

## Appendix I

### County Specific Details

Eight Counties passed the sales tax prior to 2008 and five passed it in 2008. New Counties are noted with an asterisk in the tables below. Updates are included to last's year's table for the original eight counties.

	<b>Clallam County</b> <b>Effective 7/1/06</b>
Why Important	Expand co-occurring disorder (chemical dependency and mental health) services and create Family Therapeutic Court. Humanitarian and Fiscal responsibility
Strategies Used	<p>Formed an Advisory Board and a planning group to gather local data and outline the needs. The meetings were facilitated by a volunteer consultant from the Washington State Department of Health Rural and Community Health.</p> <p>A separate group worked on the therapeutic family court. It included the Juvenile Court Commissioner, representatives from the State Attorney's office, the public defenders' office, Court Appointed Special Advocates, Juvenile and Family Services, Drug Court, a Superior Court judge, Children and Family Services, and Health and Human Services. That group studied and visited similar courts in Washington State and the nation to find the model that would work locally.</p> <p>Developed Request for Proposals for 4 Therapeutic Court projects:</p> <ul style="list-style-type: none"> <li>• Support for Behavioral Health Team for Juveniles in the Court System;</li> <li>• Psychiatric Nurse Practitioners for Co-occurring Disordered (COD) and Mental Health Patients (Adults and Youth);</li> <li>• Intensive Co-occurring Disorders Outpatient Adult Program; and</li> <li>• Services for currently unfunded clients: Chemical Dependency Services for Adults, Mental Health Services for Adults and Youth; and Co-occurring Disordered (COD) Treatment for Adults and Youth.</li> </ul> <p>Held two community forums explaining the details of the legislation with approximately 65 people attending each. The first was organized by Commissioner Doherty and included presentations by Senator Hargrove, Department of Social and Health Services and Washington Association of Counties staff in July 2005. The second, sponsored by the Public Health Advisory Committee, was held in December 2005.</p>
Champions	Clallam County Commissioner Director of Clallam County Health and Human Services The Director of Clallam County Juvenile Services Court Commissioner who presides over the Therapeutic Court Representative agreed upon by the Hospital Districts (OMC and Forks)

	<p>Representative agreed upon by the Cities (Forks, Sequim, Port Angeles)  Representative agreed upon by the Tribes (Jamestown, Lower Elwha, Makah, Quileute)  prevention/intervention supervisor agreed upon by the school districts' in the county (Port Angeles, Sequim, Crescent, Quillayute, Cape Flattery)  Representative from the Division of Children and Family Services  Representative from the Law Enforcement Community  Representative from an agency that delivers subsidized mental health services  Representative from an agency that delivers subsidized chemical dependency services  Private provider of mental health services  Private provider of chemical dependency services  Advocate for chemical dependency/mental health services  Consumer</p>
Barriers/Lessons	<p>Important to gather data to substantiate needs and benefits and have data drive decision of commissioners.  Important for community to drive effort and show strong community support of the Commissioners decision.  Gain support from stakeholders, including chambers, services clubs etc</p>
Projected Revenue & Expenditure Plan	<p>The funding has not decreased substantially. The January and February 2009 receipts were a little below 2008. We have estimated about \$950,000 instead of 1 million in receipts at this time</p> <p>Updated Expenditure Plan Update 3-09</p> <ul style="list-style-type: none"> <li>• Chemical Dependency Treatment Services to Unfunded Adult Client, two contracts for \$98,120.</li> <li>• Mental Health Services for Unfunded Adult and/or Youth Clients Four contracts for \$132,054</li> <li>• Psychiatric Nurse Practitioner Services for Co-Occurring Disordered and Mental Health Patients, Two Contracts \$108,200.</li> <li>• Co-Occurring Disorders Outpatient Services for Adults Two contracts for \$261,347</li> <li>• Post Partum Depression Support Groups One contract for \$16,663</li> <li>• Juvenile Behavioral Health Team \$200,000 RFP will go out in March 2009</li> <li>• Family Therapeutic Court – costs include full-time Court Coordinator salary, actual for court clerk time, equipment and supplies, and training costs.</li> </ul>
Next Steps	<p>Initiate, monitor and evaluate service contracts.  Report back to Advisory Board, Commissioners and Community</p>
Update 2009	<p>There were MANY more benefits than there were challenges. Local control of the project was extremely helpful, especially in the arena of co-occurring treatment. The ability to be creative in meeting community needs was fulfilling. There is a better continuum of care with better coordination of client care.</p> <p>Building capacity for services that didn't exist before has helped people whose needs had never been met with our previous service model. Particular types of case management were able to be employed. Some of the hardest to reach, multi-impaired individuals who utilized many services were provided the services they needed. The fact that the projects were community based and initiated at the request of the community made them more credible. The review of data, needs and recommendations of the community used at the</p>

	<p>start of the process was very helpful.</p> <p>We had only had one pilot to do co-occurring disorder treatment so there were challenges in integration of CD and MH and coordination with the ARNP for meds and the case management at the beginning. These have been worked out or are being resolved.</p> <p>With new funding there were new policies, forms, evaluation tools, new evaluation criteria, and new reporting challenges for agencies.</p> <p>The CD/MH Advisory Board was very active in the whole process, including helping with the RFP review process, monitoring and evaluation of projects.</p> <p>The Family Therapeutic Court started in August 2008 and has already made a difference in the process. Team members who might have been adversarial are much less so if at all. The most challenging cases of dependency have become the focus of the court.</p>
	<p><b>Clark County</b> Effective 4/1/07</p>
Why Important	Demand for Substance Abuse and Mental Health treatment exceeds funding
Strategies Used	<p>Educated Board of County Commissioners on current services levels, service gap, funding gaps.</p> <p>Brought provider network into the planning process</p> <p>Encouraged consumers to participate in planning sessions</p> <p>Formal public hearings on passing sales tax</p> <p>Note: "It was the first time in history that people supported an increase in taxes."</p>
Champions	<p>One Commissioner took lead.</p> <p>Methamphetamine Task Force including various community partners; Law/Justice; Public Health; Mental Health; Substance Abuse; Education.</p>
Barriers/Lessons	<p>Committee too large for initial work.</p> <p>Smaller group would have been more effective and developing a plan to present to a larger group.</p>
Projected Revenue & Expenditure Plan	<p>Projected \$6.4 million for 2008, The budget was lowered to \$5.3 million based on decreased tax revenues.</p> <p>Expand the following services: inpatient treatment for methamphetamine addicts; outpatient COD treatment; Detox Facility; felony drug court, MH and SA court and treatment; jail mental health and CD services.</p> <p>Create new family dependency &amp; juvenile recovery court and treatment resources.</p> <p><b>Expenditure Plan</b></p> <ul style="list-style-type: none"> <li>• Superior and District Courts (Adult Drug, Family, Juvenile, Substance Abuse High Intensity/Low Intensity, and Domestic Violence) - includes personnel costs and treatment costs <b>\$5,950,059</b></li> <li>• Dept. of Community Services - Transitional Housing <b>\$234,30</b></li> <li>• Dept. of Community Services – In and Out-patient Treatment <b>\$2,047,85</b></li> <li>• Department of Community Services – Detoxification <b>\$652,861</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Department of Community Services - Hotel Hope <b>\$2,142,208</b></li> <li>• COACHES <b>\$165,686</b></li> <li>• ESD 112/114 <b>\$208,576</b></li> <li>• WSU Program Evaluation <b>\$101,976</b></li> <li>• COMET <b>\$ 1,300,000</b></li> </ul>
Next Steps	On-going monitoring of tax revenue accrual and planning to make incremental increases (revenue provided) to expand existing services and implement new services based on feedback from the community and providers. May hire external evaluator to measure outcomes of various programs annually.
Update 2009	<p>The Clark County Enhanced Treatment/Therapeutic Court Advisory Group (ETTCAG) identified thirteen programs to receive sales tax disbursements. Funded programs include community-based programs, therapeutic court programs, dual diagnosis interventions, and substance abuse treatment programs. A research team from WSU Vancouver tracked disbursements to the programs and assessed program effectiveness. Their conclusions follow:</p> <ul style="list-style-type: none"> <li>• Intra-agency collaboration was working well to serve the treatment programs and clients.</li> <li>• All thirteen of the programs funded by the Enhanced Treatment Tax were fully operational.</li> <li>• Client-tracking data apparatuses were fully operational.</li> <li>• The client-tracking databases designed for billing not research created challenges for the evaluators.</li> <li>• Additional data access from the providers may be warranted to conduct the evaluation.</li> </ul> <p>Evaluation and programs are progressing smoothly. The intra-agency collaboration and communication forums are critical to successful program implementation. They are working well. There is no shortage of data or data-savvy personnel to bring the necessary information to stakeholders for the next budget cycle.</p> <p>Expenditure Plan is available on file and will be included in the first evaluation report due in late fall, 2009.</p>

<b>Island County</b> Effective 1/1/08	
Why Important	Unmet mental health needs
Strategies Used	Formed Task Force of about 20 people to collect data on services and expenditures and to develop an expenditure plan. The group sought input and buy-in from other community members and providers. They included a lot of people and used good solid data. They included a variety of programs in the funding plan.
Champions	United Way, Mental Health Community, Law Enforcement, Public Health Court System, School District, Hospitals.
Projected Revenue	Approx. \$877,000 per year. No dollar amounts were given for the following program

<p>&amp; Expenditure Plan</p>	<p>plan:</p> <ul style="list-style-type: none"> <li>• Expand adult and juvenile drug courts</li> <li>• Develop Therapeutic Court for Dependency Proceedings</li> <li>• Expand Mental Health Professionals in school districts</li> <li>• Senior and Vulnerable Adult Outreach Program</li> <li>• Expand mental health services in jail and juvenile detention centers</li> <li>• Resources for outpatient mental health Service</li> <li>• Early Childhood Mental Health Professional</li> <li>• Resources for Community Education classes Plus evaluation, infrastructure and administration.</li> </ul>
<p>Next Steps</p> <p>Update 2009</p>	<p>Began collecting tax in January 2008. A small advisory committee worked on job descriptions, budgets, schedule and phasing. The county began implementing programs a few months ago.</p> <p>Juvenile and Adult Drug Courts occur weekly. Therapeutic Family Court began in December of 2008.</p> <p>The mental health program began with 5.5 FTE's across all 4 school districts to provide mental health treatment, crisis intervention and to work with families and staff.</p> <p>The outreach program to seniors and vulnerable adults program will begin soon. They may combine the case management position with the veterans' program resulting in a cost savings to both programs.</p> <p>The program, for those uninsured and non-Medicaid eligible, is planned to begin in spring or early summer.</p> <p>The challenges are normal for setting up new programs. The county is operating all programs so office space, getting approvals for new staff, etc. have taken time. Also, the money came in slower than anticipated causing some delays.</p> <p>The budget director notified the team to expect about 10% less than what we had anticipated.</p>

	<p><b>Jefferson County</b> Effective 4/1/06</p>
<p>Why Important</p>	<p>Small county with significant substance abuse and mental health problems</p>
<p>Strategies Used</p>	<p>Active and vocal Substance Abuse Advisory Board. Published white paper on impact of substance abuse and mental health problems in the community. Administrators of mental health and substance abuse have worked collaboratively for some time. District and Superior Courts Judges have spoken about issues and costs to county. Newspapers articles were used to educate the public.</p>

	No one contested the recommended ordinance in public hearings. Commissioners decided to support it -and not put it on a ballot.
Champions	Substance Abuse Advisory Board County Commissioners Mental Health and Substance Abuse Administrators Superior and District Court Judges Providers,+
Barriers/Lessons	The tax would have been difficult to pass had stakeholders not been collaborating for several years seeking funding and solutions. The main lesson was to educate everyone early about problems and the costs.
Projected Revenue & Expenditure Plan	\$ 240,265 (2006) and \$397,685 (2007) Program plan includes: <ul style="list-style-type: none"> <li>• Fund CODIT (Co-Occurring Disorder Integrated treatment program</li> <li>• Substance Abuse Treatment Services</li> <li>• Therapeutic Court; Mental Health Services in the Domestic Violence Program</li> <li>• Medication Management, MH CD treatment in the jail</li> <li>• Program evaluation and community assessments</li> <li>• Cash reserve for program shortfalls.</li> </ul>
Next Steps	Review and oversight.
<b>Update 2009</b>	<p>Jefferson Mental Health-Safe Harbor joint program -Codit.</p> <p>The major challenge in 2008 was the private non-profit corporation formed to provide the Codit program (Madrona) ceased to exist suddenly. Jefferson Mental Health (JMHS) had to scramble to assume responsibility for both the clients and the staff. They were able to do so enabling the Codit program to continue without interruption. All employees kept jobs, although not in the same program.</p> <p>Expenditure Plan: Approximately \$103,000 for JMHS part of the Codit program. Safe Harbor, which provides the chemical dependency half of the program, receives separate additional money. Most of our money goes to salaries and fringe benefits, with some additional funds for office and group space for the program.</p> <p>Revenue projections were higher than actual revenues. Staff decreases were necessary to accommodate the loss, thus the mental health agency is now serving the same number of clients more efficiently. The contract with the county includes a clause stipulating sales tax revenue decreases will be reflected in the contract amount. "This is a difficult way to run a program, but understandable from the County's point of view."</p>

	<b>King County</b> Effective 4/1/08 Approved 11/12/07
Why Important	Address problem of large numbers of mentally ill and chemically dependent people in the criminal justice and other crisis systems. Provide treatment alternatives, when appropriate, to jail or hospitalization for substance abusers and the mentally ill who get into trouble.

Strategies Used	<p>In 2006, the County Council was made aware of the significant issues pertaining to the problems the county faces with individuals who are unstable and seriously disabled due to mental illness and chemical dependency. Council was presented with information on the numbers of mentally ill and chemically dependent in the jail and emergency medical systems, as well as, the increasing costs of treating individuals in crisis through the aforementioned systems.</p> <p>Council directed County Executive and criminal justice agencies to develop and submit a three phase action plan to implement a full continuum of housing, treatment and case management services to prevent and reduce chronic homelessness and recidivism in the criminal justice and emergency medical systems for persons with disabling mental illness and chemical dependency. The action plan was to include funding options for the recommendations.</p> <p>County Council responded by passing motion to build on past steps and reduce criminal justice costs. Council briefed on Action Plan in June 2007</p>
Champions	Government, Treatment providers Criminal justice
Barriers/Lessons	Public response to Action Plan. Many editorial comments on web blog on 11/2/07. Labor union issues.
Projected Revenue & Expenditure Plan	<p>See Below, approx, \$46-50 million Three Phase Plan</p> <ul style="list-style-type: none"> <li>● Community Based Care</li> <li>● Prevention programs for youth</li> <li>● Jail and hospital diversion</li> <li>●</li> </ul> <p>Expenditure plan and more details are available on King County website: <a href="http://your.kingocounty.gov/dchs/mhd/ActionPlanWorkGroup.htm">http://your.kingocounty.gov/dchs/mhd/ActionPlanWorkGroup.htm</a>.</p>
Next Steps	<p>There are several provisos in the council budget that need to be met:</p> <p>A. Develop and submit for council approval an oversight plan, an implementation plan, and an evaluation plan. Large mental health providers must sign partnership agreements with a union and the agreements must be in place for 3 months before they can receive any funds from the sales tax</p>
Update 2009	<p>The County began implementing plans in Oct. 2008. The County Council required them to develop and obtain approval of three plans before they could begin to spend funds. They have about half of the strategies underway now.</p> <p>Challenges: The decrease in revenues impacts them significantly. They have gone from a projection of \$54 million in 2009 to about \$46 million a year. The actual revenues for 2008 were close to \$28 million. Their funding for 2009 is okay because they have started only part of their plan. However decreased tax revenues will greatly impact future implementation. Furthermore, the cuts in state mental health and chemical dependency funding likely will under-cut the infrastructure that allows for the new strategies to occur.</p> <p>They have much more planning to do before they can build the new crisis diversion center so they are saving some money there for the time being.</p> <p>Another challenge is the County added two new strategies to the mix so funds will be diverted to these efforts as well. The new strategies include:</p> <ol style="list-style-type: none"> <li>1. Youth Prostitution including housing and support. \$960 K for two years</li> <li>2. Crisis Intervention team to work with Seattle Police \$500k for two years.</li> </ol>

	<p>The Council set aside \$2.5 million to begin building a fund for their new strategies. Any left-over monies will go into this new strategy fund.</p> <p>Summary: Biggest challenges;</p> <ul style="list-style-type: none"> <li>• Decreased revenue projections. They have enough for 2009, but not beyond that. They will be developing their 2010 plan in April. At this point they will have to go back and reprioritize their strategies, likely cutting programs. Then they will go back to the Oversight Board with new recommendations and approval.</li> <li>• Huge cutbacks in the base mental health and chemical dependency funding from the State will undercut the infrastructure for the new strategies. They may have to shift resources to cover the basic services. This could limit new program expansion.</li> </ul>
Full Expenditure Plan	<p><b>Strategy Recommendations for New or Expanded Services</b>  <b>Cost <a href="http://www.kingcounty.gov/healthServices/MHSA/MIDDPlan.aspx">http://www.kingcounty.gov/healthServices/MHSA/MIDDPlan.aspx</a></b>  <b>(3-12-09)</b></p> <p>1a. Increased access to mental health and chemical dependency outpatient services for people not on Medicaid \$11,125,000</p> <p>1b. Outreach and engagement to individuals leaving hospitals, jails, or crisis facilities \$ 550,000</p> <p>1c. Emergency room substance abuse early intervention program \$ 800,000</p> <p>1d. Mental health crisis next day appointments \$ 250,000</p> <p>1e. Chemical dependency professional education and training \$ 615,000</p> <p>1f. Peer support and parent partners family assistance \$ 450,000</p> <p>1g. Prevention and early intervention mental health and substance abuse services for older adults \$ 500,000</p> <p>1h. Expand the availability of crisis intervention and linkage to on-going services for older adults \$ 350,000</p> <p>2a. Caseload reduction for mental health \$ 4,000,000</p> <p>2b. Employment services for individuals with mental illness and chemical dependency \$ 1,500,000</p> <p>3a. Supportive services for housing projects \$ 2,000,000</p> <p>4a. Comprehensive chemical dependency outpatient services to parents in recovery \$ 500,000</p> <p>4b. Prevention services to children of substance abusers \$ 400,000</p> <p>4c. School district based mental health and substance abuse services \$ 1,235,000</p> <p>4d. School based suicide prevention \$ 200,000</p> <p>5a. Increase capacity for social and psychological assessments for juvenile justice youth \$ 360,000</p> <p>6a. Wraparound family, professional and natural support services for emotionally disturbed youth \$ 4,695,000</p> <p>7a. Reception centers for youth in crisis \$ 500,000</p> <p>7b. Expanded crisis outreach and stabilization for children and youth \$ 1,000,000</p> <p>8a. Expand family treatment court services and support to parents \$ 700,000</p> <p>9a. Expand juvenile drug court treatment \$ 510,000</p> <p>10a. Crisis intervention training program for King County Sheriff, police, jail staff and other first responders \$ 1,700,000</p> <p>10b. Adult crisis diversion center, respite beds and mobile behavioral health crisis team \$ 6,060,000</p> <p>11a. Increase capacity for jail liaison program \$ 80,000</p> <p>11b. Increase services available for new or existing mental health court programs \$</p>



	<p>1,300,000</p> <p>12a. Increase jail re-entry program capacity \$ 320,000</p> <p>12b. Hospital re-entry respite beds \$ 565,000</p> <p>12c. Increase capacity for Harborview's Psychiatric Emergency Services to link individuals to community-based services upon discharge from the emergency room \$ 200,000</p> <p>12d. Urinalysis supervision for Community Center for Alternative Programs clients \$ 75,000</p> <p>Administration/Evaluation<sup>1</sup> \$ 2,400,000</p> <p>Revenue Stabilization Reserves \$ 2,000,000</p> <p>Data Systems<sup>3</sup> \$ 500,000</p> <p>Flex funds for sustaining grants, providing match, pilot programs \$ 500,000</p> <p><b>GRAND TOTAL \$47,940,000</b></p>
--	---

	<p><b>Okanogan County</b>  Passed 10/06  Began collecting 4/07</p>
Why Important	<p>Okanogan County's plan was designed to smooth out the unstable State and federal funding. They developed a strategy giving 1/3 of the money to therapeutic courts; 1/3 for chemical dependency services and 1/3 for mental health services.</p> <p>.</p>
Strategies Used	<p>Stakeholders educated the community. Once the tax was passed, the Behavioral Health Center director walked the county staff through all the hoops to ensure that the paperwork was done to put the money into the program</p> <p>When they did not get a federal grant for services they knew they had to come up with more funding somehow so they put together a plan to utilize the 1/10 of One percent option. They knew therapeutic courts worked and they needed to invest in this option. They could see the cost benefit to the county. Commissioners passed the option without going to ballot.</p> <p>A sales tax oversight committee was established to review and recommend budget items. This committee is made up of Superior Court Judge, County Commissioner and the County Behavioral Health Coordinator. Budgets are approved by the Okanogan Board of County Commissioners.</p>
Champions	<p>Behavioral Health Center led the effort, supported by: Superior and District Court judges; Juvenile Director, and the Developmental Disabilities Community,</p>
Barriers/Lessons	<p>Need to provide funding support for various interest groups.</p> <p>This was not a problem in this county because of the good working relationships among groups.</p>
Projected Revenue & Expenditure	<p>\$560,000, Supported programs include:</p> <ul style="list-style-type: none"> <li>• Supporting therapeutic treatment court, including: MH, juvenile drug and family dependency court; (salaries for, judge, prosecuting attorney, public defenders and</li> </ul>

Plan	<p>sheriff for home visits).</p> <ul style="list-style-type: none"> <li>• Placing probation officer in the school</li> <li>• MH professional for outpatient treatment</li> <li>• Special needs housing</li> </ul>										
Next Steps	<p>Would like to hire a full-time therapeutic court coordinator.  Develop housing for consumer population. Begin to focus on a triage center once the housing program is stable.</p>										
Update 2009	<p>Hired court coordinator through juvenile court system. This made it easier to exercise flexibility and redefine the job as necessary to fit prototype and funding.  Developed a voluntary family dependency treatment court, although they processed only one family. It is hard to find families that are willing to participate when there is no felony hold. The goal is to reunite families and some do not want to be reunited.  Got \$100,000 additional State funds for methamphetamine program. Used money for housing and family dependency court. Used some funds to pay for short term housing.</p> <p>The sales tax allowed the County flexibility in programming and especially contributed to building a \$3 million, 11,500 square foot housing building especially designated for therapeutic drug court and mental health. Construction is scheduled for mid-May.</p> <p>They believe their success is due to separating out the funds to allow non-governmental agencies to control the programming. This allows more flexibility and is much faster. They were able to move quickly on the housing project. They could not have done it through the government process.</p> <p>The initial plan included development of a crisis triage center, but this did not materialize. It was difficult to do without medical clearance. They looked into doing a crisis response unit with detox, but found the licensing issues were too cumbersome. They are using the therapeutic housing as a means to divert some crises. They have designated 10 unites for this.</p> <p>They had an expenditure plan of about \$600,000. At the end of December 2008 they had \$432,477 in revenue taxes. They were getting about \$48,000 a month. In January the amount was down to \$39,000. They are projecting a 10-15 % decrease with the current financial environment. The mental health center agreed to take the first 10% reduction and then the County would take further cuts.</p> <p>Actual expenses for 2008 were \$ 607,037. Details on file.</p> <table data-bbox="412 1549 834 1717"> <tr> <td>OBHC</td> <td>\$ 467,200</td> </tr> <tr> <td>Juvenile</td> <td>\$73,522</td> </tr> <tr> <td>Public Defender</td> <td>\$27,900</td> </tr> <tr> <td>Prosecutor</td> <td>\$33,094</td> </tr> <tr> <td>Judicial Officer</td> <td>\$5,321</td> </tr> </table>	OBHC	\$ 467,200	Juvenile	\$73,522	Public Defender	\$27,900	Prosecutor	\$33,094	Judicial Officer	\$5,321
OBHC	\$ 467,200										
Juvenile	\$73,522										
Public Defender	\$27,900										
Prosecutor	\$33,094										
Judicial Officer	\$5,321										

	<p><b>*San Juan County</b> Passed 12-08</p>
Why Important	<p>Gives the County the opportunity to respond to the locally defined mental health and chemical dependency needs of the community and the flexibility to respond to the changing needs. The tax will allow the County to provide new or expanded mental health and chemical dependency treatment services with local oversight. It will help match limited state support.</p>
Strategies Used	<p>Sought technical assistance from neighboring counties that had successfully passed the tax. The Health and Community Services Director, the Juvenile Court Administrator and the Human Services Coordinator met with the County Administrator to coordinate next steps. Waited for new Superior Court Judge to be appointed for Court’s endorsement of willingness to create therapeutic court as required by statute. County Council requested a clear and specific plan for how the funds would be used.</p> <p>Staff requested County Council direct staff to form a Task Force to: review data, identify empirical need; be an “ear to the ground;” conduct public outreach; develop a specific program proposal; meet with key stakeholders; and present back to the County Council.</p> <p>Task Force members included: Juvenile Court Administrator, Health and Community Services Administrator, Sheriff; Mental Health and CD Coordinator; School Superintendent; School Counselor; Health and Community Services Advisory Board member; and public and private, mental health and chemical dependency treatment providers.</p> <p>Lopez, Orcas, and San Juan Islands were represented. The group reviewed data and identified a broader group of key stakeholders who were surveyed via telephone by Task Force members re: mental health and substance abuse issues. Stakeholders were convened to review the results of the telephone surveys and were asked to prioritize service needs. The Task Force created a planning document titled: “<i>Opportunities and Challenges -Mental Health and Chemical Dependency Services in San Juan County.</i>”</p> <p>An allocation methodology for potential funding for new programs and services was developed for on-going review with the Health and Community Services Advisory Board is providing program review.</p> <p>The Task Force held public meetings on the three islands, with presentations on the content of the law; review of task force efforts; discussion of the methodology and priorities developed by stakeholders; and proposed services to be funded. The recommendation was made in November 2008 to the County Council to schedule and advertise public hearing to consider ordinance in Dec. 2008. The ordinance was passed on December 2<sup>nd</sup>, 2008</p>
Champions	<p>Broad group from three islands formed the Task Force. Key Stakeholders comprised a broader group of community members.</p>
Barriers/Lessons	<p>It was important to have a dedicated core team comprising the Task Force and a strong commitment to an inclusive, well-executed public process. Direction from the County</p>

	Council gave authority and credibility to the work. We also made midcourse corrections, as necessary, in the process to ensure a good work product.
Projected Revenue & Expenditure Plan	\$357,000 per year was projected for FY07.  Initial funding for: 1) mental health services in the schools; 2) mental health services to the uninsured, and; 3) the establishment of a family dependency court.
Next Steps	Development of RFP for mental health services to school age children through the schools, and design a program to provide access to mental health services to the uninsured.

	<b>Skagit County</b> Effective 4/1/06
Why Important	There are three main reasons for pursuing the tax: <ul style="list-style-type: none"> <li>• The existing public mental health system leaves significant holes in the services provided to individuals with mental illness causing strain on local crisis system.</li> <li>• Lack of regional and state programming for mental health services to non-Medicaid individuals.</li> <li>• Desire for local control of programs.</li> </ul>
Strategies Used	Discussion among stakeholders Public Hearing with open testimony from community about thoughts on tax
Champions	Human Services Department took the lead. Director coordinated efforts with the Law and Justice Council, Skagit County's Mental Health Advisory Board, Substance Abuse Board and local NAMI
Barriers/Lessons	Front loaded increase of tasks and responsibility for Human Services staff. Overwhelmed with work, but hesitant to hire new staff too quickly. Glad they did not respond too quickly as their workloads evened out.
Projected Revenue & Expenditure Plan	Project \$2,500,000 per year, Preliminary program plan includes: <ul style="list-style-type: none"> <li>• Enhance Courts including; Adult Drug Court, Family Dependency Therapeutic Court; Mental Health Court; and Juvenile Drug Court.</li> <li>• Community Wellness Program</li> <li>• Counseling for Skagit County residents who do not have access to the public mental health system or private insurance</li> <li>• In-school mental health therapy for individuals, groups and families, in all K-8 schools in Skagit County</li> <li>• MH Peer Drop-in Center</li> <li>• Establish integrated MH Respite/ Sub-acute Detox Crisis Center, with an assertive case management component to effectively link clients to outpatient services;</li> <li>• Chemical Dependency education and intervention in Juvenile Detention;</li> <li>• Expanded community outpatient chemical dependency treatment to a treatment on demand system</li> <li>• In-school SA Specialist at the Emerson Alternative High School</li> <li>• Case management for mental health and chemical dependency in the Oasis</li> </ul>

	<p>Youth Shelter</p> <ul style="list-style-type: none"> <li>• Training</li> </ul>
Next Steps	Ensure meaningful and appropriate data is collected that will enable us to measure the impact on community and individual lives.
Update 2009	<p>The greatest challenge has been the development of meaningful outcome measures and data for each of the programs. We have been working to figure out what sort of data to collect and how to collect it while the programs continue to move forward. The needs are so significant, that we do not have the luxury of waiting until everything is in place before implementing the program, so we are in a fix it as we go mode. Sometimes it's hard to catch up</p> <p>Revenue for 2008 was down 9% from 2007. January 2009 was down 19% from January 2008. Every month has shown a gradual decrease, with a larger decrease for January 2009.</p> <p>Full expenditure plan on file. Revenue Projected \$2.4 million Expenditure Plan for 2009 follows:</p> <ul style="list-style-type: none"> <li>• Administration \$240,000</li> <li>• SA Therapeutic Court \$464,110</li> <li>• MH Therapeutic Court \$377,500</li> <li>• Mental health Programs \$1,213,707</li> <li>• Substance Abuse Programs \$411,027</li> </ul> <p style="text-align: right;">Total Expenses \$2,706,344</p>

	<p><b>*Snohomish County</b> Passed 12/08</p>
Why Important	The fund is important because it establishes a consistent, flexible fund to fill the treatment gap for AOD and mental health
Strategies Used	<p>The Snohomish County Blue Ribbon Commission on Criminal Justice was established in 2007 to advise the Snohomish County Council on priorities to meet the diverse criminal justice and public safety needs of Snohomish County. Through outreach to service providers, recognized experts, and the public, the Commission systematically reviewed and evaluated existing and new proposals and recommendations for meeting the diverse criminal justice needs in the community.</p> <p>The final report from the Blue Ribbon Commission recommended approving the 1/10th of 1% sales and use tax.</p> <p>County Council and community activists took the lead to meet with key players, educating individuals on the need and value of such services.</p>

Champions	County Council and community activists, law enforcement
Barriers/Lessons	Ensure that you can demonstrate the need and value. Have a broad community coalition educating decision makers. Be sure allied fields, as well as, others(United Way, criminal justice, health providers) are brought in to support, not just people who may benefit from contracts
Projected Revenue & Expenditure Plan	<p>Projected revenue in a strong economy is \$13 million and current projections are \$7 million per year until economy improves. Original Annual Expenditure Plan follows:</p> <ul style="list-style-type: none"> <li>• Therapeutic Court \$300,000</li> <li>• Drug Court Enhancements \$\$350,000</li> <li>• Short term Mental Health treatment \$250,000</li> <li>• Adult Triage Center \$2.0 million</li> <li>• Youth Outreach \$200,000</li> <li>• Community team \$280,000</li> <li>• Intervention Specialist in Schools \$700,000</li> <li>• Youth Center \$ 1.5 million</li> <li>• Transitional Housing for Youth \$ 1.0 million (capital) \$ voucher \$300,000</li> <li>• Older Adult Outreach \$ 500,000</li> <li>• Mental Health Services in Juvenile Detention \$70,000</li> <li>• On-site Parenting Classes \$ 50,000</li> <li>• In-patient Residential CD Treatment \$2.1 million</li> <li>• Rental Voucher Program \$2.0 million</li> <li>• Affordable Housing Trust Fund \$ 2.0 million</li> </ul>
Next Steps	There was an initial draft expenditure plan that needs revisiting given the proposed state budget reductions. A detailed expenditure plan will be developed in April/May.

	<p><b>Spokane County</b> Effective 4/1/06 and passed again 11/08</p>
Why Important	Cut in Medicaid dollars and inadequate state funds left many un-served in the county. Many inpatient beds occupied by Spokane Co. residents and the RSN was penalized for using too many beds.
Strategies Used	Presented as ballot measure; it received 54% of the vote. County did not want to look self-serving so a group of providers and other advocates banded together and raised funds to educate the community of the need.
Champions	Residential (CCF) providers; Spokane MH, Excelsior Youth Center; MH Board, RSN, Consumers, Judges, MH Court
Barriers/Lessons	Timing was a huge barrier because money had to be raised to campaign and to gain support before the election. A sunset clause required the issue be put to ballot again in

	Nov. 2008. Supporters are concerned about how much a family can afford in taxes.
Projected Revenue & Expenditure Plan	<p>\$7.5 million year one</p> <p><u>New Services</u></p> <ul style="list-style-type: none"> <li>• Mental Health Services for Medicaid Children;</li> <li>• System Redesign;</li> <li>• MH and Therapeutic Drug Courts;</li> </ul> <p><u>Restored/Expanded Services</u></p> <ul style="list-style-type: none"> <li>• Homeless outreach;</li> <li>• Programs to reduce psychiatric inpatient hospitalizations;</li> <li>• Outpatient Services;</li> <li>• Elder services;</li> <li>• School Services;</li> <li>• Medical/Medication Services;</li> <li>• Residential Beds</li> </ul>
Next Steps	Keep the stakeholders informed of what services they are providing; Prepare for Nov. 2008 election. In Nov. 2008 the County Commissioners passed the tax again for another five years because support was demonstrated in public hearings.
Update 2009	Sales Tax Revenue decreased significantly due to economy. The current projection is now down from \$7.5 million to \$7.0 million. Fifty-four (54%) of funding is dedicated to housing due to lack of adequate Non-Medicaid funding from the MHD; 28% is allocated to provide matching funds for additional Medicaid and dedicated to adult and children's Crisis and Outpatient Services. Mental Health Therapeutic Court, Drug Court, and Juvenile Services are funded at approximately \$1.0 million per year.

	<p><b>*Thurston County</b> Passed 11-3-08</p>
Why Important	A large number of adults and juveniles enter the criminal justice system due to mental illness and/or chemical abuse and dependency. The lack of state and local resources, particularly for treatment, for the impacted populations not only jeopardizes the health of these individuals, but just as significantly jeopardizes the economic and physical health of the entire community. The impact is substantial in the courts, the juvenile justice system, the jail system, the schools, public health, mental health, chemical dependency and businesses.
Strategies Used	<p>A social services and law and justice based committee is working out the details of the ordinance passed in November. The planning group consists of staffs from the Superior and District courts, the Prosecutor's Office, the Office of Assigned Counsel, the Sheriff's Office, Public Health and Social Services Departments and the Family and Juvenile Courts.</p> <p>A Plan was developed providing background on the legislation, actions already in place in the County, and goals for implementation. In addition data on prevalence, gaps in services for mental illness, chemical dependency, homelessness, juvenile delinquency, and mental health/drug court were identified. Further sections addressed system needs and community program development needs including: diversion, comprehensive</p>

	<p>services, re-entry planning, co-occurring disorders, and housing. A planning and oversight committee is proposed.</p> <p>The implementation plan stipulates:</p> <ul style="list-style-type: none"> <li>• Develop a description of service improvements needed to meet the needs of the target population(s);</li> <li>• Estimate the cost of providing these service improvements ,as well as, the cost offsets for each model chosen;</li> <li>• Establish an evaluation plan;</li> <li>• Establish an ongoing Oversight Committee;</li> <li>• Define County Administrative Authority and oversight; and</li> <li>• Set a time frame for start up of all services.</li> </ul> <p>The evaluation plan will describe an evaluation and reporting plan for the programs funded with the sales tax revenue. It will specify the process and outcome components, a schedule for evaluations, performance measurements and targets.</p> <p>The Board approved a six month planning process with the plan due in June 2009. The plan will be reviewed by a panel of 45 community representatives including citizens, representatives of city governments, law enforcement, social service agencies, tribes, businesses, schools and state agencies.</p>
Champions	<p>Champions included many branches of County government, including: the Executive staff, staffs from Chemical Dependency, Mental Health, Juvenile Detention, Public Health, Prosecuting Attorney, Sheriffs and Judicial leadership. In addition, the Homeless Coalition, Housing Authority , National Alliance for the Mentally Ill (NAMI), Office of Assigned Counsel and the TMRSN Mental Health Advisory Board.</p>
Barriers/Lessons	<p>Community involvement, with clear roles of County staff and administrative authority makes the planning process readily acceptable to the community. Continued pressure on local, state, and federal budgets make it imperative that this strategic planning process continue so we can remain appropriately accountable for public dollars and program outcomes.</p>
Projected Revenue & Expenditure Plan	<p>\$3.5-4.0 million annually depending upon economy. Programs will be funded in priority order, depending on amount available and program outcomes.</p>
Next Steps	<p>New and expanded programs will go into effect July 2009. The plan calls for constant monitoring of the programs for value and efficiency. The Treatment Sales Tax is scheduled to expire on January 1, 2017.</p> <p>An oversight group has formed, with three sub-committees to develop the implementation plan. The committees include: Juvenile programs, Adult programs, and Therapeutic Courts.</p> <p>The groups are looking at services, gaps and how to meet goals of lowering utilization of the criminal justice system and to provide better treatment for consumers.</p> <p>Drafts of the plan will be available for public review and comment on the County website at <a href="http://www.co.thurston.wa.us/treatment%2Dtax/">http://www.co.thurston.wa.us/treatment%2Dtax/</a>. A public hearing on the Treatment Sales Tax program is scheduled for early June 2009.</p>



--	--

	<b>*Wahkiakum County</b> Passed 12/08
Why Important	<p>The tax is a strategic initiative for improving mental health services for people who are newly diagnosed or have long term mental health problems. It can help individuals with these problems adjust and live in the community at their optimal level.</p> <p>Wahkiakum County was one of the first hit with major deficits, even before the national budget crisis. Cuts were made across all departments and programs. Wahkiakum is the 2<sup>nd</sup> smallest county, both population and landmass wise, and it has a very small tax base. It has the lowest sales tax in the state and few sales to tax in any event. Much of our timberland is tied up in owl or murrelet habitat. Jobs in fishing, dairy and farming are gone.</p> <p>The County acts both as the county authority and sole service provider for Mental Health, Chemical Dependence and Developmental Disabilities. We are quite rural (4000 population) with few other formal resources in our entire county.</p> <p>Expenditures will be highly dependent on outcomes in the legislative session, now in process, as they discuss possible change in the ‘supplanting’ language and hopefully broadening the possible uses. Likely, we will use tax funds to pay for supported employment services; collaborative work among our agencies, the Prosecutors and Law Enforcement; and through expanding our assertive case management services for clients involved in multiple systems.</p>
Strategies Used	<p>The County used the 2008 E2SSB 5763 Implementation Report to quickly bring commissioners up to speed on how the rest of the state was handling this legislation. Seeing how other counties were doing helped County Commissioners move forward. The behavioral health provider had developed a wide array of local services through leveraging dollars and we didn’t want to see them go away.</p> <p>The advisory board began a quick campaign to bring these issues to the County Board of Commissioners, and stakeholders individually lobbied the commissioners. At the same time the Board of County Commissioners (BOCC) was realizing through discussions with state agencies and legislators that if they were to come to those funding sources without at least maximizing their own local tax resources, they were unlikely to get much of an audience. Stakeholders provided the BOCC information on the legislation and how it could be utilized. Relatively quickly the BOCC came to believe that it was a worthwhile way to broaden our financial support base.</p>
Champions	Community partners
Barriers/Lessons	Low tax base
Projected Revenue & Expenditure Plan	<p>Expect revenues of about \$21,000 per year. The tax can help to promote mental health through a variety of means including:</p> <ul style="list-style-type: none"> <li>• Community prevention activities;</li> <li>• Provide effective recovery based support to individuals and families in their efforts to actively participate in their communities;</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase opportunities for clients to provide voice or direction in service development or provision;</li> <li>• Increase efforts to decrease stigmatization by promoting efforts such as NAMI, Wahkiakum Clubhouse, and community education around mental health issues;</li> <li>• Broaden efforts to promote community inclusion through better employment ,housing, healthcare, and transportation resources for clients, and</li> <li>• Integrate prevention services with treatment.</li> </ul>
Next Steps	Begin accumulating revenues and applying them to programs.

	<b>*Whatcom County</b> Effective 1/1/09
Why Important	<p>Untreated, serious mental illness and chemical dependency disorders were overwhelming the criminal justice system and other public services, including the hospital emergency department. Many adults and juveniles were ending up in our courts and jails due to mental health and chemical dependency disorders, resulting in substantial spending that could otherwise be better targeted to the offenders who pose a greater public safety risk.</p> <p>The limited amount of funding for community-based treatment relative to the need forces communities to ration services. This necessarily results in many disorders going untreated, or sacrificing important components of the recovery continuum.</p>
Strategies Used	<p>Public testimony was used as a key strategy. A plan was developed as a tool to examine linkages and opportunities across systems. The plan was submitted to the County Council, for the initial vote by a small group of dedicated citizens. The purpose of the planning analysis was to identify strategies to maximize return on criminal justice and behavioral health investments, and to provide behavioral health consumers opportunities to participate in services that support a preventive and recovery-oriented continuum of care. The group examined data regarding criminal justice, public safety and hospital costs. The identified unmet needs for mental illness and substance abuse treatment, homelessness, physical health and productivity. Six strategies were presented:</p> <ol style="list-style-type: none"> <li>1. Increase access to community mental health and substance abuse treatment services;</li> <li>2. Expand prevention, early intervention and outreach services for adolescents and adults;</li> <li>3. Expand access to diversion options and therapeutic courts</li> <li>4. Create and expand access to services that support people in recovery and people reintegrating upon release from jail or prison;</li> <li>5. Increase integration and coordination among behavioral health service systems, and</li> <li>6. Develop stable source of local funding.</li> </ol>
Champions	<p>Over 250 people packed the Council Chambers with standing room into the foyer. Fifty (50) people spoke in public hearing showing favor of the tax. The group included both of the county's state senators, one fiscally conservative Republican and the other a liberal Democrat. As well as people in recovery, former Whatcom County councilman, doctors, psychiatrists, mental health professionals, chemical dependency professionals, and members of the public also spoke about the need for local funding Not a single</p>

	person spoke out against the tax at the Co. Council meeting on 7/22/08
Barriers/Lessons	<p>Originally, one Council member did not think it was the right time to implement a new tax. However, he was willing to consider it a year from now. Three members were in favor of the tax, but wanted it to go to an advisory vote of the public. Those in favor of the tax tried to assess whether they could mount a public education campaign to take the issue to voters.</p> <p>The County Executive debated whether to sign the legislation or veto it. The council and Executive understood why this tax was needed but pointed out that there may be other issues that the public may be asked to help fund in the future with tax increases.</p> <p>The sales tax increase was approved by Whatcom County with a surprise twist as conservative Councilman Sam Crawford switched his vote. Eventually the measure passed with a 4-3 vote on July 22, 2008.</p>
Projected Revenue & Expenditure Plan	<p>\$3.6 million annually</p> <p>The expenditure plan will be developed after the Stakeholder's Forum in April as part of the Comprehensive Behavioral Health Plan</p>
Next Steps	<p>Whatcom County will complete the community needs assessment at a Stakeholders' forum to be held April 1, 2009. At that forum, participants will identify programs and services to meet needs. A community wide process for input is necessary before a final plan can be developed.</p> <p>Implement plan; increase access; expand prevention services; expand access to and enhance diversion options and therapeutic courts; enhance re-entry programs for mentally ill jail inmates; support recovery efforts; provide housing supports and increase integration and coordination between behavioral health service systems.</p> <p>Develop stable funding.</p>

### **Six Counties Considering Sales Tax Provision**

	<b><u>Chelan – Douglas Counties</u></b>
Why Important	Broken mental health system. Insufficient resources. Local hospital emergency room and jails are being used for crisis stabilization.
Strategies Used	Stakeholders meeting presenting issues to Commissioners
Champions	Stakeholders' System of Care Committee
Barriers/Lessons	Current fiscal environment.
Projected Revenue & Expenditure Plan	Approximately \$1,400,000 annually Crisis Center
Next Steps	Gain response of presentation from County Commissioners.

--	--

	<b><u>Grays Harbor County</u></b>
Why Important	Our county has significant issues with substance abuse. We have a high proportion of our population that is Medicaid-eligible, affecting need for mental health services. We do not have therapeutic court programs.
Strategies Used	This County has appointed task force to recommend strategies.
Champions	It is too early to say for sure, but we believe many people will be supportive. Twenty stakeholders on task force. (Check back in a few months for an update.)
Barriers/Lessons	The past barrier was concern about the historically inconsistent availability of state and federal funding to fully sustain services required by therapeutic courts. Today, barriers could be the difficulty of passing any tax in a difficult economic time. Many services are being cut back in response to budget cuts, so undertaking new efforts seems daunting.
Projected Revenues and Expenditure Plans	Project approximately \$1 million annually.
Next Steps	Plan to send recommendations to the Board of Commissioners in June

	<b>Lewis County</b>
Why Important	People moving into area due to housing crisis to north and south. People have higher expectations of government. Growing Hispanic population.
Strategies Used	There is some interest in generating additional funding, but Lewis County is fiscally conservative. There will be a planning group to study the issue and make recommendations to the Board of Commissioners at some point in the future. The workgroup is just being formed so no real details are available. They did a Need's Assessment which included looking at assets, evidence based practices, and early intervention programs. Also, they are visioning about the system they would like to have. There are strong ties to Department of Health
Champions	County Commissioners strongly considering passing the tax if they can show community support and collaboration among providers.  A former County Clerk is leading mobilization efforts. She is also on the RSN Board. Community Health Counseling, Law Enforcement and a Hispanic contingency are involved.

Barriers/Lessons	<p>Many in the county have an anti-tax and anti-government mentality.</p> <p>Lack of collaboration, everyone wants their own piece of the pie.</p> <p>Past dysfunctional mental health system.</p>
Projected Revenue & Expenditure Plan	Current projected revenue is from \$470,370 to \$500,000. Expenditure plan not available yet.
Next Steps	<p>In April: plan community awareness conference with end-product of a community service and expenditure plan</p> <p>Collaboration and Coordination at all levels must occur.</p> <p>Cultural competency for new Hispanic community is an important component.</p>

	Stevens & Ferry Counties
Why Important	<p>Financial trouble at the state level is causing various county departments to feel the pinch of reduced funding. In 2005, The Mental Health Program, (comprising of Stevens and Lincoln County offices), generated a combined \$4,030,000 in revenue. At the end of 2008, these same programs saw revenues fall by 6% to \$3,782,000. Note that during this same time, the U.S. Consumer Price Index rose by 12%. During the same 5-year period, the Chemical Dependency Program in Stevens County ran a sizeable deficit. In 2009, revenues are anticipated to decline further as the state looks to make up an \$8 billion dollar deficit.</p> <p>Cuts will increase costs at County jail; wait times for Chemical Dependency treatment.</p>
Strategies Used	Meetings with Commissioners, articles in local papers and public hearings
Champions	New Alliance Counseling
Barriers/Lessons	Conservative political environment
Projected Revenue & Expenditure Plan	Projected Revenue \$300,000
Next Steps	Educating commissioners and public

**Kitsap County** has no official policy statements from the Board of County Commissioners regarding this provision. There are 3 new members of the Board of County Commissioners since this provision was first adopted by State Legislature.

Representative from eight agencies have formed the Behavioral Health Care Alliance with the mission of developing a collaborative public/private system behavioral health care in Kitsap County. Members are: CEO of Harrison Medical Center, Kitsap County Superior Court Judge, Director of Kitsap Mental Health Services, CEO of Peninsula Community Health Services, Director/Public Health Officer of Kitsap Health District, Chief of Corrections for Kitsap County Sheriff's Office, Director of Kitsap Juvenile Services Department, Director of Kitsap County Personnel and Human Services Department.

Using self assessed dues, a group has retained a number of professionals to help in analyzing key community services gaps in the Mental Health and Substance Abuse delivery system. After significant review, an analysis concluded that the need for a previously identified 16 bed medical based, locked Crisis Triage was not financially or operationally justified as the community's priority.

Barriers include: the current economic recession and the number of property tax measures before residents including School Levies and Fire District Levies. Also, the current non-supplant language in the original legislation is restricting use. The Board of County Commissioners are very sensitive to the economic impact of the current recession upon families in Kitsap County and are adverse to the thought of imposing an additional tax burden. A tax would generate about \$2.0-2.4 million per year.

The Group will reconvene in April to analyze the impact of the State Budget cuts upon Kitsap County Behavioral Health Care System. The group will then determine the need to move forward with community conversations to further identify major service needs and bring in a broader base of interest and support.

Four larger counties (Pierce, Yakima, Benton and Franklin) have chosen not to implement the tax. Their current reasons are worth noting.

Last year, there was discussion about **Yakima County** implementing the tax. They had a successful jail diversion project that showed cost savings, but the revenue source was about to expire. However, the County is not considering the tax at this time. They looked at the bill in combination with the .3 of one percent tax allowed for law and justice. Officials see it would be asking voters to approve a 4/10 percent sales tax to support law enforcement and mental health and substance abuse treatment. There is no support for additional taxes in the rural community.

One informant's comments are paraphrased as:

It simply comes down to the issue of the citizen's ability to pay additional taxes in a county that only has the ability to tax 22% of its land mass and furthermore supports a population where at anytime 48% is eligible for some form of DSHS assistance. Yakima County has twice as many children living in poverty than the rest of the state, and spends 1/3 less per capita than the state, which amounts to a loss of a million dollars a year in

taxable sales. There are 20 % fewer high school graduates than the state's average, and 17+ % of our population is foreign born. Real wage jobs are 25% less than the states average, and 4 out of 5 children receive WIC. Households bring in \$14, 850 less than the medium household income compared to the state's average, and 77% of the births are paid for by Medicaid. There are champions for the tax, but we are also realistic about our citizen's ability to support existing programs and support their families.

It (the tax) isn't going to happen; furthermore, it is not reasonable to enact legislation, which sets up counties to pass local sales taxes in order to provide services to vulnerable populations. If anything, structure a program allowing sales tax reversion to counties similar to what happens with economic development, RCW 84.14.370). Our SIED program is phenomenal and we have been very successful in using these tax dollars to good advantage. It is unfortunate we are not willing to invest in human lives as we are with economic development.

**Pierce County** Pierce Co. is not considering the tax. The previous County executive and four of the seven member council felt very strongly that Mental Health funding is one of only two services (the other being education) that the state constitution requires the state to fund. They felt passing the tax would be nothing more than the state passing their funding responsibilities down to the counties. The current Council is not considering at new tax at this time.

**Benton-Franklin Counties** have had some discussions about the sales tax, but twice a .2 of one percent was put to the voters for law and justice and it failed. Other competing needs, such as hospitals, on the ballot did not help.

Removal of all non-supplant language in legislation may help get it passed in some counties. At a time where Counties are struggling to maintain essential services, it is difficult to embrace a funding mechanism that can only be used to fund new and expanded services. The non-supplant language would also allow Counties who have adopted the sales tax option to fund programs being eliminated due to state budget cuts.

For more details on please see the first year report. The report can be located at:

Strode, A.D., Final Report, (2008), Implementing E2SSB-5763 in Washington State Counties, Washington Institute for Mental Health Research and Training, WSU Spokane, March.  
<http://mhtransformation.wa.gov/pdf/mhtg/SSB-5763Report.pdf>. (3-4-09)

3-18-09