

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

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

**Verdant Community Wellness Center**

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

## **Value Village Planning Session**

### **5 September 2019**

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

## **Topics to Discuss Today**

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

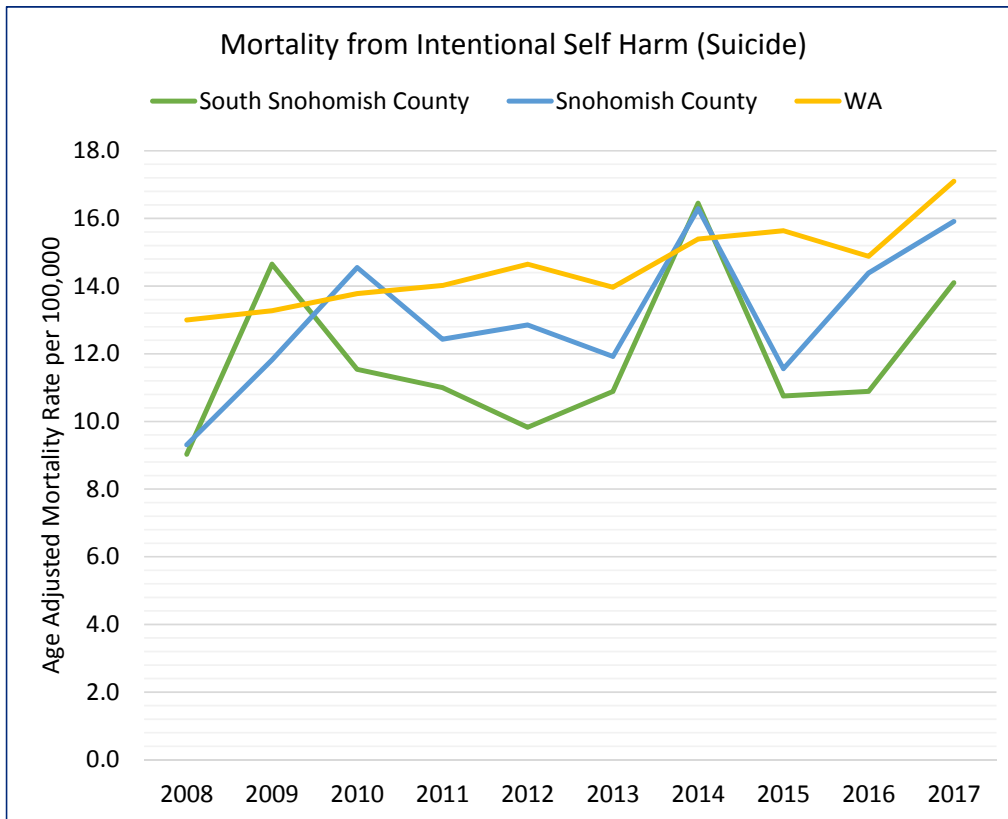
## **Data Walk Activity Goals**

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

# Instructions

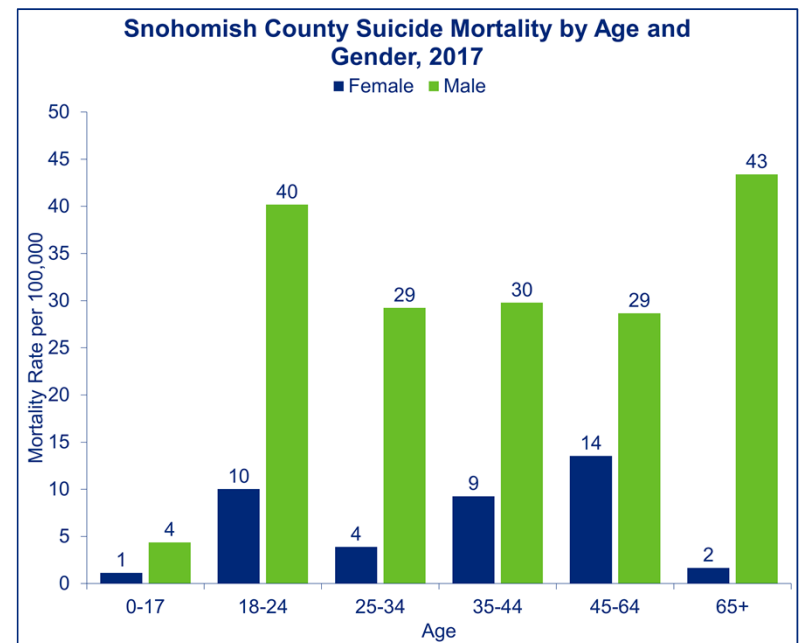
- Review data for this category
  - What do you observe
  - What surprises you?
  - What are the root causes of the problem?
    - High Control → Low Control
    - High Impact → Low Impact

# 1. Suicide



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

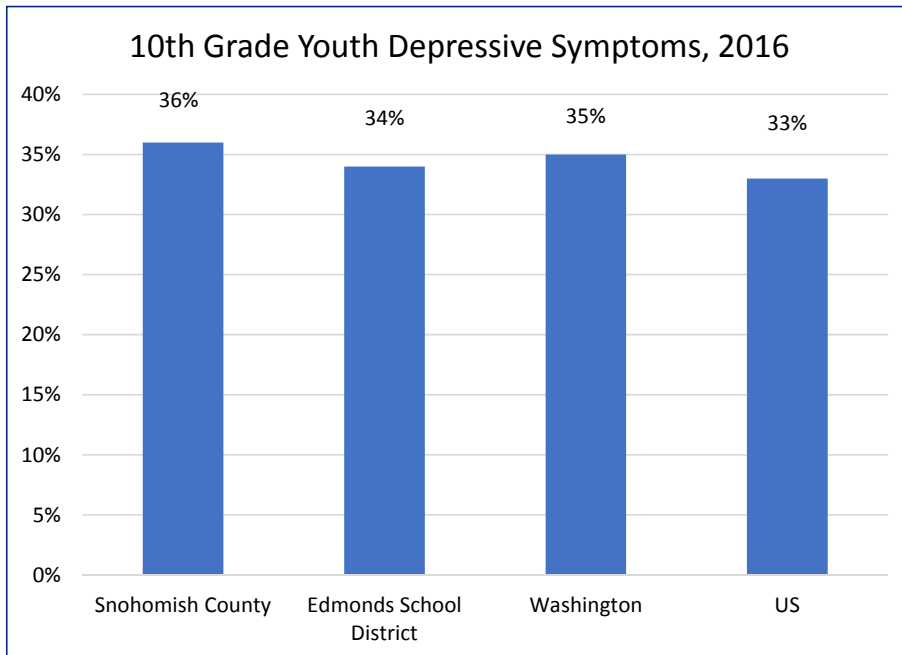
South County Top 10 Causes Of Death	2017 Age-Adjusted Rate
Malignant neoplasms	146.71
Diseases of heart	110.66
Alzheimer's disease	60.02
Accidents	33.66
Cerebrovascular diseases	31.18
Chronic lower respiratory diseases	23.82
Diabetes mellitus	18.28
Influenza and pneumonia	14.19
Intentional self-harm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



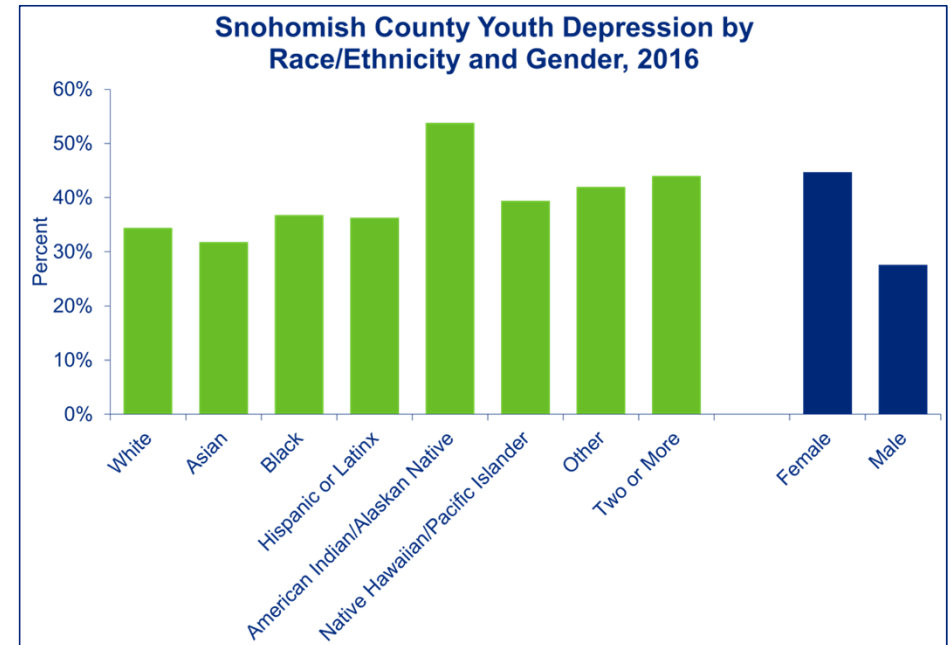
## 2. Youth Mental Health

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

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

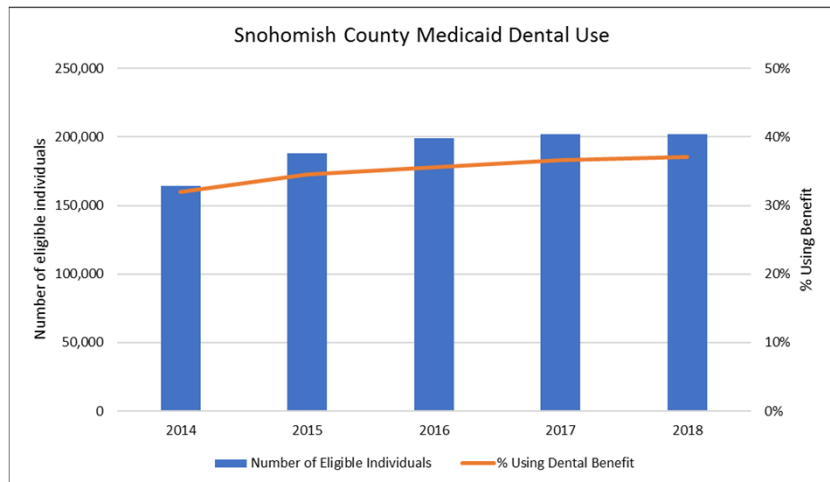


Healthy Youth Survey, 2016

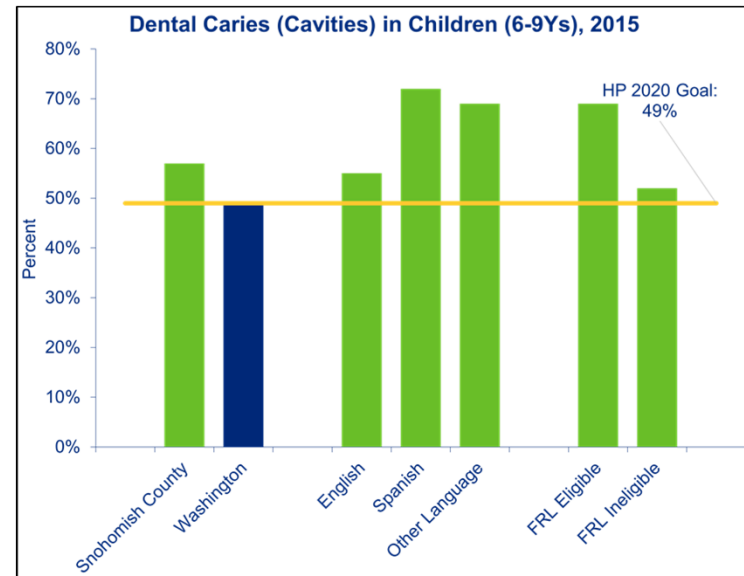


### 3. Dental

Dental Indicators	2011-15 Average	2016-17 Average
Adults w/no dental visit in past year	30% (+/- 4%)	26% (+/- 5%)
Adults w/no dental insurance	29% (+/- 4%)	27% (+/- 5%)
Source: BRFSS		
	2014	2016
ESD 10th Graders with no dental visit in past year	16% (+/- 2)	14% (+/- 2)
ESD 10th Graders missed school due to toothache	5% (+/- 1)	4% (+/- 1)
Source: Edmonds School District Healthy Youth Survey (+/- 95% C.I.)		



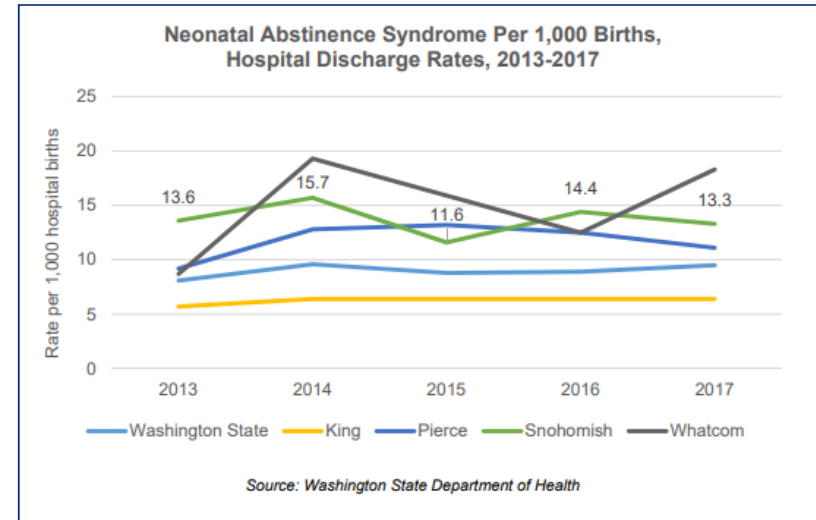
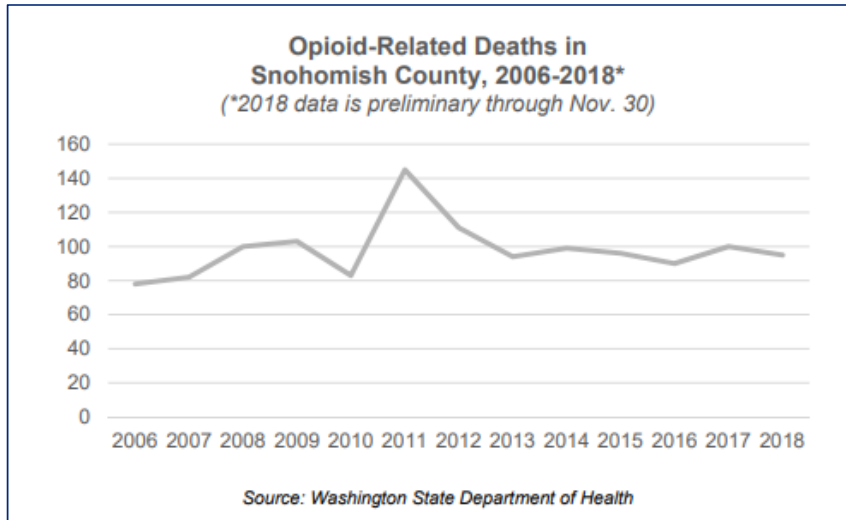
Source: Washington State Health Care Authority Dental Reports



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



## 4. Opioids

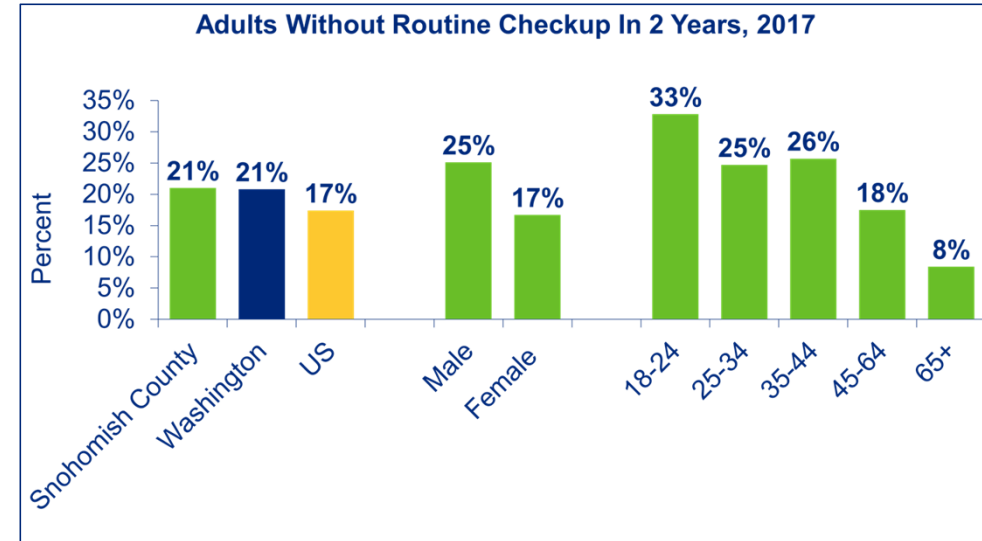


**Snohomish County Burden of Disease Estimate**  
(total county population = 801k)

Dataset	Deaths	Recovery Admissions	Emergency Dept. Visits	Opioid Use Disorder	Opioid Misusers
<b>Burden of Disease with Capture-Recapture Method</b>	<b>44</b>	<b>400</b>	<b>1,400</b>	<b>5,600</b>	<b>37,000</b>
2016 National Survey on Drug Use and Health	41	400	1,300	5,400	34,000
2017 Washington Syringe Exchange Health Survey	70	700	2,300	9,400	59,000
2017 Snohomish County Opioid-related Death Data	100	1,000	3,000	13,000	83,000
2018 Point-in-Time Study	90	900	3,000	12,000	80,000

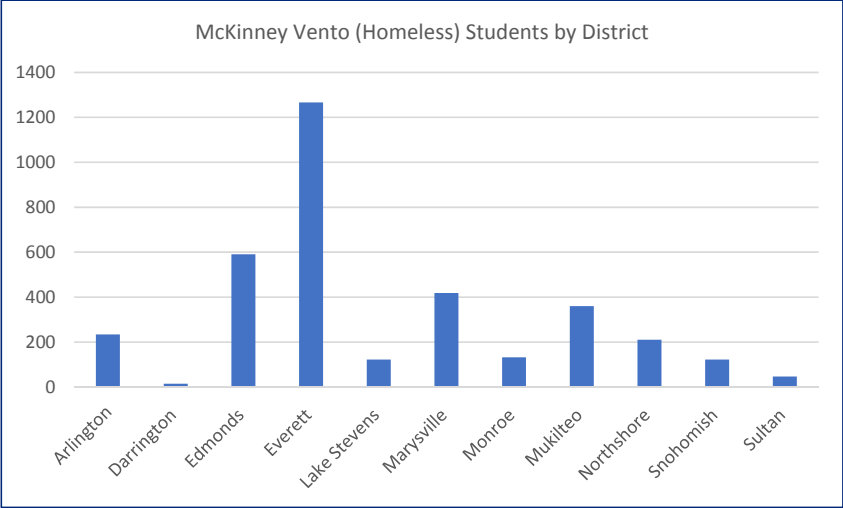
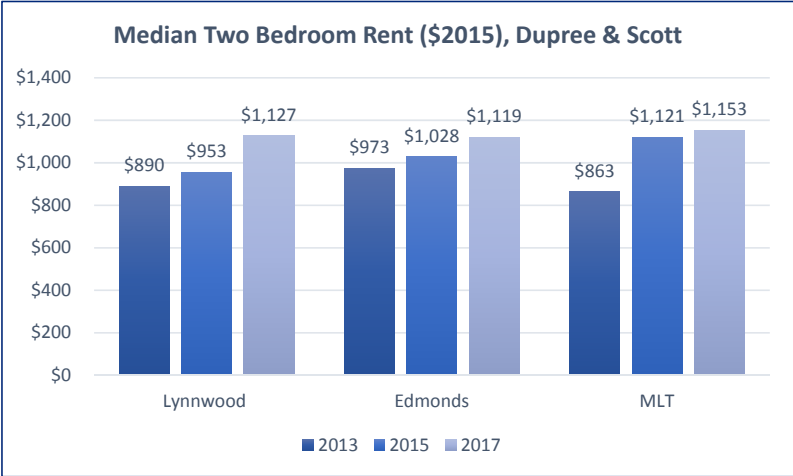
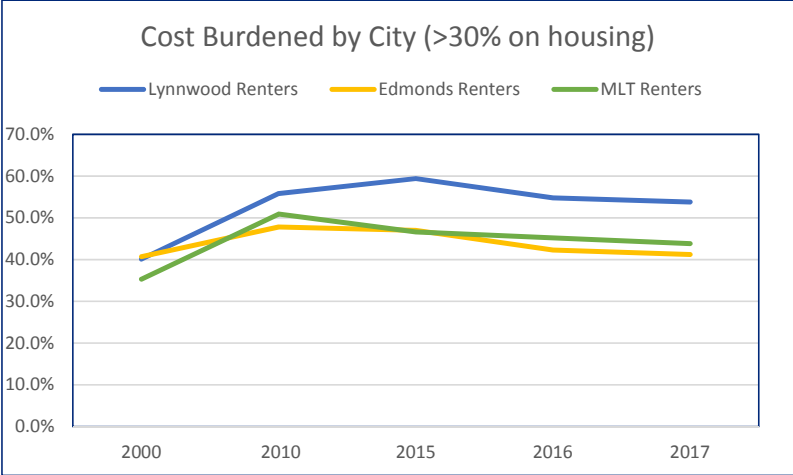
# 5. Access to Primary Care

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



Behavioral Risk Surveillance System, 2017

# 6. Housing/homelessness

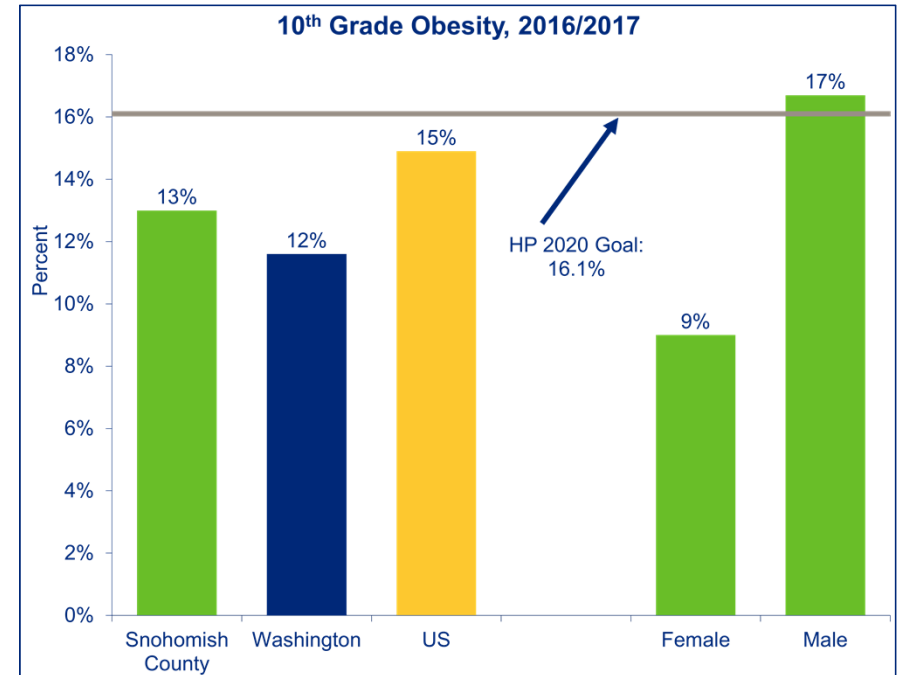


Edmonds School District McKinney Vento (Homeless) Students					
	Living in Shelters	Doubled Up	Unsheltered/ couch surfing	Motels	Total
2013-14 School Year	94	310	12	57	471
2014-15 School Year	122	409	11	58	600
2015-16 School Year	141	421	25	74	661
2016-17 School Year	135	411	29	63	638
2017-18 School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

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

# 7. Youth Obesity

Childhood Obesity Indicators	2014	2016
6th Grade Youth that do not meet 60 min/day physical activity	70% (+/- 3)	72% (+/- 3)
6th Grade Youth that are obese	N/A	N/A
8th Grade Youth that do not meet 60 min/day physical activity	69% (+/- 2)	70% (+/- 2)
8th Grade Youth that are obese	9% (+/- 1)	11% (+/- 2)
10th Grade Youth that do not meet 60 min/day physical activity	76% (+/- 2)	76% (+/- 2)
10th Grade Youth that are obese	11% (+/- 2)	12% (+/- 2)
Source: Edmonds School District Healthy Youth Survey 2016 (+/- 95% C.I.)		



SHD Compilation of Healthy Youth Survey, 2016

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

*N=24 (not including VHC staff)*

*Questions asked:*

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

*Responses:*

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

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

### Three conversations held:

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

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

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

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

### Overarching themes for use of space:

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

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

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



# Verdant Health Commission

*Board of Commissioners/Staff Retreat 9 June 2017*

## Review of Survey Results

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

### Commissioners:

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

### Staff:

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



## Verdant Health Commission

*Board of Commissioners/Staff Retreat 9 June 2017*

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

#### *Data:*

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

#### *Conversations:*

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

#### *Next Steps:*

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



## VERDANT BOARD DECISION STATUS

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

**Decision Area:** Value Village property

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

### Previous Decisions Made on This Issue

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

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

# Verdant Health Commission

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

## Other considerations:

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