

The Cleveland County Consolidated Human Services Board met on Tuesday, May 12, 2026, at 6:00 p.m. at the Cleveland County Health & Social Services Building.

Board members present: Sara Karner, Kale Meade, Robert Miller, Marty Hamrick, Christina Alexander, Henry Gilmore, Paula Canipe, Allison Gragg, Danny Blanton, Mary Accor, Suzanne Hensley, Deb Hardin

Staff present: DeShay Oliver, Tiffany Hansen, Andrea Power, Rebecca Johnson, Sherry Vess, Leslie McSwain, Nathan McNeilly, Kerry Rice, Anne Short, Alice Wilson, Nicole Smith

County Attorney present: Logan Roberts

CALL TO ORDER/WELCOME:

Chair Sara Karner called the meeting to order at 6:00 pm and welcomed everyone.

CITIZEN RECOGNITION:

No citizens were recognized.

APPROVAL OF AGENDA FOR MAY 12, 2026, CONSOLIDATED HUMAN SERVICES BOARD MEETING:

Chair Karner presented the proposed agenda for the May 12, 2026, Consolidated Human Services Board meeting for consideration of adoption.

Motion: A motion was made by Robert Miller with a second by Christina Alexander to adopt the agenda for May 12, 2026, Consolidated Human Services Board meeting as prepared. The motion carried unanimously.

APPROVAL OF MINUTES FOR APRIL 14, 2026, CONSOLIDATED HUMAN SERVICES BOARD MEETING:

Chair Karner presented the April 14, 2026, Consolidated Human Services Board Meeting Minutes for consideration of approval.

Motion: A motion was made by Mary Accor with a second by Marty Hamrick to approve the April 14, 2026, Consolidated Human Services Board Meeting Minutes. The motion carried unanimously.

ENERGY OUTREACH PLAN:

Chair Karner introduced Kerry Rice with the Energy Outreach Plan. Kerry began by explaining that the Energy Outreach Plan is how we inform eligible households about the assistance available through our Energy Assistance Programs, which include the Crisis Intervention Program (CIP) and the Low-Income Energy Assistance Program (LIEAP). These programs help cover the cost of electricity and natural gas, as well as deliveries of propane, fuel oil, kerosene, and wood. Our outreach plan concentrates on households with children under the age of five in the home, seniors aged 60 and older, and individuals that are disabled. This plan must be updated every year prior to the beginning of the state fiscal year which is July 1 of every year through June 30 of the following year. As instructed by General Assembly of North Carolina Session Law 2014-100, Section 12J.1.(t), all Board or local agency governing body prior to submission to state. To maximize the success of our programs we utilized outreach to county residents through community-based resources which can include local medicaid, social medicaid accounts, and community partners. Some of the community partners include senior centers, senior apartment complexes, local churches, public school systems, food banks, etc. We can provide written materials such as pamphlets and program applications to the various agencies. A member of our staff is also available to do presentations, provide training on our programs, and answer questions. During the cooler months of the year beginning in October or November, a member of our staff visits the local senior centers and senior apartment complexes to provide applications, answer questions, train their staff on our programs and how to complete and submit applications for their clients and residents. Households can apply online using epass.nc.gov, in-person, by phone, fax or email for all programs.

The Crisis Intervention Program (CIP) assists individuals and families who are experiencing a heating or cooling related crisis that are unable to find assistance from any other source. This program runs our entire fiscal year which begins on July 1 of every year. A household is eligible to apply if they currently have a past due heating or cooling bill or are facing disconnection or need assistance with reconnection or a deposit of their heating or cooling source. Households are required to be under income and resource eligibility requirements for approval. All payments are made to the household energy provider. Households are not limited in the number of times they can apply for our Crisis program but are limited to a maximum benefit of \$600 per fiscal year if we have not exhausted our funding.

The Low-Income Energy Assistance Program (LIEAP) provides a one-time annual energy provider payment to help eligible families pay their heating expenses. LIEAP runs December 1 through March 31. Our LIEAP program targets our population through various eligibility stages. Auto-LIEAP begins in October of every year. This process is an automated application and approval process for household with children under the age of five in the home, seniors aged 60 and older, and individuals that are disabled. The household also must be currently receiving Food and Nutrition Services. No action is required by the household for approval unless there has been a change in their household composition, address or utility provider. These benefits are typically paid in December. Priority Group runs December 1 through December 31 of every year. Only priority group eligible households can be approved during this period. Priority group is defined as households containing an elderly person aged 60 and above or households containing persons with disabilities that receive services through the Division of Aging and Adult Services (DAAS). Beginning January 1 through March 31 of every year anyone can apply for our LIEAP program. We will continue to approve applications if funding is available through March 31.

Our allocation of funds varies every year based on federal and state budget allocations, previous censuses populations and other factors as defined by policy. For our current fiscal year of July 1, 2025, through June 30, 2026, we have received \$499,291.67 in Crisis Intervention Program (CIP) funds and served 1342 families. We have received \$752,022.16 in Low-Income Energy Assistance Program (LIEAP) funds and served 2046 families. Kerry opened the floor for any questions. Sara asked that when a person applies does someone let them know which program they qualified for. Kerry answered that we do let them know which programs they are eligible for. Mr. Miller asked if someone meets the financial eligibility for heating and cooling help, what things do we supply. Kerry answered that we provide funding to help with their heating and cooling bill and provide resources for community partners that can help with things beyond that. Suzanne asked if there is ever an opportunity for more funding once funds have been exhausted. Kerry answered that sometimes the State will ask if we need additional funding and we can also reach out to other counties for help if they have excess funding. The Crisis Intervention Program funds usually run out in January or February and are based on funding. Sara asked if there was a waitlist for funding and Kerry answered that there was not a waitlist available. Mary asked how often they can apply for assistance. Kerry explained that anyone can apply for an unlimited number of times. Sara explained that we would need to vote on the Energy Outreach Plan for commissioner approval.

Motion: A motion was made by Deb Hardin with a second by Henry Gilmore to approve the proposed Energy Outreach Plan to the commissioners. The motion carried unanimously.

COMMUNITY SATISFACTION SURVEY RESULTS:

Chair Karner introduced Anne Short with the Community Satisfaction Survey Results. Anne began by explaining that we conduct a Community Satisfaction Survey annually for accreditation purposes. Anne gave a brief overview of some of the more important questions and the responses we received. One of the questions asked on the survey was “Did you know the Cleveland County Health Department provides all of the following services?” The top five answers were that 85% knew about our Primary Care Clinic, 71% knew about our Dental Clinic, 67% were aware of WIC Nutrition Services, 67% knew about our Immunization Clinics, and 62% knew about our Child Health, Pharmacy, and Family Planning clinics. Participants were also given the opportunity to describe other services that they would like to see offered at the Cleveland County Health Department and an Adult Dental Clinic is what was suggested that most participants would like to see added. We also had a couple of questions on the survey about our Behavioral Health Services. The 1st question was “Are you aware that Cleveland County Health Department offers Behavioral Health Services to the public?” 74% answered yes that they are aware of our behavioral health services. The 2nd question was “Would you consider using the Behavioral Health Services offered at the Cleveland County Health Department?” 82% answered yes, they would consider using our behavioral health services. We also asked the question “Are you satisfied with the hours of operation for regular services offered by the Cleveland County Health Department?” 58% said they are satisfied, 29% said they have some suggestions, and 13% said they are not satisfied. We asked the question “Are you aware that the Cleveland County Health Department accepts all forms of payment including private insurance, Medicaid, Medicare, and self-pay for individuals who are uninsured?” 88% answered yes, they are aware. We also asked,

“Are you aware that the Cleveland County Health Department serves patients of all ages?” 88% answered yes. The last question Anne discussed was “Are you aware of the methods used to deliver information by the Cleveland County Health Department?” 82% were aware of our Webpage, 88% were aware of Facebook, 23% were aware of Instagram, 47% were aware of our newsletter, and 6% answered none. 88% of people said they follow us on Facebook or Instagram.

OPIOID SETTLEMENT UPDATE:

Chair Karner introduced DeShay Oliver with the Opioid Settlement Update. DeShay began by explaining that counties in North Carolina received opioid settlement dollars through national legal settlements with opioid manufacturers, and pharmacies that were accused of contributing to the opioid epidemic. These settlements came after lawsuits filed by states, counties, cities, tribes, and other governments across the county. In 2018 all 100 NC Counties signed on to the class action lawsuit and over \$55 billion in national settlements were secured to support communities impacted by the overdose crisis. Opioid settlements are expected to bring around \$1.6 billion dollars to North Carolina through 2038. Cleveland County is receiving \$13,522,265 in Opioid settlement funds from 2022 through 2038. The NC MOA requires that local governments establish a separate special revenue fund to receive and expend opioid settlement funds. Opioid settlement funds are subject to financial and compliance audits, with access provided to the State Auditor and Department of Justice. Before spending opioid settlement funds, a resolution must be adopted by the local government. The resolution identifies the specific strategy or strategies the local government intends to fund and states the amount dedicated to each strategy over a specified period. Annual requirements include any local government that receives, holds or spends opioid settlement funds will be required to file an annual impact and financial report within 90 days of fiscal year end. Counties receiving settlement funds must hold at least one annual public meeting with municipalities to gather input and encourage collaboration on fund use. Local governments are required to report budgets, planning documents, financials, and impact data to a statewide opioid settlement dashboard within 90 days of key actions or fiscal year end. There are two options for Funding Sources as follows:

OPTION A

High Impact Strategies

Post Overdose Response Team
Naloxone Distribution
Early Intervention
Addiction Treatment
Recovery Support
Recovery Housing
Employment Services
Criminal Justice Diversion
Re-entry programs

OPTION B

Opioid Remediation Strategies

Treatment of OUD
Support people in treatment & recovery
Connect people to care
Address needs criminally involved people
Address needs of pregnant women & family
Prevent over-prescribing
Prevent opioid misuse
Prevent overdose death and other harms

Overdose is the leading cause of injury death in 2024 among North Carolina residents with the leading driver of overdose deaths being illicitly manufactured fentanyl. Historically, prescription opioids contributed to an increasing number of medication/drug overdose deaths. In more recent

years, synthetic narcotics such as fentanyl, and fentanyl analogues have resulted in increased deaths. Since 2020, fentanyl has been involved in 70% or more of overdose deaths in North Carolina. The number of deaths involving stimulants like cocaine and psychostimulants also continue to rise. These counts are not mutually exclusive. If a death involved multiple substances, it can be counted on multiple lines. A growing number of deaths involve multiple substances in combination. Toxicology data is unable to distinguish whether the presence of multiple substances indicate intentional polysubstance use or if one substance was tainted with other drugs. Among Cleveland County residents, the highest overdose death rates occurred among those who were white males in the age group of 35-44 years. Rates are per 100,000 Cleveland County residents. We work with Drug Free Cleveland County as the planning and advisory council for settlement fund strategies. We also offer naloxone distribution and dispensed 1057 naloxone kits during July 1, 2025, through April 30, 2026. Naloxone is available for free for everyone through the Health Department pharmacy. Recovery Support offers boots on the ground outreach, peer support informed by lived experience, resource navigation, post-overdose support, jail/reentry support, warm handoffs to treatment, Medication Assisted Treatment, housing, transportation, and other essential services. If you know someone that needs help, they can contact us through Recovery Connect Cleveland County at 980-880-CARE. Recovery Connect began January 1, 2026, here in Cleveland County. Since January we have made 509 community contacts, served 27 OUD clients, made 165 contacts with clients with OUD, made 241 total clients contact and distributed 251 kits of Narcan. We have also referrals for 14 clients to treatment/detox, made 6 MOUD referrals, helped with 5 employment connections, connected 5 clients to housing, helped 4 clients connect with someone to help with mental health and healthcare, and assisted with 5 transportation connections. Our Post Overdose Response Team (PORT) provides follow-up outreach and support to individuals who have experienced an overdose. The program connects individuals and families with treatment services, recovery resources, harm reduction education, and community support in an effort to reduce future overdoses and improve access to care. PORT involves collaboration among community partners including public health, EMS, behavioral health, law enforcement, and recovery support organizations. This program has served 99 people who use opioids and/or have OUD, 22 participants who use opioids and have OUD and have been referred to addiction treatment, 10 participants who use opioids and have OUD referred to recovery support, employment, housing services, 23 participants who use opioids and have OUD referred for other services, distributed 205 Narcan kits, completed 92 EMS calls for opioid overdose, and made 77 community overdose reversals using Naloxone. Our Recovery Court program provides court-supervised intervention and serves repeat offenders with substance use, mental health, or co-occurring disorders. This is a team-based approach (court & community professionals) that connects participants to treatment and recovery supports. This program promotes recovery, reduces recidivism, and supports reintegration as productive community members. This team consists of a judge, treatment court coordinator, case manager/peer support specialist, prosecutor, defense attorney, probation officer, law enforcement, and a treatment representative. Recovery Court provides frequent court reviews with a specially trained team, frequent and random drug/alcohol testing, intensive treatment to address substance use, mental health, and co-occurring disorders, community-based recovery support, individualized peer support, and Corrisoft AIR mobile phones. Treatment courts serve high-risk and high-need individuals. High-Risk individuals who are more likely to reoffend or not complete standard supervision successfully, like probation, and High-Need individuals with a moderate to severe substance use disorder characterized by

limited control over use, strong cravings and withdrawal symptoms, and repeated binge or escalated use beyond intended amounts. Recovery court does exclude someone from recovery court if they have sex offenses, violent crimes, gun charges, trafficking charges or active sentences. We also work with youth prevention by teaching the “Too Good for Drugs” curriculum to students across Cleveland County. We have 1,583 students that have been served currently. We have taught this curriculum to 7th and 8th grades at Kings Mountain Middle School, 6th and 7th grades at Shelby Middle School, 8th grade at Crest Middle School, at summer camps at the Boys & Girls Club for kindergarten through 6th grade and teen groups from Shelby and Kings Mountain. This program helps set reachable goals, teaches making responsible decisions, aids in bonding with pro-social others, helps in identifying and managing emotions, and communicating effectively. DeShay did ask if anyone has any questions. Allison asked how long recovery court has been available in Cleveland County. DeShay answered that we had our first court date in January of this year. Allison also asked who does the presentation in the schools on “Too Good for Drugs”, and DeShay answered that our health educators teach those classes. Paula asked how you refer someone to recovery connect, and DeShay answered that they can call or text the Recovery Connect phone number at 980-880-CARE. Sara asked if there is a plan to offer sessions in high schools, and DeShay answered that it is not out of the question but will be some time before that will be able to be put into place. Mr. Miller asked if the data on deaths comes from the State, and DeShay answered yes. Henry asked how we address teen groups, and DeShay answered that we currently have groups that are done at the Boys and Girls Club and we use the “Too Good for Drugs” curriculum.

CCHD BUDGET AMENDMENTS:

ITEM NUMBER ONE:

The Whole Child Health Section (WCHS), School, Adolescent, and Child Health Unit within the Division of Child and Family Well-Being has allocated an additional \$3,590 to the Child Health Department (537). We request permission to budget these funds to support the purchase of medical supplies for clinic operations.

ITEM NUMBER TWO:

The Cleveland County Health Department has received an additional \$38,394 in prescription drug rebates. We request permission to budget these funds in the Employee Wellness Center (660) department to support the purchase of Tier 3-5 medications.

ITEM NUMBER THREE:

The North Carolina Department of Health and Human Services, State Office of Child Fatality Prevention, has allocated an additional \$749 to the Cleveland County Health Department. We request permission to budget these funds in the Child Health Department (537) to support meeting expenses.

ITEM NUMBER FOUR:

The North Carolina Department of Health and Human Services, Cancer Prevention and Control Branch, Breast and Cervical Cancer Control Program activity, has allocated an additional \$100 to the Cleveland County Health Department. We request permission to budget these funds to support patient navigation services for NC BCCCP enrollees.

ITEM NUMBER FIVE:

The North Carolina Department of Health and Human Services, Environmental Health Section/Food Protection and Facilities Branch, Food and Lodging activity, has allocated \$18,212 to the Cleveland County Health Department. We request permission to budget these funds in the Environmental Health Department (541) to offset salary and fringe costs.

ITEM NUMBER SIX:

We request permission to budget an additional \$63,000 in the Opioid Settlement Department (424) to align with the FY 2026 Opioid Resolution amendment approved on March 17, 2026. These funds will be used to support salary, travel/training, and contracted services.

ITEM NUMBER SEVEN:

We request permission to budget an additional \$810 in the Maternal Health (538) department to align with the allocation of an additional \$1,890 received from NC Department of Health and Human Services. These funds will be used to support medical supplies for clinical operations.

Motion: A motion to recommend the proposed CCHD budget amendments to the Board of Commissioners was made by Robert Miller and a second was made by Christina Alexander. The motion carried unanimously.

DSS BUDGET AMENDMENTS:

ITEM NUMBER ONE:

Partners has allocated \$6,400 to be utilized to cover the cost of a Part-time Community Social Services Assistant. This position will assist with facilitation of supervised visits with children and families, provide transportation to any necessary medical, mental health or dental appointments., and prepare documentation after direct support services. We request permission to budget this amount in Social Work (504) Department.

Motion: A motion to recommend the proposed DSS budget amendments to the Board of Commissioners was made by Robert Miller and a second was made by Mary Accor. The motion carried unanimously.

MISCELLANEOUS:

Chair Karner did have one piece of miscellaneous business that needed discussion. She explained that the Child Fatality and Prevention Team has a seat available on that committee and needed a nomination or volunteer position from anyone that may be interested. That committee meets quarterly at noon at the Cleveland County Public Health & Social Services Building. Paula Canipe volunteered for that seat.

Motion: A motion to recommend Paula Canipe for the Child Fatality and Prevention Committee seat to the Board of Commissioners was made by Mary Accor and a second was made by Robert Miller. The motion carried unanimously.

ADJOURN: 7:05 PM

There being no further business, Chair Karner called for a motion to adjourn.

Motion: Deb Hardin moved, with a second by Danny Blanton, that the Cleveland County Consolidated Human Services Board meeting be adjourned. The motion carried unanimously.

RESPECTFULLY SUBMITTED,

Tiffany Hansen, Secretary
Cleveland County Consolidated Human Services Agency