

A G E N D A
WALLA WALLA COUNTY BOARD OF COMMISSIONERS
TUESDAY, DECEMBER 27, 2022

Commissioners have resumed in person public meetings and will also continue to host the meetings via WebEx.

Following is the website to attend and listen to the meeting and the phone number to call to take part in the meeting. Any questions please email us wwcocommissioners@co.walla-walla.wa.us.

Call in 1-408-418-9388 access code: 146 784 0290

Meeting link: <https://wwco.webex.com/wwco/j.php?MTID=m6ef6c0710e4eb57be4e10ce0cc827a38>

PLEASE NOTE: All times are tentative and at the discretion of the Chairman with the exception of advertised bid openings and public hearings.

1:15 P.M. COUNTY COMMISSIONERS

Chairman Kimball

All matters listed within the Consent Agenda have been distributed to each County Commissioner for review and are considered routine. The Consent Agenda will be approved by one motion of the Board of County Commissioners with no separate discussion. If separate discussion is desired on a certain item, that item may be removed from the Consent Agenda at the request of a Commissioner, for action later.

- a) Roll call and establish a quorum
- b) Silence cell phones
- c) Declarations re: conflict of interest
- d) Approval of agenda
- e) Pledge of Allegiance
- f) Public comment period (time limitations may be imposed)
- g) **Action Agenda Items:**
 - 1) Review submitted Employee Payroll Action Forms
 - 2) Review vouchers/warrants/electronic payments
- h) **Public Hearing (Continued from December 5, and 12, 19, 2022):**
 - 1) To consider adoption of the 2023 Walla Walla County Budget
- i) **Action Agenda Items:**
 - 1) Resolution – Adopting the Final Budget for fiscal year 2023 for the various County funds
- j) **Public Hearing:**
 - 1) To consider amendments to the 2022 Walla Walla County Budget
- k) **Action Agenda Items:**
 - 1) Resolution – Amendments to the 2022 Walla Walla County Budget
- l) **Consent Agenda Items:**
 - 1) Resolution – Minutes of County Commissioners' proceedings for December 12 and 13, 2022
 - 2) Resolution – Approving out of state travel to Nevada for County Treasurer Gordon Heimbigner and Chief Deputy Treasurer Lisa Stober
 - 3) Resolution – Reappointment of Esther Click to the Walla Walla County Rural Library District Board of Trustees

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF ADOPTING
THE FINAL BUDGET FOR FISCAL
YEAR 2023 FOR THE VARIOUS
COUNTY FUNDS

RESOLUTION NO. 22

WHEREAS, the time has come to adopt the Final Budget for Walla Walla County for Fiscal Year 2023; and

WHEREAS, RCW 36.40.071 provides that a public hearing be held to receive public comment regarding the 2022 County Budget, with said properly advertised hearing opened on December 5, 2022 and continued until December 12, 2022, December 19, 2022, and December 27, 2022 at which time discussions continued; and

WHEREAS, RCW 36.40.050 provides that the County Commissioners shall examine the preliminary budget in detail, making any additions or revisions it deems advisable; and

WHEREAS, the Walla Walla County Commissioners have examined said 2023 Budget and have made revisions to same in order to balance expenditures with anticipated revenues; and

WHEREAS, RCW 36.40.080 provides that the Board of County Commissioners, upon the conclusion of the public hearing, shall fix and determine each item of the budget and shall, by resolution, adopt the budget as so finally determined and enter the same in detail in the official minutes of the Board, a copy of which budget shall be forwarded to the Division of Municipal Corporations and the State Auditor's office; now therefore

BE IT HEREBY RESOLVED by this Board of County Commissioners that the 2023 budgets for the following funds and in the amounts set forth for Revenue and Expenditures on following attachment "2023 Walla Walla County Budget", which is by this reference made a part hereof, are hereby adopted, and a detailed copy shall be placed on file in the County Auditor's Office.

BE IT FURTHER RESOLVED that this Board of Walla Walla County Commissioners resolves unto itself the power and authority to revise, delete and add any line items within any one of these budgets, all in accordance with applicable laws, necessary to keep expenditures within anticipated revenues.

Passed this 27th day of December, 2022 by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

2023
WALLA WALLA COUNTY BUDGET

Fund #	Department/Fund Name	Beginning Fund Balance	Revenue	Expenditures	Ending Fund Balance	Total Budget
010	Current Expense	\$6,000,000	\$20,881,708	\$24,426,256	\$2,455,452	\$26,881,708
10100	Community Development	\$85,103	\$1,370,776	\$1,455,879	\$0	\$1,455,879
10200	Waste Management	\$60,000	\$23,510	\$23,510	\$60,000	\$83,510
10300	Emergency Management	\$84,454	\$340,362	\$369,405	\$55,411	\$424,816
10400	Sheriff's Block Grant	\$233	\$0	\$233	\$0	\$233
10500	Hotel/Motel Tax	\$375,000	\$175,000	\$150,000	\$400,000	\$550,000
10700	Juvenile Justice Center	\$525,000	\$2,142,446	\$2,279,144	\$388,302	\$2,667,446
10800	Law & Justice	\$2,700,000	\$3,138,779	\$3,666,346	\$2,172,433	\$5,838,779
10900	Auditor's M & O	\$475,000	\$98,120	\$273,700	\$299,420	\$573,120
10910	M&O County Portion	\$85,000	\$9,500	\$14,137	\$80,363	\$94,500
11000	Treasurer's M & O	\$48,000	\$60,500	\$57,061	\$51,439	\$108,500
11100	Pros Victim-Witness	\$129,000	\$143,646	\$168,647	\$103,999	\$272,646
11200	Public Health	\$1,000,000	\$11,152,819	\$11,731,287	\$421,532	\$12,152,819
11500	County Road	\$10,500,000	\$19,589,481	\$24,326,500	\$5,762,981	\$30,089,481
11800	Walla Walla Fair	\$525,000	\$2,059,750	\$1,951,295	\$633,455	\$2,584,750
11900	Human Services	\$665,000	\$1,899,920	\$1,916,289	\$648,631	\$2,564,920
12000	County Mental Health .01%	\$2,400,000	\$1,300,000	\$1,674,797	\$2,025,203	\$3,700,000
12100	Soldier's Relief	\$200,000	\$91,000	\$111,768	\$179,232	\$291,000
12200	Pros Child Support	\$16,307	\$210,642	\$210,641	\$16,308	\$226,949
12300	Fairgrounds Property	\$220,000	\$66,000	\$19,009	\$266,991	\$286,000
12400	Youth Special Services	\$90,000	\$283,851	\$283,375	\$90,476	\$373,851
12600	Mill Creek Flood	\$660,000	\$1,563,100	\$1,572,000	\$651,100	\$2,223,100
12700	StormWater Mgmt Util Dist	\$827,000	\$205,000	\$372,500	\$659,500	\$1,032,000
12800	WW Noxious Weed Control	\$184,000	\$34,200	\$55,700	\$162,500	\$218,200
13200	Election Equipment Res	\$310,000	\$36,100	\$145,500	\$200,600	\$346,100
13400	Reet Electronic Technology	\$140,000	\$18,000	\$20,000	\$138,000	\$158,000
13500	Trial Court Improvement Fund	\$140,000	\$260,668	\$248,460	\$152,208	\$400,668
13600	CE Retirement fund	\$7,000	\$100,000	\$100,000	\$7,000	\$107,000
13700	Sup Crt & Indgnt Def Emerg	\$200,000	\$200,000	\$161,000	\$239,000	\$400,000
13800	Current Expense Reserve	\$4,296,000	\$200,000	\$0	\$4,496,000	\$4,496,000
14600	Emergency Medical Services	\$50,000	\$231,099	\$231,099	\$50,000	\$281,099
14700	EMS Taxes	\$50,000	\$4,541,919	\$4,522,250	\$69,669	\$4,591,919
14800	911 Enhncd/PUB Com Bldg	\$0	\$665,955	\$665,955	\$0	\$665,955
15000	WWCo Public Fac Improv	\$4,800,000	\$750,000	\$850,000	\$4,700,000	\$5,550,000
15100	Community Outreach Fund	\$136,000	\$0	\$30,000	\$106,000	\$136,000
15200	Investment Pool	\$48,000	\$60,000	\$73,095	\$34,905	\$108,000
15300	CE Medical Insurance Reserve	\$329,000	\$0	\$0	\$329,000	\$329,000
15400	LEOFF I FUND	\$447,000	\$2,000	\$100,000	\$349,000	\$449,000
15600	County Treasurer Service Fund	\$12,800	\$0	\$0	\$12,800	\$12,800
16000	WWCo Low Income Housing	\$133,741	\$50,000	\$60,000	\$123,741	\$183,741
16100	Homeless Housing	\$420,000	\$450,000	\$401,975	\$468,025	\$870,000
16200	Affordable Housing	\$313,000	\$100,000	\$0	\$413,000	\$413,000
16400	ARPA - America Rescue Plan	\$3,000,000	\$0	\$3,000,000	\$0	\$3,000,000
19000	Jail Inmate Welfare	\$100,000	\$25,000	\$57,295	\$67,705	\$125,000
19100	Reward		\$1,000	\$1,000		\$1,000
19200	DARE/Great Programs	\$1,000	\$1,500	\$2,160	\$340	\$2,500
19300	Boating Safety	\$79,149	\$8,112	\$13,789	\$73,472	\$87,261
19400	Sheriff's Drug Investigative Fund	\$44,796	\$5,000	\$5,000	\$44,796	\$49,796
30000	Law & Justice Building	\$468,000	\$156,000	\$300,000	\$324,000	\$624,000
30100	Current Expense Building	\$1,204,000	\$1,510,000	\$1,627,000	\$1,087,000	\$2,714,000
30400	Fairgrounds Building	\$50,000	\$0	\$0	\$50,000	\$50,000
30500	Pub Comm Bldg Fund	\$49,000	\$10,000	\$15,000	\$44,000	\$59,000
30600	Capital Improvements Fund	\$994,246	\$5,000	\$500,000	\$499,246	\$999,246
31900	Human Services Capital Project	\$677,000	\$0	\$0	\$677,000	\$677,000
50200	Equip Rental Revolving	\$2,050,000	\$5,195,248	\$5,601,350	\$1,643,898	\$7,245,248
50300	Risk Management	\$500,000	\$1,185,298	\$1,291,024	\$394,274	\$1,685,298
50400	Unemployment Comp	\$5,500	\$115,000	\$115,000	\$5,500	\$120,500
50500	Technology Services	\$436,127	\$2,253,083	\$2,173,666	\$515,544	\$2,689,210
50600	Central Services Cap Fund	\$550,000	\$155,200	\$150,000	\$555,200	\$705,200
GRAND TOTAL APPROPRIATIONS		\$49,895,456	\$85,131,292	\$99,571,097	\$35,455,651	\$135,026,748

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF APPROVING
OUT OF STATE TRAVEL TO
NEVADA FOR COUNTY
TREASURER GORDON
HEIMBIGNER AND CHIEF DEPUTY
TREASURER LISA STOBER }

RESOLUTION NO. 22

WHEREAS, Walla Walla County Treasurer Gordon Heimbigner has requested approval for out of state travel to allow his attendance and that of Chief Deputy Treasurer Lisa Stober at the Government Investment Officers Association conference in Las Vegas, Nevada, March 8-10, 2023; and

WHEREAS, conference costs are covered by the county's investment pool fees, with no Current Expense Fund monies expended; and

WHEREAS, approval of the request at this time will allow Mr. Heimbigner to monitor air fare and hotel rates and make reservations at the most favorable rates; now therefore

BE IT HEREBY RESOLVED by this Board of Walla Walla County Commissioners that out of state travel as outlined above is approved.

BE IT FURTHER RESOLVED that travel reimbursements shall be at the "high cost area" rate.

BE IT FURTHER RESOLVED that additional time to travel to or from said event, if needed, is also approved.

BE IT FURTHER RESOLVED that any personal travel costs shall be the responsibility of Mr. Heimbigner and/or Ms. Stober.

Passed this 27th day of December, 2022 by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

Jill Munns

From: Gordon Heimbigner
Sent: Thursday, December 15, 2022 3:37 PM
To: Diane Harris; Jill Munns
Subject: March 2023 GIOA Conference
Attachments: 2023 GIOA Conf travel.pdf

Attached is the request for out of state travel to Las Vegas for the annual Government Investment Officers Association conference. I am asking now as I would like to monitor airfare. Also, there is a discounted registration rate if done prior to January 20th. At the conference we will be recognized for our investment policy being certified this past year.

Let me know if you need anything else.

Gordon R. Heimbigner
Walla Walla County Treasurer
(509) 524-2751
gheimbigner@co.walla-walla.wa.us

NOTICE: All emails, and attachments, sent to and from Walla Walla County are public records and may be subject to disclosure pursuant to the Public Records Act (RCW 42.56)

Memo

To: Board of County Commissioners;
From: Gordon Heimbigner *GH*
Date: December 15, 2022
Re: Out of State Travel for Investment Conference

I would like to request approval for out of state for myself and Lisa Stober to attend the Government Investment Officers Association conference March 08-10, 2023 in Las Vegas. Also, Wells Fargo and GPA are looking at possibly doing some related training on the 7th. We will also be getting recognized this year for the certification of our investment policy

This conference is paid for entirely by the Investment Pool, so there is no Current Expense impact.

I am asking this far in advance so I can monitor airfare and try to get it at the lowest rate possible.

WALLA WALLA COUNTY
Employee Travel Authorization

Date of Request 12/15/2022

Employee Attending: <u>Lisa Stuber</u>	Estimate of Cost (Includes all costs even prepaid)	
	Transportation	
Meeting/Training: <u>3/10/2023</u> Start time/date: <u>3/08/2023</u> End time/date:	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus/Train <input type="checkbox"/> County Vehicle <input type="checkbox"/> Private Vehicle _____ miles @ _____	\$ \$ <u>750.00</u>
Location: City: <u>Las Vegas</u> State: <u>NV</u>	<input type="checkbox"/> Rental Car <input checked="" type="checkbox"/> Cab/Bus	\$ <u>25.00</u>
Title of Meeting/Training: <u>GIOA Conference</u> (Attach agenda/training brochure)	Lodging <u>3</u> night(s) @ \$ <u>160</u>	
Departure Date: <u>3/07/2023</u> Time: Return Date: <u>3/10/2023</u> Time:	Meals	
	Breakfast(s) _____ @ \$ <u>17</u>	\$ \$ <u>38.00</u>
	Lunch(s) <u>2</u> @ \$ <u>19</u>	\$ <u>38.00</u>
	Dinner(s) <u>2</u> @ \$ <u>33</u>	\$ <u>66.00</u>
Place of Lodging: <u>Park MGM</u>	Registration/Tuition	
	Cancel Date:	\$ <u>200.00</u>
Phone Number:	Total Expenses	
	\$	

Credit Card Use: ☐ Yes ☒ No Date Needed: _____

I hereby acknowledge receipt of the department credit card/advance travel funds, and certify that I will return the credit card/unexpended advance travel funds, together with an expense voucher, and all required receipts within five (5) days of my return. I further agree that if credit card receipts show any amount in excess of authorized reimbursements, I will attach a check or money order for that amount owed or that amount shall be deducted by the County Auditor's Office from my next paycheck.

Signature of Employee _____

Date: _____

Recommended: ☐ Yes ☐ No

Supervisor Signature _____

Date : _____

Out-of-State Travel: ☐ Yes ☐ No
 (Attach Resolution)

Approved: ☐ Yes ☐ No

Elected Official/Department Head _____

Date: 12/15/2022

**WALLA WALLA COUNTY
Employee Travel Authorization**

Date of Request 12/15/2022

Employee Attending: <u>Gordon Helmdigra</u>	Estimate of Cost (Includes all costs even prepaid)	
	Transportation	
Meeting/Training: Start time/date: <u>3/08/2023</u> End time/date: <u>3/10/2023</u>	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus/Train <input type="checkbox"/> County Vehicle <input type="checkbox"/> Private Vehicle _____ miles @ _____	\$ <u>\$ 750.00</u>
	<input type="checkbox"/> Rental Car <input checked="" type="checkbox"/> Cab/Bus	\$ <u>25.00</u>
Location: City: <u>Las Vegas</u> State: <u>NV</u>	Lodging	
Title of Meeting/Training: <u>GIOA Conference</u> (Attach agenda/training brochure)	<u>3</u> night(s) @ \$ <u>160</u>	<u>\$ 480.00</u>
	Meals	
Departure Date: <u>3/07/2023</u> Time: _____	Breakfast(s) _____ @ \$ <u>17</u>	\$ _____
Return Date: <u>3/10/2023</u> Time: _____	Lunch(s) <u>2</u> @ \$ <u>19</u>	<u>\$ 38.00</u>
	Dinner(s) <u>2</u> @ \$ <u>33</u>	<u>\$ 66.00</u>
Place of Lodging: <u>Park MGM</u>	Registration/Tuition	
	Cancel Date: _____	<u>\$200.00</u>
Phone Number: _____	Total Expenses \$ _____	

 Credit Card Use: ☐ Yes ☒ No Date Needed: _____

I hereby acknowledge receipt of the department credit card/advance travel funds, and certify that I will return the credit card/unexpended advance travel funds, together with an expense voucher, and all required receipts within five (5) days of my return. I further agree that if credit card receipts show any amount in excess of authorized reimbursements, I will attach a check or money order for that amount owed or that amount shall be deducted by the County Auditor's Office from my next paycheck.

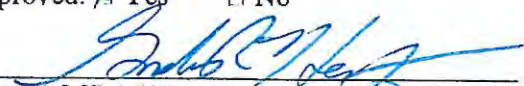
Signature of Employee

Date: _____

Recommended: ☐ Yes ☐ No

Supervisor Signature

Date: _____

 Out-of-State Travel: ☐ Yes ☐ No
 (Attach Resolution)
Approved: ☒ Yes ☐ No

 Elected Official/Department Head
Date: 12/15/2022



GIOA CONFERENCE AGENDA 2023



Tuesday, March 7, 2023

4:00 PM-6:00 PM EARLY REGISTRATION FOR GOVERNMENT ATTENDEES ONLY
PRESIDIO 1

Wednesday, March 8, 2023

Pre-Conference (FOR GOVERNMENT ATTENDEES ONLY)

8:15 AM-9:00 AM REGISTRATION-PRESIDIO 1
BUFFET BREAKFAST-GRIFFITH 1-6

CONCURRENT SESSIONS: 9:00 AM-10:15 AM (CPE 1.5 Credit-Finance)

GIOA is bringing back its popular "Bond Market Boot Camp" for the 2023 conference. These sessions will be well suited for government members who are new or new'ish to public fund investing.

BOND MARKET BOOT CAMP SESSION 1- PRESIDIO 2

Topics Covered Will Include: Investment Policy Best Practices, Cash Flow Analysis, and Financial Markets Overview

Speakers: Arthur Whitten, Investment & Banking Officer, Spokane County, GIOA Treasurer; Mark Buchta, Senior Financial Analyst, Public Utility District No. 2 of Grant County, WA; Angelina Johnson, Manager Treasury Operations/Deputy Treasurer, Public Utility District No. 2 of Grant County

Moderator: Nicole Muegge, Investment & Banking Officer, Thurston County, GIOA President

U.S. REGULATORY UPDATE AND LIQUIDITY UPDATE- PRESIDIO 4

Investment professionals need to understand post-pandemic actions from the Federal Reserve Bank (FRB) and its impact to future liquidity to help State & Local Government Treasuries better align with their short-term deposits/investment strategies. This session will help attendees understand regulatory and policy changes impacting Money Market Funds (MMF) and bank deposits at U.S. banking institutions.

Speaker: Michael Berkowitz, Head of Global Product & North America, Liquidity Management Services,

Moderator:

10:15 AM-10:45 AM REFRESHMENT BREAK – EXHIBIT HALL – PRESIDIO 2

CONCURRENT SESSIONS: 10:45 AM-NOON (CPE 1.5 Credits-Finance)

BOND MARKET BOOT CAMP SESSION 2- PRESIDIO 2

Topics Covered Will Include: The Federal Reserve, Economic Indicators, Interest Rates, Fixed Income Instruments, and Bond Market Math

Speakers: Kevin Webb, CFA

Moderator: Rick Phillips, GIOA Founder, President, FHN Main Street Advisors

THE FED'S DUAL IMPACT OF HIGHER RATES AND A SHRINKING BALANCE SHEET – PRESIDIO 4

Discuss the two major tools the Fed is using to tighten monetary policy and tame inflation - Fed Funds and the Balance Sheet. Provide progress to date and highlight how the Fed is planning to respond to an economic downturn. Discuss the shrinking of the Fed's balance sheet, noting the technical aspects along with the intended and unintended consequences on market functioning and the economy.

Speaker: Rob Zombarano, Managing Director, Loop Capital

Moderator:



GIOA CONFERENCE AGENDA 2023



NOON-1:30 PM LUNCH-GRIFFITH 1-6
Diamond Sponsor Introductions

CONCURRENT SESSIONS: 1:30 PM-2:45 PM (CPE 1.5 Credits-Finance)

BOND MARKET BOOT CAMP SESSION 3— PRESIDIO 2

Topics Covered Will Include: The Investment Plan versus the Investment Policy, Portfolio Structures, and Portfolio Strategies

Speaker: Rick Phillips, GIOA Founder, President, FHN Main Street Advisors

Moderator: Nicole Muegge, GIOA President, Investment & Banking Officer, Thurston County

FINDING ALTERNATIVE INVESTMENTS IN A (STILL) LOW GSE SUPPLY ENVIRONMENT – PRESIDIO 4

With GSE issuance low and the outlook for next year similar in volume, the pane will discuss alternative high quality investments to help you prudently diversify your entity's portfolio.

Speakers:

Moderator: TD Securities

2:45 PM-3:00 PM REFRESHMENT BREAK – EXHIBIT HALL – PRESIDIO 2

CONCURRENT SESSIONS: 3:00 PM-4:00 PM (CPE 1 Credit-Finance)

BOND MARKET BOOT CAMP SESSION 4— PRESIDIO 2

Topics Covered Will Include: Understanding Risk, Optionality, Volatility, and Callables, Prudent Credit Allocation, and Working with Broker/Dealers

Speaker: Hubie White, CFA, Chief Investment Officer, City/County of San Francisco, GIOA President-Elect

Moderator: Arthur Whitten, Investment & Banking Officer, Spokane County, GIOA Treasurer

NAVIGATING VOLATILE MARKETS AND BUILDING A FOUNDATION FOR EFFECTIVE PORTFOLIO MANAGMENT— PRESIDIO 4

The goal of this session is to highlight the key aspects of an effective portfolio management process to best manage your internal program or oversee your externally managed program. The focus will be on investment portfolios outside the LGIP. We will also include an economic and market update as we continue to operate in unusual times in many ways.

Speaker: Deanne Woodring, CFA, President, Government Portfolio Advisors; Rashad Masri, Director of Client Services, Government Portfolio Advisors; Garrett Cudahey, CFA, Chief Investment Officer, Government Portfolio Advisors

Moderator: Chris Daniel, CFA, Chief Investment Officer, City of Albuquerque, GIOA Past President

4:00 PM-4:50 PM (CPE 1 Credit-Finance)

BOND MARKET BOOT CAMP SESSION 5— PRESIDIO 2

Topics covered will include: Best Practices in Investment Reporting for the Investment Program: The Board Package, and Benchmarking the Investment Program in Multiple Ways

Speaker: Rick Phillips, GIOA Founder, President, FHN Main Street Advisors

Moderator: Arthur Whitten, Investment & Banking Officer, Spokane County, GIOA Treasurer

INVESTMENT STRATEGIES FOR A RECESSIONARY ENVIROMENT

This session will explore investment strategies for a prospective (or actual as may be the case) recessionary environment. Speakers will differentiate between a recession and a crisis and implications for interest rate paths. They will also touch on a potential new paradigm for inflation expectations and Fed targets and the associated impact on interest rates and investment strategies.

Speakers: Ellis Phifer, CFA, Managing Director, Fixed Income Research, Raymond James; Vinny Bleau, Vice President, Fixed Income Research, Raymond James

Moderator: Shawn Nydegger, Investment Officer, State of Idaho, GIOA Secretary

Pre-Conference Concludes



GIOA CONFERENCE AGENDA 2023



**3:00 PM-4:00 PM EARLY REGISTRATION FOR CORPORATE ATTENDEES
PRESIDIO 1**

**5:30 PM-7:30 PM WELCOME RECEPTION NOMAD POOLSIDE
FOR ALL ATTENDEES
(ENTRANCE ON CONFERENCE LEVEL)**

Join us for a casual evening poolside with scrumptious food and drinks.
Mingle and meet up with friends, both old and new.

Thursday, March 9, 2022—All Attendees

**7:45 AM-8:30 AM REGISTRATION-PRESIDIO 1
BUFFET BREAKFAST-GRIFFITH 1-6**

All General Sessions in PRESIDIO 2-4

8:30 AM-8:45 AM

WELCOME AND OPENING REMARKS, RECOGNITION OF CGIP AND INVESTMENT POLICY CERTIFICATION

Rick Phillips, GIOA Founder, President, FHN Main Street Advisors

Nicole Muegge, GIOA President, Investment & Banking Officer, Thurston County

8:45 AM-9:45 AM (CPE 1 Credit-Economics)

ECONOMIC UPDATE

The team from BMO will present a live version of their popular podcast "Macro Horizons". They will lead an interactive discussion of what may be ahead for the economy and markets.

Speakers: Margaret Kerins, CFA, Managing Director and Head of FICC Macro Strategy;

Moderator: Rick Phillips, GIOA Founder, President, FHN Main Street Advisors

9:45 AM-10 AM REFRESHMENT BREAK – EXHIBIT HALL - PRESIDIO 2

10 AM-11 AM (CPE 1 Credit-Finance)

DOES STRUCTURED CP/ABCP HAVE A PLACE IN YOUR PORTFOLIO? – PRESIDIO 4

Hear from an expert panel on the evolving Structured Commercial Paper sector and traditional Asset-Backed Commercial Paper structures that have been resilient since the financial crisis.

Speakers: Ian Rosmussen, Senior Director, Fitch Ratings; Mark Hernandez, Financial Institution Money Markets Origination & Investor Marketing, RBC Capital Markets

Moderator:

11 AM-11:15 AM REFRESHMENT BREAK – EXHIBIT HALL – PRESIDIO 2



GIOA CONFERENCE AGENDA 2023



11:15 AM-12:15 PM (CPE 1 Credit-Finance)

GLOBAL ISSUES THAT MAY IMPACT PUBLIC FUND INVESTORS

This session will cover the geo-political/central bank issues that could affect public fund investors in 2023.

Speaker: Matt Hornbach, Fixed Income Global Strategist, Morgan Stanley; Brian Buck, Executive Director, Morgan Stanley Investment Management

Moderator: Shawn Nydegger, Investment Officer, State of Idaho, GIOA Secretary

12:15 PM-1:30 PM LUNCH -GRIFFITH 1-6

1:30 PM-2:45 PM (CPE 1.5 Credits-Economics)

INFLATION OR RECESSION? THE FED HAS A CHOICE TO MAKE

U.S. economic growth is clearly stagnating as the effects of monetary and fiscal policy tightening work through the economy. The strong job market is a reason for optimism, but it is striking how quickly recessions follow once the economy hits "full employment". Several indicators will be presented that suggest a recession is unavoidable and why disinflation is the greater risk in the year ahead.

Speaker: Dimitri Delis, Ph.D., Managing Director, Chief Portfolio Strategist/Economist, Piper Sandler

Moderator: Nicole Muegge, Investment & Banking Officer, Thurston County, GIOA President

2:45 PM-3:15 PM REFRESHMENT BREAK – EXHIBIT HALL – PRESIDIO 2

3:15 PM-4:30 PM (CPE 1.5 Credits-Finance)

WHY ARE WE GETTING SHORT CHANGED IN THE SHORT-END?

With the mega Fed moves of 2022, short rates have moved up materially as well. However, very short-term T-bills and agency discount notes have yields much lower than the target Fed Funds rate, leaving front-end investors with both opportunity and questions. During this session, we will dissect factors that have contributed to rate moves and assess the path forward.

Speaker: Vanessa McMichael, Director, CTP, Head of Corporate and Public Entity Strategy

Moderator: Rick Phillips, GIOA Founder, President, FHN Main Street Advisors

EVENING RECEPTION

5:30 pm-7:30 pm

GRIFFITH 1-6 AND TERRACE





GIOA CONFERENCE AGENDA 2023



Friday, March 10, 2022—All Attendees

8:30 AM-9:00 AM CONTINENTAL BREAKFAST-GRIFFITH 1-3

PEER-TO-PEER SESSION LOCATION GRIFFITH 1-3

9:00 AM-10:00 AM (CPE 1 Credit-Personal Development)

PEER-TO-PEER DISCUSSION

Always a popular session! Take this opportunity to discuss what you've learned at the GIOA Conference with your peers from around the country. We will be chatting about best practices and other important information to take back home. Make sure to bring your Investment Policy and investment reports for reference.

CONFERENCE CONCLUDES

**SEE YOU NEXT YEAR AT THE PARK MGM!
MARCH 20-22, 2024**

Thank you Diamond Sponsors!



**Capital
Markets**



NORTHCROSS

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF THE
REAPPOINTMENT OF ESTHER
CLICK TO THE WALLA WALLA
COUNTY RURAL LIBRARY
DISTRICT BOARD OF TRUSTEES



RESOLUTION NO. 22

WHEREAS, pursuant to Walla Walla County Resolution No. 20 071, Esther Click, previously M. Esther Duncan, was appointed to fill an unexpired term on the Walla Walla County Library Board of Trustees, said term to expire on January 1, 2023; and

WHEREAS, pursuant to RCW 27.12.190, the Board of County Commissioners appoint members to the library board of trustees; and

WHEREAS, Ms. Click wishes to be reappointed to said Board; and

WHEREAS, the Walla Walla County Rural Library District Board of Trustees has recommended that Esther Click be reappointed to a position on said Board; now therefore

BE IT HEREBY RESOLVED that, pursuant to Attorney General Opinion, AGO 59-60 No. 66, Ms. Click is eligible to serve for two full consecutive five year terms, which would be in addition to the months served as the appointee to the unexpired term, provided all parties concur.

BE IT FURTHER RESOLVED by this Board of Walla Walla County Commissioners that they do hereby appoint Esther Click to her first five year term year term on the Walla Walla County Library Board of Trustees, said appointment to be effective January 1, 2023 and expire on January 1, 2028.

Passed this 27th day of December, 2022 by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

COUNTY COMMISSIONERS (Continued)

l) Consent Agenda Items (Continued):

- m) Resolution - Reappointment of Dan Aycock to the County Civil Service Commission for the Sheriff's Office
- n) Resolution – Reappointment to the Walla Walla County Board of Equalization (Webb)
- o) Resolution – Setting a date of public hearing relating to compost procurement requirements for Walla Walla County
- p) Payroll action and other forms requiring Board approval

m) Action Agenda Items:

- 1) County vouchers/warrants/electronic payments as follows: _____ through _____ totaling \$ _____; _____ through _____ totaling \$ _____ (travel)
 - 2) Ordinance No. 493 – An ordinance repealing Ordinance 451 and repealing Chapter 9.34 of the Walla Walla County Code, the Walla Walla County Fair Dress Code Policy
 - 3) Execute Amendment No 1 to the Interlocal Agreement between Walla Walla County and Pend Oreille County for Delivery of Onbase Administrator Services
 - 4) Discussion/direction re Walla Walla County 9/10ths Economic Development Funds application for Mill Creek Sportsplex Improvement Project
 - 5) Discussion on 2023 Budget – Minimum Wage Increase
- n) Miscellaneous business to come before the Board
 - o) Review reports and correspondence; hear committee and meeting reports
 - p) Review of constituent concerns/possible updates re: past concerns

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF
REAPPOINTMENT OF DAN
AYCOCK TO THE COUNTY CIVIL
SERVICE COMMISSION FOR THE
SHERIFF'S OFFICE }

RESOLUTION NO. **22**

WHEREAS, RCW 41.14.030 provides for a Civil Service Commission for the Sheriff's office in each county, with three members appointed thereto to carry out the provisions of RCW Chapter 41.14; and

WHEREAS, pursuant to Walla Walla County Resolution 16 342 and RCW 41.14, appointments to the Civil Service Commission were made by the Board of County Commissioners and terms of service were established; and

WHEREAS, the term of service for appointee Dan Aycock shall expire on December 31, 2022; and

WHEREAS, Mr. Aycock wishes to be reappointed, and the other members of the Civil Service Commission have recommended and requested that he be reappointed; now therefore

BE IT HEREBY RESOLVED by this Board of County Commissioners that Dan Aycock shall be reappointed to serve as a member of the Civil Service Commission for the Sheriff's office, to serve a term of six years.

BE IT FURTHER RESOLVED that said term of appointment shall be January 1, 2023 through December 31, 2028.

Passed this 27th day of December, 2022 by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

**IN THE MATTER OF APPOINTMENT
TO THE WALLA WALLA COUNTY
BOARD OF EQUALIZATION (WEBB)**



RESOLUTION NO. 22

WHEREAS, pursuant to RCW 84.48.010 the county legislative authority shall form a board for the equalization of assessment of the property of the county; and

WHEREAS, RCW 84.48.014 provides that the board of equalization of each county shall consist of not less than three nor more than seven members and that such members shall be appointed by a majority vote of the legislative body and shall be selected based upon the qualifications established by rule by the Department of Revenue and shall not be a holder of any elective office nor be an employee of any elected official; and

WHEREAS, the county legislative authority may itself constitute said board or may appoint members to serve on the board; and

WHEREAS, the Board of Commissioners of Walla Walla County has deemed it to be in the best interest of the citizens of the county of Walla Walla to form a fair and impartial board of equalization; and

WHEREAS, Robert "Nat" Webb's term on said board is set to expire on December 31, 2022 and he is willing to be reappointed; now therefore

BE IT HEREBY RESOLVED that the appointment of Robert "Nat" Webb to the Walla Walla County Board of Equalization shall be and is hereby formalized.

BE IT FURTHER RESOLVED that the term of said reappointment for Robert "Nat" Webb shall be for three years, 2023, 2024 and 2025 pursuant to statute, or until said appointment is voided.

Passed this 27th day of December, 2022 by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF SETTING A
HEARING DATE TO CONSIDER
ADOPTING AN ORDINANCE
RELATING TO COMPOST
PROCUREMENT
REQUIREMENTS FOR WALLA
WALLA COUNTY



RESOLUTION NO. **22**

BE IT HEREBY RESOLVED by this Board of Walla Walla County Commissioners that a hearing to consider adopting an ordinance related to compost procurement requirements for Walla Walla County due to the passage of Engrossed Second Substitute House Bill (ESSHB) 1799 be set for 1:15 P.M., Monday, January 9, 2023 or as soon thereafter as possible in the Walla Walla County Commissioners' Chambers, County Public Health and Legislative Building, located at 314 West Main Street, Walla Walla, Washington. Remote Public Participation and testimony will be allowed via Webex and telephone.

Call in 1-408-418-9388 access code: 146 784 0290

Meeting link: <https://wwco.webex.com/wwco/j.php?MTID=m6ef6c0710e4eb57be4e10ce0cc827a38>

*Passed this 27th day of **December, 2022** by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.*

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

DRAFT

**BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON**

ORDINANCE NO. 493

AN ORDINANCE REPEALING ORDINANCE 451 AND REPEALING CHAPTER 9.34 OF THE WALLA WALLA COUNTY CODE, THE WALLA WALLA COUNTY FAIR DRESS CODE POLICY.

Whereas, the Walla Walla County Fair and Frontier Days has, since the 1990s, prohibited gang related attire or insignia; and

Whereas, in 2016, Walla Walla County enacted Ordinance 451 to provide clear rules and regulations regarding what is prohibited attire or insignia during the Walla Walla County Fair and Frontier Days; and

Whereas, as a condition of a settlement agreement to settle Cause Number 4:20-CV-05009 in the Federal District Court of Eastern Washington, which was accepted by the Board of County Commissioners on October 24, 2022, Walla Walla County must repeal Ordinance 451 no later than August 15, 2023; and

Whereas, the Walla Walla County Board of Commissioners has considered adoption of this Ordinance during a regularly and duly called public meeting of said Commission, has given careful review and consideration to said Ordinance, and finds said Ordinance to be in the best interests of the County of Walla Walla.

NOW THEREFORE,

BE IT ORDAINED, by the Walla Walla County Board of Commissioners that:

Section I. The Board of County Commissioners Makes the Following Findings of Fact:

1. Notice of a Public Hearing was published in the Walla Walla Union Bulletin on December 8 and 15, 2022.
2. The Board of County Commissioners held a public hearing on December 19, 2022, for the purpose of receiving testimony on the proposed repeal.

Section II. Repealing Ordinance 451 and Repealing Chapter 9.34. Ordinance 451 is **repealed**. The amendments to Walla Walla County Code, repealing Chapter 9.34 in its entirety,

DRAFT

are **adopted** as presented to the Board of County Commissioners on this date as attached in Exhibit A.

Section III. Index. The index to any chapter of the Walla Walla County Code in which sections are added or removed or in which section titles are changed herein shall also be amended to reflect the section amendments.

Section IV. Effective Date. This Ordinance is effective as of the date of signing.

Section V. Severability. If any section, subsection, paragraph, sentence, clause or phrase of this Ordinance is declared unconstitutional or invalid for any reason, such decision shall not affect the validity of the remaining parts of this Ordinance.

Section VI. Publication. This Ordinance will be published by an approved summary consisting of the title.

PASSED by the Walla Walla County Board of Commissioners in regular session at Walla Walla, Washington, then signed by its membership and attested by its Clerk in authorization of such passage this 27th day of December, 2022.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

Approved as to form:

Jesse D. Nolte, Chief Civil Deputy Prosecuting Attorney

DRAFT

Exhibit A

CHAPTER 9.34 WALLA WALLA COUNTY FAIR DRESS CODE POLICY

9.34.010 Purpose.

~~In order to promote a family friendly, non-violent atmosphere, it is the policy of Walla Walla County to forbid, while on the grounds of the Walla Walla County Fair while the fair or other County sponsored activity is ongoing, the wearing or display of identifiers of designated "criminal street gangs," as defined in RCW 9.94A.030 as it exists or is hereafter amended, in a manner specified in WWCC 9.34.070.~~

~~(Ord. No. 451, § III(Exh. A), 8-22-2016)~~

9.34.020 Street gang identifier categories.

~~The following types of identifiers of designated criminal street gangs are subject to the Walla Walla County Fair Dress Code:~~

- ~~A. *Category One:* Identifiers, including but not limited to clothing, tattoos, patches or other items with the name, initials, or symbol of a designated criminal street gang.~~
- ~~B. *Category Two:* Identifiers, including but not limited to clothing, tattoos, patches or other items associated with a designated criminal street gang, that do not fall into Category One.~~

~~(Ord. No. 451, § III(Exh. A), 8-22-2016)~~

9.34.030 Designation of criminal street gang identifiers.

~~In order to carry out this policy, each year, a person designated by the Walla Walla County Sheriff who is a peace officer shall provide a comprehensive list of known active criminal street gangs and the identifiers associated with them. The peace officer shall review the definitions of "criminal street gang" and "criminal street gang associate or member" as defined by RCW 9.94A.030 as it exists or is hereafter amended. The peace officer may consult with other law enforcement officials who have received specialized training. The peace officer shall designate the identifiers as either Category One or Category Two, as specified in WWCC 9.34.020.~~

~~(Ord. No. 451, § III(Exh. A), 8-22-2016)~~

9.34.040 Listing of criminal street gang identifiers.

~~This Walla Walla County Fair Dress Code Policy and the List of Prohibited Identifiers associated with active criminal street gangs shall be set forth on the Walla Walla County Fair's web site not less than seven days before the start date of the Walla Walla County Fair each year.~~

~~As the Fair takes place, the designated peace officer, or any other peace officer who has received specialized advanced training regarding criminal street gangs, may add or delete certain criminal street gang identifiers from the Walla Walla County Fair Dress Code Policy, as developments at the Fair warrant. In that event, the Walla Walla County Fair Dress Code Policy~~

DRAFT

and List of Prohibited Identifiers kept by the attendants at each entrance to the fair, as specified in ~~WWCC 9.34.050~~, shall be immediately updated to reflect that revision. The Walla Walla County Fair web site shall be updated to reflect that revision as soon as practicable thereafter.

Enforcement of the modified List of Prohibited Identifiers associated with active criminal street gangs may begin after any one of the following actions has been taken:

- A. ~~The change has been posted on the Walla Walla County Fair website.~~
- B. ~~The change has been posted on a copy of the Walla Walla County Fair Dress Code Policy and List of Prohibited Identifiers kept by the attendants at each entrance to the fair, as specified in WWCC 9.34.050.~~
- C. ~~When any peace officer who has received specialized advance training regarding criminal street gangs, or any peace officer who has consulted with a peace officer who has received specialized advance training, determines that an individual is wearing a newly recognized identifier of a criminal street gang and personally informs the individual that the Walla Walla County Fair Dress Code Policy and List of Prohibited Identifiers will be amended to include such identifier. For purposes of enforcement under WWCC 9.34.060, the newly recognized identifier shall be treated like any other Category One or Category Two identifier, as the case may be, of a criminal street gang.~~

(Ord. No. 451, § III(Exh. A), 8-22-2016)

~~9.34.050 Signage and copies of the Walla Walla County Fair Dress Code Policy and List of Prohibited Identifiers.~~

~~A sign shall be displayed at each entrance to the Walla Walla County Fair that states the following: "The display of identifiers associated with criminal street gangs is prohibited at the Walla Walla County Fair. You may ask the attendant to see a copy of the Walla Walla County Fair Dress Code Policy and List of Prohibited Identifiers." Staff at each entrance shall make available for inspection to any fairgoer who requests it, a copy of the Walla Walla County Fair Dress Code Policy and List of Prohibited Identifiers.~~

(Ord. No. 451, § III(Exh. A), 8-22-2016)

~~9.34.060 Enforcement of the Walla Walla County Fair Dress Code Policy.~~

~~When a peace officer determines that a fairgoer is violating the Walla Walla County Fair Dress Code Policy by displaying, in a manner prohibited by this policy, identifiers associated with a designated criminal street gang, the peace officer may require of the fairgoer that he or she conceal from view or remove the identifier or leave the fair. A fairgoer's failure to conceal or remove from view the identifier or leave the fair shall be considered a revocation of any license, invitation, or privilege to attend and /or remain at the Walla Walla County Fair or other County sponsored event, and such fairgoer may not lawfully remain on the Walla Walla County Fairgrounds or re-enter for the remainder of the County Fair or County sponsored event.~~

(Ord. No. 451, § III(Exh. A), 8-22-2016)

DRAFT

9.34.070 ~~Walla Walla County Fair Dress Code Policy.~~

~~While on the Walla Walla County Fairgrounds while the Fair or other County-sponsored event is ongoing, each of the following violates the Walla Walla County Fair Dress Code Policy:~~

- ~~A. The wearing or displaying of one or more Category One identifiers of a designated criminal street gang.~~
- ~~B. The wearing or displaying of one or more Category Two identifiers of a designated criminal street gang, combined with reasonable suspicion by a peace officer on duty that the fairgoer is a criminal street gang member or associate wearing a Category Two identifier to signify such membership or association. For purposes of this section, reasonable suspicion may be found, but is not limited to, the following situations:~~
 - ~~1. The fairgoer is a certified or verified criminal street gang member.~~
 - ~~2. The fairgoer is congregating with one or more individuals who are certified or verified criminal street gang members.~~
 - ~~3. The fairgoer is flashing criminal street gang signs or is congregating with one or more individuals flashing criminal street gang signs.~~
 - ~~4. The fairgoer is congregating with one or more individuals who are also wearing one or more Category One or Category Two identifiers of a designated criminal street gang.~~
 - ~~5. Statements the fairgoer makes to the peace officer lead that peace officer to conclude that the fairgoer is a criminal street gang member or associate wearing the Category Two identifier to signify such membership or association.~~

~~(Ord. No. 451, § III(Exh. A), 8-22-2016)~~

9.34.080 ~~Incident report.~~

~~Whenever a peace officer expels a fairgoer under WWCC 9.34.060 for violating the Walla Walla County Fair Dress Code Policy, he or she shall complete an incident report that specifies the basis for the expulsion and, in the event the expulsion is related to the criteria in WWCC 9.34.070(B), the basis for the reasonable suspicion that the fairgoer is a criminal street gang member or associate wearing a Category Two identifier to signify such membership or association.~~

~~In the event a peace officer takes any enforcement action pursuant to WWCC 9.34.060 that is based upon a newly recognized criminal gang identifier, as defined by WWCC 9.34.040(C), a similar incident report shall be completed.~~

~~(Ord. No. 451, § III(Exh. A), 8-22-2016)~~

**AMENDMENT NO. 1 TO THE INTERLOCAL AGREEMENT BETWEEN
WALLA WALLA COUNTY
AND PEND OREILLE COUNTY FOR
DELIVERY OF ONBASE ADMINISTRATOR SERVICES**

1. Description/Justification of Amendment, Modification, or Change Order:
 - a. The purpose of this Amendment adjusts the Services and Rates (Exhibit A); and
 - b. Updates the Party contact information in Section 14-Notice.
2. Amendment Terms and Conditions:
 - a. **Change** contact person for Walla Walla County.
 - b. **Replace** the original Services and Rates for Budget Year 2022 (Exhibit A) **with** the revised Services and Rates for Budget Year 2023 (Exhibit A) attached.

This Amendment is incorporated in and made a part of the Interlocal Agreement. Except as amended herein, all other terms and conditions of the contract remain in full force and effect. Any reference in the original Interlocal Agreement or an Amendment to the "Agreement" shall mean "Agreement as amended". Each Party acknowledges and accepts the terms of this Amendment as identified above, effective on the final date of execution below. By signing this Amendment, the signatories warrant they have the authority to execute this Amendment.

IN WITNESS WHEREOF: The parties have caused this Agreement to be executed in their respective names by their duly authorized officers and have caused this Agreement to be dated as of the _____ day of _____, 2022.

**BOARD OF COUNTY COMMISSIONERS
PEND OREILLE COUNTY, WASHINGTON:**

John Gentle, Chair

Robert Rosencrantz, Commissioner

Brian Smiley, Commissioner

**BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON:**

Todd L. Kimball, Chair

Jennifer R. Mayberry, Commissioner

Gregory Tompkins, Commissioner

Attest:

Crystal Zieske, Clerk of the Board

Diane Harris, Clerk of the Board

Recommended for Signature by:

Recommended for Signature by:

Tammie Ownbey
Pend Oreille County Superior Court Clerk

Kathy Martin
Walla Walla County Superior Court Clerk

Approved as to Form:

Approved as to Form:

Dolly N. Hunt
Prosecuting Attorney

Jesse Nolte
Deputy/Prosecuting Attorney

EXHIBIT A

Services and Rates for Budget Year 2023

Rate(s) associated with the OnBase Administrator Services provided by Pend Oreille County:

Walla Walla County	# of Licenses	Price Per OnBase License	Base Rate	Price of License	Totally Annually
	40	\$300.00	\$5,000	\$12,000	\$17,000

Walla Walla County

Economic Development Sales Tax Fund

SECTION I.

APPLICATION FOR FUNDING

Applicant:	City of Walla Walla		
Project Title:	Mill Creek Sportsplex Improvements		
Contact:	Andy Coleman		
Title:	Parks & Recreation Director		
Telephone:	(509) 524-4576		
Fax:			
E-Mail:	acoleman@wallawallawa.gov		
Mailing Address:	15 N. 3 rd Ave		
City:	Walla Walla	Zip Code:	99362
Total Project Financing			
Total Project Cost:	\$2,300,000		
Amount secured to date:	\$1,300,000		
The total amount requested from the Economic Development Sales Tax Fund: Loan & Grant combined	\$200,000		
Loan Information			
Amount of loan request:	\$		
Loan term requested (Maximum term is 10 years):		YRS	Rate
<i>A loan is a general obligation or revenue obligation of the jurisdiction receiving the loan. With the acceptance of a loan, the jurisdiction agrees to obligate its full faith, credit, and revenue to repay the loan, regardless of the project which prompted the application for funding. The maximum loan amount is \$200,000. Please review Attachment A - Principle Guidelines for the Economic Development Sales Tax Fund – Line item #4.</i>			
Grant Information			
Amount of Grant request: <i>(Please review Attachment A - Principle Guidelines for the Economic Development Sales Tax Fund – Line item #4)</i>	\$		
Amount of Local Public Match: <i>(Please review Attachment A - Principle Guidelines for the Economic Development Sales Tax Fund – Line item #5)</i>	\$1,300,000+		

Declaration: I hereby certify that the information given in this application is true and correct to the best of my knowledge and belief and that I have reviewed Attachment A - Principle Guidelines for the Economic Development Sales Tax Fund.

Signature of Responsible Official:

 Date: 10/26/2022

Print or Type Name and Title:

Andy Coleman, Parks & Recreation Director

SECTION II. IDENTIFICATION OF PUBLIC FACILITY PROJECT AND COSTS

- 1. Describe the entire public facilities project, including the parts that you are not asking to fund.**
(The term "public facilities" means bridges, roads, domestic and industrial water facilities, sanitary sewer facilities, earth stabilization, storm sewer facilities, railroads, electrical facilities, natural gas facilities, research, testing, training, and incubation facilities in innovation partnership zones designated under RCW 43.330.270, buildings, structures, telecommunications infrastructure, transportation infrastructure, or commercial infrastructure, and port facilities in the state of Washington.

Mill Creek Sportsplex is a 50-acre site that was purchased from Walla Walla County by the City of Walla Walla in 1999 for development of a sports complex. The site is approximately 45% developed with three softball/baseball fields and two full-size soccer fields. With pickleball growing in popularity and outgrowing the six courts that were constructed at Pioneer Park in 2015, the Walla Walla Pickleball Association approached the City in 2020 regarding construction of additional facilities. The Pickleball Association agreed to raise funds to assist with construction of a new pickleball facility.

In 2021, City Council determined that Mill Creek Sportsplex is the most suitable size for construction of additional pickleball courts with the construction of additional parking. The City committed \$950,000 of American Rescue Plan Acts funds to this project, with the Walla Walla Pickleball Association agreeing to raise \$300,000. Based on estimates at that time it was determined that the cost to construct pickleball courts and additional parking was approximately \$1.25 million.

The project is nearing design completion and the current estimated total project estimate is \$2.3 million. The City is working to identify additional funding sources so that this project can go to bid in the near future.

The construction of eight pickleball courts at Mill Creek Sportsplex will facilitate the ability for pickleball tournaments to be held in Walla Walla. Such tournaments will bring additional visitors to the Walla Walla Valley. The planned parking lot addition will further support the softball, baseball and soccer tournaments that take place at this facility. Events scheduled at Mill Creek Sportsplex in 2023 are anticipated to bring attract over 8,000 out-of-town visitors to the Walla Walla Valley.

2. Summarize efforts taken to date regarding the project in terms of specific steps and studies and dates of action.

Staff has continually observed the current pickleball courts at Pioneer Park to be consistently at capacity over the last three years. The Department has also heard from many community members that it is difficult to find an open court at Pioneer Park. Regarding additional parking at Mill Creek Sportsplex, the current parking lot at this facility is **not** adequate to accommodate current programs, including tournaments, that are held at this facility. An additional 150 parking spaces is what is necessary to adequately accommodate the current activity level at Mill Creek Sportsplex.

3. Does this project qualify as economic development and does it create or retain family wage jobs? (Please review Attachment A - Principle Guidelines for the Economic Development Sales Tax Fund.”).

This project will not directly create new family wage jobs; however, this project is projected to have a long range positive economic impact that is expected to create jobs.

4. List the number of projected jobs to be retained and/or created by the firm as a result of the public infrastructure project. Jobs must be expressed in Full-Time Equivalents (FTEs). Management positions should be indicated as an annual salary. * Retained jobs are defined as jobs that would otherwise be lost in Walla Walla County.

Job Description	Number of Jobs Created (in FTEs)	Number of Jobs Retained* (in FTEs)	Hourly Wage and/or Annual Wage
			\$
			\$
			\$
			\$
			\$
			\$

Projected annual gross payroll for all job classifications? _____

How many of these positions are part-time or seasonal work? _____

5. Is this project listed in the Walla Walla County Comprehensive Plan (Chapter 11 Economic Development Element- Appendix G)? No ☒ Yes ☐

6. **Does your organization have an active interest and involvement in economic development? Please explain?**

The City of Walla Walla is a significant player in economic development. It is a high priority of the City Council and identified in our Comprehensive and Strategic Plans. This project supports economic development for the purpose of job creation and expanding our shared tax base to improve service to our citizens. This proposal expands the City's facilities and allows for additional visitors to be brought to the Walla Walla Valley

7. **Will this project upgrade existing public infrastructure or build new public infrastructure? Please explain?**

This project will build new public infrastructure.

8. **List each funding source for the public project and amount. Identify whether the funding source has been secured or is being requested.**

Funding Source	Status	Amount
City of Walla Walla	secured	\$1,000,000
Walla Walla Pickleball Association	secured	\$300,000
Walla Walla County Economic Dev Fund	requested	\$200,000
Other sources	requested	\$800,000
		\$
		\$
		\$
Total Project Cost		\$2,300,000

9. **Estimated schedule for public project completion. Indicate the month and year when the activities listed have been, or will be, completed.**

Activities	Estimated Completion Date (Month/Year)
Preliminary Engineering Report	January 2022
All Required Permits Obtained	January 2023
Design Engineering	November 2022
Land/Right-of-Way Acquisition	n/a
Final Bid Documents	November 2022
Award Construction Contract	January 2023
Begin Construction	February 2023
Complete Construction	July 2023
Construction Project Operational	July 2023

10. What other quantifiable outcomes can this project measure in addition to the number of jobs created and retained?

Private sector capital investment \$ 300,000

Increase in local property tax revenue: \$

Increase in local sales tax revenue: \$

Other:

11. Will the public facility project be maintained by the applicant? Indicate the projected annual operating cost of the proposed public facility project and revenue source for maintenance? Please explain.

The facility will be maintained by the City of Walla Walla and will be paid for by its general fund budget. The anticipated annual cost for operation of the facility is approximately \$10,000.

Return Completed Application To:
Port of Walla Walla
310 A. Street, Walla Walla, WA 99362
509-525-3100

ATTACHMENT A
Principle Guidelines
Economic Development Sales Tax Fund (EDSTF)

**Some provisions within these principle guidelines are requirements under RCW
82.14.370 - Sales and use tax for public facilities in rural counties.**

1. Public infrastructure projects must be listed in the Walla Walla County Comprehensive Plan (Chapter 11 Economic Development Element – Appendix G). Public infrastructure project listed in the approved County Comprehensive Plan does not guarantee the public infrastructure project will receive funding.
2. At the beginning of each fiscal year, the Port will notify the jurisdictions of the available funding in the EDSTF and will transmit the application form and these principle guidelines.
3. The Port Commission will maintain discipline in using the EDSTF for strategic economic development opportunities. Public infrastructure projects that create, retain and/or expand family wage jobs (defined as \$25,000 per year plus a benefits package), encourage private sector capital investment, and new taxes are the primary goal of the EDSTF.
4. Cap any one jurisdiction from receiving more than a \$200,000 grant and a \$200,000 loan in any one fiscal year. Exceptions will be made for extraordinary job creating opportunities, private sector capital investments, and new taxes. Exceptions will also be made if a jurisdiction has projects that would allow the funding to be distributed countywide. For example, a jurisdiction may have a qualifying project in Burbank and during that same fiscal year, they may have a qualifying project in Waitsburg. In order to help disburse the EDSTF countywide, both qualifying applications would be considered.
5. Applications require a 50% local public match to the amount of the EDSTF request. 10% local public match will be required for the City of Prescott and City of Waitsburg due to their size and access to local public matching dollars. Local public match is defined as publicly-appropriated local funds. Funds appropriated from the state, federal, other funding sources, and in-kind match do not qualify as a local public match. Private sector funds directly allocated to the public infrastructure project will be considered as a local public match.

Example: If the EDSTF request is \$200,000, the applicant is required to secure \$100,000 in the local public match. In the case for the City of Prescott and City of Waitsburg, if the EDSTF request is \$200,000, the applicant is required to secure \$20,000 in the local public match.
6. Each public infrastructure project approved for EDSTF will need to enter into a performance contract and/or inter-local agreement guaranteeing performance.
7. Public infrastructure projects that can substantiate the creation of new direct family wage jobs (defined as \$25,000 per year plus a benefits package), private sector capital investment, and new taxes will have the best chance in securing an EDSTF grant and/or loan.

8. Public infrastructure projects that cannot identify the creation of new direct family wage jobs (defined as \$25,000 per year plus a benefits package), private sector capital investment, and new taxes are encouraged to apply for an EDSTF loan. If the applicant is requesting an EDSTF grant, and an EDSTF grant is awarded, the applicant will be restricted in applying for an EDSTF grant for 5 years from the date of award. However, during this 5-year restricted period, the applicant has a public infrastructure project that can demonstrate the creation of new direct family wage jobs (defined as \$25,000 per year plus a benefits package), private sector capital investment, and new taxes, their application would be considered for funding.
9. Public infrastructure-related projects that can substantiate the retention of existing family wage jobs (defined as \$25,000 per year plus a benefits package) are encouraged to apply for EDSTF grant and/or loan. To substantiate job retention, the applicant must fully demonstrate that a specific business would have a reduction in its labor force without the public infrastructure improvement.
10. Projects approved for funding must start drawing down the appropriated funds for the proposed public infrastructure project within 1 year from the date the application is approved. All appropriated funds must be fully expended within 2 years from the date the application is approved. If the applicant cannot meet said deadlines, the application must resubmit their application for consideration. All existing approved public infrastructure projects will have priority funding over the new resubmitted application.

Approved by the Port Commission on the 25th day of September 2014

Concurrence by the Walla Walla County Commissioners on the 20th day of October 2014



Mill Creek Sports Complex Master Plan - West
January 2022



a) Action Agenda Items:

- 1) Resolution – Adopting a 2023 Business Plan for the Public Works Department
- 2) Resolution – Revising Rental Rates for equipment owned by the Equipment Rental and Revolving Fund

b) Department update and miscellaneous

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

**THE MATTER OF ADOPTING A
2023 BUSINESS PLAN FOR THE
PUBLIC WORKS DEPARTMENT**

RESOLUTION NO. 22

WHEREAS, the Public Works Department has deemed it important to outline its major objectives and associated programs in written form for the calendar year 2023; and

WHEREAS, a written form of said goals and programs will enable the Department to accomplish all work in a more efficient and effective manner; and

WHEREAS, the Public Works Department has created a Business Plan for calendar year 2023 which outlines work plans, schedules, other activities and an updated organizational chart for the Department for the upcoming year; now therefore

BE IT HEREBY RESOLVED by this Board of Walla Walla County Commissioners that the Business Plan for the Public Works Department be adopted for calendar year 2023.

Passed this 27th day of December, 2022 by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*



2023 Walla Walla County Department of Public Works Table of Organization



Board of County Commissioners
District 1 – Jennifer R. Mayberry
District 2 – Todd L. Kimball
District 3 – Gunner M. Fulmer

Public Works Director
County Engineer
Tony Garcia, P.E.

Chief, Road Operations
Division & Fleet
Management
Dan Mack

Administrative Services
Supervisor
Amie White

Chief, Engineering &
Construction Division
Seth Walker, P.E.

Fiscal Manager
Melissa Pike

Fleet Services Manager
Justin Myers

Senior Office
Assistant/Receptionist
Amy Paolino

County Surveyor
Thomas Boshart, PLS

Accountant Tech II
Vacant

Maintenance District South
Walla Walla/Touchet
Tom White - Foreman

Maintenance District North
Prescott/Waitsburg
Marty Eastman - Foreman

Vegetation/Signs
Foreman
Carl Hermann

Equipment Maintenance
Supervisor
Kevin Broxson

Assistant Road
Maintenance Foreman
Vanica Khathavong

Assistant Road
Maintenance Foreman
John Mason

Assistant Vegetation/Traffic
Control Management
Foreman
Bob Giger

Assistant Equipment
Maintenance Foreman
Gary Hamilton

Maintenance Tech. I Ben Salcedo	Maintenance Tech. II Kurt Krull
Maintenance Tech. II Justin Case	Maintenance Tech. I Jacob Hayes
Maintenance Tech. II Dale Bouta	Maintenance Tech. I Terry Chlders
Maintenance Tech. I Juan Esquivel	Maintenance Tech. II Brock Palmer
Maintenance Tech. I Andy Easton	Maintenance Tech. II Vacant
Maintenance Tech. I Vacant	

Maintenance Tech. I Dan Welch	Maintenance Tech. I Jim Wilson
Maintenance Tech. II Dean Smith	Maintenance Tech. I Deven Desalvo
Maintenance Tech. II Kyler Oyen	Maintenance Tech. I Casey Paul
Maintenance Tech. I Devin Griffin	Maintenance Tech. II Bill Groom
Maintenance Tech. II Stacey Grende	Maintenance Tech. I Will Brooks
Maintenance Tech. I Vacant	

Signing/Vegetation
Worker
Vacant

Signing/Vegetation
Worker
Rusty Waite

Signing/Vegetation
Worker
Ryan McGreevy

Mechanic I
Richie Henderson

Mechanic I
Colton Akes

Mechanic I
Alex Dean

Mechanic II
Silvano Gonzalez

Mechanic II
John Lyon

PW Tech IV
Joy Bader

PW Tech IV
Vacant

PW Tech IV
Misty Jones

PW Tech III
James Danielson

PW Tech III
Scott Hanson

PW Tech III
Chuck Geissel

PW Tech III
Sunee Jones

PW Tech III
Jennifer Chapman

Vacant

Vacant

Vacant
PW Tech II

Adopted _____ 2022
Board of County Commissioners

District 1 _____

District 2 _____

District 3 _____



Walla Walla County Public Works

2023

Business Plan

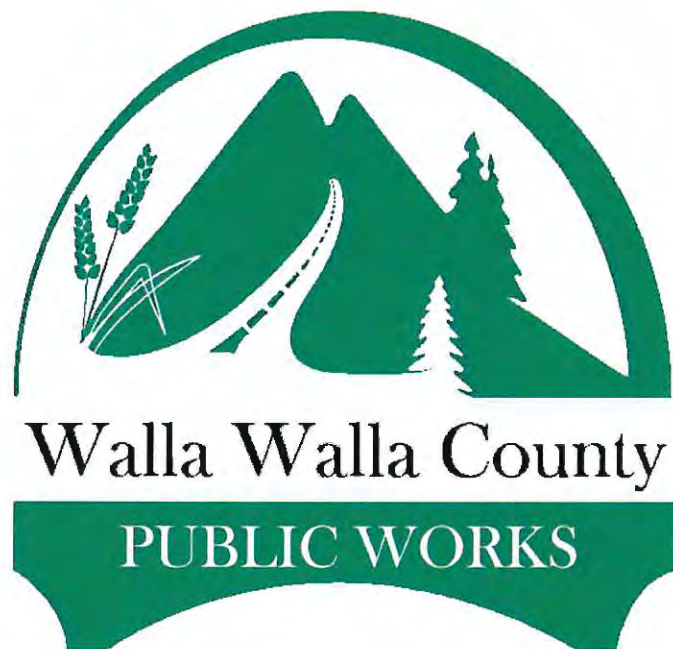


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Director's Overview



The Walla Walla County Department of Public Works consists of a diverse staff of 58 engineers, surveyors, construction, equipment operators, road maintenance crews, mechanics and professional support staff operating across 1300 square miles in southeast Washington. The Public Works Department is responsible for the planning, engineering, design, construction, operation and maintenance of approximately 1000 miles of County roadway, 200 bridges and over 6 miles of flood control channel. Department staff also coordinates design and construction of new development transportation infrastructure, oversees the County stormwater management program, and manages the County's vehicle and equipment fleet.

The Department's overall 2023 budget exceeds \$31.8 million broken out across four separate funds approximately as follows:

- **County Road Fund Operations: \$24.3 million**
 - Construction - \$12.7M
 - Maintenance/Preservation - \$8.2M
 - Planning, Permitting, Development Review & Administration - \$3.4M

- **Equipment Rental & Revolving Fund Operations: \$5.6 million**
 - Equipment Parts & Maintenance - \$1.44M
 - Equipment Purchases - \$2.26M
 - Fuel - \$540K
 - Road maintenance materials - \$1.36M

- **Mill Creek Flood Control District Operations: \$1.57 million**

- **Stormwater Maintenance Utility District Operations: \$370 thousand**

Focus Statement

The Department of Public Works supports Walla Walla County as a first-class public service organization with a focus on:



**Safety
Teamwork**



Integrity & Accountability

Vigorous, Productive Communication

Innovative, Quality & Timely Performance

2023 Department Priorities/Major Objectives:

- Protect the workforce. Continue to make safety the top priority in every activity and event. Eliminate accidents and injuries by aggressively managing risk through a comprehensive and effective activity hazard analysis program. Regularly review safety policies to reinforce safe operating procedures and processes. Take appropriate action to eliminate careless or complacent behavior that compromises safety. Conduct regular and routine safety meetings at all levels.
- Continue to build the team. Appreciate everyone's talents and recognize their contributions to the success of the organization. Be proud of the Department, our County, and the quality work we do for our citizens day in and day out.
- Promote a respectful workplace. Treat everyone politely and professionally. Appreciate differences and diversity, remain open to new ideas and suggestions, listen to and consider other points of view and seek sound, sensible solutions to identified problems.

- Execute the 2023 Annual Road Construction Program. Establish proactive timelines that ensure scheduled completion of project design, environmental, right-of-way and construction requirements. Communicate early and often with landowners, utility service providers and other agencies to avoid surprises and minimize impacts.
- Plan and manage the budget. Make sure all expenditures support required operations. Always look for ways to reduce costs and save money. Continuously monitor cash flow to avoid surprises. Ensure monthly review of all expenditures to validate appropriate, cost-effective operations.
- Take care of county property and equipment. Service and maintain equipment to sustain readiness. Properly account for all county resources to ensure appropriate and effective use of all supplies and materials.
- Communicate up, down, across and outside the organization. Openly share information in a timely, productive manner. Keep the workforce informed of ongoing projects, operations, and administrative requirements. Encourage employees to share concerns or problems so they can be quickly and adequately addressed. Readily share information with the public.
- Maintain and preserve the county road network. Sustain proven maintenance processes and procedures while continuously looking for ways to further improve efficiency and reduce costs.
- Maintain and support the vehicle and equipment fleet. Provide quality and friendly service to all customers throughout the county. Always provide timely and efficient service and repairs. Ensure rental rates accurately reflect operational and replacement requirements for each category of equipment.
- Operate and maintain the Mill Creek Flood Control Channel to maximize protection in the event of a significant flood event. Continue to repair deficiencies outlined in the established repair plan. Continue the successful partnership with the Corps of Engineers, as the non-federal sponsor, to complete the Mill Creek General Investigation Study. Continue to aggressively support the Mill Creek Coalition's efforts to secure funding for future improvements to the Mill Creek flood control project.
- Comply with the National Pollutant Discharge Elimination System (NPDES) Phase II permit requirements as mandated by the Department of Ecology. Inform and educate citizens on stormwater requirements as opportunities exist. Use stormwater utility revenues to implement stormwater best management practices county-wide and improve water quality throughout the region.
- Provide training and professional development programs to enhance the skills and abilities of all Public Works employees and improve the quality of our work.

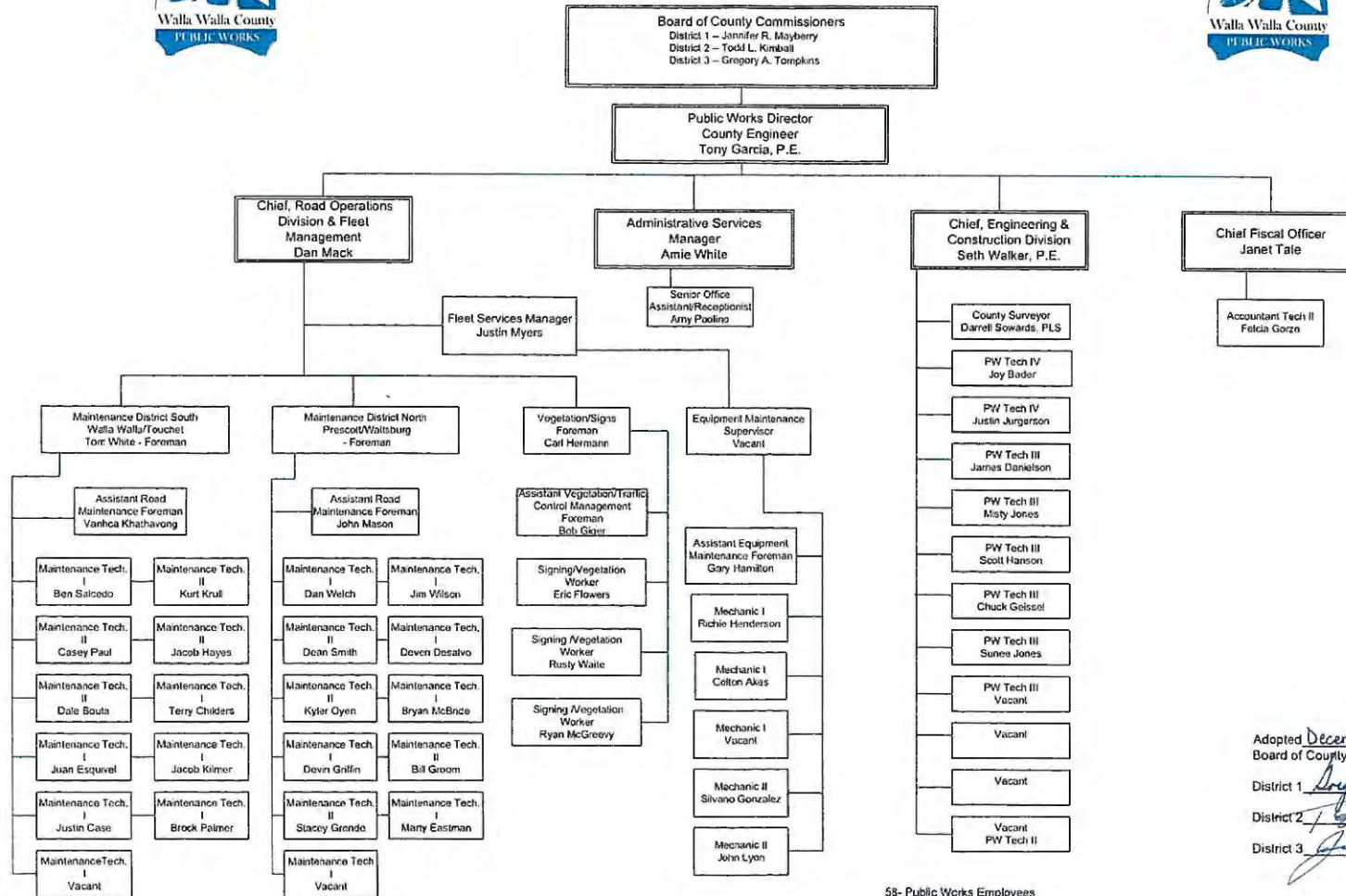
- Support smart, needs-based recruitment actions to sustain operational effectiveness amidst a number of projected retirements. Manage transitions to ensure sufficient overlap and training to minimize gaps in service. Continue to develop employees to progress within the organization in support of the organization's succession plan.

Organizational Structure:

There are no major organizational changes projected for 2023. The Department will continue to operate with 58 full time employees. Total number of approved positions will remain constant although we may backfill several vacant positions to support organizational needs and upcoming retirements.



2022 Walla Walla County Department of Public Works Table of Organization



58- Public Works Employees

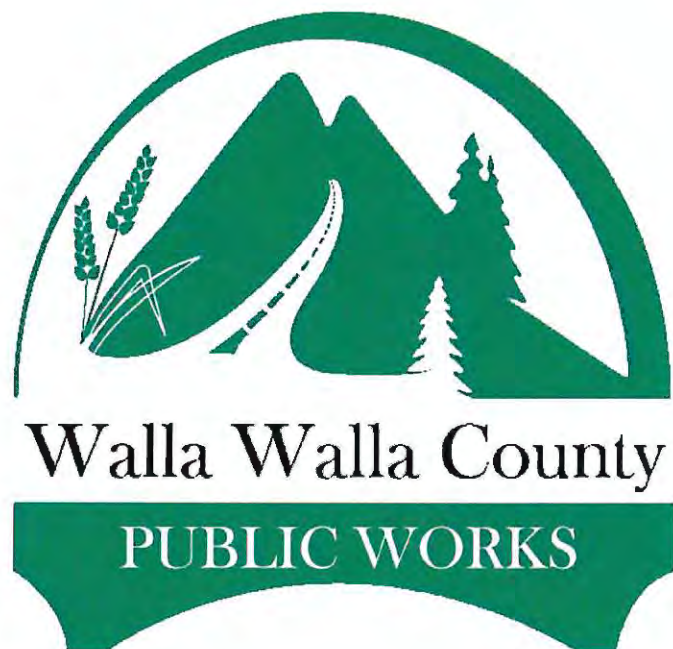
Adopted December 27, 2021
Board of County Commissioners

District 1 *Gregory A. Tompkins*

District 2 *Todd L. Kimball*

District 3 *Jennifer R. Mayberry*

Administrative Services



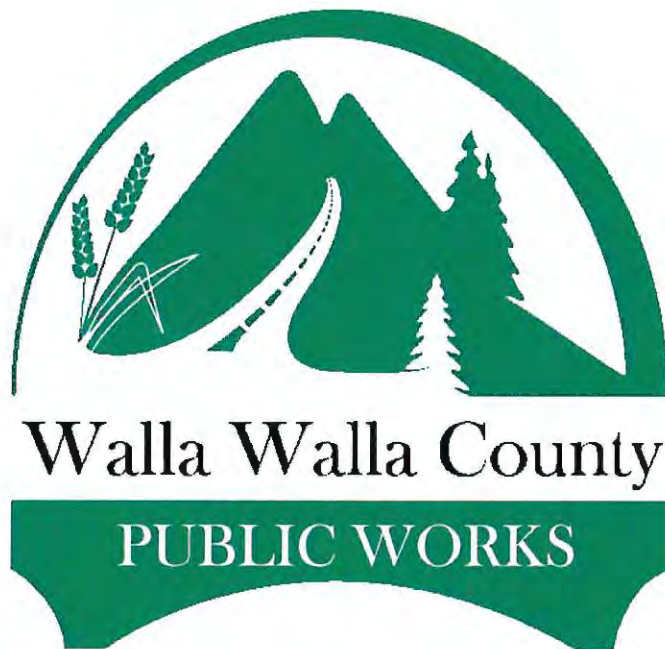
Office Hours

Office hours and crew hours for 2023 vary in accordance with union contract for the crews.

Time as follows:

Office Hours: 7:00 am – 3:30 pm Monday through Friday
Maintenance Hours: 6:30 am – 5:00 pm Monday through Friday
Garage Hours: 6:30 am – 5:00 pm Monday through Friday
Contact Information: Phone: 509 524-2710
Web: www.co.walla-walla.wa.us
Email: pwinfo@co.walla-walla.wa.us

Engineering, Construction and Development Division



The Engineering, Construction and Development Division is focused on and committed to increasing safety, providing an efficient road system and reducing maintenance costs on County roads.

SAFETY

Walla Walla County is committed to providing safe, efficient roads for all users. The County publishes a county-wide Safety Plan every two years in compliance with the Highway Safety Improvement Program and uses a project programming method heavily weighted towards safety.

Despite careful project selection Walla Walla County faces an overwhelming funding deficit to address identified need, necessitating further strategies to prioritize projects, including a safe system approach to identify lower cost countermeasures that can be widely implemented based on evaluation of risk factors specific to our roadways and users. The County's Safety Plan identifies crashes involving roadway departures and crashes involving bicycles or pedestrians as those with the greatest potential to result in serious injury/fatal accidents. Risk factors also include roads with inadequate clear zone, deficient horizontal or vertical alignment, speed advisory signage, bridges and other obstructions, and relatively high volumes of traffic.

The County uses a data-driven approach to implement the existing Safety Plan, to yield safe, efficient, connected roads that meet the needs of our communities and reach an eventual goal of zero roadway fatalities and serious injuries. Despite years of progress towards lower rates of serious injury/fatal accidents, the last few years have shown an alarming reversal of trends, with rates of serious injury/fatal crashes increasing across the nation. Walla Walla County is no exception to this terrible trend and efforts are underway to engage stakeholders and local agency partners to systematically reduce risks to roadway users.

TRANSPORTATION EFFICIENCY

Nearly one third of County residents lived in the rural, unincorporated parts of the County. County rural land uses are overwhelmingly agricultural in nature, and, as such, do not produce the traffic volumes that the commercial, higher density residential, or industrial uses of urban areas generate. However, low density residential development, spread over large areas, can result in relatively high volumes on unimproved roads. Often new rural residents who are accustomed to urban roads and services are unaware of the realities of living on rural roads with limited maintenance. A major function of the transportation system in the County's rural areas is providing farm-to market connections. Major roads and highways also traverse rural areas to connect urban areas and towns.

Most County roads were not originally built to handle current traffic loads and volumes. Many of the urban roads can be described as functionally obsolete due to the narrow pavement, lack of shoulders or lack of pedestrian and bicycle facilities. In urban areas, the transportation system is focused on moving people for employment or social needs and on transporting finished goods and food products.

Level of Service (LOS) is a term which refers to the road's ability to handle traffic and may be classified as a LOS A (free flow) down to LOS F (congested flow). As developments occur it is likely that unimproved arterials within the urban growth area will see a deterioration in LOS. Traffic studies on arterials have indicated the average daily traffic increases an average of 4% per year. The County has invested nearly \$20 million over the last 15 years to upgrade arterials and improve safety, mobility and efficiency for all users.

MAINTENANCE

Future maintenance is considered in proposed projects. Reducing the amount of ditches or ditch work, paving shoulders where appropriate, addressing stormwater requirements, increasing the structural section of a road, or other measures such as flattening shoulder slopes can save future maintenance dollars, which can then be used in higher cost maintenance areas.

PROJECT SELECTION

Walla Walla County maintains a list of priority construction projects, called the Six-Year Transportation Improvement Program (TIP). Projects from the TIP selected for construction in the near-term are compiled into a fiscally-constrained list called the Annual Construction Program. Both the TIP and the Annual Construction Program are updated annually and adopted by resolution by the Board of Walla Walla County Commissioners.

Project selection is based on a Priority Array system which identifies the relative importance of the project. The Priority Array, while updated annually, spans at least a 20-year planning horizon, and assigns points to proposed projects based on the following criteria:

- **Safety:** Evaluates the presence or absence of rollover/off-road accidents, speed advisories, clear zone or recovery areas, fixed objects in the clear zone, useable shoulders, and fatal or injury accidents. This criterion also includes analysis of the existing horizontal alignment of the road.
- **Maintenance:** Evaluates the annual maintenance costs associated with a road, including repetitive work that may be eliminated through upgrades.
- **Level of Service:** Evaluates the LOS and determines improvements needed to accommodate existing or projected traffic.
- **Legal Requirements:** Evaluates additional improvements that may be required to meet changing state or federal requirements, e.g., fish passage, stormwater, or guardrail projects.
- **Age and Serviceability:** Evaluates the condition of the road or bridge; considers if the existing infrastructure is structurally deficient or functionally obsolete.
- **Competitiveness:** Evaluates the ability of the project to compete against other projects for state or federal funding.

GRANTS

Walla Walla County has been very successful in obtaining state and federal grants for road improvements. Approximately \$11.2 million in work of which \$10.1 million comes from grants is scheduled for 2023. County road funds are used for leveraging outside grants and the ability to provide local “matching” funds makes our applications more competitive. The federal gas tax, which supplies many of the federal grants, has not increased since 1993, so grants mean our local tax dollars go farther to maintain and improve our roadway network. In 2023, each dollar of the County Road Fund used towards construction will yield approximately \$10 in improvements.

2023 TRANSPORTATION PROJECTS:

Walla Walla County Department of Public Works will invest approximately \$11.2 million in transportation projects with 90% of those funds being covered by state and federal grants. These projects will increase public safety by concentrating on areas with high accident rates and reduce annual maintenance costs at problem areas. Projects programmed for 2023 are listed below.

1. CRP 18-03 PEPPERS BRIDGE ROAD MP 0.36 TO 1.61

Funding Source: STPR/County

Project Cost: \$1,782,000

Design: Complete

Right of Way: In Progress

Construction: 2023

Peppers Bridge Road will be widened and overlaid to provide paved shoulders and reconstruct two vertical curves to meet current sight distance standards. Culverts will be lengthened and/or beveled with proper end treatments. Clear zone will be provided with delineation.



Peppers Bridge Road, Looking North

2. CRP 18-04 WALLULA AVENUE MP 2.00 TO 2.20

Funding Source: HSIP/County

Project Cost: \$744,943

Design: Complete

Right of Way: Complete

Construction: 2023

This project consists of improving safety at a high accident intersection by constructing a roundabout.



Wallula/Gose Intersection

3. CRP 20-02 DELL SHARPE BRIDGE ON PETTYJOHN ROAD MP 5.20 TO MP 5.80

Funding Source: STP(BR)/County

Project Cost: \$7,856,250

Design: In Progress

Right of Way: 2022

Construction: 2023

This project consists of replacing the existing structurally deficient double arch bridge with a two-span prestressed girder bridge.



Dell Sharpe Bridge

4. CRP 17-06 BYRNES ROAD MP 1.8 TO MP 1.90

Funding Source: FEMA/County

Project Cost: \$210,000

Design: In Progress

Right of Way: N/A

Construction: 2023

This project consists of repairing eroded embankments along Byrnes Road resulting from the 2020 floods.



Walla Walla River at Byrnes Road, February 2020

5. CRP 21-03 BRIDGE GUARDRAIL SAFETY IMPROVEMENTS – Bussell Bridge (Old Milton Highway, MP 1.28 to 1.31), Last Chance Bridge (Last Chance Road, MP 2.15 to 2.16), Paul School Bridge (Harvey Shaw Road, MP 3.36 to 3.39)

Funding Source: HSIP

Project Cost: \$381,000

Design: In Progress

Right of Way: N/A

Construction: 2023

This project consists of replacing substandard guardrail on three bridges to minimize consequences of roadway departures. Replacement will comply with current design standards.



Last Chance Bridge, Looking North

6. CRP 19-01 LOWER WAITSBURG ROAD MP 4.23 TO MP 6.25

Funding Source: RAP/County

Project Cost: \$2,554,000

Design: 2022

Right of Way: 2023

Construction: 2024

This project consists of roadway realignment to correct substandard horizontal and vertical curves. The road widening and slopes will be flattened to provide clear zone.



Lower Waitsburg Road, Looking North

**7. CRP 20-06 SEVEN MILE BRIDGE ON SEVEN MILE ROAD
MP 2.30 TO MP 2.55**

Funding Source: FEMA/County

Project Cost: \$6,600,000

Design: In Progress

Right of Way: 2023

Construction: 2024

This project consists of replacing the bridge that was damaged during a flood event in 2020 with a prestressed concrete girder bridge. Currently has a temporary bailey bridge in place.



Seven Mile Bridge (Temporary Bailey Bridge)

8. CRP 21-01 FISHHOOK PARK ROAD MP 0.00 TO MP 1.40

Funding Source: STPR/County

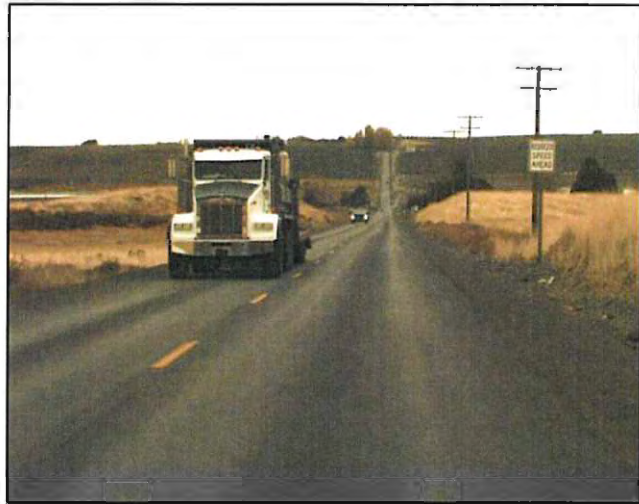
Project Cost: \$1,371,550

Design: 2022

Right of Way: 2023

Construction: 2024

This project will widen and overlay the roadway to provide clear zone with delineation.



Fishhook Park Road

9. CRP 22-02 MILL CREEK ROAD MP 6.50 TO MP 8.00

Funding Source: FLAP/County

Project Cost: \$2,372,000

Design: 2023

Right of Way: 2024

Construction: 2025

This project consists of roadway reconstruction and widening, bank protection and provide clear zone.



Mill Creek Road

10. CRP 22-05 DECK REPAIR – Hart Bridge (Hart Road, MP 8.42 to 8.45) and Gose Street Bridge (Gose Street MP 0.23 to 0.25)

Funding Source: STP(BR)/County

Project Cost: \$926,000

Design: 2023

Right of Way: N/A

Construction: 2025

This project consists of bridge deck repair by modified concrete overlay.



Gose Bridge Deck



Hart Bridge Deck

11. CRP 21-01 LYONS FERRY ROAD MP 0.20 TO MP 2.65

Funding Source: RAP/County

Project Cost: \$2,950,000

Design: 2022

Right of Way: 2024

Construction: 2026

Lyons Ferry road will be widened to provide paved shoulders and vertical and horizontal curves will be reconstructed to meet current design standards. Clear zone will be provided with delineation.



Lyons Ferry Road, Looking North

12. CRP 22-04 FIVE MILE BRIDGE ON FIVE MILE ROAD MP 2.48 TO MP 2.85

Funding Source: STP(BR)/County

Project Cost: \$5,379,000

Design: 2023

Right of Way: 2024

Construction: 2026

Replace existing bridge with a single span prestressed concrete girder bridge.



Five Mile Bridge

13. CRP 22-03 WALLULA BRIDGE ON WALLULA AVENUE MP 0.00 TO MP 0.20

Funding Source: STP(BR)

Project Cost: \$4,942,000

Design: 2023

Right of Way: 2024

Construction: 2026

Replace existing bridge with a single span prestressed concrete girder bridge.



Wallula Bridge

14.CRP 12-02 PAXTON BRIDGE ON 3RD AVE S. MP 2.21 TO MP 2.62

Funding Source: County

Project Cost: \$975,000

Design: 2022

Right of Way: 2023

Construction: 2024

This project will replace a structurally deficient bridge on 3rd Ave. S. over Russell Creek. Project improvements will include a new pre-stressed concrete bridge.



Paxton Bridge

Short Span Bridge Replacement Program

Walla Walla County has 179 bridges in total. Of those, 72 are classified as short spans. Short span bridges are structures that have a span of less than twenty feet. These structures do not qualify for reporting to the National Bridge Inventory and are not eligible for Federal bridge replacement funding. Other funding sources are difficult to secure for these structures as stand-alone projects.

While many of these structures are in good shape and do not currently have need for replacement, there are currently eight structures with a sufficiency rating less than 50 (see below). There are several factors that determine the sufficiency rating of a structure, and it is generally a good rating system to prioritize structures for replacement. Two of these bridges, Paxton and Berney #2, have previously been identified as requiring replacement and have been established as County Road Projects. These two bridges have the lowest sufficiency rating and will be prioritized in the program.

Bridge Name	Road Name	Feature Crossing	Built	Length	Width	Type	Sufficiency Rating
PAXTON	S 3RD AVENUE	RUSSELL CREEK	1949	18	21	WOOD	20.21
BERNEY #2	BERNEY DRIVE	YELLOWHAWK CREEK	1925	19	21	CONCRETE	24.02
SIMON C P	SCENIC LOOP RD	DRY RUN	1935	10	24	CONCRETE	30.56
SCENIC LOOP	SCENIC LOOP RD	UPPER RUSSELL CREEK	1935	10	30	CONCRETE	40.52
MARBACH CORNER	LUCKENBILL RD	DRY RUN	1955	15	29	WOOD	41.89
NOTDOT	McCOWN RD	DITCH	1950	12	21	CONCRETE	43.06
LEVIN	RESER RD	RESER CREEK	1923	7	23	CONCRETE	48.42
SIMONS	SCENIC LOOP RD	SPRING	1925	10	39	CONCRETE	49.78

Development and Permitting

Private development has been steady, consisting primarily of short plat subdivisions and in-fill development, winery development, and commercial projects in Burbank. Walla Walla County Department of Public Works will continue working with the Walla Walla County Community Development Department to provide plan checking, permitting, and inspection functions with the goal of providing timely and consistent service to County residents, improving records management and operating transparency.

Traffic

Accurate traffic counts are crucial for transportation planning; traffic counts and speed studies determine appropriate speed limits, provide vital statistics for federal grant applications for road construction projects, and form the basis of long-term transportation plans such as the County's Long-term Arterial Plan (LTAP) and Freight and Goods Transportation System (FGTS) plan. Staff conducts annual traffic counts on a rotating basis, with the goal of conducting counts at least once every ten years for every paved County Road. Traffic counts will also continue to be performed as necessary, outside the 10-year cycle, to support construction project planning and re-evaluation of a road's functional classification.

Franchises and Haul Routes

Walla Walla County Department of Public Works continues to provide haul route agreements and to assist public and private entities entering into franchise agreements with Walla Walla County.

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF ADOPTING
THE ANNUAL CONSTRUCTION
PROGRAM FOR 2023


RESOLUTION NO. **22 211**


WHEREAS, a hearing to considered adopting the Walla Walla County Annual Construction Program for 2023 was held at 1:30 PM on September 26, 2022 at the Walla Walla County Commissioners' Chambers, County Public Health and Legislative Building, located at 314 West Main Street, Walla Walla, Washington, now therefore

BE IT HEREBY RESOLVED by this Board of Walla Walla County Commissioners that the attached Walla Walla County Annual Construction Program for 2023 including equipment purchases be adopted.

Passed this 26th day of September, 2022 by Board members as follows: 3 Present or 0 Participating via other means, and by the following vote: 3 Aye 0 Nay 0 Abstained 0 Absent.

Attest:


Diane L. Harris, Clerk of the Board


Todd L. Kimball, Chairman, District 2


Jennifer R. Mayberry, Commissioner, District 1


Gregory A. Tompkins, Commissioner, District 3

Constituting the Board of County Commissioners
of Walla Walla County, Washington

Walla Walla County
2023
Annual Construction Program
WAC 136-16

(A) TOTAL CONSTRUCTION DONE (total sum of column 13 + column 14): \$9,885,193.00
(B) COMPUTED COUNTY FORCES LIMIT: \$1,275,545.00
(C) TOTAL COUNTY FORCES CONSTRUCTION (total sum of column 14): \$0.00

Date of Environmental Assessment: Sep 12, 2022
Date of Final Adoption: Sep 26, 2022
Ordinance/Resolution Number: 22-214

	(2)	(3)		(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
Annual Program Item No.	6 Year Road Program Item No.	Project Name	Road #	Road Segment Information Road Name	BMP	ESMP	F/C	Project Length(mil.)	Project Type Code	Environmental Assessment	County Road Funds	Amount	Other Funds Program Source	PE & CE (\$95.10)	Right of Way (\$95.20)	Estimated Expenditures Delivery Construction Contract	County Forces	Grand Total (All 199)
1	1	Pepper Bridge Road MP 0.36 To MP 1.61	50130	Road Name: Pepper Bridge Road From: 0.36 To: 1.61	0.36	1.61	07	1.25	RC	I	\$830,000	\$950,000.00	STPR	\$80,000		\$1,700,000		\$1,780,000
2	2	Wallula Avenue MP 2.00 To MP 2.20	92440	Road Name: Wallula Avenue From: 2.00 To: 2.20	2.00	2.20	16	0.20	RL	I	\$79,715	\$180,000.00 \$240,228.00	HIP(US) STPR(US)	\$82,000		\$617,943		\$699,943
3	3	Deil Sharpe Bridge on Perryjohn Road, MP 5.20 to MP 5.80	39590	Road Name: Perryjohn Road From: 5.20 To: 5.80	5.20	5.80	07	0.60	FA	I	\$1,446,250	\$5,785,000.00	BR	\$120,000	\$80,000	\$7,031,250		\$7,231,250
4	4	Byrnes Road MP 1.80 to MP 1.90	17060	Road Name: Byrnes Road From: 1.80 To: 1.90	1.80	1.90	08	0.10	Other	I	\$27,000	\$183,000.00	FFMA	\$10,000		\$200,000		\$210,000
5	5	Bridge Guardrail Safety Improvements-Bussell Bridge, Last Chance Bridge, Paul School Bridge	92570 21920 93650	Road Name: Old Milton Highway From: 1.28 To: 1.31 Road Name: Last Chance Road From: 2.15 To: 2.16 Road Name: Harvey Shaw Road From: 3.36 To: 3.39	1.28 2.15 3.36	1.31 2.16 3.39	07	0.07	FA	I		\$381,000.00	HSIP	\$45,000		\$336,000		\$381,000
6	6	Lower Watsburg Road MP 4.23 to MP 6.25	96100	Road Name: Lower Watsburg Road From: 4.23 To: 6.25	4.23	6.25	07	2.02	RC	I	\$6,000	\$54,000.00	RAP	\$10,000	\$50,000			\$60,000
7	7	Seven Mile Road MP 2.30 to MP 2.55	71370	Road Name: Seven Mile Road From: 2.30 To: 2.55	2.30	2.55	09	0.25	FA	I	\$11,000	\$209,000.00	FEMA	\$100,000	\$120,000			\$220,000
8	8	Fishhook Park Road, MP 0.00 to MP 1.40	40310	Road Name: Fishhook Road From: 0.00 To: 1.40	0.00	1.40	07	1.40	RC	I	\$13,500	\$36,500.00	STPR	\$20,000	\$80,000			\$100,000
9	9	Mill Creek Road MP 6.50 to MP 8.00	97330	Road Name: Mill Creek Road From: 6.50 To: 8.00	6.50	8.00	07	1.50	RC	I	\$26,450	\$233,550.00	Federal Lands Access Program	\$200,000	\$70,000			\$270,000
10	10	Deck Repair-Hart Bridge and Gose Street Bridge	96630 29960	Road Name: Hart Road From: 8.42 To: 8.45 Road Name: Gose Street From: 0.23 To: 0.25	8.42 0.23	8.45 0.25	07 16	0.05	FA	I	\$15,607	\$100,000.00	STPRBR	\$115,607				\$115,607
11	11	Lyons Ferry Road MP 0.20 to MP 2.81	49710	Road Name: Lyons Ferry Road From: 0.20 To: 2.81	0.20	2.81	07	2.61	RL	I	\$6,000	\$4,000.00	RAP	\$20,000	\$40,000			\$60,000
12	12	Five Mile Road MP 2.45 to MP 2.85 Five Mile Bridge	07150	Road Name: Five Mile Road From: 2.45 To: 2.85	2.45	2.85	09	0.37	FA	I	\$30,000	\$170,000.00	STPRBR	\$200,000				\$200,000

(1) Annual Program Item No.	(2) 6 Year Road Program Item No.	(3) Project Name	(4) Road Segment Information Road # Road Name	(5) Project Length(mi.)	(6) Project Type Code	(7) Environmental Assessment	(8) County Road Funds	(9) Sources of Funds Amount Other Funds	(10) Program Source	(11) PE & CE (\$95.18)	(12) Right of Way (\$93.28)	(13) Estimated Expenditures Contract Construction Contingency Percent	(15) Grand Total (All 95)
13	13	Wallula Avenue BWP 0.00 to NIP 0.20 Wallula Bridge	Road Number: Wallula Avenue From: 0.00 To: 0.20	0.20	07	FA	\$36,000	\$170,000.00	51 PBR	\$250,000			\$200,000
14	14	Paxon Bridge on 3rd Ave S BWP 2.35 to BWP 2.65	Road Number: 3rd Ave S From: 2.35 To: 2.65	0.30	2r	I	\$75,000			\$55,000	\$20,000		\$75,000
							\$2,686,512	\$8,996,278		\$1,357,407	\$460,000	\$9,885,193	\$0
													\$31,602,400

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF ADOPTING THE
SIX-YEAR TRANSPORTATION
IMPROVEMENT PROGRAM FOR
WALLA WALLA COUNTY

RESOLUTION NO. **22 177**

WHEREAS, RCW 36.81.121 requires the legislative authority of each County, after one or more public hearings thereon, to prepare and adopt a comprehensive transportation improvement program (TIP) for the ensuing six calendar years; and

WHEREAS, in compliance with said law, a Six-Year Transportation Improvement Program has been prepared for the years 2023 to 2028; and

WHEREAS, this Board of County Commissioners has access to the Engineer's report on deficient Bridges and Priority Array; and

WHEREAS, a public hearing was held at 1:30 P.M. on August 1, 2022 to take comments and consider adopting the Six-Year Transportation Improvement Program; now therefore

BE IT HEREBY RESOLVED by this Board of Walla Walla County Commissioners that the attached Six-Year Transportation Improvement Program for the years 2023 to 2028 be adopted.


BE IT FURTHER RESOLVED that the Board, in adopting the current Transportation Improvement Program, requests the Director of the County Community Development Department to insert the current TIP into the Walla Walla County Comprehensive Plan.

Passed this 1st day of August, 2022 by Board members as follows 2 Present or 0 Participating via other means, and by the following vote: 2 Aye 0 Nay 0 Abstained 1 Absent

Attest:



Diane Harris, Clerk of the Board


Todd L. Kimball, Chairman, District 2


Jennifer R. Mayberry, Commissioner, District 1


Gregory A. Tompkins, Commissioner, District 3

Constituting the Board of County Commissioners
of Walla Walla County, Washington

WALLA WALLA COUNTY
SIX-YEAR TRANSPORTATION IMPROVEMENT PROGRAM
2023-2028

\$ = 1,000

Hearing: 08/01/22
Adoption: 08/01/22
Resolution: 22-177
Date of Amendment:
Resolution:

ITEM NO	PROJECT NAME	FUNCT CLASS	FUNDING SOURCE	TOTAL COST	2023 LOCAL FUNDS	2023 OTHER FUNDS	2023 TOTAL FUNDS	2024 LOCAL FUNDS	2024 OTHER FUNDS	2024 TOTAL FUNDS	2025 LOCAL FUNDS	2025 OTHER FUNDS	2025 TOTAL FUNDS	2026 LOCAL FUNDS	2026 OTHER FUNDS	2026 TOTAL FUNDS	2027 LOCAL FUNDS	2027 OTHER FUNDS	2027 TOTAL FUNDS	2028 LOCAL FUNDS	2028 OTHER FUNDS	2028 TOTAL FUNDS	TOTAL LOCAL FUNDS	TOTAL OTHER FUNDS	GRAND TOTAL
OUTSIDE FUNDED PROJECTS																									
2023																									
1	PEPPERS BRIDGE ROAD MP 0.35 TO MP 1.60	07	STPR	1,780	830	950	1,780																		
2	WALLULA AVENUE MP 2.00 TO MP 2.20	16	STPHSIP	735	115	620	735																830	950	1,780
3	DELL SHARPE BRIDGE ON PETTYJOHN ROAD MP 5.2 TO MP 5.8	09	STP(BR)	7,131	1,426	5,705	7,131																115	620	735
4	BYRNE'S ROAD MP 1.80 TO MP 1.90	08	FEMA	210	27	183	210																1,426	5,705	7,131
5	BRIDGE GUARDRAIL SAFETY IMPROVEMENTS	07/16	HSIP	360		360	360																27	183	210
2024																									
6	LOWER WAITSBURG MP 4.23 TO MP 6.25	07	RAP	2,480	6	54	60	250	2,150	2,400															
7	SEVEN MILE ROAD MP 2.3 TO MP 2.55	07	FEMA	6,100	11	208	220	294	5,586	5,880													258	2,204	2,460
8	FISHHOOK PARK RD MP 0.00 TO MP 1.40	07	STPR		10	60	70	245	927	1,172													305	5,795	6,100
2025																									
9	MILL CREEK RD MP 6.50 TO MP 8.00	07	FLAP	2,280	14	86	100	14	86	100	280	1,800	2,080												
10	DECK REPAIR - HART BRIDGE AND GOLF STREET BRIDGE	07	STP(BR)	910	7	43	50	7	43	50		810	810										308	1,972	2,280
2026																									
11	LYONS FERRY RD MP 0.20 TO MP 2.81	07	RAP	2,890	6	54	60	28	12	40	20	20	40	290	2,460	2,750									
12	FIVE MILE ROAD MP 2.46 TO MP 2.82 FIVE MILE BRIDGE	07	STP(BR)	5,052	30	170	200	30	170	200	30	170	200		4,452	4,452							344	2,546	2,890
13	WALLULA AVENUE MP 0.00 TO MP 0.20 WALLULA BRIDGE	07	STP(BR)	4,625	30	170	200	30	170	200	30	130	150		4,075	4,075							90	4,952	5,052
SUM: OUTSIDE FUNDED PROJECTS				34,533	2,512	8,664	11,176	898	9,144	10,042	360	2,530	3,280	280	10,987	11,277							3,785	30,738	34,533
COUNTY FUNDED PROJECTS																									
2024																									
14	FAXTON BRIDGE ON 3RD AVE S MP 2.35 TO MP 2.65	08	COUNTY	975	75		75	900		900															
SUM: COUNTY FUNDED PROJECTS				975	75		75	900		900															
UNFUNDED PROJECTS																									
2025																									
15	MOJONNIER ROAD MP 0.14 TO MP 1.587	07/16		3,800				300		300	3,500		3,500												
16	HARVEY SHAW ROAD MP 2.0 TO MP 3.35	07		2,000				300		300	1,700		1,700												
17	MISSION ROAD MP 0.0 TO MP 1.51	08		3,100				300		300	2,800		2,800												
18	FISHHOOK PARK MP 1.4 TO MP 2.82	07		3,100				300		300	2,800		2,800												
19	WALLULA AVENUE MP 0.20 TO MP 1.84	16		4,200				300		300	3,900		3,900												
20	L HOGEYE ROAD, SUBSTATION BR. MP 0.0 TO MP 0.25	08		600				100		100	500		500												
21	MIDDLE WAITSBURG ROAD MP 11.85 TO MP 13.0	08		2,800				300		300	2,500		2,500												
22	MIDDLE WAITSBURG ROAD MP 3.19 TO MP 4.60	08		2,100				300		300	1,800		1,800												
23	SCENIC LOOP ROAD MP 2.0 TO MP 4.17	08		2,900				500		500	2,400		2,400												
24	LEWIS PEAK ROAD MP 0.0 TO MP 0.24	08		10,300				300		300	10,000		10,000												
25	HARVEY SHAW ROAD MP 3.43 TO MP 8.05	07		3,200				300		300	2,900		2,900												
26	STATELINE ROAD, PINE CREEK NO. 2 BR. MP 2.1 TO MP 2.63	07		1,200				200		200	1,000		1,000												
27	STOVALL ROAD MP 0.9 TO MP 2.0	09		1,800				300		300	1,500		1,500												
28	BEEY ROAD MP 0.71 TO MP 1.41	08		1,600				300		300	1,300		1,300												
29	MCKAY ALTO ROAD MP 0.0 TO MP 1.28	07		1,700				300		300	1,400		1,400												
30	RESER ROAD MP 3.29 TO MP 5.19	08		2,400				300		300	2,100		2,100												
31	LYONS FERRY ROAD MP 14.2 TO MP 14.6	07		1,000				200		200	800		800												
SUM: UNFUNDED PROJECTS (THIS PAGE)				47,800				4,900		4,900	42,900		42,900												
NEW PROJECTS																									
SHEET TOTAL				83,308	2,587	8,664	11,251	6,698	9,144	15,842	43,250	2,930	46,180	290	10,987	11,277							52,670	30,738	83,308

WALLA WALLA COUNTY
SIX-YEAR TRANSPORTATION IMPROVEMENT PROGRAM
2023-2028

ITEM NO	PROJECT NAME	FUNCT CLASS	TOTAL COST	2023			2024			2025			2026			2027			2028			TOTAL	TOTAL	GRAND
				LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL
UNFUNDED PROJECTS (CONTINUED)																								
2026																								
32	SOUTH FORK COPPEL MP 0.05 TO MP 0.25 GANGUET BRIDGE	09	1,800							300		300	1,500		1,500							1,800		1,800
33	MIDDLE WAISTBURG ROAD MP 14.4 TO MP 16.14	08	2,300							400		400	1,900		1,900							2,300		2,300
34	HARVEYSHAW ROAD MP 0.3 TO MP 2.0	07	2,200							300		300	1,900		1,900							2,200		2,200
35	MCDONALD ROAD MP 0.0 TO MP 1.3	9	1,800							300		300	1,500		1,500							1,800		1,800
36	SCHOOL AVENUE MP 0.0 TO MP 1.11	16	3,100							400		400	2,700		2,700							3,100		3,100
37	PLAZA WAY MP 0.0 TO MP 0.32	08/16	1,000							200		200	800		800							1,000		1,000
38	RESER ROAD MP 0.97 TO MP 1.23	08	600							100		100	500		500							600		600
39	MUD CREEK MP 3.0 TO MP 3.5	09	900							200		200	700		700							900		900
40	TOUCHET NORTH ROAD MP 5.03 TO MP 6.0	07	2,200							400		400	1,800		1,800							2,200		2,200
41	LOWER DRY CREEK ROAD MP 0.67 TO MP 2.50	07	2,300							300		300	2,000		2,000							2,300		2,300
42	LUCKENBILL ROAD, MARBACH CORNER BR MP 1.8 TO MP 2.2	08	1,000							200		200	800		800							1,000		1,000
43	LOWER WAITSBURG ROAD MP 11.46 TO MP 12.4	07	2,100							300		300	1,800		1,800							2,100		2,100
44	LOWER WAITSBURG ROAD MP 13.56 TO MP 14.78	07	2,700							300		300	2,400		2,400							2,700		2,700
45	MILL CREEK ROAD MP 10.26 TO MP 10.51 KOOSKOOSKIE BRIDGE	07	3,600							600		600	3,000		3,000							3,600		3,600
46	LAST CHANCE MP 1.0 TO MP 1.5	07	1,100							200		200	900		900							1,100		1,100
47	CM RICE ROAD MP 6.4 TO MP 6.8	09	800							200		200	600		600							800		800
48	RESER ROAD MP 0.49 TO MP 0.97 (Fem to Wilbur)	16	1,900												1,900			1,900				1,900		1,900
49	HUMORIST ROAD E AT SLOUGH MP 2.2 TO MP 2.78	08	1,400												1,400			1,400				1,400		1,400
50	LAKE ROAD MP 0.1 TO MP 1.0	08	1,200												1,200			1,200				1,200		1,200
51	LOVERS LANE MP 0.0 TO MP 1.25	08	2,600												2,600			2,600				2,600		2,600
52	SHEFFLER ROAD MP 7.3 TO MP 9.4	07	4,100												4,100			4,100				4,100		4,100
53	RUSSELL CREEK ROAD MP 2.9 TO MP 3.5	07	1,400												1,400			1,400				1,400		1,400
54	PEPPERS BRIDGE ROAD MP 1.67 TO MP 2.28	17	1,500												1,500			1,500				1,500		1,500
55	ELECTRIC AVE MP 0.00 TO MP 1.07	19	1,800												1,800			1,800				1,800		1,800
56	DEPPING ROAD MP 0.0 TO MP 0.75	19	1,400												1,400			1,400				1,400		1,400
57	RUSSELL CREEK ROAD MP 0.0 TO MP 0.86	07/16	1,300												1,300			1,300				1,300		1,300
58	EUREKA NORTH ROAD MP 2.8 TO MP 3.6	07	1,800												1,800			1,800				1,800		1,800
59	LOWER WHETSTONE ROAD MP 0.0 TO MP 2.2	08	2,700												2,700			2,700				2,700		2,700
60	SPRING VALLEY ROAD MP 6.6 TO MP 6.73	09	300												300			300				300		300
61	SCENIC LOOP ROAD MP 1.47 TO MP 2.0	08	800												800			800				800		800
62	SPRING CREEK ROAD MP 3.85 TO MP 4.3	08	1,100												1,100			1,100				1,100		1,100
63	FREDRICKSON ROAD MP 0.9 TO MP 1.21	08	800												800			800				800		800
64	SHEFFLER ROAD MP 11.2 TO MP 11.9	07	1,600															1,600			1,600		1,600	
65	JB GEORGE ROAD MP 0.1 TO MP 0.74	08	1,500															1,500			1,500		1,500	
66	DODD RD MP 6.3 TO MP 10.28	09	4,600															4,600			4,600		4,600	
67	SHEFFLER ROAD MP 9.4 TO MP 10.6	07	2,500															2,500			2,500		2,500	
68	LOWER MONUMENTAL ROAD MP 6.30 TO MP 7.60	07	1,800															1,800			1,800		1,800	
SHEET TOTAL			67,600							4,700		4,700	24,800		24,800	26,100		26,100	12,000		12,000	67,600		67,600

WALLA WALLA COUNTY
SIX-YEAR TRANSPORTATION IMPROVEMENT PROGRAM
2023-2028

ITEM NO	PROJECT NAME	FUNCT CLASS	TOTAL COST	2023			2024			2025			2026			2027			2028			TOTAL	TOTAL	GRAND	
				LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL FUNDS	LOCAL FUNDS	OTHER FUNDS	TOTAL	
UNFUNDED PROJECTS (CONTINUED)																									
2028																									
69	WILBUR AVENUE MP 0.50 TO MP 0.754	14	800																800	800	800		800		
70	HARVEY SHAW ROAD MP (DRAINAGE) 3.35 TO MP 3.6	07	950																950	950	950		950		
71	SHEA ROAD MP 0.0 TO MP 0.18	09	400																400	400	400		400		
72	FLETCHER ROAD MP 0.0 TO MP 0.1	09	300																300	300	300		300		
73	SHEPFLER ROAD MP 3.9 TO MP 5.39	07	3,000																3,000	3,000	3,000		3,000		
74	COPPEI ROAD MP 1.20 TO MP 1.70	09	900																900	900	900		900		
75	PLAZA WAY MP 0.32 TO MP 0.58	16	900																900	900	900		900		
76	TOUCHET NORTH ROAD (HOFFER CUT) MP 2.40 TO MP 2.90	07	1,100																1,100	1,100	1,100		1,100		
77	HUMORIST ROAD W. MP 0.19 TO MP 0.89	16	900																900	900	900		900		
78	SMITH ROAD MP 0.74 TO MP 1.24	09	900																900	900	900		900		
79	BISCUIT RIDGE ROAD MP 2.53 CULVERT	08	250																250	250	250		250		
80	TERI ROAD (B) MP 0.0 TO MP 0.20	19	400																400	400	400		400		
81	ADAIR ROAD (B) MP 0.0 TO MP 0.27	19	500																500	500	500		500		
82	LYONS FERRY ROAD MP 22.42 TO MP 22.72 DE RUWE BRIDGE	07	2,400																2,400	2,400	2,400		2,400		
83	LYONS FERRY ROAD MP 3.65 WISEMAN INTERSECTION	07	300																300	300	300		300		
84	SUDBURY ROAD MP 11.60 TO 17.00	09	6,200																6,200	6,200	6,200		6,200		
85	DAGUE ROAD MP 0.0 TO MP 0.25	09	500																500	500	500		500		
86	SMITH SPRINGS ROAD, KEN NOBLE BRIDGE MP 3.3 TO MP 3.6	08	2,000																2,000	2,000	2,000		2,000		
87	3RD AVENUE S. MP 1.66 TO MP 1.9	17	600																600	600	600		600		
88	SECOND AVE. (B) MP 0.0 TO MP 0.61	16	1,800																1,800	1,800	1,800		1,800		
89	DEPPING ROAD MP 0.3 TO MP 0.6 (CULVERT)	19	750																750	750	750		750		
90	FOURTH AVENUE (B) MP 0.0 TO MP 0.208	17	500																500	500	500		500		
91	WHITELY ROAD MP 0.2 TO MP 0.4 SW	09	400																400	400	400		400		
92	COCHRAN STREET CULVERT REPLACEMENT	09	400																400	400	400		400		
93	LUCAS ROAD (B) MP 0.0 TO MP 0.27	19	500																500	500	500		500		
94	COLUMBIA ROAD (B) MP 0.0 TO MP 0.27	19	500																500	500	500		500		
95	FIFTH AVENUE (B) MP 0.0 TO MP 0.05	19	200																200	200	200		200		
96	FERN AVE. MP 1.1 DECOMMISSION STORMWATER OUTFALL	16	300																300	300	300		300		
97	SCHOOL AVE. MP 0.96 DECOMMISSION STORMWATER OUTFALL	16	300																300	300	300		300		
98	REINKEN BLVD. (B) MP 0.0 TO MP 0.418	19	900																900	900	900		900		
99	ASH STREET (B) MP 0.0 TO MP 0.178	19	400																400	400	400		400		
100	BIRCH STREET (B) MP 0.0 TO MP 0.26	19	500																500	500	500		500		
101	MAPLE STREET W (B) MP 0.0 TO MP 0.425	19	900																900	900	900		900		
102	LARGENT ROAD (B) MP 0.0 TO MP 0.27	19	500																500	500	500		500		
103	COLUMBIA SCHOOL RD N MP 0.0 TO MP 0.169	19	400																400	400	400		400		
104	MAIN ST. (B) MP 0.0 TO MP 0.208	19	400																400	400	400		400		
105	CHERRY ST. (B) MP 0.0 TO MP 0.254	19	500																500	500	500		500		
106	WALNUT STREET (B) MP 0.0 TO MP 0.254	19	500																500	500	500		500		
107	POPLAR STREET (B) MP 0.0 TO MP 0.254	19	500																500	500	500		500		
108	MAIN STREET (T) MP 0.06 TO MP 0.30	07/09	600																600	600	600		600		
SHEET TOTAL			35,050																35,050	35,050	35,050		35,050		
GRAND TOTAL			185,958	2,587	8,664	11,251	6,698	9,144	15,842	47,950	2,930	50,880	25,090	10,987	36,077	26,100		26,100	47,050		47,050	155,220	30,738	185,958	

Stormwater



Stormwater discharges in Walla Walla County are regulated by the National Pollutant Discharge Elimination System (NPDES) Eastern Washington Phase II Municipal Stormwater Permit (Phase II Permit), issued by the Washington State Department of Ecology (Ecology). Walla Walla County is required to implement a prescribed set of actions aimed at improving water quality.

Walla Walla County created the Stormwater Management Utility District (SMUD) in 2009 in response to State and Federal Phase II Permit requirements. The SMUD serves all properties lying within unincorporated Walla Walla County, and is currently staffed by 1.5 full time employees who perform the following functions:

- Design, construction, maintain, and operate the stormwater system
- Administer and enforce stormwater regulations and procedures
- Prepare and revise comprehensive stormwater management plans
- Develop and communicate standards for new development and redevelopment
- Enforce regulations to protect and maintain water quality
- Ensure compliance with water quality laws



The original Phase II Permit was reissued with expanded requirements on August 1, 2012, and has been modified and reissued twice since, most recently in July of 2019, covering a 5-year period ending June 2024. Draft revisions have been released for the 2024 reissuance of the Municipal Stormwater Permits, as well as an update to the guidance

document for compliance, the Stormwater Management Manual for Eastern Washington (SWMMEW). Revisions to the Phase II Permit are substantial and will require significant revisions

to Walla Walla County's stormwater code (title 11 of the Walla Walla County Code), as well as the County's Stormwater Management Program. Staff will monitor information released by Ecology in 2023, to better anticipate and prepare for the upcoming required programmatic changes and will continue to work with regional and local partners to develop cost-effective actions to execute Phase II permit requirements.

Major Items of Work

The major categories of work planned for 2023 are described in detail, below.

Illicit Discharge Detection and Elimination

Walla Walla County will continue to work to detect and eliminate non-stormwater illicit discharges into the storm drain system, including spills, illicit connections, and illegal dumping. Walla Walla County will continue to respond to reports of illicit discharges and will also field assess at least one high priority water body in 2023 to verify outfall locations and detect illicit discharges. Walla Walla County will also continue working with the County's GIS staff to ensure our GIS meets all mapping requirements specified by the Phase II Permit, including naming conventions to meet statewide consistency goals.

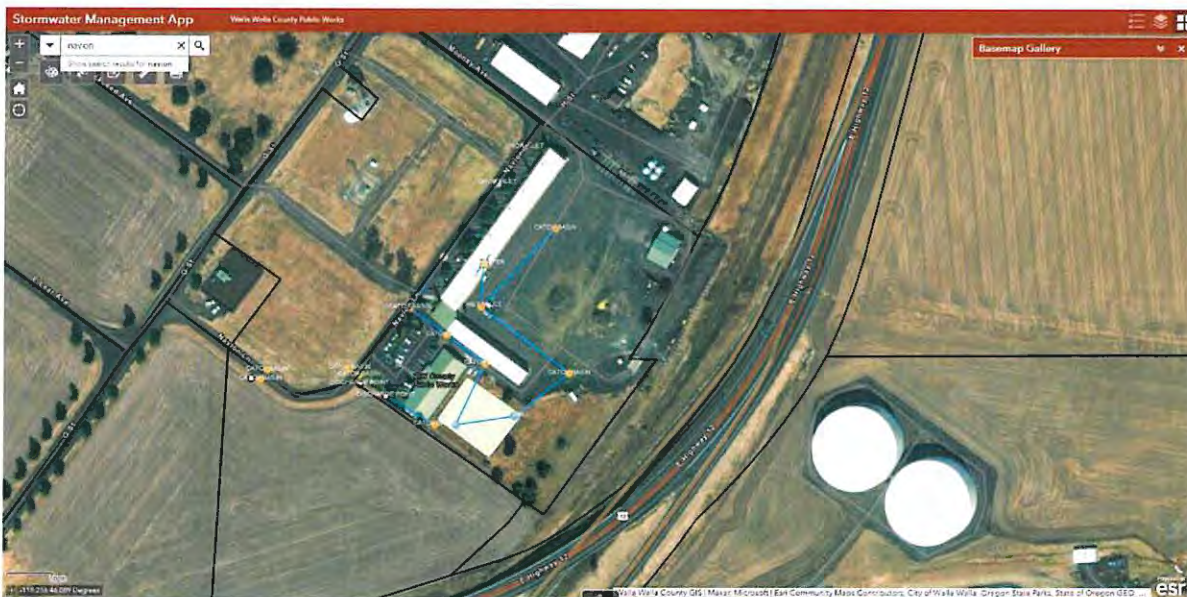


Figure 1 Stormwater GIS Sample - Public Works Facility

Stormwater Management for New Development

Staff will continue to work with the County's Community Development Department to provide stormwater plan review and inspection services for significant new development, including all development disturbing one or more acres of land within the County's jurisdiction. SMUD will also develop standard stormwater comments for new development proposals and will work with new Community Development Department staff to ensure they are trained to recognize and respond to situations that may pose a risk to surface and/or groundwater quality.

Street and Storm Drain Maintenance

The County owns over 400 catch basins and 165 infiltration facilities. Catch basins and drywells will be inspected at least once every three years; 1/3 of the County's facilities are scheduled for inspection in 2023. Facilities in known problem areas will be inspected at least once a year and before, during, and after major storm events. Catch basins and drywells with accumulated sediment or trash will be cleaned as needed. In addition, staff will develop a prioritized list of problem areas that may not be most appropriately addressed through capital retrofits.

Outreach and Education

Staff will provide education and outreach activities to County residents, consistent with the Education and Outreach Strategy in the latest edition of the Stormwater Management Program and Annual Report, available at:

(https://www.co.walla-walla.wa.us/government/public_works/stormwater_documents.php).

Activities will include maintenance of the stormwater website and continuation of a pet waste outreach program, as required by the reissued Phase II permit. Activities will be conducted in partnership with the City of Walla Walla and City of College Place to broaden the target audience and reduce costs.

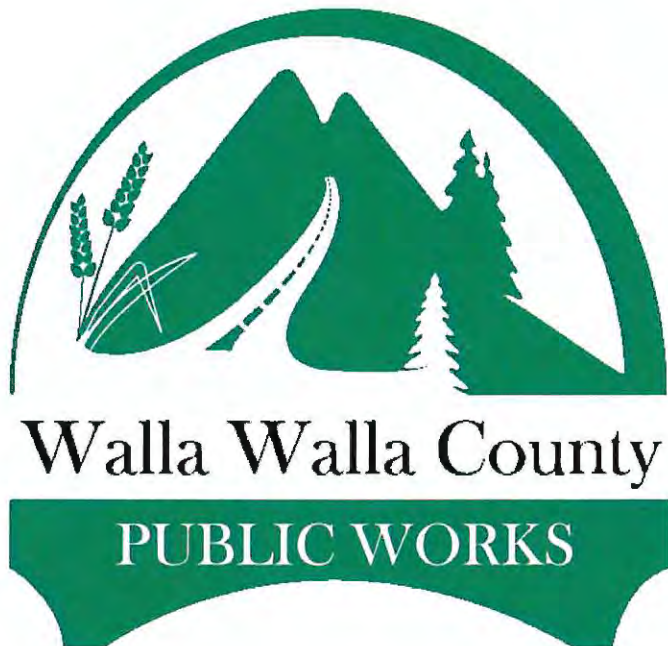
Stormwater Construction Program

The SMUD funds stormwater construction and/or retrofit projects to address stormwater problems that pose safety hazards or contribute to potential water quality violations. Projects eligible for SMUD funding are incorporated into the County's Six Year Transportation Improvement Plan, included in the Engineering section of this Business Plan. The construction program will include retrofits of problem areas, described above under Street and Storm Drain Maintenance, to reduce ongoing O&M costs.

TMDL

Walla Walla County is required to analyze stormwater runoff discharge samples from the storm drainage system, in support of reducing fecal colloform bacteria in Yellowhawk Creek. This task involves sampling stormwater, interpreting analytical results, and working to reduce or eliminate fecal colloform sources. There were two direct outfalls to Yellowhawk Creek under Walla Walla County's jurisdiction within the Phase II Permit area, and one of those was eliminated in 2022 under the Stormwater Construction Program. Eliminating a direct outfall is one of the best ways to reduce potential stormwater-based contamination of our creeks and is a significant achievement for the Stormwater Management Program. Walla Walla County plans to eliminate the remaining direct outfall, on School Avenue, within the next five years.

Maintenance & Fleet Management



Major Items of Work

The following are the major items of work planned for 2023. Goals for the year include continued improvement in work planning & scheduling to ensure effective use of our resources, and implementation of consistent road maintenance standards. We will also continue to use Maintenance Management and Pavement Management Program tools to assist with work priorities and sound budget development.

1. *Roadway* – Maintenance and repair within the roadway prism.

Traveled Way (542.31) – Place and process gravel, and re-grade gravel roads. Gravel roads are categorized as Primitive, Low Maintenance, or High Maintenance and are graded on varying frequencies. Primitive roads may be graded up to 2 times per year. Low Maintenance roads are graded 3 times per year (spring, before harvest, and after harvest), and High Maintenance roads are typically graded more than 3 times annually.

Estimated Cost: \$1,155,000

Estimated Quantity: 1700 centerline miles / 22,500 cubic yards rock

Scrubbing (542.31) – Fill pot-holes in pavement and pre-level or “scrub” existing BST and asphalt roads prior to chip sealing. Hot mix asphalt is the primary repair material and a special cold-mix is used in small areas and at bridge approaches.

Estimated Cost: \$495,000

Estimated Quantity: 3000 tons asphalt mix

Shoulders (542.32) – Grade, re-shape and add material to match the gravel shoulder to the pavement edge to help prevent pavement from breaking off.

Estimated Cost: \$575,000

Estimated Quantity: 980 shoulder miles

Chip Sealing (542.33) – Application of pavement surface treatment combining emulsified asphalt and chip rock to extend road life. Roads to be chip sealed are listed on page 41. They will be prioritized in April with the total miles dependent on the cost of emulsified asphalt.

Estimated Cost: \$2,700,000

Estimated Quantity: 65 miles

Crack Sealing (542.34) – Seal longitudinal and transverse cracks in the pavement surface of those roads proposed to be chip sealed for the year. Crack seal helps preserve roads which may not maintain integrity until the next chip seal cycle.

Estimated Cost: \$205,000

Estimated Quantity: 30 tons crack sealant

2. *Drainage* – Maintain and repair drainage systems from the point of interception within the right-of-way to the point of outfall.

Bridges Under 20' (542.41) –Repair of bridge approaches and structural maintenance.

Estimated Cost: \$30,000

Culverts (542.42) – Clean debris around bridges, flush culverts, spot clean ditches at culvert ends, replace and/or repair damaged culverts, and install new culverts.

Estimated Cost: \$195,000

Estimated Quantity: 300 culverts

Ditches (542.43) - Clean ditches on county roads and remove excess material.

Estimated Cost: \$375,000

Estimated Quantity: 225 ditch miles

3. *Structures* – Maintenance of bridges 20' and over, tunnels, irrigation canal crossings, livestock crossings, and other structures.

Bridges 20' and over (542.51) – Maintenance and repair of bridge approaches and structural elements.

Estimated Cost: \$30,000

4. *Traffic & Pedestrian Services* – Operations and Maintenance of roadway facility and services.

Traffic Control (542.64) –Sign and address post maintenance, guardrail repair, striping, road lighting, and special traffic control as needed. The largest item is striping which is the application of paint to roadway surfaces for centerline, edge line, crosswalks, stop bars, and railroad crossings.

Estimated Cost: \$358,000

Estimated Quantity: 2,600 signs / 300 centerline miles striping / Replace outdated guardrails

Snow and Ice (542.66) – Snow removal and sand application on roadway. This category also includes the application of liquid de-icing material to control ice/frost at major intersections, on some hills, a few bridges and various shaded areas. Work is performed as dictated by weather.

Estimated Cost: \$600,000

Estimated Quantity: As needed

Street Cleaning (542.67) – Clean roadway surfaces of rock, sand, and other debris by sweeping or flushing with machine and/or by hand.

Estimated Cost: \$25,000

Estimated Quantity: 40 lane miles

5. *Roadside (542.71)* – Procurement and application of herbicides and the mechanical mowing and/or cutting of trees, weeds, and brush and weed burning.

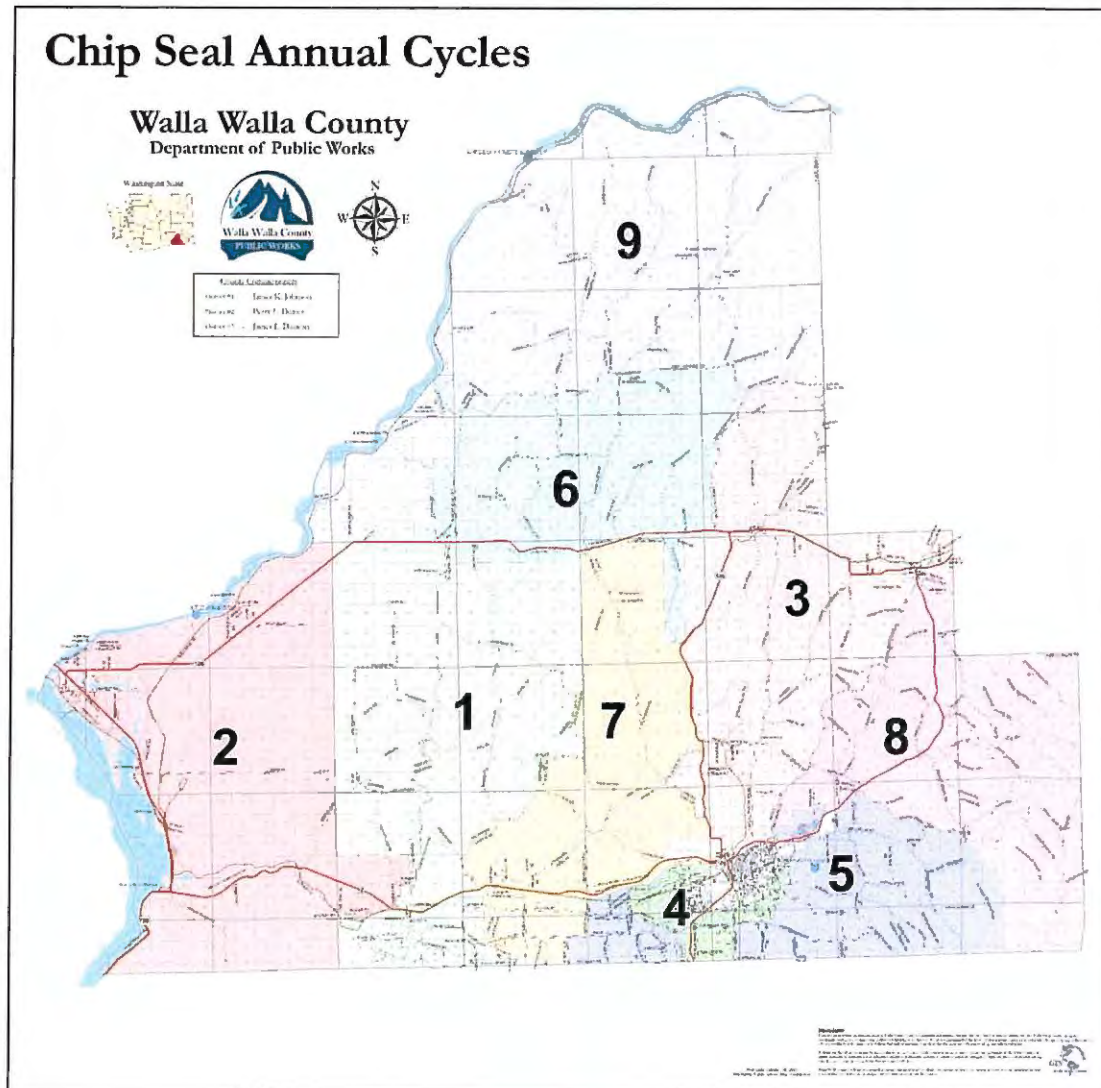
Estimated Cost: \$485,000

Estimated Quantity: 4450 man-hours

2023 MAINTENANCE SCHEDULE																																																				
	JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER				OCTOBER				NOVEMBER				DECEMBER							
ROAD DISTRICTS	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
Traveled Way																																																				
Patching																																																				
Patch and Pre-level																																																				
Crack Sealing																																																				
Shouldering																																																				
Chip Sealing																																																				
Bridges																																																				
Culverts																																																				
Ditching																																																				
Guardrail																																																				
Snow & Ice																																																				
Street Cleaning																																																				
Mowing																																																				
Other Veg. Control																																																				
Litter Clean-up																																																				
MCFCZD																																																				
VEGETATION/STRIPING/SIGNING																																																				
Chemical Veg. Control																																																				
Paint Striping																																																				
Traffic Control Signing																																																				
Private Road Names																																																				
Addressing																																																				
Night Sign Inventory																																																				

Chip Seal Program

Walla Walla County Public Works began implementation of a plan, in 2008, to improve the efficiency and effectiveness of the chip seal program by systematically addressing maintenance of 579 miles of paved roads in a 9-year cycle. Successfully completing Zone 6 in 2022, we plan to complete Zone 7 in 2023 which is depicted in the map below



Advantages of a scheduled maintenance cycle for chip sealing include assurance of full coverage of all paved roads within a reasonable period, and better work efficiency by dispatching resources to a specific zone of the County each year.

2023 CHIP SEAL PLAN

ROAD NAME	ROAD #	FFC	FROM	TO	BEG MP	END MP	MILES
Buckley Road	369102	9	Beginning of Pavement	End of Pavement	0.14	0.29	0.15
Cochran Road	391201	9	Harvey Shaw Road	End of Pavement	0.00	0.76	0.76
Detour Road	208402	9	SR 12	Forest Road (3)	0.00	1.51	1.51
Detour Road	208401	8	Forest Road	Lowden Gardena Road	1.51	4.52	3.01
Forest Road	211501	8	Detour Road	Frog Hollow Road	0.00	1.13	1.13
Fredrickson Road	205301	9	Stateline Road (3)	Frog Hollow Road	0.00	1.56	1.56
Frenchtown Road	213101	9	Old Hwy 12	State Owned north side	0.00	0.24	0.24
Frenchtown Road	213102	9	End of Overlay	Lower Dry Creek Road	0.24	2.85	2.61
Frog Hollow Road	921001	7	Barney Road	Forest Road (1)	0.00	5.84	5.84
Guy Fine Road	372701	9	Lower Dry Creek Road	End of Pavement	0.00	2.60	2.60
Harvey Shaw Road	936501	7	SR 125	Start of ACP	0.00	12.59	12.59
Harvey Shaw Road	936503	7	Beginning of ACP (Paddock)	End of ACP	12.59	13.28	0.69
Harvey Shaw Road	936504	7	Beginning of BST	Beginning of ACP	13.28	14.94	1.66
Harvey Shaw Road	936505	7	Beg. of ACP (New Bridge)	End of ACP	14.94	15.81	0.87
Loney Road	937201	9	Sudbury Road	Harvey Shaw Road	0.00	3.06	3.06
Lowden School Road	360201	9	Lower Dry Creek Road	End	0.00	0.12	0.12
Lowden-Gardena Road	931901	7	Frog Hollow Road	SR 12	0.00	2.98	2.98
Lower Dry Creek Road	935001	7	SR 12	Sudbury Road	0.00	6.17	6.17
Marshall Street	367101	9	SR 12	End of Pavement	0.00	0.08	0.08
McDonald Road	202102	9	Beginning of Pavement	Frog Hollow Road	1.08	2.08	1.00
McDonald Road	202103	7	Frog Hollow Road	Beginning of ACP	2.08	3.86	1.78
McDonald Road	202103	7	Beginning of ACP	SR 12	3.86	4.35	0.49
N Gose Street	299602	19	Heritage Road	Dell Avenue	0.00	0.33	0.33
N Hussey Street	252102	19	Heritage Road	Baldwin Road	1.27	1.40	0.13
Rainville Road	206901	9	Stateline Road	Frog Hollow Road	0.00	1.31	1.31
Riley Road	378701	9	Harvey Shaw Road	End of Pavement	0.00	0.31	0.31
Sudbury Road	935501	7	SR 12	End of ACP	0.00	0.60	0.60
Sudbury Road	935501	7	End of New Construction	Loney Road	0.60	3.85	3.25
Sudbury Road	935502	7	Loney Road	Luckenbill Road	3.85	10.38	6.53
							63.36

Fleet Management

All county vehicles are purchased and maintained by the Equipment Rental and Revolving Fund (ER&R) in accordance with RCW 36.33A.010 which states "Every county shall establish, by resolution, an "equipment rental and revolving fund", hereinafter referred to as "the fund", in the county treasury to be used as a revolving fund for the purchase, maintenance, and repair of county road department equipment". RCW 36.33A.020 further states the legislative body of any county may authorize, by resolution, the use of the fund by any other office or department of the county government or any other governmental agency for similar purposes.

Effective fleet management requires managers to fully understand vehicle usage requirements, operating costs and service life to make sound decisions regarding daily management, repair and replacement of fleet vehicles. The County's fleet management system captures all costs associated with vehicle ownership and provides the data necessary to assist managers with such decisions.

The Public Works Department maintains an asset record for each vehicle in the fleet that captures a complete vehicle history to include purchase price, usage, fuel consumption, service, repair information, depreciation and salvage value. These are the critical components used to determine appropriate vehicle rental rates.

ER&R Equipment Purchases 2023

<i>Equipment</i>	<i>Cost</i>
Portable Compressor - Public Works	30,000
Pup Trailer (2) – Public Works	240,000
Pickups (2) – Public Works	100,000
F550 Utility Vehicles (2) – Public Works	180,000
Road Grader – Public Works	550,000
Chip Rock Spreader – Public Works	500,000
3 Axle Trailer – Public Works	50,000
Patrol Vehicles (9) – Sheriff Dept.	576,000
Total	2,226,000

Mill Creek Flood Control Zone District



Mill Creek Flooded the City of Walla Walla 15 times between 1878 and 1931, including a disastrous flood in 1931. A coalition of City of Walla Walla leaders, led by Virgil P. Bennington, petitioned U.S. Congress to construct a reservoir to divert flood waters; the Mill Creek Flood Control project was authorized by Congress in 1938 and the Corps of Engineers (Corps) completed the flood control project in 1943.

On July 16, 1948, the Commission approved the boundaries, established the name of the district as the "Walla Walla County Mill Creek Flood Control District" and ordered the Director to call an election for the creation of the flood control district. On February 25, 1974, the Mill Creek Flood Control District was dissolved, and the "Mill Creek Flood Control Zone District" was organized.

In the years since the channel was completed the Walla Walla Valley has experienced large flood events, the most recent in February of 2020. Each time the channel has protected downtown area businesses and homes from the scale of flooding experienced in the 1930's.

It has been over 70 years since construction of the channel was complete and it is beginning to show its age. The Mill Creek Channel is inspected annually by the Corps who look for issues that need to be corrected. Public Works utilizes its own maintenance crews annually to address issues identified during inspections. Identified deficiencies larger in scope are competitively bid and awarded to contractors as funding allows. Maintenance of the channel is ongoing and various issues are corrected every year to help ensure the Mill Creek Channel will be able to handle a flood event.

Recently, there has been a continued effort by several organizations to continue to work on improving the fish passage through the Mill Creek Channel and construction continues as funding allows.

In 2010, a special inspection by the Corps identified a series of maintenance requirements needed to ensure long-term functionality of the channel. These tasks will exceed \$1M in expense. Public Works developed a plan to address the identified deficiencies and since 2012 has been completing a portion of these tasks each year for the next with a goal to be complete in 10 years.

While concerns had been mounting for years, these findings spurred a coalition of local community leaders and local government agencies to petition the Corps of Engineers to formally study the reliability and capacity of the Mill Creek Channel. A General Investigation Study (G.I. Study) was authorized by Congress and the Corps of Engineers conducted an exhaustive, \$3M, 3-year study to identify areas within the channel that require retrofits and repairs, with the goal of providing continued flood protection for at least the next 50 years.

Almost three years ago, in the middle of the Mill Creek General Investigation Study, a rain on snow event in the Blue Mountains resulted in the highest-ever recorded flows in Mill Creek. It was 24 years to the day since the last record-breaking flows, and while Walla Walla County saw about \$15M in damages to our roads and bridges the Mill Creek Project kept the City of Walla Walla safe. Over \$7B in property and more than 27,000 people were protected. It was a narrow save and we were able to ground-truth the plan identified by the GI Study to ensure we were on the right path forward.

The (G.I.) Study is complete. Public Works has been working with the Corps and local agencies to coordinate and fund the proposed repairs identified in the G.I. Study. The work is planned under the Continuing Authorities Program Section 205 (CAP 205) by the Corps. We will work to acquire the necessary property rights in order to construct the CAP 205 project while the Corps will work on the design

of the project's elements. Design is scheduled for 2023, with construction to occur during the summers of 2024 and 2025.

The CAP 205 Mill Creek Flood Risk Management Project will ensure the Mill Creek Channel continues to have the capacity, performance, and reliability our community needs to be protected for the next 50 years and beyond.

Mill Creek Flood Control Zone District (531.30) – Maintenance activities within the limits of the Mill Creek Flood Control Zone District's channel including annual inspection, debris removal, vegetation control, and re-grading the channel bottom as needed. Activities also include any necessary major structural repairs identified through annual inspections, and expenditures include local cost-share contributions towards funding the CAP 205 project's required 35% match.

Estimated Cost Maintenance Activities: \$150,000

Estimated Cost CAP 205 Cost Share: \$420,000

Estimated Quantity: Entire channel, approximately 6 miles

Budget



The Department's overall 2023 budget exceeds \$31.8 million and is broken out across four separate funds approximately as follows:

- **County Road Fund Operations: \$24.3 million**
 - Construction - \$12.7M
 - Maintenance/Preservation - \$8.2M
 - Planning, Permitting, Development Review & Administration - \$3.4M
- **Equipment Rental & Revolving Fund Operations: \$5.6 million**
 - Equipment Parts & Maintenance - \$1.44M
 - Equipment Purchases - \$2.26M
 - Fuel - \$540K
 - Road Maintenance Materials - \$1.36M
- **Mill Creek Flood Control District Operations: \$1.57M**
- **Stormwater Maintenance Utility District Operations: \$370 thousand**

County Road Fund

The County Road Fund sustains the bulk of Public Works' operations and is subject to the greatest amount of variability in annual revenue and expense.

The County Road Fund (CRF) gains revenue from four primary sources:

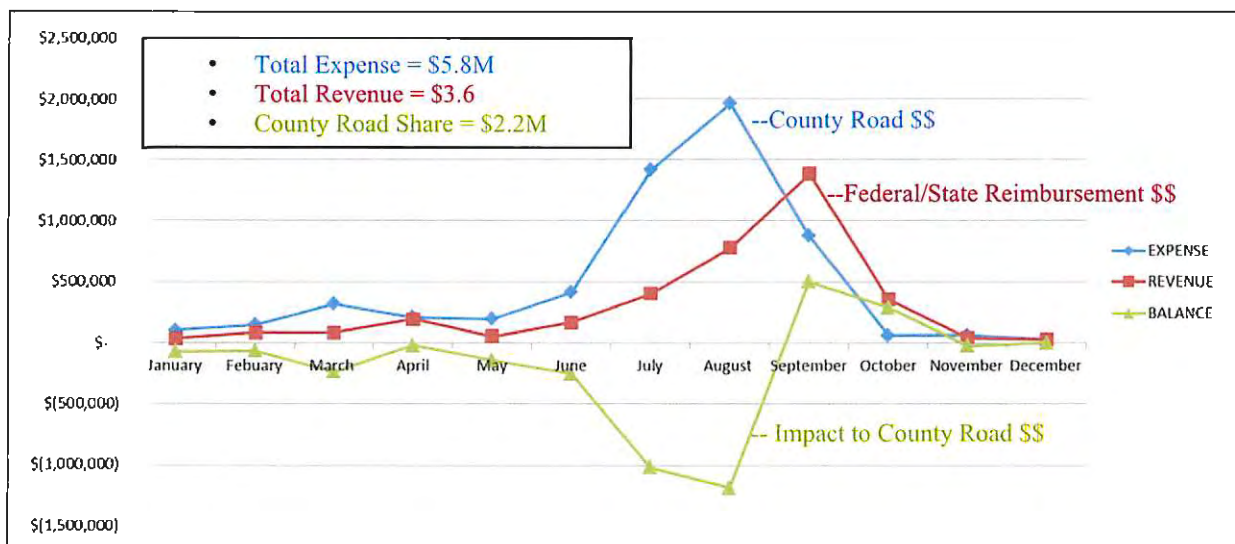
- Property Tax Road Levy (annually yields approximately \$6M)
- Motor Vehicle Fuel Tax (annually yields approximately \$3M, revenue varies with fuel consumption)
- County Arterial Preservation Program (CAPP) (annually yields approximately \$600K)
- Competitive grants (State and Federal transportation funding that is project-specific and must be obtained through a highly-competitive grant process) (annually yields, on average, \$5M)
 - Surface Transportation Program funds (Federal grant for transportation projects)
 - Rural Arterial Program funds (State County Road Administration Board funding for transportation projects)
 - Bridge Replacement funds (Federal grant for bridge replacement projects)
 - Transportation Improvement Board and Freight Mobility Strategic Investment Board funds (State grant for transportation projects that improve traffic flow and enhance movement of freight & goods)

In addition to the four primary categories of revenue listed above, the CRF gains some revenue from:

- Miscellaneous investment income (currently approximately \$10K annually)

The timing of incoming revenue and outgoing expense poses a significant challenge to managing the County Road Fund. Revenue from the Property Tax Road Levy typically appears in April and October. Revenue from Capp and the Motor Vehicle Fuel Tax arrives monthly. Construction projects, the largest category of expense, occur during the summer. Projects are largely funded through grants which require expenditure by the County before grant funds are made available; grant funds are then reimbursed to the County after a month or more, at rates ranging from 50% to 90%. Money must be available in the CRF to fully fund the project, or it is not possible to make use of grants.

In addition to the County's construction program, the County also conducts chip seal road maintenance during the summer. The timing of revenue and the large concentration of expense in the summer result in a low County Road Fund balance in early fall, typically in August/September at the end of the construction season, just before the second influx of Property Tax Road Levy revenue. To illustrate this point, the following graph shows cash projections for a typical year. The lag time between expenditure and reimbursement, as well as the low balance point at the end of summer, are clearly shown. This cash flow pattern is typical for the County Road Fund.



Equipment Rental & Revolving Fund

The Equipment Rental and Revolving Fund (ERR) is used by the County as a revolving fund for salaries, wages and operations required for the repair, replacement, and operation of equipment and for purchase of road maintenance materials and supplies. This is a self-sustaining fund that generates revenue to offset expenses. ERR supports the purchase and maintenance of the equipment fleet, rock products, and other products like vegetation control chemicals, traffic control signs, culverts, fuel, etc. As products are placed on the roads, ERR charges the County Road Fund and thus generates the needed revenue to offset the expense associated with purchasing the products. ERR also purchases and then rents all equipment to County Road and generates income to offset maintenance costs, fuel consumption and eventual replacement of old equipment. All County-owned vehicles are managed, maintained, and purchased through ERR.

Mill Creek Flood Control Zone District

The average annual budget for the Mill Creek Flood Control Zone District is \$300K. District funds are used to operate and maintain the Mill Creek Flood Control Channel. The District generates revenue through a special assessment to those residents living within the Flood Control Zone. In the past, expenses have generally fallen below the revenue generated through the District assessment. In 2010, a special inspection by the United States Army Corps of Engineers identified a series of maintenance requirements needed to ensure long-term functionality of the channel. These tasks will exceed \$1M in expense and starting in 2012 the County will complete a portion of these tasks each year for the next 5 to 10 years.

Stormwater Maintenance Utility District

Revenue sources for the Stormwater Maintenance Utility District (SMUD) include grants from the Department of Ecology, stormwater utility fees, and permit fees from new development. The projected total revenue for 2023 is approximately \$205,000. Projected expenditures include the following:

- \$105,500 for administrative activities, including reporting, outreach and education activities, drywell assessment, water quality monitoring, stormwater utility administration, illicit discharge detection and elimination, and plan check and inspection.
- \$4,000 for operations and maintenance training for county staff.
- \$85,000 for maintenance activities, including street sweeping, storm system cleaning, stream assessment.
- \$2,000 for Department of Ecology permit fees.
- \$176,000 for Stormwater Projects.

The SMUD budget also includes two reserve accounts, as required by Walla Walla County Code. \$40,000 was placed into an emergency reserve fund every year for the first 5 years (2011-2016) until the emergency reserve account reached \$200,000; this account will be available to fund initial response to storm drainage emergencies.

A second reserve fund, equal to fifteen percent of the annual operating expense, exists to accommodate cash flow variations and react to special circumstances. For 2023, this reserve amount is set at \$55,875.

County Road Budget							
Fund 115							
Revenues							
Account	Description	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Budget	2023 Budget
308.30.00.0000	Beginning Fund Balance	6,801,312	7,748,700	7,572,516	9,761,055	11,300,000	10,500,000
	Less Outstanding Warrants						
Fund Balance		6,801,312	7,748,700	7,572,516	9,761,055	11,300,000	10,500,000
311.10.00.0000	Property Tax	5,569,126	5,634,664	6,117,286	6,420,400	6,600,000	6,613,320
311.10.00.0020	Real Property Rev Ramping-City of WW	-	-	-	-	-	-
317.40.00.0000	Private Timber Harvest Tax	610	68	-	2,512	-	-
317.20.00.0000	Leasehold Excise Tax	81,331	87,222	78,501	87,400	80,000	80,000
Total General Property Tax		5,651,067	5,721,953	6,195,786	6,510,312	6,680,000	6,693,320
322.40.00.6040	Driveway Access Permits	2,150	3,475	3,550	3,050	2,500	2,500
322.40.00.6041	Right of Way Permits	8,175	5,775	6,375	5,850	8,000	6,500
322.40.00.6042	Road Construction Permit Fee	2,000	2,400	400	4,000	1,000	1,000
322.40.00.6043	Special Event Fees	60	60	-	20	100	100
322.40.00.6044	Franchise Fees	600	-	600	600	1,000	1,000
322.40.00.6045	Haul Route Fees	100	200	100	100	100	100
322.40.00.6046	Variance Fees	650	350	100	300	500	500
322.40.00.6047	Overlegal Fees	80	-	20	20	-	-
322.40.00.6048	ROW Vacation Fees	1,200	-	-	600	600	500
322.40.00.6049	Road Name Change Fees	-	150	-	-	-	-
322.40.00.6052	Mill Creek Channel Fees	-	-	-	-	-	-
Total Licenses and Permits		15,015	12,410	11,145	14,540	13,800	12,200
331.20.20.0000	Federal Aid - FHWA	149,653	4,678,300	1,127,047	-	51,900	86,000
332.10.60.0000	Federal Forest Yield	1,437	1,516	1,364	1,206	-	-
332.15.60.0000	US Fish and Wildlife	-	1,251	2,037	826	-	-
333.20.20.0000	Federal Aid - FH	-	-	-	-	-	-
333.20.21.0000	Federal Aid - STPR	104,505	40,155	18,171	62,154	2,148,809	1,010,000
333.20.22.0000	Federal Aid - STPUS	-	-	-	-	-	240,000
333.20.23.0000	Federal Aid - STPE	-	-	-	-	-	-
333.20.24.0000	Federal Aid - BRS	34,119	1,891,947	46,447	9,547	1,350,000	-
333.20.25.0000	Federal Aid - BROS	-	-	1,097	541,320	-	6,088,000
333.20.26.0000	Federal Aid - STPH	-	-	-	-	-	-
333.20.27.0000	Federal Aid - STP(S)	-	-	-	-	-	-
333.20.28.0000	Federal Aid - HSIP	23,429	45,315	2,381	1,129,494	380,000	740,000
333.20.29.0000	Federal Aid - RAIL	6,047	74,698	486,819	47,949	-	-
333.20.31.0000	Federal Aid - SRTS	-	-	-	-	-	-
333.20.32.0000	Federal Aid - ER	-	-	1,683,655	20,565	-	-
333.20.33.0000	Federal Aid - BHS	-	-	26	495,206	-	-
333.97.03.6000	Federal - Disaster Grant	78,132	61,302	-	241,762	379,250	409,000
334.01.80.0000	State - Disaster Grant	-	-	-	40,294	-	-
334.02.80.0000	Utilities & Transportation Commission	-	-	-	-	-	-
334.03.10.0000	Department of Ecology	-	-	-	33,000	-	-

334.03.60.0000	State - Bike & Pedestrian	-	1,330,000	1,000			
334.03.70.0000	CRAB - Rural Arterial Program (RAP)	55,490	8,687	35,918	26,885	1,902,920	108,000
334.03.72.0000	Gas Tax - Arterial Preservation (CAPP)	617,788	597,870	528,516	741,905	627,106	635,600
334.03.80.0000	Transportation Improvement Board (TIB)	-	-	-	8,702	123,318	123,318
334.03.90.0000	FMSIB	-	-	-			
336.00.75.0000	Multi-Modal Transportation Tax	135,731	135,751	137,533	137,546	136,850	136,850
336.00.89.0000	Motor Vehicle Fuel Tax	3,018,508	2,937,918	2,627,461	2,749,939	2,839,195	2,961,448
336.00.89.0001	MVA Transportation Tax	118,766	118,784	120,342	120,354	119,745	119,745
337.07.00.0000	Intergovernmental Revenue	-	288,700	3,800	7,360	50,000	-
Total Intergovernmental Revenues		4,343,606	12,212,194	6,823,616	6,416,014	10,109,093	12,657,961
341.70.00.0000	Sales of Nontaxable Merchandise	2,126	762	93	35	1,000	1,000
341.82.00.0000	Engineering Services	7,673	2,735	82	26,445	15,000	15,000
341.82.00.0001	Engineering Services - MSAG	51,803	55,462	57,125	6,395		
344.10.00.0000	Rds/Sts Maintenance & Repair Services	161,314	257,952	148,631	110,941	180,000	180,000
344.70.00.6413	Private Road Name Signs - 911	300	400	40	550	500	500
344.70.00.6414	Address Posts - 911	5,600	9,130	10,680	9,750	4,000	4,000
345.83.00.0000	Plan Checking Fees	-	-	-			
345.83.01.0000	Plat Checking Fees	3,403	700	-			
341.82.00.0002	GIS Interfund Charges	10,127	20,527	-			
Total Charges for Goods and Services		242,347	347,668	216,651	154,116	200,500	200,500
361.10.00.0000	Investment Interest	99,591	137,665	68,148	53,708	25,000	25,000
369.10.00.0000	Sale of Surplus	10	69	81	891	500	500
369.91.00.0000	Other Misc Revenue	14,159	1,954	11,335	12,077		
Total Miscellaneous Revenues		113,759	139,688	79,563	66,676	25,500	25,500
GRAND TOTAL REVENUE		17,167,106	26,182,614	20,899,278	22,922,713	28,328,893	30,089,481
GRAND TOTAL EXPENDITURES		9,427,433	18,909,101	10,839,218	11,586,356	17,716,400	24,326,500
Ending Fund Balance		7,739,673	7,273,512	10,060,060	11,336,357	10,612,493	5,762,981

County Road Budget							
Expenditures							
Account	Description	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Budget	2023 Budget
REIMBURSABLE							
519.70.00.0000	Other Gov't Services	202,533	288,989	180,012	148,194	175,000	190,000
Total Reimbursable		202,533	288,989	180,012	148,194	175,000	190,000
		-	-	-	-	-	-
ROAD/STREET CONSTRUCTION							
Preliminary Engineering							
595.11.00.0010	Surveying	104,035	69,849	97,163	82,384	87,000	90,000
595.11.00.0030	Design	122,900	67,569	78,888	161,293	129,000	135,000
595.11.00.0040	WSDOT Reimbursable	-	-	-	-	-	-
595.11.00.0050	WSDOT Non-Reimbursable	-	-	-	-	1,000	1,000
595.11.00.0060	Consultant Reimbursable	18,470	28,855	72,878	739,946	285,000	540,000
595.11.00.0070	Consultant Non-Reimbursable	118,025	18,179	5,017	14,956	130,000	50,000
Construction Engineering							
595.12.00.0010	Surveying	8,162	21,847	7,081	9,659	20,000	20,000
595.12.00.0020	Inspection	53,700	191,678	30,710	61,629	168,000	175,000
595.12.00.0030	Administration	44,814	103,108	28,046	35,751	81,000	80,000
595.12.00.0040	WSDOT Reimbursable	-	-	-	-	-	-
595.12.00.0050	WSDOT Non-Reimbursable	4,858	858	-	-	1,000	1,000
595.12.00.0060	Consultant Reimbursable	3,088	5,041	1,383	3,094	10,000	75,000
595.12.00.0070	Consultant Non-Reimbursable	17,970	103,538	2,381	15,187	43,000	45,000
595.22.00.0000	Appraisal R/W	-	-	-	-	-	-
595.23.00.0000	Acquisition R/W	116,507	24,888	17,319	256,058	208,000	380,000
595.23.00.0050	Non-Reimbursable R/W Acquisition	154,202	131,382	194,101	223,678	91,000	110,000
595.24.00.0000	Utility Relocation	-	-	-	-	-	-
595.24.00.0010	City of WW Utilities	-	292,500	3,000	-	50,000	-
595.24.00.0020	College Place Utilities	-	-	-	-	-	-
595.24.00.0050	Utility Relocation - Non-Reimbursable	-	8,208	-	-	150,000	20,000
595.30.00.0000	Roadway	879,137	4,551,209	523,360	1,234,746	5,800,000	3,200,000
595.30.00.0050	Roadway Non-Reimbursable	1,324	1,428,321	112,202	-	-	-
595.41.00.0000	Bridges Under 20'	-	-	29,621	28,203	-	-
595.41.00.0050	Bridges Under 20' Non-Reimbursable	-	-	-	-	-	-
595.42.00.0000	Culverts	-	-	-	-	-	100,000
595.51.00.0000	Bridges 20' & Over	96,720	4,344,834	845,351	734,220	960,000	7,500,000
595.51.00.0050	Bridges Non-Reimbursable	594,739	-	-	-	-	-
595.62.00.0000	Special Purpose Paths	-	154,751	-	-	-	200,000
Total Construction		2,338,651	11,546,614	2,048,501	3,600,803	8,214,000	12,722,000
ROAD/STREET MAINTENANCE							
542.31.00.0000	Traveled Way - Checking Roads	14,296	25,077	16,436	15,348	20,000	25,000
542.31.00.0001	Scrubbing - Blade	338,439	392,402	130,443	350,952	375,000	470,000
542.31.00.0002	Scrubbing - Pothole	19,123	12,410	7,917	1,079	20,000	25,000

542.31.00.0010	Traveled Way - Grading/Roller/Blade	381,454	359,069	375,730	481,290	400,000	580,000
542.31.00.0011	Traveled Way - Gravel Replacement	416,185	492,477	393,937	352,267	500,000	575,000
542.31.00.0025	Animal Removal	-	69	68	123	500	1,000
542.32.00.0000	Shoulders	395,975	245,462	171,352	476,153	400,000	575,000
542.33.00.0000	Chip Sealing	1,070,291	1,375,214	1,388,400	1,823,590	1,620,000	2,700,000
542.34.00.0000	Crack Sealing	171,677	120,303	82,845	179,831	135,000	205,000
542.35.00.0000	Road Repair	25,555	14,433	137,522	29,185	40,000	55,000
542.41.00.0000	Bridges Under 20'	2,981	12,090	19,815	8,114	20,000	30,000
542.42.00.0000	Culverts - Cleaning	96,986	80,206	90,647	110,574	120,000	140,000
542.42.00.0001	Culverts - Placement	24,183	11,709	1,764	84,460	15,000	55,000
542.43.00.0000	Ditches	257,663	188,905	295,764	133,525	320,000	375,000
542.51.00.0000	Bridges 20' & Over	59,487	1,229	30,607	44,601	10,000	30,000
542.63.00.0000	Road Lighting	4,098	4,035	4,078	2,615	6,500	7,000
542.64.00.0010	Signing	91,244	91,578	95,883	111,538	112,000	130,000
542.64.00.0012	Road Name Signs	1,051	1,353	2,256	1,775	5,000	7,000
542.64.00.0013	Private Road Name Signs 911	707	437	558	325	1,500	2,000
542.64.00.0014	Address Posts (911)	382	4,855	2,251	5,382	4,000	5,000
542.64.00.0020	Striping	123,611	107,117	107,458	178,181	140,000	170,000
542.64.00.0030	Other Traffic Control	3,255	4,657	46,209	18,924	10,000	12,000
542.64.00.0040	Guardrail	3,845	20,389	9,578	9,782	50,000	25,000
542.66.00.0000	Snow & Ice	227,504	471,639	168,203	348,861	500,000	600,000
542.67.00.0000	Street Cleaning	35,182	19,241	42,626	28,571	10,000	25,000
542.71.00.0002	Chemical Weed Control	163,224	164,959	171,116	200,512	215,000	250,000
542.71.00.0003	Other Vegetation Control	154,288	166,419	162,422	135,955	190,000	235,000
542.72.00.0000	Slide Cleanup	30,040	29,488	40,183	32,229	40,000	55,000
542.75.00.0000	Litter Clean-up	7,788	1,780	7,841	6,307	10,000	15,000
542.76.00.0000	Contour Control	-	-	-	696	-	-
542.90.00.0000	Maintenance Administration	513,459	474,100	481,604	509,214	600,000	645,000
594.42.64.0000	Maintenance Machinery & Equip	-	-	-	-	-	198,000
542.90.35.0000	Maintenance Small Tools	-	-	-	28,410	42,000	15,000
Total Maintenance		4,633,973	4,893,101	4,494,785	5,710,368	5,931,500	8,237,000
ROAD/STREET ADMINISTRATION & OVERHEAD							
543.11.00.0000	Management	169,989	153,414	155,828	168,238	180,000	195,000
543.11.00.0002	Administrative Leave - Pandemic	-	-	163,398	9,662	-	-
543.11.00.0050	Claim Investigation	-	-	-	-	10,000	10,000
543.11.00.0060	Claim Resolution	-	4,070	5,003	-	20,000	20,000
543.11.00.0070	Public Records Request	2,237	3,614	-	927	2,500	5,000
543.30.00.0000	PW Software/Web Updates	2,421	4,863	7,171	10,850	100,000	50,000
543.30.00.0011	Accounting	119,399	132,812	129,244	134,328	170,000	200,000
543.30.00.0012	Administrative Services	101,756	121,498	125,370	144,042	155,000	160,000
543.30.00.0015	Labor Negotiations	6,865	90	-	2,838	2,000	5,000
543.30.00.0020	Professional Development	78,248	73,015	19,486	45,377	100,000	100,000
543.30.00.0021	First Aid - Safety	58,928	24,500	20,342	22,852	37,000	45,000
543.30.31.0000	Office and Operating Supplies	6,112	5,543	6,357	5,730	10,000	10,000
543.30.35.0000	Office Equipment/Furniture	2,355	9,345	1,475	8,715	40,000	5,000
543.30.41.0000	Professional Services	161,401	167,901	151,773	425,533	450,000	505,000
543.30.42.0000	Communications	33,933	32,715	33,920	8,456	40,000	20,000

543.30.42.0001	Cellular Calls	1,594	1,319	2,210	13,529	15,000	20,000
543.30.42.0002	Purchase of Cell Phones/Accessories	-	-	-	6,420	5,000	5,000
543.30.44.0000	Advertising	6,503	2,771	5,050	3,299	8,000	10,000
543.30.46.0000	Insurance	68,132	75,491	73,547	77,209	100,000	110,000
543.30.48.0000	Repairs & Maintenance	-	-	-	-	3,000	5,000
543.30.45.0000	Office Equipment Rental	226,917	222,136	282,135	4,200	5,000	5,000
543.50.00.0001	Maintenance of Facilities - Walla Walla	38,093	42,928	38,532	44,443	55,000	82,000
543.50.00.0002	Maintenance of Facilities - Waitsburg	25,086	30,069	22,159	32,574	45,000	50,000
543.50.00.0003	Maintenance of Facilities - Touchet	1,827	3,853	2,405	1,914	4,500	5,000
543.50.00.0004	Maintenance of Facilities - Prescott	494	1,254	784	279	4,000	5,000
543.50.00.0008	Maintenance of Facilities - Office	40,130	38,232	32,732	42,636	500,000	360,000
543.31.00.0001	Vacation Leave	318,101	255,907	305,413	304,305	390,000	400,000
543.31.00.0002	Sick Leave	226,595	170,433	146,500	175,418	240,000	250,000
543.31.00.0003	Holiday	168,382	183,808	185,701	175,026	210,000	200,000
543.31.00.0004	Floating Holiday	40,606	42,604	37,543	38,553	60,000	50,000
543.31.00.0006	Jury Leave	-	1,871	-	2,549	3,000	5,000
543.31.00.0007	Bereavement	3,618	12,906	8,052	8,389	10,000	15,000
543.35.21.0000	State Retirement	367,202	361,986	359,368	299,161	300,000	325,000
543.35.21.0000	F.I.C.A.	226,098	217,513	215,017	197,263	225,000	235,000
543.35.21.0000	Industrial Insurance	63,926	55,908	50,548	65,230	65,000	75,000
543.35.00.0001	Health Insurance	628,721	647,868	644,653	629,914	776,000	800,000
543.35.00.0002	Life Insurance	2,160	2,106	1,998	1,832	3,500	4,000
543.35.00.0003	Dental Insurance	48,454	50,591	50,621	45,992	55,200	60,000
543.35.00.0004	Unemployment Compensation	-	1,071	3,797	1,445	10,000	20,000
543.35.00.0005	Employee Assistance Program	162	158	180	238	500	1,000
543.35.00.0006	Vision Insurance	7,461	7,239	7,364	7,227	8,000	10,000
543.35.00.0007	Longevity	44,374	41,025	40,623	35,090	36,000	32,000
543.35.21.0008	FMLA	-	4,186	4,158	3,791	5,000	5,000
543.39.00.0000	Retro-Pay	578	-	-	-	-	-
543.35.21.0021	Undist Labor - County Road	(1,485,073)	(1,413,624)	(1,549,251)	(1,457,367)	(1,600,000)	(1,800,000)
Total Administration & Overhead		1,813,784	1,794,993	1,791,207	1,748,105	2,858,200	2,674,000
ROAD/STREET OPERATIONS							
Engineering							
544.21.00.0010	Surveying	2,807	195	488	858	7,500	8,000
544.21.00.0020	Rosters	2,120	4,352	1,312	2,671	6,800	8,000
544.21.00.0030	CRAB Forms	10,044	4,446	6,437	5,143	8,700	10,000
544.21.00.0050	Miscellaneous	32,876	14,020	14,702	31,707	28,000	30,000
544.22.00.0010	Plat Review	24,366	21,666	15,092	10,091	28,000	30,000
544.22.00.0030	Plan Review	27,442	33,027	14,001	21,191	35,000	40,000
544.24.00.0010	Permits	151,857	95,093	105,112	91,232	89,000	95,000
544.26.00.0000	R/W Investigation	17,095	12,156	10,109	21,134	20,000	18,000
Planning							
544.40.00.0035	PW Project Requests	34,392	25,289	30,781	43,853	35,000	36,000
544.41.00.0010	Bridge Inspection	27,558	43,781	106,212	31,214	33,000	35,000
544.41.00.0020	Environmental Monitoring	380		587	677	-	1,500
544.41.00.0030	Priority Planning	6,584	5,075	3,264	3,834	10,000	12,000

544.41.00.0040	CRVIEW	9,751	10,589	52	15,326	18,000	20,000
544.41.00.0041	Pavement Management System	12,165	7,180	7,393	6,532	15,000	15,000
544.41.00.0050	Traffic	15,718	10,184	8,129	13,290	20,000	25,000
544.41.00.0060	Miscellaneous Road Inventory	49	16,744	21,764	-	3,700	4,000
544.41.00.0080	Mobility	3,802	457	7,014	5,197	14,000	16,000
544.42.00.0010	Transportation Planning	6,135	34,099	5,114	-	100,000	5,000
Miscellaneous							
544.70.00.0000	Emergency Management	-	150	1,913,997	14,177	10,000	10,000
544.90.00.0000	Engineering Administration	53,351	46,903	53,155	60,756	56,000	85,000
544.90.00.0001	Programs/Project Administration	-					
Total Engineering/Planning/Miscellaneous		438,492	385,405	2,324,713	378,886	537,700	503,500
	TOTAL ALL EXPENDITURES	9,427,433	18,909,101	10,839,218	11,586,356	17,716,400	24,326,500

Equipment Rental & Revolving Fund							
<i>Fund 502</i>							
Revenues							
Account	Description	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Budget	2023 Budget
308.30.00.0000	<i>Beginning Fund Balance</i>	1,816,858	2,034,737	1,847,872	2,152,739	2,250,000	2,050,000
348.00.01.0000	Equipment Rental	2,355,190	2,420,801	2,549,006	2,746,743	2,900,000	3,637,473
348.00.03.0000	Central Stores	717,893	647,720	752,192	768,861	1,125,000	1,127,275
348.00.04.0000	Mechanical Shop	2,735	5,324	2,487	1,008	1,000	1,000
361.10.00.0000	Investment Interest	15,049	26,513	14,331	11,763	5,000	5,000
369.10.00.0000	Sale of Junk & Salvage	772	274	394	39	500	500
395.10.00.0000	Disposition of Fixed Assets	57,978	26,158	18,328	142,725	60,000	424,000
397.00.00.0000	Transfer In						
	Total Revenue	3,149,617	3,126,790	3,336,737	3,671,140	4,091,500	5,195,248
	GRAND TOTAL REVENUE	4,966,476	5,161,528	5,184,609	5,823,879	6,341,500	7,245,248
	GRAND TOTAL EXPENDITURES	2,931,904	3,347,772	2,997,754	3,560,038	4,247,950	5,601,350
	YEAR END FUND BALANCE	2,034,571	1,813,756	2,186,854	2,263,840	2,093,550	1,643,898

Equipment Rental & Revolving Fund							
Expenditures							
		2018	2019	2020	2021	2022	2023
Account	Description	Actual	Actual	Actual	Actual	Budget	Budget
518.55.00.0000	Central Stores - Maint of Facilities	2,277	1,945	7,868	491	5,500	10,000
518.58.00.0000	Central Stores - Operations	94,196	55,227	70,951	82,921	115,000	126,000
518.58.34.0000	Central Stores - Inventory Purchases	530,356	820,150	548,372	899,717	1,125,000	1,225,000
	Total Central Stores	626,829	877,321	627,191	983,129	1,245,500	1,361,000
548.35.00.0000	Mechanical Shop - Maint of Facilities	58,214	59,740	64,806	42,788	60,000	72,000
548.38.00.0000	Mechanical Shop - Operations	418,126	407,418	434,663	443,886	500,500	600,000
548.38.00.0001	Mechanical Shop - Operations - IT	136,912	151,359	136,309	25,114		
548.38.00.0010	Mechanical Shop - Fleet Management	88,193	91,091	78,140	79,908	100,000	124,000
548.38.00.0050	Professional Development	12,179	15,128	722	33,554	20,000	25,000
548.38.00.0060	First Aid & Safety	2,918	3,683	3,177	2,931	4,000	5,000
548.39.11.0001	Vacation Leave	28,797	32,625	35,844	30,521	30,000	42,000
548.39.11.0002	Sick Leave	34,156	18,760	15,627	13,159	30,000	36,000
548.39.11.0003	Holiday	20,716	19,904	26,911	27,926	30,000	50,000
548.39.11.0004	Floating Holiday	5,185	4,775	6,035	7,160	6,500	11,000
548.39.11.0005	Jury Leave	-	-	2,586	375	1,000	2,000
548.39.11.0006	Bereavement	975	1,972	-	1,502	5,000	8,000
548.39.21.0000	State Retirement	42,112	36,815	49,478	48,496	40,000	45,000
548.39.21.0000	F.I.C.A.	24,708	22,348	30,069	31,210	30,000	32,000
548.39.21.0000	Industrial Insurance	11,809	9,102	11,103	16,260	12,000	20,000
548.39.21.0001	Health Insurance	84,879	73,451	93,090	106,147	114,000	140,000
548.39.21.0002	Life Insurance	284	234	281	299	500	500
548.39.21.0003	Dental Insurance	5,337	5,190	5,856	5,917	6,000	7,200
548.39.21.0013	Unemployment Compensation	-	32,066	11,020	(1,740)	5,000	5,000
548.39.21.0005	Employee Assistance Program	23	5	-	-	250	250
548.39.21.0006	Vision Insurance	753	815	812	679	1,000	1,200
548.39.21.0008	FMLA	-	426	577	610	700	1,000
548.39.21.0016	Longevity	5,430	5,540	5,270	3,710	4,000	4,200
548.39.35.0000	Mechanical Shop - Small Tools	7,296	28,813	19,601	9,790	25,000	20,000
548.39.21.0020	Retro-Pay	-	-	-	-	-	-
548.39.21.0021	Undist Labor - ER&R	(274,936)	(264,686)	(275,282)	(242,078)	(246,000)	(300,000)
	Total Mechanical Shop	714,066	756,575	756,696	688,122	779,450	951,350
548.48.00.0000	Parts Stores - Operations	48,177	30,445	27,645	35,584	38,000	41,000
548.48.34.0000	Parts Stores - Inventory Purchases	67,622	103,070	122,129	153,361	200,000	200,000
	Total Parts Store	115,799	133,516	149,773	188,945	238,000	241,000
548.55.00.0000	Fuel Depots - Maint of Fuel Tanks/System	5,295	1,021	1,576	2,043	40,000	2,000
548.58.34.0000	Fuel Depots - Inventory Purchases	371,827	350,434	223,664	345,863	420,000	540,000
	Total Fuel Depots	377,122	351,455	225,240	347,906	460,000	542,000
548.60.00.0000	Equipment Purchases - Overhead	199	1,977	1,150	717	5,000	5,000

594.48.64.0000	Equipment Purchases	776,874	904,079	930,212	1,044,965	1,270,000	2,251,000
	Total Equipment Purchases	777,073	906,056	931,362	1,045,682	1,275,000	2,256,000
548.65.00.0000	Maintenance of Equipment - Vouchers	267,982	270,200	273,400	280,511	250,000	250,000
548.65.00.0001	IT- Maintenance of Equipment - Vouchers	53,034	52,649	34,093	25,742		
	Total Equipment Maintenance	321,016	322,849	307,493	306,254	250,000	250,000
	GRAND TOTAL EXPENDITURES	2,931,904	3,347,772	2,997,754	3,560,038	4,247,950	5,601,350

Mill Creek Flood Control Zone District							
Fund 126							
Revenues							
Account	Description	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Budget	2023 Budget
126.001.12600.308.00.00.0000	Beginning Fund Balance	741,582	585,317	585,317	684,814	950,000	660,000
126.001.12600.311.10.00.0000	Real & Personal Property	149,780	150,619	148,697	296,157	300,000	300,000
126.001.12600.322.40.00.6052	Mill Creek Access Permit Fees	105	70	105	35	100	100
126.001.12600.361.10.00.0000	Investment Interest	7,226	9,178	8,392	4,087	3,000	3,000
126.001.12600.369.90.00.0000	Other Misc	947		91			
126.001.12600.337.07.00.6100	GI Study/CAP 205 (Cost Share)	60,000	140,000	0	0	280,000	1,260,000
	Total Revenue	218,058	299,867	157,285	300,279	583,100	1,563,100
	GRAND TOTAL REVENUE	959,640	885,184	742,602	985,094	1,533,100	2,223,100
Expenditures							
Account	Description	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Budget	2023 Budget
126.001.12600.553.30.00.0000	Administration/Operations	181,919	392,314	53,188	25,606	742,000	1,442,000
126.001.12600.553.30.00.0001	Vegetation Control	34,672	18,689	0	6,012	30,000	30,000
126.001.12600.553.30.00.0002	Channel Maintenance	22,181	28,828	147	0	100,000	100,000
	Total Expenditures	238,772	439,830	53,335	31,617	872,000	1,572,000
	GRAND TOTAL EXPENDITURES	238,772	439,830	53,335	31,617	872,000	1,572,000
126.001.12698.508.30.00.0000	YEAR END FUND BALANCE	720,868	445,354	689,267	953,476	661,100	651,100

Stormwater Management Utility District							
Fund 127							
Revenues							
Account	Description	2018	2019	2020	2021	2022	2023
Column1	Column2	Actual	Actual	Actual	Actual	Budget	Budget
		Column7	Column7	Column7	Column7	Column7	Column7
127.001.12700.308.30.00.0000	Beginning Fund Balance	825,764	957,500	892,336	1,093,891	943,000	827,000
127.001.12700.334.03.10.0000	Department of Ecology	46,859	3,141	95,000		50,000	
127.001.12700.337.07.00.6503	Port of WW - Prescott Railroad Ave	26,680					
127.001.12700.343.10.00.0000	Stormwater Utility Fee	221,114	224,848	221,178	220,765	200,000	200,000
127.001.12700.361.10.00.0000	Investment Interest	7,031	17,371	14,750	5,497	7,000	5,000
127.001.12700.397.00.00.0000	Operating Transfers In	-	-	-			
	Total Revenue	301,684	245,360	330,928	226,262	257,000	205,000
	GRAND TOTAL REVENUE	1,127,448	1,202,859	1,223,264	1,320,153	1,200,000	1,032,000
Expenditures							
Account	Description	2018	2019	2020	2021	2022	2023
		Actual	Actual	Actual	Actual	Budget	Budget
127.001.12701.531.32.00.0000	Administration	74,904	67,324	73,904	103,174	105,500	105,500
127.001.12702.531.34.00.0000	Training	1,370	3,903	747	696	4,000	4,000
127.001.12703.531.35.00.0000	Maintenance	50,174	77,630	36,784	38,427	85,000	85,000
127.001.12704.531.39.40.0000	Stormwater Fees	1,676	863	2,861	2,809	2,000	2,000
127.001.12705.531.36.00.0000	Stormwater Projects	41,825	172,188	4,926	100,845	176,000	176,000
531.37.00.0000	Stormwater Design	-	-	-			
	Total Expenditures	169,949	321,907	119,221	245,951	372,500	372,500
	GRAND TOTAL EXPENDITURES	169,949	321,907	119,221	245,951	372,500	372,500
127.001.12798.508.30.00.0000	YEAR END FUND BALANCE	772,007	672,666	886,160	837,309	571,625	403,625
127.001.12798.508.30.00.0001	YEAR END OPERATING RESERVE FUND BALANCE	25,492	48,286	17,883	36,893	55,875	55,875
127.001.12798.508.30.00.0002	YEAR END EMERGENCY RESERVE FUND BALANCE	160,000	160,000	200,000	200,000	200,000	200,000
	GRAND TOTAL EXPENDITURES AND RESERVES	1,127,448	1,202,859	1,223,264	1,320,153	1,200,000	1,032,000
	Ending Fund Balance		880,952	1,104,043	1,074,202	827,500	659,500

BOARD OF COUNTY COMMISSIONERS
WALLA WALLA COUNTY, WASHINGTON

IN THE MATTER OF REVISING
RENTAL RATES FOR EQUIPMENT
OWNED BY THE EQUIPMENT
RENTAL AND REVOLVING FUND

}

RESOLUTION NO. **22**

WHEREAS, the Equipment Rental and Revolving Fund (ER&R) was established according to the Revised Code of Washington (RCW) to provide a stable and dependable method of owning, maintaining, repairing and replacing County equipment; and

WHEREAS, the County Engineer has determined it is necessary to revise certain equipment usage rates owned for equipment owned by the Equipment Rental and Revolving Fund to operate the fund as designed; and

WHEREAS, the Board of Walla Walla County Commissioners has reviewed the rates as determined by the County Engineer; and

WHEREAS, the County Engineer will continue to monitor the ER&R Fund and equipment rental rates and recommend revisions as appropriate; now therefore

BE IT HEREBY RESOLVED by this Board of Walla Walla County Commissioners that rental rates for certain equipment owned by the Equipment Rental and Revolving Fund be set as shown on Attachment A, effective January 1, 2023.

Passed this 27th day of December, 2022 by Board members as follows: Present or Participating via other means, and by the following vote: Aye Nay Abstained Absent.

Attest:

Diane L. Harris, Clerk of the Board

Todd L. Kimball, Chairman, District 2

Jennifer R. Mayberry, Commissioner, District 1

Gregory A. Tompkins, Commissioner, District 3

*Constituting the Board of County Commissioners
of Walla Walla County, Washington*

Attachment "A"
Proposed 2023 Equipment Rates

Category	Description	Current Rate	New 2023 Rate
03	Backhoes	\$52.22	\$56.03
07	Chipsreaders	\$309.28	\$371.14
13	Distributors	\$174.84	\$192.66
14	Dozers	\$134.91	\$107.93
15	Trucks - 2 CY Dump	\$23.35	\$18.68
16	Trucks - 5 CY Dump	\$130.02	\$141.84
17	Forklifts	\$83.26	\$99.91
18	Front End Loaders	\$146.95	\$117.56
19	Trucks - 8-12 CY Dump	\$95.34	\$105.08
20	Graders	\$138.27	\$110.62
25	Mowers	\$180.15	No Change
26	Paint Stripers	\$248.19	\$297.83
28	Pickups - 3/4 Ton	\$14.32	\$11.46
34	Sander	\$24.91	\$29.89
35	Rollers - Patching	\$36.39	No Change
37	Trucks - Spray	\$56.63	\$45.31
41	Brooms - Truck Mount	\$65.74	\$78.89
43	Trailer - Rock Hauling	\$30.27	\$31.00
53	Air Compressor	\$18.42	\$14.74
54	Brooms - Self Propelled	\$69.41	\$83.29
56	Pickups - CR View Van	\$107.80	\$129.36
57	Pickups - 1/2 Ton	\$18.37	\$14.70
58	Pickups - Flatbed	\$29.53	No Change
59	Rollers - Rubber/Steel	\$77.64	No Change
60	SUV/Sedans	\$5.51	\$6.61
61	Trailer - Utility Under 10 Ton	\$7.20	\$5.76
62	Trailer - Utility 10-30 Ton	\$76.13	\$91.36
63	Trailer - Utility Over 30 Ton	\$96.91	\$116.29
65	Trucks - Tractor	\$140.09	\$156.92
67	Trucks - Sign w/Bucket	\$40.37	\$42.73
68	Trucks - Service	\$94.77	No Change
69	Trucks - Sewer Jet	\$84.34	\$86.82
70	Trucks - Water	\$73.50	\$79.37
72	ATV/UTV	\$54.58	\$43.67
73	Pull Grader	\$22.24	No Change
74	Skid Steer Loader	\$89.21	\$71.37
85	Grader Compactor	\$14.98	\$11.98
94	Crack Sealer	\$58.91	\$70.69
105	Daily Driver 1/2 Ton Pickup	\$26.94	\$21.55
106	Turf Mower	\$41.65	\$44.84

Reimbursable Labor Rate - Work Performed Outside of the Program	54.12/hr
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	Department/Office	Current Rate	New 2023 Rate
87	Health Department	\$1,841.98	No Change
88	Court Services	\$2,105.68	No Change
90	Commissioners	\$1,324.40	No Change
91	Assessor	\$1,724.19	No Change
92	Sheriff	\$47,173.56	\$51,150.12
93	Coroner	\$679.94	\$711.54
95	Community Development	\$2,592.01	\$2,836.43
96	Facilities	\$1,274.91	\$1,513.68
97	County Corrections	\$3,533.60	No Change
107	Fair Grounds	\$2,853.95	No Change

Explanation of Changes

Vehicle Category	Description	Regular Rate	Proposed New Rate	Explanation
01 - 106	Public Works			Equipment in these categories have been updated, If the equipment was over collected the rate was lowered. If the equipment was under collected the rate was raised. High fuel costs continue to drive up costs on high use equipment, 50% increase on insurance also added additional costs.
87 - 107	Other Departments			Some Categories have been increased due to increased fuel cost for higher use vehicles, in addition to a 50% increase on insurance. Categories that have no change have lower vehicle useage.
Reimbursable Labor Rate				Some departments had asked for a standard labor rate for work being done on vehicles not in the ER&R fleet program

**Walla Walla County Public Works
990 Navion Lane
Walla Walla, WA 99362**



To: Board of County Commissioners

From: Tony Garcia Morales, P.E. – Public Works Director/County Engineer

Date: 21 December 2022

Re: Director's Report for the Week of 19 December 2022

Board Action: 27 December 2022

Action Agenda Items:

In the Matter of Adopting a 2023 Business Plan for the Public Works Department

In the Matter of Revising Rental Rates for Equipment Owned by the Equipment Rental and Revolving Fund

ENGINEERING:

- Wallula/Gose: Reviewing the bids received from the 19 December bid opening.
- Peppers Bridge Road: Working on final right of way acquisition.
- Fishhook Park Road: Working on design.
- Dell Sharpe Bridge: Working on right of way acquisition.
- Lower Waitsburg Road: Working on design.
- Seven Mile Bridge: Working on environmental.

MAINTENANCE/FLEET MANAGEMENT:

- North Crew – Snow and ice maintenance.
- South Crew – Snow and ice maintenance.
- Vegetation & Signs – Snow and Ice maintenance and sign maintenance.
- Garage – Routine services and repairs and assist with snow and ice as needed.

ADMINISTRATION:

- Participated in a meeting with the Port of Walla Walla and City of Walla Walla to recap our recent Washington DC federal legislative priorities trip.
- Attended our Metropolitan Planning Organization monthly Technical Advisory Committee meeting.
- Participated in a Washington State Association of County Engineers Board of Directors meeting as the representative of the Eastern Washington Counties.

**1:45 DEPARTMENT OF COMMUNITY HEALTH/
BOARD OF HEALTH**

**Dr. Kaminsky
Nancy Wenzel**

a) Action Agenda Items:

- 1) Proposal 2022 12-27 DCH Approval of Behavioral Health Request for Proposal (RFP)
Funding recommendations and allocation
- 2) Execute State of Washington Department of Health Data Sharing Agreement

b) Department update and miscellaneous



Proposal

Date: December 21, 2022

Proposal ID: 2022 12-27 DCH

To: BOCC

From: Nancy Wenzel
Administrative Director

Intent: Behavioral Health Fund Subaward Recommendations

Topic: Behavioral Health Funds 2023

Summary

In November 2022, the Walla Walla County Department of Community Health (DCH) released a Request for Proposal for our 2023 Behavioral Health Funds. DCH used our Walla Walla Behavioral Health System Assessment from July 2022 that was done by HSRI for funding criteria which included: Access to outpatient behavioral health care for Spanish speakers, community health workers/promoters, ED diversion programs, peer support programs, suicide prevention/crisis services/reduction of Harm, youth behavioral health services, and behavioral health prevention services.

DCH received 11 applications totaling \$1,026,358.50. The 2023 Walla Walla County budget for the Behavioral Health Fund is \$690,000 (\$650,000 One-Tenth of One Percent and \$40,000 Ad Valorem).

DCH had three (3) community members score the applications and DCH staff combined their scores and created the funding recommendations for the Board of County Commissioners.

Cost

DCH has \$690,000 in funds available for 2023. The requests for funding in the table below equal \$1,026,358.50.

Catholic Charities	\$ 65,632.00
The Health Center	\$ 75,500.00
Blue Mountain Health Cooperative	\$ 135,512.00
Comprehensive	\$ 153,577.00
Walla Walla Fire Department	\$ 200,000.00
The STAR Project	\$ 115,237.00
Anchor Point Counseling	\$ 32,425.50
Childrens Home Society	\$ 60,000.00
Hope Street	\$ 55,875.00
Joe's Place	\$ 57,600.00
Providence St. Mary Foundation	\$ 75,000.00

Funding

DCH is bringing the scoring team's proposed funding recommendations to the Board of County Commissioners for review, comments, edits, and approval. Below is a table with the scoring teams recommendations which equals \$690,000.00 in funding.

Catholic Charities	\$ 65,632.00
The Health Center	\$ 75,500.00
Blue Mountain Health Cooperative	\$ 135,512.00
Comprehensive	\$ 153,577.00
Walla Walla Fire Department	\$ 200,000.00
The STAR Project	\$ 59,779.00
Anchor Point Counseling	
Children's Home Society	
Hope Street	
Joe's Place	
Providence St. Mary Foundation	

Alternatives Considered

N/A

Acquisition Method

N/A

Security

N/A

Access

N/A

Risk

N/A

Benefits

This fund benefits the citizens of Walla Walla County by allowing funding for needed services.

Conclusion/Recommendation

Recommend the BOCC review and approve the Behavioral Health Fund awards for 2023.

Submitted By

Nancy Wenzel, DCH

Disposition

☐ Approved

Name

Department

Date

☐ Approved with modifications

☐ Needs follow up information

Name

Department

Date

☐ Denied

BOCC Chairman

Date

Additional Requirements to Proposal

☐ Modification

☐ Follow Up

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$65,632

Organizational Information

Applicant/Agency Name	Catholic Charities Eastern Washington
Agency Director	Tim Meliah, Director of Catholic Charities Walla Walla
Mailing Address	408 W. Poplar St.
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	91-0569880
Phone	509-525-0572
Fax	509-525-0576
E-Mail Address	Tim.meliah@cceasternwa.org
Project Title	The LOFT: Behavioral Health Access and Prevention for Homeless Youth in Crisis
Project Location	534 S. 3 rd Ave. Walla Walla WA 99362

Description of Project

Summarize the project including how the funds will be used.

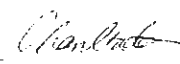
We are requesting direct service costs for behavioral health supports for youth at Walla Walla's youth shelter, The LOFT.

The purpose of The LOFT is to provide safety and stability to unaccompanied youth experiencing homeless and housing instability in Walla Walla by providing a continuum of outreach, shelter, housing, onsite primary care, counseling, educational support, safety planning, referrals to substance abuse disorder treatment, and associated services as specified within our scope of work.

Your grant funds will support salary and benefits for staff providing care coordination and case management. These positions provide direct behavioral health supports, as well as stabilizing supports that create conditions for improving behavioral health, including providing safe, stable, and permanent housing for youth in our community.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Sharon Stadelman, Chief Crisis & Shelter Officer
Date	12/5/2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☒ Access to outpatient behavioral health care for Spanish speakers
- ☐ Community health workers/promoters
- ☐ ED diversion programs
- ☐ Peer Support programs
- ☒ Suicide Prevention/Crisis Services/Reduction of Harm
- ☒ Youth Behavioral Health Services
- ☒ Behavioral Health Prevention Services

2. What populations will your project target? *(check all that apply)*

- ☒ Youth
- ☐ Adults
- ☒ Targeted Populations Specify: Youth ages 12-17
- ☒ WW County Community

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

- 1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.**

Since 1944, Catholic Charities Walla Walla (CCWW) has served the Walla Walla Valley as a leader in our community's response to emerging human service needs. CCWW is a branch of Catholic Charities Eastern Washington (CCEW) that carries out our mission here in Walla Walla: Catholic Charities affirms the dignity of every person, partnering with parishes and the greater community to serve and advocate for those who are vulnerable, bringing stability and hope to people throughout Eastern Washington. CCWW serves nearly 1,100 individuals annually through several programs, including The LOFT—the focus of this grant application.

The LOFT was founded after a multiyear community needs assessment conducted with regional partners revealed high rates of youth homelessness, poverty, and low graduation rates in Walla Walla. CCWW was entrusted with the responsibility of operating the shelter with community support, and in 2018 The LOFT opened and now provides seven nightly beds for homeless youth. The LOFT provides shelter, onsite BH services and care coordination, case management, and wraparound support for homeless youth aged 12-17. In 2022, The LOFT has served 49 youth with shelter and stabilization services, emphasizing behavioral health (BH), while helping find permanent housing quickly.

For our 2023 request CCWW, is submitting only one application for BH services, decreasing our overall funding ask. In recent years, we have submitted two applications, but we have streamlined our BH services within The LOFT to reach youth more efficiently and effectively through community-based outreach and regional partnerships.

Project Description

- 2. Give a description of the proposed program/project.**

The LOFT is a Washington State-designated HOPE Center licensed by the Washington State Department of Children, Youth, and Families (DCYF). As a Washington HOPE Center, we primarily provide services to decrease homelessness, but such services increasingly focus on stabilizing BH and building skills that sustain recovery. The LOFT bridges a gap in local services that are otherwise unavailable to youth, including robust, onsite care coordination and wraparound services 7 days a week. We incorporate youth voice through client surveys and engagement with the Walla Walla Youth Action Board (YAB), a collaborative regional effort to incorporate youth voice into community solutions. LOFT Leadership participate in the YAB, which includes local partners and young people with lived experience to represent community concerns and drive Walla Walla forward.

Community- and Youth-identified Needs: Walla Walla still faces the challenges that inspired The LOFT. The 2022 Walla Walla Behavioral Health System Assessment (BHSA) reported high school completion and college attendance are lower here than in the state and nation by a statistically significant margin and that BH needs drives homelessness, with 39% of Point-in-Time respondents reporting a chronic substance use disorder and 20% reporting a BH need (p 18/Fig 7; p 49).

Youth continue to tell us that BH is a priority. The BHSA reported that youth binge drinking is higher than the state average, and one quarter of high school youth had seriously considered suicide in the past year, with 12% of 8th graders attempting suicide (p 35/ Fig 19; p 36/ Fig 20). In our regular YAB listening sessions, youth tell us they: want to access BH support in familiar spaces from trusted adults, not with unfamiliar clinics and therapists; prefer in-person support rather than telehealth; and want informal on-demand engagements, not 1-hour sessions they have to wait weeks or more to access.

Community- and Youth-Driven Solutions:

The LOFT is responding to these needs by providing highly individualized and intensive support to youth self-referred or referred to us by DCYF. We provide our services with a youth-centered philosophy, in which youth develop their own goals and receive support from staff to achieve them by developing independent skills and healthy adult connections. We follow evidence-based models, including trauma-informed care, harm reduction, and positive youth development, approaches that allow us to address each youth's current and past traumas and risk factors, and supply varied supports to meet each youth's wide-ranging needs in a responsive and personalized way.

In the past year, Department of Community Health funds have helped us expand outreach, allowing us to meet youth informally in community settings, building trust and a basis for therapeutic relationships. The LOFT continues to provide care coordination and case management services to youth after they have exited the LOFT according to their individual care plan. If funded, we plan to continue and build on these successful practices that improve initial service engagement and long-term recovery support.

In addition, address the following:

a. How will the requested funds be used? Be specific.

Requested funds will support part of the salaries and benefits for the LOFT's Care Coordinator, Youth Advocate Lead, and Youth Services Administrator. These positions oversee and provide direct BH services and intensive wraparound case management.

Upon entering The LOFT, often after engaging with our BH outreach staff, each youth participates in a comprehensive needs assessment with the Youth Advocate Lead or Care Coordinator, including an evaluation of social services needs like legal guardianship status and educational attainment, and medical needs, including a physical examination and mental/BH evaluations. Based on these assessments, and the youth's own goals, LOFT staff collaborate with the youth to develop an individualized care plan identifying agencies we will partner with for care coordination and stabilizing services. We help youth learn how to connect to resources, advocate for their needs, and have positive relationships within our community.

The LOFT provides services that are youth-centered and client-driven, following best practices that place youth voice at the center of youth services. Staff use Motivational Interviewing techniques to help youth articulate needs so every youth can lead their own planning. While each plan is as unique as the youth we serve, they all include a housing focus, such as reunifying the youth with their parent(s) or legal guardian and/or getting the youth into a transitional living situation and off the streets. Helping youth stabilize BH is a key aspect of helping them maintain stable housing.

In addition to achieving successful outcomes, these positions are essential to meeting the requirements and standards of Washington DCYF's licensing standards and the Washington State Office of Homeless Youth's guidelines.

b. Identify the target population to be served.

The LOFT serves youth aged 12-17 who are experiencing homelessness.

c. What geographic area will be served?

Walla Walla County.

d. Identify your clientele per their general demographics.

LOFT youth demographics reflect national trends that marginalized youth experience inequitably poor outcomes in homelessness and BH. Of LOFT youth served from 2018-2022, 41% identified as LGBTQ+; 62% identified as multi-racial, other, declined to state, or Black, Indigenous, or People of Color; 100% were low-income and experienced Adverse Childhood Experiences; and 42% identified as having mental health conditions.

e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Staff from The LOFT conduct daily outreach in local schools and street outreach in areas where youth gather. We place posters with QR codes around the community so youth can find information about us at any time. We have an outreach window at The LOFT, open daily, where youth can access limited resources or information. This light touch can be enough to support a youth in crisis or serve as the basis for deeper engagement later on. The geographical reach of these services extends through Walla Walla County. We have added these approaches to our outreach plan based on youth feedback about what works best.

We conduct outreach through community partners to make our services available to as many eligible youth as possible. For example, we accept referrals from DCYF, engage with youth referred by Walla Walla Public Schools, and participate in the Anchor Community Initiative to coordinate our services. We work closely with The Health Center, which is co-located in our building.

We reach out to persons with disabilities by working with the State Department of Social and Health Services' Development Disabilities Administration, Valley Residential Services, and public schools' special education services. We reach youth with psychiatric disabilities through a referral relationship with inpatient BH facilities and other BH providers. LOFT staff speak Spanish, helping us fill the gap identified in the BHSA of Spanish bilingual services in Walla Walla (p 4).

We have a successful history of reaching underserved youth populations since opening in 2018. As shown in our response to Question 2.d, our client demographics over-represent racial/ethnic and gender/sexual minorities, as well as other vulnerable youth, demonstrating success in our outreach. We also succeed in serving youth. In 2022, we have moved 73% of youth served into stable housing, paired 96% with educational services that improved their socioeconomic status, and made warm handoffs to additional services 88 times. In one case, a youth we helped find a job developed a strong bond with their employer, and the employer became a foster parent and provided the youth with stable housing. We believe our record indicates a strong reputation among youth and outreach through word-of-mouth.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?

By continuing to fund BH services at The LOFT, the County will continue to see major positive impacts at the youth, family, and systems level.

Individuals: The LOFT's safe environment immediately reduces youth's vulnerability, providing the stability they need to address their BH needs. By creating and implementing

a service plan collaboratively with our staff, youth at The LOFT reduce drug use; engage with recovery communities; build self-esteem and positive adult relationships; and reduce self-harming and high-risk behaviors like drug use, sexual activity, and violence.

Families: Through reconciliation and therapy, we help families of origin reunify with youth. If reunification cannot happen safely, we support youth to find stable housing with their chosen families or communities reinforced by their new healthy relationships.

Community: Since The LOFT opened, and as part of a coordinated effort of the Anchor Community Initiative, Walla Walla has achieved functional zero for youth homelessness. In other words, youth are still experiencing homelessness, but our community provides resources that are helping make homelessness rare and brief. The LOFT's stabilizing BH services prevent youth from having to access costly emergency services.

4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Goal: To prevent the occurrence or continuation of a BH challenge for youth brought on by experiencing homelessness via access to community supports and coordination.

Outcomes:

- 1) Serve 50 youth with BH evaluation, treatment, and/or prevention services in 2023.
- 2) 90% of youth will increase their stability as measured by exit to stable housing.
- 3) 80% of youth will improve family relationships/positive supports by attaining BH stability.

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.

The BHSA reports there “remain areas of deep need” related to BH in Walla Walla (p. 4). The LOFT addresses youth homelessness and related challenges in the “Walla Walla Way,” an approach that is supported through the collaborative efforts of our community partners. In particular, the BHSA noted the following unmet community needs:

- 10th and 12th graders have higher rates of suicide awareness than their peers statewide, but suicidal feelings and actions among 8th, 10th, and 12th graders are the same as their peers statewide. Also, stakeholders want more community BH supports (p. 24-25; 37). **The LOFT supports youth in BH crisis:** 42% of LOFT youth served identify a mental health condition—youth who without The LOFT would otherwise be unserved.
- Community stakeholders identified the needs for crisis supports and low-barrier options (BHSA overview). In particular, the BHSA identified a community-level need to strengthen the BH workforce with case management and navigation support (28). In addition, the YAB identified during one of our meetings the need for onsite BH care coordination services embedded at The LOFT. **The LOFT staffs a Youth Advocate Lead and Care Coordinator** to help youth identify needs, provide warm handoffs to other services, and access complex health systems.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.

The services we provide youth every day are infused with benefits of the many community partners that collaborate with us to help youth stabilize. We maintain MOUs with two key partners that support stabilization: Trilogy Recovery provides onsite support and connections to access additional services; and Walla Walla Public Schools

(and local private schools) collaborate to allow youth to choose the school they will attend, make mutual warm handoffs, and support educational attainment.

Our service partners include: The Health Center, Blue Mountain Action Council, Juvenile Justice Center, The Walla Walla Police Department, Legal Counsel for Youth and Children, Christian Aid Center, Children's Home Society, Comprehensive Healthcare, the Sleep Center, the YMCA, the YWCA, and DCYF. Our advocacy partners include: the Anchor Community Initiative and local coalitions, including the Walla Walla County Council on Housing, Walla Walla County Behavioral Health Council, and the Walla Walla Region Shelter Provider Collaborative.

Challenges

7. What are the challenges that may confront this program/project?

The primary BH challenge our program faces is assisting youth as they cope with the results of their current crisis and ongoing trauma in their activities of daily life. Anxiety, depression, post-traumatic stress disorder, and interpersonal conflict are all routine experiences for the youth we serve. Our staff provide brief, trauma-informed interventions as youth face the larger challenge of accessing a higher level of BH care and medication management services.

Another challenge is obtaining housing for youth. Walla Walla has some of the state's cheapest rents but highest rent growth, with only 115 one-bedroom units and few options for youth renters (University of Washington). Other barriers include the stigma of renting to youth, especially those with BH conditions and no rental history.

Sustainability

8. Discuss sustainability for the program/project including:

a. How would a partial funding award affect the program/project?

The BHSA named The LOFT as one of many local resources playing "an important role that supports BH and wellbeing in the community" (p. 4; 94-95). Because of the support of our varied funding partners and the critical nature of this work, CCWW commits to operating the LOFT if we receive only partial County funding; however, the quality of BH services would be reduced at The LOFT and throughout the community, which relies on The LOFT as one key partner in addressing BH and homelessness for youth.

b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Our sustainability plan is to maintain our core State funding supplemented with enough variety of smaller funders to provide funds to enrich services, ensuring stability even if one or two funders do not come through in a given year. The LOFT strives for sustainability by continually developing diversified public, private, and philanthropic funders. Our main traditional funding source is The Washington State Department of Commerce, Office of Homeless Youth, which contracts The LOFT as a designated HOPE center and provides about 85% of the LOFT's funding through State FY 2023. The loss of this source would shut down The LOFT, but this scenario is unlikely. CCWW continually meets our performance targets and maintains a positive relationship with the funder, and the State knows that this project has very strong community backing.

Commerce's grant supports core shelter operations but not all of the BH and wraparound supports we have developed that make our program so valuable to our community. We have received funds from Providence St. Mary's, the Wildhorse Foundation, Sherwood Trust, the Blue Mountain Community Foundation, and others, but these one-year commitments are not reliably renewed. Loss of these funding sources would curtail the wraparound supports, like field trips, enrichment activities, that form the basis for strong community connections that sustain recovery.

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	\$59,665	\$14,916	0	\$74,581
2. Program Operations	0	0	0	0
3. Subtotal (lines 1-2)	\$59,665	\$14,916	0	\$74,581
4. Administrative Costs	\$5,967	\$1,492	0	\$7,459
5. Total (lines 3-4)	\$65,632	\$16,408	0	\$82,040

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation online items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services:

We are requesting \$59,665 in direct services funding to support three positions that together provide seven-day-per-week care coordination to help youth access stabilizing behavioral health and other services that prevent the occurrence or continuation of a behavioral health problems brought on by the experience of homelessness and housing instability.

In particular, our request will fund salary and benefits for the following positions:

- Care Coordinator: .25 FTE/\$18,157. The Care Coordinator helps youth clients access behavioral health services, provides psychoeducation and crisis planning, and helps youth build coping skills. The Care Coordinator connects youth to other community partners as needed and facilitate warm handoffs. The role assists youth in obtaining insurance/proof of insurance and ID cards. The Care Coordinator also addresses logistical challenges for youth like transportation by providing bus passes, rideshare gift cards, and similar resources; and adhering to follow-up care plans.
- Youth Advocate Lead: .25 FTE/\$16,571. The Youth Advocate provides case management services for youth clients, including helping youth set goals,

identify action steps toward those goals, and secure resources to achieve them. Goals may be directly related to behavioral health, such as accessing treatment, or in support of behavioral health, including identifying safe, long-term housing; accessing educational or vocational services; and similar goals that help stabilize youth.

- Youth Services Administrator: .2FTE/\$24,937. The Youth Services Administrator supervises the Care Coordinator and Youth Advocate Lead, manages the budget for The LOFT, and provides onsite direct services as needed.

Program Operations:

We are not requesting funds in this category.

Match Source 1:

We are proposing matching funds of \$16,408 from our Washington State Department of Commerce, Office of Homeless Youth contract. As a HOPE center, The LOFT is able to leverage substantial State funds to support local solutions to youth homelessness with a modest local match.

Match Source 2:

We are not matching County funds with a second funding source.

Administrative Costs:

We are including indirect costs of \$5,967 calculated at the de minimis rate of 10% of Modified Total Direct Costs in alignment with 2 CFR 200 standards. (We do not have a negotiated indirect rate). Indirect costs support Catholic Charities' general Agency functions such as Finance, Human Resources, Data Services, and grants management per Agency procedures.

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$75,500

Organizational Information

Applicant/Agency Name	Student Health Options dba The Health Center
Agency Director	Norma L. Hernández
Mailing Address	PO Box 1075
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	24-0401462
Phone	509-529-5661
Fax	
E-Mail Address	norma@thehealthcenterww.org
Project Title	WWPS Student School-Based Behavioral Health Services
Project Location	Walla Walla, WA

Description of Project

Summarize the project including how the funds will be used.

Providing low-barrier no-cost school-based behavioral health services to students attending Lincoln High School, Walla Walla High School, and Pioneer Middle School.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	<i>Norma L. Hernández</i>
Printed Name & Title	Norma L. Hernández, Executive Director
Date	December 1, 2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☐ Access to outpatient behavioral health care for Spanish speakers
- ☐ Community health workers/promoters
- ☐ ED diversion programs
- ☐ Peer Support programs
- ☐ Suicide Prevention/Crisis Services/Reduction of Harm
- ☒ Youth Behavioral Health Services
- ☐ Behavioral Health Prevention Services

2. What populations will your project target? *(check all that apply)*

- ☒ Youth
- ☐ Adults
- ☐ Targeted Populations Specify
- ☐ WW County Community

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

Project Description

2. Give a description of the proposed program/project.

In addition, address the following:

- a. How will the requested funds be used? Be specific.
- b. Identify the target population to be served.
- c. What geographic area will be served?
- d. Identify your clientele per their general demographics.
- e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons

with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?
4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.

Challenges

7. What are the challenges that may confront this program/project?

Sustainability

8. Discuss sustainability for the program/project including:
 - a. How would a partial funding award affect the program/project?
 - b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Section III Responses

1. History/Background

The Health Center (THC) was formed specifically to respond to the critical need in the Walla Walla community for coordinated medical and mental health services for students attending Walla Walla Public Schools (WWPS). THC strives to prioritize the aspirations, strengths, and needs of people impacted by current and historical inequities in the way that our organization provides services. In 2009, when the need for medical and mental health services for students on site was first identified, it was observed that when students were referred to a community provider for services, they didn't often show up. This was due to several factors; transportation barriers, having an adult available to take them, not feeling safe for cultural reasons, not being able to pay. THC's solution was to provide these services on-site, at no cost, for students in the most needed schools.

THC started at Lincoln High School, and has expanded to Pioneer Middle and Walla Walla High Schools. The students we work with are coping with overwhelming socio-economic issues. Common presenting concerns include physical, psychological, and sexual abuse; neglect; homelessness; food insecurity; incarcerated family members; personal and/or parental drug and alcohol addiction; personal and/or parental mental illness; and caretaking responsibility of a younger sibling. Using an integrated care model, we coordinate with students, their families, teachers, school administrators, and community resources to ensure that the children's physical, emotional, and social needs are met so they can remain in school and graduate. Our services are free, and provided on a walk-in "open door" basis. Our trauma-informed intervention services have resulted in increased coordinated care for families; fewer hospitalizations and emergency visits; higher grades; less absenteeism; and higher graduation rates.

2. Project Description

THC offers students professional high-quality confidential behavioral health care services at no cost to students attending WWPS during school hours right in their schools. THC never turns a student away because of inability to pay or non-insurance. Staff and volunteers work closely with the schools' teachers, administration and nurses, parents and community health care providers to provide students with well-coordinated holistic care.

Since 2009, THC has provided low-barrier comprehensive behavioral health services including individual and group counseling, coping skills, psychosis care, and mental health education using trauma-informed therapy, choice therapy, cognitive behavioral therapy, dialectical behavioral therapy, and mindfulness. We treat issues such as depression, anxiety, self-control, unhealthy/dangerous relationships, body dysmorphia/eating disorders, trauma, sexual/physical abuse, grief, separation anxiety, suicidal ideations, gender/identity, and phobias. Caring for the youth of Walla Walla in a school-based environment is not a new project for us, it is our sole focus and mission. We have proven success with our programs and we have years of built up trust.

- 2.a THC will use grant funds to aid in 50% of the compensation and benefits of two of our five licensed behavioral health counselors.
- 2.b. THC serves over 2400 students attending Lincoln High, Walla Walla High, and Pioneer Middle School, as well as students attending WWPS Open Doors Program and homeless teens residing at The Loft in Walla Walla.
- 2.c. THC serves students within Walla Walla County
- 2.d. THC serves WWPS students ranging from 11 to 21 years old. Furthermore, during the 2021-2022 school year THC conducted 1233 behavioral health appointments to 789 students. 61% of were female, 35%, 17% identified as LGBTQIA+, 48% were persons of color, 6% were homeless/housing insecure, and 64% reported that they would not have sought care if not for THC being located at their school.
- 2.e. The Health Center has been serving youth/students in Walla Walla Public Schools (WWPS) with school-based behavioral health services since 2009. We are well established in the schools where we have clinics, having strong relationships with staff and administrations who spend day after day with children who utilize THC's services. That connection allows THC a very unique perspective and access to the students who fall through the cracks of outside agencies.

At the district level, THC works closely with WWPS to inform parents/families of the availability of THC in their child's school. Our information and permission forms are included in the back to school packets. We are listed on the district's and individual school's webpages as a resource with links to THC's site.

At the school level, THC promotes our services by using multi-lingual flyers, posters, and signage; staff present directly to the student bodies twice a year, and because we are located right in school THC staff are seen as school staff and are allowed to interact with students in the halls, during lunch, and before/after school. We are also periodically mentioned during daily announcements. However, our most important outreach resource is direct referrals from school staff who are the people who see the needs first. Finally, THC utilizes social media and community events as outreach resources.

THC clinics are located on school campuses which are designed to meet the ADA standards for accessibility or to have made proper accommodations so that students were able access all services. Since 2021, THC has outreach items, forms, and our website in English and Spanish. Additionally, we have staff who are available to conduct all services in either language.

Project Goals & Outcomes

3. The youth of Walla Walla are struggling with behavioral health more than ever post-pandemic. The social isolation, loss of education, household financial struggles, and unhealthy family dynamics have brought stress and emotions that our children are unable to comprehend, much less deal with. THC's behavioral health team provide invaluable and nearly unmeasurable care to our most vulnerable citizens-our children. Everyday they are helping students learn to cope with traumas, fears, insecurities, and just plain pain. Students find hope and comfort at THC. They find adults who they can trust will not judge them or turn them away. All these are life changing for students who otherwise struggle their way through their entire adult life, never knowing where or who to turn to. By receiving help when they are young and still amiable to help and change, they have a much better chance of becoming healthy adults who can contribute to our community and not become a burden to society.

By supporting THC, the county will allow for continued access to convenient school-based low-barrier no-cost, and no insurance required behavioral health services. That is what makes The Health Center completely unique from every other agency in the region claiming to be serving youth with behavioral health services. All other agencies will turn away children who are not billable to some type of insurance.

4. Our goal for the 2022-2023 school year is to staff appropriately so to provide every student asking for non-urgent behavioral healthcare services an appointment within one week of the request or referral. Urgent needs are addressed at that moment.

Additionally, for follow-up visits, students will be able to get appointments weekly.

Measurables:

THC tracks appointment data. From time of request or referral to the first appointment and then the time between all subsequent appointments. Therefore, success will be no less than a 95% of appointments meeting those standards. Our tracking system has the ability to measure that.

Community Needs and Priorities

5. THC is the only school-based health clinic in Walla Walla. Other agencies may state that they are in schools, however they are not integrated in the school as THC is. We work closely with school staff and parents to ensure that students are receiving the complete comprehensive care and services they need, from home to class. We are open and, in the schools, every day and hour that students are in class. And unique to only THC is that we do not require insurance information before seeing a student, no other agency accepts uninsured youth.

THC has clinicians who are trained to work with specifically with youth and there is never any intermixing of cliental of adults and children. Students need to feel safe in order to feel comfortable addressing their mental health needs and it is difficult to do

that when they must sit in a lobby with adults who have a number of other life issues. This includes violent outburst, homelessness, and severe mental illness.

Last school year, we ended with total of 37 students on waitlist for behavioral health services because we did not have the staff capacity to serve them all. However, this year, we are fully staffed and since school began in September 2022, THC has seen more students than in all previous years by this point of the year. This is a undeniable indicator that students/youth need the type of care and attention that is only provided by THC.

Partnerships

6. THC partners with the WWPS, Catholic Charities+The Loft, Trilogy Recovery Communities, Communities in Schools, Walla Walla County Dept. of Community Health, Population Health, Providence St. Mary Medical Group, Walla Walla Clinic, and Family Medical Center, along with a number of other physical health caregivers.

Challenges

7. THC's current challenge is that we could serve more students sooner if we had more behavioral health clinicians. Additionally, school space can be challenging to find-but we make it work one way or the other.

Sustainability

8.

- a. The funding request for this grant is to aid THC with 50% compensation cost for two of our five behavioral health professionals, which is only a small part of our annual budget. Funding through this request will be greatly appreciated and beneficial, however, there will be no adverse impact should the request be reduced.
- b. THC currently has what we consider to be a safe amount of operational reserves. THC has commitments from WWPS for financial support and in-kind school clinic space, utilities, and supplies for the next three years. We have also diversified our funding and revenue sources, including increasing our commercial and Medicaid insurance reimbursements so that they will be a greater part of our future budgets.

Furthermore, in 2021, recognizing the impact that school-based health centers are having across the state (95% of which are on the west side of the state, the Washington State Legislature passed SHB 1225, which has established a state school-based health center (SBHC) Program within the WA State Dept. of Health. Therefore, SBHCs will likely be receiving state budget appropriations for the next few years.

Lastly, THC has been part of the Walla Walla community and serving students enrolled in WWPS since 2009. We are a recognized and vital member of the health community and are supported by various organizations and individuals who dedicate themselves to investing in our children that we believe will continue to commit financially to THC.

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	\$75,500	\$75,500		\$151,000
2. Program Operations	\$0	\$0		\$0
3. Subtotal (lines 1-2)	\$75,500	\$75,500		\$151,000
4. Administrative Costs	\$0	\$0		\$0
5. Total (lines 3-4)	\$75,500	\$75,500		\$150,100

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services: Behavioral Health Clinicians who provide direct one-on-one counseling to student/clients.

Program Operations: None will be paid with these funds.

Match Source 1: The Health Center's existing funds

Match Source 2: N/A

Administrative Costs: None will be paid with these funds.

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$ 135,512.10

Organizational Information

Applicant/Agency Name	Blue Mountain Health Cooperative
Agency Director	Alayna Brinton
Mailing Address	2330 Eastgate St Ste 105
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	85-3547291
Phone	(509) 973-5788
Fax	(509) 593-4366
E-Mail Address	alayna@bluemthealthcoop.hush.com
Project Title	Foundations of Support
Project Location	BMHC Clinic, Walla Walla, WA

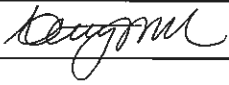
Description of Project

Summarize the project including how the funds will be used.

Funds from this source will be used to cover operations and administrative costs not otherwise covered by fee-for-service revenue and donations to ensure quality of care and ongoing access to critical BH services.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Alayna Brinton, Executive Director
Date	12/4/2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☒ Access to outpatient behavioral health care for Spanish speakers
- ☒ Community health workers/promoters
- ☒ ED diversion programs
- ☐ Peer Support programs
- ☒ Suicide Prevention/Crisis Services/Reduction of Harm
- ☒ Youth Behavioral Health Services (ages 13+)
- ☒ Behavioral Health Prevention Services

2. What populations will your project target? *(check all that apply)*

- ☒ Youth (ages 13+)
- ☒ Adults
- ☒ Targeted Populations Specify
- ☒ WW County Community

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

Project Description

2. Give a description of the proposed program/project.

In addition, address the following:

- a. How will the requested funds be used? Be specific.
- b. Identify the target population to be served.
- c. What geographic area will be served?
- d. Identify your clientele per their general demographics.
- e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?
4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.

Challenges

7. What are the challenges that may confront this program/project?

Sustainability

8. Discuss sustainability for the program/project including:
 - a. How would a partial funding award affect the program/project?
 - b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	0	0	0	0
2. Program Operations	\$54,800.85	Fee-for-service \$8,266.95	Donations \$10,000	\$73,067.80
3. Subtotal (lines 1-2)	\$54,800.85	\$8,266.95	\$10,000	\$73,067.80
4. Administrative Costs	Type text here \$77,711.25	Fee-for-service \$20,903.75	Donations \$5,000	\$103,615.00
5. Total (lines 3-4)	Type text here \$132,512.10	\$29,170.70	\$15,000	\$176,682.80

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services:	Please see attached
Program Operations:	
Match Source 1:	
Match Source 2:	
Administrative Costs:	

1. Blue Mountain Health Cooperative (BMHC) is a non-profit organization with a mission to increase access to behavioral health (BH) services for the Walla Walla Valley. BMHC opened its doors in early 2021 to offer free, mental health walk-in services. In that first partial year, we provided nearly 300 counseling sessions and delivered behavioral health navigation (BHN) services for nearly 250 clients in the Walla Walla Valley. BMHC is the only agency of its kind in Eastern Washington, where we use an “urgent care” model for providing behavioral health. Our goals are to provide emergency department diversion, close service gaps, advocate for patients, and connect resources. Not only does BMHC’s walk-in clinic provide onsite counseling and BHN services, we also provide patient advocacy onsite at the Sleep Center and in our local community for the most vulnerable individuals, and we provide coordination and support services through managing the Mental Health Walla Walla Website and a continuing education unit (CEU) Library that supports local providers in building their clinical skills.

2. By leveraging bachelor’s- and master’s-level practicum students who train and treat clients under direct supervision of an associate licensed social worker (Amanda Fowler, Licensed Social Work Associate Independent Clinical [LSWAIC], Walk-In Clinic Manager) and an independently licensed social worker (Alayna Brinton, Licensed Independent Clinical Social Worker [LICSW], Executive Director), we are able to provide low-cost, low-barrier services for anyone experiencing a BH need via BMHC’s walk-in clinic.

2.a. BMHC plans to leverage the funding from this grant to cover the salaries of the Walk-In Clinic Manager and the Executive Director (ED) and to pay for 4 associate licensed social workers and 7+ student provider interns to simultaneously be providing services through the walk-in clinic. This level of staffing will support a maximum of 60 walk-in appointments a week, and 80 active BHN and Patient Advocacy cases at any time. Assuming those 60 clinical visits alone were charged at a conservative Medicaid rate of ~\$90/session, this would cost ~\$21,600/month in salaries. By using these grant funds to cover our supervisor costs (keeping clinic costs ~\$7,000 less per month just for clinical visits), our supervisory personnel will be able to support the clinical team in effectively and efficiently handling their caseloads as well as similarly supervising and managing the BHN, Patient Advocacy, and other support services we render.

2.b. At our clinic, we aim to close gaps in services for those living in the Valley. We provide free and low-cost services to populations that are vastly underserved in our system of care, including Black, Indigenous, People of Color (BIPOC), low-income individuals, immigrants, First Nations/Native Americans/American Indians/Alaska Natives, Latinx/Hispanic persons, persons with disabilities, LGBTQ+ persons, veterans, students, seniors, parents, families, teens, young adults, adults and individuals with low-reimbursement insurance. All BMHC staff train in cultural humility, diversity, privilege, and oppression to prevent all forms of discrimination and racism. BMHC also provides translation services for non-English speaking clients.

2.c. Historically, we have served clients mainly from Walla Walla County with some individuals traveling from Eastern Oregon, Benton/Franklin Counties, and Columbia County to take advantage of the unique and accessible services that we offer.

2.d. Our clientele is also our target demographic, as described above in 2.b and 2.c.

2.e. BMHC is using accessible (using closed captions, large print options and other accessibility tools) and multilingual (English and Spanish) social media campaigns, our network of community advocates and partners, bulletin boards, etc. to reach our target audiences located in the areas described in 2.c. and to promote awareness of the critical services we provide at our walk-in clinic. We ensure local geographic distribution by applying geofencing filters when posting on social media, as well as by engaging our local partners to educate them about the services we provide at our walk-in clinic. As described above in 2.b. and 2.c., BMHC's clientele, which our walk-in clinic has served since 2021, aligns and overlaps with our target audience.

3. We plan to use the funds from this grant to continue to meet critical BH needs in our local community and to establish a vibrant culture of wellness in the Walla Walla Valley via our walk-in clinic. According to the Human Services Research Institute (HSRI) survey released in July 2021, Walla Walla County has a 56%+ higher rate of crisis contacts when compared to similar counties. Our local Crisis Response Team regularly refers individuals to us for wrap-around and follow-up care. Our walk-in option for care reduces or eliminates wait times for critical services, and outside of the Crisis Team, we are the only agency in this county able to offer this level of immediate service. The state average for mental health providers in our state is 230:1, while the disparity in our county is higher at 310:1. (See Citation Below). BMHC's creative usage of student interns in our programming is integral in making up this provider shortage. Our clinic uniquely meets a critical need, providing BH triage (including pre-crisis and post-crisis options) care and also bridging to other local BH services. Studies show that individuals who are appropriately supported in managing their BH needs are more likely to make valuable contributions to their local communities (See Citation Below). Improving the wellbeing of individuals has a waterfall effect; those individuals who are impacted influence and improve the wellbeing of those within their social spheres and communities. For individuals, early intervention, prevention, and education help to reduce the likelihood of developing or worsening BH symptoms.

4.

Goal 1: Maintain or exceed the number of available walk-in and BHN services delivered at BMHC's walk-in clinic year-over-year.

Outcomes:

1. Maintain or exceed the number of student provider placements at BMHC for consistent provision of direct services.

2. Local records show reduction of symptoms and fewer clients repeating emergency or crisis contacts.

Goal 2: Select at least 2 local partner organizations with which to deepen roots.

Outcomes:

1. coordinated care approaches to managing clients with frequent or intense BH needs will be created and implemented. (The goal being improved understanding of BH services needed in our community and how BMHC can meet them (BMHC would listen to partner input)
2. At least one barrier reduction for access to care will be demonstrated within each partnership.

Goal 3: Maintain or exceed the number of student provider practicum opportunities at BMHC for workforce training and community provider retention

Outcomes:

1. All student provider interns will be able to meet their academic learning plans.
2. All student provider interns will be prepared for working locally in the BH field,
3. Lasting, positive impacts to the BH of our Valley, measured through longitudinal data, including community awareness, number of new patients using clinic services, etc.

Goal 4: Collect and analyze clinic usage metrics to understand patterns of populations served and of clinic traffic

Outcomes:

1. Develop a plan expand clinic hours and provide services at higher volume days/times, if needed
 2. Develop a plan to introduce culturally competent care (I.e., specialized staff trainings, increasing budgeting for specific needs for populations needing more support for access, etc.)
 3. broader community awareness measured by social media engagement and number of new patients
5. Walla Walla County is underserved in BH, with approximately 1 mental health provider per 340 people in the county. Particularly, our target audiences are historically underserved. Wait times in Walla Walla, in general, are around 1-3 months for initiation of services, with some underserved populations (such as children, individuals affected by homelessness, or those who are under-insured) waiting 6+ months to be seen. BMHC provides a critical service, closing the gap between need and access to BH care. Individuals often use our services on a regular but short-term basis while they are waiting to receive care with long-term BH providers in our area. Some individuals who already have an established provider also use our services (e.g., someone who has

experienced a recent crisis and cannot see their established provider in a timely manner, an individual whose established provider is out on medical leave, etc.). Just as Urgent Care is essential for meeting physical needs, BMHC provides crucial services to meet BH needs.

6. BMHC's partnership with **Providence** has and will continue to contribute to the success of our programming. Providence has supported our agency by housing the walk-in clinic and providing technology and IT support in the past, as well as granting us funding in 2022 to expand our space for walk in services. We anticipate more exciting opportunities in the coming year for continuing to expand our support of behavioral health care for Providence through our partnership. **WW University, WWCC, WSU Tri Cities, Johns Hopkins School of Nursing, and Gonzaga's School of Nursing** are partners with BMHC in supporting student internships and education at our clinics. We continue to seek relationships with other universities in order to support local student internships. **College Place School District (CPSD)** and BMHC are partnered for providing in school support at CPSD locations. We expect CPSD's support of our program through provision of space, billing, and coordination costs, as well as execution of services, will continue to be a success. **Trilogy** and BMHC have partnered to strategically plan and support the growing needs of dual diagnosis access to care in the Walla Walla Valley. The **YMCA** and BMHC have partnered to provide YMCA staff with crisis intervention training as well as consult for staff and the families of children who are experiencing challenging behavioral symptoms. **Comprehensive Health** and BMHC have met to continue to remove barriers for access to care and communication between agencies on behalf of local clients. The **Walla Walla Alliance for the Homeless** has continued to expand their partnership through strategic planning to increase the number of BH providers onsite at the sleep center, as BMHC currently provides one staff person there one day a week. BMHC also continues to engage with other agencies and stakeholders to build relationships and close gaps in care through innovative partnerships.

7. Challenges include the fact that BMHC is a small nonprofit organization with limited staff and resources. We hope to mitigate this challenge by using this funding to offset the costs of our executives' salaries, which will allow the clinic to be sustained via fee-for-service income, increasing our donor pool, and identifying other multiyear capacity building grants and partnerships.

8. Since inception, BMHC has expanded its revenue streams, which has made it increasingly impervious to financial challenges. Donations have increased over the last year, as has fee-for-service income. BMHC has secured several grants in the past year to help further the mission and fund specific needs for the agency.

8.a. Partial funding would allow for the ED alone to oversee students and associate licensed staff without the assistance of the walk-in clinic manager. However, it would hinder the ability to have the needed infrastructure to maintain day-to-day operations while also providing ethical oversight and provision of care for students, thereby

reducing the number of hours that can be designated to walk-in services and stunting the overall efficacy and impact of the clinic. This would then also affect the mission to serve students through clinical practicum placements, which would in turn require that BMHC limit the number of students able to serve under a single supervisor. This also would hinder the clinic team's capacity to collect and analyze data about the clinic's services, including its successes and areas for potential growth and improvement.

8.b. The need for grant and donation funding for this program is offset by fee-for-service revenue for billable services. We are newly established as a Behavioral Health Agency (BHA) which allows us to bill Medicaid, and some commercial insurance, for services rendered by our staff and students. Please note that the program described throughout is funded as described above in 2.a., and it would be impacted as described above in section 8.a.

CITATIONS:

[Croft, B., Gerber, R., Wieman, D., & Rayel, D. \(2022\). \(rep.\). *Walla Walla Behavioral Health Systems Assessment* \(pp. 1–122\). Cambridge, MA: HSRI.](#)

[Hyde, P., & del Vecchio, P. \(2013, July\). *Community Conversations About Mental Health: Information Brief*. Rockville; SAMHSA.](#)

Direct Services:

The only costs associated with provision of direct services are Operations and Administrative costs. The Interns serving at BMHC do not currently get paid for their clinical practicum experiences in alignment with university standards and expectations.

Program Operations:

Please see Walk-In Budget attachment. All items for operations are denoted in green. These costs include items such as: BMHC electronic health records, phone, CRM tracking system, HIPAA compliant forms, Crisis intervention training, licensure requires trainings (such as sexual harassment, COVID precautions, HIPAA, etc.), professional malpractice insurance, office rent, general liability insurance on the property, supplies (pens, paper, etc.), equipment (printers, tablets, etc.), internet, fax, business licensing, communications software, bookkeeping software, HIPAA compliant email, telehealth platform, payment processing fees, B&O tax and federal taxes.

Match Source 1: Fee for service

Currently BMHC has 2 full time and 2 part time Clinicians through outpatient services who are able to bill. For example, in November of this year, fee-for-service income generated by these clinicians was \$61,618.32 and the total expenses for BMHC were \$63,722.89 with \$47,660.61 in payroll, which left \$16,062.11 that could be used towards general operations and administrative costs to cover both the outpatient and walk-in services. We estimate that from these numbers we will be able to generate between \$2,000-\$3,000 per month (\$24,000- \$36,000 annually) that can be designated to cover the walk-in clinic specifically.

Match source 2: Donations

Based on historical and projective data, we conservatively estimate that we will receive between \$15,000- \$20,000 in total donations for 2023.

Administrative Costs:

Please see Walk-In Budget attachment. All items for administration are denoted in blue. These costs include items such as: bookkeeping services, 50% of the employment costs of the Executive director, translation services, marketing and advertising, printing, postage, legal consult fees, and 80% of the Walk-In Clinic Manager's cost of employment.

Expenses	Monthly Cost	Annual Cost
Therapy Notes	\$400.00	\$4,800.00
Phone.com	\$220.83	\$2,650.00
Monday.com	\$259.32	\$3,111.78
FormDr	\$159.00	\$1,908.00
Bookkeeping	\$1,000.00	\$12,000.00
CPI trainings (x15)	\$112.54	\$1,350.51
Easy Llama Trainings	\$149.58	\$1,795.00
Malpractice insurance	\$135.42	\$1,625.00
Executive Director (.5)	\$3,000.00	\$36,000.00
Rent	\$1,500.00	\$18,000.00
General liability insurance	\$310.83	\$3,730.00
Supplies	\$166.67	\$2,000.00
Equipment	\$166.67	\$2,000.00
Internet/Computer expenses	\$300.00	\$3,600.00
Fax	\$70.00	\$840.00
Translation services	\$203.33	\$2,440.00
Marketing/Advertising	\$250.00	\$3,000.00
Printing	\$64.58	\$775.00
Postage/Delivery	\$33.33	\$400.00
Business licenses	\$189.92	\$2,279.00
Legal fees	\$83.33	\$1,000.00
Mailchimp	\$18.51	\$222.12
Quickbooks	\$230.83	\$2,770.00
Hushmail	\$80.00	\$960.00
Office 365	\$10.89	\$130.68
Zoom	\$13.60	\$163.24
Credit card processing	\$41.67	\$500.00
Cost of Amanda (.8)	\$4,000.00	\$48,000.00
B&O Taxes	\$750.00	\$9,000.00
Taxes	\$802.71	\$9,632.47
TOTAL:	\$14,723.57	\$176,682.80

(for county grant budget)

Admin Costs

\$103,615.00

Operations

\$73,067.80

2023 Behavioral Health Funding – Comprehensive Healthcare

Section I

Face Sheet

Total Amount of Funds Requested

\$153,577

Organizational Information

Applicant/Agency Name	Comprehensive Healthcare
Agency Director	Jodi Daly, Ph.D.
Mailing Address	402 S. 4 th Ave.
City/State/ZIP Code	Yakima, WA
Federal Tax I.D. Number	91-1043304
Phone	509-575-4024
Fax	509-575-4811
E-Mail Address	Jodi.Daly@comphc.org
Project Title	Walla Walla County School Based Services
Project Location	Prescott, Dixie and Tochet

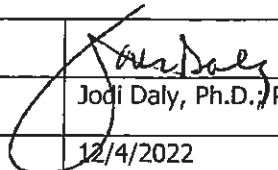
Description of Project

Summarize the project including how the funds will be used.

The funding will be used to support two full time, master's level therapists who will be dedicated to providing school-based services to the Prescott, Dixie and Touchet School Districts.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Jodi Daly, Ph.D., President/CEO, Comprehensive Healthcare
Date	12/4/2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☐ Access to outpatient behavioral health care for Spanish speakers
- ☐ Community health workers/promoters
- ☐ ED diversion programs
- ☐ Peer Support programs
- ☐ Suicide Prevention/Crisis Services/Reduction of Harm
- ☒ Youth Behavioral Health Services
- ☐ Behavioral Health Prevention Services

2. What populations will your project target? *(check all that apply)*

- ☒ Youth
- ☐ Adults
- ☐ Targeted Populations Specify
- ☐ WW County Community

Section III – See attached Narrative

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

Project Description

2. Give a description of the proposed program/project.

In addition, address the following:

- a. How will the requested funds be used? Be specific.
- b. Identify the target population to be served.
- c. What geographic area will be served?
- d. Identify your clientele per their general demographics.
- e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?
4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.

Challenges

7. What are the challenges that may confront this program/project?

Sustainability

8. Discuss sustainability for the program/project including:
 - a. How would a partial funding award affect the program/project?
 - b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	\$119,652 salary plus benefits for 2 FTE	\$39,884		\$159,536
2. Program Operations	\$11,052 for equip. and mileage	\$3,684		\$14,736
3. Subtotal (lines 1-2)	\$130,704	\$43,568 Cash match by schools		\$174,272

4. Administrative Costs	\$22,873	\$7624 In-kind match by Comprehensive		\$30,497
5. Total (lines 3-4)	\$153,577	\$51,192		\$204,769

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services: The amount requested covers the salary and benefits of 2 FTE master's level therapist.

Program Operations: The amount requested covers the cost of purchasing one laptop, software and cell phone for the second hired therapist. Additionally an estimated cost for mileage for 2 therapists was included.

Match Source 1: The match presumes the schools will contribute a total of 25% of the Direct Service and Operations expense, while the match in Administrative costs comes from in-kind support.

Match Source 2:

Administrative Costs: Administrative costs was calculated at 17.5% of the subtotal

Comprehensive Healthcare - Narrative

History/Background

1. Comprehensive Healthcare, incorporated as a 501(c) non-profit in 1972, is a community behavioral health organization that provides services to individuals with serious mental illness, substance abuse disorders, co-occurring disorders and youth with serious mental disturbance. The array of services includes therapy, assertive community treatment, case management, supportive services to nursing homes and crime victims, school and jail-based services, medication management and EAP services. High intensity services such as WISe (Wrap Around with Intensive Services), Multisystemic Therapy and New Journeys (First Episode Psychosis) are available to youth and young adults. Additionally, our continuum includes residential treatment and inpatient psychiatric facilities for adults and youth. Comprehensive provides crisis response and stabilization, and detoxification services. Comprehensive is accredited by the Joint Commission of the Accreditation of Health Care Organizations (JCAHO) and earned The Joint Commission's Gold Seal of Approval for Behavioral Healthcare Accreditation for demonstrating continuous compliance with its performance standards.

Comprehensive Healthcare currently has school-based contracts in Kittitas County, Yakima County, Benton County, Walla Walla County and Milton-Freewater, Oregon. Schools in Prosser, Patterson, and Pasco receive services on-site as well. Providing mental health services to school districts has been an important part of the mission and has been provided since the 1980's. Our current school-based work in Walla Walla County has been funded through the 1 tenth of 1% tax for the last two years. We initially started with the Prescott and Dixie School Districts and attempted to add Touchet with our application last year. Due to not receiving full funding, the Prescott School district contributed funds to offset expenses and we were able to add some hours to the Touchet School District.

Project Description

2. Our program provides mental health services through school-based therapists to students and families in rural school districts. Historically youth and families in rural school districts have been underserved due to barriers of access, travel, and on-site service delivery. Our program has also implemented Telehealth equipment at each site to further expand access to medication management services to those participating the school-based program.

Data for Prescott School District and Dixie School Districts combined:

Total 2021: 37 students served

471 services:

- Individual therapy: 185
- Community support: 258

Comprehensive Healthcare - Narrative

Total 2022: 82 students served

651 services:

- Individual therapy: 210
- Community support: 288
- Group services: 76
- Medication appointments: 11

Prescott School District has added medication management and psychiatric services via telehealth in the past 6 months and this has assisted students and families in attending these services at the school, increasing attendance, and decreasing cancellations and now shows due to travel barriers and limitations. This is a service that will continue with funding and continue to benefit youth and families challenged by travel, and parents work schedules.

- a) Funds will be used to continue and enhance the work at the Prescott and Dixie which were implemented with 1 tenth of 1% tax funds and funds will support dedicated time at the Touchet school district. Specifically, we will cover the salary and benefits of the current therapist and add an additional full-time therapist to work full time between the schools. One therapist will be stationed at Prescott due to student body size and the other will move between Dixie and Touchet. The therapists will have an office at all locations. They receive "walk-ins," screen referrals made by the faculty, conduct mental health assessments, provide brief interventions and conduct individual and family therapy. The school-based therapists will be trained in Evidenced Based Practices appropriate for the school-based environment, to include Cognitive Behavior Therapy (CBT) for anxiety and depression, as well as Trauma Focused CBT. The therapists will refer for medication services if indicated. The therapists will start working towards establishing skills groups and will provide any requested training for the faculty, which may include trauma informed care, symptom recognition, and suicide awareness training.
- b) Services are offered to students K-12 in Prescott, Dixie and Touchet School Districts. Assistance is also available to families of youth in these school districts. The school districts we partner with indicate that their schools lack services and programs to address the behavioral health concerns of their students. They report their students struggle with trauma, depression, and anxiety which has only worsened since the pandemic. High rates of absences, discipline referrals and suspension are a result of these issues. Poor grades and test scores, along with lack of participation in extra-curricular activities are indicative of a struggling student body. Rural school districts consistently struggle to provide for the behavioral health of their students. School counselors are difficult to hire for these roles and the school district may not have the financial ability to afford such positions. The geographical distance between schools makes it a challenge to fill a position where traveling significant distances is a daily activity. This inequity in service access in our rural communities is the gap we plan to address. Our school-based program will

Comprehensive Healthcare - Narrative

allow for the immediate access to behavioral health services. What geographic area will be served?

- c) Prescott School District, Dixie School District, Touchet School District
- d) Services are offered to students K-12 in Prescott, Dixie and Touchet School Districts. Assistance is also available to families of youth in these school districts.

Prescott school district has 270 Pre-K-12 enrolled students; 80% Latino, 20% White, and approximately 92% of the students live in poverty. Spanish is the primary language at home. The education rate of families is very low for both high school diplomas and post-secondary degrees.

There are currently 14 enrolled students in Dixie school district, two students are in the preschool program. The student body of Dixie School District is 94% White, and 6% Native American. There is a 22% poverty rate and English is the primary language.

Last year Touchet school district accessed our school-based services as well. They have 214 enrolled in school. Touchet has 47% Hispanic enrollment and 55% are on fee and reduced lunches. The superintendent indicates that there are many single parent households and believes many of his students suffer abuse histories.

- e) Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Comprehensive has been providing services since 1972 to populations including those with disabilities, limited in English and minorities. Comprehensive is prioritizing the hiring of bilingual staff to serve the Spanish speaking population.

School-based therapists will continue to assist school staff in Prescott, Dixie and Touchet in the referral process, and educating staff on when it is best to refer students. With staff being aware of our presence and the services we offer in the schools, we can ensure access to our program. The school-based therapists will reach out to referred families which can and has resulted in other referrals from within the family, which extends our reach into these underserved communities.

Project Goals & Outcomes

- 3. Our school-based program will allow for the immediate access to behavioral health services in rural schools and those youth and families will have decreased need to travel to access services outside of their community. This inequity in service access in our rural communities is the gap we plan to address.

The goals for these schools are to have decreased discipline referrals, improved attendance, and grades as a result of this increase access to mental health services.

Comprehensive Healthcare - Narrative

4. Goal - To continue to increase access of Youth Health Services to Rural School Districts

Objective 1: Serve a combined total of 200 students between all three school districts.

Objective 2: Decrease discipline referrals by 75%

Objective 3: To achieve subclinical outcome measurement scores for 90% of students who received treatment interventions for symptoms of depression and/or anxiety.

Community Needs and Priorities

5. The unmet needs for the Prescott, Dixie and Touchet school districts are the same; they all lack immediate access to behavioral health support on their campuses and their students reside in locations that make access to such treatment a burden on families. In some cases, families would have to drive over two hours round trip to access services. By offering services on campus, we can provide immediate access to support and treatment, not only for the youth but also for the family. Our current work with the Prescott and Dixie school districts has resulted in the ability for a student who has received a discipline referral to be diverted to a therapist on site who can provide a therapeutic intervention. Full mental health assessments can also be provided on site and any recommended therapy (to include family therapy) can be provided on site as well. With our current school-based work, we have seen discipline and suspension instances decrease, while attendance and grades improved. We have also seen students self-refer based on encouragement from their peers who have seen benefit in accessing the services. These rural communities are struggling with socioeconomic impacts and unique stressors of rural communities and have the need to access health services more quickly and conveniently. Their geographical locations and rural realities create barriers that often times families are not able to overcome. Therefore, it's necessary for services to be integrated into their communities in other ways to meet those unmet needs without burdening the family and risking that they don't seek help at all.

Partnerships

6. We have developed a strong relationship with the Prescott, Dixie and now Touchet school district which did not exist before this partnership. Without the support of the Superintendents of these schools, the school-based services that we implemented would not have been as successful as it is. The success of a school-based program relies on the leadership of the school to promote the service and to bring the therapist into the culture of the school itself.

Comprehensive Healthcare - Narrative

Challenges

7. The nation is experiencing a work force shortage that is magnified in rural areas. We are likely to be challenged with hiring a full-time therapist to work in these rural areas, therefore the compensation package will have to compete with the multitude of other like jobs that are not necessarily in rural areas such as these.

Sustainability

8.

a) Partial funding will reduce the number of staff we are able to provide for this project. Currently, the Prescott school district has been helping to financially support a portion of one of the FTE's because the last award did not cover the full expense. The school district may not be able to continue this funding indefinitely and the other school districts may not be able contribute additional funding either.

The only source of funding for school-based services is either a contract directly with the school district or billing the services to third-party payors (insurance). However, school-based services involve a substantial amount of non-billable activities, to include attending meetings with school personnel to discuss referrals and following up with teachers and guardians on treatment progress. Therefore, the limited billing that can be done by school-based therapists is not enough to support a full-time staff through insurance reimbursement alone. In many cases, these positions are filled by master's level staff who are not yet licensed and therefore private insurance will not cover the cost of the service, which further impacts the ability to sustain the service through insurance billing. Small, rural school districts such as these will always struggle to fund mental health services on site, especially when the referral volume does not warrant a 40-hour per week position. In our proposal, we are able to serve several school districts that are geographically spread out through the sharing of dedicated staff.

b) If funding is reduced or eliminated, the positions could not be sustained with insurance billing alone, especially given the expense of traversing the geography (mileage). We may have to discontinue on-site services at some or all of the schools depending on the service volume at that time. We can continue to provide assessments and services during school hours using the telehealth equipment that is on-site at Prescott and Dixie, but there is currently not equipment at Touchet. While this would continue some of the services, we would lose the benefits of being onsite to interact with the school staff to gather information on referrals, helping them to address issues with their students in real time and we would not have the on-site observation of the students like we do now. The school loses the benefits of having a student be able to "drop in" to see the therapist when they are struggling.

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$200,000

Organizational Information

Applicant/Agency Name	City of Walla Walla Fire Department
Agency Director	Eric Wood, Deputy Fire Chief
Mailing Address	170 N. Wilbur Ave
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	91-6001290
Phone	509-524-4605
Fax	509-529-0694
E-Mail Address	ewood@wallawallawa.gov
Project Title	Community Paramedicine
Project Location	Walla Walla County

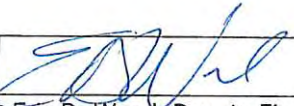
Description of Project

Summarize the project including how the funds will be used.

1. The Community Paramedic program was established in May of 2021 by the partnership between Providence Health Care and the City of Walla Walla. Since that time the Community Paramedic Program has expanded to now include two full-time Community Paramedics. This additional funding will allow the organization to continue to strive to meet the needs of our citizens by providing unique solutions to unique and complex medical problems through maintaining our current Community Paramedics as well as additional growth by adding one more full-time Community Paramedic. This additional Community Paramedic will allow the program to expand its services and meet the needs of further patients experiencing mental health illness within the valley.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Eric D. Wood, Deputy Fire Chief
Date	12.1.2022

Section II

Application Specifics

1. Which of the following will your project provide? (*check all that apply*)

- ☒ Access to outpatient behavioral health care for Spanish speakers
- ☒ Community health workers/promoters
- ☒ ED diversion programs
- ☒ Peer Support programs
- ☒ Suicide Prevention/Crisis Services/Reduction of Harm
- ☒ Youth Behavioral Health Services
- ☒ Behavioral Health Prevention Services

2. What populations will your project target? (*check all that apply*)

- ☒ Youth
- ☒ Adults
- ☒ Targeted Populations Specify: High utilizers of emergency services to include the emergency dept.
- ☒ WW County Community

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

Project Description

2. Give a description of the proposed program/project.

In addition, address the following:

- a. How will the requested funds be used? Be specific.
- b. Identify the target population to be served.
- c. What geographic area will be served?
- d. Identify your clientele per their general demographics.
- e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?
4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.

Challenges

7. What are the challenges that may confront this program/project?

Sustainability

8. Discuss sustainability for the program/project including:
 - a. How would a partial funding award affect the program/project?
 - b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	\$200,000	\$200,000	\$150,000	\$550,000
2. Program Operations				
3. Subtotal (lines 1-2)	\$200,000	\$200,000	\$150,000	\$550,000
4. Administrative Costs	0	0	0	0
5. Total (lines 3-4)				\$550,000

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services: The \$200,000 that is being requested will be utilized to cover the loaded expense of one full-time community paramedic, this includes: wages, clothing, PPE, and miscellaneous EMS equipment to carry out mission critical objectives. The dollar value requested was based off 2021 expense data from the City of Walla Walla.

Program Operations: All funds are tied to employee wages, which are considered direct services provided to the community.

Match Source 1: City of Walla Walla

Match Source 2: Greater Columbia Now (Greater Columbia Accountable Community of Health)

Administrative Costs: No administrative costs are tied to this funding.

Section III- Part A

History/Background

1. Community paramedicine is an evolving type of mobile integrated health care in which paramedics function outside their customary emergency response in ways that facilitate more appropriate use of resources and enhance access to primary and behavioral health care.

A Community Paramedic Program helps connect frequent utilizers of EMS services for non-emergent medical needs to more appropriate services. This program's benefit is two-fold; citizens are connected to medical and social services that better meet their needs which creates capacity for EMS and our Emergency Department to respond to genuine emergencies. Additionally, this program helps to reduce total cost of care in the Walla Walla Valley, by reducing avoidable Emergency Department transports and full EMS dispatches. A Community Paramedic Program serves citizens dealing with complex issues including substance abuse and mental illness by ***assessing their needs in the field*** and coordinating their care with their provider and appropriate community resources.

In May of 2022, one additional Community Paramedic was added to the program to continue and enhance the service delivery to the citizens of Walla Walla County. Through this addition, the lapse in coverage throughout the week has been reduced and more patient contacts have been achieved.

Project Description

2. At the time of inception, our goals with the program were to address high utilization of the emergency response system including high utilization of the emergency department, address the needs of the mental health issues our community is facing, implement a fall risk reduction program, and provide post hospital discharge check-ups. In the first year and a half of the Community Paramedic program we have quickly realized that over 90% of our utilizers of the program's services are directly tied to mental health or substance abuse disorders. With expansion of the program, our goal is to further expand the capacity of our community paramedics to meet and provide services to patients prior to the crisis occurring. The ability to identify patients and triage their needs in the field keeps patients from needing to be transported to the emergency department which creates another step and sometimes a barrier in getting our patients the help that is so desperately needed.
- 2(a). The requested funds will be utilized in two parts. The initial grant funding from Providence Health has since been exhausted and a renewal is not yet in place. The City of Walla Walla has partnered with the Greater Columbia Accountable Community of Health (GCACH) to maintain the current staffing of our two

Community Paramedics. These additional funds will allow the organization to continue to provide the care that has been established but also allow the organization to expand by hiring one additional full-time Community Paramedic. This additional Community Paramedic will allow the program to meet the needs of further patients within the valley as it pertains to mental health illness, substance abuse, and other complex medical issues.

- 2(b). The target population to be served is dynamic and our goal is to serve anyone that falls into the criteria of; frequent or repeat use of emergency medical services, high utilizers of the emergency department, mental health patients, the elderly, and the homeless population.
- 2(c). The Community Paramedic program has currently been operating in all of Walla Walla County and has assisted in Columbia County when requested. Our goal is to go wherever our services can legally be utilized.
- 2(d). Our clientele is wide ranging. Since the inception of our Community Paramedic program, we have made 1010 mobile integrated health visits. The number of visits resulted in 226 unique individuals receiving services. Much of our clientele are Washington State Medicaid recipients and are currently experiencing homelessness. Mental and behavioral health issues are common in our clientele base. Our Community Paramedics have assisted all citizens requesting services regardless of gender, race, sexual orientation, religion, country of origin, language spoken, or immigration status. Our data currently shows that most of our clientele are Caucasian males, between the ages of 50 and 80 years old.
- 2(e). We are a mobile integrated health service that operates anywhere in Walla Walla County. We are a program that meets people where they are at physically, emotionally, and mentally. Our community outreach consists of two main areas: being out and visible in the community and program referrals. Our community paramedics receive program referrals through an in-house process with Walla Walla Fire Department personnel that respond as part of the 911 emergency response system. Due to our community partnerships, program referrals through Walla Walla County Dispatch, Providence Health Care system, Walla Walla Police Department, and other rural fire and EMS providers are commonly utilized.

When it comes to working with members of the Latino/Hispanic culture in the valley, the Walla Walla Fire Department has two bilingual employees who have both been extremely helpful when requested. Language lines and translation applications have also proven to be useful tools.

Our department is fortunate to have strong partnerships and working relationships with other organizations who have bilingual Spanish speakers. Examples of the partnerships that we have frequently utilized are Providence St. Mary Medical Center's Population Health which has two bilingual Community

Health Workers, a Nurse Practitioner, and lastly through the LEAD program who has bilingual employees.

Project Goals & Outcomes

3. Our programs Mission Statement is: "To provide unique care and solutions to patients with unique needs". This allows our community paramedics to address a wide range of barriers for patients. On an individual basis, many of our patients need basic human services. These services include shelter, clothing, food, medical care, safety, and social acceptance. Not only do we serve the patients themselves, but families have been positively impacted by advocating for mental health treatment placement. Our community benefits directly by having more Community Paramedics with advanced life support training and capabilities on the streets in a mobile capacity.
4. The primary goal of our program is to provide unique care and solutions to patients with unique needs. Through our Community Paramedics, we achieve this by investing time in case management and navigation to proper resources. Three achievable outcomes that we seek to meet entering 2023 are a 50% reduction in emergent needs for mental health related calls, introducing injectable anti-psychotic medications, and further cooperation and integration with our local law enforcement to pilot a co-responder type model for mental health related incidents.

Community Need and Priorities

5. An area of weakness in our community is the lack of patient control and proper use of mood stabilizing medications. To our knowledge, there are no mobile services providing injectable anti-psychotics. For many patients, transportation and homelessness is an ever-present barrier to their healthcare and ability to maintain a consistent independent life. We believe that the WWFD Community Paramedic Program is uniquely positioned to be a key component of establishing a mobile injectable medication program to assist our most at risk citizens. A proactive approach such as this can reduce the number of requests for ambulance services and emergency department visits secondary to mental health illness.

Partnerships

6. Several valuable partnerships have been established during the short history of our Community Paramedic program. Our community paramedics work closely with Providence St. Mary's Population Health through weekly interdisciplinary team meetings. These are incredibly valuable meetings where complex medical and social situations are discussed, and care plans are developed. The care plans are then implemented through a care team that normally involves one or sometimes both community paramedics, along with other team members. The Christian Aid Center and the Walla Walla Alliance for the Homeless have been

extremely important partners. Not only do we respond to their request to assist them and their clientele, but they also provide a needed resource for our community paramedics to refer people to for shelter, safety, food, and other basic resources for our most vulnerable citizens.

The Walla Walla Fire and Police Departments have a long history of working together for the collective good of our community. However, due to the implementation of police reform and Washington State House Bill 1310, law enforcement is not able to contact people in a preventative way like they were before. Much of the social issue calls that were handled by law enforcement are increasingly handled by the WWFD and their community paramedics.

Our community paramedics and local APS (adult protective services) have been able to produce a long-needed partnership. Our community paramedics and the local APS investigators have joined efforts in several cases to assist vulnerable adults in being moved into better, safer, cleaner, and more dignified settings. I have come to greatly understand and appreciate the role APS plays in our greatest successes. And to come full circle, these cases have also been heavily assisted by Providence St. Mary Population Health.

Lastly, Greater Health Now, formerly known as the Greater Columbia Accountable Communities of Health have proven to be a very supportive partnership. WWFD has received grant funding from them to help ensure our current staffing level of two community paramedics is maintained. Greater Health Now is focused on reimagining healthcare in rural areas through the utilization of community paramedics, community health workers, RN case managers and mobile clinics.

Challenges

7. We have the desire to do more work in our community. We are hampered by staffing shortages within our community paramedic program. Through our experience, mental health illness has become a primary component for our clientele. While we have been successful in meeting our customer's needs, due to our bandwidth, we haven't been able to address other issues within our community to our desired levels. These other issues center around fall prevention, public education, and post discharge follow up with an emphasis on congested heart failure and chronic obstructive pulmonary disease.

To address these areas of community need, expansion would be necessary within the Community Paramedic program.

Sustainability

- 8(a). Partial funding for this program would help in the sense that it would support the sustainability of the current staffing model for the foreseeable future. Expansion of services that could be provided would be limited to the capacity or bandwidth of the two community paramedics and likely not expand.
- 8(b). If traditional funding sources for this program are reduced or eliminated a cost versus benefit analysis will be conducted and the organization will implement steps to ensure the program remains, and what depth of service can be successfully provided. An example of this would be restructuring the hours of service the community paramedics are available as well as what services the program should provide to benefit the majority.

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds
Requested

\$115,237

Organizational Information

Applicant/Agency Name	The STAR Project
Agency Director	Linda Scott
Mailing Address	PO Box 159
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	73-1707241
Phone	509-525-3612
Fax	509-524-8152
E-Mail Address	lindas@thestarproject.us
Project Title	Case Management for Behavioral Health Services
Project Location	Walla Walla, WA

Description of Project

Summarize the project including how the funds will be used.

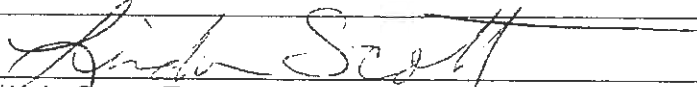
The STAR Project will use behavioral health funds in the following ways:

- Salary and benefits for the STAR Case Manager,
- Administrative support,
- Applicable office facilities based on percentage of use allocated to Behavioral Health,
- Client group activity expenses,
- Substance use testing.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial

matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Linda Scott, Executive Director
Date	12/5/22

Section II

Application Specifics

1. Which of the following will your project provide? (*check all that apply*)

- ☐ Access to outpatient behavioral health care for Spanish speakers
- ☒ Community health workers/promoters
- ☐ ED diversion programs
- ☒ Peer Support programs
- ☐ Suicide Prevention/Crisis Services/Reduction of Harm
- ☐ Youth Behavioral Health Services
- ☒ Behavioral Health Prevention Services

2. What populations will your project target? (*check all that apply*)

- ☐ Youth
- ☒ Adults
- ☒ Targeted Populations Specify: Formerly incarcerated individuals
- ☒ WW County Community

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

The Successful Transition and Reentry (STAR) Project is a 501(c)(3) nonprofit organization. Founded in 2004, STAR serves people with felony convictions in Walla Walla County. STAR's mission is to reduce recidivism by assisting people who are being released from incarceration with the essential tools they need to be successful in their reentry. STAR currently has four core programs: Case Management, Housing, Employment, and Mentoring. In addition to the four core programs, STAR also offers academic support for clients pursuing higher education, monthly community functions such as client dinners, and volunteer/community service opportunities. The menu of services currently offered by STAR is consistent with best practices in the field of reentry (Boer Drake & LaFrance, 2007).¹

¹ Boer Drake E. & LaFrance, S. (May 2007). *Findings on best practices of community re-entry programs for previously incarcerated persons*. San Francisco, California. Retrieved from <http://www.eisenhowerfoundation.org/docs/Ex-Offender%20Best%20Practices.pdf>.

Project Description

2. Give a description of the proposed program/project.

This proposal is to support the continuation of the wholistic case management services offered by The STAR Project that focus on personal growth and individual accountability. Initially (first 45-60 days), case management is intensive as clients are assisted in finding basic needs and services, then transitions to a more self-sustaining model as financial and emotional stability are gained.

In addition, address the following:

a. How will the requested funds be used? Be specific.

The bulk of the funds requested will go to the salary and benefits for the STAR Case Manager and Employment Specialist. A smaller portion of the funds will go to program operations in the form of client learning materials and staff training for weekly Moral Reconation Therapy (MRT) classes, Ready to Rent classes and support materials, and monthly client group activities. Funds will also be used to offset part of the cost for office administration.

b. Identify the target population to be served.

The target population STAR serves is people returning to the community with a felony conviction after a period of incarceration (service typically begins within the first 6-12 months of release).

c. What geographic area will be served?

Walla Walla County.

d. Identify your clientele per their general demographics.

Adult men and women.

e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

The STAR Project relies on referrals from Washington Department of Corrections (DOC), the local Corrections Field Office, DOC Re-entry Specialists, partner community agencies, and word of mouth. Our geographic reach is Walla Walla County. We work to customize solutions for each client's unique needs, situation, and abilities. Currently nearly 80% of our clients have a disability. We serve minorities in proportion to the county's population. The people we serve are part of a marginalized group of formerly incarcerated individuals, many with intersecting minority statuses based on ethnicity and socioeconomic position.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?

Individuals will have an increase in resiliency and recovery from mental health disorders and/or substance use disorders, which will have a positive impact on their families and the community at large. By helping formerly incarcerated people overcome barriers to reentry in the form of behavioral health support, they are more likely to gain and sustain employment, housing, and make positive contributions to the community. The ultimate

goal is to reduce recidivism and increase community safety by helping people succeed in these core areas.

4. **Identify at least one goal for your program/project and three achievable/measurable outcomes.** Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Increase program participation and completion of case management/treatment plan beyond the length of time people are under DOC supervision.

1. Establish MRT participation and completion rate of 80% or more.
2. Average 85% of clients moving from transitional housing to permanent housing within 24 months of intake.
3. Have 75% participation in monthly group activities.

Community Needs and Priorities

5. **Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.**

The STAR Project serves an average of 107 clients annually and is the only community organization in Walla Walla that focuses solely on reentry services. STAR has a proven track record of successfully reducing the rate of recidivism of our clients well beyond the state rate (average STAR rate 14%, State 27%). This reduction is due to the suite of services STAR offers to serve this marginalized population; case management, housing, employment and education, and mentoring.

Partnerships

6. **Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.**

STAR partners with many other local nonprofits in the Walla Walla area. STAR coordinates with BMAC to provide clients with housing subsidies, reduced utility payments, and other monetary support. Other local coordinating agencies include Comprehensive Healthcare, Trilogy, Serenity Point, YWCA, Christian Aid Center, Catholic Charities, WW Homeless Alliance, AA/NA, Oxford, Salvation Army, and BMH2H. STAR also coordinates with the Dept. of Corrections, VA, the Department of Commerce, and DSHS.

Challenges

7. **What are the challenges that may confront this program/project?**

The biggest challenges to this program are increasing community awareness around the barriers to reentry, the needs of our clients for employment and housing and breaking the stigma of being involved in the criminal justice system. Ensuring that the community is aware of our program and its benefits. Sustainable funding is a priority challenge.

Sustainability

8. **Discuss sustainability for the program/project including:**

Sustainability will be achieved by securing multiple large grants (federal, state, & private entities) that span over a period of more than a single year, continued cultivation of our private donor base, and increased general fundraising activities.

- a. **How would a partial funding award affect the program/project?**

Partial funding for this program will result in reduced service offerings, placing additional burden on our community partner organizations, law enforcement, and jeopardize the success of our clients.

b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

As was seen in early 2022, the loss of major federal grant funding resulted in temporary suspension of services and a near shut down of the entire organization. 2023 is a rebuilding year for The STAR Project as we focus on diversifying funding sources and strengthening community partnerships.

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1: Donations & Fundraising	c. Match Source 2: Additional Grant(s)	d. Totals (Columns a+b+c):
1. Direct Services	52,650	0	17,550	70,200
2. Program Operations	23,025	1,200	6,475	30,700
3. Subtotal (lines 1-2)	75,675	1,200	24,025	100,900
4. Administrative Costs	39,562	3,600	9,588	52,750
5. Total (lines 3-4)	115,237	4,800	33,613	153,650

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services: 75% of the wages, benefits, & taxes for case manager and employment services specialist.

Program Operations: 75% Materials and staff certification for behavioral classes (MRT) and monthly client group dinners.

Match Source 1: Cash donations and fundraising.

Match Source 2: Existing and new grants through the state and federal agencies as well as grants from private foundations.

Administrative Costs: 75% for administrative costs that directly support the behavioral health programs are included in this request. The remaining 75% will be sought through fundraising and additional grant funding.

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$ \$32,425.50

Organizational Information

Applicant/Agency Name	Anchor Point Counseling PLLC
Agency Director	Alayna Brinton
Mailing Address	828 S. 1st Ave.
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	81-3124438
Phone	(509) 593-8122
Fax	(509) 769-5221
E-Mail Address	alaynabrinton@anchorpointcounseling.hush.com
Project Title	2023 BH Expansion Project
Project Location	828 S. 1st Ave. Walla Walla, WA 99362

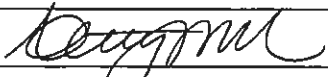
Description of Project

Summarize the project including how the funds will be used.

These funds will be used to secure more office space, pay for telehealth platforms, cover increased administrative costs, and allow for the purchase of play therapy equipment in order to increase access to care for those with BH needs, including but not limited to those ages 0-18 and the Latino/a/x population.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Alayna Brinton, Owner, Chief Clinical Officer
Date	12/4/2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☒ Access to outpatient behavioral health care for Spanish speakers
- ☐ Community health workers/promoters
- ☐ ED diversion programs
- ☐ Peer Support programs
- ☒ Suicide Prevention/Crisis Services/Reduction of Harm
- ☒ Youth Behavioral Health Services
- ☒ Behavioral Health Prevention Services

2. What populations will your project target? *(check all that apply)*

- ☒ Youth
- ☒ Adults
- ☒ Targeted Populations Specify
- ☒ WW County Community

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

Project Description

2. Give a description of the proposed program/project.

In addition, address the following:

- a. How will the requested funds be used? Be specific.
- b. Identify the target population to be served.
- c. What geographic area will be served?
- d. Identify your clientele per their general demographics.
- e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?
4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.

Challenges

7. What are the challenges that may confront this program/project?

Sustainability

8. Discuss sustainability for the program/project including:
 - a. How would a partial funding award affect the program/project?
 - b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	0	\$210,000.00	N/A	\$210,000.00
2. Program Operations	\$11,050.50	Fee-for-service \$3,683.50	N/A	\$14,734.00
3. Subtotal (lines 1-2)	\$11,050.50	\$213,683.50	N/A	\$224,734
4. Administrative Costs	Type text here \$21,375.00	Fee-for-service \$7,125.00	N/A	\$28,500.00
5. Total (lines 3-4)	\$32,425.50	\$220,808.50	N/A	\$253,234.00

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services:	Please see attached
Program Operations:	
Match Source 1:	
Match Source 2:	
Administrative Costs:	

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

Anchor Point Counseling PLLC (AP) was established in 2016 and since that time has expanded from 1 to 14 clinical therapists. Our agency has provided over 20,000 patient visits for nearly 2,000 clients, couples, and families since inception. Of our 14 therapists, 8 are trained in EMDR (Eye Movement Desensitization and Reprocessing) therapy, and 3 are bilingual/bicultural therapists.

Project Description

2. Give a description of the proposed program/project. In addition, address the following:

Our strategic plan includes overall expansion of evidence-based therapy services with a specific focus on:

1. Increasing access to care for the Latino/a/x population.
2. Increasing access to care for children ages 0-18.
3. Increasing overall scheduling availability for care appointments.

This project would allow us to meet our goals and objectives in the strategic plan, outlined below in 3.

2.a. How will the requested funds be used? Be specific

1. Rent - in order to increase availability for appointments, AP will need to rent two additional therapy office spaces. To rent two extra offices, rent will increase by approximately \$1,000/month. We can stagger appointments and can easily use two rooms to facilitate 3-4 therapists.

2. Telehealth - Improves access to care for those unable to come in for physical appointments; costs approximately \$500/month for the therapists at AP to have access to HIPAA compliant software. The cost increases per user on the account.

3. Administration – Adding extra staff to meet our goals and objectives (see 3.) will increase client volume. We anticipate that administrative, billing, and credentialing costs will increase by approximately 50%.

4. Play Therapy Supplies - costs are approximately \$200/month for supplies that are needed for effectively providing art, sand tray, expressive, and play therapy modalities. Play therapy is effective in treating those who are unable to process verbally, such as children and those with certain disabilities. Many of these supplies are reusable (such as sand trays, games, toys, etc.) but some are consumable (paint, glitter, playdoh, etc.)

2.b. Identify the target population to be served.

The target population for this project is: 1. those suffering from symptoms of a diagnosable mental illness, 2. children ages 0-18, and 3. the Latino/a/x population, with extra focus on monolingual Spanish-speaking individuals.

2.c. What geographic area will be served?

Walla Walla, Umatilla, Benton, and Franklin counties.

2.d. Identify your clientele per their general demographics.

Our clientele is also our target demographic, as described above in 2.b and 2.c.

2.e. Describe your outreach plan and how you will ensure that eligible people have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

AP will advertise for the abovementioned services through: Facebook, Instagram, AP's website, local therapist groups, and local stakeholders. Our anticipated outreach will include the geographic areas mentioned in 2.c. Through our partnerships with agencies like Providence Population Health, we will customize outreach to Latino/a/x individuals through adaptive measures (e.g., using our bilingual staff to create video and written materials, utilizing culturally inviting space, etc.). AP has worked with our target audiences since our founding in 2016. Over the last year, AP has seen an overall increase in required care for individuals under 18 and for those who require Spanish translation services, which led us to create strategic plans for how we will address these increases.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?

Children and the Latino/a/x populations are historically underserved. These disparities are further widened by barriers to access or by culturally incompetent care. AP's strategic plan directly addresses these barriers through a focused goal of hiring and training staff to meet the needs of these target populations. In treating children, systems and environments are supported collaterally, thereby creating the possibility for significant and lasting change. In supporting the behavioral health (BH) needs of the marginalized and oppressed, we help to create a community that is more diverse and grows healthier.

4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).

Goal 1. Increasing access to care for the Latino/a/x population.

a. Partner with Providence Population Health, and/or other interested providers, to create in-roads to provision of care for the Latino/a/x individuals needing care in our community.

b. An expedited intake process for individuals needing Spanish-speaking services will be created and maintained

Goal 2. Increasing access to care for children ages 0-18.

a. After-school openings will be increased by 20 or more per month

b. 1 or more new therapists will be hired in 2023 to treat clients under the age of 18.

c. Staff will be incentivized to obtain continuing educational units (CEU) training in treatment of children and adolescents

Goal 3. Increasing overall scheduling availability.

a. 2 or more new therapists will be hired in 2023

b. 80 new appointment slots will be made available per month

c. Administrative support will be increased by 20%

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.

Currently there are 60 people on our waitlist for services, which demonstrates that there are barriers to accessing care in our local systems. In the past, when we have reopened our waitlist, it closed again 1-5 days due to the high volume of referrals. In the first 11 months of 2022, AP therapists have seen 346 intakes and made 10,540 appointments (a 182% increase in scheduled appointments since 2020). These data points capture our target demographic, as described above in 2.b and 2.c. Our local communities comprise AP's target demographic, and our program will reduce disparities for and greatly impact our community. By increasing appointment availability, we will be able to continue to accept new clients, which will improve BH in the local area.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.

This December, AP and **Providence Population Health** forged a partnership to increase access to care for monolingual Spanish-speaking women. The program is currently being formalized and logistics solidified while grant funding is obtained. **Blue Mountain Heart to Heart** has contracted with AP in the last year for providing mental health counseling for individuals who are incarcerated and suffering from BH symptoms. **Blue Mountain Health Cooperative** provides AP with a clinical educational library, and

the staff at AP have taken many of the training courses (specifically those for treating our target demographic, as described above in 2.b and 2.c). **Longmire Ranch** and AP have partnered for the last four years to create opportunities for those with BH needs (including children), to receive equine-assisted mental health counseling.

Challenges

7.What are the challenges that may confront this program/project?

Hiring - Historically, the BH field in our area has had a shortage of providers, and the pool of BH providers is smaller than other health fields. Although AP regularly receives applicants, the therapists who apply are frequently unqualified to serve the clientele specific to this strategic plan (i.e., not trained to work with children or not bilingual). We have also had trouble finding appropriate administrative professional applicants to support our team of therapists.

Unforeseen cost increases – we expect that software, subscriptions, and other expenses will increase before the end of 2023.

Insurance - Annually, insurance adjusts their reimbursement rates. While these are not final for 2023, the likelihood that fee-for-service funding is reduced or eliminated is extremely low. If this were to happen, AP would strive to obtain contracted and private pay revenue.

Sustainability

8.Discuss sustainability for the program/project including:

See 8.a and 8.b.

8.a. How would a partial funding award affect the program/project?

Partial funding would allow for expansion of care through helping to cover our rent. Our primary goal is to increase overall appointment availability. If enough funding is available, we would then also cover our telehealth platform, which also is in alignment with our goal of increasing overall access to care for the general population (including children and Spanish-speaking individuals). Thirdly, we would need to add additional administrative support to support the increased clinic capacity. Finally, the addition of supplies needed to support effective play/art therapy would be required to support the increase in children's services. If partial funding was awarded, we would route funding to those priorities in that order.

8.b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Currently, fee-for-service is the only funding source for this project. Relying on fee-for-service alone is low risk but is also not creating opportunities for us to grow to meet the urgent BH needs of our community. We will continue with our program and its above-

stated objectives, but funding from this grant will significantly shorten the timeline for completing our objectives and improving the BH of our local communities.

Direct Service Expenses:		
Payroll (taxes and wages)	\$	210,000.00
TOTAL	\$	210,000.00

Operations Expenses:		
Rent	\$	51,000.00
Fax	\$	75.00
FormDr	\$	954.00
Monday.com	\$	642.00
Zoom	\$	100.00
Office 365	\$	643.00
General Liability	\$	407.00
Office Ally	\$	210.00
Malpractice	\$	2,000.00
Adobe	\$	196.00
Apple	\$	144.00
Phone	\$	2,300.00
Hushmail	\$	1,324.00
TherapyNotes	\$	6,500.00
Quickbooks	\$	2,000.00
Supplies	\$	4,200.00
Furniture	\$	4,000.00
Postage	\$	500.00
Marketing	\$	1,200.00
Internet	\$	2,235.00
Continueing Ed.	\$	4,000.00
Credit Card Processing	\$	1,500.00
Professional Fees	\$	1,400.00
Bank Service Charges	\$	240.00
Janitorial	\$	1,800.00
Retirement	\$	4,200.00
Insurance	\$	23,100.00
TOTAL	\$	116,870.00

Administrative Expenses:		
Culture Costs	\$	8,886.00
CCO	\$	45,000.00
Admin Assist	\$	16,000.00
Admin Director	\$	41,000.00
Admin therapy time cost:	\$	30,000.00
Supervision	\$	13,000.00
TOTAL	\$	153,886.00

GRAND TOTAL	\$	480,756.00
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Hiring - Historically, the BH field in our area has had a shortage of providers, and the pool of BH providers is smaller than other health fields. Although AP regularly receives applicants, the therapists who apply are frequently unqualified to serve the clientele specific to this strategic plan (i.e., not trained to work with children or not bilingual). We have also had trouble finding appropriate administrative professional applicants to support our team of therapists.

Unforeseen cost increases – we expect that software, subscriptions, and other expenses will increase before the end of 2023.

Insurance - Annually, insurance adjusts their reimbursement rates. While these are not final for 2023, the likelihood that fee-for-service funding is reduced or eliminated is extremely low. If this were to happen, AP would strive to obtain contracted and private pay revenue.

Sustainability

8. Discuss sustainability for the program/project including:

See 8.a and 8.b.

8.a. How would a partial funding award affect the program/project?

Partial funding would allow for expansion of care through helping to cover our rent. Our primary goal is to increase overall appointment availability. If enough funding is available, we would then also cover our telehealth platform, which also is in alignment with our goal of increasing overall access to care for the general population (including children and Spanish-speaking individuals). Thirdly, we would need to add additional administrative support to support the increased clinic capacity. Finally, the addition of supplies needed to support effective play/art therapy would be required to support the increase in children's services. If partial funding was awarded, we would route funding to those priorities in that order.

8.b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

Currently, fee-for-service is the only funding source for this project. Relying on fee-for-service alone is low risk but is also not creating opportunities for us to grow to meet the urgent BH needs of our community. We will continue with our program and its above-stated objectives, but funding from this grant will significantly shorten the timeline for completing our objectives and improving the BH of our local communities.

Budget Narrative

1. Rent- in order to increase appointment availability AP will be required to rent more office space. To rent two extra offices, rent will increase by approximately \$1000/month. (\$12,000 annually)
2. Telehealth - Improves access to care for those unable to come in for physical appointments; costs approximately \$500/month for all current therapists to have access to HIPAA compliant software. To add three additional therapists (per our goal/outcome projection) it will cost an additional \$1384 annually.
3. Administration- with increasing volume, administrative, billing, and credentialing costs are anticipated to increase by approximately 50% with expansion of services (costing an additional \$28,500 annually)
4. Play Therapy Supplies- costs approximately \$200/month for supplies to complete art, sand tray, expressive, and play therapy modalities. To furnish three new therapy spaces it will cost approximately \$1350.

Direct Services:

\$210,000- This accounts for the wages and taxes for the three new therapists we anticipate hiring to provide direct services to clients. We are not requesting any portion of this expense to be offset by this funding, but instead will be covered by fee-for-service revenue.

Program Operations:

\$116,870 is required to sustain Anchor Point's current level of service. These costs include: rent, fax, HIPAA compliant forms, CRM database, Zoom, Office 365, general liability insurance, billing software, malpractice insurance, adobe, apple music, phone, HIPAA compliant email, electronic health record software, QuickBooks, supplies (pens, paper, etc.), furniture, postage, marketing (facebook ads, printed brochures, etc.), internet, continuing education for staff, credit card processing fees, professional fees, bank service charges, janitorial, retirement contributions, and health insurance contributions.

In order to increase our rent, telehealth platform, and to purchase play therapy supplies for three rooms, we will require approximately \$14,734.

(Please see attached .xls workbook)

Match Source 1:

Fee-for-service: We will need to create a total of \$10,808.50 in extra fee for service revenue to support this program expansion. Although staff members do not immediately

create revenue for the agency, over the course of 2023, we can conservatively estimate that we will be able to fulfill this match.

Match Source 2:

N/A

Administrative Costs:

\$153,866 is required to sustain Anchor Point's current level of service. These costs include: Culture costs (Employee gifts, meals, therapy animal), chief clinical officer salary, administrative assistant salary, administrative director salary, administrative pay for therapists, and clinical supervision pay to the agency supervisors.

In order to increase our administrative professional support, we will require approximately \$28,500.00 annually.

(Please see attached .xls workbook)

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$60,000

Organizational Information

Applicant/Agency Name	Children's Home Society of Washington
Agency Director	Dave Newell, President and CEO
Mailing Address	12360 Lake City Way N.E. Ste. 450
City/State/ZIP Code	Seattle, WA 98125
Federal Tax I.D. Number	91-0575955
Phone	(206) 695-3200
Fax	
E-Mail Address	Alice.Hill@chs-wa.org (Senior Executive Assistant)
Project Title	Walla Walla Family Navigation Services
Project Location	Walla Walla County

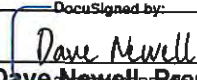
Description of Project

Summarize the project including how the funds will be used.

Funds will be used to expand capacity of the Triple Point program to address the mental health needs of LGBTQ+ youth ages 12-18 by increasing the Program Coordinator's allocated time from 15 to 25 hours per week in order to deliver an evidence-based SEL (Social-Emotional Learning) curriculum during weekly group sessions with youth and increase community outreach efforts. In an effort to reduce and prevent crises, the curriculum will help bridge the gap in the shortage of behavioral health services for youth in Walla Walla County by providing LGBTQ+ youth with the knowledge and tools they need for developing self-awareness, self-control, and interpersonal skills that are vital for school, work, and life success.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Dave Newell, President and CEO
Date	December 2, 2022

Section II

Application Specifics

1. Which of the following will your project provide? (*check all that apply*)

- ☐ Access to outpatient behavioral health care for Spanish speakers
- ☐ Community health workers/promoters
- ☐ ED diversion programs
- ☐ Peer Support programs
- ☒ Suicide Prevention/Crisis Services/Reduction of Harm
- ☐ Youth Behavioral Health Services
- ☐ Behavioral Health Prevention Services

2. What populations will your project target? (*check all that apply*)

- ☒ Youth
- ☐ Adults
- ☒ Targeted Populations Specify: LGBTQ+ youth ages 12-18
- ☒ WW County Community

Section III

Agency/Program/Project Description

Part A

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

Children's Home Society of Washington's (CHSW) mission is to develop healthy children, create strong families, build engaged communities, and speak and advocate for children. CHSW has a long history of advancing the well-being of children through a unique combination of innovative programming, proven evidence-based services, and new approaches to meet children's and families' specific needs. CHSW has provided services to children and families in Washington state for more than 126 years.

Our signature programs include early learning, behavioral health, and family support, creating a comprehensive service framework focused on improving outcomes for children and families. Our programs focus on supporting the child within the context of their family, building on the family's strengths to increase their resilience and well-being, and reaching families at the earliest point possible before crisis occurs.

For more than 16 years, CHSW's Triple Point program has provided support groups for LGBTQ+ middle and high school youth (ages 12-18) in Walla Walla and is the only program in the area providing this support. Triple Point helps LGBTQ+ youth build skills that decrease isolation, increase confidence, and reduce risks associated with behavioral health issues, such as substance use, depression, and suicide. One of the most important things the program provides is a sense of peer connection, which can be especially life-changing for rural area LGBTQ+ youth who often are more isolated and feel left out by their communities, schools, and peers.

The program provides safe, affirming, and welcoming support groups that increase the youth's knowledge of resources, educate them in self-advocacy, and empower their voices. We currently offer one in-person group every Tuesday from 4:30-6:00 pm, as well as coordination of various group activities outside weekly support group sessions. Triple Point groups are topical with a curriculum designed to promote positive health behavior, build skills that decrease isolation, increase confidence, empower youth, and prevent behavioral health conditions such as substance misuse or depression. Linking youth with primary care providers, housing support, or behavioral health services is also part of the educational curriculum.

Project Description

2. Give a description of the proposed program/project.

The Triple Point program offers weekly support groups for LGBTQ+ youth, which are facilitated by an employee or volunteer, but peer directed. Group rules and norms are developed organically through these interactions and have resulted in a safe harassment-free space essential for the program's success.

Grant funds for this project will enhance the Triple Point program by adding an evidence-based SEL (Social-Emotional Learning) curriculum to the weekly support groups, which will require an additional 10 hours per week of the Program Coordinator's time to prepare the curriculum units for the group settings, create additional programming within the middle schools, set goals for the program, and assist youth in personal goal setting. All activities will be conducted outside of regular school hours.

The SEL curriculum is designed to help youth thrive at home, at school, and in life. The curriculum is comprised of five units that focus on: 1) diversity and inclusion; 2)

empathy and critical thinking; 3) communication; 4) problem solving; and 5) peer relationships. Each unit can be broken down into multiple sessions and the pace can be determined by the youth. Family engagement activities and activities that youth can do at home to practice new skills will also be included as other ways to further promote learning and skill acquisition. The success of the SEL curriculum will depend on ensuring that we provide youth with dedicated time to practice social and emotional skills, opportunities for youth to shape programming, and a supportive environment. The weekly support groups will provide this needed structure for successful implementation.

While the SEL curriculum is not a mental health intervention, it does help youth better understand themselves, connect with others, collaborate, problem solve, and support their communities. When implemented well, it can create a positive environment that helps youth develop a sense of belonging and feeling valued, which is critical to their personal and academic development.

Related project activities will include:

- Goal setting with youth: Personal goals will be recorded, and progress will be tracked on an individual progress chart.
- Observations of program participants: Youth will be observed as they start the program to measure social behaviors, conflict resolution, and self-management skills. After units have been taught, the observer will watch how participants react during a disagreement. This will be a measurement based on observation.
- Youth surveys: Each unit begins with a survey of youth SEL competencies and ends with a follow-up survey at the end of each unit.

The Program Coordinator will also conduct outreach activities in the community, including educational presentations and distributing printed materials to schools, businesses, and other community organizations.

2(a) How will the requested funds be used? Be specific.

Funds will be used to pay for an additional 10 hours per week of the Program Coordinator's time, increasing their time from 15 to 25 hours each week spent on Triple Point activities. The Program Coordinator will use the additional hours to prepare and deliver the curriculum for the weekly groups, implement SEL related activities during lunchtime within the middle schools, set goals for the program, and assist youth in personal goal setting. Planning based on the youths' needs and emotional hardships will be key to successful implementation. Funds will also be used to purchase materials to implement the curriculum activities.

2(b) Identify the target population to be served.

The project will serve LGBTQ+ youth (ages 12-18), LGBTQ+ allies, and community organizations.

2(c) What geographic area will be served?

The Triple Point program serves LGBTQ+ youth and LGBTQ+ allies who reside in Walla Walla County.

2(d) Identify your clientele per their general demographics.

The Triple Point program is open to youth ages 12-18 who identify as LGBTQ+ or as an LGBTQ+ ally (e.g., friends, parents, families). On average, youth who attend the weekly support groups are between 13-15 years old and come from a variety of socioeconomic and cultural backgrounds, with the majority from low-income households. We also serve special subpopulations of LGBTQ+ youth, including those who are homeless, involved in the child welfare system (e.g., foster care), and from indigenous communities.

2(e) Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

Triple Point conducts outreach in various community locations, including schools, to identify LGBTQ+ youth needing support and services and connect them with additional resources that prevent costly, resource-intensive intervention when conditions worsen. The program coordinator will also participate in community events where CHSW will host a Triple Point information table, partner with local businesses to offer special programming, and partner with the Walla Walla and College Place rural libraries to include Triple Point program information in different printed and digital promotional pieces they distribute.

Printed informational materials about the Triple Point program will also be distributed through school clubs, school counselors, and the Communities in Schools program. Local barbers who provide gender-affirming haircuts have also requested printed materials they can distribute to youth they serve. Other local groups and organizations have also approached us about partnering to provide information, resources, and activities for LGBTQ+ youth.

CHSW will serve Spanish-speaking youth and families in Walla Walla County through our staff who are fluent in English and Spanish so they can effectively communicate and build trust with the county's Spanish-speaking population. We will also ensure meeting locations are accessible for youth with physical disabilities and will utilize sign language interpretation services for youth with hearing impairments when possible. Other reasonable accommodations will be made for program youth and families, as needed.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?

The project will change the lives of LGBTQ+ youth in Walla Walla County because when an LGBTQ+ young person has even one affirming adult in their lives, they are almost 50% less likely to attempt suicide. Increasing access to resources, providing education, and partnering with various organizations will reduce the isolation that LGBTQ+ youth experience and increase their sense of community and belonging in their own homes, schools, and communities.

LGBTQ+ youth often have a higher need for behavioral health services due to bullying, social acceptance issues, and other stigmas they face daily. Therefore, this project will serve as a critical bridge to support for LGBTQ+ youth while they await access to formal behavioral health services to address more complex needs.

Through the Triple Point program and implementation of the SEL curriculum, LGBTQ+ youth will be better equipped to handle stressors they face at school, at home, and in the community so they have a reduced risk of substance use, school dropout, and suicide. Participants will create connections with other youth, staff, and volunteers through a strong support group where they can build their resilience and develop positive relationships where their social, emotional, and cognitive skills will thrive. When implemented fully, SEL programming will lead to positive outcomes for youth, like an improved ability to handle stress, better classroom behavior, and academic gains.

4. **Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).**

The primary goal of this project is to assist LGBTQ+ youth to learn and practice key social and emotional competencies that will decrease risk of youth behavioral health crises, self-harm behaviors, and suicide.

Measurable outcomes include:

- Up to 10 LGBTQ+ youth per week will participate in SEL curriculum as measured by attendance tracking system
- 100% of youth participants will increase their SEL competencies by end of grant period as measured by pre- and post-surveys completed by youth
- 100% of youth participants will make progress on personal goals by end of grant period as measured by individual progress chart tracking

Community Needs and Priorities

5. **Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.**

In Walla Walla County, nearly 1,000 youth under the age of 18 are estimated to identify as LGBTQ+ (7.1% of total youth population per 2022 Gallup Poll). CHSW serves approximately 100 LGBTQ+ youth, which is a mere fraction of that total. LGBTQ+ youth are particularly vulnerable to adverse childhood experiences, which lead to negative long-term health outcomes and behavioral health problems, including substance misuse, bullying, underperformance and truancy at school, and suicide. Consistent with national statistics, a disproportionate percentage of sexual minority youth served by Triple Point experience behavioral health issues that often go untreated due to fear of discrimination and retaliation. Triple Point programming was co-created by CHSW staff, volunteers, and youth participants and is designed to decrease isolation and low self-image in LGBTQ+ youth related to the experience of stigma and discrimination. Program outcome data indicate that Triple Point groups effectively reduce emotional disturbance resulting from behavioral health conditions in youth, increase the youth's connection to their community and security in themselves, and help create peer support.

In a 2022 Walla Walla Behavioral Health System Assessment report, community focus groups noted several needs for its youth population, including employing curriculum to help youth develop coping skills and resilience, community-wide prevention to lessen pressure on schools, and suicide prevention among teenagers. Implementation of an evidence based SEL curriculum within our current Triple Point program, coupled with community outreach efforts to raise awareness and educate groups about LGBTQ+ issues, will increase the community's capacity to serve the entire LGBTQ+ youth population and prevent serious behavioral health issues from arising.

Partnerships

6. **Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.**

We have developed several new community partnerships that will help contribute to the success of the Triple Point program. Partnerships include:

- Walla Walla symphony – they are raising funding and in-kind donations to provide youth with opportunities to play different instruments, tickets to attend symphony concerts, coaching about what to wear to a performance, and clothing to wear.
- Umatilla Indigenous Youth – their community leader transports tribal youth to weekly groups and we provide gas assistance as they live almost an hour away. They will also provide meeting space on tribal lands to provide groups for indigenous youth.

- Walla Walla County Rural Library District – distribute information about Triple Point program, provide youth with library cards, partner with us on events, and provide LGBTQ+ related books for youth and for the “lending library” at our CHSW location.
- Heather Rodriguez, mental health therapist for youth – she helped start the Triple Point program in Walla Walla and is an advocate for program. She is a frequent guest speaker who educates youth, our staff, and the community on LGBTQ+ topics. We also refer Triple Point youth to her for counseling services, as needed.
- Gay Straight Alliance at Walla Walla High School and College Place High School – distribute program information, attend CHSW community event and refer youth and families to Triple Point program.
- The LOFT, a shelter for homeless teens – their staff transport youth to Triple Point groups and provide program information to youth. They also plan to learn more about using the SEL curriculum with youth they serve at the shelter.
- Mero Salon and Capital Barbershop – they provide gender affirming haircuts for Triple Point participants and help distribute program information to youth they serve.
- Farm-to-School program – they helped us create garden beds that Triple Point youth, staff, and volunteers maintain through the year.

Challenges

7. What are the challenges that may confront this program/project?

One of the ongoing challenges is the general stigma and stereotypes about LGBTQ+ people. Past experience has shown that the community has exhibited negative attitudes towards LGBTQ+ individuals, making it difficult for them to find safe, welcoming spaces. This has caused challenges in recruiting youth who may fear rejection and negative reactions by friends and families. We plan to address this challenge with continued community outreach and education.

Another challenge is the limited number of hours allocated of Program Coordinator's time to deliver programming to its fullest potential, including essential community outreach. This project will address that by increasing the Program Coordinator's time allocated for Triple Point programming from 15 to 25 hours per week.

Finally, funding to support Triple Point programming can be challenging as there are fewer funders and donors interested in supporting LGBTQ+ youth programming. In the past, some funders withdrew their funding for our organization once they learned we deliver LGBTQ+ youth programming. We will address this through continued community outreach and education.

Sustainability

8. Discuss sustainability for the program/project including:

a. How would a partial funding award affect the program/project?

There would be fewer hours for preparation and delivery of SEL curriculum and less outreach can be conducted with local middle schools and high schools.

b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

There are no traditional funding sources for this project as it relies 100% on charitable contributions to operate. Sustainability is dependent on inspiring more individuals and funders to be open to supporting LGBTQ+ youth programming.

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31, 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4 (if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1: <i>United Way</i>	c. Match Source 2: <i>Other charitable contributions</i>	d. Totals (Columns a+b+c):
1. Direct Services	35,100	2,050	6,739	43,889
2. Program Operations	16,000	0	0	16,000
3. Subtotal (lines 1-2)	51,100	2,050	6,739	59,889
4. Administrative Costs	8,900	450	6,000	15,350
5. Total (lines 3-4)	60,000	2,500	12,739	75,239

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services: Includes the salary and benefits for a 0.63 FTE Triple Point Program Coordinator to implement the project and a 0.03 FTE Regional Director to provide supervision/oversight.

Program Operations: Includes general program operating costs allocated per FTE for project personnel (\$12,550) plus program materials and equipment related to implementing SEL curriculum and conducting additional community outreach (\$3,450).

Match Source 1: Includes restricted cash funding from United Way (\$2,500) for program coordinator salary/benefits and administrative costs.

Match Source 2: Includes unrestricted charitable cash contributions for administrative costs (\$6,000) as well as in-kind contributions of volunteer time for direct services (\$29.95 per volunteer hour x 3 volunteers per week x 1.5 hours per week x 50 weeks = \$6,739). Value of volunteer time per Independent Sector 2022 valuation.

Administrative Costs: CHSW administrative costs are 30%, of which 12.5% (\$6,000) will be provided as cash match from unrestricted charitable cash contributions.

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds
Requested

\$55,875

Organizational Information

Applicant/Agency Name	Hope Street
Agency Director	Karen Carman
Mailing Address	P.O. Box 2001
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	83-3052347
Phone	509-540-5276
Fax	509-876-4314
E-Mail Address	karencarman@hopestreethomes.org
Project Title	Recovery Residence
Project Location	303 Catherine Street, Walla Walla, WA 99362


Description of Project

Summarize the project including how the funds will be used.

Hope Street respectfully requests a new grant of \$55,875 to continue equipping women in Walla Walla to recover from substance use disorder. Specifically, we will use funds to sustain a position that is critical to our effectiveness, our Recovery Advocate, and to ensure that our team has the training they need to stay current and impactful in the field of behavioral health and substance use disorder.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Karen Carman, Executive Director
Date	11/30/2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☐ Access to outpatient behavioral health care for Spanish speakers
- ☐ Community health workers/promoters
- ☐ ED diversion programs
- ☒ Peer Support programs
- ☒ Suicide Prevention/Crisis Services/Reduction of Harm
- ☒ Youth Behavioral Health Services
- ☒ Behavioral Health Prevention Services

2. What populations will your project target? *(check all that apply)*

- ☐ Youth
- ☒ Adults
- ☒ Targeted Populations Specify: Women with SUD
- ☒ WW County Community

Section III

(1)

Hope Street is a clean and sober living home in Walla Walla, WA. We opened our doors in January 2021 to women struggling with substance use disorder. We were the first Washington Alliance for Quality Recovery Residences (WAQRR) accredited Level II home in the eastern half of the state and continue to be the only WAQRR-certified home for women in the eastern half of the state. Our full suite of services includes:

- **Shelter and Food** - We serve nine women at a time in a 3500-square-foot home that includes bedrooms, a kitchen, a bathroom, and a gathering space. Women can stay for up to 24 months, each paying \$500 per month. We provide food basics and assist our residents with accessing resources for food assistance.
- **Recovery Services** – Our services include the creation of an individualized recovery plan, advocacy, recovery coaching, peer support, connection with a broader recovery community, and accountability.
- **Case Management** - Our full-time recovery advocate provides wrap-around case management including intake assessments, goal setting, referrals to partner agencies, and assessment and prioritization of needs and barriers such as physical and mental health care, and criminal justice involvement.

(2)

We propose to use funds to support our Recovery Residence and behavioral health support services for women in Walla Walla in 2023. Specifically, funds will help us sustain a position that is critical to our effectiveness, our Recovery Advocate, and to ensure that our team has the training they need to stay current and impactful in the field of behavioral health.

Our recovery program includes shelter, food basics, recovery services, and case management. We provide a zero-tolerance sober living environment, accountability, and a community of women on the same path to recovery. Our full-time Recovery Advocate provides wrap-around case management including creating an individual recovery plan, identifying barriers, setting realistic goals, and encouraging residents' self-worth. While creating a plan together we initiate a warm handoff, by connecting residents to the appropriate community resource to address any barriers. As our residents work through these barriers they create additional goals to further their recovery. Goals such as community engagement through volunteering, plugging into recovery support groups, money management, and building self-esteem. We call all this "Recovery Capital," the sum total of resources available to someone in recovery. These can be internal and external resources, described above, that strengthen their likelihood of sustained recovery. These internal resources can be viewed as resilience. Our program empowers our residents to believe that recovery and a new way of life are possible. By fostering connections within our community they are no longer supported by Hope Street alone but by a plethora of community partners. Our residents become part of the make of the community. As they do, this impacts what the community believes and knows about addiction and recovery.

(2a)

We propose to use funds to cover the costs of sustaining our full-time Recovery Advocate and to cover essential training for our team on trauma-informed recovery-oriented systems of care, peer support, and recovery residence management.

Our Recovery Advocate position assists women on their recovery journey and dramatically increases our ability to support each woman's behavioral health. We have watched firsthand the impact that this role can have on the residents. We will use \$53,375 of this request to pay for the wages of a Recovery Advocate (\$62,000 annual salary, including taxes).

Additionally, our organization sees it as essential to keep up-to-date and knowledgeable in running a recovery residence and plans to use a portion of the funds for staff training. We will use \$2,500 of this request to pay for Trauma-informed, evidence-based best practices in recovery residences and peer counselor training. The recovery advocate and executive director will both utilize these training funds.

(2b)

We serve women seeking recovery from addiction without discrimination. We aim to serve all women, regardless of race, religion, age, or gender identity. Many of our residents have been homeless on one or more occasions, have come through the criminal justice system, or come from a lower socio-economic group.

(2c)

We are focused on serving the women of the Walla Walla Valley and out into the surrounding rural communities. Including Benton, Franklin, Umatilla, and Columbia Counties.

(2d)

Women recovering from substance use disorder are often experiencing other circumstantial and systemic obstacles to stability, such as homelessness, domestic abuse, and other mental illnesses. Other organizations exist in Walla Walla to address some of these co-occurring challenges, but no other organization specifically addresses substance use in a supportive, evidence-based setting. As noted in the WW County Behavioral Health Needs Assessment, of people who are homeless in Walla Walla County, 39% have a chronic substance use disorder (SUD). These are some of the people we serve.

(2e)

Our outreach plan has largely been carried out by connections in our community and surrounding areas. Hope Street has made it a priority to share information about our services with community agencies, DOC, adult recovery court, treatment facilities, and the counseling community. This is not a one-time event but a recurring connection with these providers.

Our outreach has extended mostly from Walla Walla to Dayton, Waitsburg, Milton-Freewater, Tri-cities, and Yakima. (Benton-Franklin, Yakima, Umatilla, and Columbia counties) We have served women from each of these counties and more.

We reach individuals who are experiencing behavioral health disabilities such as addiction, substance use disorder and misuse, and co-occurring disorders. We reach our target community by ensuring that partner agencies know about us and can refer people to us.

We do not specifically conduct outreach targeting people of color, immigrants, refugees, and individuals who speak languages other than English. We have a very small staff, none of whom are bilingual in Spanish or other languages. We have not experienced this to be a barrier with possible residents. However, this is a topic our organization plans to address and evaluate.

(3)

As a result of Hope Street services, our work impacts *individual lives*, as well as *family and community well-being*:

Individual Lives – While our home can house nine women at a time, we provide a level of care and service for women in recovery that no other organization in Walla Walla can. Instead of one hour of connection a month, our residents have daily support and accountability with our full-time recovery advocate. This leads to tremendous personal growth and development. Our goals in these sessions are for each woman to: create an individual recovery plan, identify barriers, set realistic goals, and recognize their worth and ability to succeed in these goals. In the long term, this leads to increased physical and mental health, increased life expectancy, and higher quality of life for the women we serve.

Family and Community Well-Being - As a resident enters our home each have the chance to change their life and thus change the lives of generations to come. The ripple effect goes out to her family, friends, community, and workplace, leading to impacts such as reduced crime and greater safety, lower poverty and unemployment, greater health and educational outcomes for children, and more. Our services also provide cost savings to our community. Our services can decrease community spending on incarceration and legal expenses, decrease healthcare costs, increase work productivity, and reduce work-related turnover.

(4)

Goal: Increase resident recovery capital, which is the sum total of resources available to someone in recovery.

Measurable outcomes:

- Number of sober nights - Recovery housing can fill a housing void with a safe place, compassionate people, and a life full of purpose and fun that doesn't involve alcohol or drugs. While living at Hope Street residents are connected to harm reduction services. In addition, they are less likely to return to use which leads to a lower number of crisis calls and decreased risk of suicide. All of which correlate with recommendations from the Walla Walla County Health Needs Assessment Report. Residents who reside at Hope Street are also allowed to utilize medically assisted treatment (MAT) services through a local provider, which is not the case at some other shelters. Our target in 2023: is the provision of over 2000 safe sober nights.

- Healthcare stabilization – One of the most common barriers our residents experience when they enter our home is a lack of health insurance, a primary care doctor, and recent dental services. We assist them with attaining health insurance, connection to a primary care physician, and a dental care facility. We are able to track the number of connections with both physical and mental healthcare providers. This connection decreases the need for crisis services and increases behavioral health prevention. Our target in 2023: is 50 healthcare connections.
- Connection to the broader recovery community – We require our residents to attend a recovery support group of their choice in our community. This allows for a multitude of recovery pathways to exist. This may be through NA/AA, smart recovery, Dharma recovery, celebrate recovery, or another program. This provides peer support, behavioral health prevention, harm reduction, suicide prevention, and crisis prevention. We track attendance at these meetings. Our target in 2023: Attendance to over 1000 recovery support group meetings

(5)

As mentioned, we are currently the ONLY WAQRR-accredited recovery residence for women on the east side of Washington State. In 2019, House Bill 1528 was passed in an effort to increase the number and improve the quality of recovery residences in Washington state. An impact of this bill is that beginning in 2023, only accredited recovery residences may receive state funding (HARPS) for resident fees. This funding stream is essential to many who rely on HARPS funding to cover the cost of sober housing. In addition, WAQRR-certified homes have access to another stream of funding for resident fees as well as funding support as residents transition from Hope Street into permanent housing. In a region where affordable housing is a challenge, this benefit sets our alumni up for success in transitioning to permanent housing.

According to the Walla Walla County Behavioral Health Needs Assessment, drug overdose death rates have increased in Walla Walla County relative to the rest of the state since 2000. We are meeting the need in our community for sober living and case management for those struggling with SUD.

(6)

We could not do our work without connections with other community agencies. We work with Comprehensive to attain HARPS and SOR funding for our residents. We also utilize their IOP and other mental health services. We partner with adult recovery courts and DOC to house women in a safe sober environment while completing their program or coming out of incarceration. The YWCA has been beneficial to our residents who have experienced domestic violence, specifically several have attended their LINC course. We work with BMH2H to house women that utilize medically assisted treatment and collaborate on case management. These are just a few of the agencies that we've partnered with over the past year.

(7)

We would note three distinct challenges to our program. First is the lack of a local detox. We often have applicants looking for sober living but are in need of detox first. The closest medical detox is hours away and they may not always have a bed available.

This is a significant challenge for potential residents who need detox before moving into our home.

The second challenge is the limited options for substance use treatment in our community. There are two main providers. One requires that the client have a co-occurring disorder to access their services, which limits who can use their services. With the second provider, it is common that clients to burn their bridge and can no longer go to this provider for care. Potential residents of Hope Street struggle to find local treatment or assessment services.

Lastly, is the limited availability of mental health services. Residents who enter our home may have a significant waiting period before connecting with appropriate mental healthcare and or finding assistance with med management. These are essential in early recovery especially. The likelihood of relapse greatly increases without proper mental healthcare and management.

(8a)

This county grant has been vital to our organization's operations. Without County funding, it would be difficult or near impossible for us to fully fund this position, even though it is critical to our ability to impact those we serve. It is what makes our organization different. The quality of care and services we provide need to stay at the level they currently are. However, if we were to receive partial funding we would seek out alternative funding to cover these expenses. We fund our work through donations, grants, and resident fees. We are working to diversify our donors, secure new grant funding, develop our annual fundraising event, and develop an annual plan for fund development.

(8b)

One of our traditional funding sources comes from resident payments. Currently, most of our residents are able to access HARPS, WAQRR, or DOC dollars to cover this cost. We don't see this funding disappearing anytime in the near future.

Section IV

Project Budget and Budget Narrative

Proposed Activities	a. Dollar Request:	b. Match Source 1: Group Health Foundation	c. Match Source 2: Providence Foundation	d. Totals (Columns a+b+c):
1. Direct Services	55,875	18,625		74,500
2. Program Operations		15,351		15,351
3. Subtotal (lines 1-2)	55,875	33,976		89,851
4. Administrative Costs		12,129	5,236	17,365
5. Total (lines 3-4)	55,875	46,105	5236	107,216

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services:

The full cost is \$74,500. We are asking for \$55,875 from the County and will fund the remaining \$18,625 with a grant from The Group Health Foundation. This category includes expenses like recovery advocate's salary, staff training, drug testing, resident emergency fund, client services travel, resident travel, and other program expenses. These other expenses include workbooks, recovery materials, and resident training such as mindfulness and self-defense courses. We will use \$53,375 of this request to pay for the wages of a Recovery Advocate (\$62,000 annual salary, including taxes). We will use \$2,500 of this request to pay for trauma-informed, evidence-based best practices in recovery residences and peer counselor training.

Program Operations: NO REQUEST: This includes items such as household upkeep and maintenance, supplies, and meals. Total \$15,351

Match Source 1: Group Health Foundation - \$15,351

Administrative Costs: NO REQUEST: This includes items such as accounting, website and technology, insurance, office supplies, legal, memberships, and consulting. Total \$17,365

Match Source 1: Group Health Foundation \$12,129

Match Source 2: Providence Foundation \$5,236

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$ 57,600.00

Organizational Information

Applicant/Agency Name	JOES Place #1 (JPL)
Agency Director	Joe Field, MSW
Mailing Address	582 Ash St
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	EIN # 82-2478673 UBI # 604-157-439
Phone	509-301-8120
Fax	
E-Mail Address	joesplacefirst1@gmail.com
Project Title	BH- Moral Reconation Therapy (MRT-Relapse prevention), Good Lives Model, and Life skill groups
Project Location	582 Ash St, Walla Walla WA 99362

Description of Project


Summarize the project including how the funds will be used.

Project deals with continuing groups for relapse prevention with sexual offenders regarding several different behavioral health issues. These individuals cannot seek services at our local agency due to the sex offender status, except for Comprehensive Health Care, who provide a small amount of mental health services to our clients. With this continuing service (since 2017), JPL will be able to add additional services to support other registered sex offenders who reside in WW county that do not live at JPL. These funds will be used for supplies, admin/bookkeeping, program operations, and some staff compensation for this on-going service to our community. Most of the clients JPL serves with these groups are diagnosed (DSM 5) with some sort of pedophilia disorder, which is a behavioral health issue in itself.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that

any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	
Printed Name & Title	Joe Field, MSW (Director/Social Worker)
Date	11/10/2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☐ Access to outpatient behavioral health care for Spanish speakers
- ☐ Community health workers/promoters
- ☐ ED diversion programs
- ☒ **Peer Support programs**
- ☐ Suicide Prevention/Crisis Services/Reduction of Harm
- ☐ Youth Behavioral Health Services
- ☒ **Behavioral Health Prevention Services**

2. What populations will your project target? *(check all that apply)*

- ☐ Youth
- ☒ **Adults**
- ☒ **Targeted Populations Specify-Registered Sex Offenders**
- ☒ **WW County Community**

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.

JPL is the only agency in WW county that serves registered sex offenders with housing and relapse prevention groups since its conception in 2017. We have continued to be supported by this BH grant every year since 2017. These groups are a vital part of our program with these individuals who carry this label and community safety. The purpose of each group is to enhance the tool kit for each person , to prevent reoffending. By doing this, it increases community safety and helps prevent future victims. We are supported by various community members such as, Chief of Police, City Manager, WW county, and many more. We have a zero percent re-offending with our program because of these groups and the tools they teach each person to utilize. The County, through this grant in 2017 sent our facilitators to be trained to facilitate each of these groups.

Project Description

2. Give a description of the proposed program/project.

The proposed project will offer 3 groups per week regarding relapse prevention. The project will only serve registered sex offenders (RSO) as it has previously. We will be working out of 3 different books designed by Correctional Counseling, Inc. , which is an accredited evidence-based model. These groups are about teaching these men skills so that we prevent having future victims and make moral decisions through-out the rest of their lives.

In addition, address the following:

a. How will the requested funds be used? Be specific.

(Admin-\$350.00monthly/\$4,200 Annually)-(Staff Facilitators(2)-\$2,200monthly/\$26,400 annually)-(Program OP-\$27,000 for supplies, partial rent space, utility cost)
The funds will be used accordingly for this program.

b. Identify the target population to be served.

Male registered sex offenders who required by law to be residing in WW county and are not able to access other service agencies regarding relapse prevention groups (MRT, GLM, Life skills).

c. What geographic area will be served?

WW County and some Columbia County residents since Dept. of Corrections (DOC) out of WW supervise these individuals.

d. Identify your clientele per their general demographics.

Male, RSO's, Hispanic, African American (Black), and Caucasian. Most are living in poverty and have a challenging time accessing many services due to the RSO label. This population is labeled as substantial risk.

e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

JPL is an ADA facility and can accommodate anyone that is handicap. We also have a Spanish speaking volunteer to translate, if necessary, along with transportation to and from groups as needed. We have in the past and currently serve all races and cultures of male RSO's in WW county and some Columbia county DOC clients. We also have a plan to extend our services to the homeless RSO's in WW.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?

The community will have increased community safety, which prevents another victim and trauma. The individuals attending the group will become productive members of our community.

- 4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).**

Goal- To enhance the tool kit for each RSO regarding relapse prevention for those who attend the groups and to help prevent future victims, which prevents trauma. Outcomes would be , completion of all groups successfully, reduce recidivism & reoffending, and prevent future victims.

Community Needs and Priorities

- 5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.**

JPL meets the unmet need by supplying these 3 groups for RSO's. These groups are vital to sex offender recovery and JPL is the only agency that supplies this service for RSO's.

Partnerships

- 6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.**

JPL gets referrals from DOC, Sheriff's office, CHC, BMAC but we are currently the only agency that supplies these groups for RSO's who are legally required to reside in our community.

Challenges

- 7. What are the challenges that may confront this program/project?**

Challenges are discrimination issues regarding sex offenders. Being funded for this program is a challenge but since this grant has always funded this part of our program, we have been able to supply these services.

Sustainability

- 8. Discuss sustainability for the program/project including:**
a. How would a partial funding award affect the program/project?

JPL would have to reduce the number of groups and RSO's we serve in the community of Walla Walla.

- b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?**

JPL would have to cease all groups if not funded, which is not ideal for this population or our community in regard to community safety.

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	26,400	In-Kind 2,200		28,600
2. Program Operations	27,000			27,000
3. Subtotal (lines 1-2)	53,400			55,600
4. Administrative Costs	4,200			4,200
5. Total (lines 3-4)	57,600			59,800

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services: Being used for employee compensation for services

Program Operations: Books, supplies, food for group, and partial building/utility expenses

Match Source 1: Extra 1 on 1 services done with clients outside of groups regarding group materials.

Match Source 2:

Administrative Costs: Half the cost of paying the bookkeeper and billing

2023 Behavioral Health Funding

Section I

Face Sheet

Total Amount of Funds Requested

\$75,000

Organizational Information

Applicant/Agency Name	Providence St. Mary Foundation on behalf of Providence St. Mary Medical Center Population Health Department
Agency Director	Lacey Rowberg, CFRE, Chief Philanthropy Officer
Mailing Address	401 W. Poplar St.
City/State/ZIP Code	Walla Walla, WA 99362
Federal Tax I.D. Number	45-2841492
Phone	509.595.4154 or 509.897.2081
Fax	N/A
E-Mail Address	Lacey.Rowberg@providence.org
Project Title	Promotores de Salud + Mobile Outreach Service Team (MOST)
Project Location	Walla Walla County

Description of Project

Summarize the project including how the funds will be used.

To support the Promotores de Salud and mobile clinic (MOST) joint-program with two expanded positions. In order to serve more individuals in Walla Walla County, these funds will be used to hire an additional promotora and bilingual Medical Assistant to support these efforts.

Original Signature of Authorized Official

This signatory declares he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application will be used only for the purposes set forth herein, and verifies all information contained in this application is valid and true to the best of his/her knowledge.

Signature	<i>Lacey Rowberg</i>
Printed Name & Title	Lacey Rowberg, Chief Philanthropy Officer
Date	12/5/2022

Section II

Application Specifics

1. Which of the following will your project provide? *(check all that apply)*

- ☐ Access to outpatient behavioral health care for Spanish speakers
- ☒ Community health workers/promoters
- ☒ ED diversion programs
- ☒ Peer Support programs
- ☐ Suicide Prevention/Crisis Services/Reduction of Harm
- ☐ Youth Behavioral Health Services
- ☒ Behavioral Health Prevention Services

2. What populations will your project target? *(check all that apply)*

- ☐ Youth
- ☒ Adults
- ☒ Targeted Populations Specify: Spanish speakers, low-income, homeless, uninsured, immigrant populations
- ☒ WW County Community

Section III

Agency/Program/Project Description

Answer each question and sub-question that applies to your application. Type your responses in Arial font, 12 point size, and label each response with the corresponding question number, e.g., 2(e). Answers to the narrative questions may total no more than 5 pages.

Part A – All applicants must respond to questions 1-8

History/Background

1. Provide a brief history of your agency/organization and a background and/or history of the program/project for which you are requesting funds.
- 1) This joint program will be managed under the Providence St. Mary Population Health department's umbrella, which focuses on and has the expertise in community-based health, disease management and prevention, and community-building. The Population Health department started in 2019 and has been recognized as breaking barriers in healthcare equity across the state.

We piloted the Promotores de Salud part of the program in 2021 because Providence St. Mary was not doing enough for our Latinx community. We listened to feedback from our Latinx advisory council, community members, culturally-specific non-profits, and focus groups that we needed to meet people where they are to authentically build relationships that have not been trusted in the past. We are holding ourselves accountable for those actions and have pivoted to lean into this work.

In 2020, the Walla Walla Alliance for the Homeless approached Providence St. Mary Medical Center about joining forces on a mobile clinic. The Blue Mountain Action Council (BMAC) soon joined the conversation as well. Together, the three partners formed the Mobile Outreach Services Team (MOST).

Between our Promotores de Salud and Mobile Outreach Service Team's (MOST) joint-program, it is our mission is to reduce barriers for homeless, Latinx, and the economically vulnerable populations in the Walla Walla Valley. By going to where individuals work, play, stay, and providing preventive care and navigation services to connect them to a medical home and resources, we aim to provide dignified whole-person care to all. Our Promotores launched in 2021 and MOST launched in April of 2022. The team is actively providing new pathways to access quality care in services each and every day.

Project Description

2. Give a description of the proposed program/project.
- 2) The Mobile Outreach Services Team (MOST) uses a recreational vehicle mobile clinic to bring essential healthcare, behavioral health, and homeless and food assistance services to agricultural workers at farms, fields, orchards, farm housing communities, and grocery stores; packing plants throughout the county; school districts with limited resources like Prescott; and at sleep and homeless shelters in Walla Walla.

Promotores de Salud are bilingual and bicultural community health workers that connect directly with our uninsured and underinsured migrant, immigrant, and Latinx community members in our region. They help navigate with healthcare resources to improve mental and physical health. Our efforts focus on dismantling culturally-specific barriers to healthcare in rural communities, providing COVID-19 vaccines, preventative care and health education classes, health resource fairs, mental health support, and connections to free or reduced-cost health resources. We have one dedicated promotora that helps on the MOST as well.

In addition, address the following:

a. How will the requested funds be used? Be specific.

2a) Salary for adding in a new promotora to support Maria Remington, our first promotora and reach more individuals. The rest of the funds will support the hiring of a new Medical Assistant to serve more individuals being served on MOST. Currently, the wait to check a patient in and treat them is an hour. This position will open up more opportunities to serve underserved Walla Walla County residents.

b. Identify the target population to be served.

2b) Our priorities involve connecting with uninsured migrant, immigrant, Latinx, and homeless individuals where they are, so that barriers are removed to accessible healthcare. By bringing a mobile clinic and bilingual/bicultural healthcare professionals to our most vulnerable populations, we aim to dismantle the systemic health disparities in our community.

c. What geographic area will be served?

2c) Walla Walla County. From Prescott, Wallula, Walla Walla, and rural agricultural communities like Valle Lindo, among others.

d. Identify your clientele per their general demographics.

2d) We aim to reach 3,000 individuals in 2023. This program also has a goal to reach at least 15 women each year who have never had a mammogram and connect them with our free mammogram program at the hospital. We also aim to enroll 15 Latinx women who have been diagnosed with depression in a monthly support group, which will also provide free childcare, and follow-up care with a behavioral health professional.

e. Describe your outreach plan and how you will ensure that eligible persons have access to your program/project. Address how far your geographic outreach will extend, how you will reach persons with disabilities, limited English and minorities. In addition, note your organization's history in serving these populations.

2e) Hiring bilingual/bicultural Promotores, Medical Assistants, and ARNPs with strong community ties is critical to the outreach success of this program. Providence has a commitment to health equity, and this program is fundamental to realizing these goals. Our Board and staff are representative of the communities we serve. We invest in individuals who have the skills and knowledge of the people we serve. Many have come from backgrounds with trauma, and from homeless, low-income, and immigrant families. They, too, have lived experiences that directly impact the direction and decisions of how to best serve the populations of this program.

Partnerships to organizations that provide access to healthy food, stable housing, environment, access to health insurance, employment, and numerous other factors contribute to this as well. Through this program, we will strengthen our relationships with local organizations that provide these resource connections.

Project Goals & Outcomes

3. Overall, what will change in the lives of individuals, families and the community if your program/project is funded?
- 3) On average, members of our Latinx communities die 20 years earlier than our white community members. Ongoing chronic conditions exist among our Latinx population; however, these conditions are not being diagnosed or managed. Instead, individuals are self-managing and/or receiving emergent care when symptoms eventually progress. This leads to higher utilization of urgent care, emergency care, and hospital admissions, furthering the strain on an already taxed hospital system.

By taking an upstream approach we aim to close this gap within our Latinx community members by serving as a bridge to health, assisting individuals with identifying resources available through other agencies including housing, food, employment, transportation and more. Our team is dedicated to providing round the clock support, driving patients to appointments, connecting clients in mental health crises with services, and helping connect those who are houseless with compassionate care.

4. Identify at least one goal for your program/project and three achievable/measurable outcomes. Be succinct in your response and consider the goal(s) of the funding source for which you're applying (see page 2, Overview, second paragraph).
- 4) Decrease Emergency Department visits and EMS calls or frequency of calls. COVID-19 has shed a harsh light on health disparities and inequities in the region. Our program will help us to better understand the root causes of healthcare inequity in our communities and develop practices to address them. It will also help us grow the relationship and increase trust between the medical community and patients of color to improve health outcomes. By connecting residents to resources for managing their behavioral health and access to healthcare needs on an ongoing basis, we will help reduce the burden on utilizing emergent/urgent care as primary care, as well as reducing hospitalizations among this population. It is important to connect with people in need of culturally responsive behavioral health needs whose primary language is not English. It will also help us to address cultural barriers and attitudes that may prevent patients of color from seeking out healthcare services. This program aligns with our mission to provide quality care to all and encourages our values of dignity and justice, as well as aligning with the County's priority health needs assessment recommendations toward health equity and behavioral health.

We track our results and progress by obtaining qualitative and quantitative data including number of COVID-19 vaccines given, community participants served, community partner participation, applications for free mammograms, COVID-19 test kits delivered, ongoing invitations from farm housing communities, number of avoidable behavioral health visits to the emergency department declining, number of 911 callers for non-emergent behavior health needs, and the number of patients that give back to help others suffering, among others.

Community Needs and Priorities

5. Estimate the unmet need for this program/project in the community and describe how it will address this unmet need.
- 5) As recommended by Walla Walla Behavioral Health System Assessment, recommendation #10 addresses expanding the availability of community health workers or promotores. It also addresses the need to focus on the Hispanic population. Recommendation 12 states to enhance service coordination and navigation services for those with the most complex needs. Our Promotores de Salud and MOST programs directly address these unmet needs in our community.

Partnerships

6. Describe the partnerships you have developed with other community agencies which you anticipate contributing to the success of this program/project.
- 6) With community and hospital support, we hope to grow and sustain this program until health inequities are no longer a systemic issue in our community. The success of equitable community healthcare programs relies heavily on partners to achieve shared goals. Major partners include Vital Wines, SOS Clinic, Walla Walla Alliance on the Homeless, and Blue Mountain Action Council. These organizations provide access to healthcare and COVID-19 vaccines, food and nutrition, mental health resources, addiction recovery, and housing options to our community members. All organizations will share in expenses and support to garner community trust in providing these services.

Additional resource partners include Walla Walla Center for Children and Families (early learning access/family support), Valle Lindo (housing resources), Trilogy (addiction recovery services), Walla Walla Community College, Blue Zones (community health resources), WorkSource (employment access), Blue Mountain Action Council Food Bank, Inspire Development Center (early childhood education and parenting resources), Walla Walla County Department of Community Health, Walla Walla Symphony, Colectivo de Arte Social, and Ballet Folkloric (cultural life and enhancement).

Challenges

7. What are the challenges that may confront this program/project?
- 7) A challenge we have faced is a lack of trust in the healthcare community among the Latinx community. Our Promotores' success during the first year of this program has shown the importance of building this trust and the opportunities that those relationships can create. During year one, we have seen the need only rise for this upstream approach to healthcare, which prompts our work to expand this program. Other challenges include, ongoing maintenance and repairs for the mobile clinic, COVID-19 staffing challenges, and learning curves as this is a pioneering community health program.

Sustainability

8. Discuss sustainability for the program/project including:

a. How would a partial funding award affect the program/project?

8a) We are committed to allocating the necessary resources to this program. Along with funding from Providence St. Joseph Health and our institutional partners, this will ensure a base of ongoing support for this joint program. If partial funding is awarded, the program would still be sustained, but may wait to hire additional resources. The organization would need to look to other philanthropic monies available to round out the entirety of the program.

b. If traditional funding sources for this program/project are reduced or eliminated, how will this affect the program/project?

8b) If traditional funding sources for this program are reduced or eliminated, we would have to rely 100% on community support for this program, which would compete with vital capital items for the hospital. We have been working on securing relationships and support with private foundations, corporate supporters, and community organizations to sustain this program into the future.

Section IV

Project Budget and Budget Narrative

Complete the project budget for a 12-month period (January 1, 2023 – December 31 2023). At least 25% of the proposed budget must serve as match and may include cash, in-kind (with an assigned dollar value), or a combination of cash and in-kind. Sources of match must be noted in cells b and c (if there is a second match source). Dollar figures must be documented for each applicable line item (1 & 2), and subtotals and totals must be documented in column d and on lines 3 and 4(if applicable), and 5. State or federally approved Administrative/Indirect Fees will be allowed, up to 17.5%, and documentation will be required.

Proposed Activities	a. Dollar Request:	b. Match Source 1:	c. Match Source 2:	d. Totals (Columns a+b+c):
1. Direct Services	\$75,000	\$175,000	\$100,000	\$350,000
2. Program Operations		\$65,000		\$65,000
3. Subtotal (lines 1-2)	\$75,000	\$240,000	\$100,000	\$415,000
4. Administrative Costs		\$35,000		\$35,000
5. Total (lines 3-4)	\$75,000	\$275,000	\$100,000	\$450,000

Budget Narrative

Specifically describe the proposed use of the funds being requested and include additional explanation on line items that may warrant further clarity. Regarding in-kind match, describe how the assigned dollar value was derived.

Direct Services: Includes (3) full-time Promotores, (1) ARNP, and (1) Medical Assistant. County funds will be used to pay a portion of these additional salaries.

Program Operations: Includes mileage, maintenance of the vehicle, events, new equipment on the mobile clinic, and resources for the peer support mental health pilot.

Match Source 1: Providence St. Joseph Health's commitment to health equity. A cash and in-kind contribution towards the overhead and upfront costs to get this program off the ground. Additional funding year over year is not guaranteed.

Match Source 2: Pending and secured funding requests. (\$50,000 secured and \$50,000 pending from private foundations.

Administrative Costs: Includes additional community health worker staff time, and materials to execute program.



MEMO

Date: December 22, 2022

To: BOCC

From: Nancy Wenzel
Administrative Director

Intent: BOCC Signature on Washington State Department of Health Data Sharing Agreement

Topic: Washington State Department of Health Data Sharing Agreement

Summary

The Department of Community Health needs access to Washington State Department of Health (DOH) Rapid Health Information NetwOrk (RHINO) data to monitor and respond to syndromic surveillance information. Syndromic surveillance is a real-time, population-based monitoring system and used to identify, investigate, and design data driven, rapid responses to emerging public health threats. The data provides insights into chronic disease burden, environmental threats, and injury trends. RCW 43.70.057 requires the automated, electronic reporting of syndromic surveillance data from all Washington State emergency rooms. Examples of how the data is used include tracking outbreaks and emerging conditions, identifying notifiable conditions (Zika, measles), monitoring trends that are not notifiable (Guillain Barre' Syndrome), monitoring trends in opioid overdose incidents, trends in traffic related injuries and respiratory irritation during wildfire events.

Cost

Zero Cost

Funding

Zero Cost

Alternatives Considered

Acquisition Method

N/A

Security

N/A

Access

N/A

Risk

No know risk. Data will be limited to epidemiologist team members.

Benefits

This will benefit the community by having immediate access to emerging situations and trends.

Conclusion/Recommendation

Recommend the BOCC sign data sharing agreement with Washington State Department of Health.

Submitted By

Nancy Wenzel, DCH

Disposition

____ Approved

Name

Department

Date

____ Approved with modifications

____ Needs follow up information

Name

Department

Date

____ Denied

BOCC Chairman

Date

Additional Requirements to Proposal

____ Modification

____ Follow Up

DATA SHARING AGREEMENT
FOR
CONFIDENTIAL INFORMATION OR LIMITED DATASET(S)
BETWEEN
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
AND

Walla Walla County Department of Community Health

This Agreement documents the conditions under which the Washington State Department of Health (DOH) shares confidential information or limited Dataset(s) with other entities.

CONTACT INFORMATION FOR ENTITIES RECEIVING AND PROVIDING INFORMATION

	INFORMATION RECIPIENT	INFORMATION PROVIDER
Organization Name	Walla Wall County Dept of Community Health	Washington State Department of Health (DOH)
Business Contact Name	Nancy Wenzel	Cynthia Karlsson
Title	Administrative Director	Rapid Health Information NetwOrk program manager
Address	314 W Main ST Walla Walla, WA 99362	1610 NE 150th St. MS: K17-9 Shoreline, WA 98155-9701
Telephone #	509-524-2650	(360) 995-3051
Email Address	nwenzel@co.walla-walla.wa.us	cynthia.karlsson@doh.wa.gov
IT Security Contact	Chad Goodhue	John Weeks
Title	Director of Tech Services	Chief Information Security Officer
Address	314 W Main ST Walla Walla, WA 99362	PO Box 47890 Olympia, WA 98504-7890
Telephone #	509-524-2590	360-999-3454
Email Address	cgoodhue@co.walla-walla.wa.us	Security@doh.wa.gov
Privacy Contact Name	Nancy Wenzel	Jennifer Brown
Title	Administrative Director	DOH Chief Privacy Officer
Address	314 W Main ST Walla Walla, WA 99362	P. O. Box 47890 Olympia, WA 98504-7890
Telephone #	509-524-2650	(360) 236-4437
Email Address	nwenzel@co.walla-walla.wa.us	Privacy.officer@doh.wa.gov

DEFINITIONS

Authorized user means a recipient's employees, agents, assigns, representatives, independent contractors, or other persons or entities authorized by the data recipient to access, use or disclose information through this agreement.

Authorized user agreement means the confidentiality agreement a recipient requires each of its Authorized Users to sign prior to gaining access to Public Health Information.

Breach of confidentiality means unauthorized access, use or disclosure of information received under this agreement. Disclosure may be oral or written, in any form or medium.

Breach of security means an action (either intentional or unintentional) that bypasses security controls or violates security policies, practices, or procedures.

Confidential information means information that is protected from public disclosure by law. There are many state and federal laws that make different kinds of information confidential. In Washington State, the two most common are the Public Records Act RCW 42.56, and the Healthcare Information Act, RCW 70.02.

Data provider means any individual or entity that provides data to the RHINO program. This includes all participating hospitals, clinics, and providers.

Data storage means electronic media with information recorded on it, such as CDs/DVDs, computers and similar devices.

Data transmission means the process of transferring information across a network from a sender (or source), to one or more destinations.

Direct identifier Direct identifiers in research data or records include names; postal address information (other than town or city, state and zip code); telephone numbers, fax numbers, e-mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate /license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); internet protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

Disclosure means to permit access to or release, transfer, or other communication of confidential information by any means including oral, written, or electronic means, to any party except the party identified or the party that provided or created the record.

Encryption means the use of algorithms to encode data making it impossible to read without a specific piece of information, which is commonly referred to as a "key". Depending on the type of information shared, encryption may be required during data transmissions, and/or data storage.

Health care information means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care....” RCW 70.02.010(7)

Health information is any information that pertains to health behaviors, human exposure to environmental contaminants, health status, and health care. Health information includes health care information as defined by RCW 70.02.010 and health related data as defined in RCW 43.70.050.

Health Information Exchange (HIE) means the statewide hub that provides technical services to support the secure exchange of health information between HIE participants.

Human subjects research; human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

Human research review is the process used by institutions that conduct human subject research to ensure that:

- the rights and welfare of human subjects are adequately protected;
- the risks to human subjects are minimized, are not unreasonable, and are outweighed by the potential benefits to them or by the knowledge gained; and
- the proposed study design and methods are adequate and appropriate in light of the stated research objectives.

Research that involves human subjects or their identifiable personal records should be reviewed and approved by an institutional review board (IRB) per requirements in federal and state laws and regulations and state agency policies.

Identifiable data or records: contains information that reveals or can likely associate with the identity of the person or persons to whom the data or records pertain. Research data or records with direct identifiers removed, but which retain indirect identifiers, are still considered identifiable.

Indirect identifiers are indirect identifiers in research data or records that include all geographic identifiers smaller than a state , including street address, city, county, precinct, Zip code, and their equivalent postal codes, except for the initial three digits of a ZIP code; all elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such age and elements may be aggregated into a single category of age 90 or older.

Limited dataset means a data file that includes potentially identifiable information. A limited dataset does not contain direct identifiers.

Normal business hours are state business hours Monday through Friday from 8:00 a.m. to 5:00 p.m. except state holidays.

Potentially identifiable information means information that includes indirect identifiers which may permit linking an individual to that person's health care information. Examples of potentially identifiable information include:

- birth dates;
- admission, treatment or diagnosis dates;
- healthcare facility codes;
- other data elements that may identify an individual. These vary depending on factors such as the geographical location and the rarity of a person's health condition, age, or other characteristic.

Restricted confidential information means confidential information where especially strict handling requirements are dictated by statutes, rules, regulations or contractual agreements. Violations may result in enhanced legal sanctions.

State holidays State legal holidays, as provided in [RCW 1.16.050](#).

GENERAL TERMS AND CONDITIONS

I. USE OF INFORMATION

The Information Recipient agrees to strictly limit use of information obtained or created under this Agreement to the purposes stated in Exhibit I (and all other Exhibits subsequently attached to this Agreement). For example, unless the Agreement specifies to the contrary the Information Recipient agrees not to:

- Link information received under this Agreement with any other information.
- Use information received under this Agreement to identify or contact individuals.

The Information Recipient shall construe this clause to provide the maximum protection of the information that the law allows.

II. SAFEGUARDING INFORMATION

A. CONFIDENTIALITY

Information Recipient agrees to:

- Follow DOH small numbers guidelines as well as dataset specific small numbers requirements. (Appendix D)
- Limit access and use of the information:
 - To the minimum amount of information .
 - To the fewest people.
 - For the least amount of time required to do the work.
- Ensure that all people with access to the information understand their responsibilities regarding it.
- Ensure that every person (e.g., employee or agent) with access to the information signs and dates the “Use and Disclosure of Confidential Information Form” (Appendix A) before accessing the information.
 - Retain a copy of the signed and dated form as long as required in Data Disposition Section.

The Information Recipient acknowledges the obligations in this section survive completion, cancellation, expiration or termination of this Agreement.

B. SECURITY

The Information Recipient assures that its security practices and safeguards meet Washington State Office of the Chief Information Officer (OCIO) security standard 141.10 [Securing Information Technology Assets](#).

For the purposes of this Agreement, compliance with the HIPAA Security Standard and all subsequent updates meets OCIO standard 141.10 "Securing Information Technology Assets."

The Information Recipient agrees to adhere to the Data Security Requirements in Appendix B. The Information Recipient further assures that it has taken steps necessary to prevent unauthorized access, use, or modification of the information in any form.

Note: The DOH Chief Information Security Officer must approve any changes to this section prior to Agreement execution. IT Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

C. BREACH NOTIFICATION

The Information Recipient shall notify the DOH Chief Information Security Officer (security@doh.wa.gov) within one (1) business days of any suspected or actual breach of security or confidentiality of information covered by the Agreement.

III. RE-DISCLOSURE OF INFORMATION

Information Recipient agrees to not disclose in any manner all or part of the information identified in this Agreement except as the law requires, this Agreement permits, or with specific prior written permission by the Secretary of the Department of Health.

If the Information Recipient must comply with state or federal public record disclosure laws, and receives a records request where all or part of the information subject to this Agreement is responsive to the request: the Information Recipient will notify the DOH Privacy Officer of the request ten (10) business days prior to disclosing to the requestor. The notice must:

- Be in writing;
- Include a copy of the request or some other writing that shows the:
 - Date the Information Recipient received the request; and
 - The DOH records that the Information Recipient believes are responsive to the request and the identity of the requestor, if known.

IV. ATTRIBUTION REGARDING INFORMATION

Information Recipient agrees to cite "Washington State Department of Health" or other citation as specified, as the source of the information subject of this Agreement in all text, tables and references in reports, presentations and scientific papers.

Information Recipient agrees to cite its organizational name as the source of interpretations, calculations or manipulations of the information subject of this Agreement.

V. OTHER PROVISIONS

With the exception of agreements with British Columbia for sharing health information, all data must be stored within the United States.

VI. AGREEMENT ALTERATIONS AND AMENDMENTS

This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties

VII. CAUSE FOR IMMEDIATE TERMINATION

The Information Recipient acknowledges that unauthorized use or disclosure of the data/information or any other violation of sections II or III, and appendices A or B, may result in the immediate termination of this Agreement.

VIII. CONFLICT OF INTEREST

The DOH may, by written notice to the Information Recipient:

Terminate the right of the Information Recipient to proceed under this Agreement if it is found, after due notice and examination by the Contracting Office that gratuities in the form of entertainment, gifts or otherwise were offered or given by the Information Recipient, or an agency or representative of the Information Recipient, to any officer or employee of the DOH, with a view towards securing this Agreement or securing favorable treatment with respect to the awarding or amending or the making of any determination with respect to this Agreement.

In the event this Agreement is terminated as provided in (a) above, the DOH shall be entitled to pursue the same remedies against the Information Recipient as it could pursue in the event of a breach of the Agreement by the Information Recipient. The rights and remedies of the DOH provided for in this section are in addition to any other rights and remedies provided by law. Any determination made by the Contracting Office under this clause shall be an issue and may be reviewed as provided in the "disputes" clause of this Agreement.

IX. DISPUTES

Except as otherwise provided in this Agreement, when a genuine dispute arises between the DOH and the Information Recipient and it cannot be resolved, either party may submit a request for a dispute resolution to the Contracts and Procurement Unit. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. A party's request for a dispute resolution must:

- Be in writing and state the disputed issues, and
- State the relative positions of the parties, and
- State the information recipient's name, address, and his/her department agreement number, and
- Be mailed to the DOH contracts and procurement unit, P. O. Box 47905, Olympia, WA 98504-7905 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.

This dispute resolution process constitutes the sole administrative remedy available under this Agreement.

X. EXPOSURE TO DOH BUSINESS INFORMATION NOT OTHERWISE PROTECTED BY LAW AND UNRELATED TO CONTRACT WORK

During the course of this contract, the information recipient may inadvertently become aware of information unrelated to this agreement. Information recipient will treat such information respectfully, recognizing DOH relies on public trust to conduct its work. This information may be hand written, typed, electronic, or verbal, and come from a variety of sources.

XI. GOVERNANCE

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement shall be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Washington state and federal statutes and rules;
- Any other provisions of the Agreement, including materials incorporated by reference.

XII. HOLD HARMLESS

Each party to this Agreement shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Agreement. Neither party to this Agreement will be responsible for the acts and omissions of entities or individuals not party to this Agreement. DOH and the Information Recipient shall cooperate in the defense of tort lawsuits, when possible.

XIII. LIMITATION OF AUTHORITY

Only the Authorized Signatory for DOH shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Agreement on behalf of the DOH. No alteration, modification, or waiver of any clause or condition of this Agreement is effective or binding unless made in writing and signed by the Authorized Signatory for DOH.

XIV. RIGHT OF INSPECTION

The Information Recipient shall provide the DOH and other authorized entities the right of access to its facilities at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Agreement on behalf of the DOH.

XV. SEVERABILITY

If any term or condition of this Agreement is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Agreement, provided, however, that the remaining terms and conditions can still fairly be given effect.

XVI. SURVIVORSHIP

The terms and conditions contained in this Agreement which by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the Agreement shall survive.

XVII. TERMINATION

Either party may terminate this Agreement upon 30 days prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

XVIII. WAIVER OF DEFAULT

This Agreement, or any term or condition, may be modified only by a written amendment signed by the Information Provider and the Information Recipient. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege or remedy provided under this Agreement shall not constitute a waiver. No provision of this Agreement may be waived by either party except in writing signed by the Information Provider or the Information Recipient.

XIX. ALL WRITINGS CONTAINED HEREIN

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

XX. PERIOD OF PERFORMANCE

This Agreement shall be effective from date of execution through 12/31/2025.

SPECIAL TERMS AND CONDITIONS

XXI. The information recipient shall:

- a. Only utilize the information obtained through this agreement for purposes of research activities as defined in RCW 42.48.010 only after review by an Institutional Review Board (IRB) and execution of a Confidentiality Agreement for the research project.
- b. Not publish or otherwise disclose any data which may directly or indirectly identify an individual. Furthermore, the information recipient shall not publish the identity of a data provider (hospital, clinic, or provider) except with the consent of the data provider.
- c. Not attempt to determine the identity of persons whose information is included in the data set or use the data in any manner that identifies individuals or their families.
- d. Not attempt to obtain additional information about a patient or their visit from a patient's electronic medical record except for purposes agreed upon by the data provider (hospital, clinic, or provider) and the information recipient.
- e. Except as required by state or federal law, not provide or otherwise utilize data obtained through this agreement for purposes of regulatory action or law enforcement against a data provider (hospital, clinic, or provider) or individual.

XXII. The Information Recipient may:

- a. Adhering to the DOH Small Numbers Publishing Guidelines (Appendix D) and RHINO Data Best Practices (Appendix E), and without including direct or indirect identifiers, publish, redisclose, or release aggregated data in order to protect public health.
- b. Link data obtained through this Agreement with data from other sources, in order to identify, characterize, and/or solve a health problem, or evaluate the success of a health program. Any linked dataset containing data elements obtained through this agreement

are subject to the terms of this Agreement, similar agreements governing linked datasets, and all state and federal laws that govern any included datasets.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of last signature below.

INFORMATION PROVIDER

State of Washington Department of Health

Signature

Print Name

Date

INFORMATION RECIPIENT

Walla Walla Dept of Community Health

Signature

Print Name

Date

EXHIBIT I

1. PURPOSE AND JUSTIFICATION FOR SHARING THE DATA

Provide a detailed description of the purpose and justification for sharing the data, including specifics on how the data will be used.

The Information Provider was doing routine report work and detected a potential suicide cluster in Walla Walla county (Information Recipient). The Information Recipient plans to analyze the cluster to formulate a targeted plan to address the root cause of the issue. The Information Recipient may use this information to inform healthcare providers of a trend if discovered and or issue guidance.

The Information Provider will give the Information Recipient an initial dataset that contain the variables from the confidential report related to this cluster investigation in addition to first and last name, date of birth, date of hospital admission or services, and demographics. Once the cluster investigation is complete, the Information Provider will continue to provide the Information Recipient with a confidential report of suicides in their area. This will allow the Information Recipient to stay up to date on events taking place in their area so they can adequately guide public health work.

Is the purpose of this agreement for human subjects research that requires Washington State Institutional Review Board (WSIRB) approval?

☐ Yes ☒ No

If yes, has a WSIRB review and approval been received? If yes, please provide copy of approval. If No, attach exception letter.

☐ Yes ☐ No

2. PERIOD OF PERFORMANCE

This **Exhibit** shall have the same period of performance as the **Agreement** unless otherwise noted below:

Exhibit I shall be effective from date of execution through 12/31/2025.

3. DESCRIPTION OF DATA

Information Provider will make available the following information under this Agreement:

Database Name(s): *RHINO ESSENCE and Confidential Report*

Data Elements being provided:

From RHINO Database (one time only):

First and last name
Demographic
Date of birth
Date of hospitalization or services
Hospital record information (if available)
HospitalName
HospitalZip
Date
Time
Region (Hospital County)
Sex
Age
Race_ethn
ChiefComplaintUpdates
Diagnosis_Combo
Admit_Reason_Combo
TriageNotesOrig
ClinicalImpression
C_Death (Visit Death Indicator)
DispositionCategory
MinutesFromVisitToDischarge
C_BioSense_ID

Variables included in confidential report (ongoing)

HospitalName
HospitalZip
Date
Time
Region (Hospital County)
ZipCode (Patient Residence Zip Code)
Sex
Age
Race_ethn
ChiefComplaintUpdates
Diagnosis_Combo
Admit_Reason_Combo
TriageNotesOrig
ClinicalImpression
C_Death (Visit Death Indicator)
DispositionCategory
MinutesFromVisitToDischarge
C_BioSense_ID

The information described in this section is:

- ☒ Restricted Confidential Information (Category 4)
- ☐ Confidential Information (Category 3)
- ☐ Potentially identifiable information (Category 3)
- ☐ Internal [public information requiring authorized access] (Category 2)
- ☐ Public Information (Category 1)

Any reference to data/information in this Agreement shall be the data/information as described in this Exhibit.

4. STATUTORY AUTHORITY TO SHARE INFORMATION

DOH statutory authority to obtain and disclose the confidential information or limited Dataset(s) identified in this Exhibit to the Information Recipient:

RCW 43.20.050 – Powers and duties of state board of health

RCW 43.70.050 – Collection, use, and accessibility of health-related data

RCW 70.02.050 – Disclosure without patient’s authorization

RCW 43.70.057 - Hospital emergency room patient care information—Data collection, maintenance, analysis, and dissemination—Rules

Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Exhibit:

RCW 43.70.057 - Hospital emergency room patient care information—Data collection, maintenance, analysis, and dissemination—Rules

RCW 70.05.070- Local Health Officer-Powers and duties

5. ACCESS TO INFORMATION

METHOD OF ACCESS/TRANSFER

- ☐ DOH Web Application (indicate application name):
- ☒ Washington State Secure File Transfer Service (sft.wa.gov)
- ☐ Encrypted CD/DVD or other storage device
- ☐ Health Information Exchange (HIE)**
- ☐ Other: (describe the methods for access/transfer)**

****NOTE:** DOH Chief Information Security Officer must approve prior to Agreement execution. DOH Chief Information Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

FREQUENCY OF ACCESS/TRANSFER

- ☒ One time: DOH shall deliver information by 2 days after execution
- ☒ Repetitive: frequency or dates as available
- ☐ As available within the period of performance stated in Section 2.

6. REIMBURSEMENT TO DOH

Payment for services to create and provide the information is based on the actual expenses DOH incurs, including charges for research assistance when applicable.

Billing Procedure

- Information Recipient agrees to pay DOH by check or account transfer within 30 calendar days of receiving the DOH invoice.
- Upon expiration of the Agreement, any payment not already made shall be submitted within 30 days after the expiration date or the end of the fiscal year, which is earlier.

Charges for the services to create and provide the information are:

- ☐ \$ _____
- ☒ No charge.

7. DATA DISPOSITION

Unless otherwise directed in writing by the DOH Business Contact, at the end of this Agreement, or at the discretion and direction of DOH, the Information Recipient shall:

- ☒ Immediately destroy all copies of any data provided under this Agreement after it has been used for the purposes specified in the Agreement . Acceptable methods of destruction are described in Appendix B. Upon completion, the Information Recipient shall submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.
- ☐ Immediately return all copies of any data provided under this Agreement to the DOH Business Contact after the data has been used for the purposes specified in the Agreement, along with the attached Certification of Data Disposition (Appendix C)
- ☐ Retain the data for the purposes stated herein for a period of time not to exceed _____ (e.g., one year, etc.), after which Information

Recipient shall destroy the data (as described below) and submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.

☐ Other (Describe):

8. RIGHTS IN INFORMATION

Information Recipient agrees to provide, if requested, copies of any research papers or reports prepared as a result of access to DOH information under this Agreement for DOH review prior to publishing or distributing.

In no event shall the Information Provider be liable for any damages, including, without limitation, damages resulting from lost information or lost profits or revenue, the costs of recovering such Information, the costs of substitute information, claims by third parties or for other similar costs, or any special, incidental, or consequential damages, arising out of the use of the information. The accuracy or reliability of the Information is not guaranteed or warranted in any way and the information Provider's disclaim liability of any kind whatsoever, including, without limitation, liability for quality, performance, merchantability and fitness for a particular purpose arising out of the use, or inability to use the information.

☒ If checked, please submit the following:

- Copies of all papers, presentations, reports, or publications developed using data obtained under this agreement to the attention of: the RHINO program at rhino@doh.wa.gov.

9. ALL WRITINGS CONTAINED HEREIN

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Exhibit as of the date of last signature below.

INFORMATION PROVIDER

State of Washington Department of Health

Signature

Print Name

Date

INFORMATION RECIPIENT

Walla Walla Dept of Community Health

Signature

Print Name

Date

APPENDIX A

USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

People with access to confidential information are responsible for understanding and following the laws, policies, procedures, and practices governing it. Below are key elements:

A. **CONFIDENTIAL INFORMATION**

Confidential information is information federal and state law protects from public disclosure. Examples of confidential information are social security numbers, and healthcare information that is identifiable to a specific person under RCW 70.02. The general public disclosure law identifying exemptions is RCW 42.56.

B. **ACCESS AND USE OF CONFIDENTIAL INFORMATION**

1. Access to confidential information must be limited to people whose work specifically requires that access to the information.
2. Use of confidential information is limited to purposes specified elsewhere in this Agreement.

C. **DISCLOSURE OF CONFIDENTIAL INFORMATION**

1. An Information Recipient may disclose an individual's confidential information received or created under this Agreement to that individual or that individual's personal representative consistent with law.
2. An Information Recipient may disclose an individual's confidential information, received or created under this Agreement only as permitted under the **Re-Disclosure of Information** section of the Agreement, and as state and federal laws allow.

D. **CONSEQUENCES OF UNAUTHORIZED USE OR DISCLOSURE**

An Information Recipient's unauthorized use or disclosure of confidential information is the basis for the Information Provider immediately terminating the Agreement. The Information Recipient may also be subject to administrative, civil and criminal penalties identified in law.

E. **ADDITIONAL DATA USE RESTRICTIONS: (if necessary)**

Signature: _____

Date: _____

APPENDIX B

DATA SECURITY REQUIREMENTS

Protection of Data

The storage of Category 3 and 4 information outside of the State Governmental Network requires organizations to ensure that encryption is selected and applied using industry standard algorithms validated by the NIST Cryptographic Algorithm Validation Program. Encryption must be applied in such a way that it renders data unusable to anyone but authorized personnel, and the confidential process, encryption key or other means to decipher the information is protected from unauthorized access. All manipulations or transmissions of data within the organizations network must be done securely.

The Information Recipient agrees to store information received under this Agreement (the data) within the United States on one or more of the following media, and to protect it as described below:

A. Passwords

1. Passwords must always be encrypted. When stored outside of the authentication mechanism, passwords must be in a secured environment that is separate from the data and protected in the same manner as the data. For example passwords stored on mobile devices or portable storage devices must be protected as described under section F. Data storage on mobile devices or portable storage media.
2. Complex Passwords are:
 - At least 8 characters in length.
 - Contain at least three of the following character classes: uppercase letters, lowercase letters, numerals, special characters.
 - Do not contain the user's name, user ID or any form of their full name.
 - Do not consist of a single complete dictionary word but can include a passphrase.
 - Do not consist of personal information (e.g., birthdates, pets' names, addresses, etc.).
 - Are unique and not reused across multiple systems and accounts.
 - Changed at least every 120 days.

B. Hard Disk Drives / Solid State Drives – Data stored on workstation drives:

1. The data must be encrypted as described under section F. Data storage on mobile devices or portable storage media. Encryption is not required when Potentially Identifiable Information is stored temporarily on local workstation Hard Disk Drives/Solid State Drives. Temporary storage is thirty (30) days or less.

2. Access to the data is restricted to authorized users by requiring logon to the local workstation using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts and remain locked for at least 15 minutes, or require administrator reset.

C. Network server and storage area networks (SAN)

1. Access to the data is restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network.
2. Authentication must occur using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.
3. The data are located in a secured computer area, which is accessible only by authorized personnel with access controlled through use of a key, card key, or comparable mechanism.
4. If the servers or storage area networks are not located in a secured computer area or if the data is classified as Confidential or Restricted it must be encrypted as described under F. Data storage on mobile devices or portable storage media.

D. Optical discs (CDs or DVDs)

1. Optical discs containing the data must be encrypted as described under F. Data storage on mobile devices or portable storage media.
2. When not in use for the purpose of this Agreement, such discs must be locked in a drawer, cabinet or other physically secured container to which only authorized users have the key, combination or mechanism required to access the contents of the container.

E. Access over the Internet or the State Governmental Network (SGN).

1. When the data is transmitted between DOH and the Information Recipient, access is controlled by the DOH, who will issue authentication credentials.
2. Information Recipient will notify DOH immediately whenever:
 - a) An authorized person in possession of such credentials is terminated or otherwise leaves the employ of the Information Recipient;

- b) Whenever a person's duties change such that the person no longer requires access to perform work for this Contract.
- 3. The data must not be transferred or accessed over the Internet by the Information Recipient in any other manner unless specifically authorized within the terms of the Agreement.
 - a) If so authorized the data must be encrypted during transmissions using a key length of at least 128 bits. Industry standard mechanisms and algorithms, such as those validated by the National Institute of Standards and Technology (NIST) are required.
 - b) Authentication must occur using a unique user ID and Complex Password (of at least 10 characters). When the data is classified as Confidential or Restricted, authentication requires secure encryption protocols and multi-factor authentication mechanisms, such as hardware or software tokens, smart cards, digital certificates or biometrics.
 - c) Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.

F. Data storage on mobile devices or portable storage media

- 1. Examples of mobile devices are: smart phones, tablets, laptops, notebook or netbook computers, and personal media players.
- 2. Examples of portable storage media are: flash memory devices (e.g. USB flash drives), and portable hard disks.
- 3. The data must not be stored by the Information Recipient on mobile devices or portable storage media unless specifically authorized within the terms of this Agreement. If so authorized:
 - a) The devices/media must be encrypted with a key length of at least 128 bits, using industry standard mechanisms validated by the National Institute of Standards and Technologies (NIST).
 - Encryption keys must be stored in a secured environment that is separate from the data and protected in the same manner as the data.
 - b) Access to the devices/media is controlled with a user ID and a Complex Password (of at least 6 characters), or a stronger authentication method such as biometrics.
 - c) The devices/media must be set to automatically wipe or be rendered unusable after no more than 10 failed access attempts.

- d) The devices/media must be locked whenever they are left unattended and set to lock automatically after an inactivity activity period of 3 minutes or less.
 - e) The data must not be stored in the Cloud. This includes backups.
 - f) The devices/ media must be physically protected by:
 - Storing them in a secured and locked environment when not in use;
 - Using check-in/check-out procedures when they are shared; and
 - Taking frequent inventories.
4. When passwords and/or encryption keys are stored on mobile devices or portable storage media they must be encrypted and protected as described in this section.

G. Backup Media

The data may be backed up as part of Information Recipient's normal backup process provided that the process includes secure storage and transport, and the data is encrypted as described under *F. Data storage on mobile devices or portable storage media*.

H. Paper documents

Paper records that contain data classified as Confidential or Restricted must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records is stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

I. Data Segregation

1. The data must be segregated or otherwise distinguishable from all other data. This is to ensure that when no longer needed by the Information Recipient, all of the data can be identified for return or destruction. It also aids in determining whether the data has or may have been compromised in the event of a security breach.
2. When it is not feasible or practical to segregate the data from other data, then ***all*** commingled data is protected as described in this Exhibit.

J. Data Disposition

If data destruction is required by the Agreement, the data must be destroyed using one or more of the following methods:

Data stored on:**Is destroyed by:**

Hard Disk Drives / Solid State Drives

Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data, or

Degaussing sufficiently to ensure that the data cannot be reconstructed, or

Physically destroying the disk , or

Delete the data and physically and logically secure data storage systems that continue to be used for the storage of Confidential or Restricted information to prevent any future access to stored information. One or more of the preceding methods is performed before transfer or surplus of the systems or media containing the data.

Paper documents with Confidential or Restricted information

On-site shredding, pulping, or incineration, or

Recycling through a contracted firm provided the Contract with the recycler is certified for the secure destruction of confidential information.

Optical discs (e.g. CDs or DVDs)

Incineration, shredding, or completely defacing the readable surface with a course abrasive.

Magnetic tape

Degaussing, incinerating or crosscut shredding.

Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip or similar disks)

Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data.

Physically destroying the disk.

Degaussing magnetic media sufficiently to ensure that the data cannot be reconstructed.

K. Notification of Compromise or Potential Compromise

The compromise or potential compromise of the data is reported to DOH as required in Section II.C.

APPENDIX C

CERTIFICATION OF DATA DISPOSITION

Date of Disposition _____

- ☐ All copies of any Datasets related to agreement DOH#_____ have been deleted from all data storage systems. These data storage systems continue to be used for the storage of confidential data and are physically and logically secured to prevent any future access to stored information. Before transfer or surplus, all data will be eradicated from these data storage systems to effectively prevent any future access to previously stored information.
- ☐ All copies of any Datasets related to agreement DOH#_____ have been eradicated from all data storage systems to effectively prevent any future access to the previously stored information.
- ☐ All materials and computer media containing any data related to agreement DOH #_____ have been physically destroyed to prevent any future use of the materials and media.
- ☐ All paper copies of the information related to agreement DOH #_____ have been destroyed on-site by cross cut shredding.
- ☐ All copies of any Datasets related to agreement DOH #_____ that have not been disposed of in a manner described above, have been returned to DOH.
- ☐ Other

The data recipient hereby certifies, by signature below, that the data disposition requirements as provided in agreement DOH # _____, Section J, Disposition of Information, have been fulfilled as indicated above.

Signature of data recipient

Date

APPENDIX D

DOH SMALL NUMBERS GUIDELINES

- Aggregate data so that the need for suppression is minimal. Suppress all non-zero counts which are less than ten.
- Suppress rates or proportions derived from those suppressed counts.
- Assure that suppressed cells cannot be recalculated through subtraction, by using secondary suppression as necessary. Survey data from surveys in which 80% or more of the eligible population is surveyed should be treated as non-survey data.
- When a survey includes less than 80% of the eligible population, and the respondents are unequally weighted, so that cell sample sizes cannot be directly calculated from the weighted survey estimates, then there is no suppression requirement for the weighted survey estimates.
- When a survey includes less than 80% of the eligible population, but the respondents are equally weighted, then survey estimates based on fewer than 10 respondents should be “top-coded” (estimates of less than 5% or greater than 95% should be presented as 0-5% or 95-100%).

ADDITIONAL DATASET SPECIFIC SMALL NUMBERS REQUIREMENTS

Exceptions to the Suppression Rules:

DOH Small Numbers Publishing Guidelines allow for case-by-case exceptions in certain circumstances, so that the public may receive information when public concern is elevated and/or protective actions are warranted. Two examples of such situations are:

- In a cluster investigation, intense public interest often combines with very small numbers of cases. In order to be responsive to the community and allay fear, the Data Recipient may decide it is important to make an exception to the small numbers publishing standard while still protecting privacy.
- Similarly, in a public health emergency such as a communicable disease outbreak or other all-hazards incident, case counts may be released when the numbers are very small. This should be done in the context of an imminent public health threat, such as

person to person spread of disease, where immediate action is indicated to protect public health.

When releasing small numbers to the public in the context of the above exceptions, DOH recommends limiting the amount of information shared in order to protect the identity of the person(s) involved. In these cases, DOH recommends reporting only the person's gender, decade of age, and county of residence. For minors, ages should be reported as <18.

For further guidance, please refer to Appendix F for DOH Agency Standards and Guidelines for Working with Small Numbers. This document contains recommendations and best practices for protecting the privacy of Washington residents when presenting data to the public.

APPENDIX E

RHINO DATA LIMITATIONS AND BEST PRACTICES FOR DATA USE

Appendix E includes guidance regarding the limitations of the dataset and recommends best practices for the use of these data. This dataset is unique, as it is rapid, minimally processed and cleaned, and always preliminary. Due to these factors, the limitations must be well understood, and the data must be handled appropriately.

Data etiquette:

- Before releasing data originating from another jurisdiction, contact the jurisdiction to obtain approval for data release, invite collaboration, and to ensure that you have interpreted the data correctly.

Limitations of the data:

- Data drop-outs are common: Data are frequently missing for brief (1-2 days) and sometimes longer timeframes (weeks to months).
- Data are highly variable:
 - Across facilities, electronic health record vendors, healthcare organizations, and facility types (e.g., ambulatory, ED, inpatient). Differences may include data format, value sets used, variables included, and quality of data reported.
 - Over time. New facilities come online and drop off over time, and occasionally facilities do not report data for a span of days to weeks. Trends may be affected by changes in systems used to track records, facility workflow, business processes, or policies. In addition, electronic health record updates/modifications may impact data. We are often not informed of these changes or their effects.
- Data are always preliminary.
 - Data are updated over time as information becomes available. There is no way to tell when a visit record is “complete”. Most records are complete within 1-2 weeks of the visit date, but some records may have updates months later.

Best practices:

- It is critical for all users to have a thorough understanding of the data.
 - Monitor the quality of the data to understand gaps in reporting and changes in reporting over time. Sometimes trends are artifacts of data quality issues, not reflective of the underlying health of the population or healthcare utilization.
 - Consider alternative explanations for any trends you observe. Reach out to colleagues who are familiar working with syndromic surveillance data to understand what limitations you should be aware of when analyzing the data. Ask them if the trends you are observing make sense. Cross-check the trends against other types of data sources when feasible.

- Perform a literature review (published peer-reviewed manuscripts as well as ISDS conference abstracts) to understand contexts in which syndromic surveillance data have (or have not) proven useful. Have others reported success when evaluating the condition(s) you are monitoring? What limitations should you be aware of?
- Consider whether the syndrome definition you are using is calibrated optimally for the question you are trying to answer (i.e., do you need a sensitive or specific definition), and evaluate several different definitions to understand impact of changing the definition on the results. In addition, evaluate options for validating the syndrome definitions you've selected by comparing syndromic data with a gold standard (e.g., chart review, coded diagnoses, other data sources).
- Know which facilities are included in your data, and when they started reporting to the system.
- Look for data drop-offs and changes in healthcare utilization. Find out when facilities that are included in your data set switched to a new EMR. Determine how you will account for missing data, and how you will account for secular trends (day-of-week effects, seasonal trends, etc.).
- Get to know the pattern of reporting (e.g., how soon are complete data available for the previous 24 hours? Do facilities report on the weekend? Are some data delayed?) so you know whether you are working with incomplete or complete data. Also, understanding that certain data elements may be delayed (e.g., diagnoses) will help you understand the patterns you see.
- Understand the types of facilities (e.g., ED, inpatient, outpatient, ambulatory).
- Know the format of diagnoses (e.g., ICD9? ICD10? Single? Multiple? Primary? Secondary? Do diagnoses reflect current visit info, or do they also pull from the patients' histories?).
- Know the format of chief complaint (e.g., single term, standardized or free-text with potential for lots of variability, patient's own words vs. clinician evaluation vs. front desk staff entry).
- Know what optional data elements are included and may be of potential value (e.g., triage notes, clinical impression) and the completeness of data elements of interest.
- Check your data again!
 - Once you know your data, you can establish a routine of checking your data for any unexpected changes in the data.
 - Examine the data for all-visit counts by facility, and within each facility for completeness of reporting by age, sex, chief complaints, etc.
- Use both counts and percentages.
 - When building a query, check data counts to make sure they are at the magnitude expected (e.g., has there been a change in total visit counts? Are

certain facilities missing when you query for a certain syndrome? Do changes in visit counts reflect when facilities started reporting or dropped out? How do counts vary by age group or other factors?). Then, review trends using percentages which normalize data.

- Respect existing relationships that have been forged with data providers, or establish and maintain relationships if they do not already exist.
 - If you need to follow up on trends or data quality concerns, contact the lead(s) who have established relationships with the data providers. If no such relationships exist, create those connections.
 - Work towards identifying and understanding data anomalies (e.g., changes in business practices or hospital policies) by reaching out to the data providers. This will help you understand and investigate trends in your data and allow you to follow up on specific records of interest more quickly. In addition, this shows the facilities that we are using their data and how valuable it is to us!
- View this dataset as a tool in the toolbox rather than a stand-alone
 - Syndromic data is not curated or cleaned. It is made available as it is created/received. As a result, it can be noisy and occasionally lead to inaccurate conclusions. There are misspellings, data entry errors, and missing data. Where syndromic data can be helpful is:
 - generating hypotheses
 - strengthening information gathered from other sources
 - investigating rumors

It is not typically recommended that policies, public health interventions, or press releases be based SOLELY on syndromic data.

APPENDIX F

DRAFT DOH AGENCY STANDARDS AND GUIDELINES FOR WORKING WITH SMALL NUMBERS

Revision Date: Draft May 23, 2017

Primary Contact: Cathy Wasserman, PhD, MPH, State Epidemiologist for Non-Infectious Conditions

Secondary Contact: Eric Ossiander, PhD

[Summary DOH Data Presentation for the Public – Small Number Standard](#)

[Summary DOH Data Presentation for the Public – Reliability Recommendation](#)

[Summary Graphic](#)

[What is new, and how does this affect public health assessment?](#)

[Scope of the "Standards and Guidelines for Working with Small Numbers"](#)

[Why are small numbers a concern in public health assessment?](#)

[What constitutes a breach of confidentiality?](#)

[Why do we question the reliability of statistics based on small numbers?](#)

[Why do we have guidelines and standards?](#)

[Guidelines for Working with Small Numbers](#)

[General Considerations](#)

[Assessing Confidentiality Issues](#)

[Know the identifiers](#)

[Examine numerator size for each cell](#)

[Consider the proportion of the population sampled](#)

[Consider the nature of the information](#)

[How to Reduce Risk of Confidentiality Breach](#)

[General approach](#)

[Aggregation](#)

[Cell](#)

[Omission of stratification variables](#)

[Group identification](#)

[Exceptions to the suppression rule](#)

[Additional Concerns](#)

[Recommendations to Protect Confidentiality](#)

[Assessing and Addressing Statistical Issues](#)

[Relative standard error](#)

[Increase numerator size for rare events](#)

[Include confidence intervals](#)

[Bias from a known undercount](#)

[Recommendations to Address Statistical Issues](#)

[Glossary](#)

[Resources](#)

[Relevant Policies, Laws and Regulations](#)

[Appendix 1: Detailed example of disclosure risk](#)

[Appendix 2: Washington Tracking Network rule-based use of suppression and aggregation](#)

Summary DOH Data Presentation for the Public – Small Numbers Standard

This document presents standards for the presentation of data to the public. These standards are designed to protect the confidentiality of personal data and the privacy of Washington residents.

These standards require DOH staff who are preparing data for public presentation to:

1. When possible, aggregate data so that the need for suppression is minimal.
2. Suppress all non-zero counts which are less than ten, unless they are in a category labeled “unknown.”
3. Suppress rates or proportions derived from those suppressed counts.
4. Assure that suppressed cells cannot be recalculated through subtraction, by using secondary suppression as necessary.
5. Survey data
 - a. Surveys in which 80% or more of the eligible population is surveyed should be treated as above (i.e., as non-survey data).
 - b. Surveys in which less than 80% of the eligible population is surveyed:
 - i. If the respondents are equally weighted, then survey estimates based on fewer than 10 respondents should be “top-coded” (estimates of less than 5% or greater than 95% should be presented as 0-5% or 95-100%).
 - ii. If the respondents are unequally weighted, so that cell sample sizes cannot be directly calculated from the weighted survey estimates, then there is no suppression requirement for the weighted survey estimates.

[Department of Health Agency Standards for Reporting Data with Small Numbers](#)

Exceptions Summary

These standards are minimum requirements which are expected to be followed when releasing confidential data to the public, with limited exceptions. DOH programs may choose more stringent rules as program-specific standard practice, but they may not use less stringent rules.

With approval from the Office of the Health Officer, case-by-case exceptions to the suppression rule can be made, so that the public may receive information when public concern is elevated and/or protective actions are warranted. (see “[Exceptions to the suppression rule](#)” below).

Summary DOH Data Presentation for the Public – Reliability Recommendation

Include a “flag” indicating rate instability when the Relative Standard Error (RSE) of the rate or proportion is greater than or equal to 25%.

These standards are concisely represented in this [diagram](#).

Purpose

The Assessment Operations Group in the Washington State Department of Health (department) develops guidelines related to data collection, analysis and use in order to promote good professional practice among staff involved in assessment activities within the department and in local health jurisdictions in Washington. While the guidelines are intended for audiences of differing levels of training, they assume a basic knowledge of epidemiology and biostatistics. They are not intended to recreate basic texts and other sources of information; rather, they focus on issues commonly

encountered in public health practice and, where applicable, refer to issues unique to Washington State.

What is new and how does this affect public health assessment?

The department has recently adopted standards for presentation of static and interactive query-based tabular data. The standards are designed to address privacy concerns and represent minimum requirements. We also discuss statistical accuracy and how that is affected by small numbers. We make recommendations about how staff can address statistical reliability, but implementation is left to programs.

Scope of the “Standards and Guidelines for Working with Small Numbers”

The department and local health jurisdictions routinely make aggregated health and related data available to the public. Historically, these data were presented as static tables. Over the past decade, however, interactive Web-based data query systems allowing public users to build their own tables have become more common. The standards and guidelines apply to releases of aggregated population-based and survey data available to the public. These releases include both static data tables and graphics, such as charts and maps, as well as tables and graphics produced through interactive query systems.

The department and local health jurisdictions also release files containing record-level data. These standards and guidelines do not apply to release of record-level data. Release of record-level data is governed by federal and state disclosure laws, which can be specific to a dataset, and by Institutional Review Boards if the data are used for research. We will develop a guideline on generating public use data files with record-level data, but do not have an estimated date for when it will be completed.

Why are small numbers a concern in public health assessment?

Public health policy decisions are fueled by information, which is often in the form of statistical data. Questions concerning health outcomes and related health behaviors and environmental factors often are studied within small subgroups of a population, because many activities to improve health affect relatively small populations which are at the highest risk of developing adverse health outcomes. Additionally, continuing improvements in the performance and availability of computing resources, including geographic information systems, and the need to better understand the relationships among environment, behavior and health have led to increased demand for information about small populations. These demands are often at odds with the need to protect privacy and confidentiality. Small numbers also raise statistical issues concerning the accuracy, and thus usefulness, of the data.

Why do we have a new standard?

Our adoption of a standard requiring the suppression of cells reporting between 1 and 9 events is primarily based on the example of the federal Centers for Disease Control & Prevention (CDC) National Center for Health Statistics (NCHS), which now requires that all data originating from NCHS that is released by CDC (such as in tables produced by online query systems WISQARS <http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html> and WONDER <<http://wonder.cdc.gov/>>) can only be released after suppression of counts which are less than 10. They adopted this standard in 2011 after finding that a previous rule of suppressing cell counts

between 1 and 4 failed to prevent disclosure of an individual's information. The DOH standard allows release of tabular data where the count is zero, on the basis that a count of no events in the cell is unlikely to be a threat to confidentiality.

It is impossible to absolutely guarantee against disclosure risk in data release, because it is impossible to know how much outside information is available to the data user. Data users may have information from personal knowledge of people in the population from which the data were drawn, from searching for information on the Internet, or from other tables of the same data released by different agencies, or by the same agency at a different time.

Here we illustrate disclosure risk with an example from birth data. These are real Washington state data, but we have changed the county names and ZIP Codes to prevent disclosure of sensitive data.

ZIP Code 47863 overlaps Bush and Clinton counties. In 2005, there were 82 births to mothers whose resident ZIP Code was 47863; 81 of those mothers lived in Clinton county, and 1 lived in Bush county. For the sake of this example, we pretend that no other ZIP Codes overlap Bush and Clinton counties. Let's say that one agency has provided, or posted on the Internet, a table that shows the number of prior pregnancies for birth mothers by resident ZIP Code, and another agency has provided or posted the same data by county of residence. By adding up the figures for all ZIP Codes in Clinton County, including 47863, a data user could ascertain that there was only 1 birth to a mother who lived in Bush County in ZIP Code 47863. If the data user happened to know this woman (say, as a neighbor), then the data user would know the number of her prior pregnancies. We can guard against this type of disclosure by suppressing some cells. In 2005, some of the ZIP Codes in Clinton County had fewer than 10 births, and a rule requiring suppression of those numbers would make it harder for the data user to figure out how many births were in the overlap area. A detailed explanation of the effects of suppressing counts of 1-4 or 1-9 is provided below.

In practice, we cannot anticipate or analyze all of the data tables that will be released. We cannot guarantee either that a rule requiring only the suppression of counts between 1 and 4 will lead to disclosure of sensitive data, or that a rule requiring suppression of counts between 1 and 9 will prevent it. However, it is clear that the 1-9 rule will make disclosure substantially less likely.

What constitutes a breach of confidentiality?

A breach of confidentiality occurs when analysts release information in a way that allows an individual to be identified and reveals confidential information about that person (that is, information which the person has provided in a relationship of trust, with the expectation that it will not be divulged in an identifiable form). In data tables, a breach of confidentiality can occur if knowing which category a person falls in on one margin (i.e. row or column) of the table allows a table reader to ascertain which category the person falls in on the other margin. The following guidelines describe situations that present high risk for a breach of confidentiality and suggestions on how to reduce this risk. In addition to these guidelines, analysts should be familiar with relevant federal and Washington State laws and regulations and department policies. (See [Relevant Policies, Laws and Regulations.](#)) [Federal and state laws and regulations and department policies](#) supersede guidance provided in this document.

Why do we question the reliability of statistics based on small numbers?

Estimates based on a random sample of a population are subject to sampling variability. Rates and percentages based on full population counts are also subject to random variation. (See [Guidelines for Using Confidence Intervals for Public Health Assessment](#) for a short discussion of variability in population-based data.) The random variation may be substantial when the measure, such as a rate or percentage, has a small number of events in the numerator or a small denominator. Typically, rates based on large numbers provide stable estimates of the true, underlying rate. Conversely, rates based on small numbers may fluctuate dramatically from year to year, or differ considerably from one small place to another, even when differences are not meaningful. Meaningful analysis of differences in rates between geographic areas or over time requires that the random variation in rates be quantified; this is especially important when rates or percentages are based on small numerators or denominators.

Why do we have guidelines and standards?

The department has a policy governing the release of confidential information, Policy 17.0006. This policy incorporates these standards for data reporting. Protecting confidentiality starts with understanding the considerations that have gone into developing the standards, which are discussed below. There is no way to completely (100%) guarantee privacy when presenting tabular data. A user might possess external information, including information published in the news media, which may be used in such a way to result in loss of privacy. Therefore, analysts should be aware of these considerations and approaches so they can minimize the risk of a breach of confidentiality despite adhering to the minimum standards. For example, the program may adopt more stringent rules as program-specific standard practice. If the program needs to request an exception to the agency standard, the issues described below should be carefully considered and addressed in the exception request.

Guidelines for Working with Small Numbers

General Considerations

These standards and guidelines address both confidentiality and statistical issues in working with small numbers. In some data systems, such as the AIDS registry, the entire database is considered confidential. In other systems, such as the birth certificate system, many but not all data items are confidential. In yet other systems, none of the items are confidential, such as most records in the death certificate system. Survey data often contain confidential information and may also contain information that could be used to identify an individual (e.g., there might be small numbers of individuals with a particular visible characteristic in a small geographical area). A first step in using these guidelines is to determine if the datasets you are working with contain confidential or potentially identifiable information. If so, the following section on protecting confidentiality is relevant. Otherwise, you need only concern yourself with the statistical issues section.

Assessing Confidentiality Issues

With population-based data, most problems with confidentiality occur when the population from which the events arise (i.e., denominator) is small, but the number of events (i.e., numerator) might also be important. For example, if there are 5,000 individuals in a specific age-race-sex group in a single county, the likelihood of identifying a single individual from data in a published table is quite small. In smaller populations, it is more likely that an individual might be identifiable. However, even in larger

populations, it is conceivable that a single individual might be identifiable, if there are only one or two individuals with some special characteristic. For example, in a modest sized community, it may be commonly known that there is only one child who is frequently hospitalized, and a table showing that this community has one case of pediatric HIV-AIDS could unintentionally allow knowledgeable residents to infer the child's illness. Similarly, if a unique individual, such as one of the parents of the frequently hospitalized child described above, were drawn into a survey, knowledgeable residents might infer the illness of the child from survey data indicating one child with HIV-AIDS in that community. Thus, the same cautions for population data generally apply to survey data as well.

Know the identifiers. Data analysts should assess each field in the dataset to determine whether it is a "direct identifier" or an "indirect identifier". These terms are admittedly somewhat imprecise... Direct identifiers which uniquely identify a person are never released in tabular aggregate data. The federal HIPAA Privacy Rule (section 164.514(e)) defines direct identifiers as:

- Name
- Street name or street address or post office box
- Telephone and fax numbers
- Email address
- Social security number
- Certificate/license numbers
- Vehicle identifiers and serial numbers
- URLs and IP addresses
- Full-face photos and other comparable images
- Medical record numbers, health plan beneficiary numbers, and other account numbers
- Device identifiers and serial numbers
- Biometric identifiers, including finger and voice prints

Indirect identifiers are fields which, when combined with other information, can be used to uniquely identify a person. Examples include:

- Detailed demographic information (e.g., age, gender, race, ethnicity)
- Detailed geographic information (e.g., census tract of residence, 5-digit ZIP code)
- Hospital name or location
- Detailed employment information (e.g., occupational title)
- Exact date of event (e.g., birth, death, hospital discharge)

WAC 246-455, defines direct and indirect identifiers for Comprehensive Hospital Abstract Reporting System (CHARS) data. In this case, direct identifiers includes:

- Patient first name
- Patient middle name(s)
- Patient last name
- Social security number
- Patient control number or medical record number
- Patient zip code + 4 digits
- Dates that include day, month and year
- Admission and discharge dates in combination

This new rule defines indirect identifiers as information that may identify a patient when combined with other information. Indirect identifiers includes:

- Hospital or provider identifiers
- 5-digit ZIP code
- County, state and country of residence
- Dates that include month and year
- Admission and discharge hour
- Secondary diagnosis, procedure, present on admission, external cause of injury, and payer codes
- Age in years
- Race and ethnicity

Datasets can be linked using only indirect identifiers (Hammill and colleagues, 2009; Pasquali and colleagues, 2010; Lawson and colleagues, 2013). Although aggregate data presented in tabular format is unlikely to be used in this fashion, analysts should examine each field for the potential of use to identify a person.

Examine numerator size for each cell. Data analysts should consider the number of events in each cell of a table to be released (i.e., the numerator for a calculation of a rate or proportion). There is no single national standard for determining when small numerators might lead to breaches of confidentiality. In fact, disclosing that there has been one case of a disease in a state or county might not breach confidentiality if no other detail is given. Small numerators are of increasing concern for confidentiality if there are also small numbers of individuals with the reported characteristic(s) in the population. If the characteristic is observable (e.g., distinctive physical characteristics) or the participants in the survey are known, risk for identification may be further increased. For data tables, the [2004 NCHS Staff Manual on Confidentiality](#) requires:

- No single cells containing all observations of a row or column.
- At least five observations for a row or column total in a cross-tabulation.
- At least five observations total.

Since May 2011, the CDC interactive query system, WONDER, has suppressed birth and death data if there are not at least 10 observations (WONDER 2012). Other groups at CDC use different criteria. For example, the Environmental Public Health Tracking Network currently suppresses rates based on non-zero counts less than six.

The department standards require suppression when the number of cases or events in a cell is less than 10, due to the likelihood of a possible breach of confidentiality. A count of no events in the cell is unlikely to be a threat to confidentiality unless it provides meaningful information about the remaining 100% of participants, but a count of one to nine events may be a threat to confidentiality. A data analyst may choose a higher threshold, if other information indicates a greater likelihood of a possible breach of confidentiality in a specific situation.

Consider the proportion of the population sampled. For survey data, the potential for breaches of confidentiality decreases as the proportion of the population in the sample decreases. Surveys that include 80% or more of the eligible population should be treated in the same way as non-survey data. Surveys of facilities or surveys conducted within facilities, such as schools, sometimes fall into this category. If the survey includes less than 80% of the eligible population, and if the identity of the

respondents is kept private, then the risk of disclosing identifying information is far lower than for non-survey data, particularly if weighted survey estimates are presented, instead of respondent cell sizes.

Consider the nature of the information. The federal Office of Management and Budget (OMB) *Checklist on Disclosure Potential of Proposed Data Releases* identifies examples of variables that are visible and, therefore, pose increased risk of disclosure. Examples include income and related variables such as property value and rent or mortgage payments; unusual occupation; unusual health condition; very old age; and race or ethnicity. Physical characteristics such as obesity are also visible and might increase risk of individual identification.

How to Reduce the Risk of a Confidentiality Breach

General Approach. The general approach to privacy protection involves what has been termed "computational disclosure control," which includes both aggregation of data values in the dataset before analysis, and cell suppression in a table after analysis (Sweeney 1997). Web-based query systems, such as that developed by the Washington Tracking Network (WTN), aggregate data using rule-based static and dynamic parameter control in order to minimize suppression. Appendix 1 outlines the aggregation rules used by the WTN to protect confidentiality.

Aggregation. Aggregation of data values is appropriate for fields with large numbers of values, such as dates, diagnoses and geographic areas; it is the primary method used to create tables with no small numbers as denominators or numerators. Granularity refers to the degree of detail or precision in data, or the fineness with which data fields are subdivided. The following table shows examples.

		Granularity: Aggregation		
Field	Type	<i>Fine</i>	<i>Medium</i>	<i>Coarse</i>
Age	Continuous	Year of birth	5-year age group	10-year age group
Date of occurrence	Continuous	Month	Year	Multiple years combined
Diagnosis	Nominal	Complete ICD code	Three-digit ICD	"Selected cause" Tabulation
Geography	Ordinal (spatial)	Zip code, census tract	County	State

In addition to considering each field on its own, aggregation should consider each field in combination with others. When numbers are large, data are commonly disaggregated across multiple fields, resulting in release of multiple data tables. However, when numbers are small, protecting confidentiality often requires limiting the number of fields which are disaggregated simultaneously, resulting in release of fewer data tables. When numbers are tiny, tables may be limited to those where only one field is disaggregated at a time.

Cell suppression. When it is not possible, or desirable, to create a table with no small numbers, then cell suppression is used. "Primary" cell suppression is used to withhold data in the cell that fails to meet the threshold, followed by secondary (also termed "complementary") suppression of three other cells in order to avoid inadvertent disclosure through subtraction. Secondary cell suppression is a method of last resort, due to the often unavoidable side-effect of suppressing releasable data values, and due to the amount of labor necessary to implement the method. The following table shows an example of secondary suppression. In this example, even if all the cells except for the cell in the upper left (0–34 Black) meet the threshold for release, data in three additional cells need to be suppressed to prevent the ability for back-calculating the suppressed cell.

Age	Black	White	Other	Total
0–34	Suppress	30	Suppress	60
35–64	Suppress	60	Suppress	150
65+	70	90	80	240
Total	120	180	150	450

If the value of the information in all cells is not the same, data analysts should suppress cells that provide less useful information. In the previous table, “other” includes a diversity of racial groups and such aggregation is usually not meaningful for addressing public health problems in Washington State. In the same table, suppressing information for the two youngest age groups might be best, if the condition is one that primarily affects older individuals. Alternatively, if the goal of the table is to provide data for targeting prevention to middle-aged people, complementary suppression of data for the youngest and oldest age groups might be preferable. The software program tau-ARGUS uses mathematical algorithms to perform secondary suppression in a way that assures that the suppressed data cannot be uncovered by back calculation. However, tau-ARGUS may be difficult to use.

Omission of stratification variables. When neither of these methods (aggregation of data values to create coarser granularity or cell suppression) is satisfactory, the data analyst might want to omit certain fields from analysis entirely. For example, for a department release of asthma data, it was not possible to achieve adequately large cell denominators in annual county-level data showing both age-specific and gender-specific counts and rates. Those publishing the data opted to omit the gender-specific data, and display only tables of age-specific data, on the grounds that no intervention programs targeted groups differently on the basis of gender, but most intervention programs target age groups differently.

Group identification. Data in a table provides information on the probability that someone in a defined group has a given characteristic. The [2004 NCHS Staff Manual on Confidentiality](#) describes this as “probability-based disclosure”. The manual describes the problem as follows:

Data in a table may indicate that members of a given population segment have an 80-percent chance of having a certain characteristic; this would be a probability-based disclosure as opposed to a certainty disclosure of information on given individuals. In a sense, every published table containing data or estimates of descriptors of a specific population group provides probability-based disclosures on members of that group, and only in unusual circumstances could any such disclosure be considered unacceptable. It is possible that a situation could arise in which data intended for publication would reveal that a highly specific group had an extremely high probability of having a given sensitive characteristic; in such a case the probability-based disclosure perhaps should not be published.

Exceptions to the suppression rule. The agency standards allow for case-by-case exceptions, with advance approval from senior management. To request an exception, send an email to both State Epidemiologists with the subject line: Small Numbers Exception Request. In your email, please include:

- Brief description of the health data you are releasing
- Identifiers you are stratifying data by
- Rationale for exception, including why aggregation is not acceptable approach

You will receive a response within one week.

Two examples of situations when an exception would likely be approved are:

- In a cluster investigation, intense public interest often combines with very small numbers of cases. In order to be responsive to the community and allay fear, DOH may decide it is important to make an exception to the standard while still protecting privacy.
- Similarly, in a public health emergency such as a communicable disease outbreak or other all-hazards incident, case counts may be released when the numbers are very small. This should be done in the context of an imminent public health threat, such as person-to-person spread of disease, where immediate action is indicated to protect public health.

When releasing small numbers to the public in the context of the above exceptions, DOH recommends limiting the amount of information shared in order to protect the identity of the person(s) involved. In these cases, DOH recommends reporting only the person's gender, decade of age and county of residence. For minors, ages should be reported as <18

Additional Concerns. The following guidelines can be used to alert data analysts to situations that require particular attention to avoid breaches of confidentiality, when the suppression rules (i.e., the standards) may be seen as inadequate. These situations may occur when:

- Denominators are less than 20,000.
- Counts are less than 20.
- Reporting a specific confidential characteristic of a population if a very high proportion of the population has this characteristic.
- Producing multiple tables from the same dataset; in this case, be careful that users cannot derive confidential information through a process of subtraction.

If data are suppressed, provide an indicator (e.g., asterisk) in the suppressed cell and a legend under the table explaining the reason for suppression.

For example, the department routinely publishes data by county. In 2010, nine counties had populations less than 20,000; three of those had populations less than 20,000 person-years when combining three years of data (i.e., 2009–2011). Even though some counties do not meet a 20,000 threshold, most department programs are comfortable publishing numbers or rates by county when the population denominator is the entire county population. However, programs carefully evaluate the potential for breaches of confidentiality when considering publishing the same data by demographic characteristics, because denominators shrink when considering subpopulations within counties. Depending on the type of data and the types of demographic characteristics, programs might conclude that there is not a risk for a breach of confidentiality and they can safely publish the data. Alternatively, they might conclude there is a risk of inadvertent disclosure and decide not to publish such tables at all or not publish for selected counties.

Assessing and Addressing Statistical Issues

Relative standard error. The relative standard error (RSE) provides a measure of reliability (also termed “statistical stability”) for statistical estimates. When the RSE is large, the estimate is imprecise and we term such rates or proportions “unstable” or “Not Reliable”. In these instances, the data analyst needs to balance issues of the Right-to-Know with presenting data that might be misleading. The standards require annotation: inclusion of a “flag” when the RSE of the rate or proportion is greater than 25%; this rule simplifies to annotation of rates based on counts of 16 or less (see below for implementation issues when calculating proportions). The Not Reliable flag can be displayed by use of

an asterisk or as the designation "(NR)" next to the rate/proportion in a table, and the use of diagonal hatched shading on a map; a legend is necessary for explanation. Inclusion of Confidence Intervals on a chart can satisfy the requirement for annotation with that form of data display.

There is no single national standard for deciding when the RSE is so large that one should not annotate the data. Federal agencies and even units within a single federal agency use different approaches, including use of a RSE-based rule for data suppression. For example, within the Centers for Disease Control and Prevention:

- A 2009 NCHS report suppressed data with RSEs greater than 40% and noted that data with RSEs of 30–40% were unreliable. (Fryar 2009) A 2010 NCHS publication suppressed data when RSEs were greater than 50% and noted that estimates with RSEs of 30–50% were unreliable. (NCHS 2010)
- A 2011 NCHS publication suppressed data based on sample size, but not RSEs. Estimates with RSEs of 30–59% were marked as unreliable. (Bercovitz 2011)
- CDC Environmental Public Health Tracking Network national portal displays all rates that are not suppressed for confidentiality protection. Rates with RSEs of 30% or greater are annotated as unreliable. (NEPHTN 2008)
- The National Program of Cancer Registries suppresses data due to concerns about the statistical stability when the number of events is less than 16, stating that a count of fewer than about 16 results in an RSE of about 25%. (NPCR 2008)

Different programs at the department use different practices based on RSE. Currently, some programs do not publish data when RSEs are greater than 30%. In contrast, the Washington Tracking Network follows standards for the CDC Environmental Public Health Tracking Program and marks data with RSEs greater than 30% as unreliable, but does not suppress data for statistical reasons. A middle ground is to suppress data with RSEs above a given cut point, such as RSEs of 40, 50 or 60% as in the NCHS examples given above, and mark as unreliable data with RSEs between 25% and the cut point. The approach taken by different data analysts might vary depending on the primary audience and purpose of the publication.

The threshold for annotation may be modified by data analysts. For example, when there is increased concern over statistical stability, a public health program may decide that program-specific standard practice will routinely use a RSE of >22%; for Poisson-based rates, this simplifies to annotation of rates based on counts of 20 or less.

Calculation of the RSE. Depending on whether the data follow a Poisson or a Binomial statistical distribution, methods for calculation of the RSE differ.

The Poisson distribution applies whenever rates are calculated. Note that the Poisson-based calculation of RSE does not use the population.

- Notation:
 - A = count of events
 - B = population
 - Rate = A/B
 - SE = Standard Error = $\text{SQRT}((\text{Rate} \times (1 - \text{Rate})) / \text{population})$

- $RSE = \text{Relative Standard Error} = 1/(\text{SQRT}(A))$

A simplified method can be used: any result of a rate calculation where the count of events is less than 17 can be annotated NR, as any rate calculation where the count of events is 16 or less results in a $RSE > 25\%$.

The Binomial distribution applies whenever **proportions** are calculated. This distribution is generally used when the result of a proportion calculation is $> 10\%$. If the result is $< 10\%$, a Poisson distribution is assumed to apply.

- Notation:
 - $A = \text{numerator}$
 - $B = \text{denominator}$
 - $\text{Proportion} = A/B$
 - $SE = \text{Standard Error} = \text{SQRT}((\text{Proportion} * (1 - \text{Proportion})) / B)$
- $RSE = \text{Relative Standard Error} = SE / \text{Proportion}$

The simplified method for NR annotation of proportions, which parallels the Poisson-based method, is accurate for all binomial distributions where the denominators are > 1000 . When the denominator is smaller, more proportions are labeled as NR than would be if the full RSE calculation was used. Thus, the simplified method is conservative: it over-annotates some results as NR, when the numerator and denominator numbers are small.

Increase numerator size for rare events. As the proportion of data suppressed or annotated as unreliable increases, the value of the data table decreases. Increasing the numerator will improve the stability of the estimate and reduce the RSE. Techniques to improve stability within a fixed sample size or population include the following aggregation methods:

- Combining multiple years of data
- Collapsing data categories
- Expanding the geographic area under consideration

Include confidence intervals. We recommend including confidence intervals (CIs) when presenting rates. (See [Guidelines for Using Confidence Intervals for Public Health Assessment](#).) CIs can be displayed on every table, or, optionally, can be displayed only when the user of an online data query system selects a "Display CI" button. When CIs are included on bar charts and line graphs, no NR annotation is needed; however, charts need some visual indication of data precision. A "hover-over pop-up" which uses a small window to separately display the rate/proportion with its CI for each data-point on an online chart is a possible method. On maps, there is no practical method for inclusion of CIs, and use of the NR shading is adequate; in addition, a hover-over pop-up which shows the rate/proportion with its CI for a specific map area can be used.

Bias from a known undercount. The issue of bias differs from the issue of the precision of estimates in that bias is non-random error. When the data analyst is aware that the count of persons or events is

systematically under-ascertained in the data, the data user should be informed by annotating the data. For example, agency studies have shown that hospitalization rates for some border counties are subject to an undercount if the CHARS dataset is used without inclusion of Washington residents hospitalized out-of-state. The WTN metadata explains this in its Caveats section:

Without reciprocal agreements with abutting states, statewide measures and measures for geographic areas (e.g., counties) bordering other states may be underestimated because of health care utilization patterns. The Tracking Network rules currently call for exclusion of hospitalization data obtained from adjacent states, regardless of whether a state has reciprocal agreements with the adjacent states. In eight Washington counties, hospitalization rates are biased due to county residents traveling out-of-state for hospital care. For these counties (Asotin, Clark, Cowlitz, Garfield, Klickitat, Pacific, Skamania, and Wahkiakum), more than 15% of hospitalizations of county residents occur outside of the state. The bias from this undercount is judged to be excessive, and WTN annotates these hospitalization rates with the NR designation.

We recommend annotating the data when the data analyst is aware that the count of persons or events is systematically under-ascertained.

Recommendations to Address Statistical Issues

- Include confidence intervals to show the extent of variation that might occur by chance.
- Consider suppression as a method of last resort when data are so unreliable and imprecise that they cannot be used effectively for planning programs or informing policy decisions. If data are suppressed, provide an indicator (e.g., asterisk) in the suppressed cells and a legend under the table explaining the reason for suppression.

Glossary

Confidential data/information: Information that an individual or establishment has provided in a relationship of trust, with the expectation that it will not be divulged in an identifiable form. The confidentiality of specific data elements or information in individual databases or record systems may be defined by federal or state laws or regulations, or policies or procedures developed for those systems.

Confidentiality breach: An unauthorized release of identifiable or confidential data/information, which may result from a security failure, intentional inappropriate behavior, human error or natural disaster. A breach of confidentiality may or may not result in harm to one or more individuals.

Individually identifiable data/information: Data/information that identifies, or is reasonably likely to be used to identify, an individual or an establishment protected under confidentiality laws. Identifiable data/information may include, but is not limited to, name, address, telephone number, Social Security number and medical record number. Data elements used to identify an individual or protected establishment can vary depending on the geographic location and other variables (e.g., rarity of person's health condition or patient demographics). For purposes of this guideline, "identifiable information" includes [potentially identifiable information](#).

Number of events: The number of persons or events represented in any given cell of tabulated data (e.g., numerator). (See [Guidelines for Using and Developing Rates for Public Health Assessment](#).)

Population or sample size: The total number of persons or events included in the calculation of an event rate (e.g., denominator). (See [Guidelines for Selection of Population Denominators](#))

Potentially identifiable information: Information that does not contain direct identifiers, such as name, address or specific dates, but provides information that could be used in combination with other data to identify individuals.

Rate: A measure of the frequency of an event per population unit. (See [Guidelines for Using and Developing Rates for Public Health Assessment](#).) In these guidelines the terms rate, proportion and percent are interchangeable.

Sensitive personal information: Whereas confidential personal information means information collected about a person that is readily identifiable to that specific individual, sensitive personal information extends beyond that to information which may be inferred about individuals, where that information is associated with some stigma. Examples are certain diseases, health conditions or health practices. The sensitivity of certain personal information may vary between communities.

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Relevant Policies, Laws and Regulations

[Release of Confidential Information: Department Policy 17.006](#) (link accessible to department employees only)

[Medical records—health care information access and disclosure: Chapter 70.02 RCW](#)

[Public records act. Chapter 42.56 RCW](#)

Executive Order on Public Records Privacy Protections: EO 00-03.
(<http://www.digitalarchives.wa.gov/GovernorGregoire/execorders/recpriv/recpriv2.htm>)

Vital records

- Requesting a listing or file of vital records with personal identifiers: [WAC 246-490-030](#)
Requesting vital records information without personal identifiers: [WAC 246-490-020](#)

The following examples, provided by the department data custodians, include the major datasets used for assessment in Washington.

Birth records: [RCW 70.58.055](#) and [WAC 246-491-039](#)

Death records: [RCW 9.02.100](#) and [WAC 246-490-110](#) (deaths related to abortion), [WAC 246-491-039](#) (fetal death records), [RCW 70.24.105](#) (deaths related to HIV-AIDS).

HIV/AIDS and other communicable disease data: [RCW 70.24.105](#) and [WAC 246-101](#).

Hospital discharge data: [RCW 43.70.052](#) and [WAC 246-455](#).

Cancer registry data: [RCW 70.54.250](#) and [WAC 246-102-070](#)

Appendix 1

Detailed example of disclosure risk

Here we illustrate disclosure risk with an example from birth data. These are real Washington state data, but we have changed the county names and ZIP Codes to prevent disclosure of sensitive data.

ZIP Code 47863 overlaps Bush and Clinton counties. In 2005, there were 82 births to mothers whose resident ZIP Code was 47863; 81 of those mothers lived in Clinton county, and 1 lived in Bush county. For the sake of this example, we pretend that no other ZIP Codes overlap Bush and Clinton counties. Let's say that one agency has provided, or posted on the Internet, a table that shows the number of prior pregnancies for birth mothers by resident ZIP Code, and another agency has provided or posted the same data by county of residence. By adding up the figures for all ZIP Codes in Clinton County, including 47863, a data user could ascertain that there was only 1 birth to a mother who lived in Bush County in ZIP Code 47863. If the data user happened to know this woman (say, as a neighbor), then the data user would know the number of her prior pregnancies. We can guard against this type of disclosure by suppressing some cells. In 2005, some of the ZIP Codes in Clinton County had fewer than 10 births, and a rule requiring suppression of those numbers would make it harder for the data user to figure out how many births were in the overlap area. A detailed explanation of the effects of suppressing counts of 1-4 or 1-9 is provided below.

In practice, we cannot anticipate or analyze all of the data tables that will be released. We cannot guarantee either that a rule requiring only the suppression of counts between 1 and 4 will lead to disclosure of sensitive data, or that a rule requiring suppression of counts between 1 and 9 will prevent it. However, it is clear that the 1-9 rule will make disclosure substantially less likely.

First, we have a list of ZIP Codes by county, which shows that one ZIP Code (47863) lies in both Bush and Clinton counties:

Table 1: ZIP Codes by county

Bush	47863
Bush	47864
Bush	47865
Bush	47866
Bush	47867
Bush	47868
Bush	47869
Bush	47870
Bush	47872
Clinton	47863
Clinton	47873
Clinton	47883
Clinton	47884
Clinton	47885
Clinton	47886
Clinton	47887
Clinton	47888
Clinton	47889
Clinton	47890
Clinton	47892

Clinton	47893
Clinton	47894
Clinton	47895
Clinton	47896

Let's say that we have tables showing births by county of residence, and births by resident ZIP Code, and no data is suppressed (Table 2 [column 2] and Table 3). Since the sum of births in ZIP Codes that fall wholly or at least partially in Clinton County (ZIPs 47873-47896 plus ZIP 47863) is 1,422, we can deduce that there is just one birth in those ZIP Codes that is not in Clinton County (because the total for Clinton in Table 3 is 1,421), and therefore just one birth to a Bush County resident living in ZIP Code 47863. In any set of tables lacking any suppression that showed characteristics of births (such as the number of prior pregnancies) by resident ZIP Code and by county of residence, a data user could identify the characteristics of that single birth.

Table 2: Births by ZIP Code

ZIP Code	Births	Births (counts of 1-4 suppressed)	Births (counts of 1-9 suppressed)
47863	82	82	82
47864	1	*	*
47865	3	*	*
47866	34	34	34
47867	1	*	*
47868	2	*	*
47869	7	7	*
47870	398	398	398
47872	3	*	*
47873	148	148	148
47883	14	14	14
47884	596	596	596
47885	150	150	150
47886	43	43	43
47887	1	*	*
47888	3	*	*
47889	8	8	*
47890	9	9	*
47892	11	11	11
47893	2	*	*
47894	25	25	25
47895	229	229	229
47896	101	101	101

Table 3: Births by county of residence

County	Births
Bush	450
Clinton	1421

Now let's say that we have suppressed the data in all cells having a count between 1 and 4 (see column 3 in Table 2). The sum of births in non-suppressed ZIP Codes that fall wholly or at

least partially in Clinton County is 1,416. A data user can see that the counts in the three ZIP Codes which are wholly in Clinton County have been suppressed, and, knowing the suppression rule, can deduce that there were between 1,419 (i.e., the sum of 1,416 and 3, assuming that each suppressed ZIP had one birth) and 1,428 (1,416 plus 12, which assumes that each suppressed ZIP had four births) births in ZIP Codes that fall wholly or at least partially in Clinton County. Since there were 1,421 births to Clinton County residents, the data user can deduce that there were 0 to 7 births to Bush County residents living in ZIP Code 47863.

The 3 Clinton County ZIP Codes in which data were suppressed had 1, 3, and 2 births. Note that if, by happenstance, these ZIP Codes had all had 4 births, then the total number of births in Clinton County would have been 1,427, and this total would have been shown in the births by county table. Then the data user, knowing that there were between 1,419 and 1,428 births in Clinton County ZIP Codes, could deduce that there were 0 or 1 births in Bush County in Zip Code 47863. If the data user knew a Bush-resident mother who lived in ZIP 47863 and gave birth in 2005, then the data user would know that was the only such mother. Additionally, this suppression rule does not suppress counts of 0, so any combination of 0 or 4 births among those 3 ZIP Codes would have allowed the data user to reach that same conclusion.

Now let's say that we have suppressed the data in all cells having a count between 1 and 9 (see fourth column in Table 2). The sum of births in non-suppressed ZIP Codes that fall wholly or at least partially in Clinton County is 1,399. A data user can see that the counts in 5 ZIP Codes in Clinton County have been suppressed, and, knowing the suppression rule, can deduce that there were between 1,404 (i.e., the sum of 1,399 and 5, assuming that each suppressed ZIP had one birth) and 1,444 (1,399 plus 45, which assumes that each suppressed ZIP had nine births) births in ZIP Codes that fall wholly or at least partially in Clinton County. Since there were 1,421 births to Clinton County residents, the data user can deduce that there were 0 to 23 births to Bush County residents living in ZIP Code 47863. An alternative realization of these data that would allow a data user to identify an individual mother as the only mother in Bush County in ZIP Code 47863 would require each of these 5 ZIP Codes to have either 0 or 9 births. This would be far less likely to happen than the scenario above, which only required 3 ZIP Codes to have 0 or 4 births.

Appendix 2

Washington Tracking Network rule-based use of aggregation

The Washington Tracking Network (WTN) has an online data query system which displays data in tables, charts and maps, accessible by the public. In order to avoid automated production of tables where most rows are suppressed due to small numbers, WTN supplements its suppression rules with aggregation rules. The purpose is to aggregate data using static and dynamic parameter control in order to minimize suppression. [Note: dynamic parameter control methods have been implemented in the Washington State Cancer Registry website (<https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>), and on the national Tracking Network portal (<http://ephtracking.cdc.gov/>), but are still in the planning stage for WTN at this time.]

When a health event is relatively rare, application of suppression rules can result in tables with many rows of suppressed data. Users find these tables to be extremely frustrating. Small subpopulations invariably lead to small numbers. Aggregation yields larger numbers, although stratification is needed to focus analysis, so a balance is desirable.

Fields in a dataset are commonly termed “parameters” in the context of data query systems. Parameter control can be achieved through use of static methods (within a parameter) or dynamic methods (between parameters). Dynamic parameter control is also termed “adaptive stratification.” Optimal parameter control includes protocol-driven use of both static and dynamic methods.

With static parameter control, some strata can be blocked by design, limiting tables to those based on greater aggregation. Examples are: displaying only multi-year data, not annual data (temporal aggregation); or, displaying only multi-county data, not county-level data (spatial aggregation). Parameters can also be excluded entirely, as when a dataset field is not relevant to program planning or evaluation. The static parameter control design rules should be reviewed with data stewards and program partners, who may want to make refinements. The key basis for the application of static parameter control design rules is program/planning utility.

The story of the asthma data online query system developed jointly by American Lung Association of Washington (ALAW) and the Washington State Department of Health (department) in the early 2000s is illustrative. The data shared by the department with ALAW for the query system potentially could have contained very tiny numbers, if stratified by age and gender simultaneously. The department proposed to share only one of these fields, but not both. ALAW members and department asthma program staff decided that, because intervention and prevention programs differ by age (there are programs for children and separate programs for adults), but not by sex, they wanted to see age strata in the data tables. The department excluded the gender parameter.

WTN rules for static parameter control start with count-based thresholds for Stratum Exclusion:

Spatial

- if <200 cases/year, then only multi-county regions available (no single county display)
- if <100 cases/year, then only state-level available (no multi-county regions or single county display)

Temporal

- if <400 cases/year, then only 5-year rollup available (no single year or 3-year rollup)
- if <800 cases/year but 400+ cases/year, then only 3-year rollup available (no single year)

From	To	Temporal	Spatial
800	above	Single year	County
400	<800	3-year rollup	County
200	<400	5-year rollup	County
100	<200	5-year rollup	MCR
	<100	5-year rollup	statewide

Consultation with data stewards and program partners has often modified these rules. For example, in order to display annual data, greater spatial aggregation can be used. Once these rules are decided upon, they become static.

With dynamic parameter control, disaggregation is dependent on interactive query choices. In other words, adaptive stratification is interdependent, conditional on whether other parameters are aggregated. With small numbers, we want more aggregation; with larger numbers, we want less aggregation. WTN separates various topic areas in differing levels for adaptive stratification, termed AS Levels.

- With an AS1 (very small numbers), only one stratification parameter is available at a time; for example, if a user selects disaggregation by geography, then the remainder of parameters are fully aggregated.
- With an AS3 (mid-range numbers), three stratification parameters are available at a time; for example, if a user selects disaggregation by geography, time and gender (e.g., annual county-level by gender), then the remainder of parameters are fully aggregated.
- With an AS5 (large numbers), five stratification parameters are available at a time; for example, if a user selects disaggregation by geography, time, age group, gender and race (e.g., annual county-level by age, race and gender), then the remainder of parameters are fully aggregated.

The WTN thresholds for Adaptive Stratification are:

- AS1 = < 100 cases per year statewide
- AS2 = 100-499 cases per year statewide
- AS3 = 500-999 cases per year statewide
- AS4 = 1000-4999 cases per year statewide
- AS5 = 5000-99,999 cases per year statewide
- AS6 = 100,000+ cases per year statewide

This WTN practice is a rule-based protocol. Thresholds between adjacent levels of Adaptive Stratification are independent of topic area (i.e., standardized across all topic areas).

- a) Department update and miscellaneous
- b) **Active Agenda Items:**
 - 1) Possible discussion/decision re: any pending claims against the County
- c) **Action Agenda Items:**
 - 1) Execute Memorandum of Understanding between Walla Walla County and Teamsters Local Union No. 839 Representing Walla Walla County Corrections
- d) Possible executive session re: qualifications of an applicant for employment and/or review performance of a public employee (pursuant to RCW 42.30.110(g)), collective bargaining negotiations (pursuant to RCW 42.30.140(4)(a)(b)), and/or litigation or pending litigation (pursuant to RCW 42.30.110(i))

**MEMORANDUM OF UNDERSTANDING
BETWEEN
WALLA WALLA COUNTY
AND TEAMSTERS LOCAL UNION NO. 839 REPRESENTING WALLA WALLA COUNTY CORRECTIONS**

This Memorandum of Understanding is entered into this ____ day of December 2022, to memorialize agreements reached between Walla Walla County, and the Teamsters Local Union No. 839, representing Walla Walla County Corrections regarding Section 8.1, HOURS OF WORK AND OVERTIME of the agreed upon contract. From January 1, 2023 to March 31, 2023, overtime will be paid out at the rate of two (2) times the regular hourly rate for any excess hours worked.


**WALLA WALLA COUNTY
BOARD OF COUNTY COMMISSIONERS
By:**

Todd Kimball, Chair

(date)

TEAMSTERS UNION 839

By:



Jesus Alvarez Jr., Business Agent

12 / 22 12022

(date)

2:15 PROSECUTING ATTORNEY

Jim Nagle/Jesse Nolte

- a)** Miscellaneous business for the Board
- b)** Possible executive session re: litigation or potential litigation (pursuant to RCW 42.30.110(i))
- c)** Possible action re: pending or potential litigation

2:30 COUNTY COMMISSIONERS

- a) Miscellaneous or unfinished business to come before the Board

- A D J O U R N -

Walla Walla County is ADA compliant. Please contact TTY: (800) 833-6384 or 7-1-1 or the Commissioners' Office at 509/524-2505 three (3) days in advance if you need any language, hearing, or physical accommodation.

Please note that the agenda is tentative only. The Board may add, delete, or postpone items and may take action on an item not on the agenda.