Medicare: Cost Effective Capitalism

Editorial by Bob McEvoy, Managing Editor

My cardiologist gladly accepts Medicare. He is an entrepreneur, a capitalist, and you the patient, select him. Medicare, a very low cost single payer system for those 65 and older, does not tell him that he can only see you for seven minutes, like high cost for-profit HMO’s and insurance companies have done. The results of their actions are best described by the shocking statement of the 14,000 members of the Physicians for a National Health Program. The doctors said:

“For physicians, the gratification of healing gave way to anger and alienation in a system which treats sick people as commodities and doctors as investors’ tools. In private practice we waste countless hours on billing and bureaucracy. For the uninsured, we avoid procedures, consultations, and costly medications. In HMO’s, we walk a tightrope between thrift and penuriousness, under the surveillance of bureaucrats who prod us to abdicate allegiance to patients, and to avoid the sickest, who may be unprofitable.”

Our doctors and nurses are heroes and we have not heard them. I listened more closely when I was invited to join a scholarly group at the Albany Medical Center and met a Gandhi-like physician. This humble practicing physician and Professor of Medicine and Pediatrics is a well researched spokesman for providing Medicare for all, similar to what the other major industrialized nations have done. I learned that the only thing exceeding his knowledge—he holds Ph.D. and M.D. degrees—is his devotion to the sick and their healing. I am particularly honored that he is sharing his wisdom with us as you will experience.

Why a Single-payer Health Care System Would Be Good for Counties—Part One

by Paul Clay Sorum, MD; Professor of Medicine and Pediatrics, Albany Medical College, Albany, New York; and Chair, New York Capital District Chapter of Physicians for a National Health Program

What can save counties from impending health insurance-driven financial disaster? A single-payer health care system!

“The problem for counties is the soaring health care responsibilities and costs that already consume much of their budgets. County governments have a responsibility for the health of all their residents, especially for those at the margins. Many expend substantial taxpayer dollars on Medicaid, county hospitals, nursing homes, health departments, and other health costs. They provide health insurance for their

(continued on page 3)
The President’s Corner

by Kathleen A. Kelley, Chief Administrative Officer, County of Douglas, Nebraska

Every year I sponsor a retreat for the twenty plus department directors that I oversee as Chief Administrative Officer of Douglas County, Omaha, Nebraska. It is always a challenge for me to plan a day that is meaningful for every director due to the fact that there are is such variety of disciplines in county government.

The question for me is always what can be presented that will add value for everyone participating? What do the directors of Emergency Management, Emergency Communications, Corrections, Juvenile Detention and Juvenile Assessment Center, Environmental Services, Veterans Affairs, Public Health, County Welfare, Long-Term Care, Community Mental Health Center, Information Technology, Extension, Human Resources, Risk Management, Labor Negotiator, county administration, and all of the support services, such as Public Properties and Purchasing, have in common? The question is always, how can I make this day meaningful to everyone?

Well, unwittingly, I hit the jackpot today, October 3rd, the day of the retreat. Through a variety of sources, I learned that the University of Nebraska at Omaha had established an Institute for Collaboration Science in the last year. The director, Dr. Robert O. Briggs, was recruited from the University of Arizona to provide the student community, the business community, the public sector, and the military a resource for collaborative technology, collaborative spaces, and collaborative processes. He accepted the invitation to present and the response to his presentation was more than I had ever anticipated. The directors have asked for a follow-up meeting.

Dr. Briggs presented examples of how technology can produce a resolution to problems quickly and effectively through its use in the classroom, military delivery systems, the business community, labor management disputes, and plain and simple, develop a course of action for any group working together to solve a problem.

The tools that he presented provided a more and better opportunity to generate ideas, evaluate alternatives, and organize those ideas in order to make immediate decisions. The process also allows for individuals to more readily accept change through the determination of the frequency and value of the decision making. Through the use of the technology presented, there was a higher degree of consensus and likelihood of implementation success.

Examples of how this technology can assist us in the administration of county business will be explored in future meetings, possibly at the NACO Legislative meeting in 2008.

Join the Dialogue: Help Drive ICMA Policy Direction on Sustainability

How can local governments best carry out their role as stewards of local and global sustainability? Are local government managers playing enough of a role in addressing the issues of sustainability? How can we get citizens to actively engage in sustainability issues?

Michael Willis, past ICMA president and Jim Keene, Director of Strategic Issues & ICMA West are looking for your perspective on these and other thought-provoking questions in the new Sustainability Discussion Forum which launched on April 22—Earth Day.

By simply participating in the discussion and sharing your point of view, you will help guide ICMA in its approach to developing a position paper and forming policy decisions around this critical topic. It’s easy to sign up. All you have to do is go to http://forums.icma.org/ and follow the directions. Past ICMA President, (continued on page 12)
mandates, and/or expansions of public programs for the poor—or to set up a “single-payer” system. In this issue, I will explain why private insurance companies cannot provide the solution and a single-payer system can. In the next issue, I will explain how a single-payer system would work and how it can be instituted.

Private insurers add enormous costs to our already skyrocketing medical expenditures. These include both insurers’ administrative costs—the salaries of their highly-paid executives and armies of employees, their marketing expenses, and (in the case of for-profit insurers) their profits—and the billing-related costs imposed on providers. In California, billing and insurance-related functions for insurers and providers represent 20-22 percent of privately insured spending in California acute care settings. In the US, we spent in 2001 $351 per capita on administrative costs, while the Canadians spent only $54 and the French only $48.

The health premiums charged by private insurers are soaring, owing in part to their administrative waste and profits. Premiums have increased 78 percent since 2001, while wages increased 19 percent and inflation was 17 percent. For employment-based insurance, they averaged $12,106 for a family of four in 2007 and $4,479 for a single person. As a consequence, employers, especially small employers, are dropping health insurance benefits—60 percent of companies offered them in 2007 versus 69 percent in 2000, and only 45 percent of companies with 3-9 employees in 2007 versus 57 percent in 2000—and individuals have difficulty in paying on the open market for adequate insurance (especially since premiums are higher for non-employment-based insurance). Thus, in spite of the widespread conviction that people need health insurance, not only has the number of uninsured risen to nearly 47 million (15.8 percent of the population), but the number who are inadequately insured is rising even faster. So the counties’ health burdens are increasing. Even if counties self-insure for their own employees, they may buy health administrative services and pay for healthcare in markets inflated by the unneeded expenses of the private insurance companies that dominate these markets.

Private health insurers must, according to the logic of the free market, contribute to uninsurance and underinsurance. As long as health insurance is a market commodity, private insurers must promise prospective enrollees as much as possible, but also reduce costs as much as possible, i.e., must spend as little as possible of their premiums on actual health care. Even if individual medical directors and other employees are virtuous and well-meaning, they must avoid sick patients and deny care if their companies are to survive in the market.

Furthermore, private insurers cannot, unlike county governments, make the health of the population a top priority. They must, like other businesses, focus on short-term results, not on the long-term health of their enrollees (especially since these people are likely to change insurers and eventually switch to Medicare). In addition, in marketing their products to select groups, they fragment the population and undermine our already-fragile sense of social solidarity: they reinforce people’s short-sighted inclination to refuse to pay for those with more health needs, and fewer means, than themselves. They encourage healthy people to forget that they might one day suffer major illness and injury and that they, and the county as a whole, benefit if all county residents are as healthy as possible.

Private health insurers do not, therefore, provide the solution to the crisis in health expenses faced by county governments. But a public single-payer system, similar to but more inclusive than Medicare, is the solution with public financing but largely private delivery of health care. All legal residents would have an insurance card entitling them to basic but comprehensive care, i.e., access to the health services that would provide significant (continued on page 4)
benefit to them. The structure of the single-payer system will be discussed in the next issue. The counties would continue to play a role in delivering health care, through their clinics and hospitals, but would no longer be burdened with paying for this care.

Critics will argue, however, that a single-payer system, an expanded Medicare for All, would not be desirable. These criticisms are found not only in the distorted charges of political candidates, but also in the serious and reasoned arguments of single-payer opponents in scholarly articles and in public forums, such as in Albany, NY, the series of four forums on “The Pros and Cons of Medicare for All” sponsored by public radio WAMC in spring 2006. It is necessary to address the three major criticisms.

First, opponents of a single-payer system assert that it would amount to “socialized medicine,” to “government-run medicine,” with health care decisions made by government bureaucrats rather than by physicians. This set of charges distorts the reality of what is proposed.

- Medicare for All is not socialized medicine. In socialized systems, the physicians and other providers are government employees; in Medicare for All, they would remain as they are now, mostly private practitioners, paid not by salary but by fee for service.
- Physicians and patients in countries with national health insurance have greater freedom of decision making than do physicians in the U.S.; in Medicare for All, medicine would be macro-managed; in current managed care, medicine is increasingly micro-managed, as insurance companies strive to reduce their own costs (and thereby increase the psychological as well as financial costs to patients and providers).

Second, opponents of a single-payer system point to Canada and the United Kingdom and charge that it will result in underfunding and waiting lists.

- In fact, single-payer systems do not necessarily result in waiting lists; they are not a problem in, for example, France and Japan.
- Even if they are a problem in Canada and the United Kingdom, the extreme cases are not typical (just as the cases in the U.S. documented in, for example, Michael Moore’s movie, SiCKO, are atypical); the waiting lists involve non-critical care; and lists are being reduced through government efforts to increase capacity, even as the number of Americans without health insurance increases.
- Not only do those of us with health insurance often face delays to get certain services, but those without insurance or money face uncalculated waiting times.
- Even if our own capacity is strained as health coverage becomes universal, the American public, the American voters (most of whom currently have insurance) will not put up with longer waiting lists and will insist on increasing our capacity.
- Third, opponents charge that national health insurance will cause taxes to rise and will bankrupt the country by increasing health care expenses.

- What should interest individuals is not how much they pay for health care in income taxes, but how much they pay in all taxes—sales, property, payroll, and income—plus over-the-counter health expenses. The question is, therefore, what happens to overall costs.
- The only way to achieve universal access to comprehensive health care without increasing costs is to adopt a single-payer system. The reduction in administrative costs of insurers and providers and the elimination of marketing costs and insurance company profits would save far more money than would be spent on providing health coverage for the currently uninsured.

On the national level, Hadley and Holahan estimated in 2001 that the cost of the additional health services that would be used if the uninsured were provided insurance would be $33.9 to $68.7 billion. Woolhandler, Campbell, and Himmelstein calculated in 1999 that reducing our administrative costs to those of Canada would have saved $209 billion. In his critique, Henry Aaron argued for a lower figure, $159 billion, but still far more than the estimated additional costs. On a state level, the Lewin Group has made estimates of the cost of various plans for universal coverage in numerous states from California to Mississippi; consistently, the single-payer plans save money, the others cost money.

We must, however, be realistic. Even if having a single-payer health care system would seem beneficial to county governments and residents across America, what would it actually look like, and would it truly be possible to institute such a system? These are the questions to be addressed in the next issue.

Endnotes

Health Care: Leveling the Field with Technology

The health care field is exploding; the statistics are staggering, and the costs equally so... more than two trillion dollars and rising! Within this massive arena, the health of millions of Americans is being juggled in health plans, insurance deductibles and lack of medical support in many rural counties. And the question has to be asked- so is there a role for technology?

Apparently so, according to the giants of the IT industry. Both Google and Microsoft have announced major initiatives in making health records more useful and useable to the consumer, and using the power of IT to organize medical information in ways that can help resolve health problems and inform the right people at the right time, while providing privacy safeguards. And yet people are still grappling with the problems of health systems and County officials still look at the rising hospital budgets, declining state and federal payments and increasing number of health care recipients looking to them as a provider of last resort. How can this debate be enjoined effectively, and how can the potential of IT be unlocked and properly deployed?

In order to begin to construct an answer to this crucial question, we must look beyond the traditional questions of funding and the traditional response of crisis management, and rather look passionately at the problem from a new perspective: that of the individual county resident who needs health care. Today, most of our approaches are broken down by the multiple systems we have created to provide and manage health care: the doctors who treat us, the hospitals that provide the institutional framework of health care and the insurance companies who are playing a major role in the financing and billing of health care. Finally, on the revenue side of the equation we must put the state and federal agencies responsible for the licensing of the health care industry and the financial support of health care activities. Most of our activities and reform efforts are organized along these four lines of business: doctors, hospitals, insurers and government.

But supposing we used the best guidance from complex systems analysis and flipped this set of 4 actors on its side, and instead organized all our efforts around the one entity which the four are attempting to help: our county resident! What benefits we could gain! What information could be derived if we were able to optimize the costs of interventions and support around the individual rather than around a transaction organized by sector! Redundant and unnecessary consultations, incorrect medical prescriptions, inadequate interpretation of symptoms and inequitable treatment of individuals would be organized for all to see. Outcome or performance management, so much the rage in county budgeting and management, could have the easiest of parameters to define through answering a single question- is the patient healthy or not?

For those who saw Michael Moore’s film Sicko, the memory of alternate health systems in France and England, where the doctors are focused on this simple issue of making (and keeping) a person healthy rather than initiating or managing yet one more unconnected transaction in a long string of uncoordinated events is everlasting!

If we were able to reorganize information around the individual, we would observe two fundamental changes in the health care system. One would be the immediate improvement in the quality of health care, as the diverse resources of the system finally were forced to come together and deliver harmonized services around the same single person. And the second would be the incredible opportunity to reduce costs by forcing redundancies and errors out of the current multi-sectoral and overlapping system. In addition, the transaction payments by the insurance industry and the governmental programs would be made more accountable, more effective and also be dramatically reduced through optimized management across billing boundaries.

And technology (especially information technology) has a pivotal role. IT is the only way that we can take the multitude of databases which are currently organized by the four vertical sectors and re-organize them around the individual resident view. Much attention would have to be paid to privacy and security issues. But ultimately, I know of no one who would not want to have his or her medical records be available, in an accurate form, to a doctor who was trying to keep them healthy or alive. No one!

And in order for such an IT approach to work, we would need some Guiding Principles that would inspire and direct our county staff during the transition period. Here is a start:

- Focus on citizen-centric, rather than agency-centric strategies and procedures
- Redefine the Health Enterprise to incorporate entire Government spectrum of federal, state and local systems
- Support and contribute to investments which build on contributions of potential partners from other sectors
- Authorize and support work to be performed by that level of government which is best able to accomplish the task at hand

(continued on page 6)


9. See the references in notes 3 and 4 above.

10. The single-payer system most commonly proposed is described, with multiple links, on the website of the Physicians for a National Health Program: www.pnhp.org.


County Administrators Gather for Idea Exchange at ICMA’S 2007 Annual Conference in Pittsburgh/Allegheny County

Approximately 30 of your colleagues joined in the County Administrators Idea Exchange on Sunday, October 7 from 12:45-2:45 p.m. during ICMA’s Annual Conference in Pittsburgh/Allegheny County, Pennsylvania. Participants engaged in a lively dialogue on the following topics, facilitated by NACA president, Kathy Kelley:

- Emergency Operations Centers – their function?
- Implications of HR 980 as it relates to each County and State collective bargaining process for Law enforcement personnel
- Reducing the number of elected department heads
- Cell phone policies and IRS Rules
- Deferred Retirement Option Plans
- Temporary Notes / Bond Issuances
- Full Jails

For a summary of the discussion, visit the NACA Web site at http://www.countyadministrators.org, and click on Idea Exchange in the left menu listing. The next Idea Exchange will be held during the NACO Legislative Conference on March 3, 2008, in Washington, D.C. Please submit ideas for discussion to NACA staff at ICMA, Rita Ossolinski (rossolinski@icma.org). An agenda and reminder will go out to all NACA members in advance of the meeting.
ICMA-RC’s Capitol Review

Retirement Saving Week Tops Fall Agenda; New Bill on Roth 457 Plans Introduced

by Joan McCallen, President and CEO, ICMA-RC, and Milly Stanges, Vice President, Public Affairs ICMA-RC

October signals renewed Congressional activity after the long summer recess. This fall, individuals are the focus of National Save for Retirement Week, proposed Roth 457 legislation, and additional mutual fund fee disclosures.

National Save for Retirement Week Marks Second Year

The second annual National Save for Retirement Week (NSRW) kicks off Oct 21-27 following approval in both houses of the U.S. Congress. The week was created in 2006 after the U.S. Senate approved a resolution designating a time when workers are encouraged to focus on the importance of building retirement security.

As an early supporter of NSRW, ICMA-RC is working to gain House and Senate support for a resolution to make the celebration permanent. Last year’s festivities included retirement fairs, proclamations, and other activities aimed at generating interest in retirement planning.

The week is an opportunity for employers to send out a “call-to-action” to their employees. While traditional pension plans and Social Security benefits are the backbone of most workers’ income in retirement, financial experts agree that longer life spans and rising costs, especially for health care, have changed the retirement outlook.

Workers near retirement today may need 100 percent of their pre-retirement income to maintain their current standard of living. In the public sector, over 90 percent of employees have defined benefit plans. However, just 30-40 percent of employees invest in a defined contribution plan or other supplemental savings vehicle. The week will set aside a time for employees to focus on the need to start saving for their supplemental plan.

For more information on the week, and ways state and local governments can support it, go to www.retirementweek.org.

Roth 457 Plans Get Fresh Boost in Senate Finance Committee

The Senate Finance Committee has included a Roth 457 provision as a revenue-raiser in a transportation bill the committee approved September 21. Under the proposal, 457 plans could include qualified Roth contribution programs.

Finance Committee Chairman Max Baucus (D-MT) included the Roth 457 provision in his chairman’s modification to the “American Infrastructure Investment and Improvement Act.”

The Finance Committee version of the bill must now be reconciled with a different version from the Senate Commerce Committee before it can go to the Senate floor. We understand the bill is likely to pass the Senate and become law this year. The effective date of this provision could be as early as January 1, 2008.

Representative Neal (D-MA) Will Introduce Fee Disclosure Bill Soon

Representative Richard Neal, a senior Democrat on the House Ways & Means Committee, is expected to introduce a bill to require additional fee disclosures for retirement plan sponsors and providers in early October. This bill, unlike Chairman Miller’s 401(k) fee disclosure bill, would apply to governmental 457 plans and will require disclosure by plan providers to employers and by employers to participants. Instead of line item fee disclosures that are required by Miller, Neal is likely to require among other provisions: upfront information about fund expense ratios to employees before they enroll; annual statements to participants that list expense ratios; and on some transactions, such as plan loans fees disclosure expressed in dollar amounts on the statement.

County News

Appointments

David S. Boesch, Jr., city manager of Menlo Park, Calif., since 2000, has been appointed assistant county manager of San Mateo County, Calif.

Austin E. Edmondson, Jr., county administrator of Bureau County, Ill., since 2006, has been appointed village administrator of Forsyth, Ill.

Pavel E. Gubanikhin, management analyst in Gainesville, Fl., since 2004, has been appointed financial management analyst in Alachua County, Fl.

Thomas E. Harris, town manager of Clifton Forge, Va., since 2003, has been appointed county administrator of Amelia County, Va.

Lisa E. Henning has been appointed assistant to the county administrator of Dakota County, Minn.

Jay A. Henry, director of community development of Klamath County, Ore., since 2003, has been appointed city manager of Polson, Mont.

Michael A. McNees, city manager of Sarasota, Fl., since 2001, has been appointed county administrator of Blaine County, Idaho.

Randall H. Partington, city administrator of Fredonia, Kans., since 2003, has been appointed assistant county administrator of Finney County, Kans.

Edward D. Reiskin has been appointed director, 311 Customer Service Center of San Francisco City and County, Calif.
The Journal of County Administration, October 2007

Population Management: Dealing with Crowded Conditions in the Hillsborough County (Florida) Jail System
by Colonel David M. Parrish

According to the Bureau of Justice Statistics (BJS) Bulletin (Prison and Jail Inmates at Mid-Year 2006, published June 2007), there were 766,000 inmates held in local jails as of June 30, 2006. On average, those facilities operated at 94 percent of rated capacity, but many exceeded capacity by a significant percentage.

Between 2002 and 2005, the Hillsborough County (Florida) Jail System’s population grew by over 1,000 inmates. By 2005, the Orient Road Jail, Falkenburg Road Jail, and Work Release Center held an average of 4,637 inmates—447 over rated capacity. These facilities are modern, state-of-the-art, direct supervision jails that were opened between 1990 and 2003. By 2008, the Jail System’s capacity will increase to 4,957, plus four 50-bed infirmaries that cannot be included in the total. However, in spite of the county’s impressive construction program, the jails had been “overcrowded” for 19 of the past 20 years. A long-term building plan is essential in a growing jurisdiction, but construction alone cannot address the problem of crowding.

“You can’t build your way out of crowding in a year.” It takes five years from inception to completion to build a jail. Construction can never meet the quick-fix criteria that jail administrators and elected officials desire.

The only other controllable means to address jail crowding is to process inmates faster. If the average length of stay (LOS) can be reduced as the inmates are processed through the jail, the average daily population (ADP) will drop concurrently. Realistically, such change cannot be imposed on the criminal justice system by the jail. As a result, the job description of an enlightened jail administrator should be changed from “facility manager” to “criminal justice system coordinator.”

In Hillsborough County, the Department of Detention Services made a number of internal changes to address the explosive population growth, but it took cooperation from the Public Safety Coordinating Council and the Chief Judge in order to have a significant impact. Because of that collaboration, the Jail System ADP dropped by 572, to only 4,065 in 2006.

Twelve initiatives led to the reduction in the Average Daily Population (ADP):

1. On February 15, 2006, Hillsborough County’s Thirteenth Judicial Circuit began operating a violation of probation (VOP) court. Judge Daniel Perry was assigned to the division and heard approximately 6,500 cases during 2006. In 2005, a person charged with felony

(continued on page 9)
technical VOP remained in jail for an average of 39 days. In 2006, that number dropped to 25 days and during the first six months of 2007, the average length of stay was further reduced to 15 days.

2. The Thirteenth Judicial Circuit created another court to handle motions for post-conviction relief. Writs from state prison are being processed faster since they no longer have to wait to have their cases heard in the original sentencing division.

3. Jail personnel closely monitor the case progress of prison writs in custody and return them to their state institution when no court date is scheduled within the next thirty days. Through these efforts and the new post conviction court, the average daily writ population was reduced by nearly 80 inmates.

4. Hillsborough County had two separate contracts with the U.S. Marshal’s Service to hold federal inmates. When one of the contracts for 50 inmates expired, the county declined to renew it, thereby reducing the federal jail population from 200 to 150.

5. Inmates newly sentenced to prison waited an average of two weeks for transfer to a state facility due to paperwork delays. The Clerk of the Circuit Court and judges improved their commitment process and, as a result, inmates are typically transferred from jail to prison within seven days.

6. Law enforcement officers in Hillsborough County routinely arrest persons wanted by other counties in Florida. Jail staff immediately notify the other county and arrange for transfer with 72 hours. An administrative order gives the jail the authority to release these inmates on their own recognizance if the other jurisdiction does not arrange transfer within 72 hours.

(continued on page 10)
7. For years, counties would wait for a transport order when they picked up a person on a probable cause probation violation for another county. Jail administrators were informed through the Florida Jail Managers Listserv that waiting on a transport order was not necessary and the practice was halted.

8. Judges routinely sentenced defendants to serve their time on weekends. Staff spent an inordinate amount of time processing these inmates in and out of jail each weekend and they did not perform trusty work due to the short length of time spent in the facility. The Sheriff’s Office advised the courts about the problem and judges now typically sentence these defendants to the Sheriff’s Jail Work Crew picking up roadside trash.

9. The county jail sentenced population was skyrocketing and 75 percent of that population consisted of felons. The Department of Detention Services requested that judges sentence felons to a more appropriate punishment of probation or prison. The population of inmates sentenced to county time has been reduced by 363 inmates and now only 61 percent of that population is classified as a felon.

10. Law enforcement in Hillsborough County increased the issuance of notices to appear in lieu of booking a defendant to jail. Over 21,000 notices to appear were given out in 2006 on misdemeanor charges.

11. The Department of Detention Services operates a Self-Arrest Program whereby persons with bondable warrants are notified by mail to turn themselves into the jail for quick processing and release. The number of persons booked increased by 56 percent since the facility opened in 1990. In 2006, the Self-Arrest Program was relocated to the Criminal Registration Unit to ease some of the workload in Central Booking. Persons are processed much more quickly and are no longer held in a jail environment.

12. Data indicated that, in the jail system, there were approximately 1,000 inmates who had a bond available, but did not have the finances to pay it. An administrative order was developed allowing eligible inmates to be released and placed on Global Positioning System (GPS) monitoring. GPS was implemented as an alternative to bond for suitable inmates who would otherwise remain in jail. One hundred twenty-five (125) persons on average are currently monitored on the GPS Program.

The systematic approach to population management resulted in a decrease in the length of stay from 26 days to 23. Overtime was reduced as was the strain on staff. Another unforeseen consequence was a reduction in canteen sales and inmate telephone revenue.

In the final analysis, Hillsborough County has proven that a multi-faceted, systematic approach to population management can have positive results. Certainly adequate capacity is necessary, but that finite resource must be carefully husbanded. Improving efficiency in the processing of inmates through the criminal justice system helps insure that valuable jail space is available for those who must be detained.

Colonel David M. Parrish is the Commander of the Department of Detention Services. He has worked for the Hillsborough County Sheriff’s Office for 33 years and has held his current position since 1981. He is a Past President of the American Jail Association, Past Treasurer of the American Correctional Association, and currently sits on the National Institute of Corrections Advisory Board. He can be reached at (813) 247-8318 or dparrish@hcso.tampa.fl.us.

Wabasha County, MN
(Population 22,300)

County Administrator
Progressive, growing county along the Mississippi 80 miles SE of Twin Cities. Five member non-partisan board. $22M total budget; 150 FT employees. Salary $63,426 to $82,750 + benefits, DOQ.

Require bachelor’s degree in relevant field, with MPA preferred, and five years local or county government administrative experience. Desire comprehensive range & depth of knowledge regarding principles of public administration, government finance, personnel/labor relations, economic development, land use planning, laws and regulations underlying county government; strong interpersonal and consensus building skills and a commitment to citizen service. Visit county website at http://www.co.wabasha.mn.us for Position Profile.

Send resume, salary history and references to Public Administration Associates, LLC, P.O. Box 282, Oshkosh, WI 54903, e-mail paassoc@northnet.net; by November 16, 2007.
The year 2011 marks the first wave of retirement eligibility among the Baby Boom generation. This milestone signals an impending worker shortage that will create an environment of fierce competition for qualified and skilled employees across industries in the public and private sectors alike.

In the face of these challenges, what can local governments do to attract the best and brightest to become their next generation of leaders?

The answer is simple: Think about the things that those you hope to recruit care about, and emphasize those things about your own organization.

**Showcase the values dimension of local government work.**

Highlight the stories of how your organization drives positive change in your community. Emphasize the values of public service and democratic governance that your organization embodies. For the younger generations, the ability to make a difference in the community is a stronger and more lasting motivator than money.

**Offer job opportunities that buck the “silo mentality” in favor of a more holistic approach to accomplishing work.**

Be deliberate in crafting collaborative work assignments and cross-functional initiatives, and in soliciting the participation of your up-and-coming leaders in these teams. Encourage out-of-the-box thinking that challenges the status quo.

Incorporate flexibility and task variety into as many areas as possible, as the next generation of workers does not want to be put into a box.

**Create opportunities for employees to make horizontal career moves in addition to vertical moves.**

This increases the likelihood that individual growth opportunities will be embedded throughout your organization. The last step - the most critical – is encouraging those in whom you see promise to seize these opportunities for development.

**Break the Catch-22 dilemma of insufficient experience.**

It is extremely frustrating to members of the younger generation to be told repeatedly, “You lack the necessary experience to handle this task.” It makes it difficult for younger workers to gain experience when no one will take a chance on giving them responsibility. To use an analogy, how can we score a goal when we’re sitting on the sidelines?

This is where mentors and coaches come in. It’s understandable that organizations hesitate to assign responsibility to untested staff members. But why not give that inexperienced worker an assignment of moderate responsibility while at the same time designating a more experienced “buddy,” coach, or mentor to serve as a safety net for the project, should one be necessary?

**Draw younger employees into the decision-making process early and often.**

Not only will this facilitate skills development in an emerging leader, it will also help mitigate the risk of institutional knowledge loss that will accompany the Baby Boomers’ move into retirement. It creates opportunities for young staffers to test the sound of their own voices, allowing them ample time to grow comfortable with participating in making key decisions and sharing input with senior managers before the baton is passed.

Additionally, exposing young staff to these situations is likely to plant the seeds of loyalty in the employee who benefited from this growth experience, because it signifies an investment in the individual and a vote of confidence in his or her potential.

Again, some things are more valuable to a young worker than money, and being trusted to assume increasingly responsible work assignments is one of them.

Mary Sassi is executive director of strategic operations for Sarasota County, Florida, and a graduate of ICMA’s Local Government Management Fellowship program. Reprinted with permission from the Center for State and Local Government Excellence (http://www.slge.org)

The administrators who understand the primacy of the people issues and organize their staff and programs in ways that favor change are the ones who succeed. Will that also be you, dear reader? Let me know if I have hit a resonant chord inside your reality, and let me hear of strategies you have found successful in order to develop true “enterprise views” for your county resident services. I am listening at toregas1@gwu.edu!
(Sustainability, continued from page 2) Michael Willis and ICMA’s Director of Strategic Issues, Jim Keene, will get the discussion going with some thought-provoking questions.

The new discussion forum is one element in a larger ICMA initiative on defining the role of local governments in moving sustainability initiatives forward. The ICMA board identified sustainability as a key organization priority two years ago. As part of this initiative, ICMA formed an Advisory Council on Sustainability. The Advisory Council, together with the feedback you provide through the discussion forum, will help define ICMA’s leadership role in addressing sustainability from a holistic perspective, encompassing economic, environmental, social, and institutional/financial issues.

More than 30 ICMA members with a demonstrated commitment to sustainability issues in their home communities will be part of a leadership advisory committee that will provide direction and guidance to ICMA to develop education, knowledge resources, tools, and techniques that support local leaders. ICMA received support for establishing the committee from strategic partner CDM, a consulting, engineering, operations, and construction firm known for helping communities plan, design, and implement sustainable infrastructure and environmental improvements.

Sustainable Communities Leadership Initiative
Michael Willis, ICMA 2006 president and Bill Buchanan, ICMA’s 2007 president, have both made sustainability a top priority for the organization. Building on a solid history in sustainability work—such as serving as the institutional home of the Smart Growth Network, ICMA launched the Sustainability Forum for members on Earth Day. Dozens of members have joined hosts Michael Willis and Jim Keene, ICMA director of Strategic Initiatives with thought-provoking ideas, examples from their jurisdictions, and insights into the local government manager’s role in sustainability.

Examples of how this technology can assist us in the administration of county business will be explored in future meetings, possibly at the NACO Legislative meeting in 2008.