

## Harborview Leadership Group Agenda – 8/28/19

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### MEETING OUTCOMES

- Understand public health and Pioneer Square Clinic facility needs and discuss options for potential inclusion in bond measure
- Meet HDR our new strategic facilities master planning consulting team, and review their scope of work

### AGENDA

- 6:00 pm Welcome & Meeting Goals – Christina Hulet, Facilitator
- Agenda overview
  - Approval of June meeting minutes
- 6:10 pm Public Comment
- 6:15 pm Potential Bond Measure Parameters - John Gerberding, Deputy Prosecuting Attorney, King County Prosecutor's Office
- 6:25 pm Public Health Report – Sub-Committee Team
- 6:45 pm Pioneer Square Clinic Report – Sub-Committee Team
- 7:05 pm Introduction of Strategic Facilities Master Planning Consultants – HDR Team
- 7:35 pm Project Updates – Multiple Presenters
- Community Engagement Process
  - Housing Sub-Committee
  - Public Safety Sub-Committee
  - Philanthropy Sub-Committee
- 7:55 pm Wrap-up and Next Steps – Christina Hulet, Facilitator
- 8:00 pm Adjourn



# King County

**King County Harborview Leadership Group Meeting**  
**Wednesday, June 26, 2019**  
**Minutes**

**COMMITTEE MEMBERS:**

<b>ORGANIZATION</b>	<b>MEMBER</b>	<b>PRESENT</b>	<b>MEMBER</b>	<b>PRESENT</b>
King County Executive	Rachel Smith	No	Kelli Carroll	Yes
King County Council	Rod Dembowski	Yes	Joe McDermott	Yes
HMC Board of Trustees	Lisa Jensen	Yes	Lee Ann Prielipp	Yes
Mission Population	Gregory Francis	Yes	Nancy Dow	No
Labor Representatives	Lindsay Grad	Yes	Rod Palmquist	No
HMC Executive Director	Paul Hayes, RN	Yes		
HMC Medical Director	Rick Goss, MD	Yes		
UW Medicine CHSO	Lisa Brandenburg Cynthia Dold (Designee)	No Yes		
First Hill Community	Sam Russell	No		

**ADDITIONAL ATTENDEES:**

- Sid Bender, King County PSB
- Brigitte Folz , UW Medicine
- Lan Nguyen, King County Council
- Kristina Logsdon, King County Council
- Kera Dennis, UW Medicine
- Ian Goodhew, UW Medicine
- Leslie Harper-Miles, King County FMD
- Christina Hulet, Consultant
- Ted Klainer, Harborview Medical Center
- Maria Yang, King County Behavioral Health and Recovery
- Tricia Madden, UW Medicine
- Brook Buettner. King County DCHS
- Bailey Bryant, King County Executive

## **CALL TO ORDER**

Christina Hulet called the meeting to order at 6:09 p.m.

## **INTRODUCTIONS – Christina Hulet**

Introductions were made.

## **APRIL MEETING MINUTES – Christina Hulet**

Approved, none opposed, no abstentions.

## **PUBLIC COMMENT**

Valerie Thiel asked a question about synergy between skilled nursing facilities that recently closed in first hill

## **BEHAVIORAL HEALTH SUBCOMMITTEE FOLLOW-UP PRESENTATION**

Dr. Maria Yang, Medical Director – King County Behavioral Health and Recovery Division  
Behavioral Health Presentation Materials provided in meeting packet.

## **FEEDBACK & QUESTIONS ON HOUSING SUBCOMMITTEE PRESENTATION**

### **QUESTIONS POSED TO GROUP**

What was the criteria used to prioritize the programs?

- Presenter indicated that the Behavioral Health Subcommittee did not use a specific rubric, but chose to prioritize options that helped fill gaps in the Behavioral Health Continuum of Services in King County. Further, the group felt programs offered further upstream helped limit the number of individuals ending up farther down the continuum in more restrictive services.

Would there be opportunity to expand outpatient clinics offsite in the community?

- A representative from Harborview indicated that current clinic space that serves downtown areas is crowded and currently the focus of expansion to grow programs, but coordination with other neighborhood clinics to increase and improve Behavioral Health Services is an option

## **HOUSING SUBCOMMITTEE FOLLOW UP PRESENTATION**

Tricia Madden, UW Medicine - Director of Downtown Programs

Brook Buettner, King County DCHS - Health and Housing Integration Specialist

Ted Klainer, Harborview Medical Center – Capital Project Manager

Brigitte Folz, UW Medicine

## **FEEDBACK & QUESTIONS ON HOUSING SUBCOMMITTEE FOLLOW-UP PRESENTATION**

### **QUESTIONS POSED TO GROUP:**

- How many people would the provided example of a layer cake model serve per year? Is the group limited to example or could they build more?
- Getting numbers on actual need for respite beds as opposed to just knowing that we just operate at capacity

Lindsey Grad noted that her organization (SEIU) is not one that supports workforce housing being controlled by an employee's employer.

Discussion surrounding the accessibility, funding, and implementation of certain options followed.

**ACTION ITEMS & FOLLOW UP:**  
**UPDATES:**

**COMMUNITY ENGAGEMENT UPDATE – Kelli Carroll**

Discussion draft attached in meeting materials was reviewed.

Members noted that perspective and input from community members, medical providers, and county residents would be helpful to the leadership group in making their decisions.

**FIRST HILL REPRESENTATIVE – Christina Hulet**

Sam Russell has stepped down from his position. It was recommended that Sam could identify a designee. Otherwise there would need to be an appointment and confirmation. Ted Klainer was suggested to help with that process.

**DECISION MAKING PROCESS – Christina Hulet**

Decision making process materials attached in meeting packet

*Additional information needed to make an informed decision:*

- There was a request for information to openly discuss what adding different options to the final recommendation would do to a prospective property tax, a practical conversation about what the possible cost of a bond would generally cost the average tax payer
- What else would be on the ballot
- It was recommended that the leadership group invite Mr. Gerberding back to cover what can be discussed and cannot be disused regarding a ballot or campaign

*End Product:*

- Staff assumption is that the Leadership Group would be recommending a specific dollar amount for a bond measure for a package of facility options to go out to voters based on the HLG's review of facility options presented here
- Councilmember Dembowski made the suggestion of presenting choices in a package the Leadership Group would finalize. He additionally noted that he would like to give more flexibility to the process and the options, and provide contingencies in the recommendations (Tier 1, Tier 2)
- The HLG will aim to recommend a single, preferred package including both the size and scope of a potential bond measure; the recommendation may include tiers or options assuming more or less money
- Councilmember McDermott noted that too many options negates the work of the committee who has done a year's worth of research; other members pointed out that other stakeholders may be focused on a number and being presented different options allows for more detailed context

Conversation regarding design, staffing, and operating followed.

*Making a Final Decision:*

Christina Hulet requested that the Leadership Group begin considering how they would like to finalize and reach a consensus regarding the final recommendation they will be presenting.

**NEXT STEPS – Christina Hulet**

The next Leadership Group meeting is scheduled for July 24<sup>th</sup> where the Pioneer Square Clinic and Public Health Subcommittees will be presenting their additional analyses.

**ACTION ITEMS:**

- Pioneer Square Clinic Subcommittee Presentation

- Public Health Subcommittee Presentation
- Community engagement update
- Attorney John Gerberding

**ADJOURNMENT – Christina Hulet**

With no further business, the meeting was adjourned at 7:57 p.m.



Harborview Leadership Group

Public Health

Subcommittee Report

August 28, 2019

# Public Health Subcommittee Report

## Leadership Group meeting date: August 28, 2019

### Subcommittee Charge

The Public Health subcommittee is charged with conducting an analysis of Public Health – Seattle & King County facility needs and initial options for the Leadership Group to consider for its recommendations to the King County Council.

### Summary

Several Public Health – Seattle & King County program-related capital project needs associated with the Harborview Medical Center (HMC) and its mission population are included in this report. The HIV/STD Clinic, Medical Examiner’s Office, and TB Control Program would like to remain on the HMC campus, with additional square footage to accommodate caseload and staffing increases. Options for consideration include:

- Expand existing facilities on HMC campus to meet projected caseload increases and bring fragmented staff together at the HIV/STD Clinic, Medical Examiner’s Office, and the TB Control Program.
- Co-locate Public Health’s Refugee Health Screening Program with the TB Control Program.
- Purchase building in downtown Seattle core to ensure safety net access to health and human services.

### Overview

Public Health – Seattle & King County (PHSKC) eliminates health inequities and maximizes opportunities for every person to achieve optimal health. Public Health protects its community from the spread of disease, provides primary care and linkages to specialty care, and seeks to address the social determinants of health.

Historically, King County has contributed to the health safety net by owning the Harborview Medical Center (HMC) and running the public health system in the county. Services located on the HMC campus include: HIV/STD Clinic, King County Medical Examiner’s Office, Tuberculosis Control Program, Public Health Laboratory, and Vital Statistics. Public Health has a history of being included in previous HMC bonds. Given the nature of the population Public Health serves, brick and mortar investment *off* of the HMC campus for a health and human services hub in the north end of downtown Seattle will better serve the safety net. Downtown Seattle has a large concentration of people experiencing homelessness which has driven the development of a variety of services to meet their needs, including healthcare, behavioral health and addiction services, and housing.

Public Health - Seattle & King County programs currently on the HMC campus:

- The **HIV/STD Clinic** is a collaboration between the University of Washington’s Harborview Medical Center and PHSKC which has been in existence since 1972. The STD Clinic provides comprehensive STD diagnostic and treatment service. The STD Clinic currently shares their space with the MAX Clinic, a service for high-risk HIV patients that is a program of the UW’s Madison Clinic. Space options are currently being explored for the MAX Clinic elsewhere on the HMC campus, potentially freeing up space for the HIV/STD Clinic to function at higher capacity.
- The **King County Medical Examiner’s Office (KCMEO)** serves the community by investigating sudden, unexpected, violent, suspicious, and unnatural deaths - approximately 17% of all deaths in

King County. The MEO was included in the 2000 Harborview Medical Center bond that provided funding for their current location at the Ninth and Jefferson Building. Vital Statistics is currently co-located with the Medical Examiner’s Office. A change to this co-location is currently under consideration to move Vital Statistics away from the HMC campus. This move would free up office space for the KCMEO.

- The **TB Control Program** serves the King County community by managing active cases of pulmonary Tuberculosis, providing oversight for active (contagious) TB cases, conducting contact investigations and providing consultation to community providers and other health facilities. Three quarters of all TB cases in King County are among the foreign-born (See Appendix, Figure 1, for countries of origin). Almost 40 percent of the TB Control Program’s clients live in the City of Seattle; the remaining 60 percent living across the county – north, east and south of Seattle.
- The **Public Health Laboratory** is an essential component of Public Health’s Prevention and Environmental Health divisions, providing infectious disease – related laboratory services for Public Health clinics, disease control programs, and research projects. Under an agreement with Washington State Department of Health, the lab serves as part of the state public health system. The Laboratory performs 80,000 to 90,000 tests per year. Most of these tests are for HIV, Syphilis, Hepatitis, Gonorrhea, and Chlamydia. Other tests include tests for TB, herpes, and immunity to chickenpox (varicella). About 70% of tests processed by the Public Health Lab come from the STD Clinic, the Gay City partner clinic, and the Downtown Refugee screening program. The remaining 30% come from other Public Health clinics including Community Health Services primary care and family planning, Jail Health, and the TB clinic. The lab’s facilities on the HMC campus are satisfactory and do not require any additional square footage.

**Public Health Programs on Harborview Medical Center campus with nexus to HMC bond discussion**

<b>Program</b>	<b>Square footage</b>	<b>HMC location</b>	<b>On campus since</b>
MEO	34,047	NJB	1983
STD Clinic	13,282	NJB	2009
TB Clinic	4,095	Ground East Clinic	2000

PHSKC programs with a nexus to the HMC bond discussion not located on the HMC campus:

- The **Refugee Health Screening Program** provides the legally required health assessment services that newly arrived refugees and asylees must have, as well as linkage to other needed health and human services. The program currently serves predominantly Afghans and Ukrainians, with small numbers from the Democratic Republic of Congo, Ethiopia, Eritrea, as well as small numbers from Burma, Burundi, Cameroon, El Salvador, Ghana, Iraq, Kenya, Moldova, Nigeria, Russia, Senegal, Somalia, and Sudan.
- The **Downtown Public Health (PH) Center**, located in the Belltown neighborhood, provides critical services to low income, homeless, and refugee populations. Programs sited downtown include the Primary Care Clinic which offers pediatric care, adult health, OB care, services for children with special health care needs, prenatal care; WIC and First Steps; Kids Plus medical case management for homeless families; low barrier Buprenorphine access; Robert Clewis Center needle exchange and its co-located Harborview-run medical clinic; the homeless dental program; and refugee health screening. Together, these programs served over 7,700 unduplicated low income patients in 2018, 36% of whom were homeless, and the needle exchange provided an additional 17,500 encounters, 69% of which were to individuals who were homeless or unstably housed.<sup>1</sup> The downtown PH

<sup>1</sup> Needle exchange does not require registration for exchange services so unduplicated numbers of patients are not available.

Center is the flagship location of the federal Healthcare for the Homeless grant, and houses the PHSKC Needle Exchange. The Needle Exchange provides new, sterile syringes and clean injection equipment in exchange for used, contaminated syringes, and other harm reduction services to people who inject drugs including helping interested drug users find drug treatment and health care. Bupenorphrine Pathways is medication-assisted treatment program, an important intervention endorsed by the King County Heroin & Prescription Opiate Addiction Task Force to create treatment on demand for people who are ready to address their opioid use disorder.

## Needs Statement

### **Benefits of HMC campus location**

The HIV/STD Clinic, KCMEO, and TB Control Program all benefit from being housed on the HMC campus.

The **HIV/STD Clinic** location on the Harborview campus is advantageous for STD patients who may need referrals to specialty clinics (primarily due to complications from neurosyphilis - syphilis bacteria in brain or spinal cord - or newly diagnosed HIV). The ability to walk newly diagnosed HIV patients straight to the Madison Clinic directly linking them to HIV care contributes to our high success in HIV care linkage.

**KCMEO** has been in its new facility since 2009. In 2018, about 15% of cases came to the MEO directly from HMC with transfers between HMC and KCMEO happening efficiently via tunnel and elevator. KCMEO is a 24-hour a day facility, benefitting from HMC's power and security infrastructure. Despite parking, traffic and congestion challenges, KCMEOs central location allow for deployment of staff to deaths that occur across the entire county.

The **TB Control Program's** central location on the HMC campus allows for accessibility of pharmacy and radiology services for patients, and convenient access to HMC International Medicine Clinic. The TB program's medical director and providers regularly consult with Harborview providers and are able to quickly review chest x-rays. The program partners with University of Washington's residency program, and residents rotate through the clinic.

PHSKC's **Refugee Health Screening** program would benefit from co-locating with the TB program on the HMC campus. The program is currently located in Belltown, at the Downtown Public Health Center. Refugee Health Screening clients live primarily in South King County; however, they only visit the clinic one to two times. Sharing space with TB Clinic would allow for efficiencies through shared front office space. More importantly, it would allow for warm hand-offs to the TB Control Program and HMC's International Medicine Clinic (IMC) when indicated. A small number of refugees have class B1 status and require follow up from TB Clinic staff; being co-located with TB Clinic would allow us to coordinate those visits more smoothly. Housing Refugee Health Screening at Harborview would promote greater collaboration between IMC physicians with in-depth knowledge of refugee health and our refugee screening nurse, allowing our nurse to have greater access to the docs and to make immediate referrals. In the case of a serious health condition, the convenience of being able to get them quickly to the ER at HMC would be beneficial. The program sends blood samples to the public health lab at HMC after every clinic; it would be easier, more convenient, and cost effective for staff to deliver the samples directly.

### **Space Constraints**

The HIV/STD Clinic, KCMEO, and TB Control Program project caseload increases and a need for additional space. Also, the Refugee Health Screening Program, if moved to the TB Control Program at HMC, would necessitate additional square footage.

- **HIV/STD Clinic:** The current facility will not meet the needs of the clinic in the long-term due to growing caseloads. In 2018, HIV/STD Clinic conducted 11,439 patient visits. There are currently over 600 persons receiving PrEP, a medication regimen to prevent the transmission of HIV. In 2029, up to 17,000 visits are projected. The continuing rise in STDs throughout King County combined with local and national impetus to get more at risk individuals on PrEP, the current facility will not meet our needs.
- **KCMEQ:** Funded in the 2000 Harborview bond, the current space was built to last 25 years. In 2018, there were 14,842 total deaths in King County; the KCMEQ assumed jurisdiction of 2,576 cases and performed 1,405 autopsies. By 2029, there will be an estimated 16,089 deaths in King County, with 3,260 cases referred to KCMEQ and 1557 autopsies completed. Given population growth, increases in opioid-related and homeless deaths and other complex cases with specific storage needs, KCMEQ will need to expand cooler, autopsy and lab space. In addition, KCMEQ will need additional space for investigations staff. While a racking system to accommodate additional bodies in the cooler is being explored, this will not solve the need for the long-term. KCMEQ anticipates the floor space vacated by Vital Statistics can be reconfigured to accommodate growing staffing needs, but may need to expand its footprint beyond the space freed up by Vital Statistics.
- **TB Control Program:** The current facility is aging and has insufficient space. This will be exacerbated if, as expected, the federal government mandates reporting of latent (non-contagious) TB infection within the next ten years which could result in following up on an additional 10,000 cases annually. See Appendix, Figure 2, for projections based on 5 different scenarios. Additionally, new federal funding will likely be awarded that will require space to accommodate staffing for new programming. The TB Control Program was scheduled to move in 2005 but due to financial constraints the move was delayed.
- The **Refugee Health Screening Program** is seeing about 104 refugees and asylees a month. Washington is fourth in the U.S. for resettlement, so compared to other states, arrivals are high and somewhat consistent. We estimate a continued 100 arrivals a month which is accommodated by operating clinic 2-3 days/week. The TB Control Program would only need minimal additional square footage to accommodate the Refugee Health Screening Program if colocation is pursued.

### **Downtown Public Health and Human Services Hub**

In addition to maintaining its programs on the HMC campus, Public Health would like to maintain a presence in downtown Seattle to ensure health and human services are available in the north end of the downtown core. PHSKC currently offers services in a facility (Downtown Public Health Center at 4<sup>th</sup> & Blanchard) that is leased from a private landlord which poses uncertainty and risk as well as rising rental costs. A permanent, King County-owned location would ensure continued ability to meet the needs of our County's most vulnerable populations.

The Downtown Public Health Center has been at its current location since the early 1990s and has positive relationships with its commercial and residential neighbors. Many new businesses and hotels have moved in to the surrounding neighborhood without incident. Should the current lease be terminated, re-siting the existing services could be a considerable challenge due to the population served and the nature of the services offered.

## Alternatives/Options

### **Facility Option #1: No change to current facilities**

The status quo option for the HIV/STD Clinic, KCMEO, and TB Control Program would leave the three facilities at Harborview unchanged with no potential for growth nor improved functionality. Current facilities at HIV/STD Clinic and KCMEO, while sufficient today, will not meet the needs of increasing caseloads. The TB Control Program is overdue for a facility upgrade, and its current space does not meet program, staff and patient needs. TB Control Program staff are sited throughout East Clinic, fragmenting staff and creating inefficiencies. The inadequate space and configuration of the TB Clinic will only be exacerbated by growth in the coming years.

As the King County population grows, these programs will outgrow their current space at HMC. The status quo scenario would leave HIV/STD Clinic, KCMEO, TB Control Program inadequate space to serve their respective projected caseloads/workloads. With current square footage, there will be a negative impact on most of the HMC Leadership Group decision criteria, including access, workflow efficiency and productivity, and surge capacity.

### **Facility Option #2: Maintenance of effort for Public Health programs on the HMC campus with enhancements for growth and efficiency**

Public Health's HIV/STD Clinic, KCMEO, TB Control program, and Public Health Laboratory would remain on the Harborview campus, allowing for growth of the HIV/STD Clinic, KCMEO, and TB Control program. Expanding the footprint of some of these HMC-located services would accommodate expected caseload growth, allow all staff to be housed together, reduce fragmentation and inefficiencies, and increase program cohesion. In addition, Refugee Health Screening Program would move to the HMC campus, co-located with the TB Control Program.

- **HIV/STD Clinic:** We would like to house all HIV and STD program staff at the same site. The clinic will not be able to handle this increase without additional space. Expanding the HIV/STD Program to a total 20,000 SF foot print could accommodate projected caseload increases and additional staff.
- **KCMEO:** Cooler capacity (cold storage for decedents) must be increased to meet growing demand for short and longer-term storage. This additional space could be adjacent to the current MEO facility, elsewhere on the HMC campus, or new cooler space shared with HMC. KCMEO will need more space for autopsy technicians, an additional pathologist and several additional death investigators as well as a larger cooler to store decedents and expanded space for in-house lab testing of drugs and specimens. Projected caseload growth will drive MEO's need for 15-30% more space within the next 10 years. Additional square footage needs range from 5,000 to 10,000 square feet.
- **TB Control Program:** The TB Clinic has insufficient capacity to house all employees and clinic operations, and the program will soon lose their small conference room. TB Control Program staff are fragmented; the Medical Director, clinic staff and research staff and epidemiologist are located in three different locations. Considering likely changes to federal reporting requirements for latent TB infection, and the expectation of new federal funding and hiring additional staff to take on new bodies of work, the TB program could use double the space they currently have at HMC. Redesigning or relocating the TB Control Program within an 8,200 SF foot print could accommodate all staff in one location with office and clinic space.
- **Refugee Health Screening Program:** The program is using only 3 rooms in its current location, and could be readily integrated into an expanded TB Control Program space.

Facility Option #2 would allow for improved workflow and efficiency, provide for increased surge capacity, allow for improved infection control and patient safety, position facilities for future growth and service demands, and provide ease of access for patients who are seen at both Refugee Screening and the TB Control Program and/or HMC's International Medicine Clinic. There would be the opportunity for physical introductions/hand-offs of patients, and better coordination of care.

***Facility Option #3: Purchase building to maintain a County-owned health and human services hub in downtown Seattle***

This option provides for purchase of a building in the north end of downtown Seattle to house a health and human services hub that would include adult and pediatric primary care, dental, support for children with special health care needs, maternity support services, WIC, needle exchange, pharmacy, etc. for safety net patients. These services are currently offered at 4<sup>th</sup> and Blanchard, a rental property. The proposed property acquisition would contribute to reducing disparities by race, place, and income by ensuring access to health and human services for marginalized populations.

The proposed investment would ensure the innovative integration of primary care, dental care, substance use disorder treatment, parent child health services, and harm reduction services under one roof. This approach significantly reduces barriers for individuals who face transportation and other challenges to accessing care. When providers make a warm hand-off to another provider in the Public Health Center, patients are much more likely to follow through on the referral, compared to an appointment scheduled off-site. With all the providers sharing an electronic health record, collaboration and case conferencing are efficient and simple.

The proposed acquisition would better position the County to accommodate future growth and service demands. Buprenorphine Pathways, PHSKC's low barrier opioid treatment program, has had a waiting list since its opening. The demand for dental services continues to outpace the clinic's capacity, and procedures take on average two weeks longer to schedule than at other Public Health dental clinics in the county. To meet the increasing demand for our services, current expansion plans include a remodel of the 4<sup>th</sup> floor of the current building to quadruple Buprenorphine Pathways capacity as well as the addition of two dental chairs to the homeless dental program in 2020. But as a tenant, PHSKC must expend County funds for these improvements with no guarantee of long term tenancy, and Public Health has had to forgo applying for multiple federal capital improvement grants for the current site due to federal lease requirements that the landlord is unwilling to meet. As demand continues to grow, downtown is the optimal location to site the Familiar Faces<sup>2</sup> vision for a drop-in Campus of Health- a health and human services hub that would include space for additional County programs and community partners. The campus would provide a strategic mix of person-centered services all under one roof while serving as a resource for emergency responders to divert patients away from unnecessary emergency room utilization or incarceration. A property owned by King County would enable Public Health to make long- term infrastructure investments to accommodate this growing need and achieve our future vision without the looming risk of lease termination. The total square footage of the 4<sup>th</sup> and Blanchard building is 25,497 and Public Health is currently using 21,500.

Facility Option #3 would improve access, allow for improved workflow and efficiency, and position facilities for future growth and service demands.

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<sup>2</sup> The Familiar Faces initiative is a collective impact effort centered on creating a system of integrated care for complex health populations. <https://www.kingcounty.gov/elected/executive/health-human-services-transformation/familiar-faces.aspx>

## Summary Conclusions

The facility responses presented herewith are not mutually exclusive and seek to meet Public Health’s needs as follows:

- TB Control Program facilities are currently inadequate
- Refugee Health Screening and the TB Control program would benefit from co-location
- HIV/STD and KCMEO facilities are adequate now, but will need additional space in the future
- King County and safety net patients would benefit from a permanent health and human services hub in the downtown core

Note: The Public Health Subcommittee supports the expansion of respite care at Harborview, though it is omitted here because it was included in the work of the Housing Subcommittee. Public Health provides significant funding for the current respite program through the Health Care for the Homeless federal grant and the Mental Illness and Drug Dependency (MIDD) fund.

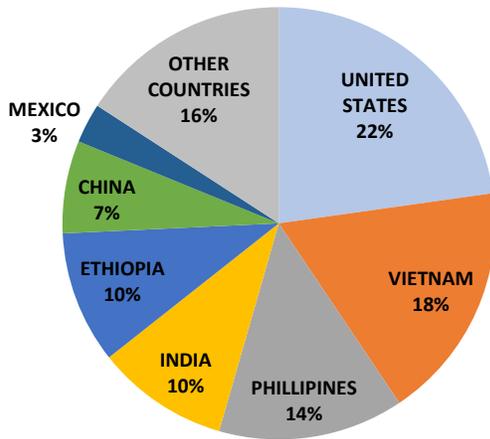
## Criteria Matrix

	Option 1: No Change	Option 2: HMC	Option 3: downtown
<b>Area 1: People Impact</b>			
Mission Population	Red	Green	Green
Patients and clients	Red	Green	Green
Labor and employees	Red	Green	Green
Neighbors and community	Grey	Grey	Grey
<b>Area 2: Service/Operational Impact</b>			
Delivery of emergency services	Red	Green	Grey
Addresses facility deficiencies and needs	Red	Green	Green
Supports innovation, best practices, and/or new models of care	Red	Green	Green
<b>Area 3: Equity and Social Justice</b>			
Service models that promote equity	Red	Green	Green
Influenced by community priorities	Grey	Grey	Grey
Addresses Determinants of Equity	Grey	Green	Green
Access to healthcare and improved health outcomes	Grey	Green	Green
<b>Area 4: Fiscal/Financial Impact</b>			
The long-term financial position of Harborview and King County	Grey	Grey	Grey
Existing facilities	Red	Green	Green
Opportunities for other funding	Grey	Grey	Grey

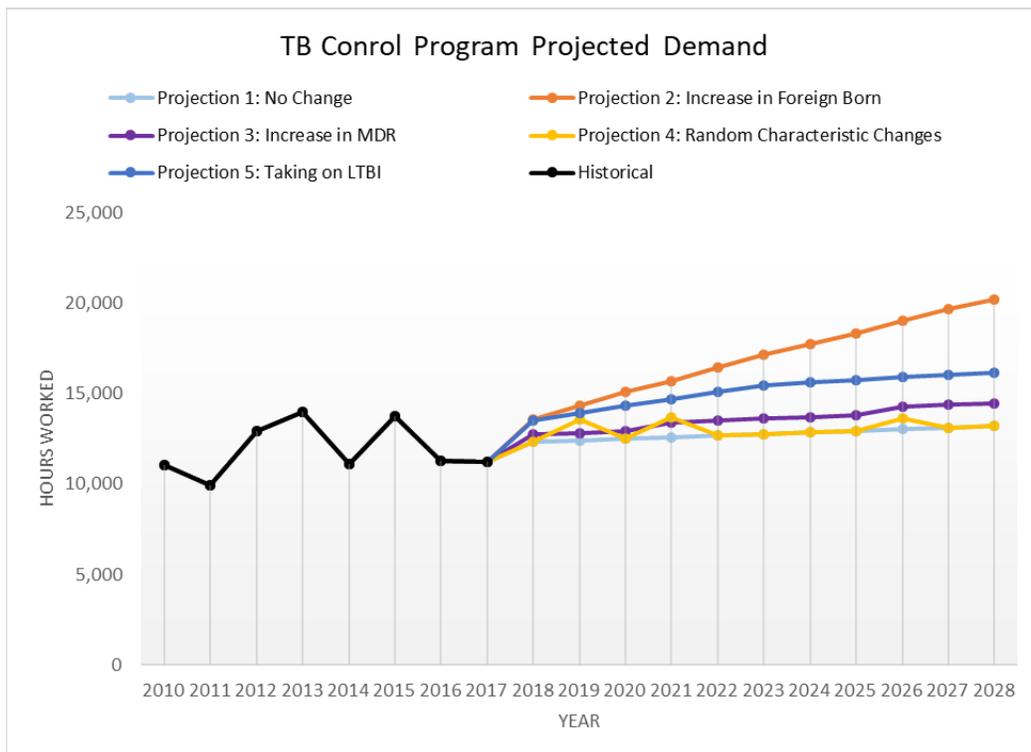
<b>Key:</b>	
	Positive Impact
	Negative Impact
	N/A

## Appendix

**Figure 1: Country of origin, TB cases in King County, 2017**



**Figure 2: TB Control Program projected demand for TB clinical services under several scenarios**



\*Note: MDR = Multi-drug resistant TB

# Public Health Subcommittee Analysis for the Harborview Leadership Group

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AUGUST 28, 2019

# Subcommittee Members

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- Anne Burkland, Public Health – Seattle & King County
- TJ Cosgrove , Public Health – Seattle & King County
- Maria Wood, Public Health – Seattle & King County
- Dennis Worsham, Public Health – Seattle & King County
- Drew Pounds, Office of Performance, Strategy and Budget, King County Executive's Office
- Katie Ross, Office of Performance, Strategy and Budget, King County Executive's Office
- Brigitte Folz, Harborview Medical Center
- Ted Kleiner, Harborview Medical Center
- Lan Nguyen, King County Council
- Sam Porter, King County Council

# Overview – Public Health and Safety Net

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King County contributes to the health safety net by running the Public Health system and owning Harborview Medical Center (HMC)

- PHSKC eliminates health inequities and maximizes opportunities for every person to achieve optimal health
- PHSKC protects the community from the spread of disease, provides health care and linkages to specialty care, and seeks to address the social determinants of health
- Public Health services on HMC campus include HIV/STD Clinic, King County Medical Examiner's Office (KCMEO), Tuberculosis (TB) Control Program, Public Health Laboratory, and Vital Statistics

# Overview – Public Health at HMC

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PHSKC programs on the HMC campus with capital needs:

- **HIV/STD Clinic**
  - STD diagnosis and treatment; over half of patients are MSM (men who have sex with men)
  - UW partnership
- **Medical Examiner's Office**
  - Investigates sudden, unexpected, violent, suspicious, and unnatural deaths
  - Included in 2000 HMC bond
- **Tuberculosis Control Program**
  - Manages active cases of pulmonary TB, conducts contact investigations, and provides consultation to community providers
  - 75% cases among foreign-born

Program	Square footage	HMC location	On campus since
MEO	34,047	NJB	1983
STD Clinic	13,282	NJB	2009
TB Clinic	4,095	Ground East Clinic	2000

# Overview – PH Programs Downtown

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PHSKC programs *not* located on the HMC campus with a nexus to the HMC bond discussion:

- **Refugee Health Screening Program**
  - Provides the legally required health assessment services for newly arrived refugees and asylees
  - Provides linkage to other needed health and human services
- **Downtown Public Health Center**
  - Serves low-income, homeless and refugee populations
  - Services include adult health care and Swedish family medicine residency program, dental clinic, travel clinic, Refugee Health Screening, WIC, and Needle Exchange Program

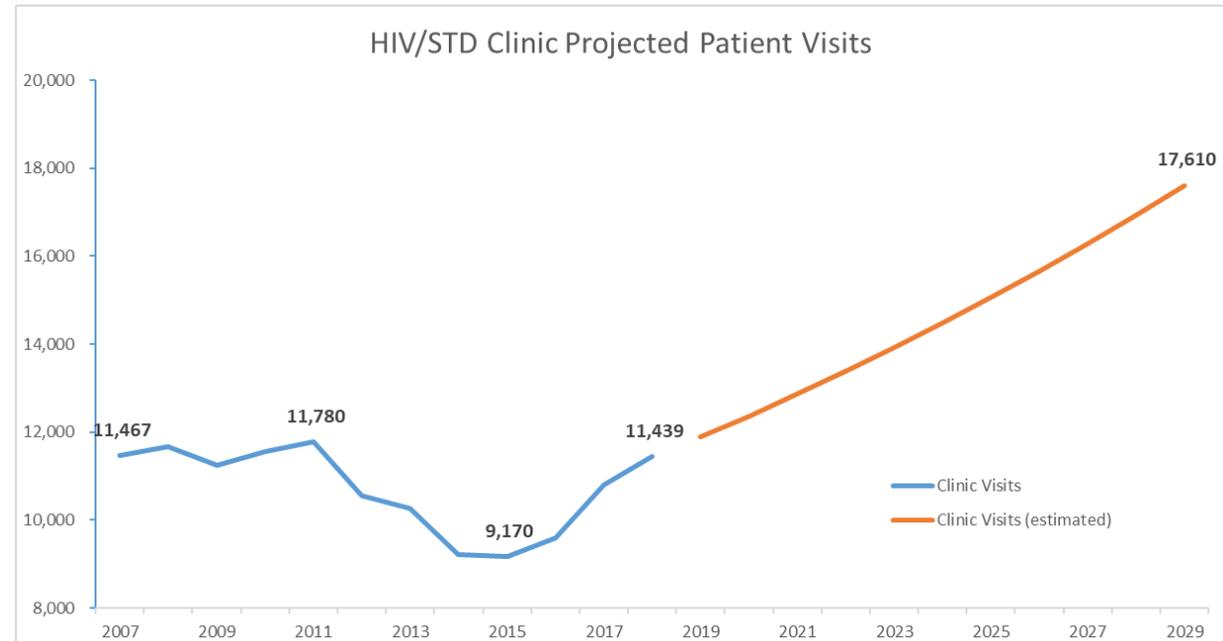
# Needs Statement

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- HIV/STD Clinic, KCMEO, TB Control Program benefit from being housed on the HMC campus
  - All three programs anticipate growth and need for additional space
    - HIV/STD Clinic projects caseload increases
    - KCMEO projects caseload increases
    - TB Control Program projects active TB caseloads to remain level; latent TB infection to become reportable, increasing workload; and additional federal funding necessitating staff increases
    - Refugee Health Screening and TB Control would benefit from co-locating on HMC campus
- Downtown Public Health needs a permanent home to ensure health and human services for the safety net population in downtown Seattle

# HIV/STD Clinic Needs

- 2018: STD Clinic conducted 11,439 patient visits
- 2029: Project 17,000 visits
- Ability to refer patients to specialty clinics and/or walk them directly to Madison Clinic important for continuity of care



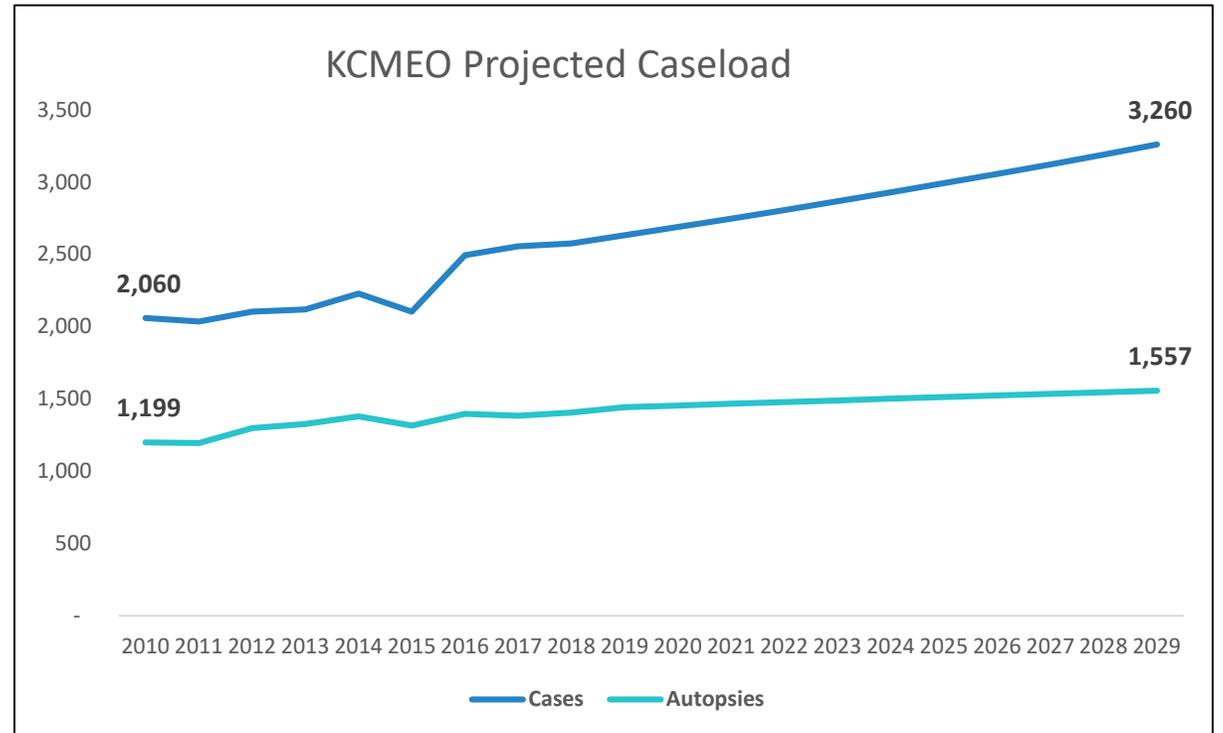
# KCMEO Needs

Space needs will increase due to:

- Population growth
- Opioid-related
- Homeless deaths

Additional space needed for:

- Cooler space
- Investigations staff
- Autopsy
- Laboratory



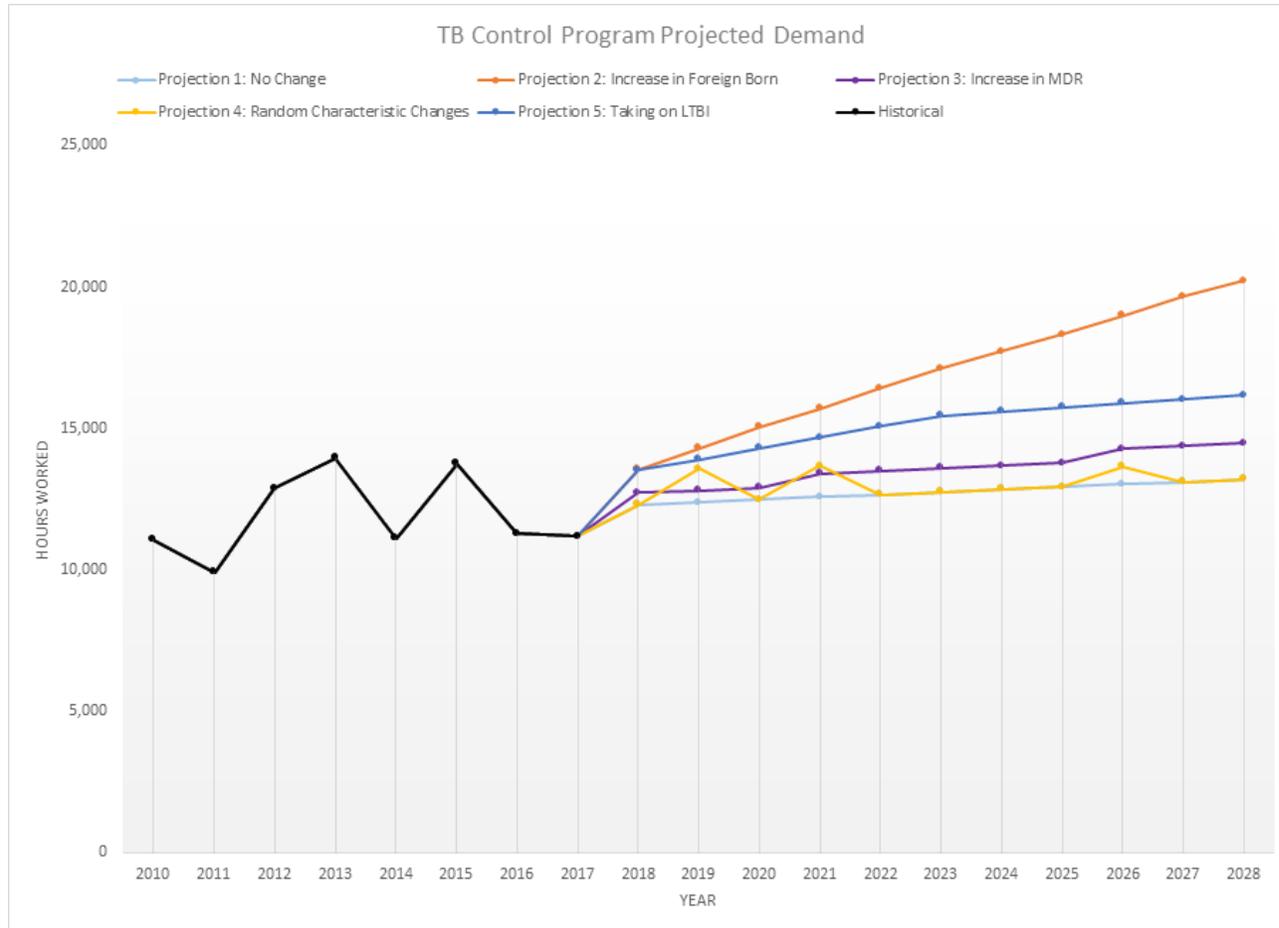
About 15% of 2018 cases came directly from HMC with no need for vehicle transfer

# TB Control Program Needs

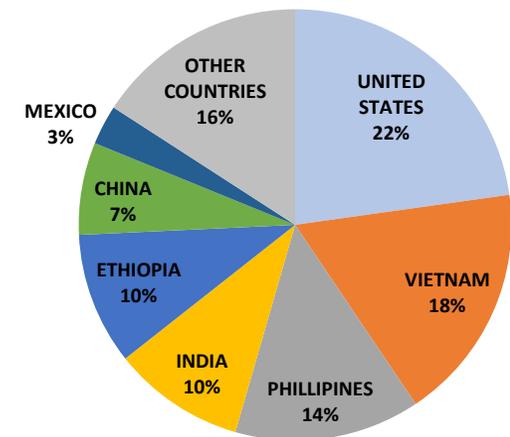
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- Location ideal
  - Access to radiology and pharmacy
  - Proximity to HMC International Medicine Clinic
- Workload
  - Active TB cases likely to remain flat - ~ 100 cases per year
  - Federal government will likely mandate latent TB infection reporting
    - Estimated 100,000 cases of latent TB infection in King County; TB Control Program following up with 10%
- Two sources of CDC funding will likely be awarded
  - Staffing and space increases
- Co-locating Refugee Screening with the TB Control Program would allow for administrative efficiencies and ease of referral to TB and HMC's International Medicine Clinic
  - Refugee Screening estimates 100 arrivals per month, running clinic 2 – 2.5 days/week

# TB Control Program Needs



TB Control Program, country of origin of active TB cases, 2017



# Downtown Public Health Needs

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- Downtown Public Health Center at 4th & Blanchard is leased from a private landlord - poses uncertainty, risk, rising rental costs
- Should the current lease be terminated, re-siting the existing services would pose a considerable challenge for PHSKC due to the population served and the nature of the services offered
- A permanent location will ensure our future ability to meet the needs of our County's most vulnerable populations

# Alternatives/Options

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- Option 1: No change
- Option 2: Maintenance of effort for Public Health programs on the HMC campus with enhancements for growth and efficiency
- Option 3: Purchase building to maintain a County-owned health and human services hub in downtown Seattle

....Or both 2 and 3

# Option 1: No Change

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- No change for the HIV/STD Clinic, KCMEO, and TB Control Program would leave the three facilities at Harborview with no potential for growth nor improved functionality
- Current facilities at HIV/STD Clinic and KCMEO, while sufficient today, will not meet the needs of increasing caseloads in the future
- TB Control Program is overdue for an upgrade; it does not meet program and patient needs *currently*

Without increased square footage, there will be a negative impact on most of the HMC Leadership Group decision criteria, including access, workflow efficiency and productivity, and surge capacity.

# Option 2: Maintenance of effort of Public Health programs on HMC campus; enhancements for growth and efficiency

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Public Health's HIV/STD Clinic, KCMEO, TB Control program, and Public Health Laboratory remain on HMC campus

- Expand the footprint of the HIV/STD Clinic, KCMEO, and TB Control program
- Co-locate Refugee Health Screening Program with the TB Control Program

Additional space needs:

- HIV/STD add about 6,700 additional SF
- KCMEO add 5,000 – 10,000 additional SF
- TB Control Program add about 4,200 SF

Facility Option #2 improves access, workflow, efficiency, surge capacity, infection control, and patient safety, and positions facilities for future growth and service demands.

# Option 3: Purchase building to ensure the long-term presence of a downtown health and human services hub

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Purchase building in downtown Seattle for health and human services hub for safety net patients, including adult and pediatric primary care, dental, support for children with special health care needs, maternity support services, WIC, expanded buprenorphine program, needle exchange, and pharmacy

- Reduce disparities by race, place, and income by ensuring access to health and human services for marginalized populations
- Ensure innovative integration of primary care, dental care, substance use disorder treatment, parent child health services, and harm reduction services all under one roof
- Significantly reduce barriers for individuals who face transportation and other challenges to accessing care

Facility Option #3 would improve access, allow for improved workflow and efficiency, and position facilities for future growth and service demands.

# Summary Conclusions

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The facility responses presented are not mutually exclusive and seek to meet Public Health's needs as follows:

- TB Control Program facilities are currently inadequate
- Refugee Health Screening and the TB Control program would benefit from co-location
- HIV/STD and KCMEO facilities are adequate now, but will need additional space in the future
- King County and safety net patients would benefit from a permanent health and human services home in the downtown core

# Criteria

	Option 1: No Change	Option 2: HMC	Option 3: downtown
<b>Area 1: People Impact</b>			
Mission Population	Red	Green	Green
Patients and clients	Red	Green	Green
Labor and employees	Red	Green	Green
Neighbors and community	Grey	Grey	Grey
<b>Area 2: Service/Operational Impact</b>			
Delivery of emergency services	Red	Green	Grey
Addresses facility deficiencies and needs	Red	Green	Green
Supports innovation, best practices, and/or new models of care	Red	Green	Green
<b>Area 3: Equity and Social Justice</b>			
Service models that promote equity	Red	Green	Green
Influenced by community priorities	Grey	Grey	Grey
Addresses Determinants of Equity	Grey	Green	Green
Access to healthcare and improved health outcomes	Grey	Green	Green
<b>Area 4: Fiscal/Financial Impact</b>			
The long-term financial position of Harborview and King County	Grey	Grey	Grey
Existing facilities	Red	Green	Green
Opportunities for other funding	Grey	Grey	Grey

Key:

Green	Positive Impact
Red	Negative Impact
Grey	N/A

Questions?

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Harborview Leadership Group

Pioneer Square Clinic

Subcommittee Report

August 28, 2019

DRAFT

# Pioneer Square Clinic Subcommittee

August 28, 2019

## Summary

- Pioneer Square Clinic, operated by Harborview Medical Center, is at capacity and in need of significant upgrades to improve healthcare quality and availability for underserved residents of King County
- The extent of renovations will be considered within the context of operating and program decisions.
- The clinic meets a unique need for comprehensive and low barrier health care in King County, the demand for which is increasing.

	No Change	Remodel	Move to new building	Close clinic and move to Hobson	Downsize and move to Hobson
<b>Area 1: People Impact</b>					
Mission Population	Negative Impact	Positive Impact	Positive Impact	Partial Negative Impact	Positive Impact
Patients and clients	Negative Impact	Positive Impact	Positive Impact	Negative Impact	Positive Impact
Labor and employees	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Neighbors and community	Negative Impact	Positive Impact	Positive Impact	Partial Negative Impact	Positive Impact
<b>Area 2: Service/Operational Impact</b>					
Delivery of emergency services	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Addresses facility deficiencies and needs	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Supports innovation, best practices, and/or new models of care	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
<b>Area 3: Equity and Social Justice</b>					
Service models that promote equity	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Influenced by community priorities	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Addresses Determinants of Equity	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Access to healthcare and improved health outcomes	Negative Impact	Positive Impact	Positive Impact	Partial Negative Impact	Positive Impact
<b>Area 4: Fiscal/Financial Impact</b>					
The long-term financial position of Harborview and King County	Negative Impact	Positive Impact	Positive Impact	Negative Impact	N/A
Existing facilities	Negative Impact	N/A	Negative Impact	Negative Impact	Positive Impact
Opportunities for other funding	N/A	Positive Impact	Positive Impact	Positive Impact	Positive Impact

	Positive Impact
	Negative Impact
	N/A

## Overview

Harborview Medical Center (HMC) was founded in 1877 as a six bed hospital for people living in poverty in Seattle. Since that time, it has evolved into a comprehensive health care facility dedicated to the control of illness and promotion and restoration of health for King County residents. Prominent in HMC's primary mission is the provision of exemplary, comprehensive healthcare for the most vulnerable residents of King County including people who are uninsured or underinsured, have limited English proficiency living below the poverty level, and those who experience mental illness and substance use issues, regardless of their ability to pay. HMC, as part of the University of Washington, is in the unique position to provide cutting edge medical care within a public hospital that over many years has developed and refined an extensive safety net for homeless patients.

One example of service that exemplifies Harborview's mission is the Pioneer Square Clinic. The Pioneer Square Clinic was established 45 years ago in its location at the base of the county's original Skid Road. The clinic is a critical part of the health safety net and coordinates closely with hospital, shelters, housing, and transportation services in order to provide patients with a full range of care and resources during their visits. In addition to primary care, the services offered include acute episodic care; psychiatry; social work and pharmacy. As part of the Harborview Medical Center's family of services, the clinic is operated by Harborview's physicians and administrators and is also host to a highly sought after residency training program for medical students. The concentration of people in this area experiencing addiction, mental illness, or homelessness and poverty have made it an essential location to provide care to some of the county's most vulnerable patients. Over the years the clinic has developed a multi-disciplinary approach to patient care with primary and urgent care provided alongside social work, pharmacy, podiatry, nutrition and psychiatry.

This "one-stop shopping" model has made it easier for patients to have a true health home without the hindrance of having multiple appointments at multiple sites on different days. Pioneer Square Clinic remains one of the few sites in downtown Seattle that offers open access to walk-in appointments for acute medical and mental health care alongside scheduled primary care appointments. Pioneer Square Clinic was developed to serve people using the shelters in the area and making frequent emergency room visits. The design of low barrier with both walk-in and scheduled appointments near other survival services is in response to the communities concerns about undertreated and served people. These clinics support the city and counties goals by addressing both the medical needs and social determinates of health.

Pioneer Square Clinic services a diverse patient group: 40% are people of color, 12% primary language is not English and 44.5 – 65% are unhoused, 96.92% are on publically supported insurance or uninsured. During the last bond process 20 years ago, Pioneer Square Clinic received no upgrades.

## Needs Statement

Pioneer Square Clinic is operating at capacity. Despite being open 50 hours a week Monday through Friday, it turns away patients daily. The clinic currently has 7 exam rooms and 4 rooms for supportive services, and saw approximately 8,500 patients in FY 19, with the majority using Medicaid (50%) or Medicare (33%). While there is limited space for procedures and monitoring of patients in the Pioneer Square Clinic, the need for outpatient, lower acuity care in the area is evident. First Responders in the Pioneer Square neighborhood reported that, in 2018, they received roughly 5,200 calls. 50% of these calls were lower acuity, but 1000 of these lower acuity patients were transported to Harborview Medical Center's Emergency Department. Many of these patients could be better served by an outpatient clinic, such as PSC, rather than being transported to an emergency department. Expanding the Pioneer Square clinic could help to prevent Emergency Department visits such as these and overcrowding at Harborview Medical Center. Providing comprehensive low barrier integrated care in the community increases access to medical services, reducing the expensive emergency room or inpatient hospitalization. This allows the hospital to remain focused on people who need emergency care with access to both the emergency room and inpatient beds. It also allows access for planned procedures ensuring efficient patient flow by having a primary care provider established for follow-up and chronic disease management.

Beyond improving efficiency and access to care at Harborview's main campus, improvements to the Pioneer Square Clinic also serve to improve care to some of the county's most vulnerable residents. Updates to Pioneer Square Clinic would provide up to date and fully functioning clinical care in an improved setting for a diverse range of people, many of whom are unhoused or low income. In addition to a growing demand for services due to increases in homelessness within King County, the clinic also requires enhanced chemical dependency care and Behavioral Health integration on site to better serve its patients.

Despite space constraints and setbacks in the current building, the location itself plays a vital role in patient care. The building is in close proximity to four homeless shelters and several low income and Housing First complexes. The clinic's close proximity to these locations benefits patients who have difficulty traveling distances in order to make appointments and are often concentrated in areas that serve their needs. However, the building itself is a 1904 Historic Landmark that requires extensive renovations in order to fully utilize its capacity. Pioneer Square Clinic is currently grandfathered in to its building code meaning any renovations made to the space would require bringing the entire clinic up to current Department of Health code and its Historic Landmark status limit any exterior changes. Additionally, increasing demands for care in other parts of King County, such as south of the downtown area, indicate that there is a need for quality health care for unhoused and low-income individuals beyond the many people currently being served in Pioneer Square alone.

## Alternatives/Options

### ***Facility Option 1: No Change***

Maintaining the current facility as it operates now limits the ability of Harborview to serve individuals in the Pioneer Square area. The pictures below demonstrate the space constraints currently faced by the clinic. Additionally, increased need for lower acuity services, behavioral health and substance use for homeless or sheltered individuals in the area will remain unmet as the clinic continues to turn away patients due to limited resources and space. Some of the examples below illustrate space issues such as; the hallways are not large enough for passage when patients are at the service desk requiring patients to move away from the desk in order to allow another person to move down the hallway to the bathroom or supportive services; the pharmacy window is in the middle of a walkway to the nursing triage desk and exam rooms; and exam rooms are not large enough for procedures or full access to the patient with inadequate space for supplies to be stored. The building currently requires significant HVAC, plumbing and electrical upgrades. Water pipes often burst and flood exam rooms, leaving them unavailable to serve patients. Leaving Pioneer Square Clinic with no upgrades or changes leaves a significant gap in quality and availability of health care services to Harborview's mission population. In conjunction, Harborview's main campus emergency room will continue to see increases in lower acuity patients and inefficient patient flow if Pioneer Square Clinic remains without any upgrades or improvements.



### ***Option 2: Remodel Existing Pioneer Square Clinic***

Ideally, a remodeled building would have a clinic on the first two floors, administrative services on the third and community-based partnerships, such as outreach teams and local police departments, on the fourth. The basement can be used for storage of medical supplies and equipment. An upgraded clinic would improve access for patients to quality health care and potentially lower the patient volume entering Harborview's Emergency Room.

As stated earlier, any minor renovations made to the interior of the building would trigger a full renovation of the clinic, allowing it to finally meet the current code requirements. For example, current codes will require larger exam rooms and a standard ceiling height. The existing clinic has very small exam rooms and a very low ceiling. A consultant team will need to evaluate the viability of remodeling the clinic in its current constrained location. Additionally, a renovation of the clinic would also require relocating services to a temporary space while renovations took place.

***Option 3: Move Clinic to New Location in the Pioneer Square Area***

An additional option explored by this subcommittee was the potential of purchasing or leasing a new space in Pioneer Square. While the option to move the clinic to a new location eliminates the need to find a temporary space to serve patients during any potential renovations, King County does not currently own any available property in the Pioneer Square Area. Purchasing or leasing a new building or property would require a more focused, intentional exploration of available property and a significant investment.

***Option 4: Close clinic and move operations to the 22<sup>nd</sup> and Rainier clinic (Hobson Place)***

Harborview Medical Center and DESC have proposed plans to open an integrated primary care clinic on 22<sup>nd</sup> and Rainier Avenue. The new 22<sup>nd</sup> and Rainier clinic site is recognition of the homeless and vulnerably housed population increasing south of the downtown corridor. The proposed clinic would offer two permanent supportive housing buildings with 85 and 90 housing units opening in Fall 2020 and 2021, respectively. This location has proximity to 175 units of permanent supportive housing, 3 shelters and numerous encampments in the area that are underserved in their medical care. Additionally, the clinic would have about 28,000 square feet of clinical space for integrated primary care, behavioral health and a pharmacy. The plans include a gurney bay area to receive low acuity patients from SFD and 2 procedure rooms allowing for people to be cared for in the most appropriate setting and increasing access in HMC emergency room and hospital. Additionally the clinic will have capacity for telemedicine support to nursing and mental health providers in shelters and Housing First complexes. Relocating the services currently provided at Pioneer Square Clinic would leave an unmet need for individuals in the area, but offers the potential of a more diverse range of services for other patients. Leaving an unmet need in the Pioneer Square area could result in an increase in lower acuity emergency department visits at Harborview. Harborview is currently exploring ways to fund this mission critical initiative. Early estimates indicate that the clinic will cost \$5M/year.

***Option 5: Move the main clinic to Hobson Place and leave a downsized function in PSC with residency with minor renovations***

Harborview Medical Center would move part of the current staff to Hobson place at 22<sup>nd</sup> and Rainier to provide primary care to patients who can transition to a new medical site and people who have unmet medical needs in the area. The clinic in Pioneer Square would undergo some minor renovations to improve functionality, but the hours of operations would be reduced.

Pioneer Square Clinic would then focus on training medical residents in becoming primary care physicians to people with complex medical needs that are greatly influenced by social determinants of health. Both sites will function as a medical home and provide daily walk-in appointments. Retaining both locations would ensure services are available in both areas where needs are evident. Both the Pioneer Square Clinic and Hobson Place are located in areas with access to a number of different transportation options for patients to utilize. Harborview is still determining the fiscal impacts of operating the two clinics at this time.

DRAFT

# Pioneer Square Clinic Subcommittee Analysis for the Harborview Leadership Group

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AUGUST 28, 2019

# Subcommittee Members

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- Tricia Madden, Harborview Medical Center
- Ted Klainer, Harborview Medical Center
- Katie Ross, King County PSB
- Lan Nguyen, King County Council
- Bailey Bryant, King County Office of the Executive
- Leslie Harper-Miles, King County FMD

# Overview

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- Pioneer Square Clinic was established 45 years ago as a critical part of the health safety net for the county's most vulnerable residents
- Services offered:
  - Primary Care Medical Home
  - Acute episodic care
  - Psychiatry, Social Work, Mental Health
  - Podiatry
  - Nutrition
  - Pharmacy
  - Opioid Based Outpatient Treatment (OBOT)
- Built in 1904, Pioneer Square Clinic is a historic landmark and currently grandfathered in to its clinic code – any major changes made to it would require bringing the entirety of the clinic up to current Department of Health and City standards
- Neighborhood has 6 homeless shelters, 7 low in-come housing complexes, 3 senior housing complexes, multiple food and survival services and only 1 medical clinic (PSQ Clinic)

# Needs Statement

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- Pioneer Square Clinic is open 50 hours a week Monday – Friday and is turning away patients daily
- The clinic is need of significant HVAC, plumbing and electrical upgrades to maintain quality care for patients
- Pioneer Square does not have a procedure area and must call 911 for transport to HMC emergency department instead of stabilizing lower acuity needs in the clinic but requiring more room that current exam rooms offer
- Clinic has only 7 exam rooms limiting ability to respond to low acuity calls due to scheduled visits and volume of walk-ins
- Pioneer Square Area had 5,200 low acuity calls in 2018
  - 50% could have been diverted to a clinic, instead about 1000 went to HMC Emergency Room

# Alternatives/Options

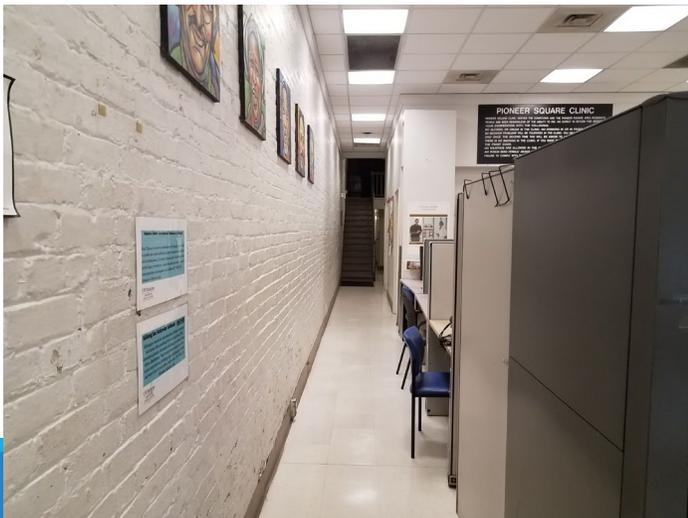
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- Option #1 – No Change
- Option #2 – Remodel Existing Pioneer Square Clinic
- Option #3 – Move clinic operation to new location in Pioneer Square Area
- Option #4 – Close clinic and move operations to the 22<sup>nd</sup> and Rainier Clinic (Hobson Place)
- Option #5 – Move the main clinic to Hobson and leave a downsized function in PSQ clinic with medical residency

# Option 1: No Change

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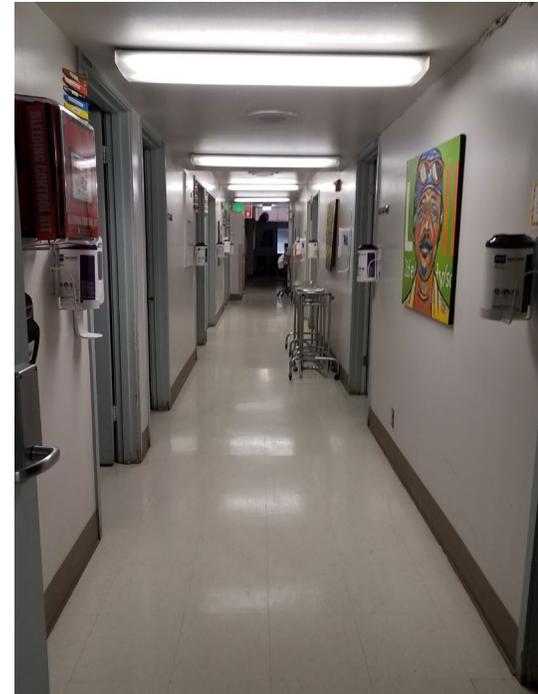
- Pioneer Square Clinic is facing severe space constraints that negatively impact the ability to provide up-to-date and quality health care services
- No changes to the current structure will likely result in needs remaining unmet and an increase in lower acuity emergency department visits at Harborview Medical Center's main campus
- Capacity is reduced when facility repairs are performed in clinical space increasing unmet care and increased demand on HMC ED



# Option 2: Remodel Existing Pioneer Square Clinic

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- Pioneer Square Clinic is grandfathered in to its code standards, any adjustments made will require bringing the entire clinic up to current code
- Ideally, a remodel would allow for the first two floors to be clinic space, the third floor for administrative services and the fourth floor for community partnerships.
- This upgrade could potentially aid in lowering patient volume at HMC's Emergency Department by allowing for a procedure area and more clinical capacity
- This would require temporarily relocating services to another location while renovations took place.



# Option 3: Move Clinic to New Location in the Pioneer Square Area

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- The option to purchase or lease a new space entirely in the Pioneer Square Area would require a more intentional exploration of available property.
- King County does not currently own any available space

# Option 4: Move Operations to the 22<sup>nd</sup> and Rainier Clinic (Hobson Place)

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- Harborview and DESC have proposed plans to open an integrated primary care clinic on 22<sup>nd</sup> and Rainier called Hobson Place
- Increases in the homeless population south of the downtown corridor present a need for additional care
- The clinic would have permanent supportive housing and is also in close proximity to other housing 1<sup>st</sup> complexes, shelters and encampments
- Closing the clinic in Pioneer Square would leave a significant need unmet for individuals who receive care there and do not travel well
- Low acuity calls in 1<sup>st</sup> 4 months of 2019 in zip code were 215 that could have been sent to a clinic for management so would decrease load on HMC emergency department

1911 22ND AVE S

**ZONING**  
21,000 SF site zoned C1-405  
within the 22nd Rainier  
Urban Village Boundaries

**PROJECT**  
New proposed 6 story,  
54,000 SF, mixed-use  
restored building with  
approximately 50 studios.



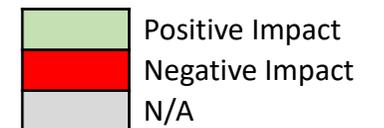
# Option 5: Move Clinic to Hobson and Leave Downsized Function in PSC With Upgrades

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- Downsizing the clinic in Pioneer Square, but allowing for minor upgrades will improve quality of care and maintain service for that area
- Both sites will provide daily walk-in service with two neighborhoods offering a medical home for vulnerable people expanding the safety nets survival services
- Pioneer Square Clinic would focus on training medical residents in becoming primary care physicians
- Majority of operations would move to Hobson place, allowing for a greater number of people to receive care overall
- Both clinics would have capacity to receive low acuity SFD calls reducing demand on HMC emergency department

# Criteria

	No Change	Remodel	Move to new building	Close clinic and move to Hobson	Downsize and move to Hobson
<b>Area 1: People Impact</b>					
Mission Population	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Patients and clients	Negative Impact	Positive Impact	Positive Impact	Negative Impact	Positive Impact
Labor and employees	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Neighbors and community	Negative Impact	Positive Impact	Positive Impact	Negative Impact	Positive Impact
<b>Area 2: Service/Operational Impact</b>					
Delivery of emergency services	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Addresses facility deficiencies and needs	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Supports innovation, best practices, and/or new models of care	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
<b>Area 3: Equity and Social Justice</b>					
Service models that promote equity	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Influenced by community priorities	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Addresses Determinants of Equity	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact
Access to healthcare and improved health outcomes	Negative Impact	Positive Impact	Positive Impact	Negative Impact	Positive Impact
<b>Area 4: Fiscal/Financial Impact</b>					
The long-term financial position of Harborview and King County	Negative Impact	Positive Impact	Positive Impact	Negative Impact	N/A
Existing facilities	Negative Impact	N/A	Negative Impact	Negative Impact	Positive Impact
Opportunities for other funding	N/A	Positive Impact	Positive Impact	Positive Impact	Positive Impact



# Questions?

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