



## BOARD OF DIRECTORS

*Luis Avila, President  
Becky Campo, Vice-President  
Timothy Benefield, Secretary  
Anne Stokman, RN, Treasurer  
(Vacant), Director*

PO Box 187, Patterson, CA 95363  
Phone (209) 892-8781 Fax (209) 892-3755

### **SPECIAL BOARD OF DIRECTORS MEETING**

**Monday, July 17, 2023 @ 6:30 pm**

Del Puerto Health Center, 1700 Keystone Pacific Parkway, Ste B, North Conference Room

Broadcast via:

<https://us02web.zoom.us/j/82181790774?pwd=OUVUQzVEdjY0UDNvRnZqM00vYndCQT09>

**PUBLIC COMMENT PERIOD:** Matters under the jurisdiction of the Board and not on the posted agenda may be addressed by the general public at the beginning of the regular agenda. If you wish to speak on an item on the agenda, you are welcome to do so during consideration of the agenda item itself. If you wish to speak on a matter that does not appear on the agenda, you may do so during the Public Comment period; however, California law prohibits the Board from acting on any matter which is not on the posted agenda unless it is determined to be an emergency by the Board of Directors. Persons speaking during the Public Comment will be limited to five minutes. Depending on the number of persons wishing to speak, speaking time may be reduced to allow all public members to address the Board. Public comments must be addressed to the board through the President. Comments to individuals or staff are not permitted.

**CONSENT CALENDAR:** These matters include routine financial and administrative actions and are identified with an asterisk (\*). All items on the consent calendar will be voted on as a single action at the beginning of the meeting under the section titled "Consent Calendar" without discussion. If you wish to discuss an item on the Consent Calendar, please notify the Clerk of the Board prior to the beginning of the meeting or you may speak about the item during Public Comment Period.

**REGULAR CALENDAR:** These items will be individually discussed and include all items not on the consent calendar, all public hearings, and correspondence.

**CLOSED SESSION:** Is the portion of the meeting conducted in private without the attendance of the public or press to discuss certain confidential matters specifically permitted by the Brown Act. The public will be provided an opportunity to comment on any matter to be considered in closed session prior to the Board adjourning into closed session.

**ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA:** Please raise your hand or step to the podium at the time the Board President announces the item. In order that interested parties have an opportunity to speak, any person addressing the Board will be limited to a maximum of 5 minutes unless the President of the Board grants a longer period.

**BOARD AGENDAS AND MINUTES:** Board agendas and minutes are typically posted on the Internet on Friday afternoons preceding a Monday meeting at the following website: <https://dphealth.specialdistrict.org/board-meetings>.

Materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet are available for public inspection in the District office at 875 E Street, Patterson, CA during normal business hours. Such documents are also available online, subject to staff's ability to post the documents before the meeting, at the following website <https://dphealth.specialdistrict.org/board-meetings>.

**NOTICE REGARDING NON-ENGLISH SPEAKERS:** Board of Director meetings are conducted in English and translation to other languages is not provided. Please arrange for an interpreter, if necessary.

**REASONABLE ACCOMMODATIONS:** In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (209) 892-8781. Notification 72 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

Cell phones must be silenced or set in a mode to not disturb District business during the meeting.

**DEL PUERTO HEALTH CARE DISTRICT**

**Special Board of Directors Meeting**

Monday, July 17, 2023 @ 6:30 pm

1. **Call to Order**
2. **Pledge of Allegiance**
3. **Board of Directors Roll Call**
4. **Reading the Vision, Mission, and Value Statements**  
*Vision: "A locally cultivated, healthier community."  
Mission: "To provide, promote, and partner in quality healthcare for all."  
Values: "Compassion – Commitment – Excellence"*
5. **Public Comment Period** *[Members of the public may address the Board on any issues on the Consent Calendar and items not listed on the agenda that are within the purview of the District. Comments on the agenda are made when the Board considers each item. Each speaker is allowed a maximum of five minutes. Board members may not comment or act on items not on the agenda.]*
6. **Declarations of Conflict** *[Board members disclose any conflicts of interest with agenda items]*
7. **Approval of Agenda** **Action**  
*[\*Directors may request moving any consent calendar item to the regular calendar or change the order of the agenda items.]*
8. **Regular Calendar**
  - A. Review of Health Center Master Plan **Information**
  - B. Review of DPAC Building Project History (2017 to present) **Information**
  - C. Approval to Contract with Building Project Consultant, Bob Walker **Action**
9. **Closed Session** *[Board of Directors may recess to closed session to discuss certain matters as legally permitted. Any action taken shall be reported in open session.]*
  - A. Gov't Code section 54956.8  
Conference with Real Property Negotiator  
Property: APN ~~0131-024-007~~ [131-024-009-000](#)
10. **Reconvene to Open Session – Report of Closed Session**
11. **Upcoming Regular Board and Standing Committee Meeting Dates Information**

Finance – Wed, July 26, 2023 @ 8:00 AM	Board – Mon, July 31, 2023 @ 6:00 PM
Finance – Wed, Aug 23, 2023 @ 8:00 AM	Board – Mon, Aug 28, 2023 @ 6:00 PM
Finance – Wed, Sep 20, 2023 @ 8:00 AM	Board - Mon, Sep 26, 2023 @ 6:00 PM
Finance – Wed, Oct 25, 2023 @ 8:00 AM	Board – Mon, Oct 30, 2023 @ 6:00 PM
12. **Adjourn**

# Del Puerto Health Care District

## HEALTH CENTER MASTER FACILITIES PLAN

### Hospital – 821 E Street

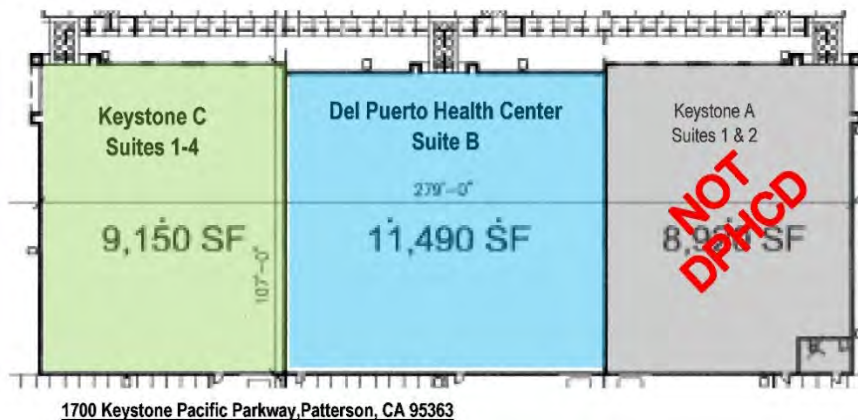
- 1947 Hospital land purchased 5.89 acres (256,772 sf)
- 1990 Voters pass Measure E, which rezones the land into a Planned Development: Medical Professional Office (see 2018-01-23 for legal opinion on land use).
- 1993 .86 acre (37,539 sf) of hospital land sold to Gould Medical Group (now Sutter Gould Medical Foundation) for an 8,000 sf primary care facility. Deed has “reversionary interest to the District permitting it to re-purchase the real property in the future would it be in the best interest of the District” for fair market value plus the value of any improvements.
- 1995 *Patterson Hospital District* is renamed *Del Puerto Health Care District* after a state law change.
- 1998 Del Puerto Hospital closes; plans made to open a Rural Health Clinic after hospital operating debt is paid off.
- 2000 Hospital building and land sold; a 25’ easement is recorded to allow DO/AMB building access.

### Rural Health Clinic

- 2003 Del Puerto Health Center (DPHC) clinic opens on Circle Plaza in downtown Patterson
- 2005 DPHC moved to a 5,000+ sf leased facility at the corner of Ward and 33

### 1700 Keystone Pacific Parkway, Suite B “Health Center”

- 2008 District entered an agreement to purchase a shell building at 1700 Keystone Pacific Pkwy, Suite B, for \$2,657,340 plus the build-out expenses estimated at \$1,116,500 and FF&E for \$367,405 for a total expenditure of \$4,141,245.
- 2009 District campaigns for zoning approval at 1700 Keystone Pacific Pkwy to allow for medical services to be provided.
- 2010 Funding provided by USDA 40-year loan with \$10k monthly payment.
- 2011 Interior of Keystone B is designed to connect to Keystone C; the board plans to purchase Keystone C for future health center expansion.



Suites A1-A2	<b>NOT</b> owned by Del Puerto Health Care District
Suite B	Del Puerto Health Center
Suites C1-C4	Future Expansion of Health Center / Currently Leased

# Del Puerto Health Care District

## HEALTH CENTER MASTER FACILITIES PLAN

2012 DPHC moves into 11,490 sf clinic at Keystone B.

- 3 Wings, including
  - 19 Exam Rooms
  - 3 MA workstations
  - 4 Back-office desks
- 1 Procedure Rm (Rm 20-21)
- 6 Provider offices
- 2 Entrances/Waiting rooms 1 X-ray suite / Ancillary waiting room
- 1 Phone room (former Records room)
- 1 Staff break room
- 6 Restrooms
- 1 Conference room seats 18
- 1 Lab
- Storage Room

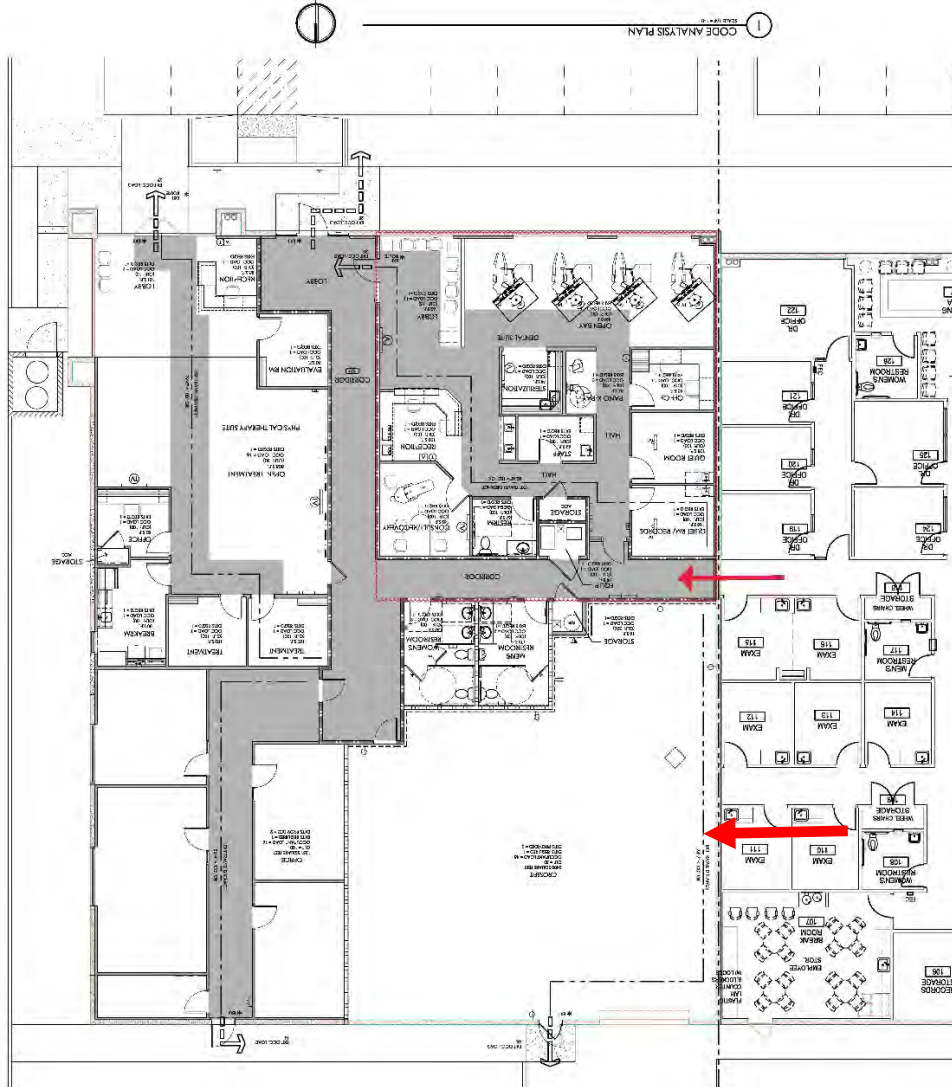


# Del Puerto Health Care District

## HEALTH CENTER MASTER FACILITIES PLAN

### 1700 Keystone Pacific Pkwy, Suite C “Keystone C”

- 2016-03 District purchases Keystone C for \$1,950,000
- 2016-07 Hospital burns down.
- 2022-11 District pays off the loan on Keystone C.
- 2022-09 Keystone C Leases renewed:



Suite & Configuration	Tenant	Current Lease End	Annual Revenue
C1 – Physical Therapy	Golden Bear	September 2027	\$61,932
C2 – Orthodontist	[Vacant]	n/a	-0-
C3 – Office	Keystone Corporation	December 2023	48,516
C4 – Physical Therapy	Golden Bear September	September 2027	31,464
<b>Total Revenue</b>			<b>\$141,912</b>
FYE net income			75,000
FYE depreciation (saved in asset replacement fund)			44,000
<b>Net Revenue</b>			<b>\$119,000</b>
Total Invest			\$2,000,000
<b>Annual ROI</b>			<b>5.95%</b>



## Del Puerto Health Care District

### DEL PUERTO AMBULANCE AND ADMINISTRATION CENTER (DPAC)

#### HISTORY & SUPPORTING DOCUMENTS

##### **Del Puerto Hospital (including Ambulance and District Office) at 821 E Street**

1947	Hospital land purchased 5.89 acres (256,772 sf)
1959-1976	Patterson Hospital District subsidizes various owners of ambulance services dedicated to the Del Puerto Hospital.
1976	District buys <i>Patterson Ambulance Company</i> . The ambulance operates from a garage attached to or near the hospital building. Averaging 40 trips per month.
1977	West Side Hospital requests Del Puerto Hospital provide ambulance service in the Gustine-Newman area. No agreement was reached.
1980	Name changed to <i>Patterson Ambulance Service</i> in minutes.
1981	Del Puerto Hospital begins to provide ambulance services in the Gustine-Newman area to transport to West Side Hospital under a joint-power agreement.
1984	West Side Hospital District announces change to the name listed on the Gustine-Newman ambulance to assist with passage of WS ambulance subsidy measure.
1984	Name was changed to <i>Patterson District Ambulance</i> to reflect the regional service area.
1986	Voters pass ambulance special assessment
1990	Voters pass Measure E, which rezones the land into a Planned Development: Medical Professional Office (see 2018-01-23 for legal opinion on land use).
1993	.86 acre (37,539 sf) sold to Gould Medical Group (now Sutter Gould Medical Foundation) for an 8,000 primary care facility; has “reversionary interest to the District permitting it to re-purchase the real property in the future would it be in the best interest of the District” for fair market value plus the value of any improvements.
1994	District Board recognized the need to expand the ambulance crew quarters and decided to remodel existing quarters in the hospital.
1995	<i>Patterson Hospital District</i> is renamed <i>Del Puerto Health Care District</i> after a state law change.
1998	Del Puerto Hospital closes; ambulance continues to operate out of a portion of the hospital building corner lot parceled off from the main site in anticipation of the sale of the hospital building.
2000	Hospital building and land sold; a 25’ easement is recorded to allow DO/AMB building access.

##### **District Office and Ambulance Operations Building at 875 E Street**

2003	Construction finished on 4,661 square foot facility including: <table border="0" style="margin-left: 20px;"> <tr> <td>• ambulance apparatus bays, storage</td> <td style="text-align: right;">1,675</td> <td style="text-align: right;">36%</td> </tr> <tr> <td>• 4 crew bedrooms, kitchen, 1 EMS office,</td> <td style="text-align: right;">1,563</td> <td style="text-align: right;">34%</td> </tr> <tr> <td>• 1 admin office, front desk, file storage</td> <td style="text-align: right;">1,023</td> <td style="text-align: right;">22%</td> </tr> <tr> <td>• class &amp; board meeting room</td> <td style="text-align: right;">400</td> <td style="text-align: right;">9%</td> </tr> </table>	• ambulance apparatus bays, storage	1,675	36%	• 4 crew bedrooms, kitchen, 1 EMS office,	1,563	34%	• 1 admin office, front desk, file storage	1,023	22%	• class & board meeting room	400	9%
• ambulance apparatus bays, storage	1,675	36%											
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• 1 admin office, front desk, file storage	1,023	22%											
• class & board meeting room	400	9%											
Pre-2006	PDA staff second car for 12 hours day shifts.												
2015	PDA starts staffing a second full-time (24/7/365) ambulance.												
2016	Hospital burns down; the District lets owner, Mr. Garcia, know we need additional land for ambulance and district office expansion.												
2017-06-17	Mr. Garcia submitted plans to the City of Patterson to develop the entire property and proposed offering ten parking spaces available for district needs. Email indicates Garcia is looking for \$650,000 per acre (\$14.92 / SF) to purchase undeveloped land.												
2017-06-26	Board instructs staff to determine requirements for the long-term ambulance and district office space needs and authorize \$10,000 for initial consultations.												

## Del Puerto Health Care District

### DEL PUERTO AMBULANCE AND ADMINISTRATION CENTER (DPAC)

#### HISTORY & SUPPORTING DOCUMENTS

- 2017-07-12 **PDA Program Requirements.** Baseline AMB and DO space program requirements established. Property appraisal was obtained and the value of the property was established at \$8.50 / SF.
- 2017-08 Board instructs staff to proceed with the program, find out the impact of zoning restrictions, conduct space planning, and obtain price and purchase terms for land and facility.
- 2017-09 First Building Estimate Provided = \$7 million
- 2018-01-23 **Legal Memo from City of Patterson:** Legal counsel clarifies Measure E and Medical Office Building Zoning. City of Patterson Building Code 18-42 Commercial and Medical-Professional Office Districts restricts hospital land (as purchased in 1947) use for business support services, hospitals, bank and financial services, dental offices, and professional offices. Several other uses are permitted upon obtaining a conditional use permit, including retail stores, restaurants, and hotels. Any attempt to rezone the property in a manner that would prohibit the development of the property consistent with PD 89-01, such as a return to residential zoning, would first require approval by voter initiative. The city does not see a conflict with the ambulance continuing to operate on location as it has since before the voter 1990 referendum.
- 2018-02-26 **Board Reviews Facilities Planning Report**
- 2018-03-16 Offer extended to Garcia to purchase 33,275 at an appraised value of \$8.50/SF.
- 2018-03-26 Garcia returns with a counteroffer to sell a 48,727 parcel at \$14.25/SF.
- 2018-04-18 Garcia refuses to consider our offer and parcel request insisting on his parcel layout and purchase price.
- 2018-04-27 **Memo to Board** regarding need for property and directions received to date from Board.
- 2018-04-30 Board reviews Facility Plan and adopts **Resolution of Necessity** with **Proposed Lot Map** to begin eminent domain process and complaint filed.
- 2018-06 Garcia receives notice of the complaint and his rights as the landowner, which includes an appraisal of his choice, which will be paid for by the District.
- 2018-12 Garcia finally completes his appraisal, which comes in at \$12.50 / SF, with properties that are not similar to the nature of the hospital grounds.
- 2019-02 Pre-trial settlement conference set for Feb 4, 2019, and a trial date for October 19, 2019. Mr. Garcia's legal counsel was not responsive to the settlement offer request.
- 2019-08 Attempt approach to pay Garcia's asking price on ½ of the property and his donating the second half which provides a tax write-off. Negotiations begin
- 2019-10-15 Negotiations conclude with an agreed price of \$10.37 per SF to Garcia.
- 2019-12 Environmental studies were completed with negative results for asbestos and other hazardous substances in the parcel.
- 2020-03 COVID closes courts, and the entry of stipulation and court order of condemnation is delayed until November 2020.
- 2020-11-19 Grant Deed given to District for the parcel.
- 2021-01-25 The Board approves an updated *Statement of Investment Policy*. This policy specifies the District's conditions, transparency, and accountability requirements to access bonds or other funding for a building project. **Facilities Planning Update including Next Steps** (e.g., land survey, contract with municipal advisors for bond issuance, and professional design services) presented to Board, including discussion of the opportunity to use the Design-Build approach and need for legal clarification about the applicability to our project.
- 2021-03-29 Educational presentation on the **Construction Process, Design-Bid-Build, and Design-Build** by Joe Simile of Simile Construction in Modesto.



## Del Puerto Health Care District

### DEL PUERTO AMBULANCE AND ADMINISTRATION CENTER (DPAC)

#### HISTORY & SUPPORTING DOCUMENTS

- \*Staff requests to engage specialized counsel for a legal opinion on the use of the Design-Build Process by the District on this project. Board chooses to table their decision until after a presentation by the City Planning Department.
- 2021-05-05 PW & KF meeting with City Planning department to discuss project and City recommendations – **Synopsis of 2021-05-05 meeting** emailed to Board.
- 2021-05-24 Board adopts a *Debt Management Policy*, which documents the District's understanding of the conditions, transparency, and accountability requirements to access bonds or other funding.
- 2021-06-28 **City Presentation on Building Process** by the Patterson Planning Department. The city recommended the District use Design-Build if the option is available.
- 2021-07-26 **Facilities Plan Review with Updated Costs** reviewed by Board.
- 2022-01-31 **California HCD Financing Techniques** article provided to the board.
- 2022-02-28 Board agrees to obtain a legal opinion on Design-Build Option. After we get the decision from the attorney, the board wants to discuss the pros and cons of each method before proceeding.
- 2022-04 **Legal Opinion**: the District can likely utilize the design-build project delivery method for designing and constructing the Facility pursuant to Health and Safety Code Section 32132.5 because the District is a health care district and the Facility is associated with health care facilities.
- 2022-05-18 Presentation of **Building Plan Review** and proposal to initiate district office and ambulance operations facility project and review initial project budget to fund a conceptual design and project cost estimate.
- 2022-05-23 *Request for Proposal – Conceptual Design* released.
- 2022-06-24 Conceptual Design contract awarded to LDA Partners of Stockton.
- 2022-08-29 *Preliminary Design and Construction Schedule* as created by LDA Partners presented.  
\*Also discussed projected growth of homes in Patterson and impact on demand for services. Presented a **Forecast of Ambulance Unit Hours** in future years to meet requests for emergency service.
- 2022-09 Sought information on federal and state funding for the project.  
\*Land survey completed, and site is outside of flood plain.
- 2022-12-07 Project meeting with conceptual design architect.
- 2023-01-30 Sought feedback from ambulance and administration employees on site layout and building footprint. Employee feedback was very positive.  
\*Board presentation by architect on conceptual design options 1 & 2 as well as discussion on DBB vs. DB.
- 2023-03 Obtained support letters for federal and state budget funding from the city, county supervisor, and county EMS agency. Submitted funding requests for federal and state budgets. **Facility Funding Request** submitted with support from Senator Padilla and Representative Alanis.
- 2023-04-22 Strategic Planning Retreat – Board affirms building project as the top priority  
\*Sought out options for temporary housing for 3<sup>rd</sup> 24-hour ambulance crew.
- 2023-05-22 **Design-Bid-Build vs. Design-Build with Staff Recommendation** that the Board adopt the Design-Build approach for this project. The board asked about the advantages or disadvantages of either method regarding transparency and deferred taking a vote to a special meeting on June 12, 2023, to further discuss.  
\*Presentation of Elevations for Options 1 and 2.
- 2023-05-23 **Email to Board Regarding Fiscal Transparency in DBB Vs. DB**

## Del Puerto Health Care District

### DEL PUERTO AMBULANCE AND ADMINISTRATION CENTER (DPAC)

#### HISTORY & SUPPORTING DOCUMENTS

- 2023-06-12 Board Discussion item **Review of DBB vs. DB Information Provided to Date and Discussion of DBB vs. DB Transparency in public construction contracting and building.** The essential aspects highlighted in the May 23 email regarding transparency include the significance of competitive selection, transparent contract negotiations, consistent progress reporting, oversight and auditing, and comprehensive documentation and public disclosure of pertinent information. The board votes to use the Design-Build approach for the project.  
\***Presentation of Elevations** Option 1's straight roof line with external architectural features from Option 2.
- 2023-06-26 Board agrees to retain a public construction project consultant to help our internal team during the RFP, contracting, and construction process.  
\*Directors Avila and Campo are appointed to an RFP review ad hoc committee.  
\*A concern was raised by a board member that primary care wasn't included in the project. The question was asked if the board did not consider ambulance services and EMS primary care.  
\*The board determined that it would be appropriate to review the process by which the building projects have been decided to date and include information about the distribution of space between public use, ambulance (crew, apparatus, and equipment), and administration offices.
- 2023-07-17 Special Meeting Scheduled– Staff conducted construction project consultant search and recommends **Bob Walker - resume and fee schedule attached**

# Del Puerto Health Care District

## Patterson District Ambulance Program Requirements - July 12, 2017

Patterson District Ambulance (PDA) staffs two 24-hour ALS ambulances at 875 E Street in Patterson. This location is a very good central location in the City of Patterson with good access to main roadways - Hwy 33 for north/south access, Las Palmas east, and Sperry west. This location allows us the best opportunity to meet our urban response time requirements.

There are four crew members on-duty at any given time. It is common to have an intern or student rider with an ambulance crew. Interns are with crews the entire 24-hour shift while students are generally limited to 12-hour day shifts.

### **READY ROOM**

There needs to be a room large enough to accommodate 5 persons using recliner type chairs to watch TV or otherwise relax during down time between calls. There needs to be space for a dry erase board and at least two bulletin boards. Radio and pager chargers as well as spare batteries need to be accessible. The existing facility space is too small.

### **DINING ROOM**

The crews need a table area where they can eat their meals. The existing facility does not have dining room space and depends on crew members using a shared counter space with the kitchen. There are bar stools at the counter that frequently impede the travel path through the room to the apparatus bay.

### **KITCHEN**

The existing kitchen area is small and has limited cabinet space and no pantry area to store food. It is cramped if two people try to use the space at the same time. The existing refrigerator is up against a wall that limits the opening of the refrigerator door. A new facility needs a better kitchen layout with more work space plus cabinet and drawer storage space. Room two refrigerators for adequate food storage and ice makers. A dishwasher is required. There should be enough space that trash and recycling can be stored out of sight.

### **OFFICE SPACE**

There needs to be adequate space for crew members to have desk and computer access. The office should have adequate file storage space, book shelves, and crew member mailboxes. Station alerting equipment including radios, an amplifier, and lighting and speaker control systems should most likely be located in this area.

### **DORMATORY ROOMS**

The existing dorm rooms are cramped due to two lockers in each of the four rooms. The lockers should be moved out of the dorm rooms to male/female locker rooms. There needs to be enough room for a chair and a night stand. Need a minimum of 6 dorm rooms.

### **BATHROOM / LOCKER ROOMS**

There should be male and female locker rooms. There are currently 11 full-time paramedics and EMTs. There could be two additional full-time employees. There should be at least two extra lockers in each locker room for part-time employees working a shift. The bathrooms need vanity cabinets with adequate counter space and two sinks. Bathrooms should allow for toilet and shower use without preventing use to sink/mirror space and lockers. Shower areas need adequate space for a crew member to sit on a bench to dress and to have clothes quickly accessible out of the shower.

### **EXERCISE/WORKOUT ROOM**

The current facility does not have any space for exercise equipment or machines. We currently have an elliptical, a treadmill, and a weight machine/system. A new facility should have enough space for this existing equipment at minimum and some floor space for stretching or other non-machine exercises.

### **APPARATUS BAYS**

## Del Puerto Health Care District

PDA currently has four ambulances and a supervisor SUV. There is only apparatus bay space for two ambulances inside. Between the existing facility and a new facility, all ambulances and the supervisor vehicle should be stored inside an apparatus bay. There needs to be space for a washer and dryer, a utility sink with some counter space to clean equipment. There needs to be space for automotive supplies, tools, a portable BBQ, and crew safety equipment that should not be stored inside ie: jackets, rain gear, rescue gloves, and helmets.

### **MEDICATION / SUPPLY ROOM**

There needs to be a temperature controlled room for medications and medical supplies. This room is a good location for battery chargers.

### **SUPPLY ROOM / MEDICAL WASTE ROOM**

There needs to be a room for general storage of equipment ie backboards, standby tents, tables, chairs. Medical waste needs to be secured pending pickup by a waste company.

### **GENERAL STORAGE**

There is a general lack of storage space in the current ambulance station/crew quarters. Space to store cleaning equipment, cleaning and station supplies, and repair parts and supplies, probably more.

### **CREW PARKING**

Ambulance crews and interns should have secured parking. There should be adequate parking for shift changes.

### **OUTSIDE/EXTERIOR**

There should be a small patio area where crews can relax outside and BBQ rather than having to BBQ in the driveway.

### **OTHER THOUGHTS**

Consider a small community room for community interaction walk-in patients, immunization clinics, or small community health related meetings.

Access to the crew quarters without having to go through the apparatus bay. A man door access to apparatus bay rather than depending on apparatus doors.

Emergency power to be sized to allow near full, or near full, capacity use of facility - cooking, refrigerator(s), HVAC, lighting, alerting system, apparatus doors, lighting and general plugs so facility can remain operational in extended power outages.

### **OFFICE SPACE**

Ambulance Director and QI person require offices. Currently the QI person uses a corner of the classroom area without privacy.

Current District offices include: Admin Director/CEO, Human Resources, and general office staff with counter area and lobby. A record and office supply room, break room and/or mini kitchen, bathroom – handicapped accessible. A small classroom with storage space. Could use at least one more office.

## Memorandum

To: Ken Irwin, City Manager  
Joel Andrews, City Planner

From: Robin R. Baral

Date: January 23, 2018

Re: PD 89-01

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### Issue:

Are there any development restrictions on 821 “E” Street, Patterson, CA, APN: 131-024-007 (the “Property”), due to the passage of a voter initiative in 1990 (“Measure E”), which led to the adoption of Planned Development 89-01 (“PD 89-01”) by the City of Patterson (“City”)?

### Brief Answer:

PD 89-01 is a Planned Development overlay district, which authorized the development of an 8,000 square foot medical office. As an overlay district, the development plan approved by PD 89-01 is in addition to the uses allowed pursuant to the underlying zoning, which is for Medical Professional Offices (“MPO”). A development application for the Property may therefore proceed consistent with PD 89-01 or, more generally, pursuant to the MPO zone.

### Discussion:

Measure E was adopted by Patterson voters in 1990. Measure E proposed two related actions: (1) to adopt a development plan for medical offices, as presented to the City Council on June 29, 1989, subject to the Commercial/Professional Building Code in effect on that date, and (2) to rezone the property to a PD zone.

Ken Irwin  
January 23, 2018  
Page 2 of 2

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1. Under California law, voter-approved initiatives must be amended by an initiative.

Under California law, ordinances adopted by voter initiative generally cannot “be repealed or amended except by a vote of the people, unless provision otherwise be made in the ordinance.”<sup>1</sup> Thus the City Council cannot take action to rezone the Property, if the rezone would have the effect of repealing or amending the voter-approved PD 89-01. Any action that would have the effect of amending or repealing PD 89-01 must be brought by voter initiative.

2. PD 89-01 does not prohibit development of the Property under the underlying zoning.

Overlay zones are specialized zoning districts that supplement—but do not replace—the basic zoning regulations applicable to a property.<sup>2</sup> Patterson’s zoning ordinance follows this common convention. Planned development overlay districts are “intended to allow modification of requirements established by other ordinances and diversification in the relationship of different uses, buildings, structures, lot sizes, and open spaces, while ensuring compliance with and implementation of the general plan.”<sup>3</sup> Planned development overlay zones are therefore intended to supplement the underlying zoning designation of a particular parcel.

The Property’s underlying zoning is “Medical Professional Offices” according to the City’s zoning map.<sup>4</sup> The Medical Professional Offices zone is governed by Patterson Municipal Code Chapter 18.42. Permitted uses in MPO zones include business support services, hospitals, bank and financial services, dental offices, and professional offices. Several other uses are permitted upon obtaining a conditional use permit including retail stores, restaurants, and hotels.

### **Conclusion:**

Although PD 89-01 cannot be repealed or amended without voter approval, as an overlay district, PD 89-01 does not restrict development of the Property into any of the permitted or conditionally permitted uses allowed by Patterson Municipal Code Chapter 18.42. Development of the Property may therefore proceed consistent with the underlying MPO zone. An applicant may therefore submit an application that is consistent with PD 89-01, specifically, or with the Medical Professional Office zone, more generally. Any action to rezone the property in a manner that would prohibit development of the property consistent with PD 89-01, such as a residential rezone, would first require approval by voter initiative.

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<sup>1</sup> Elec. Code, § 9217; *see also*, *DeVita v. County of Napa* (1995) 9 Cal.4th 763, holding that Napa County could not amend its general plan if the amendment would rescind a voter-approved element regarding the preservation of agricultural land.

<sup>2</sup> 2 Rathkopf’s *The Law of Zoning and Planning* § 21:68 (4th ed.)

<sup>3</sup> Patterson Municipal Code, § 18.54.020.

<sup>4</sup> *See* <http://ca-patterson.civicplus.com/DocumentCenter/View/165>

# Facilities Planning for



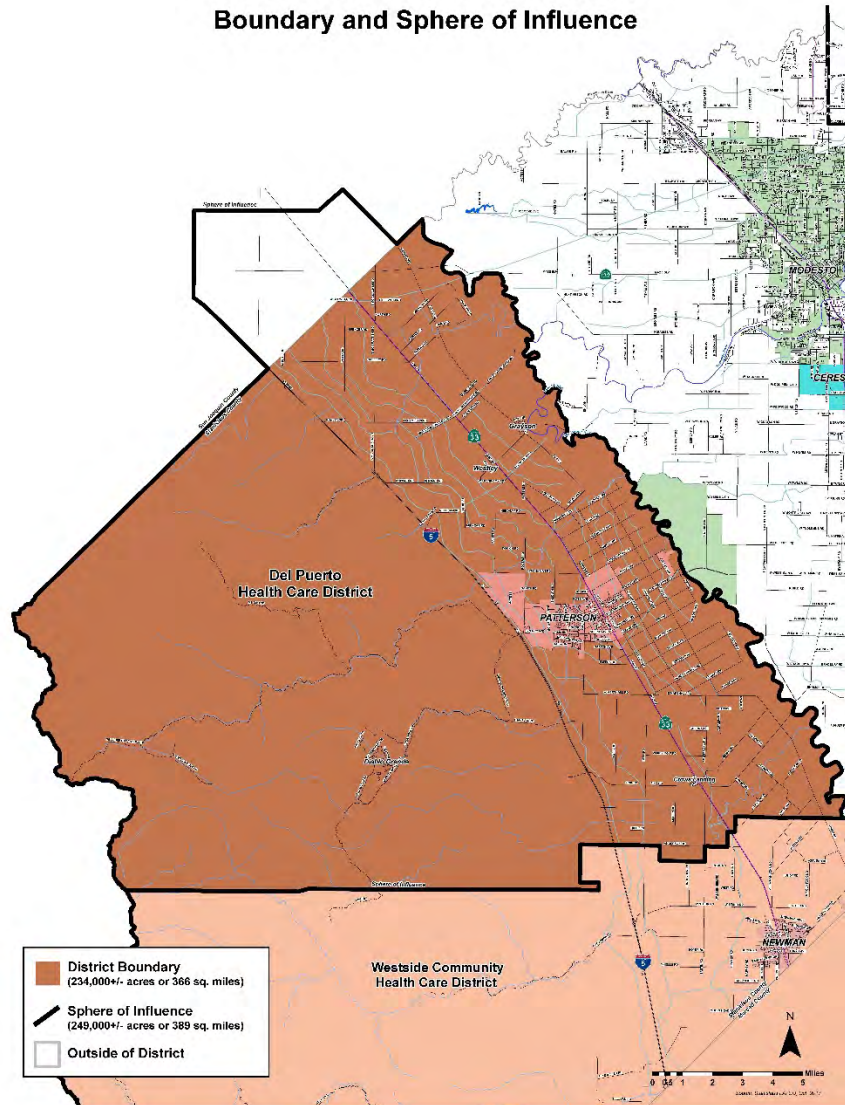
And



**February 26, 2018**

# Del Puerto Health Care District

## Del Puerto Health Care District Boundary and Sphere of Influence



### Del Puerto Health Care District

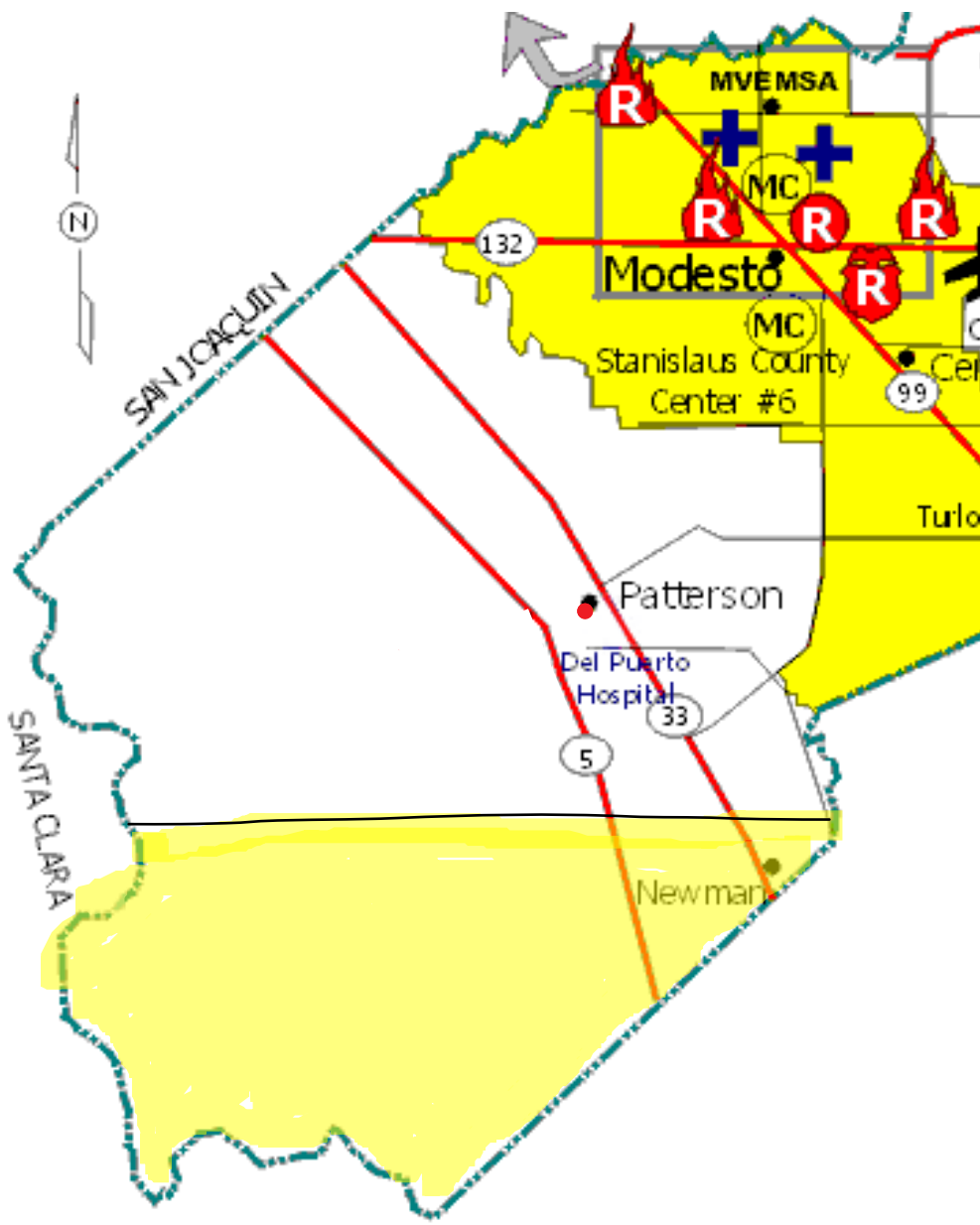
The District's Sphere of Influence (SOI) encompasses approximately 249,000 acres and includes a potential expansion area of approximately 15,000 acres located in San Joaquin County. This area was included in the SOI because the District also draws patients from the Vernalis area in San Joaquin County, which, although not currently within the District's boundaries, is closer to Patterson than the healthcare services available in the Tracy area. It should be noted, however, that the District's SOI does not limit its service area, as the District also receives patients from areas outside this boundary, including the cities of Newman, Gustine, Modesto, Ceres, Turlock, and from as far as Tracy and Stockton.

The District Office and Ambulance operations are located near central Patterson at the corner of E & Ninth Streets



# Del Puerto Health Care District

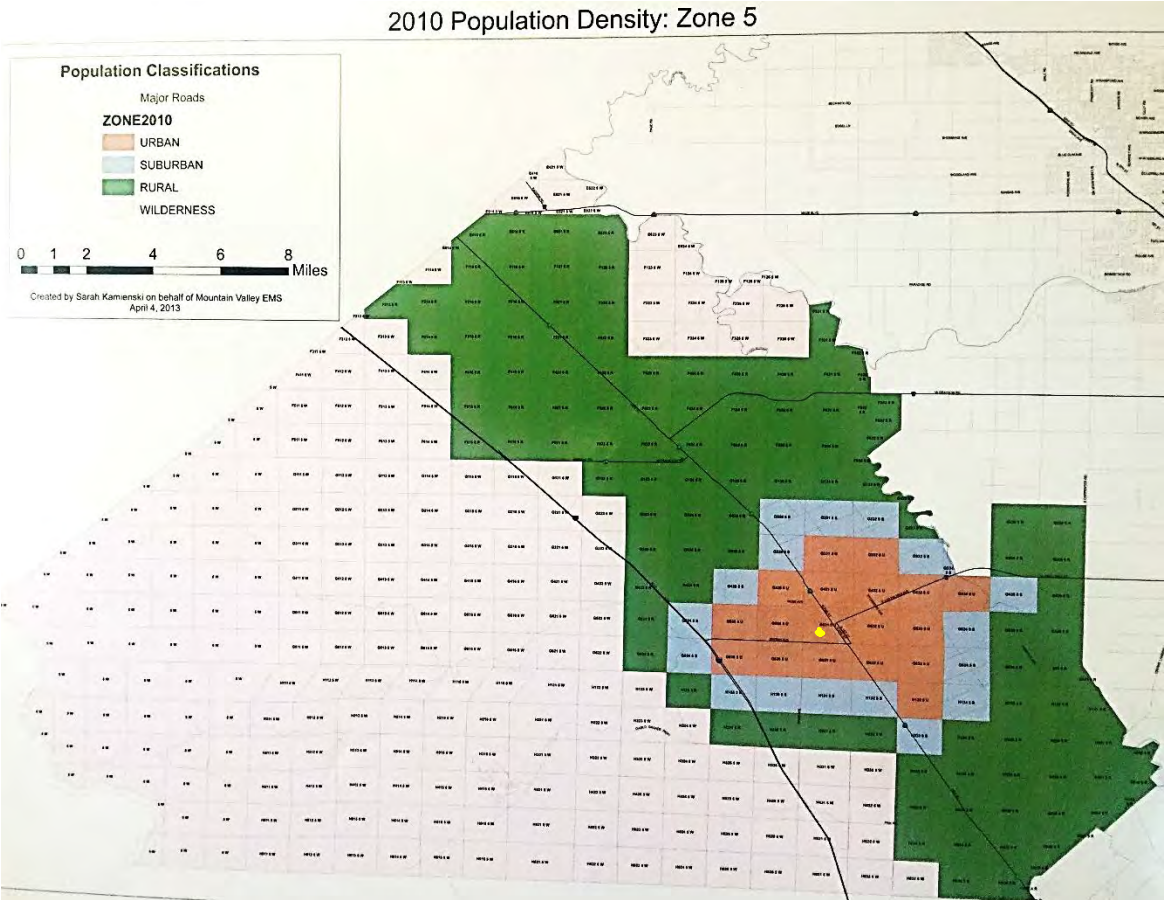
## Mountain Valley Emergency Medical Services Agency Zone 5 – Assigned Response Area



Patterson District Ambulance services Mountain Valley Emergency Medical Services Agency Zone 5 which in the northwestern Stanislaus County encircling the City of Patterson. The southern one fifth of the county is services by West Side Community Health Care District

# Del Puerto Health Care District

 **Current Facility Location**



**The Current location is optimal to the center of current and future growth.**

## Del Puerto Health Care District

### Proximity to City of Patterson Emergency Access Routes

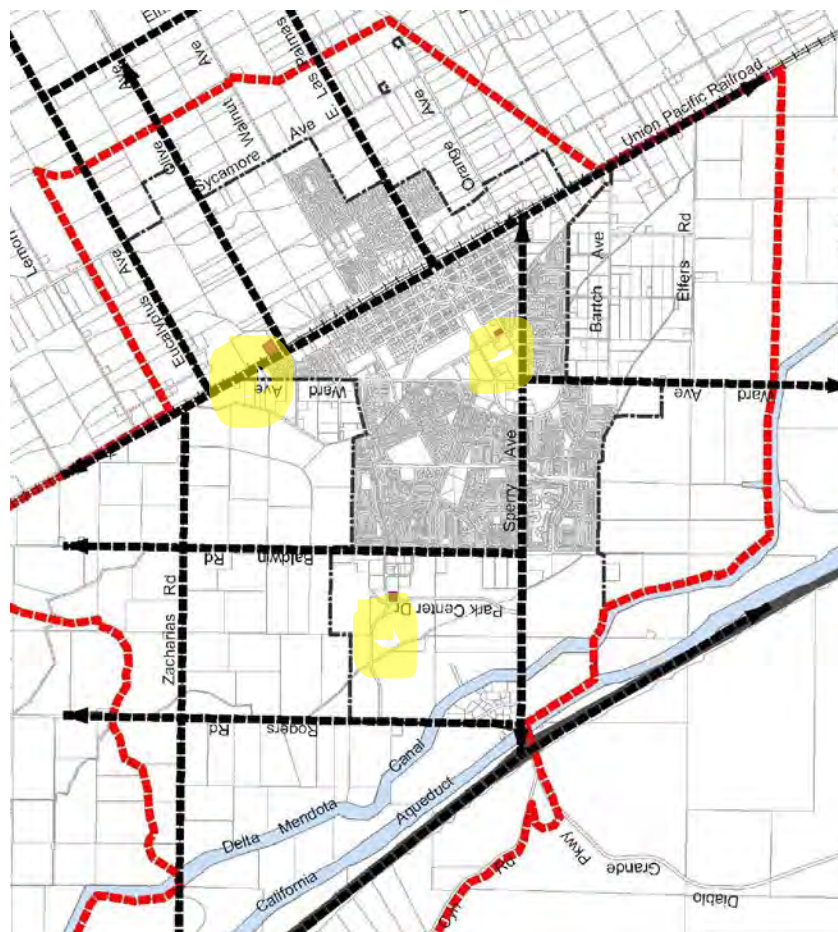
#### Patterson City General Plan Goals

*PS-9: To promote efficiency, convenience, and harmony in the siting of public facilities.*

*PS-9.4 Facility clustering. The City shall promote the clustering of public and quasi-public facilities such as schools, parks, libraries, child care facilities, and community activity centers. The City shall promote joint-use of public facilities, and agreements for sharing costs and operational responsibilities among public service providers.*

In 1948, the location of the Patterson Hospital was established and since 1984, the District has operated Patterson District Ambulance from this location. The corner of E & 9<sup>th</sup> Streets is located one small block from Sperry Avenue which connects to Interstate 5. And yet still centered between within the north-eastern and southwestern residential developments.

As the population of Patterson and the West Side grows there will be need for additional and regionally located EMS stations. It is the goal of the District to enter into a joint-use agreement with West Stanislaus Fire Services and the City of Patterson to co-locate EMS posts at Fire Station #2 (at the corner of Keystone Pacific Pkwy. and Park Center Dr.) and any future Fire Stations, such as the one proposed (Hwy 33 and Olive Ave.) as part of the Villages of Patterson development.



## Del Puerto Health Care District

### Patterson District Ambulance Requirements

Patterson District Ambulance (PDA) staffs two 24-hour ALS ambulances at 875 E Street in Patterson. This location is a very good central location in the City of Patterson with good access to main roadways - Hwy 33 for north/south access, Las Palmas east, and Sperry west. This location allows us the best opportunity to meet our urban response time requirements.

There are four crew members on-duty at any given time. It is common to have an intern or student rider with an ambulance crew. Interns are with crews the entire 24-hour shift while students are generally limited to 12-hour day shifts.

#### **READY ROOM**

There needs to be a room large enough to accommodate 5 persons using recliner type chairs to watch TV or otherwise relax during down time between calls. There needs to be space for a dry erase board and at least two bulletin boards. Radio and pager chargers as well as spare batteries need to be accessible. The existing facility space is too small.

#### **DINING ROOM**

The crews need a table area where they can eat their meals. The existing facility does not have dining room space and depends on crew members using a shared counter space with the kitchen. There are bar stools at the counter that frequently impede the travel path through the room to the apparatus bay.

#### **KITCHEN**

The existing kitchen area is small and has limited cabinet space and no pantry area to store food. It is cramped if two people try to use the space at the same time. The existing refrigerator is up against a wall that limits the opening of the refrigerator door. A new facility needs a better kitchen layout with more work space plus cabinet and drawer storage space. Room two refrigerators for adequate food storage and ice makers. A dishwasher is required. There should be enough space that trash and recycling can be stored out of sight.

#### **OFFICE SPACE**

There needs to be adequate space for crew members to have desk and computer access. The office should have adequate file storage space, book shelves, and crew member mailboxes. Station alerting equipment including radios, an amplifier, and lighting and speaker control systems should most likely be located in this area.

#### **DORMATORY ROOMS**

The existing dorm rooms are cramped due to two lockers in each of the four rooms. The lockers should be moved out of the dorm rooms to male/female locker rooms. There needs to be enough room for a chair and a night stand. Need a minimum of 6 dorm rooms.

#### **BATHROOM / LOCKER ROOMS**

There should be male and female locker rooms. There are currently 11 full-time paramedics and EMTs. There could be two additional full-time employees. There should be at least two extra lockers in each locker room for part-time employees working a shift. The bathrooms need vanity cabinets with adequate counter space and two sinks. Bathrooms should allow for toilet and shower use without preventing use to sink/mirror space and lockers. Shower areas need adequate space for a crew member to sit on a bench to dress and to have clothes quickly accessible out of the shower.

#### **EXERCISE/WORKOUT ROOM**

The current facility does not have any space for exercise equipment or machines. We currently have an elliptical, a treadmill, and a weight machine/system. A new facility should have enough space for this existing equipment at minimum and some floor space for stretching or other non-machine exercises.

## Del Puerto Health Care District

### **APPARATUS BAYS**

PDA currently has four ambulances and a supervisor SUV. There is only apparatus bay space for two ambulances inside. Between the existing facility and a new facility, all ambulances and the supervisor vehicle should be stored inside an apparatus bay. There needs to be space for a washer and dryer, a utility sink with some counter space to clean equipment. There needs to be space for automotive supplies, tools, a portable BBQ, and crew safety equipment that should not be stored inside ie: jackets, rain gear, rescue gloves, and helmets.

### **MEDICATION / SUPPLY ROOM**

There needs to be a temperature-controlled room for medications and medical supplies. This room is a good location for battery chargers.

### **SUPPLY ROOM / MEDICAL WASTE ROOM**

There needs to be a room for general storage of equipment ie backboards, standby tents, tables, chairs. Medical waste needs to be secured pending pickup by a waste company.

### **GENERAL STORAGE**

There is a general lack of storage space in the current ambulance station/crew quarters. Space to store cleaning equipment, cleaning and station supplies, and repair parts and supplies, probably more.

### **CREW PARKING**

Ambulance crews and interns should have secured parking. There should be adequate parking for shift changes.

### **OUTSIDE/EXTERIOR**

There should be a small patio area where crews can relax outside and BBQ rather than having to BBQ in the driveway.

### **OTHER THOUGHTS**

Consider a small community room for community interaction walk-in patients, immunization clinics, or small community health related meetings.

Access to the crew quarters without having to go through the apparatus bay. A man door access to apparatus bay rather than depending on apparatus doors.

Emergency power to be sized to allow near full, or near full, capacity use of facility - cooking, refrigerator(s), HVAC, lighting, alerting system, apparatus doors, lighting and general plugs so facility can remain operational in extended power outages.

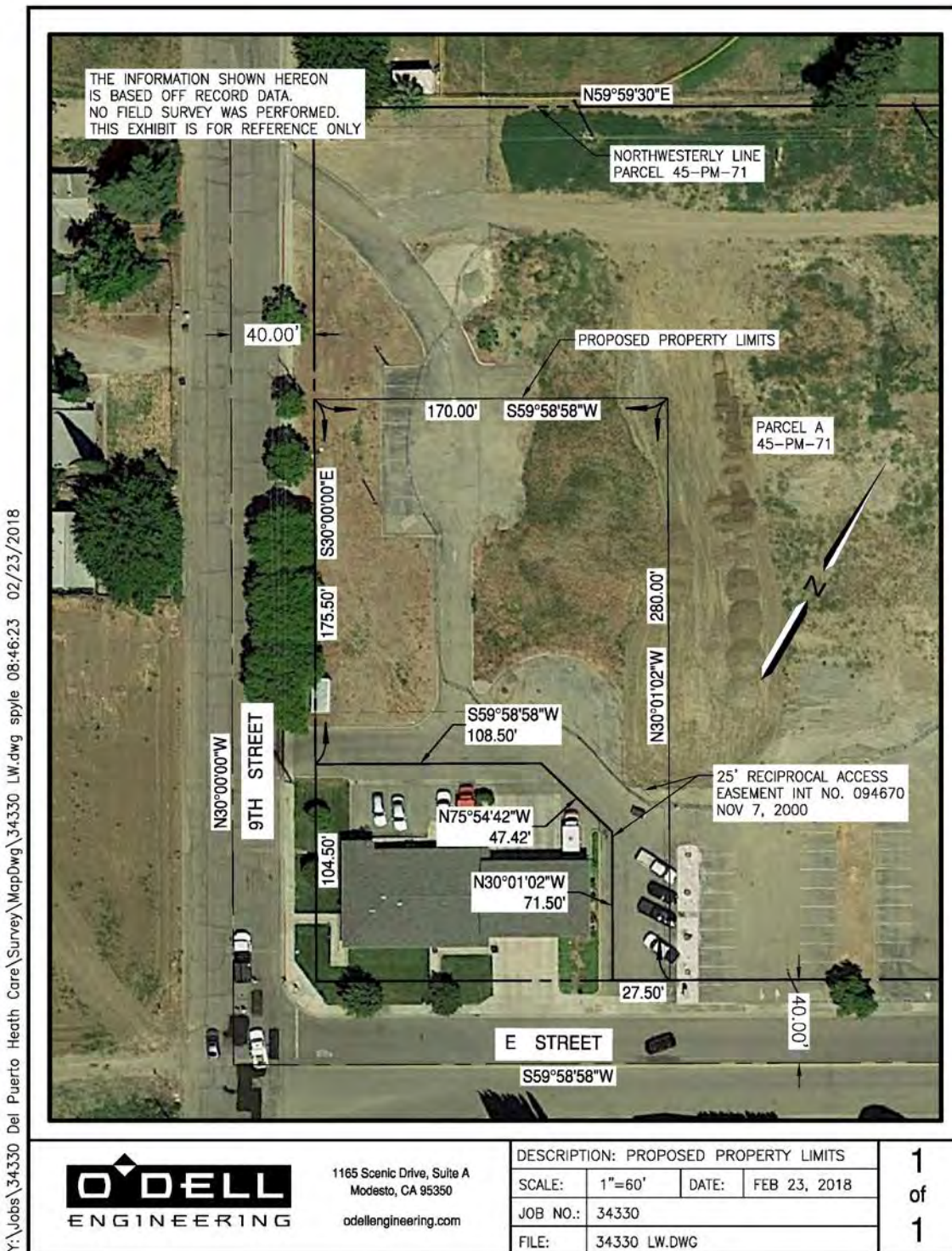
### **OFFICE SPACE**

Ambulance Director and QI person require offices. Currently the QI person uses a corner of the classroom area without privacy.

Current District offices include: Admin Director/CEO, Human Resources, and general office staff with counter area and lobby. A record and office supply room, break room and/or mini kitchen, bathroom – handicapped accessible. A small classroom with storage space. Could use at least one more office.

## Del Puerto Health Care District

**Land Expansion required** proposed based on the current corner location of the ambulance/district office facility.

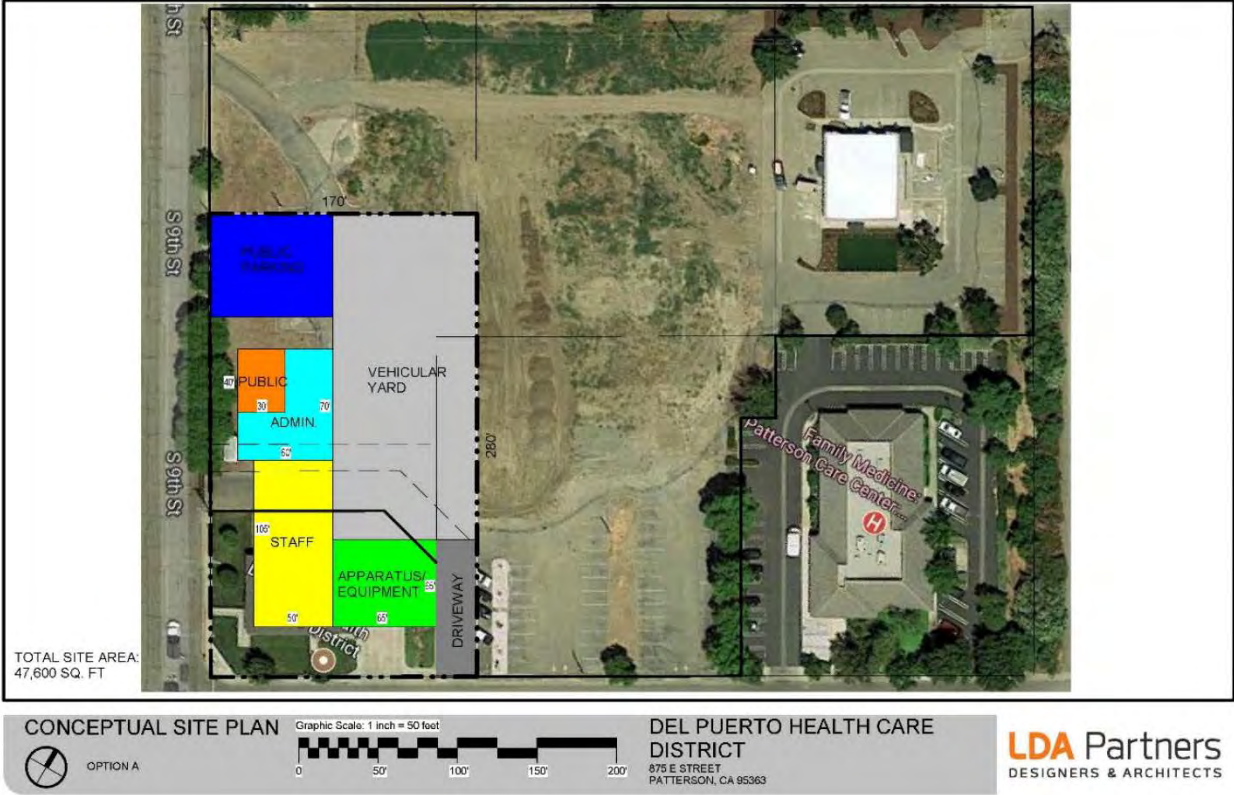


# Del Puerto Health Care District

## Building Requirements – by area type

Based on above requirements, a study was conducted by LDA Partners, to estimate the total square foot required for buildings, public and employee parking, crew quarters, training or community room, offices, equipment, and protected apparatus parking.

### Program A Prelim. Estimate OPT #1



## Del Puerto Health Care District

1/30/2018

Program A Preliminary Estimate OPTION #1

Variable Grossing Factor

	Program Heading	Space	Quantity	Area	Net Area	Area Factor	Gross SF	Cost / Area	Extended Cost
<b>1.00</b>	<b>Public Areas</b>								
		Community Room	1	750	750	1.25	937.5		
		Public RR	2	60	120	1.25	150		
		Public RR	2	60	120	1.25	150		
		Community Room Storage	1	150	150	1.25	187.5		
		Clinic	1	200	200	1.25	250		
		Exam	2	200	400	1.25	500		
		Storage	1	100	100	1.25	125		
		Reception	1	150	150	1.25	187.5		
		Public Lobby	1	250	250	1.25	312.5		
		Workstation	2	100	200	1.25	250		
		<b>Public Areas Subtotal</b>					<b>1,238</b>	<b>\$ 315</b>	<b>\$ 389,813</b>
<b>2.00</b>	<b>Administrative Areas</b>								
		Public Reception	1	250	250	1.25	312.5		
		Staff Office	5	100	500	1.25	625		
		Director Office	2	150	300	1.25	375		
		Public RR- Single Occupancy	1	65	65	1.25	81.25		
		Administrative Storage	2	150	300	1.25	375		
		IT	1	100	100	1.25	125		
		Elect Room	1	200	200	1.25	250		
		MPOE	1	75	75	1.25	93.75		
		Janitor	1	75	75	1.25	93.75		
		Work Room	1	150	150	1.25	187.5		
		Men Restroom	1	125	125	1.25	156.25		
		Women Restroom	1	125	125	1.25	156.25		
		Mech Room	1	150	150	1.25	187.5		
		<b>Administrative Areas Subtotal</b>					<b>3,019</b>	<b>\$ 300</b>	<b>\$ 905,625</b>
<b>3.00</b>	<b>Staff Areas</b>								
		Chief Quarters	1	150	150	1.25	188		
		Crew Quarters	6	125	750	1.25	938		
		Ready room	1	700	700	1.25	875		
		Lockers Room- (men)	1	500	500	1.25	625		
		Lockers Room - Women)	1	500	500	1.25	625		
		Kitchen	1	300	300	1.25	375		
		Pantry	1	50	50	1.25	63		
		Dining Area	1	300	300	1.25	375		
		Exercise	1	350	350	1.25	438		
		Dispatch	1	50	50	1.25	63		
		Medical Cabinet	1	25	25	1.25	31		
		General Storage	2	100	200	1.25	250		
		Medical Enclosure	1	80	80	1.25	100		
		Laundry	1	150	150	1.25	188		
		<b>Staff Areas Subtotal</b>					<b>5,131</b>	<b>\$ 350</b>	<b>\$ 1,795,938</b>
<b>4.00</b>	<b>Vehicle</b>								
		SUV	1	175	175	1.50	262.5		
		Front Line Ambulance	2	475	950	1.50	712.5		
		Reserve Ambulance	3	280	840	1.50	420		
		Future Ambulance	1	290	290	1.50	435		



## Del Puerto Health Care District

		Emergency trailer (exterior)	1	145	145	0.00	0			
		Engine (3/0 staffing)	1	146	146	1.50	219			
		10 KW portable generator on wheels (exterior)	1	50	50	0.00	0			
		<b>Vehicle Subtotal</b>					<b>2,049</b>	\$ 200	\$ 409,800	
<b>5.00</b>	<b>Equipment</b>									
		Workshop	1	200	200	1.25	250			
		Turnout / Gear Storage	1	100	100	1.25	125			
		Equip Storage	1	275	275	1.25	343.75			
		Decontamination	1	85	85	1.25	106.25			
		<b>Equipment Subtotal</b>					<b>825</b>	\$ 200	\$ 165,000	
		<b>Total Building</b>					<b>12,262</b>		<b>\$ 3,256,375</b>	
<b>6.00</b>	<b>Site</b>									
		General Site	1	47,600	47,600	1	47,600	\$ 25.00	\$ 1,190,000	
		Exterior Patio	1	500	500	1	500	\$ 45.00	\$ 22,500	
		Utilities	1	100,000	100,000	1	100,000	\$ 4.50	\$ 450,000	
		<b>Total Site</b>							<b>\$ 1,662,500</b>	
	<b>CONSTRUCTION SUBTOTAL</b>									<b>\$ 4,918,875</b>
<b>HARD COSTS</b>	<b>HARD COSTS</b>									
		General Conditions							10.0%	\$491,888
		General Requirements, Overhead							2.0%	\$98,378
		Profit							5.0%	\$245,944
		Bonds							1.0%	\$49,189
		Estimating Contingency							3.0%	\$147,566
	<b>TOTAL PROJECT HARD COST</b>									<b>\$ 5,951,839</b>
<b>SOFT COSTS</b>	<b>SOFT COSTS</b>									
		Design Fees							8.5%	\$ 505,906
		Materials Testing							1.0%	\$ 59,518
		Geotech							L/S	\$ 10,000
		Permit Fees							LS	\$ 75,000
		Misc Utility Fee Allowance							LS	\$ 50,000
		FFE							L/S	\$ 200,000
	Contingency							3.0%	\$ 178,555	
	<b>TOTAL PROJECT SOFT COST</b>									<b>\$ 1,078,980</b>
	<b>TOTAL PROJECT COST</b>									<b>\$ 7,030,819</b>

Del Puerto Health Care District

Conceptual Drawings – Orientation Not Accurate



# Del Puerto Health Care District







P.O. Box 187  
Patterson, CA. 95363

Phone 209-892-8781  
Fax 209-892-3755

TO: Board of Directors

FROM: Karin Hennings, Administrative Director / CEO  
Paul Willette, Director of Ambulance Operations

DATE: April 27, 2018

RE: Facilities Planning and Development at Del Puerto Health Care District

On February 26, 2018 the Board discussed at a draft Facilities Planning Report within which, the District has identified a project and proposed site that meets the goals of the City of Patterson General Plan PS-9, promoting the efficiency, convenience, and harmony in the siting of public facilities as well as PS-9.4 Facilities Clustering. HS-4.2 identifies emergency access routes and ensures they are kept free from traffic impediment. The property APN # 0131-024-007, located adjacent to the District's Ambulance and District Headquarters; which itself is located at 875 E Street where it intersects 9<sup>th</sup> Street in the City of Patterson, CA.

The District has operated in this location since 1959. The current site is ideal for its central location within the District boundaries, population mass, and access to emergency routes. This property is attached to existing District owned land and buildings. The property is currently vacant and zoned specifically for medical use.

On August 21, 2017, at a Special Board Meeting of the District's Board of Directors, a closed session agenda item was posted with proper notice to discuss price and terms of a potential real estate transaction for the purchase of the property or portion of the property in question. While no decision was made, or vote taken, direction was given to staff. Pursuant to that direction, the District contracted for services with LDA Partners, Designers & Architects to assist in development of a more detailed project description, establish building and land square footage requirements, and to submit a conceptual site plan that would address the needs of the District for development of clustered public facilities in proximity to the current District Headquarters.

We will review the Facilities Planning Report in detail and provide copies of our formal presentation at the April 30, 2018 Regular Board Meeting. Meanwhile a copy of the Facilities Planning Report you received on February 26, 2018 is included in the Agenda Packet under Item 8.B.



## Del Puerto Health Care District - Resolution No. 18-017

### RESOLUTION OF NECESSITY FOR THE ACQUISITION OF REAL PROPERTY

WHEREAS Section 32121 of the Health & Safety Code authorizes the Board of Directors of any Health Care District to acquire by eminent domain any property necessary to carry out any of the powers or functions of the district; and,

WHEREAS, the real property interests to be taken are described in Exhibit A, being a portion of Stanislaus County Assessor's Parcel No. 131-024-007 attached hereto and made a part hereof; and,

WHEREAS, the public interest and necessity require the acquisition of said real property for the purpose of maintaining and expanding ambulance and emergency medical services carried out by the Del Puerto Health Care District; and,

WHEREAS, notice has been properly given as required by and according to the provisions of Section 1245.235 of the Code of Civil Procedure, and public hearing has been held at which all persons whose property may be acquired by eminent domain and whose name and address appear on the last equalized County assessment roll had been given reasonable opportunity to appear and to be heard by the Board of Directors set forth in the Code of Civil Procedure, Section 1240.030; and,

WHEREAS, a two-thirds vote of all members of the Board of Directors is required for the adoption hereof.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Del Puerto Health Care District that the following findings are made:

1. That the public interest and necessity require the acquisition of the real property described in Exhibit A, attached hereto and incorporated by reference, for the purpose of maintaining and expanding ambulance and emergency medical services and other ancillary related uses, as well as other District requirements and uses.
2. That the property to be acquired and the use thereof are planned and located in the manner that will be most compatible with the greatest public good and the least private injury.
3. That the property sought to be acquired is necessity for the District's ambulance and emergency medical service operations and that said property is being taken for public use.
4. That the offer required by Section 7267.2 of the Government Code has been made to the owners of record.

BE IT FURTHER RESOLVED, that the law firm of Malm Fagundes LLP, as special counsel for the District, is hereby authorized and directed to institute and conduct to the conclusion, actions

**Del Puerto Health Care District - Resolution No. 18-017**

in eminent domain in the Superior Court of California for the acquisition of the described interests in real property and take such action as is necessary to accomplish the same upon direction by the Board of Directors and Administrative Director/CEO of the District.

BE IT FURTHER RESOLVED, that the public interest and necessity require timely completion of the project and that the law firm of Malm Fagundes LLP, as special counsel for the District, is also hereby authorized to obtain an Order for Prejudgment Possession and the use of the property upon complying with the requirements of the law applicable thereto, and the total sum of probable compensation being deposited into court for acquiring immediate possession as provided by law.

BE IT FURTHER RESOLVED that the District is directed to draw all necessary warrants payable to the State Treasury specified in the written summary of just compensation prepared in accordance with the Code of Civil Procedure, Section 1255.010, et seq.

Moved by Director Stokman, seconded by Director Hill that the foregoing resolution be adopted.

Upon roll call the following vote was had:

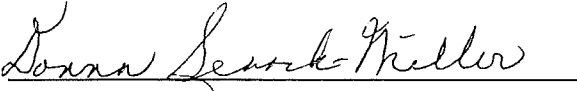
Ayes: Directors Sesock-Miller, Pittson, Stokeman, Hill, Robinson

Noes: Directors None

Absent: Directors None

The President declared the resolution adopted.

I, Donna Sesock-Miller, President of the Board of Directors of the DEL PUERTO HEALTH CARE DISTRICT, do hereby CERTIFY that the foregoing is a full, true, and correct copy of a resolution duly adopted at a regular meeting of said Board of Directors held the 30th day of April 2018.



Donna Sesock-Miller, President of the Board of Directors of the Del Puerto Health Care District



# EXHIBIT "A"

## LAND DESCRIPTION

The land referred to herein below is situated in the City of Patterson, County of Stanislaus, State of California and is described as follows:

Being a portion of Parcel A as shown in Book 45 of Parcel Maps, at Page 71 dated January 28, 1993, of Stanislaus County Records, more particularly described as follows:

**COMMENCING** at the most Southerly corner of said Parcel A, said point being the intersection of the Northwesterly right of way line of "E" Street with the Northeasterly line of 9<sup>th</sup> Street;

thence Northwesterly along the Northeasterly line of 9<sup>th</sup> Street, North 30°00'00" West, 104.50 feet to the **POINT OF BEGINNING**;

thence leaving said right of way line North 59°58'58" East, a distance of 108.50 feet;

thence South 75°54'42" East, a distance of 47.42 feet;

thence South 30°01'02" East, a distance of 71.50 feet to a point on the Northwesterly right of way of "E" Street;

thence Northeasterly along said Northwesterly right of way North 59°58'58" East, a distance of 27.50 feet;

thence leaving said right of way North 30°01'02" West, as distance of 280.00 feet;

thence, South 59°58'58" West, a distance of 170.00 feet to a point to on the Northeasterly right of way line of said 9<sup>th</sup> street;

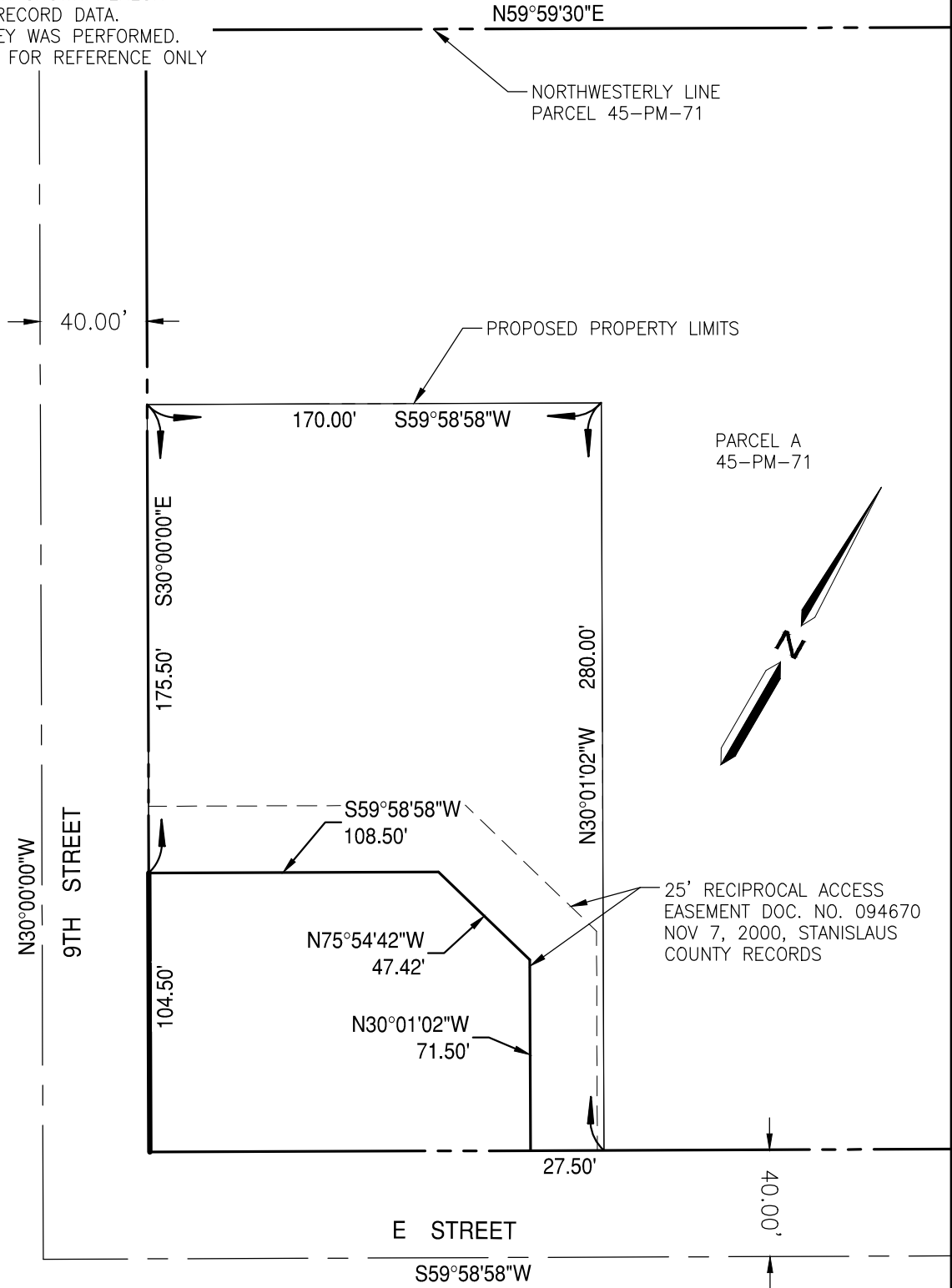
thence Southeasterly along said Northeasterly right of way South 30°00'00" East, a distance of 175.50 feet to the **POINT OF BEGINNING**.

Containing an area of approximately 33,275 square feet.

**END DESCRIPTION**

13 FEB 2018

THE INFORMATION SHOWN HEREON  
IS BASED OFF RECORD DATA.  
NO FIELD SURVEY WAS PERFORMED.  
THIS EXHIBIT IS FOR REFERENCE ONLY



Y:\Jobs\34330 DPHC Patterson\Survey\MapDwg\34330 LW.dwg spyle 14:37:25 06/25/2018



1165 Scenic Drive, Suite A  
Modesto, CA 95350  
odellengineering.com

DESCRIPTION: PROPOSED PROPERTY LIMITS

SCALE:	1"=60'	DATE:	FEB 23, 2018
JOB NO.:	34330		
FILE:	34330 LW.DWG		

1  
of  
1

# Facilities Planning for



**DEL PUERTO**  
Health Care District

and




**PATTERSON**  
District Ambulance

February 26, 2018  
Updated January 2021





1

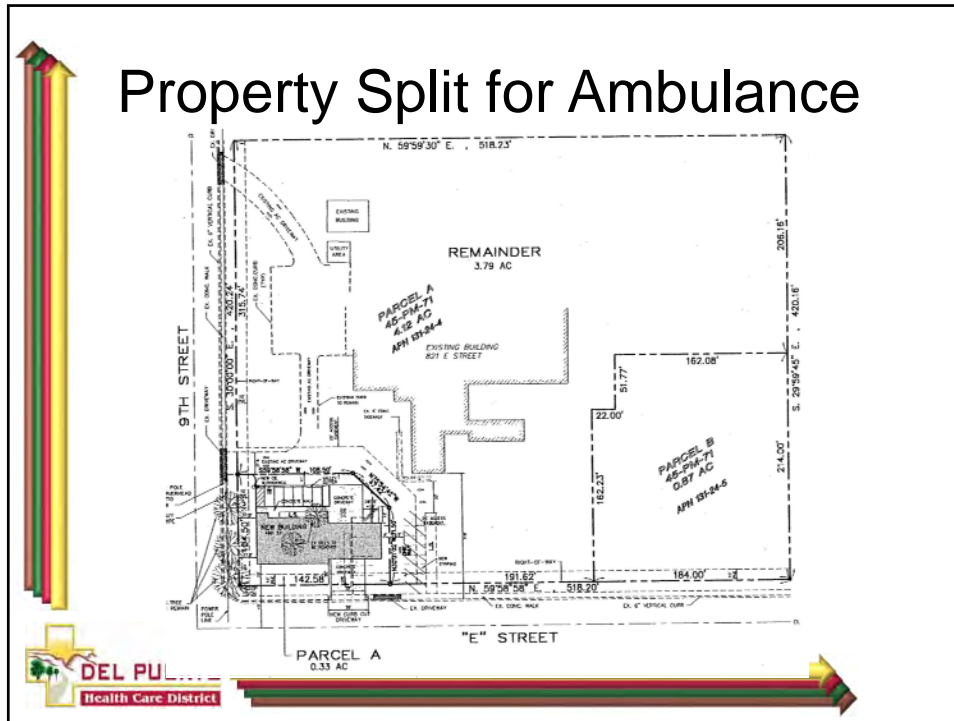
# Original Hospital



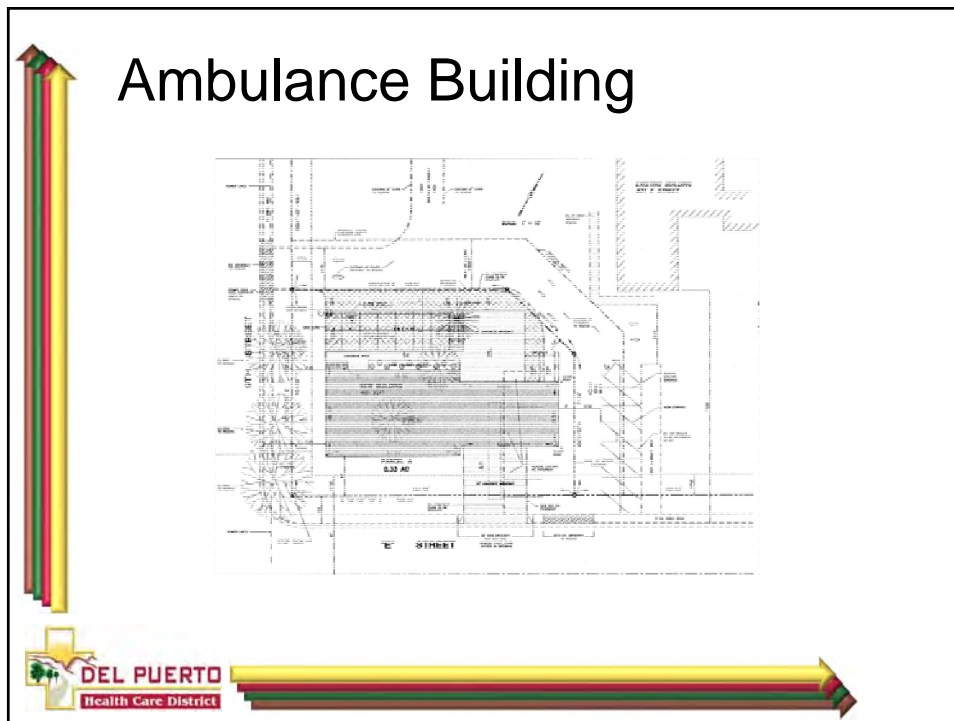
DEL PUERTO HOSPITAL  
1950's



2




3




4

# Facility Breakdown




	Sq Ft
Admin and Crew Quarters	2,986
<u>Apparatus &amp; Equipment</u>	<u>1,675</u>
Total Current Building	4,661
Total Current Lot	14,325

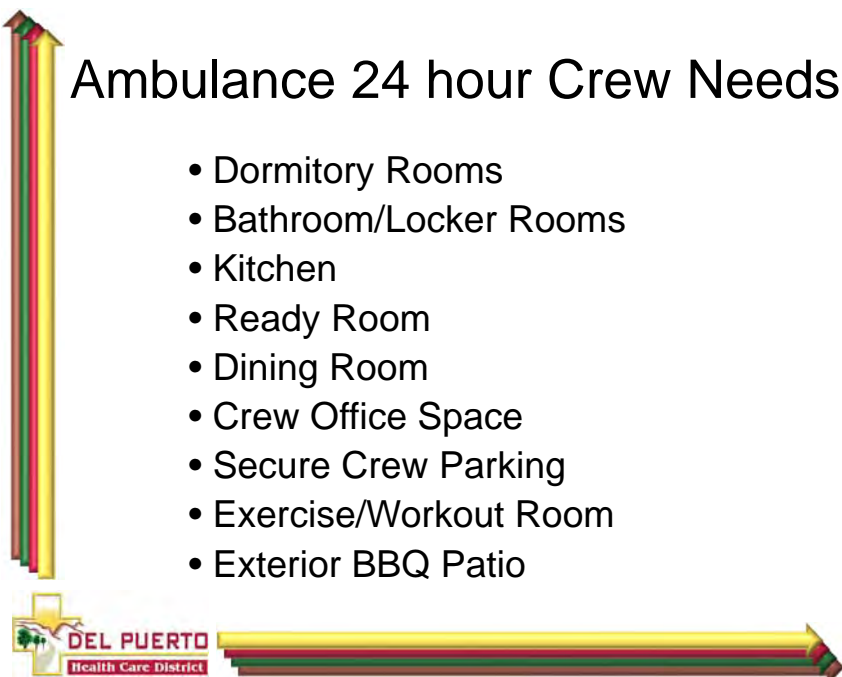


5

# Future Capacity Requirements




6

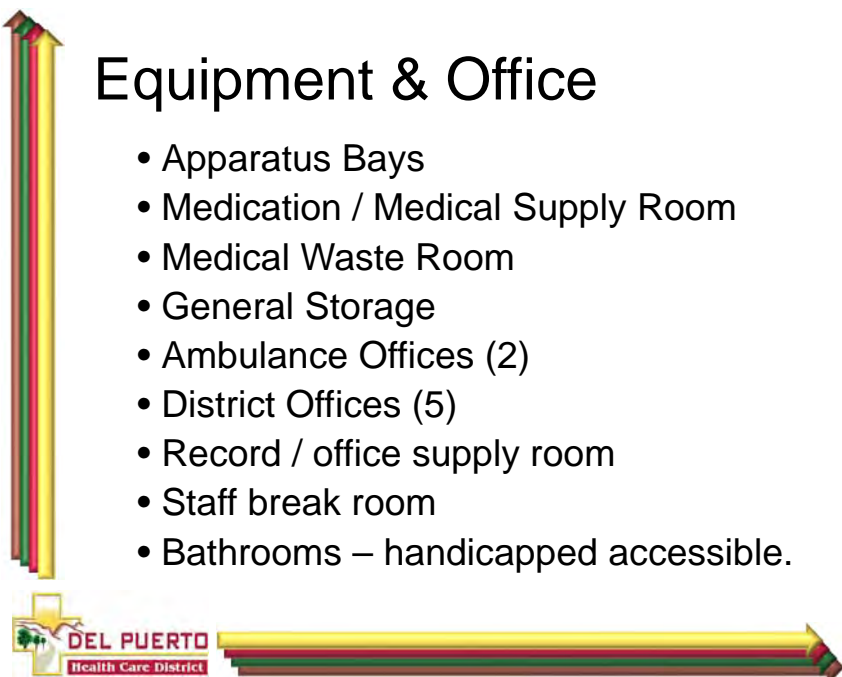


## Ambulance 24 hour Crew Needs

- Dormitory Rooms
- Bathroom/Locker Rooms
- Kitchen
- Ready Room
- Dining Room
- Crew Office Space
- Secure Crew Parking
- Exercise/Workout Room
- Exterior BBQ Patio


 DEL PUERTO  
Health Care District

7

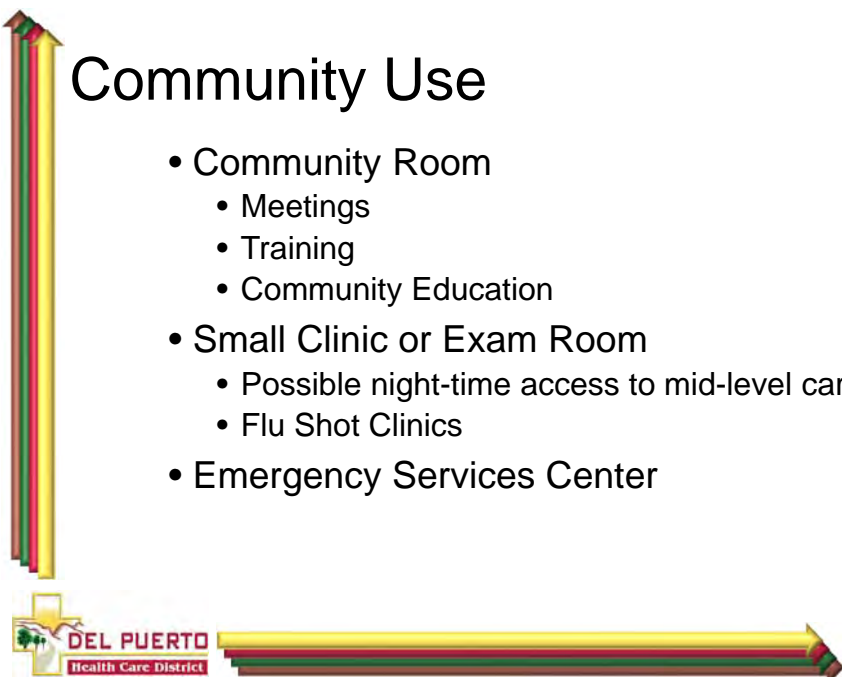


## Equipment & Office

- Apparatus Bays
- Medication / Medical Supply Room
- Medical Waste Room
- General Storage
- Ambulance Offices (2)
- District Offices (5)
- Record / office supply room
- Staff break room
- Bathrooms – handicapped accessible.


 DEL PUERTO  
Health Care District

8

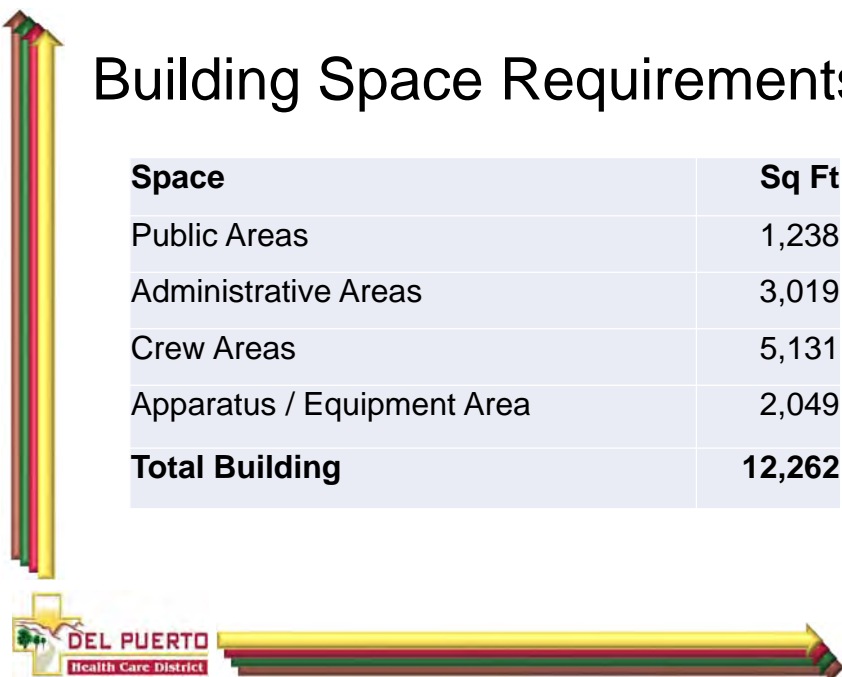


## Community Use

- Community Room
  - Meetings
  - Training
  - Community Education
- Small Clinic or Exam Room
  - Possible night-time access to mid-level care
  - Flu Shot Clinics
- Emergency Services Center




9

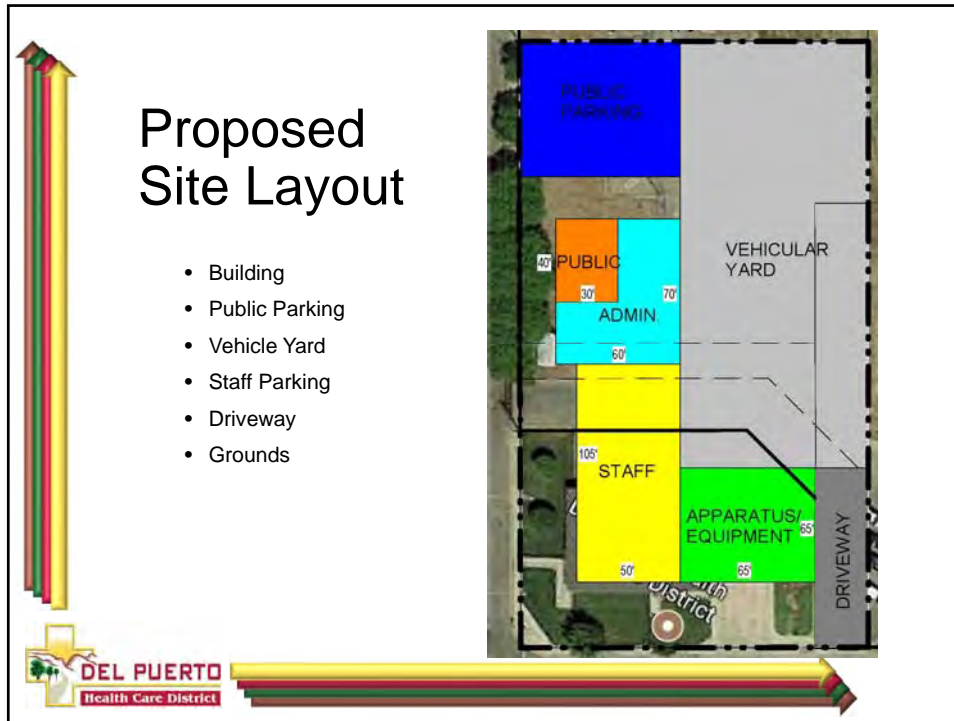


## Building Space Requirements

Space	Sq Ft
Public Areas	1,238
Administrative Areas	3,019
Crew Areas	5,131
Apparatus / Equipment Area	2,049
<b>Total Building</b>	<b>12,262</b>



10



11

## Lot Size Requirements

Architectural Projection	Sq Ft
<i>Total Building Size</i>	12,262
Public Parking, Vehicle Yard, Grounds	35,338
<b>Total Land Requirement</b>	<b>47,600</b>

12



## Additional Land Required

	Sq Ft
Necessary Site	47,600
<u>Original lot</u>	<u>-14,325</u>
Required	33,275

13

## Land Acquisition Completed

Recorded with County

- November 2020

14

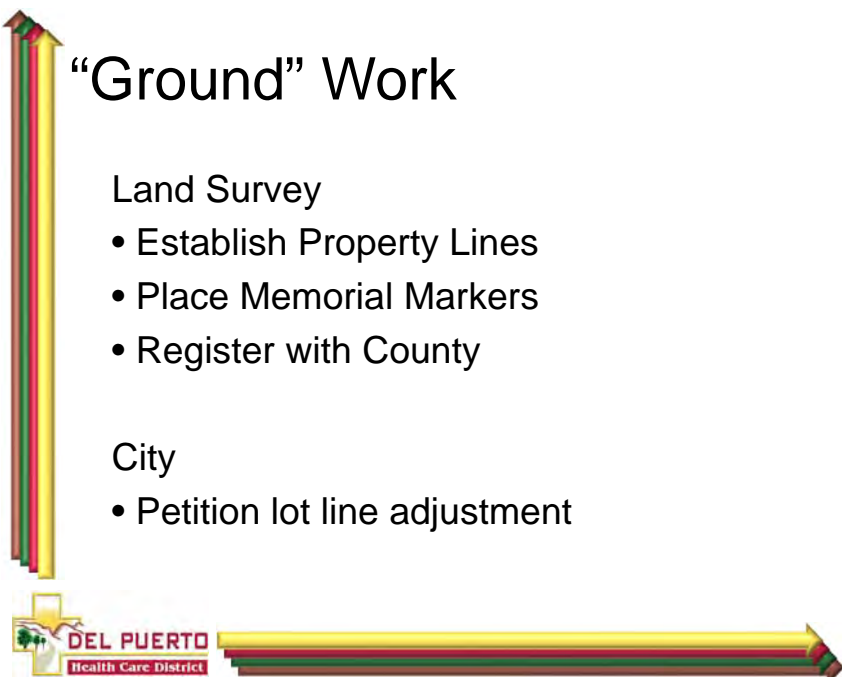


# Next Steps

Land  
Finance  
Engineering/Design  
Construction



15




# “Ground” Work

Land Survey

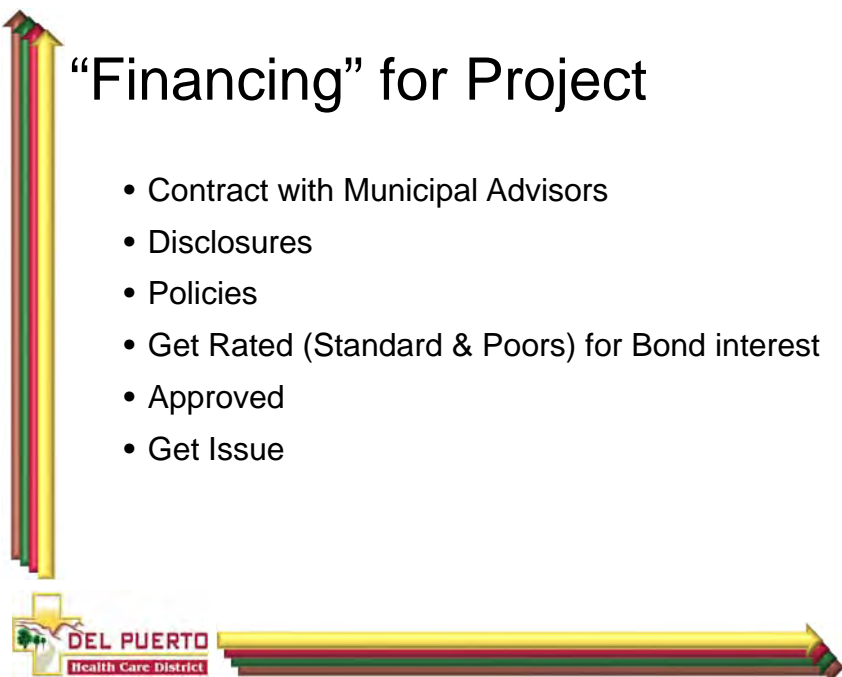
- Establish Property Lines
- Place Memorial Markers
- Register with County

City

- Petition lot line adjustment




16

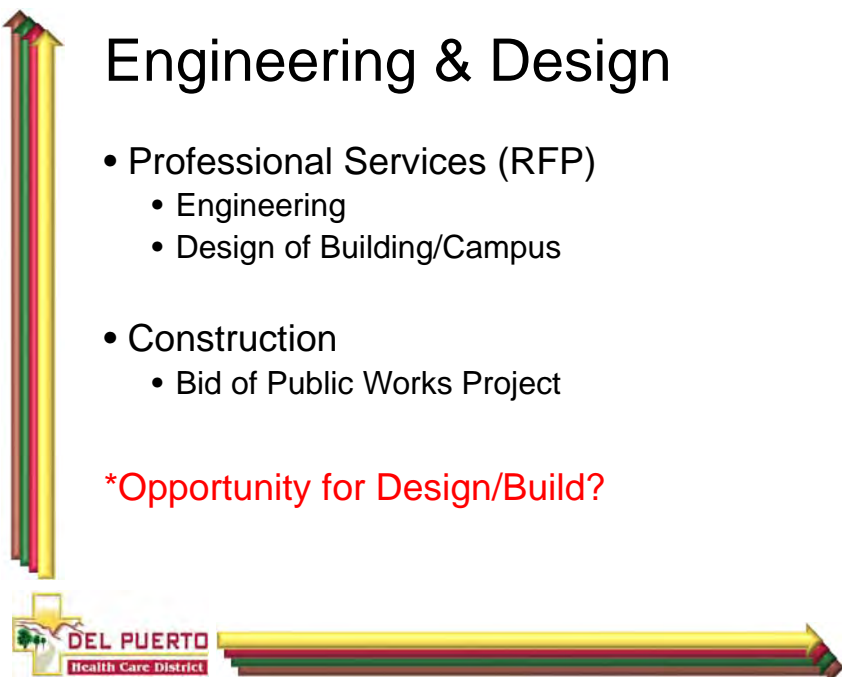


## “Financing” for Project

- Contract with Municipal Advisors
- Disclosures
- Policies
- Get Rated (Standard & Poors) for Bond interest
- Approved
- Get Issue




17



## Engineering & Design

- Professional Services (RFP)
  - Engineering
  - Design of Building/Campus
- Construction
  - Bid of Public Works Project

\*Opportunity for Design/Build?



18

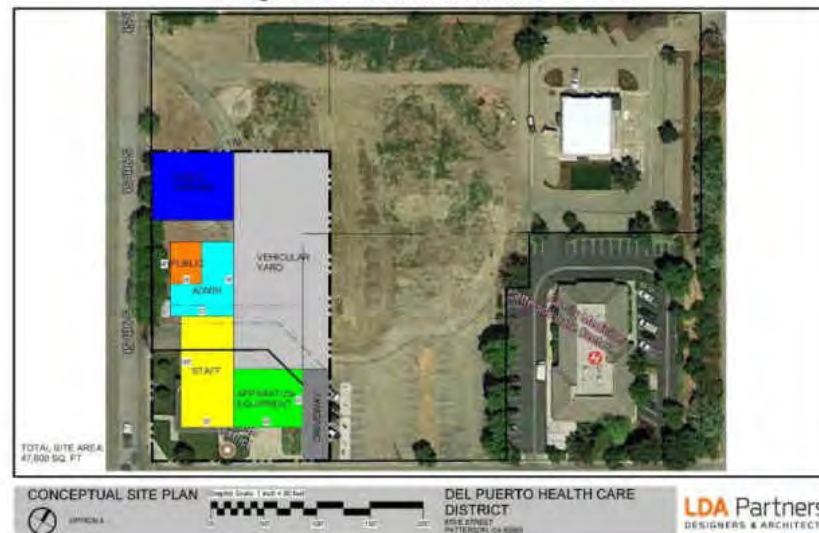




# Del Puerto Health Care District

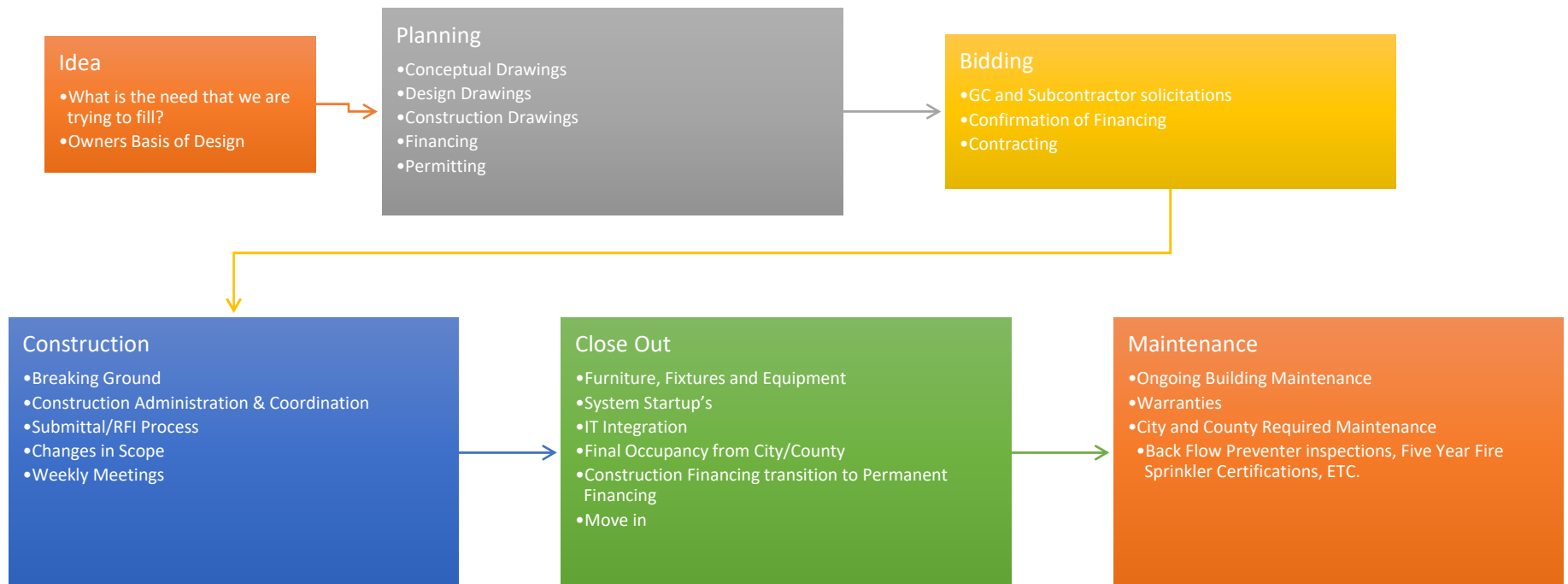
Ambulance District Head Quarters

Program A Prelim. Estimate OPT #1





# The Construction Process...





## Hard Bid (Design-Bid-Build)

This version provides multiple General Contractors (GC's) with a set of fully developed and complete bidding documents.

Pros	Cons
Competitive in nature	Potentially adversarial relationship with the GC, Client, Architect
Specific and complete set of instructions and expectations. Very little 'grey area'	Design issue change orders
Great for the 'cookie cutter' projects	No controls of design costs
Fixed-Price style contract	Final pricing might not be in alignment with Owner's project budget
	Very little opportunity to expedite construction



## Design-Build

In this version, the GC will manage the entire process, including design, from the concept to owner move in.

Pros	Cons
Updated pricing throughout the design process	No need to for this with 'cookie-cutter' style projects.
Zero design related issue change orders	No competitive bidding for multiple GC's. GC selection process made during planning phase
Flexibility with design as it relates to costs	
Informed decision making process	
Front end value engineering	
Earlier construction starts	
Team style relationship with Owner, GC, Architect	
Cost conscience design management	
Generally, open-book style contract (with GMP)	



**From:** [Karin Hennings](#)  
**To:** "Karin Hennings"  
**Cc:** [Paul Willette \(Paul.Willette@DPHealth.org\)](#)  
**Bcc:** [Anne Stokman \(astokman@csustan.edu\)](#); [Becky Campo \(rvcampo@hotmail.com\)](#); [David G. Ritchie \(dritchie@colehuber.com\)](#); [Gallo Mac Master \(MVP95363@outlook.com\)](#); [Jose Rodriguez \(Jose.Rodriguez@dphealth.org\)](#); [Luis Avila \(avila\\_luis@hotmail.com\)](#); [Steve Pittson \(pittson@me.com\)](#)  
**Subject:** Meeting with City Planning Department  
**Date:** Wednesday, May 5, 2021 2:19:00 PM  
**Attachments:** [Attachment-2504.pdf](#)

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Dear All,

Paul and I met with City of Patterson Manager, Ken Irwin, David James (Community Development), Fernando Ulloa (Civic engineer/planner, and Joel Andrews (City Planner) on a Zoom meeting yesterday afternoon, Tuesday, May 4.

It was a productive introduction of our pending project and we were able to share the history of acquiring the property, the scope of the project, and our consideration of the design-build process (which they highly recommended).

The City was very appreciative that we had reached out in the early stages of the project and took us through some of the phases that involve the City including:

- zoning approval (they acknowledged we are already zoned correctly),
- architectural review and site plan due process (how the project interfaces with the streets, etc)
- building department review (planning and public works)

The City has initiated a Public Safety Committee which the District is invited to be an observer along with Fire and Policy. The Public Safety Committee is looking years to the future about the needs of the community.

The City is also building for the future with a Public Safety Center project (see attached PDF) that is slated for downtown. This City is having a feasibility study conducted by LDA Partners (the Stockton Architectural firm that we use in our initial study).

The City Planning Personnel are preparing a presentation for our Board meeting on June 28, 2021 on the planning process and other information pertinent to our project.

**Karin Freese Hennings**

Chief Executive Officer  
Administrative Director

[karin.hennings@dphealth.org](mailto:karin.hennings@dphealth.org)  
209.894.8201 direct





# Del Puerto Health Care District Building Process

June 28, 2021

1

## Process

- Planning Review
- Improvement Plans
- Building Permit
- Other Permits
- It is our intention this evening to walk the District through the various steps involved in the process beginning with the initial submittal through to the construction phase.

2

## Initial Reaction

- Nice architectural approach
- Good for community
- Outdoor yard
- Fencing

3

## Planning Review

- Architectural and Site Plan Review
  - City staff and other relevant agencies provide comment
  - Planning Commission review and approval
  - 2-4 month time from complete application submittal
  - CEQA – likely exempt
  - \$1,290 application fee

4

## Improvement Plans

- Review Schedule Timing of 5-10 Days
  - Civil Onsite/Offsite Improvement plans
  - Landscape/Irrigation plans
  
- Fees
  - Plan Review - \$5,000\*-\$10,000\*
  - Inspection Fees - \$7,500\*

5

## Building Permit

- Review Schedule Timing of 5-10 Days
  - Building plans
    - Structural, Mechanical, Electrical, Other
  - Structural Calculations
  - Soils Report
  
- Fees (assuming a 5,000sf building)
  - Building - \$4,500\*
  - Plan Check - \$3,000\*
  - Connections & Impact Fees
    - TBD (Refer to Estimated Dev. Fee Schedule)

6

## Other permits

- Encroachment Permit
  - \$98.82
- Grading Permit
  - \$500\*

7

Questions?

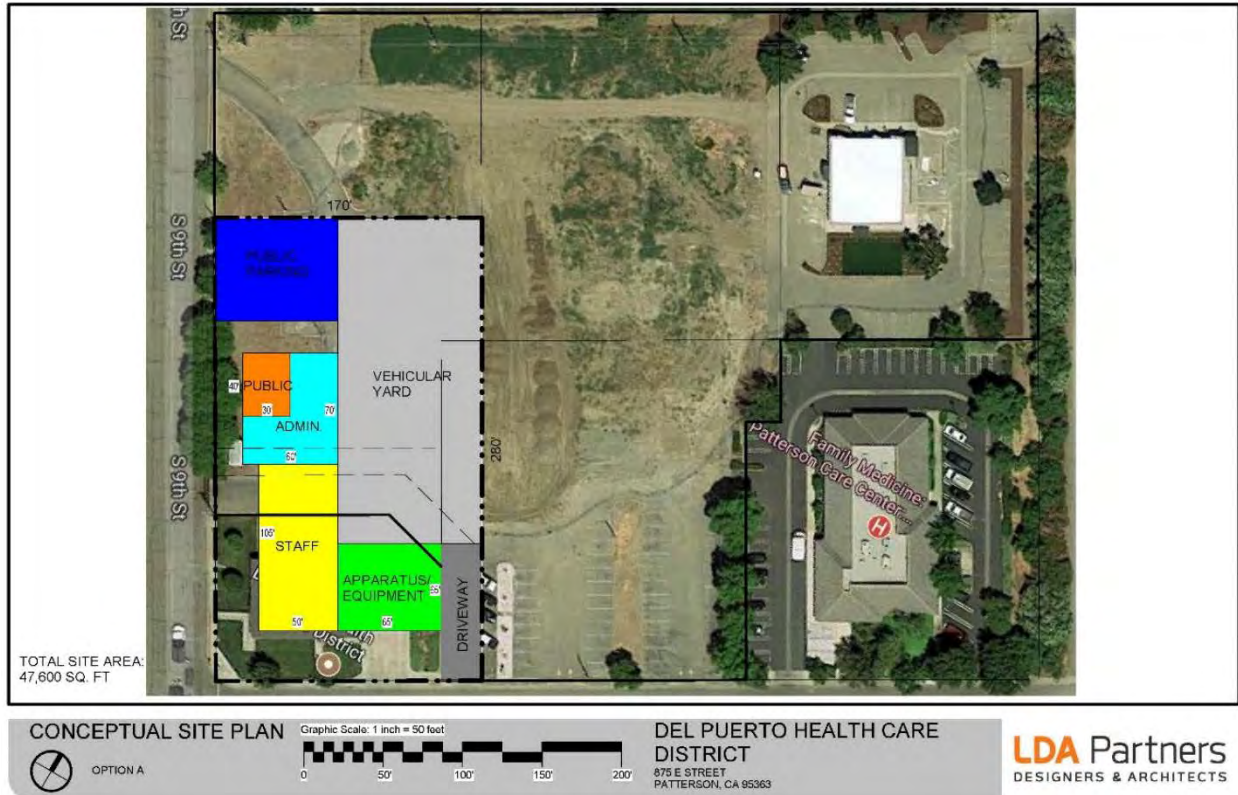
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# Del Puerto Health Care District

## Building Requirements – by area type

Based on above requirements, a study was conducted by LDA Partners, to estimate the total square foot required for buildings, public and employee parking, crew quarters, training or community room, offices, equipment, and protected apparatus parking.

### Program A Prelim. Estimate OPT #1







## Del Puerto Health Care District

### Patterson District Ambulance Requirements

Patterson District Ambulance (PDA) staffs two 24-hour ALS ambulances at 875 E Street in Patterson. This location is a very good central location in the City of Patterson with good access to main roadways - Hwy 33 for north/south access, Las Palmas east, and Sperry west. This location allows us the best opportunity to meet our urban response time requirements.

There are four crew members on-duty at any given time. It is common to have an intern or student rider with an ambulance crew. Interns are with crews the entire 24-hour shift while students are generally limited to 12-hour day shifts.

#### **READY ROOM**

There needs to be a room large enough to accommodate 5 persons using recliner type chairs to watch TV or otherwise relax during down time between calls. There needs to be space for a dry erase board and at least two bulletin boards. Radio and pager chargers as well as spare batteries need to be accessible. The existing facility space is too small.

#### **DINING ROOM**

The crews need a table area where they can eat their meals. The existing facility does not have dining room space and depends on crew members using a shared counter space with the kitchen. There are bar stools at the counter that frequently impede the travel path through the room to the apparatus bay.

#### **KITCHEN**

The existing kitchen area is small and has limited cabinet space and no pantry area to store food. It is cramped if two people try to use the space at the same time. The existing refrigerator is up against a wall that limits the opening of the refrigerator door. A new facility needs a better kitchen layout with more work space plus cabinet and drawer storage space. Room two refrigerators for adequate food storage and ice makers. A dishwasher is required. There should be enough space that trash and recycling can be stored out of sight.

#### **OFFICE SPACE**

There needs to be adequate space for crew members to have desk and computer access. The office should have adequate file storage space, book shelves, and crew member mailboxes. Station alerting equipment including radios, an amplifier, and lighting and speaker control systems should most likely be located in this area.

#### **DORMATORY ROOMS**

The existing dorm rooms are cramped due to two lockers in each of the four rooms. The lockers should be moved out of the dorm rooms to male/female locker rooms. There needs to be enough room for a chair and a night stand. Need a minimum of 6 dorm rooms.

#### **BATHROOM / LOCKER ROOMS**

There should be male and female locker rooms. There are currently 11 full-time paramedics and EMTs. There could be two additional full-time employees. There should be at least two extra lockers in each locker room for part-time employees working a shift. The bathrooms need vanity cabinets with adequate counter space and two sinks. Bathrooms should allow for toilet and shower use without preventing use to sink/mirror space and lockers. Shower areas need adequate space for a crew member to sit on a bench to dress and to have clothes quickly accessible out of the shower.

#### **EXERCISE/WORKOUT ROOM**

The current facility does not have any space for exercise equipment or machines. We currently have an elliptical, a treadmill, and a weight machine/system. A new facility should have enough space for this existing equipment at minimum and some floor space for stretching or other non-machine exercises.

## Del Puerto Health Care District

### **APPARATUS BAYS**

PDA currently has four ambulances and a supervisor SUV. There is only apparatus bay space for two ambulances inside. Between the existing facility and a new facility, all ambulances and the supervisor vehicle should be stored inside an apparatus bay. There needs to be space for a washer and dryer, a utility sink with some counter space to clean equipment. There needs to be space for automotive supplies, tools, a portable BBQ, and crew safety equipment that should not be stored inside ie: jackets, rain gear, rescue gloves, and helmets.

### **MEDICATION / SUPPLY ROOM**

There needs to be a temperature-controlled room for medications and medical supplies. This room is a good location for battery chargers.

### **SUPPLY ROOM / MEDICAL WASTE ROOM**

There needs to be a room for general storage of equipment ie backboards, standby tents, tables, chairs. Medical waste needs to be secured pending pickup by a waste company.

### **GENERAL STORAGE**

There is a general lack of storage space in the current ambulance station/crew quarters. Space to store cleaning equipment, cleaning and station supplies, and repair parts and supplies, probably more.

### **CREW PARKING**

Ambulance crews and interns should have secured parking. There should be adequate parking for shift changes.

### **OUTSIDE/EXTERIOR**

There should be a small patio area where crews can relax outside and BBQ rather than having to BBQ in the driveway.

### **OTHER THOUGHTS**

Consider a small community room for community interaction walk-in patients, immunization clinics, or small community health related meetings.

Access to the crew quarters without having to go through the apparatus bay. A man door access to apparatus bay rather than depending on apparatus doors.

Emergency power to be sized to allow near full, or near full, capacity use of facility - cooking, refrigerator(s), HVAC, lighting, alerting system, apparatus doors, lighting and general plugs so facility can remain operational in extended power outages.

### **OFFICE SPACE**

Ambulance Director and QI person require offices. Currently the QI person uses a corner of the classroom area without privacy.

Current District offices include: Admin Director/CEO, Human Resources, and general office staff with counter area and lobby. A record and office supply room, break room and/or mini kitchen, bathroom – handicapped accessible. A small classroom with storage space. Could use at least one more office.

## Del Puerto Health Care District

1/30/2018

Program A Preliminary Estimate OPTION #1

Variable Grossing Factor

	Program Heading	Space	Quantity	Area	Net Area	Area Factor	Gross SF	Cost / Area	Extended Cost
<b>1.00</b>	<b>Public Areas</b>								
		Community Room	1	750	750	1.25	937.5		
		Public RR	2	60	120	1.25	150		
		Public RR	2	60	120	1.25	150		
		Community Room Storage	1	150	150	1.25	187.5		
		Clinic	1	200	200	1.25	250		
		Exam	2	200	400	1.25	500		
		Storage	1	100	100	1.25	125		
		Reception	1	150	150	1.25	187.5		
		Public Lobby	1	250	250	1.25	312.5		
		Workstation	2	100	200	1.25	250		
		<b>Public Areas Subtotal</b>					<b>1,238</b>	<b>\$ 315</b>	<b>\$ 389,813</b>
<b>2.00</b>	<b>Administrative Areas</b>								
		Public Reception	1	250	250	1.25	312.5		
		Staff Office	5	100	500	1.25	625		
		Director Office	2	150	300	1.25	375		
		Public RR- Single Occupancy	1	65	65	1.25	81.25		
		Administrative Storage	2	150	300	1.25	375		
		IT	1	100	100	1.25	125		
		Elect Room	1	200	200	1.25	250		
		MPOE	1	75	75	1.25	93.75		
		Janitor	1	75	75	1.25	93.75		
		Work Room	1	150	150	1.25	187.5		
		Men Restroom	1	125	125	1.25	156.25		
		Women Restroom	1	125	125	1.25	156.25		
		Mech Room	1	150	150	1.25	187.5		
		<b>Administrative Areas Subtotal</b>					<b>3,019</b>	<b>\$ 300</b>	<b>\$ 905,625</b>
<b>3.00</b>	<b>Staff Areas</b>								
		Chief Quarters	1	150	150	1.25	188		
		Crew Quarters	6	125	750	1.25	938		
		Ready room	1	700	700	1.25	875		
		Lockers Room- (men)	1	500	500	1.25	625		
		Lockers Room - Women)	1	500	500	1.25	625		
		Kitchen	1	300	300	1.25	375		
		Pantry	1	50	50	1.25	63		
		Dining Area	1	300	300	1.25	375		
		Exercise	1	350	350	1.25	438		
		Dispatch	1	50	50	1.25	63		
		Medical Cabinet	1	25	25	1.25	31		
		General Storage	2	100	200	1.25	250		
		Medical Enclosure	1	80	80	1.25	100		
		Laundry	1	150	150	1.25	188		
		<b>Staff Areas Subtotal</b>					<b>5,131</b>	<b>\$ 350</b>	<b>\$ 1,795,938</b>
<b>4.00</b>	<b>Vehicle</b>								
		SUV	1	175	175	1.50	262.5		
		Front Line Ambulance	2	475	950	1.50	712.5		
		Reserve Ambulance	3	280	840	1.50	420		
		Future Ambulance	1	290	290	1.50	435		

## Del Puerto Health Care District

		Emergency trailer (exterior)	1	145	145	0.00	0			
		Engine (3/0 staffing)	1	146	146	1.50	219			
		10 KW portable generator on wheels (exterior)	1	50	50	0.00	0			
		<b>Vehicle Subtotal</b>					<b>2,049</b>	\$ 200	\$ 409,800	
<b>5.00</b>	<b>Equipment</b>									
		Workshop	1	200	200	1.25	250			
		Turnout / Gear Storage	1	100	100	1.25	125			
		Equip Storage	1	275	275	1.25	343.75			
		Decontamination	1	85	85	1.25	106.25			
		<b>Equipment Subtotal</b>					<b>825</b>	\$ 200	\$ 165,000	
		<b>Total Building</b>					<b>12,262</b>		<b>\$ 3,256,375</b>	
<b>6.00</b>	<b>Site</b>									
		General Site	1	47,600	47,600	1	47,600	\$ 25.00	\$ 1,190,000	
		Exterior Patio	1	500	500	1	500	\$ 45.00	\$ 22,500	
		Utilities	1	100,000	100,000	1	100,000	\$ 4.50	\$ 450,000	
		<b>Total Site</b>							<b>\$ 1,662,500</b>	
	<b>CONSTRUCTION SUBTOTAL</b>									<b>\$ 4,918,875</b>
<b>HARD COSTS</b>	<b>HARD COSTS</b>									
		General Conditions							10.0%	\$491,888
		General Requirements, Overhead							2.0%	\$98,378
		Profit							5.0%	\$245,944
		Bonds							1.0%	\$49,189
		Estimating Contingency							3.0%	\$147,566
	<b>TOTAL PROJECT HARD COST</b>									<b>\$ 5,951,839</b>
<b>SOFT COSTS</b>	<b>SOFT COSTS</b>									
		Design Fees							8.5%	\$ 505,906
		Materials Testing							1.0%	\$ 59,518
		Geotech							L/S	\$ 10,000
		Permit Fees							LS	\$ 75,000
		Misc Utility Fee Allowance							LS	\$ 50,000
		FFE							L/S	\$ 200,000
	Contingency							3.0%	\$ 178,555	
	<b>TOTAL PROJECT SOFT COST</b>									<b>\$ 1,078,980</b>
	<b>TOTAL PROJECT COST</b>									<b>\$ 7,030,819</b>

# California Health Care District Financing Techniques

Across the nation, the delivery of health care services is undergoing a period of transformation. Much of this change is being driven by The Affordable Care Act signed into law in 2010.

Many hospital facilities in California are aging and need to be renovated or replaced in order to address the evolving regulatory and insurance environment, seismic upgrades for acute care facilities required under California law or other needs in the community. Health care districts in California are authorized to incur various types of debt, including general obligation bonds that are paid from *ad valorem* property taxes levied on property within the district, as well as debt secured by district revenues. The issuance of bonds or incurrence of other debt by health care districts involves the interplay of a number of laws, including California statutes, the California Constitution, federal securities laws and federal tax laws.

## General Obligation Bonds

General obligation bonds are voter-approved long-term debt instruments which are secured by the legal obligation to levy and collect *ad valorem* property taxes sufficient to pay annual debt service on the bonds. Because general obligation bonds are secured by the taxing power of the health care district, they are considered to pose the lowest risk to the investor and, therefore, provide the lowest borrowing cost to the health care district when compared to any of the other types of debt financing that a health care district is authorized to use under California law.

By voting to approve a general obligation bond measure, voters are also approving an increase in *ad valorem* property taxes sufficient to pay the debt service on the bonds. Thus, this financing technique incorporates the means for its own repayment,



and general obligation bonds should not cause any reduction in other health care district financial resources. However, voter approval must be obtained and, with the rise of scrutiny over municipal finance practices, it is essential to have a defensible bond program to gain such approval. Components of a defensible program include a clear need to build, expand or modernize facilities, a specific project list to be financed and accountability measures (e.g., independent audits and citizen oversight).

Voter approval of a bond measure creates what has sometimes been called a “contract” between the health care district and the voters. While this “contract” is not a separate document of the financing, it nevertheless limits the health care district’s authority with respect to the bonds. This agreement with the voters consists of the constitutional and statutory law authorizing the election and the issuance of the bonds, the resolution calling the election and the specific language contained in the ballot measure itself. The assenting vote of the electorate completes the agreement.

If a ballot measure is too specific with regard to the projects to be financed (e.g., “construction of a hospital on Jefferson Street”), the health care district board may be bound to build what it has promised to the voters and may not be able to change its plans (e.g., “construction of a hospital on Main Street”) in the future despite changes in health care district priorities or circumstances. Accordingly, when drafting a ballot measure and resolution calling an election, health care districts must carefully balance the need for specificity and the desire for flexibility to ensure that the measure is specific enough to permit the bond proceeds to be used for their intended purposes without eliminating all flexibility of the health care district to handle changing priorities or circumstances.

Accordingly, the preparation of a bond measure requires a deliberate balancing of a number of important factors to help the likelihood that the measure attracts sufficient votes to pass while preserving flexibility for the health care district to handle changing circumstances. It is critical that a health care district review its various options and any proposed bond with competent counsel and other advisors prior to placing a measure on the ballot.

## Debt Secured By District Revenues

Health care districts are also authorized by California law to incur various forms of debt that are payable from revenues of the district. These revenue-based forms of debt carry a higher interest rate than general obligation bonds, but do not require voter approval. In addition, the specific statutes authorizing debt secured by district revenues can limit the borrowing size and the term of the debt.

## Federal Tax-Exemption

While the issuance of bonds or incurrence of debt by health care districts is a matter of California law, the exclusion of interest on such obligations from income for purposes of federal income taxation is governed by federal tax law. The Internal Revenue Code of 1986, and the regulations thereunder, contain an intricate set of requirements that must be complied with in order for a health care district to issue bonds or other debt that are tax-exempt. Additionally, in order for the bonds or other debt to retain their tax-exemption, the health care district must continue to comply with certain requirements after the bonds or other debt are issued or incurred.

The benefit of issuing tax-exempt debt is that tax-exempt financing offers lower interest rates than taxable debt. Because interest paid on tax-exempt debt is exempt from federal income tax (and the income tax of California), the investor requires less interest to produce the same after-tax return as taxable debt would produce. The difference varies from time to time based on market factors but is usually 2 to 4 percentage points less than comparable taxable debt. Given the current low interest rate environment, the difference between tax-exempt and taxable rates is smaller, around 1 to 2 percentage points. In any event, lower interest rates reduce the debt service payments to be made by the health care district.

For example, interest rates on 30-year general obligation bonds sold around May 1, 2016 were roughly as follows:

Ratings <sup>1</sup>	Tax-Exempt Bonds	Revenue Bonds
AAA	2.61%	3.68%
AA	2.81%	3.76%
A	3.13%	4.18%
BBB	3.45%	4.84%

## Federal Securities Law

The offering and sale of securities is regulated by federal laws codified primarily in the Securities Act of 1933 (the "Securities Act") and the Securities and Exchange Act of 1934 (the "Exchange Act"). Health care district general obligation bonds and revenue bonds constitute "securities" for purposes of the Securities Act and the Exchange Act. For most corporate securities, a public offering must be preceded by filing a registration statement with the SEC pursuant to the Securities Act, and the corporation is required to make periodic reports to the SEC pursuant to the Exchange Act. Municipal securities, on the other hand, including those of health care districts, are exempt from the registration requirements of the Securities Act and from the reporting requirements of the Exchange Act. However, the offering and sale of health care district securities is not exempt from the anti-fraud provisions of the Securities Act or the Exchange Act. In addition, the SEC's rules governing underwriters of municipal bonds effectively require health care districts to make periodic disclosure of certain information relevant to the security of their bonds unless certain exemptions apply. In contrast, if the form of debt incurred by the health care district does not constitute a security, but instead is treated as a loan, then the requirements of the Securities Act and the Exchange Act, as well as the rules of the Municipal Securities Rulemaking Board of the SEC, do not apply.

## Summary Comparison of Health Care District Financing Techniques

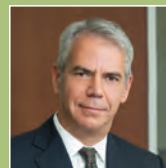
The following table illustrates the main financing techniques available to California health care districts as of May 2016. Nothing in this table should be construed or relied upon as legal advice. Instead, this chart is intended to serve as an overview of the financing options applicable to California health care districts, from which better informed requests for advice, legal and financial, can be formulated. Advice from competent counsel can help districts analyze which financing technique best suits the needs of the district.

### Contact Us

For additional information concerning any health care district financing needs, please contact Jenna Magan or Don Field. Jenna and Don are partners with the global law firm of Orrick, Herrington & Sutcliffe LLP. Jenna focuses on all aspects of municipal and health care financing, including the issuance of general obligation bonds and revenue bonds by health care districts. Don has extensive experience—as both bond counsel and disclosure counsel—in the areas of general obligation bonds and election laws.



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<sup>1</sup> Ratings refer to independent appraisals of the credit quality of the bonds and the likelihood of their repayment performed by one or more of the credit rating agencies: Standard & Poor's Rating Services, Moody's Investors Service or Fitch. The ratings are expressed as letter grades AAA, AA, A, BBB (expressed as Aaa, Aa, A and Baa by Moody's) from highest to lowest investment grade ratings, with +/- or numerical subcategories. Ratings are considered very important by investors in determining what interest rates will induce them to purchase the bonds. Bonds may be sold with or without a rating, although usually at materially higher interest rates.

## SUMMARY COMPARISON OF HEALTH CARE DISTRICT FINANCING TECHNIQUES

	General Obligation Bonds	Revenue Bonds	Certificates of Participation (COP)	Cal-Mortgage Insured Revenue Bonds <sup>2</sup>
<b>Statutory Authority</b>	Health & Safety Code Section 32300 and following; Government Code Section 53506 and following	Health & Safety Code Section 32315 and following	Health & Safety Code Section 32121	Health & Safety Code Sections 32127.2 and 129000 and following
<b>What Can Be Financed?</b>	Real property and improvements only (no equipment) described in ballot measure; costs of issuance and capitalized interest (no reserve fund)	Generally any real or personal property; costs of issuance; capitalized interest; reserve fund	Generally any real or personal property; costs of issuance; capitalized interest; reserve fund	Generally any real or personal property; costs of issuance; capitalized interest; reserve fund; insurance costs
<b>Are Additional Revenues Generated?</b>	Yes, bonds payable from certain <i>ad valorem</i> property taxes	No, bonds payable from revenues of the District	No, COPs payable from revenues of the District <sup>3</sup>	No, bonds payable from revenues of the District
<b>Is Voter Approval Required?</b>	Yes, at least 2/3rd of the qualified electors voting on the ballot measure	No, but resolution must be adopted by 4/5th of District board	No	No
<b>What Is the Maximum Maturity?</b>	40 years	40 years	Useful life of property sold	30 years (subject to economic life of the health facility)
<b>What Is the Maximum Interest Rate?</b>	12%	12%	Generally, none	Generally, none
<b>May Negotiated Sale Be Used?</b>	Yes	Yes, but bond purchase contract is subject to referendum	Yes	Yes
<b>What Are the Most Important Advantages?</b>	Low cost; simplicity; self-supporting	Flexibility; no vote required	Flexibility; no vote required	Flexibility; no vote required; priced on credit of the State of California General Obligation Bonds
<b>What Are the Most Important Disadvantages?</b>	Vote required	Higher interest cost than general obligation bonds; Referendum risk; principal amount limited to 50% of average of District's gross revenues for last 3 years	Higher interest cost than general obligation bonds; reserve fund, insurance and capitalized interest may be required	Reserve fund based on MADS and deed of trust on facilities required by Cal-Mortgage; insurance costs; covenants in regulatory agreement

<sup>2</sup> Health care districts are also authorized to incur FHA insured debt under Health & Safety Code Section 32127.3.

<sup>3</sup> COPs can be secured by parcel taxes with voter approval.



	Negotiable Promissory Notes	Line of Credit with Commercial Lender	Capital Lease	Lease Purchase
<b>Statutory Authority</b>	Health & Safety Code Section 32130.2	Health & Safety Code Section 32130.6	Health & Safety Code Section 32130.6	Health & Safety Code Section 32130.6
<b>What Can Be Financed?</b>	Any District purpose	Any District purpose	Equipment	Real property, buildings and facilities
<b>Are Additional Revenues Generated?</b>	No, notes are payable from revenues of the District	No, secured in whole or in part with accounts receivable or other intangible assets of the District	No, but security interest in equipment may be granted	No, lease purchase payments are payable from revenues of the District
<b>Is Voter Approval Required?</b>	No, but resolution must be adopted by a majority of the District board	No, but resolution must be adopted by a majority of the District board	No, but resolution must be adopted by a majority of the District board	No, but resolution must be adopted by a majority of the District board
<b>What Is the Maximum Maturity?</b>	10 years (subject to useful life of the financed property)	Must be repaid within 5 years from each separate borrowing or draw under the line of credit (take-out financings are permitted)	10 years	10 years
<b>What Is the Maximum Interest Rate?</b>	12%	Generally, none	Generally, none	Generally, none
<b>May Negotiated Sale Be Used?</b>	Yes	Yes	Yes	Yes
<b>What Are the Most Important Advantages?</b>	Proceeds can be used for any purpose, including working capital	Proceeds can be used for any purpose, including working capital	Flexible financing for equipment	Flexible financing for real property and equipment
<b>What Are the Most Important Disadvantages?</b>	Total aggregate amount of notes outstanding at any one time shall not exceed 85% of all estimated income and revenue for the current fiscal year	5 year term limits size of borrowing	Not available for financing real estate	10 year term limits size of borrowing

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# Memorandum

ATTORNEY-CLIENT PRIVILEGE AND ATTORNEY WORK PRODUCT

**TO:** Karin Freese Hennings, Del Puerto Health Care District

**FROM:** David S. Gehrig  
Julian A. Viksman

**DATE:** April 15, 2022

**RE:** Design-Build Authority for Administrative Office and Ambulance Facility

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## ISSUE PRESENTED

Does the Del Puerto Health Care District (the "**District**") have statutory authority to utilize the design-build project delivery method for designing and constructing an administrative office and ambulance facility (the "**Facility**")?

## BRIEF ANSWER

The District can likely utilize the design-build project delivery method for designing and constructing the Facility pursuant to Health and Safety Code Section 32132.5 because the District is a health care district and the Facility is associated with health care facilities.

## I. INTRODUCTION

The District is a health care district formed pursuant to the Local Health Care District Law, Health and Safety Code Sections 32000 *et seq.*<sup>1</sup> The District operates a state of the art health center that provides adult, pediatric, and industrial health services for the community. The current health center provides women's health care education, diabetes education for the public, laceration treatment, and asthmatic treatment programs. The District also operates a 24-hour emergency ambulance service provided by Patterson District Ambulance ("**PDA**").

The District and PDA desire to expand the current facility to include an expanded apparatus bay for ambulances, living accommodations for ambulance crew members, a medication and supply room, and administrative office space. The proposed Facility expands upon the current health center and ambulance operations center location, which will allow the District and PDA the best opportunity to meet their urban response time requirements. The Facility is consistent with the City of Patterson's General Plan Goals and is necessary for the continual provision of emergency services.

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<sup>1</sup> All statutory references are to the Health and Safety Code unless specified otherwise.

## ATTORNEY-CLIENT PRIVILEGE AND ATTORNEY WORK PRODUCT

Memorandum To:

Karin Freese Hennings, Del Puerto Health Care District

April 15, 2022

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The District desires to design and construct the Facility using a design-build project delivery methodology pursuant to Section 32132.5. This memorandum examines whether the District is authorized to utilize this authority for designing and constructing the Facility.

## II. ANALYSIS

Section 32132.5 allows health care districts, subject to approval by its Board of Directors, to use the design-build procedures described in the Local Agency Public Construction Act to "assign contracts for the construction of a building or improvements **directly related** to construction of a hospital or **health facility building**." (Emphasis added.) There is no case law or authoritative guidance on what a building or improvement directly related to the construction of a health facility building means. Accordingly, we analyzed the legislative intent for a better understanding of the intended scope of the statute.

First, SB 957 (Hueso) amended Section 32132.5 to include the current design-build language. The intent of the Legislature in enacting the bill was to allow the "design-build process be used by health care districts solely for buildings **associated with** hospitals and **health care facilities**." (Emphasis added.) This authority was previously reserved for a few select health care districts, but SB 957 expanded the authority to all health care districts, including the District. We interpret the Legislature's intent as distinguishing between health care facilities and facilities completely unrelated to health care. The District's Facility is "associated with hospitals and health care facilities" in that the administrators are essential to the operation of the nearby health center, supplies common to the health and ambulance centers will be stored in the Facility, and trainings of health center workers will occur in the new building.

Second, in the legislative history the Legislature provided examples of the type of facilities authorized to utilize design-build—"clinics and skilled nursing facilities"—as well as examples of prohibited facilities—"streets, highways, public rail transit, roads, bridges, other water resources facilities, and related infrastructure." The Facility appears to be much more closely related to the authorized facilities than the prohibited facilities. The Facility expands the current health and ambulance center, which provides health care-related services, and assists the District in satisfying its statutory mandate to provide health care services.

Finally, the Senate Governance and Finance Committee issued a report examining SB 957. The report questioned why a health care district that is only responsible for managing property should be allowed to use design-build contracting to construct medical office buildings or other infrastructure that will be leased to private health care providers in exchange for rental income to the health care district. By asking *why* these types of facilities are entitled to utilize to the statute, the report implicitly acknowledges that a health care district can use the design-build statute to construct medical office buildings, even if they are only used to generate income. We think this further supports the argument that the District can use the design-build statute to construct new buildings for ambulance and administrative office space, which we think are more closely associated with health care facilities than a solely income-generating medical office building.

ATTORNEY-CLIENT PRIVILEGE AND ATTORNEY WORK PRODUCT

Memorandum To:

Karin Freese Hennings, Del Puerto Health Care District

April 15, 2022

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### III. CONCLUSION

Section 32132.5 allows health care districts to utilize the design-build project delivery method for the design and construction of improvements directly related to the construction of a hospital or health facility building. The Legislative history of the statute supports our interpretation that the design-build process can be used for the Facility because the Facility is much more similar to the examples of buildings that are authorized to utilize the statute than the examples of the buildings that are prohibited from utilizing the statute. In short, we believe that the Facility has a close enough nexus to the District's existing health center to be considered "related to a ... health facility building," thereby allowing the District to utilize the design-build authority in Section 32132.5 for the design and construction of the Facility.



## Facilities Plan for



and



Commitment to Project February 2018  
Acquisition of Property July 2021  
Project Next Steps May 2022



1

## Our future...

### Vision


A locally cultivated,  
healthier community

### Mission

Provide, promote and  
partner in quality  
healthcare for all



2



## Project Goals

- 40-50 years in facility
- Long-term, centralized location
- Office space for Admin and Ambulance staff
- Crew living quarters for up to four ambulance crews
- Community Meeting Room (board mtgs, training, CPR , etc.)

3

## Ambulance Need Projection

Year	City Population	Total Responses	Total Transports	Total Unit Hours	Units Required
2021	23,781	2,918	1,989	59,111	2.50
2024	27,524	3,250	2,215	65,824	3.00
2030	33,138	3,913	2,667	79,250	3.50
2035	37,816	4,465	3,044	90,438	4.00
2040* *Satellite Station	42,494	5,017	3,420	101,627	4.50

4



## Additional Growth

- Rural Communities (Westley, Grayson, Crows Landing)
- Crows Landing Development
- Interstate 5 increased traffic
- Additional Commercial Development on Sperry & I5



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## Building Needs

### AMBULANCE

- Ready Room
- Dining Room
- Kitchen
- Crew Office Space
- Dormitory Rooms
- Bathroom / Locker Rooms
- Exercise/Workout Room
- Outside Patio/BBQ Area
- Training / Meeting Room
- Director/QI office space (x2)
- Medication / Supply Room
- Supply Room
- Medical Waste Room
- General Storage

### ADMINISTRATION

- Admin Dir/CEO office
- Human Resources of
- Finance office
- Reception w/workstations
- Records Storage
- Supply
- Break Room
- Bathrooms
- Meeting/Classroom

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## Current Facilities

	Sq Ft
Admin and Crew Quarters	2,986
<u>Apparatus &amp; Equipment</u>	<u>1,675</u>
Total Current Building	4,661

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## Current Facilities

Space	Capacity
Bedrooms (8 lockers for 13 FT)	4 x 100 sf 4+ crew members
Bathrooms (no lockers)	2.5 Single use; opens to living areas
Crew Living Area	1 x 464 sf 6 crew members
Offices	4 offices 7 staff
Office files and breakroom	1 x 288 sf Max 4 people in break area
Classroom/Storage	1 x 364 sf Max 8 students/class
Apparatus Bay	2 spaces 5 Ambulances
Parking	7 spaces 16 vehicles
Ambulance Supplies/Equip	2 x 160 Overflow to Classroom
Total	2,986 sf

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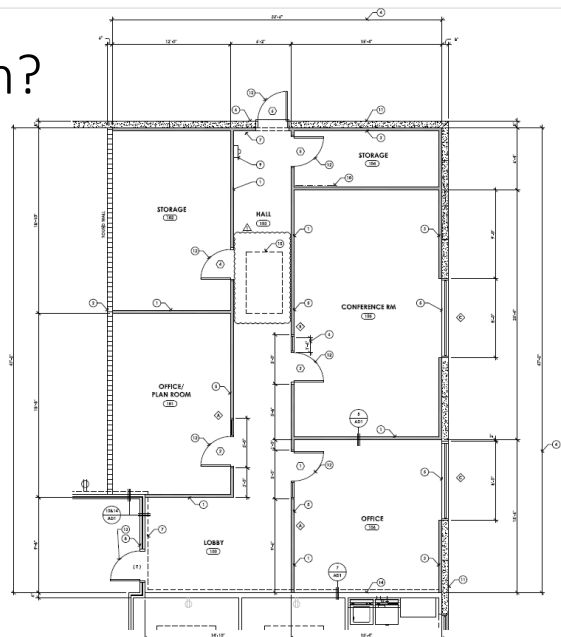
# Building Space Requirements

Space	SF	AMB	ADM
Public Areas	2,300	1,300	1,000
Administrative Areas	3,019	315	2,704
Crew Areas	5,131	5,131	--
Apparatus / Equipment Area	2,874	2,874	--
<b>Total Building</b>	<b>13,324</b>	<b>9,620</b>	<b>3,704</b>

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## Keystone C3 for Admin?

- C3 Conference Room = 388 sf
- Total C3 office space 1,077
- Required 2,704
- **Deficit = 1,627-**
- Lacks public entrance
- Cost to renovate \$150,000
- Lacks sufficient amenities



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## Proposed Site Layout

- Public Parking
- Public Area
- ADM/AMB Offices
- Crew Quarters
- Staff Parking
- Vehicle Yard
- Apparatus Bays
- Driveway
- Grounds

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## Other Properties & Investment

<p>Keystone B (2012)</p> <ul style="list-style-type: none"> <li>• \$2,759,000</li> <li>• building &amp; improvements</li> </ul>	<p>Keystone C (2016)</p> <ul style="list-style-type: none"> <li>• \$1,859,000</li> <li>• building (2/3 improved)</li> </ul>
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# Building Cost

Space	SF	AMB	ADM
Building	\$4,367,750	\$3,153,539	\$1,214,211
Site (preparation, utilities)	1,805,300	1,299,816	505,484
Hard Costs (Gen. Conditions, Builder Profit)	1,296,342	933,366	362,976
Soft Costs (architect, fees, contingency)	1,851,837	1,333,323	518,514
<b>Total Building</b>	<b>\$9,321,228</b>	<b>\$6,711,284</b>	<b>\$2,609,944</b>

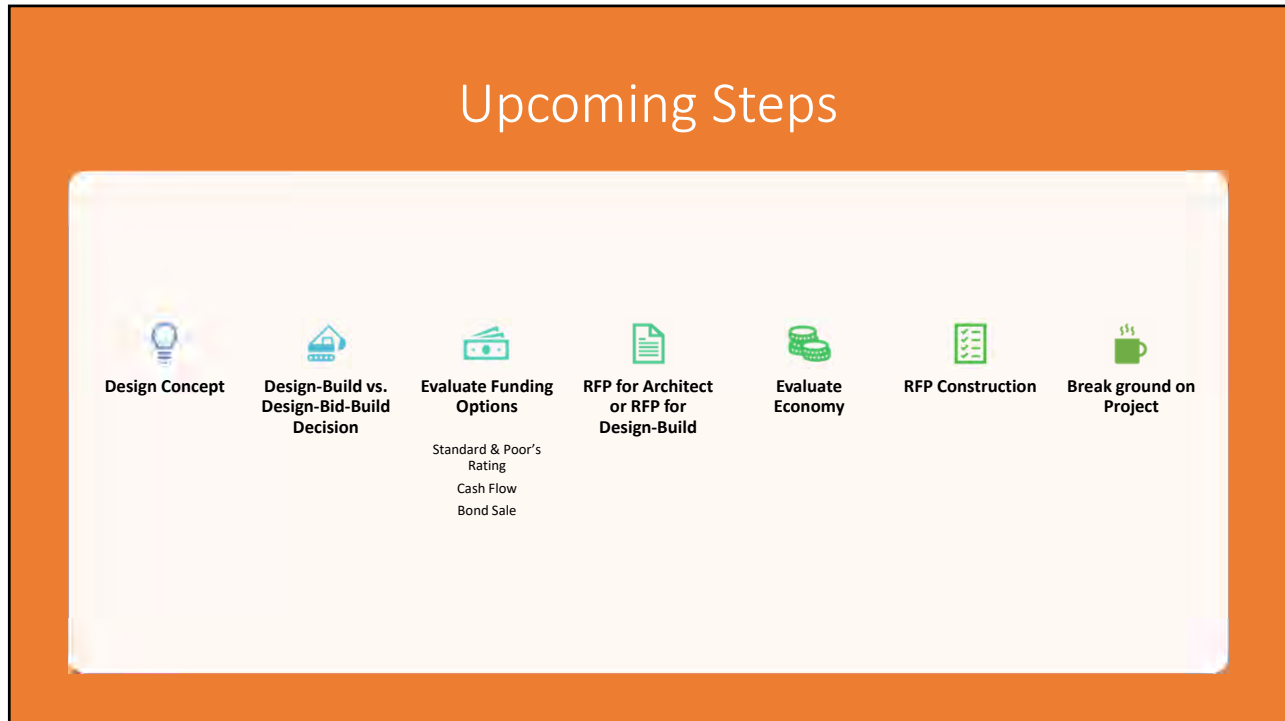
13

## Steps Completed thus far

- Acquired additional land adjacent to current property
- Assessed building requirements
- Projected Needs (square footage of building and site)
- Adopted Debt Management Policy
- Engaged Municipal Advisor for Funding Consultation



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### Next Steps

Agenda item on May 23, 2022

- Approval to Initiate Project
- Approval of Initial Conceptual Design Budget = \$85,151

**DEL PUERTO**  
Health Care District

17

Patterson District Ambulance  
Utilization Projection  
Number of Required FT Ambulances

	Building		Persons per HH	City Pop	Projected Responses	Responses Per capita	Transports		Ambulanc e Hours for Urban Population	Ambulanc e Hours Per Capita	Patterson Ambulanc e Units Required	Non Patterson Response s	Non Patterson Transport s	Total Responses	Total Transports	Total Unit Hours	Schedule d Units Required	Year
	Permits	Total HH					(transport rate)	Transports per capita										
2020 baseline	396	6354	3.74	23781	1908	0.08023	1341	0.05639	17,520	0.73672	2.00	900	573	2,808	1,914	38,767		
2021	250	6604		24717	1983		1394		18,209		2.08			2,918	1,989	59,111	2.50	2021
2022	250	6854		25652	2058		1446		18,899		2.16			3,029	2,065	61,348		2022
2023	250	7104		26588	2133		1499		19,588		2.24			3,139	2,140	63,586		2023
2024	250	7354		27524	2208		1552		20,277		2.31			3,250	2,215	65,824	3.00	2024
2025	250	7604		28459	2283		1605		20,967		2.39			3,360	2,290	68,061		2025
2026	250	7854		29395	2358		1658		21,656		2.47			3,471	2,366	70,299		2026
2027	250	8104		30331	2433		1710		22,345		2.55			3,581	2,441	72,537		2027
2028	250	8354		31266	2509		1763		23,035		2.63			3,692	2,516	74,774		2028
2029	250	8604		32202	2584		1816		23,724		2.71			3,802	2,592	77,012		2029
2030	250	8854		33138	2659		1869		24,413		2.79			3,913	2,667	79,250	3.50	2030
2031	250	9104		34073	2734		1921		25,103		2.87			4,023	2,742	81,487		2031
2032	250	9354		35009	2809		1974		25,792		2.94			4,134	2,818	83,725		2032
2033	250	9604		35945	2884		2027		26,481		3.02			4,244	2,893	85,963		2033
2034	250	9854		36880	2959		2080		27,171		3.10			4,355	2,968	88,201		2034
2035	250	10104		37816	3034		2132		27,860		3.18			4,465	3,044	90,438	4.00	2035
2036	250	10354		38752	3109		2185		28,549		3.26			4,576	3,119	92,676		2036
2037	250	10604		39687	3184		2238		29,238		3.34			4,686	3,194	94,914		2037
2038	250	10854		40623	3259		2291		29,928		3.42			4,797	3,269	97,151		2038
2039	250	11104		41559	3334		2343		30,617		3.50			4,907	3,345	99,389		2039
2040	250	11354		42494	3409		2396		31,306		3.57			5,017	3,420	101,627	4.50	2040





To construct an administrative office and ambulance facility vital to a rural community that will double its size to 50,000 people in the next twenty years. This project supports delivering primary healthcare and emergency advanced life support ambulance services in a population with limited healthcare options.

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**The District.** The Del Puerto Health Care District covers more than 360 square miles in the rural areas of western Stanislaus County in the California Central Valley. The District provides health care services to a population of 28,000 through two services a federally certified rural health clinic (RHC) providing adult and pediatric primary care and Patterson District Ambulance (PDA) providing 24-hour Advanced Life Support (ALS) paramedic response. The health center is well-positioned to expand services with community growth after the District purchased and finished a new building in 2011 and then purchased the adjacent building 2016 for future expansion.

**The Need.** However, the District administrative offices and ambulance station need more space at the current location than is possible in the existing facility. The current office and ambulance facility was built for two 24-hour ambulance crews, with three offices and very little storage space. With three ambulance crews and seven administrative staff, as well as the need to store supplies throughout the building wherever there is an open space, we have outgrown this facility. Additional emergency supply cache storage requirements have further complicated our space limitations.

The City of Patterson is projected to grow from 23,000 to 50,000 by 2040, and the District administrative office and ambulance station operations, while ideally located, require a larger facility for existing and future staffing. The District expanded the existing property by purchasing adjacent land. An architectural building program was designed to accommodate the planned increase in administrative and ALS service demands. The new facility will serve as a central service and supply location, with the long-term goal to co-locate PDA ambulances in the City of Patterson or West Stanislaus Fire Protection District fire stations to supplement our facility as needed.

**The Project.** The project is the construction of a single-story, multi-use facility that includes administrative offices, a community room, and ambulance crew quarters and apparatus bays. The proposed facility is designed and sized to support the District for the next 40 years. The facility community room will allow instruction of health and wellness initiatives such as community CPR instruction, chronic health disease community support and education, and health care infrastructure during local disasters.

The ambulance portion of the facility will house up to 4 ambulance crews and supervisory support personnel. The COVID pandemic highlighted the need to maintain stockpiles of primary healthcare supplies, and the new facility would provide much-needed space for this supply cache. The facility will expand climate-controlled storage space for medication and other temperature-sensitive supplies. The current facility has apparatus space for only two ambulances.

This requires two-thirds of the emergency vehicle fleet to be stored outside, unsecured, and subjected to weather conditions. This lack of appropriate apparatus space can delay responses; however, the new facility will have room for up to eight ambulances or support vehicles, including supply and maintenance activities.

The new facility will have emergency power resources where none exist today. Full backup power is critical for the facility and staff to maintain operations during extended power outages and disasters. Local disaster support includes providing health and emergency medical services. Our access roads to the closest hospitals (18-22 miles away) are subject to flooding by the San Joaquin River, which isolates the entire west side of the county.

District administration comprises human resources, financial management, the public board of directors, and executive functions. Maintaining centralized administrative support services in close integration with ALS ambulance and health services allows the District to serve best the primary health needs of our growing rural community.

**The Request.** This is a one-time capital expense request. This request does not involve any funding for either equipment or personnel. One hundred percent of the requested funding will fund approximately 30% of the projected construction costs. For clarity, there are no District salaries or equipment costs in this funding request. The District has been working on this project's building program and additional property acquisition phase for the past five years, in which COVID severely delayed progress. Since we initiated our district office and ambulance facility expansion plan, construction costs have dramatically increased, which is the primary basis for this funding request. The building design is in the final phase.

This funding request of \$4.65 million represents approximately one-third of the facility's \$15.5 million construction cost. The remaining cost will be funded by an anticipated \$2.5 million in housing development impact fees, District tax revenue of \$4.5 million, and service revenue of \$3.85 million over ten years will fund the balance. In addition, the District is fully capable of supporting the ongoing operational costs of the facility.

**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**

**Board Meeting – May 22, 2023**

**9C. Design-Bid-Build (DBB) vs. Design-Build (DB) – Staff Recommendation**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: Yes

4/5 Vote Required: No

**SUBJECT: Design-Bid-Build (DBB) vs. Design-Build (DB) – Staff Recommendation**

**STAFF REPORT:** Design-Bid-Build (DBB) and Design-Build (DB) are two common contracting methods used in construction projects. In the DBB method, the district hires a designer or architect to create the project's design and then invites bids from contractors to construct it. In contrast, the DB method involves hiring a single contractor to both design and construct the project.

There are advantages and disadvantages to both methods, and choosing the preferred method depends on various factors, such as the project's complexity, timeline, budget, and the owner's preferences.

Method	Advantages	Disadvantages
<u>Design-Bid-Build (DBB)</u>	<ul style="list-style-type: none"> <li>- The owner has greater control over the design and can ensure it meets their specific needs and preferences.</li> <li>- The competition between contractors can lead to lower construction costs.</li> <li>- The owner can select a contractor based on their expertise, experience, and qualifications.</li> </ul>	<ul style="list-style-type: none"> <li>- The design phase and bidding process can be lengthy, causing delays in the project's start date.</li> <li>- The contractor is not involved in the design phase, which may lead to misunderstandings and errors during construction.</li> <li>- Change orders are common in DBB projects, resulting in additional costs and delays.</li> </ul>
<u>Design-Build (DB)</u>	<ul style="list-style-type: none"> <li>- The design and construction phases can overlap, leading to faster project completion.</li> <li>- The contractor is involved in the design phase, which can lead to a more efficient and cost-effective design.</li> <li>- The single point of responsibility simplifies communication and reduces the potential for disputes between the owner, designer, and contractor.</li> </ul>	<ul style="list-style-type: none"> <li>- The owner has less control over the design, which may not meet their specific needs and preferences.</li> <li>- The lack of competition may lead to higher construction costs.</li> <li>- The owner may be limited in their choice of contractor, as only contractors with design capabilities or partnerships can be considered.</li> </ul>

The District has heard from a large project general contractor, the City planning department, legal counsel, and the conceptual design architect express their professional opinion on the options. Those with a preference suggested the district consider Design-Build. Many healthcare districts utilize DBB for their projects.

**Recommendation:** Staff recommends Design-Build (DB) as the preferred contracting method. Healthcare/Public Safety facilities are complex projects that require a highly coordinated and efficient design and construction process. The DB method's advantages of faster project completion, greater efficiency in design, and simplified communication make it an ideal choice for DPHCD. A single point of responsibility may help reduce the potential for disputes between the district, designer, and contractor.

**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**

**Board Meeting – May 22, 2023**

**9C. Design-Bid-Build (DBB) vs. Design-Build (DB) – Staff Recommendation**

**DISTRICT PRIORITY:** Fiscal transparency; fiscal stewardship  
**FISCAL IMPACT:** None  
**STAFFING IMPACT:** None  
**CONTACT PERSON:** Karin Freese, CEO & Paul Willette, Director of Ambulance Operations  
**ATTACHMENT(S):** None

**RECOMMENDED BOARD ACTION:**

**ROLL CALL REQUIRED:** NO

**RECOMMENDED MOTION:** *I move the Board of Directors to adopt a Design-Build approach for the District Office and Ambulance Station construction project.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Benefield</i>				
<i>Director Stokman</i>				
<i>[vacant]</i>				

## Karin Freese

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**From:** Karin Freese  
**Sent:** Tuesday, May 23, 2023 4:51 PM  
**To:** Karin Freese  
**Subject:** Fiscal transparency in Design-Bid-Build versus Design-Build  
**Attachments:** 5-2015-Spring-David-Gehrig-Design-Build-For-Public-Works-Projects.pdf

Dear Board and Staff members,

At yesterday evening's board meeting an explanation and comparison of fiscal transparency tools in the Design-Bid-Build and Design-Bid methods was requested.

Fiscal transparency refers to the extent to which government budgets, expenditures, and financial activities are open, accessible, and understandable to the public. In the context of construction projects, such as design-bid-build and design-build, fiscal transparency plays a crucial role in ensuring accountability and preventing corruption. Following is an explanation and comparison of the fiscal transparency tools:

1. Design-Bid-Build (DBB): In the design-bid-build method, the project is divided into two distinct phases: the design phase and the construction phase. Here are some methods of ensuring fiscal transparency in DBB:
  - a. Open and Competitive Bidding: The bidding process should be open to all qualified contractors, ensuring fair competition. Advertisements or announcements regarding the bidding process must be made public, providing project details, specifications, and bid requirements.
  - b. Transparent Bid Evaluation: The evaluation process should be conducted transparently, with clear criteria and evaluation procedures. It's important to establish an evaluation committee that includes members from different relevant departments or agencies to ensure impartiality.
  - c. Public Disclosure of Bid Results: After the bidding process is completed, the results, including bid amounts and the winning contractor, should be publicly disclosed. This helps to maintain transparency and allows the public to scrutinize the decision-making process.
  - d. Clear Budgetary Information: Throughout the project, detailed information about the project budget, including cost estimates, expenditures, and any changes or modifications, should be made available to the public. This allows for accountability and ensures that funds are allocated and spent appropriately.
2. Design-Build (DB): In the design-build method, the project owner contracts a single entity responsible for both the design and construction aspects. While this approach differs from DBB, fiscal transparency can still be maintained through the following methods:
  - a. Competitive Selection Process: The selection of the design-build entity should follow a competitive process. This involves issuing requests for qualifications or proposals from interested entities, ensuring that multiple firms have an opportunity to participate.
  - b. Transparent Contract Negotiations: Once the design-build entity is selected, the negotiation process for the contract should be transparent. The contract should clearly define and document key terms, such as the project scope, deliverables, cost estimates, and payment schedules.
  - c. Regular Progress Reporting: The design-build entity should be required to provide regular progress reports, including financial updates, to the project owner. These reports should outline expenditures, any changes to the budget, and reasons for deviations, ensuring transparency and accountability.
  - d. Oversight and Auditing: Independent oversight and auditing can help ensure fiscal transparency. External auditors or government agencies may periodically review the project's financial records, verifying that funds are used appropriately and in accordance with contractual obligations.

Regardless of the project delivery method, maintaining fiscal transparency involves 1) open and competitive processes, 2) clear documentation, 3) regular reporting, and 4) public disclosure of relevant information. These practices help promote accountability, discourage corruption, and build trust among stakeholders and the general public.

For additional information on the design-build for public agencies process, I have attached a paper from David Gehrig. You may remember he is the attorney we consulted with originally on our district's ability to utilize design-build on this project.

Please submit questions and requests for additional information before the June 12 special board meeting. Your questions will be researched, and the answer will be given to all board members simultaneously.

**Karin R. Freese, MBA**  
Chief Executive Officer  
Administrative Director

[karin.hennings@dphealth.org](mailto:karin.hennings@dphealth.org)  
209.894.8201 direct



**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT****Board Meeting – June 12, 2023****8A. Design-Bid-Build (DBB) vs. Design-Build (DB) – Staff Recommendation****Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

**SUBJECT: Design-Bid-Build (DBB) vs. Design-Build (DB) – Staff Recommendation**

**STAFF REPORT:** The District has heard from Joe Simile of Simile Construction Service (March 2021) and City of Patterson Planning Department (June 2021) each of whom compared and contrasted Design-Build and Design-Bid-Build. The consensus from both groups was Design-Build would be preferable if the district has the option. In April 2022, the board received the legal opinion from David Gehrig of Hansen Bridgett which concluded the facility has a close enough nexus to the district's existing health center to be considered "related to a ... health facility building," thereby allowing the District to utilize the design-build authority in Section 32132.5 for design and construction. The conceptual design architect, Eric Wohle in March of 2023 also expressed his professional opinion on the options without stating a preference. Additionally, Ms. Freese attended a six-hour seminar on public project contracting which covered many benefits of Design-Build

Healthcare/Public Safety facilities are complex projects that require a highly coordinated and efficient design and construction process. Many health care districts (e.g., Tahoe Forest, Peninsula Healthcare District, Beach Cities Healthcare District) have successfully used design-build for their projects – staff is unaware of any project which failed under this model. The DB method's advantages of faster project completion, greater efficiency in design, and simplified communication make it an ideal choice for DPHCD. A single point of responsibility may help reduce the potential for disputes between the district, designer, and contractor.

In May 2023, the board requested additional information on any fiscal transparency requirements that may differentiate the two methods. Regardless of the project delivery method, maintaining **fiscal transparency involves 1) open and competitive processes, 2) clear documentation, 3) regular reporting, and 4) public disclosure of relevant information.** These practices help promote accountability, discourage corruption, and build trust among stakeholders and the public.

**RECOMMENDATION:** Staff recommends the board approve Design-Build (DB) as the preferred contracting method for this project.

**DISTRICT PRIORITY:** Fiscal transparency; fiscal stewardship

**FISCAL IMPACT:** None

**STAFFING IMPACT:** None

**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT****Board Meeting – June 12, 2023****8A. Design-Bid-Build (DBB) vs. Design-Build (DB) – Staff Recommendation****Page 2 of 2****CONTACT PERSON:** Karin Freese, CEO and Paul Willette, Director of Ambulance Operations

**ATTACHMENT(S):** Email dated May 23, 2023, discussing fiscal transparency  
 Agenda Action Item Summary which was tabled from May 22, 2023  
 2015 article by David Gehrig on benefits of Design-Build for public projects  
 Table of Contents from Public Contracting Laws seminar May 23-24, 2023  
 Seminar slides which compare and contrast DBB with DB

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**RECOMMENDED BOARD ACTION:****ROLL CALL REQUIRED:** NO

**RECOMMENDED MOTION:** *I move the Board of Directors to adopt a Design-Build approach for the District Office and Ambulance Station construction project.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
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 **DEL PUERTO**  
**HEALTH CARE DISTRICT**  
PATTERSON DISTRICT AMBULANCE















**ROBERT P. WALKER**

Healthcare Project Development Consultant  
45 Years Experience



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Hospital - \$375.0 M, MOB - \$40.0 M.

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## ROBERT P. WALKER Resume Page 2



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Tri State University, Drafting & Design  
Culver Military Academy

### ◆ United States Peace Corps

Served in Bahrain, 1976—1978  
Ministry of Housing, Architect

### ◆ American College of Healthcare Architects

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### ◆ American Institute of Architects

Past Registration, Texas

### ◆ American Society of Hospital Engineers

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Past EDA Commissioner  
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Ebenezer Services, Finance Committee

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*\*Projects completed prior to Walker & Associates*

## ROBERT P. WALKER Resume Page 3

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## PAST CAREER EXPERIENCE

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### Director, Design & Construction - Central Region, Tenet Healthcare, Dallas

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Bob, as the director of Project Services for a nationally renowned 1,200 bed tertiary care hospital, oversaw the design and construction activities for all remodel and expansion projects.

### Other Prior Experience

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**From:** [Bob Walker](#)  
**To:** [Karin Freese](#); [Paul Willette](#)  
**Cc:** [Bob Walker](#)  
**Subject:** Introduction of Walker Advisory, Inc.  
**Date:** Friday, June 30, 2023 10:51:33 AM  
**Attachments:** [Bob Walker Resume 02-16-2023.pdf](#)

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**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Karin and Paul, Thank you very much for taking the time to discuss your project and allowing me to introduce myself. Your project and description of how I may be of service to you sounds like a good fit. Attached is my resume and the relevant/current references that we discussed. These parties have been notified that you may be contacting them. I have played a very similar role to what we discussed, with each of these clients.

Tom Reinhardt, CEO  
Cascade Medical Center (a critical access hospital)  
Cascade, ID  
Cell: 208-484-6970  
treinhardt@cmchd.org

Bruce Stratton, Chair of the Board  
Cell: 936-346-1832  
Rhonda Campbell, CEO  
Liberty Dayton Regional Medical Center (a critical access hospital)  
Liberty, TX  
rcampbell@libertydaytonrhc.com  
Cell: 936-336-0667 (pls email her first, otherwise your call may go to spam)

I will work on a timeline and projected hours/fee for your review and have this information to you by July 10<sup>th</sup>. Again, thank you for considering me. Have a great July 4<sup>th</sup>!

Best Regards, Bob

***Robert P. Walker***  
Mobile 612-306-7143  
[walker@walkerus.com](mailto:walker@walkerus.com)





**Del Puerto Health Care District - District Office & Ambulanc**  
 Patterson, CA

**Conceptual Project Schedule**

(created for projecting project advisor hours and fee)

		2025							
Line	Ite	Phase	# of months	Jul Month 24	Aug Month 25	Sept Month 26	Oct Month 27	Nov Month 28	Dec Month 29
1		Selection of Design/Build Firm	2						
2		Design Phase	7						
3		Construction Phase	18						
4		Building Activation Phase	3						
5		Project Close-Out Phase	4						
6		<b>Total Projected Project Timeframe</b>	28						
		Projected Hours for B. Walker		8	4	4	4	4	320
		Hourly Rate							Hourly Rate \$ 265
		Proposed Fee					Projected for 2025	\$ 13,780	Total NTE Fee \$ 84,800
		Reimbursable Expenses							Reimbursable Expenses None Included

**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**

**Special Board Meeting – July 17, 2023**

**8C. Approval to Contract with Building Project Consultant, Bob Walker**

**Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

**SUBJECT:** **Approval to Contract with Building Project Consultant, Bob Walker**

**STAFF REPORT:** During the June 26, 2023, board meeting, the Board expressed their desire to retain a public construction consultant to partner with staff and assist with creating the RFP, evaluating potential design build contractors, and managing the construction phase of the project. Staff considered the District’s ongoing business relationship with Wiplfi and their extensive healthcare industry experience. An inquiry was made to solicit their input to identify potential public construction consultants. Wiplfi was very familiar with these consultants and has worked with many; however, most dealt with large hospital projects. After fully discussing our project with me, Wiplfi recommended construction consultant Bob Walker with Walker and Associates as suitable for the scope of our project.

Bob has worked on numerous large projects; however, his interest and passion are smaller rural healthcare projects. Bob is also a healthcare architect and, as his resume demonstrates, has extensive construction and project management experience that spans his 45-year career. Paul and I have had several conversations with Bob and shared information about our project so that he could determine if he would be of value to our project.

Mr. Walker views our project as well aligned with his project area of expertise and enthusiastically believes that he can add value to our project and help guide the District through our facility construction project. He quickly produced a project timeline beginning with developing a design-build RFP all the way through to move-in to the completed facility. He established an estimate of his billable project time and a not to exceed amount that is less than our anticipated expenditure for a project management consultant. Mr. Walker will be working remotely and minimal if any expenses are expected unless the District chooses to have him visit.

Staff recommends that the Board authorize the CEO to finalize a contract with Walker and Associates for the Del Puerto Ambulance and Administration Center project management.

**FISCAL IMPACT:** Not to exceed \$84,800 plus expenses, if any.

**STAFFING IMPACT:** Provides professional expertise and assistance throughout the building project.

**CONTACT PERSON:** Karin Freese, CEO, and Paul Willette, Director of Ambulance Operations



**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**

**Special Board Meeting – July 17, 2023**

**8C. Approval to Contract with Building Project Consultant, Bob Walker**

**ATTACHMENT(S):** Project Timeline and Not to Exceed Consulting Fees  
Bob Walker Resume

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**RECOMMENDED BOARD ACTION:**

**ROLL CALL REQUIRED:** YES

**RECOMMENDED MOTION:** *I move the Board of Directors to authorize CEO Karin Freese to enter into a professional services agreement with Bob Walker for consulting assistance on the DPAC building project with a not to exceed price of \$84,800 plus expenses, if any.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Benefield</i>		
<i>Director Stokman</i>		
<i>[vacant]</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
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