

## Harborview Bond Program Monthly Status Report

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January 2026



**King County**

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## Executive Summary

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

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

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

King County Council Motion 15183<sup>2</sup> called for the establishment of a planning group to identify hospital and community needs, and to make recommendations regarding a capital program. The resulting Harborview Leadership Group (HLG) was comprised of representatives from Harborview administration, the Board of Trustees, UW Medicine, labor partners, the First Hill Improvement Association, the mission population, the King County Council, and the King County Executive Office. The HLG provided a report making recommendations for health and safety improvements at HMC. The recommendations included building a new inpatient tower to increase critical care capacity and meet modern infection control standards, as well as making seismic improvements to older structures on the campus to increase surge capacity, expand flexibility for hospital operations, and save lives in the event of a major earthquake.

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

As part of Bond planning, King County requested that the Bond Program's project management consulting firm, Vanir, review and update the 2019 cost assumptions used to establish the Bond. A significant impact to cost assumptions was the Coronavirus Disease 2019 (COVID-19) global pandemic, and associated impacts on supply chains and workforce. The King County Council passed Ordinance 19583 (Appendix A), which called for the creation of a workgroup to identify a Program Plan for the

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<sup>1</sup> Appendix B – Harborview Medical Center Mission Statement

<sup>2</sup> Appendix N – King County Motion 15183

allocation of voter-approved bond funds within the escalated pricing for health and safety improvements at HMC.<sup>3</sup>

The updated Program Plan was approved by Motion 16435<sup>4</sup>. It has three key components: 1) construction of a new multi-story medical tower; 2) renovation of essential services currently located in older hospital spaces; and 3) expansion of County spaces located in older hospital facilities. The updated Program Plan was determined after considering the operational needs of Harborview and the shared priorities of King County, the Board of Trustees, and UW Medicine.

In November 2025, the King County Council approved the transformation of the Facilities Management Division Bond Program Office into the Harborview Construction and Infrastructure Division (HCID) through Ordinance 20020<sup>5</sup>. The division's work includes coordinating and managing the Harborview Bond Program budget and projects as well as the King County Hospital Property Tax budget and projects.

HCID continues with key elements of the program scope that aligns with the Bond Program's mission. Tasks associated include:

- Collaborating with King County and UW Medicine departments to understand new and modified space needs;
- Updating the request for proposal (RFP) procurement processes and pre-bid work activities needed to accomplish the Bond Program goals;
- Coordinating with the design-builder and subconsultants on building the new tower and related projects;
- Managing the capital improvement project budget and expenditures;
- Coordinating and conducting stakeholder engagement, meetings, and mailings;
- Developing the Bond Program to become a division under King County's Department of Executive Services in 2026 with King County Executive and King County Council approval;
- Identifying key milestones, risks, and realized risks for the Program Plan.

**Updates since last report.** This January 2026 report provides data for November 2025. Four substantive changes are reflected in this document since the December 2025 report with October 2025 data. The changes include:

1. Updated budget actual expenditures for the month of November 2025, identified variances from projected expenditures included in the December 2025 report.
2. Updated tasks for milestones 7 and 9 to reflect completed tasks, and projected tasks through February 2026.
3. Updated status and progress for components in the Capital Improvement Projects section with further details and progress for actions presented in the previous report. This includes updating the draft environmental impact statement (EIS) report with Seattle Department of Construction and Inspections (SDCI) and Implementation Advisory Council (IAC) feedback, completing further

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<sup>3</sup> This report does not use the term "recommended" to describe the Program Plan, as the Council approved the Workgroup's recommended Program Plan via Motion 16435 in October 2023.

<sup>4</sup> Appendix E Motion 16435

<sup>5</sup> Appendix R – Ordinance 20020

geotechnical drilling, and continuing to explore land use codes at the 9<sup>th</sup> and Alder site for parking alternatives 4 and 5.

4. Updated risk register with current program risks as of November 2025.

In addition, this report includes task updates on the November 2025 activities of the Bond Program, including:

- Finalized draft EIS;
- Continued working on administrative work plan development, including onboarding key subconsultants;
- Continued coordinating the validation phase;
- Updated the projected community meetings and events calendar, and
- Provided monthly project updates to HMC's Capital Projects Oversight Committee, Board of Trustees, and the King County Auditor's Office.

## Background

### Department Overview

DES provides internal services to King County agencies and departments, and public-facing services directly to King County residents. The divisions and offices that make up DES include the Business Resource Center, Finance and Business Operations Division, Office of Emergency Management, Facilities Management Division, Fleet Services Division, Inquest Program, King County International Airport-Boeing Field, Office of Risk Management Services, Records and Licensing Services Division, and the Harborview Infrastructure and Construction Division.

### Historical Context

HMC is a 540-licensed-bed hospital owned by King County and operated by UW Medicine through a Hospital Services Agreement between King County and UW.<sup>6</sup> The hospital is overseen by a 13-member Board of Trustees appointed by King County.

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

Harborview is home to a wide range of critical medical and behavioral health services, including state-of-the-art emergency medical services, general medicine and specialty clinics and centers of excellence in burn, neurosciences, ophthalmology, infectious disease, and rehabilitation therapy. Harborview's mission ensures that the following patients and programs are given priority care:<sup>7</sup>

- Persons who are non-English speaking
- Persons who are uninsured or underinsured
- Persons who are poor

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<sup>6</sup> Harborview's licensed number will increase to 540 when the Maleng Single Patient Bed Project is completed. The project will deliver up to 40 new single patient rooms by converting two floors in the Maleng Building into inpatient units. Bond funds are not used for the Maleng Project.

<sup>7</sup> The County-approved mission statement is incorporated into the Hospital Services Agreement via Ordinance 18232.

- Persons who experience domestic violence
- Persons who experience sexual assault
- Persons incarcerated in King County's jails
- Persons with mental illness, particularly those treated involuntarily
- Persons with substance abuse
- Persons with sexually transmitted diseases
- Persons who require specialized emergency care
- Persons who require trauma care
- Persons who require burn care

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

- Behavioral Health: A variety of in and out-patient behavioral health services, including psychiatric emergency services, outpatient clinics, and medication-assisted treatment are provided at the HMC campus. In addition, King County's Superior Court operates the Involuntary Treatment Act (ITA) Court at Harborview.<sup>8</sup>
- Trauma Response: As the only Level I Adult and Pediatric Trauma Center in Washington, HMC provides specialized comprehensive emergency services to patients throughout the region and serves as the disaster preparedness and disaster control hospital for the City of Seattle and King County. It is also the only Level 1 Trauma Center serving a four-state region (Alaska, Idaho, Montana, and Washington).
- International Medicine: HMC is unique in its offering of an International Medicine Clinic, providing primary care and mental health care services to adult refugees and immigrants. Staff speak several languages in addition to English, including Spanish, Amharic, Cantonese, Chao Jo, Mandarin, Hmong, Khmer, Laotian, Mien, Oromo, Somali, Tigrinya, and Vietnamese; interpreter services are also available.
- Emergency Management / Disaster Relief: The medical center is the regional emergency management command center during a natural disaster or major crisis event. The hospital is required to have flexible inpatient beds, operating capacity, and rapid response systems as needed for crisis response.
- Infection and Infectious Disease Control: HMC is at the forefront of containing and combating infectious diseases. Harborview is required to have clinical facilities and isolation room capacity to respond to emergency infectious disease outbreaks.
- King County Clinics and Services: A number of King County's core public health services are located at Harborview, including the Tuberculosis (TB) Clinic, Sexual Health Clinic, the County's Public Health Lab, and the King County Medical Examiner's Office (MEO). The King County Regional Homeless Authority operates a 24/7 homeless shelter at Harborview Hall in partnership with the Salvation Army.

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<sup>8</sup> The ITA Court at HMC handles petitions for court-ordered mental health treatment which is not part of a criminal case.

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

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

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

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

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

*Table 1 – Harborview Facility Improvement Recommendations*

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

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

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

The King County Council, via Ordinance 19117<sup>9</sup>, voted to place Proposition 1 on the November 2020 General Election ballot for consideration by King County voters. The measure sought voter approval of \$1.74 billion in general obligation bond funding over 20 years for health and safety improvements at HMC including: increasing critical health care capacity; updating and expanding infection control capability; and expanding capacity for behavioral health services. On November 3, 2020, more than 76 percent of King County residents once again confirmed their commitment to public health and Harborview through the approval of Proposition 1.

**County Bond Program Launch** - The first two years of the Bond Program work (2021-2022) saw FMD establishing the structures and processes necessary to implement the historic, multi-year Harborview Bond Program. Bond Program start-up activities included:<sup>10</sup>

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

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

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

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<sup>9</sup> Appendix P – Ordinance 19117

<sup>10</sup> For further information, please see the biannual Harborview Bond Program reports transmitted to the King County Council for June 2021, December 2021, June 2022, and December 2022. Please note that these reports are replaced by this monthly report.

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

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

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

The OWG's recommended Program Plan was submitted to the Council on August 1, 2023, with three key components: 1) construction of a new 10-story tower (base tower) with seven finished and three shelled floors;<sup>11</sup> 2) construction of essential services currently located in older hospital spaces requiring renovation; and 3) expansion of County spaces located in older hospital facilities. Data provided by the Vanir team estimates that the components can be built within the \$1.7 billion bond revenue amount. The OWG's recommended Program Plan was determined by the OWG after considering the operational needs of Harborview and the shared priorities of King County, the Board of Trustees, and UW Medicine.

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

**King County Hospital Property Tax – December 2024** – In 2024, the Washington State Legislature expanded property tax authority to support public hospitals, enabling King County to levy a councilmanic property tax to support capital and operating cost of Harborview. The King County Council set the annual tax rate for 2025 at 10 cents per \$1,000 of assessed value, raising \$86.5 million (see Ordinance 19841<sup>12</sup>). Of this amount, \$21 million was allocated to support the Bond Program. The County's 2026-2027 budget sets the 2026 annual tax rate at 15 cents per \$1,000 of assessed value, and this is expected to raise \$275 million over the biennium. Of this amount, \$42 million is restricted for use on the Bond Program (see Ordinance 20023<sup>13</sup>).

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<sup>11</sup> Shelled Floor: An unfinished/non-occupiable floor with basic flooring, windows, and walls. It may also have some basic HVAC, plumbing, and electrical.

<sup>12</sup> Appendix L – Ordinance 19841

<sup>13</sup> Appendix T – Ordinance 20023

## Current Context

### Harborview Construction and Infrastructure Division – November 2025

The Harborview Bond Program will be managed by the Harborview Construction and Infrastructure Division starting in the January 2026 reporting period. Following the King County Executive’s request for code change, King County Council members approved Ordinance 20020 on November 18, 2025, to establish the HCID as a division under the Department of Executive Services at the start of the next fiscal year (January 2026). HCID is funded by the Harborview Bond Program and the King County Hospital Property Tax.

King County Council also approved the development of the Harborview Construction and Infrastructure Administration Fund through Ordinance 20023 as a special revenue fund to receive reimbursements for costs related to Harborview construction and infrastructure capital projects and support increased transparency and tracking of specific operational costs associated with the construction activities.

## Report Methodology

This report was drafted by HCID. Data in the report is for November 2025.

## IV. Report Requirements

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

### 1. Description of the Current Program Scope

This report defines the program scope proposed in the Program Plan that was approved by the King County Council on October 3, 2023.<sup>14</sup> The Program Plan, approved by Motion 16435 (Appendix E), includes the health and safety improvements at Harborview built within the amount of the bond revenues (\$1.74 billion) estimated to be available and as authorized by Ordinance 19117.

**Program Plan Description** - As outlined above, the Program Plan has three components: 1) construction of a new 10-story tower (base tower) with seven finished and three shelled floors; 2) construction of essential services currently located in older hospital spaces requiring renovation, and 3) expansion of County spaces located in older hospital facilities. Integrated within these components are necessary supporting infrastructure such as a new roadway and energy infrastructure.<sup>15</sup> The scope of the Program Plan components are detailed below in Tables 2 and 3.

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

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<sup>14</sup> Outside of describing the recommendation and approval process for the OWG recommendations, this report does not use the term “recommended” to describe the Program Plan, as the Council approved the Workgroup’s recommended Program Plan via Motion 16435.

<sup>15</sup> Infrastructure analysis started in August 2023, and a plan developed in 2024.

New Tower Component	Description of Planned Component	Estimated Square Footage of Completed Component <sup>16</sup>
Seven finished inpatient bed floors	<ul style="list-style-type: none"> <li>Estimated minimum 224 beds</li> <li>32 beds per floor x 7 floors = 224 new beds</li> <li>Usable upon completion</li> </ul>	34,000 sq ft / floor
Three shelled inpatient bed floors	<ul style="list-style-type: none"> <li>Completed, but unfinished floors</li> <li>Floors, windows, walls, some infrastructure (e.g., plumbing and heating, ventilation, air conditioning (HVAC))</li> <li>Will be completed as further funding become available</li> </ul>	34,000 sq ft /floor
12 operating rooms (ORs)	<ul style="list-style-type: none"> <li>Increased ORs</li> <li>Including perioperative support (e.g., post-anesthesia care unit, prep/holding and OR support spaces)</li> </ul>	65,000 sq ft
Expanded single floor emergency department (ED)	<ul style="list-style-type: none"> <li>Expanded ED with increased single-patient treatment rooms and allowing for modern models of emergency care</li> </ul>	87,000 sq ft (includes PES & CSU)
Expanded Behavioral Health Services	<ul style="list-style-type: none"> <li>Psychiatric Emergency Services (PES): renovated &amp; expanded by up to six new single-patient rooms</li> <li>New Crisis Stabilization Unit (CSU): 23-hour observation unit with approximately 18 recliner chairs and single patient quiet rooms</li> </ul>	
Observation Unit	<ul style="list-style-type: none"> <li>For patients requiring less than a 24-hour stay for medical care</li> </ul>	20,000 sq ft

<sup>16</sup> These estimates are based on the data currently available. More detailed space needs calculations and analysis will be developed as part of the Bond program phasing and sequencing, and these numbers may change. Changes will be communicated in this report along with other established meetings and formats, such as the Capital Projects Oversight Committee (CPOC).

New Tower Component	Description of Planned Component	Estimated Square Footage of Completed Component <sup>16</sup>
Right-sized essential services	<ul style="list-style-type: none"> <li>Pharmacy, lab, clinical engineering, environmental services, kitchen</li> </ul>	150,000 sq ft
Parking	<ul style="list-style-type: none"> <li>Minimum 350 replacement parking spots for View Park Garage spots that will be lost to make room for new tower</li> </ul>	160,000 sq ft
Helicopter pads	<ul style="list-style-type: none"> <li>Minimum two pads; potentially a third if feasible</li> </ul>	35,000 sq ft

*Table 3 - Program Plan Component 2: County Space Expansion*

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

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

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

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

City of Seattle Major Institution Master Plan (MIMP)

- The City’s MIMP establishes the zoning rules and requirements for major institutions, such as universities, colleges, and hospitals. Changes to HMC’s adopted MIMP will be made through a prescribed, multi-step process involving the City Department of Neighborhoods (DON), SDCI, the City Hearing Examiner, and the City Council in a process that could take up to two years and potentially longer.<sup>17</sup>
- The County submitted an application in April 2024 for approval from the City of Seattle for a major amendment to Harborview’s MIMP. The Seattle City Council has authority to revise Hearing Examiner decisions and/or attach conditions to HMC’s MIMP amendment, either of which could potentially involve open space, parking, transportation management, building height or other items, which in turn could result in increased costs and impacts to timeline.
- Beginning February 2023, Seattle’s DON has led meetings with a standing IAC to discuss HMC’s facility and campus plans as part of the MIMP amendment process. Once the IAC provided its feedback to DON, the County initiated the MIMP amendment application process. The IAC provided a letter of support for the County’s MIMP application in September 2023. The IAC will be asked to submit another letter of support following the MIMP public comment and public hearing phase led by SDCI, and throughout the development of the EIS is led by HCID.
- FMD started the EIS phase of the MIMP major amendment by developing the EIS scoping notice in March 2025 and publishing the notice for public comment with the MIMP major amendment in April 2025. The following EIS phases will be managed by HCID and include releasing the draft EIS for public comment and publishing the final EIS.

#### Infrastructure Master Plan Projects

- FMD developed a campuswide utility and infrastructure master plan for Harborview’s campus. The infrastructure master plan identified the condition and capacities of the existing campus utility infrastructure to develop strategies to meet the growth in demand anticipated from the bond program components. It also included identifying engineering solutions to enable future growth, including re-routing utilities and systems; providing energy usage improvements, and developing redundancy for mission-critical systems.
- The final infrastructure master plan document is an alternatives analysis that will outline infrastructure redevelopment options for the campus. It reflects the goals of HMC and the County, including resilience; economic, environmental, and social sustainability; reduce reliance on fossil fuels; and will evaluate options for meeting sustainability goals and potentially certification under third-party programs for the new inpatient tower and renovation projects. Notably, identified alternatives and upgrades that fall outside of the scope of the proposed Bond projects may be

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<sup>17</sup> This work is in progress, with the City DON Implementation Advisory Committee meeting since February 2023. Staff work has been ongoing.

designed and developed in future phases. As related projects are completed, the Infrastructure Master Plan will be updated to capture the latest findings.

- The Infrastructure Master Plan contract was awarded to the OAC Services team that started evaluating and rating the existing buildings and systems in August 2023. The team completed the plan by 1Q 2024.
- FMD completed further infrastructure master plan work in January 2025 with Seattle Public Utilities and Seattle City Light in identifying challenges and opportunities for infrastructure plans at HMC.
- FMD identified alignment between the Harborview campus plant and King County district energy exploration efforts and released an RFI in May 2025 to help shape future related request for qualifications (RFQs) and RFPs. In July of 2025, FMD completed a review of the RFI responses and started studying system options. FMD and HCID continue to explore the district energy plant possibilities by developing a draft project feasibility report scheduled for completion in December 2025.

#### Space Programming

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

The process includes learning about department needs, and using tools to provide space, equipment, and furniture needed for the department to function efficiently. Departments consider items such as service-level projections, industry standards, operating needs, storage, adjacencies, and other spacing needs in their projected outlook.

- King County, HMC, Harborview-located departments, and various consultants are involved in space programming. This work will influence concurrent projects, such as the Infrastructure Master Plan and information will be used to inform the procurement documents, such as the new tower RFP.
- King County and Harborview paused blocking and stacking workshops until the onboarding of the design-builder for project alignment. When future workshops resume, space programming information will be gathered about department needs, location requirements, and general floor layouts across the Harborview campus.

#### Parking

- Parking is severely constrained at HMC, and current demand far exceeds existing capacity. The planned construction of the new tower will result in the demolition of View Park 1 garage, eliminating a minimum of 340 stalls. The impact could increase to 800 stalls during construction due to access and structural dependencies with the adjacent View Park 2 garage. To mitigate the parking

shortage, HCID is evaluating multiple capital construction options to increase parking capacity on the campus.

- HMC has implemented business changes that encourage staff to use public transit or carpool, discourage use of campus garages by members of the public who are not visiting the hospital, and initiated supplemental parking off-site for staff.
- HCID and HMC have established a parking oversight group to supervise the feasibility analysis of potential sites for a new or expanded parking structure(s). The goal is to provide the best parking alternatives that address both immediate needs and long-term growth, while balancing the complex challenges of construction, community impacts, and financial feasibility.
- In April 2025, FMD drafted a parking alternatives analysis that identified five potential parking sites for consideration. Since then, the parking workgroup has drafted multiple predesign reports (e.g., Boren garage and 9<sup>th</sup> and Alder alternatives) outlined the needs for a 9th and Alder parking alternatives study, produced a parking status report in June 2025 that narrowed potential parking alternative options to three sites, and provided a parking alternatives analysis report to the King County Council in September 2025<sup>18</sup>. HCID is continuing the study of alternatives to support parking needs on the HMC campus.

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

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

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

*Table 4 - OWG Program Plan Milestones*

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<sup>18</sup> Harborview Medical Center Parking Alternatives Analysis – Ordinance 19956, Section 65, Proviso 2 [\[LINK\]](#)

Milestone <sup>19</sup>	Estimated Completion Timeframe
1. MIMP Major Amendment: file notice of Intent (NOI) to apply for Major Amendment to the City of Seattle <sup>20</sup>	Completed December 2023*
2. Submit MIMP major amendment application to the City of Seattle	Completed April 2024
3. Issue new tower RFQ	Completed September 2024
4. Issue new tower RFP	Completed January 2025
5. Selection of design-builder	Completed July 2025
6. Notice to proceed	Completed July 2025
7. City of Seattle MIMP submission process: (DON, SDCI, Hearing Examiner, and City Council)	2Q 2026*
8. Receive City permitting approval for land use	3Q 2026*
9. Design, construction, and permitting	4Q 2028*
10. Occupy new tower	4Q 2031*
11. Renovation of essential services outside of the new tower	TBD
12. Renovation of County hospital spaces	TBD
13. Closeout	4Q 2032

**3. Status and Progress for Each Component Capital Improvement Projects**

**Component 1 – New Tower**

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

*Table 5 - Project Component Activities for November 2025*

Item	Activities Update	Objective
MIMP Major Amendment	<p>HCID responded to SDCI and IAC comments by the deadline of November 21, 2025. IAC members developed a letter of approval for the draft EIS and submitted it to City of Seattle officials on November 5, 2025.</p> <p>The draft EIS will project if or how the new tower construction could change the neighborhood’s</p>	<p>Achieve City of Seattle approval of a major amendment to the MIMP.</p> <p>The MIMP will outline a number of actions, some of which have environmental impacts. The EIS will show the impacts of those actions and the alternatives considered by King County in the development of the MIMP major amendment application.</p>

<sup>19</sup> As noted in the report transmitted to the Council on August 1, 2023, this schedule is predicated on working with the City of Seattle to expedite its MIMP and permitting processes, particularly items denoted with \* in Table 4.

<sup>20</sup> NOI follows the IAC recommendations submitted in September (3Q) resulting in the plan for a 4Q NOI submittal to the City of Seattle

Item	Activities Update	Objective
	<p>environment (e.g., soil, air quality, and water) and identify mitigation options.</p> <p>Also, bi-weekly regular legal review meetings continue with organization by HCID to review documents, confirm regulatory processing tasks, and meet milestones, such as the MIMP major amendment, EIS, and State Environmental Policy Act updates.</p> <p>Next steps include:</p> <ul style="list-style-type: none"> <li>• Releasing the draft EIS for public comment on December 11, 2025;</li> <li>• Developing and publishing the final EIS in 2026;</li> <li>• Reviewing and approving the MIMP major amendment by the City of Seattle Hearing Examiner*;</li> <li>• Holding hearings and legislation by Seattle City Council*.</li> </ul> <p>*The estimated completion dates are predicated on working with the City of Seattle to expedite the MIMP major amendment and EIS processes.</p>	
<p>Infrastructure Master Plan</p>	<p>Contractor Haley and Aldrich continued geotechnical boring work to study the soil and collect geological samples to support the construction of the new tower and loop road at three sites between the I-5 retaining wall and HMC.</p> <p>Next steps include:</p> <ul style="list-style-type: none"> <li>• Planning the next phase of geotechnical drilling for the new tower.</li> </ul>	<p>Analyze campuswide internal and external systems (e.g., electricity, gas, and steam), informing energy options to meet the hospital’s growing needs.</p>

Item	Activities Update	Objective
	<ul style="list-style-type: none"> <li>Developing a feasibility report by December 2025 for a possible district energy plant that could provide power to HMC.</li> </ul>	
Design-Build Contract	<p>HCID continued coordinating the validation phase by engaging Bond Program user groups to define current and future needs, scope, and further validation phase elements.</p> <p>User group engagement included detailed programming meetings with clinical staff to identify the preliminary space requirements for the emergency department, surgery (operating rooms), inpatient rooms (both intensive care and acute care), imaging, central processing, and interventional services. The design-build team will use the information gathered at these meetings to develop an initial space program. These meetings will continue in December 2025.</p> <p>The design-builder identified work zones on the north and west parts of the Harborview campus for critical make ready infrastructure projects and introduced the latest team additions in civil and structural engineering. Work also included starting the analysis of turn arounds, access drives, electrical vaults under West Hospital, and the overall civil/structural footprint of the proposed new inpatient medical tower.</p>	Validate program scope, schedule, and budget.

Item	Activities Update	Objective
Campus Master Plan Coordination (formerly Space Programming)	Next steps include HCID coordinating campus master plan with design-builder phase one plans through 1Q 2026. HCID expects coordination between the campus master plan and the design-builder to be ongoing throughout the design phase.	Align Bond Program projects with campus master plan efforts.
Parking	<p>HCID continued exploring land use codes, and site use for 9th and Alder through above-grade parking alternatives 4 and 5. The design-builder continues to develop a comparative study of these alternatives. HCID determined alternative 3 will not meet the hospital’s needs due to significant cost and long-term planning requirements, making it unsuitable for meeting the immediate operational needs of the site.</p> <p>This work follows the latest parking milestones that include exploration of parking alternatives 1 and 2 (below and above ground parking, respectively) at the 9<sup>th</sup> and Alder site through July 2025, and completion of the Boren Garage study in June 2025 and expanded 9<sup>th</sup> and Alder Predesign Report in August 2025. FMD also provided a parking alternatives analysis report in September 2025 that included HMC’s parking initiatives to reduce staff and public, non-patient, utilization of parking on campus. These efforts are addressing the existing parking shortage and will reduce the future need for on-campus parking and may provide insight into initiatives to manage parking during Bond Program construction.</p>	Identify and provide parking alternatives in recognition of the significant parking constraints that exist at HMC and the expected exacerbation by new tower construction.

Item	Activities Update	Objective
	<p>Next steps include:</p> <ul style="list-style-type: none"> <li>• Scoping the design of a parking garage at the Ninth and Alder location within the King County Council appropriation.</li> <li>• Negotiating change orders for the design with the design-builder.</li> </ul>	
<p>Construction Team Co-Location Workspace</p>	<p>Rolluda, architectural consultant, and Pacific Mobile, modular fabricator, continued site civil design, building engineering, and architectural design. 70 percent of building drawings will be completed by December 15, 2025, for HCID and HMC review.</p> <p>Next steps include:</p> <ul style="list-style-type: none"> <li>• Submitting for design approval by January 19, 2026 to Washington Labor and Industries (WA L&amp;I).</li> <li>• Submitting building plans to SDCI for review by February 6, 2026.</li> <li>• Anticipating a determination from WA L&amp;I within 12-16 weeks.</li> <li>• Determining viability of project by HCID leadership in January 2026.</li> <li>• If the project moves forward, HCID anticipates site work beginning in May 2026 with construction substantially complete by November of 2026, and anticipated owner move in by January 2027.</li> </ul>	<p>Build a collaborative workspace that co-locates Bond Program team members from HCID, UW Medicine, the design-builder, and owner’s advisor to accomplish the Bond Program goals.</p>

Item	Activities Update	Objective
Procurement	<p>HCID finalized and released an RFP for program management and owner advisor services for the Harborview Bond Program in November 2025, due to the Vanir contract expiring on April 30, 2026. The RFP will focus on the next phase of the Bond Program’s owner-advisor work.</p> <p>Next steps include closing RFP submittals in January 2026.</p>	Seek the owner advisor to support or manage individual projects and subprojects of the Bond Program.
Property Coordination	<p>HCID continued property use coordination with the Washington State Department of Transportation (WSDOT), and further property sites needed to complete the OWG Program Plan milestones and support construction teams.</p> <p>Geotechnical engineers continued to analyze soil samples obtained from drilling operations on the WSDOT property, and monitor groundwater levels at selected drilling locations with water monitoring wells installed. This work will extend into 1Q 2026. HCID met twice with WSDOT engineering staff to begin reviewing historical documents related to the I-5 construction.</p>	Secure use of the property required for the completion of projects under the Bond Program

**4. Budgetary Update**

Ordinance 19583 calls for “updates on the budget including expenditures to date and remaining budget for each component capital improvement project, budget and expenditures.”<sup>21</sup> Table 6 below provides the required information along with projections for upcoming months.

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<sup>21</sup> Appendix A - Ordinance 19583 lines 142-143

As acknowledged in the initial monthly report (September 2023), due to the timing of the availability of the County's final monthly financial data and the timeline for the completion of this report for transmittal to the Council, financial data in this report is for two months prior. To provide more relevant financial information to the Council, this report also includes projected expenditure data for the upcoming two months, and variance information between projected and actual months. This report provides November 2025 actuals, variance to November 2025 projected in the December 2025 report, and projected budgets for December 2025 and January 2026.

The 2020 voter-approved bonds are expected to provide \$1.74 billion in revenue. As shown in Table 6, \$241 million of expenditure authority has been granted. This is in addition to the \$21 million allocated to the Bond Program in the future from the hospital property tax levy. Total program expenditure through November is \$87,427,190 with less than 6 percent of total revenues expended.

HCID has identified that Milestone 8 - City permitting will provide detailed financial information with support from the new tower RFP-selected design-build contractor.

With the approval of Ordinances 20020 and 19583, HCID must provide a budgetary update for the County Hospital Capital Fund, detailing the use of the hospital tax revenue, to ensure transparency of funds used to support extended safety, infrastructure, and health improvement projects at HMC.

**Key Updates for January 2026 Report** - The December 2025 report projected \$2,439,669 in expenditures for the November 2025 reporting period. The actual expenditures in November 2025 are \$2,523,345. The variance is attributed to actual payments made for project management and contracts.

Table 6 - November 2025 Expenditures and Projected Financial Data for HMC Capital Bond Program 2020 Prop 1 (Fund 3750)

Fund 3750 Harborview Medical Center Capital Program 2020						
November 2025 Data						
Harborview Project Plan Component	Adopted 2023-2024 Budget <sup>22</sup>	November 2025 Actual Expenditures	November 2025 Projected	November 2025 Variance <sup>23</sup>	December 2025 Projected	January 2026 Projected
New Tower	195,126,120	2,523,345	2,439,669	83,676	2,542,911	2,448,654
Existing Space Renovations	35,169,985	0	0	0	0	0
Other Costs	10,600,000	0	0	0	0	0
	<b>240,896,105</b>	<b>2,523,345</b>	<b>2,439,669</b>	<b>83,676</b>	<b>2,542,911</b>	<b>2,448,654</b>
Total Bond Authority		1,740,000,000				
Remaining Bond Authority		1,499,103,895				

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

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

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

<sup>22</sup> Budget Adopted Ordinance:

- Ordinance No. 19293=\$22,539,969\_6/17/2021
- Ordinance No. 19546=\$44,800,000\_11/29/2022
- Ordinance No. 19790=\$52,065,500\_7/26/2024 (9<sup>th</sup> and Alder property acquisition merged under New Tower)
- Ordinance No. 19861=\$121,490,636\_12/2/2024

<sup>23</sup> The December 2025 report projected \$2,439,669 in expenditures for the October 2025 reporting period. The actual expenditures in November 2025 are \$2,523,345. The variance is attributed to project management and contracts actual payment differences.

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

**Key Updates for January 2026 Report** – The task list below has been updated to reflect completed August 2025 tasks, including further tasks not previously reported. New or updated tasks are shown in italics. FMD completed Milestone 1: MIMP Major Amendment: Application to the City of Seattle in 4Q 2023 as projected, Milestone 2: Submit MIMP major amendment application in 2Q 2024, and Milestone 3: Issue new tower request RFQ in 3Q 2024, Milestone 4: Issue new tower request for proposals (RFP) in 1Q 2025, Milestone 5: Selection of design-builder, and Milestone 6: Issue notice to proceed. HCID aligned and updated the milestone reporting outlook with the major milestones identified and added in the project schedule.

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

**Milestone 2: Submit MIMP major amendment application Completed April 2024**

**Milestone 3: Issue new tower RFQ Completed September 2024**

**Milestone 4: Issue new tower RFPs Completed January 2025**

**Milestone 5: Selection of design-builder Completed July 2025**

**Milestone 6 – Notice to proceed Completed July 2025**

**Milestone 7: City of Seattle MIMP submission process (DON, SDCI, Hearing Examiner, City Council) Tasks completed through November 2025 include:**

- Finalized draft EIS.

Projected December 2025 Tasks:

- Publish draft EIS and monitor public comments on draft EIS and MIMP major amendment.

Projected January 2026 Tasks:

- Close public comment period on draft EIS.

**Milestone 8 – City permitting approval for land use**

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

**Milestone 9 – Design, construction, and permitting**

Tasks completed through November 2025 include:

- Continued working on administrative work plan development, including onboarding key subconsultants; and
- Continued coordinating the validation phase.

Projected December 2025 Tasks:

- Continue working on administrative work plan development, including onboarding key subconsultants; and
- Continue coordinating the validation phase.

Projected January 2026 Tasks:

- Coordinate Infrastructure Master Plan with design-builder plans;
- Complete development of administrative work plan with design-builder;
- Continue coordinating the validation phase; and
- Start schematic design.

**Milestone 10 - Occupy new tower**

- Milestone 10 is dependent on the completion of key tasks in previous milestones.

**Milestone 11 – Renovation of essential services outside of the new tower**

- Milestone 11 is dependent on the completion of key tasks in previous milestones, except Milestone 10.

**Milestone 12 – Renovation of County spaces**

- Milestone 12 is dependent on the completion of key tasks in previous milestones, except Milestones 10 and 11.

**Milestone 13 – Closeout**

- Milestone 13 is dependent on the completion of all previous milestones.

**6. A Description of Stakeholder Engagement and Public Communications Including Appearances on Agendas at Regional Meetings and Mailings**

HCID conducts outreach and engagement around the Bond Program and attended two events in November 2025. HCID is identifying future presentation opportunities and community events to attend in 2025 and 2026 as well as meetings to schedule with community organizational leaders.

*Table 8 – Bond Program Outreach and Engagement*

<b>November 2025</b>	<b>Event Description</b>	<b>Event Purpose</b>
North Puget Sound Contracting Conference	Annual conference that connects businesses, government agencies, and	The Conference connects government, prime contractors, and subcontractors in the North Puget Sound area,

November 2025	Event Description	Event Purpose
	contractors for networking and contracting opportunities.	showcases organizations, and provides insights from industry forecasts. The event also provided the design-builder the opportunity to raise awareness about the Bond Program, subcontractor opportunities, and workshops supporting subcontractors to bid on Bond Program work through the design-builder.
Office of Minority and/or Women Owned Business Entity (OMWBE) Certification Workshop	OMWBE Certification Workshop for HCID to support subconsultants.	An opportunity for small firms to learn about the OMWBE office, available tools and resources, and how to become certified as an MWBE and registered to bid on King County contracts.

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

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

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

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

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

This information is used to determine budget and schedule contingencies, communicate with sponsors and stakeholders, and inform decision-making. A common tool used to monitor risk is a risk register, which lists each risk, the associated probability and impact, risk ownership, and mitigation plan. Risks may be active, closed, or realized (i.e., point at which the risk will be managed as an issue). Risk registers

are typically developed by the project team and should be updated at regular intervals or as further risks emerge or are realized. A narrative of the risk register will be included in future reports.

FMD began developing the risk register in August 2023 by identifying project risks. The risk register is managed by HCID, updated weekly, and included in this report as shown on the next page in Table 8. Subsequent reports will include updates to the risk register detailing risk categories, measurements, and mitigation planning. This will also identify high-risk items that may have significant impacts on the scope, schedule, and budget.

Table 9 – Risk Identification

Program Risk Register  
Rev 11/26/25  
Revision in RED

Harborview Bond Program Risks  
Planning Phase

Risk Assessment Definitions					
Scope	Schedule Impact	Probability	Urgency	Cost	
High (3)	significant	> 2 years	> 70%	< 3 mos/critical	> 5%
Medium (2)	minor	8 mos - 2 years	30-70%	3 - 12 months	1 - 5%
Low (1)	negligible	< 6 months	< 30%	12+ months	< 1%

Risk Rating	WH	14-18
High	H	12-13
Medium	M	10-12
Low	L	7-9
Very Low	VL	6

Risk Strategies				
Avoid				
Transfer				
Mitigate				
Accept				

RISK IDENTIFICATION					RISK (QUALITATIVE)					RESPONSIBLE			RISK MITIGATION			RISK (QUANTITATIVE)					RISK UPDATE									
ID	Risk Title	Risk Type	Risk Closed or Realized	Risk Description	Scope	Schedule	Probability	Urgency	Cost	Risk Rating	Responsible	Risk Strategy	Risk Mitigation Plan	Actions Taken	Cost (C)	Time, Days (T)	Probability (P)	Cost Impact (C x P)	Schedule Impact (T x P)	Scope	Schedule	Probability	Urgency	Cost	Risk Rating					
<b>PROGRAM MAJOR RISKS</b>																														
1	Seattle City Council Approval of the Major Institutions Master Plan (MIMP) Major Amendment	Entitlements		If the MIMP with ES acceptance by Seattle Dept of Construction and Inspection (SDCI) and Implementation Advisory Committee (IAC), and Approval from the Seattle City Council are delayed, permits will be delayed, and therefore construction will be delayed.						15	KC	Mitigate	Maintain high-level communication with SDCI and IAC. Ensure MIMP and ES are well developed. Develop coordinated and timely KC/HMC responses to the SDCI/IAC comments. The final ES are scheduled to be completed in June of 2026 with the Seattle City Council Review & Approval scheduled to be completed by Feb 2027.	Draft ES for SDCI & IAC uploaded 9-25-25. Preliminary Draft ES SDCI/SDOT/IAC review complete with comments provided to KC/HMC. Comment responses by OA completed by 11/21. HMC comment responses completed by 12/4. KC to consolidate and respond formally to SDCI/SDOT/IAC. Public Comment period to follow.																
2	Insufficient Parking	Programming		If the parking plan during and after the construction activities cannot be defined, the overall HMC operations will be impacted (i.e. staff, patients, and visitors) for current and future needs.						15	KC / HMC	Mitigate	Parking alternatives are in development and to include off-site parking and shuttle options.	Meeting on 5/24 to gain consensus on zoning code and analyze options (zoning code compliance improvements and development parking spaces). EIT has provided direction to PWT to further develop scope for New Tower Parking and 2 options for the Parking Structure on 9th and Alder. SDCI/SDOT and IAC Comments of MIMP with ES include considerations for Parking. Funding sources for the 9th/Alder site development design/construction are to be confirmed/covered by EIT.																
3	Infrastructure (Support Utilities)	Infrastructure		Insufficient planning for utility infrastructure including wet and dry utilities will result in utility conflicts, limited infrastructure resiliency, insufficient resource supply to support the critical HMC operations, and influence the Haul/Loop Road design and development of the New Tower i.e. proposed ED operations/access therefore impact the WSDOT Lease. Utility (GPU and WSDOT) research has been after the Road design has been shared with WSDOT for lease discussions therefore preliminary research is incomplete therefore the concept design is incomplete. WSDOT owns a SD crossing the proposed Haul Road/Loop Road alignment within the WSDOT ROW. Inadequate planning for energy supply (i.e. steam) distribution for the HMC Campus, will lead to insufficient energy supply, inefficient energy usage, provide unsustainable assets, limit operational efficiency, and provoke high future costs.							15	KC / HMC / DB	Mitigate	Infrastructure planning on-going including confirming existing utility information. DB is required to on-board the appropriate SMEs to support the infrastructure planning. Current planning to define and align the HMC Campus Master Plan, Infrastructure Master Plan, and Utility District Master Plan is on-going. The planning to include how the infrastructure and utilities will be developed (i.e. phased approach alongside the HMC development namely New Tower and 9th/Alder), operated (Owner/Provider relationships) and planned costs (i.e. capital costs and continuous operational costs).	The DB is currently on-boarding the appropriate SMEs to complete the infrastructure planning/programming. Utility research (i.e. SL/SD on-going. Preliminary engineering programming is on-going. Requirements for additional grant funding are in review to confirm feasible allocation. Contract strategy with DB to be confirmed.															
4	Increase in Program Costs	Programming		If the CWSG actual costs are higher than the planned costs, the budget constraints will limit the ability to deliver the previously CWSG approved planned improvements. If fund scope cannot be delivered with the approved Bond funding, additional funding will need to be secured.							14	KC / HMC	Accept	Prepare for anticipated cost escalations, define cost escalations and prioritize scope elements (fixed vs. negotiable scope).	Program scope development is on-going. Preliminary estimates have been adjusted to Q3 2025 and is in review by EIT. An EIT Work Session has occurred to validate cost estimate with DWG scope.															
5	Development of the HMC Campus Master Plan/Space Planning (New Tower)	Programming		If the Campus Master Plan/Space Planning is not defined to accommodate the new construction, existing critical operations will be impacted, and the HMC needs will not be met and continue to operate over capacity. If Campus Master Plan Strategies are to be defined by HMC for shared spaces for the New Tower space planning (i.e. UW Med rest accommodations, equipment storage, pharmacy (global vs. satellite) and equivalent family accommodations), there will be shared operational conflicts within HMC. Without confirmation that WSDOT ROW Lease will be secured, space planning for the New Tower will be impacted (i.e. ED. Additionally there is an increased demand for ED square footage vs. DWG with 3 shell floors must be maintained. If the ED demand and shell floor space is not provided the future New Tower operations will be limited. Reported concerns from CDE Liaisons that there are not sufficient support for large visitor responses, therefore equitable care for the diverse communities will not be provided. SDCI Stormwater Code to be in effect July 2026, therefore the design will need to be forecasted with the new Code.							13	HMC / DB	Mitigate	Define HMC Campus Master Plan/Space Planning considering shared space with UW Med, WSDOT ROW lease rejection, maintaining 3 shell floors, provide space for large diverse visitor response, and "empty chair space."	Rick-Off 7/2025. HMC Campus Master Plan options development on-going. Per Schedule HMC Campus Master Plan to be delivered in Nov/Dec 2026. Workshops to define the current and future 2040 needs are on-going (i.e. ED, Imaging, and Radiology). Additional Campus Master Plan Strategies are to be defined by HMC for shared spaces for the New Tower space planning (i.e. UW Med rest accommodations, equipment storage, pharmacy (global vs. satellite) and equivalent family accommodations. Space planning is on-going for considering shared space with UW Med (rest accommodations, equipment storage, pharmacy global vs satellite), equivalent family accommodations, WSDOT ROW lease rejection, maintaining 3 shell floors, provide space for large diverse visitor response, and "empty chair space. Kati (HMC) has suggested that Starbucks within the Ground Floor Lobby.															





## V. Conclusion

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

Subsequent reports will update the information in this document.

## VI. Appendices

### Appendix A – Ordinance 19583



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

### **Signature Report**

### **Ordinance 19583**

**Proposed No. 2023-0097.2**

**Sponsors Upthegrove**

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

5 STATEMENT OF FACTS:

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

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

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

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

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

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

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

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

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

56 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

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

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

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

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

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

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

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

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

98 a. a member selected by the King County executive;

99 b. a member selected by the King County council;

100 c. a member selected by the Harborview board of trustees, and

101 d. a member selected by UW Medicine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

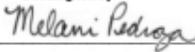
Ordinance 19583 was introduced on 2/23/2023 and passed by the Metropolitan King County Council on 3/21/2023, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

DocuSigned by:  
  
E76CE01F07B14EF...  
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:  
  
8DE1B8375AD3422...  
Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_ day of 3/30/2023, \_\_\_\_.

DocuSigned by:  
  
4FBCAB8198AE4C6...  
Dow Constantine, County Executive

**Attachments:** None

### **Harborview Medical Center Mission Statement**

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

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

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

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

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

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

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

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

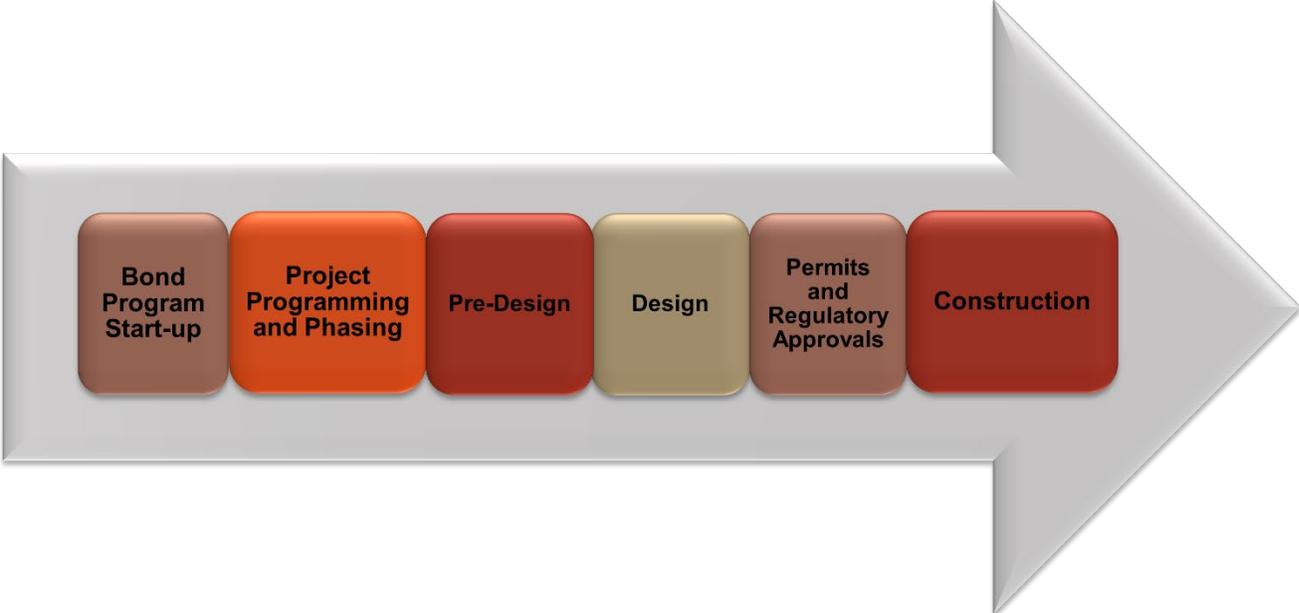
Harborview Master Plan  
Seattle, WA  
Cost Study

Project # 22-01222  
03/07/23

**Updated Bond Project Cost Modeling**

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

Appendix D – Phases of Construction





**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**Motion 16435**

**Proposed No. 2023-0278.1**

**Sponsors Kohl-Welles and McDermott**

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

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

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

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

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

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

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

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

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

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

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

Motion 16435

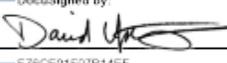
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- 40 and Safety Improvements, which is Attachment A to this motion and is as required by  
41 Ordinance 19583, is hereby approved.

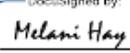
Motion 16435 was introduced on 8/15/2023 and passed by the Metropolitan King County Council on 10/3/2023, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

DocuSigned by:  
  
E76CE01F07B14EF  
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:  
  
8DE1BB375AD3422  
Melani Hay, Clerk of the Council

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

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



Date: September 21, 2023

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

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

Dear Sean,

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

**Overall project background:**

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

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

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

**Major Amendment Proposal #1: Expansion of Major Institution Boundary**

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

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

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

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

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

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

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

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

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

#### **Major Amendment Proposal #4: Open Space**

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

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

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

**Major Amendment Proposal #5: Traffic Impacts & Traffic Mitigation**

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

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

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

Harborview IAC Members include:

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

Sincerely,



Jackson Taylor, Chairperson  
Harborview Implementation Advisory Committee

## PROGRESSIVE DESIGN-BUILD (PDB)

Alternative Contracting Procedure

March 28, 2024



### ADVANTAGES OF PDB

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





**KING COUNTY**  
**Signature Report**  
**Ordinance 19790**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2024-0117.1

**Sponsors** Zahilay

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

8 **PREAMBLE:**

9 On November 3, 2020, county voters passed Proposition 1 with an  
10 approving vote of 76.38 percent, authorizing the issuance of series of  
11 unlimited tax general obligation bonds to finance a substantial capital  
12 improvement program to complete public health, safety and seismic  
13 improvements to Harborview Medical Center facilities.  
14 The county has issued two series of bonds to date to finance costs of  
15 public health, safety and seismic improvements to Harborview Medical  
16 Center facilities, which are deemed by Ordinance 19117 to include  
17 mitigation costs and other costs incurred in connection with the  
18 improvements.

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

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

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

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

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

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

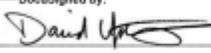
37            SECTION 4. Attachment A to this ordinance hereby amends Attachment A to

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

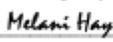
Ordinance 19790 was introduced on 4/23/2024 and passed by the Metropolitan King County Council on 7/16/2024, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

DocuSigned by:  
  
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Dave Upthegrove, Chair

ATTEST:

DocuSigned by:  
  
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Melani Hay, Clerk of the Council

APPROVED this \_\_\_\_ day of 7/26/2024, \_\_\_\_\_.

DocuSigned by:  
  
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Dow Constantine, County Executive

**Attachments:** A. General Government Capital Improvement Program

## 9<sup>th</sup> and Alder Property Update

### Background

In August 2024<sup>24</sup>, King County Facilities Management Division acquired a 1.6-acre land parcel immediately adjacent to the HMC campus at the corner of 9<sup>th</sup> Avenue and Alder Street in Seattle. The property provides King County and HMC an opportunity to expand the Harborview campus to meet the region’s growing demands for physical and behavioral health care. The property is also strategically located to provide needed construction staging and parking space to support the upcoming construction of a new medical tower under the Harborview Bond Program. The site is within the Yesler Terrace Master Planned Community, and the County’s planned use for the property is permitted under the land use code for this zone. In May 2024, the County was awarded a \$5 million behavioral health grant from the Washington State Department of Commerce to begin project programming, siting, and pre-design work. The initial programming and pre-design work informed the project’s estimated cost. Further funding will be needed for full design and construction on the property.

### Scope

Due to the estimated costs of a behavioral health facility, FMD started exploring alternative uses for the 9<sup>th</sup> and Alder property in the near term. HCID is continuing this work. The long-term goal remains to build an innovative, accessible, and sustainable medical facility integrating behavioral health services with related primary care functions and providing space for further programming spaces to address the forecasted growth in hospital programs and services.

### November 2025 Status Overview

- HCID continued exploring land use codes, site use, and parking alternatives for 9<sup>th</sup> and Alder. The use of the 9<sup>th</sup> and Alder site for interim parking will help alleviate the anticipated parking shortage that will result from the construction of the new inpatient medical tower due to the demolition of View Park 1 garage. HCID also began developing the scope of work parameters for the design of a medical office building and parking structure at 9<sup>th</sup> and Alder.

---

<sup>24</sup> Appendix H – Ordinance 19790

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



STATE OF WASHINGTON  
OFFICE OF GOVERNOR JAY INSLEE

### EXECUTIVE ORDER 21-02

#### ARCHAEOLOGICAL AND CULTURAL RESOURCES

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

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

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

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

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

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

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

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

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

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

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





**KING COUNTY**  
**Signature Report**  
**Ordinance 19861**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2024-0299.3

**Sponsors** Zahilay

1 AN ORDINANCE that adopts the 2025 Annual Budget and  
2 makes appropriations for the operation of county agencies  
3 and departments and capital improvements for the fiscal  
4 year beginning January 1, 2025, and ending December 31,  
5 2025; and establishing an effective date.

6 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

7 SECTION 1. The 2025 Annual Budget is adopted and, subject to the provisions  
8 hereinafter set forth and the several amounts hereinafter specified or so much thereof as  
9 shall be sufficient to accomplish the purposes designated, appropriations are hereby  
10 authorized to be distributed for salaries, wages and other expenses of the various agencies  
11 and departments of King County, for capital improvements and for other specified  
12 purposes for the fiscal year beginning January 1, 2025, and ending December 31, 2025,  
13 out of the funds of the county hereinafter named and set forth in the following sections.

14 SECTION 2. The fund appropriations are sums to cover merit pay and labor  
15 settlements. The county executive is authorized to distribute the required portions of  
16 these moneys among the affected positions in each operating fund beginning January 1,  
17 2025.

18 SECTION 3. Notwithstanding sections 1 and 2 of this ordinance, section 130 of  
19 this ordinance takes effect ten days after the executive's approval of this ordinance, as  
20 provided in the King County Charter.

1540 lessons within the geographic subarea where ST3 expansion will impact classes and care  
1541 for children.

1542 The executive should electronically file the memorandum by March 31, 2025,  
1543 with the clerk of the council, who shall retain an electronic copy and provide an  
1544 electronic copy to all councilmembers, the council chief of staff, and the lead staff for the  
1545 committee of the whole or its successor.

1546 SECTION 100. KING COUNTY FLOOD CONTROL CONTRACT - From the  
1547 flood control operating contract fund there is hereby appropriated to:

1548 King County flood control contract \$142,782,000

1549 The maximum number of FTEs for King County flood control contract shall be: 31.0

1550 SECTION 101. DEPARTMENT OF NATURAL RESOURCES AND PARKS

1551 ADMINISTRATION - From the department of natural resources and parks

1552 administration fund there is hereby appropriated to:

1553 Department of natural resources and parks administration \$12,090,000

1554 The maximum number of FTEs for department of natural resources and parks

1555 administration shall be: 30.0

1556 SECTION 102. COUNTY HOSPITAL LEVY - From the county hospital levy

1557 fund there is hereby appropriated to:

1558 County hospital levy \$86,500,000

1559 ER1 EXPENDITURE RESTRICTION:

1560 Of this appropriation, \$19,000,000 shall be expended or encumbered to support

1561 Harborview Medical Center for major maintenance, or repair and replacement, capital

1562 projects. This amount should not be expended or encumbered until University of

1563 Washington Medicine provides input to the executive on a capital spending plan to  
1564 ensure effective alignment with hospital operations.

1565 ER2 EXPENDITURE RESTRICTION:

1566 Of this appropriation, \$21,000,000 shall be expended or encumbered solely to  
1567 support the Harborview Medical Center 2020 Proposition 1 capital program. This  
1568 amount should not be expended or encumbered until University of Washington Medicine  
1569 provides input to the executive on a capital spending plan to ensure effective alignment  
1570 with hospital operations.

1571 ER3 EXPENDITURE RESTRICTION:

1572 Of this appropriation, \$46,000,000 shall be expended or encumbered solely to  
1573 support Harborview Medical Center operations and may only be expended or  
1574 encumbered after: (1) University of Washington Medicine has informed the Harborview  
1575 Medical Center board of trustees, as part of the board's budget process for fiscal year  
1576 2026, of the spending plan for the \$46,000,000; (2) the board has approved the spending  
1577 plan; and (3) the council has passed a motion acknowledging receipt of the board-  
1578 approved spending plan and releasing this restriction. Harborview Medical Center  
1579 operates on a fiscal year cycle, with the 2026 fiscal year beginning on July 1, 2025.

1580 ER4 EXPENDITURE RESTRICTION:

1581 Of this appropriation, \$250,000 shall be expended or encumbered solely to  
1582 support 1.0 FTE in the office of the executive and for consulting services related to  
1583 monitoring of the hospital services agreement and the expenditure of the tax levy  
1584 proceeds authorized by RCW 36.62.090.

1585 ER5 EXPENDITURE RESTRICTION:

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Ordinance 19861

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2424	3611	WATER QUALITY CONSTRUCTION	\$359,207,901
2425	3641	PUBLIC TRANSPORTATION INFRASTRUCTURE CAPITAL	\$670,234,148
2426	3642	TRANSIT REVENUE FLEET CAPITAL	\$8,163,849
2427	3673	CRITICAL AREAS MITIGATION	\$17,881,000
2428	3681	REAL ESTATE EXCISE TAX, NUMBER 1	\$6,244,807
2429	3682	REAL ESTATE EXCISE TAX, NUMBER 2	\$6,591,386
2430	3691	TRANSFER OF DEVELOPMENT RIGHTS BANK	\$2,136,150
2431	3740	HARBORVIEW MEDICAL CENTER CAPITAL PROGRAM 2020	
2432		PROPOSITION 1 OTHER REVENUE SOURCES	\$5,000,000
2433	3750	HARBORVIEW MEDICAL CENTER CAPITAL PROGRAM 2020	
2434		PROPOSITION 1	\$121,490,636
2435	3760	UNINCORPORATED KING COUNTY CAPITAL	\$5,103,500
2436	3781	DEPARTMENT OF INFORMATION TECHNOLOGY CAPITAL	\$6,953,000
2437	3791	HMC/MEI 2000 PROJECTS	(\$24,750,000)
2438	3810	SOLID WASTE CAPITAL EQUIPMENT RECOVERY	\$6,500,000
2439	3850	RENTON MAINTENANCE FACILITY	\$691,000
2440	3855	COUNTY ROAD MAJOR MAINTENANCE	\$19,412,481
2441	3865	COUNTY ROAD CONSTRUCTION	\$5,090,941
2442	3901	SOLID WASTE CONSTRUCTION	\$10,674,931
2443	3910	LANDFILL RESERVE	\$142,153,966
2444	3951	BUILDING REPAIR AND REPLACEMENT	\$53,725,295
2445		TOTAL CAPITAL IMPROVEMENT PROGRAM	\$1,944,106,263
2446		ER1 EXPENDITURE RESTRICTION:	



**KING COUNTY**  
**Signature Report**  
**Ordinance 19841**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2024-0303.1

**Sponsors** Zahilay

1 AN ORDINANCE establishing the county hospital levy  
2 fund; and adding a new section to K.C.C. chapter 4A.200.

3 STATEMENT OF FACTS:

4 1. The County Hospital Levy is a property tax authorized by Chapter 361,  
5 Laws of Washington 2024, during the 2024 state legislative session that  
6 expanded the eligible uses of a councilmanic property tax in RCW  
7 36.62.090 that had not previously been enacted by King County.

8 2. According to the RCW chapter updated in accordance with Chapter  
9 361, Laws of Washington 2024, the county legislative authority, at the  
10 time of levying general taxes, may levy an additional property tax, not to  
11 exceed twenty cents per thousand dollars of assessed value in any one  
12 year, for the operation, maintenance, and capital expenses of the hospital,  
13 and any outpatient clinics operated by the hospital, and for the payment of  
14 principal and interest on bonds issued for such purposes.

15 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

16 NEW SECTION. SECTION 1. There is hereby added to K.C.C. chapter 4A.200

17 a new section to read as follows:

18 A. There is hereby created the county hospital levy fund.

19 B. The fund shall be a first-tier fund. It is a special revenue fund.

20           C. The director of the office of performance, strategy and budget shall be the  
21 manager of the fund.

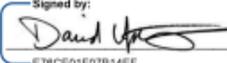
22           D. The fund shall account for the proceeds of the property tax levy authorized by  
23 RCW 36.62.090. The levy proceeds are for the express purpose of the operation,  
24 maintenance, and capital expenses of the hospital, and any outpatient clinics operated by

- 25 the hospital, and for the payment of principal and interest on bonds issued for such
- 26 purposes.

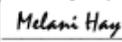
Ordinance 19841 was introduced on 10/1/2024 and passed by the Metropolitan King County Council on 11/12/2024, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

Signed by:  
  
E79CE01F07B14EF...  
Dave Upthegrove, Chair

ATTEST:

DocuSigned by:  
  
8DE19B375AD3422...  
Melani Hay, Clerk of the Council

APPROVED this \_\_\_\_ day of 11/20/2024, \_\_\_\_.

Signed by:  
  
4FBCAB8196AE4C6...  
Dow Constantine, County Executive

Attachments: None

Appendix M – Senate Bill 5949 (2024) - Sec. 1030

1 (2) \$15,427,000 of the appropriation in this section is provided  
2 solely for clean building performance grants for public buildings.

3 (3) \$3,050,000 of the appropriation in this section is provided  
4 solely for the Spokane public facilities district.

5 (4) \$773,000 of the appropriation in this section is provided  
6 solely for Spokane county energy efficiency upgrades.

7 (5) \$750,000 of the appropriation in this section is provided  
8 solely for Tacoma fleet maintenance building decarbonization.

9 (6) This section takes effect January 1, 2025.

10 (7) If the climate commitment account is repealed as of December  
11 30, 2024, then this section is null and void on December 31, 2024.

12 Appropriation:

13	Climate Commitment Account—State. . . . .	\$45,000,000
14	Prior Biennia (Expenditures). . . . .	\$0
15	Future Biennia (Projected Costs). . . . .	\$180,000,000
16	TOTAL. . . . .	\$225,000,000

17 NEW SECTION. **Sec. 1030.** A new section is added to 2023 c 474  
18 (uncodified) to read as follows:

19 **FOR THE DEPARTMENT OF COMMERCE**

20 Harborview (91002471)

21 The appropriation in this section is subject to the following  
22 conditions and limitations:

23 The appropriation in this section is provided solely for a grant  
24 to King county for the implementation of projects listed in the 2020  
25 Harborview bond initiative and variations thereof, including  
26 expansion of those projects. The appropriation provided must be used  
27 for predesign, siting, and design costs related to a new behavioral  
28 health services building, and predevelopment costs for a Pioneer  
29 Square behavioral health services clinic. The county must submit any  
30 predesign to the appropriate legislative committees by February 1,  
31 2025.

32 Appropriation:

33	State Building Construction Account—State. . . . .	\$5,000,000
34	Prior Biennia (Expenditures). . . . .	\$0
35	Future Biennia (Projected Costs). . . . .	\$0
36	TOTAL. . . . .	\$5,000,000



**KING COUNTY**  
**Signature Report**  
**July 24, 2018**  
**Motion 15183**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2018-0319.2

**Sponsors** Dembowski

1           A MOTION creating a planning process for a potential  
2           bond to support capital improvement at Harborview  
3           Medical Center.

4           WHEREAS, The Harborview Medical Center was founded in 1877 as a six-bed  
5 county hospital in South Seattle, and

6           WHEREAS, the hospital relocated to its current location in 1931, and

7           WHEREAS, the hospital now has four hundred and thirteen beds, seven primary  
8 care clinics and forty-nine other specialty clinics, and

9           WHEREAS, the hospital provides over sixty thousand emergency visits and more  
10 than a quarter million clinic visits each year, and

11           WHEREAS, the hospital is maintained as a public hospital to provide healthcare  
12 to those groups of patients and programs that are determined to require priority treatment,  
13 and

14           WHEREAS, the hospital is owned by King County, overseen by the Harborview  
15 Medical Center Board of Trustees and operated by the University of Washington, and

16           WHEREAS, the hospital is the only level one adult and pediatric trauma center  
17 serving the states of Washington, Alaska, Montana and Idaho, and the hospital provides  
18 specialized comprehensive emergency services to patients and serves as the disaster  
19 preparedness and control hospital for Seattle and King County, and

20 WHEREAS, the voters of King County have supported the hospital with a  
21 number of bond measures over the years, most recently in the year 2000 with a \$243  
22 million bond, and

23 WHEREAS, the medical center now needs additional capital funding to improve  
24 facilities, better serve the mission population and maintain modern seismic standards, and

25 WHEREAS, the mission of Harborview Medical Center is: to provide healthcare  
26 for the most vulnerable residents of King County; to provide and teach exemplary patient  
27 care; to provide care for a broad spectrum of patients from throughout the region; and to  
28 develop and maintain leading-edge centers of emphasis, and

29 WHEREAS, the following populations are given priority for care at Harborview:  
30 persons who are non-English-speaking poor, persons who are uninsured or underinsured,  
31 persons who experience domestic violence, persons who experience sexual assault,  
32 persons incarcerated in King County's jails, persons with mental illness, particularly those  
33 treated involuntarily, persons with substance abuse issues, persons with sexually  
34 transmitted diseases, persons who require specialized emergency care, persons who  
35 require trauma care and persons who require burn care;

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

37 A. The executive, in cooperation with the Harborview Medical Center Board of  
38 Trustees and the University of Washington, will convene a Harborview leadership group  
39 to identify hospital and community needs should a bond measure go forward. The group  
40 shall be appointed by the executive and confirmed by the county council and shall  
41 consist, at a minimum of the following members:

42 1. At least two representatives of the county executive;

Motion

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- 43           2. At least two county councilmembers or designees;
- 44           3. Two members of the Harborview Medical Center Board of Trustees;
- 45           4. The Harborview Medical Center Executive Director;
- 46           5. The UW Medicine Chief Health System Officer or designee;
- 47           6. At least two representatives of labor unions representing employees at the
- 48 Harborview Medical Center;
- 49           7. A representative of the First Hill community;
- 50           8. At least two representatives of the mission populations served by
- 51 Harborview; and
- 52           9. The Harborview Medical Center Medical Director.
- 53           B. The Harborview leadership group is charged with making recommendations
- 54 on the capital program to the Capital Planning Oversight Committee at Harborview.
- 55 The recommendations then proceed to the Harborview Medical Center Board of
- 56 Trustees, the county executive and the county council.
- 57           C. The recommendations shall address the clinical facility master plan needs of
- 58 the hospital and include, at a minimum:
- 59           1. An evaluation of the size and scope of a potential bond effort;
- 60           2. Exploration of the possibility of private philanthropy that could be anticipated
- 61 were such an effort to go forward;
- 62           3. An evaluation of inclusion of the needs of the department of public health;
- 63           4. An evaluation of housing needs of the mission population and how the bond
- 64 could address those needs;
- 65           5. An evaluation of how the project could address the needs of those impacted

Motion

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66 by the Involuntary Treatment Act;

67           6. An evaluation of how best to address behavioral health needs;

68           7. Whether bond proceeds should be invested in public health facilities beyond  
69 the Harborview campus to better serve residents countywide; and

70           8. Whether bond funds for other public safety infrastructure needs should be  
71 included and, if so, for what needs.

72           D. The county will make resources available to the planning group, pending

Motion

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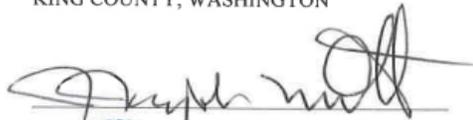
- 73 appropriation, to fund studies, analyses and other needs to prepare the best set of  
74 recommendations.  
75

Motion 15183 was introduced on 7/16/2018 and passed by the Metropolitan King County Council on 7/23/18, by the following vote:

Yes: 9 - Mr. von Reichbauer, Mr. Gossett, Ms. Lambert, Mr. Dunn,  
Mr. McDermott, Mr. Dembowski, Mr. Upthegrove, Ms. Kohl-Welles  
and Ms. Balducci

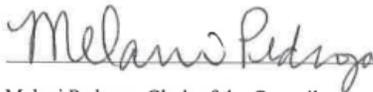
No: 0  
Excused: 0

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON



J. Joseph McDermott, Chair

ATTEST:



Melani Pedroza, Clerk of the Council



**Attachments:** None



**KING COUNTY**  
**Signature Report**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Ordinance 19117**

**Proposed No.** 2020-0176.2

**Sponsors** McDermott, Dembowski and Kohl-Welles

1 AN ORDINANCE providing for the submission to the  
2 qualified electors of King County, at a general election to  
3 be held on November 3, 2020, of a proposition authorizing  
4 the county to issue its general obligation bonds in the  
5 aggregate principal amount of not to exceed  
6 \$1,740,000,000 or so much thereof as may be issued under  
7 the laws governing the indebtedness of counties, for the  
8 purpose of providing funds to pay for public health, safety  
9 and seismic improvements for Harborview Medical Center.

10 **STATEMENT OF FACTS:**

11 1. Harborview Medical Center facilities include a state licensed 413-bed  
12 hospital owned by King County and operated by University of  
13 Washington. The hospital is overseen by a 13-member Board of Trustees.  
14 Harborview Medical Center is a comprehensive regional health care  
15 facility providing specialized care for a broad spectrum of patients, the  
16 control of illness and the promotion and restoration of health. Harborview  
17 Medical Center is one of the nation's leading academic medical centers  
18 and is the only Level 1 Trauma Center for adults and children serving a  
19 four-state region that includes Alaska, Idaho, Montana and Washington.

20 The hospital is maintained as a "public health and safety facility" as  
21 defined in RCW 36.89.010. As such, the essential public health and safety  
22 services provided by Harborview Medical Center are of benefit to all of  
23 the residents of King County.

24 2. Harborview Medical Center is maintained as a public hospital by King  
25 County to improve the health and well-being of the entire community and  
26 to provide quality healthcare to the most vulnerable. The mission  
27 population, as defined in Ordinance 18232, includes: the non-English  
28 speaking poor; the uninsured or underinsured, victims of domestic  
29 violence or sexual assault; people incarcerated in King County's jails;  
30 people with mental illness or substance abuse problems, particularly those  
31 treated involuntarily; people with sexually transmitted diseases; and those  
32 who require specialized emergency, trauma or burn care.

33 3. Nearly 20 years ago, King County voters authorized the county to issue  
34 \$193,130,000 in general obligation bonds to fund seismic and public  
35 health and safety improvements for Harborview Medical Center. The  
36 bond proceeds provided for: construction of an inpatient facility; a 14-  
37 story medical office tower; demolition of seismically unsound buildings;  
38 and limited renovations of some hospital spaces. The 2000 Harborview  
39 Medical Center bonds will be largely paid off by 2024.

40 4. Over the past 20 years, the growth in population, and changes in  
41 medical practice, equipment and technology, have resulted in the need for  
42 upgrades to the facilities of Harborview Medical Center. Between

43 December 2018 and January 2020, the Harborview leadership group, as  
44 called for by Motion 15183, conducted analyses on the state of  
45 Harborview Medical Center facilities, including the Pioneer Square Clinic,  
46 which is part of the Harborview Medical Center owned by King County.  
47 The Harborview leadership group was charged with making  
48 recommendations on Harborview Medical Center's capital program to the  
49 Capital Planning Oversight Committee, the Harborview Medical Center  
50 Board of Trustees, the King County executive and the King County  
51 council. The Harborview leadership group found that the aging  
52 Harborview Medical Center physical plant limits the ability of Harborview  
53 and King County to provide care and services to the residents of King  
54 County and recommended improvements to the physical plant of  
55 Harborview Medical Center.

56 5. A majority of Harborview Medical Center's facilities are aging and out  
57 of date in terms of modern medical best practice standards for infection  
58 control and privacy. Due to facility configuration, Harborview Medical  
59 Center often operates at 100 percent capacity, and critical surge capacity  
60 and emergency department capacity are limited. The majority of the  
61 medical center's patient beds are in double patient rooms or multi patient  
62 wards. On average, 50 patient beds per day cannot be used due to modern  
63 infection control requirements for shared rooms. A new inpatient facility  
64 would increase single bed capacity and enable Harborview Medical Center  
65 to meet modern infection control and privacy standards. It would provide

66 surge capacity for the hospital to effectively respond to a disaster or mass  
67 casualty event.

68 6. Harborview Medical Center is the designated disaster control hospital  
69 for the region. The Harborview Medical Center facilities include older  
70 masonry buildings that would suffer significant damage during an  
71 earthquake. Building collapse or inaccessibility of buildings after an  
72 earthquake would negatively impact facility operations during a disaster  
73 by limiting availability of services and posing life-safety risks to patients,  
74 employees and visitors. Seismically stabilizing buildings allows the  
75 facilities to continue to operate during an earthquake and protects patients,  
76 employees and visitors to the campus.

77 7. King County has a growing number of people experiencing unmet and  
78 complex behavioral health needs, including substance use disorders. The  
79 King County suicide rate has increased by an estimated 18 percent in the  
80 last decade. Clinical space is at capacity in Harborview Medical Center  
81 facilities. Untreated behavioral health conditions can result in increased  
82 involvement in the justice system through repeated jail bookings, and use  
83 of involuntary commitment, as well as homelessness. Increasing and  
84 improving behavioral health spaces in the Harborview Medical Center  
85 facilities would result in improved behavioral health care through  
86 expanding space capacity and providing space for research and training on  
87 behavioral health matters. The proposed bond measure would allow for  
88 the expansion of addiction services by twenty percent and the integration

89 of substance use disorder treatment with academic medicine through  
90 fellowships aimed to increase positive outcomes through treatment.

91 8. Individuals who are homeless or marginally housed stay in the hospital  
92 longer than clinically indicated because they have nowhere else to go to  
93 receive lower-acuity medical and recuperative care. There is a very small  
94 number of respite beds in King County, resulting in a need that exceeds  
95 supply. The lack of medical respite beds increases morbidity and  
96 mortality among homeless and marginally housed patients, as well as  
97 acting as a bottleneck for discharge from emergency departments and  
98 hospital beds.

99 9. To protect and advance the public health and safety services provided  
100 at Harborview Medical Center facilities, including its role as the  
101 designated disaster control hospital for the region, King County requires  
102 public health, safety and seismic improvements to Harborview Medical  
103 Center facilities, as further described in Attachment A to this ordinance  
104 (collectively, "the Improvements").

105 10. The recommendations of the Harborview leadership group are the  
106 basis of the Improvements. Harborview's Capital Planning Oversight  
107 Committee approved of the Harborview leadership group  
108 recommendations on February 14, 2020. The Harborview Board of  
109 Trustees approved the Harborview leadership group recommendations on  
110 February 27, 2020. The King County executive transmitted the  
111 Harborview leadership group recommendations to the King County

112 council on April 7, 2020.

113 11. Harborview Medical Center provides substantial economic benefit to  
114 King County, employing over 4,450 individuals.

115 12. As illustrated by the 2020 pandemic COVID-19, there is a critical  
116 need in King County for expanded medical facilities with greater capacity  
117 for infectious disease control. The Improvements include facility  
118 improvements that prioritize infection control through construction of  
119 single patient rooms, modernized and expanded emergency department  
120 and upgraded infrastructure.

121 13. Construction of the Improvements will create an estimated 7,700 jobs.  
122 The construction is subject to King County's Master Community  
123 Workforce Agreement approved by Ordinance 18672, which would create  
124 an estimated 2,300 opportunities for apprenticeship and local hire.

125 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

126 **SECTION 1. Findings - Authorization of Capital Improvements.**

127 A. The county council hereby finds that all of the Harborview Medical Center  
128 facilities in the county are a "public health and safety facility" as defined in RCW  
129 36.89.010, and finds further that the essential public health and safety services provided  
130 by this facility are of general benefit to all the residents of King County. To minimize  
131 disruptions in the public health and safety service provided by Harborview Medical  
132 Center, the county council therefore further finds that the best interests of all of the  
133 residents of the county require the county undertake and finance public health, safety and  
134 seismic improvements to Harborview Medical Center facilities, as further described on

135 Attachment A to this ordinance and incorporated herein by this reference (collectively,  
136 "the Improvements").

137 B. In accordance with RCW 36.89.040, the county council hereby finds and  
138 declares that the proposition authorized to be submitted to the voters by this ordinance  
139 and the Improvements authorized thereby and described in this ordinance have for their  
140 object the furtherance and accomplishment of a system of public health and safety  
141 facilities for the benefit of all the residents of King County and constitute a single  
142 purpose.

143 C. The cost of all necessary design, engineering and other consulting services,  
144 inspection and testing, administrative expenses including project administration and  
145 election expenses, permitting and mitigation costs and the other costs incurred in  
146 connection with the Improvements shall be deemed a part of the costs of the  
147 Improvements.

148 D. The total estimated cost of the Improvements, including the cost of issuing  
149 and selling the Bonds provided in this ordinance, is declared to be, as nearly as may be  
150 determined, the amount of \$1,740,000,000.

151 E. The exact timing and specifications for projects included in the Improvements  
152 shall be determined by the county.

153 F. If the county council determines that it has become impractical to acquire,  
154 construct or equip any portion of the Improvements by reason of changed conditions, or  
155 costs substantially in excess of the amount of the Bond proceeds or other funds estimated  
156 to be available, the county shall not be required to acquire, construct or equip such  
157 portions and may apply the Bond proceeds to other portions of the Improvements.

158 G. If proceeds of the Bonds, plus other funds of the county legally available for  
159 the Improvements, are insufficient to accomplish all of the Improvements, the county will  
160 use the Bond proceeds and other available funds for those of the Improvements deemed  
161 by the county council as most necessary and in the best interest of the county.

162 H. If all of the Improvements shall have been accomplished or duly provided for,  
163 or those that are not accomplished or duly provided for are found to be impractical, the  
164 county may apply the Bond proceeds or any portion thereof to the payment of principal  
165 of and interest on the Bonds or to other capital improvements in furtherance of the public  
166 health and safety system, as the council, by ordinance and in its discretion, shall  
167 determine.

168 **SECTION 2. Authorization of Bonds.**

169 A. For the purpose of providing part of the moneys necessary to pay costs of the  
170 Improvements, together with incidental costs and costs related to the issuance and sale of  
171 the Bonds, including capitalized interest, the county shall issue and sell its unlimited tax  
172 general obligation Bonds in the aggregate principal amount of not to exceed  
173 \$1,740,000,000. The Bonds shall be issued in an amount not exceeding the amount  
174 approved by the qualified electors of the county or exceeding the amount permitted by  
175 the constitution and laws of the state of Washington. The balance, if any, of the cost of  
176 the Improvements shall be paid out of any money that the county now has or may later  
177 have on hand that is legally available for such purpose.

178 B. The Bonds to be issued shall be issued in such amounts and at such time or  
179 times as found necessary and advisable by the county council. The Bonds may be issued  
180 in one or more series and shall bear interest payable at a rate or rates not to exceed the

181 maximum rate permitted by law at the time the Bonds are sold. Any series of Bonds shall  
182 mature in such amounts at such times within a maximum term of 20 years from the date  
183 of issue of the series, but may mature at an earlier date or dates as authorized by the  
184 county council and as provided by law. The exact date, form, terms, options of  
185 redemption, maturities and conditions of sale of the Bonds shall be as hereafter fixed by  
186 ordinance of the county council passed for such purpose. The Bonds shall be general  
187 obligations of the county and, unless paid from other sources, both principal of and  
188 interest on the Bonds shall be payable out of annual tax levies to be made upon all the  
189 taxable property within the county without limitation as to rate or amount and in excess  
190 of any constitutional or statutory tax limitations. After voter approval of the Bond  
191 proposition and in anticipation of the issuance of the Bonds, the county may issue short  
192 term obligations as authorized by chapter 39.50 RCW. Proceeds of the Bonds may be  
193 used to redeem and retire short term obligations or to reimburse the county for  
194 expenditures previously made for the Improvements.

195 **SECTION 3. Bonds Election.**

196 The clerk of the council shall certify the following proposition to the director of  
197 elections, in substantially the following form, with such additions, deletions or  
198 modifications as may be required by the prosecuting attorney:

199 KING COUNTY PROPOSITION NO. \_\_\_\_

200 HARBORVIEW MEDICAL CENTER

201 HEALTH AND SAFETY IMPROVEMENT BONDS - \$1,740,000,000

202 The Metropolitan King County Council has passed Ordinance \_\_\_\_\_

203 concerning this proposition to issue Harborview Medical Center

204 improvement bonds. This proposition would authorize King County to  
205 make public health, safety and seismic improvements to Harborview  
206 Medical Center facilities, including construction of new buildings,  
207 renovation and upgrading of existing facilities and demolition of existing  
208 buildings, and to issue \$1,740,000,000 of general obligation bonds  
209 maturing within a maximum of 20 years to pay for such improvements and  
210 to levy property taxes annually in excess of regular property tax levies to  
211 repay such bonds, all as provided in Ordinance \_\_\_\_\_. Should the  
212 proposition be:

213 Approved

214 Rejected

215 **SECTION 4. Severability.** In the event one or more of the provisions of  
216 this ordinance shall for any reason be held to be invalid, such invalidity shall not  
217 affect or invalidate any other provision of this ordinance or the Bonds, and this  
218 ordinance and the Bonds shall be construed and enforced as if the invalid  
219 provision is separable from and was not contained in this ordinance. Any

220 provision that shall for any reason be invalid shall be deemed to be in effect to the  
221 extent permitted by law.  
222

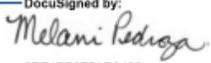
Ordinance 19117 was introduced on 4/28/2020 and passed as amended by the Metropolitan King County Council on 6/23/2020, by the following vote:

Yes: 9 - Ms. Balducci, Mr. Dembowski, Mr. Dunn, Ms. Kohl-Welles, Ms. Lambert, Mr. McDermott, Mr. Upthegrove, Mr. von Reichbauer and Mr. Zahilay

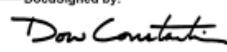
KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

DocuSigned by:  
  
F8B30B16F1C4427...  
Claudia Balducci, Chair

ATTEST:

DocuSigned by:  
  
8DE1BB375AD3422...  
Melani Pedroza, Clerk of the Council

APPROVED this \_\_\_\_ day of   
4FBCABB196AE4C6...

DocuSigned by:  
  
4FBCABB196AE4C6...  
Dow Constantine, County Executive

**Attachments:** A. Health and Safety Improvements for Harborview Medical Center, dated June 23, 2020





**KING COUNTY**  
**Signature Report**  
**Motion 16901**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2025-0328.1

**Sponsors** Balducci

1           A MOTION acknowledging receipt of the spending plan  
2           for \$46,000,000 of county hospital levy revenue to be  
3           expended or encumbered solely to support Harborview  
4           Medical Center operations for the fiscal year 2026 as  
5           required under the 2025 Annual Budget Ordinance,  
6           Ordinance 19861, Section 102, Expenditure Restriction E3.

7           WHEREAS, the metropolitan King County council adopted the 2025 budget,  
8           Ordinance 19861 on November 19, 2024, which allocated \$46,000,000 in revenue from  
9           the new county hospital levy to support Harborview Medical Center operations, and

10           WHEREAS, the 2025 Annual Budget Ordinance, Ordinance 19861, Section 102,  
11           Expenditure Restriction E3, requires the University of Washington Medicine to inform  
12           the Harborview Board of Trustees ("the board") of the spending plan for the \$46,000,000  
13           of county hospital levy revenue ("the spending plan") as part of the board's budget  
14           process for fiscal year 2026, the board to approve the spending plan, and the council to  
15           pass a motion acknowledging receipt of the board-approved spending plan, releasing the  
16           expenditure restriction, and

17           WHEREAS, the University of Washington Medicine informed the board of the  
18           spending plan, and

19           WHEREAS, the board of approved the spending plan on July 24, 2025;

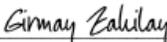
20           NOW, THEREFORE, BE IT MOVED by the Council of King County:

- 21 The receipt of the spending plan approved by the Harborview Board of Trustees,  
22 Attachment A to this motion, is hereby acknowledged in accordance with 2025 Annual  
23 Budget Ordinance, Ordinance 19861, Section 102, Expenditure Restriction E3.

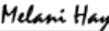
Motion 16901 was introduced on 10/7/2025 and passed by the Metropolitan King County Council on 11/4/2025, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

Signed by:  
  
1AEA3C5077F8485...  
Girmay Zahilay, Chair

ATTEST:

DocuSigned by:  
  
8DE1BB375AD3422...  
Melani Hay, Clerk of the Council

**Attachments:** A. Description of Activity

Program	Planned Spending	Expense Category	Description of Activity
Primary Care Clinics	\$ 23,439,001	Staffing	Salary and benefits budgeted in FY26 to support the Harborview Medical Center primary care clinics, which includes 9 different clinics. There are approximately 133 full time equivalents (FTEs) budgeted for these clinics, including 26.1 physician FTEs.
Inpatient Behavioral Health Services	\$ 22,560,999	Staffing	Salary and benefits budgeted in FY26 to support the Harborview Medical Center behavioral health inpatient units. There are approximately 132 full time equivalents (FTEs) budgeted for these units, including 4.6 physician FTEs.
<b>Total</b>	<b>\$ 46,000,000</b>		
This spending plan is revenue backed by \$46M of County Hospital Levy Revenue			

Attachment A



**KING COUNTY**  
**Signature Report**  
**Ordinance 20020**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2025-0289.3

**Sponsors** Balducci

1 AN ORDINANCE relating to establishing the Harborview  
2 construction and infrastructure division in the department  
3 of executive services; and amending Ordinance 14199,  
4 Section 11, as amended, and K.C.C. 2.16.035 and  
5 Ordinance 11955, Section 12, as amended, and K.C.C.  
6 2.16.100.

7 **STATEMENT OF FACTS:**

8 1. The Harborview construction and infrastructure division ("the HCID")  
9 of King County's department of executive services shall be responsible for  
10 managing all county capital projects at Harborview Medical Center,  
11 including those paid for through the 2020 Proposition 1 Levy and the  
12 annual property tax authorized under RCW 36.62.090. The 2026-2027  
13 proposed operating and capital budgets for county-managed projects at  
14 Harborview is \$425 million.

15 2. The nature of the programs for which the HCID shall be responsible is  
16 financially significant and the public health policy implications for the  
17 projects will have a long-term effect on the residents of King County. For  
18 example, the \$1.74 billion 2020 Proposition 1 Levy will support public  
19 health, safety and seismic improvements to Harborview Medical Center  
20 facilities, including construction of a new hospital bed tower and

21 renovation and upgrading of existing facilities. The bed tower is projected  
22 to open in 2032. The policy implications from this will directly impact the  
23 county's ability to continue providing medical and trauma services to  
24 residents, including Harborview's mission population, with the HCID as  
25 the lead agency on determining the county's needs for capital projects at  
26 Harborview.

27 3. Having the director of this vital division confirmed by the council will  
28 enhance the accountability and performance of King County's capital  
29 facilities programming at Harborview.

30 4. Irrespective of the title used by the executive branch regarding the  
31 position that is responsible for managing the HCID, under K.C.C.

32 2.16.020.D., divisions are headed by managers.

33 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

34 SECTION 1. Findings. The county council has determined due to the nature of  
35 the programs involved and the public policy implications, appointment of director of the  
36 Harborview construction and infrastructure division shall be subject to confirmation by  
37 the council in accordance with K.C.C. 2.16.100.

38 SECTION 2. Ordinance 14199, Section 11, as amended, and K.C.C. 2.16.035 are  
39 hereby amended to read as follows:

40 A. The county administrative officer shall be the director of the department of  
41 executive services. The department shall include the records and licensing services  
42 division, the finance and business operations division, the facilities management division,  
43 the fleet services division, the airport division, the office of risk management services, the

44 administrative office of emergency management, ~~((and))~~ the administrative office of the  
45 business resource center, and the Harborview construction and infrastructure division. In  
46 addition, the county administrative officer shall be responsible for providing staff support  
47 for the board of ethics.

48 B. The duties of the records and licensing services division shall include the  
49 following:

- 50 1. Issuing marriage, vehicle/vessel, taxicab and for-hire driver and vehicle, and  
51 pet licenses, collecting license fee revenues, and providing licensing services for the  
52 public;
- 53 2. Enforcing county and state laws relating to animal control;
- 54 3. Managing the recording, processing, filing, storing, retrieval, and certification  
55 of copies of all public documents filed with the division as required;
- 56 4. Processing all real estate tax affidavits; and
- 57 5. Acting as the official custodian of all county records, as required by general  
58 law, except as otherwise provided by ordinance.

59 C. The duties of the finance and business operations division shall include the  
60 following:

- 61 1. Monitoring revenue and expenditures for the county. The collection and  
62 reporting of revenue and expenditure data shall provide sufficient information to the  
63 executive and to the council. The division shall be ultimately responsible for maintaining  
64 the county's official revenue and expenditure data;
- 65 2. Performing the functions of the county treasurer;

- 66           3. Billing and collecting real and personal property taxes, local improvement  
67 district assessments, and gambling taxes;
- 68           4. Processing transit revenue;
- 69           5. Receiving and investing all county and political subjurisdiction moneys;
- 70           6. Managing the issuance and payment of the county's debt instruments;
- 71           7. Managing the accounting systems and procedures;
- 72           8. Managing the fixed assets system and procedures;
- 73           9. Formulating and implementing financial policies for other than revenues and  
74 expenditures for the county and other applicable agencies;
- 75           10. Administering the accounts payable and accounts receivable functions;
- 76           11. Collecting fines and monetary penalties imposed by district courts;
- 77           12. Developing and administering procedures for the procurement of and  
78 awarding of contracts for tangible personal property, services, professional or technical  
79 services, and public work in accordance with K.C.C. chapter 2.93 and applicable federal  
80 and state laws and regulations;
- 81           13. Establishing and administering procurement and contracting methods, and  
82 bid and proposal processes, to obtain such procurements;
- 83           14. In consultation with the prosecuting attorney's office and office of risk  
84 management services, developing and overseeing the use of standard procurement and  
85 contract documents for such procurements;
- 86           15. Administering contracts for goods and services that are provided to more  
87 than one department;

88           16. Providing comment and assistance to departments on the development of  
89 specifications and scopes of work, in negotiations for such procurements, and in the  
90 administration of contracts;

91           17. Assisting departments to perform cost or price analyses for the procurement  
92 of tangible personal property, services, and professional or technical services, and price  
93 analysis for public work procurements;

94           18. Developing, maintaining, and revising as may be necessary from time to  
95 time the county's general terms and conditions for contracts for the procurement of  
96 tangible personal property, services, professional or technical services, and public work;

97           19. Managing and developing financial policies for borrowing of funds,  
98 financial systems, and other financial operations for the county and other applicable  
99 agencies;

100          20. Managing the contracting opportunities program to increase opportunities  
101 for small contractors and suppliers to participate on county-funded contracts. Also, the  
102 finance and business operations division shall submit an annual report as required by  
103 K.C.C. 2.97.090;

104          21. Managing the apprenticeship program to optimize the number of apprentices  
105 working on county construction projects. Also, the finance and business operations  
106 division shall submit an annual report as required by K.C.C. 12.16.175; and

107          22. Serving as the disadvantaged business enterprise liaison officer for federal  
108 Department of Transportation and other federal grant program purposes. The  
109 disadvantaged business enterprise liaison officer shall have direct, independent access to  
110 the executive on disadvantaged business enterprise program matters consistent with 49

111 C.F.R. Sec. 26.25. For other matters, the disadvantaged business enterprise liaison  
112 officer shall report to the manager of the finance and business operations division.

113 D. The duties of the facilities management division shall include the following:

114 1. Overseeing space planning for county agencies;

115 2. Administering and maintaining in good general condition the county's

116 buildings except for those managed and maintained by the department of natural

117 resources and parks and the Metro transit department as provided in K.C.C. chapter 4.56;

118 3. Operating security programs for county facilities except as otherwise

119 determined by the council;

120 4. Administering all county facility parking programs except for public

121 transportation facility parking;

122 5. Administering the supported employment program;

123 6. Managing all real property owned or leased by the county, except as provided

124 in K.C.C. chapter 4.56, ensuring, where applicable, that properties generate revenues

125 closely approximating fair market value;

126 7. Maintaining a current inventory of all county-owned or leased real property;

127 8. Functioning as the sole agent for the disposal of real properties deemed

128 surplus to the needs of the county;

129 9. In accordance with K.C.C. chapter 4A.100, providing support services to

130 county agencies in the acquisition of real properties, except as otherwise specified by

131 ordinance;

132           10. Issuing oversized vehicle permits and issuing franchises, permits, and  
133 easements for the use of county property except franchises for cable television and  
134 telecommunications;

135           11. Overseeing the development of capital projects for all county agencies  
136 except for specialized roads, solid waste, public transportation, airport, water pollution  
137 abatement, surface water management projects, and parks and recreation;

138           12. Being responsible for all general projects, such as office buildings or  
139 warehouses, for any county department including, but not limited to, the following:

140               a. administering professional services and construction contracts;

141               b. acting as the county's representative during site master plan, design, and  
142 construction activities;

143               c. managing county funds and project budgets related to capital projects;

144               d. assisting county agencies in the acquisition of appropriate facility sites;

145               e. formulating guidelines for the development of operational and capital  
146 project plans;

147               f. assisting user agencies in the development of capital projects and project  
148 plans, as defined and provided for in K.C.C. chapter 4A.100;

149               g. formulating guidelines for the use of life cycle cost analysis and applying  
150 these guidelines in all appropriate phases of the capital process;

151               h. ensuring the conformity of capital project plans with the adopted space plan;

152               i. developing project cost estimates that are included in capital project plans,  
153 site master plans, capital projects, and project budget requests;

- 154           j. providing advisory services, feasibility studies, or both services and studies  
155 to projects as required and for which there is budgetary authority;
- 156           k. coordinating with user agencies to assure user program requirements are  
157 addressed through the capital development process as set forth in this chapter and in  
158 K.C.C. chapter 4A.100;
- 159           l. providing engineering support on capital projects to user agencies as  
160 requested and for which there is budgetary authority; and
- 161           m. providing assistance in developing the executive budget for capital projects;  
162 and
- 163           13. Providing for the operation of a downtown winter shelter for homeless  
164 persons between October 15 and April 30 each year.
- 165           E. The duties of the fleet services division shall include the following:
- 166           1. Acquiring, maintaining, and managing the motor pool equipment rental and  
167 revolving fund for fleet vehicles and equipment, the equipment rental and revolving fund  
168 and the wastewater equipment rental and revolving fund. Metro transit department  
169 vehicles determined by the Metro transit department director to be intricately involved in  
170 or related to providing public transportation services shall not be part of the motor pool;
- 171           2. Establishing rates for the rental of equipment and vehicles;
- 172           3. Establishing terms and charges for the sale of any material or supplies that  
173 have been purchased, maintained, or manufactured with money from the motor pool and  
174 equipment revolving fund, the equipment rental and revolving fund, and the wastewater  
175 equipment rental and revolving fund;

176           4. Managing fleet and equipment training programs, stores function, and vehicle  
177 repair facilities;

178           5. Administering the county alternative fuel program and take-home assignment  
179 of county vehicles policy; and

180           6. Inventorying, monitoring losses, and disposing of county personal property in  
181 accordance with K.C.C. chapter 4.56.

182           F. The duties of the airport division shall include managing the maintenance and  
183 operations of the King County international airport, and shall include the following:

184           1. Developing and implementing airport programs under state and federal law  
185 including preparing policy recommendations and service models;

186           2. Managing and maintaining the airport system infrastructure;

187           3. Managing, or securing services from other divisions, departments, or entities  
188 to perform the design, engineering, and construction management functions related to the  
189 airport capital program, including new facilities development and maintenance of  
190 existing infrastructure; providing support services such as project management,  
191 environmental review, permit, and right-of-way acquisitions, schedule and project control  
192 functions; and

193           4. Preparing and administering airport service and supporting capital facility  
194 plans and periodic updates.

195           G. The duties of the office of risk management services shall include the  
196 management of the county's insurance and risk management programs consistent with  
197 K.C.C. chapter 2.21.

198 H. The duties of the administrative office of emergency management shall  
199 include the following:

- 200 1. Preparing and planning for emergencies and disasters;
- 201 2. Providing effective direction, control, and coordination of operations before,  
202 during, and after emergencies and disasters; and
- 203 3. Being responsible for the emergency management functions defined in  
204 K.C.C. chapter 2.56 and K.C.C. 2A.310.

205 I. The duties of the administrative office of the business resource center shall  
206 include the following:

- 207 1. The implementation and maintenance of those systems necessary to generate  
208 a regular and predictable payroll through the department of human resources;
- 209 2. The implementation and maintenance of those systems necessary to provide  
210 regular and predictable financial accounting and procedures through the finance and  
211 business operations division;
- 212 3. The implementation and maintenance of those systems necessary to generate  
213 regular and predictable county budgets, budget reports, and budget management tools for  
214 the county; and
- 215 4. The implementation and maintenance of the human resources systems of  
216 record for all human resources data for county employment purposes.

217 J. The duties of the Harborview construction and infrastructure division shall  
218 pertain to the Harborview Medical Center, which is generally described in the definition  
219 of "medical center" in K.C.C. 2.42.010. For the purposes of this section, Harborview  
220 Medical Center specifically includes those current and future capital projects at locations

---

221 or buildings to be added to the medical center. The duties of the division include the  
222 following:

223 1. Managing the planning, contracting, and construction of all county capital  
224 projects at Harborview Medical Center, including new construction and major  
225 maintenance projects in accordance with K.C.C. chapter 2.42;

226 2. Managing the planning, contracting and construction of all other capital  
227 projects at Harborview Medical Center not otherwise planned, contracted, and  
228 constructed by the University of Washington in accordance with K.C.C. chapter 2.42 or  
229 the hospital services agreement; and

230 3. Serving as the lead agency in directing and coordinating capital budget  
231 requests from Harborview Medical Center, including ensuring that budget requests are  
232 compatible with the county's budgeting process.

233 SECTION 3. Ordinance 11955, Section 12, as amended, and K.C.C. 2.16.100 are  
234 hereby amended to read as follows:

235 A. Exemptions from the requirements of the career service personnel system  
236 shall be consistent with the provisions of Sections 550, 350.10 and 350.20 of the King  
237 County Charter. Key subordinate units, as determined by the county council, and  
238 departmental divisions shall be considered to be executive departments. Divisions of  
239 administrative offices shall be considered to be administrative offices for the purpose of  
240 determining the applicability of the charter provisions.

241 B. The county administrative officer, directors, chief officers and supervisors of  
242 departments, administrative offices, divisions, key subordinate units and other units of

243 county government as required by law shall be exempt from the requirements and  
244 provisions of the career service personnel system.

245 C.1. The following are determined by the council to be key subordinate units due  
246 to the nature of the programs involved and their public policy implications and  
247 appointments to these positions shall be subject to confirmation by the council:

248 a. the chief information officer of the administrative office of information  
249 resource management;

250 b. the deputy director of the department of elections;

251 c. the manager of the records and licensing services division; ~~((and))~~

252 d. the ~~((director))~~ manager of the road services division; and

253 e. the manager of the Harborview construction and infrastructure division;

254 however, if the Harborview construction and infrastructure director in the executive's  
255 office as of the effective date of this ordinance is made the inaugural manager of the  
256 division, then that person shall not require confirmation.

257 2. When an ordinance is enacted designating a position as a key subordinate  
258 unit, no person then serving in the position shall continue to serve for more than ninety  
259 days after such an enactment, unless reappointed by the executive and confirmed by the  
260 council.

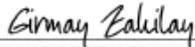
261 D. If an administrative assistant or a confidential secretary, or both, for each  
262 director, chief officer of an administrative office and supervisor of a key subordinate unit

263 are authorized, those positions are exempt from the requirements and provisions of the  
264 career service personnel system.

Ordinance 20020 was introduced on 10/7/2025 and passed as amended by the Metropolitan King County Council on 11/18/2025, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

Signed by:  
  
1AEA3C5077F8485...  
Girmay Zahilay, Chair

ATTEST:

DocuSigned by:  
  
8DE1BB375AD3422...  
Melani Hay, Clerk of the Council

APPROVED this \_\_\_\_ day of 11/25/2025, \_\_\_\_.

Signed by:  
  
AAA4841FD7844BE...  
Shannon Braddock, County Executive

**Attachments:** None



**KING COUNTY**  
**Signature Report**  
**Ordinance 19991**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2025-0290.2

**Sponsors** Balducci

1 AN ORDINANCE relating to the management and  
2 operation of Harborview Medical Center; authorizing the  
3 executive and the president of the Harborview Medical  
4 Center board of trustees to execute an amendment to the  
5 Hospital Services Agreement with the Regents of the  
6 University of Washington.

7 **STATEMENT OF FACTS:**

- 8 1. Harborview Medical Center ("Harborview") is a comprehensive regional health  
9 care facility owned by King County, overseen by a thirteen-member board of  
10 trustees, and operated by the University of Washington, through UW Medicine in  
11 accordance with the hospital services agreement between King County, by and  
12 through its executive and its board of trustees for Harborview, and the Regents of  
13 the University of Washington.
- 14 2. Harborview is the only Level 1 Trauma Center for adults and children  
15 serving a four-state region that includes Alaska, Idaho, Montana, and Washington,  
16 and provides specialized care for a broad spectrum of patients. Harborview is  
17 maintained as a public hospital by King County to improve the health and well-  
18 being of the entire community and to provide quality healthcare to the most  
19 vulnerable.
- 20 3. The current hospital services agreement for the operation and maintenance of

21 Harborview was authorized in 2016 through Ordinance 18232 and was amended in  
22 2023 through Ordinance 19706.

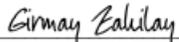
23 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

24 SECTION 1. The executive and the president of the Harborview Medical Center  
25 board of trustees are authorized to execute a second amendment to the hospital services  
26 agreement substantially in the form of Attachment A to this ordinance.

Ordinance 19991 was introduced on 10/7/2025 and passed by the Metropolitan King  
County Council on 11/4/2025, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

Signed by:  
  
1AEA3C5077F84B5...  
Girmay Zahilay, Chair

ATTEST:

DocuSigned by:  
  
8DE1BB375AD3422...  
Melani Hay, Clerk of the Council

APPROVED this \_\_\_\_ day of 11/25/2025, \_\_\_\_.

Signed by:  
  
AAA4841FD7644BE...  
Shannon Braddock, County Executive

**Attachments:** A. Second Amendment to the Hospital Services Agreement

**Second Amendment to the Hospital Services Agreement  
By and Between Martin Luther King, Jr. County by and through its Executive  
and its Board of Trustees for Harborview Medical Center  
and  
The Regents of the University of Washington**

Pursuant to Section 14.2 of the Hospital Services Agreement by and between Martin Luther King, Jr. County (“the County”) and the University of Washington (“the University”) effective February 25, 2016 and amended in 2024 (hereinafter referred to as “HSA”), the Parties agree to amend the HSA as follows:

1. DELETE the text of Section 1.7 and REPLACE with the following:

**1.7 Capital Improvement Plan or CIP.** The County Council-approved Capital Improvement Plan includes capital projects that are funded by Harborview Medical Center revenues or available cash reserves. The CIP shall be developed and submitted on an annual basis and may include multi-year projects that are budgeted on a total project-cost basis.

2. Add new definitions as follows:

**1.56 Other Medical Center-Related Capital Projects.** All capital projects funded by sources other than the 2020 Proposition 1 Capital Program, including but not limited to major maintenance, repairs, replacement, renovations, or other capital projects to construct, acquire, or add to the Medical Center buildings, physical plant, and components thereof.

**1.57 County Hospital Tax.** The tax authorized by RCW 36.62.090, which allows the County to annually levy a property tax for the operation, maintenance, and capital expenses of the County hospital, and any outpatient clinics operated by the County hospital, and for the payment of principal and interest on bonds issued for such purposes.

3. DELETE the text of Section 3.1.9 and REPLACE with the following:

The University shall be responsible for the management, design, planning, development and contract oversight of Board-approved Medical Center capital projects funded either by Medical Center revenues and/or with University support, (a) which are budgeted, over the life of the project, for an amount not exceeding five-million dollars (\$5,000,000) in 2015 dollars, which amount shall increase automatically each year in an amount consistent with the Consumer Price Index for that year or (b) for projects which the County Executive and University agree in writing shall be the responsibility of the University. Such projects shall be procured and delivered in accordance with University procurement and delivery policies, procedures and statutes, and KCC 2.42.080. The University shall be authorized to execute all documents necessary to complete such projects. All other capital projects shall be subject to, planned and administered consistent with the KCC, as it now reads or is hereafter amended. The Parties will work together to propose amendments to the KCC as necessary and desirable to facilitate efficient capital activities. The CPOC, through unanimous consensus of its members, shall provide oversight of bond-financed capital projects.

## Second Amendment to the Hospital Services Agreement

4. DELETE the text of Section 6.4.2 and REPLACE with the following:

By December 31 of each year but subject to Section 6.4.3 below, the Board shall allocate from authorized Medical Center revenues or reserves five million dollars (\$5,000,000) to a fund to support Mission Population programs and services that are currently being provided by the County.

5. DELETE the heading and text of 6.4.3 and REPLACE with the following:

**6.4.3 Increased Support for Mission Population.** In response to an urgent, increased need to support Mission Population programs and services that are provided by the County, the Board shall allocate, from authorized Medical Center revenues or reserves, three payments of twenty-eight million dollars (\$28,000,000) each by December 31 of 2025, 2026, and 2027 to a County fund to support Mission Population programs and services to be provided by the County (“Increased Mission Payments”).

6.4.3.1 The Board makes these increased payments in recognition of the Parties’ shared interest in stabilizing programs and services to the Mission Population.

6.4.3.2 The University shall ensure that no County Hospital Tax revenue is used to make Mission Population support payments, including the Increased Mission Payments.

6.4.3.3 Except as provided in 6.4.3.4, the Board shall not be obligated to make any payments to the County to support the Mission Population, including Increased Mission Payments, after the third and final payment of \$28,000,000 by December 31, 2027.

6.4.3.4 As additional consideration for the Increased Mission Payments in 2025, 2026, and 2027, the County will release its rights to receive annual allocations of five million dollars (\$5,000,000) to support Mission Population programs and services provided by the County, as described in 6.4.2, except that if the County is required or compelled, as determined in the sole discretion of the County, to return the Increased Mission Payments to the Board, then the Board shall authorize payments to the County from Medical Center authorized revenues or reserves of five million dollars (\$5,000,000) for each Increased Mission Payment the County returns to the Board and thereafter the provisions of Section 6.4.2. shall apply. In the instance that the County is required or compelled, as determined in the sole discretion of the County, to partially return the Increased Mission Payments to the Board, any payments thereafter due to the County pursuant to Section 6.4.2, whether retroactive or prospective in nature, shall be offset by the amount of Increased Mission Payments not returned.

6. DELETE section 6.4.4 in its entirety.
7. ADD a new Section 8.9 to read as follows:

**Second Amendment to the Hospital Services Agreement**

**8.9 County Hospital Tax.** In each year the County levies the County Hospital Tax, the proceeds shall be used at the Medical Center for expenditures allowed under RCW 36.62.090 and as set forth in the County's budget for the applicable fiscal period. The Parties agree that of the amount of County Hospital Tax proceeds appropriated by the County for Medical Center operating expenses, none may be used to satisfy the Mission Population support payment and Increased Mission Payment set forth in Sections 6.4.2 and 6.4.3.

This Second Amendment shall be effective on the date it is fully executed by the Parties.

All other terms of the HSA remain the same.

IN WITNESS WHEREOF, the Parties have caused this Second Amendment to be executed in triplicate in their names and on their behalf by their duly authorized officers.

**MARTIN LUTHER KING, JR. COUNTY,  
WASHINGTON**

*Approved as to form:*  
**LEESA MANION, KING COUNTY  
PROSECUTING ATTORNEY**

By \_\_\_\_\_  
[Name], County Executive

By \_\_\_\_\_  
John Gerberding, Senior Deputy  
Prosecuting Attorney

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**BOARD OF TRUSTEES,  
HARBORVIEW MEDICAL CENTER**

By \_\_\_\_\_  
[Name], President

Dated: \_\_\_\_\_

**THE REGENTS OF THE UNIVERSITY  
OF WASHINGTON**

*Approved as to form:*  
**NICHOLAS W. BROWN,  
WASHINGTON STATE ATTORNEY  
GENERAL**

By \_\_\_\_\_  
[Name], Chair

By \_\_\_\_\_  
[Name], Assistant Attorney General

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_



**KING COUNTY**  
**Signature Report**  
**Ordinance 20023**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Proposed No.** 2025-0288.3

**Sponsors** Dembowski

1 AN ORDINANCE that adopts the 2026-2027 Biennial  
2 Budget and makes appropriations for the operation of  
3 county agencies and departments and capital improvements  
4 for the fiscal biennium beginning January 1, 2026, and  
5 ending December 31, 2027; and establishing an effective  
6 date.

7 **STATEMENT OF FACTS:**

- 8 1. To the extent that the executive considers any proviso or expenditure  
9 restriction included in the 2026-2027 biennial budget to be unduly  
10 burdensome, the executive should notify the council as soon as possible if  
11 the executive anticipates any difficulty in responding to proviso or  
12 expenditure restriction direction in the budget and is encouraged to  
13 transmit a supplemental budget in the first quarter of 2026 proposing  
14 revisions to the content, deadlines, and restricted amounts.
- 15 2. It is the council's assumption that various new full time equivalent and  
16 term limited temporary positions paid for by the general fund or general  
17 fund overhead in the following appropriation units will be hired on July 1,  
18 2026: adult and juvenile detention; jail health services; judicial  
19 administration; superior court; prosecuting attorney; county auditor; office  
20 of performance, strategy, and budget; office of emergency management;
-

406 B. The plan should be developed in collaboration with community service  
407 providers, those who have or may use such services, and collaboration across criminal  
408 legal system agencies.

409 The executive should electronically file the plan and a motion required by this  
410 proviso by June 30, 2026, with the clerk of the council, who shall retain an electronic  
411 copy and provide an electronic copy to all councilmembers, the council chief of staff, and  
412 the lead staff for the law and justice committee or its successor.

413 P8 PROVIDED FURTHER THAT:

414 Of this appropriation, \$100,000 shall not be expended or encumbered until the  
415 executive transmits a plan to establish a Harborview Medical Center long-range planning  
416 committee as described at Section 6.2 of the hospital services agreement and a motion  
417 that should acknowledge receipt of the plan, and a motion acknowledging receipt of the  
418 plan is passed by the council. The motion should reference the subject matter, the  
419 proviso's ordinance, ordinance section, and proviso number in both the title and body of  
420 the motion.

421 The plan shall include, but not be limited to:

422 A. The names of appointed committee members representing the county  
423 executive, the county council, the Harborview Medical Center board of trustees and UW  
424 Medicine;

425 B. A description of how the committee will facilitate long-range planning and  
426 coordination in pursuit of opportunities to respond to the evolving healthcare industry,  
427 improve population health, and have Harborview Medical Center become the provider of  
428 choice for county and state residents;

429 C. A description of shared goals, clear criteria for when the committee has  
430 completed its charge, and clear criteria for when a subsequent committee should be  
431 constituted, established by the committee;

432 D. A description of committee processes which will ensure the governance  
433 structures, accountabilities, and collective bargaining commitments of each committee  
434 member's respective organization will be respected; and

435 E. The frequency in which the committee shall meet in order to facilitate strong  
436 coordination and the identification and monitoring of the goals established among  
437 committee members. The committee should recommend the length of time that the  
438 committee shall meet.

439 The executive should electronically file the plan and a motion required by this  
440 proviso by June 1, 2026, with the clerk of the council, who shall retain an electronic copy  
441 and provide an electronic copy to all councilmembers, the council chief of staff, and the  
442 lead staff for the health, housing, and human services committee or its successor.

443 P9 PROVIDED FURTHER THAT:

444 Of this appropriation, \$100,000 shall not be expended or encumbered until the  
445 executive transmits a report on the efforts King County is making to maintain Medicaid  
446 retention rates and a motion that acknowledges receipt of the report, and a motion  
447 acknowledging receipt of the report is passed by the council. The motion should  
448 reference the subject matter, the proviso's ordinance, ordinance section, and proviso  
449 number in both the title and body of the motion.

450 The report should include, but not be limited to:



2559 ER5 EXPENDITURE RESTRICTION:

2560 Of the \$34,000,000 of this appropriation restricted by Expenditure Restriction  
2561 ER4 for operations, \$1,700,000 shall be restricted as a contingency to be released if the  
2562 clerk of the council receives a Harborview Medical Center for major maintenance, or  
2563 repair and replacement, capital projects exception notification and no councilmember  
2564 objects in accordance with this Expenditure Restriction ER5. The clerk of the council  
2565 shall list the Harborview Medical Center for major maintenance, or repair and  
2566 replacement, capital projects exception notification under other business on the next two  
2567 council agenda. Councilmembers may object to the proposed use of this Harborview  
2568 Medical Center for major maintenance, or repair and replacement, capital projects  
2569 exception expenditure restriction to another capital project in the same fund at either of  
2570 those two council meetings. If an objection is not made at either council meeting, the  
2571 transfer may proceed. If an objection to the transfer is made at a council meeting, the  
2572 transfer may not proceed. The clerk of the council shall notify the director of the office  
2573 of performance, strategy and budget or its successor of the council's action.

2574 ER6 EXPENDITURE RESTRICTION:

2575 Of this appropriation, \$42,000,000 shall be expended or encumbered solely to  
2576 support the Harborview Medical Center 2020 Proposition 1 capital program, including  
2577 projects approved in Ordinance 19962.

2578 ER7 EXPENDITURE RESTRICTION:

2579 Of the \$42,000,000 of this appropriation restricted by Expenditure Restriction  
2580 ER6 of this section for operations, \$2,100,000 shall be restricted as a contingency to be  
2581 released if the clerk of the council receives a Harborview Medical Center 2020

2582 Proposition 1 capital program exception notification and no councilmember objects in  
2583 accordance with this Expenditure Restriction ER7. The clerk of the council shall list the  
2584 Harborview Medical Center 2020 Proposition 1 capital program exception notification  
2585 under other business on the next two council agenda. Councilmembers may object to the  
2586 proposed use of this Harborview Medical Center 2020 Proposition 1 capital program  
2587 exception expenditure restriction to another capital project in the same fund at either of  
2588 those two council meetings. If an objection is not made at either council meeting, the  
2589 transfer may proceed. If an objection to the transfer is made at a council meeting, the  
2590 transfer may not proceed. The clerk of the council shall notify the director of the office  
2591 of performance, strategy and budget or its successor of the council's action.

2592 ER8 EXPENDITURE RESTRICTION:

2593 Of this appropriation, \$45,000,000 shall be expended or encumbered solely to  
2594 support the design of a new building for parking, which may also include medical office  
2595 space on the Harborview Medical Center campus.

2596 ER9 EXPENDITURE RESTRICTION:

2597 Of this appropriation, \$23,000,000 shall be expended or encumbered solely to  
2598 support tenant improvements of the future location of the Pioneer Square Public Health  
2599 Clinic at 315 2nd Avenue, that was approved to be purchased through Ordinance 19962.

2600 ER10 EXPENDITURE RESTRICTION:

2601 Of this appropriation, \$500,000 shall be expended or encumbered solely to  
2602 support 1.0 FTE in the office of the executive and for consulting services related to  
2603 monitoring of the hospital services agreement and the expenditure of the tax levy  
2604 proceeds authorized by RCW 36.62.090.

2605 ER11 EXPENDITURE RESTRICTION:

2606 Of this appropriation, and in accordance with Section 4.4 of the Hospital Services  
2607 Agreement, \$500,000 shall only be expended or encumbered for use by the Harborview  
2608 Medical Center board of trustees to hire, pay, or contract for staff resources to assist the  
2609 board in fulfilling its supervision and oversight duties.

2610 P1 PROVIDED THAT:

2611 Of the moneys restricted by Expenditure Restriction ER3 of this section,  
2612 \$48,000,000 shall not be expended or encumbered in 2026 to support Harborview  
2613 operations until the Harborview board of trustees transmits a letter to the county  
2614 executive and council, and the executive transmits a motion to council acknowledging  
2615 receipt of the letter, and the motion is passed by the council. The letter shall include, but  
2616 not be limited to, the amount and components of operational expenditures of county  
2617 hospital tax revenue by category of operating expenditure, including but not limited to  
2618 labor, supplies, overhead, and clinical services.

2619 The letter shall describe how Harborview intends to achieve the labor standards  
2620 goals included in the Hospital Services Agreement Section 3.1.2. The letter shall include  
2621 documentation from the University of Washington, as operator of the hospital, regarding  
2622 the proposed expenditures of county hospital tax revenue to be spent on operating  
2623 spending plan referenced in the letter. Such documentation shall include, but not be  
2624 limited to, a detailed breakdown of how the operating support identified in Expenditure  
2625 Restriction ER3 is proposed to be spent in 2026 on:

2626 A. Staffing, including a breakdown of FTE classifications and their roles;

2627           B. Programs or services, including the names of each program or service, and  
2628 demographics about individuals served; and

2629           C. A narrative description of the impact of county hospital tax revenue on:

- 2630           1. The mission population served by Harborview Medical Center;
- 2631           2. The staff and employees of Harborview Medical Center; and
- 2632           3. The clinical services provided by Harborview Medical Center.

2633           The motion should reference the subject matter, the proviso's ordinance,  
2634 ordinance section, and proviso number in both the title and body of the motion. The  
2635 executive should electronically file the letter and a motion required by this proviso by  
2636 June 1, 2026, with the clerk of the council, who shall retain an electronic copy and  
2637 provide an electronic copy to all councilmembers, the council chief of staff, and the lead  
2638 staff for the committee of the whole or its successor.

2639           P2 PROVIDED FURTHER THAT:

2640           Of the moneys restricted by Expenditure Restriction ER3 of this section,  
2641 \$49,923,000 shall not be expended or encumbered in 2027 to support Harborview  
2642 Medical Center operations until the Harborview Medical Center board of trustees  
2643 transmits a letter to the county executive and council, and the executive transmits a  
2644 motion to council acknowledging receipt of the letter, and the motion is passed by the  
2645 council. The letter shall include, but not be limited to, the amount and components of  
2646 operational expenditures of county hospital tax revenue by category of operating  
2647 expenditure, including, but not limited to, labor, supplies, overhead, and clinical services.

2648           The letter shall describe how Harborview intends to achieve the labor standards  
2649 goals included in the Hospital Services Agreement Section 3.1.2. The letter shall include

2650 attachments with documentation from the University of Washington, as operator of the  
2651 hospital, regarding the proposed expenditure of county hospital tax revenue to be spent  
2652 on operating spending plan referenced in the letter. Such documentation shall include, but  
2653 not be limited to, a detailed breakdown of how the operating support identified in  
2654 Expenditure Restriction ER3 is proposed to be spent in 2027 on:

2655       A. Staffing, including a breakdown of FTE classifications and their roles;

2656       B. Programs or services, including the names of each program or service, and  
2657 demographics about individuals served; and

2658       C. A narrative description of the impact of county hospital tax revenue on:

2659           1. The mission population served by Harborview Medical Center;

2660           2. The staff and employees of Harborview Medical Center; and

2661           3. The clinical services provided by Harborview Medical Center.

2662       The motion should reference the subject matter, the proviso's ordinance,

2663 ordinance section, and proviso number in both the title and body of the motion. The

2664 executive should electronically file the letter and a motion required by this proviso by

2665 June 1, 2027, with the clerk of the council, who shall retain an electronic copy and

2666 provide an electronic copy to all councilmembers, the council chief of staff, and the lead

2667 staff for the committee of the whole or its successor.

2668       P3 PROVIDED FURTHER THAT:

2669       Of this appropriation, \$10,000,000 shall not be expended or encumbered until the

2670 Harborview board of trustees transmits a letter to the county executive and council, and

2671 the executive transmits a motion to council acknowledging receipt of the letter, and the

2672 motion is passed by the council. The letter shall include, but not be limited to, a

2673 description of the proposed use of county hospital levy proceeds for 2028-2029 to  
2674 support operations and capital projects. The letter shall contain:

2675           A. Information on programs and services proposed to be supported by county  
2676 hospital levy proceeds in 2028-2029, including identification of staff positions by  
2677 classification and associated staff costs, as well as other operational costs, including but  
2678 not limited to supplies, overhead, and clinical services;

2679           B. Estimated county hospital levy proceeds to be spent on each capital project in  
2680 2028-2029 and the amount each such project will receive from other sources and  
2681 identification of the sources;

2682           C. A narrative description of the impact of these programs and projects on:

2683                 1. The mission population served by Harborview Medical Center;

2684                 2. The staff and employees of Harborview Medical Center; and

2685                 3. The clinical services provided by Harborview Medical Center; and

2686           D. The proposed rate for the biennium.

2687           The motion should reference the subject matter, the proviso's ordinance,  
2688 ordinance section, and proviso number in both the title and body of the motion. The  
2689 executive should electronically file the letter and a motion required by this proviso by  
2690 June 1, 2027, with the clerk of the council, who shall retain an electronic copy and  
2691 provide an electronic copy to all councilmembers, the council chief of staff, and the lead  
2692 staff for the committee of the whole or its successor.

2693           P4 PROVIDED FURTHER THAT:

2694           Of this appropriation, \$31,000,000 shall not be expended or encumbered until the  
2695 executive transmits a report from the Harborview board of trustees detailing actual fiscal

2696 year to date reductions in federal Medicaid funding received by Harborview Medical  
2697 Center and the impact that Medicaid funding reductions and eligibility changes are  
2698 having on Harborview Medical Center's operations, and a motion acknowledging receipt  
2699 of the report is passed by the council. The motion should reference the subject matter,  
2700 the proviso's ordinance, ordinance section, and proviso number in both the title and body  
2701 of the motion. References to fiscal years in this proviso shall be based on Harborview  
2702 Medical Center's fiscal years with fiscal year 2025 being the fiscal year ending on June  
2703 30, 2025.

2704 The report shall include, but not be limited to:

2705 A. Fiscal year 2025 revenues from federal and state Medicaid payments received  
2706 by Harborview Medical Center and fiscal year 2025 net revenue from non-Medicaid  
2707 sources as described in subsections A. and B. of this proviso;

2708 B. Fiscal year-to-date actual revenue in the form of federal and state Medicaid  
2709 payments received by Harborview Medical Center, including, but not limited to, inpatient  
2710 and outpatient direct payment programs, base payments for services, supplemental  
2711 payments, and managed care payments, as well as the budgeted amounts of each revenue;

2712 C. Fiscal year-to-date net revenue received by Harborview Medical Center from  
2713 all non-Medicaid sources and net budgeted amounts of each;

2714 C. Days' worth of cash on hand;

2715 D. Total charity care provided at Harborview for the prior three years, which are  
2716 2023, 2024, and 2025, and for 2026 up to the date of the report;

2717 E. Analysis of the impact of reduced Medicaid funding on the operations of  
2718 Harborview Medical Center, including:

- 2719           1. The impact on the mission population served by Harborview Medical Center;  
2720           2. The impact on staff and employees of Harborview Medical Center; and  
2721           3. The impact on ability to provide clinical services provided by Harborview  
2722 Medical Center at the same levels as before Medicaid reductions;

2723           F. A proposed spending plan for the use of county hospital tax Medicaid reserve  
2724 funds with at least three options for ensuring continued access to health care for current,  
2725 in 2025, Medicaid eligible or enrolled members;

2726           G. Documentation of the review and approval of the report called for by this  
2727 proviso in the form of a letter from the Harborview board of trustees; and

2728           H. A recommended timeline and contents of a quarterly spending report on  
2729 Harborview Medical Center's expenditure of the county hospital tax Medicaid reserve be  
2730 provided to the King County executive and council.

2731           The board of trustees shall electronically transmit the report to the King County  
2732 executive no later than May 1, 2026, and the executive should electronically file the  
2733 report and a motion required by this proviso by June 1, 2026, with the clerk of the  
2734 council, who shall retain an electronic copy and provide an electronic copy to all  
2735 councilmembers, the council chief of staff, and the lead staff for the budget and fiscal  
2736 management committee or its successor.

2737           P5 PROVIDED FURTHER THAT:

2738           Of this appropriation, \$500,000 shall not be expended or encumbered until the  
2739 executive transmits a plan for the provision of respite beds as envisioned in the  
2740 Harborview bond program ordinance work group report, and a motion that should  
2741 approve the plan, and a motion approving the plan is passed by the council. The motion

2742 should reference the subject matter, the proviso's ordinance, ordinance section, and  
2743 proviso number in both the title and body of the motion.

2744 The plan shall include, but not be limited to, the following:

2745 A. A proposal regarding the feasibility and utility of expediting the expansion of  
2746 respite bed capacity in connection with Harborview Medical Center;

2747 B. A cost estimate for various development scenarios to increase respite bed  
2748 capacity including the renovation or adaptive reuse of Harborview Hall, construction or  
2749 renovation of other space on the Harborview Medical Center campus for use as a respite  
2750 facility, or a proposal for leasing, acquiring, or constructing a respite facility in the  
2751 neighborhood of Harborview Medical Center within a one mile radius; and

2752 C. A financial proposal for the scenarios identified in subsection B. of this  
2753 proviso using any combination of federal, state, local, or philanthropic dollars to increase  
2754 respite bed capacity for Harborview Medical Center.

2755 The executive should electronically file the plan and a motion required by this  
2756 proviso by August 1, 2026, with the clerk of the council, who shall retain an electronic  
2757 copy and provide an electronic copy to all councilmembers, the council chief of staff, and  
2758 the lead staff for the health, housing, and human services committee or its successor.

2759 SECTION 103. HARBORVIEW CONSTRUCTION AND INFRASTRUCTURE

2760 - From the Harborview construction and infrastructure fund there is hereby appropriated  
2761 to:

2762 Harborview construction and infrastructure \$13,497,000

2763 The maximum number of FTEs for Harborview construction and infrastructure

2764 shall be: 27.0

2765 ER1 EXPENDITURE RESTRICTION:

2766 Of this appropriation, \$100,000 shall be expended or encumbered solely to  
2767 contract for government relations services, if needed. The government relations  
2768 contractor shall have experience working with the city of Seattle and King County.

2769 P1 PROVIDED THAT:

2770 Of this appropriation, \$1,083,000 shall not be expended or encumbered until the  
2771 executive transmits a letter containing a staffing plan, and a motion that should approve  
2772 the letter, and a motion approving the letter is passed by the council. The motion should  
2773 reference the subject matter, the proviso's ordinance, ordinance section, and proviso  
2774 number in both the title and body of the motion.

2775 The executive should electronically file the letter and a motion required by this  
2776 proviso by April 1, 2026, with the clerk of the council, who shall retain an electronic  
2777 copy and provide an electronic copy to all councilmembers, the council chief of staff, and  
2778 the lead staff for the board of health or its successor.

2779 SECTION 104. PUBLIC HEALTH - From the public health fund there is hereby  
2780 appropriated to:

2781	Public health	\$630,402,000
------	---------------	---------------

2782	The maximum number of FTEs for public health shall be:	987.2
------	--	-------

2783 ER1 EXPENDITURE RESTRICTION:

2784 Of this appropriation, \$140,000 shall be expended or encumbered solely to  
2785 support at least two suicide prevention voluntary safe firearm and ammunition return  
2786 events per year throughout the 2026-2027 biennium. The events shall be held in  
2787 collaboration with the sheriff's office.

4139 C. The operational implications during site redevelopment of each option and a  
4140 plan to continue collections if 1A is selected; and

4141 D. A comprehensive listing of the potential mitigation measures associated with  
4142 Alternative 1A and Alternative 1B and estimated potential costs for each measure.

4143 The executive should electronically file the northeast recycling and transfer  
4144 station cost analysis and a motion required by this proviso by October 1, 2026, with the  
4145 clerk of the council, who shall retain an electronic copy and provide an electronic copy to  
4146 all councilmembers, the council chief of staff, and the lead staff for the transportation,  
4147 economy, and environment committee or its successor.

4148 P5 PROVIDED FURTHER THAT:

4149 Of this appropriation for Harborview Medical Center capital program 2020  
4150 proposition 1, \$219,720,655 shall not be expended or encumbered for any use or purpose  
4151 related to the building located at 1145 Broadway in Seattle, that is subject to a purchase  
4152 and sale agreement between the county and Guntower Capital LLC ("the Broadway  
4153 Facility"), until the executive transmits a letter to the council, and the council approves a  
4154 motion acknowledging receipt of the letter, describing: (a) those agreements to occupy  
4155 space, including, but not limited to, leases, use agreements, or licenses that the executive  
4156 intends the county to enter into as the lessor of space at the Broadway Facility; or (b) the  
4157 county's use of space. However, in either respect of (a) or (b) of this proviso, the use  
4158 must be in support of the capital improvement construction projects financed with  
4159 proceeds from the 2020 Proposition 1 general obligation bonds. The letter shall include,  
4160 but not be limited to, a description of the proposed uses, expected lessees, agreement  
4161 duration, and type, location, and amount of space for each potential agreement to occupy

4162 space. Proposed uses may include, but are not limited to, temporarily moving programs  
4163 and services from the Harborview Medical Center during construction of the new bed  
4164 tower or other the capital improvement construction projects financed with proceeds from  
4165 the 2020 Proposition 1 general obligation bonds, providing medical center employee and  
4166 parking for the public visiting the medical center displaced at the medical center during  
4167 construction of the bed tower or other the capital improvement construction projects  
4168 financed with proceeds from the 2020 Proposition 1 general obligation bonds. The letter  
4169 should also detail the use of space that may be used by county staff in support of the  
4170 planning, design, and construction of the bed tower or any other the capital projects  
4171 supported with proceeds from the 2020 Proposition 1 general obligation bonds, including  
4172 duration of use, and type, location, and amount of space.

4173           The executive shall electronically file the letter and motion required by this  
4174 proviso with the clerk of the council, who shall retain an electronic copy and provide an  
4175 electronic copy to all councilmembers, the council chief of staff, and the lead staff for the  
4176 committee of the whole or its successor.

4177           P6 PROVIDED FURTHER THAT:

4178           Of this appropriation for Harborview Medical Center capital program 2020  
4179 proposition 1, \$500,000 shall not be expended or encumbered until the executive  
4180 transmits a letter providing information about the updated cost analysis for the new tower  
4181 construction capital project #1141052.

4182           The letter shall include, but not be limited to:

4183           A. An executive summary of the revised cost estimate developed during the  
4184 validation phase to define the scope of the project; and

4185 B. A copy of the revised cost estimate.

4186 The executive shall electronically file the letter required by this proviso with the  
4187 clerk of the council, who shall retain an electronic copy and provide an electronic copy to  
4188 all councilmembers, the council chief of staff, and the lead staff for the committee of the  
4189 whole or its successor.

4190 P7 PROVIDED FURTHER THAT:

4191 Of this appropriation for county hospital capital, \$97,000,000 shall not be  
4192 expended or encumbered until the executive transmits a plan for the selected parking  
4193 garage project to address parking issues at Harborview Medical Center and a motion that  
4194 should acknowledge receipt of the plan, and a motion acknowledging receipt of the plan  
4195 is passed by the council. The motion should reference the subject matter, the proviso's  
4196 ordinance, ordinance section, and proviso number in both the title and body of the  
4197 motion.

4198 The plan shall include, but not be limited to:

4199 A. Description of the engagement process with University of Washington, the  
4200 Harborview board of trustees, and the Harborview Medical Center administration to  
4201 identify the plan;

4202 B. How parking revenue was factored into the analysis to determine which  
4203 parking solution to select; and

4204 C. A timeline for the design and construction of the parking garage project.

4205 The executive should electronically file the plan and a motion required by this  
4206 proviso by March 30, 2026, with the clerk of the council, who shall retain an electronic

4207 copy and provide an electronic copy to all councilmembers, the council chief of staff, and  
4208 the lead staff for the committee of the whole or its successor.

4209         SECTION 133. Effect of proviso or expenditure restriction veto. It is hereby  
4210 declared to be the legislative intent of the council that a veto of any proviso or  
4211 expenditure restriction that conditions the expenditure of a stated dollar amount or the use  
4212 of FTE authority upon the performance of a specific action by an agency shall thereby  
4213 reduce the appropriation authority to that agency by the stated dollar or FTE amount.

4214         SECTION 134. If any provision of this ordinance or its application to any person

4215 or circumstance is held invalid, the remainder of the ordinance or the application of the  
4216 provision to other persons or circumstances is not affected.

Ordinance 20023 was introduced on 10/7/2025 and passed as amended by the Metropolitan King County Council on 11/18/2025, by the following vote:

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

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

Signed by:  
  
1AE33C5077F8485...  
Girmay Zahilay, Chair

ATTEST:

DocuSigned by:  
  
8DE1BB375AD3422...  
Melani Hay, Clerk of the Council

APPROVED this \_\_\_\_ day of 11/25/2025, \_\_\_\_.

Signed by:  
  
AAA4841FD7644BE...  
Shannon Braddock, County Executive

**Attachments:** A. Capital Improvement Program, dated November 13, 2025

