

Anderson County Board of Commissioners
OPERATIONS COMMITTEE
AGENDA

June 12, 2023
6:00 p.m. Room 312

- 1. Call to Order**
- 2. Prayer / Pledge of Allegiance**
- 3. Approval of Agenda**
- 4. Appearance of Citizens**
- 5. Discussion of a possible strategic planning workshop for commissioners – Requested by Commissioner Palmer**
- 6. Mayor's Report**
 1. Opioid Settlement Funds – Creation of an Opioid Settlement Stewardship Task Force.
 2. Length of Service Agreement – from May's full commission meeting.
- 7. Law Director's Report**
 1. Waste Management Contract - Landfill
 2. Juneteenth Resolution
 3. Length of Service – Volunteer Fire Departments
 4. Juvenile Judge Vacancy

New Business

Old Business

Adjournment

Annette Prewitt

From: Timothy Isbel <isbel@ymail.com>
Sent: Wednesday, June 7, 2023 11:47 AM
To: Annette Prewitt
Subject: External: Re: Reminder

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please add discussion about a possible strategic planning workshop for commissioners as per Commissioner Palmer please

Sent from my iPad

On Jun 7, 2023, at 10:56 AM, Annette Prewitt <aprewitt@andersoncountyttn.gov> wrote:

Reminder that the Operations Agenda Deadline is today at noon.

Annette R. Prewitt

Chief Deputy to Anderson County Commission

Certified Public Administrator

Ph: 865-463-6866

Fax: 865-264-6264

Email: aprewitt@andersoncountyttn.gov

Website: www.andersoncountyttn.gov

Annette Prewitt

From: Jay Yeager <jyeager@aclawdirector.com>
Sent: Wednesday, June 7, 2023 11:51 AM
To: Annette Prewitt
Subject: External: Operations Agenda

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Annette:

I'll have the following ready for the Operation's Agenda:

- 1) Waste Management Contract - Landfill
- 2) Juneteenth Resolution
- 3) Length of Service – Volunteer Fire Departments
- 4) Juvenile Judge Vacancy

Nichole is brining you copies of these materials.

Thanks,

Jay

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ANDERSON COUNTY GOVERNMENT

TERRY FRANK
COUNTY MAYOR

June 7, 2023

Commissioner Tim Isbel
Chairman, Anderson County Operations Committee

RE: Agenda

Dear Chairman Isbel and Honorable Members of Operations Committee,

I wish to add the following items to the Agenda:

1. Opioid Settlement Funds. Attached is a briefing document I provided to the Budget Committee with an explanation of the two types of opioid settlement funds received by Anderson County.
There are different requirements, limitations, and expectations for use of these funds. I wish to suggest the creation of an Opioid Settlement Stewardship Task Force that could meet for the "task" of creating a guidance document, or priority plan for use of funds to meet the specific needs of Anderson County. Once the task is complete, the task force can be dissolved---or, alternately, if Commission wanted the group to have an ongoing role, it could move to become a committee. I suggest this task force be comprised of a small number of commissioners—3-5 members, and would encourage the task force to start by outreach to various organizations, departments, individuals in order to understand the impact of opioids in the community. If this is an idea you're interested in pursuing, I am happy to work on a resolution to bring back to Operations in July. Or, you may wish to get the task force off the ground, and simply proceed with a motion to authorize its creation.
2. Length of Service Agreement---The Law Director wished to add some clarifying language to the resolution, so this was referred back to Operations from May's full commission meeting.



ANDERSON COUNTY GOVERNMENT

TERRY FRANK
COUNTY MAYOR

Memo

Date: March 9, 2023

To: Anderson County Budget Committee
Anderson County Board of Commissioners
From: County Mayor Terry Frank
Finance Director Robby Holbrook

RE: Understanding the types of payments for the Opioid Settlements for Anderson County

The funds Anderson County has received, and will receive fall into two (2) categories.

1. Subdivision Funds
2. Abatement Funds

These 2 Funds must be kept separately as they each have different reporting requirements, and use limitations.

Each of these funds comes from the same primary source, but Anderson County receives it in two (2) different ways. We receive some funding directly (called Subdivision Funds), and some funds from the State Opioid Council, (called Abatement Funds).

Example: Tennessee and a coalition of local subdivisions reached an agreement with pharmaceutical distributors AmerisourceBergen Corporation, Cardinal Health Inc., and McKesson Corporation ("Distributors) and manufacturer J&J. Anderson County receives a smaller amount of the settlement directly as Subdivision Fund payment. The State of Tennessee receives a settlement amount from these same companies into their trust fund managed by the Opioid Abatement Council. Anderson County will receive a share of these funds from Tennessee through the Council, and these funds are known as Abatement Funds.

What are Subdivision Fund payments to Anderson County?

Every county in Tennessee is a *political subdivision* of the State of Tennessee. Subdivision Fund payments are payments made directly to Anderson County Government as a political subdivision. These payments originate from the national settlements. These funds have very few or limited reporting requirements, and the use of these funds are defined by the

settlement agreements. These direct fund payments to Anderson County are intended to be used to address damages already incurred by opioid damage, ongoing needs, or future needs.

The reference to the use of these funds can be found in the definition section of the settlement agreement on page 6 under SS. "Opioid Remediation." See attachment with circled definition defining use.

What are Abatement Fund payments to Anderson County?

Through Tennessee State legislation, Abatement Funds are funds that go into a State of Tennessee Fund known as the Opioid Abatement Fund. These funds are disbursed by the Opioid Abatement Council. By statute, 35% of these funds are paid to counties across Tennessee. By statute, *these funds must be spent on programs and uses approved by the Opioid Abatement Council*. Attached to this memo is the 16-page approved list of expenditures. Expenditures must be reported/submitted to the Council.

How often will we receive the funds, and will they be the same each year?

We will receive payments annually, and payments will be roughly in the same amount each year. Settlement agreements are structured to pay out over 18 years, so with our current payments received, we will receive future payments for the next 16 years.

Special notes/exceptions to this:

- Figures for payments coming from the Abatement Funds will be reconfigured every four (4) years. The reasoning? If our use of funds is able to mitigate the effects of opioids, for instance, lowering of overdoses, a portion of our funds may be used in other areas of the state where their overdoses have increased.
- Johnson and Johnson/Janssen Subdivision Fund Payment: our first payment of \$154,348.89 represents a pre-payment of funds is for years 1-5.

More Settlements

Lastly, a second wave of payments built upon same model of Subdivision Funds and Abatement Funds is currently in progress. The companies for second wave are two manufacturers: Allergan and Teva, and three pharmacy chains: CVS, Walgreens, Walmart



Terry Frank
County Mayor



Robert Holbrook
Finance Director

Receipts -

Date/Time: 3/9/2023 10:16 AM

101-46845

Transactions

Page 1 of 1

Date	Transaction Type	Number	Reference	Batch ID	Posting Status	Void	Description	Debit	Credit
12/15/20...	Misc Receipt	19327	JJ - years 1-5		Posted		NATIONAL OPIOIDS SETTLEMENT		\$154,348.89
11/10/20...	Misc Receipt	18863	*Distributor Year 1		Posted		NATIONAL OPIOIDS SETTLEMENT		\$40,518.40
9/14/2022	Misc Receipt	17814	" " year 2		Posted		WILMINGTON TRUST OBI		\$38,554.03

Subdivision
Funds

Use defined
by SS. opioid remediation

can be expenditures tied to
past, current, or future

National Opioid Settlements - Payment

Adreyan O. Caldeyro <acaldeyro@browngreer.com>

10/14/2022 1:14 PM

To: Terry Frank <tfrank@andersoncountyttn.gov>

Cc: Roma Petkauskas <rpetkauskas@browngreer.com>; Andrew Oxenreiter
<aoxenreiter@browngreer.com>

Good Afternoon,

On 7/29/2022, the Directing Administrator initiated a Distributor payment of \$38,554.03 to your Subdivision for Payment Year 1. Please let me know if you encounter any issues or obstacles with this payment.

Thank you,

received 9/14/2022

Adreyan Caldeyro

Case Manager

BROWNGREER PLC

250 Rocketts Way

Richmond, Virginia 23231

Telephone: (888) 441-2010 Ext 1403

Facsimile: (804) 521-7299

www.browngreer.com

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Opioid Settlement - Second Distributor Payment

Chris A. Dunbar <Chris.Dunbar@ag.tn.gov>

Fri 3/3/2022 5:02 PM

Cc: Michael Leftwich <Michael.Leftwich@ag.tn.gov>

Hello,

BrownGreer, the national administrator for the settlement with the three national pharmaceutical distributors (AmerisourceBergen, Cardinal Health, McKesson), is ready to move forward with the second distributor payment. As with the first distributor payment, the payment process can be quickened if there is consensus regarding the payment calculations for Tennessee and its participating counties and cities.

Please see the attached document, "Distributor Second Payment Info for Subdivisions," for a description of the second payment calculations and the review process. (This document also describes the other two attachments.) The calculations merely apply the allocations determined by the Tennessee State-Subdivision Opioid Abatement Agreement, by statute, and by the distributor and J&J settlement agreements. Please note that there is a deadline of September 21, 2022, for any objections.

Future distributor payments will be made annually, with the next scheduled for July 2023.

For counties and municipalities receiving payments from the J&J settlement, we expect to have information regarding the 2022 payment to you within the next week or so.

If you have any questions or concerns please contact Michael Leftwich (Michael.Leftwich@ag.tn.gov) and Chris Dunbar (Chris.Dunbar@ag.tn.gov) or, if you are represented by outside counsel, you should contact them.

Thank you for your time.

Respectfully,
Chris Dunbar

Chris Dunbar | Assistant Attorney General
Consumer Protection Division
Office of the Tennessee Attorney General
UBS Building, 20th Floor
315 Deaderick Street, Nashville, Tennessee 37243
Mailing Address:
P.O. Box 20207, Nashville, Tennessee 37202
p. 615.741.3519
Chris.Dunbar@ag.tn.gov



received 11/10/2022

Opioid Settlement Subdivision Payment Spreadsheet - Distributor Payment 2						
1	2	3	4	5	6	7
State ID	Subdivision	County/City	County/Counties	Updated Exhibit G %	Share of Subdivision Payment 2 \$3,358,830.11	Participating Subdivision (Yes/No)
TN 1	Alexandria	City	DeKalb	0.00279130850%	\$93.76	Yes
TN 2	Algood	City	Putnam	0.00327411360%	\$109.97	Yes
TN 3	Anderson County	County	Anderson	1.20632490260%	\$40,518.40	Yes
TN 5	Arlington	City	Shelby	0.00365663090%	\$122.82	Yes
TN 8	Bartlett	City	Shelby	0.07305615660%	\$2,453.83	Yes
TN 9	Baxter	City	Putnam	0.00049720970%	\$16.70	Yes
TN 10	Bedford County	County	Bedford	0.52762388930%	\$17,721.99	Yes
TN 12	Benton County	County	Benton	0.52166080680%	\$17,521.70	Yes
TN 13	Bledsoe County	County	Bledsoe	0.13985808200%	\$4,697.60	Yes
TN 14	Blount County	County	Blount	1.91964655810%	\$64,477.67	Yes
TN 15	Bradley County	County	Bradley	1.04302175520%	\$35,033.33	Yes
TN 16	Brentwood	City	Williamson	0.04782086000%	\$1,606.22	Yes
TN 17	Bristol	City	Sullivan	0.54268711500%	\$18,227.94	Yes
TN 19	Campbell County	County	Campbell	1.59743705590%	\$53,655.20	Yes
TN 20	Cannon County	County	Cannon	0.32054539500%	\$10,766.58	Yes
TN 21	Carroll County	County	Carroll	0.44380607850%	\$14,906.69	Yes
TN 22	Carter County	County	Carter	0.84355968910%	\$28,333.74	Yes
TN 23	Celina	City	Clay	0.02778139200%	\$933.13	Yes
TN 24	Centertown	City	Warren	0.00013215380%	\$4.44	Yes
TN 26	Chapel Hill	City	Marshall	0.00436015290%	\$146.45	Yes
TN 27	Chattanooga	City	Hamilton	0.49812370280%	\$16,731.13	Yes
TN 28	Cheatham County	County	Cheatham	0.82099987810%	\$27,575.99	Yes
TN 29	Chester County	County	Chester	0.17513991180%	\$5,882.65	Yes
TN 30	Claiborne County	County	Claiborne	1.19294123570%	\$40,068.87	Yes
TN 31	Clarksville	City	Montgomery	0.22968151920%	\$7,714.61	Yes
TN 32	Clay County	County	Clay	0.29836952500%	\$10,021.73	Yes
TN 33	Cleveland	City	Bradley	0.55312822520%	\$18,578.64	Yes
TN 34	Clifton	City	Wayne	0.00224276150%	\$75.33	Yes
TN 36	Cocke County	County	Cocke	0.87462574700%	\$29,377.19	Yes
TN 37	Coffee County	County	Coffee	0.89535516980%	\$30,073.46	Yes
TN 39	Collierville	City	Shelby	0.06173753870%	\$2,073.66	Yes

National Opioid Settlements – Payment – Anderson County

Jamie McHenry <jmchenry@browngreer.com>

To: Terry Frank <tfrank@andersoncountyttn.gov>

Cc: Roma Petkauskas <rpetkauskas@browngreer.com>; Adreyan O. Caldeyro <acaldeyro@browngreer.com>

Good Afternoon:

On 11/3/2022 the Directing Administrator initiated the payments detailed in the table below to your Subdivision for Payment Years 1-5.

BGEntityID	CrossLinkID	State	Beneficiary Type	Beneficiary Name	Payment Type	Payment Amount
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 1	\$13,720
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 2	\$32,020
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 3	\$25,620
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 4	\$39,350
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 5	\$43,610

Please reach out to your State's Attorney General's Office if you have any questions regarding how your Subdivision's payment amount was calculated or how your Subdivision can use Settlement Funds.

Please let me know if you encounter any issues or obstacles with this payment.

Thank you,

received 12/15/2022

Jamie McHenry

Case Manager

BROWNGREER PLC

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Richmond, Virginia 23231

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→ USE : ←

SS. “*Opioid Remediation.*” Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures¹ except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic. Exhibit E provides a non-exhaustive list of expenditures that qualify as being paid for Opioid Remediation. Qualifying expenditures may include reasonable related administrative expenses.

TT. “*Opioid Tax.*” Any tax, assessment, license fee, surcharge or any other fee (other than a fixed prospective excise tax or similar tax or fee that has no restriction on pass-through) imposed by a State on a Settling Distributor on the sale, transfer or distribution of opioid products; *provided, however*, that neither the Excise Tax on sale of Opioids, Article 20-D of New York’s Tax Law nor the Opioid Stewardship Act, Article 33, Title 2-A of New York’s Public Health Law shall be considered an Opioid Tax for purposes of this Agreement.

UU. “*Overall Allocation Percentage.*” A Settling State’s percentage as set forth in Exhibit F. The aggregate Overall Allocation Percentages of all States (including Settling States and Non-Settling States) shall equal one hundred percent (100%).

VV. “*Participating Subdivision.*” Any Subdivision that meets the requirements for becoming a Participating Subdivision under Section VII.B and Section VII.C. Participating Subdivisions include both Initial Participating Subdivisions and Later Participating Subdivisions.

WW. “*Participation Tier.*” The level of participation in this Agreement as determined pursuant to Section VIII.C using the criteria set forth in Exhibit H.

XX. “*Parties.*” The Settling Distributors and the Settling States (each, a “*Party*”).

YY. “*Payment Date.*” The date on which the Settling Distributors make the Annual Payment pursuant to Section IV.B.

ZZ. “*Payment Year.*” The calendar year during which the applicable Annual Payment is due pursuant to Section IV.B. Payment Year 1 is 2021, Payment Year 2 is 2022 and so forth. References to payment “*for a Payment Year*” mean the Annual Payment due during that year. References to eligibility “*for a Payment Year*” mean eligibility in connection with the Annual Payment due during that year.

AAA. “*Preliminary Agreement Date.*” The date on which the Settling Distributors are to inform the Settling States of their determination whether the condition in Section II.B has been satisfied. The Preliminary Agreement Date shall be no more than fourteen (14) calendar days after the end of the notice period to States, unless it is extended by written agreement of the Settling Distributors and the Enforcement Committee.

BBB. “*Prepayment Notice.*” As defined in Section IV.J.1.

¹ Reimbursement includes amounts paid to any governmental entities for past expenditures or programs.

**Anderson County
Miscellaneous Receipt**

Misc. Receipt No: 20745
POS Receipt No: 117769
Receipt Date: 03/09/2023

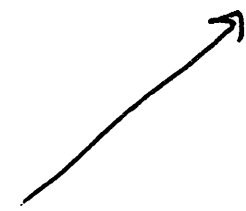
Received By: Grace Rutherford
Received On: 03/09/2023 9:00 AM

Customer ID: 1055
Name: STATE-TN PAY
Description: OPIOID ABATEMENT COUNTY
DISTRIBUTIONS

Miscellaneous Receipt Total
\$425,159.28

GL Account Number	GL Account Description	Debit	Credit
101. -46845	Opioid Settlement Funds	\$0.00	\$425,159.28
Miscellaneous Receipt Totals:		\$0.00	\$425,159.28

Thank You!



Abatement
Funds
from Tennessee
opioid council
* use defined by
16 page document
think future
for these funds

Use of Abatement Funds

Tennessee Opioid Abatement Council Revised & Adopted September 30, 2022

EXHIBIT E

Tennessee's Opioid Abatement & Remediation Uses

Schedule A Core Strategies

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT ("MAT") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment ("SBIRT") services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services,

including MAT, for women with co- occurring Opioid Use Disorder ("OUD") and other Substance Use Disorder ("SUD")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("NAS")

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant- need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guideline, and current evidence;
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

**I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH
ANALYZING THE EFFECTIVENESS OF THE ABATEMENT
STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

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:

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 ("*SUDMH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:²

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. Provide 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.
8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH 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. Disseminate 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. Develop and disseminate 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 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 programs or strategies that:

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. Provide 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 are 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, those that:

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 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. Provide 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, those that:

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:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");
 2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*")

model;

3. "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;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address ODD-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 or 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, those that:

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. Provide training for obstetricians or other healthcare personnel who 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; and 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 NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.
7. Provide enhanced family support and childcare 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

1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

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. Provide support for Children's Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guideline, and current evidence.
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and

student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased 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, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

McKamey, Smallridge, Palmer, Allen, White and Foster. Voting No: None. Absent: Mayes. Motion passed.

27. Commissioner Isbel made a motion to approve to confirm Anderson County intent to renew license agreement with TDOT for sidewalks along State Route 116 from log mile 15.43 to log mile 15.59. Seconded by Commissioner Vowell. Voting Aye: Verran, Wells, Vandagriff, Isbel, Wandell, Beauchamp, Yager, Vowell, Anderson, McKamey, Smallridge, Palmer, Allen, White and Foster. Voting No: None. Absent: Mayes. Motion passed.

28. Commissioner Allen made a motion to approve Resolution No. 23-05-1091 authorizing the county mayor to seek relief on a property purchased at tax sale (EXHIBIT D). Seconded by Commissioner Verran. Voting Aye: Verran, Wells, Vandagriff, Isbel, Wandell, Beauchamp, Yager, Vowell, Anderson, McKamey, Smallridge, Palmer, Allen, White and Foster. Voting No: None. Absent: Mayes. Motion passed.

29. Commissioner Allen made a motion to defer Length of Service Award documents back to Operations Committee next meeting. Seconded by Commissioner Isbel. Voting Aye: Verran, Wells, Vandagriff, Isbel, Wandell, Beauchamp, Yager, Vowell, Anderson, McKamey, Smallridge, Palmer, Allen and White. Voting No: None. Absent: Mayes and Foster. Motion passed.

Director of Schools

No Action

Mayor

No Action

Law Director

30. Commissioner Wandell made a motion to spread the County Courtroom Security Report on the minutes. Seconded by Commissioner Vowell. Voting Aye: Verran, Wells, Vandagriff, Isbel, Wandell, Beauchamp, Yager, Vowell, Anderson, McKamey, Smallridge, Palmer, Allen, White and Foster. Voting No: None. Absent: Mayes. Motion passed.

Nominating

31. Commissioner Vowell made a motion to run a Public Notice for the county appointment for the Library Board opening to have applications before the June Nominating Committee meeting and do the interview process at that meeting. Seconded by Commissioner Isbel. Voting Aye: Verran, Wells, Vandagriff, Isbel, Wandell, Beauchamp, Yager, Vowell, Anderson, McKamey, Smallridge, Palmer, Allen, White and Foster. Voting No: None. Absent: Mayes. Motion passed.

32. Commissioner Isbel made a motion to nominate the following commissioners to the Human Trafficking Task Force. Seconded by Commissioner Foster. Voting Aye: Verran, Wells, Vandagriff, Isbel, Wandell, Beauchamp, Yager, Vowell, Anderson, McKamey, Smallridge, Palmer, Allen, White and Foster. Voting No: None. Absent: Mayes. Motion passed.

**STATE OF TENNESSEE
LENGTH OF SERVICE AWARD PROGRAM**

**RESOLUTION AND
PARTICIPATION AGREEMENT**

Anderson County

[Eligible Employer]

**Administered by:
Treasurer, State of Tennessee
Deferred Compensation Program
502 Deaderick Street
Andrew Jackson State Office Building
Nashville, Tennessee 37243
Telephone: 615-532-1183**

RESOLUTION

WHEREAS, the Anderson County Government (hereinafter referred to as the "Eligible Employer") has determined that in the interest of attracting and retaining bona fide volunteers to perform firefighting and prevention services; emergency medical services; and/or ambulance services, it wishes to participate in the Length of Service Award Program, administered by the State of Tennessee, Department of Treasury, established pursuant to Section 457 of the Internal Revenue Code (as amended and along with associated federal rules and regulations, the "Code") and Tennessee Code Annotated, Section 8-25-115 (the "LOSAP" or the "Plan");

WHEREAS, Tennessee Code Annotated, Section 8-25-115 allows the Eligible Employer to participate in the LOSAP, subject to the approval of the State Treasurer (the "Treasurer");

WHEREAS, the Eligible Employer, on behalf of its agencies, instrumentalities, and other organizations constituting eligible employers pursuant to 26 U.S.C. §457(e)(1) (the "eligible employers" or each an "eligible employer"), intends to allow its eligible employers to apply to participate in the State's grant program in which the State, subject to a State appropriation, may award to an eligible employer a grant contribution for each bona fide volunteer ("Volunteer" or "Volunteers") to a statutorily determined amount;

WHEREAS, should an eligible employer apply to participate in the grant program, the eligible employer must certify to the State Treasurer each year the number and names of the Volunteers for which the required minimum contribution will be made to receive a grant contribution for each Volunteer;

WHEREAS, in order for an eligible employer to continue its participation in the grant program, it must submit to the State Treasurer an application and certification of the number and names of the Volunteers, and the contribution amount for each Volunteer. Should the eligible employer fail to meet these requirements, the eligible employer will not receive the grant award for that year;

WHEREAS, the liability for participation and the costs of administration shall be the sole responsibility of the Eligible Employer, its eligible employers and/or its Volunteers, and not the State of Tennessee; and

WHEREAS, the Anderson County Commission ("Governing Authority") of the Eligible Employer is authorized by law to adopt this Resolution approving the Eligible Employer's participation in the LOSAP through this Participation Agreement on behalf of the Eligible Employer and its eligible employers.

NOW, THEREFORE, the Governing Authority of the Eligible Employer hereby resolves:

1. The Eligible Employer has received a copy of the LOSAP Plan Document and hereby elects to participate in the LOSAP Plan on behalf of its eligible employers, pursuant to the terms of the Participation Agreement attached to and incorporated into this Resolution. The Eligible Employer agrees and acknowledges that it has read and understood the LOSAP Plan Document and had the opportunity to consult with the appropriate legal, tax or other advisors to evaluate the risks and merits of the LOSAP Plan. Through this resolution, the Eligible Employer accepts the terms and conditions of the LOSAP Plan which are contained in the applicable laws, rules policies, procedures and the LOSAP Plan Document, which may be amended from time to time. The Eligible Employer agrees and acknowledges that it will ensure its eligible employer's compliance with the plan document;
2. The Eligible Employer reserves the right to amend its elections under the Participation Agreement, so long as the amendment is not inconsistent with the LOSAP Plan Document, the Code, Tennessee law, or other applicable law and is approved by the Treasurer;
3. For the purpose of the Plan, the Eligible Employer shall be deemed to have designated irrevocably the Treasurer as its agent, except as otherwise specifically provided herein or in the Participation Agreement;
4. The Treasurer may amend the Plan on behalf of all Eligible Employers, including those Eligible Employers who have elected to participate in the Plan prior to a restatement or amendment of the Plan, for changes in the Code, the regulations thereunder, Tennessee law, revenue rulings, other statements published by the Internal Revenue Service ("IRS"), including model, sample, or other required good faith amendments, and for other reasons that are deemed at the discretion of the Treasurer and the Commissioner of Finance and Administration, to be in the interest of the Plan. These amendments shall be automatically applicable to all Eligible Employers;
5. The Treasurer will maintain a record of the Eligible Employers and will make reasonable and diligent efforts to ensure that Eligible Employers have received all Plan amendments;
6. The Eligible Employer shall abide by the terms of the Plan, including amendments to the Plan made by the Treasurer, all investment, administrative, and other service agreements of the Plan, and all applicable provisions of the Code, Tennessee law, and other applicable law. The Eligible Employer shall ensure that its eligible employers will comply with the Plan terms;
7. The Eligible Employer accepts the administrative services to be provided by the Tennessee Treasury Department and any services provided by Plan vendors. The Eligible Employer acknowledges that fees will be imposed with respect to the services provided and that such fees may be deducted from the Volunteers' accounts and/or charged to the Eligible Employer, and such fees may be changed at any time upon written notice to the Eligible Employer;
8. Subject to the provisions of the Plan and in accordance with its terms, the Eligible Employer

may terminate its participation in the Plan;

9. The Eligible Employer acknowledges that the Plan Document contains provisions for Plan termination by the Trustees, subject to applicable Tennessee law;
10. The Eligible Employer acknowledges that all assets held in connection with the Plan, including all contributions to the Plan, remain the property of the Eligible Employer until distribution is made to a Volunteer;
11. The Eligible Employer acknowledges that only those persons who meet the requirements of Section 457 of the Code, including, but not limited to, being a bona fide volunteer, shall be permitted to enroll in the Plan;
12. The Eligible Employer understands that IRS rules and Tennessee law limit participation in the Plan to those entities meeting the definition of "eligible employer" under Section 457 of the Code. Any eligible employer will notify the Treasurer in writing within ten (10) calendar days if it ceases to be a governmental entity under applicable federal or Tennessee law, and/or if it loses its tax-exempt status;
13. The Eligible Employer agrees to abide by the Treasurer's decisions on all matters within the Treasurer's discretion involving the Plan, and will ensure its eligible employers compliance;
14. This Resolution and the Participation Agreement shall be submitted to the Treasurer for approval. The Treasurer shall determine whether the Resolution and the Agreement comply with the Plan and, if they do, shall provide appropriate forms to the Eligible Employer to implement participation in the Plan. The Treasurer may refuse to approve a Participation Agreement executed by an Eligible Employer that, in the Treasurer's sole discretion, does not qualify to participate in the Plan; and
15. The Governing Authority hereby acknowledges that it is responsible to assure that this Resolution and the Participation Agreement are adopted and executed in accordance with the requirements of applicable law.

Adopted by the Governing Authority on _____, _____, in
accordance with applicable law.

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Title: _____

Title: _____

Attest Printed Name: _____

Attest Signature: _____

Attest Title: _____

Date: _____

[Governing Authority must assure that applicable law is followed in the
adoption and execution of this resolution.]

THE STATE OF TENNESSEE
LENGTH OF SERVICE AWARD PLAN
FOR VOLUNTEERS

PARTICIPATION AGREEMENT

Anderson County
[ELIGIBLE EMPLOYER]

This Participation Agreement ("Agreement"), with the accompanying State of Tennessee, Length of Service Award Program ("Program") and the Program Plan Document ("Plan Document") attached hereto as Exhibit A and the Resolution authorizing participation, is designed to comply with Internal Revenue Code ("Code") Section 457(b) as amended, and all applicable rules, regulations, notices, and interpretations released by the United States treasury, including the internal revenue service. By adopting this Agreement, with its accompanying Resolution, the Eligible Employer, on behalf of its agencies, instrumentalities, and other organizations constituting eligible employers pursuant to 26 U.S.C. §457(e)(1) (the "eligible employers" or each an "eligible employer"), is adopting the Plan Document intended to comply with Code Section 457(b).

This Agreement is for the following purpose: (check and complete one box)

- ☒ The Eligible Employer hereby adopts and agrees to participate in the Program effective July 1, 2023 (insert effective date of this Agreement).
- ☐ This is an amendment to be effective as of _____, _____, to the current Agreement previously adopted by the Eligible Employer, which was originally effective _____, _____.

1. Eligibility. Volunteers meeting the requirements set forth in Appendix A will be eligible for a contribution from the Eligible Employer to the Volunteer's Plan Account.

2. Forfeiture. A Participant's unvested Account balance will be forfeited if the Participant is:

- ☐ Absent from volunteer service for two consecutive years;
- ☒ Absent from volunteer service for three consecutive years;
- ☐ Other: _____
(Other Forfeiture Requirement Established by the Eligible Employer)

3. Contributions. The Eligible Employer shall transfer contributions for Participants to the Administrator's recordkeeper annually, on or before the last business day of

the calendar year, in accordance with instructions to be provided by the Administrator. The annual contribution amount must be no less than \$200.00 per Participant but may not exceed the applicable limit set by federal law. As of the execution date of this agreement, that limit is \$6,000.00. The Eligible Employer's annual contribution amount shall be indicated in its annual budget.

4. Grant Contributions. Should an eligible employer participate in the State's grant program, the eligible employer shall complete an Application and Certification for that calendar year. Additionally, should a Participant cease to be a Volunteer with an Eligible Employer or its eligible employers, the grant amount deposited in that Participant's Account shall be subject to forfeiture pursuant to Section 6.02 in the Plan.

5. Compliance and Reporting. The Eligible Employer is solely responsible for complying with the terms of the Plan and ensuring that its eligible employers comply with this Plan. Neither the State of Tennessee, Department of Treasury, as Administrator, nor any of the Administrator's service providers shall be obligated to determine and ensure compliance with the Plan's terms by the Eligible Employer, or its eligible employers. Notwithstanding the foregoing, the Administrator may require the Eligible Employer or any of its eligible employers to submit reports relative to enrollment, contributions and compliance with the Plan Document and this Participation Agreement. The Eligible Employer and any of its eligible employers shall promptly provide any such reports and shall make any of its records relative to the Plan available to the Administrator at any time.

This Participation Agreement is duly executed on behalf of the Eligible Employer by the undersigned signatories.

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Title: _____

Title: _____

APPROVED BY ADMINISTRATOR

David H. Lillard, Jr., State Treasurer

DATE

APPENDIX A
Eligibility Criteria

The Volunteer must earn 50 points in a calendar year to be eligible for a LOSAP contribution.

Volunteers may earn up to 35 points per year for training, drills, and meetings:

- 1 point per hour of training
- 1 point per hour of drill
- 1 point per hour of mandatory meeting

Volunteers may earn up to 40 points per year for participation in any response scenario:

- 15 points for participation in 5-9% of calls at a single eligible employer (Anderson County Volunteer Fire Department or Rescue Squad).
- 20 points for participation in 10-14% of calls at a single eligible employer (Anderson County Volunteer Fire Department or Rescue Squad).
- 30 points for participation in 15-19% of calls at a single eligible employer (Anderson County Volunteer Fire Department or Rescue Squad).
- 40 points for participation in 20% or more of calls at a single eligible employer (Anderson County Volunteer Fire Department or Rescue Squad).

EXHIBIT A
Plan Document

See attached

THE STATE OF TENNESSEE
LENGTH OF SERVICE AWARD PROGRAM
FOR VOLUNTEERS
PLAN DOCUMENT

The STATE hereby adopts this Length of Service Award Program for Volunteers which consists of the provisions set forth in this document and is applicable to each VOLUNTEER who becomes a PARTICIPANT in the PLAN through an ELIGIBLE EMPLOYER's participation in the PLAN. The PLAN is effective as to each PARTICIPANT upon the date he or she becomes eligible under the terms of the PLAN.

ARTICLE I
Definitions

- 1.01** The following terms shall, for purposes of this PLAN, have the meaning set forth below:
- a. **ACCOUNT VALUE** means the value of the PARTICIPANT'S account as of a particular time, reflecting applicable contributions, forfeitures, investment income or loss, as well as administrative and investment expenses.
 - b. **ADMINISTRATOR** means the State of Tennessee, Department of Treasury.
 - c. **CODE** means the Internal Revenue Code of 1986 as amended, and all rules, regulations, notices, and interpretations released by the United States Treasury, including the Internal Revenue Service.
 - d. **ELIGIBLE EMPLOYER** means an entity as defined in Section 457(e) of the Code, which has elected to participate in the PLAN through the completion of a participation agreement.
 - e. **PARTICIPANT** means a VOLUNTEER who has satisfied the requirements for participation in the PLAN.
 - f. **PLAN** means this Length of Service Award Program for Volunteers as set forth in this document, as amended from time to time.
 - g. **PLAN YEAR** means the calendar year.
 - h. **TRUSTEE** means the trustee or trustees pursuant to T.C.A. § 8-25-115 and any duly appointed successor trustee or trustees.
 - i. **VOLUNTEER** means a bona fide volunteer as defined in Section 457 of the CODE.

ARTICLE II
Purpose of the PLAN

- 2.01** This PLAN is intended to be a Length of Service Award Plan as defined in Code Section 457(e)(11) and is to be interpreted in every instance consistently with the requirements of such Section and the CODE.

ARTICLE III
Administrator: Appointment and Responsibilities

- 3.01** The State of Tennessee, Department of Treasury, is the ADMINISTRATOR of the Plan.
- 3.02** Subject to applicable laws, the ADMINISTRATOR shall have full power and authority to adopt procedures for the administration of the PLAN and to interpret, alter, amend or revoke any procedures so adopted. The ADMINISTRATOR's duties shall include those referenced in T.C.A. § 8-25-115. The ADMINISTRATOR may interpret the PLAN provisions in the event of ambiguity of any provision and to resolve any question of fact necessary to determine participation, vesting, or awards under the PLAN.
- 3.03** All reasonable costs, charges and expenses incurred by the ADMINISTRATOR in connection with the administration of the PLAN (including, but not limited to, fees for legal services rendered to the ADMINISTRATOR) may be paid by the ELIGIBLE EMPLOYERS, but if not paid by the ELIGIBLE EMPLOYERS when due may be paid from PLAN assets. In the event any part of the assets in the PLAN becomes subject to tax, all taxes incurred shall be paid from the PLAN assets unless the ADMINISTRATOR advises the TRUSTEES not to pay such tax.
- 3.04** Every action taken by the ADMINISTRATOR shall be presumed to be a fair and reasonable exercise of the authority vested in or the duties imposed upon it. The ADMINISTRATOR shall be deemed to have exercised reasonable care, diligence and prudence and to have acted impartially as to all persons interested unless the contrary be proven by affirmative evidence. The ADMINISTRATOR shall not be liable for ELIGIBLE EMPLOYER contributions or for other amounts payable under the PLAN.
- 3.05** Subject to any applicable laws, the ADMINISTRATOR may delegate any or all of its powers and duties hereunder to another person, persons or entity and may pay reasonable compensation for such services as an administrative expense of the PLAN to the extent such compensation is not otherwise paid.
- 3.06** By participating in the PLAN, a PARTICIPANT acknowledges that the ELIGIBLE EMPLOYER may cease participation in the PLAN at any time and releases the ADMINISTRATOR from any and all liability for contributions which may be due the PARTICIPANT by the ELIGIBLE EMPLOYER.

ARTICLE IV
Participation

- 4.01** A VOLUNTEER who meets the following requirements is entitled to become a PARTICIPANT under the PLAN.
- a. The VOLUNTEER provides firefighting and prevention services; emergency medical services; or ambulance services for the ELIGIBLE EMPLOYER and meets any other requirements of applicable federal and state law;
 - b. The VOLUNTEER has attained at least 18 years of age; and
 - c. The VOLUNTEER has executed such documents and agreements (whether physical or electronic) as required by the ELIGIBLE EMPLOYER and the ADMINISTRATOR.

ARTICLE V
Contributions

- 5.01** The ELIGIBLE EMPLOYER may authorize and make contributions to the PLAN for any PLAN YEAR attributable to PARTICIPANTs in the amount of at least two hundred dollars (\$200.00) per PARTICIPANT per year for PARTICIPANTs who meet the service criteria described in the ELIGIBLE EMPLOYER's participation agreement with respect to the PLAN.
- 5.02** The ELIGIBLE EMPLOYER shall forward contributions to the ADMINISTRATOR or its designee.
- 5.03** In no event may an ELIGIBLE EMPLOYER contribute more than the limit contained in the CODE for any one PARTICIPANT under the PLAN for any PLAN YEAR. Contributions in excess of this limit will be void ab initio and will be returned to the ELIGIBLE EMPLOYER. As of the date of the execution of this document, that limit is \$6,000.00.
- 5.04** Any right of a PARTICIPANT or BENEFICIARY to a VESTED AWARD under the PLAN shall be subject to the claims of a general creditor of the ELIGIBLE EMPLOYER and shall be limited to the ACCOUNT VALUE on the date described in Section 6.04 below. The obligation of the ELIGIBLE EMPLOYER to PARTICIPANTS is contractual only.

ARTICLE VI
Vesting and Distributable Events

- 6.01** A PARTICIPANT shall become eligible for a future award upon five (5) years of service with the ELIGIBLE EMPLOYER. For purposes of vesting, a year of service is

a year in which a PARTICIPANT receives a contribution under the PLAN.

- 6.02 Should a PARTICIPANT cease to be a VOLUNTEER with the ELIGIBLE EMPLOYER, as determined by the ELIGIBLE EMPLOYER in accordance with criteria set forth in its Participation Agreement, the PARTICIPANT shall forfeit all interest in the account established for such PARTICIPANT, including any contributions made, or earnings credited, on his or her behalf. Such amounts will accrue to the ELIGIBLE EMPLOYER to be used to offset contributions to the PLAN in future years.
- 6.03 The amount of the award for any particular PARTICIPANT is the ACCOUNT VALUE that is vested at the date defined in Section 6.04 below.
- 6.04 The vested ACCOUNT VALUE is payable on the earlier to occur of the following: the PARTICIPANT reaches forty-five (45) years of age; the PARTICIPANT becomes disabled in accordance with Section 6.06 below; or the PARTICIPANT dies. In the event of death or disability, a PARTICIPANT is immediately vested in his or her account in the PLAN.
- 6.05 The ADMINISTRATOR will make the award in a lump sum, upon request from the ELIGIBLE EMPLOYER which shall certify that the criteria in Section 6.04 have been met.
- 6.06 If a PARTICIPANT qualifies for Social Security disability benefits, the PARTICIPANT may request distribution of the vested account in writing to the ELIGIBLE EMPLOYER. The PARTICIPANT must provide all documentation required by the ELIGIBLE EMPLOYER or ADMINISTRATOR.
- 6.07 If a PARTICIPANT dies before receiving his or her vested account under the PLAN, the balance of the award shall be paid to his or her beneficiary, designated in writing by the PARTICIPANT, or in the absence of a designated beneficiary, to the estate of the PARTICIPANT.

ARTICLE VII

Investment of Contributions

- 7.01 The ADMINISTRATOR shall have the sole discretion to select one or more investment options for the PLAN. It shall be the sole responsibility of the ADMINISTRATOR to ensure that all investment options offered under the plan are appropriate and in compliance with any and all state laws pertaining to such investments.
- 7.02 If the ADMINISTRATOR chooses to designate one or more investment options in which PARTICIPANTs may indicate a preference for investment of their account, PARTICIPANTs may indicate their preference from among the investment options designated by the

ADMINISTRATOR. Such investment options shall be under the full control of the ADMINISTRATOR. A PARTICIPANT's investment preferences shall apply only to making selections among the options made available under the PLAN.

- 7.03** If permitted in accordance with Section 7.02 above, each PARTICIPANT shall designate in a manner authorized by the ADMINISTRATOR one or more investment options in which he or she wishes to have his or her account invested and may change such investment preferences at such times and in such manner prescribed by the ADMINISTRATOR. The PARTICIPANT's account shall be debited or credited as appropriate to reflect all gains or losses on such investments.
- 7.04** Neither the ELIGIBLE EMPLOYER nor the ADMINISTRATOR, the TRUSTEES, nor any other person shall be liable for any loss incurred by virtue of following the PARTICIPANT's preferences or by reason of any reasonable administrative delay in implementing such preferences.
- 7.05** The ADMINISTRATOR may from time to time change the investment options made available under the PLAN. If the ADMINISTRATOR eliminates an investment option, all PARTICIPANTS who had chosen that investment option shall indicate a preference for another option. If no new option is selected by the PARTICIPANTS, money remaining in the eliminated investment option shall be reinvested at the direction of the ADMINISTRATOR. The PARTICIPANTS shall have no right to require the ADMINISTRATOR to select or retain any investment option. Any change with respect to investment options made by the employer or PARTICIPANT shall be subject to the terms and conditions including any rules or procedural requirements of the affected investment options.
- 7.06** At the ADMINISTRATOR's sole discretion, the ADMINISTRATOR may direct the investment of the PLAN assets and may appoint an investment manager to direct investments. Any investment directive shall be made in writing by the ADMINISTRATOR or investment manager. Such instructions regarding the delegation of investment responsibility shall remain in force until revoked or amended in writing.
- 7.07** The ADMINISTRATOR shall maintain or cause to be maintained one or more individual accounts for each PARTICIPANT. Each PARTICIPANT account shall be credited with the amount of any contributions paid into the PLAN; debited with any applicable administrative or investment expense including, but not limited to, fees charged to PARTICIPANT accounts credited or debited with investment gain or loss as appropriate; and debited with the amount of any distribution. At least once a year, each PARTICIPANT shall be notified of how to access his or her total account balance.
- 7.08** The ADMINISTRATOR may determine how contributions will be invested absent the PARTICIPANT'S affirmative indication of the PARTICIPANT's investment option preferences.
- 7.09** All interest, dividends, charges for premiums, withdrawal fees and administrative expenses and all changes in value due to market fluctuations applicable to each PARTICIPANT ACCOUNT shall be credited or debited to the account in accordance

with the usual practices of the investment provider.

- 7.10** All assets of the PLAN, including all CONTRIBUTIONS, property and rights purchased with CONTRIBUTIONS, and all income attributed to such CONTRIBUTIONS, property and rights, shall remain, until distributed to the PARTICIPANT or beneficiary, solely the property and rights of the ELIGIBLE EMPLOYER and are subject only to the claims of the creditors of the ELIGIBLE EMPLOYER.

ARTICLE VIII

Amendment and Termination of the PLAN

- 8.01** The ADMINISTRATOR and TRUSTEES are the only persons that can amend or terminate the PLAN itself, subject to applicable Tennessee law and the CODE. The ADMINISTRATOR shall provide copies of any amendments or termination actions to the ELIGIBLE EMPLOYERS.
- 8.02** An ELIGIBLE EMPLOYER may terminate its participation in the PLAN upon one hundred eighty (180) days written notice to the ADMINISTRATOR. The ELIGIBLE EMPLOYER's PARTICIPANTS will immediately vest upon the date the ELIGIBLE EMPLOYER ceases to participate in the PLAN.
- 8.03** In the event of a merger or consolidation with respect to an ELIGIBLE EMPLOYER, PLAN assets shall be considered an asset to which a surviving or successor ELIGIBLE EMPLOYER shall succeed, and the PLAN shall be considered an obligation to which the surviving or successor ELIGIBLE EMPLOYER shall become liable.
- 8.04** In the event the ADMINISTRATOR and TRUSTEES elect to terminate the PLAN, the ADMINISTRATOR will inform the ELIGIBLE EMPLOYERS in writing of its intent to terminate the program as of a specified date. In such event, PARTICIPANTS will immediately vest upon termination of the PLAN, and PLAN assets will be distributed in accordance with federal law.

ARTICLE IX

Administration of the PLAN

- 9.01** Participation in this PLAN by a VOLUNTEER shall not be construed to give a contract of employment to the VOLUNTEER or to alter or amend his or her existing status as a VOLUNTEER, nor shall participation in the PLAN be construed as offering to the VOLUNTEER any representation or guarantee regarding his or her continued status as a VOLUNTEER.
- 9.02** The ELIGIBLE EMPLOYER and the ADMINISTRATOR make no endorsement, guarantee or any other representation and shall not be liable to the PLAN or to any PARTICIPANT, beneficiary or any other person with respect to (a) the financial

soundness, investment performance, fitness, or suitability (for meeting a PARTICIPANT's or ELIGIBLE EMPLOYER's objectives, future obligations under the PLAN, or any other purpose) of any investment option offered or any investment vehicle in which contributions under the PLAN are actually invested, or (b) the tax consequences of the PLAN to any PARTICIPANT, beneficiary or any other person.

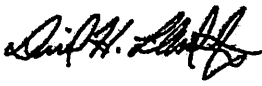
- 9.03** The laws of the state of the Tennessee shall apply in determining the construction and validity of the PLAN.
- 9.04** Any rights of a PARTICIPANT or beneficiary under this PLAN shall not be subject to the claims of creditors of the PARTICIPANT or beneficiary.
- 9.05** PARTICIPANTS and beneficiaries shall not have the right to commute, sell, assign, pledge, encumber, transfer or otherwise convey the right to receive any payments hereunder. These payments and rights to payments are expressly declared to be non-assignable and nontransferable.
- 9.06** This PLAN and any properly adopted amendments shall be binding upon the parties thereto and their respective heirs, administrators, trustees, successors and assignees.
- 9.07** The ADMINISTRATOR is authorized to resolve any ambiguities in the PLAN and to resolve any questions of fact necessary to determine eligibility, participation, and awards under the PLAN. The ADMINISTRATOR's interpretation of Plan provisions including eligibility and benefits under the Plan is final.
- 9.08** Should any section or sections of the PLAN be adjudged unenforceable, such unenforceability shall not affect the enforceability of the remaining sections, which shall be given full force and effect in accordance with the terms of the PLAN.

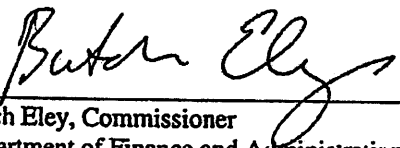
ARTICLE X

Effective Date

This PLAN shall be effective on the date and year written below.

IN WITNESS WHEREOF, this PLAN is executed this 11th day of March, 2022.

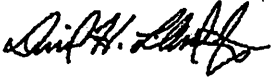
 Digitally signed by David H. Lillard, Jr.
Date: 2022.03.07 10:15:15 -06'00'
By: _____
David H. Lillard, Jr., State Treasurer
March 7, 2022
Date


By: _____
Butch Eley, Commissioner
Department of Finance and Administration
3/11/22
Date


By: _____
Bo Watson, Chair
Senate Finance, Ways and Means Committee
Date

By: _____
Patsy Hazlewood, Chair
House Finance, Ways and Means Committee
Date

IN WITNESS WHEREOF, this PLAN is executed this 11th day of March, 2022.

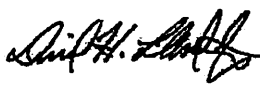
By:  Digitally signed by David H. Lillard, Jr.
Date: 2022.03.07 10:15:15 -06'00'
David H. Lillard, Jr., State Treasurer
March 7, 2022
Date

By: _____
Butch Eley, Commissioner
Department of Finance and Administration
Date

By:  March 9, 2022
Bo Watson, Chair
Senate Finance, Ways and Means Committee
Date

By: _____
Patsy Hazlewood, Chair
House Finance, Ways and Means Committee
Date

IN WITNESS WHEREOF, this PLAN is executed this 11th day of March, 2022.

 Digitally signed by David H.
Lillard, Jr.
Date: 2022.03.07 10:15:15
-06'00'
By: _____ March 7, 2022
David H. Lillard, Jr., State Treasurer Date

By: _____
Butch Eley, Commissioner
Department of Finance and Administration Date

By: _____
Bo Watson, Chair
Senate Finance, Ways and Means Committee Date


By: _____ 3/10/22
Patsy Hazletwood, Chair
House Finance, Ways and Means Committee Date