



PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, April 8, 2024

OPEN SESSION: 5:30PM

OPEN SESSION: AH – CONFERENCE ROOM A

Join Zoom Meeting

<https://us02web.zoom.us/j/86479698615?pwd=dEdDTIBlYnpCSXZaZWRRQbTVHdkRxZz09>

Meeting ID: 864 7969 8615

Passcode: 022891

Dial by your location

1 669 900 6833 US

1 669 444 9171 US

Office of the Clerk: 510-263-8223

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

I. Call to Order

Dr. Robert Deutsch,  
President

II. Roll Call

Alixandria Williams,  
District Clerk

III. General Public Comment

IV. Adjourn into Executive Closed Session

V. Closed Session Agenda

A.	Call to Order	Dr. Robert Deutsch, President
B.	Report on Health Care Trade Secrets	Health and Safety Code Sec. 32106
C.	Litigation	Government. Code Sec. 54956.9

VI. Adjourn to Open Session

VII. Reconvene to Public Session

VIII. Announcements From Closed Session

Dr. Robert Deutsch,  
President

IX. REGULAR SESSION AGENDA



PUBLIC NOTICE

A YTD AHS Reports			
✓	1)	Alameda Health System / Alameda Hospital Update <b>ENCLOSURE (Pages 4 - 25)</b>	Dr. Elizabeth Mahler, ACMO Alameda and San Leandro Hospitals
✓	2)	Creedon Wound Care Center Update <b>ENCLOSURE (Pages 26 - 40)</b>	Sue Fairbanks, Program Director
✓	3)	Financial Update <b>ENCLOSURE (Pages 41 - 71)</b>	Kimberly Miranda, AHS CFO
	4)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi, AH Medical Staff Chief

B District & Operational Updates <b>INFORMATIONAL</b>			
	1)	Presidents Report	Dr. Robert Deutsch, President
	2)	Alameda Hospital Liaison Report	Dr. Robert Deutsch, President
✓	3)	Property Oversight Committee Update on RFP for Property Management Company for Jaber Properties <b>ENCLOSURE (Pages 72 - 105)</b>	Jeff Cambra, Chair Property Oversight Committee
✓	4)	Executive Director Report Draft of District FY 24 – 25 Operating Budget <b>ENCLOSURE (Pages 106 - 117)</b>	Debi Stebbins, Executive Director
✓	5)	District – AHS Joint Planning Committee Meeting Minutes from March 12, 2024 <b>ENCLOSURE (Pages 118 - 120)</b>	Dr. Robert Deutsch, President Gayle Codiga, 1 <sup>st</sup> Vice President

Consent Agenda			
✓	1)	Acceptance of Minutes from March 11, 2024 <b>ENCLOSURE (Pages 121 - 123)</b>	Dr. Robert Deutsch, President
✓	2)	Acceptance of January and February 2024 Financial Statements <b>ENCLOSURE (Pages 124 - 137)</b>	Dr. Robert Deutsch, President

Action Items			
✓	1)	Distribution of Jaber Funds to AHS <b>ENCLOSURE (Pages 138 - 142)</b>	Debi Stebbins, Executive Director
✓	2)	Approval of Property Inspection of Pearl Street and Encinal <b>ENCLOSURE (Pages 143 - 152)</b>	Jeff Cambra, Chair Property Oversight Committee
✓	3)	Approval of Audit Engagement for FY 2024 <b>ENCLOSURE (Pages 153 - 158)</b>	Debi Stebbins, Executive Director

City of Alameda Healthcare District, April 8, 2024

✓ Included in the PDF posted on April 5, 2024



PUBLIC NOTICE

F	June 10, 2024, Agenda Preview	
	1)	Acceptance of April 8, 2024, Minutes
	2)	Acceptance of March and April 2024 Financial Statements

G	Informational Items: YTD AHS Reporting (CAO Hospital, Quality, Financial, Medical Staff)	
	1)	General Public Comments

**XI. Adjournment**

Next Scheduled Meeting Date <b>June 10, 2024</b> (2 <sup>nd</sup> Monday, every other month or as scheduled)	Open Session 5:30 PM
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# Alameda Hospital Update - CAO Report

presented to Alameda Health Care District Board Meeting • April 8, 2024

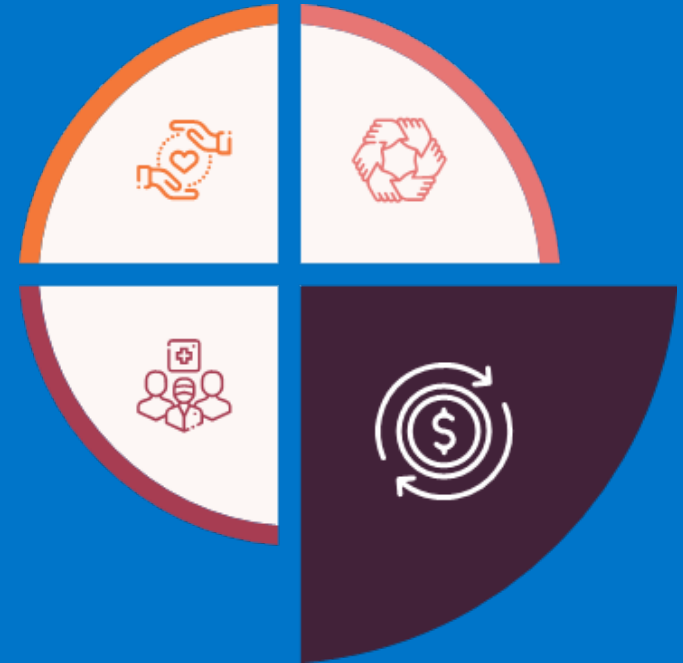
Mario Harding, FACHE, Chief Administrative Officer-Community Hospitals  
Alameda Hospital and San Leandro Hospital  
Acting VP, Support Services





# Sustainability

AHS will pursue innovative approaches to invest in new programs while managing targeted investments in infrastructure to support the delivery of high-quality care.



# **Sustainability: Financials YTD January 2024**

***Refer to CFO Report***

# Alameda Hospital Planning Update

April 3, 2024

Mark Fratzke, COO

Presented at the AHS Finance Committee Meeting on  
April 3, 2024

# Alameda Hospital Planning Group

Felicia Tornabene, MD CMO

Tze-Ming Chen, MD Chief Pulmonary & Critical Care

Laura Lang, MD Chair Anesthesiology

Elizabeth Mahler, MD ACOG

Charlotte Wills, MD Chair Emergency Medicine

Tamina Isolani-Nagarvala, MD Alameda Hospital

Robert Deutsch, MD Alameda Hospital

Nikita Joshi, MD Medical Director ED Alameda Hospital

Stephen Lowery, MD Alameda Hospital

Berenice Perez, MD

Ro Lofton, RN CNO/CAO WCHH

Mario Harding, CAO Community Hospitals

Alice Kinner, Administrative Director Public Affairs

Grace Mesina, Director Budgeting

Dusty Gilleland, RN VP Nursing

Dana Littlepage, RN VP Nursing

Emily Backman, Director Operations AHMG

Richard Espinoza, CAO Post Acute

Kim Miranda, CFO

Chris Adams, VP Nursing Community Hospitals

# Three Areas of Focus to Close \$7.5 million Budget Shortfall

## Post Acute Payer Mix

- Change payer mix at Park Bridge by 5%
- Revenue increase of \$350K annually
- Improve the flexibility of bed capacity with patients requiring a LOS of 15 days or less
- Improving revenue with slight increase in Medicare and HMO patients
- Redeveloping the SNF/HH partnership for collaborative patient placement
- Group Leader: Richard Espinoza

## Shorten Length of Stay by 0.26 days

- Expense reduction of \$2 million annually
- Standardize insurance eligibility processes for post-acute care
- Develop triggering criteria for end-of- life care for seriously ill patients.
- Establish care pathways for patients with sepsis.
- Group Leaders: Dr. Elizabeth Mahler, Ro Lofton, CNO/CAO

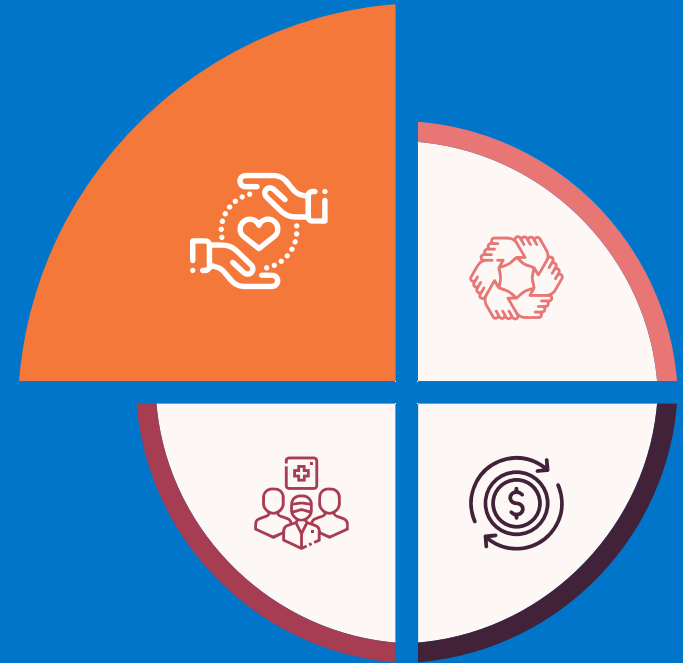
## Relocation of Elective and Emergent Procedures

- Relocation of Pain and Urology procedures to Highland
- Relocation of Ophthalmology and Gyn procedures to San Leandro
- Evaluation of emergent surgery
- Expense reduction of \$6.5-8.5 million annually
- Group Leaders: Dr. Laura Lang, Dr. Greg Victorino, Theresa Cooper VP Nursing

AHS Pillars

# Quality Care


AHS provides Safe, Timely, Effective, Efficient, Equitable and Patient-Centered care that is accessible to all.





Mar 2024 Report Data Through: Jan 2024

STEEP	Metric	FY23 Base line	FY24 Goal	Jan 2024 Final	Feb 2024 Prelim	FYTD 24			Accountable Team	Performance Trend	Action Plans
						All	Opportunity Race	Rate			
Safety	Patient Harm ↓	24	1 Month 12 Year	1	2	19	African American/ Black Unknown	6	Annette Johnson Chris Adams		
	CLABSI # of Events / SIF	1/0.46	1/0.589	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Continue to round weekly and monitor daily for Central line need.
	CAUTI # of Events / SIF	2/0.81	1/0.65	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Continue to round weekly and monitor daily for Urinary Catheter need.
	MRSA # of Events / SIF	0/0	0/0	0/0	0/0	0/0	All	0	John Stark Robert McCabe Li Kuo Kong		Metric is on track to met Fiscal Year target.
	C. Difficile # of Events / SIF	2/1.75	1/0.52	0/0	0/0	4/1.31	African American/ Black	2	John Stark Robert McCabe Li Kuo Kong		Developing job aid defining timing of C-diff testing and specimen collection as well as symptoms that do and do not warrant testing.
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	Patient Falls w Injury # / % Per 1000 days	1/0.04	0/0	0/0	1/0	3/0	Other	2	Annette Johnson Jessica Vinkavich		Pt fell ambulating to restroom without staff, skin tear sustained. Continue to enforce purposeful hourly rounding, reinforced education/signage with pt
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Effective	All-cause 30 day Readmissions for Black/African American Pts ↓	21.8%	10.70%	11%	12%	15.7%	N/A	N/A	Annette Johnson Esther Wang Katherine Pyun		UM has begun reviewing admits from the beginning to ensure pts are admitted under the correct order. Reviewing readmits from medical respites.
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Equity	Rate of inpatients who screened positive for health-related social needs (food, housing, transportation, safety, utilities) ↓	N/A	N/A	Pending	15.20%	15.21%	Pending	Pending	Annette Johnson Dusty Gilleland Tangerine Brigham		Assessing baseline and patient need to establish a reduction goal in the future.
Patient Centered	Rate of patients who reported that their nurses "always" communicated well ↑	72.30%	76.53%	85.5%	67.9%	70.3%	White	61.1%	Angela Ng Chris Adams		Reinforce purposeful hourly rounding PHR, data and comment sharing with staff. Nurse leader rounding w/ service recovery. Tracking trends from rounding and charge nurse simlab training. To begin monitoring for PHR.
Patient Centered	Acute: Rate of patients who reported they would "definitely" recommend AHS ↑	66.90%	69.00%	80.3%	81.2%	65.0%	Unknown	47.80%	Angela Ng Jessica Vinkavich Isolani-Nargavala		Continue reinforcing GIFT use, purposeful hourly rounding, sharing results with staff monthly, sharing kudos from patients with staff.
	Emergency: Rate of patients who reported they would "definitely" recommend AHS ↑	59.50%	68.80%	68.3%	50.0%	59.1%	Native American	50.00%	Angela Ng Joe Lotsko Nikita Joshi		Continue to work on Staff and patient interaction. Mandatory nursing team engagement sim lab starting next quarter with patient exp team. ED Provider Communication Sim lab training.
	Same Day Surgery: Rate of patients who reported they would "definitely" recommend AHS ↑	78.50%	86.40%	83.3%	100.0%	81.3%	Other	50.00%	Angela Ng Pay Reynolds		Continue to monitor. Share data with staff in huddles and weekly emails. Low N number.

Fiscal Year 2023  
True North Metric Definitions for Acute Cascade

Metric	Definition	GOAL
Patient Harm	The number of potential health-care acquired patient harms Includes: CLABSI, CAUTI, MRSA BSI, C-Diff, SSI for Acute Med-Surg/Critical Care, and Patient Falls and Hospital Acquired Pressure Injuries for all areas (practically, not inclusive of ambulatory)	CMS 50th Percentile
CLABSI # of Events / SIR	A primary bloodstream infection (that is, there is no apparent infection at another site) that develops in a patient with a central line in place. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
CAUTI # of Events / SIR	an infection of the urinary tract caused by a tube (urinary catheter) that has been placed to drain urine from the bladder. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
MRSA # of Events / SIR	Potential hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA) staph infection that is difficult to treat because of resistance to some antibiotics. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
C. Difficile # of Events / SIR	Potential hospital acquired infection that causes diarrhea and colitis (an inflammation of the colon). #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
SSI # of Events / SIR	an infection that occurs after surgery in the part of the body where the surgery took place. Excludes superficial infections #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
Patient Falls with Injury # of Events / Rate Per 1000 days	Patient Fall reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
HAPI # of Events / Rate Per 1000 days	Hospital Acquired Pressure Ulcers reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
Assaultive Behavior Events w/ Physical Injury	Behavior events that resulted in physical injury via Midas Safety Alerts # of Events/Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
Handwashing Compliance (Hospital & Post-Acute)	Percentage of observed encounters where handwashing was completed	
All-cause 30 day Readmissions for Black/African American Pts ↓	Percentage of encounters, regardless of payer type, with an unplanned readmission to any AHS facility within 30 days for any cause among encounters for acute care inpatients with a principal discharge diagnosis/procedure for a clinical classification category in the Cardiorespiratory, Cardiovascular, Medicine, Neurology, or Surgery/Gynecology cohort. Note: This measure approximates, but likely does not match, the value of the corresponding CMS readmission measure.	Overall Readmission rate for AHS FY2023 Close the performance gap between overall rate and African American/Black rate.
ED Boarding Time Time in ED from Decision to Admit to Inpatient Bed	Median time from Decision to Admit to departure from the emergency department for admitted patients. Decision to Admit = First Admit Disposition Admit = Time patient admitted to Inpatient Unit	Per the Joint Commission ED patients who wait more than 4 hours for an inpatient bed are considered boarders
Rate of patients who reported that their nurses "always" communicated well	Percentage of patients who rated nursing communication top box. Nurse Communication is a composite composed of three questions related to nursing care, attitude, attention paid to personal needs, and how well the nurses explained the care they were providing	
Acute: Rate of patients who reported they would "definitely" recommend AHS	Percentage of discharged inpatients who would recommend AHS	CMS 50th Percentile

Fiscal Year 2023  
True North Metric Definitions for Acute Cascade

Metric	Definition	GOAL
Same Day Surgery: Rate of patients who reported they would "definitely" recommend AHS	Percentage of same day surgery patients who would recommend AHS	Press Ganey 50th Percentile
Emergency: Rate of patients who reported they would "definitely" recommend AHS	Percentage of Emergency patients who would recommend AHS	Press Ganey 50th Percentile

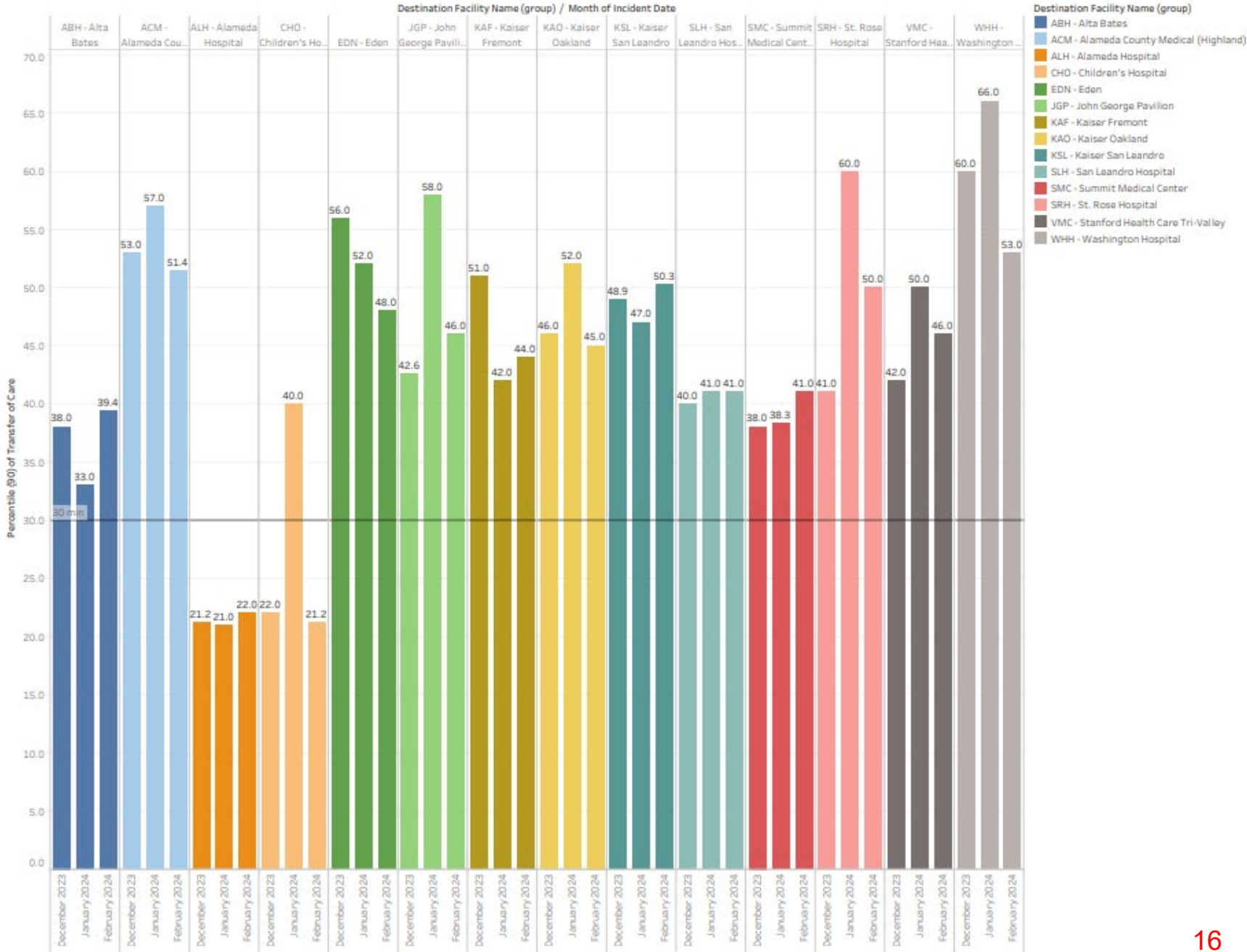
# Alameda County EMS

## Ambulance Patient Offload Time (APOT)

### February 2024

#### APOT Bins

Destination Facility Name (group)	APOT Occurrence Bins				Grand Total
	20 mins or less	21 to 60 mins	61 to 120 mins	121 to 180 mins	
ABH - Alta Bates	562 66.20%	263 30.98%	24 2.83%		849 100.00%
ACM - Alameda County Medical (Highland)	870 55.52%	584 37.27%	101 6.45%	12 0.77%	1,567 100.00%
ALH - Alameda Hospital	366 88.62%	42 10.17%	5 1.21%		413 100.00%
CHO - Children's Hospital	150 88.76%	19 11.24%			169 100.00%
EDN - Eden	894 65.11%	400 29.13%	72 5.24%	7 0.51%	1,373 100.00%
JGP - John George Pavilion	172 49.00%	167 47.58%	12 3.42%		351 100.00%
KAF - Kaiser Fremont	477 68.44%	191 27.40%	25 3.59%	4 0.57%	697 100.00%
KAO - Kaiser Oakland	554 54.74%	407 40.22%	48 4.74%	3 0.30%	1,012 100.00%
KSL - Kaiser San Leandro	482 49.28%	450 46.01%	44 4.50%	2 0.20%	978 100.00%
SLH - San Leandro Hospital	384 54.62%	299 42.53%	18 2.56%	2 0.28%	703 100.00%
SMC - Summit Medical Center	1,180 71.30%	415 25.08%	58 3.50%	2 0.12%	1,655 100.00%
SRH - St. Rose Hospital	402 57.68%	248 35.58%	47 6.74%		697 100.00%
VMC - Stanford Health Care Tri-Valley	610 65.52%	271 29.11%	49 5.26%	1 0.11%	931 100.00%
WHH - Washington Hospital	691 50.92%	560 41.27%	98 7.22%	8 0.59%	1,357 100.00%
Grand Total	7,794 61.12%	4,316 33.85%	601 4.71%	41 0.32%	12,752 100.00%

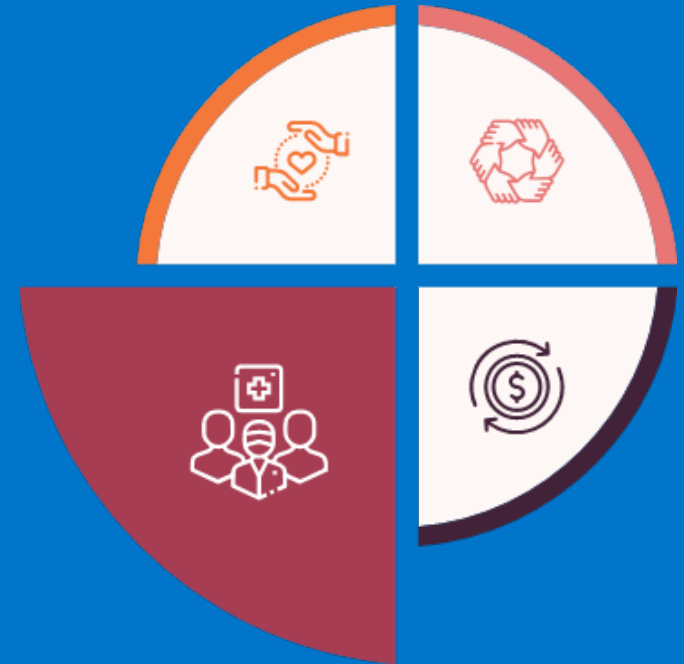




AHS Pillars

# Staff & Physician Experience

AHS values its physicians, clinicians, and staff and seeks to grow, engage, retain, and empower them to serve all.



# Culture of Safety Survey

## March 4-31, 2024

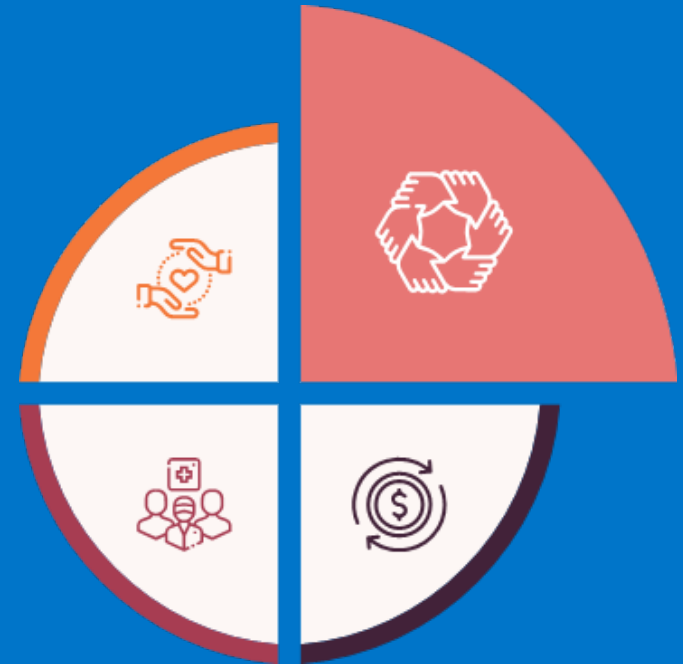
### Safe and Reliable Healthcare - Alameda Health System SCORE 2024 Surveys

FACILITY	# RESPONSES	TOTAL ELIGIBLE RESPONDENTS	RESPONSE RATE
AHS Alameda Hospital	208	259	80%
AHS Ambulatory Care Clinics	329	537	61%
AHS Behavioral Health and JGPH	216	286	76%
AHS Highland Hospital	753	1207	62%
AHS Physicians and APPs	255	469	54%
AHS Post-Acute Care	325	412	79%
AHS San Leandro Hospital	244	297	82%
AHS Systemwide Services	664	1077	62%
<b>Overall</b>	<b>2994</b>	<b>4544</b>	<b>66%</b>

\*as of 4/1/2024, Alameda Hospital's final response rate = 82%

# Community Connection

AHS is an anchor in its community and aligns its services to deliver a comprehensive continuum of care by providing needed services and being a trusted partner in its community at large.



# AHF SPRING RUN

Alameda Hospital  
Foundation

5K & 10K Run/Walk



Register today!  
AHF Family and Friends  
15% Discount Code:  
AHFFRIENDS24

Sunday, April 21, 2024

Harbor Bay Ferry Terminal

215 Adelpian Way, Alameda, CA

Music, food, and beautiful views of SF and the bay!

Race day registration begins at 7:30 a.m.

10K—8:30 a.m. start: \$70

5K—8:45 a.m. start: \$45

1/2 mile Kid's Fun Run—9:30 a.m. start: \$20

To register online and for more race and awards information visit

<https://outfrontendurance.com/hospital-foundation-runs>

Thank you to our sponsors!



**RATCLIFF**



Alameda Hospital

*Greer Family Mortuary  
and Cremation Services*  
2694 Blinding Avenue, Alameda, CA 94501  
(510) 865-3755 www.greermortuary.com

Thorson | Sari Family

Sidestreet Pho



Jane Watson of  
**Edward Jones**

Sponsorship opportunities are available (see  
back): [LNakada@alamedahealthsystem.org](mailto:LNakada@alamedahealthsystem.org)



## SOUL OF SPRING Partnership Guide



**MAY 18, 2024**

Henry J. Kaiser Center for the Arts, Oakland, CA

[Hospital Foundation Runs \(outfrontendurance.com\)](https://outfrontendurance.com)

[Soul of Spring 2024 – Alameda Health System Foundation  
\(foundationahs.org\)](https://foundationahs.org)












Alameda  
Hospital





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Metric	Definition	GOAL
Patient Harm	The number of potential health-care acquired patient harms Includes: CLABSI, CAUTI, MRSA BSI, C-Diff, SSI for Acute Med-Surg/Critical Care, and Patient Falls and Hospital Acquired Pressure Injuries for all areas (practically, not inclusive of ambulatory)	CMS 50th Percentile
CLABSI # of Events / SIR	A primary bloodstream infection (that is, there is no apparent infection at another site) that develops in a patient with a central line in place . #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
CAUTI # of Events / SIR	an infection of the urinary tract caused by a tube (urinary catheter) that has been placed to drain urine from the bladder. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
MRSA # of Events / SIR	Potential hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA) staph infection that is difficult to treat because of resistance to some antibiotics. #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
C. Difficile # of Events / SIR	Potential hospital acquired infection that causes diarrhea and colitis (an inflammation of the colon). #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
SSI # of Events / SIR	an infection that occurs after surgery in the part of the body where the surgery took place. Excludes superficial infections #: Number of infections that occurred SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less 1 are desirable	CMS 50th Percentile
Patient Falls with Injury # of Events / Rate Per 1000 days	Patient Fall reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
HAPI # of Events / Rate Per 1000 days	Hospital Acquired Pressure Ulcers reported via Midas Safety Alert. # of Events / Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
Assaultive Behavior Events w/ Physical Injury	Behavior events that resulted in physical injury via Midas Safety Alerts # of Events/Rate: Number of events divided by number of patient days times 1000	50% reduction from previous fiscal year
Handwashing Compliance (Hospital & Post-Acute)	Percentage of observed encounters where handwashing was completed	
All-cause 30 day Readmissions for Black/African American Pts ↓	Percentage of encounters, regardless of payer type, with an unplanned readmission to any AHS facility within 30 days for any cause among encounters for acute care inpatients with a principal discharge diagnosis/procedure for a clinical classification category in the Cardiorespiratory, Cardiovascular, Medicine, Neurology, or Surgery/Gynecology cohort. <i>Note:</i> This measure approximates, but likely does not match, the value of the corresponding CMS readmission measure.	Overall Readmission rate for AHS FY2023 Close the performance gap between overall rate and African American/Black rate.
ED Boarding Time Time in ED from Decision to Admit to Inpatient Bed	Median time from Decision to Admit to departure from the emergency department for admitted patients. Decision to Admit = First Admit Disposition Admit = Time patient admitted to Inpatient Unit	Per the Joint Commission ED patients who wait more than 4 hours for an inpatient bed are considered boarders
Rate of patients who reported that their nurses “always” communicated well	Percentage of patients who rated nursing communication top box. Nurse Communication is a composite composed of three questions related to nursing care, attitude, attention paid to personal needs, and how well the nurses explained the care they were providing	
Acute: Rate of patients who reported they would “definitely” recommend AHS	Percentage of discharged inpatients who would recommend AHS	CMS 50th Percentile

Fiscal Year 2023  
True North Metric Definitions for Acute Cascade

Metric	Definition	GOAL
Same Day Surgery: Rate of patients who reported they would “definitely” recommend AHS	Percentage of same day surgery patients who would recommend AHS	Press Ganey 50th Percentile
Emergency: Rate of patients who reported they would “definitely” recommend AHS	Percentage of Emergency patients who would recommend AHS	Press Ganey 50th Percentile

# CREEDON ADVANCED WOUND CENTER

Sue Fairbanks, MBA  
Program Director

# 01

## OBJECTIVES

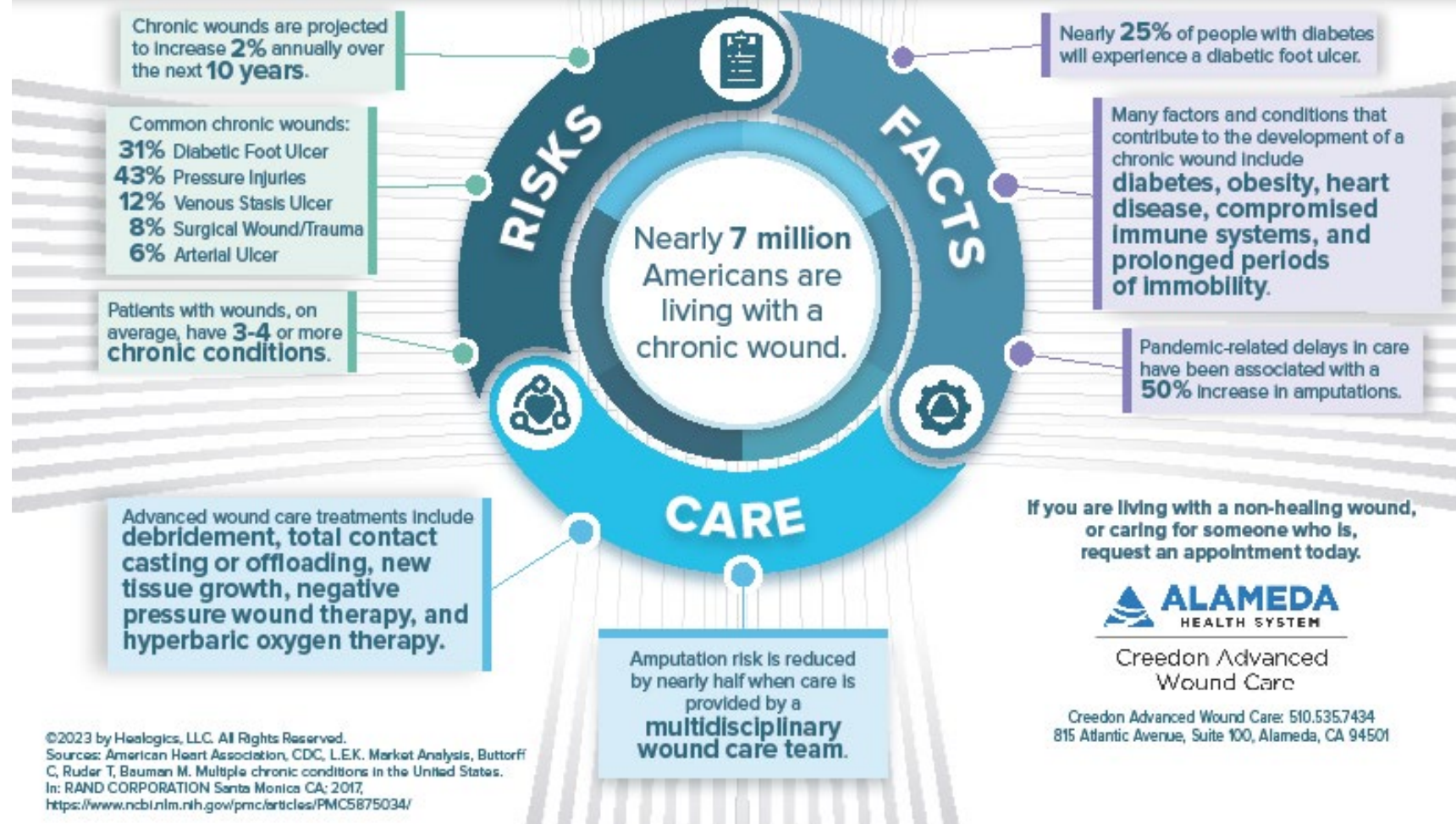
- The need for wound care services
- Services provided by Creedon Advanced Wound Care
- Access, Security and Signage Improvements

Celebrating 10 Years

# WOUND CARE AWARENESS

Celebrating a decade of spreading wound care awareness.

For the past decade, Healogics has successfully focused on patient, provider, and community engagement. The innovative advanced treatment options provided help to identify, heal, and prevent chronic wounds. Come Heal With Us!

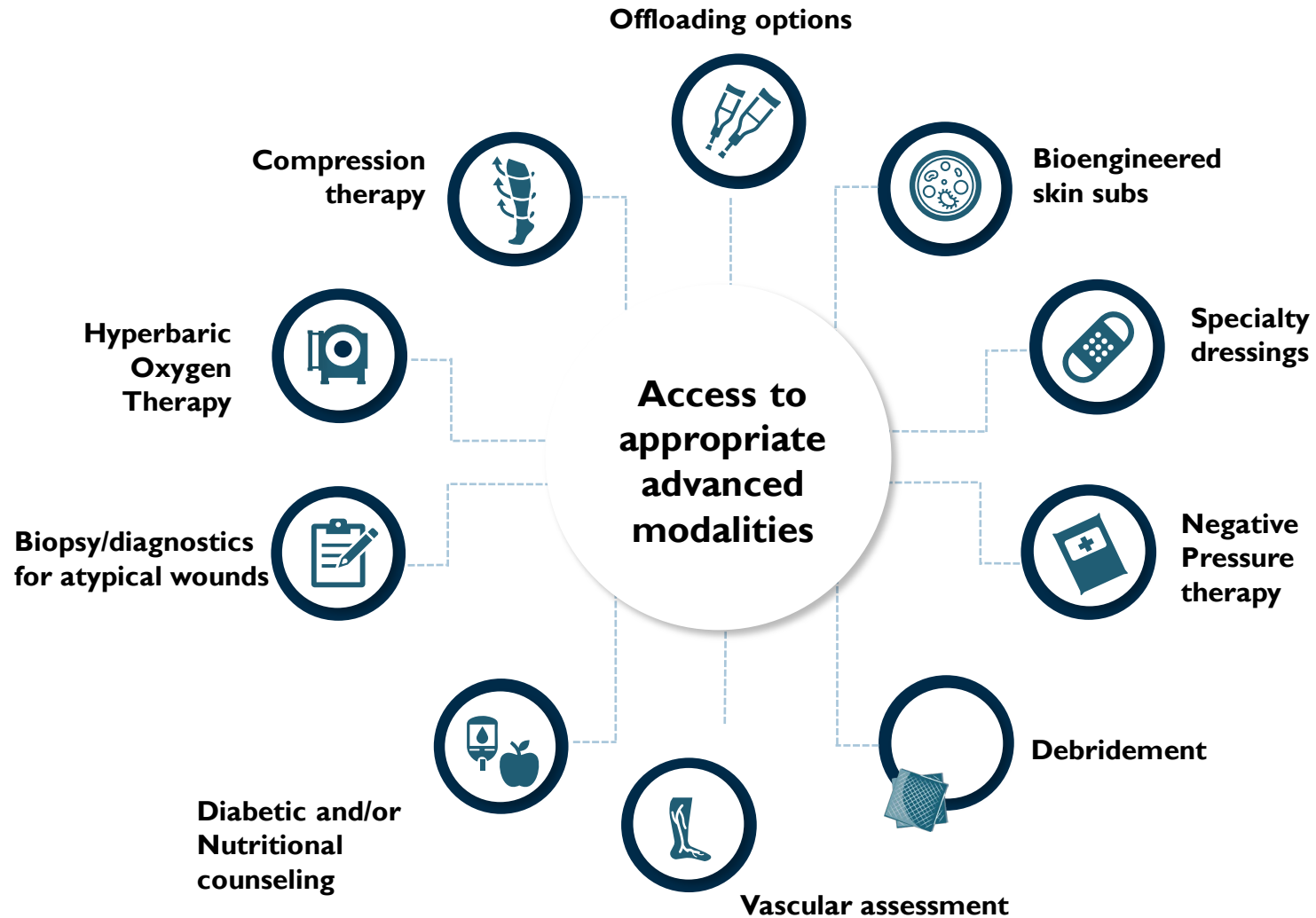




# Wound care by the numbers - 2023

Wound Care Visits	7,117
New Patients	520
Hyberbaric Oxygen Treatments	3,813
Comprehensive Healing Rate	72.15%

# What can a specialized Wound Care Center do for patients?



# Healing In Action

Sam, Age 61

**Story:** Sam has diabetes mellitus, stage 2 with neuropathy and non-operable peripheral arterial disease and is status post partial left 1st ray amputations 1/9/23 and 2/18/23 for gangrene and osteomyelitis and referred to the wound care center for the non-healing surgical wound. He had been treated with IV then oral antibiotics.

**Treatment:** Debridement, Wound Vac, SNAP & hyperbaric oxygen therapy.

**Difference we made:** After consistent treatment from the Wound Care Center, Sam was able to heal and ambulate with walker after months of being wheelchair bound. Sam was so excited about his healing that he wanted to call his brother right then and there to let him know. The great news is that he was able to return to his home in Africa to visit family.







# team

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Donato Stinghen, MD  
Medical Director



Jenna Brimmer, MD  
Internal Medicine



Anthony Poggio, DPM  
Podiatric Surgeon



Christina Kwok-Olesky, DPM  
Podiatric Surgeon



BEFORE



AFTER



















# Thank you



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## Creedon Advanced Wound Care

- Sue Fairbanks, MBA, Program Director
- [sfairbanks@alamedahealthsystem.org](mailto:sfairbanks@alamedahealthsystem.org)
- 510-535-7434
- [www.alamedahealthsystem.org/locations/creedon-advanced-wound-care/](http://www.alamedahealthsystem.org/locations/creedon-advanced-wound-care/)



# Alameda District Board Presentation 4/8/2024

# Financial Report January 2024

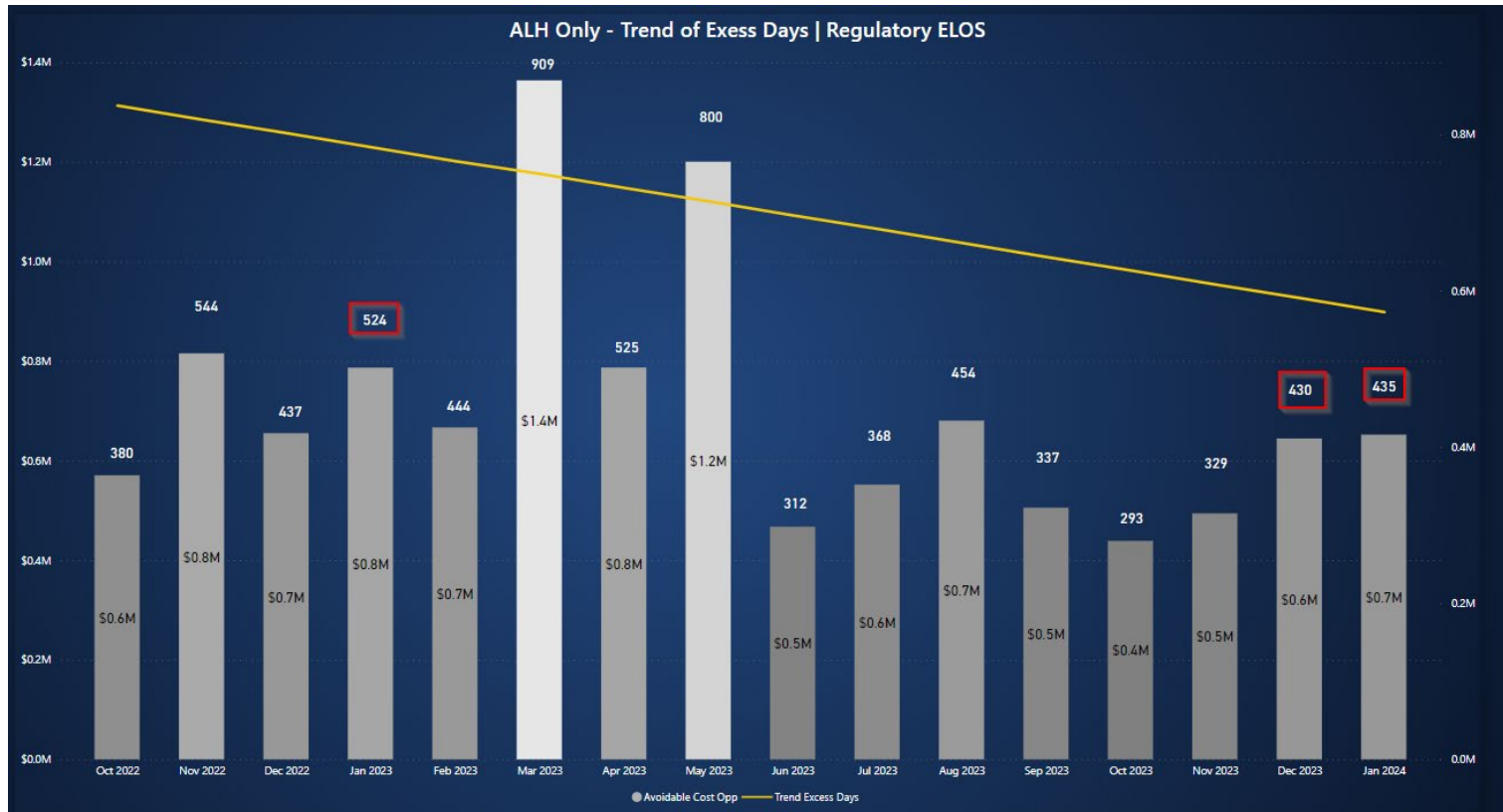
## Volume Highlights – Alameda Acute

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budge	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
<b>Campus: ALAMEDA</b>											
ACUTE -----											
General Acute Days	1,173	1,218	-45	-3.70%	7,888	7,183	705	9.80%	7,911	-23	-0.30%
General Acute Discharges	284	244	40	16.50%	1,721	1,438	283	19.70%	1,508	213	14.10%
Average Daily Census	37.8	39.3	-1.4	-3.70%	36.7	33.4	3.3	9.80%	36.8	-0.1	-0.30%
Average Length of Stay	4.1	5	0.9	17.30%	4.6	5	0.4	8.30%	5.2	0.7	12.60%
Adjusted Patient Days	1,968	1,988	-20	-1.00%	13,267	12,296	971	7.90%	13,313	-46	-0.30%
Adjusted Discharges	476	398	79	19.70%	2,895	2,461	433	17.60%	2,538	357	14.10%
Occupancy %	57%	60%	0%	0.00%	56%	51%	0%	0.00%	56%	0%	0.00%
Observation Equiv Days	32	188	-156	-82.90%	145	1,068	-923	-86.50%	1,211	-1,067	-88.10%
Total Paid FTE	615	606	-9	-1.40%	587	603	16	2.60%	597	10	1.70%
Total Productive FTE	499	508	9	1.80%	508	496	-12	-2.40%	513	5	0.90%
Total Adjusted Patient Days	1,968	1,988	-20	-1.00%	13,267	12,296	971	7.90%	13,313	-46	-0.30%
Total Adjusted Discharges	476	398	79	19.70%	2,895	2,461	433	17.60%	2,538	357	14.10%
Total Paid FTE per AOB	9.68	9.45	-0.23	-2.40%	9.52	10.55	1.03	9.80%	9.65	0.13	1.30%
Worked Hours Per APD	44.9	45.3	0.4	0.80%	47.1	49.6	2.5	5.10%	47.3	0.3	0.60%
Worked Hours Per AD	186	226	41	18.00%	216	248	32	12.90%	248	33	13.10%
Emergency Visits	1,702	1,414	288	20.40%	10,915	9,727	1,188	12.20%	9,808	1,107	11.30%
Left Without Being Seen	39	0	-39	-100.00%	283	0	-283	-100.00%	387	104	36.70%
IP Surgeries	26	32	-6	-17.60%	168	209	-41	-19.70%	207	-39	-18.80%
OP Surgeries	161	123	38	31.10%	985	750	235	31.30%	673	312	46.40%
Total Surgeries	187	154	33	21.20%	1,153	960	193	20.20%	880	273	31.00%
Total Clinic Visits	1,127	982	145	14.80%	7,420	7,129	291	4.10%	7,279	141	1.90%
CMI Alameda	1.399	1.633	-0.234	-14.30%	1.38	1.504	-0.125	-8.30%	1.443	-0.063	-4.40%



	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budge	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
<b>Campus: ALAMEDA</b>											
SNF -----											
SNF Patient Days	5,198	5,080	118	2.30%	35,916	35,678	238	0.70%	32,163	3,753	11.70%
SNF Discharges	10	14	-4	-30.00%	71	102	-31	-30.30%	80	-9	-11.30%
Average Daily Census	167.7	163.9	3.8	2.30%	167.1	165.9	1.1	0.70%	149.6	17.5	11.70%
Occupancy %	93%	91%	2%	2.20%	92%	92%	0%	0.00%	83%	0%	0.00%
Bed Holds	49	61	-12	-20.30%	347	344	3	1.00%	314	33	10.50%
Paid FTE	191	202	11	5.30%	183	206	23	11.30%	187	4	2.20%

### Alameda Hospital (AH)



- **LOS Variance Days:** The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. January: 435 days which is an 1.16% month over month Increase and is a 16.98% decrease year over year for January.
- **LOS Variance Dollars:** The AHS additional cost of resources due to the variance days for January was \$653K (calculated at \$1,500/day). Does not include the \$2.1M opportunity cost of the bed being unavailable for another patient (weighted average per diem reimbursement all heads in a bed \$4,883).

# Financial Report January 2024

## Alameda District Hospital Financial Statement

In Thousands

### Operating Revenue -----

	MTD ACTUAL	MTD BUDGET	MTD VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Net Patient Revenue	\$9,327	\$9,536	(\$209)	\$59,744	\$60,667	(\$924)
Capitation Revenue	308	308	0	2,154	2,154	0
Other Government Programs	1,641	1,672	(31)	11,136	11,701	(566)
Other Revenues	26	6	20	318	160	158
<b>Total Revenue - All Sources</b>	<b>\$11,302</b>	<b>\$11,522</b>	<b>(\$220)</b>	<b>\$73,352</b>	<b>\$74,684</b>	<b>(\$1,331)</b>

<b>Collection %</b>	<b>14.8%</b>	<b>14.5%</b>	<b>0.3%</b>	<b>14.7%</b>	<b>14.5%</b>	<b>0.2%</b>
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### Operating Expenses -----

Salaries & Benefits	9,102	9,201	99	58,114	59,382	1,268
Purchased Services	746	561	(186)	4,517	4,268	(249)
Contracted and Allocated Physician	1,971	1,994	23	12,981	12,857	(123)
Materials and Supplies	1,139	1,294	155	7,683	8,158	475
Facilities	436	350	(86)	2,943	2,691	(252)
Depreciation	393	381	(12)	2,766	2,681	(86)
General & Administration	25	98	73	264	396	132
<b>Total Operating Expenses</b>	<b>\$13,812</b>	<b>\$13,878</b>	<b>\$66</b>	<b>\$89,267</b>	<b>\$90,432</b>	<b>\$1,165</b>

<b>Contribution Margin</b>	<b>(\$2,510)</b>	<b>(\$2,356)</b>	<b>(\$154)</b>	<b>(\$15,915)</b>	<b>(\$15,748)</b>	<b>(\$166)</b>
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- Alameda District Hospital acute average daily census was 37.8 in January which is 57% occupancy with a YTD Census of 36.7
- Acute Volume and Revenue Highlights:
  - CMI is at 1.40, 14.3% below budget for the month and 8.3% below budget YTD. Generally, a higher CMI increases the expected LOS
  - LOS was below budget for the month at 4.1; below budget of 5.0. YTD LOS is 4.6 and PY was 5.2
  - Surgeries increased to 187 in January above budget of 154. Positive variance from Pain and Anesthesia, offset from Ortho which was transferred to SLH.
    - OP Surgery is above budget by 38 and 31.1%; YTD above budget by 31.3%
    - IP Surgery is below budget by 6 and 17.6%; YTD below budget by 19.7%
- Expenses
  - Registry and Overtime are above budget due to staffing shortages and difficulty recruiting
    - Registry is decreasing due to staffed positions.
    - Current registry usage for leave of absence and worker's comp
    - Intensive new grad orientation in progress; 5 New grads (ED-1, Tel-2, Med/surg -2)
    - Dedicated RN recruiter
    - Working on filling CAN positions and requesting approval for OT
    - Will be able to decrease contract renewals as they come due in February and March as more positions are being filled

- Skilled Nursing Volume and Revenue Highlights:
  - Patient days were above budget by 118 days or 2.3%
  - Discharges were below budget by 4
  - Daily Census was above budget by 3.8 or 2.3% with continued efforts to increase census
  - Occupancy is at 93%
- Expenses
  - Overtime was over budget. New wages going into effect May 1 will help this with recruiting staff
  - OT rates were below budget
  - Registry FTE decreasing to 0.2 FTE in January
  - Registry was over budget including old invoices

- Alameda District Hospital acute average daily census runs approximately 56% occupancy; mostly admissions coming through the ED. YTD census is 36.7.
  - Med surg and Tele (58 beds)
  - ICU census (8 Beds)
  - Clinics include Wound Care Clinic & Marina Wellness Center
  
- Skilled Nursing runs at approximately 92% capacity; mostly admissions from AHS hospitals.
  - Hospital (Subacute 35 beds)
  - Park Bridge (120 beds)
  - South Shore (26 Beds)











# Appendix

## AHS Finance Committee Presentation



# January 2024 Financial Report Finance Committee 3/6/2024

### January Dashboard (in Thousands)

	Metric	FY2024 Target	YTD	Trend Lines	Why Important
<b>Volume</b>					
	Total Adjusted Discharges	30,003			Reflects overall volumes; scaled to OP equivalent volumes
	Total Adjusted Patient Days	326,779			Reflects overall volumes; scaled to OP equivalent volumes
<b>Revenue Cycle</b>					
	Collection Ratio	18.9%			Measures percent of charges collected
	Cash as % of Net Revenue	100.0%			Validation of net revenue estimate by ensuring cash is collected
	Gross Days in Patient Receivable	60.0			Financial management starts with collecting money efficiently
<b>Labor</b>					
	Productivity %	100.0%			Efficient use of labor resources; productive hours per Unit of Services
	Registry as % of Total FTEs	4.1%			Reduce registry usage; maintain use of internal staff
	Total FTEs	4,881			Manage FTE growth over time
	*Labor Cost/FTE w/o GASB	\$208,080			Key driver of financial performance; consumes >70% revenues
<b>Profitability</b>					
	Total Cost per Adj Discharges	\$46,491			Key driver of financial performance and efficiency
	Total cost per Adj Days	\$4,269			Key driver of financial performance and efficiency
	Net Income*	(4,941)K			Indicator of financial solvency
	EBIDA Margin	2.3%			Indicator of Cash flow from Operations
	NNB (Net Negative Balance)	<\$105M 			Line of credit from the County does not exceed contractual limit
	Net Position	>\$0			Fund balance is positive after assets used for outstanding liabilities
<b>Capital</b>					
	% of Capital Spent	\$30.5M			Timely completion of capital projects measured by % of spend
<b>Q1 Performance Improvement (GRIT)*</b>					
	Revenue Cycle	\$34,387			Various initiatives focussed on revenue cycle improvements, i.e. claims, Various improvement efforts, i.e. Physician wRVU, schedule utilization Various operational initiatives to optimize operations, i.e. overtime reduction Optimize throughput and appropriate use of care sites Additional programs such as Stroke certification, HGH Dialysis
	Ambulatory	9,468			
	Operations	4,849			
	Length of Stay	7,258			
	Additional Programs	10,440			
		2,372			

\*Labor costs excludes contracted physicians; Includes Registry travel & housing costs

# January 2024 Financial Report

## Volume Highlights

	Jan-24	Budget	Variance	% Var	YTD Actual	YTD Budget	Variance	% Var	PY YTD Actual	Variance	% Var
<b>ACUTE</b>											
Patient Days	9,591	9,972	(381)	-3.8%	65,898	66,959	(1,061)	-1.6%	67,647	(1,749)	-2.6%
Discharges	1,608	1,677	(69)	-4.1%	11,037	11,154	(117)	-1.0%	10,456	581	5.6%
Average Daily Census	309.4	321.7	(12.3)	-3.8%	306.5	311.4	(4.9)	-1.6%	314.6	(8.1)	-2.6%
Average Length of Stay	6.0	5.9	(0.1)	-1.7%	6.0	6.0	-	0.0%	6.5	(0.5)	-7.7%
Adjusted Patient Days	15,853	15,525	328	2.1%	107,405	105,546	1,859	1.8%	106,100	1,305	1.2%
Adjusted Discharges	2,658	2,611	47	1.8%	17,989	17,580	409	2.3%	16,400	1,589	9.7%
CMI	1.594	1.559	0.035	2.2%	1.525	1.538	(0.013)	-0.8%	1.537	(0.012)	-0.8%
<b>Emergency Visits</b>											
Emergency Visits	9,139	7,865	1,274	16.2%	59,936	56,153	3,783	6.7%	55,835	4,101	7.3%
Left Without Being Seen (LWBS)	6.6%	8.7%	2.1%	32.2%	7.5%	8.0%	0.4%	5.6%	8.9%	1.4%	18.7%
Trauma Cases	247	260	(13)	-5.0%	2,039	1,939	100	5.2%	1,814	225	12.4%
Observation Equivalent Days	162	258	(96)	-37.2%	1,016	1,701	(685)	-40.3%	1,739	(723)	-41.6%
PES Equivalent Days	813	692	121	17.5%	4,771	4,813	(42)	-0.9%	4,530	241	5.3%
Surgeries	753	815	(62)	-7.6%	5,243	5,472	(229)	-4.2%	4,991	252	5.0%
IP Surgeries	324	348	(24)	-6.9%	2,336	2,605	(269)	-10.3%	2,375	(39)	-1.6%
OP Surgeries	429	467	(38)	-8.1%	2,907	2,867	40	1.4%	2,616	291	11.1%
Deliveries	116	116	-	0.0%	881	859	22	2.6%	855	26	3.0%
<b>SNF</b>											
Patient Days	8,501	8,253	248	3.0%	58,558	57,961	597	1.0%	56,025	2,533	4.5%
Discharges	26	25	1	4.0%	164	175	(11)	-6.3%	150	14	9.3%
Average Daily Census	274.2	266.2	8.0	3.0%	272.4	269.6	2.8	1.0%	260.6	11.8	4.5%
Average Length of Stay	327.0	331.8	4.8	1.4%	357.1	331.7	(25.4)	-7.7%	373.5	(16.4)	-4.4%
Bed Holds	74	93	(19)	-20.4%	627	592	35	5.9%	563	64	11.4%
<b>CLINIC VISITS</b>											
Clinic Visits	33,339	32,057	1,282	4.0%	227,707	218,355	9,352	4.3%	212,463	15,244	7.2%
Telehealth Visits	27,697	26,202	1,495	5.7%	192,028	182,176	9,852	5.4%	178,485	13,543	7.6%
	5,642	5,855	(213)	-3.6%	35,679	36,179	(500)	-1.4%	33,978	1,701	5.0%
Physician wRVU	117,069	105,551	11,518	10.9%	788,509	740,657	47,852	6.5%	678,403	110,106	16.2%
Total Adjusted Patient Days	28,569	27,270	1,300	4.8%	196,356	188,885	7,472	4.0%	186,518	9,838	5.3%
Total Adjusted Discharges	2,581	2,547	34	1.3%	17,466	17,126	340	2.0%	15,996	1,470	9.2%
<b>PAYOR MIX</b>											
Insurance %	5.9%	6.8%	-0.9%	-13.4%	7.4%	6.9%	0.5%	6.8%	7.1%	0.2%	3.2%
Medi-Cal %	17.0%	26.3%	-9.2%	-35.2%	20.1%	26.4%	-6.3%	-23.9%	25.6%	-5.5%	-21.4%
Medi-Cal MC %	44.2%	33.1%	11.1%	33.4%	39.1%	33.3%	5.8%	17.3%	33.1%	6.0%	18.0%
Medicare %	20.7%	21.1%	-0.4%	-1.9%	20.0%	20.7%	-0.7%	-3.5%	20.9%	-0.9%	-4.2%
Medicare MC %	6.6%	7.1%	-0.5%	-6.8%	6.9%	7.0%	-0.1%	-2.0%	7.0%	-0.1%	-2.0%
Other Govt %	2.7%	2.8%	0.0%	-1.1%	3.6%	2.8%	0.7%	25.8%	3.8%	-0.2%	-6.1%
Self-Pay %	2.9%	2.8%	0.0%	0.7%	3.1%	2.9%	0.2%	7.7%	2.6%	0.5%	20.7%
Total Payor Mix %	100%	100%	0.0%	0.0%	100%	100%	0.0%	0.0%	100%	0.0%	0.0%

- Operating revenue exceeded budget primarily due to net patient revenue, which included a 340B settlement for FY18-FY23 (\$2.4M). YTD, net patient service revenue (\$10.5M), GPP for non-recurring COVID relief (\$4.5M) and supplemental programs driven by 3-year pick up for ACA population under GME (FY20-FY23, total \$6.1M).
- Operating expenses above budget primarily in labor costs (\$3.6M). YTD, labor costs, transitional housing, outside medical services, pharmaceuticals, minor equipment, and business insurance are exceeding budget.

	January 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 120,153	\$ 115,483	\$ 4,670	4.0%	\$ 829,154	\$ 804,495	\$ 24,659	3.1%	\$ 787,006	5.4%
Operating expense	127,302	122,579	(4,723)	(3.9)%	830,664	809,921	(20,743)	(2.6)%	764,951	(8.6)%
<b>Operating income (loss)</b>	<b>(7,149)</b>	<b>(7,096)</b>	<b>(53)</b>	<b>(0.7)%</b>	<b>(1,510)</b>	<b>(5,426)</b>	<b>3,916</b>	<b>72.2%</b>	<b>22,055</b>	<b>(106.8)%</b>
Other non-operating activity	(249)	(37)	(212)	(573.0)%	(755)	(294)	(461)	(156.8)%	(696)	(8.6)%
<b>Net Income (loss)</b>	<b>\$ (7,398)</b>	<b>\$ (7,133)</b>	<b>\$ (265)</b>	<b>(3.7)%</b>	<b>\$ (2,265)</b>	<b>\$ (5,720)</b>	<b>\$ 3,455</b>	<b>60.4%</b>	<b>\$ 21,359</b>	<b>(110.6)%</b>
EBIDA adjustments	3,460	3,083	377		23,520	21,779	1,741		21,822	
<b>EBIDA</b>	<b>\$ (3,938)</b>	<b>\$ (4,050)</b>	<b>\$ 112</b>		<b>\$ 21,255</b>	<b>\$ 16,059</b>	<b>\$ 5,196</b>		<b>\$ 43,182</b>	
Operating Margin	(5.9)%	(6.1)%	0.2%		(0.2)%	(0.7)%	0.5%		2.8%	
EBIDA Margin	(3.3)%	(3.5)%	0.2%		2.6%	2.0%	0.6%		5.5%	

- Gross patient service revenue is favorable consistent with overall favorable adjusted days and discharges.
  - Inpatient days were 3.8% under budget and the average LOS is 6.0; consistent with trend.
  - CMI above budget by 2.2% more accurately reflected with improved observation capture indicating higher complexity of patients and services. Trauma cases below budget by 5.0%. Inpatient surgery below budget by 11.0%.
  - ED visits favorable to budget by 16.2%. Outpatient surgery unfavorable to budget by 8.1%.
  - SNF census is favorable and discharges at budget.
- NPSR Collection ratio was 19.1% which is higher than budget and consistent with YTD trend. Current month commercial payer mix below budget by 0.9% and offset by 340B pharmacy settlement with CMS of \$2.4M for FY18-FY23 for (represents 0.5% collection percentage)

	January 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 213,689	\$ 217,757	\$ (4,068)	(1.9)%	\$ 1,465,363	\$ 1,494,301	\$ (28,938)	(1.9)%	\$ 1,439,085	1.8%
Outpatient service revenue	123,795	108,077	15,718	14.5%	819,452	766,179	53,272	7.0%	731,217	12.1%
Professional service revenue	37,053	33,977	3,076	9.1%	237,569	235,450	2,119	0.9%	209,217	13.6%
Gross patient service revenue	374,538	359,812	14,726	4.1%	2,522,384	2,495,930	26,454	1.1%	2,379,519	6.0%
Deductions from revenue	(302,948)	(291,769)	(11,179)	(3.8)%	(2,039,867)	(2,023,934)	(15,933)	(0.8)%	(1,938,765)	5.2%
<b>Net patient service revenue</b>	<b>71,590</b>	<b>68,043</b>	<b>3,547</b>	<b>5.2%</b>	<b>482,517</b>	<b>471,996</b>	<b>10,521</b>	<b>2.2%</b>	<b>440,754</b>	<b>(9.5)%</b>
Collection % - NPSR	19.1%	18.9%	0.2%		19.1%	18.9%	0.2%		18.5%	
Capitation and HPAC	4,281	3,992	289	7.2%	28,344	28,109	235	0.8%	27,471	3.2%
Other government programs	39,388	39,619	(231)	(0.6)%	285,521	277,689	7,832	2.8%	293,597	(2.8)%
Other operating revenue	4,894	3,829	1,064	27.8%	32,772	26,701	6,071	22.7%	25,184	30.1%
<b>Total operating revenue</b>	<b>\$ 120,152</b>	<b>\$ 115,483</b>	<b>\$ 4,670</b>	<b>4.0%</b>	<b>\$ 829,154</b>	<b>\$ 804,495</b>	<b>\$ 24,659</b>	<b>3.1%</b>	<b>\$ 787,007</b>	<b>5.4%</b>



- Other government programs unfavorable driven by CY23 GPP final adjustment (\$0.3M). YTD is favorable from mostly non-recurring activity as follows.
  - Medi-Cal Waiver CY22 increased from 10% threshold reduction (\$4.5M).
  - GME increased from ACA population for FY20 (\$2.2M), FY21 (\$2.6M), and FY22 (\$1.3M).
  - EPP increased for CY23 adjustment based on payment for January to June 2023 (\$0.6M).
  - Prop 56 (Tobacco Tax Act 2016) increased from higher receipts (\$0.5M).
  - Physician SPA decreased for FY22 interim settlement (\$2.6M).
  - SNF Supplemental decreased for FY19 settlement (\$1.2M).
- Other operating revenue favorable driven by higher retail pharmacy (\$0.7M). YTD, favorable from higher retail pharmacy (\$4.2M), Anthem settlement (\$1.1M), and offset by timing of grant and other revenues.

	January 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	71,590	68,043	3,547	5.2%	482,517	471,996	10,521	2.2%	440,754	(9.5)%
Capitation and HPAC	4,281	3,992	289	7.2%	28,344	28,109	235	0.8%	27,471	3.2%
Medi-Cal Waiver	7,427	7,697	(270)	(3.5)%	58,026	53,877	4,149	7.7%	61,967	(6.4)%
Measure A and parcel tax	13,868	13,868	0	0.0%	97,074	97,074	0	0.0%	83,671	16.0%
Supplemental Programs	18,094	18,055	39	0.2%	130,421	126,738	3,683	2.9%	147,959	(11.9)%
<b>Other government programs</b>	<b>39,388</b>	<b>39,619</b>	<b>(231)</b>	<b>(0.6)%</b>	<b>285,521</b>	<b>277,689</b>	<b>7,832</b>	<b>2.8%</b>	<b>293,597</b>	<b>(2.8)%</b>
Grant Revenue	1,654	1,460	194	13.3%	9,111	8,759	352	4.0%	8,312	9.6%
Other Operating Revenue	3,239	2,369	870	36.7%	23,661	17,942	5,719	31.9%	16,871	40.2%
<b>Other operating revenue</b>	<b>4,894</b>	<b>3,829</b>	<b>1,064</b>	<b>27.8%</b>	<b>32,772</b>	<b>26,701</b>	<b>6,071</b>	<b>22.7%</b>	<b>25,184</b>	<b>30.1%</b>
<b>Total operating revenue</b>	<b>\$ 120,152</b>	<b>\$ 115,483</b>	<b>\$ 4,670</b>	<b>4.0%</b>	<b>\$ 829,154</b>	<b>\$ 804,495</b>	<b>\$ 24,659</b>	<b>3.1%</b>	<b>\$ 787,007</b>	<b>5.4%</b>

- Physician contract services unfavorable with the largest negative variances in Anesthesiology and Rehabilitation. YTD, unfavorable with the largest negative variances in Rehabilitation (\$0.7M), Anesthesiology (\$0.5M), and Medical Oncology (grouped under “other”).
- Purchased services unfavorable from transitional housing (\$0.2M), HIS coding fees (\$0.1M), and software licenses (\$0.1M). YTD, Purchased services unfavorable from transitional housing (\$1.6M), outside medical services (\$1.3M), HIS coding fees (\$1.3M) offset by favorable variances in parking services (\$1.0M), security services (\$0.6M), management services (\$0.5M), clinical services (\$0.5M), and software licenses/hosting fees (\$0.3M).
- Material and supplies at budget from offsetting variances - unfavorable pharmaceuticals (\$0.9M) offset by lower non-medical equipment/supplies (\$0.5M) and surgical/medical supplies (\$0.4M). YTD, unfavorable from retail pharmaceuticals (\$2.5M), other pharmaceuticals (\$1.6M), surgery/medical supplies (\$0.9M), and non-medical equipment/supplies (\$0.3M). The retail pharmacy has a positive margin.

	January 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 94,358	\$ 90,716	\$ (3,642)	(4.0)%	\$ 602,292	\$ 592,821	\$ (9,471)	(1.6)%	\$ 554,984	(8.5)%
Physician contract services	3,837	3,486	(351)	(10.1)%	25,616	24,387	(1,229)	(5.0)%	23,208	(10.4)%
Purchased services	9,321	8,935	(386)	(4.3)%	60,844	59,581	(1,263)	(2.1)%	60,239	(1.0)%
Materials and supplies	10,976	10,980	4	0.0%	80,583	75,278	(5,305)	(7.0)%	70,286	(14.7)%
Facilities	3,249	3,112	(137)	(4.4)%	22,694	21,769	(925)	(4.2)%	20,452	(11.0)%
Depreciation and amortization	3,198	3,033	(165)	(5.4)%	22,675	21,358	(1,317)	(6.2)%	21,000	(8.0)%
General and administrative	2,363	2,317	(46)	(2.0)%	15,960	14,727	(1,233)	(8.4)%	14,782	(8.0)%
<b>Total operating expense</b>	<b>\$ 127,302</b>	<b>\$ 122,579</b>	<b>\$ (4,723)</b>	<b>(3.9)%</b>	<b>\$ 830,664</b>	<b>\$ 809,921</b>	<b>\$ (20,743)</b>	<b>(2.6)%</b>	<b>\$ 764,951</b>	<b>(8.6)%</b>

- Facilities unfavorable from higher building/equipment repairs (\$0.3M) offset by lower utilities (\$0.1M). YTD, unfavorable from higher building/equipment repairs (\$1.9M) offset by lower utilities (\$0.4M) and reclass of Highland pharmacy rental equipment under GASB-96 (\$0.5 million)
- Depreciation and amortization unfavorable for the month from timing of lease amortization and equipment depreciation. YTD, unfavorable from higher lease amortization and equipment depreciation.
- General and administrative approximated budget for the month. YTD, unfavorable from business insurance (\$1.2M).

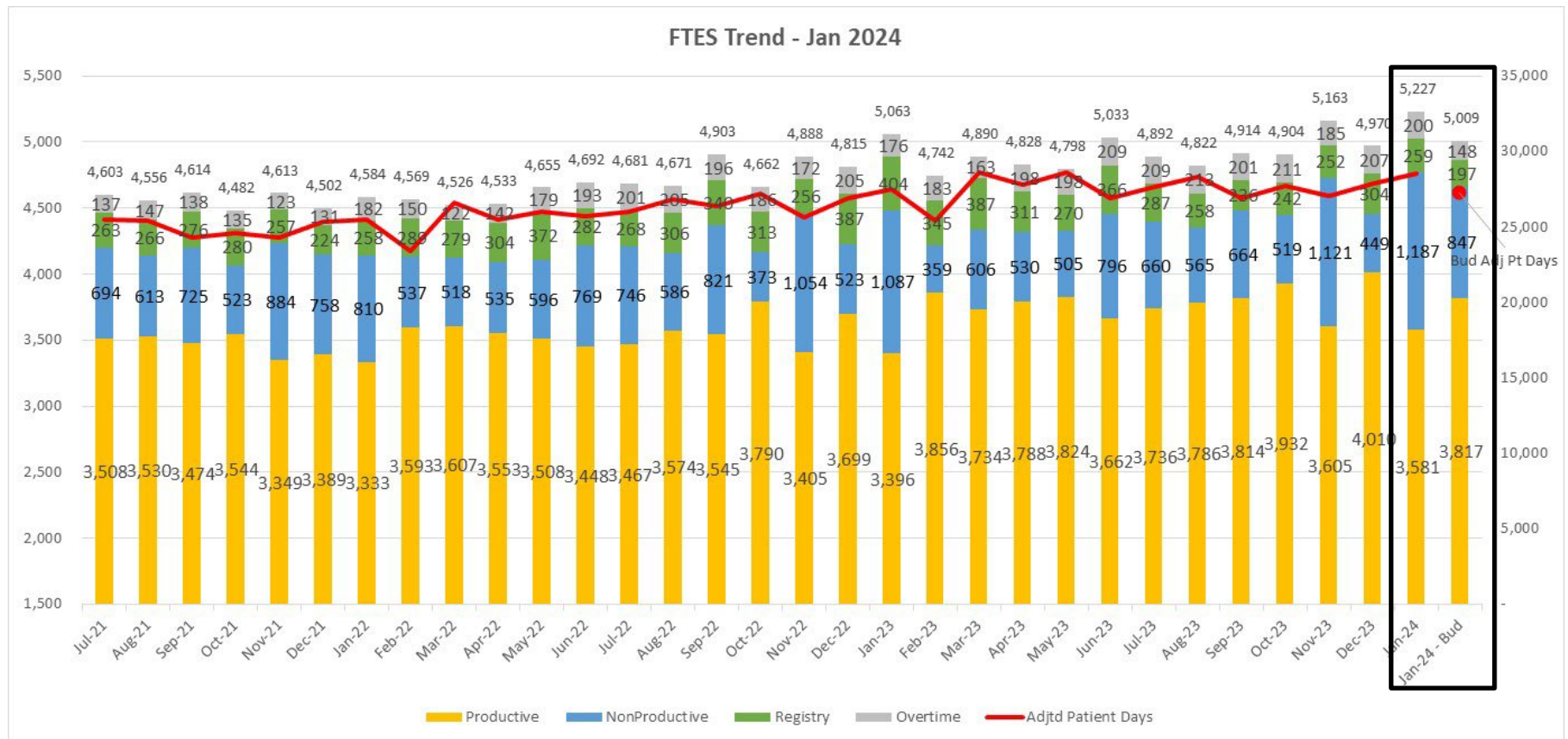
	January 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 94,358	\$ 90,716	\$ (3,642)	(4.0)%	\$ 602,292	\$ 592,821	\$ (9,471)	(1.6)%	\$ 554,984	(8.5)%
Physician contract services	3,837	3,486	(351)	(10.1)%	25,616	24,387	(1,229)	(5.0)%	23,208	(10.4)%
Purchased services	9,321	8,935	(386)	(4.3)%	60,844	59,581	(1,263)	(2.1)%	60,239	(1.0)%
Materials and supplies	10,976	10,980	4	0.0%	80,583	75,278	(5,305)	(7.0)%	70,286	(14.7)%
Facilities	3,249	3,112	(137)	(4.4)%	22,694	21,769	(925)	(4.2)%	20,452	(11.0)%
Depreciation and amortization	3,198	3,033	(165)	(5.4)%	22,675	21,358	(1,317)	(6.2)%	21,000	(8.0)%
General and administrative	2,363	2,317	(46)	(2.0)%	15,960	14,727	(1,233)	(8.4)%	14,782	(8.0)%
<b>Total operating expense</b>	<b>\$ 127,302</b>	<b>\$ 122,579</b>	<b>\$ (4,723)</b>	<b>(3.9)%</b>	<b>\$ 830,664</b>	<b>\$ 809,921</b>	<b>\$ (20,743)</b>	<b>(2.6)%</b>	<b>\$ 764,951</b>	<b>(8.6)%</b>

- Salaries and wages (staff) unfavorable for the month and YTD. See table to right variance detail. Shift Differential represent COVID extra shift pay which has been eliminated.
- Physician Salaries were favorable for month and favorable YTD due to timing differences from the budget. Wage increases and recruiting will erode the favorable variance.
- Registry unfavorable for month and YTD. Higher utilization (85 FTEs \$2.2M/month, 84 FTEs and \$14.8M/YTD) offset by lower rates (\$0.9M/month, \$9.9M/YTD). Expense is trending lower compared to prior year.

### Non-physician Salaries and Wage Variance

	January	YTD
<u>Rate Variance to Budget</u>		
Salaries/PTO/Holiday/Sick	\$ (87)	\$ (5,043)
Overtime (52 FTE, YTD 56 FTE)	(530)	(4,356)
On-Call	(18)	316
Shift Differential	279	2,903
Other	338	1,429
Subtotal - Rate Variance	(18)	(4,751)
<u>Volume Variance to Budget</u>		
130 FTE and 14 FTE	(1,529)	(1,119)
<b>Total Variance</b>	<b>\$ (1,547)</b>	<b>\$ (5,870)</b>

	January 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 55,168	\$ 53,621	\$ (1,547)	(2.9)%	\$ 364,762	\$ 358,892	\$ (5,870)	(1.6)%	\$ 337,394	(8.1)%
Salaries and wages (physicians)	9,080	9,507	427	4.5%	60,399	61,736	1,337	2.2%	54,924	(10.0)%
Registry	5,886	4,841	(1,045)	(21.6)%	37,514	34,067	(3,447)	(10.1)%	56,162	33.2%
Employee benefits (taxes, insurance)	15,762	14,206	(1,556)	(11.0)%	91,633	90,064	(1,569)	(1.7)%	81,313	(12.7)%
Retirement	8,462	8,541	79	0.9%	47,984	48,062	78	0.2%	44,687	(7.4)%
Retirement (deferred)	-	-	-	0.0%	-	-	-	0.0%	(19,495)	(100.0)%
<b>Total labor costs</b>	<b>\$ 94,358</b>	<b>\$ 90,716</b>	<b>\$ (3,642)</b>	<b>(4.0)%</b>	<b>\$ 602,292</b>	<b>\$ 592,821</b>	<b>\$ (9,471)</b>	<b>(1.6)%</b>	<b>\$ 554,984</b>	<b>(8.5)%</b>
Compensation ratio	78.5%	78.6%	0.1%		72.6%	73.7%	1.1%		70.5%	
Paid FTEs	5,227	5,009	(218)	(4.4)%	4,984	4,886	(98)	(2.0)%	4,811	(3.6)%



Paid FTE exceeded budget by 218; overtime, registry and productive time exceeded budget. Adjusted patient days were above budget.

Budget Variances by Physician Specialty (in thousands)						
Specialty	Current Month - January 2024			Year to Date		
	Salaries	Contract	Total	Salaries	Contract	Total
Anesthesiology	80	(96)	(17)	(355)	(451)	(805)
Emergency	197	1	197	442	(23)	419
ENT	(46)	2	(44)	(370)	10	(360)
FQHC Highland OMFS	(183)	18	(164)	(197)	39	(158)
Gastroenterology	119	8	127	508	46	554
GME	(2)	(1)	(3)	113	286	400
Hospice/Palliative Care	26	0	26	81	0	81
Hospitalists	103	(51)	52	45	(255)	(210)
Internal Medicine	41	0	41	30	0	30
Neurosurgery	0	46	46	0	311	311
OB/GYN	201	(83)	118	846	(231)	615
Ophthalmology	52	26	78	288	97	384
Orthopedic	(92)	29	(63)	(597)	162	(435)
Pathology	134	0	134	706	0	706
Plastic Surgery	51	0	51	331	0	331
Podiatry	(46)	0	(46)	(328)	0	(328)
Psychiatry	(91)	49	(42)	(572)	241	(331)
Radiology	127	(61)	66	87	(334)	(247)
Rehabilitation	58	(137)	(79)	333	(748)	(415)
Vascular Surgery	0	46	46	0	323	323
All Other	(303)	(147)	(450)	(53)	(701)	(754)
	<b>\$ 427</b>	<b>\$ (351)</b>	<b>\$ 76</b>	<b>\$ 1,337</b>	<b>\$ (1,229)</b>	<b>\$ 109</b>



- Employee Benefits unfavorable self-funded health (\$0.8M), FICA (\$0.2M), self-funded workers compensation (\$0.2M) and other benefits (\$0.3M).
- Retirement favorable ACERA (\$0.6M) and other AHS plans (\$0.3M) offset by unfavorable AHMG plan (\$0.7M). The AHMG's retirement plan allows the employees to "max-out" their retirement contributions at the beginning of the calendar year which increases the employer match.
- YTD, Benefit and Retirement variances mimic the monthly variances due to the budget realignment done in December to correct timing differences.

	January 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 55,168	\$ 53,621	\$ (1,547)	(2.9)%	\$ 364,762	\$ 358,892	\$ (5,870)	(1.6)%	\$ 337,394	(8.1)%
Salaries and wages (physicians)	9,080	9,507	427	4.5%	60,399	61,736	1,337	2.2%	54,924	(10.0)%
Registry	5,886	4,841	(1,045)	(21.6)%	37,514	34,067	(3,447)	(10.1)%	56,162	33.2%
Employee benefits (taxes, insurance)	15,762	14,206	(1,556)	(11.0)%	91,633	90,064	(1,569)	(1.7)%	81,313	(12.7)%
Retirement	8,462	8,541	79	0.9%	47,984	48,062	78	0.2%	44,687	(7.4)%
Retirement (deferred)	-	-	-	0.0%	-	-	-	0.0%	(19,495)	(100.0)%
<b>Total labor costs</b>	<b>\$ 94,358</b>	<b>\$ 90,716</b>	<b>\$ (3,642)</b>	<b>(4.0)%</b>	<b>\$ 602,292</b>	<b>\$ 592,821</b>	<b>\$ (9,471)</b>	<b>(1.6)%</b>	<b>\$ 554,984</b>	<b>(8.5)%</b>
Compensation ratio	78.5%	78.6%	0.1%		72.6%	73.7%	1.1%		70.5%	
Paid FTEs	5,227	5,009	(218)	(4.4)%	4,984	4,886	(98)	(2.0)%	4,811	(3.6)%



- Days in Cash are 7.6 and higher than year-end; typically, below 5.0 days.
- Gross AR Days increased 0.9 days and Net AR Days increased 1.0 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run. The target is 30 days.
- Net Position is negative \$86.3M and increased \$2.3M from June 30, 2023 reflecting YTD Net Income.
- Net Negative Balance is a payable \$128.4M. NNB consists of the liquidity facility (loan) of \$154.0M offset by restricted cash of \$25.6M; and is expected to be below the June 30, 2024 credit ceiling of \$105.0M by the end of the fiscal year.

	Jan-24	Dec-23	FY 2023
Days in cash	7.6	5.9	2.5
Gross days in patient receivable	63.8	62.9	62.4
Net days in patient receivable	44.6	43.6	39.1
Due from/(to) third-party payors	142,694	114,588	73,263
Due from/(to) County	84,974	78,300	21,022
Days in accounts payable	26.8	29.2	35.1
% of AP over 60 days	2.4%	2.3%	2.2%
Net position - fund balance/(deficit)	\$ (86,338)	\$ (78,937)	\$ (84,071)
Net negative balance - receivable/(payable)	\$ (128,372)	\$ (63,559)	\$ 58,174

### AR Summary - Total AR - Days

Min: 66.3 Max: 72.3 Most Recent: 68.4

#### Hospital RCM

AR Days Target (Huron) = 57.0  
January 2024 AR Days = 68.7



### Hospital Revenue Cycle Key Indicators

- HB AR Days increased 0.7 days from prior month.
- HB payments posted (collections) were \$54.6M for the month above the YTD trend at \$52.2M.
- Continue to experience Medicare and Medi-Cal claim delays from enrollment and NPI corrections. All claims are released that met billing criteria and cash is starting to improve in February.
- Candidate for Billing (CFB) decreased 0.2 days to 9.1 days. Target is <4 CFB days.
- **Expecting to see significant cash slowdown starting March due to Change Healthcare experiencing a cyber attack. See subsequent slides.**

### Total Active AR - Days

Min: 28.2 Max: 34.4 Most Recent: 33.3

#### Professional RCM

AR Days Target (Huron) = 33.0  
January 2023 AR Days = 34.2



### Professional Revenue Cycle Key Indicators

- PB AR Days increased 5.6 days from prior month.
- AR days are consistently lower than the Epic median.
- PB payments posted (collections) were \$7.6M for the month below the YTD trend of \$8.4M.
- Continuous process improvement is underway in denial prevention.
  - Denial trending by visit and procedure
  - Department Denial Task Force for prevention
  - Provider coding education design and implementation in progress

### **Change Healthcare Vendor and Cyber Attack Communication**

- Change Healthcare is utilized for two primary services: insurance verification/benefits and claims submission.
- On February 21, 2024, Change Healthcare reported a system interruption.

## **Update: Assurance Reimbursement Management and Exchange system interruptions**

This message is intended for Assurance Reimbursement Management and Exchange customers.

Change Healthcare is experiencing a network interruption related to a cyber security issue and our experts are working to address the matter. Once we became aware of the infiltration, in the interest of protecting our partners and patients, we took immediate action to disconnect our systems to prevent further impact. The disruption is expected to last at least through the day. We will provide updates as more information becomes available.

- On February 26, 2024, The American Hospital Association issued a Cybersecurity Advisory Bulletin



## Cybersecurity Advisory

February 26, 2024

### **UPDATE: New Bulletin on Change Healthcare Cyberattack Highlights Network Connectivity Issues and Indicators of Compromise**

TLP:WHITE<sup>i</sup>

Change Healthcare, a health care technology company that is part of Optum and owned by UnitedHealth Group, continues to experience a cyberattack that is having effects on the entire health care system. Since the cyberattack began Feb. 21, the AHA has been sharing information with members to help them navigate this evolving incident.

Accordingly, the AHA and Health-ISAC continue to recommend that organizations immediately reevaluate their risk of keeping any network services shut down to Optum, Change Healthcare, UnitedHealthcare and/or UnitedHealth Group which has been deemed safe by them. Each health care organization should continue to monitor and independently evaluate information provided by Change Healthcare to inform its own risk-based decisions regarding nonimpacted systems.

- On February 27, 2024, AHS Security Team provided an update regarding ransomware and the group claiming responsibility is the Blackcat Ransomware group.

### **RCM Risk Mitigation Plan**

- On February 22, 2024, our IS Team shut down our tunnel to Change Healthcare.
- On February 26, 2024, a risk mitigation plan was developed:
  1. Insurance verification and eligibility is accessing patient benefits through the payer websites. This has impacted registration turn-around times.
  2. Patient Access leadership is communicating to the effected departments regarding wait times.
- Patient Financial Service and Payer Relations contacted our top payers to review the different avenues for claim submission (partnering vendors to send electronic claims, manually keying the claim into the payer website, and printing and mailing).
- PFS initiated contact with potential new vendors – Availity and Experian
- Availity has a lifeline packet to expedite claims submission and remittance advice. The estimated implementation timeline is 2-3 calendar days.
- On February 27<sup>th</sup> PFS started manually keying claims to Medicare and printing and mailing high dollar claims to the payers.
- PFS is isolating all claims to assist with reconciliation and recovery.
- PFS and IS are tracking cost & resources related to this issue.
- EOB's are retrieved from the payer websites and payments are posted manually.



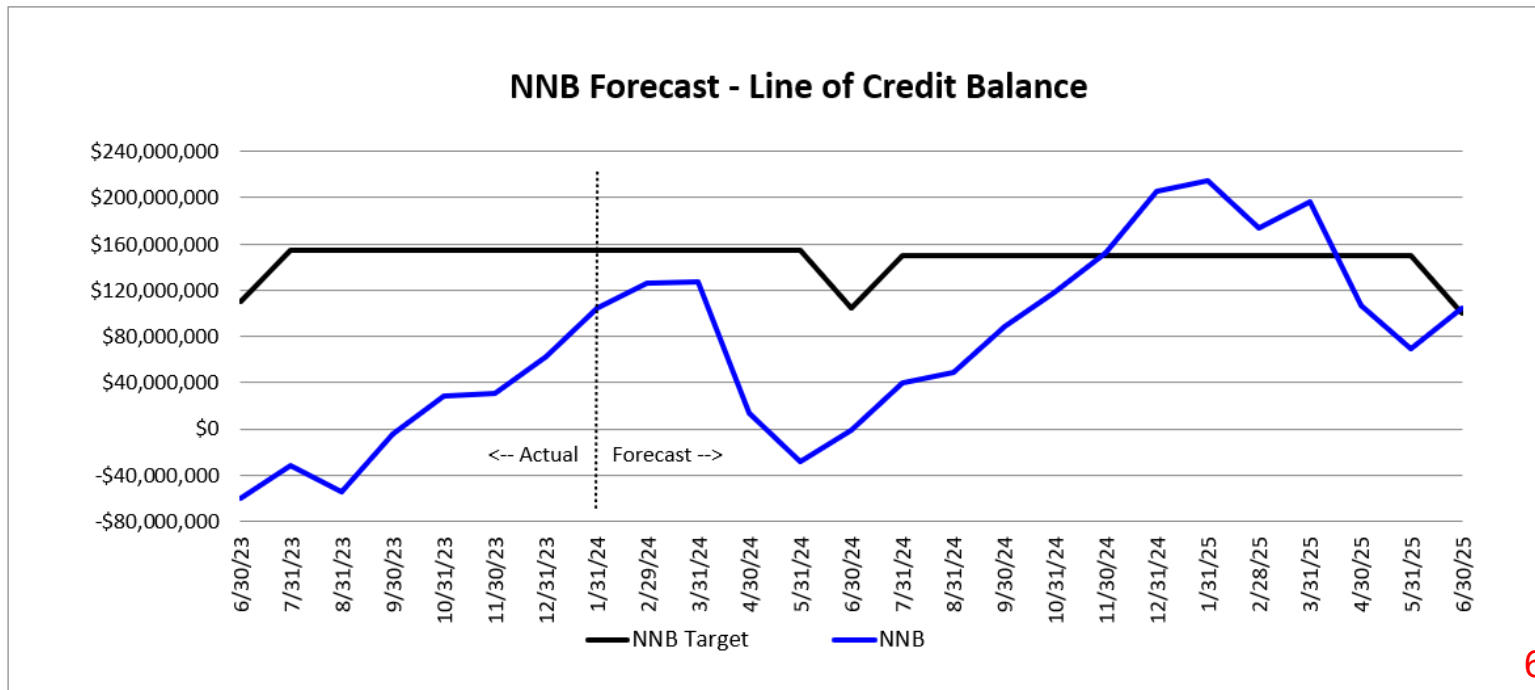
### Claim Volume and Dollars on Hold February 21, thru February 27, 2024

Claim Run Date ▾	Sys	Claim Run	Claim Count	Total of Claim Amount
2/21/2024	HB	291280	1,288	\$20,769,579.29
	PB	291281	3,217	\$1,500,371.96
	SNF	291280	39	\$1,844,255.08
<b>2/21/2024 Total</b>			<b>4,544</b>	<b>\$24,114,206.33</b>
2/22/2024	HB	291533	704	\$17,368,024.48
	PB	291534	3,722	\$1,446,310.79
	SNF	291533	14	\$515,985.93
<b>2/22/2024 Total</b>			<b>4,440</b>	<b>\$19,330,321.20</b>
2/23/2024	HB	291714	668	\$11,463,224.10
	PB	291715	3,531	\$1,412,059.63
		291717	1,505	\$666,618.08
	SNF	291714	8	\$991,468.17
<b>2/23/2024 Total</b>			<b>5,712</b>	<b>\$14,533,369.98</b>
2/26/2024	HB	291885	1,874	\$19,248,516.56
	PB	291886	5,054	\$2,013,403.24
	SNF	291885	31	\$2,125,037.68
<b>2/26/2024 Total</b>			<b>6,959</b>	<b>\$23,386,957.48</b>
2/27/2024	HB	292131	1,197	\$16,184,894.42
	PB	292132	3,569	\$1,394,683.99
	SNF	292131	9	\$555,147.90
<b>2/27/2024 Total</b>			<b>4,775</b>	<b>\$18,134,726.31</b>
<b>Grand Total</b>			<b>26,430</b>	<b>\$99,499,581.30</b>

- FY24 Patient collections approximately 0.4% higher than the same period in FY23.
  - AHS received the first FY24 payments under Cal Aim for JGP utilizing EPIC report developed to bill County under interim agreement. July 2023 facility billing was paid in January 2024. August/September 2023 facility billing paid in February 2024.
    - Professional fees a work in progress.
    - New County billing system is expected to be on-line in February to begin billing the State.

PATIENT COLLECTIONS (in thousands)							
	Legacy	Behavioral Health	Epic	Total FY 2024	FY 2023	FY 2022	FY 2021
Jul	1	10,909	68,682	79,592	74,260	59,732	41,373
Aug	1	5,871	63,441	69,313	58,590	57,374	53,893
Sep	5	5,928	57,389	63,322	76,063	61,968	64,484
Oct	3	-	63,119	63,122	59,796	49,923	51,514
Nov	31	-	57,750	57,781	56,939	52,057	49,499
Dec	2	-	63,865	63,867	67,018	68,121	53,274
Jan	4	6,544	62,210	68,758	71,452	62,292	34,443
Feb	-	-	-	-	57,886	52,269	49,157
Mar	-	-	-	-	65,320	62,888	58,922
Apr	-	-	-	-	55,307	56,235	55,646
May	-	-	-	-	63,795	69,591	44,005
Jun	-	-	-	-	70,027	53,187	43,889
Total	47	29,252	436,456	465,755	776,453	705,637	600,099
% change between fiscal years				0.4%	10.0%	17.6%	

- AHS will meet the NNB target at 6/30/24 and may exceed the NNB on 6/30/25 by \$4.0M.
  - Timing for BHCS payments updated for January (\$6.5M), February (\$8.M). AHS is assuming the interim contract amount (\$43.0M) will be paid by June 2024.
    - FY25 assumes that the State will restore rates to be consistent with FY23 contract of \$72.1 million (\$27.0M cash for FY24 contract, \$58.3M cash for FY25 ).
  - Payroll funding was over projection by \$4.0 million for January 2024 driven primarily holiday pay and coverage.
- Supplemental program changes to calendar year has moved a majority of the funding to Spring, which will have a significant impact on the NNB. The NNB will require an interim modification working in partnership with the County.



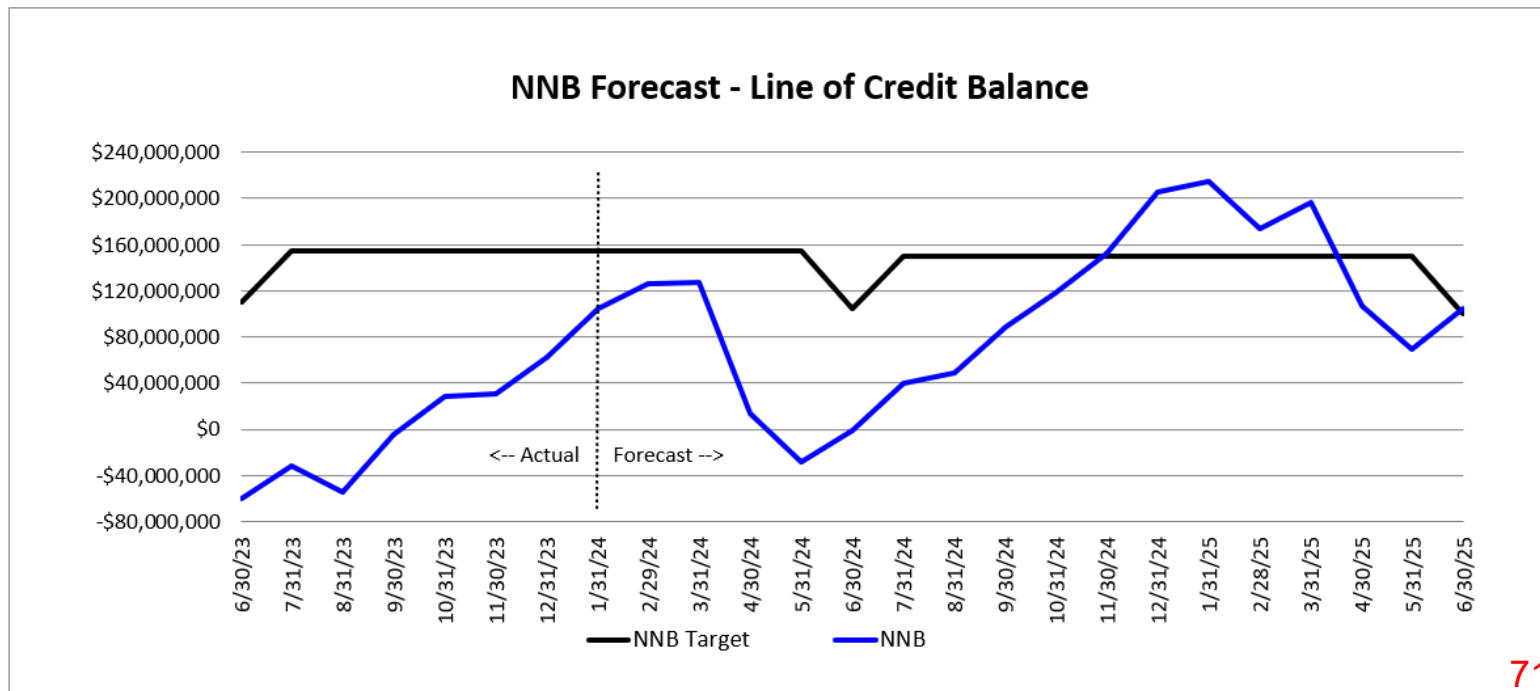
- For FY2024, the following changes occurred.
- Timing of BHCS payment was updated based on actual cash received.
  - Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in a separate table as the final settlement and timing are unknown. Amounts are excluded from the forecast.

Material Items Included in NNB Forecast (in thousands)											
	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul/Aug-24	Sep/Oct-24	Nov-Dec-24	Jan/Feb-25	Mar/Apr-25	May/Jun-25
GPP (quarterly)	\$ -	\$ 20,700	\$ 25,400	\$ -	\$ -	\$ 25,400	\$ 25,400	\$ -	\$ 25,400	\$ 25,700	\$ -
EPP (semi-annual)			32,997				21,000				21,000
QIP			77,955								68,728
Medi-Cal Rate Range				38,300							42,700
BHCS	8,400	6,000	10,000	10,000	10,000	27,000	11,666	11,666	11,666	11,666	11,666
HPAC	20,763		7,916		13,500				18,000	10,750	10,750
AB85 Realignment							(48,780)		40,000		
	<u>\$ 29,163</u>	<u>\$ 26,700</u>	<u>\$ 154,268</u>	<u>\$ 48,300</u>	<u>\$ 23,500</u>	<u>\$ 52,400</u>	<u>\$ 9,286</u>	<u>\$ 11,666</u>	<u>\$ 95,066</u>	<u>\$ 48,116</u>	<u>\$ 154,844</u>

Prior Year Reimbursement Settlements			
Waiver recoupment (fy10, fy11, fy14, fy15)	\$ (16,190)	TBD	
Medi-Cal FQHC recoupment (fy08 - fy13)	\$ (40,000)	TBD	
Physician SPA (fy08 - fy13)	\$ (25,000)	TBD	

- Key assumptions for FY25 NNB forecast.
  - Payroll based on timing of union agreements (2%). AHMG based on current PSA projection. Accounts payable based on CPI (3%).
  - FY24 capital budget \$30.5M; forecast assumes \$25.0M for the year. FY25 forecast \$25.0M.
  - Patient receipts increased by 3% , representing volume increase 2% and rate of 1%.
  - Supplemental reflect no prior year or recoupments.
- After the FY25 budget is approved, the forecast will be updated.







## Request for additional information

The following information is being requested from your organization and involves the distinctions between maintenance versus minor repairs versus major repairs/capital improvements.

Generally speaking, please list the types of activities you would classify as maintenance?

Generally speaking, please list the types of activities you would classify as minor repairs?

Generally speaking, please list the types of activities you would classify as major repairs?

Please provide responses to the three questions listed below for minor repairs, that is, activities that do not require a building permit but are the general types of activities that licensed professionals would perform.

Question #1: In regard to maintenance type of repairs, do you use in-house staff (classified as employees) or independent contractors?

Question #2: If in-house staff is used, what is the rate used to bill the property owner for such maintenance? Are different maintenance activities billed at different rates? Please provide categories and hourly rates to the property owner.

Question #3: If independent contractors are used, what is the rate used to bill the property owner for maintenance? Are different maintenance activities billed at different rates? Please provide categories and hourly rates charged to the property owner.

- Do you require independent contractors to have any type of license?
- Do you require independent contractors to have a general liability insurance policy covering the specific activities performed by the contractor.

## Regulatory Compliance

The City of Alameda and the State of California have regulations that generally fall under the category of rent control and restrictions on the termination of tenancies. How do you keep abreast of these laws? Do you have a designated individual responsible for regulatory compliance?

As the owner of the property, the City of Alameda Healthcare District is ultimately responsible for any violation of these regulations. As a governmental body, the District has



the highest duty to comply with all laws. Violations or even allegations of violations are of the utmost concern of the District.

Has your organization ever had an adverse outcome, legally, stemming from an inquiry or claim from any source regarding an alleged violation of City or State regulations governing rent control and/or restrictions on the termination of tenancies? Please describe the situation or situations and the ultimate outcome of each .

# Drysdale Property Management

*The East Bay's Full Service Property Management Company*



885 Island Drive • Suite 201 • Alameda, CA 94502

510.523.1166 • Drysdalepm.com



## Today's Market

Experienced representation is essential in today's market. As a highly collaborative team with unparalleled training, technology, and "neighborhood knowledge", Drysdale Property Management FKA Harbor Bay Realty has been dedicated to serving the entire Bay Area since 1984. We have grown to become a leader in the industry.

Year after year, our team continues to gather and acquire essential information needed in the local real estate market, including specific knowledge and skills in residential, income, commercial and property management. This allows us to offer a full range of real estate services to our clients. Our extensive marketing targets potential buyers, renters, tenants and real estate agents in the Bay Area. Our commitment to integrity, professionalism and service demonstrates customer satisfaction and is the reason we continue to receive repeat and referral business.

## Our Mission Statement

The mission of Drysdale Property Management is to seek excellence by providing the finest professional property management services to our clients. We strive to maintain profitability for the property investor and to preserve a stimulating and rewarding working environment for all of our employees.

We will succeed in our mission by continuing to support the professional and ethical practices of residential property management through networking and education, while always maintaining high quality standards. We endeavor to be leaders in our community and will continue to grow without sacrificing quality, service, or profitability. Our credo is to respect the personal dignity of all with whom we do business with and to maintain a reputation as an outstanding organization where business is conducted with the utmost professionalism.

*We manage to make a difference.*

# Property Management Services

Our full service management program is designed to relieve a property owner from their day-to-day management responsibilities. This program is ideal for owners residing out of the area, owners with multiple units, or owners that would prefer not to have the time consuming burden of property management while still receiving a monthly income check. Our managers are attentive and highly responsive to the individual needs of our clients. Every management contract is approached with the sensitivity of a personal investment. Our experience ranges from single family residences to large apartment complexes and also, from commercial to industrial properties.

- Property Evaluation
- Attracting Qualified Tenants
- Careful Tenant Screening & Selection
- Proper Legal Documentation
- Rent Collection
- Security Deposit Handling
- Accounting Services
- Full-Service Property Maintenance
- Property Visual Audits
- Property Analysis / Determining Rental Values
- Courteous and Timely Tenant Communications
- Regularly Emailed Legal Updates to Our Owners





# Marketing/Leasing Services

We want good tenants just as much as you do! Our extensive tenant screening and credit investigations help ensure quality tenants. Applicants are required to complete a rental application and provide written documentation of income, as well as current and previous landlord references. As members of the National Tenant Network (NTN), we run a credit check on ALL prospective tenants over the age of 18. Once a tenant's application has been approved, our Rental Consultants will review the lease agreement thoroughly with the tenant.

Our rental professionals are highly trained and experienced to help match our client's needs with the best opportunities in the marketplace. Our rental agreements are complete and up to date with the most current disclosures required by law. By executing the lease agreement personally with the tenant, we can answer any questions and carefully explain the tenant's responsibilities, as well as our company's policies and procedures. This attention reduces misunderstandings and eliminates potential problems before they can become a problem.

Our Maintenance Department will complete a Move-In Report prior to the tenant taking occupancy which becomes part of the original tenant file. The tenant will also receive a copy of this report to verify the move-in condition. This report is used not only during the term of tenancy as a point of reference, but also when the tenant moves out. The report is compared to the condition of the property when the tenant surrenders possession upon vacating.

We make every effort to keep your vacancies to a minimum. Our aggressive marketing allows your

- Advertise on Drysdale Property Management Website with Descriptions, Pictures, and Maps Directing Prospective Tenants to Your Property
- Video Monitor with a 24 Hour Slide Show in the Drysdale Property Management Lobby Displaying All of Our Listed Properties
- Publish a Daily List of All Rentals Available on Our Website and at Our Office
- Advertise Vacancies on Craig's List (*with The Property Owner's Approval*)
- 24 Hour Fax Line for Communication with Our Client
- Rental Consultants Always Accompany Each Prospective Tenant to The Property (*We Never Give Out Keys*).



# Maintenance Services

We offer a full-service Maintenance Department with a staff of professional and experienced employees. In the event of an emergency, we are available 24 hours a day. We pride ourselves on having qualified maintenance technicians to provide everything from gardening services and painting to general handy person repairs. Our maintenance personnel are covered by Drysdale Property Management workers compensation insurance (*California State License Board. License# 01929730.*)

Maintenance is one of the largest potential expenses of a rental property. We make maintenance and renovation easy by eliminating the frustration and headaches of hiring and managing multiple contractors. Because we have an in-house Maintenance Department, we can provide our clients with cost effective repairs and preventative maintenance programs. We receive preferred pricing from contractors and vendors because of the large volume of work we offer to them. We pass the savings on to you.

Our ability to respond to a tenant's service call is our maintenance team's top priority. Tenants appreciate a quick response to make repairs to their premises. Our maintenance team is always knowledgeable, service-orientated, and they follow through with expediency.

In addition to the day-to-day management, **Drysdale Property Management** completes an Annual Visual Survey of each unit under management, providing the owner with a comprehensive report detailing the condition of each unit.

- Respond to Emergency Calls on a 24 Hour Basis
- Respond Promptly to Maintenance Requests
- Proper Judgment Regarding Cost of Needed Repairs and Various Options
- Communicate Problems and Possible Solutions to Owners
- Periodically Survey Buildings and Common Areas, Making Repairs After Authorization as Needed, Thereby Avoiding Large Repairs Later
- Communicate Properly with Residents
- Prepare Preventative Maintenance Programs to Owners



# Accounting Services

Enjoy peace of mind that comes from our computerized accounting and record keeping systems which provide you with accuracy and efficiency. We utilize Appfolio property management and accounting software programs to supply in-depth monthly financial statements. Our accounting and reporting systems itemize all expenses, comply with IRS regulations, and can manage bill paying. Copies of all work orders and receipts are kept on file throughout the year. We will provide duplicate copies of this information at the end of the year to help you with your tax preparations.

Our services can be tailored to best serve your particular needs, making the ownership of investment property a pleasant and profitable experience for you.

- Rent Collection and Enforcement of Prompt Payment of Monthly Rent
- Timely Payment of Mortgages, Utility Bills, Property Taxes, Maintenance Bills, and Other Obligations
- Owner Distributions of all Rental Income are Electronically Transferred to The Owner's Account by The 15th of The Month
- Security Deposit Collection and Disbursements In Accordance with California Civil Code. Accurate Accounting of Forfeits and Damage Charges From Deposit
- Service of Three Day Notice to Pay or Quit, If Necessary
- Maintenance of All Files, Records, and Receipts for Your Tax Records
- Complete Tax Records at Year End, Itemized Record of All Transactions, Yearly Income and Expense Statements

## Owner Portal

One of the features of our accounting software program is our Tenant and Owner Portal. Tenant Portals allow for your tenants to conveniently pay their rent on time and view their Tenant Ledgers. In addition, Owners have their own Owner Portal, that allows them to view their Monthly Statements, make monetary contributions (*when necessary*) and view their End of Year Statement for tax purposes 24/7. When you sign up for our Management Services, you will receive a activation link that will prompt you to enter in your email address and let you create your own password. Your tenants do not have access to your portal.



# Sample of the Monthly Owner Statement

Drysdale Property Management

Period: 01 Apr 2016-30 Apr 2016

pmaccounting@drysdalepm.com  
885 Island Drive, Suite 201  
Alameda, CA 94502

## Owner Statement



John and Mary Owners\*

123 Owner Street  
Alameda, CA 94501



Properties

x00123 - 555 Tenant Ave.  
Alameda, CA 94501

Date	Payee / Payer	Type	Reference	Description	Income	Expense	Balance
Beginning Cash Balance as of 04/01/2016							200.00
04/01/2016	Joe J. and Joan E. Tenants	Receipt	4488	A - Rent - April 2016	1,600.00		1,800.00
04/01/2016	Bob Tenant	Receipt	777	D - Rent - April 2016	1,600.00		3,400.00
04/01/2016	Toni Resident	Receipt	1234	B - Rent - April 2016	1,500.00		4,900.00
04/04/2016	Jake Renter	Receipt	4321	C - Rent - April 2016	1,595.00		6,495.00
04/06/2016	Jon's Construction Co.	Check	1214	Maintenance - Remove window in unit C above unit A. Remove area of drywall around unit A window & replace with new - Remove window in unit C above unit A. Remove area of drywall around unit A window & replace with new		1,225.00	5,270.00
04/15/2016	Steve Tenants	Check	13222	Owner Draw - Owner payment for 04/2016		4,723.77	546.23
04/19/2016	Harbor Bay Realty Property Management	Check	12345	Management - Management for 04/2016		346.23	200.00
Ending Cash Balance							200.00
<b>Total</b>					<b>6,295.00</b>	<b>6,295.00</b>	

## Property Cash Summary

Required Reserves	200.00
Prepaid Rent for Future Rent	0.00

# Sample End of the Year Income Statement

## Income Statement - 12 Month

### Drysdale Property Management Properties:

x00123 - 555 Tenant Ave Alameda, CA 94501

Period Beginning: Jan 2016

Period Ending: Dec 2016

Account Name	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Total
<b>Operating Income &amp; Expense</b>													
<b>Income</b>													
Rent	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	75,540.00
<b>Total Operating Income</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>6,295.00</b>	<b>75,540.00</b>
<b>Expense</b>													
Maintenance	0.00	0.00	0.00	1,225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,225.00
Management	346.23	346.23	346.23	346.23	346.23	346.23	346.23	346.23	346.23	346.23	346.23	346.23	4,154.76
<b>Total Operating Expense</b>	<b>346.23</b>	<b>346.23</b>	<b>346.23</b>	<b>1,571.23</b>	<b>346.23</b>	<b>346.23</b>	<b>346.23</b>	<b>346.23</b>	<b>346.23</b>	<b>346.23</b>	<b>346.23</b>	<b>346.23</b>	<b>5,379.76</b>
<b>NOI - Net Operating Income</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>4,723.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>70,160.24</b>
<b>Total Income</b>													
Total Income	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	6,295.00	75,540.00
<b>Total Expense</b>													
Total Expense	346.23	346.23	346.23	1,571.23	346.23	346.23	346.23	346.23	346.23	346.23	346.23	346.23	5,379.76
<b>Net Income</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>4,723.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>5,948.77</b>	<b>70,160.24</b>



# Why Use a NARPM® Member?

NARPM® is an organization of single and multifamily residential property managers committed to providing the highest level of property management services to their clients through education, collaboration, and sharing of experiences of its members. Drysdale Property Management FKA Harbor Bay Realty has been a proud and active NARPM® member since 2000 and has served on the Board of Directors on both the Local and State level since 2005.

- Adhere to the highest Standards of Professionalism and NARPM Code of Ethics
- Keep abreast of unique challenges managing rental property in today's constantly changing economic and legislative environment
- Access to numerous educational opportunities and programs
- Keeping Up-to-date on landlord/tenant laws for your city, state, and federal governments
- Rental applications and consistent screening policies to meet legal obligations
- Perform thorough move-in and move-out property evaluations
- Personally familiar with reputable maintenance professionals
- Able to effectively negotiate with tenants, handle difficult issues, and enforce the terms of the rental agreement
- Ability to recover non-sufficient rent checks, evict tenants, and collect bad debts
- Establish relationships with other investors and tenants making them a great source of referrals
- Maximize rents and income
- Manage your property efficiently, professionally, and economically – freeing you to do other things, like relax

*Drysdale Property Management FKA Harbor Bay Realty Prestigious Affiliations and Member Associations Include*



## Client Testimonials

“I just wanted to say thank you for making my move to Alameda so enjoyable. Moving is always stressful, but the great people at Harbor Bay helped make it easy with their caring attitudes...” - ***M. Miller, Alameda***

“Just wanted to let you know that I was very impressed with the great service that the property management team provided me. It’s obvious that you love what you do...” - ***J. Hernandez, San Leandro***

“Thank you very much for your help, hard work and commitment in the past year. Thank you for taking good care of my property.” - ***R. Hen, Oakland***

“Harbor Bay Realty has been good to me by making it so easy and painless to rent from the start, especially by the maintenance department for taking care of all the repair requests so promptly. Whenever my friends complain about their property management company, I brag about mine...” - ***M. Brown, Alameda***

“I just wanted to thank you for your prompt assistance in providing repairs. Thank you for your courtesy-much appreciation.” - ***M. Pritchett, Hayward***

“On behalf on my family, I want to thank you for all that you have done for us. Your efforts have been immensely appreciated, and words cannot convey the depth of our heartfelt gratitude. You have truly gone over and beyond the call of duty. I really appreciate your expertise, and I continue learning from your property management leadership...” - ***G. Loo, Oakland***

“I have interacted with both the Harbor Bay Realty Property Management and Rental Team on numerous occasions and they never fail to provide outstanding service. The staff is friendly, professional and extremely knowledgeable. As a property owner I know I will have thoroughly screened, well-qualified tenants living in my home.” - ***T. Morinville, Hayward***

“It is rare to find a property management company that you actually like dealing with. It often feels like us against them when I have dealt with rental agencies in the past. The team at Harbor Bay was inviting, helpful and extremely professional at all points of business with them.” - ***K. Morton, Emeryville***

ADDITIONAL REFERRALS ARE AVAILABLE UPON REQUEST

For over 30 years, Drydales Property Management FKA Harbor Bay Realty has been assisting investors and corporate clients with their property management needs. Our services are tailored to meet your specific needs as an investment property owner. Everything is focused on one goal... Maximizing your property's cash flow to increase its Market Value.

Once again, thank you for your interest  
in Drysdale Property Management.

*We look forward to working with you.*



885 Island Drive • Suite 201 • Alameda, CA 94502

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# CITY OF ALAMEDA HEALTH CARE DISTRICT

## Property Management Proposal

*Date Submitted:* 03/06/2024

*Submitted By:* Matt Hastings, Real Property Management Pacific

*The following is a proposal outlining potential services only. Should this proposal be approved, a formal Management Agreement will be drafted for acceptance.*

Real Property Management Pacific, proposes as follows:

1. Residential - To exclusively market, rent, lease, operate, maintain and manage said property known as 1359 Pearl Street.
2. Commercial - To exclusively market, rent, lease, operate, maintain and manage said property known as 2711 Encinal Avenue.
3. Term of Management Agreement shall be on an annual basis, starting on April 1, 2024 (or as required by Owner) and thereafter renewing for yearly periods until terminated.
4. Real Property Management Pacific further proposes to act reasonably as follows:
  - a) To use diligence in their management of the premises for the period and upon the terms provided in the management agreement, and to furnish the services of Real Property Management Pacific for the renting, leasing, operating and managing of the property described above.
  - b) To render monthly statements of receipts, expenses, and charges and to remit to Owner receipts less disbursements made in accordance with this agreement, no more than 15 days following the month being reported.
  - c) To deposit all receipts collected for the Owner in accordance with state law (less any sums properly deducted or otherwise provided herein) in a Trust account, in an insured institution qualified to engage in the banking or trust business, separate from the Agent's business accounts.
  - d) To create and maintain a comprehensive advertising campaign for the property described above; marketing the availability for rental of the vacant units; to sign, renew and/or cancel leases; to collect rents due; to terminate tenancies and to sign and serve in the name of the Owner such notices as are appropriate.
  - e) To hire, discharge and supervise any employees required for the operation of the premises; to also contract, terminate contracts, and manage vendors and independent contractors as required for operation of the premises.
  - f) To hire contracts for services as shall be deemed advisable.
  - g) To perform regular site visits to ensure proper maintenance and cleanliness of the properties, common areas and parking lots.
  - h) To maintain the habitability of the community and each unit in accordance with state



and local laws.

- i) Other services as determined and agreed upon by the parties and further defined in the management agreement.

**ONBOARDING FEE:** A one-time administrative fee of \$40 per unit shall be charged to set up the properties and tenants in our property management system.

**FEES FOR MANAGEMENT:** A monthly fee equal to 7% of gross rents for residential spaces and 6% for commercial spaces.

**FOR LEASING:** A one-time rental commission fee of the greater of 50% of 1 months' rent or \$1,200 per residential unit rented. We will lease the premises each time a vacancy occurs, unless otherwise directed by Owner.

A renewal fee of \$185 will cover applying appropriate rental increase and new lease paperwork as needed. Does not apply to month-to-month agreements.

New commercial leases shall be charged an administrative fee of \$150 per occurrence plus a market rate commission. We would like to discuss the option of engaging the services of a local dedicated commercial leasing agent as needed.

**FOR MAINTENANCE:**

- a. Regular maintenance: The overhead and service fee to oversee ordinary repairs and/or maintenance shall be 15%.
- b. Extraordinary maintenance: A fee for Rehabilitation work that exceeds \$5,000.00 and must be authorized by the owner - Examples are insurance claims, major systems replacements, roof replacement, major tree work, fire restoration, remodeling, exterior painting, capital improvements, etc. The fee to oversee extraordinary maintenance work shall be the lessor of 12% or \$85 per hour assessed for time invested by Property Manager.

**CONTINGENCY RESERVE:** Owner shall maintain a contingency reserve of \$2,000 (negotiable based on monthly expenses) in a trust account to enable property manager to pay the monthly obligations of Owner.

All other terms shall be further defined and agreed upon in the management agreement.

**Upon acceptance of a management proposal, the following would be needed to get started:**

1. Employer's Identification Number (W-9)
2. Certificate of Liability/Building and Code Compliance Insurance
3. Rent Roll with list of tenants' complete names, address, unit numbers, phone numbers, rent and security deposit amounts and lease expiration dates
4. Tenant Leases and any associated addenda
5. Current financial statement with up-to-date delinquency list
6. Keys/Access codes to all apartments, commercial spaces and common areas
7. All current utility contact information and agreements
8. All current vendor contact information and agreements
9. Outstanding work orders if any

#### ACCEPTANCE

Your signature below indicates acceptance of this proposal and the terms and conditions herein, further to draft a 12-month management agreement for property herein named.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### 60 DAY RISK-FREE GUARANTEE

If the Owner is not satisfied for any reason with the property manager's performance of duties, as outlined in the Management Agreement, the Owner may terminate the Management Agreement upon written notice during the first 60 days of the term of the Agreement. If written notice is received property manager will waive any unearned management fees owed to property manager. This guarantee does not include fees already earned at time of cancellation.



March 2, 2024

Debi Stebbins  
City of Alameda Health Care District  
1402 Park Street, Suite A/B  
Alameda, CA 94501

Dear Debi,

Cerda-Zein Real Estate has been serving our community as a housing provider since 2009. We specialize in residential and commercial property management, leasing and sales. Our office has been actively registered with the California Secretary of State since 2009 and Jose currently holds an active California Real Estate Broker's license.

Cerda-Zein Real Estate understands the importance of the ultimate customer experience. At the core, our company focuses on the tasks at hand. We understand that response times to residents, addressing tenant caused issues, mindfulness of the budgets, and overall communication is of the utmost priority.

By working alongside Cerda-Zein Real Estate, we are a team with over, 20 years of experience. We have a fully staffed team of 17 members and a back office staff in the accounting and maintenance department. We are a dynamic team that conducts, routine overview of budgets, rapid response times to resident requests, digging in deeper to get to the root of issues and providing solutions for them.

We are excited to partner with the city of Alameda Health Care District in fulfilling the client centric approach to managing the properties at 1359 Pearl St and 2711 Encinal Avenue.

We look forward to working with you. You can contact us directly at **510-295-9528** or email to **Nancy@CerdaZein.com** with any further thoughts or questions.

Committed to your success,



**Nancy Cerda-Zein**  
Managing Partner | DRE#01843944



# BACKGROUND AND CREDENTIALS

Jose and Nancy Cerda-Zein founded Cerda-Zein Real Estate (CZRE) in 2009. CZRE is a corporation that has been in operation as a full service brokerage, including but not limited to, sales, leasing, and property management.

We have two offices located at 2514 Santa Clara and 1417 Everett St, Alameda, Ca 94501.

CZRE is a boutique real estate firm specializing in residential and commercial property management, residential and commercial leasing and residential and commercial sales.

We are committed to your success. Our team firmly believes in setting and exceeding expectations for our clientele.

The management portfolio consists of just under 1,150 doors and housing over 2,000 residents in Alameda and surrounding Bay Area.

Cerda-Zein Real Estate is hyper-local to the city of Alameda and due to our focus and commitment to Alameda we are in a unique position to acutely understand current conditions and trends of local real estate and be pro-active in our approach to local market conditions and the needs of owners and tenants.

**CZRE COMMITS TO  
THE COMMUNITY AND  
HAS ESTABLISHED  
STRONG AND LASTING  
RELATIONS WITH  
LOCAL VENDORS.**



# BENEFITS TO CITY OF ALAMEDA- HEALTH CARE DISTRICT AS OWNER

## **1. MULTI-LINGUAL STAFF FOR TENANT RELATIONS AND COMMUNICATION:**

Our staff is proficient in various languages, including but not limited to:

- Arabic
- Chinese (Cantonese)
- Vietnamese
- Spanish

## **2. RESPONSIVENESS:**

We provided dedicated service for call answering and voice-to-voice communications with tenants, maintenance, and owners with live staff 24 hours a day, seven days a week. This helps ensure that emergencies or essential items are communicated to the appropriate decision makers quickly and efficiently.

## **3. MAINTENANCE CAPABILITIES:**

We provide in-house, dedicated maintenance service for smaller items such as but not limited to light bulb replacements, installation of carbon monoxide and smoke detectors, lighting pilot lights, tightening hinges, installation of blinds, touch up painting, and issues so that they can be resolved expeditiously without resort to the time and additional administrative work that would be required for an outside vendor.

## **4. BUDGETING & ACCOUNTING:**

Over the last fifteen years, we have developed in house budget review protocols that provide for a systematic assessment of owners' accounts and maintenance budgets. Vendor estimates are compared to repairs conducted within our management portfolio. Negotiations and price comparisons on vendor pricing happens on a routine basis.

We have a 3rd party vendor (APM help) conduct the daily bank audits and monthly reconciliations. They keep the financials aligned with the trust bookkeeping guidelines as outlined by the Department of Real Estate.

## **24/7 LIVE SUPPORT FOR ALL CALLS:**

Our dedicated team ensures that every call, including maintenance emergencies, is answered by a live person around the clock, enhancing responsiveness and service quality.

## **DEDICATED BACK-OFFICE SUPPORT:**

CZRE's comprehensive back-office infrastructure enables our team to concentrate on fostering strong client relationships, ensuring operational efficiency and client satisfaction.

## **PROACTIVE LEASING TEAM:**

Our leasing team is committed to actively filling vacant units and soliciting client feedback. Understanding clients' needs and preferences allows us to tailor offerings that attract and retain tenants.

## **EMPHASIS ON EFFECTIVE COMMUNICATION:**

We prioritize open and consistent communication through well-structured meetings, ensuring issues are swiftly addressed and all team members are aligned and informed.

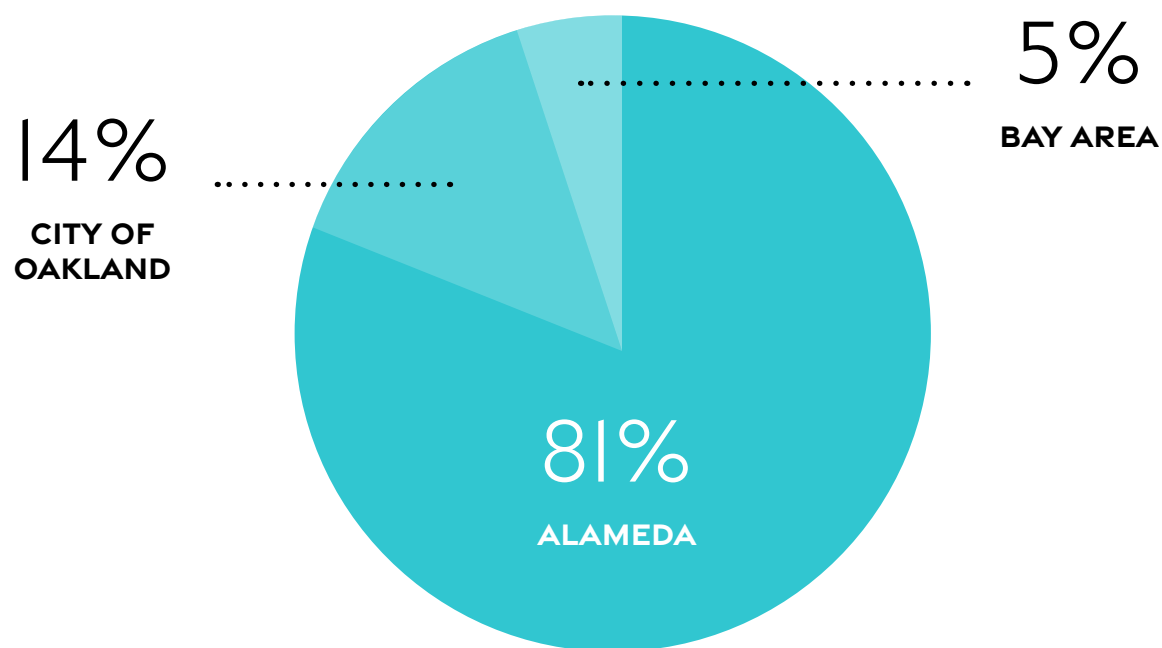
## **WEEKLY INTERDEPARTMENTAL COORDINATION MEETINGS:**

Our regular office meetings facilitate cross-departmental collaboration and keep staff informed on various aspects, including new clients, weekly objectives, financial updates, client care insights, project statuses, leasing achievements, and executive overviews.



# PORTFOLIO

The Cerda-Zein Real Estate portfolio consists of 81% of properties in the City of Alameda, 14% in the City of Oakland, and 5% throughout the bay area.



## THESE PROPERTIES CONSIST OF:

SINGLE FAMILY HOMES

CONDOS

TOWN HOMES

MULTI UNIT BUILDINGS



# OUR TEAM

Cerda-Zein Real Estate is a team-based company. Our staffing is broken down into the following teams, each with their own lead: property management team, accounting team, project management team, and leasing team. The staffing details are provided below and are broken down pursuant to the following summary:

## TOTAL STAFF: 17 TEAM MEMBERS

- **Licensed Broker:** 1
- **Senior Property Manager & Managing Partner:** 1
- **General Management:** 2
- **Accounting:** 2 (APM help back office)
- **Project Management & Maintenance:** 4 (Fyxed back office)
- **Leasing:** 5
- **Client Care:** 2



### **BROKER:**

Jose Cerda-Zein is the broker of Cerda-Zein Real Estate. Jose has been licensed since 2003 and has a firm commitment to the success of our clients and team. In addition, Jose handles all real estate sales and business development. He is readily available to step into any situation and address issues or concerns that the team cannot resolve.



### **MANAGING PARTNER AND SENIOR PROPERTY MANAGER:**

Nancy Cerda-Zein is the Managing Partner and the Co-owner of Cerda-Zein Real Estate and oversees the day-to-day operations of Cerda-Zein Real Estate.

## MANAGEMENT TEAM:

Abia Al Khafaji and Alex Camarena are property managers at Cerda-Zein Real Estate.

---

## ACCOUNTING TEAM:

Debra Lindsey is the Senior Accounting Manager at Cerda-Zein Real Estate. Ms. Lindsey not only manages Cerda-Zein Real Estate's in-house accounting, but also oversees our outside accounting team APM help which provides additional oversight and compliance services. The combination of the in-house and outside accounting capabilities provides a comprehensive team to handle owner and tenant funds.

### ***Debra oversees the following staff:***

- Amy McCann: accounting assistant
- 

## PROJECT MANAGEMENT TEAM:

Tanya Garvine is the Senior Project Manager. Tanya is backed by a maintenance team 24 hours a day, seven days a week. Tanya's duties include but are not limited to overseeing new projects current projects and assigning residence maintenance inquiries to vendors.

### ***Tanya oversees the following staff:***

- Gerardo Oseguera: Lead Maintenance Technician
- Oscar Salgado: Assistant Maintenance Technician
- Kevin Oseguera : Assistant

## LEASING TEAM :

Nicole Thresher is the Senior Leasing Manager. Nicole's tasks include:

- Presenting leasing applications to clients or property managers.
- Updating clients and property managers weekly on the progress of their rental listings.
- Sending feedback and recommendations, if any, on the weekly progress report.

### ***Nicole oversees the following staff:***

- Angelo Melendez: Leasing Consultant
  - Alex Camarena: Leasing Consultant
  - Evan Rafferty: Showing Assistant
  - Yosef Amini: Showing Assistant
- 

## CLIENT CARE TEAM:

Krista Paine is the Senior Client Care Manager. Krista is a resident liaison. Duties include but are not limited to reviewing management contracts, ensuring documents are up in place and up to date, direct liaison to the rent program, and updating the team on notices.

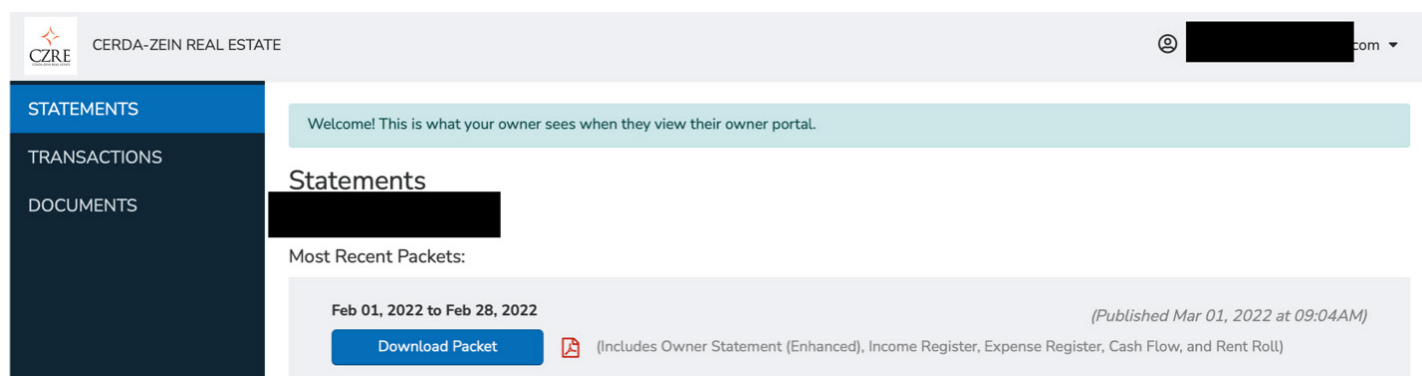
### ***Krista works along side the following staff:***

- Lily Saechao: Client Care Specialist



# FINANCIAL REPORTING

Cerda-Zein Real Estate uses Appfolio, web-based software that allows residents and owners to access their online accounts. It is used for the capabilities of online tenant payments and maintenance requests. Through this software, we provide transparency to owners so that at any time they can get a view of unit-by-unit accounting, maintenance, reports, and access essential documentation.



## APPFOLIO FEATURES:

- Clients can access their online accounts, make online owner payments, view online monthly reports, and view documents.
- Clients can access their account online via desktop or mobile
- Make payments online
- View online financial reports
- Access 1099
- Access Year end statement
- APM help provides back office bookkeeping support

## **CERDA-ZEIN HAS TIERED IN-HOUSE REPORTING PROCEDURES TO ENSURE COMPLIANCE WITH INTERNAL POLICIES, STATE AND LOCAL REGULATIONS AND LAWS, AND CLIENT CONTRACT REQUIREMENTS.**

In addition, our accounting services team conducts daily bank audits and provides reports to management to maintain comprehensive information sharing regarding budgets and fund management.

Accounting also provides management with monthly reconciliations of client accounts.

The accounting department conducts and reviews a monthly bank reconciliation and shares the report to Jose and Nancy Cerda-Zein.

The accounting team's responsibilities include financial audits, accounts receivable, accounts payable, depositing checks, printing checks, payments to vendors, income and expense reporting, preparing financial statements, 1099s, and year-to-date statements.

Once clients have approved payment and if funds are available, payments are made weekly to vendors.

Nancy and Jose Cerda-Zein are the only individuals in the office that can authorize payments from the trust account(s).

# FINANCIAL DOCUMENTS AVAILABLE IN THE OWNER PORTAL

CASH FLOW DETAIL  
OWNER STATEMENT  
INCOME REGISTER

EXPENSE REGISTER  
RENT ROLL

## I. CASH FLOW DETAIL

### Cash Flow Detail

Properties: 123 Address Ave. - 123 Address Ave Alameda, CA 94501

Date Range: 11/01/2023 to 11/30/2023

Accounting Basis: Cash

Exclude Suppressed Fees: No

Account Name	Date	Type	Amount	Reference #	Description
<b>Operating Income &amp; Expense</b>					
<b>Income</b>					
<b>Rent Income</b>					
<b>Rent Income</b>					
	11/01/2023	Receipt	2,400.00		
	11/01/2023	Receipt	2,050.00		
	11/01/2023	Receipt	1,759.50		
	11/01/2023	Receipt	2,000.00		
	11/01/2023	eCheck receipt	2,500.00	0633-B680	November 2023
	11/01/2023	eCheck receipt	1,700.00	0A2C-6400	November 2023
	11/01/2023	eCheck receipt	2,018.25	15BF-7DA0	November 2023
	11/01/2023	eCheck receipt	2,700.00	165E-68A0	November 2023
<b>Total Rent Income</b>			<b>17,127.75</b>		
<b>Total Rent Income</b>			<b>17,127.75</b>		
<b>Rent Program Income</b>					
	11/01/2023	Receipt	6.75		
	11/01/2023	Receipt	6.75		
	11/01/2023	Receipt	6.75		
	11/01/2023	Receipt	6.75		
	11/01/2023	eCheck receipt	6.75	0633-B680	November 2023 - Alameda rent program 2023
	11/01/2023	eCheck receipt	6.75	0A2C-6400	November 2023 - Alameda rent program 2023
	11/01/2023	eCheck receipt	6.75	15BF-7DA0	November 2023 - Alameda rent program 2023
	11/01/2023	eCheck receipt	1.18	165E-68A0	October 2023 - Alameda rent program 2023
	11/01/2023	eCheck receipt	4.98	165E-68A0	November 2023 - Alameda rent program 2023
<b>Total Rent Program Income</b>			<b>53.41</b>		
<b>Total Operating Income</b>			<b>17,181.16</b>		
<b>Expense</b>					
<b>Maintenance &amp; Repair Expenses</b>					
<b>General Maintenance</b>					
	11/22/2023	eCheck	280.00	53E9-955A	Gutter cleaning service.
<b>Total General Maintenance</b>			<b>280.00</b>		

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## 2. OWNER STATEMENT

### CERDA-ZEIN REAL ESTATE

1417 Everett St  
Alameda, CA 94501

Period: 01 Nov 2023-30 Nov 2023

Property Manager: Name (Property Manager) (510)555-5555

### Owner Statement



**Tom Jones**  
123 Jones Ave.  
Alameda, CA 94501



**Properties**  
123 Address Ave.  
Alameda, CA 94501

Date	Payee / Payer	Type	Reference	Description	Income	Expense	Balance
				Beginning Cash Balance as of 11/01/2023			8,556.74
11/01/2023		eCheck receipt	0633-B680	10 - Rent Income - November 2023	2,500.00		11,056.74
11/01/2023		eCheck receipt	0633-B680	10 - Rent Program Income - November 2023 - Alameda rent program 2023	6.75		11,063.49
11/01/2023		eCheck receipt	0A2C-6400	7 - Rent Income - November 2023	1,700.00		12,763.49
11/01/2023		eCheck receipt	0A2C-6400	7 - Rent Program Income - November 2023 - Alameda rent program 2023	6.75		12,770.24
11/01/2023		eCheck receipt	15BF-7DA0	11 - Rent Income - November 2023	2,018.25		14,788.49
11/01/2023		eCheck receipt	15BF-7DA0	11 - Rent Program Income - November 2023 - Alameda rent program 2023	6.75		14,795.24
11/01/2023		eCheck receipt	165E-68A0	8 - Rent Program Income - October 2023 - Alameda rent program 2023	1.18		14,796.42
11/01/2023		eCheck receipt	165E-68A0	8 - Rent Income - November 2023	2,700.00		17,496.42
11/01/2023		eCheck receipt	165E-68A0	8 - Rent Program Income - November 2023 - Alameda rent program 2023	4.98		17,501.40
11/02/2023	CERDA-ZEIN REAL ESTATE	eCheck	3D91-BC68	5 - Materials/Supplies - Other - 1 smoke detector.		24.00	17,477.40
11/02/2023	CERDA-ZEIN REAL ESTATE	eCheck	3D91-BC68	Monthly Management Fee - Monthly Management Fee for 11/2023		856.39	16,621.01
11/03/2023	PG&E	Check	9726	Gas - 09/26-10/25		170.47	16,450.54
11/07/2023		Check	9727	Owner Distribution - Owner payment for 11/2023		10,000.00	6,450.54
11/09/2023	ACI-Alameda	Check	9729	Garbage and Recycling - 10/01-10/31 034770		476.67	5,973.87
11/09/2023	Alameda Municipal Power	Check	9730	Electricity - 09/26-10/26		87.67	5,886.20
11/09/2023	Dewey Pest Control	Check	9731	Pest Control - Nov 23		86.00	5,800.20
11/09/2023	F.G. Gardening Services	Check	9733	Landscape Maintenance - Oct 23		100.00	5,700.20
11/16/2023	All Weather Roofing	Check	9737	Roof Repair - Roof repair work completed as per contractor.		540.00	5,160.20
11/16/2023		Check	9742	Owner Distribution - Owner payment for 11/2023		4,360.20	800.00

## 3. INCOME REGISTER

### Income Register

Properties: Address Ave. 123 - 123 Address Ave Alameda, CA 94501

Receipt Date Range: 11/01/2023 to 11/30/2023

Payers: All

Type	Reference	Property	Unit	Payer	Received Date / Invoice Date	Cash Account / Income Account	Receipt Amount	Charge Amount	Description
		Address Ave. 123 - 123 Address Ave. Alameda, CA 94501	9		11/01/ 2023	1100 - Operating Cash	0.00		Prepayment applied automatically
						2800 - Prepaid Rent		-2,400.00	
					11/01/ 2023	4060 - Rent Income		2,400.00	
		Address Ave 123 - 123 Address Ave Alameda, CA 94501	9		11/01/ 2023	1100 - Operating Cash	0.00		Prepayment applied automatically
						2800 - Prepaid Rent		-6.75	
					11/01/ 2023	4600 - Rent Program Income		6.75	
		Address Ave. 123 - 123 Address Ave. Alameda, CA 94501	12		11/01/ 2023	1100 - Operating Cash	0.00		Prepayment applied automatically
						2800 - Prepaid Rent		-2,050.00	
					11/01/ 2023	4060 - Rent Income		2,050.00	
		Address Ave. 123 - 123 Address Ave Alameda, CA 94501	12		11/01/ 2023	1100 - Operating Cash	0.00		Prepayment applied automatically
						2800 - Prepaid Rent		-6.75	
					11/01/ 2023	4600 - Rent Program Income		6.75	
		Address Ave. 123 - 123 Address Ave. Alameda, CA 94501	6		11/01/ 2023	1100 - Operating Cash	0.00		Prepayment applied automatically
						2800 - Prepaid Rent		-1,759.50	
					11/01/ 2023	4060 - Rent Income		1,759.50	
		Address Ave 123 - 123 Address Ave Alameda, CA 94501	6		11/01/ 2023	1100 - Operating Cash	0.00		Prepayment applied automatically
						2800 - Prepaid Rent		-6.75	
					11/01/ 2023	4600 - Rent Program Income		6.75	

Created on 03/05/2024

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## 4. EXPENSE REGISTER

### Expense Register

**Properties:** Address Ave 123 - 123 Address Ave Alameda, CA 94501

**Payees:** All

**Bill Status:** All

**Bill Date Range:** 11/01/2023 to 11/30/2023

Property	Unit	Payee Name	Bill Date	Check Date	Expense Account	Cash Account	Amount	Unpaid/Paid	Reference/Check #	Description
Address Ave 123 - 123 Address Ave. Alameda, CA 94501		PG&E	11/02/2023		5310 - Gas	1100 - Operating Cash	170.47		4689609741-0	09/26-10/25
				11/03/2023				170.47		
Address Ave 123 - 123 Address Ave. Alameda, CA 94501		CERDA-ZEIN REAL ESTATE	11/02/2023		5210 - Monthly Management Fee	1100 - Operating Cash	856.39		3D91-BC68	Monthly Management Fee for 11/2023
				11/02/2023				856.39		
Address Ave 123 - 123 Address Ave. Alameda, CA 94501			11/07/2023		3150 - Owner Distribution	1100 - Operating Cash	10,000.00		9727	Owner payment for 11/2023
				11/07/2023				10,000.00		
Address Ave 123 - 123 Address Ave. Alameda, CA 94501		Dewey Pest Control	11/08/2023		5187 - Pest Control	1100 - Operating Cash	86.00		16287131	Nov 23
				11/09/2023				86.00		
Address Ave 123 - 123 Address Ave. Alameda, CA 94501		F.G. Gardening Services	11/08/2023		5185 - Landscape Maintenance	1100 - Operating Cash	100.00		1521	Oct 23
				11/09/2023				100.00		
Address Ave 123 - 123 Address Ave. Alameda, CA 94501		ACI-Alameda	11/08/2023		5330 - Garbage and Recycling	1100 - Operating Cash	476.67		0001652048	10/01-10/31 034770
				11/09/2023				476.67		

## 5. RENT ROLL

### Rent Roll

**Properties:** Address Ave 123 123 Address Ave Alameda, CA 94501

**Units:** Active

**As of:** 11/30/2023

**Include Non-Revenue Units:** No

Unit	BD/BA	Status	Rent	Deposit	Move-In
<b>Address Ave 123 - 123 Address Ave Alameda, CA 94501</b>					
5	2/1.00	Current	2,000.00	2,700.00	01/25/2022
6	1/1.00	Current	1,759.50	1,100.00	09/22/2011
7	0/1.00	Current	1,700.00	2,900.00	11/18/2017
8	2/1.00	Current	2,700.00	2,900.00	06/09/2014
9	2/1.00	Current	2,400.00	3,100.00	10/15/2023
10	2/1.00	Current	2,500.00	3,700.00	07/15/2017
11	2/1.00	Current	2,018.25	1,500.00	06/01/2009
12	1/1.00	Current	2,050.00	2,750.00	08/01/2022
<b>8 Units</b>		<b>100.0% Occupied</b>	<b>17,127.75</b>	<b>20,650.00</b>	
<b>Total 8 Units</b>		<b>100.0% Occupied</b>	<b>17,127.75</b>	<b>20,650.00</b>	

# REPAIR/MAINTENANCE

Cerda-Zein Real Estate Senior Project Manager oversees the coordination of receiving maintenance requests, processing the request, and coordinating between tenant and vendor(s).

Cerda-Zein Real Estate employs two in-house maintenance technicians for minor routine maintenance requests. Currently, the cost is \$65 per hour, during regular business hours (9 am-5 pm Monday through Friday), and \$97.50 per hour after regular business hours plus materials.

In addition to our in-house maintenance capabilities, we have longstanding relationships with Alameda businesses whom we regularly contract with for maintenance or repairs that cannot be performed by our in-house team. Below is a sample of the local Alameda vendors that we use:

- **Electrical:** TEC
- **Glass or Window:** Glassman & Sons
- **Landscaping:** McDaniels Landscaping
- **Plumbing:** AT Weber
- **Central Plumbing:** Rick's Plumbing
- **Roofing/gutters:** Rain Defense

# SERVICE CALLS

Service requests originate through several ways: the AppFolio software by phone call, or walk in. Once a service request is received, it is logged in and evaluated. the request is directed to the in-house maintenance team, and if not, to an appropriate vendor for resolution.

## AFTER HOURS SERVICE CALLS

---

There are two ways residents can make after hour service calls. First, they can either call in or message through their online account.

Resident service calls will either come through AppFolio or via phone.

The maintenance team will respond to the tenant to gather information on the service call.

They will trouble shoot and see if it's something that can be resolved. If the service call needs a site visit, the maintenance team will contact the appropriate vendor and give details to the vendor and dispatch them to the site.

# FEES

Management fees are 8% of the gross monthly rent or \$100 (per door), whichever is greater.

## **LEASE COMMISSION FEE:**

The leasing commission is 30% of one month's rent. The fee is negotiable between the lessor and the lessee. In today's market, the 30% fee is typically paid by the residents.

The leasing commission is negotiable between lessor and lessee. In today's market the leasing fee is typically 30% of one month's rent.

Prices are subject to change. Clients will be notified 30 days in advance if prices are changed.

## **PROJECT MANAGEMENT FEE:**

10% of the final invoice for project management coordination beyond regular routine maintenance.

**CERDA-ZEIN REAL ESTATE LOOKS  
FORWARD IN CONTINUING TO SERVE  
THE ALAMEDA COMMUNITY.**



# CZRE

CERDA-ZEIN REAL ESTATE

510.522.5888 • [nancy@cerdazein.com](mailto:nancy@cerdazein.com)

Sales Team Office: 1417 Everett Street, Alameda CA 94501

Management Team Office: 2514 Santa Clara Avenue, Alameda CA 94501

**April 8, 2024**

**Memorandum to: City of Alameda Health Care District  
Board of Directors**

**From: Debi Stebbins  
Executive Director**

**RE: Executive Director Report – April 2024**

### **1. Status of AB 2157 (Bonta)**

AB 2157(Bonta), which provides a statutory lien for the District's Certificate of Participation financing, passed the Local Government Committee of the Assembly unanimously on March 20. This is the only Committee of the Assembly where the Bill will be reviewed. It is slated to be voted upon by the full Assembly on April 15 or 16. Prior to that vote, MJM Advocacy, our advocacy consultants, are meeting with 70 assemblymember offices to discuss the bill. They have encountered no opposition to date and our support from SEIU seems to have been a positive force. Following a vote in the Assembly, the bill will go before the Senate and finally to the Governor for signature. MJM will continue to follow the bill through these steps and I will participate as necessary.

### **2. Financing Strategy**

I continue to work with Gary Hlcks, Tom Driscoll and our other legal and architectural consultants to keep the seismic retrofit and financing on track.

Attached is a master schedule of the Financing process as well as projected sources and uses of funds for the project. Porter Consulting has met with Ratcliff to map out more specifics of how the project can be approached in sections. We are also meeting with BB&K, our special construction counsel, along with Porter and Ratcliff to determine how best to structure the bidding for the various construction components.

The District has submitted a proposed amendment to the JPA to AHS management and in-house counsel. Achieving concurrence on an amendment to the JPA is an essential step to enable the parcel tax to be repurposed to service the debt for the seismic retrofit and a new AHS program to develop 18 Medi-SNF beds on 2 South of Alameda Hospital. It is our hope that we can reach an agreement with AHS very soon and obtain approval of the AHS Board of Trustees for the revised JPA within the next month.



Note that the two tranches of financing are scheduled for August 2024 and December 2025

Dr. Deutsch and I will be meeting with Supervisor Lena Tam later this month to update her on the plans for the seismic retrofit and financing strategy.

### **3. AHS Transition Committee**

AHS management has convened a Transition Committee comprised of AHS and AH managers and physicians to identify ways to improve financial performance at Alameda Hospital. The Committee has met several times. Dr. Deutsch will report on the committee work in his Board report.

### **4. Draft FY 2025 General Operating and Jaber Budgets**

Attached are Draft Budgets for District Operations and the Jaber properties for FY 2025. It has been our practice to have a “first reading” of the budgets in April with final review and approval by the Board at the June meeting. At the June meeting I will also bring proposed Goals & Priorities for FY 2025. I hope to get input and suggestions for these at our April meeting. Obviously, a major focus of the District Board and staff will be on overseeing the seismic retrofit and its financing. However, FY 2025 will also be a time we need to step up our communications plan with our community. There should be good news that we have a plan to finance our retrofit, securing the continuation of acute care and an emergency department serving the community. The parcel tax will provide the vehicle to finance this renovation with for the benefit of the AHS system as well as the citizens of Alameda and the County as a whole.

These are only drafts of the budget. I will walk through some key issues at our April Board meeting. For example, we will need to discuss the level of support the District will provide to the AFD C.A.R.E. program in FY 2025 and beyond. The program has been successful in securing some additional State and grant financial support since our grant in FY 2024.

There has been a significant increase in our strategic consulting expenses over the last few months and continuing into the first few months of FY 2025. These expenses include increased legal fees, our advocacy consultant, Ratcliff Architects, Gary Hicks Financial LLC, etc. In total, I am projecting such professional and consulting expenses will total almost \$600,000 in FY 2024. When the first tranche of financing is available in August 2024 the District will be able to recoup these development costs, as well as any from prior years, from the proceeds of the Financing. This revenue will then be immediately transmitted to AHS since, in the absence of the development expenses of the District for the seismic during and before FY 2024, this portion of the parcel tax would have gone to support hospital operations.

## **5. Jaber Properties**

Director Cambra will be reporting on the status of proposals from prospective property managers for the Pearl Street and Encinal Avenue properties. He will also present bids for inspections of both properties for Board approval.

There is one unit at Pearl Street which became vacant a month ago. Jeff Cambra and I toured the property and authorized some cosmetic improvements in consultation with Drysdale properties. Good news – we found hardwood floors under some well worn carpet in the unit and have had the floors refinished. We hope to list the unit soon at \$2300/month, which is competitive with comparable rental units in Alameda

The replacement of the Pearl Street rooves (there are three (buildings plus the carport), which the Board authorized early this year, will at last start at the end of April as a result of rain delays and the contractor's resulting backlog of work.

City of Alameda Health Care District  
**DRAFT** FY 2024-2025 General Operating Budget

	BUDGET FY 2023	ACTUAL FY 2023	BUDGET 2024	YTD ACTUAL thru 12/23)	PROJ FY 2024	BUDGET FY2025
<b>REVENUE AND OTHER SUPPORT:</b>						
District Tax Revenues	6,009,000		\$6,161,150		\$6,173,082	\$6,205,493
County Commission (1.7%)	109,000		\$104,740		\$104,942	\$105,493
<b>NET REVENUE</b>	<b>5,900,000</b>	<b>5,900,000</b>	<b>\$6,056,410</b>	<b>\$3,034,070</b>	<b>\$6,068,140</b>	<b>\$6,100,000</b>
<b>EXPENSES:</b>						
<b>EXECUTIVE DIRECTOR PROFESSIONAL FEES</b>	<b>173,000</b>	<b>175,433</b>	<b>\$185,000</b>	<b>\$101,342</b>	<b>\$201,170</b>	<b>\$225,000</b>
<b>REGISTRY (EXECUTIVE ASST) .5 FTE (1000 HRS)</b>	<b>56,000</b>	<b>84,246</b>	<b>\$110,000</b>	<b>\$54,680</b>	<b>\$10,960</b>	<b>\$112,000</b>
<b>PROFESSIONAL FEES</b>	<b>384,800</b>	<b>268,128</b>	<b>286,100</b>	<b>\$181,026</b>	<b>\$647,542</b>	<b>\$264,600</b>
Accounting CHW LLP	18,200		\$18,500	\$7,800	\$17,600	\$17,000
Other Consulting Fees						
SCI Consulting (tax collection services)	15,000		\$16,000	\$20,500	\$20,500	\$21,000
TCA Partners (financial report filing)	1,600		\$1,600		\$1,600	\$1,600
STRATEGIC PLANNING/ADVOCACY	300,000		\$175,000	\$81,166	\$445,000	\$150,000
LEGAL	50,000		\$75,000	\$71,560	\$162,842	\$75,000
<b>ANNUAL INDEPENDENT AUDIT</b>	<b>14,000</b>	<b>14,000</b>	<b>\$16,000</b>	<b>\$12,930</b>	<b>\$12,930</b>	<b>\$11,500</b>
<b>OFFICE SUPPLIES</b>	<b>4,000</b>	<b>6,150</b>	<b>\$2,000</b>	<b>\$9,986</b>	<b>\$10,000</b>	<b>\$10,000</b>
<b>OFFICE EXPENSES</b>	<b>13,000</b>	<b>4,100</b>	<b>9,660</b>	<b>\$4,548</b>	<b>\$10,000</b>	<b>\$10,000</b>
Video taping service	3,000		\$3,000			
Phone/Internet	1,000		\$2,640			
Quickbooks/zoom	2,000		\$2,160			
Website/Other Software	7,000		\$1,860			
<b>REPAIR &amp; MAINTENANCE</b>	<b>1,000</b>	<b>249</b>	<b>\$500</b>	<b>\$1,900</b>	<b>\$1,900</b>	<b>\$1,000</b>
<b>LEASE 888 WILLOW/1402 Park Street)</b>	<b>21,420</b>	<b>20,430</b>	<b>\$20,429</b>	<b>\$11,466</b>	<b>\$22,466</b>	<b>\$23,000</b>
<b>UTILITIES (Water, garbage, Electric)</b>	<b>0</b>	<b>2,479</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>INSURANCE</b>	<b>126,166</b>	<b>125,911</b>	<b>152,946</b>	<b>90,177</b>	<b>\$170,701</b>	<b>213,265</b>
Crime (ACIP)	1,528		\$1,678		\$1,532	\$1,685
D & O ISLIP)	20,034		\$22,054		\$21,371	\$24,577

City of Alameda Health Care District  
**DRAFT** FY 2024-2025 General Operating Budget

	BUDGET FY 2023	ACTUAL FY 2023	BUDGET 2024	YTD ACTUAL thru 12/23)	PROJ FY 2024	BUDGET FY2025
Property (HARPP)	104,604		\$129,214		\$142,463	\$181,056
Deadly Weapons					\$5,335	\$5,947
<b>DEPRECIATION &amp; AMORTIZATION</b>	<b>153,000</b>	<b>131,746</b>	<b>\$153,000</b>	<b>\$65,499</b>	<b>\$130,998</b>	<b>130,998</b>
<b>INTEREST</b>	<b>50,000</b>	<b>66,975</b>	<b>\$38,348</b>	<b>\$24,061</b>	<b>\$47,755</b>	<b>\$48,000</b>
<b>TRAVEL &amp; EDUCATION</b>	<b>10,000</b>	<b>8,691</b>	<b>\$15,000</b>	<b>\$8,029</b>	<b>\$9,000</b>	<b>\$10,000</b>
<b>OTHER EXPENSES</b>	<b>533,571</b>	<b>288,007</b>	<b>296,571</b>	<b>12,000</b>	<b>309,460</b>	<b>75,500</b>
Election Year Expenses	250,000	0	\$0	\$0	\$0	\$0
Dues & Subscriptions						
(West Lagoon Assn)	3,460	3,460	\$3,460		\$3,460	\$3,500
ACHD Membership	8,111	8,111	\$8,111		\$7,500	\$8,000
Other Membership: (Chamber, ABL, Lafco)	4,000	4,000	\$9,000		\$10,000	\$10,000
Board Stipends	3,000	3,000	\$3,000		\$3,500	\$4,000
District Marketing/Promotions	5,000		\$5,000			\$15,000
Donations (AHS, Foundation, etc)	10,000	10,000	\$12,000		\$15,000	\$15,000
Other Miscellaneous		9,436	\$6,000	\$12,000	\$20,000	\$20,000
Community Paramedicine Grant/CARE Program	250,000	250,000	\$250,000		\$250,000	TBD
<b>TOTAL EXPENSES</b>	<b>1,539,957</b>	<b>1,196,545</b>	<b>1,285,554</b>		<b>1,584,882</b>	<b>1,134,863</b>
<b>NET REVENUE less TOTAL EXPENSES</b>	<b>4,360,043</b>		<b>4,770,856</b>			
<b>DISTRICT USE OF FUNDS:</b>						
Total Expenses	1,539,957		1,360,554			
less DEPRECIATION	153,000		\$153,000		\$130,998	\$130,998
PRINCIPAL ON NOTE	35,000		21,984			
DISTRICT USE OF FUNDS	1,421,957		1,229,538		-130,998	-130,998
AVAILABLE BALANCE FOR TRANSFER TO AHS						
NET REVENUE	5,900,000		\$6,056,410		\$6,068,140	\$6,100,000
LESS: DISTRICT USE OF FUNDS	1,421,957		\$1,154,538			
<b>AVAILABLE BALANCE FOR TRANSFER TO AHS</b>	<b>4,478,043</b>		<b>4,901,872</b>			

**City of Alameda Health Care District - Jaber Properties**  
**DRAFT FY 2024-2025 BUDGET**

	BUDGET 2022	ACTUAL FY 2023	BUDGET 2024	YTD FY24 thru Feb 2024	PROJ FY2024	BUDGET FY2025
<b>REVENUE</b>						
RENTS	\$225,000		\$215,000	\$137,761	\$215,000	\$225,000
OTHER REVENUE	\$1,500		\$5,000		\$5,000	\$5,000
<b>TOTAL REVENUE</b>	<b>\$226,500</b>		<b>\$215,000</b>	<b>\$137,761</b>	<b>\$220,000</b>	<b>\$230,000</b>
<b>EXPENSES</b>						
REPAIRS & MAINTENANCE	\$20,000		\$25,000	\$15,390	\$23,085	\$27,000
UTILITIES	\$10,000		\$12,000	\$7,275	\$10,913	\$12,000
INSURANCE	\$9,000		\$7,500		\$7,443	\$7,760
DEPRECIATION	\$37,400		\$37,400	\$24,933	\$37,400	\$37,400
OTHER EXPENSES				-\$1,187	-\$1,187	
Management Fee	\$10,000		\$10,000	\$7,293	\$10,940	\$11,000
Landscaping/Other	\$7,000		\$7,000		\$4,000	\$6,000
Cleaning, Inspection	\$8,000		\$11,000		\$11,000	\$12,000
<b>TOTAL EXPENSES</b>	<b>\$101,400</b>		<b>\$109,900</b>	<b>\$53,704</b>	<b>\$103,593</b>	<b>\$113,160</b>
<b>NET REVENUE OVER EXPENSES</b>	<b>\$125,100</b>		<b>\$105,100</b>	<b>\$84,057</b>	<b>\$116,408</b>	<b>\$116,840</b>



**CITY OF ALAMEDA HEALTH CARE DISTRICT**  
**Estimated Project Sources and Uses of Funds Summary - January 16, 2024**

	Sources & Uses		Construction Draw and Capitalized Interest			
	of Funds	%	Month	Monthly	Cumulative	Interest
<b>Estimated Total Project &amp; Financing Costs (Uses of Funds):</b>			<b>1</b>			
Estimated Total Hard Construction Costs <sup>(1)</sup>	\$ 32,265,722		<b>2</b>	<i>(Interest accruing during construction will be paid from parcel tax revenues.)</i>		
Construction Contingency	8,066,432	25%	<b>3</b>			
Total Estimated Construction Costs	40,332,154		<b>4</b>			
Total Soft Costs	7,905,102	25%	<b>5</b>			
Furniture, Fixtures and Equipment	4,908,860		<b>6</b>			
			<b>7</b>			
<b>Total Project Costs</b>	<b>53,146,116</b>		<b>8</b>			
Debt Service Reserve Fund (not anticipated at this time)	-		<b>9</b>			
Capitalized Interest (to be paid from parcel tax revenues)	-		<b>10</b>			
Costs of Issuance (Series A & Series B COPs)	953,884	1.8%	<b>11</b>			
			<b>12</b>			
<b>Total Uses</b>	<b>\$ 54,100,000</b>		<b>13</b>			
			<b>14</b>			
			<b>15</b>			
<b>Estimated Total Funding Sources (Sources of Funds):</b>						
District Cash Reserves - Equity Contribution	\$ -					
Capital Campaign & Grant Funds	-					
Total District Equity, Capital Campaign & Grant Funds	-					
Municipal Equipment Lease Financing <sup>(2)</sup>	-					
Series A COPs (Total Soft Costs & Project 1 Const. & Contingency)	\$ 13,300,000	25%		<b>Total Project Costs</b>	<b>Costs of Issuance</b>	
Series B COPs (Total Project Costs & Contingency for Projects 2, 3 & 4)	40,800,000	75%		\$ 12,905,102	\$ 394,898	
				40,241,014	558,986	
<b>Total Sources</b>	<b>\$ 54,100,000</b> <sup>(3)</sup>			<b>\$ 53,146,116</b>	<b>\$ 953,884</b>	

	Total Costs*	Construction			
		Hard Costs	Contingency	Soft Costs**	Equipment
<sup>(1)</sup> <b>Estimated Total Construction Costs:</b>					
Project 1 - NPC 4 Upgrades to Anchor Ceiling, Lighting, Sprinklers, etc.	\$ 5,980,000	\$ 4,000,000	\$ 1,000,000	\$ 980,000	\$ -
Project 2 - NPC 5 Upgrades to Water, Sewer & Fuel Tanks	8,253,952	5,521,038	1,380,260	1,352,654	-
Project 3a - Seismic Upgrades to Stephens Wing up to SPC 4D	8,504,809	5,688,835	1,422,209	1,393,765	-
Project 3b - Seismic Upgrades to West Wing up to SPC 4D	5,668,225	3,791,455	947,864	928,906	-
Project 4 - Renovate South Wing 2nd Floor to 18 Medi-SNF Beds	24,739,130	13,264,394	3,316,099	3,249,777	4,908,860
<b>Total Design-Build Contract</b>	<b>\$ 53,146,116</b>	<b>\$ 32,265,722</b>	<b>\$ 8,066,432</b>	<b>\$ 7,905,102</b>	<b>\$ 4,908,860</b>

<sup>(2)</sup> Equipment Municipal Lease Financing - not applicable

<sup>(3)</sup> <b>Estimated Debt Service &amp; Excess Parcel Taxes (assumes Baa2 rating):</b>	
Annual Debt Service Payments (\$54,100,000 @ 5.30% over 30 yrs.)	\$ 3,640,540
Assumed Annual Parcel Tax Revenues (actual FY 2022/23)	6,036,813
<b>Excess Parcel Tax Revenues (available for District expenses &amp; AHS)</b>	<b>\$ 2,396,273</b>
<b>Parcel Tax Coverage Ratio</b>	<b>1.66x</b>

\* Includes all costs associated with the planning, design, construction and equipping of improvements to Alameda Hospital, including architectural, engineering, demolition & removal, project management, legal, inspector of record, permits, testing, etc., and a 25% construction contingency needed to complete the Project.

\*\* Soft Costs include A&E, demo and removal, project manager, legal, inspector of record, permits testing, etc. required to plan, design and oversee the Project.

**Key to Color Code:**

Project costs relating to the Series A COPs issued in August 2024	
Project costs relating to the Series B COPs issued in November 2025	

**TO: INTERESTED PARTIES**

**FROM: GARY HICKS**

**DATE: MARCH 13, 2024**

**RE: CITY OF ALAMEDA HEALTH CARE DISTRICT (THE "DISTRICT")  
PARCEL TAX CERTIFICATES OF PARTICIPATION, SERIES A & B (THE "CERTIFICATES")  
FINANCE & PROJECT SCHEDULE**

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The following is a revised finance schedule for the above-referenced issue to assist financing team members in planning for critical dates and events. Please contact me at your earliest convenience should any of the dates indicated present a problem for any interested party. All times indicated below are Pacific Time.

<u>DATE</u>	<u>TASK TO BE COMPLETED</u>
November 15, 2023	* District Board Meeting - authorization to plan for a COP financing, proceed with statutory lien legislation, amend JPA agreement and continue with planning & design process.
December 8, 2023	* Finalize draft of proposed statutory lien legislation and meet with lobbyists re. legislation.
January 2, 2024	* Discuss plan of finance and review preliminary finance schedule with District & architect.
January 10, 2024	* AHS Board Meeting – authorization to proceed with COP plan of finance, to use parcel tax as security for COPs, decide on project plan and proceed with planning & design work.
February 2, 2024	* Request proposals and receive, review and analyze finance team proposals for remaining finance team members (Bond Counsel, Trustee, Underwriter/Placement Agent, etc.)
February 12, 2024 5:30 p.m.	* District Board Meeting – authorize engaging of finance & project team members, move forward with the plan of finance.
February 14, 2024	* Execute letters of agreement with BB&K, Piper Sandler and Quint & Thimmig.
February 15, 2024 1:00 p.m.	* Kickoff call with Finance Team and District. Work commences on the Series A COP financing to fund all pre-construction costs associated with Projects 1, 2, 3 and 4 (design, HCAi plan check and other pre-construction soft costs) and Project 1 construction costs.
March 4, 2024	* District Architect submits design & engineering proposals to District for approval and authorization to proceed. Project Manager provides proposal to District for approval.
March 11, 2024 4:00 p.m.	* District Special Board meeting – authorize engaging Project Manager and approve design and engineering proposals. Execute needed engagement letters, as required.
March 25, 2024	Meet with AHS and Alameda County re. parcel tax revenue flow and lock box system.

**CITY OF ALAMEDA HEALTH CARE DISTRICT**  
**FINANCING SCHEDULE**  
**PAGE 2**

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March 29, 2024	Finalize amendments for JPA and both District and AHS execute amended JPA.
April 10, 2024	Preparation of Request for Terms and Appendix A for COP private placement.
April 23, 2024 10:00 a.m.	Finance team call to discuss Request for Terms and Appendix A.
April 26, 2024	Revised Request for Terms and Appendix A sent to finance team for review and comment.
April 30, 2024	Send Request for Terms, Appendix A and credit package to prospective purchasers.
May 10, 2024	Bond Counsel to prepare & send initial draft of COP documents to finance team.
May 16, 2024	Term Sheets received from prospective purchasers.
May 20, 2024 10:00 a.m.	Evaluate Term Sheets received and decide on private placement or public offering. Finance team meeting to discuss options and move forward with preferred option.
May 22, 2024 10:00 a.m.	Finance team update and document review call to discuss COP documents.
May 24, 2024	Revised COP documents sent to finance team for review and comment.
May 30, 2024	First distribution of POS sent to working group by Disclosure Counsel, if needed.
June 1, 2024	Architect begins design of Project #1 NPC 4 upgrades & solicit Geotech report. Anchor ceiling, lights, sprinklers, etc. (4 mos.).
June 1, 2024	Architect begins design of Project #2 NPC 5 upgrades & solicit Geotech report (6 mos.).
June 1, 2024	Architect begins design of Project #3 West Wing & Stephens Wing SPC 4D materials testing, Geotech report & seismic updates (6 mos.).
June 1, 2024	Architect begins design of Project #4 South Wing 2 <sup>nd</sup> Floor – Acute to SNF (8 mos.)
June 6, 2024 10:00 a.m.	Finance team update and document review conference call.
June 7, 2024	Revised COP documents and POS (if applicable) sent to the finance team members.
June 13, 2024	Send Initial Resolution and Ordinance to District for inclusion in Board member packets.
June 20, 2024 10:00 a.m.	Finance team update and document review conference call.
June 20, 2024 5:30 p.m.	District Special Board meeting – approve Initial Resolution and Ordinance, and authorization to proceed with a private placement or public offering.

**CITY OF ALAMEDA HEALTH CARE DISTRICT**  
**FINANCING SCHEDULE**  
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June 21, 2024	Final draft financing documents and POS sent to finance team members.
June 21, 2024 12:00 noon	Conference call with Moody's Investors Service, if needed.
June 28, 2024 10:00 a.m.	Financing update and document review call. Due diligence call.
July 1, 2024	Statutory lien provision approved by legislature and signed by Governor.
July 3, 2024	Submit materials to District for inclusion in packets for upcoming Board meeting.
July 5, 2024	Last day to complete due diligence work.
July 8, 2024	Bond rating provided by Moody's Investors Service, if applicable.
July 10, 2024	Release of executed 15(c)(2)-12 certificate and auditor's consent letter, if applicable.
July 11, 2024 5:30 p.m.	District Special Board meeting – approve POS for mailing & approve Final Resolution.
July 12, 2024	Mail preliminary Official Statement.
July 22, 2024 12:00 noon	Market update conference call.
July 23, 2024 2:00 p.m.	Pre-pricing conference call.
July 24, 2024	Order period from 7:00 a.m. to 8:30 a.m.
July 24, 2024 9:30 a.m.	Pricing conference call and execution of Certificate Purchase Agreement.
July 26, 2024	Send draft of closing documents and certificates for final review.
July 31, 2024	Print and mail final Official Statement.
August 1, 2024	Comments to Bond Counsel on draft closing documents and certificates.
August 2, 2024	Final financing documents and certificates sent to the finance team for signature.
August 9, 2024	Final date for all parties to execute financing documents and certificates.
August 12, 2024	All executed documents, certificates and opinions must be returned to Bond Counsel.
August 14, 2024 1:00 p.m.	Pre-closing via conference call for Series A COPs.
August 15, 2024	Closing of Series A COPs, fund Project Fund and Trustee pays Costs of Issuance.

**CITY OF ALAMEDA HEALTH CARE DISTRICT**  
**FINANCING SCHEDULE**  
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October 1, 2024	Architect begins HCAi plan review & approval on Project #1 NPC 4 (7 mos.).
December 1, 2024	Architect begins HCAi plan review & approval on Project #2 NPC 5 (12 mos.).
December 1, 2024	Architect begins HCAi plan review & approval on Project #3 (12 mos.).
May 1, 2025	Commence construction on Project #1 NPC 4 (6 mos.).
June 1, 2025	Architect begins HCAi plan review & approval on Project #4 (6 mos.).
September 8, 2025	Work commences on the Series B COP financing to fund all construction costs associated with Projects 2, 3 and 4, all commencing on December 1, 2025, and to fund any shortfall on Project 1 financed with the proceeds of the Series A COPs.
September 8, 2025	Send Request for Terms, Appendix A and credit package to prospective purchasers.
September 23, 2025	Term Sheets received from prospective purchasers.
September 25, 2025 10:00 a.m.	Evaluate Term Sheets and decide on private placement or public offering. Finance team conference call to discuss options and move forward with optimal option.
October 1, 2025	Bond Counsel sends COP documents to finance team.
October 2, 2025	Send Initial Resolution and Ordinance to District for inclusion in packets to Board meeting.
October 2 2025	First distribution of POS sent to working group by Disclosure Counsel, if needed.
October 9, 2025 10:00 a.m.	Finance team update and document review conference call.
October 9, 2025 5:30 p.m.	District Special Board meeting – approval of Initial Resolution and Ordinance and authorization to proceed with a private placement or public offering.
October 10, 2025	Revised COP documents and POS sent to the working group.
October 10, 2025 12:00 noon	Conference call with Moody’s Investors Service, if needed.
October 15, 2025 10:00 a.m.	Finance team update and document review conference call. Due diligence call.
October 16, 2025	Final draft financing documents and POS sent to finance team.
October 16, 2025	Submit Final Resolution to District for inclusion in packets for upcoming Board meeting.
October 22, 2025	Bond rating provided by Moody’s Investors Service, if applicable.
October 22, 2025	Release of executed 15(c)(2)-12 certificate and auditor’s consent letter, if applicable.
October 23, 2025	Last day to complete due diligence work.



**CITY OF ALAMEDA HEALTH CARE DISTRICT**  
**FINANCING SCHEDULE**  
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October 23, 2025 5:30 p.m.	District Special Board meeting – approve Final Resolution.
October 24, 2025	Mail preliminary Official Statement.
November 1, 2025	Complete construction of Project #1 NPC 4.
November 3, 2025	Send draft of closing documents and certificates for final review.
November 3, 2025 12:00 noon	Market update conference call.
November 4, 2025 2:00 p.m.	Pre-pricing conference call.
November 5, 2025	Order period from 7:00 a.m. to 8:30 a.m.
November 5, 2025 9:30 a.m.	Pricing conference call and execution of Certificate Purchase Agreement.
November 10, 2025	Comments to Bond Counsel on draft closing documents and certificates.
November 11, 2025	Print and mail final Official Statement.
November 12, 2025	Final financing documents and certificates sent to the finance team for signature.
November 19, 2025	Final date for all parties to execute financing documents and certificates.
November 20, 2025	All executed documents, certificates and opinions must be returned to Bond Counsel.
November 24, 2025 1:00 p.m.	Pre-closing via conference call for Series B COPs.
November 26, 2025	Closing of Series B COPs, fund Project Fund and Trustee pays Costs of Issuance.
December 1, 2025	Commence construction on Project #2 NPC 5 (8 mos.).
December 1, 2025	Commence construction on Project #3 (8 mos.).
December 1, 2025	Commence construction on Project #4 (15 mos.).
August 1, 2026	Complete construction of Project #2 NPC 5.
August 1, 2026	Complete construction of Project #3.
March 1, 2027	Complete construction of Project #4.

I look forward to working with all those involved with this financing. Should any of the scheduled dates established above for the completion of tasks cause difficulty for any participant, please contact me immediately at (801) 225-0731 to resolve any potential problem areas.

\* Tasks completed.

**Joint Planning Committee Minutes**  
**AHS - City of Alameda Health Care District**  
Date: March 12, 2023  
Time: 4 - 6 p.m.

District Board	District Board / AHS Liaison	Alameda Hospital Medical Staff	AHS	Other's
Robert Deutsch M.D. - President Gayle Codiga - Vice President Debi Stebbins - Executive Director	David Sayen	Dr. Nikita Joshi - Chief of Staff and Medical Director of AH ED Dr. Tamina Isolani- Nagarvala AH Hospitalist Medical Director Dr. Indu Subramanian – Chair of Internal Medicine	Jeanette Dong – Chief Strategy Officer Richard Espinoza CAO Post Acute Services Mark Fratzke - COO Mark Friedman - Board of Trustees Mario Harding - CAO Community Hospitals James Helena - Director of Facilities Kimberly Miranda – CFO Grace Mesina – Director of Financial Planning Christy Tho Vo – Manager of Strategic Planning Alice Kinner - Ben Renalto -	Katy Ford – Ratcliff Architects Madelyn McClellan –Smith Kamg Architects Gary Hick – Financial Bond Advisor Rowena Manlapaz – Community Member

Agenda Item/Topic	Presentation and Discussion Notes	Action Items/ Follow-Up
Call to Order	The meeting was called to order at 4 p.m. by Dr. Robert Deutsch.	
Approval of Meeting Minutes from December 18,2023	A motion to accept the meeting minutes from December 18, 2023 was made by Ms. Codiga and seconded by Mr. Fratzke. The motion unanimously approved.	Motion Approved
Transition Planning Committee	Mr. Fratzke informed the group that the Transition Committee Team met earlier this month, and it is their belief that they can execute on the following four areas in order to streamline efficiency in the hospital and close the \$7.5 million gap:  1. What is the decrease in expense if elective surgery is moved to another area or campus in the system?  2. If the Med-Surg census was increased, what impact would it have on the financial status?  3. There is a possible opportunity to change the payor mix, especially at Park Bridge. If it changes by a	

**Joint Planning Committee Minutes**  
AHS - City of Alameda Health Care District

Date: March 12, 2023

Time: 4 - 6 p.m.


	<p>minimum of 5 percent, it could have a positive impact on the bottom line.</p> <p>4. If the length of stay (LOS) was decreased by 0.26 days, it would save around \$2 million.</p> <p>Although the Transition Committee still needs to discuss the details of this plan, Mr. Fratzke aims to present this idea to the AHS Finance Committee in early April.</p> <p>Dr. Deutsch added that it seems that Alameda Hospital can accept more transfers than they currently are, which would, in turn, increase the Average Daily Census (ADC), and it would be beneficial to look at why this is not happening. Additionally, weekend discharges seem not to happen as they do during the week. Dr. Deutsch asked if there are enough case managers to help with getting patients discharged during the weekend instead of keeping them until Monday.</p> <p>Mr. Fratzke noted that if the Transition Team agrees as a group, the LOS imbalance can be decreased by 0.26 days, and then other areas of concern such as weekend discharges will be addressed.</p> <p>Mr. Espinoza noted that 2-3 beds are typically available at Park Bridge, but they are routinely fairly full. Park Bridge does take admissions 7 days a week. In the past, the payor mix has been reviewed for Park Bridge and it has created a greater bottom line.</p> <p>Dr. Deutsch asked why moving an elective surgery from one OR to the next would impact the bottom line?</p> <p>Mr. Fratzke noted that it's due to efficiency. The cost per procedure goes down if all of the block time is utilized and all of the staff have OR work to do instead of being stagnant.</p>	
HVAC Project Update	<p>Mr. Helena informed the group that the Make Ready Plan (which includes temporary hook-ups for when new chillers and boilers are installed) has had 50 percent of the construction documents issued and reviewed by AHS. Site constraints are limiting the trailer options, which require coordination with the existing bulk oxygen system. Power requirements and impacts are being coordinated with the facility and HCAI. The construction documents are expected to be 100 percent complete by March 29th, pending an electrical study.</p> <p>Humidification System:</p> <p>The performance test is being finalized, and a functional test of the existing system will be executed within about three weeks, pending contractor availability.</p> <p>The schematic design for the pumps, air separators, and other supporting equipment has been completed, including phasing, and has been reviewed with AHS. These construction documents are expected to be completed by April 17th.</p>	

**Joint Planning Committee Minutes**  
AHS - City of Alameda Health Care District  
Date: March 12, 2023  
Time: 4 - 6 p.m.

	There have been some concerns about where to stage the temporary equipment while construction is taking place however SKA and AHS are looking into every possible option.	
Progress Report on Financing Plan	<p>Ms. Stebbins informed the group that AB 2157 is being introduced by Assemblymember Mia Bonta, which allows for a statutory lien that will lower the interest rates on the COPs. It is not necessary for the financing but will significantly help in terms of repayment. The District has hired Brian Quint as their bond counsel and also engaged US Bank as the trustee for the transfer of parcel tax. Once the COP is issued, the parcel tax goes to a trustee, in this case, US Bank, before it is used to pay off the loan. The District has also engaged BBK as the construction counsel for the Seismic Project. Additionally, the District has approved Portor Consulting to act as the Owners Representative. The JPA amendment is under discussion with respective counsel.</p> <p>Mr. Hicks added that the District's Parcel Tax is structured through the County in a teeter plan, which is an important provision that investors like to see. The full amount of the Parcel Tax will be transferred from the County to US Bank; US Bank will simultaneously set aside the money necessary to make the next principal and interest payment on the COPs in a separate account. This will be an interest-bearing account, with the interest going to the District. The excess amount will then be transferred to the District to take out the money needed for its ongoing operating expenses, with the excess being transferred to AHS as it has previously. AB 2157 would potentially reduce the interest rate by 25-35 basis points or ¼ percent per annum, which could generate \$2.8 million in savings over the life of the loan.</p>	
Progress Report on NCP Projects and Communication with HCAI	<p>Mr. Harding informed the group that yesterday, HCAI issued an approval letter following the submission of the January 1st annual report, acknowledging compliance.</p> <p>HCAI moved Alameda Hospital from NPC 1 to NPC 2. There are still work and meetings taking place regarding SPC 4.</p>	
Adjournment	Dr. Deutsch adjourned the meeting at 5:40 pm	

Minutes submitted by: Alixandria Williams, Executive Assistant

Approved: \_\_\_\_\_

 <b>City of Alameda</b> HEALTH CARE DISTRICT		<b>Special Meeting Minutes for March 11, 2023</b> <b>Location: AH Hospital Executive Boardroom</b>	
<b>Board Members Present</b>	<b>Legal Counsel Present</b>	<b>Also Present</b>	<b>Absent</b>
Robert Deutsch, MD Gayle Codiga, - Zoom Stewart Chen, DC David Sayen Jeff Cambra	Tom Driscoll	Mario Harding	

<b>Agenda Item/Topic</b>	<b>Presentation and Discussion Notes</b>	<b>Action/Follow-Up</b>
Call to Order	The meeting was called to order at 4 p.m. by the Board president Dr. Robert Deutsch.	
Roll	Roll was called prior to the start of the closed session. A quorum of Directors was present.	

<b>Consent Agenda</b>		
Acceptance to November and December 2023 Finance Reports	A motion to accept the November and December 2023 Finance Reports was made by Ms. Codiga and seconded by Dr. Chen. The motion was unanimously approved.	Motion Approved
Acceptance of Meeting Minutes from February 12, 2024	A motion to accept the February 12, 2024, meeting minutes was made by Ms. Codiga and seconded by Dr. Chen. The motion was unanimously approved.	Motion Approved
<b>Action Items</b>		



Property Management RFP Update	<p>Ms. Stebbins informed the group that an RFP letter had been sent out to seven property management firms. Of these seven firms, three responded: Drysdale Property Management (the current property management firm), Cerda Zain Real Estate, and Real Property Management Pacific. Mr. Cambra noted that each company operates differently and that he would be following up with additional questions for the final three property management firms to determine the best fit. A recommendation to select a property management firm will be brought to the board during the April 8th Board meeting.</p> <p>Additionally, Mr. Cambra noted that having a general property inspection for all Jaber properties would be beneficial to get an idea of the current conditions as it has not yet been done. Discussion ensued about having a property inspection and to what extent. It was the consensus of the board that, as a health care district, there should be a higher standard to ensure the properties are safe and structurally sound.</p> <p>Ms. Stebbins added that it is important to note there is a lot of deferred maintenance. Additionally, the District does not have a specific reserve for property maintenance. The District gives away 20 percent of the rental income and 20 percent of the corpus to AHS.</p> <p>A motion to get a general property inspection as it relates to safety and future upgrades was made by Dr. Chen and seconded by Mr. Cambra. The motion was unanimously carried.</p>	
Porter Engagement	<p>Dr. Deutsch briefed the group on the recent interview conducted with Porter to engage as Owners Rep for the 2030 seismic upgrades. Concerns were raised about whether it was permissible to appoint Porter without completing an RFP. Mr. Driscoll, the District's Legal Counsel, noted there is an exception that allows engagement with professionals and contractors possessing specialized talents who are familiar with the facilities. Given Porter's previous work with AHS on similar projects, including the 2020 seismic upgrades on the Alameda campus, Mr. Driscoll believes it is legally sound for the District to engage Porter as the Owners Rep. He also pledged to provide a letter of support for this recommendation.</p> <p>Ms. Stebbins noted that, in addition to Porter's extensive experience, they will also be collaborating with Dave Ring, who has substantial experience with the approval processes at HCAI due to his previous employment there, and Kristen Throson, who brings over 20 years of experience working with AHS and Alameda Hospital in an operational capacity. Mr. Harding and Mr. Helena shared the same sentiments and support for the District to engage Porter.</p> <p>Ms. Stebbins noted that, pending the District's approval to engage Porter, they will be completing a lot of the predevelopment work, including reviewing developmental design proposals sent from Ratcliff to ensure things are on the right track. Notably, if the District chooses to go with the design-build approach, there is a possibility we will not be able to legally work with Ratcliff. Ms. Stebbins will follow up with BBK on potential future engagement issues with Ratcliff. Additionally, there would be frequent meetings between the Owners, Architects, and Engineers that would be beneficial for a representative from AHA management to join. A motion was made to move forward with engaging Porter as the Owners Rep by Ms. Codiga and seconded by Dr. Chen. The motion was unanimously approved.</p>	

Minutes submitted by: Alixandria Williams, Executive Assistant

Approved: \_\_\_\_\_



# CITY OF ALAMEDA HEALTH CARE DISTRICT

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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
(January 1-31, 2024)

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2023	As of 1/31/2024
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,460,281	\$ 2,560,569
Grant and other receivables	306,329	508,457
Prepaid expenses and deposits	153,460	76,676
Total current assets	2,920,070	3,145,702
Assets limited as to use	862,163	955,822
Capital Assets, net of accumulated depreciation	2,111,184	2,013,951
	5,893,416	6,115,475
Other Assets	(0)	(0)
Lease receivable	203,217	203,217
Total assets	\$ 6,096,633	\$ 6,318,692
<b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 22,624	\$ 23,832
Accounts payable and accrued expenses	25,074	26,374
Total current liabilities	47,698	50,206
Deferred inflows of resources	203,217	203,217
Debt borrowings net of current maturities	802,462	788,504
Total liabilities	1,053,377	1,041,926
<b>Net position:</b>		
Total net position (deficit)	5,043,256	5,276,766
<b>Total liabilities and net position</b>	\$ 6,096,633	\$ 6,318,692

## Statements of Revenues, Expenses and Changes in Net Position

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 1/31/2024	Budget YTD 6/30/2024	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 6,036,813	\$ 3,538,771	\$ 3,532,906	5,865	0%
Rents	184,057	119,840	125,417	(5,577)	37%
Other revenues	7,765	-	-	-	
Total revenues	6,228,635	3,658,611	3,658,323	288	
<b>Expenses</b>					
Professional fees - executive director	175,433	134,036	107,917	(26,119)	-24%
Professional fees - Assistant	84,246	67,925	64,167	(3,758)	-6%
Professional fees	291,779	269,879	182,058	(87,821)	-48%
Supplies	6,150	10,166	1,167	(9,000)	-771%
Purchased services	4,100	1,900	5,635	3,735	66%
Repairs and maintenance	24,729	13,935	25,375	11,440	45%
Rents	20,430	13,377	11,917	(1,460)	-12%
Utilities	14,820	7,504	7,000	(504)	-7%
Insurance	125,911	105,022	93,594	(11,429)	-12%
Depreciation and amortization	167,612	98,233	111,067	12,834	
Interest	66,973	28,083	22,370	(5,713)	-26%
Travel, meeting and conferences	8,691	8,029	8,750	722	8%
Other expenses	22,684	4,559	20,166	15,607	77%
Community projects and programs	264,058	5,000	152,833	147,833	97%
Total expenses	1,277,617	767,648	814,015	46,367	
Operating gains	4,951,017	2,890,963	2,844,308	46,655	2%
Transfers	(4,935,976)	(2,657,453)	(2,974,823)		
Increase(Decrease) in net position	15,041	233,510	(130,516)		
Net position at <i>beginning of the year</i>	5,028,215	5,043,256	-		
Net position at the <i>end of the period</i>	\$ 5,043,256	\$ 5,276,766	\$ (130,516)		

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 1/31/2024
Increase(Decrease) in net position	\$ 15,041	\$ 233,510
Add Non Cash items		
Depreciation	167,612	98,233
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	28,733	(202,128)
Prepaid expenses and deposits	(44,631)	76,784
Deferred outflows of resources	0	-
Accounts payable and accrued expenses	(41,609)	1,300
Deferred revenues	-	-
Net Cash provided(used) by operating activities	125,146	207,698
<b>Cash flows from investing activities</b>		
Acquisition of Property Plant and Equipment	(0)	(1,000)
Changes in assets limited to use	(152,470)	(93,659)
Net Cash used in investing activities	(152,470)	(94,659)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(17,818)	(12,751)
Net cash used by financing activities	(17,818)	(12,751)
<b>Net change in cash and cash equivalents</b>	(45,141)	100,288
Cash at the beginning of the year	2,505,423	2,460,281
Cash at the end of the period	\$ 2,460,281	\$ 2,560,569



## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	As of 6/30/2023	District 1/31/2024	Jaber 1/31/2024	As of 1/31/2024
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,460,281	\$ -	\$ 2,460,281	\$ 2,560,569	\$ -	\$ 2,560,569
Grant and other receivables	306,329	0	306,329	508,457	0	508,457
Prepaid expenses and deposits	153,460	(0)	153,460	76,676	(0)	76,676
Total current assets	2,920,070	(0)	2,920,070	3,145,702	(0)	3,145,702
Due To Due From	24,037	(24,037)	0	24,037	(24,037)	0
Assets limited as to use	0	862,163	862,163	0	955,822	955,822
Capital Assets, net of accumulated depreciation	1,295,484	815,700	2,111,184	1,219,068	794,883	2,013,951
	4,239,590	1,653,826	5,893,416	4,388,806	1,726,669	6,115,475
Other Assets	(0)	0	(0)	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217	0	203,217
Total assets	4,442,807	1,653,826	6,096,633	4,592,023	1,726,669	6,318,692
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	22,624	0	22,624	23,832	0	23,832
Accounts payable and accrued expenses	25,074	0	25,074	26,374	0	26,374
Total current liabilities	47,698	0	47,698	50,206	0	50,206
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	802,462	0	802,462	788,504	0	788,504
Total liabilities	1,053,378	0	1,053,377	1,041,927	0	1,041,927
<b>Net position:</b>						
Total net position (deficit)	3,389,429	1,653,826	5,043,256	3,551,096	1,725,669	5,276,766
<b>Total liabilities and net position</b>	\$4,442,807	\$1,653,826	\$6,096,633	\$4,593,023	\$1,725,669	\$6,318,692

# Statements of Revenues, Expenses and Changes in Net Position

## CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 1/31/2024	Jaber 1/31/2024	Actual YTD 1/31/2024
<b>Revenues and other support</b>						
District Tax Revenues	6,036,813	0	6,036,813	3,538,771	0	3,538,771
Rents	(7,765)	191,822	184,057	0	119,840	119,840
Other revenues	7,765	0	7,765	0	0	0
Total revenues	6,036,813	191,822	6,228,635	3,538,771	119,840	3,658,611
<b>Expenses</b>						
Professional fees - executive director	175,433	0	175,433	134,036	0	134,036
Professional fees - Assistant	84,246	0	84,246	67,925	0	67,925
Professional fees	282,128	9,651	291,779	263,468	6,411	269,879
Supplies	6,150	0	6,150	10,166	0	10,166
Purchased services	4,100	0	4,100	1,900	0	1,900
Repairs and maintenance	249	24,480	24,729	0	13,935	13,935
Rents	20,430	0	20,430	13,377	0	13,377
Utilities	2,479	12,341	14,820	1,342	6,162	7,504
Insurance	125,911	0	125,911	105,022	0	105,022
Depreciation and amortization	130,212	37,400	167,612	76,416	21,817	98,233
Interest	66,975	0	66,975	28,083	0	28,083
Travel, meeting and conferences	8,691	0	8,691	8,029	0	8,029
Other expenses	20,691	1,993	22,683	4,887	(328)	4,559
Community projects and programs	264,058	0	264,058	5,000	0	5,000
Total expenses	1,191,754	85,865	1,277,618	719,651	47,997	767,648
Operating gains	4,845,059	105,957	4,951,016	2,819,120	71,843	2,890,963
Transfers	(4,935,976)	0	(4,935,976)	(2,657,453)	0	(2,657,453)
Increase(Decrease) in net position	(90,917)	105,957	15,040	161,667	71,843	233,510
Net position at <i>beginning of the year</i>	3,480,346	1,547,869	5,028,216	3,389,430	1,653,826	5,043,256
Net position at the <i>end of the period</i>	3,389,429	1,653,826	5,043,256	3,551,097	1,725,669	5,276,766

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 1/31/2024	Jaber 1/31/2024	Actual YTD 1/31/2024
Increase(Decrease) in net position	(90,917)	105,957	15,040	161,667	71,843	233,510
Add Non Cash items						
Depreciation	130,212	37,400	167,612	76,416	21,817	98,233
<b>Changes in operating assets and liabilities</b>						
Grant and other receivables	28,733	0	28,733	(202,128)	0	(202,128)
Prepaid expenses and deposits	(44,631)	0	(44,631)	76,784	0	76,784
Deferred outflows of resources						
Due To Due From	(9,113)	9,113	0	0	0	0
Accounts payable and accrued expenses	(41,607)	0	(41,607)	1,300	0	1,300
Deferred revenues	0		0	0		0
Net Cash provided(used) by operating activities	(27,324)	152,470	125,146	114,039	93,659	207,698
<b>Cash flows from investing activities</b>						
Acquisition of Property Plant and Equipment	0	0	0	0	(1,000)	(1,000)
Changes in assets limited to use	0	(152,470)	(152,470)	0	(93,659)	(93,659)
Net Cash used in investing activities	0	(152,470)	(152,470)	0	(94,659)	(94,659)
<b>Cash flows from financing activities</b>						
Principal payments on debt borrowings	(17,818)	0	(17,818)	(12,751)	0	(12,751)
Net cash used by financing activities	(17,818)	0	(17,818)	(12,751)	0	(12,751)
<b>Net change in cash and cash equivalents</b>	(45,142)	0	(45,142)	101,288	(1,000)	100,288
Cash at the beginning of the year	2,505,423	(0)	2,505,423	2,460,281	(0)	2,460,281
Cash at the end of the period	2,460,281	(0)	2,460,281	2,561,569	(1,000)	2,560,569



# CITY OF ALAMEDA HEALTH CARE DISTRICT

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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
(February 1-29, 2024)

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2023	As of 2/29/2024
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,460,281	\$ 2,445,616
Grant and other receivables	306,329	1,013,158
Prepaid expenses and deposits	153,460	61,830
Total current assets	2,920,070	3,520,605
Assets limited as to use	862,163	971,153
Capital Assets, net of accumulated depreciation	2,111,184	1,999,918
	5,893,416	6,491,675
Other Assets	(0)	(0)
Lease receivable	203,217	203,217
Total assets	\$ 6,096,633	\$ 6,694,892
<b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 22,624	\$ 23,832
Accounts payable and accrued expenses	25,074	27,674
Total current liabilities	47,698	51,506
Deferred inflows of resources	203,217	203,217
Debt borrowings net of current maturities	802,462	786,424
Total liabilities	1,053,377	1,041,147
<b>Net position:</b>		
Total net position (deficit)	5,043,256	5,654,562
<b>Total liabilities and net position</b>	<b>\$ 6,096,633</b>	<b>\$ 6,695,708</b>

## Statements of Revenues, Expenses and Changes in Net Position

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 2/29/2024	Budget YTD 6/30/2024	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 6,036,813	\$ 4,043,472	\$ 4,037,607	5,865	0%
Rents	184,057	137,761	143,333	(5,572)	13%
Other revenues	7,765	-	-	-	
Total revenues	6,228,635	4,181,233	4,180,940	293	
<b>Expenses</b>					
Professional fees - executive director	175,433	150,382	123,333	(27,049)	-22%
Professional fees - Assistant	84,246	75,131	73,333	(1,798)	-2%
Professional fees	291,779	346,001	208,067	(137,934)	-66%
Supplies	6,150	10,166	1,333	(8,833)	-662%
Purchased services	4,100	2,300	6,440	4,140	64%
Repairs and maintenance	24,729	15,390	29,000	13,610	47%
Rents	20,430	15,288	13,619	(1,669)	-12%
Utilities	14,820	8,617	8,000	(617)	-8%
Insurance	125,911	119,868	106,964	(12,904)	-12%
Depreciation and amortization	167,612	112,266	126,933	14,667	
Interest	66,973	31,837	25,565	(6,271)	-25%
Travel, meeting and conferences	8,691	8,029	10,000	1,972	20%
Other expenses	22,684	3,700	23,047	19,347	84%
Community projects and programs	264,058	13,500	174,667	161,167	92%
Total expenses	1,277,617	912,474	930,303	17,829	
Operating gains	4,951,017	3,268,759	3,250,637	18,121	1%
Transfers	(4,935,976)	(2,657,453)	(3,399,798)		
Increase(Decrease) in net position	15,041	611,306	(149,161)		
Net position at <i>beginning of the year</i>	5,028,215	5,043,256	-		
Net position at the <i>end of the period</i>	\$ 5,043,256	\$ 5,654,562	\$ (149,161)		



## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 2/29/2024
Increase(Decrease) in net position	\$ 15,041	\$ 611,306
Add Non Cash items		
Depreciation	167,612	112,266
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	28,733	(706,829)
Prepaid expenses and deposits	(44,631)	91,629
Deferred outflows of resources	0	-
Accounts payable and accrued expenses	(41,609)	2,600
Deferred revenues	-	-
Net Cash provided(used) by operating activities	125,146	110,972
<b>Cash flows from investing activities</b>		
Acquisition of Property Plant and Equipment	(0)	(1,000)
Changes in assets limited to use	(152,470)	(108,990)
Net Cash used in investing activities	(152,470)	(109,990)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(17,818)	(14,830)
Net cash used by financing activities	(17,818)	(14,830)
<b>Net change in cash and cash equivalents</b>	(45,141)	(13,848)
Cash at the beginning of the year	2,505,423	2,460,281
Cash at the end of the period	\$ 2,460,281	\$ 2,446,433

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	As of 6/30/2023	District 2/29/2024	Jaber 2/29/2024	As of 2/29/2024
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,460,281	\$ -	\$ 2,460,281	\$ 2,445,616	\$ -	\$ 2,445,616
Grant and other receivables	306,329	0	306,329	1,013,158	0	1,013,158
Prepaid expenses and deposits	153,460	(0)	153,460	61,830	(0)	61,830
Total current assets	2,920,070	(0)	2,920,070	3,520,605	(0)	3,520,605
Due To Due From	24,037	(24,037)	0	24,037	(24,037)	0
Assets limited as to use	0	862,163	862,163	0	971,153	971,153
Capital Assets, net of accumulated depreciation	1,295,484	815,700	2,111,184	1,208,151	791,767	1,999,918
	4,239,590	1,653,826	5,893,416	4,752,792	1,738,883	6,491,675
Other Assets	(0)	0	(0)	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217	0	203,217
Total assets	4,442,807	1,653,826	6,096,633	4,956,009	1,738,883	6,694,892
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	22,624	0	22,624	23,832	0	23,832
Accounts payable and accrued expenses	25,074	0	25,074	27,674	0	27,674
Total current liabilities	47,698	0	47,698	51,506	0	51,506
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	802,462	0	802,462	786,424	0	786,424
Total liabilities	1,053,378	0	1,053,377	1,041,147	0	1,041,147
<b>Net position:</b>						
Total net position (deficit)	3,389,429	1,653,826	5,043,256	3,916,678	1,737,883	5,654,562
<b>Total liabilities and net position</b>	\$4,442,807	\$1,653,826	\$6,096,633	\$4,957,825	\$1,737,883	\$6,695,709

## Statements of Revenues, Expenses and Changes in Net Position

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 2/29/2024	Jaber 2/29/2024	Actual YTD 2/29/2024
<b>Revenues and other support</b>						
District Tax Revenues	6,036,813	0	6,036,813	4,043,472	0	4,043,472
Rents	(7,765)	191,822	184,057	0	137,761	137,761
Other revenues	7,765	0	7,765	0	0	0
Total revenues	6,036,813	191,822	6,228,635	4,043,472	137,761	4,181,233
<b>Expenses</b>						
Professional fees - executive director	175,433	0	175,433	150,382	0	150,382
Professional fees - Assistant	84,246	0	84,246	75,131	0	75,131
Professional fees	282,128	9,651	291,779	338,708	7,293	346,001
Supplies	6,150	0	6,150	10,166	0	10,166
Purchased services	4,100	0	4,100	2,300	0	2,300
Repairs and maintenance	249	24,480	24,729	0	15,390	15,390
Rents	20,430	0	20,430	15,288	0	15,288
Utilities	2,479	12,341	14,820	1,342	7,275	8,617
Insurance	125,911	0	125,911	119,868	0	119,868
Depreciation and amortization	130,212	37,400	167,612	87,333	24,933	112,266
Interest	66,975	0	66,975	31,837	0	31,837
Travel, meeting and conferences	8,691	0	8,691	8,029	0	8,029
Other expenses	20,691	1,993	22,683	4,887	(1,187)	3,700
Community projects and programs	264,058	0	264,058	13,500	0	13,500
Total expenses	1,191,754	85,865	1,277,618	858,770	53,704	912,474
Operating gains	4,845,059	105,957	4,951,016	3,184,702	84,057	3,268,759
Transfers	(4,935,976)	0	(4,935,976)	(2,657,453)	0	(2,657,453)
Increase(Decrease) in net position	(90,917)	105,957	15,040	527,249	84,057	611,306
Net position at <i>beginning of the year</i>	3,480,346	1,547,869	5,028,216	3,389,430	1,653,826	5,043,256
Net position at the <i>end of the period</i>	3,389,429	1,653,826	5,043,256	3,916,678	1,737,883	5,654,562

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2023	6/30/2023	YTD 6/30/2023	2/29/2024	2/29/2024	YTD 2/29/2024
Increase(Decrease) in net position	(90,917)	105,957	15,040	527,249	84,057	611,306
Add Non Cash items						
Depreciation	130,212	37,400	167,612	87,333	24,933	112,266
<b>Changes in operating assets and liabilities</b>						
Grant and other receivables	28,733	0	28,733	(706,829)	0	(706,829)
Prepaid expenses and deposits	(44,631)	0	(44,631)	91,629	0	91,629
Deferred outflows of resources						
Due To Due From	(9,113)	9,113	0	0	0	0
Accounts payable and accrued expenses	(41,607)	0	(41,607)	2,600	0	2,600
Deferred revenues	0		0	0		0
Net Cash provided(used) by operating activities	(27,324)	152,470	125,146	1,982	108,990	110,972
<b>Cash flows from investing activities</b>						
Acquisition of Property Plant and Equipment	0	0	0	(0)	(1,000)	(1,000)
Changes in assets limited to use	0	(152,470)	(152,470)	0	(108,990)	(108,990)
Net Cash used in investing activities	0	(152,470)	(152,470)	(0)	(109,990)	(109,990)
<b>Cash flows from financing activities</b>						
Principal payments on debt borrowings	(17,818)	0	(17,818)	(14,830)	0	(14,830)
Net cash used by financing activities	(17,818)	0	(17,818)	(14,830)	0	(14,830)
<b>Net change in cash and cash equivalents</b>	(45,142)	0	(45,142)	(12,849)	(1,000)	(13,849)
Cash at the beginning of the year	2,505,423	(0)	2,505,423	2,460,281	(0)	2,460,281
Cash at the end of the period	2,460,281	(0)	2,460,281	2,447,433	(1,000)	2,446,433



Memorandum to: City of Alameda Health Care District

From: Debi Stebbins  
Executive Director

RE: Partial Distribution of Jaber Funds

At the June, 2023 meeting of the District Board, the Board approved the distribution of \$164,000 per the usual formula for distribution to AHS for designated equipment per the Jaber trust. Since there was a difference of opinion about the appropriateness of the equipment to be ordered, this distribution has yet to have been made in FY 2024.

Attached is a proposal from Mario Harding to distribute \$60,373.80 for the purchase of staff assist equipment. This leave \$99,626.20 remaining for distribution. I am recommending that the Board approve this proposal with the request the balance of distribution be identified by AHS management for approval at the June 2024 District Board meeting.

**TO:** City of Alameda Health Care District, Board of Directors

**FROM:** Mario Harding, Chief Administrative Officer  
Chris Adams, Vice President, Patient Care Services

**DATE:** April 1, 2024

**SUBJECT:** FY23-24 AHS Funding Recommendation for Jaber Funds

Alameda Hospital has been working with BETA to implement a house-wide Safe Patient Handling Program. BETA identified the urgent need for updated patient handling equipment.

*"The Fund shall be used for the purchase of capital equipment directly related to the diagnosis and treatment of patients at Alameda Hospital. Such equipment includes, but is not limited to, machinery and equipment listed below and similar machinery and equipment. This list is given not to limit the types of equipment that I would hope to make available to patients at Alameda Hospital: Diagnostic imaging machinery; surgical equipment, including equipment for the treatment of eye disease; patient monitoring equipment for critical care."*

#### RECOMMENDATION FOR FY 2023-24 FUNDING

##### Hover Jack and Hover Mat

HoverJack consists of four chambers that are inflated sequentially to comfortably lift individuals from the floor to bed or stretcher height in a supine position. Using the HoverJack in conjunction with the HoverMatt® Air Transfer Mattress provides your caregivers with a safe no-lift solution.





### Sara Steady

Sara Steady is a manual sit-to-stand transfer aid that enables one caregiver to transfer patients safely and with ease. Ideal for every day transfers, the Sara Steady offers ergonomic positioning from a seated to a standing position.



### Hoyer Lift

Hoyer lift: People who are living with immobility can rely on the Hoyer lift to safely transport them from place to place with the help of their caregivers. A Hoyer lift is a mobility tool used to help seniors with mobility challenges get out of bed or the bath without the assistance of another person.



### Cardiac Chairs

A cardiac chair is a type of medical device that is designed to help people recover more quickly from heart surgery and respiratory illnesses. In most cases it can go from fully flat to fully upright with the push of a few buttons. The chair works a lot like a hospital bed in terms of quick adjustability, but it is usually able to do a lot more than simply recline or prop the patient — most models are made of several moving parts that form a true chair, supporting the patient's back and buttocks as well as the arms and legs.



### Bariatric Gurney

The Bariatric Gurney Transport Stretcher is a heavy-duty stretcher that can accommodate high weights. The stretcher provides maximum patient surface and is 40 inches wide for door access. This product is perfect for transferring, transporting, and treating patients and can accommodate up to 1000 lbs.



### Vein Finder Transilluminators

Vein Finder Illuminator: The device emits near-infrared light (NIR) onto the body and interprets the light reflected back by surrounding tissue. It then projects an image onto the body in real-time to highlight the veins. With a map of the patient's veins clearly displayed in front of you, getting a good, clean puncture is vastly simplified.



### Doppler

Doppler: The nurse uses the Doppler to pick up the sound of a pulse and this helps the nurse to decide if the problems with your circulation are venous or arterial.



### Fifth Wheel Stretcher

With the change in our block schedule for surgery, we have an increase in the daily volume of patients. These gurneys are needed to transport our patients from Same Day Surgery to the operating room and back to Same Day surgery for recovery and discharge home.



Total Funds Available for Allocation		Number of items received	Actual cost
HoverJacks/Hover Mats (5)	\$36,000.00	4	\$ 21,170.16
Powered Lifts (5) Golvo and Luminex	\$10,000.00	1 Luminex	\$ 3,868.00
		1 Golvo	\$ 6,901.33
SARA Stedy (1)	\$ 2, 400.00	1	\$ 2,324.99
Cardiac Chairs ( 6)	\$22,200.00	0	Did not order
Vein Finder Transilluminators (4)	\$ 8,000. 00	4	\$ 25,634.20
Doppler (1)	\$ 1,000.00	3	\$ 475.12
Bariatric Powered Gurney (1)	\$ 10,000.00	0	Did not order
Prime 5 <sup>th</sup> Wheel Stretcher (2)	15,000.00	1	Recv'd from AHS at no cost
Total	\$ 104,600.00		<b>\$ 60,373.80</b>
Remaining Funds	\$ 55,400.00		\$ 99,626.20

The values are estimates at this time and we will provide true-up after purchases are made.

## Location/Deployment of Equipment

Sara Steady	Med/Surg & Tele Unit (sharing)
Golvo Lift	Med/Surg & Tele Unit (sharing)
Hover Jacks	One each in Emergency Depart., CCU, Sub-Acute and Med Surg & Tele Unit (sharing)
Vein Finder Transilluminators	Emergency Depart., CCU, Med/Surg, Tele
Doppler	Emergency Depart, CCU, Med/Surg & Tele Unit (sharing)
Prime 5 <sup>th</sup> Wheel Stretcher	Emergency Department



1 800 285 3001 Office  
1 866 728 2552 Fax

## Property Condition Assessment Proposal (PCA)

Date: 44/3/2024

Client: Debi Stebbins  
(415)203-0669  
[Debistebbins125@gmail.com](mailto:Debistebbins125@gmail.com)

Agent: Jeff Cambra  
(510)220-1040  
[Jcambra@alamedahealthcaredistrict.org](mailto:Jcambra@alamedahealthcaredistrict.org)

Re: Property Condition Assessment Proposal  
1359 Pearl Street A-H  
Alameda, CA 94501

Hello Debi,

BPG is pleased to present the enclosed proposal for a Property Condition Assessment (PCA) at the property listed above. The assessment generally conforms to the **ASTM standard E 2018 – 08** protocol for a baseline property condition assessment.

If you are satisfied with the proposal, please sign and fax the "Acceptance of Proposal" page to our office at **Fax: 1 866 728 2552**. If you have questions about this proposal you may **call Taylor Hall at 800-285-3001**.

## INTRODUCTION

The fee quoted is based on the following reported property data:

Property Data	
Building Type	Commercial
Number of Buildings	3
Number of Units	8
Estimated Square Footage	7,372
Number of Stories	2
Estimated Year(s) of Construction	75

The Property Condition Assessment will provide:

1. Brief descriptions of the property's systems and components and their general physical condition.
2. Identify physical deficiencies to the extent that they are observable.

- 
3. Provide recommended remedial actions for deficiencies observed.
  4. Prioritize the recommended remedial actions.
  5. Provide cost estimates for remedial action on major physical deficiencies.

## SCOPE OF WORK

We will perform a non-invasive physical examination designed to identify material defects in the systems, structures, and components of the building located on the property to be inspected, as they exist at the time of the inspection. Our inspection will be limited to those specific systems, structures and components that are present and visually accessible. We will only operate components and systems with normal user controls and as conditions permit. Unless we agree otherwise, we will only inspect the primary building, and its associated primary parking lot, on the property. Parking structures may require additional review or be excluded from the PCA. We will also give you a written report that describes and identifies the inspected systems, structures and components and identifies material defects. This report will be an opinion of the inspector and we may amend it within twenty-four (24) hours after completing the inspection.

Unless we agree otherwise, we will perform the inspection and issue the report in accordance with the mandatory parts of ASTM E 2018 – 08 standards or practice for Property Conditions Assessments (PCA) and subject to the Definitions, Scope, Limitations, Exceptions and Exclusions in the ASTM standards. Terms in this agreement have the same meaning as defined terms in the ASTM standards. The ASTM standards are available from our inspector or main office.

### **Field Assessment**

The scope of work for the PCA is a non-intrusive, visual inspection of the subject property's readily accessible and visible components and systems. The following building components will be inspected:

**Structure, Exterior, Interior, Plumbing, Heating, Cooling, Electrical, Insulation and Ventilation**

**\*\*Roof excluded due to height – recommend having a roofing company out\*\***

All reports will be placed in a standard format and delivered under one BPG report cover. The BPG inspection fee includes the cost of the entire inspection team. Generally only one visit to the site is necessary as all inspections will be completed at the same time and about two – four hours will be required on-site.

Our inspectors have a general knowledge of all systems however, in cases where there is specialized and complicated equipment we might recommend further review by a specialist in that area.

The field assessment consists of evaluating the current physical condition and identifying any physical deficiencies and unusual features or inadequacies of the property's systems and components. There are limitations to such an inspection. The conclusions formulated and reported are based on visual inspection and good judgment. There is no guarantee that all deficiencies are identified. Consequently, no guarantee or warranty can be offered or implied.

The PCA is not a technically exhaustive evaluation. Such tasks as testing, measuring, operating, or preparing engineering calculations for any system or component to determine adequacy, capacity, or compliance with any specific standard or building code is outside the scope of this proposal and the ASTM standard E 2018. A recommendation of the PCA might be that such additional testing be done.

Our report will be based on those conditions readily accessible and observed with no destructive investigation.

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Representative observations of a reasonable number of samples of repetitive systems, components, areas, etc., are conducted during the field assessment. The concept of representative observations extends to all conditions, areas, equipment, components, systems, buildings, etc. to the extent that they are similar and representative of one another. It should be understood that in some cases localized problems might not be detected.

Items **excluded** from this inspection include, but not limited to the review or inspection of the following: Document research stated in Section Eight of the ASTM standards **E 2018 – 08**; Complete compliance with Title III Americans with Disabilities Act (ADA) Accessibility Guidelines for public areas of the property under owner's control; Base building certificate of occupancy; Outstanding and recorded building code violations; Recorded fire code violations; Fire protection equipment; Phase I environmental site assessment; Security systems; Telecommunication systems; Process equipment; Recreational equipment; Tenant owned equipment; Subterranean or concealed elements such as sewers, wells, etc.; Confined spaces deemed in Buyers Protection Group's opinion to be hazardous; Utility rooms and power vaults which are the property of a utility company; Concealed or inaccessible areas of the facilities, which require the use of destructive investigation beyond that proposed in the scope of work; Testing or starting equipment and systems; Work requiring specialty consultants beyond that identified in the scope of work; and Development Feasibility and Entitlement analysis and reporting.

### **Access to Property**

Prior to the field assessment, the client will arrange for timely access to the property and any specific requested areas within the property. It is also in the best interest of the client to disclose any pertinent information that may assist in identifying physical deficiencies.

If building plans, specifications, and other pertinent records exist, they should be made available to reference for general information purposes only. Working drawings or as-built drawings are preferred.

A brief interview of any operational staff/maintenance personnel that are on-site at the time of the inspection will be conducted.

### **Property Condition Report**

We will provide a report that describes and identifies the inspected systems, structures and components and identifies material defects. The report is not intended to provide specifications or methods for performing remedial work.

Cost estimates and suggested remedies for major physical deficiencies observed are provided and prioritized into immediate and short-term categories. The short-term repairs or replacements are deemed necessary within the next two years. Cost estimates for testing or further investigation may be included if deemed necessary. Cost estimates are not provided for repairs or replacements that are classified as cosmetic, decorative, part of a building renovation or improvement project, or preventative maintenance. The cost estimates provide an order of magnitude only. Therefore, it is recommended that professional contractors be contacted for precise estimates of repair/replacement.

Photographs will be included in the report that illustrate typical conditions and observed physical deficiencies at the time of inspection.

### **Other**

The Property Condition Assessment is an opinion and should not be construed as a warranty or guarantee of the present or future condition of the subject property.

### **Client Responsibility**

In order to perform the assessments described herein, the following are required:



- 
- Notification of the property owner(s) of the pending assessment including obtaining permission to gain access to the site, and cooperation and flexibility in scheduling the site assessment
  - Necessary access equipment including keys, etc.
  - Any additional information or data relevant to successful performance of this assessment

**AFTER TAKING POSSESSION OF THE PROPERTY IF YOU DISCOVER A DEFECT FOR WHICH WE MAY BE LIABLE TO YOU, YOU MUST NOTIFY US AND THEN GIVE US THE OPPORTUNITY TO REVIEW THE DEFECT AND OFFER A REMEDY BEFORE THE DEFECT IS REPAIRED OR REPLACED. YOUR NOTICE MUST BE IN WRITING, INCLUDE A SIGNED COPY OF THIS AGREEMENT, AND BE MAILED TO:**

Buyers Protection Group, Client Relations Department  
2475 Northwinds Parkway, Suite 250 Alpharetta, GA 30009  
Toll-free Telephone: 1-888-553-5768, Extension 4524

**IF WE ARE NOT NOTIFIED UNTIL AFTER A REPAIR OR REPLACEMENT OF A DEFECT IS PERFORMED, WE WILL ACCEPT NO LIABILITY FOR THE DEFECT OR COST OF REPAIR.**

**OUR LIABILITY TO YOU FOR CLAIMS ARISING FROM OUR INSPECTION OR OUR REPORT, WHETHER SOUNDING IN TORT (EVEN IF DUE TO NEGLIGENCE OR OTHER FAULT) OR CONTRACT, WILL NOT BE MORE THAN THE LESSER OF ACTUAL DAMAGES OR THE INSPECTION FEE.**

**YOU MAY NOT FILE A LEGAL ACTION, WHETHER SOUNDING IN TORT (EVEN IF DUE TO NEGLIGENCE OR OTHER FAULT) OR CONTRACT, AGAINST US OR OUR EMPLOYEES MORE THAN ONE YEAR AFTER THE INSPECTION, EVEN IF YOU DO NOT DISCOVER A DEFECT UNTIL AFTER THAT. THIS TIME LIMIT MAY BE SHORTER THAN THE LAW OTHERWISE PROVIDES.**

This agreement constitutes the entire agreement and understanding between parties, and supersedes all previous agreements, promises, and representations, whether written or oral, between the parties with respect to the subject matter hereof.

**\*\*Payment required on file to confirm appointment\*\***

A form of payment is required on file at the time of scheduling. Once your signed proposal is returned, a confirmation email will be sent to you with a secure link to enter VISA, MasterCard, or ACH from a **personal account**. ***If you must pay with a business check or from a trust, please notify Taylor Hall at 678-530-6821 or [hicommercial@bpginspections.com](mailto:hicommercial@bpginspections.com) immediately as you will need to mail a check to our office.***

No charges are made until your inspection is complete and report is uploaded if the amount is under \$5K.

**Inspections exceeding \$5K will require a deposit of 50% of the total fee at the time of scheduling. If you wish to make the deposit with a check from a business or trust account, you must mail the check to our office. Scheduled appointments will not be confirmed until the deposit has cleared. The remaining balance will be charged once the inspection is complete.**

If payment is not on file at least 24 hours prior to inspection, your appointment may be canceled or rescheduled.

**Payment is only accepted through your confirmation link unless you are mailing a check; we are unable to take payment over the phone. Inspectors do not accept any form of payment onsite.**

**\*\*BPG DOES NOT ACCEPT PAYMENT AT CLOSING\*\***

By signing below, you acknowledge that you have carefully read and understand BPG payment requirements. BPG will make every effort to make sure your payment is on file prior to inspection.

Client Signature\_\_\_\_\_

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## PROJECT FEE & PAYMENT SCHEDULE

BPG proposes to complete the scope of work, including the written report for a fixed fee as shown below.

Select Service (Place Initials for services selected)	Fee	Payment Schedule
	\$2,580.00	Building Inspection

**Payment required on file to confirm inspection.**

Schedules may be arranged depending upon circumstances. BPG will make every attempt to accommodate the scheduling needs of the client.

## ACCEPTANCE OF PROPOSAL

If you are satisfied with this proposal, please sign and fax this page to our office at **Fax: 1 866 728 2552** or email the signed document back to me. You may also request a copy be sent via DocuSign. A BPG customer service representative will then call you to schedule the inspection. The acceptance of this proposal signifies the acceptance of this scope of work.

Sincerely,

*Taylor Hall*  
*BPG Inspections*  
*678-530-6821 Direct*  
*1 800-285-3001 Office*  
[hicommercial@bpginspections.com](mailto:hicommercial@bpginspections.com)

<b>1359 Pearl Street A-H, Alameda, CA 94501</b>	
<b>Accepted By</b>	
Signature	
Name	
Title	
Company	
Date	
<b>Total:</b>	<b>\$2,580.00</b>



1 800 285 3001 Office  
1 866 728 2552 Fax

## Property Condition Assessment Proposal (PCA)

Date: 4/3/2024

Client: Debi Stebbins  
(415)203-0669  
[Debistebbins125@gmail.com](mailto:Debistebbins125@gmail.com)

Agent: Jeff Cambra  
(510)220-1040  
[Jcambra@alamedahealthcaredistrict.org](mailto:Jcambra@alamedahealthcaredistrict.org)

Re: Property Condition Assessment Proposal  
2711 Encinal Avenue  
Alameda, CA 94501

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## INTRODUCTION

The fee quoted is based on the following reported property data:

Property Data	
Building Type	Commercial
Number of Buildings	1
Number of Units	1
Estimated Square Footage	1,000
Number of Stories	1
Estimated Year(s) of Construction	Unknown

The Property Condition Assessment will provide:

1. Brief descriptions of the property's systems and components and their general physical condition.
2. Identify physical deficiencies to the extent that they are observable.

- 
3. Provide recommended remedial actions for deficiencies observed.
  4. Prioritize the recommended remedial actions.
  5. Provide cost estimates for remedial action on major physical deficiencies.

## SCOPE OF WORK

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Unless we agree otherwise, we will perform the inspection and issue the report in accordance with the mandatory parts of ASTM E 2018 – 08 standards or practice for Property Conditions Assessments (PCA) and subject to the Definitions, Scope, Limitations, Exceptions and Exclusions in the ASTM standards. Terms in this agreement have the same meaning as defined terms in the ASTM standards. The ASTM standards are available from our inspector or main office.

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conditions, areas, equipment, components, systems, buildings, etc. to the extent that they are similar and representative of one another. It should be understood that in some cases localized problems might not be detected.

Items **excluded** from this inspection include, but not limited to the review or inspection of the following: Document research stated in Section Eight of the ASTM standards **E 2018 – 08**; Complete compliance with Title III Americans with Disabilities Act (ADA) Accessibility Guidelines for public areas of the property under owner's control; Base building certificate of occupancy; Outstanding and recorded building code violations, Recorded fire code violations; Fire protection equipment; Phase I environmental site assessment; Security systems; Telecommunication systems; Process equipment; Recreational equipment; Tenant owned equipment; Subterranean or concealed elements such as sewers, wells, etc.; Confined spaces deemed in Buyers Protection Group's opinion to be hazardous; Utility rooms and power vaults which are the property of a utility company; Concealed or inaccessible areas of the facilities, which require the use of destructive investigation beyond that proposed in the scope of work; Testing or starting equipment and systems; Work requiring specialty consultants beyond that identified in the scope of work; and Development Feasibility and Entitlement analysis and reporting.

### **Access to Property**

Prior to the field assessment, the client will arrange for timely access to the property and any specific requested areas within the property. It is also in the best interest of the client to disclose any pertinent information that may assist in identifying physical deficiencies.

If building plans, specifications, and other pertinent records exist, they should be made available to reference for general information purposes only. Working drawings or as-built drawings are preferred.

A brief interview of any operational staff/maintenance personnel that are on-site at the time of the inspection will be conducted.

### **Property Condition Report**

We will provide a report that describes and identifies the inspected systems, structures and components and identifies material defects. The report is not intended to provide specifications or methods for performing remedial work.

Cost estimates and suggested remedies for major physical deficiencies observed are provided and prioritized into immediate and short-term categories. The short-term repairs or replacements are deemed necessary within the next two years. Cost estimates for testing or further investigation may be included if deemed necessary. Cost estimates are not provided for repairs or replacements that are classified as cosmetic, decorative, part of a building renovation or improvement project, or preventative maintenance. The cost estimates provide an order of magnitude only. Therefore, it is recommended that professional contractors be contacted for precise estimates of repair/replacement.

Photographs will be included in the report that illustrate typical conditions and observed physical deficiencies at the time of inspection.

### **Other**

The Property Condition Assessment is an opinion and should not be construed as a warranty or guarantee of the present or future condition of the subject property.

### **Client Responsibility**

In order to perform the assessments described herein, the following are required:

- 
- Notification of the property owner(s) of the pending assessment including obtaining permission to gain access to the site, and cooperation and flexibility in scheduling the site assessment
  - Necessary access equipment including keys, etc.
  - Any additional information or data relevant to successful performance of this assessment

**AFTER TAKING POSSESSION OF THE PROPERTY IF YOU DISCOVER A DEFECT FOR WHICH WE MAY BE LIABLE TO YOU, YOU MUST NOTIFY US AND THEN GIVE US THE OPPORTUNITY TO REVIEW THE DEFECT AND OFFER A REMEDY BEFORE THE DEFECT IS REPAIRED OR REPLACED. YOUR NOTICE MUST BE IN WRITING, INCLUDE A SIGNED COPY OF THIS AGREEMENT, AND BE MAILED TO:**

Buyers Protection Group, Client Relations Department  
2475 Northwinds Parkway, Suite 250 Alpharetta, GA 30009  
Toll-free Telephone: 1-888-553-5768, Extension 4524

**IF WE ARE NOT NOTIFIED UNTIL AFTER A REPAIR OR REPLACEMENT OF A DEFECT IS PERFORMED, WE WILL ACCEPT NO LIABILITY FOR THE DEFECT OR COST OF REPAIR.**

**OUR LIABILITY TO YOU FOR CLAIMS ARISING FROM OUR INSPECTION OR OUR REPORT, WHETHER SOUNDING IN TORT (EVEN IF DUE TO NEGLIGENCE OR OTHER FAULT) OR CONTRACT, WILL NOT BE MORE THAN THE LESSER OF ACTUAL DAMAGES OR THE INSPECTION FEE.**

**YOU MAY NOT FILE A LEGAL ACTION, WHETHER SOUNDING IN TORT (EVEN IF DUE TO NEGLIGENCE OR OTHER FAULT) OR CONTRACT, AGAINST US OR OUR EMPLOYEES MORE THAN ONE YEAR AFTER THE INSPECTION, EVEN IF YOU DO NOT DISCOVER A DEFECT UNTIL AFTER THAT. THIS TIME LIMIT MAY BE SHORTER THAN THE LAW OTHERWISE PROVIDES.**

This agreement constitutes the entire agreement and understanding between parties, and supersedes all previous agreements, promises, and representations, whether written or oral, between the parties with respect to the subject matter hereof.

**\*\*Payment required on file to confirm appointment\*\***

A form of payment is required on file at the time of scheduling. Once your signed proposal is returned, a confirmation email will be sent to you with a secure link to enter VISA, MasterCard, or ACH from a **personal account**. ***If you must pay with a business check or from a trust, please notify Taylor Hall at 678-530-6821 or [hicommercial@bpginspections.com](mailto:hicommercial@bpginspections.com) immediately as you will need to mail a check to our office.***

No charges are made until your inspection is complete and report is uploaded if the amount is under \$5K.

**Inspections exceeding \$5K will require a deposit of 50% of the total fee at the time of scheduling. If you wish to make the deposit with a check from a business or trust account, you must mail the check to our office. Scheduled appointments will not be confirmed until the deposit has cleared. The remaining balance will be charged once the inspection is complete.**

If payment is not on file at least 24 hours prior to inspection, your appointment may be canceled or rescheduled.

**Payment is only accepted through your confirmation link unless you are mailing a check; we are unable to take payment over the phone. Inspectors do not accept any form of payment onsite.**

**\*\*BPG DOES NOT ACCEPT PAYMENT AT CLOSING\*\***

By signing below, you acknowledge that you have carefully read and understand BPG payment requirements. BPG will make every effort to make sure your payment is on file prior to inspection.

Client Signature \_\_\_\_\_



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## PROJECT FEE & PAYMENT SCHEDULE

BPG proposes to complete the scope of work, including the written report for a fixed fee as shown below.

Select Service (Place Initials for services selected)	Fee	Payment Schedule
	\$650.00	Building Inspection

**Payment required on file to confirm inspection.**

Schedules may be arranged depending upon circumstances. BPG will make every attempt to accommodate the scheduling needs of the client.

## ACCEPTANCE OF PROPOSAL

If you are satisfied with this proposal, please sign and fax this page to our office at **Fax: 1 866 728 2552** or email the signed document back to me. You may also request a copy be sent via DocuSign. A BPG customer service representative will then call you to schedule the inspection. The acceptance of this proposal signifies the acceptance of this scope of work.

Sincerely,

*Taylor Hall*  
*BPG Inspections*  
*678-530-6821 Direct*  
*1 800-285-3001 Office*  
[hicommercial@bpginspections.com](mailto:hicommercial@bpginspections.com)

<b>2711 Encinal Avenue, Alameda, CA 94501</b>	
<b>Accepted By</b>	
Signature	
Name	
Title	
Company	
Date	
<b>Total:</b>	<b>\$650.00</b>

# JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

1111 E. Herndon Avenue, Suite 211  
Fresno, California 93720  
Voice: (559) 431-7708 Fax: (559) 431-7685

April 3, 2024

Deborah E. Stebbins, Executive Director  
City of Alameda Health Care District  
1402 Park Street, Suite A/B  
Alameda, California 94501

We are pleased to confirm our understanding of the services we are to provide for the City of Alameda Health Care District (the “District”) for the year ended June 30, 2024. We will audit the financial statements of the District, which comprise the statement of net position as of June 30, 2024, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements.

## **Management’s Discussion and Analysis**

Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management’s discussion and analysis (MD&A), to supplement the District’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District’s MD&A in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The MD&A is a RSI which is required by U. S. generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited.

## **Audit Objective**

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles<sup>i</sup> and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and will include tests of the accounting records and other procedures we consider necessary to enable us to express such opinions. We will issue written reports upon completion of our audit of the District's financial statements. Our reports will be addressed to the governing board of directors of the District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete any of the audit or are unable to form or have not formed opinions, we may decline to express opinions or may withdraw from this engagement.

## **Audit Procedures—General**

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit are properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from

your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

### **Audit Procedures—Internal Control**

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

### **Audit Procedures—Compliance**

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provision of laws and regulations that determine the reported amounts and disclosures in the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes

### **Other Services**

We will also assist in preparing the financial statements of the District in conformity with U.S. generally accepted accounting principles based on information provided by you. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

### **Management Responsibilities**

Management is responsible for designing, implementing, and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles;

and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws and regulations.

If other supplementary information is presented, other than the MD&A, you are responsible for the preparation of this supplementary information in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon or make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

You agree to assume all management responsibilities for financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

## **HIPPA Business Associate Agreement**

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder (“HIPAA”), we shall enter into a HIPAA Business Associate Agreement with the District.

## **Engagement Administration, Fees, and Other**

We may from time to time, and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We understand that your employees assist in preparing all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

The audit documentation for this engagement is the property of JWT & Associates, LLP and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to request by certain regulators or their designee. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of JWT & Associates, LLP personnel. Furthermore, upon request, we may provide copies of selected audit documentation to certain regulators or their designee. Certain regulator or their designee may intend or decide to distribute the copies or information contained therein to others, including other certain regulators.

We expect to begin our audit in either August or September, and to issue our reports shortly thereafter. Rick Jackson is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

Our fee for these services will be \$11,500 for the year, plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) not to exceed \$250 for the year. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 90 days or more overdue and may not be



resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

If any dispute arises among the parties hereto, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under Rules for Professional Accounting and Related Services Disputes before resorting to litigation. Costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules of Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final. In agreeing to arbitration, we both acknowledge that in the event of a dispute over fees charged by the accountant, each of us is giving up the right to have the dispute decided in a court of law before a judge or jury and instead we are accepting the use of arbitration for resolution.

We appreciate the opportunity to be of service to the District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,

*MW & Associates, LLP*

APPROVED:

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Name and Title