other E&PD	Acct name	Interest on Investments	<a href="#">Account Notes</a>
Object	6701 ... Int on Inv	Type	Revenue	Status Active
Project	PAVE ...  Paving Pilot Project	Rollup	<input type="text"/>	
		Sub-Rollup	<input type="text"/>	
		<input type="checkbox"/> MultiYr Fund		

**4 Year Comparison**    History    4 Year Graph    History Graph

Yr/Per 2024/11	Fiscal Year 2024	Fiscal Year 2023	Fiscal Year 2022	Fiscal Year 2025
Original Budget	.00	.00	.00	.00
Transfers In	.00	.00	.00	.00
Transfers Out	.00	.00	.00	.00
Revised Budget	.00	.00	.00	.00
Actual (Memo)	-49,648.44	.00	.00	.00
Encumbrances	.00	.00	.00	.00
Requisitions	.00			.00
Available	49,648.44	.00	.00	.00
Percent used	.00	.00	.00	.00

Account Inquiry [CABARRUS COUNTY - PROD]

Account

Fund	001 ... General	Acct	001 -31-00-9-3910-971061-PAVE	
Org	00193910 ... Other E&PD	Acct name	The Caine Group	<a href="#">Account Notes</a>
Object	971061 ... Caine Grp	Type	Expense	Status Active
Project	PAVE ...  Paving Pilot Project	Rollup	<input type="text"/>	
		Sub-Rollup	<input type="text"/>	
		<input type="checkbox"/> MultiYr Fund		

**4 Year Comparison**    Current Year    History    4 Year Graph    History Graph

Yr/Per 2024/11	Fiscal Year 2024	Fiscal Year 2023	Fiscal Year 2022	Fiscal Year 2025
Original Budget	.00	.00	.00	.00
Transfers In	5,000,000.00	.00	.00	.00
Transfers Out	.00	.00	.00	.00
Revised Budget	5,000,000.00	.00	.00	.00
Actual (Memo)	5,000,000.00	.00	.00	.00
Encumbrances	.00	.00	.00	.00
Requisitions	.00			.00
Available	.00	.00	.00	.00
Percent used	100.00	.00	.00	.00

**From:** [Suzanne Burgess](#)  
**To:** [JoAnn Shuping](#)  
**Cc:** [Daniel Reece](#); [Jim Howden](#)  
**Subject:** RE: PAVE  
**Date:** Tuesday, May 7, 2024 10:01:04 AM  
**Attachments:** [image003.png](#)  
[image005.png](#)  
[image006.png](#)

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Yes, you will need a BA and we can add to June agenda.

You will have to wait and turn the funds over after the June meeting.

Thank you.

\_Suzanne

**Suzanne Burgess**  
Deputy Finance Director

*Finance Department*  
Cabarrus County  
65 Church St SE  
Concord NC 28026  
Phone: 704-920-2883  
Fax: 704-920-2101



**YOUR VOICE MATTERS**  
CABARRUS COUNTY'S 2022 WORKPLACE  
SURVEY AMBASSADOR

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**From:** JoAnn Shuping <[jjshuping@cabarruscounty.us](mailto:jjshuping@cabarruscounty.us)>  
**Sent:** Tuesday, May 7, 2024 9:59 AM  
**To:** Suzanne Burgess <[srburgess@cabarruscounty.us](mailto:srburgess@cabarruscounty.us)>  
**Cc:** Daniel Reece <[direece@cabarruscounty.us](mailto:direece@cabarruscounty.us)>; Jim Howden <[jmhowden@cabarruscounty.us](mailto:jmhowden@cabarruscounty.us)>  
**Subject:** RE: PAVE

Do I need a BA for this in the expense account or should I just use the interest account (00163910-6701-PAVE) for the check voucher? Thank you!

JoAnn

---

**From:** Suzanne Burgess <[srburgess@cabarruscounty.us](mailto:srburgess@cabarruscounty.us)>  
**Sent:** Tuesday, May 7, 2024 9:50 AM  
**To:** JoAnn Shuping <[jjshuping@cabarruscounty.us](mailto:jjshuping@cabarruscounty.us)>  
**Cc:** Daniel Reece <[direece@cabarruscounty.us](mailto:direece@cabarruscounty.us)>; Jim Howden <[jmhowden@cabarruscounty.us](mailto:jmhowden@cabarruscounty.us)>  
**Subject:** RE: PAVE

Hi JoAnn,

Will you create a check request and send an email to the Cain Group and let them know we will turnover the interest earned on the funds as of April 30, 2024?

See section 2. Recipient's Duties of contract #20096 with NC Office of State Budget and Management.

DocuSign Envelope ID: 9E350C45-9735-4DE3-9416-71EA4F5556FA

- c. Interest earnings on funds shall be used for the same purposes for which the grant was made.
- d. Submission of quarterly reports on financial and performance progress. This shall include the financial and performance progress of the RECIPIENT and all SUB-RECIPIENTS.
- e. Compliance with 9A NC AC Subchapter 24.0205

Daniel – do not allocate interest to PAVE project going forward.

Thank you.

\_Suzanne

**Suzanne Burgess**  
Deputy Finance Director

*Finance Department*  
Cabarrus County  
65 Church St SE  
Concord NC 28026  
Phone: 704-920-2883  
Fax: 704-920-2101



**YOUR VOICE MATTERS**  
CABARRUS COUNTY'S 2022 WORKPLACE  
SURVEY AMBASSADOR

From: JoAnn Shuping <[ijshuping@cabarruscounty.us](mailto:ijshuping@cabarruscounty.us)>  
 Sent: Monday, May 6, 2024 6:41 PM  
 To: Suzanne Burgess <[srburgess@cabarruscounty.us](mailto:srburgess@cabarruscounty.us)>  
 Subject: PAVE

Hi Suzanne,

Do you know what we are going to do with the remaining funds for the PAVE project? Do we need to send the Caine Group the interest funds as well? Thank you!

ORG	OBJECT	PROJECT	DESCRIPTION	YEAR	PER	JOURNAL	EFF DATE	POST DATE	SRC	T	REF1	PO/REF2	REF3	REFERENCE	AMOUNT	P	CHECK NO	WARRANT	VDR NAME/ITEM DESC	COMMENTS
00163910	6375	PAVE	State Budget Allocation	2024	8	80670	02/20/2024	02/21/2024	GEN	1	RECORD			RECORD	-5,000,000.00	Y		0		Grant Paving Pilot Prog Funds
00193910	971061	PAVE	The Caine Group	2024	11	110012	05/03/2024	04/30/2024	API	1	066848	20240304	1616997	W 050324	2,500,000.00	Y	908425	050324	THE CAINE GROUP LLC	State Grant Funding Agreement-
00193910	971061	PAVE	The Caine Group	2024	10	100694	04/26/2024	04/23/2024	API	1	066848	20240304	1616994	W 042624	2,500,000.00	Y	908288	042624	THE CAINE GROUP LLC	State Grant Funding Agreement-
00163910	6701	PAVE	Interest on Investments	2024	10	100972	04/30/2024	05/01/2024	GNI	1	RECORD			RECORD	-21,642.20	Y		0		INTEREST NCCMT -APR 24
00163910	6701	PAVE	Interest on Investments	2024	9	91186	03/31/2024	04/01/2024	GNI	1	RECORD			RECORD	-2,265.91	Y		0		INTEREST NCCMT -MAR 24
00163910	6701	PAVE	Interest on Investments	2024	8	80957	02/29/2024	03/13/2024	GNI	1	RECORD			RECORD	-5,740.33	Y		0		INTEREST NCCMT -FEB 24
															<b>(49,648.44)</b>		Funds Remaining			

**JoAnn Shuping**  
 Senior Accountant

Finance  
 Cabarrus County  
 65 Church St. S., Concord, NC 28025  
 704-920-2886





# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Finance - Year End Budget Amendments - Multi-Year and Annual Funds

### **BRIEF SUMMARY:**

At the end of each fiscal year the Finance Department evaluates both our annual and multi-year funds based on current revenue and expenditure trends to ensure that expenditures do not exceed the budget for the fiscal year.

Based on the Finance Department's analysis for each of our funds the following funds and accounts needed budget amendments:

Fund 460 - Small Projects Fund

Fund 461 - Sheriff's Department Fund

Fund 571 - Fines and Forfeitures Fund

Fund 610 - Self Insured Medical Fund

Fund 001 - General Fund (Sales Tax and Ambulance Billing Revenue and Expenditure/Turnover)

### **REQUESTED ACTION:**

Motion to approve the budget amendments and project ordinances.

### **EXPECTED LENGTH OF PRESENTATION:**

1 Minute

### **SUBMITTED BY:**

Jim Howden, Finance Director

**BUDGET AMENDMENT REQUIRED:**

Yes

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▣ Fund 460- BA
- ▣ Fund 460 - Project Ordinance
- ▣ Fund 461 - BA
- ▣ Fund 461 - Project Ordinance
- ▣ Fund 571 - BA
- ▣ Fund 610 - BA
- ▣ Fund 001 - Sales Tax BA
- ▣ Fund 001 - Ambulance BA

**Budget Revision/Amendment Request**

Date:

Amount:

Dept. Head:

Department:

Internal Transfer Within Department     
  Transfer Between Departments/Funds     
  Supplemental Request

**This budget amendment is to adjust revenues and expenditures based on year end analysis for the Special Projects Fund.**

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
460	6	0000-6023	DEFERRED TAX COLLECTIONS	3,847,273	404,144	-	4,251,417
460	6	0000-602301	DEFERRED TAX COLLECTIONS PRIOR YEARS	81,468	8,292	-	89,760
460	6	0000-6024	DEFERRED TAX INTEREST	673,714	43,052	-	716,766
460	6	0000-661401	LEASE OF LAND REVENUES	15,000	12,037	-	27,037
460	6	0000-6701	INTEREST ON INVESTMENTS	160,709	89,325	-	250,034
460	9	0000-9830	OTHER IMPROVEMENTS	1,981,965	556,850	-	2,538,815
			<b>INCREASE REVENUE AND EXPENDITURES FOR DEFERRED TAX AND OTHER IMPROVEMENTS</b>				
460	6	3250-6841-DE	DUKE POWER REBATE	76,582	15,662	-	92,244
460	9	3250-9315-DE	HEALTH AND SAFETY	106,189	7,831	-	114,020
460	9	3250-9493-DE	OPERATIONS	15,721	7,831	-	23,552
			<b>INCREASE REVENUES AND EXPENDITURES FOR DUKE REBATE</b>				
460	6	1610-6501-0258	REGISTER OF DEEDS FEES	2,291,355	134,160	-	2,425,515
460	6	1610-6701	INTEEST ON INVESTMENTS	76,471	20,823	-	97,294
460	9	1610-9407	AUTOMATION AND ENHANCEMENT	2,445,331	154,983	-	2,600,314
			<b>INCREASE REVENUES AND EXPENDITURES FOR REGISTER OF DEEDS AUTOMATION AND ENHANCEMENT</b>				
460	6	3270-6606-DRILL	PROGRAM FEES	19,341	1,368	-	20,709
460	9	3270-9419-DRILL	REPAIRS AND MAINTENANCE	19,341	1,368	-	20,709
			<b>INCREASE REVENUES AND EXPENDITURES FOR SOIL AND WATER PROJECTS</b>				

**Budget Officer**

**County Manager**

**Board of Commissioners**

Approved  
 Denied

Approved  
 Denied

Approved  
 Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# CABARRUS COUNTY SMALL PROJECTS CAPITAL PROJECT ORDINANCE

**BE IT ORDAINED**, by the Board of County Commissioners of the County of Cabarrus, North Carolina that, pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following capital project ordinance is hereby adopted:

Section I.

- A. The project authorized is for the purpose of accumulating and appropriating general fund revenues and federal and state grants funds received specifically for use by the appropriate Cabarrus County Department who has received the funds.
- B. The officers of this unit are hereby directed to proceed with this capital project within the terms of the guidelines as set forth by the federal and state government, Generally Accepted Accounting Principles (GAAP) and the budget contained herein.
- C. It is estimated that the following revenues will be available to complete capital projects as listed:

Board of Elections Department	
Interest on Investments	\$ 34,130
Contribution from General Fund	61,484
Contribution from Capital Reserve	150,000
	\$ 245,614
Register of Deeds Department:	
Register of Deeds Fees	\$2,425,515
Interest on Investments	97,294
Contribution from General Fund	77,505
	\$2,600,314
Community Development	
Contribution from General Fund	\$54,901
Duke Power Rebate	92,244
	\$147,145
Soil and Water Department:	
Deferred Tax Collections	\$190,102
Interest on Investments	1,693
Contributions and Private Donations	2,898
Contribution from General fund	86,146
EEP Contract	3,225
ADFP Grant	54,000
Drill Program Fees	20,709
Easement	275,396
Suther Farm Project	780,000
StRAP	258,798
Hill Farm Project	99,000
Stewardship Fund	56,971
	\$1,828,938
Educational Farming	527,000
Local Agricultural Preservation Projects:	
Contribution from General Fund	\$13,801
Deferred Farm Tax Collections	4,341,177
Deferred Farm Tax Interest	716,766
Lease	27,037
Interest on Investments	250,034
	\$5,348,815
<b>TOTAL REVENUES</b>	<b>\$10,697,826</b>

D. The following appropriations are made as listed:

Board of Elections Department:	
Board of Elections Equipment and Furniture	\$ 245,614
Register of Deeds Department:	
Register of Deeds Automation & Preservation	\$ 2,600,314
Community Development	
Duke Rebate Projects	\$147,145
Soil and Water Department:	
Other Improvement Projects	\$280,839
EEP Contract	3,225
ADFP Conservation Easement	54,000
Drill Repair & Maintenance	20,709
Suther Farm Project	780,000
StRAP	258,798
Hill Farm Project	99,000
Easement	275,396
Stewardship	56,971
	\$1,828,938
Educational Farming	
Educational Farming (Lomax)	\$ 527,000
Local Agricultural Preservation Projects:	
Other Improvement Projects	\$5,348,815
<b>TOTAL EXPENDITURES</b>	<b>\$10,697,826</b>
<b>GRAND TOTAL – REVENUES</b>	<b>\$10,697,826</b>
<b>GRAND TOTAL – EXPENDITURES</b>	<b>\$10,697,826</b>

Section II.

- A. Special appropriations to non-profit organizations shall be distributed after the execution of an agreement which ensures that all County funds are used for statutorily permissible public purposes.
- B. The County Manager or designee is hereby authorized to transfer appropriations within or between funds, or modify revenue and expenditure projections as contained herein under the following conditions:
  1. The County Manager may transfer amounts between objects of expenditures and revenues within a function without limitation.
  2. The County Manager may transfer amounts up to \$100,000 between functions of the same fund.
  3. The County Manager may transfer amounts between contingency funds which are set aside for a specific project for budgetary shortfalls or upon the appropriate approval of a change order.
  4. The County Manager is authorized to transfer funds from the General Fund or Capital Reserve Fund to the appropriate fund for projects approved within the Capital Improvement Plan for the current fiscal year.

5. The County Manager may enter into and execute change orders or amendments to County construction contracts in amounts less than \$90,000 when the appropriate annual budget or capital project ordinance contains sufficient appropriated but unencumbered funds.
6. The County Manager may award and execute contracts which are not required to be bid or which G.S. 143-131 allows to be let on informal bids so long as the annual budget or appropriate capital project ordinance contains sufficient appropriated but unencumbered funds for such purposes.
7. The County Manager may execute contracts with outside agencies to properly document budgeted appropriation to such agencies where G.S. 153 A-248(b), 259. 449 and any similar statutes require such contracts.
8. The County Manager may reject formal bids when deemed appropriate and in the best interest of Cabarrus County pursuant to G.S. 143-129 (a).

Section III.

This ordinance and the budget documents shall be the basis of the financial plan for the County of Cabarrus.

- a. The Finance Director is hereby directed to maintain within the Capital Projects Fund sufficient detailed accounting records to satisfy the requirements of the law.
- b. The Finance Director is directed to report, at the request of the Board, on the financial status of each project element in Section I and on the total revenues received or claimed.
- c. Copies of this capital project ordinance shall be furnished to the Clerk to the Governing Board, and to the Finance Director for direction in carrying out this project.
- d. At the completion of a construction project, all unrestricted excess funds are transferred to the General Fund and the portion of the Capital Project Ordinance associated with the project is closed.

Adopted this 17<sup>TH</sup> day of June 2024.

CABARRUS COUNTY BOARD OF COMMISSIONERS

BY: \_\_\_\_\_  
Stephen M. Morris, Chairman

ATTEST:

\_\_\_\_\_  
Clerk to the Board

**Budget Revision/Amendment Request**

Date: June 17, 2024

Amount: 123,933.00

Dept. Head: JAMES HOWDEN ( PREPARED BY SUZANNE BURGESS)

Department: FUND 461 - SHERIFF SPECIAL REVENUE FUND

Internal Transfer Within Department       Transfer Between Departments/Funds       Supplemental Request

**This budget amendment is to adjust revenues and expenditures for the Sheriff Project Fund based on Finance analysis.**

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
461	6	2111-6701	INTEREST ON INVESTMENTS	8,401.00	1,547.00	-	9,948.00
461	9	2111-9836	FORFEITURE SHARING EXPENSES	209,707.00	1,547.00	-	211,254.00
461	6	2111-9701-TREAS	INTEREST ON INVESTMENTS	14,268.00	1,756.00	-	16,024.00
461	9	2111-9836-TREAS	FORFEITURE SHARING EXPENSES - TREAS	221,186.00	1,756.00	-	222,942.00
461	6	2112-6306	NC SUBSTANCE CONTROL	558,757.00	113,818.00	-	672,575.00
461	6	2112-6701	INTEREST ON INVESTMENTS	61,072.00	5,128.00	-	66,200.00
461	9	2112-9838	NC CONTROL EXPENDITURES	790,032.00	118,946.00	-	908,978.00
461	6	2114-6694	FIRING RANGE	35,941.00	1,382.00	-	37,323.00
461	6	2114-6701	INTEREST ON INVESTMENTS	879.00	302.00	-	1,181.00
461	9	2114-9572	MAINTENANCE AND REPAIRS	36,820.00	1,684.00	-	38,504.00

**Budget Officer**

Approved  
 Denied

**County Manager**

Approved  
 Denied

**Board of Commissioners**

Approved  
 Denied

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## CABARRUS COUNTY SHERIFF'S DEPARTMENT SPECIAL REVENUE PROJECT ORDINANCE

BE IT ORDAINED, by the Board of County Commissioners of the County of Cabarrus, North Carolina, that, pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following special revenue project ordinance is hereby adopted:

Section 1. The special revenue project authorized is for the purpose of collecting and appropriating federal and state funds received specifically for the Cabarrus County Sheriff's Department.

Section 2. The officers of this unit are hereby directed to proceed with this project within the terms of the guidelines as set forth by the federal and state government, Generally Accepted Accounting Principles (GAAP) and the budget contained herein.

Section 3. The following budgeted amounts are appropriated for the projects:

Federal Forfeiture Funds:	
Federal Forfeiture Sharing Justice Funds	\$211,254
Federal Forfeiture Sharing Treasury Funds	222,942
Contribution to General Fund-Fed Forf	107,687
NC Substance Control:	
NC Substance Control Expenses	908,978
Firing Range:	
Firing Range Maintenance/Repair	38,504
<b>TOTAL EXPENDITURES</b>	<b>\$1,489,365</b>

Section 4. The following revenues are anticipated to be available to complete the projects:

Federal Forfeiture Funds:	
Federal Forfeiture Sharing Justice Funds	\$123,678
Federal Forfeiture Sharing Treasury Funds	277,298
Contribution from General Fund-Fed Forf	114,935
Interest on Investments–Federal Forfeiture	25,972
NC Substance Control:	
NC Substance Control Funds	672,575
Interest on Investments-NC Substance Control	66,200
Contribution from General Fund	170,203
Firing Range:	
Firing Range Funds	37,323
Interest on Investments	1,181
<b>TOTAL REVENUES</b>	<b>\$1,489,365</b>



Section 5. The Finance Officer is hereby directed to maintain within the Special Revenue Fund sufficient detailed accounting records.

Section 6. Funds may be advanced from the General Fund for the purpose of making payments as due. Reimbursement to the General Fund should be made in an orderly and timely manner.

Section 7. The Finance Officer is directed to report, at the request of the Board, on the financial status of each project element in Section 3 and on the total revenues received or claimed.

Section 8. Copies of this special revenue project ordinance shall be furnished to the Clerk to the Governing Board, and to the Budget Officer and the Finance Officer for direction in carrying out this project.

Section 9. At the completion of the project, all unrestricted excess funds are transferred to the General Fund and the Special Revenue Project Ordinance is closed.

Section 10. The County Manager is hereby authorized to transfer revenues and appropriation within an ordinance as contained herein under the following conditions:

- a. The Manager may transfer amounts between objects of expenditures and revenues within a function without limitation.
- b. The Manager may transfer amounts up to \$100,000 between functions of the same ordinance.
- c. The Manager may transfer amounts between contingency funds which are set aside for a specific project for budgetary shortfalls or upon the appropriate approval of a change order.
- d. Upon notification of funding increases or decreases to existing grants or revenues or the award of grants or revenues, the Manager or Finance Officer may adjust budgets to match, including grants that require a County match for which funds are available.
- e. The Manager may enter into and execute change orders or amendments to County construction contracts in amounts up to \$90,000 when the project ordinance contains sufficient appropriated but unencumbered funds.

Adopted this 17<sup>th</sup> day of June 2024.

CABARRUS COUNTY BOARD OF COMMISSIONERS

BY: \_\_\_\_\_  
Stephen M. Morris, Chairman

ATTEST:

\_\_\_\_\_  
Clerk to the Board

### Budget Revision/Amendment Request

Date: June 17, 2024

Amount: 285,000.00

Dept. Head: James Howden, Finance

Department: FUND 571

Internal Transfer Within Department     
  Transfer Between Departments/Funds     
  Supplemental Request

Cabarrus County collects fines, penalties and forfeitures that belong to public schools. The funds are recorded in a special revenue fund. The amount collected is turned over monthly to Cabarrus County Schools and Kannapolis City Schools, based on a per capita percentage of average daily membership (ADM) for each school, and less payments made for bond forfeiture legal fees.  
 This budget amendment is to increase revenues and expenditures in this fund to ensure collections and expenditures are within budget for fiscal year end.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
571	6	7110-6606	PROGRAM FEES	2,170,000.00	285,000.00	-	2,455,000.00
571	9	7110-9609	LEGAL FEES	120,000.00	10,000.00	-	130,000.00
571	9	7110-9701	CABARRUS COUNTY SCHOOLS	1,800,000.00	250,000.00	-	2,050,000.00
571	9	7110-9702	KANNAPOLIS CITY SCHOOLS	250,000.00	25,000.00	-	275,000.00

**Budget Officer**

Approved  
 Denied

**County Manager**

Approved  
 Denied

**Board of Commissioners**

Approved  
 Denied

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date: **June 17, 2024**

Amount: **437,000.00**

Dept. Head: **James Howden - Finance**

Department: **Fund 610 - Health Insurance - ISF**

**Internal Transfer Within Department**

**Transfer Between Departments/Funds**

**X Supplemental Request**

This budget amendment is to increase the budget for health insurance claims contributions, dental claims and admin costs in the Health Insurance and Dental Internal Service Fund. The total budget for claims is being increased based on estimated higher than average claims for the last two months of the fiscal year. This budget amendment appropriates fund balance and transfers funds from the general fund.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
610	6	1917-6901	FUND BALANCE APPROPRIATED	86,203.75	360,000.00	-	446,203.75
610	9	1917-9645	HEALTH INSURANCE CLAIMS	14,319,196.00	350,000.00	-	14,669,196.00
610	9	1917-948502	HRA - FLEXIBLE BENEFIT ACCOUNT	15,000.00	10,000.00	-	25,000.00
610	9	1918-9485	ADMINISTRATIVE FEES	71,000.00	3,500.00	-	74,500.00
610	9	1918-9645	DENTAL CLAIMS	639,000.00	35,000.00	-	674,000.00
610	6	1918-6902	CONTRIBUTION FROM GENERAL FUND	230,000.00	38,500.00	-	268,500.00
001	9	1960-9734	TRASNFER TO INTERNAL SERVICE FUND	230,000.00	38,500.00	-	268,500.00
001	6	1960-6901	FUND BALANCE	36,359,791.00	38,500.00	-	36,398,291.00

**Total** 0.00

**Budget Officer**

**County Manager**

**Board of Commissioners**

Approved  
Denied

Approved  
Denied

Approved  
Denied

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

### Budget Revision/Amendment Request

Date:

Amount:

Dept. Head:

Department:

Internal Transfer Within Department

Transfer Between Departments/Funds

Supplemental Request

**This budget amendment is to increase sales tax revenue and expenditures for turnover to the Fire Districts. This is based on an estimate and average sales tax collected and turned over as of March 2024.**

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
001	6	2720-6126	SALES TAX - FIRE DISTRICTS	1,661,330.00	350,000.00	-	2,011,330.00
001	9	2720-9756	FIRE DISTRICTS	1,661,330.00	350,000.00	-	2,011,330.00

**Budget Officer**

- Approved
- Denied

**County Manager**

- Approved
- Denied

**Board of Commissioners**

- Approved
- Denied

*Signature* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Date* \_\_\_\_\_

*Date* \_\_\_\_\_

### Budget Revision/Amendment Request

Date:

Amount:

Dept. Head:

Department:

Internal Transfer Within Department

Transfer Between Departments/Funds

Supplemental Request

Emergency Management Services (EMS) uses EMS Management and Consultants (EMSMC) an ambulance billing services company for medical billing and collection services. EMS pays EMSMC on a monthly basis 7.0% of net collections and \$11.50 per claim for NC Medicaid Managed Care claims. Average net collections for this fiscal year are higher than expected. This budget amendment increases revenues for the increase in collections and expenditures for the fees associated with billing and collections of claims and to cover insurance premiums for new vehicles.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
001	6	2730-6613-IFAC	AMBULANCE FEES -INTER-FACILITY	500,000.00	100,000.00	-	600,000.00
001	9	2730-9445	PURCHASED SERVICES	708,440.00	90,000.00	-	798,440.00
001	9	2730-9644	INSURANCE	90,000.00	10,000.00	-	100,000.00

**Budget Officer**

- Approved
- Denied

**County Manager**

- Approved
- Denied

**Board of Commissioners**

- Approved
- Denied

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

BOC - Appointments to Boards and Committees

### **BRIEF SUMMARY:**

The following appointment to Boards and Committees are recommended for June:

#### Cabarrus County Board of Equalization and Review:

Mr. Glen Tucker currently serves as a member and Mr. William Ferriss currently serves as an alternate member of the Cabarrus County Board of Equalization and Review. Each have terms expiring June 30, 2024. Each have expressed their desire to remain on the Board. An exception to the length of service provision of the Appointment Policy will be needed Mr. Tucker.

#### Centralina Workforce Development Board:

The terms on the Centralina Workforce Development Board for members Tracie Hampton and Milton Chicas, Private Sector representatives, end June 30, 2024. Both are recommended to be reappointed to serve another term. Ms. Hampton resides in Mecklenburg County and Mr. Chicas resides in Gaston County. An exception to the residency and length of service provisions of the Appointment Policy will be needed for them.

#### Early Childhood Task Force Advisory Board:

At the request of the Early Childhood Task Force Advisory Board, it is recommended to remove Carla Brown from the roster and appoint Steven Ayers to a four-year term ending June 30, 2028; to include an exception to the multiple boards provision of the Appointment Policy.

#### Human Services Advisory Board:

At the request of the Human Services Advisory Board, it is recommended to reappoint Angel

Lugo, LFACHE, MPA to a three-year term ending June 30, 2027 to include an exception to the residency provision of the Appointment Policy.

Water and Sewer Authority of Cabarrus County:

The terms on the Water and Sewer Authority of Cabarrus County (WSACC) for Jonathan Marshall and Commissioner Shue end June 30, 2024. A letter from the WSACC Chairman, Mike Legg, is attached in this regard. Mr. Marshall has served on the Authority since 2012 and also resides in Mecklenburg County. An exception to the length of service and residency provisions of the Appointment Policy will be needed for him.

Juvenile Crime Prevention Council:

During its May 15 meeting, the Juvenile Crime Prevention Council (JCPC) voted unanimously to recommend the renewal of member terms expiring June 30, 2024 for Rosemary Gause, Ashlie Shanley, Lakesha Steele, and Michelle Wilson. Ms. Gause and Ms. Wilson serve as Members At Large. Ms. Steele fills the statutorily required seat for a Member of the Public representing the Interests of Families of At-Risk Youth. DA Shanley fills the statutorily required seat for District Attorney. Each of the above members expressed a desire to renew their terms. An exception to the length of service provision will be needed for Ms. Wilson. An exception to serving on multiple boards will be needed for Ms. Gause and Ms. Shanley.

The Council also voted unanimously to accept the resignations of Mikayla Branch and Terry Wise whose member terms expire June 30, 2024. Ms. Branch filled the statutorily required seat for Youth under Age 21. Mr. Wise filled the statutorily required seat for Substance Abuse Professional. The council wishes to express sincere appreciation for their service.

Public Health Authority of Cabarrus County:

The terms for Cecilia Plez, Public Member representative and Mark Spitzer, Public Member representative, on the Public Health Authority end June 30, 2024. The nominating committee is recommending that both Ms. Plez and Mr. Spitzer continue serving on the Public Health Authority Board of Cabarrus County for an additional term. Mr. Spitzer will not recognize the one-year term wait period due to the extenuating circumstances of multiple new board members and the need for stability and historical knowledge. He currently serves as Vice-Chair. An exception to the length of service provision of the Appointment Policy will be needed for Mr. Spitzer.

Dr. Kim Dehler will resign as the Dentist representative effective June 30, 2024. There is one year left in her term. It is recommended Dr. Kerry Dove be appointed to fill the unexpired term ending June 30, 2025.

Dr. Chip Buckwell's, Public Member representative, term will expire June 30, 2024 and will not

be renewing a second term. It is recommended to appoint Dr. Natasha Lipscomb as the Public Member representative for a three-year term to expire June 30, 2027.

Cabarrus County Tourism Authority:

The Cabarrus County Tourism Authority has 4 seats that need to be appointed for the term commencing July 1, 2024 and ending on June 30, 2027. The nominating group's nominees are as follows:

Cabarrus County - Seat #4 - Kenny Wortman

Cabarrus County Tourism Authority - Seat #5 Lloyd Payne

Cabarrus County Tourism Authority - Seat #11 Vinay Patel\*^

Cabarrus Regional Chamber of Commerce - Seat #6 Melissa Ewart^

\*Reappointment

^An exception to the residency provision of the Appointment Policy will be needed.

The following people have terms that expire June 30, 2024: Diane Honeycutt, Terry Crawford and Owen Parker who will be removed from the roster.

Transportation Advisory Board:

The following Transportation Advisory Board members have terms that end June 30, 2024: Art Whittaker (County Schools), Mitchell Burris (Law Enforcement), Skip Kraft (Vocational / Sheltered Workshops), Ann Benfield (Head Start) and Anthony Hodges (Human Services Aging). Mr. Whittaker, Mr. Burris, Mr. Kraft, and Ms. Benfield would like to serve another term. An exception to the length of service provision of the Appointment Policy will be needed for Mr. Whittaker, Mr. Burris, Mr. Kraft, and Ms. Benfield. An exception to the residency provision of the Appointment Policy will be needed for Mr. Whittaker and Mr. Kraft. An exception to the service on multiple boards provision of the Appointment Policy will be needed for Ms. Benfield. Anthony Hodges retired from his position with the County and no longer serves on this board. Tammy Bare has agreed to serve as the Human Services Aging representative. An exception to the service on multiple boards provision of the Appointment Policy will be needed for Ms. Bare.

Tony Lapish has agreed to serve as the Citizen Advocate - Retired representative. An exception to the service on multiple boards provision of the Appointment Policy will be needed for Mr. Lapish.

Youth Commission:

A change in appointments due to graduations and term expirations.

Please remove from the roster the following 2024 graduating seniors from the Youth



Commission:

Makhi Nash - A.L. Brown High School  
Owais Kamran - Central Cabarrus High School  
Connor Solvason - Cox Mill High School  
Anna Lin - Hickory Ridge High School  
Konner Black - Northwest Cabarrus High School  
Nattellie Anderson - At-Large  
Scarlet West - At-Large

Please remove from the roster the following persons from the Youth Commission as their terms have expired:

Jaxon Boss - At-Large  
Nihar Kummetha - At-Large  
Ansh Kamdar - Concord High School  
Ana McAuley - Mt. Pleasant High School

**REQUESTED ACTION:**

Provide information.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Lauren Linker, Clerk to the Board

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

BOC - NACo Voting Credentials - 2024 Annual Conference

**BRIEF SUMMARY:**

The National Association of Counties, NACo, will hold their 2024 Annual Conference in Hillsborough County, Florida on July 12 - 15, 2024. In order to participate in the Association's annual election of officers, a voting delegate must be registered by July 8, 2024 at 5:00 p.m. EDT.

**REQUESTED ACTION:**

Motion to designate a voting delegate to represent Cabarrus County at the NACo Annual Conference in July.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Lauren Linker, Clerk to the Board

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Discussion Items - No Action

**SUBJECT:**

Finance - Refinancing of Draw Program

**BRIEF SUMMARY:**

Cabarrus County plans to refinance its current Draw Program with fixed financing in July. As part of that process, a public hearing will be required, which will be at the June 17, 2024 Board of Commissioner's Regular Meeting.

The County plans to refinance up to \$230,000,000 as part of the financing to pay off the current draw program and purchase the ACN building.

**REQUESTED ACTION:**

Schedule the Public Hearing.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Jim Howden, Finance Director

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Discussion Items - No Action

**SUBJECT:**

BOC - Budget Discussion

**BRIEF SUMMARY:**

Discussion of proposed FY2025 budget.

**REQUESTED ACTION:**

Receive information.

**EXPECTED LENGTH OF PRESENTATION:**

30 Minutes

**SUBMITTED BY:**

Mike Downs, County Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Approval of Regular Meeting Agenda

**SUBJECT:**

BOC - Approval of Regular Meeting Agenda

**BRIEF SUMMARY:**

The proposed agenda for the June 17, 2024 regular meeting is attached.

**REQUESTED ACTION:**

Motion to approve the agenda for the June 17, 2024 regular meeting as presented and schedule the public hearing for 6:30 or as soon thereafter as persons may be heard.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Lauren Linker, Clerk to the Board

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- Proposed June 17, 2024 Regular Meeting Agenda

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS REGULAR MEETING

**June 17, 2024  
6:30 PM**

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### MISSION STATEMENT

THROUGH VISIONARY LEADERSHIP AND GOOD STEWARDSHIP, WE WILL ADMINISTER STATE REQUIREMENTS, ENSURE PUBLIC SAFETY, DETERMINE COUNTY NEEDS, AND PROVIDE SERVICES THAT CONTINUALLY ENHANCE QUALITY OF LIFE

### CALL TO ORDER BY THE CHAIRMAN

### PRESENTATION OF COLORS

### INVOCATION

#### A. APPROVAL OF THE AGENDA

#### B. RECOGNITIONS AND PRESENTATIONS

1. Active Living and Parks - NC Department of Health and Human Services - Division of Aging Award
2. Active Living and Parks - July - Parks and Recreation Month Proclamation

#### C. INFORMAL PUBLIC COMMENTS

#### D. OLD BUSINESS

#### E. CONSENT AGENDA

*(Items listed under consent are generally of a routine nature. The Board may take action to approve/disapprove all items in a single vote. Any item may be withheld from a general action, to be discussed and voted upon separately at the discretion of the Board.)*

1. Appointments - Cabarrus County Board of Equalization and Review
2. Appointments - Centralina Workforce Development Board
3. Appointments - Early Childhood Task Force Advisory Board
4. Appointments - Human Services Advisory Board
5. Appointments - Water and Sewer Authority of Cabarrus County

6. Appointments and Removals - Juvenile Crime Prevention Council
7. Appointments and Removals - Public Health Authority of Cabarrus County
8. Appointments and Removals - Cabarrus County Tourism Authority
9. Appointments and Removals - Transportation Advisory Board
10. (Appointments) and Removals - Youth Commission
11. Active Living and Parks - New Pool Contract
12. BOC - NACo Voting Credentials - 2024 Annual Conference
13. County Manager - Opioid Settlement Strategic Funding Plan - Cabarrus County
14. Department of Social Services - FY 25 Home and Community Care Block Grant Funding Plan
15. Finance - Governmental Accounting Standards Board (GASB) 87 and 96 Budget Amendments
16. Finance - Budget Amendment for Interest Received on Grant Project
17. Finance - Year End Budget Amendments - Multi-Year and Annual Funds
18. Juvenile Crime Prevention Council - Approval of JCPC FY2024-25 Certification
19. Tax Administration - Refund and Release Reports – May 2024

**F. NEW BUSINESS**

1. County Manager - FY 2025 Economic Development Allocation - Public Hearing 6:30 p.m.
2. Finance - Refinancing of Draw Program - Public Hearing 6:30 p.m.
3. County Manager - Adoption of the Fiscal Year 2025 Budget

**G. REPORTS**

1. BOC - Receive Updates from Commission Members who Serve as Liaisons to Municipalities or on Various Boards/Committees
2. BOC - Request for Applications for County Boards/Committees
3. Budget - Monthly Budget Amendment Report
4. Budget - Monthly Financial Update
5. Communications and Outreach - Monthly Summary Report
6. County Manager - Cabarrus Arena and Events Center Financial Report
7. County Manager - Monthly Building Activity Reports
8. EDC - May 2024 Monthly Summary Report

**H. GENERAL COMMENTS BY BOARD MEMBERS**

**I. WATER AND SEWER DISTRICT OF CABARRUS COUNTY**

**J. CLOSED SESSION**

**K. ADJOURN**

In accordance with ADA regulations, anyone who needs an accommodation to participate in the meeting should notify the ADA Coordinator at 704-920-2100 at least forty-eight (48) hours prior to the meeting.

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**June 3, 2024  
5:30 PM**

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**AGENDA CATEGORY:**

Closed Session

**SUBJECT:**

Closed Session - Acquisition of Real Property

**BRIEF SUMMARY:**

A closed session is needed to discuss matters related to acquisition of real property as authorized by NCGS 143-318.11(a)(5).

**REQUESTED ACTION:**

Motion to go into closed session to discuss matters related to acquisition of real property as authorized by NCGS 143-318.11(a)(5).

**EXPECTED LENGTH OF PRESENTATION:**

1 Hour or More

**SUBMITTED BY:**

Mike Downs, County Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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