



**Verdant Health Commission Retreat
Tulalip Hotel & Resort: Alder Board Room
December 1 and 2, 2017
Retreat Agenda**

Key Outcomes

- Confirmation of Verdant's mission and values
- Understanding of the role of social determinants on community health
- Review and revise operating agreements
- Identify key priority results/goals for next one to two years based on the strategic plan
- Identify principles of effective decision making and apply to a future key decision
- Determine slate of officers for 2018 and confirmation of 2018 meeting schedule

Friday, December 1, 2017

12:00 pm – 5:00 pm

- Retreat overview & goals
- Warm up activity
- A look back: strategic plan review
- Our current environment: stakeholder panel
 - Julie Zarn, Providence
 - Jeff Ketchel, Snohomish Health District
 - Elise Reich, Molina
- Verdant's population and health environment: a future perspective

BREAK

- Verdant's mission and future role
- Set the stage for Saturday: homework: key board decisions 2018

Dinner (6:45 p.m. at Blackfish Grill)



Saturday December 2, 2017
Alder Board Room

Morning Agenda

8:00 am – 12:00 Noon

- Information for decision making: brief overview and check-in by department

BREAK

- Identify major organizational decisions for 2018
- Principles of effective decision making
 - Report on themes from Board interviews on decision- making
- Identify key principles of effective decision making and apply to a future key decision
- Effective Board Governance
- Review and Revise Operating Agreements
- Board Leadership and Committees: Interests and Preferences
- Wrap up

PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON

BOARD SPECIAL MEETING
December 1 to 2, 2017
Tulalip Resort

Commissioners
Present

Deana Knutsen, President
Bob Knowles, Commissioner
Karianna Wilson, Commissioner (12:55 p.m. arrival)
Fred Langer, Commissioner (12:25 p.m. arrival)
J. Bruce Williams, MD, Commissioner

Staff

Robin Fenn, Superintendent
George Kosovich, Assistant Superintendent
Jennifer Piplic, Director of Marketing
Lisa King, Director of Finance
Sue Waldin, Community Wellness Program Manager
Sandra Huber, Community Engagement
Karen Goto, Executive Assistant

Guests

Margot Helphand, Facilitator
Elise Reich, Molina Healthcare
Jeff Ketchel, Snohomish Health District
Julie Zarn, Providence

Call to Order

On Friday, December 1 the Special Meeting of the Board of Commissioners was called to order by President Knutsen at 12:15 p.m.

Strategic Planning
Discussion

The board went into a strategic planning discussion. Topics included a look back at the strategic plan review, the current environment with a panel on social determinants of health, Verdant's population and health environment future perspective, Verdant's mission and future role, confirmation of the Commission's core values and core mission, and the key outcomes for the next one to two years.

No action was taken at the meeting.

There being no further business to discuss, the meeting was recessed at 5:00 p.m.

A social gathering and dinner was held at 6:45 p.m. No business was conducted.

Call to Order

On Saturday, December 2 the Special Meeting of the Board of Commissioners was called to order by President Knutsen at 8:15 a.m.

Board Special Meeting
December 1 to 2, 2017
Page 2


Strategic Planning
Discussion


The board discussed information for decision making with some of the Verdant staff, then continued their strategic planning discussion from December 1. Topics included identifying major organizational decisions for 2018, principles of effective decision making, effective board governance, review and revision of board operating agreements, and board leadership and committees for 2018 (E:83:17). Facilitator notes are attached (E:84:17).
No action was taken.

Adjourn

There being no further business to discuss, the meeting was adjourned at 12 p.m.

Attest By:



President


Secretary



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Verdant Mission, Vision and Values

Mission: To improve the health and well-being of our community.

Vision: To be a sustaining public resource improving the health and well-being of South Snohomish County, collaboratively and creatively working to meet the needs of our community.

Our Values

- **Compassion**
We act with compassion and care for our whole community.
- **Accountability**
We fulfill our responsibilities to our whole community and to each other with integrity and by investing in programs that demonstrate worthwhile results.
- **Respect**
We are inclusive and treat all with dignity, honesty and fairness.
- **Excellence**
We are leaders in investing, convening and empowering individuals to achieve health and well-being.
- **Stewardship**
We strive to use all resources wisely for the health improvement of our community.

Strategic Plan 2018 Snapshot

| Long-Term Prevention | Treatment/Access to Healthcare |
|--|---|
| A. Mental Health/Adverse Childhood Experiences <ul style="list-style-type: none"> – Expanded reach of THS, CHS Youth Counseling, Edmonds SSA Programs (expect to serve 20% + youth in 2018) | D. Treatment/Access to Healthcare <ul style="list-style-type: none"> – Two behavioral/physical health integration projects initiated w/local clinics – Lynnwood detox opened; goal to serve 1,000 in first year – No new healthcare access programs (existing mobile medical treats 200 patients a year) – VCWC: increased capacity on nutrition/physical activity programs, broader clinical connections, 2-1-1 CRA caseload on track for 100% increase from first year |
| B. Reduce Childhood Obesity <ul style="list-style-type: none"> – Major expansion of Move 60! program to improve reach (from 1,600 students to 5,700 students) with goal of schoolwide evaluation – RFP on childhood obesity resulted in 2 new projects/organizations | |
| C. Long-Term Improvements that Support Healthy Lifestyles <ul style="list-style-type: none"> – New Building Healthy Community Fund projects on hold – Woodway Project completed in Oct. '15 (16,400 users in 2016 activity counts) – Bike 2 Health network 2/3 complete – Indoor rec facility study completed in 2016 | E. Dental Care <ul style="list-style-type: none"> – No new projects in 2017 – CHC of Snohomish and MTI programs ongoing; reach 1,000 individuals a year – PSCC dental clinic opened in 9/16; provided 1,600 visits in first 6 months (waitlist is 400+) |

Organizational Goals

F. Strategic Alignment

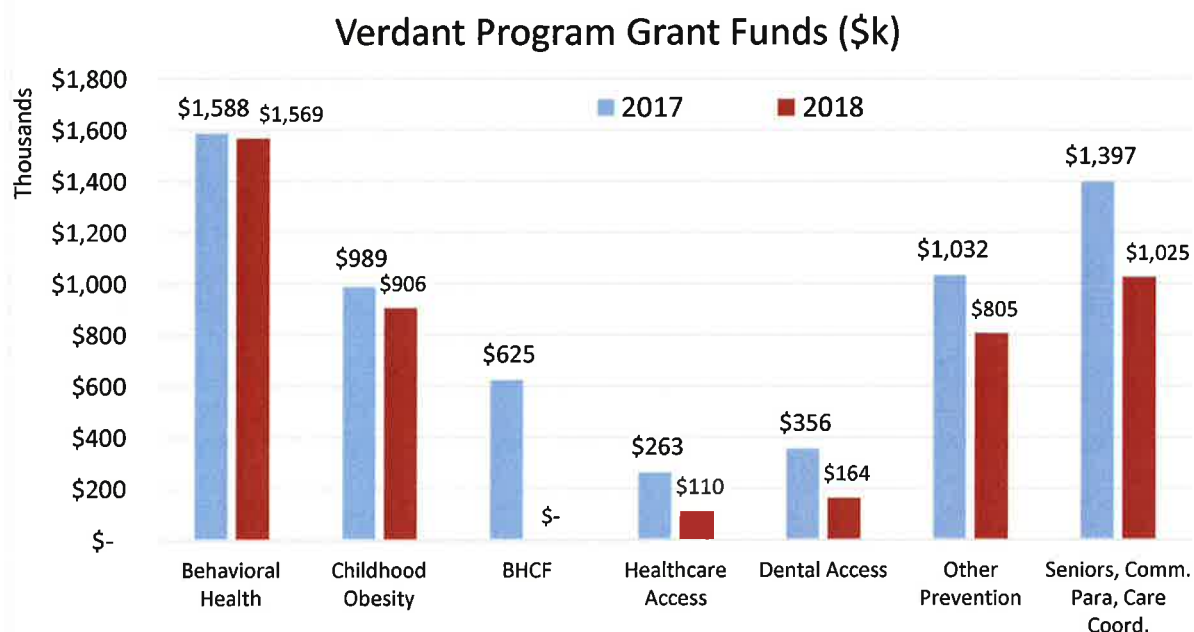
- New evaluation criteria will tighten focus on alignment (ex. > \$100k grants must connect to strategic priority)
- Sustainability issues have been handled case-by-case. Examples:
 - Set clear expectations on funding match (ex. Compass, ESD Family Advocates)
 - ESD Move 60! expansion
 - Homage Senior Services Center for Healthy Living will be next large program to review

G. Community Need Data

- Needs assessment refresh complete in 2016
- Spanish-language focus groups complete
- Budgeted for ongoing assessment work in 2018, exploring contract w/SHD

H. Financial Reserves & Investments

- Reserve plan decision complete
- Value Village development and planning still tbd



Strategic Plan 2016-2019

at a glance



HEALTH COMMISSION
SERVING SOUTH SNOHOMISH COUNTY

Mission: To improve the health and well-being of our community.

Vision: To be a sustaining public resource improving the health and well-being of South Snohomish County, collaboratively and creatively working to meet the needs of our community.

Community Program Goal: Long-term Prevention

A. Increase Mental Health & Decrease Adverse Childhood Experiences (ACEs)

1. Identify key family & youth risk factors for improvement
2. Identify, invest in new evidence-based prevention programs and initiatives
3. Evaluate funded programs, determine adjustments

B. Reduce Childhood Obesity

1. Measure & track community-level childhood obesity results
2. Evaluate funded programs, determine adjustments

C. Create Long-term Improvements that Support Healthy Lifestyle

1. Explore indoor rec facility (study complete)
2. Expand active transportation & recreation opportunities

Community Program Goal: Treatment/Access to Healthcare

D. Improve Treatment/Access to Healthcare

1. Identify & support capacity improvements for behavioral health system
2. Establish stronger connection with healthcare providers
3. Explore Geriatric Center for Excellence
4. Evaluate funded programs, determine adjustments

E. Improve Dental Care Access

1. Increase dental patient visits for uninsured residents
2. Decrease area emergency room visits from dental causes

continued...

Strategic Plan 2016-2019

at a glance

Verdant Organizational Goal

F. Strategic Alignment

1. *Develop sustainability strategy for large grants*
2. *Ongoing assessment of current programs for alignment*

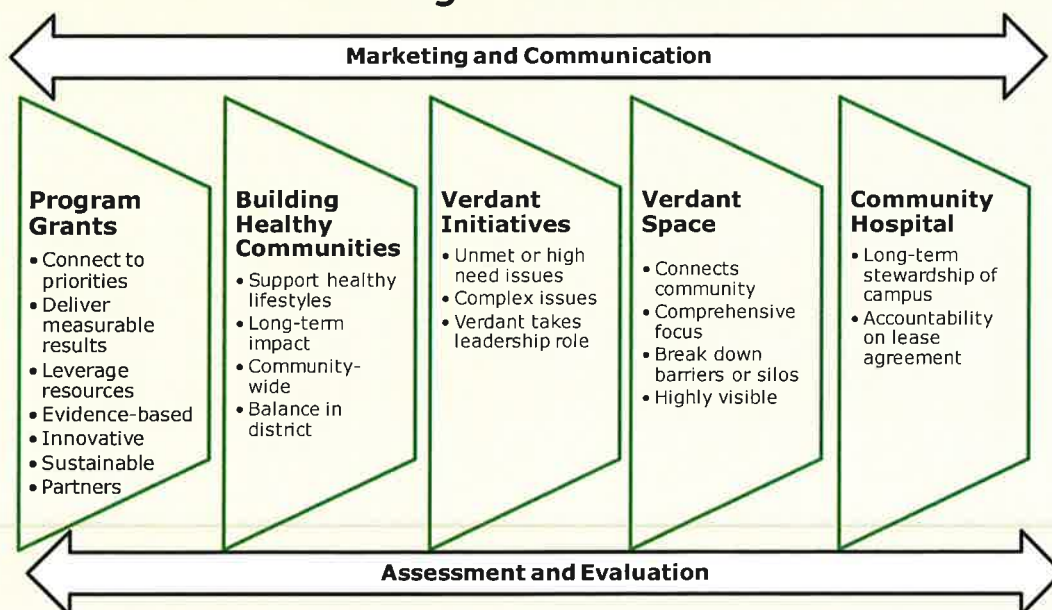
G. Community Need Data

1. *Identify community data measures tied to Verdant Strategic Plan*
2. *Identify broad community health metrics and collect data for district*
3. *Consider piloting neighborhood-based focus groups and/or community meetings*

H. Financial Reserves & Investments

1. *Financial reserve approach to determine mix of cash vs. real estate*
2. *Evaluate, determine direction of Value Village development options*

Strategic Framework





COMMISSION AND SUPERINTENDENT OPERATING AGREEMENTS

I. Purpose:

The Board of Commissioners is the policy making body for Public Hospital District No. 2. To effectively meet the district's mission and goals the Board and Superintendent will function together as a leadership team in compliance with RCWs. The following are the group agreements for the Board and Superintendent.

II. Governance Principles:

1. The Board and Superintendent will work in a cooperative and collaborative partnership aligned toward a common mission.
2. The Board's focus is on policy-making, planning and evaluation. Day-to-day operations are the responsibility of the Superintendent and staff.
3. The Board will make decisions as a whole Board only at properly called public meetings adhering to all public meeting statutes. Board members recognize that individual members have no authority to take individual action in policy or district and administrative matters.
4. After honoring the right of individual Board members to express opposing viewpoints and vote their convictions, Board members and district staff will support decisions of the Board.
5. Board members will recognize and respect the Superintendent's responsibility to manage the district and to direct employees in district matters.
6. The Board will solicit input, listen to all perspectives and give careful consideration to all issues. We will operate as representatives and make decisions in the best interest of the whole district.

III. Conflict of Interest Principles

1. Fulfill all conflict of interest requirements.
2. Be open to discussions about conflict of interest and discuss them in a collaborative manner.
3. In the event that any Board member has a real or potential conflict of interest on a matter coming before the Board, they shall disclose that conflict prior to any participation in discussion or voting on an issue.

IV.Meeting Operational Agreements:

1. Notify the President or Superintendent a minimum of two days prior to a meeting with a request to place an item on the agenda.
2. Uphold the legal requirement for confidentiality on all matters arising from the Board meeting Executive Session in compliance with RCWs and follow Robert's Rules of Order.
3. Start our meetings and end our meetings on time.
4. Attend regularly scheduled Board meetings unless a situation occurs that makes attendance impossible in compliance with RCWs.
5. Cooperate in scheduling special meetings and/or work sessions for planning and training purposes.

V. Communication Agreements:

1. Communicate with the Superintendent when a question arises, or a concern is voiced by a staff member, grantee/grant applicant, or community member.
2. Board members should take care when discussing funding applications or decisions with community members. It is important that community investment decisions are fair and objective, and perceived by the community as such. Whenever possible, grant inquiries should be referred to commission staff or published commission materials (ex. website, written request-for-proposals).
3. Whenever possible, communicate with the Superintendent or President prior to meetings of the Board to identify questions and /or concerns about agenda items so that the Board President and staff can prepare for the meeting discussion.
4. Communicate with the Superintendent or Board President prior to raising new issues or concerns at Board meetings or in other arenas.
5. Communicate one-on-one, when an individual concern arises, with the Superintendent or other Board member, as appropriate. Communicate with Board leadership about concerns with Board process.
6. No individual Board member, other than the Board President or designee, has the authority to speak for the entire Board. Individual Board members may always share their individual viewpoint but must clarify that they are speaking for themselves, rather than the entire Board. The Board recognizes that changing technology and the growing use of social media will affect the way individual Board members communicate to and interact with constituents and receive and process information. The Board will develop appropriate use guidelines that recognize the complex issues that may arise from Board members acting in their official capacity.
7. Recognize that all written communication is subject to Public Records Law.
8. On contentious issues the Board will make every effort to designate a spokesperson.

VI. Annual Planning and Evaluation:

1. Set priorities for Board professional development annually.
2. Participate in annual self-assessment of the Board's performance.
3. Participate in establishing annual expectations and goals for the Superintendent.
4. Objectively evaluate the Superintendent's performance and provide appropriate feedback.
5. Provide a report to the community at least annually.

VII. Orientation of New Board Members:

1. Assure timely orientation of new Board members.

VIII. Role of Board Leadership:

1. The President will speak for, and about, the Board and describe the Board's process and positions.
2. The President will convene meetings and execute documents, as appropriate.
3. The President will meet regularly with the Superintendent to develop the agenda and determine whether an item should be scheduled for action or future action, to provide input on information needed by the Board for decision-making, to plan meeting processes, and to distribute assignments.
4. The President will ensure that information exchanged with the Superintendent is shared with all Board members in a timely manner.

IX. Expectations of the Superintendent:

1. Function together as a team with Board members.
2. Respect and acknowledge the Board's role in setting policy and overseeing the performance of the Superintendent.
3. Work with the Board to establish a clear vision for the district.
4. Execute community investment strategies in accordance with the commission's mission, stated priorities, and investment criteria.
5. Prepare preliminary goals annually for the Board's consideration.
6. Provide data to the Board members so that data driven decisions can be made.
7. Possess a working knowledge of all legal and local policies.
8. Inform the Board of all critical information including relevant trends, anticipated media coverage, or critical external or internal change.

9. Work with the President to effectively bring issues and information to the Board.
10. Distribute appropriate information to all Board members, including a summary of meetings held with the President.
11. Communicate with Board members promptly and effectively.
12. Advise the Board of potential learning opportunities.
13. Distribute the Board agenda in a timely manner.
14. Respect the confidentiality requirement of Board meeting Executive Sessions.
15. Treat all Board members professionally.
16. Communicate to Board Leadership if a problem or issue is observed developing with an individual Board member.
17. Conduct a self-assessment prior to the Board's evaluation of the Superintendent's job performance.
18. Represent the district by being visible in the community and a role model for the commission's mission.
19. Provide follow-up information to Board members on concerns and issues they have referred to the Superintendent--close the loop.

2011 Officers & Committee Assignments:

President – Fred Langer

Secretary – Chuck Day

Executive Committee – Fred Langer/Chuck Day

Finance Committee – Chuck Day/Deana Knutsen

Program Committee – Bob Knowles/Bruce Williams

Strategic Collaboration Committee – Fred Langer/Bruce Williams

2012 Officers & Committee Assignments:

President – Fred Langer

Secretary – Bob Knowles

Executive Committee – Fred Langer/Bob Knowles

Finance Committee – Bob Knowles/Karianna Wilson

Program Committee – Deana Knutsen/Bruce Williams

Strategic Collaboration Committee – Fred Langer/Bruce Williams

2013 Officers & Committee Assignments:

President – Bob Knowles

Secretary – Fred Langer

Executive Committee – Bob Knowles/Fred Langer

Finance Committee – Karianna Wilson/Bruce Williams

Program Committee – Deana Knutsen/Karianna Wilson

Strategic Collaboration Committee – Bob Knowles/Fred Langer

2014 Officers & Committee Assignments:

President – Bob Knowles

Secretary – Bruce Williams

Executive Committee – Bob Knowles/Bruce Williams

Finance Committee – Deana Knutsen/Fred Langer

Program Committee – Karianna Wilson/Fred Langer

Strategic Collaboration Committee – Bob Knowles/Deana Knutsen

2015 Officers & Committee Assignments:

President – Fred Langer

Secretary – Deana Knutsen

Executive Committee – Fred Langer/Deana Knutsen

Finance Committee – Bob Knowles/Deana Knutsen

Program Committee – Karianna Wilson/Bruce Williams

Strategic Collaboration Committee – Fred Langer/Deana Knutsen

NOTE: Fred & Bruce terms expire 2015 (Both re-elected in 2015)

2016 Officers & Committee Assignments:

President – Fred Langer

Secretary – Deana Knutsen

Executive Committee – Fred Langer/Deana Knutsen

Finance Committee – Bob Knowles/Deana Knutsen

Program Committee – Karianna Wilson/Bruce Williams

Strategic Collaboration Committee – Fred Langer/Deana Knutsen

2017 Officers & Committee Assignments:

President – Deana Knutsen

Secretary – Bruce Williams

Executive Committee – Deana Knutsen/Bruce Williams

Finance Committee – Karianna Wilson/Bruce Williams

Program Committee – Bob Knowles/Fred Langer

Strategic Collaboration Committee – Deana Knutsen/Karianna Wilson

2018 Officers & Committee Assignments:

President –

Secretary –

Executive Committee –

Finance Committee –

Program Committee –

Strategic Collaboration Committee –

Officer/Committee Preferences

Name: _____

1. Current Committees Serving on:
2. What have you enjoyed most about serving on these committees?
3. What other committees interest you and why?
4. Do you have a preference for a committee or officer role in 2018?



2018 Monthly Board Meetings

4th Wednesday of the month unless noted
Time: 8 - 10 a.m.
Location: Verdant Community Wellness Center

January 24

February 28

March 28

April 25

May 23

June 27

July 25

August 22

September 26

October 24

November 28

December 19 (3rd Wednesday)

2018 Board Study Sessions

Time: 8 - 10 a.m. unless noted
Location: Verdant Community Wellness Center unless noted

March 14 – TBD

June 13 – Board Retreat, 12 - 5 p.m.

October 10 – Budget Meeting

December 7 – Board Retreat, 8 a.m. - 5 p.m. Location TBD

2018 Other Important Dates

March 12 – Verdant Healthier Community Conference, 8 a.m. - 4 p.m. Lynnwood Convention Center



Community Data Looking Forward

- Review needs assessment data, focus on concerning indicators/trends
 - Access to Healthcare
 - Obesity & Physical Activity
 - Mental/Behavioral Health
- Demographic Trends
- Social Determinants



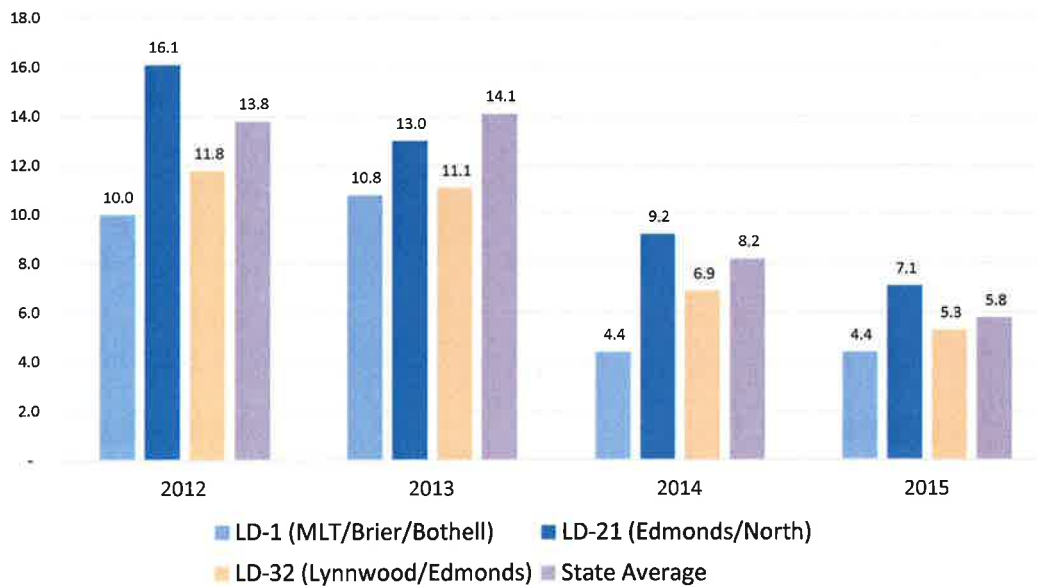
Treatment/Access to Healthcare

| Indicator | Public Hospital District #2 | Snohomish County (excluding PHD2) |
|--------------------------------------|-----------------------------|-----------------------------------|
| No primary health care provider | 19% | 22% |
| Unable to see doctor because of cost | 13% | 16% |
| Not visited doctor in past 2 years | 22% | 23% |



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

Uninsured Rate (% of total population) by Legislative District



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

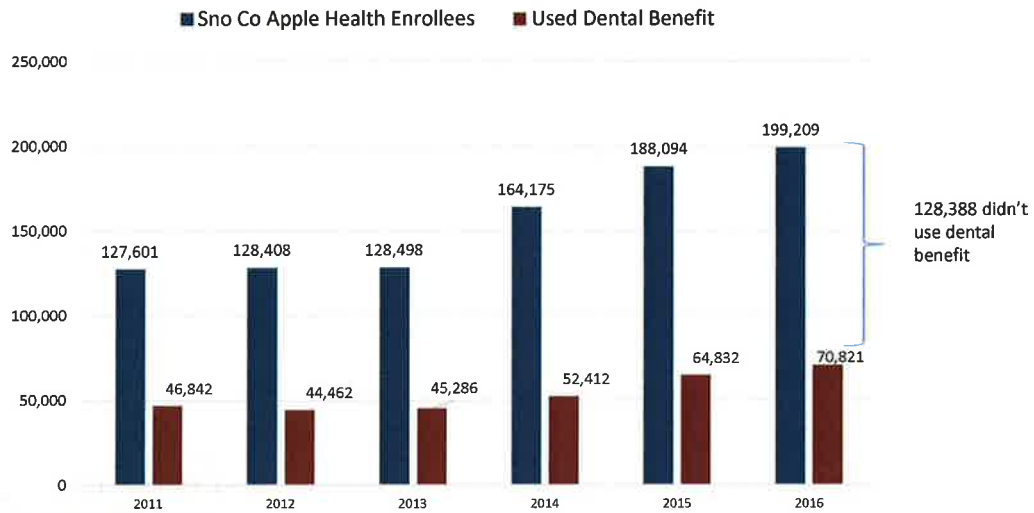
Dental Care Access

| Indicator | Public Hospital District #2 | Snohomish County (excluding PHD2) |
|-----------------------------------|-----------------------------|-----------------------------------|
| Dental insurance coverage | 71% | 66% |
| Not had dental visit in past year | 27% | 35% |



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

Snohomish County Apple Health Dental Usage

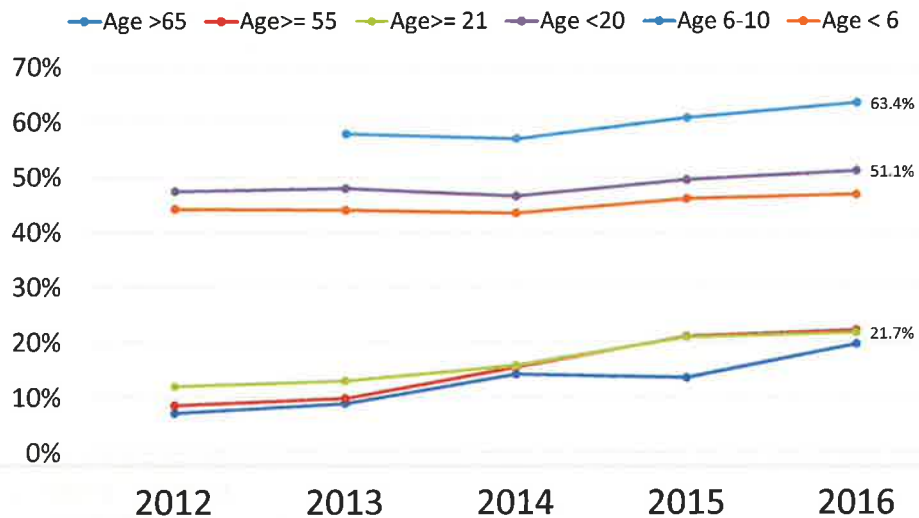


Source: Washington Dental Foundation Analysis of HCA enrollment data, 2017



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

% of Sno Co Medicaid Enrollees Using Dental Benefit





Public Hospital District No. 2, Snohomish County / Verdant Health Commission

Adult Obesity & Physical Activity

| Indicator | Public Hospital District #2 | Snohomish County (excluding PHD2) |
|---|-----------------------------|-----------------------------------|
| Obese (BMI \geq 30) | 25% | 28% |
| Did not meet physical activity guidelines | 36% | 33% |

Source: BRSS 2011-2015

P.A. Question: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

Childhood Obesity & Physical Activity

| Indicator | Public Hospital District #2 | | Snohomish County (excluding PHD2) | |
|---|-----------------------------|------|-----------------------------------|------|
| | 2012 | 2014 | 2012 | 2014 |
| Overweight (85th-95th percentile) | 14% | 14% | 14% | 14% |
| Obese (>95th percentile) | 9% | 9% | 10% | 11% |
| Did not meet physical activity guidelines | 80% | 74% | 77% | 73% |

Note: Physical activity guidelines specify children and youth aged 5–17 should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily.

Source: Healthy Youth Survey, 2012-2014



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

Adult Mental Health

| Indicator | Public Hospital District #2 | | Snohomish County (excluding PHD2) | |
|--|-----------------------------|------|-----------------------------------|------|
| | 2011 | 2015 | 2011 | 2015 |
| 14 or more days where mental health is not good (past 30 days) | 9% [†] | | 13% [†] | |
| Serious mental illness | 3% | | 5% | |
| Suicide rate* (per 100,000 population) [2014] | 13 | 19 | 12 | 15 |

Notes: * Age-adjusted rate; [†] 2015 estimates are significantly different from each other



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

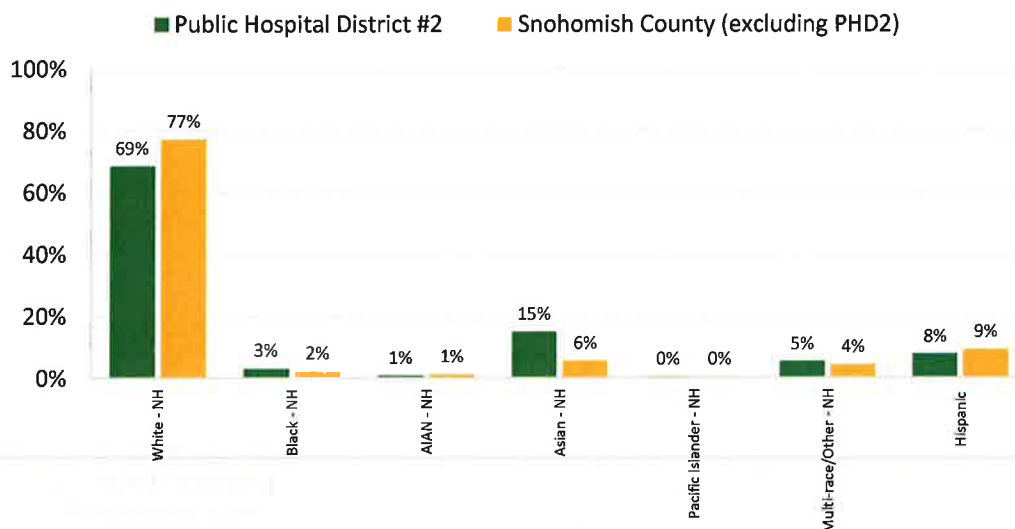
Adolescent Health: Mental Health

| Indicator | Public Hospital District #2 | | Snohomish County (excluding PHD2) | |
|------------------------|-----------------------------|------|-----------------------------------|------|
| | 2012 | 2014 | 2012 | 2014 |
| Symptoms of depression | 26%* | 32%* | 29%* | 32%* |

Note: * 2012/2014 estimates are significantly different from each other

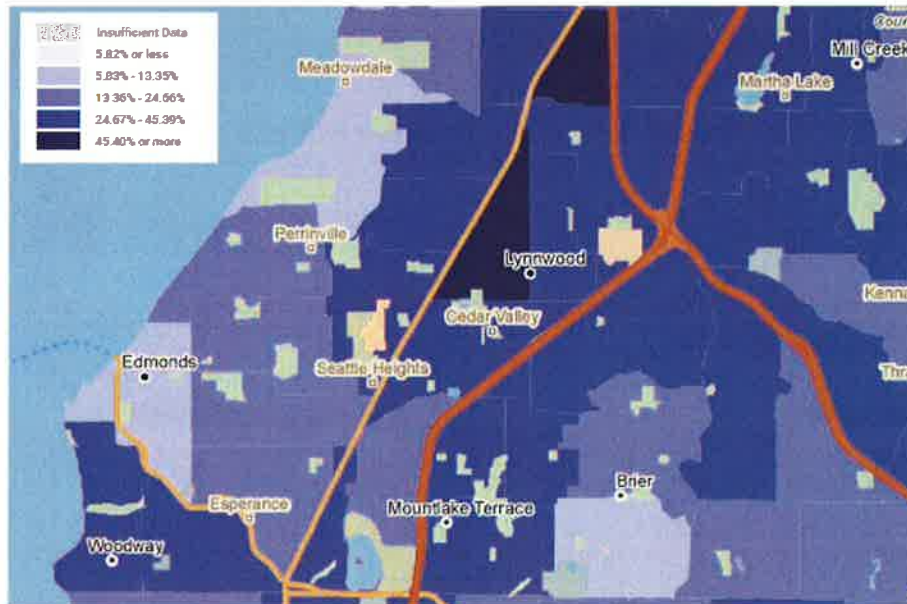
Demographic Information

Race/ethnicity in Snohomish County

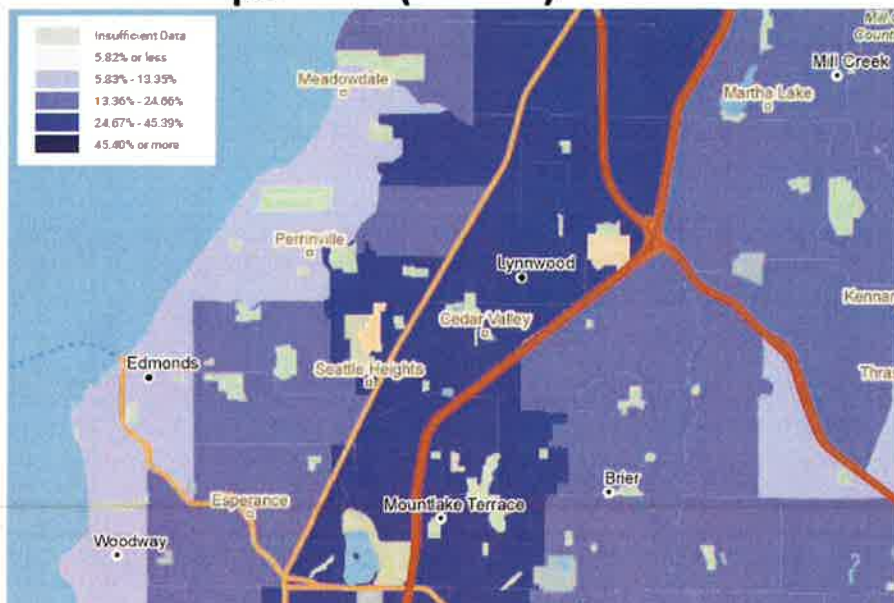


Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Current Non-White Population (ACS Census 5 year avg.)



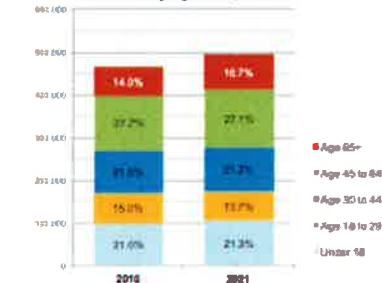
2000 Non-White Population (Census)



Population Projections, by Age Group

ESA residents age 65 and older are the fastest growing age cohort.
Residents between age 18 to 29 are projected decrease as a percentage of the population.
Residents age 30 and older will continue to account for over 60% of the overall population.

2016-2021 ESA Population Projections
By Age Group



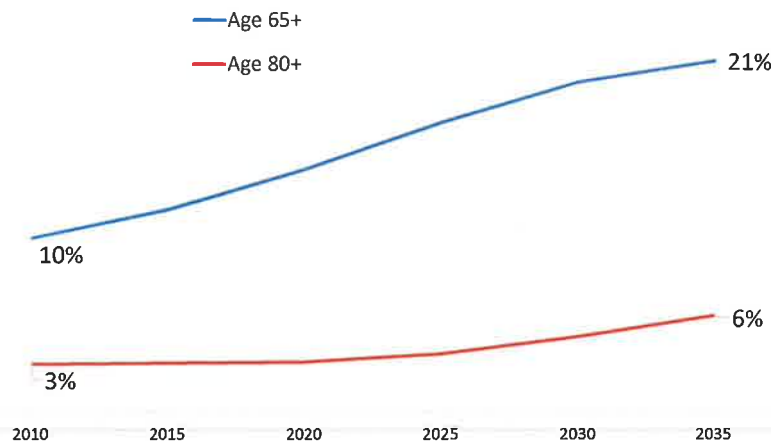
ESA - Eschbach-Spencer Area (SA 040-05) (2010-2021)
Data Source: U.S. Census Bureau

2016-2021 ESA Projected Population Rate of Change
By Age Group



SWEDISH
Laboratory • Care • Technology • ARTS

Snohomish County % of Population age 60+



Source: Washington State Office of Financial Management Growth Management Population for Counties



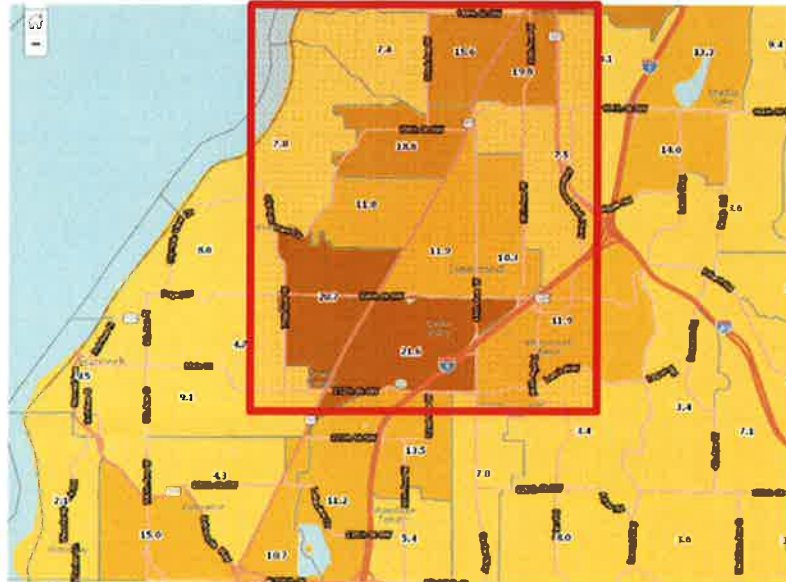
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates



Income, Housing & Homelessness

% of Population in South Snohomish Living Below Poverty Line

9% of district
below poverty
line (\$20.4k for
a family of 3)



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

% of Single-Parent Households in South Snohomish

21% of single
parent
households
w/children
below poverty
line



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Housing Affordability: Edmonds

| City of Edmonds | 2000 | 2010 | 2015 |
|--|--------|--------|--------|
| Population | 39,544 | 39,709 | 40,490 |
| Renter Households | 31.7% | 28.5% | 31% |
| Cost-Burdened Homeowners (>30% of income on housing) | 23.1% | 36.6% | 20.6% |
| Cost-Burdened Renters (>30% of income on housing) | 40.7% | 47.8% | 47.0% |

- Median rent on 3 bedroom apartment up from \$1,195/month to \$1,639 from 2013-2017 (37% increase)
- 33% of households in Edmonds had income <\$50k (2015)

Sources: Alliance for Housing Affordability Indicators Dashboard; uses US Census ACS 5 year estimates and 2000 Census. Rent data from Dupree & Scott.

Housing Affordability: Lynnwood

| City of Lynnwood | 2000 | 2010 | 2015 |
|--|--------|--------|--------|
| Population | 33,847 | 35,836 | 36,420 |
| Renter Households | 47.2% | 46.2% | 49.0% |
| Cost-Burdened Homeowners (>30% of income on housing) | 28.6% | 41.0% | 22.2% |
| Cost-Burdened Renters (>30% of income on housing) | 40.1% | 55.8% | 59.4% |

- Median rent on 3 bedroom apartment went from \$1,327/month to \$1,612 from 2013-2017 (21% increase)
- 49% of households in Edmonds had income <\$50k (2015)

Source: Alliance for Housing Affordability Indicators Dashboard; uses US Census ACS 5 year estimates and 2000 Census. Rent data from Dupree & Scott.



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

Edmonds School District McKinney Vento (Homeless) Students

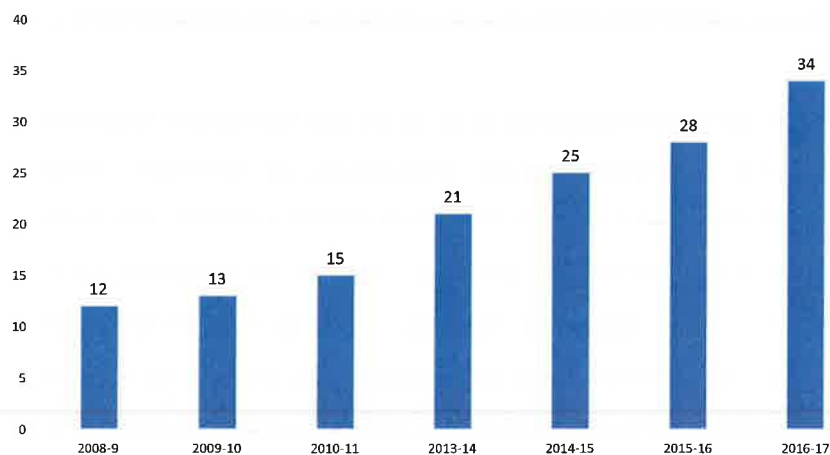
| | Living in Shelters | Doubled Up | Unsheltered/ couch surfing | Motels | Total |
|---------------------|--------------------|------------|-------------------------------|--------|-------|
| 2013-14 School Year | 94 | 310 | 12 | 57 | 471 |
| 2014-15 School Year | 122 | 409 | 11 | 58 | 600 |
| 2015-16 School Year | 141 | 421 | 25 | 74 | 661 |



Public Hospital District No. 2, Snohomish County / Verdant Health Commission

South County Cold Weather Shelter

Average South County Cold Weather Shelter Attendance



**Verdant Health Commission
Commission Retreat
December 1 and 2, 2017
Meeting Summary**

Attended by:

Commissioners: Deana Knutsen, Bruce Williams, Karianna Wilson, Bob Knowles, Fred Langer
Staff: Robin Fenn, George Kosovich, Lisa King, Jennifer Piplic, Karen Goto, Lisa King, Sue Waldin, Sandra Huber,
Facilitator: Margot Helphand

I. Retreat Goals:

- Confirm our Mission, Vision and Values
- Review strategic plan and major accomplishments
- Identify Key trends impacting Snohomish County, the work of the Commission and major impacts long-term "So-Whats"
- Develop decision making principles and protocols
- Determine slate of officers for 2018, committee assignments and meeting schedule
- Establish plan for Superintendent evaluation

II. Mission, Vision and Values Review

- A. Mission – Still compelling and relevant; Our programs are mission-driven
- B. Vision – Still compelling
- C. Values – We act in accordance with our values. Discussion of the word "Innovation". Agreement that innovation is critical in Verdant's work. No need to change Mission, Vision, Values

III. Current Environment/Trends

George presented key environmental Trends

- Access to healthcare remains an issue
- Uninsured rates have gone down. This could change due to federal policy changes.
- Access to dental care remains an issue
- Childhood obesity rates remain unchanged
- Most youth not meeting physical activity guidelines
- Adolescent depression rates continue to rise
- Snohomish County fastest growing county in the US and urbanizing
- Increase in non-white population; Youth diversity and refugee and immigrant population
- Increase in aging population
- Poverty rates – 9% of district households below poverty line; 21% of single parent households with children below poverty line
- Inadequate workforce in dental, behavioral and dental care

- Housing affordability - ~60% of Lynnwood renters are “cost burdened”
- Homelessness - Increase in homeless children
- Opiate epidemic – Need for substance abuse treatment
- Changes to ACA; unknown impacts
- Recognition that social determinants of health are critical. (90% modifiable; 10% Hospital care)

IV. Strategic Plan Review

George reviewed the strategic plan and highlighted work in each of the key areas. Key points included:

Long-Term Prevention

A. Mental Health/Adverse Childhood Experiences

- Expanded reach of THS, CHS Youth Counseling, Edmonds SSA
- Expect to serve 20% more youth in 2018

B. Reduce Childhood Obesity

- Major expansion of Move 60!
- RFP on childhood obesity resulted in 2 new projects

C. Long-Term Improvements that support healthy lifestyle

- New Healthy Building Community Fund projects on hold
- Woodway Project – activity continues
- Bike 2 Health network 2/3 complete

Treatment/Access to Healthcare

D. Improve Treatment/Access to Healthcare

- Two behavioral/physical health integration projects initiated with local clinics
- Lynnwood detox opened
- No new healthcare access programs (existing mobile treats 200 a year)
- VCWC caseload on track

E. Improve Dental Care Access

- No new projects 2017
- CHC of Snohomish and MTI programs ongoing; reach 1,000 a year
- PSCC dental clinic opened 9/16; provided 1,600 visits first 6 months; wait list

Organizational Goals

F. Alignment/Sustainability - Maximize Programs for Strategic Impact

- New evaluation criteria will tighten focus on alignment; must connect to strategic priority
- Sustainability issues handled case by case

G. Community need Data

- Refresh complete 2016
- Spanish language focus groups complete
- Budgeted for ongoing assessment work in 2018; exploring contract with SHD

H. Financial Reserves and Investments

- Reserve plan decision complete

- Value Village; Plan to be developed

V. Stakeholder Panel on Social Determinants of Health

A stakeholder panel composed of Elise Reich, Molina; Jeff Ketchel, SHD; and Julie Zarn, Providence presented information on social determinants of health. The panel supported the key environmental trends that were identified. Jeff encouraged the Board to participate in advocacy and policy issues related to health and provided several suggestions for doing so. This was discussed by the Board and no final decisions were made.

VI. Vision for the Future

Board and staff members identified key results/impacts that would like to see in the community as a result of Verdant's activities, investments, partnerships. Key Themes:

- **Reduce Childhood Obesity**
- **Increase Youth Mental Health**
- **Healthy Seniors**
- **Improved Access to Dental Care**
- **Integrated Services**

Key Comments:

- This vision reflects our current strategic priorities
- Our ability to generate results and impacts in the community will require strong partnerships in the future

VII. Decision Making

A. Department information for decision making

Program, Finance, Marketing, Superintendent/Admin Departments presented information to board members:

- How is information shared with the board?
- How does the department decide what information will be most relevant/useful?
- What's working well?
- Challenges and opportunities?
- Need for more feedback from board members was identified.

B. Key principles of decision making

The importance of clear decision-making protocols was affirmed. Effective decision making is critical for the success of the organization. Board members identified the following considerations when making a decision:

- **Clarify the decision:** What is the problem or issue we are trying to solve?
- Is there a **time frame** that we need to consider?
- What **results** are we trying to accomplish? Are these results mission focused? Is Verdant the "right one" to do this? Partners?
- **Whose decision** is this to make? (Board, staff);
- What **information** is needed?

- Have we assessed the **risk**?
- Who might be **impacted** by this decision?
- What **process** will we use to make the decision? Have we built in time to express opinions?

VIII. Major Decisions 2018

- Levy/Bond Strategy
- Value Village
- GME
- Building Healthy Communities Fund
- ACLU/Planned Parenthood
- Palliative Care
- Geriatric Center for Excellence
- Insurance Outreach
- Strategic Initiatives
- Funding – Sustain/Incubate

IX. Value Village/Bond-Levy Decision

- A. Time Frame – Decision by the end of 2018
Opportunity for financing, interest rates and tie to bond
- B. Parameters/Key Decisions
 - Building will be Verdant's front door
 - Partners will be engaged
 - Building should be as big as we can build it that parking will allow
 - No inpatient beds
 - Must meet our mission and vision and satisfy unmet community health needs
 - Potential of 5 story, mixed-use, flexible building with 40,000 sq. ft.
- C. What have we already done?
 - Community input/Engaged partners
 - Mapping
- D. Plan to make final decision by end of 2018
 - **Summarize** what we have already done, agreed to, know – Robin will prepare a timeline and a list of topics for a planning and resource notebook by 2/1/18. Notebook to be available in April 2018.
 - **Engage key partners**
 - **June 2018 begin formal conversation on program**
 - **By December 2018, program plan agreed upon. Approve decision to go out to an architect to begin development of architectural plans.**

X. Review Board-Superintendent Operating Agreements/Self-Evaluation

The Board reviewed the Operating Agreements and reaffirmed them. No revisions were made. Key Discussion points:

- **Governance:** Meeting principles

- **Conflict of Interest:** Strongly meeting these principles
- **Meeting:** Sometimes challenging to have participation on committees and continuity of discussions.
 Suggestions for improvements:
 - Explore technology to increase participation;
 - Need full board to make complex decisions
 - Minimize program presentations; Focus on result reports on strategic goals
 - Maximize meeting time to discuss complex decisions
 - Exploring bylaws changes to allow for phone/video decisions
- **Communication:** Generally meeting these principles. Board members are fair, objective and careful in communicating with the community. Suggestions for improvements:
 - Need for feedback to Superintendent emphasized
 - When requesting information from a staff member cc Superintendent; no individual board member will request major information from a staff member without full board approval.
 - If the Superintendent needs a response she will alert board members – “If I don’t hear from you by...,I will be”
- **Annual Planning and Evaluation:** Meeting these principles
- **Role of Board Leadership:** Meeting these principles
- **Expectations of Superintendent:** Meeting these expectations

XI. Commissioner Leadership and Committee Preferences

- President: Deana
- Secretary: Karianna
- Executive Committee: Deana, Karianna
- Program Committee: Bob, Bruce
- Finance: Fred, Karianna
- Strategic Collaboration: Fred, Deana

XII. Superintendent Goals and Evaluation

- A. Robin reviewed the goals identified at the 2016 board retreat and identified key accomplishments in each area.
- B. Robin presented a set of goals she developed early last year. These were not reviewed by the entire board. Robin would like board feedback on her goals. The goal would be to get clear superintendent goals in place early in 2018 that would be ratified by the full board by the regular February board meeting.
- C. Board will complete an evaluation of Robin.

XIII. Board Meeting schedule discussed and reviewed