

STAFF IN FAVOR OF DIGNITY HEALTH

| | | |
|---------------------------|------------|------------------------|
| Martha Forrest | Surg Coord | Asst |
| Carl Lowery | charge RN | Cardiac |
| Shene McCutcheon | SMC | cutcheon RN |
| Amanda Norried | idh | idh RN |
| Brenda Portillo | | RN |
| Jaurie Duke | | RN |
| Julie Jarka | | CT TECH |
| Tracey Fogel | | ARRT, CRT "M" |
| Salma Hoffmann | | RN |
| Shirley | Spec | idh RN |
| Janay Lee | | ED |
| Emily Kreiberg | | EIC RN ED |
| Kseniya (Kate) Gdovchenko | | factory - Pt navigator |
| Jerry Redman | | OUT PT |
| William N. Matty | | OP Reg. |
| Paul Almada | | OP Reg. |
| Susan Hyl | | OTRIC |
| Joseph | | PT |
| Karen Petersen | | PTA |
| Mindy Nash | | Radiology |
| Caleb Wickham | | Lab Caleb Wickham |
| Cody | | cook |
| Joseph | | cook |
| Joseph | | cook |
| REBELLA BARRA | | RN, MD, CNL ASSISTANT |
| Sandra Smith | | RMA |
| Gary Arvin | | MET |
| Lorraine Larson | | Lorraine Larson PAS |
| RN Angela Corey | | RN M/S |

STAFF IN FAVOR OF DIGNITY HEALTH

Yvonne Hill Yvonne Hill 9/22/17
Melissa Fuoy 9/22/17
Raymond Tracy Knend 9/22/17
Karen Buford LMT II 9/22/17
Deborah Gipsa LWN
Sennifer Bacha 9/22/17
Lindsay Sewell Lindsay Sewell 9/22/17
Maria Hankins 9/25/17
Emily Nreen
Trissa Chavez 9/26/17
Janice Jack 9/26/17
Kayla McCartney 9-26/17
Kara O'Connell 9/26/17
Susie Ortiz 9/26/17
Dawn Parolle 9/26/17
Tracey Logette 9/26/17

STAFF IN FAVOR OF DIGNITY HEALTH

Crystal Hollister
 Barbara White
 Kathy Hardisty
 Carleigh Kountz
 Kristine Dittman
 Kathryn Gray
 Lindsay Warden

Victoria Filev
 Daymee Loverin
 Victoria Filev
 Dylana Smerkin
 Katie Traepke
 Kaitlyn Lyman
 Arin Edwards

Keith Allison
 Julie Lei
 Susan Yochheim
 Eszelle Barron
 Sue Martin
 Christina Harris
 Catherine Davis

Crystal Hollister 9/21/17
 Barbara White 9/21/17
 Kathy Hardisty 9/21/17
 Carleigh Kountz 9/21/17
 HANLEY LITZENBERG 9/21/17
 Kristine Dittman 9/21/17
 Kathryn Gray 09/21/17
 Lindsay Warden 9/21/17
 daymee loverin 9/21/17
 Victoria Filev 9/21/17
 Dylana Smerkin 9/21/17
 Katie Traepke 9/21/17
 Kaitlyn Lyman
 Arin Edwards
 Keith Allison 9/24/17
 Julie Lei 9/24/17
 Susan Yochheim 9/26/17
 Eszelle Barron 9/26/17
 Sue Martin 9-26-17
 Christina Harris
 CATHERINE DAVIS

STAFF IN FAVOR OF DIGNITY HEALTH

9/21 ANDREA MARTIN US / *Andrea Martin*
9/21/17 RANDALL G. LORENZ MD / *Randall G. Lorenz*
9/21/17 POLLY C. DODDS / *Polly C. Dodds*
9/21/17 David B. Linn / *David B. Linn*
Threse Deane RN / *Threse Deane*

STAFF IN FAVOR OF DIGNITY HEALTH

Suzanna Gonzalez 9/22/17
 Shannan Sagewalker 9/22/17
 Dianne Gabriel 9/20/17
 Ashley Murphy 9/24/17
 Lindsay Gurden, RN 9/23/17
 Ashley Siegel, RN 9/24/17
 Natalie Hammond, RN
 Mack Williams
 Serena Kelling, RN 9/25/17
 Morgan Knittel, RD 9/25/17

~~Suzanna Gonzalez~~
 Shannan Sagewalker
 Dianne Gabriel
 Ashley Murphy
 Lindsay Gurden
 Ashley Siegel
 Natalie Hammond
 Mack Williams
 Serena Kelling
 Morgan Knittel

ATTN:

STAFF IN FAVOR OF DIGNITY HEALTH

*

JENNIFER DeCosta

Jennifer A DeCosta

Guadalupe m Robles

Guadalupe m Robles chp

Danielle Hammick

Danielle Hammick

Geniece Graham

Geniece Graham

Cristina Nisbet

Cristina

Melinda Dunbar

Melinda Dunbar

Rebecca Kelly

Rebecca Kelly

Kimberly Anderson

Kimberly Anderson

Emily Noreen

Emily H. Noreen

NICOLE BAIN

Nicole

Jamie Lovegren

Jamie Lovegren

Taylor Martinez

Taylor Martinez

Linda Dusil-Lucero

Linda Dusil-Lucero

Jamie Miller

Jamie Miller

Staff in favor of Dignity Health

9/13/17

Craig C. Cade

Shawna Pucker RN

Sandeepkumar Tandel (RN)

Lindsay Gurden RN

Kate Serrano RN

Madhaven Patel RN

Liesl Neumann RN

Natalie Hammond

KARA EVANS RN

Lisa Stratton

Rachel Lowery (Tele Tech)

Rajiv Sedhukh RTT

Nayana Suman W. Walker

Suzanna Stoner RN

Terry Farceat (RN)

Donna Palmer

Hayley Litzenberg

Gary DeBello - Security Officer

Jana Carter RN

Chia Thompson Lab Asst

Angela RPK

Staff in favor of Dignity Health 9/14/17

Nicole Reilly Patient Access Rep

Michael Butow Cook

Ann Walton RN

~~David~~ Down Gerald Downs RPh

Monie Michrowska MARIA MICHROWSKA

~~Ann~~ Radiology Tech

Rebecca Davis Reliance RN

Jaimie Land / j.land ~ 9/14/17

Lindsay Warden / lwarden 9/14/17

Kathy Hardisty R / KHardisty - 9/14/17

Pamela Bloyd / Pamela Bloyd - 9/14/17

Kristine Dittmer 9/14/17

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Danielle Hammick

Geniece Graham

Cristina Nisbet

Melinda Duran

Rebecca Kelly

Kimberly Anderson

Emily Noreen

Nicole Bain

Jamie Lovegren

Taylor Martinez

Linda Dusil-Lucero

Arielle Winfield

Jordynn Peterson

Dear Mark Twain Health Care District:

I am writing to urge the Board to please continue the affiliation between Mark Twain Medical Center and Dignity Health.

Dignity Health has enabled Mark Twain Medical Center's survival, and has played a critical role in providing access to quality health care in Calaveras County through its support of the hospital. As you may know, this wasn't always the case for MTMC.

Until it began its affiliation with Dignity Health, our hospital was in dire financial straits. While many rural counties are losing their local hospitals and health care services, the affiliation with Dignity Health provides stability for Mark Twain Medical Center and ensures ongoing access to care.

As a physician, I am grateful to have stability in Dignity Health and am concerned for the future of health care in the community, and for our ability as employees to serve patients locally, if the affiliation doesn't continue.

If a new lease between Mark Twain Medical Center and the Mark Twain Health Care District is approved by the District Board and then by the public, the benefits of the past can be continued and expanded.

I strongly urge the Mark Twain Health Care District to continue an affiliation that allows the Medical Center's progress to continue for generations.

Thank you for your consideration.

| First and Last Name | City |
|----------------------|-------------|
| Ali Parsa, MD | Angels Camp |
| MARIA MICHROWSKA MD | Chico |
| Star Hinchey | Chico |
| James Brennan MD | Chico |
| Leonard N. Naiman RN | Chico |
| ATHENA TAYLOR MD | Chico |
| Stephanie Lettern | Chico |
| Benedicta M. Estreza | Chico |
| John Sundin MD | Chico |
| Andy McCoy MD | Chico |
| Randeef Athwal | Chico |

GORDON LUM, MD

Redding, CA.

~~W. J. Jaffe, MD~~
~~W. J. Jaffe, MD~~
~~W. J. Jaffe, MD~~

San An... CA

San Andreas, CA
COPPEROPOLIS, CA

WYATT JAFFE, MD

Orinda, CA

Guadalupe M Robh

~~W. J. Jaffe, MD~~

San Andreas

Mark Faryan D.O.

MARK FARYAN D.O.

Shiv Singh

SHIVA SINGHAI

~~W. J. Jaffe, MD~~

Elisabeth Siegler MD

Graig Lovett MD

~~W. J. Jaffe, MD~~

Angels Camp

Maureen M. Regan MD

Maureen M. Regan MD

Mike Kifong

MIKE KIFONG

IMPERIAL, CA

W. J. Jaffe, MD

~~W. J. Jaffe, MD~~

Lodi, CA



October
2017

ACHD Advocate

In this edition

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From the Desk of Ken Cohen, Executive Director

It's hard to believe that the Thanksgiving Holiday is just around the corner. This year can be summarized in a few words: In the face of significant challenges, we made significant progress. I thank you for your continued commitment and all that you do to help ACHD deliver on our mission.



This Thanksgiving holiday gives us an opportunity to step back from the many demands of our work to reflect on and appreciate our families, our friends, and our freedom. I want to take this moment to thank all of you for your hard work and support, your focus on the mission of ACHD, and the many sacrifices you make, large and small, on behalf of your Healthcare District and our country. I'm grateful for the people I've met, the friends I've made, and the things I've learned since I started working at ACHD; and for an amazing Board of Directors which supports our employees and our strategies. There are some truly amazing people working in our Healthcare Districts, and it's awesome to interact with them every day.

We at ACHD have always stood for service to Healthcare Districts-- doing our very best for the Association and on behalf of our Members is deeply rooted in who we are. But this personal note is aimed at giving thanks to all of the ACHD family, who have chosen to dedicate their careers to improving the health and well-being of others.

The ACHD team and I wish you and your families a happy and safe Thanksgiving holiday. We extend a special thanks to those of you who may be working over the holiday, as you continue to serve your District, you will be in our thoughts on Thanksgiving as well.

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Legislative Update

The Governor took final action on over 1,300 bills by the October 15 deadline. ACHD Tracked over 100 bills this session with over 30 active positions. Find our End of Session Legislative Report, [here](#).

The Legislature will reconvene on January 3, 2018 for the second year of their two-year session.

During the interim, the newly created Assembly Select Committee on Health Care Delivery Systems and Universal Coverage began hearings in October and

will continue to hold hearings throughout the next few months on single payer systems, and how they would impact California's health care system.

Please contact [Amber King](#) at (916) 266-5207, with questions or comments.

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Save the Date - ACHD's Leadership Academy is Just a Few Months Away!



The goal of the Leadership Academy is to provide newly elected and returning District Trustees, CEOs, District Staff and Board Clerks with the tools necessary to improve governance effectiveness, sharpen organizational intelligence and be successful leaders in their Healthcare Districts. The Leadership Academy will take place February 8-9, 2018, at the Hyatt Regency Hotel in Sacramento. We are excited to offer topics including:

- How the Board can ensure an effective delivery of services in the changing health care landscape;
- How to work efficiently with your Local Agency Formation Commission;
- How ACHD is working collaboratively to improve the Healthcare District Law, and what this means for the future of your District;
- How you and your Board can adopt best practices in leadership and governance;
- Complete your AB 1234 Ethics Training, and;
- Increase your understanding of District's financials and the metrics needed to ensure a strong financial performance.

For a schedule of events, please [click here](#).

Registration will be open by mid-November. Please stay tuned for more information!

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ACHD Webinar Education Series

On October 25, ACHD hosted their 4th installment in the Educational Webinar Series-- Leadership & Governance. The webinar featured Jim Rice, PhD, FACHE, who serves as the Managing Director & Practice Leader of the Governance & Leadership practice of Integrated Health Strategies, a division of Gallagher Benefit Services, Inc. Dr. Rice focuses



on consulting work in strategic governance structures and systems for high-performing, tax-exempt health sector organizations and integrated health systems, visioning for health sector and not-for-profit organizations, and leadership development for physicians and medical groups. Dr. Rice provided many tools for our attendees to help them envision their future and meet high performing goals applicable to their very important missions. To view a recording of Dr. Rice's presentation, [click here](#).

Additionally, Dr. Rice will be a presenter at our [2018 Leadership Academy](#). He would like your input to help him shape his presentation based on topics that are most relevant to your Districts. To provide your input, [click here](#).

Here is a snapshot of the remaining 2017 Webinar Education Series!

Emergency Preparedness
November 15, 2017/11:00 am

[Register Here](#)

Website Compliance
December 14, 2017/10:00 am

[Register Here](#)

Please contact [Sheila Johnston](#) with any questions.

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Featured Update: The Steinberg Institute Works Diligently to Address Mental Health in California

by Adrienne Shilton, Government Affairs Director, Steinberg Institute



The Steinberg Institute was launched in January 2015 to dramatically raise the profile of mental health policy-making in California. Founded by Sacramento Mayor and former State Senate President Pro Tem Darrell Steinberg, the institute is dedicated to advancing sound public policy and inspiring leadership on issues of brain health.

Along with its efforts to educate and inform, the institute embraces an ambitious mission that blends legislative advocacy, innovation, problem-solving and engagement that involves leaders in government, research and private industry, as well as consumers and family members, in the effort to strengthen mental health services in California.

Key to our mission is inspiring legislative champions - and 2017 saw the largest number of bills dedicated to mental health in recent history in California. We have won decisive gains in the areas of homeless housing and services, foster youth, law enforcement training, and college mental health services. We have done so with bipartisan support, reaching across party lines to grow awareness of brain health issues.

The Association of California Healthcare Districts is a valued partner in this journey. In August 2017, we joined forces for a [compelling webinar](#) that explored suicide trends in California, and offered myriad resources that health care providers could employ to help prevent these tragic deaths.

More broadly, the Steinberg Institute this year pushed to expand suicide prevention programs to all public college campuses; decriminalize mental illness through appropriate pre-trial diversion programs; and increase availability of crisis care services.

In the longer term, we have set a goal of markedly shifting the treatment paradigm for mental health care from one centered on Stage 4 crisis care to one in which the emphasis is early detection, prevention and intervention, before a brain illness becomes disabling. Our two priority bills this year will start that work by generating significant new resources for evidence-based

early intervention services; and educating primary care providers in early detection of common psychiatric conditions.

On Oct. 2, Gov. Brown signed into law AB 1315, by Assemblymember Kevin Mullin, D-South San Francisco. The bill creates a first-of-its-kind public-private partnership to generate additional funding for programs that provide early diagnosis and intervention for young people experiencing the early stages of serious thought and mood disorders.

Days later, Brown signed AB 1340 by Assemblymember Brian Maienschein, R-San Diego, urging the state Medical Board to incorporate basic psychiatric training into the continuing medical education options for primary care providers.

Each year, an estimated 100,000 people in the United States experience their first psychotic episode, an outgrowth of serious mental illness that frequently involves terrifying hallucinations and delusions. Psychotic episodes remain a defining factor in schizophrenia, and often accompany the onset of mood disorders such as bipolar disorder. The victims tend to be young: Forty percent of mental illness manifests by age 14, and 75 percent by age 25.

In the United States, the average delay in receiving treatment after a first psychotic break is 18.5 months, well after the disease has progressed. The recommended target is seven weeks.

Multiple studies have determined that the longer someone goes without care after the first psychotic break, the more damaging the outcome. At the front end, it can mean failure to graduate, losing connection to friends and family, and an inability to hold a job. At the back end: We can see the fallout in the tens of thousands of people living on our streets or behind bars with untreated mental illness.

On the other hand, research also makes clear that early intervention can make all the difference in altering the course of serious mental illness - just as it does with serious physical ailments such as cancer and kidney disease. Model programs in California, New York, Oregon and other states and nations have shown dramatic benefits when young people receive treatment in the early stages of illness, often resulting in rapid remission of symptoms.

One would think that California would be on the forefront of enacting policies that make early intervention in brain illness the standard. But that's not been the case. Fewer than half of California's counties offer such services.

AB 1315 sets up a public-private partnership, called EPI-Plus, dedicated to funding early intervention services proven to be effective. That account will be

funded by private donations and federal, state and private grants. Counties can apply for awards, and if chosen, must provide matching funds - essentially doubling the investment of their mental health dollars.

Shifting the treatment paradigm also will require more people trained to recognize the early signs and symptoms of mental illness. Multiple recent reports document the alarming disconnect between supply and demand for psychiatric services in the United States. According to the National Council for Behavioral Health, nearly half the nation's psychiatrists are private practitioners who operate on a cash-only basis. Another recent study found 55 percent of counties in the continental U.S. have no psychiatrists, and 77 percent have a severe shortage.

The front-line providers who see the bulk of patients are living with the fallout. Primary care physicians now provide up to 60 percent of psychiatric care in the United States, according to statistics compiled by UC Davis Department of Psychiatry and Behavioral Sciences. Up to 40 percent of primary care patients have an active psychiatric problem. And yet the majority of primary care providers have minimal training in psychiatric diagnosis and treatment.

We can't magically multiply the number of psychiatrists -- but we can do far more to ensure primary care providers have the basic training they need to recognize the symptoms of common mental health conditions, and provide appropriate referrals or treatment. AB 1340 helps ensure such training is built into the continuing education requirements for medical professionals.

Imagine a world in which brain health is treated with the same sweep and urgency as physical health. These bills take California a step closer to that grand vision.

For more information, contact Steinberg Institute Government Affairs Director [Adrienne Shilton](#), (916) 553-4167.

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In Case You Missed It... Healthcare District News from Around the State



Sequoia Healthcare District to name new CEO

Pamela Kurtzman will be named new CEO of the Sequoia Healthcare District Monday, according to outgoing CEO Lee Michelson, who is retiring after eight years. Read the full article [here](#).

Palm Drive Health Care District poised to operate hospital again

Despite closing Palm Drive Hospital more than three years ago due to poor management and hemorrhaging financial losses, the Palm Drive Health Care District directed staff to create a new mutual agreement with Sonoma West Medical Center that would once again put operations of Sebastopol's rural community hospital in the hands of the Healthcare District. Read the full article [here](#).

Pioneers Memorial Healthcare District celebrates "Real Superheroes Wear Pink"

Over 3.3 million breast cancer survivors are alive in the United States today and Pioneers Memorial Healthcare District is recognizing some of those survivors at "Real Superheroes Wear Pink." Hospital officials also announced new technology that will help screen and detect breast cancer. Read the full article [here](#).

Urgent care soon a reality in Cal City

In the Aspen Mall offices of Kern County Health Care District, an agreement was signed by that agency and Bluegill Medical/Bluegill Solar of Los Angeles to open an urgent care/mental Health facility here in California City which is slated to open for business next February. Read the full article [here](#).

Palomar Health receives four patient safety awards

The largest hospital liability insurer on the west coast has recognized Palomar Health for delivering safe and reliable patient care and eliminating preventable harm. Read the full article [here](#).

Plumas District Hospital honored for maternity care

Plumas District Hospital, the smallest hospital in the state to still offer obstetrics, has once again earned the BETA Healthcare Group Award of Excellence. This is the eighth year in a row that PDH has been recognized for achieving 100 percent compliance in the "Quest for Zero" preventable birth injuries initiative. Read the full article [here](#).

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Camarillo Health Care District Receives National Honor from Rosalynn Carter Institute



The Camarillo Health Care District's Wellness & Caregiver Center of Ventura County (Caregiver Center) is the national winner of the prestigious 2017 Rosalynn Carter Leadership in Caregiving Award. The Caregiver Center was selected as this year's winner for its outstanding community work in public awareness, evidence-based programming, and advocacy on behalf of caregivers. Former First Lady Mrs. Carter presented the award, which has become known as the nation's highest award given in the caregiving field, at the 30th Anniversary of the Rosalynn Carter Institute (RCI) Summit and Gala Awards in Georgia; the Institute is embedded on the campus of Georgia Southwestern University in Americus, Georgia. As a reflection of the award's prestige, the statuette given to recipients is executed by the renowned sculptor Frank Eliscu, designer of the Heisman Trophy.

Several years ago, the RCI received funding from the Administration for Community Living (ACL) to train and certify 20 sites around the country, in the evidence-based RCI REACH intervention. To become a trained site and provider of the REACH intervention, agencies needed to succeed through an application process involving an assessment of the agency's readiness, including data management ability, budgeting plans, ability to reach and recruitment caregivers, and history of providing evidence-based programs, among other criteria. The Camarillo Health Care District was selected and is the only provider in the State of California; there were more than 200 applicants nationwide.

"Family caregivers are the backbone of the long term care system in the United States", says Kara Ralston, Chief Executive Officer of the Camarillo Health Care District, "and are the sustaining force for frail, older, and disabled older adults."

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Health Professions Education Foundation: Loan Repayment Opportunity



Steven M. Thompson Physician Corps Loan Repayment Program Application cycle: November 1, 2017 - January 31, 2018

To be considered for an award, you must:

- Be an allopathic or osteopathic physician or surgeon
 - Be free of any contractual service obligations (i.e the National Health Service Corps Federal Loan Repayment Program or other financial incentive programs)
 - Have outstanding educational debt from a government or commercial lending institution
 - Have a valid, unrestricted MD or DO license to practice medicine in California
 - Be currently employed or have accepted employment as a primary care doctor or as a specialist at a qualifying practice site in a Health Professional Shortage Area-Primary Care (HPSA-PC) or Primary Care Shortage Area (PCSA) in California
 - Commit to providing full-time medical services in a HPSA-PC or PCSA for a minimum of three (3) years
- Application cycle: November 1, 2017 - January 31, 2018

The Steven M. Thompson Physician Corps Loan Repayment Program encourages recently licensed physicians and surgeons to practice in Health Professional Shortage Areas (HPSAs) and Primary Care Shortage Areas (PCSA) in California. The program repays up to \$105,000 in educational loans in exchange for full-time service for a minimum of three (3) years.

[Click here to view this loan repayment opportunity.](#)

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Grant Opportunity for Special Districts



Funding Opportunity Announcement

The Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) is accepting applications for fiscal year (FY) 2018 Service Area Competition (SAC) under the Health Center Program. The purpose of this grant program is to improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to affordable, quality primary health care services.

Types of applications sought:

- Competing continuation - A current Health Center Program award recipient whose project period ends May 31, 2018 that seeks to continue serving its current service area.
- New - A health center not currently funded through the Health Center Program that seeks to serve an announced service area through the proposal of one or more permanent service delivery sites.
- Competing supplement - A current Health Center Program award recipient that seeks to serve an announced service area, in addition to its current service area, through the addition of one or more new service delivery sites.

The closing date for applications is currently **November 20th, 2017**.

[Click here to view this grant opportunity.](#)

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Stanford Health Promotion Network Announces 2018 Well-Being Summit



Stanford Health Promotion Network (SPHN) is pleased to announce that their 2018 Well-Being Summit will take place at Stanford University on March 15th! This year's theme focuses on best practices in wellness and explores ways you and your

team can shape your program and your lives. Additionally, SPHN is extending their membership rate for their summit to Healthcare Districts!

To find out more about the summit, [click here](#).

If your District is interested in attending the Summit, please contact [Sheila Johnston](#) for the discount code.

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2018 Calendar of Events is now on ACHD.org

ACHD is pleased to announce that our events for 2018 is now loaded on our website! Our calendar features committee and Board meetings, and all educational events for the entire year. To access our calendar, [click here](#) and once you find an event, simply click on the event title to save the event into your calendar.



For more information, contact [Sheila Johnston](#).

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About ACHD:

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state. The Association serves the diverse needs of California's Healthcare Districts by enhancing public awareness, training and educating its members and advocating for legislation and regulatory policies that allow Healthcare Districts to deliver the best possible health services to Californians. Learn more at achd.org.

Resources

[Legislative Reports](#)

[ACHD Message](#)

[Certified Healthcare District](#)

[Board Self-Assessment Tool](#)

[CEO Evaluation](#)

[Californians Allied for Patient Protection](#)

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Sent by sheila.johnston@achd.org in collaboration with



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| Site Square Footage | | sf |
|---------------------|--|--------|
| Total | | 96,300 |
| Bldg footprint | | 10,000 |
| Parking & roads | | 38,246 |
| Conc Flatwork | | 3,942 |
| Landscaping | | 44,112 |

Opinion of Probable Costs

| Key Project Data Information | Total Project | Site | Building | Other Costs non-grant related | ACTUAL SPEND as of 10-31-17 | OVER/(UNDER) |
|---|---------------|--------|----------|----------------------------------|--------------------------------|--------------|
| Square Footage Totals | 10,000 | 96,300 | 10,000 | | | |
| Direct Construction Cost per SQFT | 351 | | 260 | | | |
| Total Construction Cost per SQFT | 391 | | 290 | | | |
| Total Project Cost per SQFT (including Financing) | \$ 546 | | \$ 389 | | | |

| Direct Construction Cost | | | | | | |
|---------------------------------------|---------------------|-------------------|---------------------|-------------|-------------|-----------------------|
| Direct Construction Cost | \$ 3,475,000 | \$ 875,000 | \$ 2,600,000 | | | \$ (3,475,000) |
| Monument Signs | \$ 30,000 | \$ 30,000 | \$ - | | | \$ (30,000) |
| | \$ - | \$ - | \$ - | | | |
| Total Direct Construction Cost | \$ 3,505,000 | \$ 905,000 | \$ 2,600,000 | \$ - | \$ - | \$ (3,505,000) |

| In-Direct Construction Cost | | | | | | |
|---|------------------|------------------|------------------|-------------|-------------|--------------------|
| Labor/Material & Performance Bonds (1.5%) | \$ 52,575 | \$ 13,575 | \$ 39,000 | | | \$ (52,575) |
| | \$ - | \$ - | \$ - | | | |
| | \$ - | \$ - | \$ - | | | |
| Total In-Direct Construction Cost | \$ 52,575 | \$ 13,575 | \$ 39,000 | \$ - | \$ - | \$ (52,575) |

| Construction Contingencies / Escalation | | | | | | |
|--|---------------------|---------------------|---------------------|-------------|-------------------|-----------------------|
| | | 10% | | | | |
| Building Contingency | \$ 347,500 | \$ 87,500 | \$ 260,000 | | \$ 104,820 | \$ (242,680) |
| | \$ - | \$ - | \$ - | | | |
| Total Construction Contingencies / Escalation | \$ 347,500 | \$ 87,500 | \$ 260,000 | \$ - | \$ 104,820 | \$ (242,680) |
| Total Construction Budget | \$ 3,905,075 | \$ 1,006,075 | \$ 2,899,000 | \$ - | \$ 104,820 | \$ (3,800,255) |

| Equipment Budget | | | | | | |
|---|-------------|-------------|-------------|-------------------|-------------|---------------------|
| Furniture Fixtures and Equipment Allowance | \$ - | | | \$ 462,000 | | \$ (462,000) |
| Graphic / Signage / Artwork / Plants | \$ - | | | | | |
| Nursecall & Code Blue Systems | \$ - | | | | | |
| Intercom/Public Address/Fixed AV | \$ - | | | | | |
| Radio Systems | \$ - | | | | | |
| Dictation Systems | \$ - | | | | | |
| Security/Video Surveillance/Access Control | \$ - | | | | | |
| Television | \$ - | | | | | |
| Structured Cabling / IT Allowance | \$ - | | | \$ 330,000 | | \$ (330,000) |
| PBX -Telecom (includes VM) | \$ - | | | | | |
| Desktop Devices (Desktops, Laptops, Handhelds & Printers) | \$ - | | | | | |
| Network Electronics | \$ - | | | | | |
| Software Applications (Installation, Licenses etc.) | \$ - | | | | | |
| Time & Attendance | \$ - | | | | | |
| IT Construction Project Mgmt | \$ - | | | | | |
| IT Construction 3rd Party Resources | \$ - | | | | | |
| Other Equipment Costs | \$ - | | | | | |
| Total Equipment Budget | \$ - | \$ - | \$ - | \$ 792,000 | \$ - | \$ (792,000) |

| Site Square Footage | sf |
|---------------------|--------|
| Total | 96,300 |
| Bldg footprint | 10,000 |
| Parking & roads | 38,246 |
| Conc Flatwork | 3,942 |
| Landscaping | 44,112 |

Opinion of Probable Costs

| Key Project Data Information | Total Project | Site | Building | Other Costs non-grant related | ACTUAL SPEND as of 10-31-17 | OVER/(UNDER) |
|--|---------------------|---------------------|---------------------|----------------------------------|--------------------------------|-----------------------|
| Consultant Fees | | | | | | |
| Architect/Engineer Fees | \$ 312,870 | \$ 78,370 | \$ 234,500 | | \$ 190,020 | \$ (122,850) |
| Equipment Planner Fees | \$ - | \$ - | | | | |
| Other Consultant Fees | \$ - | \$ - | | | \$ 4,175 | \$ 4,175 |
| Total Consultant Fees Budget | \$ 312,870 | \$ 78,370 | \$ 234,500 | \$ - | \$ 194,195 | \$ (118,675) |
| Administrative Costs | | | | | | |
| Permit Fees & Hook ups | \$ 410,000 | \$ 260,000 | \$ 150,000 | | \$ 7,459 | \$ (402,541) |
| IOR/Special Inspections | \$ - | | | | | \$ - |
| Site Survey, Testing, Boring & Reports | \$ 67,500 | \$ 27,500 | \$ 40,000 | | \$ 15,250 | \$ (52,250) |
| Testing Services | \$ 40,000 | | \$ 40,000 | | | \$ (40,000) |
| Legal Fees | \$ 30,000 | \$ 10,000 | \$ 20,000 | | \$ 24,057 | \$ (5,943) |
| Move-in Start-up | \$ - | | | tdb | | \$ - |
| Internal Project Management | \$ - | | | | | \$ - |
| 3rd Party Project Management | \$ 100,000 | \$ 20,000 | \$ 80,000 | | | \$ (100,000) |
| Other Administrative Costs (includes Commissioning, Auditing, EIR) | \$ - | | | | | |
| Total Administrative Cost | \$ 647,500 | \$ 317,500 | \$ 330,000 | \$ - | \$ 46,766 | \$ (600,734) |
| Land & Site Development | | | | | | |
| Land Acquisition | \$ - | | | \$ 890,000 | \$ 903,112 | \$ 13,112 |
| Off Site Development | \$ - | tdb | | | | |
| Total Land & Site Development Budget | \$ - | \$ - | | \$ 890,000 | \$ 903,112 | \$ 13,112 |
| Total (Construction+ Equipment + A/E Fees+ Admin Costs) | \$ 4,865,445 | \$ 1,401,945 | \$ 3,463,500 | \$ 1,682,000 | \$ 1,248,893 | \$ (5,298,552) |
| Owner Reserves | | | | | | |
| Owner's Contingency | \$ 486,545 | \$ 140,195 | \$ 346,350 | | | |
| Project Escalation - other than construction | \$ - | \$ - | \$ - | | | |
| Total Owner Reserves | \$ 486,545 | \$ 140,195 | \$ 346,350 | \$ - | \$ - | \$ - |
| Total Project Capital Cost excluding Financing | \$ 5,351,990 | \$ 1,542,140 | \$ 3,809,850 | \$ 1,682,000 | \$ 1,248,893 | \$ (5,298,552) |
| Financing Costs (Final) | 107,040 | 30,843 | 76,197 | | \$ 16,029 | |
| Total Project Capital Cost including Financing | \$ 5,459,029 | \$ 1,572,982 | \$ 3,886,047 | \$ 1,682,000 | \$ 1,264,922 | \$ (5,298,552) |

Mark Twain Health Care District
 Opinion of Probable Cost
 October 31, 2017

| Row Labels | Sum of Amount | OPC Category |
|--------------------------------------|----------------------|--|
| Air Permitting Specialists | 3,200 | Site Survey, Testing, Boring & Reports |
| Aspen Street Architects | 171,100 | Architect/Engineer Fees |
| Calaveras County Planning Department | 5,806 | Permit Fees & Hook ups |
| Calaveras County Public Works | 425 | Permit Fees & Hook ups |
| California Certified Appraisers | 500 | Site Survey, Testing, Boring & Reports |
| Cardmember Service | 299 | Financing Cost |
| CCWD | 1,003 | Permit Fees & Hook ups |
| CSU Stanislaus | 225 | Permit Fees & Hook ups |
| First American Title Company | 903,112 | Land Acquisition |
| Hendrickson Consulting | 15,730 | Financing Cost |
| Kittelson & Associates | 18,920 | Architect/Engineer Fees |
| Kleinfelder | 9,300 | Site Survey, Testing, Boring & Reports |
| Meyers Nave | 21,584 | Legal Fees |
| Michael W. Skenfield | 4,175 | Other Consultant |
| Van Lieshout, Patrick | 104,820 | Building Contingency |
| Wiebe Land Surveying | 2,250 | Site Survey, Testing, Boring & Reports |
| Archer Norris | 2,473 | Legal Fees |
| Grand Total | 1,264,922 | |