

VERDANT HEALTH COMMISSION
PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
 Special Meeting
A G E N D A
 September 26, 2020
 10:10 a.m. to 4:00 p.m.

Due to the Governor's Proclamation 20-28 that temporarily waives and suspends sections of the Open Public Meetings Act, the September 26, 2020 Board of Commissioners regular and special meetings are NOT being held in person and will be held by remote participation only. The public can join via Zoom by visiting <https://us02web.zoom.us/j/83625293939> Meeting ID: 836 2529 3939 Passcode: 322348 or the call-in number is 1-253-215-8782, Meeting ID is 836 2529 3939, Passcode 322348

1.	Call to Order	President Knowles	10:10 AM
2.	Major Accomplishments	All	10:10 AM
3.	Strategic Priorities: <ul style="list-style-type: none"> • Current grant obligations for 2021 • Current investments • Overview of 2021 Budget • Unmet Community Needs • 2021 Priorities 	All	10:20 AM
4.	Lunch	All	12:30 PM
5.	Finalize 2021 funding priorities	All	1:00 PM
6.	Grantmaking Update	All	1:30 PM
7.	Break	All	2:00 PM
8.	Value Village Scenarios	All	2:15 PM
9.	Major Tasks Through 2020 <ul style="list-style-type: none"> • Schedule a subsequent strategic planning & board succession discussion 	All	3:30 PM
10.	Wrap Up and Reflection	All	3:40 PM
11.	Adjourn	President Knowles	4:00 PM

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

**BOARD SPECIAL MEETING
September 26, 2020
Zoom**

Commissioners Present	Bob Knowles, President (via Zoom) Karianna Wilson, Secretary (via Zoom) Deana Knutsen, Commissioner (via Zoom) Fred Langer, Commissioner (via Zoom) Dr. Jim Distelhorst, Commissioner (via Zoom)
Staff	Lisa Edwards, EdD, Superintendent (via Zoom) Zoe Reese, Director of Community Impact (via Zoom) Jennifer Piplic, Marketing Director (via Zoom) Sue Waldin, Community Wellness Program Manager (via Zoom) Sandra Huber, Community Engagement Manager (via Zoom) Nancy Budd, Community Social Worker (via Zoom) Karen Goto, Executive Assistant (via Zoom) Erica Ash, Ash Consulting (via Zoom)
Guests	Margot Helphand, Facilitator Members of the community
Call to Order	The Special Meeting of the Board of Commissioners was called to order at 10:10 a.m. by President Knowles. President Knowles announced that another special meeting will be scheduled for Fall 2020 to do strategic planning and succession planning for 2021.
Major Accomplishments	Ms. Margot Helphand started the retreat by leading a discussion with board members on the major accomplishments of the last 6 to 8 months (E:54:20) Commissioner Knowles commented that the hiring of a new Superintendent and Verdant's response to COVID-19 are highlights. He also acknowledged Ms. Piplic for her work with Verdant's response to COVID. Commissioner Langer commented that Verdant re-invented themselves and proved that Verdant is a nimble organization. Commissioner Wilson commented that Verdant was able to respond well to COVID and work with grant partners to pivot their work.

Commissioner Distelhorst acknowledged Ms. Piplic for working with grant partners to pivot because of COVID, especially with food insecurity.

Commissioner Knutsen commented that Verdant has improved its touch with grantees and that the Superintendent, staff and new staff to come are good things.

Strategic Priorities

Superintendent Edwards introduced Ms. Zoe Reese, Verdant Director of Community Impact, to the board.

Ms. Helphand led the board in a review of the 2016 to 2019 Strategic Priorities which include long-term prevention with 3 focus areas (increase mental health and decrease adverse childhood experiences, reduce childhood obesity, create long-term improvements that support healthy lifestyles), and treatment/access to healthcare with 2 focus areas (improve treatment/access to healthcare and improve dental access).

Commissioners discussed Verdant Organizational Goals of strategic alignment, community need data, financial reserve and investments and commented on what is working, what needs more data, and what might Verdant need in the future.

Suggestion was made by Facilitator to add more detail to these goals so the meaning is clear to everyone.

Superintendent Edwards asked the board if any of these goals were not met.

Verdant Interim Finance Director provided 2021 budget assumptions (E:55:20) and noted that the Superintendent Discretionary fund was increased to \$1 million due to COVID and this amount will be kept for 2021 for assistance with future vaccine distribution. Draft capital budget for 2021 Wellness Center improvements, Kruger Clinic improvements, and Value Village were also provided.

Unmet Community Needs: based on the Snohomish County Human Services Low Income Community Needs Assessment for 2019 (E:56:20), unmet community needs include housing, medical care, dental care, food, help getting benefits, help with utilities, transportation, mental health, disabilities, and seniors. Public Hospital Districts have not historically been involved with housing. Based on the

City of Lynnwood Human Services Commission report of March 2020 (E:57:20), unmet community needs include free gathering space for the community, affordable medical care, affordable dental care, access to reliable transportation, access to medical care.

Verdant will host some listening sessions with municipalities to understand these unmet needs.

Commissioners also discussed other needs that were not listed including domestic violence, detox center, food insecurity, vouchers for the homeless, and eyeglasses. Commissioners would like Attorney Brad Berg to look at state law and RCW requirements and what role Verdant as a public hospital district can have in housing and transitional housing, food, and vision hardware.

Commissioners discussed if any strategic priorities should be eliminated.

2021 Priorities: Commissioners were asked to look out 18 months from now and identify which needs should become 2021 priorities for Verdant. Food, housing, vision hardware, transportation, domestic violence, and rehab/detox were discussed.

Commissioners were also asked if anything from current priorities should go away.

Commissioners believe that mental health is important. Suggestion was made to convene a meeting with elected officials to hear what they are hearing about the needs of the community. What are other organizations doing to address needs so Verdant can see any gaps. Verdant should also assess the effectiveness of currently funded programs to see if Verdant is missing certain groups of people. Verdant should link multiple priorities into one and identify multiple partners so that Verdant is not the only funder for that priority.

President Knowles adjourned the meeting at 12:00 p.m. for a 30-minute lunch break.

Call to Order

The Special Meeting of the Board of Commissioners was called to order at 12:30 p.m. by President Knowles.

Grant-Making Update

Superintendent Edwards is working on an improved process for how Verdant makes grants and adding possible matching funds, doing a perception survey of what grantees like and don't like, scheduling workshops for

grantees on using your Verdant grant, providing technical assistance with utilizing a grant-making portal, partnering with UW School of Public Health and AmeriCorps for interns, hiring internal and external interns for Verdant. Currently, success is based on what the grantee gives Verdant in their final report.

Commissioners discussed how they would like Verdant Grant-Making to be known. Comments included using the Verdant mission statement and being transparent, responsive, effective, accessible, objective and respectful. The focus is on the public hospital district but what is Verdant's place in the larger county and state? What is Verdant's role in advocacy? Does Verdant have a role in educating elected officials on health and wellness? With many cities cutting services due to budget shortfalls, Verdant should not be looked at as the back-up for these shortfalls.

Considering all of these questions, Superintendent Edwards will bring a blueprint to the Program Committee and then to the full board.

Value Village Scenarios

Superintendent Edwards presented the 4 scenarios for the board to consider:

1. Scenario 1: Sale Perspective (E:58:20). Based on the CBRE assessment, the property was purchased for \$1.4 million in 1995 and could sell for \$5.2 to \$5.5 million today. Many developers are interested in the property and South County Fire is also interested in purchasing the land for a new fire station (E:59:20). For Verdant the issue will be the lack of parking space.
2. Scenario 2: Lease Perspective. With this scenario, there is low capital outlay with a long-term lease or high capital outlay to get the property to become a medical-grade space. This option is not recommended as it is cost prohibitive.
3. Scenario 3: New Development (E:60:20). Ankrom Moisan and Mortensen Construction provided two options; a medical office building, and a behavioral health/medical office building. They also provided a rough estimate for building a pediatric in-patient behavioral health 15 to 20 bed facility at an estimated cost of \$15,033,180. A larger facility would require underground parking which is very expensive.

4. Scenario 4: Edmonds Food Bank (E:61:20). The food bank is offering \$9500 a month in rent with a 5-year lease. Note – current lease revenue from Value Village is \$25,000 a month.

Decision Points: Superintendent Edwards provided these points for the board to consider – Value Village still has merchandise in the building, and the building is not being utilized which could invite vandalism, etc., Value Village is open to an early buy-out before December 31, 2021, and construction could not commence until 2022 at the earliest.

Commissioners discussed the options including selling now and looking for an alternative site for new development, doing a land swap (1031 exchange), renting to the Edmonds Food Bank, building a pediatric behavioral health and finding a partner to run the facility, doing something with adult behavioral health. Commissioner Distelhorst cautioned the board that Verdant needs to first identify a partner to provide behavioral health before doing any construction. A healthcare consultant could be hired to do a needs assessment of behavioral health including talking to Ryther, Fairfax, Children's. Since many businesses have been going out-of-business due to COVID, there may be more properties that are better suited for a clinic. Board will need to assess the community needs, do a property survey and then locate potential properties. All board members would rather develop the Value Village property than sell it and would like to keep it until Verdant knows of another property to purchase.

Commissioners also discussed the need for housing in the district and the potential for the Value Village property to be used for that.

Superintendent Edwards will look at hiring a healthcare consultant by December 2020 to complete a feasibility assessment. She will start with the RFQ process for the selection of a consultant and Commissioner Wilson will assist with this. Commissioners Distelhorst, Langer and Knowles expressed their preference for selling the property now to South County Fire rather than to a developer who might just flip it. They recommend selling now, see what

other properties are available after COVID, and doing research in the meantime.

Superintendent Edwards will look into the land swap idea with South County Fire and ask John Bauer of CBRE to see what \$5 million can buy elsewhere in the district as well as other options. She will also communicate with the Edmonds Food Bank on the board's next steps and will keep open the communication with them.

Goal is January 2021 for the final decision to be made.

Major Tasks for 2020

Superintendent Edwards shared the remaining 2020 tasks for Verdant (E:54:20) including implementing a grant-making update and a new grant agreement and including these on the Verdant website, implementing a 2021 marketing strategy, implementing the updated Employee Handbook and annual performance planning, implementing the recommendations from the recent technology audit of the Verdant Wellness Center, and scheduling listening sessions in November 2020 to understand public perceptions.

Upcoming Board Meetings

Budget meeting on October 14, 2020, 6 p.m. via Zoom
Regular board meeting on October 28, 2020, 8 a.m. via Zoom

Special board meeting for strategic planning on November 12, 2020, 5 p.m. via Zoom.

Wrap-up & Reflection

Commissioners commented that the Zoom format worked well for this retreat and thanked the Verdant staff for their work.

Facilitator notes from Ms. Helphand are attached to these minutes.

Adjourn

No action was taken at the meeting.

There being no further business to discuss, the meeting was adjourned at 2:05 p.m.

Board Special Meeting

September 26, 2020

Page 7

ATTEST BY:

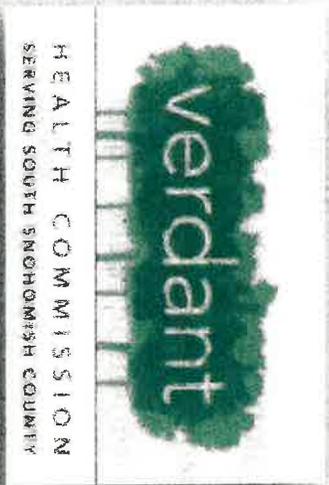


President



Secretary

E154.20
9.26.2020



RETRREAT

Margot Helphand, Facilitator

September 26, 2020



AGENDA

Activity	Time
<ul style="list-style-type: none">Major Accomplishments	10:10
Strategic Priorities: <ul style="list-style-type: none">Current Obligations for 2021 BudgetCurrent InvestmentsUnmet Community Needs2021 Priorities	10:20 AM
Lunch	12:30 PM
Finalize 2021 Funding Priorities	1:00 PM
Grantmaking Update	1:30 PM
Break	2:00 PM
Value Village Scenarios	2:15 PM
Major Tasks through 2020	3:30 PM
Wrap up and Reflection	3:40 PM
Adjourn	4:00 PM

2021 BUDGET

- See Budget Summary Provided and Notes to Financials

OBLIGATIONS FOR 2021

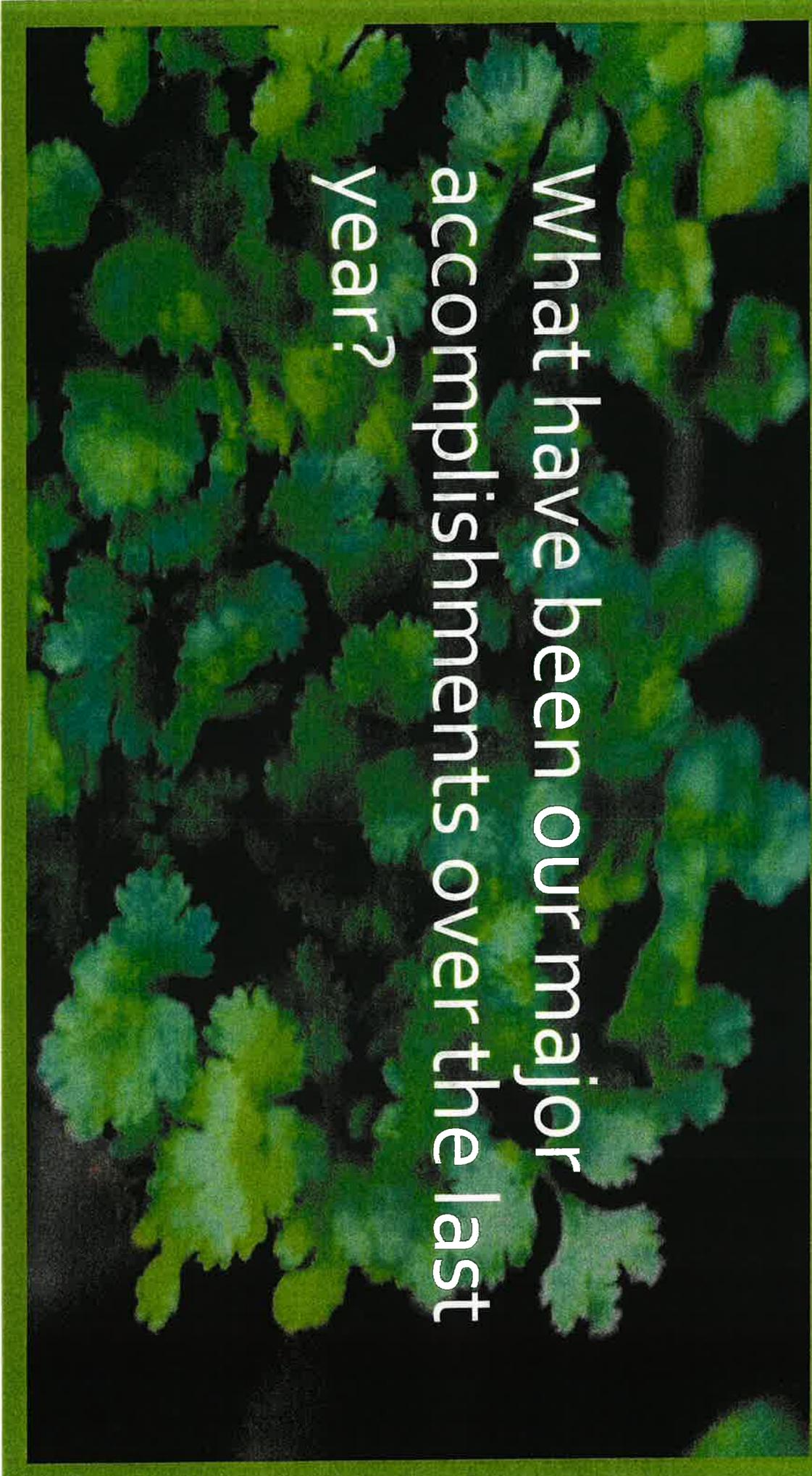
296	2018-2021 Low-income Specialty Care	Project Access Northwest	\$	62,500.00
298	SMART & Parent Education	Parent Trust for Washington Children	\$	10,000.00
299	Mobile Medical Clinic 2018-2021	Medical Teams International	\$	72,900.00
304	2018-2021 Teen Prevention Program	Domestic Violence Services of Snohomish County	\$	16,699.50
306	Healthy Habits 2018-2021	Boys and Girls Club of Snohomish County	\$	221,250.00
307	Center for Healthy Living	Homage Senior Services	\$	628,095.24
309	Clinic for Prenatal Substance Exposure	Wonderland Development Center	\$	132,162.96
310	DVS Community Advocate	Domestic Violence Services of Snohomish County	\$	96,000.00
311	Community Paramedic	South Snohomish County Fire & Rescue	\$	145,000.00
318	2019-2021 Elementary Bike Education	Cascade bicycle club	\$	32,000.04
332	Integrated Cognitive Therapy 2019-2020	Therapeutic Health Services	\$	124,999.98
333	Community Transitions Program	Compass Health	\$	88,449.06
334	2019-2021 Mental Health Counseling Program	Puget Sound Christian Clinic	\$	26,000.00
335	2019-2021 Family Resource Advocate	Edmonds School District	\$	120,000.00
337	2019-2021 Youth Counseling	Center for Human Services	\$	180,000.00
339	Prescription Assistance Network Program	Prescription Drug Assistance Foundation	\$	54,999.96
340	Family Wellness Program	Parent Trust for Washington Children	\$	15,000.00

OBLIGATIONS FOR 2021

344	Focus on Nutrition Program	Lynnwood Food Bank	\$	9,235.38
	Client Experience Improvement and Healthy Choice Education Project	Concern for Neighbors Food Bank	\$	8,230.00
345	Care Coordination - South Snohomish County 2020-22	Homage Senior Services	\$	143,613.96
346	22	Wonderland Child & Family Services	\$	150,000.00
347	Early Intervention Program 2020-22	ChildStrive	\$	297,051.96
348	Nurse Family Partnership 2020-22	Edmonds School District	\$	450,000.00
349	Student Support Advocates 2020-22	Lahai Health	\$	183,000.00
350	Mobile Medical Clinic Program 2020-22	South County Fire	\$	92,259.96
351	Veterans in Prevention			

OBLIGATIONS FOR 2021

Behavioral Health Integration Program				
352	at VM/EFM 2020-23	Center for Human Services	\$	100,057.00
353	Making Healthy Choices	Edmonds Food Bank	\$	20,000.00
Behavioral Health Integration Program				
356	at CHC 2020-23	Center for Human Services	\$	70,227.00
A375	Move 60 2020-21	Edmonds School District	\$	466,672.00
A382	Health and Wellness Advocate	LETI	\$	\$54,000
Total Normal Grants			\$	4,070,404.00
338	Evergreen Playfield (BHCF)	City of Mountlake Terrace	\$	785,000.00
342	Lynnwood Clinic Expansion (BHCF)	SeaMar Community Health Clinic	\$	\$1,000,000
Total Obligated for 2021				\$5,855,404



What have been our major
accomplishments over the last
year?

2016-2019 Strategic Priorities

Long-Term Prevention:

- Increase Mental Health & Decrease Adverse Childhood Experiences (ACEs)
- Reduce Childhood Obesity
- Create Long-Term Improvements that Support Healthy Lifestyles

Treatment/Access to Healthcare:

- Improve Treatment/Access to Healthcare
- Improve Dental Access

Verdant Organizational Goals

Strategic Alignment

- Develop sustainability for large grants
- Ongoing assessment of current programs for alignment

Community Need Data

- Identify community data measures tied to Verdant Strategic Plan
- Identify board community health metrics and collect data for district
- Consider piloting neighborhood-based focus groups and community meetings

Financial Reserve & Investments

- Financial research approach to determine mix of cash vs. real estate
- Evaluate, determine director of Value Village development options

Current Investment: Health & Fitness

Organization	Purpose	Amount (Annual)
Edmonds School District	Move 60! (a collect data for grading)	\$700,008
Boys & Girls Club	Healthy Habits	\$295,000
Girls on the Run	Youth Activity	\$18,750
City of Lynnwood, Mountlake Terrace, YMCA	Water safety/swim lesson program	Up to \$70,000
Total: Up to		\$1,083,758

Current Investment: Behavioral Health

Organization	Purpose	Amount (Annual)
Center for Human Services	Youth counseling	\$270,000
Center for Human Services	Behavioral health integration at CHC	\$70,227
Center for Human Services	Behavioral health integration at VM-EFM	\$98,417
Community Health Center of Snohomish County	Pain management program and infrastructure	\$2,500,000
Compass Health	Emergency housing program	\$52,250
Compass Health	Youth mental health	\$15,585
Compass Health	Community mental health transitions (with paramedics)	\$156,388
Compass Health	Triage Center services to uninsured	\$83,333
Edmonds School District	Student Support Advocates (middle/high)	\$450,000
Edmonds School District	Family Support Services (elementary)	\$180,000
Lahai Health	Mental health counseling	\$39,000
Sea Mar Community Health Center	Lynnwood clinic expansion of services	\$1,000,000
Therapeutic Health Services	Youth behavioral health program	\$250,000
Total:		\$5,165,200

Current Investment: Individual & Community Health

Organization	Purpose	Amount (Annual)
Cascade Bicycle Club	Youth Bicycling & Pedestrian Education	\$32,000
City of Edmonds	Physical Activity Program	\$62,250
City of Mountlake Terrace	Evergreen Playfield Physical Activity Program	\$1,000,000
ChildStrive	Early Intervention & Parents as Teachers Program	\$321,802
ChildStrive	Nurse Family Partnership	\$288,400
Community Health Centers of Snohomish Co	Dental Program	\$100,195
Concern for Neighbors Food Bank	Nutrition & Food Access	\$41,725
Domestic Violence Services of Snohomish Co	Domestic Violence Prevention	\$22,266
Domestic Violence Services of Snohomish Co	South County Advocate Program	\$96,000
Edmonds Food Bank	Nutrition & Food Access	\$30,000
Edmonds Senior Center	Enhanced Wellness	\$87,000
Edmonds Senior Center	Nutrition Programs	\$146,000
Homage	Care Coordination	\$139,437
Homage	Center for Healthy Living	\$609,801
Kindering	Early Intervention	\$146,623
Korean Women's Association	Everday Prevention	\$60,000

Current Investment: Individual & Community Health

Organization	Purpose	Amount (Annual)
Lahai Health	Dental Program	\$425,946
Lahai Health	Mobile Medical Clinic	\$138,000
LETT	Health & Wellness Program	\$65,000
Lynnwood Food Bank	Nutrition & Food Access	\$34,375
Medical Teams International	Mobile Dental Program	\$97,200
Parent Trust	Parent Education & Stress Management	\$20,000
Parent Trust	Family Wellness Program	\$15,000
Prescription Drug Assistance Network	Prescription Assistance Program	\$55,000
Project Access Northwest	Primary and Specialty Care Services	\$125,000
Puget Sound Kidney Centers	Survive & Thrive with Chronic Kidney Disease	\$25,000
Seattle Visiting Nurse Association	Flu Vaccines for Uninsured	\$10,000
South County Fire	Community Paramedicine Program	\$225,000
South County Fire	Veterans in Prevention Program	\$97,500
Volunteers of America Western WA	2-1-1 Community Resource Advocate	\$81,005
Wonderland Child & Family Services	Early Intervention	\$150,000
Wonderland Child & Family Services	Clinic for Prenatal Exposure	\$176,872
Total:		\$4,924,397

COVID-19 Rapid Response Funding

ORGANIZATION	PURPOSE	AMOUNT
Edmonds Food Bank	Food and supply purchase	\$80,000.00
Foundation for Edmonds School District	Grab and go meal support for youth	\$65,830.00
Lynnwood Food Bank	Food and supply purchase	\$50,000.00
Concern for Neighbors Food Bank	Food and supply purchase	\$25,000.00
Compass Health	Telehealth support	\$99,924.00
Homage	Food needs, staffing & transportation to support food access	\$100,000.00
Center for Human Services	Support for increased mental health needs	\$36,612.23
ProjectAccess NW	Mental health phone check-ins with vulnerable clients	\$25,000.00
ChildStrive	Care kit supplies for families in need	\$10,000.00
Korean Women's Association	Meals, delivery, behavioral health support	\$54,937.00

COVID-19 Rapid Response Funding

ORGANIZATION	FOCUS	AMOUNT
Parent Trust Washington	SMART Teens Virtual webinars	\$850.00
Kindering	Parent Support Groups	\$2,700.00
Wonderland	Parent Self Care & Support Program	\$4,400
Concern for Neighbors Food Bank	Food and supply purchase	\$25,000.00
Compass Health	Telehealth support	\$99,924.00
Homage	Food needs, staffing & transportation to support food access	\$100,000.00
Center for Human Services	Support for increased mental health needs	\$36,612.23
ProjectAccess NW	Mental health phone check-ins with vulnerable clients	\$25,000.00
ChildStrive	Care kit supplies for families in need	\$10,000.00

COVID-19 Rapid Response Funding

ORGANIZATION	PURPOSE	AMOUNT
Jean Kim Foundation	Hygiene Center to support homeless	\$82,420.00
Northshore Senior Center	Food, mental health support	\$10,000.00
Edmonds CC Foundation	Meals, pantry items for food insecure students	\$11,880.00
Washington Kids in Transition	Purchase food and supplies for vulnerable families	\$14,213.00
YWCA	Food and supplies for families/individuals in shelters or with need	\$6,552.00
Lynnwood Food Bank	Food distribution at one-time event	\$9,000.00
Lynnwood Food Bank	Food and supply purchase	\$30,000.00
LETI	Back to School Success for families	\$16,500.00
Mountlake Terrace Senior Center	Grab and Go Meal Program	\$9,635
		Total: \$725,453

Unmet Community Needs

Snohomish County 2019 Low Income Needs Assessment

Top 10 extremely important service categories

Top 10 extremely important service categories	
1. Housing	6. Help with Utilities
2. Medical Care	7. Transportation
3. Dental Care	8. Mental Health
4. Food	9. Disabilities
5. Help Getting Benefits	10. Seniors

Unmet Community Needs

City of Lynnwood Human Services Commission

March 2020 Report

The top 5 needs for which respondents indicated they had a moderate or strong need were:

- Free gathering spaces for the community
- Affordable medical care
- Affordable dental care
- Access to reliable transportation
- Access to medical care

Unmet Community Needs

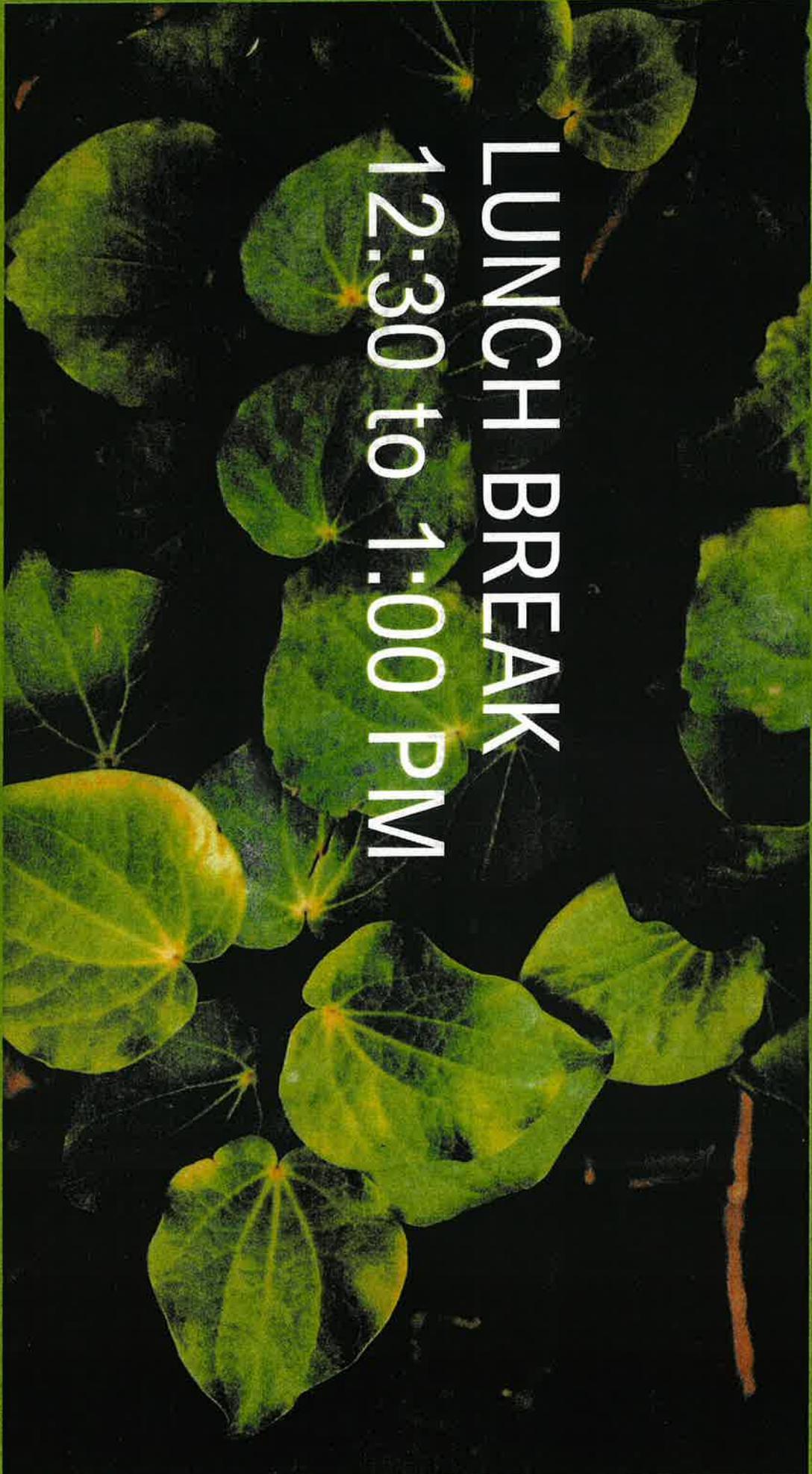
City of Lynnwood Human Services Commission

March 2020 Report

- Cost is a primary barrier to obtaining all types of care
- Lack of vision care is of concern to residents especially children and seniors
- Transportation is a barrier to obtaining all types of care
- There is a lack of providers who accept Apple Health or uninsured patients
- There is a need for culturally appropriate providers
- There is a lack of providers for oral health, behavioral health and specialty care
- Clients/patients don't know where to go for information

Opportunities

- Convene community listening sessions in partnership with municipalities to understand community health needs
- Establish regional community resource advocates to connect individuals to healthcare resources
- Create an annual health/social services data report to document community needs for nonprofits and municipalities to secure funding
- Create a rapid response fund grant program to support emerging community needs and promote to communities



LUNCH BREAK
12:30 to 1:00 PM

Questions for 2021 Priorities

- Do we stay the course with current priorities?
- Do we eliminate anything?
- Do we add anything?
- If we add something, does something else need to go away?

LUNCH BREAK

2021 Grantmaking Strategies

- What are the qualities of an effective grantmaking process?
- How do we want Verdant grantmaking to be known?
- How are we going to get there?

2021 Grantmaking Update

- **Update Application process** with industry best practices- Consider a matching requirement like 10% first year, 30% second year and 50% third year.
- **Review Grantmaking Programs**- to ensure process meets community needs- conduct a perception survey and get feedback from grantees
- **Cloud based Grantmaking portal**- We currently pay over \$12,000 a year for a CRM that does not allow for online grant applications and management. This funding can be repurposed.
- **Technical Assistance workshops**- We will reconfigure the Verdant Partner Roundtables to provide educational workshops to help grant partners acquire fiscal management, impact reporting, partnership development and grant writing workshops- Community Foundation of Snohomish County has asked to partner with us.
- **Launch an Americorps program**- to coordinate volunteer support for grantees for fiscal and clerical support and data collection.

BREAK



Value Village Scenarios

- **Scenario 1: Sale Perspective**
Purchased for \$1.4 million and currently valued around \$5.2 to \$5.5 million
- **Scenario 2: Lease Perspective**
Low capital outlay - long term lease
High capital outlay to get to medical grade space
- **Scenario 3: New Development**
- **Scenario 4: Edmonds Food Bank**

Major Tasks for The Rest of 2020

- Review and update grantmaking programs and award criteria to align with commission priorities
- Upload all grantmaking forms on the website to increase transparency with the public
- Implement new grant agreement and orient all grant partners
- Implement major recommendations from technology audit
- Hold 3 community listening sessions to understand public perception
- Develop 2021 marketing strategy for increasing public awareness of our work and impact
- Implement updated employee handbook and annual performance planning

Major Tasks for The Rest of 2020

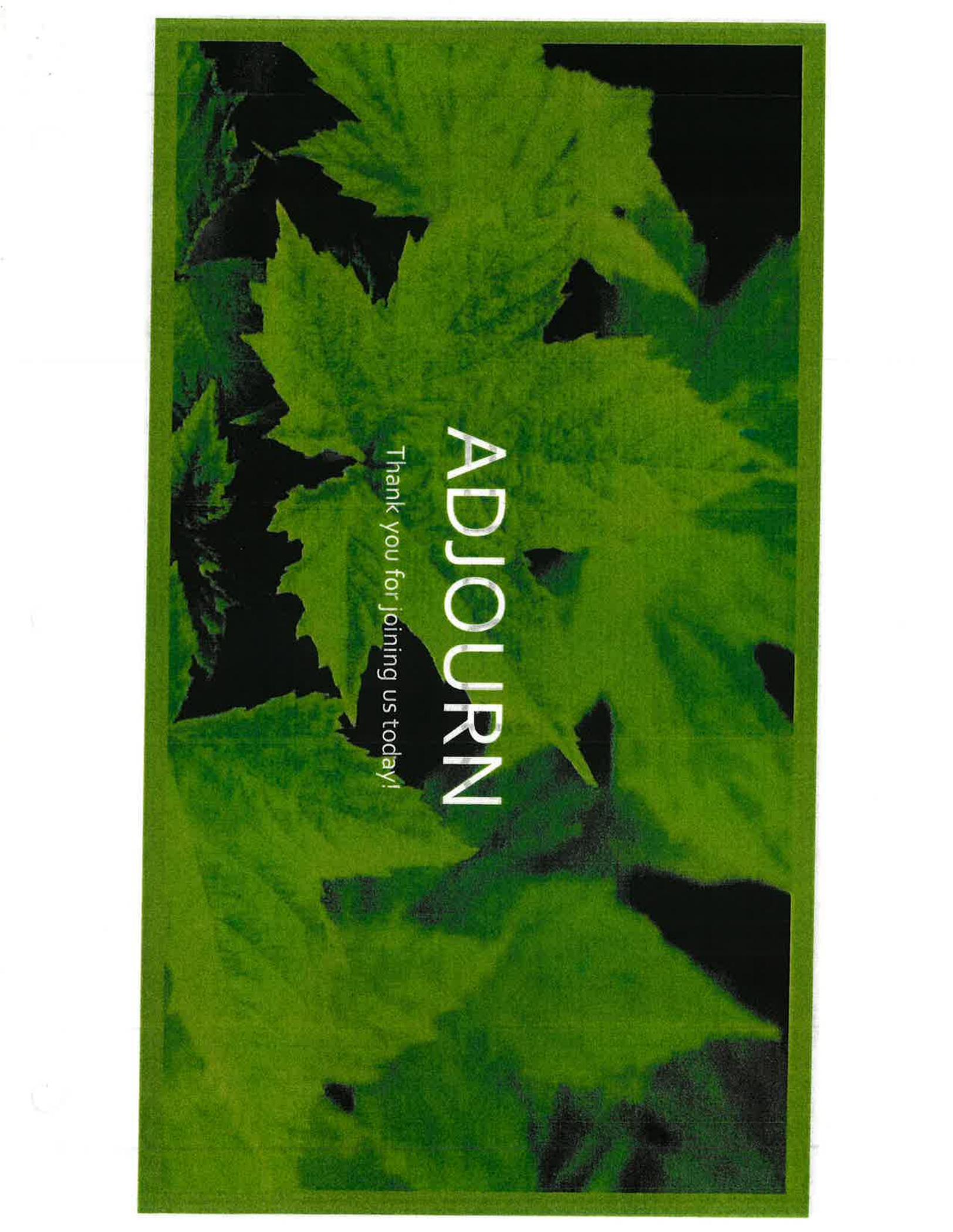
- Select an evening during the third week of October 2020 to have a facilitated virtual strategic planning session:

Potential Dates: October 20, 21 or 22, 2020 from 5 to 8 PM

Activities will include

- Subsequent Strategic Planning Session for 2021-2024 Priorities
- Board Leadership Succession Discussion

WRAP UP & REFLECTION



ADJOURN

Thank you for joining us today!

E:55:20
9.26.2020

Verdant Health Commission 2021 Budget Assumptions

Revenue:

1. Swedish hospital rent remains in compliance with the existing contract. The effects of any contract renegotiation are unknown.
2. Value Village will continue to pay all rental amounts per the contract until the lease expires on 12/31/21 even though they have indicated that they will not reopen the store.
3. Swedish Children's Clinic and Allied Dermatology leases expire on 5/31/21. We assume they will re-lease at the same rate for the rest of 2021.
4. Suite 270 is currently being modified to increase leaseability. We assume that this suite will be rented on 9/1/21 as a conservative estimate.

Expenses:

Salary and Benefits:

1. Salary increases at 3% on 1/1/21 except for new hires and individual who received mid-year market adjustment. 2 hourly interns will be hired from July to December to increase social media presence and research to measure grant investments.
2. Assume more Commissioner time in 2021 due to Swedish renegotiations.
3. Assume a 10% increase in healthcare coverage and a 5% increase in life/disability coverage.

Grants, Programs and Conferences:

1. Program grants are estimated and used to balance the entire budget. As of now, over \$4 million of funding for 2021 is already solidified.
2. Most internal programs will be virtual with an attempt to move to onsite programming midyear.
3. Assuming the Superintendent Discretionary fund will be \$1 million to assist with additional Covid needs.
4. BHCF – SeaMar payments that were projected for 2020 will be made in 2021 (\$1 million). All current commitments for BHCF are projected to be completed in 2022.
5. In lieu of the larger Verdant Health Community Conference, we are proposing 3 speaker events and 2 technical support sessions with our grant partners.
6. The Latina Health Conference will be a virtual conference with minimal projected revenue.

Other Expenses:

1. Most expenses were based on the 2019 actuals with adjustments for larger items. It is difficult to base the budget on 2020 since it is not representative of a normal year.
2. Assume larger legal and Howard Thomas fees associated with the Swedish renegotiation.
3. Included \$50k for election costs related to Commissioner Langer's open seat.
4. Included \$25k for All Things HR for ongoing HR support.

Non-Operating Income:

1. Assume a 1% increase in the levy amount.
2. Conservative income reflected for investment income and net gains based on 2020 actuals.

Capital:

1. Capital budget will be completed after the 9/26/20 Board Retreat to reflect the decisions surrounding the future use of the Value Village property.
2. Kruger Clinic is projecting the HVAC replacement again. This was originally budgeted in 2020 but was deferred due to Covid.
3. Included \$50k for addressing the crack in the lobby at VCWC (if structural).

VEKDANT HEALTH COMMISSION
DRAFT 2021 BUDGET

	2019	2020	2021	2021	2021	General Notes
	Actual	Total Budget	Projected Actuals	Total Budget	Incr/(Decr) from Proj 2020 Actual	% Change
1 Income						
2 Operating Revenues						
3 5791 - Rental Income						
4 5791.1 - S/E Hospital Rental Income	9,211,952	9,488,302	9,488,311	9,772,960	284,649	3.0% Per contract
5 5791.2 - Kruger Clinic Rental Income	1,305,253	1,355,946	1,340,847	1,543,054	202,207	15.1% Per contract + CAM + LH Excise Tx (Ste 270 Vacant thru Aug and assumes 2 leases are renewed) and payback of rent deferrals from 2020
6 5791.3 - Value Village Rental Income	331,377	331,377	308,364	354,388	46,025	14.9% Per contract
7 5791.4 - Deferred Rental Income	846,699	570,340	540,397	243,359	(297,038)	-55.0% Straight-line Swedish contracts
8 5792 - Pavillion Ground Lease Income	53,817	53,817	61,005	61,008	3	0.0% Per contract - increase over 2019 for LH Excise Tax
9 5793 - Other Operating Income	36,228	46,800	1,173	16,000	14,828	1264.6% Verdant Conferences, VCWC Class Registration and Sponsorships
10 Total Operating Revenues	11,785,326	11,846,582	11,740,097	11,990,770	250,673	2.1%
11 Expense						
12 Total Salaries	821,952	849,736	604,294	918,055	313,761	51.9% 8 FTE's in 2021, not fully staffed in 2019 or 2020
13 Total Benefits	119,357	189,406	109,316	175,376	66,060	60.4% Includes 10% increase in June for benefits, not fully staffed in 2020
14 Professional Services						
15 6210 - Professional Fees	152,631	192,780	246,900	275,900	29,000	11.7% IT/AV Support, Payden & Rygel, CBRE Leasing Fees; 2020 included recruiter fees
16 6220 - Property Management	38,880	37,980	38,880	39,096	216	0.6% KC Management fee
17 6230 - Consulting	72,768	81,792	286,539	110,832	(175,707)	-61.3% Ash, ATHR, Thomas & Assoc., Other; 2020 included higher Ash fees for finance coverage
18 6240 - Legal	60,873	123,485	37,442	122,411	84,969	226.9% Foster Garvey - assume more for Swedish renegotiation; 2020 lower due to overaccrual reversal
19 6250 - Accounting/Audit	48,402	48,000	46,307	55,000	8,693	18.8% Moss Adams, SAO
20 Total Professional Services	373,555	484,037	656,068	603,239	(52,829)	-8.1%
21 Total Other Amortization	17,247	22,416	28,140	89,088	60,948	216.6% Kruger Clinic TI's, Full year of TI's for Edmonds Medical Clinic in 2021; Bond cost complete in 2020
22 Total Interest Expense	53,813	26,263	26,265	(26,265)		-100.0% Bond costs complete in 2020
23 Total Purchased Services	360,203	348,725	304,903	376,648	71,745	23.5% Higher janitorial due to Covid; Extra mailing for Covid in 2020; Election cost in 2021
24 Total Supplies	37,310	42,150	50,480	41,450	(9,030)	-17.9% Extra Covid mailing in 2020
25 Total Repairs and Maintenance	89,626	109,302	158,179	118,970	(39,209)	-24.8% Assume additional costs for VCWC maintenance; Larger KC repairs in 2020
26 Total Insurance	46,900	52,399	57,384	66,669	9,285	16.2% Includes annual increase of 15%
27 Total Utilities	176,610	179,284	179,793	188,920	9,127	5.1% Increases based on trends
28 Total Taxes	116,541	89,284	95,501	112,303	16,801	17.6% Additional leasehold tax from 2020 rent deferrals; new lease on open suite at KC
29 Total Other Expenses	72,022	86,216	30,382	84,937	54,555	179.6% Training/Travel for fully staffed group - minimal done in 2020; Board retreats in 2020 were virtual
30 Total Operating Expense	2,285,136	2,479,218	2,300,704	2,775,654	474,950	20.6%
31 Programs						
32 7100 - Community Programs-External (Grants)	6,562,902	8,600,000	6,382,764	8,000,000	1,617,236	25.3% Plug to balance the budget; \$4 million already contracted
33 7200 - Superintendent Discretionary Fund	12,000	50,000	954,987	1,000,000	45,013	4.7% For continued Covid support
34 7300 - Community Programs-Internal						
35 7301 - Conferences & Forums	39,263	58,100	-	29,000	29,000	100.0% No conferences in 2020 due to Covid
36 7302 - Needs-Assessment & Eval.		8,000	-	-	-	
37 7303 - Nutrition & Physical Activity	79,429	100,000	41,681	98,650	56,969	136.7% Minimal programming in 2020
38 7304 - Behavioral Health	13,709	42,850	4,758	42,340	37,583	790.0% Minimal programming in 2020
39 7305 - VOA 211	74,059	83,435	47,253	105,500	58,247	123.3% Partial year in 2020; Expanded program in 2021 with bilingual staff
40 7306 - Multicultural Health Programs	49,817	69,710	12,011	44,405	32,394	269.7% Minimal programming in 2020
41 7308 - Social Worker Case Mngmt	1,751	6,000	1,535	6,000	4,465	290.9% Minimal programming in 2020
42 7309 - Health Screenings & Education		1,600	-	2,000	2,000	100.0% Diabetes prevention workshops with screening in 2021
43 7310 - Provider Training & CME	6,718	10,000	2,921	10,000	7,079	242.3% Minimal training in 2020
44 7600 - Building Healthy Communities Fund	483,917	1,589,750	2,496,115	1,785,000	(711,115)	-28.5% Payout dependent on construction closures - delays in 2020
45 7600 - Co-funding Opportunities		100,000	-	100,000	100,000	100.0% Co partnering funding
46 7700 - CHART	1,307	4,500	516	3,600	3,084	597.2%
47 Total Program Expense	7,324,907	10,723,945	9,944,541	11,226,495	1,281,954	12.9%
48 Net Ordinary Income	2,175,283	(1,356,581)	(505,148)	(2,031,380)	(1,506,231)	298.2%
49 Total Non Operating Revenue (Expense)	4,183,274	2,955,000	4,598,271	3,404,250	(1,194,021)	-26.0%
50 Earnings before Depreciation	6,358,557	1,598,419	4,093,123	1,392,870	(2,700,252)	-66.0%
51 Total Depreciation	1,755,967	1,599,212	1,608,611	1,352,083	(256,528)	-15.9%
52 Net Income	4,602,590	(793)	2,484,512	40,788	(2,443,724)	-98.4%

Conservative amounts shown for Investment Income; 1% increase in levy

**Public Hospital District 2, Snohomish County
2021**

9/16/2020

Draft Capital Budget

1	Verdant Community Wellness Center	
2	Reader Board replacement	5,000
3	IT Infrastructure	5,000
4	VCWC crack fix (if structural)	50,000
5	Total VCWC	60,000
6	Kruger Medical Office Building	
7	HVAC Replacement	69,000
8	Tenant TI Ste 270	69,000
9	Total Kruger Clinic	138,000
10	Value Village	
11	Design Fees	TBD
12	Tenant Improvements	TBD
13	Total Value Village	-
14	Total Capital Improvements	198,000

E:56:20
9.26.2020



Snohomish County
Human Services

2019

Low Income Community Needs Assessment

The mission of Human Services is to help all persons meet their basic needs and develop their potential by providing timely, effective human services and building community.

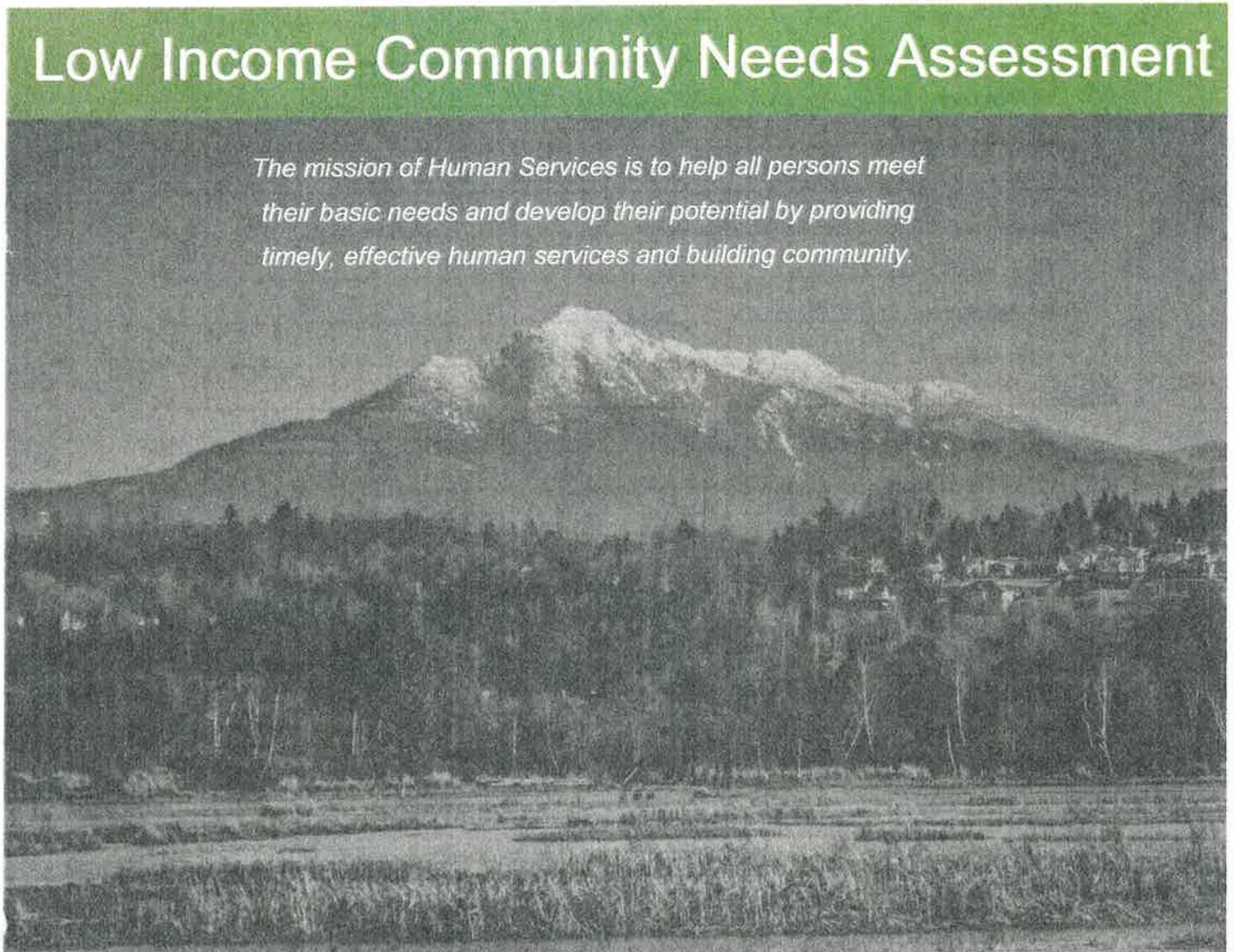


TABLE OF CONTENTS

Introduction	5
Landscape	6
Survey	10
Methodology	10
Respondents: Who are they?	10
Community Services Assessment	14
Housing	21
Employment and Income.....	23
Health and Wellness	27
Education	32
Focus Groups	35
Methodology	35
Housing and Utilities.....	37
Getting and Keeping Benefits	40
Health Care: Medical, Dental, and Mental Health	42
Food	44
Transportation	46
Other Needs.....	48
Appendices	50
Focus group facilitation guide.....	50
Percent of population living below 200% of the federal poverty level by census tract	53

TABLE OF FIGURES

Figure 1. Wages required in order to meet basic needs in West and East Snohomish County	7
Figure 2. Percentage of Snohomish County residents living below 100% of the federal poverty level by age group	7
Figure 3. Percentage of Snohomish County residents living below 100% of the federal poverty level by demographics	8
Figure 4. Percentage living below 200% of the federal poverty level census tract	9
Figure 5. Which of the following best describes your household?.....	11
Figure 6. Race and ethnicity	11
Figure 7. Language usually spoken at home.....	12
Table 1. How long have you lived in Snohomish County?	12
Figure 8. Where do you live now?	13
Figure 9. Proportion of respondents who rated service categories as extremely important to them.....	14
Figure 10. Proportion of respondents who rated service categories as very hard to get	15
Figure 11. Perspectives on low-income service importance and availability	17
Figure 12. Perspectives on low-income service importance and availability among households with young children.....	18
Figure 13. Do you or anyone in your household have difficulty accessing services for any of the following reasons?	20
Figure 14. When receiving or trying to receive services in the past three years, have you or anyone in your household experienced discrimination due to language, race, ethnicity, sexual orientation, or gender identity?.....	20
Figure 15. Which best describes the place where you are living this week?	21
Figure 16. In the last 12 months, how often did you have to choose between paying rent/mortgage and paying for other basic needs (like food, medical care, or transportation)?	21
Figure 17. In the last 12 months, have any of the following things happened to your household?	22
Figure 18. Which of the following best describes your employment status?	23
Figure 19. In the last 12 months, has getting or keeping a job been hard for you or anyone in your household?	23
Figure 20. If YES, what's been hard about getting or keeping a good job?	24
Figure 21. In the last 12 months, did you or anyone in your household need help getting or keeping any of the following benefits?	25
Figure 22. Does anyone in your household have problems with debt?	26
Figure 23. If yes, what kind of debt?	26

Snohomish County Community Needs Assessment

Figure 24. In the last 12 months, have you or anyone in your household gone hungry because you were not able to get enough food? Did you ever skip or cut the size of your meals because there wasn't enough money for food?27

Figure 25. Barriers to health services: Medical care/prescriptions28

Figure 26. Barriers to health services: Dental care29

Figure 27. Barriers to health services: Mental health30

Figure 28. Barriers to health services: Drug or alcohol treatment or counseling31

Figure 29. What is the highest level of education you have completed?32

Figure 30. If you are currently in school or interested in going to school, how far would you like to go? ...33

Figure 31. What are your household's education needs?34

Figure 32. Participant characteristics36

Figure 33. Where to go for help with housing and utilities37

Figure 34. Where to go for help with getting and keeping benefits40

Figure 35. Where to go for help with medical, dental and mental health care42

Figure 36. Where to go for help with food44

Figure 37. Where to go for help with transportation46

Figure 38. Other service areas of high need48

Figure 39. Percentage living below 200% of the federal poverty level by census tract53

INTRODUCTION

The surest way to build a thriving Snohomish County is to ensure *all* our residents, families, and communities can access the tools and resources needed to develop their potential.

At minimum, our communities should be places where residents can meet basic needs – affordable housing, adequate food, healthcare, and social connections. In order to thrive, our communities must also provide the tools our residents need to develop their full potential in life – high quality education from early learning to postsecondary, training and certification programs, well-paying jobs, and strong social networks.

However, over 161,000 Snohomish County residents (21%) struggle just to meet basic needs.¹ For Snohomish County to reach its aspirations in areas critical to social and economic well-being – education, economic development, health, child welfare, and public safety – we must take steps to close gaps in needed resources and maximize the potential of *all* our residents.

In order to better understand resource needs for Snohomish County residents that currently have low incomes, the Snohomish County Human Services Department (HSD) conducts periodic Low Income Community Needs Assessments (CNAs). Recognizing that residents with low incomes are the foremost experts on their lives, their input is collected through surveys and focus groups which guide the CNA. The CNA informs poverty reduction efforts for the HSD and its community partners.

In preparing the 2019 Community Needs Assessment the HSD contracted with Applied Research NW to assist in planning, development, and data analysis. The CNA was overseen and formally approved by the Community Services Advisory Council, the advisory board for the HSD's role as the designated Community Action Agency for Snohomish County.

¹ American Community Survey 5-Year Estimate 2017; Snohomish County residents living below 200% of the federal poverty level.

Community Action

Community Action was established under the Economic Opportunity Act of 1964 as a primary program in the “War on Poverty”. Today, over 1,000 Community Action Agencies across the country are charged with addressing the causes and conditions of poverty in their local communities. The HSD is the designated public Community Action Agency for Snohomish County. As the designated Community Action Agency the HSD is required to conduct a CNA every three years.

The Community Services Advisory Council (CSAC) oversees the HSD’s responsibilities as a Community Action Agency including the CNA. CSAC membership includes residents that currently have low incomes, local elected officials, and community representatives.

LANDSCAPE

Poverty Rates

While federal poverty data can provide insights into historical trends and disparities by demographic groups, it is important to note that it is a considerably low benchmark in Snohomish County considering the cost of living, relative to other parts of the country. Over 67,000 Snohomish County residents (8.8%) live below 100% of the federal poverty level, which is an annual income of \$12,490 for an individual.²

A more accurate, while still conservative measure of those struggling to meet basic needs is 200% of the federal poverty level. Over 161,000 Snohomish County residents (21%) are living below 200% of the federal poverty level, which is an annual income of \$24,980 for an individual³.

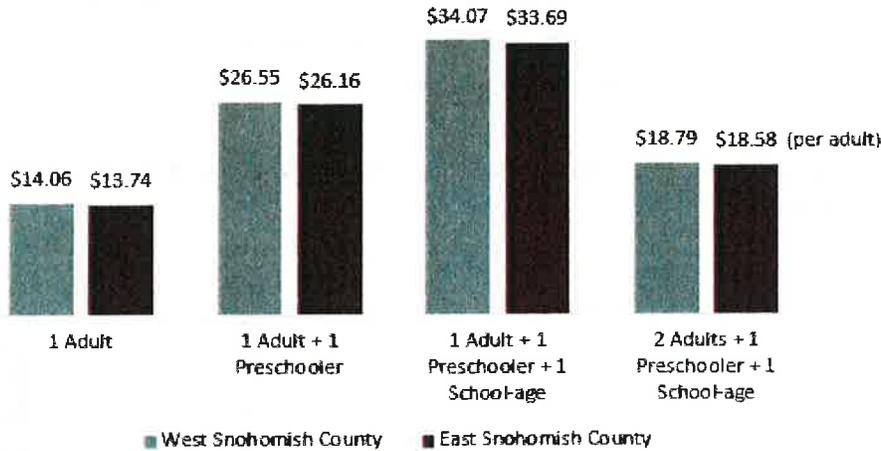
Income required to meet basic needs

As an alternative to the federal poverty measure, the University of Washington Center for Women’s Welfare developed the Self-Sufficiency Standard – a budget-based measure of the income required in order to meet basic needs. Analysis from the Self-Sufficiency Standard found that a single adult living in Snohomish County (West) requires an estimated annual income of \$29,689 (or \$14.06 hourly) in order to meet basic needs (including housing, food, healthcare, and transportation). For families with children, the amount needed to cover basic needs increases significantly. A single parent with one preschool aged child requires an estimated annual income of \$56,065 (\$26.55 hourly), much of the increase due to the cost of childcare (Figure 1).

² American Community Survey 5-Year Estimate 2017

³ Ibid

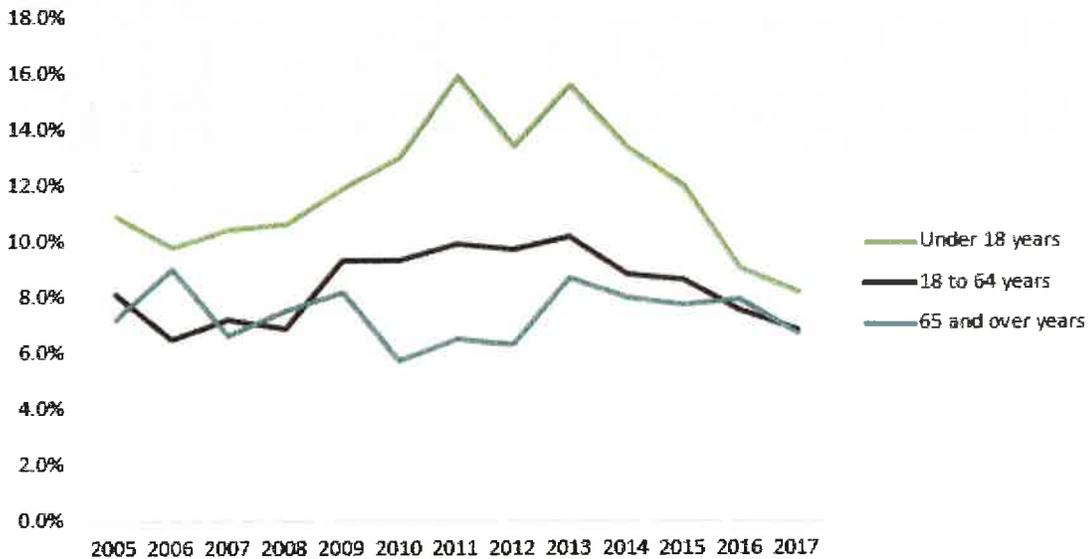
Figure 1. Wages required in order to meet basic needs in West and East Snohomish County⁴



Historical trends

Poverty rates for seniors (65 and over) and adults (18-64) have shown little to no decline over the last decade. Figure 2 shows that children have consistently faced the highest rates of poverty. The percentage of children living below the poverty level rose sharply in the years preceding 2008 and did not steadily decline until 2014.

Figure 2. Percentage of Snohomish County residents living below 100% of the federal poverty level by age group⁵



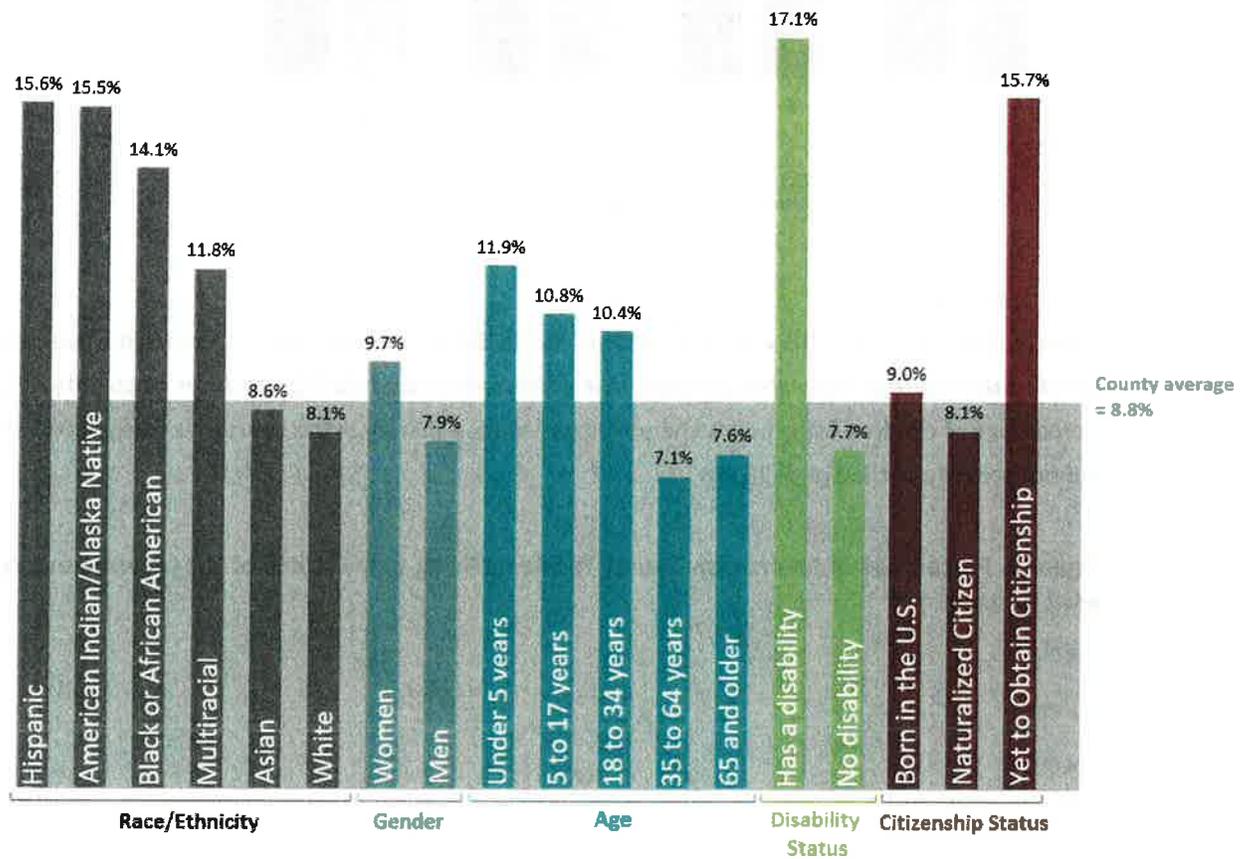
⁴ 2017 Self-Sufficiency Standard; University of Washington Center for Women's Welfare

⁵ American Community Survey 1-Year Estimates 2005-2017

Demographic disparities

Clear disparities in poverty rates exist among key demographic groups. People with disabilities, those who have yet to obtain citizenship, people of color, children and youth, and women experience higher rates of poverty than the general population (Figure 3).

Figure 3. Percentage of Snohomish County residents living below 100% of the federal poverty level by demographics⁶

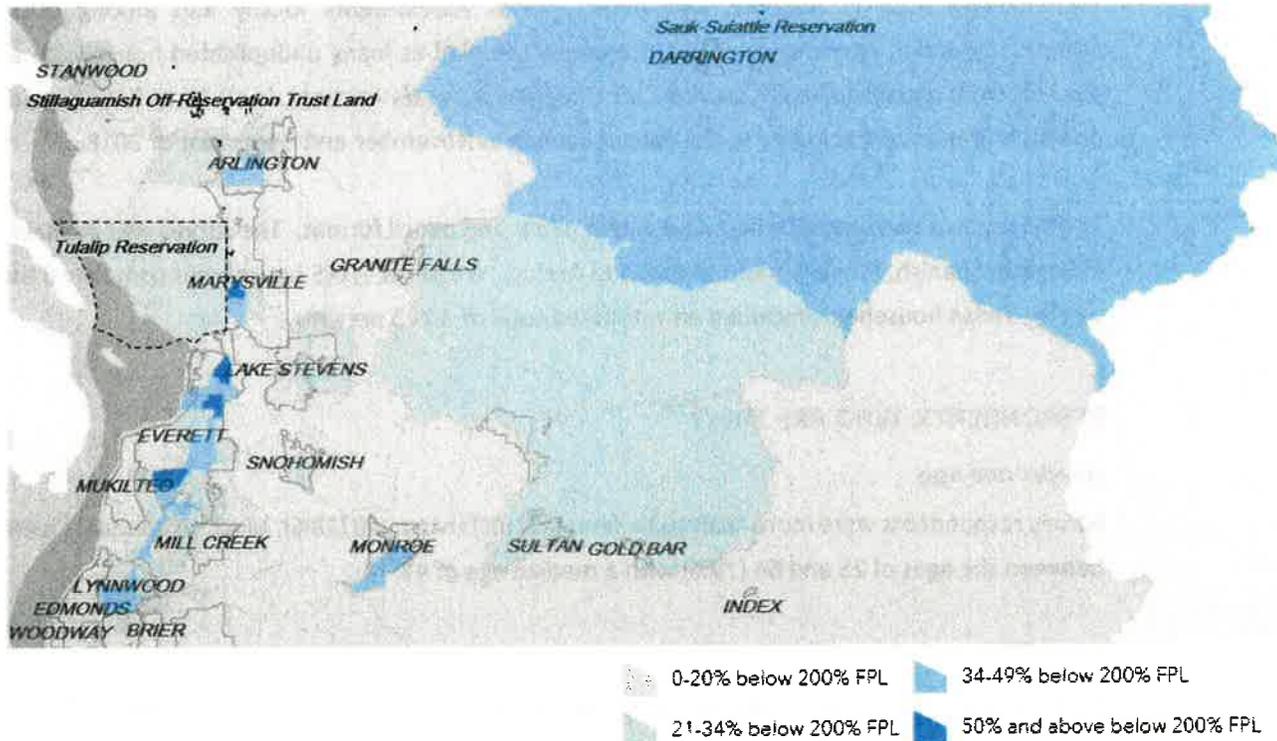


⁶ American Community Survey 5-Year Estimate 2017

Geographic analysis

The experience of poverty impacts urban, suburban, and rural communities across Snohomish County. Specific neighborhoods in multiple areas of the county have especially high percentages of people struggling to meet basic needs (Figure 4).

Figure 4. Percentage living below 200% of the federal poverty level census tract⁷



Upward mobility by neighborhood

The neighborhood in which a child grows up matters considerably to their future well-being. Research has shown that every year a child spends in a neighborhood with higher-upward mobility increases their earnings in adulthood, even if they grow up in a low-income family.⁸

For children growing up in low-income families, the chances for upward economic mobility vary greatly depending on the neighborhood in which they grow up. For example, median incomes for individuals in their mid-30s, who were raised in low-income families in Lake Stevens, range from \$17,000 to \$29,000 depending on their childhood neighborhood. And similar trends exist across the county. In Everett, median incomes for individuals raised in low-income families range from \$18,000 to \$30,000 depending on their childhood neighborhood.⁹

⁷ <https://snoco-gis.maps.arcgis.com/apps/webappviewer/index.html?id=aa3fd46661344432ae413ffa21745d58>

⁸ Brown University, Harvard University, & U.S. Census Bureau. (October 2018). The Opportunity Atlas: Mapping Childhood Roots of Social Mobility. Data is for children with parent incomes in 25th percentile.

⁹ Ibid

SURVEY

METHODOLOGY

Because there is no existing list of all low-income households (or persons) in Snohomish County, it is not possible to draw a random sample from a well-defined population. Repeating the methodology used in previous Community Needs Assessments locally and among other Community Action Agencies, the HSD intensively sampled as many unduplicated households as possible from social and health service sites throughout the service area. In all, forty-five agencies and organizations participated in the data collection in November and December of 2018.

The survey was conducted both online and in paper and pencil format. The survey was available in English, Spanish, Russian, Vietnamese, and Arabic. A total of 1,145 households completed the survey. These households included an estimated total of 3,273 persons.

RESPONDENTS: WHO ARE THEY?

Gender and age

Survey respondents were more likely to be female (76%) than male (28%). Most respondents were between the ages of 25 and 64 (79%) with a median age of 43.

Sexuality

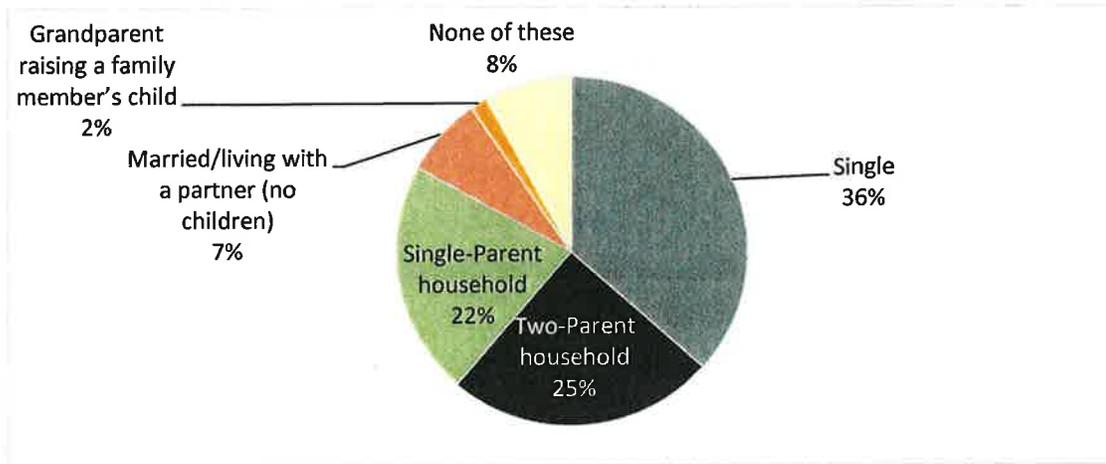
Nine percent of respondents identified themselves as gay, lesbian, bisexual, or questioning.

Household composition

When asked to tally the number of people in their household by age group, half of respondents (51%) said there were youth under age 18 living in their home. One fifth (21%) included at least one member of the household age 65 or older.

Over one-third of respondents identified themselves as a single person household. One-quarter represented two-parent households. See Figure 5.

Figure 5. Which of the following best describes your household?

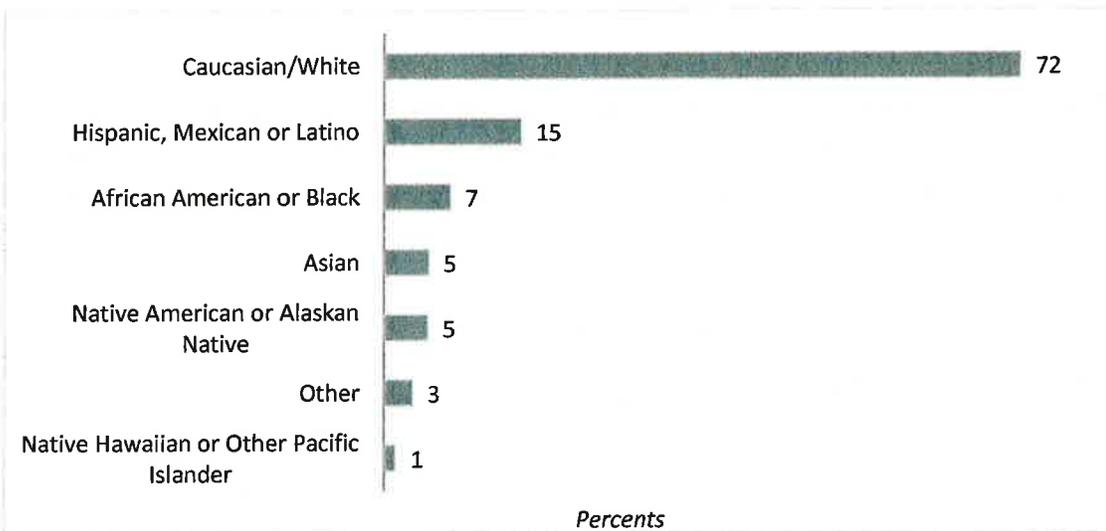


N=1,032

Race, ethnicity, and language

In this study's survey sample, about three out of four respondents identified as white (72%). Fifteen percent identified as Hispanic (15%) and seven percent were African American (7%).

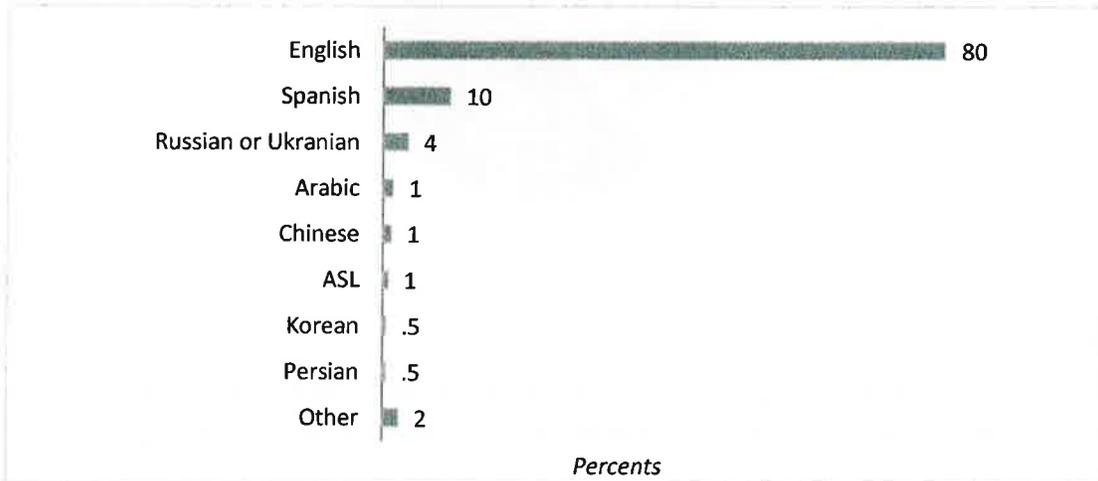
Figure 6. Race and ethnicity



N=1,036; Respondents could provide multiple answers, may total more than 100%

The majority of respondents said they typically speak English at home (80%). Half of the remainder said they speak Spanish at home (10%) and 4% said they speak Russian or Ukrainian. Other languages represented by at least half a percent included Arabic, Chinese, ASL, Korean, and Persian.

Figure 7. Language usually spoken at home



N=1,040

Household location and duration of residence in Snohomish County

Respondents were asked how long they have lived in Snohomish County. Responses ranged up to 83 years, with a median of 14 years of residence. Table 1 shows that 23% of respondents have lived in Snohomish County for less than five years, while 38% have lived in the county for longer than 20 years.

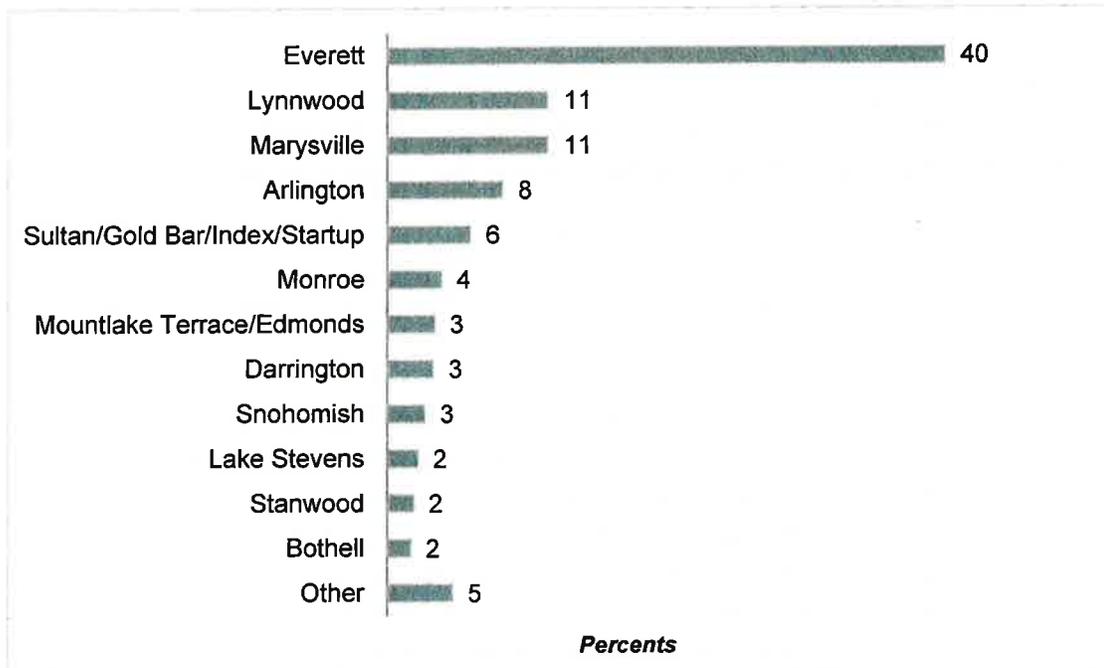
Table 1. How long have you lived in Snohomish County?

Duration of residence in Snohomish County		
	<u>n</u>	<u>%</u>
<5 years	234	23
5-19 years	391	39
20+ years	378	38

N=1,003

Forty percent of respondents said they live in Everett (40%). Lynnwood and Marysville were each represented by 11% of respondents. See Figure 8.

Figure 8. Where do you live now?



N=1,015

Veteran status

Eleven percent of respondents (11%) reported either themselves or someone in their household has served in the military.

Prior foster care

Thirteen percent of respondents (13%) reported either themselves or someone in their household has ever been in foster care.

Disabilities

Fifty percent of respondents (50%) reported either themselves or someone in their household having a disability.

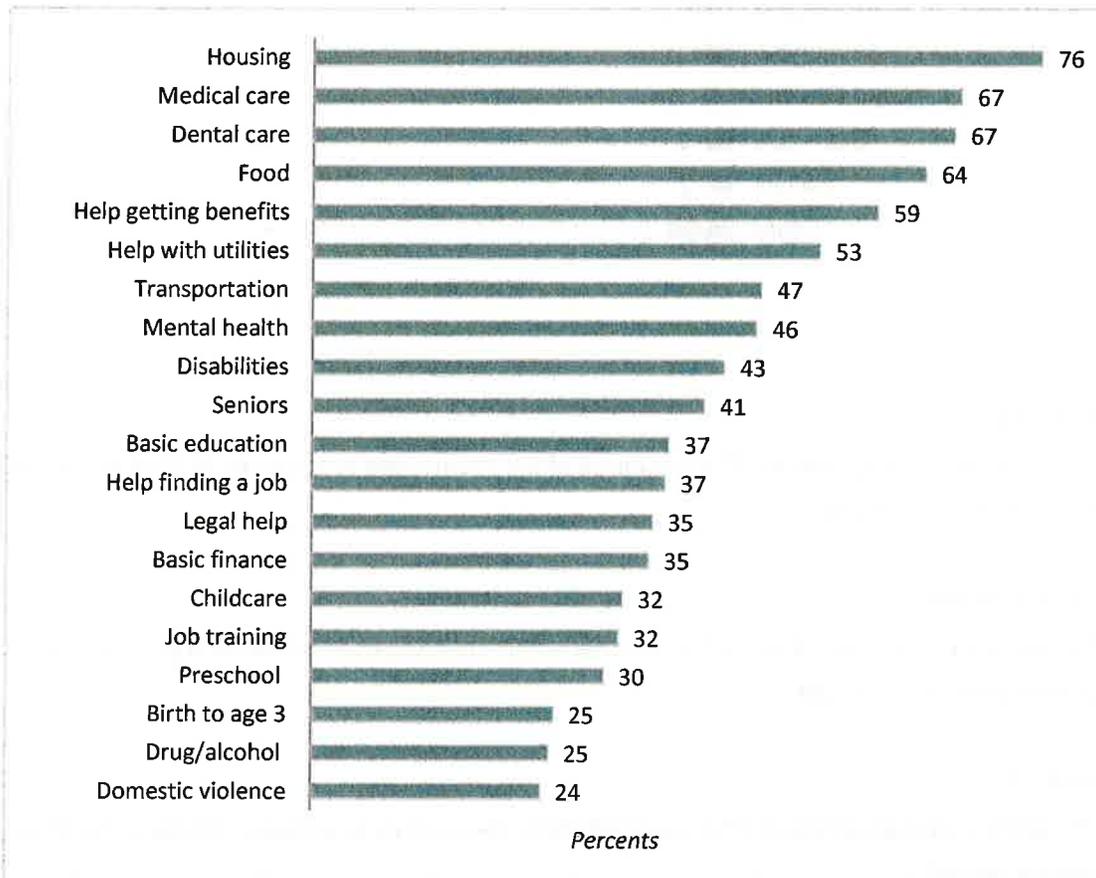
COMMUNITY SERVICES ASSESSMENT

Survey respondents rated both the importance and the availability of 20 categories of community-based services to their own household. This section of the report presents the consumer perspectives as a method of analyzing local low-income service gaps.

Importance of services

The services rated as most important to respondent households included services related to housing (affordable housing/rent assistance), medical care, dental care, and food (help getting enough food).

Figure 9. Proportion of respondents who rated service categories as extremely important to them

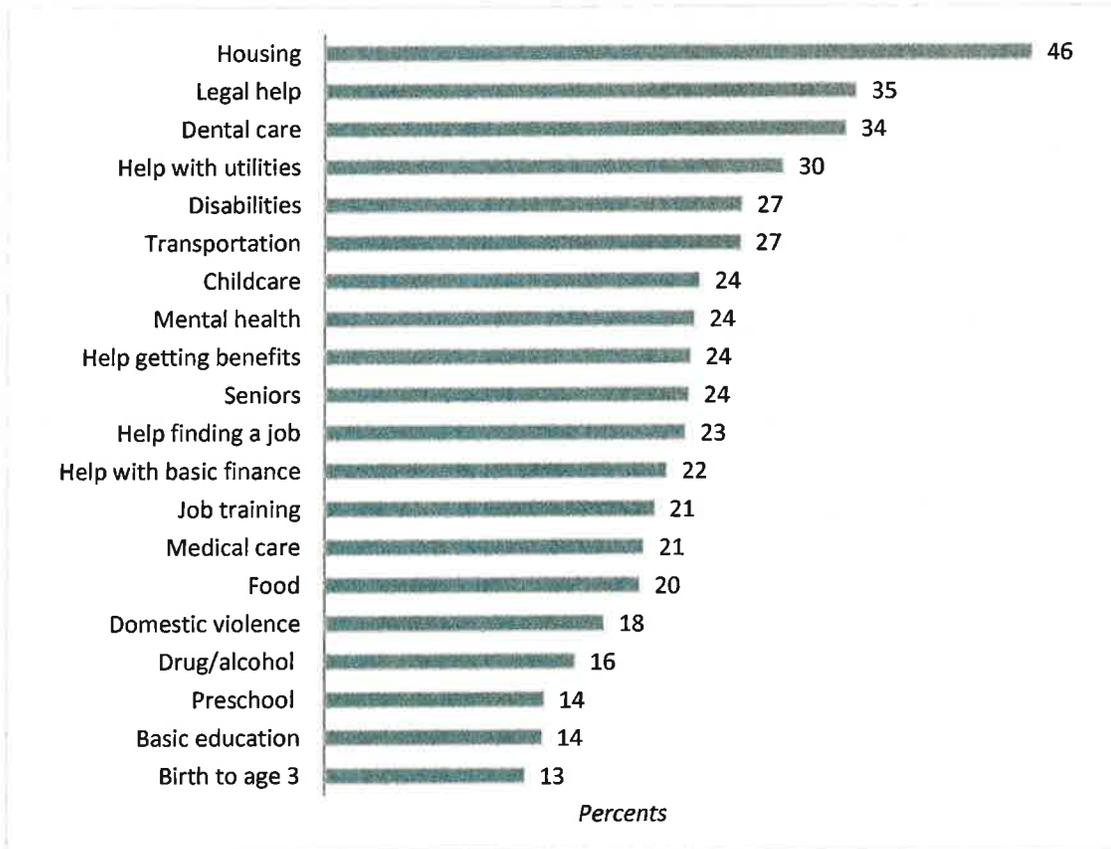


The number of respondents who provided importance ratings ranged from 1,003 to 1,103

Availability of services

The services rated as most difficult to access included housing, legal help, dental care, and help with utilities.

Figure 10. Proportion of respondents who rated service categories as very hard to get



The number of respondents who provided availability ratings ranged from 485 to 962. The discrepancy between the number who provided importance ratings and the number rating service availability can be explained by people who responded *don't know*, likely because they have not tried to access them or do not know others who have tried to access the services.

Service gap analysis using importance-availability coordinate system

Because survey respondents rated these services on a five-point scale¹⁰, another way to analyze the data is to calculate the average importance and availability scores for each service area. These data form the basis of an “importance-availability” coordinate rating system (Figure 11). The average importance and availability ratings were calculated and plotted on graphs. The lines making up the crosshairs of each graph represents the average importance score and the average availability score for the survey respondents that are represented.

The importance-availability charts are divided into quadrants that rate the services as follows:

Quadrant A: Above average importance and below average in availability

Quadrant B: Above average in importance and availability

Quadrant C: Below average in importance and availability

Quadrant D: Below average in importance and above average in availability

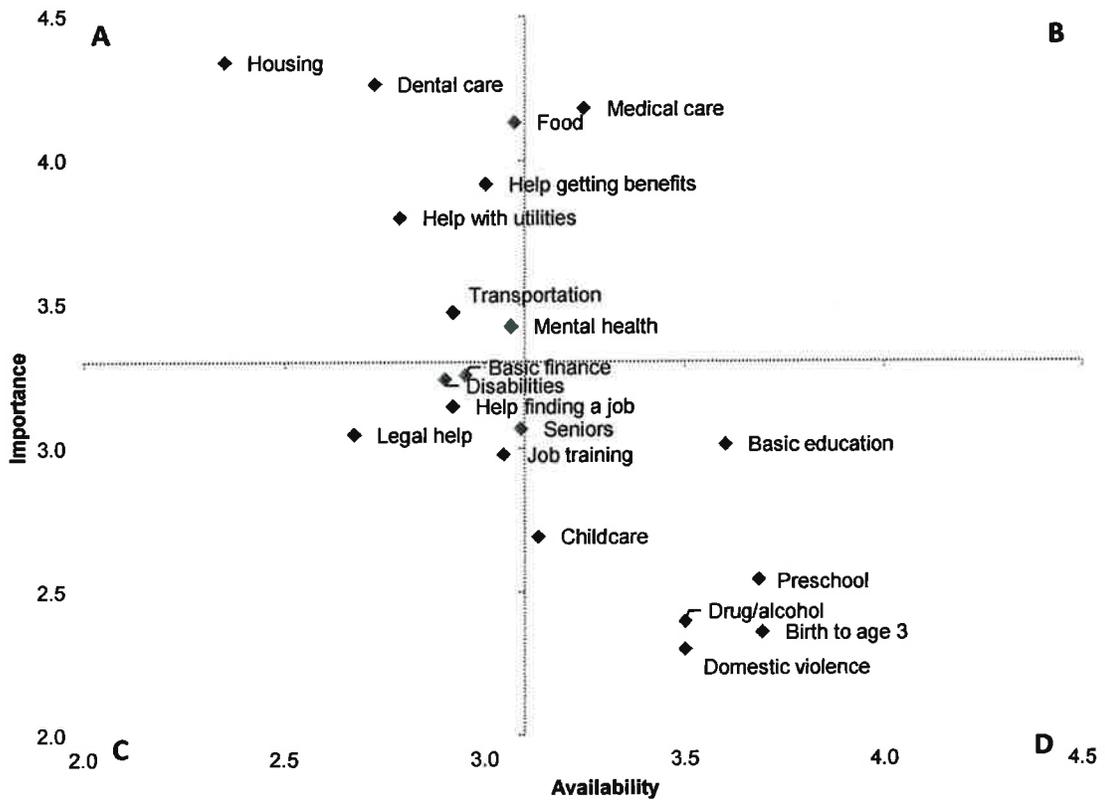
Individuals and organizations planning for future services should consider services that appear in the upper left quadrant (Quadrant A) of the graphs. These are services that are both more important than average, yet most challenging to access.

¹⁰ Importance scale: Five points, ranging from *Extremely important* to *Not important*
Availability scale: Five points, ranging from *Very easy to get* to *Very hard to get*

Seven areas of service appear to be high priority service areas across the general population of low-income households surveyed:

- Affordable housing/rent assistance
- Dental care
- Food (help getting enough food)
- Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP, etc.)
- Help with heating or electric bills
- Transportation that meets my needs
- Mental health services or counseling

Figure 11. Perspectives on low-income service importance and availability



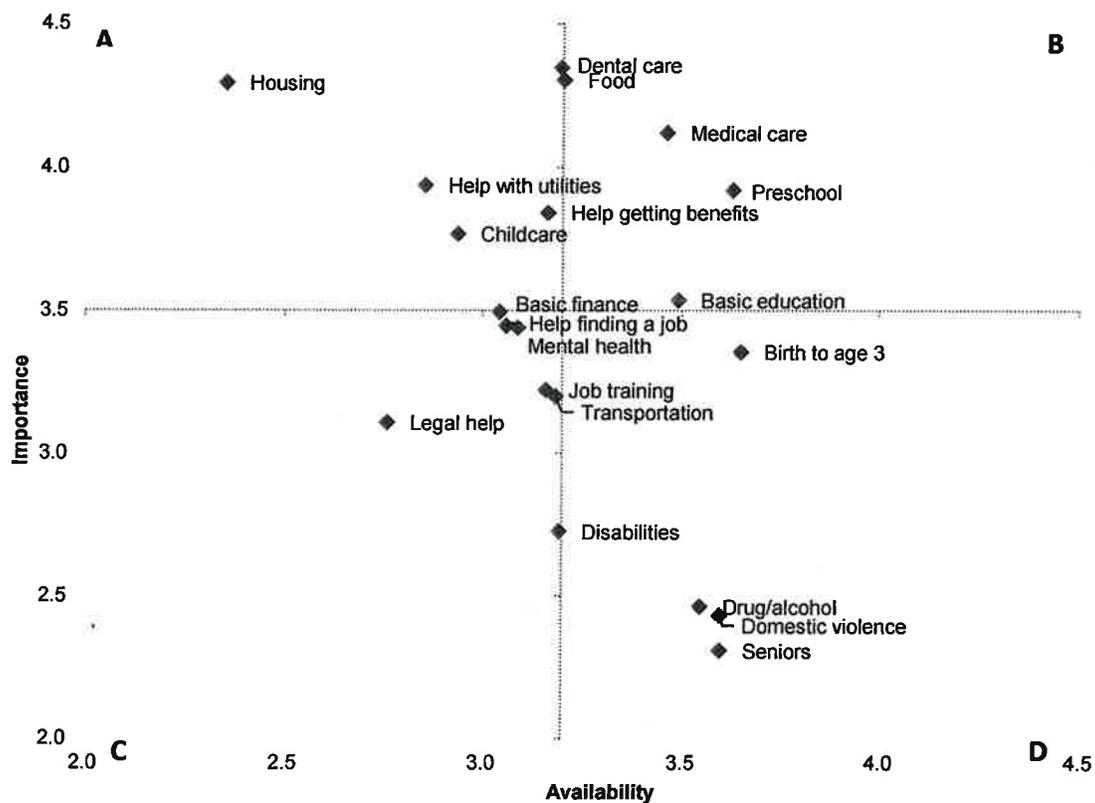
The gap analysis was also applied to surveys from respondents with children under the age of six living in the household. Figure 12 shows that among these households, the following four service areas fall into quadrant A, indicating they are service areas of high importance and low availability for families of young children:

- Affordable housing/rent assistance
- Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)
- Help with heating or electric bills
- Childcare

These three service areas fall on the border of quadrant A:

- Dental care
- Food (help getting enough food)
- Basic finance

Figure 12. Perspectives on low-income service importance and availability among households with young children



The gap analysis was also applied to surveys from households with seniors over the age of sixty-five and respondents who typically speak a language other than English at home. Below is a summary of the service areas identified as above average importance and below average availability, within each of these segments:

Households with seniors age 65+

- Affordable housing/rent assistance
- Dental care
- Medical care
- Senior services
- Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)
- Help with heating or electric bills
- Transportation that meets my needs
- Disabilities

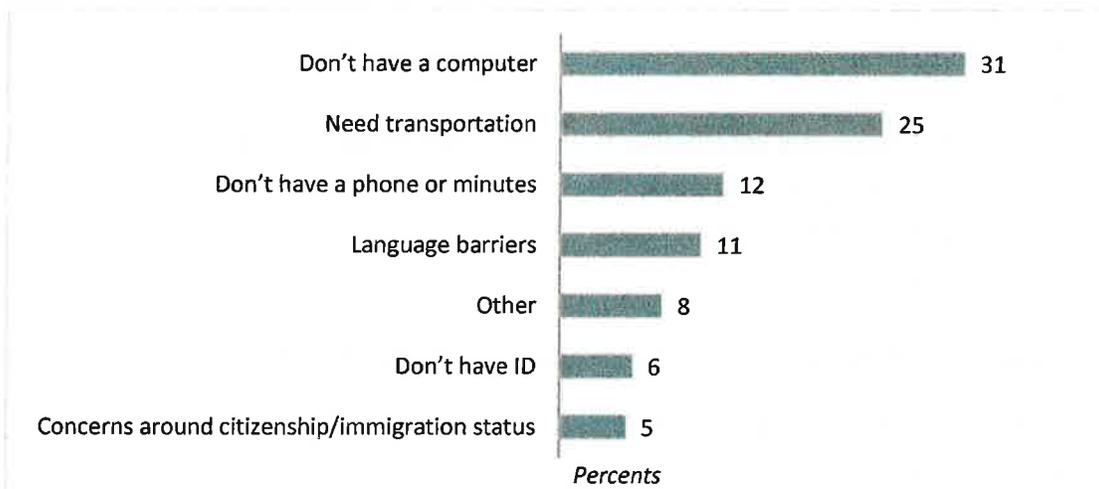
Respondents who typically speak a language other than English in the home

- Affordable housing/rent assistance
- Dental care
- Help finding a job
- Basic finance

Barriers to Service

Respondents were presented with a list of common barriers to accessing services and asked to identify which (if any) barriers had posed a problem. Over half (56%) picked at least one barrier from the list. The top barrier identified was lack of a computer (31%), followed by transportation (25%).

Figure 13. Do you or anyone in your household have difficulty accessing services for any of the following reasons?

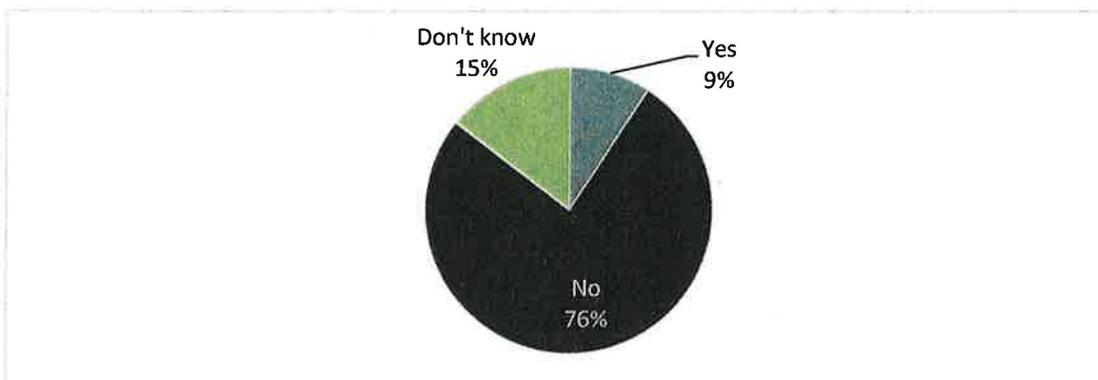


N=1,009; Respondents could provide multiple answers, may total more than 100%

Discrimination in accessing services

Nine percent of respondents said they have experienced discrimination when receiving services. Another 15% were not sure if they have.

Figure 14. When receiving or trying to receive services in the past three years, have you or anyone in your household experienced discrimination due to language, race, ethnicity, sexual orientation, or gender identity?

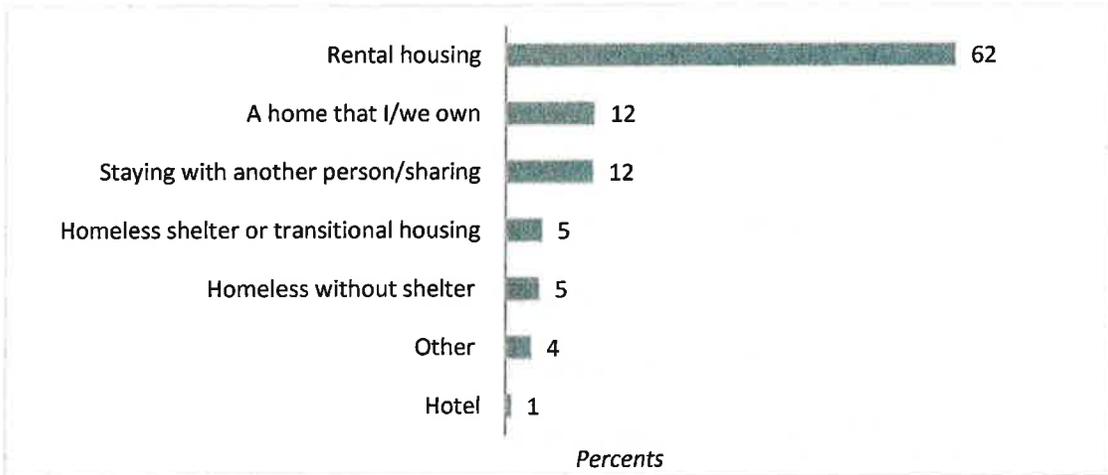


N=1,082

HOUSING

When asked about current living arrangements, the largest portion of respondents said they were living in rental housing (62%). Ten percent identified themselves as homeless, either with or without shelter, and another 12% indicated that they were sharing housing with another household (doubling up).

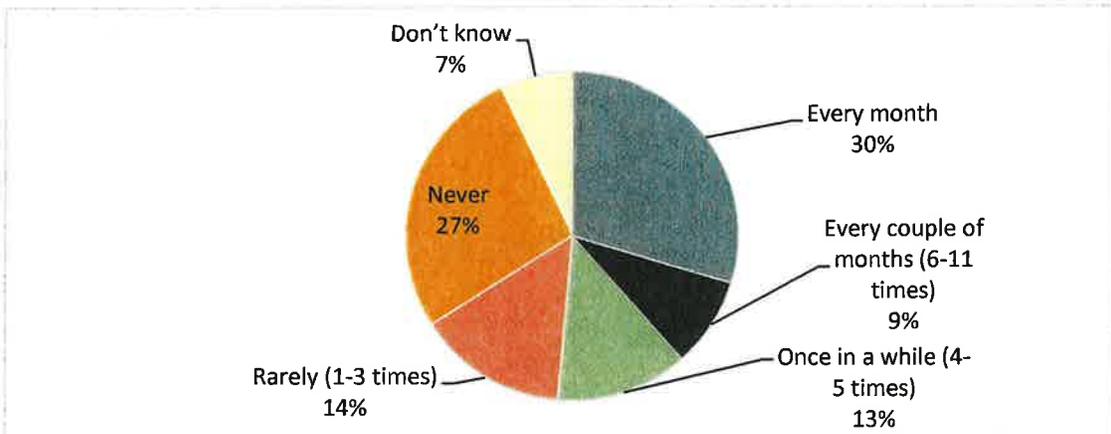
Figure 15. Which best describes the place where you are living this week?



N=1,145

Respondents were asked how often they choose between paying rent and paying for other basic needs. Thirty percent said this was something they face every month (30%). Another third said they have not had to make this choice in the past 12 months, or they were not sure (34%).

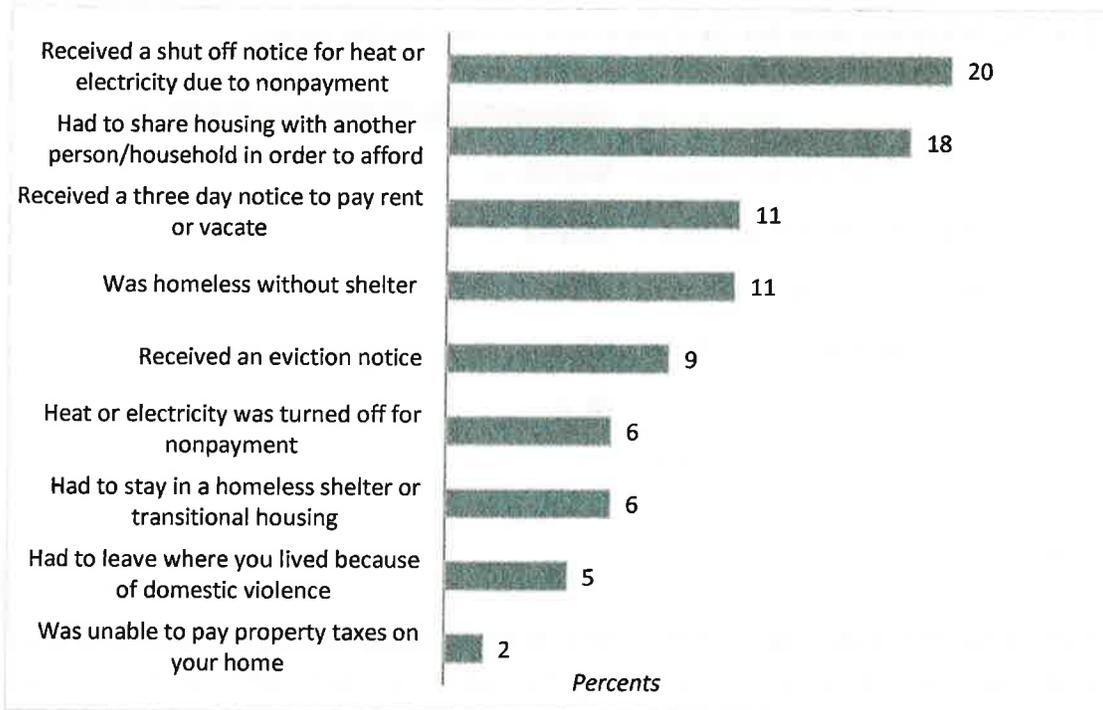
Figure 16. In the last 12 months, how often did you have to choose between paying rent/mortgage and paying for other basic needs (like food, medical care, or transportation)?



N=1,092

Respondents were presented with a list of potential housing struggles and asked to identify which (if any) their household had experienced in the past year. Forty-five percent identified at least one challenge. The most common challenges were receiving a shut-off notice for utilities (20%) and sharing housing with another person/household in order to make it affordable (18%).

Figure 17. In the last 12 months, have any of the following things happened to your household?

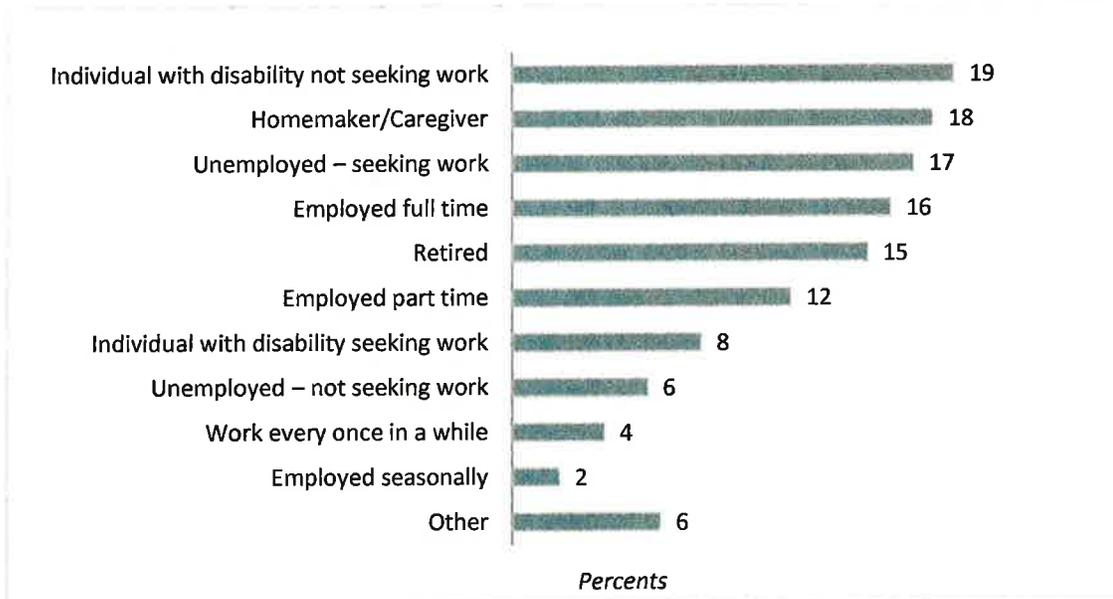


N= 1,065; Respondents could provide multiple answers, may total more than 100%

EMPLOYMENT AND INCOME

Nearly one in five of people surveyed indicated they are unemployed due to a disability and are not seeking work (19%). A slightly smaller proportion are homemaker/caregivers (18%) or unemployed but seeking work (17%).

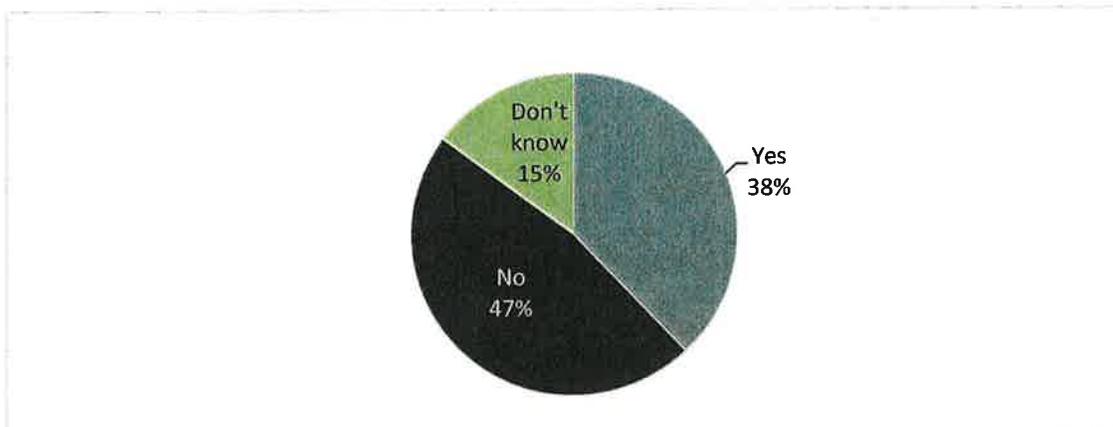
Figure 18. Which of the following best describes your employment status?



N= 1,085; Respondents could provide multiple answers, may total more than 100%

Over one-third of respondents said that getting or keeping a job has been difficult for themselves or someone in their household.

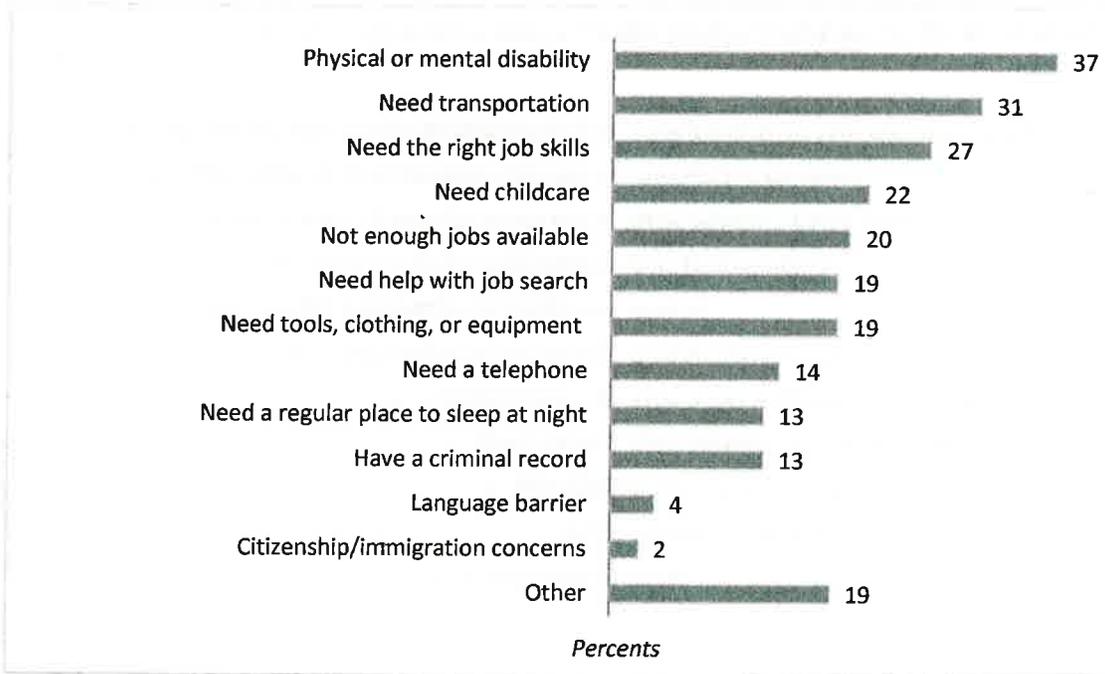
Figure 19. In the last 12 months, has getting or keeping a job been hard for you or anyone in your household?



N=1,025

Respondents who have had difficulties with getting or keeping a job were asked to identify the problems that they have faced. Disabilities topped the list (37%), followed by transportation needs (31%).

Figure 20. If YES, what’s been hard about getting or keeping a good job?

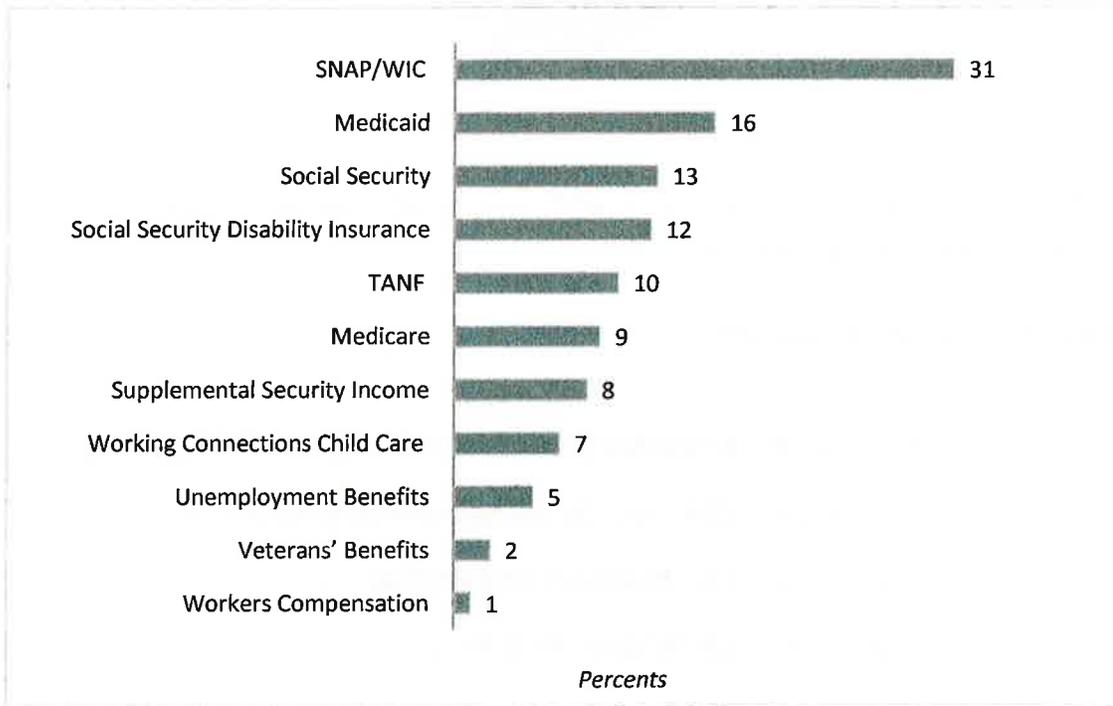


N=382; Respondents could provide multiple answers, may total more than 100%

The mean monthly income from all sources for survey respondent households was \$1,799 and the median was \$1,200. Monthly household incomes ranged from \$0 to \$6,000 per month. The median income ranged from \$900 for single person households to \$2,100 for households with seven or more people.

Nearly one-third of respondents said that they (or someone in their household) needed help getting or keeping SNAP/WIC in the past 12 months. Sixteen percent needed help with Medicaid (16%).

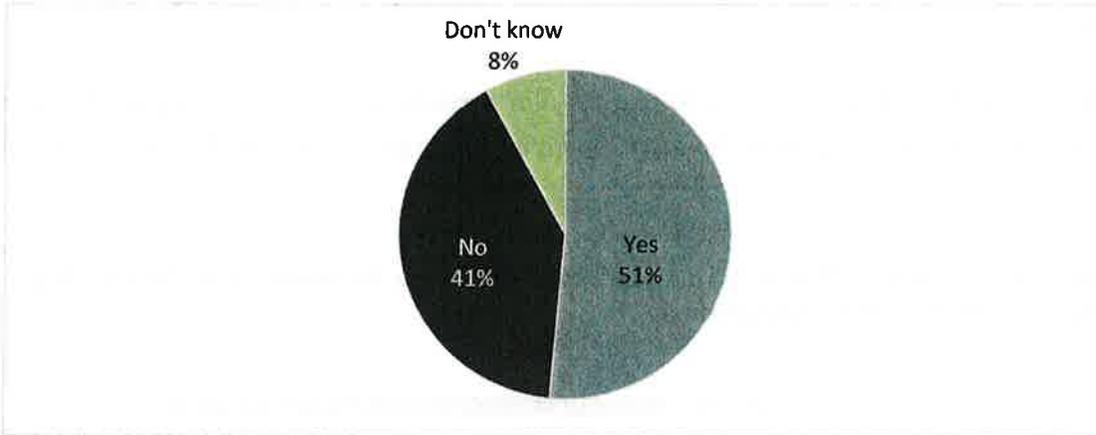
Figure 21. In the last 12 months, did you or anyone in your household need help getting or keeping any of the following benefits?



N= 978; Respondents could provide multiple answers, may total more than 100%

Half of respondents (51%) said that their household has problems with debt.

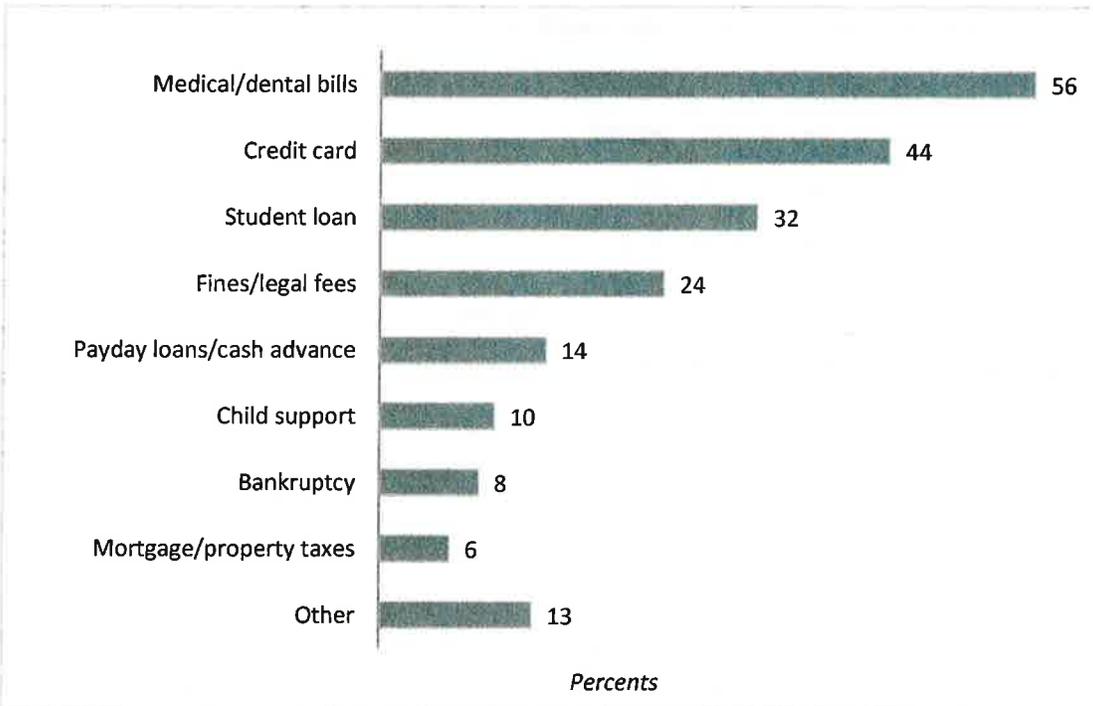
Figure 22. Does anyone in your household have problems with debt?



N=1,037

Those with debt issues were asked to specify which types of debt. Medical and dental bills topped the list (54%) followed by credit card (42%).

Figure 23. If yes, what kind of debt?

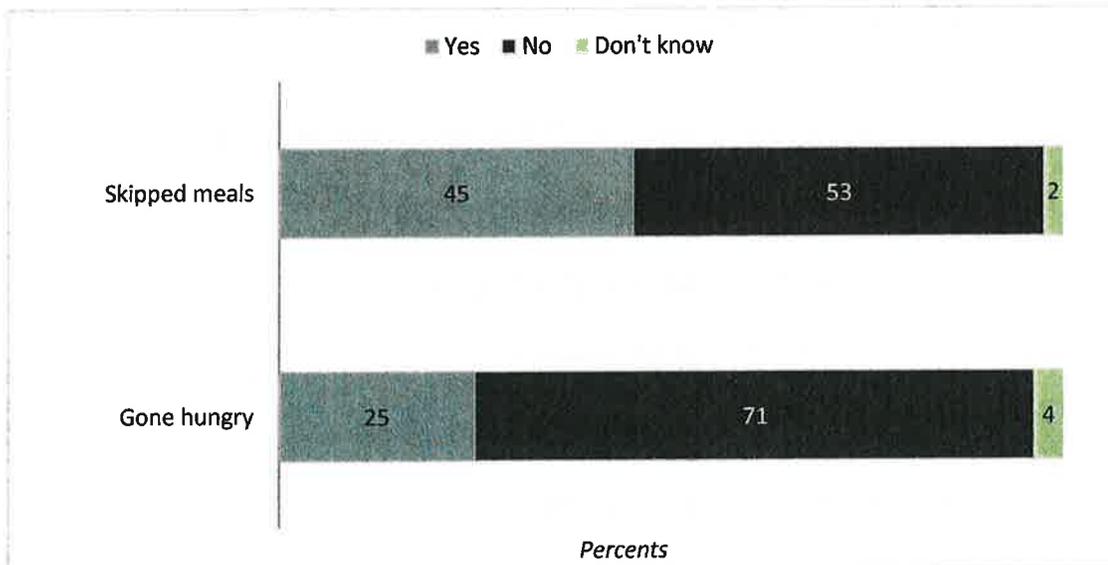


N=524; Respondents could provide multiple answers, may total more than 100%

HEALTH AND WELLNESS

Forty-five percent (45%) said that someone in their household has skipped meals in the past 12 months because there was not enough money for food. One-quarter said someone at home went hungry for lack of food (25%).

Figure 24. In the last 12 months, have you or anyone in your household gone hungry because you were not able to get enough food? Did you ever skip or cut the size of your meals because there wasn't enough money for food?

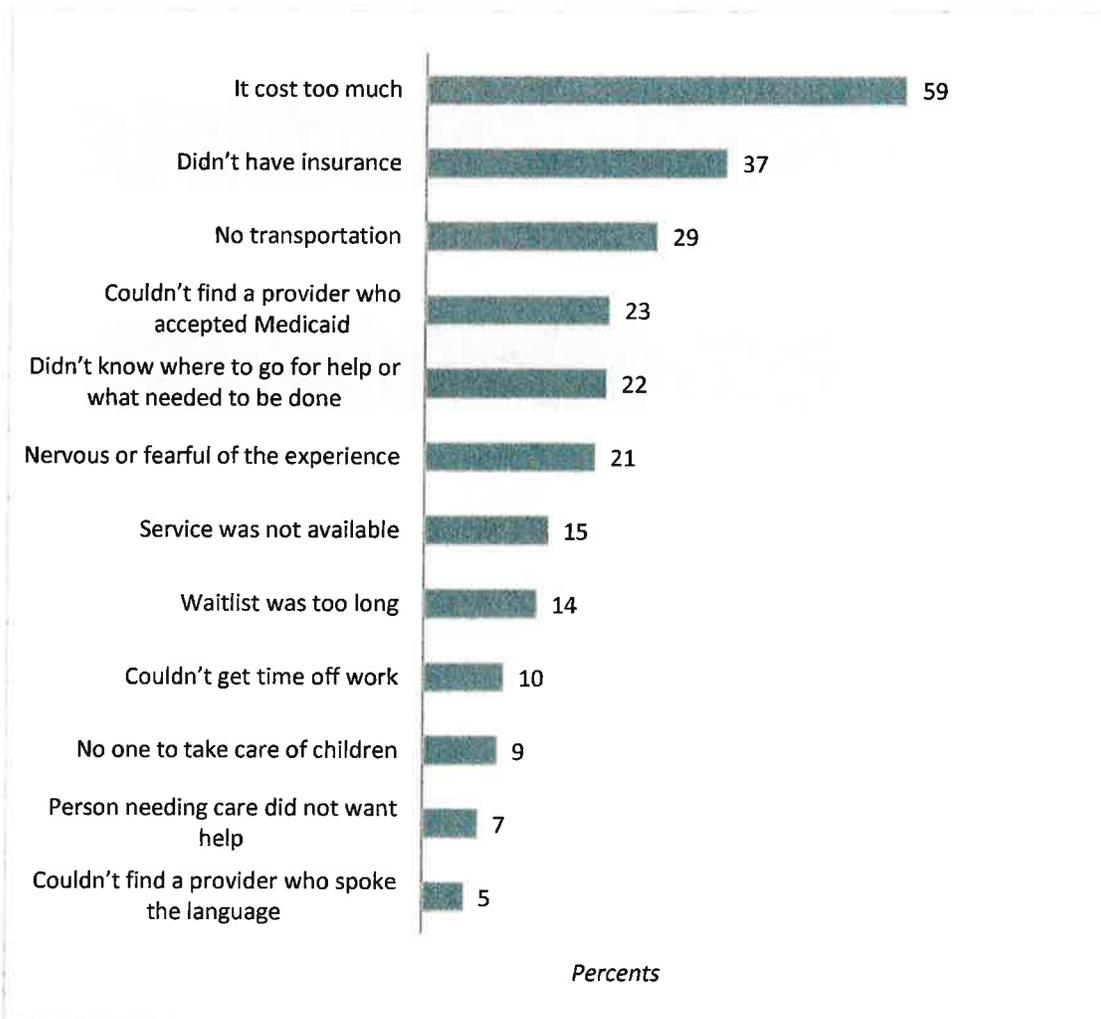


N=1,044

Respondents were asked to identify barriers they faced in accessing medical care, prescriptions, dental care, mental health services, as well as drug & alcohol treatment/counseling. Half the respondents (50%) cited at least one barrier as a reason they did not get needed health services. Responses are illustrated in Figures 25 through 28.

Respondents who ran into problems accessing medical care/prescriptions indicated that the top barrier was cost (59%), followed by a lack of insurance (37%).

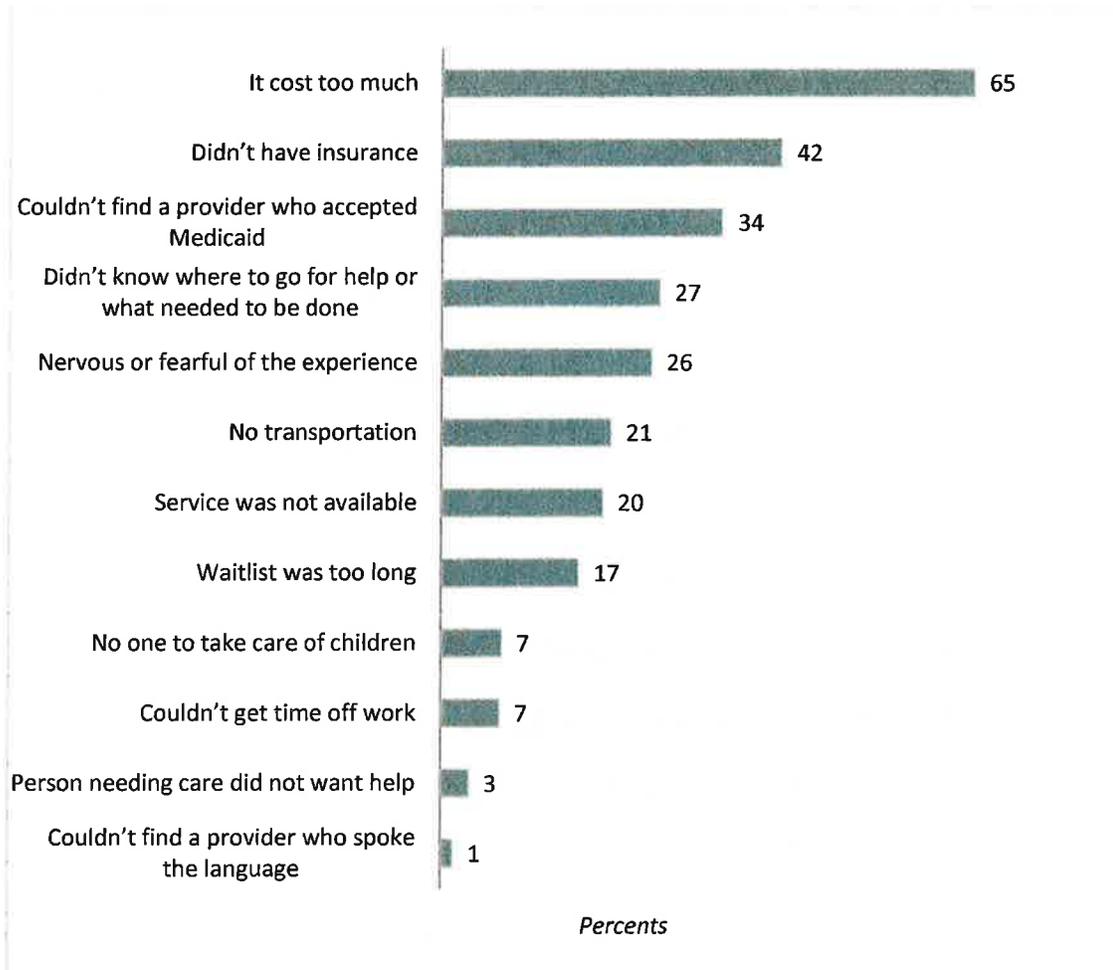
Figure 25. Barriers to health services: Medical care/prescriptions



N=294 respondents who were not able to get needed medical care/prescriptions; Respondents could provide multiple answers, may total more than 100%

Respondents who experienced barriers for dental care identified cost as the most frequent barrier (65%). Other prevalent issues were lack of insurance (42%) and inability to find a provider who accepted Medicare (34%).

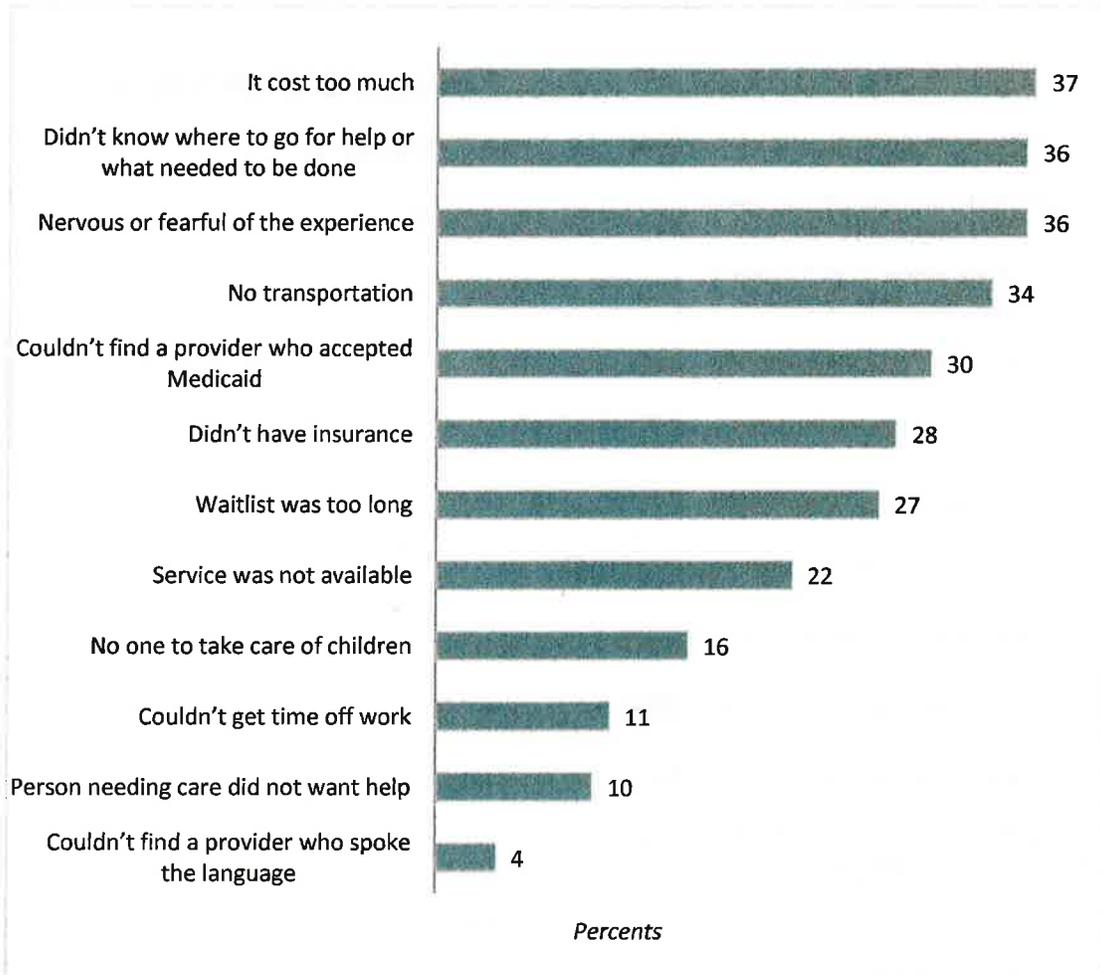
Figure 26. Barriers to health services: Dental care



N=404 respondents who were not able to get needed dental care; Respondents could provide multiple answers, may total more than 100%

Cost also topped the barriers list for mental health services (37%), followed closely by issues of feeling nervous or not knowing where to go for help (both mentioned by 36% of respondents who encountered barriers to mental health services).

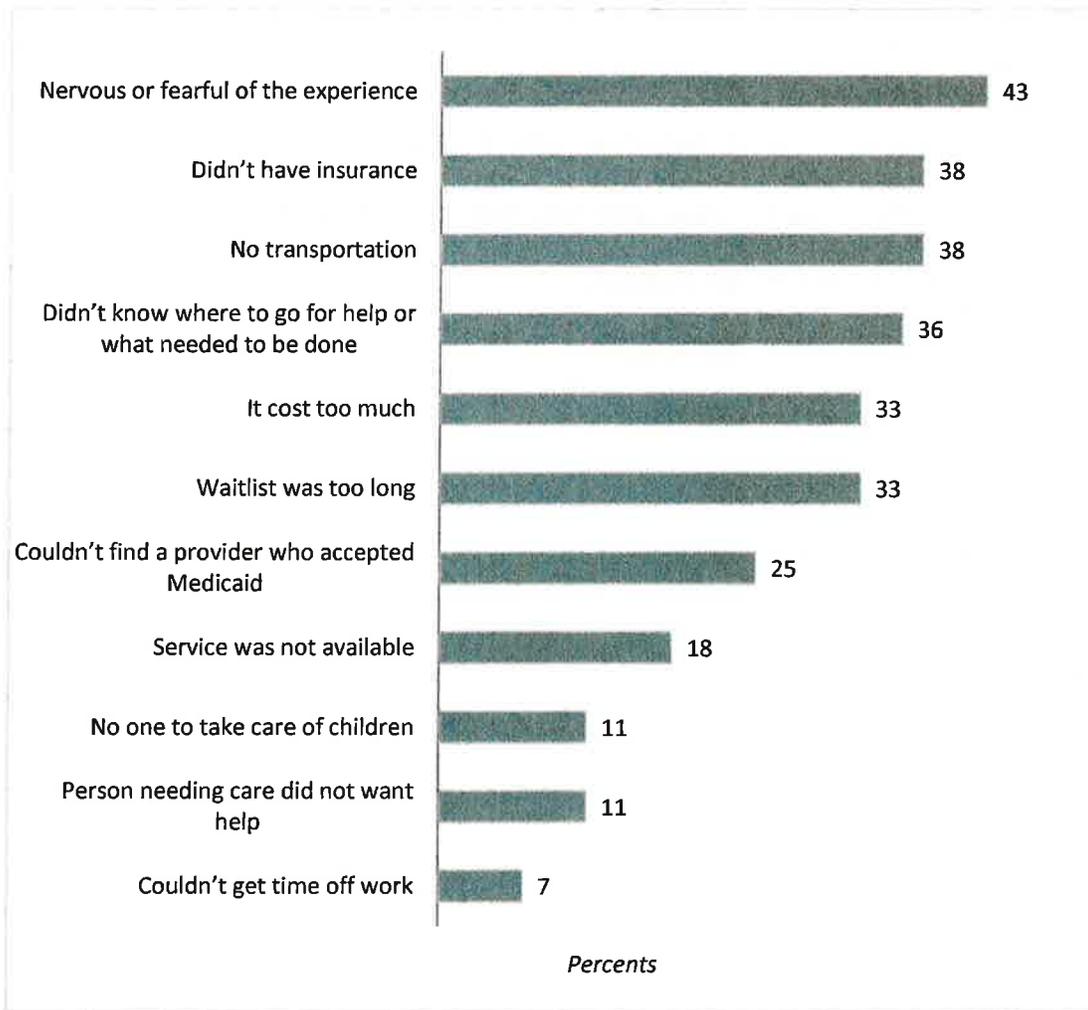
Figure 27. Barriers to health services: Mental health



N=187 respondents who were not able to get needed mental health services; Respondents could provide multiple answers, may total more than 100%

Forty-three percent of respondents who were not able to get drug or alcohol treatment mentioned feeling nervous or fearful as a barrier (43%). This was followed by lack of insurance and transportation issues (both 38%). Just over one-third of respondents who were not able to access needed drug or alcohol treatment said they did not know where to go for help (36%).

Figure 28. Barriers to health services: Drug or alcohol treatment or counseling

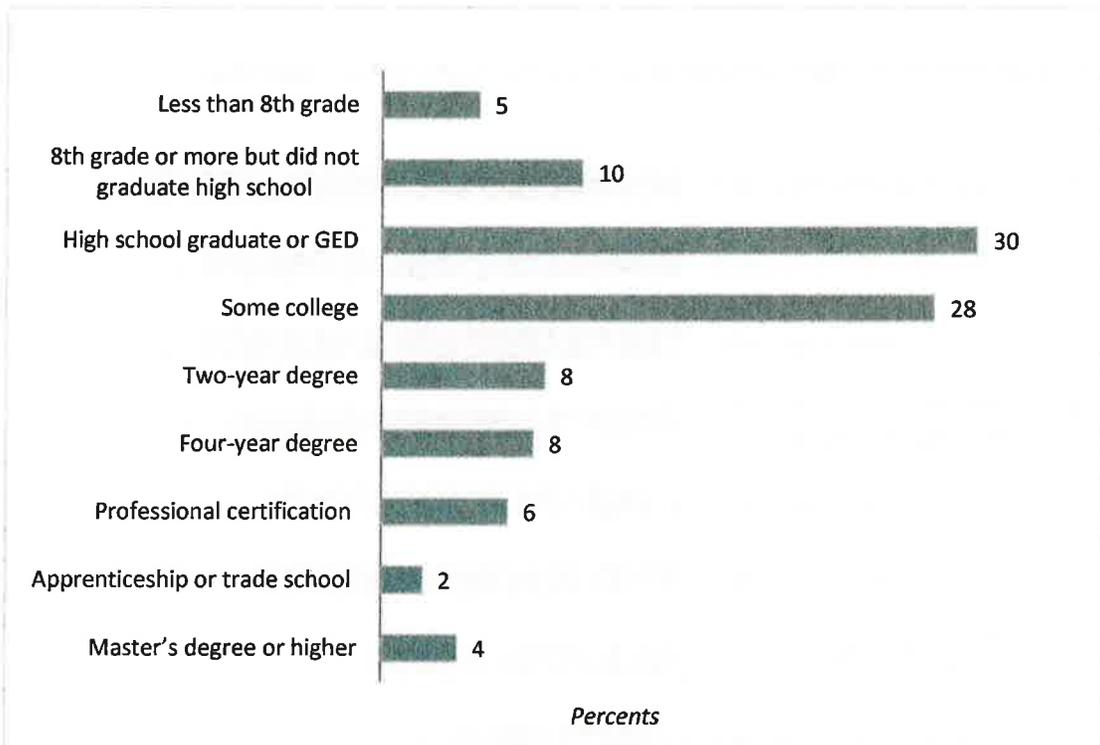


N=61 respondents who were not able to get needed drug or alcohol treatment or counseling; Respondents could provide multiple answers, may total more than 100%

EDUCATION

Fifteen percent of respondents said they do not have a high school diploma or GED.

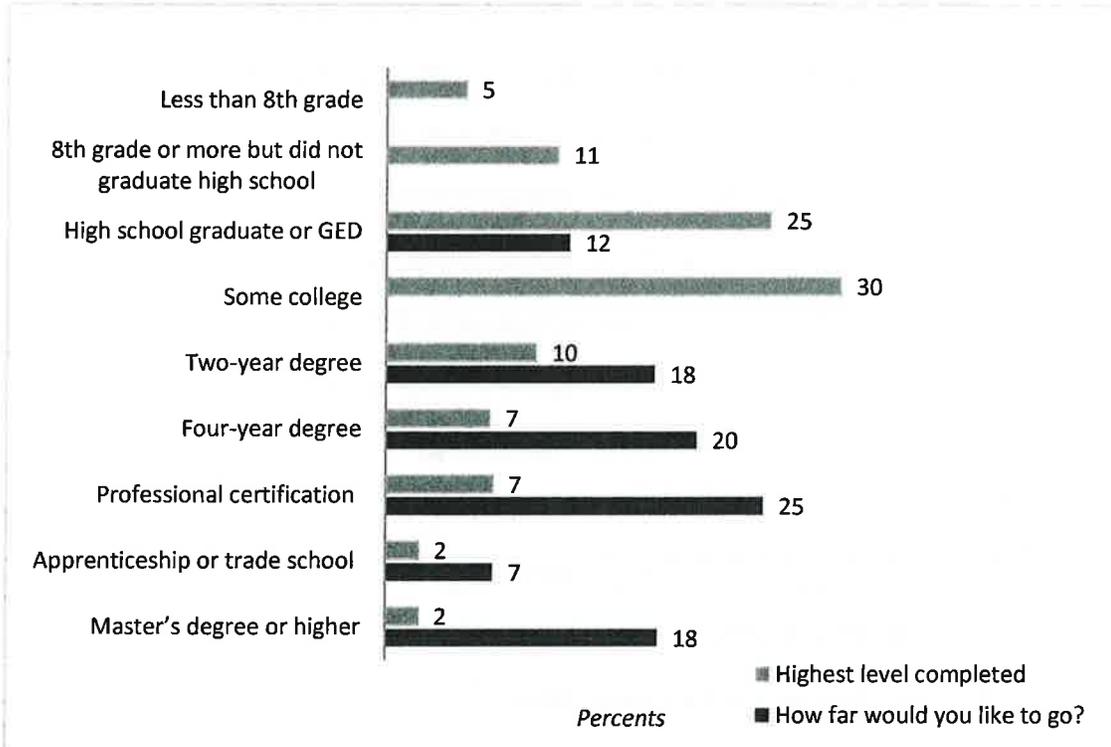
Figure 29. What is the highest level of education you have completed?



N=1,030

Respondents who are currently in school or interested in going back to school were asked how far they would like to go in school. Figure 30 shows their responses, along with their current status. A quarter of those who want to continue in school would like a professional certification (25%).

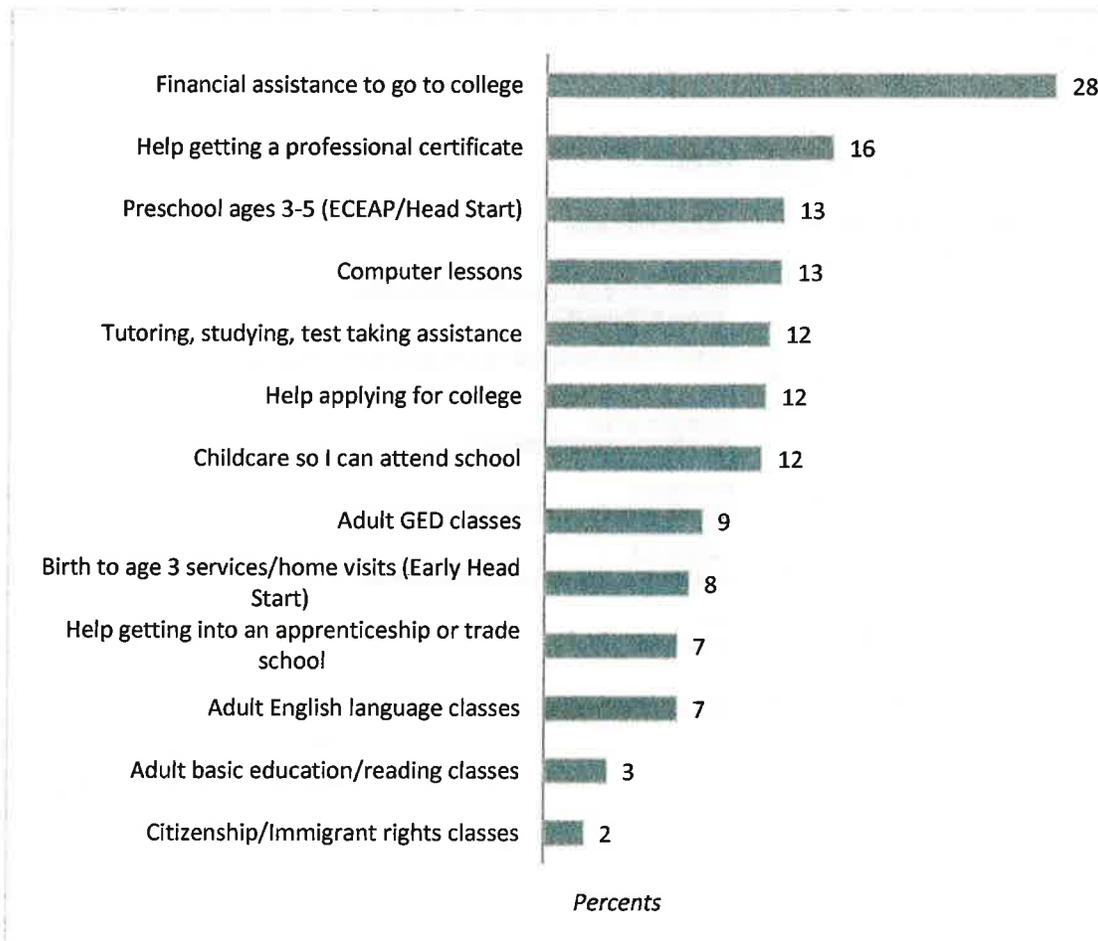
Figure 30. If you are currently in school or interested in going to school, how far would you like to go?



N=498 respondents who are in school or interested in returning to school

Respondents were asked about their household’s educational needs. Fifty-nine percent of the respondents identified at least one of the educational needs listed in Figure 31. The top need was financial assistance to go to college (28%).

Figure 31. What are your household’s education needs?



N=948

FOCUS GROUPS

METHODOLOGY

In order to provide deeper exploration and context to the survey findings, focus groups were conducted in four regions across Snohomish County. In March 2019, ARN conducted focus groups in East, Central, South, and North Snohomish County. Focus group participants were recruited by human service agencies working in the vicinity of the meeting areas.

Participants were asked about their experiences in several key areas of need as determined by the CNA survey gap analysis:

1. Housing and utilities
2. Getting and keeping benefits
3. Healthcare (including dental and mental health)
4. Food (help getting enough food)
5. Transportation

Participants were also asked if there were other areas of need they were not able to access. Discussions included a facilitator and note taker. The sessions, lasting 90 minutes, were recorded and transcribed, and the session notes and transcriptions were reviewed and analyzed to identify themes across the four geographic areas.

Participant characteristics

Focus groups were held in urban, suburban, and rural communities and participant demographics varied across locations. The East County focus group held in Monroe, included a mix of white and Hispanic women, mostly with children in the household. The Central County focus group held in Everett, was predominantly men and included several people experiencing homelessness. The South County focus group held in Lynnwood was the most ethnically diverse and 60% of the participants were at retirement age. The North County focus group, held in Stanwood, was the smallest (due to weather conditions) and consisted of four women and a teenage girl (who accompanied her parent). Figure 32 shows a breakdown of key demographics.

Figure 32. Participant characteristics

Group Location	East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
Group Size	8	7	10	5
% Female	100%	29%	70%	100%
Age Range				
<18 ¹¹				20%
18-34	13%	43%		20%
35-44	50%	29%	10%	40%
45-54	38%	29%		
55-64			20%	20%
65+			60%	
Years in Snohomish County				
Less than 5 years		14%	10%	
5-9 years		14%	30%	
10-14 years	50%	14%		40%
15-19 years		14%	30%	
20-39 years	50%	29%	20%	40%
40 years or more		14%	10%	20%
Household Composition				
Single	25%	43%	50%	40%
Single Parent	25%		10%	40%
Two Parent	50%	57%	0%	20%
Married/partner (no kids)			30%	
None of these			10%	

¹¹ The CNA did not actively recruit youth for the focus groups. However, one teenage girl accompanied a parent and actively participated, warranting inclusion in Figure 32.

HOUSING AND UTILITIES

Participants were asked if they needed assistance – in the last few years – with finding housing, paying for housing, or paying for utilities. Over half of the participants overall had some recent experience with seeking services in this area. The topic of housing elicited the most ardent discussion of the five topics.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with housing and utilities (Figure 33). Volunteers of America, 2-1-1, Housing Hope, and the PUD were the most prominent mentions across the groups.

Figure 33. Where to go for help with housing and utilities

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • 211 • Energy Assistance • Monroe Food Bank • Project Pride • St Vincent De Paul • Take the Next Step • Volunteers of America 	<ul style="list-style-type: none"> • 211 • Catholic Community Services • COET (Community Outreach and Enforcement Teams through Everett PD) • Community Health Center (referrals) • Compass Health • Interfaith family shelter • PUD • The Salvation Army • Snohomish County Resource Center • Volunteers of America 	<ul style="list-style-type: none"> • 211 • Churches (referrals) • DSHS • Housing authority • Housing Hope • YWCA Pathways (for women) • Senior Center • Verdant • Volunteers of America 	<ul style="list-style-type: none"> • Community Resource Center of Stanwood • Housing Hope • HUD • PUD • St Cecelia Church • USDA

Participants were asked to try to summarize their experiences seeking help with housing and utilities, in a few words if possible. Some of the words they used included:

<i>Frustrating</i>	<i>Absolute nightmare</i>	<i>Desperate</i>
<i>Difficult</i>	<i>Unforgiving</i>	<i>Discouraging</i>
<i>Slum lord</i>	<i>Unfavorable for renters</i>	<i>Expensive</i>
<i>Impossible</i>	<i>Limited</i>	<i>Far away</i>
<i>Horrible</i>	<i>Lost</i>	<i>A joke (utility assistance)</i>
<i>Jumping through hoops</i>	<i>Scary</i>	<i>Long waiting lists</i>

Participants then exchanged experiences seeking help with housing and utilities. Many of the stories centered around rent increases that cut into their dwindling resources, evictions, or otherwise being forced out of housing (due to increasing rent).

Participants shared stories about not knowing where to go for help or trying to access help and being turned away because they did not quite meet the threshold to qualify. In one example a participant said she did not qualify as homeless because she was staying on a family member's couch, and therefore was not eligible for assistance.

In Focus Group 2, homeless participants focused on details about where to go for help and shared information with each other. Multiple participants shared that it was especially hard to get help for intact families.

Another theme that emerged in multiple groups was around accountability for landlords and property managers. A participant explained they had rented a house using a HUD subsidy but the landlord was foreclosed upon; they (the tenant) were given two weeks to relocate. Others talked about property managers either not documenting changes and agreements or falsifying documents and being cheated out of deposits.

Participants in more rural areas discussed the burden of having to travel to Everett for help with utilities, costing them time and gas money that are worth more than the amount of benefit they could receive.

Across all groups, there were occasional anecdotes of positivity and favorable outcomes, but overall, participants who needed help were very frustrated with their experiences navigating services for assistance.

"Call this number. No. Call this number. No. And call that number and you never really get anywhere. Frustrating"

"You really have to know where to go, what to do and who to talk to. Otherwise you're going to have a very, very difficult time getting housing."

"Because I had nowhere else to go, I started calling these places, and if they were nearby, I would visit them in person. And the first five places that I went to, they said I was ineligible because I needed to have a minor with me."

"I don't get why I have to drive down there, stand in line to get an appointment, come home, go back to my appointment, possibly not have the right paperwork, come back, make another appointment. Then, they gave me \$32, so I don't go for it. They won't even let me mail in an application."

GETTING AND KEEPING BENEFITS

Participants were asked if they needed assistance – in the last few years – with getting or keeping benefits. Over half of the participants overall said they had some recent experience with seeking services in this area.

The groups were asked to first generate a list of all the service providers or “places they could go” for help getting and keeping benefits (Figure 34). DSHS and the Social Security Administration were the two most prominent mentions across the groups.

Figure 34. Where to go for help with getting and keeping benefits

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • DSHS • Sea Mar • Social Security Administration 	<ul style="list-style-type: none"> • 2-1-1 • Catholic Community Services • DSHS • ECEAP • Food Bank • Gospel Mission • Housing Authority • Police • Salvation Army • Social Security Administration • Volunteers of America • WashCap 	<ul style="list-style-type: none"> • Apple health – prescriptions • Assurance Wireless • DSHS • Hopelink –bus passes • Medicare • Phones on sliding scale/reduced rate • Schools –McKinney Vento • Senior Center (Lynnwood)—for home and car repairs, shoe inserts • Social Security Administration • UW-medical • X-finity –internet on sliding scale/reduced rate 	<ul style="list-style-type: none"> • Community Health Centers • Safe harbor • Sea Mar

Participants were asked to try to summarize their experiences getting and keeping benefits, in a few words if possible. Some of the words they used included:

Overwhelming

Run-around

Bureaucracy

Frustrating

Horrible

Disorganized

Tedious

Too hard to qualify

Ridiculous

Lack-of-accountability

Closed doors

Participants shared the following frustrations with getting and keeping benefits:

- Not knowing what they qualify for
- Benefits getting cut suddenly and unexpectedly
- Not understanding where they were in the process of applying for benefits
- Efforts seeming to go into a “black hole”
- Programs getting dropped
- Lost paperwork (on behalf of the agency)
- Remote areas having less access to resources

Some participants commented at length on the lack of communication and accountability around the application process. One noted it’s easier for her to know where a \$5 item purchased online is, than to find out the status of her application, or how long it will take to be approved. They noted that there is no apparent electronic tracking, no assignment of IDs so their application can be found and no certainty about when benefits will be approved or received.

A few participants shared positive experiences. One described the DSHS Alternative Solutions program for TANF as “fantastic,” sharing that she was able to get work for six months that paid her at a higher benefit level than TANF alone, plus she was able to get job experience and help with a resume.

“I get \$140 in food stamps. That's how much food stamps I get because I get \$1500 a month Social Security. Because I get \$1500 a month Social Security I have to pay my own medical, which is like she said, \$135. Because I get that much money in Social Security, I get a 20% PUD discount. Because I get that much money, I pay \$400 a month rent instead of \$50 or whatever my neighbors are paying, because I do live in subsidized housing. Because of how much money I get, I lose more of it. The president gave us a raise for, I don't know ... I didn't even know why I was getting the raise, food stamps, and my rent went up before I even knew we were getting a raise. Then, I called the food stamp office and let them know how much my rent went up, and then my food stamps went ... They dropped down to \$28 then they went back up. It's a huge ... You get \$10 here and you lose \$15 there.”

“I think they even said, ‘We don't have to give you, really, a notice [that you're losing your benefits].’ I'm like, ‘What?’ Because I was inquiring like, ‘How can you do this to people?’”

“Alternative Solutions is what it is, and it's through DSHS and it was very helpful.”

HEALTH CARE: MEDICAL, DENTAL, AND MENTAL HEALTH

Participants were asked if they needed assistance – in the last few years – help with medical, dental, or mental health care. Most, if not all, participants had some experience with seeking services in this area, except for Group 3 (South, Lynnwood Multicultural Senior Center), where only two out of the ten had direct experience.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with health care, including medical, dental or mental health services (Figure 35). SeaMar, DSHS, and Community Health Center were the most prominent mentions across the groups.

Figure 35. Where to go for help with medical, dental and mental health care

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Dental van through Volunteers of America • Healthpoint in Redmond • Online (looking for providers) • Project Homeless Connect in Everett • SeaMar • Two-day event with free medical, vision & dental Angels of the Wind/Comcast Arena 	<ul style="list-style-type: none"> • Applecare • Community Health Center • Community Health Services • DSHS • ECEAP/Head Start • Molina • Sea Mar • Walk-in Clinic • WIC 	<ul style="list-style-type: none"> • Alderwood Community Church (for dental) • Community Life Church on Scriber Lake Road- offers medical and dental on a sliding scale through Christian Medical Clinic • DSHS • Molina • SeaMar • Senior Center used to offer dental at the old location • Verdant-to sign up for insurance 	<ul style="list-style-type: none"> • Community Health Center for dental (Arlington) • Compass Health • Everett Clinic (in Stanwood) • Safe Harbor (free clinic in Stanwood) • Walmart for insulin

Participants were asked to try to summarize their experiences seeking health related services, in a few words if possible. Some of the words they used included:

Easy-peasy, if kids only
Nightmare (dental)
Angels

Thankful
Difficult to get to
(transportation)

Expensive (prescriptions)
Complicated
Limited coverage

Participants then exchanged experiences seeking health related services. Most frustrations with health care services involved insurance. Here are some:

- Participants with children talked about how they have different insurance than their children, which means they are not covered at the same providers
- Medicaid won't cover talk therapy for autism
- Local rural health care /mental health providers not working with certain insurance providers
- Participants with a spend-down were reluctant to see a doctor unless it was urgent

Other challenges stemmed from a lack of mental health service providers in rural areas, transportation issues getting to health services, and not knowing what the bill will be up front.

More than one participant shared a story of having their health costs covered unexpectedly, expressing gratitude and deep appreciation for the times that health insurance covered bills that would have been otherwise astronomical.

"Like almost everything else we make too much money to qualify. I can't afford health insurance; I just don't have insurance. Fall in that gap."

"We don't have a walk-in clinic and my son was sick. He had an ear infection, and his fever was going through the roof. I didn't have any gas money to get to the hospital."

"It's fine to sign that paper before you're seen, but I feel like they should have a price tag on everything they do to you.... I am responsible. I signed my name. I didn't sign it after. If you buy a car, you sign your name after. If you go to the doctor though, you sign first."

"If we have insurance and we have benefits, and if there's a need for mental health, counseling, therapy, all that kind of stuff. We should be able to do it close to home."

FOOD

Participants were asked if they needed assistance – in the last few years – getting enough food. Most, if not all, participants had some experience with seeking services in this area, except for Group 3 (South, Lynnwood Multicultural Senior Center), where just under half (four out of the ten) had direct experience.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with food (Figure 33). Various regional food banks were prominent, as were specific churches. WIC and DSHS were mentioned more than once.

Figure 36. Where to go for help with food

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Food Share (a pop up <u>food bank</u>) at the library • Midnight Cry Church in Snohomish – truck that goes as far as Index provides mostly bread • Rock Church – Providing Hope program • Sky Valley <u>Food Bank</u> • Small blue van (independent person) • Volunteers of America <u>Food Bank</u> 	<ul style="list-style-type: none"> • Community churches • DSHS • Farmers Market program • <u>Food banks</u> • Interfaith • Mormon Church (Mormons only) • Salvation Army • WIC 	<ul style="list-style-type: none"> • DSHS gives a list of places to go • Hopelink <u>Food Bank</u> • Lynnwood <u>Food Bank</u> • Mountlake Terrace <u>Food Bank</u> • Senior Center • WestGate Chapel 	<ul style="list-style-type: none"> • Backpack weekend program (Stanwood <u>Food Bank</u> and school collaboration) • Camano Island <u>Food Bank</u> • Community Health Center offers kids a lunch in the summer • DSHS at Smoky Point • Hospital has free lunches for kids • Lutheran Church has free dinners • Stanwood <u>Food Bank</u> • WIC (Stanwood, Camano Island, Arlington)

Participants were asked to try to summarize their experiences seeking food assistance, in a few words if possible. Some of the words they used included:

Blessing

Belittled

Waste of time

Too hard to qualify

Kind

Easy if you meet the requirements

Not always friendly

Sometimes limited choices

Streamlined if you qualify

Mixed information

Hours limited

Participants then exchanged experiences seeking food assistance. Most of the stories about using food banks were neutral to positive. A few participants shared they were reluctant to use food banks, but more indicated that using food banks was a fairly regular approach to conserving resources. The biggest challenges with food banks were limited hours, some parameters around who qualifies (income, location of residence, or church affiliation), and occasionally feeling staff/volunteers did not create a welcoming environment.

Several participants commented on their preference for being able to select their food items, instead of being given a box/bag with predetermined items for which they may or may not have a use. They indicated that some food banks have moved towards a “grocery store” style and they appreciated this trend. In one group this was especially salient; some of the Hispanic women said they won’t use canned beans if they can make it from scratch, as an example.

While most of the conversation gravitated towards food banks, programs like WIC and SNAP also came up in conversation, especially among the more rural participants with children. Participants voiced frustrations about how benefits are difficult to predict because they are contingent on other resources in their lives, which tend to fluctuate. If they hover around the threshold for qualification and (inadvertently) draw on benefits they no longer qualify for, they are faced with an unexpected bill for the charges. They would appreciate a more stable resource.

“When I was using the food bank, I remember I was really embarrassed the first time we went and I thought it would feel really icky but it didn’t. People were great. Very kind.”

“Food’s actually been probably one of the easiest things to apprehend as being homeless, that’s one thing that’s pretty prevalent out there it’s food. There’s always someone trying to get you something somewhere.”

“It’s helpful when you get it [food stamps], but it’s always hard with how they calculate what your income has to be.”

“That’s another struggle too with, for instance, child support. My ex is behind and so during that time when I’m not getting what I should be getting, it’s really tight or I’m not making ends meet, or that’s when I need the help. And so I go through the process of applying and getting qualified and everything, and then I get a random [child support] check. It bumps up my income, and because I have to report it, it disqualifies me [for benefits]. Last year, it was back and forth where I wouldn’t get anything for a month and then I would get a couple hundred dollars, and then I wouldn’t get anything again.”

TRANSPORTATION

Participants were asked if they needed assistance – in the last few years – with transportation. When participants thought the question was only addressing public transportation, the response was mixed, but when prompted with the concept of automobile repairs or the cost of gas, most respondents indicated they needed some help with transportation in the last few years. Most respondents indicated they have a car, or access to a car, with the exception of Group 2, which included a higher proportion of homeless respondents.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with transportation (Figure 37). The most frequent mentions were Hopelink, health insurance subsidized transportation, and gas vouchers from various regional organizations.

Figure 37. Where to go for help with transportation

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Hopelink • Medicaid/Insurance taxi • Sky Valley Food Bank – <u>gas vouchers</u> • St Vincent de Paul – <u>gas vouchers</u> • Take The Next Step – helps with bus tickets to job interviews or medical appts. Also <u>gas vouchers</u>. Help paying for car insurance. 	<ul style="list-style-type: none"> • Church Events – bus tickets • Community College – bus pass, cash for gas – coupled with EBT benefits for enrolled students • DSHS (TANF) - \$ for license • Evergreen Recovery Services – bus pass • Health Insurance transportation • Homeless Connect • Hopelink – orca card for regular medical appointments • McKinney Vento – kids transport to school • Mercy Watch • Police • YWCA – <u>gas vouchers</u> 	<ul style="list-style-type: none"> • Bluebus- seniors have to sign up ahead • Dial-a-ride • Hopelink • Senior Center 	<ul style="list-style-type: none"> • Community Resource Center (Stanwood) – <u>gas vouchers</u> • Free oil change occasionally available at events • Mileage/gas via medical insurance programs (Medical transportation)

Participants were asked to try to summarize their experiences seeking transportation assistance, in a few words if possible. Some of the words that were used:

More hoops

Hard to find a car

Getting downtown is hard

Anxiety (public transit)

Limited (public transit)

Easier than housing

Unpractical (public transit)

Participants then exchanged experiences with transportation. Urban participants indicated bus passes were regularly available. Residents of more rural areas talked about how difficult it is to use public transportation. They have limited or infrequent bus routes that don't coincide with work or childcare schedules.

Participants in Lynnwood (suburban) talked about using the bus if they wanted to go into downtown Seattle, even though most of them referenced having cars or access to cars. Two women in the group (both over age 65) said they wanted to learn how to ride the bus to get downtown and exchanged numbers after the focus group so they could team up to do this together. They were both uncomfortable riding the bus alone or were not even sure how to ride the bus.

More than one participant shared frustration with jumping through hoops to get gas or mileage paid by insurance for medical appointments. One participant explained she paid for car insurance in order to be eligible for gas/mileage reimbursement, only to find out that it won't work for her child's appointments, only her own. She regretted spending her limited means on car insurance, because it would have been better spent on gas. Others indicated they had missed health appointments due to transportation barriers.

"Traveling to Smokey Point for counseling, it's tough. We've had to miss appointments because we couldn't afford the gas to be able to go. But I have no clue where to turn."

"It's completely unpractical to leave Stanwood to go do something and then come back. It's about an hour and a half bus ride. If you have to ... Like I said, daycare gets out at 6:30. There's no possible way for me to ride a bus from Skagit to here and be able to get my kids. In the morning, it's the same problem. Daycare's only open at 6:30."

"It's easier than most benefits to attain.... Compared to other housing and stuff like that, it is much easier."

OTHER NEEDS

In each group, participants were asked if there were other areas of need they were not able to access. Figure 38 shows what was mentioned in each group. Childcare was the most prominent need.

Figure 38. Other service areas of high need

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Medical assistance, mental health • Childcare • Education 	<ul style="list-style-type: none"> • Childcare • Clothing 	<ul style="list-style-type: none"> • Legal services • Caregiver services 	<ul style="list-style-type: none"> • Childcare • ECEAP

Childcare was mentioned in each group except for Group 3 (South, Lynnwood Multicultural Senior Center). Multiple participants talked about how the expense of childcare outweighs the benefits of employment; they simply can't afford it. A second theme that arose had to do with the quality of childcare that is available. Several participants worried that the options available to them were not safe choices for their children.

In one case, a single mother shared that she has a child with severe health issues. She was employed for a while, but between the costs of childcare and the amount of time she had to take off from work to transport her child to medical visits, she could not make ends meet.

"Childcare is what put me into poverty"

"I stopped working full time when we started having kids because I would have been taking home about half of what I was making before and I would have been gone with the commute to downtown Seattle 60 hours a week, so that's actually one of the advocacy areas that I'm involved with is childcare and early childhood education. I could be contributing to the economy if those costs were regulated. It would be \$1200 a month just for my infant just to have full time child care. The only thing more expensive than that is our rent. And that's insane."

"So the problem is that there is a childcare shortage/desert. So it's super-duper regulated to try and make it high quality and safe and all that but centers don't want to accept the

vouchers because they don't make as much money. And if your child has special needs, forget about it. Yeah."

"I'm not working because basically my income would go to childcare."

APPENDICES

FOCUS GROUP FACILITATION GUIDE

Introduction

The 2019 Community Needs Assessment for Snohomish County includes a survey of over 1,000 low-income residents. The results of the survey have provided some initial insights into the needs and experiences of these residents, but additional insights are needed. Four focus groups in four different communities representing four regions within Snohomish County are planned for the coming month. This guide describes the planned discussion. Focus group meetings were held at the following dates and locations:

- March 3, 2019 from 1:00 to 2:30 pm, Monroe Library (East). Hosted by Take the Next Step.
- March 4, 2019 from 7:00 to 8:30 pm, Everett United Way (Central). Hosted by United Way of Snohomish County.
- March 6, 2019 from 1:00 to 2:30 pm, Lynnwood Multicultural Senior Center (South). Hosted by Homage Senior Services.
- March 6, 2019 from 7:00 to 8:30, Stanwood Community Resource Center (North). Hosted by Community Resource Center of Stanwood-Camano.

Overview (5 minutes)

1. As participants arrive, they will find their nameplate (first name only) and be asked to sit down and complete a brief survey asking for their age, household composition, gender, and how long they have lived in Snohomish County.
2. Facilitator introduces self as the moderator and introduces the note taker.
3. Facilitator will describe the purpose of meeting, that there was a Survey in fall 2018 including about 1,000+ respondents. Purpose today is to get their feedback to enhance our understanding of the survey findings and to learn more about their perceptions of local services and community needs.
4. Note location of restrooms, invite them to use facilities and get refreshments as needed.

Review basic ground rules:

- Stay on-topic. The facilitator will redirect conversations that move off topic.
- Please don't talk over one another - wait until another person has finished speaking before you start speaking.
- If you've already shared on a topic, please help the facilitator by being sure everyone a chance to contribute.
- Please avoid or eliminate side conversations.

- Understand that there are no right or wrong answers to these questions, only each person's own personal experience and beliefs; treat everyone's ideas with respect (don't criticize what others have to say).

Explain that we will be doing an audio-only recording of the discussion for our use. They may be quoted in the final report, but not identified by name. If at any point they would like us to turn off the recording so they feel they can speak more candidly, we are happy to do so.

Discussion Questions (80 minutes)

Note: Italics indicate a script, but this is still considered a guide, and the moderator will paraphrase as feels natural, and will modify as necessary to achieve the intended goals.

Participant Introductions (8 minutes)

Let's go around the room with introductions. Could each of you take one minute and give your first name and tell us how long you've lived in Snohomish County?

Discussion Introduction (2 minutes)

As I mentioned, Snohomish County conducted a survey in November as a part of what they call a "community needs assessment", which is pretty much how it sounds... an exercise done to better understand what the community needs.

In the survey they asked for some feedback about different types of human services available in Snohomish County. This discussion today gives us an opportunity to go deeper and to get a little more perspective on the experiences of the people who may need or may have used some of those services.

At this time the **Note Taker** will post flip chart pages around the room with each of these topics heading them. This will prompt and remind participants of what the subjects are and give them more time to think about them and recall their experiences.

Much of today's discussion is going to be about five different service areas:

- *Housing and utilities*
- *Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)*
- *Health, including medical, dental and mental health services*
- *Food*
- *Transportation*

*We are going to start with **housing and utilities**. I'm going to lead us through a few questions about your experiences in Snohomish County around housing and utilities. We will be keeping track of the time as we go, to make sure that we still have time to talk about the other four service areas, plus room at the end for some general discussion.*

Discussion of each of the five service areas (60 minutes/12 minutes each)

1. *How many people here have needed help getting [service area]? Can I see a show of hands?*
 - **Note taker** tallies the count.
2. *Whether or not you've needed help with these things, let's see if we can generate a list of the people, places or organizations you know of that you could go to for help with [service area].*
 - **Note taker** records all names of organizations on flip board.
3. *Take a moment to think about your experience trying to get help with [service area].*

Now, in one word, can you describe your experience? Capture descriptions around the room.

Prompts/Clarifications if needed: If you have had a variety of experiences and picking one word is too difficult, think of a word to describe the most memorable one.

- **Note taker** records all words offered on flip board
4. *Now I'd like to ask for a little bit of elaboration as time will allow. Please tell us about your experiences trying to access/pay for these services.*
 5. *(Only if the discussion is limited due to lack of personal experiences) What about other people who you know? What have you heard about experiences other people have had with getting help for <service area>?*
 6. *(Only asked if the discussion does not already touch on barriers) I've heard a lot of positive feedback about service experiences. I'm wondering if anyone has had challenges in getting the services that they need. Can you tell me about any obstacles or barriers you have encountered?*

Closing (10 minutes)

We have gotten through the five categories on our list. Thank you very much for that discussion. We picked those five categories because of what we learned in the survey that was done last fall. Those five categories covered the services that were rated as especially important to a lot of people, but often hard to get. I'd like to use the last of our time together to think about any other types of services that have been really important to you or your household personally, that we have not covered, that you have found hard to get.

1. *Can anyone think of a service that we have not talked about that you have needed in the last few years that has been hard to get? Can I see a show of hands?*
2. *Can we make a list of the kinds of services you needed that you could not get?*
 - **Note taker** records types of services needed.
3. *(As time allows) Can you tell me a little about why that was hard to get*

Debrief (5 minutes)

- Follow-up by moderator to further discuss any unexplored remarks.
- Let participants know how the information from the discussion will be used.
- Answer any participant questions.
- Thank participants

PERCENT OF POPULATION LIVING BELOW 200% OF THE FEDERAL POVERTY LEVEL**Figure 39. Percentage living below 200% of the federal poverty level by census tract¹²**

Census Tract	Description	Percent below 200% FPL
419.04	Everett	58%
407	Everett	54%
402	Everett	53%
529.05	Marysville	52%
419.03	Everett (partially outside City)	51%
522.09	Monroe and unincorporated county	49%
522.08	Monroe	48%
529.03	Marysville	48%
418.09	Unincorporated county (South of Everett)	45%
412.02	Everett	43%
518.03	Unincorporated county (North of Lynnwood)	43%
414	Everett	42%
418.08	Everett and unincorporated county	40%
515	Lynnwood	40%
403	Everett	40%
418.12	Unincorporated county (South of Everett)	38%
537	Darrington and unincorporated county	38%
408	Everett (partially outside City)	38%
404	Everett (partially outside City)	38%
405	Everett	37%
514	Lynnwood	37%
411	Everett	36%
535.09	Arlington	36%
517.01	Lynnwood	34%
419.05	Everett	34%
418.06	Everett (partially outside City)	34%
417.01	Everett (partially outside City)	33%
516.01	Lynnwood (partially outside City)	33%
418.1	Unincorporated county (South of Everett)	32%

¹² American Community Survey 5-Year Estimate 2017. Note: table includes census tracts above the county average of 21% living below 200% of the federal poverty level.

524.01	Snohomish (partially outside of City)	32%
533.01	Stanwood and unincorporated county	32%
9400.02	Tulalip	32%
517.02	Lynnwood	32%
418.05	Everett	31%
415	Everett (partially outside of City)	31%
419.01	Everett, Mukilteo, unincorporated county	29%
526.03	Lake Stevens and unincorporated county	29%
538.03	Gold Bar, Sultan, unincorporated county	28%
529.04	Marysville	28%
509	Unincorporated county (South of Lynnwood)	28%
512	Mountlake Terrace	28%
519.05	Lynnwood and unincorporated county	28%
410	Everett	27%
412.01	Everett	27%
416.05	Everett and unincorporated county	27%
524.02	Snohomish (partially outside of City)	27%
529.06	Marysville	26%
526.06	Lake Stevens and unincorporated county	26%
501.02	Unincorporated county (North of Lynnwood)	26%
519.28	Unincorporated county (East of Lynnwood)	26%
536.02	Granite Falls and unincorporated county	26%
416.06	Everett and unincorporated county	25%
535.08	Arlington and unincorporated county	24%
9400.01	Tulalip	23%
417.04	Mill Creek and unincorporated county	23%
531.01	Marysville and unincorporated county	23%
526.04	Lake Stevens	23%
538.02	Sultan and unincorporated county	23%
417.03	Unincorporated county (East of Mill Creek)	22%
518.02	Lynnwood and unincorporated county	22%
519.21	Unincorporated county (North of Bothell)	22%
409	Everett (partially outside City)	22%
516.02	Lynnwood	21%
521.04	Everett, Marysville, unincorporated county	21%

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9.26.2020



LYNNWOOD
WASHINGTON

**The Role of the City of Lynnwood in Access to and
Affordability of Primary Care, Behavioral Health Care and Dental
Health Services: Results of a Consumer Focus Group and Key
Stakeholder Interviews**

Robin Fenn, PhD, LICSW, Consultant

Prepared for the City of Lynnwood Human Services Commission

March 2020

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Table of Contents

Executive Summary..... 4

Project Overview and Methodology

Human Services Needs Survey..... 6

Consumer Focus Groups..... 7

Key Stakeholder Interviews..... 8

Review of Existing Data..... 9

Results

Focus Group and Key Stakeholder Interview Composition..... 10

Data Analysis and Summary of Participant Responses..... 10

Issues Related to Access to Care 10

Issues Related to City of Lynnwood Policies and Procedures..... 12

Things that Are Working Well with Regards to Health and Social Services in Lynnwood..... 12

Role of the City of Lynnwood..... 13

Awareness of City of Lynnwood Health-Related Work and Initiatives..... 14

Review of Secondary Data Sources..... 15

Recommendations..... 16

Appendix A: Participating Provider Organizations..... 22

Appendix B: Behavioral Risk Factor Surveillance System Data for Snohomish County and Lynnwood..... 23

Executive Summary

In spring 2019, the City of Lynnwood Human Services Commission was interested in obtaining information from community members in Lynnwood about their needs for human and social services. A survey was distributed to community members in order to gather this information.

The top five needs for which respondents indicated they had a “moderate or strong need” were:

- Free gathering spaces for the community (44.5%)
- Affordable medical care (34.7%)
- Affordable dental care (31.8%)
- Accessing reliable transportation (28.9%)
- Accessible medical care (27.8%)

At its November 2019 meeting, the Human Services Commission decided that it would like to gather additional information from the community related to affordable and accessible medical and dental care as well as the community’s perceptions about the role of the City of Lynnwood with regards to these issues.. Information obtained would help the Human Services Commission develop strategies in 2020 regarding their role and next steps. In December 2019, the Human Services Commission contracted with this consultant to conduct focus groups and key stakeholder interviews to gather this information.

This report provides a summary of the data analysis of secondary data sources, one consumer focus group and 16 key stakeholder interviews. The rationale for this project as well as a review of the methodology used to collect and analyze data are presented. The general themes that emerged from the focus group as well as individual key stakeholder interview responses are summarized in the following pages. The appendices provide verbatim transcriptions of all responses provided by focus group and key stakeholder interview participants.

Overall, the results of the analysis suggested the following:

- Cost is a primary barrier to obtaining all types of care (primary, behavioral, dental)
- Lack of vision care is of concern to residents especially for children and seniors
- Transportation is a barrier to obtaining all types of care (primary, behavioral, dental)
- There is a lack of providers in Lynnwood who accept Apple Health or uninsured patients
- There is a need for culturally appropriate providers (primary, behavioral health and dental) for immigrants and undocumented residents in Lynnwood
- There is a lack of providers for oral health, behavioral health and specialty care in Lynnwood for uninsured, underinsured, and Apple Health patients/clients
- Clients/patients often don’t know where to go for information
- Clients/patients often have difficulty understanding and navigating the healthcare and social services systems in Lynnwood as well as countywide

Participants in the focus group and in key stakeholder interviews believed the following to be the role of the City of Lynnwood with regards to health and social services:

- Increase knowledge of and attention to health issues and social determinants of health
- Increase knowledge about healthcare and social service organizations in Lynnwood
- Advocate for health policy issues
- Fund community health programs
- Assist in convening conversations with multiple stakeholders on health related issues
- Provide health related information and assistance to the community
- Continue/increase attention to equity and diversity issues
- Recognize the intersection between health and housing
- Create infrastructure for collaborative health related projects
- Stronger collaboration with neighboring cities
- Expand and improve environments related to health
- Broader communication about City's work around health

Opportunities for the City of Lynnwood Human Services Commission to address the suggestions made by focus group and key stakeholder interview participants are presented as well as the perceptions of these participants about things that the City is doing well and things that hinder the delivery of health and social services.

Project Overview and Methodology

Human Services Needs Survey

In spring 2019, the City of Lynnwood Human Services Commission was interested in obtaining information from community members in Lynnwood about their needs for human and social services. The Human Services Needs Survey was designed by this consultant in partnership with Lynn Sordel at the City of Lynnwood and the Lynnwood Human Services Commission. In addition to asking respondents to rate the perceived level of service need in the City of Lynnwood for a broad array of social and human service areas, they were also asked to indicate the level of need for these same services in their own households. Further, respondents were given a list of social concerns and asked to rate each on the level of attention that they believed was needed by the City. Demographic information was also sought. Respondents had the opportunity to provide qualitative comments to open-ended questions related to their perceptions of those things they believed the City of Lynnwood was doing well to address the human services needs of residents as well as recommendations they had for the Human Services Commission.

The time burden for this survey was estimated at ten minutes. The City of Lynnwood posted a message on their Human Services Commission website that briefly explained the survey and provided a hyperlink to the survey in Survey Monkey, a web-based survey distribution tool. The survey was posted in both Spanish and English on 17 June 2019 with a close date of 14 July 2019 giving community members approximately four weeks in which to respond. Messages were also posted on the City of

Lynnwood's social media. Additionally, during the same time period, a welcoming display and print copies of the survey were placed at Homage Senior Services, the Lynnwood Library, the Lynnwood Recreation Center, the Lynnwood Senior Center, Verdant Health Commission, and Lynnwood City Hall. No incentives were provided for survey completion with the exception of at the City of Lynnwood Jail; ice cream sandwiches were provided for those who completed the survey.

City of Lynnwood staff were responsible for entering responses from returned hard copies of the survey into Survey Monkey. Once all survey responses were entered, all responses were downloaded and shared with this consultant for analysis. Results of the analyses were provided to Lynn Sordel at the City of Lynnwood and to the Human Services Commission.

The top five needs for which respondents indicated they had a "moderate or strong need" were:

- Free gathering spaces for the community (44.5%)
- Affordable medical care (34.7%)
- Affordable dental care (31.8%)
- Accessing reliable transportation (28.9%)
- Accessible medical care (27.8%)

At its November 2019 meeting, the Human Services Commission decided that it would like to gather additional information from the community related to affordable and accessible medical and dental care. Information obtained would help the Human Services Commission develop strategies in 2020 regarding their role and next steps. In December 2019, the Human Services Commission contracted with this consultant to

conduct focus groups and key stakeholder interviews to gather this information.

Consumer Focus Groups

Two focus groups were scheduled although only one was conducted with seniors at the Lynnwood Senior Center in February 2020. This group was limited to no more than 12 participants. Fliers were created detailing the project and inviting individuals to participate. This consultant worked closely with the Director of the Lynnwood Senior Center to recruit focus group participants.

A second focus group was originally scheduled for 19 March 2020. Fliers were sent to several healthcare and social service organizations in Lynnwood who agreed to assist in recruiting participants. Additionally, fliers were distributed to City of Lynnwood facilities including the recreational center and the library. However, Snohomish County was affected by the COVID 19 virus and as a result, several of the recruiting agencies were closed. Residents were encouraged by County and State leadership to limit their contact with the public. As a result, it was not possible to obtain participants for a focus group. An alternative method for collecting consumer feedback was proposed: this consultant would go to clinics and organizations that remained open and conduct individual interviews with patients/clients. The organizations that remained open indicated that given the current public health crisis, they were not able to have me solicit feedback from their patients/clients on an individual basis.

At the focus group with participants from the Lynnwood Senior Center, this consultant facilitated the conversation and a scribe was present to record participant comments. When

the start time for the group arrived, this consultant introduced herself and the scribe. She discussed the purpose of the focus group, confidentiality amongst group members and anonymity of responses and addressed related questions.

The spirit of this focus group was to "hear the voices" of all participants. Their experiences, ideas and recommendations for healthcare related services and the City's role were believed to be crucial to informing the Human Services Commission. Several questions were asked of specific to participants' thoughts, feelings and ideas:

- What issues have you had in accessing primary care, behavioral health services or dental care?
- Has cost ever been an issue for you in receiving primary care, behavioral health services or dental care? If so, how has it been an issue?
- What role do you believe the City of Lynnwood should play with regards to access to care or cost of care?
- What role should the City of Lynnwood play in the overall health of people living in Lynnwood?
- Have you ever heard of the following: the City of Lynnwood Human Services Commission? The City of Lynnwood Healthy Communities Initiative? The Community Health and Safety Section of the Lynnwood Police Department? If so, what did you hear about them and where did you hear it?

Additionally, participants were given the opportunity to provide additional comments related to their healthcare experiences.

Key Stakeholder Interviews

In order to gather the perspectives and insights related to access to and cost of care as well as the role of the City in addressing these, administrators and direct services providers of organizations serving Lynnwood residents were asked to participate in confidential key stakeholder interviews. An email was sent on 6 February 2020 to each organization detailing the project and inviting them to participate. A cut-off date for participation of 20 March 2020 was given. For organizations that did not respond, a follow-up email was sent a week later asking for participation. An additional email was sent a week after that to those organizations who had not yet responded.

Because of their unique insights into the health issues of Lynnwood residents, the following organizations were invited to provide feedback:

- Community Health Centers of Snohomish County
- Compass Health
- Domestic Violence Services of Snohomish County
- Edmonds Community College
- Edmonds School District
- Homage Senior Services
- Korean Women's Associations
- Lahai Health
- Latino Educational Training Institute
- Medical Teams International
- Premera
- Project Access Northwest
- SeaMar Community Health Center
- Snohomish County Health District
- South Snohomish County Fire and Rescue—EMS Division
- Swedish Edmonds
- Verdant Health Commission
- Volunteers of America
- YWCA

Questions asked of key stakeholders:

- What do you see as the primary issues related to access to care (dental, primary, and behavioral health) for the clients/patients that you serve?
- What do you see as the primary issues related to cost of care for the clients/patients that you serve?
- What City of Lynnwood policies or procedures exist that help or hinder your clients/patients in accessing care?
- What do you see as the role of the City of Lynnwood with regards to access to care?
- What do you see as the role of the City of Lynnwood with regards to cost of care?
- What do you see as the role of the City of Lynnwood with regards to the overall health of Lynnwood residents?
- What recommendations or feedback related to health do you have for the City of Lynnwood?
- Have you ever heard of the following: the City of Lynnwood Human Services Commission? The City of Lynnwood Healthy Communities Initiative? The Community Health and Safety Section of the Lynnwood Police Department? If so, what did you hear about them and where did you hear it?

Review of Existing Data

In order to obtain the most comprehensive picture of the health services needs in the City of Lynnwood, data from secondary sources were reviewed. The following data sources were considered:

- Swedish Edmonds Hospital 2018 Community Needs Assessment
- Snohomish County Human Services 2019 Low Income Community Needs Assessment
- The Nexus of Nutrition, Healthcare Services and Foodbanks 2018 Report (Verdant Health Commission)
- City of Lynnwood Human Services Needs Assessment: 2016-2018
- United Way of Snohomish County Making Ends Meet Report 2016 –Edmonds and Lynnwood
- Snohomish County Health District Oral Health Data Report 2015
- Snohomish County Health District Community Health Assessment 2018
- Community Needs Index 2018—Lynnwood
- Behavioral Risk Factor Surveillance System (BRFSS) for Lynnwood Zip Codes

Secondary Data Sources

Behavioral Risk Factor Surveillance System for City of Lynnwood Zip Codes. Available by request at:

<https://www.doh.wa.gov/DataandStatisticalReports/DataSystems/BehavioralRiskFactorSurveillanceSystemBRFSS>

City of Lynnwood 2016-2018 Human Services Needs Assessment: Available by request at:

<https://www.lynnwoodwa.gov/Government/Boards-and-Commissions/Human-Services-Commission>

Community Needs Index 2018 for City of Lynnwood: <http://cni.chw-interactive.org/>

Snohomish County Health District Community Health Assessment 2018:

<http://snohd.org/DocumentCenter/View/3022/Community-Health-Assessment-2018-PDF>

Snohomish County Health District Oral Health Data Report 2015:

<http://snohd.org/DocumentCenter/View/589/Snohomish-County-Oral-Health-Data-Report-2015-PDF>

Snohomish County Human Services 2019 Low Income Community Needs Assessment:

<https://snohomishcountywa.gov/1084/Low-Income-Needs-Assessment>

Swedish Edmonds Hospital 2018 Community Health Needs Assessment:

<https://www.swedish.org/~media/Files/Providence%20Swedish/PDFs/Mission/2018/CHNAEdmonds21419.pdf>

The Nexus of Nutrition, Healthcare Services and Foodbanks 2018 Report: Available by request at

<http://verdanthealth.org>

United Way of Snohomish County Making Ends Meet Report 2016:

<https://www.uwsc.org/sites/uwsc.org/files/Making%20Ends%20Meet%20Individual%20Pages.pdf>

Results

Focus Group and Key Stakeholder Interview Composition

A total of seven people participated in the focus groups. Nineteen organizations were invited to participate in key stakeholder interviews. Of these, 14 organizations chose to participate. Two organizations each had two people participate in the interviews. A total of 16 key stakeholder interviews were conducted. A list of all participating organizations can be found in Appendix A.

For both the focus group and the key stakeholder interviews, all participants appeared comfortable responding to all questions and there is no reason to suspect that anything was held back or that anyone was reluctant to be other than frank and forthcoming.

Data Analysis and Summary of Participant Responses

All comments from the focus group and key stakeholder interviews were transcribed verbatim. A content analysis of responses was conducted with responses to questions being separated into thematic areas. The subjective nature of this analysis is recognized; however, it does allow for a concise overview of participant responses.

In the following pages, the analysis of participant responses is presented by each question asked in the focus group and key stakeholder interviews. The major purpose of the analysis is to organize responses in such a way that overall patterns can emerge. Representative individual participant comments, transcribed verbatim, are

provided; the full lists of participant comments are included in Appendix B and Appendix C. Misuses of language, slang terms and incomplete sentences are all included so as to accurately present the true responses provided by participants. Any potentially identifying information was removed from the participants' comments.

Issues Related to Access to Care

Overall, the results of the focus group, key stakeholder interviews and a review of secondary data all suggested the following:

- Cost is a primary barrier to obtaining all types of care (primary, behavioral, dental)
- Lack of vision care is of concern to residents especially for children and seniors
- Transportation is a barrier to obtaining all types of care (primary, behavioral, dental)
- There is a lack of providers in Lynnwood who accept Apple Health or uninsured patients
- There is a need for culturally appropriate providers (primary, behavioral health and dental) for immigrants and undocumented residents in Lynnwood
- There is a lack of providers for oral health, behavioral health and specialty care in Lynnwood for uninsured, underinsured, and Apple Health patients/clients
- Clients/patients often don't know where to go for information
- Clients/patients often have difficulty understanding and navigating the healthcare and social services systems in Lynnwood as well as countywide

Comments Related to Assistance Finding Information and Navigating Services

"For the geriatric population, what about those people who don't have systems in place? Where do they go for help?"

"I went to the City to pay my low income water bill and the girl at the desk was really nice. She gave me a whole list of places without me even asking, places that could help me like the County. I didn't need it but she gave it to me anyways and said I could share it with my friends if they needed help. It was good to have additional resources for other low income programs."

Comments Related to Cost of Care:

"People often go into medical bankruptcy to pay medical bills. The ACA didn't adequately address the issues like it was supposed to."

"Bottom line, people can't afford healthcare."

"Also seeing issues with working poor. They have insurance but can't afford copays. We see this across primary care, dental and behavioral health but mostly in vision. We have some students not passing vision tests and many kids who get referred don't follow through. They don't have vision benefits and if they do, can't afford to buy glasses or have an ophthalmologist look at their eyes. Vision affects learning so much"



Comments Related to Lack of Providers

"Probably the biggest issue is the limited number of medical and dental providers who take Apple Health in Lynnwood."

"CHC and Lahai are doing dental care but it isn't enough to meet all of the need in City of Lynnwood."

"Behavioral health—not sure how much access there really is. Not much in Lynnwood. Lots in Everett and King County but not here."

"Real challenge with specialty care. Serious deficits in number of providers seeing uninsured people. Thousands of patients in Snohomish County that can't afford specialty care. They work hourly wage jobs and cannot come up with the thousands of dollars for specialty care (hysterectomy, hip replacement.)"

Comments Related to Issues of Diversity and Culture

"We had a Hep C patient who couldn't afford care in Snohomish County. They told her to go back to Mexico even though she is here legally. We took her to King County. She would've died without treatment."

"We have 117 languages in our district. Families don't understand and can't navigate the health system in our community. We try to help but we always wonder what happens with families who don't come to us."

"I talked to the housing people and direct service folks and they said biggest issues were that undocumented have no medical access at all."

"There is a running joke amongst agencies that Lynnwood has "code plus" which is just whatever the inspectors decide they want on any given day."

"One of the ten essential functions of public health is access to care. The City of Lynnwood sits on the Board of Health and could use its voice to help promote this."

Issues Related to City of Lynnwood Policies and Procedures

Specific questions were posed to agencies and organizations that provide health and social services in the City of Lynnwood. Specifically, they were asked if there were policies or procedures in place that deterred residents from receiving health and social services. Responses from these interviews suggest the following:

- Issues with permitting and signage as well as with the Planning and Permitting Department in Lynnwood have been problematic for many health and social service providers over the past few years. Many indicate that this influences service delivery to Lynnwood residents as well as establishes Lynnwood as an unfriendly place for providers.
- Many providers believe that the City of Lynnwood does not have a strong voice on the Public Health Board and as such, does not advocate for the needs of Lynnwood residents to the extent that it can.
- Many providers believe that the City of Lynnwood does not know much about them and the work that they do.
- Many providers feel unheard by the City of Lynnwood and would like to be more involved in city-wide discussions.

Things that Are Working Well with Regards to Health and Social Services in Lynnwood

Agencies and organizations were also asked to describe those things they believed to be working well within the City of Lynnwood with regards to health and social services. Their responses can be summarized in the following themes:

- Many providers commented on the positive relationships with the City of Lynnwood Police Department especially around the Cops and Clergy program, the new Justice Center, the embedded social worker, work with individual officers, and Lynnwood Police Department's presence and involvement in CHART.
- Many providers commented that the work with community organizations has been positive.
- Many providers commented that interactions with City of Lynnwood staff have been positive.
- Providers appreciate the City of Lynnwood's focus on diversity and inclusion.
- Many providers expressed that they appreciate the City of Lynnwood seeking their feedback for this report and that they appreciate the opportunity to share their opinions and be heard.

"Good relationships with law enforcement. This is not the same with all the neighboring cities. We sit in meetings together like CHART and get to know each other."

"They ask the community. Just being heard is the one thing people want. This interview is a good example."

"Truly impressed with city staff presentations at breakfasts. It is clear that they are health oriented and care about our health."

"We feel they care about us as immigrants and minorities."

Role of the City of Lynnwood

Participants in the focus group and in key stakeholder interviews believed the following to be the role of the City of Lynnwood with regards to health and social services:

- Increase knowledge of and attention to health issues and social determinants of health
- Increase knowledge about healthcare and social service organizations in Lynnwood
- Advocate for health policy issues
- Fund community health programs
- Assist in convening conversations with multiple stakeholders on health related issues
- Provide health related information and assistance to the community
- Continue/increase attention to equity and diversity issues
- Recognize the intersection between health and housing
- Create infrastructure for collaborative health related projects
- Stronger collaboration with neighboring cities
- Expand and improve environments related to health
- Broader communication about City's work around health

"Make sure you get a Council that sees the importance of health. Everything is not related to housing and homelessness."

"Is the City of Lynnwood actually knowledgeable about what their health problems are? Do they even know? Have they done a health assessment of their community?"

"It would be nice if they had more of a social determinants of health lens to look at policies and what they do. I don't know if they are doing this."

"There is an insurance bill right now that could use some support. Does Lynnwood even know this?"

"How is the City promoting access to treatment?"

"Should the City of Lynnwood fund healthcare? No. It should work with the state and federal level on changes. They should advocate at the state and federal level for healthcare and issues that affect access and cost. I don't see them doing this."

"City should not be a direct funder of healthcare but a facilitator and an advocate."

"Get multiple cities to work together to lobby with a stronger voice for healthcare."

"Cities should talk to nonprofits. City government is large and you can get in front of council but how do you get in front of the staff/workers? Connect us with those who are doing the work. There is a disconnect."

"Implementing an antiracism program. Everyday racism is an experience here and creates trauma in our families. It all impacts our health and wellbeing. Have them have a race and equity lens."

"What I keep thinking is that some of these things that occur in community like walks they will never be very impactful for any people unless you involve directly the group you are trying to reach. Work with agencies of different ethnic groups so that they can be included. Until you do, won't get participation of all the immigrants; only mainstream people."

"I see that Lynnwood is attracting a lot of immigrants and a diverse population. We need more focus on bringing community together."

"Lynnwood is ideally situated to be a thought leader in the healthcare space."

Awareness of City of Lynnwood Health-Related Work and Initiatives

Very few of the focus group and key stakeholder interview participants had a clear understanding about or knowledge of the Human Services Commission, the Healthy Communities Initiatives and the Community Health and Safety Section of the Lynnwood Police Department.

Comments about Healthy Communities Initiative

"I heard about it at Verdant and when I used to work for Seattle King County Health and comments from city newsletters. I can't remember what it said, I've glossed over that but I remember hearing about it."

"It's possible it was brought up at Edge of Amazing. I may have. But I can't tell you anything about it."

"I think I participated in a meeting a few years back but never seen a report. Who runs the department? I think I might know about it. It doesn't come to mind so I need to be educated about that."

"Yes. Through Sarah Olson."

"Is that different than the Human Services Commission? Is this different from Verdant or the Prov Institute? If so, I've never heard of it. I don't think I know about this."

Comments about Human Services Commission

"I was around when it formed a couple of years ago. We presented to them for a funding grant."

"I think it's a subgroup of city council focused on human service needs in community and looking at different options on programs and other issues in community around homelessness, health, clothing, lack of affordable housing for seniors."

"What does commission do? How does this all work? I have not heard. I don't know who members are although I've lived here for two years."

"I haven't heard anything that has come from it but I knew they had it. I know Mary Anne is on it. I don't know if others know about it."

Comments about Community Health and Safety Section of Lynnwood Police Department

"Is that that Cole guy from Lynnwood Police? If so, I really liked him. I haven't seen too much of him lately."

"Hmmm.....What is it called again? Nope. Never heard of it. Isn't that a shame!! Will look into that myself. I don't know anything about it at all."

"I don't know much other than what the title of this group infers. I heard the Chief talk about once at a meeting."

"I think I have heard of that. Just in passing at a meeting. Don't know what they do."

"Maybe. Is that the integrated social worker?"

"I work with the social worker and the officers that work with the homeless. Other than that, I have no idea what they do."

Review of Secondary Data Sources

A comprehensive review of existing data sources and reports was conducted. Findings from this review support the comments made by participants in the focus group and the key stakeholder interviews regarding access to primary, behavioral and dental care.

Additionally, data from the Behavioral Risk Factor Surveillance Survey (BRFSS) was obtained for all of Snohomish County and those zip codes specific to Lynnwood. BRFSS is conducted annually in the Washington state by the Washington State Department of Health and the Centers for Disease Control and Prevention (CDC.) This survey collects state data about Washington residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS is the largest continuously conducted health survey system in the world.

The table below provides key data related health and care access for the City of Lynnwood. Data include the years 2014 through 2018. Additional data from BRFSS can be found in Appendix B. When compared to Snohomish County overall, Lynnwood residents were more likely to be without health insurance and more likely to have not to have received medical care in the past year because of cost and lack of insurance. Lynnwood residents, however, were more likely to have dental insurance.

	All of Snohomish County	All of Snohomish County EXCEPT Zip Codes 98036, 98037 and 98087	Zip Codes 98036, 98037 and 98087 ONLY
Have no health care coverage (all respondents)	9.34%	9.32%	10.50%
Have no health care coverage (respondents age 18 to 64 years)	8.88%	8.87%	9.91%
Have no dental insurance	31.47%	31.51%	28.44%
Could not see a doctor in the past year because of cost	11.71%	11.71%	12.25%
Delayed getting needed medical care in the past 12 months because you had no insurance	7.66%	7.63%	9.61%
Delayed getting needed medical care in the past 12 months because you couldn't find a provider who would take your insurance	6.45%	6.47%	5.44%
Delayed getting needed medical care in the past 12 months because you couldn't get an appointment	12.46%	12.49%	10.66%

Source: Behavioral Risk Factor Surveillance Survey data obtained from Washington Department of Health in January 2020

Note: All the access data are for 2014 through 2018. The oral health data are for 2014, 2016 and 2018.

Recommendations

The City of Lynnwood Human Services Commission can play a specific role in identifying its population's needs and using the data to inform the development and design of parks, recreational activities, neighborhoods, buildings, policies, procedures, interventions and programs aimed at improving and building health, well-being and resilience. The table below proposes several opportunities for the Human Services Commission as well as the corresponding role for the City of Lynnwood identified by focus group and key stakeholder interview participants which the opportunity addresses.

Opportunity	Primary Role(s) for the City that the Opportunity Addresses
Expand outreach to health and social services organizations and agencies for broader participation in City of Lynnwood events (e.g., Fair on 44th).	<ul style="list-style-type: none"> • Increase knowledge about healthcare and social service organizations in Lynnwood • Provide health related information and assistance to the community
Develop and implement a health and social services community event with Lynnwood-based health and social service providers. Do one at the senior center (with giveaways, raffle, etc.) and one for the overall community.	<ul style="list-style-type: none"> • Increase knowledge about healthcare and social service organizations in Lynnwood • Provide health related information and assistance to the community • Assist in convening conversations with multiple stakeholders on health related issues • Continue/increase attention to equity and diversity issues

City of Lynnwood Human Services Commission

Opportunity	Primary Role(s) for the City that the Opportunity Addresses
<p>Work with health and social service providers in Lynnwood to create a resource document of services available to Lynnwood residents. Do by category and in multiple languages. Create print and online versions.</p>	<ul style="list-style-type: none"> • Increase knowledge about healthcare and social service organizations in Lynnwood • Provide health related information and assistance to the community • Assist in convening conversations with multiple stakeholders on health related issues • Continue/increase attention to equity and diversity issues
<p>Establish an on-site community resource advocate to assist Lynnwood residents with information about and access to local health and social services.</p>	<ul style="list-style-type: none"> • Provide health related information and assistance to the community • Continue/increase attention to equity and diversity issues
<p>Create a source for local health/social services related data to help organizations with grant writing and policy issues.</p>	<ul style="list-style-type: none"> • Increase knowledge about healthcare and social service organizations in Lynnwood • Provide health related information and assistance to the community • Continue/increase attention to equity and diversity issues
<p>Create a small funding mechanism for Lynnwood-specific pilot healthcare related projects.</p>	<ul style="list-style-type: none"> • Fund community health programs • Create infrastructure for collaborative health related projects • Provide health related information and assistance to the community • Continue/increase attention to equity and diversity issues

Opportunity	Primary Role(s) for the City that the Opportunity Addresses
<p>Two times a year, hold a City Council meeting during the morning hours so that community members who are unable to attend evening meetings can attend.</p>	<ul style="list-style-type: none"> • Increase knowledge of and attention to health issues and social determinants of health • Advocate for health policy issues • Assist in convening conversations with multiple stakeholders on health related issues • Continue/increase attention to equity and diversity issues
<p>In the fall of each year, Human Services Commission/City Council/Mayor meet with local health and social service providers to discuss shared legislative agendas for the upcoming legislative session.</p>	<ul style="list-style-type: none"> • Advocate for health policy issues • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Assist in convening conversations with multiple stakeholders on health related issues • Broader communication about City's work around health
<p>Once a year, invite health and social services providers to attend a meeting of Directors and staff of the City of Lynnwood to share information with each other as well as explore ways to collaborate.</p>	<ul style="list-style-type: none"> • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Assist in convening conversations with multiple stakeholders on health related issues • Broader communication about City's work around health • Expand and improve environments related to health • Create infrastructure for collaborative health related projects

<p>Opportunity</p>	<p>Primary Role(s) for the City that the Opportunity Addresses</p>
<p>Work within the City of Lynnwood to establish clear and consistent planning and permitting procedures and policies for health and social services agencies.</p>	<ul style="list-style-type: none"> • Expand and improve environments related to health • Create infrastructure for collaborative health related projects
<p>Increase coordination efforts with other municipalities in South Snohomish County in order to share resources and information as well as to expand information and knowledge about South Snohomish County health and social services needs.</p>	<ul style="list-style-type: none"> • Stronger collaboration with neighboring cities • Increase knowledge of and attention to health issues and social determinants of health • Expand and improve environments related to health • Broader communication about City's work around health
<p>Once a year, convene and facilitate listening sessions with state legislators, city council, city staff, mayor, Human Services Commission and local health and social services providers to discuss local health and social services issues.</p>	<ul style="list-style-type: none"> • Assist in convening conversations with multiple stakeholders on health related issues • Broader communication about City's work around health • Recognize the intersection between health and housing • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Advocate for health policy issues
<p>Once a year, convene and facilitate listening sessions with state legislators, city council, city staff, mayor, Human Services Commission and residents of Lynnwood to discuss local health and social services issues.</p>	<ul style="list-style-type: none"> • Assist in convening conversations with multiple stakeholders on health related issues • Broader communication about City's work around health • Recognize the intersection between health and housing • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Advocate for health policy issues

Opportunity	Primary Role(s) for the City that the Opportunity Addresses
<p>Hire someone who understands healthcare and social service systems, health care and social service policy, the intersection between criminal justice and healthcare, and the role of government in healthcare to serve as a liaison between the social services/healthcare systems and the City. Serve as a member of the City's strategic planning team to develop, implement and evaluate city initiatives related to health and social services.</p>	<ul style="list-style-type: none"> • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Advocate for health policy issues • Assist in convening conversations with multiple stakeholders on health related issues • Provide health related information and assistance to the community • Continue/increase attention to equity and diversity issues • Create infrastructure for collaborative health related projects • Stronger collaboration with neighboring cities • Broader communication about City's work around health
<p>Develop measurable health and social services objectives tied to the City of Lynnwood strategic plan and budgeting process.</p>	<ul style="list-style-type: none"> • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Advocate for health policy issues
<p>Develop evaluation plans to objectively assess the efficacy and impact of City of Lynnwood health and social services activities.</p>	<ul style="list-style-type: none"> • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Advocate for health policy issues
<p>Create a marketing strategy to more broadly disseminate information about City of Lynnwood health-related initiatives and groups including the about Human Services Commission, Healthy Communities and Community Health and Safety Section.</p>	<ul style="list-style-type: none"> • Increase knowledge of and attention to health issues and social determinants of health • Increase knowledge about healthcare and social service organizations in Lynnwood • Broader communication about City's work around health

City of Lynnwood Human Services Commission

In order to help prioritize those opportunities that the City of Lynnwood Human Services Commission can undertake, it is suggested that the Human Services Commission complete the following table to assist in their decision making process.

Opportunity	Who will be responsible for completing this?	By when?	How?	What resources will be needed (e.g., staff, funding, etc.?)
#1				
#2				
#3				
#4				
#5				

Appendix A: Participating Provider Organizations

Contacted for a Key Stakeholder Interview	Participated in a Key Stakeholder Interview
Community Health Center of Snohomish County	X
Compass Health	
Domestic Violence Services of Snohomish County	X
Edmonds Community College	
Edmonds School District	X
Homage Senior Services	X
Korean Women's Association	X
Lahai Health	
Latino Educational Training Institute (LETI)	X
Medical Teams International	
Premera	X
Project Access Northwest	X
Sea Mar Community Health Center	X
South Snohomish County Fire and Rescue	X
Snohomish Health District	X
Swedish Edmonds	X
Verdant Health Commission	X
Volunteers of America	X
YWCA	

Appendix B:**Behavioral Risk Factor Surveillance System Data for
Snohomish County and Lynnwood**

Notes from Washington Department of Health: All the access data are for 2014 through 2018. The oral health data are for 2014, 2016 and 2018.

Provided by Washington Department of Health Center for Health Statistics in January 2020

	All of Snohomish County	All of Snohomish County EXCEPT Zip Codes 98036, 98037 and 98087	Zip Codes 98036, 98037 and 98087 ONLY
Have no health care coverage (all respondents)	9.34%	9.32%	10.50%
Have no health care coverage (respondents age 18 to 64 years)	8.88%	8.87%	9.91%
For those with health insurance, source of insurance:			
Employer	51.43%	51.35%	57.03%
Medicaid	11.91%	11.94%	10.00%
Medicare	18.43%	18.5%	13.64%
Have no dental insurance	31.47%	31.51%	28.44%
Could not see a doctor in the past year because of cost	11.71%	11.71%	12.25%
Delayed getting needed medical care in the past 12 months because you had no insurance	7.66%	7.63%	9.61%
Delayed getting needed medical care in the past 12 months because you couldn't find a provider who would take your insurance	6.45%	6.47%	5.44%
Delayed getting needed medical care in the past 12 months because your doctor moved away	8.77%	8.73%	11.62%
Delayed getting needed medical care in the past 12 months because you didn't have transportation	4.65%	4.68%	2.58%

	All of Snohomish County	All of Snohomish County EXCEPT Zip Codes 98036, 98037 and 98087	Zip Codes 98036, 98037 and 98087 ONLY
Delayed getting needed medical care in the past 12 months because you couldn't get an appointment	12.46%	12.49%	10.66%
Delayed getting needed medical care in the past 12 months because you had to wait too long to be seen	5.49%	5.48%	5.95%
Length of time since last routine health care checkup:			
Past year	66.57%	66.56%	67.47%
1 to 2 years	15.52%	15.53%	14.95%
3 to 5 years	9.89%	9.89%	9.98%
5+ years	8.01%	8.02%	7.60%
Length of time since last routine dental visit:			
Past year	67.88%	67.88%	67.79%
1 to 2 years	11.51%	11.43%	17.38%
3 to 5 years	10.03%	10.05%	8.92%
5+ years	9.72%	9.78%	5.28%
Never	.86%	.86%	.63%
How often have you had painful aching anywhere in your mouth in the past year?			
Very often	3.95%	3.96%	2.95%
Occasionally	12.29%	12.28%	13.44%
Hardly ever	28.43%	28.43%	28.39%
Never	55.33%	55.33%	55.23%

EDMONDS VALUE VILLAGE

21558 HIGHWAY 99 | EDMONDS, WASHINGTON



UPDATED BROKER OPINION OF VALUE AND LEASING STRATEGY DISCUSSION

PREPARED BY:
JOHN BAUER AND LOURDES VALDESUSO



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This valuation analysis or broker opinion of value is not an appraisal and has not been performed in accordance with the Uniform Standards of Professional Appraisal Practice. Neither you, nor any third parties, may rely on this analysis for any tax purposes, estate work, litigation, lending or any other matter other than your direct use in connection with a contemplated transaction.

TABLE OF CONTENTS

01

PROPERTY
OVERVIEW

02

VALUATION

03

SUPPLEMENTAL
INFORMATION

PROPERTY OVERVIEW

PROPERTY OVERVIEW

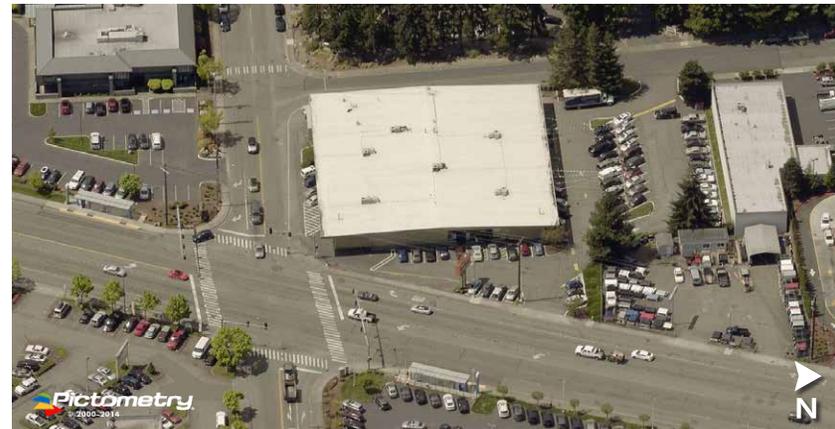
ADDRESS:	21558 Highway 99 Edmonds, Washington 98026	CONSTRUCTION TYPE:	Concrete
PARCEL NUMBER:	00580700002201	YEAR BUILT:	1967
TOTAL LOT AREA:	59,242 SF (1.36 ACRES)	ZONING:	CG2 - General Commercial
BUILDING TOTAL SF:	22,590 SF per existing Lease. *Snohomish County records show 21,600 SF but the 22,590 SF per the Lease was used for this BOV.	PARKING:	Approximately 59 stalls (ability to create additional stalls)
TENANT:	TVI, Inc. dba: Value Village	FRONTAGE:	Highway 99 and 216th Street SW
LEASE EXPIRATION:	12/31/2021. Both Landlord and Tenant have the right to terminate after 1/1/2019 with one (1) year notice to the other party.	USE/CONFIGURATION:	Single tenant discount retail operation. The majority of the building is open retail space with minimal office and employee break area. There is also a small mezzanine storage and office area.



PROPERTY OVERVIEW

ASSESSED VALUE (2019 TAX YEAR)

LAND:	\$2,049,300
IMPROVEMENT:	\$748,300
TOTAL:	\$2,797,600



PROPERTY HIGHLIGHTS

HIGHLY VISIBLE LOCATION

With a strategic corner location, the property includes prominent exposure to Highway 99 and 216th Street SW. The location offers current and future occupants an ideal opportunity for street identity and signage.

FLEXIBLE ZONING

The current CG-2 General Commercial zoning allows for a multitude of commercial and multi-family residential uses. Given the age and condition of the existing improvements, flexible zoning is an important consideration when looking at the highest and best use, which is likely future redevelopment or renovation for a new owner/user.

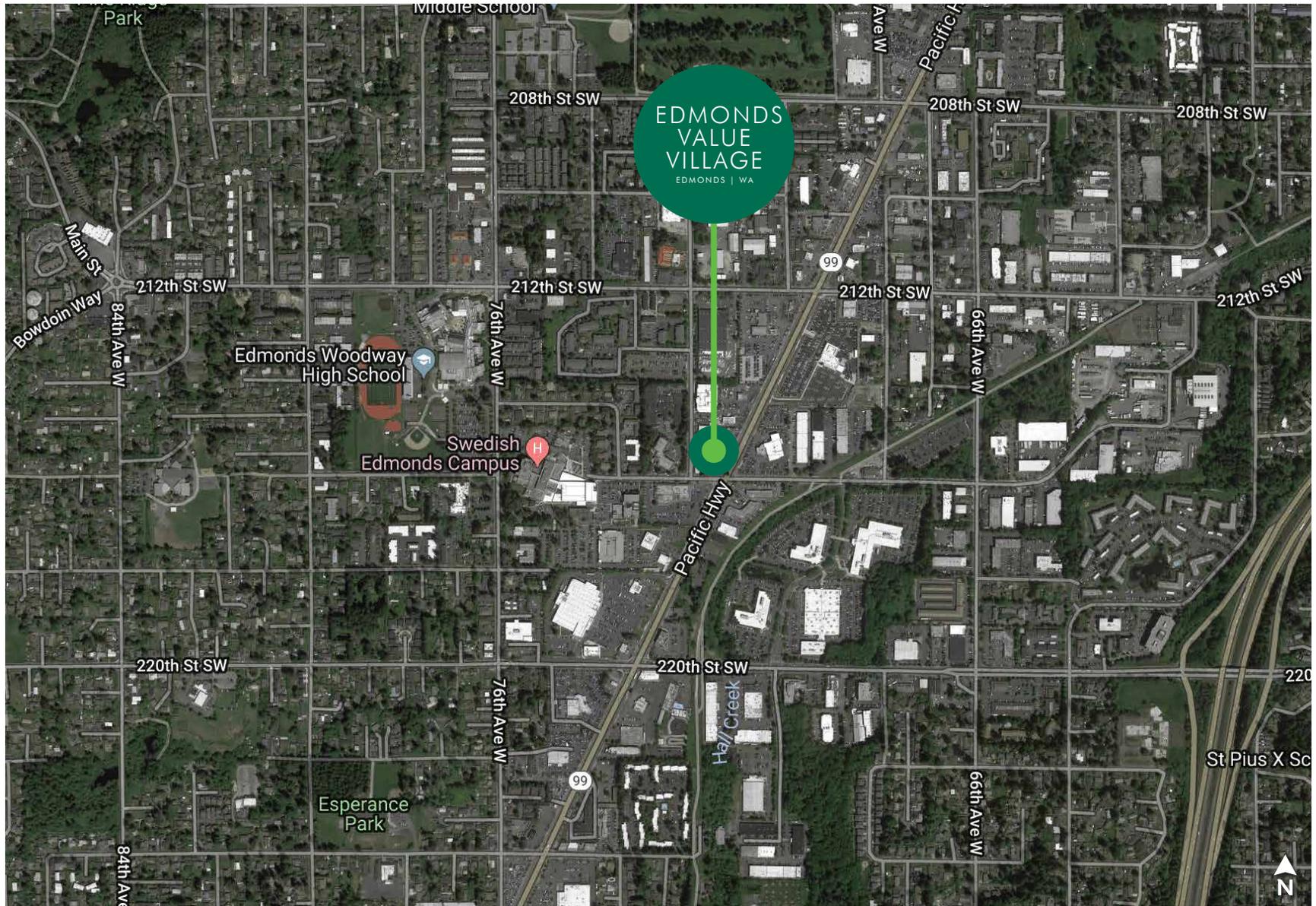
EXCELLENT ACCESS

The Property is located on the heavily travelled Highway 99 corridor, approximately one mile west of I-5. It offers easy access to numerous commercial and residential concentrations in Edmonds, Lynnwood, Mountlake Terrace and North Seattle with strong demographics.

STRATEGIC LOCATION IN HIGH GROWTH CORRIDOR

Adjacent to the Swedish Edmonds Hospital campus, the property is well positioned to capitalize on the Puget Sound region's historic growth and tightening commercial and residential market conditions. As population, costs and demand in the close-in core markets of Seattle and the Eastside reach unprecedented levels, it is anticipated that expansion into South Snohomish County will continue.

PROPERTY OVERVIEW



SNOHOMISH COUNTY PROPERTY SUMMARY

8/18/2020

Parcel Number	00580700002201	Property Address	21558 HIGHWAY 99 , EDMONDS, WA 98026
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General Information

Property Description	SOLNERS 5 ACRE TRACTS BLK 000 D-01 - S 190FT OF TR 22 TGW W 181.72FT OF N100FT OF S 290FT OF TR 22 LESS RD R/W TO CITY OF LYN PER QCD REC AFN 9807170703
Property Category	Land and Improvements
Status	Active, Host Other Property, Locally Assessed
Tax Code Area	00217

Property Characteristics

Use Code	539 Other Retail Trade NEC
Unit of Measure	Acre(s)
Size (gross)	1.36

Related Properties

0005264 is Located On this property

Parties

Role	Percent	Name	Address
Taxpayer	100	PUBLIC HOSPITAL DISTRICT 2 SNOHOMISH CO	4710 196TH ST SW, LYNNWOOD, WA 98036-5517 United States
Owner	100	PUBLIC HOSPITAL DISTRICT 2 SNOHOMISH CO	4710 196TH ST SW, LYNNWOOD, WA 98036-5517 United States

Property Values

Value Type	Tax Year 2020	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016
Taxable Value Regular					
Exemption Amount Regular	\$2,797,600	\$2,758,800	\$2,742,600	\$2,492,100	\$2,195,700
Market Total	\$2,797,600	\$2,758,800	\$2,742,600	\$2,492,100	\$2,195,700
Assessed Value	\$2,797,600	\$2,758,800	\$2,742,600	\$2,492,100	\$2,195,700
Market Land	\$2,049,300	\$2,029,200	\$1,971,400	\$1,920,100	\$1,626,200
Market Improvement	\$748,300	\$729,600	\$771,200	\$572,000	\$569,500
Personal Property					

Active Exemptions

Government Property

Events

Effective Date	Entry Date-Time	Type	Remarks
08/08/2019	08/08/2019 07:59:00	The situs address has changed	by sasjra
05/12/2015	05/12/2015 15:34:00	Taxpayer Changed	Party/Property Relationship by STRNDH
05/12/2015	05/12/2015 15:31:00	Owner Added	Party/Property Relationship by sasset
05/11/2015	05/12/2015 15:31:00	Owner Terminated	Party/Property Relationship by sasset
02/01/2006	02/01/2006 15:48:00	Taxpayer Changed	Party/Property Relationship by strsjb



VALUATION

OPINION OF VALUE - TABLE OF CONTENTS

SALE AND LEASE COMPARABLES

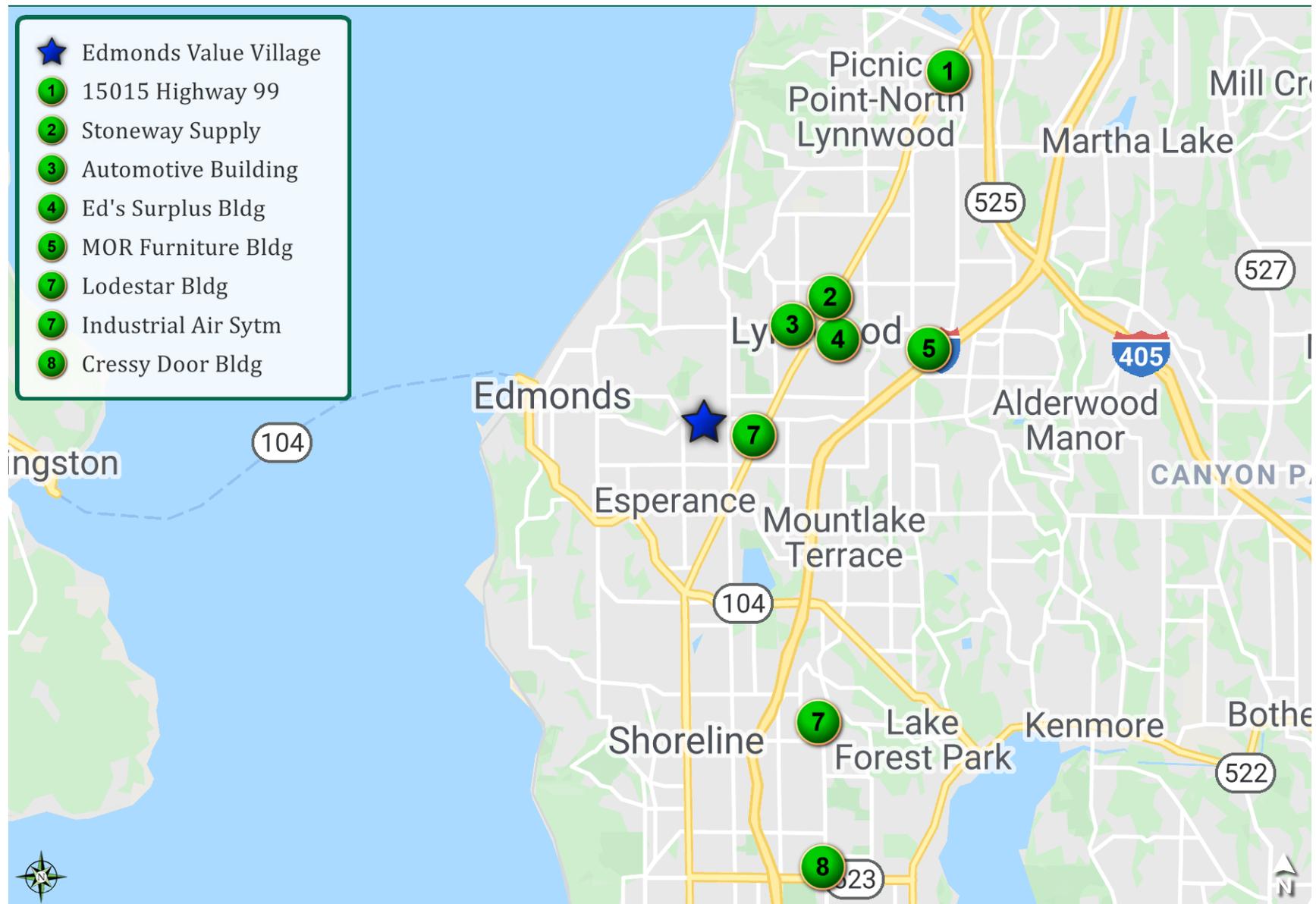
- Table 1: Sale Comparables
- Table 2: Lease Comparables

VALUATION

- Scenario 1: Sale Perspective - Updated Opinion of Value for as-is sale of to be vacated building in 2020/2021
- Scenario 2: Lease Perspective - Lower capital outlay/lower rent re-tenanting of existing building in 2020/2021
- Scenario 3: Lease Perspective - Higher capital outlay/higher rent repositioning of existing building in 2020/2021



OPINION OF VALUE - SALE COMPARABLES



OPINION OF VALUE - SALE COMPARABLES

RECENT SALE COMPARABLES

	ADDRESS	SALE PRICE	SF	PRICE PER SF	BUYER TYPE	DATE SOLD	COMMENTS
1	15015 Highway 99 Lynnwood, WA	\$2,100,000	8,312 SF	\$252.65/SF	Owner/User	05/21/2020	- 0.19 acres (8,331 SF) - Older stand-alone retail building
2	Stoneway Supply 19020 Highway 99 Lynnwood, WA	\$3,700,000	12,873 SF	\$287.42/SF	Investor	10/15/2019	- Built in 1972 - 1.66 acres (72,310 SF) - 6.80% cap rate sale
3	Automotive Building 19411 Hwy. 99, Lynnwood, WA	\$2,625,000	10,192 SF	\$257.55/SF	Owner/User	8/31/20 (pending)	- 0.76 acres (33,105 SF) - Older metal frame automotive building
4	Ed's Surplus Building 5911 196th St SW Lynnwood, WA	\$2,100,000	9,218 SF	\$227.82/SF	Owner/User	9/13/2019	- Built in 1960 - 0.66 acres (28,750 SF) - Some deferred maintenance

OPINION OF VALUE - SALE COMPARABLES

RECENT SALE COMPARABLES

	ADDRESS	SALE PRICE	SF	PRICE PER SF	BUYER TYPE	DATE SOLD	COMMENTS
5	MOR Furniture Bldg. 4029 Alderwood Mall Blvd Lynnwood, WA	\$5,000,000	17,741 SF	\$281.83/SF	Investor	07/09/2020	- Built in 1973 - 1.32 acres (57,499 SF) - Purchased by owner of neighboring office building
6	Lodestar Building 21431 72nd Ave W Edmonds, WA	\$1,600,000	7,148 SF	\$223.84/SF	User/Investor	1/9/2020	- Built in 1972 - 0.36 acres (15,682 SF) - Just to the north of Value Village property
7	Industrial Air Sytm Bldg 17739 15th Ave NE Shoreline, WA	\$2,350,000	10,740 SF	\$218.81/SF	Owner/User	3/19/2019	- Built in 1972 - 0.43 acres (18,731 SF)
8	Cressy Door Building 14701 15th Avenue NE Shoreline, WA	\$2,610,000	9,100 SF	\$286.81/SF	Owner/User	6/07/2019	- Built in 1956 - 0.80 acres (34,848 SF)
AVERAGE PRICE/SF				\$255/SF			

OPINION OF VALUE - LEASE COMPARABLES

RECENT LEASE COMPARABLES

	TENANT/ADDRESS	LEASE RATE (PSF/YEAR)	SF	START DATE	ANNUAL INCREASES	TERM (MONTHS)	LEASE TYPE	COMMENTS
1	The Salvation Army Aurora Square 15403 Westminster Way N Shoreline, WA	\$11.55 NNN	26,183 SF	12/15/2018	None	48	Renewal	- As is renewal
2	La-Z-Boy of Seattle 1200 - 1240 Marvin Rd NE Lacey, WA	\$15.00 NNN	16,253 SF	7/30/2018	\$0.50	120	New Lease	- TIs: \$20.00/SF: New HVAC, space demised by LL.
3	24 Hour Fitness Panther Lake Center 20600 108th Ave SE Kent, WA	\$10.01 NNN	44,536 SF	10/19/2017	\$1 escalation mo. 24 and 8% escalations mo. 60 and mo. 120	120	New Lease	- TIs: \$20.00/SF
4	La-Z-Boy (Sunshine Furniture) 628 Front Street Issaquah, WA	\$18.00 NNN	25,279 SF	9/28/2017	\$1.50 end of year 5, \$0.95 end of year 10	180	New Lease	- TIs: \$15.00/SF
5	Big Lots Former Albertsons 6727 Evergreen Way Everett, WA	\$10.00 NNN	44,423 SF	7/1/2019	None	120	New Lease	- No free rent - TIs: \$1.00/SF
6	Michaels Frontier Village 515 Hwy 9 NE Lake Stevens, WA	\$18.00 NNN	22,450 SF	3/1/2019	10% in year 6	120	New Lease	- No free rent - TIs: None

OPINION OF VALUE - LEASE COMPARABLES

RECENT LEASE COMPARABLES

	TENANT/ADDRESS	LEASE RATE (PSF/YEAR)	SF	START DATE	ANNUAL INCREASES	TERM (MONTHS)	LEASE TYPE	COMMENTS
7	Harbor Freight Tools Former Albertsons 11401 State Avenue Marysville, WA	\$9.90 NNN	17,887 SF	1/1/2019	10% every 5 years	120	New Lease	- No free rent - TIs: None
8	Dollar Tree Former Albertsons 11401 State Avenue Marysville, WA	\$9.50 NNN	12,000 SF	1/1/2018	None	120	New Lease	- No free rent - TIs: None
9	Dollar Tree 7005 265th Street NW Stanwood, WA	\$10.50 NNN	13,900 SF	11/1/2017	\$1.00/SF in year 6	123	New Lease	- Free Rent: 5 months - TIs: None
10	Wilco Farm Stores 4220 Wheaton Way Bremerton, WA	\$7.50 NNN	37,000 SF	9/11/2017	\$1 in mo. 24. 8% in mo. 60 and mo. 120	180	New Lease	- TIs confidential between LL and Wilco. Estimated at \$40.50/SF
11	Michaels Everett Mall Plaza 1201 SE Everett Mall Way Everett, WA	\$13.48 NNN	21,859 SF	8/30/2017	None	60	Renewal	- Previous rate was \$12.84 - TIs: None
12	PCC Natural Markets Five Corners, Albertson's 15840 1st Ave South Burien, WA	\$14.00 NNN	24,444 SF	4/4/2017	5% yr 6, 5% yr 10, 10% every 5 years thereafter	240	New Lease	- TIs: Undisclosed
13	Sportman's Warehouse Greentree Plaza 305-505 SE Everett Mall Way Everett, WA	\$17.99 NNN	38,930 SF	10/6/2016	\$17.99 yrs 1-5, 10% increase yrs 6-10	120	New Lease	- 130 days free following tenant's receipt of permits - Four 5 year options with 10% flat increases - TIs: \$40.00/SF

SCENARIO 1 - SALE PERSPECTIVE

PURPOSE OF THE OPINION OF MARKET VALUE

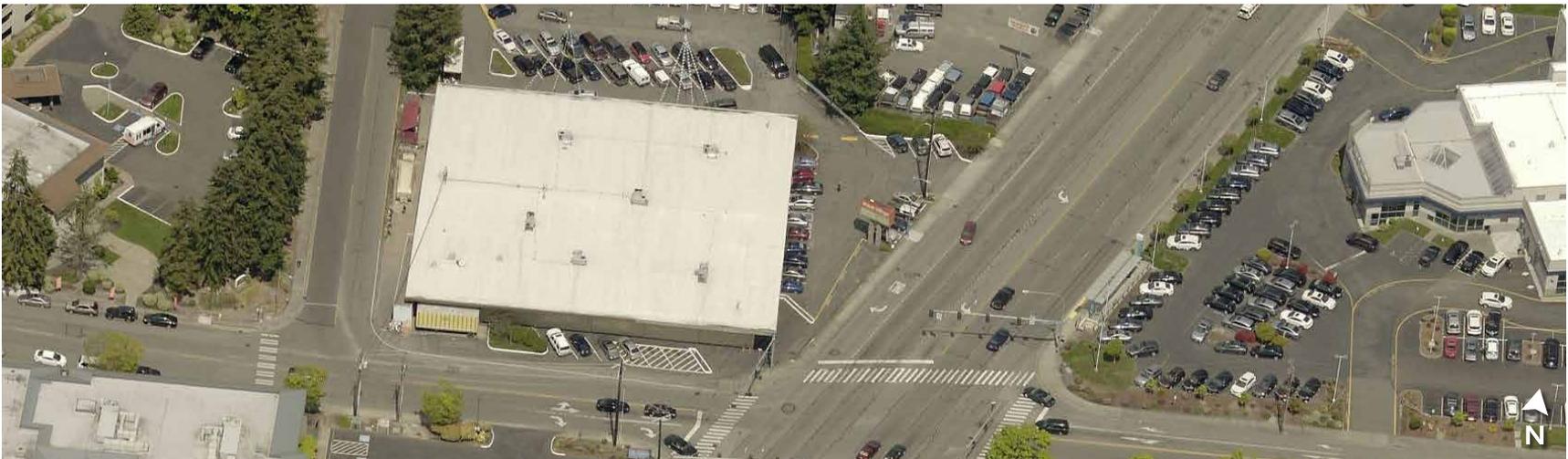
The purpose of this opinion of value is to evaluate the financial implications of the disposition of the property from a commercial real estate perspective. This is an opinion of market value and should not be considered to be a property or a site appraisal. It is assumed that the information contained in this report will be used in the managerial decision-making process.

DEFINITION OF MARKET VALUE

Market value is defined as the highest price that a property will achieve if it is exposed for sale on the open market by a willing owner or seller, allowing a reasonable time to identify a purchaser who buys with full knowledge of all the purposes to which the property is adapted and for which it is capable of being used (the highest and best use).

SERVICES

If appropriate, CBRE will agree to implement a marketing program to assist with the disposition of the property subject to further discussion and approval from ownership.



SCENARIO 1 - SALE PERSPECTIVE



HISTORICAL APPROACH - BASED ON SALE COMPARABLES

Utilizing the recent Sale Comparables herein and based on the current market conditions as well as the attributes of the subject property relative to the Sale Comparables, we estimate the value to be between **\$5,196,000 (\$230/SF) to \$5,535,000 (\$245/SF)**.



MARKET APPROACH - BASED ON MARKET CAP RATE OF EXISTING INCOME

Based on the market pro-forma annual rent based on the as-is condition and minimal capital outlay to obtain such tenancy, see the values below based on the anticipated Market Capitalization Rates (Cap Rates)

ANNUAL RENT	\$316,260.00/YR (\$14.00/SF/YR BASE RENT)*
LESS VACANCY/RESERVES (5%)	(\$15,813.00)
Net Operating Income (NOI):	\$300,447.00

*Annual Rent analysis assumes Tenant pays all utilities, taxes and operating expenses separately and in addition to the Base Rent above.



6.00% CAP RATE

\$5,007,450 (\$222/SF)



6.50% CAP RATE

\$4,622,262 (\$205/SF)



7.00% CAP RATE

\$4,292,100 (\$190/SF)

SCENARIO 1 - SALE PERSPECTIVE VALUATION SUMMARY



SUMMARY

Based on the knowledge that the existing tenant will be vacating the building, it is reasonable to anticipate that an owner/user will pay the highest price for the building in its current condition. For this reason we would focus on the Historical Approach above to establish the anticipated as-is value as most of the recent sale comparables shown are owner/user transactions.

Using this approach, a value of \$5,200,000 to \$5,600,000 is possible through an owner/user purchase. We would likely recommend a slightly higher asking price when going to market and would work with ownership to develop the specific pricing strategy and time frame.

It should also be noted that we could also further explore potential developer pricing but this would require additional site/zoning due diligence and pricing guidance, similar to the Feasibility Study completed by Mortenson Construction and Ankrom Moisan (dated 12.14.2016). As noted in our previous Broker Opinion of Value, a developer purchase includes more complex variables including longer feasibility periods to allow for design and permitting, risks related to construction costs and plan approvals/entitlements as well as potential market risk for the developers target product type.



OPINION OF VALUE - LEASING MARKETING STRATEGY

MARKET OVERVIEW

Comparative rents for completed lease and lease renewal transactions in the past 3 years were analyzed for competing retail spaces in King and Snohomish counties, as described in the aforementioned "Recent Lease Comparable" table above. As you can see, the rental rate ranges between \$7.50 psf - \$18.00 psf, plus Operating Expenses (CAM's/Taxes/Insurance).

LEASING MARKETING STRATEGY

The demographics of the immediate trade area point to a population of highly educated individuals with abundant disposable income that are ready and able to spend money on food, their health, entertainment and luxury items. Therefore, we will look to backfill the retail vacancy with 1 (and possibly 2) of the following logical mix of tenants:

TENANT TYPE	PARKING REQUIRED
SPECIALTY GOURMET SUPERMARKETS	One parking stall per 300 square feet Parking requirement use requires accommodating ±16.30 additional parking stalls in order to meet code
SPECIALTY FURNITURE/APPLIANCE AND HARDWARE STORES	One parking stall per 600 square feet
COMMERCIAL RECREATION TO INCLUDE GYMS AND SPECIALTY FITNESS	One parking stall per 500 square feet, or one space for each customer allowed by the maximum permitted occupant load
PLANT NURSERIES (OUTDOOR RETAIL AREA)	One stall per 5 square feet of outdoor retail area
RETAIL WAREHOUSE	One stall per 1,000 square feet of lot area or one per three employees
WHOLESALE WAREHOUSE	One parking stall per employee
DAY-CARE CENTERS AND PRESCHOOLS	One parking stall per 300 square feet, or one per employee, plus one per five students, whichever is larger

SCENARIO 2: LEASE PERSPECTIVE

LOWER CAPITAL OUTLAY/LOWER RENT RE-TENANTING OF EXISTING BUILDING IN 2020/2021

The following two rent scenarios show a spread of the Ownership's net effective rental rate return over a 15-year term. Although the first scenario carries a lower risk, it yields a lower rent effective rate over the term of the Lease. The second scenario is riskier, but the net effective rent yield over the term of the Lease is significantly higher.

ITEM	REASONABLE ACHIEVEMENT
BASE RENT	\$12.50 psf/py with 10% increase every five years
TERM	15 years (15-year term is required by most national brands)
OPTIONS	2 5-year options at 10% increases every 5 years
MARKETING TIMELINE	6-12 months
ABATED RENT	90-180 days from receipt of permits, depending on the use
TI ALLOWANCE	Up to \$10 psf, depending on the economics of the deal and the use
LIKELY RECOVERY	High. We are aware of various national fitness brands pursuing new sites in the immediate trade area and therefore optimistic about backfilling this space with a suitable tenant.

NET EFFECTIVE RENT CALCULATIONS BASED ON THE LOWER CAPITAL OUTLAY/LOWER RENT APPROACH ARE OUTLINED BELOW:

TERM	RENT PSF/PY + OPERATING EXPENSES
YEARS 1-5	\$12.50
YEARS 6-10	\$14.00
YEARS 11-15	\$15.68
GROSS RENT CONSIDERATION:	\$4,764,231.00
NET EFFECTIVE RENT (OVER 15 YEARS)	\$12.59

SCENARIO 3: LEASE PERSPECTIVE

HIGHER CAPITAL OUTLAY/HIGHER RENT REPOSITIONING OF EXISTING BUILDING IN 2020/2021

ITEM	REASONABLE ACHIEVEMENT
BASE RENT	\$18.00 psf/py with 10% increase every five years
TERM	15 years (15-year term is required by most national brands)
OPTIONS	2 5-year options at 10% increases every 5 years
MARKETING TIMELINE	6-12 months
ABATED RENT	Up to 180 days from receipt of permits, depending on the use
TI ALLOWANCE	Up to \$50 psf, depending on the economics of the deal and the use
LIKELY RECOVERY	High. We are aware of various national fitness brands pursuing new sites in the immediate trade area and therefore optimistic about backfilling this space with a suitable tenant.

Based on our market knowledge, the lending community is starting to reassess the effects of the COVID-19 pandemic on commercial real estate. Some lenders have taken a step back from originating new loans and are readjusting their underwriting strategies by taking these unprecedented circumstances into account. Deal structures where the tenant pays a higher base rent with a higher TI allowance may make it easier for expediting the timeline as it eases the burden of having to secure lender financing.

NET EFFECTIVE RENT CALCULATIONS BASED ON THE HIGHER CAPITAL OUTLAY/HIGHER RENT REPOSITIONING APPROACH ARE OUTLINED BELOW:

TERM	RENT PSF/PY + OPERATING EXPENSES
YEARS 1-5	\$18.00
YEARS 6-10	\$20.16
YEARS 11-15	\$22.58
GROSS RENT CONSIDERATION:	\$6,860,492.64
NET EFFECTIVE RENT (OVER 15 YEARS)	\$16.31

OPINION OF VALUE - LEASING MARKETING STRATEGY

Weighing in the strength of the trade area and our research, we see a potential to achieve the following:

ITEM	REASONABLE ACHIEVEMENT
RENT	Between \$12.50 psf/yr- \$18.00 psf/yr plus Operating Expenses
TERM	Between 10-15 years with 2-5 options, depending on the use and the Tenant
TENANT IMPROVEMENT ALLOWANCE (TI)	Between \$10-\$50 psf, depending on the total economics of the deal
DELIVERY CONDITION	As is
ABATED RENT	Up to 180 days from receipt of all permits, depending on how long it would typically take each tenant to complete their build out
MARKETING TIMELINE	6-12 months

We recommend going to market unpriced in order to allow room for negotiations and to encourage interested tenants and brokers to reach out to us directly to inquire about the listing.

FEES

Subject to execution of a mutually acceptable exclusive listing agreement, the information below outlines the anticipated commissions.



SALE SCENARIO

Under a sale scenario the commission would be equal to five percent (5%) of the gross sale price. Such commission shall be paid by Seller at the closing of the sale.



LEASE SCENARIO

Under a lease scenario the commission would be equal to six percent (6%) of the total base rent for the first 60 months in which rent is to be paid, plus four percent (4%) of the total base rent for the remainder of the Lease Term up to 120 months total. Such commission shall be earned and payable when the Lease is fully executed by both parties.

**IN SUMMARY, WE WELCOME THE OPPORTUNITY TO WORK WITH YOU,
AND LOOK FORWARD TO DISCUSSING IT WITH YOU FURTHER.**

SUPPLEMENTAL INFORMATION



JOHN BAUER

SENIOR VICE PRESIDENT

T: +1 425 462 6906
 F: +1 425 462 6966
 john.bauer@cbre.com

Clients Represented (Partial List)

Aegon USA
 AT&T
 The Boeing Company
 Cintas
 Citigroup
 DigiPen
 Embarcadero Capital Partners
 IndCor
 Invesco
 RREEF
 Sherwin-Williams
 TA Associates Realty
 Tyee Aircraft
 Verizon Wireless
 Washington Capital
 Wells Real Estate Funds

PROFESSIONAL EXPERIENCE

John joined CBRE in 1996 and is currently a Senior Vice President working the King and Snohomish County Office and High-Tech markets. John has been involved in 13 million square feet of transactions totalling over \$1 billion in total consideration. He has assisted clients with all aspects of commercial real estate, including relocations, acquisitions, project marketing, strategic planning, lease renewals, expansion, built to suit, lease vs. purchase, owner analysis, investment acquisition and land acquisition. Through his balanced, professional and dedicated approach, John strives to understand and add value to assist his clients in achieving their objectives.

Landlord Assignments	Type	Sq. Ft.
Woodinville Corporate Center	Industrial Project Leasing	890,000
Center 41 @ Harbour Pointe	Industrial Project Leasing & Disposition	750,000
BOMARC Industrial Building	Industrial Project Leasing	460,000
Seaway Business Center	Industrial Project Leasing & Disposition	148,000
217th Place/Monte Villa Research Center	Flex Project Leasing & Disposition	113,000
6605 Hardeson Road	Industrial Project Leasing & Disposition	111,000
Quadrant Monte Villa	Office/Flex Project Leasing	280,000

Tenant Representation	Type	Sq. Ft.
The Boeing Company	Lease & Disposition Assignments	2,000,000+
Honeywell	Various Lease Assignments	305,000

PROFESSIONAL AFFILIATIONS/ACCOLADES

- + Member: Washington State Commercial Association of Realtors (WSCAR)
- + Member: National Association of Industrial and Office Properties (NAIOP)
- + Member: Commercial Brokers Association (CBA)
- + Real Estate Committee Member, United Way of Snohomish County
- + 2010 and 2014 Top Ten Producer for Seattle Area Market
- + Top First-Year Producer for Puget Sound Region

EDUCATION

- + University of Washington: B.A. in Business Administration with a concentration in Marketing



LOURDES VALDESUSO

BROKERAGE SERVICES

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Tenants-

Allstate Insurance
AT&T
Citydog! Club
Destination XL
Focus Brands (Jamba Juice)
GNC
Halal Guys
Happy Lemon
Kiddie Academy
...and more

Landlords

Business Property Development
Equity Residential
Lexington Pacific
Kauri Investments
(TIAA/CREF) –Trammel Crow
...and more

PROFESSIONAL EXPERIENCE

Ms. Valdesuso brings over 15 years of commercial real estate experience and expertise in retail brokerage. She also has over 20 years of successful combined sales and marketing experience with notable Pacific Northwest services companies including Nordstrom and Microsoft. Passionate about building relationships with customers and her peers, she always strives for finding a “win-win” in every situation. Ms. Valdesuso has built her reputation with tenacity and integrity.

Ms. Valdesuso’s ability to combine current market subtleties and strong negotiating skills along with her candid and creative problem-solving approach has helped her succeed at maintaining an excellent track record with new client attraction and retention.

Ms. Valdesuso specializes in landlord and tenant representation, sales, site acquisition, and consulting. Her experience in commercial raw land, leasing ground up development shopping centers and high profile mixed use projects makes her a valued member of the CBRE retail team.

Ms. Valdesuso was named a 2016 CoStar Power Broker TM by CoStar Group. This annual industry award recognizes distinguished professionals amongst other retail commercial real estate brokers in the region. Ms. Valdesuso ranked among the top brokers in the market based on the volume of transactions she closed during that year.

BRIEF SUMMARY OF STRENGTHS

- + Full-service commercial real estate agent specializing in leasing and sales of land, retail and office properties.
- + Fluent in Spanish.

PROFESSIONAL AFFILIATIONS

- + Commercial Brokerage Association (CBA) International Council of Shopping Centers (ICSC), and Seattle Chambers of Commerce

CREDENTIALS

- + Member, International Council of Shopping Centers
- + Washington State Real Estate Licensee
- + Board Member, El Camino Foundation

PREPARED BY

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LOURDES VALDESUSO

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E: 59:20
9.26.2020

Karen Goto

From: Hovis, Thad <tHovis@southsnofire.org>
Sent: Friday, September 18, 2020 3:45 PM
To: Lisa Edwards
Cc: Campbell, Amanda
Subject: 216th/Hwy 99 property

Importance: High

Ms. Edwards –

Thank you very much for virtually “meeting” on September 1st with me and Deputy Chief Shaughn Maxwell to review the existing partnership between Verdant and South County Fire; as well as discuss additional potential opportunities that may exist where our two organizations could partner to further serve our communities.

As I mentioned during our meeting, South County Fire recently completed a comprehensive capital facilities study of the existing fourteen fire stations in our 50 square mile service area analyzing both our current and future facility needs.

The study identified that South County Fire has a need to add up to four additional “in-fill” fire stations due to a number of factors including increased service level demands attributed to population growth, density, traffic and other factors.

One of those fire station “in-fill” locations identified in the study is very near the commercial property that Verdant owns at 216th/Hwy 99.

South County Fire would be very interested in having further discussions with Verdant about future potential plans for use of the property, as its location and other factors make it very attractive for locating an additional South County Fire station.

Thanks,



Thad Hovis

Fire Chief

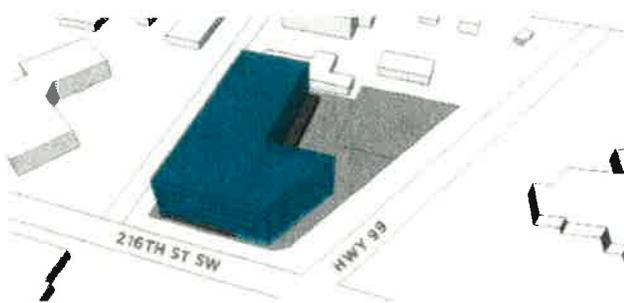
12425 Meridian Ave. S, Everett WA 98208

O: 425.551.1257 C: 425.309.4943

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9.26.2020

OPTION 1 MEDICAL OFFICE BUILDING 120,960 SF



erial View - Massing

CONSIDERATIONS:

- Verdant Health may master lease facility and sublease to medical tenants.
- Lease up and Vacancy Risk
- Cost premium for underground parking structure

Lump Sum Design-Build	\$83,159,393
Sales Tax	\$8,399,099
Direct Cost Total*	\$91,558,492
Entitlements & Development Fees	\$13,733,744
Land Acquisition**	\$721,500
Total Project Cost	\$106,013,765
Sample Lease Rate***	\$54.78

OPTION 2 BEHAVIORAL HEALTH & MOB 106,740 SF



CONSIDERATIONS:

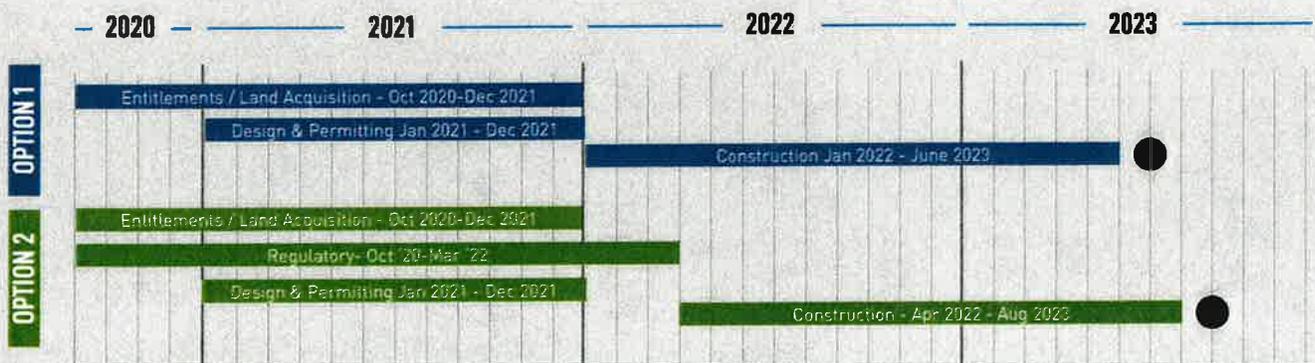
- Verdant Health may master lease facility or partner with behavioral health operator.
- Lease up and Vacancy Risk
- CON - Process Requirements
- Cost premium for underground parking structure

Lump Sum Design-Build	\$71,962,944
Sales Tax	\$7,268,257
Direct Cost Total*	\$79,231,201
Entitlements & Development Fees	\$11,884,680
Land Acquisition**	\$721,500
Total Project Cost	\$91,837,382
Sample Lease Rate***	\$53.77

*Assumes costs by owner/developer: cost of entitlements, permits, builder's risk, testing/inspections, FFE

** Assumes acquisition of adjacent "Canopy World" site

** Assumes 15 year master lease back to Verdant with ground lease



From:
To:
Subject: FW: Checking in on updated financials for Verdant Health Commission Project

From: Molly Wolf <mollyw@ankrommoisan.com>
Sent: Monday, September 21, 2020 3:35 PM
To: Lisa Edwards <Lisa.Edwards@verdantthealth.org>
Cc: Bryan Maggio <Bryan.Maggio@mortenson.com>
Subject: RE: Checking in on updated financials for Verdant Health Commission Project

Hi Lisa,

Bryan and I spoke today. We don't have capacity at the moment to build a complete cost estimate with associated back up but here is a ROM that should be a good budget number for you to use moving forward.

We figured a 16-bed inpatient behavioral facility at 18,000 sf with 12 month construction beginning in January 2022:

- **Design-Build** \$ 10,800,000
 - Sales Tax 10.4% \$ 1,123,200
- **Subtotal*** \$ 11,923,200
 - Development \$ 1,788,480
 - Acquisition \$ 721,500
 - FFE \$ 600,000
- **TOTAL PROJECT** \$15,033,180

Initially this still felt high, so we pulled up the 16-bed, 18,000 sf inpatient behavioral facility, DSHS studied for Centralia. Apples-to-apples their budget is \$20 million without an acquisition costs! All-in \$15-20 million (\$10-15 million design/build only) would be an appropriate number to use. This should be similar for both options you requested in your email as they are both inpatient facilities.

I do believe that you can continue to lease the land while you navigate the CON process. The state will just want to see the design developed, and the schedule with back up information to support your ability to construct the beds.

Good luck in your planning efforts! Once you all have direction for how to move forward with the site we'd be happy to pull together a fee to support initial design and planning on your next steps. Thanks,

Molly Wolf
PRINCIPAL / ARCHITECT, AIA, LEED AP
O + I (206) 576-1600 | D + I (206) 876-3018 | C + I (206) 434-1317

Ankrom Moisan
Architecture Interiors Planning Brand

ankrommoisan.com

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9.26.2020



EDMONDS FOOD BANK

PEELING BACK THE LAYERS OF FOOD INSECURITY

September 10, 2020 (Revised to Add Attachment)

Ms. Lisa Edwards
Superintendent
Verdant Health Commission
Public Health District Number 2, Snohomish County
4710 196th Street S.W.
Lynnwood, WA 98036

Re: Edmonds Food Bank Proposal & Supplemental Financial Information Attachment

Dear Ms. Edwards:

Good afternoon from the Edmonds Food Bank, and thank you for the time you spent with us recently (via Zoom) to discuss the Food Bank's future plans. As we mentioned in our meeting, we currently are located in the lower level of the Edmonds United Methodist Church. That location has become increasingly challenging because we use facilities that the Church also uses for its functions and gatherings and we must schedule our deliveries, packing, and distributions around the Church's schedule. For example, we stop distribution on Monday evenings at 5:30 PM because the room is used by the Church in the evening.

Currently we are serving on average 350 families weekly with two distribution days each week, which is approximately 30% more than our pre-COVID service. If we could set our own schedule, we would definitely stay open later to meet the needs of our working customer community, and add at least one more day for our distributions. We would expect to be able to serve at least 500 families each week in our own facility with a new distribution schedule.

Since we achieved our non-profit status last January, we have been concentrating on improving and enhancing our services to the community. As part of our plans our Board has approved working with a consultant to explore the potential of fundraising opportunities for a

Edmonds Food Bank is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code. EIN 84-2209131.

new building, either located on vacant land adjoining the Church or on a different piece of property. The estimated cost for a new building is approximately \$11 million plus the cost of the land. Recently it has come to our attention that the Verdant managed property at Highway 99 and 216th, currently occupied by Value Village, might be available and that the Verdant Commissioners would be discussing the best use of the property for the community at upcoming Board meetings.

We would like to participate in the public comment portion or as a regular agenda item of your Board meeting on September 23, 2020 to propose that the Commissioners consider the possibility of an agreement with the Edmonds Food Bank to relocate the food bank to that property. It would offer a tremendous opportunity to expand our services to the Community and add important services, such as nutrition classes for our customers. It would also provide us with a solution to our current space requirements much sooner than fund raising, permitting and constructing a new building.

We would be pleased to meet with the Commissioners to discuss terms of the agreement, but as an overview:

1. We could consider a short term lease, at least five years with options to renew.
2. We could provide private donor funds to cover the cost of leasehold improvements.
3. We would have enough space to provide collaborative services with other non-profit organizations like Kids in Transition, the Donor Closet and other community service activities in the area.
4. The Edmonds Food Bank originated through the efforts of two volunteers more than 30 years ago as an Edmonds United Methodist Church program to help reduce food insecurity in Edmonds. Since that time, the Edmonds Food Bank has evolved into a dynamic organization, supporting the community with collaborative relationships among other non-profits and organizations, and dedicated to reducing food insecurity. We have tremendous community support and awareness and an excellent reputation.

Thank you very much for your efforts in this matter. We look forward to talking with you and the Commissioners about continuing this process and giving us an opportunity to provide additional services to our current and future customers and Verdant a significant, visible facility in the fight to reduce food insecurity in our community.

I cannot tell you how much Casey and I and the entire food bank Board of Directors, Customers and Volunteers appreciate the support of Verdant through these challenging times and into the future. Please call us if we can provide any additional information or clarification.

We look forward to a long and beneficial relationship between Verdant and the Edmonds Food Bank.

Sincerely,

Handwritten signature of Casey Davis in blue ink.

Casey Davis, Executive Director
425.778.5833 | director@edmondsfoodbank.org

Patrick Shields

Patrick Shields, Chairperson, Edmonds Food Bank
425.778.5833 | director@edmondsfoodbank.org

Attachment: Supplemental Information

Attachment: Supplemental Information-Edmonds Food Bank Proposal

Preamble: Verdant Health Care is considering the future usage of its property at Highway 99 and 216th Street in Edmonds, WA. A now-closed Value Village retail store is currently at that location and while agreeing to pay certain monthly rent to Verdant when the lease was signed, it is now in arrears. The Edmonds Food Bank needs to relocate and expand to better serve current and future clients with an efficient facility and sufficient space to meet the Food Bank's operational needs in these COVID and beyond challenging times.

We understand that the Verdant Commissioners are very interested in deciding on the future best use of this building and are considering several alternatives including the sale of the building and property; re-leasing it to another retail operation; or continuing to rent it as is. The Commissioners' financial goals include: Verdant collecting a reasonable monthly rental; Verdant having little out-of-pocket expenses for tenant improvements; and a short term lease agreement.

Proposal: The Edmonds Food Bank is requesting that Verdant consider the following alternative solution that will significantly benefit the Edmonds and South Snohomish community: relocation of the Edmonds Food Bank to the Verdant, Value Village building. As with most food bank operations, funding is always an issue, and financial resources are limited. However based on current funding and community support and donations, we are proposing the following:

1. Monthly rental payments in the amount of \$9,500 per month. Rental payments in our current location are \$3,500 monthly so we would rely on grant funding – including from Verdant – to support this additional expense.
2. The Food Bank would provide tenant improvements as needed to make the building operational for our services.
3. The Food Bank would agree to a five-year lease, with at least one, five-year option period.
4. This location and collaboration with Verdant will provide increased exposure for the Food Bank and Verdant and allow more customers to be served in our continuing efforts to reduce food insecurity in our community.

When Verdant Commissioners review this proposal and hopefully make a positive decision for the Food Bank, we will develop our negotiation team to negotiate the actual lease agreement with Verdant.