



STATE HEADQUARTERS OFFICE

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
800-562-6002 • www.wfse.org

September 18, 2025

Public Employment Relations Commission
112 Henry St. NE, Ste. 300
Olympia, WA 98504

Dear Director Sellars:

The WFSE is filing this representation petition to add several sections to our existing unit.

These sections include – The Adult Substance Use Disorder Section. The ITA (Involuntary Treatment Act) and Crisis unit and the Problem Gambling unit of the Adult and Involuntary Service section and the Recovery Supports in the Community unit of the Behavioral Health Program and Recovery Supports section.

Our records show that we have a majority of signed interest cards and ask that a card check be carried out.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Herb Harris", written over a horizontal line.

Herb Harris
Manager of PERC Activities

OLYMPIA FIELD OFFICE
906 Columbia St. SW, Suite 500
Olympia, WA 98501

SEATTLE FIELD OFFICE
6363 7th Ave. S., Suite 220
Seattle WA, 98108-3407

SPOKANE FIELD OFFICE
222 W. Mission Ave., Suite 201
Spokane, WA 99201-2301

TACOMA FIELD OFFICE
6003 Tacoma Mall Blvd.
Tacoma, WA 98409-6826

MEMBER CONNECTION CENTER: 833-MCC-WFSE (833-622-9373)





REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☐ No If yes, provide the case number: _____**PARTIES** Include information for all parties involved.

EMPLOYER Health Care Authority
Contact Michael Otter-Johnson
Title Labor Relations Manager
Address 626 8th Ave SE
City, State, ZIP Olympia, WA 98501
Phone 360-790-5586 **Ext.** _____
Email michael.otter-johnson@hca.wa.gov

PETITIONER Wash. Federation of State Employees
Contact Herb Harris
Title Manager of PERC Activities
Address 1212 Jefferson St. SE Suite 300
City, State, ZIP Olympia, WA 98501
Phone 360-352-7603 **Ext.** _____
Email Herbh@wfse.org

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) _____

Contact _____
Title _____
Address _____
City, State, Zip _____
Phone _____ **Ext.** _____
Email _____

TYPE OF REQUEST Select ONE of the following.

- ☐ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☒ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☐ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

SECTION 1—Describe the Existing Bargaining Unit:

See PERC decision 14075

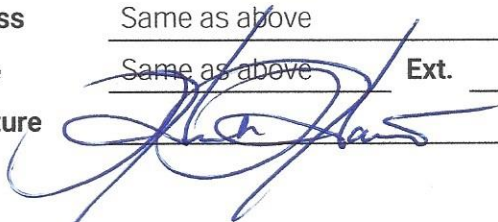
Number of Employees in Existing Unit 599**SECTION 2—Describe the Proposed Bargaining Unit:**

See additional Information

Number of Employees in Proposed Unit adding 39**If a CBA exists, what is the expiration date?** 6/2027**SHOWING OF INTEREST**

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Herb Harris
Address Same as above
Phone Same as above **Ext.** _____
Signature 

Title Manager of PERC Activities
City, State, ZIP Same as above
Email herbh@wfse.org
Date 9/18/2025

Additional Information

Health Care Authority

Hello, we are filing to add certain non-supervisory employees at HCA to our existing unit last describe in PERC decision 14075 –

All non-supervisory, civil service employees covered by chapter 41.06 RCW and chapter 41.80 RCW who are employed by the Washington State Health Care Authority in the following job classes: Copy Center Leads A; Contracts Assistants; Contracts Specialists; Cost Reimbursement Analysts; Information Technology Specialists; Information Technology Technicians; Medical Assistance Specialists 1, 2, and 3; Physicians; Procurement & Supply Specialists; Review Judges; Secretaries; and Office Assistants, Custodians, excluding confidential employees, supervisors, internal auditors, Washington Management Services employees, employees in other bargaining units, and all other employees.

We are adding the following

The Adult Substance Use Disorder Section – 19 positions

In the Adult and Involuntary Service section, we are filing to add the following units.

The ITA (Involuntary Treatment Act) and Crisis unit – 13 positions

Problem Gambling unit – 1 position

In the Behavioral Health Program and Recovery Supports section, we are filing to add the following unit.

The Recovery Supports in the Community unit – 7 positions

This petition would add 39 positions to our existing unit.

Herb Harris – WFSE Manager of PERC Activities



Certificate of Service

Health Care Authority

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the Representation Petition is true.

On September 18, 2025, I sent via email a copy of the petition to Michael Otter-Johnson, Labor Relations Manager, HCA, and to OFM/LRD. To the best of my knowledge and belief these are the representatives of the other parties that should be notified to fulfill our obligations under WAC 391-08-120(4).

Signed on September 18, 2025

A handwritten signature in blue ink, appearing to read 'Herb Harris', with a large, stylized initial 'H' and a long horizontal stroke extending to the right.

Herb Harris
Manager of PERC Activities

From: [Herb Harris](#)
To: [PERC, Filing \(PERC\)](#); [OEM mi Labor Relations](#); [Otter-Johnson, Michael \(HCA\)](#)
Cc: [Jimmie Brown](#); [Shannon Madden](#); [Tim Tharp](#); [Kayla Rider](#)
Subject: New Filing at HCA
Date: Thursday, September 18, 2025 4:45:21 PM
Attachments: Complete Petition.pdf

External Email

Hello, Please find attached a new representation petition to add certain groups to our existing unit at the Health Care Authority.

Herb

Herb Harris
WFSE – Manager of PERC Activities
1212 Jefferson St. SE Ste. 300
Olympia, WA 98501
Cell 360-402-4570
Office 360-352-7603
herbh@wfse.org