Tuesday, November 15, 2016

Contra Costa County Board of Supervisors Contra Costa County 651 Pine St. Martinez, CA 94553

Dear Madame Chairwoman and the Contra Costa Board of Supervisors:

I come to you representing my company, All Health Services. We've been a provider of temporary and registry medical staff to Contra Costa County since 2007. Right this very moment, we have more than 30 nurses and medical personnel working for you across the county. And in all, we supply more than 100 providers across your facilities.

In May of this year, we began to notify the appropriate staff that our contract (Number 26-577-12) was quickly running out of funds, and that we would need an amendment so that we could continue to provide services. We continued calling the warnings until mid-August, when we the contract actually ran out of funds.

At that time, and in the time since, we conferred with staff throughout the county, who indicated that we should keep providing service; that our contract would be amended, and we would be paid for services provided in the meantime. With as many staff as we have working at your facilities, our sudden departure as a contractor would have an immediate and noticeable impact on your ability to provide care. Putting your facilities in that predicament is not the responsible thing for us to do.

Our contract amendment was scheduled for approval at the November 1 Board meeting, but according to the minutes, was relisted to today. However, for some reason that has not been explained to us, the item did not appear on today's agenda. I recognize that you cannot take action on this issue without it being an agenda item, but due to the extraordinary circumstances, I am requesting that you hold an emergency meeting in accordance with your bylaws so that you can take action on this issue before the month's end.

Truth be told, we don't need an immediate amendment of the contract; we just need to be able to give our financial partners some sort of assurance that we will indeed be paid for the services we have provided in good faith. This will allow us to secure the funding we need to pay our staff (plus

their taxes, fees, and other employment expenses) while we await payment. If there is anything you can do to provide that assurance, our ability to secure funding will be certain.

I appreciate your time, and I hope you will consider my request as we continue to meet the staffing needs of your county and its facilities.

Respectfully,

Jeremy Matthews

CEO

All Health Services, Inc.

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REQUEST TO SPEAK FORM (2 minute limit)		I wish to speak on Agenda Item #	
Complete this form and place it in the upright box near the speaker's podium, and wait to be called by the Chair.		Date: 11/15/16	
Personal information is optional. This speaker's incorporated into the public record of this meet		My comments will be:	☐ General ☐ For ☐ Against
NAME (Print) 2000 KADE  To ensure your name is announced correctly, you may include p	phonetic spelling.	☐ I wish to speak on the	subject of:
Address:			
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Phone:   Myself   Organization:		U do not want to speak leave comments for the B	Board to consider.
		(Use the back of this form	1.)
nformation for Speakers:	In lieu of spea	aking, I wish to submit the	se comments:
Deposit this form in the upright box next to the speaker's podium before the Board's	RESPER	ST GVARD PATH	BRUD LAMPS
consideration of your item.	AND CA	ws. PLEASE	
Wait to be called by the Chair. Please speak nto the microphone at the podium.			
Begin by stating your name and your city or			
area of residence, and whether you are speaking for yourself or on behalf of an organization.			
f you have handout materials, please give hem to the Clerk.			
Avoid repeating comments made by previous			:

speakers.