



Two Rivers
HEALTH DISTRICT

KENNEWICK PUBLIC HOSPITAL DISTRICT

Board of Commissioners Packet

Thursday, September 26, 2024
Hybrid Meeting

via Zoom and
Hampton Inn, Richland, WA
486 Bradley Blvd. Richland, WA 99352

12:00 p.m.

Kennewick Public Hospital District
Thursday, September 26, 2024 | Hybrid Meeting
Hampton Inn 486 Bradley Blvd. Richland, WA 99352
12:00 PM
AGENDA

I. District Business:

A. Approval of Consent Agenda**All Materials under the Consent Agenda are considered routine by the Board of Commissioners and will be adopted by one motion in the form listed below. There will be no separate discussion of these items. An item may be removed from the Consent Agenda and considered separately if the board members or the public desire further discussion.*

1. Approval of Meeting Minutes of Regular meeting held August 29, 2024

B. Public Comment –

II. NEW BUSINESS:

A. Reports

1. Lee Kerr – Superintendent, General Update
2. Legal Report - Heidi Ellerd, Legal Counsel
 - a. Records Requests (updates)
3. Administrative Report, Salem Thompson, Board Coordinator

B. Committee Reports/Recommendations.

1. Finance Committee – Gary Long
 - a. Acceptance of the August 2024 financial statements* – Overview by Erica Davis
 - b. Approval of the August 2024 payments and disbursements*
 - c. Treasurer’s Report – Gary Long
 - d. 2023 Audit – status update
 - e. 2024-2025 Audit
2. Governance Committee Updates – Mark Brault
 - a. L&I update
 - b. 2025 Budget committee
 - c. ADS Ribbon Cutting event and tour
3. Planning Committee – Wanda Briggs
 - a. CBC and WSU scholarship awards upcoming events
4. Adult Day Services – General Update: Rick Reil/Spencer Harris
 - a. Construction update

C. Communications Information/Discussion – Special Guests: Mary Kay Clunies-Ross, Owner, Sunshine Communications; Joanna Castellanos, Program and Outreach Manager, AWPHD (Association of WA Public Hospital Districts)

III. COMMISSIONER COMMENTS

IV. Upcoming items –

V. BOARD MEETINGS/EVENTS/EDUCATION -

Next Regularly Scheduled Board Meeting – Thurs., Oct. 31, 5:00pm at the regular meeting location.

Kennewick Public Hospital District
Thursday, August 29, 2024 | Hybrid Meeting
Trios Care Center 521 N. Young St. Kennewick, WA 99336
5:00 PM
MINUTES

Attendance: Mark Brault, Sheila Dunlop, Gary Long, Marv Kinney, Spencer Harris, Rick Reil, Lee Kerr, Heidi Ellerd, Erica Davis, Salem Thompson
Absent: Wanda Briggs

I. District Business:

A. Approval of Consent Agenda

1. Approval of Consent Agenda and Meeting Minutes of Regular meeting held July 25, 2024.

IT WAS MOVED AND SECONDED TO APPROVE THE CONSENT AGENDA INCLUDING THE JULY 25, 2024 MINUTES. ALL IN FAVOR. NO DISCUSSION. MOTION CARRIED.

B. Public Comment –NONE

II. NEW BUSINESS:

A. Reports

1. Lee Kerr – Superintendent, General Update – Lee reported on an event that was held to raise funds for the recovery center. The remaining items to report on will be covered later in this meeting's agenda.
2. Legal Report - Heidi Ellerd, Legal Counsel
 - a. Records Requests (updates) – Nothing new to report.
3. Administrative Report, Salem Thompson, Board Coordinator – Nothing new to report.

B. Committee Reports/Recommendations.

1. Finance Committee – Gary Long
 - a. Acceptance of the July 2024 financial statements – Overview by Erica Davis
IT WAS MOVED AND SECONDED TO APPROVE THE JULY 2024 FINANCIAL STATEMENTS AS PRESENTED. ALL IN FAVOR. NO DISCUSSION. MOTION CARRIED.
 - b. Approval of the July 2024 payments and disbursements
IT WAS MOVED AND SECONDED TO APPROVE THE JULY 2024 PAYMENTS AND DISBURSEMENTS. ALL IN FAVOR. NO DISCUSSION. MOTION CARRIED.
 - c. Treasurer's Report – Gary Long
 - d. 2023 Audit Status – Gary reported the audit work is still ongoing.
2. Governance Committee Updates – Mark Brault
 - a. Resolution 2024-7 changing September 26, 2024, regular meeting time and location.
IT WAS MOVED AND SECONDED TO APPROVE RESOLUTION 2024-7 CHANGING THE SEPTEMBER 26, 2024 MEETING TIME AND LOCATION.

ALL IN FAVOR. NO DISCUSSION. MOTION CARRIED.

- b. L&I bond requirement (update) – Lee reported on the activities related to securing this bond. The District is looking for options to fulfill this requirement.
- c. L&I claims status – There was an increase in the claims amount, and a meeting was set up with the company handling the claims to discuss this matter.
- 3. Planning Committee – Wanda Briggs - ABSENT
 - a. Community image efforts overview – These efforts will be the last item on the board agenda at the September meeting.
- 4. Adult Day Services – General Update: Rick Reil/Spencer Harris

Rick reported the financials are stable and work continues on the audit items. ADS purchased and has received medical recliners for \$13,391.80 and the District may contribute to providing health care services for the residents of its district.

MOTION TO REIMBURSE ADS FOR THE MEDICAL RECLINERS THAT WERE PURCHASED FOR THE CENTER AND TO PROVIDE HEALTH CARE SERVICES TO DISTRICT RESIDENTS. ALL IN FAVOR. NO DISCUSSION. MOTION CARRIED.

The kitchen and handwashing area adjacent to the kitchen are being remodeled to take care of water damage and to update the water heater, stove and cleaning supplies area.

- III. COMMISSIONER COMMENTS**
- IV. Upcoming items – NONE**
- V. BOARD MEETINGS/EVENTS/EDUCATION -**

Next Regularly Scheduled Board Meeting – Thursday, September 26, 2024 @ 12:00pm @ Hampton Inn, Richland, WA

Management Reports

Kennewick Public Hospital District
For the period ended August 31, 2024

Prepared by

Guardian Financial Group

Prepared on

September 3, 2024

Table of Contents

Statement of Activity With Year to Date4

Statement of Financial Position6

Statement of Cash Flows - Last Month8

Check Detail.....9

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them. Additionally, management has chosen to omit formal notes to these interim monthly financial statements. However, district leadership have provided explanations on select accounts below.

Financial Statement Explanation of Terms

The District's Financial documents use bookkeeping and accounting terms and phrases that have the following meanings:

Account 200 Community Care Agreement under the "Cost of Goods Sold" Section—This section represents the accounting software category designated for payments required by the Community Care Agreement to RCCH Trios to provide healthcare services which include charity care, reimbursements and on-going hospital operations.

Account 1020 Health Initiative Fund—Funds held to pursue the acquisition of a Recovery Center facility as well as to pursue other unmet healthcare needs in the District. These funds originated from the sale of Lifepoint's interest in the Tri-City Cancer Center. Lifepoint donated the proceeds of the sale to the District. Lifepoint Health, Inc. owns and operates Trios Hospital.

Account 1040 Worker's Compensation Account—This is a pass-through account with funds received from Trios RCCH to benefit pre-petition employees who are receiving workman's compensation benefits. It is beyond the requirements of the Community Care Agreement and provided by Trios RCCH to benefit prior and continuing employees.

Account 1055 Local Government Investment Pool Account -The Local Government Investment Pool (LGIP) is a voluntary investment vehicle operated by the State Treasurer. Over 530 local governments have participated in the pool since it was started in 1986 to provide safe, liquid, and competitive investment options for local government pursuant to RCW 43.250. The LGIP lets local governments use the State Treasurer's resources to safely invest their funds while enjoying the economies of scale available from a \$15-26 billion pooled fund investment portfolio. LGIP's investment objectives are, in priority order: 1) safety of principal, 2) maintaining adequate liquidity to meet cash flows, and 3) providing a competitive interest rate relative to other comparable investment alternatives. LGIP offers 100% li <https://www.tre.wa.gov/wp-content/uploads/LGIP-Investment-Policy-December-2018-1.pdf>quidity to its participants and as such is classified as a 'Cash Equivalent' on the District's balance sheet. LGIP investment guidelines are spelled out in the LGIP Investment Policy found at <https://www.tre.wa.gov/wp-content/uploads/LGIP-Investment-Policy-December-2018-1.pdf>.

Account 2001 Richmond Trust Account—This is a Legacy Trust with an income interest donated to the District by Mrs. Richmond. Baker Boyer Bank acts as the trustee.

Account 2100 Adult Day Services Loan Account—The District borrowed funds from ADS in mid-2019 to satisfy a long-term debt owed to the Kennewick Liquidation Trust. Principal and interest payments are made quarterly on a 10 year amortization schedule. The amortization schedule was shortened in October 2022 following a large, additional principal payment of \$120,000. The loan is now expected to be paid off in October, 2025.

Statement of Activity With Year to Date

August 2024

		Total
	Aug 2024	Jan - Aug, 2024 (YTD)
REVENUE		
100 Property Tax Revenue	9,516.20	955,874.32
110 Grant Income		10,000.00
Total Revenue	9,516.20	965,874.32
COST OF GOODS SOLD		
200 Community Care Agreement	7,612.96	764,699.45
Total Cost of Goods Sold	7,612.96	764,699.45
GROSS PROFIT	1,903.24	201,174.87
EXPENDITURES		
303 Scholarship Contributions		4,190.40
305 Bank Fees	349.59	2,858.03
315 Commissioner Mtg Stipend	3,575.00	23,300.00
320 Facilities Expense		
323 Utilities	55.00	466.08
Total 320 Facilities Expense	55.00	466.08
326 Insurance	49.30	13,323.14
330 Legal and Professional		
331 Attorney Fees	521.00	7,415.04
332 Accounting	1,730.00	13,840.00
333 Audit Expense		12,301.36
335 Administrative Support	2,500.00	20,000.00
336 Other Professional Fees	953.30	7,590.56
Total 330 Legal and Professional	5,704.30	61,146.96
339 Licenses and Taxes		25.00
340 Office Expenses	248.55	3,207.78
342 Public Records Request	1,275.00	9,145.00
343 Records Management	275.00	12,033.40
360 Superintendent Compensation	3,300.00	26,400.00
VOID		0.00
Total Expenditures	14,831.74	156,095.79
NET OPERATING REVENUE	-12,928.50	45,079.08
OTHER REVENUE		
900 Richmond Trust Income	231.83	11,072.58
950 Worker's Comp Reimbursements	23,865.76	199,572.54
960 Interest and Dividend Income	4,386.04	39,975.31
Total Other Revenue	28,483.63	250,620.43
OTHER EXPENDITURES		
800 Workers Comp Claims Paid	27,957.13	199,577.28

		Total
	Aug 2024	Jan - Aug, 2024 (YTD)
810 Interest Expense		3,097.25
Total Other Expenditures	27,957.13	202,674.53
NET OTHER REVENUE	526.50	47,945.90
NET REVENUE	\$ -12,402.00	\$93,024.98

Statement of Financial Position

As of August 31, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
1010 US Bank Checking 4037	103,237.20
1020 Health Initiative Reserves 2765	2,000.00
1030 US Bank 6221	100.00
1040 Key Bank Worker's Comp	5,619.84
1050 Cash Equivalents	
1055 Local Government Investment Pool	958,817.36
Total 1050 Cash Equivalents	958,817.36
Total Bank Accounts	1,069,774.40
Other Current Assets	
1105 Tax Receivable	705.00
Total Other Current Assets	705.00
Total Current Assets	1,070,479.40
Other Assets	
2001 Richmond Trust (Restricted)	582,272.29
Total Other Assets	582,272.29
TOTAL ASSETS	\$1,652,751.69
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2020 Accounts Payable	7,672.90
2021 AP - ADS	3,240.00
Total Accounts Payable	10,912.90
Credit Cards	
2024 U.S. Bank CC (4195)	303.55
Total Credit Cards	303.55
Total Current Liabilities	11,216.45
Long-Term Liabilities	
2100 Loan from ADS	42,425.21
Total Long-Term Liabilities	42,425.21
Total Liabilities	53,641.66
Equity	
3200 Net Position	595,360.30
3210 Restricted - Expendable	341,000.00
3220 Restricted - Expendable Richmond Trust	569,724.75
Net Revenue	93,024.98

	Total
Total Equity	1,599,110.03
TOTAL LIABILITIES AND EQUITY	\$1,652,751.69

Statement of Cash Flows - Last Month

August 2024

	Total
OPERATING ACTIVITIES	
Net Revenue	-12,402.00
Adjustments to reconcile Net Revenue to Net Cash provided by operations:	
2020 Accounts Payable	7,612.96
2024 U.S. Bank CC (4195)	-126.09
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	7,486.87
Net cash provided by operating activities	-4,915.13
NET CASH INCREASE FOR PERIOD	-4,915.13
Cash at beginning of period	1,074,689.53
CASH AT END OF PERIOD	\$1,069,774.40

Check Detail

August 2024

Date	Transaction Type	Num	Name	Memo/Description	Clr	Amount
1010 US Bank Checking 4037						
08/05/2024	Expenditure		Mutual of Enumclaw	ACH Debit(s)	R	-49.30
				ACH Debit(s)		49.30
08/08/2024	Expenditure		Spencer Harris	ACH Debit(s)	R	-322.00
				ACH Debit(s)		322.00
08/08/2024	Expenditure		EFT Payments (See Detailed List)	ACH Debit(s)	R	-9,328.00
				W. Briggs, M. Brault, S. Dunlop, M. Kinney, G. Long, R. Reil		3,253.00
				S. Snowdy		2,500.00
				L. Kerr		3,300.00
				D. Clark		275.00
08/13/2024	Bill Payment (Check)	1737	Ellerd, Hultgrenn & Dahlhauser, LLP		R	-1,796.00
						-1,796.00
08/13/2024	Bill Payment (Check)	1736	Advantage IT		R	-953.30
						-953.30
08/13/2024	Bill Payment (Check)	1735	U.S.Bank CC (4195)		R	-429.64
						-429.64
08/14/2024	Expenditure		US Bank	Miscellaneous Fee(s)	R	-43.06
				Miscellaneous Fee(s)		43.06

Date	Transaction Type	Num	Name	Memo/Description	Clr	Amount
08/16/2024	Expenditure		Epic Tax Solutions	ACH Debit(s)	R	-1,730.00
				ACH Debit(s)		1,730.00
1040 Key Bank Worker's Comp						
08/30/2024	Expenditure		Workers Comp		R	-27,957.13
						27,957.13
08/30/2024	Expenditure		KeyBank		R	-302.03
						302.03

Kennewick Public Hospital District

Transaction Report - US Bank Credit Card

August 2024

DATE	TRANSACTION TYPE	NAME	AMOUNT
U.S. Bank CC (4195)			
Beginning Balance			
08/02/2024	Credit Card Expenditure	GoDaddy.com, LLC	24.10
08/02/2024	Credit Card Expenditure	Adobe	21.73
08/06/2024	Bill	U.S.Bank CC (4195)	-429.64
08/19/2024	Credit Card Expenditure	Microsoft Edge	176.64
08/19/2024	Credit Card Expenditure	Microsoft Office	26.08
08/23/2024	Credit Card Expenditure	Spectrum	55.00
Total for U.S. Bank CC (4195)			\$ -126.09
TOTAL			\$ -126.09

Contractor Payment Register Report

Kennewick Public Hospital District

Pay Period From 07/01/2024 to 07/31/2024, Pay Date: 08/09/2024, Payment # 11

#	Contractor Name	Compensation	Federal Tax	YTD	State Tax	YTD	Reimbursement	Deductions	Net pay	Check #
9	Mark C Brault	805.00	0.00	0.00	0.00	0.00		0.00	805.00	
2	Wanda Briggs	483.00	0.00	0.00	0.00	0.00		0.00	483.00	
11	Debra L Clark	275.00	0.00	0.00	0.00	0.00		0.00	275.00	
12	Sheila K Dunlop	516.00	0.00	0.00	0.00	0.00		0.00	516.00	
3	Leland Kerr	3,300.00	0.00	0.00	0.00	0.00		0.00	3,300.00	
4	Marv Kinney	483.00	0.00	0.00	0.00	0.00		0.00	483.00	
5	Gary Long	483.00	0.00	0.00	0.00	0.00		0.00	483.00	
7	Rick Reil	483.00	0.00	0.00	0.00	0.00		0.00	483.00	
8	Salem Snowdy	2,500.00	0.00	0.00	0.00	0.00		0.00	2,500.00	
Payment Totals :		9,328.00	0.00	0.00	0.00	0.00	0.00	0.00	9,328.00	

Contractor Payment Register Report

Kennewick Public Hospital District

Pay Period From 07/01/2024 to 07/31/2024, Pay Date: 08/09/2024, Payment # 14

#	Contractor Name	Compensation	Federal Tax	YTD	State Tax	YTD	Reimbursement	Deductions	Net pay	Check #
13	Spencer D Harris	322.00	0.00	0.00	0.00	0.00		0.00	322.00	
Payment Totals :		322.00	0.00	0.00	0.00	0.00	0.00	0.00	322.00	

MAY 29, 2024

RAISING THE PHD PROFILE

A ROAD MAP FOR TWO RIVERS HEALTH

SUNSHINE
COMMUNICATIONS



Mary Kay Clunies-Ross

MaryKay@MKCRsunshine.com

Introduction

Public hospital districts have a special relationship with their communities. With boards and commissions elected by district residents, PHDs are uniquely connected and accountable to all their residents.

The strength of any given district—whether it has a hospital or not—is often determined by the strength of its relationships with the community. Whether the challenge is a bond, a new service line or a significant readjustment of services, the district is always better able to fulfill its mission when it has a strong network of allies.

If your elected officials, service and church groups, business organizations and informal networks are informed and connected, you are better able to:

- Utilize the power of being a local taxing district;
- Develop partnerships with other agencies to coordinate services and respond to common health needs;
- Respond to health, financial and reputational crises by engaging other close partners who can speak up for you;
- Create opportunities for hearing what residents want and need in their local PHD;
- Advocate for state laws and policies that will support the district's ability to provide health care services close to home.

By including relationship-building into your regular operational plans and calendars, districts can also ensure the community connections are maintained over time. That continuity will service the district for decades to come.

This report is intended to give you a clear picture of where you have existing connections, where those connections could grow, and how you can more effectively tell your hospital story.

We always remind people: "You're not talking to a crowd; you're talking to a parade." What's more, people need to hear information several times before it really sinks in. That is why messages need to be simple—maybe over-simple—and repetitive over time and audience. But that consistency creates trust, which opens the door to everything else.

We appreciate the time and candor you have given to this project, and we look forward to more!

2024 is the "Year of Amplifying the Public Hospital District Voice" and our goal is to provide you with the resources you need to make immediate and long-term improvements in your communications with the public.

This sets a strong foundation for not only future bond and levy measures, but also community-based initiatives. However, most importantly, create a community that knows and values you as a public hospital district.

–Matthew Ellsworth
Executive Director, Association of
Washington Public Hospital Districts

–Josh Martin
AWPHD Board Chair
CEO, Summit Pacific Medical Center

Table of Contents

Introduction.....	1
Table of Contents	2
Facts and Situation Summary	3
Communication Scan	4
Communication Channels: Current State	4
Communication Connections: Current State	5
Future State	7
Opportunity Overview	7
Developing and Using a Strong Message.....	8
What are we saying? Overall Message.....	8
Who is doing the talking? Prepared Messengers	9
Who are we talking to? Key Audiences.....	9
When are we saying it, and how? Engagement planning	10
Conclusion and Next Steps	11

Facts and Situation Summary

Name: Kennewick Public Hospital District

DBA/Formal Name: Two Rivers Health

Known As: Kennewick Public Hospital District

Any additional brand/logo issues or confusion?

Some community confusion on relationship between PHD and Trios Health (owned and operated by LifePoint) as a result of the 2018 bankruptcy reorganization.

Short description of PHD

An agency created by state law, we exist to support Trios Health and to fill gaps in health services within our community.¹ The district is a sole member of Adult Day Services, provides scholarships for local students pursuing medical careers and is looking for opportunities to support mental and behavioral health services in the Tri-Cities area.

Upcoming ballot concerns or significant capital or operational changes

None- continued transition away from hospital operations to finding clear, new purpose.

Current challenge: As stated in the PHD's *The Continued Need for the Public Hospital District* document, "Since the Kennewick Public Hospital District's bankruptcy reorganization in 2018, its current role is generally unknown, and some question the need for its continued existence. The short answer is that due to that reorganization, its continued existence is not only necessary for maintaining the high level of healthcare services and access to healthcare provided at Trios, but also beneficial for the community."

However, the public does not necessarily understand the connection between the property tax assessment, the hospital services, and the community need for the district. The challenge for Kennewick in this moment is multi-faced, and includes:

- Distancing itself from the bankruptcy;
- Demonstrating how the PHD is essential to keeping hospital services available (this will require coordinated messages with hospital management);
- Articulating the value of the district and how it benefits residents; and
- Articulate the new mission of the district and the path forward.

Goal: The goal of this project is to help the public understand what the public hospital district is and the benefit it provides.

In the short run, that means close engagement and collaboration with community leaders; in the long-run, that includes a larger, public-facing conversation and engagement with community partners.

¹ From 2019 Retreat Summary

Communication Scan

In order to develop a better picture of how Two Rivers Health currently communicates with the public, we have done a very basic audit of vehicles currently being used. A review of options can reveal communication gaps– and thus, opportunities– for improving the flow of information to the public.

Not every communication channel is right for every district, but they are provided comprehensively so that you can make informed and strategic choices based on the broadest set of options.

Communication Channels: Current State

	Audience	Frequency Avail	Frequency we use	Notes
Website	Public	24/7/365	24/7/365	Primarily for FAQ and
Annual Report	Regional	Once per year	Once per year	Financial audit published to state auditor website, KPHD website and available by print
Media/Press Releases	Regional	As needed	Monthly (meetings)	Meeting and appointment announcements- no regular coverage or connection
Comms with commissioners	Commissioners + Superintendent	As needed	As needed	Multiple times per month
Not Immediately Needed or Not Applicable				
Social media posts				
Social media ads				
Print Publications (ads)				As required by regulations (legal notices, etc.)
Google/Yelp reviews				
Staff newsletter/emails				
Internal internet, bulletin board, etc.				
Print publications				
Postcards				
Press Ganey services				
Newsletter				

Communication Connections: Current State

Similar to the communications audit above, this table is a map of the many possible ways that public hospital districts show up to be seen by their community leaders.

This list isn't intended to be prescriptive, or to judge you for what you are or are not doing. However, PHDs benefit by having strong relationships with other community organizations and leaders. The wider and stronger that web of connections is, the better off you are.

Organization or Person	Notes (e.g., is there a relationship already, how to grow?)
City Council(s)	
Other providers (clinics, hospital)	
Mayor(s)	
County Executive	
County Commissioners	
Lyons Club, Rotary, Kiwanis	
Family Health and Wellness Foundation	The org's money is managed by Three Rivers Community Foundation
School District(s)	
Colleges/Universities	WSU AND CBC: Existing RN scholarship programs. PNWU - Dr. Whitney Fix-Lanes is a connection Dr. Sheila has
Chamber of Commerce	
Unions/Nurses	
Economic Dev Council	
Public Health Officer	
Realtors	
Church leaders/liaisons	
Other taxing districts? Fire, etc.	Best approach is 1:1 with commissioners, executive directors
Legislators	
Ethnic community organizations	
Trios Board of Trustees <ul style="list-style-type: none"> • Randall Fong, MD, Chair • Lou Koussa, MD, Vice Chair • Kimberly Bell, MD Chief of Staff, Trios Health • David Elgarico CEO, Trios Health • Elisabeth Holt Tri-Cities Manager, Baker Boyer Bank • Evelyn Lusignan PR and Gov't Affairs Director, City of Kennewick • Eric Pearson CEO, Community 1st Bank • Tony Peurrung, PhD Pacific NW National Lab 	

<ul style="list-style-type: none"> Darel Thomsen, CPA Clifton Larson Allen 	
<i>Tri-City Herald</i>	Some required legal notices; no regular news coverage
Association of Washington Public Hospital Districts	
Washington State Hospital Association	

Future State

Reminder: Our goal is to identify a messaging approach that will help the hospital district raise its profile and define its role. This starts with community leaders and spreads to the community as a whole. Strong communication and relationships will help set the foundation for the PHD as it moves forward in redefining itself.

This message approach does not substitute for a strategic planning process– it creates a conversational foundation that the district can build on. Whether the district does a formal strategic planning process or not, it will likely hone its mission and services over time and will need to bring the community along. These messages are intended to help facilitate that.

Opportunity Overview

Out of necessity, the district has been in somewhat of a defensive posture as it has worked to get out from under the cloud of the bankruptcy. At this point, however, enough questions have been asked (and answered) about the past and it is now time to focus on the district's current value and the future plans.

The move away from hospital operations is a significant one, and the core messages will need to be patiently repeated—even as people may be tempted to re-hash the past.

However, consistent focus on the current and future needs of the community will be effective in redefining the district. A “reintroduction” effort can start with close partners, and be broadened to include relevant community groups, other local governments, and beyond.

Developing and Using a Strong Message

What are we saying? Overall Message

Community leaders and the public are still going through a process of understanding the PHD-Without-A-Hospital idea. It will take time. That said, if a few basic messages are delivered consistently by trustworthy partners, the fundamental points will soak in.

Main Messages

These are the messages provide the structure for telling the larger hospital district story, and that need to be delivered regularly and consistently.

1. Public hospital districts exist to fill the gaps in what the community needs for health care. We share the load to provide services that otherwise would be impossible.
2. Two Rivers Health doesn't directly manage Trios Hospital, but we commit 80% of our resources to helping to ensure the hospital is there when we need it.
3. Right now, we also support Adult Day Services and college scholarships for students pursuing 2- and 4-year healthcare degrees. This enables local young people to get good jobs, close to home.
4. We're not stopping here. The public hospital district has an important role to play in the community, and we will continue to engage with the community to find ways to help.

Supporting Messages

These are examples of supporting messages that can be varied over time, depending on the season, community needs, new service launches or event. Note that all these messages relate to the main messages above.

1. Public hospital districts exist to fill the gaps in what the community needs for health care. We share the load to provide services that otherwise would be impossible.
 - a. Adult Day Services
 - b. Health care scholarships
2. Two Rivers Health doesn't directly manage Trios Hospital, but we commit 80% of our resources to helping to ensure the hospital is there when we need it.
 - a. At a time when hospitals are struggling to stay open, PHD financial support is essential
3. Our other resources go to support Adult Day Services and scholarships for students who are going to college for jobs in healthcare. This enables local young people to get good jobs, close to home.
 - a. Blurb about ADS
 - b. How many scholarships, etc.
4. We're not stopping here. The public hospital district has an important role to play in the community, and we will continue to engage with the community to find ways to help.
 - a. Any information about next steps

Who is doing the talking? Prepared Messengers

The work of building community relationships cannot belong to one person; it is a coordinated effort of the many committed and respected people connected to the district, and who have relationships and credibility. Everyone who speaks on behalf of the district should have some basic speaker training, which is why a basic message and speaker training for leadership and commissioners is included in the AWPHD package.

- **PHD Leadership:** The communication work starts at the top, with the Superintendent setting the direction.
- **Commissioners:** Elected directly by the community, commissioners can return to voters, neighborhoods and organizations and discuss the district's progress and forecast for the future.

Who are we talking to? Key Audiences

In general order of both access and urgency, here are Kennewick's key audiences. The prioritization is based on

- **Community (organization) leaders:** As the bankruptcy hurt the district's reputation (fairly or not), the district will have to rely on other third-party validators more than others. Identifying key leaders who can speak to the value of the district will help with the stigma and can help their audiences stay focused on how the district can solve common problems.
- **Other elected officials:** There is a good opportunity for elected officials to connect—as PHDs share many same problems, opportunities and citizen-customers, public agencies should know each other. Even without the dynamic of going to the ballot, there is common work in terms of public meetings, public records act, sunshine requirements and more.

When are we saying it, and how? Engagement planning

There are a broad variety of times and places to share the district's story. These are just the basics, but the more you do, the more opportunities you'll see. While we encourage the establishment of ongoing relationships with certain regular partners and key leaders, other relationships may be project- or time-specific. You may also want to develop an annual engagement calendar to ensure you're meeting on a regular schedule.

1. Prioritize groups and schedule meetings

We discussed two major phases: first are the more institutional partners, such as community, nonprofit and organization leaders, then other elected officials, and then the education community. The second phase is informed by those conversations and is directed to the public at large. This work includes updating the website and doing some social media, direct mail and traditional media.

2. Develop "Road Show"—a consistent story and materials that any PHD leader can do

- a. List of community meetings
- b. Who can go and are they trained
- c. Materials to bring
- d. Call to action

3. Bring materials

- a. Annual Report/End of Year Summary
- b. Talking points
- c. PowerPoint slides

	Organization	Opportunity / Notes
Tier 1: Essential leadership organizations and people	Trios Leadership	Conversations ongoing
	Cities: Councils and Mayors	Kennewick supportive of build but without a city manager. Schedule workshop after hire.
	Counties: Executive/Commissioners	
	Public Health Officer/District	No current health officer, executive
	Rotary	
	Soroptimist	
	Kiwanis	
Tier 2: Relationships in development	School District(s)	
	Colleges and Universities	
	Large nonprofits, e.g., United Way?	
Tier 3: Keep informed	Chambers of Commerce	
	Economic Dev Council	
	AWPHD	
	Washington State Hospital Association	
	Church leaders/liaisons	

Conclusion and Next Steps

Kennewick has a strong story to tell: the public hospital district continues to meet the community's needs in meaningful and innovative ways.

The first opportunity is to work with Trios staff and find a mutually acceptable way to express how the PHD contributes to, maintains or improves clinical services.

By being able to succinctly express how 80 percent of their tax dollars are used, PHD leaders can then pivot to other ways the district identifies and meets community needs. This opens the door to discussing how the PHD will continue to be responsive to community needs, long into the future.

Everything you're doing now is a foundation for what you're doing next.

By wrapping this together into a standard presentation of 15-20 minutes, you can then go out and engage key community leaders and groups. By starting with more supportive and informed audiences, everyone can get comfortable talking in front of groups about these issues. This also has the benefit of being able to assume some basic knowledge, which will make it easier and faster to get to the core points (e.g., you won't have to explain special district financing laws to a city council, for example.)

And always, the most important thing of any communication plan is not what you say: it's what you hear. By spending time with all these different organizations and people, the PHD will become even more authoritative on community need, and an even better resource for convening community partners to solve complex problems.