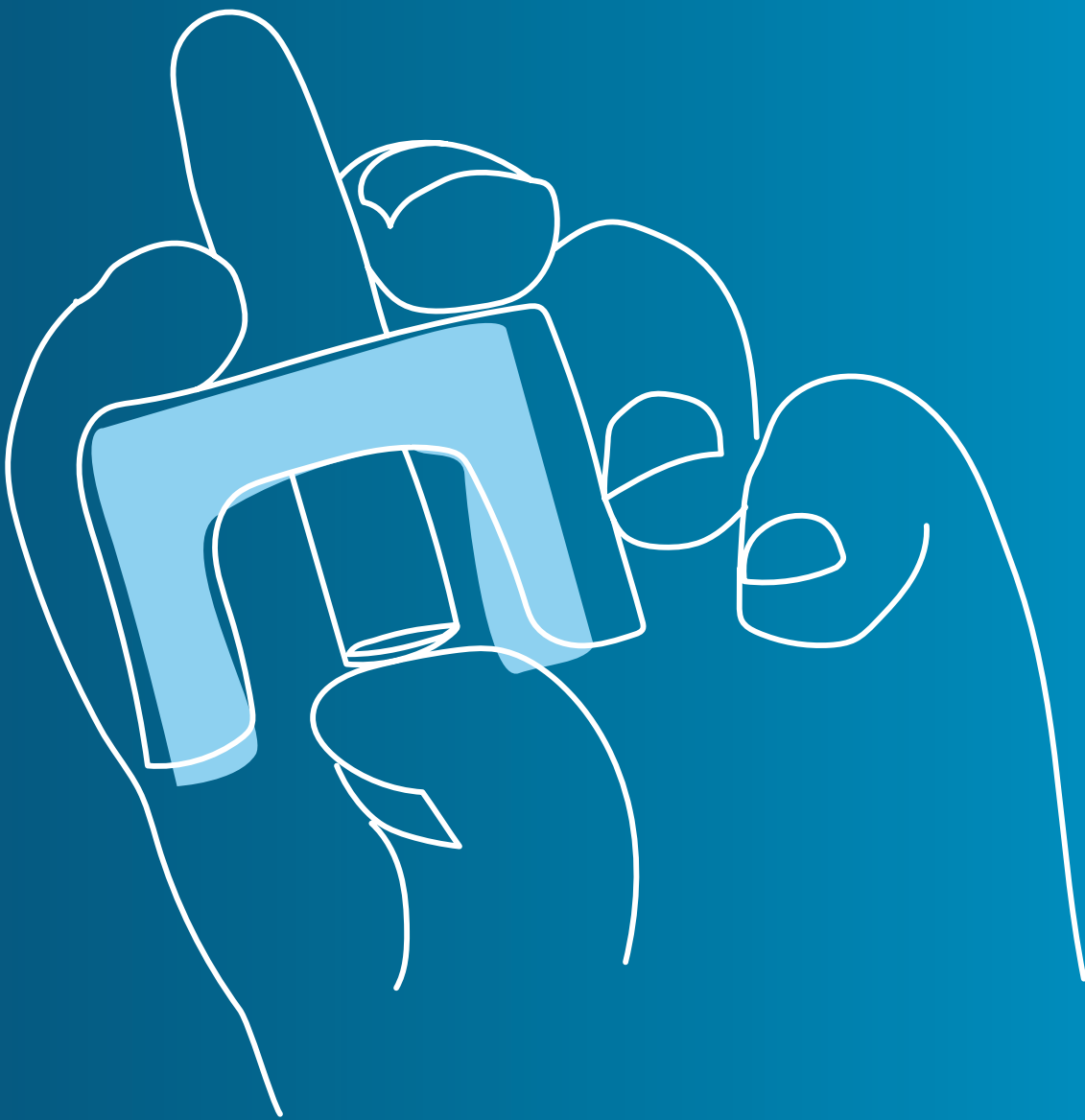


A photograph of two women with long hair, smiling warmly at the camera. They are wearing dark green t-shirts and lanyards. The woman on the right has her arm around the woman on the left. They are holding a stack of folded clothes, including a blue polka-dot shirt, a striped shirt, and a yellow shirt. The background is a blurred outdoor setting with green foliage.

# Five Questions for Counties Considering Harm Reduction as an Opioid Abatement Strategy



*Visit NACo's Opioid Solutions Center for custom tools and resources to help counties maximize the impact of opioid settlement funds.*



# Introduction

Since 1999, more than one million people have died of a drug overdose in the U.S. The nature of this crisis has evolved rapidly in recent years, with synthetic opioids, such as fentanyl, now dominating the drug supply. Amid an evolving and increasingly life-threatening substance use environment, harm reduction has become a pillar of America’s overdose prevention strategy. Harm reduction is an evidence-based approach to engage and meet the needs of people who use drugs. For America’s counties, harm reduction complements prevention, treatment and recovery services to create a more holistic and effective system of care.

## Harm Reduction:

*“a practical and transformative approach that incorporates community-driven public health strategies – including prevention, risk reduction, and health promotion – to empower people who use drugs and their families with the choice to live healthier, self-directed, and purpose-filled lives.”*

–U.S. Substance Abuse and Mental Health Services Administration<sup>2</sup>

Through the national opioid settlements, counties have access to flexible resources that can enhance our existing opioid response strategies, including incorporating or expanding the role of harm reduction in our systems of service. How counties can integrate harm reduction depends on the policy environment, including on whether counties have broad authority, limited authority or face state-imposed barriers.

*To help counties assess the utility and feasibility of harm reduction in our jurisdictions, this resource explores five questions from counties in different policy contexts:*

**1.**

**What is harm reduction and what would it mean for our community?**

QUESTION IN ACTION:  
**GRAVES COUNTY, KY.**

**2.**

**What if our county isn’t involved in the delivery of substance use services?**

QUESTION IN ACTION:  
**ARAPAHOE COUNTY, COLO.**

**3.**

**What if community-based organizations already offer harm reduction services?**

QUESTION IN ACTION:  
**ALLEGHENY COUNTY, PA.**

**4.**

**What if harm reduction is restricted at the state level?**

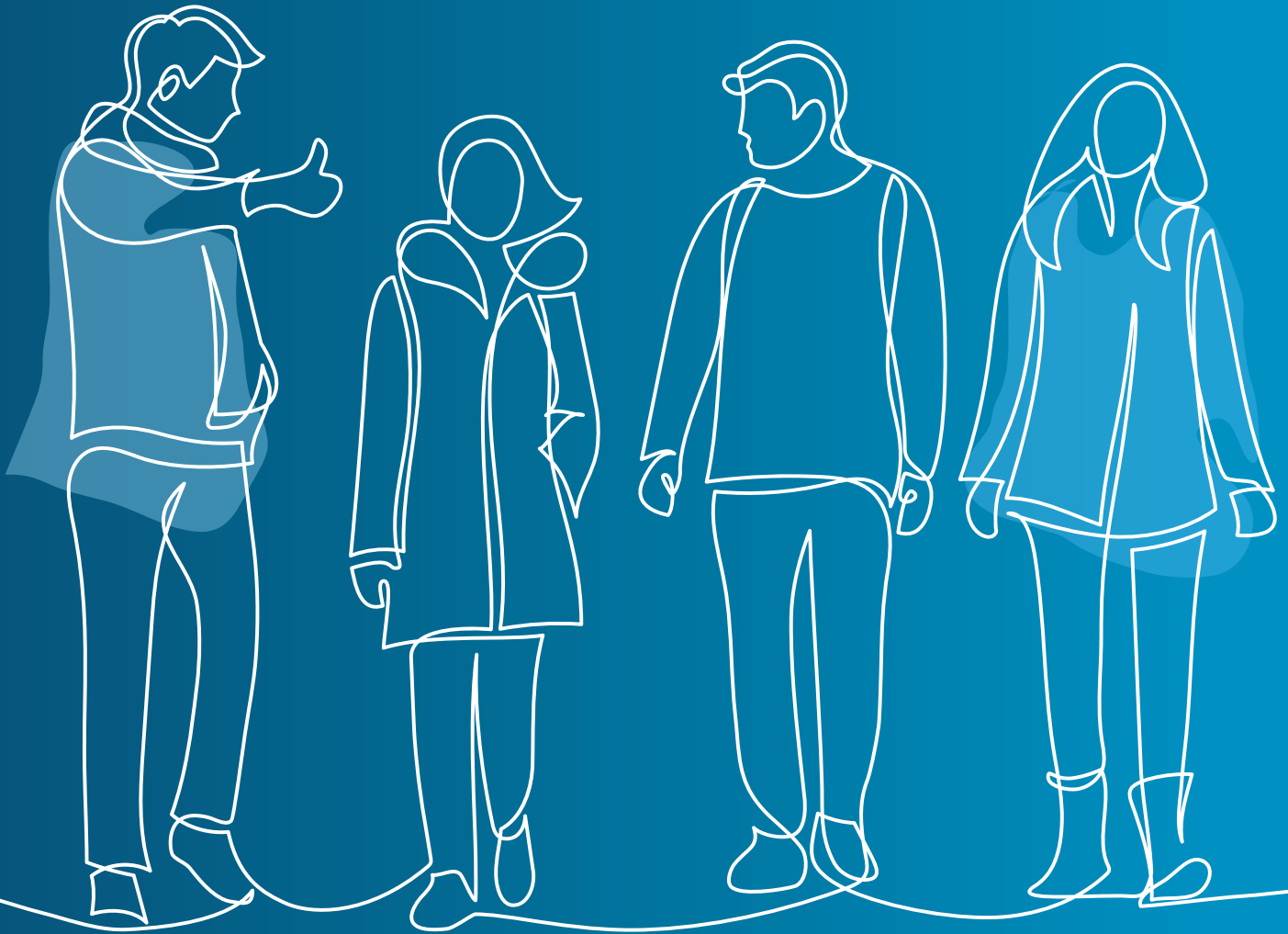
QUESTION IN ACTION:  
**BEXAR COUNTY, TEXAS**

**5.**

**How can opioid settlement funds support harm reduction?**

QUESTION IN ACTION:  
**HENNEPIN COUNTY, MINN.**

*Each example includes information about the state’s policy context, so that counties can assess which context is most similar to their own.*



## Question 1:

# What is harm reduction and what would it mean for our community?

**Harm reduction focuses on, among other things, preventing fatal overdose, preventing the spread of infectious disease and providing people who use drugs with opportunities to address their needs on their own terms.**

Harm reduction centers the autonomy of people who use drugs by acknowledging their self-determined hierarchy of needs. Harm reduction strategies include offering low-barrier access to substance use-related services, such as wound care, safer use equipment and medications for opioid use disorder, as well as responding to needs that may have preceded substance use, such as untreated mental health conditions or loss of permanent housing. These strategies provide connections to care and enable people to pursue positive changes that they identify as priorities.

Decades of research demonstrates that harm reduction improves health outcomes for people who use drugs and benefits the environments of surrounding communities. Studies of communities across the U.S. have found that harm reduction programs effectively link people to treatment,<sup>4</sup> reduce the spread of infectious diseases<sup>5</sup> and save lives.<sup>6</sup>

Examples of the benefits of harm reduction in communities include:

- A study in Seattle, Wash. found that people who participate in syringe services programs (SSPs) are more than twice as likely to reduce the frequency of their substance use and three and a half times more likely to stop using substances entirely compared to those who do not.<sup>7</sup>
- A study of young adults in Rhode Island found that the distribution and use of fentanyl testing strips contributed to safer use and reduced overdose risk.<sup>8</sup>
- Prevention Point, a harm reduction organization operating in Tompkins, Broome and Chenango Counties, N.Y., provides short-term rental assistance as well as Medicaid assistance for individuals with chronic illnesses.<sup>9</sup>

On the other hand, the absence of harm reduction services is associated with negative health outcomes. In Indiana, Massachusetts and West Virginia, local policy restrictions on the operation of SSPs resulted in outbreaks of hepatitis C and human immunodeficiency virus (HIV).<sup>10</sup> Such outbreaks harm individuals and create significant societal costs, with hepatitis C treatment costing at least \$24,000<sup>11</sup> and HIV treatment costing \$350,000<sup>12</sup> over a lifetime. By providing widespread access to sterile syringes, which cost under \$3 each, SSPs are a cost-effective strategy to reduce the spread of these diseases.<sup>13</sup>

## QUESTION IN ACTION:

# Graves County, Ky.

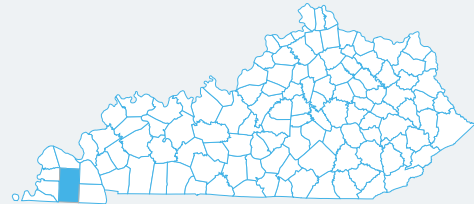
2021 Population: 37,000

Located in rural southwestern Kentucky, Graves County is home to [The Exchange](#): the only SSP in a two-hour radius. The Exchange opened in April 2019 after two years of deliberation, awareness raising and relationship building throughout the county. These efforts were led by [Graves County ASAP](#), one of 75 local and regional boards established by the state in 2005 to coordinate and fund substance use prevention efforts. Graves County ASAP is led by a board of local citizens and operated by a team of four staff.

In Kentucky, state policy requires SSPs to receive approval from three government bodies to operate: the county board of health, the county fiscal court and the city council of any city in which the program operates. In 2017, Graves County ASAP began meeting with county and community stakeholders to understand their priorities relating to the overdose crisis. Through these conversations, Graves County ASAP identified that public safety and discarded syringes were top priorities. After listening to their concerns, Graves County ASAP presented stakeholders with data on substance use outcomes in the county and proposed an SSP as a potential solution.

A key point in these conversations was that in 2016, the CDC released a list of counties across the country that were most vulnerable to the rapid spread of hepatitis C and HIV due to injection drug use.<sup>18</sup> Out of the 220 most vulnerable counties in the country, more than 25 percent were in Kentucky. Graves County ASAP also presented information on overdose rates, current counts of discarded syringes

## State Policy Context



### Syringe Services Programs:

- Counties may fund and/or operate syringe exchanges; however, exchanges require approval from three government bodies to operate.<sup>14</sup>

### Drug Checking:

- Counties may procure and/or distribute fentanyl test strips, but not other drug checking supplies.<sup>15</sup>

### Naloxone Access and Use:

- Only pharmacists may distribute naloxone. Pharmacists may be held civilly and/or criminally liable for dispensing naloxone.<sup>16</sup>
- Anyone who receives training may administer naloxone.<sup>17</sup>

in the community and comparisons of the health care costs associated with intravenous drug use and the operating costs of SSPs. Lastly, Graves County ASAP discussed how SSPs can serve as a best practice approach in communities to reduce syringe litter and have an accountable organization to call if discarded needles are encountered. Forming relationships with

stakeholders across county and city government and facilitating evidence-informed discussions enabled Graves County ASAP to obtain the necessary approvals for establishing an SSP.

Today, The Exchange is a comprehensive resource center supported by multiple government entities and community-based organizations. The Exchange operates out of a Graves County Health Department clinic and receives funding from the Graves County Board of Health, Mayfield City Council and Graves County Fiscal Court. In addition to its government partners, The Exchange works with numerous private and non-profit organizations,

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***“Drugs don’t stop at county lines. Diseases don’t stop at county lines. We just can’t have our heads in the sand and pretend that it’s not happening in our community.”***

*— Lauren Carr, Executive Director,  
Graves County ASAP*

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including Four Rivers Behavioral Health, Recovery Works, Turning Point Recovery Center, Mercy Health, Kentucky Cares and Purchase Area Development Feeding America Food Pantry. These partnerships enable The Exchange to provide direct services (e.g., food, water, clothing and a safe, stigma-free indoor environment) and provide informed referrals to outside care (e.g., housing, recovery services, medication providers and mental health resources). There is always at least one peer support specialist staffing The Exchange during service hours to promote trust, mutual respect and a welcoming atmosphere.



## Question 2:

# What if our county isn't involved in the delivery of substance use services?

**Regardless of how services are delivered, counties play a lead role in helping residents navigate local service systems to access the care they need.**

Each year, roughly 22 percent of people in the U.S. use illicit drugs.<sup>19</sup> To promote access to services for all residents, including people who use drugs, counties can work internally and externally to create a more organized system of care for people with substance use disorder. Harm reduction is an approach that can be adopted across health, human services and other service areas to meet the needs of people who use drugs and create stigma-free environments in county service settings.

For example, counties can support harm reduction by:

- Educating and providing training for county employees on harm reduction principles and best practices
- Identifying and partnering with community organizations involved in harm reduction work and service provision and reducing policy barriers, if applicable

- Conducting stigma-reduction and cultural competency training with local health and human service providers
- Funding wraparound support services, like housing for people who use drugs and/or people receiving medications for opioid use disorder
- Supporting low-cost and low-barrier mental and primary health care
- Mapping substance use services, convening organizations and creating coordinated referral pathways, and
- Gathering population-level data and information (e.g., through a community health needs assessment).

These strategies align with the approved strategies documented in the national opioid settlement agreements, which explicitly mention harm reduction, training and educational activities as eligible expenditures.



*For more information about harm reduction as an eligible expenditure of opioid settlement funds, see the Primer on Spending Opioid Settlement Funds by the Johns Hopkins Bloomberg School of Public Health.*



**QUESTION IN ACTION:**

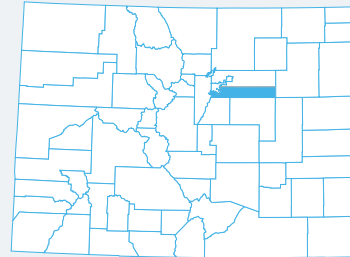
# Arapahoe County, Colo.

2021 Population: 655,000

Arapahoe County recently established its health department after the dissolution of a tri-county health department in December 2022 (Douglas, Arapahoe and Adams County). Each county is now individually tasked with delivering the core public health services required by the state of Colorado, including infectious disease prevention, environmental health and access and linkage to care. Arapahoe County Public Health opened its doors in January 2023 and offers direct medical services, including a sexual health clinic, a maternal-child clinic and nurse home visiting services. Although Colorado counties are not responsible for delivering behavioral health services, Arapahoe County Public Health integrates harm reduction as part of its broader public health approach.

As a public health strategy, harm reduction decreases overdose deaths, lessens the spread of infectious diseases and connects people to substance use and other social services. Part of Arapahoe County's harm reduction approach includes a non-judgmental perspective and a commitment to 'meeting people where they are.' As a result, Arapahoe County Public Health conducts proactive street outreach three days a week and targeted services at fixed sites on three other days per week to people who use drugs. These services include distribution of harm reduction supplies, such as sterile syringes, cookers, alcohol wipes, bandages, safer smoking kits, fentanyl test strips and injectable and intranasal naloxone. To fund these initiatives, Arapahoe County Public Health utilizes multiple funding streams, including state funding, private donations and federal grants.

## State Policy Context



### Syringe Services Programs:

- Counties may fund and/or operate SSPs. Participants and volunteers/employees are exempt from drug paraphernalia laws related to services received in these programs.<sup>20</sup> Anyone can purchase and/or possess syringes without a prescription.<sup>21</sup>

### Drug Checking:

- Counties may procure and/or distribute any drug checking tools.<sup>22</sup>

### Naloxone Access and Use:

- Various medical and mental health care professionals may prescribe or distribute naloxone. Naloxone prescribers/distributors cannot be professionally, criminally or civilly punished.<sup>23</sup>
- Anyone may administer naloxone. Naloxone administrators cannot be criminally or civilly punished.<sup>24</sup>

To support an ecosystem of care in the community, Arapahoe County Public Health acts as the “captain of the ship,” serving as a central hub for resources and referrals to substance use service providers. Arapahoe County Public Health connects people to an array of services and programs in the region, including through partnerships with [It Takes A Village](#), Aurora Public Schools, private mental and behavioral health service providers and the state behavioral health system. The county specifically works with Aurora Public Schools to provide naloxone training and substance use education. Building relationships with these organizations is critical to meeting the needs of residents, promoting access to harm reduction services and creating a holistic service environment.

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***“You’re not only helping people who use drugs, but you’re helping [young people] that might just experiment and don’t know about Narcan or fentanyl, so it’s imperative that these services are offered.”***

*— Clinton Whatley, Harm Reduction Program Manager, Arapahoe County Public Health*

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### Question 3

## What if community-based organizations already offer harm reduction services?

Community-based partners are close to the residents they serve and are often ideal partners for reaching those who are most vulnerable. If these organizations already exist, counties can enhance their efforts by providing centralized support and county-wide coordination. Many people who use drugs are wary of interacting with government services due to fear of legal consequences. Yet, the demonstrated need for harm reduction services across the country requires widespread participation: the more people and organizations involved, the broader the potential reach and the more lives can be saved. As no county is untouched by the opioid epidemic, all counties will benefit by ensuring that harm reduction services are available to residents in their time of need.

Counties can support community-based organizations as:

- **Funders.** Counties can provide funding to community-based organizations to help them build capacity. Counties can help organizations expand from operating one day a week to daily or by adding a mobile van to expand reach beyond a brick-and-mortar location. Taking on bulk capital costs, like the cost of naloxone, can also be an effective capacity-building investment.
- **In-Kind Partners.** Counties can partner with harm reduction organizations to apply for state and federal grants and assume responsibility for grant writing and meeting administrative requirements.

- **Administrators.** Counties have expert administrative capacity and can serve as fiscal agents, host open meetings and disseminate information to county-wide audiences.
- **Policymakers.** Counties can adjust administrative requirements for community-based organizations while adhering to local requirements. For example, counties can create a streamlined application process for organizations applying for opioid settlement funds.
- **Data and information gatherers.** Counties can gather qualitative and quantitative community data to identify vulnerable populations and areas to best direct service delivery.
- **Conveners.** Counties often host community forums, gather resident input and disseminate information to build public support. Counties can further increase service coordination across community organizations to expand access to and improve programming.

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***"It's so common to see people siloed... Bringing everyone to the table, it's not just having a meeting, it's figuring out what everyone's doing, putting a face to the name and building referral pathways."***

*— William Cohen, Overdose Prevention Program Manager, Allegheny County, Pa.*

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## QUESTION IN ACTION:

# Allegheny County, Pa.

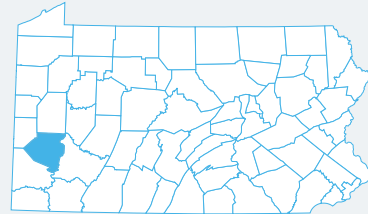
2021 Population: 1,238,000

In Pennsylvania, most health services, including environmental health, immunizations and opioid use awareness programs, are delivered by the state department of health. Counties may supplement these services by establishing a local or district health department, as Allegheny County did in 1957. The Allegheny County Health Department (ACHD) promotes individual and community wellness through a mix of state funds, local funds and federal grants. ACHD's substance use services are primarily funded by the CDC's [Overdose Data to Action](#) grant.

Allegheny County participates in harm reduction by serving as a liaison between various service providers. ACHD works with organizations that are trusted by the community to empower, support and finance programs with existing buy-in from county residents. To establish an organized system of services, ACHD periodically convenes its partners in a common space to discuss redundancies and service gaps. This type of relational infrastructure allows the county and its partners to provide immediate referrals and connections to same-day services.

Allegheny County's approach is grounded in the understanding that substance use is often a symptom of deeper societal issues. Breaking down the stigma around substance use can start by building the public's understanding of these issues and recognizing that people often engage in substance use due to a variety of social determinants of health. As a result, the county supports not only harm reduction providers, including organizations like [Prevention Point Pittsburgh](#), but also case workers who provide housing assistance, re-entry services and street outreach. Additionally, the county is purchasing a Fourier Transform Infrared

## State Policy Context



### Syringe Services Programs:

- Allegheny County and the City of Philadelphia are the only localities in the state that may fund and/or operate SSPs.<sup>25</sup>

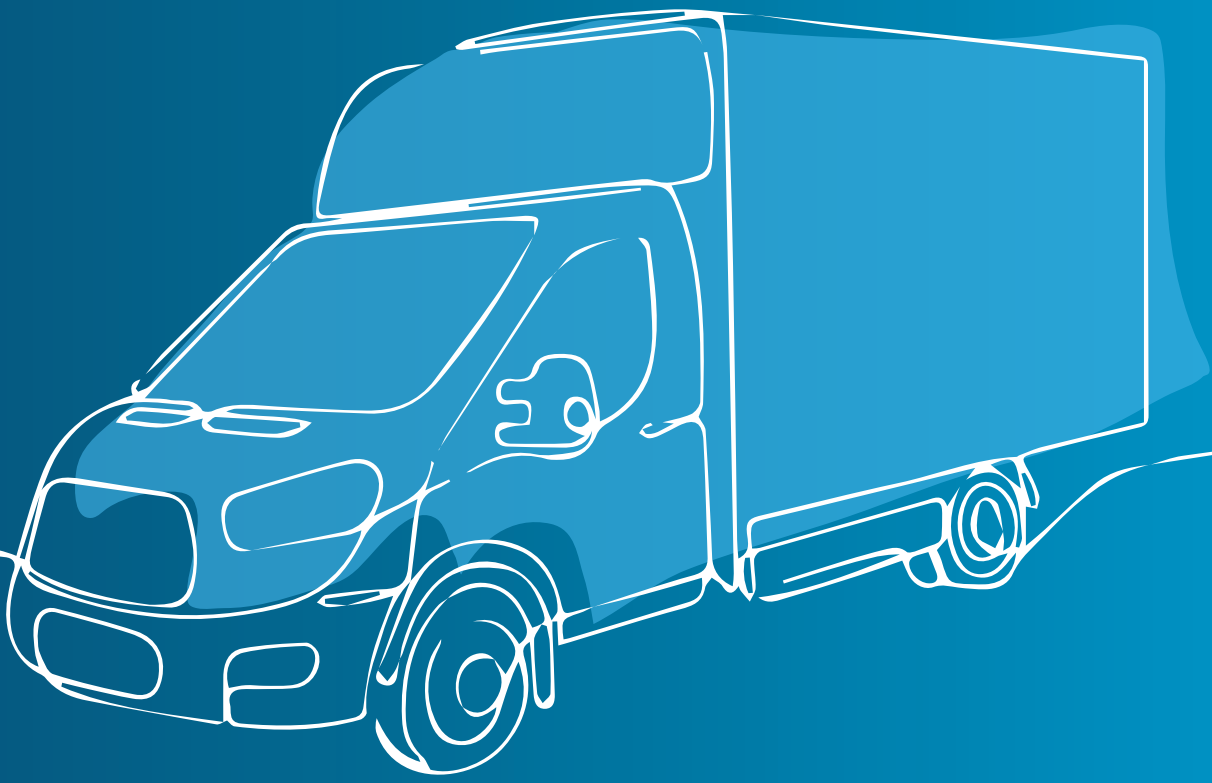
### Drug Checking:

- Counties may procure and/or distribute any drug checking supplies.<sup>26</sup>

### Naloxone Access and Use:

- Community organizations, health care professionals and pharmacists may prescribe or dispense naloxone. Naloxone prescribers/distributors cannot be professionally, criminally or civilly punished.<sup>27</sup>
- Anyone may administer naloxone. Naloxone administrators cannot be criminally or civilly punished.<sup>28</sup>

Spectroscopy (FTIR) drug-checking machine for a local university to operate, which will help the community monitor and respond to the changing drug supply. The university will provide data and information to the county and community partners to create a shared understanding of community needs.



## Question 4:

# What if harm reduction is restricted at the state level?

No matter the policy environment, all counties can advance harm reduction by adopting strategies that meet residents' health needs. Harm reduction encompasses a wide array of services, including wound care, referrals to stigma-free health care providers, housing assistance, food security programs, hygiene services and naloxone distribution. Investing in wraparound services that may not otherwise be available in the county, such as housing supports for people at risk of homelessness, is one of the greatest contributions counties can make to reduce harms from substance use. A statewide study of people experiencing homelessness in California found that 34 percent of those who regularly used substances started using illicit drugs for the first time only after experiencing homelessness.<sup>30</sup> By addressing the multiple social determinants of health that influence substance use behaviors, counties can help reduce harms from substance use in our communities.

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*A statewide study of people experiencing homelessness in California found that 34 percent of those who regularly used substances started using illicit drugs for the first time only after experiencing homelessness.<sup>30</sup>*

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In states where certain harm reduction services are restricted at the state level, counties can forge strategic partnerships to maximize the availability of authorized services. Collaborating with entities already involved in harm reduction work is crucial: by supporting organizations with demonstrated experience serving people who use drugs, counties can most effectively reach those in need. Local universities are also key partners for counties, offering expertise in data collection, program design and implementation.



*Counties can also advocate for state-level policy changes to remove barriers to providing harm reduction services. For these purposes and others, counties can tap into resources provided by The Network for Public Health Law.*

**QUESTION IN ACTION:**

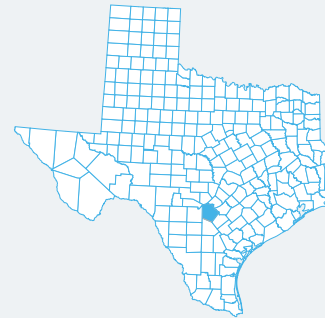
# Bexar County, Texas

2021 Population: 2,028,000

In 2007, the state of Texas passed an omnibus Medicaid bill that allowed public health officials to implement an SSP. However, this bill only exempted those who distributed syringes from prosecution and not participants in the program who possessed syringes. As a result, syringe services did not become available in Bexar County until 2018, when a newly elected district attorney pursued a legal exemption for the county. Now, the county funds and supports Corazón Ministries, which provides myriad supportive services, including a day center, warm meals, access to showers and hygiene items, harm reduction outreach and more. Bexar County also participates in the Southwest Texas Crisis Collaborative, a partnership between health care payers, hospitals, philanthropies, first responders and behavioral health providers.

Bexar County's approach to harm reduction is characterized by pragmatism and a focus on community. Bexar County participates in harm reduction by providing the essential infrastructure and resources for service providers to operate effectively. This supportive approach is underscored by the county's commitment to funding and supporting smaller, "mom and pop" community organizations, as they are often skilled at reaching specific communities. One way the county does this is by partnering with smaller organizations that may not have the capacity to respond to an extensive request for proposals process. To accommodate the needs of smaller organizations, counties can offer applications in non-traditional formats, such as through interviews or site visits, or by creating small-scale grant programs with customized reporting requirements.

## State Policy Context



### Syringe Services Programs:

- Bexar County is the only locality in the state that may fund and/or operate SSPs.<sup>31</sup>

### Drug Checking:

- Counties cannot procure or distribute drug checking supplies.<sup>32</sup>

### Naloxone Access and Use:

- Pharmacists, individuals and organizations may distribute naloxone. Naloxone prescribers/distributors cannot be professionally, criminally or civilly punished.<sup>33</sup>
- Anyone may possess or administer naloxone. Those who possess or administer naloxone cannot be criminally or civilly punished.<sup>34</sup>

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***“Our approach has always been to identify at the earliest possible point, increase access to care and eliminate gaps in continuity of care. Early identification, like test strips, are things that can be incredibly helpful.”***

*— Gilbert R. Gonzales, Director, Bexar County Department of Behavioral Health*

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In addition to supporting community-led initiatives, Bexar County leads a naloxone distribution program. Through a partnership with the county's hospital district, Bexar County identified a need for overdose prevention services for people recently released from incarceration, as the overdose risk for this population is more than 40 times higher than the general population.<sup>37</sup> Bexar County is responding to this need by procuring and distributing naloxone to individuals upon their release from the county jail. Through public-private partnerships, Bexar County is advancing harm reduction through community-led and county-led initiatives.





## Question 5:

# How can opioid settlement funds support harm reduction?

Relative to other revenue sources, opioid settlement funds offer counties more flexibility to tailor programs and services to meet local needs. This flexibility provides a unique opportunity for counties to address the needs and desires of different population groups, particularly groups experiencing higher rates of substance use disorder and overdose. Conducting a [needs assessment](#) is one way to collect information on what is most pressing for county residents and identify where messaging about services will be most effective. By investing opioid settlement funds in innovative and data-driven interventions, counties can improve both equity and effectiveness in our long-term opioid abatement efforts.

The flexible nature of opioid settlement funds enables counties to cover the capital costs of pilot programs and innovative interventions, including:

- **SSPs.** State and federal funds are often more restricted from supporting SSPs compared to opioid settlement funds. Though federal funds may support the staffing of SSPs, they may not be used to purchase sterile syringes. Similarly, though some state policies authorize the operation of SSPs, state funds are often prohibited from supporting the operation of SSPs. However, SSPs are explicitly authorized expenditures under the national opioid settlement agreements, which may enable counties to directly support SSPs for the first time.

- **Drug checking technologies.** Drug checking capabilities are critical to identifying and intervening upon high-risk substances in the local drug supply. Community-based harm reduction organizations are well positioned to assess and communicate about substance use-related risks. Counties can build the capacity of these organizations by purchasing necessary equipment, such as FTIR machines, and providing support for staffing and training.
- **Naloxone procurement.** The price of naloxone is a common barrier to people who need it.<sup>38</sup> Counties can increase access to naloxone by utilizing procurement expertise and opioid settlement funds to supply community-based organizations with naloxone. Procuring naloxone for organizations that interface daily with people who use drugs is key, as stakeholders at these organizations are most likely to witness an overdose.



**Remedy Alliance For the People**  
*is a non-profit that sells naloxone  
to harm reduction programs at  
the lowest price on the market.*

**QUESTION IN ACTION:**

# Hennepin County, Minn

2021 Population: 2,028,000

As the largest county in Minnesota, Hennepin County will receive a substantial share of the state’s opioid settlement funds, roughly \$3.8 million per year over 18 years.<sup>45</sup> This new funding source will enhance the county’s existing role in the delivery of harm reduction services. Hennepin County began championing harm reduction services in 1970 with the establishment of [Red Door Services](#), which is now the largest HIV and sexually transmitted infection clinic in Minnesota. To serve geographical areas and communities throughout the county, Hennepin County funds and runs two SSPs, one through Red Door Services and one through [NorthPoint Health & Wellness Center](#). NorthPoint provides rapid HIV and hepatitis C testing, naloxone distribution, training and education, free fentanyl testing strips and sterile syringes, sharps containers for safe disposal of needles and referral to health services. The county also maintains a public calendar with a schedule of harm reduction services provided by other organizations throughout the community.

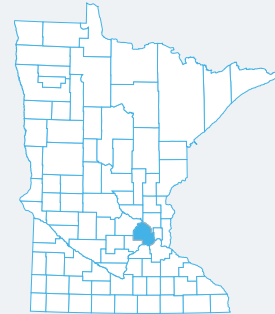
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***“Act fast. Adopt a no wrong door mindset. Spend money on naloxone, get it into everybody’s hands who wants it.”***

*—Julie Bauch, Opioid Response Coordinator,  
Hennepin County, Minn.*

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## State Policy Context



### Syringe Services Programs:

- Counties may fund and/or operate SSPs.<sup>40</sup>
- Anyone can purchase up to 10 syringes at a pharmacy without a prescription.<sup>41</sup>

### Drug Checking:

- Counties may procure and/or distribute any drug checking tools. Drug paraphernalia, drug residue on paraphernalia, drug checking supplies and safer smoking equipment are legal.<sup>42</sup>

### Naloxone Access and Use:

- Various health care professionals may prescribe or distribute naloxone. Naloxone prescribers/distributors cannot be professionally, criminally or civilly punished.
- Certain professionals must receive training to administer naloxone as part of job duties. Civilians may administer naloxone without training. Naloxone administrators meeting these requirements cannot be criminally or civilly punished.

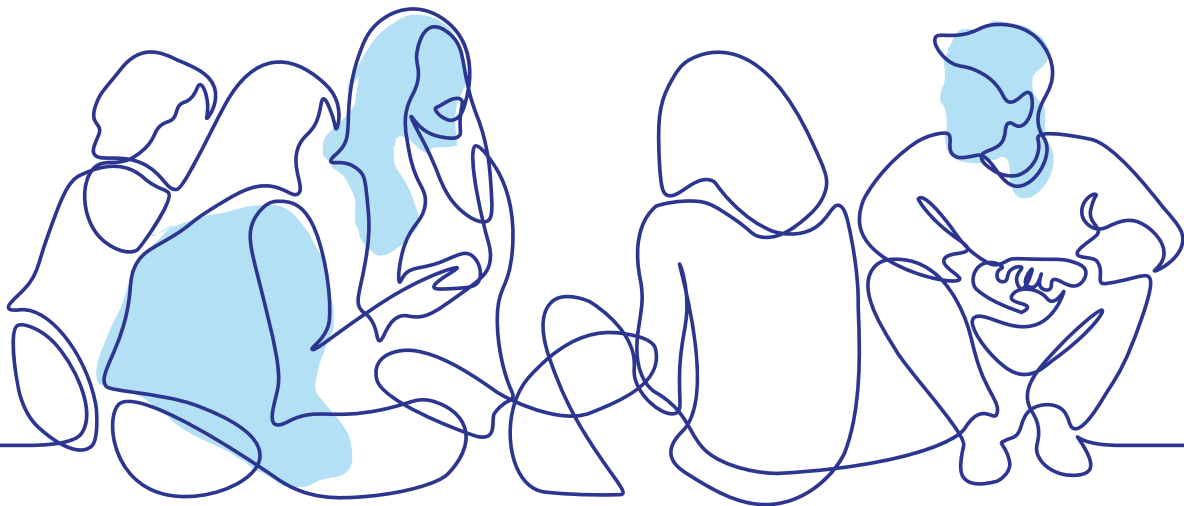
Central to Hennepin County's approach is the provision of culturally competent care and equitable service delivery. As part of this work, Hennepin County is allocating settlement funds to explore culturally competent services for Indigenous people – including services like trauma healing through talking circles. Hennepin County provides continual and consistent funding for 17 community-based organizations dedicated to opioid prevention and response efforts. Each of these organizations provides specialized services to different cultural and demographic groups, including American Indian/Alaska Native communities, East African communities and people experiencing unsheltered homelessness. Services provided include access to safer smoking supplies, pop-up SSPs and outpatient treatment for adults with an opioid use disorder who co-use psychostimulants.

### **Embracing Innovation**

*Overdose prevention centers (also known as safe injection spaces) are proven to reduce overdose, public drug use and health service utilization. In 2023, Minnesota became the second state in the nation to authorize overdose prevention centers with the signing of Senate File 2934. Under the law, the state will fund independent harm reduction organizations to establish services for people with active substance use, including safe injection spaces.*



**Scan the QR code to learn more.**



*For additional resources and the sources referenced in this brief, please scan the QR code.*



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