

**Public Hospital District #2  
Board Special Meeting Agenda**

**SEPTEMBER 5, 2019  
8:00 a.m. to 12:00 p.m.**

**Verdant Community Wellness Center**

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- |                                      |                   |                       |
|--------------------------------------|-------------------|-----------------------|
| 1. Call to Order and Breakfast       | President Knutsen | 8:00 a.m.             |
| 2. Value Village Planning Discussion | All               | 8:00 a.m - 12:00 p.m. |
| 3. Adjourn                           | President Knutsen | 12:00 p.m.            |

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

**SPECIAL MEETING  
September 5, 2019  
8:00 a.m.**

**Verdant Community Wellness Center**

**Commissioners  
Present**

Deana Knutsen, President  
Fred Langer, Commissioner (8:10 a.m. arrival; 10:30  
a.m. departure)  
Bob Knowles, Commissioner  
Karianna Wilson, Secretary (8:12 a.m. arrival)  
Dr. Jim Distelhorst, Commissioner

**Staff**

Dr. Robin Fenn, Superintendent  
Lisa King, Finance Director  
Jennifer Piplic, Marketing Director  
Sue Waldin, Community Wellness Program Manager  
Sandra Huber, Community Engagement  
Nancy Budd, Community Social Worker  
Karen Goto, Executive Assistant

**Guests**

Margot Helphand, Facilitator

**Call to Order**

The Special Meeting of the Board of Commissioners  
was called to order by President Knutsen at 8:05 a.m.

**Introduction**

Ms. Helphand asked each commissioner and staff to  
share what they hope to accomplish in today's  
meeting.

All commissioners agreed that they would like to have  
a shared view and purpose for the Value Village  
property.

Dr. Fenn added that she would like to have clear next  
steps and a timeline from this meeting.

**Value Village Planning  
Discussion**

Commissioner Langer inquired about the adequacy of  
space for activities in the current Verdant Community  
Wellness Center. Ms. Waldin and Ms. Huber explained  
about the partnerships they have developed in the  
community to help with space needed for future  
activities. Dr. Fenn noted that the cities have their  
strategic plans that may include filling future health  
and wellness gaps.

It was determined that the current space is adequate

and that Verdant should keep an eye out for opportunities to meet community members where they are at.

Ms. Helphand asked all present to list their top priority for the Value Village property. There was some consensus around behavioral health and post acute transitional housing but discussion also included geriatric center of excellence, women's healthcare, clinics, in-patient and out-patient care.

Some commissioners would like to use this property to protect the main asset of the district which is Swedish Edmonds and agreed that the Value Village property is unique given its proximity to the Swedish Edmonds emergency department. Discussion continued on what issues Verdant will face with any type of property building including parking. Ms. King provided a copy of the plan for the Value Village property that was done in 2016 which includes several items that were addressed in today's meeting.

Commissioners landed on a project that would include post acute care and inpatient and outpatient behavioral health services for youth and adults.

Note: Ms. Helphand will transcribe her notes from the discussion for inclusion with these meeting minutes.

### **Next Steps**

The commissioners proposed the following next steps:

1. Talk to Swedish Edmonds and share the vision and gauge their appetite for this project (January 2020)
2. Board refines the plan for programs on the property (March 2020).
3. Staff collects data and talks to partners such as CHC, Compass, Seamar, Pioneer, Fairfax, CCS, UW Ames Center.
4. Enlist an architect
5. Identify financing options
6. Develop and implement the financing plans
7. Hire a general contractor either through a bid process or other means
8. Break ground in 2022
9. Open the doors in 2024

Current Value Village lease ends December 31, 2021.  
Inform Value Village in December 2020 that lease will  
not be renewed after December 2021.

**Adjourn**

The meeting was adjourned at 11:13 a.m.

**ATTEST BY:**

Deana Knutson  
President

Karenna Wilson  
Secretary

**Verdant Health Commission  
Meeting Summary  
September 5, 2019**

**Attended by:**

**Commissioners:** Deanna Knutsen, President; Fred Langer, Bob Knowles, Karianna Wilson, Dr. Jim Distlehorst

**Staff:** Dr. Robin Fenn, Superintendent; Lisa, King, Jennifer Piplic, Sue Waldin, Sandra Huber, Nancy Budd, Karen Goto

**Facilitator:** Margot Helphand

**I. Meeting Goals**

- To develop a shared view of the future purpose/use of the Value Village property and clear next steps and a timeline

**II. Assumptions**

- We are looking at the long-term needs of the community – 10-20 years out
- Verdant is uniquely positioned to operate in the community's best interest
- It is in the community's best interest to do something with the building to impact community health; not sell or renew the lease
- Verdant has many tools it uses to impact community health including grants, advocacy, partnerships, Community Wellness Center. The VV property is one additional "tool".

**III. Context for Discussion/Questions**

- Our population is growing, aging and becoming increasingly diverse
- The hospital will become more regional
- Our current wellness facility is well used but certain times are popular (T, W, TH, PMs) other times are not
- The proximity of the VV property to the hospital lends itself to partnering
- VOA Center being built
- Looking at other locations for workout/Physical activity space

**IV. Shared Vision for VV Property**

**A. Overall Vision**

- Verdant will provide adaptable, flexible space/s to facilitate the delivery of services to people who need help and improve health in our community.
- The property will be utilized to meet unmet health needs in the community
- Build two, four to six story buildings engineered for more stories on current footprint.
- Could consider wider footprint depending on needs being addressed
- We will provide space for services but not deliver the services

**B. Community Issues/needs we want to address with the property; What community impact do we want to make?**

- A Multi-Purpose Behavioral Health Center
  - In and outpatient
  - Initially to serve youth, could expand to adults

- Offer wrap around services
- Detox component
- Post-Acute Care for Adults; e.g. IV therapy, PT, Wound Care, Alzheimer’s
  - There is a lack of transition/transfer resources

**C. Other**

- Property not to be used for homeless, skilled nursing facility or step-down rehab
- We provide space for services. We do not deliver the services
- Providing services to meet unmet needs in the community will augment and protect the hospital

**V. Next Steps**

Talk to Swedish about Plan for VV, gauge appetite for partnership	1/20
Refine program plan	3/20
Talk to partners: e.g. CHC, Compass, Evergreen, Fairfax, CCS, UW	
Identify financing options	
Inform VV of Non-renewal of lease	12/20
Hire architect	
Develop, finalize and implement finance plan	
Secure general contractor	
Lease with VV ends	12/21
Break ground	2022
Open	2024

**VI. Financial Status and Financing**

There are several possible finance options that will be available that will depend on the scope of the project. The Board agreed to start discussing these prior to the work of the architect . They know that the specifics may not be available until the architect has scoped out the project but believed high-level discussions should happen sooner than later. Lisa reminded the commissioners of the work that had been completed by an architect in 2016 and shared the plan that had been developed then for a similar project.

**VII. Parking Lot – Issues for Future Discussion**

- Geographic distribution of clinic
- Revenue generating space
- Availability of Family Planning – Women’s/Children’s services
- Wait for primary care MDs
- Stipend providers, e.g. DMDs

**APPENDIX**

**Raw Data from Yellow Sticker Exercise**

- A multi-purpose behavioral health facility including clinical services, support services, addressing different ages, cultural language needs, barriers to care including transportation, stable housing, lack of insurance

- Behavioral Health Center with inpatient and outpatient services to treat youth, adults, and seniors in conjunction with Swedish Edmonds
- Work closely with Swedish to augment services; e.g. step-down transition, psych, geriatric  
Ground floor has emergency psych facility and sobering center; 2<sup>nd</sup> floor has transitional housing for SE discharges; 3<sup>rd</sup> floor psych bridge program
- Addressing our most vulnerable residents with significant needs; high utilizers, Hawaii Model; Step down; psych
- Preserve value of existing building; May need for future hospital expansion; Support clinical needs in area; Transitional SNF beds
- Skilled nursing; transitional housing
- A building that partners with other organizations to address behavioral health, medical space and dental care
- Community kitchen and resource center; auditorium; WIC; medical space; teaching space; partnership with U of WA; garden;
- Geriatric Center of Excellence encompassing all services in one spot mental and physical
- Women's Center of Excellence encompassing multi-service in one spot mental and physical
- Place for homeless students in Edmonds School District

E:60:19  
9.5.2019

## **Value Village Planning Session 5 September 2019**

- Meeting goals and expectations
- Clarification of planning assumptions
- Review of community data and strategic priorities
- Develop shared vision for Value Village:
  - What's the problem we are trying to solve?
  - What impact do we want to make in the community with Value Village property?
- Overview of current financial status
- Next steps



## **Topics to Discuss Today**

- 1. Suicide**
- 2. Youth mental health**
- 3. Dental health**
- 4. Opioids**
- 5. Primary care provider access**
- 6. Housing/vacancy/homelessness**
- 7. Youth obesity**

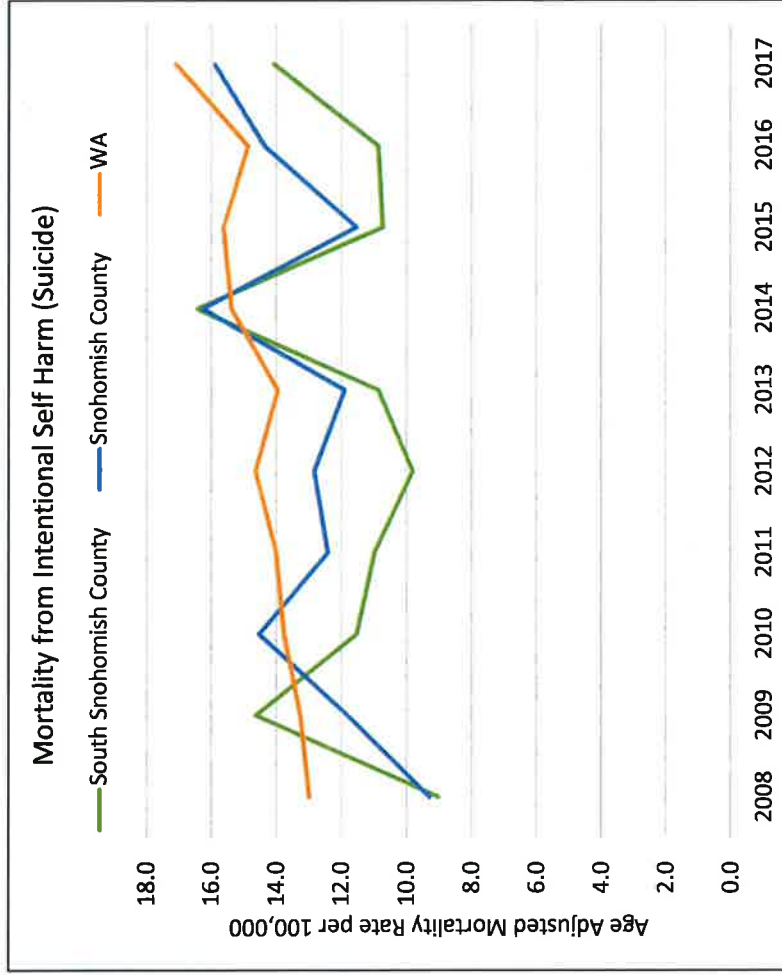
## **Data Walk Activity Goals**

- Review latest community data
- Interactive way to:
  - Surface questions
  - Understand connection between topics and SDOH
  - Identify root causes and opportunities that Verdant can impact

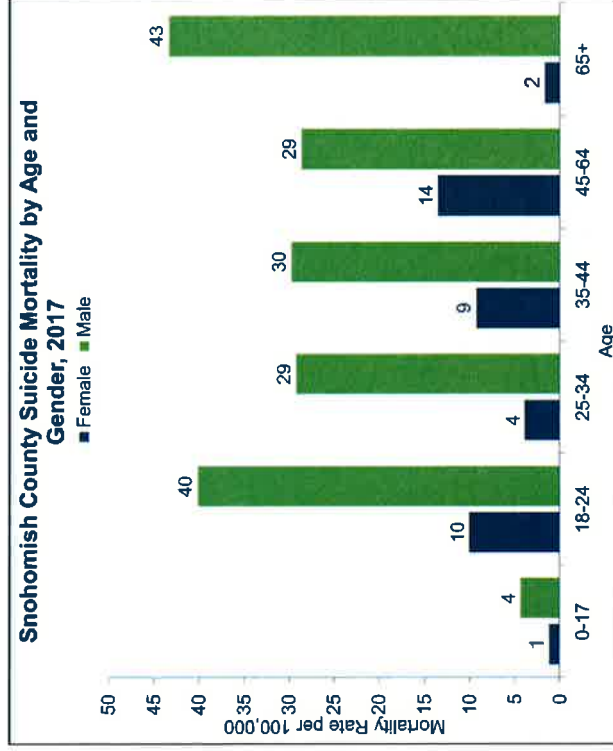
## **Instructions**

- Review data for this category
- What do you observe
- What surprises you?
- What are the root causes of the problem?
  - High Control → Low Control
  - High Impact → Low Impact

# 1. Suicide



South County Top 10 Causes Of Death	2017 Age-Adjusted Rate
Malignant neoplasms	146.71
Diseases of heart	110.66
Alzheimer's disease	60.02
Accidents	33.66
Cerebrovascular diseases	31.18
Chronic lower respiratory diseases	23.82
Diabetes mellitus	18.28
Influenza and pneumonia	14.19
<b>Intentional self-harm (suicide)</b>	<b>14.1</b>
Parkinson's disease	11.8

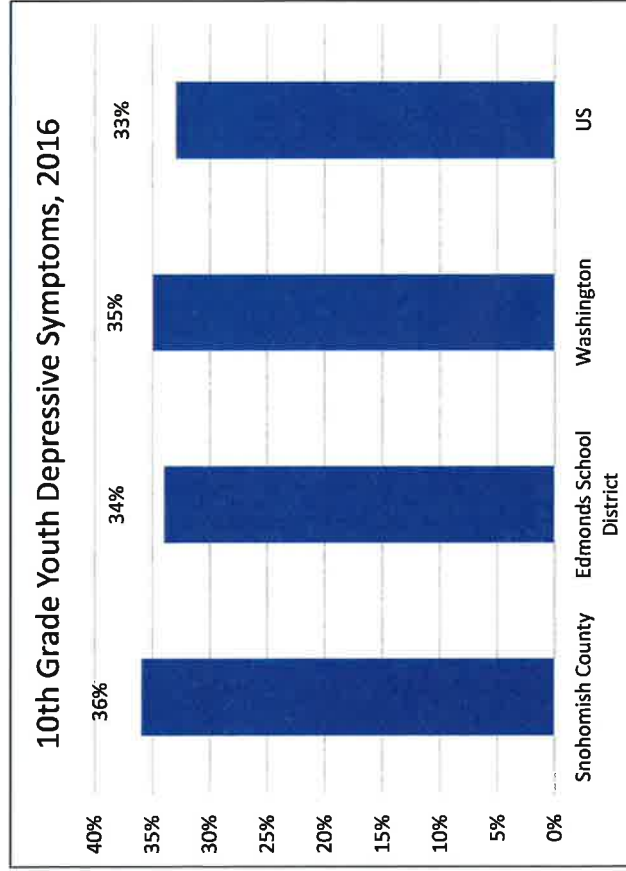


Data Sources: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2017, Community Health Assessment Tool (CHAT), September 2018.

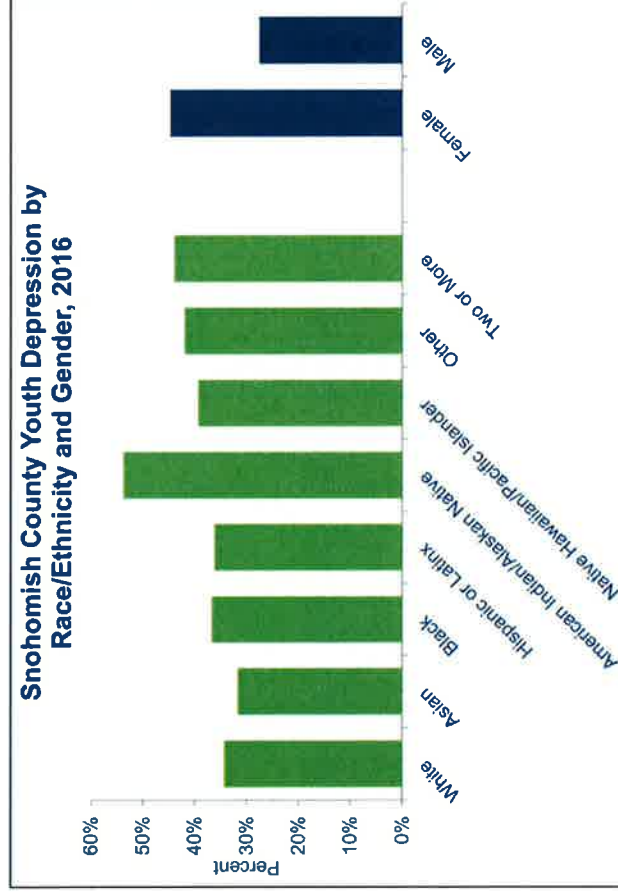
## 2. Youth Mental Health

Youth Mental Health Indicators	2012	2014	2016
ESD 10th Grade Depressive Feelings	31% (+/- 1)	35% (+/- 2)	34% (+/- 2)
ESD 10th Grade Considered Suicide	19% (+/- 1)	20% (+/- 1)	21% (+/- 1)

Source: Edmonds School District Healthy Youth Survey (+/- 95% C.I.)



Healthy Youth Survey, 2016



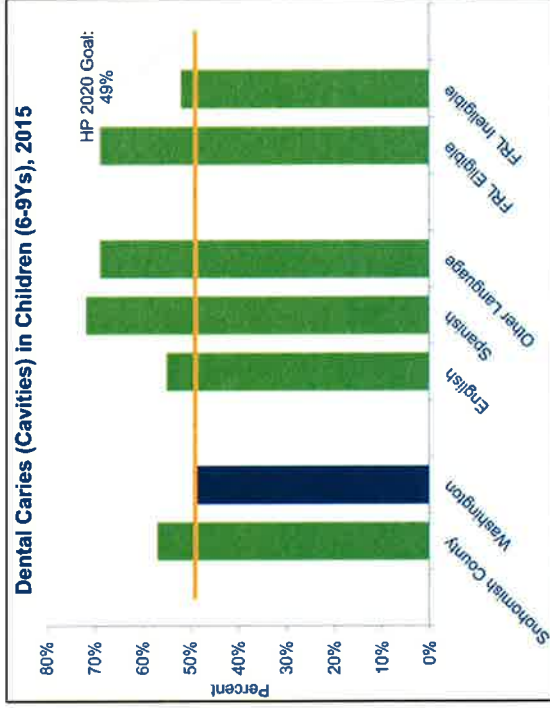
# 3. Dental

Dental Indicators	2011-15 Average	2016-17 Average
Adults w/no dental visit in past year	30% (+/- 4%)	26% (+/- 5%)
Adults w/no dental insurance	29% (+/- 4%)	27% (+/- 5%)

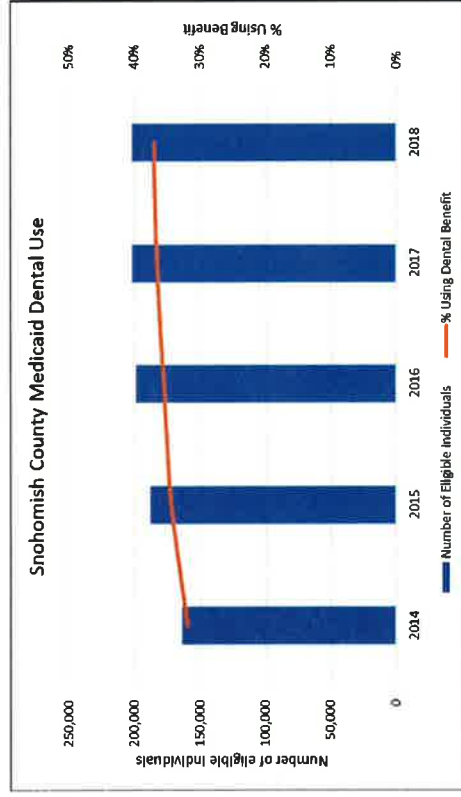
Source: BRFSS

	2014	2016
ESD 10th Graders with no dental visit in past year	16% (+/- 2)	14% (+/- 2)
ESD 10th Graders missed school due to toothache	5% (+/- 1)	4% (+/- 1)

Source: Edmonds School District Healthy Youth Survey (+/- 95% C.I.)

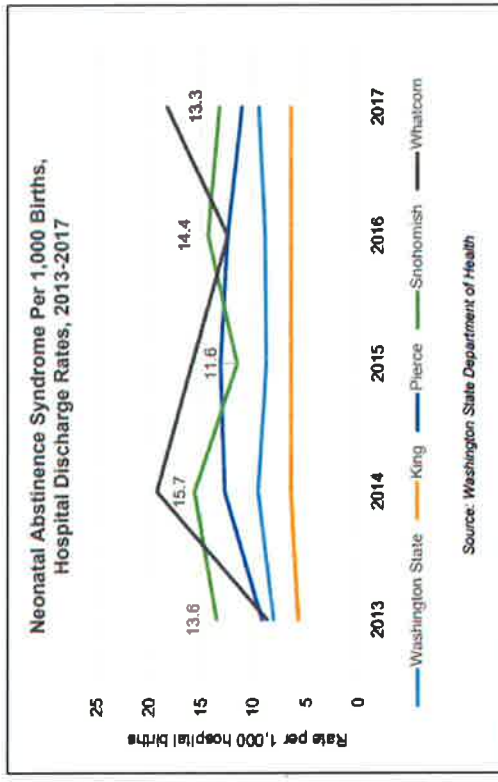
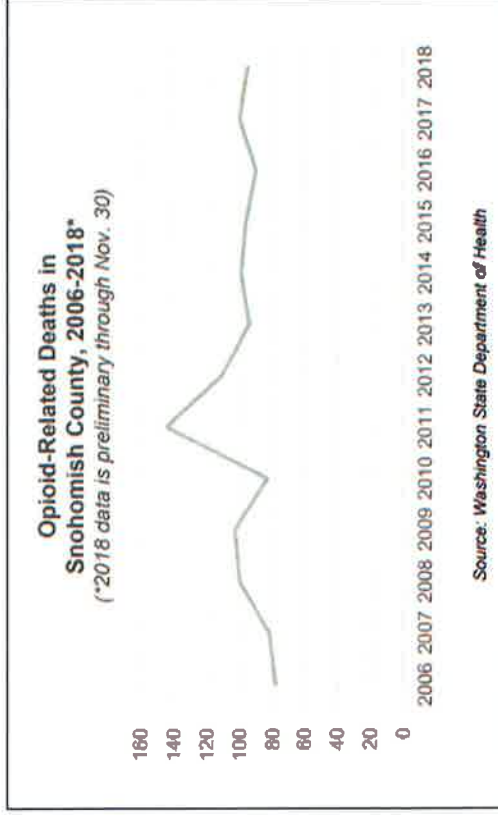


Data Source: Snohomish County Smile Survey 2005-2015 [Data File]. (2017)



Source: Washington State Health Care Authority Dental Reports

# 4. Opioids



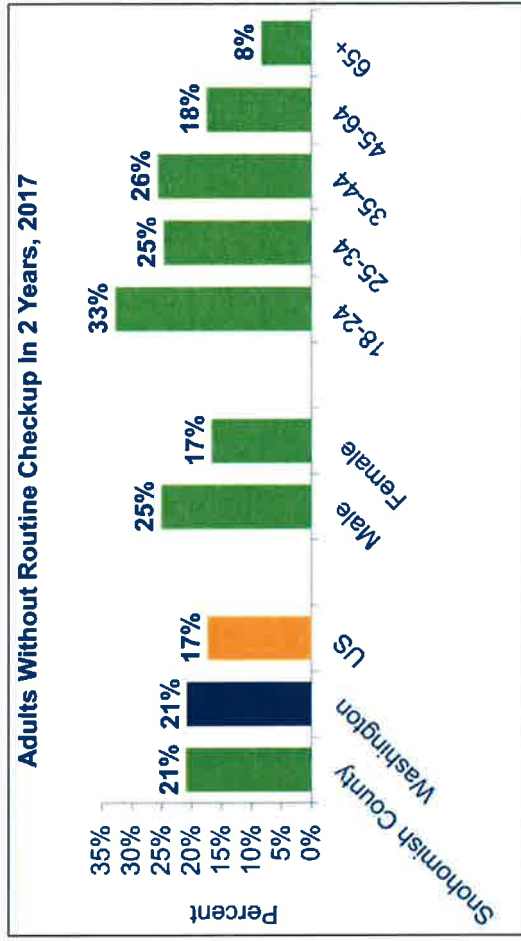
## Snohomish County Burden of Disease Estimate

(total county population = 801k)

Dataset	Deaths	Recovery Admissions	Emergency Dept. Visits	Opioid Use Disorder	Opioid Use Misusers
Burden of Disease with Capture-Recapture Method	44	400	1,400	5,600	37,000
2016 National Survey on Drug Use and Health	41	400	1,300	5,400	34,000
2017 Washington Syringe Exchange Health Survey	70	700	2,300	9,400	58,000
2017 Snohomish County Opioid-related Death Data	100	1,000	3,000	13,000	83,000
2018 Point-in-Time Study	90	900	3,000	12,000	80,000

# 5. Access to Primary Care

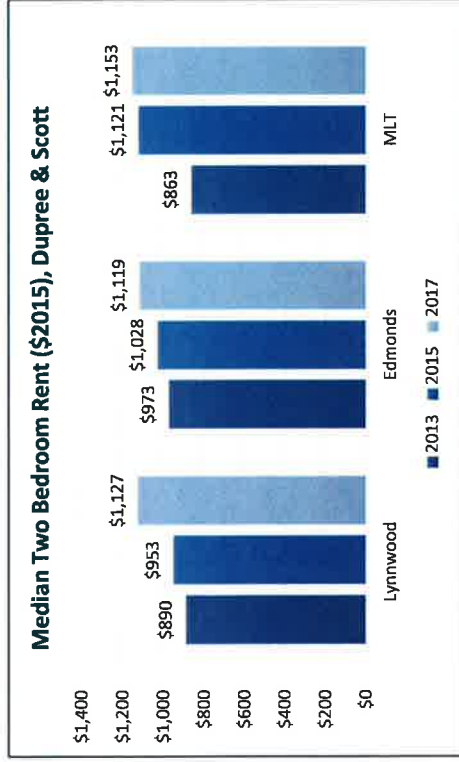
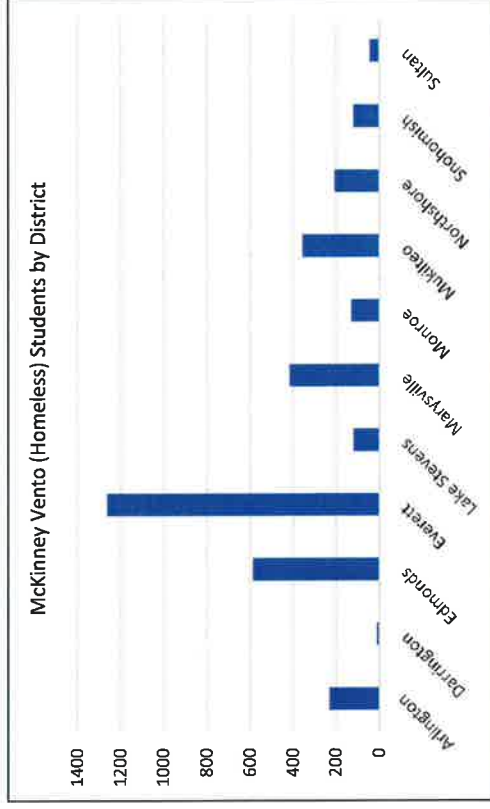
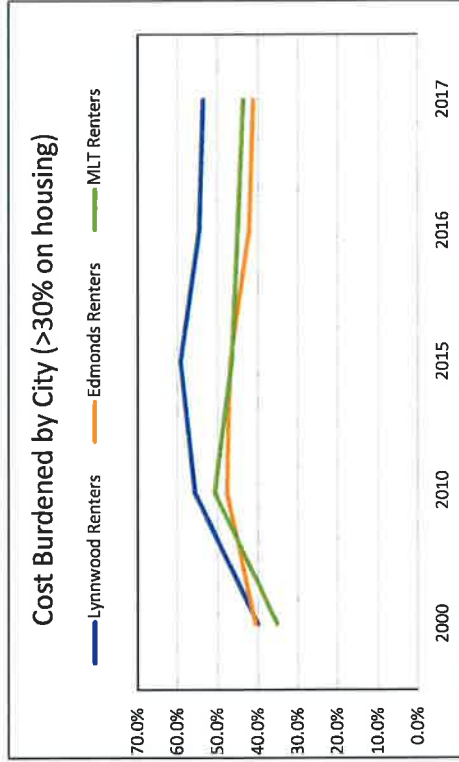
Access to Healthcare Data	2010	2011-15 Average
<b>Adult Indicators</b>		
Unable to see doctor because of cost	13% (+/- 4%)	13% (+/- 3%)
Not visited doctor in past 2 years	21% (+/- 5%)	22% (+/- 3%)
Not had dental visit in past year	27% (+/- 5%)	27% (+/- 3%)
<b>Youth Indicators</b>	<b>2014</b>	<b>2016</b>
Youth with no health care exam in past year (tracked every other HY)	37%	N/A
Youth with no dental visit in past year (10th grade)	16% (+/- 2%)	14% (+/- 1%)
Source for adults: Behavioral Risk Surveillance System Survey (+/- 95% C.I.)		
Source for youth: Edmonds School District Healthy Youth Survey(+/- 95% C.I.)		



Behavioral Risk Surveillance System, 2017



# 6. Housing/homelessness



**Edmonds School District McKinney Vento (Homeless) Students**

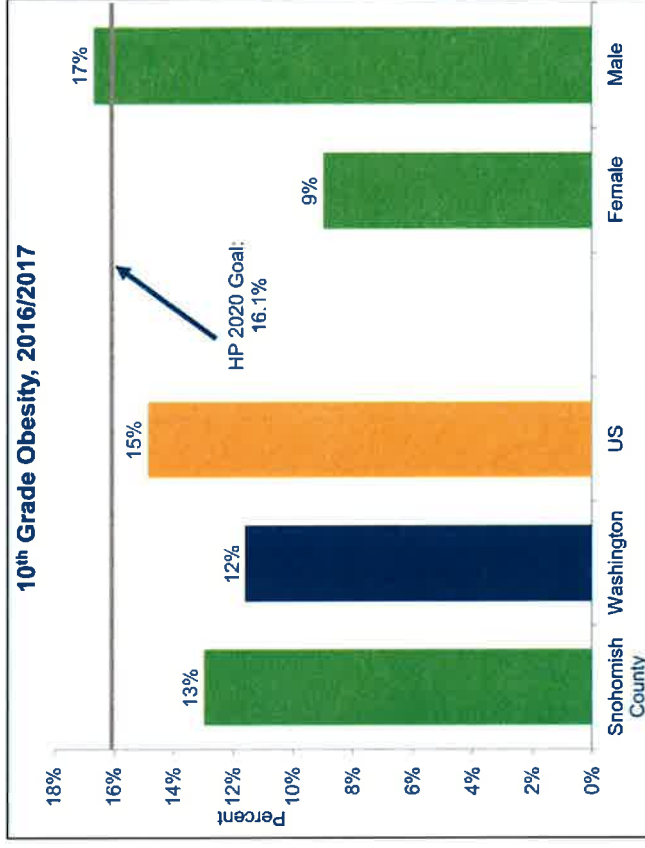
	Living in Shelters	Doubled Up	Unsheltered/ couch surfing	Motels	Total
2013-14 School Year	94	310	12	57	471
2014-15 School Year	122	409	11	58	600
2015-16 School Year	141	421	25	74	661
2016-17 School Year	135	411	29	63	638
2017-18 School Year	108	402	24	57	591

Sources: OSPI for McKinney Vento, housing cost data from Alliance for Housing Affordability Compilation of US Census ACS and Dupree & Scott Data

# 7. Youth Obesity

Childhood Obesity Indicators	2014	2016
6th Grade Youth that do not meet 60 min/day physical activity	70% (+/-3)	72% (+/-3)
6th Grade Youth that are obese	N/A	N/A
8th Grade Youth that do not meet 60 min/day physical activity	69% (+/-2)	70% (+/-2)
8th Grade Youth that are obese	9% (+/-1)	11% (+/-2)
10th Grade Youth that do not meet 60 min/day physical activity	76% (+/-2)	76% (+/-2)
10th Grade Youth that are obese	11% (+/-2)	12% (+/-2)

Source: Edmonds School District Healthy Youth Survey 2016 (+/- 95% C.I.)



SHD Compilation of Healthy Youth Survey, 2016

**Verdant Partner Roundtable**  
**Community Conversation re: Value Village Property**  
**5 May 2017**

**N=24 (not including VHC staff)**

**Questions asked:**

- Biggest health needs in the community that could be addressed with this space?
- Pressing community health needs?
- Best use of the Value Village space?

**Responses:**

- A larger community center/space
  - VCWC is often full; community has “outsized” the space; with a larger space, more meetings and programs could be held
  - Community is outgrowing other community meeting spaces as well
- A larger, commercial kitchen
- Training opportunities similar to “Home Economics” for those residents who need it
  - What are licensing/regulation requirements?
  - Prepare food and take it to homes of those in need
  - A community kitchen with employment opportunities (e.g. apprenticeship program)
- Collaborate with farmers’ markets
- SNAP match programs
- A place for agencies to be centralized
  - Help reduce client barriers to accessing services
- Programs for families
- State funded early learning site (EHS/ECEAP)
- Drop-in childcare
- Round-the-clock childcare
- Adult day health center for those with Alzheimer’s or dementia AND their families (respite)
- Community garden for Swedish Edmonds patients and the community
- Home base for mobile medical services
- A place to provide Suboxone treatment with daily dosing
- Provide training for behavioral health
- Something to decrease opioid problem, provide behavioral health treatment
- A needle exchange site
- “Dawson Place” with wraparound services
- Look at the “Marysville Health Corridor”
- Young kids and teens have increasing needs
  - Provide mental health counselling for adolescents
  - Detox center for adolescents
- Overall, be flexible for the changing needs of the community

## Summary of Value Village Conversations to Date 9 June 2017

### Three conversations held:

**\*\*all numbers do not include Verdant Health Commission staff\*\***

- January (Swedish Edmonds Staff) N=4
- April (CEO Roundtable) N=5
- May (Verdant Partner Roundtable) N=24

### General questions asked (though tailored somewhat differently for each group of partners):

- Biggest health need(s) in the community that could be addressed with this space?
- What are pressing community health needs?
- What do you see as the best use of the Value Village space?
- Anything that should NOT be put into that space?

### Overarching themes for use of space:

- Behavioral health facility (including inpatient, outpatient, suboxone/MAT, a needle exchange site, detox, etc.)
- Community center similar to VCWC (including a large kitchen space, meeting rooms, training for providers, Early Head Start, wrap-around services)
- Housing
- A place to provide programs/space for behavioral health, veterans, youth, seniors, programs that emphasize the whole family
- A "respite" type center for those discharging from the hospital including those with Alzheimer's/dementia

### Next steps re: conversations with partners and stakeholders:

- Once we develop more targeted ideas of what we want from the space, additional people with whom we need to have conversations will be identified.
- These additional conversations will be scheduled in late fall of 2017 when we have more clarity on what our options are.

## Review of Survey Results

### What big ideas do you have for the Value Village property?

#### Commissioners:

- I am open to ideas, I am not in favor of anything that is related to mental health services for adults. I could see something around child services. I could also see keeping as is until there is a compelling reason to develop.
- Open to all possibilities, but don't think we should operate a facility of any kind.

#### Staff:

- Youth behavioral health, inpatient or space for counseling and group sessions (or both?) Preferably a place run by another organization. I don't think we want to manage usage (if there are scheduling needs) in another facility, at least not without staffing support.
- Integrated community programs with a focus on behavioral health
- 1. A drop-off center for people under the influence. This is where law enforcement could bring someone who was high or inebriated instead of taking them to the ER or jail. It could be attached to a detox center that offered detox for adults and youth. Would also have counseling rooms where providers could do AOD/MH treatment. 2. A larger version of VCWC but with an upstairs that is leased out or given to providers including a women's health clinic or a clinic that focuses on veterans' health issues. NOT a hotel. NOT a MOB. NOT apartments.
- Behavioral Health Services for youth and adults Learning Lab to support lifestyle changes for chronic disease prevention to include culinary instruction, nutrition education, exercise, mindfulness, and personalized health coaching. Idea based on research out of Harvard School of Public Health
- Something that will benefit the community that pays taxes into the PHD2; not something for other service providers.
- Facility with a Behavioral/Mental Health Focus including Substance Abuse for Youth or Seniors

## Overview of Value Village Community Conversations/Data to Date

### **Data:**

- Mapping of all MOBs with ownership
- Continued review of local data (e.g., demographic, Medicaid status, BH, dental, 2-1-1, EMS)

### **Conversations:**

- 3 to date (n=33)
- General questions asked
- Top identified responses:
  - BH facility
  - Community center
  - Housing
  - Service site (e.g., veterans, clinic, BH)
  - Respite center/Alzheimer's & dementia
  - Respite center/Hard-to-place hospital discharges

### **Next Steps:**

- Continued review of data
- Targeted conversations in Fall 2017 once we move towards more clarity

## VERDANT BOARD DECISION STATUS

**Today's Date: 1 February 2019**

**Decision Area: Value Village property**

**Relevant Background Information:** There is interest by the Board of Commissioners in developing the current Value Village property into something that better supports the mission of Public Hospital District #2. At the December 2017 Board Retreat, the Commissioners indicated that they would like a decision made about this property by the end of calendar year 2018.

### Previous Decisions Made on This Issue

Date of Decision	Action Taken/Decision Made	Outcome
January 2017	February 2017 Board study session to focus on Value Village property	Discussion on Value Village property shelved until February 2017 Board study session
February 2017	Board decision to "make a decision" about Value Village lease by December 2017 Board discussed the pros and cons of 1) keeping Value Village property status quo; 2) developing medical office building; and 3) developing a behavioral health center Commissioner proposed that a Board committee be formed to work on this issue Commissioners interested in community feedback Commissioners wanted a Gantt Chart of activities towards Value Village property development	Fenn tasked with developing Gantt Chart and obtaining community feedback for June 2017 Board study session
June 2017	Results of commissioner and staff surveys on Value Village property shared Results of community conversations on Value Village property shared Gantt Chart on activities shared	Decision on Value Village property shelved until later date
August 2017	Presentation by Patrick Doherty (City of Edmonds Planning) on the Highway 99 Plan	No outcome; information only
September 2017	Process of data collection, staff and Board surveys, community conversations and mapping of current medical office buildings reviewed	Decision on Value Village property shelved until December 2017 Board retreat
December 2017	Discussion of Value Village at Board retreat	Directive to Fenn to continue process until a decision could be made with the hopes that a decision will be finalized by the Fall of 2018 with design/architect plans being planned for December 2018 or early Spring 2019
January 2018	New lease signed with Value Village	New lease with Value Village (terminates 2021)
March 2018	Fenn presented list of items to be included in a binder for each commissioner for the June 2018 Value Village discussion and asked for additional items to include	No outcome; information only
June 2018	Discussion of Value Village at Board mini-retreat	Decided to maintain current status with Value Village and revisit closer to end of lease

**Next Decision Milestone or Deadline: Continue conversation at February 2019 Board Retreat**

- Current LTGO bond debt - \$1.87m + interest \$84,750
- 2012 LTGO bond pay off December 1, 2020
- Annual Value Village income - \$293,670
- Estimated property value - \$3.5m - \$4.5m
- Current bonding capacity based on M&O Levy is \$35.5m
- Piper Jaffray does not recommend trying to issue UTGO bonds to finance a project at this time. It requires a 60% voter approval and several districts have recently tried and failed.
- Consultants are typically hired to assist with marketing a UTGO bond approval vote (minimum 6 months, typically a year or more before putting it on the ballot)
- Current investment portfolio balance is \$51.7m
- Other financing options include issuing Revenue Bonds



## Other considerations:

- Alignment with Mission, Vision, Values
- Alignment with Strategic Plan
- Address Community Need
- No Compete with Swedish Edmonds
- Create a Financial Return on Investment (ROI)
- Enhance the Hospital Campus
- Fit Within the Development Authority of a PHD
- Retain Ownership of Land and/or Building