Thurston County Treatment Sales Tax
“Getting Results Citizens Care About”

TST Advisory Committee Meeting #1
April 3, 2015
Bottom Line Up Front

Purpose is to answer the questions:
- What is Treatment Sales Tax?
- How Do We Compare to Other Counties?
- How and What Do We Fund?
- How Do We Track Results?
- What are the Future Challenges?
For every 10 dollars spent in Thurston County 1 penny goes to improve the life of those with mental illness and substance abuse issues.

Focused on performance results, system improvements and return on investment strategies.

Collection started mid-2009.
RCW 82.14.460 (2005)

- Reduce negative impacts of mental health and substance abuse on children and families.
- Avoid building more jails and prisons and prevent crime victims.
- Reduce public assistance expenditures and unemployment.
- Reduce homelessness.
- Reduce physical health care and emergency room costs.
- Improve recovery and quality of life for those with chemical dependency and mental health disorders.
Moneys collected....must be used solely 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” include, but is not limited to, treatment services, case management, and housing that are components of a coordinated chemical dependency or mental health treatment program or service.
COURTS SALES AND USE TAX

Chapter 5.49 MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURTS SALES AND USE TAX

5.49.010 Imposition.

There is imposed a sales or use tax ("treatment sales tax"), as the case may be, as authorized by RCW 82.14.460, and hereafter amended, upon the occurrence of any taxable event within Thurston County. The tax shall be imposed upon and collected from those persons who are taxable by the state pursuant to Chapters 82.08 and 82.12 RCW.

(Ord. No. 14138, 11-3-2008)

5.49.020 Rate.

The rate of the treatment sales tax imposed by Section 5.49.010 shall be one-tenth of one percent of the selling price (in the case of a sales tax) or value of the article (in the case of a use tax).
How Do We Compare?

A BRIEF LOOK AT OTHER WASHINGTON COUNTIES USE OF THE FUNDS
County Comparisons

Clallam
Clark
Columbia
Cowlitz
Ferry
Grays Harbor
Island
Jefferson
King
Kitsap
Lewis
Mason
Okanagan
Tacoma (city)
San Juan
Skagit
Skamania
Snohomish
Spokane
Thurston
Wahkiakum
Walla Walla
Whatcom

Findings:

- 22 counties and 1 city have passed the 1/10th of 1% mental health & substance abuse retail sales tax since its inception.

- Tacoma collects – Pierce County does not.

- Funded programs vary although all address mental health and/or substance abuse through prevention and/or intervention through evidence-based programs and best-practices.

- Examples of performance measures being quantified in other counties are: reduced jail bed days, gainful employment and length, symptom reduction, client satisfaction, length of treatment, number of drug affected births, improved school attendance, abstinence post-program (3, 6 and 12 months or more), and emergency room visits.

- Revenue from this tax varies across the counties from a low of $34,000 (Wahkiakum) to $47,000,000 (King).

- Total collected in 2014 is $96,682,000
What Others Are Funding

- Counseling for children with substance abusing parents
- Detention aftercare
- Expanded shelter services (case management, resource guidance, etc.)
- Housing (youth, adult mental health, recovery)
- Juvenile Justice Assessment Team (JJAT) - screening for MH/CD issues
- Juvenile Therapeutic Court (youth identified as moderate/high risk in two or more of the following domains: chemical dependency, mental health, school and/or family) – this is an expansion of Juvenile Drug Court
- Older adult outreach (elderly with mental health and/or substance abuse issues)
- Post-partum depression
- Psychiatric services in secure settings (assessment, diagnoses, and therapy)
- School-based suicide, mental health and substance abuse prevention & early intervention
- Youth Treatment Centers (outreach, case management, etc.)
Where Does the Money Go?
## Treatment Sales Tax (Fund #1180)

**Updated March 25, 2015**

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning Fund Balance</td>
<td>2,227,514</td>
<td>2,637,957</td>
<td>2,955,838</td>
<td>3,205,207</td>
<td>3,127,091</td>
<td>2,120,139</td>
</tr>
<tr>
<td>Investment Interest**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfer in from Benefits Administration Fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>835</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Treatment Sales Tax 1/10th of 1%</td>
<td>3,947,054</td>
<td>3,942,964</td>
<td>4,104,639</td>
<td>4,300,475</td>
<td>4,015,565</td>
<td>4,236,421</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>6,174,567</td>
<td>6,580,941</td>
<td>7,060,277</td>
<td>7,506,517</td>
<td>7,142,656</td>
<td>6,356,560</td>
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| **Expenditure**      |             |             |             |             |             |                 |
|---                   |             |             |             |             |             |                 |
| **Programs/Projects**|             |             |             |             |             |                 |
| Professional Services / Community Entities | 0 | 34,194 | 55,231 | 117,319 | 100,000 | 100,000 |
| Transfer to Public Health & Social Services | 1,438,618 | 1,376,214 | 1,228,302 | 1,333,432 | 1,505,122 | 1,520,173 |
| Transfer to Veterans' | 0 | 0 | 0 | 8,393 | 30,000 | 30,000 |
| Transfer to Prosecuting Attorney | 205,856 | 211,979 | 217,325 | 387,186 | 421,245 | 425,457 |
| Transfer to Assigned Counsel | 205,724 | 192,213 | 217,061 | 218,945 | 254,177 | 256,719 |
| Transfer to Superior Court | 423,785 | 453,564 | 549,313 | 630,344 | 919,195 | 928,387 |
| Transfer to District Court | 227,860 | 218,582 | 345,923 | 368,139 | 391,469 | 395,384 |
| Transfer to Corrections | 835,755 | 871,966 | 931,577 | 973,104 | 1,021,598 | 1,031,814 |
| Transfer to Juvenile Court | 128,471 | 110,708 | 140,298 | 130,106 | 156,796 | 158,364 |
TST Funded programs 2015

- PHSS $1,521,173
- Community Grants $100,000
- Corrections $1,021,598
- District Court $391,469
- Juvenile Court $156,796
- PAO $421,245
- OAC $254,177
- Commissioners and Indirect Costs $222,915

Total: TST Fund $5,022,517
### Currently Funded Programs and Services

<table>
<thead>
<tr>
<th>Adults</th>
<th>Youth and Families</th>
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<tbody>
<tr>
<td>- Mental Health Court &amp; Veteran’s Court</td>
<td>- Family Recovery Court</td>
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<td>- Drug &amp; DUI Court</td>
<td>- Juvenile Drug Court and Treatment</td>
</tr>
<tr>
<td>- Prosecution &amp; Defense</td>
<td>- Youth School –Based Chemical Dependency Treatment</td>
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<tr>
<td>- Chemical Dependency Detoxification</td>
<td>- Wraparound Initiative</td>
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<tr>
<td>- Co-occurring Disorders Intensive Case Management</td>
<td>- Mentally Ill Juvenile Offender program</td>
</tr>
<tr>
<td>- Mentally Ill Offenders Program</td>
<td>- Multisystemic Therapy</td>
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<tr>
<td>- Corrections TST Coordinator</td>
<td>- Nurse Family Partnership</td>
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<tr>
<td>- Chemical Dependency Treatment</td>
<td></td>
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<tr>
<td>- Inmate Mental Health Diversion</td>
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<tr>
<td>- Inmate Mental Health Transitions</td>
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<tr>
<td>- Offender Job Training Skills</td>
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Community Contracts

Of the $4.4 million spent in 2014

About $2.1 million went to community or area businesses via contracts

That’s 48%

- Behavioral Health Resources
- Providence Hospital Substance Abuse Treatment
- Health Care Delivery Systems
- Alternatives Professional Counseling
- Northwest Resources
- Catholic Community Services
- Family Alliance for Mental Health
- Pacific Mountain Work Source
- Sterling Laboratories
- Intercity Transit
- University of Washington
- Pierce County Alliance Treatment Services
- Etc.
How We Track Results

Staff Roles
TST Getting Results

- What are the **results** citizens expect from TST?
- What **strategies** are the most **effective** in achieving those results?
- Given the **money** available, which activities should we buy **to implement** those strategies?
- How will we continue to **measure** our progress?
- For new funding requests, how do we keep **things whole** and continue to **invest** in our future?
1. Use existing set of goals with measurable outcomes. *(Strategy Maps)*

2. Set improvement targets to focus resources and innovation. *(Memorandum of Understanding)*

3. Launch specific initiatives to make improvements. *(System Improvements)*

4. Define clear ownership and accountability for results. *(Semi-annual Site Visits with Leaders)*

5. Report results regularly, honestly and publicly *(Quarterly Reports, Commissioner Briefings, TST website, Annual Performance Report)*
Challenges for 2016 & Beyond

- Continuing erosion of state funds for substance abuse and mental health treatment services.
- Meeting the rapidly changing needs of people needing treatment services.
- Responding to changes in federal/state priorities/regulations.
- Impacts of national health care reform.
- Maintaining sustainable working relationships with community-based treatment providers.
- Overcoming existing “silos” in treatment regulations and funding in order to provide most effective and efficient treatment services.
- Gaps in services in the community.
### TST Criteria for 2014 Funding

<table>
<thead>
<tr>
<th>Compliance with Law</th>
<th>1. Required by RCW related to TST.</th>
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<tr>
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<td>2. Directly contributes to the outcome called out in Thurston County Ordinance 14138: Reduce recidivism.</td>
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<td>3. Program is identified in RCW 82.14.460.</td>
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<td>4. Program identified in county ordinance as authorized by RCW 82.14.460.</td>
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<tr>
<td>Results for Dollars Spent (Bang for Buck)</td>
<td>5. Program is a coordinated/collaborative effort by more than one office/departments.</td>
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<tr>
<td></td>
<td>6. Program is a coordinated/collaborative effort among community providers and county departments.</td>
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<td>7. Shows a clear cost/benefit computation with savings to the county.</td>
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<tr>
<td></td>
<td>8. Shows a clear cost/benefit computation with savings to other systems (i.e. emergency rooms).</td>
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<td>9. There would be an immediate impact on the justice system if the program is decreased or discontinued.</td>
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<td>10. There are well defined and tracked OUTCOME measures (not only outputs {i.e. number of participants} or process {i.e. adherence to fidelity} measures).</td>
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</tbody>
</table>
“If you don’t know where you are going, how are you gonna’ know when you get there?”

-Yogi Berra
Questions
TST Support Staff

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- Robin Campbell, Assistance County Manager
- Shawn McDonald, Senior Management Analyst