HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, August 26, 2019 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*
Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the July 22, 2019, Committee meeting minutes.

4. Policy Issues for Discussion and Possible Action:
   A. Referral from the Board of Health – Creation of a Workplace Naloxone Use Program
      1) Policy Question – should the committee direct the County Administrator to develop a workplace Naloxone Use Program?

5. Operational Functions required by Statute, Ordinance, or Resolution: None

6. Educational Presentations/Outcome Monitoring Reports and Committee Discussion
   A. Marathon County 2018-2022 Strategic Plan – discussion with Board Vice-Chair
      1) Review of Objectives where the committee has been designated at "lead committee"
      2) What discussions has the committee had to move the objectives forward and what discussions should it have in the future?
   B. Medicaid Benefits for Incarcerated Individuals: Termination vs. Suspension and efforts of staff to learn more

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: September 23, 2019 at 4:00 p.m.

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: _____
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: _____
DATE: _____
TIME: _____

MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MINUTES
Monday, July 22, 2019 – 4:00 p.m.
Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI 54403

Attendance:	Present	Absent
Matt Bootz, Chair	X	
Tim Buttke, Vice Chair		EX
Bill Miller		EX
Donna Krause	X	
Katie Rosenberg	X	
Maynard Tremelling	X	
Mary Ann Crosby	X	

Also Present: John Robinson, Sandi Cihlar, Michael Loy, Lance Leonhard, Peter Weinschenk, Joan Theurer

1. **Call Meeting to Order**
   Chair Bootz called the meeting to order at 4:05 p.m.

   Public Comment: None.

2. **Approval of the June 24, 2019, Committee meeting minutes.**
   MOTION BY ROSENBERG, SECOND BY TREMELLING TO APPROVE THE JUNE 24, 2019 HEALTH & HUMAN SERVICES COMMITTEE MEETING MINUTES. MOTION CARRIED.

3. **Policy Issues for Discussion and Possible Action**: None

4. **Operational Functions required by Statute, Ordinance, or Resolution**: None

5. **Educational Presentations and Committee Discussion**
   A. Presentation from the Board of Health relative to the potential impact of Medicaid Expansion

Discussion

Board of Health Chair John Robinson, Board of Health member Sandi Cihlar and Marathon County Health Officer Joan Theurer appear before the committee. Robinson explains that the BOH has been evaluating the potential impact of Medicaid expansion on access to health care for residents in the State of Wisconsin. Robinson explains that expanding access to health care is extremely important in the county's pursuit of its goal of being the healthiest, safest, and most prosperous.

Theurer explains to the committee that much of the information that she is delivering was received from policy experts with the State Department of Health Services and other public health professional organizations.

Theurer explains that since 1970, WI has fallen from 7th to 27? In state health rankings, WI ranks in the bottom quartile of state for per capita public health funding. Theurer discusses the concept of health equity and how inequity in health, and health care access, impacts our community and the State. Theurer also explains to the committee that under the previously proposed Medicaid expansion, the State of Wisconsin would receive significant amounts of new funding. Theurer explains that in Marathon County, $1.1 million would be devoted to programming related to childhood lead poisoning and abatement, $1.8 million for programing for new mothers, approximately $1 million for dental related services, approximately $1 million for expanded behavioral health programs, $1.6 million for children's long-term support, $1.5 million for physician funding, $8.6 million for increased hospital funding, and other important program funding.

Robinson explains that the Board of Health has adopted the resolution supporting federal Medicaid expansion, which was circulated to the committee.

Follow up:

None at this time. Committee Chair to consider further action, including further education on Medicaid practices relative to incarcerated individuals.

B. Presentation from Chair Bootz on Health and Human Services issues discussed at NACO

Discussion

Chair Bootz expresses to the committee that he recently attended NACo and will work with county administration to make materials available to committee members. Bootz explains that many of the presentations were similar to the presentations from the last session.

Bootz specifically references presentations that he attended relative to marijuana legalization and Medicaid coverage rules for incarcerated individuals.

Follow up:

County Administration to work to make these materials electronically accessible to committee members.

6. **Next Meeting Logistics and Topics:**

A. Committee members are asked to bring ideas for future discussion

B. Next Scheduled Meeting: Monday, August 26, 2019 at 4:00 p.m. at the Courthouse Assembly Room

7. **Announcements:**

8. **Adjournment**

There being no further business to discuss, **MOTION BY ROSENBERG, SECOND BY CROSBY, TO ADJOURN THE HEALTH & HUMAN SERVICES COMMITTEE MEETING. MOTION CARRIED, MEETING ADJOURNED AT 4:49 p.m.**

Minutes Prepared
By Lance Leonhard
on July 22, 2019.

Marathon County Board of Health Statement re: Workplace Naloxone Use Program
Adopted August 6, 2019

Summary The Marathon County Board of Health recommends the Marathon County Administrator to direct county departments to assess the need and feasibility of implementing a program to make naloxone available in the workplace in the event of an overdose of employees, clients, customers, and visitors. The Marathon County Administrator will establish a set of criteria to ensure Department Heads are consistent in the assessment and resulting recommendation as to the merits of implementing a Workplace Naloxone Use Program.

Issue
Substance abuse continues to impact communities throughout Wisconsin, including Marathon County. One of the prevalent illicit substance of abuse is opioids, including heroin and prescription pain killers. Opioid overdoses resulted in 13 deaths in 2017 and 11 deaths in 2016 of Marathon County residents. [i]

Naloxone is a very effective drug for reversing opioid overdoses. Serious side effects from naloxone are very rare. Using naloxone during an overdose far outweighs any risk of side effects. [ii]

Approximately 85% of all overdoses are witnessed. Seen as a harm reduction tool, the availability of naloxone, along with overdose prevention trainings, are listed among the recommendations included in the Wisconsin's Heroin Epidemic: Strategies and Solutions report.[iii]

The Centers for Disease Control and Prevention recommend that workplaces are to consider a program to make naloxone available in the event of an overdose.

Considerations
In assessing the need and feasibility for implementing a program to make naloxone available in the workplace, the Centers for Disease Control and Prevention, Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers outlined the following considerations:

1. Is there evidence of opioid use onsite or has your workplace experienced an opioid overdose?
2. Are there frequent visitors, clients, patients, or other members of the public that may be at increased risk of opioid overdose?
3. Is there staff willing to be trained and willing to provide naloxone? Does your workplace offer other first aid or emergency response interventions (first aid kits, AEDs, trained first aid providers)? Can naloxone be added and stored safely?

4. What liability and legal considerations should be addressed? What are the implications for licensed and non-licensed health care workers under Wisconsin's Good Samaritan law?
5. How quickly can professional emergency response personnel access your workplace to provide assistance?

When assessing the merits of implementing a workplace naloxone use program, the safety of administering at off-site work locations needs to be addressed.

For county departments where it has been determined there is a need to implement a workplace naloxone use program, additional feasibility considerations need to be explored including:

- Liability and other legal issues, including standing medical orders for health care personnel,
- Records management,
- Staff roles/responsibilities, including first aid response,
- Training to lower staff risks when providing naloxone,
- Purchasing and location of naloxone,
- Personal protection equipment,
- Follow-up care planning for the individual who overdosed,
- Maintenance of the program, updating procedures and training, and
- Costs related to personnel training and naloxone medication.

It may be beneficial to have administrative aspects of the program centralized at the county level, such as establishing written procedures, training, purchasing, etc. National and state best practice standards need to guide the development and implementation of any workplace naloxone use program.

Recommendations

1. County Department Heads with oversight by the Marathon County Administrator are in the best position to determine the need and feasibility of establishing a workplace naloxone use program.

2. County employees who have frequent visitors, clients, or other members of the public who may be at increased risk of opioid overdose may benefit from educational information on opioid overdose in recognizing an overdose and how to seek help.

[i] Wisconsin Interactive Statistics on Health https://www.dhs.wisconsin.gov/wish/index.htm

[ii] Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers. DHSS(NIOSH) Publication Number 2019-101 (October 2018) https://www.cdc.gov/niosh/docs/2019-101/default.html

[iii] Wisconsin State Council on Alcohol & Other Drug Abuse Prevention Committee Heroin Ad-hoc Committee (July 2014) https://scaoda.wisconsin.gov/scfiles/docs/SCAODAHeroinReportFinal063014.pdf

Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers

Introduction

Opioid misuse and overdose deaths from opioids are serious health issues in the United States. Overdose deaths involving prescription and illicit opioids doubled from 2010 to 2016, with more than 42,000 deaths in 2016 [CDC 2016a]. Provisional data show that there were more than 49,000 opioid overdose deaths in 2017 [CDC 2018a]. In October 2017, the President declared the opioid overdose epidemic to be a public health emergency.

Naloxone is a very effective drug for reversing opioid overdoses. Police officers, emergency medical services providers, and non-emergency professional responders carry the drug for that purpose. The Surgeon General of the United States is also urging others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it to save lives [USSG 2018].

The National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC), developed this information to help employers and workers understand the risk of opioid overdose and help them decide if they should establish a workplace naloxone availability and use program.

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Background

What are opioids?

Opioids include three categories of pain-relieving drugs: (1) natural opioids (also called opiates) which are derived from the opium poppy, such as morphine and codeine; (2) semi-synthetic opioids, such as the prescription drugs hydrocodone and oxycodone and the illicit drug heroin; (3) synthetic opioids, such as methadone, tramadol, and fentanyl. Fentanyl is 50 to 100 times more potent than morphine. Fentanyl analogues, such as carfentanil, can be 10,000 times more potent than morphine. Overdose deaths from fentanyl have greatly increased since 2013 with the introduction of illicitly-manufactured fentanyl entering the drug supply [CDC 2016b; CDC 2018b]. The National Institute on Drug Abuse [NIDA 2018] has more information about types of opioids.

What is naloxone?

Naloxone hydrochloride (also known as naloxone, NARCAN® or EVZIO®) is a drug that can temporarily stop many of the life-threatening effects of overdoses from opioids. Naloxone can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose.

Side effects

Serious side effects from naloxone use are very rare. Using naloxone during an overdose far outweighs any risk of side effects. If the cause of the unconsciousness is uncertain, giving naloxone is not likely to cause further harm to the person. Only in rare cases would naloxone cause acute opioid withdrawal symptoms such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, or convulsions. Allergic reaction to naloxone is very uncommon.

Limitations

Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or

amphetamines. More than one dose of naloxone may be needed to reverse some overdoses. Naloxone alone may be inadequate if someone has taken large quantities of opioids, very potent opioids, or long acting opioids. For this reason, call 911 immediately for every overdose situation.

Opioids and Work

Opioid overdoses are occurring in workplaces. The Bureau of Labor Statistics (BLS) reported that overdose deaths at work from non-medical use of drugs or alcohol increased by at least 38% annually between 2013 and 2016. The 217 workplace overdose deaths reported in 2016 accounted for 4.2% of occupational injury deaths that year, compared with 1.8% in 2013 [BLS 2017]. This large increase in overdose deaths in the workplace (from all drugs) parallels a surge in overall overdose deaths from opioids reported by CDC [2017]. Workplaces that serve the public (i.e. libraries, restaurants, parks) may also have visitors who overdose while onsite.

Workplace risk factors for opioid use

Opioids are often initially prescribed to manage pain arising from a work injury. Risky workplace conditions that lead to injury, such as slip, trip, and fall hazards or heavy workloads, can be associated with prescription opioid use [Kowalski-McGraw et al. 2017]. Other factors, such as job insecurity, job loss, and high-demand/low-control jobs may also be associated with prescription opioid use [Kowalski-McGraw et al. 2017]. Some people who use prescription opioids may misuse them and/or develop dependence. Prescription opioid misuse may also lead to heroin use (Cicero et al. 2017]. Recent studies show higher opioid overdose death rates among workers in industries and occupations with high rates of work-related injuries and illnesses. Rates also were higher in occupations with lower availability of paid sick leave and lower job security, suggesting that the need to return to work soon after an injury may contribute to high rates of opioid-related overdose death [MDPH 2018, CDC 2018c]. Lack of paid sick leave and lower job security may also make workers reluctant to take time off to seek treatment.

Considering a Workplace Naloxone Use Program

Anyone at a workplace, including workers, clients, customers, and visitors, is at risk of overdose if they use opioids. Call 911 immediately for any suspected overdose. Overdose without immediate intervention can quickly lead to death. Consider implementing a program to make naloxone available in the workplace in the event of an overdose. The following considerations can help you decide whether such a program is needed or feasible:

- Does the state where your workplace is located allow the administration of naloxone by non-licensed providers in the event of an overdose emergency?
- What liability and legal considerations should be addressed? Does your state's Good Samaritan law cover emergency naloxone administration?
- Do you have staff willing to be trained and willing to provide naloxone?
- Has your workplace experienced an opioid overdose or has there been evidence of opioid drug use onsite (such as finding drugs, needles or other paraphernalia)?
- How quickly can professional emergency response personnel access your workplace to provide assistance?
- Does your workplace offer other first aid or emergency response interventions (first aid kits, AEDs, trained first aid providers)? Can naloxone be added?
- Are the risks for opioid overdose greater in your geographic location? The National Center for Health Statistics provides data on drug overdose deaths in an online state dashboard. [CDC 2018a.]

Photo by ©Thinkstock

- Are the risks for opioid overdose greater in your industry or among occupations at your workplace? [See MDPH 2018 and CDC 2018c.]
- Does your workplace have frequent visitors, clients, patients, or other members of the public that may be at increased risk of opioid overdose?

Review the above questions periodically even if a program is not established right away. Ideally, a naloxone program is but a part of a more comprehensive workplace program on opioid awareness and misuse prevention.

Establishing a Program

You will need policies and procedures for the program. These should be developed in consultation with safety and health professionals. Involve the workplace safety committee (if present) and include worker representatives. You also will need a plan to purchase, store, and administer naloxone in case of overdose. Additional considerations for establishing a program are described below.

Risk assessment

Conduct a risk assessment before implementing the naloxone program.

- Decide whether workers, visiting clients, customers, or patients are at risk of overdose.
- Assess availability of staff willing to take training and provide naloxone.
- Consult with professional emergency responders and professionals who treat opioid use disorders in your area.

Liability

Consider liability and other legal issues related to such a program.

Records management

Include formal procedures for documenting incidents and managing those records, to include safeguarding the privacy of affected individuals. Maintain records related to staff roles and training.

Staff roles

Define clear roles and responsibilities for all persons designated to respond to a suspected overdose. Include these roles and responsibilities in existing first aid or emergency response policies and procedures (first aid kits, AEDs, training for lay first-aid providers, and/or onsite health professionals).

Training

Train staff to lower their risks when providing naloxone. Staff must be able to:

- Recognize the symptoms of possible opioid overdose.
- Call 911 to seek immediate professional emergency medical assistance.
- Know the dangers of exposure to drug powders or residue.
- Assess the incident scene for safety concerns before entering.
- Know when NOT to enter a scene where drug powders or residues are visible and exposure to staff could occur.
- Know to wait for professional emergency responders when drug powders, residues, or other unsafe conditions are seen.
- Use personal protective equipment (PPE; nitrile gloves) during all responses to protect against chemical or biological exposures including opioid residues, blood, or other body fluids.
- Administer naloxone and recognize when additional doses are needed.
- Address any symptoms that may arise during the response, including agitation or combativeness from the person recovering from an overdose.
- Use additional first aid, CPR/basic life support measures. Opioid overdose can cause respiratory and cardiac arrest.

Prepare for possible exposure to blood. Needles or other sharps are often present at the scene of an overdose. Provide bloodborne pathogen training to responding staff members and consider additional protection, such as hepatitis B vaccination.

Purchasing naloxone

Naloxone is widely available in pharmacies. Most states allow purchase without a prescription. Choose nasal sprays or injectable forms that can be delivered with an auto-injector, a pre-filled syringe, or a standard syringe/needle. Customize training to fit the formulation stocked at your workplace.

Consider the nasal spray formulation for its safety to lay providers and its ease of administration. Research shows that people trained on intranasal spray reported higher confidence both before and after training compared with people trained on injectable forms [Ashrafioun et al. 2016].

Stock a minimum of two doses of naloxone. Some workplaces may choose to stock more. In some cases, one dose of naloxone is inadequate to reverse an overdose. The size, layout, and accessibility of the workplace may require placement of doses in multiple locations. Consider the time needed to replace supplies when determining the number of doses to stock.

Naloxone storage

Follow manufacturer instructions for storing naloxone. Keep in the box or storage container until ready for use. Protect from light and store at room temperature (59-77°F or 15-25°C). Naloxone can expire and its potency can wane over time. Note the expiration date for timely replacement.

PPE and other equipment storage

Store personal protective equipment, such as disposable nitrile gloves, and other first aid equipment, such as a responder rescue mask, face shield, or bag valve mask (for use in rescue breathing or CPR) close to the naloxone for quick response. Include sharps disposal containers if injectable naloxone is used.

Follow-up care planning

Develop a plan for immediate care by professional healthcare providers, referral for follow-up care, and ongoing support for any worker who has overdosed. Include emergency assistance and support (i.e. Employee Assistance Program, mental health services) for lay staff responders and bystanders if necessary.

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Maintaining a program

Re-evaluate your program periodically. Assess for new risks. Plan for maintaining equipment and restocking of naloxone (including replacement of expired naloxone), other first aid supplies, and PPE.

Check for updates to procedures and guidance

Incorporate new medical and emergency response guidance regarding naloxone purchase, storage, and administration.

Training review and update

Schedule refresher training annually. Training on opioid overdose and naloxone use can be combined with other first aid/CPR training and certifications.

References

Ashrafioun L, Gamble S Herrmann M, Baciewicz G [2016]. Evaluation of knowledge and confidence following opioid overdose prevention training: A comparison of types of training participants and naloxone administration methods. Subst Abus 37(1):76-81. doi: 10.1080/08897077.2015.1110550

BC [2017]. Naloxone risk assessment tool – for non-public sector organizations. Prepared for the Joint Task Force on Overdose Response. Vancouver, BC: Canada. https://www2.gov.bc.ca/assets/gov/overdose-awareness/naloxone_risk_assessment_-_non-governmental_sectors.pdf

BLS (Bureau of Labor Statistics) [2017]. Economic News Release: Census of Fatal Occupational Injuries Summary, 2016. Washington, DC: Bureau of Labor Statistics, December 19, https://www.bls.gov/news.release/cfoi.nr0.htm

CDC (Centers for Disease Control and Prevention) [2016a]. CDC guideline for prescribing opioids for chronic pain — United States, 2016. MMWR 65(1):1–49. https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

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CDC [2017]. Provisional counts of drug overdose deaths, as of 8/16/2017. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. https://www.cdc.gov/nchs/data/health_policy/monthly-drug-overdose-death-estimates.pdf

CDC [2018a]. NVSS Vital Statistics Rapid Release: 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class, as of 8/5/2018. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

CDC [2018b]. Health alert network: rising numbers of deaths involving fentanyl and fentanyl analogs, including carfentanil, and increased usage and mixing with non-opioids. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. https://emergency.cdc.gov/han/han00413.asp

CDC [2018c]. Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007–2012. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm?s_cid=mm6733a3_e

Cicero TJ, Ellis MS, Kasper ZA. [2017]. Increased use of heroin as an initiating opioid of abuse. Addict Behav. Nov;74:63-66.

Hedegaard H, Warner M, Miniño AM. [2017]. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294 (Data table for Figure 2). Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. https://www.cdc.gov/nchs/products/databriefs/db294.htm

Kowalski-McGraw M, Green-McKenzie J, Pandalai S, Schulte PA [2017]. Characterizing the interrelationships of prescription opioid and benzodiazepine drugs with worker health and workplace hazards. J Occup Environ Med. Nov; 59(11):1114-1126

MDPH (Massachusetts Department of Public Health) [2018]. Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015. Boston, MA: MDPH Occupational Health Surveillance Program. https://www.mass.gov/files/documents/2018/08/15/opioid-industry-occupation.pdf

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USSG (U.S. Surgeon General) [2018]. Surgeon General's Advisory on Naloxone and Opioid Overdose. Washington, DC: U.S. Department of Health and Human Services, Office of the U.S. Surgeon General. https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html

Resources

Burden of opioid use

edworkforce.house.gov/news/documentsingle.aspx?DocumentID=402497

Commonly abused drugs

drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts

Confidentiality

hhs.gov/hipaa

Emergency response resources

cdc.gov/niosh/topics/emres/responders
hhs.gov/about/news/2018/04/05/surgeon-general-releases-advisory-on-naloxone-an-opioid-overdose-reversing-drug
cdc.gov/niosh/docs/wp-solutions/2010-139

Fentanyl

cdc.gov/niosh/topics/fentanyl/risk
cdc.gov/niosh/ershdb/emergencyresponsecard_29750022
cdc.gov/drugoverdose/opioids/fentanyl

Liability Issues

drugpolicy.org/sites/default/files/Fact%20Sheet_State%20based%20Overdose%20Prevention%20Legislation%20%28January%202016%29
shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/employers-naloxone
networkforphl.org/_asset/qz5pvn/legal-interventions-to-reduce-overdose

Naloxone

samhsa.gov/medication-assisted-treatment/treatment/naloxone
drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
tn.gov/health/health-program-areas/health-professional-boards/csmd-board/csmd-board/naloxone-training-information
ccohs.ca/oshanswers/hsprograms/firstaid_naloxone

Naloxone access

drugabuse.gov/publications/medications-to-treat-opioid-addiction/naloxone-accessible
narcan.com/availability
getnaloxonenow.org

NIOSH resources on opioids

cdc.gov/niosh/topics/opioids
cdc.gov/niosh/topics/fentanyl

Overdose prevention

surgeongeneral.gov/priorities/opioid-overdose-prevention
surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory
cdc.gov/drugoverdose/prevention

To receive documents or other information about occupational safety and health topics, contact NIOSH:
Telephone: 1-800-CDC-INFO (1-800-232-4636)
TTY: 1-888-232-6348
CDC INFO: www.cdc.gov/info

or visit the NIOSH website at http://www.cdc.gov/niosh
For a monthly update on news at NIOSH, subscribe to *NIOSH eNews* by visiting www.cdc.gov/niosh/eNews

DOI: https://doi.org/10.26616/NIOSHPUB2019101
HHS (NIOSH) Publication No. 2019–101
October 2018

NACo Annual Conference & Exposition materials July 2019:

All the information attached and the links below can be found through this link. If you click on INTERESTED IN (orange at the top of the page) you can type in any topic and research it that way.
https://www.naco.org/topics/justice-public-safety

Link to the Four Key Measures County Leaders Should Track:

1. Jail Bookings
2. Jail Length of Stay
3. Connections to Treatment
4. Recidivism

http://stepuptogether.org/toolkit

Medicaid Coverage and County Jails
https://www.naco.org/resources/medicaid-coverage-and-county-jails

Meeting the Needs of Individuals with Substance use Disorders:

(1) Strategies for Reentry from Jail
(2) Strategies for jail

https://www.naco.org/events/meeting-needs-individuals-substance-use-disorders-strategies-reentry-jail

https://www.naco.org/events/meeting-needs-individuals-substance-use-disorders-strategies-jails

Understanding the County Role in the Growing World of Legal Cannabis
https://www.naco.org/resources/conference-learning/understanding-county-role-growing-world-legal-cannabis

Link to Data Driven Justice – Disrupting the Cycle of Incarceration:
https://www.naco.org/resources/signature-projects/data-driven-justice

These last two links are not on the NACo website, but you can access information through each of these Counties:

Humboldt County CA – Cannabis Legalization
https://humboldtgov.org/Search?searchPhrase=Do's%20and%20Dont's%20for%20Cannabis%20Legalization

Clark County NV RE: Land use requirements and business licensing: Key concepts for the license and regulation of retail marijuana
http://www.clarkcountynv.gov/search/pages/results.aspx?k=Green Ribbon Advisory Panel

Policy Resolutions and Platform Changes

Adopted July 15, 2019

NATIONAL ASSOCIATION of COUNTIES NACo

TABLE OF CONTENTS

AGRICULTURE AND RURAL AFFAIRS

PLATFORM CHANGES

Platform Change to Section III. Rural Infrastructure, Subsection B. Transportation

III. RURAL INFRASTRUCTURE

B. Transportation: Additionally, many counties have to close bridges when they become unsafe and cannot afford to rebuild them. The quality of roads and bridges is declining in many rural areas due to lack of funding. **In particular, rural counties are increasingly in need of federal assistance for costly repairs and upgrades to farm-to-market roads – rural roads that primarily serve to transport agricultural products from a farm or ranch to the marketplace.** Federal funding for rural roads, bridges, local transit service~~,~~ and air service needs to increase substantially.

Adopted | July 15, 2019

Platform Change to Section III. Rural Infrastructure, Subsection A. Technology

III. RURAL INFRASTRUCTURE

A. Technology: Advanced telecommunications are critical to the economic vitality of rural America. According to the Federal Communications Commission (FCC), a lack of broadband infrastructure could limit the potential of rural communities to attract and retain businesses and jobs, especially businesses that are dependent on electronic commerce. The lack of broadband infrastructure in rural communities has severely impaired the potential of rural communities to attract and retain new businesses. Increased deployment of advanced technology has major implications for rural counties including improved healthcare services through telemedicine, long distance education, attraction of quality economic development, and improved wages and employment.

Many rural counties with broad-band service, however, may only have one provider compared to typically multiple providers in urban areas. Competition for broadband is especially important with regards to quality, costs and speeds of service. Having little or no choice in broadband providers can cause rural users to settle for inferior/no service.

Advanced technology is a major key to closing the information gap between rural and urban areas. NACo supports congressional and administrative action that hastens the deployment of high-speed broadband technology in rural America. **This includes additional sustained funding for rural broadband deployment and support for cooperatives deploying telecommunications services by leveraging and streamlining key federal programs: the U.S. Department of Agriculture's Rural Utilities Service (RUS); the Federal Communications Commission (FCC) Connect America Funds (CAF); U.S. Economic**

Development Administration (EDA) grant program; and the Rural Infrastructure Program.

Adopted | July 15, 2019

POLICY RESOLUTIONS

Resolution on H-2A Administrative Rules Reform

Issue: The U.S. Department of Labor should consider reforms to existing H-2A administrative rules by addressing the following items: 1) Streamlining housing, transportation, and worker certification approvals; 2) Re-evaluating housing program components to include a discussion of vouchers, wage offsets, and a pre- employment housing needs survey; 3) Clarifying the term *seasonality* and providing flexibility for farm worker movement to respond to production needs; 4) Creating a simplified application processing system with a central portal housed under the United States Department of Agriculture; and 5) Modernizing farm worker recruitment methods to ensure timely certification and arrival of farm workers.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Department of Labor to reform existing H-2A administrative rules to modernize and simplify the H-2A application and certification processes and expand farm worker flexibility to ensure that a reliable and capable workforce is available for the nation's farmers and ranchers.

Adopted | July 15, 2019

COMMUNITY, ECONOMIC AND WORKFORCE DEVELOPMENT

POLICY RESOLUTIONS

Resolution on FY 2020 Appropriations for the U.S. Department of Housing and Urban Development

Issue: Support FY 2020 appropriations for the U.S. Department of Housing and Urban Development (HUD).

Adopted Policy: The National Association of Counties (NACo) urges Congress to support the following levels of funding for core U.S. Department of Housing and Urban Development (HUD) programs in the FY 2020 Transportation, Housing and Urban Development, and Related Agencies Appropriations bill: no less than $3.8 billion in Community Development Block Grant (CDBG) formula funding; no less than $1.5 billion in formula funding for the HOME Investment Partnerships Program (HOME); $2.6 billion for Homeless Housing Assistance grants, including at least $270 million for the Emergency Solutions Grant program plus an amount to fully fund expiring supportive housing and Shelter Plus Care rent subsidy contracts; full funding for existing Section 8 project-based and tenant-based contracts; $40 million for HUD-Veterans Affairs Supportive Housing (VASH) and $500 million in Section 108 Loan Guarantee authority.

Adopted | July 15, 2019

Resolution on Housing Infrastructure

Issue: Support the inclusion of affordable housing investments in any federal infrastructure package.

Adopted Policy: The National Association of Counties (NACo) urges Congress to include affordable housing investments in any federal infrastructure package to provide counties with the resources necessary to create and preserve more affordable homes in the United States.

Adopted | July 15, 2019

Resolution on the New Markets Tax Credit

Issue: Support the permanent extension of the New Markets Tax Credit (NMTC) program in order to promote community development and economic growth by attracting private investment in low-income communities with high unemployment and poverty.

Adopted Policy: The National Association of Counties (NACo) urges Congress to provide a permanent extension of the New Markets Tax Credit (NMTC) and other enhancements to the program to allow for private sector investment and economic growth in low-income communities.

Adopted | July 15, 2019

Resolution on Opportunity Zones

Issue: Support the issuance of guidance and regulations from the U.S. Department of Treasury (Treasury) on the newly-created Opportunity Zones tax benefit that prevent abuse, encourage developments that provide public benefits, and protect local jurisdictions and stakeholders.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Treasury to provide guidance and regulations on the newly created Opportunity Zones tax benefit that prevent abuse, encourage developments that provide public benefits and protect local jurisdictions and stakeholders.

Adopted | July 15, 2019

Resolution on Protecting the Health and Safety of Sober Home Residents

Issue: Local governments continue to see a proliferation of sober homes within their boundaries and need additional clarity from the federal government on how they can protect the health and safety of sober home residents through reasonable regulations.

Adopted Policy: The National Association of Counties (NACo) supports further U.S. Department of Justice (DOJ) and U.S. Department of Housing and Urban Development (HUD) clarification on the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA) to allow local governments to enact reasonable regulations to protect the health and safety of sober home residents, and the residents of the surrounding communities.

NACo also supports federal legislation to establish patient protection and best practices for sober homes.

Adopted | July 15, 2019

Resolution on Preservation and Expansion of Affordable Housing Stock

Issue: There is need to preserve and expand the U.S. Affordable Housing Stock.

Adopted Policy: The National Association of Counties (NACo) supports strategies that preserve and expand the supply of housing for low- and moderate-income families. These include:

- The elimination of the Rental Assistance Demonstration (RAD) cap, which limits the number of public housing units eligible for conversion under the RAD program to 225,000. Elimination of this cap would promote access to the RAD program for more Public Housing Authorities (PHAs) nationwide and create a more favorable environment to fully maximize the opportunity to preserve and expand affordable housing.

- Increase the RAD Section 8 Project-Based rental subsidy to equal regular Section 8 Project-Based rental subsidies.

- Fully fund and expand the Public Housing Resident Self-Sufficiency Programs, Family Self Sufficiency (FSS), Resident Opportunity and Supportive Services (ROSS), the Jobs Plus Initiative, and Moving to Work (MTW) Demonstration programs funded by HUD that provide tools for Public Housing Authorities (PHAs) to promote access to opportunity for the families they serve.

- Adequately fund HUD's mainline programs of Section 8 vouchers and public housing.

Adopted | July 15, 2019

Resolution on Economic Development Administration Reauthorization

Issue: Support appropriations and reauthorization of the U.S. Department of Commerce Economic Development Administration.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Congress to appropriate funding and reauthorize the U.S. Department of Commerce Economic Development Administration (EDA) as follows:

- Provide at least $304 million in appropriations annually for EDA to support economic assistance programs.
- Focus on EDA's core infrastructure and economic adjustment programs – public works, economic adjustment assistance and partnership planning. Congress should also authorize additional funding investments for special initiatives so as not to steer funding away from EDA core programs.
- Encourage regional collaboration by rewarding and incentivizing local governments, businesses and communities to participate in the Comprehensive Economic Development Strategy (CEDS) process. The CEDS process brings together stakeholders to develop regional strategies and goals.
- Elevate EDA's role as an integrator of federal economic development planning programs and formalize EDA's role as the federal government's lead integrator for economic development and central facilitator for interagency collaboration and resource integration.
- Expand EDA Disaster and Recovery Relief eligibility. EDA has a significant role to play in post-disaster relief and long-term recovery assistance for impacted communities. In areas where a major disaster or emergency has been declared under the Stafford Act, EDA grant recipients should be eligible for up to 100 percent of the cost of the project.
- Strengthen EDA's National Technical Assistance program for small and distressed rural communities to allow greater access and leveraging of federal, state, local and regional economic development programs.

Adopted | July 15, 2019

Resolution to Support Legal Migration to Strengthen Local Economies and Workforce

Issue: The role legal immigration plays in our nation's workforce and local economies.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the administration to enact legislative and regulatory proposals that provide improved and efficient legal avenues for immigrants to enter the United States and contribute to the workforce and local economies and maintain the area standard industry wages for the local marketplace.

Adopted | July 15, 2019

Resolution on FY 2020 Appropriations for the Workforce Innovation and Opportunity Act (WIOA)

Issue: Support FY 2020 appropriations for the Workforce Innovation and Opportunity Act.

Adopted Policy: The National Association of Counties (NACo) urges Congress to provide adequate resources for Workforce Innovation and Opportunity Act (WIOA) programs and fund the Title I, Title II and III accounts at the levels authorized and listed below:

Title I – U.S. Department of Labor

- $861.1 million for Adult Employment and Training Services, $922.2 million for the Youth Activities and $1.37 billion for Dislocated Worker Employment and Training Services

Title II – U.S. Department of Education

- $649.287 million for Adult Education

Title III – Wagner Peyser Employment Services

- $666.413 million for Wagner-Peyser Employment Services (ES) – current-year levels to give states the additional resources they need to provide WIOA's intensive reemployment services.

In addition, NACo supports only a WIOA formula allocation funding approach. NACo supports local control and investment at the county and municipality level and rejects any mechanism that gives states more authority than WIOA intends.

Adopted | July 15, 2019

Resolution on Streamlining State Licensing Procedures for Military Spouses

Issue: The men and women who serve in uniform and their families experience hardships following a move when seeking employment due to licensing procedures.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Department of Defense to implement the provisions of Public Law 115-91 to fully reimburse military spouses for costs they incur in transferring professional licenses and certifications from state to state. Further, counties should do all that they can to support the U.S. Departments of Defense, Homeland Security, Labor and the Military Spouse Employment Partnership in encouraging states to streamline the process for granting reciprocity for military spouses who must relocate from state to state in support of our men and women in uniform as they provide for the security of our nation.

Adopted | July 15, 2019

Resolution on Federal Support to Address Unsheltered Homelessness

Issue: Federal support to address increases in the number of unsheltered homeless persons and families should reflect current and anticipated need.

Adopted Policy: The National Association of Counties (NACo) supports increased federal support to address surges in the number of persons and families who are unsheltered and experiencing homelessness.

Adopted | July 15, 2019

Resolution on Federal Policy Changes Related to Immigrant Eligibility for Federal Housing Benefits

Issue: Immigrants' use of federal housing benefits and the impact of proposed changes to eligibility for certain immigrant families and on county government costs.

Adopted Policy: The National Association of Counties (NACo) opposes specific regulatory changes proposed by the U.S. Department of Housing and Urban Development (HUD) that would lead to increases in housing instability and homelessness for some immigrant families receiving federally subsidized housing and shift federal costs and administrative burdens to counties.

Adopted | July 15, 2019

Resolution Supporting a Federal Study to Examine Lost Recording Fee Revenues Due to the Mortgage Electronic Registration Systems (MERS)

Issue: The Mortgage Electronic Registration Systems (MERS) has resulted in lost recording revenues fees for counties.

Adopted Policy: The National Association of Counties (NACo) supports amending federal law (12 U.S.C. § 4514a) to require the Director of the Federal Housing Finance Agency (FHFA) to report annually to Congress on the amount of public recording fees not collected due to property transaction practices occurring through Mortgage Electronic Registration Systems (MERS).

Adopted | July 15, 2019

Resolution on Leveraging the Combination of the Investing in Opportunity Act and Workforce Innovation and Opportunity Act for Local Prosperity

Issue: The purpose of the Investing in Opportunity Act is to incentivize private investment in low-income census tracts. Yet, many believe that this legislation may not actually benefit the people living within Opportunity Zones and may instead cause greater regional inequality.

Adopted Policy: The National Association of Counties (NACo) encourages the Internal Revenue Service (IRS) to amend the proposed Investing in Opportunity Act regulations to allow a business to qualify as an Opportunity Zone Business with 50 percent (as opposed to 70 percent) of its tangible property, owned or leased, meeting the requirements of Opportunity Zone Business Property, so long as said business also employs a Workforce Innovation and Opportunity Act (WIOA) program (to be certified by the business' local American Job Center on the IRS Form 8996).

Adopted | July 15, 2019

ENVIRONMENT, ENERGY AND LAND USE

POLICY RESOLUTIONS

Resolution on the Impact of Per-and Polyfluoroalkyl Substances (PFAS) on Human Health and the Environment

Issue: Addressing the potential human health and environmental threat caused by per-and polyfluoroalkyl substances (PFAS).

Adopted Policy: The National Association of Counties (NACo) supports efforts by the U.S. Environmental Protection Agency (EPA) and other federal agencies to study health and environmental impacts of PFAS compounds. Additionally, as the administration moves toward potential regulatory action, NACo urges the administration to work closely with state and local governments throughout the rule-making process.

Adopted | July 15, 2019

Resolution on Compensatory Mitigation In-Lieu Fee Programs

Issue: Ensuring that mitigation programs occur in the watershed or region where the impact occurred.

Adopted Policy: The National Association of Counties (NACo) supports and urges the U.S. Army Corps of Engineers, in consultation with local officials, to give preference and to use in-lieu fees for compensatory mitigation in the local watershed where the fee was collected for the mitigation project.

Adopted | July 15, 2019

Resolution Urging Congress to Provide Funding for Local Efforts to Address Coastal Water Level Changes

Issue: Addressing the threat posed by rising sea levels to the built environments of coastal communities across the country.

Adopted Policy: The National Association of Counties (NACo) urges Congress to provide appropriate financial assistance and support to local governments for coastal water level changes and increased storm surge related initiatives and projects that aim to develop adaptive solutions to these potentially devastating events.

Adopted | July 15, 2019

Resolution in Support of Affordable Beach Renourishment Projects

Issue: Allowing local governments to purchase sand from countries outside of the U.S. to replenish shorelines due to beach erosion.

Adopted Policy: The National Association of Counties (NACo) supports enabling the Secretary of the U.S. Army Corps of Engineers to allow counties to acquire sand by purchase, exchange or otherwise from non-domestic sources for the purpose of beach renourishment.

Adopted | July 15, 2019

Resolution on EPA's Imposition of Numeric Water Quality-Based Effluent Limitations on County Governments

Issue: The U.S. Environmental Protection Agency (EPA) is imposing watershed-wide water quality standards on all localities within the Chesapeake Bay watershed, which will have implications on other counties across the nation when such standards are imposed in other watersheds.

Adopted Policy: The National Association of Counties (NACo) opposes EPA's imposition of localized numeric water quality-based effluent limitations or area pollution targets. NACo opposes any provisions of any watershed-wide strategy that penalizes county governments by withdrawing current forms of financial assistance or imposing monitoring, management or similar requirements on localities without providing sufficient resources to achieve water quality objectives.

Adopted | July 15, 2019

Resolution Urging the Federal Government to Invest in Transboundary Water and Sewage Infrastructure Along United States/International Borders

Issue: Sufficient to construct water and sewage infrastructure improvements along U.S./international borders.

Adopted Policy: The National Association of Counties (NACo) urges Congress to authorize and appropriate funding for projects identified by the U.S. Environmental Protection Agency (EPA), and other appropriate federal agencies, that would address transboundary sewage or contaminated water flows that occur along United States/international borders.

Adopted | July 15, 2019

Resolution to Revise the Process to Assess Benefits of Federally Funded Water Infrastructure Projects

Issue: The process for conducting cost-benefit analyses for flood control projects does not properly acknowledge the value of agricultural land or socio-economic factors.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Army Corps of Engineers (Army Corps) and the White House Office of Management and Budget (OMB) to add a quantitative indexed value to life-safety, agricultural land value and the impacts of crop flooding, protection of low-income communities and environmental benefits to determine the benefit of federal investments in flood control projects.

Additionally, NACo urges Congress to authorize the Army Corps to implement the 2013 Principles, Requirements and Guidelines to allow rural communities to fairly compete for federal funding by considering non-population-based criteria for water projects.

Adopted | July 15, 2019

Resolution on Federal Government Related Water Control Infrastructure Drawdowns Before Flooding Events

Issue: A resolution urging federal agencies to enact operating procedures consistent with its mission and design to reduce downstream flooding from imminent stormwater events.

Adopted Policy: The National Association of Counties (NACo) urges the Federal Energy Regulatory Commission (FERC) and the U.S. Army Corps of Engineers to revise federal guidelines in coordination with local governing authorities that operate water control projects to reduce downstream stormwater events.

Adopted | July 15, 2019

Resolution in Support of Research into Harmful Algal Bloom Prevention and Mitigation

Issue: Harmful algal blooms (HABs) and hypoxic events (severe oxygen depletion) are some of the most scientifically complex and economically damaging issues challenging our ability to safeguard the health of our nation's aquatic ecosystems. Almost every state in the U.S. now experiences some kind of HAB event and the number of hypoxic water bodies in the U.S. has increased 30-fold since the 1960s with over 300 aquatic life systems now impacted.

Adopted Policy: The National Association of Counties (NACo) supports the renewal of the Harmful Algal Bloom and Hypoxia Research and Control Act and encourages the U.S. Environmental Protection Agency (EPA) to collaborate with other federal agencies to identify nutrient reduction strategies and scalable Harmful Algal Bloom mitigation processes.

Adopted | July 15, 2019

Resolution Supporting the Reauthorization of the Coral Reef Conservation Act

Issue: Coral reefs in Florida and throughout the United States and its territories are critically threatened due to increasing global and local stressors. In particular, the Florida Reef Tract, North America's only coral barrier reef, is currently facing an unprecedented coral disease outbreak.

Adopted Policy: NACo supports reauthorization of the Coral Reef Conservation Reauthorization Act of 2000. Additionally, NACo urges Congress to authorize and appropriate additional annual funding dedicated to improving the health of the nation's coral reefs.

Adopted | July 15, 2019

Resolution Requesting the U.S. Department of Energy Rescind or Revise Order 140.1 to Remove Restrictions on the Department of Energy's Defense Nuclear Facilities Safety Board

Issue: Rule change at the U.S. Department of Energy (DOE) impacts Defense Nuclear Facilities Safety Board's (DNFSB) ability to protect workers and public health and safety.

Adopted Policy: The National Association of Counties (NACo) supports regulatory and/or legislative efforts to rescind or substantially revise the U.S. Department of Energy's (DOE) Order 140.1 to clarify the Defense Nuclear Facilities Safety Board's (DNSFB) full authority to protect health and safety of the public and workers with full access to DOE facilities and information, as directed by law and statute.

Adopted | July 15, 2019

Resolution on any Administration Budget Request to Eliminate Gulf of Mexico Energy Security Act (GOMESA) Revenue Sharing Funds

Issue: Amending or modifying the Gulf of Mexico Energy Security Act of 2006 (GOMESA) to redirect Outer Continental Shelf (OCS) oil and gas leasing activities and revenue sharing to the U.S. Treasury and away from eligible coastal states and their counties, and parishes.

Adopted Policy: The National Association of Counties (NACo) urges that Congress oppose any future administration budget request to eliminate Gulf of Mexico Energy Security Act of 2006 (GOMESA) revenue sharing with eligible states, counties, and parishes in order to redirect the funds to the U.S. Treasury.

Adopted | July 15, 2019

Resolution in Support of Liquid Natural Gas Export Facilities Nationally

Issue: Increasing liquid natural gas (LNG) infrastructure nationally will help stabilize the economic impacts in communities of impact; greater utilization of LNG as a source of domestic and international energy has the potential to reduce the carbon footprint and decrease air quality impacts; and exporting LNG to countries politically aligned with the United States increases global security.

Adopted Policy: The National Association of Counties (NACo) supports the further development of liquid natural gas export facilities nationally.

Adopted | July 15, 2019

FINANCE, PENSIONS AND INTERGOVERNMENTAL AFFAIRS

PLATFORM CHANGES

Platform Changes to the Sales and Use Taxes Section

SALES AND USE TAXES

NACo ~~encourages~~ **supports** efforts to reduce the complexity of state and local sales and use tax laws**.** ~~and urges Congress to pass legislation codifying the Streamlined Sales and Use Tax Agreement.~~ NACo also supports granting counties with the authority to enforce the collection of already existing sales and use taxes from remote sellers.

Should Congress consider legislation related to the collection of remote sales taxes, the legislation should:

- **Establish a definition of what constitutes a reasonable "nexus" between a state or locality and a vendor;**
- **Establish a consistent definition of "small business" and the small business exemption;**
- **Utilize a destination-based taxing system for online and remote sales;**
- **Support and consider codifying the Streamlined Sales and Use Tax Agreement;**
- **Ensure local sales taxes are included in collection and distribution methods; and**
- ~~These efforts, however, should~~ Not be used by the federal government as a means to undermine county government taxing authority and revenue streams.

Adopted | July 15, 2019

Platform Changes to Sections: Elections; Election Funding; Election Security; and Discounted Postage Rate

ELECTIONS

Counties administer the nation's elections and must be an integral stakeholder in any meaningful reform of our election process. Counties have traditionally administered and financed elections in the United States **because the vast differences in geographic and population sizes, language needs and other local requirements necessitate differences in elections administration. This local and disparate election administration also assists in elections security. Therefore,** NACo opposes **any** legislation that imposes specific and impractical requirements regarding equipment, procedures~~,~~ and personnel responsibilities**.** ~~under the guise of federal election reform when said regulations directly impact the conduct of state and local elections.~~ **Further, while NACo believes that post-election audits are an integral part of securing our elections and supports efforts to develop and assist counties in implementing best practices, NACo opposes any legislation that requires any specific methodologies.** ~~NACo~~ **Counties** additionally oppose~~s~~ unfunded mandates and insufficient

deadlines with regard to federal election reform. ~~Counties administer the nation's elections and should be included in any meaningful reform of our election process.~~ NACo ~~Counties~~ further asserts that counties should not be held liable for state failures to comply with election requirements imposed by the federal government.

NACo strongly supports the role and functions of ~~an~~ **the** U.S. Election Assistance Commission (EAC) ~~that~~ **which** recognizes and focuses on the importance of rigorous testing of voting equipment **and brings together election technology experts and local election officials to develop guidelines and standards that protect our critical infrastructure** and appreciates the efficiencies and cost savings of voluntary federal certification. **NACo supports this process and opposes any legislation that seeks to create further federal certification processes in addition to the EAC certification. Further,** NACo appreciates the important role the EAC plays in coordinating collaborative efforts among local, state and federal government officials in addressing issues associated with the field of election administration.

ELECTION FUNDING

Counties support a consistent, predictable and dedicated federal funding stream to assist counties with meeting the significant federal requirements already imposed on local governments administering elections. Federal funding dedicated to election administration should be administered in coordination and in consultation with local governments, including an assurance that a portion of the funding be made available to the discretion of local governments. A consistent federal funding stream would allow counties to prepare for future technology and security updates, as well as to provide continued access to voters that have challenges as required by existing federal laws such as the Voting Rights Act and Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA). Additionally, any new federal legislation or regulations on local election administration must be fully funded and should acknowledge the substantial variety of administration techniques employed in states and counties across the country.

ELECTION SECURITY

Counties believe secure elections are a central component of our nation. NACo supports efforts by Congress to combat the cybersecurity threats that are already negatively impacting public perception of the integrity of elections. Any legislation should involve county election authorities in addressing these threats and include provisions requiring information sharing between federal, state and local authorities.

NACo believes it is essential that election cybersecurity guidelines and grant administration remain coordinated within the existing structure of the Election Assistance Commission (EAC) rather than having a new federal entity develop potentially conflicting guidelines. In general, NACo urges Congress to adhere to the following guidelines when enacting election cybersecurity legislation:

- **Increase the availability to local governments of interim election preparedness grants and the accessibility of these grants to counties, with criteria based on security principles rather than specific technologies;**
- **Authorize a separate and sustainable allocation of funds for local governments;**
- **Utilize advisory panels already in existence, such as the EAC, Government Coordinating Council, or Election Infrastructure Information Sharing and Analysis Center (EI-ISAC), or otherwise give significant representation to local authorities (including local government Chief Information Officers) on any new advisory panel on election cybersecurity;**
- **Maximize flexibility and opportunities for nimble, innovative and secure tabulation auditing protocols;**
- **Provide county election officials, government Chief Information Officers and other county technology offices with maximum information about cyber threats; and**
- **Avoid inclusion of a "hack the election" program, or else place it under the EAC.**

~~DISCOUNTED POSTAGE RATE~~ THE POSTAL SYSTEM IS A PARTNER IN ELECTIONS

NACo supports a domestic and international mail system that supports our election system and ensures that all voters, including those in the military and overseas, are able to fairly and freely participate in our elections. Such a system would include high quality delivery methods, tracking and notice of changes in the system to impacted local governments.

NACo **also** supports the establishment of a discounted Presort First-Class postage rate, similar to that enjoyed by federal agencies such as the Internal Revenue Service, for specified local government mailings mandated by federal or state law, such as voter registrations, election ballot mailings, property tax statements, summonses, and jury duty pay.

Adopted | July 15, 2019

POLICY RESOLUTIONS

Resolution Supporting a Complete and Accurate Census 2020 Count

Issue: Supporting a complete and accurate Census 2020 Count.

Adopted Policy: The National Association of Counties (NACo) supports full funding for an accurate and complete count during and throughout the 2020 Census. NACo supports the forming of complete count committees at the local level. NACo urges Congress to provide enhanced funding to rural counties, where access to reliable internet is a challenge, in order to support a complete and accurate census count in rural communities.

Adopted | July 15, 2019

Resolution to Oppose the ACA's 40 Percent Excise Tax on High-Cost and Employer-Provided Health Benefits

Issue: Resolution to oppose the Affordable Care Act's (ACA) 40 percent excise tax on high-cost and employer-provided health benefits.

Adopted Policy: The National Association of Counties (NACo) opposes the taxation of health insurance benefits to county employees through the application of the ACA excise tax on health insurance benefits for county employees, the capping of the tax exclusion for employer-based defined contributions made by counties and/or any new taxes which would apply to the health benefits that counties provide to their employees. NACo supports the passage of H.R.748/S.684, the "Middle Class Health Benefits Tax Repeal Act of 2019," which would repeal the excise tax.

Adopted | July 15, 2019

Resolution Supporting the Municipal Advisor Rule

Issue: The Security and Exchange Commission's (SEC) Municipal Advisor rule under the Dodd Frank Act.

Adopted Policy: The National Association of Counties (NACo) supports the 2013 rule released by the Securities and Exchange Commission (SEC) on the Registration of Municipal Advisors (MA), as well as the operational guidance released by the SEC. Counties support regulations separating the duties between MAs and financial advisors to prevent manipulation of government finances or use of government financial transactions for personal gain.

Adopted | July 15, 2019

Resolution to Preserve Municipal Investment Options and Access to Capital for Public Infrastructure and Economic Development

Issue: Recent Securities and Exchange Commission (SEC) rules altering money market funds and reducing access to capital markets used to finance infrastructure development projects.

Adopted Policy: The National Association of Counties (NACo) supports legislation to preserve communities' access to capital and promote economic development by expressly permitting any money market fund with the choice to operate on a stable net asset value (NAV) basis if it adheres to certain requirements and restrictions. Such legislation should not have any impact on the other changes to the regulation of money market funds that were adopted by the Securities and Exchange Commission (SEC) in 2010 and 2014.

Adopted | July 15, 2019

Resolution in Support of Restoring Tax Incentives for Automatic Fire Sprinkler Systems

Issue: Fire sprinklers and other interior building improvements no longer meet certain expensing and depreciation qualifications.

Adopted Policy: The National Association of Counties (NACo) urges Congress to correct an unintentional drafting error in the Tax Cuts and Jobs Act of 2017 (TCJA; P.L. 115-97) to allow qualified improvement properties (QIPs) to be eligible for bonus and accelerated depreciation as intended by the TCJA.

Adopted | July 15, 2019

Resolution in Support for Reauthorization of the Volunteer Responder Incentive Protection Act

Issue: Tax protections of incentives for volunteer firefighters and emergency medical services (EMS) personnel expired in 2010 and must be reauthorized.

Adopted Policy: The National Association of Counties (NACo) urges Congress to support the Volunteer Responder Incentive Protection Act of 2019 (VRIPA), which would waive federal income taxes on nominal recruitment and retention incentives provided by local jurisdictions to volunteer firefighters and EMS personnel.

Adopted | July 15, 2019

Resolution on Federal Tax Intercept of Unpaid Court Fees

Issue: Re-introduce and pass the Crime Victim Restitution and Court Fee Intercept Act to facilitate a federal tax intercept for recovering court debt.

Adopted Policy: The National Association of Counties (NACo) urges Congress to re-introduce and pass the Crime Victim Restitution and Court Fee Intercept Act.

Adopted | July 15, 2019

Resolution on Volunteer Driver Reimbursement Rates

Issue: Ensuring mileage reimbursement rates for volunteer drivers for counties.

Adopted Policy: The National Association of Counties (NACo) urges Congress to enact H.R. 2072, the *Volunteer Driver Tax Appreciation Act of 2019,* to ensure equal mileage reimbursement between the charitable and business mileage rates.

Adopted | July 15, 2019

Resolution Urging Congressional and Administration Commitment to Timely Enactment of Federal Budget Appropriations and No More Shutdowns

Issue: The purpose of this resolution is to urge Congress and the President to work together to enact all federal budget appropriations bills by October 1 of each new fiscal year, thereby avoiding continuing resolutions and government shutdowns, which create costly delays and uncertainty in providing federal assistance and programs for U.S. counties and their residents.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the President to commit to working together to get agreement on all spending legislation by October 1 of each year. This is a fundamental responsibility of both Congress and the President and should be taken more seriously. Counties work hard to get their budgets approved on a timely basis and Congress should do the same. Our citizens deserve no less.

Adopted | July 15, 2019

HEALTH

POLICY RESOLUTIONS

Resolution Urging the Federal Government to Suspend, Instead of Terminate, Medicaid Coverage for Incarcerated Individuals

Issue: Medicaid benefits may be withdrawn when an individual is incarcerated as opposed to convicted.

Adopted Policy: The National Association of Counties (NACo) urges Congress to pass legislation that: a) amends federal law to prohibit states from terminating eligibility for individuals who are inmates of public institutions or residents of Institutes for Mental Disease (IMF) based solely on their status as inmates or residents; and b) requires states to establish a process under which an inmate or resident of an Institute for Mental Disease (IMD), who continues to meet all applicable eligibility requirements, is placed in a suspended status so that the state does not claim federal financial participation (FFP) for services the individual receives, but the person remains on the state's rolls as being eligible for Medicaid; and c) once release or discharge from the facility is anticipated, require states to take whatever steps are necessary to ensure that an eligible individual is placed in payment status so that he or she can begin receiving Medicaid-covered services immediately upon leaving the facility.

Adopted | July 15, 2019

Resolution to Extend Federal Medical Payments to Detainees in County Jails Who Are Pre-Adjudicated

Issue: Extending federal Medicaid payments to detainees in county jails who are pre-adjudicated.

Adopted Policy: The National Association of Counties (NACo) supports federal legislation to require the federal Medicaid program to contribute the federal Medicaid match for health and mental health care that is provided while a pre-adjudicated detainee is actually incarcerated.

Adopted | July 15, 2019

Resolution to Prohibit Insurers from Denying Health Benefits to Pre-Adjudicated Persons

Issue: Private insurance companies' "inmate exclusion" shifts health care costs from pre-adjudicated inmates to counties.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Department of Health and Human Services (HHS) to prohibit insurers from denying reimbursement under health benefit plans for covered services provided to pre-adjudicated persons in the custody of local supervisory authorities.

Adopted | July 15, 2019

Resolution on Integration of Mental Health and Addiction Care in Treatment Centers

Issue: Although substance use disorders such as opioid addiction frequently follows the onset of depression, and substance use disorders such as opioid addiction frequently triggers depression within as few as 30 days, our patterns of care organization and funding do not make provision for a necessary linkage between mental health and substance use care.

Adopted Policy: The National Association of Counties (NACo) urges the federal government, specifically, Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), Center for Disease Control and Prevention (CDC) and Center for Medicare and Medicaid Services (CMS), to modify grant, technical assistance and service funding programs that support the development and operation of integrated care in treatment centers to include provision for the integration of mental health and addiction care, including care for depression and substance use disorders such as opioid addiction.

Adopted | July 15, 2019

Resolution on the Importance of the ACA and Medicaid Expansion

Issue: Covering over 70 million individuals**,** Medicaid is the country's largest program providing health coverage and health care services to the nation's low-income population. The Affordable Care Act (ACA) allowed states to expand their Medicaid programs, which provides billions of federal dollars to counties for indigent health care services, behavioral health services, preventative care, public health and coordinated care**.**

Adopted Policy: The National Association of Counties (NACo) supports maintaining the Medicaid program as a means-tested entitlement and further supports provisions in current law that allow for expanded program eligibility and coverage standards. NACo urges Congress and the administration not to repeal the Medicaid expansion. Maintaining eligibility and coverage under the current program is essential to sustain the strong federal-state-local partnership that underpins our nation's health system.

Adopted | July 15, 201

Resolution Regarding the National Health Service Corps Loan Repayment Program

Issue: County jails are not eligible for designation as health professional shortage areas for the purpose of the National Health Service Corps.

Adopted Policy: The National Association of Counties (NACo) urges Congress to amend the National Health Service Corps loan repayment program and allow county and municipal jails to be eligible for the program. Current law excludes county jails from being designated as health professional shortage areas, and NACo urges Congress to review this designation and allow county and municipal jails to be named health professional shortage areas.

Adopted | July 15, 2019

Resolution to Support Funding for Alzheimer's Disease/Other Related Dementias Research, Community Education and Outreach and Caregiver Support

Issue: Lack of sufficient funding for Alzheimer's Disease research/ other related dementias, Alzheimer's community education and outreach, and resources for caregivers, family members and individuals with Alzheimer's Disease/ other related dementias.

Adopted Policy: The National Association of Counties (NACo) supports the continuous and increased use of federal funding to support Alzheimer's Disease/ other related dementias research, Alzheimer's community education and outreach, and resources for caregivers, family members and individuals with Alzheimer's Disease/ other related dementias.

Adopted | July 15, 2019

Resolution on Federal Policy Changes Related to Immigrant Eligibility for Federal Benefits

Issue: Changes to existing immigration policy that limits eligibility for federally funded health care and public health programs could negatively impact county governments.

Adopted Policy: The National Association of Counties (NACo) opposes specific changes to existing immigration policy that would lead to increases in uncompensated care and shift federal and state costs and the administrative burden to counties, including preventing access to and/or penalizing immigrants for the use of federally-funded health care and public health programs including Medicaid and the Children's Health Insurance Program (CHIP).

Adopted | July 15, 2019

Resolution Supporting Local Efforts for Mobile Support Teams

Issue: There is more support needed at the federal level for local health departments' mobile support teams, who work closely with law enforcement agencies to promote safety and emotional stability when a behavioral crisis occurs.

Adopted Policy: The National Association of Counties (NACo) supports legislative efforts at the federal and state levels to fully fund and promote mobile support teams within a local health department or local jurisdiction. NACo urges federal and state matching funds to maximize financial support for local jurisdictions in implementing mobile support teams.

Adopted | July 15, 2019

Resolution on Reducing Disparities in African American Child Deaths

Issue: African American children die at disproportionate rates across the United States, impacting families and communities.

Adopted Policy: The National Association of Counties (NACo) supports federal legislative efforts to fund local initiatives to reduce African American child deaths through collective impact models and targeted, community-based programs to reduce risks.

Adopted | July 15, 2019

Resolution in Support for Funding the Supporting and Improving Rural EMS Needs Grants

Issue: Rural fire and emergency medical services (EMS) agencies currently struggle to fund their EMS operations. In December 2018, Congress passed the Supporting and Improving Rural EMS Needs Act (SIREN Act), as part of the Agriculture Improvement Act of 2018 (P.L. 115-334), which restored and revised a grant program for rural EMS agencies. While the SIREN grants have been authorized, Congress must provide strong appropriations for this program.

Adopted Policy: The National Association of Counties (NACo) urges Congress to fund the Supporting and Improving Rural EMS Needs Act (SIREN) grants at $20 million for FY 2020. The SIREN grants will provide funding for rural fire and EMS agencies to recruit personnel, procure emergency medical supplies and provide emergency medical services (EMS) training classes. Only public and nonprofit agencies are eligible to receive these funds.

Adopted | July 15, 2019

Resolution Supporting Improved Compliance through Better Regulation in Nursing Homes

Issue: Better regulation is needed to support compliance, while ensuring unnecessary regulatory burdens do not take precedence over care, treatment, and outcomes

Adopted Policy: NACo supports strengthening efforts by the Centers for Medicare and Medicaid Services (CMS) to improve compliance through collaborative efforts with healthcare providers and stakeholders to reduce administrative burdens, increase effective and efficient conformity with regulations and improve the beneficiary experience by removing regulatory obstacles that diminish the ability to put patients/residents first over paperwork.

Adopted | July 15, 2019

Resolution Supporting Better Staffing in Nursing Homes

Issue: Nursing homes need adequate staffing levels to provide high quality care, safe care, person-directed care, and care that is consistent with state and federal regulations.

Adopted Policy: The National Association of Counties (NACo) urges Congress to amend federal law to allow disapproval for nurse aide training programs to be discretionary rather than mandatory and support the Nursing Home Workforce Quality Act.

Adopted | July 15, 2019

Resolution to Support Federal Action to Obtain Better Research on Kratom and to Promote Dissemination of Best Public Health Practices Related to Kratom

Issue: Local communities need better data and research related to kratom that will aide the development of public health best practices related to the use of kratom in communities across the United States.

Adopted Policy: The National Association of Counties (NACo) should urge Congress to pass legislation and/or federal agency directives to fund and support efforts to research the health impacts related to the use of kratom. This includes federal action steps to devote the appropriate agency and staff resources to complete both: (1) a review of existing research on kratom in order to provide counties and other local government jurisdictions with immediate guidance on the most appropriate public health best practices related to kratom; and (2) to pursue more comprehensive research on kratom that can inform longer-term public health approaches related to the use of kratom.

Adopted | July 15, 2019

Resolution to Support Amending 42 CFR Part 2 SUD Privacy Rules to Improve Care Coordination

Issue: Need to align privacy requirements for substance use disorder (SUD) patient records with those for medical care records under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) in order to improve care coordination for patients undergoing SUD treatment.

Adopted Policy: The National Association of Counties (NACo) supports amending 42 Code of Federal Regulations (CFR) Part 2 (Part 2) privacy provisions to improve care coordination for patients undergoing treatment for SUD by aligning the privacy requirements for SUD patient records as governed by Part 2 with those in HIPAA for medical care. This would permit information sharing between SUD treatment providers, behavioral health providers and medical care providers for the purposes of health care treatment, payment, and operations (TPO), while also bolstering efforts to identify high utilizers of public services and hospital emergency departments.

Adopted | July 15, 2019

HUMAN SERVICES AND EDUCATION

POLICY RESOLUTIONS

Resolution to Support Linking 2-1-1 Lines with Substance Use Disorder Crisis Lines

Issue: 2-1-1 lines are not linked to substance use disorder crisis lines, requiring 2-1-1 to refer callers to a separate crisis line.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the administration to enact legislative proposals that appropriate funding to link 2-1-1 lines with substance use disorder crisis lines.

Adopted | July 15, 2019

Resolution Urging Congress and the Administration to Maintain County Child Welfare Flexibility and Funding

Issue: In February 2018, Congress passed and President Trump signed into law the Family First Prevention Services Act (FFPSA). The law provides new federal entitlement funding for optional foster care prevention services meeting stringent best practice benchmarks and creates new federal requirements relating to congregate (group home) care that would reduce federal IV-E reimbursement and shift costs to states and counties. The FFPSA did not extend federal IV-E waivers slated to expire on September 30, 2019.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Department of Health and Human Services (HHS) to provide administrative flexibility in the Family First Prevention Services Act (FFPSA) to minimize the anticipated cost-shifts to states and counties that will occur by denying FFPSA Title IV-E eligibility to children who would remain eligible for state or county-funded foster care and adoption assistance. Congress should also provide states and counties with sufficient flexibility to serve and protect abused and neglected children as done currently under some state laws. NACo further urges that Congress amend and/or HHS mitigate the law's proscriptive provisions intended to reduce the use of congregate care so that states and counties already proceeding with similar efforts may continue to do so. Additionally, Congress should extend federal IV-E waiver authority through September 30, 2024 unless comprehensive child welfare finance reform that reflects NACo's priorities is passed and implemented before waivers expire.

Adopted | July 15, 2019

Resolution to Fully Fund and Update the Temporary Assistance for Needy Families (TANF) Program

Issue: The Temporary Assistance for Needy Families (TANF) program expires at the end of the fiscal year.

Adopted Policy: The National Association of Counties (NACo) supports a reauthorization of the Temporary Assistance for Needy Families (TANF) program to provide greater state and county flexibility to create and provide services that support families and help move them off welfare, including allowing more flexibility in TANF program design, such as allowing higher education to count as work; realistic time limits on education and allowing states to use TANF funds to support post-secondary educational expenses. NACo supports congressional efforts to measure client outcomes instead of administrative processes but is concerned that Workforce Innovation and Opportunity Act (WIOA) metrics may not be the best benchmarks to determine programmatic success.

NACo urges Congress to, at a minimum, retain and enhance state flexibility to use TANF funds for subsidized employment. Given the demonstrated success of TANF subsidized employment programs, NACo urges Congress to increase funding for those programs but not at the expense of existing funding for the TANF block grant or contingency fund. Given that Congress has not increased the $16.5 billion allocated for the TANF program since its enactment in 1996, NACo urges Congress to ensure that reauthorization includes a provision increasing TANF funds annually at an amount commensurate with the rate of inflation. NACo supports continuing the ability of states to transfer up to ten percent of their TANF block grant to the Social Services Block Grant (SSBG) in order to address locally identified needs, such as responding to the opioid crisis. NACo further supports continued ability of states to directly utilize TANF block grant funds for childcare expenses for families. Additionally, NACo urges transparency regarding the use of TANF block grant and state "maintenance of effort" (MOE) funds.

Adopted | July 15, 2019

Resolution to Minimize the Negative Impacts of Immigration Enforcement on Families and Children

Issue: The need to carry out enforcement of immigration law in a matter that does not increase reliance on local social safety-net services or increase administrative costs for counties.

Adopted Policy: The National Association of Counties (NACo) urges the federal government to carry out its enforcement of immigration law in a manner that minimizes negative impacts on families and children and does not increase reliance on local social safety-net services or create new demands and administrative costs for counties.

Adopted | July 15, 2019

Resolution to Maintain Current Levels of Legal Migration

Issue: The health of our economy and communities and our economic growth as counties depends on a robust legal immigration system.

Adopted Policy: The National Association of Counties (NACo) supports legislative or regulatory proposals that at least maintain current statutory legal immigration levels and opposes any efforts that would significantly reduce legal immigration to the United States.

Adopted | July 15, 2019

Resolution on Early Childhood Development

Issue: Increase funding for early childhood development programs and services.

Adopted Policy: The National Association of Counties (NACo) supports legislation to increase investments in high quality early childhood development, including greater coordination among pre-school programs in schools and county-run programs such as home visitation, child wellness, Head Start, Early Head Start and high-quality childcare. Additionally, NACo supports legislation to fully fund early intervention entitlements through the Office of Special Education programs.

Adopted | July 15, 2019

Resolution Supporting Two-Generation Efforts to Reduce Poverty

Issue: Poverty is a national problem and requires a national solution. In order to combat the harmful impacts of intergenerational poverty, federal, state and local partners should promote new methods of addressing these issues.

Adopted Policy: The National Association of Counties (NACo) encourages the federal government to pursue policies that support and enable state and local jurisdictions to coordinate a two-generation approach to combat poverty. Federal efforts to reform public assistance must recognize that poverty is influenced by national economic factors that are not within the control of local or state governments, and that local and state governments are best positioned to help their citizens when federal programs are flexible and support all generations within a family.

Adopted | July 15, 2019

Resolution to Enact the American Dream and Promise Act or Similar Legislation

Issue: The National Association of Counties (NACo) should support the American Dream and Promise Act or similar legislation.

Adopted Policy: The National Association of Counties (NACo) calls upon Congress and the president to enact the American Dream and Promise Act or similar legislation that, without imposing costs on counties, would allow certain undocumented immigrants who entered the country as children and/or for humanitarian reasons to attain legal status if they pass background checks, demonstrate good moral character and meet education requirements.

Adopted | July 15, 2019

Resolution to Address Sexual Abuse in Families

Issue: A need for additional resources and education to prevent sexual abuse in families.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families' (ACF) Children's Bureau to support programs, research and monitoring systems that prevent child abuse and neglect in families while ensuring that children who are victims receive treatment and care.

Adopted | July 15, 2019

Resolution to Support the Development of Pilot Programs for Innovative Delivery of Federal Social Services Programs that Are Offered through Local Governments

Issue: Local governments are responsible for delivering several federal health and human services programs. These crucial social services programs help low-income families buy food, afford utility payments, and provide job training opportunities. Local governments have separate offices spread across cities and counties to deliver specific federal programs. This decentralized system is oftentimes inefficient and overly complicated, leading to lower program enrollment and less support for vulnerable populations.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the administration to support legislative and regulatory efforts that would provide additional resources to create, support the development of, and fund pilot/demonstration programs for innovative delivery of federal social services and workforce training programs that are offered through local governments. Further, NACo urges that this funding would go directly to local governments, which are responsible for operating programs that increase the efficiency of delivery of federal social services programs through the use and adaption of technology and centralized community resource centers, which allow for citizens to apply for several federal social services in a single location, reducing the burden on the constituents and ensuring cost effective allocation of federal resources.

Adopted | July 15, 2019

JUSTICE AND PUBLIC SAFETY

POLICY RESOLUTIONS

Resolution on State Criminal Alien Assistance Program (SCAAP)

Issue: Restore full reimbursements to states, counties, and cities for the costs of housing criminal aliens as provided in the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322).

Adopted Policy: The National Association of Counties (NACo) urges Congress to appropriate funding that fully reimburses states, counties and cities for the costs of housing criminal aliens.

Adopted | July 15, 2019

Resolution Urging the Federal Emergency Management Agency (FEMA) to Conduct an Assessment and Develop an Improvement Plan on FEMA Individual Assistance Programs

Issue: Citizens, businesses and governments impacted by disasters should be afforded a simple process, clear guidelines and timely assistance to recover from a disaster.

Adopted Policy: The National Association of Counties (NACo) urges Congress to direct the Federal Emergency Management Agency (FEMA) to conduct a study on FEMA's Individual Assistance programs to measure the simplicity, clarity and expediency of applying for assistance and take appropriate actions to refine the programs based on results.

Adopted | July 15, 2019

Resolution Urging the Federal Emergency Management Agency (FEMA) to Clarify FEMA Debris Removal Guidelines for Private Roadways and Gated Communities

Issue: Citizens, businesses and governments that are located on private roads or within private gated communities and are impacted by disasters should be provided a simple process, clear guidelines and timely reimbursement assistance to recover from a disaster.

Adopted Policy: The National Association of Counties (NACo) urges Congress to direct the Federal Emergency Management Agency (FEMA) to clarify FEMA's debris removal reimbursement guidelines for private roadways and gated communities to simplify and expedite the process.

Adopted | July 15, 2019

Resolution Urging the Federal Emergency Management Agency (FEMA) to Coordinate with Local Government Stakeholders on FEMA After-Action Reports

Issue: Citizens, businesses and governments that are impacted by disasters should be provided a simple process, clear guidelines and timely reimbursement assistance to recover from a disaster.

Adopted Policy: The National Association of Counties (NACo) urges Congress to direct the Federal Emergency Management Agency (FEMA) to coordinate with local government stakeholders and residents on FEMA After-Action Reports.

Adopted | July 15, 2019

Resolution in Support for Deflection Initiatives

Issue: Communities across the country are facing a behavioral health crisis related to substance abuse and mental health. To provide resources needed to combat the devastating impacts of the crisis, law enforcement agencies are implementing deflection programs. These innovative programs are intended to divert non-violent individuals experiencing addiction, substance use and mental health disorders from jails into community treatment programs while protecting public safety and connecting individuals directly to needed services.

Adopted Policy: The National Association of Counties (NACo) urges Congress to increase financial support for measures that maximize the ability of counties to develop and support programs that deflect non-violent individuals experiencing behavioral health crisis into treatment driven by a complete, integrated and accessible continuum of care. NACo encourages federal legislative action to expedite the creation of collaborative deflection initiatives that offer immediate pathways for non-violent individuals to treatment and other services as an alternative to traditional involvement in the criminal justice system.

Adopted | July 15, 2019

Resolution on Fair Restructuring of Homeland Security and Emergency Management Grants

Issue: Consolidation or elimination of existing Homeland Security and Emergency Management grants, particularly if these grants are moved to administration solely by the states, will decrease local resilience and negatively impact national preparedness for disasters and emergencies of all types.

Adopted Policy: The National Association of Counties (NACo) continues to oppose the complete consolidation of the existing Homeland Security and Emergency Management grant programs, and requests that Congress mandate that the Department of Homeland Security (DHS) and Federal Emergency Management Agency (FEMA) actively include county Emergency Managers in creating alternatives that will better address the needs of all levels of government and that does not discard the advances gained through past grants. NACo asks Congress to preserve, maintain, and enhance the Emergency Management Performance Grant and other all-hazard grants related to

disaster recovery and mitigation as fully funded programs separate from grants directed at terrorism-related issues.

NACo asks that Congress works with DHS and FEMA to ensure that Homeland Security and Emergency Management grant programs address realistic risks from all hazards including, but not limited to, terrorism. State Administrative Agencies must make grant related prioritization decisions in transparent consultation and with the consent of local governments, and Congress should continue to require that no less than 80 percent of these funds be passed to local government in each state based on their realistic risk.

NACo asks Congress to require DHS to maintain the Urban Area Security Initiative (UASI) specific funding to at least 35 urban areas at greatest risk of disastrous event from all hazards including, but not limited to, acts of terrorism. In light of the significant populations, density, infrastructure and economic drivers of these areas and the fact that the populations of large urban counties and cities are often least able to financially address these risks without federal assistance. The UASI program should remain jointly administered by the State Administrative Agency and the existing UASI organizational units and continue to require that no less than 80 percent of these funds be passed through to the Urban Areas. NACo will work with Congress and the other stakeholders to prepare updated legislative language to accomplish these goals and to address realistic risk parameters in addition to core urban areas.

Adopted | July 15, 2019

Resolution Urging Congress and FEMA to Ensure County Involvement in the Implementation of Emergency Management Strategic Goals

Issue: In 2018 the Federal Emergency Management Agency (FEMA) released a new five-year strategy for the agency. As part of that strategy, FEMA set forth a new concept for coping with the rising cost of major disasters and emergencies and the limited capacity of the agency to adequately manage all emergencies.

The keystone of this new strategic approach is that FEMA will oversee major emergencies and disasters in a new way, which is federally funded, state managed and locally executed. The FEMA strategy document does not, however, detail any partnership between FEMA and local government in the policy, prevention, planning, response, and mitigation and recovery realms.

In the aftermath of changes to FEMA leadership, NACo believes that it is critically important that the agency continue to involve local government in the development and implementation of policy and procedures to implement strategic goals, and to enact such procedures that will clarify and simplify the local role in national emergency management.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the Secretary of Homeland Security to ensure that FEMA actively consults with and involves counties in the development, analysis and implementation of emergency management policy and procedures in the United States to ensure that "state management" of emergencies and disasters is carried out with transparency and due attention to the needs of local government. NACo also urges Congress

to ensure that due attention is given to the development of adequate local capacity to execute appropriate emergency management activities in the counties.

Adopted | July 15, 2019

Resolution Supporting Inflationary Increase to the Emergency Management Performance Grant

Issue: The Emergency Management Performance Grant (EMPG) is the sole all-hazards grant currently extant, and the most demonstrably successful Department of Homeland Security (DHS) grant program for local governments. NACo has long supported the EMPG program. For nearly a decade, the EMPG program has remained steady at $350,000,000 per year while inflationary costs have risen, eroding the fund. The National Emergency Managers Association (NEMA) and the International Association of Emergency Managers (IAEM) are working with Congress in light of the new spending caps to increase the EMPG funding by at least 5 percent to account for inflation. In 2018, the House recommended a one-time increase to the EMPG.

Adopted Policy: The National Association of Counties (NACo) requests that Congress provide for an inflationary increase in the Emergency Management Performance Grant (EMPG).

Adopted | July 15, 2019

Resolution Supporting the Emergency Management Performance Grant Program

Issue: The Emergency Management Performance Grant (EMPG) is the sole all-hazards grant currently extant, and the most demonstrably successful DHS grant program. However, in light of state funding shortfalls many state Emergency Management Agencies have reduced the amounts of EMPG funding passed through to local government in many places often with little or no input from or notice to counties. On several occasions, the President and/or Congress has proposed reductions to or elimination of the EMPG as a whole, or incorporation of EMPG into other programs.

Adopted Policy: The National Association of Counties (NACo) requests that Congress guarantee that the Emergency Management Performance Grant (EMPG) program continue and that it remain a separate program, separately funded from all other grants that specifically address terrorism or other specific issues (remaining, then, a truly all-hazards program), at or above current funding levels. NACo requests that Congress require that a minimum of 70 percent of EMPG funds be passed through to local government while continuing the 50-50 local match requirement.

Adopted | July 15, 2019

Resolution Urging Congress and FEMA to Ensure County Involvement in the Implementation of the Disaster Recovery Reform Act (DRRA)

Issue: On October 5, 2018, President Trump signed the Disaster Recovery Reform Act (DRRA) of 2018 into law as part of the Federal Aviation Administration Reauthorization Act of 2018. These

reforms acknowledge the shared responsibility for disaster response and recovery, aim to reduce the complexity of the Federal Emergency Management Agency (FEMA), and build the nation's capacity for the next catastrophic event.

The law contains approximately 50 provisions that require FEMA policy or regulation changes for full implementation, as they amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act. It touches multiple funding programs and responsible federal agencies but includes major changes to processes and grant funding managed primarily by FEMA. Through the DRRA, Congress provides greater flexibility for applicants to build what they need rather than simply restore or replace what was damaged. It also mandates financial support for greater resiliency in rebuilding and mitigation and aims to improve expediency of the project process and dispute resolution.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the Secretary of Homeland Security to ensure that FEMA actively consults with and involves counties in the continuing development, analysis and final implementation of the DRRA. NACo also urges that Congress ensure that due attention is given to the development of adequate local capacity to execute appropriate emergency management activities in the counties as a result of any new polices or procedures required due to DRRA changes implemented by FEMA.

Adopted | July 15, 2019

Resolution Urging Congress and FEMA to Reduce Unnecessary Burdens on Public Assistance to Counties Following Presidential Declarations

Issue: Following approval of post-disaster recovery projects, FEMA's inconsistent processes, personnel and exceptionally burdensome paperwork result in unreasonable delays in reimbursement of Public Assistance costs.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the Secretary of Homeland Security to ensure that FEMA follows through on its stated strategic goal to reduce the complexity of FEMA, particularly in the case of Public Assistance (PA) reimbursement.

Specifically, NACo asks that Congress requires FEMA to:

- Address bureaucratic obstacles in the PA process;
- Reduce the complexity of compliance requirements and processes in the PA process;
- Eliminate inconsistent guidance, training, experience and accountability for FEMA field; operations and staff assigned to Public Assistance and other roles;
- Streamline the oversight of disasters by adhering to their stated intent to realign FEMA so that disasters are "federally supported, state managed and locally executed."

Adopted | July 15, 2019

Resolution to Support National Standards for Emergency Management Programs and the Emergency Management Accreditation Program

Issue: Since 2001 Congress has sought metrics for understanding the capabilities and capacities of local government to respond to, and be resilient in the face of, terrorism and other emergencies and disasters. NACo recognizes that the capacities and resources of county programs for emergency management will always vary. However, NACo has long invested time and effort into the development and maintenance of national standards for county emergency management programs through involvement with the Emergency Management Accreditation Program Commission and the Emergency Management Standard.

Adopted Policy: The National Association of Counties (NACo) supports the use of the Emergency Management Accreditation Program (EMAP) Emergency Management Standard administered through the Emergency Management Accreditation Program as the national standard for assessment of the capability of county emergency management programs. Additionally, NACo supports the current processes and procedures the EMAP Commission uses to update and evaluate the Standard. The Standard should be free from requirements not supported in the ANSI standard setting guidelines or the EMAP Commission management process.

Adopted | July 15, 2019

Resolution in Support of Amending U.S. Code Title 16. CONSERVATION Chapter 12. FEDERAL REGULATION AND DEVELOPMENT OF POWER, Subchapter I. REGULATION OF THE DEVELOPMENT OF WATER POWER AND RESOURCES Section 803. Conditions of License Generally

Issue: A resolution urging the United States Congress to amend 16 U.S. Code § 803 (a)(2)(B), to include recommendations from Local agencies exercising administration over flood control in the issuing of licenses for waterpower and resources.

Adopted Policy: The National Association of Counties (NACo) urges the United States Congress to amend 16 U.S. Code § 803 (a)(2)(B) as follows: (B) The recommendations of federal, ~~s~~state and local agencies exercising administration over flood control, navigation, irrigation, recreation, cultural and other relevant resources of the state in which the project is located, and the recommendations (including fish and wildlife recommendations) of Indian tribes affected by the project.

Adopted | July 15, 2019

Resolution on National Flood Insurance Program Reauthorization and Program Improvements

Issue: Including county priorities in the reauthorization of the National Flood Insurance Program.

Adopted Policy: The National Association of Counties (NACo) urges congressional committees of jurisdiction to include local and state stakeholders in the process of drafting legislation for the reauthorization of the National Flood Insurance Program that:

- Provides long-term reauthorization with a focus on affordability, efficiency, fairness, accountability and sustainability of the program.
- Invests in mitigation, reforms the administration and claims processes, and bolsters NFIP solvency.
- Modernizes flood mapping and flood risk accuracy.
- Increases accountability and consumer protections in the NFIP and private markets.

Specifically:

- **Affordability** – Limit rate increases to no more than five percent per year on any policy, inclusive of any surcharges and fees, especially given potential rate increases due to FEMA's Risk Rating 2.0 initiative. Preserve grandfathering. Place a hard cap on annual premiums of one percent of the total coverage of the property. Rates should be maintained as affordable for all policy holders.
- **Mitigation** – Increase federal investment in property and community mitigation, not only through loans, however; provide mitigation credits to residential property owners for proven flood proofing methods, beyond elevation; oppose unfunded mandates on local governments for mitigation efforts; modernize Increased Cost of Compliance to encourage mitigation.
- **Mapping** – Improve transparency, use the most effective technology, and include input from local governments; develop a method to pay for elevation certificates.
- **Solvency** – Further address repetitive loss properties; limit NFIP payments to Write Your Own (WYO) companies; increase the pool of policyholders through enforcement and expansion of the preferred risk policy; forgive the NFIP debt and reallocate interest payments to mitigation and solvency.
- **Consumer Protection** – Create a policy review process; regionalize Flood Insurance Advocates; amend force-placing provisions to keep policyholders in NFIP instead of a surplus line.
- **Privatization** – Require private insurers to cover the entire spectrum of risk (i.e. no cherry-picking of preferable policies); allow consumers that leave NFIP for the private market to re-enter NFIP; ensure private insurance market development does not undermine community flood mitigation through the Community Rating System.

Adopted | July 15, 2019

Resolution to Maintain Local Control and Public Safety Priorities Under Federal Immigration Laws

Issue: Maintain local control and flexibility under federal immigration laws.

Adopted Policy: The National Association of Counties (NACo) supports the autonomy of counties in decisions related to the allocation of local law enforcement resources and setting of public safety priorities under federal immigration laws.

Adopted | July 15, 2019

PUBLIC LANDS

PLATFORM CHANGES

Platform Changes to the Public Lands Policy Section

STATEMENT OF BASIC PHILOSOPHY

Public lands are a defining feature of the United States, particularly in the West. NACo, its Western Interstate Region, state associations of counties, and individual county governments have a critical role in policy development, planning, and management of federal land through the coordination process mandated by federal law (16 U.S.C. 1604 (a) and 43 U.S.C. 1712 (b)). Counties serve as conveners and can offer a local, detailed level of expertise on resource management issues that is beneficial to all levels of government and helps to achieve mutual goals.

The federal government has long recognized and accepted that federal land holdings are a burden on local governments, and that funding is necessary for local governments to provide the types of services needed to access and use those lands. NACo believes that fair, equitable payments to counties, including revenue sharing from all forms of economic production, are necessary for federal agencies to meet their obligations as land managers.

NACo believes that environmental and socioeconomic values must be balanced through a philosophy of multiple use management that allows diverse activities on public lands to support local economies. Federal agencies must coordinate their management of public lands to ensure they are consistent with local land use or natural resource management plans to the fullest extent required by law. Federal agencies must also treat counties as governing partners and co-regulators.

FEDERAL LANDS PAYMENTS

A. Payments to Federal Lands Counties: All federal lands are tax-exempt, but still require local government services. NACo supports program(s), including full-funding of the Payments In-Lieu of Taxes (PILT) program, that compensate counties for these tax-exempt lands on a basis that is equitable to both the federal and local taxpayer that are non-discriminatory in nature. NACo supports the creation of a similar program to compensate counties with tax-exempt military lands. All payments to public lands counties should not be sequestered by the federal government, nor should they be delayed, reduced or otherwise negatively affected by any federal shutdown activity.

B. Resource Revenue Sharing Payments: NACo recognizes that natural resource extraction can impact local infrastructure and increase demand for services in surrounding counties. Therefore, NACo supports additional payments over and above other payments to local governments based on the revenue generated from the natural resource use and extraction within those counties' jurisdiction. Such payments shall not be subject to sequestration and the federal government should release any previously sequestered natural resource revenue sharing payments.

NACo supports amending the Federal Mineral Leasing Act so that an additional five percent from the federal portion (50 percent) of mineral lease revenue is returned to the county in which the mineral was extracted, and the historic balance of the 50/50 split is restored.

NACo supports the sharing of federal leasing and rights-of-way revenues from renewable energy development, forest stewardship contracts on federal lands and Good Neighbor Agreements (GNAs) with county governments where those developments and contracts occur. Any revenue sharing program should not negatively impact the PILT program. Receipts sharing for forest stewardship contracts and GNAs should be based on the total merchantable value of the products, rather than merely the net in excess of the contract amount.

C. **Secure Rural Schools and Community Self-Determination Act:** NACo supports federal stopgap payments to counties facing lower federal resource revenue sharing payments due to substantially decreased activity in natural resource use, harvest, and extraction as a result of federal regulations that have restricted or prohibited the use, harvest, and extraction of the resource. NACo supports the reauthorization and enhancement of the Secure Rural Schools program (PL 110-343). Reauthorization should maintain coupling between payments to counties and active natural resource management, and the connection between sustainable natural resource management and the stability and well-being of forest counties and communities.

NACo urges Congress and federal agencies to restore responsible, multiple use and sustained-yield industries on public land. These industries are necessary to provide economic, social, educational, and cultural stability for resource communities. NACo supports robust bridge funding to arrest catastrophic declines in resource production and county revenue sharing and a restoration of active public land management.

D. **Compensation to Counties by Businesses Operating on Federal Lands:** NACo supports additional payments to counties for any fees generated from any businesses—such as concessionaires or enhanced-use lessees—who operate on federally owned land to compensate local taxing jurisdictions equal to the property taxes that are otherwise paid by any other commercial business in the county.

FEDERAL LAND USE PLANNING

A. **Current and Future Federal Land Management Agency Land Management Plan Revisions:** Federal land management agencies shall coordinate with local government officials and maintain maximum consistency with local plans and policies when conducting current and future revisions of Resource Management Plans (RMPs) and Forest Management Plans. Counties should utilize the coordination process and/or serve as cooperating agencies in the NEPA process as counties see fit and be provided meaningful opportunities for involvement in the revision process from start to finish. Once land management agency plans become approved management practices or policies, new agency actions should not contradict those plans. Plans should provide for economic and social sustainability, emphasize multiple use management and commodity production and require that federal decisions be made at the most local level of the federal agency.

B. National Environmental Policy Act (NEPA) Improvement: NACo supports the revision of NEPA to strengthen the involvement of local governments in the federal decision-making process, expedite project analysis and make final decisions in a timely but effective manner. NACo supports requiring federal agencies to coordinate with local governments, offer cooperating agency status and negotiate mutually agreeable memoranda of understanding (MOU). NACo encourages increased opportunities for involvement of the public during the legally mandated public comment process, including opportunities for verbal input during town halls, hearings and listening sessions within or in close proximity to the impacted communities and, when possible, increased time to provide written input and testimony.

C. Endangered Species Act: NACo recognizes the importance of the Endangered Species Act (ESA) as an essential safeguard for America's fish, wildlife and plants, and therefore supports updating and improving it to better achieve its goals. NACo supports the delisting of species when recovery goals are met.

NACo supports reforming the ESA to mandate that the federal government treat state and county governments as equals through government-to-government coordination to decide jointly with appropriate federal agencies when and how to list species, designate habitat and plan and manage for species recovery and delisting.

NACo supports reforms that would require federal agencies to perform cumulative and quantitative economic analyses before the designation of critical habitat that would measure the effects of such a designation on all affected local governments and local stakeholders, including the effects on possible uses of land, property values, employment and revenues available for state and local governments. This information shall be considered as a part of their decision-making process.

D. Gateway Communities: NACo recognizes counties as gateway communities to our nation's federal lands and that the economies and ecologies of county, state, and federal governments in gateway regions are interwoven. NACo believes that diverse recreation and tourism opportunities are critical to counties and their communities. Furthermore, NACo recognizes that federal policies frequently drive significant impacts to gateway communities and the services they provide to visitors to ensure their pleasure, safety and comfort.

Federal government shutdowns have an enormously negative impact on counties and gateway communities. NACo urges land management agencies to partner with state and local government to keep these facilities open and adequately staffed during federal government shutdowns. Local and state governments that temporarily open and staff these facilities should also have the opportunity for reimbursement by federal lands agencies.

FEDERAL LAND MANAGEMENT

A. Transfer of Public Lands: NACo believes all fifty states are equal and that every state should receive everything that was promised to them in their enabling acts, including land transfers, if requested by an individual state and in consultation with the affected counties.

B. Public Land Acquisition and Ownership: Acquisition or disposal of new land, conservation easements and water rights by any federal agency should be subject to coordination with the

county in which the land is located, and consistent with local land use or natural resource plans. Counties should be given the opportunity to participate in the development of terms and conditions of any such proposal before it is carried out. Criteria for the transfer, sale or acquisition of public lands and conservation easements shall include consideration of fair market value, loss of tax base, coordination with appropriate counties and other governing jurisdictions, preparation of appropriate environmental analyses and public values. Lands acquired by the federal government shall be considered entitlement lands and subject to Payments In-Lieu of Taxes compensation to the impacted local government. Additionally, NACo requests that federal land management agencies adopt policies that provide real and substantial consideration of historic uses in project plans and environmental documentation and commit project developers to providing mitigation for their loss.

C. Special Use Designations: Special federal land use designations impact the long-term use and status of public lands, which in turn has significant impacts on neighboring counties. The federal government shall coordinate with affected state and local government as early as possible when considering special land use designations. NACo supports those special use designations of federal lands that are approved by county governments and supported by stakeholders in the area in which the designations are proposed and are consistent with existing resource management plans. There must be compliance with the requirements of the National Environmental Policy Act (NEPA), including open public comment sessions in the impacted counties. Adding private lands to wilderness and other special designation areas shall require congressional approval.

NACo supports amending the Antiquities Act to require state and local government approval to provide transparency and accountability in the designation of national monuments. In cases where such state and local government approvals have been obtained, continued federal coordination and consultation with state, county, and tribal governments and consistency with their natural resource management plans should be required to the maximum extent allowed by law.

NACo opposes efforts to require inventoried roadless areas to be managed in accordance with the US Forest Service Roadless Area Rule issued in January of 2001. NACo supports petitions of individual states to amend the Roadless Area Rule to allow state-specific management guidelines for inventoried roadless areas in that given state.

NACo opposes policy and management decisions (such as Wilderness Study Area creation) that allow federal agencies to manage public lands for long, undefined periods of time as wilderness without congressional designations and with restrictions on the use of private lands in the proximity to a Wilderness Study Area.

D. Access: For public lands counties and gateway communities, access is a central issue. NACo supports retaining and enhancing public access to public lands for public safety, forest and ecosystem health, recreation and tourism, resource extraction, research and education, and private property rights.

Roads are the primary infrastructure for access to public lands, and public lands road systems must be retained and maintained. NACo opposes road closures, road decommissioning,

moratoria against road building and other limiting policies and practices without coordination and consistency with county natural resource plans or management policies.

NACo recognizes the importance of the system of historic roads, trails and other rights-of-way across federal lands established under R.S. 2477. NACo supports legislative efforts to create a clear, consistent administrative process coordinated with local government plans for confirming historic rights-of-way on federal lands for qualifying roads, including but not limited to a waiver of the statute of limitations regarding timely filing of such applications where qualifying roads cross "reserved" land. The Administration should work cooperatively with local officials to obtain administrative, judicial, and legislative recognition of county R.S. 2477 rights-of-way claims on federal land. NACo opposes any federal action designed to change or diminish the scope of these rights and supports shifting the burden of proof for R.S. 2477 rights-of-way closures to the federal government to justify such action.

E. Water: NACo believes in state primacy in water resources administration, management and allocation. Before any decision is made to continue drawdowns, removal or breaching of dams, a full review of all the relevant scientific and socioeconomic implications of such actions should be made and coordinated with affected counties. Water supplies for millions of individual Americans and agricultural producers begin on federal lands, and land management policy should prioritize, protect and uphold watershed health and water yield. Water rights holders must be given access for maintenance and control of water structures located on public lands.

NACo supports changes in current federal policy to allow the use of mechanized equipment for maintenance of dams within designated Wilderness areas and Wilderness Study Areas.

NACo urges the U.S. government to acknowledge the importance of adopting definitive Arctic policies in order to protect national security and to further U.S. commerce.

F. Domestic Livestock Grazing: Domestic livestock grazing on public lands is essential to local economies and is often an activity of cultural and historic significance. Livestock grazing is also an important method for the management of the landscape for public safety. NACo supports the enhancement of a viable rangeland livestock industry. Grazing is an excellent tool for the reduction of fire fuels, control of some noxious weeds, and other, less noticeable benefits such as hoof action allowing for better native seed to soil contact.

NACo supports the development and implementation of alternative grazing allotment management procedures, including categorical exclusions for "no change of use permit" renewals on transfers, to streamline the process and reduce costs to the taxpayer associated with rangeland management decisions.

NACo expresses disapproval of civil actions to diminish public lands livestock grazing rights brought against industry and federal land management agencies when final decisions are made by the appropriate federal agencies after cooperative efforts to determine best land-use practices.

NACo opposes legislative efforts to allow for the permanent retirement of grazing permits through the buyout of grazing permits by non-ranching third parties. If a permit is vacated, NACo supports reissuing the permit to an active grazer only.

G. Wild Horse and Burro Management: Wild horse and burro management on public lands is an increasingly urgent environmental crisis resulting in inhumane conditions for wild horses and burros that must be addressed through balanced, science-based decision-making and reproductive management practices.

NACo urges support for federal land agencies in the management of wild horse and burro populations to achieve appropriate management levels (AML) as authorized by federal law. Further, NACo supports the sale, adoption or humane slaughter of excess animals and the funding and utilization of sterilization technology and methods proven to be effective in controlling herd sizes.

NACo supports legislation to give individual states exclusive authority to manage wild horses and burros on federal lands, including exclusive authority to determine appropriate AMLs and authority to dispose of animals that exceed AMLs.

H. Energy and Mineral Resource Development: Like any other permitted activity on public land, energy and mineral resource development and production should be conducted in coordination with impacted counties and consistent with local natural resource plans to the maximum extent allowed by law. NACo supports the development and implementation of comprehensive and consistent national policies and regulations for energy and mineral production on public lands. This includes conservation efficiency, exploration, and research that provide for the siting, permitting, production, utilization, transmission, and delivery of traditional and alternative/renewable energy and mineral resources. Every effort should be made by land management agencies to reduce obstructions that cause significant project delays and costs, including conducting oil, gas and mineral lease sales on all federal lands categorized in their land use plans for such leasing.

NACo recognizes that U.S. energy independence requires expanded alternative and renewable resources that are available on federal public lands. NACo supports the expanded use of solar, wind, water, and other traditional and renewable energy resources to provide secure, clean, affordable energy by utilizing the best methods available. Infrastructure for renewable energy on public lands should be developed in coordination with impacted county governments and after thorough analyses showing that the local economy will not be negatively impacted.

When mitigation is required as a condition of mineral or energy development, NACo encourages federal agencies to adopt consistent procedures that provide for mitigation other than through land transfer from private to public ownership, unless supported by affected counties. When such transfers are deemed the only appropriate mitigation and offsetting Payments in Lieu of Taxes (PILT) will not be received, agencies must ensure that project developers will continue to pay the property tax on the transferred land, or fees in lieu of taxes, in perpetuity, until the land is restored to private ownership.

I. Forest and Rangeland Health: NACo supports forest health initiatives that include fuels reduction, fuel breaks, and managing for diseases and pests, while maintaining the multiple use mandates and utilizing the best available, peer-reviewed science. NACo also supports broader use of categorical exclusions under NEPA, especially in cases of imminent threats to community watersheds, to timely and effectively address the threat of catastrophic events to our public forest and rangeland resources, and to allow for harvest of resources while they have economic value. Federal land management agencies shall utilize an appropriate mix of management practices including categorical exclusions and increased private, local and state contract and partnerships for pre-fire management, effective fire suppression, and restoration of federal forest and rangelands.

As a goal, NACo supports legislation directing federal forest management agencies to reduce Fire Regime Condition Class (FRCC 3) to a standard of FRCC 1 in all federal forests, excepts designated Wilderness Areas, by the year 2050, through means of active landscape management, fuels reduction and immediate post-fire restoration. Due to the increased frequency and severity of wildfires caused by excessive fuel loads on federally managed public lands, NACo urges Congress and the Administration to use whatever tools available to reduce FRCC in a more expedited manner where possible.

J. Cooperatively Combating the Growing Threat of Wildfire to Public Lands Counties: Wildfire season is a year-round issue for public lands counties. Wildfires destroy public lands, endanger access to vital resources, decrease biodiversity, hinder economic opportunity, decimate municipal watersheds, and negatively impact public health and safety. County officials believe federal, state and local governments must work together to combat this growing threat to communities, livelihoods and the environment. This effort must include accelerated harvest and fuels reduction to levels that can be managed into the future, active forest management in areas that have recent fuels treatments, post-fire recovery and restoration efforts, addressing regulatory burdens, stopping frivolous lawsuits, engaging in scientifically-endorsed grazing practices and reinstating closed grazing allotments, reforestation, and appropriating sufficient funds to effectively combat wildfire on public lands without jeopardizing other accounts.

With the severe damage and threat to municipal water systems caused by increasingly frequent and destructive wildfires, NACo calls on the federal land management agencies to pursue at the earliest seasonal opportunity, a region-wide emergency project to thin-cut forest vegetation and clear deadfall and understory in all U.S. Forest Service lands where mapped city and town watersheds exist until the threat of catastrophic wildfire to those watersheds is eliminated.

K. Noxious Weeds & Invasive Species: NACo calls for a well-funded, coordinated and integrated management approach to noxious weed control on public lands. NACo supports an early detection and rapid response approach by all agencies and an accelerated completion of all environmental documentation to allow the use of all the tools needed to accomplish integrated pest management NACo calls on all federal land management agencies to coordinate with counties to better protect environmental resources from the threats and devastating impacts of invasive species.

NACo supports regulations to reduce importation of plants, exotic animals and insect species into the U.S. to help in the prevention of pest invasion. NACo supports state and federal prohibitions on the transportation of any state or federally listed invasive species, as well as efficient and effective agency action that stops other pathways of spread.

L. Military Installations: Recognizing the value counties and military installations bring to each other and their complex and sometimes competing needs, NACo supports establishment of open, consistent and long-term joint planning processes to help both communities co-exist and continue to thrive together. Early engagement, close cooperation, and joint coordination of community and military development plans are essential to minimize potential impacts. Affected counties shall be entitled to cooperating agency status for military initiatives under NEPA, while counties shall seek similar input from military installations.

M. Recreation and Tourism: Our public lands and historic sites draw millions of visitors each year. NACo acknowledges the value of the outdoor recreation economy as a $700 billion contributor to the nation's Gross Domestic Product, and that most of this recreation takes place on federal public lands.

NACo supports the Federal Lands Recreational Enhancement Act to allow federal land agencies to retain revenues from specific fee areas to pay for upgrades, management and maintenance of Forest Service recreational areas. NACo further requests FLREA be amended to allow a portion of revenues from ski area leases be retained by the U.S. Forest Service to help pay for increased workload of managing ski area leases generated by recently passed 'Summer Use' legislation.

O. Funding for Our Public Lands Infrastructure: NACo calls on Congress to adequately fund infrastructure in its national parks, national forests, and other public lands. This includes funding to support roads, bridges, trails, campgrounds, visitor centers, interpretive projects, and related facilities. NACo supports increased funding for overdue capital and deferred maintenance projects for public lands management agencies. NACo reminds Congress these public lands management agencies provide multiple use activities including mineral extraction, forest products, subsistence resources, recreation, and tourism opportunities for millions of visitors and national resource users that make substantial economic impacts on our counties and gateway communities. The significant federal investment in public lands infrastructure over the years is at risk due to the lack of funding for needed repair and replacement projects and must be recognized as a critical element in public lands management.

Adopted | July 15, 2019

POLICY RESOLUTIONS

Resolution to Repair and Maintain the Public Land Survey System

Issue: The Public Land Survey System (PLSS) is in a varying degree of deterioration nationwide due to the lack of resources provided to counties.

Adopted Policy: The National Association of Counties (NACo) urges Congress to provide additional funding to counties to support the existing Public Land Survey System (PLSS). NACo further urges the federal government to enforce existing guidelines and rules for the PLSS.

Adopted | July 15, 2019

Resolution on Amending the Recreation and Public Purposes Act

Issue: Support congressional action to amend the Recreation and Public Purposes Act to require the U.S. Department of the Interior to establish a pilot program that authorizes commercial recreation concessions on land patented or leased under the act.

Adopted Policy: The National Association of Counties (NACo) supports legislation to allow counties that have federal lands within their park system the opportunity to offer concessions operated by third party vendors. This would increase public recreational opportunities and enjoyment of these lands operated by counties.

Adopted | July 15, 2019

Resolution on the Removal of Salt Cedar

Issue: Support congressional action to address the permitting process and funding for the removal of invasive species from many of the rivers throughout the southwest.

Adopted Policy: The National Association of Counties (NACo) supports federal legislation and/or regulatory policies that would allow county governments to comprehensively remove salt cedar from rivers within their jurisdictions.

Adopted | July 15, 2019

Resolution on Amendments to Payments in Lieu of Taxes (PILT) Side B Funding - Establishing a Minimum

Issue: Counties, boroughs, townships and parishes with large federal entitlement acreage and small populations have monetary caps within the Payments in Lieu of Taxes (PILT) formula that place them in an unfavorable position in relation to the majority of all other counties.

Adopted Policy: The National Association of Counties (NACo) supports amending the Payments in Lieu of Taxes (PILT) formula to establish a base funding to all counties by setting the per-acre

variable on the Alternative B to a minimum funding level adjusted by the CPI every year. In 2018, this number was $0.38 per acre. The maximum payment to counties would not be adjusted. The current population threshold would remain at 50,000.

Adopted | July 15, 2019

Resolution Supporting Presidential Executive Order 13855 of December 21, 2018 Ordering the Secretaries of the Interior and Agriculture to Achieve Specific Goals in 2019 to Improve Conditions and Reduce Wildfire Risk in America's Forests, Rangelands and Other Public Lands

Issue: Decades of amassed tree, understory and shrub growth that have placed communities, homes, industry, agriculture, and water supply systems and people at serious risk for damage and death from catastrophic wildfires, and following through on the specific 2019 performance goals of Executive Order (EO) 13855 for fuels treatment and wood products harvesting.

Adopted Policy: The National Association of Counties (NACo) supports rigorous and timely accountability and performance reviews by the respective Inspector Generals (IG) of the U.S. Department of the Interior (DOI) and U.S. Department of Agriculture (USDA), as well as the Office of Management and Budget (OMB), to assess and report on the progress and performance by the DOI and USDA Secretaries in meeting the specific 2019 goals of EO 13855.

Adopted | July 15, 2019

Resolution to Require Federal Land Management Agencies to Offset Acquisition of New Land to Mitigate Financial Impact on Impacted Counties

Issue: Private lands either sold or donated to the federal government result in such property becoming exempt from local property taxation; thereby, reducing overall taxable market value of affected counties.

Adopted Policy: The National Association of Counties (NACo) urges Congress to enact federal legislation to require federal land management agencies to take into account the impact of transferring private land to federal ownership on counties and their tax payers, including the ability of county governments to provide necessary public services and the extent of any tax shift or loss of county property tax revenues that will occur as a result of the acquisition. Federal land management agencies, where possible, should be required to offset any acquisition of new land with a similar relinquishment by trade or sale of public land to private ownership within the same county. If additional federal land acquisitions are deemed necessary or agreed to by the impacted county, such lands may be acquired without offset. In all instances, federal land management agencies must coordinate with affected counties and disclose the financial impact to counties reflecting the loss of tax base and land use prior to new land acquisitions taking place.

Adopted | July 15, 2019

Resolution Supporting Increased Federal Public Lands Agency Funding

Issue: Federal public land agency operating budgets have a substantial impact on county economies. Proposed decreases in these budgets will hurt counties dependent on recreation for jobs and revenue.

Adopted Policy: The National Association of Counties (NACo) urges Congress to fully fund federal public lands agency budgets in order to ensure the greatest amount of recreational access to federal public lands and to support gateway communities economically reliant on tourism and recreation.

Adopted | July 15, 2019

Resolution Supporting Robust Remediation of Abandoned Uranium Mines as a Critical Priority for the United States

Issue: Throughout numerous counties across the nation, for example the Navajo Nation within the Four Corners area, abandoned uranium mines continue to jeopardize public safety and the environment. Uranium mining has resulted in elevated uranium and radon radiation levels at over 400 locations on the Navajo Nation.

Adopted Policy: The National Association of Counties (NACo) urges Congress to enact legislation for the aggressive treatment of abandoned uranium mines across the United States to protect public health and the environment.

Adopted | July 15, 2019

Resolution Supporting the Use of Federal Emergency Management Agency (FEMA) Pre-Disaster Mitigation Grant Funding to Engage in Forest Thinning and Restoration Activities on Public and Private Lands

Issue: The need for adequate, robust and timely forest restoration to mitigate the threat of future catastrophic crown fires and reduce the risk associated from post wildfire flooding and debris flow events is critical to reducing the threat to public safety that many western forested counties confront.

Adopted Policy: The National Association of Counties (NACo) calls on Congress to pass legislation increasing appropriations for and allowing the use of Federal Emergency Management Agency (FEMA) pre-disaster mitigation grant funding for forest thinning and restoration activities, including using FEMA flood mitigation assistance for forest restoration to reduce the threat of catastrophic fire, post wildfire flooding and debris flows.

Adopted | July 15, 2019

Resolution Supporting Federal Funding to Promote and Expedite Building Private Forest Industry in Regions with Low to No-Value Trees

Issue: The wood products industry is a valued partner in restoring our forests and reducing the threat of catastrophic wildfire. Without a viable wood products industry that can consume the forest products that are removed from the forest through various restoration activities, communities will continue to face an elevated threat of catastrophic wildfire.

Adopted Policy: The National Association of Counties (NACo) supports federal funding to promote and expedite the building of the private wood products industry in regions with low to no-value trees to allow consumption of forest products, including biomass as a pathway to forest restoration and reduction of the risk of catastrophic wildfire.

Adopted | July 15, 2019

Resolution Urging Congress to Support the Return of 40 Percent of Federal Mineral Lease Revenue to the County in Which It Was Generated

Issue: The right for a reasonable share of federal mineral lease and mineral lease bonus revenues to be returned to the counties who are socially or economically impacted by mineral development.

Adopted Policy: The National Association of Counties (NACo) urges Congress to amend the Federal Mineral Lease Act to clarify that the current percentage of a state's share of federal mineral lease and mineral lease bonus revenue, or 40 percent of such share, whichever is greater, shall be returned to the county of origin.

Adopted | July 15, 2019

Resolution Urging That U.S. Fish & Wildlife Service Policies Include Counts of Utah Prairie Dogs and Other Threatened and Endangered Species on Private and State Trust Lands as Well as Federal Lands for the Purpose of Measuring the Success of Species Recovery Efforts

Issue: Including inventory counts of recovering Utah Prairie Dogs and other recovering Threatened and Endangered (T&E) Species.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Fish and Wildlife Service (USFWS) to modify its policies to include the counting of Utah Prairie Dogs and other recovering threatened and endangered wildlife on private lands and state trust lands as well as federal public lands for the purpose of measuring the success of species recovery efforts.

Adopted | July 15, 2019

Resolution Urging the U.S. Forest Service and the Bureau of Land Management (BLM) to Allow Permitless Gathering of Wood Products from Areas Where Those Products are Already Planned for Controlled Burn, Slashing, Chipping and Other Treatments

Issue: Permitless gathering of wood products by the public off of Forest Service and the Bureau of Land Management (BLM) lands, before the agencies destroy those wood products in a planned treatment project.

Adopted Policy: NACo urges the U.S. Forest Service and the Bureau of Land Management (BLM) to give members of the public notice and opportunity for permitless gathering and private or commercial use of wood products from areas where the agencies are planning controlled burn, slashing, chipping, bull hogging and similar destructive treatments. This permitless gathering of wood products by members of the public would occur during an announced window of time after agency final approval of the treatment project but before the project is actually carried out.

Adopted | July 15, 2019

Resolution Calling on the U.S. Forest Service to Timely Increase Active Animal Unit Months (AUMs) on Grazing Allotments That Have Undergone Vegetative Treatments or Undergone Conversions Between Cattle and Sheep

Issue: Forest Service's refusal in many cases to update and increase grazing allotment active Animal Unit Months (AUMs) following vegetative management projects or following the conversion of approved grazing animals between sheep and cattle.

Adopted Policy: NACo urges the U.S. Forest Service to timely update and increase active Animal Unit Months (AUMs) on grazing allotments that have undergone vegetative management treatments of any kind, or that have undergone a conversion of approved grazing animals from sheep to cattle or from cattle to sheep, in order to update, reflect and implement the Active AUM carrying capacity of those allotments for the operator. If any studies and reports are necessary, such as occupancy studies or National Environmental Policy Act (NEPA) related studies, then the Forest Service should commence those studies immediately after the vegetation project or conversion in question has been completed. NACo also urges the U.S. Forest Service to include grazing and Active AUM impact analyses within NEPA and other environmental studies conducted before vegetative treatments.

Adopted | July 15, 2019

Resolution Urging the U.S. Forest Service to Address its Backlog of Needed Restorations and Replacements of Aging and Deteriorating Grazing Infrastructure

Issue: Aging and deteriorated grazing infrastructure on U.S. Forest Service (USFS) allotments nationwide, where fences, stockwatering fixtures for catchment, conveyance and access, and other grazing related infrastructure on USFS lands have deteriorated beyond the ranching operators' ability to perform routine maintenance on them.

Adopted Policy: The National Association of Counties (NACo) supports legislation and cabinet-level administrative orders to require the U.S. Forest Service to inventory the backlog of needed restorations, replacements and repairs of aging and dilapidated grazing infrastructure, such as fences, stockwatering fixtures for catchment, conveyance and access, etc., that have deteriorated so badly as to be no longer maintainable by the ranchers on a routine basis, and require regional foresters to devise and carry out region-by-region plans to prioritize and address this backlog.

Adopted | July 15, 2019

Resolution Urging the Bureau of Land Management (BLM) to Follow Federal Land Policy Management Act (FLPMA) and Place Maximum Feasible Reliance on the Local County Sheriff for all the BLM's Law Enforcement Needs, Before Deploying BLM Law Enforcement Officers, or in the Alternative Urging Congress to Abolish the BLM's Law Enforcement Program If the BLM Will Not Follow FLPMA's Direction

Issue: The Bureau of Land Management (BLM) has not followed the direction of the Federal Land Policy Management Act (FLPMA) to place maximum feasible reliance on available local law enforcement including county sheriffs and their officers for all the BLM's law enforcement needs, before the BLM deploys its own law enforcement officers.

Adopted Policy: The National Association of Counties (NACo) urges all The Bureau of Land Management (BLM) field offices, district offices and state offices to follow the Federal Land Policy Management Act's (FLPMA) direction in 43 U.S.C. 1733(c)(1) to achieve maximum feasible reliance upon willing and available local law enforcement officials in enforcing federal land management laws and regulations, paying fair amounts for available sheriff services pursuant to contracts entered into for those services, before the BLM deploys its own law enforcement officers. If the BLM refuses to follow FLPMA's direction in this regard, then NACo urges Congress to amend 43 U.S.C. 1733(c)(1) to abolish the BLM law enforcement program altogether and require the BLM to turn to County sheriffs for all law enforcement assistance pursuant to fair contracts to pay for sheriff services.

Adopted | July 15, 2019

Resolution Urging Congress to Prevent the Establishment of a National Monument without the Affected State and County's Approval.

Issue: The growing abuse of the Antiquities Act of 1906 to enable huge national monuments, amounting to one-sided presidential lockups of public lands with no input from Congress or the affected states and counties.

Adopted Policy: The National Association of Counties (NACo) supports congressional legislation modifying the Antiquities Act to prevent designating a national monument without the affected state and county's approval.

Adopted | July 15, 2019

Resolution Supporting Presidential Proclamation 9682 Dated December 4, 2017 That Modified and Reduced the Boundary and Size of the Grand Staircase-Escalante National Monument Under the Authority of the Antiquities Act

Issue: The President's authority to act on December 4, 2017 under the Antiquities Act to modify and reduce the boundaries and size of one national monument in southern Utah, over a million acres in size, and to order a new management plan for the reduced monument, done at the behest of the state and county wherein the national monument is located.

Adopted Policy: The National Association of Counties (NACo) supports, in light of the unified support that came from the government leaders of the affected state, the county wherein the monument is located, as well as the state's congressional delegation, the actions and proclamation of the president on December 4, 2017 to modify and reduce the boundaries and size of the Grand Staircase-Escalante National Monument, designated in 1996, under the authority of the Antiquities Act that requires any reservation of land as part of a national monument be confined to the smallest area compatible with the proper care and management of the objects of historic or scientific interest to be protected, and to order the issuance of a new management plan for the reduced monuments.

Adopted | July 15, 2019

Resolution on the Council of Environmental Quality's Revisions to the National Environmental Policy Act Implementing Regulations

Issue: The Council of Environmental Quality ("CEQ") is in the process of updating its National Environmental Policy Act ("NEPA") implementing regulations.

Adopted Policy: The National Association of Counties (NACo) supports revising NEPA implementing regulations to require federal agencies to regularly provide meaningful opportunities for states and counties to be involved in the NEPA process for planning and projects on federal lands that may affect the economy, society and culture of constituents. NACo asks that the CEQ work closely with state and local governments to revise the NEPA regulations.

Adopted | July 15, 2019

Resolution Supporting a Coordinated Effort Between Federal, State and County Officials to Eradicate the Spotted Lanternfly (*Lycorma delicatula)*, an Invasive Species Plaguing the Mid-Atlantic States

Issue: The spotted lanternfly was accidentally introduced to Berks County, Pennsylvania in September 2014 through an international shipment from Asia. Since then, the invasive species has caused significant agricultural, environmental and economic damage, especially harming the grape industry and other businesses in the Mid-Atlantic United States. Because the spotted lanternfly is attracted to and takes nourishment from the "Tree of Heaven" *(Ailanthus)* in order to procreate – an invasive plant found in nearly 90 percent of the United States—most of the nation is threatened by this invasive insect.

Adopted Policy: The National Association of Counties (NACo) supports a coordinated effort between the federal, state and local governments to eradicate the spotted lanternfly, an invasive species that targets important agricultural and forest commodities as well as quality of life issues. NACo also calls on the federal government to provide significant financial resources to assist the Commonwealth of Pennsylvania and county governments in combating the spread of this invasive species.

Adopted | July 15, 2019

Resolution Urging Congress to Amend and Update the Endangered Species Act of 1973

Issue: The Endangered Species Act (ESA) of 1973 has not been significantly modified in 40 years.

Adopted Policy: The National Association of Counties (NACo) urges the Congress of the United States to amend the Endangered Species Act (ESA) to reflect its intended purpose "to protect endangered species and the ecosystems on which they depend" and to ensure that the rights of people are also protected.

The ESA needs to be amended in the following manner:

1. Favor decisions lo list plant or animal species as threatened or endangered (T&E listing decisions) that are made through best available science with increased transparency and timelines for decisions.
2. ln states where the proposed Federal land use plan amendment and the state species management plan are inconsistent, postpone T&E listing decisions for a period of at least six years or until the plans become consistent.
3. Encourage or direct the Secretary of Interior (Secretary) to share critical data, research and scientific information to assist such states and counties in their conservation efforts,
4. Direct federal land management agencies to amend their land use plans to comply with state and county-based conservation efforts.
5. Strengthen the influence of local participation so that local coordination processes and recommended species management policies are not overridden.
6. Authorize the ESA to recognize and allow consideration of the predation of threatened or endangered species by natural events (such as predator impacts, weather-related events and physical health threats) as well as human activities.
7. Revise “taking" definition to protect private property rights in conformance with the United States Constitution.
8. Provide full compensation to individuals for current and long-term takings. Require mandatory costs-benefits analysis for all adverse socio-economic and cultural impacts on the affected human population.
9. Require that the science used to make any determination be subject to independent and objective third-party review.
10. Mandate that a listing of endangered species be reviewed every seven years to determine if a listing is still warranted.
11. Require all parties pay their own attorney's fees involving any legal action associated with the ESA.
12. Transfer critical habitat designations and recovery planning to the states.

13. Require Congress to approve a listing within one year, and if such approval is not timely given, the species shall be removed from the list.
14. Empower and support local management solutions at the state and county level for interstate species.
15. Prohibit ESA listings of candidate species found residing exclusively within a single state.
16. Postpone the listing and/or federal protection of a species that has recently been determined by USFWS to be threatened or endangered, and which are located in states or counties that have developed and/or implemented a good faith conservation management plan for said species.

Adopted | July 15, 2019

Resolution on Amendments to PILT Population Caps

Issue: Counties, Boroughs, Townships, and Parishes with populations of under 5,000 have monetary caps within the Payment in Lieu of Taxes (PILT) formula that place them in an unfavorable position in relation to counties with populations greater than 5,000.

Adopted Policy: The National Association of Counties (NACo) supports amending the Payment in Lieu of Taxes (PILT) formula to extend the population multipliers to include additional multipliers for local governments with populations in the range of 4,000; 3,000; 2,000; and 1,000. The increase in the 4,000 multipliers would have the same ratios as the difference in 50,000 and 40,000 population when compared to 5,000 population. The increase in the 3,000 multipliers would have the same ratios as the difference in 40,000 and 30,000 population when compared to 4,000 population. This will continue on for counties with 1,000 and less population. All local governments would have a minimum payment no less than the population cap of local governments of 1,000 population.

Adopted | July 15, 2019

Resolution to Allow the Public and Public Entities to Comment on Wilderness Characteristics Cataloging and Inventory by Federal Land Management Agencies

Issue: Wilderness characteristics cataloging and inventory without the right of the public and public entities to comment and challenge.

Adopted Policy: The National Association of Counties (NACo) opposes any continuing wilderness characteristics inventory and cataloging by federal land management agencies without input and consent of impacted county governments.

Adopted | July 15, 2019

Resolution to Cease Wilderness Characteristic Inventory in Alaska

Issue: Federal Land Policy Management Act of 1976 still allows wilderness characteristic inventory in Alaska that is not allowed in the lower 48 and Hawaii.

Adopted Policy: The National Association of Counties (NACo) supports striking Section 603, 43 U.S.C. 1784. Lands in Alaska; Bureau of Land Management Land Reviews. [P.L. 96-487, title XIII, §1320, 1980] of the Federal Land Policy Management Act of 1976.

Adopted | July 15, 2019

Resolution Supporting the Utilization of Domestic Livestock Grazing as a Cost-Effective and Viable Method for Hazardous Fuels Reduction Goals in Executive Order 13855, Promoting Active Management of America's Forests, Rangelands and Other Federal Lands to Improve Conditions and Reduce Wildfire Risk

Issue: Allowing grazing as an acceptable form of active forest and vegetation management to reduce hazardous fuel loads.

Adopted Policy: The National Association of Counties (NACo) urges the Trump Administration to instruct federal land management agencies to utilize domestic livestock grazing as a cost-effective and viable method of hazardous fuels reduction on public lands in the West. In accordance with Executive Order 13855, counties urge the administration to require agencies to reactivate all suspended non-use Animal Unit Months (AUMs) when requested by permittees, unless the agencies can produce peer-reviewed, irrefutable scientific evidence that doing so would be detrimental to the range. Additionally, counties recommend that all grazing permits be treated as outcome-based in order to grant federal agencies greater flexibility to respond to conditions on the ground.

Adopted | July 15, 2019

Resolution Regarding Wildland Fire Regulations and Policies

Issue: Federal agencies, including the United States Forest Service (USFS) and the Bureau of Land Management (BLM), have adopted regulations, policies, and guidelines that allow lightning-caused fires to burn on federal lands at all times and that permit the use of prescribed fires, regardless of ignition source, on federal lands at all times. (See, e.g., Federal Wildland Fire Management Policy & Program Review, December 18, 1995 and Guidance for Implementation of Federal Wildland Fire Management Policy, February 13, 2009.)

Adopted Policy: The National Association of Counties (NACo) supports greater coordination between federal land management agencies and local governments in implementing wildland fire suppression policies and strategies, with the understanding that a blanket, one-size-fits-all policy is untenable on diverse landscapes. Federal agencies must work with local governments to accomplish their (Federal agencies) land management goals, including wildfire suppression and

risk reduction, and ensure such efforts do not jeopardize the health, safety, and welfare of local residents.

Adopted | July 15, 2019

TELECOMMUNICATIONS AND TECHNOLOGY

PLATFORM CHANGES

Platform Changes Under "Statement of Basic Philosophy," Subsection E. Wireless Communications Facilities Siting and Subsection J. Broadband Deployment and Adoption

STATEMENT OF BASIC PHILOSOPHY

Counties play a major role in the nation's communications system as regulators, service providers, and consumers of communications services. County officials have a responsibility to ensure that the public interest is being served by communications providers, regardless of the delivery platform. The social goals and public good expected from our citizens must be ensured. This includes public educational government access, public and homeland security matters, and protecting the interests of special needs citizens.

Expanding communication has become a critical component of a successful economic development policy**.** ~~as counties work to~~ **Access to affordable high-speed internet is critical to** attract and retain ~~skilled jobs and industries, and counties~~ labor **and industries.** ~~as first responders to homeland security threats and events.~~ **Additionally,** homeland security **requires** ~~has required a much wider~~ **an integral** role for counties in securing the Nation. Adequate communications systems and information access are vital to meet this ~~growing~~ **important** responsibility. It is therefore imperative that county officials play a~~n~~ **key** ~~increasing~~ role in the future of communications policy.

E. Wireless Communications Facilities Siting: Counties have a regulatory role regarding the siting of tower and antenna facilities. With the exception of decisions based on the health effects of radio frequency (RF) emissions, local authority is preserved with minimal limitations supporting nondiscriminatory, timely action. Even in the case of RF emissions, the law clearly requires that the facilities operate in compliance with RF emission standards.

NACo believes any disputes between counties and the industry should continue to be resolved in the courts on a case-by-case basis. No federal actions should undermine local government's zoning authority.

Counties have an obligation to their constituents to ensure that, to the extent possible, the public health, safety and welfare are not endangered or otherwise compromised by the construction, modification or installation of broadcast **facilities/**towers. NACo believes nothing should preempt local government authority to reject new ~~tower~~ **siting** applications upon finding of adequate existing facilities.

NACo supports policy and/or legislation giving more consideration to public health and safety needs when locating cell towers and **broadcast facilities** on public lands in rural areas with little or no service.

J. Broadband Deployment and Adoption: NACo strongly supports legislation and administrative policies that help counties rapidly expand public-private partnerships and to attract affordable, abundant, redundant and reliable high-speed broadband services that meet

or exceed federal broadband speed definitions regardless of population or technology used. NACo supports legislation and/or policy that achieves any of the following: streamlined federal ROW and permitting processes for structures on lands controlled by any federal agency; access to federally owned dark fiber for use by government or quasi-governmental organizations; location maps and open access to broadband infrastructure that deployed with public funds; creation of fair refusal of service process where the incumbent has the option to provide service at the same level as a new deployment serving a high cost or underserved area within 180 days or must get out of the way; development of fiber optic broadband infrastructure where public funds are used; and a minimum broadband speed requirement of 25Mbps down and 3Mbps up. This also includes supporting legislation that provides tax credits to telecommunications providers that develop broadband in rural and underserved communities and provides for broadened eligibility and additional federal agency loan authority or extension of credit to telecommunications providers that deploy broadband in rural communities.

~~In supporting expanded broadband service, where minimum broadband speeds are achieved, NACo shall maintain a neutral position on the differing technologies and policy initiatives promoted by the various elements of the communications industry that are seeking to obtain a competitive advantage in retaining or expanding market share.~~ NACo believes all levels of government should work cooperatively with the private sector, nonprofits, and academia to develop robust awareness, adoption, and use programs for broadband.

Adopted | July 15, 2019

POLICY RESOLUTIONS

Resolution Calling on Congress to Actively Engage Counties Prior to Developing 5G Wireless Infrastructure

Issue: As Congress works on legislation to help grow our nation's wireless broadband infrastructure, it is imperative that they engage local leaders to ensure that new wireless infrastructure built on locally owned property is done so with the prior approval of the governing jurisdiction, and does not preempt or limit local zoning authority.

Adopted Policy: The National Association of Counties (NACo) urges Congress to work with local officials when drafting legislation that would encourage the use of state or county owned land, including public rights-of-way, to build new wireless infrastructure including fifth (5G) wireless networks, to expand service to rural areas, or to promote digital equity. NACo has long advocated for universal access to reliable wireline and wireless high-speed broadband service – as crucial for education, employment, and economic development – and NACo further urges Congress to oppose any legislative or regulatory proposals that would limit or preempt local zoning authority, or the ability of local governments to charge reasonable fees for the use of publicly owned land to build wireless infrastructure.

Adopted | July 15, 2019

Resolution in Support of Empowering Counties to Be Active in the Deployment and Operations of High-Speed Internet

Issue: High-speed internet is an essential element to modern commerce but local governments in many states are prohibited from being an active participant in the deployment of these services.

Adopted Policy: The National Association of Counties **(**NACo) supports the removal of barriers to counties supplying infrastructure to the private sector, partnering with the private sector or operating internet services as a public utility when no commercial service is available.

Adopted | July 15, 2019

Resolution Encouraging Congress to Undertake a Systemic Rewrite of the Telecommunications Act of 1996

Issue: The Federal Telecommunications Act has not been updated by congress since 1996. Since that time, there have been substantial changes in not only the telecommunications technology in use but the also the manner it is used in daily life. The lack of congressional attention to this matter has placed an inordinate burden on the Federal Communications Commission (FCC) to set policy that is better suited to our elected representatives.

Adopted Policy: The National Association of Counties **(**NACo) believes that the time has come for Congress to engage in a systemic rewrite of the Telecommunications Act of 1996. We believe this action is necessary to realign the telecommunications policies of the United States to match current and developing technologies.

Additionally, we believe that NACo can be a valuable resource during this process due to our unique relationship with this issue. NACo and its members are not only critical users of these Telecommunications systems, elected representatives of the consumers of these systems, facilitators of deployment of these systems but also in some states, regulators of these systems.

Adopted | July 15, 2019

Resolution Encouraging Congress to Pass Legislation that Would Ensure Local 911 Service Fees Are Only Used for Emergency Communications

Issue: Funding for 911 comes for a variety of sources, including monthly fees that are set by the state and paid on consumers' telephone bills. Yet this rate may vary by phone type within a state. As consumers shift their telecommunications preferences from wired to wireless phones, some states have seen a dramatic decrease in dedicated 911 funding as existing statutes have not been updated to account for these shifts. Subsequently, it is not uncommon for the revenue from 911 fees to fall short of the cost of running a 911 call center, also known as a public safety answering point (PSAP). Additionally, many states collect 911 fees and remit the revenues to local governments. However, in 2015 over $220 million in 911 fees were diverted by states throughout the country for purposes other than maintaining and upgrading PSAPs. As counties receive less in

dedicated 911 revenue due to both states withholding funds and shifts in telecommunications preferences, they must turn to general fund money.

Adopted Policy: The National Association of Counties **(**NACo) encourages Congress and the Federal Communications Commission (FCC) to adopt legislation or take regulatory action that ensures that fees collected for local 911 services are only used to repair, replace or improve 911 communications technology and services at our nation's public safety answering points or call centers.

Adopted | July 15, 2019

Resolution Encouraging Congress to Pass Legislation to Formalize the Process Through Which Data Gathered by the TestIT App is Used to Modify the Broadband Coverage Maps

Issue: The National Association of Counties (NACo), through efforts from NACo's Telecommunications and Technology Steering Committee and the Rural Action Caucus (RAC), is at the forefront of the issue of creating accurate broadband coverage maps. The current maps tend to inflate the availability of service across the nation but particularly in more rural areas. These maps are an important source document in the development of national broadband deployment policy and the deployment of federal funds for broadband development. Having accurate coverage maps is essential to the development of good federal policy on broadband deployment.

Adopted Policy: The National Association of Counties **(**NACo) encourages Congress and the Federal Communications Commission (FCC) to create a formal process by which crowd-sourced data gathered by applications such as the TestIT app can be used to create new or update the existing FCC broadband coverage maps. Further, NACo believes that such legislation should require the FCC to test and certify the accuracy of these crowd-sourcing applications.

Adopted | July 15, 2019

Resolution in Support for Federal Legislation to Implement Next Generation 911

Issue: There is an urgent need to implement Next Generation 911 (NG911) systems and services nationwide to ensure that members of the public and first responders (i.e., 911, police, fire, EMS) benefit from modern emergency communications services.

Adopted Policy: The National Association of Counties **(**NACo) urges Congress to pass legislation that affirms nationwide implementation of Next Generation 911 (NG911) as a national imperative and national priority, and provides funding to facilitate implementation across all states, U.S. territories, tribal lands and the District of Columbia.

Adopted | July 15, 2019

Resolution in Support Preserving Public Safety's Access to the T-Band (470-512 MHz)

Issue: On February 22, 2012, President Barrack Obama signed Public Law 112-96. The law requires that the Federal Communications Commission (FCC) begin auctioning the public safety T-Band spectrum (470-512 MHz) by February 2021 and clear all public safety operations from the band within two years of auction close.

Adopted Policy: The National Association of Counties **(**NACo) urges Congress to support the Don't Break up the T-Band Act of 2019 (H.R. 451), which requires the auction of the spectrum and the relocation public safety incumbents from the T-Band spectrum.

Adopted | July 15, 2019

Resolution in Support of the Creation of a Nationwide 2-1-1 System

Issue: While 2-1-1 service is available to many parts of the country, there remain gaps in coverage and gaps in service levels for millions of Americans due to a lack of federal resources to support the network's 24/7 nationwide capacity that has the ability to link vulnerable residents to critical services.

Adopted Policy: The National Association of Counties **(**NACo) supports the creation of a nationwide 2-1-1 system to connect unconnected residents to 2-1-1 services anywhere in the United States by leveraging the 240-plus 2-1-1 providers that currently cover 94 percent of the population, and should be used as the non-emergency number during regional and statewide disasters to connect residents to critical information and resources.

Currently 94 percent of Americans have access to a 2-1-1 service in their local communities, but serious gaps in access to a 2-1-1 service remain for millions of Americans due to a lack of federal resources to support the network's 24/7 nationwide capacity. More work is needed for the 2-1-1 network to attain its full potential to be a nationwide resource that can strengthen families and local communities. We urge our federal partners to help bridge the gap of access for Americans by supporting the creation of nationwide 2-1-1 texting capability so every American can connect with vital services 24/7; supporting opportunities for 2-1-1 to secure funding from federal agencies to expand their current capabilities to reach unconnected communities and regions; and supporting investments in 2-1-1's disaster recovery services through partnerships with government agencies like the Federal Emergency Management Agency (FEMA).

Adopted | July 15, 2019

Resolution on Preserving Local Franchise Obligations

Issue: The Federal Communications Commission (FCC) is considering a Notice of Proposed Rulemaking (05-311) that a cable operator be able to reduce its cable franchise fees by the market value of franchise obligations such as services to schools and libraries and Public, Educational and Governmental (PEG) Channels.

Adopted Policy: The National Association of Counties (NACo) affirms the importance of cable franchising in granting permission for cable companies to use valuable public property for their lines and opposes any regulatory proceeding or legislation that seek to alter the terms of existing franchises, including any effort to require that non-financial obligations be subject to offset against franchise fees.

Adopted | July 15, 2019

Resolution Calling for the Federal Communications Commission to Address the Lack of Cellular Phone Coverage for Unserved and Underserved Areas of the United States

Issue: Many areas of the United States, particularly in rural areas, are either underserved or not served at all by cellular phone carriers preventing residents and visitors from accessing emergency services through E-911.

Adopted Policy: The National Association of Counties (NACo) urges the Federal Communications Commission (FCC) to direct additional funding for the build-out of additional cellular communications capabilities in the unserved and underserved areas of the Unites States through the High Cost Program administered by the Universal Service Administrative Company (USAC).

Adopted | July 15, 2019

TRANSPORTATION

PLATFORM CHANGES

Platform Changes to the Funding and Financing Tools Section, Subsection D. Passenger Facility Charge (PFC)

Funding and Financing Tools Section
Subsection D. Passenger Facility Charge (PFC)
NACo supports the continued collection of PFC fees for every boarded passenger by public agencies that control commercial airports. **NACo also supports efforts by Congress to lift the cap on PFCs in order to provide more local control over investment decisions; relieve burdens on federal taxpayers; and, increase airline competition.**

Adopted | July 15, 2019

Platform Changes to the Highways Section, Subsection F. Trucks and Vehicle Size and Weights

Highways Section
Subsection F. Trucks and Vehicle Size and Weights
NACo believes adequate federal funding should be provided to compensate state and local governments for any infrastructure upgrades necessary to accommodate the vehicle size, weight, and configurations mandated by Congress. **NACo opposes any increases in truck size or weight until Congress requires a full impact analysis that any increases may have on the national transportation system, including the added cost on state and local governments. NACo supports full funding of these impacts by Congress and expects Congress to fund any additional impacts suffered by local infrastructure in Congress' performing of the analysis.** NACo also supports the continued requirement that all trucks have underride protection devices and believes that the National Highway Traffic Safety Administration (NHTSA) should periodically review the adequacy of such regulations

Adopted | July 15, 2019

POLICY RESOLUTIONS

Resolution on Regulating Air Ambulances Under the Airline Deregulation Act (ADA)

Issue: Air ambulance emergency services have grown significantly in recent decades, as have their cost. The average air ambulance trip can cost tens-of-thousands of dollars and patients are not readily provided this information until they receive their bill. Air ambulances cannot be regulated under the Airline Deregulation Act (ADA), and therefore are able to charge exorbitant rates.

Adopted Policy: The National Association of Counties (NACo) supports policies to remove air ambulances from the definition of "Air Carrier" in the Airline Deregulation Act (ADA) and to ensure other federal laws do not prevent states from regulating air ambulance billing rates to

protect consumers from price-gouging and/or balance billing conducted by some air ambulance providers. NACo encourages Congress to do a thorough and complete study of air ambulance operations.

Adopted | July 15, 2019

Resolution Supporting Funding for the Assistance to Local Emergency Response Training (ALERT) Grant

Issue: The Consolidated and Further Continuing Appropriations Act of 2015 (P.L. 113-235) allowed the Pipeline and Hazardous Materials Safety Administration (PHMSA) to use money recovered from prior year Hazardous Materials Emergency Preparedness (HMEP) grants to fund the Assistance to Local Emergency Response Training (ALERT) grants. The language reauthorizing the grant must be re-entered in the appropriations language every year. Funding levels depend on how efficiently states use their HMEP grants. Over the past few years, states have begun to utilize their funding more efficiently, leaving little money for those who are first on the front line.

Adopted Policy: The National Association of Counties (NACo) urges Congress to designate $6 million in dedicated funds for the Assistance to Local Emergency Response Training (ALERT) grant program, administered by the Pipeline and Hazardous Materials Safety Administration (PHMSA).

Adopted | July 15, 2019

Resolution Supporting a National Voluntary Registry of Persons with Invisible Disabilities When Applying for a Government Issued Identification Document

Issue: Persons with invisible disabilities drive, work and play in our society and the recognition of such disabilities by law enforcement is paramount to everyone's safety.

Adopted Policy: The National Association of Counties (NACo) urges the federal government to support a nationwide, individual state driven model that allows persons with hidden disabilities to voluntarily register that they have such a disability when applying for a government issued identification card and/or driver's license.

Adopted | July 15, 2019

Resolution Urging Federal Policy Makers to Include Support for Transit Options in Any Upcoming Infrastructure Package and/or List of Expanded Legislative Principles

Issue: Counties and local jurisdictions desire transit options to reduce traffic congestion, spur economic development and job growth, and enhance regional connectivity and mobility.

Adopted Policy: The National Association of Counties (NACo) urges Congress and the U.S. Department of Transportation (DOT) to provide funding mechanisms in any proposed infrastructure package, including incentives for private investment such as public-private partnerships, to state and local governments for purposes of expanding, installing, and maintaining transit systems; including but not limited to bus rapid transit, heavy rail, and light rail systems.

Adopted | July 15, 2019

Resolution in Support of Direct Funding to Local Governments for the Improvement and Maintenance of Local Roads in America within any Proposed Infrastructure Spending Bill

Issue: Include direct funding for roads owned and operated by local governments to address America's rapidly deteriorating transportation network and create jobs.

Adopted Policy: The National Association of Counties (NACo) urges the president and Congress, through any proposed infrastructure spending bill, to create dedicated funding allocated directly to local governments for the improvement and maintenance of local road and bridge infrastructure in America.

Adopted | July 15, 2019

Resolution in Support of Eliminating Regulatory Impediments for Effective Delivery of Federal Aid Projects

Issue: Federal regulatory impediments hinder the effective delivery of federal aid projects.

Adopted Policy: The National Association of Counties (NACo) urges the administration and Congress to implement measures that would eliminate regulatory impediments on local and state sponsored federal aid projects to achieve our shared goals of strengthening transportation networks, improving public safety and advancing our economic competitiveness.

Adopted | July 15, 2019

Resolution Supporting Increased Consideration of Alternative Congestion Mitigation Measures

Issue: Federal funding for automated technologies has been focused mostly on the development of driverless cars and shuttles which can enhance mobility and improve first/last-mile accessibility, but have limited ability to reduce road congestion, and may increase vehicle miles traveled before mitigation measures can be implemented.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Department of Transportation (DOT) to make road congestion mitigation a top priority by exploring, implementing and funding automated shuttles and transit network systems for congestion

mitigation that reduces the impact of driverless vehicles on road congestion, and increases usage of Automated Transit Networks (ATN) to relieve travel demand on roads.

Adopted | July 15, 2019

Resolution Urging Congress to Amend the Electronic Logging Device (ELD) and Hours of Service (HOS) Final Rule to Provide an Agricultural Exemption

Issue: Federal regulation mandating the use of an electronic logging device (ELD) for agricultural transportation drivers does not take into account delays drivers will encounter in the process of loading, unloading and transporting livestock, which could result in inhumane animal treatment, devalued livestock pricing, and further economic hardship to rural counties across the United States.

Adopted Policy: The National Association of Counties (NACo) urges Congress to amend the Federal Motor Carrier Safety Administration (FMCSA) Electronic Logging Devices (ELD) and Hours of Service (HOS) final rules to exempt agricultural trucking activity from this regulation.

Adopted | July 15, 2019

Resolution to Establish NACo's Legislative Position for the U.S. Department of Transportation's Budget Appropriation for FY 2020

Issue: The nation's counties rely on a strong federal-state-local partnership to successfully meet the transportation and infrastructure needs of their constituents. This partnership has included the federal government providing, through the annual appropriations process, funding to assist the needs of local government.

Adopted Policy: The National Association of Counties (NACo) supports the U.S. Department of Transportation (DOT) annual appropriations for FY 2020 to be maintained, at minimum, at the authorized FY 2019 level, and whenever possible, be increased to assist projects that support the economic output, mobility, and safety of the American people.

Adopted | July 15, 2019

Resolution Directing Federal Policymakers to Improve Indian School Bus Routes

Issue: Poor maintenance of dirt school bus routes on Indian reservations prevents students from getting to school and contributes to the Native American absentee rate that is four times that of non-Native students.

Adopted Policy: The National Association of Counties (NACo) urges the improvement of dirt school bus routes on Indian reservations through three key measures:

1) Increasing annual funding for the Bureau of Indian Affairs (BIA) Road Maintenance Program (RMP);

2) Prioritizing additional RMP funds for dirt school bus routes on Indian reservations that are persistently impassable; and,

3) Including counties in tribal roads meetings hosted by the BIA and Office of Federal Lands Highway.

Adopted | July 15, 2019

Resolution Directing Congress and the U.S. Department of Transportation (U.S. DOT) to Assist Economically Disadvantaged Counties by Waiving the Local Match Requirement

Issue: Economically disadvantaged counties must rely heavily on federal grants that require matching funds to pay for critical repairs and capital improvements; however, economically disadvantaged counties often times have no means to contribute to the match which further disadvantages these communities and their residents.

Adopted Policy: The National Association of Counties (NACo) urges Congress to waive the match requirement when a grant is awarded to an economically disadvantaged county. An economically disadvantaged county, as defined in 42 U.S.C. 3161, shall possess one or more of the following characteristics:

- Has a per capita income of 80 percent or less of the national average;
- Has an unemployment rate that is, for the most recent 24-month period for data are available, at least one percent greater than the national average; or
- Has experienced or is about to experience a special need arising from actual or threatened severe unemployment or economic adjustment problems resulting from severe short-term or long-term changes in economic conditions.

Adopted | July 15, 2019

Resolution to Amend Federal Law Regarding the Use of Federal Highway Administration (FHWA) Emergency Relief (ER) Funds

Issue: Current law governing the use of Federal Highway Administration (FHWA) Emergency Relief (ER) funds does not allow enough time for counties with projects to repair roads damaged in federally declared disaster areas to advance to the construction stage.

Adopted Policy: The National Association of Counties (NACo) urges Congress to amend federal law, specifically 23 CFR 668.105(h), to allow entities receiving Federal Highway Administration (FHWA) Emergency Relief (ER) funds six years after a disaster occurrence to advance projects to the construction obligation stage, as opposed to the two year requirement in current law. Additionally, NACo urges the Federal Highway Administration (FHWA) to suspend its recent

practice of rejecting extensions to the two-year rule while Congress debates a change to current law.

Adopted | July 15, 2019

COUNTY-UNIVERSITY RESEARCH PARTNERSHIPS:

Essential Elements for Successful Collaboration

SAFETY+JUSTICE CHALLENGE

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INTRODUCTION

More county governments are moving towards using evidence-based policymaking to better serve individuals in their community and effectively use taxpayer resources. However, many localities lack the capacity to undertake rigorous data collection and analysis and program evaluation. To help fill these gaps, counties are partnering with universities and colleges to access a network of public policy experts and the capacity to collect, examine and analyze data and all its complexities. These partnerships are mutually beneficial: Educational institutions have researchers and students eager to examine data that counties can provide, and counties gain information, expertise and policy recommendations on issues in their jurisdiction. Universities can also act as neutral partners and provide an unbiased perspective on an issue or effectiveness of county services. Creating partnerships with universities can position counties to receive grant funding from government and private organizations looking to increase the use of innovative justice, health, community/economic development and human service practices.

While university partnerships offer many benefits for county governments, there are certain hurdles that may arise within these unique partnerships. Counties and universities/colleges may use different terminology and thus have a hard time clearly communicating their interests, needs, skillsets and more. Counties may also be limited in what information they can share with external organizations and what public tax dollars can be used for. Universities and governments may also have competing interests: While counties usually are focused on services and outcomes, university researchers may be used to traditionally looking at more abstract concepts of public policy. Counties may also want to be careful that potential negative data or information about local programs and practices are not made public, while colleges and universities seek to publish results of their work.

This guide will highlight essential elements that can help ensure counties can successfully navigate university partnerships to improve data collection and analysis and implement evidence-based policymaking to provide innovative and cost-effective services to their constituents. This guide will give insight into the initiation and maintenance of county-university partnerships as well as advancing the partnership once the implementation phase of a project has been completed.

INITIATION & COLLABORATION

Create a Research-Friendly Culture

It is imperative that counties create an evidence-based culture within their government before pursuing partnerships with research entities. County officials should create policies and processes that encourage the use of data and evidence-based methods, which will allow for the implementation of proven-effective services and programs based on research that may come from a college or university partner. For example, counties can put into place ordinances and policies that require programming be based on evidence-based methodology, utilize data tracking and be evaluated for effectiveness. Counties should prioritize recruiting young researchers with an interest in public policy research and, if funding allows, can also hire a staff person in charge of data and research who can coordinate partnerships with universities. Counties can also create internship and fellowship opportunities with local universities to increase in-house capacity for data and research. These short-term opportunities can be used to create pathways to full-time job offers.

County governments should make working with researchers attractive and as easy as possible. County officials should keep in mind that professors and students are not the typical vendor or service provider and should not be treated the same way. Typical servicing contracts may be burdensome for university researchers to navigate. Counties should simplify the contracting process to work with universities on projects, perhaps by designing special contracts, requests for proposals (RFPs) and forms that are specific to and clear about research needs and requirements. Counties can solicit university research and consultation services through RFPs and advertisements in research forums.

Palm Beach County, Fla.– Florida State University

Palm Beach County and Florida State University (FSU) have worked as partners on numerous research projects since the 1990s. The county has even established an ordinance that encourages the use of evidence-based policymaking, leading to an evolving partnership with the university's policy research experts. Recently, Palm Beach County tasked FSU with assistance on three different projects that examine its criminal justice system for the county's Safety and Justice Challenge efforts, including analyzing the functionality and validity of the county's Risk Assessment Instrument and Pretrial Release Matrix.

Find "Best Fit" University Partners

When looking for a university partner, counties should be sure that the university they are pursuing is the best fit for their research needs. A good university partner will have researchers that have the subject matter expertise and interest in the topic area the county wants to work on. The specific department and professor should also be willing to dedicate time and resources on the research project. Reaching out to university research offices and attending research symposiums and conferences can give county officials exposure to researchers interested in particular policy areas and programs. Counties should not limit themselves to only working with local institutions and if a university is geographically "out of reach" but can offer better support, counties should see if working long distance is an option. Utilizing technology, such as video conferencing and online data portals, can help facilitate this working relationship. Regular site visits and open communication can also improve long-distance partnerships.

"Although there are some challenges with long-distance collaborations in terms of communication and being present, all of mine have worked out successfully. I'd encourage counties, if the expertise is somewhere else, don't discount that."

- Dr. Charlotte Gill, Deputy Director, George Mason University's Center for Evidence-Based Crime Policy

Boone County, Mo.– The University of Missouri

Boone County enlisted the help of the Missouri Prevention Center and College of Education at University of Missouri to identify and implement effective solutions for the 22 percent of youth in Boone County who experience social, emotional and behavioral health issues. Boone County's interest in addressing behavioral health for youth aligned closely with the research interests of the university. The partnership thus developed the Family Access Center of Excellence (FACE), a cross-sector implementation center aimed at improving access to quality mental health services for families with children (aged 0-19). FACE not only offers family and youth-focused assessments, case management and support to address common needs but also assists local government and private providers through training and technical assistance, creative financing support, quality improvement, progress monitoring and outcomes evaluation.

Be Intentional with Partnership Needs and Requirements

Counties should be intentional and specific when expressing the needs and outcomes they expect from a research project. Counties should also fully understand what the university partner wants out of the partnership. Public policy data is valuable for academics and researchers interested in applied public policy research; by providing access to local data, counties have leverage when negotiating partnerships with universities. For example, a county could offer open access to its databases, however, in return, the university partner must provide data analysis and consultation. Because data collection is conducted using tax dollars, counties should be clear with the researcher about restrictions that come along with this. For example, if data for a project is collected using taxpayer money, counties may be obligated to share these results publicly, be transparent about how money is spent and show how the use of public funds for research meets the needs of the community. County and university representatives should clearly write out expectations, restrictions and requirements in an agreement that aligns with the goals and interests of both parties. When it comes to data, counties should create legally binding contracts to protect the security and privacy of the public, such as memorandums of understanding (MOUs) or data use agreements (DUAs).

Data-Sharing Agreements

Creating a network for information sharing and engaging in effective planning and coordination with universities is critical to building a consensus around what data can and will be shared. Key stakeholders must understand the legal framework for information sharing to design and implement effective criminal justice, health and human service research collaborations. This legal framework can be created in the form of a MOU, DUA or other type of agreement. Data sharing agreements should outline the goal of the partnership as well as specific data points that are allowed to be shared, legal considerations for stakeholders and processes for modification and termination to the agreement. To learn more about agreements and data sharing, visit www.naco.org/resources/index/using-and-sharing-data.

MAINTAINING RELATIONSHIPS

Keep Communication and Relationships Continuous

Once a county and university have their partnership established, keeping communication open and relationships continuous between the two entities is crucial. The county should designate a staff member to coordinate the relationship with the university; this person should oversee the establishment and implementation of new projects and update county leaders on the progress of research projects. The county point person should have a clear understanding of the reasons and methodology of the research and should develop a common language with the university partner and be able to translate data into policy for the county. Having a designated point person is especially helpful if there is staff turnover at the university.

Communication and collaboration should continue in between bigger research projects to keep the partnership active. Counties should utilize university researchers on smaller projects or for quick consultation, such as providing expertise on a policy decision or researching evidence-based practices for service provision. Keeping the university tapped into county affairs in between more substantial research projects can keep this partner engaged and maintain relationships and collaborative processes for when bigger opportunities arise by reducing the time for coordination or completion of MOUs. Counties can also show university faculty day-to-day affairs of county government to give them a better idea of how the county operates. For example, researchers can be given tours of the county jail or participate in ride-alongs with law enforcement to help them more fully understand how programs work.

Ada County, Idaho - Boise State University

Ada County saw a transformation in its population and demographics from a rural setting to an urban one. The county experienced a 15 percent growth in population over the course of 22 years. In order to keep up with these changes, the Sheriff's Office enlisted the help of the Department of Criminal Justice under the School of Public Service at Boise State University to help analyze the ongoing changes in crime in the community and the performance of community policing. Boise State University developed a tool to survey the residents of Ada County about their perception of crime and the performance of the Sheriff's Office during this period of transition for the community. This public report has guided the county's goal to reduce its jail population by 15 to 19 percent over a two-year timeframe as a part of the Safety and Justice Challenge.

Be Creative with Funding

Many counties also work with universities to apply for grant funding to improve county services and implement evidence-based programming. These grant RFPs, usually from foundations and government agencies, require local governments to partner with researchers to provide technical assistance, data collection and analysis and evaluation of outcomes. Having an established relationship with a university can help counties apply for grants quickly. Counties and universities can keep data-sharing protocols and application materials updated to streamline the application process.

Counties and universities can also seek funding from private donors and corporations to support research projects. Private investors can provide funding for local governments and universities to test evidence-based, innovative programs and policies and reward positive outcomes. Research and evidence-based county services are often relevant to private interests. For example, insurance companies may provide funding to counties and universities to implement and evaluate innovative health programming and services. Counties should make sure that the funder goals align with the interests, needs and restrictions of the county.

Shelby County, Tenn. – The University of Memphis

The University of Memphis's Public Safety Institute (PSI) was created as a joint venture between the Memphis Shelby Crime Commission (MSCC), a non-profit policy organization focused on crime prevention and reduction, and the university. Currently, one of the primary goals of the PSI is to work with city and county agencies to monitor and evaluate progress toward goals outlined in "Operation: Safe Community-3" (OSC3), a 5-year collaboratively developed community plan to reduce crime in Shelby County which is spearheaded by the MSCC. The MSCC has a 50-person board of directors composed of leaders in law enforcement, criminal justice, business, city, county, state, and federal government, local non-profits and the faith community, along with University of Memphis faculty. Collaboration among the MSCC, the PSI and justice stakeholders facilitates the identification of evidence-based practices and solutions, reduction of silos, collaborative grant applications and brings expertise to problem solving in the areas of crime prevention, intervention and reduction.

Realize the Challenges of University Partners

Counties should keep in mind the pressures and challenges university researchers face while working on projects. Professors usually experience a large turnover of students and researchers due to matriculation, and must also attract students to work over the summer, sometimes through paid internships using their own funding. Researchers also need to work on other projects and teach simultaneously, which can take away time from county collaborative projects. In terms of funding, researchers rarely are directly compensated for the full amount of funding designated for their work in a grant because university policies often require some or all of that funding be directed to salary and benefits. Many researchers work at a financial loss on smaller public policy research projects. It is important to reinforce the benefits of university-county collaboration such as access to data, the potential for public policy publications, prospects for projects with higher payouts in the future and press releases highlighting innovative public policy research.

Roanoke County, Va.– George Mason University

The Roanoke County Police Department (RCPD) launched a co-responder program to connect people experiencing a mental health crisis to stabilization and treatment services. The three-year program is a collaboration with the Center for Evidence-Based Crime Policy at George Mason University and Intercept Youth Services in Roanoke County. The university set up an experimental research design in which police shifts were randomly assigned to regular police response or the co-response model, in which Intercept's 24-hour Crisis One service responded to crisis calls after police stabilized the scene. The goals of the program are to reduce repeat calls for service among people who do not meet the criteria for arrest or emergency custody but may not know how to access needed services, and to reduce the disproportionate amount of time that police spend responding to crisis calls.

Manage Expectations

Counties should be prepared for a lengthy process when it comes to research projects. Establishing MOUs and other legal agreements with a university can take months to finalize. The research process can also take more time than expected and may not deliver outcomes as soon as anticipated. All county stakeholders should be familiarized with the project plan, research methods and timeline and should not expect to see immediate results. Keeping stakeholders aware of smaller victories along the way, such as a new phase of implementation or updates on data collection, can help keep them engaged and involved. County and university partners should continually remember and reinforce the end goal of the partnership to avoid losing interest or being sidetracked by other opportunities.

"The key to sustainability and implementation is managing expectations and getting everyone on the same page about what we should expect out of working together. That's one of the challenges with our work, things don't happen overnight."

- Kelly Wallis, Director of Community Services, Boone County, Mo.

LOOKING TO THE FUTURE

Agree How and When Data Will be Published

Because county data will often include sensitive, individual-level information, sharing limitations and protocols should be thoroughly articulated in the MOU to protect the privacy of residents, ensure public trust is not betrayed and safeguard the integrity of county information. Counties should require the university partner to ask permission to share results to the public or other organizations or have requests for data submitted directly to the county. When sharing data with the public, counties should work closely with researchers to make sure county officials fully understand the results and are properly interpreting what the research actually means to avoid miscommunication. Coordinating press releases, publications and presentations with researchers can help counties ensure that the university is on the same page and that both partners have control over the narrative and validity of the research outcomes.

Sharing county research can be a great way to involve other local stakeholders to solve community issues or improve services and programs within the jurisdiction. Sharing research can also help other counties experiencing similar issues to replicate successful strategies. Counties and their university partners must also decide how they will manage potentially negative information and findings. For example, an evaluation of a jail mental health crisis intervention may show no impact, but this data can be used to identify gaps and opportunities for improvement in jail capacity and staff training. The county may not want this type of unfavorable information to be shared with media or otherwise made available outside of the partnership, so counties and universities should determine at the outset of their partnership how, if and when research and data will be shared publicly or used only for internal purposes.

Cook County, Ill.– The University of Chicago

The large percentage of people with mental illnesses in its jail led Cook County to focus on reentry programs for individuals returning to the community. The county created the Supportive Release Center (SRC), a facility that connects individuals with mental illnesses to services in their communities following their release from Cook County Jail. Cook County partnered with the Health Lab at the University of Chicago to examine the functionality of the facility and how it works to serve the focus population. Through the partnership, the Health Lab is providing design and evaluation support to conduct a randomized controlled trial to evaluate the impact of the SRC on health and criminal justice outcomes and generate evidence that may allow for the replication of this model in jails across the country.

Translate Data into Policy

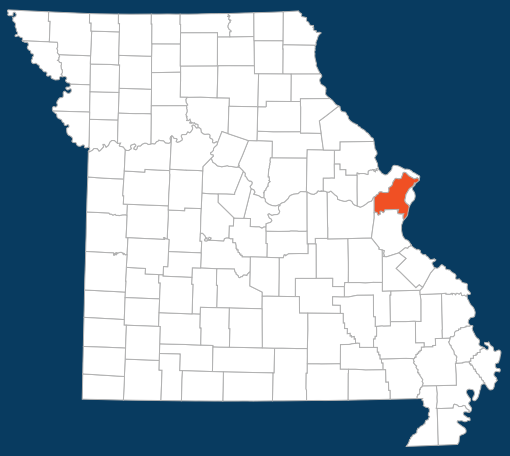
An important aspect of county-university partnerships is using the data discovered and/or analyzed to make policy decisions. In order for counties to do this effectively, county staff should have a clear understanding of what the data truly means. If possible, counties should have someone on staff with a research background who understands the research methodology, can interpret results and provide easy-to-understand and accurate implications for policy to county stakeholders. This person should be able to work closely with policymakers and provide data and information during the creation and implementation of programs and public services. For counties that do not have the capacity for research personnel, working closely with researchers from the university to ensure a clear understanding of findings as well as making informational material, such as policy briefs and infographics, can ensure that county leaders are correctly utilizing research to enact evidence-based policy.

"It's about helping the linkage between the people that produce the research and those that have to make the decisions. It is that space in between where people can help translate 'this' into options for 'this,' which is where local governments usually don't have the bandwidth."

- Erik Janas, Deputy County Administrator, Franklin County, Ohio

St. Louis County, Mo. – The University of Missouri-St. Louis

St. Louis County, through the Safety and Justice Challenge, plans to reduce its jail population by 15 to 19 percent over the next two years. The county did not have data analysis capacity, so leaders sought assistance from the University of Missouri in St. Louis to collect and analyze jail data. Their project seeks to expand a comprehensive pretrial release program for individuals who have been carefully screened for risk to public safety. The county also hopes to identify ways to address racial disparities in incarceration and case processing because it has seen an overrepresentation of African Americans in its justice system. At the end of two years, the county hopes to implement the Public Safety Assessment tool and a population review team that can divert people out of the county jail.



Keep Partnerships Alive

When funding for a research project ends, it can be hard for a county and university to keep their relationship going. However, county and university partnerships should not end when a research project is completed. Partnerships require significant time and resources to establish and should be maintained for other research projects in the future. Universities may want to use valuable public datasets to build upon the original research question after spending time collecting data. This can lead to new information for the county partner without having to start the research process from the beginning.

Counties and universities should ensure that relationships and processes are institutionalized in order to preserve them long term. This can include enacting county policy that requires evidence-based policymaking and evaluations of county programs and services, and designating someone on county staff to maintain open lines of communication with the university. County and university points of contacts can work together to find new opportunities for collaboration by sharing county government needs and university research interests on a regular basis. Having these protocols in place can make it easier for counties to apply for grants and respond to other RFPs. Highlighting past research collaboration experience and success can also give counties and universities an advantage during these application processes. Additionally, when counties encounter new policy dilemmas or identify new research needs, they can easily request assistance from a university already familiar with the community and government.

Franklin County, Ohio – The Ohio State University

Franklin County's partnership with The Ohio State University (OSU) has gone through a series of project and focus changes, beginning with the creation of Thoughtwell, a non-profit organization that coordinated community conversations and projects focused on health, housing, economics, education, workforce development and neighborhood change. Although Thoughtwell has since dissolved, the partnership and connections created through its research projects have helped the county create and evolve a new partnership with the Kirwan Institute for the Study of Race and Ethnicity at OSU. The county and Institute are currently in the process of establishing the Poverty & Race Research Action Council, which will develop a new research project to examine and address the systematic root causes of poverty in the county.

ACKNOWLEDGMENTS

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This guide is based on the input and expertise shared by the MetroLab Network, NACo members and their university and college partners during a roundtable discussion in November 2018. NACo would like to thank the following individuals for their contributions:

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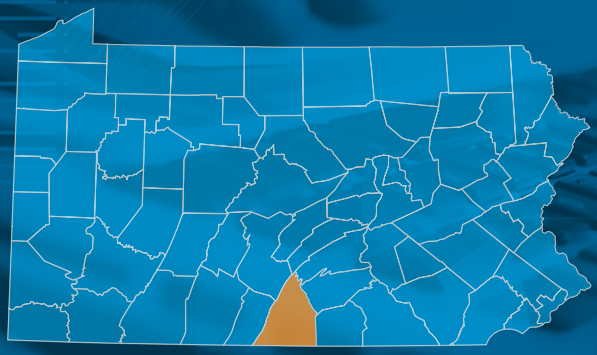
Supported by the John D. and Catherine T. MacArthur Foundation

BUILDING DATA-DRIVEN JUSTICE

FRANKLIN COUNTY, PENNSYLVANIA

POPULATION: 149,618[1]
URBAN/RURAL POPULATION: 59.65 PERCENT/40.35 PERCENT[2]
JAIL POPULATION: 504[3]



BACKGROUND

Through its participation with the **Data-Driven Justice (DDJ) initiative, Franklin County, Pa.**, uses evidence-based strategies to identify and divert frequent utilizers away from the criminal justice system and toward alternative treatment and services. Franklin County is implementing new methods of coordination between agencies, new technologies to aid in responsible data sharing and innovative processes to connect frequent utilizers to effective services. The result has been the development of new strategies to leverage county resources that drive and sustain improvements to health and treatment outcomes.

THE FRANKLIN COUNTY OVERDOSE TASK FORCE

The Franklin County Overdose Task Force was formed in 2015 to address the opioid epidemic spreading throughout the county. The task force, which is composed of over 70 at-large members, strengthens connections with agencies and communities to create initiatives to effectively address the crisis. The task force meets monthly and has subcommittees that focus on prevention, treatment, recovery, law enforcement, communications and data collection.

A variety of new programs, interventions and strategies have been undertaken since the inception of the Overdose Task Force, including:

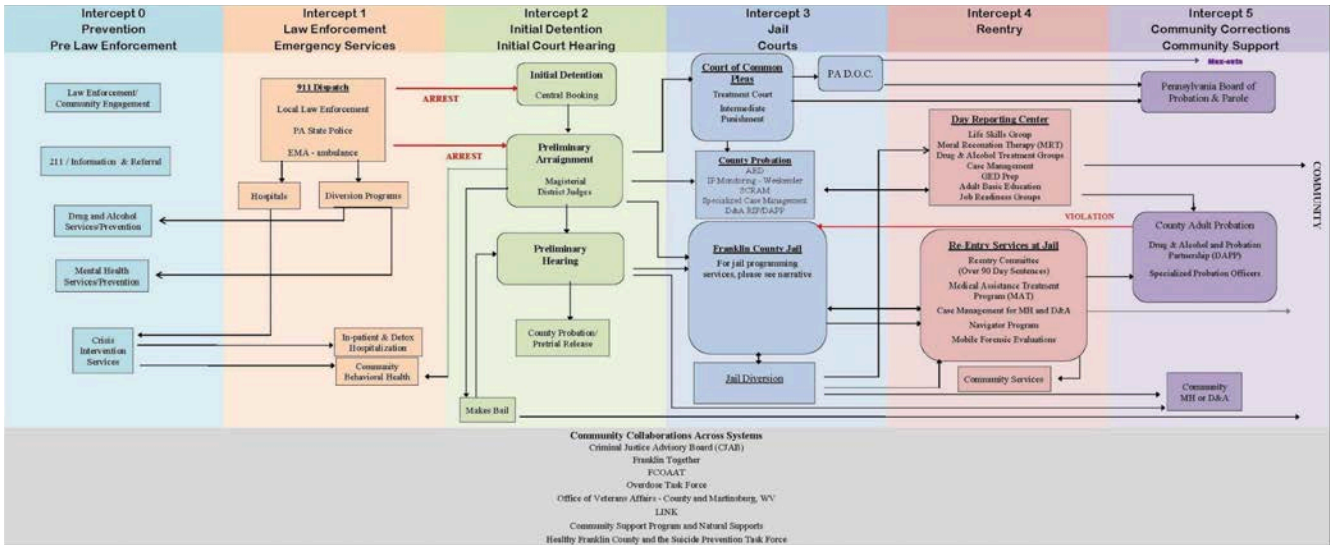
- Increased access to Naloxone, a non-addictive medication that reverses opioid overdoses
- Good Wolf Treatment Court to address the overcrowded jail population and those struggling with addiction
- Mobile-Vivitrol Services partnership with Positive Recovery Solutions
- Operation-Save-A-Life training to aid in preventing, recognizing and responding to opioid overdoses, and
- Get Back Up diversion program that links those struggling with addiction to appropriate care if they ask the District Attorney or police for help.[4]

SEQUENTIAL INTERCEPT MODEL (SIM) MAPPING

The Sequential Intercept Model (SIM) is a research-based approach for responding to justice-involved individuals with behavioral health needs at various contact points. The approach engages county administration and department leadership, law enforcement, service providers, courts and other system actors, to participate in a mapping exercise to identify the points (or intercepts) at which a person interacts with the justice system and the resulting opportunities for intervention.

Franklin County conducts an annual Sequential Intercept Model session led by the Behavioral Health subcommittee of the Franklin County Criminal Justice Advisory Board (CJAB). Franklin County's original intercept model and report was the product of a 2009 workshop sponsored by the Franklin County Commissioners and the CJAB.

FRANKLIN COUNTY CROSS-SYSTEMS MAP JUNE 2018



Franklin County updates its SIM map every year to help ensure local leaders understand resources, gaps and opportunities in their justice system.

Since 2009, the SIM has been used as a resource for referencing available behavioral health services. To make the model even more of a robust planning tool, in 2012 Franklin County added information that would assist in identifying resources and gaps related to individuals with substance use disorders. Finally, in 2017 Franklin County incorporated the latest research on SIM development by "Intercept Zero" to its model, which captures the shift towards connecting individuals in need with treatment and services in the community and before a person comes into contact with law enforcement or other first responders.

Results of this mapping process have provided Franklin County leadership with a thorough assessment and graphic presentation of their resources, gaps and opportunities at each contact point (see image above).[5]

CRISIS INTERVENTION SERVICES

Franklin County's Crisis Intervention Program provides a 24-hours-a-day, seven-days-a-week telephone, walk-in or mobile crisis intervention service. The crisis staff provide intervention, assessment, brief counseling and disposition/referral services to individuals presenting themselves in a mental health or substance abuse crisis situation.

The county also offers an innovative community partnership program of police-based crisis intervention involving law enforcement, mental health and advocacy partnerships. The Crisis Intervention Team (CIT) is a pre-jail diversion program that directs individuals with mental illness away from the criminal justice system and into treatment where they can be better served.[6]

CIT training focuses on effectively de-escalating incidents in the community when encountering individuals who are experiencing behavioral health crises due to mental illness and/or co-occurring substance use disorders. It also provides resources to officers in re-directing these individuals into emergency behavioral health facilities. Franklin County has over 150 trained CIT members.

MEDICATION-ASSISTED TREATMENT AND ENGAGEMENT

As early identification and intervention to prevent the development of Substance Use Disorders (SUD) continues to be emphasized in counties across the country, warm handoff programs have been developed throughout Franklin County in recognition of and response to the need for improved SUD treatment access. Medication-assisted treatment (MAT) has become a critical tool for the county to help individuals achieve sustained recovery.

Franklin County's "Jail-to-Community Treatment Program" allows for eligible inmates to receive Vivitrol injections combined with comprehensive MAT for substance use and co-occurring disorders prior to release from jail and continuing into the community. Participants in this program are able to attend treatment sessions in the community, rather than seeing providers in the jail, so those connections are made early and are kept consistent.

Franklin County employs physicians who are permitted to administer single doses of either buprenorphine, methadone or naltrexone (Vivitrol) to treat acute withdrawal while arranging for SUD treatment, which is especially important for individuals stepping down from a high level of care/secure environment (rehab, incarceration, psychiatric placement, etc.).[7]

Early initiation of MAT increases the likelihood that patients will engage in and continue in treatment. MAT can also help transitioning individuals pay for doctors' visits and medication in the community until other benefits can be activated. Programs initiating MAT therapy have demonstrated significant improvements in opioid withdrawal relief, treatment engagement and reductions in drug use.[8]

NACo would like to thank Carrie Gray, Franklin County Administrator for providing information on the county's ongoing efforts.

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ABOUT NACo

The National Association of Counties (NACo) unites America's 3,069 county governments. Founded in 1935, NACo brings county officials together to advocate with a collective voice on national policy, exchange ideas and build new leadership skills, pursue transformational county solutions, enrich the public's understanding of county government and exercise exemplary leadership in public service.

ABOUT DATA-DRIVEN JUSTICE

The Data-Driven Justice initiative represents a growing network of counties that are reducing incarceration by developing strategies to identify frequent users of jails, hospitals, homeless shelters and other crisis and emergency services and divert them to effective, community-based treatment and care.

To learn more about the initiative and the resources that are available, please visit **www.naco.org/datadrivenjustice.**

NATIONAL ASSOCIATION of COUNTIES NACo

FEDERAL POLICY IMPACTS ON COUNTY JAIL INMATE HEALTHCARE & RECIDIVISM

How Flawed Federal Policy is Driving Higher Recidivism Rates

MARCH 2019

EXECUTIVE SUMMARY:
CALL FOR CONGRESSIONAL ACTION

Amend Section 1905(a)(A) of the Social Security Act to allow the continuation of federal benefits, such as Medicaid, Medicare and Children's Health Insurance Plan, for those enrolled and eligible individuals who are pending disposition in local jails, especially those individuals suffering from mental health, substance abuse and/or other chronic health illnesses.

KEY TALKING POINTS:

Known as the Medicaid Inmate Exclusion Policy (MIEP), this current federal policy provision:

1. **Denies federal benefits to individuals who are pending disposition and still presumed innocent** under the Due Process and Equal Protection clauses of the 5th and 14th Amendments of the U.S. Constitution, respectively

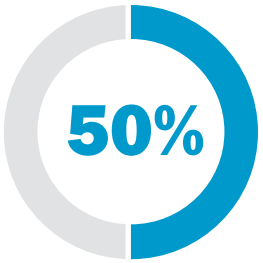
2. **Creates a double standard** since other individuals pending disposition who are released back into the community remain eligible for federal benefits such as Medicaid, Medicare, CHIP and VA benefits

3. **Results in higher rates of recidivism, treatment disruptions, health care costs and overall poorer outcomes** for individuals suffering from mental health, substance abuse and/or chronic health illnesses

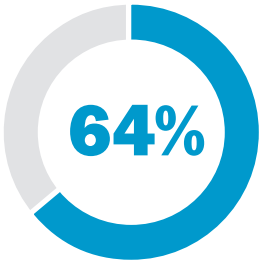
4. **Shifts the full cost of health care services for pretrial, incarcerated individuals to local taxpayers,** rather than the traditional federal-state-local government partnership for safety-net services

Across America, the double standard of the Federal Medicaid Jail Inmate Exclusion is putting undue hardships on our county judicial, law enforcement, public safety and human services systems. It results in poorer health outcomes and quality of life for our residents. It drives the over-incarceration of those suffering from mental health and substance abuse, as our county jails are now among the largest behavioral health facilities in the nation. It also puts an undue financial burden on local taxpayers to provide the full cost of health treatment services that would normally be shared among federal, state and local governmental partners.

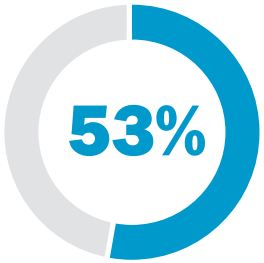
BREAKING DOWN HEALTH NEEDS IN LOCAL JAILS



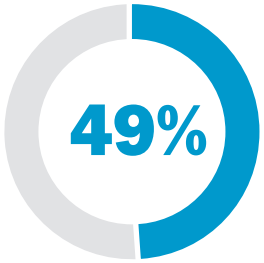
with serious chronic health condition



with major mental health illness



with drug dependency or abuse



with co-existing mental health and substance abuse conditions

UNDERSTANDING THE LOCAL JAIL LANDSCAPE

- The **Social Security Act, Sec. 1905(a)(A)** prohibits the use of federal funds and services, such as **Child Health Insurance Program (CHIP)**, **Medicare and Medicaid**, for medical care provided to "inmates of a public institution". While this language was intended to prevent state governments from shifting the health care costs of convicted prison inmates to federal health and disability programs, it has an unintended impact of local jail inmates who are in a pretrial status and pending disposition

- County governments **operate 2,875 of our nation's 3,160 local jails**, serving as the front door to our criminal justice system. Historically, jails were designed for short-term stays mainly for those pending disposition or sentencing, as well as for those convicted of lower level crimes such as misdemeanors

- Nationally, **local jails admit nearly 11 million individuals each year**. Today, our local jails are being used increasingly to house those individuals with mental health, substance abuse and/or chronic health conditions, including an estimated:

  - 50 percent with a serious chronic health condition
  - 64 percent with a major mental health illness
  - 53 percent with drug dependency or abuse, and
  - 49 percent with co-existing mental health and substance abuse conditions.

- For inmates with serious behavioral and public health conditions, the current federal policy of terminating or suspending the federal healthcare coverage for these individuals results in **poorer health outcomes**, ultimately driving up recidivism (re-arrest) rates and overall public sector costs

- While many of these individuals would normally be eligible for federal benefits, including health care coverage under Medicaid, Medicare and CHIP, a significant misunderstanding of the difference between *local jails* primarily serving those pending disposition vs. *state prisons* housing convicted individuals has resulted in the loss of federal benefits for millions of Americans

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NATIONAL ASSOCIATION of COUNTIES NACo

KEY DEFINITIONS UNDER THE FEDERAL INMATE EXCLUSION

Inmate: an individual of any age in custody; held involuntarily through operation of law enforcement authorities in a public institution

Public institution: an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control, including a correctional institution such as a county jail

UNDERSTANDING THE FEDERAL MEDICAID INMATE EXCLUSION

- Section 1905(a)(A) of the **Social Security Act excludes federal Medicaid funding** (also known as Federal Financial Participation) for medical care provided to "inmates of a public institution"
- Has been in place since Medicaid's enactment in 1965
- Makes no distinction between:

those who are **detained prior to trial** and have not been convicted of a crime (primarily housed in county jails)	**vs.**	those whom have been **convicted of committing serious offenses** (primarily housed in state and federal prisons)

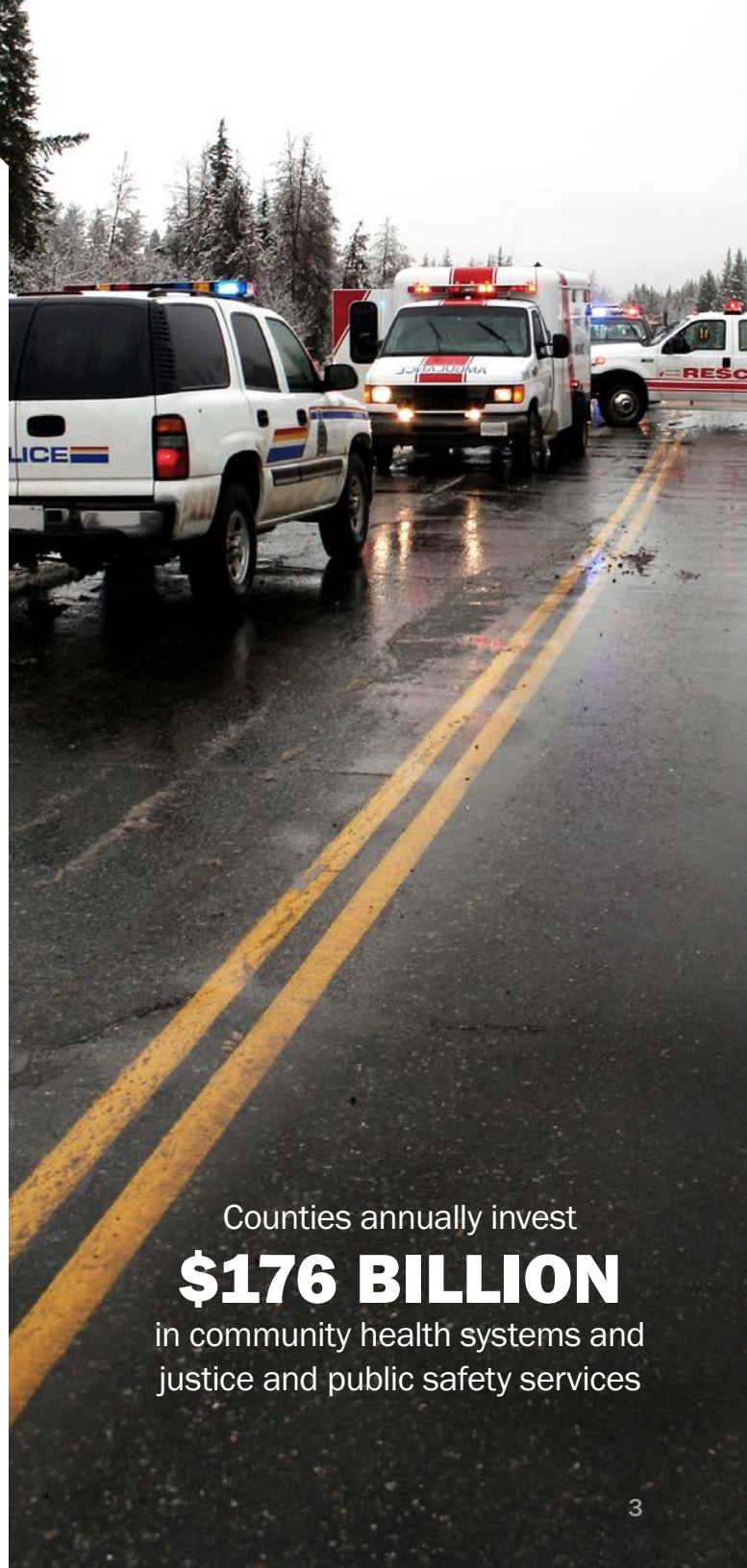
COUNTIES' REQUEST TO FEDERAL POLICYMAKERS

Congress should make allowances for the continual access of all federal benefits (Medicaid, Medicare, Children's Health Insurance Plans, Veteran's benefits) until the adjudication process is complete for those individuals in a pretrial status.

THE ROLE OF COUNTIES IN PROVIDING HEALTH SERVICES TO JUSTICE-INVOLVED INDIVIDUALS

- America's 3,069 counties annually invest **$176 billion** in community health systems and justice and public safety services
- Counties are required by federal law to provide adequate health care for the more than **10.6 million** individuals who are admitted into **2,785** county-operated jails every year
- Under the **8th Amendment** of the U.S. Constitution, failure of prison authorities to address the medical needs of an inmate constitutes "cruel and unusual punishment"
- These individuals are **unable to access their federal health benefits*** from the moment they are booked into jail, even though the majority are **pre-trial and presumed innocent**
  - » Due to what is known as the "federal Medicaid inmate exclusion." This policy denies federal benefits to individuals who are pending disposition and still presumed innocent under the Due Process and Equal Protection clauses outlined under the **5th and 14th Amendments** of the U.S. Constitution, respectively

*These federal health benefit programs may include medicaid, medicare, CHIP, and VA benefits depending on state statutes



WHY COUNTIES WANT TO IMPROVE HEALTH CARE COVERAGE FOR JUSTICE-INVOLVED INDIVIDUALS

- Medicaid, CHIP and VA coverage gaps exacerbate health conditions by creating interruptions in necessary care and treatment
- More than **95 percent** of local jail inmates eventually return to their communities, bringing their health conditions with them
- According to data from the Bureau of Justice Statistics and the National Institutes of Health, individuals in jails suffer from higher rates of mental illness, substance abuse disorders (marijuana, heroin and opiates) and chronic diseases such as cervical cancer and hypertension than the general public
- A study done by the New England Journal of Medicine revealed that individuals released from jails have mortality rates that are **12 times** higher than the general public
- Former inmates have high rates of emergency department utilization and hospitalization

Nearly 500 counties have passed resolutions and prioritized reducing the number of people with mental illnesses in local jails. Learn more at www.stepuptogether.org

COUNTY JAILS EXPLAINED

- Counties serve as the entry point into the criminal justice system
- 65% percent of local jail inmates are in **pretrial status and low risk**
- Most individuals are simply being held awaiting resolution of their case

The average length of stay in jail is

25 DAYS

In 2016, local jails admitted

10.6 MILLION PEOPLE

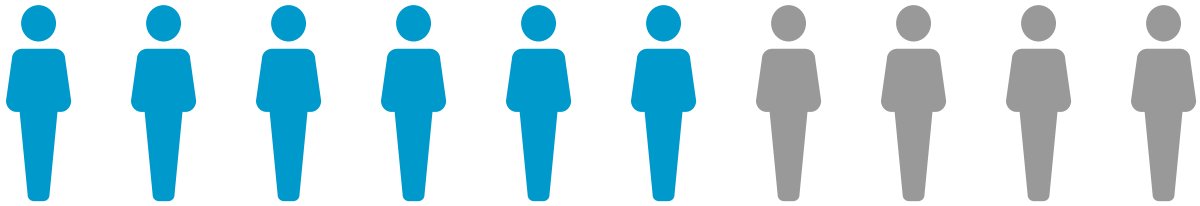
LOCAL JAILS ANNUALLY ADMIT 18 TIMES MORE INDIVIDUALS THAN STATE OR FEDERAL PRISONS

MORE THAN 6 IN 10 INMATES ARE PRESUMED INNOCENT

They haven't been convicted of a crime but are in jail awaiting action on a charge or simply too poor to post bail

PROFILE OF POPULATION IN JAILS

- **Typically non-violent**
  - » 75 percent of both pretrial and sentenced individuals are in jail for nonviolent traffic, property, drug or public order offenses
- **Disproportionately people of color**
  - » While blacks and Latinos are 30 percent of the general population, they are 50 percent of the total jail population
- **Sicker than the general population**
  - » 64 percent have a mental illness
  - » 68 percent have a history of substance abuse
  - » 40 percent have a chronic health condition, of which 40 percent use a prescription medication



Source: Jails & Health: The Critical Link Between Health Care and Jails; Mass Incarceration: The Whole Pie 2018; Bureau of Justice Statistics: Indicators of Mental Health Problems Reported by Prisoners and Jails Inmates; Bureau of Justices Statistics, Health Affairs & Prisonpolicy.org

JAILS VS. PRISONS

JAILS		PRISONS
LOCAL GOVERNMENTS, MAINLY COUNTIES	OPERATOR	STATES OR THE FEDERAL GOVERNMENT
3,163	NUMBER OF FACILITIES	1,821
10.6 MILLION	NUMBER OF ADMISSIONS (2016)	602,000
UNCONVICTED AND CONVICTED	LEGAL STATUS	CONVICTED
MISDEMEANOR	CONVICTION TYPE OF SENTENCED POPULATION	FELONY
364 DAYS	MAXIMUM SENTENCE LENGTH	LIFE
25 DAYS	AVERAGE LENGTH OF STAY IN GENERAL	37.5 MONTHS

MEDICAID VS. MEDICARE

The Medicaid and Medicare programs differ in how they are financed and the services provided to individuals. Although Medicare is administered solely by the federal government, Medicaid is financed and delivered by both the federal government and states, often with county assistance. In addition, Medicare does not have income requirements, whereas Medicaid does.

MEDICAID 101

Established in 1965, Medicaid is a federal entitlement program paid for by taxpayers that provides health and long-term care insurance to low-income families and individuals. Medicaid operates and is jointly financed as a partnership between federal, state and local governments. States administer the program, often with assistance from counties, with oversight by the federal government. **Medicaid covers approximately 73 million individuals.**

For more information on Medicaid, see NACo's report, "Medicaid and Counties"

MEDICAID OPERATES AS A JOINT FEDERAL-STATE-LOCAL PARTNERSHIP

Counties are an integral part of the federal-state-local-partnership in the Medicaid program

The **federal government sets broad guidelines** for Medicaid, including minimum eligibility and benefit requirements

States have flexibility within these guidelines and can seek waivers from the federal government to expand eligibility or available benefits

Some states **subcontract Medicaid to private insurers**, while others pay health care providers - including county-operated providers - directly

States utilize **different Medicaid delivery systems**, such as traditional fee-for-service systems that reimburse providers for each service provided and manage care systems that involve setting monthly payments

Counties across the nation deliver Medicaid-eligible services and, in many instances, help states finance and administer the program

MEDICAID IS JOINTLY FINANCED BY FEDERAL, STATE AND LOCAL GOVERNMENTS

- The federal contribution for each state varies based on the Federal Medical Assistance Percentage (FMAP) rate
- States have various options for financing the non-federal share
  - » Counties may contribute up to 60% of the non-federal share in each state
  - » $28 billion is contributed by local governments to the non-federal share of Medicaid

THE MAXIMUM AMOUNT CONTRIBUTED BY EACH STATE IS 50%; POORER STATES CONTRIBUTE AS LITTLE AS 26%. THE FEDERAL SHARE OF MEDICAID IN FY 2017 WAS 61.5%, WHILE THE STATE SHARE WAS 38.5%

Based on FY 2017 data

Source: The Henry J. Kaiser Family Foundation

Counties also serve as health providers and deliver Medicaid-eligible services through:

961
county-supported hospitals

824
county-owned and supported long-term care facilities

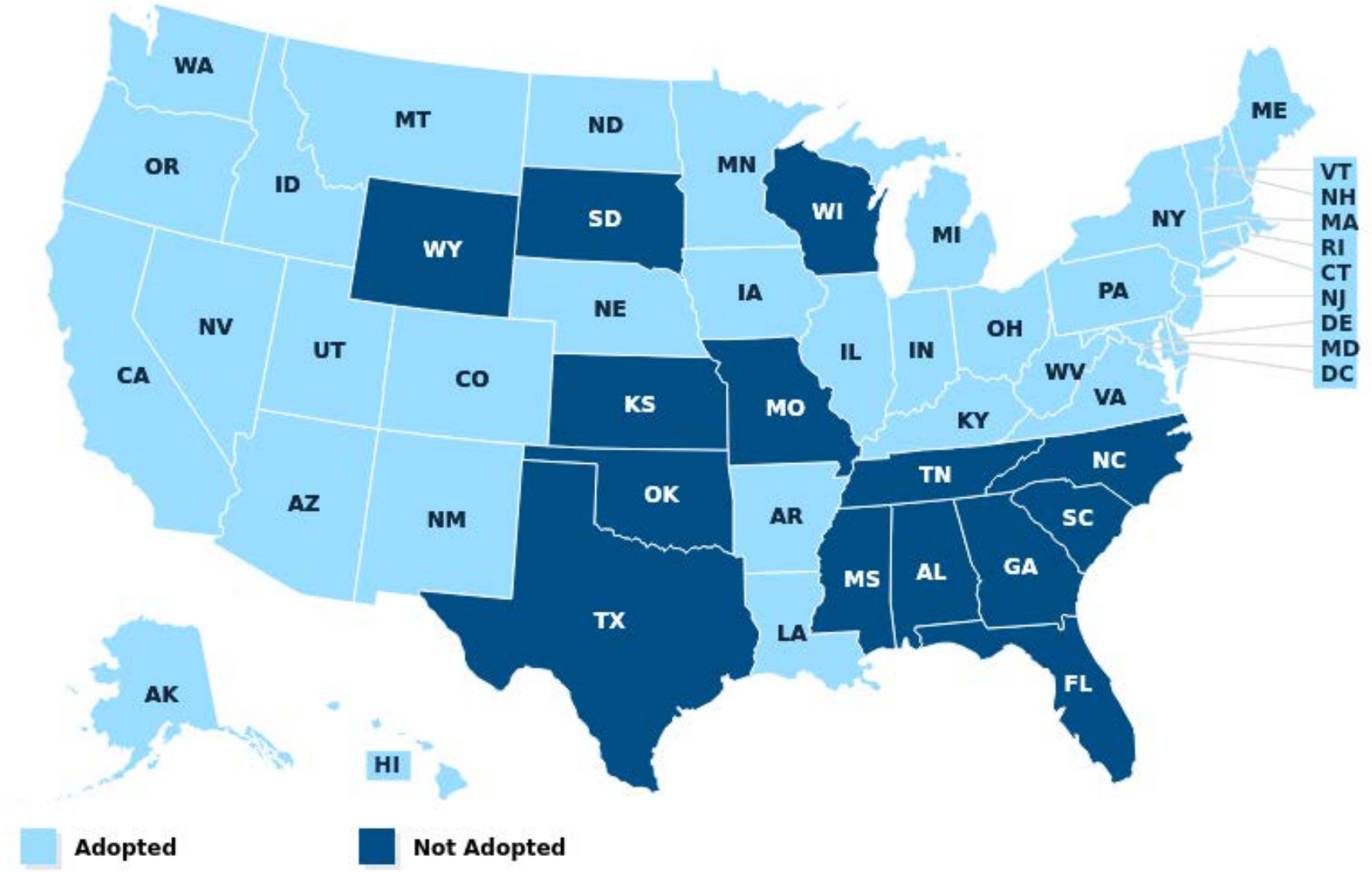
750
county behavioral health authorities

1,943
county public health departments

PROFILE OF POPULATION ON MEDICAID

- Traditionally, Medicaid has served 3 categories of low-income people:
  - » Families, children and pregnant mothers
  - » The elderly
  - » The disabled
- The Affordable Care Act (2010) allowed states the option to expand Medicaid coverage to low-income adults without children
  - » This is the very population that disproportionately makes up the jail population (male, minority, and poor)
- Therefore, in states expanding Medicaid, the number of justice-involved individuals who are eligible for Medicaid has increased

STATUS OF STATE ACTION ON THE MEDICAID EXPANSION DECISION: CURRENT STATUS OF MEDICAID EXPANSION DECISION, AS OF FEBRUARY 13, 2019



SOURCE: Kaiser Family Foundation's State Health Facts.

SUSPENSION VS. TERMINATION OF MEDICAID

- In order to avoid violating the statutory inmate exclusion, **states have typically terminated Medicaid** enrollment when an inmate is booked into jail
- When this occurs, **it can take months for an individual to be reapproved** for Medicaid upon release
- This interrupts access to needed medical, mental health and addiction treatment when an inmate reenters the community
- The **coverage gap caused by terminating Medicaid coverage can lead to re-arrests and increased recidivism**
- To address these issues, the U.S. Department of Health and Human Services (HHS) has issued guidance strongly recommending that states suspend, instead of terminate, Medicaid while individuals are in jail

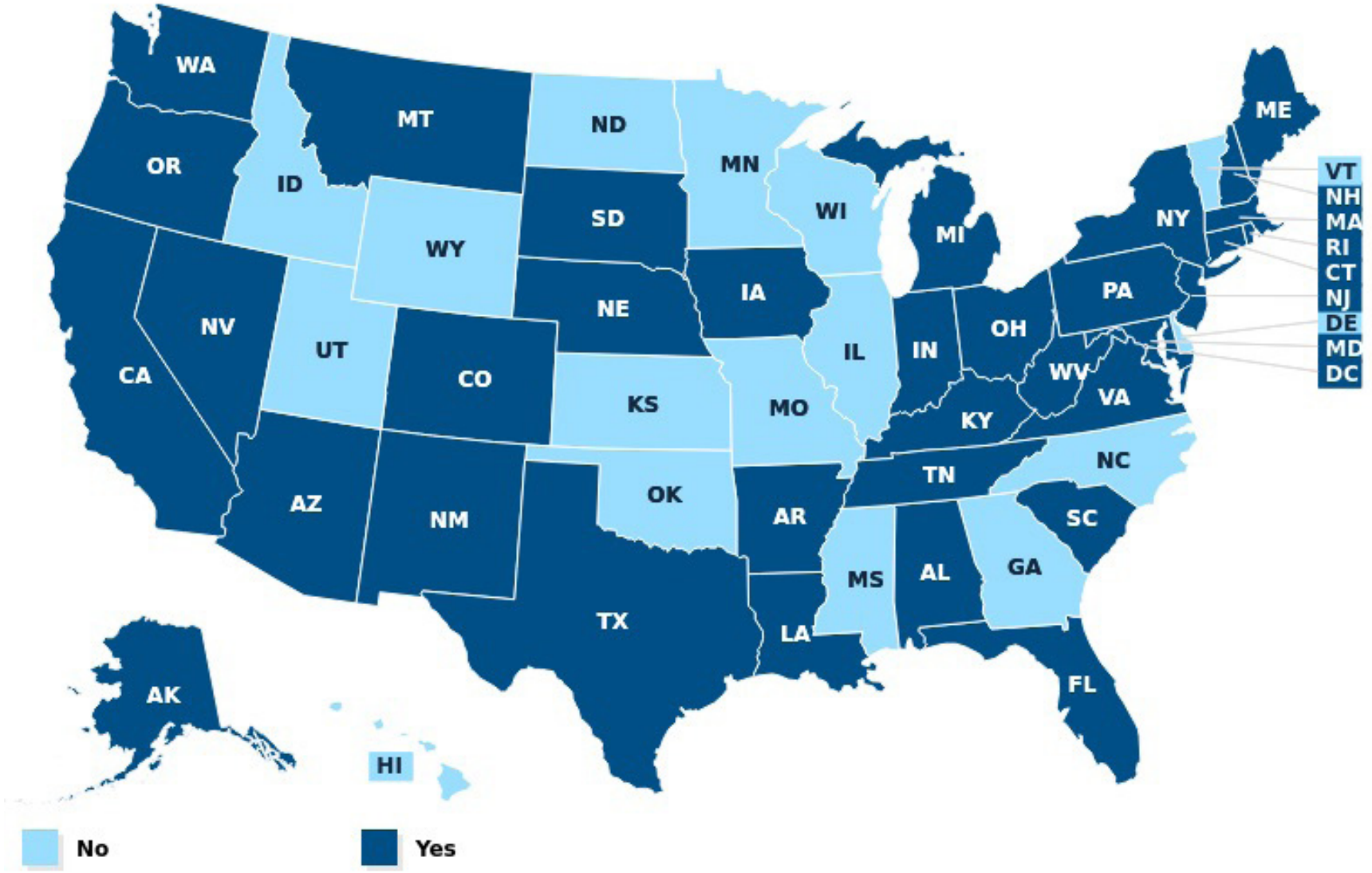
HEALTH COVERAGE & COUNTY JAILS:

SUSPENSION *vs.* TERMINATION

Inmates who receive treatment for behavioral health disorders after release spend fewer days in jail per year than those who do not receive treatments

To learn more go to www.naco.org/MedicaidSuspension

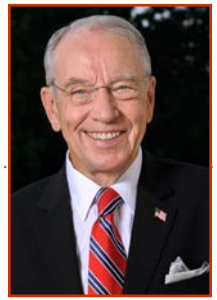
STATES REPORTING CORRECTIONS-RELATED MEDICAID ENROLLMENT POLICIES IN PLACE FOR PRISONS OR JAILS: MEDICAID ELIGIBILITY SUSPENDED



SOURCE: Kaiser Family Foundation's State Health Facts.

A LOOK AT CONGRESS: KEY PLAYERS AND COMMITTEES OF JURISDICTION

SENATE FINANCE COMMITTEE



Chuck Grassley
(R-Iowa)
Chairman

Ron Wyden
(D-Ore.)
Ranking Member

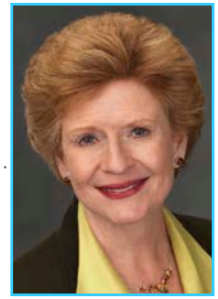
HOUSE ENERGY AND COMMERCE COMMITTEE

Frank Pallone
(D-N.J.)
CHairman

Greg Walden
(R-Ore.)
Ranking Member

SUBCOMMITTEE ON HEALTH CARE

Patrick Toomey
(R-Pa.)
Chairman



Debbie Stabenow
(D-Mich.)
Ranking Member

HEALTH SUBCOMMITTEE

Anna Eshoo
(D-Calif.)
Chairwoman

Michael C. Burgess
(R-Texas)
Ranking Member

LEGISLATIVE ACTIVITY

- H.R. 1925/S. 874, the At-Risk Youth Medicaid Protection Act, (in italics please starting and ending, "At... Act"!) sponsored by Reps. Tony Cardenas (D-Calif.) and Morgan Griffith (R-Va.) passed as part of a comprehnesive opioid package, the *SUPPORT for Patients and Communities Act (P.L. 115-271)* and **requires states to suspend, instead of terminate, Medicaid benefits for juvenile inmates**
- H.R. 165, "Restoring the Partnership for County Health Care Costs Act of 2017," sponsored by Rep. Alcee Hastings (D-Fla.), **would remove limitations on Medicaid and other federal benefits to pretrial inmates**
- Similar to the *At-Risk Youth Medicaid Protection Act*, the *Medicaid Reentry Act of 2017* passed as part of the comprehensive opioid legislation, and directs the U.S. Department of Health and Human Services (HHS) to issue best practices around providing health care for justice-involved individuals returning to their communities from county correctional facilities. The original legislation, which **would restore Medicaid benefits for individuals 30 days prior to their release,** was reintroduced in February 2019
- H.R. 982, "The Reforming and Expanding Access to Treatment Act of 2017," also known as the TREAT Act, sponsored by Rep. Mike Turner (R-Ohio), **would remove limitations for substance abuse services specifically**
- H.R. 7079, the Corrections Public Health and Community Re-entry Act of 2018, sponsored by Rep. Ann Kuster (D-N.H.), would provide grants to state and local governments seeking to expand medication-assisted treatment (MAT) for justice-involved individuals with opioid use disorders

ADMINISTRATIVE ADVOCACY

NACo, along with the National Sheriffs' Association and the National Association of County Behavioral Health and Developmental Disability Directors, is urging U.S. Department of Health and Human Services to use its waiver authority under the Medicaid statute to allow Medicaid reimbursement for certain services or inmates in county jails, such as:

- Identifying patients in county jails who are receiving community-based care and then maintaining their treatment protocols
- Developing treatment and continuity of care plans for released or diverted individuals
- Initiating medication-assisted therapy or other forms of medically necessary and appropriate intervention for jailed individuals with opiate addiction whose release is anticipated within 7 to 10 days
- Reimbursing peer counselors to facilitate reentry and increase jailed individuals' health literacy

NACo was pleased to see new flexibility around the IMD exclusion that expands states' treatment capacity for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED)

KEY MESSAGES FOR ADVOCACY

- Providing access to federal health benefits for those pending disposition and still presumed innocent is a U.S. constitutional right
- Access to federal health benefits would allow for improved coordination of care while simultaneously decreasing short-term costs to local taxpayers and long-term costs to the federal government
- Access to federal health benefits would help counties break the cycle of recidivism caused or exacerbated by untreated mental illness and/or substance abuse, thereby improving public safety

TAKE ACTION

- Educate your Members of Congress on the federal Medicaid “Inmate Exclusion” and the role of counties with jails and Medicaid
- Encourage your Representative and Senators to re-introduce and support legislation in the 116th Congress that improves health outcomes for justice-involved individuals

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MEDICAID AND COUNTIES

Understanding the Program and Why It Matters to Counties

FEBRUARY 2019

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NATIONAL ASSOCIATION of COUNTIES NACo

CHAPTER 1

UNDERSTANDING MEDICAID AND ITS ROLE IN OUR NATION'S HEALTH CARE SYSTEM

MEDICAID VS. MEDICARE

The Medicaid and Medicare programs differ in how they are financed and the services provided to individuals. Although Medicare is administered solely by the federal government, Medicaid is financed and delivered by both the federal government and states, often with county assistance. In addition, Medicare does not have income requirements, whereas Medicaid does.

MEDICAID 101

Established in 1965, Medicaid is a federal entitlement program paid for by taxpayers that provides health and long-term care insurance to low-income families and individuals. **Medicaid operates and is jointly financed as a partnership between federal, state and local governments**. States administer the program, often with assistance from counties, with oversight by the federal government. **The program is the largest source of health coverage in the United States, covering more than 74 million individuals, or nearly one-quarter of the population.**

MEDICAID OPERATES AS A JOINT FEDERAL-STATE-LOCAL PARTNERSHIP

Counties are an integral part of the federal-state-local-partnership in the Medicaid program

The **federal government sets broad guidelines** for Medicaid, including minimum eligibility and benefit requirements

States have flexibility within these guidelines and can seek waivers from the federal government to expand eligibility or available benefits

Some states **subcontract Medicaid to private insurers**, while others pay health care providers - including county-operated providers - directly

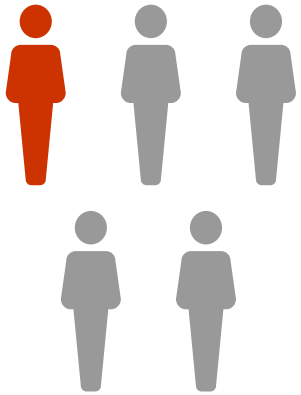
States utilize **different Medicaid delivery systems**, such as traditional fee-for-service systems that reimburse providers for each service provided and manage care systems that involve setting monthly payments

Counties across the nation deliver Medicaid-eligible services and, in many instances, help states finance and administer the program

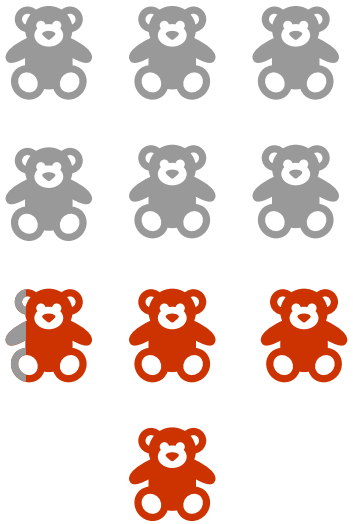
MEDICAID HAS TRADITIONALLY SERVED THE ELDERLY, DISABLED, AND FAMILIES, CHILDREN AND PREGNANT WOMEN

Medicaid serves:

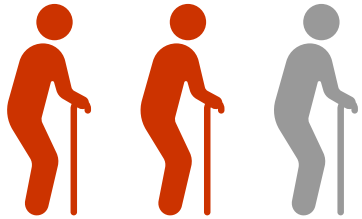
1 in **5**
Americans
over 65



nearly
4 in
10
children



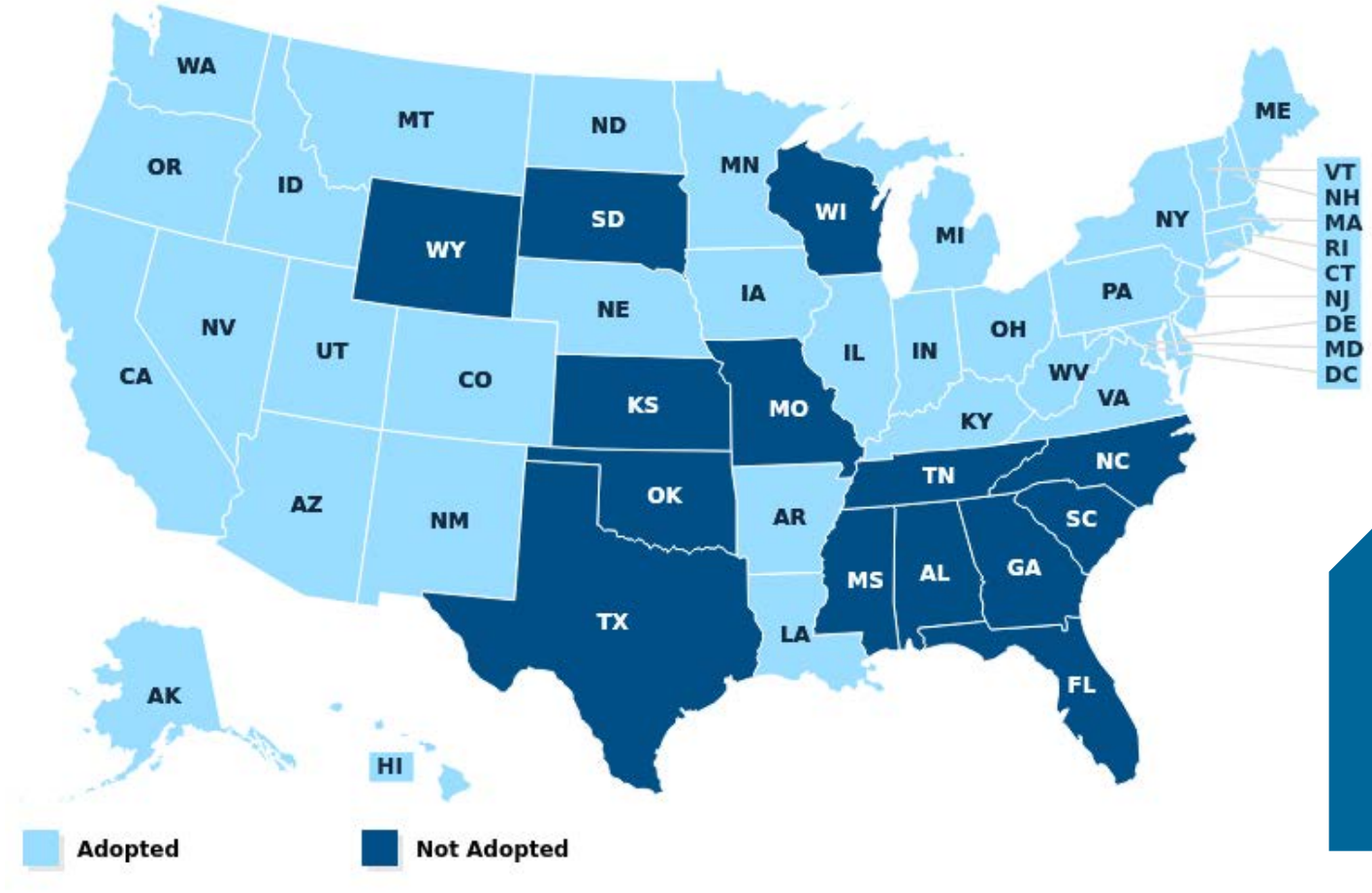
2 in **3**
nursing home
residents



Source: Kaiser Family Foundation

The Affordable Care Act (ACA) gave states the options to expand Medicaid coverage to nearly all low-income individuals, **including those without children**. In Medicaid expansion states, Medicaid eligibility is extended to those individuals with incomes **at or below 138 percent of the poverty level** ($28,180 for a family of three in 2017).

STATUS OF STATE ACTION ON THE MEDICAID EXPANSION DECISION

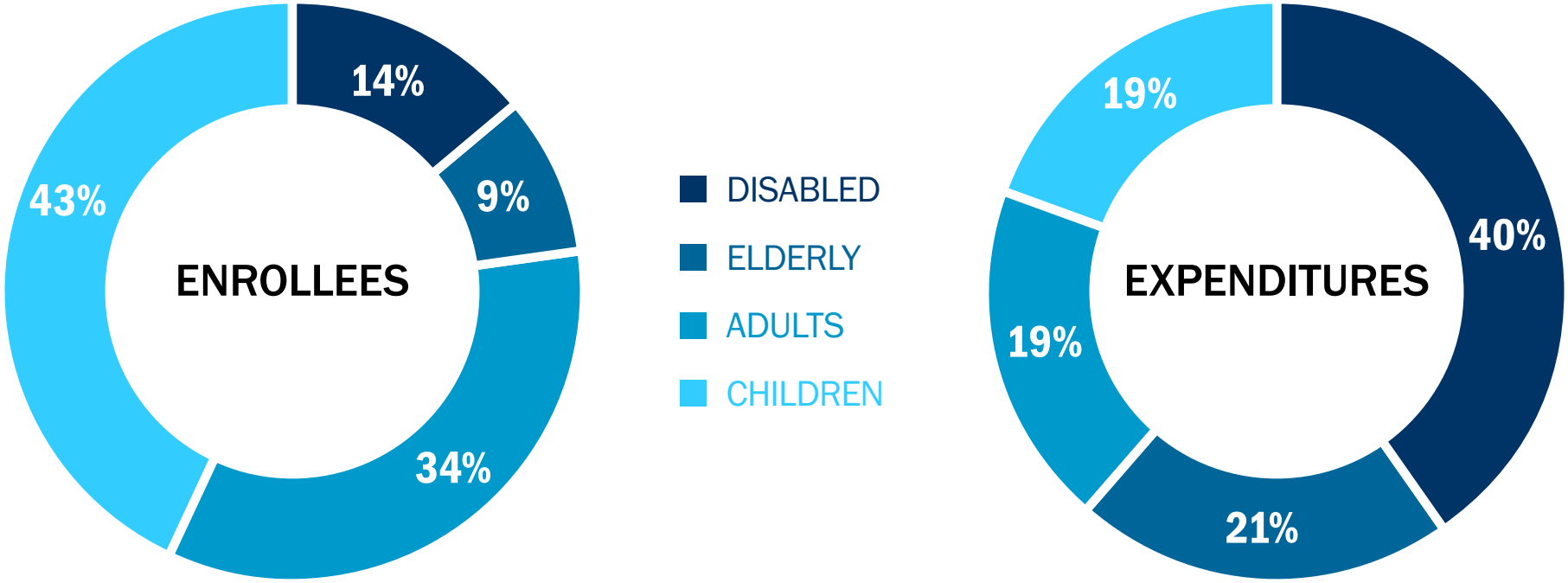


AS OF 2019, 37 STATES (INCLUDING THE DISTRICT OF COLUMBIA) HAVE ADOPTED THE ACA'S MEDICAID EXPANSION.

Source: Kaiser Family Foundation

SNAPSHOT OF MEDICAID EXPENDITURES

In 2014, **nearly two-thirds of Medicaid expenditures benefited disabled and elderly individuals**, though they made up less than one-fourth of the program's enrollees. Medicaid covers special services for these individuals **that may not be covered by private insurance**, including long-term care, dental and vision care, case management and therapies.



Data is based on FY 2014 figures

Source: Kaiser Family Foundation

STATES ARE OBLIGATED TO PROVIDE CERTAIN BENEFITS TO MEDICAID ENROLLEES

Mandatory services include:

- Inpatient hospital services
- Outpatient hospital services
- Nursing facility services
- Home health services
- Physician services
- Certified pediatric and family nurse practitioner services
- Federally qualified health center services
- Tobacco cessation counseling for pregnant women
- Family planning services
- Nurse midwife services
- Transportation to medical care
- Laboratory and x-ray services
- Rural health clinic services
- Freestanding birth center services (when licensed/ recognized by state)
- EPSDT: early and periodic screening, diagnostic and treatment services

STATES CAN CHOOSE TO PROVIDE CERTAIN BENEFITS ON TOP OF BASIC MEDICAID SERVICES

Optional services include:

- Prescription drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language services
- Personal care
- Services in intermediate care facility for mental health
- Dental services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Inpatient psychiatric services for individuals under age 21
- Other diagnostic, screening, preventive and rehabilitative services
- Hospice
- Case management
- Private duty nursing services

CHAPTER 2

HOW COUNTIES SUPPORT THE HEALTH AND WELL-BEING OF RESIDENTS

COUNTIES ARE THE FRONT DOOR TO OUR NATION'S HEALTH SYSTEM, INVESTING $83 BILLION ANNUALLY IN COMMUNITY HEALTH

903
county-supported hospitals

824
county-owned and supported long-term care facilities

750
county behavioral health authorities

1,943
county public health departments

MANY STATES MANDATE COUNTIES TO PROVIDE SOME LEVEL OF HEALTH CARE FOR LOW-INCOME, UNINSURED OR UNDERINSURED RESIDENTS

$28 BILLION
contributed by local governments to non-federal share of Medicaid

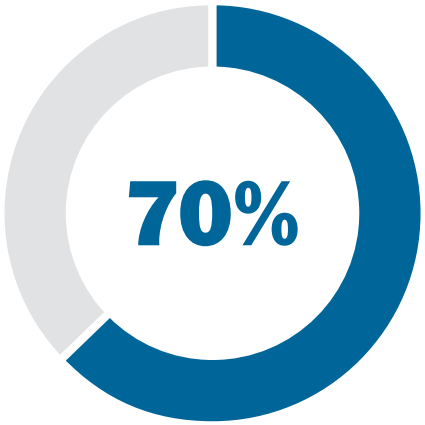
10 MILLION
additional individuals enrolled in Medicaid during the Great Recession

21 PERCENT
increase in local governments' Medicaid contributions during the Great Recession

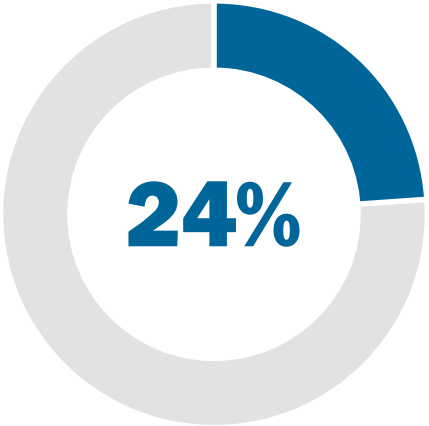
Since being signed into law in 1965, **the Medicaid program has helped counties provide a safety-net for those who are unable to afford medical care**. The program creates increased access to health care services for low-income residents, which improves their health, productivity and quality of life. Medicaid also reduces the frequency of uncompensated care provided by local hospitals and health centers to low-income residents and **lessens the strain on county budgets**.

MEDICAID ENABLES COUNTIES TO REACH RURAL RESIDENTS

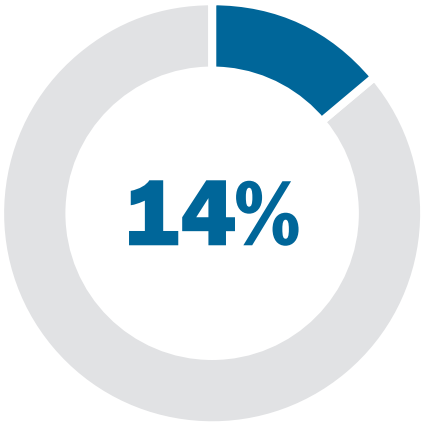
Approximately 70 percent of America's counties have populations of less that 50,000. Medicaid covers 24 percent of rural residents, and has surpassed Medicare as the **largest source of public health coverage in rural areas**. Medicaid provides a key source of patient revenue that enables communities to retain health care facilities and providers.



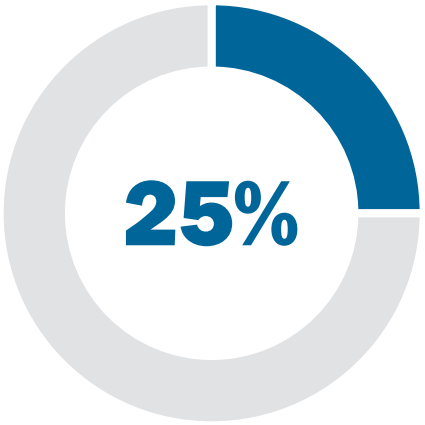
of America's counties have **populations of less than 50,000**



Medicaid covers 24 percent of **rural residents**



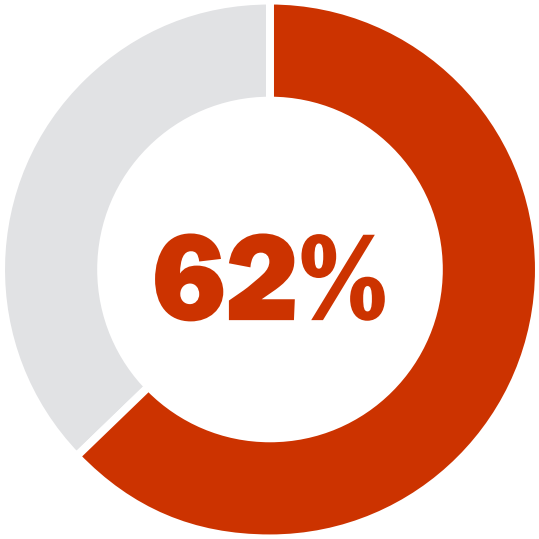
Medicaid payments account for more than 14 percent of **rural hospitals' gross revenues**



Nearly one-third of rural physicians receive at least 25 percent of **patient revenues through Medicaid reimbursements**

CHAPTER 3

THE ROLE OF COUNTIES IN FUNDING AND DELIVERING MEDICAID



For Fiscal Year (FY) 2017, the federal share of Medicaid was 62 percent. The other 38 percent is paid for by a variety of other sources, including local governments.

COUNTIES MAKE KEY FINANCIAL CONTRIBUTIONS TO THE MEDICAID PROGRAM

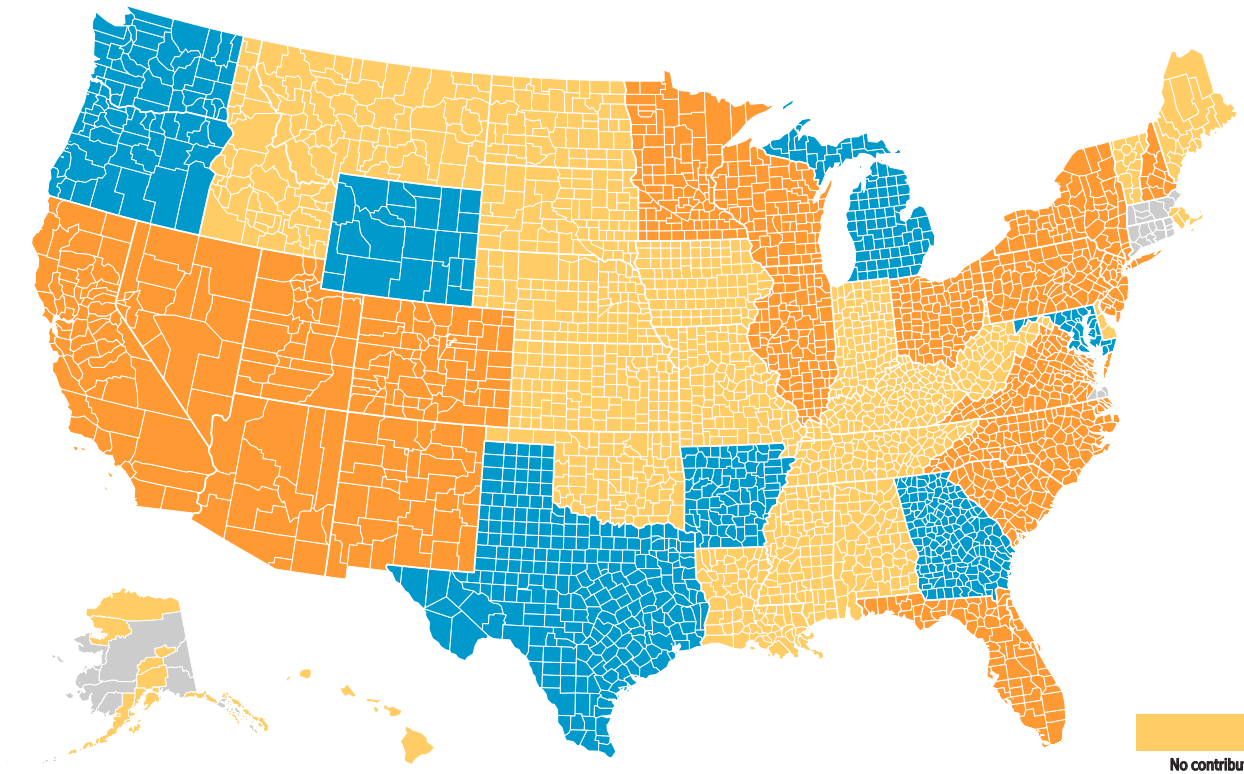
Medicaid is jointly funded by federal, state and local governments, **including counties in many states**. The federal contribution rate for each state varies based on the Federal Medical Assistance Percentage (FMAP) rate. The maximum amount contributed by each state is 50 percent, though some states contribute as little as 26 percent. **States have various options for financing the non-federal share; counties may contribute up to 60 percent of the non-federal share in each state**.

Source: Kaiser Family Foundation

COUNTIES CONTRIBUTE TO MEDICAID IN 26 STATES

Counties contribute to Medicaid in 26 states. Of these states, **18 mandate** counties to contribute to the non-federal share of Medicaid costs and/or administrative, program, physical health and behavioral health costs. Mandated county contributions are the **highest in New York**. Counties in New York send nearly $7 billion per year – or $140 million per week – to the state for Medicaid costs.

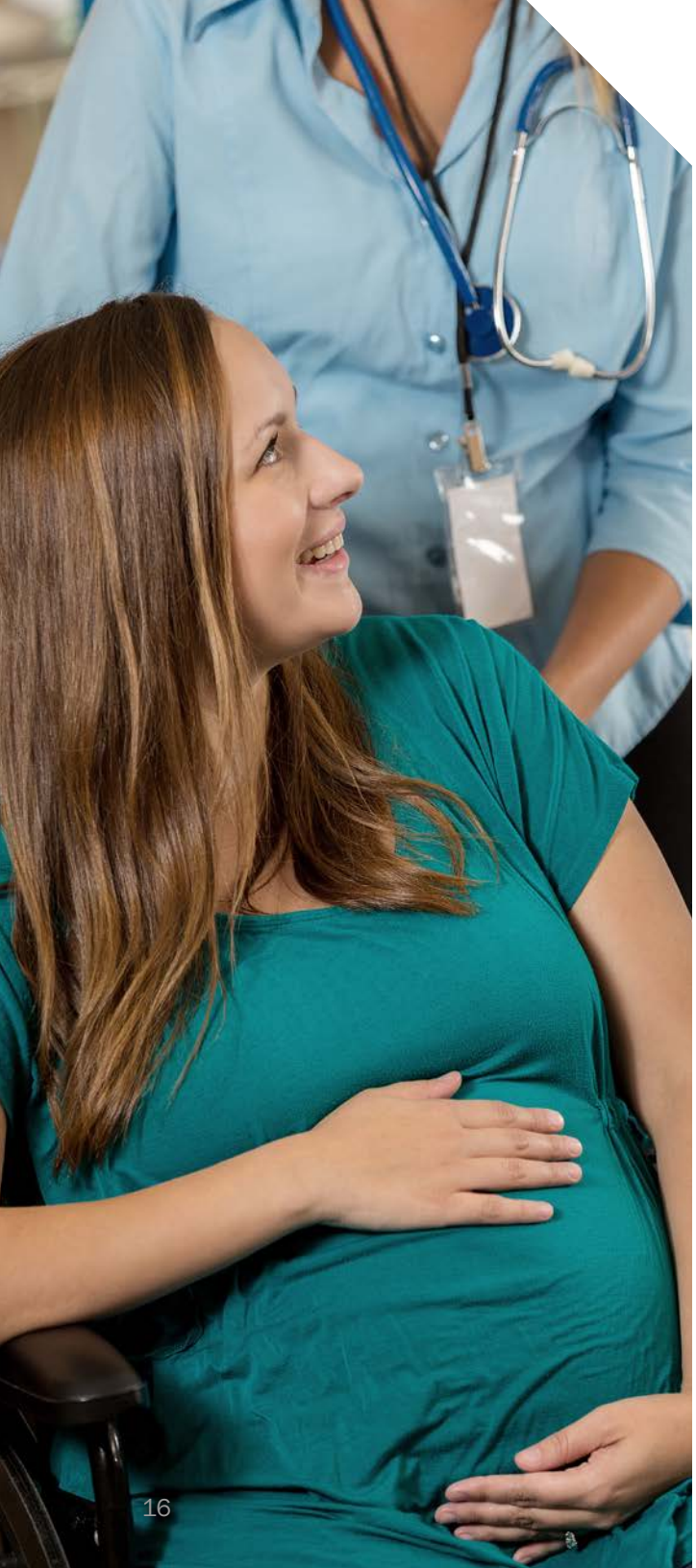
2016 FEDERAL MEDICAL BENEFITS: MEDICAID CONTRIBUTION MANDATE FOR COUNTIES



MANDATED COUNTY CONTRIBUTIONS ARE HIGHEST IN NEW YORK. COUNTIES IN NEW YORK SEND NEARLY $7 BILLION PER YEAR – $140 MILLION PER WEEK – TO THE STATE FOR MEDICAID COSTS

*county data is unavailable if the county is colored grey

Source: NACo County Explorer explorer.naco.org, NACo Research, 2016



COUNTY HEALTH SYSTEMS ARE INNOVATING WITH MEDICAID TO PROVIDE SERVICES TO LOW-INCOME POPULATIONS

County health systems - including 903 hospitals, 824 nursing homes and 750 behavioral health authorities - **provide specialized care that is often unavailable elsewhere, while operating on lower margins than other providers**.

Medicaid is essential to ensuring county health systems can provide high quality services to residents that improve health outcomes while simultaneously decreasing costs to local taxpayers.

COUNTY-SUPPORTED HOSPITALS DELIVER CARE TO MEDICAID PATIENTS

903 county-supported hospitals—2/3 of which are in rural or small counties—are the providers of last resort, providing care to all patients regardless of their ability to pay.

Medicaid covers in-patient and out-patient hospital services. While Medicaid reimbursement has historically been below costs, it remains **a vital source of revenue for county-supported hospitals**.

To help offset revenue losses, the federal government has partially compensated county-supported that treat disproportionately large numbers of Medicaid beneficiaries. These are known as Medicaid Disproportionate Share Hospital (DSH) payments and in FY 2017, the federal share of DSH payments was $12 billion.

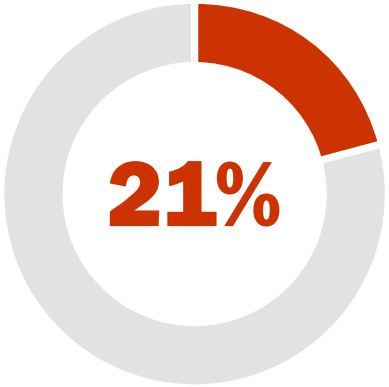
COUNTIES DELIVER LONG-TERM CARE SERVICES TO THE ELDERLY

Medicaid covers nursing home services for all eligible individuals who are 21 or older. In FY 2016, **Medicaid accounted for 42 percent of overall national spending on long-term services and supports.**

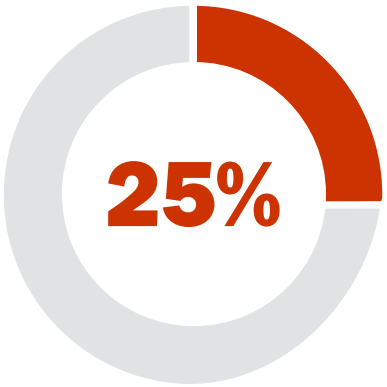
Counties deliver long-term care services to residents through **824 county-owned and supported nursing homes**, which represents 75 percent of all publicly-owned nursing homes in the U.S. Medicaid also covers home and community-based services for people who would otherwise need to be based in a nursing home. Area agencies on aging, 25 percent of which are county-based, are crucial to developing, coordinating and delivering aging services.

MEDICAID IS THE LARGEST SOURCE OF FUNDING FOR BEHAVIORAL HEALTH SERVICES IN THE UNITED STATES

Counties deliver behavioral health services, including mental health and substance use services, through **750 behavioral health authorities** across the country. Medicaid coverage and financing facilitate access to a variety of behavioral health services, including psychiatric care, counseling, prescription medication, inpatient treatment, case management and supportive housing.



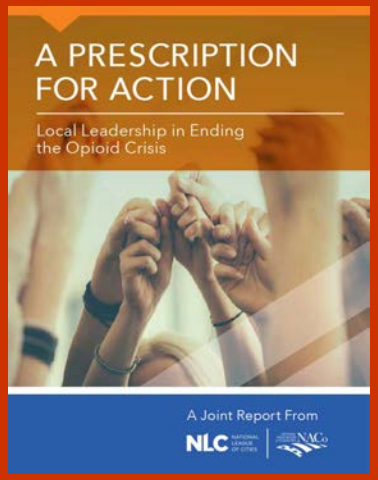
Medicaid accounts for 21 percent of all **health spending on substance use disorders**



Medicaid accounts for 25 percent of all **spending on mental health services**

COUNTY ACTION ON DRUG OVERDOSE PREVENTION

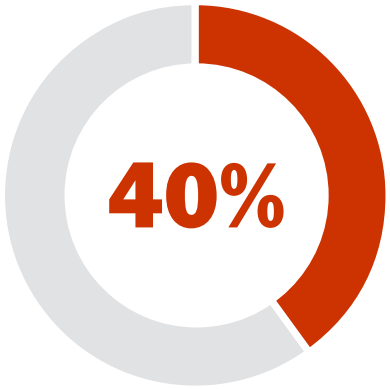
To prevent drug overdoses and deaths, counties have implemented services such as public training sessions on using overdose-reversing drugs such as Naloxone, syringe exchange programs and door-to-door educational visits.



For more information, visit www.opioidaction.org/report

MEDICAID IS A VITAL SOURCE OF HEALTH COVERAGE FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS

Medicaid is a key tool for counties responding to the nation's ongoing opioid epidemic, as it **supports a full continuum of care (e.g., addiction prevention, treatment and recovery)** for people struggling with addiction and enhances local and state capacity to provide early interventions and treatments. For example, the Affordable Care Act's Medicaid expansion has provided states with additional resources to cover many adults with addictions who were previously excluded from the program.



In 2016, Medicaid covered nearly 4 in 10 **nonelderly adults with opioid addiction**.

CHAPTER 4
CHALLENGES FOR COUNTY GOVERNMENTS

MAJOR CHALLENGE: UNCOMPENSATED CARE COSTS REMAIN AS COUNTIES WORK TO CREATE PATHWAYS OUT OF POVERTY

Approximately 27 million people still lack health insurance, and are more likely to have problems paying medical bills. This inability to pay results in uncompensated care costs for counties. **States and localities spend upwards of $20 billion annually on uncompensated care**, according to the Urban Institute. In Harris County, Texas, for example, residents pay more than $500 million per year in property taxes to cover the cost of uncompensated care costs in the county's public hospitals.

Health and poverty are inextricably linked. Poor health and high health care costs often trace back to underlying social needs of patients, such as housing and nutrition. Providing health coverage and access are critical to helping counties ensure all of their residents reach their full potential.

For more information, see NACo's report, 'Serving the Underserved: Counties Addressing Poverty'

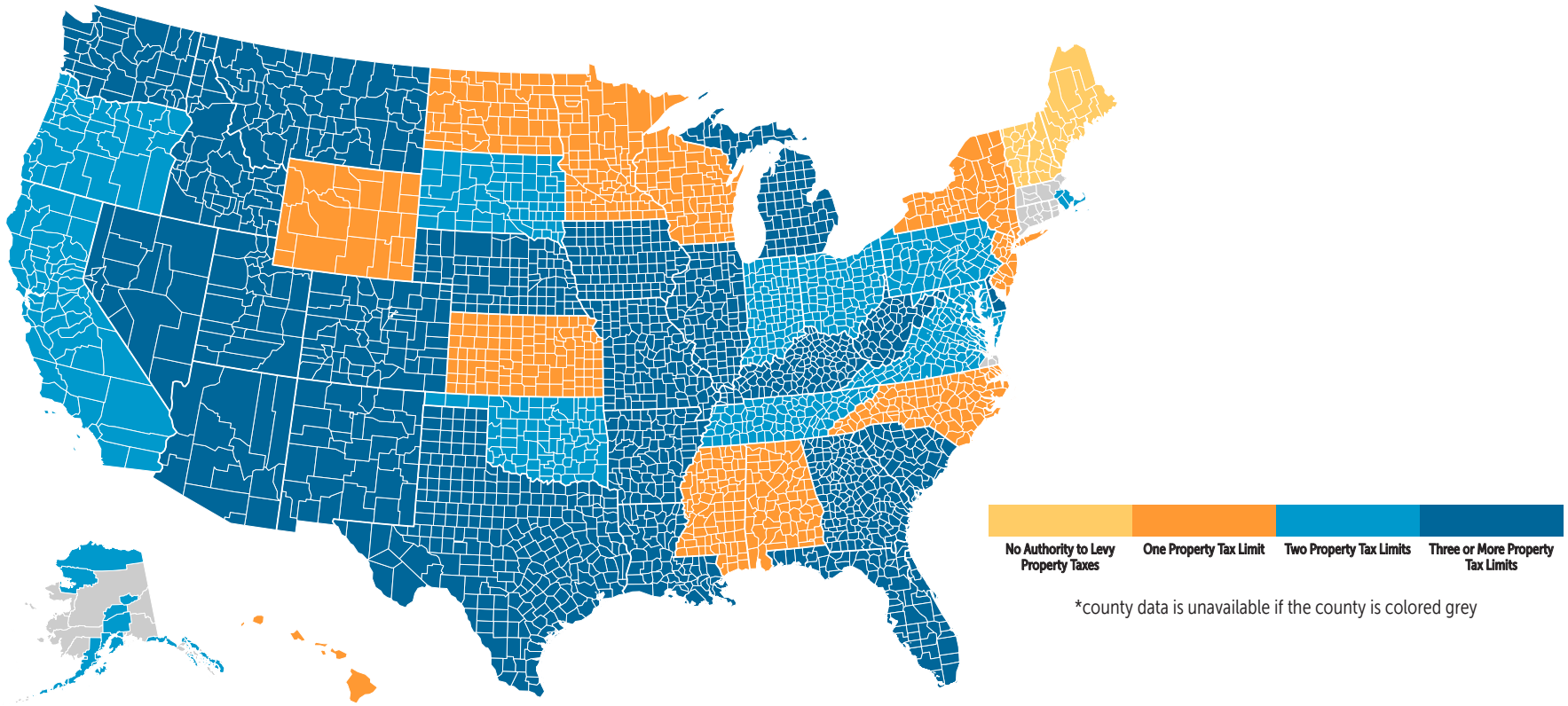
MAJOR CHALLENGE: COUNTIES' ABILITY TO RAISE REVENUE

Although the need for health care services and assistance remains pressing in communities across the country, many states place limits on counties' already limited options for raising revenue.

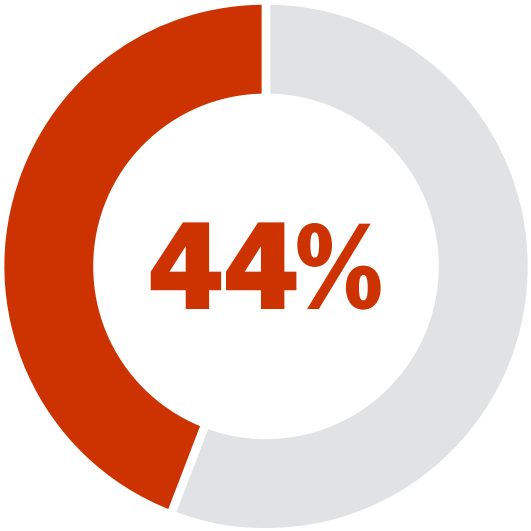
In fact, **43 states** impose some form of county property tax limits, affecting the main revenue source for counties.

At the same time, many states mandate delivery of indigent care and human services, often forcing counties to choose between critical programs.

STATE PROPERTY TAX LIMITATIONS FOR COUNTIES, AS OF APRIL 2017



Source: NACo County Explorer explorer.naco.org, NACo interviews with state associations, as well as county and state officials; NACo analysis of state legislation.



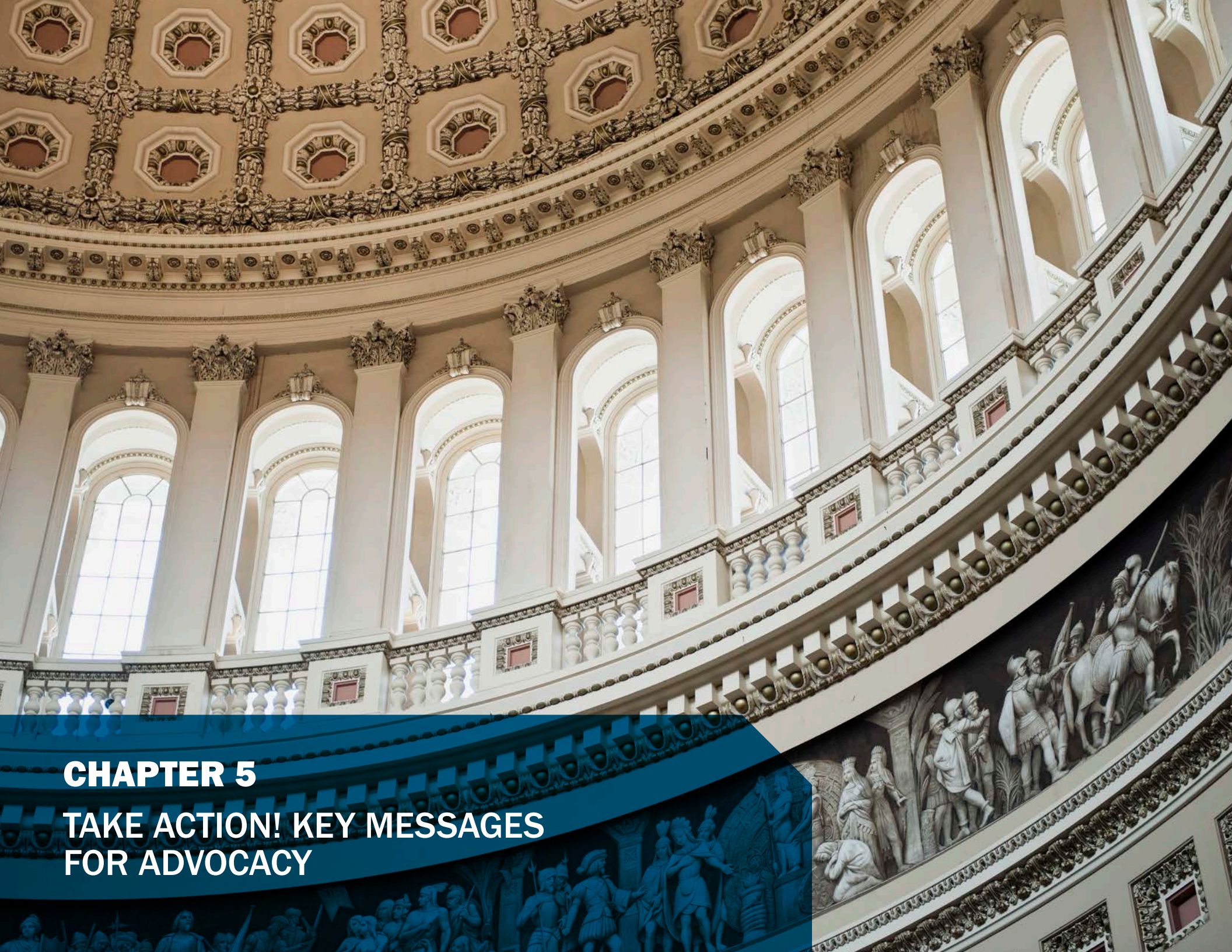
of county officials mentioned that their county **reduced and/or eliminated programs and services because of budget constraints** in their last fiscal year

MAJOR CHALLENGE: COUNTIES' ABILITY TO RAISE REVENUE

Given the fiscal limitations counties already face from states, the federal government's commitment to programs helping those most in need and to supporting local stakeholders and service providers is increasingly crucial.

Without the support of federal and state funds, many counties would have to reduce service levels for critical programs and cut any non-mandated services, such as economic development activities.

In a 2016 NACo survey, 44 percent of county officials mentioned that their county reduced and/or eliminated programs and services because of budget constraints in their last fiscal year.



CHAPTER 5

TAKE ACTION! KEY MESSAGES FOR ADVOCACY

RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT

NACo supports protecting the federal-state-local partnership for financing and delivering Medicaid services while maximizing flexibility to support local systems of care. Counties are concerned about measures that would further shift Medicaid costs to counties, including proposals to institute block grants or per-capita caps. These proposals would increase the amount of uncompensated care provided by counties and reduce counties' ability to provide for the health of our residents.

As Congress looks to update and improve our nation's health safety-net, counties across the country urge Congress to:

- **Support** the federal-state-local partnership structure for financing and delivering Medicaid
- **Promote** measures that provide flexibility and incentivize program efficiency and innovation
- **Oppose** measures that would further shift federal and state Medicaid costs to counties

KEY TALKING POINTS

Medicaid operates as a lean federal program

Medicaid's average cost per beneficiary is significantly lower than private insurance. Counties have made the most of Medicaid's flexibility by leveraging local funds to construct systems of care for populations that private insurance does not cover.

Imposing spending caps on Medicaid will not address the underlying drivers of the program's costs

Caps do not account for long-term trends like the aging population and rising health care costs that are projected to drive higher federal entitlement spending in the coming years. Complying with a cap designed to significantly reduce the deficit would require major cuts to the federal contribution – states and counties would ultimately absorb this cost shift.

A Medicaid per capita cap or block grant would not reform Medicaid – it would merely shift expenses to state and county taxpayers

Implementing per capita caps or block grants would force states to increase health care spending beyond their capacity and decrease access to care for beneficiaries. This would also shift costs to county taxpayers and reduce counties' capacity to provide health care services – including those mandated by state laws.

TAKE ACTION!

Invite your Member of Congress to tour a county-supported hospital, nursing home or behavioral health authority

A tour gives legislators an opportunity to see their contribution to constituents and serves as an opportunity for the local community and local elected officials to provide on-site feedback to your Members of Congress

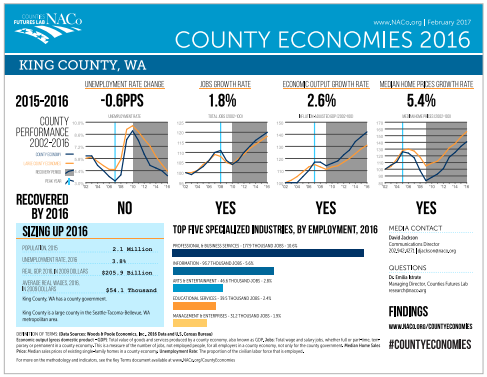
Work with your local media to publish an op-ed on the importance of Medicaid to your county and residents

Submitting an op-ed or guest commentary to your local paper is an excellent way to keep your residents informed about what you are doing on their behalf

Amplify personal stories from constituents who have benefited from Medicaid

Sharing personal stories helps legislators put a face to policy issues

Utilize county-level data from NACo's County Explorer to demonstrate how your county delivers and invests in health and Medicaid services



For more information and resources, please visit NACo's website at http://explorer.naco.org/

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NACo.org/LinkedIn

NATIONAL ASSOCIATION of COUNTIES NACo

Prescription for Disaster

How Teens Misuse Medicine

To locate your local Poison Control Center or for assistance on recommended treatment for the ingestion of household products and medicines, go to the American Association of Poison Control Centers,

http://www.aapcc.org/ or call the Poison Help Line at 1-800-222-1222, 24 hours a day, 7 days a week.

GetSmart*About*Drugs

Prescription for Disaster
How Teens Misuse Medicine

A DEA Resource for Parents – 2018 edition

This publication is designed to be a guide to help the reader understand and identify the current medications that teens are misusing. It is not all-inclusive; not every dosage unit or generic form of the medications can be listed due to space constraints and the frequent introduction of new drugs.
For more information, visit the following DEA websites:
For general information: www.dea.gov
For colleges and universities: www.campusdrugprevention.gov
For parents, caregivers, and educators: www.getsmartaboutdrugs.com
For teens: www.justthinktwice.com

Prescription Drug Misuse

A prescription drug is a drug that is available only with authorization from a healthcare practitioner or a pharmacist.

The most misused prescription drugs fall under three categories:

Opioids

→ Medications that relieve pain such as Vicodin®, OxyContin®, or codeine

Depressants

→ Substances that can slow brain activity such as benzodiazepines used to relieve anxiety or help someone sleep, like Valium® or Xanax®

Stimulants

→ Substances that increase attention and alertness and are used for treating attention deficit hyperactivity disorder (ADHD), such as Adderall® or Ritalin®

Misusing **opioids** can cause severe respiratory depression or death and can be addictive

Misusing **depressants** can cause sleepiness, impaired mental functioning, blurred vision, and nausea and can be addictive.

Misusing **stimulants** can cause irregular heartbeat, paranoia, and high body temperatures and can be addictive.

Over-the-Counter (OTC) Medications

Over-the-counter (OTC) medicines are drugs you can buy without a prescription. They are safe and effective when you follow the directions on the label and as directed by your health care professional.

FDA, Understanding Over-the-Counter Medicines
www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/default.htm

In the United States, the Food and Drug Administration decides whether a medicine is safe enough to sell over-the-counter.

Taking OTC medicines still has risks. Some interact with other medicines, supplements, foods, or drinks. Others cause problems for people with certain medical conditions.

U.S. National Library of Medicine, Over-the-Counter Medicines
www.nlm.nih.gov/medlineplus/overthecountermedicines.html

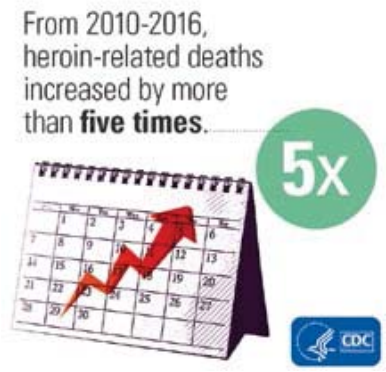
Non-medical Use of Prescription Drugs

Most prescription drugs are safe and effective when used correctly for a medical condition and under a doctor's or dentist's supervision. But they can have serious side effects if not used correctly. Using a prescription for non-medical reasons can lead to a substance use disorder or even death.

What is Non-medical Use of Prescription Drugs?

- taking someone else's prescription medication;
- taking a prescription medication in a way other than prescribed;
- taking prescription medication to get high; or
- mixing it with other drugs.

Source: National Institute on Drug Abuse, teens.drugabuse.gov/drug-facts/prescription-drugs



Source: www.cdc.gov/drugoverdose/data/heroin.html

The relationship between prescription drug misuse and increases in heroin use in the United States is under scrutiny. Currently available research demonstrates:

→ Prescription opioid use is a risk factor for heroin use.

→ Prescription opioids and heroin have similar effects, but different risk factors.

→ A subset of people who misuse prescription opioids might progress to heroin use.

→ Heroin use is driven by its low cost and high availability.

Source: National Institute on Drug Abuse, www.drugabuse.gov/publications/research-reports

How Big is the Problem?

Although most people take prescription medications as directed, in 2016, **6.2 million** persons or 2.3 percent of the population (12 years and older) misused a prescription drug at least once in the past month. In 2016, **1.8 million** persons aged 12 or older had a pain reliever use disorder.

2016 National Survey on Drug Use and Health,
Substance Abuse and Mental Health Services Administration

According to a national survey, **16.8 percent** of high school students took a prescription drug without a doctor's prescription (such as OxyContin®, Percocet®, Vicodin®, codeine, Adderall®, Ritalin,® or Xanax®), one or more times during their life.

Source: Youth Risk Behavior Survey, CDC, 2015

Prescription drug misuse means taking a medication in a manner or dose other than prescribed; taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria.

Source: www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary

Reading the Rx Label

Labels on prescription and OTC drugs contain information about ingredients, uses, drug interactions, warnings, and directions that are important to read and understand. It is especially important to teach teens how to read labels and use prescription and OTC drugs as directed.

What Are The Types of Drug Interactions?

Drug-drug interactions occur when two or more drugs react with each other. This may cause you to experience an unexpected side effect. For example, mixing a drug you take to help you sleep (a sedative) and a drug you take for allergies (an antihistamine) can slow your reactions and make driving a car or operating machinery dangerous.

Drug-condition interactions may occur when an existing medical condition makes certain drugs potentially harmful. For example, if you have high blood pressure, you could experience an unwanted reaction if you take a nasal decongestant.

It is also important to recognize that everyone's metabolism and brain chemistry are different, and the same drugs can have very different effects on individuals. Experimenting with medicine to get high is extremely dangerous, and mixing drugs to get high can be deadly.

How Teens Misuse Medicine

Prescription drugs are the most commonly misused substances by teens after marijuana and alcohol. When teens misuse prescription drugs and take them in different amounts or for reasons other than as they are prescribed, they affect the brain and body in ways very similar to illicit drugs.

When prescription drugs are misused, they can be addictive and have harmful health effects such as overdose (especially when taken along with other drugs or alcohol). An overdose is when a drug is swallowed, inhaled, injected, or absorbed through the skin in excessive amounts and injures the body. Overdoses are either intentional or unintentional. If the person taking or giving a substance did not mean to hurt themselves or others, then it is unintentional.

Source: Centers for Disease Control and Prevention, www.cdc.gov/drugoverdose

Some teens use prescription stimulants to try to improve mental performance. Teens and college students sometimes misuse them to try to get better grades. Taking prescription stimulants for reasons other than treating ADHD or narcolepsy could lead to harmful health effects, such as addiction, heart problems, or psychosis.

Source: National Institute on Drug Abuse, www.drugabuse.gov/publications/drugfacts/prescription-stimulants

According to a national survey, among 12th graders, 5.5 percent used Adderall non-medically in the past year.

Source: 2017 Monitoring the Future Study.

Remember: Sharing prescription drugs with family members or friends is illegal.

Where do teens get their prescription drugs?

Many teens obtain prescription drugs from their family or friends.

Teens find prescription drugs and OTC drugs in their home medicine cabinet or on the kitchen shelf.

For persons aged 12 or older who misused a prescription pain reliever in the past year (i.e., 11.5 million people):

40.4 percent got the pain reliever they used most recently from a friend or relative for free.

35.4 percent received their pain reliever through a prescription from one doctor.

8.9 percent bought the pain reliever from a friend or relative.

6.0 percent bought the last pain reliever they misused from a drug dealer or stranger.

Source: 2016 National Survey on Drug Use and Health

How Teens Misuse Medicine

Possible warning signs of teen drug use

Teens are known to have mood swings. However, some behaviors may indicate more serious issues, such as abuse of drugs and alcohol. Here are some common warning signs of drug use.

→ Problems at school

- Poor academic performance
- Missing classes or skipping school
- Decreased interest in school or school activities
- Complaints from teachers or classmates

→ Physical signs

- Bloodshot eyes
- Pinpoint pupils (common sign of opiate use)
- Constant scratching (common sign of opiate use)
- Burns on fingers or lips (from smoking joints or something else through a metal or glass pipe)

→ Changes in behavior

- Changing friends or social circles
- Isolation from family or friends
- Excessive demand for privacy
- Lack of respect for authority

→ Money issues

- Sudden requests for money without a good reason
- Money stolen from your wallet or from safe places at home
- Missing cash or other resources (which may be sold to buy drugs)

→ Drug paraphernalia

- Finding items in your child's room, backpack, or car related to drug use

Source: www.getsmartaboutdrugs.com

The Internet, Social Media, Drugs, and Teens

Many teens obtain prescription drugs from their family or friends. Since prescription drugs are widely available in the home, teens often do not have to go far to find ways to get high. Other teens turn to the internet and social media for prescription drugs; the internet also plays a big role in providing information and advice to teens.

HERE ARE A FEW THINGS TO CONSIDER

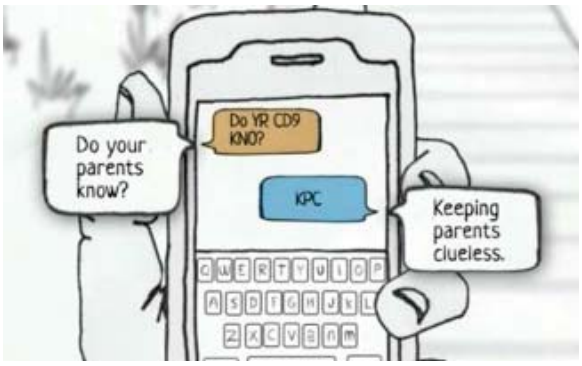
Your teen probably knows a lot more about the internet than you do. It's never too late for parents to jump in and get acquainted with various websites, communication methods, networking systems, and the lingo teens use to fly under parents' radars.

Some pharmacies operating on the internet are legal, and some are not. In fact, according to the National Association of Boards of Pharmacy (NABP), 20 new illegal pharmacies appear on the web each day. Some of the legal internet pharmacies have voluntarily sought certification as "Verified Internet Pharmacy Practice Sites" (VIPPS®) from NABP. "Rogue" pharmacies pretend to be authentic by operating websites that advertise powerful drugs without a prescription or with the "approval" of a "doctor" working for the drug trafficking network. Teens have access to these websites and are exposed to offers of prescription drugs through e-mail spam or pop-ups. Parents should be aware of which sites their teens are visiting and should examine credit card and bank statements that may indicate drug purchases.

The Internet, Social Media, Drugs, and Teens

Social media sites play a role in providing information and advice to teens on how to use prescription drugs to get high. Teens are exposed to offers of prescription drugs through social media sites, e-mail spam, or pop-ups.

It is never too late for parents to get acquainted with various websites, social media sites, and the slang terms teens use to communicate while texting and using social media.



Parents should be aware of which sites their teens are visiting and should examine credit card and bank statements that may indicate medication purchases. They should also check the browser history to see which sites their teen is visiting on their computers and cellphones.

Teens sometimes brag about their drugging and drinking on social networking sites such as YouTube, SnapChat, and Facebook. Posting pictures of themselves in compromising scenes may hurt their reputation and opportunities for employment and education. Their behavior is out there in the open for future employers, college admissions offices, and others to see.

The Internet is a tremendous resource for teens to learn about the dangers of drug abuse. However, it is also full of information about how to use prescription drugs to get high– how much to use, what combinations work best, and what a user can expect to experience.

YouTube, Instagram, and Snapchat are the most popular online platforms among teens. Fully 95 percent of teens have access to a smartphone, and 45 percent say they are online "almost constantly," according to a study from Pew Research Center. Just less than half (44 percent) of teens – defined in this report as those ages 13 to 17 – go online several times a day, while 11 percent report going online less often.

Source: Teens, Social Media & Technology Overview 2018
www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/

The Internet, Social Media, Drugs, and Teens

Teens are diversifying their social network site use

Teens use a variety of social media platforms with 85 percent using YouTube, 72 percent using Instagram, 69 percent using Snapchat, 51 percent using Facebook, and 32 percent using Twitter.

Source: Teens, Social Media & Technology Overview 2018
www.pewinternet.org/2018/05/31 /teens-social-media-technology-2018

There are thousands of websites dedicated to the proposition that drug use is a rite of passage. So-called experts are more than happy to walk your kids through a drug experience.

DON'T LET THEM.

Misconceptions

"Street drugs" is a term that refers to drugs that are commonly known as illegal drugs – cocaine, heroin, methamphetamine, marijuana, and others. Many teens wrongly believe that prescription drugs are safer than "street drugs" for a variety of reasons:

- These are medicines.
- They can be obtained from doctors, dentists, pharmacies, friends, or family members.
- It is not necessary to buy them from traditional "drug dealers."
- Information on the effects of these drugs is widely available in package inserts, advertisements, and on social media sites.

Parents and teens need to understand that when over-the-counter and prescribed medications are used to get high, they are every bit as dangerous as "street drugs." And when prescribed drugs are used by or distributed to individuals without prescriptions, they are every bit as illegal.

Drug-impaired Driving

What is drug-impaired driving? Driving under the influence of over-the-counter medications, prescription drugs, or illegal drugs.

Why is drug-impaired driving dangerous? Over-the-counter (OTC) medications and prescription drugs affect the brain and can alter perception, mental processes, attention, balance, coordination, reaction time and other abilities required for safe driving. Even small amounts of some drugs can have a measurable effect on driving.

Source: National Institute on Drug Abuse (NIDA) 2016.

A national survey showed 20 percent of weekend nighttime drivers tested positive for illegal, prescription, or OTC drugs that can impair driving.

Source: Results of the 2013–2014 National Roadside Survey of Alcohol and Drug Use by Drivers, National Highway Traffic Safety Administration

What substances are used the most when driving? After alcohol, marijuana is the drug most often found in the blood of drivers involved in crashes.

What happens when you use drugs and drive? Marijuana can decrease a person's ability to drive a car. It slows reaction time, impairs judgment of time and distance, and decreases coordination. It is dangerous to drive after mixing alcohol and marijuana. Driving after using prescription drugs or over-the-counter medicine, such as cough suppressants, antihistamines, sleeping aids, and anti-anxiety medications can impair driving.

No one should drive after using marijuana or other drugs, and should not get in a car with a driver who has used marijuana or other drugs!

Remember: any medications that act on parts of the brain can impair driving. Many prescription drugs have warning labels against the operation of machinery and driving motor vehicles for a certain period of time after use.

You are more likely to be injured or in an accident while driving under the influence of drugs.

Illegal Internet Pharmacies

Some pharmacies operating on the internet are illegal. No one should use a website to purchase a prescription drug unless –

→ **1.** the person has obtained a valid prescription from a medical practitioner who has conducted an in-person medical evaluation of the person, and

→ **2.** the website is operating in accordance with the Ryan Haight Act.

Report Suspicious Internet Pharmacies

If you or your teen is aware of someone distributing prescription drugs or selling them on a suspicious internet pharmacy site, you can report it to the DEA 24 hours a day, 365 days a year, by using the RxAbuse online reporting tool located at www.deadiversion.usdoj.gov or by calling the DEA hotline toll free at **1-877-RxAbuse (1-877-792-2873)**.

Ryan Haight

Francine Haight, Ryan's mother, shares her son's story with the world: "Ryan Thomas Haight overdosed and died on February 12, 2001, on narcotics (Vicodin®) that he had easily purchased on the internet. A medical doctor on the internet that he never saw prescribed them, an internet pharmacy mailed them to his home. He was only 17 when he purchased them; he was only 18 when he died."

Through the efforts of Francine Haight and members of Congress, with support from DEA, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 was enacted. The Act aims to remove and prosecute unscrupulous or rogue internet pharmacies that sell controlled prescription medicines to persons without a prescription from a registered physician. These pharmacies lack quality assurance and accountability. This law has enabled DEA to prosecute cybercriminals supplying controlled substances and to shut down the illegal online pharmacies.

What is Drug Addiction?

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

Source: The Science of Drug Abuse and Addiction: The Basics
www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics

Prescription drug misuse can have serious medical consequences.

Increases in prescription drug misuse during the past 15 years are reflected in increased emergency room visits, overdose deaths related to prescription drugs, and treatment admissions for prescription drug use disorders, the most severe form of which is addiction.

Source: National Institute on Drug Abuse
www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary

Common Drugs of Abuse

Categories of Drugs:

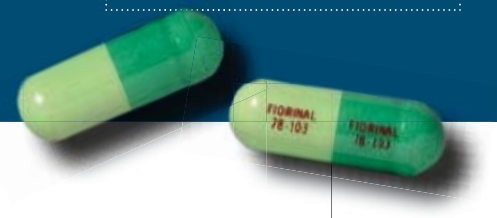
Illegal drugs and legitimate medications are categorized according to their medical use, potential for abuse, and their potential for creating physical or psychological dependence.

The Controlled Substances Act regulates six classes of drugs:

- → Narcotics
- → Stimulants
- → Depressants
- → Hallucinogens
- → Anabolic Steroids
- → Over the Counter Substances

Within each class are substances that occur naturally and substances created in laboratories (synthetics). When they are used appropriately in the practice of medicine, these substances can have beneficial properties. When used for non-medical purposes, including the desire to get high, these drugs can cause great harm and even death.

narcotics → substances that dull the senses and relieve pain



Narcotic Medicines

Used to treat mild to severe pain (anything from dental surgery to terminal cancer). Also used to suppress coughs, treat diarrhea, induce sleep, and treat heroin addiction.

Forms

Liquid, tablet, capsule, skin patch, powder, syrup, lollipop, and suppository.

Adverse Effects

Slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing.

Overdose Effects

Slow and shallow breathing, clammy skin, confusion, convulsions, coma, and possible death.

Narcotic medications available only with a prescription:

(Note: Lists are not all-inclusive.)

{ codeine cough syrup } ROBITUSSIN A-C SYRUP® | MYTUSSIN AC COUGH SYRUP®

Cough syrups sometimes include other ingredients such as antihistamines (promethazine). Some controlled substances, including cough syrups, can be dispensed by a pharmacist without a prescription (21 C.F.R. 1306.26).

slang names: **Lean, Purple Drank, Sippin Syrup**

{ fentanyl } DURAGESIC PATCH® | ACTIQ LOZENGE®

Fentanyl is a very powerful painkiller, 100 times more potent than morphine and 50 times more potent than heroin as an analgesic. Encounters with fentanyl that are not medically supervised are frequently fatal. This narcotic is most commonly used by wearing a patch or sucking on a lozenge, but like heroin, it may also be smoked, snorted, or injected. A new effervescent tablet, Fentora®, is now available to place between the cheek and gum.

slang names: **China Girl, China White, Dance Fever, Tango & Cash**

{ fentanyl-like substances }

Fentanyl-like substances have recently made a resurgence in the illicit drug market. The biological effects of fentanyl-like substances are similar to fentanyl, including severe respiratory depression (decreased breathing) that can result in death. Fentanyl-like substances are often indistinguishable from fentanyl or heroin, and are ingested in similar manners to these substances. Some recent examples of fentanyl-like substances include acetyl fentanyl, 4-fluoroisobutyryl fentanyl (4-FIBF), cyclopropyl fentanyl among many others.

{ hydrocodone } VICODIN® | LORTAB® | LORCET® | HYDROCODONE WITH ACETAMINOPHEN

Hydrocodone products are used for pain relief and cough suppression. Hydrocodone products are the most frequently prescribed opioids in the United States, and they are also the most misused narcotic in the United States.

narcotics

{ methadone } DOLOPHINE® | METHADOSE®

Methadone has been used for years to treat people with a heroin use disorder. It is also used as a powerful painkiller. While it may be legally used under a doctor's supervision, its non-medical use is illegal. Methadone is available as a tablet, oral solution, or ingestible liquid. Tables are available in 5mg and 10mg formulations. As of January 1, 2008, manufacturers of methadone hydrochloride tablets 40mg have voluntarily agreed to restrict distribution of this formulation to only those facilities authorized for detoxification and maintenance treatment of opioid addiction, and hospitals.

{ oxycodone } OXYCONTIN® | PERCODAN® | TYLOX

Oxycodone products are very powerful painkillers. Oxycodone is widely used in clinical medicine. It is marketed either alone as controlled release (OxyContin®) or immediate release formulations (OxyIR®), or in combination with other non-narcotic analgesics such as aspirin (Percodan®) or acetaminophen (Roxicet®). Oxycodone's behavioral effects can last up to five hours. The drug is most often administered orally. The controlled-release product, OxyContin®, has a longer duration of action (8-12 hours).

slang names: **Hillbilly Heroin, Kicker, OC, Ox, Oxy, Perc, and Roxy.**

Other abused narcotics

- { **meperidine** } DEMEROL®
- { **hydromorphone** } DILAUDID®
- { **oxycodone with acetaminophen** } ENDOCET®
- { **codeine** } FIORINAL®
- { **morphine** } ROXANOL SR®
- { **oxycodone with acetaminophen** } ROXICET®
- { **pentazocine** } TALWIN®
- { **cough syrup with hydrocodone** } TUSSIONEX®

How are narcotics abused?

Narcotics/opioids can be swallowed, smoked, sniffed, or injected.

Where would a teen obtain narcotics?

Friends, relatives, medicine cabinets, pharmacies, nursing homes, hospitals, hospices, doctors, and online. They can also be purchased on the street.

narcotics

5mg 7.5mg 10mg

{ LORTAB® }

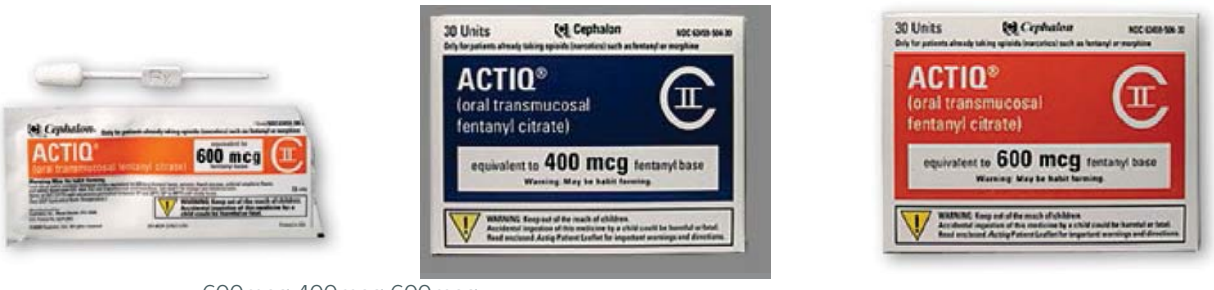
10mg 20g 40mg 80mg

{ OXYCONTIN® }

*hydrocodone bitartrate-acetaminophen

*5-500mg *10-660mg *7.5-750mg

{ VICODIN® }



600mcg 400mcg 600mcg

{ ACTIQ® }

{ GLOSSARY }

With repeated use of narcotics, tolerance and dependence develop.

Tolerance *occurs when the person no longer responds to the drug in the way that person initially responded. Stated another way, it takes a higher dose of the drug to achieve the same level of response achieved initially.*

Source: NIDA, The Neurobiology of Drug Addiction: Definition of Tolerance
http://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-iii-action-heroin-morphine/6-definition-tolerance

Physical Dependence *is not equivalent to addiction, and can happen with the chronic use of many drugs—including many prescription drugs, even if taken as instructed. It occurs when the body adapts to the drug, requiring more of it to achieve a certain effect and eliciting drug-specific physical or mental symptoms if drug use is abruptly ceased.*

Source: NIDA, Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)
http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/there-difference-between-physical-dependence

stimulants → substances that stimulate bodily activity and reverse fatigue ("uppers")

COCAINE (POWDER OR CRACK), METHAMPHETAMINE, AMPHETAMINES, SYNTHETIC CATHINONES (BATH SALTS)

Stimulant Medicines

Many stimulants have legitimate medical use and are scheduled by the DEA. Caffeine and nicotine are stimulants that are not controlled. Stimulant medicines are used to treat obesity, attention deficit and hyperactivity disorder (ADHD), and narcolepsy. Pseudoephedrine, found in allergy and cold medications to relieve sinus congestion and pressure, is also a stimulant chemical. Cocaine and methamphetamine have a currently accepted, albeit limited, medical use in treatment. Crack cocaine and khat have no legitimate medical uses.

Forms

Pills, powder, rocks, and injectable liquids.

Adverse Effects

When stimulants are misused and not under a doctor's supervision, they are frequently taken to produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for a prolonged period, and get high.

Overdose Effects

Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.

In overdose, unless there is medical intervention, high fever, convulsion, and cardiovascular collapse may precede death.

Stimulant medications available only with a prescription:

(Note: Methamphetamine and cocaine have limited legitimate medical uses. Lists are not all-inclusive.)

{ amphetamines } ADDERALL® | DEXEDRINE® | DESOXYN® (METHAMPHETAMINE)

Amphetamines are used to treat ADHD.

slang names: **Bennies, Black Beauties, Crank, Ice, Speed, Uppers**

{ methylphenidate and dexmethylphenidate } CONCERTA® | RITALIN® | FOCALIN®

These drugs are used to treat ADHD.

slang names: **Pellets, R-Ball, Skippy, Vitamin R**

{ synthetic cathinones (bath salts) }

Illicit substances with no medical use ingested to mimic the effects of drugs including methamphetamine, cocaine, MDMA, or PCP.

slang names: **Molly, Ecstasy, Salts**

{ methamphetamine }

Ingestion of the stimulant methamphetamine can result in severe agitation, delirium, hallucinations, irregular heartbeat, heart attack, and possibly death. Methamphetamine is a highly addictive substance and can be snorted, smoked, or injected.

slang names: **Meth, Ice**

stimulants

Other misused stimulants

{ **phentermine** } ADIPEX® | IONAMIN®

{ **benzphetamine** } DIDREX®

{ **phendimetrazine** } PRELU-2®

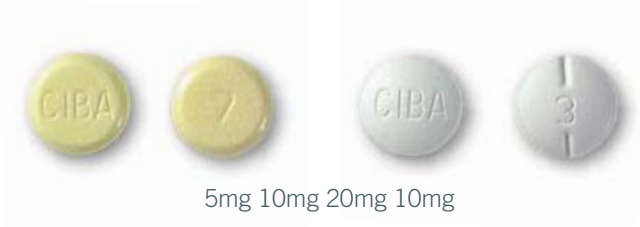
These drugs are used in weight control.

How are stimulants misused?

Stimulants can be pills or capsules that are swallowed. Smoking, snorting, or injecting stimulants produces a sudden sensation known as a "rush" or a "flash."

Where would a teen obtain stimulants?

Friends, relatives, doctors, pharmacies, schools, online, and street drug dealers.



5mg 10mg 20mg 10mg

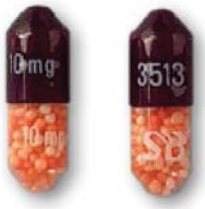
{ RITALIN® }

37.5mg 100mg 200mg

{ ADIPEX® }

{ PROVIGIL® }

5mg 10mg



{ DEXEDRINE® }

25mg 10mg

{ FOCALIN® }

5mg 20mg

{ FOCALIN XR® }

depressants → substances that induce sleep, relieve anxiety and muscle spasms, and prevent seizures

ALCOHOL, VALIUM®, XANAX®, TRANQUILIZERS, SLEEPING PILLS, ROHYPNOL®, GHB

Depressant Medicines

Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures.

Forms

Pills, syrups, and injectable liquids.

Adverse Effects

Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing.

Overdose Effects

Signs can include shallow breathing, clammy skin, dilated pupils, weak but rapid pulse, and coma. Overdose may be fatal.

Depressant medications available only with a prescription:

(Note: Lists are not all-inclusive)

{ benzodiazepines } VALIUM® | XANAX® | RESTORIL® | ATIVAN® | KLONOPIN®

Benzodiazepines are used as sedatives, hypnotics, anticonvulsants, muscle relaxants, and to treat anxiety. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects, including tolerance and dependence.

slang names: **Benzos, Downers, Nerve Pills, Tranks**

{ sleeping pills } AMBIEN® | LUNESTA® | SONATA®

These depressants are sedative-hypnotic medications approved for the short-term treatment of insomnia.

Other misused depressants

{ chloral hydrate } SOMNOTE®

{ barbiturates, such as butalbital and pentobarbital }

{ GHB } XYREM®

{ carisoprodol } SOMA®

{ ketamine } KETALAR®

Please note that even though ketamine is a dissociative drug used as an anesthetic in veterinary practice, it is misused for its hallucinogenic effects.

depressants

How are depressants abused?

Individuals misuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs' high or to deal with their side effects. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault.

Where would a teen obtain depressants?

Family medicine cabinet, friends, family members, online, doctors, and hospitals.

a PARENT'S story

Jason Surks was 19 and in his second year of college, studying to be a pharmacist, when he died of an overdose of depressant pills. After his death, his parents discovered that he had been ordering controlled substances from an internet pharmacy in Mexico. His mother, Linda, writes: "I thought to myself that this couldn't be possible. I work in prevention, and Jason knew the dangers—we talked about it often. I think back to the last several months of my son's life, trying to identify any signs I might have missed.

"I remember that during his first year in college, I discovered an unlabeled pill bottle in his room. I took the pills to my computer and identified them as a generic form of Ritalin. When I confronted Jason, he told me he got them from a friend who'd been prescribed the medication. He wanted to see if they would help him with his problem focusing in school. I took that opportunity to educate him on the dangers of abusing prescription drugs and told him that if he really thought he had ADD (Attention Deficit Disorder), we should pursue this with a clinician. He promised he would stop using the drug. But as a pre-pharmacy major, maybe he felt he knew more about these substances than he actually did and had a 'professional curiosity' about them."

Source: As recounted on www.drugfree.org/memorials.

1mg 2mg 7.5mg

{ ATIVAN® }

{ RESTORIL® }

1mg 2mg

{ XANAX® }

.5mg 3mg

{ XANAX XR® }

2mg 5mg 10mg

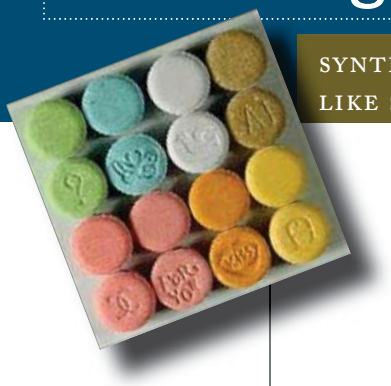
{ VALIUM® }

.5mg 1mg 2mg wafer, 1mg

{ KLONOPIN® }

hallucinogens → drugs that can cause hallucinations, agitation, delirium, seizures, and other adverse health effects

SYNTHETIC CANNABINOIDS (SPICE/K2), SYNTHETIC CATHINONES (BATH SALTS), LSD-LIKE SUBSTANCES, PCP-LIKE SUBSTANCES, MDMA-LIKE SUBSTANCES (ECSTASY/MOLLY)



Hallucinogenic Substances

Used to promote euphoria and hallucinogenic experiences

Forms

Synthetic Cannabinoids: often encountered on green plant material resembling marijuana in appearance and intended to be smoked or diluted in liquid form to be used in e-cigarettes.

Bath Salts: often encountered in powder, rock, or pill form; can be used by snorting, injecting, or swallowing (pill form).

LSD- and PCP-like substances: often found applied to blotter paper or in powder form that can be snorted, swallowed, or placed in mouth.

Adverse Effects

Wide range of effects that can include hallucinations, agitation, delirium, seizures, coma, heart attacks, hypertension, and many others.

Overdose Effects

Varies depending on substance, but overdose often requires medical attention to treat symptoms and can be fatal even with medical intervention or hospital care.

{ synthetic cannabinoids }

Synthetic cannabinoids are chemicals meant to mimic the psychoactive effects of THC but have been shown to be extremely potent in regard to their adverse effects. The synthetic cannabinoid powder is dissolved in liquid before being applied to a green plant material to resemble the physical appearance of marijuana or used in an e-cigarette. Severe adverse effects including hallucinations, agitation, delirium, seizures, coma, heart attacks, hypertension, and death.

slang names: **K2, Mojo, Skooby Snax, Spice**

anabolic steroids → drugs used to enhance performance, increase muscle mass, and improve appearance

TESTOSTERONE

Anabolic Steroids

Synthetically produced variants of the naturally occurring male hormone testosterone, which are misused to promote muscle growth, enhance athletic or other physical performance, or improve physical appearance. Only a small number of anabolic steroids are approved for either human or veterinary use. Steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.

Forms

Tablets and capsules, sublingual tablets, liquid drops, gels, creams, transdermal patches, subdermal implant pellets, and water-based and oil-based injectable solutions.

Adverse Effects

Males: In adults, shrinking of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer. In boys, early sexual development, acne, and stunted growth.

Females: In adolescent girls and women, deepening of the voice, increasing facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris.

Both: High cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks; acne; and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver.

Upon discontinuation: When users stop taking steroids, they might experience depression severe enough to lead one to attempt suicide.

Steroids available only with a prescription:

(Note: Lists are not all-inclusive)

{ anabolic steroids } ANADROL® | ANDRO® | DECA-DURABOLIN® | DEPO-TESTOSTERONE® | DURABOLIN® | EQUIPOISE® | OXANDRIN® | THG® | WINSTROL®

There are over 100 different types of anabolic steroids.

slang names: **Arnolds, Juice, Pumpers, Roids, Stackers, Weight Gainers**

How are steroids misused?

Steroids are taken orally, injected, or applied to the skin. The doses misused are often 10 to 100 times higher than the approved therapeutic and medical treatment dosages. Users typically take two or more anabolic steroids at the same time in a cyclic manner, believing this will improve their effectiveness and minimize the adverse effects.

Where would a teen obtain steroids?

The internet is the most widely used means of buying and selling anabolic steroids. Steroids are also bought and sold at gyms, bodybuilding competitions, and schools from teammates, coaches, and trainers.

anabolic steroids

THREE PARENTS' STORIES

These three young men were athletes who sought ways to enhance their performance. Each of them turned to steroids, and each of them suffered the depression that can come when steroids are stopped.

{ DEPO-TESTOSTERONE® }

{ TAYLOR HOOTON }

Died at age 17. It took a while for his parents to connect Taylor's recent weight and muscle increases with his uncharacteristic mood swings and violent, angry behavior. He had been using a cocktail of steroids and other hormones to bulk up, and the drugs were wreaking havoc on his body and emotions. Taylor went to his room and hanged himself. It was only after his death that the whole picture came into focus.

{ ROB GARIBALDI }

Died at age 24. When supplements and workouts did not produce the desired results, Rob turned to steroids. According to Rob, he first obtained steroids from his trainer at the University of Southern California, whose name Rob never divulged. With a wink and a nod, they kept his use a secret. The desire and need to look bigger, be stronger, and avoid losing muscle gains already achieved prompted him to continue steroid use. Over time, Rob gained 50 pounds and became the powerhouse the steroids promised. Drinking alcohol or taking any other drug, including prescription medication, compounds the adverse effects of steroids. The most dangerous adverse effect of steroids is upon discontinuation, when users might experience depression severe enough to lead them to attempt suicide. His parents said: "We know, without a doubt, steroids killed our son."

{ EFRAIN MARRERO }

Died at age 19. Efrain was secretly using steroids to prepare for football season. He was a standout offensive lineman in high school and then played at the junior college level. However, he decided he wanted to move from the offensive line to more of a "glory" position at middle linebacker. Any football fan seeing Efrain would recognize the significant physical transformation it would take for him to make that happen. As his parents tell it, "Efrain began using steroids, under the impression that it would make him bigger, stronger, faster, and earn him the title and recognition he so much desired." Unaware of the serious side effects of steroids, Efrain began to experience severe paranoia and deep depression. Frightened, he turned to his parents for help, who took him to the family doctor. The doctor assured them that the steroids would leave Efrain's system soon and that no further action was required. No one knew that quitting steroids cold turkey was unwise; the physician failed to provide an appropriate course of action. Three weeks later, Efrain shot himself in the head.

over-the-counter → medications with DXM (hallucinogen)

ROBITUSSIN®, CORICIDIN HBP®, NYQUIL®

OTC Medicines with DXM

There are more than 120 over-the-counter cold medicines that contain dextromethorphan (DXM), either as the only active ingredient or in combination with other active ingredients.

These medications (store brands as well as brand names) can be purchased in pharmacies, grocery stores, and other outlets.

Forms

Cough syrup, tablets, capsules, or powder

Adverse Effects

Some of the many psychoactive effects associated with high-dose DXM include confusion, inappropriate laughter, agitation, paranoia, and hallucinations. DXM intoxication also has physical effects, including over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, and involuntary spasmodic movement of the eyeballs.

Overdose Effects

DXM overdose can be treated in an emergency room setting and generally does not result in severe medical consequences or death. Most DXM-related deaths are caused by ingesting the drug in combination with other drugs. DXM-related deaths also occur from impairment of the senses, which can lead to accidents.

How are OTC cold medications with DXM misused?

DXM misuse has traditionally involved drinking large volumes of the OTC liquid cough preparations. More recently, however, misuse of tablet and gel capsule preparations has increased.

Where would a teen obtain OTCs with DXM?

Friends, relatives, pharmacies, grocery stores, and discount department and warehouse stores. DXM products and powder can also be purchased online.

Warning signs of OTC cold medicine misuse include:

Empty cough medicine boxes or bottles in child's room, backpack, or locker.

Purchase or use of large amounts of cough medicine when not ill.

Missing boxes or bottles of medicine from home medicine cabinet.

Visiting websites that provide information on how to misuse DXM.

Source: http://stopmedicineabuse.org.

{ TRENDS

What You Can Do

Because prescription drugs are legal, they are easily accessible. Parents, law enforcement personnel, educators, the medical community, and all levels of government have a role to play in reducing the nonmedical use of prescription drugs.

Talk with your teen about the consequences of misusing prescription and OTC drugs and the importance of healthy choices.

Choose the right time to talk. When talking to your child, be sure your child is sober or has not been using drugs before talking about drugs and alcohol.

Voice your suspicion. Begin by expressing your concerns without making accusations.

Be specific. Explain what you observed to make you concerned. For example, you found missing pills or an empty pill bottle, or your child's appearance indicates a potential problem.

Be prepared for strong reactions. Your child may accuse you of snooping or say you're crazy. Stay calm.

Reinforce what you think about drug use. Tell her how much you care for him or her.

Get help from the experts. Contact the school counselor, school nurse, or family doctor about your concerns.

TIP: A teen that is using drugs or alcohol needs to be evaluated by a professional for a possible substance use disorder.

Ask teens what they find out about prescription drugs at school, at friends' homes, at parties, and on social media sites.

Get information about teen abuse of prescription drug medications. Learn what the medication is used for, what it looks like, its effects and interactions, and how teens are using it.

For more detailed information, see Section 4 (How Do I Talk to My Child about Drugs) in *Growing Up Drug Free: A Parent's Guide to Prevention*. It is available online at www.getsmartaboutdrugs.com/publications.

What You Can Do

Understand the power and danger of these medications. Many medications, particularly narcotic pain relievers (opioid medications), are very powerful and are designed to relieve extreme pain. New medications are continually being approved for medical use, and it is important to be informed about the drugs' uses and properties.

Follow disposal guidelines. Read DEA's flier on how to properly dispose of unused medicines, which is available online at https://go.usa.gov/xQWgd.

Ask your doctor, dentist, and pharmacist about the medications you are prescribed. Ask about their side effects, interactions, and potential for addiction.

Review what is in your medicine cabinet. Lock up medications in a safe place, not in the family medicine or kitchen cabinet. Count your pills when you receive them, and periodically check to see how many are in the container. Avoid keeping prescription painkillers or sedatives around "just in case."

LEARN THE FACTS

Read the labels. The prescription label includes important information about how much to take; interactions with food and beverages, supplements, and other drugs; ingredients; and possible side effects. Many generic prescriptions are substituted for brand name drugs. Usually, the generic name of the drug is printed with the brand name, so that the customer knows which medication they receive. It may be easy to overlook the fact that the doctor has prescribed a very powerful narcotic painkiller.

Remember: Use of prescription medicines without a doctor's recommendation can be just as dangerous as using illegal drugs. Improper use can have serious health effects, including addiction and overdose.

DEA's Role

DEA plays a critical role in preventing prescription drug misuse.

DEA investigates physicians who sell prescriptions to drug dealers or who overprescribe drugs; pharmacists who falsify records and then sell the drugs; employees who steal from drug inventory; executives who falsify orders to cover illicit sales; prescription forgers; and persons who commit armed robbery of pharmacies and drug distributors.

DEA investigates illegal internet pharmacies. Rogue pharmacies exist to profit from the sale of controlled prescription medications to buyers who have not seen a doctor and do not have a prescription from a registered physician. The pharmacies lack quality assurance and accountability, and their products pose a danger to buyers.

DEA works with state, local, and foreign partners to interdict controlled substances and chemicals used to make drugs.

DEA's authority to enforce laws and regulations comes from the Controlled Substances Act, Title 21 of the United States Code. DEA also provides fact-based timely information to the public about the dangers of illegal drugs and the non-medical use of prescription drugs through publications, websites, and presentations.

{ RESOURCES }

Centers for Disease Control and Prevention (CDC), Prescription Drug Overdose – *www.cdc.gov/drugoverdose*

Community Anti-Drug Coalitions of America (CADCA) – *www.cadca.org*

Drug Abuse Resistance Education (D.A.R.E.) Online Opioid Lesson – *www.dare.org/d-a-r-e-online-opioid-lesson*

Drug Enforcement Administration (DEA) – *www.dea.gov*

DEA Office of Diversion Control – *www.deadiversion.usdoj.gov*

DEA's website for colleges and universities – *www.campusdrugprevention.gov*

DEA's website for parents, caregivers, and educators – *www.GetSmartAboutDrugs.com*

DEA's website for teens – *www.justthinktwice.com*

Institute for Behavior and Health – *www.stopdruggeddriving.org*

National Institute on Drug Abuse (NIDA) – *www.drugabuse.gov*

National Institute on Drug Abuse for Teens – *www.teens.drugabuse.gov*

National Library of Medicine – *www.medlineplus.gov (Spanish version: www.medlineplus.gov/spanish)*

National Suicide Prevention Lifeline – *www.suicidepreventionlifeline.org; 1-800-273-TALK (8255)*

Office of National Drug Control Policy (ONDCP) – *www.whitehouse.gov/ondcp/*

Partnership for Drug-Free Kids – *www.drugfree.org*

Stop Medicine Abuse – *www.stopmedicineabuse.org*

GetSmart*AboutDrugs*

A DEA Resource for Parents

www.GetSmartAboutDrugs.com
www.JustThinkTwice.com

www.OperationPrevention.com
www.DEA.gov

PREVENTING MARIJUANA USE AMONG YOUTH & YOUNG ADULTS

U.S. Department of Justice
Drug Enforcement Administration

PREVENTING MARIJUANA USE AMONG YOUTH & YOUNG ADULTS

The Drug Enforcement Administration's (DEA) primary mission and responsibility is to enforce the nation's federal drug laws. But the DEA also has a responsibility to educate the public about the dangers and consequences of drug abuse based on facts and scientific evidence.

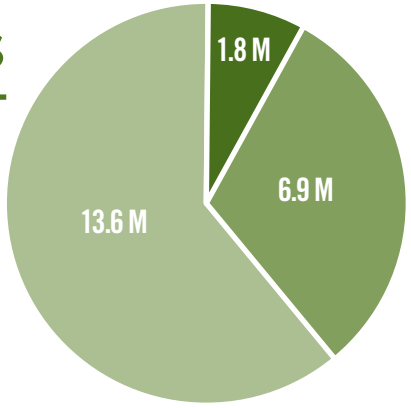
The DEA is especially concerned about marijuana use and its negative consequences among youth and young adults. This publication provides an overview of the prevalence of marijuana use among this population; the physical, academic, and social consequences; tips for how to get involved to prevent marijuana use among youth and young adults; and federal resources to assist in your efforts.

SCOPE OF THE ISSUE

Marijuana Use in the United States

In 2015, more than 22 million Americans aged 12 or older were current users of marijuana.[1]

- Adolescents aged 12-17: **1.8 million**
- Young adults aged 18-25: **6.9 million**
- Adults aged 26 or older: **13.6 million**



Marijuana Use among Youth

- In 2015, 7.0 percent of adolescents aged 12 to 17 were current users of marijuana, which means approximately 1.8 million adolescents used marijuana in the past month.[1]
- The percentage of adolescents in 2015 who were current marijuana users was similar to the percentages in most years between 2004 and 2014.[1]

Marijuana Use among College Students

- Daily or near-daily marijuana use has increased in recent years for college students, rising from 3.5 percent in 2007 to 4.6 percent in 2015.[2]
- This means one in every 22 college students uses marijuana daily or near daily.[2]
- Almost 38 percent of college students said they used marijuana in 2015, compared with 30 percent in 2006.[2]
- Since 2003, 19- to 22-year-olds seeing regular marijuana use as dangerous to the user has declined sharply, from 58 percent in 2003 to 33 percent by 2015.[2]

Changes in Perceived Risk

- A large majority of 12th graders perceive that regular use of any illicit drug presents great risk of harm for the user.[3]
- In 2015, 85 percent of 12th graders perceived great risk of harm from regular use of heroin (85 percent), crack (81 percent), cocaine (79 percent), and LSD (61 percent).[3]
- Among the illicit drugs, marijuana has the lowest perceived risk, with approximately one-third (32 percent) thinking regular use carries great risk.[3]
- Substantial proportions of 12th graders view even experimenting (i.e., using once or twice) with most of the illicit drugs as risky. But only 12 percent of 12th graders see experimenting with marijuana as entailing great risk.[3]
- Only 32 percent of 12th graders perceive risk of harm from regular marijuana use, which is its lowest level ever. Between 2006 and 2015, perceived risk of regular use generally declined, while current use (i.e., past 30 days) rose steadily, at least through 2012.[3]

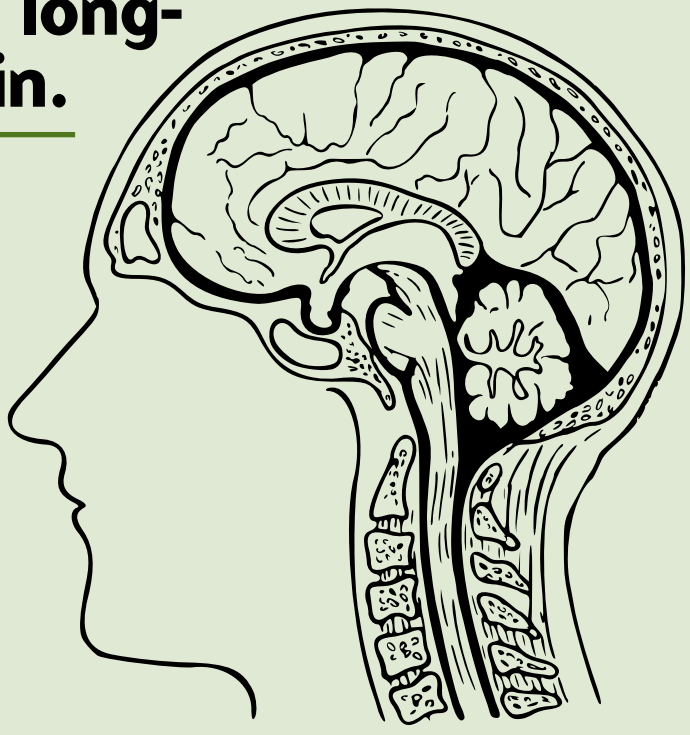
KNOW THE FACTS

Marijuana is addictive.

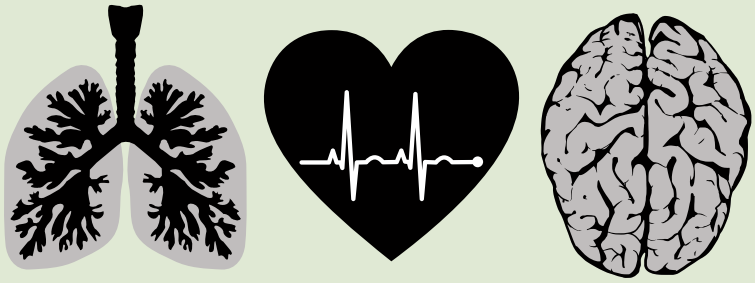
- Research suggests 30 percent of users may develop some form of problem use, which can lead to dependence and addiction.[4]
- People who begin using marijuana before age 18 are 4 to 7 times more likely than adults to develop problem use.[4]

Marijuana has short- and long-term effects on the brain.

- When marijuana is smoked, the mind-altering chemical tetrahydrocannabinol (THC) passes from the lungs to the bloodstream.[4]
- Blood then carries the chemical to the brain and other organs throughout the body.[4]
- User generally feels the effects after 30 to 60 minutes, including changes in mood, impaired body movement, difficulty with thinking and problem solving, and impaired memory.[4]
- When marijuana users begin using as teenagers, long-term effects can include reductions in thinking, memory, and learning functions.[4]



Marijuana use can have a wide range of physical and mental effects.

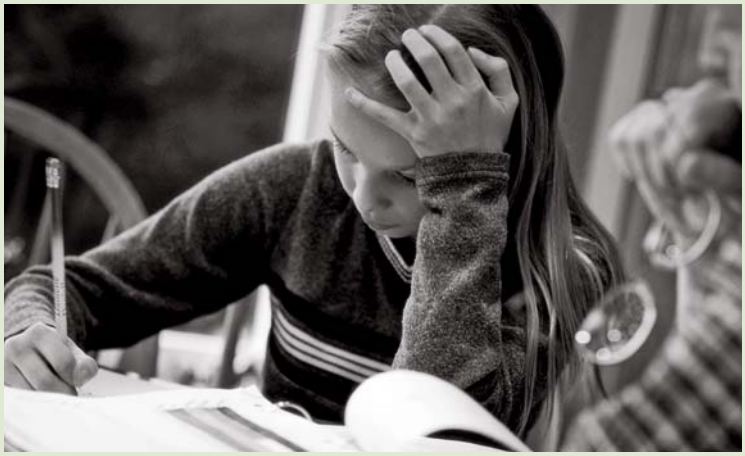


- Physical effects include breathing problems, increased heart rate, and problems with child development during and after pregnancy.[4]
- Long-term use has been linked to mental illness in some users, such as temporary hallucinations, temporary paranoia, and worsening symptoms in patients with schizophrenia.[4]

Marijuana is unsafe if you are behind the wheel.

- Marijuana is the most common illegal drug involved in auto fatalities.[5]
- Marijuana is found in the blood of approximately 14 percent of drivers who die in car crashes, often in combination with alcohol or other drugs.[5]
- Marijuana affects skills required for safe driving:
  - **alertness**
  - **concentration**
  - **coordination**
  - **reaction time**[5]

Marijuana is linked to school failure.



- Marijuana's negative effects on attention, memory, and learning can last for days and sometimes weeks.[5]
- Students who smoke marijuana tend to get lower grades and are more likely to drop out of high school, compared with their peers who don't use.[5]
- Research shows IQ can be lowered if marijuana is smoked regularly during the teen years.[5]

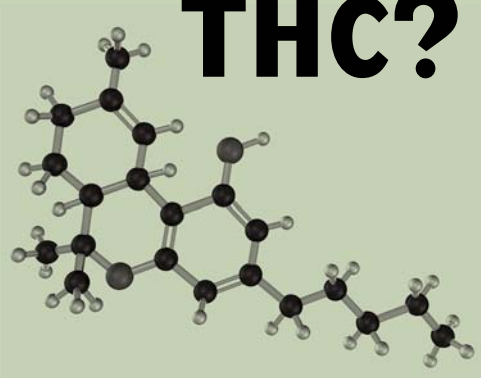
The THC content in marijuana has been increasing since the 1980s.

- In the early 1990s, average THC content in confiscated samples was roughly 3.7 percent for marijuana; in 2016, it was 13.18 percent.[6]
- Smoking or eating THC-rich hash oil extracted from the marijuana plant may deliver high levels of THC to the user.[7]
- Average marijuana extract contains over 50 percent THC; some samples exceed 80 percent.[7]

Exposure to higher THC levels means a greater chance of a harmful reaction.

- Higher THC levels may explain the rise in emergency room visits involving marijuana use.[4]
- Users can mix marijuana in food (i.e., edibles), such as brownies, cookies, or candy, or brew it as a tea. Edibles take longer to digest and produce a high, so people may consume more to feel the effects faster, leading to dangerous results.[4]
- Higher THC levels may mean a greater risk for addiction if users are regularly exposing themselves to high doses.[4]

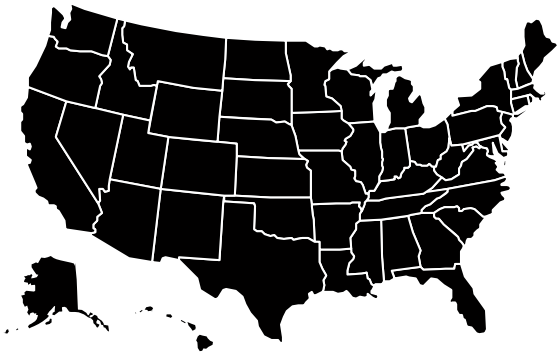
What is THC?



- The primary mind-altering chemical in marijuana, responsible for most of the intoxicating effect people seek, is delta-9-tetrahydrocannabinol (THC).[7]
- The chemical is found in resin produced by the leaves and buds primarily of the female cannabis plant. The plant also contains over 500 other chemicals, including more than 100 compounds that are chemically related to THC, called cannabinoids.[7]
- Organs in the body have fatty tissues that quickly absorb the THC in marijuana. Standard urine tests can detect traces of THC several days after use. In heavy marijuana users, urine tests can sometimes detect THC traces for weeks after use stops.[7]

Marijuana as Medicine?

- The term "medical marijuana" refers to using the whole unprocessed marijuana plant or its basic extracts to treat a disease or symptom.[8]
- The U.S. Food and Drug Administration (FDA) has not recognized or approved the marijuana plant as medicine. However, two FDA-approved medications contain cannabinoid chemicals in pill form.[8]
- The FDA requires carefully conducted clinical trials in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication. To date, researchers have not conducted a sufficient number of large-scale clinical trials to show that the benefits of the marijuana plant (as opposed to its cannabinoid ingredients) outweigh its risks in patients it is meant to treat.[8]



"But It's Legal Now"

- Currently, eight states and the District of Columbia allow "recreational" (i.e., personal) use of marijuana.
- To date, 28 states and the District of Columbia allow medical use of marijuana.
- However, under federal law, marijuana is not medicine and its use is prohibited.
- Under the federal Controlled Substances Act, marijuana is classified as a Schedule I drug, meaning it has no currently accepted medical use and a high potential for abuse.

Is Marijuana a Gateway Drug?

Some research suggests that marijuana use is likely to precede use of other licit and illicit substances. Marijuana use also is linked to substance use disorders, including addiction to alcohol and nicotine.[9]

GET INVOLVED IN PREVENTION

- **Red Ribbon Week** is an annual opportunity for children, teens, and adults to show they are committed to being healthy and drug free. The nationwide event occurs annually on October 23-31. (www.dea.gov/redribbon/RedRibbonCampaign.shtml)
- **Red Ribbon Patch Program** provides Boy Scouts and Girl Scouts the opportunity to earn a patch from the DEA by performing anti-drug activities. (www.dea.gov/redribbon/boy_scouts.shtml)
- **National Drug & Alcohol Facts Week** is an annual health observance for teens that aims to shatter myths about drugs and drug abuse. (www.drugabuse.gov/news-events/public-education-projects/national-drug-alcohol-facts-week)
- **National Prevention Week** is an annual health observance held in May. Communities and organizations nationwide promote the importance of substance misuse prevention and positive mental health. (www.samhsa.gov/prevention-week)
- Join your school or community's anti-drug coalition. If your school or community doesn't have one, visit www.cadca.org to learn how to start a coalition in your community.
- Organize a drug abuse prevention information fair at your school to help raise awareness of the impact of drug use on individuals, families, and communities.
- Set up a program to help educate your peers or younger children about substance abuse. Being a mentor or role model for younger children can have a positive impact on them.

It's important to be up to date on drug facts and trends. Get information and training from local contacts and programs to help you in these areas.

Some potential resources include:

- The DEA has a Demand Reduction Coordinator in each Field Division around the nation: www.dea.gov/about/domesticoffices.shtml
- Several federal agencies have publications and other resources that are free of charge:
  - **DEA:** www.dea.gov/prevention/overview.shtml
  - **National Institute on Drug Abuse:** www.drugabuse.gov/children-and-teens
  - **Substance Abuse and Mental Health Services Administration:** www.samhsa.gov

PREVENTING MARIJUANA USE AMONG YOUTH & YOUNG ADULTS

This publication was produced by the United States Drug Enforcement Administration (www.dea.gov).

For more information, please e-mail demand.reduction@usdoj.gov.

RESOURCES

www.justthinktwice.com
DEA's website for teens provides credible information about various drugs and harmful effects of drug use.

www.teens.drugabuse.gov
NIDA's website for teens where you can learn how different drugs affect the brain and body.

www.store.samhsa.gov
SAMHSA's brochure, Tips for Teens: The Truth about Marijuana, contains information about marijuana, including how it affects the brain, short- and long-term health risks, and signs of marijuana use.

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Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County Jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.[1] Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems; analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States; examining initiatives designed to improve outcomes for this population; and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of rearrest—inform a plan's design and maximize its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

The initiative is small in scale. Due to scarce resources, diversion programs or improvements to reentry planning are frequently launched as pilots, rarely taken to scale, and as a result unable to serve many of the people who would be eligible for them. And community-based treatment and other supports are frequently stretched so thin that they are only able to reach a small fraction of the people who need them.

The impact of the initiative is not tracked. County leaders making a significant investment in community-based services and supervision for people with mental illnesses should know what impact that investment has had on these four key measures: **reducing the number of people with mental illnesses booked into jail**, **reducing the length of time people with mental illnesses remain in jail**, **increasing connections to treatment**, and **reducing recidivism**. But few counties have benchmarked these numbers, and capacity to collect and analyze data is so limited that many county leaders are unable to get data on how many people received treatment and other services or how many people completed a program. Without outcome data, however, it is hard for the people who administer programs and services to focus on clear targets. Similarly, it is hard for county leaders to hold program administrators accountable for desired results.

What Does "Mental Illness" Mean?

The term "mental illness" is defined by *The Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition, as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning."[2]

For the purposes of the *Stepping Up* initiative, "people with mental illnesses" should be understood also to encompass people with co-occurring substance use disorders, as well as "serious mental illness" (SMI) or "serious and persistent mental illness" (SPMI), which are defined as a mental, behavioral, or emotional disorder that is diagnosable within the past year, is chronic or long lasting, and results in a significant impairment in social, occupational, or other important areas of functioning.[3] Some states use SMI and SPMI interchangeably, while others differentiate between SMI and SPMI based on the severity of the associated functional impairment.

Some states specify the diagnoses that they accept as qualifying for an SMI, including schizophrenia, schizoaffective disorder, bipolar disorder, and severe forms of major depression and anxiety.

The Six Questions Counties Need to Ask

Despite these challenges, many counties have made significant strides toward reducing the number of people with mental illnesses in their jails. Other counties are just starting their efforts or may be unsure of efforts already underway in various parts of their systems. To assess their community's existing efforts to reduce the number of people with mental illnesses in jail, county leaders should ask themselves the following questions:

1. **Is our leadership committed?**
2. **Do we conduct timely screening and assessments?**
3. **Do we have baseline data?**
4. **Have we conducted a comprehensive process analysis and inventory of services?**
5. **Have we prioritized policy, practice, and funding improvements?**
6. **Do we track progress?**

Leaders in counties across the U.S. who scan these questions will readily respond affirmatively. Indeed, there are many counties that can provide excellent examples of what successfully addressing one or more of these questions looks like. But few counties have taken the steps necessary to satisfy all the above questions. Doing so is hard—extraordinarily hard. These issues are complex. Resources are limited. And a host of independently elected officials and a tangled web of private and not-for-profit service providers must set aside their own agendas and collaborate extensively.

To be clear, this brief does not assume that the number of people with mental illnesses in jail can be reduced *only* when counties have addressed all of these questions. But county leaders will find that thoughtful consideration of each of these six questions will help them determine to what extent their efforts will have a system-level impact, not only resulting in fewer people with mental illnesses in jail, but doing so in a way that increases public safety, applies resources most effectively, and puts more people on a path to recovery.

1. Is Our Leadership Committed?

Are county policymakers—such as commissioners, supervisors, or managers—and key leaders from the criminal justice and behavioral health fields fully invested in the goal of reducing the number of people with mental illnesses in jail?

Why it matters

Reducing the number of adults with mental illnesses in jails requires a cross-systems, collaborative approach involving a county-wide committee or planning team. Strong leadership, including the active involvement of people responsible for the county budget, is essential to rally agencies reporting to a variety of independently elected officials. The designation of a person to coordinate the planning team's meetings and activities and to manage behind-the-scenes details pushes the project forward and ensures that the work gets done.

What it looks like

- ✓ **Mandate from leaders responsible for the county budget:** The elected body representing the county (e.g., county commissioners) has established a clear mandate in the form of a resolution or other formal commitment for behavioral health and criminal justice system administrators to implement systems-level reforms necessary to reduce the number of people with mental illnesses in jail.[4]

- ✓ **Representative planning team:** The planning team comprises key leaders from the justice system, such as the sheriff or jail administrator, judges, prosecutors, defense bar, law enforcement executives, and community supervision officials; key leaders from the behavioral health system, such as the director of mental health services, other community-based behavioral health care providers, such as substance use treatment providers, and health care financing experts; representatives from the community, including organizations representing people with mental illnesses and their families (e.g., National Alliance on Mental Illness [NAMI]); and representatives from county government, such as commissioners or a county manager, and representatives of municipal government, such as the mayor or police chief. The planning team might be part of an existing criminal justice coordinating council or task force.

- ✓ **Commitment to vision, mission, and guiding principles:** The planning team is clear on the mandate, and is committed to making the necessary agency-level changes. Formal agreements, such as memorandums of understanding (MOUs), are in place to effectuate team function and document the initiative's vision, mission, and guiding principles, as well as to formalize the expectation that top decision makers will be in attendance for planning meetings.

- ✓ **Designated planning team chairperson:** The chairperson is a county elected official or other senior-level policymaker who is in routine contact with leaders responsible for developing the county budget and administering the law enforcement and behavioral health systems, and who can engage the stakeholders necessary to the success of the initiative. County leaders have charged the chairperson with holding agency administrators accountable for the implementation of the plan. These agency administrators are aware that the chairperson must provide routine updates to county leaders, often in an open forum, such as a commission meeting.

- ✓ **Designated project coordinator:** The planning team has assigned a project coordinator to work across system agencies to manage the planning process. The project coordinator—who might also be the county's criminal justice coordinator—facilitates meetings, builds agendas, provides meeting minutes, and organizes subcommittee work as needed. The project coordinator also assists with research and data analysis, and is in constant communication with planning team members.

2. Do We Conduct Timely Screening and Assessments?

Is screening for mental illness and substance use conducted for everyone booked into jail, along with full, follow-up assessments, as time allows, for people who screen positive for these conditions? Are assessments measuring a person's risk of flight and risk of reoffending while awaiting trial also conducted and combined with screening information to guide decision making from the pretrial phase through final case discharge?

Why it matters

To reduce the number of people with mental illnesses in jail, counties first need to have a clear and accurate understanding of the prevalence of mental illnesses in their jail populations. This requires the universal screening of every person booked into jail for mental illness, as well as for other behavioral health needs, such as substance use. Additionally, assessing for criminogenic risk (or the likelihood that someone will commit additional offenses) further informs release decisions, such as whether to require supervision or services to reduce the risk of reoffending. Without this foundational information, counties are ill equipped to track whether the number of people with mental illnesses in jail is actually being reduced, and if those identified with behavioral health needs are getting connected to the right types of interventions. [See Figure 1]

What it looks like

✓ **System-wide definition of mental illness:** The county has established a definition of mental illness that is consistently applied throughout the local criminal justice and behavioral health systems. At the state level, a definition of mental illness and/or serious mental illness (SMI) exists to determine eligibility for treatment and services funded by the state. In many counties, health officials use the state's definition to guide service-delivery decisions, but that is not the case in every county. Health care providers working in the jail often use a definition of mental illness that is distinct from what local or state health officials use. For example, a jail may screen only for suicide risk rather than screening for mental illness based on a system-wide definition of mental illness. Judges may receive pretrial release and sentencing recommendations concerning behavioral health needs that are not based on formal screening. Or mental health clinicians working inside the jail may describe a person's mental health needs in terms that do not align with the state's definition of who qualifies for publicly funded mental health services. Adopting a single definition of mental illness that is consistently used by local behavioral health systems, as well as the jail, courts, and community corrections, ensures that all systems are using the same measure to consistently identify the population that is the focus of the initiative's efforts.

Adopting a Definition of Mental Illness

When establishing its definition of mental illness, a county may decide to focus on the population with SMI, which is defined by the state and denotes the population with the most severe impairments who are often eligible for publicly funded services. The planning team may adopt the state's definition, or may choose another definition based more on local considerations. In any case, the definition is one that both criminal justice and mental health professionals can understand and use with confidence.

Although this may at first seem a simple task, many planning teams struggle with this exercise. The focus needs to remain on the practical use of the definition to determine the target population of the initiative. For example, a county may agree to use the state's definition of SMI but describe it in more detail to include a diagnosis established through an assessment process that, without treatment, impairs the day-to-day functioning of the individual.

Because many people are released from jail within 24 hours, screening immediately at booking for mental illness based on the county's established definition casts the widest net to include people with mental illnesses of varying degrees of severity, thus capturing the true prevalence of mental illness in the jail.

✓ **System-wide definition of substance use disorders:** The planning team agrees on a consistent definition of substance use disorders, a definition that may include substance use disorders that co-occur with mental illnesses. It is critical to be aware of the presence and severity of a substance use disorder both to identify a clinical need and to address the condition as a risk factor for reoffending.

- ✓ **Validated screening and assessment tools for mental illness and substance use:** To ensure the accurate identification of the behavioral health needs of everyone booked into jail, the county has implemented validated screening tools and assessment processes.[5] The Brief Jail Mental Health Screen and the Texas Christian University Drug Screen V (TCUDS V) are validated mental health and substance use screening tools that are available in the public domain, are easy and efficient to administer, and do not require specialized staff such as a sworn officer or a mental health professional to conduct.[6]

- ✓ **Efficient screening and assessment process:** The development of a screening and assessment process requires the planning team to determine the best party to conduct the screening. In some jurisdictions, jail personnel do the screening; in others, it is a contracted or embedded medical or behavioral health care provider. The logical time and place for screening for mental illnesses and substance use disorders is at booking into the jail, and within this churning environment, quick and efficient processing is necessary. If a person screens positive for a mental illness, a full clinical assessment by a mental health professional is necessary to confirm the screening result. Because an individual may be released from jail before the assessment can be completed, a process is in place to connect him or her to a mental health care provider to complete the assessment process.

- ✓ **Validated assessment for pretrial risk:** Many jurisdictions do not screen for criminogenic risk until after a defendant's case is adjudicated. It is also essential, however, to conduct a pretrial risk assessment to inform decisions about a defendant's pretrial release, eligibility for pretrial diversion, and conditions of pretrial supervision. Such screenings are conducted prior to a person's first appearance/arraignment in order to inform the court of pretrial risk of failure to appear and risk for new criminal activity.[7] Mental illness in and of itself is not considered to be a risk factor, but is considered in relation to release and case-planning decisions.[8]

- ✓ **Mechanisms for information sharing:** The planning team has developed information-sharing agreements for agencies that protect the individual's privacy and support the need to share behavioral health information. The results of screening and assessments are used to inform key decisions related to pretrial release, diversion, discharge planning, and specialized pretrial and post-conviction community supervision. Jurisdictions often create a flag process that serves as an indicator of the need to connect a person to services and to gather the necessary releases to enable discussing the case. A data match of all people booked into jail and the behavioral health system's database identifies people who have previously received behavioral health care services and may require reestablishment of services.

Key Considerations for Information Sharing

Good communication is at the heart of effective collaborations between criminal justice and behavioral health systems, but often concerns about confidentiality and privacy laws, as well as incompatible information systems, often hamper best efforts to share information effectively. Counties need to develop the information-sharing policies and protocols necessary to facilitate system analysis and case management, while adhering to professional codes of ethics and privacy law. Some key considerations are:

- Identifying information: A discussion with interagency stakeholders about what information is needed to inform decision making and case planning and how this information will be used can help address concerns about confidentiality and build trust across agencies. Identifying the minimum necessary information to share helps keep the flow of information manageable and also adheres to the principles underlying privacy law.
- Agreements: It's critical to understand relevant federal and state law relating to privacy and information sharing, and to develop appropriate interagency agreements (such as MOUs) and local protocols (such as release-of-information forms) when protected information is involved.
- Training: Ongoing staff training must be a priority when collecting, sharing, and analyzing information.
- Regular reviews: Regular reviews are necessary to identify opportunities to improve information-sharing processes and data analyses and to ensure confidentiality and privacy requirements are being met.

In Practice: The Screening and Assessment Process in Salt Lake County, Utah

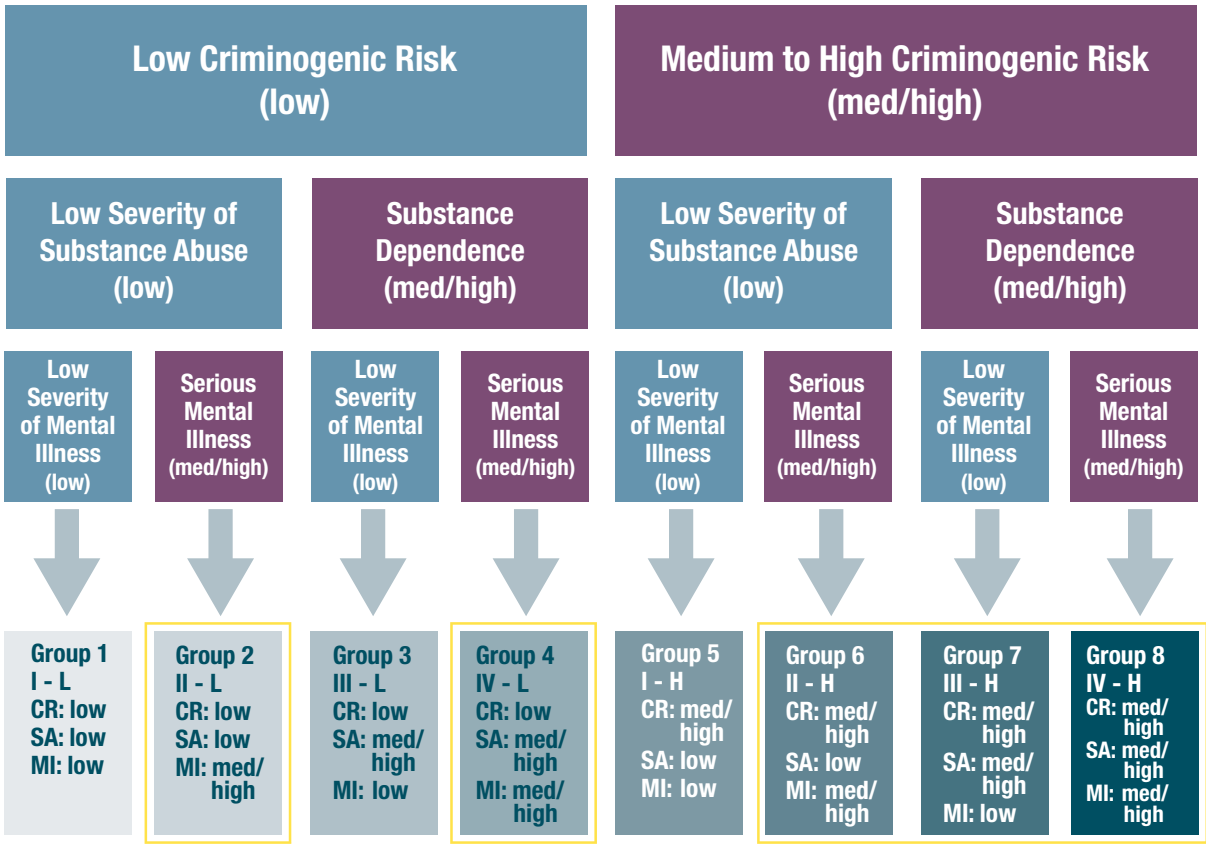
Salt Lake County, Utah, screens for mental health, substance use, and criminogenic risk at booking for everyone charged with a class B misdemeanor or above. This process was implemented in December 2015, and county officials are tackling challenges such as information sharing and staffing needs, as well as coordinating with a statewide data bank. Moving forward, an accurate assessment of prevalence will better inform Salt Lake County of the service and supervision needs of people booked into jail, as well as provide a baseline to measure progress in reducing the number of people with mental illnesses in their jail.

The Criminogenic Risk and Behavioral Health Needs Framework

With mounting research that demonstrates the value of science-based tools to predict a person's likelihood of reoffending, criminal justice practitioners are increasingly using these tools to focus limited resources on the people who are most likely to reoffend. At the same time, mental health and substance use practitioners are trying to prioritize their scarce treatment resources for people with the most serious behavioral health needs. A person who screens positive for mental illness and/or substance use should be connected to appropriate treatment at the soonest opportunity; however, when that person is also assessed as being at a moderate to high risk of reoffending, connection to treatment is an even higher priority, along with interventions such as supervision and cognitive behavioral therapy to reduce the risk of recidivism.

The framework depicted in Figure 1 outlines a structure for state and local agencies to consider how information about risk of reoffending, and substance use and mental health treatment needs can be considered in combination to prioritize interventions to have the greatest impact on recidivism.

FIGURE 1. THE CRIMINOGENIC RISK AND BEHAVIORAL HEALTH NEEDS FRAMEWORK



3. Do We Have Baseline Data?

Has the county established baseline measures of:

- The number of people with mental illnesses booked into jail
- Their average length of stay
- The percentage of people connected to treatment
- Their recidivism rates

Why it matters

Baseline data highlight where some of the best opportunities exist to reduce the number of people with mental illnesses in the jail, and provide benchmarks against which progress can be measured. Knowing **the current number of people with mental illnesses admitted** into the jail helps county leaders determine whether new prevention and diversion strategies are resulting in fewer jail bookings of people with mental illnesses. **Calculating the average length of stay** for people who screen positive for mental illness helps the county recognize whether people with mental illnesses are especially likely to languish in the jail. Tracking **connections to treatment** illuminates to what extent there is continuity in care, post release. Without a baseline **recidivism rate**, the county cannot assess whether investments in community-based supervision and treatment are reducing the rearrest and reincarceration rates among people with mental illnesses released from jail.

What it looks like

✓ **System-wide definition of recidivism:** The planning team agrees on how it is measuring recidivism, recognizing that rearrest, convictions for a new crime, or the return to custody for violating conditions of release (i.e., technical violations) are each important, but distinct, ways of measuring whether a person engages in criminal activity and/or how law enforcement, the courts, and corrections respond to the behavior of someone released from jail and/or under community supervision. Agreeing on a definition of recidivism also requires using a consistent time period for reporting recidivism data (e.g., one, two, and/or more years).

In Practice: Adopting a Definition of Recidivism in Bexar, Dallas, El Paso, Harris, and Tarrant Counties, Texas

The five most populous counties in Texas follow the state's standard measure of recidivism as rearrest within one, two, and three years of release from jail. These counties use the same recidivism definition to measure recidivism for people diverted to community-based supervision or other alternatives to incarceration. These counties also frequently measure recidivism in additional ways, such as reincarceration for a violation of a condition of release, but agreeing on a common measurement of recidivism allows for consistency, which is critical for the purposes of this work.

✓ **Electronically collected data:** Data that draw on results of screening and assessments that are conducted for each person admitted to jail are collected electronically to support ongoing analysis. In many cases, this analysis requires access to multiple databases. Some counties have navigated this situation by creating an integrated data management system. Others use a more "home-grown" data warehouse system, and still others may rely on a master spreadsheet approach. The end goal is to have the capacity to capture and analyze key data effectively.

✓ **Baseline data on the general population in the jail:** Data must be collected for people with and without mental illnesses, to provide a point of comparison that can be used to determine whether disparities between these populations exist in bookings, length of stay, or recidivism rates. These comparisons can be especially useful when data on both populations are disaggregated further by risk level, race, or gender.

✓ **Routine reports generated by a county agency, state agency, or outside contractor:** Reports containing information about the number of people with mental illnesses in jail, length of stay in jail, connections to treatment, and recidivism should not be a one-time deliverable. The baseline data should be generated with the understanding that this will be a report that is updated at least annually, using consistent definitions to track changes year to year.

Key Considerations for Developing an Integrated Data System

County officials must know the number of people booked into jail. For most counties, collecting and analyzing data, and doing so on a regular basis, is challenging, to say the least. It is not unusual for jail admission and release data to be in one information system maintained by the county, while arrest data may be found in a statewide database, and gathering information about people who have received community-based health services requires the cooperation of behavioral health care agencies. The gold standard for a system that enables a county to establish baseline data, share information, and track progress is an integrated system that allows multiple agencies to enter as well as access the data. A single, integrated information system also enables rich reporting that includes connections to treatment or other data related to a person's experience after he or she returns to the community. Some jurisdictions in the country have implemented a fully integrated system, while others have developed progressive systems that store and share date across agencies.[9]

It is essential for information technology (IT) staff to be involved in the planning discussion about developing an integrated data system. For some counties the IT staff may be a stand-alone department, for others it is a single person in the Sheriff's Office, and for others it might be a private contractor or local university research partner. The IT staff can assist the planning team to develop a programming solution to the challenge of tracking the flow of people with mental illnesses as they move through the criminal justice and behavioral health systems and receive treatment in the community. The system should also provide the ability to track recidivism for this population and to identify high utilizers of justice, behavioral health, and other social services.

In Practice: How Baseline Data Inform Planning

When a county analyzes the number of people with mental illnesses in the jail, the average length of stay in jail for this population, rates at which they are connected to treatment, and their rearrest rates—or determines whether this information can even be assembled—the findings help illuminate strategies that will deliver the greatest return on investments.

Jurisdiction	Metric	Finding	Action Taken
Bexar County, Texas	The number of people with mental illnesses in jail	County does not know how many people with mental illnesses are in the jail.	Bexar County established universal screening for mental illnesses.
New York City, New York	Length of stay	People with mental illnesses stayed in jail 112 days on average as compared to 61 days for those without mental illnesses.	New York City implemented early pretrial diversion options to move people with mental illnesses out of jail in a timely way.
Franklin County, Ohio	Connection to care post-release	More than one in three of people who had contact with the behavioral health care system in the year prior to their incarceration did not have contact with the behavioral health care system in the year following their release from jail.	The local Alcohol Drug And Mental Health (ADAMH) board established a jail liaison team to provide in-reach service to get follow-up appointments within two weeks of release.
Salt Lake County, Utah	Recidivism rate	One out of three people on pretrial supervision and one out of two people on county probation did not fulfill the requirements of their supervision.	Salt Lake County recommendations included establishing intensive supervision caseloads for people who are assessed as being moderate to high risk of reoffending and who are also assessed as having an SMI.

4. Have We Conducted a Comprehensive Process Analysis and Inventory of Services?

Has the planning team completed an exhaustive, end-to-end analysis of the system's processes from the point of law enforcement's contact with a person with a mental illness through final case discharge? Does the analysis go beyond the sequential intercept mapping exercise familiar to many counties that have reviewed what programs and services exist at arrest, booking, pretrial detention, release, and community supervision? Are decisions and actions—as well as failures to act—that contribute to the high prevalence of people with mental illnesses in jail flagged? Are existing services and supports in the community identified, along with those that are missing?

Why it matters

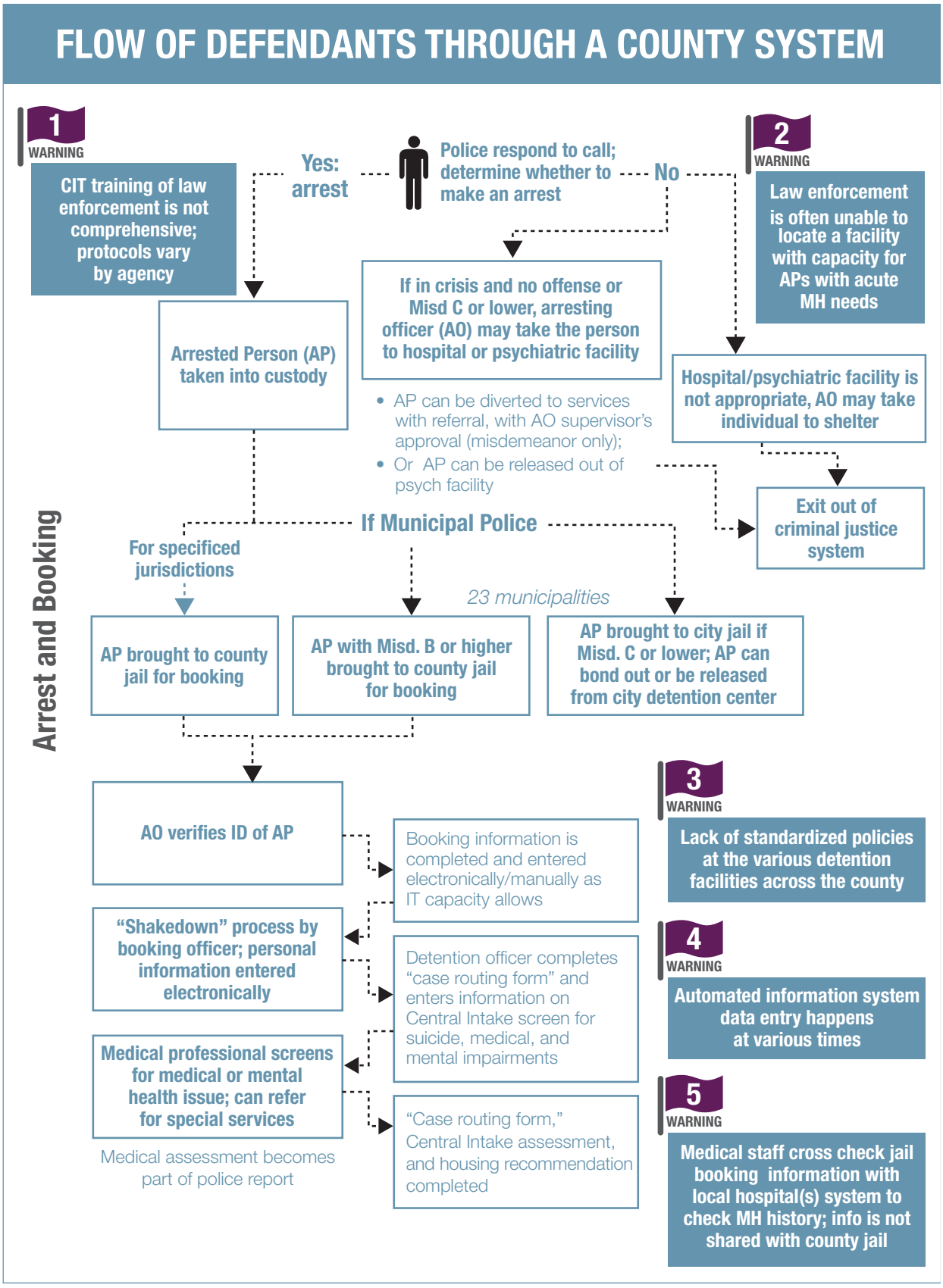
In every county, there is a timeline that includes the moment when a 911 call center receives a mental health call for service, or when a person identified with having a mental illness is booked into jail, or when defense counsel receives the results of that person's mental health screening–each an opportunity to improve the response to the person's mental health needs. Counties must create policies and processes that ensure that a person's mental health needs are accurately identified and the right type of information is shared appropriately and efficiently to inform key decisions related to diversion, pretrial release, specialized probation supervision, and connection to community-based services.

Without completing a comprehensive process analysis, these opportunities are often not identified and thus are missed. Timely information is not generated or shared appropriately, or perhaps a defense counsel, judge, or probation officer receives this information but does not use it to inform their decisions. The detailed, point-by-point system review helps county leaders determine where these breakdowns in process occur and where improvements can be made. Recognizing that successful implementation of a plan hinges on the accessibility of community-based treatment, which typically is in limited supply (if it exists at all) in most counties, it is important that an inventory of services and supports also be conducted.

What it looks like

- ✓ **Detailed process analysis:** The county planning team, perhaps organized into subcommittees, traces each step of a person's involvement in the justice system, from the moment when police receive a mental health (MH) call for service to the person's admission to jail to the person's release from jail and connection to community-based treatment, services, and supervision. At each decision point, the team asks questions such as:
  - What is the process associated with the decision?
  - Is the process timely and efficient?
  - What information is collected at that point in the process?
  - How is that information shared and with whom?
  - How is that information acted upon?
  - Are the people involved in each decision point trained in their role?
- ✓ **Service capacity and gaps identified:** The planning team identifies what options exist at each decision point, including crisis services, diversion opportunities, and community-based treatment, services, and supervision. The team also identifies what services are not available, or exist but do not meet capacity needs.
- ✓ **Evidence-based programs and practices identified:** County leaders are provided with a detailed description of existing services and gaps in services that apply the latest research about what works to meet the needs of people with mental illnesses and reduce the likelihood that they will commit a new offense. This scan of service capacity also reflects historical data or best estimates related to demand for these services.

FIGURE 2. A COUNTY'S PROCESS ANALYSIS FOR THE ARREST/BOOKING STAGE



5. Have We Prioritized Policy, Practice, and Funding Improvements?

Do key findings from the system analysis inform the development of action items? Are these action items realistically prioritized by county leaders to maximize the impact of existing resources and to identify new resources to reduce the number of people with mental illnesses in their jail?

Why it matters

County leaders should provide guidance to the planning team on how to make policy recommendations and budget requests that are practical, concrete, and aligned with the fiscal realities and budget process of the county. Routine communication with the people responsible for the county budget (e.g., county commissioners and other officials) engages these leaders in the planning team's ongoing efforts and increases the likelihood that the recommendations will be received favorably.

Recognizing the limitations (and opportunities) that distinct funding streams present is critically important. The planning team's budget proposal should identify external funding streams, including federal programs such as Medicaid, federal grant opportunities, and state block grant dollars as the first source for funding. Opportunities for local philanthropic support should also be considered. The final gaps in funding will represent new county investments.

What it looks like

- ✓ **Prioritized strategies:** For a county to reduce the prevalence of mental illness in jail, it must accomplish one or more of the following: **reduce the number of people with mental illnesses admitted to jail**, **reduce their length of stay**, **increase their connections to treatment**, and **reduce recidivism**. Drawing on the system analysis described earlier, the planning team determines the most achievable ways of accomplishing one or more of these goals, with an emphasis on strategies that impact people with the most serious behavioral health needs who are also at the highest risk of reoffending. [See Figure 1]
- ✓ **Detailed description of needs:** Per county leaders' guidance, the planning team submits a proposal to the county board related to its identified priorities. If necessary, the planning team's proposal identifies the need for additional personnel, increased capacity for mental health and substance use treatment services and support services, such as housing and employment, and infrastructure improvements, such as information systems updates and training. All programming requests include evidence-based approaches that are carefully matched to the particular needs of the population. The proposal addresses implementation considerations regarding staffing requests such as staff placement and supervision, whether personnel are sworn or unsworn, whether mental health clinicians are behavioral health agency employees who are embedded in the jail or community supervision agencies, or if outsourcing to private providers is an appropriate option.
- ✓ **Estimates/projections of the impact of new strategies:** At a minimum, the plan projects the number of people to be served and explains to what extent new investments made will affect one or more of the following key measures:
    - Reduce the number of people with mental illnesses booked into jail
    - Reduce the length of time people with mental illnesses remain in jail
    - Increase connections to treatment
    - Reduce recidivism

  The county commission does not endorse a plan that does not set out to meet these requirements. If policies or programs are adopted that that do not address the key measures, the county cannot expect to reduce prevalence rates. The proposed strategies include an impact analysis that describes the number of people to be served and the estimated improvement in services.

Key Considerations for Training

Training is an ongoing process that is critical to implementing and sustaining new policies and programs. The implementation of evidence-based practices, such as risk assessment or curriculum-based interventions, necessitate adherence to training requirements to ensure fidelity. If a program or practice is implemented without a plan for quality assurance that includes training, the anticipated outcomes of the intervention will be jeopardized. A county's training plan should include a regular check for current certifications, refresher training, and internal coaching to maintain quality and consistency. Many "off-the-shelf" curricula include web-based training that can help a county provide necessary training on a meaningful scale.

✓ **Estimates/projections account for external funding streams:** The plan describes to what extent external funding streams can be leveraged to fund new staff, treatment and services, and one-time and ongoing costs. These external funding sources may include:

- Federal program funding, including Medicaid, veterans' benefits, and housing assistance
- State grants for mental health and substance use treatment services
- Federal and state discretionary grants
- Local philanthropic resources

✓ **Description of gaps in funding best met through county investment:** Per budget process guidelines, the planning team's proposal should include specific suggestions for how county funds can meet a particular need, or fill a gap that no other funding source can.

In Practice: How Process Analysis Informs Planning

Jurisdictions that have completed an analysis of their jail population have identified key findings and related system-wide responses that can potentially help to reduce the number of people with mental illnesses in their jails.

Identified Gap	Data Illustrating Gap	Objective	Measure Addressed	Projected Cost and Identified Sources of Funding	Data to be Tracked
Crisis Intervention Team (CIT)-trained officers are not available to provide 24/7 coverage	Number of mental health calls for service that did not have CIT-trained officers	Increase level of trained CIT officers to achieve 24/7 coverage	Measure #1: the number of people with mental illnesses booked into jail	Cost: Specialized one-week training of 25 officers at a time; overtime (OT) costs for the officers; training materials Funding: Local law enforcement assumes the cost for OT, all other costs shared by participating agencies on pro-rated formula	Number of mental health calls; percent of calls responded to by CIT-trained officers; number of calls disposed of without jail booking Compare against baseline data of the number of people booked into jail who are screened for mental illness
Specialized probation supervision alternatives are not available for people identified with SMI and moderate-to-high-criminogenic risk	Number of probation revocations for this population, including for technical violations and new crimes	Develop specialized caseload that is co-supervised by probation staff and a mental health professional	Measure #4: recidivism	Cost: Full-time probation officer and mental health professional staff; other staff-related needs, such as space and equipment Funding: Determine whether low-risk caseloads can be consolidated to create capacity for specialized caseloads; identify potential grant opportunities; determine whether Medicaid funding can be utilized for case management	Track the number of probation revocations; track successful probation completion rates; track recidivism rates for people assigned to special caseloads

6. Do We Track Progress?

Is there an established process for tracking the impact of the plan on the four key outcomes (the number of people with mental illnesses booked into jail, their length of stay in jail, connections to treatment, and recidivism)?

Why it matters

Once planning is completed and the prioritized strategies are implemented, tracking progress and ongoing evaluation begin.[10] The planning team must remain intact and the project coordinator must continue to manage the implementation of the new strategies. Monitoring the completion of short-term, intermediate, and long-term goals is important, as it may take years to demonstrate measurable changes in prevalence rates. Showing evidence of more immediate accomplishments, such as the implementation of new procedures, policies, and evidence-based practices, contributes to the momentum and commitment necessary to ensure this is a permanent initiative. Tracking outcome data also gives the planning team the justification necessary to secure continuation funding and/or additional implementation funding. Outcome data should be included in any budget requests to provide justification for continued or additional funding.

What it looks like

- ✓ **Reporting timeline on four key measures:** County leaders receive regular reports that include the data that is tracked, as well as progress updates on process improvement and program implementation.
- ✓ **Process for progress reporting:** The planning team continues to meet regularly to monitor progress on implementing the plan. The project coordinator remains the designated facilitator for this process and continues to coordinate subcommittees involved in the implementation of the policy, practice, and program changes, as well as to manage unforeseen challenges. As it may take several years to demonstrate significant change in prevalence rates, it is important to capture incremental progress, including policy and system improvements, such as implementing screening and assessments, establishing connections to treatment, and developing data tracking capacity. In addition, the planning team remains abreast of developing research in the field and the introduction of new and/or improved evidence-based strategies for consideration.
- ✓ **Ongoing evaluation of programming implementation:** The evidenced-based programs adopted by the county are implemented with fidelity to the program model to ensure the highest likelihood that these interventions will achieve the anticipated outcomes. A fidelity checklist process ensures that all program certifications and requirements are maintained, and that ongoing training and skills coaching for staff are provided.
- ✓ **Ongoing evaluation of programming impact:** Particularly for curriculum-based programming and screening and risk assessment, it is important to assess whether the activity is achieving what was intended. Many counties establish a relationship with a local university to assist with research and evaluation, as well as with the validation of screening and risk tools.

In Practice: Using Data to Sustain Your Program in Johnson County, Kansas

In 2008, Johnson County, Kansas, began an effort to reduce the number of people with mental illnesses in its jail with the establishment of a Criminal Justice Advisory Council (CJAC) that, as a first project, studied how people with mental illnesses moved through the county's justice system. After process mapping and data analysis was completed, the county decided to pilot a "Co-Responder Program" to deploy a mental health professional to respond to law enforcement calls for service involving people with mental illnesses. The program was funded through a 2010 federal Justice and Mental Health Collaboration Program (JMHCP) grant that supported a collaborative effort among the City of Olathe (Kansas) Police Department, the Johnson County Mental Health Center, and the Johnson County Sheriff's Office. Upon completion of the grant in 2013, a comparison of 2010/2011 data (the year prior to the implementation of program) to 2011/2012 data showed:

- 808 contacts were made by the co-responder; 10 resulted in a jail admission
- Hospitalizations decreased from 54 percent to 17 percent
- Referrals to services increased from 1 percent to 39 percent

Over the period of the grant, repeat calls for service to the same address are estimated to have decreased 20 percent. Through a survey, Olathe Police Department officers reported marked improvement in their ability to respond to the needs of people with mental illnesses. It was the top priority of the Olathe Police Chief, Steven Menke, to fully fund the co-responder position, which was approved by the Olathe City Council.

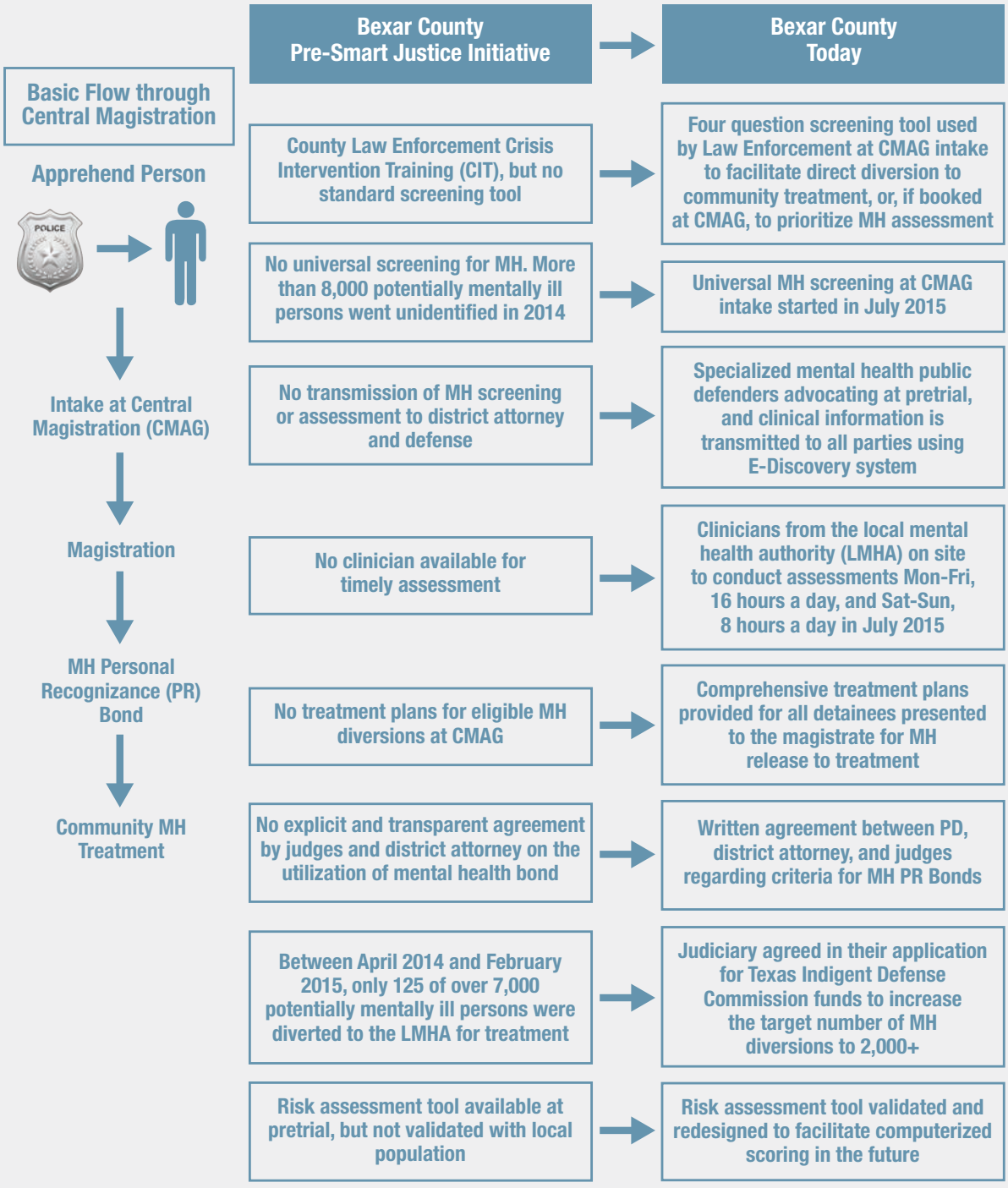
In 2013, a JMHCP Expansion Grant was awarded to expand the program to the City of Overland Park, Kansas. On completion of the grant, a comparison of 2013/2014 data (the year prior to the implementation of the program) to 2014/2015 data showed significant improvements:

- 1,281 contacts were made by the co-responder; 25 resulted in a jail admission
- Hospitalizations decreased from 35.1 percent to 3.1 percent
- Officer surveys showed a 59-percent increase in officers feeling prepared to respond to calls involving people with mental illnesses

The Overland Park City Commission approved fully funding the co-responder position upon completion of the grant. The use of data to demonstrate the effectiveness of the Co-Responder Program proved essential to establishing continuation funding, as well as to efforts to grow the program county wide.

In Practice: A County Demonstrates Progress

Below is an example of findings and the resulting responses that have taken place in Bexar County, TX.



Endnotes

[1] https://www.hrw.org/news/2006/09/05/us-number-mentally-ill-prisons-quadrupled.

[2] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Washington, D.C.: American Psychiatric Association, 2013.

[3] http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml.

[4] Resolutions may need to follow the county's prescribed template; alternatively, see the Stepping Up template.

[5] Validation of a screening tool requires completing a study based on data analysis to confirm if a tool is accurately screening for the need to conduct an additional assessment. Validation of a risk and needs assessment tool requires completing a study based on data analysis to confirm if a tool is predicting for the intended result (i.e., risk of reoffending), based on the characteristics of the population being assessed in the jurisdiction. As populations may change over time, it is important to validate this tool periodically. A properly validated tool should be predictively accurate across race and gender.

[6] For information about the Brief Jail Mental Health Screen, see http://www.prainc.com/?product=brief-jail-mental-health-screen. For information about the Texas University Drug Screen V, see http://ibr.tcu.edu/wp-content/uploads/2014/11/TCUDS-V-sg-v.Sept14.pdf. Stepping Up does not endorse the use of any specific tools; the Brief Jail Mental Health Screen and the Texas Christian University Drug Screen are examples of tools that are available for use without proprietary requirements.

[7] Fader-Towe, H. and Osher, Fred C. *Improving Responses to People with Mental Illnesses at the Pretrial State: Essential Elements.* (New York: The Council of State Governments Justice Center, 2015)

[8] The Council of State Governments Justice Center and the American Psychiatric Association Foundation, "On the Over-Valuation of Risk for People with Mental Illnesses." (New York, The Council of State Governments Justice Center, 2015).

[9] Jurisdictions considered to have fully integrated data systems include Johnson County, Kansas, Multnomah County, Oregon, and Hennepin County, Minnesota. Jurisdictions with progressive systems include Maricopa County, Arizona, Salt Lake County, Utah, and Camden County, Utah. See Borakove, Elaine M., Robin Wosje, Franklin Cruz, Aimee Wickman, Tim Dibble, and Carolyn Harbus. "From Silo to System: What Makes a Criminal Justice System Operate Like a System?" MacArthur Foundation, 2015.

[10] For information on implementation strategies and examples, go to www.stepuptogether.org/toolkit.

THE STEPPING UP INITIATIVE

Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails—which is sponsored by the National Association of Counties, the American Psychiatric Association Foundation, and The Council of State Governments Justice Center, in partnership with the U.S. Department of Justice's Bureau of Justice Assistance—calls on counties across the country to reduce the prevalence of people with mental illnesses being held in county jails.

BJA Bureau of Justice Assistance U.S. Department of Justice | National Association of Counties NACo | Justice Center The Council of State Governments *Collaborative Approaches to Public Safety* | American Psychiatric Association Foundation

This project was supported by Grant No. 2012-CZ-BX-K071 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, the Community Capacity Development Office, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.
To learn more about the Bureau of Justice Assistance, please visit bja.gov.

Prescription for Disaster

How Teens Misuse Medicine

To locate your local Poison Control Center or for assistance on recommended treatment for the ingestion of household products and medicines, go to the American Association of Poison Control Centers,

http://www.aapcc.org/ or call the Poison Help Line at 1-800-222-1222, 24 hours a day, 7 days a week.

GetSmart*About*Drugs

Prescription for Disaster

How Teens Misuse Medicine

A DEA Resource for Parents – 2018 edition

This publication is designed to be a guide to help the reader understand and identify the current medications that teens are misusing. It is not all-inclusive; not every dosage unit or generic form of the medications can be listed due to space constraints and the frequent introduction of new drugs.
For more information, visit the following DEA websites:
For general information: www.dea.gov
For colleges and universities: www.campusdrugprevention.gov
For parents, caregivers, and educators: www.getsmartaboutdrugs.com
For teens: www.justthinktwice.com

Prescription Drug Misuse

A prescription drug is a drug that is available only with authorization from a healthcare practitioner or a pharmacist.

The most misused prescription drugs fall under three categories:

Opioids

→ Medications that relieve pain such as Vicodin®, OxyContin®, or codeine

Depressants

→ Substances that can slow brain activity such as benzodiazepines used to relieve anxiety or help someone sleep, like Valium® or Xanax®

Stimulants

→ Substances that increase attention and alertness and are used for treating attention deficit hyperactivity disorder (ADHD), such as Adderall® or Ritalin®

Misusing **opioids** can cause severe respiratory depression or death and can be addictive

Misusing **depressants** can cause sleepiness, impaired mental functioning, blurred vision, and nausea and can be addictive.

Misusing **stimulants** can cause irregular heartbeat, paranoia, and high body temperatures and can be addictive.

Over-the-Counter (OTC) Medications

Over-the-counter (OTC) medicines are drugs you can buy without a prescription. They are safe and effective when you follow the directions on the label and as directed by your health care professional.

FDA, Understanding Over-the-Counter Medicines
www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/default.htm

In the United States, the Food and Drug Administration decides whether a medicine is safe enough to sell over-the-counter.

Taking OTC medicines still has risks. Some interact with other medicines, supplements, foods, or drinks. Others cause problems for people with certain medical conditions.

U.S. National Library of Medicine, Over-the-Counter Medicines
www.nlm.nih.gov/medlineplus/overthecountermedicines.html

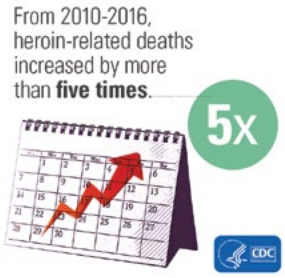
Non-medical Use of Prescription Drugs

Most prescription drugs are safe and effective when used correctly for a medical condition and under a doctor's or dentist's supervision. But they can have serious side effects if not used correctly. Using a prescription for non-medical reasons can lead to a substance use disorder or even death.

What is Non-medical Use of Prescription Drugs?

- taking someone else's prescription medication;
- taking a prescription medication in a way other than prescribed;
- taking prescription medication to get high; or
- mixing it with other drugs.

Source: National Institute on Drug Abuse, teens.drugabuse.gov/drug-facts/prescription-drugs



Source: www.cdc.gov/drugoverdose/data/heroin.html

The relationship between prescription drug misuse and increases in heroin use in the United States is under scrutiny. Currently available research demonstrates:

- → Prescription opioid use is a risk factor for heroin use.
- → Prescription opioids and heroin have similar effects, but different risk factors.
- → A subset of people who misuse prescription opioids might progress to heroin use.
- → Heroin use is driven by its low cost and high availability.

Source: National Institute on Drug Abuse, www.drugabuse.gov/publications/research-reports

How Big is the Problem?

Although most people take prescription medications as directed, in 2016, **6.2 million** persons or 2.3 percent of the population (12 years and older) misused a prescription drug at least once in the past month. In 2016, **1.8 million** persons aged 12 or older had a pain reliever use disorder.

2016 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration

According to a national survey, **16.8 percent** of high school students took a prescription drug without a doctor's prescription (such as OxyContin®, Percocet®, Vicodin®, codeine, Adderall®, Ritalin,® or Xanax®), one or more times during their life.

Source: Youth Risk Behavior Survey, CDC, 2015

Prescription drug misuse means taking a medication in a manner or dose other than prescribed; taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria.

Source: www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary

Reading the Rx Label

Labels on prescription and OTC drugs contain information about ingredients, uses, drug interactions, warnings, and directions that are important to read and understand. It is especially important to teach teens how to read labels and use prescription and OTC drugs as directed.

What Are The Types of Drug Interactions?

Drug-drug interactions occur when two or more drugs react with each other. This may cause you to experience an unexpected side effect. For example, mixing a drug you take to help you sleep (a sedative) and a drug you take for allergies (an antihistamine) can slow your reactions and make driving a car or operating machinery dangerous.

Drug-condition interactions may occur when an existing medical condition makes certain drugs potentially harmful. For example, if you have high blood pressure, you could experience an unwanted reaction if you take a nasal decongestant.

It is also important to recognize that everyone's metabolism and brain chemistry are different, and the same drugs can have very different effects on individuals. Experimenting with medicine to get high is extremely dangerous, and mixing drugs to get high can be deadly.

How Teens Misuse Medicine

Prescription drugs are the most commonly misused substances by teens after marijuana and alcohol. When teens misuse prescription drugs and take them in different amounts or for reasons other than as they are prescribed, they affect the brain and body in ways very similar to illicit drugs.

When prescription drugs are misused, they can be addictive and have harmful health effects such as overdose (especially when taken along with other drugs or alcohol). An overdose is when a drug is swallowed, inhaled, injected, or absorbed through the skin in excessive amounts and injures the body. Overdoses are either intentional or unintentional. If the person taking or giving a substance did not mean to hurt themselves or others, then it is unintentional.

Source: Centers for Disease Control and Prevention, www.cdc.gov/drugoverdose

Some teens use prescription stimulants to try to improve mental performance. Teens and college students sometimes misuse them to try to get better grades. Taking prescription stimulants for reasons other than treating ADHD or narcolepsy could lead to harmful health effects, such as addiction, heart problems, or psychosis.

Source: National Institute on Drug Abuse, www.drugabuse.gov/publications/drugfacts/prescription-stimulants

According to a national survey, among 12th graders, 5.5 percent used Adderall non-medically in the past year.

Source: 2017 Monitoring the Future Study.

Remember: Sharing prescription drugs with family members or friends is illegal.

Where do teens get their prescription drugs?

Many teens obtain prescription drugs from their family or friends.

Teens find prescription drugs and OTC drugs in their home medicine cabinet or on the kitchen shelf.

For persons aged 12 or older who misused a prescription pain reliever in the past year (i.e., 11.5 million people):

40.4 percent got the pain reliever they used most recently from a friend or relative for free.

35.4 percent received their pain reliever through a prescription from one doctor.

8.9 percent bought the pain reliever from a friend or relative.

6.0 percent bought the last pain reliever they misused from a drug dealer or stranger.

Source: 2016 National Survey on Drug Use and Health

How Teens Misuse Medicine

Possible warning signs of teen drug use

Teens are known to have mood swings. However, some behaviors may indicate more serious issues, such as abuse of drugs and alcohol. Here are some common warning signs of drug use.

→ Problems at school

- Poor academic performance
- Missing classes or skipping school
- Decreased interest in school or school activities
- Complaints from teachers or classmates

→ Physical signs

- Bloodshot eyes
- Pinpoint pupils (common sign of opiate use)
- Constant scratching (common sign of opiate use)
- Burns on fingers or lips (from smoking joints or something else through a metal or glass pipe)

→ Changes in behavior

- Changing friends or social circles
- Isolation from family or friends
- Excessive demand for privacy
- Lack of respect for authority

→ Money issues

- Sudden requests for money without a good reason
- Money stolen from your wallet or from safe places at home
- Missing cash or other resources (which may be sold to buy drugs)

→ Drug paraphernalia

- Finding items in your child's room, backpack, or car related to drug use

Source: www.getsmartaboutdrugs.com

The Internet, Social Media, Drugs, and Teens

Many teens obtain prescription drugs from their family or friends. Since prescription drugs are widely available in the home, teens often do not have to go far to find ways to get high. Other teens turn to the internet and social media for prescription drugs; the internet also plays a big role in providing information and advice to teens.

HERE ARE A FEW THINGS TO CONSIDER

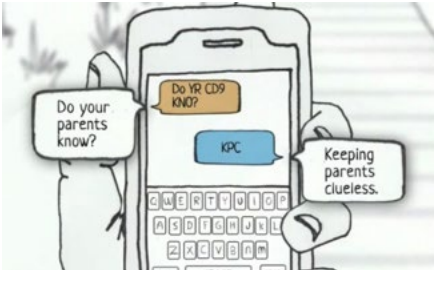
Your teen probably knows a lot more about the internet than you do. It's never too late for parents to jump in and get acquainted with various websites, communication methods, networking systems, and the lingo teens use to fly under parents' radars.

Some pharmacies operating on the internet are legal, and some are not. In fact, according to the National Association of Boards of Pharmacy (NABP), 20 new illegal pharmacies appear on the web each day. Some of the legal internet pharmacies have voluntarily sought certification as "Verified Internet Pharmacy Practice Sites" (VIPPS®) from NABP. "Rogue" pharmacies pretend to be authentic by operating websites that advertise powerful drugs without a prescription or with the "approval" of a "doctor" working for the drug trafficking network. Teens have access to these websites and are exposed to offers of prescription drugs through e-mail spam or pop-ups. Parents should be aware of which sites their teens are visiting and should examine credit card and bank statements that may indicate drug purchases.

The Internet, Social Media, Drugs, and Teens

Social media sites play a role in providing information and advice to teens on how to use prescription drugs to get high. Teens are exposed to offers of prescription drugs through social media sites, e-mail spam, or pop-ups.

It is never too late for parents to get acquainted with various websites, social media sites, and the slang terms teens use to communicate while texting and using social media.



Parents should be aware of which sites their teens are visiting and should examine credit card and bank statements that may indicate medication purchases. They should also check the browser history to see which sites their teen is visiting on their computers and cellphones.

Teens sometimes brag about their drugging and drinking on social networking sites such as YouTube, SnapChat, and Facebook. Posting pictures of themselves in compromising scenes may hurt their reputation and opportunities for employment and education. Their behavior is out there in the open for future employers, college admissions offices, and others to see.

The Internet is a tremendous resource for teens to learn about the dangers of drug abuse. However, it is also full of information about how to use prescription drugs to get high– how much to use, what combinations work best, and what a user can expect to experience.

YouTube, Instagram, and Snapchat are the most popular online platforms among teens. Fully 95 percent of teens have access to a smartphone, and 45 percent say they are online "almost constantly," according to a study from Pew Research Center. Just less than half (44 percent) of teens – defined in this report as those ages 13 to 17 – go online several times a day, while 11 percent report going online less often.

Source: Teens, Social Media & Technology Overview 2018
www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/

The Internet, Social Media, Drugs, and Teens

Teens are diversifying their social network site use

Teens use a variety of social media platforms with 85 percent using YouTube, 72 percent using Instagram, 69 percent using Snapchat, 51 percent using Facebook, and 32 percent using Twitter.

Source: Teens, Social Media & Technology Overview 2018
www.pewinternet.org/2018/05/31 /teens-social-media-technology-2018

There are thousands of websites dedicated to the proposition that drug use is a rite of passage. So-called experts are more than happy to walk your kids through a drug experience.

DON'T LET THEM.

Misconceptions

"Street drugs" is a term that refers to drugs that are commonly known as illegal drugs – cocaine, heroin, methamphetamine, marijuana, and others. Many teens wrongly believe that prescription drugs are safer than "street drugs" for a variety of reasons:

- These are medicines.
- They can be obtained from doctors, dentists, pharmacies, friends, or family members.
- It is not necessary to buy them from traditional "drug dealers."
- Information on the effects of these drugs is widely available in package inserts, advertisements, and on social media sites.

Parents and teens need to understand that when over-the-counter and prescribed medications are used to get high, they are every bit as dangerous as "street drugs." And when prescribed drugs are used by or distributed to individuals without prescriptions, they are every bit as illegal.

Drug-impaired Driving

What is drug-impaired driving? Driving under the influence of over-the-counter medications, prescription drugs, or illegal drugs.

Why is drug-impaired driving dangerous? Over-the-counter (OTC) medications and prescription drugs affect the brain and can alter perception, mental processes, attention, balance, coordination, reaction time and other abilities required for safe driving. Even small amounts of some drugs can have a measurable effect on driving.

Source: National Institute on Drug Abuse (NIDA) 2016.

A national survey showed 20 percent of weekend nighttime drivers tested positive for illegal, prescription, or OTC drugs that can impair driving.

Source: Results of the 2013–2014 National Roadside Survey of Alcohol and Drug Use by Drivers, National Highway Traffic Safety Administration

What substances are used the most when driving? After alcohol, marijuana is the drug most often found in the blood of drivers involved in crashes.

What happens when you use drugs and drive? Marijuana can decrease a person's ability to drive a car. It slows reaction time, impairs judgment of time and distance, and decreases coordination. It is dangerous to drive after mixing alcohol and marijuana. Driving after using prescription drugs or over-the-counter medicine, such as cough suppressants, antihistamines, sleeping aids, and anti-anxiety medications can impair driving.

No one should drive after using marijuana or other drugs, and should not get in a car with a driver who has used marijuana or other drugs!

Remember: any medications that act on parts of the brain can impair driving. Many prescription drugs have warning labels against the operation of machinery and driving motor vehicles for a certain period of time after use.

You are more likely to be injured or in an accident while driving under the influence of drugs.

Illegal Internet Pharmacies

Some pharmacies operating on the internet are illegal. No one should use a website to purchase a prescription drug unless –

→ **1.** the person has obtained a valid prescription from a medical practitioner who has conducted an in-person medical evaluation of the person, and

→ **2.** the website is operating in accordance with the Ryan Haight Act.

Report Suspicious Internet Pharmacies

If you or your teen is aware of someone distributing prescription drugs or selling them on a suspicious internet pharmacy site, you can report it to the DEA 24 hours a day, 365 days a year, by using the RxAbuse online reporting tool located at www.deadiversion.usdoj.gov or by calling the DEA hotline toll free at **1-877-RxAbuse (1-877-792-2873)**.

Ryan Haight

Francine Haight, Ryan's mother, shares her son's story with the world: "Ryan Thomas Haight overdosed and died on February 12, 2001, on narcotics (Vicodin®) that he had easily purchased on the internet. A medical doctor on the internet that he never saw prescribed them, an internet pharmacy mailed them to his home. He was only 17 when he purchased them; he was only 18 when he died."

Through the efforts of Francine Haight and members of Congress, with support from DEA, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 was enacted. The Act aims to remove and prosecute unscrupulous or rogue internet pharmacies that sell controlled prescription medicines to persons without a prescription from a registered physician. These pharmacies lack quality assurance and accountability. This law has enabled DEA to prosecute cybercriminals supplying controlled substances and to shut down the illegal online pharmacies.

What is Drug Addiction?

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

Source: The Science of Drug Abuse and Addiction: The Basics
www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics

Prescription drug misuse can have serious medical consequences.

Increases in prescription drug misuse during the past 15 years are reflected in increased emergency room visits, overdose deaths related to prescription drugs, and treatment admissions for prescription drug use disorders, the most severe form of which is addiction.

Source: National Institute on Drug Abuse
www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary

Common Drugs of Abuse

Categories of Drugs:

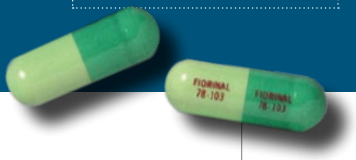
Illegal drugs and legitimate medications are categorized according to their medical use, potential for abuse, and their potential for creating physical or psychological dependence.

The Controlled Substances Act regulates six classes of drugs:

- → Narcotics
- → Stimulants
- → Depressants
- → Hallucinogens
- → Anabolic Steroids
- → Over the Counter Substances

Within each class are substances that occur naturally and substances created in laboratories (synthetics). When they are used appropriately in the practice of medicine, these substances can have beneficial properties. When used for non-medical purposes, including the desire to get high, these drugs can cause great harm and even death.

narcotics → substances that dull the senses and relieve pain



HEROIN AND OTHER OPIOIDS

Narcotic Medicines	Used to treat mild to severe pain (anything from dental surgery to terminal cancer). Also used to suppress coughs, treat diarrhea, induce sleep, and treat heroin addiction.
Forms	Liquid, tablet, capsule, skin patch, powder, syrup, lollipop, and suppository.
Adverse Effects	Slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing.
Overdose Effects	Slow and shallow breathing, clammy skin, confusion, convulsions, coma, and possible death.

Narcotic medications available only with a prescription:

(Note: Lists are not all-inclusive.)

{ codeine cough syrup } ROBITUSSIN A-C SYRUP® | MYTUSSIN AC COUGH SYRUP®

Cough syrups sometimes include other ingredients such as antihistamines (promethazine). Some controlled substances, including cough syrups, can be dispensed by a pharmacist without a prescription (21 C.F.R. 1306.26).

slang names: **Lean, Purple Drank, Sippin Syrup**

{ fentanyl } DURAGESIC PATCH® | ACTIQ LOZENGE®

Fentanyl is a very powerful painkiller, 100 times more potent than morphine and 50 times more potent than heroin as an analgesic. Encounters with fentanyl that are not medically supervised are frequently fatal. This narcotic is most commonly used by wearing a patch or sucking on a lozenge, but like heroin, it may also be smoked, snorted, or injected. A new effervescent tablet, Fentora®, is now available to place between the cheek and gum.

slang names: **China Girl, China White, Dance Fever, Tango & Cash**

{ fentanyl-like substances }

Fentanyl-like substances have recently made a resurgence in the illicit drug market. The biological effects of fentanyl-like substances are similar to fentanyl, including severe respiratory depression (decreased breathing) that can result in death. Fentanyl-like substances are often indistinguishable from fentanyl or heroin, and are ingested in similar manners to these substances. Some recent examples of fentanyl-like substances include acetyl fentanyl, 4-fluoroisobutyryl fentanyl (4-FIBF), cyclopropyl fentanyl among many others.

{ hydrocodone } VICODIN® | LORTAB® | LORCET® | HYDROCODONE WITH ACETAMINOPHEN

Hydrocodone products are used for pain relief and cough suppression. Hydrocodone products are the most frequently prescribed opioids in the United States, and they are also the most misused narcotic in the United States.

narcotics

{ methadone } DOLOPHINE® | METHADOSE®

Methadone has been used for years to treat people with a heroin use disorder. It is also used as a powerful painkiller. While it may be legally used under a doctor's supervision, its non-medical use is illegal. Methadone is available as a tablet, oral solution, or ingestible liquid. Tables are available in 5mg and 10mg formulations. As of January 1, 2008, manufacturers of methadone hydrochloride tablets 40mg have voluntarily agreed to restrict distribution of this formulation to only those facilities authorized for detoxification and maintenance treatment of opioid addiction, and hospitals.

{ oxycodone } OXYCONTIN® | PERCODAN® | TYLOX

Oxycodone products are very powerful painkillers. Oxycodone is widely used in clinical medicine. It is marketed either alone as controlled release (OxyContin®) or immediate release formulations (OxyIR®), or in combination with other non-narcotic analgesics such as aspirin (Percodan®) or acetaminophen (Roxicet®). Oxycodone's behavioral effects can last up to five hours. The drug is most often administered orally. The controlled-release product, OxyContin®, has a longer duration of action (8-12 hours).

slang names: **Hillbilly Heroin, Kicker, OC, Ox, Oxy, Perc, and Roxy.**

Other abused narcotics

- { **meperidine** } DEMEROL®
- { **hydromorphone** } DILAUDID®
- { **oxycodone with acetaminophen** } ENDOCET®
- { **codeine** } FIORINAL®
- { **morphine** } ROXANOL SR®
- { **oxycodone with acetaminophen** } ROXICET®
- { **pentazocine** } TALWIN®
- { **cough syrup with hydrocodone** } TUSSIONEX®

How are narcotics abused?

Narcotics/opioids can be swallowed, smoked, sniffed, or injected.

Where would a teen obtain narcotics?

Friends, relatives, medicine cabinets, pharmacies, nursing homes, hospitals, hospices, doctors, and online. They can also be purchased on the street.

narcotics

5mg 7.5mg 10mg

{ LORTAB® }

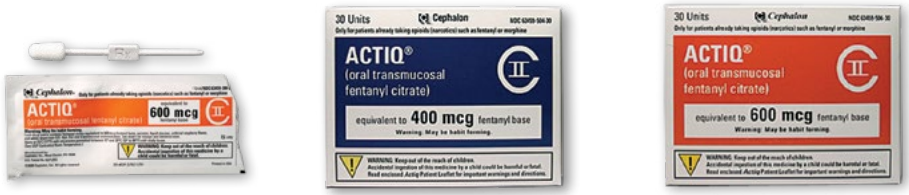
10mg 20g 40mg 80mg

{ OXYCONTIN® }

*hydrocodone bitartrate-acetaminophen

*5-500mg *10-660mg *7.5-750mg

{ VICODIN® }



600mcg 400mcg 600mcg

{ ACTIQ® }

{ GLOSSARY }

With repeated use of narcotics, tolerance and dependence develop.

Tolerance *occurs when the person no longer responds to the drug in the way that person initially responded. Stated another way, it takes a higher dose of the drug to achieve the same level of response achieved initially.*

Source: NIDA, The Neurobiology of Drug Addiction: Definition of Tolerance
http://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-iii-action-heroin-morphine/6-definition-tolerance

Physical Dependence *is not equivalent to addiction, and can happen with the chronic use of many drugs—including many prescription drugs, even if taken as instructed. It occurs when the body adapts to the drug, requiring more of it to achieve a certain effect and eliciting drug-specific physical or mental symptoms if drug use is abruptly ceased.*

Source: NIDA, Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)
http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/there-difference-between-physical-dependence

stimulants → substances that stimulate bodily activity and reverse fatigue ("uppers")

COCAINE (POWDER OR CRACK), METHAMPHETAMINE, AMPHETAMINES, SYNTHETIC CATHINONES (BATH SALTS)

Stimulant Medicines

Many stimulants have legitimate medical use and are scheduled by the DEA. Caffeine and nicotine are stimulants that are not controlled. Stimulant medicines are used to treat obesity, attention deficit and hyperactivity disorder (ADHD), and narcolepsy. Pseudoephedrine, found in allergy and cold medications to relieve sinus congestion and pressure, is also a stimulant chemical. Cocaine and methamphetamine have a currently accepted, albeit limited, medical use in treatment. Crack cocaine and khat have no legitimate medical uses.

Forms

Pills, powder, rocks, and injectable liquids.

Adverse Effects

When stimulants are misused and not under a doctor's supervision, they are frequently taken to produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for a prolonged period, and get high.

Overdose Effects

Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.

In overdose, unless there is medical intervention, high fever, convulsion, and cardiovascular collapse may precede death.

Stimulant medications available only with a prescription:

(Note: Methamphetamine and cocaine have limited legitimate medical uses. Lists are not all-inclusive.)

{ amphetamines } ADDERALL® | DEXEDRINE® | DESOXYN® (METHAMPHETAMINE)

Amphetamines are used to treat ADHD.

slang names: **Bennies, Black Beauties, Crank, Ice, Speed, Uppers**

{ methylphenidate and dexmethylphenidate } CONCERTA® | RITALIN® | FOCALIN®

These drugs are used to treat ADHD.

slang names: **Pellets, R-Ball, Skippy, Vitamin R**

{ synthetic cathinones (bath salts) }

Illicit substances with no medical use ingested to mimic the effects of drugs including methamphetamine, cocaine, MDMA, or PCP.

slang names: **Molly, Ecstasy, Salts**

{ methamphetamine }

Ingestion of the stimulant methamphetamine can result in severe agitation, delirium, hallucinations, irregular heartbeat, heart attack, and possibly death. Methamphetamine is a highly addictive substance and can be snorted, smoked, or injected.

slang names: **Meth, Ice**

stimulants

Other misused stimulants

{ **phentermine** } ADIPEX® | IONAMIN®

{ **benzphetamine** } DIDREX®

{ **phendimetrazine** } PRELU-2®

These drugs are used in weight control.

How are stimulants misused?

Stimulants can be pills or capsules that are swallowed. Smoking, snorting, or injecting stimulants produces a sudden sensation known as a "rush" or a "flash."

Where would a teen obtain stimulants?

Friends, relatives, doctors, pharmacies, schools, online, and street drug dealers.

5mg 10mg 20mg 10mg

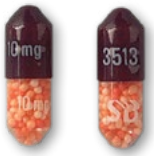
{ RITALIN® }

37.5mg 100mg 200mg

{ ADIPEX® }

{ PROVIGIL® }

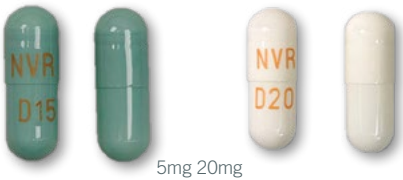
5mg 10mg



{ DEXEDRINE® }

25mg 10mg

{ FOCALIN® }



5mg 20mg

{ FOCALIN XR® }

depressants → substances that induce sleep, relieve anxiety and muscle spasms, and prevent seizures

ALCOHOL, VALIUM®, XANAX®, TRANQUILIZERS, SLEEPING PILLS, ROHYPNOL®, GHB

Depressant Medicines

Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures.

Forms

Pills, syrups, and injectable liquids.

Adverse Effects

Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing.

Overdose Effects

Signs can include shallow breathing, clammy skin, dilated pupils, weak but rapid pulse, and coma. Overdose may be fatal.

Depressant medications available only with a prescription:

(Note: Lists are not all-inclusive)

{ **benzodiazepines** } VALIUM® | XANAX® | RESTORIL® | ATIVAN® | KLONOPIN®

Benzodiazepines are used as sedatives, hypnotics, anticonvulsants, muscle relaxants, and to treat anxiety. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects, including tolerance and dependence.

slang names: **Benzos, Downers, Nerve Pills, Tranks**

{ **sleeping pills** } AMBIEN® | LUNESTA® | SONATA®

These depressants are sedative-hypnotic medications approved for the short-term treatment of insomnia.

Other misused depressants

{ **chloral hydrate** } SOMNOTE®

{ **barbiturates, such as butalbital and pentobarbital** }

{ **GHB** } XYREM®

{ **carisoprodol** } SOMA®

{ **ketamine** } KETALAR®

Please note that even though ketamine is a dissociative drug used as an anesthetic in veterinary practice, it is misused for its hallucinogenic effects.

depressants

How are depressants abused?

Individuals misuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs' high or to deal with their side effects. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault.

Where would a teen obtain depressants?

Family medicine cabinet, friends, family members, online, doctors, and hospitals.

a PARENT'S story

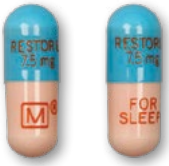
Jason Surks was 19 and in his second year of college, studying to be a pharmacist, when he died of an overdose of depressant pills. After his death, his parents discovered that he had been ordering controlled substances from an internet pharmacy in Mexico. His mother, Linda, writes: "I thought to myself that this couldn't be possible. I work in prevention, and Jason knew the dangers—we talked about it often. I think back to the last several months of my son's life, trying to identify any signs I might have missed.

"I remember that during his first year in college, I discovered an unlabeled pill bottle in his room. I took the pills to my computer and identified them as a generic form of Ritalin. When I confronted Jason, he told me he got them from a friend who'd been prescribed the medication. He wanted to see if they would help him with his problem focusing in school. I took that opportunity to educate him on the dangers of abusing prescription drugs and told him that if he really thought he had ADD (Attention Deficit Disorder), we should pursue this with a clinician. He promised he would stop using the drug. But as a pre-pharmacy major, maybe he felt he knew more about these substances than he actually did and had a 'professional curiosity' about them."

Source: As recounted on www.drugfree.org/memorials.

1mg 2mg 7.5mg

{ ATIVAN® }



{ RESTORIL® }

1mg 2mg

{ XANAX® }

.5mg 3mg

{ XANAX XR® }

2mg 5mg 10mg

{ VALIUM® }

.5mg 1mg 2mg wafer, 1mg

{ KLONOPIN® }

hallucinogens → drugs that can cause hallucinations, agitation, delirium, seizures, and other adverse health effects

SYNTHETIC CANNABINOIDS (SPICE/K2), SYNTHETIC CATHINONES (BATH SALTS), LSD-LIKE SUBSTANCES, PCP-LIKE SUBSTANCES, MDMA-LIKE SUBSTANCES (ECSTASY/MOLLY)

Hallucinogenic Substances

Used to promote euphoria and hallucinogenic experiences

Forms

Synthetic Cannabinoids: often encountered on green plant material resembling marijuana in appearance and intended to be smoked or diluted in liquid form to be used in e-cigarettes.

Bath Salts: often encountered in powder, rock, or pill form; can be used by snorting, injecting, or swallowing (pill form).

LSD- and PCP-like substances: often found applied to blotter paper or in powder form that can be snorted, swallowed, or placed in mouth.

Adverse Effects

Wide range of effects that can include hallucinations, agitation, delirium, seizures, coma, heart attacks, hypertension, and many others.

Overdose Effects

Varies depending on substance, but overdose often requires medical attention to treat symptoms and can be fatal even with medical intervention or hospital care.

{ synthetic cannabinoids }

Synthetic cannabinoids are chemicals meant to mimic the psychoactive effects of THC but have been shown to be extremely potent in regard to their adverse effects. The synthetic cannabinoid powder is dissolved in liquid before being applied to a green plant material to resemble the physical appearance of marijuana or used in an e-cigarette. Severe adverse effects including hallucinations, agitation, delirium, seizures, coma, heart attacks, hypertension, and death.

slang names: **K2, Mojo, Skooby Snax, Spice**

anabolic steroids → drugs used to enhance performance, increase muscle mass, and improve appearance

TESTOSTERONE

Anabolic Steroids

Synthetically produced variants of the naturally occurring male hormone testosterone, which are misused to promote muscle growth, enhance athletic or other physical performance, or improve physical appearance. Only a small number of anabolic steroids are approved for either human or veterinary use. Steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.

Forms

Tablets and capsules, sublingual tablets, liquid drops, gels, creams, transdermal patches, subdermal implant pellets, and water-based and oil-based injectable solutions.

Adverse Effects

Males: In adults, shrinking of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer. In boys, early sexual development, acne, and stunted growth.

Females: In adolescent girls and women, deepening of the voice, increasing facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris.

Both: High cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks; acne; and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver.

Upon discontinuation: When users stop taking steroids, they might experience depression severe enough to lead one to attempt suicide.

Steroids available only with a prescription:

(Note: Lists are not all-inclusive)

{ anabolic steroids } ANADROL® | ANDRO® | DECA-DURABOLIN® | DEPO-TESTOSTERONE® | DURABOLIN® | EQUIPOISE® | OXANDRIN® | THG® | WINSTROL®

There are over 100 different types of anabolic steroids.

slang names: **Arnolds, Juice, Pumpers, Roids, Stackers, Weight Gainers**

How are steroids misused?

Steroids are taken orally, injected, or applied to the skin. The doses misused are often 10 to 100 times higher than the approved therapeutic and medical treatment dosages. Users typically take two or more anabolic steroids at the same time in a cyclic manner, believing this will improve their effectiveness and minimize the adverse effects.

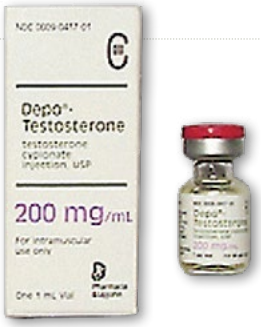
Where would a teen obtain steroids?

The internet is the most widely used means of buying and selling anabolic steroids. Steroids are also bought and sold at gyms, bodybuilding competitions, and schools from teammates, coaches, and trainers.

anabolic steroids

THREE PARENTS' STORIES

These three young men were athletes who sought ways to enhance their performance. Each of them turned to steroids, and each of them suffered the depression that can come when steroids are stopped.



{ DEPO-TESTOSTERONE® }

TAYLOR HOOTON

Died at age 17. It took a while for his parents to connect Taylor's recent weight and muscle increases with his uncharacteristic mood swings and violent, angry behavior. He had been using a cocktail of steroids and other hormones to bulk up, and the drugs were wreaking havoc on his body and emotions. Taylor went to his room and hanged himself. It was only after his death that the whole picture came into focus.

ROB GARIBALDI

Died at age 24. When supplements and workouts did not produce the desired results, Rob turned to steroids. According to Rob, he first obtained steroids from his trainer at the University of Southern California, whose name Rob never divulged. With a wink and a nod, they kept his use a secret. The desire and need to look bigger, be stronger, and avoid losing muscle gains already achieved prompted him to continue steroid use. Over time, Rob gained 50 pounds and became the powerhouse the steroids promised. Drinking alcohol or taking any other drug, including prescription medication, compounds the adverse effects of steroids. The most dangerous adverse effect of steroids is upon discontinuation, when users might experience depression severe enough to lead them to attempt suicide. His parents said: "We know, without a doubt, steroids killed our son."

EFRAIN MARRERO

Died at age 19. Efrain was secretly using steroids to prepare for football season. He was a standout offensive lineman in high school and then played at the junior college level. However, he decided he wanted to move from the offensive line to more of a "glory" position at middle linebacker. Any football fan seeing Efrain would recognize the significant physical transformation it would take for him to make that happen. As his parents tell it, "Efrain began using steroids, under the impression that it would make him bigger, stronger, faster, and earn him the title and recognition he so much desired." Unaware of the serious side effects of steroids, Efrain began to experience severe paranoia and deep depression. Frightened, he turned to his parents for help, who took him to the family doctor. The doctor assured them that the steroids would leave Efrain's system soon and that no further action was required. No one knew that quitting steroids cold turkey was unwise; the physician failed to provide an appropriate course of action. Three weeks later, Efrain shot himself in the head.

over-the-counter → medications with DXM (hallucinogen)

ROBITUSSIN®, CORICIDIN HBP®, NYQUIL®

OTC Medicines with DXM

There are more than 120 over-the-counter cold medicines that contain dextromethorphan (DXM), either as the only active ingredient or in combination with other active ingredients.

These medications (store brands as well as brand names) can be purchased in pharmacies, grocery stores, and other outlets.

Forms

Cough syrup, tablets, capsules, or powder

Adverse Effects

Some of the many psychoactive effects associated with high-dose DXM include confusion, inappropriate laughter, agitation, paranoia, and hallucinations. DXM intoxication also has physical effects, including over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, and involuntary spasmodic movement of the eyeballs.

Overdose Effects

DXM overdose can be treated in an emergency room setting and generally does not result in severe medical consequences or death. Most DXM-related deaths are caused by ingesting the drug in combination with other drugs. DXM-related deaths also occur from impairment of the senses, which can lead to accidents.

How are OTC cold medications with DXM misused?

DXM misuse has traditionally involved drinking large volumes of the OTC liquid cough preparations. More recently, however, misuse of tablet and gel capsule preparations has increased.

Where would a teen obtain OTCs with DXM?

Friends, relatives, pharmacies, grocery stores, and discount department and warehouse stores. DXM products and powder can also be purchased online.

Warning signs of OTC cold medicine misuse include:

Empty cough medicine boxes or bottles in child's room, backpack, or locker.

Purchase or use of large amounts of cough medicine when not ill.

Missing boxes or bottles of medicine from home medicine cabinet.

Visiting websites that provide information on how to misuse DXM.

Source: http://stopmedicineabuse.org.

{ TRENDS

What You Can Do

Because prescription drugs are legal, they are easily accessible. Parents, law enforcement personnel, educators, the medical community, and all levels of government have a role to play in reducing the nonmedical use of prescription drugs.

Talk with your teen about the consequences of misusing prescription and OTC drugs and the importance of healthy choices.

Choose the right time to talk. When talking to your child, be sure your child is sober or has not been using drugs before talking about drugs and alcohol.

Voice your suspicion. Begin by expressing your concerns without making accusations.

Be specific. Explain what you observed to make you concerned. For example, you found missing pills or an empty pill bottle, or your child's appearance indicates a potential problem.

Be prepared for strong reactions. Your child may accuse you of snooping or say you're crazy. Stay calm.

Reinforce what you think about drug use. Tell her how much you care for him or her.

Get help from the experts. Contact the school counselor, school nurse, or family doctor about your concerns.

TIP: A teen that is using drugs or alcohol needs to be evaluated by a professional for a possible substance use disorder.

Ask teens what they find out about prescription drugs at school, at friends' homes, at parties, and on social media sites.

Get information about teen abuse of prescription drug medications. Learn what the medication is used for, what it looks like, its effects and interactions, and how teens are using it.

For more detailed information, see Section 4 (How Do I Talk to My Child about Drugs) in *Growing Up Drug Free: A Parent's Guide to Prevention*. It is available online at www.getsmartaboutdrugs.com/publications.

What You Can Do

Understand the power and danger of these medications. Many medications, particularly narcotic pain relievers (opioid medications), are very powerful and are designed to relieve extreme pain. New medications are continually being approved for medical use, and it is important to be informed about the drugs' uses and properties.

Follow disposal guidelines. Read DEA's flier on how to properly dispose of unused medicines, which is available online at https://go.usa.gov/xQWgd.

Ask your doctor, dentist, and pharmacist about the medications you are prescribed. Ask about their side effects, interactions, and potential for addiction.

Review what is in your medicine cabinet. Lock up medications in a safe place, not in the family medicine or kitchen cabinet. Count your pills when you receive them, and periodically check to see how many are in the container. Avoid keeping prescription painkillers or sedatives around "just in case."

Read the labels. The prescription label includes important information about how much to take; interactions with food and beverages, supplements, and other drugs; ingredients; and possible side effects. Many generic prescriptions are substituted for brand name drugs. Usually, the generic name of the drug is printed with the brand name, so that the customer knows which medication they receive. It may be easy to overlook the fact that the doctor has prescribed a very powerful narcotic painkiller.

Remember: Use of prescription medicines without a doctor's recommendation can be just as dangerous as using illegal drugs. Improper use can have serious health effects, including addiction and overdose.

DEA's Role

DEA plays a critical role in preventing prescription drug misuse.

DEA investigates physicians who sell prescriptions to drug dealers or who overprescribe drugs; pharmacists who falsify records and then sell the drugs; employees who steal from drug inventory; executives who falsify orders to cover illicit sales; prescription forgers; and persons who commit armed robbery of pharmacies and drug distributors.

DEA investigates illegal internet pharmacies. Rogue pharmacies exist to profit from the sale of controlled prescription medications to buyers who have not seen a doctor and do not have a prescription from a registered physician. The pharmacies lack quality assurance and accountability, and their products pose a danger to buyers.

DEA works with state, local, and foreign partners to interdict controlled substances and chemicals used to make drugs.

DEA's authority to enforce laws and regulations comes from the Controlled Substances Act, Title 21 of the United States Code. DEA also provides fact-based timely information to the public about the dangers of illegal drugs and the non-medical use of prescription drugs through publications, websites, and presentations.

{ RESOURCES }

Centers for Disease Control and Prevention (CDC), Prescription Drug Overdose – *www.cdc.gov/drugoverdose*

Community Anti-Drug Coalitions of America (CADCA) – *www.cadca.org*

Drug Abuse Resistance Education (D.A.R.E.) Online Opioid Lesson – *www.dare.org/d-a-r-e-online-opioid-lesson*

Drug Enforcement Administration (DEA) – *www.dea.gov*

DEA Office of Diversion Control – *www.deadiversion.usdoj.gov*

DEA's website for colleges and universities – *www.campusdrugprevention.gov*

DEA's website for parents, caregivers, and educators – *www.GetSmartAboutDrugs.com*

DEA's website for teens – *www.justthinktwice.com*

Institute for Behavior and Health – *www.stopdruggeddriving.org*

National Institute on Drug Abuse (NIDA) – *www.drugabuse.gov*

National Institute on Drug Abuse for Teens – *www.teens.drugabuse.gov*

National Library of Medicine – *www.medlineplus.gov (Spanish version: www.medlineplus.gov/spanish)*

National Suicide Prevention Lifeline – *www.suicidepreventionlifeline.org; 1-800-273-TALK (8255)*

Office of National Drug Control Policy (ONDCP) – *www.whitehouse.gov/ondcp/*

Partnership for Drug-Free Kids – *www.drugfree.org*

Stop Medicine Abuse – *www.stopmedicineabuse.org*

GetSmart*AboutDrugs*
A DEA Resource for Parents

www.GetSmartAboutDrugs.com
www.JustThinkTwice.com

www.OperationPrevention.com
www.DEA.gov

QUESTIONS & ANSWERS:

HEALTH COVERAGE ENROLLMENT *for* JUSTICE-INVOLVED INDIVIDUALS

Counties spend $176 billion every year on their criminal justice and health systems. 11.4 million individuals are admitted to jail each year, with more than 744,000 people in local jails on any given day. Many of these individuals have physical and behavioral health issues: People in jail are 1.19 times more likely to have hypertension and 2.57 times more likely to have hepatitis than the general population;[1] additionally, 64 percent of those in jail experience mental illness and 53 percent suffer from substance dependence or abuse.[2] More than 95 percent of incarcerated individuals will eventually return to the community, making their access to quality health care post-release an important public health issue. Medicaid coverage connects individuals to the care they need once they are in the community and can help lower health care costs, hospitalizations and emergency department visits, as well as decrease mortality and recidivism for justice-involved individuals.[3]

With so many individuals cycling in and out of jail each year, the nation's county jails are a unique and opportune setting to connect eligible individuals with Medicaid or other health coverage, which can help stop this cycle and save counties money in both health and justice systems while protecting public safety. In particular, the expansion of Medicaid, made possible through the Affordable Care Act (ACA), has provided the opportunity to enroll more justice-involved individuals into health coverage than ever before. The ACA provides support to states that expand Medicaid to adults with incomes up to 133 percent of the Federal Poverty Level. Federal reimbursement for medical services for newly eligible adults is 100 percent for 2016, 95 percent for 2017 and will gradually phase down to 90 percent from 2020 and beyond.[4]

This newly eligible group contains many individuals who are justice-involved. Ninety percent of people who enter county jails have no health insurance.[5] Prior to arrest, 60 percent of the jail-involved population has income low enough to qualify for expanded Medicaid, with another 33 percent qualifying for subsidized insurance through the Health Insurance Marketplace.[6] As of July 2016, 31 states and the District of Columbia have expanded Medicaid,[7] but even counties in those states that have not expanded Medicaid can benefit from enrolling eligible justice-involved individuals into health coverage.

This brief will answer some of the most commonly asked questions about enrolling justice-involved individuals into health coverage and how it relates to county jails.

NATIONAL ASSOCIATION *of* COUNTIES NACo

Which justice-involved individuals are eligible for health coverage?

STATUS	MEDICAID	MARKETPLACE
Pretrial but not detained	Yes	Yes
Pretrial, detained	No (unless he or she receives inpatient treatment outside the jail – see below)	Yes, depending on specific plan requirements
Sentenced but not detained (on probation or parole, in a halfway house)	Yes	Yes
Sentenced and incarcerated	No (unless he or she receives inpatient treatment outside the jail – see below)	No

Why is health coverage important for justice-involved individuals?

A: Incarcerated individuals have disproportionately high rates of chronic health conditions, infectious diseases and behavioral health disorders. For example, 14 percent of people in jail reported ever having an infectious disease, including tuberculosis, hepatitis B and C, and other sexually transmitted diseases, compared with 4.8 percent of the general population.[8] Sixty-four percent of people in jail report symptoms of a mental health disorder, with 54.5 percent reporting symptoms consistent with bipolar disorder.[9] Estimates also suggest that 47 percent of individuals in jail have problems with alcohol use and 53 percent suffer from drug dependency or abuse.[10] On top of these health issues, individuals involved with the justice system are generally low-income and uninsured: One study showed that 90 percent of those who entered a county jail had no health insurance, while another found that more than 80 percent of those returning to the community from jail were uninsured 16 months after release.[11] Enrolling these eligible individuals into health coverage helps people maintain continuity of health care, which has been associated with lower health care costs, fewer hospitalizations and decreased mortality.[12] Continuity of care is also linked to reduced emergency department use and reductions in unnecessary procedures.[13]

Can jails bill Medicaid for pretrial detainees or sentenced inmates?

A: Generally, no. Unfortunately, the ACA did not directly change long-standing agency interpretation of the Medicaid statute that prohibits individuals from receiving Medicaid benefits if they are in detention, even if they have not been convicted. Individuals can enroll in Medicaid (depending on state law) while they are in jail pretrial or post-conviction, which could help get needed care more quickly post-release.[14]

However, there is one important exception to this rule: A provision that expressly allows the use of federal Medicaid funding to pay for care provided to an eligible detainee or inmate when that individual is "a patient in a medical institution"[15]for at least 24 hours. The Centers for Medicare and Medicaid Services (CMS) has clarified that this exception applies to incarcerated individuals who are treated as an inpatient in a hospital, nursing facility, juvenile psychiatric facility or intermediate care facility that is not a part of the state or local correctional system. Therefore, if an inmate is eligible for Medicaid and is transported out of the jail to receive inpatient hospital services for at least 24 hours, Medicaid may be billed to cover the cost of those services.

The ACA did not change this provision, but in states that have expanded Medicaid it does have the effect of increasing the number of inmates who are eligible for Medicaid and thus the inpatient exception — allowing jails to bill for more inmates who receive inpatient services outside of the jail.

INDIVIDUALS' ELIGIBILITY FOR MEDICAID WILL BE DEPENDENT ON EACH STATE'S DECISION TO EXPAND OR NOT EXPAND MEDICAID UNDER THE ACA.

Can county agencies like probation or parole bill Medicaid for justice-involved individuals who are in the community?

A: Yes. The Centers for Medicare & Medicaid Services (CMS) recently clarified that individuals who are on parole, probation or have been released to the community pending trial (including those under pretrial supervision) are not considered inmates, and therefore Federal Financial Participation (FFP) is available for covered services provided to these individuals if they are otherwise eligible for Medicaid.[16] Additionally, FFP is available for covered services for Medicaid-eligible individuals who are living in corrections-related supervised community residential facilities, often called "halfway houses," as long as the resident can work outside the facility, access community services and seek health care treatment to the same extent those in the general population can.[17]

Can jails bill Marketplace insurance plans for pretrial detainees?

A: Defendants being held "pending disposition" (in other words, pretrial) are eligible to enroll in and receive coverage through the Marketplace (assuming they are otherwise eligible for Marketplace coverage), subject to individual policy rules that could limit coverage based on detention status.[18] [19] If the plan does not suspend or terminate coverage for defendants held in jail pre-disposition, jails would be able to bill the defendant's plan for services. However, incarceration exclusions are a common feature of health insurance and coverage often requires use of an in-network provider. Jails should explore the possibility of billing Marketplace insurance plans for health services provided and/or becoming an in-network provider.[20] Further guidance would help clarify whether private insurance plans are required to provide or are prohibited from cancelling coverage during pretrial detention.

Can jails bill Marketplace insurance plans for sentenced inmates?

A: No. Individuals who are incarcerated and serving a sentence (in other words, post-disposition) are not eligible to enroll in nor are they eligible for coverage under Marketplace insurance plans.[21] Individuals who are incarcerated post-disposition while receiving Marketplace coverage are required to report their incarceration as a "life change."[22]

What if my jail realized an individual was eligible for FFP after the medical care has already been provided?

A: FFP is available for Medicaid-covered inpatient services provided in a medical institution to an inmate in the three-month period prior to application if the individual would have been Medicaid-eligible, thanks to Medicaid retroactive eligibility provisions in section 1902(a)(34) of the Social Security Act.[23]

Can individuals enroll if my state did not expand Medicaid?

A: Yes. All states, regardless of Medicaid expansion, will provide coverage through Marketplaces and some inmates will have incomes between 100 percent and 400 percent of the federal poverty level, making them eligible for Marketplace subsidies upon release. Additionally, there is no time restriction for Medicaid enrollment, even in states that have not expanded eligibility, so jails can always enroll any inmates that are eligible under their state requirements. County jails should also consider working with their state Medicaid agency to create a system through which inmates' Medicaid eligibility is suspended rather than terminated during incarceration in the county – even if the state policy is to terminate – to all for reinstatement of benefits more quickly upon release and support continuity of care.

Will Medicaid or Marketplace insurance plans pay for court-ordered services?

A: If a detainee or inmate is eligible for coverage under a Marketplace plan or expanded Medicaid, those plans must cover 10 "Essential Health Benefits."

Essential Health Benefits must include items and services within at least the following 10 categories:

- ambulatory patient services
- emergency services
- hospitalization
- maternity and newborn care
- mental health and substance use disorder services, including behavioral health treatment
- prescription drugs
- rehabilitative and habilitative services and devices
- laboratory services
- preventive and wellness services and chronic disease management, and
- pediatric services, including oral and vision care.[24]

Given the high percentage of justice-involved individuals with mental health and substance use disorder needs, increased access to these treatments is of particular value to jails. The services actually provided under "mental health and substance use disorder services," however, will vary by state.

If an eligible individual is court-ordered to receive any of these covered benefits, his or her insurance plan will decide if it is a "medical necessity." Medicaid and Marketplace insurers define "medical necessity" on their own, often based on state laws or regulations.[25] County jails should research their state regulations on medical necessity in order to best advocate for reimbursement where appropriate. Additionally, if a judge orders treatment at a non-certified provider, Medicaid and Marketplace plans will not cover that cost.

TO FIND ENROLLMENT HELP IN YOUR COUNTY, VISIT HTTPS://LOCALHELP.HEALTHCARE.GOV

States that Have Expanded Medicaid

Alaska	Hawaii	Michigan	North Dakota
Arizona	Illinois	Minnesota	Ohio
Arkansas	Indiana	Montana	Oregon
California	Iowa	Nevada	Pennsylvania
Colorado	Kentucky	New Hampshire	Rhode Island
Connecticut	Louisiana	New Jersey	Vermont
Delaware	Maryland	New Mexico	Washington
D.C.	Massachusetts	New York	West Viriginia

How can my jail enroll individuals?

A: Jails can determine eligibility and enroll detainees or inmates a number of different ways. First, jails can enlist several different designations of people qualified to provide assistance in understanding, applying and enrolling in coverage under the ACA. "Navigators," "in-person assistance personnel" and "certified application counselors" are all individuals who are federally qualified to help with enrollment.[26] These assisters are funded by federal or state grants and generally include individuals from community health centers, hospitals, other health care providers and/or social service agencies. Additionally, any agency that is already helping individuals apply for benefits as part of its work can assist in the application process under the ACA.

When can my jail enroll individuals?

A: Inmates who are eligible for Medicaid can apply at any time during the year,[27] and eligibility determinations and enrollment in jail can occur during a detainee's pretrial stay or in anticipation of an inmate's release. Enrolling inmates pretrial may allow jails to bill Medicaid for a larger number of services provided under the inpatient exception. County jails should work closely with their com-munity services partners and/or existing staff to determine how best to integrate enrollment into current jail practices and check with their state Medicaid authority to determine if state law allows for enrollment during incarceration.

What's the difference between suspending and terminating Medicaid coverage?

A: Although Medicaid will not pay for an individual's care during incarceration, it does allow for continued eligibility for coverage for a person who is incarcerated. CMS encourages states and localities to suspend rather than ter¬minate Medicaid eligibility during incarceration.[28] Suspension allows for quicker reinstatement of benefits when a person leaves jail and fewer challenges in obtaining mental health, addiction or other health services during the critical first months post-incarceration. The provision of these services can prevent reoffending and a return to jail.[29] Despite the benefits of suspending Medicaid upon incarceration, and the encouragement of the federal government to do so, many states still terminate a person's eligibility when he or she is booked into jail.[30] Counties can, however, work with their state Medicaid agency to create a system through which inmates' Medicaid eligibility is suspended rather than terminated during incarceration in the county – even if the state policy is to terminate.[31]

For citations, see electronic version at **www.naco.org**

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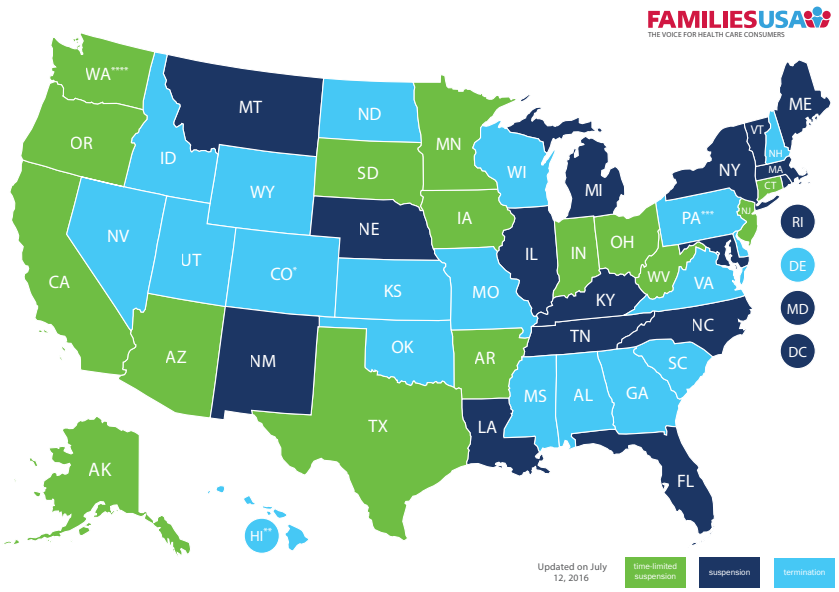
State Status on Suspension vs. Termination



*Colorado has passed a law changing its policy to time-limited suspension, but the state has not yet implemented this law.
**Hawaii has passed a law changing its policy to indefinite suspension, but the state has not yet implemented this law.
***Pennsylvania passed HB 1062, which allows for a two-year suspension, on July 8, 2016. The state is in the process of implementing the law.
****Washington passed SB 6430, which allows for indefinite suspension, but the law won't be implemented until July 1, 2017.

INTERGOVERNMENTAL AGREEMENT
FOR MEDICAID ENROLLMENT SUSPENSE

YH15-0005-06

This Intergovernmental Agreement ("Agreement") is entered into by and between **County**, a political subdivision of the State of Arizona **("COUNTY")** , and the **MEDICAID AGENCY** and shall be effective upon execution by both parties and terminated pursuant to the terms set forth in this agreement.

RECITALS

Medicaid is duly authorized to execute and administer Agreements under A.R.S. §§ 36-2903 *et seq.*, 36-2932 *et seq.* and 11-952; and

The COUNTY is duly authorized to enter into this Agreement under A.R.S. § 11-952; and

The COUNTY is responsible for the oversight, management and the provision of healthcare services to detainees in the custody of the Sheriff's Department and utilizes outside healthcare vendors for the provision of healthcare services; and

Whereas the County Jail has been designated by the County as a health care component consistent with 45 CFR 164.105(a)(2)(iii)(D).

Individuals are not eligible to receive Medicaid benefits while incarcerated; and

Suspension, rather than termination, of Medicaid benefits during any period of incarceration is economically efficient. Additionally, for individuals released from custody, suspension of benefits facilitates continuity of care and minimizes the number of uninsured because reinstatement of benefits is much more timely; and

The COUNTY and Medicaid wish to enter into this Agreement in order to establish procedures to accommodate Medicaid eligibility suspension at the time of incarceration, reinstatement of an individual's enrollment upon his/her release from incarceration, and transmission of match results to the COUNTY for COUNTY'S use in discharge planning for inmates about to be released.

SCOPE OF WORK

1. DEFINITIONS

1.1. **Authorized Use:** Access given to Medicaid by COUNTY to Booking Information, that MEDICAID would not be entitled to otherwise have, for the *sole purposes* of 1) suspending medical eligibility of incarcerated individuals in the County Jail and 2) returning individuals to their pre-incarceration status upon release from the County Jail.

1.2. **Booking Information:** Certain information provided by COUNTY concerning individuals incarcerated in the County Jail. This information may include individuals' booking name, alias name(s), booking number, booking date, date of birth, gender, race, and release date, whether the individual was released to another agency.

1.3. **Incarcerated:** For purposes of this Agreement an individual detained at the County Jail will not be considered incarcerated until both of the following have taken place: an initial court appearance has occurred AND a minimum of 24 (twenty-four) hours have elapsed since the time of the individual's detention. Additionally, those individuals serving a sentence on weekends will not be included on the file.

1.4. **Invalid format:** Query result from MEDICAID indicating that some section of the query was incomplete or invalid.

1.5. **Match:** Query result from MEDICAID indicating that data entered matches data in the system. A match requires verification by MEDICAID.

1.6. **Member:** An individual who is eligible for Title XIX benefits who is enrolled with MEDICAID, an MEDICAID Contractor, or a Regional Behavioral Health Authority (RBHA) for medical or behavioral health services.

1.7. **No Match:** Query result from MEDICAID indicating that the individual's information did not match any data in the MEDICAID system.

1.8. **No-pay Status:** For the purposes of this Agreement MEDICAID will not reimburse claims submitted or pay capitation for individuals while incarcerated.

1.9. **Partial Match:** Query result from MEDICAID indicating that some data in query matched data in MEDICAID system. Requires verification by MEDICAID.

1.10. **Rejected:** Query results from MEDICAID indicating that query was not successful.

1.11. **Title XIX Benefits:** Medicaid benefits provided under Title XIX of the Social Security Act.

2. PURPOSE OF THIS AGREEMENT

The purpose of this Agreement is for the COUNTY and MEDICAID to jointly develop and implement a system to match MEDICAID member data with COUNTY's inmate population data to facilitate the identification of incarcerated individuals so that those individuals' Title XIX benefits may be suspended or placed on a no-pay status and so that those individuals will be immediately returned to their pre-incarceration status upon their release from custody.

Any and all data provided under this Agreement shall be used for the sole purposes of said Agreement, and not used for any other purpose.

3. TERM

3.1. This Agreement is effective upon execution by both parties and shall remain in effect, with no end date, until terminated pursuant to the terms set forth in this Agreement.

4. SCOPE

4.1. **COUNTY Responsibilities**:

4.1.1. Prior to 5:00 p.m. each day, including weekends and holidays, electronically transmit, in a format agreed to by the Parties, booking and release data for the preceding twenty four (24) hour period. Data that is transmitted shall include, but is not limited to, the detainee's booking number, name, date of birth, gender, time of booking or release, and if detainee was released to another facility and name of facility. Social security numbers shall not be transmitted. In the event there are no bookings or releases, the COUNTY will transmit the file indicating "no records."

4.2. **MEDICAID Responsibilities:**

4.2.1. After 5:00 p.m. each day, including weekends and holidays, utilizing the information provided by COUNTY, query its member database to identify individuals appearing in both data sources ("matches").

4.2.2. Suspend if incarcerated or reinstate if released Member Title XIX benefit eligibility based on the Member's incarceration status at the time of the query.

4.2.3. Update eligibility information daily, including weekends and holidays.

4.2.4. On the same day each query is performed, provide a copy of that day's query results to the County Jail identifying the query results for each individual listed: a match, no match, partial match, rejected or invalid format of the data.

4.2.5. On the same day each query is performed, post results of query, including eligibility renewal date/termination, on the MEDICAID secure ftp site for County Jail retrieval for the purposes of discharge planning. There is no public access to this site.

5. SYSTEM CAPABILITY REQUIREMENTS

Additional information and/or technical documents will be provided to COUNTY to ensure system capabilities and explain data exchange requirements.

6. FINANCING

Each party will bear its own cost for the performance of its responsibilities as set forth in this Agreement.

7. NOTICES

Any notices or correspondence related to this Agreement shall be sent to the parties or their designees respectively as follows:

7.1. **MEDICAID**

7.2. **Programmatic Correspondence:**

7.3. **COUNTY:**

TERMS AND CONDITIONS

1.0 ADA

The Parties must comply with all applicable provisions of the Americans with Disabilities Act (Public Law 101-336, 42 U.S.C. 12101-12213) and all applicable federal regulations under the Act, including 28 CFR Parts 35 and 36.

2.0 Amendments

2.1 Any amendment to this agreement must be in writing and signed by both parties.

2.2 Amendments signed by each of the parties and attached hereto are hereby adopted by reference as a part of this agreement, from the effective date of the amendment, as if fully set out herein.

2.3 All requests for additional services shall be in writing and signed by both parties.

2.4 An amendment shall not be necessary when completing a change of contact person, change of key personnel, change of address, change of signatory or other non- material changes to this agreement.

3.0 Arbitration and Disputes

In accordance with ARS § 12-1518, the parties to agree to resolve all disputes arising out of or relating to this agreement through arbitration, after exhausting applicable administrative review except as may be required by other applicable statutes. The laws of the State shall govern any interpretation of this Agreement and the venue shall be in Maricopa County, Arizona.

4.0 Assignment and Delegation

This Agreement may not be assigned by any party without the prior written consent of the other parties. If consent to an assignment is obtained, this Agreement is binding on the successors and assigns of the parties to this Agreement.

5.0 Compliance with Laws, Rules and Regulations

MEDICAID, the COUNTY and their subcontractors must comply with all applicable Federal and State laws, rules, regulations, standards and Executive Orders, without limitation to those designated within this Agreement. The laws and regulations, of the State of Arizona govern the rights of the Parties, the performance of this Agreement, and any disputes arising from the Agreement. Any action relating to this Agreement must be brought by arbitration to the extent required by A.R.S. § 12-1518 or in an appropriate court. Any arbitration award will be enforced in an appropriate court.

6.0 Disposal of Property

Upon the termination of this agreement, all property involved shall revert back to the owner. Termination will not relieve any party from liabilities or costs already incurred under this Agreement, not affect ownership of property pursuant to this agreement.

7.0 E-Verify Requirement

In accordance with ARS § 41-4401, all parties warrant compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with A.R.S. § 23-214, Subsection A.

8.0 Execution in Counterparts / Electronic Documents

8.1 This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original but all of which together shall constitute one and the same document.

8.2 Facsimile signatures, electronic signatures and signatures transmitted by email after having been scanned shall be accepted as originals for the purposes of this Agreement.

9.0 Federal Immigration and Nationality Act

The parties shall ensure compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees to include but not limited to sub-contractors. All services under this Agreement shall be performed within the borders of the United States.

10.0 Health Insurance Portability and Accountability Act (HIPAA) of 1996

The parties certify that each is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement. The parties warrant that each will cooperate in the course of performance of the Agreement so that the parties will be in compliance with HIPAA, including cooperation and coordination with the Arizona Strategic Enterprise Technology (ASET), Statewide Information Security and Privacy Office (SISPO) Chief Privacy Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. COUNTY will sign any documents that are reasonably necessary to keep MEDICAID in compliance with HIPAA, including, but not limited to, business associate agreements.

11.0 Insurance

The parties acknowledge that they are self-insured pursuant to statutory authority. The parties agree that the general liability coverage afforded by the self-insurance programs is sufficient to meet the purposes of this Agreement.

12.0 Liability

The parties shall each be responsible for any and all liability for their own negligence arising from the Agreement and each shall bear all costs for their own defense of any litigation to the extent allowed by law.

13.0 Non-Conforming Performance

Either party's failure to insist on strict performance of any term or condition of the Agreement shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

14.0 No Joint Venture

Nothing in this Agreement is intended to create a joint venture between the Parties and it will not be so construed. Neither MEDICAID' nor COUNTY's employees will be considered officers, agents or employees of the other or be entitled to receive any employment-related fringe benefits from the other.

15.0 No Third Party Beneficiaries

Nothing in the provisions of this IGA is intended to create duties or obligations to or rights in third parties not Parties to this IGA or effect the legal liability of either Party to the IGA.

16.0 Non-Discrimination

In accordance with ARS § 41-1461 et. seq., the parties shall provide equal employment opportunities for all persons, regardless of race, color, creed, religion, sex, age, national origin, disability or political affiliation. The parties agree to comply with the Americans with Disabilities Act.

17.0 Records and Audit

Under A.R.S. § 35-214 and A.R.S. § 35-215, The parties agree to retain and shall contractually require each subcontractor to retain all data and other records ("records") relating to the acquisition and performance of the Agreement for a period of five (5) years after the completion of the Agreement. All records shall be subject to inspection and audit by the State and where applicable the Federal Government at reasonable times. Upon request, the parties will produce a legible copy of any or all such records.

18.0 Severability

If any provision of this Agreement or the application thereof to any circumstance shall be invalid or unenforceable to any extent, it is the intention of the parties that the remainder of the Agreement and the application of such provision to other circumstances shall not be affected thereby and shall be enforced to the greatest extent permitted by law.

19.0 Termination

Either party may terminate this Agreement upon thirty (30) working days written notice to the other party. Termination will be without further obligation or penalty and will be effective upon receipt, unless specified otherwise.

SIGNATURE PAGE

IN WITNESS THEREOF, the parties have executed this Agreement:

COUNTY:

Signature: _____

Printed Name:
Title:

Date: _____

MEDICAID AGENCY:

Signature: _____

Printed Name:
Title:

Date: _____

In accordance with A.R.S. § 11-952, this Agreement has been reviewed by the undersigned who has determined that this Agreement is in the appropriate form and is within the power and authority granted to COUNTY.

_____
County Attorney

In accordance with A.R.S. § 11-952, this Agreement is in the proper form and is within the power and authority granted to MEDICAID under A.R.S. §§ 36-2903 et seq. and 36-2932 et seq.

_____
Legal Counsel for MEDICAID

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, May 21, 2018 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI 54403**

Health & Human Services Committee Members: Matt Bootz, Chair, John Robinson, Vice-chair, Bill Miller; Orval Quamme; Katie Rosenberg, Maynard Tremelling, Todd Van Ryn

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*
Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the May 10, 2018, Meeting Minutes

4. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Discussion and Possible Action by Committee to Forward to the HR, Finance & Property Committee for its consideration
      1) Department of Social Services Position Requests – Vicki Tylka
         1. Request to Abolish 1 FTE Administrative Program Supervisor (B32) and Create 1 FTE Financial Supervisor – DSS (C51)
         2. Request to Abolish 1 FTE Accounting Professional (C43) and Create 1 FTE Accounting Specialist (B23)
         3. Request to Create 2 FTE Social Work positions for Children's Long Term Support (C42)

5. Educational Presentations and Committee Discussion
   A. Update relative to The Connections Place (Senior Center to be constructed in Rib Mountain)
   B. Committee Role and Responsibilities – Bootz / Leonhard
      1) Operational decision-making – areas where this committee frequently approves operational functions
      2) Reporting Relationships – which Departments and subcommittees report to this Committee (see Rule 2.04(5) of Marathon County Code of Ordinances)
   C. Department Heads – Provide a brief overview of the primary work of your department and what issues, if any, do you see bringing to the Committee in the next two years?
   D. What are the Committee's priorities for the next two years in light of the Strategic Plan and Comprehensive Plan (Executive Summary)? – discussion

6. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, June 25, 2018 at 4:00 p.m.

7. Announcements

8. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: _____
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: _____
DATE: _____
TIME: _____

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, June 25, 2018 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI 54403**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*
Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the May 21, 2018, Meeting Minutes

4. Policy Issues for Discussion and Possible Action
   A. Advisory Referendum on Medical Marijuana
      1) **Policy Question**: Does this body deem it important to learn the position of the voters of Marathon County, and the State of Wisconsin, with respect to the following proposed Advisory Referendum question:
         1. Should the State of Wisconsin allow individuals with debilitating medical conditions to use and safely access marijuana for medical purposes, if those individuals have a written recommendation from a licensed Wisconsin physician?

5. Operational Functions required by Statute, Ordinance, or Resolution: None

6. Educational Presentations and Committee Discussion
   A. Update from the Retained County Authority Committee on recent identification of Annual Budget Priorities for NCHC and other ongoing efforts.
   B. What are the Committee's priorities for the next two years in light of the Strategic Plan and Comprehensive Plan (Executive Summary)? – discussion

7. Next Meeting Logistics and Topics: HHS
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, July 23, 2018 at 4:00 p.m.

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: _____
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: _____
DATE: _____
TIME: _____

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, July 23, 2018 at 4:00 p.m. or upon the conclusion of HR/Finance Committee meeting**

Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the June 25, 2018, Meeting Minutes

4. Policy Issues for Discussion and Possible Action: None

5. Operational Functions required by Statute, Ordinance, or Resolution: None

6. Educational Presentations and Committee Discussion
   A. What is the Marathon County Jail booking procedure relative to the assessment of inmates for mental health and AODA conditions or needs and what follow-up services are available based on assessment results?
   B. What is the Wisconsin Day Work Pilot Program and should Marathon County further consider participation?

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, August 27, 2018 at 4:00 p.m.

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: _____
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: _____
DATE: _____
TIME: _____

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, August 27, 2018 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*
Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the July 23, 2018, Meeting Minutes

4. Policy Issues for Discussion and Possible Action:
   A. Marathon County's Start Right Program – what would a 20% reduction in funding (approximately $200,000) mean to the program and those it serves?
      1) How does Start Right relate to our 2018 – 2022 Strategic Plan?
   B. Follow up from the MC Jail booking procedure discussion – potential of a joint meeting with Public Safety Committee

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Consideration and potential approval of new position – Department of Social Services, Social Work Supervisor

6. Educational Presentations and Committee Discussion
   A. Health Officer Report – update on preparation of Report on Recommendations to Mitigate the Impact of Drug Misuse & Abuse, serving as fiscal agent for Title X grant funding, and other significant Health Department projects
   B. Follow up from the Wahda/Wisconsin Day Work program presentation

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, September 24, 2018 at 4:00 p.m.

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: _____
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: _____
DATE: _____
TIME: _____

JOINT
MARATHON COUNTY PUBLIC SAFETY COMMITTEE and HEALTH & HUMAN SERVICES COMMITTEE MEETING

AGENDA

Date & Time of Meeting: **Monday, September 17, 2018, at 4:30 p.m.**
Meeting Location: **Courthouse Assembly Room B-105 – 500 Forest St., Wausau**

Public Safety Committee Members: Craig McEwen, Chair, Jim Schaefer, Vice-Chair, Shawn Black, Karen Kellbach, David Nutting, Arnold Schlei, Chris Voll

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

1. **Call Joint Meeting to Order**

2. **Policy Issues Discussion and Committee Determination to the County Board for its Consideration**
   A. 2018 NACo Annual Conference presentations on Criminal Justice and Behavioral Health – McEwen and Bootz
      i. What did we learn from the presentations and other conference attendees and how do we anticipate moving forward?

3. **Operational Functions Required by Statute, Ordinance or Resolution:** None

4. **Educational Presentations/Outcome Monitoring Reports**
   A. Prevent and Mitigate the Impact of Drug Misuse and Abuse – presentation of working draft report from Health Officer

5. **Next Meeting Time, Location, Announcements and Agenda Items:**
   A. Committee members are asked to bring ideas for future discussion

6. **Adjournment**

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Craig McEwen
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: M. Palmer
FAXED DATE:
FAXED TIME:

NOTICE POSTED AT COURTHOUSE
BY: M. Palmer
DATE:
TIME:

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, September 17, 2018 at 5:15 p.m. or immediately upon the conclusion of Joint Meeting of the Public Safety Committee and the Health & Human Services Committee**

Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order
2. Public Comment (15 minute limit)
3. Approval of the August 27, 2018, Meeting Minutes
4. Policy Issues for Discussion and Possible Action:
5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Marathon County Long-Term Care Council Children with Disabilities Board (Marathon County Special Education)
      1) Request for approval of increase in per diem for Board members
   B. Proclamation of September as National Suicide Prevention Awareness Month in Marathon County
6. Educational Presentations and Committee Discussion
   A. Woodson YMCA's expansion plans for downtown Wausau - creation of senior activities center
   B. Brief update relative to ongoing evaluation by Public Safety Committee and Administration of Marathon County Juvenile Detention/Shelter Home operations
7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, October 22, 2018 at 4:00 p.m.
8. Announcements
9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: M Palmer
FAXED DATE:
FAXED TIME:

NOTICE POSTED AT COURTHOUSE
BY: M. Palmer
DATE:
TIME:

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, October 22 2018 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*
Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the September 17, 2018, Committee meeting minutes and the minutes of the September 17, 2018 Joint Meeting with the Public Safety Committee.

4. Policy Issues for Discussion and Possible Action: NONE

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Resolution Requesting Increased Funding and Oversight Reforms for Wisconsin's Child Protective Services System (from Marathon County Social Services Board)

6. Educational Presentations and Committee Discussion
   A. Strategic Plan Objective 3.3 – Ensure that every child makes it to adulthood with health, safety, and growth opportunities.
      1) What is Marathon County doing to be more trauma-informed?
      2) What are our next steps?

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, November 26, 2018 at 4:00 p.m.

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: _____
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: _____
DATE: _____
TIME: _____

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, November 26, 2018 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*
Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the October 22, 2018, Committee meeting minutes.

4. Policy Issues for Discussion and Possible Action:
   A. State of Wisconsin Public Health Associations 2019 – 2020 Legislative Priorities (Theurer)
      1) What role, if any, does the committee envision playing in advancing these policy priorities, either in the State or within Marathon County? Do they fit into our Strategic Plan?
      2) What additional information, if any, does the committee believe it needs from staff to advance these priorities?

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Approval of the 85.21 Transportation Grant (Dave Mack)
   B. 2019 Meeting Dates and Time

6. Educational Presentations and Committee Discussion
   A. Strategic Plan Objective 3.3 – Ensure that every child makes it to adulthood with health, safety, and growth opportunities.
      1) Overview of next steps and envisioned format for County's plan to create a trauma-informed response system.

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
      1) Objective 7.2 – Mitigate the impacts of heroin and methamphetamine – How would the committee like to move forward in light of the staff report delivered in September 2018?
   B. Next Scheduled Meeting: Monday, December 17, 2018 at 4:00 p.m.

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: M. Palmer
FAXED DATE:
FAXED TIME:

NOTICE POSTED AT COURTHOUSE
BY: M. Palmer
DATE:
TIME:

HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Thursday, February 14, 2019, 5:45 p.m.**
Meeting Location: **Employee Resources Conference Room, Courthouse (C-149), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order
2. Public Comment (15 minute limit)
3. Approval of the November 26, 2018, Committee meeting minutes.
4. Policy Issues for Discussion and Possible Action:
   A. Request from Social Services to Create One New FTE Social Service Coordinator (Economic Support Specialist) position effective February 11, 2019. 100% funded with Economic Support Enhanced Fund (no tax levy)
   B. Approval to create additional Social Service Coordinator (Economic Support Specialist) positions as needed, on condition of positions having no county tax levy impact.
5. Operational Functions required by Statute, Ordinance, or Resolution: None
6. Educational Presentations and Committee Discussion
   A. Update from Retained County Authority ("RCA") Committee representatives on recent work of committee and upcoming issues for RCA Committee consideration
      1) North Central Health Care Recovery Coaching Collaborative, Birth to Three programming, Adult Protective Services, Chief Executive Officer performance appraisal process, legal services
7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, February 25, 2019 at 3:00 p.m. – **Joint meeting with Public Safety Committee on Adverse Childhood Experience (ACE's)** the Courthouse Assembly Room
8. Announcements
9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

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BY: _____
DATE: _____
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JOINT MEETING
HEALTH AND HUMAN SERVICES COMMITTEE and PUBLIC SAFETY

MEETING AGENDA

Date & Time of Meeting: **Monday, February 25, 2019, 3:00 p.m.**
Meeting Location: **Employee Resources Conference Room, Courthouse (C-149), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg
Public Safety Committee Members:: Craig McEwen, Chair, Jim Schaefer, Vice-Chair, Shawn Black, Karen Kellbach, David Nutting, Arnold Schlei, Chris Voll

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*
Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*
***Public Safety Committee Mission Statement**: Provide leadership for the implementation of the Strategic Plan, monitoring outcomes, reviewing and recommending to the County Board policies related to public safety initiatives of Marathon County.*

1. Call Meetings to Order

2. Public Comment (15 minute limit)

3. Policy Issues for Discussion and Possible Action: None

4. Operational Functions required by Statute, Ordinance, or Resolution: None

5. Educational Presentations and Committee Discussion
   A. Presentation on Adverse Childhood Experience (ACE's)

6. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Health & Human Services - Monday, March 25, 2019 at 4:00 p.m. Public Safety – Wednesday, March 13, 2019 at Noon – both in the Courthouse Assembly Room

7. Announcements

8. Adjournment

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SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
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FAXED BY: M. Palmer
FAXED DATE:
FAXED TIME:

NOTICE POSTED AT COURTHOUSE
BY: M..Palmer
DATE:
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HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, March 25 2019, 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room, 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order
2. Public Comment (15 minute limit)
3. Approval of the February 14, 2019, Health & Human Services Committee meeting minutes and the minutes of the February 25, 2019, Joint Meeting with the Public Safety Committee.
4. Policy Issues for Discussion and Possible Action:
   A. Governor's proposed budget – areas of importance to this committee and plan of action to have program committees examine each and report to this committee. What do we want to know about each issue?
      1) A proposed $15 million annually in Children and Families Aides allocation
      2) Proposed acceptance of Medicaid Expansion
5. Operational Functions required by Statute, Ordinance, or Resolution: None
6. Educational Presentations and Committee Discussion
   A. What did we learn from the presentation on Adverse Childhood Experiences (ACEs) and how can we develop more informed policies that support our Strategic Plan Objectives?
7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, April 22, 2019 at 3:00 p.m. at the Courthouse Assembly Room
8. Announcements
9. Adjournment

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SIGNED /s/ Matt Bootz
Presiding Officer or Designee

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HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, April 22, 2019 at 4:30 p.m.**
Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the March 25, 2019, Committee meeting minutes.

4. Policy Issues for Discussion and Possible Action:
   A. Review of Wisconsin Counties Association summary of the 2019-21 State Biennial Budget and Wisconsin Counties Association video relative statewide child welfare crisis.
      1) Committee identification of the two most pressing issues in the budget from the perspective of the Health & Human Services Committee, are they different than those previously proposed by County Administration?
         1. A proposed $15 million annual increase in Children and Families Aides allocation
         2. Proposed acceptance of Medicaid Expansion

   B. Staff presentation of tentative timeline for completion of a best-practices inventory and gaps analysis, relative to the committee's goal to adopt a plan that creates a trauma-informed response system for services we provide. (Strategic Plan Objective 3.3; Strategy E)

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Administrator's request to Abolish 0.625 FTE Sr. Accounting Professional position in the Department of Social Services and to create a 1.0 FTE Accounting Professional.

6. Educational Presentations and Committee Discussion
   A. Birth to Three – update on potential transition from North Central Health Care to Marathon County Special Education

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, May 20, 2019 at 4:00 pm in the Assembly Room

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

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HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, May 20, 2019 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the April 22, 2019, Committee meeting minutes.

4. Policy Issues for Discussion and Possible Action:
   A. Consideration of proposed amendment to Marathon County Ordinance section 2.05(1) relating to the membership of the Board of Health.
   B. Potential resolution recognizing May as Mental Health Awareness Month in Marathon County

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Update from Retained County Authority Committee
      1) Recent efforts
      2) Upcoming issues – Identification of 2020 Budget Priorities for North Central Health Care – committee members are encouraged to offer their perspectives on the issues the RCA should set as the most pressing priorities for the coming year

6. Educational Presentations and Committee Discussion
   A. Update on assessment and planning relative to potential transfer of Birth to Three program from NCHC to Marathon County Special Education and on potential transfer of Adult Protective Services from NCHC to Aging & Disability Resource Center of Central Wisconsin

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, June 24, 2019 at 4:00 pm in the Assembly Room

8. Announcements

9. Adjournment

"***Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.***

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

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HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, June 24, 2019 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the May 20, 2019, Committee meeting minutes.

4. Policy Issues for Discussion and Possible Action:
   A. Transfer of Birth to Three from North Central Health Care to Marathon County Special Education
      Consideration of Policy Question – "Should NCHC work with its county partners to facilitate the transfer of the Birth to 3 Program from NCHC to Marathon County Special Education?"

5. Operational Functions required by Statute, Ordinance, or Resolution: None

6. Educational Presentations and Committee Discussion
   A. Keeping Areas Teens Safe (KATS) – presentation by Mary Jo Freeman relative to the group's local efforts

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, July 15, 2019 at 4:00 pm in the Assembly Room
      1) Resolution in support of Medicaid Expansion from Board of Health

8. Announcements

9. Adjournment

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SIGNED /s/ Matt Bootz
Presiding Officer or Designee

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HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, July 22, 2019 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the June 24, 2019, Committee meeting minutes.

4. Policy Issues for Discussion and Possible Action: None

5. Operational Functions required by Statute, Ordinance, or Resolution: None

6. Educational Presentations and Committee Discussion
   A. Presentation from the Board of Health relative to the potential impact of Medicaid Expansion
   B. Presentation from Chair Bootz on Health and Human Services issues discussed at NACO

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, August 26, 2019 at 4:00 pm in the Assembly Room

8. Announcements

9. Adjournment

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HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, July 22, 2019 at 4:00 p.m.**
Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order

2. Public Comment (15 minute limit)

3. Approval of the June 24, 2019, Committee meeting minutes.

4. Policy Issues for Discussion and Possible Action: None

5. Operational Functions required by Statute, Ordinance, or Resolution: None

6. Educational Presentations and Committee Discussion
   A. Presentation from the Board of Health relative to the potential impact of Medicaid Expansion
   B. Presentation from Chair Bootz on Health and Human Services issues discussed at NACO

7. Next Meeting Logistics and Topics:
   A. Committee members are asked to bring ideas for future discussion
   B. Next Scheduled Meeting: Monday, August 26, 2019 at 4:00 pm in the Assembly Room

8. Announcements

9. Adjournment

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