

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, June 10 2024

OPEN SESSION: 5:30PM

OPEN SESSION: AH – CONFERNCEROOM A

Join Zoom Meeting

<https://us02web.zoom.us/j/87412072577?pwd=RjcrTltd0RYb1FhSXhDWXFtd0Rpdz09>

Meeting ID: 874 1207 2577

Passcode: 274671

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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

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

V. Reconvene to Open Session/ Announcements

Dr. Robert Deutsch,
President

VI. REGULAR SESSION AGENDA

A	Guest Speaker	
1)	Special Presentation on CARE Program	Chief Nick Luby, Alameda Fire Department

B	YTD AHS Reports		
✓	1)	Alameda Health System / Alameda Hospital Update ENCLOSURE (Pages 4 - 19)	Mario Harding, CAO Alameda and San Leandro Hospitals
✓	2)	Patient Care Experience Report ENCLOSURE (Pages 20 - 30)	Chris Adams, VP Patient Care
✓	3)	Financial Update ENCLOSURE (Pages 31 - 58)	Kimberly Miranda, AHS CFO
✓	4)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi, AH Medical Staff Chief

C	District & Operational Updates INFORMATIONAL		
	1)	Presidents Report / Alameda Hospital Liaison Report	Dr. Robert Deutsch, President
	2)	Alameda Health System Board Liaison Report	David Sayen, Chair / Liaison AHS
	3)	Executive Director Report	Debi Stebbins, Executive Director
✓	4)	Property Oversight Committee Update ENCLOSURE (Pages 59 - 70)	Jeff Cambra, Chair Property Oversight
✓	5)	Seismic and Operational Upgrade Status Report ENCLOSURE (Pages 71 - 72)	Kristen Thorson, Porter Consulting Debi Stebbins, Executive Director

D	Consent Agenda		
✓	1)	Acceptance of Minutes, April 30, 2024 ENCLOSURE (Pages 73 - 74)	Dr. Robert Deutsch, President
✓	2)	Acceptance of March and April 2024 Financial Statements ENCLOSURE (Pages 75 - 88)	Dr. Robert Deutsch, President

E	Action Items		
✓	1)	Approval of Resolution 2024-1 Initial Resolution ENCLOSURE (Pages 89 - 92)	Gary Hicks, Bond Financial Advisor Brian Quint, Bond Legal Counsel
✓	2)	Approval of Resolution 2024 -2 Debt Management Policy ENCLOSURE (Pages 93 - 100)	Gary Hicks, Bond Financial Advisor Brian Quint, Bond Legal Counsel
✓	3)	Project Financing Schedule ENCLOSURE (Pages 101 - 105)	Gary Hicks, Bond Financial Advisor

✓	4)	Approval of Proposals from Ratcliff Architects: Design Development for Seismic Project & Preliminary Design Work - Operational Upgrade of 2 South ENCLOSURE (Page 106 - 112)	Debi Stebbins, Executive Director
✓	5)	Review and Approval of District FY 24 -25 Priorities and Budget ENCLOSURE (Pages 113 - 120)	Debi Stebbins, Executive Director
✓	6)	Distribution on Residual Jaber Funds ENCLOSURE (Page 121)	Debi Stebbins, Executive Director
✓	7)	Partial Distribution of Parcel Taxes to AHS ENCLOSURE (Pages 122 - 126)	Debi Stebbins, Executive Director
✓	8)	Recommendation to Engage Vox Pophli as Public Affairs Consultant ENCLOSURE (Pages 127- 136)	Debi Stebbins, Executive Director
✓	9)	Approval of Resolution 2024-3 Spending Authority ENCLOSURE (Pages 137- 138)	Debi Stebbins, Executive Director
✓	10)	Adoption of Parcel Tax Levy Resolution 2024 -4 for FY 24 -25 ENCLOSURE (Pages 139 - 140)	Debi Stebbins, Executive Director
✓	11)	Adoption of Mutual Certification and Indemnification w/ Alameda County ENCLOSURE (Pages 141 - 143)	Debi Stebbins, Executive Director

F	SPECIAL MEETING July 15, 2024	
	1)	Acceptance of June 10, 2024, Minutes
	2)	Acceptance of May and June 2024 Financial Statements
	3)	Executive Director Evaluation and Contract Review
	4)	Approval of Financial Documents

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

XI. Adjournment

Next Scheduled Meeting Date July 15, 2024 (2 nd Monday, every other month or as scheduled)	Open Session 4:30 PM
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Alameda Hospital Update - CAO Report

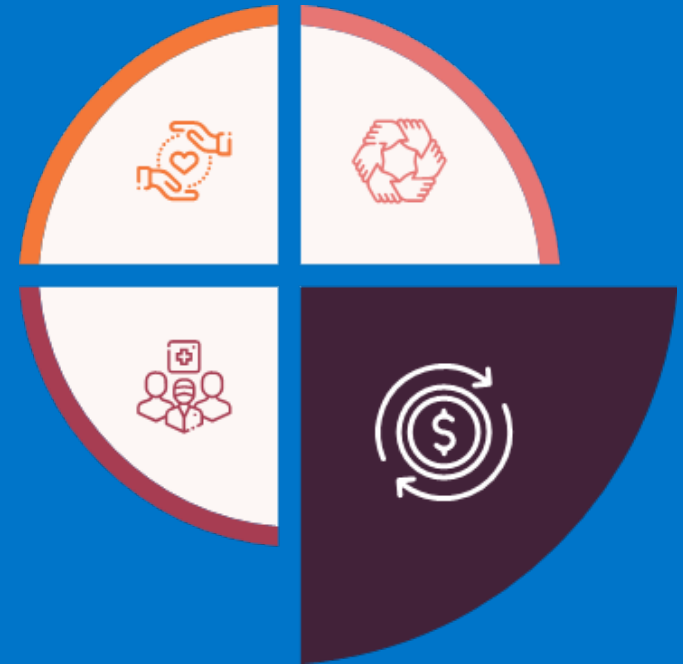
presented to Alameda Health Care District Board Meeting • June 10, 2024

Mario Harding, FACHE, Chief Administrative Officer-Community Hospitals
Alameda Hospital and San Leandro Hospital



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.



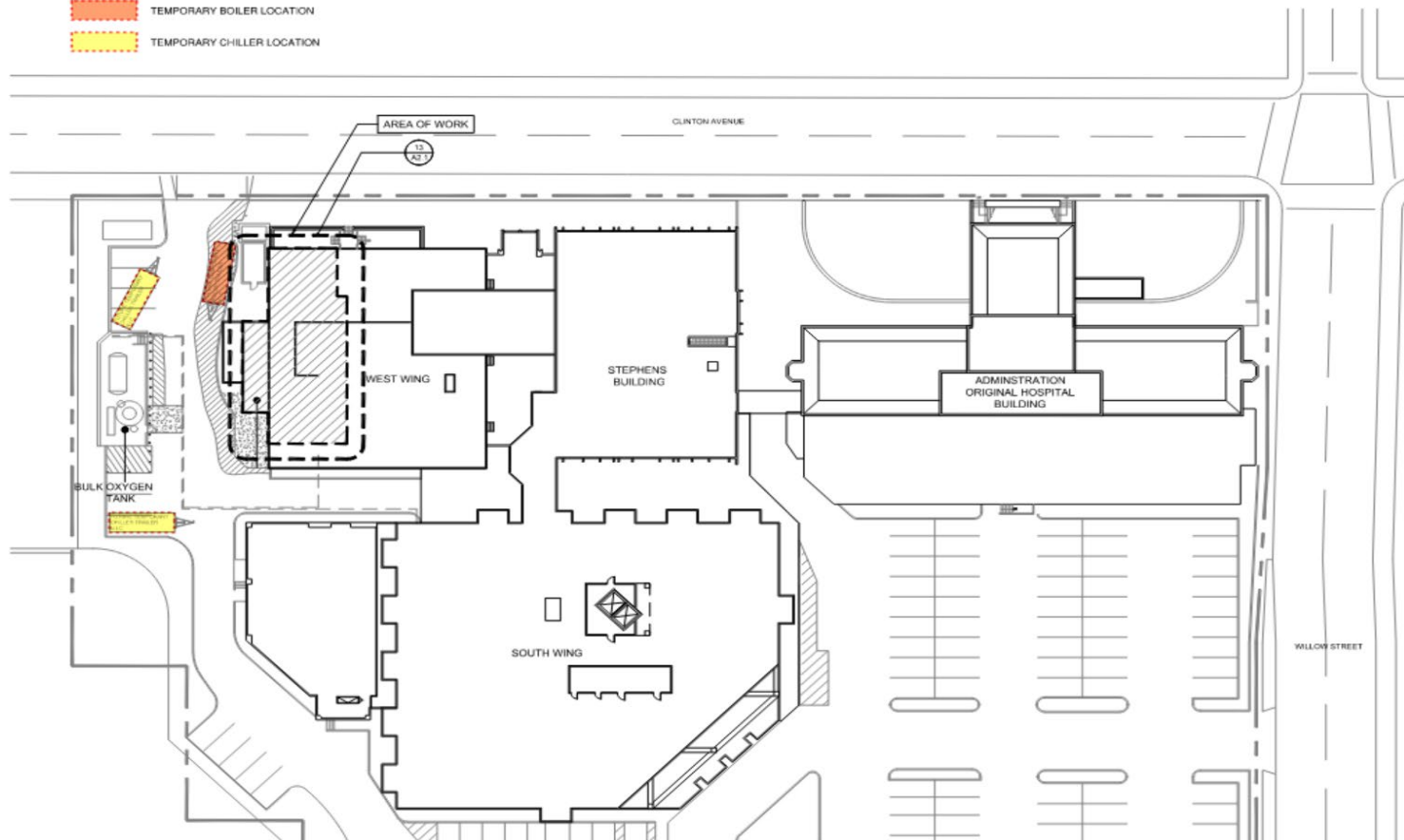
HVAC Central Utility Plant Infrastructure Project Update

- Design and submission of documents to HCAI/OSHPD
- Utilities connection construction timeline begins in late fall of 2024.
- Boilers & Chillers would arrive mid-winter and would only be onsite while the equipment is being replaced within the Central Utility Plant.
- Anticipate the temporary equipment on-site for 1 to 2 months, as they will only be there when the existing equipment is taken offline and removed immediately once the new equipment is installed and running.
- The Chillers are tentatively scheduled to be replaced starting in November 2025, ending in February of 2026.
- The Boilers are tentatively scheduled to be replaced starting in July of 2026, ending in September 2026.
- Partner with AHS Marketing and Debi Stebbins on joint communication plan. <https://www.alamedahealthsystem.org/alameda-hospital-seismic-updates>

HVAC Central Utility Plant Infrastructure Project Update

* IT IS NOT INTENDED TO HAVE ALL UNITS
OPERATIONAL AT THE SAME TIME

TEMPORARY BOILER LOCATION
TEMPORARY CHILLER LOCATION



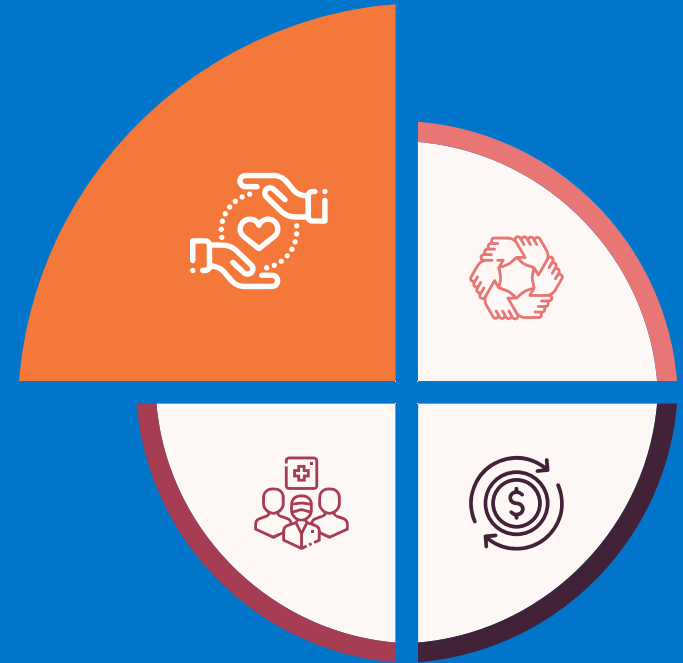
Sustainability: Financials YTD April 2024

Refer to CFO Report

AHS Pillars

Quality Care

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



May 2024 Report Data Through: Mar 2024

STEEP	Metric	FY23 Base line	FY24 Goal	Mar 2024 Final	Apr 2024 Prelim	FYTD 24			Accountable Team	Performance Trend	Action Plans
						All	Opportunity Race	Rate			
Safety	Patient Harm ↓	24	1 Month 12 Year	2	0	25	White	9	Annette Johnson Chris Adams		
	CLABSI # of Events / SIR	1/0.46	1/0.589	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Continue to have Cn's eval daily and leadership rounding weekly.
	CAUTI # of Events / SIR	2/0.81	1/0.65	0/0	0/0	0/0	All	0	Annette Johnson Joe Lotsko		Continue to have Cn's eval daily and leadership rounding weekly.
	MRSA # of Events / SIR	0/0	0/0	0/0	0/0	0/0	All	0	John Stark Robert McCabe Li Kuo Kong		
	C. Difficile # of Events / SIR	2/1.75	1/0.52	0/0	0/0	5/1.24	African American/ Black	2	John Stark Robert McCabe Li Kuo Kong		
	SSI # of Events / SIR	1/0.67	0/0	0/0	0/0	0/0	All	0	Annette Johnson Pat Reynolds Laura Lang		Continue to follow
	Patient Falls w Injury # / % Per 1000 days	1/0.04	0/0	1/0	0/0	6/0	White	3	Annette Johnson Jessica Vinkavich		Continue reinforcing education regarding purposeful hourly rounding, ensuring all beds have call light attachment for bed alarms, ensuring chair alarms accessible for staff.
	HAPI # / % Per 1000 days	8/0.53	0.3 Month 4 Year 0.27	1/0.71	0/0	13/1.1	White African American/ Black	4	Annette Johnson Jessa Nelson Youssef Youssef		Rolled out wound education and carts (read and sign); working closely with Maria to follow up on any concerns. Training for wound champions begins in June.
	Behavior Events w/ Physical Injury	9/0.32	0.4 Month 4.5 Year 0.1	0/0	0/0	3/0	African American/ Black White	1	Annette Johnson Joe Lotsko		Continue to have staff report any and all events. TEAMS training continues for all ED Staff.

STEEP	Metric	FY23 Base line	FY24 Goal	Mar 2024 Final	Apr 2024 Prelim	FYTD 24			Accountable Team	Performance Trend	Action Plans
						All	Opportunity Race	Rate			
Safety	Handwashing Compliance ↑	85.30%	95%	89.3%	85%	90%	N/A	N/A	Annette Johnson Deborah Ellis Chris Adams		
Effective	All-cause 30 day Readmissions ↓	13.80%	10.7%	15.6%	0.0%	14.0%	N/A	N/A	Nina Salman Esther Wang Katherine Pyun		25% readmissions reviewed in March did not meet IP criteria. 60% of these identified as Black/African American. UM working with admitting physicians to have correct orders entered.
Effective	All-cause 30 day Readmissions for Black/African American Pts ↓	21.8%	10.70%	26%	20%	20.1%	N/A	N/A			
Efficient	ED Boarding Time Time in ED from Decision to Admit to Inpatient Bed ↓	3:16	1:30	3:01	2:43	3:21	African American/ Black	3:24	Annette Johnson Joe Lotsko Nikita Joshi		Continue to work with staff to mobile patients to the floor when bed is ready using RN.
Equity	Rate of Inpatients screened for health-related social needs (food, housing, transportation, safety, utilities) ↑	N/A	90%	37.80%	44.36%	34.27%	Other	0%	Annette Johnson Dusty Gilleland Tangerine Brigham		
Equity	Rate of inpatients who screened positive for health-related social needs (food, housing, transportation, safety, utilities) ↓	N/A	N/A	6.58%	9.52%	10.44%	African American/ Black	16.40%	Annette Johnson Dusty Gilleland Tangerine Brigham		
Patient Centered	Rate of patients who reported that their nurses "always" communicated well ↑	72.30%	76.53%	63.2%	78.2%	70.8%	Unknown	61.6%	Angela Ng Jessica Vinkavich		Nurse leader rounding daily & simlab training this month and next for charge & relief nurses. Data sharing and reminders at huddles, PHR, GIFT use, No pass zone.
Patient Centered	Acute: Rate of patients who reported they would "definitely" recommend AHS ↑	66.90%	69.00%	73.2%	73.2%	66.6%	Unknown	47.80%	Angela Ng Chris Adams, Isolani Nargavala		Sharing data & comments with staff-all patient facing dept. Service standards in-service training support services. CM/Dr. Lower/Nursing plan for button messaging campaign to patients e.g. "we care, we listen" for staff to wear. Dr. Lowery discharge calls.
	Emergency: Rate of patients who reported they would "definitely" recommend AHS ↑	59.50%	68.80%	53.6%	69.6%	59.5%	Unknown	50.00%	Angela Ng Joe Lotsko Nikita Joshi		Continue to share with staff at morning huddles patient comments and opportunities to learn from the weekly reports. Working with Pt Exp to create situational role play interacting with staff/patients/family.
	Same Day Surgery: Rate of patients who reported they would "definitely" recommend AHS ↑	78.50%	86.40%	100.0%	100.0%	78.9%	Other	50.00%	Angela Ng Pay Reynolds		Continue to follow and share results with staff weekly in emails and huddles. Low N number on CAHPS survey. QR code survey in waiting rooms to launch.

Alameda County EMS Ambulance Patient Offload Time (APOT) April 2024

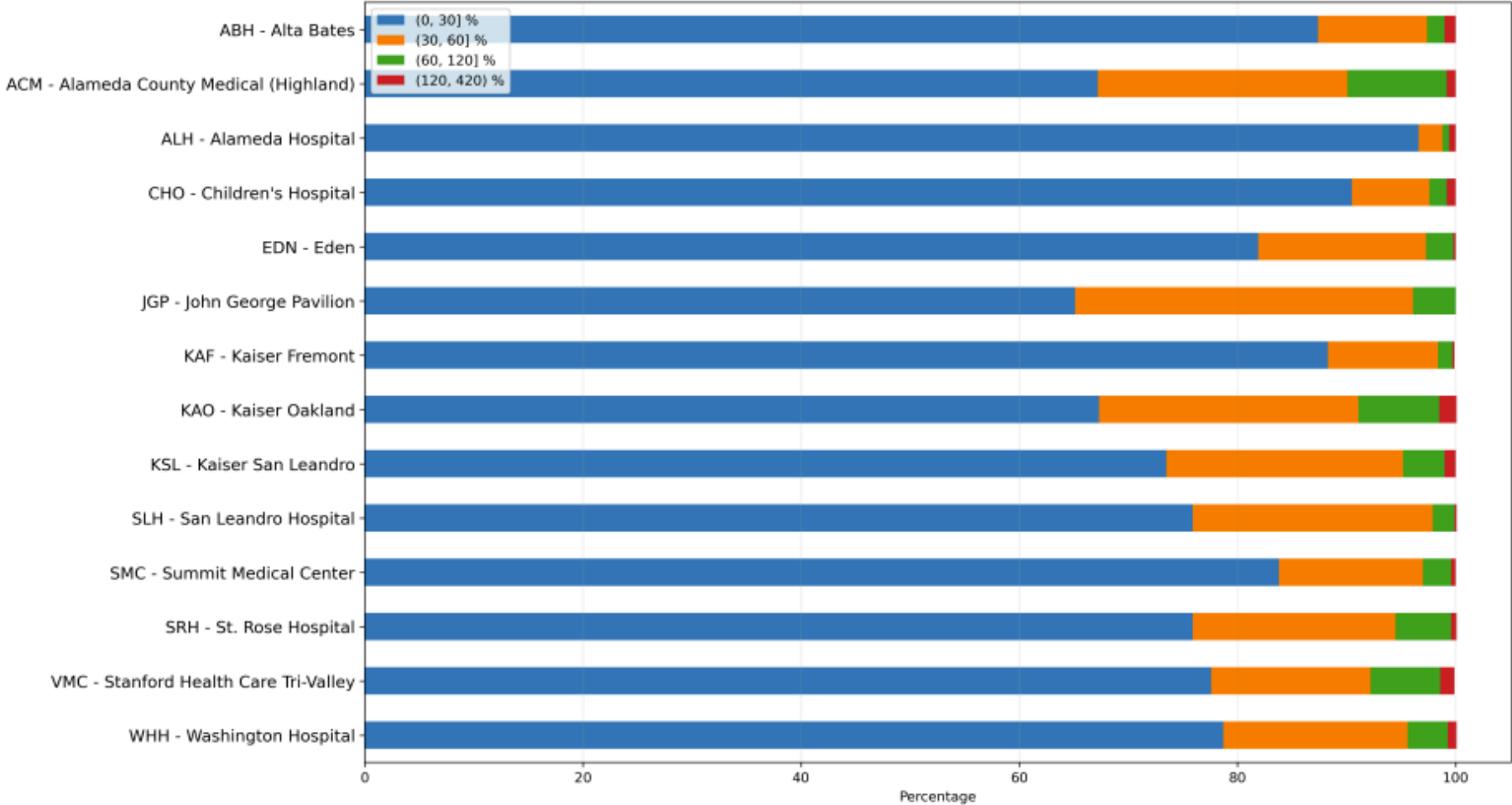
ALCO APOD Report

April 2024

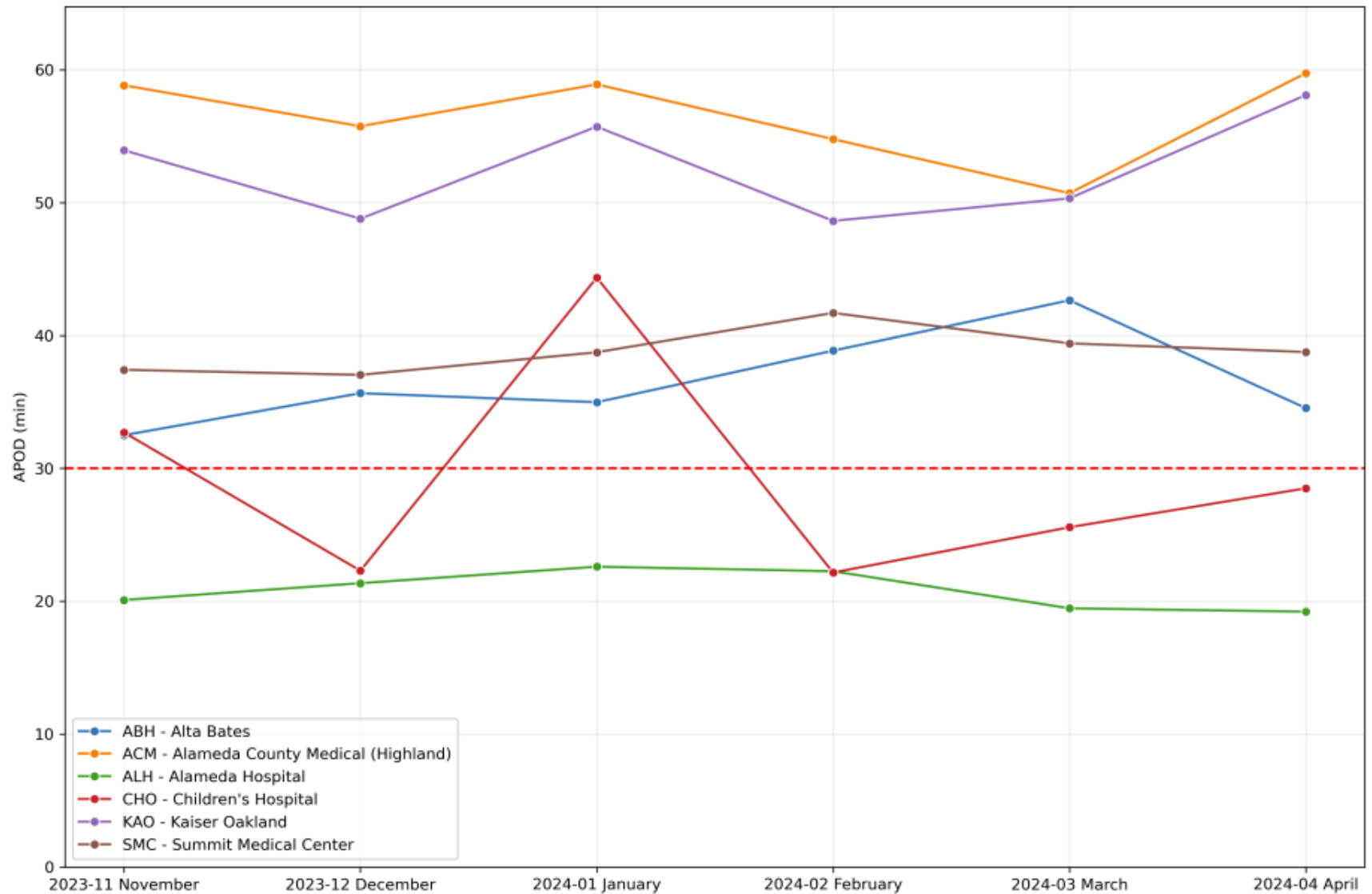
1 - Destination Statistics

	Transports	Average	90th Percentile	APOD > 30 min	APOD > 30 min %
ABH - Alta Bates	499	20.8	34.5	63	12.6%
ACM - Alameda County Medical (Highland)	1,044	28.1	59.7	342	32.8%
ALH - Alameda Hospital	319	11.6	19.2	11	3.4%
CHO - Children's Hospital	126	16.3	28.5	12	9.5%
EDN - Eden	930	19.9	41.3	168	18.1%
JGP - John George Pavilion	232	27.3	49.2	81	34.9%
KAF - Kaiser Fremont	445	17.7	32.6	52	11.7%
KAO - Kaiser Oakland	829	29.5	58.1	271	32.7%
KSL - Kaiser San Leandro	762	25.9	48.3	202	26.5%
SLH - San Leandro Hospital	560	23.4	42.9	135	24.1%
SMC - Summit Medical Center	1,263	20.0	38.8	205	16.2%
SRH - St. Rose Hospital	435	23.9	46.5	105	24.1%
VMC - Stanford Health Care Tri-Valley	671	24.4	52.1	150	22.4%
WHH - Washington Hospital	896	22.8	42.6	191	21.3%

3 - Destination Duration Stacked Bins



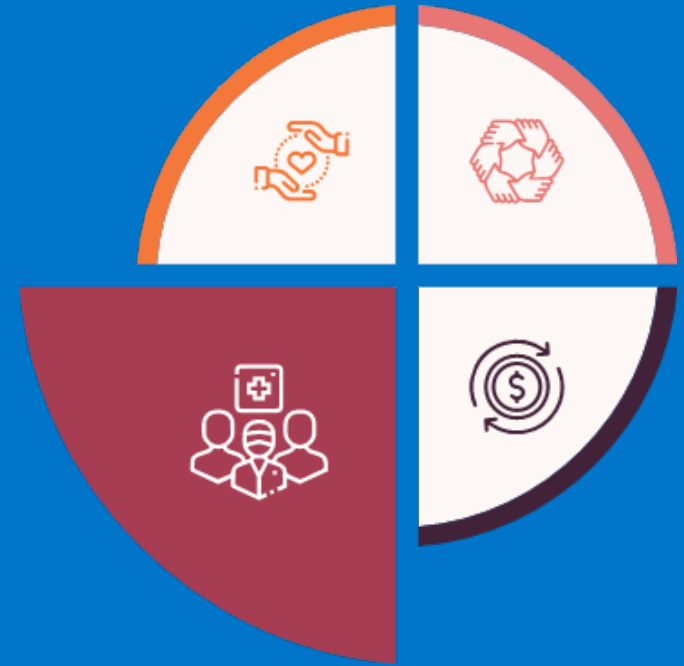
7 - Previous Six Months 90th Percentile in the North



AHS Pillars

Staff & Physician Experience

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





As part of the Nurses Week celebration activities, our newest Alameda Health System (AHS) DAISY Award honorees were recognized by leadership at their facilities and received a certificate of achievement, DAISY pin and the “Healers Touch” sculpture that represents the bond between a nurse and their patients.

The DAISY (Diseases Attacking the Immune System) Award honorees are nurses who personify AHS’s commitment to superior patient experience and who consistently demonstrate excellence through their clinical expertise and compassionate care.

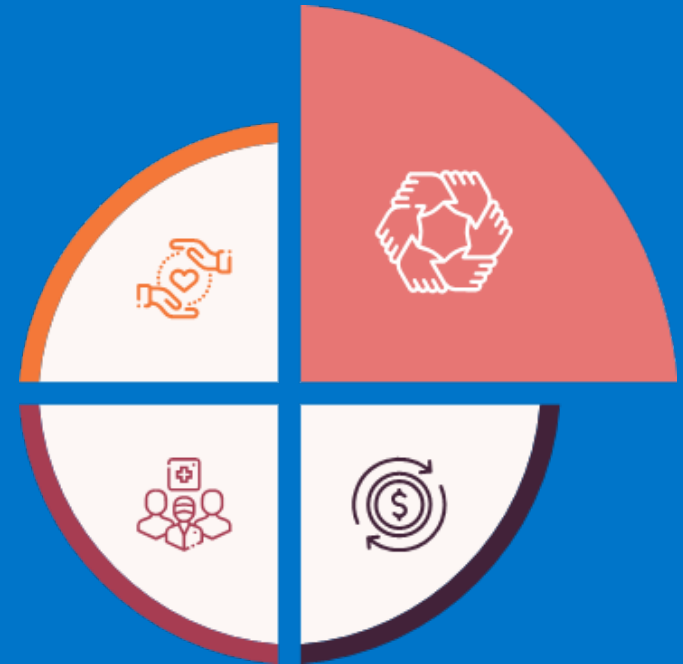
Congratulations and thank you for providing extraordinary nursing care to every patient every time.

Daisy Winners in Photos:

- Lovie Bolton, RN Highland Hospital
- Lovie Bolton and team at Highland Hospital
- Rose Del Rosario, Nursing Supervisor, and Kai Stolte, RNII and Relief Charge on MedTele San Leandro Hospital
- Fred Reynado and team at Alameda Hospital
- Lucky Nwokocha, RN John George Psychiatric Hospital
- Tatiana Sefanov, RN Fairmont Hospital
- Jaspal Kaur, RN Fairmont Hospital
- Florence Nightingale Award – Josephine De Ocampo, LVN Fairmont Hospital
- Josephine De Ocampo, Tatiana Sefanov, Jaspal Kaur receiving their award at Fairmont Hospital

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.





**American
Red Cross**

**Blood
Services**

Friday, July 5, 2024

11AM - 5PM

**Alameda Hospital, Conference Room A
2nd Floor**

[Schedule a Blood, Platelet or Plasma
Donation | American Red Cross
\(redcrossblood.org\)](#)

Alameda Hospital

[Change](#)

2070 Clinton Avenue
Alameda, CA 94501

07/05/2024 | 11:00 AM - 05:00 PM

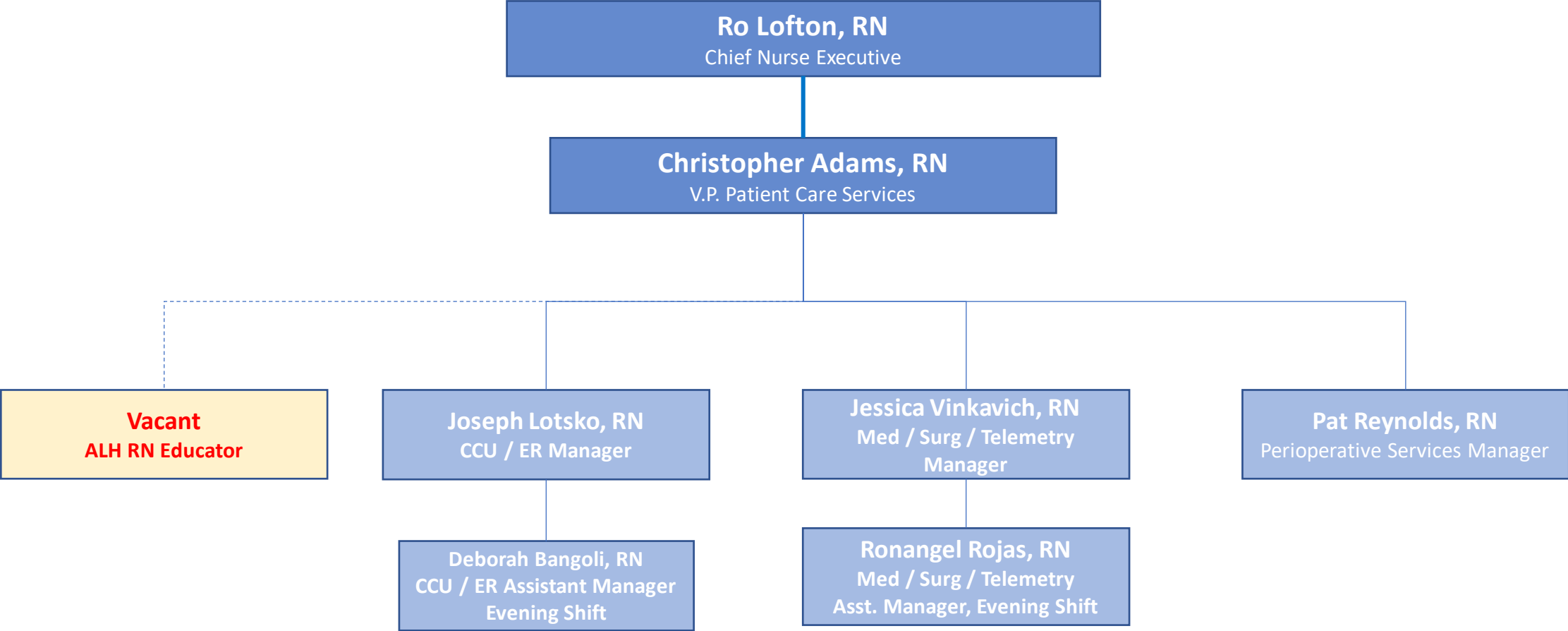
What is: [Power Red](#) | [Blood](#)

Tap the donation you want to give:

11:00 AM	Blood	Power Red
12:00 PM	Blood	Power Red
1:00 PM	Blood	Power Red
1:30 PM	Blood	Power Red
1:45 PM	Blood	Power Red
2:00 PM	Blood	Power Red
2:15 PM	Blood	Power Red
2:30 PM	Blood	Power Red
2:45 PM	Blood	Power Red
3:00 PM	Blood	Power Red
3:30 PM	Blood	Power Red
3:45 PM	Blood	Power Red
4:00 PM	Blood	Power Red
4:15 PM	Blood	Power Red
4:30 PM	Blood	Power Red
4:45 PM	Blood	Power Red



ALH Nursing Leadership Update



Alameda Hospital RN Vacancy Rate 21% vs. 35% in October

Unit	Budget RN FTE	Hired RN FTE (May)	Hired RN FTE (October)	Vacancy FTE (%)
Emergency Department	21.7	↑ 20.5	17.9	1.2 (5.5%)
Critical Care Unit	20.3	16.6	16.4	3.7 (18%)
Med / Surg / Telemetry	26.4	↑ 21.2	14.6	5.2 (20%)
Med / Surg	24.5	↑ 18.4	13.2	6.1 (25%)
Perioperative Services	10.0	4.8	4.8	5.2 (52%)
Total	103.0	81.5	66.9	21.5 (21%)*

*National RN Vacancy rate 9.9%

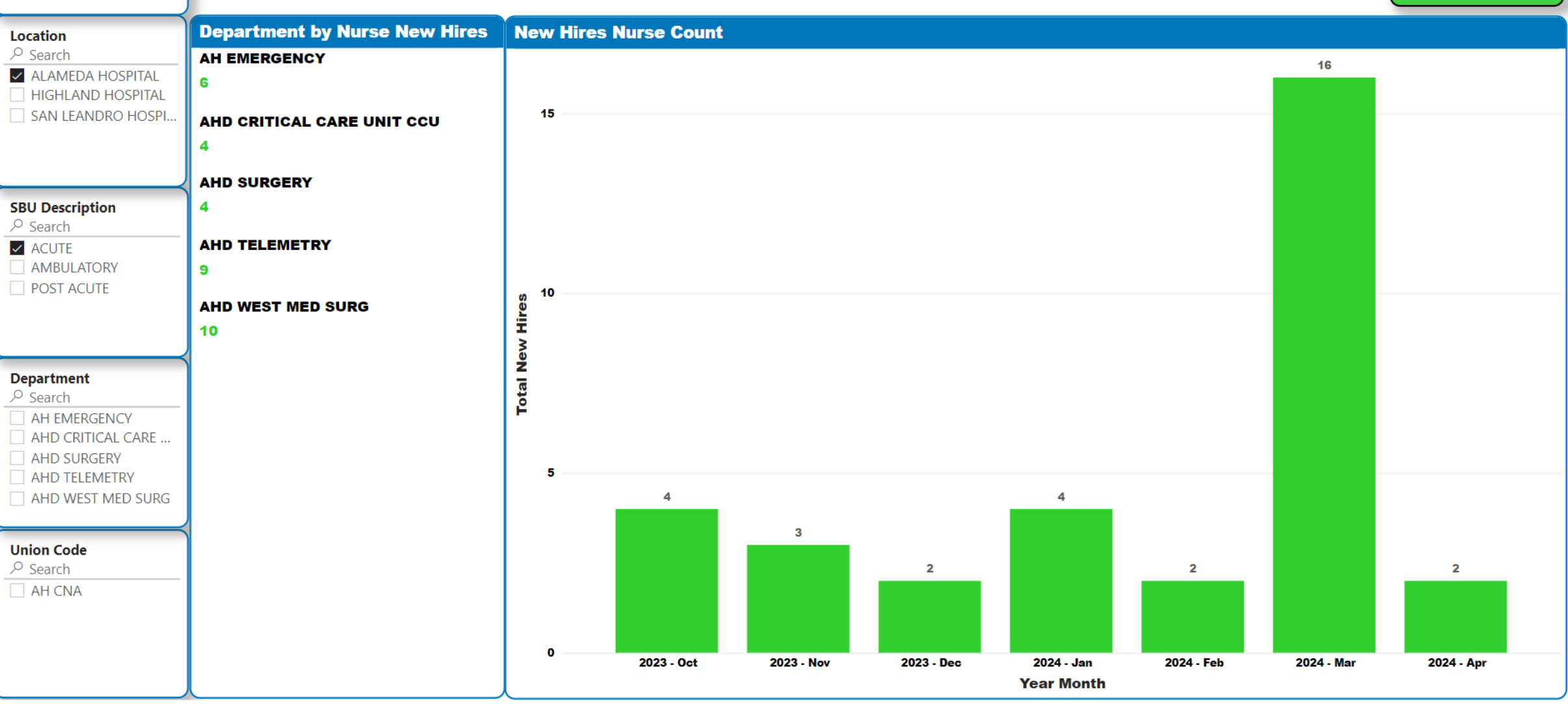
On-going Recruitment Strategies

- New grad RN program for M/S/T and specialty areas
- Upcoming CNA contract negotiations – align to market wages

Retention Strategies

- Engage the frontline – re-introduce our Unit Based Committees
- Invest in on-going education
- Evaluate time off and alternative schedules

New RN Hires October to May



ALH RN Turnover Rate – 5%



Date

10/1/2023

5/1/2024

Location

Search

☒ ALAMEDA HOSPITAL

SBU Description

Search

☒ ACUTE

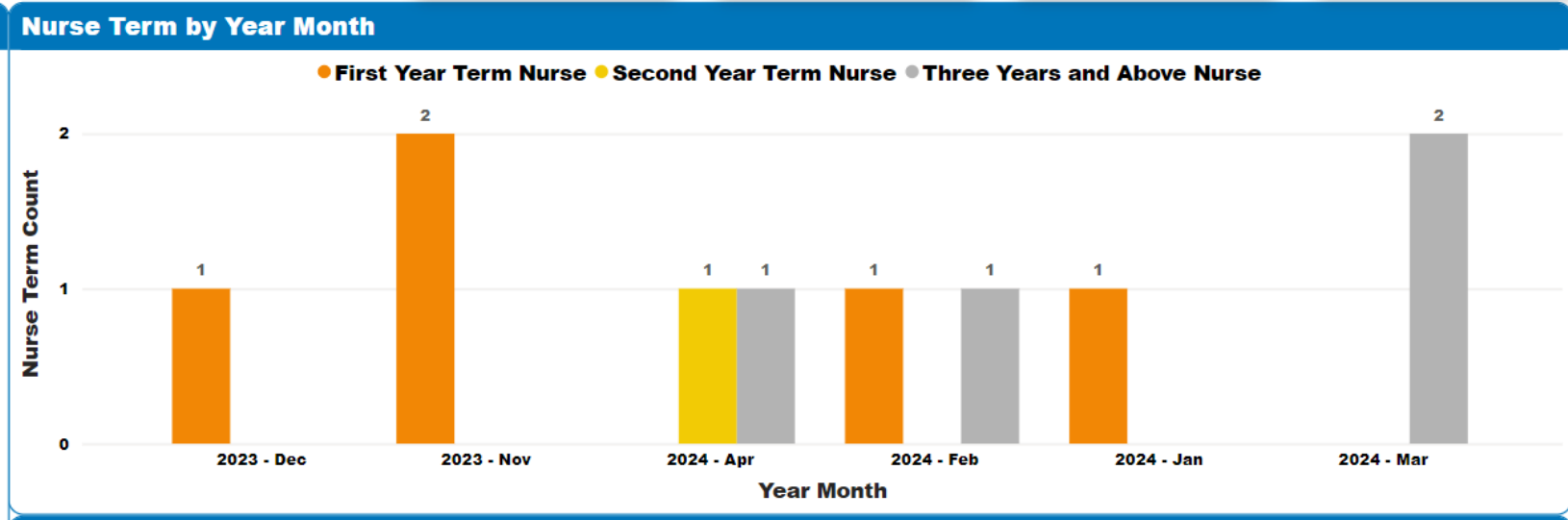
☐ POST ACUTE

☐ SYS SUP HUMAN RES...

Department by Nurse Term	
AH EMERGENCY	2
AHD CRITICAL CARE UNIT CCU	4
AHD SURGERY	1
AHD TELEMETRY	1
AHD WEST MED SURG	2

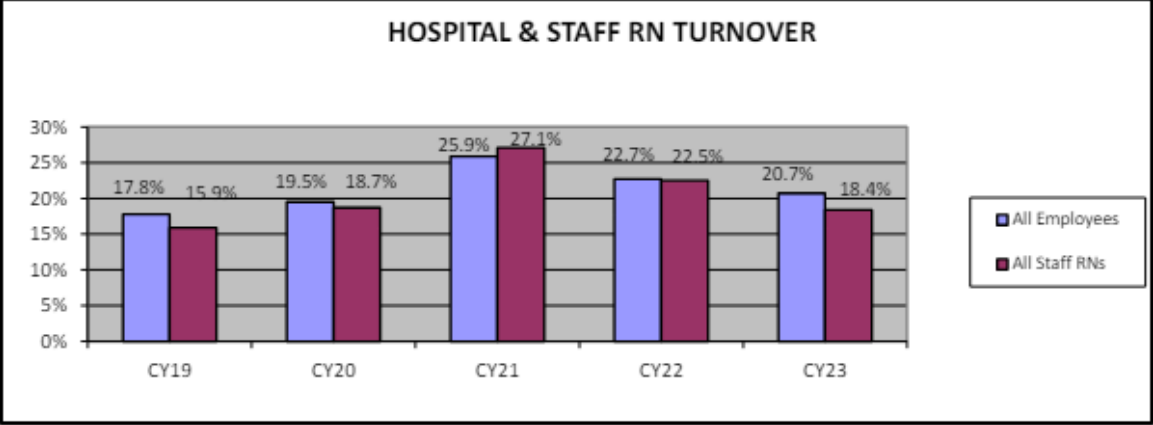
Nurse Terminations

Total Term	First Year Term	Second Year Term	Three Years and Above
10	5	1	4



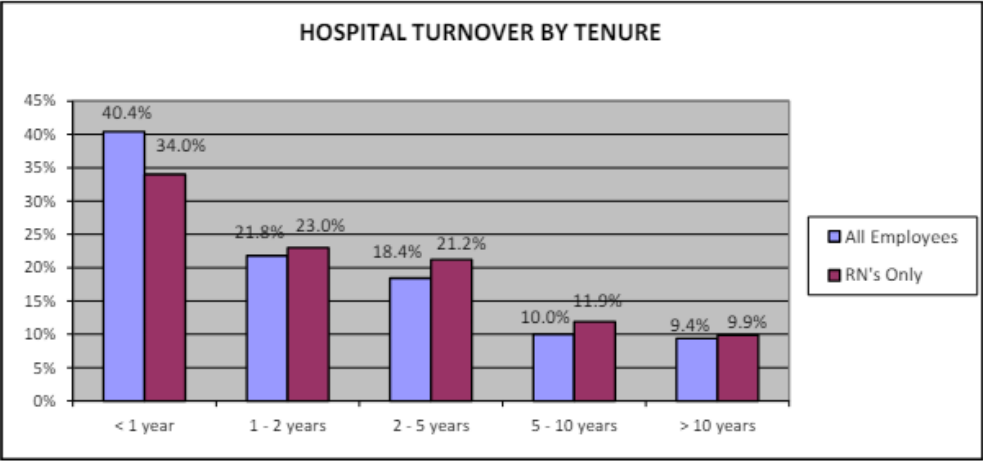
Nationally RN Turnover = 18.4%

*2024 NSI National Health Care Retention & RN Staffing Report



All Hospital Staff Employee Turnover = 20.7%

First and second year turnover remains high nationally and significantly impacts healthcare bottom line



2024 Union Contract Negotiation Update



- Represents all Registered Nurses at both Alameda and San Leandro Hospital
 - CNA contract expired December 31, 2023
 - Continuing to get 30-day extensions signed so nurses stay within contract
 - Meeting scheduled 2x/month with CNA
 - Overall goal is to merge Alameda Hospital CNA and San Leandro Hospital CNA contract together
 - Wage increase to align with market rates – competitive position for AHS
-



- SEIU represents RNs at HGH Hospital and OR Techs, EVS, Pharmacy, most allied staff at all 3 locations
- Negotiations are currently underway and taking place from a System perspective
- Preliminary stages of negotiations

Daisy Award Winner

Fred Reynado – Emergency Department



DAISY Award recipients are Registered Nurses who exemplify the nursing values: Extraordinary Compassion, Courage, Integrity, in every situation! These individuals consistently demonstrate excellence in the delivery of patient care and promotion of their professional nursing practice.

Florence Nightengale Award Winner

Maria Vergara – Wound Care RN

Florence Nightingale Awards to honor nurses

- Impacted a patient's or client's life through excellent and compassionate nursing care.
- Improved health outcomes in a population or in the community.
- Elevated the profession of nursing to a higher stature.
- And/or Inspired others to consider nursing as a professional career.



Ice Cream Social



Bagels & Coffee



Follow UP



- Hoverjacks
 - 1 for 3rd floor
 - 1 for 2nd floor
 - 1 for ER
- Mobility Project currently underway that is evaluating our equipment list and equipment to facilitate mobility
 - Bariatric FWW
 - Crutches
 - Bariatric WC
 - Drop Arm bedside commodes



Alameda District Board Presentation 6/13/2024

Financial Report April 2024

Volume Highlights – Alameda Acute

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
ACUTE -----											
General Acute Days	1,048	1,211	-163	-13.50%	11,386	10,825	561	5.20%	11,746	-360	-3.10%
General Acute Discharges	240	242	-2	-1.00%	2,527	2,167	360	16.60%	2,235	292	13.10%
Average Daily Census	34.9	40.4	-5.4	-13.50%	37.3	35.5	1.8	5.20%	38.6	-1.3	-3.40%
Average Length of Stay	4.4	5	0.6	12.60%	4.5	5	0.5	9.80%	5.3	0.7	14.30%
Adjusted Patient Days	1,810	2,056	-246	-12.00%	19,074	18,350	723	3.90%	19,483	-409	-2.10%
Adjusted Discharges	414	412	3	0.70%	4,233	3,673	560	15.30%	3,707	526	14.20%
Occupancy %	53%	61%	0%	0.00%	57%	54%	0%	0.00%	59%	0%	0.00%
Observation Equiv Days	119	187	-68	-36.10%	372	1,630	-1,259	-77.20%	1,542	-1,171	-75.90%
Total Paid FTE	601	614	13	2.20%	593	611	19	3.00%	592	0	0.00%
Total Productive FTE	526	515	-10	-2.00%	516	506	-11	-2.10%	516	0	-0.10%
Total Adjusted Patient Days	1,810	2,056	-246	-12.00%	19,074	18,350	723	3.90%	19,483	-409	-2.10%
Total Adjusted Discharges	414	412	3	0.70%	4,233	3,673	560	15.30%	3,707	526	14.20%
Total Paid FTE per AOB	9.96	8.96	-1	-11.10%	9.48	10.16	0.68	6.70%	9.24	-0.23	-2.50%
Worked Hours Per APD	49.8	42.9	-6.8	-15.90%	47.2	48	0.9	1.80%	46	-1.2	-2.50%
Worked Hours Per AD	217	215	-3	-1.30%	213	240	27	11.40%	242	29	12.10%
Emergency Visits	1,574	1,406	168	12.00%	15,706	13,956	1,750	12.50%	13,967	1,739	12.50%
Left Without Being Seen	32	0	-32	-100.00%	416	0	-416	-100.00%	524	108	26.00%
IP Surgeries	18	31	-13	-42.60%	232	304	-72	-23.60%	318	-86	-27.00%
OP Surgeries	112	122	-10	-8.20%	1,383	1,118	265	23.80%	1,026	357	34.80%
Total Surgeries	130	153	-23	-15.30%	1,615	1,421	194	13.60%	1,344	271	20.20%
Total Clinic Visits	1,197	1,058	139	13.10%	10,932	10,422	510	4.90%	10,492	440	4.20%
CMI Alameda	1.388	1.442	-0.054	-3.70%	1.371	1.487	-0.116	-7.80%	1.43	-0.059	-4.10%

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
SNF -----											
SNF Patient Days	4,936	5,051	-115	-2.30%	50,915	50,871	45	0.10%	45,065	5,850	13.00%
SNF Discharges	17	14	3	19.60%	118	145	-27	-18.40%	113	5	4.40%
Average Daily Census	164.5	168.4	-3.8	-2.30%	166.9	166.8	0.1	0.10%	148.2	18.7	12.60%
Occupancy %	91%	93%	0%	0.00%	92%	92%	0%	0.00%	82%	0%	0.00%
Bed Holds	40	61	-21	-34.60%	599	528	71	13.50%	482	117	24.30%
Paid FTE	184	204	21	10.10%	184	207	23	11.30%	181	-3	-1.70%

Financial Report April 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	\$8,811	\$8,687	\$125	\$86,518	\$87,337	(\$819)
Capitation Revenue	308	308	0	3,078	3,078	0
Other Government Programs	1,634	1,672	(38)	16,254	16,716	(462)
Other Revenues	20	28	(8)	442	1,715	(1,273)
Total Revenue - All Sources	\$10,772	\$10,694	\$78	\$106,292	\$108,846	(\$2,554)

Collection %	14.7%	14.6%	0.1%	14.7%	14.5%	0.1%
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Operating Expenses -----

Salaries & Benefits	8,437	8,489	52	83,110	84,507	1,397
Purchased Services	632	553	(79)	6,477	6,000	(477)
Contracted and Allocated Physician	2,125	2,150	25	21,519	21,499	(20)
Materials and Supplies	1,065	1,261	196	10,608	11,982	1,374
Facilities	288	348	60	4,111	3,737	(373)
Depreciation	398	379	(19)	3,976	3,819	(157)
General & Administration	237	108	(129)	557	696	138
Total Operating Expenses	\$13,182	\$13,289	\$107	\$130,359	\$132,240	\$1,881

Contribution Margin	(\$2,409)	(\$2,595)	\$185	(\$24,066)	(\$23,394)	(\$672)
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- Acute Volume and Revenue Highlights:
 - CMI is at 1.388, 3.7% below budget for the month and 7.8% below budget YTD. Generally, a higher CMI increases the expected LOS
 - LOS was below budget for the month at 4.4; below budget of 5.0. YTD LOS is 4.5 and PY was 5.3
 - Surgeries decreased to 130 in April below budget of 153. Ortho cases were transferred to SLH.
 - OP Surgery is below budget by 10 and 8.2%; YTD above budget by 23.8%
 - IP Surgery is below budget by 13 and 42.6%; YTD below budget by 23.6%
- Expenses
 - Overtime above budget
 - Registry below budget for the month due to staffed positions
 - Decrease in registry rates due to negotiations

- Patient days were below budget by 115 days or 2.3%
- Discharges were above budget by 3 or 19.6%
- Daily Census was below budget by 3.8 or 2.3% with continued efforts to increase census
- Occupancy is at 91%

- Overtime was over budget. New wages going into effect May 1 will help this with recruiting staff. Working on hiring for South Shore and Park Bridge
- OT rates were below budget
- Registry FTE above budget

- Med surg and Tele (58 beds)
 - ICU census (8 Beds)
 - Clinics include Wound Care Clinic & Marina Wellness Center
-
- Hospital (Subacute 35 beds)
 - Park Bridge (120 beds)
 - South Shore (26 Beds)

Appendix
















AHS Finance Committee Presentation



April 2024 Financial Report

Finance Committee June 5, 2024

April 2024

Metric	FY2024 Budget Goal (YTD)	FY24 Actual YTD	YTD	Trend Lines	Why Important
Volume					
Total Adjusted Discharges	24,820	25,321	●		Reflects overall volumes; scaled to OP equivalent volumes
Total Adjusted Patient Days	271,263	278,419	●		Reflects overall volumes; scaled to OP equivalent volumes
Revenue Cycle					
Collection Ratio	18.9%	19.1%	●		Measures percent of charges collected
Cash as % of Net Revenue	100.0%	95.8%	●		Validation of net revenue estimate by ensuring cash is collected
Gross Days in Patient Receivables	60.0	74.7	●		Financial management starts with collecting money efficiently
Labor					
Productivity %	100.1%	100.8%	●		Efficient use of labor resources; productive hours per Unit of Service
Registry as % of Total FTEs	4.1%	5.4%	●		Reduce registry usage; maintain use of internal staff
Total FTEs	4,876	4,995	●		Manage FTE growth over time
Labor Cost/FTE w/o GASB*	\$173,199	\$173,716	●		Key driver of financial performance; consumes >70% revenues
Profitability					
Total Cost per Adjusted Discharge	\$46,688	\$47,266	●		Key driver of financial performance and efficiency
Total Cost per Adjusted Patient Days	\$4,272	\$4,299	●		Key driver of financial performance and efficiency
Net Income	-\$27	-\$13,582	●		Indicator of financial solvency
EBIDA Margin	2.7%	1.8%	●		Indicator of Cash flow from Operations
NNB (Net Negative Balance)	<\$105M	\$2,775	●		Line of credit from the County
Net Position		-\$97,616	●		Fund balance remaining after assets used for outstanding liabilities
Capital					
Approved Capital Cash Flow	\$22,905,441	\$22,905,441	●		Timely completion of capital projects; Total FY24 Budget is \$30.5M
Capital Spent	\$22,905,441	\$18,576,708	●		
% of Capital Spent		81.1%	●		

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

April 2024 Financial Report

Volume Highlights

	Actual	Budget	Variance	% Var	YTD Actual	YTD Budget	Variance	% Var	PY YTD Actual	Variance	% Var
ACUTE											
Patient Days	9,044	9,914	(870)	-8.8%	93,520	96,781	(3,261)	-3.4%	96,123	(2,603)	-2.7%
Discharges	1,458	1,667	(209)	-12.5%	15,811	16,170	(359)	-2.2%	15,073	738	4.9%
Average Daily Census	301.5	330.5	(29.0)	-8.8%	306.6	317.3	(10.7)	-3.4%	316.2	(9.6)	-3.0%
Average Length of Stay	6.2	5.9	(0.3)	-5.1%	5.9	6.0	0.1	1.7%	6.4	(0.5)	-7.8%
Adjusted Patient Days	15,482	15,723	(241)	-1.5%	154,219	152,465	1,754	1.2%	152,086	2,133	1.4%
Adjusted Discharges	2,492	2,645	(153)	-5.8%	26,073	25,472	601	2.4%	23,849	2,224	9.3%
CMI	1.435	1.543	(0.108)	-7.0%	1.516	1.534	(0.018)	-1.2%	1.540	(0.024)	-1.6%
Emergency Visits											
Emergency Visits	8,881	7,819	1,062	13.6%	86,429	79,674	6,755	8.5%	79,690	6,739	8.5%
Left Without Being Seen (LWBS)	6.8%	8.7%	2.0%	29.1%	7.3%	8.2%	0.9%	12.4%	8.8%	1.5%	20.2%
Trauma Cases	261	258	3	1.2%	2,814	2,716	98	3.6%	2,610	204	7.8%
Observation Equivalent Days	407	256	151	59.0%	1,918	2,472	(554)	-22.4%	2,312	(394)	-17.0%
PES Equivalent Days	697	688	9	1.3%	6,655	6,884	(229)	-3.3%	6,706	(51)	-0.8%
Surgeries	722	810	(88)	-10.9%	7,538	7,908	(370)	-4.7%	7,218	320	4.4%
IP Surgeries	309	346	(37)	-10.7%	3,324	3,645	(321)	-8.8%	3,343	(19)	-0.6%
OP Surgeries	413	464	(51)	-11.0%	4,214	4,263	(49)	-1.1%	3,875	339	8.7%
Deliveries	122	115	7	6.1%	1,283	1,205	78	6.5%	1,191	92	7.7%
SNF											
Patient Days	8,131	8,205	(74)	-0.9%	83,154	82,643	511	0.6%	80,458	2,696	3.4%
Discharges	29	25	4	16.0%	251	249	2	0.8%	224	27	12.1%
Average Daily Census	271.0	273.5	(2.5)	-0.9%	272.6	271.0	1.6	0.6%	264.7	7.9	3.0%
Average Length of Stay	290.4	331.7	41.3	12.5%	331.3	331.7	0.4	0.1%	359.2	(27.9)	-7.8%
Bed Holds	70	102	(32)	-31.4%	1,004	958	46	4.8%	918	86	9.4%
CLINIC VISITS											
Clinic Visits	37,651	30,405	7,246	23.8%	340,882	313,131	27,751	8.9%	306,235	34,647	11.3%
Telehealth Visits	31,605	25,638	5,967	23.3%	287,078	262,041	25,037	9.6%	257,944	29,134	11.3%
	6,046	4,767	1,279	26.8%	53,804	51,090	2,714	5.3%	48,291	5,513	11.4%
FQHC Visits											
FQHC Visits	31,033	26,202	4,831	18.4%	288,148	275,530	12,618	4.6%	267,169	20,979	7.9%
Clinic Visits	26,424	22,045	4,379	19.9%	244,289	230,608	13,681	5.9%	224,990	19,299	8.6%
Telehealth Visits	4,609	4,157	452	10.9%	43,859	44,922	(1,063)	-2.4%	42,179	1,680	4.0%
Non-FQHC Visits											
Non-FQHC Visits	6,618	4,203	2,415	57.4%	52,734	37,601	15,133	40.2%	39,066	13,668	35.0%
Clinic Visits	5,181	3,593	1,588	44.2%	42,789	31,433	11,356	36.1%	32,954	9,835	29.8%
Telehealth Visits	1,437	610	827	135.5%	9,945	6,168	3,777	61.2%	6,112	3,833	62.7%
Physician wRVU	128,393	104,940	23,453	22.3%	1,152,721	1,056,319	96,402	9.1%	958,299	194,422	20.3%
Total Adjusted Patient Days	27,999	27,592	407	1.5%	278,419	271,263	7,156	2.6%	268,358	10,061	3.7%
Total Adjusted Discharges	2,419	2,577	(158)	-6.1%	25,321	24,820	501	2.0%	23,253	2,068	8.9%

	April 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 119,799	\$ 115,409	\$ 4,390	3.8%	\$ 1,185,496	\$ 1,159,190	\$ 26,306	2.3%	\$ 1,128,409	5.1%
Operating expense	120,021	115,524	(4,497)	(3.9)%	1,197,032	1,158,817	(38,215)	(3.3)%	1,093,999	(9.4)%
Operating income (loss)	(222)	(115)	(107)	(93.0)%	(11,536)	373	(11,909)	(3192.8)%	34,410	(133.5)%
Other non-operating activity	(1,081)	(57)	(1,024)	(1796.5)%	(2,046)	(400)	(1,646)	(411.5)%	(1,033)	(98.1)%
Net Income (loss)	\$ (1,303)	\$ (172)	\$ (1,131)	(657.6)%	\$ (13,582)	\$ (27)	\$ (13,555)	(50203.7)%	\$ 33,377	(140.7)%
EBIDA adjustments	4,314	3,085	1,229		34,749	30,990	3,759		31,663	
EBIDA	\$ 3,011	\$ 2,913	\$ 98		\$ 21,167	\$ 30,963	\$ (9,796)		\$ 65,040	
Operating Margin	(0.2)%	(0.1)%	(0.1)%		(1.0)%	0.0%	(1.0)%		3.0%	
EBIDA Margin	2.5%	2.5%	0.0%		1.8%	2.7%	(0.9)%		5.8%	

- Discharges and Inpatient days were below budget and LOS was 6.2; higher than trend.
- CMI below budget by 7.0% indicating lower complexity of patients and services.
- Trauma 1.2% above budget. Inpatient surgery 10.7% below budget.
- Observation exceeded budget at HGH and SLH.
- ED visits favorable to budget by 13.6%. Outpatient surgery unfavorable to budget by 11.0%.
- SNF discharges exceeded budget by 16.0%; census unfavorable by 0.9%.

➤ Commercial Payer Mix was 5.1%, below budget by 25.5%

	April 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 207,170	\$ 213,358	\$ (6,188)	(2.9)%	\$ 2,088,101	\$ 2,133,753	\$ (45,652)	(2.1)%	\$ 2,050,047	1.9%
Outpatient service revenue	130,562	111,536	19,026	17.1%	1,202,915	1,093,200	109,715	10.0%	1,065,234	12.9%
Professional service revenue	41,516	32,099	9,417	29.3%	355,338	333,527	21,811	6.5%	298,869	18.9%
Gross patient service revenue	379,247	356,992	22,255	6.2%	3,646,353	3,560,480	85,874	2.4%	3,414,149	6.8%
Deductions from revenue	(307,207)	(289,483)	(17,724)	(6.1)%	(2,951,527)	(2,887,170)	(64,357)	(2.2)%	(2,780,459)	6.2%
Net patient service revenue	72,040	67,509	4,531	6.7%	694,826	673,309	21,517	3.2%	633,691	(9.6)%
Collection % - NPSR	19.0%	18.9%	0.1%		19.1%	18.9%	0.2%		18.6%	
Capitation and HPAC	4,363	4,009	354	8.8%	41,391	40,131	1,261	3.1%	39,305	5.3%
Other government programs	39,047	39,640	(593)	(1.5)%	402,437	396,681	5,756	1.5%	417,220	(3.5)%
Other operating revenue	4,349	4,251	98	2.3%	46,842	49,068	(2,226)	(4.5)%	38,193	22.6%
Total operating revenue	\$ 119,799	\$ 115,410	\$ 4,389	3.8%	\$ 1,185,496	\$ 1,159,188	\$ 26,308	2.3%	\$ 1,128,407	5.1%

- Medi-Cal Waiver CY22 increased from 10% threshold reduction (\$4.5M).
- Medic-Cal Old Waiver FY10, FY14 and FY15 net increase (\$1.1M).
- AB915 CPE FY23 increased from higher receipts (\$1.9M).
- GME increased from ACA population for FY20 (\$2.2M), FY21 (\$2.6M), and FY22 (\$1.3M). FY23 settlement (\$1.0M).
- 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 (\$0.6M).
- Measure A decreased for CY24 Q3-Q4 (\$5.8M) from lower receipts.
- Physician SPA decreased for FY22 interim settlement (\$2.6M).
- SNF Supplemental decreased for FY19 settlement (\$1.2M).

	April 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	72,040	67,509	4,531	6.7%	694,826	673,309	21,517	3.2%	633,691	(9.6)%
Capitation and HPAC	4,363	4,009	354	8.8%	41,391	40,131	1,261	3.1%	39,305	5.3%
Medi-Cal Waiver	8,724	7,697	1,028	13.3%	82,063	76,967	5,096	6.6%	86,671	(5.3)%
Measure A and parcel tax	11,333	13,868	(2,535)	(18.3)%	132,840	138,677	(5,837)	(4.2)%	129,157	2.9%
Supplemental Programs	18,990	18,076	915	5.1%	187,534	181,037	6,497	3.6%	201,391	(6.9)%
Other government programs	39,047	39,640	(593)	(1.5)%	402,437	396,681	5,756	1.5%	417,220	(3.5)%
Grant Revenue	1,094	2,094	(1,000)	(47.7)%	12,984	13,065	(81)	(0.6)%	12,981	0.0%
Other Operating Revenue	3,254	2,157	1,097	50.9%	33,858	36,003	(2,145)	(6.0)%	25,211	34.3%
Other operating revenue	4,349	4,251	98	2.3%	46,842	49,068	(2,226)	(4.5)%	38,193	22.6%
Total operating revenue	\$ 119,799	\$ 115,410	\$ 4,389	3.8%	\$ 1,185,496	\$ 1,159,188	\$ 26,307	2.3%	\$ 1,128,407	5.1%

	April 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 87,019	\$ 83,110	\$ (3,909)	(4.7)%	\$ 867,712	\$ 844,517	\$ (23,195)	(2.7)%	\$ 792,137	(9.5)%
Physician contract services	3,779	3,466	(313)	(9.0)%	39,717	34,814	(4,903)	(14.1)%	34,575	(14.9)%
Purchased services	8,370	8,874	504	5.7%	86,771	86,157	(614)	(0.7)%	84,670	(2.5)%
Materials and supplies	12,203	10,903	(1,300)	(11.9)%	115,426	107,904	(7,522)	(7.0)%	101,069	(14.2)%
Facilities	3,014	3,094	80	2.6%	31,662	31,077	(585)	(1.9)%	30,460	(3.9)%
Depreciation and amortization	3,220	3,015	(205)	(6.8)%	32,574	30,428	(2,146)	(7.1)%	30,467	(6.9)%
General and administrative	2,416	3,062	646	21.1%	23,170	23,920	750	3.1%	20,621	(12.4)%
Total operating expense	\$ 120,021	\$ 115,524	\$ (4,497)	(3.9)%	\$ 1,197,032	\$ 1,158,817	\$ (38,215)	(3.3)%	\$ 1,093,999	(9.4)%

	April 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 87,019	\$ 83,110	\$ (3,909)	(4.7)%	\$ 867,712	\$ 844,517	\$ (23,195)	(2.7)%	\$ 792,137	(9.5)%
Physician contract services	3,779	3,466	(313)	(9.0)%	39,717	34,814	(4,903)	(14.1)%	34,575	(14.9)%
Purchased services	8,370	8,874	504	5.7%	86,771	86,157	(614)	(0.7)%	84,670	(2.5)%
Materials and supplies	12,203	10,903	(1,300)	(11.9)%	115,426	107,904	(7,522)	(7.0)%	101,069	(14.2)%
Facilities	3,014	3,094	80	2.6%	31,662	31,077	(585)	(1.9)%	30,460	(3.9)%
Depreciation and amortization	3,220	3,015	(205)	(6.8)%	32,574	30,428	(2,146)	(7.1)%	30,467	(6.9)%
General and administrative	2,416	3,062	646	21.1%	23,170	23,920	750	3.1%	20,621	(12.4)%
Total operating expense	\$ 120,021	\$ 115,524	\$ (4,497)	(3.9)%	\$ 1,197,032	\$ 1,158,817	\$ (38,215)	(3.3)%	\$ 1,093,999	(9.4)%

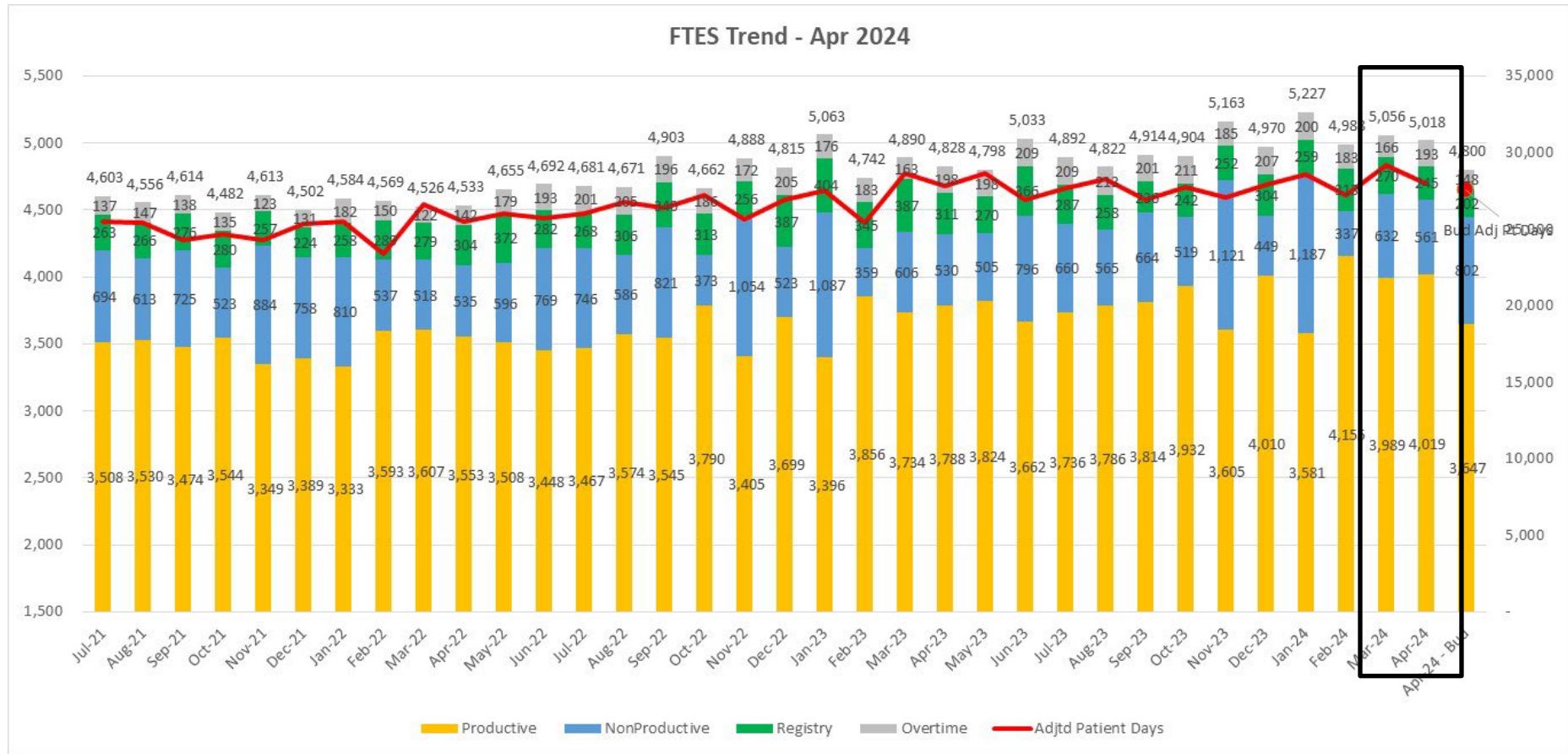
April 2024 Financial Report

Expense Highlights – Labor (part 1)

Non-physician Salaries and Wage Variance

	April	YTD
<u>Rate Variance to Budget</u>		
Salaries/PTO/Holiday/Sick	\$ 68	\$ (3,811)
Overtime (62 FTE, YTD 65 FTE)	(411)	(6,381)
On-Call	2	60
Shift Differential	244	2,684
Other	43	1,376
Subtotal - Rate Variance	(54)	(6,072)
<u>Volume Variance to Budget</u>		
152 FTE and 31 FTE	(1,712)	(3,585)
Total Variance	\$ (1,766)	\$ (9,657)

	April 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 50,854	\$ 49,088	\$ (1,766)	(3.6)%	\$ 517,620	\$ 507,963	\$ (9,657)	(1.9)%	\$ 475,646	(8.8)%
Salaries and wages (physicians)	8,779	8,318	(461)	(5.5)%	88,503	87,016	(1,487)	(1.7)%	78,033	(13.4)%
Registry	4,757	4,813	56	1.2%	53,258	48,544	(4,714)	(9.7)%	81,130	34.4%
Employee benefits (taxes, insurance)	15,178	13,411	(1,767)	(13.2)%	136,075	130,374	(5,701)	(4.4)%	119,518	(13.9)%
Retirement	7,451	7,480	29	0.4%	72,256	70,620	(1,636)	(2.3)%	65,660	(10.0)%
Retirement (deferred)	-	-	-	0.0%	-	-	-	0.0%	(27,850)	(100.0)%
Total labor costs	\$ 87,019	\$ 83,110	\$ (3,909)	(4.7)%	\$ 867,712	\$ 844,517	\$ (23,195)	(2.7)%	\$ 792,137	(9.5)%
Compensation ratio	72.6%	72.0%	-0.6%		73.2%	72.9%	-0.3%		70.2%	
Paid FTEs	5,018	4,800	(218)	(4.5)%	4,995	4,876	(119)	(2.4)%	4,814	(3.8)%



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

April 2024 Financial Report

Physician Expenses Variance

Budget Variances by Physician Specialty (in thousands)

Specialty	Current Month - April 2024			Year to Date		
	Salaries	Contract	Total	Salaries	Contract	Total
Psychiatry	(211)	13	(198)	(2,349)	200	(2,149)
Hospitalists	(83)	(97)	(180)	(207)	(538)	(745)
GME	10	(152)	(142)	150	(2,479)	(2,329)
Radiology	(85)	(44)	(129)	(283)	(465)	(748)
Medical Oncology	0	(100)	(100)	0	(560)	(560)
Dental & OMFS	(120)	(3)	(123)	(668)	143	(525)
Podiatry	(64)	0	(64)	(534)	0	(534)
Neurology	(17)	(38)	(55)	(102)	(134)	(235)
ENT	(55)	0	(55)	(565)	11	(554)
Surgery	0	(54)	(54)	0	(133)	(133)
Nephrology	(47)	19	(28)	(171)	66	(105)
Orthopedic	(91)	67	(24)	(944)	322	(622)
Eastmont Clinic	0	(18)	(18)	0	(368)	(368)
Internal Medicine	(15)	0	(15)	(35)	0	(35)
Rehabilitation	13	(22)	(9)	346	(929)	(582)
Anesthesiology	(16)	11	(5)	(702)	(586)	(1,288)
Pulmonology	(63)	62	(2)	(25)	32	7
Neurosurgery	0	28	28	0	422	422
Hospice/Palliative Care	19	0	19	99	0	99
Vascular Surgery	0	31	31	0	419	419
Emergency	38	0	38	446	(43)	404
Plastic Surgery	43	0	43	455	0	455
Ophthalmology	30	19	49	344	153	497
Gastroenterology	63	8	71	633	71	704
Pathology	73	0	73	838	0	838
OB/GYN	140	(57)	83	1,123	(555)	568
All Other	(22)	13	(9)	662	47	709
	<u>\$ (461)</u>	<u>\$ (313)</u>	<u>\$ (773)</u>	<u>\$ (1,487)</u>	<u>\$ (4,903)</u>	<u>\$ (6,390)</u>

	April 2024				Year-To-Date				FY 2023	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 50,854	\$ 49,088	\$ (1,766)	(3.6)%	\$ 517,620	\$ 507,963	\$ (9,657)	(1.9)%	\$ 475,646	(8.8)%
Salaries and wages (physicians)	8,779	8,318	(461)	(5.5)%	88,503	87,016	(1,487)	(1.7)%	78,033	(13.4)%
Registry	4,757	4,813	56	1.2%	53,258	48,544	(4,714)	(9.7)%	81,130	34.4%
Employee benefits (taxes, insurance)	15,178	13,411	(1,767)	(13.2)%	136,075	130,374	(5,701)	(4.4)%	119,518	(13.9)%
Retirement	7,451	7,480	29	0.4%	72,256	70,620	(1,636)	(2.3)%	65,660	(10.0)%
Retirement (deferred)	-	-	-	0.0%	-	-	-	0.0%	(27,850)	(100.0)%
Total labor costs	\$ 87,019	\$ 83,110	\$ (3,909)	(4.7)%	\$ 867,712	\$ 844,517	\$ (23,195)	(2.7)%	\$ 792,137	(9.5)%
Compensation ratio	72.6%	72.0%	-0.6%		73.2%	72.9%	-0.3%		70.2%	
Paid FTEs	5,018	4,800	(218)	(4.5)%	4,995	4,876	(119)	(2.4)%	4,814	(3.8)%

	<u>Apr-24</u>	<u>Mar-24</u>	<u>FY 2023</u>
Days in cash	3.3	3.2	2.5
Gross days in patient receivable	74.7	75.3	62.4
Net days in patient receivable	49.9	51.5	39.1
Due from/(to) third-party payors	46,972	198,183	73,263
Due from/(to) County	60,642	(43,908)	21,022
Days in accounts payable	36.3	35.2	35.1
% of AP over 60 days	4.3%	3.2%	2.2%
Net position - fund balance/(deficit)	\$ (97,616)	\$ (96,351)	\$ (84,071)
Net negative balance - receivable/(payable)	\$ 2,775	\$ (55,309)	\$ 58,174

AR Summary - Total AR - Days

Min: 65.6 Max: 84.8 Most Recent: 75.5



Hospital Revenue Cycle Key Indicators

- HB AR Days decreased by 0.8 days compared to prior month. March AR Days 77.5, and April AR Days 76.7. Overall, the days increased due to Change Healthcare cybersecurity attack.
- Claims manually submitted on March 18th to payers. We experienced a slow down in payer payments related to payers' ability to sending electronic remittance back through the clearinghouse. Electronic remittance enrollments started March 15, 2024. Recovery is in process.
- April collections were \$42.7M, which is below trend of approximately \$54.0M.
- Partnership with Cloudmed vendor to assist with clinical denials. Total referrals are \$92M (gross) and 431 accounts with an expected net of \$23.3M. Clinical appeals won to date are \$1.96M.
- Candidate for Billing decreased by 9.5 days. March CFB was 17.7, and April CFB ended at 8.7 days.
- Cybersecurity attack impacted all areas of Revenue Cycle: insurance eligibility, discharge final billed (DNFB), candidate for billing (CFB), claim generation/acceptance, cash, and account receivables (AR). We have finalized our multi-source clearinghouse vendors and are ready to start implementation.

Total Active AR - Days

Min: 34.1 Max: 59.5 Most Recent: 44.1



Professional RCM

AR Days Target (Huron) = 33.0
April 2024 AR Days = 56.3

Professional Revenue Cycle Key Indicators

- PB AR Days increased by 2.1 days compared to prior month. March AR Days 54.2 days, and April AR Days 56.3 days. Overall, the days increased due to Change Healthcare cybersecurity attack and a slower recovery for professional claims submission due to high volume of erroneous edits in the clearinghouse.
- Claims manually submitted on March 18th to payers. We experienced a slow down in payer payments related to payers' ability to sending electronic remittance back through the clearinghouse. Electronic remittance enrollments started March 15, 2024. Recovery is in process.
- April collections were \$7.8M, which is below trend of approximately \$8.4.
- Enterprise CDI launched to address provider clinical documentation along with charge automation, and usage of Epic tools. Pilot project in progress with Orthopedics, Otolaryngologists, and Obstetrics & Gynecology.
- Cybersecurity attack impacted all areas of Revenue Cycle: insurance eligibility, errors by owning area, claim generation/acceptance, cash, pre-accounts receivable and total account receivables (AR). We have finalized our multi-source clearinghouse vendors and are ready to start implementation.

_____ (April 30, 2024)

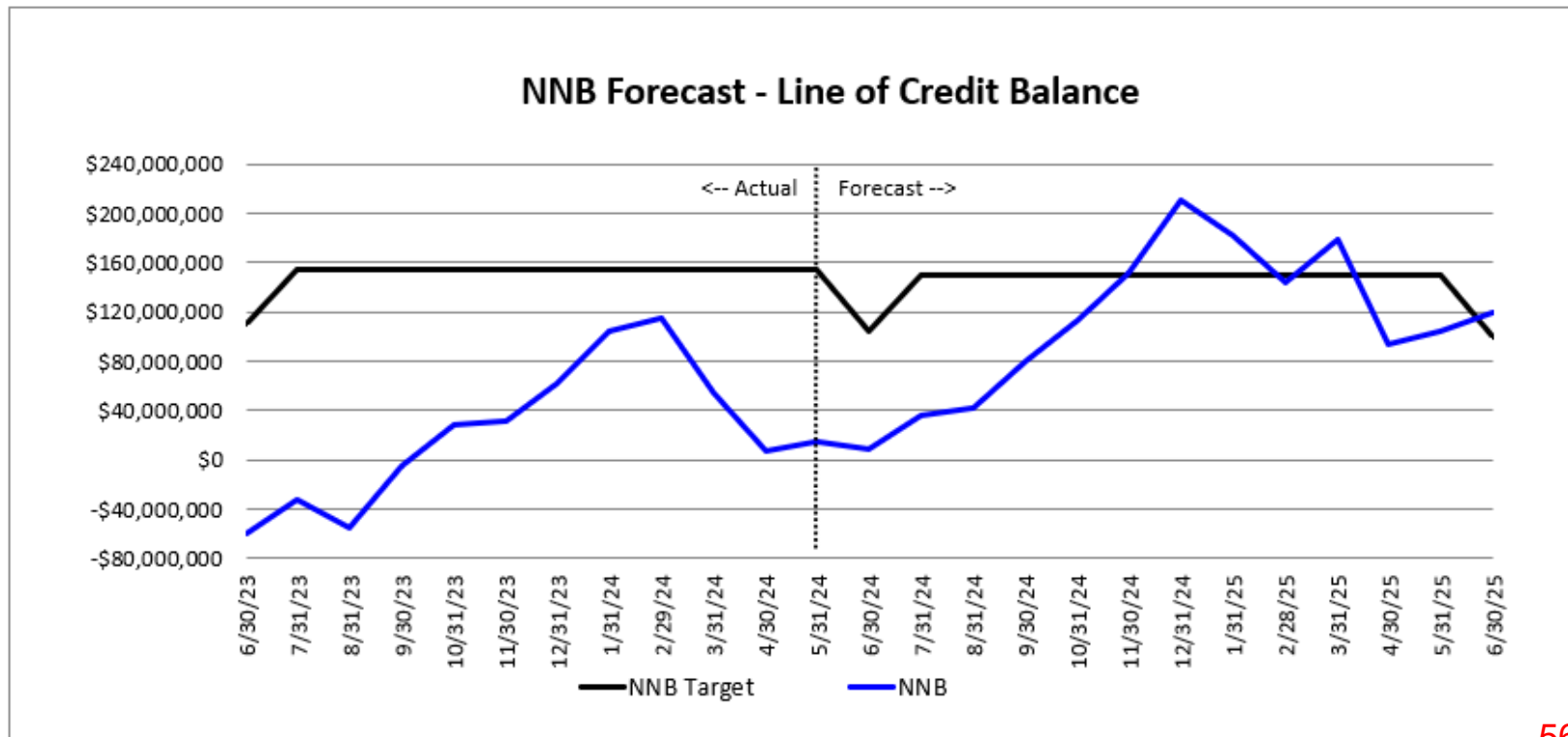
- Estimating \$20M is delayed.

- Change Healthcare cyberattack temporarily reduced Epic cash deposits in March 2024, but April 2024 is close to previous monthly trend \$62.5M.
- FY24 payments for JGP started in January under the FY24 interim agreement (\$48.0M). Counties are working with the State to increase the Cal Aim published rates through a State Plan Amendment (SPA). The published AHS rate was developed using older data and does not reflect current costs. The FY23 contract was \$72.1M.

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	1	12,511	63,340	75,852	57,886	52,269	49,157
Mar	28	8,140	46,552	54,720	65,320	62,888	58,922
Apr	4	-	61,890	61,894	55,307	56,235	55,646
May	-	-	-	-	63,795	69,591	44,005
Jun	-	-	-	-	70,027	53,187	43,889
Total	80	49,903	608,238	658,221	776,453	705,637	600,099
% change between fiscal years				2.4%	10.0%	17.6%	

- AR Balance from County on JGP is \$32.9M, based on accruals being made at the FY23 funding levels. Cal Aim was not intended to reduce funding and resolution is needed soon.

Due To/From County of Alameda			
	Apr-24	Mar-24	FY 2023
Due from County of Alameda	\$ 69,625	\$ 75,768	\$ 29,336
Capital designation receivable	-	-	7,000
Due from County of Alameda	69,625	75,768	36,336
Due to County of Alameda	(1,281)	(1,114)	(826)
County IGT funding	(2,416)	(113,276)	-
Capital cost payable	(5,286)	(5,286)	(14,488)
Due to County of Alameda	(8,983)	(119,676)	(15,314)
Net due from/(to) County	\$ 60,642	\$ (43,908)	\$ 21,022



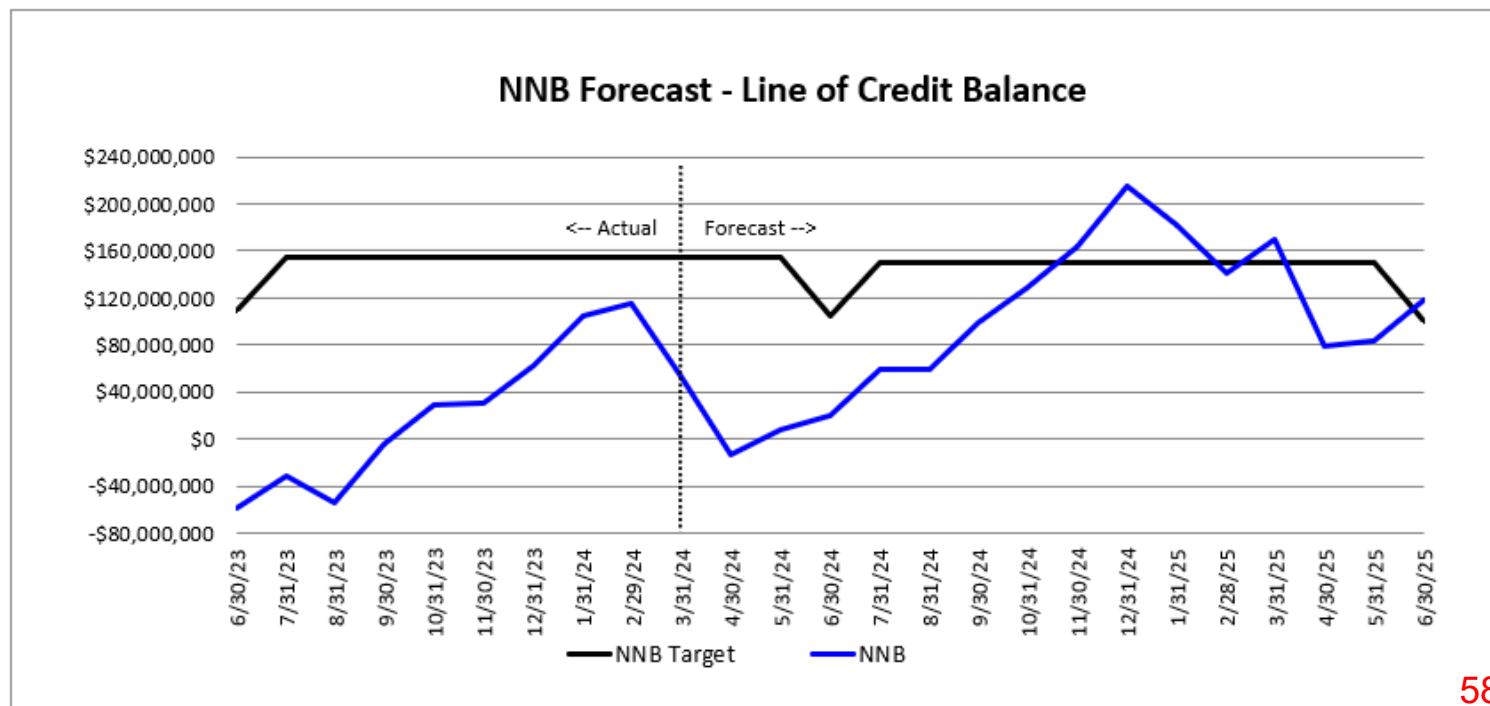
Material Items Included in NNB Forecast

(in thousands)

	May-24	Jun-24	Jul/Aug-24	Sep/Oct-24	Nov-Dec-24	Jan/Feb-25	Mar/Apr-25	May/June-25
GPP (quarterly)	\$ -	\$ -	\$ 25,400	\$ 25,400	\$ -	\$ 25,400	\$ 25,700	\$ -
EPP (semi-annual)		7,824		21,000				21,000
QIP		20,755						68,728
Medi-Cal Rate Range		12,162				42,700		
BHCS (JGP/Alameda County) - fy24	4,000	4,000	8,000	4,000	28,000			
BHCS (JGP/Alameda County) - fy25				12,167	12,167	12,167	12,167	12,167
HPAC		7,916				18,000	10,750	10,750
AB85 Realignment				(48,780)		40,000		
Patient receipts - cyberattack			14,000	6,000				
Waiver recoupment (fy15)	(11,330)	2,037						
	<u>\$ (7,330)</u>	<u>\$ 54,694</u>	<u>\$ 47,400</u>	<u>\$ 19,787</u>	<u>\$ 40,167</u>	<u>\$ 138,267</u>	<u>\$ 48,617</u>	<u>\$ 112,645</u>

Prior Year Reimbursement Settlements

Waiver recoupment (fy10, fy11, fy14)	\$ (5,796)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,000)	TBD
	<u>\$ (70,796)</u>	



June 5, 2024

TO: Board of Directors – City of Alameda Healthcare District

FROM: Jeff Cambra – Property Management Committee

RE: Inspection Report for 1359 Pearl Street, Alameda, CA 94501

Background

On April 8, 2024, the City of Alameda Healthcare District Board (“Board”) voted to hire a professional building inspection company to perform a “general condition” inspection of the multifamily property located at 1359 Pearl Street, Units A - H, Alameda, CA 94501 (“Pearl Property”) and the retail storefront located at 2711 Encinal Avenue, Alameda, Ca 94501 (“Encinal Property”). As noted, this report only involves the Pearl Property. A separate report will be presented to the Board at a later date addressing the condition of the Encinal Property. A copy of the Encinal Property Inspection Report is included for the Board’s future review.

BPH Inspection Pros was contracted to perform the inspection so the Board would have a better understanding of the general condition of the Pearl Property and to identify issues that may not be apparent but could have possible health and safety implications.

The Property Management Committee received the report on May 9, 2024. The report was divided into “Action Items” and “Consideration Items.” The report identified several electrical and plumbing conditions that the Committee determined needed to be corrected in a timely manner. Those items are indicated by a green check mark next to the condition identified in the attached “Pearl Street Inspection Report Condensed.” Work orders were placed with Drysdale Property Management to have Action Items 2 – 5, 9 – 13, 18, 21 – 24, and 27 corrected. These are indicated by the green check mark.

Additionally, the Committee identified several other items in the Action Items list that it is recommending be corrected. These items are identified by a “Q” indicating that a quote has been requested or “R” which represents a repair that should be made. While items 40-42 do not represent any immediate health and safety concerns, they do represent conditions that can result in increased damage to the Property if not repaired in a timely manner to prevent continuing and ongoing damage that will increase the cost of repair at a future date.

On reference to the Consideration Items, there are a number of items (indicated by the green check) that will be corrected because they could be addressed as part of the general landscaping service (Items 45, 46, and 48-51) or part of the electrical repair (63-65). Items

58 and 59 involve the condition of the individual unit water heaters and the recommendation that the Board consider a replacement program. Currently, if a water heater fails, it will be replaced with a new unit as part of the repair authorization that the Board has. The Committee will be developing a systematic replacement program for Board consideration in the 25-26 fiscal year.

As noted in the report, roof items 52 – 54 were addressed as part of the roof replacement contract.

Finally, there is a lengthy list of “interior”, “kitchen”, and “bathrooms” items that are minor in nature but have the potential to lead to future deterioration if not corrected. These items are being submitted to the property manager for future repair.

The condition of the windows is being reviewed by the Committee to provide the Board with detailed figures addressing the costs to repair versus replace the original windows. The Committee anticipates having those figures available for the August board meeting.



Inspection Pros



1359 Pearl Street, Units A-H
Alameda, CA 94501

Client(s): Jeff Cambra & Macy Rodriguez
Inspection Date: 5/7/2024
Inspector: David Teare - ASHI#: 201132,

Key to Symbols

-  **Repair Ordered**
-  **Recommended Repair**
-  **Recommended Repair in 2025-26**
-  **Quote being prepared**

Action Items

Structure

CRAWLSPACE, MOISTURE

- ❌ 1. Damage or deterioration was observed in the middle and rear building crawl space access hatches, and in the framing around the hatch openings. We recommend repair or replacement of all damaged material as necessary by the appropriate contractor.

PIPES, DRAINS, BASEMENT

- ✓❌ 2. We observed copper water supply piping that is supported by galvanized steel straps under the bathroom in the middle building subarea. This contact can lead to corrosion and leakage due to electrolysis caused by the dissimilar metals. We recommend replacement with insulated, copper or plastic straps.
- ✓❌ 3. We observed heavy corrosion and minor leakage through the galvanized steel drain piping under the middle building kitchen, as seen from the crawl space. We recommend further review by a licensed plumber or general contractor, and repair or replacement of all damaged piping as recommended.
- ✓❌ 4. We observed a hole, and active leakage through the 4" cast iron drain piping in the center rear of the front building, as seen from the crawl space. We recommend further evaluation and repair as necessary by a licensed plumber or general contractor.
- ✓❌ 5. We observed minor leakage from the unit F bathroom toilet drain, as seen from the crawl space. We recommend further repair as necessary by a plumber or general contractor.

Exterior

SIDING

- ❌ 6. Sections of the wood shingle siding were cracked, curled, loose or lifting at all three of the buildings. We recommend these areas be sealed, renailed, repaired or replaced, and refinished for a better appearance and to maximize service life.

TRIM, EAVES, RAFTER TAILS, SOFFITS AND FASCIAS

- ❌ 7. Damage or deterioration was observed in sections of the wooden window sills at the left front corner of the rear building. We recommend referral with the appropriate contractor, and repair or replacement of all damaged material as necessary.

Electrical

MAIN DISCONNECT, SERVICE CAPACITY

- ❌ 8. The 30 amp per unit electrical service capacity (200 amp total) is minimal by current standards and should prove inadequate for demands. We recommend further review by a licensed electrician, and the electric service upgraded as recommended.

SUB PANEL

- ✓❌ 9. We found overfusing in the Unit G bedroom closet, and in the outdoor laundry area electrical fuse panels, meaning the 30 amp fuses were not rated for the connected wire size. This is a potential fire hazard, and we recommend that the appropriate sized fuses be installed to ensure proper function and safety.

WIRING

- ✓❌ 10. We observed exposed electrical connections and exposed lamp cord wiring in use in the unit A hall closet. The purpose of this wiring is unknown, and we recommend that it be removed and properly terminated by the appropriate contractor.

RECEPTACLES

- ✓❌ 11. Several of the three prong electrical receptacles in units D, E and G were ungrounded. This is a common finding in older buildings, however we recommend that they be retrofitted back to their original two prong configuration, or ideally that they be properly grounded by a licensed electrician.

Action Items**Electrical**

- ✓ ☒ 12. A few of the receptacles in the units D and E kitchens were found to be wired backwards, or with reversed polarity. Under some circumstances, this can be a shock hazard and/or can damage electronic equipment. We recommend the receptacles be rewired by a licensed electrician to ensure proper function and safety.
- ✓ ☒ 13. We observed scorching in one of the receptacle in the unit G rear bedroom. We recommend replacement for improved safety and a better appearance.

Heating and Cooling**WALL HEATER**

- ☒ 14. The wall heaters in units C, E, G & H are old, and the pilot lights were shut off at the time of the inspection. The systems could not be operated and we can't comment on function or condition. We recommend that the pilots be lit by the appropriate contractor, and proper operation verified. Based on age and condition the need for replacement should be considered and anticipated.

Garage**LIMITATIONS, FRAMING, VENTS**

- Q ☒ 15. Damage or deterioration was observed in portions of the center carport plywood siding, trim and roof framing at the right rear. Additionally, deterioration was observed in the carport/laundry area door jamb and in the base of a few of the carport support posts. We recommend referral with a general contractor for more information and repair recommendations.

Interiors**WINDOWS**

- R ☒ 16. We observed cracked glass in several of the windows in units C, D, F and H. We recommend referral with a glass specialist, and all cracked glass replaced.
- R ☒ 17. Several of the casement window cranking mechanisms were difficult to operate, stuck, stripped or inoperable. We recommend lubrication, repair or replacement as necessary to restore proper function.

WALLS, CEILINGS, FLOORS

- ✓ ☒ 18. We observed a cracked roof rafter in the unit A upper front sunporch. We recommend referral with a general contractor and the cracked rafter reinforced or sistered as recommended.
- ☒ 19. Note: There was a significant amount of stored personal items in unit H, which is creating unhealthy and unsanitary conditions, and is preventing access for inspection. We recommend referral with the appropriate specialist to remove the excessive storage, and to determine what repairs will be necessary.

FIREPLACE, DAMPER

- Q ☒ 20. The mortar in the unit A masonry firebox was soft, crumbly, or deteriorated, and/or some of the bricks were cracked, loose and/or damaged. Additionally, there was a heavy build up of soot and creosote observed in the flue. We recommend further review by a chimney specialist, and repairs and cleaning performed as recommended.

Kitchen**SINKS, HOT WATER, PLUMBING**

- ✓ ☒ 21. The kitchen sink faucet cartridge/handle was leaking when operated. We recommend repair or replacement as necessary.
- ✓ ☒ 22. The unit G kitchen sink faucet was cracked and leaking when operated. We recommend that it be repaired or replaced as necessary.

Action Items

Bathrooms

FAUCETS, FIXTURES

- ✓ ☒ 23. The hot and cold water faucet handles/valve stems were dripping when operated in the units B, G and H bathroom wash basins. We recommend repair as necessary by the appropriate contractor..
- ✓ ☒ 24. The hot water faucet handle/valve stem was dripping when operated in the unit E bathroom tub/shower enclosure. We recommend repair as necessary by the appropriate contractor.

FLOOR, WALL, CEILING, VENTILATION

- R ☒ 25. Damage or deterioration was noted to the wall outside of the units F and H bathroom tub/shower enclosures. We recommend referral with a general contractor, and repair and refinishing as necessary, and the enclosures resealed to help prevent reoccurrence.

SHOWERS, GLASS ENCLOSURE

- Q ☒ 26. We observed evidence of leakage and damage or deterioration to the wood framing and sheathing below and behind the unit F shower enclosure, as seen from the crawl space and the water heater closet. In our opinion, repairs will require stripping the entire enclosure, before installing new mortar board backing material and finished surfaces. We recommend referral with a general contractor and/or to a current pest report, if available for specific repair recommendations.

Laundry

DRYER VENT, GAS VALVE

- ✓ ☒ 27. The flexible duct was disconnected behind one of the dryer in the outdoor laundry area. We recommend it be reconnected or repaired as necessary.

Consideration Items**Structure****FOUNDATION, SEISMIC**

32. Anchor bolts were observed in the foundation, however the type, size and/or spacing of the bolts does not meet current standards. No particular deficiencies were noted, however we recommend that upgrading be considered. If more information is desired, we recommend referral with a seismic specialist or general contractor.

CRAWLSPACE, MOISTURE

33. The soil in portions of the center building crawl space were damp at the time of the inspection, and there was evidence of past moisture entry. No particular deficiencies were observed, however we recommend improving to grading and drainage, and if desired referral with a drainage specialist for more information and recommendations.
34. Access to portions of the center building subarea were restricted by plumbing or low clearances, and consequently they were only inspected from a distance. No particular deficiencies were noted, however we recommend excavation or modification for easier access. We also recommend referral to a current pest report if available for more information and possible recommendations.
- ✓ 35. Miscellaneous scrap wood, or "cellulose" debris was observed in the subarea. This is conducive to infestation and damage from wood destroying organisms. As preventative maintenance, we recommend all cellulose debris be removed.
- ✓ 36. Embedded form wood was observed in the rear crawl space at the isolated pier bases. This is conducive to infestation and damage from wood destroying organisms. As preventative maintenance, we recommend that the form wood be removed or treated. We also recommend referral to a current pest report, if available for more information.

SUBFLOOR, INSULATION, VENTILATION, SCREENS

37. Water stains were observed on the subflooring and/or framing under the front (hall), and middle building bathrooms, as seen from the crawl spaces. The areas were dry at the time of this inspection, and no particular damage or deterioration was evident. We recommend periodic inspection, and review of a current structural pest control report for possible comments.
38. There was no subfloor insulation installed in the subareas. Upgrading should be considered for improved efficiency.

JOISTS, PIERS, POSTS, BEAMS, MUDSILL

39. Some of the wooden piers in the rear crawl space have been installed on brick bases. We recommend that all of the piers be supported on poured concrete bases to ensure structural integrity, and to help prevent deterioration or pest related damage.

PIPES, DRAINS, BASEMENT

- R 40. We observed corrosion and surface damage to sections of the galvanized steel or cast iron drain pipes in all three of the crawl spaces. Except as noted, no leaks were noted at this time, however we recommend monitoring, and repair or replacement should be anticipated.

Exterior**SIDING**

- R 41. Portions of the stucco siding were damaged or missing at the left front corner of the front building. We recommend repair and refinishing as necessary by the appropriate contractor to prevent moisture entry and subsequent damage.
- R 42. The paint was worn, weathered and/or peeling in several areas, particularly at the window trim and sill boards. We recommend that the surfaces be prepped and repainted in the course of ongoing maintenance.

DECK, BALCONY, PORCH, POSTS, RAILINGS AND STAIRS

43. The concrete and masonry porches and the right side deck showed typical wear, but appeared to be in generally serviceable condition. We recommend that the surfaces be periodically prepped and sealed or refinished to maximize service life.

Consideration Items

Exterior

DRIVEWAYS, WALKWAYS, RETAINING WALLS

44. Some cracking and/or settlement was observed in the driveway, walkways and/or patio. These are primarily cosmetic, however we recommend patching, repair or replacement for a better appearance, improved safety and to prevent moisture intrusion.

GRADING

45. The grading is sloped toward the structure at the front and right side. Negative grading promotes water accumulation around and/or under the building, as well as possible erosion. We recommend regrading to help ensure that water flows away from the structure.

DRAINAGE, GUTTERS, DOWNSPOUTS AND SUMP PUMPS

46. Runoff water from some of the downspouts discharged next to the building. We recommend that the downspouts be extended and directed away from the building to help prevent pooling and saturation of the soil around the structure.

FENCE, GATE, VEGETATION, ACCESSIBILITY, TRIP HAZARDS

47. Sections of the fencing were loose, leaning and/or damaged at the right side. We recommend referral with the appropriate tradesperson, and repair as necessary.
48. There was vegetation growth observed on the fencing at the right rear, making it difficult to fully determine the condition of the fencing in this area. We recommend the vegetation be trimmed back or removed, and the fence repaired if necessary.
49. We observed vines growing onto the front building in some areas. This can cause moisture retention, and damage to the roofing surface, and can also lead to pest related issues. We recommend the vines be trimmed back or removed.
50. There are a few trees at the front building that are growing close to the structure. We recommend referral with a tree specialist (arborist) for more information and recommendations.
51. There were tree branches touching or overhanging the rear building roof surface. We recommend referral with a tree specialist (arborist) for more information and recommendations.

Roofing

ROOFING SURFACE, NUMBER OF LAYERS

52. The front building roof was in the process of being replaced at the time of the inspection, and per the roofer the middle and rear buildings and the carport roofs will be replaced next. We recommend that the installations be completed and the roofs periodically inspected and maintained as necessary.

ROOF DRAINAGE - GUTTERS AND DOWNSPOUTS

53. We observed leaves or other debris inside the gutters. We recommend that the gutters be regularly cleared to ensure proper function.
54. Several sections of the gutters and downspouts were loose, dented, rusted, damaged and/or the leaking. We recommend that they be repaired or replaced as necessary.

SPARK ARRESTOR / RAIN CAP, CHIMNEY, SKYLIGHTS

55. We observed a spark arrestor, but not a rain cap above the front building chimney. As an upgrade we recommend a combination spark arrestor/raincap be installed to prevent hot embers from escaping and to prevent water entry.

Plumbing

GAS SERVICE, GAS METER

56. There was no gas valve shut off wrench observed near the gas meter. We recommend that a wrench be attached to, or stored near the meter so the gas can be shut off in the event of an emergency. An automatic seismic shut off valve should also be considered for maximum safety in the event of an earthquake.

Consideration Items**Plumbing****VENTING, DRAFT HOOD**

57. The water heater vents terminate into a Transite (asbestos cement) flue. This installation is typical in buildings of this age, however this material is no longer approved. Although no particular deficiencies were observed, upgrading should be considered and anticipated. If more information is desired, we recommend referral with an asbestos abatement contractor.

GENERAL CONDITION

- ✓- '25 58. Based on typical life expectancies, the Unit A water heater is at the end of its expected service life. Although still operating, replacement should be anticipated in the near future.
- ✓- '25 59. Based on its age and/or condition, the Units C, F, G and H water heaters are near the end of their expected service life. Although operating, the need for replacement should be anticipated.

Electrical**MAIN PANEL, SERVICE**

60. The electrical main and sub panels are older. This equipment is not designed, or intended to have an indefinite working life span, and the older equipment should be considered potentially unreliable. No significant deficiencies were noted, however replacing the panels should be considered and anticipated. If more information is desired, we recommend referral with a licensed electrician.

SUB PANEL

61. The electrical subpanels are older, and located in hall and bedroom closets. They utilize outdated fused technology, however it was inspected and appeared to be in serviceable condition except as noted. Consideration should be given to upgrading and relocating the panels in the course of ongoing improvements.

WIRING

62. Some knob and tube wiring is still in use in the attic spaces (ceramic knobs and tubes are used to pass wire through and along wood framing components, and act as an insulator). No particular deficiencies were noted, however because of its age, and the fact that these circuits are ungrounded, we recommend replacement of the knob and tube wiring as upgrades and maintenance projects are undertaken.

RECEPTACLES

- ✓ 63. There were several remaining ungrounded two prong receptacles observed. This is typical in buildings of this age, however we recommend that all of the receptacles be grounded in the course of ongoing improvements.

LIGHTS

- ✓ 64. We discovered open incandescent light bulbs in one or more of the closets. This installation is no longer approved, and should be considered a potential fire hazard. We recommend replacing the bulbs with compact fluorescent bulbs, or installing enclosed fixtures.

GFCI, AFCI

- ✓ 65. GFCI (ground fault circuit interrupter) protection has been provided for all areas currently required, except for units A and D. We recommend upgrading, and testing the devices on a monthly basis.

Heating and Cooling**VENT, BLOWER, FAN, DISCONNECT**

66. The wall and floor heater vents terminated into transite (asbestos cement) flue pipes, which are no longer approved. No particular deficiencies were observed, however reconfiguring or replacement should be considered and anticipated, particularly when the heaters are replaced. If more information is desired, we recommend referral with an asbestos abatement contractor.

FLOOR HEATER

Consideration Items**Heating and Cooling**

- ✓-25 67. The unit A living room floor heater is old, outdated and inefficient, and it's remaining service life is limited. Although it was functioning at the time of the inspection, replacement should be considered and anticipated.
- WALL HEATER**
- ✓-25 68. The wall heaters in units C, D, E, G and H are old, and based on age and condition are near the end of their expected service life. The need for replacement should be considered and anticipated.

Attic

- ✓ **ACCESS, PESTS, STORED ITEMS, TRANSITE**
69. Personal stored items were observed in the front building attic. We recommend that they be removed if the building is being sold.

INSULATION

70. There was no attic insulation installed. We recommend that consideration be given to retrofitting insulation meeting current industry standards to improve efficiency.

Interiors

- ✓ **DOORS**
71. The unit D kitchen/hallway door would not latch properly. We recommend adjustment or repair as necessary to restore proper function.
72. The unit F kitchen doorknob was missing. We recommend it be replaced to restore proper function.
73. The glass panels in some of the older doors did not appear to have "tempered", or safety glass installed, as would now be required. Replacement with safety glass should be considered for maximum safety.

- ✓ **WINDOWS**
74. The glazing putty was dried, cracked and/or missing at several of the windows. We recommend that all dried, cracked or missing putty be replaced to ensure a water tight seal, and for a better appearance.
75. Several of the windows were stuck or have been painted shut. We recommend repair as necessary to restore proper function.
76. There was evidence of past leakage at one of the unit A kitchen windows. We recommend that the window be resealed as necessary, and the interior surfaces prepped, primed, repainted and monitored.
77. Except for unit D, the bathroom windows were not "tempered", or safety glass. Because of the age of the buildings this is not uncommon, however safety glass is now required in these locations, and we recommend upgrading for maximum safety.

- ✓ **DOOR AND WINDOW SCREENS**
78. Several of the window screens were worn, torn or missing. We recommend they be repaired or replaced for a better appearance and to prevent insect entry.

- ✓ **WALLS, CEILINGS, FLOORS**
79. The units E and H carpets were significantly stained and/or worn. We recommend cleaning or replacement if necessary for a better appearance.
80. The wood flooring was blemished, faded, worn and/or scratched in some areas, particularly in units A and H. If this is a concern we recommend that they be refinished or replaced for a better appearance.
81. We observed peeling paint on several of the walls and ceilings, particularly in units E and F. We recommend repair and refinishing as necessary by the appropriate contractor.

Consideration Items**Kitchen****CABINETS, COUNTERTOP, APPLIANCE CONDITION**

82. The kitchen sinks were poorly sealed at their connection to the countertops. We recommend resealing as necessary to prevent moisture penetration and subsequent damage.

RANGES, OVENS, COOKTOPS, MICROWAVE

83. The ranges in units A, B and D are older and lack electronic igniters. Although it was operating, replacement should be considered and anticipated.
84. There was no fire resistant material installed at the wall adjacent to or behind the cooktop in unit B. We recommend installing heat resistant materials (tile, stone, metal, etc) for improved safety.

Bathrooms**SINK, BATHTUB**

85. A flexible drain assembly arm has been installed under the unit A hall bathroom wash basin, which is prone to clogging and leakage. No particular deficiencies were noted, however we recommend replacement with rigid piping as part of ongoing maintenance.
86. The surface of the units E and H bathroom tubs and wash basins were blemished, scratched or marred. This condition is primarily cosmetic, and no action is indicated except for a better appearance.
87. The wash basin in the unit E rear bathroom was unusually slow draining. We recommend adjustment and/or snaking as necessary.

FAUCETS, FIXTURES

88. The unit B hand held shower sprayer was dripping when operated. We recommend repair or replacement to restore full function.

FLOOR, WALL, CEILING, VENTILATION

89. Except for unit A, there were no bathroom exhaust fans installed. This is not unusual in older properties, and no particular deficiencies were noted, however upgrading should be considered to help vent excessive moisture and odors.

TOILETS

90. The unit A rear bathroom toilet filler valve was unusually noisy when operating. We recommend that it be adjusted or replaced for quieter operation.


SHOWERS, GLASS ENCLOSURE

91. The caulking in the unit A rear bathroom shower enclosure was in poor condition, and in the units E and H tub/shower enclosures, We recommend that the enclosures be recaulked and sealed, and referral to a current pest report, if available for more information and recommendations.
92. Hairline cracks were observed in several of the tiles in the units B, E, G and H bathroom shower enclosures. We recommend that the enclosures be kept well sealed and the tiles monitored for looseness. We also recommend referral to a current pest report, if available for more information and recommendations.
93. There were no visible "tempered" labels on the unit A rear bathroom shower door, indicating safety glass. We recommend upgrading to tempered (laminated) glass for maximum safety.
94. The unit E rear bathroom shower was unusually slow draining. We recommend the drain be cleared or repaired as necessary.

Laundry**WASHER, STANDPIPE**

Consideration Items

Laundry

-  95. Note: There was no drain pan installed for the unit A washer. As a preventive measure, we recommend that an overflow pan be installed, and ideally routed to the exterior to prevent water damage in the event of a leak or overflow.

Prepared Using HomeGauge <http://www.homegauge.com> : Licensed To Inspection Pros

Memorandum

Date: June 5, 2024

To: Deborah E. Stebbins, Executive Director
City of Alameda Health Care District, Board of Directors

From: Kristen Thorson, Project Manager
Porter Consulting LLC

For: June 10, 2024 District Board Meeting

Subject: June 2024 Monthly Update
Alameda Hospital Seismic and Operational Upgrade Projects

Executive Summary

The Seismic Upgrades Project kicked off in May with work on schematic and design development for the NPC4 work. In addition, weekly planning meetings are occurring with the design team, Alameda Health System and the Executive Director of the District. These meetings discuss all of the projects including NPC 4, NPC 5 Upgrades, SPC Upgrades and the Operational Upgrades Project. Overall the project remains on schedule and on budget with limited expenditure as the project begins to ramp up.

Schedule

No issues or concerns related to schedule at this time. Major milestones will be reported under this section, including items such as HCAI Plan Submittal, Construction Start, and Substantial Completion. As the design phase begins, I have identified

Milestones	Project(s)	Date	Status
Release Geotechnical Engineer	Seismic Upgrades	05/01/2024	Complete
Release Design for Pre-work Activities	Seismic/Operational Upgrades	05/01/2024	Complete
2 South Validation Study	Operational Upgrade	06/11/2024	Planned
Design Development Start	Seismic/Operational Upgrades	08/01/2024	Planned

Community Impacts & Correspondence

The project team is in discussions on the development of a communication plan to ensure that community impacts are communicated effectively. Communication with the internal and external stakeholders will be critical to the success of the project.

Budget

No issues or concerns related to budget at this time. A Cost of Issuance Account is being finalized to ensure we capture all expenses (consultants, legal, et.) related to the projects and COP's. Once finalized, financial reporting will be presented to the District.

Risk Log

This section will be used to report out on any risk items related to the projects that may impact scope, budget and schedule. Below are items identified to date.

Risk Item	Risk Description	Log Date	Status
SPC 3s (South Building & ED Addition)	The buildings are currently listed with HCAI as SPC 3s. S = self reported. The AOR has submitted plan documents to HCAI for their review and confirmation that the buildings meet standards for SPC 3. If review results in deficiencies on structural performance, then this could result in additional testing and work that has not been vetted.	5/2/24	In Progress
NPC 4D	NPC 4D requires an operational plan in which the facility must prepare an owner-approved Operational Plan specifying how it will repair nonstructural damage and bring systems and services back on line, or provide them in an alternative manner to accommodate continuation of critical care operations. This path may be an option if the facility through the projects cannot achieve NPC 4 status. This will be vetted in the design development phase.	5/2/24	In Progress
SNF Unit	CDPH licensing has been added as a risk item to ensure all stakeholders are involved early on in design phase to ensure licensing is planned for and all program requirements are reviewed. Operational preparation for licensing will be accounted for in the project timelines.	5/9/24	In progress
	Accommodating an 18 bed unit was thought to be challenging, however with the 2 South Validation Study, the design team in coordination with project team, including AHS, will make every effort to get the maximum number of beds in the footprint of 2 south.	5/19/24	In progress

Project Descriptions

Per the Joint Powers Agreement (“JPA”) amendment, the projects have been divided into the Seismic Upgrades Project and Operational Upgrades Project. The Seismic Upgrades Project is further divided into 4 main projects for budget tracking, NPC Upgrades (includes NPC 4 and 5), SPC Stephens Wing, SPC West Wing and the Operational Upgrades Project.

- SPC Projects - Structural Performance Category (SPC) which measures the probable seismic performance of building structural systems. Upgrades are planned for the West Wing and Stephens Wing of the Hospital.
- NPC 4 Project - Non-Structural Performance Category (NPC) which measures the probable seismic performance of building contents, equipment, and systems critical to patient care. Non-structural contents, equipment and systems include cladding, partitions, ceilings, equipment, pipes, conduits, ducting, furnishings, contents, elevators, stairs, as well as water, sewage, medical gases, and other mechanical and electrical systems. Upgrades will be made to all HCAI acute care buildings.
- NPC 5 Project – The building meets the criteria for NPC “4” and onsite supplies of water and holding tanks for sewage and liquid waste, sufficient to support 72 hours of emergency operations, are integrated into the building plumbing systems
- Operational Upgrade Project - The build out of 2 South at Alameda Hospital for an 18 bed SNF Unit.



City of Alameda
HEALTH CARE DISTRICT

Special Meeting Minutes for April 30, 2024

Location: Conference Room A

Board Members Present	Legal Counsel Present	Also Present	Absent
Robert Deutsch, MD Gayle Codiga, Stewart Chen, DC Jeff Cambra David Sayen – Absent	Tom Driscoll	Eric Schottgen Kristen Thorson Mike Maurer Katy Ford Louise Nakada	

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 4:30 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.	

Action Items		
Meeting Minutes from April 8, 2024	A motion to approve the meeting minutes from April 8, 2024, was made by Ms. Codiga and seconded by Mr. Cambra. The motion was unanimously approved.	Motion Approved
Approval Proposed JPA Amendment	A motion to approve the proposed JPA amendments with AHS, enabling the Alameda Hospital Seismic and operational retrofit project, was made by Ms. Codiga and seconded by Mr. Cambra. The motion was unanimously approved.	Motion Approved

Approval of Pre-Work and Design Development and Consulting Fees	A motion to approve the Pre-Work, Design Development, and Consulting Fees for Thornton Thomas, Camisa, TBD, and Fugro for Project 1: NPC 4 upgrades was made by Mr. Sayen and seconded by Mr. Cambra. The motion was unanimously approved.	Motion Approved
Budgetary Control System	<p>Eric Schottgen from Porter Consulting presented an overview of Scale Hop, the platform Porter will be using to track all budgets and contracts for the 2030 seismic project. Updates regarding paid progress and work progress will also be included. Additionally, Porter will review budget control as the project progresses. This information will be available for the board and AHS to track at any time, along with reports for the board to review during future board meetings.</p> <p>Ms. Ford informed the Board that there was a pre-team meeting with HCAI confirming the dates and deadlines for when documents are due.</p>	

Minutes submitted by: Alixandria Williams, Executive Assistant

Approved: _____

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(March 1 - 31, 2024)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2023	As of 3/31/2024
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,460,281	\$ 2,369,393
Grant and other receivables	306,329	1,517,859
Prepaid expenses and deposits	153,460	46,985
Total current assets	2,920,070	3,934,237
Assets limited as to use	862,163	982,773
Capital Assets, net of accumulated depreciation	2,111,184	1,985,884
	5,893,416	6,902,894
Other Assets	(0)	(0)
Lease receivable	203,217	203,217
Total assets	\$ 6,096,633	\$ 7,106,111
Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 22,624	\$ 23,832
Accounts payable and accrued expenses	25,074	28,974
Total current liabilities	47,698	52,806
Deferred inflows of resources	203,217	203,217
Debt borrowings net of current maturities	802,462	784,593
Total liabilities	1,053,377	1,040,616
Net position:		
Total net position (deficit)	5,043,256	6,065,495
Total liabilities and net position	\$ 6,096,633	\$ 7,106,111

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 3/31/2024	Budget YTD 6/30/2024	Variance	
Revenues and other support					
District Tax Revenues	\$ 6,036,813	\$ 4,548,173	\$ 4,542,308	5,865	0%
Rents	184,057	154,061	161,250	(7,189)	14%
Other revenues	7,765	-	-	-	
Total revenues	6,228,635	4,702,233	4,703,558	(1,324)	
Expenses					
Professional fees - executive director	175,433	150,563	138,750	(11,813)	-9%
Professional fees - Assistant	84,246	84,290	82,500	(1,790)	-2%
Professional fees	291,779	408,652	234,075	(174,577)	-75%
Supplies	6,150	10,166	1,500	(8,666)	-578%
Purchased services	4,100	2,800	7,245	4,445	61%
Repairs and maintenance	24,729	17,427	32,625	15,198	47%
Rents	20,430	15,288	15,322	34	0%
Utilities	14,820	9,042	9,000	(42)	0%
Insurance	125,911	134,713	120,335	(14,379)	-12%
Depreciation and amortization	167,612	126,299	142,800	16,501	
Interest	66,973	35,839	28,761	(7,078)	-25%
Travel, meeting and conferences	8,691	8,029	11,250	3,222	29%
Other expenses	22,684	5,932	25,928	19,997	77%
Community projects and programs	264,058	13,500	196,500	183,000	93%
Total expenses	1,277,617	1,022,541	1,046,591	24,049	
Operating gains	4,951,017	3,679,692	3,656,967	22,725	1%
Transfers	(4,935,976)	(2,657,453)	(3,824,773)		
Increase(Decrease) in net position	15,041	1,022,239	(167,806)		
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	\$ 6,065,495	\$ (167,806)		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 3/31/2024
Increase(Decrease) in net position	\$ 15,041	\$ 1,022,239
Add Non Cash items		
Depreciation	167,612	126,299
Changes in operating assets and liabilities		
Grant and other receivables	28,733	(1,211,530)
Prepaid expenses and deposits	(44,631)	106,475
Deferred outflows of resources	0	-
Accounts payable and accrued expenses	(41,609)	3,900
Deferred revenues	-	-
Net Cash provided(used) by operating activities	125,146	47,384
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(0)	(1,000)
Changes in assets limited to use	(152,470)	(120,610)
Net Cash used in investing activities	(152,470)	(121,610)
Cash flows from financing activities		
Principal payments on debt borrowings	(17,818)	(16,661)
Net cash used by financing activities	(17,818)	(16,661)
Net change in cash and cash equivalents	(45,141)	(90,888)
Cash at the beginning of the year	2,505,423	2,460,281
Cash at the end of the period	\$ 2,460,281	\$ 2,369,393

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	As of 6/30/2023	District 3/31/2024	Jaber 3/31/2024	As of 3/31/2024
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,460,281	\$ -	\$ 2,460,281	\$ 2,369,393	\$ -	\$ 2,369,393
Grant and other receivables	306,329	0	306,329	1,517,859	0	1,517,859
Prepaid expenses and deposits	153,460	(0)	153,460	46,985	(0)	46,985
Total current assets	2,920,070	(0)	2,920,070	3,934,237	(0)	3,934,237
Due To Due From	24,037	(24,037)	0	25,037	(25,037)	0
Assets limited as to use	0	862,163	862,163	0	982,773	982,773
Capital Assets, net of accumulated depreciation	1,295,484	815,700	2,111,184	1,197,234	788,650	1,985,884
	4,239,590	1,653,826	5,893,416	5,156,508	1,746,386	6,902,894
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	5,359,725	1,746,386	7,106,111
Liabilities and Net Position						
<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	28,974	0	28,974
Total current liabilities	47,698	0	47,698	52,806	0	52,806
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	802,462	0	802,462	784,593	0	784,593
Total liabilities	1,053,378	0	1,053,377	1,040,616	0	1,040,616
Net position:						
Total net position (deficit)	3,389,429	1,653,826	5,043,256	4,319,108	1,746,386	6,065,495
Total liabilities and net position	\$4,442,807	\$1,653,826	\$6,096,633	\$5,359,724	\$1,746,386	\$7,106,111

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 3/31/2024	Jaber 3/31/2024	Actual YTD 3/31/2024
Revenues and other support						
District Tax Revenues	6,036,813	0	6,036,813	4,548,173	0	4,548,173
Rents	(7,765)	191,822	184,057	0	154,061	154,061
Other revenues	7,765	0	7,765	0	0	0
Total revenues	6,036,813	191,822	6,228,635	4,548,173	154,061	4,702,233
Expenses						
Professional fees - executive director	175,433	0	175,433	150,563	0	150,563
Professional fees - Assistant	84,246	0	84,246	84,290	0	84,290
Professional fees	282,128	9,651	291,779	400,558	8,095	408,652
Supplies	6,150	0	6,150	10,166	0	10,166
Purchased services	4,100	0	4,100	2,800	0	2,800
Repairs and maintenance	249	24,480	24,729	0	17,427	17,427
Rents	20,430	0	20,430	15,288	0	15,288
Utilities	2,479	12,341	14,820	1,342	7,700	9,042
Insurance	125,911	0	125,911	134,713	0	134,713
Depreciation and amortization	130,212	37,400	167,612	98,249	28,050	126,299
Interest	66,975	0	66,975	35,839	0	35,839
Travel, meeting and conferences	8,691	0	8,691	8,029	0	8,029
Other expenses	20,691	1,993	22,683	5,703	229	5,932
Community projects and programs	264,058	0	264,058	13,500	0	13,500
Total expenses	1,191,754	85,865	1,277,618	961,041	61,501	1,022,541
Operating gains	4,845,059	105,957	4,951,016	3,587,132	92,560	3,679,692
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	929,679	92,560	1,022,239
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	4,319,109	1,746,386	6,065,495

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 3/31/2024	Jaber 3/31/2024	Actual YTD 3/31/2024
Increase(Decrease) in net position	(90,917)	105,957	15,040	929,679	92,560	1,022,239
Add Non Cash items						
Depreciation	130,212	37,400	167,612	98,249	28,050	126,299
Changes in operating assets and liabilities						
Grant and other receivables	28,733	0	28,733	(1,211,530)	0	(1,211,530)
Prepaid expenses and deposits	(44,631)	0	(44,631)	106,475	0	106,475
Deferred outflows of resources						
Due To Due From	(9,113)	9,113	0	(1,000)	1,000	0
Accounts payable and accrued expenses	(41,607)	0	(41,607)	3,899	0	3,899
Deferred revenues	0		0	0		0
Net Cash provided(used) by operating activities	(27,324)	152,470	125,146	(74,228)	121,610	47,383
Cash flows from investing activities						
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	(120,610)	(120,610)
Net Cash used in investing activities	0	(152,470)	(152,470)	0	(121,610)	(121,610)
Cash flows from financing activities						
Principal payments on debt borrowings	(17,818)	0	(17,818)	(16,661)	0	(16,661)
Net cash used by financing activities	(17,818)	0	(17,818)	(16,661)	0	(16,661)
Net change in cash and cash equivalents	(45,142)	0	(45,142)	(90,889)	(0)	(90,889)
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	2,369,393	(0)	2,369,393

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(April 1 - 30, 2024)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2023	As of 3/31/2024
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,460,281	\$ 2,369,393
Grant and other receivables	306,329	1,517,859
Prepaid expenses and deposits	153,460	46,985
Total current assets	2,920,070	3,934,237
Assets limited as to use	862,163	982,773
Capital Assets, net of accumulated depreciation	2,111,184	1,985,884
	5,893,416	6,902,894
Other Assets	(0)	(0)
Lease receivable	203,217	203,217
Total assets	\$ 6,096,633	\$ 7,106,111
Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 22,624	\$ 23,832
Accounts payable and accrued expenses	25,074	28,974
Total current liabilities	47,698	52,806
Deferred inflows of resources	203,217	203,217
Debt borrowings net of current maturities	802,462	784,593
Total liabilities	1,053,377	1,040,616
Net position:		
Total net position (deficit)	5,043,256	6,065,495
Total liabilities and net position	\$ 6,096,633	\$ 7,106,111

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 3/31/2024	Budget YTD 6/30/2024	Variance	
Revenues and other support					
District Tax Revenues	\$ 6,036,813	\$ 4,548,173	\$ 4,542,308	5,865	0%
Rents	184,057	154,061	161,250	(7,189)	14%
Other revenues	7,765	-	-	-	
Total revenues	6,228,635	4,702,233	4,703,558	(1,324)	
Expenses					
Professional fees - executive director	175,433	150,563	138,750	(11,813)	-9%
Professional fees - Assistant	84,246	84,290	82,500	(1,790)	-2%
Professional fees	291,779	408,652	234,075	(174,577)	-75%
Supplies	6,150	10,166	1,500	(8,666)	-578%
Purchased services	4,100	2,800	7,245	4,445	61%
Repairs and maintenance	24,729	17,427	32,625	15,198	47%
Rents	20,430	15,288	15,322	34	0%
Utilities	14,820	9,042	9,000	(42)	0%
Insurance	125,911	134,713	120,335	(14,379)	-12%
Depreciation and amortization	167,612	126,299	142,800	16,501	
Interest	66,973	35,839	28,761	(7,078)	-25%
Travel, meeting and conferences	8,691	8,029	11,250	3,222	29%
Other expenses	22,684	5,932	25,928	19,997	77%
Community projects and programs	264,058	13,500	196,500	183,000	93%
Total expenses	1,277,617	1,022,541	1,046,591	24,049	
Operating gains	4,951,017	3,679,692	3,656,967	22,725	1%
Transfers	(4,935,976)	(2,657,453)	(3,824,773)		
Increase(Decrease) in net position	15,041	1,022,239	(167,806)		
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	\$ 6,065,495	\$ (167,806)		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2023	Actual YTD 3/31/2024
Increase(Decrease) in net position	\$ 15,041	\$ 1,022,239
Add Non Cash items		
Depreciation	167,612	126,299
Changes in operating assets and liabilities		
Grant and other receivables	28,733	(1,211,530)
Prepaid expenses and deposits	(44,631)	106,475
Deferred outflows of resources	0	-
Accounts payable and accrued expenses	(41,609)	3,900
Deferred revenues	-	-
Net Cash provided(used) by operating activities	125,146	47,384
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(0)	(1,000)
Changes in assets limited to use	(152,470)	(120,610)
Net Cash used in investing activities	(152,470)	(121,610)
Cash flows from financing activities		
Principal payments on debt borrowings	(17,818)	(16,661)
Net cash used by financing activities	(17,818)	(16,661)
Net change in cash and cash equivalents	(45,141)	(90,888)
Cash at the beginning of the year	2,505,423	2,460,281
Cash at the end of the period	\$ 2,460,281	\$ 2,369,393

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	As of 6/30/2023	District 3/31/2024	Jaber 3/31/2024	As of 3/31/2024
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,460,281	\$ -	\$ 2,460,281	\$ 2,369,393	\$ -	\$ 2,369,393
Grant and other receivables	306,329	0	306,329	1,517,859	0	1,517,859
Prepaid expenses and deposits	153,460	(0)	153,460	46,985	(0)	46,985
Total current assets	2,920,070	(0)	2,920,070	3,934,237	(0)	3,934,237
Due To Due From	24,037	(24,037)	0	25,037	(25,037)	0
Assets limited as to use	0	862,163	862,163	0	982,773	982,773
Capital Assets, net of accumulated depreciation	1,295,484	815,700	2,111,184	1,197,234	788,650	1,985,884
	4,239,590	1,653,826	5,893,416	5,156,508	1,746,386	6,902,894
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	5,359,725	1,746,386	7,106,111
Liabilities and Net Position						
<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	28,974	0	28,974
Total current liabilities	47,698	0	47,698	52,806	0	52,806
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	802,462	0	802,462	784,593	0	784,593
Total liabilities	1,053,378	0	1,053,377	1,040,616	0	1,040,616
Net position:						
Total net position (deficit)	3,389,429	1,653,826	5,043,256	4,319,108	1,746,386	6,065,495
Total liabilities and net position	\$4,442,807	\$1,653,826	\$6,096,633	\$5,359,724	\$1,746,386	\$7,106,111

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 3/31/2024	Jaber 3/31/2024	Actual YTD 3/31/2024
Revenues and other support						
District Tax Revenues	6,036,813	0	6,036,813	4,548,173	0	4,548,173
Rents	(7,765)	191,822	184,057	0	154,061	154,061
Other revenues	7,765	0	7,765	0	0	0
Total revenues	6,036,813	191,822	6,228,635	4,548,173	154,061	4,702,233
Expenses						
Professional fees - executive director	175,433	0	175,433	150,563	0	150,563
Professional fees - Assistant	84,246	0	84,246	84,290	0	84,290
Professional fees	282,128	9,651	291,779	400,558	8,095	408,652
Supplies	6,150	0	6,150	10,166	0	10,166
Purchased services	4,100	0	4,100	2,800	0	2,800
Repairs and maintenance	249	24,480	24,729	0	17,427	17,427
Rents	20,430	0	20,430	15,288	0	15,288
Utilities	2,479	12,341	14,820	1,342	7,700	9,042
Insurance	125,911	0	125,911	134,713	0	134,713
Depreciation and amortization	130,212	37,400	167,612	98,249	28,050	126,299
Interest	66,975	0	66,975	35,839	0	35,839
Travel, meeting and conferences	8,691	0	8,691	8,029	0	8,029
Other expenses	20,691	1,993	22,683	5,703	229	5,932
Community projects and programs	264,058	0	264,058	13,500	0	13,500
Total expenses	1,191,754	85,865	1,277,618	961,041	61,501	1,022,541
Operating gains	4,845,059	105,957	4,951,016	3,587,132	92,560	3,679,692
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	929,679	92,560	1,022,239
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	4,319,109	1,746,386	6,065,495

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2023	Jaber 6/30/2023	Actual YTD 6/30/2023	District 3/31/2024	Jaber 3/31/2024	Actual YTD 3/31/2024
Increase(Decrease) in net position	(90,917)	105,957	15,040	929,679	92,560	1,022,239
Add Non Cash items						
Depreciation	130,212	37,400	167,612	98,249	28,050	126,299
Changes in operating assets and liabilities						
Grant and other receivables	28,733	0	28,733	(1,211,530)	0	(1,211,530)
Prepaid expenses and deposits	(44,631)	0	(44,631)	106,475	0	106,475
Deferred outflows of resources						
Due To Due From	(9,113)	9,113	0	(1,000)	1,000	0
Accounts payable and accrued expenses	(41,607)	0	(41,607)	3,899	0	3,899
Deferred revenues	0		0	0		0
Net Cash provided(used) by operating activities	(27,324)	152,470	125,146	(74,228)	121,610	47,383
Cash flows from investing activities						
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	(120,610)	(120,610)
Net Cash used in investing activities	0	(152,470)	(152,470)	0	(121,610)	(121,610)
Cash flows from financing activities						
Principal payments on debt borrowings	(17,818)	0	(17,818)	(16,661)	0	(16,661)
Net cash used by financing activities	(17,818)	0	(17,818)	(16,661)	0	(16,661)
Net change in cash and cash equivalents	(45,142)	0	(45,142)	(90,889)	(0)	(90,889)
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	2,369,393	(0)	2,369,393

June 10, 2024

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

**From: Debi Stebbins
Executive Director**

RE: Resolutions 2024-1, Initial Resolution and 2024-2, Debt Management Policy

Recommendation:

That the District Board of Directors approve the two resolutions attached in preparation for the issuance of the first tranche of financing for the seismic and operational upgrade project that is projected to take place in August, 2024. These include an Initial Resolution and a Debt Management Policy. The resolutions were drafted by District Bond Counsel, Brian Quint, in consultation with Gary Hicks. They have been reviewed and approved by District counsel, Tom Driscoll.

CITY OF ALAMEDA HEALTH CARE DISTRICT

RESOLUTION NO. 2024-01

RESOLUTION AUTHORIZING THE COMMENCEMENT OF PROCEEDINGS IN CONNECTION WITH THE EXECUTION, SALE AND DELIVERY OF CERTIFICATES OF PARTICIPATION TO FINANCE THE PLANNING, DESIGN AND CONSTRUCTION OF IMPROVEMENTS TO ALAMEDA HOSPITAL, CONFIRMING THE APPOINTMENT OF A FINANCIAL ADVISOR, BOND COUNSEL, UNDERWRITERS AND A PLACEMENT AGENT AND APPROVING CERTAIN OTHER ACTIONS

RESOLVED, by the Board of Directors (the “Board”) of the City of Alameda Health Care District (the “District”), as follows:

WHEREAS, the District owns Alameda Hospital, a duly licensed general acute care hospital (“Alameda Hospital”), and owns and/or leases other separately located facilities and hospital distinct part units, all located in the City of Alameda, California;

WHEREAS, the District and Alameda County Medical Center, a public hospital authority created by the Alameda County (the “County”) Board of Supervisors pursuant to section 101850 of the California Health and Safety Code, doing business as Alameda Health System (“AHS”), have entered into a joint powers agreement, dated November 26, 2013, as amended, to, among other things, (1) facilitate the preservation of Alameda Hospital as a health care resource in the County, and (2) provide for the continuing operation of Alameda Hospital through the delegation to AHS of the possession and control, and the ongoing operation, management and oversight, of Alameda Hospital, including, but not be limited to, responsibilities for licensure, governance, operation, administration, financial management and maintenance (including, but not limited to, compliance with ongoing regulatory and seismic requirements) of Alameda Hospital, all for the benefit of the communities that both parties serve;

WHEREAS, to satisfy the State of California’s 2030 seismic retrofit requirements pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act, being sections 130000 through 130070 of the California Health and Safety Code (the “2030 Seismic Requirements”), the District and AHS have agreed to a plan whereby the District will finance the planning, design and construction of improvements to Alameda Hospital in order to make it compliant with the 2030 Seismic Requirements and to make any other improvements to Alameda Hospital as determined by the District and AHS (collectively, the “Project”);

WHEREAS, the District, working together with the CSDA Finance Corporation, proposes to finance the Project through the execution, sale and delivery of certificates of participation in one or more series (the "COPs");

WHEREAS, the COPs will be secured by payments made by or on behalf of the District under an installment sale agreement secured by and payable from parcel tax revenues approved by registered voters residing in the City of Alameda on April 9, 2002;

WHEREAS, it is appropriate that the Board formally authorize the preparation of the necessary documents in connection with the execution, sale and delivery of the COPs and other actions;

NOW, THEREFORE, it is hereby DECLARED and ORDERED, as follows:

Section 1. The Board hereby authorizes the President of the Board, the 1st Vice President of the Board and/or the Executive Director of the District (the "Authorized Officers and Officials") to proceed with the preparation of the necessary documents in connection with the execution, sale and delivery of the COPs, subject to the final approval thereof by the Board at a subsequent meeting. The Authorized Officers and Officials are also authorized and directed to schedule and meet with appropriate rating agencies and bond insurers, if needed, to obtain a credit rating and/or bond insurance, respectively, for the COPs and to prepare offering documents which will be required if they are sold pursuant to a public offering and to solicit and evaluate term sheets from institutional investors for the purchase of the COPs if they are sold pursuant to a private placement. The Authorized Officers and Officials are also authorized to determine whether the COPs will be sold pursuant to a public offering or pursuant to a private placement based on input from the Financial Advisor and the Investment Banker (each as hereafter defined) and legal counsel.

Section 2. The expected principal amount of the COPs is \$13,500,000.

Section 3. The previous appointment of G.L Hicks Financial, LLC, as financial advisor to the District in connection with the execution, sale and delivery of the COPs (the "Financial Advisor"), is hereby affirmed.

Section 4. The previous appointment of Stradling Yocca Carlson & Rauth LLP, as bond counsel in connection with the execution, sale and delivery of the COPs, is hereby affirmed.

Section 5. The previous appointment of Piper Sandler & Co. (the "Investment Banker") as placement agent in connection with the COPs if they are sold pursuant to a private placement is hereby affirmed. The previous appointment of Piper Sandler & Co. as senior managing underwriter and Hilltop Securities Inc. as co-managing underwriter in connection with the COPs, if they are sold pursuant to a public offering, is hereby affirmed.

Section 6. The Board understands and directs that all Project costs and costs relating to the execution, sale and delivery of the COPs be paid or reimbursed from the proceeds of the COPs.

Section 7. The Authorized Officers and Officials, the Secretary of the Board and other appropriate officers and officials of the District are hereby authorized and directed to take such actions and to execute such documents as may be necessary or desirable to effectuate the intent of this Resolution.

Section 8. This Resolution shall be in full force and effect immediately upon its adoption.

* * * * *

I hereby certify that the foregoing Resolution was duly adopted at a meeting of the Board of Directors of the City of Alameda Health Care District held on the 10th day of June, 2024, by the following vote:

AYES, and in favor of, Board Members:

NOES, Board Members:

ABSENT, Board Members:

By _____
Secretary

CITY OF ALAMEDA HEALTH CARE DISTRICT

RESOLUTION NO. 2024-02

RESOLUTION APPROVING A DEBT MANAGEMENT POLICY

RESOLVED, by the Board of Directors (the "Board") of the City of Alameda Health Care District (the "District"), as follows:

WHEREAS, pursuant to the provisions of section 8855(i) of the California Government Code, prior to the issuance or incurrence of any debt, the District is required to adopt local debt policies concerning the use of debt and that any proposed debt issuance is consistent with those local debt policies; and

WHEREAS, a debt management policy has been developed for the District and the Board desires to adopt such policy in connection with any proposed debt of the District;

NOW, THEREFORE, it is hereby ORDERED and DETERMINED, as follows:

Section 1. The debt management policy, in the form attached hereto as Exhibit A (the "Debt Policy"), is hereby adopted by the Board for the District. The Debt Policy has been developed to provide guidance in the issuance and management of debt by the District or its related entities and is intended to comply with section 8855(i) of the California Government Code effective on January 1, 2017. The main objectives are to establish conditions for the use of debt, to ensure that debt capacity and affordability are adequately considered, to minimize the District's interest expense and issuance costs, to maintain the highest possible credit rating, to provide complete financial disclosure and reporting and to maintain financial flexibility for the District.

Section 2. Appropriate officers and officials of the District are hereby authorized and directed to take any actions and execute and deliver any and all documents as are necessary to accomplish the provisions and directives of this resolution.

Section 3. This Resolution shall be effective upon adoption by the Board.

* * * * *

I hereby certify that the foregoing Resolution was duly adopted at a meeting of the Board of Directors of City of Alameda Health Care District held on the 10th day of June, 2024, by the following vote:

AYES, and in favor of, Board Members:

NOES, Board Members:

ABSENT, Board Members:

By _____
Secretary

EXHIBIT A

CITY OF ALAMEDA HEALTH CARE DISTRICT DEBT MANAGEMENT POLICY

This Debt Management Policy (the “Debt Policy”) of the CITY OF ALAMEDA HEALTH CARE DISTRICT (the “District”) was approved by the Board of Directors of the District (the “Board”) on June 10, 2024. The Debt Policy may be amended by the Board as it deems appropriate from time to time in the prudent management of the debt of the District.

This Debt Policy will also apply to any debt issued by any other public agency for which the Board of the District acts as its legislative body.

The Debt Policy has been developed to provide guidance in the issuance and management of debt by the District or its related entities and is intended to comply with section 8855(i) of the California Government Code effective on January 1, 2017. The main objectives are to establish conditions for the use of debt; to ensure that debt capacity and affordability are adequately considered; to minimize the District’s interest expense and issuance costs; to maintain the highest possible credit rating; to provide complete financial disclosure and reporting; and to maintain financial flexibility for the District.

Debt, properly issued and managed, is a critical element in any financial management program. It assists in the District’s effort to allocate limited resources to provide the highest quality of service to the public. The District understands that poor debt management can have ripple effects that hurt other areas of the District. On the other hand, a properly managed debt program promotes economic growth and enhances the vitality of the District for its residents and businesses.

1. Findings

This Debt Policy shall govern all debt undertaken by the District. The District hereby recognizes that a fiscally prudent debt policy is required in order to:

- Maintain the District’s sound financial position.
- Ensure the District has the flexibility to respond to changes in future service priorities, revenue levels, and operating expenses.
- Protect the District’s credit-worthiness.
- Ensure that all debt is structured in order to protect both current and future

taxpayers and constituents of the District.

- Ensure that the District's debt is consistent with the District's planning goals and objectives and capital improvement program or budget, as applicable.
- Encourage those that benefit from a facility/improvement to pay the cost of that facility/improvement without the need for the expenditure of limited general fund resources.

2. Policies

A. Purposes for Which Debt May Be Issued

The District will consider the use of debt financing primarily for capital improvement projects ("CIP") when the project's useful life will equal or exceed the term of the financing and when resources are identified sufficient to fund the debt service requirements. An exception to this CIP driven focus is the issuance of short-term instruments such as tax and revenue anticipation notes, which are to be used for prudent cash management purposes and conduit financing, as described below. Bonded debt should not be issued for projects with minimal public benefit or support, or to finance normal operating expenses.

(i) Long-Term Debt. Long-term debt may be issued to finance or refinance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment and land to be owned and/or operated by the District.

(a) Long-term debt financings are appropriate when the following conditions exist:

- When the project to be financed is necessary to provide basic and/or specialized services.
- When the project to be financed will provide benefit to constituents over multiple years.
- When total debt does not constitute an unreasonable burden to the District, its taxpayers and patients.
- When the debt is used to refinance outstanding debt in order to produce debt service savings or to realize the benefits of a debt restructuring.

(b) Long-term debt financings will not generally be considered appropriate for current operating expenses and routine maintenance expenses.

(c) The District may use long-term debt financings subject to the following conditions:

- The project to be financed has been or will be approved by the Board.

- The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed unless specific conditions exist that would mitigate the extension of time to repay the debt and it would not cause the District to violate any covenants to maintain the tax-exempt status of such debt, if applicable.
- The District estimates that sufficient income or revenues will be available to service the debt through its maturity.
- The District determines that the issuance of the debt will comply with the applicable requirements of state and federal law.
- The District considers the improvement/facility to be of vital, time-sensitive need of the community and there are no plausible alternative funding sources that would be of greater benefit to the District than the funding sources selected.

(d) Periodic reviews of outstanding long-term debt will be undertaken to identify refunding opportunities. Refundings will be considered (within federal tax law constraints) if and when there is a net economic benefit of the refunding. Refundings which are non-economic may be undertaken to achieve District objectives relating to changes in covenants, call provisions, operational flexibility, tax status of the District or its debt profile.

In general, refundings which produce a net present value savings of at least four percent of the outstanding principal amount of the refunded debt will be considered economically viable. Refundings which produce a net present value savings of less than four percent or negative savings will be considered on a case-by-case basis, and are subject to special circumstances.

(ii) Short-term debt. Short-term borrowings may be issued to generate funding for cash flow needs in the form of Tax and Revenue Anticipation Notes ("TRAN").

Short-term borrowings, such as commercial paper, and lines of credit, will be considered as an interim source of funding in anticipation of long-term borrowing or cash flow repayment. Short-term debt may be issued for any purpose for which long-term debt may be issued, including capitalized interest and other financing-related costs. Prior to issuance of the short-term debt, a reliable revenue source shall be identified to secure repayment of the debt. The final maturity of the debt issued to finance the project shall be consistent with the economic or useful life of the project and, unless the Board determines that short-term debt should exceed seven years.

Short-term debt may also be used to finance short-lived capital projects; for example, the District may undertake lease-purchase financing for equipment, and such equipment

leases may be longer than seven years.

(iii) Financings on Behalf of Other Entities. The District may also find it beneficial to issue debt on behalf of other governmental agencies or private third parties in order to further the public purposes of the District. In such cases, the District shall take reasonable steps to confirm the financial feasibility of the project to be financed and the financial solvency of any borrower and that the issuance of such debt is consistent with the policies set forth herein. In no event will the District incur any liability or assume responsibility for payment of debt service on such debt.

B. Types of Debt

In order to maximize the financial options available to benefit the public, it is the policy of the District to allow for the consideration of issuing all generally accepted types of debt, including, but not exclusive to the following:

- General Obligation Bonds ("GO Bonds"): GO Bonds are suitable for use in the construction or acquisition of improvements to real property that benefit the public at large. Examples of projects include hospitals, clinics, and other public safety facilities. All GO Bonds shall be authorized by the requisite number of votes in order to pass.
- Revenue Bonds: Revenue Bonds are limited-liability obligations tied to a specific enterprise or special fund revenue stream where the projects financed clearly benefit or relate to the enterprise or are otherwise permissible uses of the special revenue. Generally, no voter approval is required to issue this type of obligation.
- Lease-Backed Debt/Certificates of Participation ("COP"): Issuance of Lease-backed or installment sale/purchase debt is a commonly used form of debt that allows a public entity to finance projects where the debt service is secured via a lease or installment sale agreement and where the payments are budgeted in the annual budget of the District from the general fund. COPs do not constitute indebtedness under the state or the District's constitutional debt limit and do not require voter approval.

The District may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

To maintain a predictable debt service burden, the District will give preference to debt that carries a fixed interest rate. An alternative to the use of fixed rate debt is variable rate debt. The District may choose to issue debt that pay a rate of interest that varies according to a pre-determined formula or results from a periodic remarketing of securities. When making the determination to issue debt in a variable rate mode, consideration will be given in regards to the useful life of the project or facility being financed or the term of the project requiring the funding, market conditions, credit risk and third-party risk

analysis, and the overall debt portfolio structure when issuing variable rate debt for any purpose. The maximum amount of variable rate debt should be limited to no more than 20% of the total debt portfolio of the District.

The District should not employ derivatives, such as interest rate swaps, in its debt program. A derivative product is a financial instrument which derives its own value from the value of another instrument, usually an underlying asset such as a bond or an underlying reference such as an interest rate. Derivatives are commonly used as hedging devices in managing interest rate risk and thereby reducing borrowing costs. However, these products bear certain risks not associated with standard debt instruments.

C. Relationship of Debt to Capital Improvement Program and Budget

The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's capital budget and the capital improvement plan.

The District will strive to fund the upkeep and maintenance of its infrastructure and facilities due to normal wear and tear through the expenditure of available operating revenues. The District shall seek to avoid the use of debt to fund infrastructure and facilities improvements that are the result of normal wear and tear, unless a specific revenue source has been identified for this purpose, such as parcel tax funds.

The District shall integrate its debt issuances with the goals of its capital improvement program by timing the issuance of debt to ensure that projects are available when needed in furtherance of the District's public purposes.

The District shall seek to issue debt in a timely manner to avoid having to make unplanned expenditures for capital improvements or equipment from its general fund.

D. Policy Goals Related to Planning Goals and Objectives

The District is committed to financial planning, maintaining appropriate reserve levels and employing prudent practices in governance, management and budget administration. The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's annual operating budget.

It is a policy goal of the District to protect taxpayers and constituents by utilizing conservative financing methods and techniques so as to obtain the highest practical credit ratings and the lowest practical borrowing costs.

The District will comply with applicable state and federal law as it pertains to the maximum term of debt and the procedures for levying and imposing any related taxes, assessments, rates and charges.

Except as described in Section 2.A., when refinancing debt, it shall be the policy goal of the District to realize, whenever possible, and subject to any overriding non-financial policy considerations minimum net present value debt service savings equal to or greater than 4% of the principal amount of the debt being refinanced.

E. Internal Control Procedures

When issuing debt, in addition to complying with the terms of this Debt Policy, the District shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

The District will periodically review the requirements of and will remain in compliance with the following:

- any continuing disclosure undertakings under SEC Rule 15c2-12,
- any federal tax compliance requirements, including without limitation arbitrage and rebate compliance, related to any prior bond issues, and
- the District's investment policies as they relate to the investment of bond proceeds.

Whenever reasonably possible, proceeds of debt will be held by a third-party trustee and the District will submit written requisitions for such proceeds. The District will submit a requisition only after obtaining the signature of the Executive Director.

F. Waivers of Debt Policy

There may be circumstances from time to time when strict adherence to a provision of this Debt Policy is not possible or in the best interests of the District and the failure of a debt financing to comply with one or more provisions of this Debt Policy shall in no way affect the validity of any debt issued by the District in accordance with applicable laws.

TO: INTERESTED PARTIES

FROM: GARY HICKS

DATE: JUNE 6, 2024

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

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.
April 30, 2024 4:30 p.m.	* District Special Board meeting – approve Amended JPA. Approve pre-work, design development and fees for Project 1: NPC 4 Upgrades.
May 9, 2024	* AHS Board meeting – approve Amended JPA.
May 10, 2024 10:00 a.m.	* Finance team call to discuss Request for Terms and Appendix A.

May 13, 2024	* Begin preparation of Request for Terms and Appendix A for COP private placement.
May 15, 2024	* Both District and AHS execute Amended JPA.
May 20, 2024	* Draft Request for Terms and Appendix A sent to finance team for review and comment.
May 23, 2024	* Bond Counsel to prepare & send initial draft of COP documents to finance team.
May 31, 2024	* Send Request for Terms, Appendix A and credit package to prospective purchasers.
May 31, 2024	* Send Board meeting resolutions & materials to be included in Board member packets.
June 3, 2024	* Architect and Engineering Consultants begin design of Project #1 NPC 4 upgrades. Anchor ceiling, lights, sprinklers, etc. (4 mos.).
June 3, 2024	* Architect and Engineering Consultants begin design of Project #2 NPC 5 upgrades (6 mos.).
June 3, 2024	* Architect and Engineering Consultants begin design of Project #3 West Wing & Stephens Wing SPC 4D materials testing, Geotech soils report finalized & seismic updates (6 mos.).
June 7, 2024 10:00 a.m.	Finance team update and document review call to discuss COP documents.
June 10, 2024	Revised COP documents sent to finance team for review and comment.
June 10, 2024 5:30 p.m.	District Board Meeting – review Initial Resolution and Debt Management Policy. Board approval of Debt Management Policy and Initial Resolution.
June 10 or 11, 2024	Meet with AHS and Alameda County re. parcel tax revenue flow and lock box system.
June 18, 2024	Term Sheets received from prospective purchasers.
June 20, 2024 3:00 p.m.	Analysis of Term Sheets provided by Piper Sandler. Determination of moving forward with a private placement or a public offering.
June 25, 2024 10:00 a.m.	Finance team update and document review conference call.
June 27, 2024	Final draft financing documents and first draft of POS sent to finance team members.
July 8, 2024 2:00 p.m.	Financing update and document review call.
July __, 2024 12:00 noon	In person meeting with Moody’s Investors Service.
July 10, 2024	Final draft financing documents and revised draft of POS sent to finance team members.
July 10, 2024	Submit materials to District for inclusion in packets for upcoming Board meeting.

July 15, 2024	Bond rating provided by Moody's Investors Service.
July 15, 2024 1:00 p.m.	Financing update and document review call. Due diligence call.
July 15, 2024 4:30 p.m.	District Special Board meeting – approve POS for mailing & approve Final Resolution.
July 18, 2024	Final draft financing documents and final draft of POS sent to finance team members.
July 19, 2024	Release of executed 15(c)(2)-12 certificate and auditor's consent letter.
July 22, 2024	Statutory lien bill approved by legislature and signed by Governor.
July 22, 2024	Last day to complete due diligence work.
July 23, 2024	Mail preliminary Official Statement.
August 5, 2024 12:00 noon	Market update conference call.
August 6, 2024 2:00 p.m.	Pre-pricing conference call.
August 7, 2024	Retail order period from 7:00 a.m. to 8:30 a.m., if needed.
August 8, 2024	Order period from 7:00 a.m. to 8:30 a.m., for all orders.
August 8, 2024 9:30 a.m.	Pricing conference call and execution of Certificate Purchase Agreement.
August 9, 2024	Send draft of closing documents and certificates for final review.
August 14, 2024	Print and mail final Official Statement.
August 16, 2024	Comments to Bond Counsel on draft closing documents and certificates.
August 19, 2024	Final financing documents and certificates sent to the finance team for signature.
August 23, 2024	Final date for all parties to execute financing documents and certificates.
August 26, 2024	All executed documents, certificates and opinions must be returned to Bond Counsel.
August 28, 2024 1:00 p.m.	Pre-closing via conference call for Series A COPs.
August 29, 2024	Closing of Series A COPs, fund Project Fund and Trustee pays Costs of Issuance.
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.).
December 1, 2024	Architect begins design of Project #4 South Wing 2 nd Floor – Acute to SNF (8 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.
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.

June 10, 2024

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

From; Debi Stebbins
Executive Director

RE: **Approval of Proposals from Ratcliff Architects on Design
Development Work for Seismic Project and Preliminary Design
work for Operational Upgrade of 2 South**

Recommendation:

That the Board of Directors of the District authorize continued implementation of the design development work for the seismic project by Ratcliff Architects as outlined in the attached April 17, 2024 Ratcliff proposal and also authorize proceeding with preliminary design planning for the operational update project as outlined in the attached May 17, 2024 Ratcliff proposal.

Background:

At the special Board meeting on April 30, 2024, the Board authorized going ahead with \$198,000 in expenses to Ratcliff Architects and \$144,000 to Fugro Geotech consultants to initiate the design development work for the seismic project. The requested authorization will allow Ratcliff Architects to complete the work outlined in the April 17, 2024 proposal. In addition, the May 17, 2024 proposal will allow Ratcliff to begin program planning for the operational upgrade of 2 South as a Medi-SNF unit at a projected cost of \$80,000.

April 17 2024

Debi Stebbins
Executive Director
City of Alameda Health District
1402 Park Street, Suite A/B
Alameda CA 94501
415.203.0669

Re: Proposal for Alameda Hospital Seismic Upgrade Rev 1

Dear Debi:

Thank you so much for the opportunity to present this fee proposal for the Seismic Upgrade projects at Alameda Hospital. This proposal includes work through Design Development for the following projects:

1. Pre-work for HCAi, Equipment Replacement Project coordination and Soils Report
2. NPC 4 Upgrades
3. NPC 5 Storage Tanks
4. SPC 4D Upgrade for Stephens Wing and West Wing
5. Cost Estimate at 100% Design Development

At the end of this work, the team will have a solid design for the upgrades and costs associated. Fees for South Wing renovation are not included at this time, but we can amend to include if desired. Our focus with this proposal is on the Seismic Upgrade required to be compliant beyond 2030.

A. Architectural / Engineering Scope of Work and schedule:

Pre-work, 3 month duration:

- Reach out to HCAi regarding SPC status on other buildings on campus and follow up with required documents and submittals.
- Engage Geotech to begin Soils Report so it will be done when design engineers begin their schematic documents.
- Ratcliff and TT will begin research on existing fuel storage tank foundation to determine if adequate to install a new one in place, or if an additional fuel storage tank must be constructed somewhere else on site.
- During this time, Ratcliff will meet with Equipment Replacement project team to coordinate proposed shear wall locations with Equipment replacement.

NPC 4 Upgrade, 3 month duration.

- Team will attend up to 3 site investigation visits to strategize the work.
- Team will prepare plans showing areas of work.

- Team will participate in discussions regarding NPC 4D option, which is an owner-provided operational plan submitted to HCAi outlining steps the organization and facilities will take in an emergency if certain areas are not upgraded to NPC 4 and there is a gap of service during and after a seismic event.

NPC 5 storage tanks, 3 month duration

- Team will identify locations and begin details for each storage tank (Fuel storage, Domestic Water and Sewer holding tank).
- Coordinate with Geotech, Structural and Civil engineer.

SPC 4D Upgrades of West Wing and Stephens Wing, 3 month duration

- Based on Soils Report, begin design on seismic upgrade and identify systems that will be affected by the work.
- Attend site investigation meetings.
- Prepare plans and details for cost estimate.

EXCLUSIONS / ASSUMPTIONS:

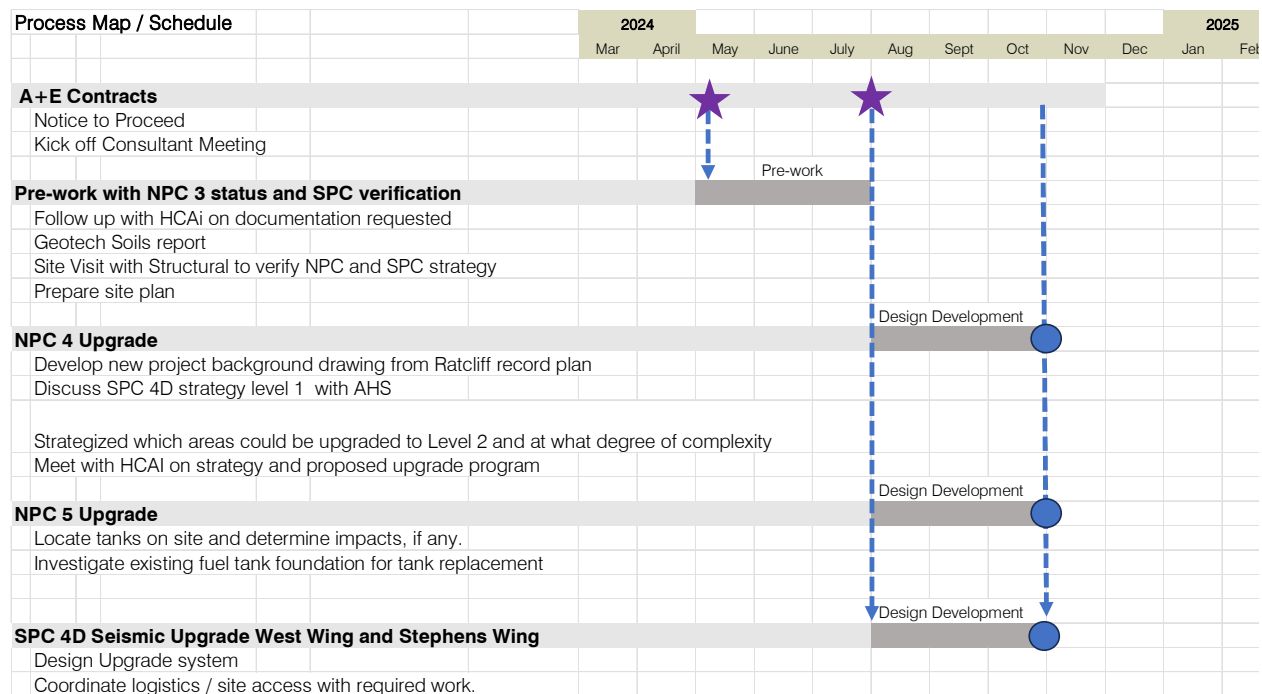
- This fee proposal is only through Design Development. Construction Document fee to be provided at a later date.
- Fire Alarm, Sprinkler, IT/Security and Nurse Call is not included.
- Changes not related to scope of work during any phase not listed above are not included.
- Geotech and Civil engineering fees are not included.

FEE FOR SERVICES:

Proposed fee is in two steps; First step includes the pre-work as soon as possible and have Geotech start on the Soils Report. Second step includes the design development work for each of the three seismic projects listed below. Step One is Seventy Six Thousand Two Hundred Dollars (\$76,200). Step Two is Five Hundred Fourteen Thousand Dollars (\$514,000) and shall be lump sum based on completion of phases and durations as noted above.

Fee Breakdown per discipline and phase:									
Scope	Arch	Cost	Structure	Mech	Plumb	Elec	NIC Geotech	NIC Civil estimate	
NPC 2 and SPC verification (HCAi requested follow up)	\$60,000	\$0	\$16,200	\$0	\$0	\$0	\$0	\$0	\$76,200
Engage Geotech									
Project Start									
NPC 4 Upgrade	\$50,000	\$28,200	\$24,500	\$8,500	\$3,900	\$6,700	\$0	\$0	\$121,800
NPC 5 Storage Tanks	\$50,000	\$12,220	\$12,300	\$0	\$18,200	\$12,200	\$0	\$0	\$104,920
SPC4D	\$75,000	\$38,540	\$96,000	\$29,600	\$15,600	\$32,700	\$0	\$0	\$287,440
									\$514,160
	\$235,000	\$78,960	\$149,000	\$38,100	\$37,700	\$51,600	\$0	\$0	\$590,360

PROCESS MAP / SCHEDULE:



Best regards,

Katy Taylor Ford AIA
Principal

RATCLIFF

May 17 2024

Debi Stebbins
Executive Director
City of Alameda Health District
1402 Park Street, Suite A/B
Alameda CA 94501
415.203.0669

Re: Proposal for Alameda Hospital 2 South Validation

Dear Debi:

Thank you for the opportunity to present this fee proposal for the 2 South Renovation at Alameda Hospital. This proposal includes work to provide Validation to convert existing 2 South partial floor to a SNF unit.

A. Architectural / Engineering Scope of Work and schedule:

Validation, 2-3 month duration:

- Follow 1225.5 for program required spaces.
- Stakeholder requests room for physical /occupational therapy exclusive to SNF patients.
- Assume up to 5 rounds of review of test fit with stakeholders.
- Assume walls in area will be removed and re-constructed.
- Review exiting strategies and access at stairwell for public, patients, and public.
- Work with Porter Consulting to identify Make Ready projects required before implementation of Skilled Nursing Unit build out.
- Prepare scalable diagrammatic plan options targeting 18 SNF beds.
- Identify accessibility upgrade to Path of Travel that will be required with project.

EXCLUSIONS / ASSUMPTIONS:

1. This fee proposal is only through Validation. Design Development and Construction Document fee to be provided at a later date.
2. Fire Alarm, Sprinkler, IT/Security and Nurse Call is not included.
3. Changes not related to scope of work during any phase not listed above are not included.
4. Allowance of \$10,000 for Structural Engineering analysis if needed. * **inlcuded in fee**
5. Allowance of \$10,000 for Mechanical, Electrical or Plumbing analysis if needed. ***included in Fee**

FEE FOR SERVICES:

Proposed fee is Eighty Thousand (\$80,000) and shall be lump sum based on percentage completion of scope and durations as noted above. Billing rate is attached for reference.

Best regards,



Katy Taylor Ford AIA
Principal

RATCLIFF

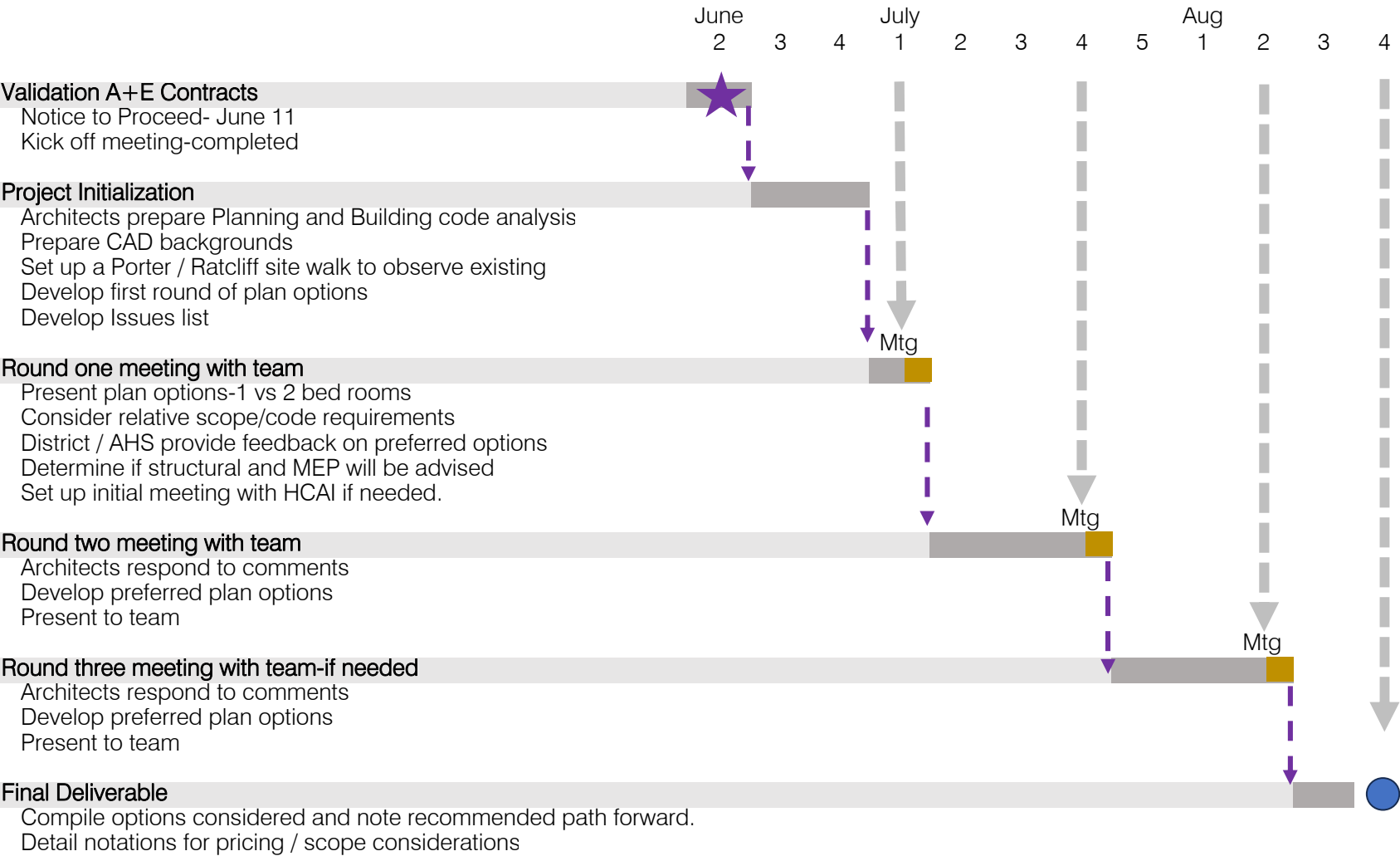
STANDARD BILLING RATES 2024

Principal	\$300.00
Associate Principal	\$260.00
Senior Project Architect/Designer/Manager III	\$225.00
Senior Project Architect/Designer/Manager II	\$210.00
Senior Project Architect/Designer/Manager I	\$190.00
Project Architect/Designer/Manager III	\$180.00
Project Architect/Designer/Manager II	\$170.00
Project Architect/Designer/Manager I	\$160.00
Intermediate Architect/Designer II	\$150.00
Intermediate Architect/Designer I	\$145.00
Designer II	\$135.00
Designer I	\$125.00
Project Administrator	\$105.00

Rates effective January 1, 2024

Alameda Hospital 2 South Validation Process Map

2024



MEETING DATE: June 10, 2024

TO: City of Alameda Health Care District
Board of Directors

FROM: Debi Stebbins, Executive Director

SUBJECT: Review of proposed FY 2025 General
Operating and Jaber Budes

Action:

Recommendation to accept Fiscal Year Ending June 30, 2025 City of Alameda Health Care District Operating Budget and Jaber Properties Budgets as outlined in Attachments A and B to this memorandum.

Overview:

The proposed budget was prepared in consultation with the District financial consultant, Kelly Hohenbrink, and based on YTD actual expense projections based on year to date actual expenses through February 2024 (or in some cases May 2024) for the General Operating budget and the Jaber Properties budget. This year, due to the impending issuance of the first tranche of financing in August, 2024, I also sought input on the implications of same from Gary Hicks, our financial consultant. The following two budgets, District Operations and Jaber Properties, are presented for your review.

Per the affiliation Joint Powers Agreement (JPA) (Section 2.2 Parcel Tax Revenue), "District shall be permitted to withhold and retain, from the Parcel Tax Revenue an amount equal to the reasonable out-of-pocket costs and expenses actually incurred by the District for its statutorily required services, costs of elections, meetings, strategic planning, insurance, administration and collection of the parcel tax and payment of legal obligations, if any (known or unknown), unrelated to the administration and operation of Alameda Hospital ("District Expenses"); provided, however, that in no event shall the amounts withheld and retained by the District in accordance with the foregoing exceed what is reasonably required for such District Expenses during any fiscal year without prior written approval of AHS."

Revenue:

Revenue projections are based on estimates from SCI Consulting, the firm that monitors the collection of District parcel tax revenue. Between FY 2023 and the FY 2025 projection, parcel tax revenue is rising only slightly. Note that the projected actual revenue is based on taxes paid to date through April 2024.

FY 2025 also includes an unusual one-time occurring item which is entitled “Projected Reimbursement from COP.” This represents past payments made by the District beginning in 2022 that relate either to the project planning for the seismic and operational upgrade projects and the cost of the COP issuance. It is anticipated that this revenue, projected at **\$1,493,405**, will be received at the time the first tranche issuance in August, 2024. The projection is based on historical invoices relating to the project since 2022 through May, 2024 plus projected expenses for June, 2024. In addition, District expenses for July and August were estimated. Actual invoices will be presented to the Trustee at the time of issuance. The amount that the District will be reimbursed for these previous expenses will immediately be reimbursed to AHS since in the absence of these expenses, this amount would have been distributed directly to AHS.

Expenses:

Executive Director is an estimate and will ultimately be approved after the annual evaluation of the Executive Director.

District Clerk/Executive Assistant continues to be contracted through Dynamic Solutions at approximately .75 FTE.

Professional Fees. Professional fees include payments to our accounting, audit and tax collection consultants which reflect a small cost of living increase in FY 2025.

Strategic Planning Consulting. In prior years, this item has included all the seismic related and joint planning efforts with AHS. Beginning in FY 2025 such expenses will be covered by the loan proceeds for the project. Therefore I have estimated \$75,000 for routine non-project types of consultation. This may be conservative.

Note that there are two professional fee items for FY 2024 and one item in FY 2025 noted in dark red. These include strategic planning/advocacy of \$728,000 and legal fees of \$188,000 for FY 2024 as well as Project/Issuance Costs projected in July and August, 2024 for FY 2025. These total \$1,493,405 and correlate with the special reimbursement for past District project expenses discussed in the Revenue section above.

Legal fees, which covers expenses to general counsel, Thomas Driscoll III, as well as possible engagement of bond counsel to assist with exploring financing options for the 2030 capital project. Again, following issuance of the first tranche of financing, legal fees should only relate to routine District issues. Again, this is probably a conservative number.

Annual Audit Expenses. This is essentially flat compared to prior years and reflects the audit engagement letter approved in April by the District Board.

Office Expenses. These items reflect the cost of maintaining office communications, including software related and website expenses.

Lease. Our lease for 1402 Park Street reflects our lower rent since relocating from the Willow Street location. The landlord provides all utilities under the new lease.

Insurance premiums are based on actual quotes or estimates from Alliant Insurance for our FY 2025 coverage. These have remained rather stable in all areas but Property (HARPP) coverage, which is projected to increase from \$170,701 in FY 2024 to \$213,265 in FY 2025, an increase of 25%. Once again this significant increase is the result of extraordinary losses to property as a result of natural disasters in recent years.

Depreciation and Amortization. As a part of the FY 2021 annual audit, our auditor updated our depreciation projections for the building and equipment on which Alameda Hospital operates in a manner that reflected the actual projected life of these assets. As a result, projected depreciation and amortization decreased significantly in FY 2022. Since depreciation is a non-cash expense, this adjustment has no impact on the cash expenses of the District or the funds available for distribution each year to AHS.

There will be additional adjustments necessary to Depreciation and Amortization once the Project is financed since all costs associated with the Project itself, excluding costs associated with the COP issuance will be capitalized and depreciated going forward. We will need to update the proposed budget once those adjustments are made. Again, they will have no impact on funds available for distribution to AHS.

Interest expenses reflect the lower levels projected under the new ten-year loan with Bank of Marin. This loan of \$825,000 has a ten-year term (amortized over 25 years) at a fixed interest rate of the 10 year Treasury Constant Maturity Index (at the time of loan closing) plus 2.23%.

Travel and Education. There is a slight increase projected in this category compared to the last two years when the pandemic limited Board and staff participation in educational programs.

Other Expenses:

The following explains noteworthy changes in the Other Expenses category.

Election Fees.

There are two District seats up for election in November, 2024. Both Mr. Cambra and Dr. Chen have indicated their plan to run for re-election. If there are no other candidates, their names will not even appear on the ballot. If other candidates run for these seats, there could be a chance that there would be substantial election fees charged to the District. In prior years, while we have budgeted election expenses, we have generally had uncontested elections and the County has not charged the District with any election expenses. Therefore I am not budgeting for this item in FY 2025.

Dues and Subscriptions include our membership in the healthcare leadership forum, Adaptive Business Leaders (ABL) at \$3500 per year and our \$500 membership in the Alameda Chamber of Commerce Larger memberships are budgeted separately including the Association of California Health Care Districts (ACHD) for \$8111.

District Marketing and Promotions – I am recommending engaging the firm of Vox Populi on a six month retainer of \$12,000 per month to develop a communications strategy. This however will be covered a project related

Donations. We have customarily provided donations to AHS, the Alameda Hospital Foundation and Chamber of Commerce events each year. \$12,000 is budgeted in FY 2024 for support of these and other smaller community events.

Community Paramedicine Program: I am proposing that the District discontinue financial support for the AFD CARE program in FY 2025. In checking with Chief Luby, the program has received substantial support from State and Federal sources. It continues to be a very important service for the Alameda community.

In summary, the District Use of Funds are budgeted for FY 2025 at \$2,119,261 of course an increase over FY 2024 levels largely due to the extraordinary Project related expenses. Once again, the District will pass along \$1,493,405 in estimated reimbursement for past project expenses after financing to AHS.

Overall, in FY 2025 there will be an available \$5,474,144 available for transfer to AHS after District use of funds, which will be reduced by one payment on the COP in February, 2025 of \$428,000, leaving a projected cash payment to AHS of \$5,046,144 in FY 2025. In subsequent years, there will be two loan payments in each year of roughly the same amount, \$428,000 in February and August of each calendar year.

Jaber Properties Budget

The draft FY 2025 budget for the Jaber properties remains quite consistent with prior year budget and actual projected expenses for FY 2024 The net revenue (\$225,000) over expenses (\$113,160) is budgeted at \$116,840

We are projecting a slightly higher revenue in FY 2025 than the prior year due to the protracted vacancy we experienced last year.

We have also budgeted a slight increase in maintenance expenses due to the age of the properties.

The Jaber budget should still be considered in draft form. Some expenses may vary if the District decides to change property management companies in FY 2025. In addition, we will need to develop a capital budget plan for FY 2025 based on the recent inspection reports of Pearl street. This will be discussed further at the June

and July Board meetings.

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
REVENUE AND OTHER SUPPORT:						
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
NET PARCEL TAX REVENUE	5,900,000	5,900,000	\$6,056,410	\$3,034,070	\$6,068,140	\$6,100,000
PROJECTED REIMBURSEMENT FROM COP						\$1,493,405
TOTAL REVENUE						\$7,593,405
EXPENSES:						
EXECUTIVE DIRECTOR PROFESSIONAL FEES	173,000	175,433	\$185,000	\$101,342	\$201,170	\$240,000
REGISTRY (EXECUTIVE ASST) .5 FTE (1000 HRS)	56,000	84,246	\$110,000	\$54,680	\$10,960	\$112,000
PROFESSIONAL FEES	384,800	0	286,100	181,026	955,700	766,100
Accounting CHW LLP	18,200		\$18,500	\$7,800	\$17,600	\$17,600
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	\$728,000	\$75,000
LEGAL	50,000		\$75,000	\$71,560	\$188,000	\$75,000
PRROJECT/ISSUANCE COSTS THRU AUG 2024						\$575,900
ANNUAL INDEPENDENT AUDIT	14,000	14,000	\$16,000	\$12,930	\$12,930	\$11,500
OFFICE SUPPLIES	4,000	6,150	\$2,000	\$9,986	\$10,000	\$10,000
OFFICE EXPENSES	13,000	4,100	9,660	\$4,548	\$10,000	\$11,000
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			
REPAIR & MAINTENANCE	1,000	249	\$500	\$1,900	\$1,900	\$1,000
LEASE 888 WILLOW/1402 Park Street)	21,420	20,430	\$20,429	\$11,466	\$22,466	\$23,000
UTILITIES (Water, garbage, Electric)	0	2,479	\$0	\$0	\$0	\$0
INSURANCE	126,166	125,911	152,946	90,177	\$170,701	213,265
Crime (ACIP)	1,528		\$1,678		\$1,532	\$1,685

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
D & O ISLIP)	20,034		\$22,054		\$21,371	\$24,577
Property (HARPP)	104,604		\$129,214		\$142,463	\$181,056
Deadly Weapons					\$5,335	\$5,947
DEPRECIATION & AMORTIZATION	153,000	131,746	\$153,000	\$65,499	\$130,998	130,998
INTEREST	50,000	66,975	\$38,348	\$24,061	\$47,753	\$48,000
NET/TOTAL REVENUE LESS EXPENSES	10,000	8,691	\$15,000	\$8,029	\$9,000	\$10,000
OTHER EXPENSES	533,571	288,007	296,571	12,000	309,460	75,500
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	\$0
TOTAL EXPENSES	1,539,957	928,417	1,285,554		1,893,038	1,652,363
REVENUE less TOTAL EXPENSES	4,360,043		4,770,856		4,175,102	\$5,941,042
DISTRICT USE OF FUNDS:						
Total Expenses	1,539,957		1,285,554		1,893,038	2,228,263
less DEPRECIATION	153,000		\$153,000		\$130,998	\$130,998
PRINCIPAL ON NOTE	35,000		21,984		\$22,248	\$21,996
DISTRICT USE OF FUNDS	1,421,957		1,154,538		1,784,288	2,119,261
AVAILABLE BALANCE FOR TRANSFER TO AHS						
NET REVENUE	5,900,000		\$6,056,410		\$6,068,140	\$7,593,405
LESS: DISTRICT USE OF FUNDS	1,421,957		\$1,154,538		1,784,288	\$2,119,261
AVAILABLE BALANCE FOR TRANSFER TO AHS	4,478,043		4,901,872		4,283,852	5,474,144
FIRST PAYMENT ON COP INTEREST/PRINCIPAL						\$428,000
PROJECTED PAYMENT TO AHS						\$5,046,144

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
REVENUE						
RENTS	\$225,000	\$191,822	\$215,000	\$137,761	\$215,000	\$225,000
OTHER REVENUE	\$1,500		\$5,000		\$5,000	\$5,000
TOTAL REVENUE	\$226,500	\$191,822	\$215,000	\$137,761	\$220,000	\$230,000
EXPENSES						
REPAIRS & MAINTENANCE	\$20,000	\$24,480	\$25,000	\$15,390	\$23,085	\$27,000
UTILITIES	\$10,000	\$12,341	\$12,000	\$7,275	\$10,913	\$12,000
INSURANCE	\$9,000		\$7,500		\$7,443	\$7,760
DEPRECIATION	\$37,400	\$37,400	\$37,400	\$24,933	\$37,400	\$37,400
OTHER EXPENSES		\$1,993		-\$1,187	-\$1,187	
Management Fee	\$10,000	\$9,651	\$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
TOTAL EXPENSES	\$101,400	\$85,865	\$109,900	\$53,704	\$103,593	\$113,160
NET REVENUE OVER EXPENSES	\$125,100	\$105,957	\$105,100	\$84,057	\$116,408	\$116,840

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

FROM: Mario Harding, CAO, Community Hospitals
Chris Adams, VP of Patient Care Services, Community Hospitals
Elizabeth Mahler, MD, ACO, Community Hospitals

DATE: May 31, 2024

SUBJECT: FY23 & FY24 Jaber Fund Equipment Funding Allocation

As follow-up to the March 2024 City of Alameda Health Care District Board of Director Meeting, we are providing a recommendation for the use of the Jaber Funds from FY 23 and FY24 in the amount of \$124,796.00. The equipment meets the guidelines of the Jaber Will as stated below and allows for an upgrade to the current 16 Zoll defibrillators to align functionality with those used at all other AHS hospitals.

Total Funds Available	\$124,796.00
Defibrillators (9)	\$124,796.00
Total	\$124,796.00
Remaining Funds	0.0

“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.”

Zoll R-Series ALS Defibrillators with expansion pack



Zoll R Series ALS Defibrillator with Expansion Pack and OneStep Pacing, now makes code-readiness possible for every hospital department, with advanced, cost-effective solutions for resuscitation.

Only one therapy cable is needed for defibrillation, cardioversion, and pacing. The OneStep™ Complete Resuscitation Electrode has built-in 3 leads in the pad, eliminating those extra steps if the patient needs to be paced immediately after resuscitation.

The Real CPR Help used to coach to the proper compression rate and depth during CPR as well as See-Thru CPR to minimize pauses during CPR compressions. It's the only monitor/defibrillator that recognizes the OneStep Pediatric electrode and automatically lowers the energy setting to 50J to prevent an accidental overdose of energy, and the unique pediatric algorithms that allow proper analysis of arrhythmias for younger patients.

Ready as the R Series conducts an automated self-test once a day. No need to do manual testing. Simply verify the green check mark is present during your shift check. ZOLL's patented external pacing allows superior capture at lower mean thresholds, reducing muscle artifact and ensuring more patient comfort and tolerance.

Total Funding Request for Zoll R-Series ALS Defibrillators with expansion pack: \$124,796.00

June 10, 2024

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

**From: Debi Stebbins
Executive Director**

RE: Partial Distribution of FY 2024 Parcel Tax

Recommendation:

That the District authorize the partial distribution of the FY 2024 Parcel Tax to AHS in the amount of \$3,100,000.

Background:

The purpose of this memorandum is to recommend a partial distribution of the FY 2024 parcel taxes to AHS. In addition, an explanation is provided of how the flow of funds will occur after the first tranche of COP financing, which financing is planned to occur in August, 2024. In addition, a summary is provided of the project and financing related expenses incurred by the District between 2022 to May, 2024 as well as additional project and financing expenses projected between June, 2024 and August, 2024. Finally, this memorandum explains how reimbursement of project costs incurred before the first COP financing tranche will be reimbursed at closing and will flow back to the District and then be distributed to AHS.

There are two sources of funds that will flow to the District through our Trustee, US Bank:

1. Parcel Tax Revenue –

The parcel tax revenue will be directed from the County through US Bank to the District instead of directly to the District after the COP financing. The parcel tax revenue will continue to be received largely in two primary batches in April and December with a much smaller receipt of parcel taxes in August.

The parcel tax revenue will be used to service the COP loan as well as cover the operational expenses of the District. Any excess parcel tax revenue over the COP debt service payments and operational expenses will be distributed to AHS

in accordance with the JPA amendment. In contrast to the last couple of years when the District has financed the major portions of planning for the seismic retrofit project, there should be no significant District expenditures that relate to the project after August, 2024. The first COP debt service payment is due from the parcel taxes in February 2025 and is estimated at \$428,000 including interest and principal on a 35 year COP. Thereafter, semi-annual payments of approximately the same amount will be due each year in August and February.

2. COP Loan Proceeds –

The first tranche of COP financing is projected to occur in the amount of **\$13.5 million** in August, 2024. Out of that tranche, the District will request reimbursement for project and financing related expenses incurred between 2022- June, 2024, which total **\$916,496** (see Exhibit A) and projected **project and financing related expenses between July, 2024 and-August, 2024, currently estimated at \$575,909** (see Exhibit B). Note that only **actual** expenses leading up to the first tranche of the COP financing will be reimbursed from COP proceeds through US Bank.

At that point, the District will direct the reimbursement of total project and financing related expenses incurred prior to the COP financing, estimated at **\$1,493,405** (includes **\$916,496** paid by the District through June, 2024 and **\$576,909** projected to be paid by the District in July and August, 2024) , to AHS since those parcel tax funds used to pay these project and financing related costs, in the absence of project and financing related expenditures, would have been distributed to AHS.

Thereafter any project related expenses will be paid directly to vendors by US Bank based on monthly requisitions submitted by the District and approved by AHS. In accordance with the JPA amendment, AHS will review all requisitions for payment to vendors prior to submission for payment to US Bank.

Exhibit A: Actual Project & Issuance Expenses from 2022-June, 2024

Month, Year	LEGAL	CONSULTANTS								
	DRISCOLL	RATCLIFF	MJM Advocacy	HICKS	PORTER CONSULTING	FUGRO GEOTECH	GPRS	VOX POPULI	BB&K LEGAL	TOTAL EXPENSES FY2022- 24
FY 2024										
1-Jul	\$7,778									
23-Aug	\$6,825									
23-Sep	\$12,075			\$22,645						
23-Oct	\$10,080									
23-Nov				\$10,606						
2-Dec	\$15,800	\$32,915	\$15,000							
	\$19,005									
24-Jan	\$11,865	\$31,090	\$15,000	\$7,406						
24-Feb	\$17,519	\$35,973	\$15,000							
24-Mar	\$21,175	\$25,280	\$15,000	\$24,375						
24-Apr	\$21,798		\$15,000							
24-May	\$24,200		\$15,000	\$18,375	\$29,000					
24-JUN (PROJECTED)		\$40,000	\$15,000		\$32,000	\$48,000	\$14,400	\$12,000	\$25,000	\$186,400
FY 2023		\$40,974	\$15,000	\$33,251						
FY 2022		\$145,056								
Project AND ISSUANCE EXPENSES 2022-2024	\$168,120	\$351,288	\$120,000	\$116,658	\$61,000	\$48,000	\$14,400	\$12,000	\$25,000	\$916,466

Exhibit B: Projected Project & Issuance Expenses June-August 2024

PROJECT EXPENSES July - August 2024				
		Paid by	Paid by	
		District	Trustee	Total
Ratcliff	Seismic Project	\$80,000		
Fugro	Geotech	\$96,000		
MJM	Advocacy	\$30,000		
Driscoll	Genl Counsel	\$40,000		
Hicks	Financial Advisor	\$67,500		
PR Consultant	Communications	\$24,000		
Porter	Project Manager	\$80,000		
Ratcliff Oper	Operational Des	\$70,000		
GPRS	Utility Scanning	\$14,400		
BB & K Legal	Const Legal	\$50,000		
Piper Sandler	Under/place Counsel		\$60,750	
Pierson Ferdinand	Under Counsel		\$30,000	
Quint	Bond Counsel		\$40,000	
CSCDA	Conduit Issue		\$7,000	
McMunchie Law	Con issue Counsel		\$3,000	
US Bank	Trustee		\$8,000	
Dorsey & Whitney	Trustee Counsel		\$3,000	
Financial Printing	Printing		\$3,000	
Moody"s	Bond Rating		\$32,000	
JWT	Auditor Consent		\$10,000	
Contingency		\$25,000		
TOTAL		\$576,900	\$196,750	\$773,650

Discussion:

There have been two parcel tax distributions to the District in FY 2024: **\$3,022,048** in December, 2023 and **\$2,714,706** in April 2024. The next anticipated distribution is usually one of a few hundred thousand in August when the County trues up their tax accounts. The current balance in the District General Operating Account is approximately **\$4,600,000**. There have been no partial distributions of parcel tax revenues yet this fiscal year in anticipation that the District was likely to incur unusual

project related expenses this year prior to a resolution of our financing plan. A partial distribution of **\$3.1 million** to AHS at this time will leave \$1.5 million to cover the projected **\$186,400** in project costs in June, 2024 and the projected **\$576,900** in project costs in July-August, 2024 before issuance of the first tranche . It also will cover approximately 7 months of routine District expenses (average \$63K per month) until the next excess parcel tax revenue is received in December, 2024, from US Bank.

June 10, 2024

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

**From: Debi Stebbins
Executive Director**

**RE: Proposal to Engage Vox Populi to Develop Communications
Strategy for District**

Recommendation: That the District Board of Directors authorize the engagement of Vox Populi and its principal, Becca Perata, to assist in the development of a communications strategy for the District relating to the seismic and operational upgrade of Alameda Hospital and to provide the community with information about the importance of Alameda Hospital, its programs and service to the community. The engagement is proposed as a monthly retainer of \$12,000 for the duration of 6 months.

Background:

Following the recent amendment to the JPA and decision to proceed with financing the seismic and operational upgrades associated with the project, I asked Becca Perata to propose assisting the District with a communication plan designed to explain the project, inform taxpayers of the basis for financing and consistency with the parcel tax statute and provide members of the community with information about the importance of the hospital and its programs to the welfare of Alameda citizens.

Attached is the proposal from Ms Perata and her firm, Vox Populi.

As discussed with President Deutsch, I am also recommending that Directors Cambra and Chen work with me as a small subcommittee of the Board to collaborate with Ms. Perata on the development and implementation of the communications plan.

A Proposal for Public Affairs Consulting Services



City of Alameda
HEALTH CARE DISTRICT



May 29, 2024

TO:

Debi Stebbins
Executive Director
Alameda Healthcare District
dstebbins@alamedahealthcaredistrict.org

FROM:

Becca Perata
Principal
Vox Populi, LLC
becca@voxpathulipr.net

RE: Proposal for Public Affairs and Communications Consulting for Alameda Hospital Seismic Retrofit

Dear Debi:

It was a pleasure speaking with you about the upcoming seismic retrofit plans for Alameda Hospital and the best way to communicate the project to the community.

As you know, I have a generational history living and working in Alameda. Over more than two decades I have managed public affairs campaigns for noteworthy projects, including the majority of redevelopment at the former Alameda Naval Base, the Alameda Food Bank's new forever home, and numerous economic development projects around the island. Additionally, via my local nonprofit volunteer board work, and relationships with key stakeholders locally and regionally, I am poised to support your communications and community engagement efforts.

As you well know, Alameda is a tight-knit community with active, engaged and aware residents. To continue to serve as the island's sole lifeline, Alameda Healthcare District (the District) must be transparent and maintain the trust it has built in the community as it delivers on requirements to upgrade the hospital, securing it for the future.

A few reasons Vox Populi will make an ideal partner in your effort:

- We know Alameda, and we know how to reach its residents. We have deep relationships with city and county staff, elected officials, NGOs, public agencies, community leaders, businesses and residents. And, importantly, we know how to listen for pain points and respond thoughtfully, ultimately gaining allies and neutralizing opponents.
- We are versed in the issues and how to respond. Our team is skilled at smoothly navigating through the most challenging of situations. Communicating plans, soliciting feedback and mitigating concerns early is critical to success. Vox Populi has worked with many construction managers to help message and communicate strategies to the community, particularly adjacent neighbors with legitimate concerns about impacts to their surroundings.
- We have the experience. Vox Populi has a track record of success in Alameda and throughout the East Bay on both major mixed-use construction projects, as well as working directly with hospitals, including UCSF Benioff Children's Hospital Oakland and St. Rose Hospital in Hayward.
- We offer a breadth of expertise. Our team creates and delivers on campaigns that include a combination of stakeholder outreach and community engagement, media relations, social media and government relations.

As discussed, the District is in a unique position with this effort. It will require a balance to ensure transparency in communications without unnecessarily raising concerns. Our approach should consider positioning the retrofit as securing the hospital for the future with no new taxes, while managing expectations around changes to programs and service lines.

In addition, an outreach campaign must include a separate effort tailored to the hospital's immediate neighbors that communicates a timeline, manages expectations and addresses questions and concerns. Taking time and demonstrating effort early in the process makes for a better project; one the community and the City will support.

We would look forward to being your partner in this effort and appreciate the opportunity to present the following proposal for your consideration.

Best,



Becca Perata

[Vox Populi, LLC](#)

SITUATION ANALYSIS

Alamedans are keenly aware that in the event of an emergency, Alameda Hospital is the only emergency department on the island and home to a world-class stroke center. These critical safety net services are vital to Alameda residents and community, particularly during a disaster.

Alameda Health Systems (AHS) and the District must comply with California law requiring hospitals to seismically upgrade existing buildings by 2030. And Alameda Hospital is uniquely positioned to make the upgrades without asking voters for new funding.

AHS is accountable for the delivery of quality health care services at Alameda Hospital while the District owns the buildings and is responsible for the structure, including the seismic update. The hospital's existing parcel tax allows the flexibility under capital improvements to use the funds for the required upgrades without having to close the ER. However, changes to service lines, like elective surgery, also are being considered.

OBJECTIVES

Per our conversation, I understand the District is interested in support with communicating the plans for the seismic upgrade to the public, as well as help with stakeholders, including labor. It seems the possibility of eliminating elective surgery already has raised concerns with CNA and piqued local media interest before the District has had the opportunity to shape the narrative and begin outreach.

You outlined the following goals for this effort:

- Lean into the Hospital's reputation as a good neighbor and draw on your experience in successfully managing construction projects at the site.
- Educate the community on how this use of the existing parcel tax complies with the intent of the tax and letter of the law.
- Spotlight the critical care services of the Hospital and how the mandated upgrades will secure the Hospital for Alamedans in the future.
- Ensure a plan for communicating with and responding to adjacent neighbors.

Vox Populi will work with you to develop a communications and outreach plan with materials and delivery mechanisms, augment your existing stakeholder list, and provide strategic counsel for execution.

SCOPE OF SERVICES

Vox Populi will work with the District to create a plan and timeline that achieves your objectives. This may include a mix of the following activities:

Situational Overview and Inventory

In this initial phase we will work swiftly to gather information to create an action plan. This includes:

- Initial meetings with you and your board
- Conduct inventory of existing materials, including messaging from AHS
- Researching and augmenting your stakeholder list
- Providing strategic counsel

Planning and Outreach

We will work with you to create a plan that includes a combination of outreach vehicles, including a macro plan for the community at large, and a micro-level plan for adjacent neighbors most directly impacted by construction activity. This will include:

- One-on-one meetings with key stakeholders
- Neighbor meetings
- Public/city-noticed meetings, as required
- Online and social media

Messaging & Materials

We will help the District in building a narrative for the project and developing key messages/talking points. This will lead to the development of collateral materials, including:

- Project webpage, (or updating the existing AHS seismic page), with high-level information and data collection functionality so we can capture contacts for future communications (here is an example from one of Vox's other projects, [Young Ranch Preserve](#)). This page can also be the repository for corresponding collateral, including:
 - Fact sheet
 - FAQ
 - Project Timeline
 - Relevant media stories

Media Relations

Vox Populi will advise the District on monitoring local media, NextDoor, blogs and social media for chatter about the project and develop responses as needed.

We may also add to our strategy a letter to editor or OpEd to local media about seismic plans.

FEES FOR SERVICE

A flat retainer for the scope of services outlined is \$12,000 per month for a six-month engagement, with the first two-month's retainer due upon execution of agreement. The engagement may be extended upon request.

Fees for third-party vendors, like website developers, photographers/videographers, graphic designers, advertising, or facilitation services, will be priced separately.

MEET YOUR TEAM

Becca has spent more than 30 years in communications across a range of industries, including online, telecommunications, children's health and education, land use and the energy sector. In 2001, Becca founded [Vox Populi](#), a woman-owned and operated full-service public affairs and communications firm, to help amplify the voices of people and businesses working to affect social change.

She serves as strategic advisor to non-profit organizations, start-ups and corporations. Her firm has managed community engagement, media relations, corporate communications, special events, crisis management and direct marketing for clients like UCSF Benioff Children's Hospital Oakland, the Oakland Zoo, St. Rose Hospital, Intersect Power, Brookfield Properties, YMCA of the East Bay, the Alameda Food Bank, and Catellus Corporation. And Becca has served as strategic advisor to the Gap, Inc. and eBay.

Previously, Becca was vice president of corporate communications for Women.com — a top 50 online media company owned by Hearst Media. She also held internal communications positions with SBC/Pacific Bell (now AT&T), Beyond.com and Sun Microsystems. Becca has worked as a media relations director for political campaigns and served as a communications consultant, fundraiser, writer and volunteer for statewide and local ballot measures and initiatives.

Becca received a B.A. in Communications from the University of San Francisco and was named among the top communications professionals by *PRWeek*. Her volunteer board work includes:

- Member, Mayor's Economic Development Advisory Panel for the City of Alameda
- Board member, East Bay EDA
- Board member, Alameda Chamber & Economic Alliance and chair of the Economic & Government Affairs Committee
- Honorary board member and volunteer, Alameda Meals on Wheels
- Community advisory board member, Rhythmix Cultural Works
- Leadership Council member, Friends of the Alameda Animal Shelter
- Past executive board member of the Oakland Jobs and Housing Coalition



Becca Perata
Founder & Principal

MEET YOUR TEAM

An East Bay native, Lisa Revelli is a communications professional with nearly 20 years of experience leading public relations programs for Meta, Ubisoft, DeNA, Fleishman-Hillard, and Bay Area nonprofits George Mark Children's House and Oakland Parents Literacy Project. Passionate about human interest storytelling and clearly communicating a company's mission, she excels at content development, community building, building advocate programs, advising leaders, corporate communications, social media marketing, employee communications, product launches, writing and editing. More information on her professional background can be found in her [LinkedIn profile](#).



Lisa Revelli
Consultant

Megan joined Vox Populi in 2015 as a strategic consultant specializing in online marketing and social media strategy for its clients.

Megan is currently co-owner and managing partner of [SanMan Productions](#), an Alameda-based event planning business servicing clients in the luxury lifestyle category since 2006. Megan also assists with producing annual non-profit galas, including Friends of the Alameda Animal Shelter, Olympic Club Foundation, Francis Ford Coppola's North Beach Citizens, Telegraph Hill Neighborhood Center, Success Center San Francisco, City Youth Now, Alameda Point Collaborative, and Alameda County Meals on Wheels.

Previously, Megan has over 10 years experience in human resources management and executive assisting for the San Francisco region corporate office of Toyota Motor Sales and for Watson Wyatt Worldwide, an HR benefits and consulting firm in San Francisco.



Megan Marshall
Consultant

RESOLUTION NO. 2024-3

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE

DISTRICT STATE OF CALIFORNIA

* * *

EXTENSION OF SPENDING AUTHORITY

WHEREAS, on June 10, 2024, the District adopted the Fiscal Year Ending June 30, 2024, Operating Budget;

WHEREAS, Per the Joint Powers Agreement (JPA) between the District and Alameda Health System (“AHS”) Section 2.2 Parcel Tax Revenue, *“District shall be permitted to withhold and retain, from the Parcel Tax Revenue an amount equal to the reasonable out-of-pocket costs and expenses actually incurred by District for its statutorily required operations, including without limitation expenses of administrative, legal and accounting services, cost of elections, meetings, strategic planning, insurance, administration and collection of the parcel tax, and payment of legal obligations, if any (known or unknown), unrelated to the administration and operation of Alameda Hospital ("District Expenses"); provided, however, that in no event shall the amounts withheld and retained by District in accordance with the foregoing exceed what is reasonably required for such District Expenses during any fiscal year without the prior written approval of AHS.”*

WHEREAS, AHS has not provided written approval of the operating budget and has requested to meet with the President of the Board to discuss the details of the Operating Budget.

WHEREAS, it is recommended that the Board of Directors authorize an extension of spending authority through August 31, 2025, at the current FY 2024-2025 operating budget levels;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District, that the District hereby authorizes that, until further action is taken specifying otherwise, the City of Alameda Health Care District will continue to utilize its spending authority approved by the District Board on June 10, 2024, until such time that AHS provides written approval of the operating budget.

PASSED AND ADOPTED on June 10, 2024, by the following vote:

YES:

NOES:

ABSTENTION:

ABSENT:

Robert Deutsch, MD
President

Stewart Chen, DC
Secretary

RESOLUTION NO.2023-4

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE

DISTRICT STATE OF CALIFORNIA

* * *

LEVYING THE CITY OF ALAMEDA HEALTH CARE

DISTRICT PARCEL TAX FOR THE FISCAL YEAR

2024-2025

WHEREAS, the Alameda County Local Agency Formation Commission ("LAFCo") resolved on January 10, 2002, to present a ballot measure to the registered voters of the City of Alameda which, if approved, would authorize the formation of the new health care district within the boundaries of the City of Alameda and authorize the District to levy a parcel tax of up to \$298.00 on each parcel and possessory interest within the proposed district; and

WHEREAS, on April 9, 2002, over two-thirds of the registered voters of the City of Alameda, who voted that day, voted in favor of creating a health care district authorized to tax each parcel and possessory interest within the district's boundaries in an amount up to \$298.00 per year in order to defray ongoing hospital general operating expenses and capital improvement expenses; and

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

WHEREAS, on November 26, 2013, Alameda Health System ("AHS") and the District executed a Joint Powers Agreement ("Agreement") pursuant to (i) Chapter 5 (beginning with Section 6500) of Division 7 of Title 1 of the Government Code, authorizing local public entities, including healthcare districts and counties, to exercise their common powers through joint powers agreements, and (ii) Section 14000.2 of the California Welfare and Institutions Code, authorizing the integration of county hospitals with other hospitals into a system of community service; and

WHEREAS, AHS, a public hospital authority created by the Alameda County Board of Supervisors, pursuant to Section 101850 of the California Health and Safety Code, obtained possession, use and control of Alameda Hospital ("Hospital") from the City of Alameda Health Care District ("District"), a California health care district organized under the California Local

Health District Law, California Health and Safety Code 32000 et seq. effective May 1, 2014 pursuant to the Agreement; and

WHEREAS, pursuant to the Agreement the District agreed to fulfill its mission to serve the health needs of the Alameda City Community by using the parcel tax proceeds to finance the capital needs of Alameda Hospital and the continued operation of its hospital and other health related services; and

WHEREAS, without the levy of a parcel and possessory interest tax in the amount of \$298.00, the District's revenue will be insufficient to allow the provision of continued local access to emergency room care, acute hospital care and other important services to protect and promote safety and health of District residents; and

WHEREAS, the District is authorized under Section 53730.01 of the California Government Code to impose special taxes on all real property within its boundaries.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby levies an annual tax on every parcel and possessory interest within the District's boundaries in the amount of Two Hundred Ninety-Eight Dollars (\$298.00) per year (the "Parcel Tax") in order to defray ongoing hospital general operating expenses and capital improvement expenses; provided, however that parcels or possessory interests that have an assessed value (real property and improvements combined) of less than \$30,000 shall be automatically exempt from the Parcel Tax.

PASSED AND ADOPTED on June 10, 2024, by the following vote:

AYES: _____

NOES: _____

ABSENTMENTATION: _____

ABSENT: _____

ATTEST: _____

Robert Deutsch MD, President

Stewart Chen DC, Secretary

MEETING DATE: June 10, 2024

TO: City of Alameda Board of Directors

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Authorization to Execute Certification and Mutual
Indemnification Agreement

RECOMMENDATION:

It is recommended that the District Board authorize District Legal Counsel to execute the annual Certification and Mutual Indemnification Agreement between the City of Alameda Health Care District and County of Alameda.

BACKGROUND:

Each year the District Board approves and authorizes the District's Legal Counsel to execute the Certification and Mutual Indemnification Agreement from Alameda County Auditor-Controller Agency (attached). This agreement needs to be executed and returned to the Office of Auditor-Controller by the 2nd week of August 2023. The language is standard and has not significantly changed since 2002.

In 2002, both hospital counsel at the time of the Asset Transfer (Hansen Bridgett) and County Counsel confirmed that the District's Special Assessment does meet the requirements of Proposition 218, which is an updated version of Proposition 13, and that this matter had been thoroughly researched during the due diligence process before Measure A was placed on the April 2002 ballot

Certification and Mutual Indemnification Agreement

The CITY OF ALAMEDA HEALTH CARE DISTRICT (hereafter referred to as public agency), by and through its Attorney, hereby certifies that to its best current understanding of the law, the taxes, assessments, and fees placed on the 2020/2021 Secured Property Tax bill by the public agency met the requirements of Proposition 218 that added Articles XIII C and XIII D to the State Constitution.

Therefore, for those taxes, assessments and fees which are subject to Proposition 218, and which are challenged in any legal proceeding on the basis that the public agency has failed to comply with the requirements of Proposition 218; the public agency agrees to defend, indemnify and hold harmless the County of Alameda, its Board of Supervisors, its Auditor-Controller/Clerk-Recorder, its officers and employees.

The public agency will pay any final judgment imposed upon the County of Alameda as a result of any act or omission on the part of the public agency in failing to comply with the requirements of Proposition 218.

The County of Alameda, by and through its duly authorized agent, hereby agrees to defend, indemnify and hold harmless the public agency, its employees, agents and elected officials from any and all actions, causes of actions, losses, liens, damages, costs and expenses resulting from the sole negligence of the County of Alameda in assessing, distributing or collecting taxes, assessments and fees on behalf of the public agency.

If a tax, assessment or fee is challenged under Proposition 218 and the proceeds are shared by both the public agency and the County of Alameda; then the parties hereby agree that their proportional share of any liability or judgment shall be equal to their proportional share of the proceeds from the tax, assessment or fee.

The above terms are accepted by the public agency, and I further certify that I am authorized to sign this agreement and bind the public agency to its terms.

CITY OF ALAMEDA HEALTH CARE DISTRICT

COUNTY OF ALAMEDA

Dated: June 10, 2024,

Dated: _____

By: _____
(Signature)

By: _____
(Signature)

Thomas L. Driscoll

(Print Name)

(Print Name)

General Counsel

(Print Title)

President of the Board of Supervisors
County of Alameda, California

(Print Title)

Approved as to Form:

Farand C. Kan
Deputy County Counsel