

**MINUTES, LIMESTONE COUNTY COMMISSION, JANUARY 18, 2022
COMMISSION MEETING**

The Limestone County Commission met in a regular meeting today, at 10:00 a.m. at the Clinton Street Courthouse Annex, 100 South Clinton Street, Athens, Alabama.

Present: Daryl Sammet, Danny Barksdale, Jason Black, and LaDon Townsend. Absent: Collin Daly. Commissioner Jason Black presided as Commission Chairman.

The meeting began with the Pledge of Allegiance.

MOTION was made by Daryl Sammet and seconded by Danny Barksdale to approve the minutes of January 3, 2022 and January 10, 2022.

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. Daryl Sammet, aye; Danny Barksdale, aye; and LaDon Townsend, aye. Motion carries unanimously.

MOTION was made by Daryl Sammet and seconded by LaDon Townsend to approve the following claims:

| | | | | |
|------------|---------|-------------------|----|-----------------|
| 01/11/2022 | Check # | 0063927 | \$ | 1,815.42 |
| 01/14/2022 | Check # | 0063928 – 0064025 | \$ | 1,507,776.31 |
| 01/14/2022 | Check # | 0064026 | \$ | <u>1,205.00</u> |
| | | TOTAL | \$ | 1,510,796.73 |

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. Daryl Sammet, aye; LaDon Townsend, aye; and Danny Barksdale, aye. Motion carries unanimously.

MOTION was made by Daryl Sammet and seconded by Danny Barksdale to approve a Settlement Agreement reached between the State of Alabama Endo Health Solutions, Inc. and Endo Pharmaceuticals, Inc. (Opioid litigation)

SIGN-ON

The undersigned, as a duly appointed representative of the County of Limestone has read the Settlement Agreement reached between the State of Alabama and Endo Health Solutions, Inc. and Endo Pharmaceuticals, Inc. ("Endo"), understands its terms, and agrees to be bound by those terms, including the release provisions in Section B.

Furthermore, the undersigned has read the attached Sign-On Agreement, understands its terms, and agrees to be bound by those terms.

Done, this 27th day of December 2021.

Title

County of Limestone

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EXHIBIT A

APPROVED ABATEMENT STRATEGIES

Introduction

The “Alabama United” Opioid Litigation Allocation Agreement reflects the Parties’ common desire to abate and alleviate the impacts of the opioid epidemic in this State by entering into an agreement relating to the allocation and use of any Settlement Funds received in Settlement.

Settlement Funds must be used to prevent, treat, and support recovery from opioid addiction and any other co-occurring substance use or mental health conditions which are all long- lasting (chronic) diseases that can cause major health, social, and economic problems at the individual, family, community, and/or state level. The Parties shall be guided by the recognition that expenditures should ensure both the efficient and effective abatement of opioid epidemic, and the prevention of future addiction and opioid abuse. Accordingly, the Parties shall utilize Settlement Funds for the Approved Abatement Strategies set forth below. While the Approved Abatement Strategies listed below are comprehensive, they are also illustrative. The opioid epidemic is ongoing, both in terms of research on the efficacy and efficiency of known strategies, and in innovative programs at the federal, state, and political subdivision levels.

Alabama Abatement Strategy Overview

In Alabama, similar to and including many national settlement strategies to abate opioid addiction, we have created an abatement plan that includes the three main components discussed below. These components will work collaboratively to address Alabama’s ‘needs and to also serve as a complement to, and should be integrated with, all other state and local government opioid plans:

1. **Strategies for Opioid Community Innovation & Recovery:** Included but not limited to prevention, treatment, and recovery support for local communities (examples include child welfare, law enforcement strategies and other infrastructure supports). This component of the Alabama abatement strategy has a hyper-local focus that allows communities to collaborate and expand necessary services to their community.
2. **Strategies for Opioid Statewide Innovation & Recovery:** Included but not limited to strategies included in the Community Recovery component, above. This component also includes projects that promote statewide change and regional development for prevention, treatment, and recovery support (examples include regional treatment hubs, drug task forces, data collection and dissemination). This component also includes opioid abatement research and development to understand how to better serve individuals and families in Alabama.
3. **Strategies for Opioid Recovery Sustainability:** Alabama’s opioid addiction and mental health epidemic was not created overnight, and it will not go away immediately. By collaborating to share resources and knowledge, Alabama’s state and local communities can a build sustainable financing strategy and infrastructure to reverse the damage that has been done by the opioid crisis and prevent future epidemics and crises.

PART ONE: Approved Uses for Opioid Community Innovation & Recovery

Treatment

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Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health conditions (SUD/MH).

Provide trauma-informed treatment services and support for individuals, their children and family members who have experienced trauma resulting from opioid addiction in the family.

Expand access and support infrastructure developments for telemedicine / telehealth services to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight and quality assurance of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

Engage non-profits and faith community to uncover and leverage current community faith-based OUD prevention, treatment and recovery support in partnership with medical and social service sectors.

Expand culturally appropriate services and programs that address health disparities in treatment for persons with OUD and mental health disorders, including programs for vulnerable populations (*i.e.*, homeless, youth in foster care, etc.), citizens of racial, ethnic, geographic and socio-economic differences, and new Americans to ensure that all Alabamians have access, and treatment, and recovery support services for OUD that meet their needs.

Ensure that each patient's OUD needs, and treatment recommendations are determined by a qualified clinical professional. Provide training and practice support to clinicians on the American Society of Addiction Medicine (ASAM) levels of care (or other models) and the most effective methods of treatment continuation between levels of care for people with OUD and any other cooccurring substance use or mental health conditions and make all levels of care available to all Alabamians.

Early Intervention and Crisis Support

Fund the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for opioid-addiction and other risk factors and know how to appropriately counsel, treat or refer a patient for mental health and substance use disorders. Support work of Emergency Medical Systems, including peer support specialists, to effectively connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Create an intake and call center to facilitate education and access to treatment, prevention and recovery services for persons with opioid addiction and any co-occurring substance use or mental health conditions.

Create a plan to meet the distinct needs of the families of children and youths who suffer from OUD and the families experience severe emotional disorders and provide respite and support for these caregivers to reduce family crisis and promote treatment.

Create community-based intervention services for families, youth, and adolescents at-risk for opioid addiction and any co-occurring substance use or mental health conditions.

Develop best practices on addressing individuals with OUD in the workplace, including any other co-occurring substance use or mental health conditions.

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Implement and support assistance programs for healthcare providers with OUD and any cooccurring substance use disorders or mental health conditions.

Support for Criminal-Justice Involved Persons

Address the needs of persons involved in the criminal justice system who have OUD and any cooccurring substance use or mental health conditions.

Support pre-arrest diversion and deflection strategies for persons with OUD addiction including opioids and any other co-occurring substance use or mental health conditions, including established strategies such as sequential intercept mapping and other active outreach strategies such as the Drug Abuse Response Team (DART) or Quick Response Team (QRT) models or other co-responder models that involve people not actively engaged in treatment.

Support pre-trial services that connect individuals with OUD addiction including opioids and any other co-occurring substance use or mental health conditions to evidence-informed treatment, including MAT, and related services.

Support treatment and recovery courts for persons with OUD and any other co-occurring substance use or mental health conditions, but only if these problem-solving courts provide referrals to evidence-informed treatment, including MAT.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate services to individuals with OUD and any other cooccurring substance use or mental health conditions who are incarcerated, on probation, or on parole.

Provide evidence-informed treatment; including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate re-entry services to individuals with OUD and any other co-occurring substance use or mental health conditions who are leaving jail or prison or who have recently left jail or prison.

Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis substance use (OUD plus another substance diagnosis) disorder/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Family-Centered Treatment and Support

Fund and promote evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women, post-partum mothers, as well as those who could become pregnant and have OUD and any other co-occurring substance use or mental health conditions.

Training for obstetricians and other healthcare personnel who work with pregnant women or postpartum women and their families regarding treatment for OUD and any other co-occurring substance use or mental health conditions.

Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for opioid addiction and education programs.

Fund child and family supports for parenting women with OUD addiction including opioids and any co-occurring substance use or mental health conditions.

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Enhanced family supports and childcare services for parents receiving treatment for OUD and any co-occurring substance use or mental health conditions.

Recovery Support

Identify and support successful recovery models for recovering opioid users including, but not limited to, college recovery programs, peer support agencies, recovery high schools, sober events and community programs, etc.

Provide technical assistance to increase the quantity and capacity of high-quality programs that model and support successful recovery for recovering opioid users.

Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users. To reduce stigma and to normalize a culture of recovery, government staff will be provided with onboarding and training that generates a cultural shift and provides all government employees with tool and resources to feel supported and to support colleagues who may be struggling with opioid and co-occurring substance use or mental health conditions.

Convene community conversations and training that engage non-profits, civic clubs, the faith-based community, and other stakeholders in training and techniques for providing referrals and support to recovering opioid users and their family and friends.

Identify and address transportation barriers to permit consistent participation in treatment and recovery support by recovering opioid users.

Support the development of recovery-friendly environments for recovering opioid users in all sectors, schools, communities and workplaces to promote and sustain health and wellness goals. Put resources for recovering opioid users toward:

1. Supportive and recovery housing for recovering opioid users;
2. Supportive employment/jobs for recovering opioid users;
3. Certification of peer coaches, peer-run recovery organizations, recovery community organizations for recovering opioid users;
4. Crisis intervention and relapse prevention for recovering opioid users; and
5. Services and structures that support young people living a life in recovery including, recovery high school and collegiate recovery communities for recovering opioid users.

Prevention

Invest in school-based programs that have demonstrated effectiveness in preventing opioid abuse or that appear promising to prevent the uptake and use of opioids. Investment in school and community-based prevention efforts and curriculum that have demonstrated effectiveness in reducing Adverse Childhood Events (ACEs) and their impact, by increasing resiliency, and preventing risk-taking, unhealthy or dangerous behaviors such as: drug use, prescription drug misuse, early alcohol use, and suicide attempts.

Assist coalitions and community stakeholders in aligning state, federal and local resources to maximize procurement of school and community education curricula, programs and campaigns for students, families,

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school employees, school athletic programs, parent-teacher and student associations, aging and elderly community members and others in an effort to build a comprehensive prevention and education response to address OUD prevention across the lifespan.

Invest in environmental scans and school surveys to identify effective OUD prevention efforts and realign OUD prevention and treatment responses with those emerging risk factors and changing patterns of OUD misuse.

Fund community anti-drug coalitions that engage in OUD prevention efforts and education.

Create school-based contacts who parents can engage with to seek immediate OUD treatment services for their child.

Prevent Over-Prescribing of Opioids and Other Drugs of Potential Misuse

Training for healthcare providers, including Continuing Medical Education (CME), regarding safe and responsible opioid prescribing, opioid dosing, and methods for tapering patients off opioids. Support for non-opioid pain treatment alternatives, including training providers to offer or refer patients to multi-modal, evidence-informed treatment of pain.

Support the development and implementation of a National Prescription Drug Monitoring Program (PDMP) Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to, integration of PDMP data with electronic health records, overdose episodes, and decision support tools for healthcare providers relating to OUD and other drugs of concern.

Overdose Prevention and Harm Reduction

Increase availability and distribution of naloxone and other drugs that treat opioid overdoses for use by first responders, persons who have experienced an overdose event, patients who are currently prescribed opioids, families, schools, community-based service providers, social workers, and other members of the general public.

Promote and expand naloxone strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an opioid overdose are then engaged and retained in evidence-based treatment programs.

Provide training and education regarding naloxone and other drugs that treat opioid overdoses for first responders, persons who have experienced an overdose event, patients who are currently prescribed opioids, families, schools, and other members of the general public.

Invest in evidence-based and promising comprehensive opioid harm reduction services and centers, including mobile units, to include syringe services, supplies, naloxone, staffing, space, peer-support services, and access to medical and behavioral health referrals.

Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Services for Children

Review the continuum of services available to Alabama's youths, young adults, and families to identify gaps and to ensure timely access to appropriate care for OUD and its impacts for Alabama's youngest

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citizens and their parents.

Fund additional positions and services, including supportive housing and other residential services to serve children living apart from custodial parents and/or placed in foster care due to custodial opioid use.

Expand collaboration among organizations meeting the OUD prevention, treatment, and recovery needs of Alabama's young people and organizations serving youths, such as Boys & Girls Clubs, YMCAs and others. Support the growth of recovery high schools, collegiate recovery communities, and alternative peer groups for youths recovering from OUD and mental illness.

First Responders (EMS, Firefighters, Law Enforcement and Other Criminal Justice Professionals)

Provide funds for first responders and criminal justice professionals and participating subdivisions for cross agency/departments collaboration and other public safety expenditures relating to the opioid epidemic that address both community and statewide supply and demand reduction strategies including criminal interdiction efforts.

Training public safety officials and first responders on safe-handling practices and precautions when dealing with fentanyl or other drugs.

Provide trauma-informed resiliency training and support that address compassion fatigue and increased suicide risk of public safety OUD responders.

Workforce

Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Scholarships/loan forgiveness for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field for continuing education licensing fees.

Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.

Training for healthcare providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists to support OUD treatment and harm reduction.

Dissemination of accredited 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.

PART TWO: Statewide Innovation & Recovery

Leadership, Planning and Coordination

Promote and encourage community regional planning to identify goals for opioid reduction and support efforts and/or to identify areas and populations with the greatest needs for OUD prevention, treatment and services.

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Provide resources to fund the oversight, management, and evaluation of OUD abatement programs and inform future approaches. Develop a government dashboard to track key opioid addiction related indicators and support as identified through collaborative community processes.

Provide funding for grant writing to assist already established community coalitions in securing state and federal grant dollars for OUD recovery capacity building and sustainability.

Stigma Reduction, Training and Education

Commission statewide campaigns to address stigma against people with OUD and any cooccurring substance use or mental health conditions. Stigma and misinformation deeply embed the deadly consequences of Alabama's OUD public health crisis. These prevent families from seeking help, fuel harmful misperceptions and stereotypes in Alabama communities, and can discourage medical professionals from providing evidence-informed consultation and care. Alabama's campaign to end stigma should include OUD chronic disease education; evidence-based OUD prevention, treatment, and harm reduction strategies; stories of OUD recovery; and a constant reframing of mental illness and opioid addiction from a personal moral failing to a treatable chronic illness.

Coordinate public and professional training opportunities that expand the understanding and awareness of adverse childhood experiences (ACEs) and psychological trauma, effective treatment models, and the use of medications that aid in the acute care and chronic disease management of both OUD and any co-occurring substance use or mental health conditions.

Strengthen the citizen workforce by providing community-based training, such as Mental Health First Aid, Crisis Intervention Training, naloxone administration, and suicide prevention. These OUD best practice trainings should be allowable as Continuing Education Units for professional development and when offered in an educational setting, provide academic credit.

Development and dissemination of new accredited curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Medication-Assisted Treatment.

Training for emergency room personnel treating opioid overdose patients on post-discharge planning. Such training includes community referrals for MAT, recovery case management and/or support services.

Implement opioid and drug take-back disposal and/or opioid destruction programs. Coordinate and promote public education relating to these opioid drug disposal programs.

Commission state-wide public education programs, including first responders, relating to emergency responses to opioid overdoses, including education on Alabama's immunity and Good Samaritan laws.

PART THREE: Strategies for Sustainability

Fund development of a multistate/nationally accessible database based on a template developed by the State and political subdivisions whereby healthcare providers can list locations for currently available in-patient and out-patient OUD treatment services that are both timely and accessible to all persons who seek treatment.

Fund the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for opioid addiction and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for mental health and substance use disorders.

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Create community-based intervention services for families, youth, and adolescents at risk for opioid addiction and any co-occurring substance use or mental health conditions.

Fund and promote evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women, post-partum mothers, as well as those who could become pregnant and have OUD and any other co-occurring substance use or mental health conditions.

Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for opioid addiction and education programs.

Fund child and family supports for parenting women with OUD and any co-occurring substance use or mental health conditions.

Invest in school-based programs that have demonstrated effectiveness in preventing opioid abuse and that appear promising to prevent the misuse of prescription opioids. Investment in school and community-based prevention efforts and curriculum that have demonstrated effectiveness in reducing Adverse Childhood Events (ACEs) and their impact by increasing resiliency, and preventing risk-taking, unhealthy or dangerous behaviors such as: drug use, misuse, early alcohol use, and suicide attempts.

Invest in environmental scans and school surveys to identify effective OUD prevention efforts and realign OUD prevention and treatment responses with those emerging risk factors and changing patterns of OUD misuse.

Fund community anti-drug coalitions that engage in OUD prevention efforts and education.

Invest in evidence-based and promising comprehensive opioid harm reduction services and centers, including mobile units, to include syringe services, supplies, naloxone, staffing, space, peer-support services, and access to medical and behavioral health referrals.

Provide funds for first responders and criminal justice professionals and participating subdivisions for cross agency/department collaboration and other public safety expenditures relating to the opioid epidemic that address both community and statewide supply and demand reduction strategies including criminal interdiction efforts.

Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.

Provide resources to fund the oversight, management, and evaluation of OUD abatement programs and inform future approaches.

Develop a government dashboard to track key opioid/and addiction-related indicators and supports as identified through collaborative community processes.

Provide funding for grant writing to assist already established community coalitions in securing state and federal grant dollars for OUD recovery capacity building and sustainability.

Commissioner Black asked if there was any discussion. County Attorney Andrew Dill informed the Commission that Commissioner Jason Black was allowed to vote even though he was presiding as Chairman. The Administrator called the roll. Daryl Sammet, aye; Danny Barksdale, aye; LaDon Townsend, aye; and Jason Black, aye. Motion carries unanimously.

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MOTION was made by LaDon Townsend and seconded by Daryl Sammet to approve a Funding Agreement by and between HH Health System – Athens, Limestone, LLC (“ALH”) and Limestone County Commission to provide funding to ALH for the operation of an indoor swimming pool.

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. LaDon Townsend, aye; Daryl Sammet, aye; Danny Barksdale, nay; and Jason Black, aye. Motion 3 to 1.

MOTION was made by LaDon Townsend and seconded by Danny Barksdale to award the following bid proposals to the lowest responsible bidder meeting specifications as follows:

| Proposal No. | Item | Awarded to | Amount |
|---------------------|--|-----------------------------|---------------|
| 2769 | Store Fund Checks (Sheriff Department) | Printers & Stationers, Inc. | \$260.10 |

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. LaDon Townsend, aye; Danny Barksdale, aye; Daryl Sammet, aye; and Jason Black, aye. Motion carries unanimously.

MOTION was made by Daryl Sammet and seconded by LaDon Townsend to approve family medical leave for Joshua Carter, beginning January 10, 2022 and ending on January 14, 2022.

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. Daryl Sammet, aye; LaDon Townsend, aye; Danny Barksdale, aye; and Jason Black, aye. Motion carries unanimously.

MOTION was made by LaDon Townsend and seconded by Danny Barksdale to approve to promote Danny Craig to Patrol Lieutenant, effective January 9, 2022.

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. LaDon Townsend, aye; Danny Barksdale, aye; Daryl Sammet, aye; and Jason Black, aye. Motion carries unanimously.

MOTION was made by Daryl Sammet and seconded by LaDon Townsend to approve to promote Martin Evans to Patrol Lieutenant, effective January 9, 2022.

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. Daryl Sammet, aye; LaDon Townsend, aye; Danny Barksdale, aye; and Jason Black, aye. Motion carries unanimously.

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MOTION was made by Daryl Sammet and seconded by LaDon Townsend to approve Archivist Rebekah Davis' leave from June 7, 2022 through June 30, 2022. The requested time needed for the travel will consist of 9 days of accrued annual, personal and holiday leave and 8 days of unpaid leave.

Commissioner Black asked if there was any discussion. Commissioner Black made the comment that this approval was due to the current policies regarding unpaid leave. The Administrator called the roll. Daryl Sammet, aye; LaDon Townsend, aye; Danny Barksdale, aye; and Jason Black, aye. Motion carries unanimously.

MOTION was made by LaDon Townsend and seconded by Danny Barksdale to approve to hire Matthew Wigginton as Corrections Officer, effective January 18, 2022.

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. LaDon Townsend, aye; Danny Barksdale, aye; Daryl Sammet, aye; and Jason Black, aye. Motion carries unanimously.

MOTION was made by Daryl Sammet and seconded by Danny Barksdale to approve the following merit increases, which are included in the base pay and cost of living pay as listed below.

| Name | Position | Effective Date |
|----------------------|------------------------------|----------------|
| Andrew Vickers Jr. | Corrections Officer | 1/3/2022 |
| Anthony Gardner | Bridge Inspector | 1/17/2022 |
| Breanna Harrison | Communications Officer | 1/4/2022 |
| Caleb King | Deputy | 1/26/2022 |
| Christopher Thompson | Corrections Officer | 1/21/2022 |
| Cody Lewter | Deputy | 1/10/2022 |
| Donna Powell | Nutrition Site Mgr. | 1/11/2022 |
| Gary Carroll | Senior Systems Administrator | 1/4/2022 |
| Huston Campbell | Equipment Operator II | 1/5/0222 |
| Johnny Smith | Nutrition Site Manager | 1/11/2022 |
| Justin Brown | Equipment Operator III | 1/7/2022 |
| Kayla Holt | Case Manager | 1/10/2022 |
| Laura Then | Tax Collection Clerk | 1/9/2022 |
| Moses McGuire | Mechanic | 1/5/2022 |
| Myra H. Moss | Communications Officer | 1/28/2022 |
| Nicholas Roberson | Equipment Operator III | 1/19/2022 |
| Susan McGrady | Director | 1/25/2022 |

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. Daryl Sammet, aye; Danny Barksdale, aye; LaDon Townsend, aye; and Jason Black, aye. Motion carries unanimously.

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MOTION was made by LaDon Townsend and seconded by Danny Barksdale to approve the subdivisions listed below.

| Name | S/D Type | Approval Type | Lots | District | Location |
|---|----------|---------------------|------|----------|--|
| Brigadoon Highlands Phase Two replat of Lots 89 & 90 of a replat of Lots 71 – 75 & Lots 84-92 | Minor | Preliminary & Final | 1 | 3 | Brigadoon Subdivision on the north side of Saint Andrew Drive |
| Cherry Grove Subdivision | Minor | Preliminary & Final | 3 | 4 | North side of Cherry Grove Rd approx. 500' west of Flanagan Rd |
| J. Barney Griffin Estate Subdivision replat of Tract 39, 40 & 41 | Minor | Preliminary & Final | 4 | 4 | North side of Ft Hampton Rd ¼ mile west of Easter Ferry Rd |
| New Cut Road Subdivision replat of Tract 3 & 8 | Minor | Preliminary & Final | 5 | 4 | Approx. 800' west of AL Hwy 99 on the north side of New Cut Rd |
| Tillman Mill Subdivision | Minor | Preliminary & Final | 4 | 4 | Approx. 500' north of AL Hwy 99 on the west side of Tillman Mill Rd |
| Davis Preserve Phase 1B (an addition to Phase 1) | Major | Preliminary | 40 | 2 | On the south side of Nick Davis approx. ¾ mile of Menefee Rd. intersection |
| Jerrie Lynn Subdivision replat of Tracts 8 & 9 of Karl K. Anderson Estate | Major | Preliminary | 54 | 4 | South side of Sewell Rd west of Edgewood Rd. intersection |
| Sonoma Valley Subdivision Phase I | Major | Preliminary | 80 | 2 | Southwest corner of Barksdale & Meadows Rd. |

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. LaDon Townsend, aye; Danny Barksdale, aye; Daryl Sammet, aye; and Jason Black, aye. Motion carries unanimously.

MOTION was made by Daryl Sammet and seconded by Danny Barksdale to approve the month to month rental payment and 50% of utilities paid to Ming Enterprises, LLC for the space on Jefferson Street that was previously rented from JKLL, LLC. The change of payments to Ming Enterprises, LLC from JKLL, LLC is due to the sale of the property to Ming Enterprises, LLC.

Commissioner Black asked if there was any discussion. Commissioner Black noted that this is the building which currently houses the maintenance department. The Administrator called the roll. Daryl Sammet, aye; Danny Barksdale, aye; Jason Black, aye; and LaDon Townsend, aye. Motion carries unanimously.

MOTION was made by LaDon Townsend and seconded by Danny Barksdale to approve “Sign/Herbicide Technician” job description. (Engineering Department)

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LIMESTONE COUNTY



Job Title: Sign/Herbicide Technician

Department: Engineering

Grade: 14

JOB SUMMARY

This position is responsible for the construction, installation, repair and maintenance of road signs and performs a range of herbicide spraying operations throughout the County.

MAJOR DUTIES

- Installs, maintains and repairs road signs.
- Installs traffic control devices and flags traffic at work site.
- Responds to after-hour reports of damaged signs.
- Applies herbicides.
- Operates a variety of equipment to assist in road paving operations.
- Performs related duties.

KNOWLEDGE REQUIRED BY THE POSITION

- Knowledge of the materials, equipment, procedures and practices employed in road sign construction, installation and repair.
- Knowledge of the materials, equipment, procedures and practices employed in herbicide application.
- Knowledge of department and county policies and procedures.
- Knowledge of safe work practices.
- Knowledge of computer and job-related software programs.
- Knowledge of Manual on Uniform Traffic Control Devices (MUTCD).

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- Knowledge of how to read Material Safety Data Sheets (MSDS) for herbicide chemicals.
- Skill in the installation and maintenance of road signs and markings.
- Skill in the operation of a variety of paving equipment.
- Skill in oral and written communication.

SUPERVISORY CONTROLS

The Road Superintendent assigns work in terms of general instructions. The supervisor spot-checks completed work for compliance with instructions and established procedures, accuracy and the nature and propriety of the final results.

GUIDELINES

Guidelines include safety regulations, the MUTCD, equipment operation manuals, chemical MSDA and instructions from supervisors. These guidelines are generally clear and specific but may require some interpretation in application.

COMPLEXITY/SCOPE OF WORK

- The work consists of related technical duties. Inclement weather conditions and heavy traffic around work sites contribute to the complexity of the position.
- The purpose of this position is to install, repair and maintain road signs and other traffic control devices as well as apply herbicides. Successful performance helps ensure safe and well-marked roadways.

CONTACTS

- Contacts are typically with co-workers, vendors, ALDOT representatives and the general public.
- Contacts are typically to resolve problems and provide services.

PHYSICAL DEMANDS/WORK ENVIRONMENT

- The work is typically performed while sitting at a desk or table or while standing, walking, bending, crouching or stooping. The employee frequently lifts light and heavy objects, climbs ladders and uses tools or equipment requiring a high degree of dexterity.
- The work is typically performed in a shop and outdoors, and occasionally, in cold and inclement weather. The employee may be exposed to noise, dust, dirt, grease and machinery with moving parts.

**MINUTES, LIMESTONE COUNTY COMMISSION, JANUARY 18, 2022
COMMISSION MEETING**

SUPERVISORY AND MANAGEMENT RESPONSIBILITY

None.

MINIMUM QUALIFICATIONS

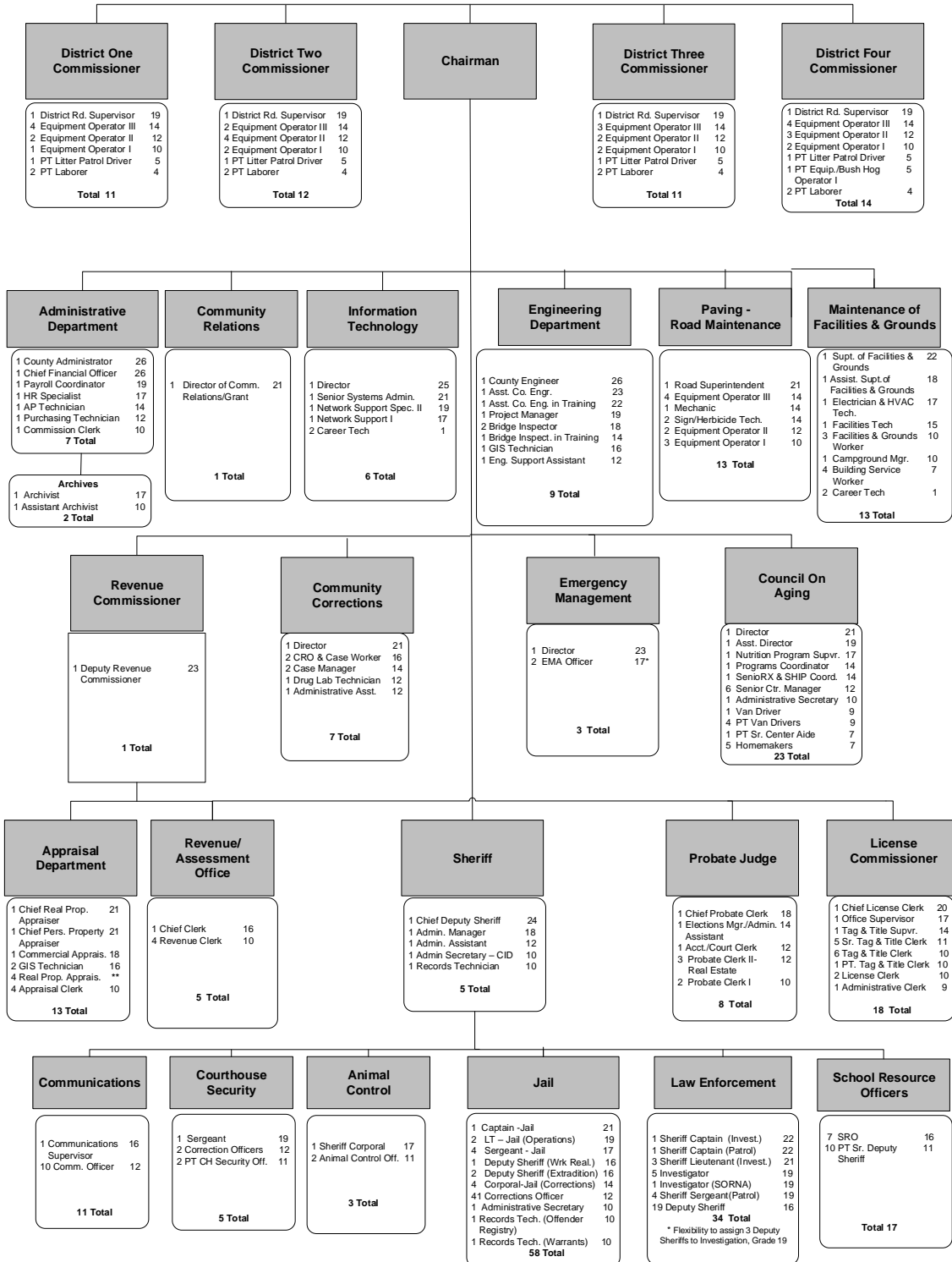
- Knowledge and level of competency commonly associated with completion of specialized training in the field of work, in addition to a high school diploma.
- Sufficient experience to understand the basic principles relevant to the major duties of the position, usually associated with the completion of an apprenticeship, internship or having had a similar position for one to two years.
- Possession of or ability to readily obtain a valid driver's license issued by the State of Alabama for the type of vehicle or equipment operated.

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. LaDon Townsend, aye; Danny Barksdale, aye; Daryl Sammet, aye; and Jason Black, aye. Motion carries unanimously. Commissioner Sammet asked Engineer Massey about this position, and Engineer Massey informed that this is an effort to make the paving season more efficient and will eliminate having to pull employees from the paving crew.

MOTION was made by Daryl Sammet and seconded by LaDon Townsend to approve a pay grade option on the Staffing Plan for "EMA Officer" under "Emergency Management" which will allow a possible pay grade advancement for experience and certifications acquired. Approval of the pay grade advancement will be at the discretion of the EMA Director.

MINUTES, LIMESTONE COUNTY COMMISSION, JANUARY 18, 2022 COMMISSION MEETING

LIMESTONE COUNTY COMMISSION STAFFING PLAN January 18, 2022



*EMA Officer

10 years' experience & required certifications: 19

**Real Property Appraiser

Trainee: 14; 18 months' experience: 17; State certified: 18

**MINUTES, LIMESTONE COUNTY COMMISSION, JANUARY 18, 2022
COMMISSION MEETING**

Commissioner Black asked if there was any discussion. There was no discussion. The Administrator called the roll. Daryl Sammet, aye; LaDon Townsend, aye; Danny Barksdale, aye; and Jason Black, aye. Motion carries unanimously.

Commissioner Daryl Sammet gave an update on the bridges located on State Line Road and Thatch Road.

Commissioner LaDon Townsend gave an update regarding Chapman Hollow Road and expressed his appreciation to his crew for expediting the current culvert work due to the forecast of rain.

Commissioner Jason Black requested prayers for the Daly family due to sickness and further requested prayers for teachers, parents and students due to schools closing because of COVID.

Adjourned at 10:16 a.m. until 9:00 a.m. on Monday, February 7, 2022 at the Clinton Street Courthouse Annex, 100 South Clinton Street, Athens, Alabama.