Barnidge: The more we hear about Doctors Medical Center, the sicker we feel

December 10, 2014
Agenda Item 10c

By Tom Barnidge Contra Costa Times Columnist
Posted: 11/14/2014 11:07:03 PM PST Updated: a day ago

Everything on today's menu is low-fat and high-fiber. Consume as much as you wish.

- The more we hear about funding needs and operating models, the less likely it seems a solution is in store for Doctors Medical Center in San Pablo, which is hemorrhaging about $1.5 million per month. Whether the facility is envisioned as a satellite emergency room, urgent care center or a full-service hospital, there are serious questions about money.

The stark facts: The state has promised a one-time gift of $3 million and washed its hands of further involvement; Contra Costa County supervisors have demonstrated no appetite for providing financial support. The defeat of a parcel tax in May (52 percent support; two-thirds was needed) offers little hope a new attempt would succeed.

Even the $15 million promised by the city of Richmond, from its $90 million Chevron benefit package, will be available only after final approval of the oil company's modernization plan, which is a long way off.

Kaiser Permanente, Alta Bates and John Muir Health would be wise to brainstorm a proposal -- otherwise, they'll absorb the majority of the 40,000 emergency room patients treated annually by DMC.

- For a tiny unincorporated area tucked between Walnut Creek and Lafayette, Saranap shows an uncanny magnetism for controversy. Early in 2012, battle lines were drawn over the Sufism Reoriented sanctuary -- a white, 66,000-square-foot, domed complex on a 3-acre plot. After multiple hearings and many heated words, the project was approved and now is taking shape. I checked it out the other day: It's really white and really large!

The new controversy, Saranap Village, proposes 235 condos and 30,000 square feet of retail space rising to seven stories. The best argument I can see for it is that it'll make the temple look smaller.

- Once upon a time, taxpayers were concerned about the profligate, borrow-and-build ways of the West Contra Costa school district. If they didn't like all that spending to construct school buildings, how must they feel about board members writing checks to cover their legal defense fees?

Trustees had already approved $150,000 to pay for outgoing board President Charles Ramsey's attorney fees in his response to an SEC investigation when they OK'd another $100,000 Wednesday night for trustee Madeline Kronenberg's representation.

California's per-pupil spending is among the lowest in the nation, but its per-trustee costs are highly competitive.

- I'm not suggesting this is how Pleasant Hill got its name, but it seems that some massage parlors in the town have been providing services far more pleasant than back rubs. After making seven arrests for prostitution in two years, the city soon will require police permits before such establishments can operate.

This action was made possible by the state's recently enacted Massage Therapy Reform Act, a wording I would like to enter in the Euphemism of the Year contest.

- Bicycle enthusiasts must be in mourning this week to learn that Bay Area Toll Authority officials are unwilling to spend $400 million to build a two-mile bike trail on the western span of the Bay Bridge. The authority might, however, shell out $10 million for an engineering study to assess more affordable alternatives.

Meanwhile, low-income West County residents are about to be without a hospital. Good to know our priorities are in order.

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Daniel Borenstein: Hail Mary move to restore full-service Doctors hospital unlikely to succeed

By Daniel Borenstein, staff columnist © 2014 Bay Area News Group
Posted: 11/15/2014 04:00:00 PM PST

West Contra Costa residents are witnessing the ultimate political Hail Mary.

With time running out, the chances of restoring Doctors Medical Center as a full-service hospital are slim to none. Yet health care district board Chairman Eric Zell and county Supervisor John Gioia have called for one last-ditch play.

To make it work, they need $21 million to $37 million in savings and new revenue in each of the next five years. That requires major concessions from hospital workers; contributions from other area hospitals reluctant to cough up money again for a short-term fix; and voter approval to increase their property taxes.

It assumes finding even more savings through efficiency, stepped-up foundation fundraising, and county forgiveness of a $17 million taxpayer loan. It relies on $15 million from Richmond's community benefits agreement with Chevron stemming from the oil company's refinery modernization.

And it would require selling off district-owned office buildings to pay operating costs next year, leaving fewer assets available to help taxpayers cover the district's already huge debts.

Even if the play miraculously succeeds, it would only send the game into overtime with a badly injured team. That's because much of the hoped-for funding for operations would be temporary, running out in three to five years.

There's another big problem: The hospital isn't earthquake safe and must be rebuilt by 2020. That means asking voters for a second tax increase, bringing the total contribution for the average homeowner from the current $99 to about $220 annually.

Zell and Gioia have doubts their plan will work. But there has been so much pressure put on the hospital board, Zell said, that he "felt an obligation to say, 'OK here's what it would take to keep it open.' "

The pressure has come largely from nurses trying to save their jobs and Richmond City Council political posturing. Both groups gloss over the financial magnitude of the problem. The Zell/Gioia plan spells it out.

Unfortunately, their proposal is a short-term fix to a long-term problem. "We understand this is not a sustainable model," Zell admits, adding, "This is a kicking-the-can-down-the-road option."

That's what hospital directors have done for years as they've buried West County property owners in debt. This plan would pile on more.

The hospital currently accepts about 80 walk-in patients daily, but since August has not been accepting ambulances. About 22 of those cases daily now end up primarily at Kaiser in Richmond, Alta Bates in Berkeley and county hospital in Martinez.

Everyone agrees that a full-service Doctors hospital would be ideal, but history has shown, and two expert analyses have recently concurred, that it's not financially sustainable.

Doctors has struggled for a decade to stay open. It survived because the state, Kaiser and John Muir Health kicked in more than $50 million; the district wiped out $10 million of debt through bankruptcy; and the district borrowed long-term to pay operating expenses, sticking taxpayers with a $76 million debt.

Now, Zell and Gioia are asking neighboring hospitals for another $22 million over five years. Those hospitals would benefit by keeping Doctors open so they're not inundated with patients. Moreover, they have a moral obligation to help because most of their patients are insured, leaving Doctors to treat a disproportionate share of poor and indigent.

But the neighboring hospitals' leaders are tired of spending money on a failing enterprise. They've said they would only consider helping out a sustainable operation and they've been coy about how much they would kick in.

The neighboring hospitals, through the Hospital Council of Northern and Central California, have tried to help devise a sustainable plan. They, along with representatives of the county and Doctors, advocated for a stand-alone emergency room but nurses successfully lobbied in Sacramento against such a move.

That leaves an urgent care facility as the only financially viable option. With the clock ticking as money runs out, that's where energy should be focused.

Yet Zell and Gioia insist on another shot at a full-service hospital. When that fails, they must recognize that it's time for an achievable plan that doesn't further bury residents in debt to pay the bills.

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With federal grant gone, East Contra Costa fire district plods on

By Rowena Coetsee Contra Costa Times
Posted: 11/20/2014 07:04:10 AM PST Updated: about 3 hours ago

BRENTWOOD -- The federal grant that has been propping up the East Contra Costa Fire District for the past two years ran out this week, leaving its financial future even more uncertain.

As of Monday, the agency had seen the last of the $7.8 million it received from the Federal Emergency Management Agency in summer 2012 to help staff its remaining stations.

Money troubles since have forced the district to close one of its Brentwood engine houses in September, leaving four to cover an approximately 249-square-mile area.

"To provide a minimum service -- to provide an adequate response to a first-alarm residential structure fire -- we need to be staffing at five stations," Chief Hugh Henderson said. "It's very concerning."

The combination of FEMA funds and a $1.4 million property tax revenue windfall this fiscal year has enabled East Contra Costa Fire to maintain its presence in Discovery Bay, Knightsen and Oakley as well as keep its second site in Brentwood open through June 30, 2015.

The district now is preparing to present property owners with a proposed benefit assessment for the second time after discovering in late August that about 10,000 of the 43,769 ballots it had mailed reflected incorrect charges.

The assessments had been based on outdated or incorrect data that East Contra Costa Fire had received from various government agencies, resulting in amounts that were either too high or too low.

More specifically, a number of fire hydrants and streets were missing from maps, which made it look as though nearby properties had less access to water and engines and thus were at greater risk. Because benefit assessments are based on how much help land owners stand to derive from a particular service, those individuals were charged less than they should have been.

Directors agreed earlier this month to have the information revised as well as amend the contracts of two consulting firms, one that produced the document describing how it calculated the different assessments and the other that had been educating the public about the assessment.

The district already has shelled out just over $229,000 in consulting fees; rectifying the mistakes will cost it an additional $136,000.

Of that, $78,000 will go toward double-checking the data that benefit assessments would be based on and then recalculating those charges as well as reprinting and mailing ballots.

The remaining $58,000 will cover four more months of fees by the campaign specialists and the estimated $28,000 price tag of producing another informational mailer.

If the fire board decides to call for another election at its Feb. 2 meeting, ballots would go out within six weeks and votes would be counted on April 27.

If a majority of property owners approved the benefit assessment -- it's expected to generate slightly more than $4 million annually for five years -- East Contra Costa Fire would reopen the second Brentwood site and once again have five stations, Henderson said.

If it fails, the district would have to close Knightsen's station and make do with three.

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Barnidge: Pinole-Hercules project catches labor's interest

By Tom Barnidge Contra Costa Times Columnist
Posted: 11/21/2014 03:08:15 PM PST Updated: about 2 hours ago

You don't expect to be captivated by a discussion about a labor agreement for a wastewater treatment project. But when you toss in a $42 million budget, with dozens of construction jobs on the line, the entertainment value is heightened.

That was the setting at last week's Pinole City Council meeting, where a crowd packed with union tradespeople -- carpenters, electricians, ironworkers and others -- filled the 126-seat council chamber.

At issue was whether the long-delayed Pinole-Hercules joint wastewater project -- talks of upgrading the facility began more than five years ago -- would be open to bidding among independent contractors or wrapped into a package called a Project Labor Agreement (PLA), negotiated with a regional building trade council.

The upside of a PLA, proponents tell you, is that management rights and laborers' working conditions are negotiated into a contract that addresses local hiring goals, no-strike clauses and dispute resolution. Processing hires through union halls, they say, ensures skilled workers. Opponents argue that because PLAs require union labor -- or payment by nonunion contractors into union benefit funds -- they reduce the bidding pool, which drives up costs. Plus, any nonunion workers must pay union dues, for which they receive nothing.

A staff report reflected the difficulty of choosing one course over the other. It filled 17 pages without arriving at a recommendation. Its conclusion: "This is strictly a City Council policy decision."

The council heard 26 speakers (19 in favor, seven opposed) argue both sides of the dispute for an hour. Predictably, the divide fell along ideological lines. Those who lean right (Contra Costa Taxpayers Association) painted PLAs as costly and discriminatory; those to the left (union members) said PLAs were the best way to guarantee quality workmanship.

Not even council members could find unanimity, as Roy Swearingen parted company with colleagues who favored an agreement.

"Any labor agreement should not be restrictive or discourage contractors regardless of their affiliation," he said. "From what I've read of PLAs, that's exactly what they do."

"We want to make sure there are local hires," said Mayor Pro Tem Peter Murray. "The only way to guarantee that is to have a PLA."

The discussion on the dais spanned another hour, touching on varied concerns, before Mayor Tim Banuelos called for a vote. Among the concerns was whether Hercules, the project partner, should be consulted.

Councilwoman Debbie Long put that to rest: "There's nothing in our agreement that states we have to engage Hercules when it comes to contracts, because guess who signs? Pinole."

So there. With that pronouncement, the measure carried 4-1, with Swearingen dissenting. Union members high-fived and applauded, then poured out of the room as if a fire alarm had sounded.

But that's not where the fun ended.

When contacted the next day, Hercules Mayor Myrna de Vera acknowledged her disappointment in how things were handled.

"They could have conditioned their approval, pending our weighing in," she said. "It's not that we have anything against PLAs. It's that we were not included in the discussion. Shouldn't we have a say, since we're paying for 50 percent?"

Further discussions are sure to follow. Who says there's nothing entertaining about a wastewater treatment project?

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Daniel Borenstein: Wrestling with the wrong question on Doctors Medical Center

By Dan Borenstein, staff columnist
Posted: 11/23/2014 02:00:00 PM PST

The debate over the fate of Doctors Medical Center has focused on the wrong question.

Rather than asking how to keep the hospital open, elected officials, community leaders and hospital executives should seek the way to provide the best possible health care for West Contra Costa residents.

Unfortunately, the facility itself has become the issue. For years, elected officials have tried to persuade residents to tax themselves more to keep the doors open. Union leaders have rallied to protect the jobs inside.

Consequently, the analysis has been driven by politics rather than good public policy. As reported here last week, Eric Zell, chairman of the hospital district's board, and county Supervisor John Gioia launched a last-ditch effort to keep the hospital open because of political pressure from the nurses and the Richmond City Council. But Zell admits the plan is unsustainable.

Everyone should step back and consider one key statistic: Eighty-five percent of the patients coming into the emergency room report that they don't have a primary care physician.

Then they should ask the central question: In a world of limited funds, would these residents be better served by ensuring they receive primary care that might avoid their emergency visit, rather than spending the money preserving a hospital ER to shorten their ambulance ride when the crisis hits?

The challenge is not only how to best treat residents in an emergency, but how to best care for them so they don't need that emergency room. We must address the entire health care continuum, not just the tail end.

We must take a holistic approach.

That means beefing up preventive care to ensure the hypertension patient gets medication and avoids a heart attack, or the person with diabetes and acute depression receives education and drugs that head off an ER visit.

Unfortunately, that's never been a central part of the analysis. Nurses focus on saving jobs. The administrators from neighboring hospitals leading the so-called "stakeholders" group are driven by desire to minimize the number of poor, uninsured patients showing up at their emergency rooms.

It's clear that preserving Doctors as a full-service hospital is financial folly. The numbers don't work. Oh sure, Zell and Gioia theoretically might come up with a Band-Aid. But that would merely postpone the day of reckoning and strap taxpayers with more health care district debt.

That's evident by examining their financial plan. The point also was driven home by an analysis commissioned by the stakeholders group, which deserves credit for seriously analyzing the finances.

But the members of that group also have approached the problem wrong. Rather than taking a holistic approach, they began by asking whether a full-service hospital could be kept open and financially survive (answer: no), and then what the fallback alternatives might be.

They suggested a stand-alone emergency room, but nurses blocked action in Sacramento needed to gain legal clearance. The stakeholders group now proposes an urgent care center that could serve walk-in emergencies currently going to Doctors.

But, like the nurses, this group approaches the problem from a position of self-interest. The hospital administrators want to minimize their financial exposure and reduce expectations that they will be the long-term saviors.

It's understandable that they don't want to sign a blank check. But these neighboring hospitals -- Kaiser, John Muir and Sutter's Alta Bates Summit -- enjoy tax breaks from their nonprofit status and have a moral obligation to kick in more.

Of the three, Kaiser has been the biggest contributor over the years. But it also has the majority of commercially insured West County patients, leaving Doctors with the costly uninsured. Meanwhile, John Muir's Walnut Creek facility has been a huge beneficiary of its decades-old designation as the county's trauma center. It, too, has a responsibility to give back.

A careful reading of their analysis shows the neighboring hospitals plan a one-time contribution to help Doctors cover some of its debt, but then they apparently want to walk away. They should do better.

And all parties should focus the planning on what's best for the community, not what's best for them.

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Last-ditch plan to save DMC can work if it's given a chance

Contra Costa Times, 11/23/2014

By John Gioia and Eric Zell

Those of us who live in West County understand the importance of Doctors Medical Center, and we know that its closure will have serious consequences on health care. That's why we have been working diligently to save our public community hospital since its bankruptcy in 2006.

Since 2006, we have cut the hospital's losses in half and passed a parcel tax bringing in more than $5 million annually in new revenue. But this hasn't been enough.

Not when Medicare and Medi-Cal do not fully cover the medical care costs of 80 percent of the hospital's patients.

Since the hospital's recent downsizing and the August closure of its emergency room to 911 ambulances, the imminent risk of total closure has become very real. Hundreds have rallied to save the hospital.

After discussions with DMC and county health department staff, nurses and physicians, the city of Richmond, Chevron, the Hospital Council of Northern and Central California, Life-Long Medical Center, the DMC Closure Aversion Committee, as well as community, labor and business leaders, we have developed a multi-stakeholder, five-year plan to save our fullservice community hospital.

This plan depends on financial contributions from all key stakeholders. Let's be clear: The situation is challenging. DMC needs to close an $18 million annual operating deficit and meet new state seismic guidelines.

But if all of the stakeholders step up and participate in this plan, discussed at the DMC governing board's last meeting, our public community hospital can be saved. Losing one stakeholder's participation loses everything.

Here's how it works.

First, Contra Costa County waives repayment of its cash advances to DMC, saving the hospital $3 million annually. Second, other East Bay hospitals provide DMC with a debt service subsidy. Third, additional operating efficiencies are implemented to save money. Fourth, current labor negotiations with DMC employee unions produce savings. Fifth, Richmond provides DMC with $15 million from its Chevron Community Benefit Fund. Sixth, a revived Hospital Foundation raises funding from the corporate and foundation community. Seventh, develop a new teaching and residency program at the hospital to improve revenue reimbursements.

Finally, we pass a West County property tax measure — one that is less than the May 2014 measure that failed.

This strategy includes a plan to meet California's seismic requirements by 2020. Funding will come from a new property tax measure and accumulation of a capital reserve.

This won't be easy. It will take commitment, sacrifice and compromise. But, when the hospital filed for bankruptcy in 2006, few believed it would still be open today. We know that innovative strategies and oldfashioned hard work can make a difference.

Some — this paper among them — call this a "Hail Mary" pass. It may be. But we are committed to working with others to make it happen. We would not do this if we didn't think it could succeed. It will take all the stakeholders working together to make this plan work.

John Gioia is a member of the Contra Costa County Board of Supervisors. Eric Zell is chairman of the West Contra Costa Healthcare District. Both are residents of Richmond.

Levees along Walnut Creek need work, Army Corps of Engineers says

By Sam RichardsContra Costa Times
Posted: 11/26/2014 01:00:21 PM PST Updated: 5 days ago

CONCORD -- The levees along Walnut Creek near Concord and Pacheco need serious maintenance to fix erosion and damage by animals and remove unnecessary culverts, fences and other encroachments, according to the U.S. Army Corps of Engineers.

A corps spokesman said this week that inspections done in January resulted in a maintenance rating of "unacceptable," citing 171 problems that could threaten the safety and integrity of the levees along Walnut Creek from Concord Boulevard north to Waterfront Road; along Grayson Creek from Pacheco Boulevard northeast to its entry into Walnut Creek; and along the Clayton Valley Drain, from Hillcrest Park to Walnut Creek.

The Contra Costa County Flood Control & Water Conservation District, responsible for maintaining the local levees, received a draft report of the findings for review and comment in March 2014. The final report was signed in October.

The flood control district plans to submit a formal response to the corps of engineers in two to three weeks.

"We've been working on some issues where we know we have agreement with the corps," said Paul Detjens, a senior civil engineer with the district. "We recognize the corps folks sometimes have a different view of what 'encroachment' is."

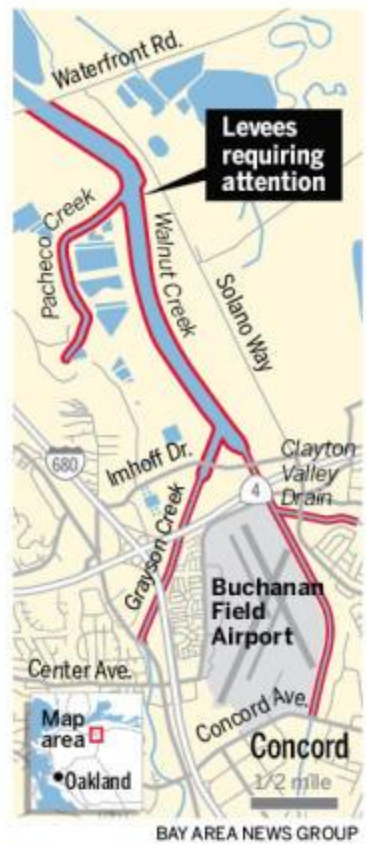
Ryan Larson, the levee safety program manager for the Sacramento district of the corps, which includes Contra Costa County, said discussions will continue to find consensus on whether bike trails, fences and other man-made encroachments are actually causing damage or are even on county levee property.

Some 1,600 levees within his district's jurisdiction fall under the National Levee Safety Program to assess risk, Larson said.

"Levee inspections are all about making sure that a levee can reliably do what we expect it to," he said. "Our findings help the agencies that own and maintain these levees prioritize levee fixes -- and help the public understand their flood risk and make informed decisions about protecting their property."

Contra Costa County would not be subject to any fines for failing to address the issues noted by the corps of engineers, but federal money for levee improvement work could be withheld. No timeline for the improvements has been set, and it is unclear how much the work would cost the county.

"It's all about the rehabilitation assistance," Larson said.



The Walnut Creek watershed, Contra Costa County's largest, drains runoff from over 150 square miles. Eight cities, with a total population of more than 300,000, fall within this watershed.

The improvements being worked out by the flood control district and the corps of engineers are not related to the district's Lower Walnut Creek restoration project, designed to create new wetlands north of Concord, return the Pacheco Marsh to a more natural state and otherwise improve wildlife habitat along the creek, as well as to improve flood control.

Supervisors to consider taking part in funding plan for West Contra Costa hospital

By Jennifer Baires Contra Costa Times
Posted: 12/01/2014 02:58:12 PM PST Updated: 50 min. ago

MARTINEZ -- An eight-point plan to keep West Contra Costa's only public hospital open for another five years will face its first hurdle Tuesday when Contra Costa supervisors consider whether to buy into it.

The board is scheduled to vote on two tax waivers for the West Contra Costa Healthcare District, which operates Doctors Medical Center; one is temporary, and the other is a permanent, three-year waiver of $9 million.

The temporary waiver is for $3 million in property tax revenues owed to the county, which the district is set to pay half of this month and the rest in April 2015. Without this waiver, it's likely the district will run out of cash before the San Pablo hospital's projected closure date early next year.

The $9 million waiver, if approved, would mean forgiveness of up to $3 million per year, in fiscal years 2015/16, 2016/17 and 2017/18.

However, the $9 million debt forgiveness comes with the condition that the district must find at least $15 million in other funding to support DMC as a full-service hospital, for each of those years, by Oct. 30, 2015.

As part of the eight-point plan proposed by district board Chairman Eric Zell last month, several other parts must fall into the place to keep the hospital afloat, including buy-in from a reinvigorated DMC Foundation, unions, nearby private hospitals, the city of Richmond and voters through a tax proposed for next year's ballot.

The supervisors meeting begins at 9 a.m. at the board chamber, 651 Pine St., Martinez.

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County supervisors approve $12 million for floundering West Contra Costa hospital

By Jennifer Baires Contra Costa Times
Posted: 12/03/2014 07:06:59 AM PST Updated: 117 min. ago

MARTINEZ -- Scheduled to run out of money by early next year, Doctors Medical Center received a $12 million reprieve from county supervisors on Tuesday -- renewing hope that West Contra Costa's only public hospital might stay open as a full-service facility, at least for a few more years.

The debt forgiveness on property tax payments allows the West Contra Costa Healthcare District, which operates the hospital, to move ahead with an eight-point, five-year plan to keep the struggling hospital afloat.

The plan, as laid out by health care district board Chairman Eric Zell last month, requires a combination of new revenue sources, debt relief by the county and nearby hospitals and contract concessions from hospital union members.

"The (supervisors') vote was critical and a necessary piece of our communitywide strategy for saving Doctors Medical Center," Zell said in a news release the district issued following the decision. "It acknowledges the hospital's vital role in provision of public health services in West County."

After much debate, the supervisors passed two resolutions: one for a temporary, $3 million waiver of payments, and a permanent, $9 million waiver to be spread over three years, contingent on the district finding at least another $15 million annually to maintain a full-service hospital.

The $3 million temporary reprieve, owed to the county because of cash advances over the years, passed 4-1, with Supervisor Candace Andersen, of Danville, as the sole dissenter. That waiver, according to hospital administrators, will allow DMC to stay open until its projected closure date early next year.

The $9 million waiver passed 3-2, with Andersen and Supervisor Mary Piepho, of Discovery Bay, dissenting. It will go into effect in fiscal years 2015-16, 2016-17 and 2017-18, assuming that other stakeholders come on board to help close the San Pablo hospital's $18 million annual deficit.

"We assured the public when we loaned this money that we would get repayment on these debts, that it wasn't a gift of public funds," Piepho said before the vote. "I'm not sure I can support a permanent waiver."

"We are continuing to put a lot of money into Doctors," Andersen said during discussion of the resolutions. "All I want to see is a sustainable model, because I'm being asked to waive $9 million over the next few years, and I have a lot of competing interests."

Supervisors John Gioia, of Richmond, and Federal Glover, of Pittsburg, co-sponsored the waiver resolutions, and said they were a step forward in the fight to keep the hospital open.

But the two supervisors conceded that the waivers alone were not a solution in the short term -- because there are still a number of other contributors the money is contingent upon -- or in the long term because stand-alone public hospitals that serve mostly Medicare and Medi-Cal patients aren't sustainable under current reimbursement rates.

The Richmond City Council recently voted to earmark $15 million for DMC from a Chevron community benefits package tied to a refinery modernization, but that money won't start to become available until the refinery receives final permission to begin the project.

"Is this the answer for all?" Glover asked the board. "Probably not. But I think it's a good first step in which we are trying to preserve a very vital institution for our residents. ... It would be encouragement for others to step up to the plate."

"This is viewed as a three- to five-year plan, and five years in the health care world is a long time," Gioia said. "The more the hospital is stabilized, the better position it is in to become part of a larger health care system."

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The Long and Winding Road

By Nick Marnell

Mergers and acquisitions are again the rage. In November, the company that produces Botox was absorbed by rival drug firm Actavis for $66 billion. Oil service firm Halliburton recently paid $35 billion to purchase competitor Baker Hughes. Both deals expect to close late next year. Not to be outdone, Lamorinda has its own quasi-merger in the works. The Moraga-Orinda Fire District and the Contra Costa County Fire Protection District announced a proposed consolidation of two fire stations in early 2013, with the resultant station 46 expected to save $1 million in operating costs per year for each district.

"We are very close to an agreement that we can bring to our boards," said the MOFD fire chief. Except it wasn't current chief Stephen Healy who said that; those words were spoken by then-chief Randall Bradley in April, 2013.

The idea for a single fire station to replace MOFD station 43 in Orinda and ConFire station 16 in Lafayette was hatched by MOFD chief Jim Johnston in 1999. It went nowhere. But when the county closed ConFire station 16 because of a budget shortfall in 2012, and with MOFD station 43 requiring major renovations, ConFire chief Daryl Louder approached Bradley to reignite the station 46 concept. Bradley agreed and he took the consolidation idea to the MOFD board of directors, which gave him thumbs up to negotiate with ConFire.

But the county Board of Supervisors, acting as the ConFire board of directors, nixed the deal. The money to even partially fund the reopening of a closed station just wasn't there. "It was the right idea at the wrong time," said supervisor Federal Glover in May, 2013.

Subscribing to the theory that the right idea at the wrong time is still the right idea, MOFD president John Wyro worked to keep station 46 alive despite the loss of its obvious partner. He led the district in the formation of a joint powers agreement with Lafayette to purchase a parcel for the station site. He preached the benefits of station 46 to county and Lafayette officials who, upset with ConFire's performance, had formed a task force to consider alternative delivery of fire service. "I was concerned that there were opportunities being lost and that I needed to develop more information," he said.

The turning point came in March, when new ConFire chief Jeff Carman forced the hand of the Lafayette Emergency Services Task Force, which had considered recommending secession from ConFire. Before he presented an updated station 46 proposal to his board, Carman insisted on an answer from Lafayette officials: was the city committed to the district?

After hearing a dramatic presentation by assistant chief Alan Hartford on the state of affairs at ConFire, the task force recommended station 46 to the Lafayette City Council, which concurred. In June, the ConFire directors, based on rosier financial projections and a more thorough presentation by the chief, authorized Carman to negotiate an agreement with MOFD.

"We're close," said Carman at the Nov. 18 task force meeting. Once the operational structure of the new station is worked out with the firefighters' union, and other details, including task force feedback, are finalized, Carman expects that an agreement will be presented to both boards early next year. "I believe that this time, the supervisors will do the right thing, and approve the deal," said Lafayette fire commissioner Bill Granados, who accurately predicted that they would reject the proposal in 2013.

After the official approval, station 46 faces public scrutiny. A north Orinda grass roots group, The Committee to Save Honey Hill Fire Station, started a petition drive in November to stop the station 46 project, citing an increase in response times for Orinda and Moraga once station 43 closes. Michael Yim, a resident of El Castillo Lane, adjacent to the station 46 site, delivered a thoughtful presentation to the MOFD board at its Nov. 19 meeting requesting transparency on the progress of the construction of the new station.

An idea that has held course despite 15 years of wrinkles, delays and detours may finally come to fruition with the 2015 groundbreaking of station 46 - possibly before patients begin injecting Botox supplied by its new parent company.

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