

PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON
VERDANT HEALTH COMMISSION

BOARD OF COMMISSIONERS

Regular Meeting

Hybrid: In-Person at Verdant Community Wellness Center and via Zoom

July 27, 2022

8:00 a.m.-10:00 a.m.

**Commissioners
Present**

Jim Distelhorst, MD, President
Deana Knutsen, Commissioner
Carolyn Brennan, Commissioner
Karianna Wilson, Commissioner
Bob Knowles, Commissioner

Staff

Dr. Lisa Edwards, Superintendent
Riene Simpson, CPA, Director of Finance
Zoe Reese, MPA, Director of Community Impact & Grantmaking
Sandra Huber, Community Engagement Manager
Kaysi Kelly, Executive Assistant/Office Manager
Maggie Konstanski, Grants Manager
Kirk Mathis, Digital Marketing & Communications Manager
Monika Star, Wellness Center Assistant
Nancy Budd, MSW, Community Social Worker

Guests

Darren Redick
Joel Wasserman, CMO Swedish-Edmonds
Jen Culbertson, CNO Swedish-Edmonds
Bradley Berg
Omar Gamez
Amber Rogers
Laura Gonzalez
Lauren Long
Patricia Schaut
Haddy Faye-Cham
Lauren Armstrong
Holly Fitzpatrick
Chad Thomas
Carol McMahan
Breonna Countryman – Edmonds Birth Center
Nicole Grayson – Edmonds Birth Center
Andrea V. - Edmonds Birth Center
Michele– Swedish Birth Center
Jillian – Edmonds Birth Center
Jen – Edmonds Birth Center
Rachel – Edmonds Birth Center
Deborah Johnson – Edmonds Birth Center
Tammy Latschaw – Edmonds Birth Center
Jennifer – Edmonds Birth Center
Carin Chase

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Maralyn Chase
Shirley Buono
Sally Ault
Vicki Roberts-Gassler
Pat Weber
Isabelle Breda
Danielle Curtis
Ashleigh Bonadio – Edmonds Birth Center
Kat Cornelius – Edmonds Birth Center
Lisa Udder
Tressa
Cyndie Bray
Dr. Bourne
Jessica Oba

Call to Order

The regular meeting of the Board of Commissioners of Public Hospital District No. 2, Snohomish County, was called to order at 8:01 a.m. by President Distelhorst.

Approval of Minutes

Motion was made by Commissioner Knowles, seconded by Commissioner Knutsen and passed unanimously to approve the minutes of the regular Board Meeting on, June 29, 2022 (E:59:22)

Public Comments

**Presentation:
Darren Redick**

Mr. Darren Redick, Chief Executive of Providence-Swedish, expressed that the healthcare industry has faced many challenges during the COVID-19 pandemic. For Swedish-Edmonds, this includes staffing issues to maintain nursing and physician staff. In the first 6 months of 2022, Swedish-Edmonds has lost 42 nurses and is seeing this trend of the loss of workforce continuing. There is a national crisis around nursing and there are hospitals around the country which are having to close departments and losing more nurses than they are able to hire which is reducing the workforce. Many hospitals are reducing bed capacity since they can't staff them. To move forward and mitigate these challenges in the coming months, one idea hospital executives had was to combine workforces with Providence-Everett and have a temporary move and consolidation of OB services from Swedish-Edmonds. He stressed that the goal is to have safe and viable services for the community. This would be a temporary move and not a permanent closure. This is a strategy to deal with an unprecedented circumstance in healthcare. The goal is to be thoughtful and look ahead, and to provide enough time to work together and provide safe transition plans. Mr. Redick continued that what he is personally worried about is waiting until it's to a point of crisis and we have to react which creates more risk for a bad outcome. Looking ahead, they're recognizing the very

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serious workforce trend they want to address, and they have begun the process of investigating this transition of services in detail. This is all moving very quickly, and they need the help of everybody to come up with a transition plan. Today's presentation is meant to provide a brief update and not an exact plan. The biggest concern of Swedish-Edmonds executives is a workforce deficit they are seeing in mid-August 2022.

President Distelhorst asked if any Commissioners had a comment.

Commissioner Brennan commented that the service delivery of Swedish-Edmonds is the most important aspect to our community. If you can't deliver a baby at the hospital in August, that is a concern. She asked Mr. Redick to speak more about the staffing shortages and what prompted it.

- Mr. Redick answered that the U.S. has been struggling to find adequate nursing staff. There have been many nurses who left the profession throughout the pandemic, due to a tremendous pressure on nurses. Hospitals are choosing to close parts of their hospital due to staffing shortages. What Providence-Swedish is trying to manage is trying to recruit and retain nurses in their hospitals. Hospitals are losing more nurses than they are able to hire, and this is creating a strain on the workforce.

Commissioner Brennan asked Mr. Redick to provide specifics for Swedish-Edmonds, such as how many nurses and why did they leave. She asked if there is another solution to this staffing shortage here locally. She understands there are people who have worked at Swedish-Edmonds for a very long time and this solution the hospital executives are proposing would really disrupt that team environment.

Commissioner Knutsen commented that she had all three of her children at Swedish-Edmonds (when it was previously Stevens Hospital). She belongs in this community at that is where she wanted to have her kids – there is a community link. Everett is not the same as Edmonds. She has even further concerns that Swedish-Edmonds is a secular institution and Providence-Everett is a faith-based service provider. Swedish-Edmonds provides other services than giving birth – it is a reproductive health concern. By switching this to Providence-Everett we lose that secular definition that allows us to provide services that Providence does not want to provide. There are laws in this state that say we have to provide certain services. This is an intense time for reproductive health, on a national level, and now we are seeing it locally to be pushed into a position to make choices she finds would be detrimental to the community.

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There is a strong group of nurses that have worked for a long time at Swedish-Edmonds. We, as Commissioners, have to look very closely at what would be best for our community in the long term.

Commissioner Wilson asked Mr. Redick to speak to the process that SEIU (Service Employees International Union), is now engaged in and how that impacts all units. Why is it that labor and delivery can't be pulled out in a separate conversation? She asked to hear about more creative problem solving in partnership with the caregivers to determine the best solution.

- Mr. Redick answered that the executive team here believes we need an OB service in Edmonds. What they are really talking about here is to maintain *safe* services. The long-term plan here is to maintain OB services in Edmonds. Over the past two years we have been managing this workforce, we have tried strategies to bring in nurses such as sign-on bonuses. The SEIU contracts were set in February 2020 and the Swedish leadership and HR team recognizes this is creating a challenge for OB and other nursing units. There have been discussions with SEIU for over a month to come to an agreement to re-open discussions about these contracts, especially around wages. Teams have been put together to have these wage discussions, starting in August. Frankly, these solutions around pay would not solve the staffing issue fast enough so there is a timing issue with this.
- Commissioner Wilson expressed her concern that if there is a massive problem with staffing, why is the leadership from SEIU and Swedish-Edmonds not having conversations specific to this issue, separately from the staffing issues they see coming up in August-October?

Commissioner Knowles commented that clearly there needs to be a larger discussion with the Board and Swedish-Edmonds leadership. There is something that needs to be addressed internally within the organization.

President Distelhorst asked Provide-Swedish leadership if they had any further comments before we moved to Public Comments on the meeting agenda.

Dr. Joel Wasserman commented that their goal is to have a healthy Ob program at Swedish-Edmonds, in this community, and for this community. What is difficult is *how* we get to that goal safely. There is disagreement on the situation we are in. He listens to the comments from his colleagues and sees the situation differently. He recognizes they are asking people to work in situations where there is limited staffing, and this wears

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people down and creates safety issues. What hospital leadership has put forward today is an idea on how to keep things safe and maintain staff until labor markets have shifted and we are able to hire staff to sustain OB at Swedish-Edmonds over the next year.

Commissioner Brennan asked what the plan is for Swedish and Verdant to work together on these large issues to avoid these moments where we're all in a room together and it is the first time some of our Commissioners are hearing about this plan?

- Mr. Redick reiterated the crisis of healthcare and that perhaps that is one of the issues of the healthcare system not making it clear to the community how significant this crisis is. Financial troubles of hospitals right now are mostly driven by the lack of workforce available and the expense of trying to manage with a high agency percentage of your staff. Snohomish County is under strain, not just in OB. There are constant, daily conversations about how to deal with patients. It is crushing to be in this situation, and this is why we see some people leaving the workforce. This is why we are here - so we don't see a collapse in services for Snohomish County.

Commissioner Knutsen pointed out some comments in the Zoom chat stating that Providence-Swedish has removed all the traveling nurses and have not had these conversations with existing staff. She is aware there are conversations between SEIU and the hospital and reiterated Commissioner Wilson's question asking how many conversations have been had with existing staff around next steps. She continued to raise her concern that shutting down the OB staff of Swedish-Edmonds for 6-months would mean this workforce is not in use and nothing would be built at Swedish-Edmonds, just moved to another place.

- Mr. Redick responded that the idea is to combine the OB staff of Swedish-Edmonds and Providence-Everett to provide these reproductive services to the community up in Everett. The idea is to consolidate the short workforces in Snohomish County together to pool resources for a short period of time and provide services in one location.
- Commissioner Knutsen pointed out more details coming through in the Zoom meeting chat that these discussions have not happened with the nursing staff.
- Mr. Redick added that this transition plan is not finalized. They have notified the OB team on Monday 7/25, the caregivers team of SEIU on Tuesday, 7/26, and Verdant today. This is just the beginning. The hospital leadership team is sharing this news now. They have not planned all

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the solutions and worked through all of the details without notifying the team.

- Commissioner Knutsen is not comfortable getting rid of this level of service for our community. She wants to assure there is not any other option before moving this huge portion of services.

Commissioner Wilson pointed out a comment in the Zoom meeting chat that someone said "CNO Jenn Culbertson said 'this is happening'" and from that we can assume the transition of Swedish-Edmonds to Providence-Everett is happening. If we are in a true partnership, both parties have to be willing to sit down together to figure out a solution. SEIU has to come to the table with us to figure it out and negotiate.

- Mr. Redick agrees that this conversation needs to happen, but we have a crisis on our hands and patient-safety is serious.

Commissioner Brennan is grateful that Swedish leadership is here and recognizes it is tough to make these decisions, but decisions have been made and she is worried how the partnership with Swedish will come back from this.

- Dr. Wasserman agrees we are all worried. There is no clear-cut way to do this. There are real problems we are facing in the near future. Maybe we can get through it, maybe we can rally, maybe we won't. There are certain things you can't come back from. Hospital leadership sees this and hears the concerns. They need people who can handle the emergency situations and keep staff/patient ratios correct.
- Commissioner Wilson asked the Swedish leadership team to talk about the other staffing shortages outside of OB and nursing staff. She also asked him to comment on traveler nurse contracts being cancelled and if there is a plan to bring them back.
- Mr. Redick answered that the usage of traveler nurses at Swedish has more than tripled in the past year. Usage of traveler nurses has reached a level that is not sustainable. Traveler nurses who filter out of the workforce in 13-26 weeks create a liability by switching nursing staff frequently. With these short-term nurses there isn't that same workforce who have worked together for several years and understand each other's skills and how to work together. From a financial standpoint, it is completely unsustainable to use traveler nurses. As we hit peak traveler nurse counts, we have to limit the number of traveler nurses we use in our region. We are trying to manage the resources we have while building our resources back up. There were some traveler

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contracts which were not extended and were permanently canceled.

- Ms. Culbertson spoke about her background working in the NICU. She talked about the open OB technician and surgical technician positions that can't be filled. There are sick calls in early August resulting in only 5 nurses available on the OB unit. She has to decide by this Friday what to do about next week's staffing in the NICU since she has only one nurse scheduled.
- Commissioner Knutsen expressed concern that she has not heard about this huge crisis with Swedish-Edmonds, as partners for this hospital, even though she was on the strategic collaboration committee with Verdant and the Hospital.

President Distelhorst reiterated his concern about transferring services from a secular to religious service practice. Our district does not include Providence-Everett. During the two years Dr. Edwards has been Superintendent at Verdant, she has worked with five different Swedish Chief Executives. We have concern that once this OB unit is closed, it will not come back, and it will be lost forever.

**Public Comments
(moved up from
second half of
agenda)**

Lauren Armstrong: Delegate Executive Board Member, the highest level of leadership as a worker at Swedish. She is on several committees, one of which works on contracts for staff. She said they have been screaming about staffing shortages for years. Staff is complaining about being treated as widgets, being moved to wherever Swedish leadership sees fit. These caregivers have committed their careers to Swedish and love their community. They deliver multiple children within a family. She was glad to hear Commissioner Knutsen raise the concern about moving these OB services to faith-based Providence-Everett. There is a war on women's health and closing an OB department at Swedish-Edmonds and assuming they will go to Providence-Everett is a problem. Swedish doesn't listen to the staff who brings their concerns to SEIU. Nurses are concerned that travel nurse contracts were not extended. Nurses agree that wages need to change but they have no idea if Swedish intends to bargain in good faith. The contract committee she is on has provided a timeline to Swedish to start bargaining the economic re-opener in August-September. There will be meetings every Tuesday and Thursday through the end of September.

Jessica Oh: The crisis feels a little manufactured. Travel nurses were cancelled and then there was a "crisis" of staffing. She said nurses have been asking to be trained as scrub technicians so they can step in when needed. She feels the management group at Swedish needs to work with this OB unit. When their

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unit was closed during the pandemic to make beds for COVID patients, the nurses went to Swedish First Hill and they stuck it out for the sake of their community. This issue now is not a pandemic crisis. The nurses we have now would leave if there is a temporary 6-month transition. These would be the most senior experienced nurses.

Dr. Chad Thomas: Newest OBGYN at Swedish-Edmonds, started 3 weeks ago. He has delivered 12 babies since he has worked at Swedish-Edmonds and works with an amazing staff. When he asks his nursing staff why they work at Swedish-Edmonds, they say they do not want to work at Providence-Everett. He moved here so his family could be a part of this community, so his kids could go to school in this district. He doesn't want to work in Everett either. We owe something to this community

Lisa Udder: Community member. She asked if there will not be an OB unit at Swedish Edmonds next week? Commissioner Distelhorst clarified this change would happen in mid-August. Her concern is removing the secular practice of Swedish-Edmonds since there are women who would not want to go to Providence for their reproductive services. As a Public Hospital District, she urged Commissioners to push Swedish on this issue.

Trisha: Traveler nurse for 6 years and tried many hospitals. It took her 10 years to find Swedish-Edmonds (when it was Stevens Hospital) since she could do her best work. She has been at Swedish-Edmonds for 24 years. Whenever there are traveler nurses who come to work, the nurses try to get them to stay and once they go through the HR process, they are not interested in staying. Our community wants Swedish-Edmonds' style of birthing, not a place that does 500 deliveries per year. We can salvage births of women who had traumatic experiences at birthing centers. She wants Stevens Hospital back. Nurses want to provide excellent care to their community. The nurses will do what it takes to keep the department going. They will sign up for extra shifts, but nobody has asked. There has not been a meeting to tell nurses about the crisis and ask for help.

Amber Rogers: This hurts her heart, deeply. She feels there was never conversation about the situation being so dire. There were staffing meetings scheduled on Monday 7/25 which were canceled on Monday 7/25 with a notice of "change team" and transition teams were to be in place. The rumor mill started, and the nurses went to their supervisor asking what was happening and were told they couldn't tell them anything. The nurses called a Zoom meeting and came together. By Tuesday 7/26 morning, they were told it was so dire, their OB unit was being shut down for 6 to 12 months. She will not come back

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after 12 months. Twelve months isn't temporary, that is time to find a new career. They went through a strike and came back stronger. The OB unit got shut down for COVID because that was a priority, it was significant for the community, and it had to be done. The nurses came back after this shutdown and were stronger than ever. They have been raising issues about the HR process for years. There are people on staff willing to cross-train, but this is not an option. For a temporary closure, you will not get the staff back and there will be *less* staff than before. Other solutions can be done first. The women and the families of our community don't deserve this treatment.

Karen Volleyball: Has worked at Swedish since March 2020. She worked at Swedish Ballard initially and in July 2020, Swedish Ballard said they would not maintain the OB unit. In retrospect, they had shut down the critical services to keep the unit working. Ultimately, the Swedish-Ballard OB nurses were farmed out to other hospitals. She estimates that half of the workers did not stay once they were requested to transfer hospitals. There is a crisis in women's healthcare with Roe v. Wade being overturned and Swedish-Edmonds provides services that Providence-Everett will not provide. This community will suffer if the OB unit doesn't stay open. This is the best unit she has worked at in 30 years.

Laura: Nightshift worker. She has been on the staffing committee for the OB unit for 24 years and knows what it takes to staff the night shifts. She is not a part of the union since she started long enough ago to not have to be forced into the union. She did the strike since she believes in safe staffing. The strike didn't work, and she will never strike again. When the OB unit shut down during COVID, she transferred to the ICU. While working in the ICU, there was a hospital code for someone coming to the ER to deliver a baby. She was the only person in the hospital who could deliver the baby. She had to work out of her scope and teach the ER doctor how to deliver the baby. Last night, a woman came in and she had a baby 5 minutes later. Where would she have had that baby if Swedish-Edmonds wasn't open? She lived in Edmonds. This is real, this is her community, she cares.

Deborah Johnson: Charge nurse on day shift. Has been at Swedish Edmonds for 35 years (her entire nursing career). This is her home. She loves the culture at Swedish-Edmonds birth center. She would have hoped to retire at Swedish-Edmonds. As the most senior charge nurse, she has had many opportunities to train nurses. If the OB unit closes, she will not come back, and Swedish-Edmonds will lose her 35 years of experience to help train and groom the future nurses and charge nurses. She

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implores Swedish leadership to please think this through carefully and do not close the OB unit.

Executive Session President Distelhorst thanked the almost two dozen members of the public who joined us for this meeting. He adjourned for Executive session at 9:35am until 10:00am. No action would be taken during this time. Executive Session was extended an additional 20 minutes to 10:20am.

1. To consider the legal risks of potential litigation.

Open Session Commissioner Distelhorst opened the meeting back to the public at 10:20am. Commissioner Knowles was excused from the Executive Session at 10:00am.

Commissioner Wilson asked Dr. Edwards to prepare a written statement for the Executive Committee to review which expresses the Board's extreme displeasure in the possible transition of the OBGYN services from Swedish Edmonds to Providence Everett. The Commissioners are not in support of this effort. **Commissioner Wilson motioned for this written statement, Commissioner Knutsen seconded. Motion passed.** Commissioner Knowles was not present for the vote.

Superintendent Report: Dr. Edwards provided thanks to the Verdant team for their extensive outreach efforts to get out in the community to represent Verdant. Verdant continues to work through environmental issues with Value Village in preparation of the sale of the property. We are also working through a large HVAC project for Kruger Clinic. We are looking forward to launching the Kruger Clinic refresh project. She meets almost weekly with Darren Redick from Swedish-Edmonds and looks forward to continuing these meetings to learn more about the hospital operations. Dr. Edwards and Zoe Reese attended a tour of Edmonds College and discussed how to expand their training programs to produce a pipeline of talent into the hospital.

Executive Committee Report President Distelhorst reported that the Executive Committee met on Wednesday, July 20, 2022 to review the agenda for the July 27, 2022 board meeting. No action was taken at this time.

Finance Committee Report: The Finance Committee met on July 14, 2022 to review warrants and financial reports for the July 27th board meeting.

Review of Financial Statements Ms. Simpson reviewed the financial statement and cash activity for June 2022 and noted any variances in income and expenses from the prior month (E:60:22).

Authorization for payment of Authorization for payment of vouchers and payroll:

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**vouchers and
payroll**

Warrant numbers 15566-15628 and warrant references B-C for payment in June 2022 in the amount of \$257,603.20, were presented for approval. (E:61:22)

Motion was made by Commissioner Wilson, seconded by Commissioner Brennan and passed unanimously to approve the June warrants. Commissioner Knowles was not present for the vote.

**Resolution
2022:07
Disposition of
Assets**

Commissioners reviewed a request from Swedish-Edmonds to dispose of District property no longer fit for use. This disposal includes \$243k in ventilators. **Commissioner Wilson made a motion to approve the disposal of assets, Commissioner Brennan seconded, motion passed.** Commissioner Knowles was not present for the vote.

**Program
Committee Report**

Commissioner Knutsen provided an overview of program activity and grantmaking for June 2022. (E:62:22)

**Conflict of
Interest**

None.

Expiring Contracts

Commissioner Knutsen presented a list of expiring contracts that will be required to submit a new application or a year 2/3 request. These programs have been notified.

Agency	Program	Current Annual Award	Contract Expiration Date	Year of expiring contract	Total Years of Funding Received
Cancer Lifeline	Whole Patient Services for Cancer Patients	\$14,000.00	9/30/2022	1	1
DVS	Education, Outreach, and Prevention	\$80,000.00	9/30/2022	1	10
Girls on the Run	Girls on the Run/Heart and Sole	\$24,605.00	9/30/2022	1	6
Jean Kim Foundation	Hygiene Center	\$246,633.00	9/30/2022	1	1
Korean Community Service Center	Mind Body and Soul for Korean Americans	\$115,000.00	9/30/2022	1	1
Medical Teams International	Care & Connect	\$150,000.00	9/30/2022	1	11
Parent Trust	Conscious Fathering	\$7,900.00	9/30/2022	1	5
Prescription Drug Assistance Program	Prescription Drug Assistance Network	\$55,000.00	9/15/2022	3	10
Washington West African Center	Drop-in Center	\$114,600.00	9/30/2022	1	1
		Total			
		\$807,738			

**COVID Grant
Request**

Ms. Reese, MPA, provided details about the one COVID grant request for Board review and approval, see next page.

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COVID Grant Requests

Agency	Program	Request	Description	Committee Recommendation
The Hand Up Project (THUP)	The Respite Program-South County Expansion	\$73,096 7/1/22- 12/31/22	Seeking funds to pilot an expansion of intensive outreach to people experiencing homelessness and to add two respite motel rooms with intensive case management, onsite treatment and 24/7 security for Verdant Social Worker to refer clients to.	Fund as requested with re-submitted budget clarification.

Commissioner Knutsen made a motion to approve the COVID grant request, Commissioner Distelhorst seconded, motion passed. Commissioner Knowles was not present for the vote.

Confirmation of Existing Funding Guidelines and Definitions

Commissioner Knutsen presented a current version of definitions, grant budget guidance and non-renewal procedure which is a compilation of what has already been approved by the Board. The goal is to provide a clear policy of grant guidelines which is approved in the Board minutes. This will help us be transparent to grantees and communicate to long term grant partners these fully approved and current guidelines.

The Definitions, Grant Budget Guidance, and Non-Renewal Procedure were presented as follows:

Definitions:

1. Grant Budgets

Financial Due Diligence:

We request that applicants provide financial information for review in connection with their applications and update that information annually if funded. Our review of the financial information provided by applicants includes looking at the ratio of the applicant's assets and debts, the financial controls maintained by the applicant, and issues raised by the applicant's financial statements. Verdant recognizes that small or new organizations will have fewer assets than more established agencies.

- Applicants and grantee organizations that have annual operating expenses greater than \$3,000,000 are required to provide Verdant with a copy of a financial audit performed by an independent accounting firm. Audited financial statements must be provided to Verdant annually.
- Organizations that have an annual operating expense of less than \$3,000,000 annually are required to provide either a cost report or internally prepared financial statements to Verdant annually.

Administrative Expenses:

Verdant recognizes that the programs we fund are housed in a variety of organization types that have varying levels of administrative infrastructure. We also understand that the

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administrative functions such as facilities, IT, HR, and others are critical to the success of the program funded by Verdant. Verdant's funding decisions are intended to reflect the organizational capacity and infrastructure necessary for the success of the programs funded by Verdant.

For the purposes of our contract budgets, administrative expenses refer to those expenses that are not specifically allocated to the funded scope of work or function of the funded program and/or those that are allocated to support multiple programs/locations.

Verdant generally limits administrative expenses to 10% or less of the total grant amount.

Direct Expenses:

Direct expenses are those expenses that are allocated to a specific program, such as salaries for program staff and materials required for the project. These expenses would not be incurred if not for the existence of the program being funded.

Minor Capital Expenses:

- Minor capital expenses are expenses incurred by a grantee as the result of the grantee's purchase of capital items that cost less than \$5,000 and/or have a useful life that is equal to or less than the term of the grant agreement. These expenses are generally eligible to be funded by Verdant as part of a grantee's budget request.

Major Capital Expenses

- Major capital expenses are expenses incurred by the grantee as the result of the grantee's purchase of capital items that cost more than \$5,000 and/or have a useful life greater than the term of the grant agreement. Verdant generally does not fund major capital items as part of our routine funding.
- Verdant occasionally offers capital-specific funding opportunities

2. Priority Areas

Priority Area	Definition
Access to Healthcare	Residents can access good, safe healthcare in an appropriate care setting.
Behavioral Health	Residents can access mental health and substance use services in accessible, community-based centers.
Dental	Residents can access good, safe dental care in an appropriate setting.

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Childhood Obesity	Youth and families in our community have access to education, services, and food to support healthy lifestyles.
Food Security	Residents do not go hungry and have access to nutritious foods to support their health needs.
Housing	Residents are housed in safe, affordable housing.
Other Education and Prevention	Residents can access supportive services addressing the social determinates of health broadly and/or emerging needs.
Supporting Seniors	Older adults in our community are safely and respectfully in a healthy environment and with necessary social and medical supports.

Grantee Budget Guidance:

- For Year 2 and 3: Approved total award increases will generally not exceed 5%
- For Year 2 and 3: Approved annual Staffing cost increases will generally not exceed 2.5%
- For Year 2 and 3: If you are proposing a change in scope/expansion of services that result in the budget increasing by more than 5% for year 2 or 3, we recommend submitting a full new application rather than submitting just a year 2/3 budget update.
- For all awards: Approved Administrative/Indirect expenses will generally not exceed 10% of the total award amount.

Non-Renewal Procedure:

Cause(s) for non-renewal

- Outcomes not achieved with previous contract
- Availability of Verdant funds
- Changing strategic priorities (based on CHNA, annual Board strategic plan and priorities, etc)
- Other (including, but not limited to, grant partner's adherence to budget)

Transition Funding providing following notice of non-renewal

One-time payments of 25% of current annual contract award will be provided to non-renewal partners with a three-month extension of program deliverables and final report due date via contract amendment.

Commissioner Brennan suggested to remove the term "generally" from the definition of Administrative Expenses to take out the ambiguity of what will be allowed or not. Ms. Reese, MPA, commented that this was not recommended by our

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attorney Brad Berg to allow Commissioners the opportunity to consider, for example, a new program or a start-up that they feel very strongly to support but that needs more than 10% of Administrative Expenses covered to get started.

Commissioner Brennan asked if the "non-renewal procedure" was clear enough that grant partners know they need to re-apply? Ms. Reese, MPA, clarified that yes, grant partners are notified of their options during intensive 1:1 support by the Verdant grantmaking team.

Commissioner Wilson asked if the \$807,738 in expiring grant contracts is already in process, and that the Board will vote on these at the meeting in September for an October start date? Ms. Reese, MPA, answered that yes, these contracts are in process and pointed to the "key funding dates" timeline for the Q3 grantmaking process on page 26 of the Board packet.

Commissioner Brennan asked if transition funding is provided to every grant partner who is notified of non-renewal? Ms. Reese, MPA, answered that yes this was approved at the end of 2021 by Program Committee and approved by the Board. This policy provides that at the end of their current contract, if the partner is no longer receiving funding, they will have a transition time to find other funding. She continued to explain this policy is partly in place due to the cadence of our grantmaking which sometimes only allows one day in between grant cycles. The Board felt this was not enough time to notify and cut funding for our partners and agreed to the three-month transition funding upon non-renewal.

Commissioner Knutsen made a motion to accept the definitions as presented, Commissioner Brennan seconded. Motion passed. Commissioner Knowles was not present for the vote.

Superintendent's Discretionary

None.

Brief Presentation of CHNA Survey Results

Ms. Konstanski provided a summary of survey results from the Community Health Needs Assessment survey completed by Verdant in May. The binder which was provided to the Board ahead of this meeting includes a lot of additional data points for this survey. A highlight of the survey is a lot of consistency on how the community defines health. A lot of survey respondents had varying definitions of what "healthcare access" means. The issue of affordability was consistent across all groups, regardless of having health insurance. There was a significant emphasis on people facing barriers of cultural and linguistic nature when looking for healthcare. Mental health services

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came up multiple times as a need for our community. The community emphasized a need for a safe gathering place for community members. (E:63:22)

**Commissioner
Comments**

Commissioners thanked Verdant staff for their hard work in preparing the documents for today's meeting and the strategic planning binders.

Commissioner Wilson reiterated the concern Commissioner Brennan brought up at the June meeting regarding the remaining grant funds for new partners. She is concerned about the trajectory of grantmaking and feels we are not on a stable course. She looks forward to the upcoming strategic planning meetings to discuss where we need to make some cuts. Today's meeting was a wake-up call that our number one priority is to maintain hospital services for the residents of our community.

Adjournment

The meeting was adjourned at 10:24 a.m. by President Distelhorst.

ATTEST BY:

DocuSigned by:
JSDistelhorst
463092731B124E1...

President

DocuSigned by:
Karianna Wilson
A28385545A4D4AB...

Secretary