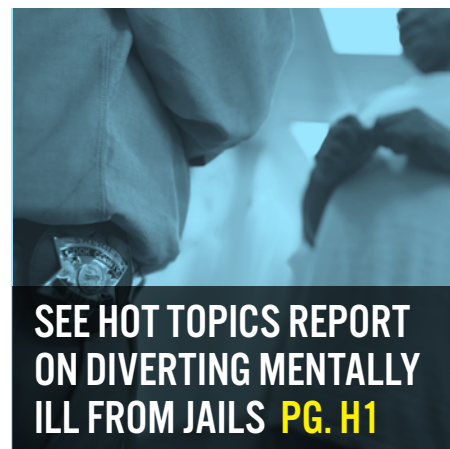




**MAR-A-LAGO SECURITY COSTS MOUNT FOR PALM BEACH COUNTY PG. 3**



**JOAN GARNER, HEALTH POLICY CHAIR, LOSES CANCER FIGHT PG. 5**



**SEE HOT TOPICS REPORT ON DIVERTING MENTALLY ILL FROM JAILS PG. H1**

## Trump tax plan draws fast fire

President Donald Trump's plan to eliminate the state and local income tax deduction as part of his ambitious tax reform package drew a quick response and statements of concern from the seven leading organizations that represent state and local governments at the federal level, including NACo.

In a statement issued April 26, the National Governors Association, NACo, the National League of Cities, U.S. Conference of Mayors, International City/County Management Association, National Conference of State Legislatures and The Council of State Governments said:

"Eliminating or capping federal deductibility for state and local property, sales and income taxes would represent double

See **TAX REFORM** page 5



**NACo Leadership Team members and legislative staff pose for an official portrait on the Capitol steps before meetings with House and Senate leaders. The two-day leadership fly-in also featured a live-streamed Shutdown Summit and meetings with White House officials.**

Photo by Hugh Clarke

## Judge blocks 'sanctuary jurisdictions' order; White House likely to appeal

**By Hadi Sedigh**  
associate legislative director

On April 25, a federal district court judge in California issued a nationwide preliminary injunction against the "sanctuary jurisdictions" provisions of the Executive Order on Enhancing Public Safety in the Interior of the United States.

The injunction was issued in response to separate lawsuits brought by San Francisco and Santa Clara County shortly after the order was signed on Jan. 25. After the court's ruling was handed down, President Trump expressed his administration's intent to appeal the ruling.

In a preliminary injunction

ruling, the suing parties must demonstrate that they are likely to succeed on the merits of their challenge, that they will likely suffer irreparable harm without an injunction and that the balance of public interest weighs in their favor. The district court in this case found that San Francisco and Santa Clara County met this burden, and given the executive order's national scope, issued a nationwide injunction against the order's sanctuary penalties.

The court will return in the coming weeks to the merits of the case, with the preliminary injunction set to remain in effect throughout that litigation barring a successful appeal from the ad-

ministration. Even if the administration foregoes such an appeal on the preliminary injunction, it will almost certainly appeal a ruling on the merits of the case if the district court decides in favor of the suing localities. Appeals to the court's rulings will be heard first by the Ninth Circuit, and further appeals will likely be heard by the Supreme Court.

In assessing the appropriateness of a preliminary injunction against the ruling, the court's analysis partially focused on whether the suing parties were likely to prevail on the merits of the case. After a lengthy discussion, the court found that suc-

See **SANCTUARY** page 9

## Counties left in the dark when 911 fails

**By Mary Ann Barton**  
senior staff writer

The Federal Communications Commission is investigating an AT&T 911 outage March 8 that left counties across 13 states scrambling to get the word out to residents and deal with emergencies after the company failed to notify local governments or its customers in a timely manner.

FCC Chairman Ajit Pai spoke with the company's CEO the night of the outage and said he

See **911 OUTAGE** page 2



# First responders to FCC, cell companies: Tell us when 911 goes out

From 911 OUTAGE page 1

stressed to him the “urgent need to restore service and to communicate with first responders, as well as AT&T customers, about the status of operations.”

“I’m glad to see the FCC is looking into this issue,” said Orange County, Fla., Mayor Teresa Jacobs, who has aired her concerns in a letter to the FCC and in a conference call with the agency.

In addition to Jacobs, officials in Colorado, Minnesota, Nebraska, New York, North Carolina, Pennsylvania, Texas and Washington, D.C., have also weighed in with their concerns in letters to the FCC.

When the outage hit March 8, Orange County contacted AT&T and scrambled to get the word out to their residents, saturating the county with alternative emergency



**Orange County Fire Chief Otto Drozd III and Orange County Mayor Teresa Jacobs discuss AT&T wireless 911 outage at news conference with local responders who discovered the outage.** Photo courtesy of Orange County, Fla.

numbers via Twitter and crawls on local TV news stations.

The 911 outage not only put residents in danger, but tourists as well, Jacobs noted. Orange County’s population doubles when tourists hit the area looking for sun and fun and she notes it’s an “awesome responsibility” to protect them. “They need to know they’re arriving into a developed country,” she said.

When customers called 911 March 8, a few were helped by a backup system, but most — the FCC said 12,600 people tried to call — heard a busy signal or a ring that went unanswered across counties in California, Colorado, Florida, Maryland, New York, North Carolina, Pennsylvania, Tennessee, Texas, Virginia and Washington, D.C. and other states.

There does not appear to be a system in place to hold companies responsible for contacting local governments when an outage occurs.

Jacobs and other county officials hope to see that change.

“In addition to examining the actual malfunction of their system, I’d like to ask for a comprehensive review of AT&T’s failure

to alert its customers and impacted public safety agencies in a timely fashion,” Jacobs wrote in her letter to the FCC.

Jacobs and other Orange County, Fla. officials held a conference call last month with the FCC about the 911 outage, to discuss the impact it had on the county, and walked the agency through how they only found out about the outage during an emergency and not from AT&T.

A family in Orange County, suffering a medical emergency, set off their home alarm in hopes of contacting emergency responders, after nine failed attempts at calling 911, county officials said. “I’m not sure I would have had the presence of mind to set off that alarm,” Jacobs said.

The home alarm company contacted the Orange County Fire Department, which triggered a visit from Orange County Fire & Rescue Engineer Matthew West and Lt. Jeff Kelly. West and Kelly contacted the county at about 6 p.m. to let them know that 911 service was down. At the same time, one of Jacobs’ sons, who recently became a firefighter, called her to tell her 911

service was down.

Orange County tried to contact AT&T for more information. When they weren’t able to get in touch with the carrier, they made their own announcement and contacted the media to get the word out. Local TV stations ran the county’s message, a visual crawl that contained local emergency phone numbers to call.

The March 8 outage also hit the D.C. metro area. Local government officials worked to get the word out, just like Orange County. Public information officers in Northern Virginia’s Arlington, Fairfax, Prince William counties, and in Maryland in Prince George’s County and Montgomery County, as well as D.C. officials, took to Twitter to get word out to area residents. Residents’ options included calling 911 using another cell carrier, using a landline or dialing a local phone number.

Orange County said that AT&T finally contacted them hours after the outage started — in an email with no contact information. AT&T tweeted out a message at 9:49 p.m. ET hours after the outage had started: “Aware of issue


affecting some calls to 911 for wireless customers. Working to resolve ASAP. We apologize to those affected.”

After the FCC began its investigation, AT&T and Comtech suggested that the FCC “and other interested 911 entities and/or trade associations join in pursuing a solution to the notification database management problem.” The companies say it’s problematic for them to try to contact hundreds or thousands of public safety officials.

Jacobs, in her letter to the FCC, wrote that wireless carriers should be held legally responsible for immediately notifying their customers and impacted public safety agencies. She points out that if wireless carriers can send out messages letting customers know they’re about to reach their data limit, they can notify them when 911 service is out. “They have the tools at their disposal,” she noted.

In comments filed with the FCC as a result of the outage and investigation, AT&T said:

“A best-practices approach could yield more effective notice procedures, while maintaining the flexibility that carriers and PSAPs need to address the varying circumstances that could develop in the wake of an outage.

“To further facilitate timely communications to consumers in the event of an outage, the Commission should also consider creating and maintaining a database of PSAP contacts for use by providers. A centralized, coordinated effort could provide for accurate and consistent points of contact across industry, and facilitate timely notification to consumers in the event of a 911-impacting outage.” 

*Got an opinion to share on this topic? Send your message to the FCC: <http://fjallfoss.fcc.gov/ecfs2/>*



## SNAP/STATS

### THE TOP 5 RICHEST COUNTIES IN THE U.S.\*

County	Av. Adjusted Gross Income
McMullen, Texas	\$330,717
Teton, Wyo.	\$248,949
New York, N.Y.	\$210,233
Glasscock, Texas	\$181,375
Marin, Calif.	\$158,753

\*as of 2015

Source: Transactional Records Access Clearinghouse (TRAC)

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# 'Show me the gold:' Florida's Gold Coast county seeks to recoup Trump security costs

By Mary Ann Barton  
senior staff writer

Palm Beach County officials have a message for President Trump: They would like to be reimbursed for the nearly \$4 million they've spent to provide security for his visits since he became president-elect in November.

The local security costs are about \$60,000 a day for the county whenever the president wings his way south from the nation's capital to weekend at his private club, Mar-a-Lago, according to Anthony Rodriguez, a Sheriff's Office spokesman.

The president has spent seven out of 13 weekends of his presidency during "high season" on the Gold Coast including visiting there in November and December, before his inauguration.

"We're about \$3.5 million into this," Palm Beach County Sheriff Ric Bradshaw said recently, in a video the Sheriff's Office posted to Twitter.

The county expected to see the security cost jump to \$250,000 from Chinese President Xi Jinping's recent visit. Most of the costs are related to law enforcement overtime pay: police work in 12-hour shifts, with vacations and time-off canceled.

During that stay, the police not only had to make sure Mar-a-Lago was secure, but the hotel where Xi was staying as well, where temporary security fences were erected. Roads also had to be closed for motorcades of both presidents.

The sheriff has said he was told personally by Trump that the feds would pay up, but county commissioners aren't holding their breath.

## County Eyes Cuts, Raising Taxes

Palm Beach County Mayor Paulette Burdick is worried that the county could see cuts in services or increased taxes, if the

federal government doesn't reimburse them. "Like any household or local government, we'll have to look at our budget," she said, adding that any time there is a squeeze on the budget, it's parks and recreation that sees cuts in hours, programming and sports.

She added that the county "fully accepts and wants to protect the president of the United States."

The mayor also expressed her concern over the impact of the president's visits on the county-owned Lantana Airport, where there are 250 full-time employees. The airport has to be shut down each weekend the president visits.

## County-owned Airport Grounded

The Palm Beach County Park Airport, located in Lantana and often called Lantana Airport, has had to close during the weekends that Trump visits due to security concerns from the Secret Service.

The airport, which employs 250 people full-time, lost \$440,000 after a flight school moved away March 1 due to the ongoing problems.

More than 20 businesses, including a helicopter sightseeing

business, have been left in limbo during the weekends the president visits. Also banned at the airport during Trump's stays: parachuting, banner-towing and sightseeing. Mike Simmons, airport director of finance, has been providing updates to county commissioners on the situation and shared a letter written by Jonathan Miller, president of Stellar Aviation Group.

The company sub-leases the airport space to tenants, which said in part: "Continued and repetitive TFRs (temporary flight restrictions) will cause many more operators to flee the airport, and the long-term damages will literally kill this airport. The losses can easily be forecast to exceed over \$1 million in the first 12 months, given the likelihood of the future visits and TFRs."

The Aircraft Owners and Pilots Association wrote to the FAA requesting modified future flight restrictions to create a "cutout" to exclude the airport from the "no fly" zone.

The group said while it respects the need to provide increased security, "the FAA and Secret Service should consider the economic and operational impacts to the surrounding community."

## County Could See Tourism Bounce

Is there an upside to the presidential visits? Palm Beach County is in the spotlight. The county-sponsored Discover the Palm Beaches Florida has received inquiries from Chinese journalists traveling with the Chinese president about dining, shopping and hotels, said its president and CEO Jorge Pesquera. Chinese visitors typically spend more than \$7,000 per trip when they visit the United States, according to the U.S. Travel Association.

"From a tourism perspective, we expect that the renewed media focus on the president's oceanfront retreat will raise the profile of The Palm Beaches and entice curious travelers to explore the vast array of recreational and cultural activities, innovative restaurants and award-winning hotels that these headlining celebrities frequent during their regular visits," Pesquera told *USA Today*.

## New York, New Jersey also Paying

President Trump's frequent visits to Palm Beach County are saving money for one local government: New York City. While

the city is shelling out money to protect the first lady, it's not as bad as providing additional protection for the president.

Home to Trump Tower, the Big Apple spends an estimated \$127,000 to \$146,000 a day to protect first lady Melania Trump (living there with the Trumps' son until he finishes school) and would be spending even more any time the president visited.

New York City Mayor Bill De Blasio asked Congress for \$35 million to cover costs associated with protecting the president there in December.

New Jersey Rep. Leonard Lance (D) is also asking for the feds to reimburse security costs for Trump's visit to Trump National Golf Course and said that Bedminster Township, Somerset County and the state of New Jersey could be in for more costs down the road.

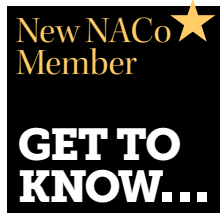
Trump could likely return to the area during the summer months, when some expect Palm Beach County to get a little too warm for presidential golf outings.

Bedminster logged 103 hours of overtime during a weekend visit from Trump back in November, costing the town nearly \$4,000. **CN**

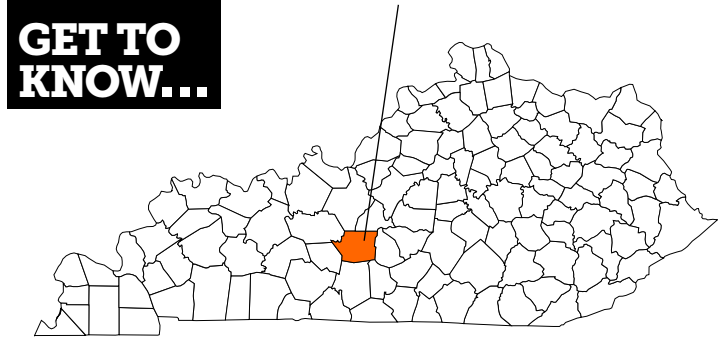


Air Force One sits on the tarmac as a Palm Beach County sheriff's cruiser stands guard. Palm Beach County Sheriff's Office photo





Hart County, KY



Welcome, Hart County, Ky.

Hart County is located in south central Kentucky, about halfway between the cities of Louisville and Nashville. Home to many of the area’s natural wonders, **Hart County visitors can tour three “show caves”— Hidden River, Mammoth Onyx and Cub Run —** to wander through underground caverns and rivers, or zip-line across their entrances. The



largest cave system, **Mammoth Cave, was established as a national park in 1941 and later designated a World Heritage Site in 1981.**

# Apply now for NACo committee appointments

By Roy Charles Brooks  
Tarrant County,  
Texas commissioner

I am looking forward to my term as NACo president and working with everyone to advocate on behalf of counties at the federal level.

If you are interested in becoming more involved with NACo, please apply to be a part of the committee leadership.

These appointments are for:

- Policy steering committee chairs, vice chairs, subcommittee chairs and subcommittee vice chairs. (Note: Steering committee members are appointed by state associations.)
- Large Urban County Caucus (LUCC) or the Rural Ac-



Brooks

tion Caucus (RAC).

- Standing committee chairs, vice chairs and members.

- Ad hoc committee, task force and advisory board chairs, vice chairs and members, and

- At-large NACo Board Directors.

To be considered for a presidential appointment to any of the committees listed above or as an at-large Board director, you must complete the application before June 2.

Visit [http://www.naco.org/presidential\\_appointments](http://www.naco.org/presidential_appointments) for the application.

I look forward to receiving your application and working with you during the 2017-2018 year.

Sincerely,  
Roy Charles Brooks  
First Vice President

## NACo’s WESTERN INTERSTATE REGION 2017 CONFERENCE

# REGISTER TODAY

Additional Condo Accomodations Added!

### WWW.NACO.ORG/WIR2017



**CONFIRMED SPEAKERS:**

- **Rodney L. Whitlock**  
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- **The Honorable Mary Bono,**  
Faegre Baker Daniels Consulting

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- **Counties and Cannabis:**  
The Implications of Legal Marijuana for Local Governments
- **Moving America’s Commerce:**  
Understanding the Role of Freight Rail in Our Communities
- **Moving America’s Energy:**  
Up Close with the Nation’s Pipeline Infrastructure



## Big Seven urges caution on taxes

From TAX REFORM page 1

taxation, as these taxes are mandatory payments for all taxpayers. We fundamentally believe that Americans' income, property and purchases should not be taxed twice."

The groups said the proposal could also effectively increase marginal tax rates, shrink disposable income, and possibly harm the U.S. economy.

It also puts at risk the carefully balanced fiscal federalism that has existed since the permanent creation of the federal income tax over 100 years ago and the role it plays in community vitality.

"The state and local tax deduction and tax-exempt municipal bonds were part of the original tax code in 1913 and have long

served to meet critical needs in our communities. These essential components of the tax code support vital investments in infrastructure, public safety and education, encourage economic growth and provide states and local governments with the flexibility to deliver essential services to our residents."

Earlier this month, the group sent a letter to all members of Congress urging them to preserve the tax exemption for municipal bonds and the state and local tax deduction.

In 2015, almost 38 million families and individuals with gross adjusted incomes of \$200,000 or less took the deduction. Their deductions accounted for 53 percent of the total amount deducted through the state and local deduction. **CN**

## In Memoriam: Joan Garner, NACo Health Policy Chair

Joan Garner, NACo Health Policy Steering Committee chair, and vice chair, Fulton County, Ga. Board of Commissioners, died April 18 after a lengthy battle with breast cancer. She was 65.

Garner joined the Fulton County Board in 2011 and quickly gained a reputation as a leading advocate for health care. "She worked tirelessly to fight against health disparities and became our executive sponsor of the All People Are Healthy priority area," Fulton County Chairman John



Joan Garner

H. Eaves said. She also, along with Chairman Eaves, founded the Fulton County Task Force on HIV/AIDS and spearheaded other health initiatives. "We will miss her thoughtful service, her passion for equity and especially, her smile and her warmth," he said.

Garner became active in the association representing Georgia's counties, ACCG, where she was a member of ACCG's Policy Committee and at the time of her death was serving as its third vice president.

"Commissioner Garner was a great person that people just enjoyed being around," said Elbert County Commissioner and ACCG President Tommy Lyon. "She put her heart and soul into everything that she did — including ACCG. She is truly going to be missed."

The week before her death, Fulton County commissioners and ACCG leaders honored Garner by announcing that a conference room at the county's new health building would be named after her, and that a scholarship in her name was being established to support students interested in county government, and health and human services.

In addition to her leadership on NACo's Health Steering Committee, Garner was a member and past chair of

NACo's Healthy Counties Initiative Advisory Board, an alumnus of the County Leadership Institute and a member of the LUCC Steering Committee, Resilient Counties Advisory Board, Arts and Culture Commission, Programs and Services Standing Committee and Women of NACo Leadership Network.

"Commissioner Garner was an incredible class act and true public servant," NACo Executive Director Matt Chase said.

Joan Garner was born in Washington, D.C. and moved to Fulton County in 1978. She earned a bachelor of arts in English from the University of the District of Columbia and a master's degree in organizational communication from Howard University. She was active in the Atlanta community long before she was elected to the Board of Commissioners. She was president and CEO of the Historic District Development Corporation, had served on the transition team for Mayor Maynard Jackson and as a senior advisor on gay and lesbian issues during his administration. She also served on the Atlanta Olympic Citizen's Advisory Commission, and was on numerous boards ranging from the Atlanta Beltline Affordable Housing to Southerners on New Ground.

A memorial service will be held May 6, at 3 p.m., at the historic Ebenezer Baptist Church in Atlanta.

Individuals who would like to contribute to the Honorable Joan P. Garner Health & Human Services Internship Fellowship Program may send their donations to: ACCG Civic Affairs Foundation, 191 Peachtree Street, NE, Suite 700, Atlanta, GA 30303. Please write "Joan Garner Internship" in the memo line. **CN**

## NOTICE TO BIDDERS

The County of Lycoming is requesting sealed proposal for **Lycoming County Reentry Service Center**. Proposals are due by **Friday, May 26, 2017, at 5:00 P.M. EST**. Proposals will be opened on **Tuesday, May 30, 2017, at 10:00 A.M. EST** in the Commissioners' Meeting Room, Lycoming County Executive Plaza Building.

Proposals shall be mailed or delivered to the Lycoming County Controller's Office, Lycoming County Executive Plaza Building, 330 Pine Street, 2nd Floor, Williamsport, PA 17701. Proposals must be enclosed in a sealed envelope and marked **"RFP for Lycoming County Reentry Service Center."**

A mandatory Pre-Proposal Conference will be held on Friday, May 5, 2017, at 10:00 A.M. in the Commissioners' Board Room in Executive Plaza, 330 Pine Street, Williamsport, PA 17701. Attendance at the Pre-Proposal Conference is a prerequisite for submitting a proposal. Proposals will only be accepted from those who are represented at the proposal conference. Attendance at the pre-proposal conference will be evidenced by the representative's signature on the attendance roster.

Questions regarding this request for proposal shall be directed to Mya Toon, Chief Procurement Officer, at [mtoon@lyco.org](mailto:mtoon@lyco.org).

Bidders may download the proposal by going to [www.lyco.org](http://www.lyco.org) and clicking on Top 10 Links, Request for Bids/Proposals.

The Lycoming County Board of Commissioners reserve the right to accept or reject any or all proposals, or to accept any part of a proposal without accepting the whole thereof, or to accept such proposal as they deem to be in the best interest of the County.

### COUNTY OF LYCOMING

R. Jack McKernan  
Tony R. Mussare  
Richard Mirabito

Attest:  
Matthew M. McDermott  
Chief Clerk



# Transportation peer exchange examines key role played by regional cooperation

By Bill Holen  
Arapahoe County, Colo.  
Commissioner

Last month, NACo hosted the Keeping Counties Moving: Innovations in Freight Transportation Peer Exchange in Chatham County, Savannah, Ga. At the event, a small group of county leaders, including myself, heard about a wide range of interconnected transportation issues including the need to better link ports, highways and airports. Welcomed by the Honorable Pat Farrell, Commissioner of Chatham County, attendees came from across the country to focus on the role of counties in facilitating freight activities and expanding the focus of transportation planning to include megaregions—areas spanning multiple cities that are linked by transportation, economics, and social relationships—that promote regional economic competitiveness. In attendance were county elected officials, county staff-members, state and regional non-profit and governmental organizations, and a representative from the Federal Highway Administration.

The U.S. Department of Trans-

portation — which supported this event through the Federal Highway Administration Office of Planning, Environment and Realty — has identified 11 megaregions across the nation that would benefit from regional collaboration, coordination, and resource-sharing in terms of traffic, rail and airport planning. These megaregions will provide a more comprehensive and coordinated view of the allocation of resources, sharing of funding sources and fluidity in the movement of goods and services across the nation. They require county officials to take a broader look at the interconnectivity of the nation's transportation-planning efforts.

Based on its history as a port city, its location within the Piedmont Atlantic Megaregion and its current innovations in goods movement planning, Savannah was the ideal location for this event. Known as “America's First Planned City,” Savannah was founded in 1733 and was quickly established as a thriving port economy in Colonial America. Today, as the largest single-container terminal in North America and the second busiest container exporter in

the United States, the Port of Savannah serves as an economic engine for Chatham County, the state of Georgia and the nation. In a noteworthy public-private collaboration, Georgia Ports Authority and Chatham County work together to plan and invest in strategic on-site capital improvement projects and vital improvements to first-mile/last-mile connector networks.

The Peer Exchange attendees experienced these developments first-hand on a tour of the Port of Savannah. During the tour, and throughout the discussions, a common theme emerged: the key to improving commerce across the country is better communication and collaboration, with local government, transportation-planning organizations, industry and economic-development organizations. Policy solutions discussed at the conference included new efficiencies at our port facilities to improve loading and off-loading, better use of rail transport, improved interregional coordination, upgraded traffic planning and innovations to reduce highway freight congestion.

As a vice chair of the NACo transportation committee, I found the Peer Exchange to be helpful in gaining insights not only into my local transportation challenges but also into the critical and interconnected nature of regional and national challenges facing our entire multimodal system. Applying these lessons to my home state of Colorado, the Legislature is now evaluating a proposal that would raise the state sales tax to generate funding of about \$3.8 billion to begin to address the more serious highway safety and maintenance problems as well as address improvements in reducing traffic congestion. If it passes out of the legislature, a statewide vote would have to occur before it could become law. The resulting reduction in traffic and improved infrastruc-

ture, however, could help improve goods movement across the state and the Front Range Megaregion.

Only days removed from the Peer Exchange event, Atlanta experienced the collapse of a critical I-85 overpass. As Atlanta sits in the center of the Piedmont Megaregion, this interruption has and will continue to have an impact on traffic and goods movement within the re-

gion and beyond. Additionally, this collapse highlights the vulnerability of our infrastructure and the potentially disastrous economic impacts a breakdown in the nation's transportation system can cause. It is vitally important that localities and megaregions begin planning today to improve their critical infrastructure, goods movement strategies and multimodal transportation options. **CN**



Bill Holen



At the peer exchange, former House Transportation Chair John L. Mica (R-Fla.) (right), offered his perspective on what might be next in transportation on Capitol Hill. He's pictured here with NACo First Vice President Roy Charles Brooks, Tarrant County, Texas commissioner. Photo by Jack Morgan

WORD SEARCH

DOÑA ANA COUNTY, NEW MEXICO

Created by: Mary Ann Barton

K	A	H	Q	L	A	F	F	Z	S	S	S	T	D	G	T	G	S	W	N
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V	O	R	Q	D	J	I	R	P	P	B	O	R	E	T	O	K	T	E	K

- ADOBE CHURCH

Our Lady of Purification Church was constructed in the 1800s
- BAXTER BLACK

A cowboy poet who grew up in Doña Ana County
- CHIHUAHUA, MEXICO

Borders Doña Ana County to the south
- EL PASO COUNTY, TEXAS

Borders Doña Ana County to the east and southeast.
- FEDERAL GOVERNMENT

Major employer is White Sands Test Facility, White Sands Missile Range
- LA NUEVA CASITA CAFÉ

#1 ranked restaurant by Trip Advisor
- LAS CRUCES

County seat
- LUNA

County bordering Doña Ana to the west.
- MADAM ANA

English translation of Doña Ana
- MANSO

The Manso People were the first to inhabit the area
- NEW MEXICO STATE

The university is located in Las Cruces
- ORGAN MOUNTAINS

dominate the landscape
- OTERO

County bordering Doña Ana to the east
- RIO GRANDE

river passes through the county
- SIERRA

County bordering Doña Ana to the north
- If you couldn't find "Cumberland Public Library" in the last Word Search, don't worry, you didn't misplace a neuron or two. But we did. In fact, we not only misplaced the clue, we omitted it altogether. Thanks to the County News eagle-eyed readers who caught our flub. County News regrets the error.





# NACo Annual on a Budget

**By Germaine Schaefer**  
conference and leadership  
development director

Attending the NACo Annual Conference and Exposition doesn't have to cost you and your county an arm and a leg. Here are a few tips that will help you save money while gaining knowledge, helping NACo set its federal policy agenda for the coming year and networking with your peers.

Let's start with registration. The early-bird deadline to register at the lowest rates is June 8. County members who register prior to June 8 will save up to \$135 off the on-site rates. Register via our online portal [www.naco.org/annual](http://www.naco.org/annual) and you'll save another \$25.

Of course, booking your airline travel early will save money. Once you are at the John Glenn International Airport (CMH), take the COTA Air Connect bus from the terminal to downtown for just \$2.75 each way. The bus departs the terminal on the hour and half hour and is about a 15-minute ride downtown. Various stops in the city will get you within a block of all the NACo hotels.

Friendly staff in the airport will be happy to show you the pick-up location, and tickets can be purchased with credit or debit cards at the bus stop

just to the right of the taxi station. Be sure to purchase an individual pass for each person in your group.

If you choose to drive, Franklin County/Columbus is located within 550 miles of half of the nation's population. Interstates 70 and 71 run through the county and easily connect with Interstates 64, 75 and 77. However, once you arrive you won't need to

**The early-bird  
deadline to register  
at the lowest rates  
is June 8.**

take your car out again until it's time to head home. Most hotels are a quick five-minute walk to the convention center with the furthest being a 15-minute, 0.7 mile walk.

You could also ride CBUS, the city's free downtown circulator bus, traveling from the Brewery District, through downtown to Short North every 10 minutes — 15 minutes, seven days a week.

NACo has arranged special rates at nine hotels in the downtown Columbus area. Among these, the Drury Inn & Suites Convention Center (\$139/night) and the Red Roof Inn Plus (\$149/night) offer the lowest nightly rates. You'll save

even more money at these hotels as they both offer a free breakfast daily and low nightly parking charges (\$12/night at the Drury and \$10/night at the Red Roof).

Of course, you will want to leave time to explore Franklin County's amazing food scene featuring top-ranked chefs, a rich farm-to-table movement and one-of-a-kind restaurants at every price point. You won't have to pay for every meal though. On Friday night, you won't be hungry for dinner after attending the exhibit hall opening reception and the conference opening reception.

On Saturday, a lunch will be served in the exhibit hall and on Sunday, breakfast will also be available. For just \$15 more you can add a ticket to the Sunday afternoon Achievement Awards luncheon. Monday evening's conference-wide celebration event will offer a taste of Franklin County hearty enough to be dinner.

We look forward to seeing you in Franklin County for what is shaping up to be a great conference with can't-miss content. Share additional money-saving ideas with fellow NACo members by tweeting #NACoAnn. **CN**

*For the schedule, more information and to register today, visit [www.naco.org/annual](http://www.naco.org/annual).*

## PROFILES IN SERVICE

### MARILYN KIRKPATRICK

**NACo Board Member**  
Commissioner,  
Clark County, Nev.

**Number of years active in NACo:** 1

**Years in Public Service:** 16

**Occupation:** Clark County commissioner.

**Education:** Public schools.

**The hardest thing I've ever done:** Become speaker of the Nevada Assembly.

**A dream I have is to:** Make the Eastside safer.

**You'd be surprised to learn that I:** Am very shy.

**The most adventurous thing I've ever done is:** Serve as the speaker of the Nevada Assembly.

**My favorite way to relax is to:** Sit on my patio.

**I'm most proud of:** My years of public service.

**Every morning I read:** Magazines or budgets.

**My favorite meal is:** Mexican food.



**My pet peeve is:** Out-of-state vehicle registrations on vehicles owned by people who live here.

**My motto is:** It's all good.

**The last book I read was:** A *Man of His Word*, former State Sen. Bill Raggio's autobiography.

**My favorite movie is:** *Sweet Home Alabama*.

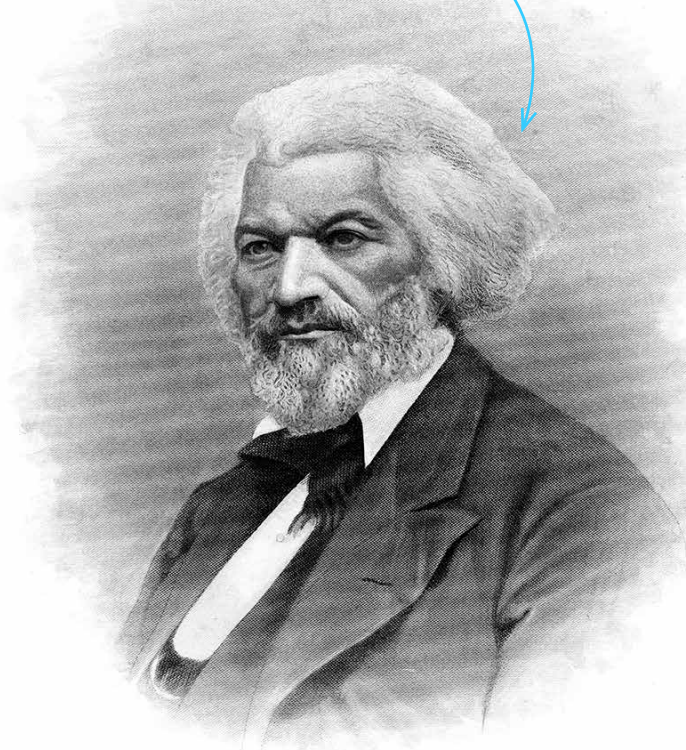
**My favorite music is:** Old country.

**My favorite U.S. president is:** Abraham Lincoln.

**My county is a NACo member because:** Of the many resources membership provides.

### Three people (living or dead) I'd invite to dinner:

Benjamin Franklin,  
**Frederick Douglass**  
and Loretta Lynn.



# MONEYMATTERS

## What to Expect from Your 401(k) Advisor

*This is the second installment in a two-part series on selecting financial advisers for 401(k) or 457(b) plans.*

### Benchmarking Assistance

With the Department of Labor's (DOL) ongoing focus on fiduciary responsibility, plan fiduciaries are being expected like never before to justify the decisions that they make. This is evident from all the recent litigation claiming fiduciary breach by plan sponsors and their service providers. Benchmarking has been prevalent in investment decision-making for many years as the DOL has expected plan fiduciaries to provide prudent investment options. In order to show that the plan fiduciary exercised prudence, the fiduciary could use benchmarking reports to demonstrate how the plan's current offerings compare to other product offerings in terms of cost and performance.

Now with the DOL's push for documented prudence in the area of service provider compensation, benchmarking has moved into a new arena. The plan advisor should be able to obtain benchmarking for both investments and service provider fees for use by plan sponsors.

### Vendor Management Assistance

The advisor should help the plan's sponsor manage plan vendors by providing perspectives on services and costs of plan record keepers, administrators, outside trustees or custodians. The advisor could provide sample questions to the plan sponsor for vendor requests for proposal or requests for information. The advisor might also offer to review vendor responses to RFPs and RFIs. If the plan sponsor does not want to issue RFPs or RFIs, the advisor could provide assistance with less formal means of vendor management by ensuring that plan sponsors analyze and document vendor decisions.

It is important to remember that the DOL has made clear

that satisfaction with the status quo when it comes to vendor services is not enough in discharging fiduciary responsibility. The plan fiduciary must make continued and ongoing determinations that the plan's then-current service providers are providing necessary services for reasonable compensation.

### Fiduciary Compliance Assistance

Plan fiduciaries have numerous ongoing responsibilities. Advisors can help them keep track of some of these requirements including annual notices that must be distributed to participants. The advisor may also follow up with third party administrators to coordinate the distribution of notices and the adoption of required plan document amendments. If the plan is new or if significant changes have been made to the plan, the advisor may help coordinate the drafting and distribution of a summary plan description or summary of material modifications to all plan participants, as appropriate.

Plan sponsors should consider periodic self-audits by an independent third party to ensure that the plan is in compliance with applicable laws. The plan's advisor can help facilitate such an audit. The audit can identify needed corrections prior to an actual audit by the IRS or DOL, but it can also provide an opportunity to improve benefits or reduce administrative costs. The plan sponsor may want to consider using the IRS's self-correction program, known as EPCRS, to self correct any identified errors that are approved for correction through the program. Some practitioners even suggest that plan sponsors use EPCRS periodically because the plan may go on a "do not audit" list for several years following the use of EPCRS.

### Fiduciary Education

When is a plan sponsor also a plan fiduciary? Who else is a plan fiduciary? Can the plan sponsor delegate any or all of its fiduciary responsibilities? Plan sponsors may have these, along with many other questions

about their fiduciary responsibilities and the consequences of violating those responsibilities. The advisor can provide the plan sponsor initial and ongoing education on fiduciary issues. Many plan sponsors do not properly understand these rules, so this is another area where the advisor can be of valuable assistance.


### Ongoing Legislative and Regulatory Updates

There is that universal truth that everything changes, nothing stays the same. This is especially true in Washington. The advisor can be a valuable resource for plan sponsors to stay abreast of new and pending legislation from Congress as well as new regulations from the DOL or IRS that may impact the administration of the plan. Helping the plan sponsor stay compliant with new regulatory requirements will be appreciated by plan sponsors who might have no interest or access to information about retirement plan regulation.

### Employee Communications and Education

Communication is often the plan advisor's greatest skill. Plan sponsors should look to the advisor to assist with enrollment meetings and participant education meetings. These meetings can be a great opportunity for a plan advisor to influence participant actions to improve plan participation, contribution levels and sound investment choices. The plan sponsor can look to the advisor to continually share the message of retirement readiness with participants to improve the overall success of the retirement plan.

### Bottom Line – Having a Go-to Retirement Plan Resource

A retirement plan advisor has likely performed his or her job successfully if the advisor is the first person the plan sponsor thinks of in connection with the company's retirement plan. The 401(k) advisor should be an invaluable partner for the plan sponsor. If the advisor has demonstrated that he or she has the knowledge to trouble shoot plan problems and understands the plan, the advisor will become the plan sponsor's go-to resource for all things plan related. Because some third party administrators have so many plans for which they provide plan administration services, a plan sponsor may feel like just another number. The plan sponsor may expect that the advisor will serve as the liaison for the plan sponsor and other service providers. The advisor should be expected to coordinate the plan actors to provide the plan sponsor with a better overall experience. 

*Excerpted from a report by Christine Cushman, JD, director, Advanced Consulting Group, Nationwide.*





CountyNews

# HOTtopics

## MENTAL ILLNESS IN JAILS

A personal look at  
mental illness **pg. H9**

Data dearth stymies  
progress **pg. H10**

NATIONAL ASSOCIATION *of* COUNTIES

MAY 1, 2017



# BREAKING THE CYCLE

Counties move to divert mentally ill from jail

# STEPPING UP JAMMING THE REVOLVING DOOR



**By Mary Ann Barton**  
senior staff writer

The revolving door of jailing the mentally ill is one of the foremost challenges faced by counties across the country, sucking up valuable budgets, time and space, not to mention the toll it takes on mentally ill residents and county employees.

Incarceration has largely replaced hospitalization for thousands of individuals with serious mental illnesses, with county jails holding as many as 10 times more of these individuals than state psychiatric hospitals, according to a report from Public Citizen's Health Research Group and the Treatment Advocacy Center.

Because those with serious mental illnesses are predisposed to committing minor crimes, experts say, many end up being detained in county jails with limited or no mental health treatment until a state hospital bed becomes available for them, according to the Public Citizen report.

## Counties step up to the challenge

A push to reduce the estimated 2 million mentally ill who cycle in and out of county jail cells was started two years ago with the launch of the Stepping Up initiative in May of 2015. Groups leading the effort include NACo, the American Psychiatric Association Foundation and the Council of State Governments' Justice Center. Stepping Up's goal is to elevate the issue on a national stage and give counties the resources to attack the problem successfully.

Since it started, the initiative has attracted participation from 350 counties of every size from 43 states. The coun-

ties represent 125 million people or 40 percent of the U.S. population. Counties must pass a resolution to be formally recognized as participants in the initiative, as a sign of support in their communities.

Sheriff John Layton of Marion County, Ind., with a population near 1 million, recently told President Donald Trump that 40 percent of his inmates suffer from mental illness, according to a report by *The New York Times*. The jail dispenses about 700 prescriptions a day and the county spends \$8 million a year on care for the mentally ill, the *Times* reported.

There are glimmers of hope across the country, where counties are moving ahead on programs and seeing results.

In Los Angeles County, the Board of Supervisors voted unanimously in January to double the number of its law enforcement teams that include mental health clinicians. The county began a pilot program in the 1990s and since then, its Department of Mental Health has partnered with 35 law enforcement agencies to develop teams with mental health expertise.

The Sheriff Department's Mental Evaluation Teams responded to 1,154 calls from July 2015 to July 2016, Supervisor Kathy Barger said. Of those calls, fewer than 1 percent resulted in an arrest, she said. The Los Angeles County Sheriff's Department has 10 Mental Evaluation Teams and wants to increase that to 23 and also add a "triage desk."

North of L.A., in Santa Barbara County, the jail saw improvements toward treatment of the mentally ill, after they hired a part-time grievance coordinator. The Sheriff's Office created a grievance oversight committee made up of activists who communicated with the coordinator. One year into the program, some of the

improvements include mentally ill prisoners receiving their needed medications within hours (instead of weeks) and an increase in the number of days a psychiatrist is made available to jail inmates (from three days to five days).

In Montana, Gov. Steve Bullock (D) signed into law a bill putting a Crisis Intervention Team (CIT) training program that trains law enforcement on how to respond to mentally ill people, operated by a nonprofit organization, under government control. By putting it under government control, officials can keep track of data to see how effective the training is and open access to additional government funding.

"We're super excited," Gallatin County Sheriff's Sgt. Jim Anderson, executive director of CIT Montana, told the *Bozeman Daily Chronicle*. "It's just a great program, and it's out there to make communities better and help people who suffer from mental illness. It's the right thing to do."

In Colorado, the state Legislature is considering a proposal that would support two-person mobile crisis teams, made up of a law officer and a behavioral health specialist, to intervene on mental health-related police calls and de-escalate situations more appropriate for mental health treatment than arrest.

The proposal also calls for expansion of a pre-booking criminal justice diversion program to treat mental illness, as well as additional training for law enforcement and other first responders. They would also expand crisis stabilization centers to make sure they can help people 24/7 and put the centers closer to rural areas.

Some remote counties in Colorado were having to hold the mentally ill in jails because the nearest mental health beds were hundreds of miles away. Under the

proposal, mobile crisis units would transport people having a crisis to the closest treatment option.

## Stepping Up Attracts Participation from Counties Big and Small

Counties big and small are coming up with solutions — it's not just a big-city problem, said Nastassia Walsh, NACo program manager, who leads NACo's Stepping Up effort. "About half of the counties that are participating have populations of less than 100,000."

Since the program began, counties are at various starting points in implementing their plans to reduce the number of mentally ill in their jails, she said. "Some are just starting from scratch, some have been at it for decades. There is one county that jokes they're an overnight success, they've only been at it for 15 years."

No matter where your county might be in the process, know that "it takes a lot of time, it takes a lot of effort — there's no quick Band-Aid for this," Walsh said.

The work is made easier though with collaboration among counties being carried out by Stepping Up, which makes available resources, networking opportunities and examples of what's working through its reports, webinars, conferences and Web site.

## Launching an Initiative: Six Questions

In January, Stepping Up came out with six questions a county needs to ask as it embarks on implementing a strategy to keep the mentally ill out of jail, providing a jumping off point. Those questions are:

- Is our leadership committed?

**See STEPPING UP page H3**



**From STEPPING UP page H2**

- Do we conduct timely screening and assessments?
- Do we have baseline data?
- Have we conducted a comprehensive process and inventory of services for people with mental illnesses who are booked into our jail?
- Have we prioritized policy, practice and funding improvements to connect the appropriate people to the right criminal justice and behavioral health interventions?
- Do we track progress to ultimately ensure successful outcomes for people with mental illnesses who are booked into our jail?

**Getting the Word Out, Sharing Ideas**

Even “model” counties that find themselves being visited by other counties to check out their programs for keeping the mentally ill out of jail find they “still have a lot of work to do,” Walsh said. And because counties operate in a variety of ways, Stepping Up tries to provide a variety of “best practice” options to fit every scenario. One way they do that is by bringing participating counties together to share ideas.

Stepping Up holds quarterly webinars, focusing on implementing specific strategies, and follow-up phone calls for counties, which are divided into three net-

works — rural, midsize and large counties. The calls attract county commissioners, county sheriffs and members of county health and human services departments. Only counties that have passed a resolution can take part in the calls.

On the calls, participants share what’s working and also their challenges.

For example, one of the biggest problems counties find is that people who stop taking their medications tend to land in jail over and over again, Walsh noted. One tool some counties are using to solve that problem is starting a peer support program, she said. Peer support specialists are people who have been diagnosed with mental illness but have gone on to live successful lives by staying on their medications.

“They’ve gone through training, it’s almost like a mentorship, but more than that,” Walsh said. A client having problems staying on meds in the program can see that the other person, the peer support specialist, is doing well — “holding down a job, a marriage, children and a home — and that could be them if they can stay on their medication.”

One of the barriers to people taking their medications: Some people suffer from anosognosia, Walsh said; the word is Greek, meaning “to not know a disease.” Some people who are mentally ill think they don’t need to take their medication.

The National Alliance of Mental Illness

notes that it is a common symptom of certain mental illnesses, affecting 50 percent of people with schizophrenia and 40 percent of people with bipolar disorder. People with anosognosia are placed at increased risk of homelessness or arrest, the Alliance says.

Another big problem for counties is a lack of data. “Once you have the data, you can identify the problems and start to come up with some solutions,” Walsh said. Instead, county officials say they generally know they are seeing more people with mental illness in their jails but most do not have hard numbers to clearly see what’s going on.

The kind of data that counties need to be collecting includes:

- The number of mentally ill admitted to jail.
- The average length of stay for the mentally ill in jail.
- Connection to treatment of mentally ill in jail.
- Rate of recidivism.

**Looking Ahead**


The next network call for Stepping Up will take place in June. Anyone can ask questions on the calls and Walsh facilitates the conversations. County officials have been very forthcoming on the calls. “They’re not shy about asking questions or sharing information,” she said. “It’s encouraging and that’s exactly why we’re doing these calls.”

In addition to webinars and network calls, Stepping Up also holds workshops at annual conferences, participates in workshops at state associations of counties at their meetings and at a number of states that hold one-day statewide Stepping Up summits. “We’ve been able to get state association staff members together so they can share what’s working,” Walsh said.

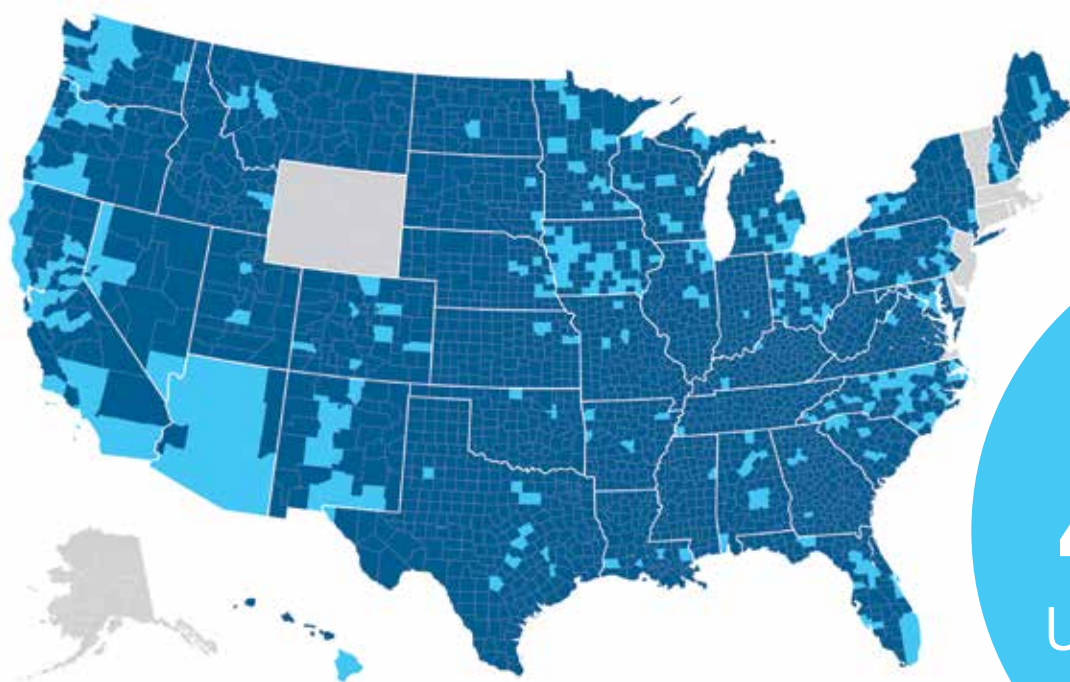
Stepping Up held a national two-day summit last year, with 50 counties participating that was livestreamed on the organization’s Web site, and there’s talk of holding another summit in 2018.

Looking ahead, Walsh said that the group anticipates helping counties to collect, analyze and use their own real-time data to identify mentally ill people in their jails, understand why they’re there and for how long, identify linkages to treatment and track progress toward reducing recidivism.

“We continue to seek ideas for tools and resources that we can develop for counties to share concrete and proven strategies,” she said.

The number one question she gets: “‘What are other counties doing? Are there counties like me?’ We want to continue to highlight the great work that is happening in counties,” she said. 

Find out more about the Stepping Up initiative on its Web site at: <https://stepuptogether.org>

**COUNTIES THAT HAVE PASSED RESOLUTIONS**

**350**  
COUNTIES

**43**  
STATES

REPRESENTING  
**40%** OF THE  
U.S. POPULATION

IN OUR VIEW

# Rural Counties Are ‘Stepping Up’

Codington County is a geographically large rural county with a population of about 25,000 in eastern South Dakota. The County Board of Commissioners passed a Stepping Up resolution in June 2015. Commissioner D. Lee Gabel from District 1 was interviewed shortly after passing a resolution about the county’s intentions with the initiative.

### Why did Codington County pass a Stepping Up resolution?

Codington County has been facing a number of challenges recently with our court caseload and jail population. We have an aging and small jail that is not meeting the needs of our county. The state has really begun to focus on reducing the state penitentiary population, so criminal justice reform is on everyone’s mind here. So in that context, there was already some political will to do something. When Stepping Up highlighted the issue of mental illness in jail, my fellow commissioners and I were receptive. Our welfare director did her homework and suggested the Stepping Up resolution to the Board with support of the sheriff. The initiative seemed like it would help us address some of our challenges in our jail. After some discussion, we ad-



Commissioner D. Lee Gabel

opted the resolution unanimously.

### Was there any disagreement or pushback about joining the initiative?

Because of the problems we are facing with our jail and the population, we didn’t face a lot of opposition to getting involved. I was concerned about passing a resolution with only good intentions, but once I understood the resources that were available to us through the initiative — all of the webinars and other tools — I was persuaded. We wanted to make sure that passing this resolution was going to result in real work being done to address this issue, and it has so far.

### What has Codington County been doing to address this issue since passing the Stepping Up resolution?

We are very fortunate to have someone in our county — our welfare director — who has been able to really focus on this issue and help move things forward with the initiative. We have developed a small Stepping Up working group consisting of myself, the welfare director, the sheriff, the chief corrections officer, the community mental health center and our new jail mental health professional.


As a result of having access to expertise through Stepping Up, we were able to quickly identify an action that we could take immediately to get the initiative moving. We hired a part-time mental health professional to provide services at the jail. He works 20 hours per week and both the staff and the inmates at the jail have already responded well to having him on site. Anecdotally, he sees about eight inmates a day, which also shows us the extent to which this is a problem in our jail.

We are currently in the process of trying to better identify people with mental illnesses who come into the jail by researching screening tools and strategizing ways to best systematize this

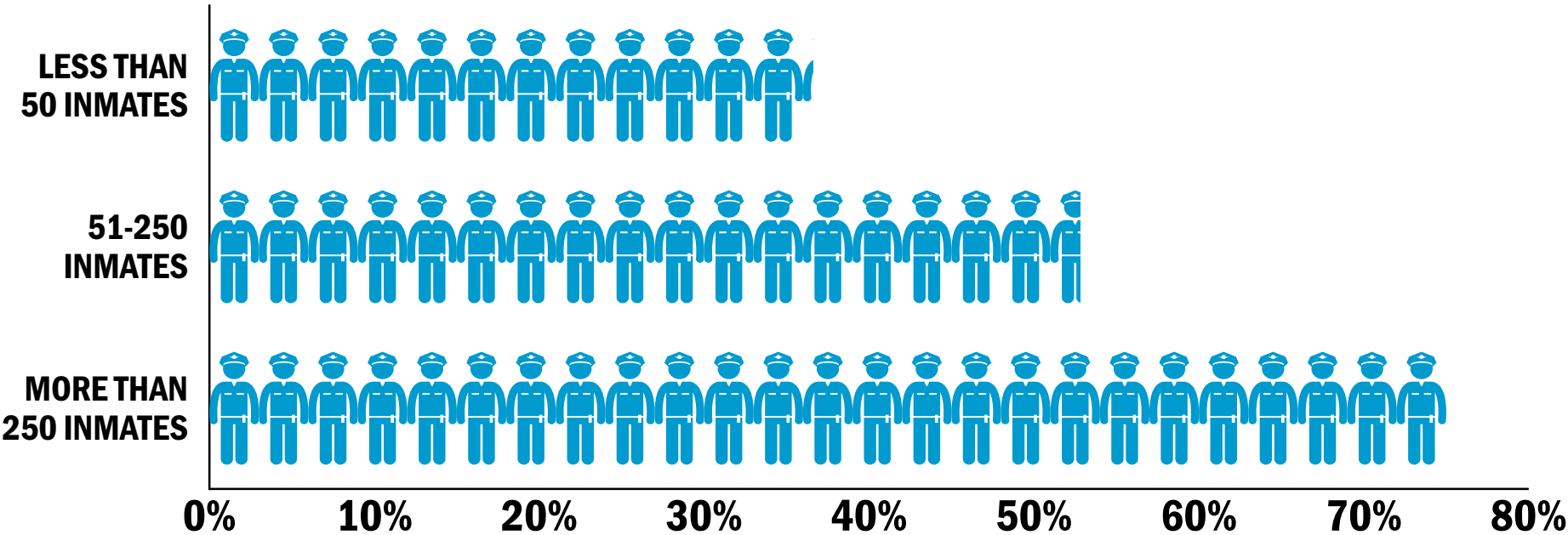
process. We want to make the process efficient and effective, while collecting data and developing outcome measures to accurately understand our efforts. We have already seen some positive results, but we want the data to show it and to help guide us in our next steps.

### What are you hoping to do through Stepping Up and beyond?

The end goal is really to have a well-operating system that is able to effectively identify people with mental illnesses who come into the jail and have options available to ensure that only the people who need to be in the jail are detained there and those who don’t can be connected to services in the community. We are currently working to bring in additional stakeholders to help meet this need.

We would also like to minimize the time that individuals spend in our jail pretrial, and provide them with the services they need to ensure that they are better connected to the community once they leave. We want to effectively use our resources for the individuals who need them most. We know that this process is going to take some time, but we are willing to put in the time to do it right. 

## PERCENTAGE OF JAILS CHANGING STAFF OR SIZE TO ACCOMMODATE SERIOUSLY MENTALLY ILL INMATES



Source: *Individuals with Serious Mental Illnesses in County Jails: A Survey of Jail Staff’s Perspectives* – TAC 2016  
[www.treatmentadvocacycenter.org/storage/documents/jail-survey-report-2016.pdf](http://www.treatmentadvocacycenter.org/storage/documents/jail-survey-report-2016.pdf)



## IN OUR VIEW

# Large Urban Counties Should ‘Step Up’

**By Commissioner  
Maggie Hart Stebbins  
Bernalillo County, N.M.**

For large, urban counties across the United States, the responsibility for running local jails often represents our biggest expense and most challenging operational issue. As we honor our promise to keep our communities safe, and to stay within budget, local governments are working to develop strategies that detain individuals who present a danger to our communities while finding alternatives for individuals who are at low risk of re-offending and who can be safely supervised outside jail walls.

Despite the enormous human and financial costs of unnecessary incarceration, counties have struggled to undertake the hard work of adopting effective alternatives for individuals with mental illness and substance use disorders in our jails. Fortunately, county governments now benefit from the resources and moral support of the Stepping Up initiative.

Bernalillo County, N.M., is a perfect example. Four years ago, our county government was facing a crisis. The Bernalillo County Metropolitan Detention Center was severely overcrowded, holding more than 2,800 inmates in a facility built for 1,950. At least half the inmates suffered from diagnosed mental illnesses or substance use disorders, making our jail the largest behavioral health pro-

vider in the state.

Jail expenses consumed nearly 50 percent of our general fund budget and the facility was operating under a 20-year-old federal class action lawsuit that was costing taxpayers more than \$1 million every year in legal fees alone. In 2013, a federal judge ordered the county to transfer inmates to other facilities, at the staggering cost of \$36,000 per day. Facing an annual cost of more than \$10 million to comply with the federal court order, Bernalillo County leaders accelerated efforts to address our jail's overcrowding issues.

In our work, NACo was a valuable ally, most importantly showing us that we were not alone in our challenges and connecting us to ideas and resources to guide our reform strategies.

Our reform started with data-driven decision making. County public safety staff worked with local judges, law enforcement, statisticians from the University of New Mexico, the district attorney, public defender and other partners in the criminal justice system to conduct an intensive analysis of our jail population: who was in our jail, what brought them there and how long did they stay in our facility? After analyzing the data, more than 20 separate initiatives were identified to speed up the criminal justice process for pretrial inmates who were waiting for their cases to be adjudicated.

At the same time, tragic encounters between the Albuquerque Police Depart-



**Commissioner Maggie Hart Stebbins**

ment and individuals with mental illnesses helped build public awareness of the need to provide more comprehensive, appropriate services for our residents who are living with behavioral health disorders.

In November 2014, the Bernalillo County Commission asked voters if they supported a new tax dedicated to expanding behavioral health services in our community. Almost 70 percent of voters said yes, making available nearly \$20 million in new funding for mental health and substance use disorder intervention, treatment and prevention services.


Among the most exciting projects to receive the new funding is an inmate re-entry resource center — a supportive release center that will connect individuals leaving jail with services such as transportation, health care, food and housing assistance. We are optimistic that help-

ing people stay healthy and out of the criminal justice system will save money in the long run.

Jail reform takes leadership and considerable courage. NACo and its partners have shown both in launching the Stepping Up initiative, and we have surely benefited from their willingness to tackle the issue head-on.

In May 2015, all five Bernalillo County Commissioners voted unanimously to adopt a resolution in support of Stepping Up, a decision that gave us access to the resources, support, research and strategies outlined in the initiative. With that action, we were instantly part of a close-knit team of individuals and organizations who are bonded together in our commitment to share information and find solutions.

Working with Stepping Up, we've accelerated the development and implementation of our local initiatives by taking advantage of technical assistance, conferences, webinars and focused communications with other local governments — and have shared our stories of successes and of setbacks and continuing challenges with others.

While we still have a lot of work ahead of us, Bernalillo County has made great strides in addressing our jail population concerns and we are grateful for the opportunities to work with NACo and other counties in finding solutions to this complex challenge. 

## Stepping Up joins 100 Brilliant Ideas

Counties play an essential role in keeping America's communities healthy, vibrant and safe. With public and private sector partners, we pursue innovative approaches to advance public health and well-being, protect public safety and foster economic strength and resiliency.


Reducing the number of county residents with mental illnesses in our jails helps achieve all of these aims. This issue is a drain on our counties' resources, is a burden to our law enforcement and does nothing to improve public safety or the lives of individuals with mental illnesses, their families or our communities.

That is why I am working with NACo leadership to promote my presidential ini-

tiative, the "Counties Matter Challenge: Brilliant Ideas at Work." Through the initiative, we are working to identify and share 100 examples of visionary county leadership that results in improving residents' quality of life.

The plan is to build an online honor roll that highlights county innovation at its best. Every day, counties anticipate and adapt to challenges by thinking outside the box and demonstrating local leadership that makes a difference in people's lives. Though no two of America's 3,069 counties are alike, many face similar challenges and learn from one another's experiences.

Reducing the number of people with

mental illnesses in county jails is a high priority for NACo members and their residents. I hope that some of the 100 Brilliant Ideas will highlight the creative work of counties across this country to address this problem across policy, practice and funding. This is not a new problem, but we do need new solutions. Through my presidential initiative, and in partnership with Stepping Up, we are providing counties with new ideas to create sustainable and effective solutions to a crisis plaguing our counties. We are excited to share what we've found. Look for these examples to be revealed at NACo's Annual Conference in July in Franklin County, Ohio. 



**Commissioner Bryan Desloge**

# Dutchess County, N.Y. opens 24/7 walk-in mental, substance abuse health center

By Mary Ann Barton  
senior staff writer

**T**he Dutchess County Stabilization Center, designed to keep people with mental health or drug problems out of jails or emergency rooms, opened earlier this year in Poughkeepsie, N.Y. In its first six weeks, the center saw 175 clients. Most of the people treated there are in significant emotional distress but not an imminent danger of harm to themselves or others, the county said.

The center serves as an initial entry into detox and other substance abuse services, as well as other behavioral health services.

The \$5.6 million center is part of the county's behavioral and community health department's mental health division. The county partnered on the center with MidHudson Regional Hospital, Mid-Hudson Addiction Recovery Centers, Astor Services for Children & Families and People Inc., the county's non-profit human services agency. State funding also was used to get the center launched.

"This Stabilization Center is the result of a unique public-private collaboration, and we thank our community partners for their cooperation in bringing this life-saving facility to fruition," said Dutchess County Executive Marcus J. Molinaro.

"This facility is a model for New York and the nation, one that can be replicated throughout America as we improve the lives of our neighbors living with mental health and substance abuse issues," Molinaro said.

The center was dedicated to former longtime County Commissioner of Mental Hygiene, Dr. Kenneth M. Glatt, who was the driving force behind the creation of a Mobile Crisis Intervention Team. He retired in 2015 after 35 years in the job.

## How It Works

A resident in distress can get to the center several ways. If they call or text the county's 24/7 crisis helpline, a crisis intervention team can be dispatched, responding immediately to individuals in crisis to help avoid an ER visit or an arrest. The center is also accessible by Dutchess County Public Transit bus service and people often come in either alone or with family members or friends. Law enforce-

ment officers have also been trained to bring people there to avoid a trip to the ER or jail especially when responding to calls of intoxication, domestic conflicts or altered mental status.

Some of the services made available at the center include:

- Crisis counseling.
- Mental health assessments.
- Supervised outpatient withdrawal services.
- Addictions and substance abuse counseling.
- Peer advocacy and support.
- Help contacting community-based resources.

The crisis intervention team also helps people over the phone, assisting with prescriptions, counseling and even attending court arraignments to help divert an individual into mental health treatment services rather than being incarcerated.

## Tracking How the Center Is Used

Dutchess County tracks the use of the center using an electronic medical record system, which was set up by the county's Office of Central and Information Services. The county tracks several data points including age, gender, arrival time, length of stay, disposition, number of individuals being brought to the center by police as well as other referral sources. The county is monitoring the number of individuals who are substance abusers vs. those with mental health needs. The county also tracks the number of referrals it makes for ongoing services once the person leaves the center as well as repeat visits.

## Financial Considerations

Services at the center are Medicaid billable; however, no one is turned away based on an inability to pay. "Because this is a new service, we are working with insurance companies to include the services at the center in their benefit packages," the county noted.

Dutchess County Department of Behavioral and Community Health has county staffing and operational costs associated with the center included in its budget. The county also has several community partners who also provide staffing at the center, including MidHudson Regional Hospital, part of the Westchester Medical Center network, which provides



Dutchess County Executive Marcus Molinaro speaks at opening of Stabilization Center.

Photo courtesy of Dutchess County, N.Y.

four full-time nursing staff at the Center at their cost. The goal of the center is to be self-sustaining through billable services as well as continued community partnership agreements for staffing and services.

## Follow-up Care

People who visit the center can stay for up to 23 hours and will receive follow-up care from staff after they leave. "We create follow-up plans that meet the guest's stated needs," the county said.

"If a referral to the adult partial hospitalization program is indicated, we can make a next-day connection; the same is true for the adolescent partial hospitalization program."


Referrals and connections are made to a variety of services such as intensive or outpatient substance abuse services, rehab programs, children's services, public and private providers in the community and care management. "We do

follow-up calls to ensure that after-care appointments are kept and assist with rescheduling them when indicated," the county said.

## Bringing It All Together Like No One Else

The establishment of the Stabilization Center is part of the county's ongoing efforts to drive down the rate of recidivism and to intervene and divert individuals in crisis from hospital emergency rooms and jails.

There has been a great deal of interest in the county's Stabilization Center since it opened, from other communities, and the county has already had visits from representatives of the New York City Division of Mental Hygiene and the Bureau of Mental Health.

After visiting several other communities, they noted that Dutchess County "has created the foundation to bring it all together like no one else has." 

## ABOUT THE CENTER

Construction of the center started in early 2016, after a \$4.8 million bond resolution was adopted by the Dutchess County Legislature. "Dutchess County is leading New York State with our approach to addressing mental health issues," said Dutchess County Legislature Chairman Dale Borchert. "The County Legislature was proud to support the funding for this innovative center and are proud of the work being done there by our dedicated employees as well as our community partners. The Stabilization Center is going to make a positive difference in the lives of many people."

In addition to providing four full-time nursing staff at the center, MidHudson Regional Hospital has also provided more than \$100,000 in financial support.

The center is housed with the Dutchess County Department of Behavioral & Community Health mental health division offices, as well as the County's 24/7 helpline and Mobile Crisis Intervention Team.



# Community health survey kick-starts rural mental health treatment options

By **Charlie Ban**  
senior staff writer

Late at night, the only thing open in Appanoose County, Iowa was the Hy-Vee grocery store. Not much else, and certainly not a 24-hour facility where people with mental illness could go for help. For that matter, they didn't even have that during daylight hours.

Instead, they would have to go to the hospital or jail, or on a long ride out of town with a deputy to find an open psychiatric bed somewhere, maybe as far away as South Dakota. There was nowhere else to go. In a rural county of roughly 12,000 people, it was hard to expect more.

"Nobody was getting any mental health care," said Jackie Sharp, a clinical therapist and executive director of Centerville Community Betterment — Centerville is the Appanoose County seat. "We were spending all of this money transporting people four hours away to facilities, only to find out they were being discharged within 24 to 48 hours back to their home community without any treatment."

But these people weren't as far out of mind as it would seem. The results of the local hospital's Community Health Needs Assessment — mandated by the Patient Protection and Affordable Care Act — revealed that Appanoose County residents prioritized what the county didn't have — mental health care options. In the nearly four years since, therapists are available to emergency room doctors around the clock and five beds are available at a short-term crisis stabilization house in the middle of town, one that has become a model for the state.

"It was a big wakeup call for the county," said Diane Buss, the central point coordinator for mental health in Appanoose County who started in that position soon after the needs assessment. "We knew there was a need but we couldn't put our finger on it."

## Digging Out

But the signs were there. Four-month waits to see a psychiatrist who had to travel up from Kansas City once a month, for a week at a time. Days during which a sheriff's deputy would

have to accompany a patient who was sitting around all day waiting to be committed for treatment, then the 77 times deputies had to drive patients elsewhere for treatment in 2012 and 2013.

"We don't have a lot of deputies in town, but one of them had to spend all day with a patient while they waited to be treated," Sharp said. "Usually, they were just sitting around the emergency room, waiting. It meant a lot of overtime costs for the sheriff's office."

In that same two-year span, 144 out of 180 Appanoose County residents committed to inpatient facilities for mental health or substance abuse issues ended up not needing that level of care. It all totaled roughly \$1.2 million per year, and that wasn't even paying for top-of-the-line care that was appropriate for patients' needs.

"Everyone thought like there wasn't anything we could do, and the hospitals were frustrated for many years, law enforcement was frustrated for many years," Sharp said. "We all complained about what we don't have — we don't have a psychiatrist, we don't have this and we don't have that and we don't have these therapists, we had all these reasons why we weren't going to be able to do anything in this rural county."

The mounting costs and the needs assessment results prompted the formation of a mental health coalition, which included Buss, Sharp, Sheriff Gary Anderson, Ann Young of Mercy Medical Center-Centerville Medical Center — the local 25-bed hospital — and Dewey McConville, president of the South Central Iowa chapter of the National Alliance on Mental Illness. The goal: reduce the number of commitments by 80 percent — the proportion of patients who had been improperly committed.

Eighty percent was a little short of the 85 percent average proportion of commitments for mental health issues in rural counties statewide compared to the 15 percent Polk County — Des Moines — committed, according to a nonprofit that the coalition consulted. The rural-urban mismatch was striking to Buss and Sharp, who betted there was a way to cut down Appanoose's



Deb King (right) attends to an Oak Place patient in Appanoose County, Iowa. Photo by Anne Howe

emphasis on inpatient care.

"We went to Des Moines (and talked to mental health workers there) and they told us that the majority of the people that rural counties sent there could be treated in our community with our resources," Sharp said. "They told us to design our program to what we have and what we can do."

## Helping the Helpers

The first step was getting trained mental health therapists in the emergency room to help doctors properly diagnose mental illnesses and direct patients to the right treatment. Sharp initially filled in, on-call 24 hours a day, until Buss recruited more therapists to help out. She invited every one she knew working in Appanoose County to lunch.

Four therapists are now available to perform on-call evaluations, find permanent supportive housing options and locate open inpatient facility beds if a patient's diagnosis calls for it.

"Therapists work in their own little box," Buss said. "You know (which patients) you work with but there wasn't a community of therapists here. I got them together for lunch, I dangled the carrot, and I said 'there's money available...this is what we're looking for.'"

Finding locally-based therapists was helpful not just logistically, but made the emergency room less chaotic when

residents with mental illness came in.

"A lot of our emergency room doctors aren't local and they don't know the mental health community," Buss said. "The therapists, on the other hand, really get to know the people, especially those with chronic illnesses, so they know their backgrounds and their issues. For a long time, there wasn't much follow-up so people would just wind up back in the emergency room again. The therapists add a comprehensive level of care."

Sharp said the community at large is recognizing the value in mental health treatment options.

"They know there were major gaps in treatment," she said. "They're going beyond just being afraid of 'crazy people' and they're actually supporting actions to get help for people with mental health difficulties."

Their 80 percent reduction goal? They blew right by it, some months cutting 90 percent from the pre-2014 average commitments. But that still left a remaining population that needed more.

## Safe at Home

If a patient does need more than a hospital therapist or out-patient treatment provider can offer, there is now an option in Appanoose County.

# Pilot project from NACo affiliate aims to stop incarcerations before they happen

**By Ron Manderscheid, PhD**  
executive director  
NACBHDD

In concert with the *NACo Stepping Up Initiative*, the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) has been implementing its NACBHDD 'Decarceration' Initiative.

Our first year of this initiative has included focus groups, webinars and direct technical assistance with counties. This work has taught us that we must focus our efforts on "Intercept 0". This first intercept involves mobilization of county behavioral health programs to address mental health, substance use and intellectual development/developmental disability (ID/DD) issues before a person comes into contact with the police.

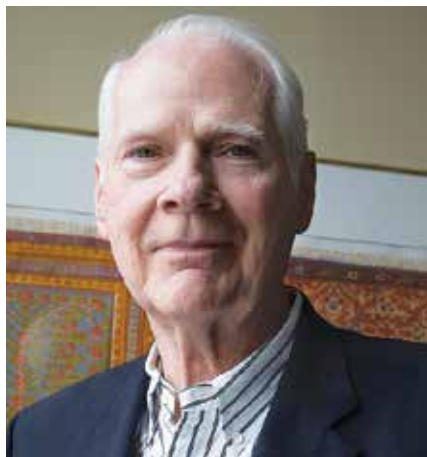
## NACBHDD Pilot Project

Thus, we are very pleased to announce a special pilot project in 2017 to promote the decarceration and full community integration of persons with these conditions.

This pilot project will examine system and service management, care coordination, service configuration, including crisis response services and county drug formularies, as well as any impediments that exist in the correctional or court systems.

A primary emphasis will be directed toward improving the crisis response capacity of county behavioral health programs to prevent persons with these conditions from becoming engaged or re-engaged with the police or the correctional system.

A range of services comprise a county's behavioral health crisis response ca-



**Ron Manderscheid, PhD**

capacity. These services include so-called 'warm lines' operated by peers, hot lines operated by professionals, mobile crisis response teams, respite beds for persons with these conditions or their family members, crisis intervention training for police, a restoration or sobering center, effective care coordination for all clients, good outpatient treatment, medication-assisted treatment, community residential care and inpatient hospital care.

Our pilot project will help participating counties to develop the services they need from along this continuum.

The pilot project will identify four medium-sized counties (20,000–200,000 population) and four small, rural counties (fewer than 20,000 population) to participate in the pilot. Counties will be given preference if they are part of the NACo Stepping Up Initiative, if they have identified incarceration as a problem, are motivated to address this problem, and are willing to devote personnel and financial resources to solving it. Participating counties should expect to remain

involved in this pilot for up to one year.

For each of the eight counties in the pilot, we also will seek to identify a mentor county that can provide guidance on solving the common problems that lead to excessive incarceration of persons with mental illness, substance use or ID/DD conditions. Mentor counties will work directly with the eight counties participating in the pilot project.

A cadre of senior county behavioral health leaders will offer direct technical assistance to counties participating in the pilot project.

These county behavioral health leaders will form the first cadre of NACo Senior Fellows, a new initiative to deploy the skills of county behavioral health experts when they retire from their county roles. Linkages also will be developed with appropriate federal programs to help counties address issues that require expertise or technical assistance from these programs.

## New Related Activities

Beyond the pilot project, NACBHDD has also been engaged in a range of additional activities in support of its initiative. These include:


■ **Development of Simulation Models:** In collaboration with the Department of Justice (DOJ) Bureau of Justice Statistics (BJS) and Bureau of Justice Assistance (BJA), and the National Association of State Mental Health Program Directors (NASMHPD) Research Institute, we have undertaken a project to develop simulation models to project future jail caseloads, including estimates for persons with behavioral health conditions.

Currently, we are identifying pilot sites for this modeling.

Simulation modeling can be very useful to county managers because it permits assessment of the effects of "what if" scenarios before they actually occur.

■ **Collaboration Across Federal Agencies:** In the fall of 2016, NACBHDD and DOJ-BJS convened the key federal programs in the Department of Health and Human Services and the DOJ that work at the behavioral health-criminal justice interface. The purpose was to acquaint staff with each other and to share essential information about each program. This initial meeting was so successful that a second meeting is being planned for late in the spring this year. This second meeting will introduce discussion of some key issues and solicit agency support in their resolution.

■ **New Research Center on Criminal Justice:** As a long-standing NACBHDD partner, the NASMHPD Research Institute has developed a strong interest in the problem of decarceration of persons with behavioral health conditions.

In 2016, the Institute's Board approved the creation of a new research center on criminal justice that will undertake research, evaluation, and statistical projects to help resolve the problem of incarceration of behavioral health populations in city and county jails, and in state prisons. This new center will work closely with NACBHDD. 

*If your county is interested in participating in NACBHDD's pilot project, please contact [rmanderscheid@nacbhd.org](mailto:rmanderscheid@nacbhd.org) or call 202.942.4296*

**1 IN 5** ADULTS IN THE  
U.S. EXPERIENCE  
A MENTAL ILLNESS



**DID NOT  
RECEIVE  
TREATMENT**  
in the past year

**1 IN 25** ADULTS IN THE  
U.S. EXPERIENCE  
A SERIOUS MENTAL ILLNESS



**DID NOT  
RECEIVE  
TREATMENT**  
in the past year

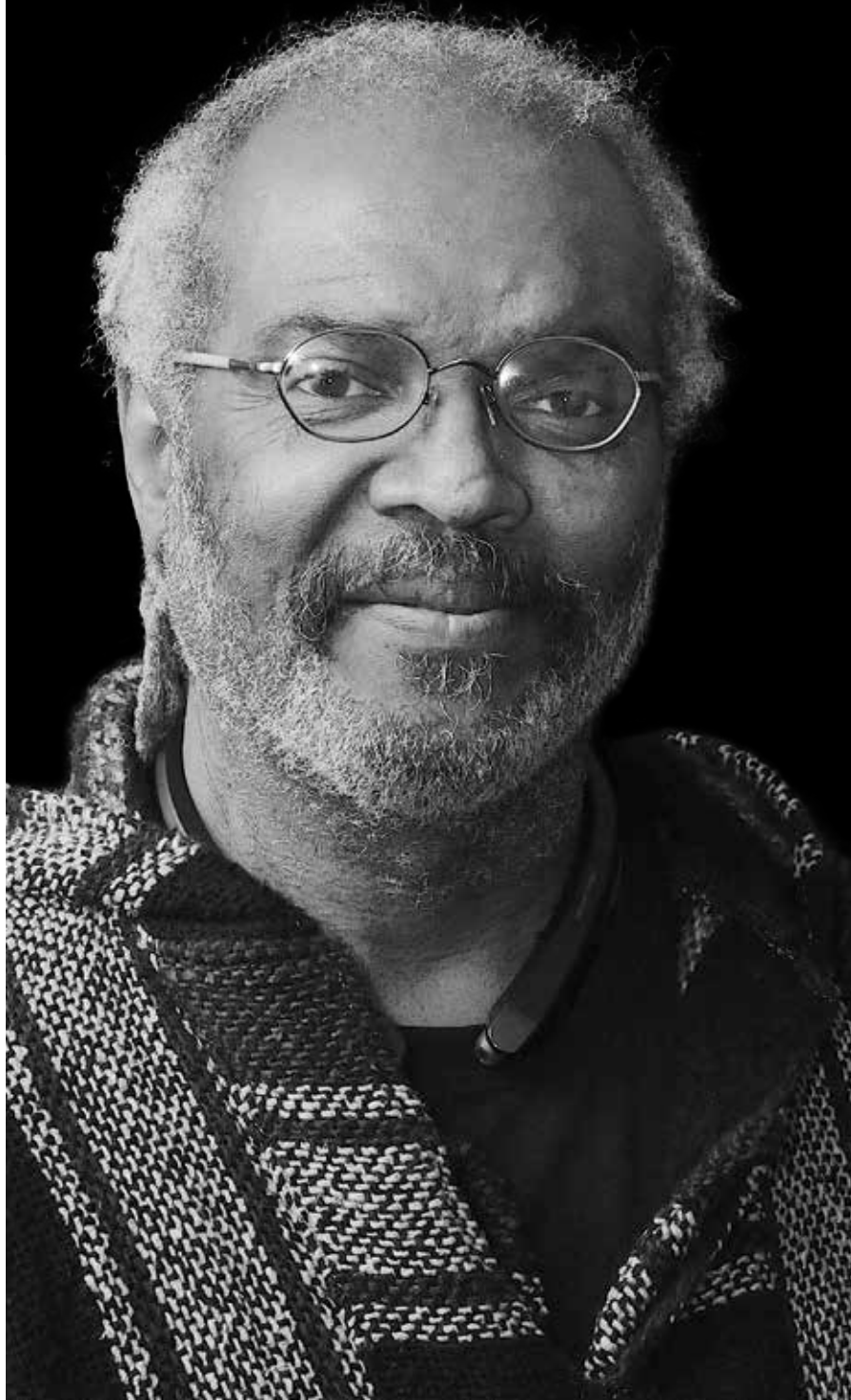
**1 IN 10** ADULTS IN THE  
U.S. EXPERIENCE  
A SUBSTANCE ABUSE DISORDER



**DID NOT  
RECEIVE  
TREATMENT**  
in the past year



# THERE'S ONLY ONE WAY TO TREAT A PERSON WITH A MENTAL ILLNESS... LIKE A PERSON



**By Ray Lay**

I was first diagnosed with paranoid schizophrenia at the age of 15 after I committed some terrible anti-social acts and was committed to a state-run mental institution. I stayed there for three years. My doctor and my parents didn't ever tell me what I was diagnosed with. I didn't know why I was being made to take all that medication.

When I was released, I joined the Marine Corps. I was a good Marine until I had a psychotic break. I was discharged from the Marines without treatment and I started self-medicating. The drugs and alcohol led me to an eventual charge for robbery and confinement. I was sentenced to state prison for seven years. The closest thing I got to treatment while in prison was when the guards would gang up on me, put me in shackles and beat me.

We are still human beings. We just have an illness, like a person with cancer, diabetes, Crohn's disease, or a brain tumor, except those are treated in different ways.

I left prison in 1986, and I've stayed away from the criminal justice system since then, but I did have some run-ins with drugs and alcohol. And I never sought treatment, because I didn't think anything was wrong with me. I thought everyone heard voices. I didn't understand that I was experiencing delusions.

Ultimately, I got treatment because I wanted to be housed. With all my drug abuse and alcoholism, I was homeless for 10 years. I started going through the changes of trying to get clean and sober, but not addressing the mental health issues. When I went to the VA hospital, I was told that to get mental health treatment, I needed to be clean. But I wasn't strong enough to be clean. When I finally got into treatment, the doctor diagnosed me with schizophrenia, and I filed for Social Security.

The social worker at my homeless shelter filed for a service-related disability claim for schizophrenia. The VA denied my claim, but Social Security approved me. I took the Social Security paperwork to the VA and wrote "The Marine Corps made me worse" on the back and appealed. This year, after 13 years, I finally got an answer — the VA accepted my claim.

After my first appeal, I got to look at my service medical records. I saw that I had two psychotic breaks in the service. The Corpsman wrote down everything that he saw and heard those day — how I was talking to people who weren't there and how I was saying things that didn't make sense. How I was beaten during one of the episodes. When I read those records, I realized that was where I got these other voices that I hear. That's when I stopped drinking and doing drugs

and decided to get treatment to stop the voices.

The voices don't go away, but I accept my condition. I know that treatment could have helped me much earlier. I will be taking medication and going to therapy for the rest of my life. I have been with the same doctor for 10 years and the same therapist for nine years. I exercise, watch what I eat and give back.

Today, I'm a peer support specialist, and I engage people who have mental health or substance abuse issues, and try to motivate them to get into recovery and stay in recovery. Where I used to be homeless, I now help house people. Being a peer support specialist is better than any drug I ever had in my life.

I am a member of our VA Medical Center's Mental Health Intensive Case Management team. Many of the vets that I work with remind me of myself. I used to reject medication. I used to be in total denial of my condition. One thing that I do is utilize the one-page diagnostic sheets from the National Alliance on Mental Illness website, and take them to the veterans. I say, "Be honest with yourself, do you see yourself on this paper? You don't have to say anything to me, but be honest with yourself." Most of them see their symptoms.

I also get their attention by telling my story. I tell them I used to be a raging drunk and drug addict, and I used to be locked up on the inpatient unit. A lot of people who are self-medicating want to stop, but they don't know how. I give them hope and an example. I tell them I haven't been on the inpatient unit for 13

**See PEER SUPPORT page H13**

# WHAT ABOUT DATA?

By **Nastassia Walsh**  
program manager

**W**hile this Hot Topics contains much information about the issues related to individuals with mental illnesses in jails, one important piece is missing: the current number of people with mental illnesses in county jails across the country. Is the number getting smaller? Is it getting bigger? The answer is this: On a national level, we just don't know.

## National Data... Or Lack Thereof

The most recent national data from the Department of Justice indicate that 64 percent of the jail population has a mental health problem. These data are based on personal interviews with 6,982 local jail inmates in 2002 — 15 years ago — where mental health problems were defined by a recent history or any symptoms of a mental health problem that occurred within the 12 months prior to the interview. This national number is used widely, but does not reliably measure the number of individuals in jail who have been diagnosed as having a mental illness by a health professional such as a psychiatrist.

The federal government recognizes the intersection of incarceration and health and has an interest in better understanding the social determinants of health. While the Justice Department does not systematically collect health

data in inmate surveys or conduct annual surveys of inmates, many national health surveys are conducted with regular frequency. In March of 2016, the Department of Health and Human Services convened a steering committee on improving the collection of data on justice-system involvement in population health-data programs.

The major challenge in attempting to include justice-system involvement questions in health surveys is developing a consistent definition of such involvement. For example, in the annual National Survey of Drug Use and Health, criminal justice involvement is defined to include an arrest and booking at any time, but does not distinguish between individuals who were released shortly after booking — sometimes within a few hours — and individuals who were detained for longer periods of time and make up the population of individuals in a jail. Additionally, because the survey asks whether the respondent was ever arrested and booked, it does not reliably provide information on the most recent profile of the jail population.

Outside of the federal government, several academic studies have been completed to try to better understand the scope of the problem with various definitions and groups. One study from 2007 found that over two-thirds of individuals in jails met criteria for a lifetime psychiatric disorder. Another from 2009 estimated that the rate of serious mental illness (SMI) was 14.5 percent for males in jail and 31 percent for females. While these studies can give a

more reliable estimate, they also are from several years ago and use various definitions of mental illness, making it difficult to extrapolate to today's general population or to identify national trends.

As a result of the lack of national data, we often rely on other measures for identifying trends in the national jail population. For example, the Treatment Advocacy Center (TAC) conducts regular surveys of key stakeholders to help nail down some of the challenges.

In a 2011 survey of 230 sheriffs' departments that operated jail facilities or detention centers in 39 states, three quarters of jails reported seeing more or far more numbers of seriously mentally ill inmates, compared to five to 10 years ago. This was particularly true in medium and large jails. More than half of the jails responding to TAC's survey had imple-

mented housing or staffing changes as a result of supervising seriously mentally ill inmates. This trend was more pronounced in larger jails, where 86 percent had made changes due to the prevalence of serious mental illnesses in the population.

## What About Local Data?

One of the biggest challenges counties face when trying to develop or enhance a plan to reduce the number of people with mental illnesses in their jails is collecting, sharing and using data. Counties can use and share data on individuals who enter jail to effectively respond to a person's needs. For planning and budgeting purposes, the effective use of data can help counties to understand who is in their jail and trends in the jail population, identify

See **DATA** page H11

## MAKING PROGRESS IN DATA COLLECTION

■ The Familiar Faces initiative in **King County, Wash.**, is a systems coordination effort for individuals who are frequently in jail and who also have a mental illness and/or substance use disorder. As part of this initiative, three distinct King County departments, the City of Seattle and other housing and social service partners broke down their traditional data silos to share information and performed a data-matching exercise to create a more comprehensive picture of the individuals they were trying to serve with the initiative.

An initial data-matching effort demonstrated that 94 percent of individuals in the King County jail had a mental illness or substance use disorder. The initiative partners are currently working on a cross-sector data integration project that will allow the integration of various disparate data systems, including behavioral health, housing and some criminal justice information. The integrated data system will allow for the following functions: enabling individual client "lookup" for direct care coordination, identifying high risk groups for system-level care coordination and extracting datasets for analysis of population health, program evaluation and costs.

■ **Louisville-Jefferson County Metro, Ky.**, developed a cadre of com-

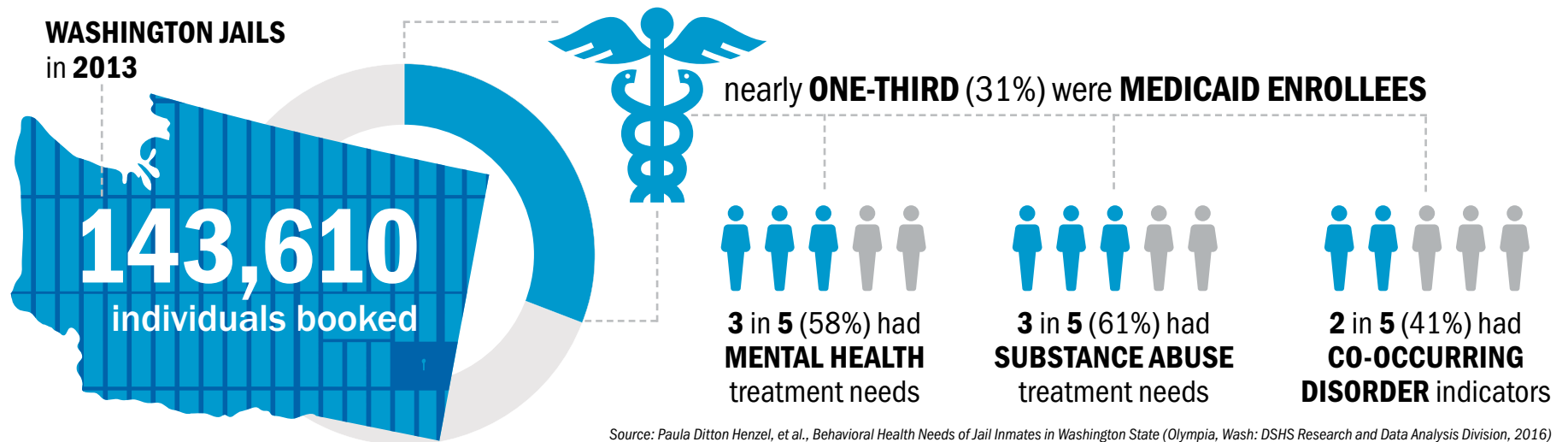
munity partners to share information and pursue innovative solutions to identify, coordinate and deliver care to individuals who frequently use public services. This collaboration, known as the Dual Diagnosis Cross Functional Team (DDCFT), is composed of government agencies, behavioral health professionals and community organizations serving people with mental illnesses and substance use disorders.

Knowing the service delivery system they were using was fragmented, the DDCFT proposed the creation of a new Community Care Management Network (CCMN) to coordinate care for these individuals using the existing Homeless Management Information System (HMIS) as the technology platform for cross-agency intervention. Many of the involved service providers already had HMIS licenses, making it a logical choice, and agencies that were not part of the HMIS network agreed to purchase licenses.

As part of the project, participating agencies, including the HMIS network and the Metro Criminal Justice Commission, acting as the representative for the DDCFT, entered into a data-sharing agreement. Based this agreement, the names of the top 100 people with eight or more episodes of incarceration are cross-referenced with emergency room data to identify individuals with 10 or







### From DATA page H10

potential policy or practice changes and track progress of their reform efforts.

Counties face several challenges when trying to accurately collect and share this data:

- **Lack of a system-wide definition of mental illness.** Each state has its own definition of mental illness that is used to determine eligibility for state-funded treatment and services, and in many counties—but not all—the county health

department uses this definition to determine service-delivery options. Health providers in the jail may use their own definition or use a definition based on screening tools used to identify a mental illness. Without one agreed-upon definition, it can be difficult for counties to accurately identify and share information on the mental health needs of individuals who come into the jail.

- **Inability to identify individuals with mental illnesses and collect and store information.** While mental health

screening and assessment tools are becoming more prevalent, many counties still do not have a system in place to objectively identify a person with a mental illness or substance use disorder in their jail. Screening and assessment processes vary from county to county, with some using validated mental health screening tools and others relying on other indicators of mental illness such as medication or suicidal tendencies.

The way that counties collect and store information gleaned from these tools also

varies. Some counties have sophisticated electronic jail management systems in place to help collect and store—and sometimes share—information about the individuals in their jail, including their mental health status. Other counties do not have access to this type of tool and struggle with how to collect information in a way that can be easily accessed, analyzed or shared. Even when systems are in place, they do not always have the capacity to maintain confidential mental health records in compliance with HIPAA.

- **No mechanisms for information sharing.** Many counties struggle with developing confidential and useful mechanisms for sharing information about the individuals they supervise in jails or serve in the community. Concerns over HIPAA regulations and privacy often stall attempts to share information between different agencies. Nonintegrated electronic systems and the lack of common definitions also do not help these ef-

more admissions.

These individuals are then asked to sign a release of information that authorizes the disclosure of records to agencies involved in the delivery of community-based services. These agencies include providers of mental health, substance abuse, medical, homelessness and vocational services in addition to criminal justice partners. A “case manager quarterback” is then designated to oversee service delivery and development of a coordinated care plan for addressing the specific needs of the individual.

- In **Coconino County, Ariz.**, the Criminal Justice Coordinating Council (CJCC) reached an agreement with the Arizona Criminal Justice Information System (CJIS) to get the criminal history of every person arrested in their county, which the county uses, along with data from the jail, health department, education system and their budgeting department, to initiate research partnerships. The CJCC is working with Northern Arizona University to use the available data to look at the effectiveness of health and behavioral health interventions in the jail.

These data mean that the county will be able to address questions like, “How well does mental health court work?” with the ultimate goal of building a model

for how to most effectively treat and fund the health and behavioral health needs of individuals in the jail.

- In **Athens-Clarke County, Ga.**, Advantage Behavioral Health Systems (“Advantage”), the 10-county regional community behavioral health provider, worked with the Clarke County Sheriff’s Office on a data-matching project for people with mental illnesses in the jail. Staff at Advantage reviewed jail intake data over a three-month period and used names and dates of birth to match individuals to their electronic health record. This allowed them to identify individuals with a mental health diagnosis who were being admitted to the jail.

HIPAA regulations prohibit the community provider from sharing this individual data with the jail, but the jail is free to share names and dates of birth with the provider, putting the onus on the provider to do this analysis.

Advantage found that around 700 individuals in the jail (38 percent of the records reviewed) were their clients, meaning they had some sort of mental health diagnosis. From there, they were able to review the criminal history records of a random sampling of these individuals to better understand when they were being arrested, their average length of stay per arrest and specific charges.

They are using this data to have conversations with law enforcement and probation to identify potential solutions to high arrest rates and high probation revocations for people with mental illnesses in the county and are planning to implement a case management system that can be accessed by the jail to share more of this information.

- **Washington, D.C.**, uses administrative records to identify frequent users of public crisis systems such as emergency departments, homeless shelters and jails. The D.C. Department of Corrections (DOC) and The Community Partnership for the Prevention of Homelessness (TCP), the agency that houses the city’s homeless management information system, have a data-sharing agreement that allows them to identify individuals who meet certain criteria for eligibility in the D.C. Frequent Users Service Enhancement (FUSE) program. Upon receiving a request for potential clients, DOC staff generates a list of individuals who meet the FUSE eligibility criteria and are currently incarcerated in the jail. During the program planning phase and initial six months of program implementation, five administrative searches of frequent users were conducted, which identified 196 eligible men.

See DATA page H13

## RESOURCES

Both the Stepping Up initiative and the Data-Driven Justice initiative, focused on promoting data-driven strategies through peer sharing and discussion, have resources available to help counties jumpstart or enhance their efforts to collect, use and share accurate data on individuals with mental illnesses in their community and their jail. Find out more:

### Stepping Up Resources Toolkit

[www.StepUpTogether.org/Toolkit](http://www.StepUpTogether.org/Toolkit)

### Data-Driven Justice Initiative

[www.NACo.org/Data-Driven-Justice](http://www.NACo.org/Data-Driven-Justice)

# The Federal Outlook

**By Commissioner Sally Heyman**  
Miami-Dade County, Fla.

The passage of the 21st Century Cures Act last December with broad, bipartisan support was a victory for local efforts to reduce mental illness in our jails. The bill included the Mentally Ill Offender Treatment and Crime Reduction Act (MIOT-CRA), which is the main source of federal support and funding for local jail diversion programs, mental health courts, in-jail treatments, transitional services and crisis intervention training. By reauthorizing this important program through FY20, the Cures Act made the goals and objectives of the Stepping Up Initiative more achievable for local governments across the country.

Legislative victories like this are not easy to come by, especially at a time when bipartisan lawmaking in Washington seems increasingly like a relic of the past. The success of the 21st Century



**Commissioner Sally Heyman**


Cures Act speaks to the breadth of support at all levels of government for reducing mental illness in jails, but the bill's passage would not have been possible without impactful and persistent advocacy from stakeholders including NACo and its county leaders.

Over the last several years, NACo uplift-

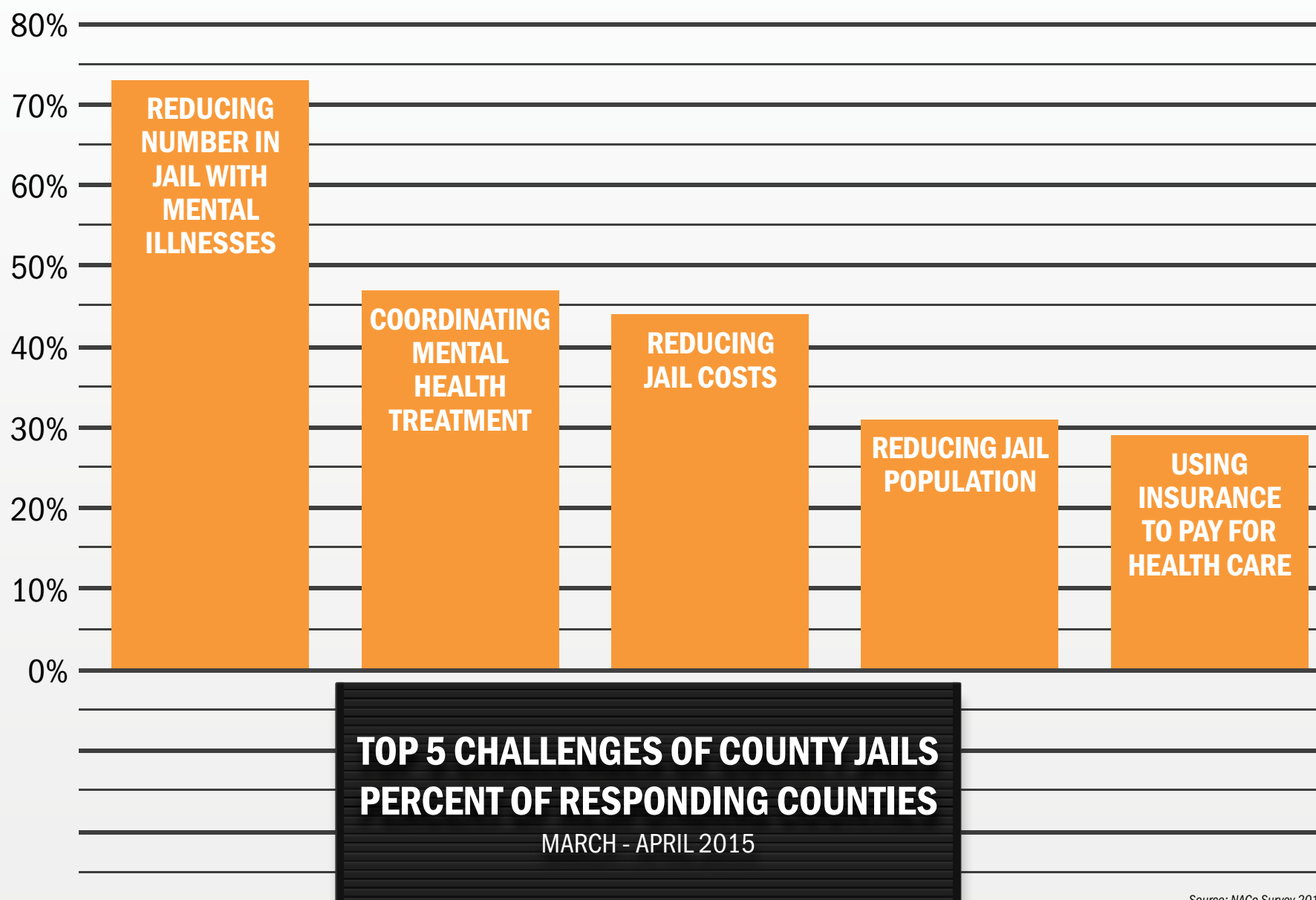
ed the issue to an organizational priority and held numerous briefings in Congress to educate staffers about mental illness in the justice system. County leaders throughout the nation spoke with their senators and House members about the impact of this issue on their local communities. The 21st Century Cures Act is, in part, the fruit of this labor.

However, our work is far from over. Although the reauthorization of MIOTCRA — as well as several other programs that help to address mental health and co-occurring substance abuse issues in the community — is a major victory, Congress must still appropriate funding for these programs through the annual appropriations process. Given the uncertainty that surrounds the budgeting process in Washington, and the wide array of programs that must be funded each year, it is imperative that we continue our persistent advocacy for federal justice and mental health grants.

As lawmakers consider appropriations bills over the next several weeks and months, county leaders should urge their members of Congress or congressional staffers to provide full funding for MIOT-CRA to support local efforts to reduce mental illness in jails. NACo offers numerous resources to aid this advocacy, including a comprehensive policy brief available at [www.naco.org/reducementalillness](http://www.naco.org/reducementalillness).

The Stepping Up Initiative is a testament to the commitment of county leaders to reducing mental illness in our jails and to driving change on this critical issue from the local level. But we must not lose sight of the fact that our efforts are more effective and impactful with support from the federal government, and we should be persistent in reminding our members of Congress of this fact. 

*Heyman chairs the Justice and Public Safety Policy Steering Committee.*





# SEQUENTIAL INTERCEPT MODEL



## Intercept 1 PRE-BOOKING DIVERSION

Crisis intervention (crisis intervention team, mobile crisis unit, and first responders)



## Intercept 2 POST-BOOKING DIVERSION

Arrest (booking, screenings, and arraignments)



## Intercept 3 JAIL AND COURT

Identification, assessment, planning, and consultation with attorneys and judges and referrals to specialty courts such as mental health and drug court



## Intercept 4 REENTRY

Transition, case management, assertive community treatment, medication management, therapy, coordination



## Intercept 5 COMMUNITY CORRECTIONS/ CONTINUED SUPPORTS

Supported employment, wraparound services, stabilization, and self-sufficiency

**The Stepping Up program uses the Sequential Intercept Model, which was developed as a way to understand how those with mental illness interact with the criminal justice system. Each intercept addresses where interventions can be made to help prevent people with behavioral disorders from falling through the cracks. The model describes five intercepts where jail diversion can occur.**

*The Sequential Intercept Model was developed by Mark Munetz, MD, and Patty Griffin, PhD, in collaboration with Henry J. Steadman, PhD*

## 'We are still human beings...'


**From PEER SUPPORT page H9**

years; I've been clean and sober for 10 years. I learned to tell my story through NAMI's In Our Own Voice program, and everywhere I go, people tell me it's very powerful.

And I'm an ambassador for recovery out in the community. Even though I've had some negative interactions with police, just yesterday I was helping to train new police recruits at the Indiana State Police Academy. I also help train newly hired Department of Corrections officers on mental health issues. I go back into the facility and see where I was once locked up. I can't say I get used to it. There's a lot of work to do. It's sad that the biggest provider of mental health services in Indiana is the Indiana Department of Corrections.

I believe that there's only one way to treat a person with a mental illness –

that's like a person. We are still human beings. We just have an illness, like a person with cancer, diabetes, Crohn's disease, or a brain tumor, except those are treated in different ways. People with mental health and substance abuse issues need a different type of care, but it's still care. It's as old as the Earth is, and it's not going away.

Counties are going broke trying to treat people with mental health issues in jails. I think peer support specialists – people who have that experience of mental health conditions – can help, by bringing the human element. We can work with doctors, lawyers, judges and the justice system to try something different. 

*Ray Lay is an Indiana certified recovery specialist, and a veteran peer support specialist. He serves on the board of directors for NAMI Indiana and for the Indiana Balance of State Continuum of Care.*


## Data key to measuring success

**From DATA page H11**

forts. If two data systems cannot talk to each other, some analyses must be conducted manually, with redacted names and identifying information – the time required to process this information by hand can be prohibitive.

While many counties are making progress on using data to identify individuals with mental illness in their justice systems, not all counties are at a place where they can perform these functions. Many are without some of the tools they need to create compre-

hensive, data-driven and systems-level plans to reduce mental illness in their jails, or to be competitive for state and federal grant opportunities to help further their work in this area.

Despite progress in individual jurisdictions, there still isn't an answer to the question on everyone's minds: Are all activities and efforts happening at the county, state and federal levels having the desired impact of reducing the number of people with mental illnesses in jails? Leadership on and investment in the use of data is absolutely critical to answering this important question. 

## People with mental illness now have a place to go in Appanoose County, Iowa

**From HOUSE page H7**

In 2014, Centerville Community Betterment, a nonprofit social services agency, opened Oak Place, a five-bed crisis stabilization center inside a ranch house. A \$50,000 grant from Appanoose County funded the starting costs until the South Central Behavioral Health Region – the state's mental health funding mechanism for Appanoose, Davis, Wapello and Mahaska counties – stepped in to fully fund the house and pay for Sharp to work as the house's therapist.

What wasn't spent on rent went to furnishing the house and buying things visitors would need, including hygienic

supplies. A subsequent \$221,000 grant from Catholic Health Initiatives helped with funding before the region's funding kicked in.

It became a safe place for people in the middle of mental health crises to stay for up to seven days, during which time they can be under the care of therapists and have help managing medication and figuring out their next step. Oak Place does not accept commitments, and all patients are free to leave.

"They write their own care plan, their own emergency plan before they're discharged," Sharp said. "We thought it might not work in the beginning, but we've found that if they have the ability to self-determine their outcomes and

make decisions about the plan, they do a lot better and are a lot motivated than if they're court ordered."

The crisis-stabilization house model debuted in Appanoose County is now required in each of Iowa's 15 behavioral health regions, and 11 others have opened so far.

Sharp has been proactive about paving the way for a smooth introduction into the neighborhood for Oak Place.


"We knew there would be some concerns, but keeping lines of communication open and letting the neighbors know you're open to feedback helps build the neighborhood relationship."

Oak Place is open to residents of the region's three other counties. The coal-

tion has added a four-bedroom transitional housing apartment in Davis County to which Oak Place residents can move.

"It's a place people in a mental health crisis can go and get the help they need, any time of day," Buss said. "It's a long way from where we started, and we're showing that being in a rural area doesn't mean not having options."

Sheriff Gary Anderson agreed that the new mental health options have eased the burden on his deputies.

"We get some (emergency) calls and all they need is someone to sit down with them and give them some of the services (we now offer) and not tie up the services they don't need from an emergency committal," he said. 

# The Doctor Is In:

## The role of psychiatrists in the Stepping Up Initiative

By Charlie Ban  
senior staff writer

**D**r. Altha Stewart sees the Stepping Up Initiative not only as a way for counties to improve the treatment of the mentally ill, but as a challenge to the psychiatric community to generate solutions. She discussed that and other topics with *County News* a year after she spoke at the 2016 Stepping Up summit in Washington, D.C.

Stewart is on the faculty at the University of Tennessee Health Science Center department of psychiatry and serves as the university's chief of social and community psychiatry and director of the Center for Justice Involved Youth. She is president-elect of the American Psychiatric Association. Previously, she led Defending Childhood Shelby County (Tenn.), an initiative that developed supports and services for children with mental illness and their families, defragmenting the social service system to ease families' navigation.

Her answers have been condensed. See a video at [www.countynews.org](http://www.countynews.org).

### In your opinion, why are so many people with mental illnesses involved in the justice system?

It's the default mental health treatment system now; that's where the money is.

People with mental illness tend to have behaviors or do things or create situations that bring them to the attention of law enforcement.

While the law enforcement may understand or even recognize that they have a mental health problem, there are so few places where these folks can be taken and treated that the default system becomes the law and legal system.

We have such a limited number of resources in our community that if you've been through a couple of times and you've got a reputation as being difficult,



Dr. Altha Stewart Photo by Allen Gillespie, University of Tennessee Health Science Center

aggressive, assaultive, non-adherent, after a few times, people kind of give up on you, which puts you back on the streets.

### What do you see as the role of psychiatrists in helping counties to reduce the number of people with mental illnesses in jails?

Psychiatrists can be much more involved in the community level. We don't have enough resources in the community to do all of these specialized areas, so we have to get creative.

In Shelby County, Tenn., we have a few things, thanks to some long-term planning: crisis intervention teams; thanks to a very proactive county mayor, we have a mental health court that addresses issues at the front door.

### How do you think counties can incentivize psychiatrists to work with the justice-involved population, many of whom are often indigent or under-insured?

People are coming out of medical school and residency with hundreds of thousands of dollars in debt. Counties have to get really creative, with loan re-

payment being part of the comprehensive recruitment process.

For rural counties and smaller jurisdictions, this is a possibility that hasn't been fully explored.

It's doable, because counties are going to pay for this service anyway, importing some temporary, very expensive staff. How much does it really cost to pay a psychiatrist a decent wage plus loan repayment over three years, compared to what you spend on transportation for two patients, three or four times a month to the only treatment three or four times a month.

### How do you think the Stepping Up initiative has helped localities bring attention to this issue?

It certainly has started and will maintain a dialog about being creative. Starting to ask and answer those questions (about what counties can do) at that first summit was a great first step. It got together 50 teams from counties that are struggling with the same issue, many of whom were more similar than they knew.

It has also established, within the psychiatrist community, a conversation about what could be done. It opens the door to becoming a much broader discussion.

### What do you think is the biggest gap for counties looking to reduce mental illness in their jails? What is the biggest opportunity?


If most counties were aware of this problem, they'd start a diversion program for people with mental illness, because that's a potential reallocation of funds that would support better outcomes. People with mental illness simply don't fare well in the criminal justice system, they don't do well in jails and prisons, they don't do well going through the court process. They aren't good about some of the things that are important if you're going to navigate the criminal justice system.

Having access to some level of technical assistance, no county should think "we don't know how to do it, therefore we're not going to do it."

There's a multitude of technical assistance opportunities out there, through NACo and the Council of State Governments Justice Center.

### What role do you see states playing in helping counties to reduce the number of people with mental illnesses in jails?

In most states, MH services are part of the state's responsibility. I'd like to see more states go after grants available through the Department of Justice and the Office of Juvenile Justice and Delinquency Prevention.

We should look for ways to leverage dollars meant for workforce development, education and training in addition to mental health. Use HUD dollars for supervised housing, HHS dollars for addiction treatment and residential program for co-occurring disorders. Resources languish sometimes because as a system, we aren't very good at finding possible mental health dollars that aren't identified as being for mental health. 



# *Two Years of Stepping Up to Reduce Mental Illness in Jails*

## THE STEPPING UP INITIATIVE



Please join us for a live virtual discussion commemorating two years of Stepping Up and highlighting the work that has happened in counties across the country.

The event will be held on Wednesday, May 31 from 3:30 p.m. – 5 p.m. ET at [www.StepUpTogether.org](http://www.StepUpTogether.org)

More information about the agenda and speakers is forthcoming.  
**#StepUp4MentalHealth**

### VIRTUAL DISCUSSION

Wednesday, May 31  
3:30 p.m. – 5 p.m. ET  
at [www.StepUpTogether.org](http://www.StepUpTogether.org)



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# COUNTY ROLES AND OPPORTUNITIES IN REDUCING MENTAL ILLNESS IN JAILS

This **new publication** outlines some of the challenges counties face when trying to reduce the number of people with mental illnesses entering jails and highlights key strategies that communities have used to address this issue.

[www.safetyandjusticechallenge.org](http://www.safetyandjusticechallenge.org)



# FEMA disaster deductible proposal meets criticism from NACo

By Jacob Terrell  
associate legislative director

NACo and the U.S. Conference of Mayors (USCM) have filed joint comments with the Federal Emergency Management Agency (FEMA) regarding its recently announced proposal to implement a “disaster deductible.”

Last year, FEMA introduced a disaster deductible concept that, if implemented, would require states to satisfy an insurance-like deductible before receiving Public Assistance funding from the federal gov-

ernment to repair and rebuild damaged infrastructure after major disasters.

Since 2000, there have been 13 disasters that have each cost FEMA more than \$500 million, according to the Congressional Research Service. The agency’s disaster-relief budget now exceeds \$5 billion a year.

The state deductibles would range from a high of nearly \$53 million for California to a low of \$1 million for Alaska, Vermont and Wyoming. FEMA says states could cut their deductibles and earn “credits” by adopting and enforcing ac-

tivities that support readiness, preparedness, mitigation and resilience. That would include things like revising building codes in areas prone to flooding or reducing dense brush and invasive plant species where wildfires might take place.

FEMA has come up with a table of lower “final deductibles,” which takes into account estimates for potential credits. California’s deductible would decrease from nearly \$53 million to \$7.63 million, for example.

After receiving initial comments from stakeholders in 2016, FEMA released the sec-

ond iteration of the proposal in January 2017 to solicit further feedback.

In NACo and USCM’s joint response, the organizations argued that the proposal would potentially violate current federal law that requires the federal government to provide a minimum of a 75 percent contribution on all public assistance funding provided following a disaster.

NACo and USCM also argued that a provision in the proposal that would provide an offset of the deductible for state disaster mitigation activities does not

include investments that local governments have made.

Finally, NACo and USCM highlighted the need for the proposal to clarify whether States have the sole authority to determine which projects would, and would not, receive funding when state deductibles have not been satisfied.

In sum, NACo and USCM believe that the current disaster deductible proposal would present serious concerns for local governments and oppose the implementation of a deductible that does not address their concerns. **CN**

## Constitutionality questioned

From SANCTUARY page 1

cess on the merits was likely for San Francisco and Santa Clara County, and outlined the below issues with the executive order:

**Separation of powers issues:** “the [executive order’s] attempt to place new conditions on federal funds is an improper attempt to wield Congress’s exclusive spending power and is a violation of the Constitution’s separation of powers principles.

**Spending Clause “nexus” issues:** “the executive order’s attempt to condition all federal grants on compliance with Section 1373 clearly runs afoul of the nexus requirement: there is no nexus between Section 1373 and most categories of federal funding, including without limitation funding related to Medicare, Medicaid, transportation, child welfare services, immunization and vaccination programs, and emergency preparedness.

**Spending Clause “coercion” issues:** “the executive order threatens to deny sanctuary jurisdictions all federal grants, hundreds of millions of dollars on which the counties rely. The threat is unconstitutionally coercive.”

**Tenth Amendment “commandeering” issues:** “the executive order uses coercive means in an attempt to force states and local jurisdictions to honor civ-

il detainer requests, which are voluntary “requests” precisely because the federal government cannot command states to comply with them under the Tenth Amendment.”

**Fifth Amendment “void for vagueness” issues:** “[The executive order’s] expansive, standard less language creates huge potential for arbitrary and discriminatory enforcement, leaving the Attorney General to figure out what “appropriate enforcement action” might entail and what policies and practices might “hinder the enforcement of federal law.”

**Fifth Amendment “due process” issues:** “the executive order purports to make the counties ineligible to receive these funds through a discretionary and undefined process...” and, “this complete lack of process violates the Fifth Amendment’s due process requirements.”

Based on these statements, the district court clearly seems to believe that the executive order, when properly analyzed on its merits by federal courts, will be judged to violate the constitution. The Ninth Circuit’s opinion on this matter, and a subsequent review of that opinion by the Supreme Court, will likely determine the extent to which the executive order can be used to withhold federal funding from jurisdictions deemed to be sanctuaries. **CN**

## CN SPOTLIGHT



Boone County, Ky. Judge/Executive Gary Moore testifies April 26 before the House Oversight and Government Reform Subcommittee on Intergovernmental Affairs about the practical and fiscal impacts of unfunded mandates on counties. Photo by Hugh Clarke



Georgia state leadership comes together to unveil a new historic marker commemorating the founding of the association of Georgia counties, now called ACCG, founded in April 1914. From left to right are: Ross King, ACCG executive director; State Sen. Steve Gooch; Todd Groce, president and CEO of the Georgia Historic Society; Robert L. Brown, Jr., chair, state Transportation Board; State Rep. Kevin Tanner; State Sen. Brandon Beach; Russell McMurtry, Georgia Department of Transportation commissioner, and Tommy Lyon, ACCG president and Elbert County chairperson. Photo courtesy of ACCG



# 'Naturally Resilient Communities' shows value of working with nature to reduce flood risk

County News recently asked The Nature Conservancy (TNC) to describe its new collaboration with NACo, called "Naturally Resilient Communities." NACo, along with the American Planning Association, the American Society of Civil Engineers, the Association of State Floodplain Managers and TNC are the key partners in the effort, which is funded by The Kresge Foundation and showcased through a new interactive website, [www.NRCSolutions.org](http://www.NRCSolutions.org).

Following is an interview with Nate Woiwode, who is The Nature Conservancy lead for the project.

**CN: In a nutshell, what is Naturally Resilient Communities?**

**NW:** Naturally Resilient Communities is a partnership of county governments, professional engineers, community planners, floodplain managers and conservationists who work with communities to improve their quality of life and economies. The partnership is focused on helping communities use nature-based solutions that address multiple needs, with a focus on reducing impacts from floods and storms, improved water quality, enhanced recreational opportunities and better habitat for fish and wildlife.

**CN: What's the impetus behind Naturally Resilient Communities?**

**NW:** I think it's the culmination of several factors. First, floods are increasing in both frequency and impact. Ninety-six percent of the U.S. population lives in counties where federally declared, weather-related disasters have occurred. There have been 38 major floods in the U.S. since 2001, and, in the past 12 years, five major hurricanes have caused more than 2,200 deaths and



Photo by Getty Images, iShootPhotos LLC

some \$230 billion in damages.

At the same time, our communities face many other challenges, like water quality, the need for economic growth, and—of course—limited financial resources. This is where the work of the Naturally Resilient Communities partnership comes into play. We're here to help communities understand there are other options — nature-based options — that can, because of the multiple benefits they provide, pay dividends in the long run.

Lastly, I think it's a realization that things have to change. The status quo for flood control is no longer meeting our needs. Average flood losses in the United States have risen steadily to nearly \$10 billion annually, driving the National Flood Insurance Program some \$24.6 billion into debt. We've also lost many of the invaluable benefits, like clean water, that nature provides.

**CN: Can you provide an example of how nature-based solutions have protected residents and their property from floods?**

**NW:** Communities are safer when rivers have more

room during floods and floodwaters can disperse and slow down rather than rise, rage and threaten communities. Along our coasts, natural features like sand dunes and marshes or coral reefs and oyster reefs reduce wave heights, absorb storm surges and help stop erosion.

For example, at South Seaside Park, in Ocean County, N.J., a nor'easter in 1992 that caused significant flooding and erosion led the community to decide to restore dunes that had been removed years before to improve ocean views and beach access. The cost was minimal. They used "snow fencing" to help rebuild the dunes and then stabilized them by planting dune grasses. By the time Superstorm Sandy hit in 2012, the dunes were 25 feet high and 150 feet wide, and the dunes, rather than homes, businesses and infrastructure, took the brunt of the storm.

**CN: How can nature-based solutions help protect a county's environment?**

**NW:** Natural features like wetlands, forests and marshes can improve water quality by

filtering pollutants and sediment from water, which can reduce costs at water treatment facilities. Nature-based solutions also provide, create or improve wildlife habitat for fish, birds and other species. These same areas also enhance recreational opportunities.

**CN: Are there ways nature-based solutions can improve a county's quality of life?**

**NW:** I touched on some of the ways these approaches can improve recreational opportunities and boost tourism, but studies have actually shown that the percentage of green space within a two-mile radius of a person's home has been associated with the percentage of residents reporting good health. One study found that residents living in areas with more green space were more than three times as likely to be physically active, and approximately 40 percent less likely to be overweight or obese, compared to those living in areas with less green space.

**CN: OK, can you 'show me the money'? Can nature-based solutions improve**

**a community's economy or present cost-saving options?**

**NW:** Studies show that for every \$1 spent on flood mitigation efforts, \$5 is saved. But the real value of nature-based solutions comes into play when you factor in the wide range of other benefits they provide. There have actually been over 30 studies that have analyzed residential property values that support the idea that those located near natural or green spaces are more valuable and generate more tax revenues — with property values up to 20 percent higher.

Beach-based tourism in the United States is estimated to generate more than \$300 billion in economic activity annually. And I can't think of many postcards from beaches that feature views of seawalls or riprap. People visit beaches because of their natural beauty.

Another important economic value of nature-based solutions is wildlife habitat. In 2012, the total economic value of U.S. commercial and recreational fisheries was estimated at over \$90 billion, with more than 1.7 million jobs related to the fisheries industry. And the vast majority of commercial and recreational fisheries rely on species that use floodplains and wetlands for some stage of their life cycle development.

All these things combined — reduced flood risk, improved community aesthetics, green spaces for parks and trails, outdoor recreational opportunities with better water quality and more fish and wildlife — not only attract more tourists, but businesses and professionals, too, which improves a community's economy. **CN**

To learn more about *Naturally Resilient Communities*, visit [www.NRCSolutions.org](http://www.NRCSolutions.org), or contact Jack Morgan, NACo program manager, [jmorgan@naco.org](mailto:jmorgan@naco.org), 202.942.4274.



## BRIGHT IDEAS | ALBEMARLE COUNTY, Va.

# Turning Employees Into Entrepreneurs: Implementing Innovative Cost-Cutting Ideas

### PROBLEM:

Finding new and creative ways to save money in the county budget.

### SOLUTION:

Encourage employees to submit their cost-cutting ideas to the "Inventing Albemarle" Innovation Fund and implement those ideas.

By Mary Ann Barton  
senior staff writer

When Albemarle County, Va., found itself trying to trim its budget as the Great Recession was taking its toll, county employees stepped up with an idea they said could save the county money in the long term. They called it the Innovation Fund and the Board of Supervisors liked it.

Saving money and fostering innovation were equal catalysts for the program, said Louise Wyatt, the county's organizational development manager.

"Innovation is one of our core values — it's neat to see some really good ideas brought to life," said Wyatt, who is part of a team that has judged and approved a few dozen ideas since the program kicked off a few years ago.

The "Inventing Albemarle" Innovation Fund supports projects that yield a return on investment, support an innovation culture and reduce operating costs.

The pilot started out with a one-time budget of \$166,500 in FY2014 to jump-start employees' ideas accepted into the program. That year, nine projects were awarded funding. Those first projects cost the county \$86,990 up-front, but in the long run were estimated to save \$60,000 in one-time costs and \$70,000 a year thereafter.

Along the way, the process for proposing ideas has become

more innovative itself, going from an annual multi-page narrative to a quarterly submission by email.

"Innovation shouldn't just happen once a year," Wyatt said.

The county holds town-hall style meetings with employees to announce winners and employees can track progress of them on an employee intranet site. Priority is given to projects under \$20,000 and projects are tracked quarterly to measure progress.

When employees submit their ideas, they're asked to respond to several questions including:

- What is your vision?
- What is the problem/challenge?
- What is your proposed solution?
- How does this align with our mission, vision, values, strategic goals?
- How much money do you need?
- Who is on your team?
- If you get the money, what are your next steps?

Now to the nitty-gritty. Here are some of those cost-cutting proposals, and how much time and money they saved the county. Not too surprisingly, technology has helped the county save some bucks.

#### Here's a sampling:

- Move the county from paper-based to electronic payments to reduce the cost of paper-based transactions by 50 percent. A Purchase Card program has saved more than 5,000 employee hours in processing, reduced the number of paper checks issued by the county by more than 10,000 and generated rebates exceeding \$100,000.
- Use of an automated check-in system in the county's social services department that has reduced by 27 percent the number of people who need to interact with the front desk staff, while also providing a faster, more private way for clients to check in.
- Creating a Citizen Online Computer Station at the police department for making on-

line police reports. This reduces workload, no longer taking an officer off the street to take a crime report, which used to happen frequently.

Other innovative programs zeroed in on workforce performance. A "Building Better Officers" idea, that came from a staff sergeant, paired new officers with more experienced officers. It was so successful that the police department now funds the program as part of its operating budget.

"It's almost like a cultural mentorship," Wyatt said, noting that it helps retain new police officers. "This is an example of a cost avoidance."

Technology training videos were created so that they could be accessible any time, especially for employees who had geographical or time constraints.

The county's Fire and Rescue Department created a digital fire-training simulator that firefighters can use for training whenever they need to brush up.

The fire department was involved in another big money-saver for the county, by purchasing additional fuel tanks to ensure that all fire stations are able to easily fuel up without driving long distances and purchase fuel at state contract pricing. This has led to an estimated savings of \$100,000 for the FY2017 budget and allowed staff to save time while gassing up.

The fire department was also behind another cost-saving measure: Recruiting community volunteers to sew repairs in torn gear. It not only resulted in faster turnaround time because they didn't have to contract it out, but they've seen cost-savings of \$15,000 in its first year.

The county couldn't be happier with the "Inventing Albemarle" Innovation Fund. More employees are stepping forward with ideas, different departments often work together to address shared problems and it's created a culture of leadership at all levels, countywide. **CN**



Albemarle County, Va. firefighters fuel up at department-owned fuel tanks located closer to their station than the central depot.

# EPA, Corps request comments on 'Waters of the U.S.' rewrite

By Julie Ufner  
associate legislative director

NACo and other national state and local government associations met with the Environmental Protection Agency (EPA) and the Army Corps of Engineers (Corps) regarding the agencies' upcoming "Waters of the U.S." (WOTUS) rulemaking. The formal consultation meeting resulted from President Trump's Feb. 28 executive order (EO) on *Restoring the Rule of Law, Federalism, and Economic Growth by Reviewing the 'Waters of the United States' Rule*. The EO directs EPA and the Corps to revisit and rewrite the 2015 WOTUS rule.

The EPA and the Corps briefed state and local governments on their proposed two-step process to withdraw and rewrite the rule. First, as part of the withdrawal effort, the agencies will move to reinstate pre-existing regulations and guidance that were in place prior to the 2015 WOTUS rule and currently used now due to the ongoing litigation with the 2015 rule.

Second, the agencies plan to develop a new WOTUS definition based on the late Supreme Court Justice Antonin Scalia's opinion in *Rapanos v. United States*. Scalia's plurality opinion stated that federal jurisdiction should only include waters with a relatively permanent flow.

During the meeting, EPA and the Corps provided a presentation that included several options under consideration, including how "relatively permanent" waters and wetlands with a "continuous surface connection" should be defined. For example, should "relatively permanent" waters include "seasonal streams" that flow three months a year? Likewise, should wetlands with a "continuous surface connection" through non-jurisdictional features be regulated?

WOTUS is a term used in the Clean Water Act to define which waters (and their tributaries)

fall under federal or state jurisdiction. In 2015, the Obama Administration finalized a new definition of WOTUS, which was immediately challenged in the courts. Since the rule was originally proposed, NACo has expressed numerous concerns about the 2015 WOTUS rule's impact on county-maintained ditches and other water infrastructure.

The EPA and the Corps are accepting substantive comments from state and local governments until June 19. Please send written comments to EPA staff at [CWAwotus@epa.gov](mailto:CWAwotus@epa.gov). Please forward your responses to NACo staff at [jufner@naco.org](mailto:jufner@naco.org). To view the consultation presentation go to: [www.naco.org/wotusepa/](http://www.naco.org/wotusepa/)

## Background

The term "Waters of the U.S." is derived from a law that was passed in 1899, the Rivers and Harbors Act, that had to do with interstate commerce. Any ship involved in interstate commerce on a "navigable water," which, at the time, was a lake, river, ocean — was required to have a license for trading. The 1972 Clean Water Act first linked the term "navigable waters" with "waters of the U.S." to define the scope of the CWA programs such as the Section 402 National Pollution Discharge Elimination Program (NPDES), Section 404 Dredge and Fill permit program, Total Maximum Daily Loads (TMDLs) and other water quality standards and state water quality certification programs.

In the past several decades, the term WOTUS has generally been fraught with controversy over where state jurisdiction ends and federal jurisdiction begins. In the realm of the CWA's Section 404 permit program, the courts have generally said that "navigable waters" goes beyond traditionally navigable-in-fact waters. However, the courts also acknowledge there is a limit to jurisdiction.

In 2001, in *Solid Waste Agen-*

*cy of Northern Cook County (SWANCC) v. United States Army Corps of Engineers*, the Corps had used the "Migratory Bird Rule" — wherever a migratory bird could land — to claim federal jurisdiction over an isolated wetland. In SWANCC, the Supreme Court ruled that the Corps exceeded its authority and infringed on states' water and land rights.

In 2006, in *Rapanos v. United States*, the Corps was challenged over its intent to regulate isolated wetlands under the CWA Section 404 permit program. In a 4-1-4 split decision, the Court ruled that the Corps exceeded again exceeded its authority to regulate these isolated wetlands. Scalia's plurality opinion states that only waters with a relatively permanent flow should be federally regulated. Justice Anthony Kennedy's concurrent opinion stated that waters should be jurisdictional if the water has a "significant nexus" with a navigable water, either alone or with other similarly situated sites.

Since neither opinion was a majority opinion, it was unclear which opinion should be used in the field to assert jurisdiction, leading to further confusion over what waters are federally regulated under CWA.

In 2015, the EPA and the Corps finalized a new WOTUS rule based on Kennedy's opinion. Almost immediately, more than 30 states and private parties filed suits in various district and appeals courts. While the Sixth Circuit Court of Appeals claimed the case and placed a nationwide stay on the rule until it could hear the case, there are ongoing questions on whether the Sixth Circuit Court of Appeals even has the authority to hear the case. This question is now ending before the U.S. Supreme Court which is expected to hear the this year and issue an opinion in 2018. The decision will strictly be on the judicial jurisdictional question and not on the basis of the 2015 rule. **CN**



CHRISTIAN  
COUNTY, MO.

Designed by: Danny Tavares,  
then a county employee  
Introduced in: 2007

Christian County was formed March 8, 1859 from portions of Greene, Taney and Webster counties.

Todd Wiesehan, Christian County planning and development director, assisted.



The seal's central element is the county courthouse, built in 1920, which is still in use today.

Populi suprema, a shortened version of the state motto, *Salus populi suprema lex esto*, appears at the bottom of the seal's inner circle. The full motto is Latin for "let the welfare of the people be the supreme law."

Below that are the Roman numerals MDCCCLIX signifying the year the county became the 113th of Missouri's 114 counties.

Would you like to see your county's seal featured?  
Contact Charlie Ban at [cban@naco.org](mailto:cban@naco.org).

## ON THE MOVE

### NACo OFFICERS, COUNTY LEADERS

• C-SPAN's *Washington Journal* featured NACo President **Bryan Desloge** and Transportation Steering Committee chair, Commissioner **Peter McLaughlin**, Hennepin County, Minn., April 27.

### NACo STAFF

• **Jonathan Shuffield** is the new associate legislative director for public lands and Western Interstate Region. Shuffield has worked almost a decade on Capitol Hill as both policy director and executive director for the Congressional Western Caucus. He also served as legislative director for Rep. Bruce Westerman (R-Ark.) and as

legislative assistant for Rep. Steve Pearce (R-N.M.), where his primary focus was on federal lands and environmental issues.

• **Andrew Hartsig**, research manager, spoke at the National Forum on Public Safety and Community De-

velopment, April 18, hosted by the Industry Council for Emergency Response Technologies. He discussed the challenges counties face in funding new 911 technologies.

• NACo Legislative Director **Deborah Cox** participated in a panel discussion focused on federal-local relations during the Trump Administration, April 21, at the International Municipal Lawyers Association's Mid-Year Seminar.



Shuffield



Hartsig



Cox



# REGISTER TODAY

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## NACo's ANNUAL CONFERENCE & EXPOSITION

Greater Columbus Convention Center • Franklin County, Columbus, Ohio • July 21–24, 2017

### CONFERENCE SCHEDULE (FULL SCHEDULE AVAILABLE ONLINE)

#### THURSDAY, JULY 20

9:00 a.m. – 4:00 p.m. Mobile Workshops

#### FRIDAY, JULY 21

8:00 a.m. – 5:00 p.m.

CIO Mobile Forum

9:00 a.m. – 4:30 p.m.

Policy Steering Committee Meetings

11:00 a.m. – 4:30 p.m.

Mobile Workshops

4:00 p.m. – 6:00 p.m.

Exhibit Hall Reception

6:00 p.m. – 8:00 p.m.

NACo Opening Reception

7:15 p.m.

NACo Night at the Ballpark –  
Clippers vs. Syracuse

#### SATURDAY, JULY 22

8:30 a.m. – 3:30 p.m.

Standing, Ad Hoc, Advisory  
and Task Force Meetings

9:00 a.m. – 3:00 p.m.

Exhibit Hall Open

11:00 a.m. – 3:00 p.m.

Tech Town Hall

1:45 p.m. – 3:00 p.m.

NACo Board Forum

3:15 p.m. – 5:00 p.m.

General Session

5:00 p.m. – 7:00 p.m.

Open for State Association  
and Affiliate Meetings

#### SUNDAY, JULY 23

7:30 a.m. – 8:30 a.m.

Non-Denominational Worship  
Service

9:00 a.m. – noon

NACo Board of Directors and  
Resolutions Committee Meetings

9:00 a.m. – noon

Exhibit Hall Open

9:00 a.m. – 5:30 p.m.

Educational Workshops

Noon – 1:45 p.m.

NACo Achievement Awards Luncheon

5:30 p.m. – 6:30 p.m.

“Brilliant Ideas at Work” Awards  
Reception (*invitation only*)

5:30 p.m. – 7:00 p.m.

Open for State Association and  
Affiliate Meetings

7:00 p.m. – 9:00 p.m.

LUCC/RAC Reception (*invitation only*)

#### MONDAY, JULY 24

8:00 a.m. – 9:15 a.m.

Educational Workshops

9:30 a.m. – 11:30 a.m.

NACo Annual Business Meeting and  
Election

11:45 a.m. – 12:30 p.m.

Regional Caucus Meetings

12:45 p.m. – 1:15 p.m.

NACo New Board of Directors  
Organizational Meeting

2:00 p.m. – 4:00 p.m.

General Session

4:30 p.m. – 6:00 p.m.

Open for State Association and  
Affiliate Meetings

6:30 p.m. – 9:30 p.m.

Conference-wide Celebration Event



# NEWS FROM ACROSS THE NATION



## CALIFORNIA

**LOS ANGELES COUNTY** residents will soon have the option of joining a new **government-run utility** in hopes of paying lower bills and gaining access to cleaner energy. "It's an alternative to Southern California Edison," Supervisor Sheila Kuehl told the *Los Angeles Times*.

The longtime utility will continue to read meters, send bills and deliver the electricity through its wires, but the new entity will allow the county to "buy and create new sources of green energy while leaving more money in ratepayers' wallets," Supervisor Mark Ridley-Thomas said.

The new entity, governed by the Los Angeles Community Choice Energy Authority, is expected to start providing electricity in 2018. The plan allows the new utility to develop community-based solar-generation such as installing solar panels on top of warehouses, the newspaper reported.

## FLORIDA

Once a month, **DUVAL COUNTY** Court Judge Elini Derke wears yoga clothes under her judge's black robes



to teach a **yoga class** on the county courthouse lawn, even bringing extra mats for anyone who wants to join in at the last minute.

Derke, elected in 1994, took up yoga after the president of the Jacksonville Bar Association asked her to head up the health committee. "I thought, 'What better way to stay healthy than to do yoga?' So, I started teaching yoga on the lawn every first Friday of every month," Derke recently told ABC's *Good Morning America*.

Every day in the courtroom, handling misdemeanors, she hears lots of lengthy explanations from defendants, she said. "Just hearing these excuses, day in and day out," she said. "I'll walk out, do [yoga], come back a different person altogether." She gets juries into the act as well, asking them to take breaks and leading them in breathing and stretching

exercises. "No falling asleep on my watch," she said.

## ILLINOIS

Residents can lower their electric bills in **COOK COUNTY** by "renting" solar panel space at community solar panel sites across the county. The pilot sites will be set up at schools, vacant lots and businesses. The county is trying to **reduce greenhouse gases** by 80 percent by the year 2050.

It's part of the Cook County Solar Market Pathways project, funded by a 2014 \$1.2 million grant from the U.S. Department of Energy. About 75 percent of households can't install solar panels on their roofs in the county because they rent, don't get enough sun, have structural issues or can't afford the upfront installation costs,

according to Elevate Energy, one of the county's partners in the program.

The **ST. CLAIR COUNTY** Prosecutor is **suing two pharmaceutical companies**, accusing Purdue Pharma and Abbott Laboratories of using deceptive advertising when selling opioid-based painkillers. The suit does not seek a specific dollar amount in damages but asks for a monetary judgment to be awarded at trial, according to the *St. Louis Post-Dispatch*, but the cost to county services in treating addiction and overdoses has stressed the budget.

## INDIANA

**JOHNSON COUNTY** is setting up its first tourism office, after a **new innkeeper's tax**

brought in more than \$500,000 last year to county coffers, according to a report by the *Daily Journal*. The new fee is a 5 percent tax on local hotel and motel stays in the county. The county has hired a new director for the job, who will create a list of local tourism assets and businesses, gather current data about county tourism and select a marketing firm.

## MARYLAND

The **ALLEGANY COUNTY** Board of Commissioners recently agreed to allow business owners in the county to take advantage of Maryland's Commercial Property Assessed Clean Energy (MD-PACE) program. Through MD-PACE, commercial, industrial and non-profit properties can use private capital to finance 100 percent of efficiency and renewable energy upgrades which are then repaid as a long-term surcharge on the property.

The voluntary surcharge added to a property tax bill is similar to those used for new sewer or water lines. The goal is for **energy upgrades to become more accessible**, allowing owners to reduce energy





## MISSOURI

After a 10-year hiatus and a \$10 million renovation, the Delta Queen steamboat is expected to relocate to a port in **JEFFERSON COUNTY** and be back on the Mississippi River by next spring. The endeavor is expected to bring more than 100 jobs and \$36 million a year to the region. The Delta Queen is currently docked in Terrebonne Parish, La. *Photo courtesy of Delta Queen Steamboat Co.*

and operational costs and improve their buildings values.

■ **ANNE ARUNDEL COUNTY** and the City of Annapolis are trying a different strategy to fight Maryland's opioid crisis: the "**Safe Stations**" program.

Leaders recently announced that all police and fire stations in the city and county have been designated "Safe Stations," places where people fighting heroin or opioid addiction can begin the recovery process any time of day.

At the station, treatment starts with a medical assessment; those in need of medical help will be sent to the hospital. The county's Crisis Response Warmline will work with the person to find them the most appropriate services, according to WTOP.

## MICHIGAN

**KENT COUNTY** recently unveiled an **enhanced 911 program** it's launched allowing residents to create an online profile with information on their home address, medical information, family makeup, home layout, pet descriptions and the location for gas or electricity shut-

offs. RAVE Mobile Safety offers the program to local governments and has pointed out that when someone calls 911 using a cell phone, dispatchers can have a hard time pinpointing their exact location. The county is funding the first year of the program with a \$40,000 grant.

## NEBRASKA

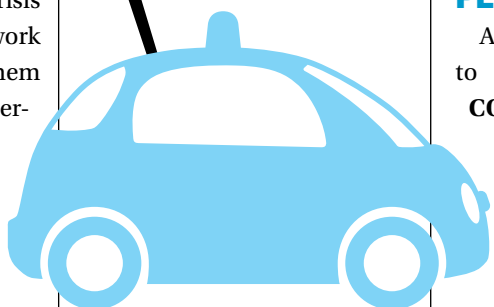
**PLATTE COUNTY** is considering offering **identity theft protection services** to approximately 150 county employees. The *Columbus Telegram* reported.

## NEW JERSEY

**OCEAN COUNTY** will share **surveillance on cars' movements** with the Drug Enforcement Administration, once the DEA acquires software to curate the metadata.

Automated license plate readers on vehicles owned by the county sheriff's office and 31 municipal police departments, plus fixed utility poles, will record information in "near real time," the *Asbury Park Press* reported.

Those plate readers capture and record the plate numbers, times, dates and locations of all the vehicles they "see," and perform a search of law enforcement records to determine if the registered owner or operator is wanted for any offenses.



## NEW YORK

You can write an obituary for **ULSTER COUNTY's** practice of passing **memorializing resolutions**, because legislators voted to end it. Supporters pushed the

change because it would reduce "extraordinary amount of time of debate on the floor." According to *The Daily Freeman*, that measure alone was debated for 50 minutes.

## NORTH CAROLINA

■ **MECKLENBURG COUNTY** commissioners voted to **drop police coverage** for 60,000 residents who don't live in Charlotte or the county's six small towns. The commissioners severed an agreement with the Charlotte-Mecklenburg Police Department, to which the county had been paying \$18 million.

The residents in the rural areas that will lose coverage have been paying a higher share of property taxes for the service, the *Charlotte Observer* reported.

■ A handful of northeastern counties are putting a **hold on solar farm development**. **PERQUIMANS COUNTY** commissioners imposed a 120-day moratorium in late March and **CAMDEN COUNTY** began a 60-day halt. **CURRITUCK COUNTY** enacted a permanent ban.

Solar farms are anything larger than putting solar panels on a house's roof, according to *The Daily Advance*. Residents complain that the construction noise and their lack of aesthetic appeal are problematic.

## PENNSYLVANIA

All applicants hoping to work for **ALLEGHENY COUNTY** will now be subject to **drug tests**. Various departments had testing policies in place prior to the new policy. In addition, County 911 employees and anyone who operates a county vehicle or heavy equipment will be subject to random drug testing. WPXI News reported that applicants are eligible to reapply after six months following a failed test.

## SOUTH CAROLINA

The **HORRY COUNTY** Council has tentatively approved extending a 1.5 percent **tax that could pay for I-73**, which is proposed to run from near Myrtle Beach to Michigan.

The tax on food and drink sales, accommodations and admission fees from hospitality businesses and was first approved in 1996, paid for parts of two state highways, the Associated Press reported.



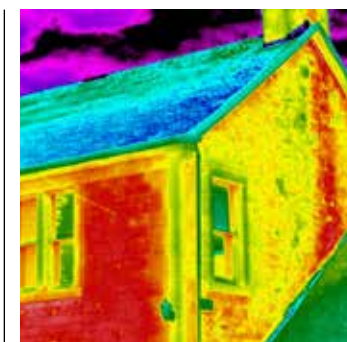
## SOUTH DAKOTA

Less than a month after **allowing weapons** to be carried into the courthouse, **FALL RIVER COUNTY** commissioners have rescinded that decision.

A vote in March set aside a state statute prohibiting weapons in the courthouse. Judges disagreed with the measure and closed the court for two days due to concerns about safety, the *Rapid City Journal* reported.

## VIRGINIA

Here's a new twist on Earth Day celebrations. Beginning on Earth Day, April 22, card-carrying library patrons



in **FAIRFAX COUNTY** could borrow **thermal imaging cameras** from their local library to inspect their homes for cold or hot spots. Sealing the air leaks that cause the temperature variations can save up to 17 percent on utility bills, according to ENERGY STAR.

## WISCONSIN

A collection of preserved animal cadavers will be on display at the **MILWAUKEE COUNTY Zoo** from May through September. It will be the first North American zoo to play host to the exhibit, dubbed "Animal Inside Out." The cadavers will show the anatomy and physiology of more than 100 species, including skeletons, muscle systems, soft tissues and nervous systems.

## WYOMING

**TETON COUNTY's** high cost of living is creating a public safety hazard, Sheriff Jim Whalen said, but he hopes a **housing allowance** from the county will make it possible for his deputies to live nearby.

In a letter to county commissioners, Whalen pointed out that only five of his 23 deputies live in the Jackson Hole valley, which slows emergency response if the remaining 18 officers need to travel from their out-of-the-area homes, especially if snowfall complicates road conditions, as it did in February 2017, the *Casper Star Tribune* reported.

*News from Across the Nation is compiled by Charlie Ban and Mary Ann Barton, senior staff writers. If you have an item for News From, please email cban@naco.org or mbarton@naco.org.*



A particularly difficult and sensitive moment occurs in the career of every human resources professional when it becomes necessary to terminate an employee for cause, i.e., to fire them. As a reminder, the HR Doctor is compelled to point out that every manager is really an HR manager. My colleagues cannot be successful without understanding HR's basic principles and applying them in all of their dealings with their fellow humans.

However, managers and executives can indeed fail miserably when they suffer sudden brain death in the middle of a tough HR decision and do the wrong thing, in the wrong way, at the wrong time.

Fortunately, the HR Doctor can offer effective treatments to prevent and repair the spreading disease of "Sudden Admin Brain Death." The treatment begins by recognizing that all that we should think about in such decision-making is performance and behavior. That bears repeating, "performance and behavior." Those two characteristics define the overall principle of being good at HR: that is, the principle of "job-relatedness."

Everything we do in making HR decisions, including hiring, deciding on promotions, salary administration, discipline training, investigating alleged wrong-doing, and on and on needs to "orbit" around the bright star called "job-relatedness."

Job-relatedness leads us back in a direct line to those ideas of performance and behavior. We must make sure that when it comes to any of the decisions we make involving our fellow humans our HR decisions are directly related to the job at hand. That is, can we explain that the individual's performance and behavior justified the action we took or are about to take?



You tread on melting ice when you make decisions in HR that are not centered on job-relatedness. After all, if it ain't job-related it can easily be argued by some moderately annoying plaintiff's attorney that their client was fired based on unlawful discrimination, harassment, or some other evil! Our defense as managers is to show job-relatedness.

In over 40 years of practicing HR, I have been able to make literally scores of thousands of HR decisions. Overwhelmingly, these decisions involved positive outcomes like new hires, promotions or commendation actions.

Seasoned HR professionals, however, also deal with the most difficult elements of employment. That may include firing people who are failing in their duties to perform and behave appropriately. It may include layoff decisions or even death notifications when an employee tragically dies at work. These are all incredibly difficult.

For me, the most difficult of these have been death notification and decisions about layoffs. Layoffs are most often framed as the result of economic or technological decisions which lead an organization to reduce the size of its workforce. Because there is "no fault," hearing the word about losing your job can have an exceptionally serious effect on those involved — and on the person saying those very difficult words. Those kinds of negative decisions must never be taken lightly. They must be made with the utmost respect and care. Us-

ing the word "layoff" must be planned out and generally not to be undertaken alone.

The HR Doctor has used successfully in all these encounters — positive and negative — the psychological concept of "directed imaging." In directed imaging you imagine how it would be to hear the words spoken to you, rather than spoken by you. You anticipate the reactions of the person hearing the news and do your best to be in a position to respond to the behaviors your words provoke in the person hearing them. In effect, you treat the employee as you would want to be treated yourself.

What would it be like for a person to hear that they were being laid off and then to have to go home and explain it to his or her family? What kind of programs or compassionate policies could be implemented now, before the word "layoff" needs to be spoken, that leave a person's dignity in place even if their job is being taken away? What can you do to ease the family's grief if an employee dies at work and it falls to the HR director to join police or others in giving the family that horrendous news?

However, this particular column focuses on a very personal example of termination. For several years my right knee has failed increasingly when it comes to performing its functions and behaving properly. It has progressively turned a hike into a hobble and a walk into a limp. I've spoken to my knee repeatedly, offering coaching and im-

provement opportunities. I have reminded it of how important it is and how much its success as a joint contributes to my overall success. Sometimes just such a discussion improves things for a while, but in this case the failures of performance and behavior kept recurring.

I sought expert consultation, just as any manager should by consulting with Human Resources. In this case, I consulted not only with multiple physicians, but most conveniently for me, my doctor daughter Rachel. The advice was generally the same. Namely, if you have tried all reasonable options, short of termination or firing the knee and you are convinced that the situation will only get worse, despite the fact that you have been taking action ever since the first failures appeared, it's time to do the equivalent of firing your knee — a total knee replacement.

I have often found it interesting (and amusing) that my public administration experience, and HR work in particular, has equipped me to make better personal decisions in virtually every other area of life, including healthcare. Certainly, I would like to think that HR skills helped in finding an incredible spouse, though perhaps much more through luck than deliberate recruiting and interviewing skills.

I'd like to think that applying coaching, teaching, and training skills as well as role-modeling helped in the development of amazing daughters. Likewise, I would like to think those years

of taking action to protect myself and those I care about financially, in areas including personal security, and medically have been most helpful. The same has been true about helping people look to the future in bringing about the best outcomes for themselves and the people they care about. Finally, in all these decisions there can never be an understatement of the value of humor and taking a broad strategic perspective about life.

Having done all that, the decision was made. Based on the recommendations and experience of friends, including physician friends, several surgeons were "auditioned" via interviews, background and reference checks, and other "job-related" factors. I finally "employed" the one I felt would most likely handle the "firing" with the best outcome and least risk of poor follow-up. After careful checking with the real keepers of my medical future — the employees of my health insurance company, I felt greatly relieved to learn that I have been "approved" for surgery. The date has been set for this coming month, and all is ready for the roughly one-hour procedure.

I am ready to say goodbye to my current right knee and to make friends with the world of titanium. I can only hope that those extremely friendly neighborhood TSA agents at airports will understand and sympathize with me as I set off alarms when I travel. I look forward to the party I plan to have to welcome my new family member! **CN**