

**Final Report
Implementing E2SSB-5763
In Washington State Counties**

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Introduction

The Engrossed Second Substitute Senate Bill 5763 was passed into law in 2005. It had five major provisions which included: 1) a requirement for additional chemical dependency treatment services for adults and children; 2) establishment of a new "enhanced resources facility" to serve people with complex cases; 3) provision for suspension rather than termination of Medicaid benefits during incarceration; 4) authorization of three pilot projects to provide mental health and chemical dependency services; and 5) authorization for counties to impose a 1/10 of one percent sales tax to fund new mental health, chemical dependency or therapeutic court services.

As of November 2007, eight counties had passed the sales tax option and five additional counties were considering or planning to implement the tax. Counties with the new tax included: Clallam, Clark, Island, Jefferson, King, Okanogan, Skagit and Spokane. Counties considering passing the tax included: Lewis, San Juan, Snohomish, Whatcom and Yakima. Projected revenues for counties that passed the sales tax option ranged from \$250,000 in Okanogan County to \$48 million in King County. Planned services included alternative courts and an array of mental health and substance abuse treatment options. This report summarizes counties' responses to the 1/10 of one percent sales tax provision. Details were gathered from interviews conducted with key stakeholders in each county. Appendix I includes county support documents.

Why Counties Adopted the Measure

Informants expressed interest in the tax measure as a way to augment Medicaid and State funding. Increasing numbers of people have become homeless and psychiatric inpatient hospitalization rates have exceeded projections in many areas of the state. Regional Support Networks have been penalized for using too many hospital bed days because they were not able to treat people locally. Increasing numbers of people have also ended up in jail and local hospital emergency rooms as a consequence of their illnesses. The need for and benefit of mental health and substance abuse treatment substantially contributed to the passage of this measure.

Strategies Used to Adopt Measure

Counties successful in passing the sales tax provision provided adequate data to document the needs which supported their request for additional funds. They had active stakeholders that helped educate the public and local governmental boards. In most cases public hearings were held in lieu of an actual vote. Seven of the eight counties passing the sales tax did so directly through the County Board of Commissioners, or in the case of King County, the County Council. Spokane County put the measure on the ballot.

In Clallam County¹, approximately 65 people attended two community forums to learn about the details of the new legislation in July 2005. Commissioner Doherty organized

the first forum. It included presentations by Senator Hargrove and staff from the Department of Social and Health Services and the Washington Association of Counties. The second forum was sponsored by the Public Health Advisory Committee in December 2005. A planning group, representing 25 agencies and numerous individuals, was formed to gather local data and outline mental health and chemical dependency needs. It was facilitated by a volunteer consultant from the Department of Health, Rural and Community Health section. A second group was formed to investigate therapeutic family courts. This group included representatives from the court systems, Health and Human Services and Children and Family Services. The County Commissioners passed the initiative. The planning groups developed four requests for proposals to establish a therapeutic court, services for co-occurring disorders and other treatment services.

In **Clark County**² a County Commissioner led the process. The provider network engaged in a planning process encouraging consumers to participate. The group educated the other County Commissioners on current service levels, gaps in services and required funding. Public hearings were used to educate the public and to gain support.

Island County³ formed a task force to collect data on services and expenditures and to develop a program and expenditure plan for the new funding. The Director of Island County Human Services and the Director of Island County Juvenile and Superior Court Services took the lead. The planning group sought input and buy-in from other community members and providers. They encountered few barriers. The organizers were numerous and they used relevant data. They developed a funding plan with the support of several community organizations including: United Way, mental health advocates, Law Enforcement, Public Health, the Court System, the School District, and the hospital.

Jefferson County⁴ had an active and vocal Substance Abuse Advisory Board. They published a white paper on the impact of substance abuse and mental health disorders to the community. The District and Superior Court judges spoke about the issues and cost to the County. County Commissioners were supportive. No one testified against the ordinance in public hearings.

The **King County**⁵ Council heard hundreds of speakers over the past year urging action to solve the problems of people suffering from mental illness and chemical dependency. Consistently, public health and mental health care were cited as top priorities by participants in the Council's extensive Citizen Engagement Initiative. The Council directed the County Executive to develop a phased plan to prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems. The plan was to promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing, and case management services. The King County Department of Community and Human Services led a systematic, year-long stakeholder process that involved mental health and substance abuse service providers, hospitals, citizen advocates, judges, prosecuting attorneys, public defenders, jail administrators, and law enforcement. Councilman Bob Ferguson took an active role in the collaborative planning. A standing room audience of more than 400 spoke with one voice at the Council's June 25 Town

Hall meeting. Many speakers called on Council members to support funding for mental health and chemical dependency treatment. The stakeholders joined at public meetings in support of the Action Plan.

More than 600 people attended four public hearings on the 2008 King County Budget, with many testifying in support of funding for the Action Plan. More than 35 appeared at the final Council public hearing to voice unanimous support for the funding. The County Council passed the initiative in November 2007.

Okanogan County⁶ officials developed a plan to utilize the sales tax option in support of expanded therapeutic courts, drug treatment and mental health services provided through a county contract with the local behavioral health center. A sales tax oversight committee, composed of a Superior Court Judge, a County Commissioner and the County Behavioral Health Coordinator, was established to review and recommend budget items. The plan was designed to help smooth out unstable State and Federal funding. They knew therapeutic courts worked and they needed to invest in this option. Their operating strategy included a plan giving one-third of available tax revenue to therapeutic court; one-third for chemical dependency treatment and one-third for mental health services.

Budgets were approved by the Okanogan Board of County Commissioners. The planning group educated the community and the Commissioners passed the option without going to ballot. Once passed, the County Behavioral Health Coordinator and Agency CEO "walked the county staff through all the hoops to ensure the paperwork was done to put the money into the program and provide access to program dollars." This was an important step in the process.

Skagit County's⁷ Director of Human Services led the discussions among the Law and Justice Council, the Skagit County Mental Health Advisory Board, the Skagit County Substance Abuse Board and the local NAMI group. Each submitted motions and letters of support to the Board of County Commissioners. A public hearing was held to take open testimony from the community on their thoughts regarding the tax. Once passed, the County established an 11 member Joint Allocations Committee consisting of representatives from the mental health system, the Substance Abuse Advisory Board and the Law and Justice Council. The committee agreed to meet four times a year. The committee made allocation recommendations, with consideration for, but independent of, their originating Boards and Council.

Spokane County⁸ convened a group of providers and other advocates who raised funds to educate the community of the needs. The group was composed of representatives from residential (CCF) providers; Spokane Mental Health, Excelsior Youth Center; the Mental Health Advisory Board, consumers, judges, and the Mental Health Court. They placed flyers and posters around the city encouraging people to come to meetings to learn about the mental health and substance abuse treatment needs. The tax option was placed on the ballot and it passed by 58.1 percent on an advisory ballot. On December, 2005, the Board of County Commissioners passed and adopted Spokane County Resolution No. 05-

1017 which enacted an additional one-tenth of one percent county-wide sales and use tax for mental health treatment services and the operation of therapeutic court programs.

In summary, counties successful in passing the excise tax had strong leadership and good data on needs, gaps in services and a plan for expenditures. They were able to show the cost benefit of the tax. They had a range of stakeholder's support and they educated the community and the commissioners. A caution stated was "if going to ballot, it is important to avoid competition with high level priority initiatives, such as jails, hospitals and schools".

Local Champions

While there was variation in leadership among the counties, clearly support across disciplines was a major factor of success. As expected, local champions tended to be the mental health and primary health providers, mental health and substance abuse advisory groups, law enforcement and the local superior and district court systems. In some counties, such as; Clallam, King and Whatcom, elected officials took a lead role. United Way, school districts, and hospitals were involved in a few communities. NAMI was a champion in at least two counties (Skagit and Snohomish). Representatives from children's and elderly services, as well as, the local tribes and the Hispanic Community were champions in some counties, such as Clallam and Lewis.

Barriers/Challenges

The predominant challenge was compiling data to illustrate the cost benefit to the public and county commissioners. Champions needed to show how the tax would allow the service delivery system to more adequately serve those in need. Only one community respondent expressed lack of collaboration among stakeholders as a barrier.

Rural counties face unique challenges such as low revenue projections based on the tax. One informant stated: "It isn't worth the political points to present a tax for such a small amount of money. It would not even fund another professional in our county". Informants from many small counties in Eastern Washington noted that the measures would have to be put on the ballot because commissioners were elected on fiscally conservative platforms that did not include raising taxes.

Competition for limited funds on ballots always poses a barrier to new taxes. Some counties have difficulties passing school, jail or hospital levies, which are usually supported before other taxes.

Confusion between the 1/10th of one percent (mental health and substance abuse) provision and the 3/10th of one percent (law and justice) provision also may be a barrier in some localities. While the bills may complement each other, they also compete. Jails appear to be a higher priority than mental health and diversion services in most communities. Some communities have or are trying to pass the 3/10 of one percent sales tax provision of law and justice. This tends to cloud the mental health/substance abuse

tax issue especially when the three systems are collaborating to serve those in need. Benton⁹ and Franklin counties tried unsuccessfully to pass a 2/10th of one percent tax to cover jails and courts using the 3/10th authority. Kittitas County passed the 3/10th of one percent tax in November, 2007.

Expenditure Plans for Successful Counties

The expenditure plans among counties varied widely and have changed over time. Most plans demonstrate support across mental health, substance abuse and legal jurisdictions. Several counties were developing or expanding their court system to include drug, mental health and family therapeutic courts. Others were expanding mental health services for co-occurring disorders and restoring services that were previously terminated. Table I shows the expected tax revenue from each of the successful counties for the first year.

**Table I
Projected First-Year Annual Revenue**

Successful Counties	Estimated First Year Tax Revenue
Clallam	\$1,000,000
Clark	6,400,000
Island	877,000
Jefferson	240,265
King	48,000,000
Okanogan	560,000
Skagit	2,500,000
Spokane	7,500,000
Total First Year Revenue Estimate	\$67,077,265

Below is a summary of the proposed service plans for the eight successful counties as of November, 2007.

1. Clallam County:

- Family Therapeutic Court;
- Behavioral Health Team for Juveniles in the Court System;
- Psychiatric Nurse Practitioners for Co-occurring Disordered (COD) and Mental; Health Patients (Adults and Youth); and
- Intensive Co-occurring Disorders Outpatient Adult Program;
- Two mental health service projects for adults;
- One chemical dependency service project for adults;

- One co-occurring service project for youth;
- One mental health service project for tribal adults and youth; and
- One co-occurring service project for adults and youth.

2. **Clark County:**

- Expand inpatient chemical dependency treatment for individuals suffering from methamphetamine and other substance abuse or dependence and provide continuum of treatment for those completing inpatient treatment;
- Expand and sustain outpatient COD treatment program initially funded by a SAMHSA grant;
- Expand detoxification capacity;
- Expand inpatient psychiatric services (evaluation and treatment);
- Expand services for children and adolescents exposed to methamphetamine use/environment;
- Create school-based chemical dependency outpatient treatment continuum;
- Create new family dependency & juvenile recovery court and treatment resources;
- Expand existing felony drug court, mental health and substance abuse court and treatment; and
- Expand in jail mental health and CD services.

3. **Island County:**

- Expand adult and juvenile drug courts;
- Develop therapeutic court for dependency proceedings;
- Expand use of mental health professionals in school districts;
- Senior and Vulnerable Adult Outreach Program;
- Expand use of mental health services in jail and juvenile detention centers;
- Resources for outpatient mental health service;
- Early Childhood Mental Health Professional;
- Resources for community education classes; and
- Evaluation, infrastructure and administration.

4. **Jefferson County:**

- Fund CODIT (Co-Occurring Disorder Integrated treatment) program;
- Substance abuse treatment services;
- Therapeutic court; mental health services in the Domestic Violence Program;
- Medication management, mental health and chemical dependency treatment in the jail;
- Program evaluation and community assessments; and
- Cash reserve for program shortfalls.

5. **King County:** Three Phase Plan:

- Strategy #1: Community Based Care
 - Increasing treatment availability to those without insurance;
 - Improving the quality of care and treatment available; and
 - Increasing access to supportive housing.

- Strategy #2 Programs for Youth
 - Providing early intervention and prevention opportunities;
 - Expanding assessments for youth in justice system;
 - Expanding team-based, intensive, wraparound services for youth;
 - Expanding services for youth in crisis; and
 - Expanding Family Treatment Court & Juvenile Drug Court.
- Strategy #3 Jail and Hospital Diversion Programs
 - Diverting people from jail booking who do not pose a public safety risk;
 - Expanding mental health courts and other post-booking services to get people out of jail and into services more quickly; and
 - Expanding community re-entry programs for jails and hospitals.

6. Okanogan County:

- Support and expand therapeutic treatment courts, including: mental health, juvenile drug and family dependency courts; and
- Expand mental health and chemical dependency services.

7. Skagit County:

- Enhance adult drug court by adding mental health and expanded assessments;
- Family dependency therapeutic court;
- Mental health court;
- Juvenile drug court;
- Community Wellness Program including counseling for Skagit County residents who do not have access to the public mental health system or private insurance;
- In-school mental health therapy for individuals, groups and families, in all K-8 schools in Skagit County;
- Mental health Peer Drop-in Center;
- Establish mental health respite/social detoxification crisis center, with an assertive case management component to effectively link clients to outpatient services;
- Chemical dependency education and intervention in juvenile detention;
- Expand community outpatient chemical dependency treatment;
- In-school Substance Abuse Specialist at the Emerson Alternative High School;
- Case management for mental health and chemical dependency in the Oasis Youth Shelter; and
- Training.

8. Spokane County:

- New Services:
 - Mental Health Services for Medicaid eligible children;
 - Mental Health System redesign; and
 - Mental health and drug therapeutic courts.
- Restored/Expanded Services:

- Homeless outreach;
- Programs to reduce psychiatric inpatient hospitalizations;
- Outpatient services;
- Elder services;
- School services;
- Medical/medication services; and
- Residential beds.

Next Steps for Successful Counties

Most of the counties indicated their next steps were to implement and evaluate the proposed program, reporting any successes back to the advisory boards, community and commissioners. Some mentioned the on-going monitoring of tax revenue accrual and planning to make incremental increases (revenue provided) to expand existing services and to implement new services based on feedback from the community and providers. Okanogan County wanted to develop housing for their consumer population and a triage center once their housing program was stable. King County was developing and preparing to submit a detailed oversight plan, an implementation plan and an evaluation plan before beginning new programs. Spokane County was preparing for the 2008 election where the provision would have reappeared on the ballot to continue the tax. However, in January 2008, the County Commissioners decided to support continuation of the one-tenth of one percent sales tax without going back to voters.

Counties Working to Pass a Sales Tax Provision

Five counties, Lewis, San Juan, Snohomish, Whatcom and Yakima, were actively working toward proposing a 1/10th of one percent sales tax provision. A summary of their progress follows below.

Lewis County was experiencing growth due to migration from both the north and south, as urban residents move in to take advantage of more affordable housing. The county was experiencing a growth in the Hispanic population. Recently, a work group started looking at the growth issues and needs of the county. They planned to submit a plan to the commissioners in the spring including suggested evidence-based practices, early intervention strategies and a vision for the human service delivery system. The Board of County Commissioners is willing to consider a proposal for the tax if the stakeholders can show community support and an ability to manage the infrastructure needed to implement the programs. A former County Clerk was the leading champion. She is well known and was able to gain community support. The challenges they face are overcoming past issues, such as: lack of vision, lack of focus on recovery and lack of collaboration. The addition of a new ethnic community brings both a change in perspective and a challenge to address their needs, as well as, long-time residents. Their next steps are to present a community awareness workshop in the spring and to develop a program and expenditure plan showing collaboration among stakeholders and inclusion of the Hispanic community.

San Juan County¹⁰ was in the process of developing a plan for the County Commissioners to review. The county realized the existing human services budget does not cover the needs of the county. Mental health and substance abuse disorders contribute to problems in the schools, the hospitals and jails within the county. Human Services requested the council support the initiative. Champions included the mental health system, the courts and law enforcement. The expected annual revenue was \$357,000. The major barrier was the time it took to develop a well thought out plan. As next steps, the County Commissioners directed the Human Services director to develop a program of services for mental health, substance abuse and therapeutic courts.

Snohomish County's¹¹ citizens and professionals realized there is no longer a safety net for individuals with mental health and substance abuse disorders. In 2004, the county expanded the jail to 1226 beds and it filled to capacity immediately. Local citizens expressed concerns about the many mentally ill and chemically dependent homeless people and lack of services. Last fall, the Snohomish Human Services Department presented a plan to the Blue Ribbon Commission on Criminal Justice. This seven member commission advises the Snohomish County Council on priorities to meet the diverse criminal justice and public safety needs of the County. The Commission presented the plan to the County Council in late February, 2008 and recommended they review it. Council members have been supportive, but they want assurance the stakeholders can implement and maintain the needed infrastructure. There were many community champions, including NAMI, the Mental Health and Substance Abuse Advisory Boards, and the treatment community. The projected revenue for 2008 was \$13,000,000. Their next steps are to receive comments and direction from County Council on the draft plan.

Whatcom County¹² had a group meeting to discuss and plan initiation of the sales tax. Senator Dale Brandland was a local champion. Whatcom County Councilman Sam Crawford offered to facilitate meetings between an independent committee, chaired by Dac Jamison, a retired Bellingham police officer, and county administration. Other participants included the mental health and substance abuse advisory boards, the local Health Department and a Superior Court judge. Their next steps are identifying needs and service gaps and developing a plan by early 2008.

Yakima County¹³ Yakima County Department of Human Services and the County Commissioners are very interested in jail diversion. The Commissioners traveled and trained with the mental health center staff.

Comprehensive Mental Health Center, the major mental health provider, is using surplus funds from a SAMHSA grant to operate a pilot project diverting people with substance abuse and mental health disorders from jail. They plan to use the data from this project to assess whether or not a tax provision is justified. The County expects \$1,566,666 annually from an imposed 1/10 of one percent sales tax. Aside from tax burden, controversy over the past new jail is a barrier to passing this new sales tax. The county purchased land for a new jail, but it did not have the proper water rights and the jail had to be resited while the country got stuck with the property. Other jurisdictions had purchased beds and threatened law suits and contract withdrawal because of construction

delays. The project was highly visible and controversial and it impacted subsequent commissioner elections.

The commissioners expect the pilot project data to help determine if it is economically and politically sound to propose the new tax. They might consider a 4/10th of one percent sales tax (including the 3/10 of one percent for law and justice and 1/10 of one percent for mental health and substance abuse) if the data show positive outcomes. The pilot project results were presented to the County Commissioners in February, 2008.

Counties That Have Not Addressed the Sales Tax

Table 2 lists the twenty six counties not actively working pursuing the 1/10th of one percent sales tax for mental health and substance abuse services at the time of this report. This list does not imply that counties are not working toward improving the mental health and substance abuse service. For instance, Benton and Franklin Counties tried unsuccessfully to pass a 2/10th of one percent sales tax under the law and justice tax. Their plan would have provided for expanded court services and a remodeled crisis intervention center. Likewise, other counties are seeking ways to provide the best services for their community.

**Table 2
Counties That Have No Sales Tax Provision
For mental Health and Substance Abuse Services**

Adams	Garfield	Pend Oreille
Asotin	Grant	Pierce
Benton	Grays Harbor	Skamania
Chelan	Kitsap	Stevens
Columbia	Kittitas	Thurston
Cowlitz	Klickitat	Wahkiakum
Douglas	Lincoln	Walla Walla
Ferry	Mason	Whitman
Franklin	Pacific	

Summary and Conclusions

While enactment of E2SSB-5763 has been a slow process, it has enabled some communities to collect a sizable sum of revenues to use for services. The first year of the new local sales tax option resulted in at least \$67,077,265 in new revenues for mental health and substance abuse services for the eight counties that passed the tax. These counties are using their new revenues to support therapeutic and drug courts and other mental health and substance abuse services.

All but one county passed the tax directly without voter approval. Strong leadership, wide stakeholder support, good data on needs and cost benefits coupled with well thought out expenditure plans gave county officials confidence of community support for initiating a new service tax. Clearly, successful counties had a wide range of stakeholder support for the initiative. Champions were able to show the cost benefits and they educated the community and commissioners.

At least five additional counties are actively working to pass the local tax. Champions in these communities recognize the need for funds to address the mental health needs of the communities. They are solidifying working groups to gather and present relevant data, developing service plans and working to gain community support by educating Commissioners and citizens.

The twenty-six counties, not actively working on the tax provision, tend to be smaller and mostly in Eastern Washington where service populations are low and conservative values limit tax increases of any kind. Some of these counties are actively working toward passing the 3/10 of one percent sales tax option of law and justice. Some of these funds may be used to support Crisis Intervention Team (CIT) training and other mental health and substance abuse concerns in the local jails.

Statewide the implications of this legislation vary due to the size of population in need and revenue potential based on local sales tax estimates. Conservative political values play a major role in implementation of this tax. Unless the cost benefits are evident and local support is great, local commissioners will not risk their political career to support a new tax, especially without going to the voters. Elections cost time and money and further slow down the process of implementing the sales tax option. Many communities have other higher priority needs which place less emphasis on this bill at this time.

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