



GREENVILLE COUNTY COUNCIL

Minutes

Committee of the Whole Meeting

April 16, 2024

4:48 p.m.

Council Chambers
301 University Ridge
Greenville, South Carolina

Council Members

Mr. Dan Tripp, *Chairman, District 28*

Mrs. Liz Seman, *Vice-Chairwoman, District 24*

Mr. Butch Kirven, *Chairman Pro Tem, District 27*

Mr. Joey Russo, *District 17*

Mr. Mike Barnes, *District 18*

Mr. Benton Blount, *District 19*

Mr. Stephen Shaw, *District 20*

Mr. Chris Harrison, *District 21*

Mr. Stan Tzouvelekas, *District 22*

Mr. Alan Mitchell, *District 23*

Mr. Ennis Fant, Sr., *District 25*

Mr. Rick Bradley, *District 26*

Pursuant to the Freedom of Information Act, notice of the meeting date, time, place and agenda was posted online, at 301 University Ridge, Greenville, and made available to the newspapers, radio stations, television stations and concerned citizens.

Council Members Absent

None

Staff Present

Joe Kernell, County Administrator

Mark Tollison, County Attorney

Regina McCaskill, Clerk to Council

Jessica Stone, Deputy Clerk to Council

Pam Gilliam, Administrative Assistant Clerk to Council

Terrance Galloway, Information Systems

Phillip Simmons, Information Systems

Others Present

Rebecca Maddox, CEO, Phoenix Center

Call to Order

Chairman Dan Tripp

Invocation

Councilor Steve Shaw

Item (3) Approval of Minutes

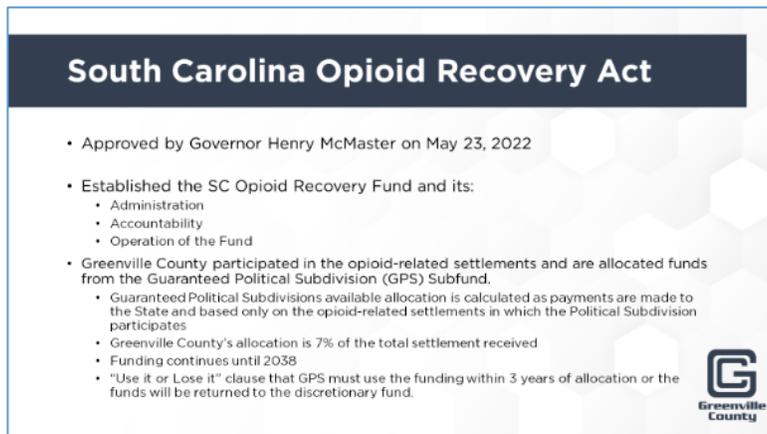
a. April 2, 2024 – Regular Committee Meeting

Action: Vice-Chairwoman Seman moved to approve the minutes of the April 2, 2024, Regular Committee Meeting.

Motion carried unanimously.

Item (4) Opioid Settlement Program

Presenters: Nicole Wood
Ronald Hollister
April Roberts
Phil Head
Rebecca Maddox



Nicole Wood stated that in 2022, Governor McMaster established the Opioid Recovery Fund; there were very stringent guidelines regarding how those funds could be used. The settlement funds came from manufacturers and distributors of opioids, including but not limited to Walgreens, Walmart, CVS, Teva and Allergan.

Recovery Fund Uses: Approved Uses

The Approved Uses are evidence-based or evidence-informed programs or strategies divided into the following three categories:

- Treatment,
- Prevention, and
- Other Strategies

Funds cannot be used to supplant (replace/take the place of) existing local, state or federal funds for a project and its activities.

Guaranteed Political Subdivision Funds Currently Available to Greenville County
as of March 2024 : \$7,922,206

Total Funds Payable over 18 Years: \$28,057,589



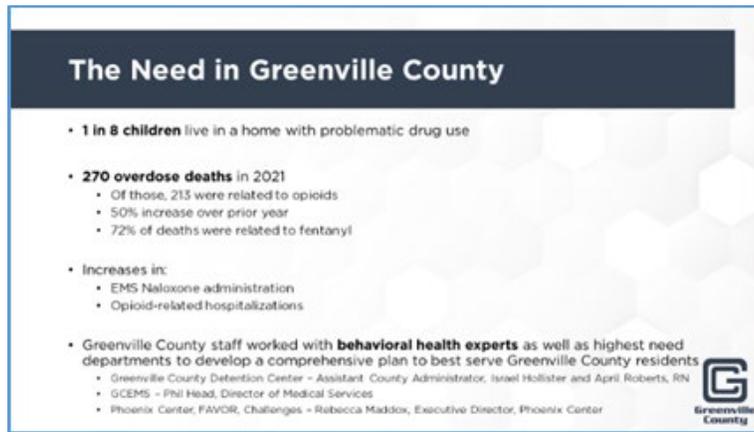
Ms. Wood stated there were two funds associated with the Opioid Recovery Fund; the Guaranteed Political Subdivision Fund, which Greenville County was a part of, and the Discretionary Fund. She stated the discretionary funds could be used by others in the community, as long as they fit the guidelines. Through the Guaranteed Political Subdivision Fund, Greenville County was guaranteed 7% of the total funds allocated. Currently, Greenville County had received just under \$8 million, and was set to receive a total or more than \$28 million by 2036. Ms. Wood stated the funds could be used for treatment, prevention and other strategies; they could not be used to supplant any funding.

Recovery Fund Uses: Core Abatement Strategies

- Funds must address Core Abatement Strategies
 - Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses;
 - Medication-Assisted Treatment ("MAT") Distribution and Other Opioid-Related Treatment;
 - Pregnant and Postpartum Women;
 - Expanding Treatment for Neonatal Abstinence Syndrome ("NAS");
 - Expansion of Warm Handoff Programs and Recovery Services;
 - Treatment for Incarcerated Population;
 - Prevention Programs;
 - Expanding Syringe Service Programs; and
 - Evidence-Based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State.



Ms. Wood stated for the past year, staff had been working with local community experts, as well as the County's own internal departments that dealt with opioid use and abuse, to develop the program. She stated the funds were required to address Core Abatement Strategies, such as the purchase of Narcan, addressing issues with pregnant and postpartum women, prevention programs, as well as expanding existing programs. One population that was very striking was the County's inmate population; there were a large number of deaths and overdoses after release from jail. Ms. Wood stated Israel Hollister would address that topic later in the presentation.



In Greenville County, one in eight children lived in a home with problematic drug abuse. In 2021, there were 270 overdose deaths; the numbers continued to grow. Ms. Wood stated there were “horror stories” about opioids laced with fentanyl and other drugs. Greenville County EMS was using Narcan more often and the number of opioid-related hospitalizations was steadily increasing. She stated the County had partnered with the Greenville County Detention Center, Emergency Medical Services, the Phoenix Center, FAVOR Upstate and Challenges Inc. to address the issue.

Ms. Wood stated, of the \$7 million available to use, the current request would be for a little more than \$3 million. Those funds had a “use it or lose it” policy and had to be used within three years. If they were not used, they would revert back to the Discretionary Fund.

Councilor Harrison asked if political subdivisions were the only entities that could apply for funding.

Ms. Wood stated the Sheriff’s Office had already applied for and received funding. She stated non-profits, state agencies and other entities could apply. The \$28 million was just for Greenville County.

Chairman Tripp inquired if the “discretionary pot” was specific to Greenville County or was it available on a statewide basis.

Ms. Wood stated those funds were shared by the entire state. The smaller counties had received less than Greenville County. The City of Greenville had also received funding.

Councilor Mitchell asked when the three year period started.

Ms. Wood stated Greenville County received a little more than \$600,000 in 2021 and additional funds in 2022, 2023 and 2024. Currently, the County was in compliance; however, the initial \$600,000 had to be spent in 2024. The \$1 million received in 2022 had to be spent by the end of 2025. Ms. Wood stated there was an “ongoing ask” of \$1 million per year from the Detention Center and \$2 million for the next three years from the Phoenix Center, FAVOR Upstate and Challenges Inc. Greenville County received \$3.5 million in 2024 and was set to receive \$2.3 million in 2025. Staff continued to reach out to potential community partners.

Greenville County Detention Center

LEAD PARTNER

Greenville County
Department of Public Safety
Detention Health Services

- Adult and Juvenile Inmate Detention and Health Services
- Average Daily Census: 1400-1500
- In 2023:
 - 18,176 incarcerations
 - 3,900 individuals identified through the medical screening process during intake and early incarceration as having potential for substance withdrawal
 - 25,000 treatments carried out during withdrawal care

Greenville County

Israel Hollister, Assistant County Administrator for Public Safety, stated individuals who suffered from substance abuse disorders were disproportionately involved in the criminal justice system. Once an individual was incarcerated, that had a constitutionally protected right to adequate health care. Mr. Hollister stated medication-assisted treatment programs had become the standard by which the Detention Center was measured; it always needed to be moving in the direction of doing what the research suggested. If an inmate was not treated effectively while incarcerated, they were at a higher risk of dying from an overdose after release.

Mr. Hollister stated the Greenville County Detention Center was the busiest in the state. Approximately 18,000 to 22,000 people were booked into the center yearly, with an average daily population of 1385 (2023). Currently, there were 1492 inmates at the facility. In 2023, of the approximate 18,000 people that were screened at the center, 3900 were identified with potential substance withdrawal. Mr. Hollister stated substance abuse could include alcohol, but, more often than not, it was related to opioids. Those 3900 patients had over 25,000 interactions with staff; checking blood pressures, administering medication, etc. It was an ongoing process until release.

Community Partners

- We recently established relationships with Greenville City FD and Greenville County EMS to provide linkage to care upon release.
- We have an active relationship with the Prisma Addiction Medicine Center for Hepatitis C Treatment.
 - Would look to expand warm hand off of patients initiated on MAT
- Looking forward to establishing relationships with the Phoenix Center, FAVOR and any other agency/facility providing continuation of treatment upon release.

   **Greenville County**

Mr. Hollister stated a number of entities had approached the Detention Center wanting to partner when they learned about the opportunity to participate in the settlement. The Detention Center had already partnered with Greenville County EMS and the local fire departments to make sure people could get access to care once they were released from the facility. He stated the Detention Center had also partnered with other local agencies to assist individuals while they were incarcerated, and, after release, to transition them into the community while continuing with their treatment. Mr. Hollister stated the ultimate goal was to reduce the recidivism rate.

South Carolina Opioid Recovery Fund Usages

Core Abatement Strategies:

- Treatment for incarcerated population
- Medication-Assisted Treatment (MAT) distribution and other Opioid-Related Treatment
- Pregnant and postpartum women
- Expansion of Warm Handoff Programs and Recovery Services



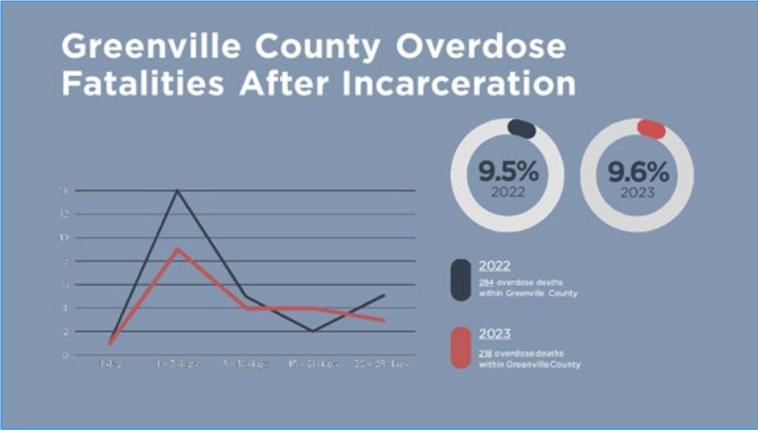
Mr. Hollister stated the Detention Center had chosen to specifically focus on those core abatement strategies that could take place inside the center:

- Medication-assisted treatment program
- Focus on pregnant and postpartum women and the issues they face incarcerated
- Expansion of a warm handoff program and recovery services

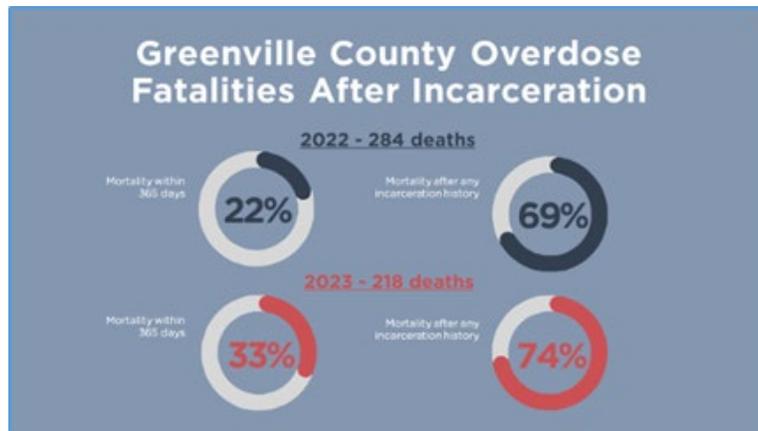
“Jails are on the front lines of this epidemic, and they also are in a unique position to initiate treatment in a controlled, safe environment. Pharmacotherapy—i.e., medication-assisted treatment—is a **cornerstone of best practice for recovery from substance abuse**. Treatment using MAT, particularly when coupled with evidence-based behavioral therapy, improves medical and mental health outcomes and reduces relapses and recidivism.”

-National Commission on Correctional Healthcare

Mr. Hollister stated jails were on the frontlines of the opioid epidemic. Detention Centers had the opportunity to treat while an individual was incarcerated. Community service providers relied on individuals approaching them for services; however, once an individual was incarcerated, there was an opportunity to treat them and give them the skills and information necessary to leave the detention center in much better condition.



Mr. Hollister stated the Detention Center had reached out to the Coroner's Office to obtain information regarding the number of overdose deaths in South Carolina, and more specifically, in Greenville County. In 2022, over 200 people overdosed; the largest number of them had been released from the Detention Center within the previous seven days. He stated 9.5% of previously incarcerated individuals suffered from opioid-related deaths 28 days after release.



In 2022, 22% of individuals that overdosed had been in jail within the past year; in 2023, that number was 33%. Of all reported overdoses for 2022, 69% had been incarcerated at some point in their lives; that figure was 74% for 2023. He stated one reason the abatement strategies focused specifically on the jail population was there was a unique opportunity to put incarcerated individuals on a path that could potentially lead to better outcomes. Mr. Hollister introduced April Roberts, Medical Administrator for the Detention Center, to talk specifically about the plan itself.

The Plan

- All patients with opioid use disorder will have the opportunity and be encouraged to meet with our Licensed Addiction Counselors, Social Workers, and Community Paramedics.
- Pregnant females who suffer from substance use disorder (SUD) will be treated with Suboxone, then continue this medication throughout their pregnancy within the Detention Center.
- Patients already under treatment with Suboxone or Methadone when arrested will be continued on Suboxone while incarcerated.
- Patients detained who have completed withdrawal management with suboxone and are actively engaged in therapy will be evaluated by the treatment team to determine eligibility for the initiation of MAT during their incarceration. *"Not everyone will qualify."*
- The medication portion of our program will utilize Suboxone during incarceration. Upon release, patients who are participating in our MAT program(s) will receive an injection of Brixadi to bridge them for 1 week so that they may have an opportunity to be linked to a permanent medical home for ongoing MAT therapy.
- All patients who are suffering from opioid withdrawal upon incarceration will be treated with Suboxone for withdrawal management.



**Greenville
County**

Ms. Roberts stated treatment of OCD, in general, required a multidisciplinary approach. A treatment team consisted of medical personnel, mental health staff, social workers and security staff. She stated treatment could be split into two categories; medications and recovery programs or therapy. The medication treatment plans used throughout incarceration would be tailored to a few specific groups. Pregnant patients would be managed with Suboxone during their pregnancy and in their postpartum period. Ms. Roberts stated withdrawal from opiates could actually cause a spontaneous abortion. If an inmate was already established with a provider in the community, the Detention Center would continue the current treatment. Services would include medications, therapy and counseling. She stated patients would learn skills to cope with their addiction and be able to participate actively in their recovery. Additionally, they would learn about resources upon release, for them and their families. Social Workers would be available to arrange post incarceration services.

USE OF FUNDS

- Medication Needs
 - Suboxone for Withdrawal Protocol
 - Continuing Suboxone Therapy
 - Initiating MAT Therapy
 - Brixadi Upon Release
- Urine Drug Screening Supplies
 - 16 panel
 - 5 minute results
 - Includes opioids, fentanyl and other drugs
- Program Staffing Requirements
 - Nurse Practitioner/Program Manager
 - Program oversight and implementation
 - Primary prescriber & provider for patients with SUD in a direct patient care role
 - Two (2) Registered Nurses
 - Performs daily assessments and administers medications to patients suffering from withdrawal and those on MAT
 - Community Paramedic
 - Initiates the conversation on MAT, provides in-house direct patient care as well as bridging to the EMS CP program and other agencies upon release, works on issues related to social determinants of health
 - Two (2) Licensed Addiction Counselors
 - Provides addictions counseling, therapy, and suicide risk assessments to OUD/SUD patients as part of the treatment plan
 - Social Worker
 - Collaborates with treatment team and meets with patients to connect with resources such as housing, transportation, insurance, and address any barriers to ensure there is an appropriate bridge to care and resources available upon release
 - Administrative Specialist/Data Analyst
 - Collects and manages data relevant to the program to account for expenses and reporting requirements
 - Monitors progress and outcomes for process improvement



Ms. Roberts stated staff would assist with signing inmates up for Medicaid and/or other insurance. A Community Paramedic would be assigned to the individual upon release. Community Paramedics were already in the jail, establishing relationships with incarcerated individuals. They were able to go to a previously incarcerated individual’s home and assist with linkage to available resources. She stated it was important to make sure they were linked to care on the outside. The program would offer a bridge to care with a built-in safety net. Brixadi, a seven day buprenorphine injection, would be administered as that safety net. Implementation of the plan would provide the opportunity to have a direct, positive impact on the statistics discussed earlier regarding the number of deaths in Greenville County post incarceration. She stated they hoped to have a profound impact on those deaths that occurred within the first 14 days post incarceration through linkage to care, Community Paramedic visits, and avoidance of opioid naive upon release.

**Greenville County Detention Center
Total Requested to Address the Need**

| | |
|------------------------------------------|--------------------|
| Anticipated Medication Costs | \$127,000 |
| Additional Supply Costs | \$21,000 |
| Staffing | \$888,000 |
| TOTAL REQUEST FOR 1 YEAR PROGRAM: | \$1,036,000 |

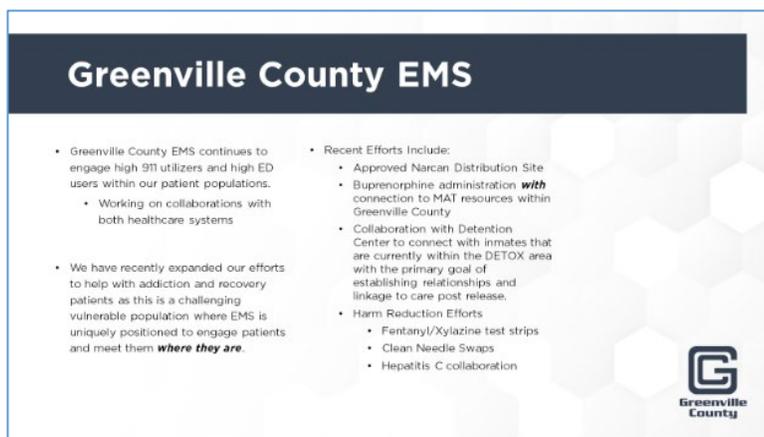
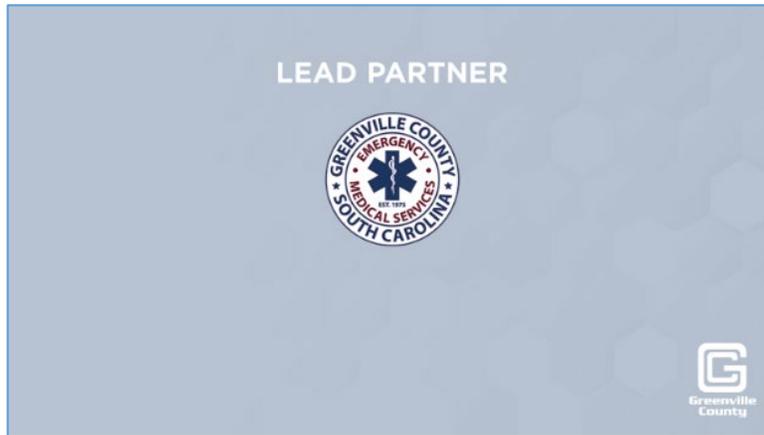


Mr. Hollister stated the Detention Center’s funding request was to obtain monies to purchase items necessary to implement the plan. In the proposal, a “best guess estimate” was given on medication costs, as many were very expensive. He stated the anticipated cost for medications was \$127,000. The largest cost would be staffing. Additional staff would have to be hired to meet the needs. Mr. Hollister stated the total request was a little more than \$1 million, which would be on a continuous basis. Hopefully, the program would benefit Greenville County for many years.

Councilor Mitchell asked if the plan had been piloted in other jurisdictions.

Mr. Hollister stated medication-assisted plans had been used in other facilities for a number of years, with great results.

Greenville County Emergency Medical Services



Phil Head, Director of Clinical Services with Greenville County EMS, stated he led the Community Paramedic Program for the County. Currently, there were three Community Paramedics; their primary function was to work with the 911 utilization system and both of the area's healthcare systems to identify gaps in transportation, access to care, and knowledge of services within the community. Mr. Head stated they had recently ventured into addiction and recovery. It was very difficult to connect that population to the right interventions. A review of "overdose calls" was conducted and efforts were made to track those individuals, with very little success. Mr. Head stated when a Community Paramedic was able to make contact, they were usually successful in getting the individual linked to needed services. EMS had been working with the Phoenix Center and the Detention Center to connect with those individuals; linkage to care was the biggest focus. Mr. Head stated EMS was accepted in the community and generally liked. When working with patients in addiction and recovery, it was important to have access to Narcan. Mr. Head stated EMS was looking at new treatments such as buprenorphine. The Community Paramedics were able to assess an individual, get them under medical control and connect them to a MAT center. One of the most fascinating things was what harm reduction looked like for a patient. Those efforts included fentanyl, xylazine test strips and clean needles swaps. EMS was also collaborating with Prisma Health and St. Francis regarding Hepatitis C treatments. Mr. Head stated one of the most interesting things was if EMS was able to establish a relationship with one of those patients through harm reduction strategies, they developed trust and the patient was 5% more likely to enter treatment.

The Ask...

- Greenville County EMS currently has the manpower, technology, infrastructure and relationships in place to kick off these initiatives, however, we do not have funding for the medications and supplies needed to serve these vulnerable populations.
- We are asking for access to \$50,000 to purchase medications and supplies.
 - Narcan for community distribution
 - Buprenorphine
 - Fentanyl/Xylazine test strips
- Every purchase will be tracked and expensed in full transparency and vetted by medical control.



Greenville County EMS Total Requested to Address the Need

| | |
|------------------------------------------|-----------------|
| Anticipated Medication Costs | \$50,000 |
| TOTAL REQUEST FOR 1 YEAR PROGRAM: | \$50,000 |



Mr. Head stated Greenville County EMS was requesting access to \$50,000 of the funds available to purchase Narcan for the community. They would be really good stewards of the Narcan and not hand it out to just anybody. They were also looking at adding QR codes to the packages of Narcan. If a can was used and it came up in the database, the person could be contacted for follow-up. If Narcan was administered to an individual and they decided they were ready for treatment, they could scan the QR code and a Community Paramedic would make a visit and offer additional medications and/or treatment. The request also included funding for buprenorphine, fentanyl and xylazine test strips. Mr. Head stated every single one of those purchases, as well as everything that EMS wanted to do, had been medically vetted by Dr. Marty Lutz.

Councilor Shaw asked he had heard a “crazy rumor” that Greenville County ambulances were only allowed to have one blanket. He asked if the rumor was true.

Mr. Head stated that was not true.

Phoenix Center

Lead Partner

Phoenix Center
Prevent • Treat • Recover

- Lead organization working on opioid use disorders to address the opioid crisis in Greenville County
- Primary provider of Prevention and Treatment services for alcohol and drug abuse in Greenville County for past 50 years

Subcontract Partners

FAVOR UPSTATE
COMMUNITY RECOVERY

- Peer-led Recovery Community Organization
- Provides:
 - Links/Connection to treatment and recovery services
 - Recovery Planning and Coaching; ongoing support
 - Family and Community Education/Awareness

Challenge Inc

- Grassroots Harm Reduction Organization
- Trusted by at-risk populations, including homeless and addicted

Greenville County

Becky Maddox, CEO of the Phoenix Center, stated all the partners were already working together and the funding would allow them to continue to do so. Each partner saw different populations and had different strategies. The Phoenix Center was the County’s primary designated entity for the treatment of drug and alcohol addiction. The center served about 5000 people a year for treatment only and an additional 30,000 in prevention. Ms. Maddox stated it was a huge program with lots of different strategies and lots of different components. The Phoenix Center wanted to partner with organizations that were trusted and had credibility within the treatment community and with the “folks that are on the street.” Trust was important when dealing with addition and recovery. Every interaction was an opportunity to build trust.

Prevention and Education

Core Abatement Strategy: Prevention Programs

Expand Current Prevention and Outreach Services to Middle and High School Students and Families

- Access to schools is a challenge
- Focus on community centers, after school programs, summer programs, partner agencies

USE OF FUNDS

- Prevention Specialist (Phoenix Center)
 - Utilize existing mobile education trailer
 - Experiential Activities
 - Education on signs of overdose, providing Narcan, and train in using overdose reversal medication
 - Utilize Greenville County Youth Board as peer leaders
- Outreach Specialist (FAVOR Upstate)
 - Provide services to parents and families
 - Education on identifying substance abuse and identifying an overdose
 - Access to Narcan and education on how to administer to reverse overdose

Greenville County

Ms. Maddox stated the Phoenix Center wanted to expand its prevention efforts by adding a Prevention Specialist and a FAVOR Peer Support Specialist to go out into the community and target adolescents and young adults. It was important to prevent use in that population. Many of those individuals lived in homes where there was substance use; if so, intervention could begin with the family system. The Phoenix Center would engage with the adolescent or young adult and FAVOR would connect with the family. The Prevention Specialist would utilize the existing mobile education trailer that was operated in conjunction with the Coroner's Office.

Harm Reduction

Core Abatement Strategies: Naloxone (Narcan) or Other FDA-Approved Drug to Reverse Opioid Overdoses, Expanding Syringe Service Programs

Expand harm reduction services to address overdose and infectious disease

USE OF FUNDS

- Two (2) Peer Support Specialists/Recovery Coaches (Challenges Inc.)
 - Provide direct services to individuals requesting harm reduction services via mobile unit and other on-site resource
 - Disseminate information at community events to those interested
- Program Administrator (Challenges Inc.)
 - Ensure daily operations, accounting, supply coordination
- Harm Reduction Program Director (Challenges Inc.)
 - Program oversight and staff supervision
 - Evaluate potential mobile unit locations
 - Plan and lead education presentations
 - Establish collaborative relationships with partners and local businesses
- Supplies and Other Expenses



Ms. Maddox stated the Phoenix Center also wanted funds to address harm reduction. Reductionists were those individuals on the absolute frontlines of substance using individuals in our community. She stated they visited homeless camps, hotels, and other places in the community that most people would not choose or need to go. Their role was to provide supplies and build trust. The additional funds would pay for a fulltime administrator for that program, peer support staff and some funds to oversee the program. Ms. Maddox stated peer support was support from individuals who had substance abuse issues in the past and were in recovery; they were a very important part of the program.

Treatment and Recovery

Core Abatement Strategies: Medication-Assisted Treatment, Distribution of Other Opioid-Related Treatment, Pregnant and Postpartum Women, Expanding Treatment for Neonatal Abstinence Syndrome, Expansion of Warm Handoff Programs and Recovery Services, Treatment for Incarcerated Population

Expand the Phoenix Center's full continuum of services that includes:

- Specialty programs for pregnant women
- Children exposed to substance abuse
- Individuals with co-occurring disorders and those with intensive case management needs

USE OF FUNDS

- Four (4) Counselors for Pregnant and Post-Partum Women (Phoenix Center)
 - Expand prenatal clinic services and provide additional services to pregnant and parenting women
- Three (3) Child Development Specialists/Counselors (Phoenix Center)
 - Double capacity in infant room
 - Planning and care for children who are developmentally delayed due to parental substance use
- Pregnant and Post-Partum Transitional Housing (Phoenix Center)
- ACE Coach for Intervention and Recovery Services (FAVOR)
- PSS Supervisor/Program Coordinator for Intervention and Recovery Services (FAVOR)
- Re-entry Counselor (Phoenix Center)
- Navigation Nurse (Phoenix Center)
- Clinical Supervisor (Phoenix Center)
- Six (6) Navigation Counselors (Phoenix Center)



Ms. Maddox stated the Phoenix Center wanted to expand its treatment and recovery programs, specifically looking at pregnant and parenting. The center already had services available in a couple of prenatal clinics in the area. She stated they would like to add a parenting piece to its treatment and recovery programs for women with young children who were experiencing problems, as well as services for children exposed to substances. It was critical to offer a medication-assisted protocol to keep both mothers and babies safe during pregnancy. Once a child was born to a substance user, the Phoenix Center wanted to be there to identify any delays or other issues that the child may experience due to the mother's substance abuse.

Overall, the goal would be to hire counselors specifically focused on pregnant and postpartum women, child development specialists to work with the children, ACE coaches, peer support specialists for FAVOR, Re-entry Councilor, Navigation Nurse, Clinical Supervisor and Navigation Counselors. Those professionals would be there to assist with community resources, medical care and other resources in a non-judgmental way.

Support/Treatment for Communities and Families

Core Abatement Strategy: Expansion of Warm Handoff Programs and Recovery Services

Increase access to effective Peer Support Services and Recovery Support Services for individuals with Substance Use Disorders and their families

USE OF FUNDS

- Peer Support Specialist (FAVOR)
 - Increase access to peer support services
 - Increase access to family support services through scheduled outreach events
 - Provide formal, monthly community education on recovery-based topics



Ms. Maddox stated funding for support treatment for communities and families was needed for FAVOR. FAVOR was established in Greenville 20 years; all of its workers had real life experience with substance abuse and were able to offer assistance from a personal standpoint. The additional funding would add Peer Support Specialists for FAVOR.

Oversight, Materials, Travel, Data Collection and Project Management

Core Abatement Strategy: Other: Leadership Planning and Coordination; Trainings

Hire key staff to implement programs and coordinate efforts among partner agencies as well as to track and report county-wide data for the overall project.

USE OF FUNDS

- Opioid Recovery Fund Project Director
 - Program implementation
 - Coordination across partner agencies
- Project Data Coordinator
 - Track and report data for overall project
- Data and Evaluation Consultant
 - Support FAVOR and Challenges with data collection and evaluation
 - Liaison to Phoenix Center



Ms. Maddox stated the funding would provide monies for an Opioid Recovery Fund Project Director for program implementation and coordination across partner agencies, a Project Data Coordinator to track and report data for the overall projects, and a Data and Evaluation Consultant to assist FAVOR and Challenges, Inc. with data collection and evaluation as well as liaise with the Phoenix Center.

Phoenix Center and Subcontractors Total Requested to Address the Need

| | |
|-----------------------------------------------------------|--------------------|
| Prevention and Education | \$131,775 |
| Harm Reduction | \$330,912 |
| Treatment and Recovery | \$1,430,415 |
| Support/Treatment for Communities and Families | \$59,325 |
| Oversight, Materials, Data Collection, Project Management | \$255,402 |
| TOTAL REQUEST FOR 1 YEAR PROGRAM: | \$2,207,829 |



In summary, the Phoenix Center request was as follows:

| | |
|-------------------------------------------------------------|--------------------|
| • Prevention and Education | 131,775 |
| • Harm Reduction | 330,912 |
| • Treatment and Recovery | 1,430,415 |
| • Support / Treatment for Communities and Families | 59,325 |
| • Oversight, Materials, Data Collection, Project Management | 255,402 |
| Total Request | <u>\$2,207,829</u> |



Ms. Maddox stated the total request from all partners was \$3,293,829.

Councilor Harrison thanked all the presenters; it appeared to be a great plan. Mr. Harrison stated most of the funding would be for additional personnel. He asked if there were any expenses that would be taken care of in the first year and not be ongoing.

Ms. Maddox stated she was not aware of any expenses that would not be ongoing, with the exception of data. It was possible that once the system was underway in terms of collecting and reporting data, the effort to do so may not be as great.

Chairman Tripp inquired what would happen at the end of the first year, in terms of funding.

Ms. Maddox stated they hoped that at the end of the first year, it was obvious all the partners were doing a good job as supported by the data. If so, there would be requests for additional funding.

Ms. Wood stated with the funding, multi-year requests were favored; however, it was awarded on a per year basis. Additional requests for funding could be made, depending on the success of the program, as supported by the data collected.

Mr. Kernell stated staff elected to delay putting the program together until the County had accumulated some of the funding. To date, Greenville County had received approximately \$8 million funding. The funding would increase and decrease yearly. He stated once the program was in place, the County did not want it to end. In 2018, Greenville County was among the first South Carolina local governments to sue manufacturers, distributors and pharmacies linked to the overuse of opioids. The South Carolina Supreme Court consolidated 51 state cases, designated Greenville County's complaint as a Master Complainant. In other words, Greenville County became the bellwether of the plaintiffs that went through the court system. Mr. Kernell stated county staff participated in an extensive discovery, gathering information from the different groups regarding how opioid addiction affected our community.

Mr. Kernell stated in 2022, Greenville County opted to participate in the first of two national settlements, which included distributors such as Cardinal Health, McKesson, Johnson and Johnson, Janssen Pharmaceuticals and other related entities. In 2023, County Council opted to participate in the second national settlement involving retail pharmacy defendants Walgreens, Walmart, CVS and manufacturer defendants, Teva and Allergan. Both of those settlements contributed to the \$28 million that Greenville County would receive. The funds could only be used for opioid programs; not a penny of County money would be used. Mr. Kernell stated there were some additional defendants still out there; the funding could increase as several had filed for bankruptcy. He stated by focusing on the Detention Center population, the County should be able to make a huge dent in the problem.

Councilor Shaw stated the funding started in 2021, with Greenville County receiving approximately \$600,000. He inquired how the County had accumulated the \$8 million.

Mr. Kernell stated it was a structured settlement. Greenville County received \$612,000 in 2021, \$3.1 in 2022, \$3.9 in 2023 and \$1.4 in 2024. The intent of the settlement was to award as much funding as possible early on. Mr. Kernell stated as there were several different defendants, the amount would fluctuate yearly.

Chairman Pro Tem Kirven inquired if there was any high level research being conducted regarding physical and psychological predispositions to addiction as well as ways to prevent them.

Ms. Maddox stated research was being conducted regarding the issue of predispositions to addiction. She stated there were disagreements about what the data had revealed. In South Carolina, funding had been awarded to MUSC, as well as a couple of other entities, to gather data from across the state in terms of substance use, specifically opioid abuse. The results of those studies were probably two years in the making.

Action: Vice-Chairwoman Seman moved to approve the Opioid Settlement Program, as presented by staff.

Councilor Tzouvelekas inquired if the motion required a second.

Chairman Tripp answered in the negative.

Motion as presented carried unanimously.

Item (5) **Adjournment**

Action: Chairman Pro Tem Kirven moved to adjourn the meeting.

Motion carried unanimously and the meeting adjourned at 5:37 p.m.

Respectfully submitted:

Regina G. McCaskill
Clerk to Council