

Harborview Bond Program Monthly Status Report

January 2025



King County

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Executive Summary

On November 3, 2020, more than 70 percent of King County voters approved Proposition 1, authorizing the County to sell \$1.74 billion in bonds to fund facility and infrastructure improvements at Harborview Medical Center (HMC). Since its passage, the staff team has worked diligently to establish the necessary organization and management structures needed to implement this complex capital program; one of the largest in King County's history.

HMC is a 540-licensed-bed hospital owned by King County and operated by UW Medicine through a Hospital Services Agreement between King County and the University of Washington (UW). The hospital is overseen by a 13-member Board of Trustees appointed by King County. HMC's unique mission statement identifies and prioritizes services to the most vulnerable residents of King County.¹ Harborview is the only adult and pediatric Level 1 Trauma Center serving a four-state region (Alaska, Idaho, Montana, and Washington). It provides centers of emphasis and specialized comprehensive emergency services to a broad range of patients and throughout the region. Harborview is also the disaster preparedness and disaster control location for the City of Seattle and King County.

For nearly 100 years, Harborview provided medical services from its location atop Seattle's First Hill. It is distinctive in its consistent provision of care to King County residents regardless of their race, religion, ethnic origins, or ability to pay. As stewards of the campus facilities, King County regularly provides facility improvements and expansions through voter-approved financing, generally occurring every 15-20 years. The original center tower was constructed with bonds in 1930 and through the ensuing years, the voters continued to entrust King County with funding approvals on behalf of Harborview.

King County Council Motion 15183 called for the establishment of a planning group to identify hospital and community needs and to make recommendations regarding a capital program. The resulting Harborview Leadership Group (HLG) was comprised of representatives from Harborview administration, the Board of Trustees, UW Medicine, labor partners, the First Hill Improvement Association, the mission population, the King County Council, and the King County Executive Office. The HLG provided a report making recommendations for health and safety improvements at HMC. The recommendations included building a new inpatient tower to increase critical care capacity and meet modern infection control standards, as well as making seismic improvements to older structures on the campus to increase surge capacity, expand flexibility for hospital operations, and save lives in the event of a major earthquake.

Since the approval of the \$1.74 billion bond funding, the Facilities Management Division (FMD) of the Department of Executive Services (DES) focused on establishing structures and processes and created essential milestones for the Bond Program. Recent achievements of the Bond Program include:

- Received unanimous approval by Washington state's Capital Projects Advisory Review Board (CPARB) Project Review Committee for progressive design-build;
- Completed the Infrastructure Master Plan report providing campuswide utility and infrastructure mapping;
- Submitted the major institution master plan (MIMP) major amendment to the Seattle Department of Construction and Inspections (SDCI);

¹ Appendix B – Harborview Medical Center Mission Statement

- Received neighborhood Implementation Advisory Committee’s recommendation letter supporting the MIMP major amendment, and
- Released the new tower request for qualifications (RFQ) and shortlisted three Design-Build firms.

As part of Bond planning, King County requested that the Bond Program’s project management consulting firm, Vanir, review and update the 2019 cost assumptions used to establish the Bond. A significant impact to cost assumptions was the Coronavirus Disease 2019 (COVID-19) pandemic, and associated impacts on supply chains and workforce. Presentation of the initial findings led the King County Council to pass Ordinance 19583 (Appendix A) which called for the creation of a workgroup to identify a Program Plan within the escalated pricing for health and safety improvements at HMC.²

The updated Program Plan, approved by Motion 16435,³ has three key components: 1) construction of a new multi-story medical tower; 2) renovation of essential services currently located in older hospital spaces; and 3) expansion of County spaces located in older hospital facilities. The updated Program Plan was determined after considering the operational needs of Harborview and the shared priorities of King County, the Board of Trustees, and UW Medicine.

The Bond Program continues with key elements of a program scope that aligns with the Bond Program’s mission. Tasks associated include:

- Collaborating with King County and UW Medicine departments to understand new and modified space needs;
- Establishing the request for proposal (RFP) procurement processes and pre-bid work activities needed to accomplish the Bond Program goals;
- Selecting Design-Builder to build the new tower and related projects;
- Managing the capital improvement project budget and expenditures;
- Coordinating and conducting stakeholder engagement, meetings, and mailings;
- Identifying key milestones, risks, and realized risks for the Program Plan.

Updates since last report. This January 2025 report provides data for November 2024. Three substantive changes are reflected in this document since the December report with October data. The changes include:

1. Updated budget actual expenditures for the month of November, identifying variances from projected expenditures included in the December report.
2. The updated task list for milestones 4 and 5 to reflect completed tasks, and projected tasks through February.
3. Updated status and progress for components in the Capital Improvement Projects section with additional details and progress for actions introduced in the previous report, including the release of the shortlisted firms for the new tower RFP, maintaining collaboration with Seattle

² This report does not use the term “recommended” to describe the Program Plan, as the Council approved the Workgroup’s recommended Program Plan via Motion 16435 in October 2023.

³ Appendix E - Motion 16435

utility agencies to update infrastructure plans, and continued development of the new tower RFP.

In addition, this report includes task updates on the November activities of the Bond Program, including:

- Released shortlist of design-build firms from the RFQ;
- Continued developing the RFP documents;
- Updated the projected community meetings and events calendar, and
- Provided monthly project updates to HMC’s Capital Projects Oversight Committee, Board of Trustees, and the King County Auditor’s Office.

Background

Department Overview

The Department of Executive Services (DES) provides internal services to King County agencies and departments, and public-facing services directly to King County residents. The divisions and offices that make up DES include the Business Resource Center, Finance and Business Operations Division, Office of Emergency Management, Facilities Management Division, Fleet Services Division, Inquest Program, King County International Airport-Boeing Field, Office of Risk Management Services, and Records and Licensing Services Division. FMD oversees and maintains King County's real estate assets and provides safe and secure environments for County service delivery.

Historical Context

HMC is a 540-licensed-bed hospital owned by King County and operated by UW Medicine through a Hospital Services Agreement between King County and the University of Washington (UW).⁴ The hospital is overseen by a 13-member Board of Trustees appointed by King County.

HMC is a comprehensive regional health care facility dedicated to providing specialized care for a broad spectrum of patients, the control of illness, and the promotion and restoration of health. Harborview is one of the nation’s leading academic medical centers and is the only adult and pediatric Level 1 Trauma Center serving a four-state region (Alaska, Idaho, Montana, and Washington).

Harborview is home to a wide range of critical medical and behavioral health services, including state-of-the-art emergency medical services, general medicine and specialty clinics and centers of excellence in burn, neurosciences, ophthalmology, infectious disease, and rehabilitation therapy. Harborview’s mission ensures that the following patients and programs are given priority care:⁵

- Persons who are non-English speaking
- Persons who experience domestic violence
- Persons who are uninsured or underinsured
- Persons who experience sexual assault

⁴ Harborview’s licensed number will increase to 540 when the Maleng Single Patient Bed Project is completed. The project will deliver up to 40 new single patient rooms by converting two floors in the Maleng Building into inpatient units. Bond funds are not used for the Maleng Project.

⁵ The County-approved mission statement is incorporated into the Hospital Services Agreement via Ordinance 18232.

- 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

Services Offered at HMC - The Harborview campus facilities house a variety of services provided by UW Medicine and King County as highlighted below:

- Behavioral Health: A variety of in and out-patient behavioral health services, including psychiatric emergency services, outpatient clinics, and medication-assisted treatment are provided at the HMC campus. In addition, King County’s Superior Court operates the Involuntary Treatment Act (ITA) Court at Harborview.⁶
- Trauma Response: As the only Level I Adult and Pediatric Trauma Center in Washington, HMC provides specialized comprehensive emergency services to patients throughout the region and serves as the disaster preparedness and disaster control hospital for the City of Seattle and King County. It is also the only Level 1 Trauma Center serving a four-state region (Alaska, Idaho, Montana, and Washington).
- International Medicine: HMC is unique in its offering of an International Medicine Clinic, providing primary care and mental health care services to adult refugees and immigrants. Staff speak several languages in addition to English, including Spanish, Amharic, Cantonese, Chao Jo, Mandarin, Hmong, Khmer, Laotian, Mien, Oromo, Somali, Tigrinya, and Vietnamese; interpreter services are also available.
- Emergency Management / Disaster Relief: The medical center is the regional emergency management command center during a natural disaster or major crisis event. The hospital is required to have flexible inpatient beds, operating capacity, and rapid response systems as needed for crisis response.
- Infection and Infectious Disease Control: HMC is at the forefront of containing and combating infectious diseases. Harborview is required to have clinical facilities and isolation room capacity to respond to emergency infectious disease outbreaks.
- King County Clinics and Services: A number of King County’s core public health services are located at Harborview, including the Tuberculosis (TB) Clinic, Sexual Health Clinic, the County’s Public Health Lab, and the King County Medical Examiner’s Office (MEO). The King County Regional Homeless Authority operates a 24/7 homeless shelter at Harborview Hall in partnership with the Salvation Army.

⁶ The Involuntary Treatment Act (ITA) Court at Harborview Medical Center handles petitions for court-ordered mental health treatment which is not part of a criminal case.

Harborview Facility Improvements - Over time, Harborview’s medical facilities have evolved to meet the demands of a growing and diverse population, as well as advancements in the fields of patient care, research, medicine, and technology. King County has provided for such facility improvements and expansions through voter-approved financing, generally occurring every 15-20 years. Prior to the 2020 election, the last bond measure approved by voters was in 1999.

King County Council Motion 15183 called for the establishment of a planning group to identify hospital and community needs and make recommendations regarding the capital program to the Harborview Board of Trustees, the King County Executive, and the King County Council. The resulting Harborview Leadership Group (HLG), comprised of representatives from HMC management, the Board of Trustees, UW, labor partners, the First Hill Improvement Association, the mission population served by HMC, the King County Council, and the King County Executive Office, conducted a 13-month assessment between December 2018 and January 2020 of Harborview’s facility needs.

Supported by staff from HMC, UW Medicine, the King County Council, and the King County Executive Office, the HLG reviewed data and information provided by industry experts. The group hosted numerous community forums to gather public input. After conducting the assessment process, the HLG determined:

- A majority of the medical center’s facilities are aging and out of date in terms of modern medical best practice standards for infection control and privacy.
- Due to facility configuration, HMC often operates at more than 100 percent capacity, and critical surge capacity and emergency department capacity are limited.
- The majority of the medical center’s patient beds are located in double patient rooms or multi-patient wards. On average, 50 patient beds per day cannot be used due to modern infection control requirements for shared rooms.
- A new inpatient facility would increase single-bed capacity and enable HMC to meet modern infection control and privacy standards. It would provide surge capacity for the hospital to effectively respond to a disaster or mass casualty event.

Table 1 summarizes the key elements of the HLG recommendations for capital improvements at Harborview to address the medical center’s facility needs.

Table 1 – Harborview Facility Improvement Recommendations

Harborview Facility Improvement Recommendations: Harborview Leadership Group 2020	
Component Name	Component Description
New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster preparedness; plant infrastructure
New Behavioral Health Building	Existing behavioral health services/programs and Behavioral Health Institute services/programs
Existing Hospital Space Renovations	Expand ITA court; move/expand gamma knife; lab; Public Health TB, sexually transmitted disease (STD), MEO; nutrition, etc.

Harborview Facility Improvement Recommendations: Harborview Leadership Group 2020	
Harborview Hall	Seismic upgrades; improve and modify space; create space for up to 150 respite beds; (maintain enhanced homeless shelter in most appropriate location)
Center Tower	Seismic upgrades; improve and modify space for offices
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space
East Clinic	Demolish East Clinic building

Ultimately the HLG provided recommendations to the Harborview Board of Trustees, King County Executive, and King County Council on the size and scope of a potential bond measure.

The King County Council, via Ordinance 19117, voted to place Proposition 1 on the November 2020 General Election ballot for consideration by King County voters. The measure sought voter approval of \$1.74 billion in general obligation bond funding over 20 years for health and safety improvements at Harborview Medical Center, including: increasing critical health care capacity; updating and expanding infection control capability; and expanding capacity for behavioral health services. On November 3, 2020, more than 76 percent of King County residents once again confirmed their commitment to public health and Harborview through the approval of Proposition 1.

County Bond Program Launch - The first two years of the Bond Program work (2021-2022) saw FMD establishing the structures and processes necessary to implement the historic, multi-year Harborview Bond Program. Bond Program start-up activities included:⁷

- Hiring key County staff;
- Selecting project management firms;
- Developing financial accounting reporting protocols;
- Expanding partnerships and collaborations with Harborview staff, and
- Establishing monthly meetings with the King County Auditor’s Office staff.

Current Context

Cost Escalation - In late 2022, King County requested that its HMC Bond Program project management consulting firm, Vanir, review and update the 2019 cost assumptions used to establish the HMC Bond Program. King County requested this review both as part of its planning for the next phases of the Bond work but also due to the global COVID-19 pandemic and associated impacts to the supply chain and workforce.

Reflective of rising costs across the country post-pandemic, the Vanir team’s review and resulting Cost Study report confirmed that the HMC Bond Program faces financial pressures from the impacts of

⁷ For additional information, please see the biannual Harborview Bond Program reports transmitted to the King County Council for June 2021, December 2021, June 2022, and December 2022. Please note that these reports are replaced by this monthly report.

inflation, labor, and supply chain challenges. The initial Vanir team Cost Study, dated January 24, 2023, identified an estimated \$900 million gap between anticipated revenues and updated cost of the Harborview Bond Program.

In February 2023, each King County Councilmember, along with leadership from UW Medicine and the HMC Board of Trustees, received individual briefings on the expanded costs. Digital copies of the Cost Study were also provided. On March 6, 2023, the King County Council's Committee of the Whole received an initial briefing from King County FMD staff and the Vanir team (Bond Program consultants). On March 7, 2023, as a result of analysis from the Auditor's Office, the consultants updated the Cost Study. The funding gap was updated from \$900 million to \$888 million (Appendix C).

On March 29, 2023, the King County Council passed Ordinance 19583 (Appendix A) calling for a workgroup to develop and submit to the King County Council, a Program Plan recommending health and safety improvements at Harborview Medical Center that can be built within the amount of the bond revenues estimated to be available. An Ordinance Workgroup (OWG) was established shortly after passage of the Ordinance, comprised of leaders from UW Medicine, Harborview's Board of Trustees, the King County Council, Facilities Management Division, and King County Executive's Office.

The OWG's recommended Program Plan was submitted to the Council on August 1, 2023, with three key components: 1) construction of a new 10-story tower (base tower) with seven finished and three shelled floors;⁸ 2) construction of essential services currently located in older hospital spaces requiring renovation; and 3) expansion of County spaces located in older hospital facilities. Data provided by the Vanir team estimates that the components can be built within the \$1.7 billion bond revenue amount. The OWG's recommended Program Plan was determined by the OWG after considering the operational needs of Harborview and the shared priorities of King County, the Board of Trustees, and UW Medicine.

The King County Council approved the proposed Program Plan with no changes on October 3, 2023.

Report Methodology

This report was drafted by FMD staff. Data in the report is for November 2024.

IV. Report Requirements

This section is organized to align with the requirements of Ordinance 19583 (Appendix A).

⁸ Shelled Floor: An unfinished/non-occupiable floor with basic flooring, windows, and walls. It may also have some basic HVAC, plumbing, and electrical.

1. Description of the Current Program Scope

This report defines the program scope proposed in the Program Plan that was approved by the King County Council on October 3, 2023.⁹ The Program Plan, approved by Motion 16435 (Appendix E), includes the health and safety improvements at Harborview built within the amount of the bond revenues (\$1.74 billion) estimated to be available and as authorized by Ordinance 19117.

Program Plan Description - As outlined above, the Program Plan has three components: 1) construction of a new 10-story tower (base tower) with seven finished and three shelled floors; 2) construction of essential services currently located in older hospital spaces requiring renovation, and 3) expansion of County spaces located in older hospital facilities. Integrated within these components are necessary supporting infrastructure such as a new roadway and energy infrastructure.¹⁰ The scope of the Program Plan components are detailed below in Tables 2 and 3.

Table 2 - Program Plan Component 1: New In-Patient Tower

New Tower Component	Description of Planned Component	Estimated Square Footage of Completed Component ¹¹
Seven finished inpatient bed floors	<ul style="list-style-type: none"> • Estimated minimum 224 beds • 32 beds per floor x 7 floors = 224 new beds • Usable upon completion 	34,000 sq ft / floor
Three shelled inpatient bed floors	<ul style="list-style-type: none"> • Completed but unfinished floors • Floors, windows, walls, some infrastructure (e.g., plumbing and heating, ventilation, air conditioning [HVAC]) • Will be completed as additional funds become available 	34,000 sq ft /floor

⁹ Outside of describing the recommendation and approval process for the OWG recommendations, this report does not use the term “recommended” to describe the Program Plan, as the Council approved the Workgroup’s recommended Program Plan via Motion 16435.

¹⁰ Infrastructure analysis started in August and update scheduled for 2024.

¹¹ These estimates are based on the data currently available. More detailed space needs calculations and analysis will be developed as part of the Bond program phasing and sequencing, and these numbers may change. Changes will be communicated in this report along with other established meetings and formats, such as the Capital Projects Oversight Committee (CPOC).

New Tower Component	Description of Planned Component	Estimated Square Footage of Completed Component ¹¹
12 operating rooms (ORs)	<ul style="list-style-type: none"> • Additional ORs • Including perioperative support (e.g., post anesthesia care unit, prep/holding and OR support spaces) 	65,000 sq ft
Expanded single floor emergency department (ED)	<ul style="list-style-type: none"> • Expanded ED with additional single patient treatment rooms and allowing for modern models of emergency care 	87,000 sq ft (includes PES & CSU)
Expanded Behavioral Health Services	<ul style="list-style-type: none"> • Psychiatric Emergency Services (PES): renovated & expanded by up to six new single patient rooms • New Crisis Stabilization Unit (CSU): 23-hour observation unit with approximately 18 recliner chairs and single patient quiet rooms 	
Observation Unit	<ul style="list-style-type: none"> • For patients requiring less than a 24-hour stay for medical care 	20,000 sq ft
Right-sized essential services	<ul style="list-style-type: none"> • Pharmacy, lab, clinical engineering, environmental services, kitchen 	150,000 sq ft
Parking	<ul style="list-style-type: none"> • Minimum 350 replacement parking spots for View Park Garage spots that will be lost to make room for new tower 	160,000 sq ft
Helicopter pads	<ul style="list-style-type: none"> • Minimum two pads; potentially a third if feasible 	35,000 sq ft

Table 3 - Program Plan Component 2: County Space Expansion

County Space Expansion Component	Description of Planned Component	Estimated Square Footage of Completed Component
Involuntary Treatment Act (ITA) Court	<ul style="list-style-type: none"> Additional space for courtrooms, admin, attorney workspace, client areas, and public entry 	20,000 sq ft
Medical Examiner's Office (MEO)	<ul style="list-style-type: none"> Additional cooler space, offices, and education rooms 	36,300 sq ft
Tuberculosis (TB) Clinic	<ul style="list-style-type: none"> Additional space for outreach, staff offices, and a conference room/break room 	11,000 sq ft
Sexual Health Clinic	<ul style="list-style-type: none"> Additional clinic and office space 	22,000 sq ft

As of February 2024, the Laboratory Director of the Public Health Lab determined there are no space needs as part of the Harborview Bond Program.

This report identifies no changes to the number, size, or components of the Program Plan.

Key Elements of the Program Scope: This subsection describes key elements associated with the scope of the Program Plan. Tasks associated with these items are discussed in subsequent subsections.

City of Seattle Major Institution Master Plan (MIMP)

- The City's MIMP establishes the zoning rules and requirements for major institutions, such as universities, colleges, and hospitals. Changes to HMC's adopted MIMP will be made through a prescribed, multi-step process involving the City Department of Neighborhoods (DON), Department of Construction and Inspections (SDCI), the City Hearing Examiner, and the City Council in a process that could take up to two years and potentially longer.¹²
- The County submitted an application in April 2024 for approval from the City of Seattle for a major amendment to Harborview's MIMP. The Seattle City Council has authority to revise Hearing Examiner decisions and/or attach conditions to HMC's MIMP amendment, either of which could

¹² This work is in progress, with the City DON Implementation Advisory Committee meeting since February 2023. Staff work has been ongoing.

potentially involve open space, parking, transportation management, building height or other items, which in turn could result in increased costs and impacts to timeline.

- Beginning February 2023, Seattle's DON has led meetings with a standing Implementation Advisory Committee (IAC) to discuss HMC's facility and campus plans as part of the MIMP amendment process. Once the IAC provided its feedback to DON, the County initiated the MIMP amendment application process. The IAC provided a letter of support for the County's MIMP application in September 2023. The IAC will be asked to submit another letter of support following the MIMP public comment and public hearing phase led by SDCI.

Infrastructure Master Plan

- FMD is developing a campuswide utility and infrastructure master plan for Harborview's campus. The infrastructure master plan will identify the condition and capacities of the existing campus utility infrastructure to develop strategies to meet the growth in demand anticipated from the bond program components. It will also include identifying engineering solutions to enable future growth, including re-routing utilities and systems; providing energy usage improvements, and developing redundancy for mission-critical systems.
- The final infrastructure master plan document will be the strategic guide to infrastructure redevelopment for the campus. It will reflect the goals of HMC and the County, including resiliency; economic, environmental, and social sustainability; reducing reliance on fossil fuels, and evaluate options for meeting sustainability goals and potentially certification under third party programs for the new inpatient tower and renovation projects. Notably, identified alternatives and upgrades that fall outside of the scope of the proposed Bond projects may be designed and developed in future phases.
- The Infrastructure Master Plan contract was awarded to OAC Services and, as of August 2023, the team had begun evaluating and rating of existing buildings and systems. The team completed the plan by 1Q 2024.
- FMD is working with Seattle Public Utilities and Seattle City Light to identify challenges and opportunities for infrastructure plans at HMC.

Space Programming

- The space assessment informs the needs of key programs across Harborview campuses through 2040, including King County departments located in the hospital. Space programming includes planning for new or modified spaces for Harborview-located programs, developing and maintaining space planning guidelines, assessing available space to address changing needs, finding solutions for immediate and long-term space issues, and managing space requests and reallocations for County-owned and leased properties.

The process includes learning about department needs, and using tools to provide space, equipment, and furniture needed for the department to function efficiently. Departments consider

items such as service-level projections, industry standards, operating needs, storage, adjacencies, and other spacing needs in their projected outlook.

- King County, HMC, Harborview-located departments, and various consultants are involved in space programming. This work will influence concurrent projects such as the Infrastructure Master Plan and information will be used to inform the procurement documents, such as the new tower request for proposal (RFP).
- King County and Harborview postponed blocking and stacking workshops until the onboarding of the Design-Builder for project alignment. The future workshops will gather additional space programming information about department needs, identify location requirements, and outline general floor layouts across the Harborview campus.

2. Updates on the Project Schedule Including Status of and Planned Dates for Major Milestones

The schedule of major milestones included below as Table 4 was included in the August 1, 2023, Harborview Program Plan Report transmitted to the Council. The timeline and milestones shown below in Table 4 were updated in the October monthly report, transmitted to Council on October 30, 2023, along with updates as identified in subsequent reports transmitted to the Council.

To expedite program development, several key tasks are occurring concurrently and driving towards procurement for design and construction of the new tower. It should be noted, however, that some milestones are dependent on the sequential completion of key tasks. Meeting these major milestones includes managing several tasks and sub-tasks. The subsections below outline the work being conducted by FMD around major schedule milestones and provide a three-month progress outlook. This schedule below is predicated on working with the City of Seattle to expedite its MIMP and permitting processes, particularly items denoted with * in Table 4, below.

Table 4 - OWG Program Plan Milestones

Milestone ¹³	Estimated Completion Timeframe
1. MIMP Major Amendment: file notice of Intent (NOI) to apply for Major Amendment to the City of Seattle ¹⁴	Completed December 2023*
2. Submit MIMP major amendment application to the City of Seattle.	Completed April 2024
3. Issue new tower request for qualifications (RFQ)	Completed September 2024

¹³ As noted in the report transmitted to the Council on August 1, 2023, this schedule is predicated on working with the City of Seattle to expedite its MIMP and permitting processes, particularly items denoted with * in Table 4.

¹⁴ NOI follows the IAC recommendations submitted in September (3Q) resulting in the plan for a 4Q NOI submittal to the City of Seattle

Milestone ¹³	Estimated Completion Timeframe
4. Issue new tower request for proposals (RFP)	1Q 2025*
5. Design and City permitting	1Q 2025-4Q 2025*
6. Notice to proceed	2Q 2025*
7. City of Seattle MIMP Process: (DON, SDCl, Hearing Examiner, and City Council)	2Q 2025
8. Begin construction	1Q 2026*
9. Occupy new tower	4Q 2028*

3. Status and Progress for Each Component Capital Improvement Projects

Component 1 – New Tower

The following narrative summarizes key elements underway for the new tower (Table 5).

Table 5 - Project Component Activities for November

Item	Activities Update	Objective
MIMP Major Amendment	<p>FMD submitted additional responses to Seattle Department of Constructions and Inspections’ (SDCl) comments on the draft MIMP amendment.</p> <p>FMD continues regular legal reviews to confirm regulatory processing tasks, and meet milestones, the MIMP, EIS, and state Environmental Policy Act updates.</p> <p>Next steps include*:</p> <ul style="list-style-type: none"> • Reviewing and approving the MIMP amendment by the City of Seattle Hearing Examiner; • Hearings held by Seattle City Council. <p>*The estimated completion dates are predicated on working with the City of Seattle to expedite the MIMP and EIS processes.</p>	<p>Achieve City of Seattle approval of a major amendment to the MIMP.</p> <p>The MIMP will outline a number of actions, some of which have environmental impacts. The Environmental Impact Statement (EIS) will show the impacts of those actions and the alternatives considered by King County in the development of the MIMP major amendment application.</p>
Infrastructure Master Plan	FMD continued engagement with Seattle Public Utilities and Seattle City Light to map challenges and opportunities for the infrastructure	A campuswide analysis of internal and external systems (e.g., electricity, gas, and steam), informing energy options to meet the hospital’s growing needs.

Item	Activities Update	Objective
	<p>work, and updated plans for the new tower.</p> <p>Next steps include:</p> <ul style="list-style-type: none"> • Campus Plant/District Energy RFI in 2Q 2025. 	
Space Programming	<p>Additional space programming work remains paused until the Design-Builder is selected.</p> <p>Space programming workshops will be scheduled following selection of the Design-Builder.</p> <p>FMD will also hold funding planning sessions for the Bond Program in 1Q 2025.</p>	Assess programmatic space needs, including projected future needs to inform costs, schedule, and design criteria required for the procurement process.
Procurement Process and development of the Request for Qualifications (RFQ) and Request for Proposals (RFP) for the new tower	<p>FMD released the shortlist of design-build firms following the evaluation of RFQ submittals. FMD staff worked with HMC and consultants to identify project criteria and other procurement requirements. The RFQ provided prospective bidders for design-build construction the opportunity to submit qualifications to meet the project goals.</p> <p>FMD continued work sessions with HMC and consultants on the new tower RFP. The RFP will be issued to the three shortlisted Design-Build firms.</p> <p>FMD continued the coordination of property acquisition tasks and leads the development of sustainability objectives that will inform prospective bidders' responses.</p>	The objective of the new tower RFP process is to seek the prime construction contractor and subconsultants to support or manage individual projects and subprojects of the Bond Program.

Item	Activities Update	Objective
	Next steps include: <ul style="list-style-type: none"> • Issue RFP in January 2025. • Review RFP submissions by 2Q 2025. • Select Design-Builder by 3Q 2025 	

4. Budgetary Update

Ordinance 19583 calls for “updates on the budget including expenditures to date and remaining budget for each component capital improvement project, budget and expenditures.”¹⁵ Table 6 below provides the required information along with projections for upcoming months.

As acknowledged in the initial monthly report (September 2023), due to the timing of the availability of the County’s final monthly financial data and the timeline for the completion of this report for transmittal to the Council, financial data in this report is for two months prior. To provide more relevant financial information to the Council, this report also includes projected expenditure data for the upcoming two months, and variance information between projected and actual months. This report provides November actuals, variance to November projected in the December report, and projected budgets for December and January.

The 2020 voter-approved bonds are expected to provide \$1.74 billion in revenue. As shown in Table 6, \$119M of expenditure authority has been granted. Total program expenditure through November is \$75.1 million, with less than 4.5 percent of total revenues expended through November 2024.

FMD has identified that Milestone 5: Design and City permitting will provide detailed financial information with support from the RFP-selected design-build contractor.

Key Updates for January Report - The December 2024 report projected \$549,614 in expenditures for the November 2024 reporting period. The actual expenditures in November are \$672,839. The variance is attributed to actual payments made for project management and contracts.

¹⁵ Appendix A - Ordinance 19583 lines 142-143

Table 6 - November 2024 Expenditures and Projected Financial Data for HMC Capital Bond Program 2020 Prop 1 (Fund 3750)

Fund 3750 Harborview Medical Center Capital Program 2020						
November 2024 Data						
Harborview Project Plan Component	Adopted 2023-2024 Budget ¹⁶	November 2024 Actual Expenditures	November 2024 Projected	November 2024 Variance ¹⁷	December 2024 Projected	January 2025 Projected
New Tower	73,635,484	672,839	484,014	188,825	656,080	112,650
Existing Space Renovations	35,169,985	0	65,600	(65,600)	65,000	
Other Costs	10,600,000	0	0	0	0	0
	119,405,469	672,839	549,614	123,225	721,080	112,650
Total Bond Authority		1,740,000,000				
Remaining Bond Authority		1,620,594,531				

In addition to this financial reporting, a joint County/HMC group meets monthly to monitor bond program financial activity. Members of this group include:

- UW Medicine Chief Finance Director;
- UW Medicine Controller;
- King County Business and Finance Officer;
- King County Harborview Bond Program Administrator;
- King County Executive Budget Analyst, and
- UW Medicine Accountants.

Finally, a data dashboard is provided to the Auditor’s office and the Capital Projects Oversight Committee (CPOC) each month which includes financial data.

¹⁶ Budget Adopted Ordinance:

- Ordinance No. 19293=\$22,539,969_6/17/2021
- Ordinance No. 19546=\$44,800,000_11/29/2022
- Ordinance No. 19790=\$52,065,500_7/26/2024 (9th and Alder property acquisition merged under New Tower)

¹⁷ The December 2024 report projected \$549,614 in expenditures for the November 2024 reporting period. The actual expenditures in November 2024 are \$672,839. The variance is attributed to project management and contracts actual payment.

5. Update on Tasks Completed on Major Milestones Since the Preceding Report and a Three-Month Projected Outlook on Upcoming Tasks to Accomplish Milestones

Key Updates for January Report – The task list below has been updated to reflect completed November tasks, including additional tasks not previously reported. New or updated tasks are shown in italics. FMD completed Milestone 1: MIMP Major Amendment: Application to the City of Seattle in 4Q 2023 as projected, Milestone 2: Submit MIMP major amendment application in 2Q 2024, and Milestone 3: Issue new tower request for qualifications (RFQ) in 3Q 2024.

Milestone 1: MIMP Major Amendment: Application Notice to the City of Seattle Completed December 2023

Milestone 2: Submit MIMP major amendment application Completed April 2024

Milestone 3: Issue new tower request for qualifications (RFQ) Completed September 2024

Milestone 4: Issue new tower request for proposals (RFPs)

Tasks completed through November 2024 include:

- Developed and released shortlist of firms for the new tower RFP; and
- Updated RFP documents.

Projected December 2024 Tasks

- Finalizing RFP with remaining program information needed to ensure the Program Plan continues to meet the growing needs of the King County and UW Medicine spaces, scope of bond program improvements, and project delivery method elements to delineate the approach in the procurement documents for the new tower RFP; and
- Promoting the upcoming new tower RFP through digital and in-person outreach.

Projected January 2025 Tasks

- Release RFP to shortlisted firms.

Projected February Tasks

- Begin reviewing RFPs submitted by shortlisted Design-Build firms.

Milestone 5 - Design and City permitting

- Milestone 6 is dependent on the completion of previous milestones and feedback from the ongoing MIMP process.

Milestone 6 - Notice to proceed

- Milestone 7 is dependent on the completion of Milestones 1 to 4 and feedback from the ongoing MIMP process.

Milestone 7: City of Seattle MIMP process (DON, SDCI, Hearing Examiner, City Council)

Tasks completed through November 2024 include:

- Submitted Transportation Management Plan for MIMP major amendment.

Projected January Tasks

- Address additional feedback from SDCI.

Projected February Tasks

- Respond to additional MIMP feedback from SDCI.

Milestone 8 - Begin construction

- Milestone 8 is dependent on the completion of previous milestones.

Milestone 9 - Occupy new tower

- Milestone 9 is dependent on the completion of previous milestones.

6. A Description of Stakeholder Engagement and Public Communications Over the Preceding Month Including Appearances on Agendas at Regional Meetings and Mailings

FMD conducts outreach and engagement around the Bond Program. For the month of November, FMD attended one event due to the impact of the holidays, and RFQ review.

Table 7 – Bond Program Outreach and Engagement

November 2024	Event Description	Event Purpose
First Hill Improvement Association (FHIA)	Monthly meeting focused on championing a dynamic and safe First Hill through advocacy and communication.	Learned about upcoming changes impacting the neighborhood, and what involvement will look like for the Harborview campus. Also, participated in the City of Seattle Design Review Survey.

7. A Description of Risks Including Newly Identified Risks and Realized Risks

Ordinance 19583 requires this report to include the “description of risks including newly identified risks and realized risks since the preceding monthly report, with a focus on risks that may have significant impacts on the program plan scope, schedule, or budget.” Table 8 below provides the required data.

Program and project risk refers to events or conditions that, if realized, would have a negative or positive effect. Individual risks may be known (e.g., aging infrastructure) or unknown (e.g., new regulatory requirements). Some very rare risks are considered “unknown unknowns” (e.g., a global pandemic). Realized risk can have significant impacts on program, on capital project scope, schedule, budget, and quality, and can affect whether the project can meet its original objectives. By identifying and monitoring project and program risks, effective responses and mitigation can be planned and implemented with minimum impact on the project or program.

Risk management is primarily the responsibility of the program or project manager (PM) working with the project/program team, subject matter experts, and select stakeholders. A typical process is:

1. Identify risks (if 'x' happens, then 'y' is a likely consequence);
2. Assess risk probability and impact on scope, schedule budget, and/or quality, and
3. Develop a mitigation plan for each risk.

This information is used to determine budget and schedule contingencies, communicate with sponsors and stakeholders, and inform decision-making. A common tool used to monitor risk is a risk register, which lists each risk, the associated probability and impact, risk ownership, and mitigation plan. Risks may be active, closed, or realized (i.e., the point at which the risk will be managed as an issue). Risk registers are typically developed by the project team and should be updated at regular intervals or as new risks emerge or are realized. A narrative of the risk register will be included in future reports.

FMD began developing the risk register in August by identifying project risks, shown below in Table 8, and held a risk register workshop in September 2023. Table 8 below remains unchanged from previous reports; the September 2023 risk workshop with HMC staff validated the risks and risk descriptions identified by the HBPO. Subsequent reports will include any updates to the risk register detailing risk categories, measurements, and mitigation planning. This will also identify high-risk items that may have significant impacts on the scope, schedule, and budget.

Table 8 – Risk Identification

RISK IDENTIFICATION				
ID	Risk Title	Risk Type	Risk Closed?	Risk Description
1	Bond Team Organization	Bond Team		Communication and collaboration issues among KC, HMC, consultants and other key stakeholders may affect scope and schedule.
2	Bond Team Resources	Bond Team		Absence of or changes in staffing at HMC, King County, HMC, consultants and other key stakeholders could affect schedule and cost.
3	Design Decisions and Requirements	Engineering / Design		Design disputes or delays or changes in conditions or regulatory requirements could affect schedule and cost.
4	Green Building Certification	Environmental		If the green building certification selection is not adequately managed or delayed, scope, schedule and budget may be affected
5	SEPA	Environmental		SEPA appeals could affect schedule and costs.
6	Parking Alternatives	Infrastructure		If HMC employees, contractors, and/or neighborhood stakeholders don't accept parking alternatives, cost and schedule may be increased.
5	Utility Relocations or Upgrades	Infrastructure		Significant utility relocations or upgrades may be required for demolition and new service points. If continuous operations of facilities cannot be maintained, cost, scope and schedule may be affected.
6	Program Goals and Financing Methods	King County Council		If the program recommendations and revenues are misaligned then the project could be delayed, impacting schedule and budget.
7	City of Seattle Major Institutions Master Plan (MIMP)	MIMP		The Implementation Advisory Committee's (IAC) support, or lack of support, for the Bond Program MIMP amendment may affect program and project scope, schedule and budget.
8	Community Response and Permitting	Permitting		If neighbors and businesses pose objections to project configurations, then permitting and schedule may be delayed.
9	Project Delivery Method	Procurement		Type of delivery method selected may affect procurement timeline as well as costs and schedule.
10	Increasing Costs	Procurement		If inflation and escalation of costs increase more than anticipated, then scope, schedule and costs may be affected.
11	ESJ Contracting Goals	Procurement		If a selected prime or sub cannot meet bonding requirements, then cost, schedule and stakeholder interests may be affected.
12	HMC requirements	Programming		If programming data and information does not accurately capture owner's requirements and transfer requirements to designer, then the project quality, scope, budget, schedule will be impacted.
13	County Council decisions based on 2023 Ordinance 15583 may affect ability to reach all planned populations.	Programming		If changes to the Bond Program limits projects focusing on behavioral health and mission population needs, then ESJ aspirational goals may be affected.
14	Community Outreach - Engagement	Stakeholder		If community outreach is not adequately planned and executed, then our outreach may be deemed inadequate and affect stakeholder support of the project, and schedule may be affected.
15	Internal Stakeholder Engagement	Stakeholder		If the internal stakeholders are not engaged or if expectations are not adequately managed, impacts to the scope and schedule could occur.

V. Conclusion

This report identifies tasks accomplished to advance the Bond Program work and details on FMD's progress towards achieving the Bond Program goals. In addition to this report, FMD provides monthly project updates to Harborview's CPOC and Board of Trustees and King County Auditor's Office.

Subsequent reports will update the information in this document.

VI. Appendices

Appendix A – Ordinance 19583



KING COUNTY
Signature Report
Ordinance 19583

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Proposed No. 2023-0097.2

Sponsors Upthegrove

1 AN ORDINANCE establishing a workgroup to develop a
2 program plan for the 2020 bond to support facility and
3 infrastructure improvements at Harborview Medical Center
4 and requiring monthly status reports.

5 **STATEMENT OF FACTS:**

- 6 1. Harborview Medical Center ("Harborview") is a comprehensive
7 regional health care facility owned by King County and, in accordance
8 with the hospital services agreement between the Harborview Medical
9 Center, the University of Washington and King County, is operated by
10 UW Medicine and is overseen by a thirteen-member board of trustees.
- 11 2. Harborview is the only Level 1 Trauma Center for adults and children
12 serving a four-state region that includes Alaska, Idaho, Montana and
13 Washington, and provides specialized care for a broad spectrum of
14 patients. Harborview is maintained as a public hospital by King County to
15 improve the health and well-being of the entire community and to provide
16 quality healthcare to the most vulnerable.
- 17 3. Motion 15183 created a planning process for a potential bond and
18 established the Harborview leadership group, which produced and
19 transmitted to the council an April 1, 2020, recommendation report
20 outlining the size, scope and total cost of a bond to make health and safety

21 improvements to the medical center. In that report, the leadership group
22 recommended the following bond program components: a new tower to
23 increase bed capacity; a new behavioral health building; existing hospital
24 space renovations; improvements to Harborview Hall; upgrades to the
25 Center Tower; improvements at the Pioneer Square Clinic; demolition of
26 the East Clinic building; and other costs. Included as part of the
27 recommendations were the estimated costs for each component, with an
28 estimated cost for the overall recommended bond program of \$1.74
29 billion.

30 4. Based on those recommendations, Ordinance 19117 placed a \$1.74
31 billion twenty-year bond on the November 3, 2020, ballot to fund facility
32 and infrastructure improvements at Harborview. The ballot measure was
33 approved by more than seventy-five percent of King County voters.

34 5. As of February 2023, inflation is at the highest levels seen in decades,
35 with the fourth quarter 2022 Econpulse report from the King County
36 office of economic and financial analysis ("OEFA") stating that the annual
37 inflation rate was 8.6 percent in October and December 2022.

38 6. In the same report, OEFA states that the degree to which the federal
39 reserve must raise interest rates to deal with inflation is likely to impact
40 construction, meaning that bond-funded capital projects could experience
41 substantial adjustments to anticipated size and scope.

42 7. Due to inflationary pressures and the current lending environment, a
43 substantial financial gap exists between the capital improvements that

44 were envisioned in the recommendation report and what the \$1.74 billion
45 of projected bond revenues will support, making it impractical to
46 accomplish the leadership group's recommended capital improvements
47 within the anticipated bond proceeds.

48 8. The March 7, 2023, Harborview master plan cost study report, which
49 was produced by the consultants Vanir and Cumming, provided new
50 estimates showing that costs are projected to exceed forecasted bond
51 revenues by approximately \$889 million.

52 9. Ordinance 19117 provided that if future changed conditions result in
53 costs substantially in excess of the amount of the bond revenues, that the
54 King County council shall determine how those components deemed most
55 necessary and in the best interest of the county be prioritized.

56 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

57 SECTION 1. A. The county, in collaboration with the Harborview Medical
58 Center board of trustees and UW Medicine, shall convene a workgroup as described in
59 subsection G. of this section. The workgroup shall develop a program plan that
60 recommends those health and safety improvements at the Harborview Medical Center
61 that can be built within the amount of the bond revenues estimated to be available and as
62 authorized by Ordinance 19117, and referred to in this section as the "program plan."
63 The executive shall transmit the program plan to council, and a motion approving the
64 plan as described in subsection I. of this section.

65 B. Each proposed component capital improvement project within the program
66 plan shall be described, including but not limited to a description of: the size of the

67 component capital improvement project, such as estimated overall square footage; the
68 planned purpose of, or service to be provided in, the component capital improvement
69 project; the estimated cost of the component capital improvement project; and estimated
70 timeline of the start and end of construction of the component capital improvement. The
71 program shall also identify and describe those factors that could adversely impact the
72 program plan's proposed square footage, cost, planned uses, and timelines. The program
73 plan shall also include an estimated milestone completion timeline for the overall
74 program.

75 C. In addition to identifying the elements of the program plan to be built within
76 the amount of the bond revenues available, the program plan may also include a
77 description of other legally available funds proposed to support the workgroup's program
78 plan, if, under the workgroup's program plan, bond revenues are insufficient to
79 accomplish all the workgroup's program plan components.

80 D. The program plan shall describe how the executive, in collaboration with the
81 council, the Harborview board of trustees and UW Medicine, should implement the
82 program so that the proposed component capital improvement projects within the
83 program shall meet the requirements of K.C.C. 2.42.080.E. and K.C.C. Title 4A.

84 E. The program plan shall include a recommended process by which the
85 executive will notify council if planned components may become impractical during the
86 remainder of the twenty-year bond and necessitate a substantive change to any of the
87 planned components. The recommended process shall ensure that the council has no
88 fewer than thirty days prior to any proposed change for the council to take such actions as
89 accepting, rejecting, or modifying the proposed change.

90 F. The program plan shall include as attachments to it any available reports
91 produced by county departments or contractors that the workgroup used in developing the
92 program plan recommendations.

93 G.1. The workgroup shall be facilitated by a neutral party and produce the
94 program plan described in subsections A. through F. of this section. The workgroup shall
95 consist of ten members, including six members selected in the same representative
96 apportionment as the capital planning oversight committee described in the 2016 hospital
97 services agreement, as well as the following members:

- 98 a. a member selected by the King County executive;
- 99 b. a member selected by the King County council;
- 100 c. a member selected by the Harborview board of trustees, and
- 101 d. a member selected by UW Medicine.

102 2. Workgroup members representing the council shall be appointed by the
103 council chair.

104 3. Staff to members of the workgroup may attend meetings of the workgroup
105 and provide support to the workgroup.

106 4. The workgroup shall consult with and provide meaningful opportunities for
107 input from labor organizations that represent Harborview employees, residents of the
108 First Hill neighborhood, members of the Harborview mission population, and any other
109 constituent entities the workgroup determines would help inform a Harborview bond plan
110 that best serves the public interest. The mission population of Harborview is defined by
111 Exhibit 2 to the 2016 hospital services agreement as the non-English-speaking poor, the
112 uninsured and underinsured, people who experience domestic violence and or sexual

113 assault, incarcerated people in King County's jails, people with behavioral health
114 illnesses, particularly those treated involuntarily, people with sexually transmitted
115 diseases and individuals who require specialized emergency care, trauma care and severe
116 burn care.

117 5. The workgroup shall be guided by the analytical criteria used by the
118 Harborview leadership group and set out in Appendix D to its April 1, 2020,
119 recommendation report.

120 6. The workgroup shall conduct and include a robust analysis of the impacts of
121 the program plan on equity and social justice from the analytical criteria.

122 H. The workgroup shall meet with the county council's committee of the whole to
123 present the workgroup's program plan described in subsections A. through F. of this
124 section no later than July 31, 2023.

125 I. The executive shall electronically transmit the workgroup's recommended
126 program plan, and a motion approving the plan, no later than August 1, 2023, with the
127 clerk of the council, who shall retain an electronic copy and provide an electronic copy to
128 all councilmembers, the council chief of staff, and the lead staff for the committee of the
129 whole, or its successor.

130 J. The workgroup established by subsection G. of this section shall disband upon
131 the effective date of a motion approving a program plan.

132 SECTION 2. A. The executive shall transmit monthly status reports to the
133 council describing any changes to the program plan required by section 1 of this
134 ordinance and should also include, but not be limited to, information previously included
135 in the department of executive services and facilities management division Harborview

136 bond capital program status reports. The monthly status reports shall include the
137 following:

- 138 1. A description of the current program scope;
- 139 2. Updates on the project schedule including the status of and planned dates for
140 major milestones;
- 141 3. Status and progress to date for each component capital improvement project;
- 142 4. Updates on the budget including expenditures to date and remaining budget
143 for each component capital improvement project, budget and expenditures;
- 144 5. Update on tasks completed on major milestones since the preceding report
145 and a three-month projected outlook on upcoming tasks to accomplish milestones;
- 146 6. A description of and stakeholder engagement and public communications
147 over the preceding month including appearances on agendas at regional meetings and
148 mailings; and
- 149 7. A description of risks including newly identified risks and realized risks since
150 the preceding monthly report, with a focus on risks that may have significant impacts on
151 the program plan scope, schedule, or budget.

152 B. The executive shall begin electronically filing the status reports by the end of
153 the month following the transmittal of the program plan required by section 1 of this
154 ordinance, and by the end of each month thereafter, with the clerk of the council, who
155 shall retain an electronic copy and provide an electronic copy to all councilmembers, the
156 council chief of staff and the lead staff for the committee of the whole, or its successor.

157 C. The final status report shall be filed by the end of the first month following the
158 completion of the final milestone described in the program plan.

Ordinance 19583 was introduced on 2/23/2023 and passed by the Metropolitan King County Council on 3/21/2023, by the following vote:

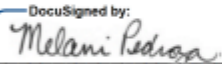
Yes: 9 - Balducci, Dembowski, Dunn, Kohl-Welles, Perry, McDermott, Upthegrove, von Reichbauer and Zahilay

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

DocuSigned by:

E76CE01F07B14EF...
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:

8DE1B8375AD3422...
Melani Pedroza, Clerk of the Council

APPROVED this ____ day of 3/30/2023, ____.

DocuSigned by:

4FBCAB8196AE4C8...
Dow Constantine, County Executive

Attachments: None

Harborview Medical Center Mission Statement

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 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.

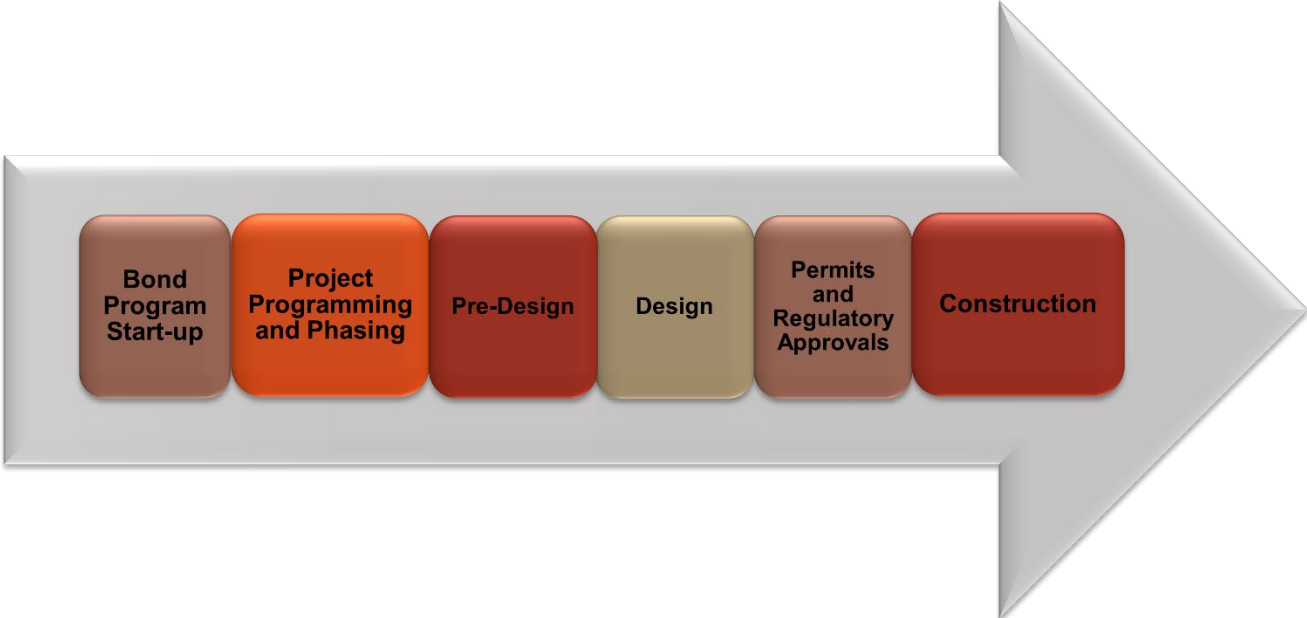
Harborview recognizes that the delivery of the highest quality of healthcare is enhanced by a strong commitment to teaching, community service and research.

Appendix C – Vanir Cost Study Report Updated Bond Project Cost Modeling

Updated Bond Project Cost Modeling

Bond Component Name	Bond Component Description	2019 Estimated Cost	2023 Estimated Cost	Delta
Harborview New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster prep; plant infrastructure	\$952,000,000	\$1,415,115,833	(\$463,115,833)
New Behavioral Health Building	Existing behavioral health services/programs and Behavioral Health Institute services/programs	\$79,000,000	\$136,477,284	(\$57,477,284)
Existing Hospital Space Renovation	Expand ITA court in most appropriate location; move/expand gamma knife; lab; Public Health TB, STD, MEO; nutrition, etc.	\$178,000,000	\$301,080,111	(\$123,080,111)
Harborview Hall	Seismic upgrades; improve/modify space; create space for up to 150 respite beds; maintain enhanced homeless shelter in most appropriate location	\$108,000,000	\$162,504,259	(\$54,504,259)
Center Tower	Seismic upgrades; improve and modify space for offices	\$248,000,000	\$317,944,966	(\$69,944,966)
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space	\$20,000,000	\$29,973,332	(\$9,973,332)
East Clinic	Demolish East Clinic Building	\$9,000,000	\$12,071,381	(\$3,071,381)
Site Improvements / Other Costs	Site preparation; 1% for Art; Project Labor Agreement; Project Management; Infrastructure Improvements	\$146,000,000	\$253,660,841	(\$107,660,841)
Total Project Cost		\$1,740,000,000	\$2,628,828,008	(\$888,828,008)

Appendix D – Phases of Construction





KING COUNTY
Signature Report
Motion 16435

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Proposed No. 2023-0278.1 **Sponsors Kohl-Welles and McDermott**

1 A MOTION approving a workgroup-recommended
2 program plan for those health and safety improvements at
3 the Harborview Medical Center that can be built within the
4 amount of the bond revenues estimated to be available and
5 as authorized by Ordinance 19117, as required by
6 Ordinance 19583.

7 WHEREAS, in November 2020, King County voters authorized \$1.74 billion in
8 capital bonds to fund facility infrastructure and health and safety improvements at
9 Harborview Medical Center, and

10 WHEREAS, a March 7, 2023, Harborview master plan cost study report,
11 produced by the consultants Vanir and Cumming, provided updated estimates showing
12 that costs to make those facility infrastructure and health and safety improvements are
13 projected to exceed forecasted bond revenues by approximately \$889 million, and

14 WHEREAS, on March 29, 2023, the King County council passed Ordinance
15 19583, calling for workgroup comprised of representatives from the Harborview Board of
16 Trustees, UW Medicine, the King County council, and the King County executive to
17 provide an updated program plan recommending those health and safety improvements at
18 the Harborview Medical Center that can be built within the amount of the bond revenues
19 estimated to be available and as authorized by Ordinance 19117, and

20 WHEREAS, the workgroup, supported by a neutral facilitator and more than two
21 dozen staff from UW Medicine, and King County, worked collaboratively for over
22 twelve weeks to develop the recommended program plan, and

23 WHEREAS, the workgroup was guided in its analysis by analytical criteria used
24 by the Harborview Leadership group, updated for the current environment, and

25 WHEREAS the workgroup utilized data and information provided to it by UW
26 Medicine, and King County to inform its decision making, and

27 WHEREAS, eight virtual and in-person engagement sessions were held to gather
28 input from labor organizations that represent Harborview employees, residents of the
29 First Hill neighborhood, and members of the Harborview mission population to help
30 inform a Harborview bond plan that best serves the public interest, and

31 WHEREAS, each requirement of Ordinance 19583 is addressed in the attached
32 report, including: overall square footage; the planned purpose of, or service to be
33 provided in, the component capital improvement project; the estimated cost of the
34 component capital improvement project; and estimated timeline of the start and end of
35 construction of the component capital improvement. In completing its analysis, the
36 workgroup recognized that those estimates are conceptual and high-level and are subject
37 to change as financial, regulatory, or other conditions related to the project may evolve;

38 NOW, THEREFORE, BE IT MOVED by the Council of King County:

39 The report, Recommended Program Plan for Harborview Medical Center Health

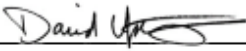
Motion 16435

- 40 and Safety Improvements, which is Attachment A to this motion and is as required by
41 Ordinance 19583, is hereby approved.

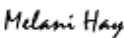
Motion 16435 was introduced on 8/15/2023 and passed by the Metropolitan King County Council on 10/3/2023, by the following vote:

Yes: 9 - Balducci, Dembowski, Dunn, Kohl-Welles, Perry, McDermott, Upthegrove, von Reichbauer and Zahilay

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

DocuSigned by:

E78CE01F07B14EF
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:

8DE18B375A03422
Melani Hay, Clerk of the Council

Attachments: A. Recommended Program Plan for Harborview Medical Center Health and Safety Improvements

Appendix F – Implementation Advisory Committee’s final endorsed recommendation letter

Date: September 21, 2023

Sean Conrad
City of Seattle Department of Construction & Inspections
Seattle Municipal Tower
700 Fifth Avenue
PO Box 34019
Seattle, WA 98124-4019

Re: Harborview Implementation Advisory Committee (IAC) Recommendations on Major Amendment Proposal

Dear Sean,

The Harborview Implementation Advisory Committee (IAC) has reviewed the proposed amendments to the Harborview Medical Center Major Institution Master Plan (MIMP) and recommends that SDCI review and approve the proposed changes as a major amendment.

Overall project background:

In November 2020, King County voters approved issuing up to \$1.74B in phased general obligation bond funding over 20 years at the Harborview Medical Center campus for health and safety purposes. This measure listed facility improvements, including the construction of a new tower on campus that increases single-patient bed capacity and expansion of the emergency department, which are highly constrained in the current environment.

The Harborview Implementation Advisory Committee has met on 10 occasions to discuss the planned major amendment to the Major Institution Master Plan to support the continued development of the voter-approved improvements at the Harborview campus in First Hill. A MIMP describes the zoning rules that will apply to an institution and identifies long-range planning for developing the major institution's property.

The proposed major amendments to the Harborview MIMP are as follows:

Major Amendment Proposal #1: Expansion of Major Institution Boundary

The existing MIO (major institution overlay) boundary totals 594,480 sq. ft. Harborview proposes expanding the MIO boundary by approximately 60,000 sq. ft. to accommodate a proposed two-way access road around the perimeter of the new hospital tower. The proposed road will be for emergency vehicles, sidewalks, and two-way traffic around the campus.

Committee Recommendation: Approve. The committee fully supports the expansion of the MIO boundary to the southwest up to the I-5 corridor. The committee would like to encourage Harborview to continue to study the suitability of extending the planned access road to James St. for emergency vehicle access only. In the committee's view, such an extension would provide multiple entry points to the ER tower for emergency traffic, ease congestion around the hospital, and reduce noise pollution from sirens within the First Hill neighborhood.

Major Amendment Proposal #2: New Floor Area Ratio (FAR)

The existing MIO limits Harborview's total FAR to 3.6. Harborview proposes increasing the allowed FAR to 6.0. Doing so enables construction of voter-approved facilities, such as the New Tower, the renovation of

Harborview Hall, a building at the existing Walter Scott Brown building site, and a new building at the existing East Clinic site. The increase in FAR would align Harborview with other major hospital institutions in the area.

Committee Recommendation: Approve without reservations. Increasing the Floor Area Ratio (FAR) to 6.0 positions Harborview Medical Center to serve the future needs of the community.

Major Amendment Proposal #3: Height, Bulk, and Scale

Harborview Medical Center proposes increasing the height designation of the Major Institutions Overlay (MIO) west of 8th Avenue from 240 ft. to 300 ft. Accordingly, the IAC reviewed the height, bulk, and scale of proposed Harborview development projects, including the proposed massing of the new tower and future projects at the East Clinic and Walter Scott building sites. In all cases, the committee found the proposed building height, bulk, and scale of proposed buildings consistent with existing buildings and the current built environment of the surrounding neighborhood.

Committee Recommendation: Approve without reservations. Harborview Medical Center is consistently over capacity within the existing campus. Moreover, they operate in a constrained urban space within a dense city neighborhood. Accordingly, the Committee believes that there is a compelling need to increase the maximum building height above the current 240 ft. MIO as requested. Increasing the height allowance in the proposed location accommodates the need for more hospital beds with the least impact on the wider community.

Major Amendment Proposal #4: Open Space

Currently, the minimum percentage of the Harborview MIO district to remain in open space is 20%. This requirement is satisfied by landscaped open space on top of the existing west garage with a viewpoint and park and through building setbacks. Because the west garage is the planned site of the new tower, Harborview Medical Center proposes developing surplus surface parking east of Harborview Hall into a new community open space. In so doing, HMC proposes reducing current open space requirements on campus from 20% to 12%. During our meetings, no mention was made of reducing setback requirements, so the committee assumes that the proposed reduction comes entirely from the new proposed open space being smaller than the current open space to be developed.

During our meetings, Harborview capital development staff raised numerous perspectives that were acknowledged as having merit. A 12% open space proposal would bring the Harborview MIMP closer to alignment with other major institutions' less-stringent open space goals (Virginia Mason, 4%, Swedish First Hill, 9.5%). Additionally, there are opportunities with an eastside open space nexus to align with planned neighborhood open spaces, such as the Terry Avenue green street concept.

Committee Recommendation: Approve with reservations. The committee considers that the primary responsibility of Harborview Medical Center is to provide exemplary care to its patients. We are confident that the reduction of the current open space requirements is necessary for Harborview to continue to provide high-quality patient care. Harborview exists in a highly dense/constrained urban environment where open space is at a premium. However, the committee would be remiss if we did not mention that First Hill is underserved by parks and open space. Both the 2000 Pro Parks levy and the 2008 Parks and Open Space levy identified First Hill as a priority area for developing a neighborhood park—the community is still left waiting. This problem is not necessarily Harborview's to solve. Still, there is a collective action problem between the several First Hill major institutions, the city, and the Seattle Parks Department in providing needed facilities to the First Hill neighborhood. Harborview's planned reduction of open space is necessary but not without serious trade-offs, including a valued neighborhood amenity in View Park. The committee encourages Harborview Medical Center to comply with all provisions of the Terry Avenue Public Realm Action Plan (PRAP) as they plan their campus.

Major Amendment Proposal #5: Traffic Impacts & Traffic Mitigation

Harborview commits to the continued development of a Transportation Management Plan (TMP) to minimize neighborhood impact by staff, patient, and visitors' vehicles. As part of an EIS for the construction of the new tower, studies will be conducted on traffic, parking, and congestion, along with ways to mitigate these impacts both during and after construction.

Committee Recommendation: Provisionally Approve, with the understanding that a full traffic study will be conducted during the EIS process, which will include opportunities for public comment. The IAC encourages Harborview to continue to defray single-occupancy vehicle trips to the campus through shuttle services, subsidized transit passes, and encouraging rideshare, with the understanding that many work shifts occur during off-peak hours. Single-occupancy vehicle parking impacts are keenly felt by the Yesler Terrace community.

In closing, the IAC recommends approving the proposed amendments to the Harborview MIMP. The vote to adopt this position was: 8 in favor, 1 opposed, and 0 abstaining.

Harborview IAC Members include:

Jackson Taylor - Approve
Kenda Salisbury - Approve
Nancy Hong - Approve
Cathy Jaramillo - Approve
Sandy Miller - Approve
Dani Noune - Approve
Kristin O'Donnell - Approve
Frederick Scheetz - Oppose
Carlos Estrada - Approve

Sincerely,



Jackson Taylor, Chairperson
Harborview Implementation Advisory Committee

PROGRESSIVE DESIGN-BUILD (PDB)

Alternative Contracting Procedure

March 28, 2024



ADVANTAGES OF PDB

- ❑ Responsive to complex, phased, and occupied projects
- ❑ Provides substantial owner input into both design and construction
- ❑ Encourages collaboration between the owner, designer, and contractor
- ❑ Facilitates early work packages within the contract parameters
- ❑ Provides cost transparency, including the pricing of risks and contingencies
- ❑ Supports owner involvement in design phase solutions and creative innovations with the designers and contractors
- ❑ Prescribes use of multiple strategies to maximize equity and social justice (ESJ) opportunities throughout the phases of design and construction





KING COUNTY
Signature Report
Ordinance 19790

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Proposed No. 2024-0117.1

Sponsors Zahilay

1 AN ORDINANCE relating to a capital improvement
2 project; making a supplemental appropriation of
3 \$52,065,500 to the Harborview Medical Center capital
4 program 2020 Proposition 1 fund; and amending the 2023-
5 2024 Biennial Budget Ordinance, Ordinance 19546,
6 Section 129, as amended, and Ordinance 19546,
7 Attachment A, as amended.

8 **PREAMBLE:**

9 On November 3, 2020, county voters passed Proposition 1 with an
10 approving vote of 76.38 percent, authorizing the issuance of series of
11 unlimited tax general obligation bonds to finance a substantial capital
12 improvement program to complete public health, safety and seismic
13 improvements to Harborview Medical Center facilities.

14 The county has issued two series of bonds to date to finance costs of
15 public health, safety and seismic improvements to Harborview Medical
16 Center facilities, which are deemed by Ordinance 19117 to include
17 mitigation costs and other costs incurred in connection with the
18 improvements.

19 **BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:**

20 SECTION 1. The project identified in Attachment A to this ordinance is a
21 necessary component for the completion of the public health, safety and seismic
22 improvements to Harborview Medical Center facilities approved by the voters, and costs
23 incurred to complete the project identified in Attachment A to this ordinance are costs
24 incurred in connection therewith.

25 SECTION 2. This ordinance makes a supplemental appropriation of \$52,065,500
26 to the Harborview Medical Center capital program 2020 Proposition 1 fund.

27 SECTION 3. Ordinance 19546, Section 129, as amended, is hereby amended by
28 adding thereto and inserting the following:

29 From the Harborview Medical Center capital program 2020 Proposition 1 fund
30 there is hereby appropriated and authorized to be disbursed the following amounts for the
31 specific project identified in this Attachment A to this ordinance (Proposed Ordinance
32 2024-xxxx).

33	Fund	Fund Name	2023/2024
34	3750	HARBORVIEW MEDICAL CENTER CAPITAL PROGRAM 2020	
35		PROPOSITION 1	\$52,065,500
36		TOTAL GENERAL CIP	\$52,065,500

37 SECTION 4. Attachment A to this ordinance hereby amends Attachment A to

- 38 Ordinance 19546, as amended, by adding thereto and inserting therein the projects listed
- 39 in Attachment A to this ordinance.

Ordinance 19790 was introduced on 4/23/2024 and passed by the Metropolitan King County Council on 7/16/2024, by the following vote:

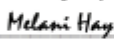
Yes: 9 - Balducci, Barón, Dembowski, Dunn, Mosqueda, Perry, Upthegrove, von Reichbauer and Zahilay

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

DocuSigned by:

E76CE01F07B14EF...
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:

8DE198375AD3422...
Melani Hay, Clerk of the Council

APPROVED this ____ day of 7/26/2024, _____.

DocuSigned by:

4FBCA8196AE4C8...
Dow Constantine, County Executive

Attachments: A. General Government Capital Improvement Program

9th and Alder Property Update

Background

In August 2024¹⁸, King County Facilities Management Division acquired a 1.6-acre land parcel immediately adjacent to the Harborview Medical Center (HMC) campus at the corner of 9th Avenue and Alder Street in Seattle. The property provides King County and Harborview Medical Center an opportunity to expand the Harborview campus to meet the region’s growing demands for physical and behavioral health care. The property is also strategically located to provide needed construction staging and parking space to support the upcoming construction of a new medical tower under the Harborview bond program. The site is within the Yesler Terrace Master Planned Community, and the County’s planned use for the property is permitted under the land use code for this zone. In May 2024, the County was awarded a \$5 million behavioral health grant from the Washington State Department of Commerce to begin project programming, siting, and pre-design work. The initial programming and pre-design work will inform the project’s estimated cost and additional funding will be needed for full design and construction on the property.

Scope

To build an innovative, accessible, and sustainable medical facility integrating behavioral health services with related primary care functions and providing space for new programming spaces to address the forecasted growth in hospital programs and services.

Status Overview

- Reviewing entitlements on property and opportunities to maximize parking at location;
- Work is continuing on the grant-funded pre-design report to define preliminary program elements and to develop conceptual cost estimates for identified alternatives;
- Drafting letters to Tribes to notify them of potential construction in their area of interest in compliance with Governor’s Executive Order (GEO) 21-02¹⁹.

¹⁸ Appendix H – Ordinance 19790

¹⁹ Appendix J – Governor’s Executive Order (GEO) 21-02



STATE OF WASHINGTON
OFFICE OF GOVERNOR JAY INSLEE

EXECUTIVE ORDER 21-02

ARCHAEOLOGICAL AND CULTURAL RESOURCES

WHEREAS, Washington has a rich and diverse cultural heritage, as represented by the numerous archaeological and historic sites that have been identified and located throughout our state; and

WHEREAS, Native American sacred places and landscapes are foundational to the identity and spiritual practices of Washington’s tribal nations; and

WHEREAS, preservation and protection of these sites provides educational and cultural values for all citizens and leads to better understanding between cultures of our shared history; and

WHEREAS, many people contribute their time and efforts to preserve and protect Washington’s unique archaeological and historic archaeological sites, historic buildings, and traditional cultural places; and

WHEREAS, these sites, buildings and places hold special cultural, historical, and spiritual significance for both tribal members and non-tribal members; and

WHEREAS, the Department of Archaeology and Historic Preservation (DAHP) and the Governor’s Office of Indian Affairs (GOIA) share statewide responsibility for enhancing the public’s awareness of the need and value of protecting Washington’s heritage and establishing effective consultation with Native American tribal governments.

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, by virtue of the power vested in me by the Constitution and statutes of the state of Washington, do hereby order the following for all Executive Branch and Small Cabinet agencies within my administration:

1. Agencies shall consult with DAHP and affected tribes on the potential effects of projects on cultural resources proposed in state-funded construction or acquisition projects that will not undergo Section 106 review under the National Historic Preservation Act of 1966 (Section 106), including grant or pass-through funding that culminates in construction or land acquisitions, to determine potential effects to cultural resources.
2. Agency should initiate consultation with DAHP and affected tribes early in the project planning process and must complete it prior to the expenditure of any state funds for construction, demolition or acquisition.

3. State agencies shall take all reasonable action to avoid, minimize or mitigate adverse effects to archeological and historic archaeological sites, historic buildings/structures, traditional cultural places, sacred sites or other cultural resources.
4. Consultation under this Executive Order may be delegated to non-state recipients of state funds but the state agency shall retain the responsibility to ensure an adequate consultation process and will be responsible for holding all records related to the tribal consultation process. The agency will provide the records to DAHP to demonstrate completion of the tribal consultation process.
5. Should DAHP or the affected tribes notify an agency that an archaeological or historic archaeological site, historic building/structure or traditional/sacred place study is needed before a project may proceed, the agency must consult with DAHP and the affected tribes for the purpose of seeking agreement on studies that must be completed prior to expenditure of any state funds for construction or purchase.
6. Should DAHP or the affected tribes identify a known archaeological or historic archaeological site, historic building/structure, cultural or sacred place that may be impacted by either direct or indirect effects of the proposed undertaking or activity, the agency must consult with DAHP and the affected tribes on avoidance strategies or methods to minimize harm.
7. In the case of historic buildings/structures, the agency shall develop mitigation strategies in consultation with DAHP and if requested, affected tribes. For all other cultural resources including archaeological and historic archaeological sites or traditional and sacred places the agency may only develop mitigation strategies upon notifying DAHP and the affected tribes that avoidance cannot be attained.
8. Mitigation strategies for archaeological, cultural and sacred sites shall be identified through consultation with DAHP and the affected tribes.
9. In the event of a disagreement regarding the required consultations, or regarding the need or scope for archeological, ethnographic or cultural studies, the funding state agency, DAHP and/or GOIA shall meet with the Office of Financial Management policy and budget staff to identify an appropriate resolution.

The Office of Financial Management is directed to include in its budget and allotment instructions a requirement that agencies consult with DAHP and affected tribes, as appropriate, as part of the budget request and allotment process.

To the extent that they have not already received training, all appropriate state agency employees managing state-funded construction or acquisition projects, including grant or pass-through funding that culminates in construction or land acquisitions, will attend government-to-government training and cultural resource training provided by GOIA and DAHP.

