

Fire district to reissue ballots

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Kyle Szymanski | Posted: Thursday, September 4, 2014 10:30 am

The East Contra Costa Fire Protection District (ECCFPD) will reissue its fire suppression assessment ballots to correct a mistake that impacted the amount some voters were asked to pay.

Outdated information on fire hydrant locations was used to determine how much some property owners would be assessed when ballots were initially mailed on Aug. 22, said Fire Chief Hugh Henderson.

The mistake resulted in about 10,000 of 44,000 property owners, mostly in new developments in the district, receiving ballots that showed they'd pay inaccurate lower assessment rates. An ECCFPD board member discovered the mistake after he received a ballot he felt was incorrect.

"It is important that all property owners be assessed the correct amount, so we will be taking a close look at all of the data to ensure complete accuracy," said Henderson.

A timeline for reballoting will be determined at an upcoming ECCFPD Board meeting on Monday, but Henderson said he expects the process will be completed by the end of the year. New ballots should be ready to be mailed in six to eight weeks, he said.

The outdated information was obtained from Contra Costa County Fire dispatch data and from the county's Geographic Information Systems, which are both supposed to be updated by the county. What caused the error and how much it'll cost the district is not known, Henderson said.

"Right now, we are working to determine the area of the district where the data was incorrect," Henderson said. "We have not explored how it happened."

The assessment rates for all property owners will have to be recalculated before the new ballots are mailed, but the majority of property owners will find they'd be assessed lower rates since amounts are based on the assessment as a whole, Henderson said.

Prior to the first ballots being sent out, the district board was told close to 96 percent of single-family homeowners will be asked to pay about \$100 a year if the assessment is approved. Businesses would be required to pay between \$100 and \$200, with a few large government properties required to pay more.

ECCFPD Board Vice President Ronald Johansen said he and his fellow board members are determined to find who or what caused the error.

"We only know what happened, not how it happened," he said. "We hope to have answers soon because we need to inform the public exactly what happened."

If the assessment is approved through majority vote, the tax would generate \$4 million annually for the district over the next five years, which would be used to keep five stations open, including hiring and training personnel to reopen Station 54 in downtown Brentwood, which closed this week to prevent firefighters from working excessive amounts of overtime to fill vacancies.

If the vote fails, Station 54 will remain closed and Station 94 in Knightsen will likely be shuttered on Dec. 1. Federal grant money being used to pay for staffing at the two stations runs dry in November, and

the district says about 95 percent of its revenue comes from property taxes, which have decreased about 40 percent since the value of homes started to dip in 2008.

The ECCFPD Board is scheduled to hold its next board meeting on Monday, Sept. 8 at 6:30 p.m. inside the Oakley City Council Chambers.

East Contra Costa Fire District postpones decision on Knightsen station closure

By Roni Gehlke

For the Contra Costa Times

Posted: 09/10/2014 06:32:05 AM PDT Updated: a day ago

A decision as to whether to postpone the closure of another fire station within the East Contra Costa Fire District was put on hold Monday when the board decided it needed more information.

The decision comes a week after the board decided to stop a mail-in ballot vote on a benefits assessment tax because of a data mistake that calculated the wrong assessment amount on about 10,000 of the mail-in ballots.

Faced with financial shortfalls, the district had slated Knightsen Fire Station 54 for closure as early as Nov. 15 if the proposed assessment tax did not pass.

At the meeting Monday night, Chief Hugh Henderson offered three proposed timelines for clearing up the data mistakes and resending the new ballots to residents. The first, and preferred, timeline proposal may have made it possible for the district to keep the station open just one month or so longer, but the board was worried that the timeline was too optimistic and wanted to hear more details before it committed to any changes.

"We want to make sure those ballots are 100 percent correct," board President Joel Bryant said.

Of the three timeline options that Henderson described, one would allow for the corrections to be made and ballots to be reissued by Oct. 6, hosting the public hearings by mid-October and having ballots returned by mid-November. The October timeline would require the district staff to have all of the errors cleared in four weeks.

The two other plans would have the ballots returned to the district by mid-December or in April.

The board is expected to get an update on the progress of the data corrections at its next meeting on Sept. 22, at which time it would likely decide on whether to change the date of the Knightsen station closure.

The board is still waiting for information on how much this mistake cost the district and whether some of the cost can be negated by the agency or agencies that didn't have all the correct data inputted before giving the district the information.

The board members also decided to set up an ad hoc committee that would be able to go through the information on how this mistake happened and how it could be fixed in the future so no other districts or organizations have this problem. The board directed staff to get the correct data by any means possible, even if it needed to go through other means of finding the information.

"Perhaps even this information can be found by using Google," board member Cheryl Morgan said.

If the assessment is approved, it would generate about \$4 million annually. Consultants previously determined that 96 percent of the parcels that have single-family homes on them would have been assessed at less than \$113 annually. Most of the remaining parcels with improvements on them will have assessments under \$250. Very large properties and those with gas stations on them, where the volume of flammable liquids poses a particular fire hazard, would pay more than \$250.

The data that needs to be updated includes fire hydrant locations in newly developed areas.

While staff works out the correction to the error, postcards are being sent to 44,000 property owners within the East Contra Costa Fire District letting them know not to send in the current ballot and that another will be issued shortly.

San Pablo casino might buy Doctors Medical Center

By Jennifer Baires Contra Costa Times

Posted: 09/19/2014 10:08:49 AM PDT Updated: 3 days ago

SAN PABLO -- Doctors Medical Center is exploring options to sell its hospital property as it prepares for closure or further service cuts, and the entity likely to pay the highest price is the casino next door.

The property discussions were revealed in an email, obtained by this newspaper from a representative of the California Nurses Association, between hospital CEO Dawn Gideon and members of the West Contra Costa Healthcare District board. The nurses union would not say who sent the email, but a spokesman for the hospital's administration confirmed its authenticity.

"It is widely believed that the Casino would likely pay the highest price for the property, but we need to explore all avenues," Gideon wrote in the email. "In the interim, we are working with the Casino on the completion of asbestos and hazardous waste surveys that may impact the sales price."

The Lytton Tribe runs the San Pablo Casino next to the hospital and paid \$4.6 million in June to lease parking in the back of the hospital. According to an attorney for the tribe, it is always interested in nearby properties.

"There have been talks with Dawn (Gideon), but there's nothing concrete," said Larry Stidham, the tribe's general counsel. Stidham said that if the tribe purchased the property it would not necessarily be for the purpose of expanding the casino. "There are a host of reasons we might want it," he said. "It doesn't have to be related to game." The tribe owns a building on the other side of the casino that is leased for business offices, Stidham pointed out.

"The leadership of DMC has been fighting for a decade to keep the hospital open," said hospital spokesman Chuck Finnie. "They are doing everything they can to preserve cash and expenses while still holding out for a miracle to save the hospital."

In early August, the once full-service hospital shut its doors to emergency ambulance traffic and since then has been closing departments and scaling back services. Gideon wrote in the letter that inpatient occupancy has dropped to an average of 20 to 30 patients, down from 70 to 75 in June and July.

As a result of the reduction, Gideon estimates the hospital will likely stay open until the end of the year, "...significantly beyond the Oct. 3 dates where we would have previously run out of cash."

While the hospital administration and its governing board look for alternatives, such as converting DMC to an urgent care or satellite emergency department, many doctors and nurses continue to fight to keep it fully operational. District representatives and county officials say that may be impossible because of the hospital's \$18 million annual deficit, driven mostly by the fact that 80 percent of its patients use Medicare or Medi-Cal, which pay lower reimbursement rates than private insurers.

"Just because they keep saying they're going to shut it down, doesn't mean we stop fighting," said Martha Walker, with National Nurses United. To that end, two nurses unions are holding a protest Friday morning on San Pablo Avenue, between DMC and the casino, where they will demand county officials "step up" to save the hospital.

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El Cerrito Patch

Doctors Medical Center Execs Consider Options to Sell Hospital, Community Members Protest

Richmond Mayor Gayle McLaughlin said, “Nobody should have to go 30-plus miles to get to a hospital.”

By [Autumn Johnson/ Editor \(Patch Staff\)](#) Updated **September 21, 2014** at 9:56 am



As they grapple with dwindling funding and staff, administrators at Doctors Medical Center in San Pablo are considering selling part or all of the hospital property to the casino located next door. The possible sale of the once full-service public hospital, which has stopped accepting emergency ambulances, closed and downsized units and reduced its number of inpatient beds to 50, was revealed in an email from hospital CEO Dawn Gideon and members of the West Contra Costa Healthcare Board that was later sent to the California Nurses Association.

Hospital spokesman Chuck Finnie confirmed that the email is genuine and said that Gideon and other hospital administrators are exploring their options for the possible sale of DMC.

“I have signed an agreement for (a broker) to explore options for the sale of the hospital property as well,” Gideon wrote in the Sept. 9 email. “It is widely believed that the casino would likely pay the highest price for the property, but we need to explore all avenues.”

With fewer services offered at the hospital, the daily number of patients has dwindled from about 75 patients in July to about 25 by early September, Gideon said in the email. Payments from the higher number of hospital visits in July as well as the continuously shrinking staff and other cost

savings will buoy the hospital's finances temporarily and could allow DMC to stay open until the beginning of next year, she said.

In addition, the San Pablo Casino, which is operated by the Lytton Tribe, last June paid the hospital \$4.6 million to lease 100 parking spaces in DMC's lot, according to Finnie. The spokesman said the income from that lease agreement is helping to keep the hospital open.

"The leadership of Doctors Medical Center has been fighting for decades to save it and is still holding out hope for a miracle and doing everything they possibly can to preserve cash and to keep the doors open," Finnie said. But some two dozen nurses, patients and other community members who gathered at the intersection between DMC and the San Pablo Lytton Casino in protest today said they were unconvinced of hospital leaders' interest in saving the hospital. Many also criticized the county Board of Supervisors for failing to take financial responsibility for the hospital.

"Contra Costa, can't you see? This is a healthcare emergency!" protesters chanted, with some passing motorists honking in support. Nurse Vinnell Thomas, who said she worked at the San Pablo hospital for five years before she and many of her co-workers were laid off last month, said DMC and the county's Board of Supervisors are putting profit before people.

"The county has a responsibility - a moral, legal and ethical responsibility to save this hospital," she said, noting that the majority of DMC's patients are low-income, elderly residents. According to nurses' unions, two Richmond-area patients who were taken to other East Bay hospitals due to the diversion of ambulance service at DMC starting in August have died due to the resulting delay in care.

"Nobody should have to go 30-plus miles to get to a hospital," said Richmond Mayor Gayle McLaughlin. McLaughlin, who has also urged the county to find a financial solution to the hospital's problems, said today that county leaders are "afraid to step on corporate toes" and lack the political will needed to keep the hospital open. County supervisors have said the county doesn't have the funding to absorb DMC's \$18 million annual deficit and that more than \$30 million has already been transferred from county coffers to the hospital in recent years to prevent its closure.

Founded in 1954 under the West Contra Costa Healthcare District, DMC has struggled financially for years under the weight of a patient population consisting of about 80 percent Medi-Cal and Medi-Care recipients, which provide lower reimbursements than private insurers. In May, healthcare district voters rejected a parcel tax measure aimed at closing DMC's budget gap. Meanwhile, a hospital council made up of health care providers from Contra Costa County and private hospital groups in the Bay Area has met to discuss alternative models - such as a stand-alone emergency room -- that could allow DMC to remain open.

By Bay City News

Property tax windfall will temporarily help far East County fire district

[By Rowena Coetsee](#)

[Contra Costa Times](#)

Posted: 09/23/2014 10:13:22 PM PDT Updated: about 3 hours ago

OAKLEY -- A property tax revenue windfall will enable the East Contra Costa Fire District to keep one of its remaining stations open through June instead of mothballing it in two months.

At a special board meeting Monday, directors adopted a final 2014-15 budget that includes \$1.4 million more than what they had been expecting.

The additional revenue results from the county assessor's office raising property values in the district by 16.7 percent over the previous year. The fire agency had based its preliminary budget on an anticipated 5 percent increase.

"We were quite surprised at the jump," Director Stephen Smith said.

In approving the \$12.5 million budget, directors also agreed to continue operating Knightsen's station until at least the end of this fiscal year instead of closing it Nov. 30.

Some of the \$1.4 million also will be used to pre-fund retirement health care benefits.

The good news might be short-lived, however. Financial pressures already have forced East Contra Costa Fire to close one of its two Brentwood stations on Sept. 1 pending the outcome of a vote on a proposed benefit assessment.

If residents reject this additional charge on their property tax bill, not only would the Brentwood facility remain shuttered, but Knightsen's Station 94 also would have to turn off its lights.

That's because this year's additional property tax revenue isn't enough to keep the station open permanently; the district also has been paying its operational costs using a two-year federal grant, but that source of money expires Nov. 17.

If Knightsen were to close, East Contra Costa Fire would be left with three stations to serve a 249-square-mile area.

In response to its chronic underfunding, the agency decided last month to propose a levy on property owners that would raise just over \$4 million annually, although that effort recently suffered a setback when it discovered that some of the data it had garnered from other government agencies to calculate the assessment was flawed.

As a result, roughly 10,000 of the 43,769 parcels in the district had been assigned an assessment that was less than it should have been, which meant that levies on all the remaining ones were too high.

As such, East Contra Costa Fire had to retract the ballots it had mailed; it's now trying to gather the correct data so it can start the voting process again.

Exactly when that will be remains up in the air: The earliest the district will send out more ballots is the end of October, but it could be as late as mid-March.

So far, the agency has spent \$12,500 printing and sending postcards to property owners notifying them that it has suspended the balloting.

The district also has set up a committee to look into why the information on which the assessment was based was incomplete or outdated.

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Print this page

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MOFD Division 1 Race: Public vs. Private

By Nick Marnell



Kathleen Famulener

The Moraga-Orinda Fire District board of directors is charged with policing the relationship between the taxpayers who fund the district and the management that runs it. In November voters in MOFD Division 1 will choose between incumbent Kathleen Famulener and challenger Nathan Bell for their division director. The differences between the candidates are palpable.

"If understanding how to fight fires is required, then, no, I'm not qualified for the job," said Bell. "But if it's about managing a \$20 million operation, then I'm extremely qualified." The Harvard Business School graduate and private equity professional stressed his experience running companies, including chairing five boards and negotiating with four unions. He then threw down the gauntlet.

"I don't think it's healthy to have public employees managing public companies," he said. That characterization defines Bell's opponent. "I come from a large family experienced in public service, including both fire and police departments," said Famulener, deputy district attorney of Alameda County since 1977. "I understand both public service and public safety. And I understand transparency in dealing with the public." She talked about her seven years on the board of De La Salle

High School where she helped develop a 15-year business strategy, which is what she said she intends to do at MOFD.

"My main goal was to finish the labor contract," she said, speaking of her first year on the MOFD board. "Now I want to develop a 15-year strategic plan with the firefighters' union."

The new labor contract, ratified in April, allows the district to replace up to 12 firefighters with single-role paramedics at a much lower pay scale. "I am supportive of going to the single-role paramedics, as soon as possible," said Bell. "If we do, it's highly unlikely that the firefighters will ever get their jobs back," countered Famulener. "I'm not in favor of the single-role model. We live in a high danger zone and we need our firefighters. We shouldn't be getting rid of them."

Famulener praised the district for doing a good job despite staffing cuts this year from 19 to 17 firefighters on duty each day. "But we must get back to 19," she said. (The district approved a temporary staffing increase to 19 through this year's fire season.)

"I value my home," said Bell. "I do want a quick response time. But we already have good coverage." He noted that the only way to fairly assess the situation is to do an analysis of comparables of other districts. "What are our revenues per firefighter? What about fire coverage per population? We must find out what we are judging ourselves against," he said.

The proposed fire station 46, a joint venture with the Contra Costa County Fire Protection District, brought out nuanced differences between candidates. "Financially, we'll be way ahead," said Famulener. "But from a public safety perspective, I don't know. I'll hold off on my opinion until I see all of the facts."

"My concern is the financial stability of ConFire," said the challenger. "What happens if they don't fund it? Do you want to get into bed with a weak partner? You do need to be concerned about the response times in north Orinda. But I would hold my nose and vote for it."

Neither candidate believes that a tax increase is necessary to cover the MOFD unfunded pension liability. "Raising taxes is akin to raising a white flag," said Bell. "Our tax base is sufficient. As homes continue to turn over, our tax base will grow significantly." Famulener agreed. "We will be able to take care of the unfunded liability problem from within our tax base," she said.

Two distinct views on district finances arose. Bell focused on financial management. "The financials are not straightforward," he said. "They show a \$30 million debt, but if you look at the footnotes, it's \$90 million. To build up \$90 million in unfunded liabilities? That's not prudent financial management."

"We're one of the wealthiest communities and our firefighters have the lowest pay of any neighboring agency. We should be taking better care of our first responders," said the incumbent.

"I am honored to be the first woman on the board. I've shown myself to be a strong, hard working female leader," said Famulener. "I hope the voters keep me in office."

"I am a completely private citizen. I'm not a public employee," said Bell. "My opponent is a public employee, and I do not think that is the proper profile of a member of a public governing board."

MOFD Division 1 roughly encompasses an area south and east of a line along Canyon Road, Moraga Road and St. Mary's Road in Moraga. A map of MOFD Division 1 is available at www.mofd.org/board/directors; then click on Division 1 Map.



Nathan Bell Photos provided

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Stakeholders group rules out full-service hospital for Doctors Medical Center

By Jennifer Baires Contra Costa Times

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- Sep 24:
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SAN PABLO -- Maintaining a full-service or streamlined hospital is not a realistic option for Doctors Medical Center, according to an interim report released Wednesday by a stakeholders group exploring options for West Contra Costa's only public hospital amid a worsening financial crisis.

The consultants concluded that the best alternatives are a satellite emergency department run under the county's license or a 24-hour urgent care center. Both options would provide similar levels of care, officials said.

The report, compiled by a team of health care legal and financial experts commissioned by the hospital's owner, the West Contra Costa Healthcare District, found that even a streamlined, smaller hospital offering diagnostic and emergency care would continue to lose \$18 million annually. Nurses and doctors at the hospital have been pushing to maintain it as a full-service facility, with Contra Costa County assuming responsibility for running and funding it.

But the report dismissed that possibility, given the "rising pension and employee costs" the county is facing. Among the county's budget concerns are unfunded liabilities totaling around \$2 billion for retiree health care benefits and pensions, and the \$30 million annually spent from its general fund toward its medical center in Martinez.

The report also noted that maintaining a full-service hospital would require a seismic retrofit of its current location estimated to cost more than \$100 million.

Converting DMC into a satellite emergency department with no inpatient capacity would face "significant regulatory hurdles" before it could be implemented, and it would still result in annual operating losses of \$8.7 million, according to the report. While common in other states, satellite emergency departments are not allowed in California, except in very rural areas.

The option that appears most feasible is an enhanced urgent care center based on a Kaiser Permanente model popular on the East Coast.

"We're leaning more toward urgent care now because it's less complicated," said Dr. William Walker, director of Contra Costa Health Services. He added that the difference between the two options is mainly semantic.

As proposed, each would be open 24 hours a day, employ board-certified physicians and have beds for observing and stabilizing patients but no inpatient capabilities.

The main advantages to an urgent care model would be less regulation and a cheaper price tag. But implementing an urgent care facility would likely mean giving up \$5 million annually that DMC receives from a parcel tax passed in 2011 for emergency or hospital services.

Dr. Sharon Drager, a surgeon at DMC, said that while either of these options would act as a "safety valve" for nearby hospitals by taking some of the patients that would otherwise go to their emergency rooms, neither option tackles the real problem.

"The patients with the highest medical needs will not be served," Drager said. "In a community that's majority minority like this one, there are many medical issues like diabetes, high risk of stroke and heart attack and other serious illnesses that these facilities wouldn't be able to address."

In a statement Wednesday, the California Nurses Association blasted the report and the stakeholders group for including no "direct care (registered nurses) or other health workers from the hospital or community residents who are now, or might be in the future, a patient needing care at DMC."

The stakeholders group includes members of a lobbying arm for East Bay hospital chains, as well as some county officials who "have done little to fight to keep DMC open as a full-service hospital," the nurses association said.

Before the hospital began diverting emergency ambulances on Aug. 7, DMC had the busiest emergency department in West County and the second-highest ambulance volume countywide, according to a 2011 report by The Abaris Group, a health care consulting company in Walnut Creek.

DMC has 25 emergency beds, representing 62 percent of emergency room capacity in West County, but it has steadily reduced services in recent months because of the financial woes and an exodus of staff. The hospital is currently operating with 30 inpatient beds, according to the report, down from 80 to 90 beds before the cuts.

A full report is expected later this fall, and hospital leaders will have to decide quickly what to do because DMC has only enough cash to stay open as is through the first quarter of 2015, according to the report's authors.

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Interim Report:
Doctors Medical Center
Stakeholder Group

Sept. 24, 2014

OVERVIEW

The failure of the Measure C parcel tax measure this spring put Doctors Medical Center (DMC) on life support. Although recent cutbacks in non-essential services and a series of staff reductions have cut operating expenses, hospital management estimates that under the best-case scenario, DMC has only enough cash available to keep its doors open through the first quarter of 2015.

No one wants to see Doctors Medical Center close, as evidenced by the effort made over the past 20 years – by the community, the West Contra Costa Healthcare District, the county and other area hospitals – to fund the operation of a full-service institution. But the failure of the parcel tax in May compelled the Hospital Council of Northern and Central California to request the organization of a Stakeholder Group -- led by Dr. William Walker, Director, Contra Costa Health Services -- to find a sustainable alternative. Member hospitals of the Hospital Council agreed to fund a technical advisory group to support the effort.

The Stakeholder Group has based its analysis on a number of assumptions, chief among them that the loss of DMC emergency services would be catastrophic for residents of West County. More than 40,000 people a year visit the DMC emergency room, and the 25 ED treatment stations represent 62 percent of emergency room capacity in West County. A recent study by county Emergency Medical Services concluded that losing the DMC emergency room would overwhelm the emergency care resources of neighboring hospitals and significantly increase wait times during peak hours.

Over the past two months a number of health-care models have been analyzed and discarded as financially unsustainable by the Stakeholder Group, among them a full-service hospital under the existing or county hospital license. The economic realities do not make it possible for DMC to continue to operate under its current full-service model. By Stakeholder estimates, such a hospital would continue to lose \$18 million to \$20 million a year. A state-mandated seismic retrofit of the main hospital building – due to begin in 2015 and estimated to cost more than \$100 million – also makes maintaining a full-service hospital at the current site cost prohibitive.

An evaluation of a streamlined hospital – one with fewer acute care beds that retained diagnostic and emergency care, which is how DMC is now configured – found that it too would carry unsustainable operating losses of \$18 million.

Meanwhile, the county supervisors, saddled with rising pension and employee costs and facing budget difficulties in law enforcement and other departments, have stated emphatically that the county is not in a position to take over operation of DMC.

Clearly, options are limited. Nonetheless, the Stakeholder Group and its team of technical and clinical experts remain optimistic that a self-sustaining, clinically appropriate health-care model can be found for West County. A final report is expected to be made to the Healthcare District board this fall.

The Stakeholder effort is now focused on a financial and clinical analysis of two health-care models. One, an enhanced urgent care center with diagnostic capabilities, shows great clinical promise and would not require regulatory approval in California. The second, a 24-hour standby emergency department, likely on the license of the county medical center, has the advantage of retaining higher emergency care reimbursement rates but faces licensing and regulatory hurdles in the state.

SATELLITE EMERGENCY DEPARTMENT

As envisioned, the satellite ED would have no inpatient beds but would retain the existing 25 emergency beds at DMC, some of which could be used for observation and patient stabilization.

- The satellite ED would initially be located at the site of current emergency room then relocated to a new location to be built nearby.
- The ED would be staffed by board-certified emergency room physicians around the clock and include standard diagnostic services.
- The satellite ED would not accept emergency ambulance delivery, although an on-site ambulance could be available to immediately transport patients in need of hospital admission.

- In general, a satellite ED would be capable of delivering a higher level of care than traditional urgent care or primary care facilities.
- Tying the satellite ED to the county medical license increases reimbursement rates from Medi-Cal.
- Similar EDs operate successfully in other states, providing traditional emergency care in coordination with regional hospitals. As of 2013, there were 284 freestanding or satellite EDs operating in 45 states, according to the American Medical Association.
- The American College of Emergency Physicians recognizes freestanding and satellite emergency care as clinically viable health-care options and has provided recommendations on staffing and related issues.
- Only 11 percent of the patients seen at the DMC emergency room require inpatient care – a percentage that continues to decrease as heart attack and other critical care patients are diverted to other hospitals.
 - It is expected that a satellite ED would receive 25 percent fewer patients overall than the full-service ED.
 - While limited, jumps in inpatient admissions are expected to significantly impact some of the smaller hospitals in the region.
 - The recent diversion of 20-25 daily ambulances has put pressure on nearby emergency departments, reinforcing the need to maintain limited emergency or urgent care services at DMC.
 - County health services would work with regional physicians to have more specialists on call to support a satellite ED. Telemedicine services would also be considered to enhance specialty care.
- Although DMC still retains 30 inpatient beds, its emergency room is effectively functioning as a satellite ED today following the elimination of ambulance delivery Aug. 8 and the recent move to standby status.
 - The changes at the DMC emergency department represent an opportunity to determine the long-term feasibility of a satellite ED in West County.
 - Issues to be analyzed in this transition period include the impact of patient transfers on other facilities, the timely treatment of critical

care patients and whether such a system of care would be embraced by the community.

- Issues surrounding the state authorization of a satellite ED are unsettled. The Stakeholder legal team believes a satellite ED could operate under current California regulations and is actively working with state agencies on finding common ground, although significant regulatory hurdles remain.
 - It is critical that the state work with the local communities to find a way to meet changing health care needs. California hospital license laws date from the 1970s and are in dire need of revision.

URGENT CARE

The advanced 24-hour urgent care center would use board-certified emergency room physicians and be modeled after successful clinics in other states, including those used by Kaiser Permanente.

- The advanced urgent care center would provide similar basic services as a satellite ED but would not require special state licensing.
- The advanced urgent care center would likely include:
 - Diagnostic and radiology capabilities, including CT observation beds.
 - An on-site ambulance to immediately transport patients in need of hospital admission.
 - On-site lab and pharmacy
 - On-call specialty physicians

FINANCES

- Financial losses for a satellite ED are estimated to be \$8.7 million a year -- \$7 million of which is tied to debt payments.
- Operational costs have yet to be modeled for the advanced urgent care center. Funds from the 2011 tax measures put in place to support DMC are limited to a hospital or emergency room.

- In either case, a multiparty financial solution involving the county, the healthcare district, regional hospitals and other interested stakeholders will be explored to reduce or retire the DMC debt service, with the goal of getting a satellite ED or an urgent care facility as close to breaking even as possible.
- No decisions have been made on debt reduction and serious obstacles remain, but the initiatives being discussed include:
 - Sale of the existing Healthcare District properties
 - Forgiveness of county portion of debt service
 - Direct, one-time contributions from outside sources
- The Healthcare District is also looking to identify other non-hospital sources willing to provide support for operational expenses.

OTHER CONSIDERATIONS

The Alameda-Contra Costa Medical Association has agreed to participate in a clinical and financial analysis of a satellite ED and urgent care center while it continues to advocate for a full-service option.

LifeLong Medical Care and West County Clinic, the local Federally Qualified Health Centers, will consider expanding their primary care facilities.

- This option will allow services to continue for the patients who currently use the DMC emergency department but do not require hospitalization or full emergency care.
- Connecting patients to more appropriate primary care services and providing assistance to manage their health will reduce the demand on regional emergency rooms.
- Federally Qualified Health Centers enjoy favorable payments from Medicare and Medi-Cal as well as special grant funding, since they are located in designated medically underserved areas.

ATTACHMENTS:

DOCTORS MEDICAL CENTER TIMELINE

- Despite a 2004 parcel tax and bond financing, DMC struggled financially in 2005 and 2006, losing in excess of \$3 million monthly by the summer of 2006. In October of that year, the district filed for bankruptcy and borrowed \$20 million from the county.
- In an effort to develop a financially sustainable plan, in 2007 and 2008 the hospital reduced expenses by \$17 million, and secured a \$51 million commitment of support from the state, Kaiser Permanente and John Muir Health (a combined \$17 million per year for 3 years: 2008, 2009 and 2010). Based upon these commitments and the cost reduction, DMC exited bankruptcy in the summer of 2008. The state later reported its inability to fund the entire portion of its commitment, and in 2010 DMC received a total of \$11 million rather than the anticipated \$17 million. All of the funding ended in 2011.
- In 2011, with the discontinuation of the outside funding stream, DMC again found itself in extreme financial distress and unable to make payroll without immediate action. In January of that year the CEO was terminated, and interim management was retained. A \$10 million tax advance was provided by the county and Kaiser Permanente provided an additional \$4.1 million in support. Management also put in place a line-of-credit with a healthcare finance lender – the first such financing in a public hospital.
- That summer, management initiated a regional planning initiative including Kaiser, county Health Services, John Muir Health and other local agencies. That group evaluated options for continued support of DMC as a full-service hospital, and also evaluated options for the development of a “legacy plan” in the event of closure, including a freestanding E.D., a smaller hospital, and urgent care services. Keeping the hospital open as a full-service hospital was the priority and management pursued strategies to secure the funding to achieve this goal.
- In the summer and fall of 2011, with mounting accounts payable obligations, management negotiated with all vendors on past due amounts. Through this process we were able to get a reduction of more than \$1.2 million in amounts past due.

- In November of 2011 the second parcel tax measure was passed (Measure J), and in December an additional bond financing was arranged. This bond financing provided the cash necessary to support the operating gap going forward.
- In February 2012 the Camden Group was retained to develop a strategic plan. Camden reported that DMC was not sustainable as a freestanding hospital, and recommended that a partner be found. Activities started immediately to find such a partner, and more than two dozen organizations at the local, state and national level were contacted, including UCSF and Stanford. None of the organizations were interested in moving forward with partnership discussions. To this day management and the Board continue to pursue potential partners in an effort to find an interested party.
- In 2012, 2013 and 2014, as reimbursement from Medicare and Medi-Cal continued to decline, the organization continued to pursue expense reduction measures just to “stay open,” including:
 - Renegotiated better rates with insurance companies
 - Improved billing and collection practices
 - Streamlined staffing, making DMC one of the most efficient hospitals in the Bay Area
 - Reduced management staffing, saving approximately \$600,000 a year
 - Renegotiated physician contracts to reduce costs
 - Renegotiated vendor supply costs
 - Made significant changes in the health benefits structure all employees
 - Eliminated our self-insured employee benefit program, thereby reducing costs and eliminating the financial risk
- Repeatedly throughout 2011 – 2014 met with federal and state elected officials and Medi-Cal officials in Sacramento seeking additional support and funding, and seeking Medi-Cal contract rate increases.
- In 2013 and 2014 two additional tax advances were provided by the county totaling \$15 million
- In 2013 DMC distributed an RFP to post-acute care operators (skilled nursing, long-term acute care, rehab services). The goal was to lease excess capacity within the hospital to a provider of post-acute services to both meet community need and to provide an additional revenue stream to the hospital. There were no interested parties.

- In early 2014, after attempts to receive a charitable contribution from the Lytton Tribe, DMC entered into a lease arrangement with the Lytton Casino for the casino to rent approximately 180 parking spaces from the hospital for \$4.6 million
- In May 2014, a parcel tax was placed on the ballot (Measure C). If passed, this tax would have generated \$20 million and would have closed the operating gap that has existed for many years. While a majority of the voters did support the tax, it failed to receive the needed two-thirds approval.
- With the failure of the new parcel tax measure, the board and management again began working with a regional planning group to revisit the scenarios evaluated in 2011 as a potential legacy plan: smaller hospital, freestanding E.D., urgent care.
- Since the failure of the parcel tax we have also:
 - Worked with state elected officials in an attempt to be designated as a public hospital for reimbursement purposes – the measure failed to pass the Senate.
 - Worked with state elected officials to get a \$3 million appropriation from the legislature. Pending the governor’s signature
 - Worked with Rep. Miller’s office to approach the Veterans Administration system – their need for inpatient beds is not significant enough to require additional beds for their system. In addition, this region does not qualify for VA reimbursement to be paid to non-VA hospital providers.
 - Worked with Touro University to explore options for their support – they are not in a position to invest in DMC
 - Met with the California Endowment, the San Francisco Foundation, and filed proposals with the Gates Foundation Global Health Initiative for potential funding – the CA Endowment and the SF Foundation will not provide funding. The Gates proposal is pending but no likely to produce results as they don’t generally fund healthcare services in this county.
 - Continued to reach out to potential investors and hospital operating firms in search of a potential partner – none have been willing to pursue discussions beyond an introductory meeting.

DMC Stakeholder Group

Technical Advisory Group roster

- Patrick Godley – COO/CFO Contra Costa Health Services
- Dr. William Walker – Chair, Director and Health Officer, Contra Costa Health Services
- Dawn Gideon – Interim CEO, Doctors Medical Center
- John Pfeiffer – CEO, HFS Consultants
- Steven Rousso -- Principal, Chairman of Board, HFS Consultants
- Steve Lipton – Attorney, Hooper, Lundy & Bookman
- Felicia Sze – Attorney, Hooper, Lundy & Bookman
- Art Sponseller – President/CEO, Hospital Council of Northern and Central California
- Rebecca Rozen – Regional VP, Hospital Council of Northern and Central California
- Kevin Keane – Senior Consultant, Singer Associates

**DOCTORS MEDICAL CENTER - SAN PABLO
ACTUAL AND PROJECTED FINANCIAL SCENARIOS**

	Actual 2013	Projected FYE 12/31/16			
		Scenario 1a - Streamlined Hospital			Scenario 1b - Satellite ED under CCRMC's license
		Basic Model	Standby ED	Standby ED under CCRMC license	
Key Utilization Statistics:					
Patient Days	24,314	4,667	3,111	3,111	-
Discharges	5,434	833	734	734	-
Average Daily Census	66.6	12.8	8.5	8.5	-
ER Visits	39,819	31,622	31,622	31,622	30,041
Inpatient Surgeries	860	170	170	170	-
Outpatient Surgeries	972	705	705	705	-
Outpatient visits	34,311	17,109	17,109	17,109	-
Income Statements (in \$000s):					
Net operating revenue	\$ 113,687	\$ 39,715	\$ 37,348	\$ 36,148	\$ 14,791
Operating expenses:					
Wages & benefits	91,042	44,296	38,554	38,554	16,425
Professional fees and purchased services	22,805	9,975	9,392	9,392	4,601
Supplies, utilities, insurance & other	20,072	9,109	8,674	8,674	4,184
Interest, depreciation & rent	13,065	12,682	12,546	12,546	12,296
Total operating expenses	146,984	76,061	69,166	69,166	37,506
Operating Income/(Loss)	(33,297)	(36,347)	(31,817)	(33,017)	(22,715)
District tax revenue	13,718	13,717	13,717	13,717	13,717
Other non-operating income	159	230	230	230	230
	-				
Net Income/(Loss)	\$ (19,421)	\$ (22,399)	\$ (17,870)	\$ (19,070)	\$ (8,767)
Cash Flow:					
Net cash flow for period	\$ 4,551	\$ (20,931)	\$ (16,487)	\$ (17,687)	\$ (7,727)

County Administrator

County Administration Building
651 Pine Street, 10th Floor
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(925) 335-1080
(925) 335-1098 FAX

David J. Twa
County Administrator

Contra Costa County



Board of Supervisors

John M. Giola
1st District

Candace Andersen
2nd District

Mary N. Plepho
3rd District

Karen Mitchoff
4th District

Federal D. Glover
5th District

BUDGET CONCERNS 2014-15

1. While Assessed Valuations (AV) have risen this year in Contra Costa County, the increase does not solve the County's long term financial issues.
2. Over half of the Assessed Valuations increase was already built into the 2014/2015 Departments Operating Budgets to cover increased costs (salary and benefits) to maintain an existing level of county services.
3. The County's unfunded liability for Other Post-Employment Benefits (retiree health care) exceeds \$900 Million and the unfunded liability for Pensions exceeds \$1.9 Billion. Both of which will require significantly more contributions from the County General Fund over the next several years
4. The Contra Costa Regional Medical Center in Martinez requires an annual subsidy from the General Fund of over \$30 Million each year. This hospital serves primarily lower income residents from throughout the County.
5. The County continues to negotiate with some of its Unions to arrive at an agreement over wages and benefits and no funds have been set aside for any such increases.
6. The County has a Health Insurance Re-opener with its Unions in April 2015, which is likely to result in a different cost sharing agreement and will require greater financial commitment from the County which could increase the County's cost by \$4 million/year
7. Infrastructure needs of \$270 million will require that funds be committed to reducing this massive back log.
8. We are already aware of a number of Department Shortfalls expected in the current 2014/15 fiscal year:
 - a. Sheriff – COPS Grant requires \$1 M match
 - b. Probation (Title IV-E cuts - \$2.4 to \$4 M)
 - c. Employment & Human Services \$1 M
 - d. Mental health (Laura's Law costs - \$45K per case @ 45 cases = \$2 M)
 - e. Health Services Department as much as \$20 M shortfall
9. None of us wish to return to the difficult period of the Great Recession when we were cutting wages, cutting programs, facing layoffs and furloughs.

Fire Station 94 granted reprieve

Kyle Szymanski | Posted: Thursday, September 25, 2014 1:00 pm / thepress.net

A higher than expected increase in property tax revenue will allow the East Contra Costa Fire Protection District (ECCFPD) to keep four of its five stations open through June, Fire Chief Hugh Henderson told the fire district board this week.

Fire Station 94 in Knightsen was slated to close as early as Nov. 30 if the district wasn't able to find additional revenue, but it will receive a reprieve because the district will likely see a 16.7 percent increase (\$1.4 million) in property tax revenue over last year, up from the predicted five percent. The revelation came Monday night when the district board unanimously approved its \$12.5 million fiscal year budget.

"We were quite surprised at the jump in assessed evaluation," said ECCFPD Board Director Stephen Smith, a member of the board's Finance Subcommittee. "Based on the comments we heard from Mr. Kramer (Contra Costa Assessor Gus Kramer), we were not led to believe that a change of this magnitude would take place."

The district will also use some of the extra funds to pay for post-employment retirement health benefits in existing employment contracts.

District leaders warned, however, that without any new revenue, the district will be forced to close Station 94 at the start of the next fiscal year, leaving just three engines to serve a 249-square-mile coverage area. A portion of the costs of staffing the station is being paid for through federal grant funds, but that money will run dry in November.

"Even though the property tax revenue went up a little bit, it's not nearly enough to maintain that fourth station," said ECCFPD Board Director Joe Young.

Meanwhile, district staff is still in the process of working with its contractor and local government partners to update information before it can reissue its fire suppression assessment ballots.

Outdated information on fire hydrant locations and how close parcels were to fire stations was used to determine how much nearly 10,000 of the 44,000 district property owners would be assessed when ballots were initially mailed on Aug. 22. The outdated information was obtained from Contra Costa County Fire dispatch data and from the county's Geographic Information Systems, which are both supposed to be maintained and current by the county. The assessment rates for all property owners will have to be recalculated before the new ballots are mailed, but the majority of property owners will find they'd be assessed lower rates, Henderson said.

Prior to the first ballots being sent out, the district board was told close to 96 percent of single-family homeowners would be asked to pay about \$100 a year if the assessment is approved. Businesses would be required to pay between \$100 and \$200, with a few large government properties required to pay more.

Henderson initially said he was hopeful the data would be corrected in time for new ballots to be mailed by Oct. 31, but indicated this week that it likely won't happen in October. The district spent about \$104,000 on the first ballot process and expects it will need to pay more to reprint and mail new ballots plus update the engineer's report, which determines how much each property owner will be assessed.

“We are not in a position tonight to bring this forward with an ultimate timeline,” Henderson told the board. “Before we bring this forward, we want to make sure we have everything covered.”

If the assessment is approved through majority vote, the tax would generate \$4 million annually for the district over the next five years, which would be used to keep five stations open, including hiring and training personnel to reopen Station 54 in downtown Brentwood, which closed earlier this month.

If the vote fails, Station 54 will remain closed and Station 94 in Knightsen will also likely close.

The board’s next meeting is scheduled for Oct. 6 at 6:30 p.m. inside the Oakley City Council Chambers.

Brown signs bill for \$3 million to Doctors Medical Center

By Jennifer Baires Contra Costa Times

Posted: 09/27/2014 05:05:04 PM PDT Updated: a day ago

SAN PABLO--Gov. Jerry Brown signed a bill Saturday afternoon, providing \$3 million in one-time funding for cash-strapped Doctors Medical Center, West Contra Costa County's only public hospital.

The hospital was facing closure because of an \$18 million annual budget deficit and has cut services over the past few months in an attempt to stay open as long as possible. On Aug. 7, the emergency room -- which represented 62 percent of emergency room capacity in West County -- closed to ambulance traffic and has been operating with less staff and services for walk-in patients only.

West Contra Costa Healthcare District, which owns and operates DMC, released a report earlier this week that said the most likely possibility for salvaging services in the area would be by closing the hospital and providing a satellite emergency room or advanced urgent care facility in its place.

Assemblymember Nancy Skinner, D-Oakland, who with state Sen. Loni Hancock, D-Berkeley, helped get the bill before Brown, said in a phone interview Saturday that she hopes the money will buy time for the district to find another solution.

"I would like to see hospital remain open," Skinner said, "That's what residents want, that's what the doctors and nurses want. This lifeline provides us some time to see where else we might be able to secure funding to continue these hospital services."

The bill, SB 883, goes into effect immediately, meaning the \$3 million lifeline is now available for DMC. Skinner estimated that the extra funding would keep the hospital open in its current state until the end of January or February.

Contact Jennifer Baires at 925-943-8378. Follower her at twitter.com/jenniferbaires

Challengers look to shake up West County Wastewater District board

[By Tom Lochner Contra Costa Times](#)

Posted: **09/29/2014** 04:26:58 PM PDT Updated: 6 min. ago

MARTINEZ -- Three incumbents with three quarters of a century of combined tenure on the West County Wastewater District board are opposed by five challengers, three of whom say the board is out of touch with constituents and doesn't reflect the demographics of the district, which covers San Pablo, parts of Richmond and Pinole and the unincorporated areas of El Sobrante, Montalvin Manor and East Richmond Heights.

The incumbents in the Nov. 4 election -- Len Battaglia, George Schmidt and Paul Soltow -- have served on the board since 1975, 1992 and 1998, respectively. The three say they should be re-elected because the district has run efficiently and transparently under their stewardship and kept rates the lowest in the area -- currently \$381 a year for single-family homes, to increase to \$407, \$435 and \$465 in subsequent years.

Four of five current board members are white men in their 80s.

Challengers Antonio Medrano, a former West Contra Costa Unified School District board member, and Leonard McNeil, a political science professor at Contra Costa College and former San Pablo councilman, say the board needs an infusion of diversity. The other challengers are Audrey Comeaux, a longtime wastewater control representative with the East Bay Municipal Utility District; Shirley Wysinger, a former San Pablo councilwoman who also worked for the San Francisco Redevelopment Agency, retiring as senior project manager in 2004; and Sharon Thygesen, an information systems manager for the city of Berkeley and a member of the El Sobrante Municipal Advisory Council, as well as its secretary.

Thygesen ran unsuccessfully for the wastewater board in 2012, trailing incumbents Alfred Granzella and Michael Caine in a three-way race for two seats.

Medrano, Comeaux and McNeil all made reference, with varying degrees of specificity, to comments made by Battaglia last year that were widely viewed as offensive. During an interview with this newspaper in October 2013, Battaglia disparaged Asians and African-Americans, characterizing the latter as slow-thinking, adding, "They can't help it. It's the way God made them."

Said Comeaux: "You can't serve a community which you do not respect."

She was speaking during a recent candidates' forum at the Contra Costa Television studio, moderated by Bay Area News Group columnist Tom Barnidge.

Later, during his summation, Battaglia dismissed the comments about his past statements as "not true," without elaborating.

Wysinger and Thygesen joined the incumbents in giving the district good marks for transparency and dissemination of information to the public, especially through an overhauled website. Medrano, Comeaux and McNeil, however, said the board lacked transparency and that communication was mostly one way, from the board to the public.

They also said 9 a.m. Tuesday board meetings are inconvenient for the public, especially working people.

While all eight candidates exhibited a working familiarity with the functioning of the district, its plant and other infrastructure, parts of which are aging and need replacement, the incumbents showcased their expertise with all facets of the district's day-to-day operations and governance, especially Soltow, who was engineer-manager of the San Pablo Sanitary District, the predecessor of the current district.

Four of the challengers criticized the amount of board pay, which totaled \$182,000 for the five members in 2012, including benefits, and \$167,747 last year; Wysinger stopped short of criticizing the pay but allowed that it should be reviewed.

The incumbents vigorously defended the pay, saying they spend long hours reading up on developments in the wastewater industry and preparing for meetings. Battaglia led all board members in salary and benefits with just over \$50,000 in 2012 and \$44,500 in 2013. Schmidt's salary and benefits came to \$39,200 last year, and Soltow's came to \$20,000, the lowest among the five board members.

Said McNeil: "Some incumbents ... have a warm smile toward their own enrichment and a cold heart toward the workers who actually do the work."

Off-and-on negotiations, beginning in early 2012, between the district and Public Employees Union Local 1 so far have not resulted in a labor agreement.

In his summation, McNeil urged voters to "wholeheartedly reject" the three incumbents for defending "their excessive compensation."

Candidates disagreed sharply on whether a ratepayers committee should be formed to advise the board, an idea championed by Medrano and McNeil. Comeaux said the possibility should be explored. Wysinger and Thygesen rejected the idea, as did Schmidt and Soltow.

"We have a committee that sets rates," Soltow said. "They are the West County Wastewater District Board of Directors."

The round table will air on CCTV at 11:30 a.m. Thursday, 8:30 p.m. Friday and 8:30 p.m. Sunday. For other broadcast times, go to <http://ca-contracostacounty2.civicplus.com/2118/Election-Preview-Shows>.

Contact Tom Lochner at 510-262-2760. Follow him at [Twitter.com/tomlochner](https://twitter.com/tomlochner).

Leonard "Len" Battaglia

Age: 85

Occupation: Travel agency owner

Professional background/elected history: West County Wastewater District board member since 1975

Personal background: Fighter pilot in the U.S. Air Force during the Korean War

Audrey Comeaux

Age: Did not state

Occupation: Wastewater Control Representative for East Bay Municipal Utility District (EBMUD)

Professional background/elected history: 23 years wastewater experience with EBMUD

Personal background: Single, mother of one daughter

Education: Bachelor's degree in Chemistry from San Jose State

Leonard McNeil

Age: 69

Occupation: Contra Costa College political science professor

Professional background/elected history: San Pablo City Council 12 years; first African-American elected official in San Pablo; appointed by Contra Contra County Mayors Conference to East Bay Regional Communications Systems Authority; appointed to Contra Costa Community College District Bond Oversight Committee

Personal background: Volunteer with Friends of the San Pablo Library and the Friends of the Contra Costa College Library; current member of United Faculty with the Contra Costa Community College District; retired member of Iron Workers Local 378; board of directors, Black Alliance for Just Immigration; 60-year resident of West County (North Richmond and San Pablo)

Education: Bachelor's in government (cum laude), California State Sacramento; master's in political science (magna cum laude); vocational education credential, UC Berkeley

Antonio Medrano

Age: 76

Occupation: Retired educator, community college/high school

Professional background/elected history: Retired educator, 40 years in education; community organizer; former trustee of the West Contra Costa Unified School District, 2008-2012; Latino School Board Association Board, 2010-2012; National Association of Elected Latino Officials; Chair of the Berkeley North/East Bay Chapter of the ACLU of Northern California

Education: Bachelor's, University of San Francisco; work on master's, UCLA, Dominican College graduate studies; master's in governance, awarded by the California School Board Association

George H. Schmidt

Age: 84

Occupation: Retired after 31 years with Pacific Gas & Electric Co., where he was director of

commercial accounts

Professional background/elected history: West County Wastewater District board member since 1992

Personal background: Widower with five children and 12 grandchildren

Education: Bachelor's in engineering from Oregon State

Paul C. Soltow

Age: 83

Occupation: Civil engineer

Professional background/elected history: Officer in U.S. Army Corps of Engineers (aviation engineers); California Division of Highways, San Francisco; engineer-manager, San Pablo Sanitary District; general manager, Bay Area Sewer Services Agency; private civil and sanitary engineering practice; appointed to West County Wastewater District board, 1998 to fill vacancy and re-elected in subsequent elections since then

Personal background: Born in Reno, Nevada; grew up in Lake Tahoe and San Francisco; married Lilian Blain in 1957 (died 2009); hobbies, outdoors and photography

Education: Bachelor's in civil engineering, UC Berkeley; master's of public administration, Golden Gate College (S.F.)

Sharon Rosalie Thygesen

Age: 53

Occupation: Information systems manager

Professional background/elected history: Procurement for 25 years; information systems, 3.5 years; appointed in 2011 to the El Sobrante Municipal Advisory Council

Personal background: Homeowner in El Sobrante since 1983; married since January 2014

Education: MBA and Certified Public Finance Officer (CPFO)

Shirley R. Wysinger

Age: 69

Occupation: Retired senior project manager and retired council member, San Pablo

Professional background/elected history: 30 years with San Francisco Redevelopment Agency, managed the Western Addition (the Fillmore) area; elected to San Pablo City Council in 1990 and served 12 years

Personal background: Divorced, mother of two sons, grandmother of six and great grandmother of three; hobbies, gardening, piano, golf, walking and bike riding for fitness, reading

Education: Attended San Francisco City College and Golden Gate Community College, taking various courses; supervisory and project management certification