



**BUDGET MEETING MINUTES OF THE  
PAMLICO COUNTY BOARD OF COMMISSIONERS  
TUESDAY, MAY 24, 2022**

The Pamlico County Board of Commissioners met for a FY 2022-2023 Budget Meeting on Tuesday, May 24, 2022 at 6:00pm in the Patsy H. Sadler Room of the Pamlico County Courthouse. Commissioners Missy Baskervill, Kari Forrest, Candy Bohmert, Doug Brinson, Ed Riggs, Pat Prescott and Carl Ollison were present. Also present were County Manager Tim Buck, Finance Director Bill Fentress, Assistant County Manager Justin Oakes, and Clerk to the Board Chantelle Allison. This public meeting was in continuation of the regular meeting held on May 16, 2022, and thereby recessed until the Board could reconvene on May 24, 2022.

Chairman Brinson asked if there were any additions and/or deletions to the agenda, and there were no motions made.

On a motion made by Commissioner Bohmert, seconded by Commissioner Prescott, the following resolution was unanimously approved.

**BE IT RESOLVED, the request to increase the starting salary of Jail Detention Officers to \$35,000 and increase salaries of all other Jail staff by 6%, effective immediately, is hereby approved. This increase is in lieu of a Cost of Living Increase (COLA) that may be given to other employees for FY 2022-2023** [21-22-236].

On a motion made by Commissioner Baskervill, seconded by Commissioner Bohmert, the following resolution was unanimously approved.

**BE IT RESOLVED, the Opioid Funding Allocation will follow the Memorandum of Agreement (MOA), Option A (attached), is hereby approved** [21-22-237].

On a motion made by Commissioner Bohmert, seconded by Commissioner Baskervill, the following resolution was unanimously approved.

**BE IT RESOLVED, the request to contract with Piedmont Triad Regional Council for a Salary Study, at a cost not to exceed \$20,000 and the County Manager and Finance Officer are authorized to sign documents and make necessary budget amendments, is hereby approved** [21-22-238].

County Manager Tim Buck continued the ongoing discussion of the FY 2022-2023 Budget, and requested final direction regarding the Board of Education, Community College, Rescue Squad, and departmental capital funding. Mr. Buck provided a PowerPoint presentation that summarized the budget to date. After Board discussion, the following was requested:

On a motion made by Commissioner Riggs, seconded by Commissioner Prescott, the following resolution was approved by a vote of 6:1, Ayes: Forrest, Bohmert, Brinson, Riggs, Prescott, Ollison. Nays: Baskervill.

**BE IT RESOLVED, the request to increase proposed FY 2022-2023 current expense budget amount for the Board of Education, from \$4,240,000 to \$4,320,000 is hereby approved** [21-22-239].

On a motion made by Commissioner Prescott, seconded by Commissioner Baskervill, the following resolution was unanimously approved.

**BE IT RESOLVED, the Public Hearing for the FY 2022-2023 Annual Budget will be on Monday, June 20, 2022, at 7:00pm, or heard as soon thereafter on the agenda of the June 20, 2022 regular meeting of the Pamlico County Board of Commissioners, held in the Patsy H. Sadler Room of the Pamlico County Courthouse.**

There being no further business, on a motion made by Commissioner Baskervill and seconded by Commissioner Bohmert, the Board adjourned until the next regular meeting on Monday, June 6, 2022 at 7:00 pm.

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Chairman

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Clerk to the Board

Attachment: Opioid Funding “Option A” List

**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 cooccurring 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.

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