1/10\textsuperscript{th} of 1\% Sales Tax
Annual Report 2013

Serving the Mental Health and Chemical Dependency Needs of our Most Vulnerable Populations

Snohomish County
Department of Human Services
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May 1, 2014

I am pleased to present the 2013 1/10th of 1% Sales Tax Annual Report. 2013 marked the fourth year of Sales Tax programming in Snohomish County, and during the year the County provided $13 million in services for our most vulnerable populations, including veterans, youth, the aging population, and families with children.

Our Sales Tax funds provide innovative mental health and chemical dependency initiatives to those that need it the most. In 2013, these programs included drug prevention programs in schools, outpatient mental health treatment, targeted care for individuals facing a mental health crisis, and services for those working to recover from the ravages of chemical dependency.

Ongoing guidance and oversight for these programs is provided by the Chemical Dependency and Mental Health Program Advisory Board. The Board represents key stakeholders in Snohomish County, and the tireless efforts of its members ensure that our efforts are strategically focused and provide the greatest return to our citizens.

Programs funded through the Sales Tax reflect the mental health and chemical dependency needs of Snohomish County citizens. Sales Tax priorities were determined through community outreach and consultation with stakeholders across the County, and through this process, the community defined five priority program types and five priority populations. This report is organized by these five priority programs, and illustrates the results of our investments in these areas.

In this report, you will learn more about the diverse services funded through Sales Tax, and the ways that they are having an impact on the chemical dependency and mental health issues in our County. For example, hundreds of individuals and families were connected to mental health and chemical dependency resources through therapeutic courts, the Snohomish County Triage Center, and jail transition services.

I want to close by thanking the members of the Chemical Dependency and Mental Health Program Advisory Board for their important work, as well as the County agencies and service providers who work on these issues on a daily basis. Your dedication and talents help ensure that we are producing results.
Advisory Board Members

2013 CHEMICAL DEPENDENCY AND MENTAL HEALTH PROGRAM ADVISORY BOARD MEMBERS

Patricia O’Maley-Lanphear, Chair
Ron Vivion, Vice Chair
James Raymond
James Bloss
Jack Eckrem
Marilyn Finsen
John Flood
Jen Galven
Lori Giesen
Laura Hamilton
Carolyn Hetherwick Goza
Douglas Jeske
Chris Jowell

Alcohol & Other Drugs Board
Council on Aging
Veterans Assistance Board
Consumer Advocate
Alcohol & Other Drugs Board
Superior Court
Law Enforcement
Mental Health Service Provider
Mental Health Board
Children’s Commission
Mental Health Board
Snohomish County Corrections
Housing
Background

Since 2010, Snohomish County has used a 1/10th of 1 percent Sales Tax to fund new and expanded mental health and chemical dependency programs. This section describes the genesis of the Sales Tax, the strategic framework of Sales Tax programs, and recent research demonstrating the continued need for these programs.

Snohomish County’s recent investments in innovative mental health, chemical dependency and therapeutic court services began with the 2005 Omnibus Mental Health and Substance Abuse Act (E2SSB 5763). The act authorizes Washington counties to fund mental health and chemical dependency services through a one-tenth of one percent sales and use tax (the Sales Tax).

In 2007, the County Council established a Blue Ribbon Commission to examine funding options for new or enhanced programs (Council Motion Number 07-081). The Commission received input from stakeholders and citizens from across the County, and strongly supported the new tax as a means to address critical mental health and chemical dependency needs in the county.

In December of 2008, the County Council passed Ordinance 08-154 which authorized the collection of the Sales Tax and articulated the policy goals of

1 Copies of relevant legislative documents referenced in this section are provided in Appendix I of this report.
the levy-funded programs. The County Council also established the Chemical Dependency and Mental Health Program Advisory Board. The board is tasked with providing recommendations to county government to promote the efficient and cost-effective use of the Sales Tax funds, and had its first meeting in February of 2009. The Executive’s Sales Tax Expenditure Plan was approved in November of that year.

In early 2010, the first programs funded through the Sales Tax began to provide services to Snohomish County residents. Since then, the County Council has continued to provide authorization for these funds, and the Board has met quarterly. Reports on these early programs were published in 2012 and 2013 and are available on the County’s website.2

### Policy Goals, Priorities, and Community Guidance

Programs funded through the Sales Tax are guided by explicit policy goals, focused on priority programs, and targeted to priority populations. These guidelines are expressed in ordinances and expenditure plans approved by the Snohomish County Council. These documents also include strategic guidance provided by the community.

#### Policy Goals

In 2008, Snohomish County Council expressed the explicit policy goals for programs funded by the Sales Tax (Ordinance 08-154). These are:

- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth;
- Reduce the number of individuals with chemical dependency and/or mental health disorders using costly interventions such as hospitals, emergency rooms or jails;
- Diversion of adults and youth with chemical dependency and/or mental health disorders from initial or further involvement with the criminal justice system;
- Support linkages with other county efforts;
- Provide outreach to underserved populations; and
- Provide culturally appropriate service delivery.

#### Priority Programs and Populations

The 2010 Sales Tax Expenditure Plan (published in November 2009) describes (1) the types of interventions funded by the levy, (2) the populations served, (3) a framework for providing the services, and (4) the values that guide those services. Focusing on priority programs and populations allows the County to strategically allocate the limited resources in the sales tax fund. The priority programs—in

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order of priority as designated in the 2010 Sales Tax Expenditure plan—are provided in the graphic below. Priority populations established in the 2010 Sales Tax Expenditure Plan are understood to be of equal priority. In alphabetical order, they are: aging population, families with children, most costly (high utilizers), the most vulnerable, veterans and their families, and youth (for operational definitions used for these populations, see Appendix II).

<table>
<thead>
<tr>
<th>Priority Programs</th>
<th>Priority Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dependency Drug Court and Triage Facility</td>
<td>Families with Children</td>
</tr>
<tr>
<td></td>
<td>Veterans &amp; their Families</td>
</tr>
<tr>
<td></td>
<td>Priority Populations</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
</tr>
<tr>
<td></td>
<td>Most Costly (high utilizers)</td>
</tr>
<tr>
<td></td>
<td>Most Vulnerable</td>
</tr>
<tr>
<td></td>
<td>Aging Population</td>
</tr>
</tbody>
</table>

**Community Guidance**

Community stakeholders provided their input into the 2010 Sales Tax Expenditure Plan. This included a framework for an effective system of care and the 14 essential core values that are expected to be reflected in Sales Tax-funded initiatives. Details of these strategic guidance documents are provided on the following page.
**Framework for an Effective System of Care Identified by the Community**

<table>
<thead>
<tr>
<th>Outreach:</th>
<th>Therapeutic Courts:</th>
<th>Community Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify where target population is; engage consumers in need of services; screen to determine what services are needed; provide brief intervention services as appropriate; provide motivational interviewing and a managed referral to appropriate services; continue engagement with consumer through entry into needed services.</td>
<td>Blend the benefits of treatment with the accountability of the legal system; increase treatment participant compliance in order to reduce or eliminate reoccurrence of behavior that led to legal involvement and onset of systems; and assist participant in establishing a healthy lifestyle for themselves and their family.</td>
<td>Reduce or eliminate behaviors/actions of the individuals that result in negative consequences for themselves, their families and the community; assist the participant in being responsible for their own recovery; provide the participant with personal tools and skills to establish and maintain recovery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Collection and Reporting:</th>
<th>Prevention/Wellness Services:</th>
<th>Housing Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure there is a level of standardization in the types of data and methods of data collection; ensure there is a reporting capability that allows monitoring of outputs, outcomes, and expenditures.</td>
<td>Prevent engagement in behaviors/activities that result in onset of symptoms; reduce the negative consequences of the illness; increase behaviors/activities that improve mental health, physical health and social emotional health.</td>
<td>Ensure that beneficiaries have a place to live that is safe, affordable and minimizes the risk factors related to triggering negative symptoms of their illness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Analysis, Evaluation and Research Training:</th>
<th>24-Hour Crisis/Emergency Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document trends that determine whether or not goals are being efficiently and effectively achieved and whether system modifications are necessary.</td>
<td>Provide service providers with the knowledge and skills necessary to improve the effectiveness of the intervention.</td>
</tr>
<tr>
<td>Provide service providers with the knowledge and skills necessary to improve the effectiveness of the intervention.</td>
<td>De-escalate a crisis situation, triage or screen to determine needed services; stabilize the client; manage an appropriate referral to services.</td>
</tr>
</tbody>
</table>

**Essential Core Values of Sales Tax Programs**

- **Accountability**: A commitment to personal and organizational responsibility and serving the public interest with integrity.
- **Compassion**: The well-being of each person is fostered in a caring environment that is sensitive to and seeks to relieve distress.
- **Hope**: A forward looking perspective with positive expectations for the future.
- **Trust**: A readiness to believe in and rely on the integrity, ability, or character of others.
- **Inclusion**: An openness that embraces diversity in all its forms and recognizes the contribution it makes to our collective well-being.

- **Excellence**: Providing quality service within a framework that promotes sustainable, continuous improvement and best practice.
- **Integrity**: Adherence to the highest standards of personal honesty and ethics.
- **Collaboration**: Valuing teamwork, building partnerships, and seeking consumer and community participation.
- **Diversity**: Celebrate cultural, racial, ethnic, linguistic, physical, generational and sexual identity differences and treat all persons with fairness and respect.
- **Courage**: A willingness to deal with and resolve difficult issues.

- **Wisdom**: Honor experience, learn from others and acknowledge that there are many ways of knowing.
- **Respect**: A sincere regard for and consideration of others in an environment of fairness and justice that honors the dignity of each person.
- **Fairness**: Behavior that is equitable, just and free from favoritism or preference.
- **Understanding**: Perception and comprehension shaped by empathy and acceptance.
Snohomish County Research on Frequent Utilization of Costly Services

The Research Division of the Human Services Department is leading several research projects that point to the need and potential benefits of Sales Tax-funded programs. These studies, partially funded by Sales Tax and the Amerigroup Foundation, focused on frequent utilization of Emergency Medical Services (EMS), the Snohomish County Triage Center (SCTC), and the Snohomish County Jail. Preliminary findings suggest that innovative chemical dependency and mental health programs combined with policy changes will lead to tangible results for individuals, families, and the County.

Frequent Utilization of Emergency Medical Services

In a study of frequent utilization of Emergency Medical Services (EMS), the Research Division of the Human Services Department found that most individuals with 10 or more EMS contacts in a 10-month period likely had underlying chemical dependency or mental health issues. The study found that while some of the EMS calls were for chronic health conditions, most of the EMS utilization was for other primary concerns. Because the EMS system is not designed to manage the complex care of people with chemical dependency or mental health issues, such calls may represent a misallocation of resources. The researchers suggest that other programs that address the underlying chemical dependency and mental health issues may be more effective and efficient means of providing services.

Frequent Utilization of Snohomish County Triage Center

The Research Division of the Human Services Department found that a small share of clients at the Snohomish County Triage Center (SCTC) accounted for a disproportionate share of referrals, and that changes in certain transport policies may help reduce usage of other costly interventions. During the 10-month study period, 30 individuals had 186 encounters at the SCTC for a total of 1,182 bed days. These frequent utilizers also had multiple contacts with other costly service providers including emergency rooms, EMS, the Snohomish County Jail and a local homeless shelter. The research suggests that policymakers should consider examining the linkages between emergency departments and the mental health care system, as well as improved policies that would allow EMS to transport people directly to the SCTC.

Frequent Utilization of the Snohomish County Jail

The Research Division of the Human Services Department also examined the emergency service utilization of people with nine or more bookings into the Snohomish County Jail during a recent 10-month period. The study found that individuals with multiple jail bookings were also using other health and emergency services, including visits to mental health centers, emergency rooms and EMS. The study also found that frequent jail utilizers had high rates of chemical dependency and mental health issues, and that this population likely is not receiving effective treatment. The researchers concluded that in the absence of policy changes, this population would likely continue to cycle through the jail and utilize costly services.
Priority #1: Therapeutic Courts, Triage Facility, and Related Services

Family Dependency Drug Court and other Snohomish County therapeutic courts were created to help break the cycle of repeated arrests, prosecutions, and incarcerations of people with chemical dependency and mental health issues. Other related initiatives include the involuntary treatment program and Therapeutic Alternatives to Prosecution (TAP). The involuntary treatment program serves individuals who are mentally ill and may require evaluation for involuntary psychiatric commitment. TAP provides an alternative to court trial and incarceration for qualifying first-time offenders. Snohomish County Triage Center (SCTC) provides a secure and safe place for individuals to receive immediate care for behavioral health emergencies and follow-up referrals for treatment.

Family Dependency Drug Court and Other Therapeutic Courts

2013 marks the fourth year that therapeutic courts have been supported by Sales Tax, and have touched hundreds of individuals facing the serious consequences of chemical dependency and mental health issues. Descriptions of the five types of Snohomish County therapeutic courts are provided below:

- **Family Dependency Drug Court**: Through expedited access to chemical dependency treatment, weekly court hearings, parenting classes, and access to specialized social workers, this court provides parents struggling with the disease of addiction an opportunity to establish a solid recovery. They learn how to parent their children in a lifestyle of sobriety and rejoin their communities as healthy, productive families.

- **Adult Drug Treatment Court**: This court has been specifically designed and staffed to supervise non-violent felony drug-addicted defendants. A judge closely monitors defendants who are referred to a comprehensive program of drug treatment and rehabilitation services.

- **Juvenile Offender Drug Treatment Court**: The Juvenile Offender Drug Treatment Court focuses on youth who are struggling with chemical dependency and abuse issues, and offers a highly-focused approach to community supervision.

- **At-Risk Youth Drug Treatment Court**: This court is modeled after the Juvenile Offender Drug Treatment Court, but serves at-risk youth who are not currently active in the justice system. The mission of this court is to strengthen the mental, emotional and social well-being of substance abusing youth.

- **Mental Health Court**: The Snohomish County Mental Health Court is a collaborative, problem-solving court designed to promote public safety and reduce recidivism among mentally ill offenders through an intensive program of evaluation, treatment, and frequent monitoring of compliance.

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3 The information in this section is from the Snohomish County Human Services Research Division Report titled “Snohomish County Triage Center (SCTC) Comparisons in Data—Calendar Year 2012 to Calendar Year 2013.” The annual SCTC Report, “Snohomish County Triage Center (SCTC) 1 January 2013 through 31 December 2013,” is provided in Appendix III.
Since 2009, Snohomish County therapeutic courts have held over 42,400 hearings, or about 10,600 hearings per year. Mental Health Court hearings began in late 2012 and are accounting for an increasing share of total hearings; the pilot program accounted for 18 hearings in 2012 and 215 in 2013 (see figure 1).

A summative evaluation of the County’s adult and family drug courts is currently underway with results to be published in 2014.

Early results assessing the impact of the Mental Health Court—piloted in 2012—suggest that the interventions can affect positive change (see below), and more in-depth evaluation efforts will continue as the program moves from the pilot stage to full implementation.

Preliminary Results of the Snohomish County Mental Health Court Pilot Project

In 2013, the Snohomish County Human Services Research Division conducted a preliminary analysis of the Mental Health Court Pilot Project. The study examined crisis services used by eight clients in the six months prior to admission into the program and the six months post admission. Because the Mental Health Court is so new, these clients were the only cases with six months of experience in the program. While not conclusive, the study found that the program appears to have positive impacts on recidivism and decreased use of crisis services. For participants, the number of arrests and amount of jail time generally decreased after entering in the program. Use of emergency services such as EMS and emergency departments also fell dramatically—the aggregate number of emergency department visits dropped by about one third, and no participants used EMS after entering the program. While it is still too early to ascertain the longer term effects of the Mental Health Court, the trend in decreased utilization of crisis services and recidivism suggests that the program supports positive outcomes for clients while they are participants as well as for the broader crisis system as a whole.
## Snohomish County Triage Facility

### Summary of Comparisons between Calendar Year 2012 and Calendar Year 2013

The total number of referrals to SCTC increased 10.7% between 2012 and 2013.

The number of law enforcement referrals to SCTC decreased 4.6% between 2012 and 2013.

The number of referrals to SCTC from hospital emergency rooms increased 39.7% between 2012 and 2013.

The number of overall admissions to SCTC increased 2.5% between 2012 and 2013.

More older people (age 60+ years) were referred to SCTC in 2013 than in 2012.

The average age of those referred in 2012 was 38.9 years; it was 39.7 years in 2013.

Females constituted 45.6% of the referrals in 2012 and 40.2% in 2013.

There were more referrals for veterans in 2013 than in 2012 (74 and 66 respectively).

22.4% of referrals were under the influence of drugs or alcohol in 2012 while 26.1% were in 2013.

17.6% of admissions in SCTC in 2012 used the Genoa Pharmacy while 12.0% did in 2013.

In April 2011, Governor Chris Gregoire signed a bill authorizing triage facilities as a cost effective alternative to local jails and emergency departments to evaluate individuals in crisis who have been arrested for non-felony crimes. Initially opened in March 2011 for a 90 day pilot period, the Snohomish County Triage Center (SCTC) is operated as a partnership between Compass Health, the North Sound Mental Health Administration and the Snohomish County Human Services Department.

SCTC is designed to respond to adults in crisis in Snohomish County. The Triage Center accepts direct referrals from first responders, emergency rooms, and others who come into contact with those experiencing crises.

The goals of the Snohomish County Triage Center are to:

- Divert those with mental illness and those under the influence of drugs or alcohol from the criminal justice system;
- Provide assessment and evaluation to determine the need for hospitalization;
- Link those in need of mental health and substance abuse treatment with appropriate community resources;
- Reduce utilization of local hospital emergency departments for nonemergency problems; and
- To create a Least Restrictive Alternative (LRA) for citizens with mental illness.

Data collection for SCTC began with its opening in March 2011. Since its initial pilot period, the data collection procedures have been refined to best capture information about clients and their referral sources. This following page presents the comparisons of these data between calendar years 2012 and 2013.
Comparison of Referrals to SCTC between Calendar Year 2012 and Calendar Year 2013

2012: 1,414 referrals
2013: 1,566 referrals

2012: 539 (38.12%) of referrals from hospital emergency rooms
2013: 753 (48.08%) of referrals from hospital emergency rooms

2012: 346 (24.47%) of referrals from law enforcement
2013: 330 (21.07%) of referrals from law enforcement

2012: 426 (30.13%) of referrals from community mental health agencies
2013: 350 (22.35%) of referrals from community health agencies

2012: 103 (7.28%) of total referrals were denied
2013: 209 (13.35%) of total referrals were denied

2012: 24 referrals denied for needing detox services
2013: 58 referrals denied for needing detox services

2012: 15 referrals denied for needing higher level of care
2013: 46 referrals denied for needing higher level of care

### Client Referral Source

<table>
<thead>
<tr>
<th>Source</th>
<th>2012 # of Referrals</th>
<th>2012 % of Referrals</th>
<th>2013 # of Referrals</th>
<th>2013 % of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community CD Provider</td>
<td>6</td>
<td>0.42%</td>
<td>5</td>
<td>0.32%</td>
</tr>
<tr>
<td>Community MH Agency</td>
<td>426</td>
<td>30.13%</td>
<td>350</td>
<td>22.35%</td>
</tr>
<tr>
<td>Hospital ER</td>
<td>539</td>
<td>38.12%</td>
<td>753</td>
<td>48.08%</td>
</tr>
<tr>
<td>Hospital Medical Unit</td>
<td>15</td>
<td>1.06%</td>
<td>13</td>
<td>0.83%</td>
</tr>
<tr>
<td>Hospital Psychiatric Unit</td>
<td>30</td>
<td>2.12%</td>
<td>21</td>
<td>1.34%</td>
</tr>
<tr>
<td>Individual Professional Staff</td>
<td>9</td>
<td>0.64%</td>
<td>29</td>
<td>1.85%</td>
</tr>
<tr>
<td>Law Enforcement Agency</td>
<td>346</td>
<td>24.47%</td>
<td>330</td>
<td>21.07%</td>
</tr>
<tr>
<td>MH Eval and Tx Facility</td>
<td>11</td>
<td>0.78%</td>
<td>35</td>
<td>2.23%</td>
</tr>
<tr>
<td>No Referral Source Listed</td>
<td>1</td>
<td>0.07%</td>
<td>1</td>
<td>0.06%</td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
<td>1.91%</td>
<td>16</td>
<td>1.02%</td>
</tr>
<tr>
<td>Providence Hospital</td>
<td>0</td>
<td>0.00%</td>
<td>4</td>
<td>0.26%</td>
</tr>
<tr>
<td>Residential Facility</td>
<td>2</td>
<td>0.14%</td>
<td>4</td>
<td>0.26%</td>
</tr>
<tr>
<td>Self</td>
<td>1</td>
<td>0.07%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Sobering Center or Detox</td>
<td>1</td>
<td>0.07%</td>
<td>5</td>
<td>0.32%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1414</td>
<td>100.00%</td>
<td>1566</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

### Action Taken on Referral

<table>
<thead>
<tr>
<th>Action Taken</th>
<th>2012 # of Referrals</th>
<th>2012 % of Referrals</th>
<th>2013 # of Referrals</th>
<th>2013 % of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted</td>
<td>1116</td>
<td>78.93%</td>
<td>1144</td>
<td>73.05%</td>
</tr>
<tr>
<td>Denied</td>
<td>103</td>
<td>7.28%</td>
<td>209</td>
<td>13.35%</td>
</tr>
<tr>
<td>Incomplete</td>
<td>6</td>
<td>0.42%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Incomplete/No Further Action</td>
<td>33</td>
<td>2.33%</td>
<td>27</td>
<td>1.72%</td>
</tr>
<tr>
<td>No Show</td>
<td>17</td>
<td>1.20%</td>
<td>47</td>
<td>3.00%</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>135</td>
<td>9.55%</td>
<td>138</td>
<td>8.81%</td>
</tr>
<tr>
<td>No Information</td>
<td>4</td>
<td>0.28%</td>
<td>1</td>
<td>0.06%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1414</td>
<td>100.00%</td>
<td>1566</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

### Reasons for Denial of Referrals

<table>
<thead>
<tr>
<th>Reason</th>
<th>2012 # of Referrals</th>
<th>2012 % of Referrals</th>
<th>2013 # of Referrals</th>
<th>2013 % of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18 years old</td>
<td>3</td>
<td>2.91%</td>
<td>1</td>
<td>0.48%</td>
</tr>
<tr>
<td>Medical needs/Instability</td>
<td>28</td>
<td>27.18%</td>
<td>33</td>
<td>21.79%</td>
</tr>
<tr>
<td>Needs detox services</td>
<td>24</td>
<td>23.30%</td>
<td>58</td>
<td>27.75%</td>
</tr>
<tr>
<td>Needs higher level of care</td>
<td>15</td>
<td>14.56%</td>
<td>46</td>
<td>22.01%</td>
</tr>
<tr>
<td>No capacity</td>
<td>2</td>
<td>1.94%</td>
<td>12</td>
<td>5.74%</td>
</tr>
<tr>
<td>Not cooperative</td>
<td>10</td>
<td>9.71%</td>
<td>18</td>
<td>8.61%</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>20.39%</td>
<td>40</td>
<td>19.14%</td>
</tr>
<tr>
<td>Restraining order or NCO</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
<td>0.48%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>103</td>
<td>100.00%</td>
<td>209</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
Involuntary Treatment Program, Therapeutic Alternatives, and DOSA

The Involuntary Treatment Program serves people who may require emergency psychiatric hospitalization, arranges admission to relevant treatment facilities, and assists with emergency mental health situations. Sales Tax funds have supported court-related involvement in the program since 2010, including the Snohomish County Public Defender’s Office, Prosecutor’s Office, and Clerk’s Office. In 2013, there were 3,771 crisis events addressed by program staff, 2,035 face-to-face investigations, and 1,399 hearing evaluations.

The Therapeutic Alternatives to Prosecution (TAP) program provides an alternative to court trial and incarceration for a limited number of qualifying first-time offenders. These offenders are held accountable for their crimes through participation in self-paid evaluation and rehabilitation, payment of restitution to victims, payment of other fees and fines and successful completion of all terms and conditions of a diversion contract. Sales Tax funding for TAP began in 2013 and supports treatment for participants and costs incurred to the prosecuting attorney’s office. In 2013, 126 new referrals were made to TAP program, and the program collected $26,644 in program fees and $139,578 in restitution fees from TAP participants.

Sales Tax funds also helped fund 1,159 Drug Offender Sentence Alternative (DOSA) hearings.

Priority #2: Housing

Sales Tax Housing programs serve Snohomish County’s most needy populations. These include veterans, youth, and other Sales Tax priority populations, such as families with children and people facing mental health and chemical dependency issues. In 2013, the Sales Tax contributed to housing voucher programs for Veterans and non-veteran families, evidence-based programs assisting people at risk of homelessness, and programs focused on homeless youth.

Housing for Veterans

Sales Tax dollars help fund the Veterans' Assistance Fund (VAF) which provides limited emergency assistance to eligible veterans and dependents in Snohomish County. The program is administered by the Snohomish County Human Services Department and provides a range of services for local veterans and their families. Key activities and outputs of the program are shown on the following page.

Another name commonly used for this program is the Involuntary Commitment Program.
A major highlight of the VAF in 2013 was the Housing the Ninety-Nine project, which targeted homeless veterans and resulted in over a hundred veteran households finding permanent housing. In January of 2013, the annual Point-in-Time Count revealed that our community had 99 veterans in various stages of homelessness.\(^5\) Based on this information, community groups came together to utilize existing resources to locate and permanently house at least 99 homeless veterans and their families. The project prioritized two areas: (1) Increased outreach to find veterans in homelessness; and (2) create easier access to homelessness programs to ensure rapid-rehousing of these households. By the end of the year, 112 veteran households were permanently housed by the provider network in Snohomish County because of the project.

In 2013, progress continued on the Filbert Road Housing Project for Veterans. The result of the project will be twenty units of permanent residential housing for very low-income veterans. The twenty clients served in the program will be veterans who are homeless, have unstable social networks, are under or unemployed, and may suffer from mental illness or chemical dependency issues. Specialized services for veterans with co-occurring conditions will be provided at this project. The land is currently owned by Snohomish County Public Works Department and Catholic Community Services has successfully secured the property by way of a real estate purchase agreement.

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\(^5\)The Point in Time (PIT) Count is an annual count of homeless persons conducted in Snohomish County each January. A summary of the Snohomish County PIT counts from 2007 through the current year is available online at: [http://www.snohomishcountywa.gov/429/Housing-and-Community-Services](http://www.snohomishcountywa.gov/429/Housing-and-Community-Services)
The **Community Housing Stability and Support Program** (administered by Bridgeways) provides evidence-based interventions to low-income adults in subsidized housing who are eligible for Shelter Plus care programs\(^6\) in an effort to reduce the risk of losing housing due to mental health symptoms or substance abuse. In 2013, the program provided 384 hours of face-to-face service to a total of 88 clients enrolled in the program, 13 of whom were newly enrolled this year. As for impacts, 80 of the 88 clients (91 percent) maintained housing through the program. Clients who were surveyed largely reported that the program helped maintain housing and coordinate care, and as a result, improved mental health and chemical dependency issues. Responses to key questions in the survey are shown in Figure 3. Additionally, the program reported four cases of successful transfers out of the program and into other housing and health care arrangements.

The **Snohomish County Sales Tax Housing Program** provides housing vouchers to Snohomish County residents with chemical dependency, mental health, or co-occurring disorder issues. The housing vouchers help participants meet their housing needs while they address their substance dependency issues.

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\(^6\)Shelter Plus Care responds to the needs of a hard to reach population - homeless adults with disabilities - with permanent housing and long-term support services. This program is operated through the U.S. Department of Housing and Urban Development (HUD) and allows the YWCA of Snohomish County to offer homeless individuals and their families a variety of housing choices, rental assistance and a range of supportive services provided by partner agencies. To be eligible, applicants must meet the following qualifications: 1) Receiving services from a sponsoring partner agency (listed above), 2) Homeless or low-income, and 3) Have one of the following: severe mental illness, chemical dependency, HIV/AIDS, or a developmental disability.
use and mental health concerns. In 2013, 408 clients were served by the program of which 333 were individuals and 115 were families. Of these, 344 had chemical dependency issues, 74 had mental health issues and 91 had co-occurring chemical dependency and mental health issues. The vast majority of participants either completed the program (46 percent) or were still active at the end of the year (39 percent). The status of 2013 program participants at the end of the calendar year is illustrated in Figure 4 at right.

**Project Self Sufficiency** provides a foundation of services to low-income parents so they can develop the skills they need to become economically self-sufficient and transition from welfare programs. The program utilizes a partnership between Snohomish County Human Services Department and the **Everett Housing Authority**. Human Services staff provides services and the housing authority provides housing vouchers. Participants for the program are chosen based on their demonstrated motivation to support their families through obtaining employment, and most of the referrals to this program came from local chemical dependency and mental health agencies. In 2013, there were 650

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7Project Self Sufficiency is being merged into the Investing in Futures program. This program was previously known as Investing in Families.
households (1,407 individuals) enrolled in Project Self Sufficiency. About half (45 percent) of all people served in this program lived in single parent households. Summary statistics of the number of households and individuals in certain household types is provided in Figure 5 (see previous page).

In 2013, Sales Tax funding continued to support housing-related expenses of Domestic Violence Services of Snohomish County and Washington Home of Your Own.

Priority #3: Chemical Dependency and Mental Health Treatment

Sales Tax funds support critical services for youth and adults with mental health and substance abuse issues throughout Snohomish County. Services included mental health treatment, chemical dependency treatment, education and transition services that link youth and adults to community resources. Over time, these interventions intend to reduce costly reentry into the justice system related to chemical dependency or mental health issues.

Chemical Dependency and Mental Health Treatment for Youth

The Catholic Community Services Youth Inpatient Reintegration Specialist provides a range of services which help Snohomish County youth access and complete inpatient chemical dependency treatment. In 2013, the specialist assisted 256 youth with tasks including treatment applications, transportation, and coordination of resources involved in the youth’s care. Using motivational interviewing and the Stages of Change model, the specialist motivates and engages youth to enter inpatient treatment. During the year, 69 youth were referred to the program and 48 of these new referrals (70 percent) entered an inpatient chemical dependency facility. Results of the program are promising—in less than one

Sales Tax Changing Lives:
Youth Inpatient Reintegration Specialist
‘Ms. A’ is a young Snohomish County woman who came to the program addicted to heroin and experiencing troubles with the legal system. The program specialist began meeting with her while she was in custody and waiting for a bed in an inpatient youth chemical dependency treatment facility. During the transition period, the specialist visited her on a weekly basis and provided services to help her adjust to the new environment. Ms. A was eventually transferred to the facility, and after 8 months successfully completed the recovery program. In 2013, Ms. A celebrated one year of being clean and sober.

8 According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA): “The Stages of Change Model describes five stages of readiness and provides a framework for understanding the change process. By identifying where a person is in the change cycle, interventions can be tailored to the individual’s "readiness" to progress in the recovery process. Interventions that do not match the person’s readiness are less likely to succeed and more likely to damage rapport, create resistance, and impede change. Anything that moves a person through the stages toward a positive outcome should be regarded as a success.” See http://www.samhsa.gov/co-occurring/topics/training/change.aspx
year, 22 of the new referrals completed the inpatient therapy and re-engaged with outpatient chemical dependency treatment.

Catholic Community Services also provided youth school-based outpatient chemical dependency treatment. In 2013, these services expanded to Stanwood High School and continued at Lincoln High School (in Stanwood) and Weston High School (in Arlington). Through this program, chemical dependency counselors provide group and individual substance abuse treatment to youth at these three schools as well as others in the Arlington, Stanwood, and Sultan areas. The counselors also conduct assessments and facilitate admissions to other substance abuse programs, and provide educational information for parents, teachers, and others. In 2013, counselors conducted 62 assessments resulting in 55 youth being admitted to chemical dependency treatment (Figure 6).

In 2013, Therapeutic Health Services provided youth community outpatient chemical dependency treatment to Snohomish County youth. Services included chemical dependency outreach, early intervention and education, outpatient treatment, intensive outpatient treatment, aftercare and family counseling services. The participants in these services are low-income youth (ages 10 through 17) who reside in the County. In 2013, this program provided over 1,862 hours of service to 160 youth with 66 assessments completed and 54 youth being admitted to treatment (see Figure 7). In December 2013, the treatment retention rate was 93 percent, considerably higher than the state 90-day threshold rate of 70 percent. This means that many of the youth served by this program are staying in their treatment programs, and that they are more likely to stay in treatment than
other Washington youth served by such programs.

In 2013, Sales Tax funds supported **Youth Mental Health Counseling at Cocoon House**. During the year, this program served 87 youth and conducted 337 counseling sessions. A key output of these sessions was the creation of needs assessments (65 assessments) and crisis plans (55 plans). Additionally, the counseling sessions resulted in referrals for treatment for chemical dependency, mental health, and other health and well-being issues, including education, employment, housing, and transportation. About half of all youth who were referred to chemical dependency or mental health treatment indicated that they would definitely follow through with the referral. Data from chemical dependency and mental health referrals and youth intentions are provided in Figure 8.

The **Mental Health Program at the Denny Juvenile Justice Center (DJJC)** provides mental health services to youth in residence at the DJJC regardless of their ability to pay. The program is open to youth who are enrolled in alternative to detention programs, enrolled in drug court or at-risk drug court, or are status offenders. In 2013, 151 unduplicated youth were served by the program. During the year, the Mental Health Program provided 149 mental health counseling sessions, 42 crisis interventions, 16 suicide screenings, and 1 instance of case management services.

A new service funded through the Sales Tax in 2013 is the **Child Interview Specialist** at the Dawson Place Child Advocacy Center in Everett. The interview specialist conducts forensic interviews for cases of suspected child abuse or neglect at the request of law enforcement agencies operating in Snohomish County. The interviewer’s job is to guide a child (age 3 to 17) through the disclosure process in a way that is legally sound and defensible in court. From October through December of 2013, the Child Interview Specialist served 74 children and provided 95 hours of client services.

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*A status offense is typically a charge or adjudication that would not be a crime if committed by an adult (e.g. truancy).*
Evergreen Manor and Catholic Community Services provided outpatient chemical dependency services that prioritize veterans and the aging population. Catholic Community Services reported serving 17 veterans and 42 older adults in 2013. Evergreen Manor served 36 veterans and 82 aging adults.

In 2013, Opiate Substitution Treatment provided by Therapeutic Health Services, helped 126 clients suffering from the withdrawals from heroin and prescription drugs. This work is especially important given the increasing rates of opiate addiction being experienced across the state and throughout Snohomish County.

Senior Peer Counseling receives partial funding through Sales Tax funds. It is a confidential, no-cost counseling service for Snohomish County seniors, age 60 and older. Trained volunteers, age 55 and older, meet with clients in their own homes on a weekly basis to offer support for such issues as losing loved ones, coping with illness, or overcoming isolation. The Senior Peer Counselors are screened, trained, and supervised by mental health specialists. In 2013, beneficiaries of the program reported the top three impacts of the program as: 1) regaining confidence, 2) having an opportunity to make a worthwhile contribution, and 3) instilling a sense of purpose. A vignette from one participant is provided above.

The Veterans Incarcerated Program, a subcomponent of the Veterans Assistance Fund (VAF) Program administered by Snohomish County Human Services (see p. 14-15) provided outreach to 98 inmates in the Snohomish County Jail during 2013. This program makes available all Veterans’ Administration (VA) resources to incarcerated veterans after their terms are completed, including access to VA non-service connected pensions and VA disability compensation claims. By providing this service, the program can help reduce recidivism in our veteran population.

The Short Term Mental Health Services Program supports individuals who are at risk of hospitalization, incarceration, or recurrent mental health crisis episodes and are not eligible for Medicaid services. The goal of the program is to assist clients with applying for appropriate benefits and linking them to ongoing community based care. In addition to assisting clients with accessing available benefits, this program provides case management services, prescriptive services including psychotropic medications as needed, and flex funds to provide goods and services directly related to the needs of the client which cannot be met through existing community mechanisms. In 2013, three providers (Catholic Community Services, Compass Health, and Sea Mar Community Health Center) provided over 1,778 hours of short-term case management to 515 clients.
In 2013, Sales Tax funds began supporting **Investing in Futures** Mental Health Counseling through the **regional YWCA**, which provides mental health services to individuals and families unable to access services through community mental health systems. Through counseling, beneficiaries address their mental health issues as they move to self-sufficiency. All services are client-centered and emphasize skill-building. Between July and December of 2013, the program exceeded its service goals and served 55 individuals representing 45 families. A story illustrating the impact of the program on one family is provided at right.

Through the **In-Jail Treatment program**, **Evergreen Manor** provided 127 chemical dependency assessments and over 6,600 hours of group treatment to men and women incarcerated in the Snohomish County Jail. Evergreen Manor also provided 317 hours of individual case management to jail inmates. In addition to receiving intensive outpatient treatment for their conditions, inmates receive intensive case management to connect with treatment in the community after their release. In 2013, 121 women and 119 men were referred to the In-Jail Treatment program by jail staff. The numbers of women and men referred, admitted to the program, and who continued treatment after release from Snohomish County Jail are provided in Figure 9 below.

**Figure 9: Referrals, Admissions and Continuation of Outpatient Treatment for the In-Jail Treatment Program**
**Evergreen Manor** also provided **mental health counseling** to low-income participants in therapeutic drug courts. In 2013, it served 73 families and 114 adults who took part in Snohomish County’s Adult Drug Court or Family Drug Court. Evergreen Manor provided 1,689 community education consultations and 127 case consultations. (See pages 6–7 for other information about the Snohomish County therapeutic courts.)

The **Jail Transition Services (JTS) Program** aims to facilitate the successful transition of inmates with mental health issues from incarceration into community mental health treatment programs. In the JTS Program, Snohomish County Human Services links inmates to community providers (**Catholic Community Services, Compass Health, and Sunrise Services**) who address additional needs and work with inmates towards rehabilitation, recovery and reintegration. The goal of JTS is to reduce recidivism by facilitating the provision of mental health treatment and additional supportive services. Throughout 2013, 498 inmates were screened and 165 enrolled in the program. An additional 550 inmates were reconnected with mental health services upon release, and 83 received release planning while still in jail.

Chemical dependency **detoxification services** helped low-income Snohomish County residents needing a safe and supportive environment to withdraw from alcohol and other drugs. According to the Treatment and Assessment Report Generation Tool (TARGET), a comprehensive state treatment database, the detoxification program at **Evergreen Manor** had 1,055 total admissions in 2013 for 940 unduplicated individuals. In 2013, 35 percent of all beneficiaries discharged from detoxification received follow-up treatment within 30 days. This was nearly the same rate as in 2012.

Sales Tax funds supported **Mental Health Treatment and related services** in the **Snohomish County Jail**. In 2013, $195,914 funded mental health professionals (2 FTEs) that provide direct care and evaluations of inmates, and an additional $487,501 covered the cost of psychiatric medications for inmates with mental health needs. An additional $11,422 funded the costs of staffing a two-person team that provided 46 transports between the Snohomish County Jail and a state psychiatric hospital (Western State Hospital).

### Priority #4: Training

In 2013, Sales Tax funds supported **training** for hundreds of chemical dependency and mental health providers, first responders, and law enforcement personnel. Topics of trainings supported by the fund included:

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10Counts of JTS screening, enrollment, connection to services, and release planning are counts of services, not counts of individuals. Because the population served by the program may include people with multiple jail bookings during the year, the numbers may include individuals who have multiple interactions with the program.
The 13 Senior Centers in Snohomish County provide a variety of programs targeting older adults (age 55 and up). These programs are aligned with the needs of the community and range from traditional craft groups to community-based physical fitness programs. In 2013, thousands of individuals participated in activities at these centers. An unduplicated count across all centers is not possible because some individuals may have attended programs at multiple centers (for unduplicated counts by individual senior center, see Figure 10 at right).

- Methods to calm and de-escalate aggressive and challenging individuals (290 attendees);
- Treatment for co-occurring disorders and medical assistance issues (260 attendees);
- Treatment and understanding of Veterans’ mental health issues and culture (35 attendees); and
- Evidence-based chemical dependency treatment for youth (24 attendees).

Training specifically targeted for County law enforcement personnel included Crisis Intervention Team (CIT) training, Strategic Weapons and Tactics (SWAT) training, and hostage negotiation training. During the year, over 30 Snohomish County Sheriff Deputies participated in these events.

Priority #5: Prevention and Specialist Services

In 2013, Sales Tax dollars helped fund a variety of prevention and specialist services for Sales Tax priority populations. Prevention services and specialist services targeted youth in schools and in contact with the juvenile justice system, families utilizing Family Support Centers (FSCs), and aging adults at local Senior Centers. Specialist Services included outreach and other services.

Prevention Services

<table>
<thead>
<tr>
<th>The 13 Senior Centers in Snohomish County</th>
<th>Participants at Snohomish County Senior Centers, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edmonds</td>
<td>3,928</td>
</tr>
<tr>
<td>Stillaguamish</td>
<td>3,837</td>
</tr>
<tr>
<td>City of Everett</td>
<td>2,661</td>
</tr>
<tr>
<td>Northshore</td>
<td>2,377</td>
</tr>
<tr>
<td>Snohomish</td>
<td>1,116</td>
</tr>
<tr>
<td>East County</td>
<td>1,072</td>
</tr>
<tr>
<td>Stanwood</td>
<td>1,032</td>
</tr>
<tr>
<td>Mountlake Terrace</td>
<td>928</td>
</tr>
<tr>
<td>City of Lynnwood</td>
<td>879</td>
</tr>
<tr>
<td>Lake Stevens</td>
<td>570</td>
</tr>
<tr>
<td>SSSC Multi-Cultural Center</td>
<td>554</td>
</tr>
<tr>
<td>City of Marysville</td>
<td>423</td>
</tr>
<tr>
<td>Cascade Seniors</td>
<td>363</td>
</tr>
</tbody>
</table>

Figure 10: Participants at Snohomish County Senior Centers, 2013
Certain programs at senior centers may reduce the risk factors and improve the protection factors associated with mental health issues. For example, numerous studies have shown that stimulating cognitive programs and activities, including games, crafts, and social interaction, reduce the risk of cognitive impairment in older adults. Examples of these activities include the Sound Singers Group, quilting, and genealogy. In 2013, Senior Centers reported details on the direct impacts of 10 such programs. Of the participants who responded to the surveys, 77 percent reported being happier since becoming involved with the program, 78 percent reported feeling more connected to others, and 57 percent felt better able to connect with other community resources.

![Figure 11: Percentage of Respondents Reporting Positive Changes After Participation in Senior Center Programs, 2013](image)

Senior centers also provide a host of activities that encourage physical exercise, which has also been shown to reduce the risk of mental disorders in older adults. In 2013, such programs included Zumba, the Carl Gipson Table Tennis Club, and an evidenced-based program called EnhanceFitness Program. In the 11 programs where information was collected during the year, 87 percent of respondents reported increased happiness, 76 percent reported feeling more connected to others, and 65 percent reported an increased connection to community resources. Additionally, 86 percent of those participating in physical programs stated their overall health had improved.

The seven Family Support Centers (FSCs) in Snohomish County provide a variety of community-based programs to residents of all ages and backgrounds. Programs include parenting classes, crisis intervention, and youth chemical dependency prevention programs. An unduplicated count across all centers is not possible because some individuals may have attended programs at multiple centers. The number of visits and participants in FSC activities are provide in Figure 12 (see next page).

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In addition to providing a range of programs, Snohomish County’s FSCs are successful at leveraging community resources. In 2013, the FSCs engaged 1,589 volunteers who contributed to 33,574 hours of service to the community. Based on other research, this is equivalent to about $762,000 in additional funds leveraged by the FSCs. Many of the programs provided by the FSCs can be linked to the prevention of mental health and chemical dependency issues. These programs range from afterschool programs for youth to health insurance outreach and assistance for the community. In 2014, Snohomish County plans to focus its monitoring and evaluation activities to better document and report on these essential prevention services.

The Student Support Advocate (SSA) Program continued at eight schools in the Edmonds School District and expanded to three schools in the Mukilteo School District. The SSA Program places Student Support Advocates into these schools, and the advocate helps students connect to vital services, including mental health and chemical dependency assessments and treatment. In the Edmonds School District, SSA program served 605 students with a range of challenges including chemical dependency, mental health, housing, and school-related issues. Through the program, the majority of students reported improvements in attendance (65 percent), discipline (70 percent) and grades (64 percent). Of the 113 students with an identified chemical dependency issue, a majority (71 percent) reported decreased drug and alcohol use after participation in the program. Additionally, those that needed chemical dependency or mental health services reported that they were able to access those services through the SSA program (96 percent for both program types). A summary of program impacts on chemical dependency and mental health issues, by participating school type in the Edmonds School District, is shown in Figure 15 on the following page.

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12 According to the most recent information available from a leading network of nonprofits, foundations and corporate giving programs, one hour of volunteer time in Washington is equivalent to $22.69. See http://www.independentsector.org/volunteer_time#sthash.A7EKA1Tv.H6BeFvuL.dpbs
The SSA Program began operating in the Mukilteo School District in September 2013. Three schools (Explorer Middle School, Mariner High School, and Voyager Middle School) were chosen because of the large share of students living at or below the poverty level. In its first three months, the program has built connections with community resources. For example, as a result of Student Support Advocates:

- all three schools now have drug and alcohol assessment and treatment services, and
- a certified mental health therapist provides care at two of the schools and plans to expand care to the third in the near future.

In addition to facilitating referrals, tracking compliance, and collaborating with agencies, the program is helping make positive changes in the lives of Snohomish County youth. One story demonstrating how the program changes lives is provided above.

**Sales Tax Changing Lives: Mukilteo School District Student Support Advocates**

‘Ms. B’ is a teenager facing many life challenges, including a parent who is in jail. Shortly after meeting with the Student Support Advocate, she was suspended for drug use and kicked out of school. Facing a downward spiral, the advocate helped connect Ms. B to treatment.

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13In previous years the program was called the Edmonds School Prevention and Intervention (ESPI) Network. The name was changed to Student Support Advocate (SSA) in 2013 as it expanded beyond the Edmonds School District.
Other Specialty Service Programs

Sales Tax dollars help fund outreach information services that are targeted at some of the neediest members of our communities—veterans, youth and older adults—as well as members of the general population with mental health and chemical dependency issues.

Sales Tax helps fund two distinct Screening, Brief Intervention and Referral to Treatment (SBIRT) initiatives at two institutions in Snohomish County: Evergreen Manor and Providence Regional Medical Center. SBIRT is recognized by the federal government as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with chemical dependency or mental health issues (or co-occurring disorders), as well as those who are at risk of developing these disorders.\(^4\) The community settings provide opportunities for early intervention before more severe consequences occur.

In 2013 Evergreen Manor’s SBIRT Program served 177 people and helped place 56 people in chemical dependency treatment. Evergreen Manor’s SBIRT Counselor is a chemical dependency professional who also provides substance use disorder treatment on site at a local clinic. Summary statistics are provided in the table below.

Service Details of Evergreen Manor’s SBIRT Program, 2013

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Interventions Sessions</td>
<td>501</td>
</tr>
<tr>
<td>Brief Therapy Sessions</td>
<td>257</td>
</tr>
<tr>
<td>Chemical Dependency Assessments</td>
<td>56</td>
</tr>
<tr>
<td>Individuals Placed in Treatment</td>
<td>56</td>
</tr>
<tr>
<td>Consultations and Training Sessions</td>
<td>40</td>
</tr>
</tbody>
</table>

The Providence Regional Medical Center SBIRT Program employs two social workers who conduct screenings in the hospital’s emergency department. The social workers screen for potential substance use disorders and for mental health issues. In 2013, they screened 2,036 unduplicated SBIRT clients, and referred about four thousand clients to treatment for chemical dependency, mental health, or co-occurring disorders. Summary statistics are provided in the table on the following page.

\(^4\)Substance Abuse and Mental Health Services Administration (SAMHSA). White Pater on Screening, Brief Intervention and Referral to Treatment, 2011. [http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf](http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf) According to SAMHSA (2011), a brief intervention usually involves one to five sessions lasting about five minutes to one hour in which patients are educated and increase their motivation to reduce risky behavior.
Service Details of Providence Regional Medical Center’s SBIRT Program, 2013

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for Substance Abuse and Mental Health Issues</td>
<td>2,209</td>
</tr>
<tr>
<td>Referred to Treatment – Mental Health Only</td>
<td>1,404</td>
</tr>
<tr>
<td>Referred to Treatment – Substance Abuse Only</td>
<td>1,259</td>
</tr>
<tr>
<td>Referred to Treatment – Mental Health and Substance Abuse</td>
<td>1,105</td>
</tr>
<tr>
<td>Follow-up Call After Discharge</td>
<td>2,011</td>
</tr>
</tbody>
</table>

**Senior Services of Snohomish County** is a local agency which provides information assistance services for older adults with mental health and substance abuse issues. Potential beneficiaries can consult with a specialist in person, by telephone or via e-mail about local resources, and receive individualized assistance as well as support advocacy.\(^{15}\) In addition to individualized service, the agency maintains an online resource directory and printed directory with hundreds of current resources for older adults. In 2013, there were 2,054 information-giving contacts and 275 screenings. Additionally, the contractor provided 30 community presentations and added 14 new resources to the directory.

The **Network of Care** website ([http://snohomish.wa.networkofcare.org/veterans](http://snohomish.wa.networkofcare.org/veterans)) is designed to provide information to veterans and their families about community resources and agencies that may be of assistance to them, link veterans to services in the community, provide a venue for veterans to be heard by their government and maintain personal health and welfare information. In 2013, the Network of Care website logged 71,316 sessions (a series of multiple page viewings) and 520,816 webpage hits. The website averaged 195 sessions per day for the entire year.

The **Youth Services Network Program** (through Cocoon House) provides outreach and advocacy services to connect with youth who are homeless or at risk for homelessness. These youth no longer live at home, are at risk of leaving their homes or lack access to essential services. In 2013, this program served youth through outreach, the U-Turn Drop in Center, and Outreach Case Management. Hundreds of these youth had identified chemical dependency issues or were at-risk for

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\(^{15}\)The online resource directory is online at [http://www.resourcehouse.com/en/sssc/cgi-bin/location.asp](http://www.resourcehouse.com/en/sssc/cgi-bin/location.asp)
chemical dependency and mental health issues (see Figure 13). As a result of the case management, hundreds of at-risk youth who participated in the Youth Services Network received services that are essential for addressing risk factors and leading productive lives. Counts of individuals that received services are shown in Figure 14 below.

**Figure 14: Number of Youth Service Network Participants Receiving Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received Mental Health Services</td>
<td>87</td>
</tr>
<tr>
<td>Referred to Mental Health Services</td>
<td>59</td>
</tr>
<tr>
<td>Participated in Chemical Dependency Support Group</td>
<td>25</td>
</tr>
<tr>
<td>Participated in Chemical Dependency Assessment</td>
<td>19</td>
</tr>
<tr>
<td>Received Inpatient Chemical Dependency Treatment</td>
<td>7</td>
</tr>
</tbody>
</table>

**North Sound 2-1-1** is a community information and referral line that provides health and human service resources and information. Information and Referral Specialists assist callers using a comprehensive database containing information on mental health, chemical dependency, and related services available to county residents. In 2013, there were 34,037 callers seeking assistance and 55,481 referrals made to community resources. Compared to 2012, this represents an 18 percent decrease in call volume. Follow-up surveys indicate that people who used the 2-1-1 were largely satisfied with the services (96 percent) and felt more connected with their community (100 percent). During this time period, there were 844 cases of clients seeking assistance for mental health issues and 342 cases of clients seeking assistance for chemical dependency issues. In 2014, Sales Tax will fund increased hours of operation and a Community Advocate program.

**WayOUT** is a 13-hour prevention seminar that serves at-risk youth offenders and their families. Participants are referred to the program through the Juvenile Court, Project SAFE\(^\text{16}\), and other local agencies. The seminar, which is administered by Cocoon House, teaches health life skills, strengthens familial bonds, and links participants to community resources. The program is based on a model that research

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\(^{16}\) Project SAFE is a teen homelessness prevention program administered by Cocoon House. Project Safe is not funded by the Sales Tax.
suggests may help reduce recidivism.\textsuperscript{17} In 2013, 148 youth and 147 adult family members completed the program. Most participants who completed a follow-up survey of the program reported better communication and conflict resolution skills (see Figure 16 below).

**Figure 16: Participants Reporting Improvements from WayOUT Program, 2013**

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure16.png}
\end{figure}

In 2013, Sales Tax continued to support the Women/Men’s Recovery and Prevention Services program (WRAPS) that serves families with at least one parent at-risk for substance abuse or who have a history of chemical dependency. WRAPS seeks to increase the number of homeless families moving to permanent housing, and is a part of the county-wide strategy to end homelessness in Snohomish County by 2016. The WRAPS chemical dependency liaison conducted chemical dependency screenings for 107 clients and helped them access treatment; she also referred them to mental health services when needed. The WRAPS mental health liaison, a separate position funded through the Sales Tax, conducted 58 mental health assessments and made 59 referrals for continued counseling. Sales Tax dollars also helped provide transportation and childcare so WRAPS participants could participate in 48 group therapy sessions.

Sales Tax funds contributed to the Driving Under the Influence (DUI) Countermeasure Program. The program consists of the DUI Victim Panel and DUI and Target Zero Traffic Safety Task Force. An estimated

\textit{There were zero traffic fatalities in November and December of 2013. This is a significant accomplishment as typically about 7 people are killed on Snohomish County roadways every year during the winter holiday season.}

6,085 youth and 1,360 adults received prevention messages at school assemblies, driver’s education classes, and specialized community presentations. An additional 1,825 people also received DUI prevention messages by attending court-ordered DUI Victim Panels. The DUI Countermeasure program also coordinated 32 DUI traffic safety emphasis patrols in 2013. These patrols resulted in the removal of 139 drivers suspected of intoxication and 15 drug arrests.

**First Steps Clinic Based Program** is a Washington State program for Medicaid-eligible pregnant women, mothers and infants (from birth to their first birthday). First Steps assists women with targeted risk factors (including mental health issues, chemical dependency, domestic violence, and other health issues) in order to deliver full term, healthy infants. Public health nurses and other clinical specialists provide and direct participants to appropriate care. In 2013, First Steps made 9,845 contacts with thousands of pregnant or postpartum women. From these outreach efforts, 2,254 women enrolled in the program. Many women who participated in the program had risk factors for mental health and chemical dependency issues. For example, 613 women were categorized as high risk of mental health issues, and 403 women had a high risk of substance abuse. During the year, 460 women successfully completed the program and evidence from beneficiaries suggest that the program had a dramatic impact on their lives.

**Nurse Family Partnership** is an evidence-based, community health program that serves low-income women pregnant with their first child. Each mother is partnered with a registered nurse and receives ongoing nurse home visits. These home visits provide women with the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. In 2013, the Nurse Family Partnership program, housed and operated through ChildStrive (formerly called Little Red School House) served 593 pregnant or parenting women, enrolled 67 new participants, and welcomed the birth of 57 children. Nurses provided over 629 visits to women during pregnancy, 805 visits to women while their children were infants and 213 visits to women while their children were toddlers. In 2013, 104 participants were identified as at risk of chemical dependency issues, and 62 were referred to treatment (60 percent). 233 participants were identified as at risk of mental health issues, and 173 were referred to treatment (74 percent). Data provided by Nurse Family Partnership show that less than half of all women referred to treatment reported receiving it (see Figure 17).
Appendix I: Key Legislative Documents Related to Sales Tax

Omnibus Mental Health and Substance Abuse Act (E2SSB 5763)

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5763

AS RECOMMENDED BY THE CONFERENCE COMMITTEE

Passed Legislature - 2005 Regular Session

State of Washington 59th Legislature 2005 Regular Session

By Senate Committee on Ways & Means (originally sponsored by Senators Hargrove, Stevens, Regala, Brandland, Thibaudeau, Carrell, Brown, Keiser, Fairley, McAuliffe, Rasmussen, Kline, Kohl-Welles and Franklin)

READ FIRST TIME 03/08/05.

1 AN ACT Relating to the omnibus treatment of mental and substance
2 abuse disorders act of 2005; amending RCW 71.05.020, 71.24.025,
3 10.77.010, 71.05.360, 71.05.420, 71.05.620, 71.05.630, 71.05.640,
4 71.05.660, 71.05.550, 2.28.170, 71.05.157, 5.60.060, 18.83.110,
5 18.225.105, 71.05.235, 71.05.310, 71.05.425, 71.05.445, 71.05.640,
6 71.05.680, and 71.05.690; reenacting and amending RCW 71.05.390 and
7 71.24.035; adding new sections to chapter 71.05 RCW; adding new
8 sections to chapter 70.96A RCW; adding a new section to chapter 13.34
9 RCW; adding new sections to chapter 2.28 RCW; adding a new section to
10 chapter 26.12 RCW; adding new sections to chapter 71.24 RCW; adding a
11 new section to chapter 71.02 RCW; adding a new section to chapter
12 71A.12 RCW; adding a new section to chapter 43.20A RCW; adding a new
13 section to chapter 82.14 RCW; adding new chapters to Title 70 RCW;
14 creating new sections; recodifying RCW 71.05.370 and 71.05.035;
15 repealing RCW 71.05.060, 71.05.070, 71.05.090, 71.05.200, 71.05.250,
16 71.05.450, 71.05.460, 71.05.470, 71.05.480, 71.05.490, 71.05.155,
17 71.05.395, 71.05.400, 71.05.410, 71.05.430, 71.05.610, 71.05.650, and
18 71.05.670; repealing 2005 c ... (E2SHB 1290) s 5; prescribing
19 penalties; providing effective dates; providing expiration dates; and
20 declaring an emergency.
NEW SECTION. Sec. 804. A new section is added to chapter 82.14
RCW to read as follows:

(1) A county legislative authority may authorize, fix, and impose
a sales and use tax in accordance with the terms of this chapter.

(2) The tax authorized in this section shall be in addition to any
other taxes authorized by law and shall be collected from those persons
who are taxable by the state under chapters 82.08 and 82.12 RCW upon
the occurrence of any taxable event within the county. The rate of tax
shall equal one-tenth of one percent of the selling price in the case
of a sales tax, or value of the article used, in the case of a use tax.

(3) Moneys collected under this section shall be used solely for
the purpose of providing new or expanded chemical dependency or mental
health treatment services and for the operation of new or expanded
therapeutic court programs. Moneys collected under this section shall
not be used to supplant existing funding for these purposes.
SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington  

AMENDED ORDINANCE NO. 08-154  

AUTHORIZING A SALES AND USE TAX TO PROVIDE FOR OPERATION OR DELIVERY  
OF CHEMICAL DEPENDENCY OR MENTAL HEALTH TREATMENT  
AND THERAPEUTIC COURT PROGRAMS AND SERVICES, PROVIDING FOR  
ADMINISTRATION OF THE TAX, ADOPTING A NEW CHAPTER 4.25 SCC,  
AND PROVIDING FOR IMPLEMENTATION  

WHEREAS, by Chapter 504, Laws of 2005, the state legislature authorized counties  
to implement a one-tenth of one percent sales and use tax to support new or expanded  
chemical dependency or mental health treatment services and for the operation of new or  
expanded therapeutic court programs; and  

WHEREAS, by Chapter 157, Laws of 2008, the state legislature clarified permitted  
uses of the sales and use tax revenues collected by counties for such purposes; and  

WHEREAS, there is a need for chemical dependency and mental health treatment  
and therapeutic court programs and services that exceeds the programs and services that  
can be provided with other county resources; and  

WHEREAS, chemical dependency and mental health treatment programs and  
services have been shown to be effective in reducing costs to society and increasing the  
productivity of individuals as members of the community; and  

WHEREAS, the public mental health system, funded with state and federal dollars,  
does not have adequate resources to provide outpatient treatment to non-Medicaid eligible  
individuals; and  

WHEREAS, other federal, state, and county resources are no longer adequate to  
support ongoing or enhanced adult and juvenile drug courts for chemically addicted  
offenders; and  

WHEREAS, in Snohomish County any new or expanded programs and services to  
be supported with sales and use tax revenues should be designed to achieve the following  
policy goals:  

- Reduce the incidence and severity of chemical dependency and/or mental  
  health disorders in adults and youth;

ORDINANCE NO. 08-154  
AUTHORIZING A SALES AND USE TAX TO PROVIDE FOR  
OPERATION OR DELIVERY OF CHEMICAL DEPENDENCY  
OR MENTAL HEALTH TREATMENT AND THERAPEUTIC  
COURT PROGRAMS AND SERVICES, ETC. - 1
• Reduce the number of individuals with chemical dependency and/or mental health disorders using costly interventions such as hospitals, emergency rooms or jails;
• Diversion of adults and youth with mental chemical dependency and/or health disorders from initial or further involvement with the criminal justice system;
• Support linkages with other county efforts;
• Provide outreach to underserved populations; and
• Provide culturally appropriate service delivery; and

WHEREAS, the County will look to these policy goals to measure the success and effectiveness of the investment of these public funds, and will require oversight, accountability, and reporting on the status and progress of programs and services supported with these funds as provided herein;

NOW, THEREFORE, BE IT ORDAINED:

Section 1. A new chapter is added to Title 4 of the Snohomish County Code to read:

Chapter 4.25

SALES AND USE TAX FOR CHEMICAL DEPENDENCY AND MENTAL HEALTH PROGRAMS AND SERVICES

Sections:
4.25.010 Imposition of sales and use tax.
4.25.020 Rate of tax imposed.
4.25.030 Collection and administration.
4.25.040 Chemical dependency/mental health program fund.
4.25.050 Use of fund.
4.25.060 Chemical dependency/mental health program advisory board.
4.25.070 Powers and duties of advisory board.
4.25.080 Appointment to advisory board.
4.25.090 Terms of advisory board members.
4.25.100 Vacancies on advisory board.
4.25.110 Organization of advisory board.
4.25.120 Reporting responsibilities.

4.25.010 Imposition of sales and use tax.

Pursuant to RCW 82.14.460, there is hereby imposed a sales and use tax, as the case may be, upon the occurrence of any taxable event as defined in chapters 82.08 and 82.12 RCW within the county. The tax shall be imposed upon and collected from those persons who are taxable by the state under chapters 82.08 and 82.12 RCW. This sales and use tax shall be in addition to any other sales and use tax imposed by the county.

4.25.020 Rate of tax imposed.
The rate of tax imposed by SCC 4.25.010 shall be one-tenth of one percent of
the selling price in the case of a sales tax, or value of the article used in the case of
a use tax.

4.25.030 Collection and administration.
(1) The tax imposed by SCC 4.25.010 shall be collected and administered in
accordance with RCW 82.14.460. The county executive is authorized and directed
to execute any contracts with the state department of revenue that may be
necessary to provide for collection or administration of the tax.
(2) All revenues from the tax imposed by SCC 4.25.010 shall be deposited
into the chemical dependency/mental health program fund created by SCC 4.25.040.

4.25.040 Chemical dependency/mental health program fund.
(1) There is hereby created the chemical dependency/mental health program
fund. The resources of the fund shall consist of tax revenues deposited into the fund
pursuant to SCC 4.25.030 plus any investment or other income to the fund.
(2) Appropriations of fund resources shall identify specific uses of the fund,
which may include programs or services of the human services department or
superior or district courts, provided that such uses must be consistent with SCC
4.25.050.
(3) The director of the human services department shall serve as fund
manager and shall have the duties set out in SCC 4.05.050.

4.25.050 Use of fund.
(1) The resources of the chemical dependency/mental health program fund
shall be used solely for the purpose of providing for the operation or delivery of new
or expanded chemical dependency or mental health treatment programs and
services and for the operation or delivery of new or expanded therapeutic court
programs and services. For the purposes of this section, "programs and services"
includes, but is not limited to, treatment services, case management, and housing
that are a component of a coordinated chemical dependency or mental health
treatment program or service.
(2) The resources of the fund shall not be used to supplant existing funding
for these purposes, provided that nothing in this section shall be interpreted to
prohibit the use of such resources for the replacement of lapsed federal funding
previously provided for the operation or delivery of programs and services as
provided in RCW 82.14.460.

4.25.060 Chemical dependency/mental health program advisory board.
There is hereby created the chemical dependency/mental health program
advisory board to serve in an advisory capacity regarding implementation and use of
the tax imposed by SCC 4.25.010.

4.25.070 Powers and duties of advisory board.

ORDINANCE NO. 08-154
AUTHORIZING A SALES AND USE TAX TO PROVIDE FOR
OPERATION OR DELIVERY OF CHEMICAL DEPENDENCY
OR MENTAL HEALTH TREATMENT AND THERAPEUTIC
COURT PROGRAMS AND SERVICES, ETC. - 3
The chemical dependency/mental health program advisory board shall have the following powers and duties:

(1) Meet at least annually to provide oversight and review of county actions relating to implementation and use of the tax imposed by this chapter;

(2) Make recommendations to the executive, legislative, and judicial branches of county government to promote efficient and cost-effective implementation and use of the tax imposed by this chapter;

(3) When requested by the director of the department of human services or superior court administrator, provide input or other assistance in the preparation of reports required by SCC 4.25.120; and

(4) Such other duties as the council may assign.

4.25.080 Appointment to advisory board.

The chemical dependency/mental health program advisory board shall be composed of not more than 13 members. Appointments shall be made pursuant to chapter 2.03 SCC. The board shall include at least two members of the community mental health program advisory board created by SCC 7.48.020, two members of the alcohol and drug abuse advisory board created by SCC 2.80.010, one member of the council on aging created by SCC 2.450.010, one member of the children’s commission created by SCC 2.410.010, one member of the veterans’ assistance fund executive board created by SCC 2.430.010, one member to represent the county jail, one member to represent the superior court, one member who personally provides chemical or drug dependency or mental health services to individual clients, and one member to represent law enforcement.

4.25.090 Terms of advisory board members.

Members of the chemical dependency/mental health program advisory board shall be appointed to terms of four years except that the original appointment shall be as follows: five for four years, four for three years, and four for two years. Appointments thereafter shall be made for four-year terms. A member may serve a maximum of three consecutive terms. After a period of two years’ absence from the board, a person may again be appointed for up to three consecutive terms.

4.26.100 Vacancies on advisory board.

A vacancy on the chemical dependency/mental health program advisory board resulting from the expiration of a term of office shall be filled by appointment for a term of four years. A vacancy occurring for any reason other than the expiration of a term of office shall be by appointment for the unexpired term of the office being filled.

4.25.110 Organization of advisory board.
The chemical dependency/mental health program advisory board shall annually elect one of its members as chairperson and one as vice-chairperson who shall act in the absence of the chairperson. The county executive shall provide necessary staff from an appointed executive department supervised by the executive.

4.25.120 Reporting responsibilities.
The director of the department of human services and the administrators of the superior and district courts shall submit quarterly progress reports and annual summary reports to the county executive and council on programs administered by their agencies that are supported with resources of the fund established by SCC 4.25.040.

Section 2. Implementation. County offices and agencies shall take all necessary steps to implement this ordinance as soon as possible in accordance with RCW 82.14.055. The Clerk of the Council shall forthwith transmit a certified copy of this ordinance to the Department of Revenue of the State of Washington.

PASSED this 3rd day of December, 2008.

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

/s/ Dave Somers
Chairperson

ATTEST:

/s/ Barbara Sikorski
Asst. Clerk of the Council

(X) APPROVED

( ) EMERGENCY

( ) VETOED

DATE: 12/17/2008

/s/ Aaron G. Reardon
County Executive

ATTEST:

/s/ Susan Venegas

ORDINANCE NO. 08-154
AUTHORIZING A SALES AND USE TAX TO PROVIDE FOR
OPERATION OR DELIVERY OF CHEMICAL DEPENDENCY
OR MENTAL HEALTH TREATMENT AND THERAPEUTIC
COURT PROGRAMS AND SERVICES, ETC. - 5
Chapter 4.25
SALES AND USE TAX FOR CHEMICAL DEPENDENCY AND MENTAL HEALTH PROGRAMS AND SERVICES

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4.25.110 Organization of advisory board.
4.25.120 Reporting responsibilities.

4.25.010 Imposition of Sales and Use Tax

Pursuant to RCW 82.14.460, there is hereby imposed a sales and use tax, as the case may be, upon the occurrence of any taxable event as defined in chapters 82.08 and 82.12 RCW within the county. The tax shall be imposed upon and collected from those persons who are taxable by the state under chapters 82.08 and 82.12 RCW. This sales and use tax shall be in addition to any other sales and use tax imposed by the county.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008)

4.25.020 Rate of Tax Imposed

The rate of tax imposed by SCC 4.25.010 shall be one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used in the case of a use tax.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008)
4.25.030 Collection and Administration

(1) The tax imposed by SCC 4.25.010 shall be collected and administered in accordance with RCW 82.14.460. The county executive is authorized and directed to execute any contracts with the state department of revenue that may be necessary to provide for collection or administration of the tax.

(2) All revenues from the tax imposed by SCC 4.25.010 shall be deposited into the chemical dependency/mental health program fund created by SCC 4.25.040.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008)

4.25.040 Chemical Dependency/Mental Health Program Fund

(1) There is hereby created the chemical dependency/mental health program fund. The resources of the fund shall consist of tax revenues deposited into the fund pursuant to SCC 4.25.030 plus any investment or other income to the fund.

(2) Appropriations of fund resources shall identify specific uses of the fund, which may include programs or services of the human services department or superior or district courts, provided that such uses must be consistent with SCC 4.25.050.

(3) The director of the human services department shall serve as fund manager and shall have the duties set out in SCC 4.05.050.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008)

4.25.050 Use of Fund

(1) The resources of the chemical dependency/mental health program fund shall be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services as allowed by state law, except as follows:

(a) A portion of the revenue provided to the chemical dependency/mental health program fund by moneys collected under the tax imposed by SCC 4.25.010 may be used to supplant the costs of providing for the operation or delivery of chemical dependency or mental health treatment programs and services previously funded by the county general fund as follows, notwithstanding any authorization for a higher amount of supplanting under state law:

   (i) in 2013, no more than 30 percent of the total collected in 2013;
   (ii) in 2014, no more than 25 percent of the total collected in 2014;
(iii) in 2015, no more than 15 percent of the total collected in 2015;
(iv) in 2016, no more than five percent of the total collected in 2016; and
(v) in 2017 and thereafter, no supplanting shall be permitted. Thus, should any of the mon-
ey collected under the tax imposed by SCC 4.25.010 be used for the operation or delivery
of therapeutic court programs or services in 2017 or thereafter, such funding must be in
addition to at least $500,900 from other sources.

(b) For the purposes of this section, "programs and services" includes, but is not limited to, treat-
ment services, case management, and housing that are a component of a coordinated chemical
dependency or mental health treatment program or service.

(c) For the purposes of this section "chemical dependency or mental health treatment programs
and services" excludes therapeutic courts for the years 2013 through 2016.

(2) Contracts and contract amendments with private sector providers of home care services, chemical
dependency or mental health treatment services, or therapeutic court services, that are approved by
the county executive under this section must be awarded in a manner consistent with contracting poli-
cies adopted under SCC 2.400.067, if applicable.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008; Amended Ord. 09-073, August 12,
2009, Eff date August 31, 2009; Amended by Ord. 09-011, March 25, 2009, Eff date Jan. 1, 2010;

## 4.25.060 Chemical Dependency/Mental Health Program Advisory Board

There is hereby created the chemical dependency/mental health program advisory board to serve in an
advisory capacity regarding implementation and use of the tax imposed by SCC 4.25.010.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008)

## 4.25.070 Powers and Duties of the Advisory Board

The chemical dependency/mental health program advisory board shall have the following powers and
duties:

(1) Meet at least annually to provide oversight and review of county actions relating to implementa-
and use of the tax imposed by this chapter;

(2) Make recommendations to the executive, legislative, and judicial branches of county government to
promote efficient and cost-effective implementation and use of the tax imposed by this chapter;

(3) When requested by the director of the department of human services or superior court administra-
tor, provide input or other assistance in the preparation of reports required by SCC 4.25.120; and
4.25.080 Powers and Duties of the Advisory Board

The chemical dependency/mental health program advisory board shall be composed of not more than 13 members. Appointments shall be made pursuant to chapter 2.03 SCC. The board shall include at least two members of the North Sound Mental Health Administration (NSMHA) advisory board, two members of the alcohol and drug abuse administrative board created by SCC2.80.010, one member of the Snohomish County council on aging created by SCC 2.450.010, one member of the children’s commission created by SCC 2.410.010, one member of the veterans’ assistance fund executive board created by SCC 2.430.010, one member to represent the county jail, one member to represent the superior court, one member who personally provides chemical or drug dependency or mental health services to individual clients, and one member to represent law enforcement.

4.25.090 Terms of Advisory Board Members

Members of the chemical dependency/mental health program advisory board shall be appointed to terms of three years except that the original appointment shall be as follows: five for four years, four for three years, and four for two years. Appointments thereafter shall be made for three-year terms. A member may serve a maximum of three consecutive terms. After a period of two years’ absence from the board, a person may again be appointed for up to three consecutive terms.

4.25.100 Vacancies on Advisory Board

A vacancy on the chemical dependency/mental health program advisory board resulting from the expiration of a term of office shall be filled by appointment for a term of three years. A vacancy occurring for any reason other than the expiration of a term of office shall be by appointment for the unexpired term of the office being filled.
4.25.110 Organization of Advisory Board

The chemical dependency/mental health program advisory board shall annually elect one of its members as chairperson and one as vice-chairperson who shall act in the absence of the chairperson. The county executive shall provide necessary staff from an appointed executive department supervised by the executive.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008)

4.25.120 Vacancies on Advisory Board

The director of the department of human services and the administrators of the superior and district courts shall submit quarterly progress reports and annual summary reports to the county executive and council on programs administered by their agencies that are supported with resources of the fund established by SCC 4.25.040.

(Added Amended Ord. 08-154, Dec. 3, 2008, Eff date Dec. 27, 2008)
Appendix II: Operational Definitions of Sales Tax Priority Populations

Programs funded through the Sales Tax are to be directed at six priority populations. Official documents name the six priority populations and the rationale for establishing priority populations¹⁸, but do not provide detailed definitions for these groups. To ensure that programs are targeted strategically, Snohomish County Human Services has developed operational definitions for these priority populations. These definitions are based on a review of foundational documents (such as the 2010 Expenditure Plan) and programs that have been supported by the Sales Tax Board and the County Council.

Sales Tax operational definitions are generally less restrictive than those used by other entities, programs, and services. **However, in cases where a program is partially funded by Sales Tax and a source with a more restrictive definition, Snohomish County will use the more restrictive definition.** For example, the Veterans Assistance Fund (VAF) Program is not fully funded by Sales Tax, so the definition of ‘veterans and families’ for this program matches the more restrictive definitions for veterans and families as designated in State and Federal Law.

The priority populations targeted by Sales Tax programs are

1) low-income Snohomish County residents with
2) significant risk for or diagnosed with
   a. mental health disorder(s),
   b. chemical dependency disorder(s), or
   c. co-occurring disorder(s).

**In addition to meeting the criteria above,** the six priority populations and operational definitions used in Sales Tax programs are:

1) **Aging population:** People aged 55 or older¹⁹

2) **Families with children:** A sociological unit consisting of at least one adult and one minor who share the same domicile or where the adult is significantly supporting the minor and contributing to their goals of recovery.

3) **Most costly (high utilizers):** People who have overlapping housing, health, mental health, substance use and other social service issues that result in repeated, expensive and avoidable contact with the health care, emergency medical services, crisis care, housing, treatment, legal and criminal justice systems.

4) **Most vulnerable:** People in other categories as well as those with disabilities, those currently homeless or at risk of homelessness, and those at risk of becoming most costly utilizers.

¹⁸“Given limited resources, priority populations will be established.” See 2010 Sales Tax Expenditure Plan, p5

¹⁹Our definition uses this lower age limit in recognition of local entities and programs which target adults age 55 and older. Certain federal, state, and local programs may have a more restrictive definition. For example, the Older Americans Act of 1965 generally defines older adults as age 60 and older.
5) Veterans and their families: A person is considered a veteran if they have served for any period of time in the US armed forces, reserves or national guard regardless of discharge status or combat experience; family refers to their spouse, domestic partner, widow, and/or dependents.25

Figure 18: Operational Definition of Sales Tax Priority Populations

**Notes:**
In some instances programs will benefit Sales Tax priority populations as well as people that are not in the Sales Tax priority populations. These definitions are the operational definitions currently used by the Human Services Department. Categories are not exclusive. A person may meet the criteria for multiple priority populations. For other funding sources and programs, the County may use alternative terms and definitions.

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25Our definition uses the five branches of the United States Armed Forces (Army, Navy, Marine Corps, Air Force, and Coast Guard) as well as the Reserves and National Guard. Other programs, services and entities may have more restrictive definitions for classification as a veteran and family members that are eligible for benefits.
Appendix III: Snohomish County Triage Center Annual Report, 2013

Snohomish County Triage Center (SCTC)
1 January 2013 through 31 December 2013

In April 2011, Governor Chris Gregoire signed a bill authorizing triage facilities as a cost effective alternative to local jails and emergency departments to evaluate mentally ill individuals who have been arrested for non-felony crimes.

Initially opened in March 2011 for a 90 day pilot period, the Snohomish County Triage Center (SCTC) is operated as a partnership between Compass Health, the North Sound Mental Health Administration and the Snohomish County Human Services Department.

It is designed to respond to adults in crisis in Snohomish County. The Triage Center will accept direct referrals from first responders, emergency rooms, and others who come into contact with those experiencing crises. The Triage Center provides a welcoming, secure, and safe place where individuals experiencing a behavioral health crisis requiring stabilization and triage can receive immediate care and follow-up referrals for treatment. The Triage Center embraces a recovery philosophy that emphasizes partnering with those served in providing support and necessary services.

The goals of the Snohomish County Triage Center are to:
- Divert those with mental illness and those under the influence of drugs or alcohol from the criminal justice system;
- Provide assessment and evaluation to determine the need for hospitalization;
- Link those in need of mental health and substance abuse treatment with appropriate community resources;
- Reduce utilization of local hospital emergency departments for nonemergency problems; and
- To create a Least Restrictive Alternative (LRA) for citizens with mental illness.
Between 1 January 2013 and 31 December 2013, there were 1,566 referrals to SCTC. Of these:

- 1,144 (73.1%) were accepted
- 138 (8.8%) were withdrawn
- 27 (1.7%) were incomplete/no further action
- 1 (0.1%) had no information
- 47 (3.0%) were no-show
- 209 (13.3%) were denied:
  - 33 (15.8%) for “medical need/instability”
  - 58 (27.8%) for “need detox services”
  - 40 (19.1%) for “other”
  - 18 (8.8%) for “not cooperative”
  - 46 (22.0%) for “needs higher level of care”
  - 12 (5.7%) for “no capacity”
  - 1 (0.5%) for “less than 18 years old”
  - 1 (0.5%) for “restraining order or NCO”

Of the 1,144 admissions to SCTC between 1 January 2013 and 31 December 2013, 137 (12.0%) used the Genoa Pharmacy.

The average age for clients referred to SCTC was 39.7 years. For the 1,566 referrals to SCTC during the time period covered by this report:

- 77 (4.9%) were younger than 21 years,
- 740 (47.3%) were between 21 and 40 years,
- 652 (41.5%) were between 40 and 80 years,
- 97 (6.2%) were older than 80 years.

### Client Referral Source
1 January 2013 through 31 December 2013

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Number of Referrals</th>
<th>% of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital ER</td>
<td>753</td>
<td>48.1</td>
</tr>
<tr>
<td>Community MH Agency</td>
<td>350</td>
<td>22.3</td>
</tr>
<tr>
<td>Law Enforcement Agency</td>
<td>330</td>
<td>21.1</td>
</tr>
<tr>
<td>MHEval &amp; Tx Facility</td>
<td>35</td>
<td>2.2</td>
</tr>
<tr>
<td>Individual Professional Staff</td>
<td>29</td>
<td>1.9</td>
</tr>
<tr>
<td>Hospital Psychiatric Unit</td>
<td>21</td>
<td>1.3</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>1.0</td>
</tr>
<tr>
<td>Hospital Medical Unit</td>
<td>13</td>
<td>0.8</td>
</tr>
<tr>
<td>Community CD Provider</td>
<td>5</td>
<td>0.3</td>
</tr>
<tr>
<td>Sobering Center or Detox</td>
<td>5</td>
<td>0.3</td>
</tr>
<tr>
<td>Providence Hospital</td>
<td>4</td>
<td>0.3</td>
</tr>
<tr>
<td>Residential Facility</td>
<td>4</td>
<td>0.3</td>
</tr>
<tr>
<td>No Information</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,566</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Of the 753 referrals from hospital emergency departments:

- 537 (71.3%) were accepted,
- 14 (1.9%) were denied for “medical need/instability”,
- 38 (5.0%) were denied for “need detox services”,
- 23 (3.1%) were denied for “need higher level of care”,
- 25 (3.3%) were denied for “other”,
- 11 (1.5%) were denied for “not cooperative”,
- 5 (0.7%) were denied for “no capacity”
- 1 (0.1%) was denied for “less than 18 years old”
- 1 (0.1%) was denied for “restraining order or NCO”
- 62 (8.2%) were withdrawn,
- 28 (3.7%) were “no show”, and
- 8 (1.1%) were incomplete/no further action.
Use of SCTC by Veterans

There were 74 referrals and admissions for 65 unduplicated veterans to SCTC between 1 January 2013 and 31 December 2013.

Referrals to SCTC for veterans were most likely to come from law enforcement agencies (27.0%) and hospital emergency departments (43.2%).

The average age for veterans referred and admitted to SCTC was 45.21 years. The average length of stay for veterans at SCTC was 5.51 days.

Over half (62.2%) of veterans referred and admitted to SCTC were taking medication at the time of admission; over one-third (39.2%) were under the influence of alcohol or other drugs at admission.

Snohomish County Triage Center
3322 Broadway
Everett, WA 98201
425.349.6800

www.compasshealth.org/locations

Number of Referrals to SCTC by Month and Year for Calendar Year 2013

Average Length of Stay in Days for Those Admitted to SCTC by Referral Source (1 January 2013 through 31 December 2013)
There were 330 referrals to SCTC that listed "law enforcement" as their referral source.

**Number of Law Enforcement Referrals by Month and Year**

The overall average number of minutes spent by a law enforcement agency dropping off a client at SCTC was 9.82.

For the 330 referrals to SCTC which listed "law enforcement" as their referral source:
- 288 (87.3%) were accepted
- 15 (4.5%) were withdrawn
- 24 (7.3%) were denied
- 2 (0.8%) were incomplete/no further action
- 1 (.3%) had no information

The 24 law enforcement referrals to SCTC that were denied were denied for the following reasons:
- 9 (37.5%) needed detox services
- 7 (29.2%) had medical needs/instability
- 4 (16.7%) needed a higher level of care
- 3 (12.5%) were not cooperative
- 1 (4.2%) was denied for "other reasons"
Appendix IV: Sales Tax Expenditures, 2013

2013 Sales Tax Expenditure Summary

<table>
<thead>
<tr>
<th>Sales Tax Priority Type</th>
<th>2013 Expenditures</th>
<th>Percent of 2013 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales Tax Priority #1: Therapeutic Courts and Triage Center</td>
<td>$2,817,703</td>
<td>21%</td>
</tr>
<tr>
<td>Sales Tax Priority #2: Housing</td>
<td>$2,672,469</td>
<td>20%</td>
</tr>
<tr>
<td>Sales Tax Priority #3: Treatment Programs</td>
<td>$2,844,903</td>
<td>21%</td>
</tr>
<tr>
<td>Sales Tax Priority #4: Training</td>
<td>$25,123</td>
<td>0%</td>
</tr>
<tr>
<td>Sales Tax Priority #5: Prevention and Specialist Services</td>
<td>$2,458,108</td>
<td>19%</td>
</tr>
<tr>
<td>Administration and Overhead</td>
<td>$2,496,613</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$13,314,919</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

2013 Expenditures by Sales Tax Priority Type

*Local agencies include nonprofit service providers and the Snohomish County Health District.*
## Sales Tax Priority #1: Therapeutic Courts, Related Court Services, and Triage Center

**Total 2013 Expenditures: $2,817,703**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Type</th>
<th>Expenditures</th>
<th>Supplant (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerk</td>
<td>Drug Court</td>
<td>98,467</td>
<td>n</td>
</tr>
<tr>
<td>Office of Public Defender</td>
<td>Drug Court</td>
<td>58,705</td>
<td>n</td>
</tr>
<tr>
<td>Prosecuting Attorney</td>
<td>Drug Court</td>
<td>208,044</td>
<td>n</td>
</tr>
<tr>
<td>Superior/Juvenile Court</td>
<td>Drug Court/Outpatient Treatment</td>
<td>569,882</td>
<td>n</td>
</tr>
<tr>
<td>Superior/Juvenile Court</td>
<td>Attorney’s Fees</td>
<td>104,736</td>
<td>n</td>
</tr>
<tr>
<td>Superior/Juvenile Court</td>
<td>Urinalysis</td>
<td>239,033</td>
<td>n</td>
</tr>
<tr>
<td>Bridgeways</td>
<td>Mental Health Court Liaison</td>
<td>57,045</td>
<td>n</td>
</tr>
<tr>
<td>District Court</td>
<td>Mental Health Court</td>
<td>33,277</td>
<td>n</td>
</tr>
<tr>
<td>Office of Public Defender</td>
<td>Mental Health Court</td>
<td>30,000</td>
<td>n</td>
</tr>
<tr>
<td>Prosecuting Attorney</td>
<td>Mental Health Court</td>
<td>66,205</td>
<td>n</td>
</tr>
<tr>
<td>Advanced Computer Technology</td>
<td>Case Management Technology</td>
<td>8,190</td>
<td>n</td>
</tr>
<tr>
<td></td>
<td><strong>Therapeutic Courts Subtotal:</strong></td>
<td><strong>$ 1,473,585</strong></td>
<td></td>
</tr>
<tr>
<td>Prosecuting Attorney</td>
<td>Therapeutic Alternatives to Prosecution</td>
<td>398,967</td>
<td>n</td>
</tr>
<tr>
<td>Clerk</td>
<td>Involuntary Treatment Program</td>
<td>81,904</td>
<td>n</td>
</tr>
<tr>
<td>Office of Public Defender</td>
<td>Involuntary Treatment Program</td>
<td>76,592</td>
<td>n</td>
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<tr>
<td>Prosecuting Attorney</td>
<td>Involuntary Treatment Program</td>
<td>86,962</td>
<td>n</td>
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<tr>
<td>Superior/Juvenile Court</td>
<td>Involuntary Treatment Program</td>
<td>102,339</td>
<td>n</td>
</tr>
<tr>
<td>Clerk</td>
<td>Drug Offender Sentence Alternatives Program</td>
<td>5,013</td>
<td>n</td>
</tr>
<tr>
<td>Office of Public Defender</td>
<td>Drug Offender Sentence Alternatives Program</td>
<td>10,680</td>
<td>n</td>
</tr>
<tr>
<td>Prosecuting Attorney</td>
<td>Drug Offender Sentence Alternatives Program</td>
<td>32,353</td>
<td>n</td>
</tr>
<tr>
<td>Office of Public Defender</td>
<td>Other Court Services</td>
<td>74,308</td>
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<tr>
<td></td>
<td><strong>Related Court Services Subtotal:</strong></td>
<td><strong>$ 869,118</strong></td>
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</tr>
<tr>
<td>Compass Health</td>
<td>Snohomish County Triage Center</td>
<td>475,000</td>
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</tr>
<tr>
<td></td>
<td><strong>Triage Center Subtotal:</strong></td>
<td><strong>$ 475,000</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Sales Tax Priority #2: Housing

**Total 2013 Expenditures:** $2,672,479

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Type</th>
<th>Expenditures</th>
<th>Supplant (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services Department</td>
<td>Veterans' Services</td>
<td>200,000</td>
<td>y</td>
</tr>
<tr>
<td>Bridgeways</td>
<td>Community Housing Stability and Support Program</td>
<td>110,750</td>
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</tr>
<tr>
<td>Human Services Department</td>
<td>Sales Tax Housing Program</td>
<td>922,112</td>
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<tr>
<td>Washington Home of Your Own</td>
<td>Supportive Transitional Housing</td>
<td>538,970</td>
<td>n</td>
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<tr>
<td>Domestic Violence Services of Snohomish County</td>
<td>Housing Construction and Related Costs</td>
<td>728,904</td>
<td>n</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Project Self-Sufficiency</td>
<td>171,732</td>
<td>n</td>
</tr>
</tbody>
</table>

**Housing Subtotal:** $2,672,469

### Sales Tax Priority #3: Chemical Dependency and Mental Health Treatment

**Total 2013 Expenditures:** $2,844,903

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Type</th>
<th>Expenditures</th>
<th>Supplant (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>Youth Inpatient Integration Services</td>
<td>78,325</td>
<td>n</td>
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<tr>
<td>Catholic Community Services</td>
<td>Youth Community Outpatient Chemical Dependency Treat-</td>
<td>170,738</td>
<td>n</td>
</tr>
<tr>
<td>Catholic Community Services</td>
<td>Youth Community Outpatient Mental Health Treatment</td>
<td>83,619</td>
<td>n</td>
</tr>
<tr>
<td>Therapeutic Health Services</td>
<td>Youth Community Outpatient Chemical Dependency Treat-</td>
<td>12,974</td>
<td>n</td>
</tr>
<tr>
<td>Compass Health</td>
<td>Youth Mental Health Counseling at Cocoon House</td>
<td>44,942</td>
<td>n</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Mental Health Program at Denny Juvenile Justice Center</td>
<td>79,907</td>
<td>n</td>
</tr>
<tr>
<td>Dawson Place</td>
<td>Child Interview Specialist</td>
<td>25,885</td>
<td>n</td>
</tr>
<tr>
<td>Evergreen Manor</td>
<td>Outpatient Chemical Dependency Services</td>
<td>164,922</td>
<td>n</td>
</tr>
<tr>
<td>Catholic Community Services</td>
<td>Outpatient Chemical Dependency Services</td>
<td>126,846</td>
<td>n</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Senior Peer Counseling</td>
<td>14,700</td>
<td>y</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Chemical Dependency Liaison</td>
<td>95,291</td>
<td>n</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Chemical Dependency Specialist</td>
<td>95,250</td>
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</table>

(table continues on next page)
Sales Tax Priority #4: Training

Total 2013 Expenditures: $25,123

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Type</th>
<th>Expenditures</th>
<th>Supplant (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services Department</td>
<td>Training</td>
<td>10,145</td>
<td>n</td>
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<tr>
<td>Sheriff</td>
<td>Training</td>
<td>14,978</td>
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</tbody>
</table>

Training Subtotal: $25,123
## Sales Tax Priority #5: Prevention and Specialist Services

**Total 2013 Expenditures: $2,458,108**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Type</th>
<th>Expenditures</th>
<th>Supplant (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edmonds School District</td>
<td>Student Support Advocates Program</td>
<td>157,000</td>
<td>n</td>
</tr>
<tr>
<td>Mukilteo School District</td>
<td>Student Support Advocates Program</td>
<td>26,349</td>
<td>n</td>
</tr>
<tr>
<td>YWCA</td>
<td>Wellness Recovery Action Plan (WRAPS)</td>
<td>100,500</td>
<td>n</td>
</tr>
<tr>
<td>Housing Hope</td>
<td>Wellness Recovery Action Plan (WRAPS)</td>
<td>12,000</td>
<td>n</td>
</tr>
<tr>
<td>Cocoon House</td>
<td>Youth Services Network</td>
<td>160,687</td>
<td>y</td>
</tr>
<tr>
<td>Cocoon House</td>
<td>WayOUT</td>
<td>36,000</td>
<td>y</td>
</tr>
<tr>
<td>Darrington FSC</td>
<td>Family Support Center</td>
<td>30,766</td>
<td>y</td>
</tr>
<tr>
<td>Familias Unidas</td>
<td>Family Support Center</td>
<td>30,766</td>
<td>y</td>
</tr>
<tr>
<td>Lake Stevens FSC</td>
<td>Family Support Center</td>
<td>30,766</td>
<td>y</td>
</tr>
<tr>
<td>Sky Valley FSC</td>
<td>Family Support Center</td>
<td>30,765</td>
<td>y</td>
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<tr>
<td>South County FSC</td>
<td>Family Support Center</td>
<td>30,765</td>
<td>y</td>
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<tr>
<td>South Everett FSC</td>
<td>Family Support Center</td>
<td>30,765</td>
<td>y</td>
</tr>
<tr>
<td>Stanwood Camano FSC</td>
<td>Family Support Center</td>
<td>30,765</td>
<td>y</td>
</tr>
<tr>
<td>East County Senior Center</td>
<td>Senior Centers</td>
<td>10,000</td>
<td>n</td>
</tr>
<tr>
<td>Edmonds Senior Center</td>
<td>Senior Centers</td>
<td>10,000</td>
<td>n</td>
</tr>
<tr>
<td>Northshore Senior Center</td>
<td>Senior Centers</td>
<td>10,000</td>
<td>n</td>
</tr>
<tr>
<td>Snohomish Senior Center</td>
<td>Senior Centers</td>
<td>10,000</td>
<td>n</td>
</tr>
<tr>
<td>Stanwood Senior Center</td>
<td>Senior Centers</td>
<td>10,000</td>
<td>n</td>
</tr>
<tr>
<td>Stillaguamish Senior Center</td>
<td>Senior Centers</td>
<td>10,000</td>
<td>n</td>
</tr>
<tr>
<td>Cascade Seniors</td>
<td>Senior Centers</td>
<td>3,500</td>
<td>n</td>
</tr>
<tr>
<td>City of Everett Senior Center</td>
<td>Senior Centers</td>
<td>3,500</td>
<td>n</td>
</tr>
<tr>
<td>City of Lynwood Senior Center</td>
<td>Senior Centers</td>
<td>3,500</td>
<td>n</td>
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<tr>
<td>City of Marysville Senior Center</td>
<td>Senior Centers</td>
<td>3,500</td>
<td>n</td>
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<tr>
<td>Lake Stevens Senior Center</td>
<td>Senior Centers</td>
<td>3,500</td>
<td>n</td>
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<tr>
<td>Mountlake Terrace Seniors Group</td>
<td>Senior Centers</td>
<td>3,500</td>
<td>n</td>
</tr>
<tr>
<td>SSSC Multi-Cultural Center</td>
<td>Senior Centers</td>
<td>3,500</td>
<td>n</td>
</tr>
<tr>
<td>Evergreen Manor</td>
<td>Screening, Brief Intervention, Referral and Treatment (SBIRT)</td>
<td>61,576</td>
<td>n</td>
</tr>
<tr>
<td>Providence Regional Medical Center</td>
<td>Screening, Brief Intervention, Referral and Treatment (SBIRT)</td>
<td>194,664</td>
<td>n</td>
</tr>
<tr>
<td>Senior Services of Snohomish County</td>
<td>Senior Outreach Services</td>
<td>95,366</td>
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</tr>
<tr>
<td>Trilogy Integrated Resources</td>
<td>Network of Care Website</td>
<td>18,000</td>
<td>n</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>2-1-1 Helpline</td>
<td>19,600</td>
<td>y</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>DUI Countermeasure Program</td>
<td>11,720</td>
<td>y</td>
</tr>
<tr>
<td>Health District</td>
<td>First Steps</td>
<td>900,000</td>
<td>y</td>
</tr>
<tr>
<td>Child Strive</td>
<td>Nurse Family Partnership</td>
<td>364,788</td>
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</tr>
</tbody>
</table>

**Sales Tax Priority #5 Subtotal:** $2,458,108
### Sales Tax Priority Administrative and Related Expenditures

**Total 2013 Expenditures: $2,496,613**

<table>
<thead>
<tr>
<th>County Entity</th>
<th>Service Type</th>
<th>Expenditures</th>
<th>Supplant (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrections</td>
<td>Administrative Overhead</td>
<td>101,091</td>
<td>y</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Department Operating Costs and Overhead</td>
<td>183,447</td>
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<tr>
<td>Human Services Department</td>
<td>Contract Manager</td>
<td>169,011</td>
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<tr>
<td>Human Services Department</td>
<td>Evaluator</td>
<td>157,374</td>
<td>n</td>
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<tr>
<td>Human Services Department</td>
<td>Administrative Support</td>
<td>90,352</td>
<td>n</td>
</tr>
<tr>
<td>Human Services Department</td>
<td>Division Manager</td>
<td>56,651</td>
<td>n</td>
</tr>
<tr>
<td>Snohomish County</td>
<td>County Department Indirect Costs</td>
<td>837,513</td>
<td>y/n</td>
</tr>
<tr>
<td>Superior/Juvenile Court</td>
<td>Therapeutic Court Administration</td>
<td>901,174</td>
<td>n</td>
</tr>
</tbody>
</table>

**Other Sales Tax Expenditures:** $2,496,613

**GRAND TOTAL: $13,314,919**