



**Kittitas County Public Hospital District No. 2
BOARD OF COMMISSIONERS' REGULAR MEETING**

**March 21, 2022 at 6:30 p.m.
Upper Kittitas County Medic One Ambulance Station 99
111 Pine Street, Cle Elum**

AGENDA

- I. Introductions**
- II. Approval of Agenda**
- III. Approval of Minutes**
 - a. February 21, 2022* (2-4)
- IV. Public Comments/Announcements/Correspondence**
- V. Reports:**
 - a. Operations Report (G. Scherer) (5-9)
 - b. Superintendent's Report (J. Petersen) (10-86)
 - c. Ancillary Report (R. Holden) (87)
 - d. Finance Report, Approval of Expenses* (S. Olander) (88-99)
- VI. Old Business**
 - a. Ambulance Station 99 – Project Closeout (J. Petersen)
 - b. Strategic Plan (R. Holden) (100-109)
- VII. New Business**
 - a. Levy Discussion (J. Petersen)
 - b. Next Meeting Date: April 18, 2022
- VIII. Executive Session**
 - a. Recess into Executive Session, Real Estate – RCW 42.30.110 (g)
- IX. Adjournment**

Note: Upcoming Agenda Items



Kittitas County Public Hospital District #2

BOARD MEETING MINUTES

Meeting Date: Monday: February 21, 2022
Minutes of: Regular Meeting of the Board of Commissioners
Meeting Place: Medic One Ambulance Station, 111 Pine Street, Cle Elum, WA
Minutes Submitted By: Scott Olander, Treasurer

Call to Order:

Regular Meeting: Call to order made by Commissioner Rogalski at 6:30 p.m.

Introductions:

Commissioners: Floyd Rogalski, Ingrid Vimont, Hartwig Vatheuer, Carrie Youngblood (absent), and Fred Benjamin. Superintendent: Julie Petersen; Treasurer: Scott Olander; Ancillary Operations: Rhonda Holden; and EMS Manager: Geoff Scherer

Approval of Agenda:

Action: A motion to approve the agenda was made by Commissioner Vatheuer and seconded by Commissioner Benjamin. Motion carried.

Approval of Minutes:

Action: A motion to approve the minutes of the January 17, 2022 regular meeting was made by Commissioner Vatheuer and seconded by Commissioner Benjamin. Motion carried.

Public Comments/Announcements/Correspondence:

None.

Operations Report:

The Commissioners reviewed the written operations report and operating statistics for January 2022. There were 81 transports during the month, 8 transports above the monthly budget of 73. Geoff advised that staffing in January was very challenging. Geoff reported that two staff members are still out on medical leave and three part time staff members recently resigned. Geoff reported that Medic 8 is back in service but Medic 6 was hit from the rear and will not be operational while the box is being repaired. Geoff also advised that it has been difficult to support Snoqualmie Pass transports this winter because of staff illnesses and vacant positions. Lastly, Geoff reported that the mechanic that Medic One has been using stopped working. Geoff is considering employing a mechanic and then contracting with other districts to perform mechanical work when the mechanic has available time.

Superintendent's Report:

The Commissioners reviewed and discussed the written superintendent's report. Julie discussed data regarding Medic One transports that originated at Kittitas Valley Healthcare in Ellensburg. There will be a District 2 Strategic Plan refresh on, Saturday 2/26/2022

Ancillary Report:

The Commissioners reviewed and discussed the written ancillary report. Rhonda and Commissioner Vimont provided an update regarding City Council Meetings they attended where the 47 Degrees North project was discussed.

Finance Report:

The financial statements for January 2022 were reviewed and discussed by the Commissioners. The review included a review of actual versus budgeted revenue and expense variances. As noted in Geoff's Operations Report, January transports of 81 exceeded budget by 8 transports which resulted in a positive transport revenue variance of \$26,382 for the month. January expenses were below budget by \$1,441. The District reported net income of \$11,076 for January, a positive variance of \$13,949.

Action: A motion to approve the warrants for January was made by Commissioner Benjamin and seconded by Commissioner Vimont. Motion Carried.

Executive Session:

At 7:57 pm the board went into executive session for approximately 5 minutes to discuss real estate. The executive session concluded at 8:05 pm.

Election of Officers:

Following the Executive Session the board discussed District Officers for 2022. Commissioner Benjamin made a motion that Commissioner Rogalski serve as the District Chairman and that Commissioner Vatheuer serve as the Vice Chairman. Commissioner Vimont seconded the motion. Motion carried.

Announcements:

There will be a Hospital District 2 Board Retreat to discuss Strategic Planning for 2022 to 2025 from 9 am to 1 pm on 2/26/2022 at the Putnam Centennial Center in Cle Elum, WA.

The next regular meeting date: March 21, 2022 at the UKC Medic One Ambulance Station located at 111 Pine Street, Cle Elum, WA.

There being no further business the regular meeting was adjourned at 8:08 pm by Commissioner Rogalski.



Kittitas County Public Hospital District #2

BOARD MEETING MINUTES

Meeting Date: Saturday: February 26, 2022
Minutes of: Special Meeting of the Board of Commissioners
Meeting Place: Putnam Centennial Center, Cle Elum, WA
Minutes Submitted By: Scott Olander, Treasurer

Call to Order:

Special Meeting: Call to order made by Commissioner Rogalski at 9:00 a.m.

Introductions:

Commissioners: Floyd Rogalski, Ingrid Vimont, Hartwig Vatheuer, Carrie Youngblood, and Fred Benjamin. Superintendent: Julie Petersen; Treasurer: Scott Olander; Ancillary Operations: Rhonda Holden; and EMS Manager: Geoff Scherer

Approval of Agenda:

Action: A motion to approve the Hospital District 2 Board Retreat agenda was made by Commissioner Vatheuer and seconded by Commissioner Benjamin. Motion carried.

Strategic Planning:

Rhonda Holden lead the strategic planning session. She reviewed the District history and the 2017 Strategic Plan and District accomplishments. Rhonda also reviewed the Current Landscape – 2020 Census Data, Upper County Residential Growth, CHA/CHIP Data, Impact of the Pandemic and Medic One Services.

Scott provided a financial history from 2014 through 2021 and financial projections for 2022 through 2025. Scott provided data about the EMS and general levy and a projections about the costs to operate a 24 hours Urgent Care/ER.

Rhonda and the attendees went with through a SWOT Analysis and then discussed Future Strategic Priorities.

Announcements:

The next regular meeting date: March 21, 2022 at the UKC Medic One Ambulance Station located at 111 Pine Street, Cle Elum, WA.

There being no further business the special meeting was adjourned at 1:20 pm by Commissioner Rogalski.

Operation's Manager Report – February 2022

	February 2022	February 2021
Calls for Service	123	83
Patient Count	79	83
Patient Transports	60	61
Patient Refusals	18	9
Year to Date Transports	141	133
Station #73 Transports	29	
Station # 99 Transports	31	
Passed Calls	0	

PERSONNEL

We still have 2 fulltime employees out on FMLA. The 2 EMT's that were sent to medic school should be finishing up their ride time and patient contacts by June. Staffing continues to be a challenge due to lack of Medics being available and Snoqualmie pass shifts. I have not been able to keep my hours at 20 per week due to staffing issues, contractors needing access to the building, meetings with fire districts and planning sessions.

APPARATUS

Medic units have been working well. I have reached out to KVFR for mechanic services, waiting to hear back. Medic 6 will be going to Braun NW for some repair work after the KVH parking lot accident. Medic 9 is finished and place in service at station 73. Medic 10 chassis has been identified and being built at the Ford plant, unsure on the timeline for completion.

Year	Unit	Beg ODO	End ODO	Miles	Location	Comments
2021	M9	0	42	42	Station 73	OOS
2019	M8	54,117	56,422	2,305	Station 99	1 st Out
2016	M6	134,356	139,517	5,161	Station 73	1 st Out
2016	M5	143,742	143,899	157	Station 99	Backup
Total Miles				7,623		

MISCELLANES

- Only one weekend in February did the agency have a medic at Snoqualmie Pass.
- Fire District 7 and KVFR have hired a consultant to research the feasibility of a contract for service.
- ImageTrend is now our report writing software, no longer using ERS.
- The rented shipping container has been returned.
- City of Cle Elum has told me of a "small water leak" at 505 Power St.
- Overlapping calls:

2021	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Percent	29.9%	41.7%	24.8%	12.4%	20.5%	30.9%	25.2%	35%	26.8%	33.6%	12.1%	18%
Calls	44	50	29	12	25	44	38	54	37	41	12	24

2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Percent	34.86%	38%										
Calls	61	23										

Kittitas County Hospital District #2

Patient Transport Count per Destination - 2022

Hospital	YTD	Jan	Feb	Mar
Central Washington Hospital	0	0	0	
Harborview	10	5	5	
KVH	105	59	46	
Snoqualmie Valley Hospital	6	3	3	
Swedish Issaquah	10	6	4	
Virginia Mason	1	1	0	
Yakima Regional	0	0	0	
Yakima Memorial	2	1	1	
Childrens	0	0	0	
University of Washington	0	0	0	
Valley Renton	1	1	0	
Overlake	5	4	1	

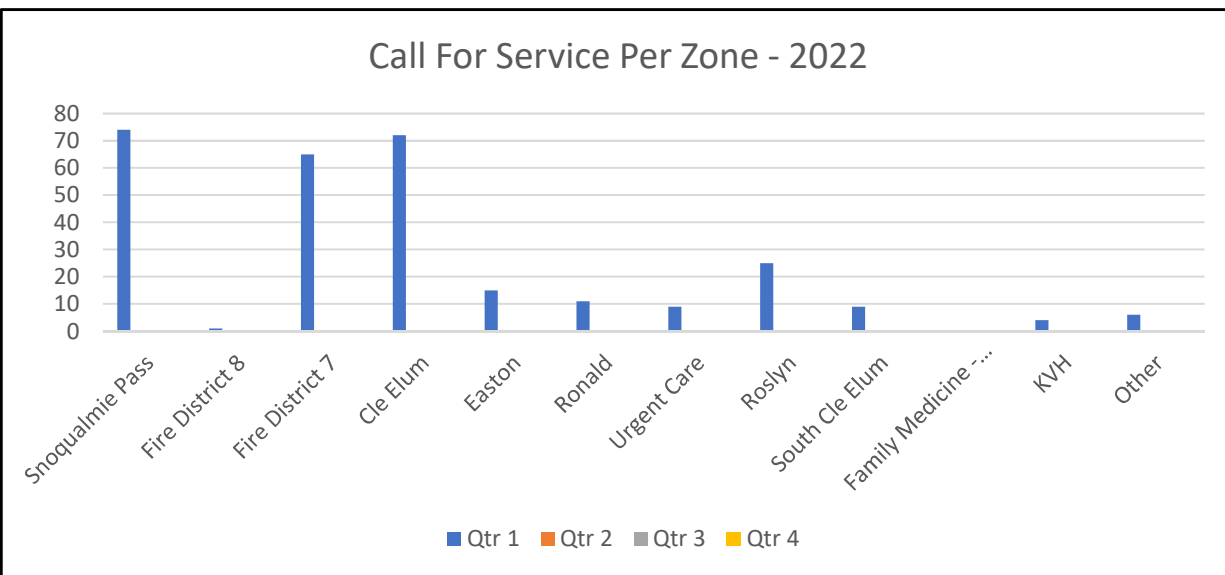
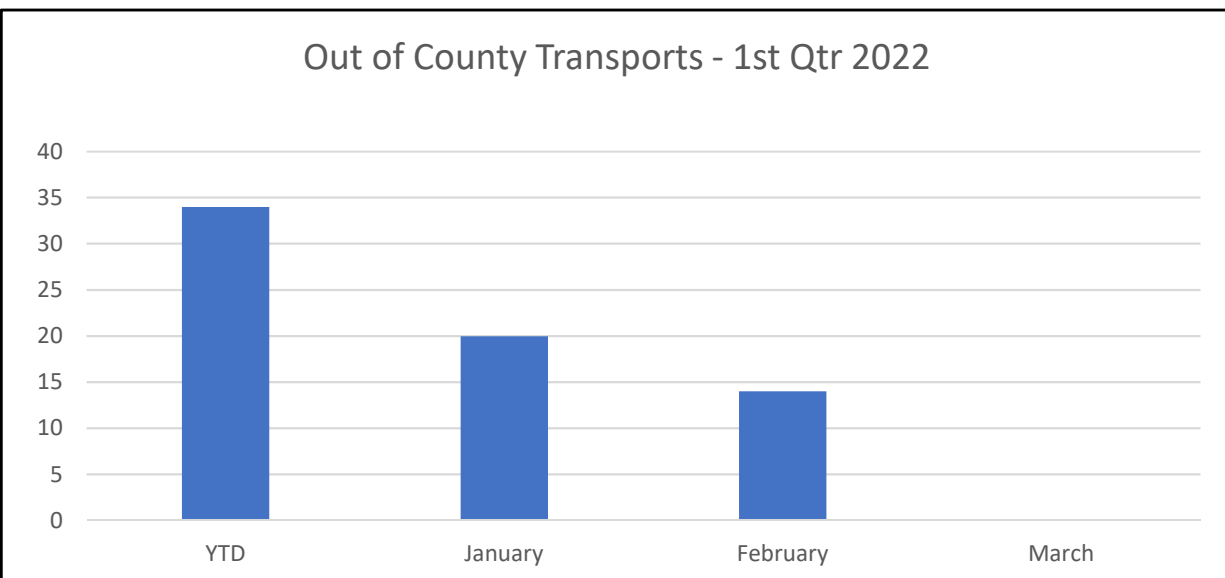
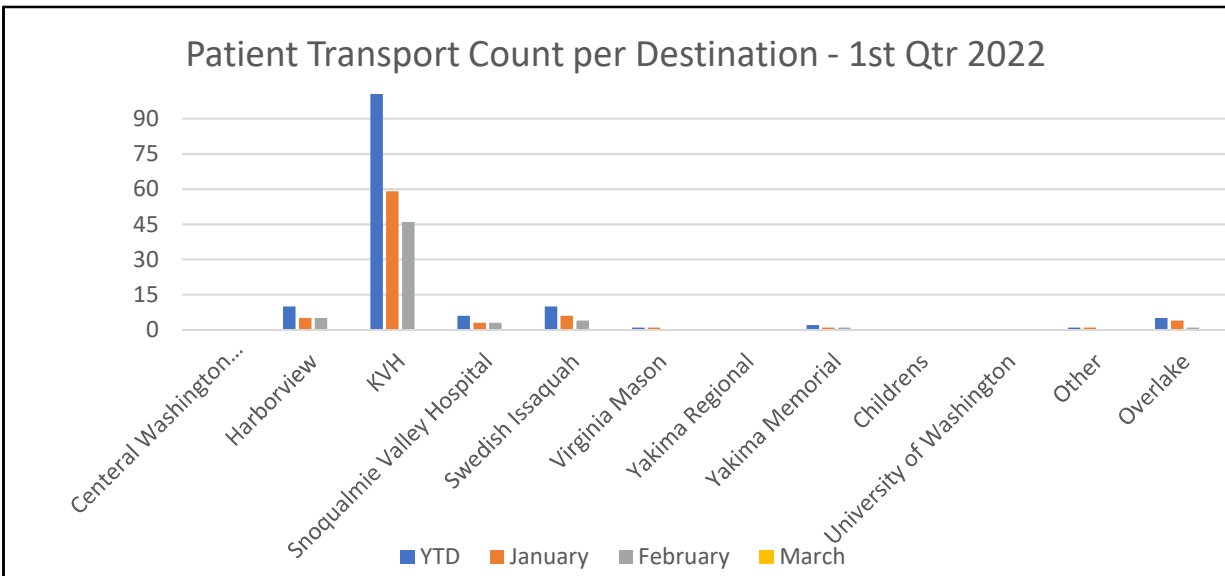
	YTD	Jan	Feb	Mar
Out of County Transports	34	20	14	

Call For Service Per Zone

Zone	YTD	Jan	Feb	Mar
Snoqualmie Pass	74	37	37	
Fire District 8	1	1	0	
Fire District 7	65	38	27	
Cle Elum	72	44	28	
Easton	15	12	3	
Ronald	11	8	3	
Urgent Care	9	4	5	
Roslyn	25	18	7	
South Cle Elum	9	6	3	
Family Medicine - Cle Elum	0	0	0	
KVH	4	3	1	
Other	6	2	4	

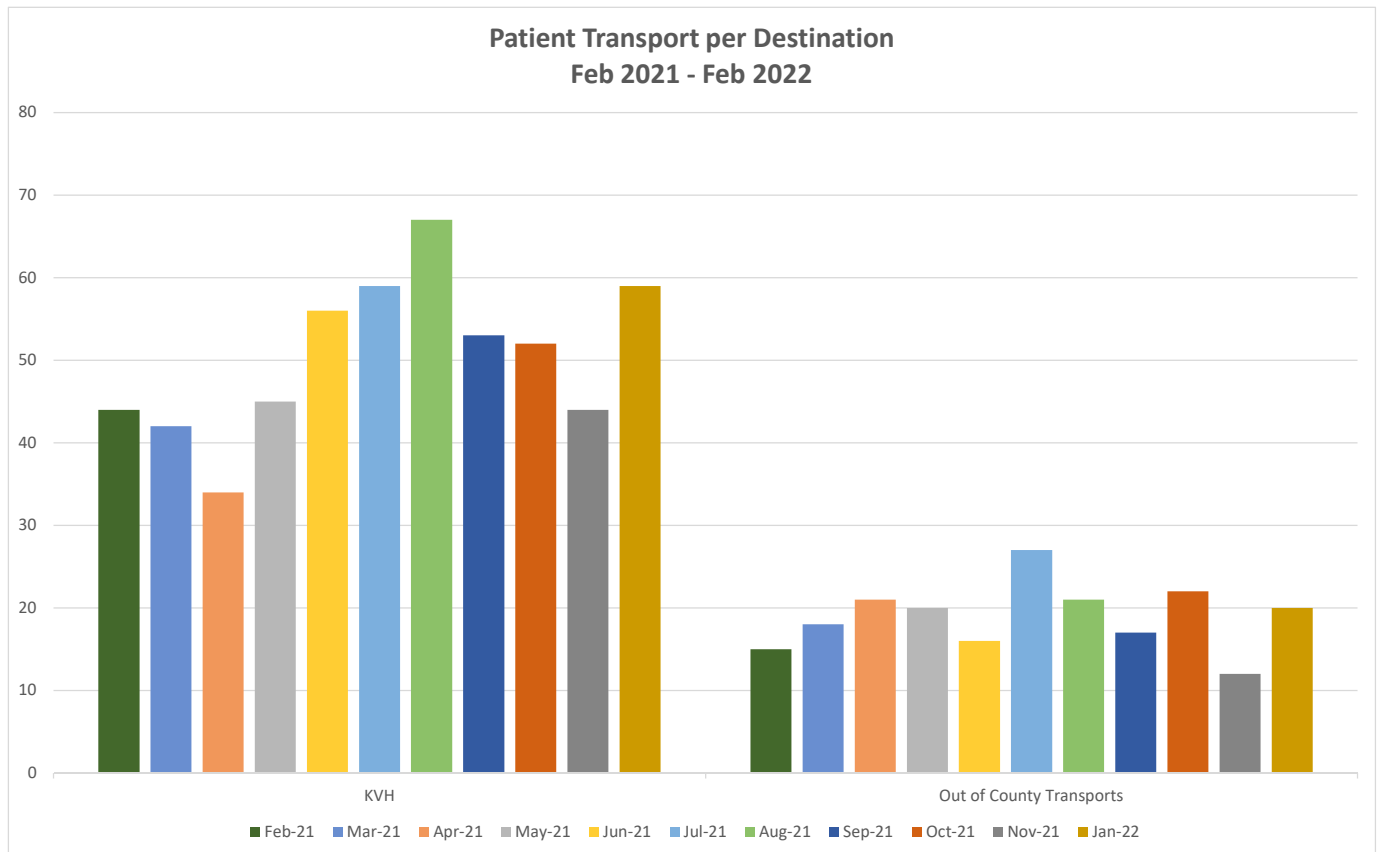
Zone	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Snoqualmie Pass	74	74	0	0	0
Fire District 8	1	1	0	0	0
Fire District 7	65	65	0	0	0
Cle Elum	72	72	0	0	0
Easton	15	15	0	0	0
Ronald	11	11	0	0	0
Urgent Care	9	9	0	0	0
Roslyn	25	25	0	0	0
South Cle Elum	9	9	0	0	0
Family Medicine - Cle Elum	0	0	0	0	0
KVH	4	4	0	0	0
Other	6	6	0	0	0

Comments:



Patient Transport per Destination

Hospital	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Central Washington Hospital	0	0	1	0	0	2	1	0	0	0	0	0	0
Harborview	2	4	6	3	2	5	2	2	6	1	5	5	5
Snoqualmie Valley Hospital	4	2	1	0	3	3	1	0	2	0	3	3	3
Swedish Issaquah	5	4	6	8	3	8	8	2	6	5	6	6	4
Virginia Mason	0	0	0	3	2	1	3	2	2	2	1	1	0
Yakima Regional	0	0	0	0	0	0	0	0	3	0	0	0	0
Yakima Memorial	0	0	2	1	3	3	1	0	3	1	1	1	1
Children's	1	0	0	1	0	0	0	4	1	0	0	0	0
University of Washington	1	0	1	1	0	0	2	1	0	2	0	0	0
Other	0	1	1	0	3	2	2	4	0	1	1	0	0
Overlake	2	8	3	3	3	3	1	2	2	0	4	4	1
KVH	44	42	34	45	56	59	67	53	52	44	59	59	46
Out of County Transports	15	18	21	20	16	27	21	17	22	12	21	20	14

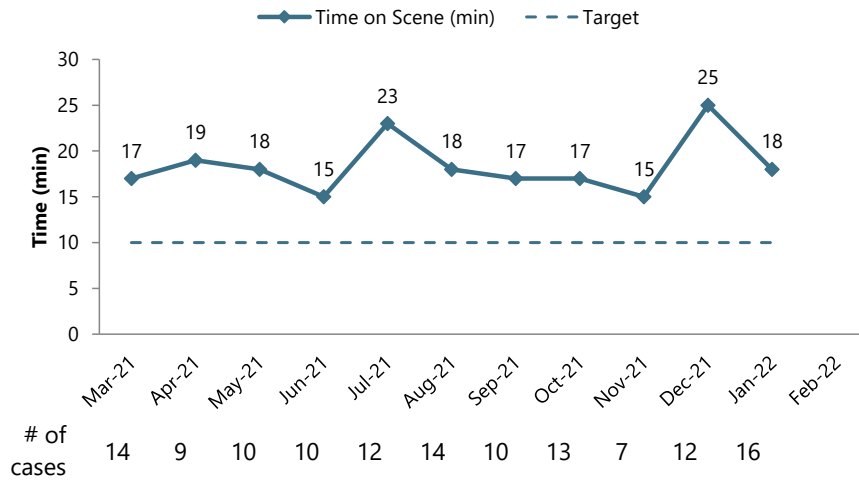


Kittitas County Public Hospital District No. 2

Quality Metrics

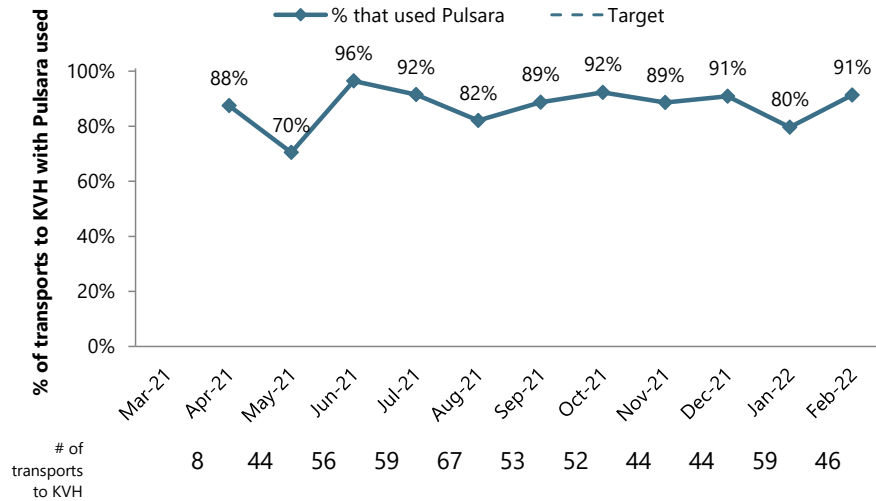
Time on Scene

for trauma patients



Pulsara Used

for patients transported to KVH





SUPERINTENDENT'S REPORT – Julie Petersen

March 2022

COVID 19 Testing, Vaccinations and Admissions

Fade to black (hopefully). The COVID Testing Clinic closes permanently on March 31. Positivity rate for COVID Clinic patients remains high but volumes in the testing clinic have fallen sharply since February. We have coordinated the closure with KC Public Health. There are ample home test kits available in the community and since these results are not reported to Public Health, we are probably underreporting the community spread. Home tests are still available by the case from KVH. We have resumed scheduled surgeries and volumes in the hospital remain high.

Levy Lid Lift

The Association of Washington Public Hospital Districts (AWPHD), has produced a number of resources regarding the levy process. I have attached two presentations. I apologize for all the paper but the material was very good. Scott has prepared some projections for both the EMS and Regular levies at a variety of levels.

Modifications to 2021 HB 1310

I have attached 2022 HB 2037 which modifies the original 1310. These modifications are intended to clarify some of the definitions and the original intent of the 2021 bill.

New Faces

Carrie Barr, KVH Chief of Clinic Operations, has begun a new job at Samaritan Healthcare in Moses Lake. Stacy Olea, KVH's current Director of Ancillary Services, will be stepping into Carrie's shoes on April 4th. Stacy will be the new senior leader responsible for Cle Elum Family Medicine. You will have an opportunity to meet Stacy at a future Board meeting.

Kittitas County Public Hospital District 2 Levy Summary

	HD2 Property	2022	Levy Receipts	Percent		Percent		Percent	
	<u>Assessed Value</u>	<u>Levy Rate</u>	<u>w/o Correction</u>	<u>Increase 44%</u>	<u>44% Levy Receipts</u>	<u>Increase 101%</u>	<u>101% Levy Receipts</u>	<u>188% Increase</u>	<u>188% Levy Receipts</u>
EMS	4,741,276,674	0.167947691	796,286	0.25	1,185,319.17	0.350000000	1,659,446.84	0.500000000	2,370,638.34
Regular	4,741,276,674	0.179656246	851,800	0.25	1,185,319.17	0.350000000	1,659,446.84	0.500000000	2,370,638.34
			1,648,086		2,370,638		3,318,894		4,741,277
EMS Levy Increase					389,033		863,160		1,574,352
Regular Levy Increase					333,519		807,647		1,518,838
Total Levy Increase					722,552		1,670,807		3,093,190

Primary Election:

8/2/2022

5/13/2022

General Election

11/8/2022

8/2/2022



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GOVERNANCE EDUCATION

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ASSOCIATION OF WASHINGTON
PUBLIC HOSPITAL DISTRICTS

Bond/Levy Election Strategies for y Public Hospital District

Brad Berg, Rebecca Hyman and Karen Waters

10/04/2021

Facilitator



Matthew Ellsworth
Executive Director

Association of Washington Public Hospital Districts

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Speakers



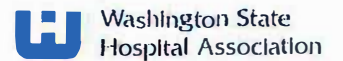
Brad Berg, Attorney
Foster Garvey



Rebecca Hyman, Consultant
360 Strategies



Karen Waters, Consultant
360 Strategies



BOND AND LEVY ELECT STRATEGIES FOR PUBLIC HOSPITAL DISTRICTS

AW/PHD Education and Governance Program

Presented by Brad Berg
October 4, 2021

Foster
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Purpose of Presentation

- Review the property tax levies available to public hospital districts
- Review the voter-approval requirements and other limitations for e of levy
- Review the election requirements and process for levy and bond b propositions
- Review the legal limitations on the use of public facilities and other resources in connection with ballot proposition campaigns

Characteristics of Public Hospital Districts

- Public hospital districts are municipal corporations and political subdivisions of the State of Washington
- As such, they are limited to the express powers granted by the legislature and any powers necessarily implied from those express powers
- All powers must be exercised in compliance with limitations imposed by statute and by the Washington State constitution
- The taxing and borrowing powers of public hospital districts are subject to both statutory and constitutional limitations

Taxing Powers of Public Hospital Districts

- Regular property tax levy
- Emergency medical services levy
- One-year special excess levy
- Bond excess levy

Regular Property Tax Levy

- Maximum levy rate limitation (up to \$.75/\$1,000)
- Proceeds of the levy can be used for operating expenses, capital or paying debt service on bonds (LTGO bonds)
- Limitation on annual levy amount (the lesser of 1.01% or rate of increase)
- Regular levy may be increased by more than 1% with voter approval by simple majority (50% plus one) and no validation requirement
- Aggregate tax limitation (\$5.90/\$1,000 and 1% limitations)
- A PHD's regular property tax may be subject to proration as a result of aggregate tax limitation

\$5.90 Maximum Aggregate Rate Limitation

\$5.90/\$1,000 limitation

Maximum Levy Rate/\$1,000 of Assessed Valuation

Senior Districts in Incorporated Areas

County	1.800
City	3.375
<u>City Pension</u>	<u>.225</u>
Total:	\$5.400

Senior Districts in Unincorporated Areas

County	1.800
<u>Road District</u>	<u>2.250</u>
Total:	\$4.050

Junior Taxing Districts

Library Districts	.50
Fire Districts	1.50
Metropolitan Park Districts	.75
<u>Public Hospital Districts</u>	<u>.75</u>
Total:	\$3.50

Senior and Junior Districts

Incorporated Areas	\$6.90
Unincorporated Areas	\$7.55

Emergency Medical Services Tax Levy

- Proceeds of the levy may be used only for emergency medical care and related personnel and equipment
- Maximum levy rate limitation (up to \$.50/\$1,000)
- Limitation on annual levy amount (the lesser of 1.01% or rate of inflation)
- Levy may be for 6 years, 10 years or permanent (if permanent, continua can be challenged by referendum)
- Initial authorization requires voter approval by super majority (60%) and (40% turnout or approval by 60% of 40%); renewal requires simple major approval and validation (40% turnout)
- Not subject to \$5.90 limitation
- May not be available if an overlapping taxing district is already levying E

Special One-Year Excess Levy

- No maximum levy rate limitation—voters approve an aggregate dollar amount of the levy —the levy rate will be set at whatever amount is necessary to produce the approved dollar amount
- Proceeds of the levy may be used only for operating or capital expenses
- Levy may be for one year only
- Levy requires voter approval by super majority (60%) and valid voter turnout or approval by 60% of 40%)
- Not subject to \$5.90 limitation
- Ballot proposition must include an estimate of the tax rate

Bond Excess Levy

- No maximum levy rate limitation—voters approve an aggregate dollar amount of bonds to be issued and the maximum maturity of the bonds (maximum term) and the levy rate will be set at whatever amount is necessary to pay the debt service on the bonds (UTGO bonds)
- Proceeds of the levy may be used to pay debt service on the bonds
- Proceeds of the bonds can only be used for capital purposes
- Levy continues as long as the bonds are outstanding
- Levy requires voter approval by super majority (60% approval and 40% dissent)
- Not subject to \$5.90 limitation
- Ballot proposition must describe the project to be funded with the bonds

General Obligation Bonds Payable from Tax Levies

- Limited tax general obligation bonds (LTGO bonds)
 - Secured by and payable from the regular property tax levy
 - No voter approval required
- Unlimited tax general obligation bonds (UTGO bonds)
 - Secured by and payable from the excess property tax levy
 - Voter approval required (60% approval and 40% validation)

Debt Limitations

- Non-voted debt limit
 - The maximum amount of non-voted debt that a public hospital district may have outstanding at any one time payable from its regular property tax is limited to the assessed value of the public hospital district
 - the principal amount of all LTGO bonds and capital leases/installment purchase contracts count against this limit
- Voted and non-voted debt limit
 - The maximum amount of voted and non-voted debt that a public hospital district may have outstanding at any one time payable from its regular property tax is limited to the assessed value of the public hospital district
 - the principal amount of all UTGO bonds, LTGO bonds and capital leases/installment purchase contracts count against this limit

Election Dates and Ballot Proposition Deadlines

- Ballot propositions may be proposed by public hospital districts four times a year in elections held in February, May, August and November
- The deadlines for the elections in 2022 are as follows:
 - December 10, 2021 last day to file for February 9, 2022 special election date
 - February 25, 2022 last day to file for April 26, 2022 special election date
 - May 13, 2022 last day to file for August 2, 2022 primary election
 - August 2, 2022 last day to file for November 8, 2022 general election

Process and Requirements for Submitting Ballot Prop

- A public hospital district's request for a ballot proposition to be placed on the ballot must be made in the form of a resolution adopted by its board of commissioners, which must be submitted to the county auditor by the applicable deadline.
- Among other matters, the ballot proposition resolution must set forth the form of the ballot title, which must be approved by the county prosecutor.
- The ballot title must include three elements:
 - An identification of the enacting legislative body and a statement of the subject (10 words maximum)
 - A concise description of the measure (75 words maximum)
 - A question

Voter Pamphlets

- County auditors are required to publish voter pamphlets for all elections pamphlets are required to provide information on all ballot measures
- Each county auditor is required to adopt administrative rules governing pamphlet addressing the production of explanatory statements (prepare PHD's attorney), pro and con statements submitted by committees and for submissions

Voter Pamphlets

- The PHD board is required to appoint pro and con committees to prepare arguments regarding the ballot proposition by no later than the ballot preparation submission deadline
- The PHD board is required to appoint up to three persons known to favor the measure and, whenever possible, up to three persons known to oppose the measure
- If the PHD board fails to make such appointments by the prescribed deadline, the county auditor is required, whenever possible, to make the appointments

Election Costs

- Every county, city, town, district, and the state is liable for its proportionate share of the costs when such elections are held in conjunction with other elections.
- Whenever a PHD holds a general or special election on a date when no other elections are being held, all cost of such election must be borne by the local jurisdiction.
- The county is not responsible for any costs involved in the holding of an election for a district, state, or federal election.
- The cost of producing the voter pamphlet is treated as an election cost.

Prohibition Against the Use of Public Resources in Elections

- RCW 42.17A.555 prohibits the use of any of the facilities of the PHD, directly or indirectly, for the purpose of assisting a ballot proposition campaign
- Facilities of a public office or agency include the use of stationery, postage machines, and equipment, use of employees of the PHD during working hours, vehicles, office space, publications of the office or agency, and clientele persons served by the PHD
- RCW 42.17A.555 does not restrict the right of any individual to express their own personal views concerning, supporting, or opposing any ballot proposition; such expression does not involve a use of the facilities of the PHD

Contact Us



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Bond & Levy Election Strategies

AWPHID

Presented by Rebecca Hyman and Karen Waters
October 2021



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Current Landscape



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LAY OF THE LAND

COVID-19 Pandemic: Need for local hospitals is better understood.

ECONOMY: Tax sensitivity and economic uncertainty remain high.

CURRENT REALITY: People are more divided than ever. It takes more work people to Yes than No.



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TIMING CONSIDERATIONS

KEY QUESTIONS TO CONSIDER:

- Does higher turnout help or hurt the measure?
- Higher turnout means more money required to contact the same % of voters. Is it worth the trade-off?
- Higher turnout means you can contact a lower % of voters to persuade them. Is it worth the trade-off?
- Does the electorate in question have a history of passing or failing PHD or similar levies or bonds?
- Can you meet the validation requirement?
- Is there a cost difference for being on the ballot for a Special versus General?

GENERAL ELECTION:

Based on a review of past elections, voters and likely supporters, our research suggest that the General Election is the best time to run ballots for most PHDs.

EXCEPTIONS:

Research suggests that districts with PHDs with recent failures might prefer Special Elections, especially in districts where higher turn-out voters are more progressive (an increasing trend).



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CORE VOTERS

Strongest Association:

- Democratic voting history

Other Significant Associations:

- Younger voters nearly universally more supportive (this is partly why General Elections are better for this issue).
- Seniors are somewhat more supportive.
- Higher educational attainment associated with support, even after controlling for partisanship.

Disassociations:

- Middle-aged voters are most resistant.
- Lower-income homeowners tend to be a challenging group.



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SWING VOTERS

Persuasion wins the game:

- This group is harder to pin down than likely supportive / opposed voters, but very important. Persuasion, not Get Out The Vote (GOTV), wins ballot measures like PHDs.

Profile:

- Voters with inconsistent or absent partisan primary voting history.
- Voters with less frequent history of electoral participation
- Between the age of 50 – 64.
- Homeowners.
- Whites without a college degree.

Unique:

Your community is unique. The campaign should analyze past election results to determine your swing voter profile.



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LATE BALLOTS

Most measures can expect to improve in late ballots:

- The effect is strongest in high turnout elections where a lower proportion of ballots are counted after Election Night.
- This trend has become slightly more common across the state in recent years across all ballot measures.

But...

- This is much more consistent in King County.
- Big national trends can reverse this. Late ballots in 2016 and 2020 General Election were more conservative in some areas of state.

Not a big effect:

- About a +1% point increase on average in King County.
- Roughly a 0.25 – 0.50% increase on average statewide.



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Public Disclosure Commission Key Takeaways



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THE DO'S AND DON'TS OF USING PUBLIC FUNDS

BOTTOM LINE

- PHDs can say "VOTE." The advocacy organization / campaign committee can say "VOTE YES."
- The PHD can inform, engage, and provide information to the community about what's on the ballot and why it's needed, but the PHD – and its taxpayer dollars – can not be used to advocate or persuade voters to approve the measure.
- PHD Commissioners and staff can NOT use PHD facilities, vehicles, equipment, e-mails, etc for any campaign purposes.
- PHD Commissioners and staff can voluntarily participate in campaign activities but NOT during work time.



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Hospital Association



THE DO'S AND DON'TS OF USING PUBLIC FUNDS

PHD COMMISSIONERS AND STAFF CAN AND SHOULD:

- Prepare and share informational content about the needs of public hospitals and what is funded by bonds and levies.
 - **OK** to say, “Levies help pay for critical medical equipment and supplies.”
 - **NOT OK** to say, “Vote YES on the levy so we can purchase new medical equipment and supplies.”
- Remind the community about the importance of voting and important dates.
 - **OK** to say, “Don’t forget to turn in your ballot on November 4.”
 - **NOT OK** to say, “Don’t forget to vote YES for the PHD levy on November 4.”



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THE DO'S AND DON'TS OF USING PUBLIC FUNDS

PHD COMMISSIONERS AND STAFF CAN AND SHOULD:

- Host community meetings to share information and facts.
- Inform staff during non-work hours of opportunities to participate in campaign activities.
- May wear campaign buttons or similar items while on the job if the PHD has a policy permitting employees to wear political buttons. A sign or sticker supporting a ballot measure may be placed on a privately-owned car that is used for regular transportation.



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THE DO'S AND DON'TS OF USING PUBLIC FUNDS

PHD COMMISSIONERS CAN:

- Engage in political activities on their own time if no district equipment, facility, or vehicle is used. If the Commission has adopted a resolution, then the Commissioner can speak on behalf of the PHD.

PHD COMMISSIONERS CAN NOT:

- Pressure or coerce staff to participate in campaign activities.
- Explicitly include the passage of a ballot measure in the PHD's annual goals.



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THE DO'S AND DON'TS OF USING PUBLIC FUNDS

PHD STAFF CAN:

- Engage in political activities on their own time if no district equipment, facility, or vehicle is used.

PHD STAFF CAN NOT:

- Use PHD funds or resources, including staff time, to create promotional materials that endorse or advocate for a ballot measure. This includes printing, PHD email systems or newsletters, posting to bulletin or reader boards, or using work email address to send messages endorsing a ballot measure.
- Act in their staff capacity or represent the PHD to endorse the ballot measure.
- Instruct or allow employees to campaign on behalf of a political issue during their paid workday.



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THE DO'S AND DON'TS OF USING PUBLIC FUNDS

ADDITIONAL ALLOWED ACTIVITIES:

- ✓ PHD employees and elected Commissioners may, on their own time during non-work hours (and not with the use of PHD property or equipment), participate in campaign-related activities.
- ✓ Commissioners may make statements supporting or opposing a ballot measure in response to a specific media inquiry. All PHD Commissioners and staff may respond to requests for factual information as part of their normal job duty. (Though external communications should follow standard PHD protocol.)
- ✓ Commissioners may use their title for identification purposes supporting or opposing a ballot measure but should make clear it is their personal view and can NOT use public facilities or equipment for communications.
- ✓ Commissioners and staff may place on their individual work calendar basic information if they are scheduled to be out of the office for a campaign event.



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THE DO'S AND DON'TS OF USING PUBLIC FUNDS

ADDITIONAL ALLOWED ACTIVITIES:

- ✓ A PHD may provide a facility, if it is available, for a public forum, offering all sides the opportunity to participate.
- ✓ A PHD may allow use of a public meeting space, if it is available as normal and regular conduct, to community groups for campaign activities (pro and con equally). If a PHD normally charges for the use of these facilities then it must charge all users equally.
- ✓ PHD officials may encourage staff and members of the public to vote as long as such encouragement routinely occurs for other elections.
- ✓ A PHD may use its website, newsletter, social media and other communication channels to provide citizens with information and facts about a ballot measure.
- ✓ Distribution of all information must be to "normal and regular" recipients using the publication's regular schedule.
- ✓ PHD employees may respond to requests for public records from pro and / or con campaigns as long as the record isn't exempt from disclosure under state law.



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THE DO'S AND DON'TS OF USING PUBLIC FUNDS

ADDITIONAL PROHIBITED ACTIVITIES:

- ✓ PHD officials may not post signs advocating for or against a ballot measure on any PHD property.
- ✓ PHD officials may not produce information that targets specific subgroups. This does not refer to mailing to groups that are on the PHD's regular distribution list.
- ✓ PHD officials may not have a petition available for signatures on any PHD property or vehicles.



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POP QUIZ

TRUE or FALSE: Commissioner Brenda Martens can write a letter to the editor in support of the PHD bond and sign the letter with her name and title? **TRUE**

TRUE or FALSE: PHD Executive Director Vern Swaim can urge staff in the PHD cafeteria to join him at a campaign event next weekend? **FALSE**

TRUE or FALSE: PHD Communications Director Rhonda Williams can write a special edition newsletter to likely voters with information and facts about the upcoming levy. **FALSE**

TRUE or FALSE: PHD Outreach Director Jackson Smith can park in the PHD parking lot with a car that has a Vote YES bumper sticker?
TRUE

TRUE or FALSE: Commissioner Gonzalez can attend a Vote YES rally during the workday as long as he isn't being compensated by the PHD or using PHD equipment. **TRUE**



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Tools & Tips



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RESEARCH

Public Opinion Survey: An option for those with a population of 75,000 or greater to be statistically valid.

Online Engagement Survey: While not statistically valid, it is a good option to solicit input for a community of any size, share information, and further engage the public.

Suggested Topics:

- Current perception of PHD
- Knowledge around PHD funding sources
- Knowledge of PHD's needs and proposed projects to be funded
- Range of support for PHD and proposed projects
- How do constituents prefer to get news and information
- *Do NOT ask Vote Yes / Vote No and other campaign-related questions.*



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COMMUNITY ENGAGEMENT

Engaging your community is critical to the ongoing support and vibrancy of the PHD. Engagement ideas to assist with bonds and levies include:

- Facility task force
- Road show to civic groups, business organizations, faith-based leaders, etc.
- Tables at community events
- Social / digital media presence
- Editorial board



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KEY MESSAGES

- **Talk About The Need.** Think about how to make the issue come to life. Use stories. Use graphics to help illustrate your messages. Make it memorable.
- **Use community-focused language.**
- **Group into three buckets:**
 - Providing patient safety and meeting public health standards.
 - Ensuring the community has a place to care for its own
 - Planning for the future.
- **Then talk about specifics.**



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COMMUNICATIONS MEDIUMS

The below avenues of communication are important to have established and used on a regular basis.

- Website
- One-pager
- FAQ
- Newsletter articles and community updates
- Social and digital media posts
- Community meetings
- Mailer



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AWPHD Toolkit



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TOOLKIT OVERVIEW

This toolkit was designed to be a long-standing reference guide. It includes many things we've talked about today including:

- General vs. Special election timing
- Building your universe

The toolkit also includes things we're about to discuss including:

- How to frame your message
- Message channels
- Sample Timeline
- Tips for hiring help



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TOOLKIT- MESSAGE DEVELOPMENT

How to frame your message

- *Reminder: your focus should be on educating about the election (i.e. vote this opposed to advocating for a side (i.e. vote yes this Nov.)*
- Begin by explaining the need
 - Frame this in terms of capacity or timing
 - Example: measure X would add X beds or means residents don't have to drive XX minuets/hours for car
 - Present the facts
 - Example: construction was last done XX years ago, but our population has grown by XX percent
- Concision is key



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TOOLKIT- MESSAGE CHANNELS

Overview of communication channels

➤ Digital Channels

- Facebook, Instagram, Twitter
- Paid vs. organic posts
- Best used for: quick message points, building repetition

➤ Direct Mail and Collateral

- Many size options
- Best used for: communicating a lot of information

➤ Your Website

- Best used for: really getting into the weeds and offering a way for people to ask questions



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TOOLKIT- DIGITAL OVERVIEW

Benefits of Digital

➤ Channels

- Facebook
 - Highest engagement amongst older audience
- Instagram
 - Highest engagement amongst younger audience
- Twitter
 - Most engaged audience

➤ Consider disabling comments

➤ What to post

- Short videos
- Static posts
- Memes/gifs

➤ When to post



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DIGITAL EXAMPLES-FACEBOOK



City of Monroe, WA

Like Page

Written by Strategies 360 · October 15, 2019 ·

Parks are an integral part of our community. Prop 1 on this November's ballot would enhance and expand recreational opportunities for all residents across our community.



MONROEWA.GOV

Prop. 1

Enhancing Our Community

Learn More



City of Monroe, WA

Like Page

Written by Strategies 360 · September 18, 2019 ·

This November's Prop 1 would bring many improvements to our community including upgrading trails, parks and sports fields while also bringing a spray park and community center to the fairgrounds.



MONROEWA.GOV

Prop. 1

Supporting Park Improvements for Our Community

Learn More



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TOOLKIT- MAIL AND PRINT COLLATERAL

➤ Direct Mail

- Usually you can do one mailer, so pick your size accordingly. Consider something large like:
 - 11"x17" brochure
 - 8.5"x14" postcard
 - 13"x16" brochure
- Typical costs
 - Print estimates
 - Mailhouse estimates
 - Postage estimates

➤ Collateral

- Posters
- FAQ doc




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PRINT EXAMPLE



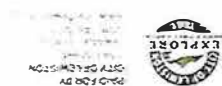
Have a Say in May

City of Lewiston Water & Wastewater Bond Election

At 6:00 p.m. on May 2, 2015, voters in the City of Lewiston will have the opportunity to vote on a \$10 million bond election. The bond election will be held at the same time as the City of Lewiston's annual general election. The bond election will be held at the same time as the City of Lewiston's annual general election. The bond election will be held at the same time as the City of Lewiston's annual general election.

Return your ballot by mail or vote on May 2nd

For more information, visit www.ci.lewiston.me.us



What's on the ballot?

At 6:00 p.m. on May 2, 2015, voters in the City of Lewiston will have the opportunity to vote on a \$10 million bond election. The bond election will be held at the same time as the City of Lewiston's annual general election. The bond election will be held at the same time as the City of Lewiston's annual general election.

Will property taxes increase?

The bond election will be held at the same time as the City of Lewiston's annual general election. The bond election will be held at the same time as the City of Lewiston's annual general election.

What is the purpose of these bonds?

The bond election will be held at the same time as the City of Lewiston's annual general election. The bond election will be held at the same time as the City of Lewiston's annual general election.

What happens if these bonds don't pass?

The bond election will be held at the same time as the City of Lewiston's annual general election. The bond election will be held at the same time as the City of Lewiston's annual general election.



Return your ballot by mail or vote on May 2nd



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TOOLKIT- WEBSITE

- **What to post**
- **When to post**



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TOOLKIT- SAMPLE PUBLIC EDUCATION TIMELI

- **Fifteen weeks prior to election: conduct research.**
 - **Eight weeks before election: update website.**
 - **Seven weeks before election: post print collateral.**
 - **Six weeks before election: start running digital ads.**
-
- **Three weeks before election/when ballots are mailed: drop mailer.**



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TOOLKIT- TIPS FOR HIRING HELP

➤ **Not all experience is equal, or best**

➤ **Look for some with:**

- Familiarity with Washington state
- Understanding of public entities
- Recommends a multi-channel approach
- Has experience beyond candidate races
 - ✓ Differences between candidate and ballot measures



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Key Contacts



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Association of Washington Public Hospital Districts

- www.awphd.org
- (206) 216 - 2530
- JoannaC@awphd.org

Public Disclosure Commission

- www.pdc.wa.gov
- pdc@pdc.wa.gov
- (360) 753-1111

Voting Information and Voter File

- VoteWA.Gov (to register to vote / statewide voter file)
- County Elections (county voter file / matchbacks)



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Questions & Answers



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SEED



Karen Waters

President

karenw@strategies360.com

1515 Westlake Ave N, Ste 1000
Seattle, WA 98109

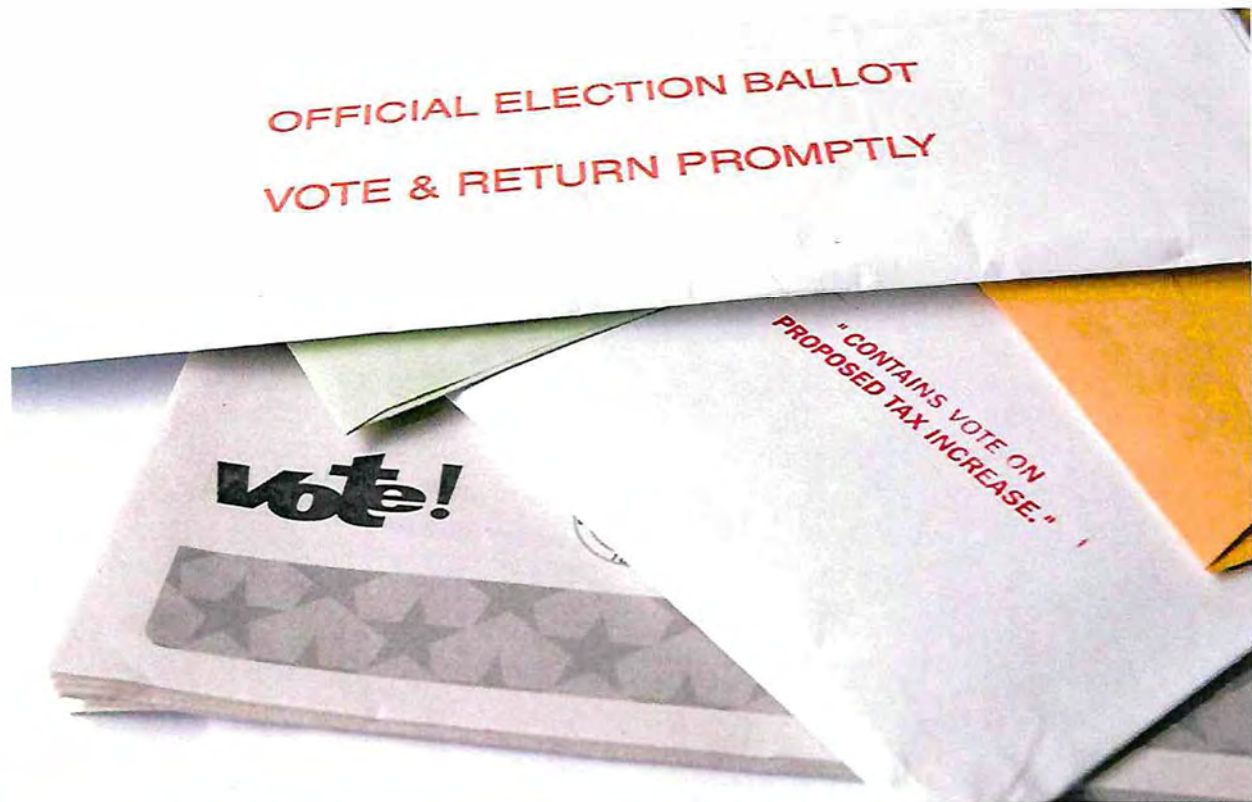
Thank you for attending!

A REMINDER FOR THOSE WHO ARE WORKING TOWARDS EARNING THEIR WSHA & HEALTH CARE GOVERNANCE CERTIFICATION OR RECERTIFICATION, PARTICIPATION COURSE QUALIFIES FOR (1) CREDIT HOUR.

YOU WILL BE SENT AN EMAIL TO THE ACCOUNT THAT YOU USED TO REGISTER FOR THAT EMAIL WILL PROVIDE YOU WITH INSTRUCTIONS ON HOW TO LOG YOUR CRE

IF THERE ARE MULTIPLE BOARD MEMBERS WHO HAVE REGISTERED UNDER ONE AC PLEASE HAVE EACH INDIVIDUAL FOLLOW THE LINK PROVIDED IN THE EMAIL TO EN EVERYONE WILL BE CREDITED FOR THEIR PARTICIPATION.

IF YOU HAVE ANY FURTHER QUESTIONS, OR WOULD LIKE TO PROVIDE FEEDBACK C COURSE, PLEASE FEEL FREE TO EMAIL US: GOVEDU@WSHA.ORG



Bond & Levy Toolkit

Overview

This toolkit was compiled to help administrators navigate the often-tricky landscape of bond and levy campaigns. While public entities can't directly advocate (persuade) voters to vote yes or no on an issue, they can educate voters. This means that a district can say that a bond would fund a new building or that a levy would help upgrade equipment. This toolkit is intended to help plan, develop and execute a communications program that educates and informs voters.

Election Timing

Should you go out for a general election (November) or a special (usually February or April) election? That's often the million-dollar question. General elections will always attract more people, especially if it is an even year. This means that people who vote less frequently will be more likely to vote in this election. Those voters are generally referred to as sporadic voters and they usually require more information about an issue before they vote, so you'll need to spend more time informing voters about your issue. Voters who vote in special elections are usually the opposite in that they are more engaged in the process and aware of the issues that will be on their ballot. This awareness can often come with a predetermined stance on the issue. General convention says that younger voters (45 and under) tend to fall into the sporadic universe, while older voters tend to vote more religiously. But your community may differ.

Another important factor in determining when to go out is to consider what else will be on the ballot. Even year elections will have federal and statewide races as well as a host of other ballot measures. This means that your measure will most likely find itself at the bottom of the ballot. Conversely, putting your measure up for a special election will make it front and center.

Lastly, looking at how previous measures did in your community can help you decide when to go to the ballot. Consider looking at how statewide initiatives fared in your community as well as other bond and levies, going back four or five years. All this information can be found on the [Secretary of State's election results webpage](#).

Data Acquisition

After you determine your election date, you'll want to find a data file that includes mailing addresses for registered voters in your district. The best place to start looking, is your county elections department. The Secretary of State's office also maintains a database of registered voters. You can visit [this](#) website, email them at: elections@sos.wa.gov or call them at (360) 902-4180

Developing Your Message

Establishing a message that accurately conveys what your bond or levy would do while also ensuring this message resonates with your community can be the difference between your measure passing or failing. The best messages are those that clearly show how your community would benefit from this measure passing, while not getting bogged down with too many specifics. Specifics are best used as proof points that help reinforce your message, but they shouldn't overshadow the more compelling arguments.

Frame what this vote means

People vote for things that directly impact them. Try connecting this measure to people's daily lives. For instance, include messaging that highlights how supporting this measure will provide funding to keep a nursing home open, or how this measure will expand cardiac care for your community.

Frame why this is important and needed for the community

It's possible that you'll need to begin your messaging by explaining the what and why of this issue. Chances are some people in your community will be aware of this election, but probably not the number of people you'll need to win. To that end, it's good if your messaging explains what this measure will do, in broad terms, for the community. For example, if you're making major improvements to an outdated facility, highlight that.

Consistency and concision are key

On average, people need to hear or see the same message seven times before they start to remember it. To that end, it's important to keep things clear and concise. It's easy to think that voters will want to hear the ins and outs of your measure and exactly how every dollar will be spent, but the truth is most won't. For the few that would, consider having a FAQ document or landing page that offers details or links. But keep in mind that most people will simply want to know how this measure will affect them—so frame your message as such.

Timing

Given that campaigns are by nature short-lived, it's recommended that administrators plan to begin communicating with voters 6-8 weeks before Election Day.

Here is a sample communications timeline:

- **Fifteen weeks prior to election:** *conduct research*
- **Eight weeks before election:** *update website*
- **Seven weeks before election:** *post print collateral*
- **Six weeks before election:** *start running digital ads*
- **Three weeks before election/when ballots are mailed:** *drop mailer*

Example Messaging

If you are a rural hospital and you're building a new maternity ward or offering services that currently require a long drive, call that out.

- *Bond X would build a maternity ward at our hospital, meaning expectant families would no longer need to drive X miles to receive care*
- *Bond X would bring maternity care closer to home*
- *Our growing community would benefit from care closer to home*

For more urban hospitals, or hospitals expanding their services, this messaging could come through a capacity lens.

- *Bond X allows our hospital to increase our maternity services and nearly double the number of patients we serve*
- *More beds to serve our growing families, that's what Bond X would give our community*
- *Bond X expands our hospital's services and keeps pace with the growing needs of our community*

DO	DON'T
Highlight how money will be used	Get bogged down in the numbers
Give tangible examples	Use examples that only relate to a few people
Talk to everyone about this issue	Assume everyone knows about this issue
Focus on a few messaging points and repeat, repeat, repeat	Talk about too many things, this will just lead to confusion
Start early	Wait till the last minute

Where to Communicate

Where you communicate is just as important as what you communicate. You want to make sure you are reaching anyone who might vote in the election, not just the people who are familiar with this issue or support your hospital. There are three primary channels best suited to communicating your message—social networking sites, print materials and your website.

Social Networks

Typically, this means places like Facebook or Instagram. With these platforms, you can either post content organically on your hospital's official accounts or you can pay for advertisements that appear in people's feeds.

Keys for success when communicating via social channels:

- Keep it very, very short—for Facebook try to keep your post to three or four lines. For Instagram try not to go over five lines
- Link to your website or a site where people can learn more
- Include the measure name (as it will appear on the ballot)
- Give the date of the election
- Use positive adjectives to help show how the community would benefit

Example Facebook posts:



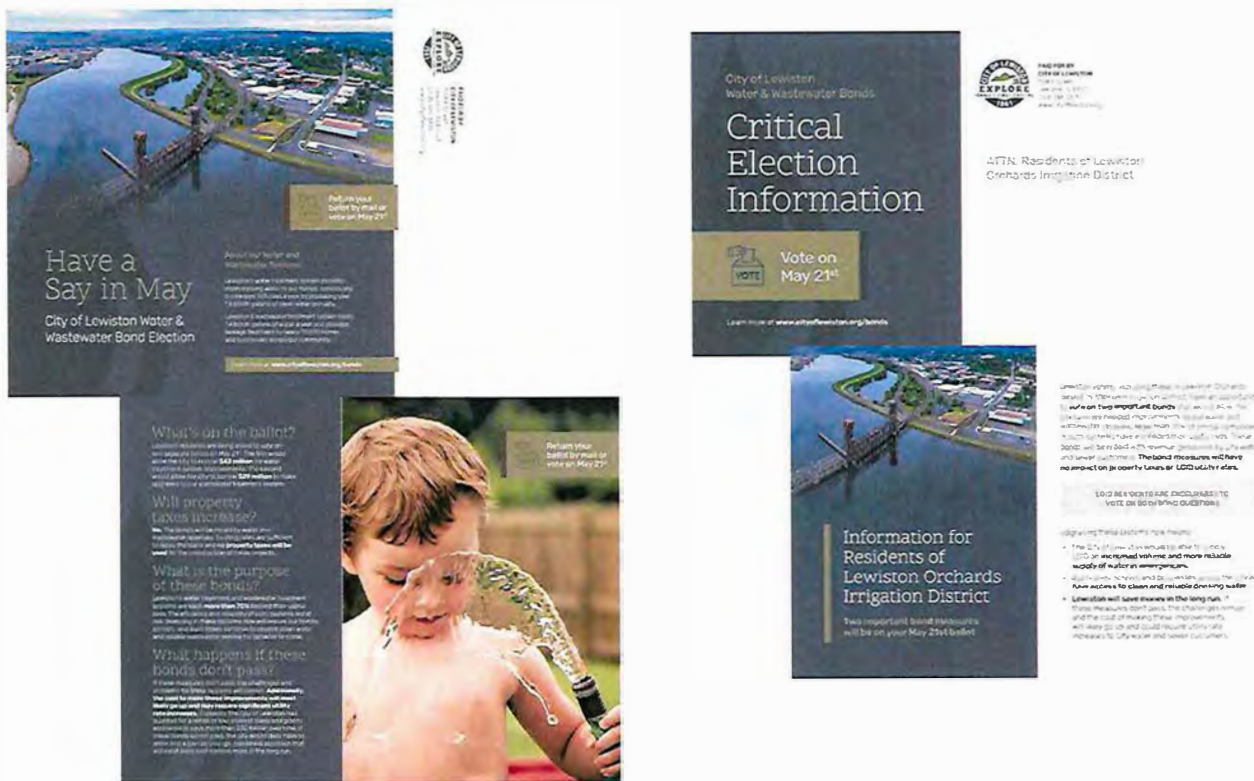
Mail & Print Collateral

If your budget allows, creating a mailer to inform your community can go a long way. On mailers, it's helpful to lead with a strong and short (no more than ten words) headline. Then divide your content into buckets, each with a subhead that essentially describes that bucket of content. The majority of people will skim mail pieces, so having strong headlines and subheads that provide important information will ensure people are reading what's most important. If your budget doesn't allow for mail, you can create posters that you can print off and hang up around the hospital.

Keys to print success:

- Use short and descriptive headlines and subheads
- "Bucket" your copy, don't let it all run together
- Incorporate and answer commonly asked questions
- Include the election date
- Refer to your measure as how it will appear on the ballot
- Keep the design professional and informative, refrain from making it look slick, or political

Mail Examples:



Website

Dedicating a page or building a landing page that focuses on the details of your bond or levy would be very helpful. This is the time and place to go into detail. It can also serve as the place you direct people with questions to as well as anyone who might be speaking on behalf of the bond or levy.

Keys for website success:

- Have an easy to remember URL, and keep it as short as possible
- Include links, these can serve as validators
- Get into the weeds—include whatever charts, graphs or funding models you have

Tips for Hiring Help

Not all experience is equal. You want to look for someone who has experience working in Washington state and with public entities. You also want to work with someone who works on bond and levy races, not just candidate races. The tactics used between these two types of races can vary, and it's important your help knows that.

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 2037

67th Legislature
2022 Regular Session

Passed by the House February 12, 2022
Yeas 87 Nays 11

**Speaker of the House of
Representatives**

Passed by the Senate March 4, 2022
Yeas 32 Nays 16

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2037** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 2037

Passed Legislature - 2022 Regular Session

State of Washington

67th Legislature

2022 Regular Session

By House Public Safety (originally sponsored by Representatives Goodman and Sutherland)

READ FIRST TIME 02/03/22.

1 AN ACT Relating to modifying the standard for use of force by
2 peace officers, but only with respect to providing that physical
3 force may be used to the extent necessary, clarifying that deadly
4 force may be used in the face of an immediate threat, clarifying that
5 physical force may be used to protect against a criminal offense when
6 there is probable cause that a person has committed or is committing
7 the offense, authorizing the use of physical force to prevent a
8 person from fleeing a temporary investigative detention, authorizing
9 the use of physical force to take a person into custody when
10 authorized or directed by statute, providing that the standard does
11 not permit violations to the United States Constitution or state
12 Constitution, and defining deadly force, physical force, necessary,
13 and totality of the circumstances; amending RCW 10.120.010 and
14 10.120.020; creating a new section; and declaring an emergency.

15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

16 NEW SECTION. **Sec. 1.** (1) In 2021, the legislature passed
17 Engrossed Second Substitute House Bill No. 1310, codified as chapter
18 10.120 RCW, with the goal of establishing a uniform statewide
19 standard for use of force by peace officers. Since these provisions
20 were enacted, the complexities and nuances of police practices and
21 applicable laws, both in statute and common law, have posed

1 implementation challenges for some police agencies. For that reason,
2 the legislature hereby intends to provide clarification and guidance
3 to police agencies and the public with the passage of chapter . . .
4 (House Bill No. 1735), Laws of 2022, focusing on behavioral health
5 and other related issues, and the additional changes in this
6 legislation, focusing on enforcement practices as well as clarifying
7 definitions.

8 (2) The legislature did not enact RCW 10.120.020 with the purpose
9 of preventing or prohibiting peace officers from protecting citizens
10 from danger. To the contrary, the legislature recognizes the
11 importance of enforcing criminal laws and providing safety for all.
12 Therefore, the legislature intends to provide clear authority for
13 peace officers to use physical force to prevent persons from fleeing
14 lawful temporary investigative detentions, also known as *Terry* stops,
15 and to take persons into custody when authorized or directed by state
16 law. Yet this authority is not without limits. Peace officers must
17 exercise reasonable care when determining whether to use physical
18 force and when using any physical force against another person. Peace
19 officers must, when possible and appropriate, use de-escalation
20 tactics before using physical force. Peace officers may only use
21 force to the extent necessary and reasonable under the totality of
22 the circumstances. This high standard of safety reflects national
23 best practices developed and supported by police leaders across the
24 nation. Most importantly, it strikes the appropriate balance between
25 two important interests: The safety of the public and the peace
26 officers who serve to protect us, and the right of the people to be
27 secure in their persons against unreasonable searches and seizures.

28 **Sec. 2.** RCW 10.120.010 and 2021 c 324 s 2 are each amended to
29 read as follows:

30 The definitions in this section apply throughout this chapter
31 unless the context clearly requires otherwise.

32 (1) "Deadly force" has the same meaning as provided in RCW
33 9A.16.010.

34 (2) "Law enforcement agency" includes any "general authority
35 Washington law enforcement agency" and any "limited authority
36 Washington law enforcement agency" as those terms are defined in RCW
37 10.93.020.

38 ((+2)) (3) "Less lethal alternatives" include, but are not
39 limited to, verbal warnings, de-escalation tactics, conducted energy

1 weapons, devices that deploy oleoresin capicum, batons, and beanbag
2 rounds.

3 ~~((3))~~ (4) "Necessary" means that, under the totality of the
4 circumstances, a reasonably effective alternative to the use of
5 physical force or deadly force does not appear to exist, and the type
6 and amount of physical force or deadly force used is a reasonable and
7 proportional response to effect the legal purpose intended or to
8 protect against the threat posed to the officer or others.

9 (5) "Peace officer" includes any "general authority Washington
10 peace officer," "limited authority Washington peace officer," and
11 "specially commissioned Washington peace officer" as those terms are
12 defined in RCW 10.93.020; however, "peace officer" does not include
13 any corrections officer or other employee of a jail, correctional, or
14 detention facility, but does include any community corrections
15 officer.

16 (6) "Physical force" means any act reasonably likely to cause
17 physical pain or injury or any other act exerted upon a person's body
18 to compel, control, constrain, or restrain the person's movement.
19 "Physical force" does not include pat-downs, incidental touching,
20 verbal commands, or compliant handcuffing where there is no physical
21 pain or injury.

22 (7) "Totality of the circumstances" means all facts known to the
23 peace officer leading up to, and at the time of, the use of force,
24 and includes the actions of the person against whom the peace officer
25 uses such force, and the actions of the peace officer.

26 **Sec. 3.** RCW 10.120.020 and 2021 c 324 s 3 are each amended to
27 read as follows:

28 (1) ~~((a))~~ PHYSICAL FORCE. Except as otherwise provided under
29 this section, a peace officer may use physical force against a person
30 ~~((when))~~ to the extent necessary to:

31 (a) Protect against ~~((criminal conduct where there is probable~~
32 ~~cause to make an arrest; effect))~~ a criminal offense when there is
33 probable cause that the person has committed, is committing, or is
34 about to commit the offense;

35 (b) Effect an arrest; ~~((prevent))~~

36 (c) Prevent an escape as defined under chapter 9A.76 RCW; ~~((or~~
37 protect))

38 (d) Prevent a person from fleeing or stop a person who is
39 actively fleeing a lawful temporary investigative detention, provided

1 that the person has been given notice that he or she is being
2 detained and is not free to leave;

3 (e) Take a person into custody when authorized or directed by
4 statute; or

5 (f) Protect against an imminent threat of bodily injury to the
6 peace officer, another person, or the person against whom force is
7 being used.

8 ~~((~~(b)~~-A))~~ (2) DEADLY FORCE. Except as otherwise provided under
9 this section, a peace officer may use deadly force against another
10 person only when necessary to protect against an ~~((imminent))~~
11 immediate threat of serious physical injury or death to the officer
12 or another person. For purposes of this subsection ~~((~~(1)~~-~~(b)~~))~~:

13 ~~((~~(i)~~-~~"Imminent"~~))~~ "Immediate threat of serious physical injury or
14 death" means that, based on the totality of the circumstances, it is
15 objectively reasonable to believe that a person has the present and
16 apparent ability, opportunity, and intent to immediately cause death
17 or serious bodily injury to the peace officer or another person.

18 ~~((~~(ii)~~-~~"Necessary"~~ means that, under the totality of the~~
19 ~~circumstances, a reasonably effective alternative to the use of~~
20 ~~deadly force does not exist, and that the amount of force used was a~~
21 ~~reasonable and proportional response to the threat posed to the~~
22 ~~officer and others.~~

23 ~~~~(iii)~~-~~"Totality of the circumstances"~~ means all facts known to~~
24 ~~the peace officer leading up to and at the time of the use of force,~~
25 ~~and includes the actions of the person against whom the peace officer~~
26 ~~uses such force, and the actions of the peace officer.~~

27 ~~(~~(2)~~))~~ (3) REASONABLE CARE. A peace officer shall use reasonable
28 care when determining whether to use physical force and when using
29 any physical force against another person. To that end, a peace
30 officer shall:

31 (a) When possible, exhaust available and appropriate de-
32 escalation tactics prior to using any physical force, such as:
33 Creating physical distance by employing tactical repositioning and
34 repositioning as often as necessary to maintain the benefit of time,
35 distance, and cover; when there are multiple officers, designating
36 one officer to communicate in order to avoid competing commands;
37 calling for additional resources such as a crisis intervention team
38 or mental health professional when possible; calling for back-up
39 officers when encountering resistance; taking as much time as
40 necessary, without using physical force or weapons; and leaving the

1 area if there is no threat of imminent harm and no crime has been
2 committed, is being committed, or is about to be committed;

3 (b) When using physical force, use the least amount of physical
4 force necessary to overcome resistance under the circumstances. This
5 includes a consideration of the characteristics and conditions of a
6 person for the purposes of determining whether to use force against
7 that person and, if force is necessary, determining the appropriate
8 and least amount of force possible to effect a lawful purpose. Such
9 characteristics and conditions may include, for example, whether the
10 person: Is visibly pregnant, or states that they are pregnant; is
11 known to be a minor, objectively appears to be a minor, or states
12 that they are a minor; is known to be a vulnerable adult, or
13 objectively appears to be a vulnerable adult as defined in RCW
14 74.34.020; displays signs of mental, behavioral, or physical
15 impairments or disabilities; is experiencing perceptual or cognitive
16 impairments typically related to the use of alcohol, narcotics,
17 hallucinogens, or other drugs; is suicidal; has limited English
18 proficiency; or is in the presence of children;

19 (c) Terminate the use of physical force as soon as the necessity
20 for such force ends;

21 (d) When possible, use available and appropriate less lethal
22 alternatives before using deadly force; and

23 (e) Make less lethal alternatives issued to the officer
24 reasonably available for their use.

25 ~~((+3))~~ (4) A peace officer may not use any force tactics
26 prohibited by applicable departmental policy, this chapter, or
27 otherwise by law, except to protect his or her life or the life of
28 another person from an imminent threat.

29 ~~((+4))~~ (5) Nothing in this section ~~((prevents))~~;

30 (a) Permits a peace officer to use physical force or deadly force
31 in a manner or under such circumstances that would violate the United
32 States Constitution or state Constitution; or

33 (b) Prevents a law enforcement agency or political subdivision of
34 this state from adopting policies or standards with additional
35 requirements for de-escalation and greater restrictions on the use of
36 physical and deadly force than provided in this section.

37 NEW SECTION. **Sec. 4.** This act is necessary for the immediate
38 preservation of the public peace, health, or safety, or support of

1 the state government and its existing public institutions, and takes
2 effect immediately.

--- END ---

Ancillary Services report to Hospital District #2 Board of Commissioners
March 2022

Ancillary Service Operation Report:

Covid Testing

KVH is planning to close the Covid-19 Testing Locations in Ellensburg and at FME at the end of the month. Our testing volumes have dropped from 200 per day to about 10-15 per day. We will still offer Covid-19 testing at the hospital and clinics.

Strategic Planning

Thank you for a successful Board Retreat on February 26th. You will find a summary of our discussions in your packet and I will review the draft strategic priorities under old business.

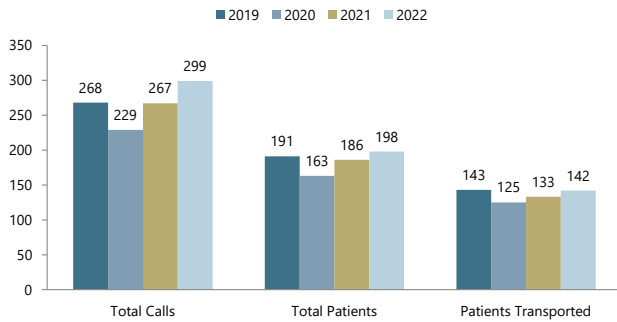
Continued Growth

Roslyn Ridge has been approved for an additional 287 home sites.

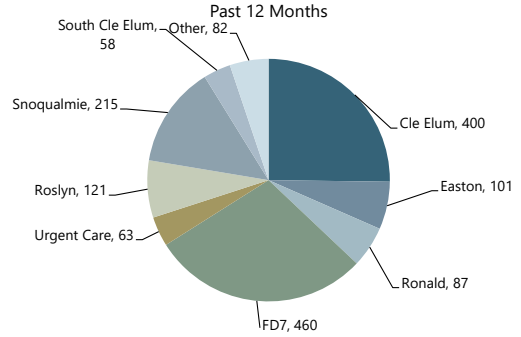
Respectfully submitted by Rhonda Holden, MSN, CENP

Kittitas County Public Hospital District No. 2

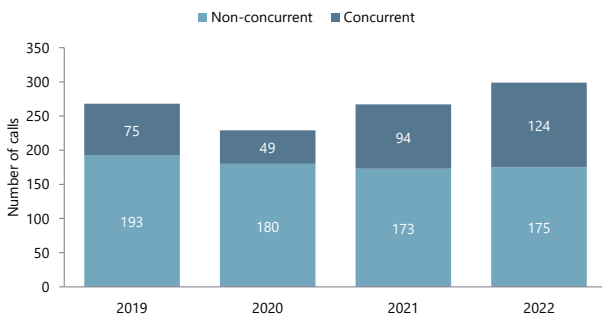
Volumes, YTD



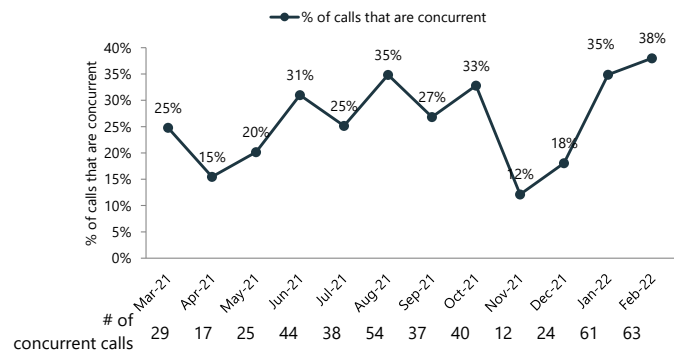
Calls by Zone



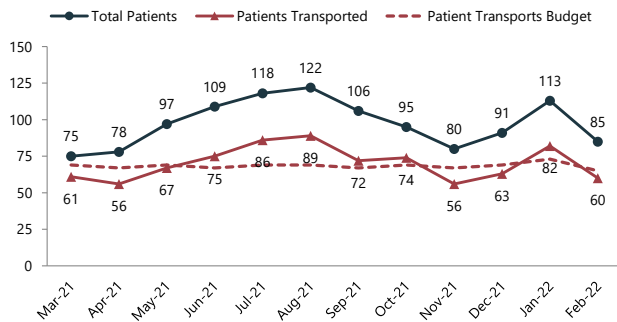
Concurrent Calls, YTD



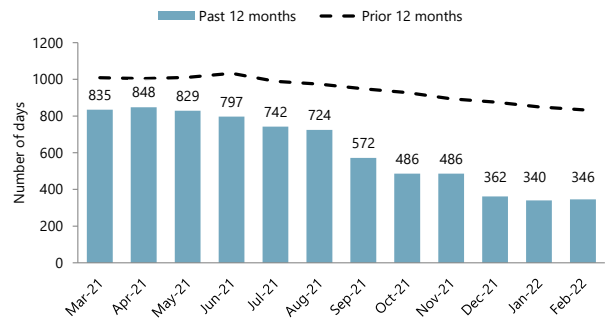
Concurrent Calls



Patients and Transports



Days Cash on Hand



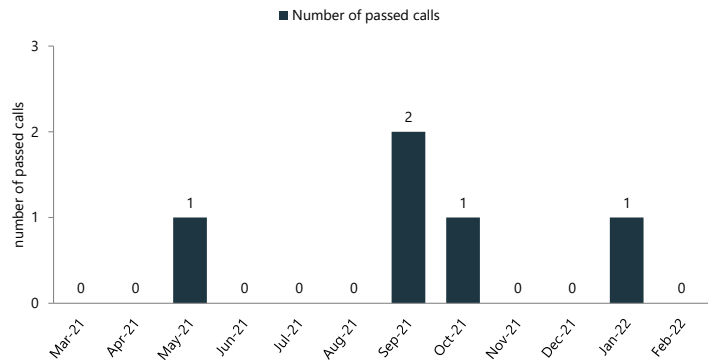
Kittitas County Public Hospital District No. 2

Turnout Time - Dispatch to Enroute

3/1/2021 to 2/28/2022

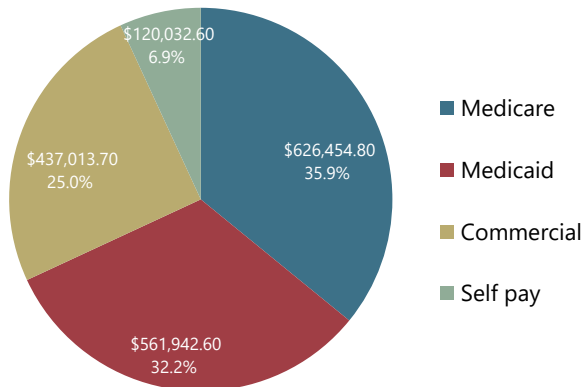
Apparatus	Responses	Turnout Time
A511 (CEFD)	0	
<i>CEFD Overall</i>	<i>0</i>	
A731 (FD7)	4	5:34
<i>FD7 Overall</i>	<i>4</i>	<i>5:34</i>
M931(HD2)	594	2:38
M932 (HD2)	2	1:01
M991 (HD2)	805	2:02
M992 (HD2)	56	1:35
<i>HD2 Overall</i>	<i>1457</i>	<i>2:15</i>

Passed Calls



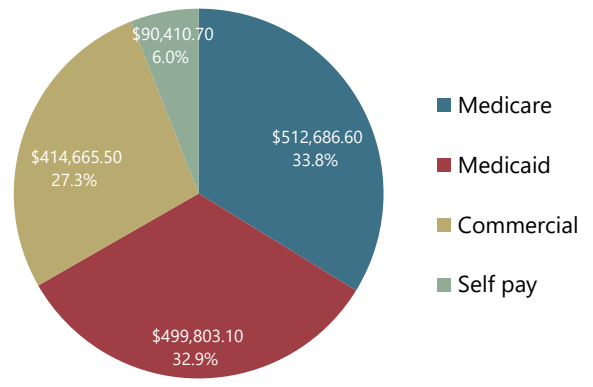
Payor Mix by Charges

10/1/2020 to 9/30/2021



Payor Mix by Charges

10/1/2019 to 9/30/2020



Kittitas County Hospital Dist 2
Statement of Revenue and Expense

MEDICAL BILLABLE RUNS	60	65	(5)	141	138	3	133
AVERAGE CHARGE PER RUN	2,324	2,226	98	2,312	2,210	102	1,917
	Current Month			Year to Date			Prior
	Actual	Budget	Variance	Actual	Budget	Variance	YTD
INTEREST INCOME	(3,622)	15	(3,637)	(7,114)	25	(7,139)	1,018
RENTAL INCOME	25,209	25,209	(0)	50,917	50,414	503	47,438
OTHER OPERATING REVENUE	1,250	1,228	22	3,370	2,463	907	0
AMBULANCE REVENUE	139,440	144,716	(5,276)	326,047	304,942	21,105	254,979
TOTAL REVENUE	162,276	171,168	(8,892)	373,220	357,844	15,376	303,435
CONTRACTUAL ADJUSTMENTS	52,011	56,376	(4,365)	121,761	118,791	2,970	98,167
BAD DEBT	9,342	6,981	2,361	21,845	14,709	7,136	14,383
CHARITY CARE	0	346	(346)	0	690	(690)	0
DEDUCTIONS FROM REVENUE	61,353	63,703	(2,350)	143,606	134,190	9,416	112,550
NET OPERATING REVENUE	100,923	107,465	(6,542)	229,614	223,654	5,960	190,885
SALARIES AND WAGES	96,738	98,608	(1,870)	206,751	207,761	(1,010)	185,120
EMPLOYEE BENEFITS	31,976	35,392	(3,416)	62,233	72,296	(10,064)	58,632
PROFESSIONAL FEES	0	1,833	(1,833)	1,866	3,670	(1,804)	2,036
SUPPLIES	18,708	8,073	10,635	28,412	16,523	11,889	21,525
UTILITIES	3,869	2,824	1,045	7,985	5,654	2,330	4,637
PURCHASED SERVICES	23,614	24,870	(1,256)	53,892	48,867	5,025	40,816
CEUCC SUBSIDY EXPENSE	16,253	16,253	0	32,507	32,509	(3)	31,869
DEPRECIATION	31,182	39,443	(8,261)	64,247	78,890	(14,643)	49,232
INSURANCE	2,900	5,016	(2,116)	5,599	10,030	(4,431)	6,548
LICENSES AND TAXES	1,565	1,277	288	3,152	2,551	601	2,077
INTEREST EXPENSE	9,982	9,983	(1)	19,965	19,960	5	21,619
TRAVEL AND EDUCATION	1,294	573	721	4,661	1,144	3,516	2,106
OTHER DIRECT EXPENSES	0	698	(698)	1,770	1,385	385	2,731
EXPENSES	238,082	244,843	(6,761)	493,038	501,240	(8,202)	428,948
OPERATING INCOME (LOSS)	(137,159)	(137,378)	219	(263,423)	(277,586)	14,163	(238,063)
TAX LEVY INCOME	137,144	137,340	(196)	274,485	274,675	(190)	265,099
GAIN LOSS ASSET DISPOSITION	105,210	0	105,210	105,210	0	105,210	0
INTERGOVERNMENTAL REV OR EXP	0	0	0	0	0	0	0
NON-OPERATING BOND ISSUE COST	0	0	0	0	0	0	0
NET INCOME (LOSS)	105,196	(38)	105,234	116,272	(2,911)	119,183	27,036
DAYS CASH ON HAND	346.0						
AR DAYS	85.0						
CURRENT RATIO	6.12						

Kittitas County Hospital Dist 2
Statement of Revenue and Expense

MEDICAL BILLABLE RUNS	60	65	(5)	141	138	3	133
AVERAGE CHARGE PER RUN	2,324	2,226	98	2,312	2,210	102	1,917
	Current Month			Year to Date			Prior
	Actual	Budget	Variance	Actual	Budget	Variance	YTD
INTEREST INCOME	0	0	0	0	0	0	0
RENTAL INCOME	0	0	0	0	0	0	0
OTHER OPERATING REVENUE	1,250	1,228	22	3,370	2,463	907	0
AMBULANCE REVENUE	139,440	144,716	(5,276)	326,047	304,942	21,105	254,979
TOTAL REVENUE	140,690	145,944	(5,254)	329,417	307,405	22,012	254,979
CONTRACTUAL ADJUSTMENTS	52,011	56,376	(4,365)	121,761	118,791	2,970	98,167
BAD DEBT	9,342	6,981	2,361	21,845	14,709	7,136	14,383
CHARITY CARE	0	346	(346)	0	690	(690)	0
DEDUCTIONS FROM REVENUE	61,353	63,703	(2,350)	143,606	134,190	9,416	112,550
NET OPERATING REVENUE	79,336	82,241	(2,905)	185,811	173,215	12,596	142,429
SALARIES AND WAGES	95,842	98,402	(2,560)	205,855	207,346	(1,491)	185,157
EMPLOYEE BENEFITS	31,906	35,377	(3,471)	61,862	72,267	(10,405)	58,635
PROFESSIONAL FEES	0	0	0	0	0	0	0
SUPPLIES	18,686	8,070	10,616	14,302	16,515	(2,213)	21,501
UTILITIES	3,176	2,384	792	6,673	4,771	1,902	4,470
PURCHASED SERVICES	15,440	12,771	2,669	25,398	25,547	(150)	18,719
CEUCC SUBSIDY EXPENSE	0	0	0	0	0	0	0
DEPRECIATION	4,953	14,433	(9,480)	10,438	28,870	(18,432)	22,630
INSURANCE	1,540	1,516	24	2,614	3,030	(416)	1,442
LICENSES AND TAXES	1,565	1,277	288	3,152	2,551	601	2,077
INTEREST EXPENSE	0	0	0	0	0	0	0
TRAVEL AND EDUCATION	1,294	573	721	4,661	1,144	3,516	2,106
OTHER DIRECT EXPENSES	0	135	(135)	0	265	(265)	0
EXPENSES	174,403	174,938	(535)	334,955	362,308	(27,353)	316,737
OPERATING INCOME (LOSS)	(95,067)	(92,697)	(2,370)	(149,143)	(189,093)	39,949	(174,308)
TAX LEVY INCOME	66,263	66,357	(94)	132,620	132,710	(90)	126,199
GAIN LOSS ASSET DISPOSITION	105,210	0	105,210	105,210	0	105,210	0
INTERGOVERNMENTAL REV OR EXP	0	0	0	0	0	0	0
NON-OPERATING BOND ISSUE COST	0	0	0	0	0	0	0
NET INCOME (LOSS)	76,407	(26,340)	102,747	88,687	(56,383)	145,069	(48,109)

Kittitas County Hospital Dist 2
Statement of Revenue and Expense

	Current Month			Year to Date			Prior
	Actual	Budget	Variance	Actual	Budget	Variance	YTD
INTEREST INCOME	(3,622)	15	(3,637)	(7,114)	25	(7,139)	1,018
RENTAL INCOME	25,209	25,209	(0)	50,917	50,414	503	47,438
OTHER OPERATING REVENUE	0	0	0	0	0	0	0
AMBULANCE REVENUE	0	0	0	0	0	0	0
TOTAL REVENUE	21,586	25,224	(3,638)	43,803	50,439	(6,636)	48,456
CONTRACTUAL ADJUSTMENTS	0	0	0	0	0	0	0
BAD DEBT	0	0	0	0	0	0	0
CHARITY CARE	0	0	0	0	0	0	0
DEDUCTIONS FROM REVENUE	0	0	0	0	0	0	0
NET OPERATING REVENUE	21,586	25,224	(3,638)	43,803	50,439	(6,636)	48,456
SALARIES AND WAGES	896	206	690	896	415	481	(37)
EMPLOYEE BENEFITS	70	15	55	371	29	341	(3)
PROFESSIONAL FEES	0	1,833	(1,833)	1,866	3,670	(1,804)	2,036
SUPPLIES	22	3	19	14,110	7	14,102	25
UTILITIES	693	440	253	1,312	883	429	167
PURCHASED SERVICES	8,173	12,099	(3,926)	28,494	23,319	5,175	22,097
CEUCC SUBSIDY EXPENSE	16,253	16,253	0	32,507	32,509	(3)	31,869
DEPRECIATION	26,228	25,010	1,218	53,809	50,020	3,789	26,602
INSURANCE	1,361	3,500	(2,139)	2,984	7,000	(4,016)	5,106
LICENSES AND TAXES	0	0	0	0	0	0	0
INTEREST EXPENSE	9,982	9,983	(1)	19,965	19,960	5	21,619
TRAVEL AND EDUCATION	0	0	0	0	0	0	0
OTHER DIRECT EXPENSES	0	563	(563)	1,770	1,120	650	2,731
EXPENSES	63,678	69,905	(6,227)	158,083	138,933	19,150	112,211
OPERATING INCOME (LOSS)	(42,092)	(44,681)	2,589	(114,280)	(88,493)	(25,786)	(63,755)
TAX LEVY INCOME	70,881	70,983	(102)	141,865	141,965	(100)	138,900
GAIN LOSS ASSET DISPOSITION	0	0	0	0	0	0	0
INTERGOVERNMENTAL REV OR EXP	0	0	0	0	0	0	0
NON-OPERATING BOND ISSUE COST	0	0	0	0	0	0	0
NET INCOME (LOSS)	28,789	26,302	2,487	27,585	53,472	(25,886)	75,145
DAYS CASH ON HAND	346.0						
AR DAYS	85.0						
CURRENT RATIO	6.12						

Kittitas County Hospital Dist 2

Balance Sheet

	<u>Year to Date</u>	<u>Prior Year End</u>	<u>Change</u>
CASH	2,392,037	2,460,034	(67,997)
ACCOUNTS RECEIVABLE	1,031,698	1,114,622	(82,923)
TAXES RECEIVABLE	1,670,479	31,012	1,639,466
PREPAIDS	8,474	9,225	(751)
INVESTMENTS	285,425	292,559	(7,134)
CURRENT ASSETS	5,388,114	3,907,453	1,480,661
LAND	843,524	843,524	0
PROPERTY, PLANT, & EQUIPMENT	10,218,540	10,157,637	60,902
ACCUMULATED DEPRECIATION	(3,802,925)	(3,738,678)	(64,247)
NON CURRENT ASSETS	7,259,139	7,262,483	(3,344)
NET PENSION ASSET	484,323	484,323	0
DEFERRED OUTFLOWS	102,205	102,205	0
ASSETS	13,233,781	11,756,464	1,477,317
ACCOUNTS PAYABLE	188,808	257,370	(68,563)
INTEREST PAYABLE	30,227	10,263	19,965
ACCRUED PAYROLL	40,916	44,139	(3,223)
ACCRUED BENEFITS	98,635	91,679	6,956
CEUCC SUBSIDY PAYABLE	223,722	191,215	32,507
CURRENT PORTION REVENUE BOND - LTGO	298,445	298,445	0
CURRENT LIABILITIES	880,753	893,111	(12,358)
LONG TERM REVENUE BOND - LTGO	3,323,628	3,323,628	0
NET PENSION LIABILITY	16,233	16,233	0
DEFERRED INFLOWS - PENSION	490,909	490,909	0
DEFERRED INFLOWS - LEVY	1,373,404	(0)	1,373,404
NONCURRENT LIABILITIES	5,204,174	3,830,770	1,373,404
LIABILITIES	6,084,926	4,723,881	1,361,045
NET INCOME (LOSS)	116,272	0	116,272
UNRESTRICTED FUND BALANCE	7,032,582	7,032,582	0
FUND BALANCE	7,148,854	7,032,582	116,272
TOTAL LIABILITIES AND NET POSITION	13,233,781	11,756,464	1,477,317

Kittitas County Hospital Dist 2

Statement of Cash Flows

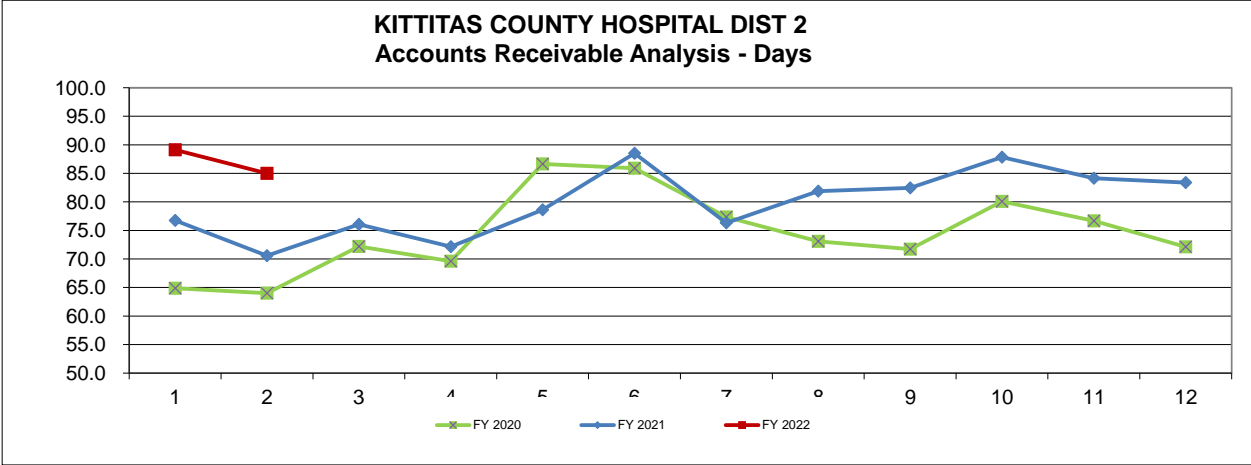
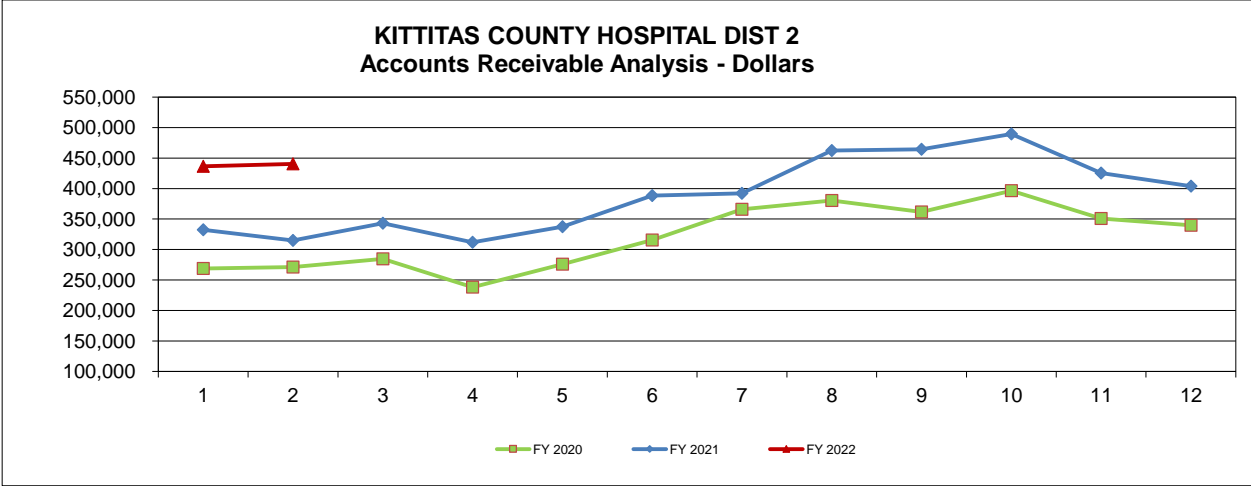
	<u>CASH</u>
NET BOOK INCOME	116,272
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	64,247
NET CASH FROM OPERATIONS	180,519
CHANGE IN CURRENT ASSETS	
PATIENT ACCOUNTS AND OTHER RECEIVABLES	82,923
PROPERTY TAX RECEIVABLE	(1,639,466)
PREPAID EXPENSE	751
TOTAL CHANGE IN CURRENT ASSETS	(1,555,792)
PURCHASE OF PROPERTY, PLANT & EQUIPMENT	(60,902)
NET PENSION ASSET	0
DEFERRED OUTFLOWS	0
INCREASE IN INVESTMENTS	7,134
PROCEEDS FROM SALE/MATURITY OF INVESTMENTS	
TOTAL CHANGE IN ASSETS	(1,609,561)
CHANGES IN CURRENT LIABILITIES	
ACCOUNTS PAYABLE	(68,563)
INTEREST PAYABLE	19,965
ACCRUED PAYROLL	(3,223)
ACCRUED BENEFITS	6,956
CEUCC SUBSIDY PAYABLE	32,507
TOTAL CHANGE CURRENT LIABILITIES	(12,358)
PRINCIPLE PAYMENT ON REVENUE BOND	0
NET PENSION LIABILITY	0
DEFERRED INFLOWS OF RESOURCES	1,373,404
NET CHANGE IN CASH	(67,997)
BEGINNING CASH ON HAND	2,460,034
ENDING CASH ON HAND	2,392,037



KITTITAS COUNTY HOSPITAL DIST 2
Accounts Receivable Analysis

SYS DESIGN EMS

	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21
A/R Dollars	\$ 440,429	436,550	404,006	425,335	489,456	464,532	462,266	392,312	388,546	337,280	311,819	\$ 342,977
A/R Days	85.0	89.1	83.4	84.1	87.8	82.5	81.9	76.3	88.5	78.6	72.2	76.1





KITTITAS COUNTY HOSPITAL DIST 2

BOARD MEETING FEBRUARY 2022 ACTIVITY

ACCOUNTS PAYABLE WARRANTS/ EFTS TO BE APPROVED

CHECK DATE:

# 1 WARRANT NUMBERS:	12764-12808	NET AMOUNT:	65,322.77	7-Feb-22
# 2 WARRANT NUMBERS:	12809-12840	NET AMOUNT:	96,622.07	22-Feb-22
# 3 WARRANT NUMBERS:	12841	NET AMOUNT:	1,565.33	28-Feb-22
			163,510.17	

PAYROLL WARRANTS / EFTS TO BE APPROVED

PPE 01/29/2022	NET AMOUNT:	33,202.67	4-Feb-22
PPE 02/12/2022	NET AMOUNT:	429.85	15-Feb-22
PPE 02/12/2022	NET AMOUNT:	32,463.08	18-Feb-22
		66,095.60	

TOTAL NET WARRANTS & EFT'S	229,605.77
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Kittitas County Hospital District #2
Detailed Statement of Accounts Payable Transactions
Month of February 2022



Account Class	Check No	Vendor	Amount
Balance Sheet	12764	BAER TESTING, INC.	1,322.50
	12772	DEPARTMENT OF RETIREMENT SYSTEMS	3,589.28
	12773	DEPARTMENT OF RETIREMENT SYSTEMS	665.94
	12774	DIMARTINO ASSOCIATES	108.36
	12780	HUB INTERNATIONAL LLC	1,650.00
	12780	HUB INTERNATIONAL LLC	(465.00)
	12786	KITTCOM	16,352.50
	12799	PREMIERE FLOORS & DESIGN CENTER INC	6,191.66
	12808	AFLAC	740.27
	12809	AFLAC	740.27
	12812	AUTOMATED CONTROLS	2,396.52
	12816	DEPARTMENT OF RETIREMENT SYSTEMS	3,600.15
	12817	DEPARTMENT OF RETIREMENT SYSTEMS	483.63
	12818	DIMARTINO ASSOCIATES	108.36
	12820	IAFF 4880	1,391.23
	12823	KDA ARCHITECTURE INC	2,172.83
	12833	TW CLARK CONSTRUCTION, LLC	45,163.99
Employee Benefits	12765	BETH WILLIAMS	30.00
	12766	BRITTNEY SILVESTRI	15.00
	12769	COLE GRAVEL	45.00
	12770	CRAIG HALLMARK	60.00
	12771	DAKODA FENTER	30.00
	12772	DEPARTMENT OF RETIREMENT SYSTEMS	2,402.92
	12779	HARVEY SMITH	30.00
	12782	JAMES BRYAN	45.00
	12784	JASON BOITANO	30.00
	12785	JEFF BEATY	45.00
	12789	KITTITAS VALLEY HEALTHCARE	299.92
	12790	KRISTEN KASSOW	15.00
	12791	LEE HADDEN	45.00
	12793	MATT SCHAUER	15.00
	12796	NATE HENDERSON	45.00
	12801	SONYA VRAVES	30.00
	12803	STEVE CHRISMAN	30.00
	12805	TOM WATKINS	15.00
	12816	DEPARTMENT OF RETIREMENT SYSTEMS	2,360.11
	12836	VIMLY BENEFIT SOLUTIONS	900.00
Professional Fees	12837	VIMLY BENEFIT SOLUTIONS	18,301.97
	12802	STATE AUDITORS OFFICE	1,866.15
Supplies	12776	GALLS, LLC	393.11
	12776	GALLS, LLC	392.15
	12776	GALLS, LLC	164.59

Utilities

12776 GALLS, LLC	45.17
12776 GALLS, LLC	89.69
12776 GALLS, LLC	132.28
12776 GALLS, LLC	125.36
12776 GALLS, LLC	29.49
12778 GOOD TO GO	9.40
12783 JAMES OIL CO., INC.	419.49
12783 JAMES OIL CO., INC.	1,002.51
12789 KITTITAS VALLEY HEALTHCARE	382.98
12792 LIFE ASSIST, INC.	64.16
12797 NORTHERN KITTITAS CO TRIBUNE	13.46
12798 OXARC INC	85.63
12811 AMAZON	262.15
12811 AMAZON	37.79
12811 AMAZON	14.76
12811 AMAZON	21.60
12811 AMAZON	20.51
12811 AMAZON	107.14
12811 AMAZON	19.41
12811 AMAZON	28.06
12811 AMAZON	33.13
12813 CARDINAL HEALTH 112, LLC	499.99
12814 CLE ELUM HARDWARE & RENTAL	17.27
12819 GALLS, LLC	132.38
12819 GALLS, LLC	109.22
12819 GALLS, LLC	67.17
12819 GALLS, LLC	(387.72)
12819 GALLS, LLC	393.11
12824 LIFE ASSIST, INC.	164.00
12824 LIFE ASSIST, INC.	105.61
12824 LIFE ASSIST, INC.	107.09
12824 LIFE ASSIST, INC.	120.04
12826 MOUNTAIN AUTO PARTS	58.59
12826 MOUNTAIN AUTO PARTS	28.59
12826 MOUNTAIN AUTO PARTS	14.02
12826 MOUNTAIN AUTO PARTS	400.10
12826 MOUNTAIN AUTO PARTS	(38.88)
12827 NORTHERN KITTITAS CO TRIBUNE	19.81
12829 OXARC INC	279.42
12829 OXARC INC	66.99
12829 OXARC INC	161.91
12832 STATE DEPARTMENT OF TRANSPORTATION	2,850.48
12838 WAPITI OFFICE	21.43
12838 WAPITI OFFICE	34.88
12838 WAPITI OFFICE	14.41
12839 WILLETTES SHELL SERVICE	35.64
12767 CENTURYLINK	139.47
12768 CITY OF CLE ELUM	108.80
12768 CITY OF CLE ELUM	507.80

Purchased Services	12768 CITY OF CLE ELUM	108.80
	12768 CITY OF CLE ELUM	275.06
	12775 DISH NETWORK	186.45
	12788 KITTITAS COUNTY FIRE DISTRICT #7	200.00
	12794 MCI	37.87
	12794 MCI	36.99
	12800 PUGET SOUND ENERGY	338.02
	12800 PUGET SOUND ENERGY	1,573.85
	12821 INLAND NETWORKS	102.65
	12821 INLAND NETWORKS	80.41
	12830 PUGET SOUND ENERGY	31.92
	12830 PUGET SOUND ENERGY	23.80
	12830 PUGET SOUND ENERGY	10.89
	12835 VERIZON	581.10
	12777 GEOFF SCHERER	183.06
	12781 JACKSON HORSLEY	400.00
	12787 KITTITAS COUNTY AUDITOR	4,375.37
	12789 KITTITAS VALLEY HEALTHCARE	356.25
	12789 KITTITAS VALLEY HEALTHCARE	4,807.22
	12789 KITTITAS VALLEY HEALTHCARE	9,331.74
	12795 MICROSOFT	15.12
	12795 MICROSOFT	445.50
	12804 STRYKER SALES CORP	288.52
	12804 STRYKER SALES CORP	995.52
	12804 STRYKER SALES CORP	1,346.40
	12806 UNITED RENTALS	161.46
	12807 YAKIMA ADJUSTMENT SERVICE INC	389.53
	12810 ALADTEC, INC.	3,519.73
	12811 AMAZON	98.28
	12811 AMAZON	8.87
	12814 CLE ELUM HARDWARE & RENTAL	8.62
	12814 CLE ELUM HARDWARE & RENTAL	29.13
	12815 DALE SCOTT OLANDER	32.76
	12815 DALE SCOTT OLANDER	31.36
	12825 MCGUIRES LANDSCAPING & WINTER SVC LLC	5,760.99
	12827 NORTHERN KITTITAS CO TRIBUNE	320.00
	12828 NORTHWEST FABRICATIONS LLC	118.80
	12828 NORTHWEST FABRICATIONS LLC	556.20
	12831 ROS ELUM SERVICES LLC	870.00
	12834 U.S. BANK	347.96
	12840 YAKIMA ADJUSTMENT SERVICE INC	558.18
Licenses & Taxes	12841 DEPARTMENT OF REVENUE-EXCISE	1,565.33
Travel & Education	12822 JEFF BEATY	91.26
Other Direct Expenses	12797 NORTHERN KITTITAS CO TRIBUNE	45.00
	12797 NORTHERN KITTITAS CO TRIBUNE	70.00
		<hr/>
		163,510.17

2022 Kittitas County Public Hospital District #2 Strategic Planning

Special Board Meeting

February 26, 2022

Putnam Centennial Center, Cle Elum

Attendees: Commissioners Floyd Rogalski, Hartvig Vatheuer, Fred Benjamin, Carrie Youngblood and Ingrid Vimont. Staff in attendance were Superintendent Julie Petersen, Treasurer Scott Olander, Operation's Manager Geoff Scherer, facilitated by Rhonda Holden.

The Kittitas County Public Hospital District #2 Board of Commissioners held a special meeting to refresh their strategic plan. The first step was to review the historical timeline of the district, which was updated to include achievements since our 2017 strategic plan refresh.

Current Mission/Vision Statement (developed in 2003):

We aspire to serve people and benefit our community by assuring that accessible, efficient and quality healthcare services are available in Upper Kittitas County. In order to make the best use of resources, we will pursue innovative, yet responsible, approaches to meeting the needs in our community.

Comments regarding the Mission/Vision Statement:

The question was brought forth as to whether or not the term "healthcare services" is referring to EMS services only or other healthcare services. Commissioner Vatheuer and Rogalski shared that when they were elected 20 years ago, they ran on the platform of ensuring EMS and emergency services were available, so they felt it was referring to healthcare in the broader sense.

Review of 2017 Strategic Work

Strategy	Accomplishments	Outstanding Items	Comments
Develop a Board Succession Plan	<ul style="list-style-type: none">Developed a Board Composition MatrixCreated a board orientation notebook with bylaws, the history of the district, mission/vision and strategic plan	Refresh Board Composition Matrix with New Members	During this time Melissa Becker, Carrie Youngblood and Ingrid Vimont have been appointed or elected to the Board. This work will be ongoing for operations
Identify & Foster Strategic Relationships	<ul style="list-style-type: none">We have fostered and maintained strategic relationships with KVH, Kittitas County Public Health, The Open Door Health Clinic,	We initially expected to develop strategic relationships with Swedish for Specialty Services. Swedish was not able to provide those services and gave up their lease at FMC in	Additional Strategic Relationships to focus on: <ul style="list-style-type: none">SuncadiaCounty CommissionersSteer I-90Legislature

Strategy	Accomplishments	Outstanding Items	Comments
	Kittitas County Health Network, Local Fire Districts & Law Enforcement, Hospice Friends, and IAFF Local 4880.	2019. Many of us attended fundraising events with Life Support, but due to Covid-19, these activities were curtailed in 2020-2021	<ul style="list-style-type: none"> • KVH Foundation • Life Support • Developers of commercial or residential real estate
Ensure KCPHD#2 remains fiscally strong	<p>In addition to income from the EMS Levy, M&O Levy and Rental income, several initiatives assisted in keeping us fiscally strong.</p> <ul style="list-style-type: none"> • Geoff was able to successfully offer stipend shifts to encourage workers to pick up additional time • In order to reduce outmigration of services, we have staged a Medic One unit at Snoqualmie Pass, although this has been more difficult during staffing shortages with Covid • We received a grant for \$778K • We have partnered with KCHS for the "A" team 	Our initial strategy included a tactic to ensure the Board has a good understanding of the union contract. No activities occurred during 2017-2021, but we feel ready to enter into negotiations in September with Commissioner Youngblood on our Board and her extensive experience with Union negotiations	<p>Fire District 7 and Hospital District 2 have combined their local units of IAFF</p> <p>Scott Olander shared financial projections from EMS and Operation Levy and Rental Income over the next several years</p>
Ensure Access to Care	We successfully engaged an architect to survey our property and develop a master site plan. The plan includes an expansion of FMC, building Station 99 with space for 6 bays and 6 crews, a commercial building and an assisted living facility. Station 99		Scott Olander shared a proforma on what it would look like to staff a 24/7 urgent care. The Commissioners felt that it was not feasible to operate the urgent care 24/7 at this time. We will need to ensure we

Strategy	Accomplishments	Outstanding Items	Comments
	was built and the crew moved into the building in December 2021		have enough space for the RHC through 2030

Review of Projected Growth:

Several developments are being planned and/or under construction in the Cle Elum area:

- Cle Elum City Heights- projected to have 962 homes on 358 acres
- Suncadia- 148 new home sites on 368 acres (Phase 2 Division 7)
- 47 Degrees North- 673 Manufactured Homes and 661 RV sites on 1100 acres

This is a total of 1783 home sites and 661 RV sites.

2020 Census Data Review: Kittitas County is projected to grow 2.13% annually from 2015-2037, largely due to the area being a retirement destination, growth with CWU students and ease of access to King County. The Census data is for Kittitas County overall, while the projected growth with the planned subdivisions noted above are for Upper County. The median home price and median rental are well below what is actually being seen in the market.

City	2020 Census	% Increase last Census	% Annual Increase	Avg Income	Poverty Rate	Median Rental
Snoqualmie Pass	332	6.75%	0	\$106,981	2.41	x
Easton	361	-24.48	0	\$84,741	2.77	\$594
Cle Elum	2154	15.06	1.84%	\$59,467	18.44	\$979
South Cle Elum	547	2.82	-0.73	\$66,952	23.89	\$1,111
Roslyn	958	7.28	0	\$51,008	17.63	\$930
Ronald	103	-66.56	0	\$257,586	13.59	x
Total	4123					
Ellensburg	21,813	20.02	1.08	\$51,722	30.87	\$1,004
Kittitas County	49,666	21.17%	1.18%	\$40,445	18.02	

City	Median House Value	Rate Home Ownership	Median Age	% Over 65	Old Age Dependency Ratio	Child Dependency Ratio
Snoqualmie Pass	\$380,600	94.70%	48.1	13.2	15.2	14.5
Easton	\$290,000	79.60%	47.5	1.8	22.2	18.3
Cle Elum	\$212,500	51.50%	37.3	2	21.2	32.4
South Cle Elum	\$190,500	63%	36.5	21.8	28	32.4
Roslyn	\$302,900	70.80%	47.9	45	80.3	40.6

City	Median House Value	Rate Home Ownership	Median Age	% Over 65	Old Age Dependency Ratio	Child Dependency Ratio
Ronald	x	62.70%	26.0	13.5	15.7	0
Ellensburg	\$234,000	34.40%	23.5	11.5	13.1	17.8
Kittitas County		59.10%	33.8	19	23.5	25.7

Community Health Assessment & Community Health Improvement Plan (CHA/CHIP) Review: The most recent CHA/CHIP data focused on Kittitas County, without a breakout of Upper County. According to the CHA/CHIP, Children age 0-14 are the largest growing population segment and have increased by 23%. The last data suggested residents over age 65 were the largest population growth. The CHA/CHIP also noted 45.6% of Kittitas County live in unincorporated areas. Other key indicators include there were 6 deaths from drug overdose in the first 9 months of 2021, adult marijuana use is 22% and adult smoking is 13.3%; adults reported binge drinking 17.3% of the time and 19.1% self-reported excessive drinking. Youth tobacco use was reported at 8%, vaping at 26.6% and alcohol use at 20%. Twenty percent of 10th graders report having made a suicide plan. Kittitas County is below the WA State Rate for all causes of morbidity and mortality, other than suicide. More information is in the charts below:

Provider Type	Kittitas County Ratio	WA State Ratio
Primary Care	1710:1	1180:1
Mental Health	610:1	270:1
Dental Health	2280:1	1200:1

Age Adjusted Rate per 100,000 population 2015-2019		
Cause of Death	Kittitas County	WA State
Major Cardiovascular Event	174.13	182.39
Malignant Neoplasms	130.84	141.78
All other diseases	64.62	87.72
Accidents	42.93	43.65
Chronic Lower Respiratory Disease	33.78	33.49
Alzheimer's Disease	30.24	41.61
Intentional Self Harm (Suicide)	20.61	16.1
Diabetes Mellitus	14.88	20.32
Chronic Liver Disease & Cirrhosis	10.89	12.23
Other diseases of the Respiratory System	10.47	9.7

Adult Leading Causes of Hospitalizations age adjusted rate per 10,000 2016-2019		
Diagnosis Group	Kittitas County	WA State
Complications of pregnancy, childbirth and the puerperium	108.1	118.88
Certain conditions occurring in the perinatal period	106.78	125.92
Diseases of the Circulatory System	69.41	100.88

Adult Leading Causes of Hospitalizations age adjusted rate per 10,000 2016-2019		
Diagnosis Group	Kittitas County	WA State
Diseases of the Musculoskeletal System & Connective Tissue	51.51	48.29
Injury & Poisoning	49.29	59.44
Diseases of the Digestive System	44.71	58.08
Diseases of the Respiratory System	31.26	48.98
Neoplasms	26.42	29.51
Infectious & Parasitic Diseases	25.19	52.31
Mental Illness	22.72	50.82

This is the first time infectious and parasitic diseases has been a leading cause of death in Kittitas County

CHA-CHIP Specialty Services Requested by Residents	
2017 (Upper Kittitas County Specific)	2022 (All of Kittitas County)
Cardiology	Dermatology
Alternative Medicine	Orthopedics
Dermatology	Mental Health
Mental Health	Pediatric Specialists
Neurology	OB/GYN
Orthopedics	Endocrinologist
OB/GYN/Midwife	Cardiology

Upper County Services			
On Campus Services	Off Campus Services	Services Considered Not Provided	Services to Consider in Future
Medic One	Urgent Care	Urgent Care at Snoqualmie Pass	Urgent Care in Suncadia
Primary Care	Dental Van w/ Open Door	Retail Pharmacy at FMC	24/7 Urgent Care or Free Standing ED
Cardiology		Childcare Services	Pediatrics
Women's Health			Neurology
Dietary Counseling			Dermatology
Integrated Behavioral Health			Longterm Care or Assisted Living Partner
Substance Use Disorder Treatment			PT/OT/ST off-site
General Surgery			
Physical Therapy			
Open Door Free Clinic			

Expansion of New Services:

The Commissioners discussed what services should be considered and who should be the partner included the following:

Service	HD2 Provided	KVH Provided	Other Partner
Assisted Living			x
Alternative Medicine		x	
Mental Health		x	
Specialty Services		x	
Wellness Programs	X	x	

Impact of Pandemic:

The Commissioners reviewed some key metrics from the 2022 AHA Environmental Scan which discussed the impact of the Covid-19 pandemic on healthcare:

Statistic	% Increase
Total Hospital Expense	17%
Labor Expense	16%
Supply Expense	20%
Drug Expense	37%
Staff Turnover	18-30%
Use of Temporary Labor	132%
Travel RN Pay	200%
Isolation Gowns	2000%
N95 Masks	6000%

The overall labor cost increase in 2021 was up \$24 Billion.

The Top 3 EMS Issues Nationally:

- Paramedic Shortages- This is due to the pay scale, working conditions and schedule
- Reimbursement- Only reimbursed for transport to hospital. New pilot is the ET3 model- Emergency, triage, treat and transport. This model reimburses for treatment in the home and/or transport to an urgent care or provider clinic
- Supplies & pharmaceuticals- Rising costs and shortages

The Top Issues Facing Medic One:

- Staffing- costs, training, Covid
- Fire District 7 is not transporting Mental Health patients
- Hospital Capacity- Low bed capacity leads to long transport time to hospitals far away; if KVH doesn't have a specialty such as ortho to treat a fx femur, there is a long transport to a hospital out of county with capacity
- Competing labor pool with fire districts and private sectors

Medic One Volume:

It was noted that about 57% of calls result in transport. In 2019 there were an excessive number of calls from one resident for assistance. This resident was referred to the "A" team and Community Paramedicine. Calls for mental health transports have been steadily increasing.

Year	Call Volume	Transport Volume	Mental Health Transports
2014	1181	731	NA
2015	1035	740	NA
2016	1219	760	NA
2017	1357	754	10
2018	1355	806	16
2019	1600	786	39
2020	1494	767	46
2021	1538	831	49

SWOT (Strengths, Weaknesses, Opportunities and Threats):

The Commissioners brainstormed to identify strategically relevant internal strengths and weaknesses of Hospital District #2 that are imperative for the organization to maintain and grow or continue to develop and improve. Next they reflected on strategically relevant external opportunities to seize upon and threats facing the district to immediately mitigate to ensure the organization continues to succeed.

Strengths:

- Board experience and diversity
- Tax base & ability to levy
- Partnerships, especially KVH
- Reputation and Community trust are stable
- Talented crew providing quality outcomes
- Excellent service
- Community we live in is desirable, high quality of life, desirable location, lower call volume without as much violence/gangs
- Strong labor relations
- Strong cash flow
- We will be debt free in 12 years
- Impact dollars

Weaknesses:

- Cash Flow/Cash Reserves after building Station 99
- Payment model
- Lack of Full-Time Operations Manager
- Resident Homeowners vs Non-Resident Homeowners as it relates to registered voters
- External Factors such as the Washington Paid Family Leave Act

Opportunities:

- Levy lid lift
- AWPHD Board Education on Levies
- Attract workforce
- Become one hospital district with HD1
- Market & communicate who we are and what we do, branding Medic One as a service of HD 2, perhaps “Upper County Healthcare”
- Regional Fire Authority- consolidate training and services, streamline county onboarding
- Grantfunding- work more closely with the Foundation
- Ability to borrow
- Mitigation with large developers
- Regional Planning Authority
- Assign Commissioners to key committees in the community with talking points
- “hospital to home” concept

Threats:

- Labor relations- first negotiation with FD7 and HD2 staffed combined
- Nurse Staffing Legislation- could leave no place to transport, long delays and impact other professionals
- Rising Costs vs Revenue
- Rising Mental Health Transports
- Workforce Turnover
- Supply Chain issues
- Population Increase
- Regional Fire Authority
- State Legislature is Urban focused
- Contract expansion with KVFR and FD7 may require us to move our rigs

Strategic Priorities:

Utilizing information from the SWOT analysis and data review, the Commissioners developed the top strategic issues the Board of Commissioners and leadership team must address in the next 1-3 years. Listed below are the Strategic Priorities and some possible tactics to achieve the desired outcome.

Strategic Priority #1: Financial Sustainability-Maintain access to Capital and a strong balance sheet

- Explore a levy lid lift
- Pursue impact payments
- Develop ancillary revenue streams
- Pursue grants
- Legislative advocacy

Strategic Priority #2: Workforce-Recruit & retain a diverse high quality workforce to meet the needs of the community

- Implement a resident program for Paramedic students
- Invest in the well-being of staff as we prepare for growth
-
- Continue Board succession planning

Strategic Priority #3: Community Engagement-Develop a brand identity to engage the community in the services we support

- Develop a powerful name with a powerful message
- Participate in community outreach- CPR, survey community at Farmer's Market, Open House, Town Hall
- Foster and leverage partnerships with Suncadia, LifeSupport, etc.
- Focus 2022 on Marketing Medic One and consider hiring a consultant to develop brand identity in 2023

Strategic Priority #4: Access-Influence decisions related to growth in the community to ensure services are sustainable

- Conduct a feasibility study for bringing an assisted living facility to the community
- Be involved in community meetings to represent needs of the district
- Develop talking points on the impact of growth on our services
- Work with the community and developers to mitigate the impact of growth on our services

Next Steps:

Once the Strategic Plan is finalized, the leadership team will translate the Core Strategies into a 36 month Operational Plan with specific success measures, targets, and assigned accountabilities.

At the conclusion of the meeting, the Commissioners evaluated what worked well with this process and what could be improved upon for future strategic planning sessions.

What went well:

- Data review
- The flow of the day
- Providing food and coffee

Opportunities for Improvement:

- More time to develop strategic initiatives and tactics
- Include the voice of the staff/community
- More financial education up front

REGIONAL NEWS

KVFR, KCFD7 create and launch regionalization planning committee

by Jim Fossett

jim@nkctribune.com

KITTITAS COUNTY - On Tuesday, Jan. 25, Kittitas County Fire District 2 (Kittitas Valley Fire & Rescue) and Kittitas County Fire District-7 met in Cle Elum at Airport Road's Station 72 to discuss a regionalization effort between the two agencies.

For readers just joining the conversation – this isn't breaking news. It's not something that anyone would be surprised about, and it doesn't signal anything more than a continuation of a discussion that's been ongoing in various circles for years, fire officials said.

Before the meeting ended the two agencies created and chartered a committee to start what KVFR Chief **John Sinclair** characterized as the "long process of planning for regionalization" with all routes and options toward that goal on the table.

Sinclair went on to tell the story. "This planning committee is comprised of three members of the KVFR board (not the full board): **Ross Ogan, Neil O'Neil, and Neal Houser**, and District-7's full board of three commissioners: **Bill Dickinson, Bob Cernick, and Justin Zipperer**.

"We opened the meeting with a discussion about how KVFR came to be, starting with a citizens advisory com-

2019, the KVFR board met and agreed they would provide fire chief services to District-7 if District-7 was willing to consider some sort of regionalization effort.

"As it turned out, the KVFR and District-7 boards were on the same track and made the commitment to work together toward some sort of regionalization model.

"So, what we needed to do was get District-7 fiscally stable before we could entertain any kind of amalgamation.

"On that note, over the last few years we did get District-7 financially stable. Today they're in a very good position. They passed their levy lid lift back up to \$1 and we've been making strides within District-7.

"For instance, last year we hired a day captain. This year we're hiring a deputy chief, and we are also doing quite a bit of work upgrading District-7's capital fleets and facilities to make sure we can staff up a station on the east side of the district.

"I should say here that KVFR has already been through a lot of that as far as upgrading its capital fleet and facilities. We're already there."

"So, with that said, the Jan. 25 meeting was held to talk about our options for regionalization of the two districts

District-7. That's the path we are looking at right now."

Why not just go for it and place KVFR and District-7 under the umbrella of a Regional Fire Authority, and then over time invite other districts into the fold?

Sinclair explained that's not possible at this juncture.

"We can't do that right now because KVFR needs to be at a \$1.50 levy, and District-7 needs to be at less than \$1.50.

“That’s because we’ve got Upper County Medic One with its own taxing authority. They have a 25-cent EMS levy and this year they’re collecting about 16 cents. What we don’t want to do is have the citizens of District-7 paying both ways, meaning if District-7 and KVFR merged, and we set the rate at \$1.50 – citizens would be paying anywhere from \$1.66 to \$1.75 in parts of District-7, and that’s not deemed equitable. While we work on a merger, we must think about how the EMS system works and that means Upper County Medic One would have to be the one who leads that effort.

"For now, we're just talking about having the two largest fire districts in the county come together to increase effectiveness and efficiency."

Hopefully, Sinclair said, the planning committee would serve another purpose. "Maybe it will help to show other

firms. We'll get a Scope of Work prepared for the consultant we settle on and look to have that report done by June this year."

Sinclair also said that over the last three years KVFR has reached out to the other agencies within the Upper County to see if they were in-

terested in joining internationalization process

"Each for their reasons declined. Moving forward, both boards of commissioners want to open door to any of the fire agencies and Uptas County Medic Or event they wish to join.

Love letters to Roslyn due Satur

ROSLYN - The Roslyn Downtown Association is asking for submissions for their annual "*Why I Love Roslyn*" contest. Enter to win a gift basket - it's easy!

Compose your love letter to Roslyn; don't forget to include your name and contact information on it.

Then, there are two ways

to submit your entry by the deadline on Saturday, 12. Drop off your letter in the downtown Roslyn building with the *Love Letters* flyer in the window or to the RDA at PO Box 1234, Roslyn, WA 98941.

The winning love
will be shared and pr
all to enjoy!

Cle Elum Eagles #649
Sweetheart Ball
Saturday, Feb.

Prime Rib • 5:00-7:00 p.m.
We're Pre-Selling Dinner Tickets!

★ Get them now! This event always sells out.
Tickets \$18 for Adults • Age 12 & Under \$5
Get Your Tickets: Stop in the club or call 509-674-2311

Dancing at 9:00 p.m.

REGIONAL NEWS

More new homes proposed for Suncadia

by Jim Fossett

jim@nkctribune.com

UPPER COUNTY - Steven La-throp, the authorized agent for land-owner New Suncadia, LLC, has ap-

amenity, open space, and service tracts on approximately 368.7 acres of land zoned Master Planned Resort.

The proposed lots range in size from 14,200 to 62,000 square feet. In conjunction with this preliminary plat application, a site development plan was submitted to the county for Sun-cadia Phase 2 Division 7.

The submitted application and related documents and maps may be examined by the public with a visit to co.kittitas.wa.us/cds/land-use. On that page click on **LONG PLATS**, and then scroll down to **LP-22-00001 Suncadia Phase 2 Div 7**. Have questions? Call 509-962-7506.

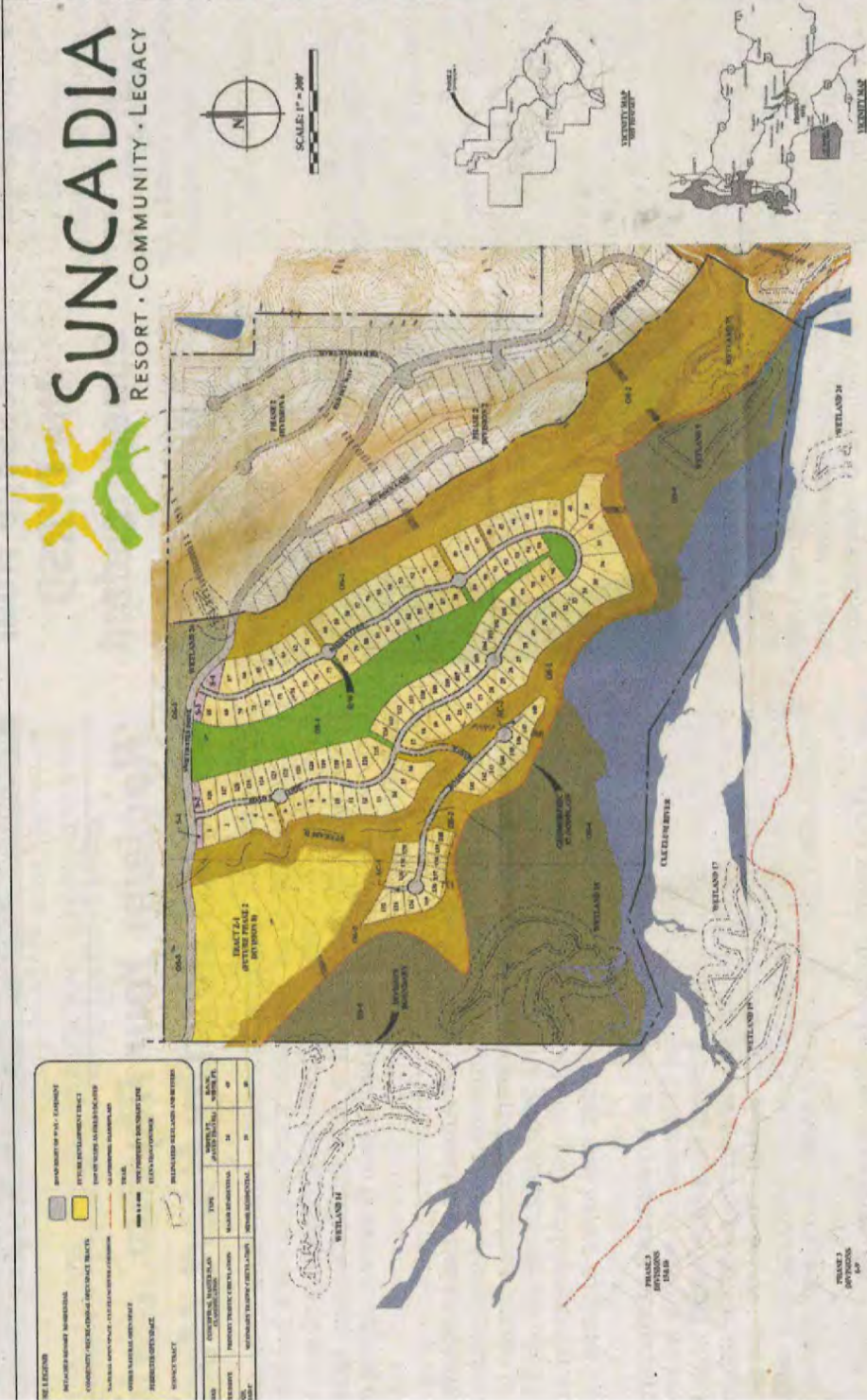
Written Comments on this proposal can be e-mailed to kelly.bacon.cd@co.kittitas.wa.us any time prior to 5pm on Monday, Feb. 28.

Any person has the right to comment on the application and request a copy of the decision once made.

An open record hearing will be scheduled before the Kittitas County Board of County Commissioners on April 19 at 2pm in the Commissioner's Auditorium, 205 West 5th, Room 109, in Ellensburg.

This hearing is open to all members of the public. Testimony will be taken, and written comments may be submitted. Interested parties are encouraged to confirm the hearing prior to the scheduled date.

The CDS staff planner on this project is **Kelly Bacon**, phone 509-962-7539.



Site Development Plan Phase 2 Division 7

January 24, 2022

January 2022



MEDIC ONE
UPPER KITTITAS COUNTY

A service of Kittitas
County Hospital
District 2



Calls for assistance
175


Patients transported
82

responder team is
qualified to:
medications
to assist with
ing
12-lead EKG
oring to ID heart
s and transmit
nation to the
tal before arrival

ion but will do
nday social me-
on Facebook or
other

IN AND FOR KITTITAS COUNTY
Wayne L. Nielsen and Dawna K. Nielsen,
husband and wife, Plaintiffs,

The personal representative herein below this court ap-
pointed as personal representative of this estate. Any person hav-
ing claims against the decedent must, before the time the claim



**"COVID has pushed
my mind and body
harder than anything
I have ever been
through."**

Tony
COVID-19 survivor,
Patient at KVH
& Harborview

Long-time Cle Elum resident
Tony Nelson talks about his
near-death experience and now
daily struggle with COVID-19.

kvhealthcare.org/2022/01/tony-nelson-covid-19/

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