



PUBLIC NOTICE  
BOARD OF DIRECTORS OPEN SESSION AGENDA

MONDAY, JANUARY 13, 2025 @ 5:30 PM

LOCATION : CONFERENCE ROOM A

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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,<br>President       |
| II. Roll Call                                     | Alixandria Williams,<br>District Clerk |
| III. General Public Comments                      |  |
| <b>IV. ADJOURN INTO EXECUTIVE CLOSED SESSION</b>  |  |
| A. Report on Health Care Trade Secrets            | Health and Safety Code<br>Sec. 32106   |
| B. Litigation                                     | Government Code Sec.<br>54956.9        |
| <b>V. RECONVENE TO OPEN SESSION/ ACCOUNEMENTS</b> |  |

**OPEN SESSION AGENDA**

- |   |  |
|---|--|
| I. Call to Order                                  | Dr. Robert Deutsch,<br>President       |
| II. Roll Call/ General Public Comments            | Alixandria Williams,<br>District Clerk |
| <b>A. YTD AHS REPORTS</b>                         |  |
| 1. Alameda Hospital Operations Update TBD         | Chris Adams,<br>VP Patient Care        |
| 2. AH Financial Update<br>ENCLOSURE (Pages 4- 27) | Grace Mesina,<br>Director of Finance   |



PUBLIC NOTICE

**B. DISTRICT AND OPERATIONAL UPDATES**

- |  |   |
|--|---|
| 1. President's Report/ Alameda Hospital Liaison Report                                       | Dr. Robert Deutsch, President   |
| 2. Alameda Health System Board Liaison Report  | David Sayen,<br>Chair/ Liaison AHS                                      |
| 3. Executive Director Report<br><b>ENCLOSURE (Pages 28 - 30)</b>                             | Debi Stebbins,<br>Executive Director                                    |
| 4. Seismic and Operational Upgrade Status Report<br><b>ENCLOSURE (Pages 31 - 73)</b>         | Kristen Thorson,<br>Porter Consulting                                   |
| 5. Discussion on Seismic Variance and Finance Strategies<br><b>ENCLOSURE (Pages 74 - 77)</b> | Debi Stebbins,<br>Executive Director<br>Gary Hicks,<br>Finance Advisory |
| 6. Communications Subcommittee<br><b>ENCLOSURE (Pages 78 - 82)</b>                           | Jeff Cambra,<br>Communications<br>Subcommittee                          |
| 7. Property Oversight Committee<br><b>ENCLOSURE (Pages 83 - 86)</b>                          | Jeff Cambra,<br>Property Oversight<br>Committee                         |

**C. CONSENT AGENDA**

- |  |                               |
|--|-------------------------------|
| 1. Acceptance November 12, 2024, Meeting Minutes<br><b>ENCLOSURE (Pages 87 - 91)</b>   | Dr. Robert Deutsch, President |
| 2. Acceptance of Oct. 2024 Financial Statements ,<br><b>ENCLOSURE (Pages 92 - 105)</b> |                               |

**D. ACTION ITEMS**

- |   |                               |
|---|-------------------------------|
| 1. Election of Officers and Liaison Positions<br><b>ENCLOSURE (Pages 106 - 109)</b> | Dr. Robert Deutsch, President |
| 2. True-Up Parcel Tax Distribution AHS<br><b>ENCLOSURE (Pages 110 - 112)</b>        |                               |
| 3. Calculation of Jaber Fund Distribution<br><b>ENCLOSURE (Pages 113 - 115)</b>     |                               |
| 4. Issuance of RFP for Pearl Street Shingle Replacement                             |                               |



PUBLIC NOTICE

**E. NEXT MEETING DATE / PREVIEW**

1. March 10th, 2025 @ 5:30 pm
2. Acceptance of Jan. 13th, 2025, Minutes
3. Acceptance of Dec. 2024 & Jan. 2025 Financial Statements
4. Updated Policies and Procedures

**F. GENERAL PUBLIC COMMENTS**

**G. ADJOURNMENT**





# Alameda District Board Presentation 01/13/2025



	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE			
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY	Var	% Var	
Campus: ALAMEDA												
ACUTE -----												
General Acute Days	925	1,088	-163	-15.00%	4,823	5,213	-390	-7.50%	5,484	-661	-12.10%	
General Acute Discharges	211	247	-36	-14.70%	1,067	1,185	-118	-9.90%	1,180	-113	-9.60%	
Average Daily Census	30.8	36.3	-5.4	-15.00%	31.5	34.1	-2.6	-7.50%	35.8	-4.3	-12.10%	
Average Length of Stay	4.4	4.4	0	0.40%	4.5	4.4	-0.1	-2.70%	4.6	0.1	2.70%	
Adjusted Patient Days	1,629	1,690	-60	-3.60%	8,860	8,413	447	5.30%	9,312	-452	-4.90%	
Adjusted Discharges	372	384	-12	-3.20%	1,960	1,912	48	2.50%	2,004	-44	-2.20%	
Occupancy %	47%	55%	0%	0.00%	48%	52%	0%	0.00%	54%	0%	0.00%	
Observation Equiv Days	154	19	135	712.70%	975	85	890	1047.40%	94	881	940.90%	
Total Paid FTE	610	600	-10	-1.70%	602	597	-5	-0.90%	581	-21	-3.60%	
Total Productive FTE	545	515	-31	-5.90%	524	511	-13	-2.50%	505	-19	-3.80%	
Total Adjusted Patient Days	1,629	1,690	-60	-3.60%	8,860	8,413	447	5.30%	9,312	-452	-4.90%	
Total Adjusted Discharges	372	384	-12	-3.20%	1,960	1,912	48	2.50%	2,004	-44	-2.20%	
Total Paid FTE per AOB	11.24	10.66	-0.58	-5.50%	10.39	10.85	0.46	4.20%	9.55	-0.84	-8.80%	
Worked Hours Per APD	57.4	52.2	-5.2	-9.90%	51.7	53.1	1.4	2.60%	47.4	-4.3	-9.10%	
Worked Hours Per AD	252	230	-22	-9.50%	234	234	0	0.00%	220	-13	-6.10%	
Emergency Visits	1,477	1,556	-79	-5.00%	8,123	7,718	405	5.30%	7,640	483	6.30%	
Left Without Being Seen	42	0	-42	-100.00%	217	0	-217	-100.00%	196	-21	-9.70%	
IP Surgeries	15	19	-4	-19.50%	84	113	-29	-25.50%	115	-31	-27.00%	
OP Surgeries	59	0	59	0.00%	380	0	380	0.00%	714	-334	-46.80%	
Total Surgeries	74	19	55	297.00%	464	113	351	311.30%	829	-365	-44.00%	
Total Clinic Visits	1,206	958	248	25.90%	6,442	5,356	1,086	20.30%	5,245	1,197	22.80%	
CMI Alameda MTD	1.321	1.339	-0.018	-1.30%	1.27	1.364	-0.093	-6.80%	1.363	-0.092	-6.80%	

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY	Var	% Var
<b>Campus: ALAMEDA</b>											
Total SNF & Subacute --											
SNF Patient Days	5,118	5,120	-2	0.0%	25,698	26,111	-413	-1.6%	25,602	96	0.4%
SNF Discharges	11	12	-1	-7.3%	47	61	-14	-22.3%	50	-3	-6.0%
Average Daily Census	170.6	170.7	-0.1	0.0%	168	170.7	-2.7	-1.6%	167.3	0.6	0.4%
Occupancy %	94%	94%	0%	0.0%	93%	94%	0%	0.0%	92%	0%	0.0%
Bed Holds	29	49	-20	-41.0%	230	251	-21	-8.2%	252	-22	-8.7%
Paid FTE	205	214	9	4.0%	194	211	17	8.1%	182	-12	-6.5%
<b>SNF -----</b>											
SNF Patient Days	4,108	4,110	-2	0.0%	20,819	20,962	-143	-0.7%	20,512	307	1.5%
SNF Discharges	10	11	-1	-9.1%	35	56	-21	-37.5%	47	-12	-25.5%
Average Daily Census	136.9	137.0	-0.1	0.0%	136.1	137.0	-0.9	-0.7%	134.1	2.0	1.5%
Occupancy %	94%	94%	0%	0.0%	93%	94%	0%	0.0%	92%	0%	0.0%
Bed Holds	21	46	-25	-54.3%	187	238	-51	-21.4%	239	-52	-21.8%
Paid FTE	151	158	7	4.4%	141	156	15	9.6%	128	-13	-10.2%
<b>Subacute -----</b>											
SNF Patient Days	1,010	1,010	0	0.0%	4,879	5,149	-270	-5.2%	5,090	-211	-4.1%
SNF Discharges	1	1	0	0.0%	12	5	7	140.0%	3	9	300.0%
Average Daily Census	33.7	33.7	0.0	0.0%	31.9	33.7	-2	-5.2%	33.3	-1.4	-4.1%
Occupancy %	96%	96%	0%	0.0%	91%	96%	0%	0.0%	95%	0%	0.0%
Bed Holds	8	3	5	166.7%	43	13	30	230.8%	13	30	230.8%
Paid FTE	54	56	2	3.6%	53	55	2	3.6%	54	1	1.9%

In Thousands

	MTD ACTUAL	MTD BUDGET	MTD VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
<i>Operating Revenue</i> -----						
<i>Net Patient Revenue</i>	\$9,182	\$9,080	\$102	\$48,481	\$44,349	\$4,131
<i>Capitation Revenue</i>	249	238	12	1,235	1,188	48
<i>Other Government Programs</i>	1,203	1,270	(67)	5,757	6,371	(614)
<i>Other Revenues</i>	49	84	(36)	242	422	(180)
<b>Total Revenue - All Sources</b>	<b>\$10,684</b>	<b>\$10,672</b>	<b>\$11</b>	<b>\$55,715</b>	<b>\$52,331</b>	<b>\$3,385</b>
<i>Collection %</i>	<b>16.0%</b>	<b>15.7%</b>	<b>0.3%</b>	<b>15.8%</b>	<b>15.6%</b>	<b>0.2%</b>
 <i>Operating Expenses</i> -----						
Salaries & Benefits	8,568	8,475	(93)	43,935	42,476	(1,459)
Purchased Services	576	635	59	3,216	2,994	(222)
Contracted and Allocated Physician	1,574	1,447	(127)	7,894	7,410	(484)
Materials and Supplies	949	1,104	156	4,965	5,444	479
Facilities	464	447	(17)	2,207	2,107	(101)
Depreciation	395	424	29	1,996	2,136	140
General & Administration	7	48	41	105	238	133
<b>Total Operating Expenses</b>	<b>\$12,533</b>	<b>\$12,580</b>	<b>\$47</b>	<b>\$64,319</b>	<b>\$62,806</b>	<b>(\$1,513)</b>
<b>Contribution Margin</b>	<b>(\$1,850)</b>	<b>(\$1,907)</b>	<b>\$58</b>	<b>(\$8,603)</b>	<b>(\$10,475)</b>	<b>\$1,872</b>
<b>Total FTEs</b>				602	597	(5) 
<b>Total Adj Patient Days</b>				45,761	42,843	2,918 

- Alameda District Hospital acute average daily census was 30.8 in November which is 47% occupancy
- Acute Volume and Revenue Highlights:
  - CMI is at 1.321, 1.3% below budget for the month. Generally, a higher CMI increases the expected LOS
  - LOS was at budget for the month at 4.4. PY was 4.6
  - Surgeries were at 74 in November above budget of 19.
    - All elective surgeries were relocated to San Leandro and Highland effective July 1st. The exception is pain procedures, which are the majority of the OP surgery volume. Pain procedures will be moving out of Alameda in January 2025.
    - The actual to budget variance is due to unexpectedly having pain at Alameda and delays preventing the relocation to Highland.
      - OP Surgery was above budget by 59
      - IP Surgery was below budget by 4
- Expense Highlights:
  - Productive FTEs are above budget for the month mostly due to surgery and admin.
  - Overtime, Registry and non-labor costs are all below budget for the month.

- Skilled Nursing Volume and Revenue Highlights:
  - SNF volumes were at budget for the month with only slight variances
    - Patient days were slightly below budget by 2 days due to SNF.
    - Daily Census was at budget.
    - Discharges were below budget by 1 or 7.3%.
  - Occupancy is at 94%
  - Above census budget with paid bedholds included.
- Expense Highlights:
  - Productive hours were below budget for the month for Subacute and Park Bridge
  - Overtime hours were below budget for the month for Park Bridge. South Shore SNF and Subacute were below budget for the month.
  - Registry hours and dollars were below budget for the month for Park Bridge.

- Alameda District Hospital acute average daily census runs approximately 48% occupancy; mostly admissions coming through the ED. YTD census is 31.5.
  - Med surg and Tele (58 beds)
  - ICU census (8 Beds)
  - Clinics include Wound Care Clinic & Marina Wellness Center
  
- Skilled Nursing runs at approximately 93% capacity; mostly admissions from AHS hospitals.
  - Hospital (Subacute 35 beds)
  - Park Bridge (120 beds)
  - South Shore (26 Beds)

# Appendix

## AHS Finance Committee Presentation









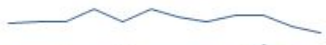










# November 2024 Financial Report Finance Committee January 8, 2025

- Favorable revenue variance due to volume and charge capture in the outpatient settings (Obvs, ED, clinics and professional fees). Charges exceeded budget by 9.1% and Adjusted Days exceeded budget by 6.8%. NPSR exceeded budget by \$6.9M.
- Unfavorable expenses variance driven by Labor costs (\$8.9M); both FTE (307) and wage rates exceeded budget. Timing variances for software license fees (\$0.8M), facility repairs (\$0.7M) and surgical supplies (\$1.0M) also contributed to the Operating expense variance.

	October 2024				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 130,565	\$ 122,354	\$ 8,211	6.7%	\$ 510,636	\$ 484,324	\$ 26,312	5.4%	\$ 471,645	8.3%
Operating expense	132,239	118,639	(13,600)	(11.5)%	512,702	482,312	(30,390)	(6.3)%	465,587	(10.1)%
<b>Operating income (loss)</b>	<b>(1,674)</b>	<b>3,715</b>	<b>(5,389)</b>	<b>(145.1)%</b>	<b>(2,066)</b>	<b>2,012</b>	<b>(4,078)</b>	<b>(202.7)%</b>	<b>6,058</b>	<b>(134.1)%</b>
Other non-operating activity	(828)	32	(860)	(2687.5)%	(1,176)	(260)	(916)	(352.3)%	(274)	(329.0)%
<b>Net Income (loss)</b>	<b>\$ (2,502)</b>	<b>\$ 3,747</b>	<b>\$ (6,249)</b>	<b>(166.8)%</b>	<b>\$ (3,242)</b>	<b>\$ 1,752</b>	<b>\$ (4,994)</b>	<b>(285.0)%</b>	<b>\$ 5,784</b>	<b>(156.1)%</b>
EBIDA adjustments	4,329	3,586	743		15,444	14,830	614		12,954	
<b>EBIDA</b>	<b>\$ 1,827</b>	<b>\$ 7,333</b>	<b>\$ (5,506)</b>		<b>\$ 12,202</b>	<b>\$ 16,582</b>	<b>\$ (4,380)</b>		<b>\$ 18,738</b>	
Operating Margin	(1.3)%	3.0%	(4.3)%		(0.4)%	0.4%	(0.8)%		1.3%	
EBIDA Margin	1.4%	6.0%	(4.6)%		2.4%	3.4%	(1.0)%		4.0%	

### November-2024

Metric	FY2025 Goal YTD	Actual YTD	YTD	Trend Lines
<b>Volume</b>				
Total Adjusted Discharges	12,814	12,565	●	
Total Adjusted Patient Days	138,960	144,213	●	
<b>Revenue Cycle</b>				
Collection Ratio	19.3%	19.4%	●	
Cash as % of Net Revenue	100.0%	98.9%	●	
Gross Days in Patient Receivables	65.0	63.2	●	
<b>Labor</b>				
Productivity %	100.1%	100.8%	●	
Registry as % of Total FTEs	3.8%	4.2%	●	
Total FTEs	4,895	5,093	●	
*Labor Cost/FTE w/o GASB	\$89,247	\$91,777	●	
<b>Profitability</b>				
Total Cost per Adjusted Discharge	\$46,892	\$50,605	●	
Total Cost per Adjusted Patient Days	\$4,324	\$4,409	●	
Net Income*	\$4,354	(\$5,038)	●	
EBIDA Margin	3.8%	2.2%	●	
NNB (Net Negative Balance)	<\$100M	-\$95,409	●	
Net Position	>\$0	-\$85,660	●	
<b>Capital</b>				
Capital Spent	\$14,447	\$5,079	●	
% of Capital Spent		35.2%		

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



	Nov-24	Budget	Variance	% Var	YTD Actual	YTD Budget	Variance	% Var	PY YTD Actual	Variance	% Var
	<b>ACUTE</b>										
Patient Days	8,403	9,815	(1,412)	-14.4%	44,156	47,294	(3,138)	-6.6%	46,672	(2,516)	-5.4%
Discharges	1,494	1,691	(197)	-11.6%	7,405	8,124	(719)	-8.9%	7,842	(437)	-5.6%
Average Daily Census	280.1	327.2	(47.1)	-14.4%	288.6	309.1	(20.5)	-6.6%	305.0	(16.4)	-5.4%
Average Length of Stay	5.6	5.8	0.2	3.4%	6.0	5.8	(0.2)	-3.4%	6.0	-	0.0%
Adjusted Patient Days	14,624	15,821	(1,197)	-7.6%	77,973	76,548	1,425	1.9%	75,993	1,980	2.6%
Adjusted Discharges	2,595	2,726	(131)	-4.8%	13,076	13,150	(74)	-0.6%	12,769	307	2.4%
CMI	1.303	1.520	(0.217)	-14.3%	1.338	1.512	(0.174)	-11.5%	1.512	(0.174)	-11.5%
Emergency Visits	8,550	8,555	(5)	-0.1%	44,965	42,171	2,794	6.6%	42,038	2,927	7.0%
Left Without Being Seen (LWBS)	5.8%	5.4%	-0.3%	-5.3%	6.9%	7.1%	0.3%	4.0%	7.9%	1.0%	14.6%
Trauma Cases	254	321	(67)	-20.9%	1,620	1,587	33	2.1%	1,542	78	5.1%
Observation Equivalent Days	547	286	261	91.3%	3,206	1,353	1,853	137.0%	619	2,587	417.9%
PES Equivalent Days	493	722	(229)	-31.7%	3,404	3,405	(1)	0.0%	3,434	(30)	-0.9%
Surgeries	608	754	(146)	-19.4%	3,803	3,863	(60)	-1.6%	3,791	12	0.3%
IP Surgeries	249	316	(67)	-21.2%	1,539	1,792	(253)	-14.1%	1,703	(164)	-9.6%
OP Surgeries	359	438	(79)	-18.0%	2,264	2,071	193	9.3%	2,088	176	8.4%
Deliveries	130	109	21	19.3%	678	606	72	11.9%	630	48	7.6%
<b>SNF</b>											
Patient Days	8,333	8,270	63	0.8%	41,895	42,177	(282)	-0.7%	41,679	216	0.5%
Discharges	18	25	(7)	-28.0%	93	127	(34)	-26.8%	112	(19)	-17.0%
Average Daily Census	277.8	275.7	2.1	0.8%	273.8	275.7	(1.9)	-0.7%	272.4	1.4	0.5%
Average Length of Stay	462.9	331.3	(131.6)	-39.7%	450.5	331.3	(119.2)	-36.0%	372.1	78.4	21.1%
Bed Holds	72	106	(34)	-32.1%	402	477	(75)	-15.7%	469	(67)	-14.3%

- Favorable revenue variance due to volume driven by Outpatient charges (17.6%) and Professional Fees (19.1%). NPSR exceeding budget by \$20.0M.
- Unfavorable expenses primarily due to both higher than planned FTE (198) and wage rates (\$30.6M).

	November 2024				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 121,655	\$ 121,242	\$ 413	0.3%	\$ 632,290	\$ 605,567	\$ 26,723	4.4%	\$ 589,398	7.3%
Operating expense	123,129	118,567	(4,562)	(3.8)%	635,831	600,878	(34,953)	(5.8)%	584,082	(8.9)%
<b>Operating income (loss)</b>	<b>(1,474)</b>	<b>2,675</b>	<b>(4,149)</b>	<b>(155.1)%</b>	<b>(3,541)</b>	<b>4,689</b>	<b>(8,230)</b>	<b>(175.5)%</b>	<b>5,316</b>	<b>(166.6)%</b>
Other non-operating activity	(322)	(74)	(248)	(335.1)%	(1,497)	(335)	(1,162)	(346.9)%	(396)	(277.8)%
<b>Net Income (loss)</b>	<b>\$ (1,796)</b>	<b>\$ 2,601</b>	<b>\$ (4,397)</b>	<b>(169.1)%</b>	<b>\$ (5,038)</b>	<b>\$ 4,354</b>	<b>\$ (9,392)</b>	<b>(215.7)%</b>	<b>\$ 4,920</b>	<b>(202.4)%</b>
EBIDA adjustments	3,416	3,689	(273)		18,860	18,517	343		16,704	
<b>EBIDA</b>	<b>\$ 1,620</b>	<b>\$ 6,290</b>	<b>\$ (4,670)</b>		<b>\$ 13,822</b>	<b>\$ 22,871</b>	<b>\$ (9,049)</b>		<b>\$ 21,624</b>	
Operating Margin	(1.2)%	2.2%	(3.4)%		(0.6)%	0.8%	(1.4)%		0.9%	
EBIDA Margin	1.3%	5.2%	(3.9)%		2.2%	3.8%	(1.6)%		3.7%	

- Gross patient service revenue is unfavorable driven by overall lower volumes and inpatient services.
  - Discharges and Inpatient days were below budget and LOS improved slightly at 5.6.
  - CMI below budget by 14.3% indicating lower complexity of patients and services.
  - Trauma 20.9% below budget. Inpatient surgery 21.2% below budget.
  - Observation exceeded budget at HGH, SLH, and AH.
  - ED visits approximated budget, Outpatient surgery unfavorable 18.0%.
  - SNF discharges below budget by 28.0%; census favorable by 0.8%.
- NPSR Collection ratio YTD slightly ahead of budget.
  - Commercial Payer Mix below budget for month (1.4%) and YTD (0.3%).
  - FY2024 cost reports settlements improved collection ratio by 0.5% in November.

	November 2024				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 195,623	\$ 218,898	\$ (23,275)	(10.6)%	\$ 1,049,764	\$ 1,097,240	\$ (47,477)	(4.3)%	\$ 1,039,227	1.0%
Outpatient service revenue	126,911	119,301	7,611	6.4%	709,851	603,576	106,275	17.6%	579,424	22.5%
Professional service revenue	41,877	37,092	4,784	12.9%	206,537	173,408	33,129	19.1%	167,794	23.1%
Gross patient service revenue	364,411	375,291	(10,880)	(2.9)%	1,966,151	1,874,224	91,927	4.9%	1,786,446	10.1%
Deductions from revenue	(291,731)	(302,765)	11,034	3.6%	(1,584,162)	(1,512,238)	(71,924)	(4.8)%	(1,444,881)	9.6%
<b>Net patient service revenue</b>	<b>72,680</b>	<b>72,526</b>	<b>154</b>	<b>0.2%</b>	<b>381,989</b>	<b>361,986</b>	<b>20,004</b>	<b>5.5%</b>	<b>341,565</b>	<b>(11.8)%</b>
Collection % - NPSR	19.9%	19.3%	0.6%		19.4%	19.3%	0.1%		19.1%	
Capitation and HPAC	4,630	4,136	493	11.9%	23,016	20,682	2,335	11.3%	20,060	14.7%
Other government programs	39,664	40,060	(396)	(1.0)%	201,577	200,300	1,277	0.6%	204,675	(1.5)%
Other operating revenue	4,681	4,520	161	3.6%	25,709	22,599	3,110	13.8%	23,098	11.3%
<b>Total operating revenue</b>	<b>\$ 121,654</b>	<b>\$ 121,242</b>	<b>\$ 412</b>	<b>0.3%</b>	<b>\$ 632,292</b>	<b>\$ 605,566</b>	<b>\$ 26,725</b>	<b>4.4%</b>	<b>\$ 589,397</b>	<b>7.3%</b>

- Other government programs approximate budget for the month. YTD, favorable from FEMA revenue (\$2.4M) offset by SNF Supplemental FY2020 recoupment (\$1.3M). So far, AHS has received FEMA COVID recovery totaling \$3.4M.
- Other operating revenue approximate budget for month. YTD, higher retail pharmacy receipts (\$3.5M), grant revenue (\$1.4M) offset by timing differences in other operating revenue.

	November 2024				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	72,680	72,526	154	0.2%	381,989	361,986	20,004	5.5%	341,565	(11.8)%
Capitation and HPAC	4,630	4,136	493	11.9%	23,016	20,682	2,335	11.3%	20,060	14.7%
Medi-Cal Waiver	8,957	9,289	(332)	(3.6)%	46,349	46,446	(97)	(0.2)%	42,960	7.9%
Measure A and parcel tax	12,785	12,785	(0)	(0.0)%	63,927	63,927	(0)	(0.0)%	69,338	(7.8)%
Supplemental Programs	17,921	17,986	(64)	(0.4)%	91,301	89,928	1,373	1.5%	92,376	(1.2)%
<b>Other government programs</b>	<b>39,664</b>	<b>40,060</b>	<b>(396)</b>	<b>(1.0)%</b>	<b>201,576</b>	<b>200,300</b>	<b>1,276</b>	<b>0.6%</b>	<b>204,675</b>	<b>(1.5)%</b>
Grant Revenue	1,116	986	130	13.1%	6,288	4,932	1,357	27.5%	6,079	3.4%
Other Operating Revenue	3,565	3,533	32	0.9%	19,420	17,667	1,753	9.9%	17,019	14.1%
<b>Other operating revenue</b>	<b>4,681</b>	<b>4,520</b>	<b>161</b>	<b>3.6%</b>	<b>25,709</b>	<b>22,599</b>	<b>3,110</b>	<b>13.8%</b>	<b>23,098</b>	<b>11.3%</b>
<b>Total operating revenue</b>	<b>\$ 121,654</b>	<b>\$ 121,242</b>	<b>\$ 412</b>	<b>0.3%</b>	<b>\$ 632,290</b>	<b>\$ 605,566</b>	<b>\$ 26,724</b>	<b>4.4%</b>	<b>\$ 589,397</b>	<b>7.3%</b>



- Physician contract services unfavorable with largest negative variance in Psychiatry. YTD, unfavorable with the largest variances in Psychiatry, OMFS, and Medical Oncology.
- Purchased services favorable from management consultants (\$0.3M), outside medical services (\$0.3M) offset by unfavorable software licenses (\$0.4M). YTD, unfavorable from software licenses (\$1.1M), security (\$0.5M), emergency food/shelter (\$0.4M) offset by favorable management consultants (\$0.9M), billing/collection fees (\$0.5M), and outside medical services (\$0.3M).
- Material and supplies unfavorable from pharmaceuticals (\$0.8M), other medical supplies (\$0.6M) offset by favorable medical equipment (\$0.2M). YTD, unfavorable from retail pharmaceuticals (\$2.1M), other pharmaceuticals (\$1.4M), non-medical supplies (\$1.2M), and surgical/medical supplies (\$0.8M). The retail pharmacy has a positive margin.

	November 2024				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 90,574	\$ 85,664	\$ (4,910)	(5.7)%	\$ 467,426	\$ 436,862	\$ (30,564)	(7.0)%	\$ 421,107	(11.0)%
Physician contract services	3,450	3,358	(92)	(2.7)%	18,295	16,791	(1,504)	(9.0)%	17,976	(1.8)%
Purchased services	8,498	8,745	247	2.8%	41,935	41,625	(310)	(0.7)%	43,615	3.9%
Materials and supplies	12,250	11,041	(1,209)	(11.0)%	63,175	57,710	(5,465)	(9.5)%	57,652	(9.6)%
Facilities	2,768	3,591	823	22.9%	15,601	16,940	1,339	7.9%	16,248	4.0%
Depreciation and amortization	3,081	3,602	521	14.5%	17,297	18,119	822	4.5%	16,244	(6.5)%
General and administrative	2,508	2,566	58	2.3%	12,102	12,831	729	5.7%	11,240	(7.7)%
<b>Total operating expense</b>	<b>\$ 123,129</b>	<b>\$ 118,567</b>	<b>\$ (4,562)</b>	<b>(3.8)%</b>	<b>\$ 635,831</b>	<b>\$ 600,878</b>	<b>\$ (34,953)</b>	<b>(5.8)%</b>	<b>\$ 584,082</b>	<b>(8.9)%</b>

- Facilities favorable from lower repairs/rentals (\$0.8M). YTD, favorable due to timing of facility/equipment repairs (\$1.0M) and rental equipment (\$0.3M).
- Depreciation and amortization unfavorable for the month from additional equipment depreciation. YTD, favorable from timing of lease amortization and equipment depreciation.
- General and administrative favorable for the month and YTD from lower legal fees.

	November 2024				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 90,574	\$ 85,664	\$ (4,910)	(5.7)%	\$ 467,426	\$ 436,862	\$ (30,564)	(7.0)%	\$ 421,107	(11.0)%
Physician contract services	3,450	3,358	(92)	(2.7)%	18,295	16,791	(1,504)	(9.0)%	17,976	(1.8)%
Purchased services	8,498	8,745	247	2.8%	41,935	41,625	(310)	(0.7)%	43,615	3.9%
Materials and supplies	12,250	11,041	(1,209)	(11.0)%	63,175	57,710	(5,465)	(9.5)%	57,652	(9.6)%
Facilities	2,768	3,591	823	22.9%	15,601	16,940	1,339	7.9%	16,248	4.0%
Depreciation and amortization	3,081	3,602	521	14.5%	17,297	18,119	822	4.5%	16,244	(6.5)%
General and administrative	2,508	2,566	58	2.3%	12,102	12,831	729	5.7%	11,240	(7.7)%
<b>Total operating expense</b>	<b>\$ 123,129</b>	<b>\$ 118,567</b>	<b>\$ (4,562)</b>	<b>(3.8)%</b>	<b>\$ 635,831</b>	<b>\$ 600,878</b>	<b>\$ (34,953)</b>	<b>(5.8)%</b>	<b>\$ 584,082</b>	<b>(8.9)%</b>

- Salaries and wages (staff) unfavorable for the month and YTD. See table to right variance detail.
- Salaries and wages (physicians) were unfavorable for month and YTD. Paid FTEs exceeded plan by 17 FTE/month YTD and 10 FTE/YTD.
- Registry unfavorable for the month and YTD. Higher utilization (44 FTEs & \$0.9M/month, 27 FTEs & \$2.9M/YTD) offset by lower rates (\$0.6M/month, \$1.6M/YTD).
- Employee Benefits unfavorable from FICA (\$0.2M/month, \$2.3 YTD) and benefit plans (\$0.4M/month, \$1.8M YTD).
- ACERA unfavorable (\$0.1M/month, \$1.9M YTD) and other retirement plans(\$0.2M/month, \$1.0M YTD).

Non-physician Salaries and Wage Variance		
	Nov	YTD - Nov
<u>Rate Variance to Budget</u>		
Salaries/PTO/Holiday/Sick	\$ (354)	\$ (2,971)
Overtime	317	(2,180)
On-Call	(32)	(418)
Shift Differential	(133)	(1,404)
Other	(703)	(1,418)
Subtotal - Rate Variance	<u>(904)</u>	<u>(8,390)</u>
<u>Volume Variance to Budget</u>		
149 FTE and 161 FTE	<u>(1,768)</u>	<u>(9,682)</u>
<b>Total Variance</b>	<b><u>\$ (2,672)</u></b>	<b><u>\$ (18,072)</u></b>

	November 2024				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 55,583	\$ 52,912	\$ (2,671)	(5.0)%	\$ 284,947	\$ 266,875	\$ (18,072)	(6.8)%	\$ 258,437	(10.3)%
Salaries and wages (physicians)	10,316	9,298	(1,018)	(10.9)%	51,632	47,319	(4,313)	(9.1)%	42,141	(22.5)%
Registry	4,311	3,983	(328)	(8.2)%	21,315	20,055	(1,260)	(6.3)%	25,308	15.8%
Employee benefits (taxes, insurance)	14,032	13,446	(586)	(4.4)%	73,396	69,329	(4,067)	(5.9)%	62,598	(17.2)%
Retirement	6,332	6,025	(307)	(5.1)%	36,136	33,284	(2,852)	(8.6)%	32,623	(10.8)%
<b>Total labor costs</b>	<b>\$ 90,574</b>	<b>\$ 85,664</b>	<b>\$ (4,910)</b>	<b>(5.7)%</b>	<b>\$ 467,426</b>	<b>\$ 436,862</b>	<b>\$ (30,564)</b>	<b>(7.0)%</b>	<b>\$ 421,107</b>	<b>(11.0)%</b>
Compensation ratio	74.5%	70.7%	-3.8%		73.9%	72.1%	-1.8%		71.4%	
Paid FTEs	5,132	4,922	(210)	(4.3)%	5,093	4,895	(198)	(4.0)%	4,934	(3.2)%

### Budget Variances by Physician Specialty (in thousands)

Specialty	Current Month - Nov 2024			Year to Date		
	Salaries	Contract	Total	Salaries	Contract	Total
Radiology	(221)	(69)	(289)	(1,104)	(239)	(1,343)
ED	(49)	0	(49)	(592)	(51)	(643)
Hospitalist	(152)	(55)	(207)	(362)	(244)	(606)
Orthopedic	(86)	20	(66)	(547)	143	(403)
Psychiatry	4	(71)	(67)	90	(474)	(385)
OMFS	16	(7)	9	(41)	(330)	(371)
Cardiology	(91)	8	(82)	(386)	33	(353)
Rehab	6	(60)	(55)	(25)	(261)	(286)
Wellness Centers	(22)	33	11	(176)	(107)	(283)
Medical Oncology	0	(34)	(34)	0	(281)	(281)
General Surgery	0	(43)	(43)	0	(232)	(232)
Nephrology	(37)	(14)	(51)	(155)	(38)	(192)
Pediatrics	(21)	(2)	(23)	(153)	(7)	(159)
Hospice	(52)	0	(52)	(150)	0	(150)
Podiatry	(1)	0	(1)	(108)	0	(108)
Other	(312)	201	(111)	(605)	582	(23)
	<u>\$ (1,018)</u>	<u>\$ (92)</u>	<u>\$ (1,110)</u>	<u>\$ (4,313)</u>	<u>\$ (1,504)</u>	<u>\$ (5,817)</u>



- Days in Cash are 5.8 and higher than year-end; typically, run below 5.0 days.
- Gross AR Days increased 1.9 days and Net AR Days decreased 3.7 days. See next slide for additional detail.
- Days in Accounts Payable increased due to timing of check run. The target is 30 days. The % of AP over 60 days decreased 2.1% as the team works through the OnBase issues.
- Net Position is negative \$85.7M and deteriorated \$5.0M from June 30, 2024 reflecting YTD Net Income loss.
- Net Negative Balance is a payable of \$95.4M. NNB consists of the liquidity facility (loan) of \$122.1M offset by the restricted cash of \$26.7M; and is expected to be below the June 30, 2025 credit ceiling of \$100.0M at the end of the fiscal year.

	<u>Nov-24</u>	<u>Oct-24</u>	<u>FY 2024</u>
Days in cash	5.8	2.6	1.2
Gross days in patient receivable	63.2	61.3	69.0
Net days in patient receivable	36.4	40.1	41.1
Due from/(to) third-party payors	235,056	189,147	145,333
Due from/(to) County	28,979	71,591	24,800
Days in accounts payable	35.4	32.8	39.3
% of AP over 60 days	7.0%	9.1%	10.6%
Net position - fund balance/(deficit)	\$ (85,660)	\$ (83,864)	\$ (80,622)
Net negative balance - receivable/(payable)	\$ (95,409)	\$ (96,048)	\$ 21,227

### AR Summary - Total AR - Days

Sep 29 2024 - Dec 27 2024

Min: 62.3 Max: 68.6 Most Recent: 68.4

#### Hospital RCM

AR Days Target (Huron) = 57.0

November 2024 AR Days = 66.9



### Hospital Revenue Cycle Key Indicators

- HB AR Days increased by 1.3 days compared to prior month. October AR Days 65.5, November AR Days 66.9
- November collections were \$64.6M. Higher than monthly trend of approximately \$56.9M.
- Partnership with Cloudmed vendor to assist with clinical denials. Open referral volume is 218 accounts with an expected net of \$17.8M. Claim appeals won to date \$3.4M.
- Candidate for Billing (CFB) increased by 1.3 days. October CFB was 7.2 and November CFB ended at 8.5 days. Increase days is related to holidays (2 processing days).

### Trending Graph

### Total Active AR - Days

Sep 05 2024 - Dec 03 2024

Min: 34.4 Max: 40.7 Most Recent: 34.4

#### Professional RCM

AR Days Target (Huron) = 33.0

November 2024 AR Days = 39.5



### Professional Revenue Cycle Key Indicators

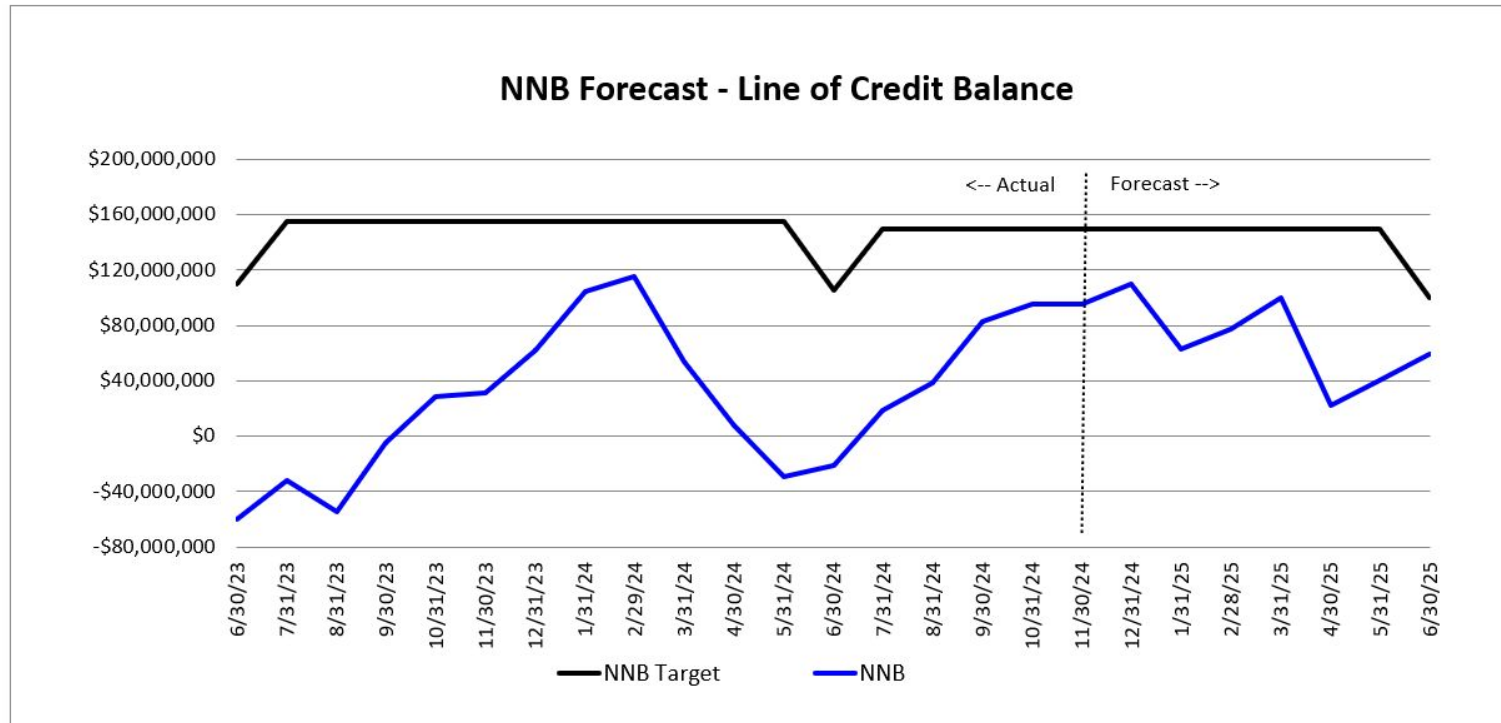
- PB AR Days increased by 1.6 days compared to prior month. October AR Days 37.9 days, November AR Days 39.5 days.
- November collections decreased to \$9.0M compared to October collections of \$11.1M. Lower than monthly trend of approximately \$9.9M.
- Enterprise CDI launched to address provider clinical documentation along with charge automation, and usage of Epic tools. Pilot project in progress with Orthopedics, Otolaryngologists, and Obstetrics & Gynecology.

- FY25 Patient collections approximately 13.4% higher than the same period in FY24.
- JGP received all FY24 payments under the FY24 interim agreement with the County (\$48.0M). Additional \$13.2M of funding is available under a recent FY24 amendment (\$62.2M).
- JGP FY25 agreement with the County (\$49.2M) was signed and the July payment was received in November for \$5.1M. As a reminder the FY23 contract was \$72.1M.

PATIENT COLLECTIONS (in thousands)							
	Behavioral Health	Epic	Total FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Jul	4,941	67,753	72,694	79,592	74,260	59,732	41,373
Aug	4,628	75,140	79,768	69,313	58,590	57,374	53,893
Sep	2,493	67,248	69,741	63,322	76,063	61,968	64,484
Oct	-	76,783	76,783	63,122	59,796	49,923	51,514
Nov	5,073	73,676	78,749	57,781	56,939	52,057	49,499
Dec	-	-	-	63,867	67,018	68,121	53,274
Jan	-	-	-	68,757	71,452	62,292	34,443
Feb	-	-	-	75,852	57,886	52,269	49,157
Mar	-	-	-	54,720	65,320	62,888	58,922
Apr	-	-	-	61,895	55,307	56,235	55,646
May	-	-	-	102,015	63,795	69,591	44,005
Jun	-	-	-	71,208	70,027	53,187	43,889
<b>Total</b>	<b>17,135</b>	<b>360,600</b>	<b>377,735</b>	<b>831,444</b>	<b>776,453</b>	<b>705,637</b>	<b>600,099</b>
<b>% change between fiscal years</b>			13.4%	7.1%	10.0%	17.6%	



- The NNB was projected to be close to inter-period maximum of \$155.0M in December.
  - Collaborative efforts with the County resulted in earlier payment of AB85 Realignment funds of \$40.0M received in December 2025.
  - AHS’s active management of capital expenditures and vendor payments.
- NNB (at 6/30/25) improved over prior month by \$14.1M.
  - Strong patient receipts.
- St. Rose funding support is not considered in forecast.



- AB85 Realignment funding moved from Feb-25 to Dec-25 based on BOS approval for partial funding on 12/10/24.
- JGP expected to receive additional FY24 funding under amendment with the County (\$13.2M). FY25 interim contract (\$49.2M) included in the forecast; accruing consistent with FY23 contract (\$72.1M)
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in bottom table as the final settlement and timing are unknown. Amounts are excluded from the forecast.

<b>Material Items Included in NNB Forecast</b>							
(in thousands)							
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-24
GPP (quarterly)	\$ -	\$ -	\$ 25,400	\$ -	\$ 25,700	\$ -	\$ -
EPP (semi-annual)							21,000
QIP							68,728
Medi-Cal Rate Range			42,700				
BHCS (JGP/Alameda County) - fy24	1,431		11,727				
BHCS (JGP/Alameda County) - fy25	4,100	4,100	4,100	4,100	4,100	4,100	4,100
HPAC		9,796			9,796		
AB85 Realignment	40,000		10,000				
	<u>\$ 45,531</u>	<u>\$ 13,896</u>	<u>\$ 93,927</u>	<u>\$ 4,100</u>	<u>\$ 39,596</u>	<u>\$ 4,100</u>	<u>\$ 93,828</u>
<b>Prior Year Reimbursement Settlements</b>							
Waiver recoupment (fy11)		\$ (4,796)	TBD				
Medi-Cal FQHC recoupment (fy08 - fy13)		(40,000)	TBD				
Physician SPA (fy08 - fy13)		(25,000)	TBD				
		<u>\$ (69,796)</u>					



January 13, 2025

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

From Debi Stebbins  
Executive Director

RE: **Executive Director Report – January 2025**

### **1. Launch of New Website and Direct Mail Flier**

In December 2024 we finalized a significant overhaul of our website. The new website will allow us to bring more clarity on the role of the District for the community, provide a vehicle for keeping residents and neighbors apprised of construction of the seismic project, while providing transparency and accessibility.

In January 2025, a direct mail flier was mailed to all registered voters in Alameda announcing the website and highlighting the District role

Many thanks to Jeff Cambra, Stewart Chen and Alix Williams for hours of excellent work that went into these projects.

### **2. Planning for 2025 Community Events**

Jeff Cambra, the communications Committee and I are working on planning for two important events in collaboration with AHS leadership: the 100<sup>th</sup> Anniversary of the opening of Alameda Hospital (originally known as Alameda Sanitorium) and participation in the 4<sup>th</sup> of July parade.

### **3. New Leadership at Alameda Hospital**

There have been leadership changes at AHS which we will hear more about at the January 13<sup>th</sup> Board meeting. Mario Harding has been promoted over all acute care hospitals. Chris Adams has relocated to manage San Leandro Hospital and St. Rose Hospital. Terrance Shaw, previously directing Ambulatory Services for the AHS system, now is the administrative leader at Highland Hospital and Alameda Hospital.

Terrance and Chris will attend the January 13 District Board meeting to discuss these changes and answer questions.

#### **4. Status of Seismic and Operational Upgrade Projects**

On the January 13 agenda, we will update the Board on the status of the seismic and operational upgrade project. The project is proceeding well but is incurring what is an estimated \$5.8 million negative variance from our original budget. We will be discussed a projected strategy for financing this variance. This includes discussions we have initiated with HCAI to potentially contain the extra requirements that are driving some of these variances.

With the help of Gary Hicks, we are in touch with Cal Mortgage, which is actually a division of HCAI, that may be an additional financing resource for financing our projects. Cal Mortgage has developed a new grant program that was originally intended to assist small, rural hospitals in meeting the seismic requirements. The source of funding grants is an excise tax on the sale of E-cigarettes in the State.

AB 869 has been introduced in the legislature which will extend the grant program to all District hospitals.

There are two aspects to the grant program: (1) smaller grants (\$50k-\$700K) which fund planning for seismic retrofit, including architectural and engineering fees, (2) larger grants, which could provide a few million dollars each to fund implementation of projects. We are exploring whether the latter could help with the current variances we are experiencing and/or new variances, such as any negative results we encounter from the moment frame testing required by HCAI.

Gary is in the process of attempting to set up a meeting with Cal Mortgage in the next couple of weeks to orient them to our project and discuss the grant program requirements.

#### **5. Updated Master Calendar – 2025 District Board Meetings**

An updated master calendar for 2025 District Board meetings is attached.



## 2025 DISTRICT MEETING SCHEDULE & MAJOR ACTION ITEMS

### MONDAY, JANUARY 13, 2025

- Approval of the Amount of Distribution Funds to AHS
- True-Up Parcel Tax Distribution for FY 2023 – 2024
- Election of Officers/ Liaison Positions

### MONDAY, MARCH 10, 2025

- Review & Approval of Partial Distribution of FY 25 Parcel Tax

### MONDAY, MAY 12, 2025

- Review & Approval of Goals/ Priorities for FY 2026
- Review & Approval of FY 25 -26 District Budget
- Review & Approval of FY 25 -26 Parcel Tax Budget
- Approval of Annual Audit Engagement for FY 2026

### MONDAY, JULY 14, 2025

- Adoption of Parcel Tax Levy Resolution
- Review of FY 25 -26 Insurance Renewals

### MONDAY, SEPTEMBER 15, 2025

- Mutual Certification & Indemnification Agreement w/ County
- Executive Director Evaluation & Contract Renewal

### WEDNESDAY, NOVEMBER 13, 2025

- Review & Approval of CY 2026 Meeting Schedule
- Recommendation to Approve True- Up Tax Distribution to AHS

Date: January 8, 2025

To: City of Alameda Health Care District, Board of Directors  
(January 13, 2025 District Board Meeting)

Cc: Deborah E. Stebbins, Executive Director

From: Kristen Thorson, Project Manager  
Porter Consulting, LLC

Subject: January 2025 Update – Seismic and Operational Upgrade Projects

## Project Update Summary

### Design Progress

The Seismic and Operational Upgrade Projects are progressing through design phase with Design Development complete and with the Construction Documents Phase anticipated to begin in January/February 2025. Financial health is stable with expenses averaging \$167,265/month since September 2024. However, several unanticipated projects have been identified which will ultimately impact the budgets, schedule and overall funding needed to meet 2030 deadlines. Discussions have occurred with the District, AHS and Gary Hicks, Financial Advisor, on options to cover the anticipated expenses going forward and are described in detail in this report. We continue to advance all projects to ensure we stay on track to meet 2030 seismic standards. While this scope was not originally contemplated, it is critical to continue to advance the work.

### Financials

#### Overall Budget Summary

Budget:	\$56,419,792.05
Total Committed:	\$4,894,976.92
Invoiced/Paid	\$1,862,217.67

**Reference Exhibit A Tables** for additional information. Approximately \$1.2M of the Invoiced / Paid are due to the “pre-construction” costs and Cost of issuance expenses that were expended by the District for planning and securing the funding for the projects.

### HCAI Compliance Update

The Annual AB1882 letter was submitted to HCAI providing an update on the status of the facilities and progress toward meeting 2030 Seismic requirements. In December, the District, AHS, Porter and Thornton Tomasetti (Structural Engineers) had a meeting with HCAI Seismic Compliance Unit (SCU) representatives. The meeting resulted in a collaborative outcome with what we feel will be continued ongoing support to ensure we look holistically at all aspects of the projects as we move forward to. Regular meetings with SCU have been scheduled bi-monthly starting in January. **Reference Exhibit B.**

### Schedule

In collaboration with the Design Team, we have updated the overall Master Compliance Schedule. It is important to note that the schedule will continue to be refined and adjusted as we move forward, and

we will track to ensure we are keeping pace to ensure we meet overall compliance dates with HCAI. In this revision to the schedule, we have adjusted to account for where we are currently and added additional details that influence timelines such as HCAI / City Permitting and Bidding / Contracting for the actual construction work. With these revisions, completion of the projects has been pushed out with the final completion date moving from CY Q1 2027 to CY Q2 2027. There will be many factors that can and will influence the schedule and we will continue to monitor, work to pick up time when and where we can and report out variances with solutions as we move forward. **Reference Exhibit C – Schedule**

### **Risks**

The project team consisting of representatives from the District, Porter Consulting, AHS and the Design Team have been tracking items that may impact the project schedules, project budget, and/or hospital operations under a Risk Log. Many of the items are “in progress” and will continue to be vetted as design advances. The Project Team meets weekly to review project status, action items, upcoming work and any issues that may arise. **Reference Exhibit D – Risk Log**

### **Next Steps/Focus**

Our primary focus over the next several months will be to advance construction documents on all projects and develop RFP’s and core bid and contract documents to be prepared to engage general contractors. The Porter Team has been reviewing options for packaging projects together or bidding them separately. While we have not finalized the approach, we are conscientious about the overall number of bid packages and potential to have multiple general contractors onsite, which is not ideal due to the facility operations and limitations on space. These projects will have a big impact on the facility, operations, and surrounding community and each project will need to be carefully orchestrated to ensure impacts are mitigated to the best of our ability.

## **NPC 4 and NPC 5 Projects (Seismic Upgrade)**

*Projects Background: NPC 4 focuses on ensuring that essential systems like water, power, and medical gas remain functional. This includes securing or reinforcing equipment, pipes, ducts, and other essential systems, primarily inside the building, to prevent them from getting damaged or becoming hazards during an earthquake. NPC 5 ensures that the building can be fully operational immediately after an earthquake with onsite supplies of water and holding tanks for sewage and liquid waste, and fuel sufficient to support 96 hours of emergency operations that are integrated into the building plumbing systems and electrical systems. New domestic water, emergency Fuel and sewer tanks will be installed under the NPC 5 Project.*

### **HCAI Compliance Update**

At the end of calendar year 2023, Alameda Health System through support from Ratcliff, Thornton Tomasetti and Cammisa + Wipf, submitted the mandatory NPC 4 and NPC 5 evaluation reports for Alameda Hospital to HCAI. These reports were a required milestone under the Seismic Standards. As of December 2024, Alameda Hospital has received feedback from HCAI on both the NPC 4 and NPC 5 Report. The Design team has been reviewing the letters to determine the next steps as the projects advance in design phase. We anticipate that there will be a coordinated response with input from design, AHS/AH and HCAI which will inform the final design documents for each project.

### **Design Progress**



The Design Team has completed its 100% Design Development (DD) Phase for both NPC 4 and NPC 5. Design Development (DD) phase documents are a detailed set of plans and specifications that serve as a bridge between the initial concept and the final construction plans, allowing the teams to see a more complete picture of the project before moving forward. They help identify potential issues early on and provide a solid foundation for the next phase of detailed construction documents

The Design Teams are currently preparing their proposals for Construction Documents through Construction Administration for each project. We anticipate receiving those proposals in January 2025 to advance for review and approval by AHS and District leadership. Porter Consulting and Ratcliff are also advancing discussions with the City of Alameda Planning Department as the NPC 5 project and SPC4D Project will need to be submitted and approved by the City in addition to HCAI plan review and approval process. **Exhibit E – NPC 4 and NPC 5 DD Plan Excerpt**

**Cost Estimate**

As part of DD phase, an update to the original cost estimates from November 2023 that supported the overall budget that secured the Certificate of Participation funding. The NPC 4 cost estimate update is complete, and NPC 5 is due in mid-January 2025. It should be noted that while the cost estimate can provide you estimate of total project cost, some projects can be more difficult to estimate due to project complexities. We believe the NPC 4 is one of those complex projects. The Cost estimate based on 100% DD came in significantly lower (>50%) than the original budget; however, we recommend keeping the original budget of \$6,258,477.58 for NPC 4. Please note that while we concur with the methodology of the cost estimator, reducing the project budget now is not financially prudent at this point in the project.

Factors that may influence the cost of overall project:

- Any potential phasing for the work was not contemplated in the DD set.
- Cost estimate assumes accessible access points to locations above ceiling for bracing and anchoring whereas some location may be more difficult than others.
- Equipment bracing and anchorage identified general details and specifications however we know that there will be revisions in CD phase to ensure that the details.

**Financials**

Financial health for the NPC 4 and NPC 5 projects remains healthy with no concerns or unanticipated expenses at this time.

Project	Budget	Committed	Actuals	Remaining (Over/Under)
NPC 4	\$ 6,258,477.58	\$ 472,690.00	\$ 232,389.00	\$ 5,785,787.58
NPC 5	\$ 8,620,799.50	\$ 646,149.00	\$ 246,944.00	\$ 7,974,650.50
<b>Total</b>	<b>\$ 14,879,277.08</b>	<b>\$ 1,118,839.00</b>	<b>\$ 479,333.00</b>	<b>\$ 13,760,438.08</b>

**SPC 4D Projects (Seismic Upgrade)**

*Project Background: This project includes structurally upgrading the Stephens and West Wing buildings to meet SPC4D seismic standards. In addition to this work, we are capturing Moment Frame Testing aka Detailed Joint Evaluation Program (South and ED Addition) and Materials Testing (Stephens and West Wing) as they related to the structural upgrades of the buildings to meet 2030 Seismic standards.*

**Design Progress**

The Design Team has completed its 100% Design Development (DD) Phase for SPC4D. Design Development (DD) phase documents are a detailed set of plans and specifications that serve as a bridge between the initial concept and the final construction plans, allowing the teams to see a more complete picture of the project before moving forward. They help identify potential issues early on and provide a solid foundation for the next phase of detailed construction documents. The structural engineers have completed significant work in this phase to find the best overall approach to the structural upgrades while taking into account hospital operations and overall cost. There are several factors that may influence the final scope of the project including the need to perform soil mitigation on the West Wing and Materials Testing of the West and potentially the Stephens Wing with the goal of performing investigative work to confirm foundations on the West Wing with the hope of not needing the soil mitigation.

The Design Teams are currently preparing their proposals for Construction Documents through Construction Administration for each project. These proposals will include resources for the anticipated Material Testing Project. This is a separate project with HCAI and will be required to be completed prior to the completion of the CD Phase and submittal of the SPC4D project to HCAI. We anticipate receiving these proposals in January 2025 to advance for review and approval by AHS and District leadership. Porter Consulting and Ratcliff are advancing discussions and planning with the City of Alameda Planning Department as the SPC4D Project will need to be submitted and approved by the City in addition to HCAI plan review and approval process. **Exhibit F – SPC 4D DD Plan Excerpt**

**Cost Estimate**

As part of DD phase, an update to the original cost estimates from November 2023 that supported the overall budget that secured the Certificate of Participation funding will be finalized in mid-January 2025. At this time for estimating and planning purposes as it relates to the additional scope of moment frame and make ready, we are recommending reducing SPC 4D budgets by \$1.1M due to a reduction in scope of the shear walls and assumption that we may not need to perform soil mitigation. While there is some risk in this, we will update the Board at it’s next meeting based on the update received in January.

Porter Consulting has also developed a budget for the Moment Frame Project and is currently tracking under the SPC Stephens Wing Project.

**Financials**

Financial health for the SPC 4D projects (Stephens Wing and West Wing) remain stable with expenses to date for both projects at \$372,660.

Project	Budget	Committed	Actuals	Remaining (Over/Under)
SPC 4D Stephens	8,883,383.00	804,797.00	199,005.00	8,078,586.00
SPC 4D West	5,905,241.00	386,295.00	173,655.00	5,518,946.00
<b>Total</b>	<b>14,788,624.00</b>	<b>1,191,092.00</b>	<b>372,660.00</b>	<b>13,597,532.00</b>

## **Moment Frame Testing / Detail Joint Evaluation Program (Seismic Upgrade)**

*Project Background: The South Building and ED Addition are currently listed at SPC3s. The “s” signifies “self reported”. During the planning for the 2030 Seismic Compliance, the District, AHS and Ratcliff understood that the facility would need to validate the SPC3 rating. During the review process with HCAI of the structural as-builts, HCAI determined that there was a need to perform Detailed Joint Evaluation on the 2 buildings. This evaluation involves the inspection and testing of the moment frame joints of the building structure.*

### **Design Progress**

Thornton Tomasetti is currently engaged as the structural Engineer of Record to develop the Detail Joint Evaluation program to submit to HCAI for review and approval as Step 1 of the process. This program identifies the locations and methodology for testing and inspection following FEMA 267 guidelines for post-earthquake evaluation. Step 2 under HCAI is to prepare and submit construction documents for the actual work of testing and inspection. This will require an Architect to support the development of the construction documents. We have looked at several Architects and recommend advancing with 19Six. This firm has recently completed a similar project at a local bay area hospital and has an extensive background in healthcare and HCAI.

We continue to work with HCAI to ensure we explore all options as there is a potential for significant impacts on hospital operations, funding for the work, and our progress towards NPC 4, NPC 5, and SPC4D compliance. The support from HCAI with our design team will be critical to mitigate risks moving forward.

### **Financials**

Porter Consulting has developed a budget for the Moment Frame Project and is currently tracking under the SPC Stephens Wing Project as noted below. This budget assumes testing 100% of required locations in both buildings.

Project	Budget	Committed	Actuals	Remaining (Over/Under)
Moment Frame Testing	\$ 2,370,200.00	\$ 338,037.00	\$ 2,408.75	\$ 2,367,791.25

## **SNF and Make Ready Projects (Operational Upgrade)**

*Project Background: Renovation of existing space on the second floor of the South Building for an 18 Bed short term skilled nursing unit, three (3) Make Ready Moves to relocate existing departments / functions from the 2<sup>nd</sup> Floor to alternate locations, and internal moves by AHS.*

### **Design Progress**

As reported in prior meetings, a Validation Study was completed to ensure the 18 beds and all of the required spaces could be accommodated on 2 South and resulted in the general layout for the new unit. Ratcliff has been given a Notice to Proceed on their proposal for Design Development – Construction Administration. We anticipate we will have kick-off meetings in the month of January 2025 with AHS to advance the design and planning for the new unit. Ratcliff is also engaged to design the three Make Ready

Projects which include Occupational/ Speech Therapy, Cardiology/Vascular and Disaster Supply Optimization. AHS is advancing a series of internal moves to relocate departments to alternate locations. **Reference Exhibit G – SNF Floor Plan**

**Cost Estimate**

As part of the Validation Study, we had TBD Consultants conduct an update to the original cost estimates from November 2023 that supported the overall budget that secured the Certificate of Participation funding. Note that the original cost estimate was based on renovation of Med/Surg Unit on the 3<sup>rd</sup> floor of the Stephens Wing. This cost estimate included an ad-alt for additional storage that we will need to meet compliance with general storage requirements for the Hospital and new SNF unit. The Cost estimate based on the schematic drawing and known details of the building including a MEP (mechanical, electrical and plumbing study) came in slightly under what was originally estimated. However, we are recommending that the budget be increased from \$25.7 M to \$27.3 M (+\$1.6M). This increase has been discussed with the District, AHS and Gary Hicks and is being accounted for in planning any additional funding needs for the projects. It is still early in the planning and design process and feel it is prudent to carry additional costs at this time.

**Financials**

Financial health for the SNF project remains stable with expenses to date at \$395,351. Budget and expenses to advance the Make Ready and any costs associated with AHS Internal moves will be tracked under the SNF.

Project	Budget	Committed	Actuals	Remaining (Over/Under)
SNF	25,751,840.22	984,309.06	395,351.04	24,235,041.22
Make Ready*	3,907,701.49	347,475.00	30,000.00	3,560,226.49
AHS Operational Moves*	445,287.50	0.00	0.00	445,287.50
	30,104,829.21	1,331,784.06	395,351.04	28,773,045.15

\*The budgets for Make Ready and AHS Operational Moves are part of the additional funding that is anticipated and outlined below.

**Summary of Additional Expenses and Need for additional Funding**

As discussed throughout this memo there are several projects that were not anticipated or planned for in the original budgets for the 2030 Seismic Upgrades and the Operational Upgrade (SNF) Projects. These include the Moment Frame, Make Ready and AHS Operational Moves. We are also estimating a slight increase in several of the projects and a decrease in SPC due to an anticipated reduction in scope. This has resulted in a need for additional funding of \$8.4 million. Porter reviewed Owner’s Contingency and identified funds that could be used to offset the additional projects expenses while still maintaining appropriate contingency levels at this point in the project. We have re-cast the cash flow to include the additional project budgets and have determined that there is sufficient cash flow to start the additional scope prior to Tranche #2 in December 2025 to keep everything moving forward with the understanding that we would have points in time to pause if there were significant impacts to scope. The District, AHS and Gary Hicks have reviewed, and Mr. Hicks will provide an update and analysis on the possibility of increasing the amount of Tranche #2 instead of seeking a third Tranche at this time.

Alameda Hospital Seismic and Operational Upgrade projects - Estimate of Costs as of 1/3/2025 with Budget Reduction from Owner Contingency			
Cost Description	Original Estimate	Current Estimate	Variance from Original +/-
Cost of Issuance	\$ 1,000,000.00	\$ 1,150,000.00	\$ 150,000.00
NPC 4 & 5 Updated Costs	\$ 14,879,277.08	\$ 16,069,619.25	\$ 1,190,342.17
NPC 4	\$ 6,258,477.58	\$ 6,759,155.79	\$ 500,678.21
NPC 5	\$ 8,620,799.50	\$ 9,310,463.46	\$ 689,663.96
SPC Updated Costs	\$ 14,788,624.75	\$ 13,605,534.77	\$ (1,183,089.98)
SNF Updated Costs	\$ 25,751,840.22	\$ 27,328,466.47	\$ 1,576,626.25
Moment Frame Testing	\$ -	\$ 2,312,600.00	\$ 2,312,600.00
Make Ready Construction Costs	\$ -	\$ 3,907,701.49	\$ 3,907,701.49
AHS Operational Moves	\$ -	\$ 445,287.50	\$ 445,287.50
	\$ 56,419,742.05	\$ 64,819,209.48	\$ 8,399,467.43
		Contingency Budget Reduction	\$ (2,565,162.92)
		Additional Funding Need	\$ 5,834,304.50

The Porter Team is available to answer questions on this report at the meeting or at anytime.



# City of Alameda Health Care District

Properties & projects Summary

Financial and Budget Summary



# City of Alameda Health Care District






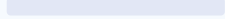




## Projects Summary

Project	Budget	Committed	Anticipated	(Over)/Under	Invoiced	Paid	WORK PAID			
<b>Cost of Issuance</b> <b>CIT-21-001</b> Alameda Hospital Costs associated with financing the COP's	\$ 1,000,000	\$ 1,000,000	\$ 0	\$ 0	\$ 558,492	\$ 558,492	WORK PAID		50% 55%	IN PROGRESS
<b>District Project 1 - NPC Upgrades</b> <b>CIT-18-003</b> Alameda Hospital NPC 4 and NPC 5 (Seismic Upgrade)	\$ 14,879,277	\$ 1,372,101	\$ 0	\$ 13,507,176	\$ 535,715	\$ 535,715	WORK PAID		17% 39%	IN PROGRESS
<b>District Project 2 - Stephens Wing (SPC)</b> <b>CIT-18-001</b> Alameda Hospital SPC 4D Projects - Stephens and West (Seismic Upgrade)	\$ 8,883,383	\$ 804,797	\$ 0	\$ 8,078,587	\$ 199,005	\$ 199,005	WORK PAID		18% 24%	IN PROGRESS
<b>District Project 3 - West Wing (SPC)</b> <b>CIT-18-002</b> Alameda Hospital SPC4D Upgrades to West Wing at Alameda Hospital	\$ 5,905,241	\$ 386,295	\$ 0	\$ 5,518,947	\$ 173,655	\$ 173,655	WORK PAID		18% 44%	IN PROGRESS
<b>District Project 4 - 2S SNF Unit (Operational Upgrad...</b> <b>CIT-18-004</b> Alameda Hospital Renovation of existing space on 2 South for an 18 Bed Skilled Nursing Unit	\$ 25,751,840	\$ 2,531,108	\$ 0	\$ 23,220,732	\$ 395,351	\$ 395,351	WORK PAID		14% 15%	IN PROGRESS
<b>Total</b>	<b>\$ 56,419,742</b>	<b>\$ 6,094,301</b>	<b>\$ 0</b>	<b>\$ 50,325,441</b>	<b>\$ 1,862,218</b>	<b>\$ 1,862,218</b>	WORK PAID		23% 30%	



# City of Alameda Health Care District

## Budget Line Summary

Budget Line	Projects	Budget	Committed	Comt vs Bud	Paid	% Complete
A & E Fees	4 Projects	\$ 3,847,080	\$ 2,151,347	\$ 1,695,733	\$ 423,938	PAID  19%
Consultants	4 Projects	\$ 890,670	\$ 781,008	\$ 109,662	\$ 510,640	PAID  65%
Cost of Issuance (COP)	1 Projects	\$ 1,000,000	\$ 1,000,000	\$ 0	\$ 558,492	PAID  55%
Equipment & Furnishings	4 Projects	\$ 4,908,860	\$ 0	\$ 4,908,860	\$ 0	PAID  0%
Hard Construction	4 Projects	\$ 32,265,722	\$ 0	\$ 32,265,722	\$ 0	PAID  0%
Inspection & Testing	4 Projects	\$ 1,129,300	\$ 0	\$ 1,129,300	\$ 0	PAID  0%
Owner Contingency	4 Projects	\$ 9,248,603	\$ 0	\$ 9,248,603	\$ 0	PAID  0%
Permits & Fees	4 Projects	\$ 967,972	\$ 411	\$ 967,561	\$ 411	PAID  100%
Project Management	4 Projects	\$ 2,161,535	\$ 2,161,535	\$ 0	\$ 368,737	PAID  17%
<b>Total</b>	<b>5 Projects</b>	<b>\$ 56,419,742</b>	<b>\$ 6,094,301</b>	<b>\$ 50,325,441</b>	<b>\$ 1,862,218</b>	PAID  30%





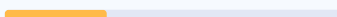




# City of Alameda Health Care District

## Budget Tag Summary

# EXHIBIT A

Budget Tag	Projects	Committed	Actuals	% Complete
Cost of Issuance (COP) - Series A	1 Projects	\$ 542,102	\$ 542,102	PAID  100%
Cost of Issuance (COP) - Series B	1 Projects	\$ 457,898	\$ 16,390	PAID  3%
Joint Evaluation	2 Projects	\$ 338,037	\$ 2,409	PAID  0%
Make Ready	2 Projects	\$ 789,375	\$ 30,000	PAID  3%
NPC 2 & SPC Verification	1 Projects	\$ 216,415	\$ 56,383	PAID  26%
NPC 4	4 Projects	\$ 472,690	\$ 232,389	PAID  49%
NPC 5	4 Projects	\$ 682,997	\$ 246,944	PAID  36%
Southwing - Medi/SNF	3 Projects	\$ 1,741,733	\$ 365,351	PAID  20%
SPC	3 Projects	\$ 853,054	\$ 370,251	PAID  43%
<b>Total</b>		<b>\$ 6,094,301</b>	<b>\$ 1,862,218</b>	PAID  30%



# Cost of Issuance

Project Details



# City of Alameda Health Care District











## Cost of Issuance Spend Detail

Project Line Items	Original Budget	Budget Adjust	Current Budget	Contract	Change Orders	Misc Costs	Total Commit	Total Invoiced	Paid	Budget v Forecast	Fcst. Mods	(Over) / Under	Remain to Complete
<b>Cost of Issuance (COP)</b>	\$ 953,884	\$ 46,116	\$ 1,000,000	\$ 1,000,000	\$ 0	\$ 0	\$ 1,000,000	\$ 558,492	\$ 558,492	\$ 0	\$ 0	\$ 0	\$ 441,508
<b>Total</b>	<b>\$ 953,884</b>	<b>\$ 46,116</b>	<b>\$ 1,000,000</b>	<b>\$ 1,000,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 1,000,000</b>	<b>\$ 558,492</b>	<b>\$ 558,492</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 441,508</b>



# City of Alameda Health Care District


## Cost of Issuance Contracts

Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
<b>G.L. Hicks Financial</b>	Financial Advisor	\$ 220,000	\$ 0	\$ 220,000	\$ 176,931	\$ 176,931	PAID  80%
<b>Piper Sandler</b>	Underwriter/Placement Agent	\$ 226,750	\$ 0	\$ 226,750	\$ 60,750	\$ 60,750	PAID  26%
<b>Pierson Ferdinand</b>	Underwriter's Counsel	\$ 75,000	\$ 0	\$ 75,000	\$ 30,000	\$ 30,000	PAID  40%
<b>Stradling, Yocca, Carlson &amp; Raut...</b>	Special/Bond Counsel	\$ 95,000	\$ 0	\$ 95,000	\$ 40,000	\$ 40,000	PAID  42%
<b>CSDA Finance Corp.</b>	Conduit Issuer	\$ 14,000	\$ 0	\$ 14,000	\$ 6,750	\$ 6,750	PAID  48%
<b>McMurchie Law</b>	Conduit Issuer Counsel	\$ 6,000	\$ 0	\$ 6,000	\$ 2,500	\$ 2,500	PAID  41%
<b>US Bank</b>	Depository Bank & Trustee	\$ 22,000	\$ 0	\$ 22,000	\$ 8,000	\$ 8,000	PAID  36%
<b>Dorsey &amp; Whitney</b>	Depository Bank Counsel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	PAID  0%
<b>Financial Printing Resource</b>	OS Printer	\$ 6,000	\$ 0	\$ 6,000	\$ 500	\$ 500	PAID  8%
<b>Moody's Investors Service</b>	Bond Rating	\$ 72,000	\$ 0	\$ 72,000	\$ 35,000	\$ 35,000	PAID  48%



# City of Alameda Health Care District

## Cost of Issuance Contracts

Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
<b>Tom Driscoll</b>	Legal Counsel	\$ 210,000	\$ 0	\$ 210,000	\$ 190,486	\$ 190,486	PAID  90%
<b>JWT &amp; Associates</b>	Auditor's Consent	\$ 20,000	\$ 0	\$ 20,000	\$ 0	\$ 0	PAID  0%
<b>Cal Muni Statistics (Tax Data)</b>	Miscellaneous	\$ 1,200	\$ 0	\$ 1,200	\$ 1,200	\$ 1,200	PAID  100%
<b>COP Contingency (Internal)</b>	COP Contingency	\$ 25,675	\$ 0	\$ 25,675	\$ 0	\$ 0	PAID  0%
<b>DAC Bond</b>	Deceminating Agent	\$ 3,000	\$ 0	\$ 3,000	\$ 3,000	\$ 3,000	PAID  100%
<b>CDIAC</b>	Reporting Fee	\$ 3,375	\$ 0	\$ 3,375	\$ 3,375	\$ 3,375	PAID  100%
<b>Miscellaneous Costs</b>				\$ 0		\$ 0	PAID  0%
<b>Total</b>	<b>16 contracts</b>	<b>\$ 1,000,000</b>	<b>\$ 0</b>	<b>\$ 1,000,000</b>	<b>\$ 558,492</b>	<b>\$ 558,492</b>	PAID  0%



# District Project 1 - NPC Upgrades

Project Details



# City of Alameda Health Care District






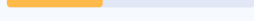




## District Project 1 - NPC Upgrades Spend Detail

Project Line Items	Original Budget	Budget Adjust	Current Budget	Contract	Change Orders	Misc Costs	Total Commit	Total Invoiced	Paid	Budget v Forecast	Fcst. Mods	(Over) / Under	Remain to Complete
<b>Hard Construction</b>	\$ 9,521,038	\$ 0	\$ 9,521,038	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 9,521,038	\$ 0	\$ 9,521,038	\$ 0
<b>A &amp; E Fees</b>	\$ 1,237,735	(\$ 84,027)	\$ 1,153,708	\$ 338,215	\$ 141,768	\$ 0	\$ 479,983	\$ 245,244	\$ 245,244	\$ 673,725	\$ 0	\$ 673,725	\$ 234,739
<b>Consultants</b>	\$ 238,026	\$ 84,027	\$ 322,053	\$ 318,036	\$ 4,017	\$ 0	\$ 322,053	\$ 195,476	\$ 195,476	\$ 0	\$ 0	\$ 0	\$ 126,576
<b>Permits &amp; Fees</b>	\$ 285,631	\$ 0	\$ 285,631	\$ 0	\$ 0	\$ 411	\$ 411	\$ 411	\$ 0	\$ 285,220	\$ 0	\$ 285,220	\$ 411
<b>Inspection &amp; Testing</b>	\$ 333,236	\$ 0	\$ 333,236	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 333,236	\$ 0	\$ 333,236	\$ 0
<b>Project Management</b>	\$ 238,026	\$ 331,629	\$ 569,655	\$ 569,655	\$ 0	\$ 0	\$ 569,655	\$ 94,584	\$ 94,584	\$ 0	\$ 0	\$ 0	\$ 475,071
<b>Equipment &amp; Furnishings</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Owner Contingency</b>	\$ 2,380,260	\$ 313,696	\$ 2,693,956	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,693,956	\$ 0	\$ 2,693,956	\$ 0
<b>Total</b>	<b>\$ 14,233,952</b>	<b>\$ 645,325</b>	<b>\$ 14,879,277</b>	<b>\$ 1,225,906</b>	<b>\$ 145,785</b>	<b>\$ 411</b>	<b>\$ 1,372,101</b>	<b>\$ 535,715</b>	<b>\$ 535,304</b>	<b>\$ 13,507,176</b>	<b>\$ 0</b>	<b>\$ 13,507,176</b>	<b>\$ 836,797</b>



# City of Alameda Health Care District

## District Project 1 - NPC Upgrades Contracts



Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
<b>Ratcliff</b>	Design Development Services Only	\$ 198,000	\$ 141,768	\$ 339,768	\$ 187,020	\$ 187,020	PAID  55%
<b>Porter Consulting LLC</b>	Project Management	\$ 569,655	\$ 0	\$ 569,655	\$ 94,584	\$ 94,584	PAID  16%
<b>Fugro</b>	Geotechnical Engineering Services	\$ 140,215	\$ 0	\$ 140,215	\$ 58,224	\$ 58,224	PAID  41%
<b>GPRS</b>	Underground Utility Scanning	\$ 14,400	\$ 0	\$ 14,400	\$ 12,500	\$ 12,500	PAID  86%
<b>Best, Best, Kreiger (BBK)</b>	Legal Services	\$ 31,208	\$ 0	\$ 31,208	\$ 3,773	\$ 3,773	PAID  12%
<b>Ratcliff</b>	Preconstruction - NPC	\$ 161,174	\$ 0	\$ 161,174	\$ 63,933	\$ 63,933	PAID  39%
<b>Ratcliff</b>	Cost Estimate	\$ 21,156	\$ 0	\$ 21,156	\$ 21,156	\$ 21,156	PAID  100%
<b>Ratcliff</b>	Master Planning	\$ 43,162	\$ 0	\$ 43,162	\$ 43,162	\$ 43,162	PAID  100%
<b>Tom Driscoll</b>	Legal Counsel	\$ 14,799	\$ 0	\$ 14,799	\$ 14,799	\$ 14,799	PAID  100%
<b>MJM Advocacy</b>	Lobbyist	\$ 32,136	\$ 4,017	\$ 36,153	\$ 36,153	\$ 36,153	PAID  100%





# City of Alameda Health Care District

## District Project 1 - NPC Upgrades Contracts

Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
	<b>Miscellaneous Costs</b>			\$ 411		\$ 411	PAID  100%
<b>Total</b>	<b>10 contracts</b>	<b>\$ 1,225,906</b>	<b>\$ 145,785</b>	<b>\$ 1,372,101</b>	<b>\$ 535,304</b>	<b>\$ 535,715</b>	PAID  0%



## District Project 2 - Stephens Wing (SPC)

Project Details



# City of Alameda Health Care District






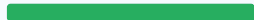




## District Project 2 - Stephens Wing (SPC) Spend Detail

Project Line Items	Original Budget	Budget Adjust	Current Budget	Contract	Change Orders	Misc Costs	Total Commit	Total Invoiced	Paid	Budget v Forecast	Fcst. Mods	(Over) / Under	Remain to Complete
<b>Hard Construction</b>	\$ 5,688,835	\$ 0	\$ 5,688,835	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,688,835	\$ 0	\$ 5,688,835	\$ 0
<b>A &amp; E Fees</b>	\$ 739,549	(\$ 263,437)	\$ 476,112	\$ 247,082	\$ 0	\$ 0	\$ 247,082	\$ 35,551	\$ 35,551	\$ 229,030	\$ 0	\$ 229,030	\$ 211,531
<b>Consultants</b>	\$ 142,221	\$ 0	\$ 142,221	\$ 97,678	\$ 2,400	\$ 0	\$ 100,078	\$ 68,869	\$ 68,869	\$ 42,143	\$ 0	\$ 42,143	\$ 31,208
<b>Permits &amp; Fees</b>	\$ 170,665	\$ 0	\$ 170,665	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 170,665	\$ 0	\$ 170,665	\$ 0
<b>Inspection &amp; Testing</b>	\$ 199,109	\$ 0	\$ 199,109	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 199,109	\$ 0	\$ 199,109	\$ 0
<b>Project Management</b>	\$ 142,221	\$ 315,416	\$ 457,637	\$ 194,200	\$ 263,437	\$ 0	\$ 457,637	\$ 94,584	\$ 94,584	\$ 0	\$ 0	\$ 0	\$ 363,053
<b>Equipment &amp; Furnishings</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Owner Contingency</b>	\$ 1,422,209	\$ 326,595	\$ 1,748,804	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,748,804	\$ 0	\$ 1,748,804	\$ 0
<b>Total</b>	<b>\$ 8,504,809</b>	<b>\$ 378,574</b>	<b>\$ 8,883,383</b>	<b>\$ 538,960</b>	<b>\$ 265,837</b>	<b>\$ 0</b>	<b>\$ 804,797</b>	<b>\$ 199,005</b>	<b>\$ 199,005</b>	<b>\$ 8,078,587</b>	<b>\$ 0</b>	<b>\$ 8,078,587</b>	<b>\$ 605,792</b>



# City of Alameda Health Care District

## District Project 2 - Stephens Wing (SPC) Contracts

Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
<b>Ratcliff</b>	Design Development Services Only	\$ 172,482	\$ 0	\$ 172,482	\$ 33,143	\$ 33,143	PAID  19%
<b>Porter Consulting LLC</b>	Project Management	\$ 194,200	\$ 263,437	\$ 457,637	\$ 94,584	\$ 94,584	PAID  20%
<b>Best, Best, Kreiger (BBK)</b>	Legal Services	\$ 31,208	\$ 0	\$ 31,208	\$ 0	\$ 0	PAID  0%
<b>Ratcliff</b>	Cost Estimate	\$ 12,640	\$ 0	\$ 12,640	\$ 12,640	\$ 12,640	PAID  100%
<b>Ratcliff</b>	Master Planning	\$ 25,788	\$ 0	\$ 25,788	\$ 25,788	\$ 25,788	PAID  100%
<b>Tom Driscoll</b>	Legal Counsel	\$ 8,842	\$ 0	\$ 8,842	\$ 8,842	\$ 8,842	PAID  100%
<b>MJM Advocacy</b>	Lobbyist	\$ 19,200	\$ 2,400	\$ 21,600	\$ 21,600	\$ 21,600	PAID  100%
<b>Thornton Tomasetti, Inc.</b>	DETAILED FRAME JOINT EVALUAT...	\$ 74,600	\$ 0	\$ 74,600	\$ 2,409	\$ 2,409	PAID  3%
<b>Miscellaneous Costs</b>				\$ 0		\$ 0	PAID  0%
<b>Total</b>	<b>8 contracts</b>	<b>\$ 538,960</b>	<b>\$ 265,837</b>	<b>\$ 804,797</b>	<b>\$ 199,005</b>	<b>\$ 199,005</b>	PAID  0%



## District Project 3 - West Wing (SPC)

Project Details



# City of Alameda Health Care District

## District Project 3 - West Wing (SPC) Spend Detail










Project Line Items	Original Budget	Budget Adjust	Current Budget	Contract	Change Orders	Misc Costs	Total Commit	Total Invoiced	Paid	Budget v Forecast	Fcst. Mods	(Over) / Under	Remain to Complete
<b>Hard Construction</b>	\$ 3,791,455	\$ 0	\$ 3,791,455	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,791,455	\$ 0	\$ 3,791,455	\$ 0
<b>A &amp; E Fees</b>	\$ 492,889	\$ 0	\$ 492,889	\$ 114,958	\$ 0	\$ 0	\$ 114,958	\$ 33,143	\$ 33,143	\$ 377,931	\$ 0	\$ 377,931	\$ 81,815
<b>Consultants</b>	\$ 94,786	\$ 0	\$ 94,786	\$ 75,535	\$ 1,601	\$ 0	\$ 77,136	\$ 45,927	\$ 45,927	\$ 17,650	\$ 0	\$ 17,650	\$ 31,208
<b>Permits &amp; Fees</b>	\$ 113,744	\$ 0	\$ 113,744	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 113,744	\$ 0	\$ 113,744	\$ 0
<b>Inspection &amp; Testing</b>	\$ 132,701	\$ 0	\$ 132,701	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 132,701	\$ 0	\$ 132,701	\$ 0
<b>Project Management</b>	\$ 94,786	\$ 99,415	\$ 194,201	\$ 194,201	\$ 0	\$ 0	\$ 194,201	\$ 94,585	\$ 94,585	\$ 0	\$ 0	\$ 0	\$ 99,616
<b>Equipment &amp; Furnishings</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Owner Contingency</b>	\$ 947,864	\$ 137,601	\$ 1,085,465	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,085,465	\$ 0	\$ 1,085,465	\$ 0
<b>Total</b>	<b>\$ 5,668,225</b>	<b>\$ 237,016</b>	<b>\$ 5,905,241</b>	<b>\$ 384,694</b>	<b>\$ 1,601</b>	<b>\$ 0</b>	<b>\$ 386,295</b>	<b>\$ 173,655</b>	<b>\$ 173,655</b>	<b>\$ 5,518,947</b>	<b>\$ 0</b>	<b>\$ 5,518,947</b>	<b>\$ 212,640</b>





# City of Alameda Health Care District

## District Project 3 - West Wing (SPC) Contracts

Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
<b>Ratcliff</b>	Design Development Services Only	\$ 114,958	\$ 0	\$ 114,958	\$ 33,143	\$ 33,143	PAID  28%
<b>Porter Consulting LLC</b>	Project Management	\$ 194,201	\$ 0	\$ 194,201	\$ 94,585	\$ 94,585	PAID  48%
<b>Best, Best, Kreiger (BBK)</b>	Legal Services	\$ 31,208	\$ 0	\$ 31,208	\$ 0	\$ 0	PAID  0%
<b>Ratcliff</b>	Cost Estimate	\$ 8,429	\$ 0	\$ 8,429	\$ 8,429	\$ 8,429	PAID  100%
<b>Ratcliff</b>	Master Planning	\$ 17,197	\$ 0	\$ 17,197	\$ 17,197	\$ 17,197	PAID  100%
<b>Tom Driscoll</b>	Legal Counsel	\$ 5,896	\$ 0	\$ 5,896	\$ 5,896	\$ 5,896	PAID  100%
<b>MJM Advocacy</b>	Lobbyist	\$ 12,804	\$ 1,601	\$ 14,405	\$ 14,405	\$ 14,405	PAID  100%
<b>Miscellaneous Costs</b>				\$ 0		\$ 0	PAID  0%
<b>Total</b>	<b>7 contracts</b>	<b>\$ 384,694</b>	<b>\$ 1,601</b>	<b>\$ 386,295</b>	<b>\$ 173,655</b>	<b>\$ 173,655</b>	PAID  0%



## District Project 4 - 2S SNF Unit (Operational Upgrades)

Project Details



# City of Alameda Health Care District










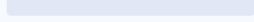
## District Project 4 - 2S SNF Unit (Operational Upgrades) Spend Detail

Project Line Items	Original Budget	Budget Adjust	Current Budget	Contract	Change Orders	Misc Costs	Total Commit	Total Invoiced	Paid	Budget v Forecast	Fcst. Mods	(Over) / Under	Remain to Complete
<b>Hard Construction</b>	\$ 13,264,394	\$ 0	\$ 13,264,394	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 13,264,394	\$ 0	\$ 13,264,394	\$ 0
<b>A &amp; E Fees</b>	\$ 1,724,371	\$ 0	\$ 1,724,371	\$ 1,309,324	\$ 0	\$ 0	\$ 1,309,324	\$ 110,000	\$ 110,000	\$ 415,047	\$ 0	\$ 415,047	\$ 1,199,324
<b>Consultants</b>	\$ 331,610	\$ 0	\$ 331,610	\$ 274,760	\$ 6,983	\$ 0	\$ 281,742	\$ 200,367	\$ 200,367	\$ 49,868	\$ 0	\$ 49,868	\$ 81,375
<b>Permits &amp; Fees</b>	\$ 397,932	\$ 0	\$ 397,932	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 397,932	\$ 0	\$ 397,932	\$ 0
<b>Inspection &amp; Testing</b>	\$ 464,254	\$ 0	\$ 464,254	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 464,254	\$ 0	\$ 464,254	\$ 0
<b>Project Management</b>	\$ 331,610	\$ 608,432	\$ 940,042	\$ 622,567	\$ 317,475	\$ 0	\$ 940,042	\$ 84,984	\$ 84,984	\$ 0	\$ 0	\$ 0	\$ 855,058
<b>Equipment &amp; Furnishings</b>	\$ 4,908,860	\$ 0	\$ 4,908,860	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,908,860	\$ 0	\$ 4,908,860	\$ 0
<b>Owner Contingency</b>	\$ 3,316,099	\$ 404,278	\$ 3,720,377	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,720,377	\$ 0	\$ 3,720,377	\$ 0
<b>Total</b>	<b>\$ 24,739,130</b>	<b>\$ 1,012,710</b>	<b>\$ 25,751,840</b>	<b>\$ 2,206,651</b>	<b>\$ 324,458</b>	<b>\$ 0</b>	<b>\$ 2,531,108</b>	<b>\$ 395,351</b>	<b>\$ 395,351</b>	<b>\$ 23,220,732</b>	<b>\$ 0</b>	<b>\$ 23,220,732</b>	<b>\$ 2,135,757</b>



# City of Alameda Health Care District

## District Project 4 - 2S SNF Unit (Operational Upgrades) Contracts



Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
<b>Porter Consulting LLC</b>	Project Management	\$ 622,567	\$ 317,475	\$ 940,042	\$ 84,984	\$ 84,984	PAID  9%
<b>Ratcliff</b>	2 South Validation Study	\$ 80,000	\$ 0	\$ 80,000	\$ 80,000	\$ 80,000	PAID  100%
<b>Best, Best, Kreiger (BBK)</b>	Legal Services	\$ 81,375	\$ 0	\$ 81,375	\$ 0	\$ 0	PAID  0%
<b>Ratcliff</b>	Cost Estimate	\$ 36,775	\$ 0	\$ 36,775	\$ 36,775	\$ 36,775	PAID  100%
<b>Ratcliff</b>	Master Planning	\$ 75,026	\$ 0	\$ 75,026	\$ 75,026	\$ 75,026	PAID  100%
<b>Tom Driscoll</b>	Legal Counsel	\$ 25,724	\$ 0	\$ 25,724	\$ 25,724	\$ 25,724	PAID  100%
<b>MJM Advocacy</b>	Lobbyist	\$ 55,860	\$ 6,983	\$ 62,843	\$ 62,843	\$ 62,843	PAID  100%
<b>Ratcliff</b>	Make Ready Validation Study	\$ 30,000	\$ 0	\$ 30,000	\$ 30,000	\$ 30,000	PAID  100%
<b>Ratcliff</b>	SNF DD- CA	\$ 757,424	\$ 0	\$ 757,424	\$ 0	\$ 0	PAID  0%
<b>Ratcliff</b>	Make Ready DD - CA	\$ 441,900	\$ 0	\$ 441,900	\$ 0	\$ 0	PAID  0%



# City of Alameda Health Care District

District Project 4 - 2S SNF Unit (Operational Upgrades) Contracts

## EXHIBIT A

Company Name	Contract Title	Contract Value	Change Orders	Total Committed	Total Invoices	Paid Invoices	% Complete / Paid
	<b>Miscellaneous Costs</b>			\$ 0		\$ 0	PAID  0%
<b>Total</b>	<b>10 contracts</b>	<b>\$ 2,206,651</b>	<b>\$ 324,458</b>	<b>\$ 2,531,108</b>	<b>\$ 395,351</b>	<b>\$ 395,351</b>	PAID  0%



## Alameda Hospital

December 10, 2024

Ali Sumer  
 Supervisor, Seismic Compliance Unit  
 Department of Health Care Access and Information (HCAI)  
 2020 West El Camino Ave, Suite 800  
 Sacramento, CA 95833

Dear Mr. Sumer,

Pursuant to Assembly Bill 1882, General Acute Care hospital building providers shall report status of compliance with Seismic Safety requirements with various entities, on an annual basis until each of the hospital buildings at Alameda Hospital is compliant with Section 130065. You are being notified of seismic status of Alameda Hospital buildings per 130066.5 as noted below.

### **130055**

On and after July 1, 2023, general acute hospital building owners shall do both of the following annually until each of the hospital buildings owned by that hospital building owner is compliant with Section 130065.

- a) Include all pertinent information regarding the building's expected earthquake performance in emergency training, response, and recovery plans.
- b) Include all pertinent information regarding the building's expected earthquake performance in capital outlay plans.

### **130065** Statute Unchanged (*Amended by Stats. 2021, Ch. 143, Sec. 336. (AB 133) Effective July 27, 2021.*)

In accordance with the compliance schedule approved by the department, but in any case, no later than January 1, 2030, owners of all acute care inpatient hospitals shall either:

- a) Demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act and this act.
- b) Seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act and this act.



Upon compliance with this section, the hospital shall be issued a written notice of compliance by the department. The department shall send a written notice of violation to hospital owners that fail to comply with this section.

#### **130066.5**

*Before January 1, 2024, the owner of an acute care inpatient hospital that includes a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall post in any lobby or waiting area generally accessible to patients or the public a notice provided by the department that the hospital is not in compliance with the seismic safety requirements that the hospital is required to meet by January 1, 2030. The notice shall be posted until the time the owner receives notification from the department that it meets the requirements described in Section 130065.*

*On or before January 1, 2024, and annually thereafter, the owner of an acute care inpatient hospital that includes a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus to all of the following entities until each of the hospital buildings owned by that hospital building owner is compliant with Section 130065:*

- 1. The county board of supervisors in whose jurisdiction the hospital building is located.*
- 2. The city council in whose jurisdiction the hospital building is located, if applicable.*
- 3. Any labor union representing workers who work in a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065.*
- 4. The board of directors of the special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located, if applicable.*
- 5. The department.*
- 6. The board of directors of the hospital.*
- 7. The local office of emergency services or the equivalent agency.*
- 8. The Office of Emergency Services.*
- 9. The medical health operational area coordinator.*

The following is a description of status for each of the hospital buildings at Alameda Hospital:

- **Stephens Wing** contains a hospital kitchen and dining area on the first floor, a distinct part SNF on the 2<sup>nd</sup> floor and a Med Surg unit on the 3<sup>rd</sup> floor. The building has a rating of SPC-2 which requires the following statement in this notification: ***“The State of California has determined that the hospital building is at risk of not being functional to provide care to its patients or the community after an earthquake.”*** There are plans to upgrade this building to SPC4-D by the January 1, 2030, deadline. The Stephens Wing currently has the status of NPC 2 and plans to upgrade to NPC 4 before January 1, 2030.

- Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents for the proposed upgrades to SPC4-D and NPC 4 status by the January 1, 2030, deadline. In addition, a funding mechanism has been established to support the 2030 Seismic Upgrades.
- **West Wing**, which contains Central Plant facilities on the first floor and Surgery on the second floor has a rating of SPC 2 which requires the following statement in this notification: *“The State of California has determined that the hospital building is at risk of not being functional to provide care to its patients or the community after an earthquake.”* There are plans to upgrade this building to SPC4-D by the January 1, 2030, deadline. The West Wing has a status of NPC 2 and plans to upgrade to NPC 4 before January 1, 2030.
  - Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents for the proposed upgrades to SPC4-D and NPC 4 status by the January 1, 2030, deadline. In addition, a funding mechanism has been established to support the 2030 Seismic Upgrades.
- **South Wing** contains Administration, Pharmacy, Laboratory, Outpatient Services, Critical Care Unit, a distinct part SNF unit, and Telemetry unit. This building’s **SPC 3s status means it is seismically compliant** beyond 2030 and has a current NPC 2 rating with plans to upgrade to NPC 4 before January 1, 2030.
  - Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents for the proposed upgrades to NPC 4 status by the January 1, 2030 deadline. The facility is working to advance the Detailed Joint Evaluation Program for this building as required by HCAI to confirm the SPC3 rating of the building. Structural engineers have been retained under contract to develop the program.
- **Radiology Addition** contains the Imaging Department and its **SPC 4 status means it is seismically compliant** beyond 2030 and has an NPC 2 rating with plans to upgrade to NPC 4 before January 1, 2030.
  - Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents for the proposed upgrades to NPC 4 status by the January 1, 2030 deadline.
- **Medical Gas Storage** structure **SPC 3 status means it is seismically compliant** beyond 2030 and has an NPC 2 rating with plans to upgrade to NPC 4 before January 1, 2030.
  - Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents

# EXHIBIT B

for the proposed upgrades to NPC 4 status by the January 1, 2030 deadline.

- **Compactor Shed has an SPC 4 rating which is compliant beyond 2030** and NPC2 rating with plans to upgrade to NPC 4 before January 1, 2030.
  - Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents for the proposed upgrades to NPC 4 status by the January 1, 2030 deadline.
- **Emergency Room Relocation building has an SPC 3s rating which is compliant beyond 2030** and has an NPC 2 rating with plans to upgrade to NPC 4 before January 1, 2030.
  - Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents for the proposed upgrades to NPC 4 status by the January 1, 2030 deadline. The facility is working to advance the Detailed Joint Evaluation Program for this building as required by HCAI to confirm the SPC3 rating of the building. Structural engineers have been retained under contract to develop the program.
- There is also a plan to submit NPC 5 plans by January 1, 2026. NPC 5 requires domestic and sewer water tanks to be installed on the property per current seismic code.
  - Update: Architects and engineers have been retained under contract and are currently in the process of developing comprehensive construction documents for the proposed upgrades under NPC 5 rating including the domestic water tank, sewer tank and a new fuel tank to meet NPC 5 status by the January 1, 2030 deadline.
- Alameda Health System (AHS) and the City of Alameda Health Care District (AHD) have successfully completed the mandatory (NPC) Evaluation Report as required by the HCAI agency. The organizations are currently in the process of formulating responses to HCAI, taking into account the feedback received on the submitted reports.

<u>Building #</u>	<u>Building Name</u>	<u>SPC rating</u>	<u>NPC rating</u>
BLD-01279	Stephens Wing	2	2
BLD-01280	West Wing	2	2
BLD-01281	South Wing	3s	2
BLD-01282	Radiology Addition	4	2
BLD-01283	Medical Gas Storage	3	2
BLD-02630	Compactor Shed	4	2
BLD-03120	Emergency Room Relocation	3s	2

Note: Where an 's' appended to the rating, the Office has determined that additional testing is required under the Detailed Joint Evaluation Program.

## SPC DEADLINES

SPC 2 buildings upgrade to SPC 4D or SPC 5 or removal from general acute care service deadline is 1/1/2030.

## NPC DEADLINES

NPC 4 / 4D upgrade deadline is per 2022 California Administrative Code, Chapter 6, Article 1, Section 1.5.2.

- NPC 4 / 4D evaluation submittal deadline is 1/1/2024;
- NPC 4 / 4D upgrade construction documents deadline submittal to the Office is 1/1/2026;
- NPC 4 / 4D construction project building permit issuance is 1/1/2028;
- NPC 4 / 4D upgrade construction project completion by 1/1/2030

NPC 5 upgrade deadline is per 2022 California Administrative Code, Chapter 6, Article 1, Section 1.5.2.

- NPC 5 evaluation submittal deadline is 1/1/2024;
- NPC 5 upgrade construction documents deadline submittal to the Office is 1/1/2026;
- NPC 5 construction project building permit issuance is 1/1/2028;
- NPC 5 upgrade construction project completion by 1/1/2030

If there are any questions, please contact James Helena System Director, Engineering & Facilities Services at (510) 203-0757 or [jhelena@alamedahealthsystem.org](mailto:jhelena@alamedahealthsystem.org). I may also be reached as my contact information is listed below.

Sincerely,



Mark Fratzke  
Chief Operating Officer  
Alameda Health System  
[mfratzke@alamedahealthsystem.org](mailto:mfratzke@alamedahealthsystem.org)  
(559) 563-3476

cc:

Alameda County Boards of Supervisors, Clerk, Board of Supervisors

City of Alameda Council

Alameda Fire Department, Nick Luby, Chief

Alameda Health Care District, Robert Deutsch, MD, President

Alameda Health System, Board of Trustees, Clerk of the Board

Alameda County of Emergency Medical Services, Lauri Mc Fadden, EMS Director

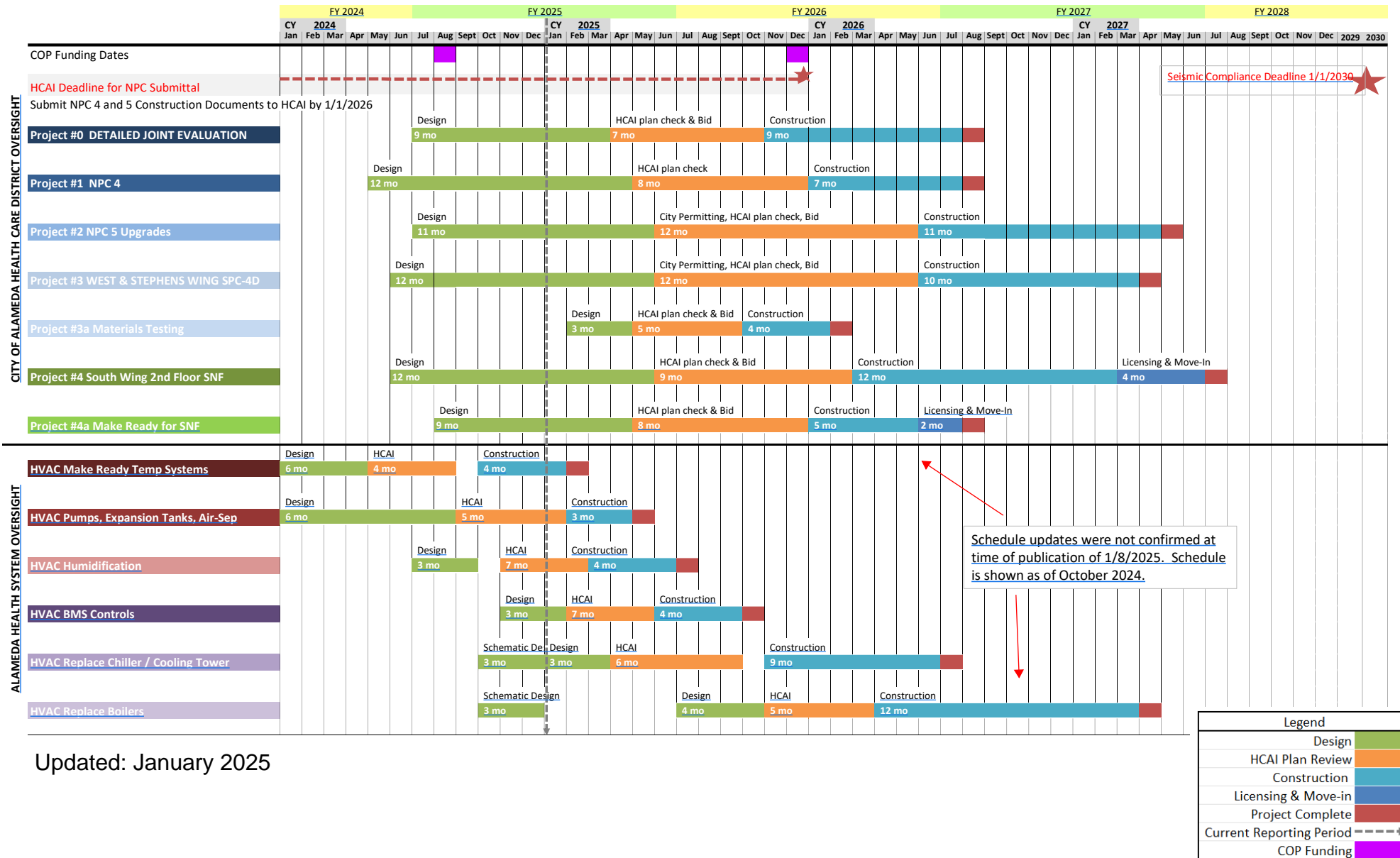
# EXHIBIT B

CNA (California Nurses Association), Alameda Hospital Matthew Schafer, Labor Representative

OPEIU Local 29. Timothy Gonzales, Union Representative

SEIU-UHW Alameda Hospital, Parkbridge- South Shore Facilities, Donna Mapp, Union Representative

ILWU- Local 6, Joseph Hunter, Union Representative and Donal Mahon, Business Agent  
Local 39, Stationary Engineers, Tom Medellin, Union Representative



Updated: January 2025



## ALAMEDA HOSPITAL 2030 SEISMIC, OPERATIONAL AND INFRASTRUCTURE UPGRADES TIMELINE



## Risk Log Seismic and Operational Upgrades Projects - OPEN ITEMS

Risk Item #	Initial Log Date	Risk Item	Notes	Immediate Next Action	Project	Risk Level	Likelihood of Budget Impact	Estimated \$ if Known	Likelihood of Schedule Impact	Estimated Time if Known	Status	Primary Owner	Secondary Owner
1	5/2/2024	SPC3s (South Building & ED Addition)	5/2/24 Dave Ring brought up the possibility of having to perform Moment Frame Testing under HCAI. He stated he contacted Partick Rodgers from HCAI and HCAI is currently reviewing and finalizing the ground motion results and expect a report in 2-3 weeks. This is noted as a potential risk item that Moment Frame Testing may need to occur depending on the results from HCAI. SPC3s (s = self reported). 6/6/24 - Follow-up with HCAI week of 6/24. HCAI SCU, Ali Sumer to return to office week of 7/8, follow-up again. 8/1/24. Move to medium risk due to HCAI letter received 7/30/24 indicating joint evaluation needed. Clarifying with HCAI where miscommunication happened. Prelim planning for what will be needed.	11/20/24 - Meeting with HCAI. Finalize Program Plan to submit to HCAI.	SPC	Medium	High		High		IN PROGRESS	Porter	HCAI
2	5/2/2024	NPC4D Level 1 & 2	5/2/24 Dave also asked if structural was researching requirements and feasibility of advancing NPC4D level 2 instead of Level 1. To be determined.	End of DD to determine next steps. 10/23/24, continue to advance to NPC 4D Level 1.	NPC 4	Medium	Medium		Medium		IN PROGRESS	Design Team	Porter
3	5/9/2024	CDPH Licensing of Short Term SNF Unit	5/9/24 Ensure project team supports tracking CDPH licensing process for the 18 bed unit.	Check in Jan 2025 for any updates or notification to CDPH	SNF	Low	Low		Low		OPEN	AHS	Porter
6	6/10/2024	HVAC Project Coordination	6/10/24 - Coordination with NPC 5 and HVAC projects, including location of tanks under NPC 5 project and location of temp systems for HVAC projects. Need to overlay projected schedules for both projects. Porter to work with Ratcliff and SKA to sync schedules and continue to coordinate on projects	Monthly Meetings with both design teams. Continue coordination. 11/20/24 coordination will be critical as projects advance.	NPC 5	Medium	Medium		Medium		IN PROGRESS	Porter	AHS
7	6/10/2024	Make Ready Moves	6/10/24 - Make Ready Moves – relocation of existing functions from 2 South to alternate locations, including budget and schedule. Cost estimate of 24M, was for the renovation of 3W and did not contemplate any make ready moves to relocate functions. Project team to advance discussions with AHS stakeholders in June to develop relocation plans. Goal is to manage moves with cost efficiencies in mind and identify if a move will require construction. Project team will also look at overall schedule to set milestones for when decisions need to be made, when design would need to kick off, etc. in order to align the Operational Upgrade Project. Pre-work and planning need to occur prior to understanding what the cost of the make ready may be and whether the overall budget has funds to support moves. Kristen will work with Debi on any initial expenses that may be incurred as well as overall planning and cost estimates for make ready moves and keep the stakeholders in this meeting and OAC informed. 7/2/24, series of meetings to be scheduled to determine moves and advance discussion of cost and schedule.	10/23/24 - Make Ready moves defined. AHS internal moves defined. Advancing both plans. 11/20/24 advancing proposals for Make Ready design under Ratcliff.	SNF	Medium	High		High		IN PROGRESS	AHS	Project Team (All)
9	6/20/2024	Tank location / Size - DW	Neighbor Impact, Reduction in Parking.	Advance review with City of Alameda. Address comments form HCAI / CDPH on NPC5 Evaluation Report.	NPC 5	Medium	Medium	N/A	Medium	N/A	IN PROGRESS	Design Team	
10	6/20/2024	Tank Location - Fuel	Is footprint of existing and small area in front before sidewalk enough space for new larger tank	DD anticipates that the tank will fit in existing location.	NPC 5	Low	Low		Low		IN PROGRESS	Design Team	
12	6/25/2024	City of Alameda Plan Review	NPC 5 and SPC work will need to be reviewed by City of Alameda. This may include public comment as the exterior of the site will be modified with the shear walls and the addition of the fuel tank and water tanks. Project team to factor into schedule and look at any additional costs.	Target Preliminary Plan Review start at end of DD. Meeting with City 1/8 as preliminary step.	Seismic	Medium	Medium		Medium		IN PROGRESS	AOR	Porter
13	7/9/2024	South Wing AHU	AHU on South Wing Replacement. Known issues with AHU from previous projects and operations on capacity, air balnce, and physical issue (leaking / roof).	MEP Validation Study Completion. 11/20/24 - move to low risk from a project standpoint. AHS to monitor and maintain existing unit. With design approach to SNF unit, we feel we can design and build and et approved the SNF unit with existign AHU. Continue to track with AHS. Removed from scope and budget	SNF	Low	Low		Low		IN PROGRESS	Project Team (All)	Porter
16	7/25/2024	disaster water and food storage	Discussed pootential of removing the metal shelving and repalce with something else (secure gate or soemthing) if the food, water and supplies remained in that location. History of temp control issues in that area. Possible to be mitigated in future with HVAC project (SKA)? AHS to assess current operations and storage.	Explore alternative shelving / storage configuration. Remove shelving with NPC 4 project. 11/20/24 will be addressed in Make Ready Project.	NPC 4	Low	Low		Low		IN PROGRESS	AHS	
17	7/29/2024	2 South Water Leaks	Review current state of water intrusion in South building and specifically on 2 south to understand risk associated with contruction for any mitigation efforts or issues during construction.	accounted for in Design of SNF and Construction bid package.	SNF	Medium	Medium		Medium		OPEN		
18	9/1/2024	Generator	Pin 74 requirements and potential need to upsize generator sure to new beds or will existing provide sufficient emergency power.	Address any PIN 74 deficiencies for new Unit under project design. Coordinate with AHS.	SNF	Medium	Medium		Medium				
21	11/20/2024	Sewer tank Location	revised location of sewer tank. Impact to operations however better options from a design and constructibility standpoint.	advance new location. Will need to address reduction pf parking and EMS/Staff/Public means of egress in planning for construction.	NPC 5	Medium	Medium	N/A	Medium		OPEN	Project Team (All)	Porter
22	11/20/2024	Material Testing for West Wing & Stephens Wing	Matrial Testing will be needed for West Wing. Deteriming need for Stephens Wing in CD's	with Design team to advance with CD's.	SPC	Medium	Medium	N/A	Medium		OPEN	Design Team	Porter
23	11/20/2024	Foundation Exploration	TBD by Porter and Design Team during CD's for SPC4D project	advance expoloraiton with Materials Testing to confirm depth of foundation on West Wing to potentially eliminate soil mitigation in the West wing.	SPC	Medium	Medium	N/A	Medium		OPEN	Design Team	Porter
24	11/21/2024	Reduced Parking	determine plan for loss of parking due to construction with AHS.	Engage with AHS Q1 2025	NPC 5	Medium	Medium	N/A	Low		OPEN	Porter	Porter
25	12/18/2024	South Wing Elevators Modernization	D. Stebbins requested to track on risk Log. Elevators frequently need to be serviced. AHS developing budgets and seekign proposals to modernize.	TBD		Medium	Medium	N/A	Medium		OPEN	AHS	Porter
26	12/18/2024	Stephens Wing Elevator Modernization	D. Stebbins requested to track on risk Log. Elevators frequently need to be serviced. AHS developing budgets and seekign proposals to modernize.	TBD		Medium	Medium	N/A	Medium		OPEN	AHS	Porter

## Risk Log

### Seismic and Operational Upgrades Projects - RESOLVED ITEMS

Risk Item #	Initial Log Date	Risk Item	Notes	Immediate Next Action	Project	Risk Level	Likelihood of Budget Impact	Estimated \$ if Known	Likelihood of Schedule Impact	Estimated Time if Known	Status	Primary Owner	Secondary Owner
4	5/9/2024	Pharmacy Work Room Option	<p>5/9/24 - Debi mentioned that with a license of bed capacity of 66 beds, the Hospital is not required to maintain a full operating pharmacy. Ratcliff confirmed. The context was brought up as we advance the NPC and SPC work. If the facility did not have a full pharmacy, there could potentially be cost savings in NPC work within that space. In addition, if there were any planned upgrades in the pharmacy space (i.e. hood upgrade) at AH in the near future, there would be a need to coordinate work with overall NPC work. Coordination will need to occur on any/all projects planned by AHS to ensure no overlap and design teams are coordinating as needed. Kristen requested high level project list (planned or in progress) from AHS to ensure we track.</p> <p>5/16/24 – James met with pharmacy leadership last week. Concern of OAC group was any implications from HCAI with upgrades to NPC that might trigger code upgrades to meet Board of Pharmacy or HCAI new standards. Dave reported that NPC work does not automatically trigger upgrades to the space. James reported that Diana Thamrin had noted that BOP were taking a step back on regulations for Pharmacies. AHS had been looking at replacing the hoods. Decided by the OAC group to schedule a meeting with Ratcliff, AHS Facilities and Pharmacy Team, Porter and District to look at regulations, requirements and look at potential options for Pharmacy. Intent of the meeting will be to determine any potential cost savings or reduction of impact to operations on NPC upgrades. Kristen will work to schedule meeting and will work with design team to flush out Pharmacy area as key area early on in SD for NPC 4 work to properly evaluate impacts and next steps. Meeting Coordination IN PROGRESS.</p> <p>5/30/24 – Discussion with AHS Pharmacy and Regulatory Leaders (attachment). It was clarified by Richard J. that the exception under 1224.19 was a drug room and not a “satellite” pharmacy. Based on operations, a drug room would not work for the hospital and would not be adequate to serve the patients in the hospital. The group discussed thoroughly and agreed to not advance any further discussions related to the exemption option. However, AHS advised that the hood in the segregated compounding room had failed and is no longer repairable. AHS is in discussion on planning for possible replacement as well as discussing deficiencies in temperature control in the pharmacy. The project team will ensure plans are coordinated with NPC4 design plans and any equipment replacement projects in the Pharmacy.</p>		NPC 4	Resolved	Resolved	N/A	Resolved	N/A	CLOSED	N/A	N/A
5	5/16/2024	Feasibility of 18 beds + Program Space on 2 South	<p>5/16/24 – Initial thoughts based on required spaces and min square footages, fitting 18 beds on 2 south may not be feasible. Feasibility Study and test fit will inform us. 6/6/24 – AHS Executive Briefing of 5/28, directive to work to fit 18 beds. Richard and Amy discussed a possible approach to licensing of adding additional beds to the current license instead of requesting a license of a new unit. The approach will be discussed in detail as the project progresses to determine what makes the most sense. Kristen noted that milestones and schedules for licensing and occupancy should be identified in the master compliance schedule and tracked with all projects. 7/2/24, initial layout fits 18 beds (single and double occupancy), change to low risk.</p>	Test Fit Complete. Advance to Design	SNF	Resolved	Resolved		Resolved		CLOSED	AOR	Project Team (All)
8	6/20/2024	ADA Parking	<p>Risk of having to upgrade ADA parking spaces and # of spaces with NPC 5 work if we need to take spaces off line for construction and installation of sewer tank. 7/2/24 Moved to Resolved. NPC work should not trigger upgrades to ADA parking. Location of sewer tank moved from main lot to physician lot. Labeled and appropriate spaces. aemal</p>		NPC 5	Resolved	Resolved		Resolved		CLOSED	N/A	N/A
11	6/20/2024	Tank Location - Sewer	<p>Impact to operations and traffic in/out of parkig lot to main entrance and ER 6/20/24, tank location moved to physician lot to avoid disruption of parking and traffic in/out of lot</p>		NPC 5	Resolved	Resolved	N/A	Resolved	N/A	CLOSED	N/A	N/A
14	7/17/2024	Pyxis	<p>Pyxis Anchoring / ADA clearance. Determine if any of the pyxis units are anchored under permitted project. Obtain list of units and locations from Pharmacy. 7/11/24 Seismic projects should not trigger ADA upgrades. Move to medium risk, 7/25/24 Ratcliff to research code to verify if ADA would be triggered with NPC 4 anchoring of units. downgrade risk level to medium. Katy researching code / HCAI requirements.</p>	<p>Validate that SB1953 work does not trigger ADA upgrades to Pyxis. / 11/20/24 - NPC 4 work does not trigger ADA, k. ford.</p>	NPC 4	Resolved	Resolved		Resolved		IN PROGRESS	Project Team (All)	Porter
15	7/25/2024	Radiant heaters and cooling Stephens Wing, Pin 74, subacute	<p>Currently, the Subacute unit does not meet PIN 74. Request from AHS details on mitigation efforts. Request details of planning to address non-compliance. Ratcliff suggested that if radiant heaters needed to be removed as part of SPC, perhaps a combo heating and cooling unit could be used when they are replaced to support meetign the PIN 74 requirements. Follow-up with AHS on mitigation efforts and planning to ensure coordination.</p>	<p>Track with AHS add to weekly OAC Agenda. 11/20/24 with revised location of shear walls and a need to only go up one floor, impact to the interior may not be needed. Moved to Low risk and continue to track. Still issue with PIN 74 outside of project scope. 1/8/25 moved to resolved as at this time will not be impacted by SPC4D work.</p>	SPC	Resolved	Resolved		Resolved		IN PROGRESS	AHS	Porter
19	8/21/2024	Resurfacing parking lot	<p>Impact to NPC 5 project. No impact currently to planning. Impact during construction. Bollards temporary until construction. Close as resolved 8/28</p>	<p>RESOLVED.</p>	NPC 5	Resolved	Resolved	N/A	Resolved		CLOSED	AHS	Porter
20	10/2/2024	Shear Wall - Interior Work as opposed to exterior work.	<p>What is the impact to operations. Can patients stay in rooms. Do we have to relocate patients in subacute or med/surg</p>	<p>During DD, need to vet out operational impact and cost impact to ensure best path forward? 11/20/24 - shear wall locations revised. May result in less impact to patient rooms and operations. Currently, shear walls with exception 1-2 locations will be exterior work. 1/8/24 move to resolved as DD anticipates work to be completed on exterior. Monitor and track as needed as design advances.</p>	SPC	Resolved	Resolved	N/A	Resolved		OPEN	Design Team	Porter





### SHEET NOTES

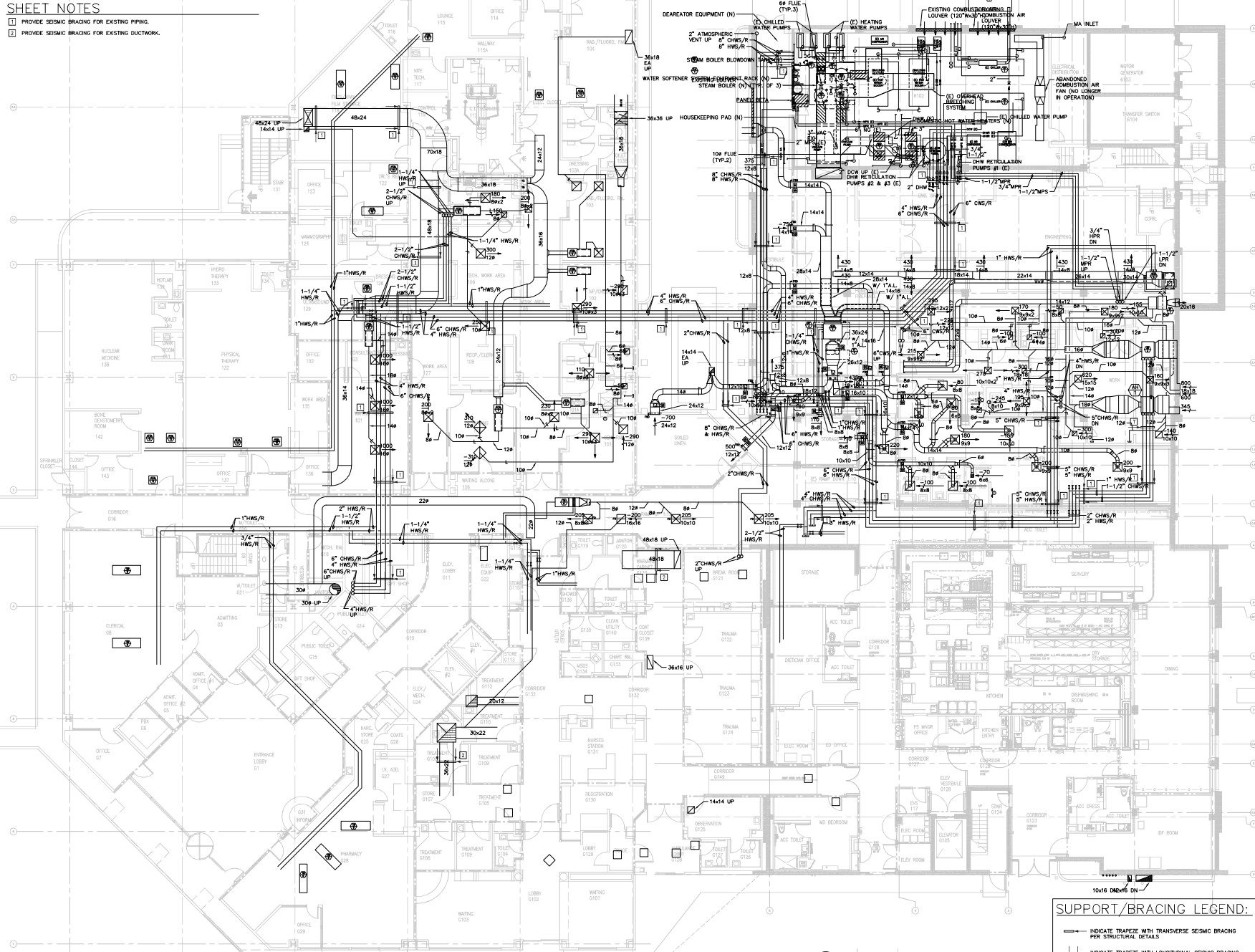
- PROVIDE SEISMIC BRACING FOR EXISTING PIPING.
- PROVIDE SEISMIC BRACING FOR EXISTING DUCTWORK.

D

C

B

A

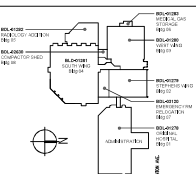


### ISSUE SCHEDULE

NO.	DATE
100% SDD	09/15/2024

### OSHPD STAMP (IF APPLIES)

### KEY PLAN



### ALAMEDA HOSPITAL

2070 CLINTON AVE  
ALAMEDA, CA 94601

### NPC 4 UPGRADE

SHEET TITLE

### MECHANICAL FIRST FLOOR PLAN SEISMIC BRACING

SCALE: AS NOTED  
PROJECT NUMBER: 00000000.00

SHEET NUMBER: **M1.1**

**MECHANICAL FIRST FLOOR PLAN - SEISMIC BRACING**  
SCALE: 1/8" = 1'-0"

**SUPPORT/BRACING LEGEND:**

- INDICATE TRAPEZE WITH TRANSVERSE SEISMIC BRACING PER STRUCTURAL DETAILS
- INDICATE TRAPEZE WITH LONGITUDINAL SEISMIC BRACING PER STRUCTURAL DETAILS

NOTE: COORDINATE EXACT LOCATION AND REQUIREMENTS.

# EXHIBIT E



PROPOSED 6,000 GAL FIREGUARD FUEL STORAGE TANK

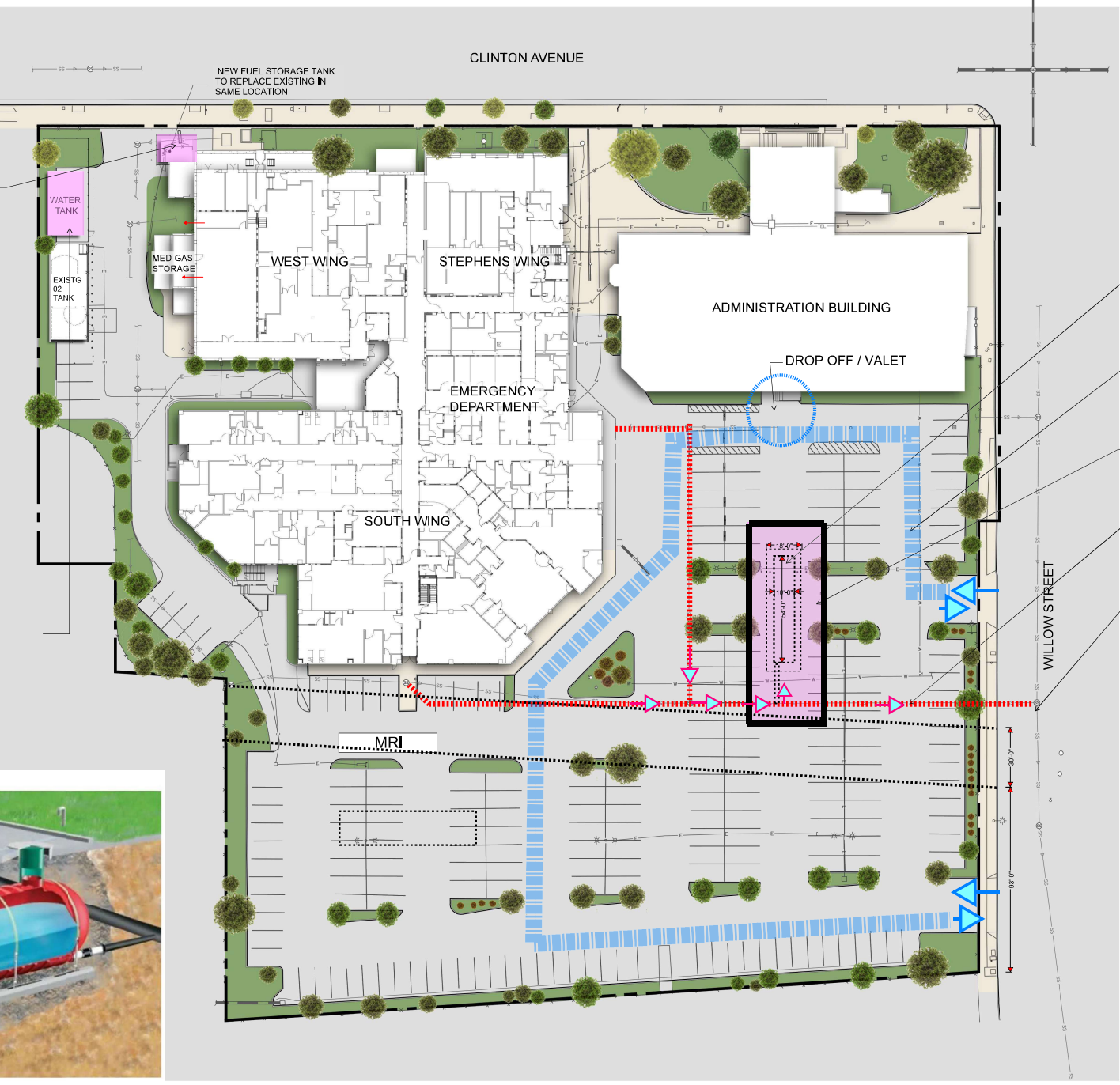
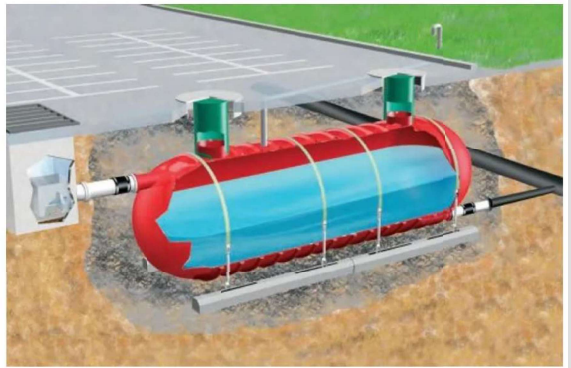


EXISTING FUEL STORAGE TANK



PROPOSED 30,000 GAL HISHI TANK

Stormwater Retention Tank



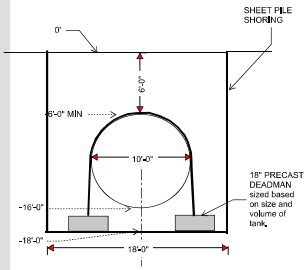
PROPOSED 30,000 GAL XERCES UNDERGROUND TANK - 10' X 54'

RE ROUTE TRAFFIC

AREA OF DISTURBED SOIL

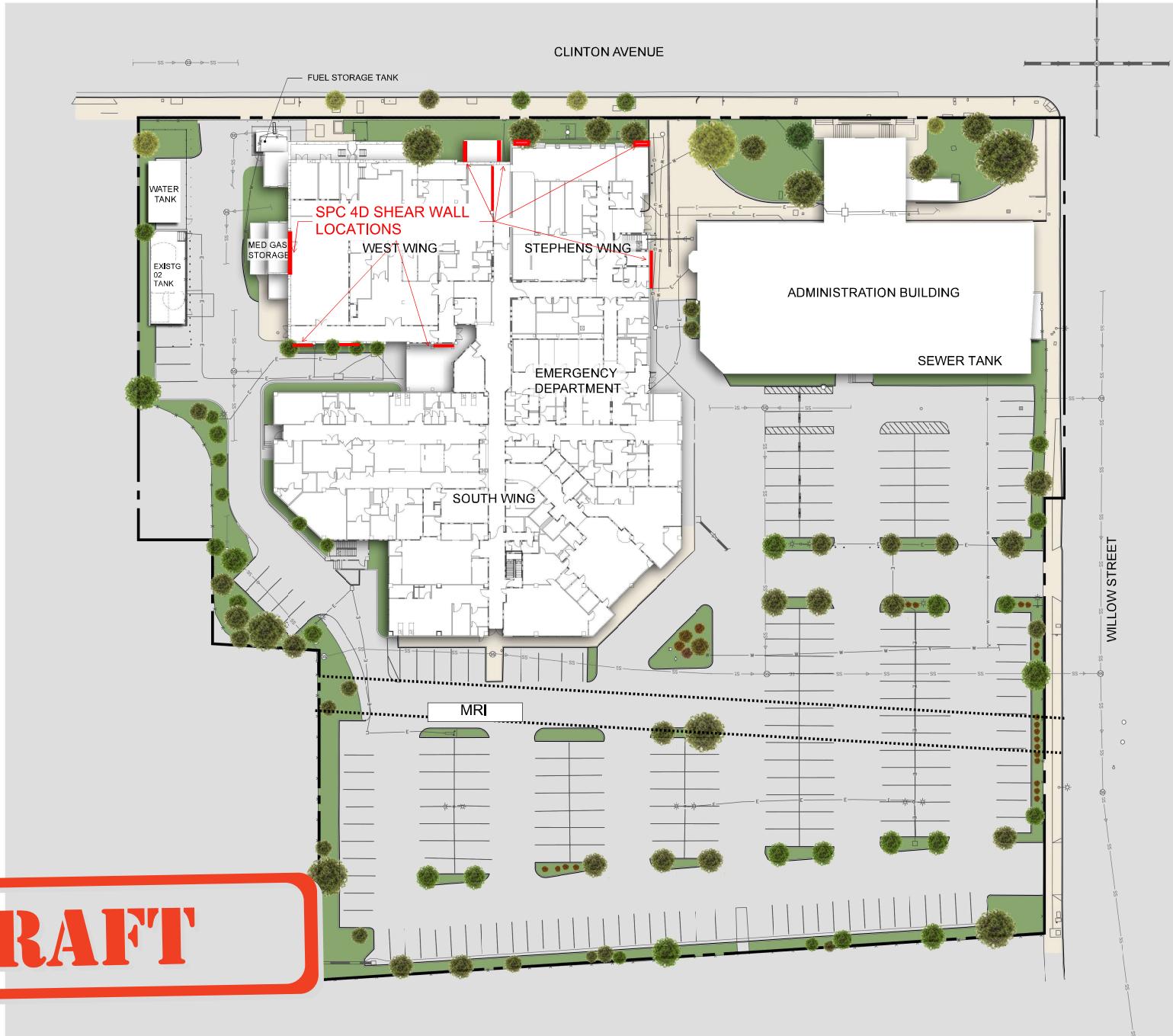
EXISTG SANITARY SEWER

EXISTG SEWER CONNECTION AT MAIN



SEWER TANK LOCATION B

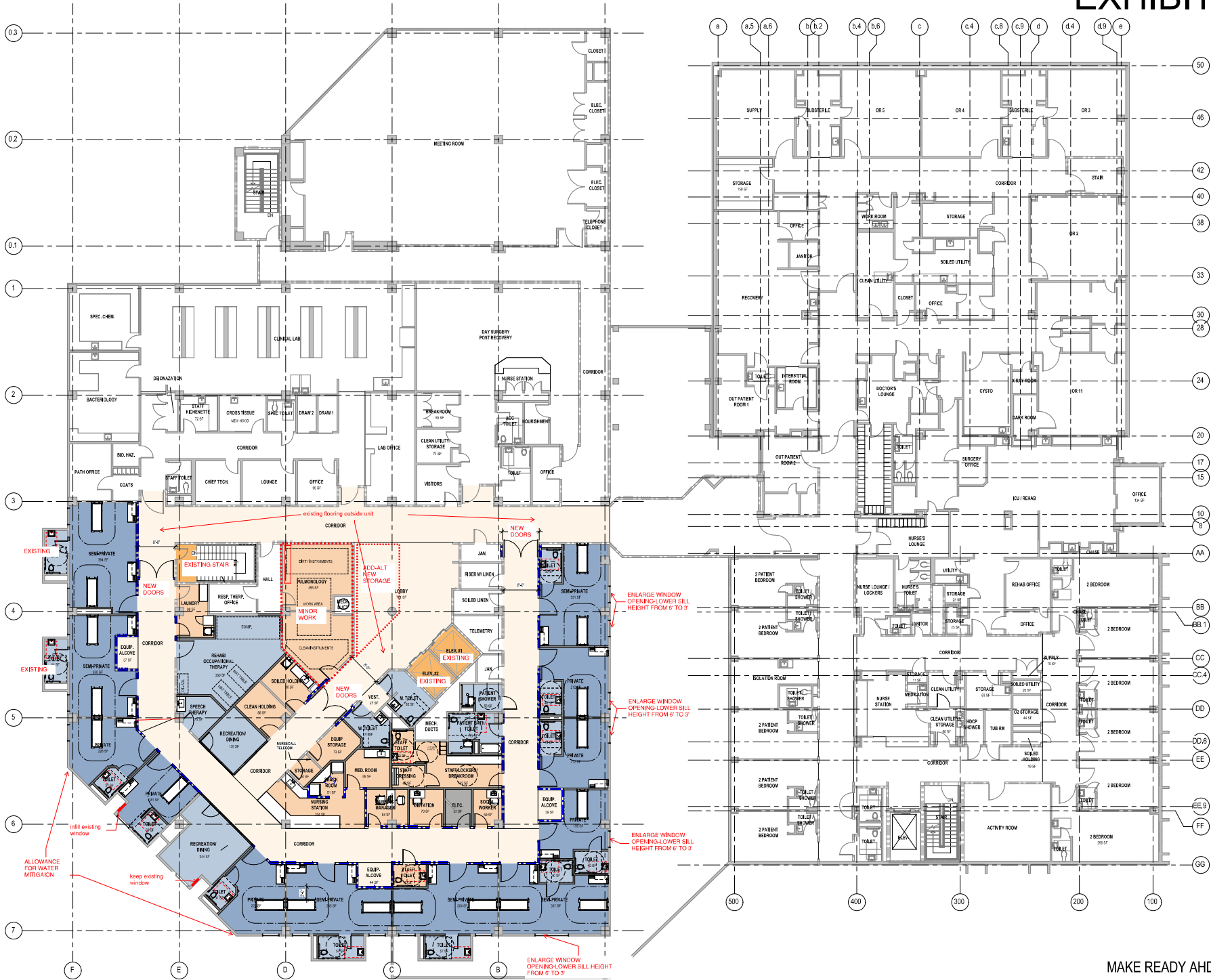




**DRAFT**

SHEAR WALL LOCATION SITE PLAN

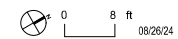
# EXHIBIT G



- Department Legend**
- CORRIDOR
  - MEP/IT
  - PATIENT ROOM
  - PATIENT USE
  - SUPPORT
  - VERTICAL CIRCULATION

LEVEL 2 PLAN

MAKE READY AHD\_SNF VALIDATION





**MEETING DATE:** January 13, 2025

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

**FROM:** Deborah E. Stebbins,  
Executive Director

**SUBJECT:** Update on Financing Needs for Seismic and Operational Upgrade Projects

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The purpose of this memorandum is to provide information to the District Board about the status of revisions in projected costs of the seismic and operational upgrade projects and impact on our financing plans. We are not asking for any Board action on these issues at this time.

The following table is extracted from the most recent Porter report on the Seismic and Operational Upgrade Projects. Note that this identifies a net negative variance from our original project projections slightly over \$5.8 million. Most of this variance is driven by two factors:

1. A requirement for “moment frame testing” in which about seventy-five points of additional testing are now required by HCAI to ensure that the buildings, namely the South Wing, we previously thought were structurally compliant with 2030 standards. The purpose of such analysis of structural joints in the building have not sustained damage from any seismic events since their original construction. We were not aware of this additional analysis requirement when the budget was formulated; many other California hospitals are encountering this issue as they pursue compliance with the 2030 standards.

The testing alone for this issue is estimates \$2.3 million. This does not include any additional remediation which might be needed should damage be revealed. We have had one pretty positive meeting with HCAI to explore whether they would be open to expedite a portion of this testing in order to see if problems are discovered, and, if no issues are present, reducing the required \$2.4M (35-year terms)

2. Make Ready Construction and internal moves required to open the space on 2 South to accommodate the new short stay SNF unit. This was simply overlooked in AHS’ planning for that unit. In addition, the new SNF unit is slightly larger in size than assumed in the original plan. These issues total about \$6 million in additional costs.

We have consulted Gary Hicks to determine how these variances could be accommodated in our financing plan. Gary’s analysis suggests these variances could



be covered by increasing the second tranche of financing, which originally was projected to occur in December 2025.

The second exhibit was prepared by Gary to show three alternatives for accommodating the additional costs by increasing the second tranche with three terms: 25, 30, or 35 years. In discussions of the issue of the need for more financing with AHS, AHS management was concerned about the impact of additional debt on residual parcel tax distribution to AHS. In our original financing plan, the residual parcel tax to AHS would have been about \$2.5 million. As the three scenarios attached, this could be reduced to a range of \$2.02M (25-year term) to \$2.4M (35 year terms). The longer the term of the second tranche, the less the impact on the residual parcel tax distribution to AHS.

It should be noted that our first tranche of financing has a 25-year term, and the District Board felt that a shorter term showed more responsibility to the voters of Alameda.

Again, these issues are provided for information. Gary Hicks will attend our Board meeting on January 13 remotely to discuss this analysis. No decisions need to be made by the District or AHS Boards at this time.

In my Executive Director report, I also provide an update on new grant funding that may be available from the State to help with these variances and/or other aspects of the project.

Project	Budget	Committed	Actuals	Remaining (Over/Under)
SNF	25,751,840.22	984,309.06	395,351.04	24,235,041.22
Make Ready	3,907,701.49	347,475.00	30,000.00	3,560,226.49
AHS Internal Moves	445,287.50	0.00	0.00	445,287.50
	30,104,829.21	1,331,784.06	395,351.04	28,773,045.15

Summary of Additional Expenses and Need for additional Funding

\*\*\*DISCSS WITH DEBI TO INCLUDE IN THIS REPORT or HER REPORT.\*\*\*\*

Alameda 2030 Renovations - Estimate of Costs as of 10/31/24 with Budget Reduction from Owner Contingency			
Cost Description	Original Estimate	10/31/2024 Interim Cost Estimate	Variance from Original to 10/31/24 +(-)
Cost of Issuance	\$ 1,000,000.00	\$ 1,150,000.00	\$ 150,000.00
NPC 4 & 5 Updated Costs	\$ 14,879,277.08	\$ 16,069,619.25	\$ 1,190,342.17
NPC 4	\$ 6,258,477.58	\$ 6,759,155.79	\$ 500,678.21
NPC 5	\$ 8,620,799.50	\$ 9,310,463.46	\$ 689,663.96
SPC Updated Costs	\$ 14,788,624.75	\$ 13,605,534.77	\$ (1,183,089.98)
SNF Updated Costs	\$ 25,751,840.22	\$ 27,328,466.47	\$ 1,576,626.25
			\$ -
Moment Frame Testing	\$ -	\$ 2,312,600.00	\$ 2,312,600.00
Make Ready Construction Costs	\$ -	\$ 3,907,701.49	\$ 3,907,701.49
AHS Operational Moves	\$ -	\$ 445,287.50	\$ 445,287.50
	\$ 56,419,742.05	\$ 64,819,209.48	\$ 8,399,467.43
		Contingency Budget Reduction	\$ (2,565,162.92)
		Additional Funding Need	\$ 5,834,304.50



**CITY OF ALAMEDA HEALTH CARE DISTRICT**  
**Project Sources and Uses of Funds Summary - November 19, 2024 (\$5.85M New Money)**

	<u>Series B - 25-yr. Term</u> <u>4.38% TIC</u>	<u>Series B - 30-yr. Term</u> <u>4.53% TIC</u>	<u>Series B - 35-yr. Term</u> <u>4.63% TIC</u>
<b>Estimated Annual Debt Service &amp; Excess Parcel Taxes (assumes Aa2 rating):</b>			
Projected Annual Parcel Tax Revenues (actual FY 2022/23)	\$ 6,036,813	\$ 6,036,813	\$ 6,036,813
Less Actual Series A Debt Service Pmts. (4.03% TIC & 25 yrs.)	\$ 953,625	\$ 953,625	\$ 953,625
Less Projected Series B Debt Service Pmts. (see above interest rate & term)	<u>3,063,250    4,016,875</u>	<u>2,829,500    3,783,125</u>	<u>2,675,250    3,628,875</u>
<b>Parcel Tax Residual (available for District expenses &amp; AHS)</b>	<u>\$ 2,019,938</u>	<u>\$ 2,253,688</u>	<u>\$ 2,407,938</u>
<b>Parcel Tax Coverage Ratio (Pro Forma)</b>	<u>1.50x</u>	<u>1.60x</u>	<u>1.66x</u>
<b>Estimated Additional Debt Capacity (assumes Aa2 rating)</b>			
Assumes a Maximum 1.35x Parcel Tax Coverage Ratio	1.35x	1.35x	1.35x
Maximum Total Debt Service (Series A & Series B Combined)	\$ 4,471,713	\$ 4,471,713	\$ 4,471,713
Additional Total Debt Service Available (Series A & Series B Combined)	\$ 454,838	\$ 688,588	\$ 842,838
<b>Additional Debt Capacity Available</b>	<u>\$ 6,400,000</u>	<u>\$ 10,600,000</u>	<u>\$ 13,800,000</u>
<b>Revised Parcel Tax Residual (assuming Addition Debt Capacity)</b>	<u>\$ 1,565,100</u>	<u>\$ 1,565,100</u>	<u>\$ 1,565,100</u>



January 13, 2025

TO: Board of Directors – City of Alameda Healthcare District (District)

FROM: Jeff Cambra – Communications Committee

RE: Update on External District Information Campaign

Over the past six months, the Communications Committee (Committee) and the District staff have been working with Vox Populi PR on updating the District’s website to make it more user friendly, to become a recognized certified District by ACHD from, and to provide a location where residents can go to obtain information about the District, it’s history, structure, and function. Specifically, it will be the location of information regarding the seismic upgrade project that will begin later this year. Part of this upgrade included the creation of a new District logo.

The Committee takes this opportunity to recognize staff member Alixandria Williams for all her time dedicated to working with Streamline on getting the many District documents uploaded to the website and learning how to administer the new website. Alix’s contribution to the creation of the website and mailer are acknowledged and greatly appreciated.

For 2025, the Committee will be developing a public outreach campaign to direct residents to the new website and “push out” updates to residents of the District’s activities utilizing a number of methods.

**Direct Mail**

Together with input from Vox Populi PR, the Committee designed a mailer to introduce the District and the new website to the Alameda community. This promotional piece was mailed out to all registered voters residing in the City of Alameda on January 6, 2025. See attached mailer.

**Alameda Post**

The Alameda Post is the City’s major digital “newspaper” and provides paid advertising opportunities, news coverage of District events, and publishing Letters to the Editor. This resource will be provided with content as it is developed, and the Committee will provide Letters to the Editor as appropriate.

**Social Media**

The use of social media represents the most economical and effective way to distribute information about the District to the community. The Committee has developed a list of content topics and a schedule for distribution. See attached list.



The Committee is currently developing a mechanism for **creating content** utilizing text, still images, and video media. The District has established both Facebook and LinkedIn accounts as the initial method of **distribution** of the content. An essential component of any social media campaign is **monitoring** the comments that a post may receive and if appropriate, **respond** to those comments.

Initially, the Committee is recommending that all phases of the social media function be handled internally through the Committee while policies, procedures, and protocols are developed. The Committee requests the board to create a board position called Chief Communications Officer who would oversee the creation of content, manage the distribution of the content, monitor the platforms for any comments, and respond to comments if appropriate based on guidelines established by the full board. This position would be filled by nomination from current board members and approved by a vote of the board.

### **Events**

There are a number of additional opportunities for the District to outreach to the community. The annual Health Fair at Alameda Hospital, Alameda Chamber monthly mixers, and the Fourth of July Parade are examples of such events. Additional opportunities include the Park Street Fair, Blues, Brews, & BBQ, and Alameda Pride fairs. The Committee will investigate the opportunities and provide a more complete list of events and the costs associated with the participation including staff time to the board at a future meeting.

### **Budget Request**

At the present time there is no amount of money budgeted for the outreach campaign. The Committee is requesting the board to allocate \$3000 to be used for promotional outreach from now until June 30, 2025 when the board can consider a publicity allocation as part of establishing the 25-26 budget.



## 2025 SOCIAL MEDIA POSTING SCHEDULE

### JANUARY

- 1st – Happy New Year
- 6<sup>th</sup> – Mailer / 100<sup>th</sup> Celebration
- 12<sup>th</sup> – MTG. (Post Day Before)
- 15<sup>th</sup> – MLK. JR. DAY

### FEBRUARY

- 1<sup>st</sup> – BLK. History Month
- 1<sup>st</sup> – American Heart Health Month
- 17<sup>th</sup> President's Day

### MARCH

- 8<sup>th</sup> – International Women's Day
- 8<sup>th</sup>- Day Light Savings
- 9<sup>th</sup> – MTG.
- 30<sup>th</sup> – National DR. Day
- 31<sup>st</sup> – Cesar Chavez Day

### APRIL

- 1<sup>st</sup> – National Public Health Week
- 2<sup>nd</sup> – World Autism Awareness Day
- 7<sup>th</sup> – World Health Day
- 23<sup>rd</sup> – Admin. Professionals Day

### MAY

- Special Districts Week
- 4<sup>th</sup> – International Fire Fighter's Day
- 6<sup>th</sup> – National Nurse's Day
- 7<sup>th</sup> – National Teacher's Appreciation Day
- 11<sup>th</sup> – MTG.
- 12- National Hospital Week
- 26<sup>th</sup> – Memorial Day

### JUNE

1<sup>st</sup> – Pride Month

9-15<sup>th</sup> Men’s Health Week

19<sup>th</sup> – Juneteenth

20<sup>th</sup> – Summer

## **JULY**

1<sup>st</sup> - Parade

4<sup>th</sup> – July 4<sup>th</sup>

8<sup>th</sup> – International Paramedics Week

13<sup>th</sup> – MTG

## **AUGUST**

3<sup>rd</sup> – 9<sup>th</sup> - National Health Center Week

11<sup>th</sup> – Back to School ( General or Specific to Alameda)

23<sup>rd</sup> – 29<sup>th</sup> Health Unit Coordinator week

## **SEPTEMBER**

1<sup>st</sup> – Labor Day

5<sup>th</sup> – National Preparedness Month

10<sup>th</sup> – World Suicide Prevention Day

14<sup>th</sup> – MTG.

16<sup>th</sup> – IT Professionals Day

22<sup>nd</sup> – Autumn

## **OCTOBER**

1<sup>st</sup> – Breast Cancer Awareness Month

10<sup>th</sup> – World Mental Health Day

11<sup>th</sup> - Health Fair ?

13<sup>th</sup> – Indigenous People’s Day

29<sup>th</sup> – World Stroke Day

## **NOVEMBER**

1<sup>st</sup> – Month of Gratitude

2<sup>nd</sup> – Day Light Savings

10<sup>th</sup> – MTG.

11th Veteran's Day

13<sup>th</sup> – World Kindness Day

27<sup>th</sup> – Thanksgiving

## **DECEMBER**

1<sup>st</sup> – World AIDS Day

3<sup>rd</sup> – International Day of persons with Disabilities

15<sup>th</sup> – Happy Holidays

## **DISTRICT SPECIFIC CONTENT**

100<sup>th</sup> Anniversary of the Alameda Hospital “Main Building.”

Post #1 – Why a new hospital.?

Post #2 – Construction details

Post #3 – Features of the new “Alameda Sanitorium on South Shore” hospital.

Before “Alameda Sanitorium on South Shore”

Post #4 – Early healthcare

Post #5 – Role of Kate Creedon

Post #6 – The Pond Building and Alameda Sanitorium expansion

Alameda Sanitorium 1925 to 1939

Post #7 – Successes

Post #8 – Financial troubles & foreclosure

Alameda Hospital 1940 – 1983

Post #9 – Formation of Alameda Hospital

Post #10 – Alameda Hospital Auxiliary

Post #11 – The Stephens Wing (1956)

Post #12 – West Wing (1967)

Post #13 – South Wing (1983)

Forming the Healthcare District

Alameda Healthcare Systems Affiliation

Seismic Retrofit Project



January 13, 2025

TO: Board of Directors – City of Alameda Healthcare District (District)

FROM: Jeff Cambra – Property Management Committee

RE: 1359 Pearl Street Maintenance Projects for 2025

### Summary

The Property Management Committee (Committee) has evaluated the condition of the property located at 1359 Peral Street, Alameda, CA 94501 and recommends the following action:

**ACTION #1:** Authorize the Committee to issue a Request for Proposal and Formal Bid to replace the exterior shingle siding (or the equivalent) on the upper elevation of the property.

At the July 2024 District board meeting, the Committee presented pictures of the exterior shingle siding and indicated that the condition of the siding required prompt action to prevent damage to the underlying structure.









**ACTION #2:** Obtain informal cost estimates on the replacement of the water heaters on both an individual replacement and a “5 unit” basis for the purpose of establishing a budget for the 2025-2026 year.

The property inspection performed by BPG on May 7, 2024 indicated that the water heaters that supply hot water to units A, C, F, G, and H are near the end of their useful life and that replacement should be anticipated. Once the cost estimates are obtained, the Committee will bring this item to the board at a future date with a request to issue an RFP based on cost.

**ACTION #3** Obtain updated informal estimates to replace the windows in individual units, on a single building basis (multiple units in one building), and on a property wide basis in order to issue an RFP for the work to be performed in the 2025-2026 budget cycle.

It is the Committee’s belief that the windows are the original 1954 single pane aluminum frame units, and it has already received informal estimates to replace the windows in the property. The glazing is badly deteriorated and needs to be repaired on an expedited basis in some units. However, given the thermal inefficiency of this type of window, the Committee recommends that the money for the glazing repair would be better spent on new windows. Once the cost estimates are obtained, the Committee will bring this item to the board at a future date with a request to issue an RFP.



ACTION #4. At the request of board member Codiga, the Committee will be contacting SJN Electric to evaluate the condition of the electrical system of all three buildings in greater detail than the general property inspection performed in 2024. The Committee will submit the SJN report to the board at a future meeting.

Once the cost estimates for action items 2, 3, and 4 are received, the Committee will prepare a budget for board approval.



## MEETING MINUTES – NOVEMBER 12, 2024

**BOARD MEMBERS' PRESENT:** Dr. Deutsch, Dr. Chen, Mr. Sayen, Mr. Cambra, Ms. Codiga – T.C.

**DISTRICT REPRESENTATIVES PRESENT:** Mr. Driscoll, Ms. Stebbins, Ms. Williams

**OTHERS PRESENT:** Isabella Chock, Tara Lenoir, Rick Jackson, Chris Adams, Richard Espinoza, Grace Mesina, Kristen Thorson, Macy Rodriguez

**CALL TO ORDER:**

The meeting was called to order at 5:37 p.m., with a quorum of board members present.

**DISTRICT WEBSITE PRESENTATION:**

Over the past four months, the District has been working on an updated website to improve usability and better connect with the community. Isabella Chock from Streamline, who is overseeing the development of the new site designed to enhance transparency and accessibility, provided the group with a brief overview. Ms. Chock detailed the website's features, including an accessibility scanner and user-friendly content management. The Board was given a week to review the website and provide feedback by November 20th, with a public launch anticipated in early December.

**PRESENTATION OF FY 23-34 AUDIT:**

Rick Jackson, the District's Auditor, provided an update on the annual audit, reporting a clean opinion, which was very comparable to the previous year. Mr. Jackson briefly reviewed the balance sheet on page 5 of the audit, noting that cash and cash equivalents mainly come from the general checking account. Receivables primarily consist of parcel property tax receivables. Prepaid expenses are mainly comprised of insurance payments for the next year, typically made at the end of the current year. The assets limited for use refer to the Jabber Trust account, while the capital assets are the District's fixed assets. There were approximately \$138,000 in additions this year, primarily related to building improvements, coupled with about \$165,000 in depreciation. This resulted in a difference of \$4.7 million this year compared to \$6 million last year in total assets.

The liabilities are mainly comprised of ongoing debt, which has been in place for some time, along with a small amount of accounts payable. This includes a few vendors that are paid in July and August for services provided through June 30. Again, the figures are very comparable from one year to the next. Next, you can refer to the income statement on the following page.

Rent and other operating revenues: Last year, the rent total was \$184,000, and this year it's about \$202,000. Notably, there were two insurance checks received for flood damage on South Shore, totaling about \$84,000. Expenses increased from \$558,000 last year to \$960,000 this year, primarily due to professional fees related to the seismic project. The District's tax revenues remained stable, as did other revenues and expenses, which were also relatively consistent. You can also see the last item there: the transfers to Alameda Health Systems. Overall, the figures are very comparable from one year to the next.

### **YTD AHS REPORTS:**

#### **PATIENT CARE EXPERIENCE REPORT:**

Mr. Adams provided a brief leadership update. Pat Reynolds, who served as our long-term peri-op services manager for the past 19 years, retired last Friday. Travis Troy-Brown will be stepping in as interim manager while we actively recruit for the position. This role will cover both San Leandro and Alameda Hospital.

The vacancy rate has decreased significantly, from around 35% at this time last year to 13% now, bringing us closer to the national average of just over 10%. The managers have done an excellent job in marketing and hiring. When we don't have enough staff in the units, it impacts everything—patient care, staff burnout, and job dissatisfaction. The goal is to have a stable workforce, one that aligns with our budget and staffing needs. Negotiations with the California Nurses Association are still ongoing. Since April, there have been over 20 negotiation sessions, and several proposals have been exchanged. The Association presented an economic proposal last month, which was taken to the AHS board for approval, and we have since responded to that proposal. Negotiations appear to be in the final stretch and may be concluded by the end of the year.

Notably, there are several operational projects underway. For example, the third floor, MedSurge, and telemetry teams have been collaborating with the inpatient rehab team on a mobility initiative. Staff has refocused their efforts on getting patients out of bed and mobilizing them every day. The ED staff recently participated in care experience training, where scenarios were presented, and tips were provided on how to react. The triage area is also being evaluated for improvements, particularly following patient feedback regarding a lack of privacy.

#### **SNF RATING UPDATE:**

Mr. Espinoza shared positive news that all AHS Post-Acute SNF sites have received and maintained a 5-Star rating for 11 consecutive years. Only 10 percent of SNF units in

the United States receive a 5-Star rating from the Centers for Medicare and Medicaid Services (CMS). This achievement was also highlighted in *Newsweek*. Mr. Espinoza noted that when competing against for-profit facilities, it is the quality of care that sets Alameda's SNFs apart.

All three post-acute sites underwent their CMS surveys from September 16th to 19th. The average number of deficiencies allowed is 16.5. Across all three sites, there were only three deficiencies, one of which was an automatic deficiency for the South Shore site due to a square footage waiver. Notably, there were zero findings at both the Park Bridge and Sub-Acute sites. Additionally, 65 clinical chart reviews were conducted, and there were no findings.

#### A.H. FINANCIAL UPDATE:

Ms. Mesina provided the group with a brief update on Alameda Hospital's financials. Patient days for the month of September were below budget. Observation days increased by 192 days, while general acute inpatient days decreased by 180 days due to efforts to ensure patients are placed at the appropriate level of care. If patients are not in the correct level of care, the hospital will not be reimbursed for it. As a result, the average daily census is below budget.

The average length of stay (LOS) is slightly above budget but still meets expectations for September. Emergency Department (ED) visits are higher, while patient days are down, and it is expected that FTEs (Full-Time Equivalents) will also be lower. Inpatient surgeries are down, whereas outpatient surgeries have increased, mainly due to pain procedures that are still taking place but will be discontinued in January 2025. SNF (Skilled Nursing Facility) days are below budget due to sub-acute COVID outbreaks. Mr. Espinoza also noted that the District is reimbursed for bed holds at SNFs. The entity financials have not been included due to the finance team going through to make sure that allocations for each campus are done properly.

### **DISTRICT AND OPERATIONAL UPDATES**

#### AHS BOARD LIASION REPORT:

Mr. Sayen informed the group that Dr. Tornovaney has resigned, and Dr. Mahler will serve as interim CMO. Additionally, the interim HR director has also resigned, and the system is actively seeking to fill this position. Andrew Brigman, who was the quality manager, has also resigned.

St. Rose Hospital will continue to operate as an independent, nonprofit hospital governed by a board of directors appointed by AHS. The board will include the CEO,

CIO, CNO, COO, and a representative from the Hayward community. This structure enables the board to make decisions promptly without adhering to the Brown Act. If St. Rose were integrated with AHS, the Measure A funds allocated to AHS would remain unchanged. However, since St. Rose also receives Measure A funds, maintaining separate entities is currently more advantageous. This separation also protects AHS from assuming St. Rose's debt if outcomes do not align with expectations. The long-term objective is for St. Rose to merge with AHS in the future. Mr. Sayen noted that the current plan does not address seismic upgrades at St. Rose, which will need attention. There is a three-year extension available for safety-net and distressed hospitals, under which St. Rose qualifies.

#### EXECUTIVE DIRECTOR REPORT:

Ms. Stebbins noted that she made a few additions to the 2025 goals and priorities, including adding a succession plan for executive leadership and seeking to comply with the ACHD certification process so that the District may become certified.

#### SEISMIC AND OPERATIONAL UPGRADE STATUS REPORT:

Ms. Thorson provided the group with an overview of the seismic project. She presented the project map that was displayed and handed out during the October Health Fair, which will be added to the District website.

**NPC 4:** Design development is complete, and all locations requiring anchorage have been identified. The project is now undergoing a cost estimate phase.

**NPC 5:** The types and sizes of the necessary tanks have been identified. The current focus is on the structural components, specifically how the sewer tank will be placed in the ground, as well as the placement of the fuel and water tanks.

**SPC 4D:** The structural engineers are exploring every possibility to reduce the overall scope with minimal disruption to the hospital.

Additionally, HCAI noted that a detailed moment frame test needs to be conducted within the south building and ER addition. This process is being worked through to understand its potential impact.

**SNF:** The schematic design is complete, along with proposals from the engineers, and the project is expected to begin shortly. There are three "make-ready" projects that are still being worked through to determine how they fit into the timeline.

#### COMMUNICATIONS SUBCOMMITTEE UPDATE:

Mr. Cambra informed the group that partnering with Streamline has allowed the District to save money while ensuring our website complies with ADA requirements. Streamline not only hosts our website but also assists with any future updates as needed.





**PROPERTY OVERSIGHT COMMITTEE:**

Mr. Cambra updated the group that the rent roll represents the amount of rent collected each month from each tenant. The property management company then provides a profit and loss (P&L) statement, which is cross-checked by the accountant using the information provided by Drysdale. In 2025, a few capital projects will be considered, including water heater replacement and shingle repairs.

**PROPERTY MANAGEMENT SELECTION:**

The District sent RFPs to several property management companies within the community. Of those companies, three submitted completed RFPs. The group discussed the last two companies: Cerda-Zane and Drysdale (our current property management company).

After the discussion, a motion to remain with Drysdale, the current property management company, was made by Mr. Sayen and seconded by Mr. Chen. The motion was approved with the votes, and two recusals due to conflicts of interest.

**CONSENT AGENDA:**

Mr. Cambra made a motion to accept the consent agenda, including the minutes from September 9, 2024, and the financials for August and September. The motion was seconded by Ms. Codiga and unanimously approved.

A motion to accept action items 1 (Conceptual Approval of the District Website) and 2 (Acceptance of FY 2024 Audit) was made by Mr. Cambra and seconded by Mr. Sayen. The motion was unanimously approved.

The officers and liaison positions will be tabled until the January 13th Board meeting.

Meeting Minutes Submitted By :  
Alixandria Williams



# CITY OF ALAMEDA HEALTH CARE DISTRICT

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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
(October 1 - 31, 2024)



## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of <u>6/30/2024</u>	As of <u>10/31/2024</u>
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,324,758	\$ 1,040,520
Grant and other receivables	307,342	2,033,333
Prepaid expenses and deposits	165,553	148,520
Total current assets	<u>1,797,654</u>	<u>3,222,373</u>
Assets limited as to use	697,407	742,227
Capital Assets, net of accumulated depreciation	2,083,691	2,026,418
	<u>4,578,751</u>	<u>5,991,019</u>
Lease receivable	166,472	166,472
Total assets	<u>\$ 4,745,223</u>	<u>\$ 6,157,491</u>
 <b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 23,832	\$ 25,040
Accounts payable and accrued expenses	17,817	19,117
Total current liabilities	<u>41,649</u>	<u>44,157</u>
Deferred inflows of resources	161,172	161,172
Debt borrowings net of current maturities	778,669	769,686
Total liabilities	<u>981,490</u>	<u>975,015</u>
 <b>Net position:</b>		
Total net position (deficit)	<u>3,763,733</u>	<u>5,182,476</u>
<b>Total liabilities and net position</b>	<u>\$ 4,745,223</u>	<u>\$ 6,157,491</u>

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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2024	Actual YTD 10/31/2024	Budget YTD 6/30/2025	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 6,084,248	\$ 2,035,777	\$ 2,033,333	2,444	0%
Rents	201,604	73,478	75,000	(1,522)	760%
Other revenues	90,577	-	499,468	(499,468)	
Total revenues	6,376,429	2,109,255	2,607,802	(498,546)	
<b>Expenses</b>					
Professional fees - executive director	224,923	83,484	80,000	(3,484)	-4%
Professional fees - Assistant	115,820	38,470	37,333	(1,137)	-3%
Professional fees	619,604	349,722	262,867	(86,856)	-33%
Supplies	10,606	8,244	3,333	(4,911)	-147%
Purchased services	4,200	1,000	3,667	2,667	73%
Repairs and maintenance	35,612	24,487	15,333	(9,154)	-60%
Rents	21,021	7,644	7,667	23	0%
Utilities	13,304	5,869	4,000	(1,869)	-47%
Insurance	179,884	47,794	73,675	25,881	35%
Depreciation and amortization	165,981	57,272	56,133	(1,140)	
Interest	47,415	15,558	16,000	442	3%
Travel, meeting and conferences	8,029	6,500	3,333	(3,167)	-95%
Other expenses	24,600	13,805	20,167	6,361	32%
Community projects and programs	263,500	-	5,000	5,000	100%
Total expenses	1,734,499	659,851	588,508	(71,343)	
Operating gains	4,641,930	1,449,404	2,019,294	569,890	28%
Transfers	(5,921,453)	(30,662)	(1,866,381)		
Increase(Decrease) in net position	(1,279,523)	1,418,743	152,913		
Net position at <i>beginning of the year</i>	5,043,256	3,763,733	3,763,733		
Net position at the <i>end of the period</i>	\$ 3,763,733	\$ 5,182,476	\$ 3,916,646		

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2024	Actual YTD 10/31/2024
Increase(Decrease) in net position	\$ (1,279,523)	\$ 1,418,743
Add Non Cash items		
Depreciation	165,981	57,272
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	(1,013)	(1,725,991)
Prepaid expenses and deposits	(12,094)	17,033
Deferred outflows of resources	36,745	-
Accounts payable and accrued expenses	(7,257)	1,300
Deferred revenues	(42,045)	-
Net Cash provided(used) by operating activities	(1,139,205)	(231,643)
<b>Cash flows from investing activities</b>		
Acquisition of Property Plant and Equipment	(138,488)	(0)
Changes in assets limited to use	164,756	(44,820)
Net Cash used in investing activities	26,267	(44,820)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(22,585)	(7,775)
Net cash used by financing activities	(22,585)	(7,775)
<b>Net change in cash and cash equivalents</b>	(1,135,523)	(284,238)
Cash at the beginning of the year	2,460,281	1,324,758
Cash at the end of the period	<u>\$ 1,324,758</u>	<u>\$ 1,040,520</u>

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2024	Jaber 6/30/2024	As of 6/30/2024	District 10/31/2024	Jaber 10/31/2024	As of 10/31/2024
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 1,324,758	\$ -	\$ 1,324,758	\$ 1,040,520	\$ -	\$ 1,040,520
Grant and other receivables	307,342	0	307,342	2,033,333	0	2,033,333
Prepaid expenses and deposits	165,553	(0)	165,553	148,520	0	148,520
Total current assets	1,797,654	(0)	1,797,654	3,222,374	0	3,222,374
Due To Due From	25,037	(25,037)	0	25,037	(25,037)	0
Assets limited as to use	0	697,407	697,407	0	742,227	742,227
Capital Assets, net of accumulated depreciation	1,166,902	916,788	2,083,691	1,124,405	902,014	2,026,418
	2,989,593	1,589,159	4,578,751	4,371,815	1,619,204	5,991,019
Other Assets	(0)	0	(0)	0	0	0
Deferred outflows of resources	166,472	0	166,472	166,472	0	166,472
Total assets	3,156,065	1,589,159	4,745,223	4,538,287	1,619,204	6,157,491
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	23,832	0	23,832	25,040	0	25,040
Accounts payable and accrued expenses	17,817	0	17,817	19,117	0	19,117
Total current liabilities	41,649	0	41,649	44,157	0	44,157
Deferred revenue	161,172	0	161,172	161,172	0	161,172
Debt borrowings net of current maturities	778,669	0	778,669	769,686	0	769,686
Total liabilities	981,490	0	981,490	975,015	0	975,015
<b>Net position:</b>						
Total net position (deficit)	2,174,574	1,589,159	3,763,733	3,563,272	1,619,204	5,182,476
<b>Total liabilities and net position</b>	<b>\$3,156,064</b>	<b>\$1,589,159</b>	<b>\$4,745,223</b>	<b>\$4,538,287</b>	<b>\$1,619,204</b>	<b>\$6,157,491</b>

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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2024	6/30/2024	YTD	10/31/2024	10/31/2024	YTD
	6/30/2024	6/30/2024	6/30/2024	10/31/2024	10/31/2024	10/31/2024
<b>Revenues and other support</b>						
District Tax Revenues	6,084,248	0	6,084,248	2,035,777	0	2,035,777
Rents	(1,227)	202,831	201,604	0	73,478	73,478
Other revenues	90,577	0	90,577	0	0	0
Total revenues	6,173,598	202,831	6,376,429	2,035,777	73,478	2,109,255
<b>Expenses</b>						
Professional fees - executive director	224,923	0	224,923	83,484	0	83,484
Professional fees - Assistant	115,820	0	115,820	38,470	0	38,470
Professional fees	609,104	10,500	619,604	346,237	3,485	349,722
Supplies	10,606	0	10,606	8,244	0	8,244
Purchased services	4,200	0	4,200	1,000	0	1,000
Repairs and maintenance	0	35,612	35,612	0	24,487	24,487
Rents	21,021	0	21,021	7,644	0	7,644
Utilities	1,342	11,961	13,304	0	5,869	5,869
Insurance	179,884	0	179,884	47,794	0	47,794
Depreciation and amortization	128,581	37,400	165,981	42,498	14,775	57,272
Interest	47,415	0	47,415	15,558	0	15,558
Travel, meeting and conferences	8,029	0	8,029	6,500	0	6,500
Other expenses	16,575	8,025	24,600	18,987	(5,182)	13,805
Community projects and programs	263,500	0	263,500	0	0	0
Total expenses	1,631,000	103,499	1,734,499	616,417	43,433	659,850
Operating gains	4,542,598	99,332	4,641,930	1,419,360	30,045	1,449,405
Transfers	(5,757,453)	(164,000)	(5,921,453)	(30,662)	0	(30,662)
Increase(Decrease) in net position	(1,214,855)	(64,667)	(1,279,523)	1,388,698	30,045	1,418,743
Net position at <i>beginning of the year</i>	3,389,430	1,653,826	5,043,256	2,174,574	1,589,159	3,763,733
Net position at the <i>end of the period</i>	2,174,574	1,589,159	3,763,733	3,563,272	1,619,204	5,182,477

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2024	6/30/2024	YTD 6/30/2024	10/31/2024	10/31/2024	YTD 10/31/2024
Increase(Decrease) in net position	(1,214,855)	(64,667)	(1,279,523)	1,388,698	30,045	1,418,743
Add Non Cash items						
Depreciation	128,581	37,400	165,981	42,498	14,775	57,272
<b>Changes in operating assets and liabilities</b>						
Grant and other receivables	(1,013)	0	(1,013)	(1,725,991)	(0)	(1,725,991)
Prepaid expenses and deposits	(12,094)	0	(12,094)	17,033	(0)	17,033
Deferred outflows of resources	36,745	0	36,745	0	0	0
Due To Due From	(1,000)	1,000	0	0	0	0
Accounts payable and accrued expenses	(7,258)	0	(7,258)	1,300	0	1,300
Deferred revenues	(42,045)		(42,045)	0		0
Net Cash provided(used) by operating activities	(1,112,939)	(26,267)	(1,139,206)	(276,463)	44,820	(231,643)
<b>Cash flows from investing activities</b>						
Acquisition of Property Plant and Equipment	0	(138,488)	(138,488)	(0)	(0)	(0)
Changes in assets limited to use	0	164,756	164,756	0	(44,820)	(44,820)
Net Cash used in investing activities	0	26,267	26,267	(0)	(44,820)	(44,820)
<b>Cash flows from financing activities</b>						
Principal payments on debt borrowings	(22,585)	0	(22,585)	(7,775)	0	(7,775)
Net cash used by financing activities	(22,585)	0	(22,585)	(7,775)	0	(7,775)
<b>Net change in cash and cash equivalents</b>	(1,135,524)	(0)	(1,135,524)	(284,238)	(0)	(284,238)
Cash at the beginning of the year	2,460,281	(0)	2,460,281	1,324,758	(0)	1,324,758
Cash at the end of the period	1,324,758	(0)	1,324,758	1,040,520	(0)	1,040,519

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
<u>Rents - 1359 Pearl Street</u>													
Unit A	2,483	2,483	2,483	2,483									9,930
Unit B	1,752	1,752	1,752	1,752									7,008
Unit C	4,013	1,505	2,150	2,150									9,818
Unit D	1,586	1,586	1,586	1,586									6,345
Unit E	1,900	1,900	1,900	1,900									7,600
Unit F	1,543	1,543	1,543	-									4,629
Unit G	2,000	2,000	2,000	2,000									8,000
Unit H	1,485	1,485	1,485	1,485									5,940
	16,762	14,254	14,899	13,356	-	-	-	-	-	-	-	-	59,271
Laundry	129	170	375	210									884
	16,891	14,424	15,274	13,566	-	-	-	-	-	-	-	-	60,154
<u>Expenses</u>													
Landscaping	275	275	275	275									1,100
Utilities	1,334	1,141	1,403	1,991									5,869
Cleaning, Inspection, Repairs	3,538	3,539	15,410	162									22,649
Other	645	-	-	-									645
Mngt Fee	697	711	744	667									2,819
Reserve	1,481	(3,411)	(3,081)	(816)									(5,827)
Total Expenses	7,970	2,256	14,750	2,278	-	-	-	-	-	-	-	-	27,254
Net	8,920.91	12,168	524.06	11,287	-	-	-	-	-	-	-	-	32,901
<u>Rents - 2711 Encinal Avenue</u>													
Wendy and Shawn Shay	3,331	3,331	3,331	3,331									13,324
<u>Expenses</u>													
Other													-
Cleaning, Inspection, Repairs	165	363	210	-									738
Mngt Fee	167	167	167	167									666
Reserve													-
Total Expenses	332	530	377	167	-	-	-	-	-	-	-	-	1,405
Net	2,999.45	2,801	2,954.45	3,164	-	-	-	-	-	-	-	-	11,919
<u>Summary Rents</u>													
	20,222	17,755	18,605	16,897	-	-	-	-	-	-	-	-	73,478
<u>Summary Expenses</u>													
26 Mngt Fee	864	878	910	833	-	-	-	-	-	-	-	-	3,485
62 Landscaping	275	275	275	275	-	-	-	-	-	-	-	-	1,100
62 Cleaning, Inspection, Repairs	3,703	3,902	15,620	162	-	-	-	-	-	-	-	-	23,387
80 Utilities	1,334	1,141	1,403	1,991	-	-	-	-	-	-	-	-	5,869
84 Other	645	-	-	-	-	-	-	-	-	-	-	-	645
84 Reserve	1,481	(3,411)	(3,081)	(816)	-	-	-	-	-	-	-	-	(5,827)
Total Expenses	8,301	2,786	15,126	2,445	-	-	-	-	-	-	-	-	28,658
Net Revenues over Expenses	11,920	14,969	3,479	14,452	-	-	-	-	-	-	-	-	44,820
Actual Deposit	11,920	14,969	3,479	14,452									44,820

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2024	As of 10/31/2024
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,324,758	\$ 1,040,520
Grant and other receivables	307,342	2,033,333
Prepaid expenses and deposits	165,553	148,520
Total current assets	<u>1,797,654</u>	<u>3,222,373</u>
Assets limited as to use	697,407	742,227
Capital Assets, net of accumulated depreciation	2,083,691	2,026,418
	4,578,751	5,991,019
Lease receivable	166,472	166,472
Total assets	<u>\$ 4,745,223</u>	<u>\$ 6,157,491</u>
 <b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 23,832	\$ 25,040
Accounts payable and accrued expenses	17,817	19,117
Total current liabilities	<u>41,649</u>	<u>44,157</u>
Deferred inflows of resources	161,172	161,172
Debt borrowings net of current maturities	778,669	769,686
Total liabilities	<u>981,490</u>	<u>975,015</u>
 <b>Net position:</b>		
Total net position (deficit)	<u>3,763,733</u>	<u>5,182,476</u>
<b>Total liabilities and net position</b>	<u>\$ 4,745,223</u>	<u>\$ 6,157,491</u>



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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2024	Actual YTD 10/31/2024	Budget YTD 6/30/2025	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 6,084,248	\$ 2,035,777	\$ 2,033,333	2,444	0%
Rents	201,604	73,478	75,000	(1,522)	760%
Other revenues	90,577	-	499,468	(499,468)	
Total revenues	6,376,429	2,109,255	2,607,802	(498,546)	
<b>Expenses</b>					
Professional fees - executive director	224,923	83,484	80,000	(3,484)	-4%
Professional fees - Assistant	115,820	38,470	37,333	(1,137)	-3%
Professional fees	619,604	349,722	262,867	(86,856)	-33%
Supplies	10,606	8,244	3,333	(4,911)	-147%
Purchased services	4,200	1,000	3,667	2,667	73%
Repairs and maintenance	35,612	24,487	15,333	(9,154)	-60%
Rents	21,021	7,644	7,667	23	0%
Utilities	13,304	5,869	4,000	(1,869)	-47%
Insurance	179,884	47,794	73,675	25,881	35%
Depreciation and amortization	165,981	57,272	56,133	(1,140)	
Interest	47,415	15,558	16,000	442	3%
Travel, meeting and conferences	8,029	6,500	3,333	(3,167)	-95%
Other expenses	24,600	13,805	20,167	6,361	32%
Community projects and programs	263,500	-	5,000	5,000	100%
Total expenses	1,734,499	659,851	588,508	(71,343)	
Operating gains	4,641,930	1,449,404	2,019,294	569,890	28%
Transfers	(5,921,453)	(30,662)	(1,866,381)		
Increase(Decrease) in net position	(1,279,523)	1,418,743	152,913		
Net position at <i>beginning of the year</i>	5,043,256	3,763,733	3,763,733		
Net position at the <i>end of the period</i>	\$ 3,763,733	\$ 5,182,476	\$ 3,916,646		

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2024	Actual YTD 10/31/2024
Increase(Decrease) in net position	\$ (1,279,523)	\$ 1,418,743
Add Non Cash items		
Depreciation	165,981	57,272
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	(1,013)	(1,725,991)
Prepaid expenses and deposits	(12,094)	17,033
Deferred outflows of resources	36,745	-
Accounts payable and accrued expenses	(7,257)	1,300
Deferred revenues	(42,045)	-
Net Cash provided(used) by operating activities	(1,139,205)	(231,643)
<b>Cash flows from investing activities</b>		
Acquisition of Property Plant and Equipment	(138,488)	(0)
Changes in assets limited to use	164,756	(44,820)
Net Cash used in investing activities	26,267	(44,820)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(22,585)	(7,775)
Net cash used by financing activities	(22,585)	(7,775)
<b>Net change in cash and cash equivalents</b>	(1,135,523)	(284,238)
Cash at the beginning of the year	2,460,281	1,324,758
Cash at the end of the period	<u>\$ 1,324,758</u>	<u>\$ 1,040,520</u>

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2024	Jaber 6/30/2024	As of 6/30/2024	District 10/31/2024	Jaber 10/31/2024	As of 10/31/2024
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 1,324,758	\$ -	\$ 1,324,758	\$ 1,040,520	\$ -	\$ 1,040,520
Grant and other receivables	307,342	0	307,342	2,033,333	0	2,033,333
Prepaid expenses and deposits	165,553	(0)	165,553	148,520	0	148,520
Total current assets	1,797,654	(0)	1,797,654	3,222,374	0	3,222,374
Due To Due From	25,037	(25,037)	0	25,037	(25,037)	0
Assets limited as to use	0	697,407	697,407	0	742,227	742,227
Capital Assets, net of accumulated depreciation	1,166,902	916,788	2,083,691	1,124,405	902,014	2,026,418
	2,989,593	1,589,159	4,578,751	4,371,815	1,619,204	5,991,019
Other Assets	(0)	0	(0)	0	0	0
Deferred outflows of resources	166,472	0	166,472	166,472	0	166,472
Total assets	3,156,065	1,589,159	4,745,223	4,538,287	1,619,204	6,157,491
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	23,832	0	23,832	25,040	0	25,040
Accounts payable and accrued expenses	17,817	0	17,817	19,117	0	19,117
Total current liabilities	41,649	0	41,649	44,157	0	44,157
Deferred revenue	161,172	0	161,172	161,172	0	161,172
Debt borrowings net of current maturities	778,669	0	778,669	769,686	0	769,686
Total liabilities	981,490	0	981,490	975,015	0	975,015
<b>Net position:</b>						
Total net position (deficit)	2,174,574	1,589,159	3,763,733	3,563,272	1,619,204	5,182,476
<b>Total liabilities and net position</b>	<b>\$3,156,064</b>	<b>\$1,589,159</b>	<b>\$4,745,223</b>	<b>\$4,538,287</b>	<b>\$1,619,204</b>	<b>\$6,157,491</b>

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

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2024	Jaber 6/30/2024	Actual YTD 6/30/2024	District 10/31/2024	Jaber 10/31/2024	Actual YTD 10/31/2024
<b>Revenues and other support</b>						
District Tax Revenues	6,084,248	0	6,084,248	2,035,777	0	2,035,777
Rents	(1,227)	202,831	201,604	0	73,478	73,478
Other revenues	90,577	0	90,577	0	0	0
Total revenues	6,173,598	202,831	6,376,429	2,035,777	73,478	2,109,255
<b>Expenses</b>						
Professional fees - executive director	224,923	0	224,923	83,484	0	83,484
Professional fees - Assistant	115,820	0	115,820	38,470	0	38,470
Professional fees	609,104	10,500	619,604	346,237	3,485	349,722
Supplies	10,606	0	10,606	8,244	0	8,244
Purchased services	4,200	0	4,200	1,000	0	1,000
Repairs and maintenance	0	35,612	35,612	0	24,487	24,487
Rents	21,021	0	21,021	7,644	0	7,644
Utilities	1,342	11,961	13,304	0	5,869	5,869
Insurance	179,884	0	179,884	47,794	0	47,794
Depreciation and amortization	128,581	37,400	165,981	42,498	14,775	57,272
Interest	47,415	0	47,415	15,558	0	15,558
Travel, meeting and conferences	8,029	0	8,029	6,500	0	6,500
Other expenses	16,575	8,025	24,600	18,987	(5,182)	13,805
Community projects and programs	263,500	0	263,500	0	0	0
Total expenses	1,631,000	103,499	1,734,499	616,417	43,433	659,850
Operating gains	4,542,598	99,332	4,641,930	1,419,360	30,045	1,449,405
Transfers	(5,757,453)	(164,000)	(5,921,453)	(30,662)	0	(30,662)
Increase(Decrease) in net position	(1,214,855)	(64,667)	(1,279,523)	1,388,698	30,045	1,418,743
Net position at <i>beginning of the year</i>	3,389,430	1,653,826	5,043,256	2,174,574	1,589,159	3,763,733
Net position at the <i>end of the period</i>	2,174,574	1,589,159	3,763,733	3,563,272	1,619,204	5,182,477

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
<u>Rents - 1359 Pearl Street</u>													
Unit A	2,483	2,483	2,483	2,483									9,930
Unit B	1,752	1,752	1,752	1,752									7,008
Unit C	4,013	1,505	2,150	2,150									9,818
Unit D	1,586	1,586	1,586	1,586									6,345
Unit E	1,900	1,900	1,900	1,900									7,600
Unit F	1,543	1,543	1,543	-									4,629
Unit G	2,000	2,000	2,000	2,000									8,000
Unit H	1,485	1,485	1,485	1,485									5,940
	16,762	14,254	14,899	13,356	-	-	-	-	-	-	-	-	59,271
Laundry	129	170	375	210									884
	16,891	14,424	15,274	13,566	-	-	-	-	-	-	-	-	60,154
<u>Expenses</u>													
Landscaping	275	275	275	275									1,100
Utilities	1,334	1,141	1,403	1,991									5,869
Cleaning, Inspection, Repairs	3,538	3,539	15,410	162									22,649
Other	645	-	-	-									645
Mngt Fee	697	711	744	667									2,819
Reserve	1,481	(3,411)	(3,081)	(816)									(5,827)
Total Expenses	7,970	2,256	14,750	2,278	-	-	-	-	-	-	-	-	27,254
Net	8,920.91	12,168	524.06	11,287	-	-	-	-	-	-	-	-	32,901
<u>Rents - 2711 Encinal Avenue</u>													
Wendy and Shawn Shay	3,331	3,331	3,331	3,331									13,324
<u>Expenses</u>													
Other													-
Cleaning, Inspection, Repairs	165	363	210	-									738
Mngt Fee	167	167	167	167									666
Reserve													-
Total Expenses	332	530	377	167	-	-	-	-	-	-	-	-	1,405
Net	2,999.45	2,801	2,954.45	3,164	-	-	-	-	-	-	-	-	11,919
<u>Summary Rents</u>													
	20,222	17,755	18,605	16,897	-	-	-	-	-	-	-	-	73,478
<u>Summary Expenses</u>													
26 Mngt Fee	864	878	910	833	-	-	-	-	-	-	-	-	3,485
62 Landscaping	275	275	275	275	-	-	-	-	-	-	-	-	1,100
62 Cleaning, Inspection, Repairs	3,703	3,902	15,620	162	-	-	-	-	-	-	-	-	23,387
80 Utilities	1,334	1,141	1,403	1,991	-	-	-	-	-	-	-	-	5,869
84 Other	645	-	-	-	-	-	-	-	-	-	-	-	645
84 Reserve	1,481	(3,411)	(3,081)	(816)	-	-	-	-	-	-	-	-	(5,827)
Total Expenses	8,301	2,786	15,126	2,445	-	-	-	-	-	-	-	-	28,658
Net Revenues over Expenses	11,920	14,969	3,479	14,452	-	-	-	-	-	-	-	-	44,820
Actual Deposit	11,920	14,969	3,479	14,452									44,820



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

**From:** Robert Deutsch, MD  
President

**RE:** Proposed Officers and Liaison Positions 2025

I am proposing the following slate of officers and liaison positions for 2025

Article III, Section 1., Officers of the District Bylaws provides for the election of District Officers. Officers shall hold their office for terms of one (1) year or until such time as a successor is elected. An officer may be removed from office by a majority of the Board of Directors at any time. Officers may serve consecutive terms.

Proposed AHCD Officers and Liaisons for 2025

Office/Liaison Position	Board Member
President / Representative #1 to City of Alameda Liaison Committee	Robert Deutsch, MD
1 <sup>st</sup> Vice President	Jeff Cambra
2 <sup>nd</sup> Vice President	Stewart Chen, DC
Secretary	Gayle Codiga
Treasurer	David Sayen
Alameda Health System Liaison	David Sayen
Community Health Liaison	Stewart Chen, DC
Alameda Hospital Liaison	Robert Deutsch, MD
Representative #2 on City of Alameda Liaison Committee	Jeff Cambra

\*Note: Alameda Health System Liaison – David Sayen continues on in the three-year appointment to this position through 2026.

Section 2. President

A. The President shall perform the following duties:

1. Preside over the meetings of the Board of Directors;
2. Sign and execute Uointly with the Secretary where appropriate), in the name of the District, all contracts and conveyances and all other instruments in writing that have been authorized by the Board of Directors;
3. Subject to any duly-adopted Policy of the Board regarding the signing of checks, exercise the power to co-sign, with the Secretary checks drawn on the funds of the District whenever:
  - a. There is no person authorized by resolution of the Board of Directors to sign checks on behalf of the District regarding a particular matter; or
  - b. It is appropriate or necessary for the President and Secretary to sign a check drawn on District funds.
4. Have, subject to the advice and publicly approved decisions of the Board of Directors, general responsibility for the affairs of the District.
5. Provide the District's Executive Director with general supervisory input during the year, in accordance with publicly approved decisions of the Board of Directors and/or consultation with a duly appointed District liaison. This supervision shall include attention to significant employment activities such as performance appraisals, disciplinary activities, and salary and benefits negotiations.
6. Generally discharge all other duties that shall be required of the President by the Bylaws of the District.

B. If at any time, the President is unable to act as President, the Vice Presidents, in the order hereinafter set forth, shall take the President's place and perform the President's duties; and if the Vice Presidents are also unable to act, the Board may appoint someone else to do so, in whom shall be vested, temporarily, all the functions and duties of the office of the President.



Section 3. Vice-Presidents

A. In the absence of the President or given the inability of the President to serve, the First Vice-President, or in the First Vice-President's absence, the Second Vice-President, shall perform the duties of the President.

B. The First Vice President shall also provide oversight of the rental properties owned by the District (also known as "Jaber Properties"), advising the Board on the selection of a property management firm and planning for capital improvement and maintenance of these properties. In addition, the First Vice President shall chair the Communications Committee, advising the Board on a communications strategy which conveys the organization's mission, goals and strategy and engages, as appropriate, residents and community leaders.

C. Perform such reasonable duties as may be required by the members of the Board of Directors or by the President.

Section 4. Secretary

The Secretary shall have the following duties:

- A. To act as Secretary of the District and the Board of Directors.
- B. To be responsible for the proper keeping of the records of all actions, proceedings, and minutes of meetings of the Board of Directors.
- C. To be responsible for the proper recording, and maintaining in a special book or file for such purpose, all ordinances and resolutions of the Board of Directors (other than amendments to these Bylaws) pertaining to policy or administrative matters of the District and its facilities.
- D. To serve, or cause to be served, all notices required either by law or these Bylaws. In the event of the Secretary's absence, inability, refusal or neglect to do so, such notices may be served by any person so directed by the President or Board of Directors.
- E. To perform such other duties as pertain to the Secretary's office and as are prescribed by the Board of Directors.

Section 5. Treasurer

- A. The Board of Directors shall establish its own treasury and shall appoint a Treasurer charged with the safekeeping and disbursement of the funds in the treasury.
- B. The Treasurer shall be responsible for the general oversight of the financial affairs of the District, including, but not limited to oversight of the receiving and depositing of all funds accruing to the District, coordinating and overseeing the proper levy and collection of the District's annual parcel tax, performance of all duties incident to

the office of Treasurer and such other duties as may be delegated or assigned to him or her by the Board of Directors, provided, however, that the District staff shall implement, and carry out the day to day aspects of the District's financial affairs.

C. The Treasurer shall maintain active and regular contact with the District staff for the purpose of obtaining that information necessary to carry out his or her duties.

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**MEETING DATE:** January 13, 2025

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

**FROM:** Deborah E. Stebbins, Executive Director

**SUBJECT:** Approval of FY 2023-2024 Parcel Tax True-Up Transfer to Alameda Health System

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### Action

Recommendation to transfer the **\$1,549,327** for Fiscal Year 2023-2024 as the parcel tax true-up transfer to Alameda Health System.

### Background

The attached document outlines an analysis of the fiscal period July 1, 2023 to June 30, 2024. As a reminder, the true-up transfer is recommended after the end of the fiscal year and after the annual audit is complete.

Total parcel tax revenue collected for the period was **\$ 6,083,635** a slight increase compared to taxes collected in the prior year. In addition under “other income”, \$85,000 was collected as an insurance company recovery for partial expenses for the flood repairs at the South Shore property. Since AHS sustained the expenses for these repairs, the insurance company payment is also included in the amount paid to AHS. This number is reduced by the total District expenses for FY 2024, adjusted for depreciation (a non-cash item) and adding back the principal payment on the loan maintained by the District for a net available for transfer to AHS of **\$4,341,985**. Earlier transfers to AHS for the FY 2024 year totaled **\$3,100,000**.

While expenses in FY 23-24 were higher for the District, most of these variances related to expenses associated with the seismic project planning and cost of the COP issuance. In September, 2024, the District received from US Bank, trustee for the COP issuance payments of **\$349,747** related to the cost of issuance of the COP's and **\$680,339** for the project expenses incurred prior to the close of financing. Since these funds would have been distributed to AHS under the JPA terms had they not been incurred by the District, the District immediately distributed these funds, totaling **\$1,030,065**, to AHS. This one-time re-coup of pre-closing expenses will not be relevant in future years.

While the District has historically received parcel taxes in April and December of each year. With District taxes going through the Trustee, US Bank, since the financing, we expect to receive the December, 2024 parcel taxes (net of the first debt service on the COP due in March 2025) very shortly from US Bank. The recommendation is for the District to transfer **\$1,549,327** to AHS immediately after receipt.

City of Alameda Health Care District  
 Analysis of Asset Transfer  
 For the period July 1, 2013 through June 30, 2024

Purpose: To evaluate the past fiscal period July to June and true up the amounts transferred to the Alameda Hospital System based on terms of the agreements.

		<u>6/30/2024</u>	<u>6/30/2023</u>
Actual Property Taxes Received for the period 7/1 to 6/30:			
12/15/2022	2,992,160		2,992,160
3/7/2023	3,576		3,576
4/4/2023	41,124		41,124
4/13/2023	2,687,858		2,687,858
5/10/2023	4,470		4,470
6/20/2023	1,296		1,296
7/11/2023	2,473		2,473
8/24/2023	303,856		303,856
9/20/2023	1,490	1,490	
11/9/2023	2,615	2,615	
11/20/2023	3,250	3,250	
12/14/2023	3,022,048	3,022,048	
4/11/2024	2,714,706	2,714,706	
4/16/2024	23,542	23,542	
5/10/2024	3,278	3,278	
6/7/2024	1,192	1,192	
6/25/2024	4,172	4,172	
8/15/2024	307,000	307,342	
		<u>6,083,635</u>	<u>6,036,813</u>
Interest income and other		90,577	-
Non-Cash Equity adjustments related to capital assets		-	-
Total District Revenue		<u>6,174,212</u>	<u>6,036,813</u>
Less Non Cash Items		-	-
	<b>Adjusted Revenue</b>	<u>6,174,212</u>	<u>6,036,813</u>
Non-labor cash expenses of the district		1,631,000	1,191,754
Less depreciation and amortization		(128,581)	(130,212)
	<b>Adjusted Expenses</b>	<u>1,502,419</u>	<u>1,061,542</u>
Capital Outlays of the District		0	0
Principal Payment on Mortgage		22,466	17,818
	<b>Subtotal Adjusted Outlays</b>	<u>1,524,885</u>	<u>1,079,360</u>
Sub total Funds Available to Transfer (Revenues less Expenses)		<u><u>4,649,327</u></u>	<u><u>4,957,453</u></u>
Debt payment			
Actual Transfers for the period			
2/16/2022	(2,400,000)		
8/15/2022	(1,800,000)		
12/15/2022	(835,976)		
2/21/2023	(1,900,000)		(1,900,000)
3/31/2023	(400,000)		(400,000)
8/17/2023	(2,000,000)		(2,000,000)
1/12/2024	(657,453)		(657,453)
6/18/2024	(2,000,000)	(2,000,000)	
6/20/2024	(1,100,000)	(1,100,000)	
		<u>(3,100,000)</u>	<u>(4,957,453)</u>
Sub total outlays and transfers		<u><u>(3,100,000)</u></u>	<u><u>(4,957,453)</u></u>
Residual balance due AHS(from AHS)		<u><u>1,549,327</u></u>	<u><u>(0)</u></u>



**MEETING DATE:** January 13, 2025

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

**FROM:** Deborah E. Stebbins,  
Executive Director

**SUBJECT:** Recommendation on Eligible Distribution Amount from the Jaber Fund to Alameda Health System for Capital Improvements to Alameda Hospital for FY 2023 and FY 2024

Approval of the amount available for distribution from the Jaber Fund to Alameda Health System in the amount of \$156,013 for the period ending FY 2023 and, \$123,138 for the period ending FY 2024 or the total of \$279,151 for the purchase of capital equipment at Alameda Hospital.

Background and Discussion

The Jaber Trust stipulates that the maximum amount that may be withdrawn from the Jaber Fund on an annual basis is twenty percent (20%) of the sum of the net income earned during the prior fiscal year plus twenty percent (20%) of the value of the cash assets of the Fund valued at the last day of the Fiscal year. Review of the annual distribution usually occurs at the end of the fiscal year and upon completion of the annual audit.

The distribution is also subject to approval by the District Board for the use of the Funda for purchase of capital equipment at Alameda Hospital. The identification by AHS of appropriate uses for the FY 2022 distribution and subsequent District Board approval took over a year to accomplish. The FY 2022 distribution of \$164,018 was therefore not made until June 18, 2024.

As a result, the District may make two distributions for FY 2023 and FY 2024 at this time. These are calculated on the attached addendum by our accountant, Kelly Hohenbrink and are \$156,013 (FY 230 and \$123,138 (FY 24) or a total of \$279,151. We are asking for approval at this time of the amount eligible for distribution. Actual distribution will not be made until AHS identifies appropriate equipment for use of these and the District Board approves of such use.

The following table shows historical and projected distribution of Jaber funds in recent years. Note that variation occurs from year to year due to variation in the value of cash assets in the Fund. The latter are influenced by large expenditures to maintain the



Jaber properties, such as the installation of new roofs on the Pearl Street properties in FY 2024 at the cost of \$138,000.

The JPA Side Letter agreement with Alameda Health system states: "Jaber Properties. The district owns two parcels of real property , located at 2711 Encinal Avenue and 1359 Pearl Street (the "Jaber Properties" that are unrelated to the day-to-day operation of Alameda Hospital. For the avoidance of doubt, the Parties agree that the Jaber Properties shall not be included on Schedule 2.2 to the Agreement, and, therefore, pursuant to Section 2.2 of the Agreement, District shall promptly pay all tenant rents, proceeds, awards, revenues, and other consideration of whatever form or nature from any and all sources received by District from or attributable to the Jaber Properties ( "Jaber Revenues") to AHS and such Jaber Revenues shall be included in the definition of "Parcel Tax Revenue" (in addition to all other revenues not set forth on schedule 2.2 to the Agreement) for the purposes of Section 2.2 of the Agreement . "

Contribution for 2015 and 2016	Made 10/9/17	\$283,614
Contribution for 2017	Made 12/20/17	\$74,017
Contribution for 2018	Made 7/5/18	\$77,308
Contribution for 2019	Made 6/16/20	\$152,470
Contribution for 2020	Made 6/21/21	\$117,850
Contribution for 2021	Made 6/12/22	\$131,623
Contribution for 2022	Made 6/14/24	\$164,018
Contribution for 2023	TBD	<b>\$156,013</b>
Contribution for 2024	TBD	<b>\$123, 138</b>



City of Alameda Healthcare District  
 Analysis of Jaber Property  
 Potential Distribution Plan  
 FYE 6/30/24

	6/30/2020	6/30/2021	6/30/2022	6/30/2023	6/30/2024
Rents	196,841	189,737	186,828	191,822	202,831
Expenses	(86,947)	(77,442)	(61,508)	(85,865)	(103,499)
Gains/(Losses)	109,894	112,295	125,320	105,957	99,332
Cash Assets	646,751	678,596	709,693	862,163	697,407
Due From District	(14,926)	(14,925)	(14,925)	(24,037)	(25,037)
Prepaid	(0)	(0)	(0)	(0)	(0)
Liabilities	-	-	-	-	-
Balance of the Cash Fund	\$ 631,826	\$ 663,671	\$ 694,769	\$ 838,126	\$ 672,370
Adjustments(retro application of funding)	(152,470)	(117,850)	-	(164,018)	(156,013)
	\$ 479,356	\$ 545,821	\$ 694,769	\$ 674,108	\$ 516,357

20% of Net Rental Income	\$ 21,979	\$ 22,459	\$ 25,064	\$ 21,191	\$ 19,866
20% of the cash fund	95,871	109,164	138,954	134,822	103,271
Limit of Contribution	117,850	131,623	164,018	156,013	123,138

Contribution for 2020	Made on 6/21/21	(117,850)			
Contribution for 2021	Made on 6/8/22		(131,623)		
Contribution for 2022	Made on 4/10/24			(39,204)	
Contribution for 2022	Made on 6/11/24			(124,796)	
Contribution for 2023	Made on TBD				(156,013)
Contribution for 2024	Made on TBD				(123,138)

To the extent funds are available, they are treated the same as parcel taxes and must be used to support AHS, subject to two restrictions:

- 1 - The funds must be used for capital equipment; and
- 2 - "The maximum that may be withdrawn from the Jaber Fund is twenty percent (20%) of the sum of: the net income earned during the prior fiscal year plus the value of the principal of the Fund valued as of the last day of the prior fiscal year."

Best, tom

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