

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM
3.15
(ID # 3229)

MEETING DATE:

Tuesday, February 7, 2017

FROM : ECONOMIC DEVELOPMENT AGENCY (EDA) AND RIVERSIDE UNIVERSITY
HEALTH SYSTEM :

SUBJECT: ECONOMIC DEVELOPMENT AGENCY (EDA): Riverside University Health System Capital Improvement Program Development Project - California Environment Quality Act Exempt, Approval of Amendment No. 1 to the Professional Services Agreement with Ewing Cole, Inc. for Consulting Services and Project Budget, District 5. [\$700,000 – RUHS Enterprise Fund 40050 - 100%]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Find that the Riverside University Health System (RUHS) Capital Improvement Program Development Project is exempt from the California Environment Quality Act (CEQA) pursuant to State CEQA Guidelines Section 15301, Class 1 Existing Facilities Exemption; and Section 15061 (b)(3) Common Sense Exemption and direct the Clerk of the Board to file the Notice of Exemption;
2. Approve Amendment No. 1 to the Professional Services Agreement between the County of Riverside (County) and Ewing Cole Inc. (Ewing) for consulting services for the project in the amount of \$600,000;

ACTION: Policy, CIP

Robert Field, Assistant County Executive Officer/EDA

1/23/2017

Zareh Saccarian, Chief Executive Officer - Health System

1/23/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington and Ashley
Nays: None
Absent: None
Date: February 7, 2017
xc: EDA, RUHS

Kecia Harper-Ihem
Clerk of the Board

By 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 700,000	\$ 0	\$ 700,000	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: RUHS Enterprise Fund 40050 – 100%			Budget Adjustment: No	
			For Fiscal Year: 2016/17	

C.E.O. RECOMMENDATION: Approve

RECOMMENDED MOTION Continued:

3. Authorize the Assistant County Executive Officer/EDA to administer Amendment No. 1 for Ewing in accordance with applicable Board policies; and
4. Approve a project budget of \$700,000 for Year 2 of the project and authorize the use of RUHS Enterprise Fund 40050, including reimbursement to the Economic Development Agency (EDA) for incurred project expenses.

BACKGROUND:

Summary

On December 15, 2015, Item 3-15, the Board of Supervisors (Board) approved an in-principle budget to provide funding for a planning/consulting firm to implement and manage a program for short-term and long-term planning of capital projects at the hospital for the duration of five years. A professional services agreement was approved with Ewing for consulting services in the amount of \$530,900. This contract was established to assist hospital administrative staff with the many short-term upcoming building projects, as well as the long-term planning and site development issues over 5 years.

In Year 1, Ewing has begun establishing the framework for the future planning of RUHS and has worked with RUHS to accomplish numerous programming and conceptual design objectives for the project, including: an Existing Conditions Survey, Project Visioning Sessions with RUHS Executive Team, Project Lean Delivery Sessions and Conceptual Signage Standards. However, the majority of the work completed in Year 1 focused on the short-term immediate needs of the Ambulatory Care Environment, which included development of programming and design for a Medical Office Building (MOB), Ambulatory Care Center, and eight Community Care Clinics, the Corona Clinic Building, a Lobby/Café Building, Radiology Remodel and Emergency Department Remodel. Behavioral Health design options were developed for the RUHS Campus and Smith Correctional Facility. RUHS Off-Site administrative areas were also programmed and designed for the Campus Professional Center Building.

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For Year 2, the goals include refinement and further development of the short-term immediate needs for the hospital. EDA recommends the Board approve Amendment No. 1 for Ewing in the amount of \$600,000 for Year 2 of the RUHS CIP Development project for their continued efforts. EDA will return to the Board annually for the remaining three years for approval of amended agreements and costs.

(Continued)

BACKGROUND:

Summary (Continued)

Pursuant to CEQA, the contract and amendment was reviewed and determined to be exempt from CEQA pursuant to State CEQA Guidelines Section 15378 – not a project under CEQA, Section 15301, Class 1 – Existing facilities and Section 15061 (b) (3) – Common Sense Exemption. The establishment of funding to carry out planning and design is limited to the creation of a funding mechanism for the short and long term planning of the hospital. The contract and amendment would not result in direct impacts to the physical environment or reasonably foreseeable indirect effects. Any future development requiring physical changes to the project, such as the design and construction of the MOB would undergo separate environmental review when there is sufficient detail to adequately characterize the potential environmental effects of the project. The potential indirect effects of the project, as proposed, are not reasonably foreseeable and not considered as part of the proposed discretionary action, which is limited to the contract and amendment.

Impact on Citizens and Businesses

The RUHS CIP Development project, through defining, planning and programming, will lay the foundation for an efficient, patient centered approach to the delivery of health services, ultimately benefitting patients, citizens and businesses in Riverside County.

Additional Fiscal Information

The approximate allocation of the project budget is as follows:

PROJECT BUDGET LINE ITEMS	BUDGET YEAR 1	BUDGET YEAR 2	PROJECT BUDGET
Consultant Design	530,900	600,000	1,130,900
Project Management	38,480	25,000	63,480

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Other Soft Costs / Specialty Consultants	80,000	35,000	115,000
Project Contingency	50,000	40,000	90,000
Project Budget	\$ 699,380	\$ 700,000	\$ 1,399,380

(Continued)

Additional Fiscal Information (Continued)

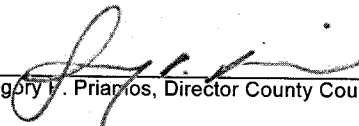
This is an on-going project with an anticipated duration of five years. The project budget of \$699,380 was approved on 12/15/15 (Item 3-15); \$700,000 is required and will be expended in FY 2016/17 to continue with the progress of the project. All costs associated with this project will be 100% funded through RUHS Enterprise Fund 40050, thus no departmental budget adjustment is required at this time.

Attachments:

Notice of Exemption

Amendment No. 1 for Professional Services Agreement with Ewing Cole Inc.

RF:JV:VC:SP:CW:tv FM08430006820 3229 - 13445
S:\Project Management Office\FORM 11'S\Form 11's in Process\3229 - 13445_D6 - 006820 - RUHS CIP Dev Project - Amend No.
1 Ewing_020717.doc



Gregory J. Priamos, Director County Counsel 1/23/2017



Original Negative Declaration/Notice of Determination was routed to County Clerks for posting on.

2/21/17
Date

ICD
Initial

NOTICE OF EXEMPTION

January 11, 2017

Project Name: County of Riverside, Riverside University Health System-Capital Improvement Project Development Program

Project Number: FM08430006820

Project Location: 26516 Cactus Avenue, west of Nason Street, Moreno Valley, California 92555, Assessor's Parcel Number 486-280-037

Description of Project: The County of Riverside (County) Board of Supervisors (Board), on December 15, 2015, approved an in-principle budget to provide funding for a planning/consulting firm to implement and manage a master program for short-term and long-term planning of capital projects at the hospital for the duration of five years. A professional services agreement was approved with Ewing for consulting services in the amount of \$530,900. This contract was established to assist hospital administrative staff with the many short-term upcoming building projects, as well as the long-term planning and site development issues over the next 5 years.

In Year 1 of the program, Ewing has begun establishing the framework for the future planning of RUHS and has worked with RUHS to accomplish numerous programming and conceptual design objectives for the project, including: an Existing Conditions Survey, Project Visioning Sessions with RUHS Executive Team, Project Lean Delivery Sessions and Conceptual Signage Standards. However, the majority of the work completed in Year 1 focused on the short-term immediate needs of the Ambulatory Care Environment, which included development of programming and design for a Medical Office Building MOB, Ambulatory Care Center, eight Community Care Clinics, the Corona Clinic Building, a Lobby/Café Building, and Radiology Remodel and Emergency Department Remodel. In addition, Behavioral Health design options were developed for the RUHS Campus and Smith Correctional Facility. RUHS Off-Site administrative areas were also programmed and designed for the Campus Professional Center Building. For Year 2, the goals include refinement and further development of the short-term immediate needs for the hospital. EDA recommends the Board approve Amendment No. 1 for Ewing in the amount of \$600,000 for Year 2 of the RUHS CIP Development project for their continued efforts. EDA will return to the Board annually for the remaining three years for approval of amended agreements and costs. The contract and amendment is identified as the proposed project under CEQA. No direct or indirect physical environmental impacts are anticipated from the contract and amendment with Ewing for the planning at the hospital.

Name of Public Agency Approving Project: County of Riverside, Economic Development Agency

Name of Person or Agency Carrying Out Project: County of Riverside, Economic Development Agency

Exempt Status: State California Environmental Quality Act (CEQA) Guidelines, Section 15301, Class 1, Existing Facilities Exemption; Section 15378, Definition of a Project, and Section 15061(b) (3), General Rule or "Common Sense" Exemption, Codified under Title 14, Article 19, Sections 15061 and 15300 to 15378.

FEB 07 2017 3.15

P.O. Box 1100 • Riverside, California 92502 • (951) 951-7718 • (951) 951-8886 www.rivcoeda.org

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Redevelopment Agency
Workforce Development

Reasons Why Project is Exempt: The proposed project is categorically exempt from the provisions of CEQA specifically by the State CEQA Guidelines as identified below. The project will not result in any specific or general exceptions to the use of the categorical exemption as detailed under State CEQA Guidelines Section 15300.2. The project will not cause an impact to an environmental resource of hazardous or critical concern nor would the project include unusual circumstances which could potentially have a significant effect on the environment. The project would not result in impacts to scenic highways, hazardous waste sites, historic resources, or other sensitive natural environments, or have a cumulative effect to the environment. No significant environmental impacts are anticipated to occur with the contract and amendment for the CIP Development Program.

- **Section 15301 – Class 1 Existing Facilities Exemption:** This categorical exemption includes the operation, repair, maintenance, leasing, or minor alteration of existing public or private structures or facilities, provided the exemption only involves negligible or no expansion of the previous site's use. The project, as proposed, is limited to a contractual agreement to provide planning and programming services for the hospital. The amendment is a minor change that increases the budget allocated for Year 2 of the funding. The planning and programming would not result in any new environmental effects and the site would continue to operate in a similar capacity until additional design and environmental review was conducted to account for any future physical changes to the property; therefore, the project is exempt as the project meets the scope and intent of the Class 1 Exemption identified in Section 15301, Article 19, Categorical Exemptions of the CEQA Guidelines.
- **Section 15378 – Project:** The establishment of funding to carry out planning and design is limited to the creation of a funding mechanism for the short and long term planning of the hospital. The contract and amendment would not result in direct impacts to the physical environment or reasonably foreseeable indirect effects, as it would not include any changes to the existing land use or a physical degradation of the property. The potential indirect effects of the project, as proposed, are not reasonably foreseeable and not considered as part of the proposed discretionary action, which is limited to the contract and lease agreement. The potential indirect effects from this contract and amendment would occur through series of discretionary actions that define a broader project, e.g., the design and construction of physical improvements to the site. The contract and amendment between the County and Ewing is not deemed to be an approval pursuant to CEQA for any specific development and does not commit any public agency, including the County, to a definite course of action regarding a project that may lead to an adverse effect on the environment or limit any choice of alternatives or mitigation measures prior to CEQA compliance. In addressing indirect effects of the contract and amendment, CEQA Guidelines 15004(b) identifies the necessity of balance in determining the timing of CEQA compliance, citing the need to enable environmental considerations to have influence on programming and design, while at the same time having enough detailed information for meaningful environmental assessment. When considering future indirect effects from the contract and amendment, at this point in the process, the design of the project is not substantive enough to provide a meaningful analysis of environmental effects. Future development of the site provides the appropriate opportunity for environmental considerations to influence design and the characterization of effects would be more meaningful as there are more specific associated with the design of facilities. In summary, the potential indirect effects of the project, as proposed, are not reasonably foreseeable and not considered as part of the proposed discretionary action, which is limited to the contract and amendment.; therefore, the project is exempt as the project meets the scope and intent of not being defined as a project under Section 15378, Article 19, of the CEQA Guidelines.

RIVERSIDE COUNTY CLERK & RECORDER

**AUTHORIZATION
TO BILL
BY JOURNAL VOUCHER**

Project Name: Riverside University Health System Capital Improvement Program
Development Program Project

Accounting String: 542040-30100-7200800000- FM08430006820

DATE: January 11, 2017

AGENCY: Riverside County Economic Development Agency

THIS AUTHORIZES THE COUNTY CLERK & RECORDER TO BILL FOR FILING AND
HANDLING FEES FOR THE ACCOMPANYING DOCUMENT(S).

NUMBER OF DOCUMENTS INCLUDED: One (1)

AUTHORIZED BY: Mike Sullivan, Senior Environmental Planner, Economic Development
Agency

Signature:  _____

PRESENTED BY: Charles Waltman, Supervising Facilities Project Manager, Economic
Development Agency

-TO BE FILLED IN BY COUNTY CLERK-

ACCEPTED BY: -

DATE: -

RECEIPT # (S) -



Date: January 11, 2017
To: Mary Ann Meyer, Office of the County Clerk
From: Mike Sullivan, Senior Environmental Planner, Project Management Office
Subject: **County of Riverside Economic Development Agency Project # FM08430006820**
Riverside University Health System Capital Improvement Project Development Program

The Riverside County's Economic Development Agency's Project Management Office is requesting that you post the attached Notice of Exemption. Attached you will find an authorization to bill by journal voucher for your posting fee.

After posting, please return the document to:

Mail Stop #1330

Attention: Mike Sullivan, Senior Environmental Planner,

Economic Development Agency,

3403 10th Street, Suite 400, Riverside, CA 92501

If you have any questions, please contact Mike Sullivan at 955-8009.

Attachment

cc: file

1 AMENDMENT NO. 1 TO PROFESSIONAL SERVICES AGREEMENT
2 BETWEEN COUNTY OF RIVERSIDE AND EWING COLE INC.
3 FOR RUHS CAPITAL IMPROVEMENT PROGRAM

4 The County of Riverside, a political subdivision of the State of California, (herein referred to as
5 "County"), and Ewing Cole Inc. (herein after referred to as "Architect"), hereby agree to amend
6 the professional services agreement first approved on December 15, 2015, Agenda Item 3-15, as
7 follows:

8 1. Section 1. SCOPE OF SERVICES is amended to include the Scope of Services
9 described in attached Exhibit "A-1", Ewing Cole's Proposal for A/E Professional Services
10 associated with RUHS Capital Improvement Program – Year 2, dated October 15, 2016,
11 consisting of eleven (11) pages attached and incorporated by this reference."

12 2. Section 2. PERIOD OF PERFORMANCE shall be modified to reset the Project
13 completion date as December 31, 2017.

14 3. Section 3 COMPENSATION shall be modified by replacing section 3.1 with the
15 following:

16 "COUNTY shall pay to ARCHITECT for services performed and expenses incurred in
17 accordance with the terms and Scope of Services set forth in Exhibit A through D. The
18 total amount of compensation paid to ARCHITECT for those services shall not exceed the
19 sum of Five Hundred Twenty Thousand, Seven Hundred Dollars (\$520,700.), plus
20 reimbursable expenses estimated not to exceed Ten Thousand Two Hundred Dollars
21 (\$10,200) per Exhibit A through D. The total amount of compensation to be paid by
22 COUNTY to ARCHITECT for services as set forth in Exhibit A-1 during Year 2 of this
23 Agreement shall not exceed the sum of Five Hundred Eighty Five Thousand Dollars
24 (\$585,000) plus reimbursable expenses not to exceed Fifteen Thousand Dollars (\$15,000),
25 unless a written amendment to this Agreement is executed by both parties prior to
26 performance of additional services."

27 4. All other terms and conditions of the Agreement except as modified herein remain in full
28

1 force and effect.

2 IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute
3 this Amendment No. 1.

4 ARCHITECT:
5 EWING COLE INC.

6 By: Roger Rudy
7 Title: Assistant Sec./Director of Operations

8 DATED:

1/11/17

9 By:

RJ Rudy

10 Federal Tax I.D. No. 23-1891628

11 COUNTY OF RIVERSIDE

12 DATED:

FEB 07 2017

13 By:

14 John Tavaglione

15 Chairman, Board of Supervisors

16 ATTEST:
17 Kecia Harber-Ihem
18 Clerk of the Board

19 By:

20 Deputy

Kecia Harber-Ihem

21 1

22 Approved As To Form:
23 GREGORY P. PRIAMOS
24 County Counsel

25 By: Marsha L. Victor 1/13/17
26 Marsha L. Victor
27 Chief Deputy County Counsel
28



October 15, 2016

Mr. Charles Waltman
Supervising Facilities Project
County of Riverside
Economic Development Agency
Project Management Office
Via E-Mail: CWaltman@rivcoeda.org

**Re: Proposal for A/E Professional Services
County of Riverside Economic Development Agency (EDA)
Riverside University Health System (RUHS)
Health System Capital Improvement Program – Year 2**

Dear Chuck:

We are pleased to submit this proposal for architectural and engineering services for the above referenced Project located in Moreno Valley, California.

Components of the Capital Improvement Program Work for Year 2:

Refer to Attachment 1 for hours/level of effort proposed for Year 2 Scope of Services.

Refer to Attachment 2 for tasks completed under the Year 1 Scope of Services.

<u>Year 2 Task</u>	<u>Year 2 Scope Emphasis</u>
<input type="checkbox"/> Current Facilities Assessment	2 percent
<input type="checkbox"/> Project Visioning	3 percent
<input type="checkbox"/> Space & Functional Programming	17 percent
<input type="checkbox"/> Exploration - Options Development	47 percent
<input type="checkbox"/> Recommendation & Implementation - Preferred Option	30 percent
<input type="checkbox"/> Final Presentation(s)	2 percent

Program Areas:

The following Program Areas are included in the Year 2 Scope of Services:

- Ambulatory Care Environment:
 - Medical Office Building (MOB1)
 - Off-site Clinic Programs (i.e. Corona, Jurupa, etc.)
- Acute Care Environment:
 - Behavioral Health Hospital on the RUHS Campus
 - Off-Site Behavioral Health (i.e. Smith Correctional Facility, etc.)
 - Hospital Buildback Projects (Clinical Areas, Detention, etc.)
- RUHS Off-Site Administrative Areas (i.e. Leased Space)

Scope of Basic Services

Phase 1.0 – Current Facilities Assessment

- 1.1 Conduct field investigations/assessment of existing RUHS patient care building assets.
- 1.2 Develop block diagram floor plans that determine the departmental boundaries and create a table of departments by square feet.
- 1.3 Review of as-built drawings as provided by EDA.

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- 1.6 Prepare AutoCAD/Revit base drawing files for each site/building depicting:
 - a) Current Department Use
 - b) Departmental Gross Area
 - c) Horizontal & Vertical Circulation
 - d) Building Structure
 - e) Mechanical & Electrical Spaces
 - f) Site Analysis

Deliverables to be provided to EDA and RUHS: AutoCAD/Revit Existing Conditions Model.

Phase 2.0 – Project Visioning

- 2.1 Conduct a Visioning Session attended by key-stakeholders identified by RUHS to establish parameters for the Master Plan. The material developed during the Visioning Session will be high level but should at a minimum, address the qualitative and quantitative goals for the project. These results will help set Guiding Principles for the project.
- 2.2 Prior to the Visioning Session, we distribute a Questionnaire to solicit feedback and set themes for discussion.

Visioning Tasks:

- Articulate goals and expectations
- Identify primary functional alignments
- Discuss current and future trends
- Prepare draft of questions/formats for departmental interviews
- Collaborate with P3 Developer and attend P3 strategy meetings

Visioning Deliverables to be provided to EDA and RUHS:

- A Visioning Report including a clear mission statement, project goals, priorities and evaluation criteria. Supporting meeting minutes, sketches, and attachments will accompany this document.

Phase 3.0 – Functional and Space Programming

- 3.1 The goal of this phase is to create a comprehensive Needs Assessment Report that is functional (programmatic) and physical in nature with an emphasis on service lines analysis and recommendations.
- 3.2 Qualitative Inputs to Programming (Functional Program)
What qualities will drive the outcome of this project? How will the hospital grow and what will be the clinical strengths of the institution? Questions like these must be answered as we consider the amount of space and capital to be deployed renewing the RUHS campus. That capital needs to return improved patient outcomes and increased service volumes. Physicians and practices need to be encouraged and become part of the success of the hospital. External forces need to be anticipated and plans put in place to deal with them. New technologies need to be considered. The qualities of the project planning will help interpret the quantitative forecasts of services that come next as a precursor to space listing and planning.

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3.3 Quantitative Inputs to Programming (Space Program)

The amount of physical hospital and ambulatory space needed must be directly tied to the anticipated amount of business that RUHS is anticipating. For this step we need numerical forecasts by Clinical Service Line carried out to the planning horizon – some future date. These forecasts will need to be based on an agreed logic, e.g. an aggressive growth assumption, and perhaps several alternative forecasts will be required to arrive at supportable plans. As the forecasting is underway, the team will develop planning standards and flexibility concepts to be applied to the programming and to inform the design.

3.4 Program Scenarios

Understanding that the national benchmarks are influenced locally, we issue a specific departmental questionnaire which outlines each department current work process, environment, staffing and technology and inspires innovation of new ideas within their departments. We interview each key departmental leader/user team about significant changes in their field of expertise and perceptions of operational and facility needs. We will test additional scenarios to estimate impact that technology and industry changes may have on total volume. The goal is to identify the likely “bookends” of volume and allow RUHS to plan capacity accordingly. Once there is a general consensus on key drivers and operational work processes, we will tabulate recommended departmental square footages. We can then compare where RUHS falls in the range of National Benchmarks. This will act as a foundation for the future size of each department at RUHS.

Methodology:

1. Analysis of questionnaires
2. Square footages by existing, benchmarked and proposed
3. Departmental square footages
4. Meeting review
5. Benchmark data

3.5 Comprehensive Programming Report

The purpose of the Programming Report is to synthesize a wide-range of factors into a set of guidelines and square footages. We will review preliminary project assumptions and develop a comprehensive functional and space program. We will continue to refine this program as departmental adjacencies, operational efficiencies and user criteria are developed. This will inform the design process about image, space allocations, adjacencies, equipment needs, expandability, and various operational flows including staff, patient and materials. The detailed planning information will show the underlying business basis for the master plan.

Programming Tasks

- Prepare planning survey questionnaires for distribution to service line representatives
- Departmental User Meetings – Interview senior management and key physicians/staff about challenges, perceptions of operational and facility needs and requirements for reorganization or growth.
 - Understand Existing & Future Operations

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- Understand Department Locations and relationships
- Determine Future Trends, Technologies and Efficiencies
- Introduce New Concepts
- Verify Key Drivers for use in Master Plan
- Identify OSHPD and CDPH requirements that impact the recommended use of facilities
- Discuss distribution of bed need by bed type.
- Based on the acute care bed need projections, discuss inpatient ancillary service volume projections that incorporate the impact of inpatient service line shifts and technology trends
- Discuss outpatient ancillary service volume projections. As with the inpatient projections, the impact of reform, technology changes, and efficiencies will be analyzed.
- Operational Assessment - Review statistical throughput/key drivers (volume per key planning unit) for major patient care departments and benchmark against our standards
- For departments with significant variances from our benchmarks, re-interview key departmental staff to identify operating inefficiencies and the contribution that facilities make to those inefficiencies.
- Facilitate a discussion with the Steering Committee to review findings of the interviews and generate consensus regarding which efficiencies will be incorporated in projecting facility need in the Master Facility Plan.

Programming Deliverables to be provided to EDA and RUHS:

- Meeting minutes
- Comprehensive Programming Report
- Summary of clinical goals, objectives, priorities
- Space program (existing and proposed space allocations)
- Staffing assumptions, utilization and volume assumptions
- Adjacency and work flow requirements
- Conceptual planning diagrams
- Analysis diagrams (block/stack) of campus-wide space allocation

Phase 4.0 – Exploration - Options Development

- 4.1 During this phase, we will generate scenarios reflecting organizing principles, key components, and distribution of services utilizing new and existing facilities to be retained, modified or expanded.
- 4.2 We will create a prioritized list, for review by the Committee, of the Functional and Physical Deficiencies based upon Buildings Existing Conditions Report.
- 4.3 EwingCole will conduct a workshop with RUHS management and the P3 Developer to develop preliminary phasing concepts, order-of-magnitude budget costs and related schedule options for the scenarios.
- 4.4 Some considerations include:

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- We will “right-size” departmental programs based on the customized benchmarks and create bubble diagrams that are reflective of the desired work processes and operational goals.
 - We will prepare block and stacking diagrams to examine intradepartmental circulation and the adjacency of major healthcare services and their support facilities. We will identify areas for various levels of renovation from finish upgrades to complete overhaul including construction of new facilities with the end in mind that the future spaces will generate additional patient safety and satisfaction.
- 4.5 Therapeutic Environments. We believe that access to natural light, views and landscape elements such as healing gardens and green roofs should be visible from all patient rooms and visitor waiting areas whenever possible. Our team has extensive experience integrating therapeutic exterior spaces to complement architecture and enhance patient/visitor/staff experience.
- 4.6 Sustainability. Evaluate opportunities for passive and active energy efficiency improvements. Design opportunities for solar orientation and protecting the facility from winds to reduce energy utilization will be explored, as well as incorporating native plant material and more natural landscapes to reduce the need for irrigation and site maintenance. We will look for positive ways to mitigate stormwater runoff, using vegetation as interceptors, including rain gardens, porous pavement and green roofs.
- 4.7 Walkability. Develop pedestrian-oriented connections between the hospital, downtown business center, and public parks, which can help promote community economic development.
- 4.8 Circulation. We will develop separate vehicular circulation to define the main hospital entrance, emergency room, staff and visitor parking, and service facilities. Within these defined entrances we will create welcoming pedestrian linkages that allow patients, visitor and staff to “decompress” before entering the facility. All designs will incorporate the most current ADA standards in pedestrian linkages.
- 4.9 Parking. Our approach to master planning parking is to integrate the parking solution with the pedestrian experience. We understand that the “parking experience”, from signage to availability to price, is vital to visitor, patient and staff satisfaction.

Exploration Tasks

- Provide options to illustrate departmental relocation/ reorganization within existing or new buildings in order to develop a growth/option matrix for future campus development and improve work/patient flows
- Develop gross building square footages for site planning purposes using space projections (key drivers) gleaned from department interviews, inpatient/outpatient volumes, utilization rules of thumb (benchmarks) and other indexes developed as part of the Programming Phase
- Prioritize infrastructure and/or building obstacles to phasing sequence
- Prepare site plan and building blocking/stacking options diagrams
- Identify significant engineering systems to improve or replace
- Identify optimal locations for entrances and services

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- Develop phasing and expansion options for buildings and parking
- Look at off-campus potential development impacts on the main campus
- Collaborate with P3 Developer and attend P3 strategy meetings
- Compare implications for cost and timing of each planning scenario, ranking them in terms of minimum to maximum
- Evaluate pros and cons of each scenario based on a "scorecard" matrix

Exploration Deliverables to be provided to EDA and RUHS:

- Minutes of Meetings
- Supporting Graphic Material presented at work sessions
- Planning Options Report with evaluation criteria, pros and cons
- Cost and Phasing Scenarios

Phase 5.0 – Recommendation & Implementation - Preferred Option

5.1 After review by RUHS and establishment of best direction, we will prepare documentation for the recommended scenario.

5.2 Comprehensive Master Plan Report

This comprehensive report will illustrate the Master Plan for RUHS. Generally, this document will include:

- Overview including Goals, Objectives, Mission, Priorities
- Concept Site Plan (circulation, parking, landscape)
- Concept Floor Plans
- Departmental Blocking/Stacking (existing and proposed)
- Space Allocations – Net, Departmental Gross, and Building Gross
- Site Analysis and Recommendations, including Zoning Strategy, Environmental Analysis, Traffic Analysis, Landscape Analysis and Infrastructure Analysis
- Code Observations and Recommendations
- Existing Facilities Assessment including site and buildings systems and key equipment; all disciplines including mechanical, electrical, plumbing, structural, life safety, architectural
- Phasing Plan
- Order of Magnitude Cost Estimate (and other financial strategies, if applicable).
- Appendix: Pertinent Data, Meeting Minutes, Previous Development Options, etc.

Recommendation and Implementation Tasks

- Develop magnitude of cost - cost estimates for proposed options
- Prepare pros and cons of each option for future reference, including financial modeling
- Select Preferred Option and refine selected approach
- Revise Programming Report as required
- Finalize spreadsheets enumerating existing and projected space needs
- Prepare campus plan/diagrams for campus improvements showing any changes in roads, proposed parking, access/entries, new building zones, utility distribution concepts
- Refine blocking/stacking diagrams of each floor to illustrate program growth, relocation, new construction and demolition



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- Prepare architectural rendering of building and site to communicate the Master Plan vision
- Collaborate with P3 Developer and attend P3 strategy meetings
- Prepare a phasing plan tied to projected capital expenditures
- Establish immediate facility needs, vs. near-term and long-term
- Identify "tipping points" that could alter development in the future
- Prepare campus plans/diagrams illustrating infrastructure improvements, including changes to parking, access/entries, new building zones, landscape, stormwater and utilities
- Summarize physical plant, infrastructure and utility distribution improvements required to support the Master Plan; illustrate corresponding energy and operations impact by phase.

Recommendation and Implementation Deliverables to be provided to EDA and RUHS:

- Minutes of meetings/work sessions
- Update of graphics and tabulations from each work session
- Final Master Facility Plan Report
- Magnitude of Cost - Cost estimates and financial strategies based on preferred phasing scenario
- Presentation to RUHS for approval.

Phase 6.0 – Final Presentation

- 6.1 Prepare final presentation materials required by EDA and RUHS; and participate in presentations, as requested by EDA or RUHS Executive Office.

Owner's Responsibilities

- 7.1 The Owner shall furnish as-built drawings, and site surveys describing physical characteristics, legal limitations and utility locations. Owner shall provide testing and measuring services to establish existing system capacities (i.e. air balance reports, electrical panel readings, etc.)
- 7.2 The Owner shall provide full information regarding the requirements for the Project including a program describing the Owner's objectives, schedule, budget, and design criteria.
- 7.3 The Owner shall be responsible for all plan check fees, permit fees and other fees associated with agency/jurisdictional reviews and approvals.
- 7.4 The Owner shall assist the Architect in identifying the appropriate User Group participants and schedule the required design review meetings.

Reimbursable Expenses

- 8.1 Expenses of printing and reproduction for Owner-requested documents and presentation materials.
- 8.2 Delivery charges.
- 8.3 Any costs expended by the Architect on behalf of the Project with the authorization of the Owner.



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Additional Services

- 9.1 Additional Services shall be provided if authorized by the Owner and shall be paid for by the Owner as provided in this agreement.
- 9.2 The Architect will notify the Owner of any potential scope changes or changes in schedule as soon as they are identified. Any changes in scope will be authorized by the Owner in advance in writing before being undertaken by the Architect.

Fee for Professional Services

Our fee for the Basic Services for Phase 1.0, 2.0, 3.0, 4.0, 5.0 and 6.0 as described above will be billed at our standard hourly rates for architectural/engineering services and direct reimbursement for consultants not-to-exceed:

	<u>Low Range</u>	<u>High Range</u>
Phase 1.0 – Current Facilities Assessment:	\$11,400.00	\$ 12,700.00
Phase 2.0 – Project Kick-Off & Visioning:	\$17,600.00	\$ 19,500.00
Phase 3.0 – Space & Functional Programming:	\$98,300.00	\$ 109,200.00
Phase 4.0 – Options Development:	\$256,000.00	\$ 301,200.00
Phase 5.0 – Preferred Option:	\$164,300.00	\$ 193,300.00
Phase 6.0 – Final Presentation:	<u>\$8,800.00</u>	<u>\$ 9,800.00</u>
TOTAL:	\$556,400.00	\$ 645,700.00

<u>Standard Hourly Rates by Staff Type:</u>		<u>Key Personnel:</u>
Principal	\$244	Michael Lehman AIA
Project Architect	\$198	Max Swider AIA
Medical Planner	\$185	Lisa Alzona AIA, Bamik Pegahi AIA
Project Designer	\$120	Jennifer Smith, Nannette Emerson
Structural Engineer (SE)	\$235	Vahid Tavakoulnia SE
Electrical Engineer	\$215	Kyle Kavanaugh PE
Mechanical Engineer	\$160	Tony Castro PE
Plumbing Designer	\$152	TBD
Cost Estimator	\$155	TBD
CAD 1	\$137	TBD
CAD 2	\$78	TBD

For reimbursable expenses compensation shall be at 1.00 times the amount expended by the Architect or consultant and are estimated to be \$15,000.00.

For Additional Services as authorized by the Owner compensation will be billed at our standard hourly rates. Consultant fees for Additional Services shall be billed at 1.00 times direct cost.

Payments for Basic Services and Reimbursable Expenses shall be made monthly upon presentation of the Architect’s statement of services rendered and/or expenses incurred. Payments are due and payable within 60 days from the date of the Architect’s invoice.



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Contract and Business Terms

1. The scope of EwingCole's services for this Agreement does not include any responsibility for detection, remediation, accidental release, or services relating to waste, oil, asbestos, lead, or other hazardous materials, as defined by Federal, State, and local laws or regulations

List of Attachments:

- Attachment 1 – Project Hours
- Attachment 2 – Scope Status Matrix

Thank you for the opportunity to propose on this project. Please contact if me there any questions regarding this proposal. If you are in agreement with this proposal, please sign one original and return it to our office as our authorization to proceed.

Very truly yours,

Approved for:

EwingCole

County of Riverside EDA

Michael Lehman, AIA
Direct Dial 949.417.6489
mlehman@ewingcole.com

(Print Name)

Attachment 2-RivCo CIP STATUS MATRIX
CIP Year 2 - Scope of Services

ID	Scope Component	Consulting Scope of Services provided to:	Survey		Visioning			Programming			Options Development			Preferred Option			Presentations						
			Phase 1 - Audit	Phase 2 - Measurement	Phase 3 - Space Assignment	User Group Visioning Session	Patient Volume Data Review	Flow Diagrams	Draft Space Program	Program Review & Refinements Process	Program Finalization & Approvals	Prepare Multiple Options	User Group Review of Multiple Options	Refinement of Multiple Options	Prepare Preferred Options	Options	User Group Review of Preferred Options	Refinement of Preferred Options	Finalize Preferred Option	Prepare Summary Documentation	Group Presentation to User	Executive Presentation to RHHS	Presentations to EDA
AMBULATORY CARE ENVIRONMENT																							
	MOB 1 - Ambulatory Care Center - Base Program	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	MOB 1 - Ambulatory Care Center - V/are Concept	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	MOB 1 - Ambulatory Care Center - Alternate 1	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Corona Clinic	Tony Priggs	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Jurupa Clinic	Tony Priggs	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Riverside Clinic (FATCO)	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Banning Clinic	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Hemet Clinic	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Moreno Valley Clinic	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Stoneridge Clinic (Office Max)	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Stoneridge Residents Clinic	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Lobby/Cafe Building	Trammell-Crow & Ware Malcom	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
ACUTE CARE ENVIRONMENT																							
	The Future of Radiology / ED Expansion	N/A	1	2	2	1	2	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2
	GI Lab Convert to I-Occupancy	N/A	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	RHHS Clinic Spaces (bulbback)	N/A	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Detention Clinic	N/A	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	Behavioral Health Hospital	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Smith Correctional Facility	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RHHS OFF-SITE ADMINISTRATIVE AREAS																							
	EPC Building	N/A	N/A	N/A	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Legend:

N/A	Not Applicable to this Scope Component
1	Completed in Year 1 - Prime Scope
2	Completed in Year 1 - Consulting Scope
2	Proposed in Year 3 Scope of Services
TBD	To Be Determined

Attachment 1-RivCo CIP - PROJECT HOURS Year 2
Capital Improvement Program-Y2

	Principal	Architecture				Engineering				Consultants						
		Medical Planner	Project Architect	Project Designer	CAD 1	CAD 2	Structural Engineer	Structural CAD	Mechanical Engineer	Plumbing Designer	M/P CAD	Electrical Engineer	Electrical CAD	Cost Estimator	Space Audit	Signage
1.0 CURRENT FACILITIES ASSESSMENT				40.0												
	Subtotal:			40.0												
2.0 PROJECT VISIONING				40.0												
	Subtotal:	80.0														
3.0 SPACE & FUNCTIONAL PROGRAMMING																
	Subtotal:	80.0	100.0	100.0	200.0	200.0	200.0									
4.0 OPTIONS DEVELOPMENT																
	Subtotal:	80.0	100.0	100.0	200.0	200.0	200.0									
5.0 PREFERRED OPTION																
	Subtotal:	120.0	300.0	500.0	600.0	600.0	200.0									120.0
	Subtotal:	120.0	300.0	500.0	600.0	600.0	200.0									120.0
6.0 FINAL PRESENTATION																
	Subtotal:	120.0	200.0	200.0	400.0	400.0	200.0									80.0
	Subtotal:	120.0	200.0	200.0	400.0	400.0	200.0									80.0
	Subtotal:	40.0														
	Subtotal:	40.0														