SNOHOMISH COUNTY
1/10th of 1% SALES TAX FUNDS
2012 ANNUAL REPORT

SERVING OUR VULNERABLE POPULATIONS

Department of Human Services

3000 Rockefeller Avenue, MS 305
Everett, WA 98201
Phone: 425-388-7200
www.snooco.org/departments/Human_Services
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Snohomish County 1/10th of 1% Sales Tax Funds 2012 ANNUAL REPORT

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Snohomish County Chemical Dependency and Mental Health Program Advisory Board Members

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April 26, 2013

Thank you for taking the time to review our annual assessment of Snohomish County’s one-tenth of one-percent chemical dependency and mental health sales tax program. In this report, you will learn about the many important services that have been created, supported and enhanced by dedicating just one penny for every ten dollar purchase.

The chemical dependency and mental health sales tax, adopted by Snohomish County in 2008, has already funded more than $10 million in targeted services to tackle some of our community’s greatest needs. Through innovation and partnerships with community organizations, Snohomish County is leveraging this funding to increase and expand access to quality mental health and chemical dependency services and treatment like never before.

Created in consultation with members of the Chemical Dependency and Mental Health Program Advisory Board, our one-tenth of one-percent program is strategically focused to ensure county residents see the greatest possible return for their tax dollars.

In this report you will learn much more about the services supported by the one-tenth of one-percent program and how our entire community benefits from these services, including:

- expanded services for our veterans;
- treatment and housing for homeless mothers and high-risk youth;
- training for law enforcement officers to improve response to suicide calls;
- coordination with local healthcare organizations to provide screening and referrals for mentally ill or chemically dependent patients;
- expanded alcohol-free and drug-free housing;
- increased prevention programs in local schools;
- psychiatric treatment for those incarcerated in the county jail;
- expanded depression screening and referral services for seniors; and
- numerous other services aimed at increasing the overall health of our community.

I want to thank the members of the Chemical Dependency and Mental Health Program Advisory Board for their diligent and thoughtful work to recommend and support those services that best address the needs of our county. Additionally, I am thankful to our county’s agencies and service providers who continue to go above and beyond to help those who call Snohomish County home.

[Signature]

Aaron Reardon
County Executive
Patricia O'Maley-Lanphear, Chair
Ronald Vivion, Vice Chair
Stephen Akers
James Bloss
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Laura Hamilton
Carolyn Heatherwick 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

“Coming Together...
...Creating a Future”
Washington State’s Legislature passed the Omnibus Mental Health and Substance Abuse Act (E2SSB 5763) in 2005. In addition to promoting a series of strategies to enhance the State’s chemical dependency and mental health treatment services, the law authorized counties to levy a one-tenth of one percent sales and use tax to fund new mental health, chemical dependency or therapeutic court services. Appendix I contains a copy of this legislation.

In February, 2007, the Snohomish County Council established the Blue Ribbon Commission on Criminal Justice Issues to “advise the County Council on public safety initiatives and programs”, and to “make recommendations on funding options for new or enhanced programs” (Council Motion Number 07-081.) The Blue Ribbon Commission conducted a six-month process of study during the latter half of 2007. The Commission received six proposals via formal presentations, as well as input from citizens and organizations, and five public meetings were held, one in each of the County Council Districts, in order to receive input on the range of proposals under review.

In a final report containing the Blue Ribbon Commission’s conclusions and recommendations delivered to the Snohomish County Council in January, 2008, the Commission “uniformly and strongly recommends the County adopt an overarching focus on crime prevention, shifting the existing emphasis from response to prevention and treatment.” The Commission also “strongly supports the 1/10th of 1% sales tax initiative as a means to fund critical mental health and chemical dependency needs in the county.”

On December 3, 2008, the Snohomish County Council passed Ordinance 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.” The Council provided explicit policy goals to be achieved using the funds generated by this tax:

- 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.

Snohomish County Ordinance 08-154 created Snohomish County Code (SCC) 4.25 and established the Chemical Dependency/Mental Health Program Advisory Board to “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.” Appendix II provides copies of SCC 4.25 and Ordinances 12-097, 10-066, and 08-154.

In response to growing budget concerns, the State Legislature passed the second Substitute Bill 5722 (Appendix III) which amended the original sales tax legislation (RCW 82.14.460) to allow any county to supplant up to fifty percent of sales tax funds in calendar year 2012 for existing programs that address chemical dependency or mental health issues. The Chemical Dependency/Mental Health Program Advisory Board developed a set of criteria to determine which current County programs, at risk due to looming budget cuts, would be suitable for supplanting. As a result, 2012 included both supplanted and non-supplanted programs. A list of the actual 2012 expenditures for both supplanted and non-supplanted programs by population and service are provided in Appendix IV.
Blue Ribbon Commission “uniformly and strongly recommends the County adopt an overarching focus on crime prevention shifting the emphasis from response to prevention and treatment. Strongly support the 1/10th of 1% sales tax initiative to fund critical mental health and chemical dependency needs in the County.”

Snohomish County Council passes Ordinance 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”

First meeting of the 1/10th of 1% Program Advisory Board

County Council approves 1/10th of 1% Program Advisory Board expenditure plan.

Request for Proposals (RFP) is released

Services funded by the 1/10th of 1% Sales Tax begin . . .
The 2010 Sales Tax Expenditure Plan was based upon **14 Essential Core Values**, each of which served as an underpinning in determining priority programs and populations:

**Integrity:** Adherence to the highest standards of personal honesty and ethics.

**Compassion:** The wellbeing 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 of the future.

**Courage:** A willingness to deal with and resolve difficult issues.

**Trust:** A readiness to believe in and rely on the integrity, ability or character of others.

**Understanding:** Perception and comprehension shaped by empathy and acceptance.

**Respect:** A sincere regard for and consideration of others in an environment of fairness and justice that honors the dignity of each person.

**Excellence:** Providing quality service within a framework that promotes sustainable, continuous improvement and best practice.

**Accountability:** A commitment to personal and organizational responsibility and service to the public interest with integrity.

**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.

**Inclusion:** An openness that embraces diversity in all its forms and recognizes the contribution it makes to our collective well-being.

**Fairness:** Behavior that is equitable, just and free from favoritism or preference.

**Wisdom:** Honor experience, learn from others, and acknowledge that there are many ways of knowing.
1. This plan is to be considered an initial plan that will establish a direction to enhance the chemical dependency and mental health system for Snohomish County.

2. The plan will evolve over time in response to the changing environment.

3. There will be a continuum of services.

4. Services funded through the sales tax dollars will be coordinated with other fund sources.

5. Given the difficult economic times, it will be assumed that supplanting will occur to the extent allowable by state law.

6. Revenues collected in calendar year 2009 will be retained for a rainy day fund.

7. The Family Dependency Drug Court and the Triage Facility are the top priorities for sales tax funding.

8. Given limited resources, priority populations will be established.

9. Service providers will be expected to report expenditure, demographic, utilization and outcome data as necessary to justify funding and demonstrate the value of services.

10. Outreach, training, housing, planning, monitoring and evaluation are considered essential elements of the overall system.

**SALES TAX PRIORITIES**

**TEN ASSUMPTIONS AND EXPECTATIONS WERE ALSO DEVELOPED FOR THE INITIAL SALES TAX EXPENDITURE PLAN:**

- This plan is to be considered an initial plan that will establish a direction to enhance the chemical dependency and mental health system for Snohomish County.
- The plan will evolve over time in response to the changing environment.
- There will be a continuum of services.
- Services funded through the sales tax dollars will be coordinated with other fund sources.
- Given the difficult economic times, it will be assumed that supplanting will occur to the extent allowable by state law.
- Revenues collected in calendar year 2009 will be retained for a rainy day fund.
- The Family Dependency Drug Court and the Triage Facility are the top priorities for sales tax funding.
- Given limited resources, priority populations will be established.
- Service providers will be expected to report expenditure, demographic, utilization and outcome data as necessary to justify funding and demonstrate the value of services.
- Outreach, training, housing, planning, monitoring and evaluation are considered essential elements of the overall system.

**PRIORITY PROGRAM AREAS (IN ORDER OF PRIORITY):**

- Family Dependency Court
- Triage Facility
- Housing
- Chemical Dependency & Mental Health Treatment (including Adult Drug Court)
- Training
- Prevention/Specialist Services

**SALES TAX PRIORITY POPULATIONS:**

- Families With Children
- Most Vulnerable
- Aging Population
- Youth
- Most Costly (High Utilizers)
- Veterans & Their Families
ELEMENTS OF EFFECTIVENESS

PREVENTION/WELLNESS SERVICES TO:
- 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

OUTREACH SERVICES TO:
- Identify where target population is
- Engage individuals 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 individuals through entry into needed services

CRISIS/Emergency Services Available 24 Hours-Per-Day To:
- De-escalate a crisis situation
- Triage or screen to determine needed services
- Stabilize the client
- Manage an appropriate referral to services
- Initiate a referral to civil commitment if necessary

THERAPEUTIC COURTS TO:
- 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 symptoms
- Assist participant in establishing a healthy lifestyle for themselves and their family

COMMUNITY TREATMENT TO:
- 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

HOUSING TO:
- Ensure that the treatment participant has a place to live that is safe, affordable and minimizes the risk factors related to triggering negative symptoms of their illness

TRAINING TO:
- Provide the staff with the knowledge and skills necessary to improve the effectiveness of their intervention

DATA COLLECTION AND REPORTING TO:
- Ensure there is a level of standardization in the types of data and method of data collection
- Ensure there is a reporting capability that allows monitoring of outputs and outcomes as well as expenditures

DATA ANALYSIS, EVALUATION AND RESEARCH TO:
- Document trends that determine whether or not goals are being efficiently and effectively achieved and whether systems modifications are necessary
“It takes a special kind of person to care enough to take the time for others, to do whatever it takes to help someone out”

~Veteran Client~
First Steps is a Washington State program for pregnant and postpartum women and infants to age one year. The goal of the program is to provide services as early in pregnancy as possible in an effort to promote positive pregnancy and parenting outcomes. First Steps assists women with targeted risk factors, such as mental illness, alcohol and substance abuse, smoking, domestic violence, hypertension or diabetes in order to deliver full term, healthy infants. Services to identify and screen the high risk, low-income women and deliver these services to draw them into appropriate care are provided by public health nurses, a behavioral health specialist and nutritionists in clinic settings. First Steps is a prevention health service that supplements medical coverage for Medicaid eligible women.

The First Steps program offered at Snohomish Health District is unique because it is integrated with the Women, Infants and Children (WIC) program. This approach increased outreach to potential First Steps clients, allows the Health District to run both programs more efficiently and provides the clients and their families better access to health care and related services.

In 2012, the First Steps Clinic Based Program made 11,145 contacts with 4,258 pregnant or postpartum women. Of these, 2,389 women were enrolled in the program; 1,317 dropped out, however, prior to program completion.

For the 2,389 women screened and enrolled in the program:
- 447 had risk factors for tobacco use,
- 449 had risk factors for alcohol/other drug abuse and
- 674 had mental health issues.

Beginning in July 2012, the program began tracking the ability of women to follow through with referrals to services which addressed one or more risk factors. Of those women who were screened with risk factors who enrolled in First Steps for ongoing services,
- 168 were referred to treatment for tobacco use of which 32 followed through,
- 47 were referred to treatment for alcohol/other drug abuse of which 7 followed through and
- 257 were referred to treatment for mental health issues of which 103 followed through.

There were 1,063 infants born to women served by the program in 2012. Of these:
- 191 were born to women presenting risk factors for tobacco use,
- 212 were born to women presenting risk factors for alcohol/other drug abuse and
  - 319 were born to women presenting risk factors for mental health issues.

Between July 2012 and December 2012, for those women who continued with the program through the postpartum period,
- 109 had a reduction in risk factors for tobacco use,
- 21 had a reduction in risk factors for alcohol/other drug abuse and
- 97 had a reduction in risk factors for mental health issues.
In 2012, there were over 95,279 visits to the seven Family Support Centers across the county by an estimated 30,000 Snohomish County residents. Over 1,508 people provided 32,621 volunteer hours of service at an estimated value of $710,811.00 supporting such programs as parenting classes, caregiver support groups, homework support groups, English language classes, teen support groups, citizenship classes, Russian family programs, basic needs assistance, after-school drop-in programs for middle and high school students, alcohol and drug prevention programs, tax preparation services and information and referral services to community social services and health agencies.

The Women/Men’s Recovery and Prevention Services program (WRAPS) was conceptualized in March 2007 by the Homeless Policy Task Force as a means to collaboratively increase the number of homeless families moving to permanent housing. In Snohomish County, approximately 350 homeless families (375 adults) are being served in emergency and transitional housing programs. Approximately 60% have a history of addiction. These adults face multiple challenges to recovery: addiction from an early age, histories of trauma and abuse and significant mental health needs. A comprehensive, integrated approach to housing and recovery is critical to these families maintaining housing and moving towards self-sufficiency.

In 2012, the WRAPS Program:
- Received 78 mental health referrals,
- Conducted 71 mental health assessments,
- Provided 43 group sessions,
- Made 72 referrals to community agencies for ongoing mental health counseling,
- Provided substance abuse recovery and relapse prevention services to 135 clients.

Project Self Sufficiency provides a foundation of services to low-income parents so that 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.

In 2012, there were 78 adults representing 72 families enrolled in Project Self Sufficiency.

Of these families:
- 2 received vouchers for subsidized housing,
- 35 adults maintained employment,
- 10 obtained jobs and
- 38 enrolled in school,
**Nurse-Family Partnership** is an evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. Through these ongoing home visits from registered nurses, low-income, first-time moms receive 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. From pregnancy until the child turns two years old, Nurse-Family Partnership Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children – and themselves.

In 2012, the **Nurse-Family Partnership** program, housed and operated through Little Red School House, served 201 pregnant or parenting women under the age of 24 and enrolled 84 new participants in the program. For those enrolled in the program:
- Over 42% were enrolled before the 16th week of pregnancy and
- 20.9% received financial assistance.

Forty-eight babies were born in 2012. Nurses provided over 699 visits to women during pregnancy, 398 visits to women while their children were infants and 110 visits to women while their children were toddlers.

“\*I have a new life now—my own apartment, a job, healthy relationships—and my daughter is amazing. I am amazing. WRAPS helped me heal from my childhood, learn how to be strong and healthy, gave me hope for a future and believe in myself.\*”

~WRAPS client~
In June 2011, a subgroup of the County’s Law and Justice Committee began meeting to develop the County’s first Mental Health Court, a collaborative problem-solving court designed to promote public safety and reduce recidivism by offenders with mental health issues. In October 2012, the Mental Health Court saw its first client. The goal of this court is to bring long-term stability, sobriety and safety to mentally ill offenders while ensuring the security and well-being of the community. The Snohomish County Mental Health Court program draws on the expertise and cooperation of Snohomish County and Municipal Courts, Snohomish County Human Services, Snohomish County prosecuting attorneys and public defender agencies, law enforcement, public mental health providers, local advocacy and support agencies, and private providers of mental health, substance abuse and ancillary services. It offers an intensive program of evaluation, treatment and frequent monitoring of compliance. Funding provided by the 1/10th of 1% Sales Tax supports a mental health court liaison (housed and employed through Bridgeways), a District Court Clerk and a Prosecutor.

Since its inception in October 2012, the Snohomish County Mental Health Court has had 12 clients referred with four of these being accepted, four of these being ineligible and four of these pending decision. The Mental Health Court team has actively engaged in outreach and community education and anticipates an increase in referrals in the upcoming year.

The Snohomish County Sales Tax Housing program provides housing vouchers to Snohomish County residents with chemical dependency and/or mental health issues in order to provide the support they need to move towards self-assuming their own rent while addressing their substance use and mental health concerns.

In 2012, 335 clients were served by the program of which 200 were individuals and 135 were families. Of these, 182 had chemical dependency issues, 88 had mental health issues and 65 had co-occurring chemical dependency and mental health issues.

At the end of 2012:

- 147 (44%) had successfully completed the program and were maintaining their own rent,
- 5 (1.5%) were unable to obtain housing on their own,
- 49 (14.6%) were terminated from the program for noncompliance,
- 1 (0.3%) was incarcerated for a new offense
- 133 (39.7%) were still active in the program.

“My mental health counselor has taught me what to do for my anxiety. Without that, I couldn’t stay sober.”

~Evergreen Manor, Drug Court Mental Health client~
In 2012, the North Sound 2-1-1 community information and referral line (through Volunteers of America) provided information about community resources to 41,336 callers seeking assistance and made 65,741 referrals to community agencies.

Of the callers seeking assistance:

- 31,823 were female
- 706 were active military/veterans
- 928 were residents under the age of 20
- 2,648 were older adults (60+ years)

Recognizing that callers may have multiple needs, the following were the most commonly identified presenting problems:

- 10,847 callers were requesting a telephone number or address
- 7,239 callers had utilities needs
- 4,594 callers had rent/mortgage assistance needs
- 3,876 callers had emergency shelter needs
- 2,058 callers had legal needs
- 1,539 callers had transition/special housing needs
- 1,432 callers had household/clothing/personal needs
- 1,368 callers had mental/behavioral health needs
The Bridgeways Community Housing Stability and Support program provides evidence-based interventions to low-income adults in subsidized housing who are eligible for Shelter Plus care programs in an effort to reduce the risk of losing housing due to mental health symptoms or substance abuse. In 2012, the program received 124 referrals and provided 846 hours of service to a total of 107 clients enrolled in the program, 50 of whom were newly enrolled this year. At the end of the year, there were 56 people on the waitlist for services.

Catholic Community Services provided 145 hours of short-term mental health counseling related services to 61 clients who are at risk of hospitalization, incarceration or recurrent crisis episodes who did not have Medicaid, insurance or private resources to obtain mental health care.

The Jail Transition Services Program connects inmates with mental health issues in the Snohomish County Jail with Medicaid benefits and community case managers to facilitate engagement in mental health, chemical dependency and other related services upon their release. Through this program, Snohomish County Jail Transition staff screened 774 inmates with 112 of these inmates enrolling in services. Catholic Community Services provided 99 hours of service to 44 clients, Compass Health provided 272 hours of service to 41 clients and Sunrise Services provided 221 hours of service to 18 clients.

In-Jail Intensive Outpatient Chemical Dependency Treatment is provided by Evergreen Manor inside the Snohomish County Jail. In addition to receiving treatment, inmates also receive intensive case management to connect them with treatment in the community upon their release. In 2012, 168 men and 97 women were referred for treatment by jail staff. Of these, 60 men and 79 women were admitted into the treatment program. 142 chemical dependency assessments were conducted and 6,377 hours of group treatment were provided. Of those 139 inmates entering into treatment while incarcerated, 41 continued with community-based outpatient treatment upon their release.

Evergreen Manor’s Acute Detoxification program provided 37 bed days of service to low-income Snohomish County residents needing a safe and supportive environment to withdrawal from alcohol and other drugs. According to the TARGET database, a state database into which all substance abuse treatment information is entered, the detoxification program at Evergreen Manor had 1,090 total admissions in 2012 for 945 unduplicated individuals.

Evergreen Manor offers a number of programs that are supported through the one-tenth of one percent sales tax monies. Through its Adult Outpatient Treatment and Drug Testing program, they provided outpatient chemical dependency treatment to 323 adults of whom 26 were veterans, 203 were older than 55 years and 26 were clients of Family Drug Court. The agency also provided 3,161 hours of service (group treatment, individual treatment and case management), 35 evaluations and 895 non-treatment case management service hours.

Through its Mental Health Counseling program, Evergreen Manor provides mental health services to clients from Adult and Family Drug Courts. In 2012, 114 Drug Court clients were provided with 695 therapy sessions, 54 hours of case consultation, and three conjoint sessions. Additionally, Evergreen Manor provided 258 hours of court and community education and consultation.
The Adult Community Outpatient Treatment Services program through Catholic Community Services provides subsidized chemical dependency assessment and treatment for indigent and low-income adult residents of Snohomish County with an emphasis on serving veterans and older adults. In 2012, the agency served 36 veterans and 42 older residents. Therapeutic Health Services provides similar services and in the past year served 4 veterans and one older adult.

The SeaMar Community Health Center provided 181 hours of short-term mental health counseling related services to 87 non-Medicaid eligible Snohomish County residents who are at risk of hospitalization, incarceration or recurrent crisis episodes. They also provided 64 hours of outreach to 17 clients to support chemical dependency treatment outcomes.

Therapeutic Health Services provides opiate substitution treatment services to opioid-addicted clients in need of medication-assisted treatment. In 2012, they served 218 methadone clients and 2 suboxone clients in Snohomish County.

Through monies earmarked for Training, 55 chemical dependency and mental health professionals received training in the “Seven Challenges”, 60 professionals received training in “Healing the Addicted Brain”, 21 professionals received advance training in the “Seven Challenges Leader Training” and 20 received training in clinical supervision.

“Mental health counseling has given me a way to manage my feelings and to be able to build a relationship with someone that I trust because I don't trust very many people.”

~Mental Health client~
The Older Adult Mental Health Outreach through Senior Services of Snohomish County provides information and service referral, assistance, client advocacy, and screening to determine whether an older person should be referred to a community agency for a comprehensive assessment. This program is also responsible for program publicity and the development and maintenance of a file of community mental health and substance abuse resources that serve older people in Snohomish County.

Currently, the program maintains a database that lists over 113 current and available resources for older adults. Through the assistance and referral component of this program, Senior Services of Snohomish County made 1,459 information contacts and 229 screenings to Snohomish County residents age 60 and older. The program provided 22 information presentations to community members and professionals with 701 seniors attending these presentations. Post-presentation surveys showed that

- 172 attendees increased their understanding of mental health issues in older adults,
- 140 attendees increased their understanding of chemical dependency issues in older adults and
- 173 attendees increased their knowledge about community resources for older adults.

Through the Geriatric Depression Screening Program and the Peer Counselor Program (both offered by Senior Services of Snohomish County):

- 262 depression screenings were provided to seniors
- 61 Snohomish County seniors were matched with Peer Counselors to address issues of caregiver stress, loss of loved ones, coping with chronic pain or illness, managing depression/stress/anxiety and dealing with other life changes or losses.

“I am quite dependent on our weekly meetings. I look forward to them as I learn a great deal and receive important support and empathy.”

~Participant in a Family Caregiver Support Group at a Family Support Center~
The Catholic Community Services Northwest Youth Outpatient Mental Health Treatment Program provides mental health services to children/youth and their families, who have a demonstrated need for services but are experiencing barriers to accessing them. This program offers short term mental health counseling to children/youth and their families in school settings and in collaboration with chemical dependency treatment services. The program began providing services in the Stanwood School District in April 2012 and provided 57 hours of service to 14 students. Beginning in October 2012, they provided 75 hours of service to 14 students in the Darrington School District and 22 hours of service to 13 students at Weston High School. Although students are still in the process of receiving services, anecdotal information shows that students are beginning to demonstrate a reduction in the frequency and/or severity of unsafe behaviors and are showing improvements in school performance and behavior.

The Youth Mental Health Counseling Program through Compass Health is designed to provide mental health services to youth at Cocoon House’s three Emergency Shelters, currently located in Everett, Monroe and Arlington, according to Cocoon House’s needs. All the youth who enter the shelters are in some state of crisis; many are victims of trauma. A mental health professional works to engage the youth and build trust so that the youth can participate in individual counseling sessions with the clinician. By performing an assessment of youths’ mental health and resource needs as well as developing immediate crisis plans as needed to ensure the safety of the youths, the program is able to help at-risk youth address their mental health needs as well as consider options for safe living situations.

The program began seeing youth in September 2012 and by the end of the calendar year had completed 26 consultations and provided 97 individual sessions and four family sessions with 40 unduplicated youth.

The Northshore Youth and Family Services Adolescent Family Treatment Program served 3 youth for a total of 29 hours of direct service. The agency experienced difficulty hiring staff for the program, so it has been discontinued in 2013.

A total of 308 Snohomish County residents (261 single contact participants and 47 ongoing youth participants) participated in Kids Futures: Voices of Youth through the Federated Health and Safety Network. This public forum gives local youth the opportunity for active involvement in their community by giving local and state leaders and policy makers the chance to hear about the challenges our community’s young people face. This innovative substance abuse prevention project culminates in regional exhibitions of participant-created short films designed to raise awareness about the issues youth believe are most impacting the young people in the community.
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 **2012**, this program:

- Made street outreach contacts with **1,966** homeless youth,
- Made **3,758** contacts with youth at the U-Turn Drop-In Center,
- Provided outreach to **734** youth who are in gangs, exposed to violence, sexually exploited and/or substance abusers and
- Provided case management to **304** unduplicated youth,

As a result of the case management and services provided to homeless and at-risk youth:

- **120** youth found safe and appropriate housing,
- **33** youth were reunited with their families,
- **49** youth re-engaged in school,
- **51** youth started a GED program,
- **97** youth found employment,
- **116** youth received medical coverage,
- **315** youth received food stamps,
- **64** youth were referred/evaluated for a mental health assessment,
- **43** youth were referred/assessed for substance abuse issues,
- **8** youth received inpatient substance abuse treatment,
- **84** youth attended individual/group mental health counseling and
- **18,338** youth received basic needs (e.g., food, socks, hygiene products, clothing).

**Across all of the programs, there were **11,815** contacts with homeless or at-risk for homelessness youth.**

WayOUT is a 13-hour educational seminar offered through **Cocoon House** that serves Juvenile Court referred low-risk youth offenders and their parents, as well as at-risk families referred by Project SAFE and other community agencies. The seminar is intended to teach healthy life skills, strengthen the parent/teen bond and link participants to community resources.

In **2012**, the program served

- **128** youth and
- **127** parents/connected adults.

**89%** of the teens referred by the court completed the program. **648** volunteer hours with a value of **$14,119.92** were provided during the year to the program.

- **95%** of teen participants reported an increase in their sense of control over their future,
- **91%** of adult participants reported that they had improved their decision-making skills and that they were able to negotiate and successfully problem solve situations with their children and
- **90%** of adult participants increased their communication skills including listening, settling disagreements in a helpful manner and engaging in positive communication with their teens.
Through the **Mental Health Program at the Snohomish County Denney Juvenile Justice Center**, 166 youth were served by the program with 59 of them being served at least twice. Of those served by the program, 158 received counseling services, 5 received case management services and 19 received crisis services.

The **Edmonds School Prevention and Intervention (ESPI) Network** works with students identified as high risk for alcohol/other drug use or mental health issues. The ESPI program’s proactive intervention model keeps students engaged in school by assessing needs, connecting them to existing community resources and advocating for their needs with community and State agencies. The ESPI program model employs a holistic approach that also addresses the needs of the family in order to support students in reaching their potential. Student Support Advocates assist students and their families in navigating complicated social service systems such as DSHS, housing, mental health or chemical dependency treatment, and juvenile justice. Advocates also provide general support for the students and their families who may not have access to other community supports.

In 2012, 528 unduplicated students were served. Of these:

- 136 had attendance issues
  - 64.7% showed improvement with attendance
- 140 had discipline issues
  - 64.3% showed improvement with discipline
- 181 had issues with grades
  - 58.6% showed improvement with grades
- 91 had issues with drugs and alcohol.
  - 85 were connected with drug and alcohol services
  - 76.5% showed a decrease in drug or alcohol use
- 119 had mental health issues
  - 89.1% were connected with mental health services
- 65 were connected with homeless prevention services

“Without my advocate, I don’t know who I would have turned to when I was having such a hard time at school. I am so thankful for the help.”

~Edmonds School District Student Support Advocate program participant~
Through **Therapeutic Health Services’ Youth Community Outpatient Treatment Services**, chemical dependency outreach, early intervention/education, outpatient treatment, intensive outpatient treatment, after-care and family counseling services are provided for indigent and low-income youth age ten through seventeen years who reside in Snohomish County. In 2012, over 2,742 hours of service were provided to 171 youth with 74 assessments completed and 96 youth being admitted to treatment. In December 2012, the treatment retention rate was 87.1% compared to the state 90-day threshold rate of 65%.

Through the **Youth Inpatient Integration Specialist at Catholic Community Services**, 106 youth needing inpatient chemical dependency treatment were seen. Using motivational interviewing and the stages of change model to motivate and engage youth to enter inpatient treatment, 76 (72%) of the youth seen decided to enter into inpatient services. Of those 76 youth, 52 (68%) re-engaged with outpatient follow-up treatment. A total of 2,047 service hours were provided to these youth.

**Catholic Community Services** provided outpatient chemical dependency treatment services to students at Lincoln High School, Weston High School and surrounding schools in the Arlington and Stanwood area. In 2012,

- 334 youth were served,
- 74 chemical dependency assessments were conducted,
- 63 students were admitted to treatment services,
- 2,200 hours of outreach were provided and
- 2,298 hours of chemical dependency related services were provided.

The treatment retention rate at Weston High School was 68.2%; it was 71.9% at Lincoln High School. Both of these rates exceed the state threshold of 65.0% for 90-day retention.

Overall, Snohomish County ranks 2nd in the state for youth retention (84.2%). This rate is 30% above contractual requirements.

One-tenth of one percent sales tax monies were given to **Viva Press** for 833 units of treatment materials for the evidence-based youth treatment program “Seven Challenges.” These materials will be used to benefit all youth in Snohomish County involved in chemical dependency treatment. Independent studies funded by The Center for Substance Abuse Treatment in Washington, D.C. and published in peer reviewed journals have provided evidence that demonstrates the effectiveness of The Seven Challenges as a “co-occurring” program that significantly decreases the substance use of adolescents and greatly improves their overall mental health status. Data also show that the program has been especially effective with the large number of substance abusing youth with trauma issues.
A brief counseling session on substance abuse offered to trauma patients in emergency rooms has proved so successful in Washington State that it was cited as a model in President Obama’s 2011 National Drug Control Strategy. Through the one-tenth of one percent sales tax monies, the Screening, Brief Intervention and Referral to Treatment (SBIRT) program was delivered to patients at the Community Health Center by Evergreen Manor treatment staff and at the Providence Medical Center Emergency Department.

At the Community Health Center:
- 827 patients received a screening,
- 743 patients received brief intervention,
- 193 patients received brief therapy,
- 50 patients completed a chemical dependency assessment and
- 49 patients were referred to chemical dependency treatment/detox.

At Providence Medical Center Emergency Department:
- 2,194 patients received a screening
  - 71 patients screened more than once in 2012
- 2,003 patients received brief intervention
  - 1,375 (63%) patients who indicated at follow-up that they had followed through with mental health services
  - 732 (33%) patients who indicated at follow-up that they had followed through with substance abuse treatment services

Funds for the Office of the Public Defender, the Snohomish County Clerk’s Office, Snohomish County Superior Court and the Snohomish County Prosecuting Attorney’s Office were provided to hear 1,285 involuntary commitment cases and 1,618 Drug Offender Sentencing Alternative (DOSA) cases and supported the Prosecuting Attorney’s Office and the Clerk’s Office to hear 11,172 juvenile, adult and family drug court hearings (excluding DOSA.) Additionally, funding was provided for a social worker at the Office of the Public Defender to work with 116 cases needing additional information and support.

Over $500,000.00 was provided to the Snohomish County Jail for psychiatric medications and evaluations for inmates. An additional $279,900.00 was provided to staff four mental health professionals at the jail to serve those inmates with mental health issues.

The Snohomish County Sheriff’s Department received funding to increase officer response time to suicide threats by Snohomish County residents. In 2012, they provided over 766 hours of on-scene response to 884 suicide calls. Additionally, funding provided by the one-tenth of one percent sales tax allowed six hostage negotiators from the Snohomish County Sheriff’s Department to maintain membership in the Western States Hostage Negotiator Association and attend its annual conference, law enforcement personnel to attend the National Tactical Officers’ conference and 20 law enforcement personnel to attend advance SWAT training.
In 2012, by supporting the Driving Under the Influence (DUI) Countermeasure Program, speakers on the DUI Victim Panel shared their personal stories of family members killed in impaired driving crashes with 1,832 participants in 40 classes.

1,015 parents received DUI education at drivers’ education classes; 4,315 youth received the same information at drivers’ education classes and school assemblies.

There were 31 DUI Emphasis Patrols coordinated involving an additional 297 officers and deputies. There were 5,757 contacts made with 157 impaired drivers removed from Snohomish County roadways as well as 14 felony drug arrests and 30 misdemeanor drug arrests.

The Chemical Dependency/Mental Health Program Advisory Board along with the Snohomish County Council determined that an independent evaluation of the Adult Drug Court and the Family Dependency Drug Court was needed. After soliciting proposals for this evaluation from external bidders, received proposals were reviewed by a county-approved review committee. As a result of this process, $200,000.00 was awarded to Washington State University to conduct both a process and an outcome evaluation of the county’s drug courts mentioned above. Results of this evaluation will be provided in 2013.
The **Research Division of Snohomish County Human Services** is working on a collaborative **Frequent Utilizer Study** that was begun in August 2012. Throughout Snohomish County, many of our most vulnerable and marginalized residents utilize services that span multiple systems including social service agencies, housing shelters, law enforcement, the jails, the emergency departments and emergency medical services (EMS). Many of these individuals have overlapping health, mental health and substance use issues that result in repeated, expensive and avoidable contact with the health care, emergency medical services, crisis response, legal and criminal justice systems. It is well known that inappropriate system overuse imposes a significant burden on an already-taxed emergency response system; however, further analysis of the additional costs and impacts accrued by high utilizers of multiple systems is needed. The Human Services Department of Snohomish County is working to determine these consequences and economic costs by establishing partnerships with local fire districts and EMS, law enforcement, corrections, the judicial system, the mental health system, the drug/alcohol treatment system, social services, local emergency departments, the 9-1-1 dispatch system and public and private health plans. By considering data from these various entities, it will be possible to establish a baseline of the volume of frequent cross-system utilizers as well as to determine their associated costs. Once the scope of the issue has been determined, it is hoped that the data derived from this project will spur conversations amongst the many stakeholders to strategize opportunities for new or enhanced targeted interventions that will reduce the costs associated with avoidable multi-system contacts as well as improve the health outcomes of these frequent utilizers.

The goals of this initial case study project are many. It is hoped that data from this initial project will:

- Establish a quantitative baseline of the scope of the problem of avoidable frequent cross-system utilization within Snohomish County;
- Increase community partnerships and collaborations focused on addressing the issue;
- Improve the health outcomes for our vulnerable citizens by creating and implementing programs and interventions that allow them to access the right services at the right time;
- Decrease costs associated with avoidable cross-system contacts;
- Create strategies for more efficient use of scarce dollars and resources;
- Reduce expenses that are ultimately passed down to the tax payer;
- Influence policy makers to address legislation that restricts the various agencies from effectively addressing the problem; and
- Allow a space for the voices of all stakeholders along the continuum of healthcare and service provision.
Some Initial Findings from the Frequent Utilizer Study

Data share agreements have been established between Snohomish County Human Services Department and local fire districts, law enforcement and corrections, the judicial system, the mental health system, the drug and alcohol treatment system, public and private health plans, local hospitals, and for the Homeless Management Information System (HMIS.) As a result of these data share agreements, the County is able to begin analyzing the patterns of system utilization in order to identify gaps in the overall system. The case example below has sparked conversation between the various stakeholders as it illustrates potential areas for pilot interventions. Once pilot interventions have been solidified and put into practice, it will be possible to examine their impact on the health outcomes of the individuals involved as well as cost savings to the system as a whole.

John Doe #1 (for time period 1 March 2012 to 31 October 2012):

Between March 2012 and the end of April 2012, John Doe was taken by emergency medical services (EMS) to various emergency departments in the County approximately five times with the majority of these being for behavioral/psychiatric issues. In late April 2012, he spent six days in the psychiatric hospital and within one week of release was booked into the County Jail for approximately three weeks. On the day of his release from jail, he took himself to the emergency department with a request to be institutionalized because he felt unable to take care of himself. He reported that he cannot remember when to go to the clinic to get his medication and that he did not have medication upon release from the jail. The next day, EMS was called out and found no injury or illness and did not transport. Six days later, he was booked into the County Jail for approximately a week on a code violation from another county. Within one week after release, he spent one day in the psychiatric hospital and over the next two weeks, EMS was called out four more times. On the last call out by EMS during this two week period, EMS worked with local law enforcement who took the individual to Triage where he was denied admission. Law enforcement then transported the individual to the emergency department. Over the next two weeks, the individual was transported to the emergency department twice by EMS. On the last call out by EMS, he expressed that he just wanted to be left alone to live his life. EMS was also called out two additional times during which they did not transport. Additionally, the individual also presented at the emergency department one time as a “walk in”. During July, he spent a total of 20 days at three different psychiatric facilities. Within one day of discharge from the last psychiatric stay, the individual was booked into the County Jail for one week after being picked up by local law enforcement for indecent exposure. Within one week of release from jail, the individual walked into the emergency department complaining of bug bites, allegedly assaulted a staff member and was booked into the County Jail for approximately two and a half months on assault charges. Within four days of release from jail, he walked into the emergency department again seeking help.

Summary of System Utilization for Eight Month Period in 2012:

- Reports being homeless
- Does not show up as receiving any homeless/housing services
- Does not show up as receiving substance abuse treatment in the past year
- 14 contacts with EMS across two fire districts
- 109 total jail days for four separate bookings
- Prescribed antipsychotics while in jail
- Not in the Long Term Care and Aging program
- Notes indicate that a community health agency has been working diligently to assist this individual to no avail as he is not allowed to use crisis beds due to alleged assault charges
- Multiple diagnoses including PTSD, schizoaffective disorder—bipolar type, depression, schizophrenia
The **Veterans’ Assistance Program** is intended to provide limited emergency assistance and services to eligible veterans and their dependents in Snohomish County. In addition to providing outreach to veterans in the community and in jail, the program assists veterans in filing for Veterans Administration benefits and arranges for mental health, alcohol and drug assessments and treatment through the Veterans Administration Medical Center. Emergency vouchers are provided to assist low-income veterans with rent/mortgage payments, utilities, clothing, medical, school and food assistance.

In 2012, for Snohomish County veterans, the Veterans’ Assistance Program:
- Answered requests from 4,787 Snohomish County veterans,
- Provided assistance to 1,076 veterans,
- Provided 41 referrals for mental health services,
- Provided 65 referrals for alcohol or other drug treatment and
- Provided 1,732 vouchers for emergency assistance to veterans and their dependents.

These vouchers totaled $330,998.00. Of these,
- $77,388.00 went to rent assistance,
- $87,345.00 went to help pay utilities,
- $77,872.00 went to food assistance and
- $5,372.00 went to emergency shelter.

Snohomish County launched Washington State’s first ever **Network of Care** for veterans and their families in September 2011.

The **Network of Care** is a website 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 2012, the **Network of Care** website logged 58,928 sessions (a series of hits to the site by each visitor) and 269,363 total hits.

http://snohomish.wa.networkofcare.org/Veterans/homeindex.cfm

“We cannot thank you enough for your time, your overwhelming understanding and willingness to give my wife and my daughter a new beginning in our lives!”
~Veteran receiving Veterans Assistance~
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 2012 and 31 December 2012, there were 1,414 referrals to SCTC. Of these:

- 1,116 (78.9%) were accepted
- 135 (9.5%) were withdrawn
- 6 (0.4%) were incomplete
- 33 (2.3%) were incomplete/no further action
- 4 (0.3%) have no information
- 17 (1.2%) were no-show
- 103 (7.3%) were denied:
  - 28 (27.2%) for “medical needs/instability”
  - 24 (23.3%) for “needs detox services”
  - 21 (20.4%) for “other”
  - 10 (9.7%) for “not cooperative”
  - 15 (14.6%) for “needs higher level of care”
  - 2 (1.9%) for “no capacity”
  - 3 (2.9%) for “less than 18 years old”

Of the 1,116 admissions to SCTC between 1 January 2012 and 31 December 2012, 37 (3.3%) used the Molina Clinic at Compass Health and 196 (17.6%) used the Genoa Pharmacy.

The average age for clients referred to SCTC was 38.92 years. For the 1,414 clients referred to SCTC during the time period covered by this report:

- 111 (7.9%) were younger than 21 years,
- 658 (46.5%) were between 21 and 40 years,
- 564 (39.9%) were between 40 and 60 years,
- 81 (5.7%) were older than 60 years

### Client Referral Source

<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>539</td>
<td>36.1</td>
</tr>
<tr>
<td>Community/MH Agency</td>
<td>428</td>
<td>30.1</td>
</tr>
<tr>
<td>Law Enforcement Agency</td>
<td>346</td>
<td>24.5</td>
</tr>
<tr>
<td>Hospital Psychiatric Unit</td>
<td>30</td>
<td>2.1</td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
<td>1.9</td>
</tr>
<tr>
<td>Hospital Medical Unit</td>
<td>15</td>
<td>1.1</td>
</tr>
<tr>
<td>MH Eval &amp; Tx Facility</td>
<td>11</td>
<td>.8</td>
</tr>
<tr>
<td>Individual Professional Staff</td>
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<td>.6</td>
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<td>.1</td>
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<tr>
<td>No Information</td>
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<td>.1</td>
</tr>
<tr>
<td>Self</td>
<td>1</td>
<td>.1</td>
</tr>
<tr>
<td>Sobering Center or Detox</td>
<td>1</td>
<td>.1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1414</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Of the 539 clients referred from hospital emergency departments:

- 417 (77.4%) were accepted,
- 12 (2.2%) were denied for “medical needs/instability”,
- 19 (3.5%) were denied for “needs detox services”,
- 5 (0.9%) were denied for “needs higher level of care”,
- 10 (1.9%) were denied for “other”,
- 2 (0.4%) was denied for “not cooperative”,
- 60 (9.3%) were withdrawn,
- 6 (1.1%) were “no show”,
- 3 (0.6%) had no information,
- 5 (0.9%) were incomplete, and
- 10 (1.9%) were incomplete/no further action.
Use of SCTC by Veterans

There were 66 referrals and admissions for 58 unduplicated veterans to SCTC between 1 January 2012 and 31 December 2012.

Referrals to SCTC for veterans were most likely to come from law enforcement agencies (36.4%) and hospital emergency departments (48.5%).

The average age for veterans referred and admitted to SCTC was 44.89 years. The average length of stay for veterans at SCTC was 5.64 days.

Over half (62.1%) of veterans referred and admitted to SCTC were taking medication at the time of admission; about one-third (30.3%) 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
There were 346 referrals to SCTC that listed “law enforcement” as their referral source.

The overall average number of minutes spent by a law enforcement agency dropping off a client at SCTC was 13.66.

For the 346 referrals to SCTC which listed “law enforcement” as their referral source:
- 280 (80.9%) were accepted
- 30 (8.7%) were withdrawn
  - 30 (8.7%) were denied
- 4 (1.2%) were incomplete/no further action
  - 1 (0.3%) was “no show”
  - 1 (0.3%) had no information
Prior to the development of the Snohomish County Triage Center, all of the 280 law enforcement referrals who were accepted at the Triage Center in 2012 would have most likely been booked into the Snohomish County Jail or taken to one of the local emergency departments. Analyzed in 2012, the case example below illustrates the impact admission to the Triage Center has on utilization of other more costly County systems.

Jane Doe is a Snohomish County resident who was a frequent utilizer of emergency medical services (EMS), hospital emergency departments and the mental health hospitalization system in the County.

Between 1 January 2011 and 14 December 2011, Jane Doe had:
- 21 EMS transports to local emergency departments;
- Six psychiatric hospitalizations
- 23 days of crisis respite/services
- During this time period, she had not been seen at the Snohomish County Triage Center.

Beginning 14 December 2011, she began using the Snohomish County Triage Center. Since being seen at the Triage facility in mid-December 2011 through May 2012, she required only four EMS transports to local emergency departments for psychiatric issues and required no psychiatric hospitalizations and no crisis respite services. The average cost for each ambulance transport was $668.56 and the average cost for each emergency department visit was about $2200.00. The per diem for the Triage Center is $325.00.
APPENDIX I

OMNIBUS MENTAL HEALTH AND SUBSTANCE ABUSE ACT (E2SSB 5763)
NEW SECTION.

Sec. 804.

A new section is added to chapter 82.14 12 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.
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.

APPENDIX II

SNOHOMISH COUNTY ORDINANCES
12-097, 10-066, 08-154
AND SCC 4.25
ORDINANCE NO. 12-097

RELATING TO THE SALES AND USE TAX FOR CHEMICAL DEPENDENCY OR MENTAL HEALTH TREATMENT AND THERAPEUTIC COURT PROGRAMS AND SERVICES; AMENDING SCC 4.25.050

WHEREAS, the Snohomish County Council adopted Amended Ordinance No. 08-154 on December 3, 2008, 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, pursuant to RCW 82.14.460; and

WHEREAS, when that ordinance was adopted RCW 82.14.460 expressly stated that moneys collected must be used solely for the purpose of providing new or expanded program and services and could not be used to supplant existing funding, other than certain lapsed federal funding; and

WHEREAS, in the year prior to implementation of this sales and use tax, the Snohomish County therapeutic court programs received support from the General Fund in the amount of $500,000; and

WHEREAS, due to economic reasons and projected state revenues, the Washington State Legislature made significant funding cuts to chemical dependency and mental health services; and

WHEREAS, the Legislature passed Second Substitute Senate Bill 5433 during its 2009 regular session, which amended RCW 82.14.460 to allow any county to supplant existing funding up to fifty percent in calendar year 2010, up to forty percent in calendar year 2011, up to thirty percent in calendar year 2012, up to twenty percent in calendar year 2013, and up to ten percent in calendar year 2014; and

WHEREAS, the Legislature passed Substitute Senate Bill 5722 during its 2011 regular session, which further amended RCW 82.14.460 to allow any county with a population larger than twenty-five thousand to supplant existing funding up to fifty percent in calendar years 2011-2012, up to forty percent in calendar year 2013, up to thirty percent in calendar year 2014, up to twenty percent in calendar year 2015, and up to ten percent in calendar year 2016; and

WHEREAS, the impetus for amending RCW 82.14.460 was to allow counties to use chemical dependency and mental health sales and use tax revenues to backfill reductions in state funding of chemical dependency and mental health services; and

WHEREAS, the County Council has made decisions through the appropriation process regarding potential supplanting of existing funding with chemical dependency and mental health sales tax revenues as allowed by state law; and

ORDINANCE NO. 12-097

RELATING TO THE SALES AND USE TAX FOR CHEMICAL DEPENDENCY OR MENTAL HEALTH TREATMENT AND THERAPEUTIC COURT PROGRAMS AND SERVICES; AMENDING SCC 4.25.050 - 1
WHEREAS, the County Council wishes to clearly communicate its future policy regarding supplanting; and

WHEREAS, in order to codify that policy, Chapter 4.25 SCC should be amended as provided herein;

NOW, THEREFORE, BE IT ORDAINED:

Section 1. Snohomish County Code Section 4.25.050, adopted by Amended Ordinance No. 09-073 on August 12, 2009, is amended to read:

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% of the total collected in 2013;

(ii) in 2014, no more than 25% of the total collected in 2014;

(iii) in 2015, no more than 15% of the total collected in 2015;

(iv) in 2016, no more than 5% of the total collected in 2016; and

(v) in 2017 and thereafter, no supplanting shall be permitted. Thus, should any of the moneys 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 $500,000 from other sources.

(b) 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.

(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

ORDINANCE NO. 12-017
RELATING TO THE SALES AND USE TAX FOR CHEMICAL DEPENDENCY OR MENTAL HEALTH TREATMENT AND THERAPEUTIC COURT PROGRAMS AND SERVICES, AMENDING SCC 4.25.050 - 2

Snohomish County 1/10th of 1% Sales Tax Funds 2012 Annual Report | Page 35
services, that are approved by the county executive under this section must be awarded in a
manner consistent with contracting policies adopted under SCC 2.400.067, if applicable.

PASSED this ___ day of November, 2012.

SNOMETH COUNTY COUNCIL
Snohomish County, Washington

Chairperson

ATTEST:

Sheila McCullough
Asst. Clerk of the Council

( ) APPROVED

( ) EMERGENCY

( ) VETOED

DATE: 11/30/12

County Executive

ATTEST:

C. B. Balmer 11/30/12

Approved as to form only:

10/26/12

Deputy Prosecuting Attorney

D. 24

ORDINANCE NO. 12-691
RELATING TO THE SALES AND USE TAX FOR CHEMICAL DEPENDENCY OR MENTAL HEALTH TREATMENT AND THERAPEUTIC COURT PROGRAMS AND SERVICES; AMENDING SCC 4.25.050 - 3
ORDINANCE 10-066

Adopted: September 15, 2010
Effective: October 1, 2010

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

ORDINANCE NO. 10-066

RELATING TO THE CHEMICAL DEPENDENCY/MENTAL HEALTH
PROGRAM ADVISORY BOARD, REVISING THE TERMS OF BOARD
MEMBERS, MAKING TECHNICAL CORRECTIONS, AND AMENDING
SCC 4.25.080 AND 4.25.090

WHEREAS, by Amended Ordinance No. 08-154 the County Council established the
Chemical Dependency/Mental Health Program Advisory Board to provide oversight and
recommendations relating to implementation and use of the sales and use tax imposed
pursuant to RCW 82.14.460 and SCC 4.25.010; and

WHEREAS, SCC 4.25.090 provides for appointment of members of the Chemical
Dependency/Mental Health Program Advisory Board, other than the original appointees, to
terms of four years; and

WHEREAS, SCC 2.45.080 requires the Chemical Dependency/Mental Health
Program Advisory Board to include representatives of the Community Mental Health
Program Advisory Board created by SCC 7.48.020, the Alcohol and Drug Abuse
Administrative Board created by SCC 2.80.010, and the Snohomish County Council on
Aging created by SCC 2.450.010, all of whom serve terms of three years; and

WHEREAS, administrative efficiency would be promoted by likewise appointing
members of the Chemical Dependency/Mental Health Program Advisory Board, other than
the original appointees, to terms of three years as provided herein;

NOW, THEREFORE, BE IT ORDAINED:

Section 1. Snohomish County Code Section 4.25.080, adopted by Amended
Ordinance No. 08-154 on December 3, 2008, is amended to read:

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)) administrative board created by SCC
2.80.010, 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.

Section 2. Snohomish County Code Section 4.25.090, adopted by Amended
Ordinance No. 08-154 on December 3, 2008, is amended to read:

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)) 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 ((four-year)) 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.

PASSED this 15th day of September, 2010.

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

/s/ Dave Gossett
Chairperson

ATTEST:

/s/ Barbara Skorski
Asst. Clerk of the Council

(X) APPROVED

( ) EMERGENCY

( ) VETOED DATE: September 21, 2010

Gary Haakenson
Deputy County Executive

ATTEST:

Linda Carl

Approved as to form only:

Rick Robertson
Deputy Prosecuting Attorney

ORDINANCE NO. 10-056
RELATING TO THE CHEMICAL DEPENDENCY/MENTAL
HEALTH PROGRAM ADVISORY BOARD, REVISITING THE
TERMS OF BOARD MEMBERS, ETC. - 2
ORDINANCE 08-154

APPROVED: December 3, 2008
EFFECTIVE: December 27, 2008

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 804 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 Impostion 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 Impostion 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.
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
Title 4
REVENUE AND FINANCE

Chapter 4.25
SALES AND USE TAX FOR CHEMICAL DEPENDENCY AND MENTAL HEALTH PROGRAMS AND SERVICES

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)
Chapter 4.25 - Sales & Use Tax For Chemical Dependency & Mental Health Programs & Services

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. 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) 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 policies adopted under SCC 2.400.067, if applicable.


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 this chapter.

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

4.25.070 Powers and duties of 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 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.

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

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 administrative board created by SCC 2.80.010,
Chapter 4.25 - Sales & Use Tax For Chemical Dependency & Mental Health Programs & Services

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 2.450.010, 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.


4.26.100 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.

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

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 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.

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

SUPPLANT LEGISLATION 5722
SUPPLANT LEGISLATION 5722

SUBSTITUTE SENATE BILL 5722

State of Washington 62nd Legislature 2011 Regular Session

By Senate Human Services & Corrections (originally sponsored by Senators Hargrove, Morton, Stevens, Regala, Shin, and McAuliffe)

READ FIRST TIME 02/21/11.

1 AN ACT Relating to the use of moneys collected from the local
2 option sales tax to support chemical dependency or mental health
3 treatment programs and therapeutic courts; and amending RCW 82.14.460.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 Sec. 1. RCW 82.14.460 and 2010 c 127 s 2 are each amended to read
6 as follows:
7 (1)(a) A county legislative authority may authorize, fix, and
8 impose a sales and use tax in accordance with the terms of this
9 chapter.
10 (b) If a county with a population over eight hundred thousand has
11 not imposed the tax authorized under this subsection by January 1,
12 2011, any city with a population over thirty thousand located in that
13 county may authorize, fix, and impose the sales and use tax in
14 accordance with the terms of this chapter. The county must provide a
15 credit against its tax for the full amount of tax imposed under this
16 subsection (1)(b) by any city located in that county if the county
17 imposes the tax after January 1, 2011.
18 (2) The tax authorized in this section is in addition to any other
19 taxes authorized by law and must 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 for a county's tax
and within a city for a city's tax. The rate of tax equals 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 must 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. 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.

(4) All moneys collected under this section must be used solely for
the purpose of providing new or expanded programs and services as
provided in this section, except as follows:

(a) A portion of moneys collected under this section may be used to
supplant existing funding for these purposes in any county or city as
follows: Up to fifty percent may be used to supplant existing funding
in calendar year 2010; up to forty percent may be used to supplant
existing funding in calendar year 2011; up to thirty percent may be
used to supplant existing funding in calendar year 2012; up to twenty
percent may be used to supplant existing funding in calendar year 2013;
and up to ten percent may be used to supplant existing funding in
calendar year 2014.

(b) For a county with a population larger than twenty-five thousand
that imposes the tax authorized by this section after December 1, 2010,
or a city with a population over thirty thousand that imposes the tax
authorized by subsection (1)(b) of this section after December 1, 2010,
a portion of moneys collected under this section may be used to
supplant existing funding for these purposes as follows: Up to fifty
percent may be used to supplant existing funding in calendar years
2011-2012; up to forty percent may be used to supplant existing funding
in calendar year 2013; up to thirty percent may be used to supplant
existing funding in calendar year 2014; up to twenty percent may be
used to supplant existing funding in calendar year 2015; and up to ten
percent may be used to supplant existing funding in calendar year 2016;
(c) For a county with a population of less than twenty-five thousand that imposes the tax authorized by this section after December 1, 2010, a portion of moneys collected under this section may be used to supplant existing funding for these purposes as follows: Up to eighty percent may be used to supplant existing funding in calendar years 2011-2012; up to sixty percent may be used to supplant existing funding in calendar year 2013; up to forty percent may be used to supplant existing funding in calendar year 2014; up to twenty percent may be used to supplant existing funding in calendar year 2015; and up to ten percent may be used to supplant existing funding in calendar year 2016; and

(d) Notwithstanding (a) through (c) of this subsection, moneys collected under this section may be used to support the cost of the judicial officer and support staff of a therapeutic court.

(5) Nothing in this section may be interpreted to prohibit the use of moneys collected under this section for the replacement of lapsed federal funding previously provided for the operation or delivery of services and programs as provided in this section.

--- END ---
APPENDIX IV

2012
1/10th of 1%
SALES TAX BUDGET
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<th>PROJECT/PROGRAM</th>
<th>Supplanted (Yes or No)</th>
<th>2012 Budget</th>
<th>2012 Expenditures</th>
<th>2012 Budget Balance</th>
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<td>2012 Budget</td>
<td>2012 Expenditures</td>
<td>2012 Budget Balance</td>
</tr>
<tr>
<td>------------------------------------------</td>
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<td>Superior/Juvenile Court:</td>
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</tr>
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<td>$ 10,000</td>
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<td>Supplemented (Yes or No)</td>
<td>2012 Budget</td>
<td>2012 Expenditures</td>
<td>2012 Budget Balance</td>
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</table>

**Prevention**

| Edmonds School District                                 | n                        | $150,000    | $149,834          | $166                |

**Outreach**

| Evergreen Manor                                         | n                        | $54,860     | $54,402           | $478                |
| Senior Services of Snohomish County                     | n                        | $75,000     | $75,000           | -                   |
| Providence Regional Medical Center                       | n                        | $199,864    | $173,717          | $26,147             |
| Housing Hope - WRAPS                                    | n                        | $12,000     | $12,000           | -                   |
| Trilogy Integrated Resources                            | n                        | $18,000     | $18,000           | -                   |
| YWCA - WRAPS                                            | n                        | $56,228     | $54,317           | $1,911              |

**Evaluation**

| Evaluation                                              | n                        | $300,000    | -                 | $300,000            |