



Agenda

WEST CONTRA COSTA HEALTHCARE DISTRICT

FINANCE COMMITTEE

June 3, 2019

9:30 a.m.

651 Pine Street, Room 108, Martinez

Supervisor John Gioia, Chair

Supervisor Federal Glover, Vice Chair

Agenda Items:	Items may be taken out of order based on the business of the day and preference of the Committee
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1. Introductions
2. Public Comment (*Speakers may be limited to three minutes on any item under the jurisdiction of the committee and not on the agenda.*)
3. Approval of May 6, 2019 Record of Action.
4. Approval of May 7, 2019 Special Meeting Record of Action.
5. Presentation and Action Regarding the Advance Refunding of the 2011 Certificates of Participation Report: Attachment A – Draft Board Order; Attachment B – Debt Service: Patrick Godley
6. Consider Approval of the Advance Refunding of the 2011 Certificates of Participation.
7. Recommend to the District Board for their June 11, 2019 Meeting Approval of the Advance Refunding of the 2011 Certificates of Participation.
8. Adjourn

Materials distributed for the meeting are available for viewing at the County Administration Building, Room 106, 651 Pine St., Martinez, CA 94553.

To receive a copy of the West Contra Costa Healthcare District Finance Committee agenda via mail or email, please submit your request in writing using a speaker card during the meeting, or by contacting (925) 957-5401.

For Additional Information Contact:

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WEST CONTRA COSTA HEALTHCARE DISTRICT

FINANCE COMMITTEE

RECORD OF ACTION FOR
May 6, 2019

Supervisor John Gioia, Chair
Supervisor Federal Glover, Vice Chair

Present: Chair John Gioia
Vice Chair Federal Glover

Staff Present:

Attendees:

1. Introductions

Chair Gioia convened the meeting at 1:05 p.m. and invited attendees to introduce themselves.

2. Public Comment (Speakers may be limited to three minutes on any item under the jurisdiction of the committee and not on the agenda.)

No one asked to speak during the public comment.

3. Presentation and Action Regarding the Public Health West County Health Assessment Report:

Dan Peddycord/Beth Armentano

The committee accepted the report. The committee acknowledged the need for additional urgent care services and additional services to at-risk youth.

AYE: Chair John Gioia, Vice Chair Federal Glover
Passed

Attachment: West Contra Costa Healthcare District Report

4. Presentation and Action Regarding the Healthcare District 2019/20 Budget: Patrick Godley

The committee accepted the report. The committee acknowledged that the Fiscal Year 2019/20 budget includes \$900,000 for community benefit programs.

The committee acknowledged that \$900,000 will be available in Fiscal Years 2020/21 and 2021/22 to fund community benefit programs.

AYE: Chair John Gioia, Vice Chair Federal Glover
Passed

Attachment: 2019/20 West Contra Costa Healthcare District Budget

5. Presentation and Action Concerning the Community Benefit Allocation Process: Patrick Godley

The committee accepted the report.

The committee approved the community benefit allocation principals identified as items A-E in the report.

The committee approved a funding allocation to LifeLong in the amount of \$500,000 annually for three years for urgent care services.

The committee approved a funding allocation to RYSE in the amount of \$400,000 annually for three years for the provision of services to at-risk youth.

The committee acknowledged the service plan developed for both organizations must ensure that services are accessible to residents throughout the healthcare district.

The committee authorized the Health Services Department to enter into formal contract negotiations with both organizations and then seek final approval from the full District Board.

AYE: Chair John Gioia, Vice Chair Federal Glover
Passed

Attachment: Community Benefit Allocation Principals/Process

6. Consider Scheduling the Next Meeting for 9:30 a.m. on Monday, June 3, 2019.

The committee directed staff to convene a “special meeting” on May 7, 2019 for the purpose of discussing the 2011 COPs refunding.

The committee directed staff to notice the 9:30 a.m. June 3, 2019 meeting.

AYE: Chair John Gioia, Vice Chair Federal Glover
Passed

7. Adjourn

Chair Gioia adjourned the meeting at 2:20 p.m.



WEST CONTRA COSTA HEALTHCARE DISTRICT

FINANCE COMMITTEE

SPECIAL MEETING

RECORD OF ACTION FOR
May 7, 2019

Supervisor John Gioia, Chair
Supervisor Federal Glover, Vice Chair

Present: Chair John Gioia
Vice Chair Federal Glover

Staff Present:

Attendees:

1. Introductions

Chair Gioia convened the meeting at 2:15 p.m. and invited attendees to introduce themselves.

2. Public Comment (Speakers may be limited to three minutes on any item under the jurisdiction of the committee and not on the agenda.)

No one asked to speak during the public comment.

3. Presentation and Action Regarding Advance Refunding of 2011 Certificates of Participation.

The committee accepted the report.

The committee acknowledged the quick approval turnaround time needed due to interest rate market fluctuations.

The committee acknowledged the potential annual savings of \$350,000 and the elimination of the one million dollars in accelerated debt service payments.

The committee approved G.L. Hicks Financial, LLC and Piper Jaffray & Co. as underwriters and Quint & Thimmig LLP as bond counsel.

The committee approved moving forward on the refunding and directed staff to report back on June 3, 2019.

AYE: Chair John Gioia, Vice Chair Federal Glover
Passed

Attachment: Refunding Report

4. Adjourn

For Additional Information Contact:

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TO: **WEST CONTRA COSTA HEALTHCARE DISTRICT BOARD**

FROM: Anna Roth, Health Services Director

DATE: June 11, 2019

SUBJECT: West Contra Costa Healthcare District 2011 Certificates of Participation Refunding



**Contra
Costa
County**

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND JUSTIFICATION

RECOMMENDATION(S):

1. ACKNOWLEDGE the June 3, 2019 recommendation of the District Finance Committee to approve the refunding of the 2011 Certificates of Participation.
2. ACKNOWLEDGE the refunding will result in a savings of approximately \$417,000 annually in debt service and will remove the provision in the bankruptcy court agreement that requires the District to accelerate repayment of its 2011 Certificates of Participation by \$1,000,000 annually beginning in 2022.
3. ADOPT, as the Governing Board of West Contra Costa Healthcare District (the "District"), Resolution 2019/183, approving the issuance by the District of its West Contra Costa Healthcare District Refunding Revenue Bonds, Series 2019 (Taxable Converting to Tax-Exempt) to refund the District's West Contra Costa Healthcare District Certificates of Participation (2011 Financing Program), in the principal amount of \$41,000,000 of which \$39,535,000 is currently outstanding.
4. AUTHORIZE the forms of and direct the execution and delivery of the financing documents, including: (i) an Indenture of Trust by and between the District and U.S. Bank National Association, as Trustee; (ii) a Bond Purchase Agreement by and between the District and Pacific Western Bank; (iii) a Bond Purchase Agreement by and between the District and Western Alliance Business Trust, a wholly owned affiliate of Western Alliance Bank; and (iv) an Escrow Agreement by and between the District and U.S. Bank National Association, as Escrow Bank.
5. APPROVE and AUTHORIZE the taking of necessary actions and the execution of necessary documents in connection therewith.

Signature: _____

District I District II District III District IV District V All Districts

CONTACT PERSON:

Laura Garvey (925-957-5431)

ROUTING: (DISTRIBUTION):

T Scott tasha.scott@cchealth.org

FISCAL IMPACT:

The refunding will result in \$9.6 million in savings (\$417,000 annually) and eliminate the bankruptcy provision that requires accelerated repayment of \$1 million annually beginning in 2022.

BACKGROUND/REASON(S) FOR RECOMMENDATION(S):

An advance refunding of the West Contra Costa Healthcare District's (the "District") 2011 Certificates of Participation (the "2011 COPs") would achieve two objectives of the District: (i) it would provide for lower debt service payments over the remaining life of the 2011 COPs and (ii) it would eliminate the provision in the bankruptcy court agreement that requires the District to accelerate repayment of its 2011 COPs, by \$1,000,000 annually beginning in 2022. These additional funds received from debt service savings due to this refunding could be available to the District for other eligible and legal purposes of the District. An advance refunding means the refunding debt is issued greater than 90 in advance of paying off the debt being refunded. A current refunding means debt is issued within 90 days of paying off the debt being refunded.

In 2004, the District passed a super-majority parcel tax measure, known as Measure D, to provide the needed capital to take over operation of Doctors Medical Center after its prior operator, Tenet Healthcare Corporation, elected to terminate its lease of Doctors Medical Center with the District. The parcel taxes produce approximately \$5.7 million in revenue annually, which parcel tax revenues are provided as security for the 2011 COPs and for Refunding Revenue Bonds issued by the District in 2018 (the "2018 Bonds") that refunded Certificates of Participation issued by the District in 2004 (the "2004 COPs"). The obligation of the District to make payments from parcel taxes on the 2011 COPs is on parity with the District's obligation to make payments on the 2018 Bonds. The 2004 COPs, the 2011 COPs, the 2018 Bonds and any other parity debt secured by parcel taxes of the District are hereinafter referred to as the Parcel Tax Obligations.

In 2006, the District filed for relief under Chapter 9 Bankruptcy due to a lack of sufficient reimbursement received from Medi-Cal and Medicare and emerged from bankruptcy thereafter.

In 2011, with heightened investor concerns due to the difficult financial condition of the District, it was determined that the District should provide statutory lien status for investors as to the parcel tax revenues securing its Parcel Tax Obligations. Senate Bill 644 was passed and signed into law to create a statutory lien against the District's parcel tax revenues to ensure lenders that, in the event of any future bankruptcy filing, the terms of the Parcel Tax Obligations could not be modified by a bankruptcy court. Soon after passage of Senate Bill 644, the District issued its 2011 COPs to provide working capital, fund needed capital improvements to Doctors Medical Center and to repay an advance from Contra Costa County to the District.

In 2015, the District closed Doctors Medical Center and in 2017 the District filed its second Chapter 9 Bankruptcy due to continuing operating difficulties and a failing hospital facility with the effective date of the Second Amended Plan for Adjustment of the District's Debts occurring on April 3, 2018, when the District sold the Doctors Medical Center facility. The second plan of reorganization under which the District emerged from Bankruptcy was based on a number of factors agreed to by the District, including the refunding of the 2004 COPs and the 2011 COPs to the extent that a refunding is "commercially reasonable."

On April 17, 2018, the District completed a refunding (aka refinancing) of the 2004 COPs with proceeds from the issuance of the 2018 Bonds and subsequently paid off the 2004 COPs on May 4, 2018. This current refunding of the 2004 COPs saved the District just over \$2.4 million in debt service payments.

The District has been evaluating an advance refunding of its 2011 COPs for several months. Because the 2011 COPs do not allow for early prepayment until July 1, 2021, it cannot provide for a current refunding until April 2, 2021 (90 days prior to the first prepayment date). In addition, current tax law no longer allows for an advance refunding of tax-exempt obligations using the proceeds of tax-exempt debt. As such, the District has been evaluating an advance refunding of the 2011 COPs with taxable obligations instead of tax-exempt obligations, which structure is allowed by the current tax code. The District has evaluated the issuance of several alternative structures, including taxable refunding debt that is nonrated, rated and insured and taxable refunding debt that converts to tax-exempt at a point in time in the future. Of all the options considered, the most favorable option is to issue taxable rate debt converting to a tax-exempt rate on or after April 2, 2021 (within 90 days of the first prepayment date of the 2011 COPs being refunded).

Financing Details

Pursuant to the District's recent Bankruptcy Plan of Reorganization, the District has an obligation to complete a refunding of its 2011 COPs to the extent that a refunding is "commercially reasonable." The following is an overview of the circumstances, options considered and the preferred option being recommended for approved: a taxable rate refunding revenue bond converting to tax-exempt rate refunding revenue bond that advance refunds the District's 2011 COPs.

- The District's 2011 COPs can be prepaid as early as July 1, 2021, and they carry an above market average interest rate of about 6.05%.
- Because of tax reform, the District cannot advance refund the 2011 COPs on a tax-exempt basis.
- Alternative refunding options include a taxable advance refunding that is rated by Fitch in the A or AA rating categories or a taxable advance refunding that converts to tax-exempt on or after April 2, 2021.
- The most favorable option is a bank private placement of taxable rate refunding bonds that convert to

a tax-exempt rate on the first date possible, in this case April 2, 2021.

- Piper Jaffray, as Placement Agent for the District, has secured very attractive term sheets from both Western Alliance Bank and Pacific Western Bank for taxable bonds that convert to tax-exempt. These term sheets provide for a taxable rate of 5.00% from May 27, 2019 to April 1, 2021, with the conversion to a tax-exempt rate of 4.125% on April 2, 2021, and thereafter until they mature on July 1, 2042.
- This unique structure, as proposed produce net present value savings of approximately \$6.4 million which is over 16% of the par amount of the 2011 COPs. Total debt service savings is over \$9.6 million.
- Prior to conversion, the District must first request that the Bonds be converted to a tax-exempt rate and the investor will need to make a “meaningful choice” related to the bonds, in this case a choice among two alternative but similar amortization schedules.
- Risks for the District on this financing are minimal and include the possibility that because of an unforeseen change in the tax code, the Bonds cannot be converted to tax-exempt on the conversion date.
- Worst case, which our finance team feels is remote, is that the interest rate on the bonds never converts to the tax-exempt rate and remains at the 5.00% taxable rate until maturity or early prepayment. If this does occur, the District’s savings would still be approximately \$2.7 million which is over 6.9% of the par amount of the 2011 COPs. However, we believe the chance of this worst-case scenario occurring is not likely and the District retains the ability to prepay the bonds at par (no prepayment penalty) on any date.

We believe this taxable converting to tax-exempt structure would qualify as a commercially reasonable refunding because it would generate up to \$9.6 million in total savings (on average \$417,000 per year), and would require the District to proceed with all diligence in its completion per the terms of the Bankruptcy Plan of Reorganization. In addition, by refunding both the 2004 COPs (completed in 2018) and the 2011 COPs the District would no longer be required to accelerate the repayment of its 2011 COPs starting in 2022. This provision requires accelerated annual payments of \$1 million; the refunding of the 2011 COPs would eliminate this requirement, giving the District more flexibility on how it uses its capital going forward.

Various documents are necessary to complete the financing including: (i) an Indenture of Trust by and between the District and U.S. Bank National Association, as Trustee; (ii) a Bond Purchase Agreement by and between the District and Pacific Western Bank; (iii) a Bond Purchase Agreement by and between the District and Western Alliance Business Trust, a wholly owned affiliate of Western Alliance Bank; and (iv) an Escrow Agreement by and between the District and U.S. Bank National Association, as Escrow Bank.

CONSEQUENCES OF NEGATIVE ACTION:

The District would not be able to generate savings of \$9.6 million.

CHILDREN'S IMPACT STATEMENT:

None.

ATTACHMENTS:

- (i) Indenture of Trust by and between the District and U.S. Bank National Association, as Trustee;
- (ii) Bond Purchase Agreement by and between the District and Pacific Western Bank;
- (iii) Bond Purchase Agreement by and between the District and Western Alliance Business Trust, a wholly owned affiliate of Western Alliance Bank;
- (iv) Escrow Agreement by and between the District and U.S. Bank National Association, as Escrow Bank;
and
- (v) Governing Board of West Contra Costa Healthcare District Resolution

SOURCES AND USES OF FUNDS

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Dated Date 06/27/2019
 Delivery Date 06/27/2019

Sources:

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Bond Proceeds:	
Par Amount	40,218,000.00
Other Sources of Funds:	
Series 2011 Reserve Fund	2,514,131.49
Interest Funds on Hand	1,186,462.50
Principal Funds on Hand	85,000.00
	<hr/>
	3,785,593.99
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	44,003,593.99
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Uses:

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Refunding Escrow Deposits:	
Cash Deposit	1,271,462.53
SLGS Purchases	42,309,768.00
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	43,581,230.53
Delivery Date Expenses:	
Cost of Issuance	421,481.00
Other Uses of Funds:	
Additional Proceeds	882.46
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	44,003,593.99
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DETAILED BOND DEBT SERVICE

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Bond Component (BOND)

Period Ending	Principal	Interest	Debt Service	Annual Debt Service
01/01/2020	46,000	1,027,793.33	1,073,793.33	
07/01/2020	56,000	1,004,300.00	1,060,300.00	2,134,093.33
01/01/2021	58,000	1,002,900.00	1,060,900.00	
07/01/2021	60,000	914,796.76	974,796.76	2,035,696.76
01/01/2022	119,000	824,958.75	943,958.75	
07/01/2022	120,000	822,504.38	942,504.38	1,886,463.13
01/01/2023	125,000	820,029.38	945,029.38	
07/01/2023	125,000	817,451.25	942,451.25	1,887,480.63
01/01/2024	130,000	814,873.13	944,873.13	
07/01/2024	130,000	812,191.88	942,191.88	1,887,065.01
01/01/2025	135,000	809,510.63	944,510.63	
07/01/2025	135,000	806,726.25	941,726.25	1,886,236.88
01/01/2026	140,000	803,941.88	943,941.88	
07/01/2026	141,000	801,054.38	942,054.38	1,885,996.26
01/01/2027	146,000	798,146.25	944,146.25	
07/01/2027	146,000	795,135.00	941,135.00	1,885,281.25
01/01/2028	153,000	792,123.75	945,123.75	
07/01/2028	154,000	788,968.13	942,968.13	1,888,091.88
01/01/2029	161,000	785,791.88	946,791.88	
07/01/2029	161,000	782,471.25	943,471.25	1,890,263.13
01/01/2030	1,123,000	779,150.63	1,902,150.63	
07/01/2030	1,124,000	755,988.75	1,879,988.75	3,782,139.38
01/01/2031	1,171,000	732,806.25	1,903,806.25	
07/01/2031	1,172,000	708,654.38	1,880,654.38	3,784,460.63
01/01/2032	1,221,000	684,481.88	1,905,481.88	
07/01/2032	1,220,000	659,298.75	1,879,298.75	3,784,780.63
01/01/2033	1,270,000	634,136.25	1,904,136.25	
07/01/2033	1,270,000	607,942.50	1,877,942.50	3,782,078.75
01/01/2034	1,323,000	581,748.75	1,904,748.75	
07/01/2034	1,323,000	554,461.88	1,877,461.88	3,782,210.63
01/01/2035	1,380,000	527,175.00	1,907,175.00	
07/01/2035	1,379,000	498,712.50	1,877,712.50	3,784,887.50
01/01/2036	1,436,000	470,270.63	1,906,270.63	
07/01/2036	1,436,000	440,653.13	1,876,653.13	3,782,923.76
01/01/2037	1,496,000	411,035.63	1,907,035.63	
07/01/2037	1,496,000	380,180.63	1,876,180.63	3,783,216.26
01/01/2038	1,559,000	349,325.63	1,908,325.63	
07/01/2038	1,558,000	317,171.25	1,875,171.25	3,783,496.88
01/01/2039	1,622,000	285,037.50	1,907,037.50	
07/01/2039	1,623,000	251,583.75	1,874,583.75	3,781,621.25
01/01/2040	1,691,000	218,109.38	1,909,109.38	
07/01/2040	1,691,000	183,232.50	1,874,232.50	3,783,341.88
01/01/2041	1,760,000	148,355.63	1,908,355.63	
07/01/2041	1,761,000	112,055.63	1,873,055.63	3,781,411.26
01/01/2042	1,836,000	75,735.00	1,911,735.00	
07/01/2042	1,836,000	37,867.50	1,873,867.50	3,785,602.50
	40,218,000	28,230,839.57	68,448,839.57	68,448,839.57

Bond Variable Rate Table

Begin Date	End Date	Interest Rate
06/27/2019	04/02/2021	5.000%
04/02/2021	07/01/2042	4.125%

AGGREGATE DEBT SERVICE

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Period Ending	Series 2011 Refunding	2018 Bonds	2011 COPs	Aggregate Debt Service
07/01/2019		1,673,357.34	1,186,463	2,859,820.34
07/01/2020	2,134,093.33	1,674,065.68		3,808,159.01
07/01/2021	2,035,696.76	1,674,733.14		3,710,429.90
07/01/2022	1,886,463.13	1,673,894.31		3,560,357.44
07/01/2023	1,887,480.63	1,673,346.60		3,560,827.23
07/01/2024	1,887,065.01	1,673,709.98		3,560,774.99
07/01/2025	1,886,236.88	1,674,812.27		3,561,049.15
07/01/2026	1,885,996.26	1,674,623.35		3,560,619.61
07/01/2027	1,885,281.25	1,674,431.52		3,559,712.77
07/01/2028	1,888,091.88	1,674,246.04		3,562,337.92
07/01/2029	1,890,263.13			1,890,263.13
07/01/2030	3,782,139.38			3,782,139.38
07/01/2031	3,784,460.63			3,784,460.63
07/01/2032	3,784,780.63			3,784,780.63
07/01/2033	3,782,078.75			3,782,078.75
07/01/2034	3,782,210.63			3,782,210.63
07/01/2035	3,784,887.50			3,784,887.50
07/01/2036	3,782,923.76			3,782,923.76
07/01/2037	3,783,216.26			3,783,216.26
07/01/2038	3,783,496.88			3,783,496.88
07/01/2039	3,781,621.25			3,781,621.25
07/01/2040	3,783,341.88			3,783,341.88
07/01/2041	3,781,411.26			3,781,411.26
07/01/2042	3,785,602.50			3,785,602.50
	68,448,839.57	16,741,220.23	1,186,463	86,376,522.80

BOND PRICING

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Bond Component	Maturity Date	Amount	Rate	Yield	Price
Bond Component:					
	01/01/2020	46,000		4.226%	100.000
	07/01/2020	56,000		4.226%	100.000
	01/01/2021	58,000		4.226%	100.000
	07/01/2021	60,000		4.226%	100.000
	01/01/2022	119,000		4.226%	100.000
	07/01/2022	120,000		4.226%	100.000
	01/01/2023	125,000		4.226%	100.000
	07/01/2023	125,000		4.226%	100.000
	01/01/2024	130,000		4.226%	100.000
	07/01/2024	130,000		4.226%	100.000
	01/01/2025	135,000		4.226%	100.000
	07/01/2025	135,000		4.226%	100.000
	01/01/2026	140,000		4.226%	100.000
	07/01/2026	141,000		4.226%	100.000
	01/01/2027	146,000		4.226%	100.000
	07/01/2027	146,000		4.226%	100.000
	01/01/2028	153,000		4.226%	100.000
	07/01/2028	154,000		4.226%	100.000
	01/01/2029	161,000		4.226%	100.000
	07/01/2029	161,000		4.226%	100.000
	01/01/2030	1,123,000		4.226%	100.000
	07/01/2030	1,124,000		4.226%	100.000
	01/01/2031	1,171,000		4.226%	100.000
	07/01/2031	1,172,000		4.226%	100.000
	01/01/2032	1,221,000		4.226%	100.000
	07/01/2032	1,220,000		4.226%	100.000
	01/01/2033	1,270,000		4.226%	100.000
	07/01/2033	1,270,000		4.226%	100.000
	01/01/2034	1,323,000		4.226%	100.000
	07/01/2034	1,323,000		4.226%	100.000
	01/01/2035	1,380,000		4.226%	100.000
	07/01/2035	1,379,000		4.226%	100.000
	01/01/2036	1,436,000		4.226%	100.000
	07/01/2036	1,436,000		4.226%	100.000
	01/01/2037	1,496,000		4.226%	100.000
	07/01/2037	1,496,000		4.226%	100.000
	01/01/2038	1,559,000		4.226%	100.000
	07/01/2038	1,558,000		4.226%	100.000
	01/01/2039	1,622,000		4.226%	100.000
	07/01/2039	1,623,000		4.226%	100.000
	01/01/2040	1,691,000		4.226%	100.000
	07/01/2040	1,691,000		4.226%	100.000
	01/01/2041	1,760,000		4.226%	100.000
	07/01/2041	1,761,000		4.226%	100.000
	01/01/2042	1,836,000		4.226%	100.000
	07/01/2042	1,836,000		4.226%	100.000
		40,218,000			

Dated Date	06/27/2019	
Delivery Date	06/27/2019	
First Coupon	01/01/2020	
Par Amount	40,218,000.00	
Original Issue Discount		
Production Underwriter's Discount	40,218,000.00	100.000000%
Purchase Price	40,218,000.00	100.000000%
Accrued Interest		
Net Proceeds	40,218,000.00	

BOND SUMMARY STATISTICS

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Dated Date	06/27/2019
Delivery Date	06/27/2019
Last Maturity	07/01/2042
Arbitrage Yield	4.251372%
True Interest Cost (TIC)	4.251372%
Net Interest Cost (NIC)	4.217585%
All-In TIC	4.343001%
Average Coupon	4.217585%
Average Life (years)	16.643
Weighted Average Maturity (years)	16.643
Duration of Issue (years)	11.764
Par Amount	40,218,000.00
Bond Proceeds	40,218,000.00
Total Interest	28,230,839.57
Net Interest	28,230,839.57
Bond Years from Dated Date	669,360,366.67
Bond Years from Delivery Date	669,360,366.67
Total Debt Service	68,448,839.57
Maximum Annual Debt Service	3,785,602.50
Average Annual Debt Service	2,974,599.50
Underwriter's Fees (per \$1000)	
Average Takedown	
Other Fee	

Total Underwriter's Discount	
Bid Price	100.000000

Bond Component	Par Value	Price	Average Coupon	Average Life	PV of 1 bp change
Bond Component	40,218,000.00	100.000	4.218%	16.643	58,316.10
	40,218,000.00			16.643	58,316.10

	TIC	All-In TIC	Arbitrage Yield
Par Value	40,218,000.00	40,218,000.00	40,218,000.00
+ Accrued Interest			
+ Premium (Discount)			
- Underwriter's Discount			
- Cost of Issuance Expense		-421,481.00	
- Other Amounts			
Target Value	40,218,000.00	39,796,519.00	40,218,000.00
Target Date	06/27/2019	06/27/2019	06/27/2019
Yield	4.251372%	4.343001%	4.251372%

SUMMARY OF REFUNDING RESULTS

West Contra Costa Healthcare District
Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
5.000% to Call, 4.125% Thereafter
Uniform Savings
--PRELIMINARY--

Dated Date	06/27/2019
Delivery Date	06/27/2019
Arbitrage yield	4.251372%
Escrow yield	2.263509%
Value of Negative Arbitrage	1,564,057.72
Bond Par Amount	40,218,000.00
True Interest Cost	4.251372%
Net Interest Cost	4.217585%
Average Coupon	4.217585%
Average Life	16.643
Weighted Average Maturity	16.643
Par amount of refunded bonds	39,535,000.00
Average coupon of refunded bonds	6.055212%
Average life of refunded bonds	17.443
Remaining weighted average maturity of refunded bonds	17.446
PV of prior debt to 06/27/2019 @ 4.251372%	49,225,076.87
Net PV Savings	6,415,398.64
Percentage savings of refunded bonds	16.227137%
Percentage savings of refunding bonds	15.951561%

SAVINGS

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Date	Prior Debt Service	Prior Receipts	Prior Net Cash Flow	Refunding Debt Service	Savings	Present Value to 06/27/2019 @ 4.2513717%
07/01/2019	1,271,462.50	1,271,741.85	-279.35		-279.35	-279.22
07/01/2020	2,459,737.50	25,141.32	2,434,596.18	2,134,093.33	300,502.85	289,995.52
07/01/2021	2,461,137.50	25,141.32	2,435,996.18	2,035,696.76	400,299.42	369,966.37
07/01/2022	2,457,100.00	25,141.32	2,431,958.68	1,886,463.13	545,495.55	484,798.72
07/01/2023	2,457,350.00	25,141.32	2,432,208.68	1,887,480.63	544,728.05	464,116.95
07/01/2024	2,457,350.00	25,141.32	2,432,208.68	1,887,065.01	545,143.67	445,293.66
07/01/2025	2,457,100.00	25,141.32	2,431,958.68	1,886,236.88	545,721.80	427,361.13
07/01/2026	2,456,600.00	25,141.32	2,431,458.68	1,885,996.26	545,462.42	409,528.09
07/01/2027	2,455,850.00	25,141.32	2,430,708.68	1,885,281.25	545,427.43	392,585.64
07/01/2028	2,458,650.00	25,141.32	2,433,508.68	1,888,091.88	545,416.80	376,338.96
07/01/2029	2,460,850.00	25,141.32	2,435,708.68	1,890,263.13	545,445.55	360,776.65
07/01/2030	4,352,450.00	25,141.32	4,327,308.68	3,782,139.38	545,169.30	332,905.35
07/01/2031	4,355,050.00	25,141.32	4,329,908.68	3,784,460.63	545,448.05	318,553.18
07/01/2032	4,355,150.00	25,141.32	4,330,008.68	3,784,780.63	545,228.05	304,483.66
07/01/2033	4,352,450.00	25,141.32	4,327,308.68	3,782,078.75	545,229.93	291,145.44
07/01/2034	4,352,725.00	25,141.32	4,327,583.68	3,782,210.63	545,373.05	278,430.97
07/01/2035	4,354,950.00	25,141.32	4,329,808.68	3,784,887.50	544,921.18	265,903.30
07/01/2036	4,353,550.00	25,141.32	4,328,408.68	3,782,923.76	545,484.92	254,421.60
07/01/2037	4,353,237.50	25,141.32	4,328,096.18	3,783,216.26	544,879.92	242,825.75
07/01/2038	4,353,437.50	25,141.32	4,328,296.18	3,783,496.88	544,799.30	231,938.86
07/01/2039	4,352,500.00	25,141.32	4,327,358.68	3,781,621.25	545,737.43	221,879.76
07/01/2040	4,354,062.50	25,141.32	4,328,921.18	3,783,341.88	545,579.30	211,718.49
07/01/2041	4,352,187.50	25,141.32	4,327,046.18	3,781,411.26	545,634.92	202,069.76
07/01/2042	4,356,250.00	2,539,272.81	1,816,977.19	3,785,602.50	-1,968,625.31	-762,242.44
	82,451,187.50	4,364,123.70	78,087,063.80	68,448,839.57	9,638,224.23	6,414,516.18

Savings Summary

PV of savings from cash flow	6,414,516.18
Plus: Refunding funds on hand	882.46
Net PV Savings	6,415,398.64

SUMMARY OF BONDS REFUNDED

West Contra Costa Healthcare District
Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
5.000% to Call, 4.125% Thereafter
Uniform Savings
--PRELIMINARY--

Bond	Maturity Date	Interest Rate	Par Amount	Call Date	Call Price
Series 2011, 2011:					
SERIAL	07/01/2019	3.750%	85,000.00		
	07/01/2020	4.000%	90,000.00		
	07/01/2021	4.250%	95,000.00		
2026TERM	07/01/2026	5.000%	525,000.00	07/01/2021	100.000
2032TERM	07/01/2032	6.000%	6,890,000.00	07/01/2021	100.000
2037TERM	07/01/2037	5.750%	13,635,000.00	07/01/2021	100.000
2042TERM	07/01/2042	6.250%	18,215,000.00	07/01/2021	100.000
			39,535,000.00		

ESCROW REQUIREMENTS

West Contra Costa Healthcare District
Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
5.000% to Call, 4.125% Thereafter
Uniform Savings
--PRELIMINARY--

Period Ending	Principal	Interest	Principal Redeemed	Total
07/01/2019	85,000.00	1,186,462.50		1,271,462.50
01/01/2020		1,184,868.75		1,184,868.75
07/01/2020	90,000.00	1,184,868.75		1,274,868.75
01/01/2021		1,183,068.75		1,183,068.75
07/01/2021	95,000.00	1,183,068.75	39,265,000.00	40,543,068.75
	270,000.00	5,922,337.50	39,265,000.00	45,457,337.50

ESCROW DESCRIPTIONS

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Type of Security	Type of SLGS	Maturity Date	First Int Pmt Date	Par Amount	Rate	Max Rate	Total Cost
Jun 27, 2019:							
SLGS	Certificate	01/01/2020	01/01/2020	694,425	2.480%	2.480%	694,425.00
SLGS	Note	07/01/2020	01/01/2020	803,684	2.420%	2.420%	803,684.00
SLGS	Note	01/01/2021	01/01/2020	721,608	2.340%	2.340%	721,608.00
SLGS	Note	07/01/2021	01/01/2020	40,090,051	2.260%	2.260%	40,090,051.00
				42,309,768			42,309,768.00

SLGS Summary

SLGS Rates File	26MAR19
Total Certificates of Indebtedness	694,425.00
Total Notes	41,615,343.00
	42,309,768.00
Total original SLGS	42,309,768.00

ESCROW COST

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Type of Security	Maturity Date	Par Amount	Rate	Total Cost
SLGS	01/01/2020	694,425	2.480%	694,425.00
SLGS	07/01/2020	803,684	2.420%	803,684.00
SLGS	01/01/2021	721,608	2.340%	721,608.00
SLGS	07/01/2021	40,090,051	2.260%	40,090,051.00
		42,309,768		42,309,768.00

Purchase Date	Cost of Securities	Cash Deposit	Total Escrow Cost	Yield
06/27/2019	42,309,768	1,271,462.53	43,581,230.53	2.263509%
	42,309,768	1,271,462.53	43,581,230.53	

ESCROW STATISTICS

West Contra Costa Healthcare District
 Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
 5.000% to Call, 4.125% Thereafter
 Uniform Savings
 --PRELIMINARY--

Total Escrow Cost	Modified Duration (years)	Yield to Receipt Date	Yield to Disbursement Date	Perfect Escrow Cost	Value of Negative Arbitrage	Cost of Dead Time
Global Proceeds Escrow: 43,581,230.53	1.905	2.263509%	2.263509%	42,016,578.62	1,564,057.72	594.19
43,581,230.53				42,016,578.62	1,564,057.72	594.19

Delivery date 06/27/2019
 Arbitrage yield 4.251372%

DISCLOSURE

West Contra Costa Healthcare District
Taxable Parcel Tax Secured Refunding Revenue Bonds, Series 2019
5.000% to Call, 4.125% Thereafter
Uniform Savings
--PRELIMINARY--

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The information contained herein may include hypothetical interest rates or interest rate savings for a potential refunding. Interest rates used herein take into consideration conditions in today's market and other factual information such as credit rating, geographic location and market sector. Interest rates described herein should not be viewed as rates that Piper Jaffray expects to achieve for you should we be selected to act as your underwriter or placement agent. Information about interest rates and terms for SLGs is based on current publically available information and treasury or agency rates for open-market escrows are based on current market interest rates for these types of credits and should not be seen as costs or rates that Piper Jaffray could achieve for you should we be selected to act as your underwriter or placement agent. More particularized information and analysis may be provided after you have engaged Piper Jaffray as an underwriter or placement agent or under certain other exceptions as describe in the Section 15B of the Exchange Act.



WEST CONTRA COSTA HEALTHCARE DISTRICT REPORT



2019



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Executive Summary

This report focuses on two known high priority issues in the West Contra Costa Healthcare District: the health and well-being of youth and the effect of the closure of Doctors Medical Center on access to emergency or urgent care. The report paints a picture of youth health and well-being that is unsatisfactory when compared to the county and that leaves room for improvement to ensure the best outcomes for future generations.

The Health of Youth

In West Contra Costa County, approximately 32% of the 201 youth deaths from 2013-2017 are associated with the first year of life. This is consistent with regional and statewide trends and is most often associated with congenital or chromosomal anomalies, disorders of gestation and complications of pregnancy. The pre-term birth rate for newborns in West County was higher during the 2013-2017 time period than the county overall, 9.8 vs. 8.9 per 100 live births.

For those aged 1-24 the causes of death are quite different and many of the deaths in this age group were associated with violence or traumatic injury. For the time period from 2013-2017, the top three causes of death in this age group were homicide, accidental death and suicide. The most common type of accidentally death is associated with motor vehicle injury. The second most common type is associated with poisonings (drug overdose). The third is suicide. Statistically, accidental deaths associated with motor vehicle injury are somewhat higher in West County than the County overall.

There are several other inter-related health and social issues that are experienced by the youth in West County. The comparatively high incidence of asthma among youth in West County is associated with living in proximity to the air pollutants produced near highways and commercial industry. This is too often the case for youth living in poverty and results in racial health inequities. To offer a perspective, approximately 72% of students in West Contra Costa Unified schools come from socioeconomically disadvantaged families vs. 42% for the county over-all, and roughly 5-15% for students in central county. Living in poverty has a profound impact not only on physical health issues but can also impact mental health and wellbeing.

Oral health (dental carries) is another health issue and one that is, nationally, five times more common than asthma. As with asthma, the rate of active tooth decay is higher in west county (approximately 25%) than the county overall (18%). Teen pregnancy is another health issue of concern. The 2013-2017 teen birth rate in the Richmond-San Pablo area was over 26 per 1,000 births as compared to approximately 11 per 1,000 for the county overall.

Sound mental and behavioral health is a necessary foundation for youth growth and development. Unfortunately, many youth across west county are growing up in an environment where they experience violence and trauma. Data from the California Healthy Kids Survey, a

survey that is administered to students in both the West Contra Costa Unified (WCCU) and John Swett Unified (JSU) school districts, showcase some remarkable and concerning information. The 2015-16 survey revealed that 29% (WCCU) and 36% (JSU) percent of 9th grade students reported experiencing chronic sadness or hopelessness. For 11th graders, 13% (WCCU) and 24% (JSU) reported considering suicide, as compared to 15% for the county overall.

[Access to Urgent/Emergent Care](#)

In 2017, there were approximately 113,000 emergency department (ED) visits made by District residents. The closing of Doctors Medical Center in 2015 impacted access to emergency department services, including high risk heart attack and primary stroke intervention. Concurrently with the closure of the hospital, Lifelong Urgent Care was established. During the same time period, county ambulatory care services expanded. However, community residents and several advocacy groups continue to be concerned about the lack of emergency department services. Kaiser Richmond is the only acute care hospital and emergency department in the immediate vicinity and it served 64,680 emergency department patients in 2017.

Information from the 2017 EMS Annual Report reveals that Code 3 (lights and sirens) ambulance response times in west county are well within industry standards (4:05 – 4:31min) as comparable to the rest of the county. However, in the wake of closure of Doctors Medical Center, average ambulance transport times increased 6-9 minutes from the scene of the call to the destination hospital. This is due, in part, to an increase in out-of-county transports to facilities like Alta Bates, Kaiser Oakland and Kaiser Vallejo.

Prior to its closure, Doctors Medical Center of San Pablo hosted 79% (171) of the west county inpatient hospital beds and 56% (25) of west county emergency department stations. Subsequent to the closer, Kaiser Richmond added 13 ED stations and Contra Costa Regional Center added 8. Kaiser Richmond serves as the community's Primary Stroke Receiving Center with high risk heart attack patients being served by Kaiser Vallejo and Sutter Summit Hospital. Currently, Kaiser Richmond sees 180-200 emergency patients a day; 15-18% of those patients arriving by 911 ambulance. OSPHD and EMS Agency data demonstrate that up to 85% of all emergency department patients are able to be treated and released within 24 hours. Increasing access to urgent care is a sensible strategy and partial solution to the over demand currently being placed on the limited number of ED stations at Kaiser Richmond.

Introduction

The West Contra Costa Healthcare District (WCCHD or subsequently referred to as the 'District') is located along the Interstate 80 corridor and includes Crockett, Rodeo, Hercules, Pinole, El Sobrante, Richmond, San Pablo, El Cerrito, and Kensington. It was originally formed in 1948 as a hospital district and it began to encounter financial difficulties in the 1990s. Financial difficulties culminated with the closing of Doctors Medical Center on April 21, 2015. Effective January 1, 2019, the Contra Costa County Board of Supervisors took over governance of the District as per the passing of Senate Bill 522.

Report Scope and Focus

Concurrently with voting to assume the role of healthcare district Board, the Contra Costa County Board of Supervisors requested an assessment of health and healthcare issues in the District. The assessment process, conducted by Contra Costa County Public Health, focused on two known high priority West County healthcare service needs. The two previously identified needs that created the focus for this report were the loss of emergency room access and the well-being of youth in the District. The data for this assessment was extracted from previously published reports and from existing data on topics of interest; supplemental new analysis and validation of prior data was conducted as needed. Except where otherwise noted, youth is defined as the period between birth and 25 years of age.

New analysis was conducted on causes of death and on emergency department visits and hospitalizations due to intentional and unintentional injuries for youth in the District. These topics were chosen because of growing awareness and concern regarding the effect of exposure to trauma on youth health and well-being. The major causes of death among youth in the District were homicide, accidental injury death, and suicide; a similar pattern is seen in the reasons for emergency department visits and hospitalizations. These causes are both preventable and indicative of the traumas to which youth are exposed regularly, whether as victims or as witnesses. Also included in the report is a summary of the availability of urgent care in the District to provide care when these events occur. The last section of the report provides a broader range of information regarding youth adverse experiences, such as homelessness, fear of violence at school, and experience of harassment or bullying, and resultant outcomes and behaviors such as chronic absenteeism from school and drug and alcohol use.

Section 1: Youth Health Conditions and Outcomes

While comprehensive information on all medical conditions is not available for every youth in the District, it is possible to assess the causes of death, emergency department visits, and hospitalizations that occur for youth that reside in the District. Death data identifies intentional and unintentional injuries as the primary cause of loss of youth life in the District; to

complement that data, this report also includes an analysis of emergency department visits and hospitalizations due to unintentional and intentional injuries. Additional health issues of concern for youth include asthma, mental or behavioral health, sexually transmitted diseases, and oral health.

Causes of Death

In the population under 25, death is a rare event; however, it results in the greatest number of years of life lost and premature mortality. From 2013 through 2017, there were 201 deaths in residents under the age of 25 in the 9 cities that make up the West Contra Costa County Health district (Crockett, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Richmond, Rodeo and San Pablo). The period of highest risk for death is infancy, which is defined as the period of time between birth and one year of age. In fact, 32% of youth deaths in the District occurred in infancy. This is consistent with the rest of Contra Costa County, where infant deaths made up of the 31% of all deaths to residents under age 25.

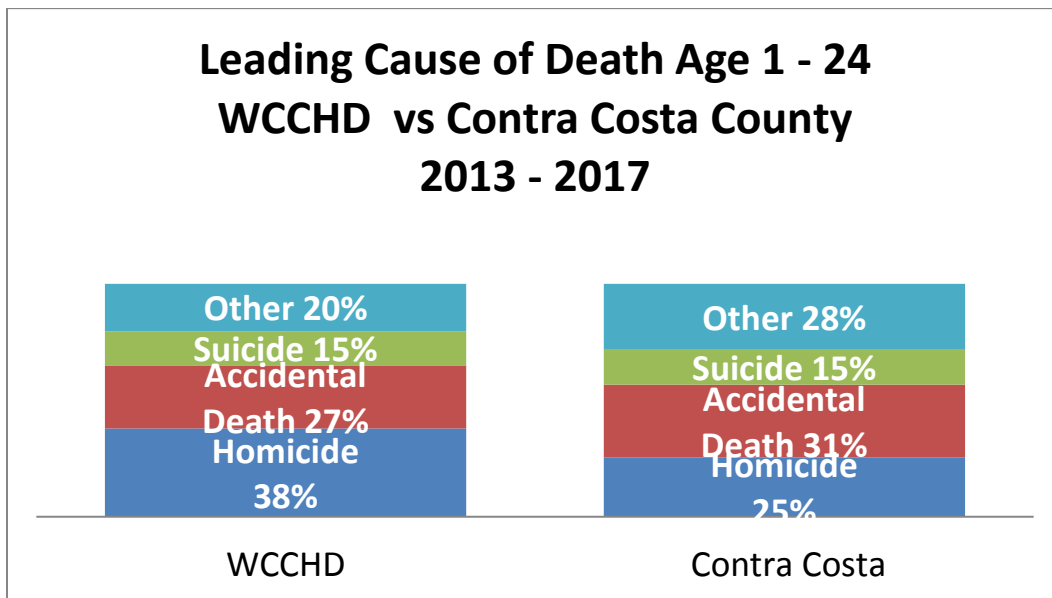
Leading causes of death in district infants included: congenital malformations, deformations and chromosomal abnormalities; disorders related to short gestation or low birth weight; newborns affected by maternal complications of pregnancy, complications of placenta cord and membranes; and Sudden Infant Death Syndrome. Leading causes of death in infants were similar for the county overall; however, there may be a slightly higher representation of infant death from unintentional injuries in the District than in the whole county.

Babies born too early have not had the optimal time and conditions for brain and body development and are at greater risk of poor health outcomes throughout their life. This is particularly true in the first year of life. Babies born preterm (less than 37 weeks gestation) are more likely to die in infancy.

While Contra Costa County's preterm birth is not usually significantly higher than the California rate, the combined rate for the 9 cities that make up the District was 9.8 per 100 live births in 2015-2017 compared to the county rate of 8.9 for the same period. This higher preterm birth rate may contribute to poorer infant outcomes in the District. Extreme prematurity was listed as the cause of death for 14% of all infant deaths in the District and 16.6% in the county from 2013-2017. Prematurity was likely a contributor to other poor outcomes, as premature babies are more likely to develop other conditions in infancy, including Sudden Infant Death Syndrome (SIDS). It is estimated that preterm births are responsible for 25% of all infant deaths.

For those aged 1 – 24, the causes of death were quite different, and many deaths in this age group were the result of violence and trauma. The 2013-2017 top three causes of death in the District for ages 1-24 were homicide, accidental death and suicide. When combined, the top three categories of death account for 80% of the deaths in this age group in the District.

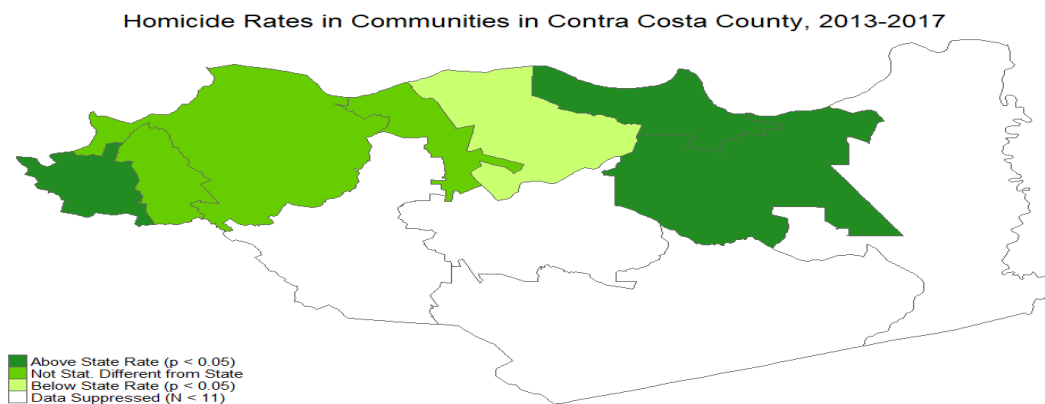
Figure 1:



Source: Vital Records Business Intelligence System (VRBIS), 2013-2017

Homicide accounted for 38% of the District deaths in this age group compared to 25% in the county overall. Most homicides were committed with firearms (96%) and the victims were overwhelmingly male (90%). This was similar to the county overall, where 91% of homicides in this age group were committed with firearms and 86% of victims were male. Homicide rates for all ages in the District are at or above the state rates.

Figure 2:



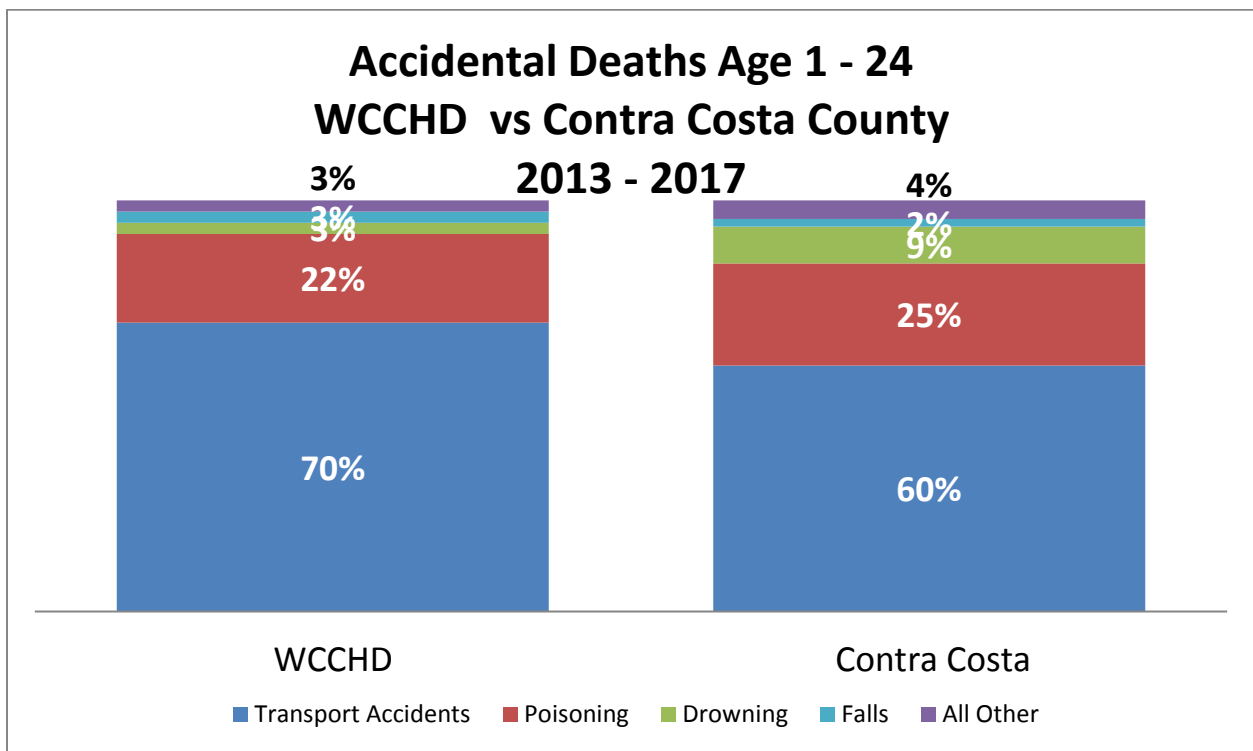
Prepared by: California Department of Public Health (CDPH), Fusion Center, with CDPH Death Data Files, 2013-2017.
For more information: <https://www.cdph.ca.gov/Programs/CCDC/DCDC/SACB/Pages/ViolencePreventionInitiative.aspx>

Source: Death Data Files, 2013-2017, California Department of Public Health-Fusion Center

Accidental deaths made up 27% of district deaths between 1 and 24 years of age, and 31% in the county overall. Once again, the deceased were more likely to be male (76% in the District and 69% in the county). The most common type of accidental death was transport accidents which made up 70% of the accidental deaths in the district and 60% in the county. In Contra Costa in this age group, deaths from transport accidents have included traffic and non-traffic accidents between pedestrian, cyclists, motorcycles, cars, pick-up trucks and all terrain/off road vehicles and railcars.

The second most common cause of youth accidental death in the District was poisonings, which made up 22% of accidental deaths in the district and 25% in the county. Deaths by poisonings include deaths that result from exposure to and poisoning from: sedatives; psychotropics; narcotics; other and unspecified drugs and medicaments; alcohol; gases; and other vapors. Of the youth poisoning deaths in the District, narcotics was most common followed by ‘other and unspecified drugs and medicaments.’ Though the numbers were small, the victims were again more likely to be male.

Figure 3:



Source: Vital Records Business Intelligence System, 2013-2017

Deaths by suicides made up 15% of deaths to this age group in both the District and in the county overall. In the district, 95% of the deaths by suicide were to males and the most common mechanism was hanging/suffocation (55%), followed by firearms and “lying before a moving object” (both 20%).

For younger youth, those aged 1 to 14, neoplasms appeared as the cause of a significant portion of deaths (25%). However, the overall number of deaths for this age range were small, and younger youth were less likely to be in high risk situations that could result in homicide, accidental death and suicide.

Emergency Department Visits for Intentional and Unintentional Injury

Injury-related emergency department visits are coded with external cause-of-injury codes (E-codes) that provide information regarding the mechanism of injury (e.g., motor vehicle, fall, struck by/against, firearm, or poisoning) and intent of the injury (e.g., unintentional, homicide/assault, suicide/self-harm, or undetermined). The District had higher rates of emergency department visits among youth for unintentional injury than the county (9,266 per 100,000 in the District vs. 8,336 per 100,000 in the county) and higher rates for assault (626 per 100,000 vs. 400 per 100,000).

Table 1 provides information regarding the number and rates of emergency department visits among youth by the intent of injury, with unintentional injury substantially more common than self-harm or assault. More males than females seek emergency care for assault and unintentional injury, while more females than males receive care for self-harm. Unintentional injury rates are highest for White, Black, and Pacific Islander youth, and self-harm rates are highest for White youth. Black youth experience extremely high assault rates when compared to youth of other races.

Table 1:

Emergency department visits for unintentional injury and violence among youth by sex and race/ethnicity						
West Contra Costa Healthcare District, 2010-2014						
	Unintentional		Self-harm		Assault	
	Visits	Rate	Visits	Rate	Visits	Rate
Total	37,522	9,265.5	346	85.4	2,536	626.2
Sex						
Male	21,065	10,193.8	96	46.5	1,421	687.7
Female	16,455	8,297.2	250	126.1	1,115	562.2
Race/ethnicity						
White	5,510	11,027.7	85	170.1	270	540.4
Black	10,797	14,389.3	84	111.9	1223	1629.9
Hispanic	15,651	8,301.4	128	67.9	857	454.6
Asian	2395	3,799.5	21	33.3	62	98.4
Pacific Islander	370	19,628.6	-	-	-	-

Source: California Office of Statewide Planning and Development
Rates per 100,000 population

Unintentional injury rates by geographic area (Table 2) show that zip codes 94572 (Rodeo), 94801 (Northwest Richmond), and 94804 (South Richmond) have the highest rates. For assaults, the same zip codes have the highest rates. Emergency department visits for self-harm appear to have the highest rates in El Cerrito and Pinole, as well as parts of Richmond.

Table 2:

Emergency department visits for unintentional injury and violence among youth by geographic West Contra Costa Healthcare District, 2010-2014			
		Unintentional Injury	
		Visits	Rate
Zip Code			
94525	Crockett	334	4,681.1
94530	El Cerrito	1,791	6,439.0
94547	Hercules	2,389	6,369.0
94564	Pinole	2,048	7,723.9
94572	Rodeo	1,349	12,302.8
94801	Richmond	7,705	12,828.8
94803	El Sobrante	2,815	7,751.6
94804	Richmond	7,531	10,886.9
94805	Richmond	1,737	8,301.1
94806	San Pablo	9,823	9,049.3

Source: California Office of Statewide Planning and Development
Rates per 100,000 population

Dominant mechanisms for unintentional injury emergency department visits include falls (26%), struck by/against (16%) and motor vehicle transportation (10%). The ‘struck by/against’ for category for unintentional injury refers to collisions with another person, such as during sports, running into an object, or having an object fall onto a person.

Mental Health

Sound mental and behavioral health is a necessary foundation for youth growth and development. Many youths in the District are growing up in an environment with unhealthy levels of trauma and violence and are being raised by parents who were themselves affected by a traumatic and violent environment.

Recent US estimates of adolescent past-year mental health diagnoses indicate that 10% demonstrate a mood disorder, such as depression, 25% an anxiety disorder, and 8.3% a substance use disorder.¹ This is likely an underrepresentation, as youth behavioral health issues

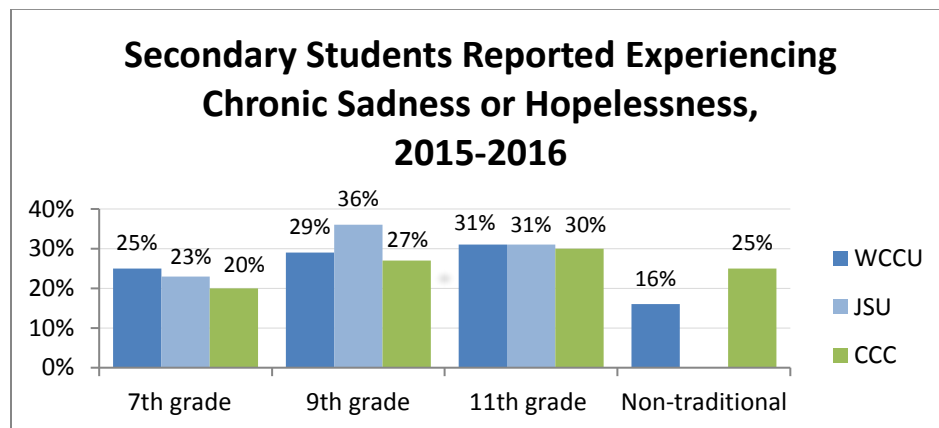
¹ Kessler RC, Avenevoli S, Costello J, Georgiades K, Green JG, et al. Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication adolescent supplement. Arch. Gen. Psychiatry. 2012;69:372–80. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]

are not always identified, and care is not always accessed. Compounding the situation in West Contra Costa County, parts of the District are a designated Health Resources & Services Administration (HRSA) mental health professional shortage area.

Mental health is an issue for many youths, but some groups experience mental health issues disproportionately. Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) youth have higher rates of mental health diagnoses, and lack of familial support for these youth can also lead to disproportionate rates of LGBTQ homeless youth.²

Data from the California Health Kids Survey, administered to the West Contra Costa Unified (WCCU) School District and the John Swett School Unified (JSU) School District and tabulated for Contra Costa County (CCC) as a whole, sheds some insight on youth's feeling of sadness. By 9th grade, more than a quarter of all youth reported experiencing sadness or hopelessness. Overall, across all grades, females were more likely to report experiencing sadness or hopelessness in the past 12 months compared to their male counterparts. Experiencing chronic sadness or hopelessness is a predictor for clinical depression. It has also been seen that adolescents who are depressed have higher rates of smoking, suicidal ideation, alcohol and drug use, and they miss school more than their non-depressed counterparts.^{3,4}

Figure 4:



Source: California Healthy Kids Survey, 2015-2016

Students who report chronic feelings of sadness or hopelessness also have higher rates of suicidal ideation. It should be noted that JSU had higher percentages than CCC and WCCU with

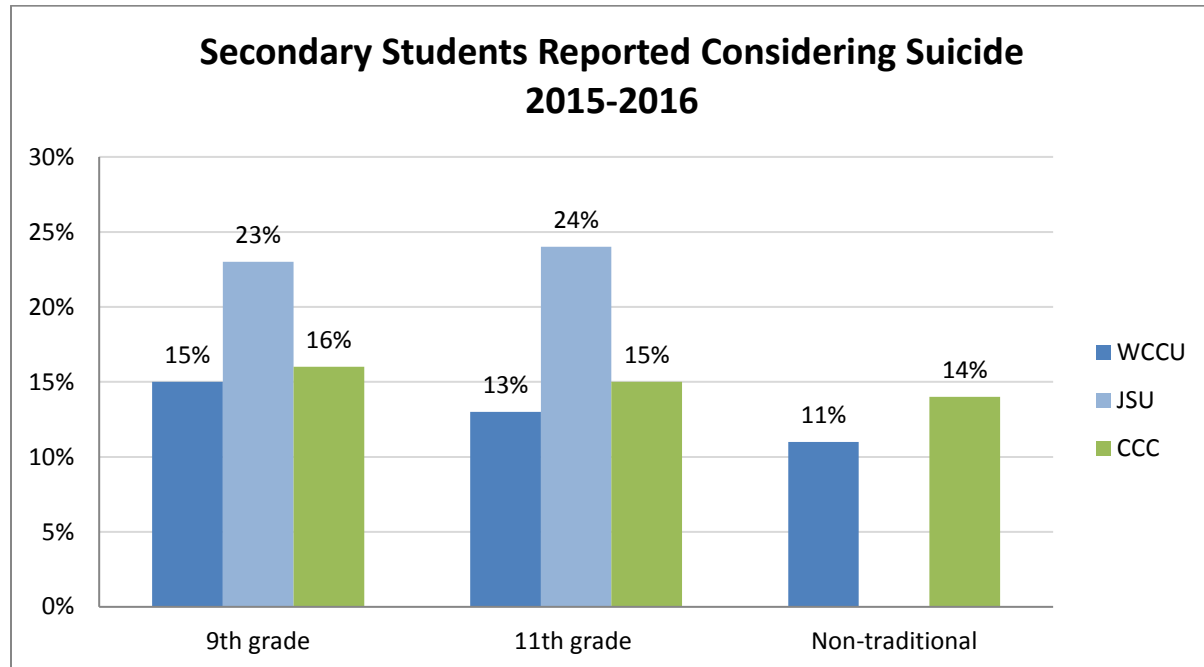
² Durso LE, Gates GJ. Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless. Williams Inst. True Colors Fund, Palette Fund; Los Angeles, CA: 2012. [[Google Scholar](#)]

³ Glied S, Pine DS. Consequences and Correlates of Adolescent Depression. Arch Pediatr Adolesc Med. 2002;156(10):1009–1014. doi:10.1001/archpedi.156.10.1009

⁴ Rao U, Chen LA. Characteristics, correlates, and outcomes of childhood and adolescent depressive disorders. Dialogues Clin Neurosci. 2009;11(1):45–62.

nearly one fourth of all 9th and 11th graders reporting that they considered suicide in the past 12 months.

Figure 5:



Source: California Healthy Kids Survey, 2015-2016

Asthma

Asthma is one of the most common chronic diseases and many asthma sufferers have poorly controlled asthma that results in lost days at school and work, as well as doctor and emergency department visits. Asthma is also a chronic disease for which there are obvious health disparities; African Americans and households with lower incomes have a higher prevalence of asthma.

According to data from the Office of Statewide Health Planning and Development (OSHPD), in 2017 in Contra Costa County, there were more than 2,000 emergency department visits by children (0-17 years) due to asthma, and more than 4,000 by adults 18 or older. Among residents of all ages living in the zip codes that make up the District, there were close to 2,000 emergency department visits in 2017.

The zip codes with the highest rates of asthma in the District include Rodeo, San Pablo, North Richmond, and other Richmond zip codes. The asthma emergency department visit rates for these zip codes were more than twice the rates of zip codes elsewhere in the county.

Sexually Transmitted Infections

Chlamydia and gonorrhea are the most commonly reported sexually transmitted infections (STIs) among youth in California and in Contra Costa County. Youth are not always aware of infections, since they can be asymptomatic, but untreated STIs can lead to serious health problems such as pelvic inflammatory disease and infertility.

Rates of gonorrhea and chlamydia in youth are higher in the District than in Contra Costa County, with the highest youth rates among 20-24-year-olds (Table 3). Females are diagnosed with chlamydia and gonorrhea about three times more often than males.

Table 3:

Chlamydia and gonorrhea infections among youth by age group and sex								
Contra Costa County and West Contra Costa Healthcare District, 2013-2017								
	Contra Costa				West Contra Costa Healthcare District			
	Chlamydia		Gonorrhea		Chlamydia		Gonorrhea	
	N	Rate	N	Rate	N	Rate	N	Rate
Total	13,898	788.5	2,652	150.5	4,077	1002.4	929	228.4
Age group, years								
0 - 14	148	13.9	38	3.6	50	20.5	-	-
15 - 19	5,368	1,507.6	949	266.5	1,528	1,980.8	-	-
20 - 24	8,382	2,459.1	1,665	488.5	2,499	2,902.8	-	-
Sex								
Male	3,439	381.3	1,196	132.6	1,085	522.6	433	208.6
Female	10,427	1,211.5	1,448	168.2	2,987	1,500.3	494	248.1

Source: California Reportable Disease Information Exchange (CalREDIE)
Rates per 100,000 population

Disparities exist for gonorrhea and chlamydia infections, with the highest rates found among African Americans (Table 4). Geographic areas with the most infections include El Sobrante and Richmond.

Table 4:

Chlamydia and gonorrhea infections among youth by race/ethnicity and geographic location Contra Costa County and West Contra Costa Healthcare District, 2013-2017								
	Contra Costa				West Contra Costa Healthcare District			
	Chlamydia		Gonorrhea		Chlamydia		Gonorrhea	
	N	Rate	N	Rate	N	Rate	N	Rate
Total	13898	788.5	2652	150.5	4077	1002.4	929	228.4
Race/ethnicity								
White	2121	352.2	332	55.1	220	429.8	41	80.1
Black	3088	1829.6	929	550.4	1213	1679.1	373	516.3
Hispanic	2000	332.8	363	60.4	760	404.2	146	77.7
AIAN	50	1106.2	-	-	-	-	-	-
Asian	444	182.8	52	21.4	155	238.9	-	-
Pacific Islander	109	1260.8	-	-	-	-	-	-
Other	954	709.1	213	144.2	354	1164.5	93	97.6
Unknown	5132	-	763	-	1375	-	276	-
Cities and Places								
El Cerrito	-	-	-	-	137	475.9	30	104.2
El Sobrante	-	-	-	-	260	1395.2	61	327.3
Hercules	-	-	-	-	249	684.5	39	107.2
Pinole	-	-	-	-	232	896.6	39	150.7
Richmond	-	-	-	-	2313	1190.1	564	290.2
Rodeo	-	-	-	-	117	835.1	33	235.5
San Pablo	-	-	-	-	723	915.6	154	195.0

Source: California Reportable Disease Information Exchange (CalREDIE)

Rates per 100,000 population

^Crockett and Kensington excluded due to small numbers

Early syphilis includes primary, secondary, and early latent stages of the disease. Syphilis increases both transmission and acquisition of HIV. Among youth 0-24 years old, over 75% of early syphilis infections occur in the 20-24-year age group both countywide and in the District (Table 5), compared with 60% of chlamydia and gonorrhea infections in 20-24-year olds. Over 80% of early syphilis infections among youth 0-24 are diagnosed in males, compared to about 40-45% of gonorrhea and 25% of chlamydia infections in males. In the District, African Americans and Latinos are disproportionately impacted by early syphilis, together comprising 75% of infections among youth. In contrast, these two groups represent about 50% of early syphilis cases in youth countywide.

Table 5:

Early syphilis infections among youth by 20-24 age group				
Contra Costa County and West Contra Costa Healthcare District, 2013-2017				
	Contra Costa		District	
	N	Rate	N	Rate
Total	151	8.6	61	15.0
Age group, years				
20 - 24	116	34.0	46	53.4

Source: California Reportable Disease Information Exchange (CaREDIE)
Rates per 100,000 population

Teen Birth Rates

Women who give birth before age 20 tend to have lower educational attainment and lower incomes than women who wait to have children later. This can have a detrimental effect on their own health and well-being as well as that of their children.

National, state, and county teen birth rates have been decreasing in recent years, but there are still areas within the county with higher rates than others. Combining the teen births in the 9 cities within the health care district yields a teen birth rate of 19.2 per 1000 for 2013 - 2017, which is significantly higher than the county rate of 11.2 births per 1000 for the same period. Approximately 34% of county teen births occur in the District. Richmond and San Pablo have the highest teen birth rates (26.6 per 1,000 and 26.3 per 1,000).

Table 6:

Teen Births by Residence, 2013-2017			
	Births to Teens	Teen Birth Rate	% of Teen Births
Mother's Residence			
Richmond	402	26.6	20.3%
San Pablo	177	26.3	8.9%
All West County Health District Cities	677	19.2	34.1%
Contra Costa County	1984	11.2	100.0%

Source: Birth Statistical Master File 2013-2017 (numerator) American Community Survey 2013-2017 (denominator)

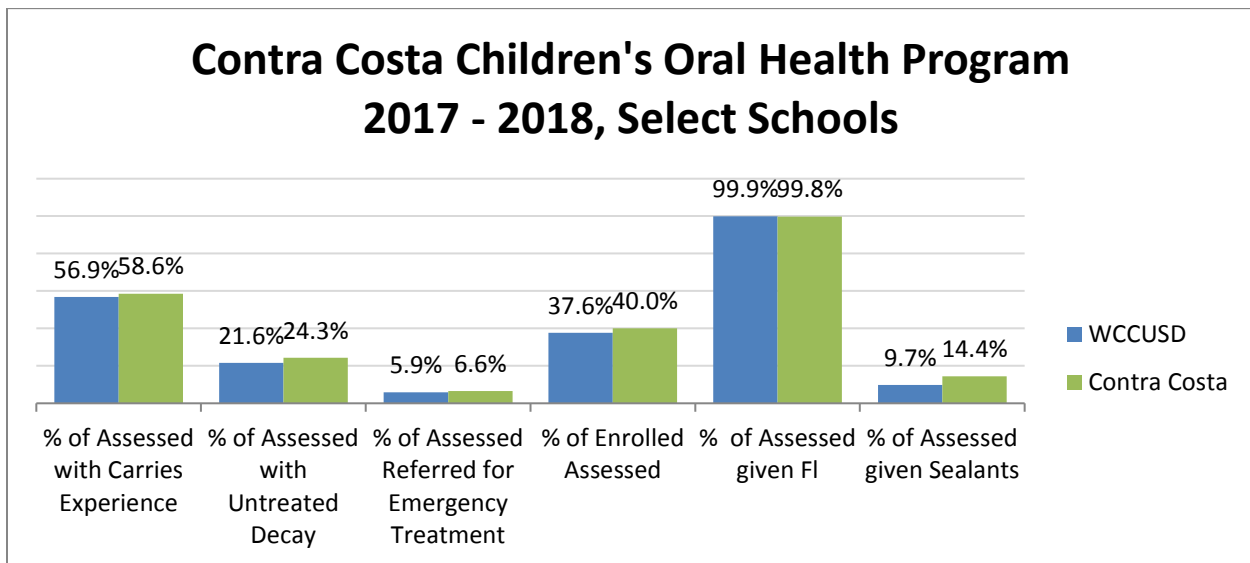
Oral Health

Dental disease is the most common chronic disease in childhood. Nationally, it is five times more common than asthma. Tooth decay can compromise a person's ability to chew, swallow, smile and talk, resulting in negative effects on diet, self-expression and employment. It is estimated that 847,000 school days are missed each year in California due to dental problems, resulting in less funding for schools and less class time and learning for those students. Parts of the District are a designated dental health professional shortage area.

To help identify how widespread dental disease is in California and combat its effects, California AB 1433 requires that parents submit proof of an oral health assessment prior to entering kindergarten or first grade. Schools report this information, but school districts and individual schools have varied widely in their compliance. The two school districts in the District, West Contra Costa Unified (WCCU) School District and John Swett Unified (JSU) had school compliance rates at or above the county average and well above the state average in 2017. However, not all families are requested to submit assessments, and of the assessments requested, not all are returned. While varying rates of compliance on reporting from districts, schools and parents make fair comparisons of oral health status difficult, the results of the assessments that are available show that Kindergartners in the two school districts within the District reported higher rates of active decay than the county overall. John Swett reported 28% and WCCU reported 25% compared to 18% in the county overall and 20% in the state.

Contra Costa County Children's oral health program offers oral health assessments as well as fluoride varnish to all students at selected elementary schools throughout the county. Only schools with a high proportion of economically disadvantaged students are considered for the program. In 2017-2018, school year 8 of the 17 schools served by the program were in WCCU. The WCCU schools visited were Chavez, Coronado, Dover, Downer, Lake, Riverside, Verde and Wilson. A history of carries (cavities) were presented in 57% of children assessed, and untreated decay was detected in 22%. The percentage of students who were referred to care for emergent dental care need was also similar at the WCCU schools (6%) compared with all schools visited (7%). No schools in the John Swett district were part of the program.

Figure 6:



Source: Contra Costa County Children's Oral Health Program

Section 2: Youth Health and Well-Being

Growing up exposed to adverse experiences can have negative repercussions throughout life. Childhood adversity—such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty—can have negative, long-term impacts on health and well-being.⁵ Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health.⁶ The toxic stress of early adverse experiences can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance abuse, and depression.^{5,6}

Poverty

Income and well-being are intricately linked. Poverty can alter children's developmental trajectories in cognitive, socio-emotional, and physical health.⁷ The effects of poverty on child health and well-being can begin during pregnancy since low-income women are more likely to experience malnutrition and stress and are less likely to receive adequate prenatal care.⁸ The effects of poverty and the stress associated with it can be lasting, contributing to increased risk

⁵ Shonkoff, J. P., et al. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246. Retrieved from: <http://pediatrics.aappublications.org/content/129/1/e232>

⁶ Child and Adolescent Health Measurement Initiative. (2014). *4 essential facts about lifelong health, school success and adverse childhood experiences among California's children*. Retrieved from: <http://childhealthdata.org/docs/presentations-californiadata.pdf?Status=Master>

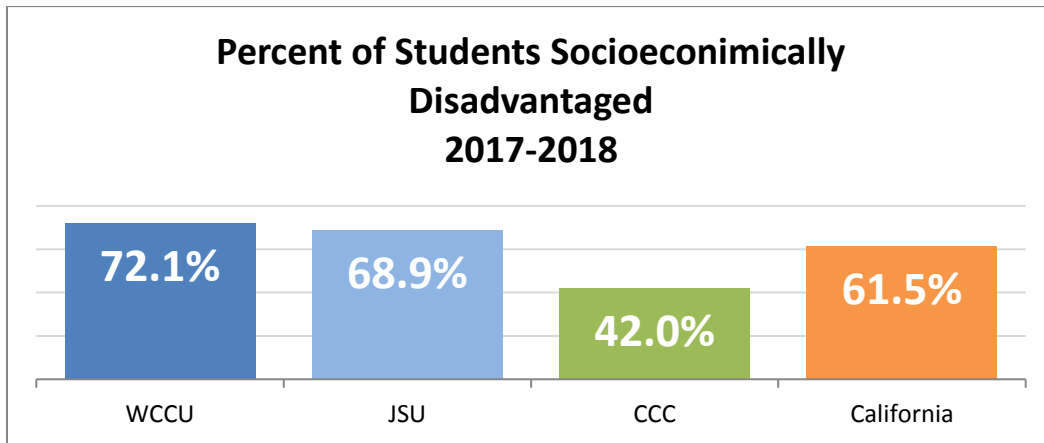
⁷ American Academy of Pediatrics, Council on Community Pediatrics. (2016). Poverty and child health in the United States. *Pediatrics*, 137(4), e20160339. Retrieved from: <http://pediatrics.aappublications.org/content/137/4/e20160339>

⁸ Hamad, R., & Rehkopf, D. H. (2015). Poverty, pregnancy, and birth outcomes: A study of the Earned Income Tax Credit. *Paediatric and Perinatal Epidemiology*, 29(5), 444-452. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536129>

of dropping out of school, poor adult health, and poor employment outcomes, among other adverse consequences. ^{9,10}

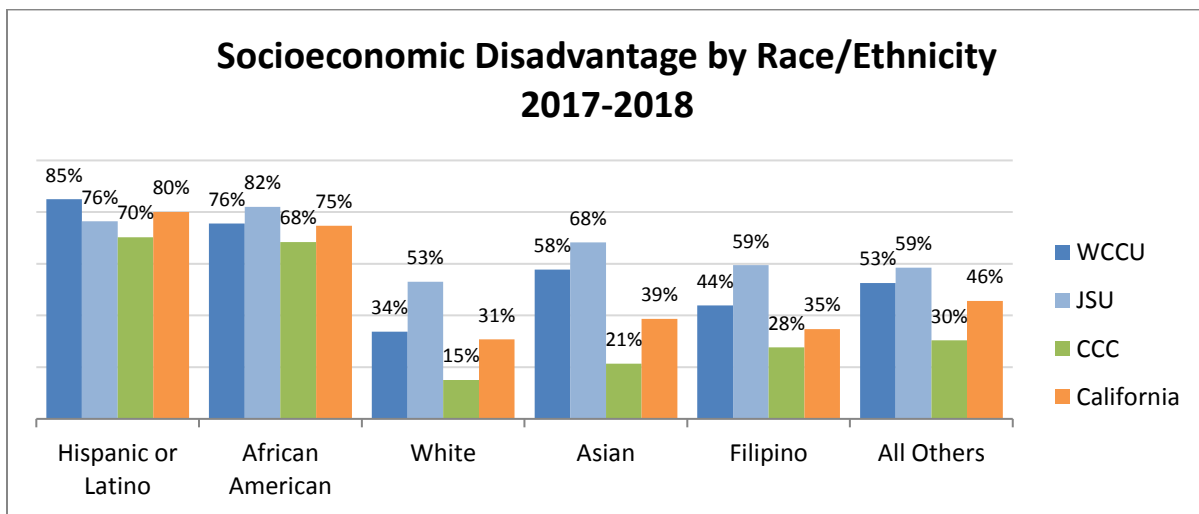
Data from the West Contra Costa Unified School District (WCCU) and John Swett Unified School District (JSU) indicate that many school-aged children in the District are in poverty and that inequities exist based on race.

Figure 7:



Source: DataQuest, Data Reporting Office, California Department of Education

Figure 8:



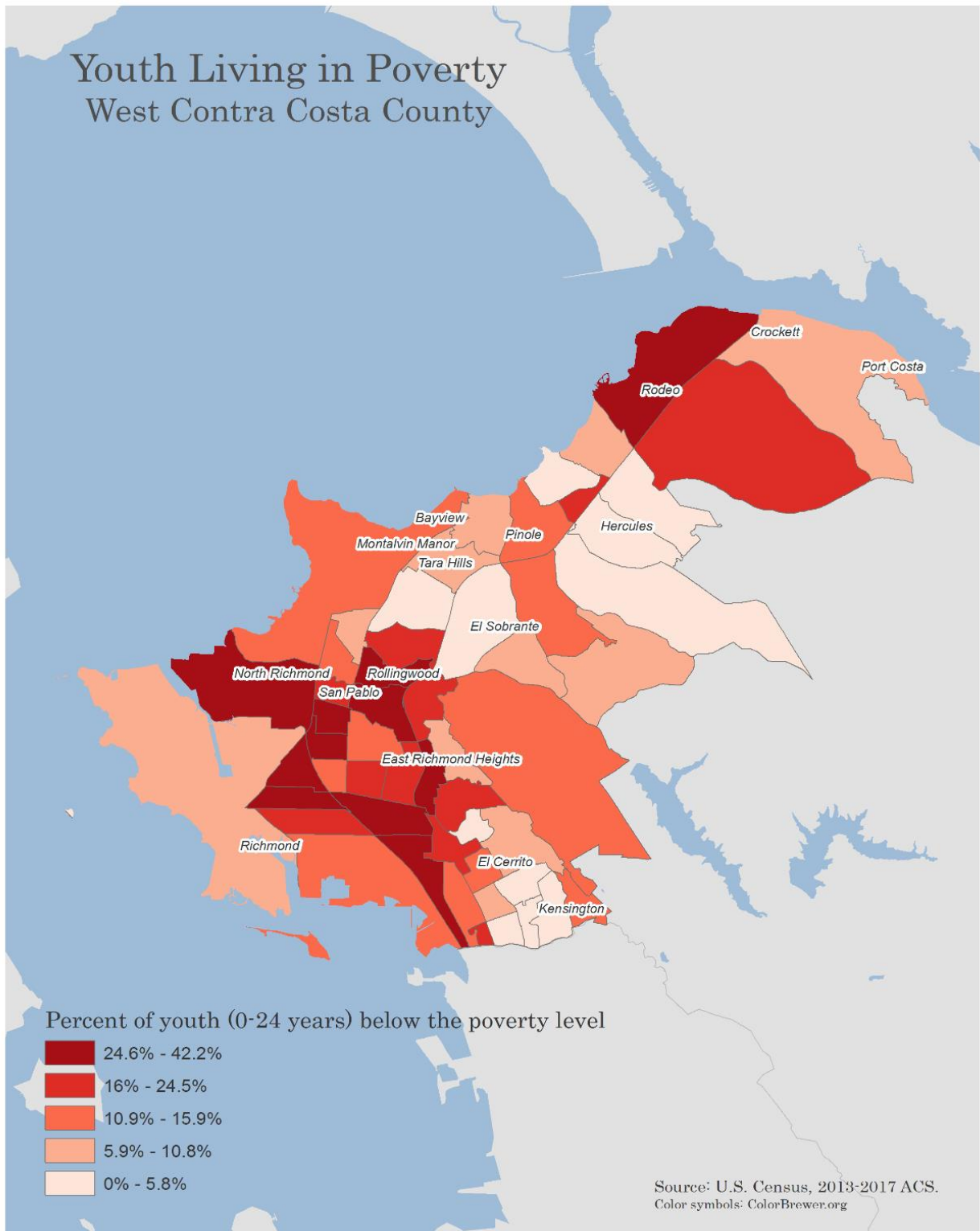
Source: DataQuest, Data Reporting Office, California Department of Education

To better illustrate the distribution of poverty in the District, the following map presents the percentage of all youth (ages 0-24) in poverty in the District by census tract.

⁹ Aron, L., et al. (2015). *Can income-related policies improve population health?* Urban Institute & Virginia Commonwealth University Center on Society and Health. Retrieved from: <http://www.urban.org/research/publication/can-income-related-policies-improve-population-health>

¹⁰ Child Trends Databank. (2019). *Children in poverty*.

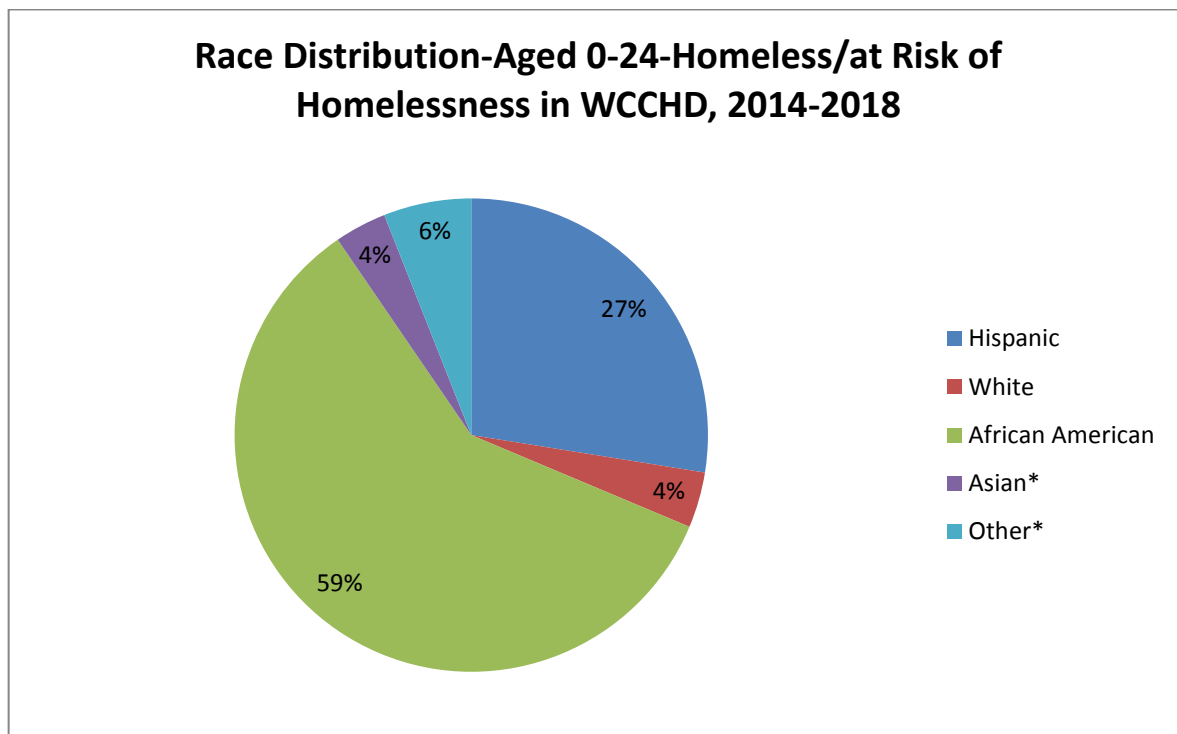
Figure 9:



Homeless Youth

Exacerbating the effect of poverty for some youth in the District is the added burden of homelessness. The total number of individuals in a homeless population can be difficult to determine because there are many different definitions and categories of homelessness, the population tends to be mobile, and there is a cyclic nature to homelessness.¹¹ However, two data sources are available for estimates. The school districts collect information regarding the percentages of school aged children recorded as homeless, and a database is shared by service providers and shelters in the county (Clarity-HMIS). According to the Clarity-HMIS database, during 2014-2018, there were 22,028 individuals in Contra Costa County who sought homeless-related services and who were either homeless or at imminent risk of homelessness.⁷ Of those 22,028, 6,551(29.7%) were aged 0-24. When looking at the District cities, there were a total of 4,911 individuals who sought services in those years and who lost/were about to lose their housing in that area. Of those, 1,184 (24.1%) were aged 0-24. A racial breakdown of homeless illustrates that homelessness or being at risk of homelessness disproportionately affects African American youth.

Figure 10:



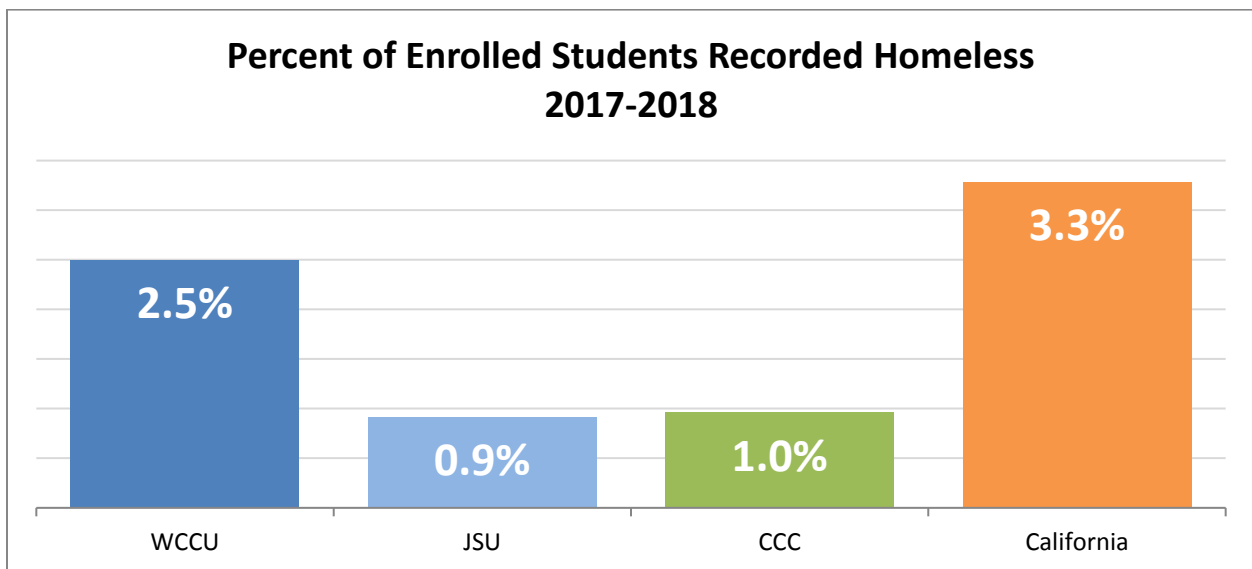
Asian*= Asian and Native Hawaiian/Other Pacific Islander Other* = Multiracial, Unknown/Client Refused, and American Indian/Alaska Native

¹¹ Institute of Medicine (US) Committee on Health Care for Homeless People. Homelessness, Health, and Human Needs. Washington (DC): National Academies Press (US); 1988. B, The Methodology of Counting the Homeless. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK218229/>

Homeless children are more likely to have acute or chronic medical conditions but are less likely to have access to health/dental care than their housed counterparts.¹² Homeless children struggle with major mental/behavioral health challenges (such as depression, post-traumatic stress disorder, and substance use disorders) at higher rates than their housed peers.

Estimates of homelessness are universally considered to be underestimates. Although an effort is made to ensure that data from touches with multiple different services are included in the Clarity-HMIS, some are missed. Data from the school systems in the District show a higher percentage of homeless youth in WCCU than in the county or JSU. The percentages in the tables below represent approximately 800 homeless students in the District, which is close to half of the approximately 1,700 students homeless in the county.

Figure 11:



Source: DataQuest, Data Reporting Office, California Department of Education

Youth in Foster Care

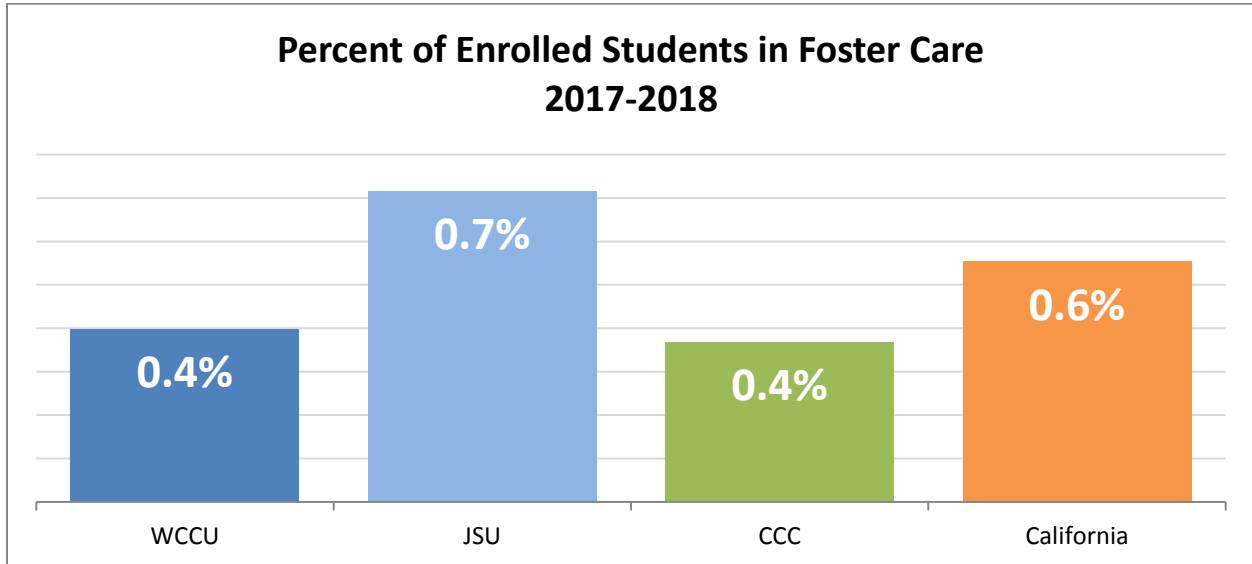
Children in foster care are at increased risk for a variety of emotional, physical, behavioral, and academic problems.¹³ Although the foster care system seeks to safely reunite foster care youth with their families, or place them in a permanent home, many foster care youths never gain that level of stability. Youth in foster care are less likely to have regular, consistent medical care, and frequently age out of the system with inadequate housing, low educational and

¹² <https://pedsinreview.aappublications.org/content/39/10/530>

¹³ Child Trends Databank. (2015). *Foster care*. Retrieved from: <http://www.childtrends.org/?indicators=foster-care>

career attainment, early parenthood, substance abuse, physical and mental health problems, and involvement with the criminal justice system.¹⁴

Figure 12:



Source: DataQuest, Data Reporting Office, California Department of Education

School Survey Results

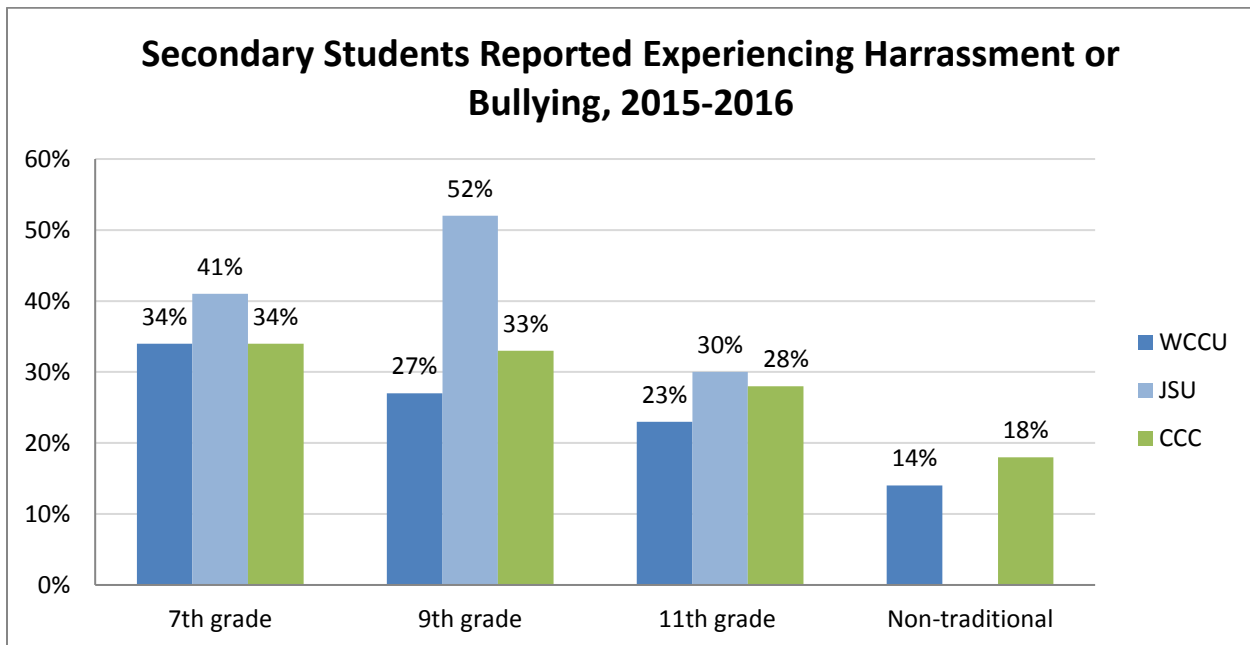
The California Healthy Kids Survey (CHKS) is an anonymous, confidential survey of school climate and safety, student wellness, and youth resiliency administered to students in various grades. For this report, an analysis of CHKS was performed to understand various metrics including alcohol and other drugs usage and perceptions, tobacco usage and perceptions, violence and perceptions of safety in schools, and mental health status among children enrolled in 5th, 7th, 9th, and 11th grade and those in non-traditional schools. Because the components of the survey vary from year to year, as well as the percentage of children that complete the survey, some years and grades provide stronger or more comparable data than others. There were two school districts within Contra Costa County (CCC) that were analyzed, West Contra Costa Unified School District (WCCU) and John Swett Unified School District (JSU), and the 2015-2016 school year was used. Responses for different grades are presented, as well as responses from non-traditional schools. Non-traditional schools, as defined by the California Department of Education on the California School Climate, Health, and Learning Surveys (Cal CHLS) Data Dashboard, include "Continuation High Schools, District Community Day Schools, Juvenile Court Schools, Opportunity Schools, and Special Education Schools."

¹⁴ Russ, E., & Fryar, G. (2014). *Creating access to opportunities for youth in transition from foster care*. American Youth Policy Forum. Retrieved from: <http://www.aypf.org/resources/creating-access-to-opportunities-for-youth-in-transition-from-foster-care-2>

Harassment and Bullying

Most of the harassment and bullying, for all reports and grades, targeted five characteristics - race, religion, gender, sexual orientation, or having a physical or mental disability. Overall, a higher percentage of students were harassed for race-related reasons compared to any other reason. Individuals who are harassed by peers have been seen to have lower grades, higher rates of absenteeism, and higher rates of disliking school. Bullying and harassment can have additional consequences such as increased rates of depression, suicidal ideation, and feelings of loneliness.¹⁵ Those who are victims have been seen to have a higher rate of violence-related behaviors and are more likely to bring weapons to school compared to their non-bullied counterparts.^{11,16} A higher percentage of students at JSU reported experiencing harassment or bullying for all grades when compared to WCCU, all of Contra Costa County, and the non-traditional schools.

Figure 13:



Source: California Healthy Kids Survey 2015-2016

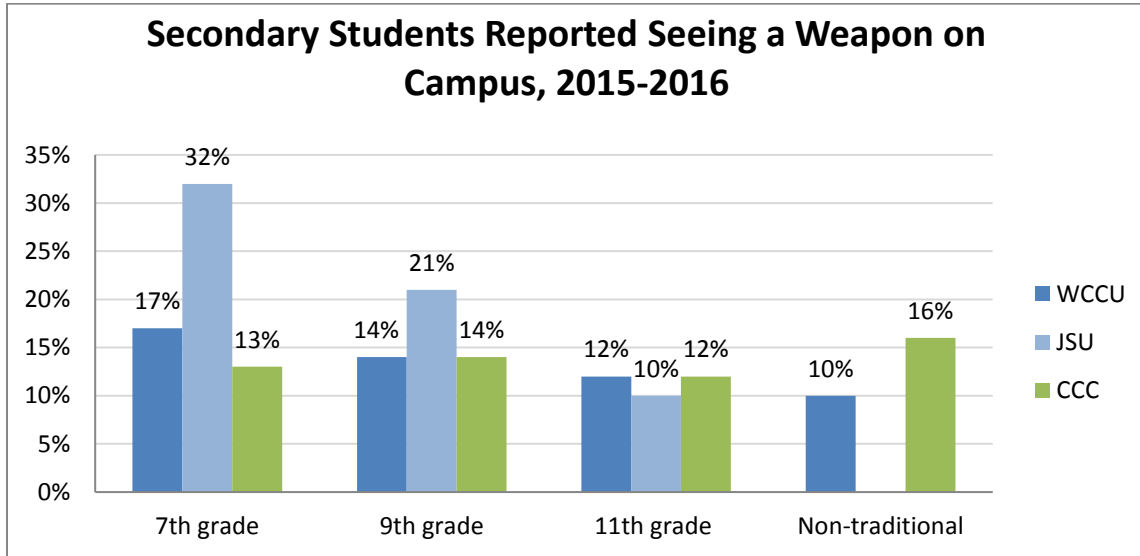
Students seeing weapons on campus are less likely to feel safe at school. JSU 7th and 9th graders reported higher percentages of seeing a weapon at school compared to CCC and WCCU. The decrease in reports of seeing a weapon at school among older youth may be as result of

¹⁵ What Is Bullying? Aalsma, Matthew C. et al. Journal of Adolescent Health , Volume 43 , Issue 2 , 101 – 102. Retrieved from: [https://www.jahonline.org/article/S1054-139X\(08\)00251-6/fulltext](https://www.jahonline.org/article/S1054-139X(08)00251-6/fulltext)

¹⁶ Weapon Carrying Among Victims of Bullying, Tammy B. Pham, Lana E. Schapiro, Majnu John, Andrew Adesman Pediatrics Dec 2017, 140 (6) e20170353; DOI: 10.1542/peds.2017-0353Retrieved from: <https://pediatrics.aappublications.org/content/140/6/e20170353>

increased maturity and improved behavior or may be the result of changes to the composition of students in later years.

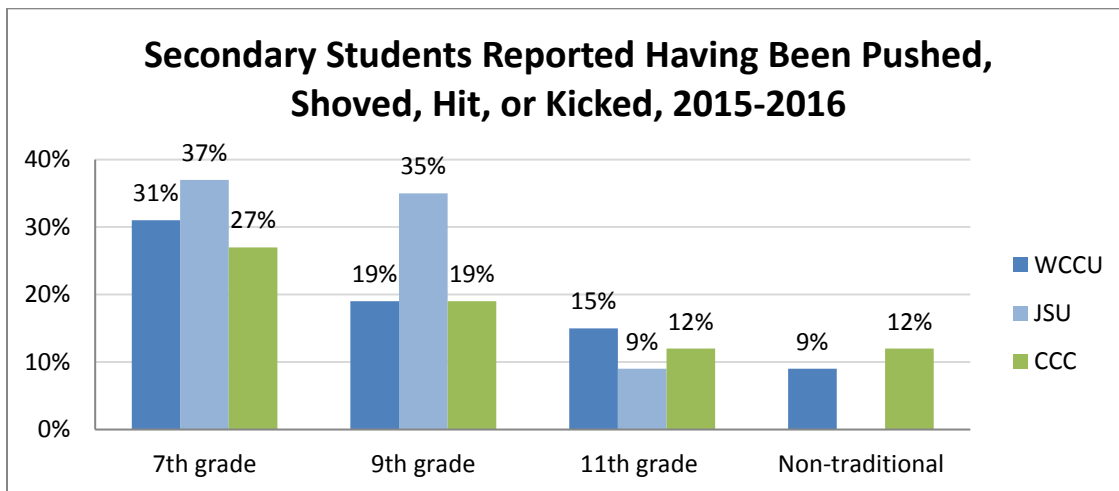
Figure 14:



Source: California Healthy Kids Survey, 2015-2016

JSU, particularly in 7th and 9th grade, reported higher percentages of being pushed, shoved, hit, or kicked in the past 12 months compared to CCC and WCCU. Children who are victims of violence, whether in the community and/or in a family setting, exhibit poorer academic progress and inappropriate classroom behavior.¹⁷

Figure 15:



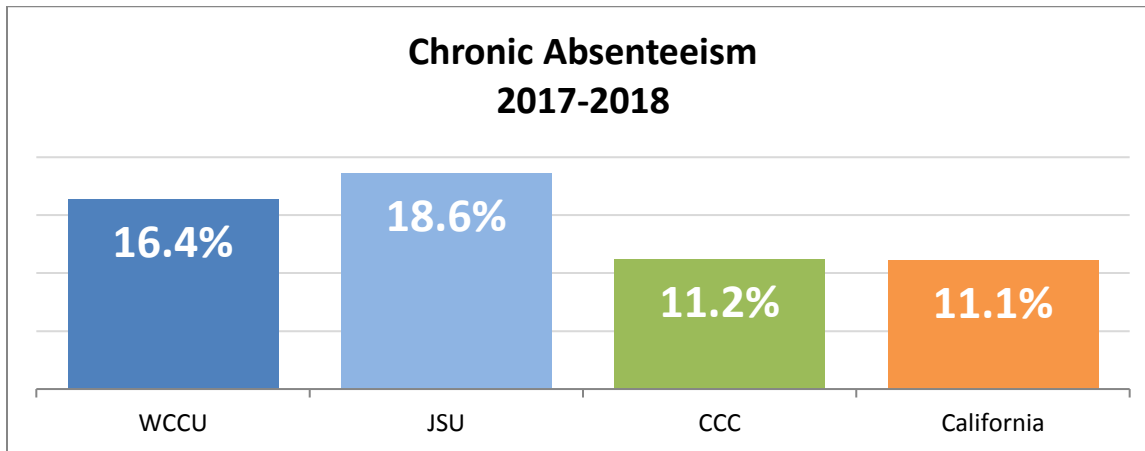
Source: California Healthy Kids Survey, 2015-2016

¹⁷ https://www.counseling.org/docs/default-source/vistas/the-effects-of-violence-on-academic-progress-and-classroom-behavior.pdf?sfvrsn=1828de3f_12

Academic Performance

Many factors contribute to sound academic performance, but for most students, presence at school and in class is a necessary prerequisite. Both WCCU and JSU had a higher percentage of students with chronic absenteeism than the county or the state. Chronic absenteeism is defined as missing at least 10% of classes.

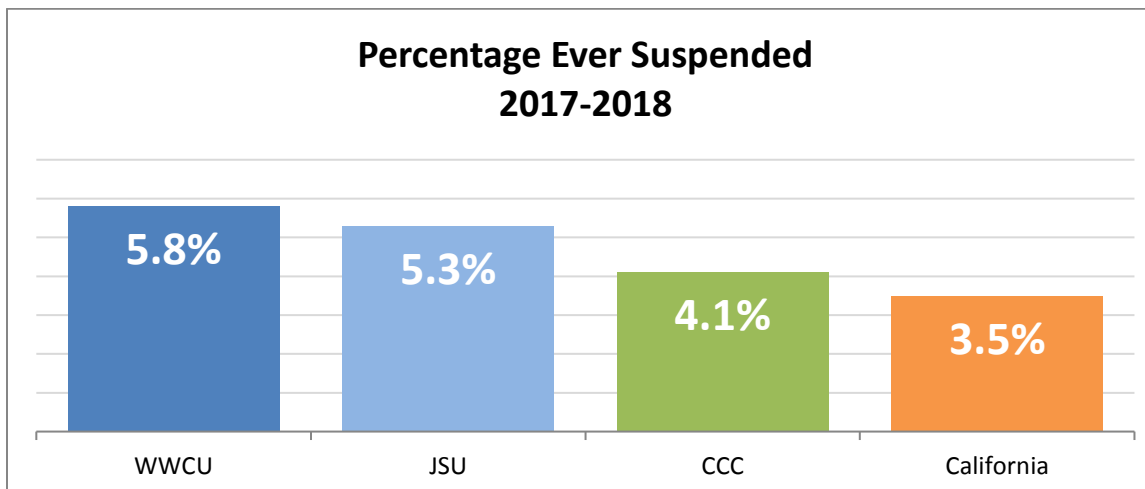
Figure 16:



Source: DataQuest, Data Reporting Office, California Department of Education

Suspension also reduces class time and removes students from the academic environment. The percentage of students ever suspended is also higher for WCCU and JSU than for the county or the state.

Figure 17:



Source: DataQuest, Data Reporting Office, California Department of Education

Third grade reading level is metric frequently used to predict future student success. Early school years are focused on learning to read but learning and progress in later years depend on

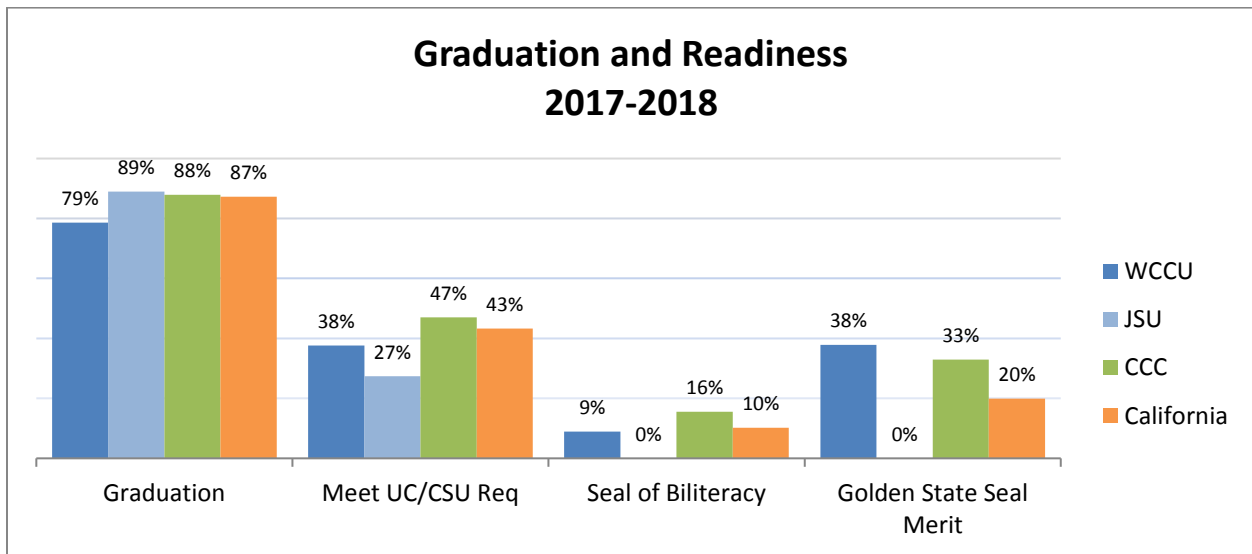
the ability to read as a requisite foundation. Children unable to read at grade level in 3rd grade have difficulty keeping up in subsequent grades.

Most all students in California schools take the computer-based Smarter Balanced Summative Assessments based on the Common Core State Standards (CCSS) for ELA and mathematics. Aggregate results of test scores are publicly available by school and school district. Percentages are available of students who exceeded grade level achievement standards, met grade level standards, nearly met grade level standards, and did not meet grade level standards.

Less than one third of WCCU and JSU third graders met or exceeded grade level standards for English Language Arts for the 2017 testing. For WCCU, 68% of third graders did not meet standards, and for JSU, close to 70% of third graders did not meet standards. Performances was even poorer among certain sub-groups, such as

Graduating high school is a significant accomplishment for some students. The percentage of students graduating from WCCU is lower than for the county or the state, but the percentage of student graduating from JSU is comparable to the percentages for the county and state. However, few WCCU or JSU graduates complete high school with the requirements necessary to enter the University of California or California State University systems.

Figure 18:



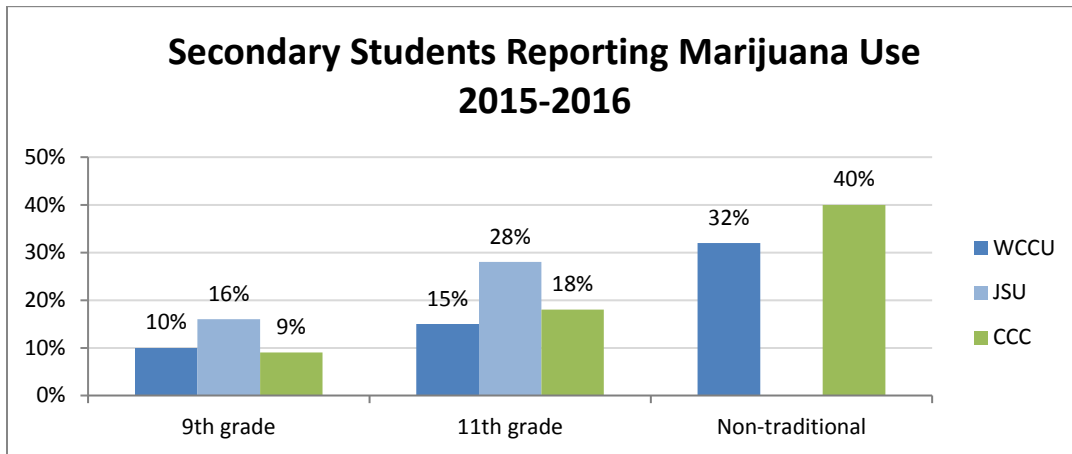
Source: DataQuest, Data Reporting Office, California Department of Education

Alcohol and Drug Use

The CHKs survey provides information on alcohol, tobacco, and other drug use. On the survey, students answer questions regarding ever use of a substance and use within the last 30 days. The percentage of students from WCCU and JSU that used marijuana within 30 days of the

survey increases as grade increases, following trends shown in a similar national survey.¹⁸ Non-traditional students in WCCU and those enrolled in traditional schools in JSU indicate recent marijuana use at a higher percentage than other students. JSU's percentage of students currently smoking marijuana was greater than the observed county average with 16% of JSU's 9th graders having reported currently smoke marijuana versus 13.1% countywide, and 28% of JSU's 11th graders reported currently smoking marijuana versus 22.6% countywide. Although the numbers of students are smaller and the percentages may be less stable, non-traditional students reported the highest percentage of recent marijuana use.

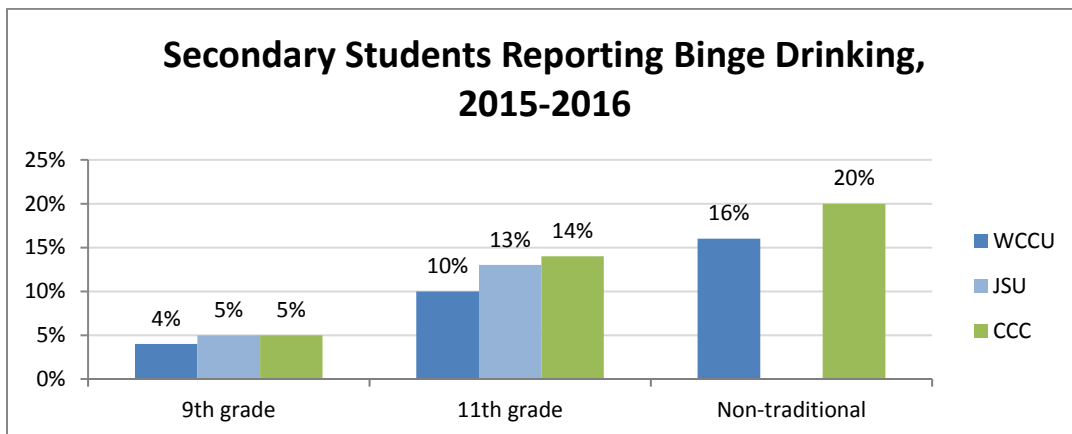
Figure 19:



Source: California Healthy Kids Survey 2015-2016

The percentage of secondary students that reported binge drinking, defined as having 5 or more drinks within a couple of hours, was not appreciably higher for JSU or WCCU students than for comparable countywide groups.

Figure 20:

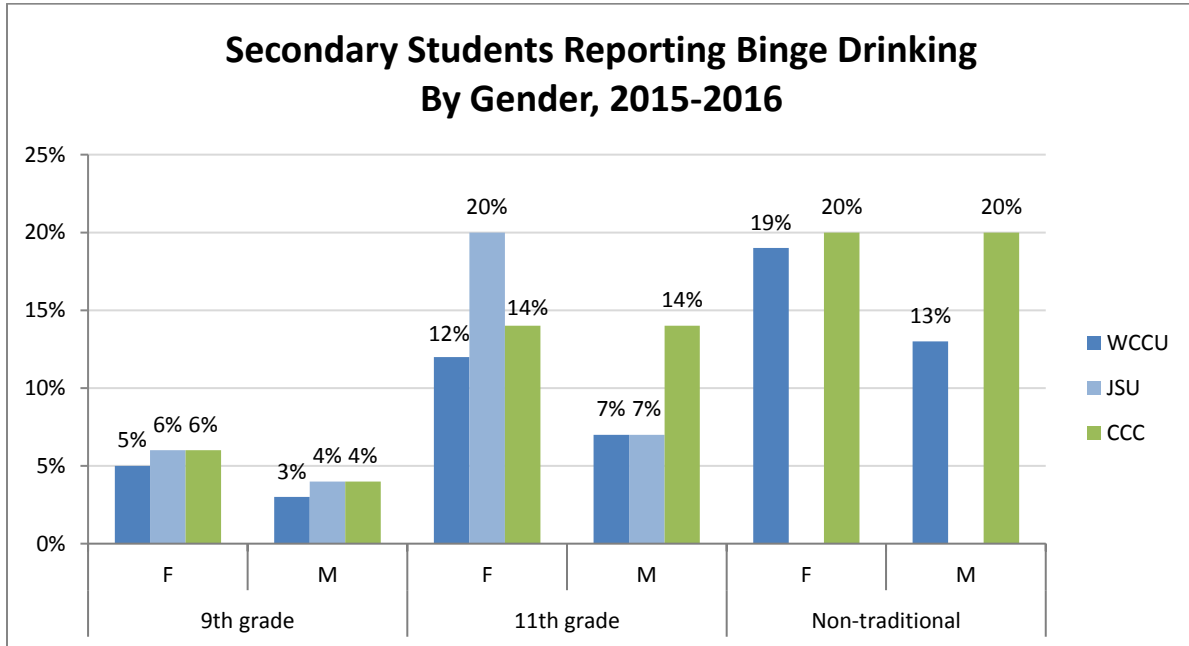


Source: California Healthy Kids Survey 2015-2016

¹⁸ <https://www.cdc.gov/healthyouth/data/yrebs/pdf/2017/ss6708.pdf>

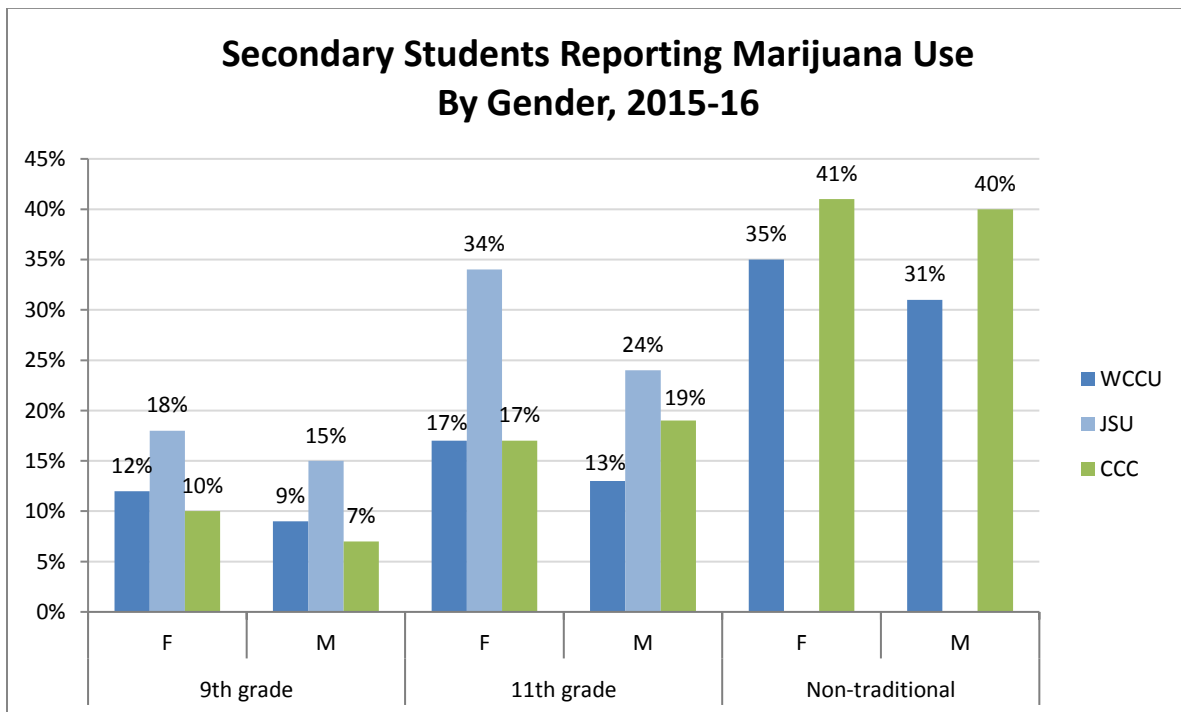
Female students from WCCU and JSU were more likely to report current binge drinking than their male counterparts. This was also true regarding current marijuana usage.

Figure 21:



Source: California Healthy Kids Survey 2015-2016

Figure 22:



Source: California Healthy Kids Survey 2015-2016

Tobacco Use

Cigarette smoking is the leading cause of preventable and premature death in the U.S., resulting in more than 480,000 deaths annually.¹⁹ Studies show that the younger someone starts smoking, the more likely they are to become addicted to nicotine. Most long-term cigarette smokers started during their teen years.²⁰ After years of decline, overall tobacco use by youth has risen dramatically in the past few years and electronic cigarettes (e-cigarettes) is the main reason for this increase.²¹ On a national level, the percentage of high school students vaping almost doubled between 2017 and 2018, representing the largest single year increase in substance use since the *Monitoring the Future* survey started measuring teen drug and alcohol use in 1975.²² Some of the most popular brands of e-cigarettes sold in the U.S. contain as much nicotine as a pack of cigarettes and come in a variety of fruit and candy flavors that appeal to youth. There is a perception among some youth that vaping causes little or no harm. This is concerning since youth who believe that e-cigarettes are not harmful or are less harmful than cigarettes are more likely to use e-cigarettes than youth with more negative views of e-cigarettes.²³ However, the surgeon general declared in a 2016 report that e-cigarette use among young people "is now a major public health concern" because early e-cigarette use and nicotine addiction can harm brain development and increase the risk of young people smoking cigarettes.²⁴

¹⁹ U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

²⁰ <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/why-people-start-using-tobacco.html> [Accessed April 1, 2019]

²¹ <https://www.cdc.gov/vitalsigns/youth-tobacco-use/> [Accessed April 1, 2019]

²² <https://www.medpagetoday.com/primarycare/smoking/76953> [Accessed April 1, 2019]

²³ Gorukanti A, Delucchi K, Ling P, Fisher-Travis R, Halpern-Felsher B. Adolescents' attitudes towards e-cigarette ingredients, safety, addictive properties, social norms, and regulation. *Prev Med*. 2017;94:65-71. doi:[10.1016/j.ypmed.2016.10.019](https://doi.org/10.1016/j.ypmed.2016.10.019)

²⁴ US Department of Health and Human Services. [E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General CDC-pdf](#) [PDF – 8.47MB]. Atlanta, GA: US Department of Health and Human Services, CDC; 2016.

CHKs survey data from 2017-2018 shows that most 5th graders surveyed in West Contra Costa had never smoked a cigarette or used an e-cigarette or other vaping device. However, in subsequent years, current and ever cigarette use among secondary students increased slightly by grade level in both WCCU and the County (Figures 23 and 24).

Figure 23:

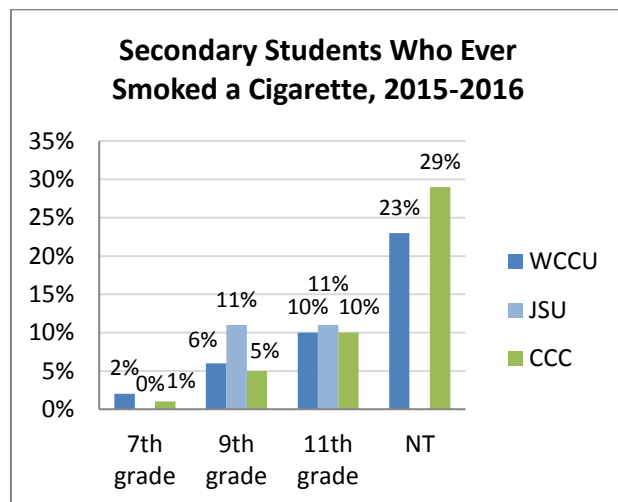
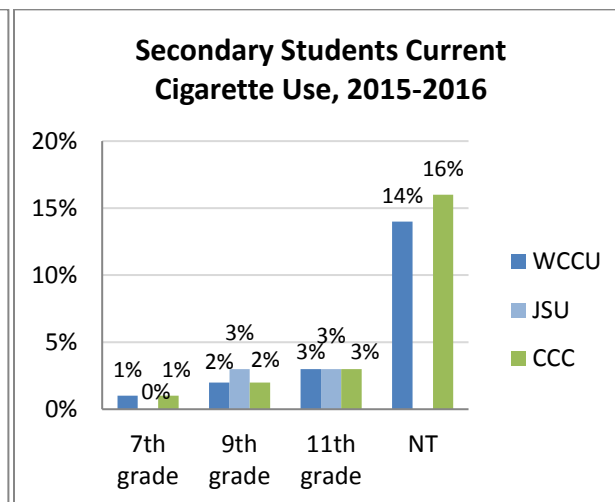


Figure 24:



Source: California Healthy Kids Survey, 2015-2016

JSU was an exception to this trend; at JSU the same percentage of 9th and 11th graders reported current and ever cigarette use (Figures 24 and 25). While percentages of ever use were similar between WCCU schools and the county at 7th and 11th grade levels, ever use among 9th graders at JSU was about twice as high as the County and WCCU. Less than 2% of students across grades at JSU secondary, and 1% at WCCU secondary reported smoking cigarettes at school; however, at non-traditional schools, 8% of students admitted to smoking cigarettes at school.

At non-traditional schools in West Contra Costa, current and ever cigarette use was substantially higher than their peers in traditional schools (Figures 23 and 24). More than twice as many students in West Contra Costa non-traditional school settings reported ever smoking a cigarette compared to 11th graders at JSU and WCCU. Non-traditional students are not grade specific but include students 15-18.

Youth in non-traditional schools in West Contra Costa report much higher percentages of tobacco use compared to their peers at WCCU and JSU.

The percentage of secondary students in West Contra Costa who reported ever or current e-cigarette use is much higher than combustible cigarettes (see Figures 23, 24, 25 and 26). As with conventional cigarettes, the percentage of youth who reported current or ever use of e-cigarettes increased with grade level. Overall, 7th and 9th graders in West Contra Costa schools appear to be trying e-cigarettes at a younger grade compared to their counterparts at the County level. Compared to their peers at the county, three times more 7th graders at JSU, and

almost twice as many 7th graders at WCCU reported they had ever vaped (Figure 25). *Current* use of e-cigarettes was also higher in West Contra Costa among 7th and 9th graders compared to the county, but this trend reversed in 11th grade where percentages of youth currently vaping was higher at the County level (Figure 26).

Figure 25:

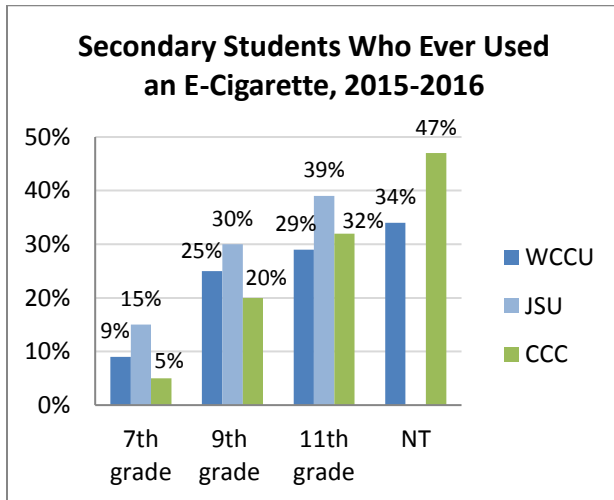
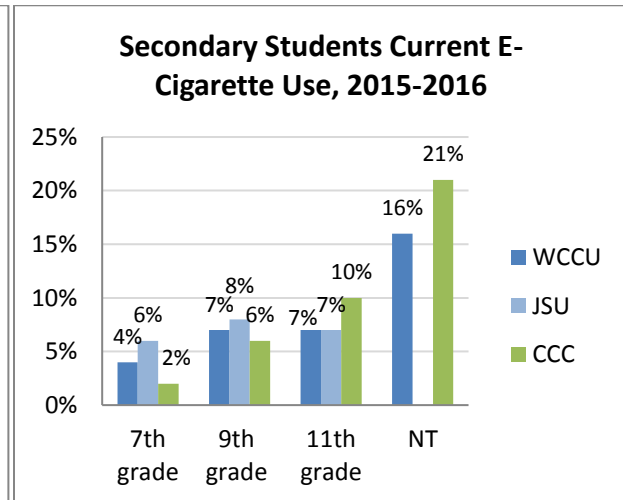


Figure 26:



Source: California Healthy Kids Survey, 2015-2016

In non-traditional schools, the percentage of students reporting current e-cigarette use was much higher compared to their peers at JSU and WCCU (Figure 26). At non-traditional schools, 12% of students reported current vaping while at school which is about four times higher than at other schools in West Contra Costa.

E-cigarette use was higher among male respondents in 9th grade (6% males vs. 3% females), but by 11th grade the same percentage of male and female students reported e-cigarette use. In non-traditional schools, females reported higher percentage of use at 29% compared to 19% of males.

CHKS survey data suggests that the majority of 5th graders at WCCU and JSU perceived smoking conventional cigarettes and using an e-cigarette, or “vaping,” as being harmful to a person’s health (Figures 27 and 28).

Figure 27:

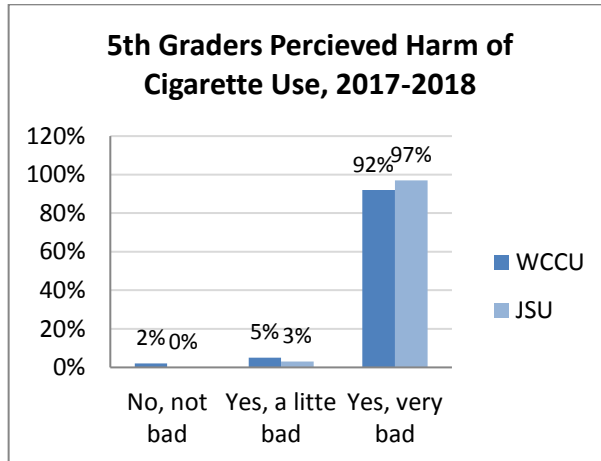
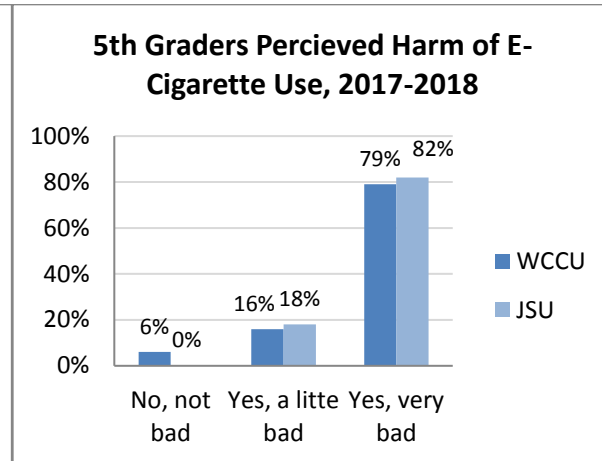


Figure 28:

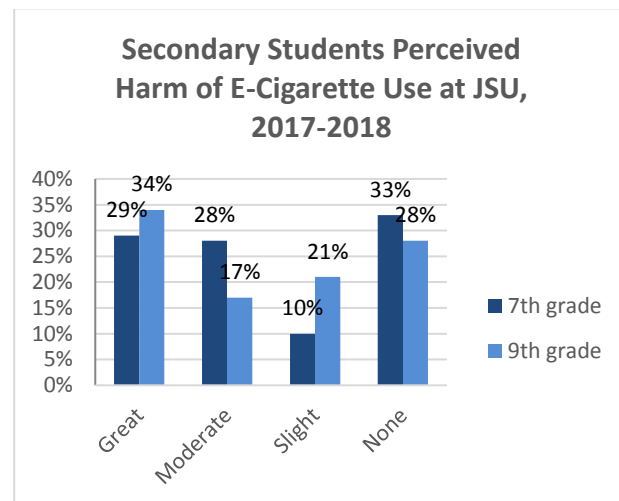


Source: California Healthy Kids Survey, 2017-2018

However, fewer students at both elementary schools perceived vaping to be “very bad” compared to smoking conventional cigarettes. In fact, about one in five 5th graders in West Contra Costa perceived e-cigarette use as “not bad” or only “a little bad” for health. This is significant given that perceptions of risk are considered an important factor influencing future tobacco use.²⁵

At JSU, 43% of 7th graders and 49% of 9th graders reported that e-cigarette use can cause only slight or no harm (11th grade data was not available). Only about one in three 7th and 9th students surveyed at JSU believed e-cigarette use caused great harm (Figure 29).

Figure 29:



Source: California Healthy Kids Survey, 2017-2018

Body Composition

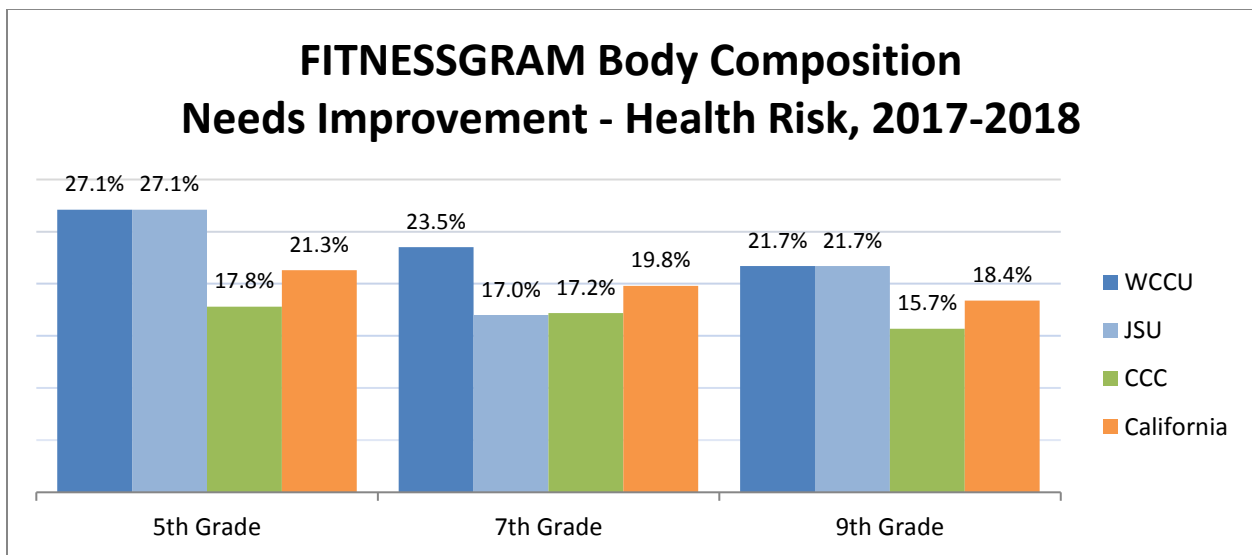
Lack of exercise, poor diet and resulting weight gain can put even adolescents at greater risk for type 2 diabetes. The real impacts, however, can take decades to become apparent. Children and adolescents

²⁵ Tsai, J., Walton, K., Coleman, B., Sharapova, S., Johnson, S., Kennedy, S., Caraballo, R. (2016) Reasons for Electronic Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2016. Morbidity and Mortality Weekly Report (MMWR), February 16, 2018 / 67(6);196–200

who are overweight or obese are more likely to be overweight or obese in adulthood and this will put them at greater risk of several leading causes of death including heart disease, stroke and some cancers as well as significant causes of morbidity like diabetes. Healthy habits established in childhood and adolescence can persist into adulthood and prevent many of these outcomes.

Each year, students in 5th, 7th and 9th grades are measured against a “Healthy Fitness Zone” performance standard for physical fitness. The measures include several indicators for strength, flexibility and endurance as well as a body composition measure. Students are categorized into 3 groups for each indicator: ‘in the healthy fitness zone;’ ‘in need of improvement;’ and ‘in need of improvement with health risk.’ Both school districts in the health district had a higher percentage of students in the health risk category than the county or the state in 5th and 9th grade students for body composition in 2017-2018. The percentages were identical for the two districts at 27% for 5th graders compared to Contra Costa’s 18% and the State’s 21% and 22% for 9th graders compared with the county’s 16% and the state’s 18%. For 7th graders, however, the percentage for John Swett Unified was similar to the county’s 17%, lower than the state’s 20% and much lower than the 24% recorded at WCCU schools.

Figure 30:



Source: DataQuest, Statewide Assessment Division, California Department of Education

Section 3: Access to Emergency and Urgent Care

The District has long been an area where underserved populations struggle to access care. The situation was exacerbated by the 2015 closing of Doctors Medical Center (DMC). The region remains short on ED treatment stations and ICU beds, and patients requiring ambulance transport to a hospital frequently experience longer transport times. For ambulance transports, the average time from the patient scene to ambulance arrival at an emergency department is longer for Richmond and west county than for central or east county. EMS services have also

been adversely affected by long offload times that delay how quickly an ambulance can return to service for the next call.

The following tables illustrate the bed capacity and volume of patients in the region surrounding the District in 2017. The percentage of emergency department visits that result in admissions into a hospital offer some indication of the overall severity of illness or condition routinely seen among patients that present to the emergency department.

Table 7:

General Acute Care Beds and EMS Treatment Stations by Hospital, 2017		
Hospital	General Acute Care Beds	EMS Treatment Stations
Kaiser Richmond and Oakland Combined	180	48
Alta Bates Summit Medical Center, Berkeley	347	25
Alta Bates Summit Medical Center, Oakland	403	32
Highland Hospital, Oakland	169	57
Children’s Hospital and Research Center, Oakland	190	37
Contra Costa Regional Medical Center, Martinez	124	20
John Muir, Concord	245	32
Kaiser Foundation Hospital, Vallejo	248	51
Sutter Solano Medical Center, Vallejo	108	13
John Muir, Walnut Creek	554	44
Kaiser Foundation Hospital, Walnut Creek	233	52
Marin General Hospital, Greenbrae/San Rafael	218	22

Source: Office of Statewide Health, Planning, and Development, 2017

Approximately 113,000 emergency department visits were made by District residents in 2017. The majority (52%) were to the Kaiser Foundation Hospital in Oakland and the Kaiser Medical Center Emergency Room in Richmond. District residents went to the Contra Costa Regional Medical Center for 14% of visits, and Alta Bates Summit Medical Center in Berkeley for 8%. Additional hospitals not represented in the table received a smaller percentage of District patients; therefore, the total of the percentages does not sum to 100%.

Table 8:

Market Share of Emergency Department Visits, 2017	
KAISER FOUNDATION HOSPITAL - OAKLAND/RICHMOND	52%
CONTRA COSTA REGIONAL MEDICAL CENTER	14%
ALTA BATES SUMMIT MEDICAL CENTER-ALTA BATES CAMPUS	8%
CHILDRENS HOSPITAL AND RESEARCH CENTER AT OAKLAND	5%
KAISER FOUNDATION HOSPITAL & REHAB CENTER – VALLEJO	3%

Market Share of Emergency Department Visits, 2017

JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	2%
JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	2%
ALTA BATES SUMMIT MEDICAL CENTER	2%
KAISER FOUNDATION HOSPITAL - WALNUT CREEK	1%
HIGHLAND HOSPITAL	1%

Source: Patient Discharge Data, Emergency Department Data, and Ambulatory Surgery Center Data, 2017

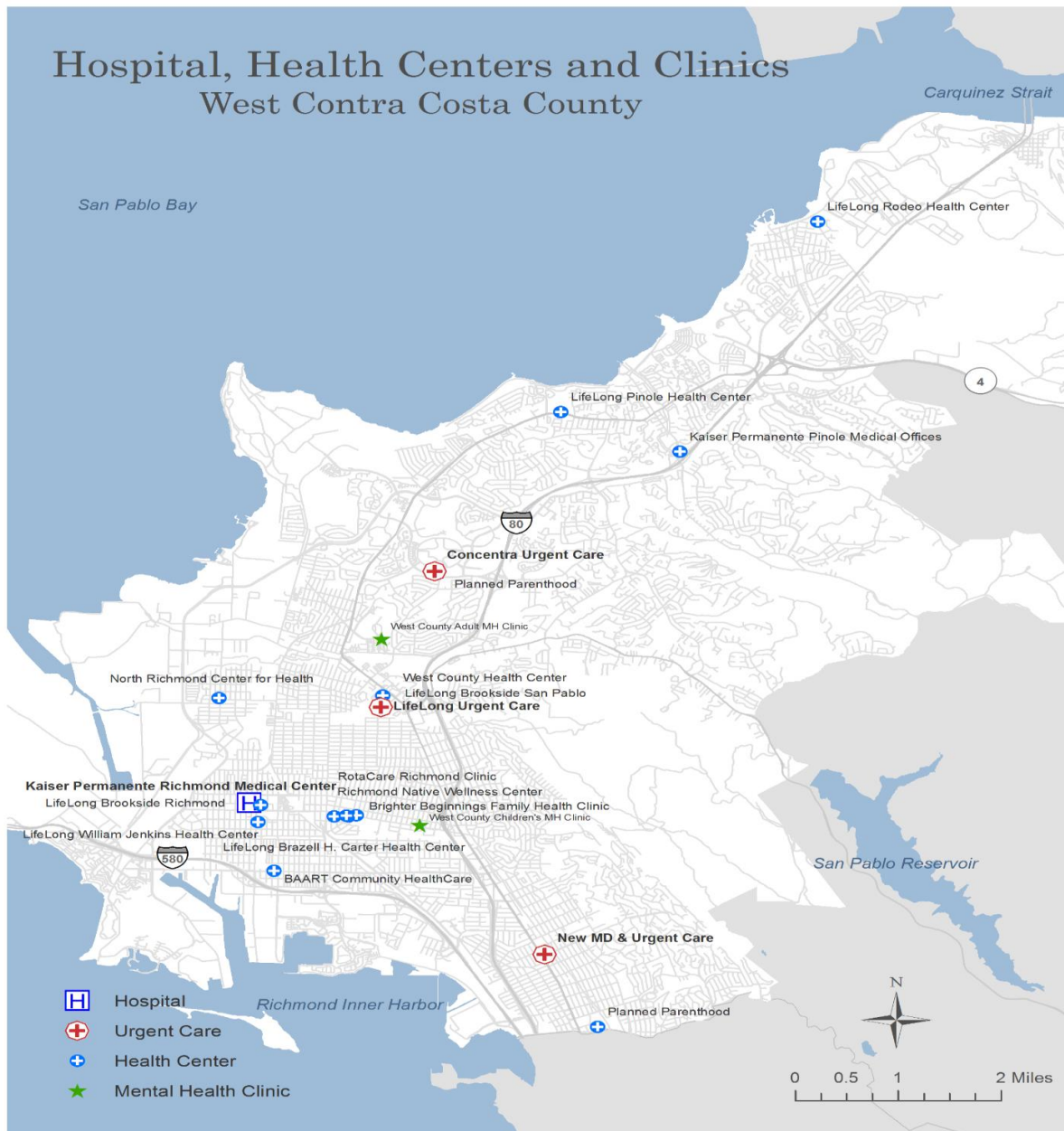
The above table illustrates the distribution of patients from the District that sought medical care at an emergency department. However, some patients that trusted Doctors Medical Center as a longstanding source of care may have ceased or reduced their access to service with its closure. Youth are traditionally more hesitant to connect with care and services, and the loss of a source of care that may have been familiar to them or their families may exacerbate their delay in seeking services.

In 2015, in response to the closure of DMC and the anticipated medical needs of local residents, LifeLong Medical Care opened an Immediate/Urgent Care Center in San Pablo to provide an alternative to emergency room care for patients who require non-life threatening, but immediate attention. Like an ED, no appointments or referrals are necessary at LifeLong's Urgent Care and all patients, regardless of insurance and ability to pay. LifeLong's Brookside San Pablo Urgent Care is open 7 days a week, from 10:00-8:00 Monday-Friday and 9:00-5:00 on Saturdays, Sundays and holidays. These extended hours mirror the DMC high volume patient visits patterns. Staffing during these hours are maintained at consistent level to be able to meet the flow walk-in visits. In late 2019, LifeLong will open a second Urgent Care Center at the William Jenkins Health Center at 150 Harbour Way within four blocks of the Richmond Kaiser Emergency Department. By having an Urgent Care so close to Richmond Kaiser ED, LifeLong will work to divert patients with non-life threatening to its Urgent Care and provide a entre into primary and dental care at the William Jenkins Health Center for those individuals and families who have no medical or dental home.

By working in partnership with Richmond Kaiser ED, LifeLong Medical Care provides additional care management with a RN and two case manager to follow up with LifeLong patients seen by the Kaiser ED. The care management team ensures these patients are connected to a primary are provider, managing their health care, and are introduced to the Urgent Care – all factors that contribute to the reduction in ED visits.

The following map illustrates some of the available health and mental health cares sites available in the District.

Figure 31:

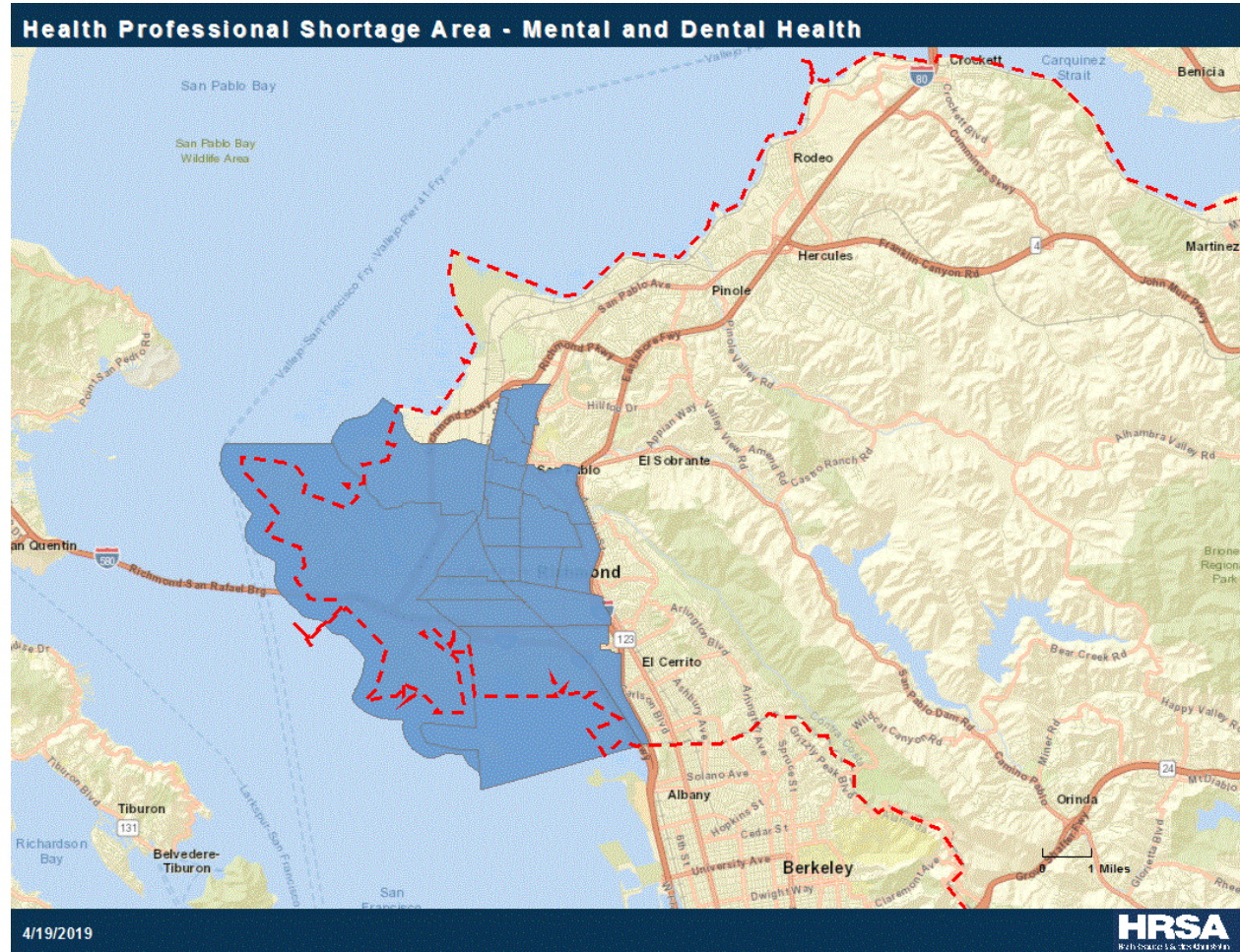


Source: Map Created by Contra Costa Health Services, Public Health

The federal Health Resources & Services Administration (HRSA) works with states to determine what areas should be identified as shortage designations and are therefore eligible to receive certain federal resources. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons). Medically

Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. In the District, the Richmond vicinity is a designated mental and dental health shortage areas, and parts of the District house Medically Underserved Areas/Populations.

Figure 32:



Source: Health Resources & Services Administration

Health Services Health and Human Services

West Contra Costa Healthcare District

(Administered by the Health Services Department and included here for informational purposes. The cost center is part of the Special District Budget.) These funds are not included in the Overview, Summary, and Mandatory / Discretionary data.

West Contra Costa Healthcare District	2017-18 Actuals	2018-19 Budget	2019-20 Baseline	2019-20 Recommended	Change
Expense					
Services And Supplies	0	0	1,665,040	1,665,040	0
Other Charges	0	0	8,176,348	8,176,348	0
Expense Total	0	0	9,841,388	9,841,388	0
Revenue					
Other Local Revenue	0	0	9,841,388	9,841,388	0
Revenue Total	0	0	9,841,388	9,841,388	0
Net Fund Cost (NFC):	0	0	0	0	0
Financial Indicators					
Salaries as % of Total Exp					
% Change in Total Exp			0%	0%	
% Change in Total Rev			0%	0%	
% Change in NFC			0%	0%	

Description: The West Contra Costa Healthcare District struggled financially for decades, experiencing increasing costs, declining reimbursements, and growing service demand from uninsured and underinsured populations. After emerging from bankruptcy in 2006, the District fell deeper into debt. In 2015, the District closed its hospital, Doctors Medical Center. In October 2016, the District again filed for Chapter 9 bankruptcy. The Bankruptcy court approved the District's Plan of Adjustment on January 2, 2018, allowing the District to repay certain creditors over a series of years.

To minimize the District's operating cost under the bankruptcy plan, the District needed to transition to an appointed board of directors. California Senate Bill 522 dissolved the District's existing board and the County Board of Supervisors became the District's governing board effective January 1, 2019. The fiscal year 2019-20 budget includes \$900,000 in funding for

West County community based healthcare programs.

West Contra Costa Healthcare District		
Service:		Discretionary
Level of Service:		Discretionary
Expenditures:		\$9,841,388
Financing:		9,841,388
Net Fund Cost:		0
Funding Sources:		
Local	100%	\$9,841,388

ANNA M. ROTH, R.N., M.S., M.P.H.
HEALTH SERVICES DIRECTOR

PATRICK GODLEY, MBA
CHIEF OPERATING OFFICER
CHIEF FINANCIAL OFFICER



OFFICE OF THE
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Fax (925) 957-5401

To: West Contra Costa Healthcare District Finance Committee
John Gioia, Supervisor, District I
Federal Glover, Supervisor, District V

From: Patrick Godley *P.G.*
Chief Operating Officer and Chief Financial Officer, Health Services Department

Date: May 6, 2019

Subject: Community Benefit Allocation Principals/Process – West Contra Costa Healthcare District

Please see below for a discussion of the principals and distribution method for the Community Benefit funding.

Principals/Process:

- (A) West County health care programs are predominately provided by the Health Services Department, as shown in the attached in Exhibit A, and an array of Community Based Organizations. Given the role of the County Board of Supervisors in the District Governance it is recommended that funding be restricted to Community Based Organizations (CBOs).
- (B) The annual Community Benefit amount is anticipated to be \$900,000 per year beginning in Fiscal Year 2019/20 and continue at this level for two additional years. In Fiscal Year 2022/23 the annual available amount is anticipated to grow to approximately \$2.5 million (subject to the 2018 revenue bonds section 5.09 approval – see Exhibit B). Given the relatively small amount of funding in the first three years that can be distributed and to provide the CBOs with assurance of near-term financial stability to provide needed services, it is recommended that a three-year funding cycle be utilized.
- (C) The Public Health West County Health Assessment Report identified areas of unmet needs within the District. It is recommended that:
 - (1) The CBOs selected must have proven capacity and expertise in their service area and must positively impact areas of high healthcare needs identified in the report.
 - (2) Services must be accessible to residents throughout the Healthcare District. The District is located along the Interstate 80 corridor and includes Crockett, Rodeo, Hercules, Pinole, El Sobrante, Tara Hills, North Richmond, Richmond, San Pablo, El Cerrito and Kensington.



- (3) The Public Health Division should develop an updated comprehensive assessment report by July 2021. This report will form the basis for identifying programs eligible for the increased funding available beginning in Fiscal Year 2022/23.
- (D) CBOs may utilize the funding for expansion of existing services or for the development of new programs. It is recommended that the funding allocation be balanced between direct services and capacity building to address unmet needs (inclusive of capital funding).
- (E) The Public Health Assessment Report identified two major areas of health care concerns:
 - (1) The loss of Emergency Room Services; and
 - (2) The lack of adequate services for at-risk youth.

Based on the report it is recommended that \$500,000 be allocated for funding urgent care services and \$400,000 be allocated for at-risk youth services.

- (F) LifeLong is the only CBO in West County providing urgent care services. LifeLong absorbed and now operates the former Brookside Health Clinic that served West County since 1994. LifeLong has had a presence in West County for over 8 years. LifeLong holds four contracts with the County for the provision of services related to primary care, urgent care, prevention and early intervention, and HIV/AIDS.

RYSE is a well-known West County CBO providing services to at-risk youth and has been nationally recognized for best practices serving at-risk youth. RYSE was established in West County 12 years ago. RYSE holds five contracts with the County for the provision of services to youth and young adults related to prevention and early intervention, health disparities, homeless outreach and medical services linkage/enrollment.

Due to their considerable proven success and involvement in the West County community and their capacity to address unmet needs, it is recommended that LifeLong and RYSE be selected for the provision of services consistent with the Finance Committee's principals A-E.

- (G) Contracts between the District and the CBOs will be required. The action needed is:
 - (1) Authorize the Health Services Department to enter into contract negotiations with LifeLong for urgent care services and RYSE for services to at-risk youth; and
 - (2) Direct the Health Services Department to submit the finalized LifeLong and RYSE contracts to the full District Board for approval.

The committee may consider accepting this report and approving items A-G.

West Contra Costa Healthcare District
Advance Refunding of 2011 Certificates of Participation
April 2, 2019

PURPOSE

An advance refunding of the West Contra Costa Healthcare District's (the "District") 2011 Certificates of Participation (the "2011 COPs") would achieve two objectives of the District: (i) it would provide for lower debt service payments over the remaining life of the 2011 COPs and (ii) it would eliminate the provision in the bankruptcy court agreement that requires the District to accelerate repayment of its 2011 COPs, by \$1,000,000 annually beginning in 2022. These funds would then be available to the District for the support of healthcare services located within the District's boundaries.

BACKGROUND AND FINDINGS

In 2004, the District passed a super-majority parcel tax measure, known as Measure D, to provide the needed operating capital to take over operation of Doctors Medical Center after its prior operator, Tenet Healthcare Corporation, elected to terminate its lease of Doctors Medical Center with the District. The parcel taxes produce approximately \$5.7 million in revenue annually, which parcel tax revenues are provided as security for the 2011 COPs and for Refunding Revenue Bonds issued by the District in 2018 (the "2018 Bonds") that refunded Certificates of Participation issued by the District in 2004 (the "2004 COPs"). The obligation of the District to make payments from parcel tax revenues on the 2011 COPs is on parity with the District's obligation to make payments on the 2018 Bonds. The 2004 COPs, the 2011 COPs and the 2018 Bonds are hereinafter referred to as the Parcel Tax Obligations.

In 2006, the District filed for relief under Chapter 9 Bankruptcy due to a lack of sufficient reimbursement received from Medi-Cal and Medicare and emerged from bankruptcy thereafter.

In 2011, with heightened investor concerns due to the difficult financial condition of the District, it was determined that the District should provide statutory lien status for investors as to the parcel tax revenues securing its Parcel Tax Obligations. Senate Bill 644 was passed and signed into law to create a statutory lien against the District's parcel tax revenues to ensure lenders that, in the event of any future bankruptcy filing, the terms of the Parcel Tax Obligations could not be modified by a bankruptcy court. Soon after passage of Senate Bill 644, the District issued its 2011 COPs to provide working capital, fund needed capital improvements to Doctors Medical Center and to repay an advance from Contra Costa County to the District.

In 2017, the District filed a second Chapter 9 Bankruptcy due to continuing operating difficulties and a failing hospital facility with the effective date of an Amended Plan for Adjustment of the District's Debts occurring on April 2, 2018, when the District sold its hospital facility. The plan of reorganization under which the District emerged from Bankruptcy was based on a number of factors agreed to by the District, including the refinancing of the 2004 COPs and the 2011 COPs to the extent that a refunding of those two obligations were commercially reasonable.

On April 17, 2018, the District refunded the 2004 COPs with proceeds from the issuance of the 2018 Bonds and subsequently redeemed the 2004 COPs on May 4, 2018. This refunding of the 2004 COPs saved the District just over \$2.4 million in net debt service payments.

The District has been evaluating a refunding of its 2011 COPs for several months. Because the 2011 COPs do not allow for an optional redemption until July 1, 2021, it cannot provide for a current refunding until April 2, 2021 (90 days prior to the first optional call date). In addition, current tax law no longer allows an

advance refunding of tax-exempt obligations using the proceeds of tax-exempt debt. As such, the District is evaluating an advance refunding of the 2011 COPs with taxable obligations instead of tax-exempt obligations, which structure is allowed by the tax code. The District has evaluated the issuance of taxable refunding debt that is nonrated, rated and insured. Of the three refunding options being considered, the most favorable option is to issue taxable insured debt. This analysis indicates that, based on current market conditions, a taxable insured refunding of the 2011 COPs would produce for the District just over \$4.0 million in debt service savings. However, we believe this level of savings is subject to the District's ability to secure an investment grade rating from Standard & Poor's and bond insurance at a competitive premium.

SUMMARY

In summary, pursuant to the District's recent Bankruptcy Plan of Reorganization, the District has an obligation to complete a refunding of its 2011 COPs to the extent that a refunding is "commercially reasonable." An insured taxable refunding of the 2011 COPs, based on a best estimate of current interest rates and costs of issuance would produce approximately \$4.0 million in total debt service savings and approximately \$3.0 million in net present value savings or a 7.8% net present value savings as a percentage of the par amount of the 2011 COPs being refunded. We believe this would qualify as a commercially reasonable refunding. In addition, the District, by refunding both the 2004 COPs (completed in 2018) and the 2011 COPs would guarantee that it would no longer be required to accelerate the repayment of its 2011 COPs starting in 2022, as stipulated in the Bankruptcy Plan of Reorganization.

We request authorization to continue work on the proposed refunding of the District's 2011 COPs with an out-of-pocket expenditure limit of \$30,000. If continued efforts indicate that an investment grade rating and/or bond insurance are available that would produce a sufficient amount of debt service savings, we would return for final approval of a refunding of the 2011 COPs. It is anticipated that all other refinance costs will be contingent on a successful refinance. As such, we are not asking for final approval of the proposed refinancing at this time but only to continue work with efforts needed to determine if a refunding will provide sufficient debt service savings and other benefits for the District. It is not expected that final approval would be requested until June of this year.

Approval of G.L. Hicks Financial, LLC as financial advisor and Piper Jaffray as underwriter for the District is also requested at this meeting. Engagement of an independent financial advisor and an underwriter is needed for the District to further pursue the desired refunding of its 2011 COPs.

ESTIMATED TIME SCHEDULE

If approval is received to proceed as requested above, the following time schedule should be achievable.

May 7, 2019	Secure S&P credit assessment of the District
May 15, 2019	Complete discussions with possible bond insurers
May 30, 2019	Prepare substantially final form of bond documents
June 10, 2019	Complete official statement and Appendix A
June 11, 2019	Request approval of the Refunding Bonds
June 25, 2019	Price Refunding Bonds
July 10, 2019	Close Refunding Bonds