King County

KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

July 20, 2009

Ordinance 16602

Proposed No. 2009-0342.1 **Sponsors** Ferguson

1 AN ORDINANCE relating to the mental illness and drug
2 dependency implementation plan; and amending Ordinance
3 16261, Section 2.
4
5 STATEMENT OF FACTS:
6 1. In 2005, the Washington state Legislature authorized counties to
7 implement a one-tenth of one percent sales and use tax to support new or
8 expanded chemical dependency or mental health treatment programs and
9 services and for the operation of new or expanded therapeutic court
10 programs and services.
11 2. In 2007, the King County council adopted Ordinance 15949
12 authorizing the levy and collection of, and legislative policies for the
13 expenditure of revenues from, an additional sales and use tax of one-tenth
14 of one percent for the delivery of mental health and chemical dependency
15 services and therapeutic courts. The ordinance also established a policy
16 framework for measuring the effectiveness of the public's investment,

17 requiring the King County executive to submit oversight, implementation
18 and evaluation plans for the programs funded with the tax revenue.
19 3. In 2008, the Washington state Legislature amended RCW 82.14.460 in
20 Chapter 157, Laws of Washington 2008, which defines those programs
21 and services that are authorized for funding by the sales tax. The
22 amendment added housing that is a component of a coordinated mental
23 health or chemical dependency treatment program or service to the list of
24 programs and services that are authorized for funding by the sales tax.
25 The statute also amended the nonsupplanting provision to allow the sales
26 tax funds to be used for replacement of lapsed federal funding previously
27 provided for mental health, substance abuse and therapeutic court services
28 and programs.
29 4. In April 2008, the King County council adopted Ordinance 16077,
30 establishing the King County mental illness and drug dependency
31 oversight committee. The oversight committee is an advisory body to the
32 King County executive and the council. The purpose of the oversight
33 committee is to ensure that the implementation and evaluation of the
34 strategies and programs funded by the tax revenue are transparent,
35 accountable and collaborative. The committee reviews and comments on
36 quarterly, annual and evaluation reports as required in Ordinance 15949.
37 It also reviews and comments on emerging and evolving priorities for the
38 use of the mental illness and drug dependency sales tax revenue. The
39 oversight committee members bring knowledge, expertise and the

40 perspective necessary to successfully review and provide input on the
41 development, implementation and evaluation of the tax funded programs.
42 5. The mental illness and drug dependency oversight group, under the
43 guidance of the department of community and human services, provided
44 input on development of the implementation plan. The mental illness and
45 drug dependency implementation plan was adopted via Ordinance 16261
46 in October 2008. The implementation plan guides the management and
47 expenditures from the mental illness and drug dependency fund.
48 6. Ordinance 16261 established a new strategy reserve to be included in
49 the mental illness and drug dependency fund. The new strategy reserve
50 funds are to be spent on new mental illness and drug dependency
51 strategies that are not specified in the adopted mental illness and drug
52 dependency implementation plan.
53 7. Ordinance 16261 directed the mental illness and drug dependency
54 oversight committee, with input from the council and the executive, to
55 propose a process and a schedule for new strategies and programs to be
56 considered for funding by new strategy reserve. The oversight
57 committee's recommendation for a new strategy process was to be
58 submitted to the council along with the mental illness and drug
59 dependency annual report that was due April 1, 2009. Ordinance 16261
60 specified the following requirements for the new strategy process:
61 a. Be easily accessible and transparent to the potential proposers of new
62 strategies and programs;

63 b. Provide clear and simple directions for the potential proposers of new
64 strategies and programs;
65 c. Specify the key elements required in any proposal or request for
66 funding;
67 d. Include a schedule and timeline for the proposal process; and
68 e. Provide at least two dates during the calendar year when new
69 strategies and any necessary supplemental appropriation ordinances would
70 be sent to the council for consideration. One of those dates shall be April
71 1, when the annual report is due.
72 8. The mental illness and drug dependency implementation plan that was
73 adopted by ordinance 16261 and subsequently amended by Ordinance
74 16277 did not include a completed, finalized mental health court strategy.
75 Instead a placeholder in the implementation plan was created and
76 ordinance 16261 directed the mental illness and drug dependency
77 oversight committee to review options for enhancing the delivery of
78 mental health court services and recommend a proposed strategy to
79 provide mental illness and drug dependency funds for mental health courts
80 in King County. The mental illness and drug dependency oversight
81 committee was to recommend an approach to allocating the funds set aside
82 in the spending plan for the purpose of supporting mental health courts to
83 the council. The oversight committee's recommendation for mental illness
84 and drug dependency sales tax funded mental health courts was be

85 submitted to the council along with the mental illness and drug
86 dependency oversight committee annual report due April 1 2009.
87 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
88 SECTION 1. **Findings:**
89 A. On any given day in city jails throughout King County, an estimated fifteen
90 percent of inmates have serious mental illness. Once in jail, these individuals stay longer
91 than inmates with similar charges who are not mentally ill. Mental health courts are an
92 essential component of a jail diversion continuum of service and have been shown to be
93 effective in engaging clients in treatment and reducing future jail bookings. Currently,
94 accessing King County district court mental health court services for misdemeanor
95 offenders is limited to individuals who commit offenses in unincorporated King County.
96 The city of Seattle and the city of Auburn are the only jurisdictions in King County that
97 provide mental health court services through their respective municipal courts.
98 Increasing access to mental health court for all of King County's citizens will improve
99 mental health outcomes for people in the criminal justice system and reduce the
100 prevalence of people with mental illness in jails across King County.
101 B. The county recognizes that there is a need to expand mental health court
102 services to more residents of King County, in more locations throughout the county,
103 without further fragmenting of the justice system for vulnerable, mentally ill clients. The
104 mental illness and drug dependency oversight committee reviewed options for enhancing
105 the delivery of mental health court services and recommends a strategy that utilizes the
106 mental illness and drug dependency resources to make mental health court services
107 available to all citizens of King County regardless of jurisdiction.

108 C. The council recognizes that the needs of the county's residents may change
109 over time and that new and innovative mental health, substance abuse and therapeutic
110 court programs and services are continually being developed and implemented across the
111 country.

112 D. The mental illness and drug dependency oversight committee, with input from
113 the council and the executive, recommends a process and a schedule for new strategies
114 and programs to be considered for funding by the mental illness and drug dependency
115 sales tax revenue. The new mental illness and drug dependency strategy process and
116 schedule meets the following requirements as specified by Ordinance 16261:

117 1. Is accessible and transparent to the potential proposers of new strategies and
118 programs;

119 2. Provides clear and simple directions for the potential proposers of new
120 strategies and programs;

121 3. Specifies the key elements required in any proposal or request for funding;

122 4. Includes a schedule and timeline for the proposal process; and

123 5. Provides at least two dates during the calendar year when new strategies and
124 any necessary supplemental appropriation ordinances would be sent to the council for
125 consideration. One of those dates shall be April 1, when the annual report is due.

126 E. The recommended mental illness and drug dependency new strategy process
127 establishes an objective system of review and rating of new strategies proposed to utilize
128 mental illness and drug dependency funds. The review and ratings will be conducted by
129 department of community and human services staff and a subcommittee comprised of
130 members of the mental illness and drug dependency oversight committee. The

131 recommended new strategies process enable new strategy proposals and ratings to be
132 reviewed and considered by the council two times per year.
133 F. Should the council approve a new strategy to be funded with mental illness
134 and drug dependency sales tax funds, the new strategy shall be subject to the
135 requirements and limits for funding new mental illness and drug dependency strategies as
136 specified in K.C.C. 4.08.318.
137 G. The recommended mental illness and drug dependency new strategy process
138 enables the county's mental illness and drug dependency strategies and programs to
139 maintain flexibility to respond to the changing needs of the county's population as well as
140 to accommodate new mental health, substance abuse and therapeutic court strategies and
141 programs.
142 SECTION 2. Ordinance 16261, Section 2, is hereby amended to read as follows:
143 The mental illness and drug dependency implementation plan, as required in
144 Ordinance 15949 and that is Attachment A to ((~~this ordinance~~)) this ordinance (Proposed
145 Ordinance 2009-xxxx), is hereby adopted to guide the management and expenditures
146 from the mental illness and drug dependency fund. Adoption of this ordinance
147 (Ordinance 16261) satisfies the proviso requirement concerning the council's approval of
148 the implementation plan contained in Ordinance 15975, Section 72, as amended. The
149 mental illness and drug dependency spending plan and financial plan, including the next
150

151 year's projected allocations by strategy, is subject to review and possible modification in

152 the annual budget process.

153

Ordinance 16602 was introduced on 5/26/2009 and passed by the Metropolitan King County Council on 7/20/2009, by the following vote:

Yes: 8 - Mr. Constantine, Mr. Ferguson, Ms. Hague, Ms. Lambert, Mr. Gossett, Mr. Phillips, Ms. Patterson and Mr. Dunn
No: 0
Excused: 1 - Mr. von Reichbauer

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Dow Constantine, Chair

ATTEST:

Anne Noris, Clerk of the Council

APPROVED this 30th day of July, 2009.

Kurt Triplett, County Executive

Attachments A. Mental Illness and Drug Dependency Implementation Plan--Version 8--Revised May 18, 2009

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CLERK
KING COUNTY COUNCIL

16602

King County Mental Health, Chemical Abuse and Depe Services

King County

Mental Illness and Drug Dependency Implementation Plan

VERSION 8

REVISED May 18, 2009

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Introduction

1. Overview

In July 2006 the King County Council, recognizing the unmet needs of people disabled by mental illness and chemical dependency and the ongoing public costs of serving them in hospitals and jails, passed Council Motion 12320, calling for the development of a three-phase action plan:
"... *to prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services".*

The three-phase action that was developed, called "The Mental Illness and Drug Dependency (MIDD) Plan", was accepted by Council in October 2007. In November 2007 Council passed Ordinance 15949, authorizing the collection of a one-tenth of one-percent sales and use tax to provide funding for the programs outlined in the MIDD, and requiring the submission of a three-part Oversight, Implementation, and Evaluation Plan for Council approval prior to funds being spent on the MIDD. The Oversight Plan, describing the representation, roles and responsibilities of the Oversight Committee, was approved by Council on April 28, 2008. The attached Implementation Plan describes in detail the services that will be provided, the resources needed for implementation, the timeline and milestones for implementation, how drug diversion court and programs that support victims of domestic violence and sexual assault, and how housing will be included in the MIDD continuum of mental health and substance abuse services, and the revised spending plan for the MIDD fund. This Implementation Plan provides a detailed framework for a comprehensive system of programs and strategies that will fulfill the Council mandate to create a full continuum of treatment, housing, and case management services that will lead to a significant reduction in the human and public costs of mental illness and chemical dependency in King County.

The MIDD Implementation Plan will provide an integrated system of:

- Prevention and early intervention services
- Community-based treatment
- Expanded therapeutic court programs
- Jail and hospital diversion programs
- Housing and housing supportive services.

The plan includes new programs as well as expansion of existing programs and services. These new and expanded services will address the unmet needs of approximately 33,000 individuals in King County each year.

2. Development of the MIDD Implementation Plan

The MIDD Implementation Plan represents the collaborative efforts over a two-year period of a wide range of community and governmental stakeholders, including representatives of mental health and substance abuse treatment agencies, courts, law enforcement, public health, the prosecuting attorney, public defense, juvenile and adult justice systems, children's services, juvenile rehabilitation, and many others. The product of this work is a comprehensive, multi-jurisdictional plan to help youth and adults who are at risk for or suffer from mental illness and/or substance abuse.

The strategies that make up the MIDD Plan were first developed by several community workgroups that met from the spring of 2006 through the spring of 2007. These groups used the Sequential Intercept Model as a framework to determine what services need to be provided for which people at what locations in order to help prevent incarceration, hospitalization, and homelessness. This model has been adopted by a number of communities across the nation as an action blueprint for planning system change in the way that communities address the problem of people with mental illness in their criminal justice systems.

King County has adapted the organizing principles of this model to include people who may have no mental illness but who are at risk for criminal justice involvement due to substance abuse, and to include diversion from emergency medical services as another priority. The work group also expanded on the model's definition of core services to put more emphasis on youth and on prevention services.

The workgroups that developed the strategies for the MIDD recognized that the greatest opportunities for diversion exist when individuals are still in the community, and that diversion options decrease as individuals move through the criminal justice system. Understanding the importance of prevention services, early assessment and intervention, and comprehensive and integrated community-based services, the MIDD plan has devoted considerable resources to build and support a community services system that will serve to divert many individuals from the criminal justice and emergency medical systems while also providing the infrastructure needed to help people who have entered these systems rejoin the community in a safe and effective manner.

Following the acceptance by the King County Council of the MIDD plan and the passage of Ordinance 15949 authorizing the collection of the one-tenth of one-percent sales and use tax, additional work was done to refine the original strategies, and to add new strategies to the Plan to serve individuals in adult drug court as well as victims of domestic violence and sexual assault. This new work was done by in collaboration with a number of community and government stakeholders, and with the newly formed Interim Oversight Committee.

The MIDD Oversight Committee was convened first as an interim group in April, 2008 while legislation adopting the Oversight Plan was being processed, and subsequently seated as a formal committee in May 2008 after members were appointed by the King County Executive and confirmed by the King County Council. The Committee is comprised of representatives from a broad spectrum of county, community and city entities (a list of committee members is provided in Appendix A). Committee members and their staff generously contributed their time, insight and knowledge to review and provide input on the draft Implementation Plan.

Members attended and participated in multiple committee meetings as well as in workgroup meetings at which each strategy in the plan was discussed in detail. Public comment was also received by the committee through testimony at meetings, written comments, website comments, and presentations by members of their own stakeholder groups. In addition, the members of the Oversight Committee reviewed and provided input on the revised 2008 spending plan. Completion of the MIDD Implementation Plan would not have been possible without the thoughtful collaboration of the Oversight Committee members.

Through the MIDD programs, individuals with mental illness and chemical dependency will be linked to effective services designed to help them to become stable and productive, and prevent unnecessary incarceration and hospitalization. These services include:

- Prevention and early intervention strategies for high-risk youth that will reduce substance abuse and youth suicide, help more youth to stay in school, and prevent their involvement in the juvenile justice system.
- Community-based treatment will provide mental health and chemical dependency services for people who have not previously been able to access them.
- Crisis intervention training for police and other first responders, a crisis diversion facility for adults, and a reception center for youth that will provide effective alternatives to jails and hospitals for individuals in crisis.
- Therapeutic court program that will divert juveniles and adults from detention and jail.
- Early intervention and prevention services for adult and child survivors of domestic violence and sexual assault that will help prevent the onset of more severe mental illness and substance abuse, and help to interrupt the intergenerational cycle of violence.
- Housing with supportive services that will ensure that individuals who are homeless will be able to receive the maximum benefit from treatment services.

Together, all of these strategies will result in an improved quality of life for people with mental illness and chemical dependency and their families throughout King County.

3. The MIDD Implementation Plan Strategies

The MIDD Implementation Plan strategies are grouped into five service areas. The first three were included in the MIDD Action Plan that was accepted by the King County Council in October 2007. The fourth service area includes new programs incorporated into the MIDD plan in response to King County Ordinance 15949 and a change in State law which clarified the use of sales tax collections for housing. The Council, recognizing the unmet mental health and substance abuse treatment needs of individuals involved in adult drug diversion court and of victims of domestic violence and sexual assault, directed the Implementation Plan to include services for these individuals. The final service area addresses the housing needs of individuals with serious mental illness and chemical dependency.

1. Community-Based Care includes strategies to:
   - Increase access to community mental health and substance abuse treatment for uninsured children, adults, and older adults

- Improve the quality of care by decreasing mental health caseloads and providing specialized employment services
- Provide supportive services for housing projects serving people with mental illness and chemical dependency treatment needs.

2. Programs Targeted to Help Youth includes strategies to:
   - Expand prevention and early intervention programs
   - Expand assessments for youth in the juvenile justice system
   - Provide comprehensive team-based, intensive "wraparound" services
   - Expand services for youth in crisis
   - Maintain and expand Family Treatment Court and Juvenile Drug Court.

3. Jail and Hospital Diversion includes strategies to:
   - Divert people who do not need to be in jail or hospital through crisis intervention training for police and other first responders and by creating a crisis diversion facility
   - Expand mental health courts and other post-booking services to get people out of jail and into services faster
   - Expand programs that help individuals re-enter the community from jails and hospitals.

4. Domestic Violence and Sexual Assault Intervention and Prevention and Adult Drug Court includes strategies to:
   - Address the mental health needs of children who have been exposed to domestic violence
   - Increase access to coordinated, early intervention mental health and substance abuse services for survivors of domestic violence
   - Increase access to treatment services for victims of sexual assault
   - Enhance services available through the King County Adult Drug Diversion Court.

5. Housing Development includes strategies to:
   - Support capital projects and rental subsidies for people with mental illness and chemical dependency.

   (Note: This strategy was enabled by legislation passed into law in March 2008 (SSB 6791) that clarified that moneys collected under the county-authorized sales and use tax for mental health and chemical dependency services and therapeutic courts could be used for housing that is a component of a coordinated chemical dependency or mental health treatment program or service. This new housing development strategy will use unspent funds resulting from the delayed start-up of programs in 2008, and will not take away funding that could be used for the service strategies listed above.)

Each individual strategy contains:

- A needs statement
- A description of services
- A discussion of needed resources, including staff, information and provider contracts
- Milestones for implementation of the programs.

A table showing what type of services will be provided (mental health, substance abuse, or both), age groups served, whether the service is an expansion of an existing service or a new service, whether a request for proposal process is required, and estimated service start dates is provided in Appendix B.

A schedule for the implementation of programs is included in Appendix C. A revised 2008 spending plan and financial plan for the mental illness and drug dependency fund is included in Appendix D and discussed below. In addition, each of the strategies includes a list of linkages to other programs and planning and coordinating efforts, highlighting the fact that collaboration and coordination are critical to the successful implementation of the MIDD Plan.

4. MIDD Management and Implementation

The King County Department of Community and Human Services' (DCHS) Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) has overall responsibility for the management of the implementation of the MIDD, including managing the budget, program development, issuing requests for proposals (RFPs), writing and monitoring contracts, quality management, and program evaluation.

The MIDD Oversight Committee is an advisory body to the Executive and Council, whose purpose is to ensure that the implementation and evaluation of the strategies and programs funded by the MIDD tax revenue are transparent, accountable, collaborative and effective. The Oversight Committee will review, make recommendations, and provide comments to the Executive and Council on emerging and evolving priorities for the use of the MIDD revenue, and on the implementation and evaluation components of the MIDD Plan. The Oversight Committee is staffed collaboratively by MHCADSD and the King County Office of Management and Budget (OMB).

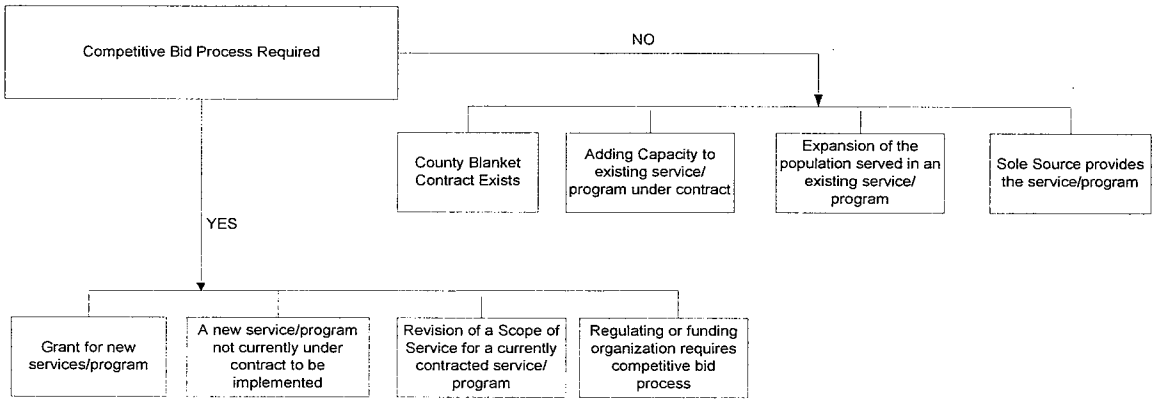
A. Timeline for implementation

The timeline for implementation of the strategies was determined by MHCADSD staff in consultation with stakeholders and partners identified for each strategy. Variables considered in developing timelines included whether or not the plan was complete or needed additional development, whether an RFP was required or not, and the time needed for staff recruitment and training. In addition, MHCADSD considered the work required by community providers to respond to RFPs, and, when possible, spread out the RFP response dates so that providers would not have to respond to multiple RFPs at the same time.

B. Procurement for services

King County policies regarding procurements were followed in determining whether a competitive RFP was required for each strategy. See Appendix E for the King County procurement requirements. The decision tree below shows how decisions were made regarding the need for RFPs.

DECISION TREE
FOR
PROCUREMENT OF SERVICES



There have also been differences in perspective among Oversight Committee members regarding whether Strategy 11b, to increase services available for new or existing mental health courts, requires an RFP process.

C. Provision of services

The great majority of services that will be provided through the MIDD will be contracted out to community agencies. When fully implemented, an estimated 438 full-time equivalent staff must be hired to provide the services and administrative responsibilities of the MIDD Plan.

D. Fiscal management

The .1% sales tax to support Mental Illness and Drug Dependency (MIDD) is collected by the State and transmitted to King County within two to three months of its receipt. King County then deposits the proceeds into the MIDD fund which is managed by the MHCADSD. Once the funds are available, and all other necessary conditions have been met, contracts of memoranda of agreement with providers for MIDD services will be written and negotiated and services can begin. Providers will be paid in the same manner as for other services contracted by MHCADSD: by either check or wire transfer.

MHCADSD has the infrastructure in place to contract with providers and to manage and measure the services they provide before releasing payments. All of the current funding sources for MHCADSD, including the State Mental Health Division and the Division of Alcoholism and Substance Abuse, the City of Seattle and others, require evidence that services are being performed in conformance with their contracts or agreements as a condition of payment. The same infrastructure and fiscal management methodology will be used to manage MIDD funds and services, as are used to manage MHCADSD's other books of business. No lump sum payments will be issued prospectively in anticipation of services.

E. Revised spending plan

The original 2008 spending plan for the MIDD was first developed in mid-2007. This 2008 spending plan was revised recently to incorporate information that became available this year regarding when funds would be available for spending. Because we now know that MIDD services can not start until late September/early October of 2008, the spending plan reflects spending on provider services that start no earlier than when funds become available. Other factors have also been taken into account as appropriate in developing the spending plan including the ability to hire staff, ramp up services, and accommodate organizational and facility growth needs. The revised 2008 spending plan is included in Appendix D.

6. Challenges

A. Need for Additional Planning

Several of the strategies in the MIDD plan can be implemented immediately after approval of the Implementation and Evaluation Plans by the King County Council. Some of the new strategies involve multiple systems and will require additional planning. These include:

- Adult Crisis Diversion Facility (10b)
- Youth Reception Center (7a)
- Outreach and Engagement to Individuals Leaving Hospitals, Jails or Crisis Facilities (1b)
- School District-Based Mental Health and Substance Abuse Services (4c)
- Increased Capacity for Harborview Psychiatric Emergency Services to provide linkage to community services (12c).

B. Staffing

The MIDD strategies will require over 400 new staff at community-based agencies, including mental health professionals, chemical dependency professionals, case managers, administrative staff and others. To address the complex and urgent needs of the people who will be served through the MIDD programs, staff for these programs should be highly qualified, experienced, and trained in the policies and procedures of the relevant agency. Agencies implementing MIDD programs may be challenged to find qualified staff to fill all the new positions in a timely fashion. To increase the number of qualified professionals available in King County, the MIDD Implementation Plan includes a strategy for training chemical dependency professionals in King County, resulting in up to 125 new certified chemical dependency professionals annually.

C. Stability of King County Funding to Foundation Programs

In the current climate of King County budget reductions, questions have been raised at the MIDD Oversight Committee and in public comments as to the potential impact of budget cuts on existing programs that will be expanded or enhanced with MIDD

funding. It is the intent of MHCADSD to move forward with implementation and planning in accordance with the timelines outlined in the MIDD Plan, and in Appendix C. If necessary, these questions will be revisited after the adoption of the 2009 budget in November, 2008.

D. MIDD Housing Development Strategy

MIDD Oversight Committee members expressed unanimous support for use of unspent 2008 funds for housing development and rental subsidies. However, there is a difference in perspective among committee members and stakeholders who have submitted public comments regarding the use of funds for housing development in subsequent years. One perspective is that services must be prioritized because the MIDD as originally presented to and approved by the King County Council was intended to fill large gaps in the mental health and chemical dependency treatment systems, and did not include housing. A counter view is that housing needs to be a higher funding priority in order for services to be successful. There is agreement that a balance is needed and this topic will be an area for continued discussion by the Oversight Committee.

E. Use of MIDD Funds for Medication

In the process of reviewing the individual strategies in the MIDD Implementation Plan, some members of the Oversight Committee identified the need for funding for medication for many individuals receiving services through the MIDD programs. MHCADSD recognizes this need, but has determined that medications are the responsibility of the State of Washington, and that service provision is the priority for MIDD funds. Community providers have worked with pharmaceutical companies and used other funding sources to provide for the medication needs of clients who are not able to access state funding to pay for medications.

F. Supplantation issues

The state legislation (E2SSB 5763) that allowed counties to impose the sales and use tax that will provide the funding for the MIDD required that funds from the sales tax be used for new or expanded services and not be used to supplant existing funding for these services, with the exception of lapsed Federal funding previously used for the operation or delivery of services and programs as defined by the legislation. Any services that were funded by King County at the time the County enacted the one-tenth of one-percent sales and use tax may not be subsequently funded by the sales tax in the event that county funding is lost. This plan reflects adherence to the non-supplantation intent.

7. Conclusion

As noted above, this Implementation Plan is the second part of a three-part plan required by Council as part of Ordinance 15949. The third and final part, the Evaluation Plan, will be submitted to Council by August 1, 2008. Once Council has approved all three plans, many of the programs in the Implementation Plan will begin to receive funds and provide services. Other programs will be phased in as program

designs and procurements for services are completed and as staff are hired and trained by providers. By the end of 2008, hundreds of children adults and older adults across King County will have begun to receive the services and supports needed to stabilize and improve their lives. All the citizens of King County will benefit in the coming years as the public and human costs of mental illness and substance abuse are reduced.