

Addressing Opioid Misuse from Prevention to Recovery

By Liz Blackwell-Moore, MPH, Birch Lane Strategies

Liz Blackwell-Moore has been working in the field of substance use and chronic disease prevention since 2000, first in direct service as a case manager and for the last 14 years specializing in substance use prevention. In 2016, Liz served on the Maine Opioid Collaborative, a group organized by the Governor to create recommendations for addressing the opioid misuse problem. Her current work involves working with community coalitions and organizations to provide training on prevention strategies as well as technical assistance to translate public health research into practice. She recently worked with a regional planning organization to do an assessment and create a strategic plan for addressing the opioid use problem in Greater Portland, Maine. Liz has her Master's in Public Health from Boston University's School of Public Health and is a Certified Prevention Specialist.



By now, most people working in county administration are aware of the national statistics on opioid overdose deaths and acutely aware of the impact

of opioid use disorder in their own community. The numbers are staggering in urban centers, suburban neighborhoods, and in rural counties across the country. People from all socioeconomic and ethnic groups have felt the pain of lost family members, neighbors, and friends. It has never been clearer that our communities are interconnected, and what happens to one person affects us all. While the problem has universally shown up across the country, communities are trying many different approaches, hoping for a solution within the mix of strategies. While many feel overwhelmed by the scope of the problem and struggle to figure out how to effectively use their limited time and energy, a lot of important lessons have been learned. The opioid misuse prob-

lem is a complex community problem that requires a multidimensional community response. We have much to learn from each other. There are communities across the country using their knowledge of the root causes and their understanding of how their community is being impacted by opioid use disorder to prioritize strategies most likely to have an impact. There are communities using best practices in communicating about opioid use disorder to the public in an effort to create coalitions of supporters who take actions within their own spheres of influence. Below are ideas from public health experts, behavioral health providers, community leaders, and people who have been affected by the problem. It will take sharing knowledge and strategies from across the country to move us closer to solving this complex problem.

Seeing the Whole Problem

One way to understand the origins and the possible solutions to the opioid use problem is to compare it to the lifecycle of a river. A river starts as a small stream from high in the moun-

tains, collecting rain and groundwater as it moves through the landscape. When the rain and groundwater are clean, and the landscape hasn't been damaged by fires or contaminants, the river cuts a fairly smooth path to the ocean, providing nourishment along the way. But if the river is fed with pollution, and large pieces of debris find their way into the water, the river can turn into turbulent, deadly rapids. Like the stream becoming a river, people begin life as a small child slowly developing into adults through the influence of the people around them and their experiences in their environment. For some children, they have mostly positive interactions with adults in their lives and live in healthy communities so their developmental stream flows rather smoothly from childhood to adulthood contributing to their community. For other children, they encounter many toxic obstacles along the way, like abuse or community violence, that can eventually lead to serious life turbulence, like substance use disorders. Once people are in the rapids of addiction, they

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by Hannes Zacharias, NACA President



**NACA President,
Hannes Zacharias**

In this issue of the *Journal*, I would like to focus on NACA's events, our continued involvement in professional development events, and our upcoming bylaw changes. A lot has happened since our last issue and a lot is soon to come!

In March, NACA members were leading the conversation and engaging the profession at this year's NACo Legislative Conference in Washington, D.C. The article, "[NACA Members at the 2018 NACo Legislative Conference](#)," captures some of the many moments featuring NACA members in pictures. Also, the sessions featuring the following NACA members are available through [NACo's Conference](#)

Learning Center: Peter Austin, NACA Past President and County Administrator, McHenry County, Illinois; Dena Diorio, County Manager, Mecklenburg County, North Carolina; and Matt Smith, County Manager, Dakota County, Minnesota. A summary of the always engaging NACA Idea Exchange, which covered a wide variety of issues currently facing local governments, is also available on the [NACA website](#).

With the generous support of [ICMA-RC](#), NACA was pleased to offer scholarships for each of the ICMA Regional Conferences this spring. The following individuals were awarded scholarships this year:

- Midwest: Benjamin L. Gilbertson, Senior Budget & Operations Analyst, County of Lake, Illinois
- Northeast: Sidnee T. McDonald, MPA Student, The College at Brockport, State University of New York
- Mountain Plains: Alyssa R. Wolverton, MPA Student, University of North Texas
- Southeast: Reuben I. Ovbiebo, MPA Student, Tennessee State University
- West Coast: Nicholas M. Westendorf, Local Government Management Fellow: Tigard, Sherwood, Lake Oswego, & Gresham, Oregon

We congratulate them on receiving these scholarships, helping them attend these professional development opportunities held annually in the spring, and look forward to seeing them advance in the profession.

The 2018 NACo Annual Conference & Exposition, being held in Davidson County/Nashville, Tennessee from July 13-16, will be an exciting meeting for NACA members. In addition to our traditional Idea Exchange, NACA will be a major contributor to educational sessions throughout the conference. I am excited to announce NACA has partnered once again with [Cigna](#) to host a panel discussion, this year on the opioid crisis. Last year's session on the pending healthcare reforms was remarkable, and I hope many of you can join in the discussion this year. We will also be electing our Regional Vice Presidents and voting on amendments to the NACA Bylaws during the NACA General Membership Meeting. Among these amendments are 2 new membership categories for students and retirees! If your plans will take you to the NACo Conference, be sure to check the [NACA website](#) for further details as the events take shape. I will unfortunately not be there this year as I am currently traveling the Arkansas River from the Continental Divide to the Gulf of Mexico, but Tim Hemstreet, NACA President-Elect, will be at the helm.

I appreciate your continued involvement in NACA and allowing me the opportunity to serve as your President.

Hannes Zacharias, NACA President



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“Opioid Misuse” from cover

may need lifesavers just to stay afloat, like naloxone and needle exchange. A team of specialists may need to be called upon to help redirect the river, to help people get out of the rapids of addiction, like counselors, healthcare practitioners, and recovery coaches. If the rapids have really taken hold and created a deep riverbed, it may take some time and energy to redirect the river to calmer waters and for people to find recovery. A big raging river is a powerful force, so keeping the river in the new, redirected channel, is an on-going process requiring on-going support from a community of people that value and provide opportunities for connection, wellness, and an environment that helps people in recovery continue on calmer waters.

Debris in the water (Root Causes)

Substance use disorder is a chronic condition characterized by “drug seeking and use that is compulsive, or difficult to control, despite harmful consequences. The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person’s self-control and interfere with their ability to resist intense urges to take drugs.”¹ That initial decision to use substances and keep using them is incredibly influenced by experiences and the environment of childhood. Like a small stream that turns into a large river as it flows through the landscape, people become adults through their interactions with their environment and the people around them. A child’s development into an adult isn’t predestined; brains develop over time and through interactions. The actual architecture of the brain is created through a mix of genetics, experience, and the environment in which people live. What happens in childhood has a huge impact on what happens in adulthood.

Research on the main risk factors for opioid use disorder are detailed in

a 2015 Substance Abuse and Mental Health Services Administration (SAMHSA) brief on Heroin and Rx drug misuse.² The risk factors generally fall into a few categories that can be summarized as:

Early use of substances: There has been extensive research on the impact of early use of substances and how it puts people at much greater risk for substance use disorders later in life. The earlier a person starts using nicotine, alcohol, marijuana, or any other substance, the more likely they are to have problems with that use including substance use disorder, dropping out of school, being a victim or perpetrator of violence, and early death.

Adverse childhood experiences (ACEs) and Adverse childhood environments: Adverse Childhood Experiences are often called ACEs. A full list of ACEs can be found on the CDC website but they include things like abuse, neglect, growing up in a household with a parent who has a substance use disorder, is in prison, or has died.³ There has been extensive research on ACEs and we now know that if unresolved, they put a person at increased risk for all sorts of health problems, including substance use disorders, mental health disorders and suicide. Adverse childhood environments, such as poverty, discrimination, neighborhood violence, poor housing, and lack of economic opportunity, can also have significant impacts on future health and well-being, putting people at increased risk for substance use disorder.⁴

Mental Health Disorders: Mental health disorders and substances use disorders often go hand in hand. They are each a risk factor for the other so if a person has a mental health disorder they are more at risk for developing a substance use disorder and vice versa.

How these obstacles put a person at greater risk has a lot to do with how they impact brain development. The reward center of the brain is fully developed by age 13 and is stimulated by exciting and risky experiences. Early use of substances, unresolved

trauma, and untreated mental health disorders impact the reward center of the brain, often causing people to seek out risky experiences or substances that crank up their reward center. These obstacles can also impair the development of the pre-frontal cortex, or the front part of the brain that controls reasoning, judgement, and emotional regulation. This part of the brain isn’t fully developed until about age 25. As people seek out more substances just to feel the same amount of reward, they may also be causing impairment to the pre-frontal cortex making it harder and harder for them to stop using. Eventually, they will have a hard time stopping even if they want to; even if it is causing them and their families great harm. While half to three quarters of people who use IV heroin misused a prescribed opioid first, most people with an opioid use disorder were previously addicted to another substance.⁵ People who previously had a substance use disorder were 28 times more likely to develop an opioid use disorder when prescribed an opioid by a healthcare provider than people with no addiction history.⁶ Most people won’t become addicted when they are prescribed an opioid. People with previous problematic substance use are most at risk.⁷

Upstream (Prevention)

Much of our attention regarding the opioid misuse problem has been reasonably focused on overdoses and treatment. But to lessen the continued impact this problem will have on individuals and communities we must look upstream and put more efforts into prevention. While what happens in childhood impacts all of us as adults, brains are incredibly resilient throughout the whole lifespan as are people and communities. Given support and opportunities for growth, people heal and thrive. Prevention of opioid use disorder is really about impacting the root causes; reducing youth substance use, reducing Adverse

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Running out of e-storage space is a costly problem!



The internet of Things (IoT) is upon us! Cheap mobile device production costs (such as wireless microphones and cameras, temperature sensors and other data capture and control devices) coupled with ubiquitous connectivity through 4G, LTE, and WiFi are providing local governments with unparalleled opportunities to observe, listen, and document what's happening within each jurisdiction. And these opportunities are being snapped up with gusto by our departmental employees:

- Buses outfitted with video cameras now transmit license plates and time information of cars that do not heed flashing lights at school bus stops, making kids safer and providing strong evidence for imposing proper fines.
- Drones are whizzing in the skies, allowing public safety officials to capture video data of offenders on the run and providing information of dangerous fires and chemical spills.
- Police officers are outfitted with bodycams that reliably and securely transmit footage of dangerous situations, providing a clear record both for the government employee as well as for the party engaged with them.

These IoT applications are usually done as Public Private Partnerships: the expensive equipment and training are provided by vendors for low costs and often free introductory periods, while the public benefits are showcased and proven. Tickets written, or penalties imposed are then split with

the government; similarly, storage and processing capacity is also provided by the vendors on a leased basis that spreads the cost over time.

And there lies the rub: while it is great to be able to deploy advanced technologies with minimal startup costs, the ongoing costs can sometimes overwhelm already strained budgets that are not able to withstand the added expense, even though it may be spread over time. Reports from Sheriff departments indicate that many free or low cost introductory programs for body cams run the risk of cancellation because of the lack of a budget appropriation that was not considered in advance.

In addition, the sheer volume of data, especially from videocams, can quickly run into the terabytes (that's thousands of gigabytes!), and if provided by the vendor, can quickly overwhelm budgets that are not flexible or with upper limits. It is not unusual for storage costs to be routinely outstripping purchasing costs of the equipment. In one police department alone serving a million residents, licenses and storage leases currently run about \$1 million and another \$200,000 for hardware leases, with staffing of \$300,000 needed to support the program. Excess video storage costs are already passing \$400,000 with no end in sight. With such high numbers, it is vital to contain costs.

A new problem is now arising in the retrieval arena, when confronted with the huge amounts of video information in storage. Finding appropriate footage with any parameter other than time and date search terms (for example looking for a blue F-150 truck or a tall man with a grey jacket) is almost impossible. As our ability to store data increases, our ability to find appropri-

ate information is actually decreasing.

In order to contain spiraling costs, several strategies are available:

- Deployment and successful implementation of a multi-agency, multi-year, and multi-technology platform should be considered. Collective action across multiple departments and agencies including Sheriff, Police, District Attorney and Corrections is a vital strategy to contain costs.
- Local jurisdictions should use economies of scale by grouping the purchasing and leasing power when negotiating with system vendors.
- Beyond use of IoT devices and storage of data, a fuller Digital Evidence Management system should be considered. In this way, the value of storage and retrieval solutions is always contrasted with other costs, and strategies evolve from management requirements, not vendor suggestions.
- Establish robust data retention practices and abide by them. Just because we can gather data should not mean we should store them. Instead, we should involve end users, elected officials, and the general public in the creation of guidelines that should dictate under what conditions data should be stored and preserved. For many jurisdictions, retention policies predate the emergence of IoT and carefree storage, and should be reviewed and modified to fit current circumstances.

New technology should always be eagerly considered for adoption; however, we should do so with a careful eye towards new types of costs

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FROM YOUR NACO REPRESENTATIVE

by Eugene Smith, NACA Past President, County Administrator, Iron County, Michigan



Many things are happening on the NACo front.

The Western Interstate Region Conference just concluded. The NACo Board met, and while I was unable to go in

person, I was able, for the first time, to attend the Board meeting through a WebEx videoconference connection and could see and hear the entire event.

My understanding is that plans are being developed for the opportunity to participate in future meetings as well as observe. If NACA members had the need or inclination to be involved in future Board meetings I would think that access could be arranged.

We have been notified that our NACo Liaison, Emilia Istrate, Counties Future Lab Managing Director, has left NACo to pursue other endeavors. Emilia is an ardent supporter of NACA and we will miss her participation and assistance in many of our endeavors. I am sure that she will continue to

reach out to our membership and I hope that we can continue a strong and positive relationship.

Most exciting is the news that NACo is proposing the development of a High Performance Leadership Academy, that would provide frontline professionals from our county governments with the most pertinent areas of leadership competencies needed today.

The Academy is part of the enhancing the NACo Blueprint's priority objective of county leadership development, including the importance of facilitating lifelong learning, developing future and emerging leaders, and nurturing networks of county leaders to explore and pursue excellence in public service.

The goal is to support the participation of 2,000 entry-level and mid-level county managers and professionals. The program is designed for busy professionals, so it is constructed to accommodate work schedules without interfering with daily operational responsibilities. Without traveling away from the county, participants use an online social learning platform to

engage in live events, video sessions, and breakout group conversations.

Currently the proposal is that the NACo Board set aside an initial investment of \$2.5 million for a board-designated reserve fund from our unrestricted net assets. The academy typically runs at \$1,995 per enrollee. There is a \$500 discounted government rate for NACo members at \$1,495 per enrollee. Under the proposal, NACo would provide a limited number of stipends at \$1,000 per enrollee, with a \$495 matching contribution by the participant's county employer. We would also develop a county match waiver process for hardship cases to ensure this program is accessible to all NACo member counties.

The proposal to establish the Academy has been endorsed by several key committees including the Finance and Executive Committees. The concept has been introduced to the Board of Directors but action by the Board is not anticipated until the Annual Conference in Davidson County.

See you in Tennessee. ■

(“Technology Corner” from page 4)

that might be hiding in the wings. Talking to the providers of innovative solutions, one of the more significant

questions should be the eventual, permanent repeating costs, and how they will be absorbed in our budget processes of today. Else, we run the

risk of abandoning the adoption of new ideas simply because of the lack of preparation for the basic long-term resource needs of implementation. ■

NACA Events at the 2018 NACo Annual Conference & Exposition

July 13-18, 2018 - Davidson County/Nashville, Tennessee

EVENT	DATE	TIME	LOCATION
Behavioral Health and Opioid Addiction This session will take place during the Health Policy Steering Committee Business Meeting	Friday, July 13	2:00-3:00 p.m.	Canal A/B, Convention Center Delta Mezzanine, Level M
NACA Executive Board Meeting	Sunday, July 15	10:00 a.m.-12 noon	Canal C, Convention Center Delta Mezzanine, Level M
NACA Idea Exchange	Sunday, July 15	12:30-3:00 p.m.	Governors D, Convention Center, Level 2

DOL Fiduciary Rule Nullified, SEC Proposes Enhanced Regulation of Broker-Dealers and Investment Advisers, Bipartisan Retirement Legislation Re-Introduced, Assets Available for Hardship Distributions Expanded



Bob Schultze



John Saeli

Significant action occurred in the first part of 2018 with regard to the regulation of retirement plans and investment advice. In March, the Department of Labor's (DOL) Fiduciary Rule was nullified by the U.S. Court of Appeals for the Fifth Circuit. The following month, the Securities and Exchange Commission (SEC) issued a comprehensive proposal to alter the regulation of broker-dealers and investment advisers, particularly when making recommendations to retail customers. In the legislative arena, the bipartisan Retirement Enhancement and Savings Act (RESA) was re-introduced in both the House and Senate, while the assets available for hardship distributions was expanded under the Bipartisan Budget Act of 2018.

DOL Fiduciary Rule Vacated by Fifth Circuit Court of Appeals.

The Fifth Circuit issued a ruling on March 15, 2018, in the Chamber of Commerce v. U.S. Department of Labor case, vacating the DOL's Fiduciary Rule. The court ruled that broker-dealers and their associated persons cannot be held to a best interest fiduciary standard under ERISA when making securities recommendations. The court ruled that

broker dealers and their associated persons cannot be held to a best interest fiduciary standard under ERISA when making securities recommendations. Subsequent motions filed by AARP and the attorneys general of three states (California, New York, and Oregon) to intervene in the Fifth Circuit litigation and to obtain a rehearing by the full Fifth Circuit were denied and the DOL has chosen not to seek rehearing of the decision or petition the Supreme Court for review. On June 21, 2018, the Fifth Circuit issued an order which officially nullified or canceled the DOL's Fiduciary Rule, effectively removing it from the law.

While the DOL's Fiduciary Rule did not generally affect providers of non-ERISA plans, it did apply to IRA rollovers and likely would have been followed as a matter of best practice by providers for governmental retirement plans. Because of the Court's ruling, plan sponsors, service providers, investment advisers, and others that work with qualified plans and IRAs probably will reevaluate various practices. Although the Fifth Circuit opinion does not address this directly, it appears that the law would revert back to the law that was in effect prior to the regulation issued in April 2016. Other regulators, however, continue to look carefully at the standard of care for those that provide investment recommendations, including the SEC and various states.

SEC Proposes Enhanced Regulation of Broker-Dealers and Investment Advisers. Subsequent to the Fifth Circuit's ruling, on April 18,

2018, the SEC issued a set of comprehensive proposals that would alter the regulation of broker-dealers, particularly when making recommendations to retail customers, and provide additional guidance regarding investment advisers' existing fiduciary duty. The SEC is accepting comments on its proposals through August 7, 2018. The proposals are comprised of:

- a requirement that broker-dealers act in a customer's "best interest" when making recommendations to retail customers;
- a proposed interpretative release to provide further guidance on the elements of an investment adviser's fiduciary duty to its clients;
- a new "relationship summary" disclosure requirement for broker-dealers and investment advisers that would in no more than four pages lay out the basics of the firm's services, standards of conduct, fees and costs, conflicts of interest, and certain other information;
- a limitation on broker-dealers and their associated persons using the term "adviser" or "advisor" as part of their name or title, unless such broker-dealers are registered as investment advisers; and
- a requirement that broker-dealers and investment advisers prominently disclose the firm's registration status with the SEC (i.e., as a broker-dealer and/or investment adviser) in retail communications.

Explanatory guidance from the SEC indicates that a participant in a

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“DOL Fiduciary Rule” from page 6)

defined contribution plan would be considered a “retail” customer, and that a “recommendation” can include a rollover recommendation with regard to a security.

The Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010 authorized the SEC to promulgate rules that extend the same standard of conduct applicable to investment advisers (i.e., a fiduciary duty) to broker-dealers. The SEC’s proposal would not do that. While the new best interest standard for broker-dealers would include many obligations that apply to fiduciaries, the SEC’s proposal does not intend that broker-dealers would be subject to the “fiduciary” duty that applies to registered investment advisers.

There will likely be many comments to the SEC from stakeholders and the proposals could change significantly before finalization. The SEC’s broker-dealer proposal builds on a variety of existing duties and obligations already imposed on broker-dealers under SEC and FINRA rules, and previous comments from industry members suggest broad support for a best-interest standard when investment professionals make recommendations to retail customers. The SEC proposal would be a significant enhancement of the duties owed to retail broker-dealer customers, including those with retirement plan accounts. Like the DOL’s fiduciary rule, the changes in the SEC’s proposal are expected to have the greatest impact in the retail market, including recommendations of rollovers to IRAs.

Bipartisan Retirement Legislation Re-Introduced in House and Senate. Senate Finance Committee Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR) reintro-

duced the Retirement Enhancement and Savings Act (RESA) on March 8, 2018. The bill includes a number of bipartisan improvements and modernizations to the retirement system and was previously approved unanimously by the Senate Finance Committee in September 2016. On March 14, 2018, RESA was introduced in the House by Representatives Mike Kelly (R-PA) and Ron Kind (D-WI), along with 22 bipartisan cosponsors. Key provisions include:

- *Lifetime Income Disclosure:* ERISA plans would be required to include a lifetime income disclosure calculation in their annual benefit statements to participants.
- *Annuity Safe Harbor Clarification:* For purposes of fulfilling their fiduciary duty in the selection of an annuity provider, defined contribution plan fiduciaries would be allowed to rely on representations from insurers regarding their status under state insurance laws.
- *Required Minimum Distribution (RMD) Modifications:* The RMD distribution period for after-death plan and IRA distributions would be shortened to within five years of death for most non-spouse beneficiaries instead of over their life or life expectancy (with exceptions for minor children, disabled, and chronically ill beneficiaries as well as those not more than 10 years younger than the IRA owner or plan participant). This provision would only apply to individuals with aggregate IRA and defined contribution plan account balances exceeding \$450,000 (indexed for inflation). Defined benefit plans would be exempted under this proposal.
- *Automatic Enrollment/Escalation Changes:* The nondiscrimination safe harbor for automatic enroll-

ment and automatic escalation would be changed to eliminate the automatic contribution cap of 10 percent of pay for years after the first plan year in which the employee is automatically enrolled.

- *Lifetime Income Product Portability:* Participants would be allowed to take a distribution of a “lifetime income investment” prior to a “distributable event” (i.e., death, disability, age 59½, termination, etc.) when that investment is no longer authorized to be held under the plan via a direct rollover to an IRA, retirement plan, or annuity contract.
- *IRA Contribution Expansion:* The prohibition on making non-rollover contributions to a traditional IRA by those who attain age 70½ by year end would be lifted (the individual would still need to otherwise satisfy the requirements for making a contribution, such as the requirement to have earned income.)

Expansion of Available Assets for Hardship Distributions. On February 9, 2018, President Trump signed into law the Bipartisan Budget Act of 2018, which included hardship withdrawal provisions that were considered but ultimately dropped from tax overhaul legislation passed last December. The act expands assets from which a 401(k) plan hardship distribution may be taken to include: 1) employer contributions in the form of qualified non-elective contributions or qualified matching contributions, and 2) earnings on contributions. Currently, hardships are only allowed from an employee’s own contributions. The act also eliminates the requirement that a participant take all available plan loans before receiving a hardship distribution. These changes are effective for plan years beginning in 2019 and later. ■

State and Local Government Workforces: 2018 Data and 10 Year Trends

by Gerald Young, Senior Research Associate, SLGE



A Since 2009, the Center for State and Local Government Excellence (SLGE) – in coordination with the International Public Manage-

ment Association for Human Resources (IPMA-HR) and the National Association of State Personnel Executives (NASPE) – has been conducting surveys on workforce issues facing state and local employers. [This report](#), which can be found at <https://slge.org>, presents both the data from the 2018 survey and comparisons to historical data.

Overall, state and local governments report low incidence of negative employment actions, down significantly from the recessionary levels seen in 2009. For instance, hiring freezes and layoffs, reported in 2009 by 68 percent

and 42 percent, respectively, were both reported by 8 percent in 2018. Pay cuts were reported by 9 percent in 2009 and by 1 percent in 2018.

While fewer cutbacks might mean a more stable workforce, with current low unemployment rates, there are a wide array of positions reported as being hard to fill. Over 15 percent cite policing, engineering, network administration, emergency dispatch, accounting, skilled trades, and other information technology positions as being a challenge.

Looking at voluntary separations, 44 percent report that retirements in the most recently completed year were higher than the year before, and the share of retirement eligible employees postponing their retirement date has fallen by more than half since 2009 (from 44 to 21 percent).

To recruit and retain a skilled workforce, more than 45 percent report offering flexible scheduling or flexible work

hours, 65 percent support employee development and training reimbursement, 37 percent are hosting wellness programs or on-site fitness facilities, and 34 percent provide some form of paid family leave.

Benefit changes continue to be pursued, although the share of governments making retirement plan changes has decreased from 41 to 16 percent. Looking at individual types of benefit changes, increases in employee contributions for health (32 percent) or retirement (4 percent) are the most common. While the share increasing employee retirement contributions in 2018 may appear small, the percentages increasing those cost-shares in 2012 (19 percent among new employees; 17 percent among current employees) and 2015 (16 percent among new employees; 15 percent among current employees) may indicate that planned changes had already been completed. ■

Host a Local Government Management Fellow

The LGMF program is a highly competitive career-development opportunity designed to generate interest in local government careers among recent MPA/MPP graduates and career-changers. Finalists are screened by city and county managers, alumni Fellows, and academics before being sent directly to you for consideration and interview. NACA is a partner of this program, offered by ICMA. [Click here to learn more about hosting a Fellow.](#)

Why you should host an LGMF:

- Augment your search quickly. Quickly add 10, 20, or even 40 top-quality MPA/MPP graduates to your recruiting process. The LGMF program delivers as many finalist files as you would like to review from top graduate schools nationwide.
- Shorten your review time. LGMF applicants are screened by a panel of local government managers, alumni fellows, and academics, saving your staff time and money by eliminating the first screening process.
- Select from the best of the best. The rigorous application process attracts only the most committed students. Finalists are selected based on academic performance, demonstrated potential, and a commitment to public service. And don't forget communication skills, initiative, creativity, and positive attitude. With the knowledge that any of the finalists can do the work, and will love the work, make selecting a fellow as easy as finding the right fit for your team.
- Receive finalist files instantly. The online application and placement system is provided by ICMA strategic partner, NEOGOV. You can receive a pool of applicants electronically as soon as you're ready to dive in.
- Add high-quality talent to your organization. Finalists bring a fresh perspective, valuable skills and experience, and a willingness to take a chance. Below, explore the projects that past and current fellows have managed.
- Your chance to give back. The LGMF offers an opportunity for you to build the future of professional management; it offers the fellow the invaluable experience of "that first job" with access to coaching and mentoring from a manager. The first job is the most difficult to obtain without experience, and good early mentoring is the foundation for an entire career.

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Childhood Experiences and the impact of ACEs on youth and adults, and improving behavioral health support services. Specific examples of what some county administrators, in partnerships with others, are doing for prevention include:

- Setting up medication take back events and/or drop boxes and promoting safe storage of medications.
- Connecting with local substance use prevention providers to set up trainings on brain development and substance use prevention for staff of schools, recreation departments, law enforcement officers, and others who interact directly with youth.
- Reducing the density of alcohol and marijuana retailers and ensuring compliance with laws regarding minimum legal age of purchase of nicotine, alcohol, and marijuana (if applicable) through law enforcement compliance checks.
- Using Community Development Block Grant (CBDG) funds to create more economic opportunity and equitable community development in neighborhoods experiencing high levels of trauma.
- Connecting with local community organizations working to create trauma-informed schools, organizations, and communities and becoming involved in collaborative efforts to build resilience in people and communities that have been especially impacted by trauma.
- Improving community mental health systems and providing support services to children and families.

Prevention isn't just teaching people about the harms of drug use. Prevention is a lot of activities across sectors of a community. As you do prevention work you can magnify it by informing other people that what you are doing is prevention. Addressing abuse and neglect, keeping kids from vaping or using marijuana until they

are older, creating policies and practices that promote wellness overall, are all important parts of prevention.

In the Rapids (Harm Reduction, Enforcement, and Treatment)

When people are in the rapids of a substance use disorder, throwing them lifesavers is part of keeping them afloat; keeping them alive so they have a chance to recover. Believe it or not, while there has been a huge uptick in the amount of people dying, there hasn't been a huge uptick in the amount of people with a substance use disorder. As you can see in the graph, substance use disorder rates have remained relatively stable over the years.⁸ This is partly because people who have a substance use disorder may use multiple drugs or move to different drugs depending on what's available. The most commonly used class of drug right now, opioids, can cause nervous system failure and the opioids on the street at this moment contain highly potent synthetic versions that increase overdoses. What people are using right now, may or may not be what people are using in 5 or 10 years. Whatever substance, when people are in the rapids of addiction, communities have to be prepared to act quickly to meet the changing needs.

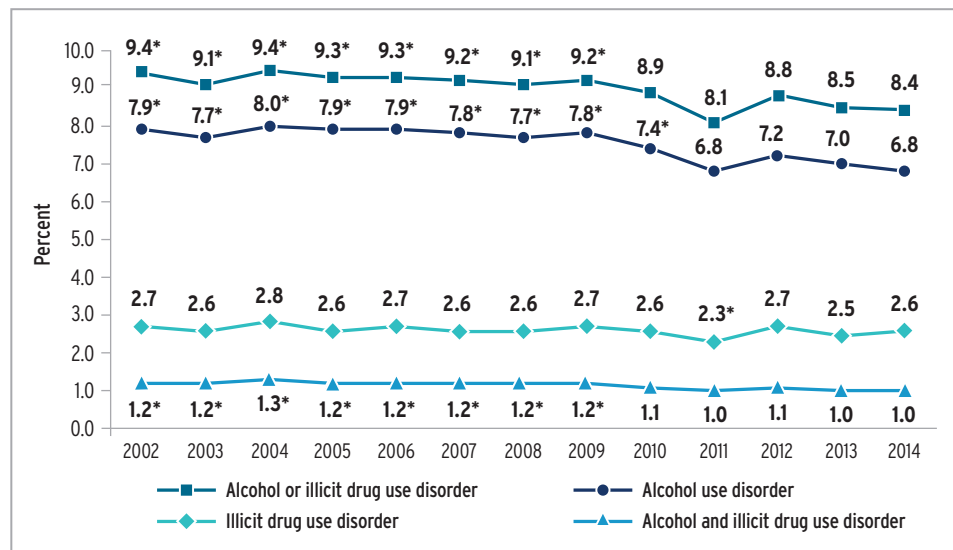
Harm Reduction: Right now, a large portion of overdose deaths result from the use of some form of opioid such as oxycontin, heroin, and fentanyl which are often injected with needles.⁹ As you know, harm reduction strategies seek to keep people alive and reduce infectious disease but are also important opportunities for health professionals to connect people to treatment services. Specific examples of what some county administrators and others are doing to reduce the harm of the opioid misuse problem include:

- Ensuring Naloxone, also known as Narcan, is widely available to first responders, public health nurses, as well as family and friends of people with an opioid use disorder. Naloxone is a medication used to reverse an overdose.
- Supporting and expanding needle exchanges to keep people from getting infectious diseases.
- Exploring safe-injection sites.

Law Enforcement: Law enforcement personnel have been on the frontlines of the opioid misuse problem and are often interacting with people who are in the throes of the rapids of addiction. Many officers and departments have sought new tools beyond arrest and jail time for dealing with problems

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FIGURE: Trends in substance use disorder in the past year among adults aged 18 or older, 2002 to 2014.



(“Opioid Misuse” from page 9)

related to addiction. Some examples of strategies law enforcement have been adopting include:

- Inviting public health educators to offer overdose prevention trainings to prisoners set to be released. People with an opioid use disorder are at high risk for overdose when they come out of jail since their tolerance has been lowered. In a study of one state, recently released prisoners made up 8% of all the overdose deaths among people age 15 to 84.¹⁰
- Creating a substance use and mental health disorder liaison within the department to work with people struggling with addiction or who recently overdosed to access treatment and health services.
- Working with District Attorneys to divert low level drug offenses to treatment.
- Partnering with local agencies to create supported prison release programs to assist people in applying for healthcare benefits, finding treatment, housing, and jobs.

Treatment: While some people can get out of the rapids on their own, for many, it takes a team of folks to redirect the river and several attempts. When it comes to Opioid Use Disorder, the research is clear that Medication-Assisted Treatment (MAT) with counseling has the best outcomes.¹¹ There are a few different kinds of MAT, with Methadone and Suboxone being the most common and having the best outcomes. The deeper the river bed that’s been created by addiction, the more time, effort, and support may be needed for a person to find recovery. There are many kinds of addiction services including MAT–in-patient, out-patient, peer support groups–because there are many paths to recovery. But people need access to them. Access obviously includes the need for insurance, but it also includes transportation to the methadone clinic or the counseling office. It includes safe places to

exercise and community spaces to find social connection without substances. Examples of actions county administrators can consider include:

- Advocating for more Medication Assisted Treatment options. To see if your area is considered “underserved by existing treatment facilities” please see: <https://www.samhsa.gov/data/report/medication-assisted-treatment-facility-maps-mat>.
- Ensure mental health and substance use disorder facilities are included in public transportation planning.

Down River (Recovery)

People in recovery may need continued support to keep the river running smoothly and not find their way back to the rapids. Creating health communities, having recovery organizations partnering with law enforcement as recovery coaches, creating job opportunities for people who may have a criminal record or have dropped out of school, and having safe sober housing are important ways we can support people in recovery. We can also help change the stigma associated with addiction. Stigma muddies the waters up and down the river. It makes people afraid to peek their head out of the water for fear of what reaction they might get. Brene Brown, a leading researcher on shame says, “Shame corrodes the very part of us that believes we are capable of change”. A small step we can all take to reduce the stigma is to use language that doesn’t make people feel like they ARE their behavior. So instead of “drug abuser” or “drug addict”, we can say “person with a substance use disorder” or “person in recovery”. This language change not only impacts people suffering from substance use disorder or in recovery, but it can impact people becoming a part of the solutions as well. When all people are seen as worthy of our support and attention, they have more opportunities to heal and become contributing members of our communities.

As you know, opioid use disorder is

a complex community problem requiring a whole community response. It isn’t just one thing that will get us out of this problem but a multifaceted set of solutions that everyone can play a role in. For more information and other ideas please check out these websites:

- **Metaphors created by FrameWorks Institute:** [Redirecting the River](#)
- **7 Strategies for Prevention:** preventdrugabuse.org
- **Adverse Childhood Experiences and Health:** [CDC](#)
- **Trauma-informed Communities:** [SAMHSA](#)
- **Trauma-informed Community Development:** [Prevention Institute](#)
- **Brain Development and Resilience:** [Center on the Developing Child at Harvard University](#)
- **National Association of County and City Health Departments (NACCHO):** [Opioid Epidemic](#)
- **Opioid Misuse Information:**
 - [NIDA \(National Institute of Drug Abuse\)](#)
 - [SAMHSA \(Substance Abuse and Mental Health Services Administration\)](#)
- **Recovery:**
 - [National Alliance for Recovery Residences](#)
- **Stigma and Language:**
 - [2016 Surgeon General’s Report](#)
 - [2017 ONDCP Memo on language](#) ■

1 National Institute on Drug Abuse: <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>

2 Substance Abuse and Mental Health Services Administration <https://www.samhsa.gov/capt/sites/default/files/resources/heroin-brief.pdf>

3 Centers for Disease Control and Prevention <https://www.cdc.gov/violenceprevention/aces-study/index.html>

4 Prevention Institute: <https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf>

5 NIDA Research Report, February, 2014

(continued on page 11)

("Opioid Misuse" from page 10)

6 Huffman KL et al. *Journal of Pain*, 2015
7 Fishbain et al, *Pain Medicine*, 2008;
Edlund et al, *Journal of Drug and Alcohol Dependence*, 2010

8 SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2002-2014.
9 National Institute of Drug Abuse: <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

10 Binswanger, Ingrid, *Annals of Internal Medicine*, 2013.
11 Peddicord, Bush, Cruze, *Journal of Addiction Research and Therapy*, 201

2017 NACo Achievement Awards Announced

18 counties won 2018 NACo Best in Category Achievement Awards. 11 of these Best in Category Awards went to counties with NACA members! Congratulations to the following counties and NACA members for their organizations' achievements:

Harford County, Maryland

Best in Category: Arts, Culture, and Historic Preservation - Harford County Office of Drug Control Policy uses the Arts to Raise Awareness About Addiction, County Manager

- Billy Boniface, Director of Administration

Alameda County, California

Best in Category: Civic Education and Public Information - Community Immunity Honor Society-Improving Immunization Rates in Schools

- Susan Muranishi, County Administrator

Oakland County, Michigan

Best in Category: Community and Economic Development - Growing Pontiac

- Robert Daddow, Deputy County Executive

Summit County, Utah

Best in Category: County Resiliency: Infrastructure, Energy and Sustainability - Environmental Stewardship Collaborative

- Tom Fisher, County Manager

Dakota County, Minnesota

Best in Category: Criminal Justice and Public Safety - Dakota County Community Corrections Whole Family Approach at the New Chance Day Treatment Program

- Matt Smith, County Manager

Ventura County, California

Best in Category: Health - Brenda's Casamia Restaurant and Catering

- Mike Powers, County Executive Officer

Wilson County, North Carolina

Best in Category: Human Services - Baby Steps

- Denise Stinagle, County Manager

Mecklenburg County, North Carolina

Best in Category: Parks and Recreation - Adaptive Crossfit and Yoga

- Dena Diorio, County Manager

San Diego County, California

Best in Category: Personnel Management, Employment and Training - Person Centered Service Coaching

- Helen Robbins-Meyer, Chief Administrative Officer

Charlotte County, Florida

Best in Category: Transportation - Edgewater Drive Phase II

- Raymond Sandrock, County Administrator
- Kelly Shoemaker, Deputy County Administrator
- Hector Flores, Assistant County Administrator

Mercer County, West Virginia

Best in Category: Volunteers - Love Where You Live: Keep Mercer Clean

- Vicky Reed, County Administrator

Congratulations to the all the award-winning counties and NACA members for your achievements! Your leadership contributes to the quality of life in the communities you manage.

See all the 2018 NACo Achievement Awards recipients at www.naco.org/featured-resources/2018-naco-achievement-awards

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