2026 County Hospital Tax Operating Spending Plan

Harborview Medical Center

HARBORVIEW MEDICAL CENTER

UW Medicine King County

A Message from the Harborview Board of Trustees

Harborview Medical Center and the Board of Trustees are thankful for the King County Council's support and commitment to the mission of Harborview. Owned by King County and operated by UW Medicine, Harborview provides expert, compassionate care for the most vulnerable residents of King County while also serving as the provider of choice and leader in trauma and quaternary care.

As the region's sole Level 1 adult and pediatric trauma and burn center and as an academic medical center, Harborview offers advanced specialty care and cutting-edge treatment. When a community member experiences a life-threatening or altering injury or illness, we are ready to care for them.

> Harborview's care teams turn life-threatening situations into hope and healing for countless people across our region.

As the leading safety net hospital for King County's most vulnerable patients, Harborview provides responsive, expert care to all patients regardless of ability to pay. We provide accessible, compassionate and culturally sensitive care to individuals experiencing homelessness, mental illness, substance abuse and the chronic diseases that can accompany these conditions. Our care extends beyond the walls of our facilities with clinical teams providing services in shelters, supported housing, and mobile vans on the streets.

As enshrined in our mission (see appendix for full statement), patients given priority for care include:

- Non-English speaking poor
- Uninsured or underinsured
- Victims of domestic violence or sexual assault
- People incarcerated in King County's jails
- People with mental illness or substance abuse problems, particularly those treated involuntarily
- People with sexually transmitted diseases and
- Those who require specialized emergency, trauma or burn care

Many of the services Harborview provides operate at a loss due to the nature of the services or the intensity of resources needed to care for our specialized populations. The County Hospital Tax passed in 2024 is a key source of funding for Harborview, especially in today's challenging healthcare financial environment.

As Trustees, we are deeply grateful for this support, which reflects the strong partnership among King County, UW Medicine, and the Harborview Board of Trustees.

In this report we intend to illustrate the transformational impact of the County Hospital Tax. We will provide a summary of the impact of prior year operating funds, propose a spending plan for 2026 County Hospital Tax operating dollars and share information about the proposed programs and services and their impact on patients.

In addition, we share information on Harborview's work to achieve the labor standards goals set out in the Hospital Services Agreement between King County and the University of Washington.

On June 18th, 2026, the Harborview Board of Trustees approved a motion to approve this 2026 County Hospital Tax Operating Spending Plan. We look forward to engaging further with the Council about this proposal and welcome any questions. Thank you for your continued support of Harborview.

Dorothy Teeter
President
Harborview Board of Trustees

Sommer Kleweno Walley
Chief Executive Officer
Harborview Medical Center

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Executive Summary

Harborview Medical Center, owned by King County and operated by UW Medicine, serves as the region's safety-net hospital and the only Level I adult and pediatric trauma and burn center in Washington State. Harborview provides highly specialized medical care while fulfilling a public mission to serve vulnerable populations regardless of their ability to pay.

These populations include people experiencing homelessness, people with mental illness or substance use disorders, survivors of violence, patients who are uninsured or underinsured, and people incarcerated in King County jails. Because many of these populations contain a high proportion of Medicaid or charity care patients, they typically operate at a financial loss. The County Hospital Tax approved in 2024 provides operating funding that helps Harborview to support critical programs like these.

In 2025, $46 million in County Hospital Tax revenue supported Harborview's Primary Care Clinics and Inpatient Behavioral Health Services. These funds support more than 260 staff across these programs, which provide care to thousands of patients with complex medical and social needs.

Harborview's primary care system includes nine clinics that provide comprehensive, team-based care to approximately 17,000–19,000 patients annually. In addition to clinic-based services, Harborview care teams provide outreach in shelters, supportive housing, and mobile community settings. Harborview's inpatient behavioral health services provide critical care for patients with the most intensive psychiatric needs in the county's behavioral health system. County Hospital Tax funding helps offset structural financial losses in these programs and ensures continued access to care for vulnerable residents.

Harborview's ability to deliver high-quality care depends on a strong and supported workforce. Harborview maintains close partnerships with three labor partners: SEIU 1199NW, SEIU 925, and WFSE, representing thousands of hospital employees. In 2025, Harborview and SEIU 1199NW ratified a new collective-bargaining agreement using a collaborative interest-based bargaining approach.

Employee engagement also improved significantly in the 2025 workforce survey, with Harborview's engagement score rising to the 66th percentile among hospitals nationwide. Harborview continues to invest in workforce development, professional education, and employee well-being programs to support staff retention and high-quality patient care.

In the 2026–2027 budget, the King County Council allocated $48 million in County Hospital Tax funding to support Harborview operations in 2026. Harborview proposes using these funds to support programs that are essential to its public mission but that incur significant financial losses due to payer mix and service complexity.

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[1] Please note that Harborview operates on a fiscal year that runs from July 1 to June 30th while King County operates on a fiscal year aligned with the calendar year (January 1 to December 31).

[2] The FY26 operating spending plan funds described in this report will impact Harborview fiscal year 2027 (July 1, 2026 – December 31, 2026).

The proposed spending plan includes $35.7 million to offset losses in Primary Care and mission-focused clinics, including Harborview's Adult Medicine, Family Medicine, Pediatrics, Senior Care, International Medicine, Madison Clinic, and the Downtown Programs serving individuals experiencing homelessness. This funding will also support specialized programs such as the Harborview Abuse and Trauma Center, Palliative Care services, Occupational Medicine, Maternity Support Case Management, and Post-Acute Care coordination.

An additional $9.9 million would support Harborview's inpatient and outpatient rehabilitation programs. As a Level I trauma center, Harborview must provide a full continuum of trauma care, including rehabilitation services for patients recovering from traumatic brain injuries, spinal cord injuries, stroke, and other severe conditions. Because many rehabilitation patients at Harborview rely on Medicaid coverage, these services generate substantial financial losses despite their critical role in patient recovery.

Finally, approximately $4 million would support the cost of providing care for individuals incarcerated in King County jails. Harborview cares for these patients when their medical needs exceed the services available within the jail. These patients are seen in all areas of the organization, including in the emergency department, operating rooms, and ambulatory clinics.

County Hospital Tax funding plays a vital role in sustaining Harborview's mission and supporting access to essential healthcare services for the region's most vulnerable residents. Through strong partnerships with King County, UW Medicine and its workforce, Harborview remains committed to delivering high-quality, compassionate care while maintaining critical programs that support the health and well-being of the community.

2025 Operating Plan Expenditures

Summary of 2025 Operating Spending Plan

In 2025, $46 million in County Hospital Tax funds were designated to support medical center operations, specifically the Harborview Primary Care Clinics and Inpatient Behavioral Health Services. These funds are supporting 133 Full Time Equivalents (FTEs) across 9 different primary care clinics and 132 FTEs for Inpatient Behavioral Health.

At Harborview, our primary care practices are uniquely equipped to deliver care to the most medically and socially complex patients, many of whom would face challenges receiving primary care through other traditional healthcare organizations. Harborview's inpatient Behavioral Health services are a critical component of the County's behavioral health system with ability to serve patients with the most intensive needs.

Despite the importance of these services, primary care and behavioral health programs incur significant losses, which the County Hospital Tax operating revenue has helped to mitigate.

NUMBERS SNAPSHOT

$46 million
in County Hospital Tax funds supported:

133 FTEs
across **9** primary care clinics

132 FTEs
for Inpatient Behavioral Health

Program	Planned Spending	Annualized Spending Projection	FYTD Actual Through March	Description of Activity
Primary Care Clinics	$23,439,001	$23,749,947	$18,109,335	Salary and benefits budgeted in FY26 to support the Harborview Medical Center primary care clinics, which includes 9 different clinics. There are 133 full time equivalents (FTEs) budgeted for these clinics, including 26.1 physician FTEs.
Inpatient Behavioral Health Services	$22,560,999	$29,364,920	$22,390,752	Salary and benefits budgeted in FY26 to support the Harborview Medical Center behavioral health inpatient units. There are 132 full time equivalents (FTEs) budgeted for these units, including 4.6 physician FTEs.
Total	**$46,000,000**	**$53,114,867**	**$40,500,087**	
This spending plan is backed by $46 million of County Hospital Tax Revenue				

Your tax dollars in action:

$46 million

in operating support provided by the County Hospital Tax in 2025.

265 FTEs

supported in primary care, off-campus clinics, behavioral health and psychiatry.

89,027

primary care clinics visits provided in FY25, a **4% increase** over the prior year.

2,523

visits provided by offsite clinical teams embedded within shelters in FY25.

3,715

visits provided by offsite clinical teams embedded within local supportive housing units (DESC & Plymouth) in FY25.

Spotlight: Pioneer Square Clinic Team

On August 1, 2025, Harborview Medical Center's **Pioneer Square Clinic celebrated 50 years** of providing low-barrier, trauma-informed, evidence-based care to some of Seattle's most vulnerable residents. Since its inception, the Clinic has offered walk-in and ongoing primary care to individuals living in shelters, on the streets and in permanent, supportive housing.

Harborview's "**Downtown Programs**" (as they have come to be called) encompass three comprehensive primary care locations: Pioneer Square Clinic, Hobson Place Clinic in North Beacon Hill and the Third Ave Clinic in Belltown. Clinic services include: an onsite pharmacy, nutrition, podiatry services, psychiatry, behavioral health, social work, office-based opioid treatment, and financial counseling on insurance or charity care coverage.

Downtown Programs Clinic Services

- Pharmacy
- Nutrition
- Podiatry
- Psychiatry
- Behavioral Health
- Social Work
- Opioid Treatment
- Financial Counseling

The Downtown Programs also include **15 community-based sites** and **5 mobile teams** where they provide onsite care. These teams provide excellent medical care but also treat the whole person with dignity and compassion. For example, each winter the clinic organizes a clothing donation drive and clothes are provided to patients in need.

Patient Spotlight

as told by the patient's primary doctor

I first met Vlad (name changed) six years ago, when I was a preceptor for the Student Evening Clinic at Adult Medicine Clinic at Harborview. That clinic is staffed by medical students who provide care to highly vulnerable patients who would otherwise not be able to attend daytime clinic visits, often due to work obligations. Over that year, we got to know Vlad. He used to be a teacher in Russia, before moving to America with his wife. He had a child here and then his alcohol use got out of control.

Vlad's wife divorced him, he lost his housing and was living in a tent by the freeway. He worked in construction but was barely able to do the manual labor due to worsening fatigue and shortness of breath. After an ER visit, he was diagnosed with congestive heart failure. He was started on medications to treat heart failure and alcohol use but had trouble taking them given housing and income instability.

The next year, I started working at a hotel shelter as part of the Harborview Field Based teams, and Vlad was referred to the shelter. There, we were able to have his medications delivered to the hotel shelter in convenient bubble packs and his medication adherence improved significantly, as did his symptoms of heart failure. His alcohol use also gradually stabilized.

Vlad started pursuing drawing and painting, which were always hobbies for him but he was unable to do when living in a tent. While at the hotel shelter, Vlad was visited by Harborview's Community Heart Failure Program, where a cardiologist and nurse met with him in his room, checking on his medication adherence and how his heart health was progressing.

Vlad was able to stay in the hotel shelter for over a year until he received permanent supportive housing. After getting housed, he continued with me as his primary care doctor at Adult Medicine Clinic, where we follow up together on a regular basis. Vlad recently came to see me for a follow up appointment. He was taking his heart failure medications every day and feeling well. He wasn't drinking alcohol. He wanted a flu shot. I asked him about his art and he showed me on his phone pictures of a project he was working on with a local artists' cooperative where they are creating pieces for a fundraising event.

His face had a big proud smile when he said "It's great what we're doing, I'm doing great."

Workforce Partnership and Employee Well-being

The Hospital Services Agreement (HSA) is an agreement between the King County and the University of Washington wherein UW Medicine provides management services and operates Harborview Medical Center the hospital on behalf of King County. The agreement delineates the roles and responsibilities of each party within the partnership and was last amended in 2025.

The HSA articulates Harborview's commitment to partnership with employees and continuous improvement of the employee experience. When staff feel respected, supported, and valued, they are best able to provide exceptional care to patients. That is why we view our partnership with labor as essential to fulfilling our public mission.

Advancing Workforce Partnerships

Harborview works closely with three labor partners — **SEIU 1199NW**, **SEIU 925**, and **WFSE** — who represent employees at Harborview Medical Center.

SEIU 1199NW represents

3,000 employees*

the majority of whom are registered nurses

SEIU 925 represents

480 employees*

at Harborview (**1,600+** across UW Medicine) in administrative, healthcare technician, and healthcare technologist roles

WFSE represents:

1,630 employees*

at Harborview (**1,760** across UW Medicine) working in **204** different classifications, the largest populations being custodians, food-service employees, hospital assistants, and medical assistants

*Numbers are approximate

Employee Satisfaction

Harborview 2025 Workforce Survey Results

Harborview Medical Center continues to prioritize listening to and acting on employee feedback. In 2025, 73% of staff and nearly 300 physicians and advanced practice providers participated in the PressGaney Workforce Survey. Results show meaningful improvement compared to 2024, including higher engagement and gains in areas such as safety, well-being, and staffing.

Harborview's engagement scores moved from the 56th to the 66th percentile, which means Harborview staff are reporting higher levels of engagement than employees at roughly two-thirds of hospitals nationwide.

2025 PressGaney Workforce Survey Participation and Engagement

73% staff participation

300 physicians and advanced practice providers participated

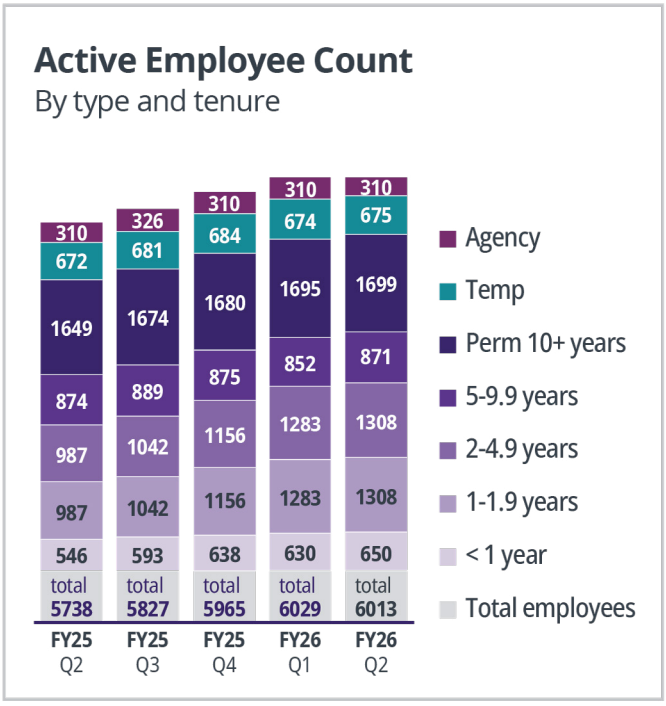
66th percentile in engagement scores, an increase of **10%** from 2024

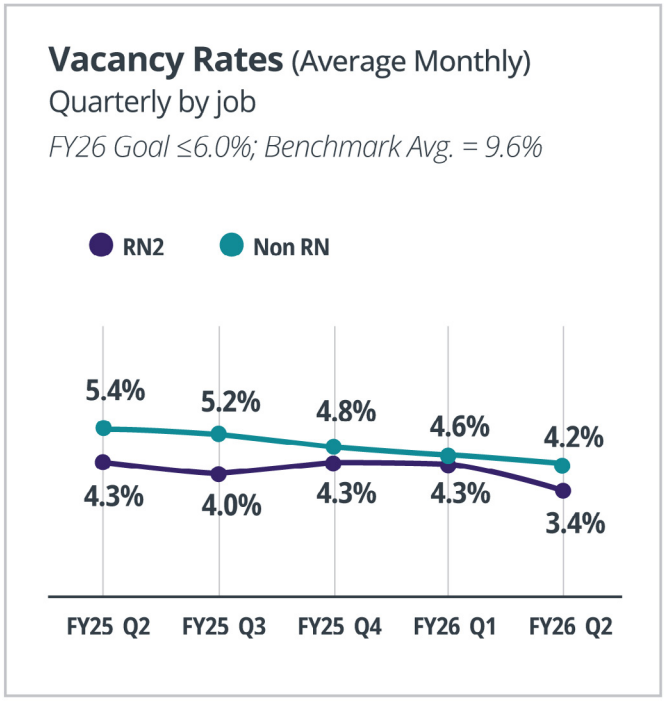
Employee Dashboard Data

Each quarter, the Harborview Board of Trustees reviews a dashboard that tracks indicators of staff satisfaction and workforce adequacy. The dashboard includes data on turnover rates, active employee count, and vacancy rates.

Compared to other hospitals, Harborview has a significantly lower rate of turnover. As of Quarter 2 Fiscal Year 2026, Harborview's all-staff voluntary turnover rate was 7.2%. Vacancy rates have also trended down over the last fiscal year, with a rate of 4.2% for non-RN roles and a vacancy rate of 3.4% for RN roles.

This demonstrates that Harborview has stable employment. When a position does become available, people desire to come work at Harborview and the position is able to be filled efficiently. As of Quarter 2, Harborview has a total active employee count of 6,013 employees.

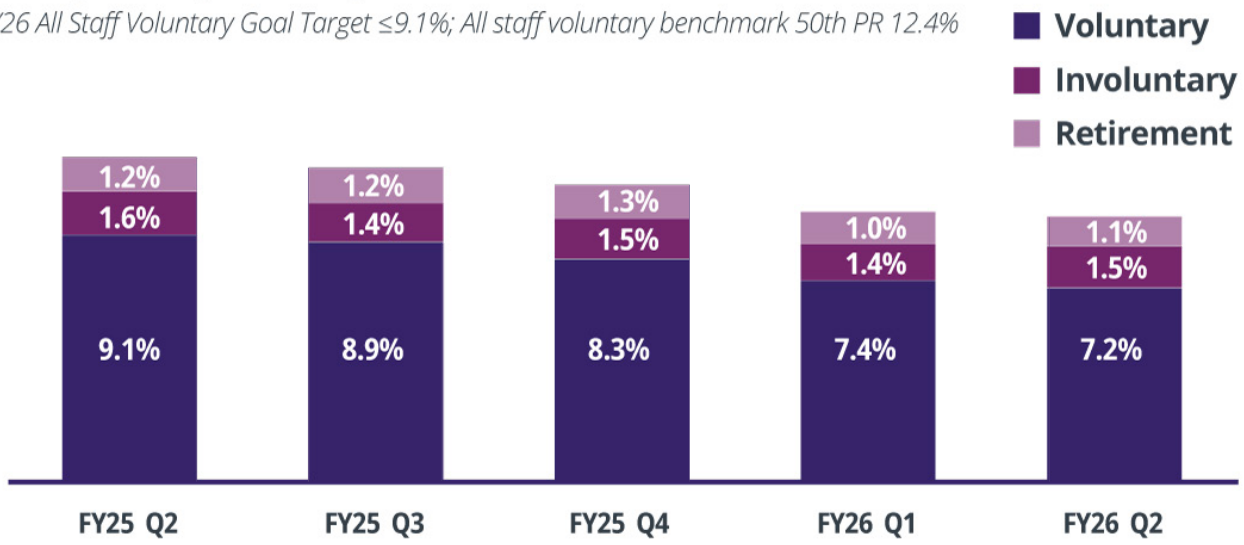




Turnover Rates—All Permanent Staff (Rolling 12-month rates)

Quarterly Voluntary, Involuntary and Retirements

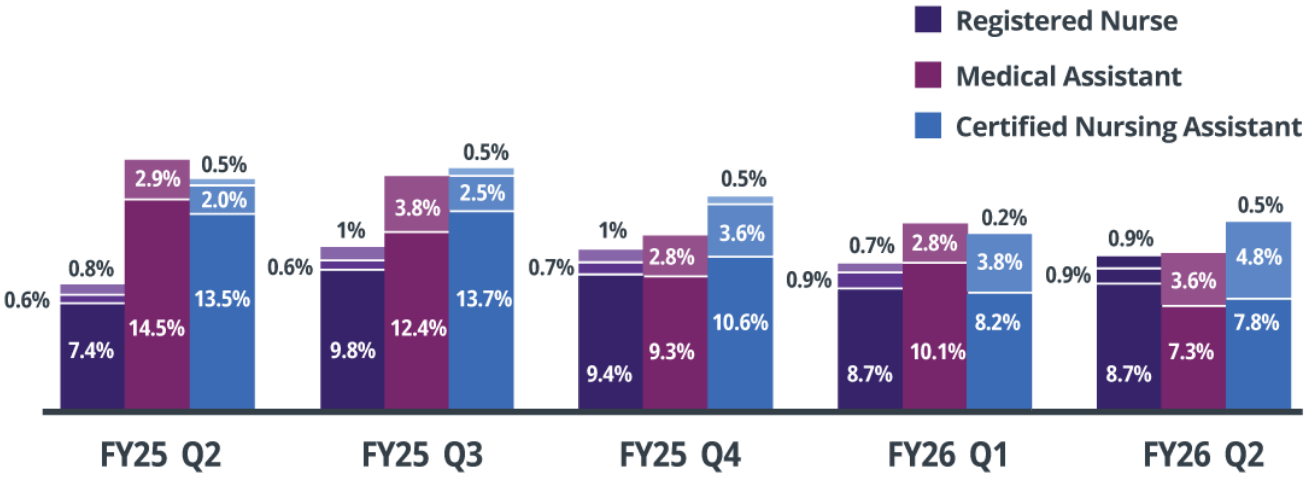
FY26 All Staff Voluntary Goal Target ≤9.1%; All staff voluntary benchmark 50th PR 12.4%



Turnover by Job Category (Rolling 12-month rates)

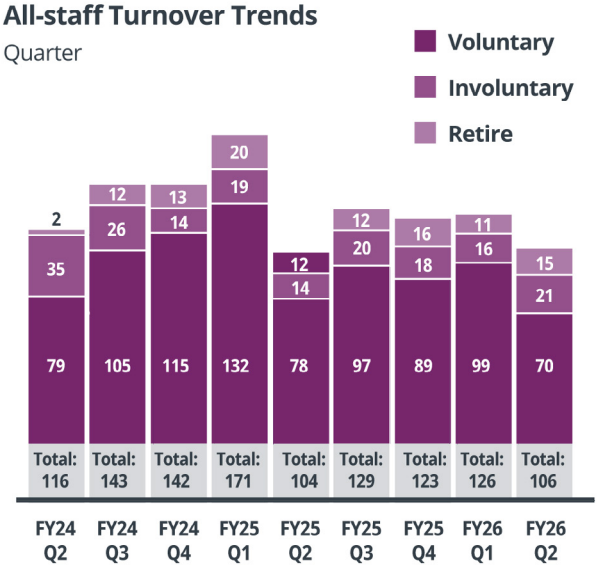
Quarterly Voluntary, Involuntary and Retirements

FY26 RN voluntary goal target ≤ 8.9%; RN voluntary benchmark 50th PR = 10.6%



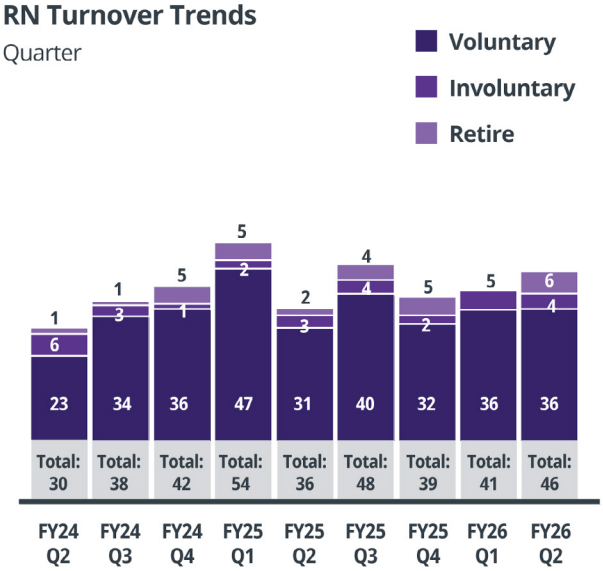
All-staff Turnover Trends

Quarter



RN Turnover Trends

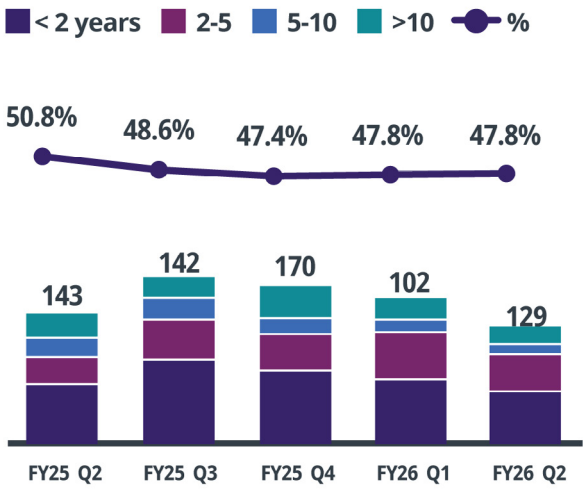
Quarter



Turnover by Tenure (Rolling 12-month rates)

Quarterly by Tenure Category

FY26 goal target ≤ 43.0% with tenure < 2 years



Employee Well-Being

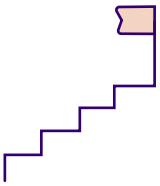
All UW employees have access to programs offered by The Whole U program. The Whole U supports the well-being, growth and connection of faculty and staff across every campus and medical center. Programs and events are designed within seven key pillars: 1) **Be Active,** 2) **Eat Well,** 3) **Engaging Interests,** 4) **Staying Healthy,** 5) **Financially Fit,** 6) **Life Events & Changes,** and 7) **Volunteerism.**

Harborview employee participation highlights in 2025 and quotes about the Whole U program:

1,810
employees participated in Wellness Fairs.

It was so much fun, and I was connected to other employees. Everyone looks so happy." (*at the Zumba class*)

499
employees participated in Wellness Challenges.



I loved the instructor and the outdoor Zumba event. I would love to see this held more often in the summer! It was a fun workout class."

52
employees attended the TIAA financial seminars at Harborview.

The TIAA presentations I've gone to have been consistently EXCELLENT. Welcoming, engaging, energizing, and definitely very informative and helpful. I recommend these to anyone I can."

"I learned a variety of ways as to how to approach budgeting that I may not have been aware of in the past. I was also surprised at how many others were experiencing similar financial hardships."
(*on the Manage Your Money Seminar with BECU*)

53
employees attended Tai Chi classes at Harborview.

Continuing Education for Employees

Harborview Medical Center remains committed to investing in workforce development as a key strategy to support staff retention, clinical excellence, and high-quality patient care. Continuing education opportunities are designed to strengthen clinical skills, support career progression, and promote a resilient and highly skilled workforce.

Career Development Hub

Harborview supports employee growth through UW Medicine's Career Development Hub, which provides easy access to development resources, tools, and career guidance. The Hub helps employees explore career paths, build skills, and take an active role in their professional development, reinforcing a culture of growth and opportunity.

Professional Development & Nursing Education

In 2025, a total of 192 Professional Development & Nursing Education (PDNE) classes were offered to support ongoing professional development across the organization.

These classes include a range of educational offerings such as clinical skill development, onboarding and orientation support, leadership training, and specialty education aligned with patient care needs.

A total of 2,981 staff participated in PDNE classes in 2025, reflecting strong engagement in internal learning opportunities and a continued commitment to professional growth.

Continuing Education Utilization

Staff continue to actively utilize contractual continuing education (CE) funds and educational leave to support external learning opportunities. In Fiscal Year 2025, there were 1,705 CE funding requests submitted by 956 employees, totaling $570,398 in educational investment. These funds support a variety of professional development activities, including conferences, certifications, and continuing education courses.

NUMBERS SNAPSHOT

192 PDNE classes were offered

2,981 staff participated in PDNE classes

$570,398 in educational investment through **1,705** CE funding requests by **956** employee

Scholarships & Career Advancement

In FY2025, 48 staff members were awarded scholarships to support academic and professional advancement. These scholarship programs support both degree advancement and broader professional development, helping to build a more highly educated nursing workforce and create pathways for career mobility within the organization.

New Leader Pathway

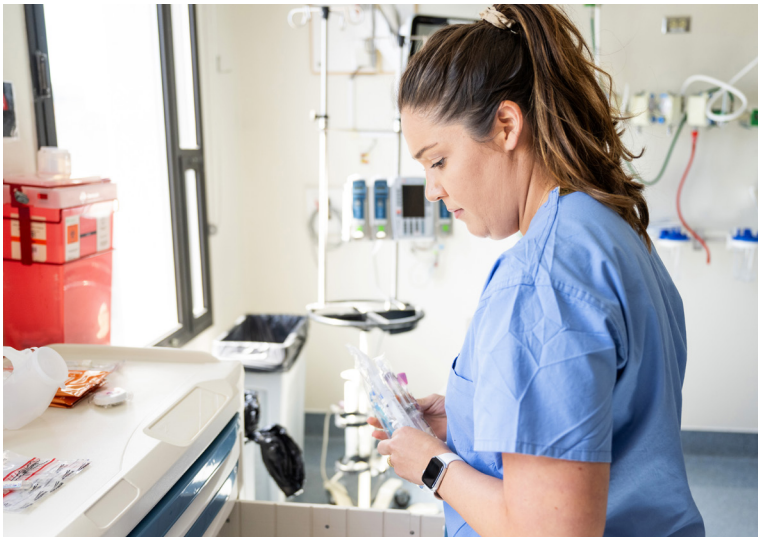
Harborview is strengthening support for new managers through the New Leader Pathway, with 14 managers completing the program in its first year.

This three-month program helps leaders build essential skills and confidence early in their roles, better equipping them to support their teams and create a positive work environment.

NUMBERS SNAPSHOT

48 staff members were awarded scholarships in FY2025

14 managers completed the New Leader Pathway program



Ensuring Effective Staffing

Harborview is proud to maintain a very active staffing committee that meets monthly, has equal representation from labor and management, and provides hospital-wide oversight. The committee determines staffing plans, which are required to be approved by 51% majority to ensure broad support.

Recent CBA Negotiations with SEIU 1199NW

For the most recent round of bargaining with SEIU 1199NW, the parties utilized interest-based bargaining. IBB (Interest-based bargaining) is a collaborative approach to collective bargaining in which all parties work together to identify underlying interests and needs rather than staking out rigid positions, with the goal of reaching mutually beneficial outcomes.

Unlike traditional adversarial negotiation, IBB equips bargaining teams with shared tools, techniques, and communication strategies — often through joint training — to foster transparency and cooperation throughout the negotiation process.

The process is flexible and can be tailored to the specific needs of the parties involved, sometimes including a neutral facilitator to guide early sessions and help establish ground rules. In collaboration with our labor partners and via the IBB process, the most recent Collective Bargaining Agreement (CBA) was ratified on November 26, 2025, with a 94% vote.
This contract continues through June 30, 2027, as, per RCW 41.80, the contract period cannot extend beyond the current biennium budget cycle (July 2025 to June 2027).

Future WFSE and SEIU 925 Contract Negotiations

The current SEIU 925 and WFSE collective bargaining agreements expire on June 30, 2027. The parties are set to begin bargaining in June 2026 for a CBA that runs from July 1, 2027 to June 30, 2029.

RCW 41.80 requires that the parties complete bargaining and submit a ratified agreement to the Washington State Office of Financial Management by October 1, 2026 for a determination of financial feasibility.

Proposed 2026 Spending Plan

FY26 Request Summary

In the 2026 – 2027 Biennium, the County Council allocated $48 Million in funds to support the operations of the hospital. Harborview proposes that these funds be utilized to support the operations of programs that are known to incur a loss but which are important services to populations identified in our mission statement.

Specifically Harborview proposes that these funds be used to support the following programs in 2026:

- Inpatient Rehabilitation and Rehabilitation Clinic Losses ($9.9 million)
- Care for King County Jail Inmates ($4 million)
- Primary Care, Downtown Programs, and select other clinic losses ($35.7 million)

These programs represent a total loss of $49.6 million.

The programs proposed for the operating plan will directly support the mission Harborview serves. These programs serve patient populations that are disproportionately covered by Medicaid and charity care, which supports Harborview's mission to serve persons who are uninsured or underinsured. At a time when other healthcare organizations in the region are limiting access for uninsured or underinsured patients due to federal funding changes, Harborview is committed to continuing access for patients in need.

For the 2026 Operating Funds allocated by the County, Harborview proposes that these funds be used to offset clinic losses in Primary Care, the Downtown Programs, Harborview Abuse & Trauma Center, and select other clinics that focus on serving populations outlined in the organization's mission statement. These include Palliative Care, Maternity Support Case Management, Occupational Medicine, and Post-Acute Care. The identified clinics result in losses of $35.7 million annually.

NUMBERS SNAPSHOT

$48 million allocated by the County Council to support hospital operations.

Proposed use of funds to support:

$9.9 million
Inpatient Rehabilitation and Rehabilitation Clinic losses

$4 million
Care for King County Jail inmates

$35.7 million
Primary Care, Downtown Programs and select other clinic losses

Primary care clinics

Harborview's primary care clinics include:

- Adult Medicine
- Family Medicine
- Pediatrics
- Senior Care
- International Medicine
- Pioneer Square (including PSQ, 3rd Ave and Hobson clinics) and
- Madison Clinics

Historically, Harborview empaneled patients range from 17,000 to 19,000 patients

Harborview's primary care clinics are designed to serve the most medically and socially complex patients and include more extensive wraparound services that are not provided in typical primary care provided in the community. These clinics focus on serving our mission populations including:

- Persons who are non-English speaking poor, who are served by all clinics, especially the International Medicine Clinic;
- Persons who are uninsured or underinsured; who are served by all clinics
- Persons with mental illness, who are served by all clinics; especially Pioneer Square clinics
- Persons with substance abuse, who are served by all clinics; especially Pioneer Square clinics
- Persons with sexually transmitted disease, who are served by all clinics; especially Madison clinics

Losses associated with Primary Care are expected to grow due to federal funding reductions.

Downtown Programs

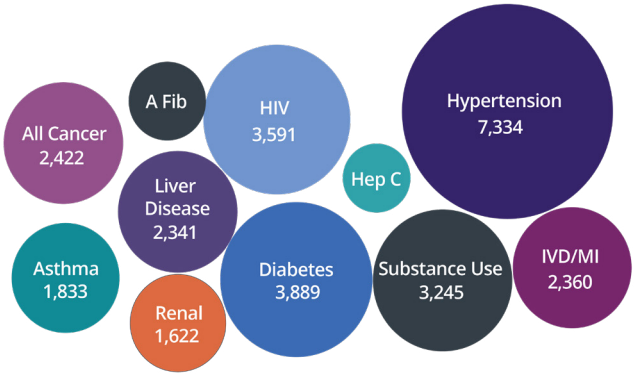
Within our Downtown Programs and in addition to the Pioneer Square Clinics, Harborview maintains field-based teams that who provide clinical services at shelter locations, housing sites and on the streets.

Our teams serve a diverse patient population, as illustrated in the demographics data provided below. The FTE associated with each clinic and the roles within each clinic are also provided below.

Primary Care and Downtown Program Patient Demographics

Coverage		
Sponsored	4,657	26.8%
Medicaid	5,098	29.4%
Medicare	5,164	29.8%
Uninsured	1,634	9.4%
Other	705	4.1%
Unknown	94	0.5%

Diagnoses



Language Breakdown		
All Other	5%	863
Amharic	3.7%	639
Arabic	0.4%	76
Cambodian/Khmer	0.9%	151
Cantonese	0.8%	132
English	68.8%	11,932
Mandarin	0.5%	95
Oromo	0.6%	107
Russian	0.3%	60
Somali	3.1%	536
Spanish	11.3%	1,965
Tigrinya	2%	339
Unavailable/Unknown	0.1%	14
Vietnamese	2.6%	443

Within our primary care patient population, 32% of patients identify as white, 29% of patients identify as Black or African American, 18% of patients identify as Hispanic, 13% of patients identify as Asian and the remaining 8% of patients identify as other or multiple races.

Within this population, approximately 58% of patients identify as male. 42% identify as female, and less than 1% identify as another gender.

Most patients fall between the ages of 18 and 84 — 23% are between the ages of 18–39, 46% are between the ages of 40–64, and 26% are between the ages of 65–84. Approximately 1% of patients are under age 18, and 3% are age 85+.

Primary Care FTE and Roles by Clinic

Clinic	FTEs	Roles
CC102287 HMC | Adult Medicine Clinic	24.6 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist
CC102288 HMC | Family Medicine Clinic	19.5 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist, Other
CC102291 HMC | Pediatric Clinic	14.6 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist, Other
CC102350 HMC | International Medicine Clinic	13.5 FTE	Management and Professional, Physician, Registered Nurse, Technical Specialist, Other
CC102352 HMC | Madison Clinic	23.6 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist, Other
CC102353 HMC | Madison Clinic Psych	1.0 FTE	Physician, Other
CC102357 HMC | Madison Satellite Clinic	2.5 FTE	Management and Professional, Physician, Registered Nurse, Technical Specialist, Other
CC102341 HMC | Senior Care Clinic	5.1 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist, Other
CC102292 HMC | PSQ Field-Based Primary	6.0 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist
CC102303 HMC | Hobson Place Clinic	13.7 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist
CC102360 HMC | PSQ Robert Clewis Center	1.3 FTE	Management and Professional, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist
CC102361 HMC | PSQ 3rd Avenue Clinic	4.1 FTE	Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist, Other
CC102363 HMC | PSQ Neighborhood Clinic	14.7 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist, Other

Harborview Abuse and Trauma Center

The Harborview Abuse and Trauma Center's (HATC) mission is to prevent and treat the harmful effects of traumatic experiences on survivors, families, and communities. The mission populations served by HATC include persons who experience domestic violence and persons who experience sexual assault. This program serves primarily adults but 22% of patients are under 18 years of age. HATC provides effective support and care that is also individualized, culturally inclusive, and compassionate.

HATC serves the larger community through leadership, prevention, education, and advocacy. Our programs include:

- Trauma counseling services
- Gun violence prevention counseling
- The Foster Care Assessment Program
- Sexual Assault Nurse (SANE) training
- Educational services for the community
- Training and consultation on trauma-informed care to behavioral healthcare organizations and professionals

HATC is supported by multiple grants and public sources of funding, but not all expenses are fully covered.

HATC FY25 NUMBERS SNAPSHOT

1,703 patients served in clinic

647 patients served in hospitals following sexual assault and/or non-fatal domestic violence strangulation

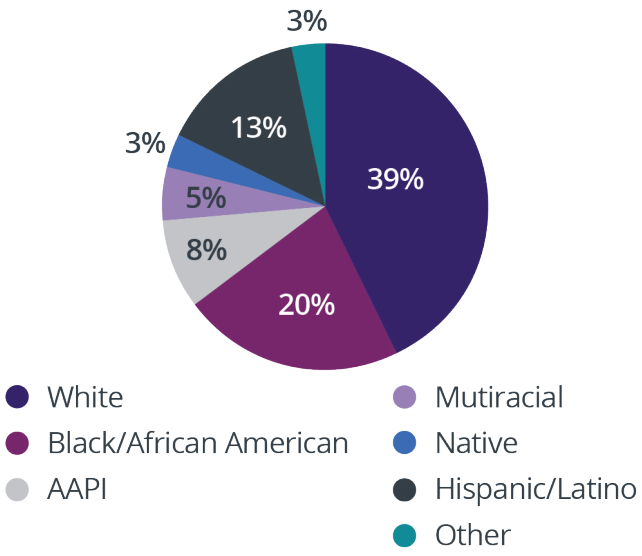
247 children statewide served by the Foster Care Assessment Program

2,611 providers statewide participated in multi-discliplinary prevention services training

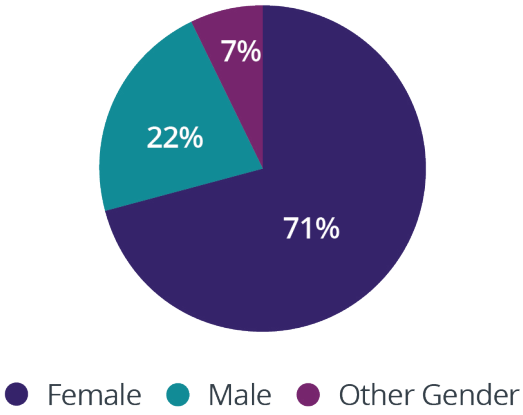
246 nurses participated in Sexual Assault Nurse Examiner training statewide

HATC Patient Demographics

Ethnicity



Gender



HATC FTE and Roles

Program	FTEs	Roles
CC102472 HMC | HATC Counseling Clinic	5.11 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist
CC102476 HMC | HATC Medicine Clinic	6.94 FTE	Management and Professional, Physician, Non-physician Medical Practitioner, Registered Nurse, Technical Specialist

Other Selected Clinics

Other selected clinics to include Palliative Care Service, Maternity Support Case Management, Occupational Med Clinic and Post-Acute Care.

Palliative Care

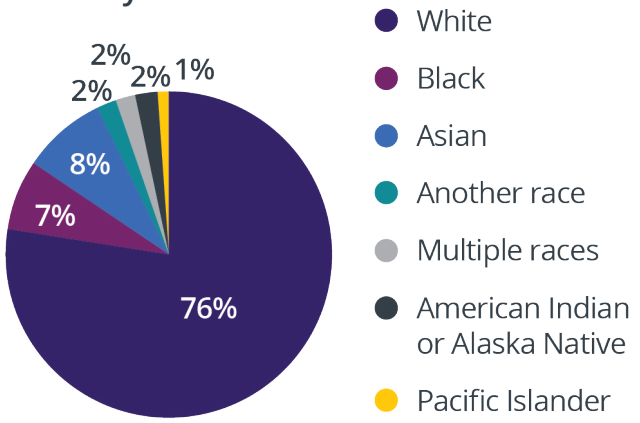
The Palliative Care Service is an interdisciplinary team that partners with patients, families, and care teams across inpatient and outpatient settings to improve quality of life for individuals living with serious illness, while receiving curative/life-prolonging care, or end-of-life care. The team supports patients and families to understanding their illness, evaluating treatment options, and making informed decisions that align with their goals, values, and cultural preferences.

Through expert symptom management, communication, emotional and spiritual support, and coordinated care planning, palliative care enhances the patient and family experience, supports clinicians in delivering goal-concordant care, which can often impact health-system-related outcomes such as length of stay and overall cost of care.

The Palliative Care Inpatient Program serves a diverse patient population which is approximately 47% female and 53% male.

Additonal demographics include:

Ethnicity



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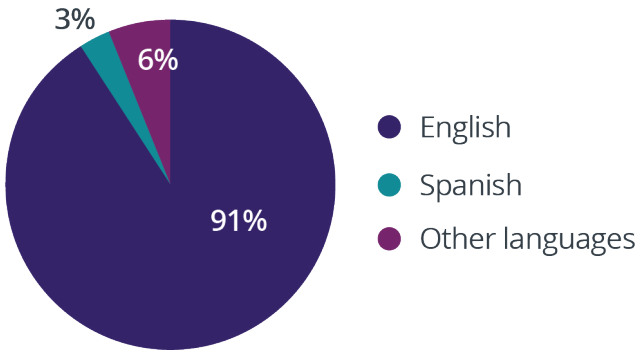
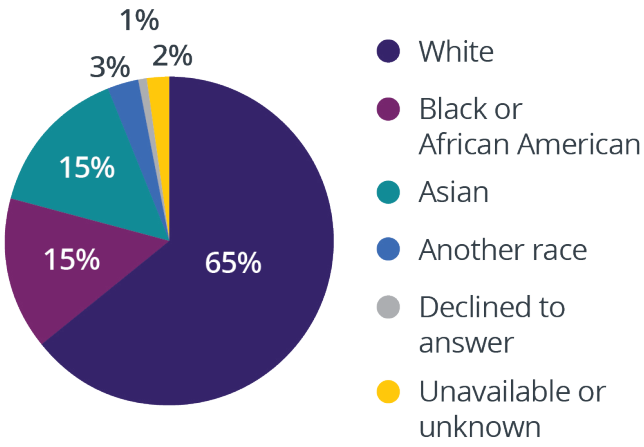


The Outpatient Palliative Care Program also serves a diverse set of patients. The patient population is approximately 58% female and 42% male. Additional demographics include:

Ethnicity



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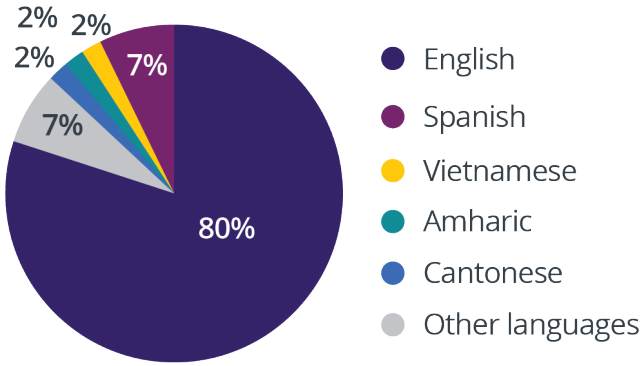


Palliative Care FTE and Roles

Program	FTEs	Roles
CC102482 HMC | Palliative Care Service	4.04 FTE	Management and Professional, Physician, Registered Nurse, Technical Specialist

Maternity Support Case Management Program

The Maternity Support Case Management Program primarily serves women of child-bearing age. The program provides preventive health and education services to help a woman have a healthy pregnancy and a healthy baby. Services can begin any time during the pregnancy, delivery, or postpartum period, and continue up to 60 days postpartum.

Most patients in the community receive this service through public health but a small, referral-based program at Harborview supports approximately 80–110 visits annually and serves a subset of highly medically complex patients.

Maternity Support Case Management Program FTE and Roles

Program	FTEs	Roles
CC102290 HMC | Maternity Support Case Management	1.4 FTE	Technical Specialist

Occupational Medicine Clinic

The Occupational and Environmental Medicine Clinic at Harborview offers comprehensive services for the prevention, diagnosis and treatment of occupational and environmental injuries, exposures, and illnesses. Common conditions include breathing problems, neurological problems, hearing loss, skin problems, musculoskeletal problems and exposures to toxic chemicals such as metals, solvents and pesticides.

The Occupational Medicine Clinic works with employers, workers and others to help prevent work-related illnesses and injuries and offer worksite visits as permitted. The clinic offers medical screening and monitoring; regulatory compliance examinations for asbestos, silica, beryllium, and hazardous waste; emergency response; and assessment of barriers to return to work and the need for reasonable accommodations for non-work-related injuries.

Occupational Medicine Clinic FTE and Roles

Program	FTEs	Roles
CC102336 HMC | Occupational Med Clinic	4.02 FTE	Management and Professional, Physician, Registered Nurse, Technical Specialist

Post-Acute Care Service

The Post-Acute Care Service partners across the hospital and community continuum to ensure patients transition to the right level of care after hospitalization. By strengthening discharge pathways, supporting complex transitions, and improving access to skilled nursing, home health, rehabilitation, hospice, and other services, the team helps reduce length of stay and preserve hospital bed capacity. This work improves care coordination, quality, and patient outcomes while reducing preventable readmissions, unnecessary ED utilization, and total cost of care under value-based care models.

Post-Acute Care Service FTE and Roles

Program	FTEs	Roles
CC102378 HMC | Post Acute Care	10.74 FTE	Non-physician Medical Practitioner

Inpatient Rehabilitation and Rehabilitation Clinic

As a Level 1 Trauma Center, Harborview is required to provide access to the full continuum of trauma care, including rehabilitation services. Harborview's rehabilitation population is disproportionately Medicaid as other, private rehabilitation facilities often decline to accept Medicaid patients in favor of accepting commercially insured patients.

Harborview Medical Center's Inpatient Rehabilitation unit is a 24-bed inpatient trauma rehabilitation unit dedicated to providing the highest quality of care to individuals who have sustained a traumatic injury requiring inpatient rehabilitation. Primary patient populations that we serve are spinal cord injury, traumatic brain injury, and stroke patients.

Harborview's inpatient rehabilitation staff (64.3 FTE) includes:

- Rehabilitation Physicians
- Psychologists
- Nurses
- Physical Therapists
- Occupational Therapists
- Speech Language Pathologists
- Recreation Therapists
- Social Workers
- Care Managers

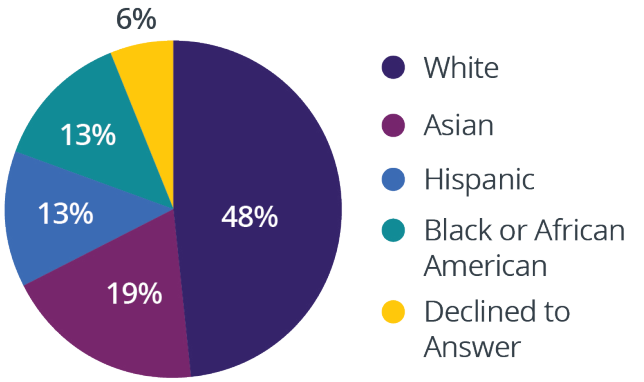
The Outpatient Rehabilitation Medicine Clinic at Harborview offers comprehensive care for adults recovering from spinal cord injury, traumatic brain injury, stroke, amputations and COVID-19. The clinic offers follow-up care for patients discharged from acute care and rehabilitation units.

Care team members (9.8 FTE) include:

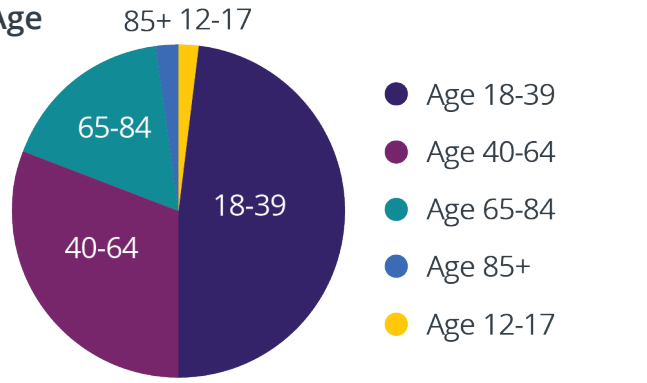
- Doctors who specialize in rehabilitation medicine (physiatrists)
- Rehabilitation Nurses
- Physical, Occupational and Speech Therapists
- Patient Care Coordinators
- Therapeutic Recreation Specialists
- Vocational Rehabilitation Counselors
- Rehabilitation Psychologists
- Social Workers

Rehabilitation patients represent a diverse set of patients. Patients are approximately 54% male and 46% female. Additional demographics include:

Ethnicity



Age



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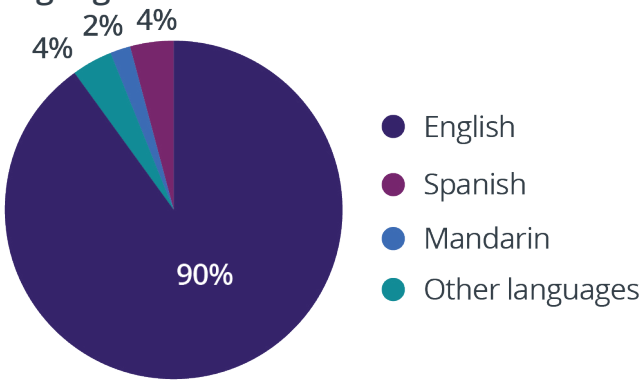

Care for King County Jail Inmates

Harborview Medical Center is committed to providing equitable, non-discriminatory care that respects the dignity of all patients. Patients incarcerated in King County's Jails are a specifically designated mission population of Harborview. When the care needs of a patient exceed the services available through jail, Harborview provides care for the patient at no cost.

FTEs for this program cannot be discretely quantified as jail patients are seen across many services and settings at Harborview including the emergency room, operating room, and ambulatory clinics. Harborview collaborates closely with KCJ staff in the care of these patients and has specific protocols in place to successfully manage patients' visits safely and confidentially. Harborview incurs costs of approximately $4 million annually to care for these patients.

Appendix

Mission Statement

Harborview Medical Center is owned by King County, governed by the Harborview Board of Trustees, and managed under contract by the University of Washington.

Harborview Medical Center is a comprehensive healthcare facility dedicated to the control of illness and the promotion and restoration of health. Its primary mission is to provide healthcare for the most vulnerable residents of King County; to provide and teach exemplary patient care; to provide care for a broad spectrum of patients from throughout the region; and to develop and maintain leading-edge centers of emphasis. As the only Level I Adult and Pediatric Trauma Center in Washington, Harborview Medical Center provides specialized, comprehensive emergency services to patients throughout the region, and serves as the disaster preparedness and disaster control hospital for Seattle and King County.

The following groups of patients and programs will be given priority for care:

- Persons who are non-English speaking poor
- Persons who are uninsured or underinsured
- Persons who experience domestic violence
- Persons who experience sexual assault
- Persons incarcerated in King County's Jails
- Persons with mental illness, particularly those treated involuntarily
- Persons with substance abuse
- Persons with sexually transmitted diseases
- Persons who require specialized emergency care
- Persons who require trauma care
- Persons who require burn care

Harborview's patient care mission is accomplished by assuming and maintaining a strong leadership position in the Pacific Northwest and the local community. This leadership role is nurtured through the delivery of health services of the highest quality to all of its patients and through effective use of its resources as determined by the Harborview Board of Trustees.

Harborview, in cooperation with UW Medicine, plans and coordinates with Public Health Seattle and King County, other County agencies, community providers, and area hospitals, to provide programs and services.

Harborview fulfills its educational mission through commitment to the support of undergraduate, graduate, post-graduate and continuing education programs of the health professions of the University of Washington and other educational institutions, as well as programs relating to patient education.

Harborview recognizes that the delivery of the highest quality of healthcare is enhanced by a strong commitment to teaching, community service and research.

2026–2027 Biennial Budget Ordinance 20023, Section 102 County Hospital Levy, ER3 P1

"Of the moneys restricted by Expenditure Restriction ER3 of this section, $48,000,000 shall not be expended or encumbered in 2026 to support Harborview operations until the Harborview board of trustees transmits a letter to the county executive and council, and the executive transmits a motion to council acknowledging receipt of the letter, and the motion is passed by the council. The letter shall include, but not be limited to, the amount and components of operational expenditures of county hospital tax revenue by category of operating expenditure, including but not limited to labor, supplies, overhead, and clinical services.

The letter shall describe how Harborview intends to achieve the labor standards goals included in the Hospital Services Agreement Section 3.1.2. The letter shall include documentation from the University of Washington, as operator of the hospital, regarding the proposed expenditures of county hospital tax revenue to be spent on operating spending plan referenced in the letter. Such documentation shall include, but not be limited to, a detailed breakdown of how the operating support identified in

A. Staffing, including a breakdown of FTE classifications and their roles;	Pages 21-31
B. Programs or services, including the names of each program or service, and demographics about individuals served; and	Pages 21-31
C. A narrative description of the impact of county hospital tax revenue on: 1. The mission population served by Harborview Medical Center; 2. The staff and employees of Harborview Medical Center; and 3. The clinical services provided by Harborview Medical Center.	Pages 7- 10 and 20

Photo Credits

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Pages 9-10, 21

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