

Harborview Leadership Group Agenda – 1/29/20

MEETING OUTCOMES

- Review and vote on final HLG recommendation

AGENDA

- | | |
|---------|---|
| 6:00 pm | Welcome – Christina Hulet, Facilitator <ul style="list-style-type: none">• Approval of January 22 meeting minutes• Meeting goals |
| 6:10 pm | Public Comment |
| 6:15 pm | Voting Procedure Review – Christina Hulet, Facilitator |
| 6:20 pm | Philanthropy Update – Christina Hulet, Facilitator |
| 6:25 pm | Review Draft Package – Christina Hulet, Facilitator <ul style="list-style-type: none">• Size and scope• Behavioral health |
| 7:15 pm | Vote on Final HLG Recommendation – Christina Hulet, Facilitator |
| 7:30 pm | Review HLG Summary Report – Christina Hulet, Facilitator |
| 7:50 pm | Wrap Up & Next Steps – Christina Hulet, Facilitator |
| 8:00 pm | Adjourn |



King County Harborview Leadership Group Meeting
Wednesday, January 22, 2020 – 6:00 – 8:00pm
Minutes

COMMITTEE MEMBERS:

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

ADDITIONAL ATTENDEES:

- Kera Dennis, Harborview Medical Center
- Ted Klainer, Harborview Medical Center
- Clayton Lewis, Harborview Medical Center Trustee
- Christina Hulet, Consultant
- Lan Nguyen, King County Council
- Kristina Logsdon, King County Council

- Cody Eccles, King County Council
- Leslie Harper-Miles, King County FMD
- Bailey Bryant, King County Executive

HDR TEAM

- Neil Piispanen via telephone
- Duncan Griffin
- Thomas Knittel
- Francesqca Jimenez

PUBLIC ATTENDEES

- Karen Sullivan, Wood Harbinger
- Dale E. Clark, Hensel Phelps

CALL TO ORDER

Christina Hulet called the meeting to order at 6:00 p.m.

INTRODUCTIONS – Christina Hulet

Introductions were made.

OCTOBER AND DECEMBER MEETING MINUTES – Christina Hulet

Approved with edit that Clayton Lewis was in attendance at December HLG meeting. None opposed, no abstentions.

PUBLIC COMMENT

Leslie Harper-Miles read aloud a public comment that had been emailed to her. Public comment attached to meeting minutes.

DRAFT CORE PACKAGE PRESENTATION

Christina Hulet and Thomas Knittel presented PowerPoint. Presentation attached in meeting materials. Discussion followed.

PARKING LOT ITEMS NOTED BY THE HARBORVIEW LEADERSHIP GROUP MEMBERS

1. Councilmember Dembowski requested more detailed information about Behavioral Health and ITA components of proposed package.
2. The Leadership Group discussed at length the Behavioral Health Institute and raised question regarding space and services provided.
3. Questions were posed regarding the ITA Court and co-location of the ITA Court among behavioral health services on the HMC campus.

A motion was made to include all a la carte options listed in the blue table in the final package for consideration to ensure flexibility and latitude. See PPT for details.

COMMUNITY ENGAGEMENT FEEDBACK – Leslie Harper-Miles

Leslie Harper-Miles presented a summary of community engagement feedback to the leadership group. The information provided is attached to meeting materials and in the presentation.

MOVING TOWARDS FINAL RECCOMENDATION – Christina Hulet

Christina Hulet provided Leadership Group Members with an updated timeline of their work to emphasize the importance of their decision making in its January meetings. Additionally, Leadership Group Members were provided with a summary of the agreed upon decision making criteria. Both these handouts are attached in meeting materials.

WRAP UP AND NEXT STEPS – Christina Hulet

The next Leadership Group meeting is scheduled for January 29, 2020 6-8pm.

ADJOURNMENT – Christina Hulet

With no further business, the meeting was adjourned at 8:05 p.m.

From: Linda Seltzer [mailto: [REDACTED]]
Sent: Wednesday, January 22, 2020 9:35 AM
To: Miles, Leslie <Leslie.Harper-Miles@kingcounty.gov>
Subject: Public comment for tonight's meeting

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Dear Ms. Miles:

I am writing to make a public comment for the meeting of the Harborview Leadership Group.

The emergency room of Harborview needs to be greatly expanded.

The current emergency room service needs to be split into two different clinics at the same location, (a) emergency and (b) urgent care. Urgent care patients should not drain urgent trauma facilities. However, urgent care patients still need to be seen promptly. People need to be able to walk in at night and receive medical care. Seattle has a growing population and the number of people needing walk-in service will be large.

The emergency room needs a larger space with a greatly expanded waiting room and triage area.

Emergency room patients should not be in beds in an aisle or hallway.

I personally would consider volunteering my skills for the cause of a larger emergency and urgent care facility.

Sincerely,
Linda Seltzer

[REDACTED]

Redmond, WA 98052
(Retired senior citizen)

HLG Decision Making Process – 01/22/2020

FINAL RECOMMENDATION: PREFERRED PACKAGE

At the June HLG meeting, we agreed that the goal is to recommend a single, preferred package including both the size (dollar amount) and scope (facility options) of a potential bond measure. The recommendation may also include tiers or a menu of options should more or less funding be available. (*See HLG Meeting Minutes, June 26, 2019 for additional details*). In September, we agreed to the following:

DECISION-MAKING PROCESS

To arrive at this recommendation, we propose the following decision-making process:

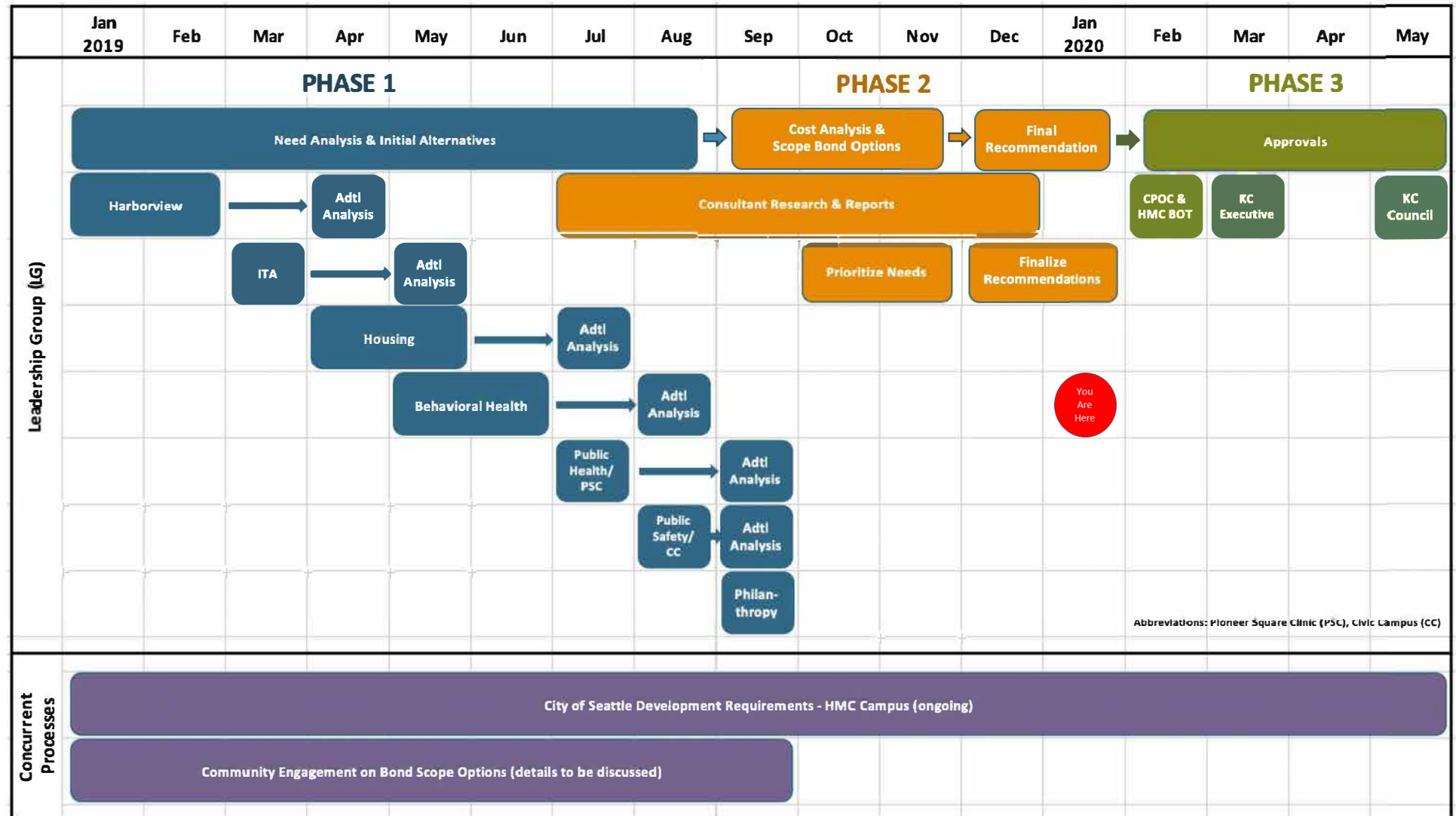
1. That we **aim for full consensus** on the final package.
 - We use a thumbs up (support/agree), thumbs sideways (neutral/can live with), thumbs down (oppose/disagree) methodology to vote on the package
 - Full consensus means every HLG member is either supportive (thumbs up) or can live with (thumbs sideways) the recommendation
 - If an HLG member opposes the recommendation (i.e., thumbs down), it is our collective expectation that s/he provide a rationale for his/her position and explain what it would take to get to neutral or supportive; the team will do its best to address the member's concern
2. That we **consider the package as a whole**, rather than voting on each individual component of the package.
3. In the event that full consensus cannot be achieved (i.e., one or more HLG members remain thumbs down), the HLG will take a vote and the recommendation will pass if there is **consensus minus three votes**--that is, if three members are thumbs down (oppose).*
4. **Acknowledgements of dissenting opinions** or concerns may be included in the final report.
5. If a member is unable to attend the meeting in person, s/he **may vote remotely** by either calling into the meeting or by letting Christina Hulet know his/her position in writing prior to the meeting.
6. A **quorum is required** for the final vote; 7 out of 14 members must be present.

Harborview Leadership Group Work Plan ~ Approved 1/29/19

Below is the Leadership Group's (LG) draft work plan for review. As a reminder, the LG's charge is to analyze and make recommendations on:

- HMC clinical facility master plan needs
- Public Health Department needs
- Housing needs for the mission population
- Involuntary Treatment Act, client/court needs
- Behavioral health needs
- Public health facilities beyond HMC campus
- Other public safety infrastructure needs
- Private philanthropy opportunities
- Prospective bond size and scope

In order to meet a potential November 2020 general election ballot measure, final recommendations and legislation would need to be transmitted to the King County Council by May 2020 for a July election filing deadline. The chart below provides a high-level overview, followed by a detailed timeline of Leadership Group meetings. Dates may change per the Leadership Group.





Harborview Leadership Group Meeting

January 29, 2020





Philanthropy Update

Philanthropy consultant completing analysis

- Report expected mid February

Initial conclusion

- Philanthropy can play a part in reducing the cost of the project borne by taxpayers
- No specific \$ identified

Next step

Report will be provided to Capital Planning Oversight Group, the Board of Trustees, the King County Executive, and the King County Council as they review the recommendations from the Harborview Leadership Group and consider a legislative package for a potential bond for Harborview facilities.

HLG Recommendation

New Tower

At least 360 Single Patient Rooms (36 Bed Units)

- 60-Bed Expanded Emergency Department
- 20-Bed Observation Unit
- Operating Room Expansion
- Pharmacy/Gamma/Angio

New Behavioral Health Services Building

- Existing, expanded behavioral services
- Behavioral Health Institute programs
- Sobering Center, Step Up/Step Down

Existing Hospital Space Renovation

- Expand ITA Court Space
- Expand Public Health Space & Clinics

Harborview Hall Seismic Renovation

- 150 Respite beds
- Shelter

Center Tower Seismic Renovation

Pioneer Square Seismic Renovation

East Clinic Demolition

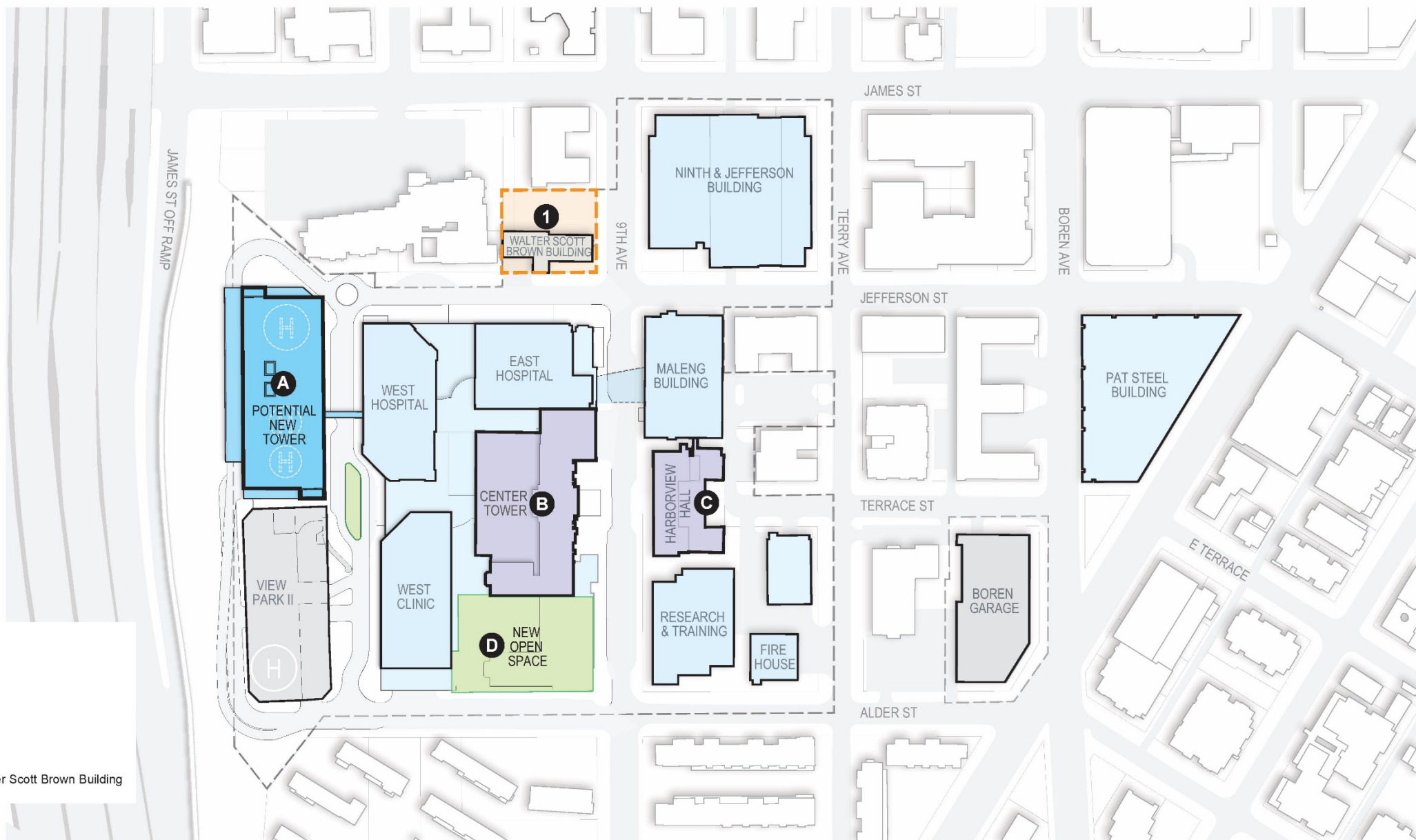


Illustration is a point in time rendering provided by HDR. Final placement of buildings are subject to review and approval by King County, Harborview Medical Center, and the City of Seattle

- \$1.74B*
- New 648,380 SF
- Renovated 558,840 SF

Additional bed capacity expected by year 5

**subject to change; estimate includes site Improvements and other costs*



Legend

- A** Potential New Tower
- B** Center Tower Seismic Upgrade
- C** Harborview Hall Seismic Upgrade
- D** Demo East Clinic / Create New Open Space
- 1** Potential Behavioral Health Building @ Walter Scott Brown Building

Behavioral Health Services

Pending availability of operational funds

The Behavioral Health Institute (BHI) is a set of people and/or programs designed to innovate on a chosen behavioral health topic area. All programs of the BHI fall under the behavioral health service line at Harborview. BHI programs will evolve overtime as new topic areas are identified.

Existing Behavioral Health Services

- Psych consult to medical/surgical
- Primary Care Integration:
 - Adult Medicine Clinic
 - Women's Clinic
 - Family Medicine Clinic
- Inpatient Psychiatry
- Psychiatric Emergency Services
- Residency psychotherapy training
- Jail telepsych

BHI Initial Programs

- First Episode Psychosis - STEP Program
- Crisis Stabilization
- Center of Excellence
- Telepsych
- Evidence Based Practice Training Ctr.

Existing Behavioral Health Services

- Intake and Brief Intervention Services
- Outpatient Behavioral Health:
 - Mental Health Recovery Case Management Clinic
 - Addictions Clinic
 - Medication Assisted Treatment
- Integrated Medical Care
- Psychotherapy Clinic
- Geriatric Psychiatry Clinic

Future Planned Services Endorsed by the Harborview Leadership Group

- Step Up/Step Down
- Sobering

ITA Court*

Designated Crisis Responders

**ITA Court Data 2012-2018 shows 20 percent of ITA cases were Harborview inpatients; 80 percent were located at other facilities in the county.*

HLG: Scope and Size Recommendation

Component Name	Component Description	Estimated Cost* <small>*Subject to modification</small>
New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster prep; plant infrastructure	\$952M
New Behavioral Health Building	Formerly “New BHI Building”; existing behavioral health services/programs and Behavioral Health Institute services/programs	\$79M
Existing Hospital Space Renovations	Expand ITA court space; move/expand gamma knife; lab; Public Health TB, STD, MEO; nutrition, etc.	\$178M
Harborview Hall	Seismic upgrades; improve/modify space; create space for up to 150 respite beds	\$108M
Center Tower	Seismic upgrades; improve and modify space for offices	\$248M
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space	\$20M
East Clinic	Demolish East Clinic Building	\$9M
Site Improvements/Other Costs	Site preparation; 1% for Art; Project Labor Agreement; Project Management	\$146M
Total		\$1.74B



HLG Summary Report Overview

Draft Report Contents:

- The narrative contents of the draft document are summarized from reports and presentations provided to the HLG Subcommittee throughout 2019; some limited additional narrative is provided
- All Subcommittee reports and presentations will be included as appendices to the final report
- HLG recommendations contained in the draft report are *placeholder narrative* (in green font) pending final decisions by the Leadership Group

Report Review and Finalization

- HLG staff workgroup reviewed and revised the draft report
- Substantive feedback should be provided to the group tonight for discussion and agreement; Christina Hulet will integrate changes and complete the final document

Final Thoughts

