CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Public Hospital District No.1: Board of Commissioners Meeting Agenda

Wednesday October 22, 2025 | 5:00 PM

Arleen Blackburn Conference Room and Zoom Connection

All times listed are approximates and not a true indication of the amount of time to be spent on any area.

I.	**Call to Order**	5:00	Shari Campbell
II.	**Pledge of Allegiance**	5:00	Shari Campbell
III.	**Consent Agenda**	5:00	Shari Campbell

All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.

- Meeting Agenda
- September 24, 2025 Board Meeting Minutes

Previous Month's Warrants Issued:	10127575 – 10127679	09/17/2025 – 10/14/2025	$ 413,336.51
Accounts Payable EFT Transactions:	20250133 – 20250146	09/17/2025 – 10/14/2025	$ 561,945.93
Payroll EFT Transactions:	28212 – 28630	09/17/2025 – 10/14/2025	$ 961,792.34

- Bad Debt: September 2025

IV.	**Community Input**	5:05	Commissioners

Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.

V.	**CM Values**	5:10	Diane Blake
VI.	**Q3 Finance Report**	5:15	Marianne Vincent
VII.	**Finance Committee Report**	5:30	Tom Baranouskas
VIII.	**2026 Budget Hearing: 2nd Reading**	5:45	Marianne Vincent
IX.	**Action Item:**	6:05	Commissioners
	a. **MOTION:** Approve Ambulance Purchase		
	b. **MOTION**: Approve Resolution: 2025-05: 2026 Operating & Capital Budget		
X.	**Committee Reports**	6:15	
	a. Medical Staff Meeting		Dr. Jesse Knight
	b. Part-time Resident Advisory Council (PTRAC)		Shari Campbell
XI.	**Discussions & Reports**	6:25	
	a. Q3 Organizational Dashboard Review		Diane Blake
	b. Draft Three-Year Objectives		Diane Blake
	c. Draft Community Health Needs Assessment		Diane Blake
XII.	**Action Items**	7:00	Commissioners
	a. **MOTION**: Approve Credentialing		
	b. **MOTION**: Approve Resolution 2025-06: Authorizing the 2026 Regular Property Tax Levy		
	c. **MOTION**: Approve Resolution 2025-07: Authorizing the 2026 EMS Property Tax Levy		
XIII.	**Administrator Report**	7:10	Diane Blake
XIV.	**Board Follow Up Items**	7:25	Commissioners
XV.	**Meeting Evaluation/Commissioner Comments**	7:30	Commissioners

Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.

- Retreat Feedback

XVI.	**Adjournment**	7:40	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
November 11, 2025	**Q4 Open Forum**	**Jessica**	**ABC Room**	**12:30 PM**
November 12, 2025	**CMF Board Meeting**		**ABC Room**	**9:00 AM**
November 12, 2025	**Q4 Open Forum**	**Cary**	**ABC Room**	**11:30 AM**
November 13, 2025	**Q4 Open Forum**		**ABC Room**	**12:00 PM**
November 13, 2025	**Q4 Open Forum**	**Jessica & Shari**	**ABC Room**	**5:15 PM**
November 18, 2025	**Community Engagement Night**	**Shari**	**Leavenworth Festhalle**	**4 PM – 7 PM**
November 19, 2025	**Board Meeting**		**ABC Room**	**5:00 PM**
December 10, 2025	**CMF Board Meeting**		**ABC Room**	**9:00 AM**
December 17, 2025	**Board Meeting**		**ABC Room**	**5:00 PM**

Values

Commitment – We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.

Community – We demonstrate our effectiveness and quality in complete transparency with each other and in line with the values of our medical center.

Empowerment – We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.

Integrity – We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.

Quality – We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.

Respect – We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.

Transparency – We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.

AGENDA / PACKET EXPLANATION
For Meeting on October 22, 2025

Below is an explanation of agenda items for the upcoming Board meeting for which you may find pre-explanation helpful.

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday's meeting and / or pull individual items from the consent agenda at the meeting, should you wish to discuss.
- **Q3 Financial Report** – Included in your packet is the financial report for September 2025, which reports financial performance through third quarter. The financial report is presented early in the meeting, in advance of the budget, so current year-to-date financials may be considered prior to budget approval.
- **Finance Committee Report** – Included in your packet is an agenda for the most recent Finance Committee meeting as well as the finance dashboard, to inform Tom's report. The Finance Committee report comes ahead of the budget reading so any budget discussion at the committee meeting can help inform the presentation of the second reading of the budget.
- **2026 Budget Hearing: 2nd Reading** – Included in your packet are the materials summarizing the operating and capital budget for 2026. **If you have any big questions or anticipate needing additional information and you realize that ahead of the meeting, please submit those ahead of time to Marianne, if at all possible.** This will help ensure we are as prepared as possible at the meeting. (It's still perfectly fine to have questions at the meeting as well – we look forward to them!) As a reminder, there are a few processes we need to follow to properly conduct the budget hearing:
    - Marianne will make the budget presentation. The board may ask Marianne questions during the presentation.
    - After the budget is presented, the Board President will open the public hearing to hear comments from the public specifically on the budget.
    - After all public comment has been received, the Board President will close the public hearing.
    - The board can then enter into longer discussion / deliberation on the budget, including regarding the question of annual increases, should the board desire.
- **Action Items**
    - Approve Ambulance Purchase – Included in your packet is an SBAR for the Board to consider approval of an ambulance. This is presented ahead of the motion for budget approval because an approval of the ambulance this meeting will remove it from the 2026 capital budget.
    - Resolution 2025-05: 2026 Operating and Capital Budget – Included in your packet is a resolution for the board to vote on to pass the 2026 operating and capital budget. This motion comes after the board deliberation described above.

- **Committee Reports**
  - Medical Staff Meeting – No documents are included in your packet for this report; Jesse will provide a verbal report out related to her attendance at the October Med Staff meeting.
  - Part Time Resident Advisory Council (PTRAC) – Included in your packet is the agenda from the most recent PTRAC meeting, to inform Shari's report.

- **Discussions & Reports**
  - Q3 Organizational Dashboard Review – Included in your packet is the third quarter dashboard as well as a companion document providing additional summarized information on organizational progress. We've included several questions on the summary document that we're interested in your thoughts on; additional questions / feedback on our strategic work are also welcome.
  - Draft Three-Year Objectives – No documents are included in your packet for this item. Management will walk through a presentation summarizing the themes from the recent retreat and how those are beginning to be shaped into three-year objectives. This discussion will help continue to shape our objectives for further review in November and then hopeful approval in December.
  - Draft Community Health Needs Assessment (CHNA) – Included in your packet is a draft of the proposed Community Health Needs Assessment report. This report will need to be approved by the Board by end of December and is included at the October meeting to allow for familiarity with the document and visibility on intersections with the strategic objectives, as we refine those in the coming next months. We plan to bring the CHNA back to you in November, potentially for approval, depending on feedback received at the October meeting. Your strategic questions and feedback are welcome on this draft document.
- **Action Items**
  - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
  - Approve Resolution 2025-06 Authorizing Regular Property Tax Levy – Approval of this resolution allows us to direct the County to authorize collection of the 2026 regular property tax levy. The resolution is not included in your packet but will be emailed separately early in the week. This is due to the somewhat earlier timing of our October Board meeting coupled with the time needed by the County to prepare the tax documents, which just arrived to us on Friday.
  - Approve Resolution 2025-07 Authorizing EMS Property Tax Levy – Approval of this resolution allows us to direct the County to authorize collection of the 2026 EMS property tax levy. The resolution is not included in your packet but will be emailed separately early in the week. This is due to the somewhat earlier timing of our October Board meeting coupled with the time needed by the County to prepare the tax documents, which just arrived to us on Friday.

Further Notes

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Normally we would include the Q3 turnover data in this packet but will include it in the November packet instead.
- Included in your packet is the payor mix for the organization. This is included as an informational item to support the questions and discussion at the September meeting.

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
September 24, 2025

Present: Shari Campbell, President; Tom Baranouskas, Vice President; Cary Ecker, Commissioner; Dr. Jesse Knight, Commissioner; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Melissa Grimm, Chief Human Resources Officer; Marianne Vincent, Chief Financial Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director, Rural Health Clinic

Guests: Bob Jennings, Foundation: Erin Adams, MSO; Jason Satterfield, EMT

Zoom: None present

Topics	Actions/Discussions
Call to Order	President Shari Campbell called the meeting to order at 5:01 PM. Shari Campbell then led the Pledge of Allegiance.
Consent Agenda	Tom Baranouskas moved to approve the consent agenda; Jessica Kendall seconded. Motion unanimously approved.
Community Input	No community input
Foundation Report	Bob Jennings delivered the report. "All Good News". Will be taking on another project, following a successful Jive Time event. Five members going off the board, looking for new recruits, any suggestions provide their contact information to Bob Jennings.
Board Education: Budget	Marianne delivered a presentation on the budget cycle, budget development and formation process. Presentation included introduction of budget process, budget calendar, risk assessment, strategic plan, capital budget, operating budget, market wage analysis, FTE budget, budget assumptions, budget packet/data, annualized expenses, contractual allowances, non-departmental revenues and expenses, cashflow forecast, board approved increase, 1st draft and final draft review, final budget approval.
CM Values	Diane Blake provided reflections on CM's culture of Shared Values Diane shared a note from one team member about another team member – which highlighted 4 shared values: Commitment, Community, Quality and Respect.
Committee Reports	**Governance** Shari Campbell delivered the report. A large portion of the meeting was discussing the planning for the board retreat on October 3rd. Discussion on board evaluation surveys and the process; Governance will review questions again and pass those on to the committee chairs for review during their subsequent in person meetings. Discussion on succession planning and process, including on inviting community members onto board committees. **Medical Staff**

	Cary Ecker delivered the report. Cary noted a large amount of respect and rapport amongst provider staff. Discussion on MD's signing off on advanced practice provider charts and notes**.** Discussion about a new lab test. Cary shared with Med Staff that the board is committed to the clinic remodel going smoothly, provider comp study to be completed by the end of the year and to hiring a new provider. **Quality Oversight Committee** Jessica Kendall delivered the report. Shared highlights from the August meeting: Dashboard data discussion, still working through the correct data for the board dashboard. Shared information on the Critical Access Hospital requirement around the 96-hour rule. Board rounding review. Shared external data points with which CM staff receive or share information. **Board Quality Rounding** Jesse Knight delivered the report. Cary and Jesse rounded in August. Rounded with Shawndra about internal compliance goal of 95% of Avade (workplace violence) training by September 2025 (all staff excluding pool employees), currently at 90%. Lab project related to results from pathology. Goal to reduce to 0.5 incidents or less, per month, in a rolling 12 months. This is being done by an electronic fax versus hardcopy.
Discussion and Reports	**First Reading of Draft 2026 Budget** Reviewed volume forecast Acute, Swing Bed, ED and Clinic. Most potential for variability coming into 2026 is the clinic due to changing factors, including the potential expansion of hours, adding providers. Project an increase in charges at 5%, proposed FTE increase of 5.3 (2 MSO proposal, 1.8 Rehab staff, 1 laundry and environmental, 0.5 HIM). Rehab and MSO are still under discussion with executive team. Proposed capital budget amount of $1,656,000 (large item for Zoll monitors in the ambulances). Wage work to implement long-term philosophy/strategy is underway; this work will be a 2–3-year project and the first step is included in the draft budget. Reviewed Revenue and Expense Summary projections for remaining 2025 and 2026. Reviewed capital budget items for 2026. **Prep for October Retreat** Shari gave a summary of the plan for the upcoming board retreat and solicited input from the board related to needs, questions, expectations for the board retreat. Commissioner discussion included: What does our community need and want and how do we provide this in the highest quality way. Low primary care market share and challenging access to the facility due to location and parking. Discussion on expansion opportunities, including whether there were opportunities on alternative campus locations. CHNA – reducing the out-migration of services. How could we determine this data? An understanding of service line expansion and payor mix. Request for presentation on "what will a hospital look like in the future". Send questions and thoughts to Diane, if you have them in advance of the board retreat **Rural Advocacy Recap** Summary presented by Shari: WSHA and AWPHD were present in DC also and bring great knowledge and strength to the work. Diane has been engaged with both local, state and

	federal advocacy. Three main areas of advocacy included: Enhancement for premium tax credit related to those covered by ACA products. PAYGO – Asked lawmakers to waive the coming 4% cuts to Medicare and Medicaid payments; given all the cuts that have already occurred, further cuts could be disastrous to hospitals. Rural Health Transformation Program – asked that the monies go to rural hospitals and not companies that do not provide direct care to rural patients.
Action Items	**Motion: Approve Credentialing** Jessica Kendall moved to approve the revised list of providers to credential, Tom Baranouskas seconded. Motion unanimously approved for the following appointments: Teleradiology Initial Privileges (1-year) • Rachel Nelson, MD Teleradiology Active Privileges: (2-years) • Jason Grennen, MD Locum Tenens Privileges: (90 Days) • Theodore Weatherwax, MD • Kathryn Earle, PA • Tai Moses, PA **Motion: Appoint Community Member to COAC** Jessica Kendall moved to appoint Luke Knutson; Jessie Knight seconded. Motion unanimously approved. **Motion: Resolution for Surplus Equipment** Tom Baranouskas moved to approve resolution to surplus equipment, Jessie Knight seconded. Motion unanimously approved. **Motion: Capital Approval Request Nutanix Switches** Cary Ecker moved to approve capital request for Nutanix switches, Tom Baranouskas seconded. Motion unanimously approved.
August 2025 Financials	Marianne Vincent provided the report. **Summary** August financial results of a net margin of $515,000 were favorable to the budgeted margin of $227,000 by a positive variance of $288,000. Gross revenues of $4,226,000 were below budgeted revenues of $4,302,000 by ($76,000). August operating expenses exceeded budgeted operating expenses by ($301,000). **Revenue, Expense, and Volume Variances** Professional fees were over budget by ($149,000) in August due to Locum fees in the ED, Admin consulting fees for the Master Facilities Plan and consulting fees for Meditech optimization. Supply expenses were over budget in August by ($36,000) with much of this attributable to Lab purchases and Clinic small equipment purchases related to the construction buildout. Other expenses were over budget by ($34,000) primarily due to timing of payments related to the Safety Net Assessment Program. **Patient Statistics**

	Swing Bed and Ambulance exceeded budgeted volumes in August while Radiology, Lab, Rehab and Clinic were below budgeted volumes **Cash Receipts and Balances** August cash collections on patient accounts were $335,000 more than budgeted. Cash balances for the year remain strong at $2,779,000 greater than budgeted cash balances **Accounts Receivable** Days in Net Accounts Receivable are at 39.8 days. **Contractual Allowance** The contractual allowance is at 45%, allowing for a conservative estimate of our uncollectible accounts. We continue to see strong financial performance in August. In august we also saw the roll out of the MRI services. We will begin working on the Medicare cost report as well as working with a third-party vendor who is assisting with our 340B program audit. Working with the TRC and the United Healthcare Roster to correct the letters going out to patients from United that providers are no longer covered.
Administrator Report	Diane delivered the report, including updates regarding staffing and recruitment related to providers. We have a locum provider in the clinic most weeks Wednesday-Friday. We are still recruiting for a primary care provider and we opened the recruitment to nurse practitioners and will likely open to PA's once we have clarity on how we address physician oversight. We've extended a job offer to the NP candidate we interviewed earlier this month. We will still continue the recruitment process, as we have 2 primary care positions open. In October we have 2 interviews scheduled with residents that are looking for positions starting late summer of 2026. Continue to work on provider compensation. Dr. Jerome is reducing clinic days to 3 days per week in the clinic starting October 1, 2025, and he will pick up 2-3 shifts per month in the ED. All Q4 ED shifts now covered. MRI has been going well; we performed 5 today and already have 5 on the schedule for next week. Capacity is 8-10 MRIs per day. 1st phase of the clinic remodel is complete and work beginning on phase 2. DOH arrived September 23-24 to do the rural health clinic survey. Whitney did a great job, the surveyor commented on how much she appreciated working with Whitney. No findings in any areas at this point, and one open item related to annual equipment inspections.
Board Action Items	Check your emails regularly Retreat October 3rd at 8:30 Please complete timecards
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	Shari called the executive session to order at 8:02 for 20 minutes. The group extended the executive session at 8:22 for 10 minutes and again at 8:32 for 20 minutes. Returned to regular session at 8:52.
Adjournment	Tom Baranouskas moved to adjourn the meeting at 8:53, Jessica Kendall seconded and motion was unanimously approved.

Shari Campbell, President

Jessica Kendall, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: October 22, 2025

Below is a listing of the Accounts Payable warrants and EFT/ACH transactions issued since the last Board of Commissioners meeting along with the payroll EFT transactions since the last Board of Commissioners meeting.

Accounts Payable Warrant Numbers	10127575 – 10127679	$413,336.51	09/17/2025 – 10/14/2025
Accounts Payable EFT Transactions	20250133 – 20250146	$561,945.93	09/17/2025 – 10/14/2025
Accounts Payable ACH Transactions	EP13028 – EP13059 EP13094 – EP13121 EP13159 – EP13188 EP13216 – EP13249	$569,626.74	09/17/2025 – 10/14/2025
Payroll EFT Transactions	28212 – 28630	$961,792.34	09/17/2025 – 10/14/2025
	Grand Total	$2,506,701.52	

Note: The ACH transaction numbers are not reported sequentially; there is a gap between batch runs.

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

Bad Debt Write Offs
Financial Assistance Program Discounts

Month September, 2025

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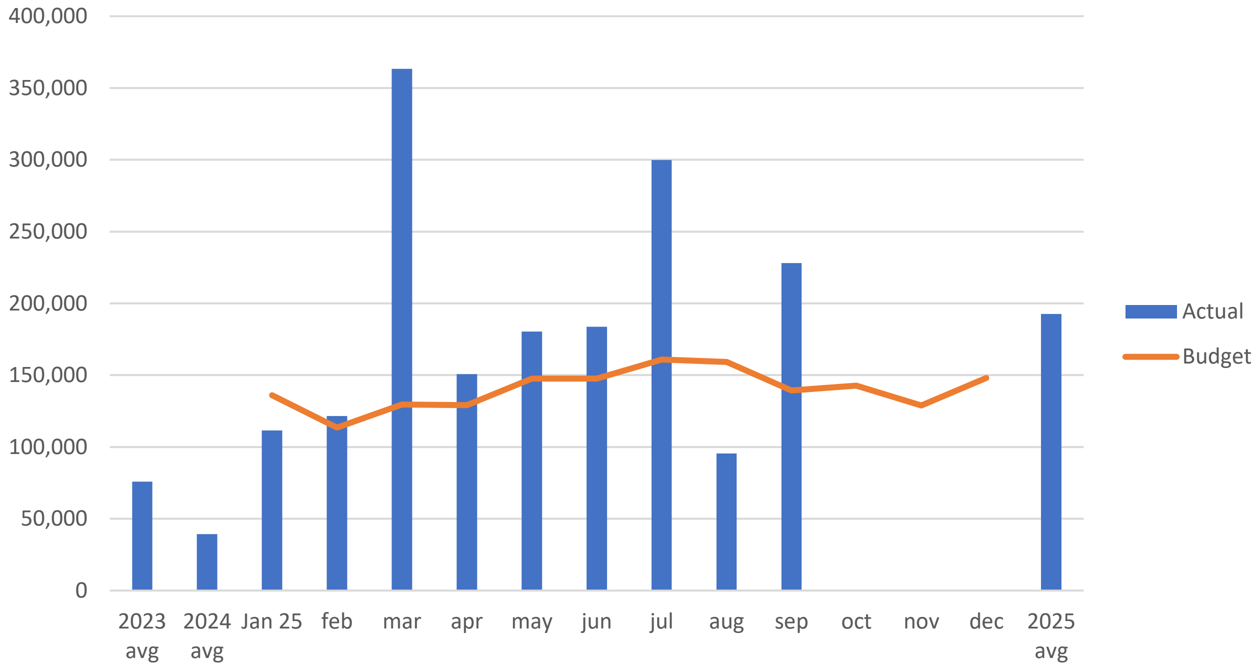
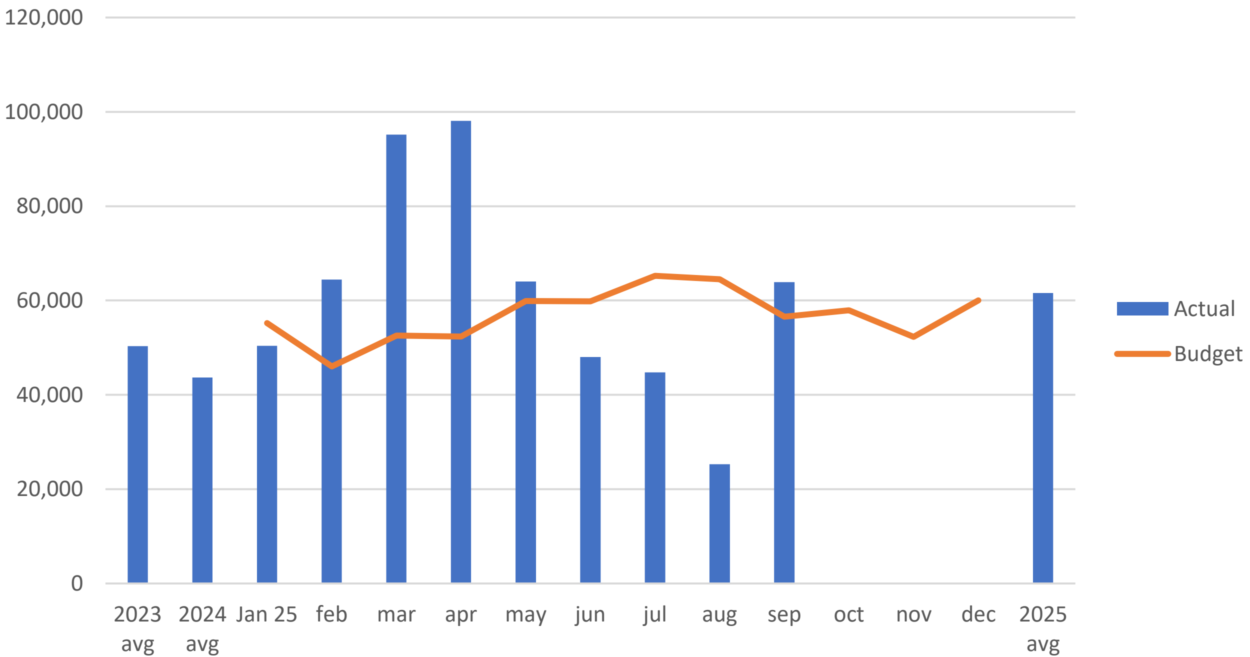
Net Bad Debt Write-Offs for Board Approval		**$**	**227,995.89**
CFSP/Financial Assistance Program Discounts for Board Approval		**$**	**63,910.58**

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		269,699.98
	less: pullback from Agency due to receipt of payments		(41,704.09)
	Net Bad Debt Write-Offs		227,995.89
CFSP/Financial Assistance Applications - Discounts Approved		$	63,910.58
	Total		291,906.47

25263.75


Net Account Balances Sent to Collections
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
2023 avg
2024 avg
Jan 25
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2025 avg
Actual
Budget


CFSP/Financial Assistance Discounts
120,000
100,000
80,000
60,000
40,000
20,000
0
2023 avg
2024 avg
Jan 25
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2025 avg
Actual
Budget

Accompanying Notes for the September 2025 Financial Statements

September Financial Statements –Quarterly Summary

We ended quarter three (Q3) with a margin of $1,962,000 with a budgeted margin of $140,000, resulting in a budget variance of $1,822,000. Our Q3 net margin increase exceeded both Q1 and Q2 and we closed the gap in gross patient revenue in Q3, ending the quarter just slightly below budgeted volumes by ($72,000). Much as in Q2, operating expenses were trending up in Q3, resulting in a variance of ($693,000) at the end of Q3.

Revenue and Expense Variances

1. Professional fees continued to run over budget in Q3 as we continued Meditech optimization work.
2. Supply expenses were over budget in Q3 due to Clinic small equipment purchases related to the Clinic remodel and upgrades.

Patient Statistics

Swing Bed and Ambulance volumes increases in Q3, CT volumes recovered a bit in Q3, while most other department volumes trended down slightly in Q3.

Cash Receipts and Balances

Strong Q3 cash collections exceeded budgeted collections on patient accounts by $1,361,000. Cash balances for the year are $4,006,000 greater than budgeted cash balances.

Accounts Receivable

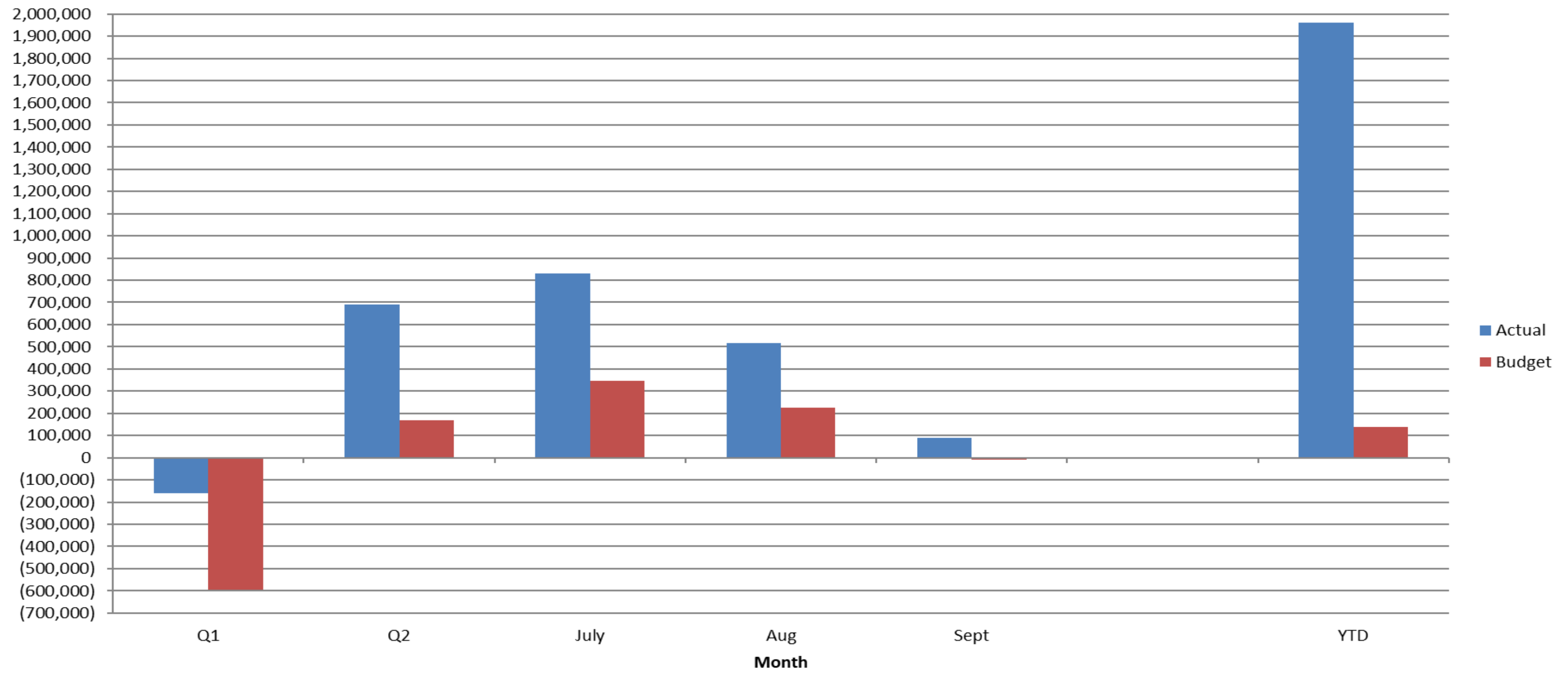
Days in Net Accounts Receivable are at 38.3 days.

Contractual Allowance

The contractual allowance is at 45%, allowing for a conservative estimate of our uncollectible accounts.

Final comments and Upcoming

While volumes slowed late in Q3, we continued to grow cash balances. We saw the rollout of mobile MRI services in late August. We have provided data to our audit firm for completing on the fiscal year 2025 GEMT cost report and are in the process of providing them with data through September for filing of the Medicare interim cost report. We are continuing the work of having an external audit of our 340B program, with the onsite audit scheduled for November.



Cascade Medical
Net Surplus/(Deficit) - 2025
2,000,000
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
1,300,000
1,200,000
1,100,000
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
Q1
Q2
July
Aug
Sept
YTD
Month
Actual
Budget

Cascade Medical Center
Financial Performance Summary
Year-to-Date - September, 2025

000's omitted

	YTD September
Net Margin	
Actual	1,962
Budget	140
Better (Worse) than Budget	1,822
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - SBed $808; Endo $356; Amb $233; ED ($184); Pharmacy ($317); Clinic ($475); CT ($539)	(72)
Contractual Allowances	2,748
Net Patient Revenue	2,676
Other Operating Revenue - 340B ($203); Interest $65	(163)
Total Operating Revenue	2,514
Expenses	
Salaries & Benefits	(26)
Prof. Fees - Informatics ($362); ED Providers ($119); HR ($113); Admin ($110); PT ($98); Acute $54	(748)
Supplies - Lab $94	94
Purchased Services/Repairs - Info Tech $81; Plant $49	121
Other Operating Expenses - Depr ($171); IT $96	(134)
Total Operating Expenses	(693)
Non-Operating Revenues & Expenses	2
Actuals Better/(worse) than Budget	1,822

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending September 30, 2025

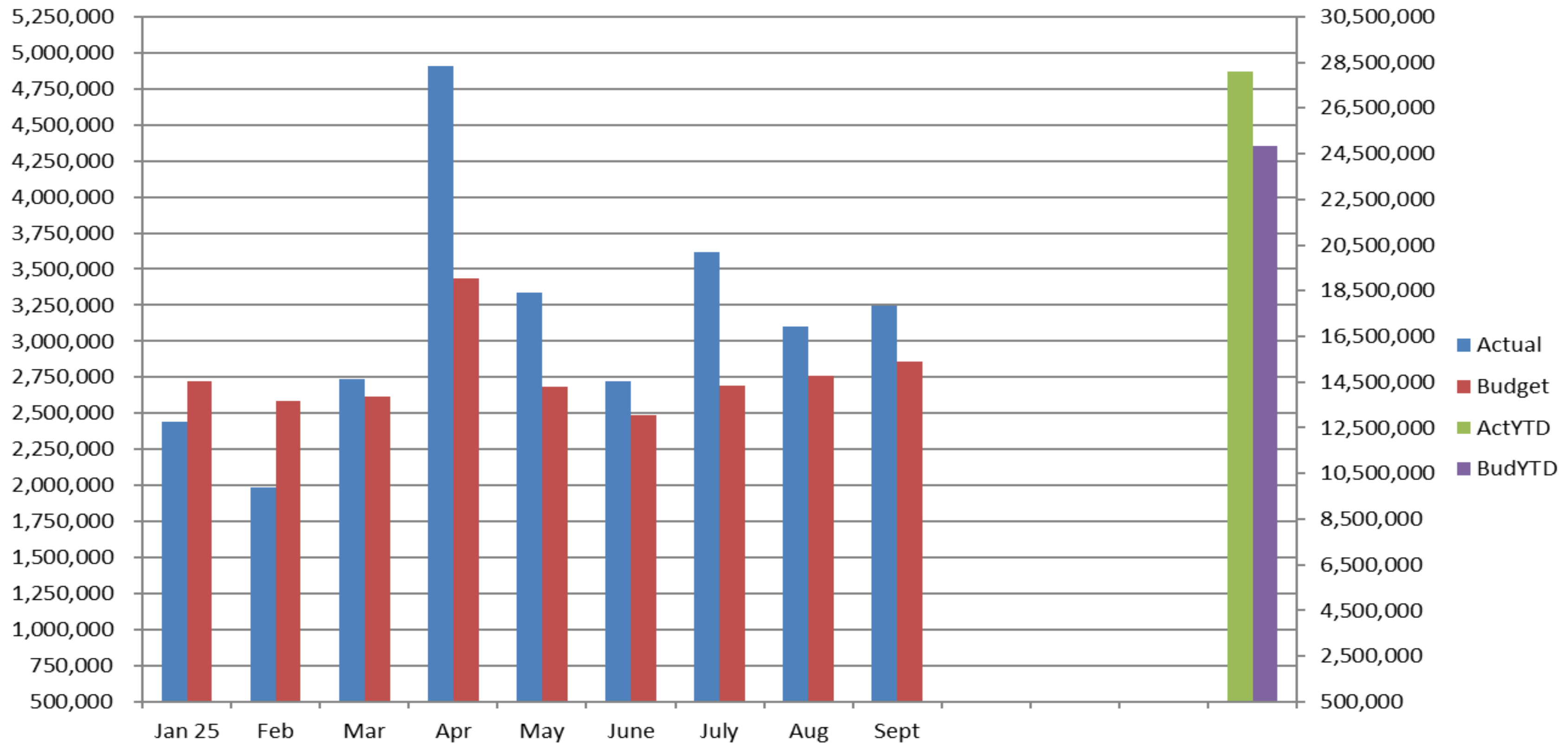
	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,798,295	2,486,435	311,860	24,797,960	22,121,650	2,676,310	21,949,187
Grants, Contribs, Other Op Revenue	134,427	101,695	32,732	1,215,669	1,378,255	(162,586)	1,362,566
Tax Levies, unrestricted	146,762	146,762	-	1,320,858	1,320,858	-	1,307,025
Total Operating Revenue	3,079,484	2,734,892	344,592	27,334,487	24,820,763	2,513,724	24,618,778
Operating expenses							
Salaries & Benefits	1,830,021	1,845,129	15,108	16,803,112	16,777,375	(25,737)	15,116,985
Professional fees	264,035	145,843	(118,192)	2,207,004	1,458,900	(748,104)	1,603,592
Supplies	324,913	218,610	(106,303)	1,552,862	1,647,192	94,330	1,518,665
Purchased services	206,997	212,098	5,101	1,670,568	1,791,602	121,034	1,621,838
Depreciation	204,072	167,320	(36,752)	1,703,447	1,505,880	(197,567)	1,511,359
Other Operating Expenses	252,034	244,858	(7,176)	2,243,597	2,306,754	63,158	2,101,171
Total operating expenses	3,082,072	2,833,858	(248,214)	26,180,589	25,487,703	(692,886)	23,473,611
Operating gain / (loss)	(2,588)	(98,966)	96,378	1,153,898	(666,940)	1,820,838	1,145,167
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	1,025,262	1,025,262	-	1,013,769
Interest expense on bonds	(23,324)	(23,324)	(0)	(209,918)	(209,916)	(2)	(227,944)
Other Non-Operating rev (exp)	(169)	(939)	770	(6,808)	(8,451)	1,644	(5,391)
Total nonoperating rev (exp), net	90,425	89,655	770	808,537	806,895	1,642	780,434
Net Income	87,837	(9,311)	97,148	1,962,434	139,955	1,822,479	1,925,601

Cascade Medical Center

Statement of Revenues, Expenses and Net Income

For the Month Ending September 30, 2025

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,852,290	3,768,952	83,338	34,071,538	34,143,321	(71,783)	31,716,843
less:							
Contractual Allowances	1,026,017	1,086,532	60,515	8,052,994	10,246,218	2,193,224	8,317,694
Reserve for Bad Debts	28,987	139,451	110,464	998,475	1,263,303	264,828	1,031,704
Reserve for Financial Assistance	(1,009)	56,534	57,543	222,109	512,150	290,041	418,258
Total Deductions from Revenue	1,053,995	1,282,517	228,522	9,273,578	12,021,671	2,748,094	9,767,656
Net Patient Revenue	2,798,295	2,486,435	311,860	24,797,960	22,121,650	2,676,310	21,949,187
Grants, Contributions	81,900	2,000	79,900	140,660	73,000	67,660	178,350
Other Operating Revenue	52,527	99,695	(47,168)	1,075,008	1,305,255	(230,247)	1,184,216
Tax Levies, unrestricted	146,762	146,762	-	1,320,858	1,320,858	-	1,307,025
Total Operating Revenue	3,079,484	2,734,892	344,592	27,334,487	24,820,763	2,513,724	24,618,778
Operating expenses							
Salaries and wages	1,495,060	1,527,575	32,515	13,739,926	13,823,870	83,944	12,470,431
Employee benefits	334,960	317,554	(17,406)	3,063,186	2,953,505	(109,681)	2,646,554
Professional fees	264,035	145,843	(118,192)	2,207,004	1,458,900	(748,104)	1,603,592
Supplies	324,913	218,610	(106,303)	1,552,862	1,647,192	94,330	1,518,665
Utilities	26,629	26,145	(484)	228,842	235,177	6,335	216,781
Repairs and maintenance	17,680	25,610	7,930	191,765	243,385	51,620	242,201
Purchased services	189,317	186,488	(2,829)	1,478,803	1,548,217	69,415	1,379,637
Continuing medical education	5,053	2,488	(2,565)	17,070	28,392	11,322	12,250
Other expenses	13,159	25,146	11,987	241,970	279,043	37,073	267,954
Dues and subscriptions	106,886	83,501	(23,385)	906,492	793,873	(112,619)	761,794
Travel / training / meetings	11,092	25,651	14,559	186,711	222,599	35,888	249,938
Leases and rentals	37,113	17,040	(20,073)	243,269	153,365	(89,904)	165,276
Depreciation	204,072	167,320	(36,752)	1,703,447	1,505,880	(197,567)	1,511,359
Licenses and taxes	28,490	40,645	12,155	215,605	377,003	161,398	236,597
Insurance	22,288	23,023	736	191,703	206,331	14,628	178,647
Interest	1,326	1,219	(107)	11,933	10,971	(962)	11,933
Total operating expenses	3,082,072	2,833,858	(248,214)	26,180,589	25,487,703	(692,886)	23,473,611
Operating gain / (loss)	(2,588)	(98,966)	96,378	1,153,898	(666,940)	1,820,838	1,145,167
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	1,025,262	1,025,262	-	1,013,769
Interest expense on bond financing	(23,324)	(23,324)	(0)	(209,918)	(209,916)	(2)	(227,944)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	1,600	830	770	9,116	7,470	1,646	10,533
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(15,924)	(15,921)	(3)	(15,924)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	90,425	89,655	770	808,537	806,895	1,642	780,434
Net Income	87,837	(9,311)	97,148	1,962,434	139,955	1,822,479	1,925,601


Cascade Medical
2025 Cash Receipts
5,250,000
5,000,000
4,750,000
4,500,000
4,250,000
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3,750,000
3,500,000
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4,500,000
2,500,000
500,000
Jan 25
Feb
Mar
Apr
May
June
July
Aug
Sept
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2025

	YTD 2024 avg/mo	may25	jun	jul	aug	sep	2025 Act mo	2025 Bud mo	Act/Bud % var	2025 Act YTD Tot	2025 Act avg/mo	2025 Bud YTD Tot	2025 Bud avg/mo	Act/Bud % var
Acute Care	31	37	42	31	10	6	6	21	-72.1%	280	31	288	32	-2.9%
Swing Bed	64	62	108	101	166	93	93	90	3.3%	902	100	591	66	52.6%
Laboratory tests	3,321	3,831	3,298	3,620	3,410	3,394	3,394	3,406	-0.4%	30,389	3,377	30,499	3,389	-0.4%
Radiology exams	362	387	364	382	385	350	350	353	-0.8%	3,276	364	3,389	377	-3.3%
CT scans	156	130	130	166	177	134	134	158	-15.2%	1,261	140	1,406	156	-10.3%
ED visits	367	357	368	447	462	332	332	344	-3.5%	3,245	361	3,368	374	-3.6%
Ambulance runs	71	79	73	110	98	91	91	70	30.0%	707	79	638	71	10.8%
Clinic visits	1,215	1,337	1,076	1,296	1,151	1,244	1,244	1,365	-8.9%	11,051	1,228	12,234	1,359	-9.7%
Rehab procedures	2,145	2,291	2,225	2,397	1,835	2,201	2,201	2,615	-15.8%	20,215	2,246	22,593	2,510	-10.5%

Patient Statistics

	2024	2 0 2 5												2025
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	8.3	4	7	6	6	9	7	7	1	3				5.6
Short Stay	6.7	2	5	4	4	6	10	5	11	4				5.7
Swing Bed	4.2	8	6	4	6	6	8	5	11	3				6.3
Respite Care	0.6	-	1	1	1	-	-	-	-	3				0.7
Total Admits	19.8	14	19	15	17	21	25	17	23	13				18.2
Patient Days														
Acute Care	30.6	16	32	41	65	37	42	31	10	6				31.1
Short Stay	8.6	3.4	8.1	5.8	4.3	9.0	14.4	5.4	9.4	7.2				7.4
Swing Bed	64.0	76	115	101	79	62	108	101	166	93				100.1
Respite Care	2.4	-	9	27	33	4	-	-	-	32				11.7
Total Patient Days	105.6	95.4	164.1	174.8	181.3	112.0	164.4	137.4	185.4	138.2				150.3
Average Length of Stay	5.3	6.8	8.6	11.7	10.7	5.3	6.6	8.1	8.1	10.6				8.5
Average Patients per Day	3.5	3.1	5.9	5.6	6.0	3.6	5.5	4.4	6.0	4.6				5.0
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,321	3,192	2,871	3,401	3,372	3,831	3,298	3,620	3,410	3,394				3,377
Radiology (tests)	317	333	322	269	261	317	321	334	317	285				307
Mammography (tests)	33	37	28	37	58	55	25	28	45	29				38
MRI	-	-	-	-	-	-	-	-	2	19				2
Cardiac Diagnostics	111	117	99	103	88	109	121	125	143	113				113
CT (Scans)	156	128	124	125	147	130	130	166	177	134				140
DXA (Scans)	13	9	11	16	27	15	18	20	21	17				17
PT (services billed)	1,752	1,948	1,753	1,951	1,856	1,854	1,780	1,951	1,380	1,903				1,820
ER (visits/procedures)	367	384	297	309	289	357	368	447	462	332				361
Ambulance (runs)	71	72	61	55	68	79	73	110	98	91				79
Clinic (visits)	1,215	1,244	1,125	1,231	1,347	1,337	1,076	1,296	1,151	1,244				1,228
Occupational Therapy	314	382	428	378	333	358	361	372	345	177				348
Speech Therapy	58	8	20	31	46	33	34	25	47	49				33
Cardiac Rehab	21	27	25	48	32	46	50	49	63	72				46
Endoscopy Procedures	23	38	29	30	23	26	22	20	10	19				23

REVENUE COMPARISON	2024	2 0 2 5												2025
	YTD Mo Avg	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	$ 99,773	$ 57,307	$ 104,501	$ 144,631	$ 222,325	$ 124,727	$ 141,582	$ 104,501	$ 33,710	$ 50,565				$ 109,317
Short Stay	28,733	11,780	28,086	20,565	15,046	31,956	49,935	19,688	34,813	24,795				26,296
Respite Care	1,473	-	4,950	13,200	18,150	2,200	-	-	-	17,050				6,172
Swing Bed	166,532	203,625	314,940	274,215	211,770	168,330	293,220	274,215	450,690	230,775				269,087
Central Supply	34,924	27,807	27,752	31,866	30,874	30,616	48,832	40,249	51,746	40,818				36,729
Laboratory	398,460	405,807	390,208	452,804	420,591	476,783	421,429	446,219	428,503	429,118				430,162
Cardiac Diagnostics	32,466	34,552	26,497	36,202	31,014	33,449	37,729	38,572	41,459	34,820				34,922
CT	571,854	493,508	471,563	515,803	518,809	536,612	475,305	670,371	694,128	481,629				539,748
Radiology	180,779	212,018	202,732	177,207	197,311	208,655	217,729	224,833	201,922	189,555				203,551
Mammography	21,659	24,274	20,556	26,208	43,380	40,645	17,562	20,692	33,514	21,431				27,585
MRI	-	-	-	-	-	-	-	-	6,637	56,681				7,035
Pharmacy	149,857	86,312	132,280	97,946	102,823	99,578	107,285	212,940	133,036	114,489				120,743
Respiratory Therapy	179	188	-	-	-		-	94	-	-				35
Physical Therapy	201,446	228,695	215,046	231,617	229,908	213,404	212,847	228,594	162,242	227,485				216,649
Emergency Room	853,646	786,626	797,025	765,715	737,733	882,666	832,543	1,223,849	1,101,369	972,781				900,034
Ambulance	247,009	217,830	232,208	240,049	218,017	259,457	275,290	434,339	299,411	397,948				286,061
Clinic	372,067	242,943	347,436	416,090	512,242	299,056	454,005	358,993	365,530	374,442				374,526
Occupational Therapy	41,584	51,750	59,487	51,402	46,202	51,842	50,756	53,918	54,150	20,104				48,846
Outpatient Diagnostic Svcs	91,527	55,584	132,454	217,126	8,197	91,597	170,967	77,274	69,396	72,275				99,430
Speech/Contracted Svcs	21,111	3,410	8,443	12,281	17,830	12,022	13,036	9,448	15,675	18,899				12,338
Cardiac Rehab	4,750	6,399	5,925	10,902	7,821	9,480	9,954	11,613	14,931	17,064				10,454
Wound Care	98	-	-	16,277	7,602	33,635	3,528	40,775	28,266	54,736				20,535
Dietary/Contracted Svcs	98	4,892	4,208	6,540	6,635	5,923	4,432	6,448	5,370	4,831				5,475
Total Patient Revenue	**$ 3,520,026**	**$ 3,155,306**	**$ 3,526,297**	**$ 3,758,646**	**$ 3,604,279**	**$ 3,612,634**	**$ 3,837,965**	**$ 4,497,624**	**$ 4,226,497**	**$ 3,852,290**				$ 3,785,726

Increase (Decrease) in Cash and Cash Equivalents
Cascade Medical Center
For the Month Ending September 30, 2025

	Sep-25	2025 YTD	2024 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 3,071,094	$ 24,918,372	$ 21,877,579
Other receipts	$ 17,764	$ 754,539	$ 684,182
Payments to & on behalf of employees	$ (1,438,250)	$ (14,354,140)	$ (12,919,190)
Payments to suppliers and contractors	$ (1,138,675)	$ (9,891,587)	$ (8,691,103)
Net cash gained / (used) in operating activities	$ 511,932	$ 1,427,183	$ 951,469
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 13,150	$ 1,404,981	$ 1,424,152
Noncapital grants and contributions		$ 23,555	$ 79,835
Net cash provided by noncapital financing activities	$ 13,150	$ 1,428,536	$ 1,503,987
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 5,200	$ 420,735	$ 414,056
Purchase of capital assets	$ (38,824)	$ (479,667)	$ (1,112,353)
Payments toward construction in progress		$ (57,243)	$ (322,361)
Proceeds from disposal of capital assets		$ -	$ 30,000
Proceeds from long-term debt		$ -	$ -
Principle & Interest paid on long-term debt		$ -	$ (151,963)
Bond maintenance & issuance costs		$ (140,495)	$ (550)
Capital grants and contributions	$ 77,900	$ 79,478	$ 98,515
Net cash provided by capital and related financing activities	$ 44,276	$ (177,192)	$ (1,044,655)
Cash flows from investing activities			
Investment Income	$ 58,800	$ 492,533	$ 498,040
Net increase (decrease) in cash and cash equivalents	$ 628,158	$ 3,171,061	$ 1,908,840
Cash and Cash equivalents, beginning of period	$ 18,787,625	$ 16,244,722	$ 14,238,144
Cash and cash equivalents, end of period	$ 19,415,782	$ 19,415,782	$ 16,146,984

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending December 31, 2025

	Actual 1st Qtr	Actual 2nd Qtr	Actual July	Actual August	Actual September	Actual 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2025	Budget 2025
Cash balance, beginning of period	$ 16,244,722	$ 15,804,610	$ 17,924,086	$ 18,579,768	$ 18,787,625	$ 17,924,086	$ 19,415,783	$ 16,244,722	$ 16,377,421
Cash available for operating needs	$ 16,030,043	$ 15,490,527	$ 17,063,651	$ 17,713,816	$ 17,913,369	$ 17,063,651	$ 18,532,676	$ 16,030,043	16,149,621
Cash restricted to debt service, other restricted funds	$ 214,679	$ 314,084	$ 860,435	$ 865,952	$ 874,257	$ 860,435	$ 883,107	$ 214,679	227,800
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 6,650,312	$ 9,102,107	$ 3,263,907	$ 2,830,953	$ 3,071,094	$ 9,165,953	$ 7,594,992	$ 32,513,364	$ 29,250,631
Grant receipts	$ 5,882	$ 1,000	$ 18,251	$ -		$ 18,251	$ 6,000	$ 31,133	$ 79,000
Other receipts	$ 128,869	$ 150,750	$ 267,515	$ 189,641	$ 17,764	$ 474,920	$ 281,380	$ 1,035,919	$ 1,134,520
Payments to or on behalf of employees	$ (4,509,223)	$ (5,387,447)	$ (1,431,599)	$ (1,587,622)	$ (1,438,250)	$ (4,457,471)	$ (4,958,632)	$ (19,312,773)	$ (21,688,558)
Payments to suppliers and contractors	$ (2,920,241)	$ (3,258,175)	$ (1,283,287)	$ (1,291,208)	$ (1,138,675)	$ (3,713,171)	$ (2,325,213)	$ (12,216,800)	$ (9,574,652)
Net cash provided by operating activities	$ (644,401)	$ 608,235	$ 834,787	$ 141,763	$ 511,932	$ 1,488,482	$ 598,527	$ 2,050,843	$ (799,059)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ -	$ -	$ -	$ 281,706	$ 281,706	$ 282,142
Taxation for Emergency Medical Services	$ 126,094	$ 866,356	$ 5,255	$ 9,588	$ 9,500	$ 24,343	$ 737,725	$ 1,754,518	$ 1,761,145
Investment Income	$ 155,144	$ 159,822	$ 59,772	$ 58,996	$ 58,800	$ 177,568	$ 149,970	$ 642,504	$ 599,880
Donations	$ -	$ -			$ 77,900	$ 77,900	$ 90,000	$ 167,900	$ 90,000
Net cash provided by noncapital financing activities	$ 281,238	$ 1,026,178	$ 65,027	$ 68,584	$ 146,200	$ 279,811	$ 1,259,401	$ 2,846,627	$ 2,733,167
Proceeds from Long Term Debt	$ -	$ -				$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (176,354)	$ (61,288)	$ (249,649)	$ (10,794)	$ (38,824)	$ (299,268)	$ (272,205)	$ (809,114)	$ (1,088,829)
Increase/(decrease) in cash available for operations	$ (539,517)	$ 1,573,124	$ 650,165	$ 199,553	$ 619,308	$ 1,469,025	$ 1,585,723	$ 4,088,356	$ 845,279
Cash available for operating needs	**$ 15,490,527**	**$ 17,063,651**	**$ 17,713,816**	**$ 17,913,369**	**$ 18,532,676**	**$ 18,532,676**	**$ 20,118,399**	**$ 20,118,399**	**$ 16,994,900**
Taxation for bond prin & int (incl encumbd M&O)	$ 99,405	$ 686,297	$ 5,517	$ 8,855	$ 8,850	$ 23,221	$ 290,923	$ 1,099,846	$ 1,084,874
Principle & Interest paid on long-term debt		$ (139,945)		$ (550)		$ (550)	$ (981,945)	$ (1,122,440)	$ (1,121,890)
Restricted grants and contributions	$ -	$ -				$ -	$ -	$ -	
Increase/(decrease) in restricted cash	$ 99,405	$ 546,352	$ 5,517	$ 8,305	$ 8,850	$ 22,671	$ (691,022)	$ (22,594)	$ (37,016)
Cash restricted to debt service, other restricted funds	**$ 314,084**	**$ 860,435**	**$ 865,952**	**$ 874,257**	**$ 883,107**	**$ 883,107**	**$ 192,085**	**$ 192,085**	**$ 190,784**
Cash balance, end of period	**$ 15,804,610**	**$ 17,924,086**	**$ 18,579,768**	**$ 18,787,625**	**$ 19,415,783**	**$ 19,415,783**	**$ 20,310,484**	**$ 20,310,484**	**$ 17,185,684**

CASCADE MEDICAL CENTER

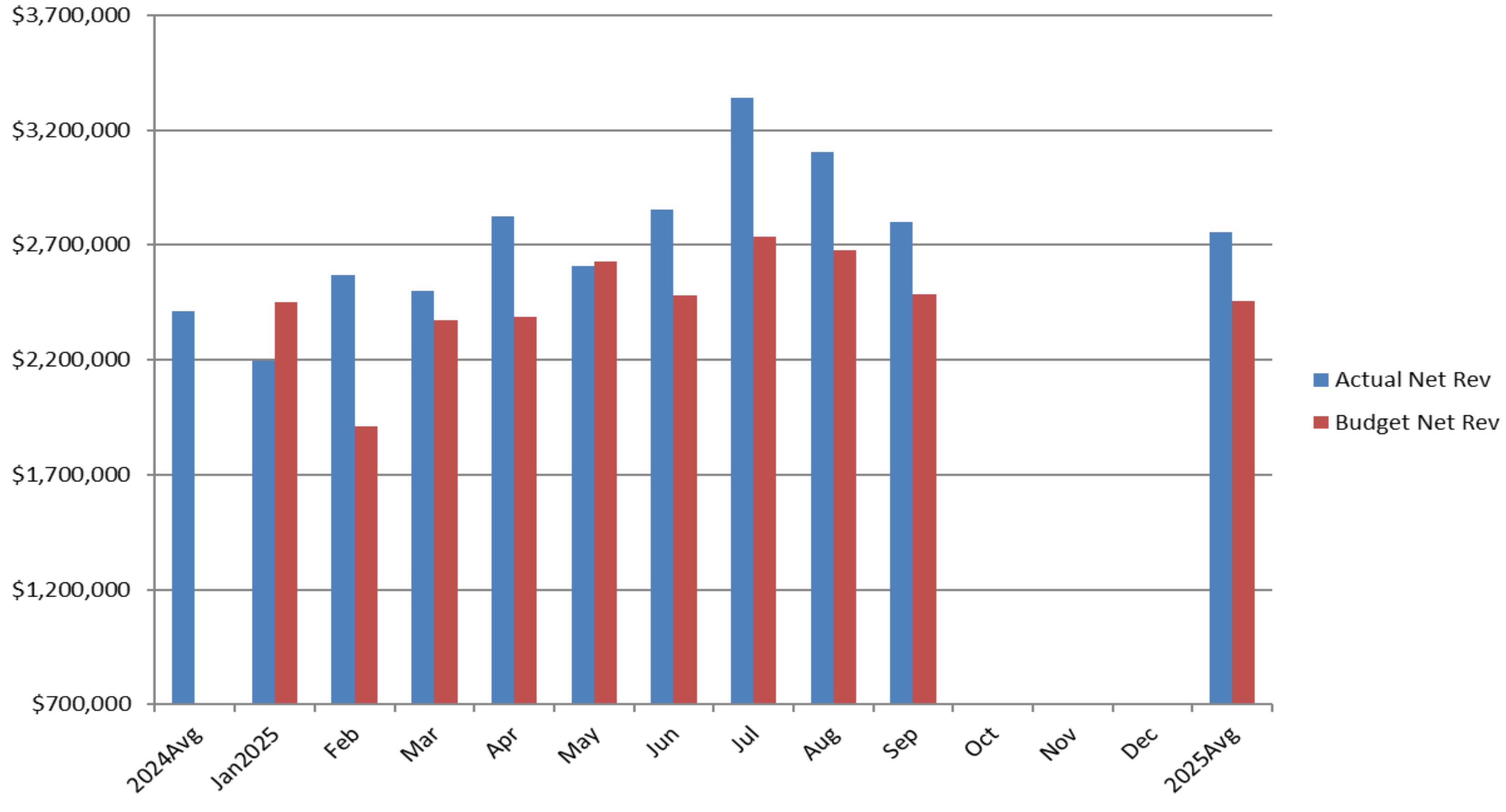
EMERGENCY MEDICAL SERVICES - SEPTEMBER, 2025

REVENUE	EMERGENCY ROOM 9/30/2025	EMERGENCY ROOM 9/30/2025 YTD	AMBULANCE 9/30/2025	AMBULANCE 9/30/2025 YTD	COMBINED EMERGENCY MEDICAL SERVICES 9/30/2025	COMBINED 9/30/2025 YTD	COMBINED 9/30/2024 YTD
PATIENT REVENUE	972,781	8,100,305	397,948	2,574,549	$1,370,729	$10,674,853	$9,905,894
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$565,964	$4,712,757	$213,181	$1,379,186	$779,144	$6,091,943	$5,660,765
NET PATIENT REVENUE	**$406,817**	**$3,387,547**	**$184,767**	**$1,195,363**	**$591,584**	**$4,582,911**	**$4,245,129**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$43,198
TOTAL OPERATING REVENUE	**$406,817**	**$3,387,547**	**$184,767**	**$1,195,363**	**$591,584**	**$4,582,911**	**$4,288,327**
OPERATING EXPENSES							
SALARIES AND WAGES	151,296	1,823,212	163,193	1,416,468	$314,488	$3,239,681	$2,981,783
EMPLOYEE BENEFITS	25,562	272,784	39,427	344,406	$64,988	$617,190	$536,180
PROFESSIONAL FEES	20,950	174,972	-	900	$20,950	$175,872	$118,234
SUPPLIES	8,269	58,040	7,790	76,515	$16,059	$134,554	$137,203
FUEL	-	-	3,299	22,345	$3,299	$22,345	$16,527
REPAIRS AND MAINT.	-	3,413	2,525	56,620	$2,525	$60,033	$35,026
PURCHASED SERVICES	2,753	31,349	19,211	151,956	$21,963	$183,305	$174,968
CONTINUING MEDICAL EDUCATION	-	7,152	240	8,791	$240	$15,943	$29,051
DUES	400	10,634	634	17,713	$1,034	$28,346	$30,721
OTHER EXPENSES	313	2,580	790	7,696	$1,103	$10,276	$49,871
LEASES / RENTALS	-	1,039	5,070	46,056	$5,070	$47,095	$30,776
DEPRECIATION	4,570	41,132	23,841	214,567	$28,411	$255,699	$199,065
TAXES AND LICENSES	-	25	-	844	$0	$869	$693
INSURANCE	837	7,537	3,359	30,228	$4,196	$37,765	$49,803
OVERHEAD COSTS	175,076	1,620,661	101,378	938,444	$276,453	$2,559,104	$2,433,693
TOTAL OPERATING EXPENSES	**$390,026**	**$4,054,529**	**$370,755**	**$3,333,550**	**$760,781**	**$7,388,078**	**$6,823,593**
MARGIN ON OPERATIONS	**$16,791**	**($666,983)**	**($185,988)**	**($2,138,187)**	**($169,196)**	**($2,805,167)**	**($2,535,265)**
TAX REVENUE					**$146,762**	**$1,320,858**	**$1,307,025**
NET MARGIN WITH TAX REVENUE					**($22,434)**	**($1,484,309)**	**($1,228,240)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	332	3,245	91	707			
Total Ambulance Runs (includes unbillable runs)			126	1,003			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	337	3,302	74	636			
Total Ambulance Runs (includes unbillable runs)			103	924			

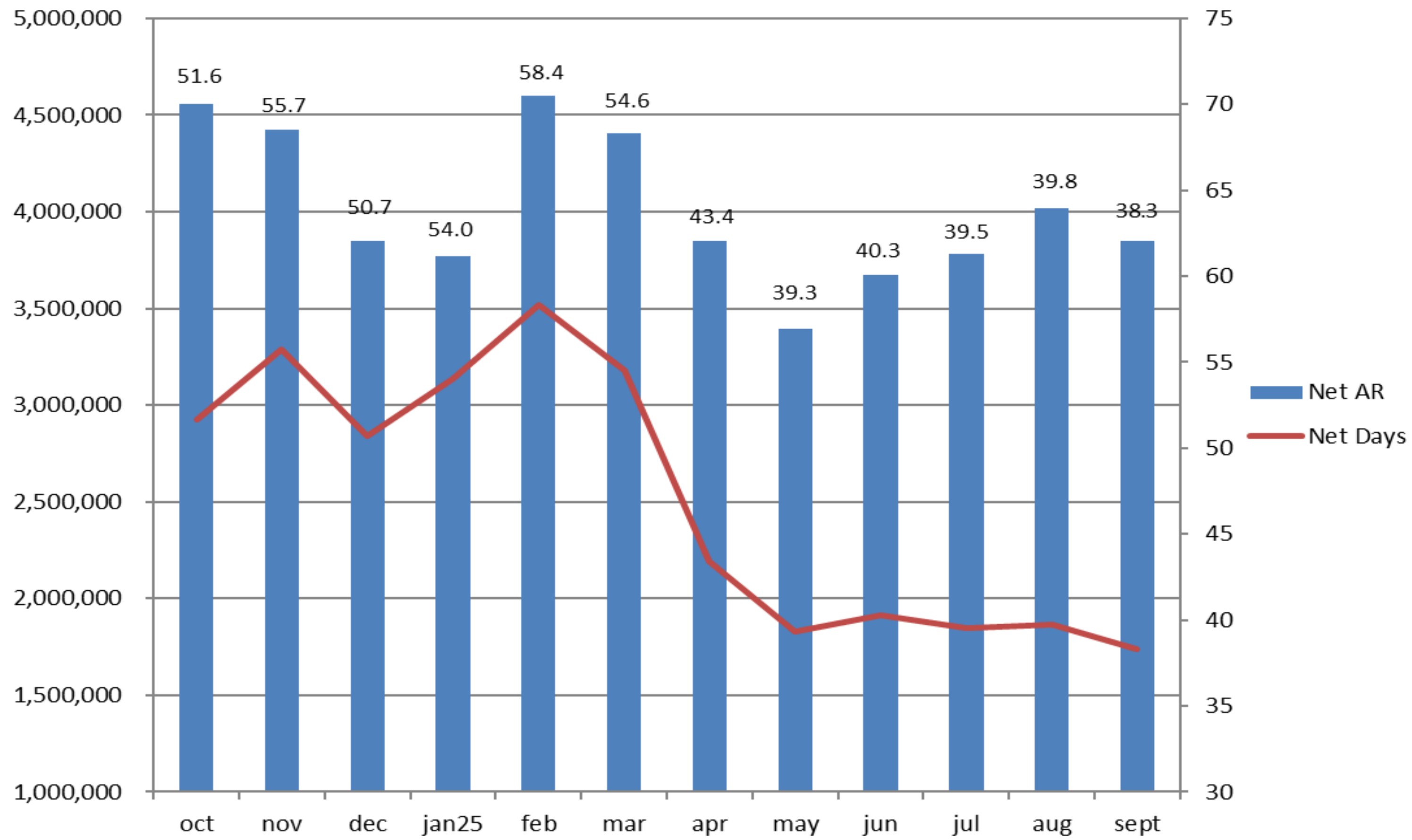
Cascade Medical Center
Balance Sheet
As of September 30, 2025 and December 31, 2024

	Sep 2025	Dec 2024
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,687,557	961,831
Savings Account	16,103,502	14,144,282
Patient Account Receivable	7,040,577	8,085,162
less: Reserves for Contractual Allowances	(3,191,661)	(4,278,265)
Inventories and Prepaid Expenses	324,152	319,451
Taxes Receivable - M&O Levy	129,528	11,990
- EMS Levy	339,641	31,939
Other Assets	564,157	622,759
Total Current Assets	22,997,452	19,899,150
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	703,965	681,259
CVB Memorial Fund	1,275	1,275
UTGO Bond Payable Fund	436,897	76,126
LTGO Bond Payable Fund	16,761	47,292
Investment Memorial Fund	142,597	138,023
Settlement Account	186,804	180,769
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	125,587	68,794
	1,613,885	1,193,538
Taxes Receivable - Construction Bond Levy	122,098	12,315
Total Assets Limited as to Use	1,735,983	1,205,853
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,445,304	1,420,326
Buildings & Improvements	10,709,788	10,709,788
Fixed Equip - Hospital	9,698,477	9,676,405
Major Movable Equipment Hospital	9,281,574	8,820,605
Construction in Progress	114,390	18,446
Total Property, Plant and Equipment	31,771,548	31,167,585
Less: Accumulated Depreciation	(24,536,927)	(22,833,480)
	7,234,621	8,334,105
ROU Leases		
ROU Leases	214,816	214,816
Less Accumulated Amortization	(144,523)	(144,523)
	70,293	70,293
Other Assets		
Long Term Pension Assets	472,138	472,138
Deferred OPEB/Pension Costs	1,097,906	1,097,906
Deferred Bond Costs	264,078	280,002
TOTAL ASSETS	33,872,471	31,359,447

	Sep 2025	Dec 2024
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	440,496	367,456
Accrued Payroll	1,132,618	665,443
Refunds Payable	(990)	-
Accrued PTO	984,639	984,137
Payroll Taxes & Benefits Payable	69,465	82,610
Accrued Interest Payable	93,297	23,324
Current Long Term Debt	844,645	850,397
Current OPEB Liability	906,361	942,361
Short Term Lease	36,493	36,493
ST Subscriptions	13,039	13,039
Settlement Payable	(33,625)	(33,625)
Total Current Liabilities	4,486,436	3,931,636
Long Term Liabilities		
Notes Payable	191,323	191,323
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	3,848,000	3,848,000
LTGO Bond Payable	3,985,000	3,985,000
Deferred Revenue/Bond Premium	73,670	77,880
Long Term OPEB/Pension Liability	2,616,403	2,616,404
Long Term ROU Leases	5,359	5,359
Long Term Subscriptions	-	-
Total Long Term Liabilities	10,719,756	10,723,966
Total Liabilities	15,206,192	14,655,601
Fund Balance - Prior Years	16,703,846	16,703,846
Fund Balance - Current Year	1,962,434	-
Total Fund Balance	18,666,279	16,703,846
TOTAL LIABILITIES & FUND BALANCE	33,872,471	31,359,447



Cascade Medical
2025 Net Patient Revenue, Actual vs. Budget
$3,700,000
$3,200,000
$2,700,000
$2,200,000
$1,700,000
$1,200,000
$700,000
2024Avg
Jan2025
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2025Avg
Actual Net Rev
Budget Net Rev



Days in Net Accounts Receivable
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
51.6
55.7
50.7
54.0
58.4
54.6
43.4
39.3
40.3
39.5
39.8
38.3
oct
nov
dec
jan25
feb
mar
apr
may
jun
jul
aug
sept
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2025

Total Facility	Dec 2022	Dec 2023	Dec 2024	Apr25	May	June	July	Aug	Sept
0 - 30 days	2,660,733	2,851,120	3,276,645	2,812,694	2,762,523	2,942,905	3,227,835	3,301,355	2,890,528
31-60 days	545,432	839,394	668,472	727,510	761,424	793,012	805,885	1,184,928	1,042,190
61-90 days	349,290	451,019	594,276	706,950	379,678	405,276	502,732	504,031	699,243
91-180 days	1,129,065	1,005,422	1,383,758	1,013,839	1,197,842	967,718	812,841	846,621	1,030,109
over 180 days	1,360,992	1,343,819	2,162,011	1,812,149	1,656,603	1,624,543	1,551,397	1,513,722	1,378,507
Total Balance	6,045,511	6,490,775	8,085,162	7,073,142	6,758,069	6,733,453	6,900,690	7,350,656	7,040,577
Credit bals as % of AR	6.8%			1.7%	1.9%	2.3%	1.9%	2.0%	1.9%
% >90 w/o installs	41.2%								

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

A G E N D A

Board Finance Committee
October 20, 2025
9:00 – 11:00 AM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval • October 20, 2025 Agenda • July 21, 2025 Minutes	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05AM
2.	Review Q3 financials, financial indicators, and dashboard	9:10 AM
3.	Financial Assistance stats	9:30 AM
4.	Review final proposed budget for 2025 • Discuss market wage plans • Discuss and review 5-year capital plan	9:35 AM
5.	Review Clinic stats/revenue	10:15 AM
6.	Check-in to ensure compliance with bond reporting requirements	10:20 AM
7.	Recommend audit firm selection / process	10:25 AM
8.	Prepare committee self-assessment survey	10:30 AM
9.	Review Q3 OICC quarterly report	10:35 AM
10.	Discuss industry trends	10:40 AM
11.	Discuss Board education	10:45 AM
12.	Discuss long-term financial planning	10:50 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. July 21, 2025 Minutes
2. Q3 Financial Packet & Notes
3. Q3 Dashboard
4. Financial Assistance stats
5. 2025 Budget Packet & Notes
6. Clinic stats/revenue
7. Bond Compliance information
8. 2024 Committee Self-Assessment Survey Question
9. OICC Q3 Report

<u>2024 Meeting Schedule</u>

- December 8, 2025

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2025

Strategic Pillar	Measure	2021	2022	2023	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2025 YTD	2025 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex	
FINANCE	Total Margin	24.8%	-6.1%	-2.6%	5.4%	-1.9%	7.4%	13.4%		6.9%	0.5%		3.0%		x
	Days Cash on Hand	217	194	190	197	178	195	200		208	90		60		
	Cash Growth available to Operations	166	22	1,314	2,008	-540	1,573	1,469		2503	-740		-	-	X
	Days in Net Patient Accounts Receivable	57	61	56	49	55	40	38		42	54		54		
	% of AR balances > 90 days since DOS	33.6%	41.2%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%			-	-	
	Net Revenue as % of Staffing Costs	153%	144%	152%	162%	146%	167%	186%		166%	153%		-	-	
	Debt Service Coverage	7.36	0.73	1.44	3.40	1.56	4.51	7.06		4.41	2.11		3.00		X
	Long Term Debt to Capitalization	46%	44%	40%	34%	34%	32%	30%		30%	NA	-	25%		
	Medicare Outpatient Cost to Charge Ratio	0.45	0.55	0.59	0.57						NA	-	0.55		

Key: Blue = Better than Target, Green = At Target, Red = Worse than Target

Note: If targets were established by the Cascade Medical budget, then current performance is measured against those targets. For measures which a corresponding target was not established during the most recent budget process, the dashboard uses benchmarks established by the Flex Monitoring Team as a basis for comparison.

Total Margin is a measure of how *profitable* an organization is. This measure is important because it lets us know how well expenses are controlled, relative to revenues. Over time, a consistent negative margin indicates an organization's current business model may not be sustainable.

Days Cash on Hand is a measure of an organization's *liquidity*. Days cash on hand measures the number of days an organization could operate if no cash was collected or received.

Cash Growth available to Operations is an internal measure of *liquidity.* It measures how well we are growing our operational cash balance since the start of the fiscal year and compares this to our Cash Flow budget.

Days in Net Patient Accounts Receivable is another measure of *liquidity*. This measure tells us how many days, on average, it takes us to collect what we've billed to insurers and patients. Too high or too low of a value indicates processes may not allow for the full collection of what we're owed for services we provide.

Percent of AR balances over 90 days since Date of Service is also an operational measure of our Business Office operations and measures how consistently we follow through working older accounts.

Net Revenue as a % of Staffing Costs is designed to gauge the effectiveness of the organization's ability to generate net revenues from patient care activities, using not only staffing costs but also professional fees in the denominator.

Debt Service Coverage and **Long Term Debt to Capitalization** are *capital structure* indicators. These measures show our ability to meet current debt service requirements and the percentage of total capital that is debt. Cascade Medical is fairly highly leveraged, primarily due to the debt we incurred to remodel and build our new facility. With the refinancing we completed in 2017, we will actually see somewhat higher debt service amounts during the next several years than we would have under the previous financing. Both ratios will improve over time as we retire bond debt.

Medicare Outpatient Cost to Charge Ratio is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2023 YTD column is the rate from the 2023 final cost report.

Cascade Medical

Operating and Capital Budgets

Fiscal Year Ending 12/31/2026

Final draft – presented October 22, 2025

Cascade Medical
Budget Calendar – 2026

Cascade Medical

Operating and Capital Budget Calendar - Fiscal Year 2026

Operating Budget			Capital Budget	
Date	Item		Date	Item
July 8, 2025	Training for Operating Budget at Leadership meeting		June 13, 2025	Capital budget form, 2026 budget calendar, Long Term Cap Bud emailed to Directors
July 8	Sr. Leaders prepare preliminary volume projections for 2026.		Jul 11	Department Directors turn in Capital Budget forms to Marianne Vincent and their respective Sr. Leaders
July 18	Operating budget packages sent to Department Directors.		Aug 12	Preliminary Capital Budget presented to Leadership team
July 18 - Aug 5	Department Directors complete financial packages, meet with their Sr. Leaders to refine. Turn in to Finance by August 5			
July 22	Strategic Plan discussion, preliminary Goal setting at Leadership meeting			
Aug 28	First draft of Operating Budget complete for review at full day Sr. Leadership meeting.			
Sept 9	2nd review of draft Operating Budget at Monday pm Sr. Leadership meeting			
Sept 24	Draft 2026 Operating, Capital Budgets presented to Board of Commissioners.			
Oct 8	First public notice of Budget Hearing			
Oct 15	Second public notice of Budget Hearing			
Oct 20	Final Budget review, Finance Committee			
Oct 22	Budget hearing, Board of Commissioners			
Nov 11	Final budget presentation at Leadership meeting			

Cascade Medical
Operating and Capital Budgets, FY 2026
Budget process summary and assumptions

The schedules shown below represent our final draft of our Operating and Capital budgets for FY 2026. As shown on our calendar above, we started our budget process in June. Department Directors have provided their projected capital budget needs and, for their Operating Budgets, have projected patient volumes, staffing needs, and operational expense requirements for their departments.

Our Long-Term Capital Budget listing has our recommendation for projects to approve for 2026, based on recommendations from Department Directors and a review by the Executive Team, along with as complete a listing of projects for 2027 - 2030 as we can make so far in our planning cycle.

Patient volume forecast

Patient volumes by department have been forecasted using historical trends, our knowledge of current factors, and estimates of volumes from new programs and services. Based on our best knowledge, our preliminary volume forecast for 2026 is as follows:

a. Acute IP 2.8% growth
b. Swing Bed 3.0% growth
c. Emergency 2.0% growth
d. Clinic 5.9% growth

We reviewed September actual volumes prior to finalizing the budget and made a few changes for projections for forecasted volumes through the end of 2025 while projected volume increases for Acute, Swing Bed, Emergency, and Clinic remain close to our preliminary forecast.

Budget Assumptions

We used the following assumptions in making our Operating Budget projections:

a. Patient charge increases – we used a base charge increase of 5% over current charge levels, with revenue added in for any new services.

b. Salary increases – we have included step increases of 1.5% for non-union, non-management staff, as well as contracted adjustments for members of the collective bargaining units. No additional amounts are included for exempt or contracted staff.

c. Supplies and other expenses – we used a base inflation factor of 3% for supplies with different increase percentages for individual line items where we have knowledge of different amounts.
d. In miscellaneous revenues, we have included an estimated $90,000 in Foundation donations.
e. Tax revenues have been estimated with a net 1% increase for the M&O levy, an increase to $.50/1,000 for the EMS levy, and an amount for the Construction Bond levy that will meet our debt service requirements.
f. We have budgeted for the Ambulance based on cost-based reimbursement for Medicare patients and are still awaiting word from Noridian-Medicare as to whether they will approve our request to reimburse based on cost.

Notes on budget schedules

Income Comparison Summaries

These two worksheets show the annual and monthly roll-up of individual department projections and compares our latest 2026 projections to prior and current years. The model currently shows a net margin of $1,396,628, or 3.6% of revenue, with no salary increases included other than the 1.5% step increase and the increases required by our collective bargaining agreements.

Contractual Allowances

Contractual Allowances are based on our current payer mix, meaning the proportions of Medicare, Medicaid and other payers would stay the same as our current year. Medicare and Medicaid allowances were calculated using our latest available rates.

FTEs

We project to add 3.8 FTE for 2026.

Capital Equipment Matrix

Capital Equipment and Building Items requested by Department Directors for 2026 through 2030 are shown, with a projected total for 2026 of $1,627,000. While the projection is larger than what we typically plan for, we recognize the rise in cost of capital assets that we have seen in recent years, the importance of regularly replacing capital assets, and know that our cash position supports the larger number for 2026.

Cascade Medical
Income Comparison Summary
Budget Year 2026

	Actual 12/31/2024	Budget 12/31/2025	Actual 09/30/2025	Annualized 12/31/2025	Budget 12/31/2026	Budget To Budget Change	Bud To Bud % change	Bud to Annualzd % change
Patient Revenue	$ 42,745,355	$ 45,490,811	$ 34,071,538	$ 45,428,341	$ 49,984,703	$ 4,493,892	9.9%	10.0%
Less: Contractual Adjust	(13,856,958)	(15,954,482)	(9,273,578)	(16,036,204)	(17,007,178)	(1,052,696)	6.6%	6.1%
Net Patient Revenue	$ 28,888,397	$ 29,536,329	$ 24,797,960	$ 29,392,137	$ 32,977,525	$ 3,441,196	11.7%	12.2%
Other Operating Revenue	$ 5,734,478	$ 5,044,460	$ 3,570,904	$ 5,178,416	$ 5,928,142	$ 883,682	17.5%	14.5%
Total Revenue	$ 34,622,875	$ 34,580,789	$ 28,368,864	$ 34,570,553	$ 38,905,667	$ 4,324,878	12.5%	12.5%
Expenses:								
Salaries	$ 16,870,753	$ 18,447,813	$ 13,739,926	$ 18,319,901	$ 20,063,481	$ 1,615,668	8.8%	9.5%
Benefits	3,520,134	3,898,033	3,063,186	4,084,248	4,641,587	$ 743,554	19.1%	13.6%
Legal Fees	93,475	69,200	82,554	110,072	142,500	$ 73,300	105.9%	29.5%
Audit and Accounting Fees	98,264	80,000	64,009	80,000	95,000	$ 15,000	18.8%	18.8%
Professional Fees	1,971,553	1,765,175	2,060,441	2,738,801	2,421,678	$ 656,503	37.2%	-11.6%
Supplies	1,782,132	2,179,614	1,552,862	2,064,967	2,027,407	$ (152,207)	-7.0%	-1.8%
Utilities	291,448	313,263	228,842	304,684	323,632	$ 10,369	3.3%	6.2%
Repairs and Maintenance	348,883	332,145	191,765	265,687	235,724	$ (96,421)	-29.0%	-11.3%
Purchased Services	1,893,915	2,062,874	1,478,803	1,968,843	2,173,047	$ 110,173	5.3%	10.4%
Continuing Medical Education	20,653	39,856	17,070	7,285	34,500	$ (5,356)	-13.4%	373.6%
Dues and Subscriptions	1,016,279	1,047,876	906,492	1,208,327	1,279,089	$ 231,213	22.1%	5.9%
Other Expenses	359,371	179,957	257,894	35,066	171,179	$ (8,778)	-4.9%	388.2%
Travel/Training/Meetings	357,559	280,926	186,711	256,757	264,703	$ (16,223)	-5.8%	3.1%
Leases and Rentals	258,169	204,791	243,269	324,359	337,285	$ 132,494	64.7%	4.0%
Depreciation	2,093,895	2,007,840	1,703,447	2,316,019	2,201,820	$ 193,980	9.7%	-4.9%
Taxes and Licenses	304,082	723,778	215,605	85,475	517,938	$ (205,840)	-28.4%	505.9%
Insurance	244,583	275,398	191,703	306,480	309,552	$ 34,154	12.4%	1.0%
Interest	373,361	294,516	221,851	268,917	268,917	$ (25,599)	-8.7%	0.0%
Total Department Expenses	$ 31,898,509	$ 34,203,055	$ 26,406,431	$ 34,745,888	$ 37,509,039	$ 3,305,984	9.7%	8.0%
Income	$ 2,724,366	$ 377,734	$ 1,962,434	$ (175,335)	$ 1,396,628	$ 1,018,894	269.7%	-896.5%
	7.9%	1.1%	6.9%	-0.5%	3.6%			

CASCADE MEDICAL
MONTHLY SUMMARY

	sept2025ytd	Avg/mo	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026
Patient Revenue	$ 34,071,538	$ 3,785,726	$ 4,072,637	$ 3,815,798	$ 3,943,348	$ 4,042,913	$ 4,051,983	$ 4,297,599	$ 4,715,301
Contr Adjusts #	$ (9,273,578)	$ (1,030,398)	$ (1,385,705)	$ (1,298,316)	$ (1,341,715)	$ (1,375,592)	$ (1,378,678)	$ (1,462,248)	$ (1,604,370)
Net Patient Revenue	$ 24,797,960	$ 2,755,329	$ 2,686,932	$ 2,517,481	$ 2,601,633	$ 2,667,322	$ 2,673,305	$ 2,835,351	$ 3,110,931
Other Operating Rev	$ 3,570,904	$ 396,767	$ 574,845	$ 432,845	$ 465,845	$ 574,845	$ 452,845	$ 445,845	$ 574,845
	$ 28,368,864	$ 3,152,096	$ 3,261,777	$ 2,950,327	$ 3,067,478	$ 3,242,167	$ 3,126,150	$ 3,281,196	$ 3,685,776
Expenses:									
Salaries	$ 13,739,926	$ 1,526,658	$ 1,694,602	$ 1,541,556	$ 1,694,674	$ 1,653,253	$ 1,704,302	$ 1,653,028	$ 1,703,199
Benefits	$ 3,063,186	$ 340,354	$ 394,844	$ 382,917	$ 394,114	$ 392,194	$ 395,945	$ 390,847	$ 392,336
Legal Fees	$ 82,554	9,173	$ 12,500	$ -	$ 7,500	$ 12,500	$ 7,500	$ 17,500	$ 22,500
Audit/ Accounting Fees	$ 64,009	$ 7,112	$ 13,000	$ 5,000	$ 16,000	$ 18,000	$ 20,000	$ 4,000	$ 5,000
Professional Fees	$ 2,060,441	$ 228,938	$ 252,889	$ 238,805	$ 267,108	$ 201,285	$ 187,999	$ 185,045	$ 192,138
Supplies	$ 1,552,862	$ 172,540	$ 175,818	$ 164,694	$ 179,065	$ 162,628	$ 176,204	$ 161,847	$ 159,797
Utilities	$ 228,842	$ 25,427	$ 27,113	$ 26,578	$ 26,248	$ 27,270	$ 26,703	$ 27,610	$ 27,206
Repairs and Maint	$ 191,765	$ 21,307	$ 19,419	$ 19,419	$ 19,419	$ 19,419	$ 19,889	$ 19,419	$ 19,419
Purchased Services	$ 1,478,803	$ 164,311	$ 170,512	$ 171,642	$ 198,512	$ 168,992	$ 170,312	$ 197,192	$ 170,312
Continuing Medical Educ	$ 17,070	$ 1,897	$ 2,875	$ 2,875	$ 2,875	$ 2,875	$ 2,875	$ 2,875	$ 2,875
Dues and Subscriptions	$ 906,492	$ 100,721	$ 116,520	$ 112,255	$ 116,055	$ 107,305	$ 102,255	$ 107,090	$ 103,430
Other Expenses	$ 257,894	$ 28,655	$ 14,160	$ 15,300	$ 14,190	$ 14,160	$ 14,160	$ 14,190	$ 14,160
Travel/Training/Meetings	$ 186,711	$ 20,746	$ 21,575	$ 16,575	$ 29,625	$ 27,075	$ 24,775	$ 24,975	$ 18,175
Leases and Rentals	$ 243,269	$ 27,030	$ 28,120	$ 28,101	$ 28,101	$ 28,120	$ 28,101	$ 28,101	$ 28,120
Depreciation	$ 1,703,447	$ 189,272	$ 183,485	$ 183,485	$ 183,485	$ 183,485	$ 183,485	$ 183,485	$ 183,485
Taxes and Licenses	$ 215,605	$ 23,956	$ 42,072	$ 42,942	$ 42,072	$ 42,942	$ 42,072	$ 42,072	$ 42,072
Insurance	$ 191,703	$ 21,300	$ 25,626	$ 25,626	$ 25,626	$ 25,626	$ 26,226	$ 25,626	$ 25,626
Interest	$ 221,851	$ 24,650	$ 22,410	$ 22,410	$ 22,410	$ 22,410	$ 22,410	$ 22,410	$ 22,410
Total Expenses	$ 26,406,431	$ 2,934,048	$ 3,217,540	$ 3,000,181	$ 3,267,079	$ 3,109,539	$ 3,155,213	$ 3,107,312	$ 3,132,259
Gross Margin	$ 1,962,434	$ 218,048	$ 44,237	$ (49,854)	$ (199,601)	$ 132,628	$ (29,063)	$ 173,884	$ 553,517

CASCADE MEDICAL
MONTHLY SUMMARY

Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Total 2026	Avg/mo	2025 Annualized	% Chg
$ 4,714,606	$ 4,059,167	$ 4,158,842	$ 3,743,995	$ 4,368,514	$ 49,984,703	$ 4,165,392	$ 45,428,341	10.0%
$ (1,604,134)	$ (1,381,122)	$ (1,415,036)	$ (1,273,886)	$ (1,486,377)	$ (17,007,178)	$ (1,417,265)	$ (16,036,204)	
$ 3,110,473	$ 2,678,045	$ 2,743,806	$ 2,470,110	$ 2,882,137	$ 32,977,525	$ 2,748,127	$ 29,392,137	12.2%
$ 432,845	$ 432,845	$ 664,845	$ 432,845	$ 442,845	$ 5,928,142	$ 494,012	$ 5,178,416	14.5%
$ 3,543,318	$ 3,110,890	$ 3,408,651	$ 2,902,955	$ 3,324,982	$ 38,905,667	$ 3,242,139	$ 34,570,553	12.5%
$ 1,704,184	$ 1,653,121	$ 1,704,310	$ 1,653,058	$ 1,704,193	$ 20,063,481	$ 1,671,957	$ 18,319,901	9.5%
$ 386,197	$ 379,195	$ 378,775	$ 375,551	$ 378,673	$ 4,641,587	$ 386,799	$ 4,084,248	13.6%
$ 17,500	$ 17,500	$ 12,500	$ 7,500	$ 7,500	$ 142,500	$ 11,875	$ 110,072	29.5%
$ 2,000	$ 8,000	$ -	$ 2,000	$ 2,000	$ 95,000	$ 7,917	$ 80,000	18.8%
$ 178,178	$ 189,284	$ 178,728	$ 175,844	$ 174,376	$ 2,421,678	$ 201,806	$ 2,738,801	-11.6%
$ 158,914	$ 191,436	$ 179,650	$ 158,641	$ 158,713	$ 2,027,407	$ 168,951	$ 2,064,967	-1.8%
$ 27,812	$ 27,012	$ 26,842	$ 26,741	$ 26,496	$ 323,632	$ 26,969	$ 304,684	6.2%
$ 20,839	$ 19,419	$ 20,224	$ 19,419	$ 19,419	$ 235,724	$ 19,644	$ 265,687	-11.3%
$ 170,792	$ 203,352	$ 178,922	$ 175,312	$ 197,192	$ 2,173,047	$ 181,087	$ 1,968,843	10.4%
$ 2,875	$ 2,875	$ 2,875	$ 2,875	$ 2,875	$ 34,500	$ 2,875	$ 7,285	373.6%
$ 102,255	$ 104,755	$ 102,255	$ 102,455	$ 102,455	$ 1,279,089	$ 106,591	$ 1,208,327	5.9%
$ 14,160	$ 14,190	$ 14,160	$ 14,160	$ 14,190	$ 171,179	$ 14,265	$ 35,066	388.2%
$ 18,175	$ 29,575	$ 19,425	$ 18,175	$ 16,575	$ 264,703	$ 22,059	$ 256,757	3.1%
$ 28,101	$ 28,101	$ 28,120	$ 28,101	$ 28,101	$ 337,285	$ 28,107	$ 324,359	4.0%
$ 183,485	$ 183,485	$ 183,485	$ 183,485	$ 183,485	$ 2,201,820	$ 183,485	$ 2,316,019	-4.9%
$ 42,072	$ 48,859	$ 42,072	$ 46,622	$ 42,072	$ 517,938	$ 43,161	$ 85,475	505.9%
$ 25,914	$ 25,914	$ 25,914	$ 25,914	$ 25,914	$ 309,552	$ 25,796	$ 306,480	1.0%
$ 22,410	$ 22,410	$ 22,410	$ 22,410	$ 22,410	$ 268,917	$ 22,410	$ 268,917	0.0%
$ 3,105,863	$ 3,148,484	$ 3,120,667	$ 3,038,263	$ 3,106,639	$ 37,509,039	$ 3,125,753	$ 34,745,888	7.952%
$ 437,455	$ (37,594)	$ 287,984	$ (135,308)	$ 218,343	$ 1,396,628	$ 116,386	$ (175,335)	-897%

Cascade Medical
Operating Budget 2026
Schedule of Changes in Final Proposed Budget

Item	Amount
Budgeted margin, 1st draft	1,630,157
Changes:	
1. Salary adjustments	(64,357)
2. Volume adjustments	(197,256)
3. Add MSO	(48,182)
4. Swing Bed Consulting Fees	(18,172)
5. EMS Levy	90,000
6. Depreciation	34,276
7. Expense adjustments	(29,838)
Revised margin	$ 1,396,628

Cascade Medical
2026 Operating Budget

Margin with Annual Wage Increase Options
For managers, providers and non-union staff

			Final Margin
1. Margin with no non-union changes other than step increases		**$**	**1,396,628**
(Note: union contract changes, with step increases, are included)			3.6%
3. Margin with annual increase for all staff			
non-union staff increase **	1.00%	$	1,244,612
Managers, Providers increase	2.50%		3.2%
non-union staff increase **	1.50%	$	1,198,393
Managers, Providers increase	3.00%		3.1%
non-union staff increase **	2.00%		1,157,648
Managers, Providers increase	3.50%		3.0%
non-union staff increase **	2.50%		1,112,797
Managers, Providers increase	4.00%		2.9%

** - this increase is in addition to the 1.5%
step increases already included on line 1

Statement of Cash Flows - Operating Budget
Cascade Medical Center
For the year ending December 31, 2026

	January	February	March	April	May	June	July	August	September	October	November	December
Cash balance, beginning of period	20,310,484	19,426,381	19,417,271	19,477,103	20,622,040	20,984,682	20,754,798	19,948,084	20,126,532	20,376,770	21,974,204	22,583,178
Cash available for operating needs	20,117,679	19,229,020	19,188,115	19,154,935	19,830,816	20,006,032	19,894,028	19,080,264	19,249,216	19,481,135	20,861,658	21,377,931
Cash restricted to debt service, other restricted funds	192,805	197,361	229,156	322,168	791,224	978,650	860,770	867,820	877,316	895,635	1,112,546	1,205,247
Cash flows from operating activities												
Receipts from and on behalf of patients	2,805,329	2,721,130	2,653,247	2,602,015	2,595,479	2,647,420	2,725,326	2,873,196	3,018,918	2,966,483	2,844,108	2,630,653
Grant receipts	2,000	2,000	35,000	2,000	22,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Other receipts	195,538	53,538	53,538	195,538	53,538	66,538	195,538	53,538	53,538	195,538	53,538	63,538
Payments to or on behalf of employees	(2,896,764)	(1,922,973)	(1,885,147)	(1,907,584)	(1,895,498)	(1,906,117)	(2,837,611)	(1,886,586)	(1,895,329)	(1,879,996)	(1,891,869)	(1,879,799)
Payments to suppliers and contractors	(918,486)	(866,100)	(968,683)	(954,484)	(844,758)	(853,829)	(827,117)	(805,586)	(906,271)	(827,686)	(799,758)	(813,877)
Net cash provided by operating activities	(812,383)	(12,404)	(112,045)	(62,515)	(69,239)	(43,988)	(741,864)	236,562	272,856	456,339	208,019	2,516
Cash flows from noncaptial financing activities												
Unencumbered M & O taxation	-	-	-	-	-	-	-	-	4,067	195,368	83,495	6,036
Taxation for Emergency Medical Services	7,989	55,764	163,130	822,660	328,720	16,249	12,365	16,655	39,262	723,080	309,024	22,342
Investment Income	51,330	51,330	51,330	51,330	51,330	51,330	51,330	51,330	51,330	51,330	51,330	51,330
Donations	-	-				-			-	90,000		-
Net cash provided by noncapital financing activities	59,319	107,094	214,460	873,990	380,050	67,579	63,695	67,985	94,659	1,059,778	443,849	79,708
Less Funded Depreciation utilized for Information System												
Less Funds Expended for Capital Purchases	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)	(135,595)
Increase/(decrease) in cash available for operations	(888,659)	(40,905)	(33,180)	675,880	175,216	(112,004)	(813,764)	168,952	231,920	1,380,522	516,273	(53,371)
Cash available for operating needs	**19,229,020**	**19,188,115**	**19,154,935**	**19,830,816**	**20,006,032**	**19,894,028**	**19,080,264**	**19,249,216**	**19,481,135**	**20,861,658**	**21,377,931**	**21,324,559**
Taxation for bond prin & int (incl encumbd M&O)	4,556	31,795	93,012	469,056	187,426	9,264	7,050	9,496	18,319	216,911	92,701	6,702
Principle & Interest paid on long-term debt						(127,144)						(1,029,145)
Restricted grants and contributions												
Increase/(decrease) in restricted cash	4,556	31,795	93,012	469,056	187,426	(117,880)	7,050	9,496	18,319	216,911	92,701	(1,022,443)
Cash restricted to debt service, other restricted funds	**197,361**	**229,156**	**322,168**	**791,224**	**978,650**	**860,770**	**867,820**	**877,316**	**895,635**	**1,112,546**	**1,205,247**	**182,804**
Cash balance, end of period	**19,426,381**	**19,417,271**	**19,477,103**	**20,622,040**	**20,984,682**	**20,754,798**	**19,948,084**	**20,126,532**	**20,376,770**	**21,974,204**	**22,583,178**	**21,507,363**

Cascade Medical
Volume Forecast - Budget Year 2026

Acute Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2021	23	29	12	11	21	18	7	26	14	11	8	15	195
Actual	2022	8	1	13	16	1	29	21	15	3	11	19	73	210
Actual	2023	30	4	15	29	25	26	18	17	36	17	16	26	259
Actual	2024	34	9	25	23	38	42	45	39	20	43	43	47	408
Actual/Projected	2025	16	32	41	65	37	42	31	10	6	*40*	*28*	*43*	391
Forecast	2026	*15*	*29*	*37*	*59*	*33*	*39*	*42*	*36*	*21*	*33*	*23*	*35*	402
												increase/decrease over 2025		2.8%

Swing Bed Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2021	155	74	51	87	66	49	138	160	74	150	67	43	1,114
Actual	2022	131	116	74	46	52	90	69	114	46	133	43	63	977
Actual	2023	75	98	49	61	59	66	61	102	67	61	57	69	825
Actual	2024	70	38	84	102	75	29	49	41	88	45	69	39	729
Actual/Projected	2025	76	115	101	79	62	108	101	166	93	*122*	*91*	*102*	1,216
Forecast	2026	*94*	*138*	*122*	*97*	*80*	*75*	*91*	*138*	*90*	*129*	*92*	*106*	1,252
												increase/decrease over 2025		3.0%

Emergency Visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2021	294	240	235	263	346	387	477	428	327	286	229	364	3,876
Actual	2022	293	213	252	267	323	381	452	424	354	374	330	390	4,053
Actual	2023	324	253	244	283	371	375	467	416	346	342	280	385	4,086
Actual	2024	325	262	287	327	385	421	490	468	337	358	285	437	4,382
Actual/Projected	2025	384	297	309	289	357	368	447	462	332	*361*	*308*	*422*	4,335
Forecast	2026	*385*	*300*	*310*	*291*	*357*	*429*	*499*	*478*	*345*	*339*	*289*	*400*	4,422
												increase/decrease over 2025		2.0%

Clinic visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2021	1,016	1,050	1,317	1,006	962	1,080	1,190	1,213	1,070	1,005	998	980	12,887
Actual	2022	908	750	1,097	971	987	1,122	892	1,103	991	930	1,069	925	11,745
Actual	2023	1,051	976	1,197	1,091	1,167	1,148	1,098	1,333	1,178	1,224	1,177	1,135	13,775
Actual	2024	1,264	1,132	1,146	1,233	1,314	1,150	1,243	1,216	1,234	1,264	1,063	1,237	14,496
Actual/Projected	2025	1,244	1,125	1,231	1,347	1,337	1,076	1,296	1,151	1,244	*1,266*	*1,228*	*1,181*	14,726
Forecast	2026	*1,318*	*1,172*	*1,311*	*1,183*	*1,273*	*1,318*	*1,363*	*1,450*	*1,305*	*1,341*	*1,305*	*1,260*	15,600
												increase/decrease over 2025		5.9%

Cascade Medical Center
Contractual Allowance Worksheet
Budget 2026

Hospital	Mcare	Mcaid	Other	Total	
Inpatient Revenue	$ 2,077,766	$ 85,073	$ 206,876	$ 2,369,715	
Patient Days	352	14	35	402	
Reimb Rate	$ 7,191	$ 6,983	72.6%	$ 6,929.06	
Total Payment	$ 2,534,537	$ 100,774	$ 150,172	$ 2,785,483	
Contr Allow	$ (456,770)	$ (15,701)	$ 56,704	**$ (415,768)**	-18%
	-73.60%	-18.46%	27.41%		
Swing Bed Revenue	$ 4,348,665	$ -	$ 48,367	$ 4,397,033	
Patient Days	1,238	-	14	$ 1,252	
Reimb Rate	$ 6,963	$ 6,855	72.6%	$ 6,914	
Total Payment	$ 8,621,699	$ -	$ 35,110	$ 8,656,809	
Contr Allow	$ (4,273,034)	$ -	$ 13,257	**$ (4,259,777)**	-97%
Outpatient Revenue	$ 15,610,319	$ 4,909,473	$ 14,200,668	$ 34,720,459	
Reimb Rate	54.1%	38.8%	49.0%	50%	
Total Payment	$ 8,450,689	$ 1,906,278	$ 6,965,089	$ 17,322,057	
Contr Allow	$ 7,159,629	$ 3,003,195	$ 7,235,578	**$ 17,398,402**	50%
Total Revenue	$ 26,280,761	$ 6,080,031	$ 17,623,911	$ 49,984,703	
Total contractual Allow	**$ 2,649,014**	**$ 2,800,944**	**$ 8,958,016**	**$ 14,407,973**	29%

Clinic	Mcare	Mcaid	Other	Total	
Revenue	$ 2,423,208	$ 636,286	$ 1,958,538	$ 5,018,032	
Visits	7,533	1,978			
Reimb Rate	$ 432.76	$ 500.00	42.2%	101%	
Total Payment	$ 3,260,085	$ 989,040	$ 826,130	$ 5,075,255	
Cont Allow	$ (836,877)	$ (352,754)	$ 1,132,408	**$ (57,223)**	-1%
	-34.54%	-55.44%			

Ambulance	Mcare	Mcaid	Other	Total	
Revenue	$ 1,820,804	$ 449,199	$ 1,209,462	$ 3,479,464	
Reimb Rate	42.0%	63.0%	57.0%	50%	
Total Payment	$ 764,737	$ 282,995	$ 689,393	$ 1,737,126	
Contr Allow	$ 1,056,066	$ 166,204	$ 520,069	**$ 1,742,338**	50%

	Bad Debt	C.S.P
Total Revenue		
Rate	3.7%	1.5%
Reserve	**1,849,434**	**749,771**

Total Contractual Allowance, Bad Debt Reserve, Charity	**$ 17,007,178**	**34.0%**

Cascade Medical
FTE Budget, Staffing Additions
FY 2026

Dept Number	Department	Authorized FTEs 2025	Requested Change in FTEs	Budgeted FTEs FY 2026	Notes
60000	Acute IP	16.80		16.80	
60100	Swing Bed	0.34		0.34	
80400	Central Supply	1.00		1.00	
60700	Laboratory	8.60		8.60	
60800	Cardiac Diagnostic	0.27		0.27	
60900	CT	0.48		0.48	
61000	Radiology	5.73		5.73	
61050	MRI	-		-	
61100	Pharmacy	-		-	
61500	Physical Therapy	7.05		7.05	
60500	Emergency Department	6.60		6.60	
60550	ED Providers	4.21		4.21	
60400	Ambulance	23.40	1.00	24.40	
60600	Endoscopy	0.90	0.90	1.80	
60200	Clinic	17.80		17.80	
60250	Clinic Providers	11.18		11.18	
61600	Occupational Therapy	1.60		1.60	
61700	Speech Therapy	0.60		0.60	
61800	Cardiac Rehab	0.25		0.25	
80800	Food/Nutrition Svcs	6.00		6.00	
81300	Laundry	1.00	1.00	2.00	
81400	Materials Management	0.80		0.80	
81600	Plant Operations	3.00		3.00	
80600	Environmental Services	5.00		5.00	
81100	Information Technology	-		-	
80700	Fiscal Services	3.00		3.00	
80300	Business Office	8.00		8.00	
80100	Admitting	10.75		10.75	
80000	Administration	5.00		5.00	
81700	Public Relations	1.00		1.00	
81000	Human Resources	2.50		2.50	
83000	Foundation	0.75		0.75	
80900	Health Information Mgt	4.50	0.50	5.00	
81900	Utilization Review	5.50		5.50	
81500	Nursing Admin	3.10	1.40	4.50	
82000	Informatics	3.00	(1.00)	2.00	
81200	Inservice Education	-		-	
		169.71	3.8	173.51	

Cascade Medical

Capital Equipment Requests - Long Range Plan 2026 - 2030

Dept #	*Item*	Est / Required Completion Date	Original Request Date	Estimated Project/Equipment Costs	Projected 2026	Projected 2027	Projected 2028	Projected 2029	Projected 2030
	Buildings/Building Improvements/Grounds								
Plant	Security Gate - New Parking Lot	6/2026	2020	43,440		43,440			
Plant	Lab Remodel/Upgrade	7/2023	2021	400,000		400,000			
Plant	Replace carpet in Patient Area & Corridor	8/2023	2022	350,000		350,000			
Plant	Property Acquisition	2021	2016	1,000,000		1,000,000			
Plant	Rearrange Main Lobby Patient Flow	4/2021	2021	92,225			92,225		
Plant	Shelled Space	6/2020	2018	300,000		300,000			
Plant	Chiller Replacement	4/2027	2023	151,900		151,900			
Plant	Roof Replacement	2029	2024	400,000				400,000	
Plant	Access Control System Additions	3/2026	2025	38,010	**38,010**				
Plant	Parking Lot Sealing/	6/2026	2025	13,032	**13,032**				
Plant	Landscape Refresh	6/2026	2025	27,150	**27,150**				
	Major Moveable Equipment								
Acute	Monitor/Defibrillator (2)	5/2026	2025	130,320	**130,320**				
Amb	Ambulance - Demers - replace 2011	5/2026	2023	374,325	**374,325**				
Amb	Ambulance - Demers - replacement unit	5/2028	2023	418,110			418,110		
Amb	Chevrolet Tahoe-response sprint unit	1/2027	2023	65,160		65,160			
Amb	Zoll X Advanced ALS Monitors	1/2026	2025	609,191	**609,191**				
Card	EKG Machine or New Technology	1/2026	2024	8,688		8,688			
Clin	High Low Exam Tables	1/2026	2025	73,924			73,924		
CT	CT Upgrade to 64 slice	1/2027	2024	1,000,000		1,000,000			
ED	OB-GYN Stretcher	6/2026	2025	7,409	**7,409**				
ED	Stretcher-1	1/2026	2024	17,803	**17,803**				
ED	Stretcher-2	1/2027	2024	27,150		27,150			
Endo	Endo Equipment Bundle	1/2026	2023/2025	100,648	**100,648**				
Endo	Big Wheel Stretcher	6/2023	2023	23,093	**23,093**				
FNS	True Refrigerator	6/2026	2025	8,905	**8,905**				
HIM	RapidFiler	2026	2025	51,867	**51,867**				
IT	Updated Conf Room Solution	2026	2024	20,000	**20,000**				
IT	USAC Switch Upgrade (Scaled Health) EX4400	2026	2025	8,198	**8,198**				
Lab	Ortho Workstation	2026	2024	16,896	**16,896**				
Lab	Blood Bank Refrigerator-Helmer	2026	2025	6,171	**6,171**				
Lab	Vitros 3600	2027	2026	124,211	**124,211**				
Lab	i-Stat	2026	2026	12,000	**12,000**				
PT	Ultrasound/E-Stim Unit (PT)	2027	2017	6,000		6,000			
PT	Treadmill	1/2026	2022	10,312	**10,312**				
PT	Replacement Tx Table	6/2027	2024	5,680		5,680			
PT	Replacement Tx Table	6/2029	2024	6,223				6,223	
Qual/Sf	Verkada Cameras	1/2025	2024	20,000	**20,000**				
Rad	Ultrasound-Sequoia Crown Edition	5/2025	2024	184,620		184,620			
Rad	Mammo	1/2026	2025	515,850		515,850			
Rad	Portable X-Ray	1/2030	2025	249,780					249,780
SBed	NUStep Crosstrainer	1/2025	2024	7,597	**7,597**				
		TOTAL		$ 6,925,888	**$ 1,627,138**	$ 4,058,488	$ 584,259	$ 406,223	$ 249,780

Amb	Ambulance - Demers - replace 2011	5/2026	2023	374,325	**(374,325)**				

ADJUSTED TOTAL IF AMBULANCE REMOVED			**$ 1,252,813**				

Service line growth / new service

Replaces aging / obsolete item

Supports quality and safety / mitigates risk

Enhances access

SBAR: Replacement of 2016 GMC 3500 Ambulance (M133) with 2025 Demers MXP 150 Type III Ambulance

Situation

Cascade Medical seeks approval to purchase a 2025 Demers MXP 150 Type III Ambulance to replace the 2016 GMC 3500 (Ambulance M133), which currently serves as a Medic 133, the backup ambulance to Cascade Medicals main fleet and has reached the end of its reliable service life.

While this replacement was originally budgeted for FY2026 at an estimated cost of $375,000, Cascade Medical now has an immediate opportunity to purchase a 2025 Demers MXP 150 Type III demonstration ambulance that has just come off the production line. Through our longstanding relationship with our ambulance dealer—who has consistently supported Cascade Medical during national supply chain shortages—we have secured priority access to this vehicle at a reduced cost of $269,880, representing a savings of more than $100,000 from the budgeted amount.

In addition to the substantial cost savings, purchasing this demo ambulance now will avoid an estimated 12–18 month build and delivery delay that would occur if the order were deferred until the 2026 budget cycle. This timely acquisition ensures continued operational reliability, protects against maintenance-related downtime on the aging 2016 ambulance, and maintains alignment with Cascade Medical's fleet management best practices for safe and cost-effective vehicle replacement.

Background

Cascade Medical operates a mixed fleet of six ambulances, including two 911 ambulances, one interfacility ambulance (also our backup ALS ambulance), one ambulance embedded with Chelan County Fire District #3 (CCFD3), and two ambulances embedded with Lake Wenatchee Fire & Rescue (LWFR).

Recent investments have modernized much of the fleet — including two 2024 ambulances and a 2022 ambulance— ensuring reliable frontline coverage. However, the 2016 GMC 3500 now represents the oldest vehicle in the Cascade Medical rotation aside from the 2015 GMC ambulance already slated for replacement by a new Ford Transit Van and then we will surplus the 2015 ambulance.

Cascade Medical's fleet management practices recommend replacing ambulances every 4–5 years or at approximately 125,000–150,000 miles, depending on vehicle wear, usage, and operational demand. Ambulances that exceed these thresholds typically experience increased downtime, higher repair costs, and reduced reliability—all of which are now evident in the 2016 GMC's maintenance history.

The 2016 GMC currently serves as a backup ambulance at Cascade Medical, providing essential redundancy when frontline ambulance is undergoing maintenance or supporting high-call-volume days. Despite this role, the vehicle's growing unreliability creates operational strain, as it cannot consistently be relied upon when needed.

Assessment

The 2016 GMC 3500 (M133) is no longer suitable for front-line or long-term reserve use due to:

- High mileage (137,676) and age-related mechanical wear,
- Increased maintenance costs and downtime, and
- Reduced reliability during peak operational demand.
- The proposed 2025 Demers MXP 150 Type III ambulance offers a reliable, modern, and cost-effective solution that strengthens Cascade Medical's readiness and safety standards.

Operational Benefits

- Ensures uninterrupted service with dependable backup and frontline coverage.
- Enhances crew and patient safety through modern design and technology.
- Reduces risk of out-of-service hours due to mechanical failure.

Financial Stewardship

- Replaces a high-maintenance, depreciated ambulance before major systems fail.
- Reduces long-term maintenance and repair expenditures.
- Maintains alignment with a predictable 4–5-year replacement cadence to avoid emergency purchases.

Strategic and Partnership Impact

- The new Demers Type III ambulance will serve as a frontline Cascade Medical ambulance.
- The 2022 GMC 3500 will then be reassigned to Chelan County Fire District #3 (CCFD3), upgrading their embedded ambulance.
- We will then surplus the 2016 GMC ambulance.

This approach maximizes return on investment, supports operational readiness across all agencies, and ensures that backup and embedded ambulance remain dependable and safe for patient transport.

Recommendation

Approve the purchase of one (1) 2025 Demers MXP 150 Type III Ambulance to replace the 2016 GMC 3500.

This purchase will:

- Maintain the department's planned fleet replacement cycle,
- Reduce maintenance costs and unplanned downtime,
- Ensure safety and operational reliability for both Cascade Medical and CCFD3, and
- Support continued high-quality prehospital care within the district.

This recommendation reflects responsible fiscal planning, proactive fleet management, and strong interagency collaboration in support of Cascade Medical's mission to deliver safe, reliable, and timely emergency medical services to our community.

RESOLUTION NO. 2025-05

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1
CHELAN COUNTY, WASHINGTON dba CASCADE MEDICAL

RCW 70.44.060

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, authorizing the adoption of the 2026 operating and capital budget.

WHEREAS, the Board of Commissioners of Public Hospital District No. 1 of Chelan County is required by RCW 70.44.060 to adopt annual budgets; and

WHEREAS, the superintendent has prepared and submitted a proposed operating and capital budget, for the year 2026 and submitted it to the Board of Commissioners in accordance with RCW 70.44.060; and

WHEREAS, the Board of Directors held a public hearing on October 22, 2025, and received and considered public testimony on the proposed operating and capital budget, NOW, THEREFORE,

BE IT RESOLVED by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, that the proposed 2026 operating and capital budget, be hereby adopted.

ADOPTED and APPROVED by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 22nd day of October 2025, the following commissioners being present and voting in favor of this resolution.

____
Board President, Shari Campbell

____
Board Vice President, Tom Baranouskas

____
Commissioner Jessica Kendall

____
Commissioner Cary Ecker

____
Commissioner Dr. Jesse Knight

Part-time Resident Advisory Council Meeting
October 18, 2025
Social Time at 9:30 AM, Meeting at 10:00 AM, Social Lunch Following Meeting
Arleen Blackburn Conference Room & Zoom Connection

	Optional Social Time		**9:30 AM**
I.	**Call to Order**	Neil McReynolds, President	**10:00 AM**
II.	**Introductions**	Neil McReynolds, President	
III.	**Approval of April 19, 2025, Minutes**	Council Members	
	Discussion		**10:10 AM**
IV.	Cascade Medical ○ Value Story ○ Fire / Disaster Preparedness ○ Cascade Medical & Industry Updates	Diane Blake, CEO	
	City of Leavenworth Update	Diane Blake, CEO	
VII.	**Council Input** • **General Temperature of Healthcare, to help shape CM's communication plan**: What are you hearing in your home community or social circles about healthcare? What concerns or ideas are you hearing that we should be thinking about proactively addressing? Have you heard anything more specifically about CM or healthcare in North Central WA that should further shape our communication plan? • **Master Facility Plan (MFP) and Strategic Plan Input:** CM is in the final stages of developing a master facility plan and setting a 2026 – 2028 strategic plan. Information on the MFP and strategic plan inputs are included in a packet attached to your meeting email (this packet has also been reviewed by the CM Board of Commissioners). What stands out to you, in terms of what CM should be focused on? Given the current space limitations, the expected aging and growth of our community and the cost and complexity of considering a new location / new facility, what are your thoughts about how CM should proceed, to continue to best serve the community? Are there services or facility enhancements we should consider that would provide the greatest value to visitors and part-time residents?	Council Members	**10:45 AM**
VIII.	**Council Business** • **Prep for Council officer election in April**: Neil McReynolds is set to transition out of the President role in April and Jim Elliott is set to transition into the President role. Group discussion on Vice President opportunity. • Council recruitment efforts	Neil McReynolds, President	**11:35 AM**
IX	**General Q&A | Council Thoughts**	Council Members	**11:50 AM**
X.	**Adjournment**	Neil McReynolds, President	**12:00 PM**
	Lunch – In Person or To Go options		**12:00 PM**

Future Meetings:

2026	2027
April 25	April 24
October 24	October 23

Dashboard Strategy / Performance Measures
Cascade Medical 2025

	2023-2025 Focus with 2025 Objectives	Q1 '25	Q2 '25	Q3 '25	Q4 '25	Target/ Comparative	YTD Status
Patient & Family Centered Care	**Three-year Objective:** Deliver quality care that is accessible, equitable, and safe every time, every touch						
	• Develop a Master Facilities Plan, in collaboration with our strategic planning process, that supports community needs for service expansion					Meet Project Timelines	**On Track**
	• Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited					Meet Project Timelines	**On Track**
	• Integrate care delivery by developing and implementing a plan to coordinate mobile clinic, school clinic, mobile integrated health, clinic expansion of hours, telehealth and hospitalist programs under the umbrella of Team-Based Care, with continued emphasis on enhancing patients' first touch experience with CM					Thru Q3, Meet Project Timelines	**Lagging**
	• Meet planned cadence of communication with stakeholder groups related to data validation work and electronic health records systems improvements					Meet Communication Cadence	**Lagging**
Financial Stewardship	**Three-year Objective:** Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth						
	• Continue charge capture work, including departmental charge reconciliation and implementation of barcoding for supplies					To Timeline, then Track Data	**Lagging**
	• Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025					Meet Project Timelines	**On Track**
	• Conduct thorough employee and community education program around the EMS Levy					Meet Timelines	**Complete**
	• Fully develop and finalize the 2026 – 2028 strategic plan before end of 2025, ensuring plan is finalized to allow completion of Master Facilities Plan by end of 2025					Meet Timelines	**On Track**
	• Focused hospital service line optimization and growth (Swing Bed, Infusion, Rehab Services)					Timelines / Metrics	**Lagging**
Our People	**Three-year Objective:** Provide an exceptional employee experience within a safe, stable, family-based work environment						
	• Conduct employee listening sessions by end of May 2025 and utilize feedback to inform strategic plan development					Meet Timelines	**On Track**
	• Continue robust professional development programs, including focused leadership development					Meet Timelines	**Lagging**
	• Launch a CNA program in collaboration with Cascade High School					Meet Timelines	**On Track**
	• Understand compensation strategy options, for future consideration					Meet Timelines	**On Track**
Community Connections	**Three-year Objective:** Collaborate with community to define needs and nurture partnerships to support healthy lifestyles						
	• Implement structured, robust plan for bilingual community dialogue to inform Community Health Needs Assessment, which will, in turn, inform the next strategic plan					Meet Project Timelines	**On Track**
	• Implement structured communication and outreach plan that is consistently on message, including communications about first touch improvements; maintains focus on priority areas; strengthens connection to Spanish-speaking population; and utilizes regular measurement to adapt work as needed		**79%**	**82%**		85% Tactics Completed By Timeline	**Lagging**

Status: **On Track** **Behind Timeline** **At Risk**

Board Dashboard Companion Document
Q3 2025
Cascade Medical

In your packet is the Dashboard Strategy / Performance Measures document which provides a snapshot of our organizational progress to date toward meeting our board-approved strategic objectives for the year. This longer document provides additional information to ensure transparency with the board on organizational progress toward meeting the objectives of our strategic plan. As you review the dashboard and refer to this document to better understand the work, please try to focus your questions and feedback on broad organizational direction; sharing your thoughts and perspectives from viewing our progress as a whole, rather than in individual tactical elements, is essential to helping us stay on track, to pivoting where necessary, and to future planning.

As you consider our strategic plan from a governance perspective, please consider your thoughts to the following questions:

- Of the initiatives which are lagging, which do you think will have the greatest impact on overall strategic direction of CM or that you are concerned may hamper other strategic initiatives?
- What areas of focus in these objectives are critical to complete in order to lay a strong foundation for 2026 – 2028 and beyond work?
- What additional information do you need to feel confident you understand the planned annual direction of CM and how we are steering toward that direction?
- What broad, big picture concerns, opportunities, or questions are unaddressed in the 2025 plan that you'd like to ensure are addressed in the future, that may not have been raised at the recent retreat? (Or that were raised there and you'd like to emphasize them.)

Patient & Family Centered Care <u>2023-2025 Focus</u>: Deliver quality care that is accessible, equitable, and safe every time, every touch.
2025 Objectives

1. Develop a master Facilities Plan, in collaboration with our strategic planning process, that supports community needs for service expansion
    a. This work is on track, with anticipated follow up report to and discussion with the Board in December to shape the final plan.
2. Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited
    a. This work is on track. We've worked through a thorough evaluation process, including the examination of accreditors' standards against CM strategic priorities and capabilities as well as gathering peer feedback on different accreditors. We've narrowed the selection, setting us up to be able to make a final recommendation by the end of 2025.
3. Integrate care delivery by developing and implementing a plan to coordinate mobile clinic, school clinic, mobile integrated health, clinic expansion of hours, telehealth and

hospitalist programs under the umbrella of Team-Based Care, with continued emphasis on enhancing patients' first touch experience with CM

   a. This objective includes multiple tactics, most of which are now on timeline, with one major component lagging and contributing to the lagging rating overall. We anticipate this major component to lag through the end of the year. The behind timeline component is the expansion of clinic hours. We are set to expand Saturday clinic hours beginning December 1 but have not yet set a plan for additional hours expansion; that work will continue into 2026. On track items include customer service training, expansion of team intake visits (addresses access for new patients), operationalization of the school clinic, adjustments to mobile clinic to increase volumes/access, and continued focus on coordination between clinic and mobile integrated health.

4. Meet planned cadence of communication with stakeholder groups related to data validation work and electronic health records systems improvements
   a. The work related to data validation and electronic health records (EHR) systems improvements are moving strongly ahead, and we are closing in on completing registry work. While the work is moving ahead, this goal is about ensuring communication of the data validation and EHR work. Due to team schedules some of the Q3 communication was pushed to early Q4, so this objective is technically briefly lagging. It will be back on track by end of year.

Financial Stewardship 2023-2025 Focus: Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth.

2025 Objectives

1. Continue charge capture work, including departmental charge reconciliation and implementation of barcoding for supplies
   a. This work lags behind original plan in the areas of supply barcoding and departmental charge reconciliation; while both are underway, we did not meet the tactics through Q3 that we'd originally set. We anticipate the structure for ongoing charge reconciliation to be complete by yearend but bar coding in the emergency department is likely to push into early 2026. Some of this lag is owing to the pivot we made relating to our good fortune in having been able to add an experienced Director of Health Information Management and Revenue Cycle Integrity to our team and our adjusted focus to medical necessity processes compliance and co-pay collection.
2. Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025
   a. This objective is on track. Efforts in Q3 focused on implementation of the ambient listening tool and continuing to build structure around proactive exploration of AI tools, including an innovation form / process to capture interest from the team and a team survey on areas of interest and current usage.
3. Conduct thorough employee and community education program around EMS Levy

    a. Met, culminating in passage of the EMS Levy by a 77.2% approval. Additionally, we've documented what elements of the education program worked well and where there are opportunities for improvement, for future reference.
4. Fully develop and finalize the 2026 – 2028 strategic plan before end of 2025, ensuring plan is finalized to allow completion of Master Facilities Plan by end of 2025
    a. This plan is on track. While we potentially may take a bit of additional time with the finalization of the master facilities plan, we ultimately do not believe that will slow up completion of the 2026 – 2028 plan nor the development of 2026 annual objectives. All inputs are on track.
5. Focused hospital service line optimization and growth (Swing Bed, Infusion, Rehab Services)
    a. This objective consists of three areas of focus, and we do not consider the goal on track unless all three are on track. Additionally, each area of focus is driven by a lengthy and detailed task list. Below is the status of each area:
        i. Swing Bed – Much of the task list for this work is tracking to timeline, with the one area of slowdown the consideration of utilizing an external resource to assess the swing bed program; this consideration will likely not occur until early 2026. All the internal work, including internal assessment, team training on wound vac, and improving our internal referral evaluation tool is either complete or on track for completion. Additionally, as we track success through increased admissions, we have grown swing bed admissions through September 2025 to 6.3 per month, from last year's average of 4.2 per month.
        ii. Infusion – This project is lagging from its original scope and will continue to lag through the year. This is driven in part by eliminating the considered option to work with a third-party partner to fully develop this service as well as the mindful pause on formal expansion while we complete the master facilities plan work, to ensure any additional space utilization occurs with an eye on the overarching plan. Despite these elements of the plan not moving forward as originally intended, work has continued internally with optimization, allowing us to quietly grow the number of patients served in a way that's manageable within current operations.
        iii. Rehab Services – This project includes seven focus areas, some of which were identified through the 2024 assessment. These are: (1) Establish Financial Margin, (2) Improve Patient Access and Productivity, (3) Retain and Recruit Team Members, (4) Promote OT, Pediatric, and SLP Services, (5) Achieve Cardiac Rehab Certification through AACVPR, (6) Ensure DOH Survey Readiness, and (7) Evaluate Facility Design and Space Utilization. The addition of an interim leader in Q3 allowed for focused attention to these areas, and substantial work related to the 2024 assessment has been moved forward. This work is underway and will continue to spill over into 2026 as we have extended the interim leader's

stint with us through Q1 2026, to give additional time to improve department operations and assess long term plans.

Our People 2023-2025 Focus: Provide an exceptional employee experience within a safe, stable, family-based work environment.

2025 Objectives

1. Conduct employee listening sessions by end of May 2025 and utilize feedback to inform strategic plan development
   a. This work is on track to meet stated timelines for integration into our strategic plan. Sixteen listening sessions were held in Q2 and reached 77 team members; this equates to 45% of regular employees, exceeding our goal of reaching 30% of regular employees. Additionally, we met Q3 tactics, which included sharing the summarized feedback and utilizing it as input to our strategic planning process.
2. Continue robust professional development programs, including focused leadership development
   a. Most elements of this objective are on track, but we report as lagging due to a delay in planned training with the leadership team on performance reviews. This work is set for Q4 and we anticipate completion of all initiatives by yearend.
3. Launch CNA program in collaboration with Cascade High School
   a. This work is nearing completion and will be ready to launch as planned in January 2026 provided the Washington Office of Superintendent of Public Instruction (OSPI) reviews and responds to our application before the end of the year. All CM and Cascade School District tasks are complete, and we now just await the final go ahead from OSPI.
4. Understand compensation strategy options, for future consideration
   a. This project is back on track, with performance evaluation structure having been refreshed and a three-year plan completed and now in implementation phase for moving base wages consistently above market minimums. Additionally, the provider compensation work continues, although at a somewhat slower pace in Q3 due to limited schedule overlap for committee meetings; work should be wrapped up by yearend.

Community Connections 2023-2025 Focus: Collaborate with community to define needs and nurture partnerships to support healthy lifestyles.

2025 Objectives

1. Implement structured, robust plan for bilingual community dialogue to inform Community Health Needs Assessment, with will, in turn, inform the next strategic plan
   a. The elements of this goal are now tracking on time to our completion timeline, as those elements relate to the work of the Community Health Needs Assessment. It is on track to be finalized by the end of 2025.
2. Implement structured communication and outreach plan that is consistently on message, including communication about first touch improvements; maintains focus on

priority areas; strengthens connection to Spanish-speaking population; and utilizes regular measurement to adapt work as needed

a. This measure is lagging. Our goal is to achieve an 85% on time completion rate of the tactics on our Marketing & PR plan. We nearly achieved that each month but ultimately fell short, coming in with just over 80% completion rate each month for the items documented on the plan. Additionally, we have yet to finalize efforts to utilize data / measurement to inform our communication work and we have not been as focused in Q3 on efforts to strengthen connection to our Spanish-speaking neighbors, two important elements of this objective.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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Community Health Needs Assessment

2026–2028

TABLE OF CONTENTS

1. **About Cascade Medical** 3
   - Our Mission
   - Our Services
   - Our Community
2. **Methodology** 5
   - Process
   - Data Collection
   - Primary Data
   - Secondary Data
3. **Prior CHNA** 7
4. **2026-2028 Priorities** 8
   - Prioritization
   - Community Priorities
5. **Implementation Plan** 12
6. **Community Demographics** 12
   - Community Profile
   - The District
   - Population Table
7. **The Social Determinants: Social and Economic Factors** 20
8. **Health Outcomes** 24
9. **Health Factors** 27
10. **Clinical Care** 33
11. **Physical Environment**
12. **Community Convening** 35

Appendix 1: 2023-2025 CHNA Implementation Plan Accomplishments

About Cascade Medical

Cascade Medical (Cascade) is a publicly owned and operated critical access hospital (CAH) located in Leavenworth, WA. The original hospital in Leavenworth was opened as the Cascade Sanitarium over 100 years ago. The public hospital district, Chelan County Public Hospital District No.1, was formed in 1965.

In 2010, the District completed a major renovation, including an addition, which upgraded facilities and provided space to house its growing primary care services. Cascade's strong commitment to understanding the community's health needs, providing accessible community health, wellness, and whole person care guides its programming. Cascade is licensed for 12 beds and currently operates 9 beds and a Level V emergency department. In addition to the hospital, the District also operates ambulance services.

Our Mission Inspires the Work We Do Here

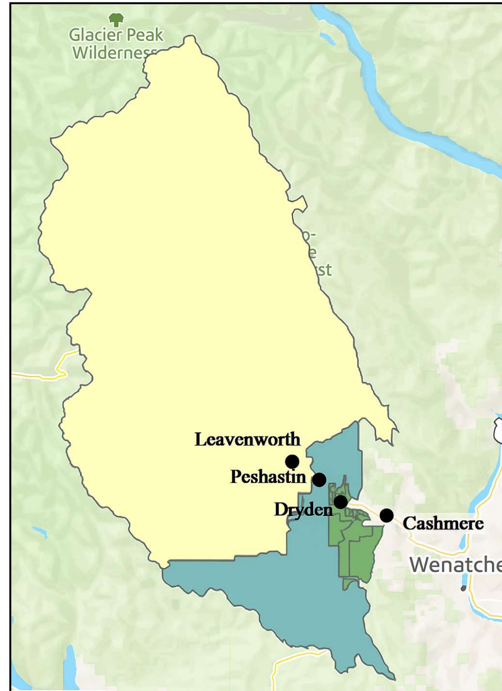
Cascade Medical is an exceptional rural healthcare facility. We are a team of compassionate and dedicated professionals who provide quality primary care, services and resources to our patients and their families.

Other recent service and program additions include the opening of a Cardiac Rehabilitation Program, the expansion of radiology services to include ultrasound and mobile MRI, and outpatient wound care. Cascade also recently started a mobile clinic with the goal of meeting those who need care where they are. The mobile clinic provides walk-in and scheduled appointments for primary care, preventive care, and minor urgent issues and injuries. It is staffed with a bilingual provider (Spanish/English). Cascade also offers the use of its exam rooms, and staff donated time for Upper Valley MEND's Free Clinic program.

Our Services

Our Community

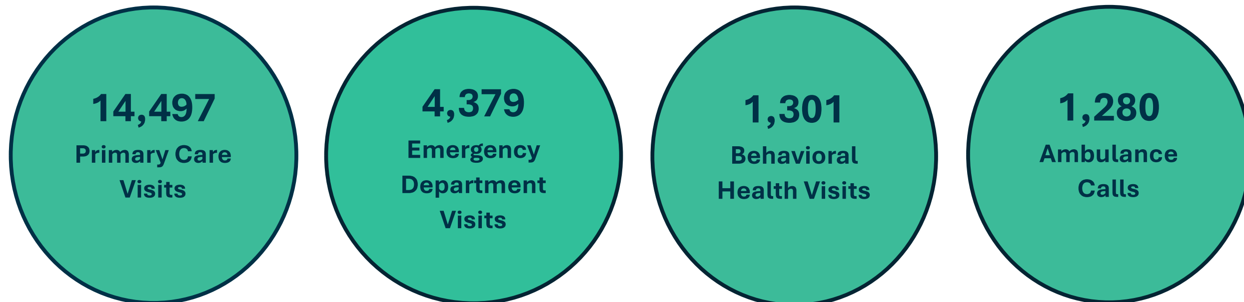
Chelan County Public Hospital District No. 1 includes 1,200 square miles between the summits of Stevens and Blewett Passes, including the communities of Leavenworth, Plain, Peshastin, Dryden, and a portion of Cashmere. The District includes approximately 10,791 residents across these communities, with the Cashmere portion of the District representing about 10% of the total District population.



The District by geographic zip code area is identified in the map and includes:

98826 – Leavenworth and Plain
98847 – Peshastin
98821 – Dryden (rural PO Box)
98815 – Cashmere (partial zip code area)

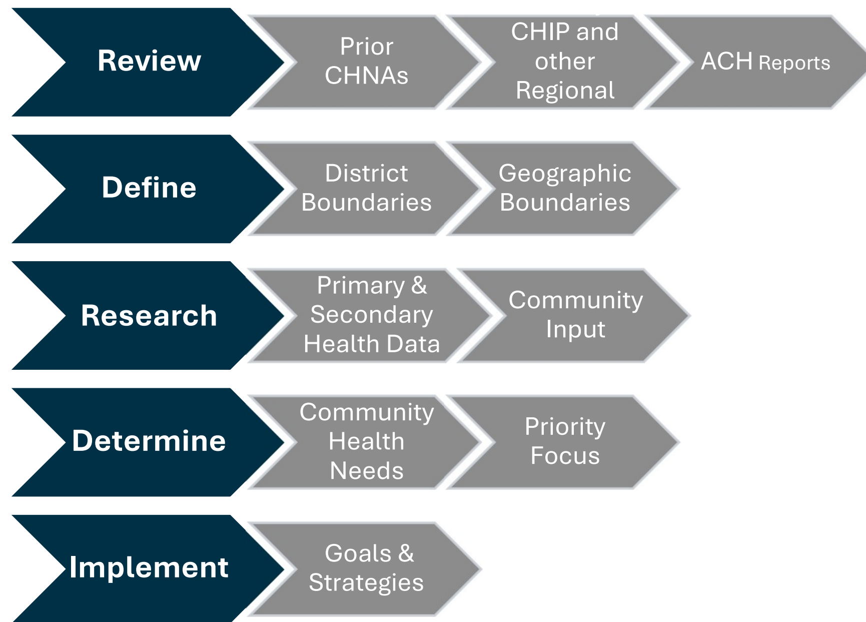
In 2024, Cascade Medical provided:



Methodology

Process

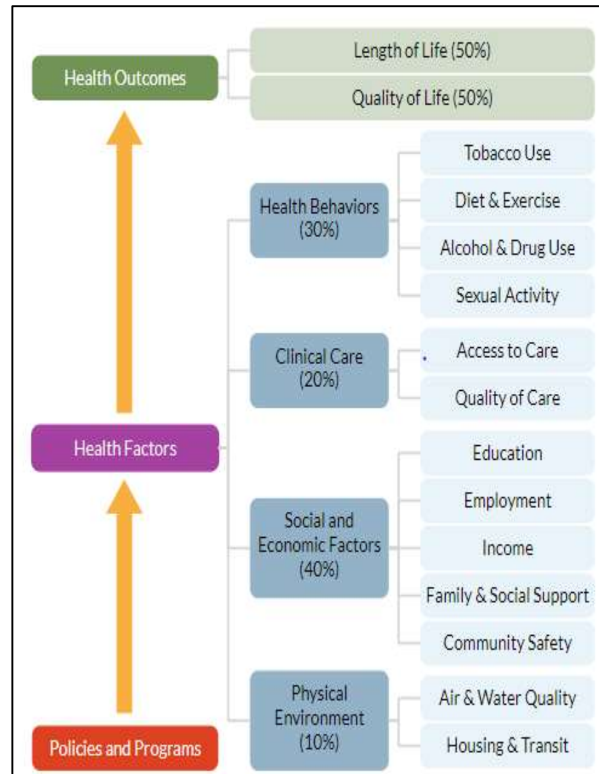
Cascade Medical engaged Health Facilities Planning & Development, Seattle, to conduct its 2026 CHNA using the following framework:



After gathering and analyzing primary and secondary source data and information, several frameworks were applied to identify themes and priorities in the data.

Foremost, the Robert Wood Johnson Foundation's (RWJ) Health Rankings Model emphasizes the many factors in population health that, if improved, can help make communities healthier places.

In the Health Rankings Model, the current health of a community is referred to as Health Outcomes and includes rates of mortality (premature death) and morbidity (chronic diseases). In turn, these Health Outcomes are influenced by Health Factors in a community, ranked by the calculation of various health behaviors, clinical care measures, social and economic factors, and measures of the physical environment.



Source: RWJ County Health Rankings, 2025

Data Collection

Both primary and secondary data collection was used to determine the general health of the District. Data and information gathered formed the basis of an analysis of both unmet health needs and the social determinants of health and guided themes and priorities related to community health and wellbeing.

Primary Data

Primary data, representing the experiences and voices of District residents directly, was collected through a community-wide survey and selected listening sessions. The survey was conducted by Cascade between March and April with over 200 responses collected. Listening sessions with community leaders were conducted on April 28th and 29th with representatives from local healthcare, education, and non-profit sectors. In addition, Thriving Together NCW conducted a region-wide Wellbeing survey in 2024. Data from that survey report were analyzed in conjunction with Cascade Medical's survey. These efforts and findings are detailed in the Community Convening section of this report.

Secondary Data

Secondary data was collected from several national, state, and regional/local sources to better understand the demographics, health behaviors, social and economic factors, physical environment, and clinical care characteristics of the District and regional communities.

Specific data sources included, but are not limited to:

- American Community Survey (ACS)
- Robert Wood Johnson County Health Rankings
- Claritas Population Data
- Washington State Office of Financial Management, Small Area Estimates
- Centers for Disease Control (Places)
- Behavioral Risk Factor Surveillance System
- Washington State Department of Health, Center for Vital Statistics
- Health Resources & Services Administration (GeoCare Navigator)
- U.S. Census Bureau
- United for ALICE
- University of Washington, Addictions, Drug & Alcohol Institute
- Washington State Healthy Youth Survey

When possible, data was analyzed at both the county and the District level. Where sub-county data was unavailable, it is reported at the county level.

Prior Community Health Needs Assessment and Accomplishments

2023–2025 CHNA Implementation Plan Accomplishments

Cascade's Board adopted its 2023-2025 Community Health Needs Assessment (CHNA) in December of 2022. Cascade subsequently adopted an Implementation Plan in support of the CHNA and informed by community stakeholders, partners, the Board of Commissioners, and employees, including medical staff. The Implementation Plan was then fully integrated into Cascade Medical's three-year organizational strategic plan.

The adopted CHNA Implementation Plan priorities and focus areas were:

1. **Child and Family Wellness, with Particular Focus on Primary Care Access and Youth Behavioral Health:**
   a) *Innovations to increase access to primary care, including mitigating lack of providers, language, trust, and service locations; and by focusing on recruiting and retaining staff.*
   b) *Continuing growth in behavioral health programming, including substance abuse and opioid prescribing.*
   c) *Continuing outreach and partnership with the schools*

2. **Aging in Place:**
   a) *Innovations to increase access to care.*
   b) *Increasing use of mobile clinic and mobile integrated care.*
   c) *Focus on management of chronic diseases.*
   d) *Advocating for more community-based services for elderly needing additional support*

3. **Equity, and Building Trust in Traditionally Underserved Communities**
   a) *Primary care that is accessible and available.*
   b) *Building trust and recognition that all are welcome at Cascade.*
   c) *Continuing existing and growing new partnerships to support our traditionally underserved.*
   d) *Development of a Patient and Family Engagement Council that actively seeks the voice of these communities.*

Significant accomplishments were made related to Cascade Medical's 2023-2025 CHNA Implementation Plan priorities and focus areas. These accomplishments are provided in detail in **Appendix 1**.

2026-2028 Priorities

Determining Priorities

After an analysis of the themes identified through national, state, and regional data, and in the data collected through community convenings, priorities were developed using a synthesized logic model based on established strategic planning concepts.

In addition to the themes and priorities emerging directly from primary and secondary source analysis conducted for this CHNA, and beyond Cascade's 2023-2025 CHNA, a review of other recent health assessment projects was also included, primarily:

2024 Thriving Together North Central Washington Wellbeing Survey. Over 3,000 residents of the North Central Washington region took the survey (30% from Chelan County). The survey design and responses were formatted around the 7 Vital Conditions for Health & Wellbeing and Gallups' wellbeing continuum, a self-assessment of present and future best possible life on a continuum of thriving, struggling, or suffering.

Disaggregating the survey data by Chelan County residents, some clear areas of focus emerged.

- Adults over 65+ self-identified as struggling at significantly higher rates (>50%) relative to other adults (33%-37% across cohorts).
- Almost 77% of American Indian residents and 59% of multiple race residents identified as struggling relative to all other racial and ethnic populations (38%-42%).
- Just over 50% of the Chelan County respondents rated their physical health an 8 or higher (out of 10), with over 10% rating their physical health a 4 or below (out of 10).
- Almost 54% of the Chelan County respondents rated their mental health an 8 or higher (out of 10), with almost 8% rating their mental health a 4 or below (out of 10).
- 25% of respondents felt lonely some of the time or often/always.
- Asked to rate the wellbeing of the community, almost 34% of Chelan County residents rated community wellbeing an 8 or above (out of 10), while almost 16% of respondents rated community wellbeing a 4 or below (out of 10).

2022 Chelan, Douglas, Grant, & Okanogan Counties CHNA/CHIP (Sponsored by Confluence Health – Central Washington Hospital and Wenatchee Valley Hospital), which in addition to health outcomes and health behaviors data, included a community survey of 801 residents of the combined service area and a key survey of 62 leaders in healthcare, non-profit, and business organizations.

- Areas of Opportunity identified: mental health and substance use, health behaviors (teen pregnancy, nutrition, physical activity), chronic health conditions, access to health care.

Community Priorities

Community convening and secondary source data included within this CHNA suggests, at a minimum, that continuing and deepening work on previously identified community health priorities is indicated.

Survey respondents overwhelmingly supported continuing the current priority focus areas. Additionally, when asked to select the most pressing health problems in the community, Chronic Health Conditions, Behavioral Health, and Health Inequalities were the most cited factors. When asked to identify the most important factors that will improve community wellbeing, priorities stayed in alignment, with enhanced access (healthcare, insurance, services, housing, childcare) being the consistent themes. The listening sessions added additional perspective, confirming alignment with existing priorities and survey themes, and suggesting prioritizing themes of access, youth support, aging support, substance use/abuse, and vital conditions for community health (housing, childcare, food, transportation, etc.).

Community-identified priorities to explore in strategic planning include:

Priority: Aging Supports and Chronic Health Conditions

- According to survey respondents, one of the top three most pressing health problems in the District is Chronic Health Conditions.
- A Key listening session theme was the need for affordable senior housing options, assisted living, adult family homes, etc.
- The 65+ population is growing rapidly, projected to be a third of the population by 2030 with implications for the provision of healthcare resources and services related to typically higher prevalences of chronic conditions.
- 8% of 65+ survey respondents reported needing in-home healthcare support, with 40% reporting being able to find or afford that care.
- The 2024 Thriving Together regional wellbeing study found adults over 65+ identified through self-report as struggling on Gallup's wellbeing continuum at higher rates than other age cohorts.

Priority: Access to Healthcare, With Focus on Behavioral Healthcare

- According to survey respondents, two of the top three most pressing health problems in the community are Behavioral Health and Health Inequalities.
- Key survey and listening session theme: better access to primary and specialty care scheduling, improving phone access to clinic/scheduling and the need for consistently available bilingual staff and resources.
- The most selected reasons for difficulty in scheduling were the time it took to schedule, or the inability to get an appointment.
- Hispanic respondents, who reported roughly the same level of primary care use, were more likely to use Columbia Valley Community Health or Confluence for primary care (81%) than Cascade.
- Residents in the eastern district communities of Peshastin, Dryden, and Cashmere receive approximately 5% fewer preventative screenings (mammograms, colorectal screening), annual doctor visits, and dental visits relative to the western communities of Leavenworth and Plain.
- Key survey and listening session theme: need for increased behavioral health services and the lack of community-based prevention, assessment, and treatment resources or services for substance use/abuse.
- A key listening session theme was the possibility of increased use of the mobile clinic (as a school-based health center resource, to engage underserved communities, etc.)
- Other themes from listening sessions included Spanish-speaking community navigators, bilingual staffing, youth access to care, and dental services.
- Chelan County is a designated Health Professional Shortage Area for all three types of health care disciplines for multiple population types (geographic, low-income, migrant-farmworker, and homeless).
- Chelan County's uninsured rate is twice as high as Washington State. District uninsured rates are heavily dependent on geography. Leavenworth and Plain to the west have rates of the uninsured that are 3 times lower than the County and 4 times lower than the communities of Dryden and Peshastin to the east.
- 2024 Thriving Together regional wellbeing study: almost 8% of Chelan County respondents rated their mental health a 4 or below (out of 10); 25% of respondents felt lonely some of the time or often/always.2022 Regional CHNA/CHIP: (significant health needs) identified: mental health and substance use, health behaviors (teen pregnancy, nutrition, physical activity), chronic health conditions, access to health care.

Priority: Child and Family Wellness, with Particular Focus on Primary Care Access and Youth Behavioral Health

- Key survey and listening session themes: mitigating outmigration of Spanish speaking families to Wenatchee, increased needs for behavioral health support (particularly drug/alcohol prevention and treatment).
- Community responses included the need for a school district/Cascade liaison, and the integration of the mobile clinic as a school-based health center.
- Key listening session theme: high rates of youth alcohol use/abuse and a lack of school or community-based resources for prevention and treatment.
- Cascade 10th graders show higher rates of substance use and binge drinking than their Washington State peers.
- While reporting high levels of feeling safe at school, Cascade School District's 8th and 10th graders report significant levels of bullying and lack of engagement.
- Almost a quarter of 8th graders, and a third of 10th graders report feeling so sad or hopeless every day for 2+ weeks that it impacted their usual activity in the past year.
- Although in line with state peers, more than one-in-ten (14%) of tenth graders report having seriously considered suicide in the last 12 months.

Priority: Equity and Building Trust in Traditionally Underserved Communities

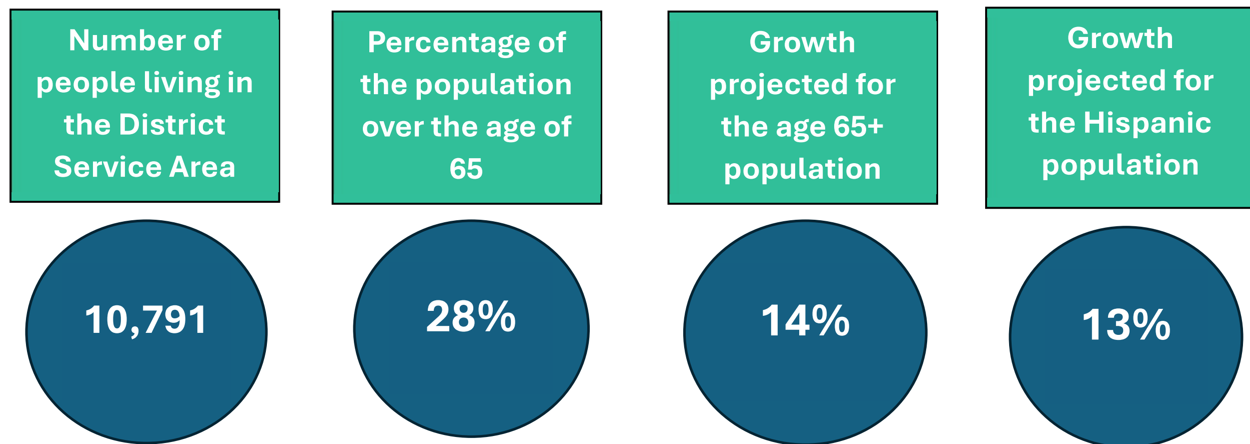
- According to survey respondents, Health Inequalities is a "top 3" most pressing health problems in the community.
- Survey and listening session themes included high needs in the community around the vital conditions of housing, childcare, food/groceries, transportation, etc.
- Lack of transportation outside the city limits and the disproportionate impact on underserved, Hispanic communities.
- While 8% of total respondents indicated they had to cancel/change an appointment due to transportation problems, that was 29% for Hispanic respondents.
- Median income in the District is about 11% lower the state average and about 11% higher than Chelan County, however, the median income for Hispanic households in the District is more than 50% lower than the district as a whole.
- The population for whom poverty status has been determined is almost 50% higher (worse) for the Hispanic/Latino relative to White residents of the District.
- Chelan County's uninsured rate (15%) is twice that of Washington State (7%). District uninsured rates, while 9% in the aggregate, are heavily dependent on where you reside. Leavenworth and Plain to the west have rates of the uninsured (5%) that are three times lower than the county and 4 times lower than the communities of Dryden (18%) and Peshastin (20%) to the east.
- In 2024, there were 230 calls to the 211 system from the District:21% of calls (48) were related to healthcare, with 73% of those calls concerned with health insurance and another 17% concerned with medical expenses.

Implementation Plan

Consistent with 26 CFR § 1.501(r)-3, Cascade will adopt an Implementation Plan on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is adopted, or, by May 15, 2026. Prior to this date, the Implementation Plan will be presented to the Chelan County Public Hospital District No. 1 Board for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as guidance for the next three years in prioritization and decision-making regarding resources and will guide the development of a plan that operationalizes the adopted priorities adopted.

Community Demographics

Community Profile



The District

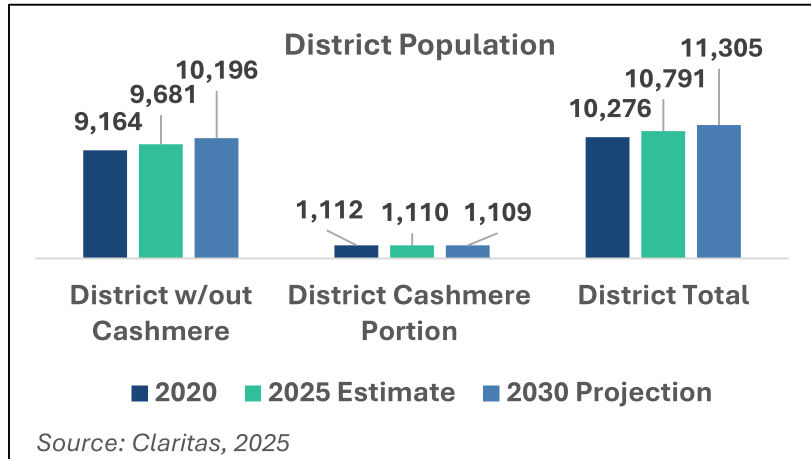
The District, one of two public hospital districts in Chelan County, covers the western and southern areas of the county. The Census Bureau considers the entirety of Chelan County (and neighboring Douglas County) a Metropolitan area, connected to the urban core centered around Wenatchee, WA. Nonetheless, over a third (34%) of Chelan County lives in a low population density area, defined by the Census Bureau as populations less than 2,000 households and 5,000 people. The District lies outside the Wenatchee urban core, contains a mix of both low-density rural areas and urban areas, and is designated as rural by the Federal Office of Rural Health Policy and the Centers for Medicare and Medicaid Services.

The District and is comprised of all, or parts of, five communities:

- Leavenworth and Plain (98826)
- Peshastin (98847)
- Dryden (98821)
- Cashmere (98815)

Population

The District encompasses a small portion of the community of Cashmere. Using 2020 Census Block population data for the Cashmere portion of the District and applying Claritas growth rates both the size of the Cashmere portion of the District and the projected population for the entire District through 2030 was interpolated. The 2025 estimated population of the District is 10,791 people, growing 4.8% to 11,305 in 2030. The four communities of Leavenworth, Plain, Peshastin, and Dryden comprise about 90% of the total population of the District, while the Cashmere portion of the District is about 10% of the total population.



Population Table

The following table reflects the three primary (completely in-District) zip codes (about 90% of total population).

Population Table for Completely In-District Communities (Leavenworth, Plain, Peshastin, Dryden)

	2010	2020	Pct Chg 2010-2020	2025 est	Pct of Tot Pop	Pct Chg 2020-2025	2030 proj	Pct of Tot Pop	Pct Chg 2025-2030
Tot. Pop.	8,437	9,164	8.6%	9,681	100.0%	5.6%	10,196	100.0%	5.3%
Pop. By Age									
0-17	1,690	1,679	-0.7%	1,738	18.0%	3.5%	1,762	17.3%	1.4%
18-44	2,306	2,605	13.0%	2,834	29.3%	8.8%	2,918	28.6%	3.0%
45-64	2,826	2,548	-9.8%	2,441	25.2%	-4.2%	2,465	24.2%	1.0%
65-74	965	1,413	46.4%	1,568	16.2%	11.0%	1,688	16.6%	7.7%
75-84	466	667	43.1%	827	8.5%	24.0%	1,039	10.2%	25.6%
85+	184	252	37.0%	273	2.8%	8.3%	324	3.2%	18.7%
Tot. 0-64	6,822	6,832	0.1%	7,013	72.4%	2.6%	7,145	70.1%	1.9%
Tot. 65 +	1,615	2,332	44.4%	2,668	27.6%	14.4%	3,051	29.9%	14.4%
Hispanic	893	1,134	27.0%	1,273	13.1%	12.3%	1,437	14.1%	12.9%
Fem. 15-44	1,293	1,425	10.2%	1,523	15.7%	6.9%	1,574	15.4%	3.3%

Source: Claritas, 2025

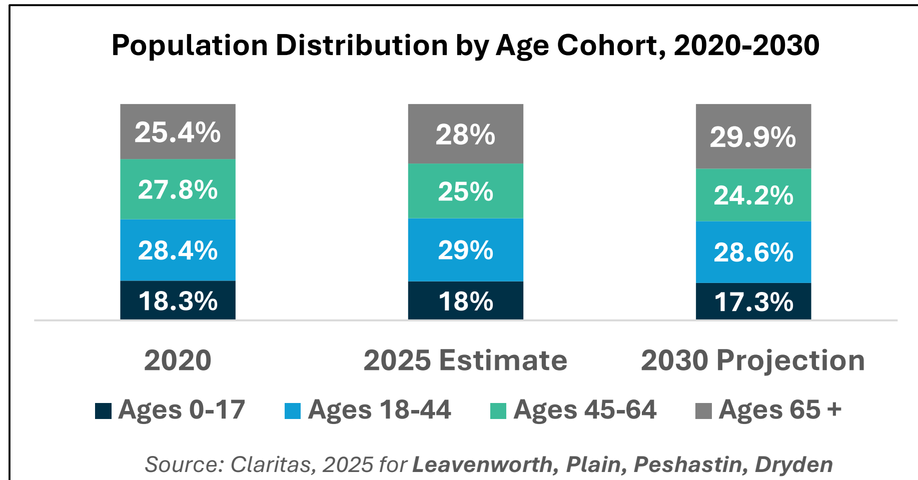
As shown in the population table above, the four fully in-District communities (Leavenworth, Plain, Peshastin, and Dryden) grew 14.2% between 2020-2025 and are projected to grow an additional 5.3% by 2030. That level of growth is higher than the service

areas of other rural hospitals statewide (12%) and less than Washington State as a whole (17%) during the same period.

Separately, the entirety of the Cashmere zip code declined 2.1% in the same timeframe and is projected to remain flat through 2030.

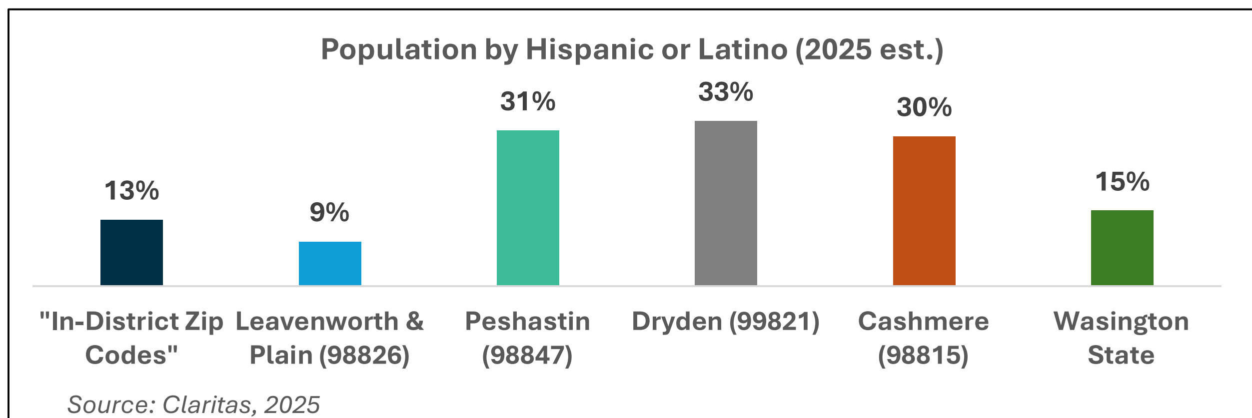
It is notable that the growth in the District was concentrated only in the Leavenworth/Plain zip code (98826), which experienced almost 20% growth. The other District zip codes (including Cashmere) have all experienced flat growth or population declines since 2020, and all are projected to continue declining (+/-) 1.0% by 2030.

The fastest growing cohort in the District are those aged 65+, growing over 14% between 2020 and 2025 and are projected to grow another 14% by 2030, when they will represent one-third of the population. This has implications for the provision of healthcare resources and social services in the community, due to typically higher prevalences of chronic conditions, increased support needs, and higher use of health care services.



Source: Claritas, 2025 for **Leavenworth, Plain, Peshastin, Dryden**

Growing almost as fast as those 65+, is the Hispanic/Latino population of the complete in-District communities, which grew over 12% between 2020 and 2025 and is projected to grow another 13% by 2030, to be 14% of the population. The western communities of Leavenworth and Plain (98826) are 8.8% Hispanic, below county and state averages, having the effect of flattening the Hispanic population when combined with all District communities. However, the eastern communities of Peshastin (98847), Dryden (98821), and Cashmere (98815) have Hispanic populations two to four times higher, which is in line with the county but much higher than the State.



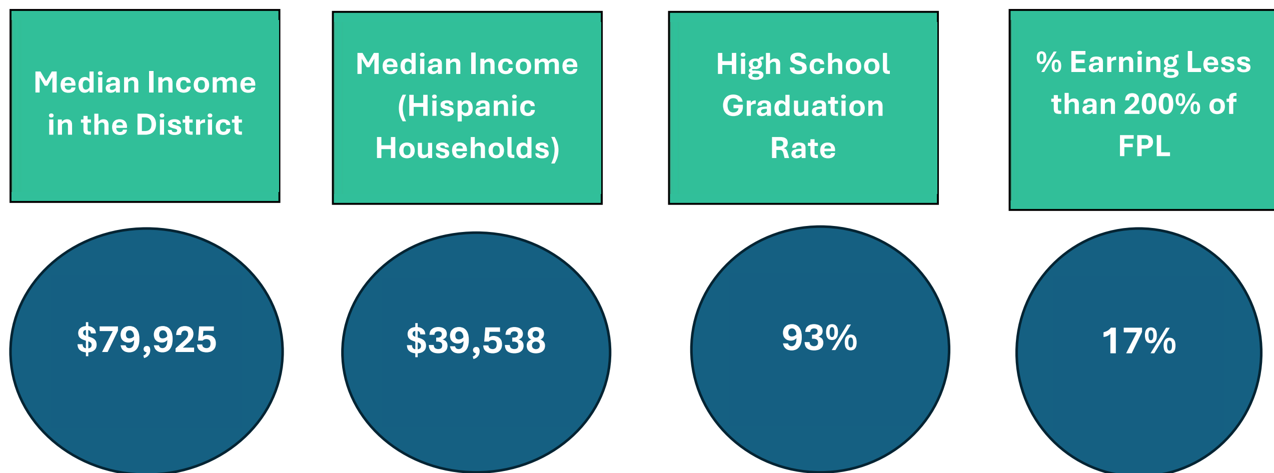
Source: Claritas, 2025

Another lens on race and ethnicity is looking at school-aged children. The Cascade School District serves roughly the same geography as the Public Hospital District. While there are 1,277 school-aged children (5-17 years old) in the District, or 13% of the District population, 23.8% of those school aged children are Hispanic/Latino, much higher than the District percentage of the total population of 13%.

It is important to understand and examine race and ethnicity when exploring health outcomes and social determinants of health such as access to quality education, healthcare, and economic opportunity, environmental hazards, and systemic discrimination. Research has consistently shown that marginalized racial and ethnic populations often experience disparities in the rates of chronic disease, mental health challenges, lower life expectancy, and overall wellbeing.

Social Determinants of Health

District Profile*



* **Excludes** *Cashmere portion of the District.*

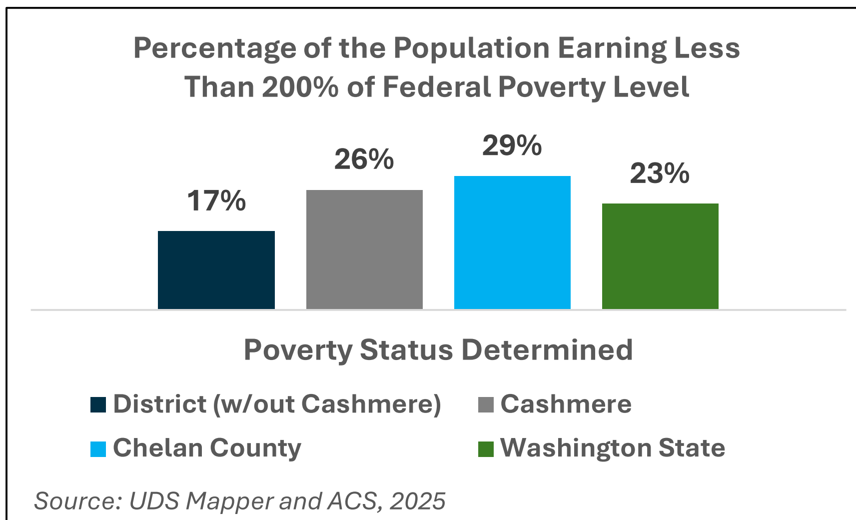
Basic social and economic supports—good schools, stable jobs, and strong social networks—are foundational to achieving long and healthy lives. For example, family-wage employment provides income that shapes opportunities around housing, education, childcare, food, medical care, and more. In contrast, unemployment and underemployment limit these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress. Social and economic factors are not commonly considered when it comes to health, yet strategies to improve these factors can have a greater impact on health than many strategies traditionally associated with health improvement.

Looking at median income offers a view of economic status of the District. Median income in the District is about 11% lower than the state average and about 11% higher than Chelan County, driven by incomes in Leavenworth/Plain (98826). In contrast, the median income of

the Peshastin zip code (98827) is significantly lower than the state, county, or District, at $63,917. As shown below, the median income for Hispanic households in the District is more than 50% lower than the District as a whole.

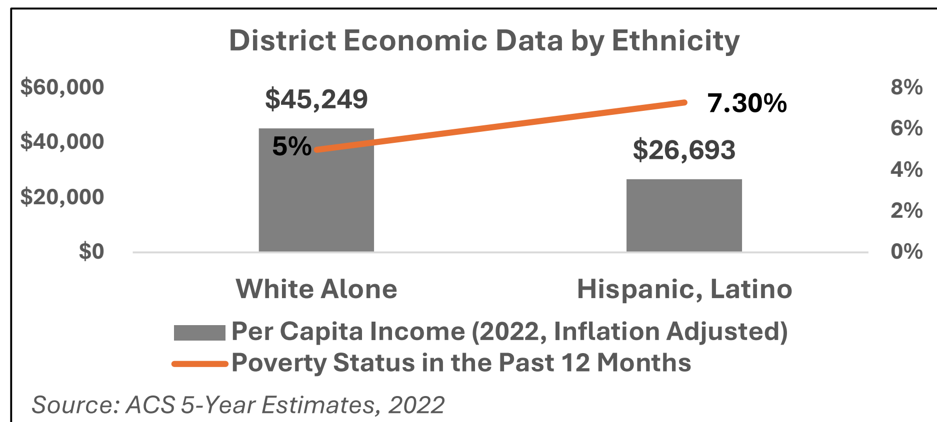
Economic Factors				
	District	District Hispanic Households	Chelan County	Washington State
Median Household Income (In 2022 Inflation Adj. Dollars)	$79,925	$39,538	$71,876	$90,325
Source: ACS 2022 (5-Year Estimates), excludes Cashmere				

Another widely accepted measure of poverty, or low-income status, is those making less than 200% of the Federal Poverty Level (FPL). While the District (without Cashmere) has significantly lower (better) rates of poverty than the county or state, there is a much higher poverty rate in Cashmere. Some caution is required in analyzing District poverty data as Dryden is a small community with a rural PO Box, not accurately reflected in the Census' American Community Survey data, and Dryden, Peshastin, and Cashmere are susceptible to undercount due to the high number of migrant agricultural workers.



Source: UDS Mapper and ACS, 2025

When further disaggregating income and poverty data by ethnicity, Hispanic/Latino residents earn about $18,000 less per capita than their white peers. The population earning less than the federal poverty level is almost 50% higher (worse) for Hispanic/Latino residents relative to white residents of the District.



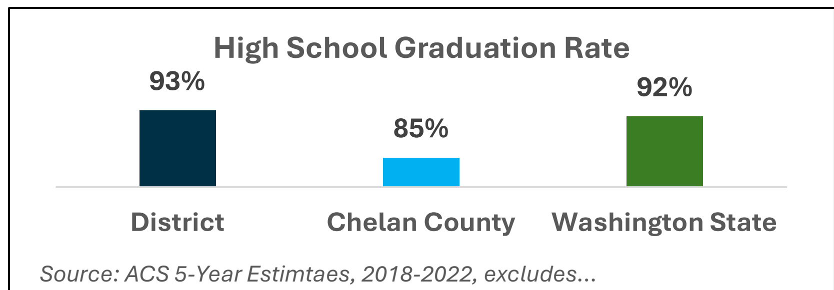
Source: ACS 5-Year Estimates, 2022

Another way to view the impacts of poverty on households is the United Ways' ALICE measure (Asset Limited, Income Constrained, Employed), which looks at those making above 100% of FPL. By factoring in a "household survival budget" and "threshold of financial survival" into the equation, the ALICE measure targets those living above the FPL, but who fall below a "basic cost of living" threshold. Therefore, the ALICE measure can be combined with those at 100% or below FPL to create a more accurate number of those struggling financially.

The District, Chelan County, and Washington State all have lower rates of households meeting the ALICE threshold relative to the last CHNA (2023-2025). Currently, the District fares slightly better than the county as a whole and slightly worse than the state in households struggling to make ends meet. The service area has 7.5% less population below the ALICE threshold relative to the county and 5.7% more above the ALICE threshold relative to the state, with 37% of District households struggling to make ends meet.

ALICE Data (2022)				
	Total Households	Below 100% of FPL	ALICE	% of Population Below ALICE Threshold
District	4,524	275	1,377	**37%**
Chelan County	30,414	2,501	9,692	**40%**
Washington State	3,064,367	312,012	747,889	**35%**
Source: UnitedforALICE.org, 2025, excludes Cashmere				

Education is an important predictor of health. Completing more education is associated with improved physical health outcomes, self-reported health, reduced psychosocial stress, and healthier behaviors, including being less likely to smoke and more likely to exercise. While slightly higher than the state average, the District significantly outperforms Chelan County which has a more than 9% lower (worse) high school graduation rate relative to the District and state.



Healthy Youth Survey

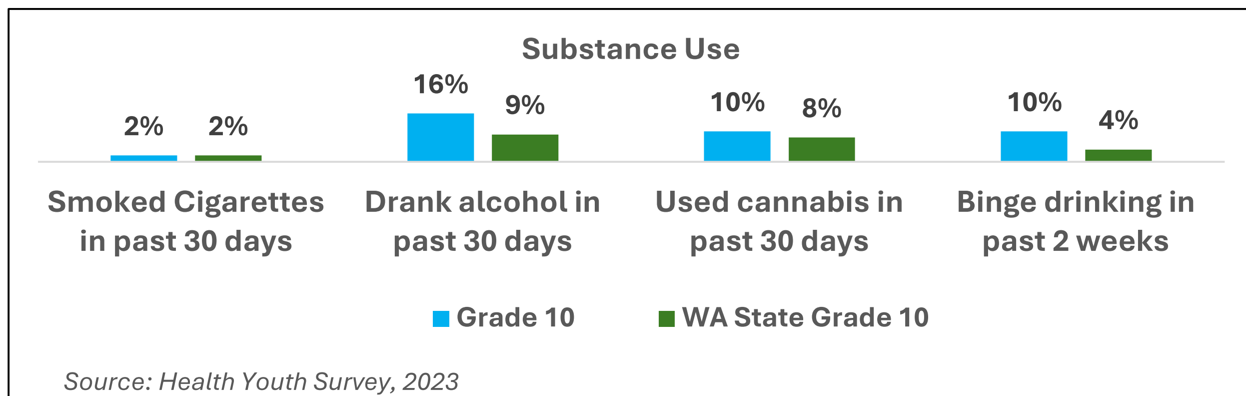
The Healthy Youth Survey (HYS) is a collaborative effort of the State Office of the Superintendent of Public Instruction, the Washington State Department of Health, and the Washington State Health Care Authority. The HYS is a biennial survey of 6th- 12th graders that measures health and wellbeing. It provides important information about the health of adolescents in Washington. It has been administered in Washington State since 2002 and assesses risk behaviors such as:

- Substance use
- Behaviors that result in intentional and unintentional injuries

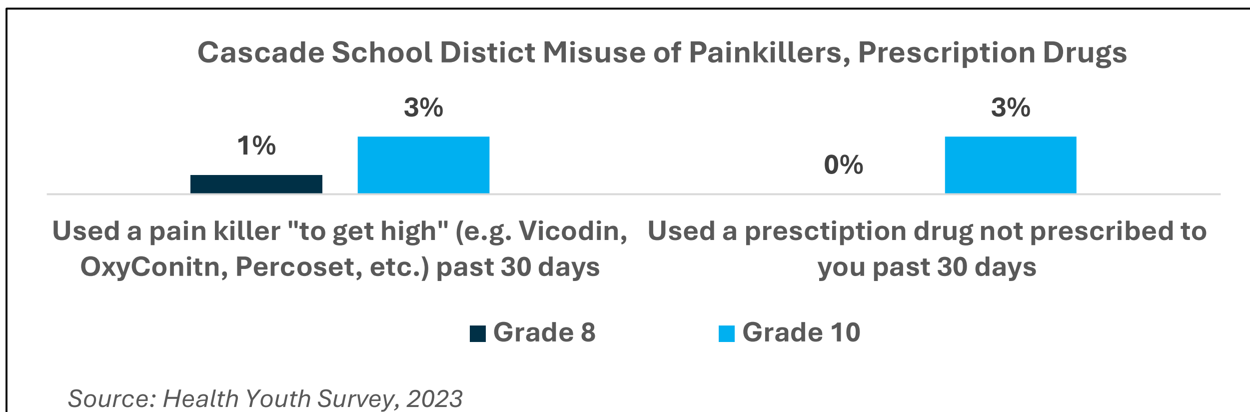
- Behaviors related to food and physical activity
- Mental health
- School climate
- Risk and protective factors

The most recent 2023 HYS found that among 10th grade students across Washington State COVID-19 pandemic-driven reductions in vaping, cannabis, and alcohol use have remained stable. Additionally, mental health outcomes for 10th graders improved between 2021-2023, but remain an area of concern. While depressive feelings (30%) and contemplation or planning of suicide (15%) are at their lowest level in 20 years, the rates still present a highly concerning level of youth mental health concerns.

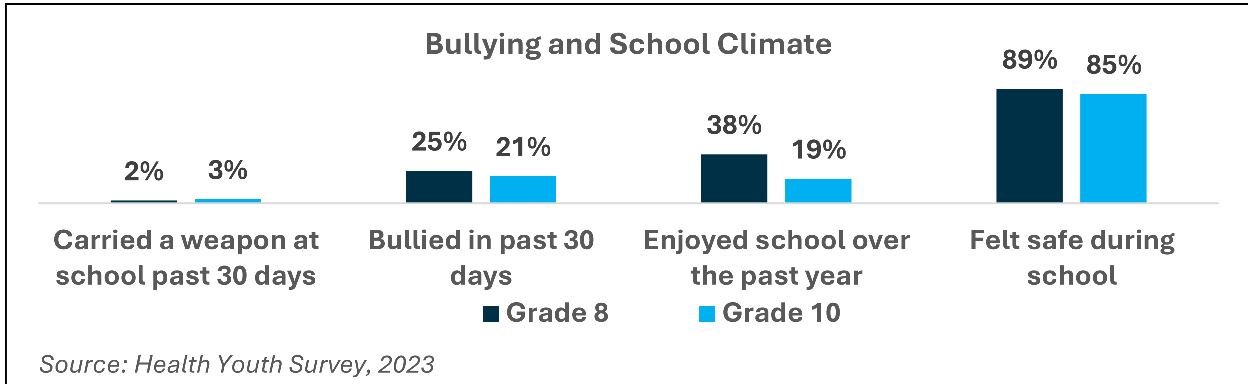
Cascade 10th graders show higher rates of substance use and binge drinking than their Washington State peers. Although not evidenced in the Cascade data, there has been a trend showing a general reduction in alcohol and marijuana use in youth statewide.



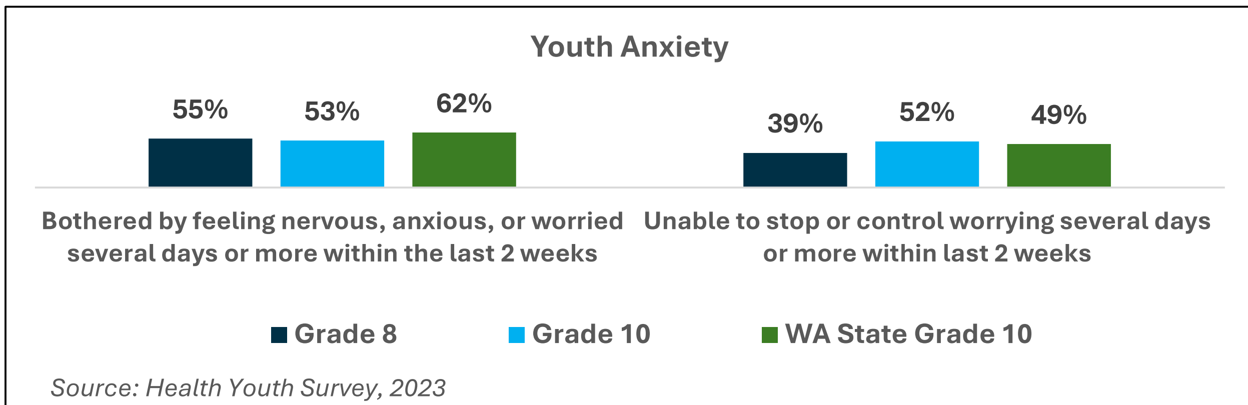
An exception to this general trend is an increase in the use of painkillers and prescription drugs. Cascade 10th graders are in line with state peers, with about 3% reporting using painkillers or prescription drugs within the last 30 days.

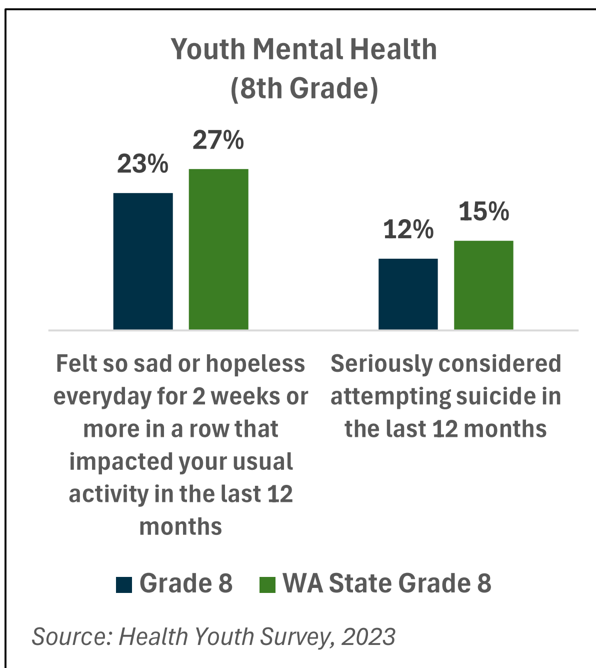


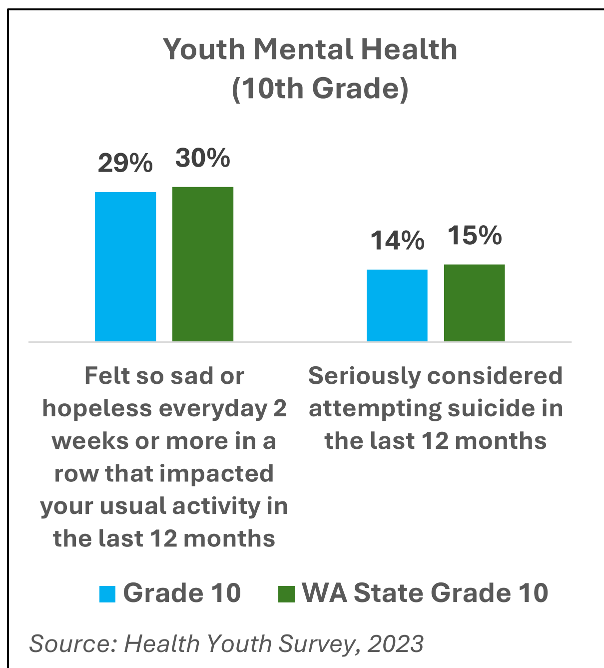
While generally reporting high levels of feeling safe at school, Cascade 8th and 10th graders report significant levels of bullying and a lack of engagement at school.



Local and statewide, students report high levels of anxiety and struggles with mental health. About 15% fewer Cascade 10th graders report generalized anxiety, but about 6% more report being unable to control worry, relative to state peers. 8th grade rates for anxiety are in line with their state peers. Both Cascade 8th and 10th grade cohorts are in line with their state peers on measures of mental health.

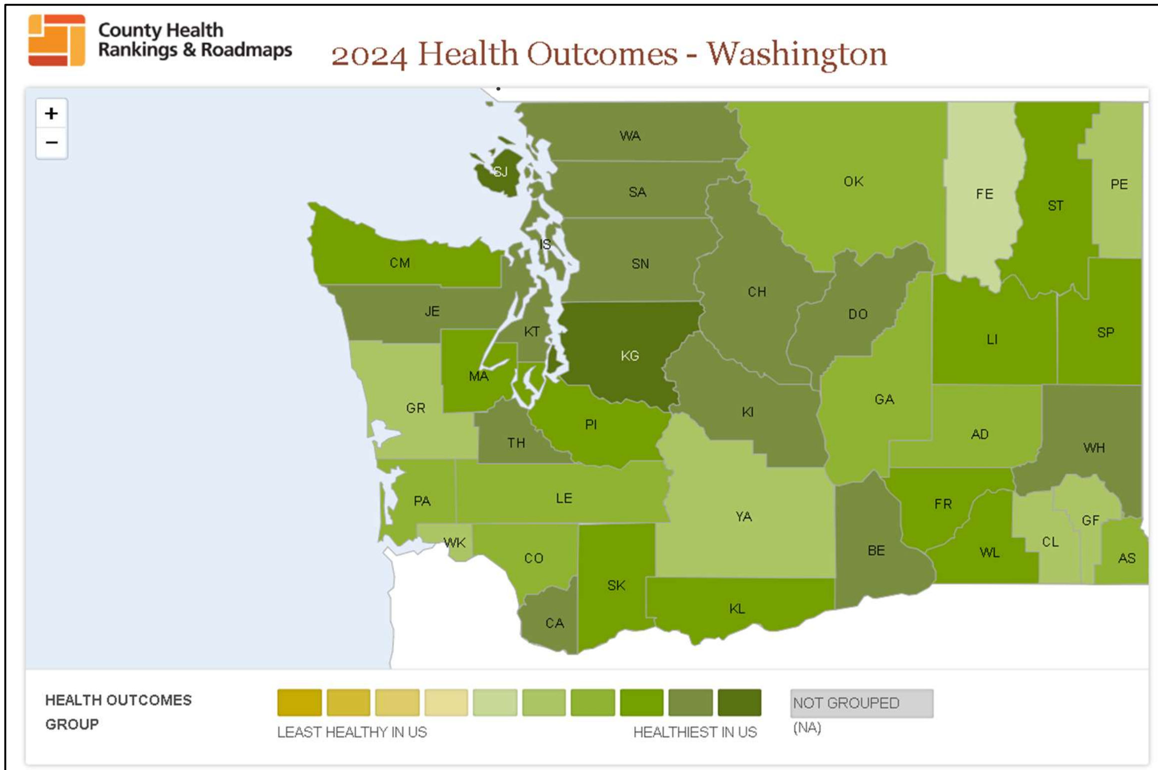


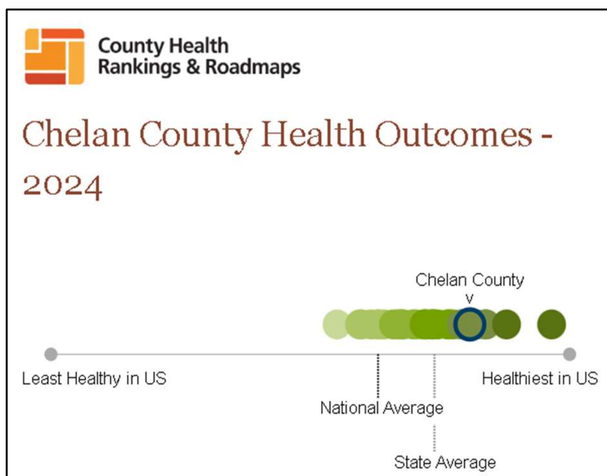




Health Outcomes

Prior to 2024, the RWJ County Health Rankings compared and ranked counties on more than 30 factors relative to the health of other counties: Beginning in 2024, RWJ County Health Rankings have shifted away from numerical rankings to a scaled approach. Counties in a state are now represented by a dot, shaded a certain color, and placed on a decile scale from least healthy to most healthy in the state and nation. In the maps below, darker colored areas indicate populations with healthier rankings. The RWJ County Health Rankings does not provide data below the county level.

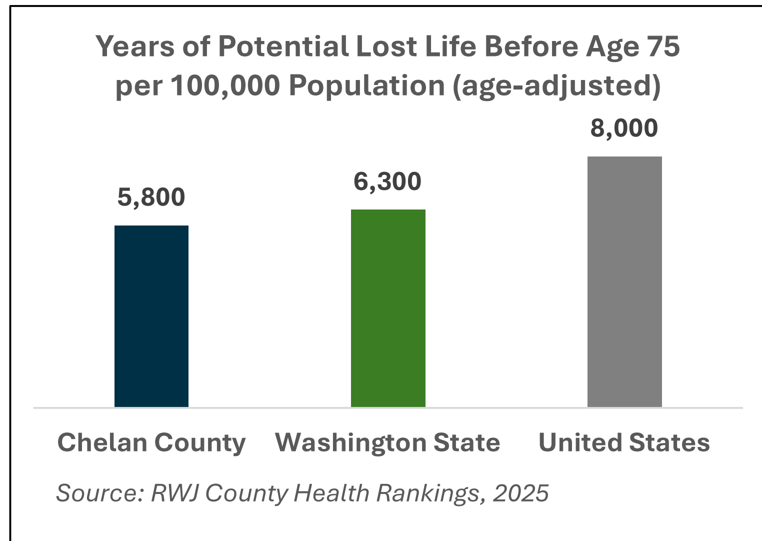




Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. Chelan County is faring slightly better than the average county in Washington for Health Outcomes, and better than the average county in the nation. In the section that follows, when possible, Health Outcomes data was analyzed at both the county and the District service area level. Where sub-county data was unavailable, it is reported at the county level.

Years of Potential Life Lost (YPLL)

YPLL is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. This measure calculates the years of potential life lost under age 75 per 100,000 people. Chelan County has almost 8% fewer years of lost life when compared to Washington State and outperforms the national average by over 27%.

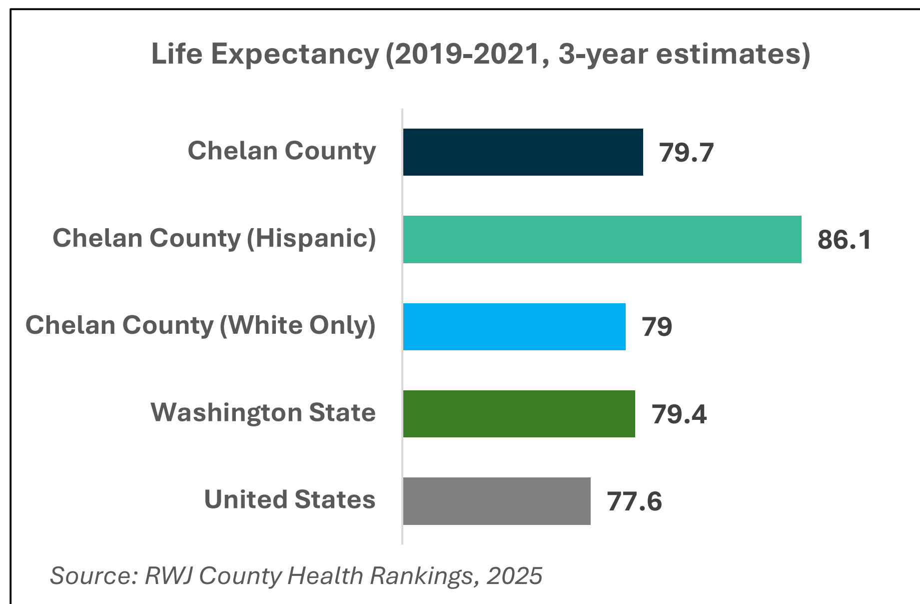


Source: RWJ County Health Rankings, 2025

Length of Life

Measuring how long people in a community live demonstrates whether people are dying prematurely, and it prompts evaluation of what is driving those premature deaths.
Life Expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population.

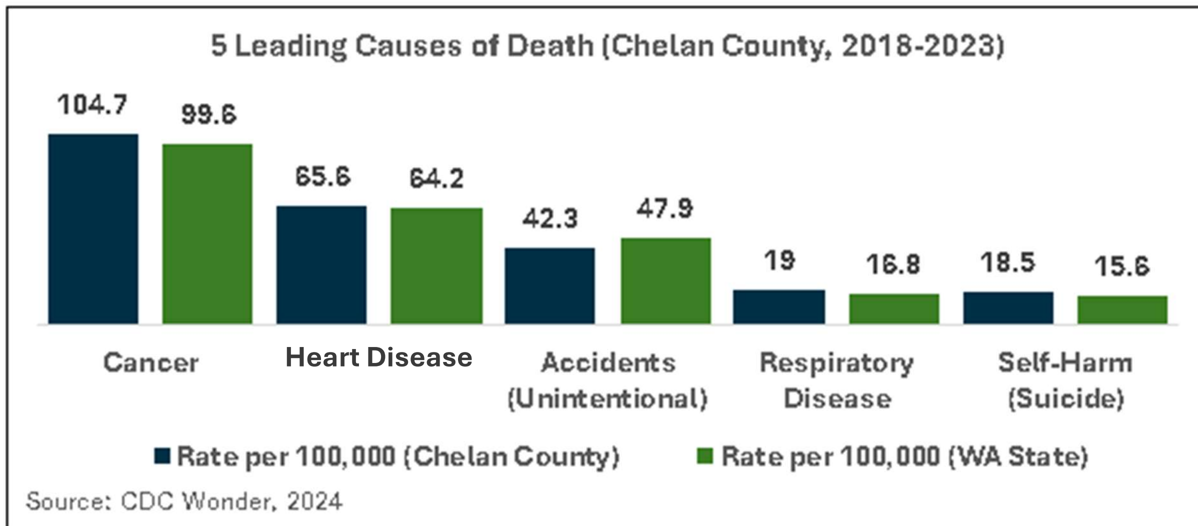
Chelan County fares slightly better than Washington State and the nation on life expectancy overall. When disaggregated by race and ethnicity, Hispanic residents fare significantly better than the county or state, living around seven years longer than white residents or the county on average and experience fewer years of lost life (3,800 vs. 5,600) the County as a whole.



Source: RWJ County Health Rankings, 2025

Causes of Death

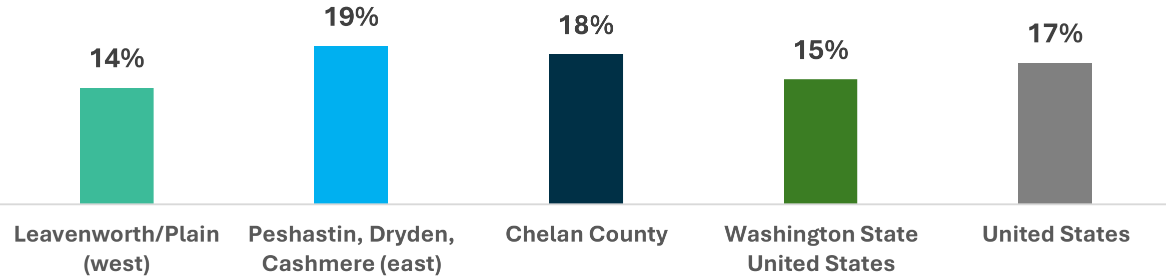
Leading causes of death are widely used as an indicator of a population's overall health status and ranking causes of death is a useful tool for illustrating the relative burden of cause-specific mortality. The Centers for Disease Control (CDC) publishes the leading causes of death for those under the age of 75 in Chelan County. Chelan County fares worse (higher rates of death) than the state average for 3 of the 5 leading causes, with deaths from respiratory disease 13% higher than the state and death from cancer 5% higher than the state.



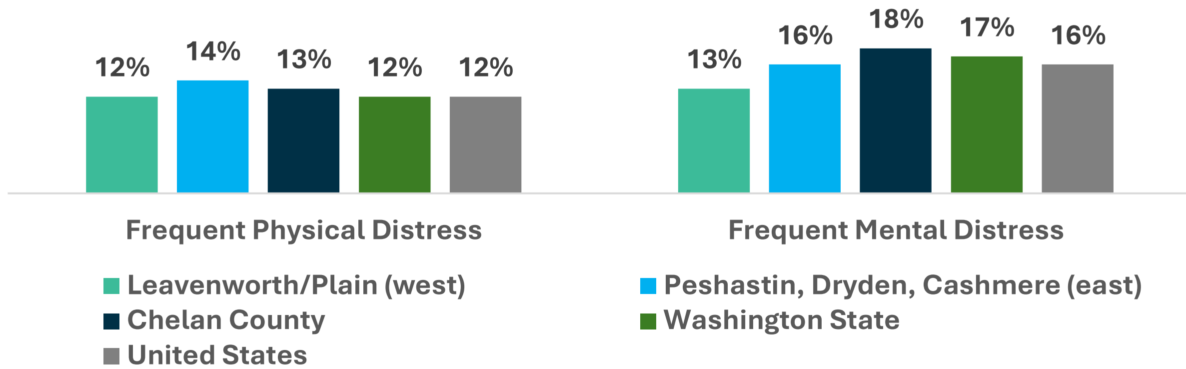
Quality of Life

In addition to measuring how long people live, measures that consider how *well* people live are also important to evaluate. Quality of life refers to how healthy people feel while alive. It represents the well-being of a community and underscores the importance of physical, mental, social, and emotional health from birth to adulthood.

Behavioral Risk Factor Surveillance System (BRFSS) data on measures of Quality of Life include adults self-reporting fair or poor health and the self-reporting of frequent physical or mental distress (14+ days per month). While the westerly communities of Leavenworth and Plain fare better than the county, state, or national rates for these quality-of-life measures, the easterly portion of the district fares significantly worse. Up to 26% more eastern District residents report fair or poor health relative to western district communities, the county, Washington State, or the nation. Eastern District and Chelan County adults also report higher average numbers of days feeling physically and mentally unwell relative to adults in the western district, Washington State, or the nation.



Source: 2022 BRFSS data, pulled 2025 from RWJ County Health Rankings and CDC Places

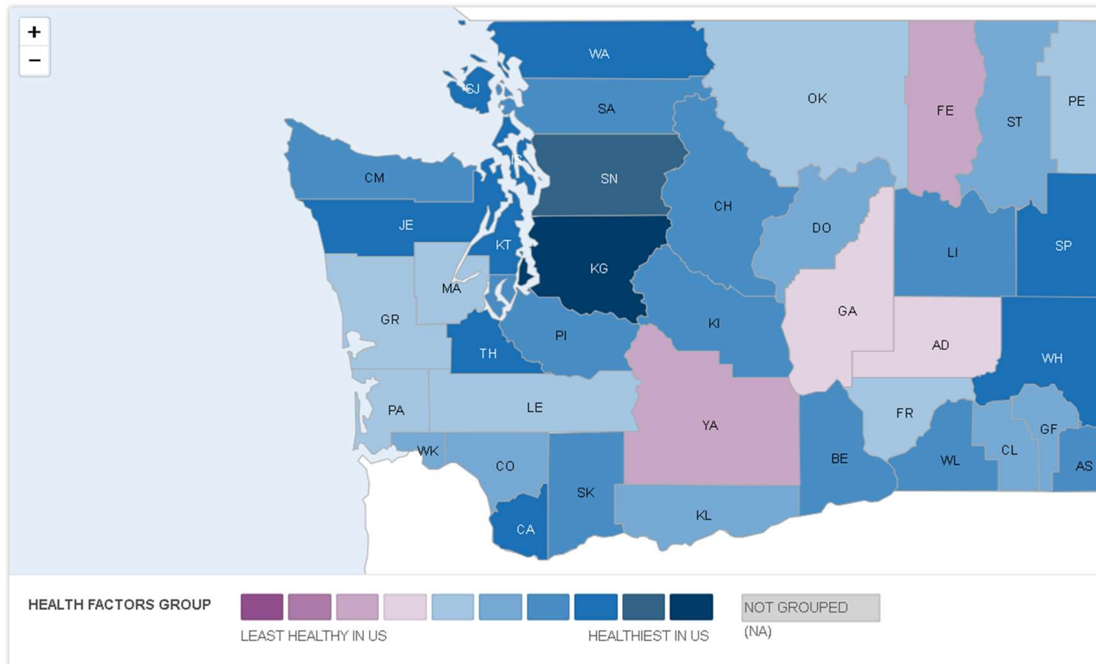


Source: 2022 BRFSS data, pulled 2025 from RWJ County Health Rankings and CDC Places

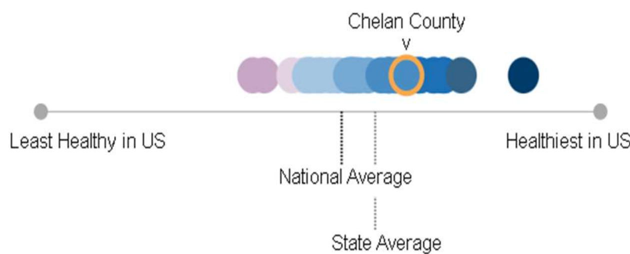
Health Factors

As with Health Outcomes data, the RWJ County Health Rankings uses a scaled approach to rank counties on a decile scale from least healthy to most healthy in the state and nation on select Health Factors. In the maps below, darker colored areas indicate populations with healthier rankings.

2024 Health Factors - Washington

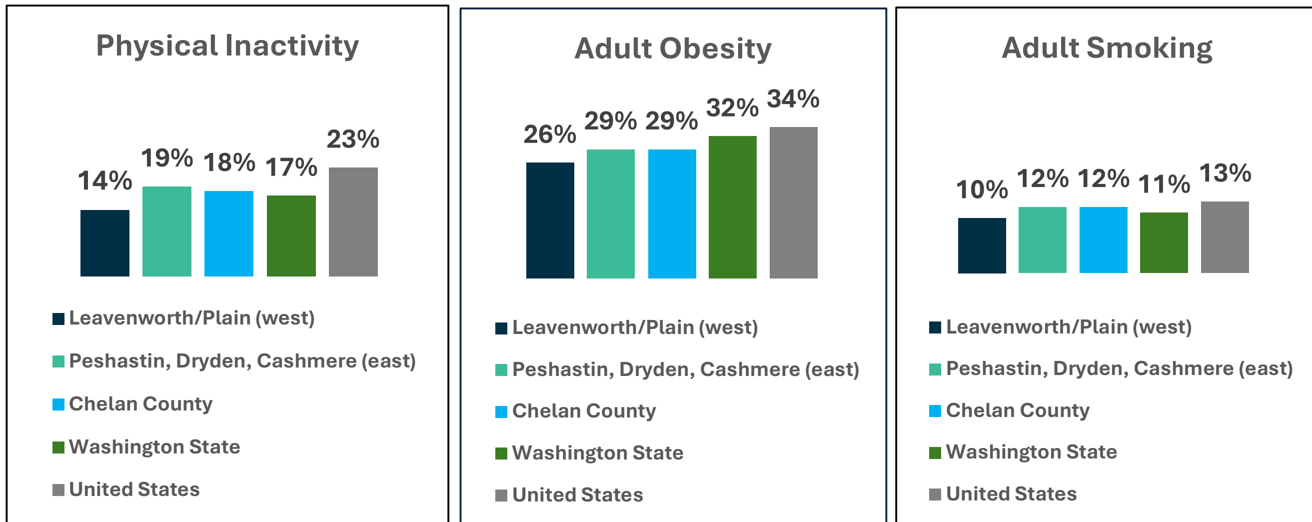


Chelan County Health Factors - 2024



Health Factors represent those things we can improve to live longer and healthier lives and are indicators of the future health of our communities. Chelan County is faring slightly better than the average county in Washington for Health Factors, and slightly better than the average county in the nation.

Health behaviors are actions individuals take that impact their health. These include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking or excessive alcohol intake.



Source: 2022 BRFSS data, pulled 2025 from RWJ County Health Rankings and CDC Places

While generally faring better on key health behaviors, relative the United States as a whole, Chelan County and the District have higher (worse) rates of adult smoking when compared to Washington State. As with other health data, disaggregating the District by geography shows that the western communities fare better, with measures of physical inactivity 26% lower (better) relative to eastern communities, the county, and state. Obesity is also lower in Leavenworth and Plain relative to the rest of the district, county, state, or nation.

Drug and Alcohol Use is another key health behavior with direct and indirect impacts on health outcomes. Excessive alcohol consumption (binge or heavy drinking, any drinking by pregnant women or people younger than 21) increases the potential for many short-term and long-term health risks, including motor vehicle crashes, violence, risky sexual behaviors, high blood pressure, heart disease, liver disease, and weakening of the immune system. Alcohol-impaired driving deaths significantly contribute to unintentional injuries (the only top cause of death in the country that is not directly related to chronic disease).

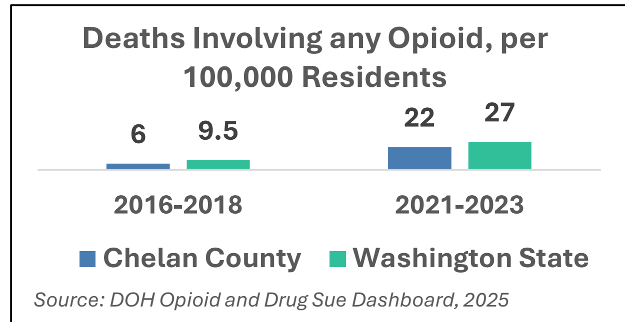
Chelan County is in-line with both state and national averages of self-reported excessive drinking. The number of alcohol-impaired driving deaths in the county are significantly lower (better), 28% lower than Washington State and 12% lower than the national average. Binge drinking data, available at the District level, is in line with the county findings.

Alcohol Related Health Behaviors (BRFSS, 2022)	District*	Chelan County	Washington State	United States
Excessive Drinking (% adults reporting binge/heavy drinking, age-adjusted)	17%	18%	18%	18%
Alcohol-Impaired Driving Deaths (% driving deaths with alcohol involvement)	No data at district level	23%	32%	26%

Source: RWJ County Health Rankings, 2025;
**" Binge drinking" only, average of District zip codes pulled from CDC Places, 2025*

Drug overdoses and opioid misuse mark a serious public health crisis in the United States. This epidemic includes the use of heroin, prescription opioids, and synthetic opioids such as fentanyl. Drug overdose deaths from opioids in Washington State have increased dramatically since 2002 and Chelan County has experienced a similar trend.

The University of Washington's Addictions, Drug & Alcohol Institute research compared opioid death rates between two periods in time: 2016-2018 and 2021-2023. Washington experienced a dramatic 184% increase in opioid deaths per 100,000 residents (from 9.5 to 27) between the two timeframes. Chelan County fared worse, with a 266% increase in opioid deaths per 100,000 (from 6 to 22) in the same time frame.



Source: DOH Opioid and Drug Sue Dashboard, 2025

Recent provisional data from the CDC indicates that drug overdose deaths have declined nationally (29%) and in Washington State (12%) between 2023 and 2024 for the first time in more than a decade. While encouraging, that rate of decline is less in the state relative to the nation and the data is provisional and does not yet represent a trend.

Teen Pregnancy

According to the CDC, the U.S. teen birth rate has been on the decline since 1991. However, U.S. teen birth rates are still higher than in other high-income countries and vary greatly among racial, ethnic, geographic, and socioeconomic groups within and across states. Recent research recognizes that pregnancy and childbirth have significant impacts on the educational outcomes of parents. The CDC reports that children born to teen mothers are more likely to:

- Have a higher risk for low birthweight and infant mortality.
- Have lower levels of emotional support and cognitive stimulation.
- Have fewer skills and be less prepared to learn in kindergarten.
- Have behavioral problems and chronic medical conditions.
- Rely more heavily on publicly-funded healthcare.
- Have higher rates of foster care placement.
- Be incarcerated some time during adolescence.
- Give birth as a teen.
- Be unemployed or underemployed as a young adult.

The District's teen birth rate is much lower (better) relative to both the county or state averages.

Teen Births (2024)	District*	Chelan County	Washington State
Number of births per 1,000, female population ages 15-19	**3.7**	**12.6**	**8.8**

Source: DOH Community Health Assessment Tool, 2025
** Excluded Cashmere portion of the District*

Clinical Care

Access to affordable, quality, and timely healthcare can prevent disease by detecting and addressing health concerns early. Understanding clinical care needs in a community helps in understanding how the community can improve the health of its neighbors.

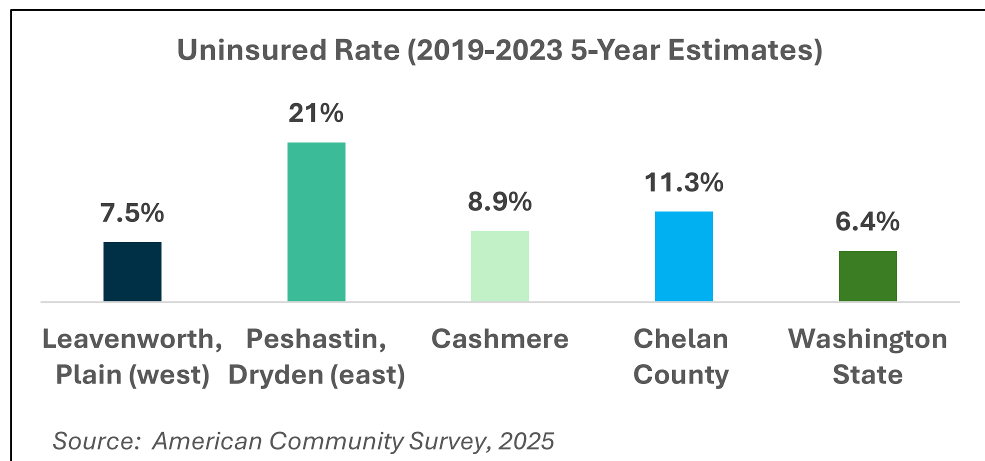
Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have led to significant increases in life expectancy. Clinical care and practice continue to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care.

Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Uninsured

The availability and affordability of health insurance are considered key drivers of health status. Health insurance coverage helps patients get into the health care system. Lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services. Uninsured people are:

- Less likely to receive medical care,
- More likely to die early, and
- More likely to have poor health status.



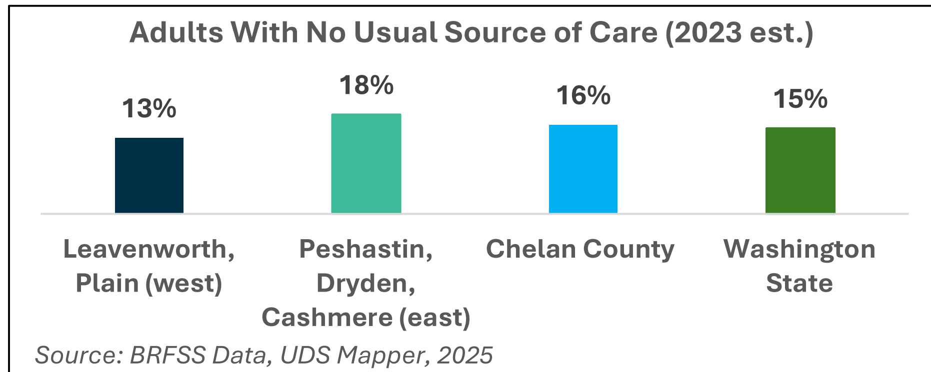
Source: American Community Survey, 2025

According to the Department of Health and Human Services' October 2024 ASPE report, while the rates of the uninsured have fallen since the passage of Affordable Care Act (ACA), rural areas continue to have higher rates of the uninsured than urban areas. Other barriers to care, including geographic distance, infrastructure limitations, and provider shortages, continue to contribute to rural health care access disparities.[1] 2022 BRFSS data show Chelan County's uninsured rate (11%) was almost twice as high (worse) than Washington State (6%). District

[1] Turrini G, Volkov E, Peters C, De Lew N, Buchmueller T. Access to Health Care in Rural America: Current Trends and Key Challenges (Issue Brief No. HP-2024-22). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 2024.

uninsured rates are heavily dependent on where you reside. Leavenworth and Plain to the west have uninsured rates (5%) that are 50% lower (better) than the county and more than 3 times lower (better) than the average uninsured rate of Peshastin, Dryden, and Cashmere (16%) to the east.

No Usual Source of Care

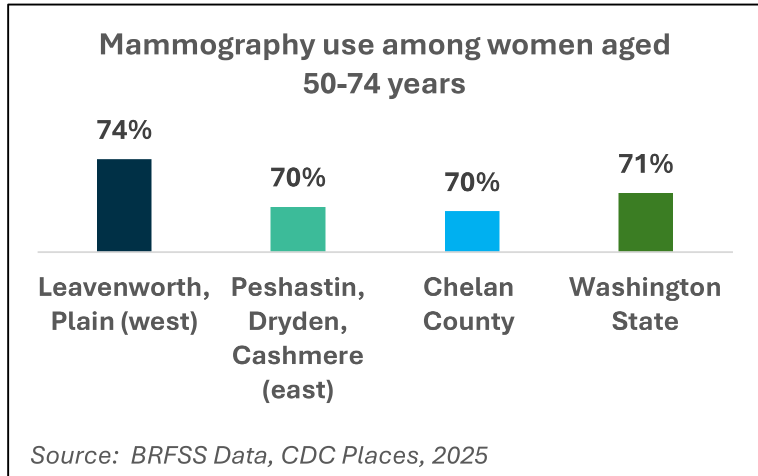


Another measure impacting clinical care outcomes is the percentage of adults reporting not having a personal doctor or regular healthcare provider. Not having a usual source of care can interrupt the continuity of care and impose significant barriers to receiving timely medical treatment. While separate from lacking health insurance, it is similar, in that both measures impact the timely and adequate receipt of medical care. Numerous studies have shown that having a usual source of care is positively linked to patient satisfaction, decreased use of the emergency room, reduced likelihood of hospitalization, and increased rates of immunization and cancer screenings. Similar to District rates of the uninsured, Leavenworth and Plain to the west have lower (better) rates of those without a usual source of care, while the communities to the east have 13% higher (worse) rates of those without a usual source of care than the county, and 38% higher (worse) relative to their western District peers.

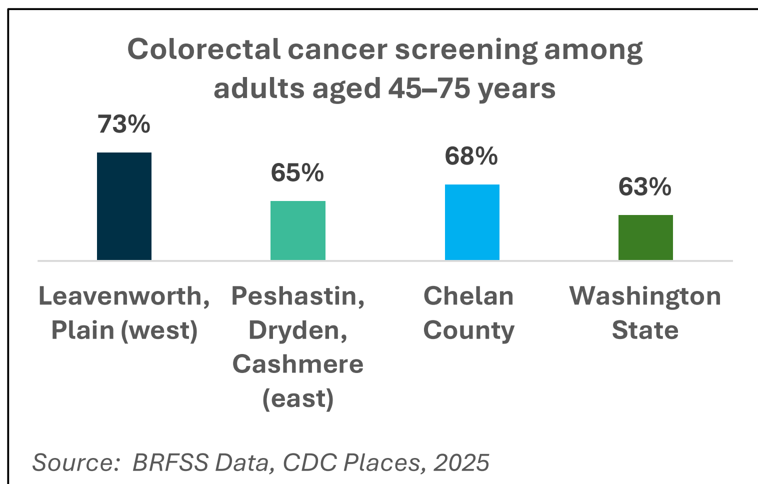
Preventive Care

Key markers of access to healthcare in a community are the rates of preventive screenings and vaccines. Preventive screenings catch disease processes early, improving treatment efficacy and quality of life and preventing premature death. Vaccinations prevent many life-threatening illnesses from ever occurring. For example, yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised; vaccines prevent people from getting severe flu. The CDC's Behavioral Risk Factor Surveillance System (BRFSS) collects preventative and other health care data through over 400,000 telephone surveys annually across all 50 states, allowing for comparison between the District, county, and state averages.

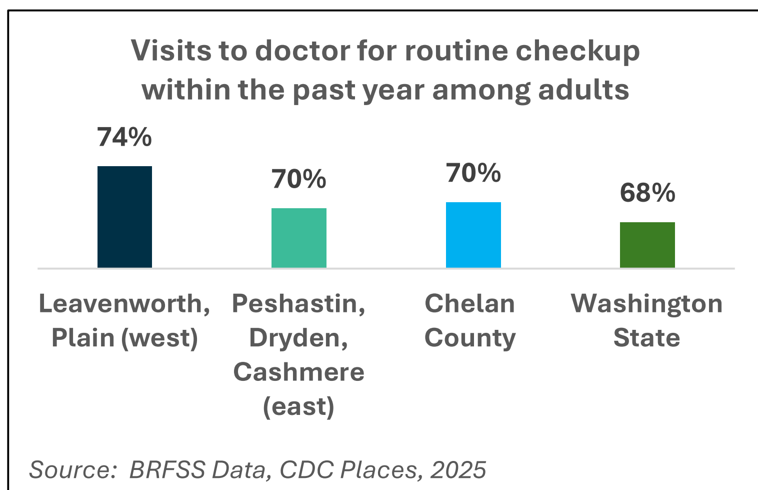
Approximately 70% of Chelan County female residents aged 50-74 report receiving mammography screenings, a rate in line with state rates and that of the eastern communities of the District. The Leavenworth and Plain communities to the west have an almost 6% higher (better) rate of mammography screening.



Colorectal cancer screening rates are over 7% higher (better) in Leavenworth/Plain than in the county and more than 12% higher than the communities to the east.

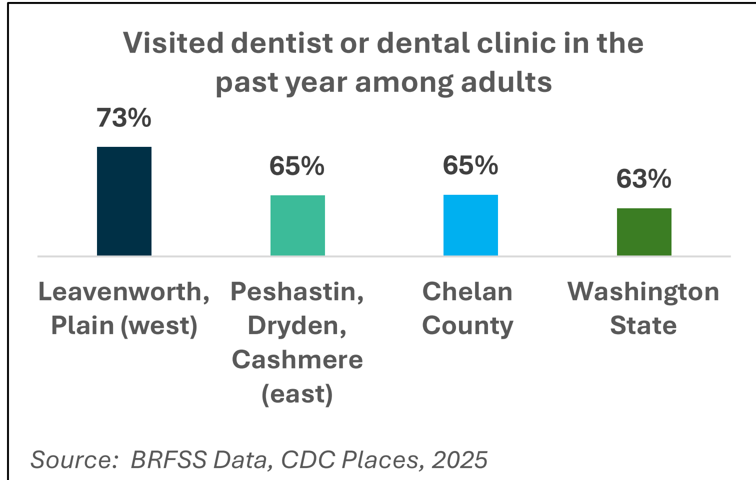


About 5% fewer adults in the District communities to the east are receiving annual doctor visits relative to the western District communities, though the district in the aggregate is in line with the county and outperforms the national average.

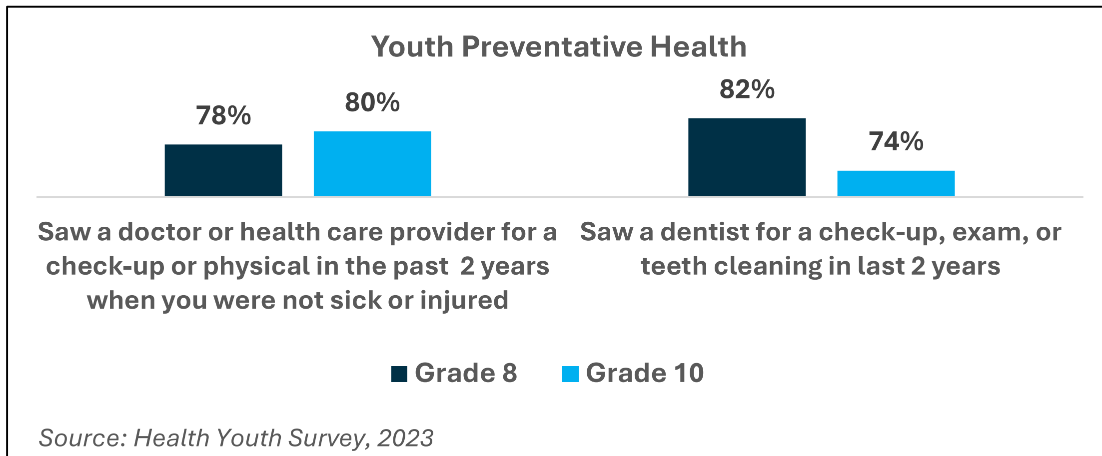


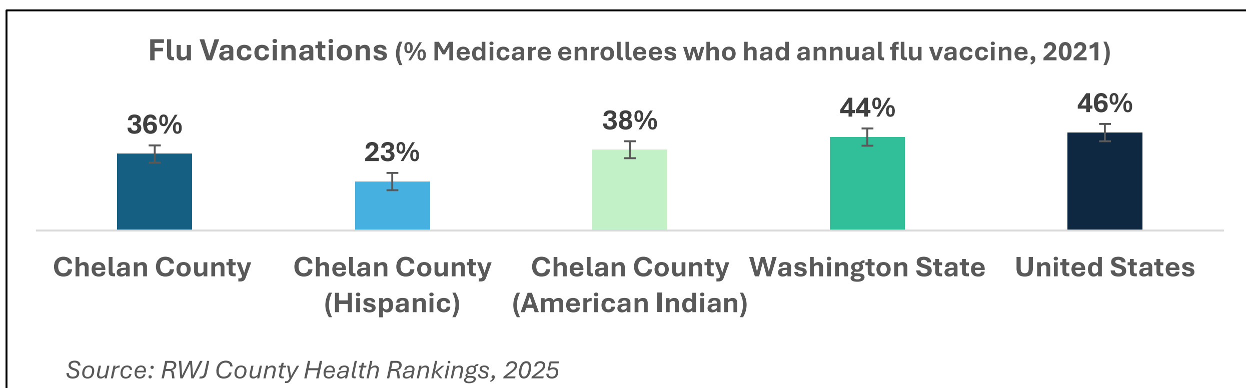
11% fewer adults in the District communities to the east have visited a dentist or dental clinic in past year relative to the western District communities, though the district in the aggregate is in line with the county and outperforms the national average.

As measured by the biennial 2023 Washington State Healthy Youth Survey, about 20% of youth, measured in both 8th and 10th grade cohorts, had not had a routine or preventive visit to a healthcare provider in the past two years.



Chelan County significantly underperforms relative to both state and national averages on annual flu vaccinations for adults on Medicare. County adults on Medicare are vaccinated for the flu 18 % less than the state average and 22% less than the national average. Of note, when disaggregated by race and ethnicity, flu vaccinations for Hispanic residents are 36% lower (worse) than the County, while American Indian residents are outperforming the county with a 5.5% higher vaccination rate.

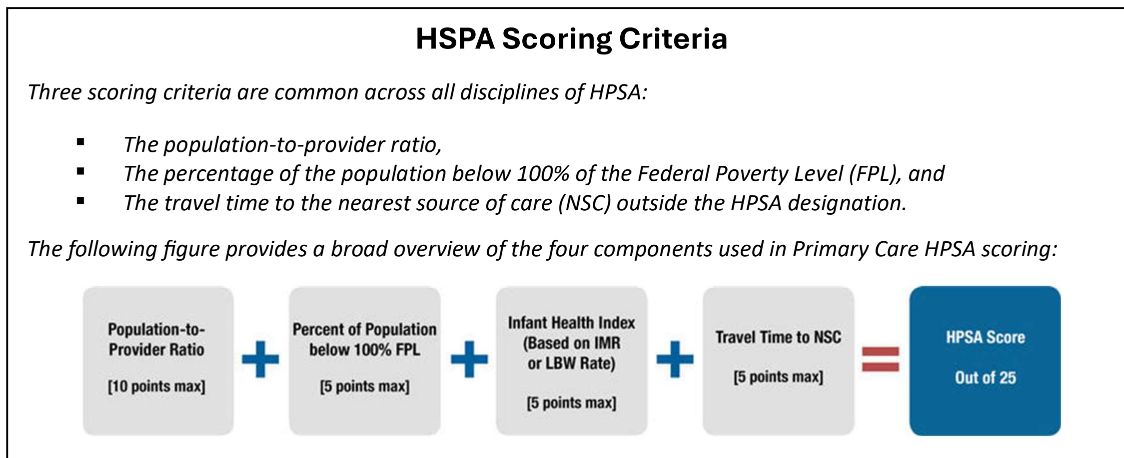




Health Professional Shortages

The Federal Health Resources & Services Administration (HRSA) deems geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and/or Health Professional Shortage Areas (HPSAs). HPSA designations identify a critical shortage of providers in one or more clinical areas.

There are several types of HPSAs depending on whether shortages are widespread or limited to specific groups of people or facilities. These designations include a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused, or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g., low-income, migrant farmworkers, Native Americans).



Once designated, the HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need. HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care, and mental health care. These designations are important as more than 30 federal programs depend on the

Chelan County HPSA Designations – 2021 Update		
Category	**Designation Type**	**Score**
Primary Care	Low Income, Homeless, Migrant Farmworker	13
Dental Health	Low Income, Homeless, Migrant Farmworker	16
Mental Health	Geographic	17

Source: HRSA Data Warehouse, HPSA Find

Chelan County Population to Provider Ratios			
Provider Type	**Chelan County**	**Washington State**	**United States**
Primary Care Physicians	910:1	1,200:1	1,330:1
Dentists	1,160:1	1,150:1	1,360:1
Mental Health Providers	190:1	200:1	320:1

Source: County Health Rankings 2024

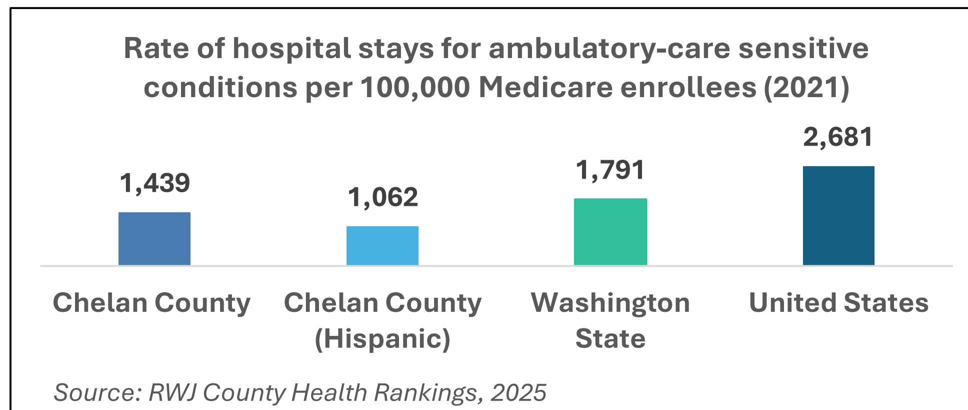
shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas.

Chelan County is a designated Health Professional Shortage Area for all three types of health care disciplines for multiple population types (geographic, low-income, migrant-farmworker, and homeless).

Despite Chelan County's HRSA designations, the county experiences lower (better) provider-to-population ratios relative to state and national averages. Relative to Washington State as a whole, Chelan County has 24% lower ratios (more per resident) for primary care physicians, is in line with the state on dental providers, and has 5% lower (better) ratios of mental health providers.

Preventable Hospital Stays

Preventable hospital stays are hospitalizations for ambulatory care-sensitive conditions. These are conditions that, if diagnosed and treated in an outpatient setting, could have prevented hospitalization. Preventable hospital stays can be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care sensitive conditions primarily as a proxy for access to primary healthcare. This measure may also represent a tendency to overuse hospitals as a main source of care.



Despite being subject to the pressures of health care provider shortages outlined above, this is an area of relative strength in the county. Chelan County reports 20% fewer (better) rates of preventable hospital stays than the state and over 46% fewer (better) than the national average. When disaggregating by race, Hispanic residents have 26% fewer a preventable hospital stays than the county average.

Physical Environment

Stable, affordable housing can provide a safe environment for families to live, learn, and grow. Housing is often the single largest expense for a family, and when a large portion of a paycheck goes to paying the rent or mortgage, the cost burden can force people to choose between paying for essentials such as utilities, food, transportation, or medical care.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung disorders, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other pollutants can lead to illness, infection, and an increased risk of cancer.

Community Need

In 2006, Washington State created a 211-phone system, creating a simple, easy number to call when residents need help or access to human services. The 211 system provides access to a comprehensive database of resources for coordinated care and referral systems. The 211 system makes publicly available the location and type of services callers are asking for, searching for online, and types of referrals made, allowing for accurate, unbiased, real-time information about community needs and gaps in services.

In 2024, there were 230 calls to the 211 system from the District service area:

- **35% of calls (80) were related to employment and income**, mostly (86%) to do with tax preparation.
- **21% of calls (48) were related to healthcare**, with 73% of those calls concerned with health insurance and another 17% concerned with medical expenses.
- **9.6% of calls (22) were related to housing and shelter**, with most related to rental assistance or availability of low-cost housing.
- **9% of calls (20) were related to food insecurity**.
- Of the 7.4% of calls (17) related government and legal assistance, all were related to housing law.

Housing

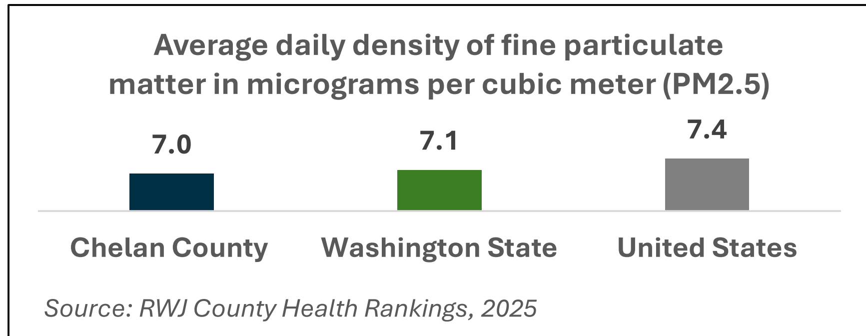
RWJ County Health Rankings data provides estimates of individuals who have “severe housing problems,” meaning individuals who live with at least one of the following four conditions: overcrowding, high housing costs relative to income, lack of a kitchen, or lack of plumbing. Chelan County (14%) fares slightly better than state (16%) and national (17%) averages on the population experiencing “severe housing problems”.

The U.S. Census defines a “cost-burdened household” as a household that spends 30% or more of its income on housing and a “severe cost burdened household” as a household that spends more than 50% of income on housing.

Renters in the District fare lower (better) overall than the county or state on measures of the severe cost burden renting. District homeowners have lower (better) measures overall than the county or state on measures of the cost-burden of homeownership.

Housing Metrics	Leavenworth Plain	Peshastin Dryden	Cashmere	Chelan County	Washington State
Renting					
Cost-Burdened *(>30% of income on rent)*	19%	39%	20%	20%	25%
Severe Cost-Burdened *(>50% of income on rent)*	15%	4%	19%	17%	22%
Home Ownership					
Cost-Burdened *(>30% of income on home ownership)*	15%	10%	26%	19%	24%
Severe Cost-Burdened *(>50% of income on homeownership)*	7%	2%	13%	7%	9%
Source: ACS 2022, 5-Year Estimates, excludes Cashmere					

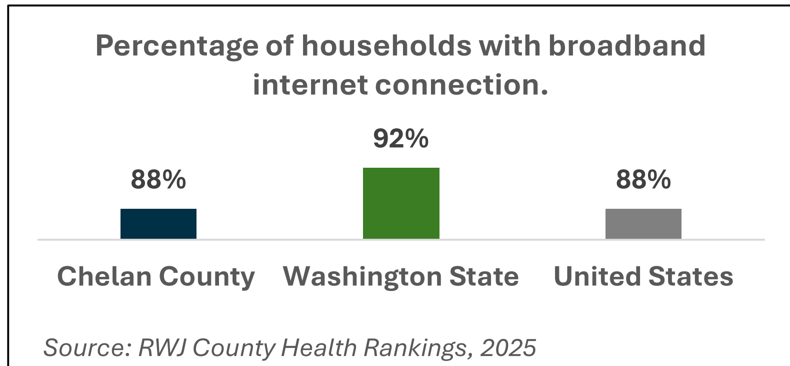
Air and Water Quality



RWJF's County Health Rankings measures air pollution by the particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers ($PM_{2.5}$). A number of adverse health effects are associated with exposure to particulate matter, including premature mortality, increased hospitalization, acute and chronic bronchitis, asthma, ER visits, and restricted daily activities. Research points to older adults with chronic heart and lung disease, children, and asthmatics as the groups most likely to experience adverse effects with exposure to particulate matter.[2] According to data from the RWJF County Health Rankings, Chelan County has lower (better) measures on particulate matter and no water systems in Chelan County reported a health-based drinking water violation in 2022.

[2] California Air Resources Board

Broadband Access



Broadband is high-speed internet access that is faster than dial-up and ready for use immediately. Broadband speed and bandwidth vary but can be measured as download/upload speed in megabits per second (Mbps). According to the U.S. Department of Commerce, internet access is the backbone of today's world, powering education and the economy, supporting health and well-being. Roughly 20% of Americans aren't connected to the internet and left unable to fully participate in modern life. 88% of Chelan County households have broadband internet connection, a rate in line with national rates, but 4.3% lower than the state rate.

Community Convening

Cascade's community convening process included a community-wide survey and community listening sessions in the District.

Community Survey

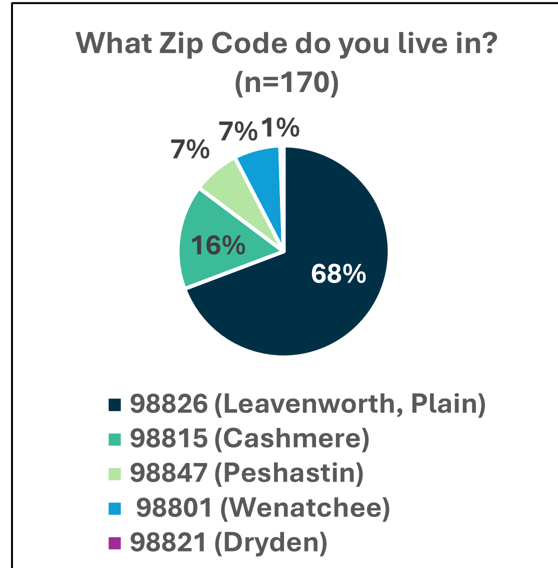
A community survey was conducted between March and April of 2025, with a total of 202 survey responses being received. Surveys, in English and Spanish, were distributed digitally via the Cascade website, social media, and to employees. Hard copy surveys in both languages were also made available in hospital and clinic spaces.

In addition to Cascade's distribution and promotion, community partners, including the Cascade School District, the Chamber of Commerce, and Upper Valley Mend distributed the survey. Community engagement efforts also included a survey promotion at a local business location in the eastern end of the District focused on increased Hispanic voice, resulting in 20 additional surveys, or a 10% increase in Hispanic respondents.

The survey was designed to solicit feedback on the areas prioritized in Cascade's 2022 CHNA and to help identify other potential health needs and gaps. The distribution channels were intended to facilitate respondents representing the communities Cascade serves.

Demographics

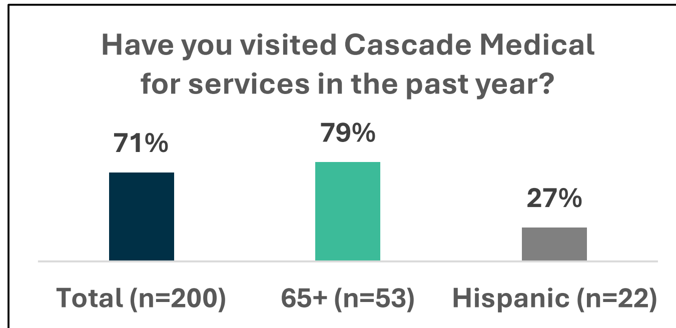
68% of survey respondents were from the Leavenworth/Plain zip codes. 16% of respondents came from the Cashmere community, which accounts for 10% of the District population.

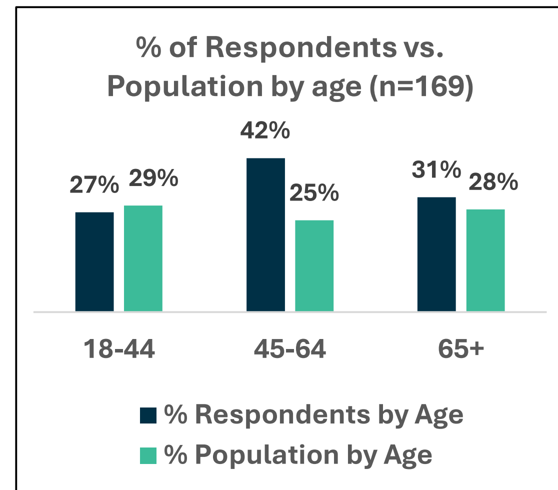


71% of survey respondents received services from Cascade in the last 12 months. That number was much lower for Hispanic respondents (n=22), with only 30% having received care at Cascade Medical in the past year.

79% of 65+ respondents received services at Cascade in the past year.

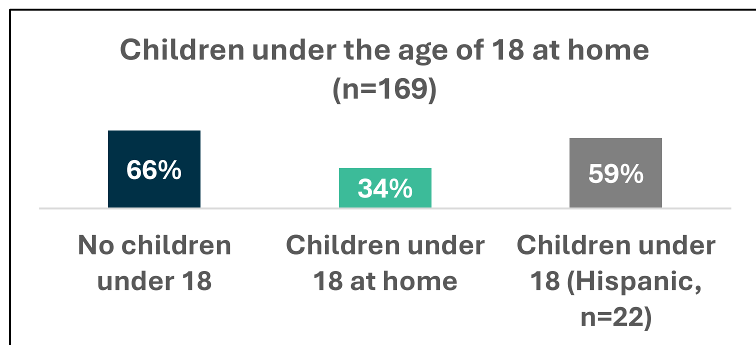
By geography, 75% of respondents living outside the District in Wenatchee (n=12) received services at Cascade in the last 12 months and 41% of respondents living in Cashmere (n=27) received services at Cascade in the last 12 months.





Of respondents who answered (n=165), 22% (27) speak a language other than English at home. Of the 27 who spoke another language at home, 25 indicated their primary language is Spanish.

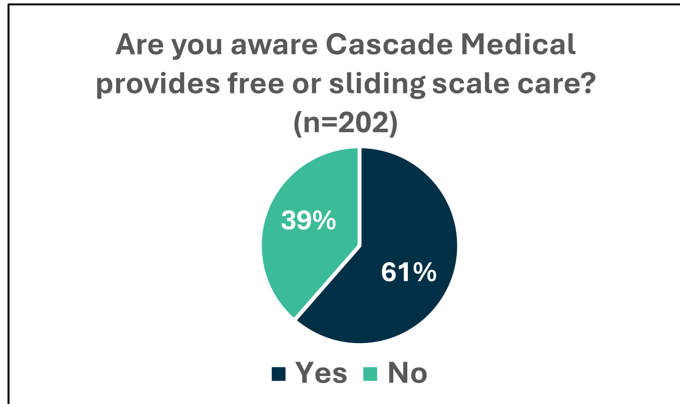
The survey excludes those under 18 and overrepresents those aged 45-64. Just over a third (34%) of respondents had households with children under age18 relative to 25% of the households in the District. The rate of Hispanic respondents with children under 18 is almost double (59%).



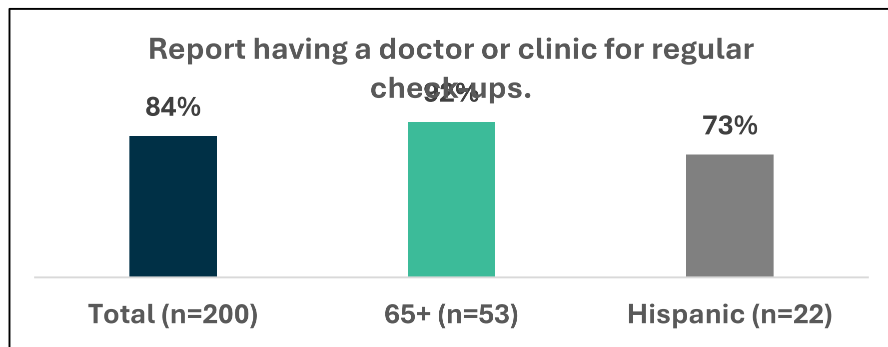
CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Healthcare Utilization

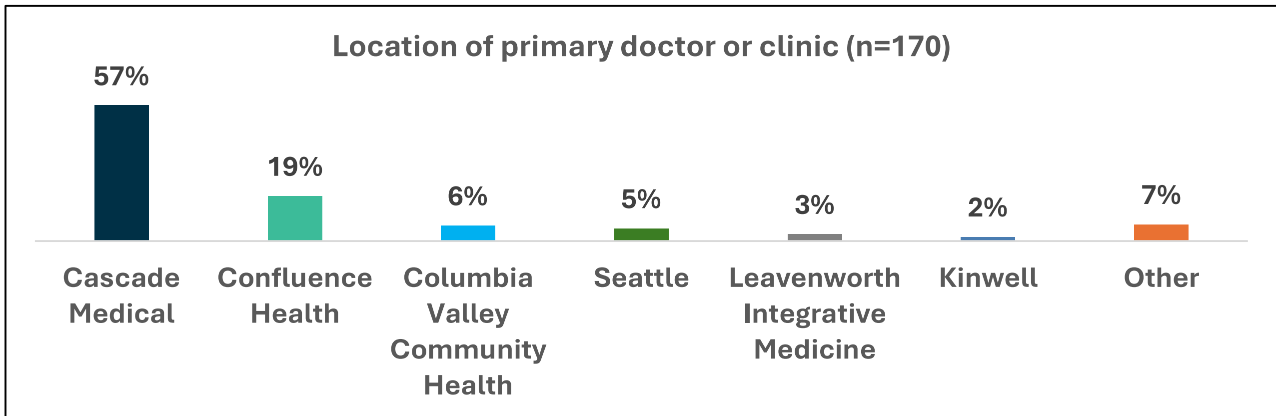
61% of respondents (n=202) were aware that Cascade Medical provided free and/or sliding scale care to patients. However, less than half that number (30%) of Hispanic respondents (n=23) were aware.



84% of respondents (n=200) indicated they currently had a primary care doctor or clinic they use for regular checkups. This rate was 10% higher (92%) for 65+ respondents and 13% lower (73%) for Hispanic respondents.

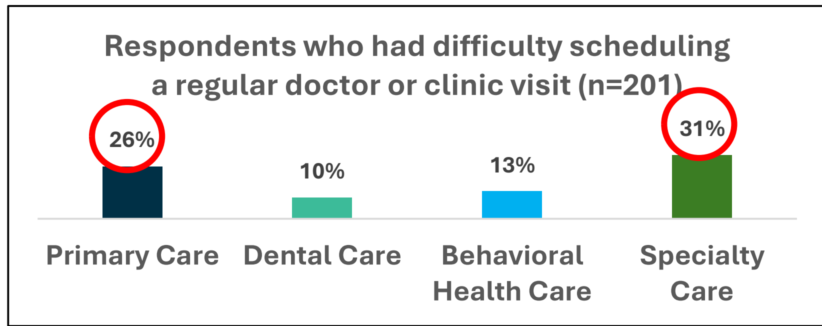


Of those that identified their primary care location (n=170), 57% utilized Cascade, with Confluence Health (19%) and Columbia Valley Community Health (6%) the other most selected locations. 5% of all respondents indicated receiving primary care in Seattle. Locations identified under "Other" included Monarch Health, Alpine Valley Wellness Center, Catalyst Medical Group, and locations in Chelan and Spokane.

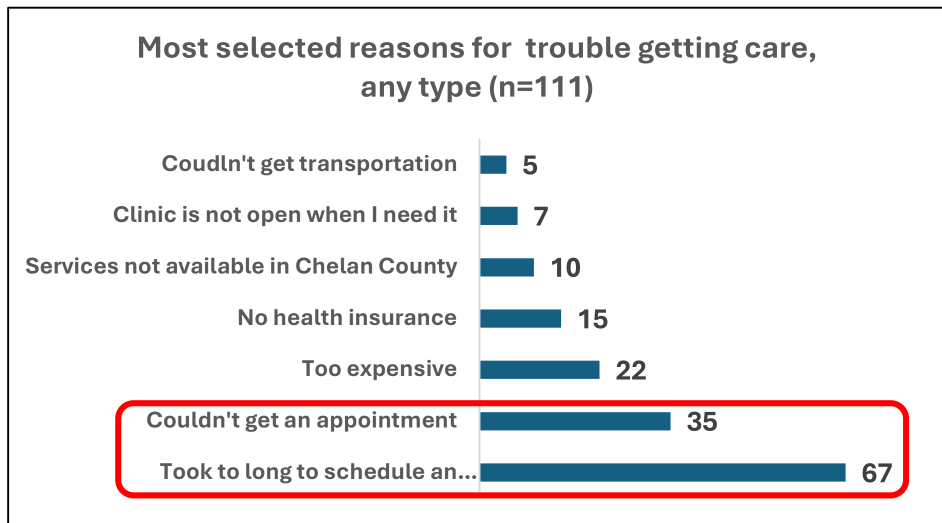


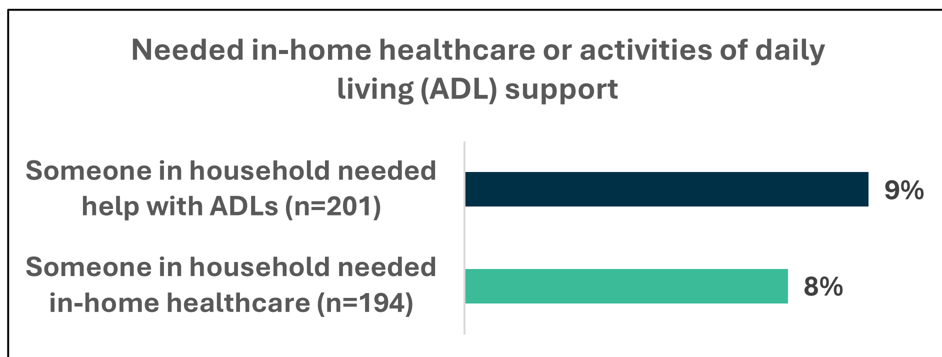
Hispanic respondents (n=23) were less likely to use Cascade, with 81% using Columbia Valley Community Health and Confluence for primary care, while 65+ respondents were more likely to use Cascade Medical (69%).

Respondents were asked if they had any difficulty scheduling appointments in the past year across multiple types of care. More than a quarter (26%) affirmed they had difficulty scheduling a regular primary care appointment and more than a third (31%) had difficulty scheduling a specialty appointment. This rate of having difficulty was roughly the same for Hispanic and 65+ respondents.



55% of respondents (n=201) provided the reasons for the difficulty they experienced. The most selected reasons were the time it took to schedule an appointment, or the inability to get an appointment. 65+ respondents were in line with aggregate responses, while Hispanic respondents were more likely to have difficulty with expense or lack of health insurance.

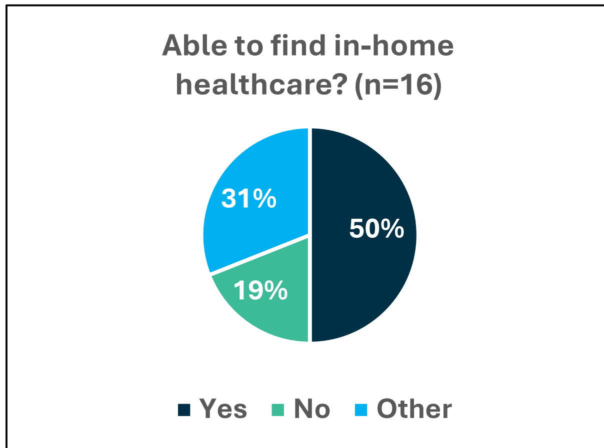


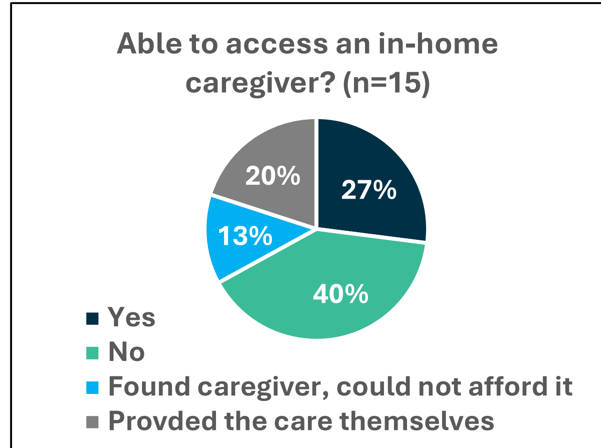


Between 8% and 9% of respondents needed in-home help for healthcare and/or activities of daily living for themselves or someone in their household.

Of those that needed support with in-home healthcare (16), half were able to find care, while a third were not. Of those in the "Other" category, responses included, "husband provided" and "I provided the health care".

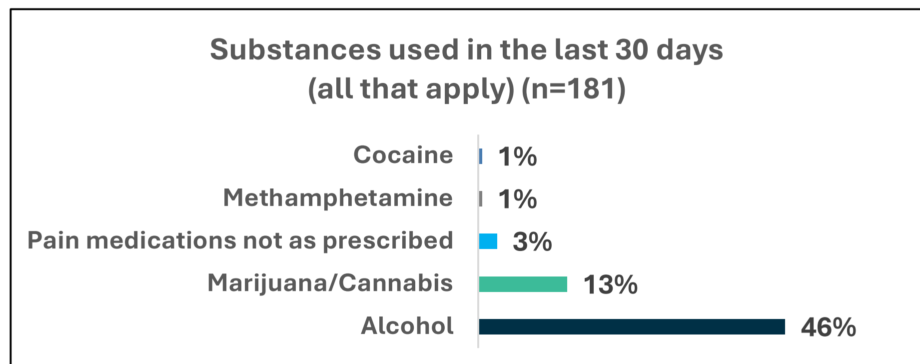
Of those that needed support with activities of daily living (19), 15 responded, with less than a third able to find a provider and 40% unable to find a provider. 13% reported they could not afford a provider and 20% reported providing the care themselves.





Substance Use

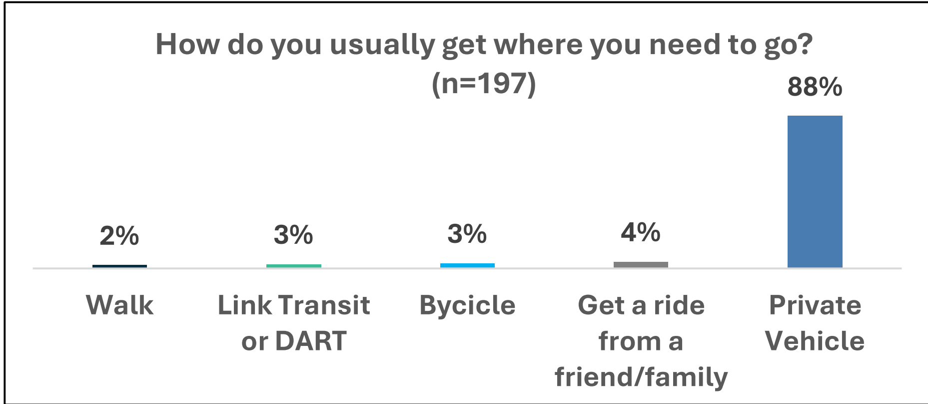
Respondents were asked if they were currently in treatment for substance use disorder (SUD) and 2 respondents (1%) affirmed that they were. 3 additional respondents (1.5%) indicated they are considering SUD treatment in the future.

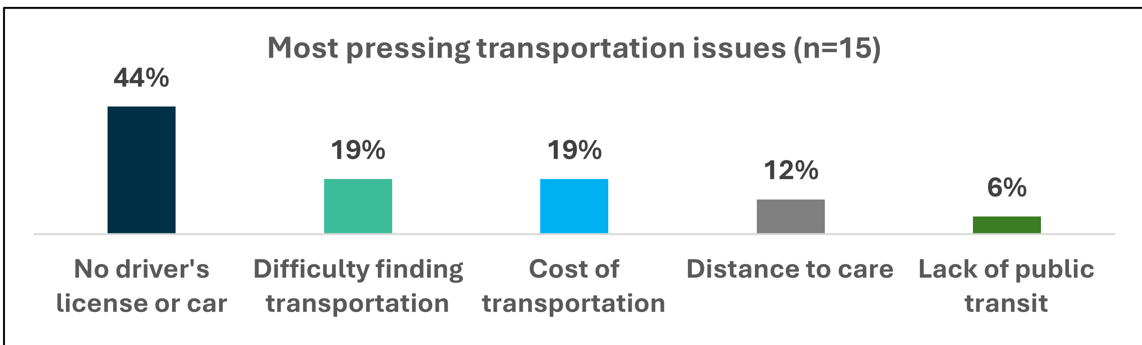


When asked what substances they had used in the last 30 days, 50% of respondents (n=181) had not used drugs or alcohol. Of those that had, alcohol was the leading substance at 46%, followed by marijuana (13%).

Transportation

Survey respondents were asked about transportation utilization and its impacts on care. 88% of those that answered (n=197) report using a private vehicle as the usual mode of transportation, with 12% using another form of transportation. Hispanic respondents (n=22) were more like to get a ride from friends/family, 18% versus 4% in the aggregate. While 8% of aggregate respondents (n=195) indicated they had to cancel or change an appointment due to transportation problems, that number rose to 29% for Hispanic respondents. Of those 15 respondents for whom transportation impacted access to care, the top issues with transportation were no driver's license or car, followed by the difficulty finding, or cost of, transportation.


How do you usually get where you need to go? (n=197)
2%
3%
3%
4%
88%
Walk
Link Transit or DART
Bycicle
Get a ride from a friend/family
Private Vehicle


Most pressing transportation issues (n=15)
44%
19%
19%
12%
6%
No driver's license or car
Difficulty finding transportation
Cost of transportation
Distance to care
Lack of public transit

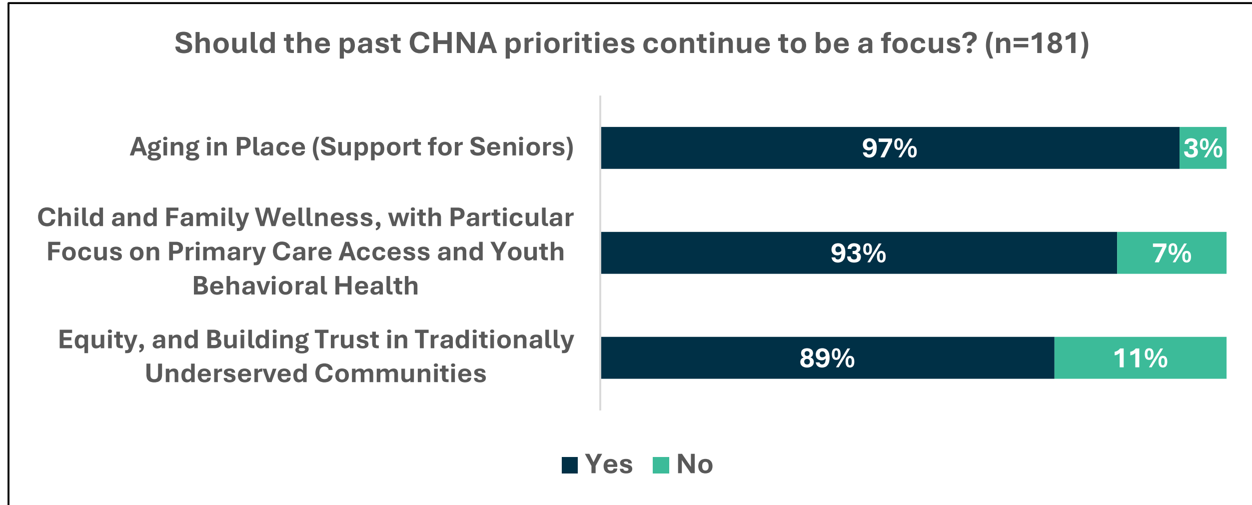
Community Wellbeing

Asked what positively influences the wellbeing of our community, 116 respondents answered:

Asked what limits the wellbeing of our community, 118 respondents answered:

Community Priorities

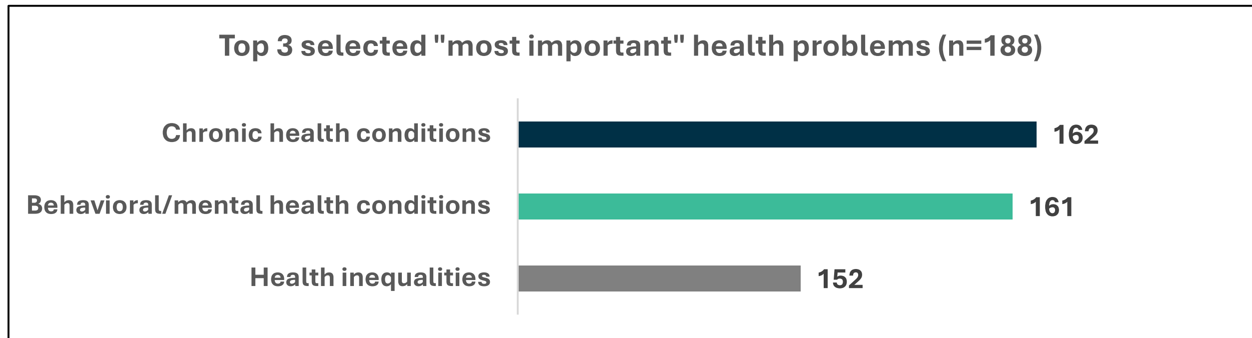
Of those that answered (n=181), support was high for continuing past priorities, especially Aging in Place (97%), and Child and Family Wellness (93%). This was equally true for 65+ and Hispanic respondents, though Equity was in the top spot at 95% for Hispanic respondents.



Health Problems Selection Options
Alcohol, Opioids, and Other Drug Use
Alzheimer's & Dementia
Chronic health conditions
Health inequalities
Behavioral/mental health conditions
Loneliness or no connection to community
Unhealthy behaviors in youth and adolescents

Respondents were then asked to rank the top three health problems in the community from the list provided. The problems selected most overall (at any ranking level) were: **Chronic Health Conditions**, **Behavioral & Mental Health**, and **Health Inequalities**. Substance Use/Abuse and Unhealthy Behaviors in Youth, both tied for 4th, each being selected 139 times.

The Hispanic response was largely the same, except that Unhealthy Behaviors in Youth was in 3rd, above Health Equity. The 65+ was also in line, with Alzheimer's & Dementia in 5th, after Substance Use/Abuse.



Respondents were also asked to select, and rank in order of importance, the factors that would help improve the health and quality of life in the community. Of 179 responses, the top factors selected were:

Most Selected Factors to Improve Community Wellbeing			
Rank	Total Responses (n=179)	Hispanic Responses (n=23)	65+ Responses (n=53)
#1	Access to healthcare	Affordable housing	Access to healthcare
#2	Affordable housing	Transportation	Affordable childcare
#3	Access to behavioral health services	Affordable childcare	Affordable housing
#4	Health insurance	Access to healthcare	School connectedness
#5	Affordable childcare	Services to support seniors	Services to support seniors

Some selected responses when prompted to think of other issues factors, not mentioned in the survey, that should be a focus moving forward:

- “My husband and I used to get our healthcare at Cascade, but became disappointed in the inability to get timely appointments and messages answered”
- “Partnering with LINK transit and/or Chelan County on bike paths that would connect loops around Leavenworth and surrounding areas.”
- “More approachable mental healthcare providers.”
- “Better parking so one doesn’t have to walk so far.”
- “Better and prompt billing; detailed statements.”
- “Coordination with specialists, effectiveness of referral networks outside Cascade Medical.”
- “A walk-in clinic, 5-6 days/week.”
- “More specialty care.”
- “Staffing; good interpersonal skills.”

Listening Sessions

On April 28th and 29th, 2025, Cascade Medical convened listening sessions at several community locations to gather input and perspectives from community leaders and organizations that work directly in District communities. After reviewing the current 2022-2025 CHNA priorities, framing questions included:

- *What changes have you seen in the community related to these priorities?*
- *What are the greatest health-related needs or gaps you see in the mission population that you serve?*
- *From your organization’s perspective, where are the opportunities to improve the community’s health? What organizations need to be at the table to do that work? What are the obstacles?*

The sessions were attended by 10 community leaders representing:

- Cascade Medical
- Cascade EMS
- Cascade School District
- Upper Valley MEND

Asked to identify both areas of improvement and the highest needs for community health related to the 2022-2025 priorities, the following were named:

Positive Trends	Gap Areas
• Increased mental health support for youth through partnership between Cascade Medical and Cascade School District • Cascade Medical's continued support of community engagement in youth athletics by providing sports physical via the mobile clinic • EMS and Emergency services were frequently named as community assets and working well	• Difficulty accessing the primary care clinic (long hold times, transfers to voice mail, difficulty getting an appointment or establishing care) was a common theme • Establishment of the mobile clinic, while a positive trend, was frequently identified as a gap (for integration into schools, to support underserved residents, etc.) • Outmigration of Spanish speaking families to Wenatchee for care and a lack of bilingual support (staff, navigators, materials) • Lack of local resources for substance use/abuse

Participants were asked about the highest leverage opportunities to improve the community's health. Strong themes emerged from this discussion, recognized as follows:

Theme	Opportunities/Comments
Improve Healthcare Access & Unmercenary Outmigration	• Improved phone access to the clinic • Need for bilingual staff and resource material • Increased use of the mobile clinic (as a school-based health center resource, to engage underserved communities, etc.) • Need for Spanish-speaking community navigators, bilingual staff • Need for increased behavioral health services (particularly substance use/abuse) and dental services
Youth Support	• Mitigating outmigration of Spanish speaking families to CVHC/Wenatchee • Student's increasing needs for behavioral health support (particularly drug/alcohol prevention and treatment) • Need for a school district/Cascade liaison? • Integration of the mobile clinic as school-based health center?
Aging Support	• Lack of affordable housing options for seniors (assisted living, adult family homes, etc.)

Substance Use/Abuse	• Youth alcohol abuse • Lack of community-based resources (most in Wenatchee), dearth of prevention, assessment, treatment resources or services generally
Vital Conditions for Community	• Housing, especially assisted living, adult family homes • Loss of childcare, "childcare desert" • "Exponential" increases in need for food bank, groceries • Lack of transportation outside the city limits (disproportionate impact on underserved, Hispanic communities)

APPENDIX 1: 2023-2025 CHNA Implementation Plan Accomplishments

Focus Area	Tactic or Initiative	Timeline or Measure	Accomplishments 2023-2025
1a, 2a, 3a	Implement Team-Based Care	End of 2023	Implemented ’23, Optimized ’24-25
1a, 2a, 3a	Implement Hospitalist Program	End of 2023	Implemented July 2023
1a	Develop and Implement a Living Well Program	Implemented by end of 2025	Done
1a, 2a, 3a	Continue MA Apprenticeship Program	Continue through 2025	Done/Continuing
1a	Implement CNA Apprenticeship Program	End of 2023	Done/Continuing
1a, 1c, 3a	Continue Robust Student Preceptorship Programs	Continue through 2025	Continuing
1a	Build and Implement Robust Education Program Across the Organization	Implemented by end of 2025	Done/Continuing
1a, 3a	Utilize Consulting Pharmacy Resources for Prescription Refills	Implemented by end of 2023	Implemented
1b	Expand Telepsychiatry Referral Options	Continue through 2025	Not complete
1a, 1c, 3a, 3c	Explore Restarting School-Based Clinic	End of 2024	Behavioral Health & Primary Care offered w/ school district
2a	Explore Certification for CMS Swing Bed Program	End of 2023	Delayed exploration, not implemented
2a	Certify Telestroke Program	End of 2023	Done, certified mid-2023
2a	Implement Cardiac Rehab program	End of 2023	Done, implemented Jan 2024
1a, 2a, 2b, 3a, 3b, 3c	Optimize Utilization of Mobile Clinic	End of 2023 & continuing	Work continuing re: how to drive more volume/access there
1a, 2a, 2b, 2c, 3a	Finalize Mobile Integrated Health Needs Assessment and Implement Program	End of 2023 & continuing	MIH implemented 2024, optimizing in 2025
2c	Restart Chronic Care Management Program	End of 2023	Done
2c	Continue to Conduct and Grow Chronic Disease Group Classes	Continue through 2025	Done / continuing
3a, 3b	Develop and Implement Gender-Affirming Care Program	End of 2024	Done
3a, 3b, 3c	Continue Focused DEI Work and Participation in WSHA DEI Collaborative	Continue through 2025	Done, now focused on building access / equity for all patients
3a, 3b, 3c	Continue Partnership with UV MEND for Free Clinic	Continue through 2025	Continuing
3b, 3c	Expand Opportunities for Employment for Disabled Adults	End of 2023 & continuing	Continuing
3d	Implement Patient & Family Advisory Council	End of 2023 & continuing	Done, meets regularly

Focus Area	Tactic or Initiative	Timeline or Measure	Accomplishments 2023-2025
3a, 3b, 3c	Explore Options to Replace Translation Services Provider	End of 2023	Complete/Implemented
3a, 3b, 3c, 3d	Initiate Full External Communication Plan	End of 2023	Partially complete / improved from baseline
1a, 3a, 3b	Continued Focus on Dual Language Recruitment	Continue through 2025	Continuing
1a, 1c	Continue Free Sports Physicals Night with Vaccination Support	Continue through 2025	Continuing on annual basis
1a, 2a	Continue to Offer Drive Through Flu Shot Clinics	Continue through 2025	Continuing
2a, 2b, 2c, 2d	Explore IHI's Concept of an Age Friendly Health System	End of 2024	Not done
1a, 3a, 3b	Develop Expanded Hours for Clinic/Urgent Care Services	End of 2024	Urgent Care study showed not financially feasible; expanding Rural Health Clinic hours by end of 2025
2a, 2c, 3a	Explore Additional Service Line Expansion including for Wound Care, Infusion Services, and Outpatient Ultrasound	End of 2023 & continuing	Wound care and outpatient ultrasound launched 2024; Infusion services still being explored
2a, 2d, 1a	Implement OTAGO (Community Fall Prevention Program)	End of 2023	Regularly being offered
2a, 2d, 1a	Continue working with North Central Region Fall Prevention Coalition and host fall prevention education event	End of 2023 & continuing	Continuing work with the regional falls prevention group
1a, 2a, 2d, 3a, 3c	Explore transportation options, including but whether DART expansion is possible and understand possibilities about being able to bill for wheelchair van service.	End of 2025	No movement/success on transportation goals identified
1b	Continue peer support work	Continue through 2025	Peer support work continuing
1a, 1b, 3c	Provide behavioral health education to partner organizations' teams, to support their staff working through behavioral health emergencies.	End of 2023 & continuing	Behavioral health education provided to other organizations & continuing
2a, 2d	Provide Cognitive Pyramid training to Mountain Meadows	End of 2023	Done
3b, 3c	Broaden community events offerings	End of 2025	Expanded community events via expansion of CPR classes
1a, 1b, 2a, 2b, 3b	Explore offering behavioral health services in conjunction with the Mobile Clinic	End of 2025	We should have a plan for behavioral health in conjunction with mobile clinic by end of 2025 (in process)

Credentialing Approvals

Locum Tenens Privileges: (90-days)

- Caylon Haggard, PA-C
- Robin Nicholson, MD
- Galen Church, DO
- David Freidenberg, MD

Teleradiology Provisional Privileges: (1-year)

- Ron Pearson, MD
- Buddy Thompson, MD

Teleradiology Active Privileges: (2-years)

- Jonathan Jaksha, MD
- Yuyang Zhang, MD

Telestroke Active Privileges: (2-years)

- Alison Seitz, MD

Cascade Medical's credentialing process has been followed for these providers.

Per 2024 Audited Financials

Patient Service Revenue (net of contractual adjustements and discounts)

Medicare	17,102,414	53%
Medicaid	3,489,981	11%
Other third-party payors	9,391,020	29%
Patients	1,769,488	5%
340B contract pharmacy	516,266	2%
	32,269,169	100%
Less:		
Charity Care	1,062,154	
Provisions for Bad Debta	1,318,853	
Net patient service revenue	29,888,162	