



PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

**SPECIAL BOARD MEETING AGENDA**

**Tuesday, September 5, 2023**

**OPEN SESSION: 5:30PM**

<b>LOCATION : EXECUTIVE BOARDROOM</b>
<p>Join Zoom Meeting  <a href="https://us02web.zoom.us/j/87510372573?pwd=UjlUSmlzMEExveGxzM1h6L1FZWlpKZz09">https://us02web.zoom.us/j/87510372573?pwd=UjlUSmlzMEExveGxzM1h6L1FZWlpKZz09</a></p> <p>Meeting ID: 875 1037 2573            Passcode: 267902</p> <p>Dial by your location</p> <ul style="list-style-type: none"> <li>• +1 669 900 6833 US</li> <li>• +1 669 444 9171 US</li> </ul>

**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. Announcements From Closed Session** Dr. Robert Deutsch,  
President
- VIII. REGULAR SESSION AGENDA**



PUBLIC NOTICE

A			
	1)	Presidents Report	Dr. Robert Deutsch, President
✓	2)	Executive Director Report <b>ENCLOSURE</b>	Debi Stebbins, Executive Director
	3)	Status of HVAC Funding	Dr. Robert Deutsch, President

B Consent Agenda			
✓	1)	Acceptance of May and June Financials <b>ENCLOSURE</b>	Dr. Robert Deutsch, President
✓	2)	Acceptance of August 12 <sup>th</sup> Meeting Minutes <b>ENCLOSURE</b>	Dr. Robert Deutsch, President

C Action Items			
✓	1)	Distribution of Jaber Funds <b>ENCLOSURE</b>	Mario Harding, CAO
✓	2)	Renewal of Executive Director Contract <b>ENCLOSURE</b>	Dr. Robert Deutsch, President
✓	3)	Formation of Property Oversight Committee <b>ENCLOSURE</b>	Jeff Cambra, Gayle Codiga

D Other Business			Dr. Robert Deutsch, President
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E October 10, 2023, Agenda Preview			
	1)	Acceptance of September 5, 2023, Meeting Minutes	

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

**XI. Adjournment**

Next Scheduled Meeting Date  <b>Tuesday, October 10, 2023</b> (2 <sup>nd</sup> Monday, every other month or as scheduled)	Closed Session 4:30Pm  Open Session 5:30 PM
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September 5, 2023

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

From: Debi Stebbins  
Executive Director

RE: Executive Director Report – September 5, 2023

### **1. Progress on Seismic Planning and Financing:**

The next meeting of the Joint Planning Committee is scheduled for September 26. We expect AHS will present the financial ramifications of one of the other seismic options presented at prior meetings. AHS presented a financial analysis of Option 3 at the last Joint Planning meeting. In addition, we expect that AHS will state a preference between three potential programs that have been suggested for use of the 2 South (former Maternity Unit) space: Medi-SNF, Locked Dementia Unit, or Acute Substance Abuse program.

I have asked Katy Ford of Ratcliff architects to update the cost estimates, using a professional cost estimator, that have been associated with the four seismic options that the committee has been reviewing. The current estimates are dated, and we know that hospital construction costs are increasing rapidly. It is important that we target a seismic option that we can afford under our financing strategy.

I recently participated in a call between the leadership of HCAI (formerly OSHPD) and chief executives of other District hospitals. HCAI is encouraging hospitals with seismic projects to meet early with agency executives in order to review their project plans and cost estimates so that HCAI can suggest ways to expedite the timing of approvals and contain project costs where possible. Katy Ford has reached out to HCAI to set up a meeting in coming weeks with HCAI with representatives from AHS (Mark Fratzke, Mario Harding, and James Helena) and the District (Dr. Deutsch and myself) as well as Ratcliff.

Our financial advisor has had several meetings with AHS and District staff to refine our financing strategy. I have attached a summary of Gary's overview of the Certificate of Participation ("bond" financing) strategy for your review. Present projections are that the



District could support \$75-85 M in bond financing at a rate of less than 5% using our parcel tax revenue as security.

Following the meetings with Gary Hicks, I sent the attached letter to AHS leadership which outlines suggested next steps and responsibilities as we continue our joint seismic planning.

## **2. HVAC Renovation Funding:**

Dr. Deutsch and I made a presentation to the Executive Committee of the Alameda Hospital Foundation requesting a donation to fund a portion of the HVAC renovation project. This in addition to the funds AHS has designated from their contingency capital budget for FY2024 should enable this project on an accelerated basis compared to the original schedule of 5 years projected by AHS leadership. Mario Harding is scheduled to make a formal request for a \$2 million gift to AHS at the Foundation Board meeting on August 31, 2023.

We still plan to work with AHS to request additional funding for the project from Alameda County in October 2023.

The total budget for the renovation is \$10.5 million.

## **3. Property Management Issue**

Directors Cambra and Codiga and I surveyed the Pearl Street rental property last week. Specifically, we looked at the general condition of the property including the roof, landscaping as well as Unit E, which has been cosmetically updated but has been empty for several months.

There is a separate action item on the September 5 Board meeting agenda to appoint a Property Oversight Committee of the Board. The Committee will make recommendations to the Board on property manager selection as well as capital upgrades and disposition of the property.

Directors Cambra and Codiga also recommend a tour of our properties by the entire Board.

## CITY OF ALAMEDA HEALTH CARE DISTRICT

### Notes of Meetings with AHS & District Board on August 14, 2023

Our meeting at the Alameda Hospital Administration Conference Room included James Jackson, CEO, Mark Fratzke, COO, and Kimberly Miranda, CFO, all with AHS. Both Debi Stebbins, ED, and Dr. Robert Deutsch, Board President, were also present for the District.

After an introduction of the above-listed participants, I provided a brief overview of the structure and process typically used to finance capital projects utilizing voter approved parcel taxes as security for the issuance of tax-exempt Certificates of Participation (“COPs”) by California Health Care Districts. Our discussion included the following topics and issues:

- COPs in lieu of Revenue Bonds are necessary in the District’s specific situation due to Health and Safety Code Section 32316 requirements that Revenue Bond debt (debt with a maturity in excess of 10 years) cannot exceed 50% of the District’s average annual revenues over the prior three years. Additional provisions allow for Promissory Note issuance (debt having a maturity of ten years or less), which debt cannot exceed 85% of the District’s total revenues for the most recent fiscal year. These H&SC limitations on a California Health Care District’s issuance would limit the District to approximately \$3 million in revenue bond debt, which amount is insufficient to meet its need for the financing of capital projects required to meet SB 1953. As such, we will plan to pursue the issuance of COPs to circumvent these restrictive H&SC restrictions.
- Although COPs are not considered to be debt for purposes of the H&SC statutes (COPs are issued pursuant to a District’s authority to lease and/or sell/purchase its property. As such, a COP financing will likely be structured utilizing installment sale and installment purchase agreements or lease and sub-lease agreements for the sale/lease of its health facilities. Either structure will provide the mechanism necessary to sell debt in both the public or private markets secured by the District’s parcel taxes.
- The issuance of COPs secured by the District’s parcel taxes will require a coverage ratio of no less than 1.10x coverage (maybe more) to allow for an acceptable cushion in the parcel tax revenue stream as it relates to the corresponding annual debt service payments of interest and principal on the COPs. The higher the coverage, the more comfortable investors will be in purchasing the COPs and the higher the rating received from whatever rating agency is reviewing the District’s debt issuance.
- For the District, an analysis of its net parcel tax revenues will create a maximum annual debt service capacity of approximately \$5.1 million (allowing for approximately \$300,000 in District net operating expenditures and approximately

\$510,000 tax revenue cushion). This assumes there is no significant change in the District's total taxable parcels of just over 20,100 that is producing approximately \$5.9 million in annual parcel tax revenues over the past five years.

- During the District's Closed Session Board of Director's meeting, we further discussed that, given current interest rates and certain assumptions with respect to the coverage ratio required (a 1.10x coverage was assumed), a 30-year maturity of the COPs and certain debt ratings ranging from Aa3 to non-investment grade) we could assume the following maximum levels of debt issuance:
  - \$85 million if we assume a Moody's rating of Aa3 (4.25%)
  - \$83 million if we assume a Moody's rating of A3 (4.50%)
  - \$76 million if we assume the debt is not rated or is rated NIG (5.25%)
- The assumed debt ratings and related interest rates indicated above were determined through discussions with Moody's Investors Service, a review of Moody's criteria for rating this type of tax-based debt and from conversations with investment banking representatives of Piper Sandler and Hilltop Securities, two investment banking firms who have California trading desks and investment bankers who have extensive experience in the issuance of tax-exempt debt on behalf of California Health Care Districts.
- During this same Board meeting I also indicated that I believe costs of issuing the debt would be approximately .75% if the debt were rated in the A or Aa rating categories by Moody's Investors Service and slightly more if the rating was lower.
- Also discussed was the importance of being able to secure either Special Revenues or Statutory Lien status for the parcel tax revenues that would be securing the debt. Statutory Lien status is only available to California Health Care Districts using parcel tax revenues as security for the issuance of debt through the legislative process, which requires a long lead time to secure approval in Sacramento. At least two other California Health Care Districts have secured special legislation for Statutory Lien status on debt they have issued that has been secured by parcel tax revenues: in 2011, West Contra Costa Health Care District was successful in having SB 644 passed and in 2014, Palm Drive Health Care District was successful in having AB 582 passed in the Legislature. Information pertaining to both of these legislative bills were subsequently provided to Debi and Tom to provide more background information on how the City of Alameda Health Care District might be able to secure approval of similar legislation to assist it in securing the needed financing for its SB 1953 health facility improvements.
- In addition to the need for a Statutory Lien provision, we will also need to ensure that the parcel tax revenues flow from Alameda County directly to a third-party bank Trustee then to holders of the outstanding debt with any excess being returned to the District for transfer to AHS to meet the JPA's requirement to supplement other operating and capital needs of Alameda Hospital. This flow of funds is important to assure investors that parcel tax revenues are never diverted for any other use prior to the payment of debt service on the COPs. This is typically referred to as a "lock box" structure.

- Further discussions focused on the need to provide for revisions to the JPA document between AHS and the District to allow for the parcel taxes to flow from Alameda County to a bank Trustee for the payment of debt service relating to the repayment of the COPs that will provide for the needed “lock box” structure that will be preferred by investors and looked for by the rating agencies. Other changes were discussed that will also be required to the JPA document.

August 22, 2023

Mr. James Jackson  
AHS Chief Executive Officer

Mr. Mark Fratzke  
Chief Operating Officer

Ms. Kimberly Miranda  
Chief Financial Officer

Alameda Healthcare System  
1411 E. 31<sup>st</sup> Street  
Oakland, CA 94602

Dear Mr. Jackson, Mr. Fratzke and, Ms. Miranda:

The purpose of this memorandum is to document important milestones and future challenges in the continued joint planning efforts between AHS and the City of Alameda Health Care District.

The last couple of weeks have been the most productive of the Joint Planning efforts between AHS and the District with regard to the future of Alameda Hospital as a part of the AHS system after 2030.

Kimberly Miranda completed a financial analysis of Option 3 which reduces 30 acute beds and adds 16 SNF beds to the current AH bed complement.

Both AHS leadership and the District Board had an opportunity to discuss tax-exempt COP financing secured by the District's parcel taxes with financial consultant, Gary Hicks.

AHS has suggested three new programs for placement on the 2<sup>nd</sup> South unit (previously the Maternity unit; now in suspense).

It appears that we have a chance to find a way to make Alameda Hospital seismically compliant and therefore available to serve as a part of the AHS system on a safe and functional basis beyond 2030. This can occur based on leveraging the parcel tax as security but without any direct capital cost or debt for AHS.

Nevertheless, we are at a critical juncture in our planning, and it is important that we continue to advance our planning on an expedited basis in order to be successful in this creative endeavor.

Overall, the District is suggesting the following breakdown of responsibility as we proceed in our joint planning:

**The District** will arrange for the tax-exempt bond financing using the parcel tax as security for the debt. This will require an amendment to the JPA diverting a large portion of the parcel tax revenues that have historically gone to AHS to be used as a source of repayment of the debt. Our current projection is that will generate \$75-85 million in debt proceeds assuming a debt repayment over 30 years. AHS will have no obligation or risk under this financing plan.



**AHS** will be responsible for determining the mix of bed classification (Acute vs. SNF) as well as identification of new programs for placement on 2<sup>nd</sup> South that best serve the operational requirements and financial targets of the AHS system. This needs to be done, however, in consideration of keeping the total capital cost of renovation within the targeted \$75-85 million range.

**District and AHS** will jointly work on the necessary modifications to the JPA document to ensure the parcel tax's use to secure debt and to ensure the continuation of the operation of Alameda Hospital, among other changes necessary to ensure bond investors. In addition, the two entities will jointly collaborate with HCAI to determine opportunities for program flexibility in SNF construction requirements that will enable a reduction in the cost of converting acute to SNF beds.

The District believes there is urgency in advancing these efforts and suggests a goal of AHS determining the ideal bed mix and selected new program for 2<sup>nd</sup> South by the September 26, 2023, Joint Planning Committee meeting. The District's Executive Director will also present a proposed timeline for the entire project at the September meeting.

**Why the urgency?** The cost of the current options were estimated a couple of years ago and already no doubt are out of date. The District will ask our architectural firm, Ratcliff Architects, for a cost estimate update, but firm prices will not really be available until the project is put out to bid. We know that construction costs are escalating rapidly while the parcel tax, our sole source for debt service payments, is stagnant. **If we delay making progress on all aspects of the planning and financing of seismic upgrades, we risk quickly pricing ourselves out of a solution.**

Based on this time imperative, the District is proposing the following next steps:

- AHS proposes an ideal bed mix and new program for the 2<sup>nd</sup> South at the September 26<sup>th</sup> Joint Planning Committee.
- District requests updated cost estimates from Ratcliff Architects for ideal bed mix and new program to validate range of capital cost for COP offering.
- AHS and District meet with HCAI to describe project and discuss opportunities to optimize capital cost reductions for the project.
- Legal counsel investigates possible legislation to provide for a Statutory Lien on parcel taxes to be used as security for the issuance of COPs.
- Legal counsel determines amendments necessary to the JPA agreement.
- Explore whether a smaller steering committee of AHS and District leadership should be convened to provide oversight of the project and communicate back to the two respective Boards.

Best Regards,

*Deborah E. Stebbins*

Deborah E. Stebbins  
Executive Director

## County supervisors are poised to assume governance of Alameda Health System

Big names enter 2024 Oakland City Council, Peralta Community College races; Six applicants for San Leandro's vacant school board seat; Might Castro Valley's old library become affordable housing?



STEVEN TAVARES  
AUG 21, 2023 · PAID

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A plan to give the Alameda County Board of Supervisor governing power over Alameda Health System, which includes Oakland's Highland Hospital, is gaining momentum.

## COUNTY NEWS

### HEALTH CARE

—**BITTER PILL**—Governance of Alameda Health System (AHS), the county health care provider that operates Highland Hospital, San Leandro Hospital, and Alameda Hospital, among other facilities, has been a looming question for several years.

—In the midst of a venomous labor fight in 2020 between AHS management and SEIU Local 1021 that pulled the Alameda County Board of Supervisors into the fray, late Supervisors **Wilma Chan** and **Richard Valle** sought a new governance model for the beleaguered, debt-ridden health care provider.

—In a telling interaction between Valle and the AHS Board of Trustees back in October 2020, he told them, “Thank you for service. We appreciate what you have done to this point, but clearly you are no longer effective.”

—AHS is somewhat unique in county government. It receives county, state, and federal funding, but the Board of Supervisors do not have full oversight, as they do with most areas of county government. Instead, AHS’ is separate legal entity from the county. A nine-member Board of Trustees hold oversight powers over AHS.

—Over the years, as AHS has struggled and its debt to the county has been stubbornly static. Some county supervisors, to their consternation, have borne the brunt of public criticism about AHS.

—Supervisor **Nate Miley** expressed this sentiment last week, saying the public perception with AHS is “all roads lead to the Board of Supervisors.” The board is not privy to any of AHS’ negotiations, including labor and legal issues, Miley said.

—Meanwhile, there now appears support building for the Board of Supervisors to take over governance of AHS going forward.

—A proposal, labeled Option 1, is backed by SEIU Local 1021, and **James Jackson**, AHS’ chief executive officer, and would give the Board of Supervisors ultimate authority and responsibility over AHS, while allowing the health care provider to continue as a public hospital authority.

—As an aside, Jackson reported labor relations between AHS management and SEIU Local 1021 have greatly improved since their battles in recent years.

—In addition, under the proposal, the Board of Supervisors would have power to hire and fire AHS’ chief executive officer, and have full budget authority.

—Under Option 1, which was one of three offered to the board last week, the AHS Board of Trustees would be refashioned as an oversight board.

—There could be some issues associated with AHS remaining as the public hospital authority and the Board of Supervisors assuming governance powers, county staff believes, such as dual loyalties that could arise if county supervisors and AHS trustees are on opposite sides of a negotiation.

—For Alameda residents and Alameda Hospital, the change in governance could affect a Joint Powers Agreement between AHS and the City of Alameda to operate the hospital facility. The county is not part of the Alameda Hospital JPA.

—For Hayward and South County residents, discussion of AHS’ governance model also raises concerns about St. Rose Hospital, the long-struggling indigent care facility in South Hayward.

—In a signal the county may be edging toward absorbing St. Rose Hospital into AHS at some point, Supervisor **Lena Tam** said any new affiliation between the county and AHS needs to be structured, if such an opportunity arises.

—However, bringing St. Rose Hospital under the umbrella of AHS has discussed several times over the past decade.



# CITY OF ALAMEDA HEALTH CARE DISTRICT

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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
(May 1-31, 2023)

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2022	As of 5/31/2023
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 2,910,619
Grant and other receivables	335,062	0
Prepaid expenses and deposits	108,828	21,350
Total current assets	<u>2,949,313</u>	<u>2,931,969</u>
Assets limited as to use	709,693	852,098
Capital Assets, net of accumulated depreciation	2,278,048	2,123,683
	<u>5,937,054</u>	<u>5,907,750</u>
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	<u>\$ 6,141,018</u>	<u>\$ 6,110,967</u>
 <b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 36,784	\$ 57,890
Accounts payable and accrued expenses	66,681	52,574
Total current liabilities	<u>103,465</u>	<u>110,463</u>
Deferred revenue	203,217	489,826
Debt borrowings net of current maturities	806,121	787,079
Total liabilities	<u>1,112,803</u>	<u>1,387,368</u>
 <b>Net position:</b>		
Total net position (deficit)	<u>5,028,215</u>	<u>4,723,599</u>
<b>Total liabilities and net position</b>	<u>\$ 6,141,018</u>	<u>\$ 6,110,967</u>

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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 5/31/2023	Budget YTD 6/30/2023	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 5,938,514	\$ 5,408,333	\$ 5,408,333	-	0%
Rents	186,828	175,804	192,500	(16,696)	275%
Other revenues	-	-	-	-	
Total revenues	6,125,343	5,584,137	5,600,833	(16,696)	
<b>Expenses</b>					
Professional fees - executive director	173,083	175,433	158,583	(16,850)	-11%
Professional fees - Assistant	53,957	74,544	51,333	(23,211)	-45%
Professional fees	184,049	277,425	374,733	97,308	26%
Supplies	5,300	5,179	3,667	(1,512)	-41%
Purchased services	3,500	1,800	9,167	7,367	80%
Repairs and maintenance	8,264	20,767	31,167	10,400	33%
Rents	19,269	18,519	19,635	1,116	6%
Utilities	12,256	12,671	10,083	(2,587)	-26%
Insurance	99,309	115,558	122,069	6,511	5%
Depreciation and amortization	170,640	155,113	174,533	19,421	
Interest	48,140	63,769	45,833	(17,935)	-39%
Travel, meeting and conferences	6,298	8,691	9,167	475	5%
Other expenses	29,089	9,251	238,333	229,083	96%
Community projects and programs	250,000	14,058	250,773	236,715	94%
Total expenses	1,063,155	952,777	1,499,077	546,300	
Operating gains	5,062,188	4,631,360	4,101,756	529,604	13%
Transfers	(3,546,494)	(4,935,976)	-		
Increase(Decrease) in net position	1,515,694	(304,616)	4,101,756		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 4,723,599	\$ 4,101,756		

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 5/31/2023
Increase(Decrease) in net position	\$ 1,515,694	\$ (304,616)
Add Non Cash items		
Depreciation	170,640	155,113
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	(25,923)	335,062
Prepaid expenses and deposits	(22,557)	87,478
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(14,110)
Deferred revenues	203,217	286,609
Net Cash provided(used) by operating activities	1,688,808	545,536
<b>Cash flows from investing activities</b>		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(142,404)
Net Cash used in investing activities	(31,097)	(142,405)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(34,132)	2,065
Net cash used by financing activities	(34,132)	2,065
<b>Net change in cash and cash equivalents</b>	1,623,579	405,196
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 2,910,619



**CITY OF ALAMEDA HEALTHCARE DISTRICT**

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 5/31/2023	Jaber 5/31/2023	As of 5/31/2023
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 2,910,619	\$ -	\$ 2,910,619
Grant and other receivables	335,062	0	335,062	0	0	0
Prepaid expenses and deposits	108,829	(0)	108,828	21,350	(0)	21,350
Total current assets	2,949,313	(0)	2,949,313	2,931,969	(0)	2,931,969
Due To Due From	14,925	(14,925)	0	25,333	(25,333)	0
Assets limited as to use	0	709,693	709,693	0	852,098	852,098
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,304,866	818,817	2,123,683
	4,389,185	1,547,869	5,937,054	4,262,168	1,645,582	5,907,750
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	4,465,385	1,645,582	6,110,967
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	57,890	0	57,890
Accounts payable and accrued expenses	66,681	0	66,681	52,574	0	52,574
Total current liabilities	103,465	0	103,465	110,464	0	110,463
Deferred revenue	203,217	0	203,217	489,826	0	489,826
Debt borrowings net of current maturities	806,121	0	806,121	787,079	0	787,079
Total liabilities	1,112,803	0	1,112,803	1,387,368	0	1,387,368
<b>Net position:</b>						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	3,078,017	1,645,581	4,723,599
<b>Total liabilities and net position</b>	<b>\$4,593,149</b>	<b>\$1,547,869</b>	<b>\$6,141,018</b>	<b>\$4,465,385</b>	<b>\$1,645,581</b>	<b>\$6,110,967</b>

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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	5/31/2023	5/31/2023	YTD 5/31/2023
<b>Revenues and other support</b>						
District Tax Revenues	5,938,514	0	5,938,514	5,408,333	0	5,408,333
Rents	0	186,828	186,828	0	175,804	175,804
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	5,408,333	175,804	5,584,137
<b>Expenses</b>						
Professional fees - executive director	173,083	0	173,083	175,433	0	175,433
Professional fees - Assistant	53,957	0	53,957	74,544	0	74,544
Professional fees	174,851	9,198	184,049	268,561	8,864	277,425
Supplies	5,300	0	5,300	5,179	0	5,179
Purchased services	3,500	0	3,500	1,800	0	1,800
Repairs and maintenance	1,584	6,680	8,264	249	20,518	20,767
Rents	19,269	0	19,269	18,519	0	18,519
Utilities	1,070	11,185	12,256	2,290	10,381	12,671
Insurance	99,309	0	99,309	115,558	0	115,558
Depreciation and amortization	133,240	37,400	170,640	120,829	34,283	155,113
Interest	48,140	0	48,140	63,769	0	63,769
Travel, meeting and conferences	6,298	0	6,298	8,691	0	8,691
Other expenses	32,044	(2,955)	29,088	5,207	4,045	9,252
Community projects and programs	250,000	0	250,000	14,058	0	14,058
Total expenses	1,001,646	61,508	1,063,154	874,686	78,092	952,778
Operating gains	4,936,869	125,320	5,062,189	4,533,647	97,712	4,631,359
Transfers	(3,414,871)	(131,623)	(3,546,494)	(4,935,976)	0	(4,935,976)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(402,329)	97,712	(304,617)
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	3,078,017	1,645,581	4,723,599

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	5/31/2023	5/31/2023	YTD 5/31/2023
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(402,329)	97,712	(304,617)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	120,829	34,283	155,113
<b>Changes in operating assets and liabilities</b>						
Grant and other receivables	(25,923)	0	(25,923)	335,062	0	335,062
Prepaid expenses and deposits	(22,557)	0	(22,557)	87,478	0	87,478
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(10,409)	10,409	0
Accounts payable and accrued expenses	50,954	0	50,954	(14,109)	0	(14,109)
Deferred revenues	203,217	0	203,217	286,609		286,609
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	403,131	142,404	545,535
<b>Cash flows from investing activities</b>						
Acquisition of Property Plant and Equipment	0	0	0	(0)	0	(0)
Changes in assets limited to use	0	(31,097)	(31,097)	0	(142,404)	(142,404)
Net Cash used in investing activities	0	(31,097)	(31,097)	(0)	(142,404)	(142,404)
<b>Cash flows from financing activities</b>						
Principal payments on debt borrowings	(34,132)	0	(34,132)	2,065	0	2,065
Net cash used by financing activities	(34,132)	0	(34,132)	2,065	0	2,065
<b>Net change in cash and cash equivalents</b>	1,623,580	(0)	1,623,580	405,195	0	405,195
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	2,910,619	(0)	2,910,619



# CITY OF ALAMEDA HEALTH CARE DISTRICT

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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
(June 1-30, 2023)

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2022	As of 6/30/2023
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 2,460,281
Grant and other receivables	335,062	205,058
Prepaid expenses and deposits	108,828	153,460
Total current assets	<u>2,949,313</u>	<u>2,818,799</u>
Assets limited as to use	709,693	862,163
Capital Assets, net of accumulated depreciation	2,278,048	2,109,650
	<u>5,937,054</u>	<u>5,790,611</u>
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	<u>\$ 6,141,018</u>	<u>\$ 5,993,828</u>
 <b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 36,784	\$ 22,624
Accounts payable and accrued expenses	66,681	53,874
Total current liabilities	<u>103,465</u>	<u>76,498</u>
Deferred revenue	203,217	203,217
Debt borrowings net of current maturities	806,121	802,462
Total liabilities	<u>1,112,803</u>	<u>1,082,177</u>
 <b>Net position:</b>		
Total net position (deficit)	<u>5,028,215</u>	<u>4,911,651</u>
<b>Total liabilities and net position</b>	<u>\$ 6,141,018</u>	<u>\$ 5,993,828</u>

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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 6/30/2023	Budget YTD 6/30/2023	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 5,938,514	\$ 5,900,000	\$ 5,900,000	-	0%
Rents	186,828	191,822	210,000	(18,178)	164%
Other revenues	-	-	-	-	
Total revenues	6,125,343	6,091,822	6,110,000	(18,178)	
<b>Expenses</b>					
Professional fees - executive director	173,083	175,433	173,000	(2,433)	-1%
Professional fees - Assistant	53,957	84,246	56,000	(28,246)	-50%
Professional fees	184,049	291,779	408,800	117,021	29%
Supplies	5,300	6,150	4,000	(2,150)	-54%
Purchased services	3,500	4,100	10,000	5,900	59%
Repairs and maintenance	8,264	24,729	34,000	9,271	27%
Rents	19,269	20,430	21,420	990	5%
Utilities	12,256	14,820	11,000	(3,820)	-35%
Insurance	99,309	125,911	133,166	7,255	5%
Depreciation and amortization	170,640	169,146	190,400	21,254	
Interest	48,140	66,973	50,000	(16,973)	-34%
Travel, meeting and conferences	6,298	8,691	10,000	1,309	13%
Other expenses	29,089	15,941	260,000	244,059	94%
Community projects and programs	250,000	264,058	273,571	9,513	3%
Total expenses	1,063,155	1,272,409	1,635,357	362,948	
Operating gains	5,062,188	4,819,412	4,474,643	344,769	8%
Transfers	(3,546,494)	(4,935,976)	-		
Increase(Decrease) in net position	1,515,694	(116,564)	4,474,643		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 4,911,651	\$ 4,474,643		

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 6/30/2023
Increase(Decrease) in net position	\$ 1,515,694	\$ (116,564)
Add Non Cash items		
Depreciation	170,640	169,146
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	(25,923)	130,004
Prepaid expenses and deposits	(22,557)	(44,631)
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(12,809)
Deferred revenues	203,217	-
Net Cash provided(used) by operating activities	1,688,808	125,146
<b>Cash flows from investing activities</b>		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(152,470)
Net Cash used in investing activities	(31,097)	(152,470)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(34,132)	(17,818)
Net cash used by financing activities	(34,132)	(17,818)
<b>Net change in cash and cash equivalents</b>	1,623,579	(45,141)
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 2,460,281

**CITY OF ALAMEDA HEALTHCARE DISTRICT**

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 6/30/2023	Jaber 6/30/2023	As of 6/30/2023
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 2,460,281	\$ -	\$ 2,460,281
Grant and other receivables	335,062	0	335,062	205,058	0	205,058
Prepaid expenses and deposits	108,829	(0)	108,828	153,460	(0)	153,460
Total current assets	2,949,313	(0)	2,949,313	2,818,799	(0)	2,818,799
Due To Due From	14,925	(14,925)	0	24,037	(24,037)	0
Assets limited as to use	0	709,693	709,693	0	862,163	862,163
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,293,950	815,700	2,109,650
	4,389,185	1,547,869	5,937,054	4,136,785	1,653,826	5,790,611
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	4,340,002	1,653,826	5,993,828
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	22,624	0	22,624
Accounts payable and accrued expenses	66,681	0	66,681	53,874	0	53,874
Total current liabilities	103,465	0	103,465	76,498	0	76,498
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	806,121	0	806,121	802,462	0	802,462
Total liabilities	1,112,803	0	1,112,803	1,082,177	0	1,082,177
<b>Net position:</b>						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	3,257,824	1,653,826	4,911,651
<b>Total liabilities and net position</b>	<b>\$4,593,149</b>	<b>\$1,547,869</b>	<b>\$6,141,018</b>	<b>\$4,340,002</b>	<b>\$1,653,826</b>	<b>\$5,993,828</b>



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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	6/30/2023	6/30/2023	YTD 6/30/2023
<b>Revenues and other support</b>						
District Tax Revenues	5,938,514	0	5,938,514	5,900,000	0	5,900,000
Rents	0	186,828	186,828	0	191,822	191,822
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	5,900,000	191,822	6,091,822
<b>Expenses</b>						
Professional fees - executive director	173,083	0	173,083	175,433	0	175,433
Professional fees - Assistant	53,957	0	53,957	84,246	0	84,246
Professional fees	174,851	9,198	184,049	282,128	9,651	291,779
Supplies	5,300	0	5,300	6,150	0	6,150
Purchased services	3,500	0	3,500	4,100	0	4,100
Repairs and maintenance	1,584	6,680	8,264	249	24,480	24,729
Rents	19,269	0	19,269	20,430	0	20,430
Utilities	1,070	11,185	12,256	2,479	12,341	14,820
Insurance	99,309	0	99,309	125,911	0	125,911
Depreciation and amortization	133,240	37,400	170,640	131,746	37,400	169,146
Interest	48,140	0	48,140	66,975	0	66,975
Travel, meeting and conferences	6,298	0	6,298	8,691	0	8,691
Other expenses	32,044	(2,955)	29,088	13,949	1,993	15,940
Community projects and programs	250,000	0	250,000	264,058	0	264,058
Total expenses	1,001,646	61,508	1,063,154	1,186,546	85,865	1,272,410
Operating gains	4,936,869	125,320	5,062,189	4,713,454	105,957	4,819,411
Transfers	(3,414,871)	(131,623)	(3,546,494)	(4,935,976)	0	(4,935,976)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(222,522)	105,957	(116,565)
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	3,257,824	1,653,826	4,911,651

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	6/30/2023	6/30/2023	YTD 6/30/2023
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(222,522)	105,957	(116,565)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	131,746	37,400	169,146
<b>Changes in operating assets and liabilities</b>						
Grant and other receivables	(25,923)	0	(25,923)	130,003	0	130,003
Prepaid expenses and deposits	(22,557)	0	(22,557)	(44,631)	0	(44,631)
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(9,113)	9,113	0
Accounts payable and accrued expenses	50,954	0	50,954	(12,807)	0	(12,807)
Deferred revenues	203,217	0	203,217	0		0
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	(27,324)	152,470	125,146
<b>Cash flows from investing activities</b>						
Acquisition of Property Plant and Equipment	0	0	0	0	0	0
Changes in assets limited to use	0	(31,097)	(31,097)	0	(152,470)	(152,470)
Net Cash used in investing activities	0	(31,097)	(31,097)	0	(152,470)	(152,470)
<b>Cash flows from financing activities</b>						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(17,818)	0	(17,818)
Net cash used by financing activities	(34,132)	0	(34,132)	(17,818)	0	(17,818)
<b>Net change in cash and cash equivalents</b>	1,623,580	(0)	1,623,580	(45,142)	0	(45,142)
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	2,460,281	(0)	2,460,281



**Meeting Minutes for August 14, 2023- Open Session**  
**Location: Conference Room A**

<b>Board Members Present</b>	<b>Legal Counsel Present</b>	<b>Also Present</b>	<b>Absent</b>
Robert Deutsch, MD Gayle Codiga, Stewart Chen, DC David Sayen Jeff Cambra	Tom Driscoll	Debi Stebbins      Chris Adams Alixandria Williams      Dr. Nakita Joshi Mario Harding Kimberly Miranda Grace Mesina	

<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 5:30 p.m. by the Board president Dr. Robert Deutsch.	
Roll Call	Roll was called prior to the start of the closed session. A quorum of Directors was present.	
Alameda Health System Update	<p>Mr. Harding presented the May 2023 MOR (Monthly Operating Report) for Alameda Hospital to the group. ED visits continue to exceed budget by 15 percent year to date. SNF days increased in May compared to April and the average length of stay dropped by .4 days in May. Year to date Alameda Hospital is still at 5.2 days for the overall length of stay compared to budget.</p> <p>Mr. Harding noted that there are surgical specialties within Alameda Hospital that are not using all of their block spaces for surgeries. Mr. Harding added he will look into why each specialty is not using the available surgery block spaces.</p> <p>Ms. Miranda added that during the July 31<sup>st</sup> JPC meeting the District Financial Statements were presented breaking down ED and elective business. 90 percent of the elective business is surgery</p>	

	<p>which was not contributing a margin. One of the action items was to look at types of surgeries being performed, the length of stay compared to the expected length of stay by specialty. Ms. Miranda and her team will be updating the committee with this information during the September JPC Meeting. Ms. Mirada also noted she will look into the block schedule and utilization.</p> <p>Mr. Harding added that registry costs decreased by about \$500,000 from April to May and it still a challenge bringing in permanent staff.</p> <p><u>HVAC Update</u></p> <p>Mr. Harding shared with the group the plan AHS has created for the HVAC replacement at Alameda Hospital. This will be an expected 5-year plan with an estimated cost of \$15,000,000. The first step for FY 2024 will be funded by the AHS contingency capital fund with an estimated cost of \$1,250,000 to \$1, 630,000. Additional sources of financing will be sought to expedite implementation of the renovation.</p>	
Patient Experience	Chris Adams introduced himself to the group and he is the current Patient Care VP of San Leandro and will now be taking over Alameda Hospital as well. There was conflicting data given for the May 2023 Patient Experience Report and Mr. Adams will present an update report to the group during the October Board meeting.	
Financial Report	<p>Ms. Miranda presented the May 2023 financial report to the group. June 2023 will end the FY and be held open until July 2023 to allow for transactions to be added to ledger to reduce estimation.</p> <p>Occupancy was 58 percent for the year, which is high. Paid FTEs and Productive FTEs are under budget. The CMI for acute care is above budget which means there are sicker patients than budgeted. SNF census improved a lot in May, helping with the overall length of stay. Reimbursement is collected for patients being held waiting for SNF beds. Revenues and collection ratios are above budget while expenses are below budget mostly due to salary and overtime. The overall contribution margin is negative. Ms. Miranda and her team are working on changing the budget reports to include more specifics on service lines.</p>	
Alameda Hospital Medical Staff Update	Dr. Joshi informed the group that on Wednesday August 16, 2023, Ms. Stebbins will be presenting a report at the MEC meeting on the status of Alameda Hospitals 2030 seismic planning.	
Presidents Report	Dr. Deutsch updated the group on the Joint planning committee. The JPC is making progress toward configuring beds and programs for Alameda Hospital for 2030 and beyond. The JPC is also looking into different financing options to complete these goals and the HVAC replacement.	
Alameda Health System Board Liaison Report	Mr. Sayen informed the group that the AHS Trustees Executive Committee will be meeting this week to discuss succession. The Board will be losing its chair Kinkini Banerjee and there is a possibility if Jennifer Esteen wins her campaign for supervisor, her seat will be open as well.	

Executive Director Report	Ms. Stebbins informed the group she and Dr. Deutsch will be co presenting during the MEC meeting on Wednesday August 16. AB 869 has been moved to a two-year time frame because Assemblyman Wood as afraid that since the bill is tied to funding sources that could possibly cause it to not be signed by the governor. MS. Stebbing informed the group that the new loan for Bank of Marin had been approved at 5.75 and Bank of Marin has given a credit for the months that were in transition.	
JPC Update	Page 68 outlines the option for the 2030 seismic upgrades studied at the JPC meeting. Ms. Stebbins idea to finance the project through a bond using the Parcel Tax as collateral will be discussed at the June 26 <sup>th</sup> JPC meeting.	

<b>Consent Agenda</b>		
	<ul style="list-style-type: none"> <li>A. Acceptance of Minutes of June 12, 2023</li> <li>B. Acceptance of Financial Statements, from March 2023</li> <li>C. Acceptance of Financial Statements, from April 2023</li> </ul>	A motion to accept the June minutes was made by Mr. Cambra and seconded by Dr. Chen, and unanimously carried. May and June financials will be sent to the Board later this week
<b>Action Items</b>		
Renewal of Executive Director Contract Through June 30, 2024,	Deferred to September Board Meeting	

Extension of Jaber Distribution Through June 30, 2024,	Deferred to October Board meeting	
Partial Distribution of April 2030 Parcel Tax Payment	The Board approved releasing a partial parcel tax for FY 23 of \$ 2million dollars.	Approved.
Proposal for Capital Updates at Peral Street Apartments	Ms. Stebbins informed the group the roof at the Pearl Street apartments needs replacement and there is a current estimation for \$27-\$35,000. Other property improvements are needed, including possible additional remodeling of unit E, which has been empty for several months.	Ms. Stebbins will continue to look into other roofing options and enhancing the performance of our property management.

Minutes submitted by: Debi Stebbins, Executive Director

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



September 5, 2023

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

From: Debi Stebbins  
Executive Director

RE: Distribution of Jaber Funds

At the June Board meeting, the recommended level of distribution of the Jaber funds, as provided for under the terms of the Jaber Trust, were presented as \$164,000 for this year. Since then, there has been discussion about the use of the funds which requires a recommendation by AHS and approval by the District Board.

Attached are two emails between Mario Harding and Dr. Robert Deutsch as to the use of the funds. Mr. Harding recommended the purchase of several pieces of equipment designed to improve employee safety in moving patients. These would total \$104,000, leaving \$60,000 for future use. Dr. Deutsch is suggesting purchase of less of this type of equipment given there is currently other equipment used to lift patients that are being underutilized. This would leave a larger balance from the \$164,000 distribution for purchase of other equipment later in the year.

The Board is being asked to approve a partial distribution of the Jaber funds at the September 5, 2023, meeting.

**August 17, 2023, email from Mario Harding:**

Good afternoon Debi and Dr. Deutsch,

As a follow up to Monday's AHD Board meeting, I am reconnecting on the Jaber funds request which I submitted on August 3<sup>rd</sup>; however, the request was not included in the Board packet and therefore not discussed for vetting and approval by the Board. During the meeting, I shared that Alameda Hospital has partnered with BETA Healthcare Group to kickoff a Safe Patient Handling and Mobility (SPHM) program. The initiative has already started, and the equipment (\$80,600) delineated in the Jaber Funding request is to support this effort for employees and patients. The remaining ask (\$24,000) is for patient care equipment needed noting we still did not request the full amount of \$160K.

At the meeting, I was asked to defer to the October meeting which I agreed to given the Board would not have reviewed the request prior to the meeting to make a funding decision. Also, in consideration of potential funding for a portable sterile processing machine using Jaber funds which still must be vetted by the AHS OR Committee and Sterile Processing if feasible to do so given we asked them to explore from our July OR/SPD meeting.

As I know the SPHM Committee is eager to move forward with purchasing this equipment to reduce injuries to employees and patients (see attached Worker's Comp Claim Summary report for Alameda Hospital), my request is to have the AHD Board consider some level of funding the equipment now prior to October. My other option is to reach out to the Alameda Hospital Foundation Board for consideration of funding to get this project going as they may be receptive to this proposal given the impact to employees and patients.

Let me know your thoughts and will look forward to hearing from you. I am copying Mark as the SPHM program is discussed at our AH Monthly Operating Review (MOR) meeting and updates are requested. Thanks.

**Mario Harding, MHA, FACHE** | Chief Administrative Officer, Community Hospitals | Acting VP, System Support Services

**August 28, 2023, email from Dr. Deutsch:**

Hi Mario,

In preparation for considering the Jaber funding requests, I have spoken with staff nursing, managers on all units, physical therapists, and NSTs, who bring the "safety" equipment to the bedside when it is needed.



I think most of the equipment requests are welcome additions. However, we already have 4 Hoyer lifts, and 2 Hover Jacks and Mats, which based upon usage, location/physical proximity of the equipment, and availability of NSTs to deliver it, speaks for adding perhaps, at most, one more lift and 1 more Hover Jack/mat.

It seems that more education and encouragement to *use* the equipment that we *have*, would produce better safety outcomes, compared to oversupply of those items.

I will recommend to the Board that we approve the request, with those adjustments, and distribute the remainder of the funds for any identified need, later in the fiscal year.

Thanks,  
Bobby



September 5, 2023

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

From: Robert Deutsch, MD  
President

RE: Renewal of Executive Director Contract

The annual evaluation of Executive Director, Deborah E. Stebbins, has been completed by the Board of Directors and I am recommending renewal of her professional services contract for the period July 1, 2023 to June 20, 2024 with a 4.9% COLA increase. As per the attached renewal document, her new compensation will be \$196,159 for approximately 1000 hours of work per year.

Ms. Stebbins' compensation is the one contract that calls for a monthly check in excess of our signing policies of two signatures required for checks in excess of \$5,000. Ms. Stebbins has explored whether Bank of Marin can make this a direct transfer into her account at Wells Fargo Bank. Bank of Marin cannot set up an automatic transfer as is done for many other employment situations. It is sometimes difficult to obtain the second signature in a timely manner.

Therefore I am also requesting Board approval of an exception to the \$5000 limit for one signature for the monthly check to the Executive Director. This can be audited at Board meetings through the presentation of the financial statements, which identify checks to the Executive Director in its own category.

**INDEPENDENT CONTRACTOR AGREEMENT**  
**(2023 Amendment)**

This Amendment is entered into and executed effective as of July 1, 2022, by and between City of Alameda Health Care District, a local health care district organized pursuant to Division 23 of the California Health and Safety Code ("District"), and THE DEBORAH E. STEBBINS GROUP, LLC ("Contractor"), with respect to the following facts:

WHEREAS, the District and the Contractor have entered into a prior written agreement, dated June 12, 2018, as thereafter amended (the "Agreement") in order to establish the terms and conditions of the business relationship set forth therein.

NOW, THEREFORE, in consideration of the promises and mutual agreements hereinafter set forth and both parties intending to be legally bound hereby, it is mutually agreed by and between the parties to amend the Agreement as follows:

1. Article II of the Agreement is hereby amended to read as follows:

Subject to the provisions otherwise set forth in the Agreement, the current term of the Agreement will commence on July 1, 2023, and will continue through June 30, 2024, at which point, and on each July 1 thereafter, it will renew for successive one-year terms, subject to the provisions of Article IV of the Agreement.

2. Subsection (a) of Article III of the Agreement is hereby amended to read as follows:

(a) Monthly Fee. For services rendered by the Contractor pursuant to this Agreement, the District shall pay the Contractor the annualized sum of \$187,000 for the services set forth on Exhibit A, attached to the Agreement ("Contractor's Compensation"). The Contractor's monthly Compensation (\$16,346.58) shall be payable, in advance, on the 1<sup>st</sup> day of each month (commencing July 1, 2023) upon the District's receipt of Contractor's invoice. Any upward adjustments to previous monthly payments since July 1, 2023, necessitated by the agreed-upon increase to Contractor's monthly Compensation, shall be paid promptly upon the District's receipt of Contractor's invoice therefor.

3. In all other respects the terms of the Agreement shall continue in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the day and year first above written.

**DISTRICT:**  
**City of Alameda Health Care District**

**CONTRACTOR:**  
**THE DEBORAH E. STEBBINS GROUP, LLC**

BY: \_\_\_\_\_  
Robert I. Deutsch, M.D.  
President of the Board

BY: \_\_\_\_\_  
Deborah E Stebbins



**Resolution No. 2023 - 6\_\_**

**A RESOLUTION OF THE  
CITY OF ALAMEDA HEALTH CARE DISTRICT  
BOARD OF DIRECTORS**

\* \* \*

Authorizing Formation of The Property Oversight Committee

\* \* \*

**WHEREAS**, The City of Alameda Health Care District oversees the management and proper maintenance, management, and development of the organization's physical properties. In order to carry out these responsibilities more efficiently, it is proposed that the District establish a Property Oversight Committee whose main role is to oversee the strategic and operational aspects of the organization's real estate assets to ensure they are utilized effectively, maintained appropriately, and aligned with the organization's goals. The Committee's responsibilities are set forth in Exhibit A, attached hereto.

**WHEREAS**, the CEO of the District and those under her direction were authorized and empowered to take such actions as may be necessary of convenient in order to establish and support the operation of the Property Oversight Committee.

**NOW THEREFORE BE IT RESOLVED**, that upon approval of this resolution, the Property Oversight Committee shall be established forthwith, and its initial members shall be:

\_\_\_\_\_  
\_\_\_\_\_

PASSED AND ADOPTED on September 5, 2023

## Exhibit A

### Property Oversight Committee

The Property Oversight Committee of the City of Alameda Health Care District oversees the management and ensures the proper maintenance, management, and development of the organization's physical properties. The committee's main role is to oversee the strategic and operational aspects of the organization's real estate assets to ensure they are utilized effectively, maintained appropriately, and aligned with the organization's goals. The Committee is responsible for:

1. **Property Management Oversight:** The committee is responsible for overseeing the management of the organization's properties, including leasing, tenant relationships, rent collection, and property maintenance. If the District engages a professional property manager for its properties, the Committee recommending a property management firm to the Board and for ensuring that property management activities are conducted in a way that maximizes value and aligns with the organization's objectives.

2. **Maintenance and Repairs:** The committee monitors the condition of the properties and ensures that they are well-maintained. This includes establishing maintenance standards, reviewing repair and maintenance requests, and approving necessary expenditures to keep the properties in good condition.

3. **Capital Expenditure Planning:** The committee develops and reviews plans for major capital expenditures related to the properties. This could include renovations, upgrades, expansions, or other significant investments that aim to improve the properties' value and functionality.

4. **Budgeting and Financial Oversight:** The committee works with District staff and the property manager to develop and review property-related budgets. They ensure that financial resources are allocated appropriately for property maintenance, improvements, and other related expenses.

5. **Risk Management:** The committee assesses and manages risks associated with the organization's properties. This includes addressing issues related to safety, security, regulatory compliance, and environmental concerns and securing appropriate insurance coverage.

6. **Real Estate Strategy:** The committee participates in the development of the organization's real estate strategy. They consider factors such as property acquisition, disposition, leasing, and utilization to align with the organization's overall goals.

7. **Reporting to the Board:** The committee provides regular updates and reports to the full Board of Directors. These reports might include information on property performance, maintenance initiatives, financial matters, and any significant developments related to the properties.

8. **Legal and Compliance Oversight:** The committee ensures that the organization's property-related activities adhere to all relevant laws, regulations, and industry standards. They may also address legal matters such as property disputes, zoning issues, and contract negotiations.

9. **Tenant and Community Relations:** The committee may be involved in fostering positive relationships with tenants and the surrounding community. This could include addressing tenant concerns, participating in community engagement efforts, and maintaining a positive image for the organization.

10. **Sustainability and Environmental Considerations:** In today's environment, sustainability is often a key consideration for property management. The committee may be responsible for promoting environmentally friendly practices and initiatives within the organization's properties.

11. **Due Diligence for Acquisitions and Dispositions:** If the organization is considering acquiring or disposing of properties, the committee may play a role in conducting due diligence, evaluating potential properties, and making recommendations to the Board.

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