



Snohomish County

Executive Office

**2010
EXPENDITURE PLAN**

**Chemical Dependency and Mental Health
Sales Tax Program**

November 23, 2009

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

AMENDED MOTION NO. 09-449

APPROVING 2010 EXPENDITURE PLAN FOR THE CHEMICAL
DEPENDENCY/MENTAL HEALTH SALES TAX PROGRAM FUND AND
AUTHORIZING THE DIRECTOR OF HUMAN SERVICES TO EXECUTE NECESSARY
DOCUMENTS

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, the Snohomish County Council established a Sales and Use Tax (Ordinance 08-154, adding a new Chapter 25 to the Title 4 SCC) to provide for operation or delivery of chemical dependency or mental health treatment and therapeutic court programs and services, providing for administration of the tax, and providing for implementation; and

WHEREAS, the State 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; and

WHEREAS, by adopting Ordinance 09-073 on August 12, 2009, the Snohomish County Council amended Snohomish County Code 4.25.050 to ensure consistency with State law; and

WHEREAS, in Snohomish County the Sales and Use Tax will be used to support new or expanded programs and services designed to: 1) reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth; 2) reduce the number of individuals with chemical dependency and/or mental health disorders using costly interventions such as hospitals, emergency rooms or jails; 3) diversion of adults and youth with chemical dependency and/or mental health disorders from initial or further involvement with the criminal justice system; 4) support linkages with other county efforts; 5) provide outreach to underserved populations; and 6) provide culturally appropriate service delivery; and where success and effectiveness will be measured by policy goals and submitted progress reports; and

WHEREAS, in Snohomish County up to fifty percent of the 2010 projected Sales and Use Tax revenue will be used to supplant existing programs which: 1) focus on persons at risk of experiencing chemical dependency or mental health issues, or who already are experiencing chemical dependency or mental health issues; 2) have a likelihood of preventing future chemical dependency or mental health problems; and 3) have a likelihood of helping individuals with chemical dependency or mental health issues achieve recovery or prevent relapse and/or decompensation; and

WHEREAS, members of the Sales Tax Advisory Board and community stakeholders have participated in an open process administered by the Snohomish County Human Services Department; and

WHEREAS, that process was designed to identify programs and services in which the infusion of Sales and Use Tax Fund resources would provide the greatest return on the investment to the community; and

WHEREAS, the selection of programs and services in the 2010 Expenditure Plan are recommended by the Snohomish County Chemical Dependency and Mental Health Sales Tax Program Advisory Board (Sales Tax Board); and

WHEREAS, as demonstrated in Exhibit 1 to this motion the need for supplanted funding exceeds the available revenue both with the General Fund and the Sales and Use Tax Fund; and

WHEREAS, since transmittal of the 2010 Expenditure Plan inquiries have been made to State Legislators regarding the use of supplanting; and

WHEREAS, programs previously considered by the Snohomish County Chemical Dependency and Mental Health Sales Tax Program Advisory Board have been reviewed and deemed appropriate for Sales and Use Tax Fund use; and

WHEREAS, the Snohomish County Council received additional requests for appropriation of the Sales and Use Tax Fund to supplant current expenditures; and

WHEREAS, the Snohomish County Council has on November 23, 2009 adopted Amended Ordinance 09-113 approving Sales and Use Tax Fund expenditure as presented in Attachment A to this motion;

NOW, THEREFORE ON MOTION:

Section 1. The Council approves the 2010 Chemical Dependency/Mental Health Sales Tax Expenditure Plan as provided for in Attachment A.

Section 2. The Council authorizes the Director of Human Services to execute all appropriate documents requisite to implementing the Plan approved in Section 1.

PASSED this 23rd day of November, 2009.

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

Mike Cooper
Council Chair

ATTEST:

Sheila McCallister
Asst. Clerk of the Council

**SUBSTITUTE MOTION 09-449 ATTACHMENT A
2010 CHEMICAL DEPENDENCY/MENTAL HEALTH SALES TAX EXPENDITURE PLAN**

2010 CD/MH SALES TAX EXPENDITURE PLAN	NEW/EXPANDED	SUPPLANT	
Human Services			
Senior Centers	\$84,500	\$0	
Fiscal Support	\$146,321		
Contract Manager	\$72,918		
Cross-systems Coordinator	\$72,918		
Evaluator/Researcher	\$85,991		
<i>sub-total</i>	\$462,648	\$0	
2.00 Existing Drug Court FTEs		\$187,945	
1.00 Family Treatment Court Coord.	\$80,381		
1.00 Drug Court Coordinator	\$85,991	\$0	
1.00 Guardianship Monitoring Program Coordinator	\$70,062		- "new/explanded" funding added by Council
Drug Court Treatment	\$329,009	\$234,500	
Other Drug Court Costs		\$446,205	
Administrative Overhead		\$146,729	
<i>sub-total</i>	\$565,443	\$1,015,379	
Sheriff			
Training	\$25,250		
Health District			
Health District Programs	\$669,903	\$900,000	- "new/explanded" funding added by Council
Subcontracted Services			
Crisis	\$475,000		
Housing	\$1,535,700		
Treatment	\$1,666,300		
Training	\$100,000		
Prevention	\$300,000		
Outreach	\$450,000		
Evaluation	\$110,000		
<i>sub-total</i>	\$4,637,000	\$0	
Existing General Fund Programs		\$2,955,629	- \$280,916 increase over Executive's recommended (see attachment)
Unanticipated Costs	\$289,629		- new positions less than budgeted, difference added to this category
TOTAL	\$6,649,873	\$4,871,008	\$11,520,881

SUBSTITUTE MOTION 09-449 ATTACHMENT A, EXHIBIT 1

EXISTING PROGRAMS SUPPORTED BY 2010 CD/MH SALES TAX PROGRAM

Total County Funding Need Identified	\$4,404,280	4,273,115
Total Funding Available	\$3,971,008	
Difference	\$433,272	302,107

Superior Court

2.00 Existing Drug Court FTEs	\$187,945
Drug Court Treatment	\$234,500
Other Drug Court Costs	\$446,205
Administrative Overhead	\$146,729

92,168
960,818

sub-total ~~\$1,015,379~~

Human Services

DUI Countermeasure	\$11,720
Senior Centers	\$465,500
Family Support Centers	\$215,358
Mental Health Programs	\$14,700
Project Self-Sufficiency	\$212,581
Children's Services	\$36,000
Kids' Futures	\$11,025
Youth Services Network	\$160,720
2-1-1	\$19,600
Cooperative Extension	\$454,444
Veterans' Support	\$200,000

sub-total \$1,801,648

Corrections

Existing Mental Health Practitioners	\$353,117
Psych Evaluation/Prescriptions	\$80,000
Existing 0.50 Registered Nurse	\$40,129
6.00 Custody Officers for Mental Health Unit	\$394,017
Inmate Education	\$166,316
Administrative Overhead	\$61,522

sub-total \$1,095,101

Sheriff

Deputy Response to Suicide Threats	\$23,500
------------------------------------	----------

SUBSTITUTE MOTION 09-449 ATTACHMENT A, EXHIBIT 1

Involuntary Commitment Program

Superior Court	\$98,300
Prosecuting Attorney	\$67,264
County Clerk	\$75,195
Office of Public Defense	\$71,778
less reimbursement from North Sound Mental Health	(\$102,770)
sub-total	\$209,767

Drug Court

Prosecuting Attorney	\$35,214
County Clerk	\$98,791
sub-total	\$134,005

Drug Offender Sentencing Alternative Program

Superior Court	\$7,140
Prosecuting Attorney	\$35,000
Office of Public Defense	\$76,604
County Clerk	\$6,136
sub-total	\$124,880 48,276



**Snohomish County
Executive Office**

SERVING OUR VULNERABLE POPULATIONS

Earlier this year, the County Council approved the local option 1/10th of 1 percent program, which provides sales tax revenue to tackle our community's mental-health, chemical-dependency and housing needs. Because of this, we are able to continue the services that we know provide results while developing new services with measurable outcomes.

More than \$1.5 million of new funding will provide housing for low-income families and individuals. Another \$1.8 million will allow the county to expand chemical-dependency and mental-health programs as well as our very successful drug court program. Crisis services programs will receive an additional \$500,000 among the numerous human services that will use funds from this program.

These services are not only the right thing to do, they are also proven to reduce much greater community costs when we fail to meet these needs, including driving up visits to our emergency rooms, homeless shelters and county jail.

I want to thank the members of the Chemical Dependency/Mental Health Sales Tax Board who volunteered their time to review our vast array of needs and to recommend the most efficient and effective tools to tackle those necessities. In particular, I want to thank Arthur Jackson, the chairman, and Jim Bloss, the vice chairman of the review committee, for their tireless commitment in service of their community.

Thank you,

Aaron Reardon
County Executive
September 2009



PREFACE

The current economic downturn is having a negative impact on our community in many ways. Businesses are closing down, jobs are being lost and governments are reducing services to people in need. Even though the demand for public services, especially chemical dependency and mental health, rises during tough economic times, funding for these services has been reduced at the state level.

The need for chemical dependency and mental health services far outweigh resources available, even after receiving additional revenue through the one-tenth of one-percent sales tax monies. As a result, it is necessary to target the resources toward populations (and services) that will provide the greatest return on investment.

Multiple research studies have shown that when persons who need chemical dependency and/or mental health services do not receive such care, there is a likelihood of increased injuries/accidents/trauma, physical health problems, criminal behavior, family problems, child abuse or neglect, death, lost productivity at work or school and many other social problems. These resultant consequences of not receiving appropriate care have an enormous economic impact on governmental budgets (welfare, medical, criminal justice, child protective services and others) not to mention the social cost to our residents/communities.

There are numerous studies that demonstrate how effective treatment significantly reduces, or eliminates, these consequences and resulting costs for persons receiving chemical dependency and/or mental health treatment. For this reason, it is critical that we fund services to transition people into treatment so they receive such care. One major barrier to successful treatment is safe and affordable housing. To improve the benefits of treatment, we must work to ensure housing is an integral part of each treatment participant's overall care plan.

While chemical dependency and mental health treatment are good investments in reducing the growth of other public costs, we will never reduce the demand for treatment if we don't expand services focused on preventing the onset of the illnesses and subsequent symptoms, or intervening earlier in the progression of symptoms. While the return on investment is more immediate with treatment, our long term gains will be realized through effective prevention programming. For this reason, we must focus on assisting individuals to engage in healthy ways with the community and family.

INTRODUCTION

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.

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".

In June of 2008, the Snohomish County Council hired a consultant to be a temporary County Council employee to assist the Council in planning for the 1/10th of 1% sales tax initiative. The consultant conducted an information gathering and interviewing process that culminated in the presentation of an initial plan of action with recommendations titled "Mental Health & Chemical Dependency Taxing Option" to the Council on August 25, 2008.

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 also created 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”. This plan is the Board’s first opportunity to make such recommendations. A list of the Board Members is included in this plan as Attachment A. As the strategies highlighted here are implemented, the outcomes related to them will be measured, evaluated and reported to the County Council and the community.

ESSENTIAL CORE VALUES

- **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 serving 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.

ASSUMPTIONS/EXPECTATIONS

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.
11. Consumers served through these resources will be offered a bundled service package based on their individual needs.
12. Establishment of a centralized Crisis Triage Facility is intended to reduce unnecessary hospital emergency room visits and jail bookings.

Priority Populations

- Families with children
- Youth
- Aging Population
- Most vulnerable
- Veterans and their families
- Most costly (high utilizers)

Expenditure Program Priorities (In order of priority):

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

NEED FOR SERVICES

Reports developed by the Department of Social and Health Services, Research and Data Analysis, show that the need for chemical dependency treatment among persons at or below 200% of the federal poverty level is 13.5% of adults (12,516 persons) and 8.7% of youth (3,960 persons). For persons with serious mental health issues it is 15.6% for adults (14,463 persons) and 14% of youth (6,373 persons).

Penetration Rate – How Many In Need Do We Currently Serve

In calendar year 2008, Snohomish County provided chemical dependency treatment services to 1,759 adults (14% of need) and 324 youth (8.6% of need). For mental

health, Snohomish County served 3,911 adults (27% of need) and 2,653 youth (42% of need).

The Gap – How Many Persons In Need Haven't Been Served

Comparing the number of persons in need of chemical dependency services to those who were served, there are 10,757 adults (86% of need) and 3,636 youth (92% of need) who need services but funding restrictions did not allow them to receive such service. In mental health, there were 10,552 adults (73% of need) and 3,720 youth (58% of need) who needed but did not receive such care.

STAKEHOLDER INPUT USED TO DEVELOP THIS PLAN

Information gathered from multiple stakeholder meetings before and after the sales tax ordinance was passed has been considered in the development of this plan. The Elements of an Effective System of Care, as described below, provides a framework for the areas essential to enhancing Snohomish County services.

It is important that readers of this plan understand that the expenditure plan does reflect priorities as established by State law and the Chemical Dependency/Mental Health Sales Tax Board (Board), developed through the community input process. In determining allocations of revenues for each "element" of the system, the Board considered other funds already appropriated to that area.

The Triage Facility is an example of a top priority that doesn't necessarily require a major infusion of new monies. The community information gathering process showed that many of the services identified as necessary in a Triage Facility were already in place, however, they were scattered in various locations throughout the County. This plan proposes to work with the North Sound Mental Health Administration (NSMHA), who currently funds those services, the agencies who receive those funds, and the organizations who will use the services (especially law enforcement), to co-locate the following programs in a single location:

- Voluntary Team (Compass Health)
- Involuntary Team (Snohomish County Human Services)
- Crisis / Respite Beds (Compass Health)
- Evaluation and Treatment Facility (Compass Health)

Initial discussions between County staff, the NSMHA, each of the providers listed above, and law enforcement, have taken place. This plan assumes that all revenues funding each of these services will continue and additional monies from the sales taxes, as reflected in the expenditure plan, will be added to hire a temporary project manager / facilitator to assist agencies with co-location, create a sub-acute detoxification capability and cover other costs necessary (building upgrades, furniture, equipment, lease buyouts) to complete the transition. Once completed, the Snohomish County Triage Facility will be one of the most comprehensive units in the State.

While preparatory work to implement the elements of this plan has begun, formal negotiations / decisions will not occur until the plan is adopted by the County Council. Once the plan is adopted by the County Council, a detailed implementation schedule will be developed.

ELEMENTS OF AN EFFECTIVE SYSTEM OF CARE

As Identified By The Community

Prevention/Wellness

Prevention and wellness services are intended 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

Outreach services are intended to:

- Identify where target population is
- Engage consumers in need of services
- Screen to determine what services are needed
- Provide brief intervention services as appropriate
- Provide motivational interviewing and a managed referral to appropriate services
- Continue engagement with consumer through entry into needed services

Crisis/Emergency Services

Crisis or emergency services are intended to be available 24 hours per day in order to:

- De-escalate a crisis situation
- Triage or screen to determine needed services
- Stabilize the client
- Manage an appropriate referral to services
- Initiate a civil commitment process if necessary

Therapeutic Courts

Therapeutic Courts are intended 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

Community treatment is intended 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

Housing is intended 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

Training is intended to provide the worker with the knowledge and skills necessary to improve the effectiveness of their intervention.

Data Collection/Reporting

Data Collection/Reporting is intended 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/Research

Data analysis, evaluation and research are intended to document trends that determine whether or not goals are being efficiently and effectively achieved or whether systems modifications are necessary.

2010 RECOMMENDED NON-SUPLANTING EXPENDITURE PLAN

	Current Funding	Proposed (additional)
Therapeutic Court		\$175,000
Family Dependency Court-Coordinator		\$100,000
Family Dependency Court-Treatment		\$75,000
Crisis Services		\$475,000
Triage Facility		\$475,000
Evaluation & Treatment	\$2,526,707	
Involuntary (Human Services)	\$1,586,099	
Voluntary (Compass Health)	\$1,427,172	
Crisis Respite	\$1,610,964	
<i>CURRENT TOTAL SERVICES TO CO-LOCATE</i>	<i>\$7,150,942</i>	
Housing		\$1,535,700
Loan Fund		\$900,000
Housing Vouchers		\$635,700
Treatment Services and Adult Drug Court		\$1,906,300
Outpatient-Chemical Dependency-Youth	\$230,753	\$160,000
Outpatient-Chemical Dependency-Adult/Older Adult	\$1,670,048	\$392,000
Outpatient-Mental Health-Youth	\$3,898,368	\$160,000
Outpatient-Mental Health-Adult/Older Adult	\$7,457,040	\$392,000
Residential-Chemical Dependency-Youth		\$81,150
Residential-Chemical Dependency-Adult/Older Adult	\$27,000	\$200,000
Residential-Mental Health-Youth		\$81,150
Residential-Mental Health-Adult/Older Adult	\$1,153,310	\$200,000
Adult Drug Court-Coordinator (Superior Court)	\$86,000	\$80,000
Adult Drug Court-Treatment	\$632,506	\$160,000
<i>CURRENT TOTAL TREATMENT BUDGETS</i>	<i>\$15,155,025</i>	

	Current Funding	Proposed (additional)
Training		\$100,000
Crisis Intervention Training		\$60,000
Evidence-Based Practice Training		\$40,000
Prevention		\$300,000
School Prevention/Intervention		\$150,000
Wellness Trainers		\$150,000
Outreach		\$450,000
Older Adults		\$75,000
Housing Services		\$150,000
Hospital Emergency Room Services		\$225,000
Evaluation		\$200,000
In-House Staff		\$90,000
Contracted		\$110,000
Administration		\$310,000
Fiscal		\$150,000
Contract Manager		\$80,000
Cross-Systems Coordinator		\$80,000
Unanticipated Costs		\$48,000
Unanticipated Costs		\$48,000
 TOTAL NON-SUPLANTING 2010 COSTS		 \$5,500,000

BUDGET NOTES

Therapeutic Courts

1. Family Dependency Court Coordinator: Includes salary/benefits, travel, and administrative costs.
2. Family Dependency Court Treatment: Average treatment cost per client: \$3,000.

Crisis Services

1. Includes costs for five sub-acute detoxification beds (\$198,725).
2. Includes costs for temporary project manager / facilitator to work with all agencies involved with co-locating their services (\$75,000).
3. Balance of resources for costs associated with co-locating various crisis services (crisis beds, involuntary team, voluntary team, and evaluation and treatment programs) in single location.

Housing

1. Loan fund is to be used to expand number of housing units. It is assumed other dollars will be leveraged using this loan fund.
2. Vouchers are based on an average rent of \$650 per month. This is a transitional housing option.

Treatment Services

1. Outpatient Chemical Dependency-Youth: Average cost per client: \$1600.
2. Outpatient Chemical Dependency-Adult/Older Adult: Average cost per client: \$1600.
3. Outpatient Mental Health-Youth: Average cost per client: \$1600.
4. Outpatient Mental Health-Adult/Older Adult: Average cost per client: \$1600.
5. Residential Chemical Dependency-Youth: Average cost per client: \$2705.
6. Residential Chemical Dependency-Adult/Older Adult: Average cost per client: \$2705.
7. Residential Mental Health Care-Youth: Average cost per client: \$2705.
8. Residential Mental Health Care-Adult/Older Adult: Average cost per client: \$2705.
9. Adult Drug Court Coordinator: \$80,000.
10. Adult Drug Court Treatment: \$160,000.

Training

1. Crisis Intervention Training: Average training cost per event: \$6000.
2. Evidence-Based Practice Training: Assumes extensive training as new interventions are learned to improve outcomes.

Prevention

1. Includes salary/benefits and travel cost for two prevention workers.
2. Includes salary/benefits and travel costs for two wellness trainers.

Outreach

1. Includes salary/benefits and travel costs for one outreach worker (older adults).
2. Includes salary/benefits and travel costs for two outreach workers (housing).
3. Includes salary/benefit and travel costs for three outreach workers (hospitals).

Evaluation

1. In-house Staff: Includes salary/benefits and others costs for evaluator.
2. Contracted: Costs associated with contracting with State for ongoing evaluations using administrative databases.

Administration

1. Fiscal: Includes salary/benefits and other costs for two fiscal staff to handle reimbursements/payouts for new contracts, housing voucher program and loan fund.
2. Contract Manager: Includes salaries/benefits and other cost for one staff person to oversee contract compliance.
3. Cross Systems Coordinator: Includes salaries/benefits and other cost for one staff person to increase coordination across program areas, particularly mental health, chemical dependency and housing.

Unanticipated Costs

1. Monies are set aside as contingency fund to cover unanticipated costs.

SUPLANT CRITERIA

Is this a service and/or function that:

1. Focuses on persons at risk of experiencing chemical dependency or mental health issues, or who already are experiencing chemical dependency or mental health issues?
2. Is therapeutic in nature and has a likelihood of preventing future chemical dependency or mental health problems?
3. Is therapeutic in nature and has a likelihood of helping individuals with chemical dependency or mental health issues achieve recovery or prevent relapse and/or decompensation?

These criteria were used by the Board to determine whether supplanting existing programs/services were appropriate with sales tax dollars. The following page identifies a series of program/services and identifies those that are: appropriate with a “Y” to mean yes, a “P” meaning partially appropriate, or an “N” for not appropriate.

2010 SUPPLANT BUDGET CONSIDERATIONS

Department	Program	Fits Criteria	
Snohomish County	Human Services	Homeless Services (OHCD Admin.)	N
		DUI Countermeasure Program	Y
		Aging Administration	N
		Aging Programs (Senior Center Operations)	P
		Aging Programs (Info. & Assistance)	N
		Aging Programs (Adult Day Health)	P
		Aging Programs (In-Home Nutrition)	N
		Aging Programs (Senior Social Services)	N
		Family Support Centers	P
		Mental Health Programs (Senior Peer Support)	Y
		Project Self-Sufficiency	Y
		WayOUT Program	Y
		Kids Futures	Y
		Youth Services Network	Y
		2-1-1	Y
		Aging and Disabled Case Management	P
		Cooperative Extension	P
		Long Term Care Ombudsman	N
		Veterans Support	P
		Clerk	Drug Court, ITA Hearings
	Corrections	Existing 4.0 MHP FTE	Y
		New 1.0 MHP FTE (new request, not supplanting)	N
		Pysch Eval/Prescription	Y
		Existing 0.5 RN FTE	Y
		Costs related to providing secure classrooms and inmate education / services related to mental health/chem dependency issues.	Y
		Administrative overhead to support programs including DIS, space, central svcs	Y
		Contract Consultant for Elec Med Records Project	N
	Prosecuting Attorney	Drug Court	N
		Civil Commitment/ITA	N
	Public Defender	ITA Hearings	N
	Sheriff	Training: SWAT Negotiator, Crisis Intervention, Lost Person Behavior	Y
		OT: SMART program, SWAT Negotiator, Peer Support	Y
		Deputy Suicide Response	N
	Superior Court	New FTE - Paralegal GMP (new request, not supplanting)	N
		New FTE - Drug Ct Coord (new request, not supplanting)	N
		Existing Drug Ct Coords (4), Supervisor	Y
		Drug Ct Treatment, UA (based on 2009 adopted)	Y
		Other related costs	P
		Juvenile Court Detention Services:	Y
		2 JPCs used for Recovery Services directly related to chem dep issues	
		Administrative overhead to support programs including DIS, space, central svcs	Y
Snohomish Health District	First Steps Home Visit	Y	
	Nurse Family Partnership	Y	
	Tobacco Prevention	Y	
	First Steps Clinic Based	Y	
	Hepatitis C	Y	

KEY: Y = Meets Criteria; N = Does Not Meet Criteria; P = Portion of Request Meets Criteria

APPENDIX A

Chemical Dependency/Mental Health Program Advisory Board Members:

Arthur Jackson, Chair
Jim Bloss, Vice Chair
Steve Ahern
Stephen Akers
Jack Eckrem
Marilyn Finsen
Laura Hamilton
Debbie Heslop
Bhanu Jayarajan
Doug Jeske
Jaye Koropp
Patricia O'Maley-Lanphear
John Turner

Mental Health Advisory Board
Consumer/Family Advocate
Council on Aging
Veterans Assistance Fund Board
Alcohol & Other Drugs Advisory Board
Snohomish County Superior Court
Children's Commission
Housing Provider
Mental Health Counselor
Snohomish County Corrections
Mental Health Advisory Board
Alcohol & Other Drugs Advisory Board
Snohomish County Law Enforcement

Fund Manager:

Ken Stark, Director

Snohomish County Human Services Department