



Lou Ann Teixeira
 Executive Officer

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January 10, 2018 (Agenda)

January 10, 2018
 Agenda Item 8

Contra Costa Local Agency Formation Commission (LAFCO)
 651 Pine Street, Sixth Floor
 Martinez, CA 94553

**2nd Round Healthcare Services Municipal Services Review and
 Sphere of Influence Updates**

Dear Members of the Commission:

BACKGROUND

In December 2017, the Commission received an overview of LAFCO’s *Public Review Draft Healthcare Services Municipal Services Review (MSR)*. This is LAFCO’s 2nd round healthcare services MSR, which covers services provided by three districts – Concord/Pleasant Hill Healthcare District (CPHHCD), Los Medanos Community Healthcare District (LMCHD), and West Contra Costa Healthcare District (WCCHD). The MSR also provides information regarding Contra Costa County Health Services and other healthcare services in the County.

Berkson Associates in association with the Abaris Group prepared the MSR report. At the December 13, 2017 LAFCO meeting, Mr. Berkson provided an overview of the *Public Review Draft MSR* report, which was released on December 7, 2017. Mr. Berkson’s December presentation focused on the MSR process; and provided an overview of the local agencies covered in the report, and the LAFCO MSR determinations as related to healthcare services. The MSR report and Mr. Berkson’s presentation are available on the Contra Costa LAFCO website (<http://contracostalafco.org>).

The public comment period ended on December 29, 2017. LAFCO received a comment letter from Contra Costa County (Attachment 1), and three comment letters from officials with the LMCHD (Attachments 2a-2c). Following the presentation on December 13th, the Commission held a public hearing and accepted public comments. In conjunction with the LAFCO hearing in December, 32 individuals spoke and another eight submitted letters, all of whom praised the work and services provided through LMCHD, and opposed dissolution of the district.

Based on comments received during the public comment period, the MSR consultants made revisions and updates to the report, as reflected in the Final Draft MSR (available online at <http://contracostalafco.org>).

On January 10th, the Commission will be asked to 1) accept the Final MSR report, 2) adopt a resolution containing the required MSR determinations (Attachment 3), and 3) update the SOIs for the three special districts covered in the MSR (Attachments 5a-5c).

DISCUSSION

The healthcare MSR is timely as continued access to healthcare is a significant national and local concern. Numerous trends will influence healthcare in the future, and by extension, the provision of services by healthcare local agencies, for example:

- ❖ The Bay Area population, similar to national trends, is aging as more baby boomers reach 65.
- ❖ Statewide, the demand for primary care is expected to grow 12 to 17 percent by 2030 as California's population ages.
- ❖ Physician supply will decline through 2030 because many doctors are at or near retirement age. In California, one-third of physicians and nurses is 55 or older.
- ❖ As a result of the Affordable Care Act, the uninsured rate among the nonelderly dropped from 18% in 2010 to 10% in 2016; however, in today's political environment the cost, coverage and availability of health insurance is highly uncertain, as is funding for services (e.g., Medicaid).
- ❖ The impact of telemedicine and other technological advances on the management, delivery and accessibility, and cost for certain healthcare services.

These factors are important to monitor to assure that healthcare districts, including those that no longer own hospitals, maintain their relevancy in a constantly changing healthcare environment.

In 2017, the Little Hoover Commission (LHC) issued a special study - "*Special Districts: Improving Oversight & Transparency.*" The report includes recommended measures to strengthen oversight of California's independent special districts. The LHC also focused specifically on healthcare districts, including those that no longer operate hospitals. In sum, the report:

- explored concerns about the relevance of healthcare districts
- documented successful examples where healthcare districts successfully shifted their focus from direct healthcare services and hospital operations to preventive care health services
- cited research from the Centers for Disease Control showing that "70 percent of chronic illnesses are preventable, and healthcare cost savings associated with keeping people healthy and out of hospitals are substantial
- emphasized the importance of coordination between counties and healthcare districts to avoid redundancies and to increase collaboration
- recommended that the statutory language that governs healthcare districts be updated to reflect "the shift from hospital-based healthcare to modern preventative care models"

The LHC hearings led to the enactment of new legislation to enhance transparency of healthcare districts, including website content and recommended policies relating to grant funding.

The 2nd round healthcare services MSR includes an overview of healthcare issues at the State level and in Contra Costa County, and focuses on the following: 1) updating information presented in the 2007 healthcare services MSR, 2) assessing the ability of healthcare service providers to maintain relevance and meet the changing healthcare landscape, and 3) identifying opportunities for coordination and collaboration among healthcare service providers in Contra Costa County.

MSR Determinations - In accordance with the MSR, LAFCO must prepare written determinations relating to various factors including the following:

1. Growth and population projections for the affected area.
2. The location and characteristics of any disadvantaged unincorporated communities (DUCs) within or contiguous to the SOI.
3. Present and planned capacity of public facilities, adequacy of public services, and infrastructure needs or deficiencies including needs or deficiencies related to sewers, municipal and industrial water, and structural fire protection in any DUCs within or contiguous to the SOI.
4. Financial ability of agencies to provide services.
5. Status of, and opportunities for, shared facilities.
6. Accountability for community service needs, including governmental structure and operational efficiencies.
7. Any other matter related to effective or efficient service delivery, as required by commission policy.

The MSR report includes a translation of the required MSR determinations into criteria more applicable to healthcare districts, as the standard determinations apply primarily to cities and special districts that provide utility infrastructure and public services such as water, wastewater and fire services. The proposed MSR determinations are presented in Attachment 1.

Sphere of Influence Updates - In accordance with the MSR, the Commission will also be asked to update the SOIs for each of the special districts.

The requirement for LAFCOs to conduct MSRs was established by the Cortese Knox Hertzberg Local Government Reorganization Act of 2000 (CKH) as an acknowledgment of the importance of SOIs, and recognition that periodic updates of SOIs should be conducted on a five-year basis [Gov. Code §56425(g)], with the benefit of better information and data through MSRs [Gov. Code §56430(a)].

SOIs define the logical, long-term service boundary for an agency. SOIs can be the same, larger, or smaller than the existing local agency boundary. Contra Costa LAFCO has used various SOI designations including “zero,” which signals that services will ultimately be provided by another agency, and “provisional” SOI, which delineates that a future restructuring or change of organization is needed.

LAFCOs are required to make written determinations in accordance with Gov. Code §56425(e) when establishing, amending, or updating an SOI for any local agency that address the following:

1. The present and planned land uses in the area, including agricultural and open-space lands.

2. The present and probable need for public facilities and services in the area.
3. The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide.
4. The existence of any social or economic communities of interest in the area if the commission determines that they are relevant to the agency.
5. For an update of an SOI of a city or special district that provides public facilities or services related to sewers, municipal and industrial water, or structural fire protection, the present and probable need for those public facilities and services of any DUC with the existing SOI.

Additionally, when updating the SOIs for districts, LAFCOs are also required to establish the nature, location, and extent of any functions or classes of services provided [Section 56425(i)].

The MSR includes SOI options along with a number of governance options, as summarized in the attached table (Attachment 4). The MSR consultant and LAFCO staff will review these options with the Commission on January 10th, and the Commission will be asked to adopt SOI updates (Attachments 5a-5c).

It should be noted that in mid-November 2017, the County submitted an application to LAFCO to dissolve the LMCHD. The Commission may choose to update the SOI for the LMCHD at this time, or may defer the SOI update pending consideration of the dissolution proposal in the Spring.

ENVIRONMENTAL ANALYSIS

The MSR is a study, intended to serve as an informational tool to help LAFCO, local agencies and the public better understand the public service structure in Contra Costa County. The service review and determinations are a study and are Categorically Exempt under §15306, Class 6 of the California Environmental Quality Act (CEQA) Guidelines. LAFCO actions on SOI updates are exempt under the General Rule exemption §15061(b)(3) of the CEQA Guidelines.

RECOMMENDATIONS

1. Receive the staff and consultants' presentation and open the public hearing to consider accepting the Final MSR, adopting the MSR determinations and updating the SOIs;
2. After receiving public comments close the hearing;
3. Determine that the MSR project is Categorically Exempt pursuant to §15306, Class 6 of the CEQA Guidelines;
4. Determine that the SOI updates are Categorically Exempt pursuant to §15061(b)(3) of the CEQA Guidelines;
5. Accept the Final MSR report;
6. Adopt the MSR determinations by resolution attached hereto; and
7. Adopt the SOI updates attached hereto.

Sincerely,

LOU ANN TEXEIRA
EXECUTIVE OFFICER

c: Distribution

- Attachment 1- Letter from Karen Mitchoff, Vice Chair, Contra Costa County Board of Supervisors
- Attachment 2a – Letter from J. Vern Cromartie, Ed.D, President, LMCHD Board of Directors
- Attachment 2b – Letter from Godfrey L. Wilson, MPA, LMCHD Executive Director
- Attachment 2c – Letter from Craig D. Collins, CPA, Collins Accounting Company, Consultant, LMCHD
- Attachment 3 - Resolution with MSR Determinations
- Attachment 4 – Governance and SOI Options Table
- Attachment 5a – Resolution Updating SOI – Concord/Pleasant Hill HCD
- Attachment 5b – Resolution Updating SOI - Los Medanos Community HCD
- Attachment 5c – Resolution Updating SOI - West Contra Costa HCD

The Board of Supervisors

County Administration Building
651 Pine Street, Room 106
Martinez, California 94553-1293

John Gioia, 1st District
Candace Andersen, 2nd District
Diane Burgis, 3rd District
Karen Mitchoff, 4th District
Federal D. Glover, 5th District

Contra Costa County



David J. Twa
Clerk of the Board
and
County Administrator
(925) 335-1900

December 28, 2017

Via Hand Delivery

The Honorable Donald A. Blubaugh
Chair, Contra Costa County Local Agency Formation Commission
651 Pine Street, 6th Floor
Martinez, CA 94553

RE: LAFCo HEALTHCARE SERVICES MUNICIPAL SERVICE REVIEW PUBLIC COMMENT LETTER

Dear Mr. Blubaugh,

The County appreciates the opportunity to provide comments to the draft Healthcare Services Municipal Services Review (MSR) currently before the Local Agency Formation Commission (LAFCo). Prior to sharing specific comments related to the report, we would like to acknowledge the efforts of your staff and your consultant, Berkson Associates, in developing the information included in the MSR, including discussions with the County about the healthcare services the County provides to its residents.

As you may know, the County is the largest provider of indigent healthcare services in the County. The largest clinic in the County's health system, the Pittsburg Health Clinic, is operated in the area served by the Los Medanos Community Healthcare District (the "District," or "LMCHD"). Based on our active involvement in serving the healthcare needs of this community, we respectfully submit for your consideration the following comments to the MSR as it relates to the LMCHD:

- The MSR correctly notes that the LMCHD was formed in 1946 for the purpose of constructing a hospital to serve the community. (Page 37.) The MSR also notes that the District filed for bankruptcy in 1994, at which time it closed its hospital. (Pages 6, 37.) What the MSR does not note is that when the District closed its hospital, it stopped providing direct healthcare services and that it has never resumed providing direct healthcare services. Instead, the LMCHD, after paying its own significant overhead expenses, donates taxpayer dollars to third parties that provide health-related programs. The healthcare services that are provided at the District's former hospital site are provided by the County.
- As noted in the MSR, the LMCHD leases its former hospital facilities to the County for use as the Pittsburg Health Clinic. (Page 6.) The MSR also notes that, under the terms of the lease, the County pays rent in the amount of \$100,000 per year. (Pages 7, 50.) In addition, the MSR notes that since entering into the lease, the County has paid in excess of \$24 million for capital improvements to the Pittsburg Health Center. (Pages 41, 50.) But what the MSR does not mention is that the County has the responsibility for maintaining the building as part of the lease. (See section A.7 of the lease.) In other words, the lease was structured in a way that resulted in two forms of rent: an annual payment of \$100,000, which the County pays and is directed to the State of California to satisfy the District's bankruptcy debt, and the obligation to maintain the building. What this means is that, when the \$24 million that the County has paid for capital improvements is taken into consideration, the County has paid, on average, approximately \$1.36 million per year in rent over the last 19 years. (This amount does not include the County's cost of borrowing funds for use in making the capital improvements to the facility, such as interest on municipal bonds.)

- The MSR mentions that the County and the District are currently engaged in lease negotiations. (Pages 7, 50.) The MSR goes on to suggest that these negotiations have the potential to increase cash flow to the District. (Pages 7, 10, 52.) This suggestion is incorrect, at least through July 31, 2026. Under the terms of the settlement agreement between the District and the State of California,¹ which was part of the bankruptcy court order issued in 1998, the District owes all lease payments made by the County to Cal-Mortgage through July 31, 2026. Any increase in the rental rate above the current \$100,000 per year will result in pulling local healthcare dollars from the County's hospital and clinic system and redirecting those funds to the State to satisfy the debts of the District. Furthermore, increasing the rental rate above the current \$100,000 per year will necessitate a restructuring of the lease to shift the cost of maintenance and repairs to the District (to keep the rent structure at a market rate). If that were to occur, the result, at least through July 31, 2026, would be that both the County and the District would have fewer financial resources to dedicate to healthcare services. Restructuring the lease in this manner could also potentially result in deterioration in the condition of the Pittsburg Health Center, since the District's cash flow will not have increased.
- When discussing administrative overhead costs associated with healthcare districts in the County generally, the MSR cites LMHCD as showing "...51 percent of General Fund revenues allocated towards overhead" and states that "*This overhead ratio, which is slightly less if building lease revenues are included, could be lower in future years depending on changes to future lease revenue received for its former hospital building.*" (Page 9.) Although it may be true from an accounting perspective that the overhead ratio could be lower in the future if lease revenue from the County increases, as stated in our comments above, all increased lease revenue to the District is simply passed-through to the State. Any impact on the District's overhead ratio resulting from the County paying higher rent would have no practical benefit from an operating perspective.

In conclusion, we understand that part of the MSR process is the evaluation of future governance options, in this case for healthcare districts operating within Contra Costa County. In making such an evaluation, we believe the emphasis should be on ensuring that taxpayer dollars are used as efficiently as possible to serve the healthcare needs of the community.

Should you have any questions regarding the County's comments, please contact Senior Deputy County Administrator Timothy Ewell at (925) 335-1036 or timothy.ewell@cao.cccounty.us.

Best regards,

KAREN MITCHOFF
Vice-Chair, Board of Supervisors
Contra Costa County

cc: *Members of the Board of Supervisors*
David J. Twa, County Administrator
William Walker, MD, Health Services Director
Kathleen Andrus, Deputy County Counsel

¹ The settlement agreement is between the District and the Office of Statewide Health Planning and Development of the State of California (OSHPD), Cal-Mortgage Loan Insurance Division (Cal-Mortgage).



"Advancing Solutions to Health Disparities"

December 13, 2017

Ms. Lou Ann Texeira
Executive Officer
Contra Costa County Local Agency
Formation Commission
651 Pine Street, 6th Floor
Martinez, CA 94553

Subject: Statement to LAFCO Hello,

My name is Dr. J. Vern Cromartie and I am the president of the Los Medanos Community Healthcare District Board of Directors. As you know, our district is known by the acronym LMCHD. The mission of LMCHD is to reduce health disparities in our district. As the Board president, I assure you that we engage in a best practices approach wherein we will take corrective action when needed. I also assure you that we are committed to improving service delivery; we are committed to expanding transparency by having a website with basic information; and we are committed to standardizing the reporting of our revenues, expenditures, and reserves.

In 1994, we made a successful shift from a hospital-based healthcare model to a preventative care model. As was noted in the MSR report, the Centers for Disease Control has reported that 70 percent of chronic diseases are preventable. The Centers for Disease Control has also informed us that healthcare cost savings associated with keeping people healthy and out of hospitals are substantial. The LMCHD Board of Directors recognizes the importance of coordination between our healthcare district and Contra Costa County as well as community based organizations. That is why our programs focus on helping to provide healthy food to our residents, obesity prevention, and nutrition education.

As a district, we have a process in place to ensure that allocated grant funding is consistent with our mission and the purpose of the district. In May 2013, Contra Costa Health Services released a report titled *Health Indicators and Environmental Factors Related to Obesity for Antioch, Bay Point, and Pittsburg*. That report acknowledged that we have a major problem in Pittsburg and Bay Point related to obesity. For example, that report said that 43.7% of the students in the Pittsburg Unified School District are overweight or obese. Likewise, in 2016, the Kaiser Foundation Hospital Antioch released a report titled *2016 Community Health Needs Assessment*. It too acknowledged that we have a major problem in Pittsburg and Bay Point related to obesity.

Ladies and gentlemen of LAFCO, I ask you to recognize that LMCHD is a part of the solution to reducing obesity and not a part of the problem. Again, LMCHD is a part of the solution and not a

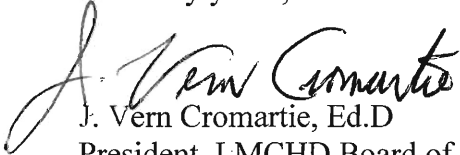
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part of the problem. The dissolution of the LMCHD will have dire consequences for the residents of Pittsburg, Bay Point, and our other areas in terms of the provision of healthy food, obesity prevention, and nutrition education. Contrary to the MSR Report, the fact is that (1) today we do have people in our district who have life circumstances that make them susceptible to falling through the cracks in the health care system; (2) today we do have people in our district who do not have health insurance or cannot afford it; and (3) today we do have people in our district with insurance but sometimes face insufficient coverage.

As a military veteran who made an oath to defend the Constitution of this country and a director of the LMCHD who also made an oath to defend the Constitution of this state, I respectfully request that you do not replace elected officials with only appointed officials because that promotes anti-democratic practices. Instead, I respectfully request that you allow the LMCHD to maintain the status quo and make any corrections we need to address, including reducing our administrative costs, updating our website, updating our health profile, and updating our strategic plan. We are able and willing to do this. Please allow the LMCHD to continue to serve the people of Pittsburg, Bay Point and our other areas. Thank you for your attention.

Sincerely yours,

A handwritten signature in black ink that reads "J. Vern Cromartie". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

J. Vern Cromartie, Ed.D
President, LMCHD Board of Directors



"Advancing Solutions to Health Disparities"

December 29, 2017

Mr. Richard Berkeson
Berkson Associates
Urban Economics, Policy Forensics and
Planning and Policy Analysis

Dear Mr. Berkeson,

Thank you for your efforts to provide a fair and objective analysis of our Los Medanos Health Care District and the other Health Care Districts in Contra Costa County in the Public Review Draft of the Healthcare Services MSR dated December 2, 2017. We appreciate your thorough discussion of the District's healthcare needs and your recognition of the District's adherence to best practices in our industry.

The primary concern expressed in the draft report regarding our District is that "[t]he [cost] allocations to overhead are high, as they represent roughly half of total revenues, and exceed the amounts budgeted for community health programs and grants" (page 55 of the draft report). In order to arrive at the determination that overhead or administrative costs represent "roughly half of total revenues," the report refers to the District's adopted fiscal year 2017-2018 budget earlier on page 55 and also on page 52. While we understand how this calculation was performed, we disagree that using these figures accurately communicates the District's administrative cost percentage.

The District's adopted budget for the 2017-2018 fiscal year was not prepared for the purpose of determining the true amount of administrative costs borne by the District when compared to the District's total revenue, but rather as a financial plan designed to make the budgeting process more efficient and to anticipate contingencies in operations. Because of this perspective difference, the budget is prepared on a budgetary basis which differs from the way the District's financial statements for the year are presented on generally accepted accounting principles. Looking at actual financial results over the past two years yields a significantly lower and more accurate administrative percentage.

One of the key differences between the presentation of the budget and presentation of the District's actual financial statements is that the cost of all District personnel is combined into a subcategory of administrative expenses for budgeting purposes, even though a portion of the time devoted by these staff members is spent directly on the District's programs. This is done to avoid the complexity of having to estimate the allocation of budgeted staff positions among the District's programs before the year begins, but clearly we do have the expectation that District staff will devote time to the programs that provide so much community benefit. During the year, the staff time actually spent on the health and wellness program and the community garden is recorded in our accounting software so that we can produce financial statements at year end that reflect the actual amount of effort devoted to these programs. We have focused on these two District programs as they have historically been of interest,

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but this practice has omitted staff time devoted to other program functions such as the District Programs and Activities Committee and community outreach efforts. Even if we ignore the time spent on the District Programs and Activities Committee and community outreach and focus only on the time captured in the books for the grants and community garden, the 2015-2016 audit report shows our administrative costs were, at most, 32.57% of total recognized revenue and our unaudited 2016-2017 books currently reflect administrative costs of not more than 32.9% of total recognized revenue, as detailed on the attached worksheet.

Page 55 of the Draft MSR does include some administrative cost calculations based on actual FY 2015-2016 figures, but in addition to using the reported figures to arrive at 36% of general fund revenues, the report gives an alternative calculation of 40% administrative costs if the “\$41,400 administrative staff costs allocated to Community Health Programs” are included. We disagree with including the staff costs allocated to Community Health Programs in administrative cost. As the Draft MSR notes on page 47, the community health programs help to meet the District’s strategic goals. These programs, which are a critical component of the District’s strategy at a time when the importance of preventive care cannot be over-emphasized, could not run on their own. In addition, the allocation of staff time required to perform direct services is a well-established accounting practice in the not-for-profit sector, where the evaluation of administrative costs is of critical importance.

Some of the administrative cost calculations used in the Draft MSR show the administrative cost as a percentage of general fund revenues and omit the lease income that is currently \$100,000 per year from the calculation, which also results in a percentage that is higher than if the lease income were included. Since the District is currently devoting substantial administrative effort to relations with the County, renegotiating the lease, and evaluating the OSHPD debt, we feel that the omission of lease income from the administrative cost calculation incorrectly distorts the administrative percentage. Although District staff is currently spending more time on this than in the past, the District has been preparing for the lease negotiation and OSHPD balloon payments for several years, and has also had the need to work with the County as a tenant from time to time on property concerns such as the signage and parking lost renovations mentioned on page 50 of the Draft MSR. Without the lease and related debt payment, administrative effort devoted to these functions would not be required.

It is clear that the County’s current rental rate, \$100,000 per year for use of a 130,900 square-foot former hospital facility, is well below fair market rent at only \$0.064 per square foot per month. Because this was clearly intended as a subsidy to the County to provide healthcare services within the District and since the current lease requires use of the building for those services, the District regards the building as an extension of its program services. Since the fair rental value of the building is likely closer to \$1,200,000 per year and the entire building is used by the County to provide health services to the District, the economic value of the District’s lease revenue would actually be closer to \$1,200,000 per year. Recognizing this reality would reduce the District’s administrative cost percentage to 17.21% of total revenues based on 2016-2017 unaudited data. The attached worksheet demonstrates the calculation of this amount.

In view of the above, we request that the references that calculate the District’s administrative cost based on the FY 2017-2018 budget document on pages 52 and 55 be removed and replaced with a discussion about the 2016-2017 unaudited data provided.

Concerns about excessive administrative costs are certainly valid. What these concerns are expressing at their core is the desire to improve efficiency by avoiding duplicative costs that do not contribute to District solutions. In addition to running a grant program that directly benefits District residents, District staff maintain a presence in this community and District Board members spend numerous hours within and outside of meetings focusing on the needs and concerns of the District. Could these costs be eliminated without a cost in terms of local control for District residents? Probably not.

Sincerely,

A handwritten signature in black ink, appearing to read "Godfrey Wilson", with a large, sweeping flourish extending to the right.

Godfrey L. Wilson, MPA
Executive Director

Los Medanos Community Healthcare District Administrative Cost Analysis

UNAUDITED

	2017-2018 Budget	2016-2017 Actual	2016-2017 with Imputed Lease
ADMINISTRATIVE EXPENDITURES			
ADMINISTRATIVE SERVICES			
62750 · Microsoft Exchange Server	1,000.00	898.44	898.44
63605 · Website Designer	9,000.00	8,550.00	8,550.00
62700 · IT Support Services	4,000.00	2,025.00	2,025.00
62751 · Agenda Management System		1,661.29	1,661.29
60100 · Advertising and Promotion	2,500.00	2,022.37	2,022.37
61910 · Storage	2,400.00	0.00	0.00
61210 · Finance Charges	150.00	106.45	106.45
62600 · Professional Fees	6,000.00	13,798.73	13,798.73
62100 · Payroll Processing Fees	150.00	157.50	157.50
60300 · Bank Service Charges	150.00	0.00	0.00
60200 · Auditing Services	9,000.00	8,180.00	8,180.00
60000 · Accounting / Bookkeeping	24,000.00	21,990.00	21,990.00
Total ADMINISTRATIVE SERVICES	58,350.00	59,389.78	59,389.78
60500 · BOARD ELECTION CHARGES		300.00	300.00
60550 · BOARD STIPEND FEES	24,000.00	22,000.00	22,000.00
COUNTY FEES/DISTRICT DUES			
61600 · LAFCO District Fees	600.00	501.59	501.59
61000 · ACHD & CSDA Dues	15,000.00	13,208.00	13,208.00
60850 · County Admin Fees	8,000.00	6,703.00	6,703.00
Total COUNTY FEES/DISTRICT DUES	23,600.00	20,412.59	20,412.59
INSURANCE			
61500 · Insurance Expen (Gen Liability)	10,000.00	7,783.96	7,783.96
61400 · Insurance-D&O	26,500.00	22,583.22	22,583.22
Total INSURANCE	36,500.00	30,367.18	30,367.18
61700 · LEGAL SERVICES	60,000.00	26,690.00	26,690.00
OFFICE EXPENSES			
62550 · Snacks	650.00	1,122.77	1,122.77
62500 · Printing	1,500.00	670.63	670.63
63201 · Travel-EE Mileage Reimbursement	1,400.00	859.85	859.85
60250 · Board Meeting Expenses	3,500.00	3,484.37	3,484.37
60870 · Discretionary Expn-CEO	2,500.00	561.91	561.91
62450 · Small Equipment	4,000.00	7,733.84	7,733.84
61100 · Equipment Rent (Copier)	1,400.00	1,412.71	1,412.71
62200 · Phone/Fax/Internet	5,000.00	4,818.21	4,818.21
62300 · Postage & Delivery	850.00	970.08	970.08
62400 · Post Office Box Rental	348.00	348.00	348.00
62000 · Office Supplies	13,000.00	12,285.14	12,285.14

Los Medanos Community Healthcare District Administrative Cost Analysis

	UNAUDITED		
	2017-2018 Budget	2016-2017 Actual	2016-2017 with Imputed Lease
Total OFFICE EXPENSES	34,148.00	34,267.51	34,267.51
SEMINARS/TRAVEL			
63000 · Conferences, Seminars, & Travel	15,000.00	15,934.63	15,934.63
Total SEMINARS/TRAVEL	15,000.00	15,934.63	15,934.63
WAGES & PAYROLL TAXES			
63800 · Workers Comp Insurance	4,000.00	1,386.00	1,386.00
63500 · Wages	134,000.00	171,333.43	171,333.43
62150 · Payroll Taxes	12,500.00	14,800.91	14,800.91
Total WAGES & PAYROLL TAXES	150,500.00	187,520.34	187,520.34
TOTAL ADMINISTRATIVE EXPENDITURES	402,098.00	396,882.03	396,882.03
General Fund Income			
Income			
40000 · GENERAL TAX REVENUES			
40500 · CCC Tax Revenue per QB Deposit	896,000.00	891,245.47	891,245.47
44150 · CC County RDA PTP	21,000.00	10,538.54	10,538.54
44200 · RPTTF Antioch Residual		917.26	917.26
44225 · RPTTF CC County Residual	22,000.00	21,573.10	21,573.10
44250 · Pittsburg RDA PTP	36,758.00	143,957.90	143,957.90
Total 40000 · GENERAL TAX REVENUES	975,758.00	1,068,232.27	1,068,232.27
41111 · INTEREST INCOME	5,000.00	6,811.45	6,811.45
GRANTS AND CONTRIBUTIONS			
41002 · AAHEC Grant Income	10,000.00	11,714.60	11,714.60
49100 · Returned Grant Funds		17,801.57	17,801.57
MISCELLANEOUS INCOME			
49001 · Miscellaneous		836.40	836.40
49000 · Income from Garden Plots	1,000.00	1,070.00	1,070.00
Total General Fund Income	991,758.00	1,106,466.29	1,106,466.29
Other Income			
43000 · Lease Income	100,000.00	100,000.00	100,000.00
43001 · Imputed Lease Income	0.00	0.00	1,100,000.00
TOTAL REVENUE	1,091,758.00	1,206,466.29	2,306,466.29
Max Admin Expenditures as a % of Total Revenue	36.83%	32.90%	17.21%

COLLINS ACCOUNTANCY COMPANY

**620 THIRD STREET, SUITE 120
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LINCOLN, CALIFORNIA 95648-0426
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**CRAIG D. COLLINS, CPA
LINDA FOSTER, CPA, MS TAX
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December 29, 2017

Ms. Lou Ann Texeira
Executive Officer
Contra Costa County Local Agency Formation Commission
651 Pine Street, 6th Floor
Martinez, CA 94553

Re: Healthcare Services MSR & SOI Study (2nd Round) – Public Review Draft

Dear Ms. Texeira:

Thank you for your efforts to provide a fair and objective analysis of the Los Medanos Community Healthcare District and the other healthcare districts in Contra Costa County in the Public Review Review Draft of the Healthcare Services MSR dated December 2, 2017 prepared by Berkson Associates. We appreciate the draft's thorough discussion of the District's healthcare needs and recognition of the District's adherence to best practices in our industry.

The primary concern expressed in the draft report regarding the District is that “[t]he [cost] allocations to overhead are high, as they represent roughly half of total revenues, and exceed the amounts budgeted for community health programs and grants” (page 55 of the draft report). In order to arrive at the determination that overhead or administrative costs represent “roughly half of total revenues,” the report refers to the District’s adopted fiscal year 2017-2018 budget earlier on page 55 and also on page 52. While we understand how this calculation was performed, we disagree that using these figures accurately communicates the District’s administrative cost percentage for ongoing operations.

The District’s adopted budget for the 2017-2018 fiscal year was not prepared for the purpose of determining the true amount of administrative costs borne by the District when compared to the District’s total revenue, but rather as a financial plan designed to make the budgeting process more efficient and to anticipate contingencies in operations. Because of this perspective difference, the budget is prepared on a budgetary basis which differs from the way the District’s financial statements for the year are presented on generally accepted accounting principles. Looking at actual financial results over the past two years yields a significantly lower and more accurate administrative percentage.

One of the key differences between the presentation of the budget and presentation of the District’s actual financial statements is that the cost of all District personnel is combined into a subcategory of administrative expenses for budgeting purposes, even though a portion of the time devoted by these staff members is spent directly on the District’s programs. This is done to avoid the complexity of having to estimate the allocation of budgeted staff positions among the

District's programs before the year begins, but, clearly, the District does have the expectation that District staff will devote time to the programs that provide community benefit. During the year, the staff time actually spent on the health and wellness program and the community garden is recorded in the accounting software so that the District can produce financial statements that reflect the actual amount of effort devoted to these programs. The District has focused on these two programs (health and wellness grants and the community garden) as they have historically been of interest, but this practice has omitted staff time devoted to other program functions such as the District Programs and Activities Committee and community outreach efforts. Even if we ignore the time spent on the District Programs and Activities Committee and community outreach and focus only on the time captured in the books for the grants and community garden, the 2015-2016 audit report shows our administrative costs were, at most, 32.57% of total recognized revenue and our unaudited 2016-2017 books currently reflect administrative costs of not more than 32.9% of total recognized revenue, as detailed on the attached worksheet.

Use of the 2017-2018 budgeted figures is also distorting because 2017-2018 will be an unusual year for the District. On July 31, 2018, the initial 20-year term of the building lease to the County will come to an end. Accordingly, legal costs related to the lease negotiation have been budgeted at a higher level than would normally be required in the District's routine operations. The difference between the 2017-2018 budget for legal costs and the actual expenses incurred in 2016-2017 is demonstrated in the attached worksheet, where the 2017-2018 budget included \$60,000 for this purpose, but the actual legal expenditures in 2016-2017 were only \$26,690. This unusual event should not be given undue weight in assessing the administrative burden of the District's operations going forward.

Page 55 of the Draft MSR does incorporate some administrative cost calculations based on actual FY 2015-2016 figures, but in addition to using the reported figures from the audit to arrive at 36% of general fund revenues, the report gives an alternative calculation of 40% administrative costs if the "\$41,400 administrative staff costs allocated to Community Health Programs" are included as part of administrative rather than program cost. We disagree with including the staff costs allocated to Community Health Programs in administrative cost. As the Draft MSR notes on page 47, the community health programs help to meet the District's strategic goals. These programs, which are a critical component of the District's strategy at a time when the importance of preventive care cannot be over-emphasized, could not run on their own. In addition, the allocation of staff time required to perform program services is a well-established accounting practice in the not-for-profit sector.

Some of the administrative cost calculations used in the Draft MSR show the administrative cost as a percentage of general fund revenues and omit the lease income that is currently \$100,000 per year from the calculation, which results in a percentage that is higher than if the lease income were included. Since the District is currently devoting substantial administrative effort to relations with the County, renegotiating the lease, and evaluating the OSHPD debt, we feel that the omission of lease income from the administrative cost calculation incorrectly distorts the administrative percentage. Although District staff is currently spending more time on this than in the past, the District has been preparing for the lease negotiation and OSHPD balloon

payments for several years, and has also had the need to work with the County as a tenant from time to time on property concerns such as the building signage and parking lot renovations mentioned on page 50 of the Draft MSR. Without the lease and related debt payment, administrative effort devoted to these functions would not be required.

It is clear that the County's current rental rate, \$100,000 per year for use of a 130,900 square-foot former hospital facility, is well below fair market rent at only \$0.064 per square foot per month. Because this below-market rent was clearly intended as a subsidy to the County to provide healthcare services within the District and since the current lease requires use of the building for healthcare-related purposes, the District regards the building as an extension of its program services. Since the fair rental value of the building is likely closer to \$1,200,000 per year and the building is used by the County to provide health services to the District, the economic value of the District's lease revenue would actually be closer to \$1,200,000 per year. Recognizing this reality would reduce the District's administrative cost percentage to a maximum of 17.21% of total revenues based on 2016-2017 unaudited data. The attached worksheet demonstrates the calculation of this amount.

In view of the differences between budget and actual reporting that we have discussed as well as the justification for including the lease revenue in the total revenue base, we request that the references in the Draft MSR that calculate the District's administrative cost based on the FY 2017-2018 budget document on pages 52 and 55 be removed and replaced with a discussion about the 2016-2017 unaudited data provided.

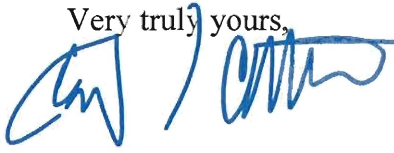
What concerns about excessive administrative cost are expressing at their core is the desire to improve efficiency by avoiding duplicative costs that do not contribute to District solutions. In addition to running a grant program that directly benefits District residents, District staff maintain a presence in this community, attend community events, and provide support and oversight to the District's non-profit service providers, and District Board members spend numerous hours within and outside of meetings focusing on the needs and concerns of the District. The District's four employees are currently devoted to District needs, but do not receive health benefits, pension benefits, or other post-employment benefits that are significant components of employee compensation in many other local government entities. Eliminating these "administrative" costs could cost the District in terms of reduced access to personnel and a lack of leadership on the health disparities that are specific to this community. Attempting to fully replace the District's current service level with personnel receiving full benefits from another public agency could result in an increase in cost.

My firm serves the District as a consultant, which involves applying accounting and expertise to specified tasks, but does not involve procedures like those performed during an independent audit. We have not performed an audit or review of the District or any of the numbers stated in this letter. Accordingly, this letter should not be taken as an independent opinion on the District's financial statements or any portion of them.

Thank you for your consideration of these comments.

Ms. Lou Ann Texeira
Contra Costa County Local Agency Formation Commission
December 29, 2017
Page 4 of 4

Very truly yours,

A handwritten signature in blue ink, appearing to read 'Craig D. Collins', written over the closing 'yours,'.

Craig D. Collins, CPA
Partner

Los Medanos Community Healthcare District Administrative Cost Analysis

UNAUDITED

2017-2018 Budget	2016-2017 Actual	2016-2017 with Imputed Lease
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ADMINISTRATIVE EXPENDITURES

ADMINISTRATIVE SERVICES

62750 · Microsoft Exchange Server	1,000.00	898.44	898.44
63605 · Website Designer	9,000.00	8,550.00	8,550.00
62700 · IT Support Services	4,000.00	2,025.00	2,025.00
62751 · Agenda Management System		1,661.29	1,661.29
60100 · Advertising and Promotion	2,500.00	2,022.37	2,022.37
61910 · Storage	2,400.00	0.00	0.00
61210 · Finance Charges	150.00	106.45	106.45
62600 · Professional Fees	6,000.00	13,798.73	13,798.73
62100 · Payroll Processing Fees	150.00	157.50	157.50
60300 · Bank Service Charges	150.00	0.00	0.00
60200 · Auditing Services	9,000.00	8,180.00	8,180.00
60000 · Accounting / Bookkeeping	24,000.00	21,990.00	21,990.00

Total ADMINISTRATIVE SERVICES	58,350.00	59,389.78	59,389.78
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60500 · BOARD ELECTION CHARGES		300.00	300.00
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60550 · BOARD STIPEND FEES	24,000.00	22,000.00	22,000.00
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COUNTY FEES/DISTRICT DUES

61600 · LAFCO District Fees	600.00	501.59	501.59
61000 · ACHD & CSDA Dues	15,000.00	13,208.00	13,208.00
60850 · County Admin Fees	8,000.00	6,703.00	6,703.00

Total COUNTY FEES/DISTRICT DUES	23,600.00	20,412.59	20,412.59
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INSURANCE

61500 · Insurance Expen (Gen Liability)	10,000.00	7,783.96	7,783.96
61400 · Insurance-D&O	26,500.00	22,583.22	22,583.22

Total INSURANCE	36,500.00	30,367.18	30,367.18
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61700 · LEGAL SERVICES	60,000.00	26,690.00	26,690.00
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OFFICE EXPENSES

62550 · Snacks	650.00	1,122.77	1,122.77
62500 · Printing	1,500.00	670.63	670.63
63201 · Travel-EE Mileage Reimbursement	1,400.00	859.85	859.85
60250 · Board Meeting Expenses	3,500.00	3,484.37	3,484.37
60870 · Discretionary Expn-CEO	2,500.00	561.91	561.91
62450 · Small Equipment	4,000.00	7,733.84	7,733.84
61100 · Equipment Rent (Copier)	1,400.00	1,412.71	1,412.71
62200 · Phone/Fax/Internet	5,000.00	4,818.21	4,818.21
62300 · Postage & Delivery	850.00	970.08	970.08
62400 · Post Office Box Rental	348.00	348.00	348.00
62000 · Office Supplies	13,000.00	12,285.14	12,285.14

Los Medanos Community Healthcare District Administrative Cost Analysis

	UNAUDITED		
	2017-2018 Budget	2016-2017 Actual	2016-2017 with Imputed Lease
Total OFFICE EXPENSES	34,148.00	34,267.51	34,267.51
SEMINARS/TRAVEL			
63000 · Conferences, Seminars, & Travel	15,000.00	15,934.63	15,934.63
Total SEMINARS/TRAVEL	15,000.00	15,934.63	15,934.63
WAGES & PAYROLL TAXES			
63800 · Workers Comp Insurance	4,000.00	1,386.00	1,386.00
63500 · Wages	134,000.00	171,333.43	171,333.43
62150 · Payroll Taxes	12,500.00	14,800.91	14,800.91
Total WAGES & PAYROLL TAXES	150,500.00	187,520.34	187,520.34
TOTAL ADMINISTRATIVE EXPENDITURES	402,098.00	396,882.03	396,882.03
General Fund Income			
Income			
40000 · GENERAL TAX REVENUES			
40500 · CCC Tax Revenue per QB Deposit	896,000.00	891,245.47	891,245.47
44150 · CC County RDA PTP	21,000.00	10,538.54	10,538.54
44200 · RPTTF Antioch Residual		917.26	917.26
44225 · RPTTF CC County Residual	22,000.00	21,573.10	21,573.10
44250 · Pittsburg RDA PTP	36,758.00	143,957.90	143,957.90
Total 40000 · GENERAL TAX REVENUES	975,758.00	1,068,232.27	1,068,232.27
41111 · INTEREST INCOME	5,000.00	6,811.45	6,811.45
GRANTS AND CONTRIBUTIONS			
41002 · AAHEC Grant Income	10,000.00	11,714.60	11,714.60
49100 · Returned Grant Funds		17,801.57	17,801.57
MISCELLANEOUS INCOME			
49001 · Miscellaneous		836.40	836.40
49000 · Income from Garden Plots	1,000.00	1,070.00	1,070.00
Total General Fund Income	991,758.00	1,106,466.29	1,106,466.29
Other Income			
43000 · Lease Income	100,000.00	100,000.00	100,000.00
43001 · Imputed Lease Income	0.00	0.00	1,100,000.00
TOTAL REVENUE	1,091,758.00	1,206,466.29	2,306,466.29
Max Admin Expenditures as a % of Total Revenue	36.83%	32.90%	17.21%

**RESOLUTION OF THE CONTRA COSTA
LOCAL AGENCY FORMATION COMMISSION**

**ADOPTING DETERMINATIONS FOR THE 2017-18 HEALTHCARE SERVICES
MUNICIPAL SERVICE REVIEW**

WHEREAS, Government Code (GC) §56430 requires LAFCO to conduct municipal service reviews (MSRs) in order to prepare and update spheres of influence (SOIs) pursuant to GC§56425; and

WHEREAS, the Commission previously authorized the *Healthcare Services MSR* to be prepared; and

WHEREAS, the MSR covers services provided by three districts - Concord/Pleasant Hill Healthcare District, Los Medanos Community Healthcare District, and West Contra Costa Healthcare District, along with information regarding Contra Costa County Health Services; and

WHEREAS, this is the 2nd round *healthcare services MSR* which focuses on: 1) updating information presented in the 2007 healthcare services MSR, 2) assessing the ability of healthcare service providers to maintain relevance and meet the changing healthcare landscape, and 3) identifying opportunities for coordination and collaboration among healthcare service providers in Contra Costa County; and

WHEREAS, on December 13, 2017, the Commission held a public hearing to receive an overview of the Public Review Draft MSR, receive public comments, and provide input; and

WHEREAS, on January 10, 2018, the Commission held a public hearing to receive the Final Draft MSR and recommended determinations and SOI updates; and

WHEREAS, the MSR report and determinations are Categorically Exempt from the California Environmental Quality Act (CEQA) pursuant to §15306 Class 6 of the CEQA Guidelines.

NOW, THEREFORE, BE IT RESOLVED that the Contra Costa Local Agency Formation Commission does hereby resolve, determine and order as follows:

The *Healthcare Services MSR* (2nd Round) determinations attached hereto as Exhibit A and incorporated herein by reference are hereby adopted.

* * * * *

PASSED AND ADOPTED THIS 10th day of January 2018, by the following vote:

- AYES:
- NOES:
- ABSTENTIONS:
- ABSENT:

CHAIR, CONTRA COSTA LAFCO

I hereby certify that this is a correct copy of a resolution passed and adopted by this Commission on the date stated above.

Dated: January 10, 2018

Lou Ann Teixeira, Executive Officer

EXHIBIT A
HEALTHCARE SERVICES
MUNICIPAL SERVICE REVIEW DETERMINATIONS

GROWTH AND POPULATION

- As population increases, healthcare needs are likely to grow along with pressure for increased access to healthcare and preventative programs. Healthcare districts can provide needed funding to help address these issues, including helping to reduce demands on emergency room care and costly treatment of chronic conditions.
- The Association of Bay Area Governments (ABAG) forecasts overall countywide growth of nearly one percent annually from 2015 to 2020. Over the longer-term horizon, ABAG estimates a total increase in County population of 23 percent from 2015 through 2040.
- Population growth within healthcare districts generally exceeds County averages. Concord/Pleasant Hill Healthcare District (CPHHCD) could see a 38 percent population increase by 2040 due to the City of Concord’s potential development. Los Medanos Community Healthcare District (LMCHD) could experience a similar increase of about 36 percent. West Contra Costa Healthcare District’s (WCCHD) increase of 28 percent also is greater than countywide averages.
- Demographic changes will also influence future health care needs. An aging population will create increasing demand for geriatric care. Political and economic uncertainties could compound current healthcare needs in low-income areas evident within all three healthcare districts.

THE LOCATION AND CHARACTERISTICS OF ANY DISADVANTAGED UNINCORPORATED COMMUNITIES WITHIN OR CONTIGUOUS TO THE SPHERE OF INFLUENCE

- Disadvantaged communities, areas with incomes less than 80 percent of State medians, exist within all three Contra Costa healthcare districts and generally correlate with medically underserved State designations. Analysis of health care needs highlights health care inequities in these communities, for example, as described in the 2015 Contra Costa Health Services “Richmond Health Equity Report Card” for areas within the WCCHD. Health needs assessments prepared by non-profit hospitals prioritize “Economic Security” as a primary health issue, in addition to “Obesity, Diabetes, Healthy Eating, and Active Living.”

PRESENT AND PLANNED CAPACITY OF PUBLIC FACILITIES, ADEQUACY OF PUBLIC SERVICES, AND INFRASTRUCTURE NEEDS OR DEFICIENCIES...

- The two currently active healthcare districts, LMCHD and CPHHCD, provide grants to community entities for healthcare purposes. In both cases, this funding represents a benefit to the community; however, the relative portion of funding that is expended for overhead and

administration by the LMCHD, at 36 to 42 percent of General Fund revenues in FY2015-16 (depending on whether grant administration and program development is included in the overhead component), indicates a less efficient use of available funds as compared to CPHHCD's 20 percent overhead rate. The LMCHD FY2017-18 budget shows 51 percent of General Fund revenues allocated towards overhead. This overhead ratio, which is slightly less if building lease revenues are included, could be lower in future years depending on changes to future lease revenues received for its former hospital building.

- Both LMCHD and CPHHCD have adopted goals for improving health in their communities, and require grant recipients to document how grant-funded programs will address health needs and the number of residents served. The LMCHD reporting of persons served does not appear to clearly distinguish total persons served by a program, vs. the portion or share reasonably attributable to LMCHD grant funding. Both districts prioritize funding of programs addressing issues of access to health services which would benefit underserved communities, generally consistent with MSR findings related to disadvantaged communities.

FINANCIAL ABILITY OF AGENCIES TO PROVIDE SERVICES

- WCCHD currently is in a Chapter 9 bankruptcy and hopes to have a Plan of Adjustment of the District's debt confirmed by the court in late 2017, with an effective date in early 2018. The District's services over the next seven years will focus almost entirely on overseeing the repayment of the bankruptcy obligations and planning for the future. Once its debts are largely paid off, its tax revenues will provide roughly \$3.6 million annually for healthcare purposes. On August 1, 2017, the County Board of Supervisors decided to seek legislation that would allow the District to continue to exist under a governing body appointed by the Board of Supervisors, which will save election costs and should facilitate administrative efficiencies. Governance and financial effectiveness will depend on actions to be taken in the future after debts are repaid.
- Both CPHHCD and LMCHD rely largely on relatively stable and growing property tax revenues to fund grants. In addition, CPHHCD has a significant role in distributing grant funding for health care purposes through a Community Benefit Agreement, which the John Muir Health System funds at \$1 million per year.
- The LMCHD continues to repay bankruptcy debts and will face a two-year increase in payments to the State to \$500,000 per year compared to current payments of \$100,000, according to its schedule of payments; from 2020 through 2026 the payments will be equal to annual rental income, if any. Unless LMCHD negotiates increased lease payments from the County to cover the increased State payments, the additional \$800,000 State repayment over the next two years will either reduce LMCHD funds available for healthcare, and/or reduce its reserves. Increased lease payments would shift County funds to the District to help cover the increased District payments, and will help fund the District's grants and programs. After State obligations are paid off by LMCHD in 2026, the County lease pass-through payments to the State, currently \$100,000 annually, will be available for healthcare purposes in addition to additional rent, if any, from the County at that point in time.

STATUS OF, AND OPPORTUNITIES FOR, SHARED FACILITIES

- In the context of healthcare districts, this report interprets this determination to apply to collaboration and sharing of information to improve efficient and effective services.
- Both CPHHCD and LMCHD collaborate to some extent with existing health providers, particularly those receiving grants and support from each district. Broader collaboration with the County, non-profit hospitals, and other healthcare districts is less evident for both districts, although the CPHHCD does invite County health professionals to address its Grant Committee. Neither CPHHCD nor LMCHD utilize health needs assessments or State data to target health needs, although CPHHCD does provide copies of assessments to its Grant Committee members. The use of County data by LMCHD appears limited to older County data from 2010. The districts rely on grant applicants to document community health needs, and to explain the nexus between grants and those needs.
- LMCHD participates in events of the Statewide Association of California Healthcare Districts (ACHD); CPHHCD does not participate in ACHD, although the District's comprehensive approach to reviewing grants applications, which is based on its CDBG process, could be shared with and benefit other healthcare districts, for example, through participation in the ACHD.

ACCOUNTABILITY FOR COMMUNITY SERVICE NEEDS, INCLUDING GOVERNMENTAL STRUCTURE AND OPERATIONAL EFFICIENCIES

Accountability

- Strategic planning by CPHHCD and LMCHD is minimal. CPHHCD's one-page strategic plan describes goals and objectives, and the District relies on grant recipients to document health care needs to be addressed. LMCHD has an extensive Strategic Plan, however, it has not been comprehensively updated since it was adopted in 2011.
- CPHHCD is a subsidiary district of the City of Concord. This structure provides that the City Council act as the District's board; policies and financial practices of the City apply to the subsidiary district, and the District benefits from the use of City resources, inclusion in existing financial reports and systems, use of existing City staff, representation/policy oversight by City councilmembers, and utilization of existing grant practices. This structure minimizes the District's overhead as a percent of resources. Although the CPHHCD is a subsidiary district to the City of Concord, which means that the Concord City Council serves as its governing body, the District serves other communities and is a legal entity separate from the City. Because many of the District's operations were subsumed within the City's structure, the District appears more as a City department rather than a special district. Distinctions between the City and the District should be more explicit through the separate presentation of information about the District, including information presented on the City's website, and financial information posted separately for the District on the website.
- LMCHD generally follows best practices for transparency with the significant exception of its website, which the District indicates it is updating. The website continues to contain

outdated and difficult-to-find information, including agenda, minutes, and policies. The District indicated that it is considering alternative website providers, which may result in an improved website.

Operational Efficiency

- LMCHD's overhead and administrative expenses are 36 to 42 percent of General Fund revenues (depending on whether grant administration and program development is included in the overhead component), indicating a less efficient use of available funds as compared to CPHHCD's 20 percent overhead.

Governance Structure

- On November 7, 2017, the Contra Costa County Board of Supervisors adopted a resolution of application requesting LAFCO to initiate proceedings for the dissolution of LMCHD and appoint the County as successor for purposes of winding up the affairs of the District. This would include the transfer of the District's assets to the County, including the former hospital building currently leased by the County for use as a clinic. Dissolution offers the opportunity to substantially eliminate potential election costs as well as other LMCHD administrative costs and apply more revenues to healthcare purposes, although those purposes have not yet been determined. The County would not be subject to potential rent increases for the clinic. The MSR report describes this dissolution option and other potential governance options including the status quo.
- Pending State legislation would allow the WCCHD to continue to exist under a governing body appointed by the Board of Supervisors, which will save election costs and may allow for coordination between the two agencies, as well as administrative efficiencies.
- The CPHHCD was reorganized in 2012 from the Mt. Diablo Healthcare District into a more efficient subsidiary district. The only potential governance option identified, other than the Status Quo, is dissolution. The current MSR finds no justification for dissolution at this time, and therefore it is not evaluated further.

**2017-18 Healthcare Services Municipal Service Review
Sphere of Influence (SOI) and Governance Options and Recommendations**

AGENCY	SOI OPTIONS	GOVERNANCE OPTIONS
Concord/Pleasant Hill HCD	<ul style="list-style-type: none"> • Retain existing coterminous SOI (recommended) • Minor SOI increases/decreases • Adopt zero SOI 	<ul style="list-style-type: none"> • Maintain status quo with progress report to LAFCO in December 2018 (recommended) • Minor boundary adjustments • Dissolution
Los Medanos Community HCD	<ul style="list-style-type: none"> • Retain existing coterminous SOI (recommended) • Adopt a zero SOI • Expand SOI • Reduce SOI • Provisional SOI 	<ul style="list-style-type: none"> • Maintain status quo with progress report to LAFCO in December 2018 (recommended) • Dissolution • Reorganize – create a new County Service Area (CSA) to continue service • Reorganize as a subsidiary district • Consolidate with another HCD • Consolidate with CSA EM-1 • Special legislation (appointed board)
West Contra Costa HCD (1)	<ul style="list-style-type: none"> • Retain existing coterminous SOI (recommended) • Adopt zero SOI • Expand SOI • Reduce SOI 	<ul style="list-style-type: none"> • Maintain status quo (recommended) • Consolidate with LMCHD • Reorganize as a subsidiary district • Consolidate with CSA EM-1 • Reorganize – create a new CSA to continue service • Dissolution • Special legislation (appointed board)

(1) WCCHD governance options identified in the 2016 LAFCO Special Study

RESOLUTION OF THE CONTRA COSTA LOCAL AGENCY FORMATION COMMISSION
APPROVING A SPHERE OF INFLUENCE UPDATE FOR
CONCORD/PLEASANT HILL HEALTH CARE DISTRICT

WHEREAS, Government Code §56425 requires the Local Agency Formation Commission (LAFCO) to develop and determine the sphere of influence (SOI) of each local governmental agency within the County; and

WHEREAS, Government Code §56425(f) requires that LAFCO review and update the SOI as necessary, not less than once every five years; and

WHEREAS, Government Code §56430 requires that a municipal service review be conducted prior to or in conjunction with an SOI update; and

WHEREAS, LAFCO conducted its 2nd round MSR covering healthcare service providers, including services provided by the Concord/Pleasant Hill Health Care District (CPHHCD) and adopted written determinations as required by Government Code §56430 on January 10, 2018; and

WHEREAS, the 2nd round healthcare services MSR focuses on: 1) updating information presented in the 2007 healthcare services MSR, 2) assessing the ability of healthcare service providers to maintain relevance and meet the changing healthcare landscape, and 3) identifying opportunities for coordination and collaboration among healthcare service providers in Contra Costa County; and

WHEREAS, the MSR report found that increasing health care costs, declining reimbursements and growing services demands have contributed to the closure of many hospitals, and that many healthcare districts no longer own/operate hospitals; and

WHEREAS, in updating SOIs for healthcare districts, LAFCO should consider the value of maximizing funding, such as healthcare district revenues, to meet increasing health care needs, including preventative care; and

WHEREAS, CPHHCD's service boundary encompasses approximately 37.02± square miles, including the cities of Concord and Pleasant Hill, and its SOI and boundary are coterminous; and

WHEREAS, no change in regulation, land use or development will occur as a result of updating the District's SOI; and

WHEREAS, the SOI update was duly considered at a public hearing held on January 10, 2018; and

WHEREAS, in the form and manner prescribed by law, the Executive Officer has given notice of a public hearing by this Commission regarding the SOI action; and

WHEREAS, Contra Costa LAFCO heard and received all oral and written protests, objections and evidence that were made, presented or filed, and all persons present were given an opportunity to appear and be heard with respect to any matter pertaining to said SOI update.

NOW, THEREFORE, BE IT RESOLVED, DETERMINED AND ORDERED that Contra Costa LAFCO does hereby:

1. Retain the existing coterminous SOI for CPHHCD as generally depicted on Exhibit A attached hereto.
2. Determine, as lead agency for the purposes of the California Environmental Quality Act (CEQA), that the SOI update is categorically exempt under §15061(b)(3) of the CEQA Guidelines, and direct staff to file a Notice of Exemption.
3. Determine that the Commission has considered the criteria set forth in Government Code §56425(e) as follows:
 - a. *The present and planned land uses in the area, including agricultural and open-space lands* – Land uses within the CPHHCD bounds encompass residential, commercial, industrial, institutional, agricultural and open space uses within the cities of Concord and Pleasant Hill and surrounding unincorporated areas. The District has no land use authority. City and County plans include land uses and population growth that may impact the District's services. There is Williamson Act land within the District's boundary and SOI. Healthcare services do not induce or encourage growth, and no changes to the present or planned land uses will result from this SOI update.
 - b. *The present and probable need for public facilities and services in the area* – CPHHCD provides funding to support healthcare services. The District's boundary contains urbanized areas that will continue to place a demand on healthcare services. While the District does not own or manage any facilities, it is authorized to provide a range of other healthcare services. District services are needed to meet increasing service demands. No changes in public facilities or services provided by the District will result from this SOI update.
 - c. *The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide* – the CPHHCD has the capacity to provide healthcare services through program funding. The District works in collaboration with other agencies, including John Muir Health, to provide services that address community healthcare needs. The SOI update will not affect the present capacity of public facilities and adequacy of public services provided CPHHCD. ***The MSR includes findings and recommendations relating to increasing transparency of the CPHHCD as an entity separate from the City of Concord, and improving coordination with and use of health conditions information. LAFCO requests an update from CPHHCD in December 2018 on these issues.***
 - d. *The existence of any social or economic communities of interest in the area if the commission determines that they are relevant to the agency* – the District was reorganized in 2012 as a subsidiary district to the City of Concord. The social and economic communities of interest include the cities of Concord and Pleasant Hill and surrounding unincorporated areas. The District is funded primarily through property taxes; property owners within the District have an economic interest in receiving services from this investment. The SOI update will not affect the existence of any social or economic communities of interest in the areas that are relevant to CPHHCD.
 - e. *Nature, location, extent, functions & classes of services to be provided* – CPHHCD service boundary encompasses approximately 37.02± square miles. The District provides

healthcare services to the cities of Concord and Pleasant Hill and surrounding unincorporated areas. The District does not own or operate any facilities. The District funds a range of healthcare services, including wellness, prevention and awareness to a range of residents including youth, seniors, and the LGBT community.

* * * * *

PASSED AND ADOPTED THIS 10TH day of January 2018, by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

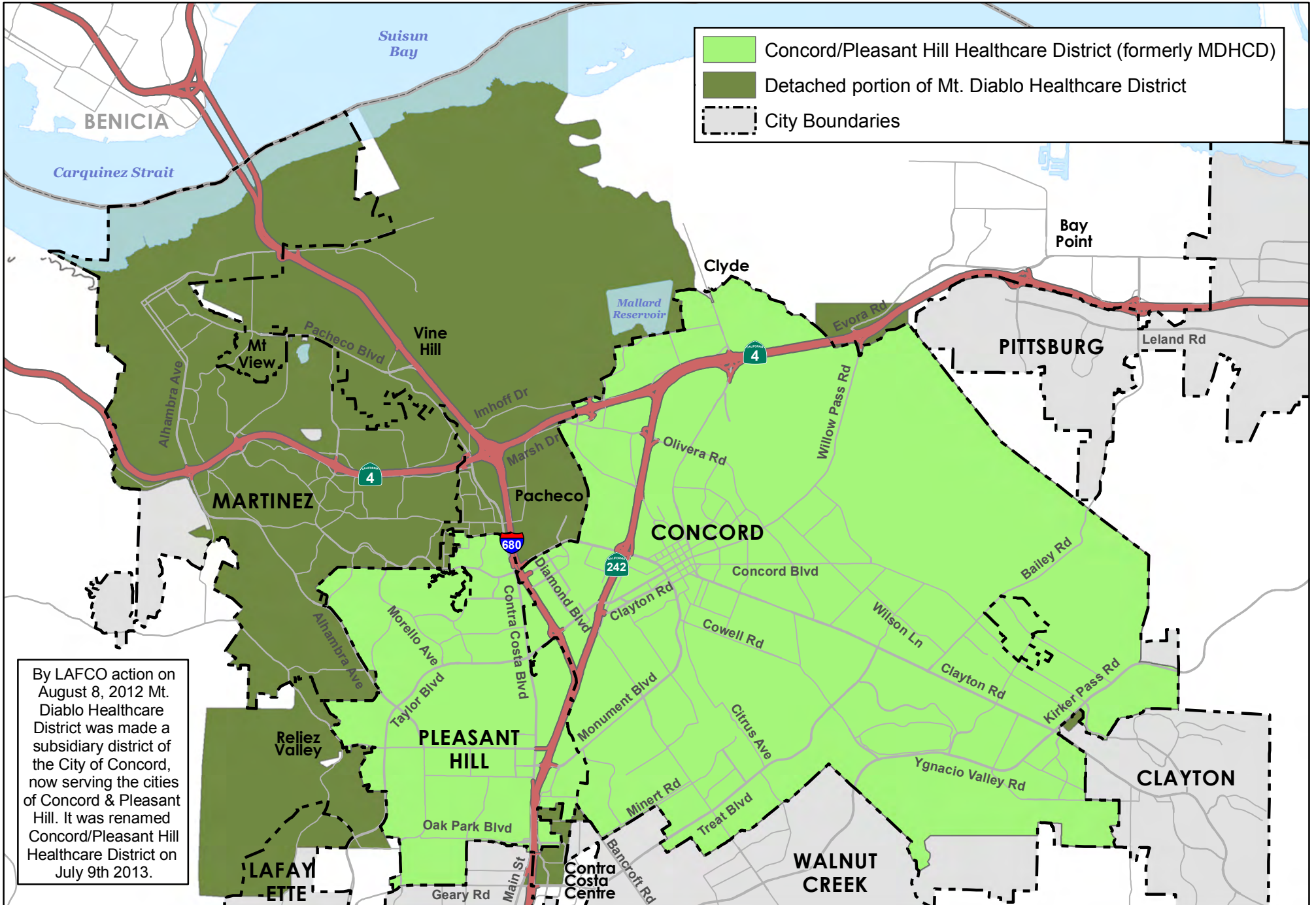
CHAIR, CONTRA COSTA LAFCO

I hereby certify that this is a correct copy of a resolution passed and adopted by this Commission on the date stated above.

Dated: January 10, 2018

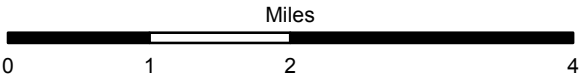
Lou Ann Texeira, Executive Officer

Concord/Pleasant Hill Healthcare District and former Mt Diablo Healthcare District



- Concord/Pleasant Hill Healthcare District (formerly MDHCD)
- Detached portion of Mt. Diablo Healthcare District
- City Boundaries

By LAFCO action on August 8, 2012 Mt. Diablo Healthcare District was made a subsidiary district of the City of Concord, now serving the cities of Concord & Pleasant Hill. It was renamed Concord/Pleasant Hill Healthcare District on July 9th 2013.



RESOLUTION OF THE CONTRA COSTA LOCAL AGENCY FORMATION COMMISSION
APPROVING A SPHERE OF INFLUENCE UPDATE FOR
LOS MEDANOS COMMUNITY HEALTHCARE DISTRICT

WHEREAS, Government Code §56425 requires the Local Agency Formation Commission (LAFCO) to develop and determine the sphere of influence (SOI) of each local governmental agency within the County; and

WHEREAS, Government Code §56425(f) requires that LAFCO review and update the SOI as necessary, not less than once every five years; and

WHEREAS, Government Code §56430 requires that a municipal service review be conducted prior to or in conjunction with an SOI update; and

WHEREAS, LAFCO conducted its 2nd round MSR covering healthcare service providers, including services provided by the Los Medanos Community Healthcare District (LMCHD) and adopted written determinations as required by Government Code §56430 on January 10, 2018; and

WHEREAS, the 2nd round healthcare services MSR focuses on: 1) updating information presented in the 2007 healthcare services MSR, 2) assessing the ability of healthcare service providers to maintain relevance and meet the changing healthcare landscape, and 3) identifying opportunities for coordination and collaboration among healthcare service providers in Contra Costa County; and

WHEREAS, the MSR report found that increasing health care costs, declining reimbursements and growing services demands have contributed to the closure of many hospitals, and that many healthcare districts no longer own/operate hospitals; and

WHEREAS, in updating SOIs for healthcare districts, LAFCO should consider the value of maximizing funding, such as healthcare district revenues, to meet increasing health care needs, including preventative care; and

WHEREAS, the LMCHD service boundary encompasses approximately 79.27± square miles, including the City of Pittsburg, the unincorporated community of Bay Point, small portions of the cities of Antioch, Clayton and Concord, and other unincorporated areas, and its SOI and boundary are coterminous; and

WHEREAS, no change in regulation, land use or development will occur as a result of updating the District's SOI; and

WHEREAS, the SOI update was duly considered at a public hearing held on January 10, 2018; and

WHEREAS, in the form and manner prescribed by law, the Executive Officer has given notice of a public hearing by this Commission regarding the SOI action; and

WHEREAS, Contra Costa LAFCO heard and received all oral and written protests, objections and evidence that were made, presented or filed, and all persons present were given an opportunity to appear and be heard with respect to any matter pertaining to said SOI update.

NOW, THEREFORE, BE IT RESOLVED, DETERMINED AND ORDERED that Contra Costa LAFCO does hereby:

1. Retain the existing coterminous SOI for LMCHD as generally depicted on Exhibit A attached hereto.
2. Determine, as lead agency for the purposes of the California Environmental Quality Act (CEQA), that the SOI update is categorically exempt under §15061(b)(3) of the CEQA Guidelines, and direct staff to file a Notice of Exemption.
3. Determine that the Commission has considered the criteria set forth in Government Code §56425(e) as follows:
 - a. *The present and planned land uses in the area, including agricultural and open-space lands* – Land uses within the LMCHD boundary encompass residential, commercial, industrial, institutional, agricultural and open space uses within the incorporated and unincorporated areas. The District has no land use authority; City and County and plans include land uses and population growth that may impact the District’s services. There is Williamson Act land within the District’s boundary and SOI. Healthcare services do not induce or encourage growth, and no changes to the present or planned land uses will result from this SOI update.
 - b. *The present and probable need for public facilities and services in the area* – LMCHD provides funding to support healthcare services. The District’s boundary contains urbanized areas that will continue to place a demand on healthcare services. While the District does not operate any facilities, it provides services through the lease of its medical facility and through program funding for healthcare services. District services are needed to meet increasing service demands. No changes in public facilities or services provided by the District will result from this SOI update.
 - c. *The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide* – The LMCHD has the capacity to provide healthcare services through program funding. The District works in collaboration with other agencies, including Contra Costa County, to provide services that address community healthcare needs. The SOI update will not affect the present capacity of public facilities and adequacy of public services provided by the District. ***The MSR includes findings and recommendations relating to the District’s high administrative overhead costs and operational efficiency, updating online information including fiscal and strategic planning documents, and improving coordination with and use of health conditions information. LAFCO requests an update from LMCHD in December 2018 on these issues.***
 - d. *The existence of any social or economic communities of interest in the area if the commission determines that they are relevant to the agency* – The social and economic communities of interest include the City of Pittsburg, the unincorporated community of Bay Point, small portions of the cities of Antioch, Clayton and Concord, and other unincorporated areas. The District is funded primarily through property taxes; property owners within the District have an economic interest in receiving services from this

investment. The SOI update will not affect the existence of any social or economic communities of interest in the areas that are relevant to LMCHD.

- e. *Nature, location, extent, functions & classes of services to be provided* – LMCHD service boundary encompasses approximately 79.27± square miles. The District provides healthcare services to the City of Pittsburg, the unincorporated community of Bay Point, small portions of the cities of Antioch, Clayton and Concord, and other unincorporated areas. The District owns the Pittsburg Health Center, which it leases to the County. The District funds a range of healthcare services, including wellness, prevention and awareness to a range of residents including youth and seniors.

* * * * *

PASSED AND ADOPTED THIS 10TH day of January 2018, by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

CHAIR, CONTRA COSTA LAFCO

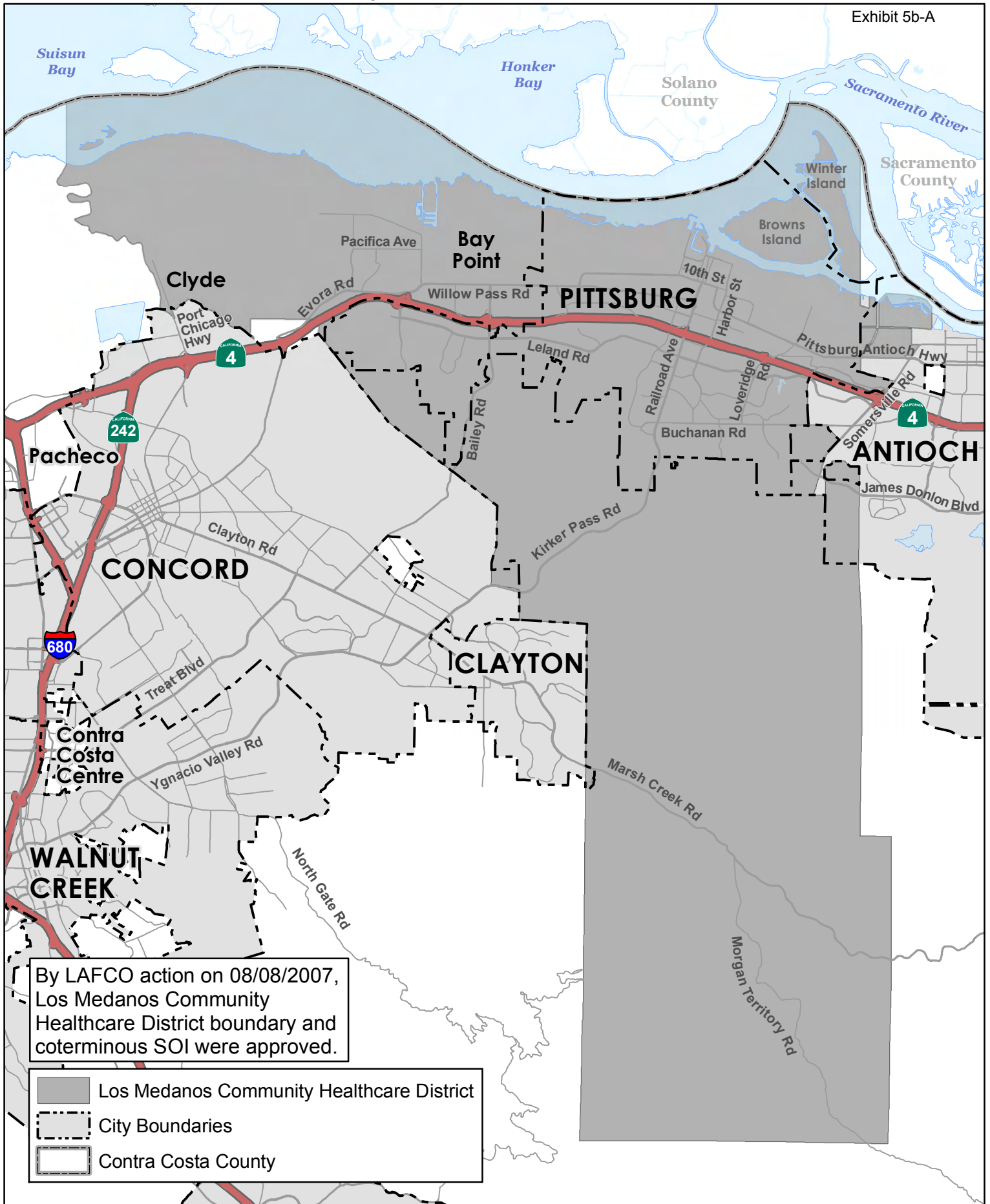
I hereby certify that this is a correct copy of a resolution passed and adopted by this Commission on the date stated above.

Dated: January 10, 2018

Lou Ann Texeira, Executive Officer

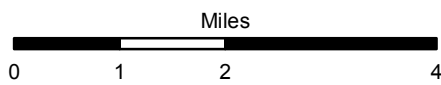
Los Medanos Community Healthcare District and Coterminous SOI

Exhibit 5b-A



By LAFCO action on 08/08/2007, Los Medanos Community Healthcare District boundary and coterminous SOI were approved.

- Los Medanos Community Healthcare District
- City Boundaries
- Contra Costa County



RESOLUTION OF THE CONTRA COSTA LOCAL AGENCY FORMATION COMMISSION
APPROVING A SPHERE OF INFLUENCE UPDATE FOR
WEST CONTRA COSTA HEALTHCARE DISTRICT

WHEREAS, Government Code §56425 requires the Local Agency Formation Commission (LAFCO) to develop and determine the sphere of influence (SOI) of each local governmental agency within the County; and

WHEREAS, Government Code §56425(f) requires that LAFCO review and update the SOI as necessary, not less than once every five years; and

WHEREAS, Government Code §56430 requires that a municipal service review be conducted prior to or in conjunction with an SOI update; and

WHEREAS, LAFCO conducted its 2nd round MSR covering healthcare service providers, including services provided by the West Contra Costa Healthcare District (WCCHD) and adopted written determinations as required by Government Code §56430 on January 10, 2018; and

WHEREAS, the 2nd round healthcare services MSR focuses on: 1) updating information presented in the 2007 healthcare services MSR, 2) assessing the ability of healthcare service providers to maintain relevance and meet the changing healthcare landscape, and 3) identifying opportunities for coordination and collaboration among healthcare service providers in Contra Costa County; and

WHEREAS, the MSR report found that increasing health care costs, declining reimbursements and growing services demands have contributed to the closure of many hospitals, and that many healthcare districts no longer own/operate hospitals; and

WHEREAS, in updating SOIs for healthcare districts, LAFCO should consider the value of maximizing funding, such as healthcare district revenues, to meet increasing health care needs, including preventative care; and

WHEREAS, the WCCHD service boundary encompasses approximately 68.10± square miles, and includes the cities of El Cerrito, Hercules, Pinole, Richard and San Pablo and unincorporated communities throughout West Contra Costa County, and its SOI and boundary are coterminous; and

WHEREAS, no change in regulation, land use or development will occur as a result of updating the District's SOI; and

WHEREAS, the SOI update was duly considered at a public hearings held on January 10, 2018; and

WHEREAS, in the form and manner prescribed by law, the Executive Officer has given notice of a public hearing by this Commission regarding the SOI action; and

WHEREAS, Contra Costa LAFCO heard and received all oral and written protests, objections and evidence that were made, presented or filed, and all persons present were given an opportunity to appear and be heard with respect to any matter pertaining to said SOI update.

NOW, THEREFORE, BE IT RESOLVED, DETERMINED AND ORDERED that Contra Costa LAFCO does hereby:

1. Retain the existing coterminous SOI for WCCHD as generally depicted on Exhibit A attached hereto.
2. Determine, as lead agency for the purposes of the California Environmental Quality Act (CEQA), that the SOI update is categorically exempt under §15061(b)(3) of the CEQA Guidelines, and direct staff to file a Notice of Exemption.
3. Determine that the Commission has considered the criteria set forth in Government Code §56425(e) as follows:
 - a. *The present and planned land uses in the area, including agricultural and open-space lands* – Land uses within the WCCHD boundary encompass residential, commercial, industrial, institutional, agricultural and open space uses within the incorporated and unincorporated areas. The District has no land use authority; city and County plans include land uses and population growth that may impact the District’s services. There is Williamson Act land within the District’s boundary and SOI. Healthcare services do not induce or encourage growth, and no changes to the present or planned land uses will result from this SOI update.
 - b. *The present and probable need for public facilities and services in the area* – WCCHD encompasses the only area designated as *Medically Underserved* within the County and the only area designated as a *Dental Health Professional Shortage Area*. Areas within the District are also designated as *Mental Health Professional Shortage Areas* and *Primary Care Shortage Areas*. West County has the fewest emergency medical treatment stations per capita compared to other regions within the County. The number of ER stations in West County has increased to 28, but still provides less than half the County average relative to its population. District services are needed to meet significant service demands. No changes in public facilities or services provided by the District will result from this SOI update.
 - c. *The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide* – Increasing costs, declining reimbursements, and growing service demands from low-income populations, the insured and underinsured forced WCCHD into bankruptcy and closure of its hospital. The District is currently in Chapter 9 bankruptcy and has an approved Plan of Adjustment to address the District’s debt. Under the Plan, the primary obligation of the District is to repay debt. After debt is repaid, the District’s ad valorem property tax should be available for health care. The SOI update will not affect the present capacity of public facilities and adequacy of public services provided by the District.
 - d. *The existence of any social or economic communities of interest in the area if the commission determines that they are relevant to the agency* - The social and economic communities of interest include the cities of El Cerrito, Hercules, Pinole, Richard and San Pablo and unincorporated communities throughout West Contra Costa County. The District is funded primarily through property and special taxes; property owners within the District have an economic interest in receiving services from this investment. After repayment of the District’s debt, tax dollars will be available to fund needed health care services in West Contra Costa County. The SOI update will not affect the existence of any social or economic communities of interest in the areas that are relevant to WCCHD.

4. *Nature, location, extent, functions & classes of services to be provided* – WCCHD’s service boundary encompasses approximately 68.10± square miles. The District is authorized to provide healthcare services to West Contra Costa County including the cities of El Cerrito, Hercules, Pinole, Richmond and San Pablo and unincorporated communities throughout West Contra Costa County. The District is currently not funding health care services due to bankruptcy.

PASSED AND ADOPTED THIS 10TH day of January 2018, by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

CHAIR, CONTRA COSTA LAFCO

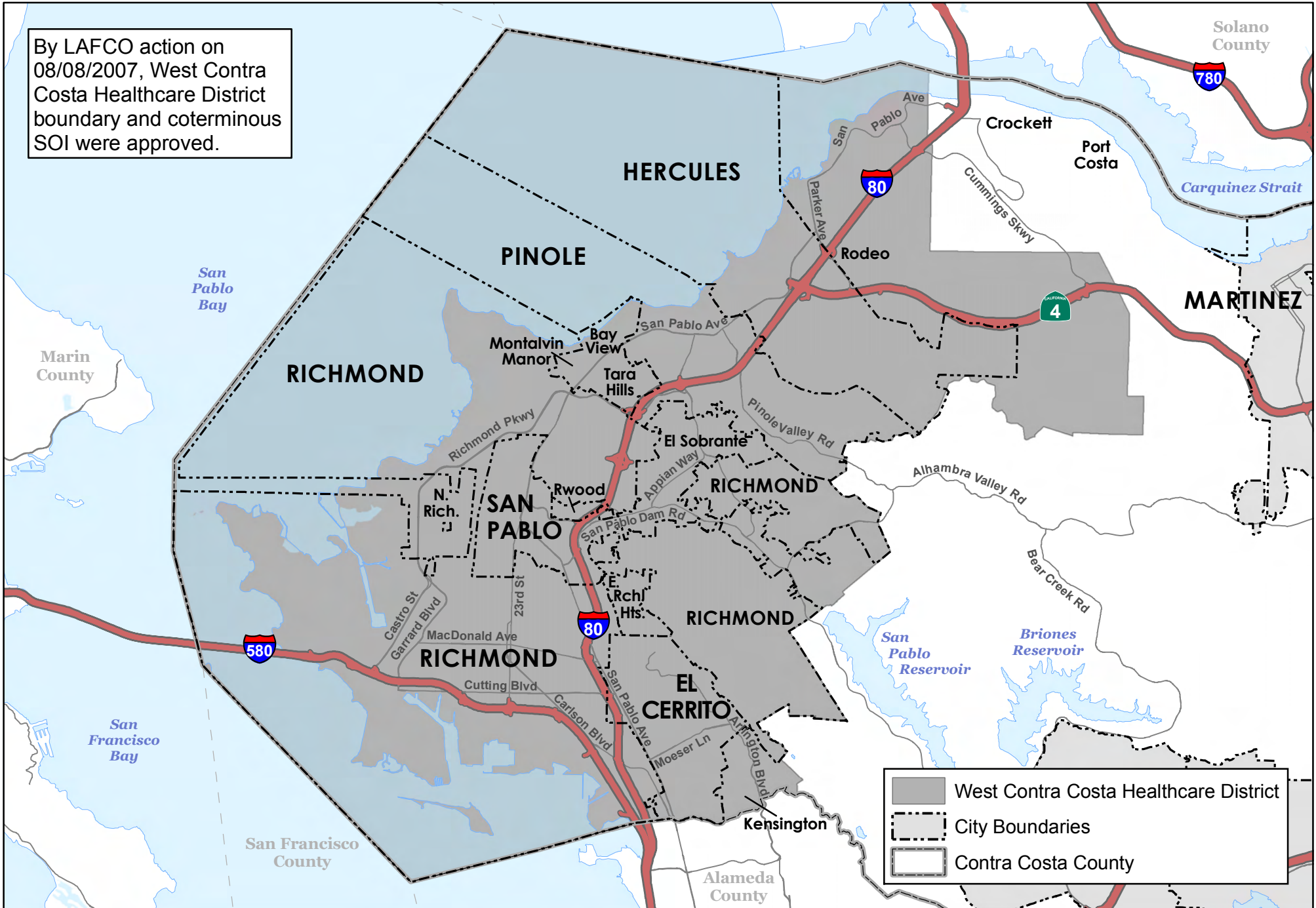
I hereby certify that this is a correct copy of a resolution passed and adopted by this Commission on the date stated above.

Dated: January 10, 2018

Lou Ann Texeira, Executive Officer

West Contra Costa Healthcare District and Coterminous SOI

By LAFCO action on 08/08/2007, West Contra Costa Healthcare District boundary and coterminous SOI were approved.



	West Contra Costa Healthcare District
	City Boundaries
	Contra Costa County

