

**SUMMARY OF COMMITTEE MEETINGS AND WORKSHOPS  
2009 NACO ANNUAL CONFERENCE  
NASHVILLE, TENNESSEE**

**Saturday, July 25, 2009**

Health Steering Committee: Behavioral Health Subcommittee Meeting

Speaker: Dr. Eric Broderick, SAMHSA

- \$15-\$20 billion per year is spent in support of behavioral health services.
- There are no ARRA funds specifically pinpointed for substance abuse or mental health but the Secretary has the discretion to change that.
- There are several principal bills to watch. One is the expansion of Medicaid to 150% of the FPL and adds single males. A second one is the health bill that includes a list of 9 essential services which includes substance abuse and mental health. It does not include a schedule of services. Very broad. Secretary has the responsibility to develop group of advisors to determine what the benefit package will look like. They need to ensure experts in the substance abuse and mental health field are included in the group of advisors.
- 20 to 30% increase in the demand for services and decrease in budgets nationwide (\$1.5 billion less) due to the economy. Anticipate that in 2010 there will be an additional \$5 to \$6 billion loss of capacity.

Joint Meeting of the Health Steering Committee: Medicaid and Indigent Care Subcommittee and the Human Services and Education Steering Committee: Welfare, Social Services and Immigration Subcommittee

Speaker: Mary Kay Justice

- In 2009, through ARRA funding, an additional \$15 million in health care was provided; \$17.2 billion was provided to fund electronic health records; \$185 million for information technology; and \$50 million for VA services.
- Health IT leadership is in place and uses 3 criteria: use cutting edge technology in a meaningful manner; exchange of information to improve quality of care and service; and, submission of information on clinical qualitative measures.
- There are financial incentives built in to encourage physicians to adopt integrated health technology.
- CHIPRA (Children's Health Insurance Program Reauthorization Act) is not a national program but gives states authorization with parameters. CHIPRA is not an entitlement program. Eligibility up to 200% of FPL. Working families may be eligible for CHIPRA. States have options to cover legal immigrants. Can now include a dental program. CMS' main role is to work with state agencies and in the day to day operations.

- Increased FMAT cannot go into state's rainy day funds but can be used for non-medical services.
- There is concern about what will happen once ARRA funds are gone.

#### Human Services and Education Steering Committee: Education, Children and Families Subcommittee Meeting

- 78% of TANF recipients are women.
- A 4 year degree increases a person's chances of earning more.
- The more education and medical care a person receives the less likely they are to abuse substances.
- Reauthorization of TANF—less restrictions on education (, i.e. education can be seen as a work activity) and more flexibility given to counties.
- There are more restrictions on new TANF dollars. Needs to have the same flexibility as the original TANF funding.
- Child Support Enforcement—Use of performance incentives gone until at least 2010. Urge permanent restoration of federal match dollars. \$10 billion reduction in federal funding resulted in \$24 billion in loss recovery.
- NACPRO (National Association of County Parks and Recreation Officials) is supporting the “No Child Left Inside” initiative which promotes environmental educations and works with schools to develop environmental education programs that use match dollars. This is a pass through matching grant program.
- Youth Promise Act—Create Youth Promise Boards and grant opportunities to local government for youth at risk of becoming involved in the juvenile justice system or gang activities.

#### Human Services and Education Steering Committee Meeting

- Two initiatives NACO is following closely: comprehensive immigration reform supported by the Obama Administration; and, TANF reauthorization in 2010.
- The Obama Administration is treating addiction as a disease and will put more attention on prevention and treatment.
- Currently developing national drug control strategy that will include as many voices as possible and will be viewed as a public health and social issue.
- They are seeing an increasing addiction rate all over the world. Want to focus on treating criminal justice and public safety problems. Only 10% of those who need help get it due to denial and lack of resources. Twenty-four million adults or 7.5% of the population is affected. Treatment is half the cost of incarceration. Most start their substance abuse between the age of 14 and 21. The longer you can prolong someone's use of drugs or alcohol, the better chance of recovery.

- In 2006, drug-related deaths were second only to automobile accidents. Substance abuse and addiction are the roots of several social negative consequences.
- The USDA serves 1 in 5 families through its 15 domestic programs. Since 1969 over \$554 billion in food stamp benefits have been distributed. The National School Lunch program has served 169 billion meals.
- There are \$27.4 billion ARRA dollars available through USDA. A total of \$4.1 billion has already been appropriated. \$20 billion to enhance the food stamp program (now called SNAP).
- NACCHSA plans to pursue and develop initiatives to address poverty through TANF reauthorization. Education is seen as the path to change.
- Twenty two years ago, it was estimated that there were 250,000 homeless veterans. Five years ago the estimate was 195,000. Today the number is estimated at 131,000. There are an increasing number of women veterans and their families who are homeless. It takes 7 to 10 years for the average veteran to become homeless.
- The Obama Administration is committed to help homeless veterans through grants to non-profits and faith-based organizations and providing access not just to housing but to other services in which they are eligible.
- The administration has placed 330 outreach VA staff at VA facilities across the country to provide case management services.
- \$400 million in special programs to serve homeless. President Obama has asked for an additional \$500 million. There is a \$3 billion cost to the VA for healthcare alone.
- Hope to have at least 200 “stand downs” across the country this year with 30 to 40 agencies participating. An estimated 29,000 veterans and their families went to stand downs this year. Administration is also promoting homeless courts.
- 65 to 75% of homeless veterans have substance abuse and mental health issues.
- Through transitional housing and supportive services, \$25 million was allocated this year. There are currently 11,000 open beds and 4,000 in development in the US. Sixteen thousand veterans were served last year. They can stay in the housing up to 2 years but the average length of stay is 6 months. Approximately 50 to 60% become employed and no longer need the service.
- Two years ago, approximately 40,000 veterans came out of the state and federal prison system. Many had a difficult time connecting with VA services. Twenty percent were homeless or at risk of being homeless when they entered prison. This year the VA is working with court systems and providing funding to the next 3 years to low income veterans to provide housing. Services will include financial planning, temporary subsidies for rentals and utility deposits.
- “The Obama Administration has zero tolerance for veterans falling into homelessness.”

**Sunday, July 26, 2009**

Update: Neighborhood Stabilization Implementation

Speakers: Nick Autorina, CDBG Program Office, Cobb County, GA

Tim Bolding, United Housing, Inc., Memphis TN

Steve Jonson, US Department of HUD

John Baldwin, US Department of HUD

- The Obama Administration has renewed the emphasis on technical assistance.
- The NSP1 program began 7/31/08 with \$3.92 billion in 309 states, counties, towns, etc. All of the money has been obligated. Out of \$3.92 billion, \$250 million obligated by grantees.
- Most of the NSP1 dollars has been used for planning, administering, purchasing houses and relocation expenses. Not a lot on demolition or new construction. Recipients have 18 months to contract out and 4 years to spend all of the funds.
- In February 2009, NSPTA was implemented which provides \$50 million for technical assistance. Applications were due June 8.
- By Labor Day, HUD plans to have technical assistance trainings available via their website.
- NSP2 applications were due June 17 and all contracts will be executed by February 16. Up to \$1.93 billion available through the HUD Recovery Act.
- Both NSP programs aimed at purchase and redevelop foreclosed properties. The second round is competitive and included non-profits and for-profit groups.
- Tenant rights protected in recent changes to legislation by Rep. Barry Frank. Lender has to give a 90 day notice if there is a lease. Section 8 voucher tenants stay for duration of lease.
- Some changes in ARRA retroactive to NSP1: revenue and income requirements changed; tenant protection agreement; land banking eligible' change to purchase discount. Will request at least 5%. Congress changed to a minimum of 1%; and properties worth less than \$25,000 will not need an appraisal completed.
- FHA has a 90 day anti-flipping rule. Cannot buy a house and sell it in less than 90 days using FHA loan.
- Cobb County found the bank negotiation dealings slowed the process considerably. At one time it took 4 to 5 weeks to close on a house.
- Competition from the private sector can drive the price of the house up.
- There is a need to educate realtors about NSP. Their participation is critical.
- Cobb County target law enforcement personnel, school personnel, health care staff and faith-based organizations when looking for buyers.

- Staff of 30 dedicated to NSP and to walk people through the process.
- Memphis focused on non-profits through United Housing, Inc. In the past 15 years they have helped 1700 families find housing. United Housing received \$27 million in NSP dollars by working with the city, state and county and to ensure no overlap. The network is still in place and has developed a common process, negotiated first payment schedule and developed fees, negotiated the target areas, and shared property research.
- National Community Stabilization Trust ([www.stabilizationtrust.com](http://www.stabilizationtrust.com)) provides the following benefits: much needed resource in a different housing market; long term capital pool, and increase CDC's capacity.

### **Monday, July 27, 2009**

#### The Economy's Effect on Counties, Their Non-Profit Partners and the Community

Speakers: Manus O'Donnell, Hillsborough County, Florida

Eric Dewey, United Way of Nashville

- The Nashville United Way used an email approach to market their "Tools for Tough Times" initiative. Their main messages and resources included: connect to 2-1-1, the Financial Stability Resource Guide, free tax preparation, pre-screening for food stamp; a free one-on-one one hour session with a trained financial advisor, how to cope with stress and steps to weather the financial storm.
- The Nashville United Way provides a consistent message to non-profits to collaborate. They are working with local government and the health department to provide on-site health services in the schools. Working with Vanderbilt which is the largest provider of unimbursed care to provide primary care in family resource centers.
- Hillsborough County is looking at a 25% reduction to their FY 2009-2010 budget and an additional 15% reduction the following year. Non-profits provide 45% of the human services in the county. Government provides 25% and for-profits provide 30%. The non-profits are made up of 75% paid staff and 25% volunteers.
- The County will need to reduce the non-profit's budgets in line with the county reductions although the demand for service is increasing. Since 1995, Hillsborough County has tripled the amount of their elder care services (over age 65).
- Hillsborough County uses a scoring sheet with 3 levels of priorities for each non-profit's request for funding. *Level one* programs directly provide basic human needs. *Level two* programs enable a person to be self-sufficient. *Level three* programs enhance the quality of life for people who do not have the resources to access these services thereby maximizing a person's potential as a member of our community. Staff have to balance quantity and quality of services, set expectations and forecast the need. It

is anticipated that in FY 2010-11 Hillsborough County will only fund level 1 programs.

- Important to include all funders in decision making. Higher rating of non-profits if they are collaborating with others.
- Important to keep elected officials informed. Committees that review applications and make funding recommendations provide some cover for elected officials.
- Partnering together at the county level sets the example to the non-profit community. Partnerships impress funders.

### Saving County Dollars Through Justice System Reform

Speakers: Cherise Burdeen, Pretrial Justice Institute, Washington, D.C.  
Bart Lubow, Juvenile Detention Alternatives Initiative, Annie E. Casey Foundation, Baltimore MD.

- Nationwide the pretrial population has increased while the sentenced population has decreased.
- The core elements of effective pretrial justice are:
  - Impartial universal screening;
  - Objective risk assessments and bail recommendations;
  - Second jail review for those who are unable to post bond;
  - Accountable and appropriate supervision; and,
  - Shared governance and collaboration.
- Detention should be used sparingly. The decision regarding who to release and how has an effect on the community's safety.
- High risk defendants released with inadequate conditions are more likely to fail –to miss court or be rearrested.
- Lower risk defendants released with unnecessary conditions consume caseloads, reduce time available for supervision of medium/high risk.
- Serving time in any facility increases recidivism.
- The longer a person spends in pretrial detention, the more likely he will be convicted and the more likely the sentence will be severe –no matter the charge, criminal history.
- Those who could be released on their own recognizance are often detained and those whose cases are ultimately dismissed have used jail beds—a valuable resource.
- 2008 Jail Data from Bureau of Justice”
  - Two thirds of jail populations are pretrial = 500,000
  - 85% of them have bail set they don't meet = 425,000
  - \$60 per jail bed day x 425,000 people = \$25.5m day
  - 365 days a year? \$9.3 billion a year
  - Pretrial Services? \$8 per day x 425,000 = \$3.4m a day; \$1.2 b a year
- The Pretrial Justice Institute currently has a grant (for 6 more months) to provide technical assistance to counties and municipalities at no cost.

- The Juvenile Detention Alternatives Initiative (JDAI) is funded through the Annie E. Casey Foundation and has focused on detention as the entry point for system reform.
- Juvenile crime has decreased over the last decade but detention has not.
- Youth of color are detained more frequently.
- Detention leads to worse outcomes for youth.
- Youth who are detained are more than three times as likely to be found guilty and incarcerated than similarly situated peers.
- JDAI uses 8 basic strategies to demonstrate that jurisdictions can establish more effective and efficient juvenile detention systems:
  - Collaborations;
  - Reliance on data;
  - Objective admissions screening;
  - Alternatives to secure detention;
  - Expedited case processing;
  - Strategies for “special” detention cases;
  - Strategies to reduce racial disparities; and,
  - Rigorous facility inspections.

### Counties Partnering with the Federal Government for Veterans’ Services

Speakers: Bruce Bronzan, Trilogy Integrated Resources, San Rafael, CA  
 Sean Clark, US Department of Veterans’ Affairs, Washington, D.C.

- 20% of the men and women returning from Iraq and Afghanistan have PTSD—that’s 350,000 with families. Majority are guardsmen and reservists who do not have an active military base to return to.
- Strong emphasis by the VA on peer mentoring. Most effective counseling is veteran to veteran.
- DVA is becoming more involved with veterans who are at risk of becoming involved with the criminal justice system. Case managers are now in place at some major VA medical facilities to help these veterans with housing, medical needs, etc.
- A 2002 Bureau of Justice study showed that 93% of those in jail are veterans and 82% of those released from jail are likely eligible for VA services.
- Counties should look at establishing Veterans Courts.
- During booking, need to ask if they have ever served in the U.S. military.....not are you a veteran. There are different interpretations of “veteran”.
- 60% of all inmates have mental health issues and only 1/6 receive treatment. 65% abuse alcohol or drugs.
- DVA has a mandate from the Obama Administration to end homelessness for all veterans within 5 years. 18% of jail inmates have been homeless within the last year.

- Each VA has a VJO Specialist who will accompany veterans to court and to provide whatever service is needed. If the VA does not have the resources in house, they are authorized to provide that need regardless of price.
- The Network of Care ([naco.networkofcare.org](http://naco.networkofcare.org)) is a universal local health and human services portal and is up and running in 30 states and 500 counties. Once the County and State acquire the system, access by others is at no charge. Translation of the information is available on the site (including sign language).
- Resources in the Network of Care include:
  - a service directory;
  - a health library;
  - a secure personal health record for storing important health and resource information that can be shared if desired;
  - political advocacy tools;
  - assistive devices information
  - insurance information
  - links to relevant sites