



PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, February 13, 2023

OPEN SESSION: 5:30PM

Open Session : Remote Via Zoom

Join Zoom Meeting
<https://us02web.zoom.us/j/84325892276?pwd=WlhRbWpIRENWZDRNclJ3a0JlL2tvQT09>
 Meeting ID: 843 2589 2276
 Passcode: 122947
 One tap mobile +16694449171,,84325892276#,,,,*122947#
 US +16699006833,,84325892276#,,,,*122947# US (San Jose)
 Dial by your location +1 669 444 9171 US
 +1 669 900 6833 US (San Jose)
 Find your local number: <https://us02web.zoom.us/j/84325892276?pwd=WlhRbWpIRENWZDRNclJ3a0JlL2tvQT09>

Office of the Clerk: 510-263-8223

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

- I. Call to Order** Dr. Robert Deutsch,
President
- II. Roll Call** Alixandria Williams,
District Clerk
- III. General Public Comments**
- IV. Brown Act Resolution** Tom Dirscoll,
Legal Counsel
ENCLOSURE (pages 4-5)
- V. Adjourn into Executive Closed Session**
- VI. Closed Session Agenda**

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

VII. Adjourn to Open Session

VIII. Reconvene to Public Session

City of Alameda Healthcare District, February 13, 2023



PUBLIC NOTICE

IX. Announcements From Closed Session

Dr. Robert Deutsch,
President

X. REGULAR SESSION AGENDA

A		
1)	Introduction of New Board Member - Jeffery Cambra	Dr. Robert Deutsch, President

B YTD AHS Reports			
✓	1)	Alameda Health System / Alameda Hospital Update ENCLOSURE (Pages 6 - 11)	Mario Harding, CAO Alameda and San Leandro Hospitals
✓	2)	Patient Experience ENCLOSURE (Pages 12 - 14)	Ronica Shelton, VP of Patient Care Services
✓	3)	Financial Update ENCLOSURE (Pages 15 - 39)	Kimberly Miranda, AHS CFO
	4)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi, AH Medical Staff Chief

C District & Operational Updates INFORMATIONAL			
	1)	District Reports	
	2)	a. President's Report 1. Update on Expiration of State Emergency Status	Dr. Robert Deutsch, President
	3)	b. Alameda Health System Board Liaison Report	David Sayen
	4)	c. Alameda Hospital Liaison Report	Dr. Robert Deutsch, President
✓	5)	d. Executive Director Report ENCLOSURE (Pages 40 - 41)	Debi Stebbins, Executive Director
✓	6)	e. District - AHS Joint Planning Committee Minutes, January 26, 2023 Meeting ENCLOSURE (Pages 42 - 49)	Gayle Codiga, 1 st Vice President Dr. Robert Deutsch, President



PUBLIC NOTICE

D	Consent Agenda	
✓	1)	Acceptance of Minutes, December 12, 2022, ENCLOSURE (Pages 50-55)
		Dr. Robert Deutsch, President
✓	2)	Acceptance of November and December 2022 Financial Statements ENCLOSURE (Pages 56 -69)
		Dr. Robert Deutsch, President

E	Action Items	
✓	1)	Proposed Board Officers and Liaison positions. ENCLOSURE (Page 70)
		Debi Stebbins, Executive Director
✓	2)	Distribution of December Parcel Tax Installment to AHS ENCLOSURE (Pages 71)
		Debi Stebbins, Executive Director
✓	3)	Distribution of Jaber Funds to AHS ENCLOSURE (Pages 72 - 74)
		Debi Stebbins, Executive Director
	4)	Appointment of Rowena Manlapaz to Joint Planning Committee
		Dr. Robert Deutsch, President

F	April 10, 2023, Agenda Preview	
	1)	Acceptance of February 13, 2023, Minutes
	2)	Overview of Alameda Health Care District Insurance Coverage
	3)	First Draft: 2023 – 2024 District/ Jaber Budget
	4)	District Priorities, 2023-2024
	5)	Audit Engagement Letter

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

XI. Adjournment

Next Scheduled Meeting Dates (2 nd Monday, every other month or as scheduled) April 10, 2023	Open Session 5:30 PM
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CITY OF ALAMEDA HEALTH CARE DISTRICT

City of Alameda Healthcare District, February 13, 2023

✓ Included in the PDF posted on February 10, 2023



PUBLIC NOTICE

MEETING DATE: FEBRUARY 13, 2023
TO: Board of Directors
FROM: Deborah E. Stebbins, Executive Director
SUBJECT: Authorization to Continue the Use of Teleconference

Whereas, on September 10, 2021, both houses of the California Legislature voted to approve AB 361 (Rivas), "Open Meetings: State and Local Agencies: Teleconferences." The Governor signed AB 361 and it took effect immediately as an urgency statute; and

Whereas, A.B. 361 amended Government Code section 54953 to provide more clarity on the Brown Act's rules and restrictions surrounding the use of teleconferencing to conduct meetings during a declared state of emergency as defined under the California Emergency Services Act. In addition, the District Board must determine that, as a result of the emergency, meeting in person presents imminent risks to the health or safety of attendees; and

Whereas, if those circumstances apply, then the amended Brown Act provides an exemption from certain of the Brown Act's existing requirements and creates alternate measures to protect the statutory and constitutional rights of the public to appear before local legislative bodies. When the District Board elects to hold a virtual or remote meeting because the emergency and public health and safety criteria are met, the following alternate set of requirements apply:

1. The District must provide adequate notice of the meeting and post an agenda as otherwise required by the Brown Act;
2. Where there is a disruption in the public broadcast of the call-in or internet-based meeting service, the District Board must take no further action on agenda items until public access is restored;
3. The District is prohibited from requiring public comments to be submitted in advance of the meeting and cannot close the comment period or opportunity to register online until the timed public comment period has elapsed; and
4. The District Board, acting under these teleconference exemptions, must make periodic findings about whether the circumstances explained above apply. Specifically:
 - The Board must find that it considered/reconsidered the circumstances of the state of emergency and that one of the following circumstances exist: (i) the emergency continues to directly impact the ability of members to safely meet in person, or (ii) state or local officials continue to impose or recommend measures to propose social distancing.
 - If the District Board cannot make these findings by majority vote, then it will no longer be exempt from the physical public access, quorum, and public comment opportunity rules applied to teleconference meetings under subsection 54953(b)(3) of the Brown Act.



PUBLIC NOTICE

NOW THEREFORE, BE IT RESOLVED THAT:

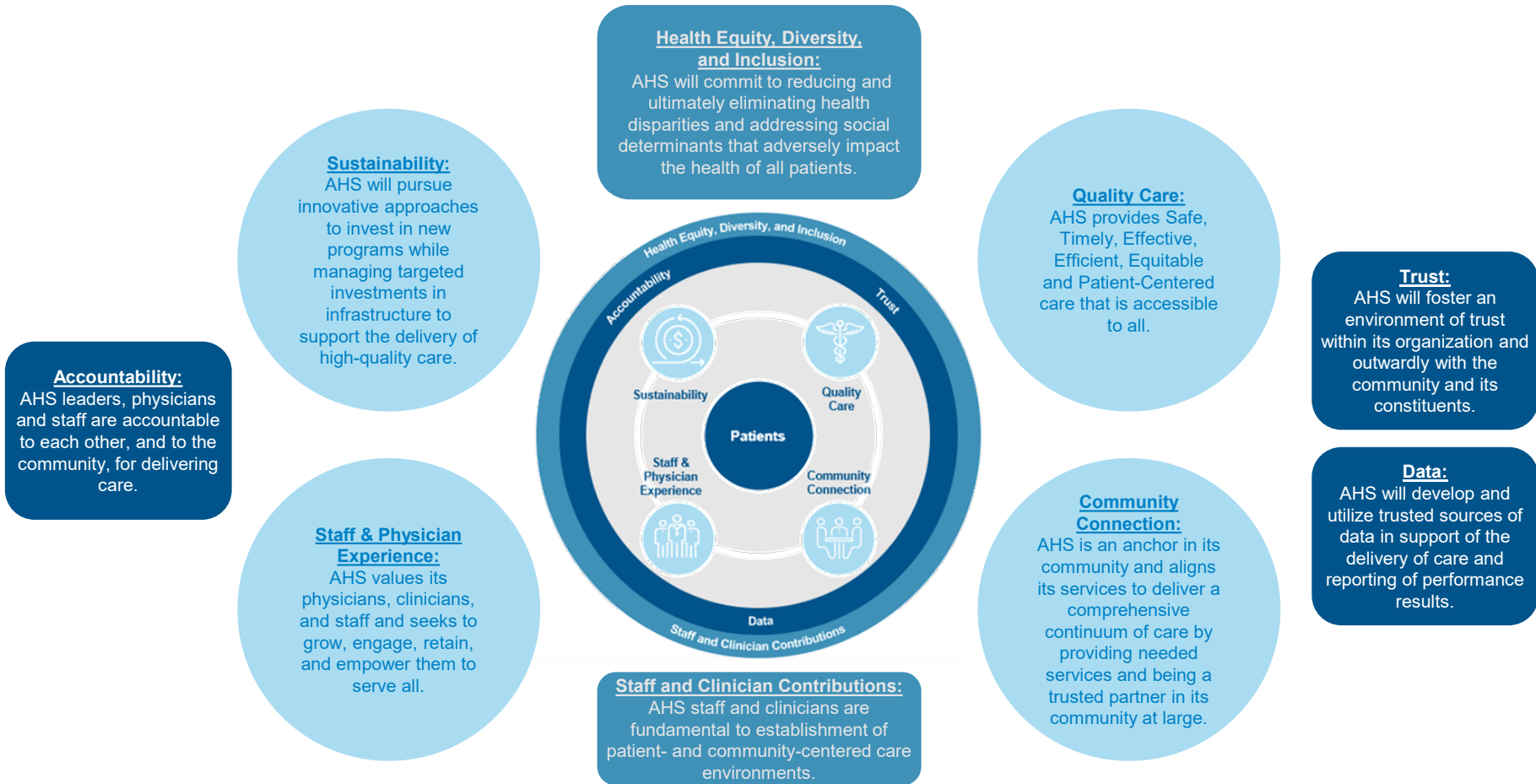
1. This Board finds that, after due consideration of the current circumstances of the state of emergency caused by the pandemic, the emergency continues to directly impact the ability of members and the public to safely meet in person; and
2. Prior to conducting any business described on a posted agenda for a duly called future meeting, this Board shall find that it reconsidered the circumstances of the state of emergency and that one of the following circumstances exists at the time of such meeting:
 - (i) the emergency continues to directly impact the ability of members to safely meet in person, or
 - (ii) state or local officials continue to impose or recommend measures to propose social distancing.



**CAO Report
Alameda Health Care District
Board Meeting
February 13, 2023**

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

AHS Strategic Values, Enablers, & Pillars



Sustainability: Infrastructure

Updates

- **Infrastructure Assessment:** Smith-Karng Architect retained to complete assessment of cooling towers and boilers. ***Estimated date of completion, February 2023***
- **Cooling Tower #1:** Structural repair completed. Finalizing paperwork with HCAI based additional requests, electrical and mechanical drawings. HCAI has 30 days to respond to our requests. ***Estimated date of completion, February/March 2023***
- **Sterile Processing (SP) Update:** Highland's SPD is continuing to source all instruments for all surgical cases performed at Alameda Hospital
 - AH can only use two (2) ORs with the shutdown of AH SPD in March 2022 due to major infection prevention concerns
 - Bringing a mobile Steris SP trailer at San Leandro Hospital to service Alameda and San Leandro instruments. ***Installed and go-live late March/early April 2023***
 - Upgrading Alameda's SP will cost between \$2.5-\$3M
- **Physician Lounge Renovation:** Lounge painted, vinyl flooring installed, and cabinets installed. **COMPLETED 2/8/2023**
 - Dr. Joshi connected with Lisa Jackson of OFR Group for new furniture. Same vendor used for HGH's new lounge.

Updates

DUE DILIGENCE REPORT

Alameda Hospital Boiler and Chiller Plant Assessment
2022-1814

Prepared for:

Smith Karng Architecture, Inc.

Prepared by:

Rick Russell, PE, LEED AP, CxA
Dominic Pedotto, PE, LEED AP BD+C
Mike Estrada, PE
James Nguyen, EIT

February 8, 2023

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Patient Experience Alameda Hospital November 2022

Alameda Hospital November 2022

H-CAHPS (N=33) <i>N may vary by question</i>	FY22 Baseline	FY23 Goal	FY23 YTD	October 2022	November 2022
Overall Hospital Rating	55.18	71.66	65.63	67.70	74.60
Communication with Nurses	69.28	74.70	70.45	72.69	78.78
Communication with Doctors	74.97	77.85	77.57	83.39	80.89
Cleanliness and Quietness of Hospital Environment* (*2 questions-noted below)	52.53	51.01	61.21	67.83	61.09
<i>Quietness (no separate goal set)</i>	43.02		51.63	61.99	46.72
<i>Cleanliness (no separate goal set)</i>	62.04		70.80	73.67	75.46
Responsiveness of Hospital Staff	60.5	70.18	66.32	70.05	68.92
Communication about Medicines	48.49	59.39	63.60	65.95	74.45
Care Transitions	44.58	46.04	42.65	43.99	46.44
Discharge Information	79.98	84.14	91.63	87.71	72.72

Action Plan

Metrics with opportunity for improvement	Follow-Up Actions	Date of Completion
Rate the Hospital and key drivers	<ul style="list-style-type: none"> • Actions to drive patient experience across AHS. Standards - GIFT is the service standard for the organization Build organizational knowledge – Boot camps Daily Work – patient rounding • Angela Ng attending monthly AH Leadership to discuss patient experience and actions for all departments • Weekly push out of patient comments to all units for real time follow up. • Data shared at physician and staff department meetings. Patient comments shared. • ED team preparing to roll out an ED Welcome pamphlet Jan/Feb 2023 • SMILE board (Safety, Metrics, Issues, Logistics, Encouragement) on all units • Sentact Rounding (EOC, TJC readiness, and patient rounding) done weekly on units • Medication Education sheet and Patient Handbook roll out in Jan/Feb 2023 • New Patient Whiteboards to be installed February 2023 	Ongoing
Care Transition domain-preferences taken into account in d/c planning	<ul style="list-style-type: none"> • Care Transition Managers are focusing on Sentact patient rounding prior to discharge. 	Ongoing



Alameda District Board Presentation 2/13/2023

	December	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
AHD											
Acute Care											
Patient Days	1,345	952	393	41.3 %	6,690	4,834	1,856	38.4 %	5,300	1,390	26.2 %
Discharges	215	202	13	6.4 %	1,303	1,123	180	16.0 %	1,150	153	13.3 %
<i>Average Daily Census</i>	43.4	30.7	12.7	41.4 %	36.4	26.3	10.1	38.4 %	28.8	7.6	26.4 %
<i>Average Length of Stay</i>	6.3	4.7	1.6	34.0 %	5.1	4.3	0.8	18.6 %	4.6	0.5	10.9 %
Occupancy	66%	47%	19.0 %		55%	40%	15.0 %		44%	11.0 %	
Observation Equiv Days	221	98	123	125.5 %	994	465	529	113.8 %	758	236	31.1 %
CMI	1.547	1.483	0.064	4.3 %	1.410	1.483	(0.073)	(4.9)%	1.483	(0.073)	(4.9)%
AHD Medicare CMI	1.639	1.524	0.115	7.5 %	1.518	1.522	(0.004)	(0.3)%	1.522	(0.004)	(0.3)%
AHD Medicare LOS	5.6	4.2	1.4	33.3 %	5.2	5.1	0.1	2.0 %	5.1	0.1	2.0 %
Surgeries	146	210	(64)	(30.5)%	781	966	(185)	(19.2)%	986	(205)	(20.8)%
IP Surgeries	39	48	(9)	(18.8)%	185	215	(30)	(14.0)%	205	(20)	(9.8)%
OP Surgeries	107	162	(55)	(34.0)%	596	751	(155)	(20.6)%	781	(185)	(23.7)%
Emergency Visits	1,519	1,233	286	23.2 %	8,467	7,220	1,247	17.3 %	7,253	1,214	16.7 %
Deliveries	-	-	-	0.0 %	-	-	-	0.0 %	-	-	0.0 %
Clinic Visits	949	951	(2)	(0.2)%	6,203	6,138	65	1.1 %	6,107	96	1.6 %
										-	0.0 %
Paid FTEs	461	386	(75)	(19.4)%	412	374	(38)	(10.2)%	371	41	11.1 %
Prod FTEs	412	316	(96)	(30.4)%	359	311	(48)	(15.4)%	321	38	11.8 %
Paid FTE Per AOB	7.56	8.94	1.38	15.4 %	7.84	10.17	2.33	22.9 %	9.17	(1.33)	(14.5)%
Worked Hours per AD	243	197	(46)	(23.4)%	200	208	8	3.8 %	209	(9)	(4.3)%
Worked Hours per APD	39.0	42.0	3.0	7.1 %	39.0	48.0	9.0	18.8 %	45.0	(6.0)	(13.3)%
Adjusted Discharges	302	284	18	6.3 %	1,883	1,572	311	19.8 %	1,615	268	16.6 %
Adjusted Patient Days	1,890	1,338	552	41.3 %	9,667	6,768	2,899	42.8 %	7,441	2,226	29.9 %

	December	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
SNF											
Patient Days	4,890	5,249	(359)	(6.8)%	28,814	31,075	(2,261)	(7.3)%	28,722	92	0.3 %
Bed Holds	64	93	(29)	(31.2)%	342	308	34	11.0 %	273	69	25.3 %
Discharges	9	16	(7)	(43.8)%	63	98	(35)	(35.7)%	104	(41)	(39.4)%
<i>Average Daily Census</i>	<i>157.7</i>	<i>169.3</i>	<i>(11.6)</i>	<i>(6.9)%</i>	<i>156.6</i>	<i>168.9</i>	<i>(12.3)</i>	<i>(7.3)%</i>	<i>156.1</i>	<i>0.5</i>	<i>0.3 %</i>
<i>Average Length of Stay</i>	<i>543.3</i>	<i>328.1</i>	<i>215.2</i>	<i>65.6 %</i>	<i>457.4</i>	<i>317.1</i>	<i>140.3</i>	<i>44.2 %</i>	<i>276.2</i>	<i>181.2</i>	<i>65.6 %</i>
<i>Occupancy</i>	<i>87%</i>	<i>94%</i>	<i>(7.0)%</i>		<i>87%</i>	<i>93%</i>	<i>(6.0)%</i>		<i>86%</i>	<i>1.0 %</i>	
Paid FTEs	154	198	44.0	22.2 %	185	198	13.0	6.6 %	200	(15)	(7.5)%
Prod FTEs	136	166	30.0	18.1 %	157	169	12.0	7.1 %	176	(19)	(10.8)%
Paid FTE Per AOB	0.69	0.83	0.14	16.9 %	0.82	0.84	0.02	2.4 %	0.91	(0.09)	(9.9)%
Worked Hours per AD	1,722	1,338	(384.0)	(28.7)%	1,819	1,310	(509.0)	(38.9)%	1,265	554	43.8 %
Worked Hours per APD	4.0	4.0	-	0.0 %	4.0	4.0	-	0.0 %	5.0	(1.0)	(20.0)%
Adjusted Discharges	9	16	(7.0)	(43.8)%	63	98	(35.0)	(35.7)%	104	(41)	(39.4)%
Adjusted Patient Days	4,910	5,259	(349.0)	(6.6)%	28,929	31,137	(2,208.0)	(7.1)%	28,808	121	0.4 %
Payor Mix											
Insurance	6.82%	7.85%	(1.0)%	(12.7)%	7.36%	7.88%	(0.5)%	(6.3)%	6.87%	0.5 %	7.3 %
Medi-Cal	36.30%	38.70%	(2.4)%	(6.2)%	36.50%	39.66%	(3.2)%	(8.1)%	44.36%	(7.9)%	(17.8)%
Medi-Cal MC	16.00%	15.76%	0.2 %	1.3 %	17.77%	15.34%	2.4 %	15.6 %	16.11%	1.7 %	10.6 %
Medicare	28.00%	24.69%	3.3 %	13.4 %	25.44%	24.29%	1.2 %	4.9 %	24.31%	1.1 %	4.5 %
Medicare MC	9.12%	6.31%	2.8 %	44.4 %	7.37%	6.41%	1.0 %	15.6 %	6.03%	1.3 %	21.6 %
Other Govt	2.20%	4.23%	(2.0)%	(47.3)%	2.35%	3.90%	(1.6)%	(41.0)%	3.94%	(1.6)%	(40.6)%
Self Pay	1.55%	2.46%	(0.9)%	(36.6)%	3.21%	2.52%	0.7 %	27.8 %	-1.61%	4.8 %	(298.1)%

Alameda Hospital District: December 2022

In Thousands	MTD	YTD
<i>Operating Revenue -----</i>		
Net Patient Revenue	\$8,936	\$51,393
Capitation Revenue	528	3,170
Other Government Programs	1,220	10,932
Other Revenues	596	2,701
Total Revenue - All Sources	11,281	68,197
Budget Revenue	10,776	61,403
Collection %	14.2%	14.9%
Budget Collection %	14.3%	14.3%
<i>Operating Expenses -----</i>		
Salaries & Benefits	10,749	57,575
Purchased Services	1,015	6,453
Materials and Supplies	982	6,743
Facilities	351	1,943
Depreciation	438	2,382
General & Administration	26	281
Total Operating Expenses	13,562	75,377
Budget Expenses	10,636	62,699
Contribution Margin	(2,281)	(7,180)
Budget Contribution Margin	140	(1,296)

- Monthly Operating Reviews (MOR) with each entity leaders/managers underway and have identified opportunities for improvement. Implementing action plans.
 - Bridge plans to close financial gap in process
- Next Steps
 - Add entity Key Statistics
 - Allocate Performance Improvement Initiatives
 - Validate Revenue and understand collection ratios
 - Continue work to direct cost all feasible expenses
 - Physician expense/AHMG reporting moving forward
 - Develop service line financial statements for next year FY24
 - Examples: Cardiology, Post Acute, Behavioral Health

- Alameda District Hospital acute average daily census was 43.4 in December which is 66% occupancy. Census has increased over budget for the month with a YTD of 36.4.
- Acute Volume and Revenue Highlights:
 - CMI is at 1.5 is 4.3% above budget for the month and 4.9% below both budget YTD and PY. Generally, a higher CMI increases the expected LOS.
 - LOS increased in the month to 6.3; however, exceeding budget by 34%. YTD LOS is 5.1 and PY was 4.6. Negatively impacts revenue as patients days not meeting medical necessity are not paid or paid at a lower administration rate.
 - Observation days has increased to 221 and is above budget of 98.
 - Surgeries increased to 146 in December below budget of 210. Only 2 rooms are open with the SPD closure. Closed 3 days with holidays and only one room with anesthesia staffing for four days. The majority of surgeries are in Ophthalmology & Gynecology.
 - OP Surgery is below budget by 55 and 34%; YTD below budget by 20.6%
 - IP Surgery is below budget by 9 and 18.8%; YTD below budget by 14%
- Expenses
 - Registry and Overtime are above budget due to staffing shortages and difficulty recruiting.
 - Plans to meet with the Union regarding adding 12-hour work shifts. Proposal has been drafted and in review with HR.
 - Meeting scheduled with Vaya to discuss and negotiate registry rates.
 - Nurse Manager regularly attending MDRs and advocating for earlier discharge times.
 - 4 new grads recruited to start in Nursing in March.

- Skilled Nursing Volume and Revenue Highlights:
 - Park Bridge, Fairmont and AH Sub-Acute are in outbreak status and admissions hindered.
 - Discharges at 9 were below budget of 16 due to Covid positive status in the facilities.
 - South Shore patients moved to Fairmont Campus, H Building in November 2022.
 - As of January 28, Park Bridge growth has increased and Post Acute SBU slightly above census budget.

- Expenses
 - High registry and OT usage due to vacancies, absences, increased Ortho/Stroke caseload and red zone staff
 - Recruiting efforts continuing and wages are being bargained for

- Alameda District Hospital acute average daily census runs approximately 55% occupancy; mostly admissions coming through the ED. YTD census is 36.4.
 - Med surg and Tele (58 beds)
 - ICU census (8 Beds)
 - Clinics include Wound Care Clinic & Marina Wellness Center
- Skilled Nursing runs at approximately 87% capacity; mostly admissions from AHS hospitals.
 - Hospital (Subacute 35 beds)
 - Park Bridge (120 beds) and
 - Fairmont South Shore Annex (26 beds)

Appendix

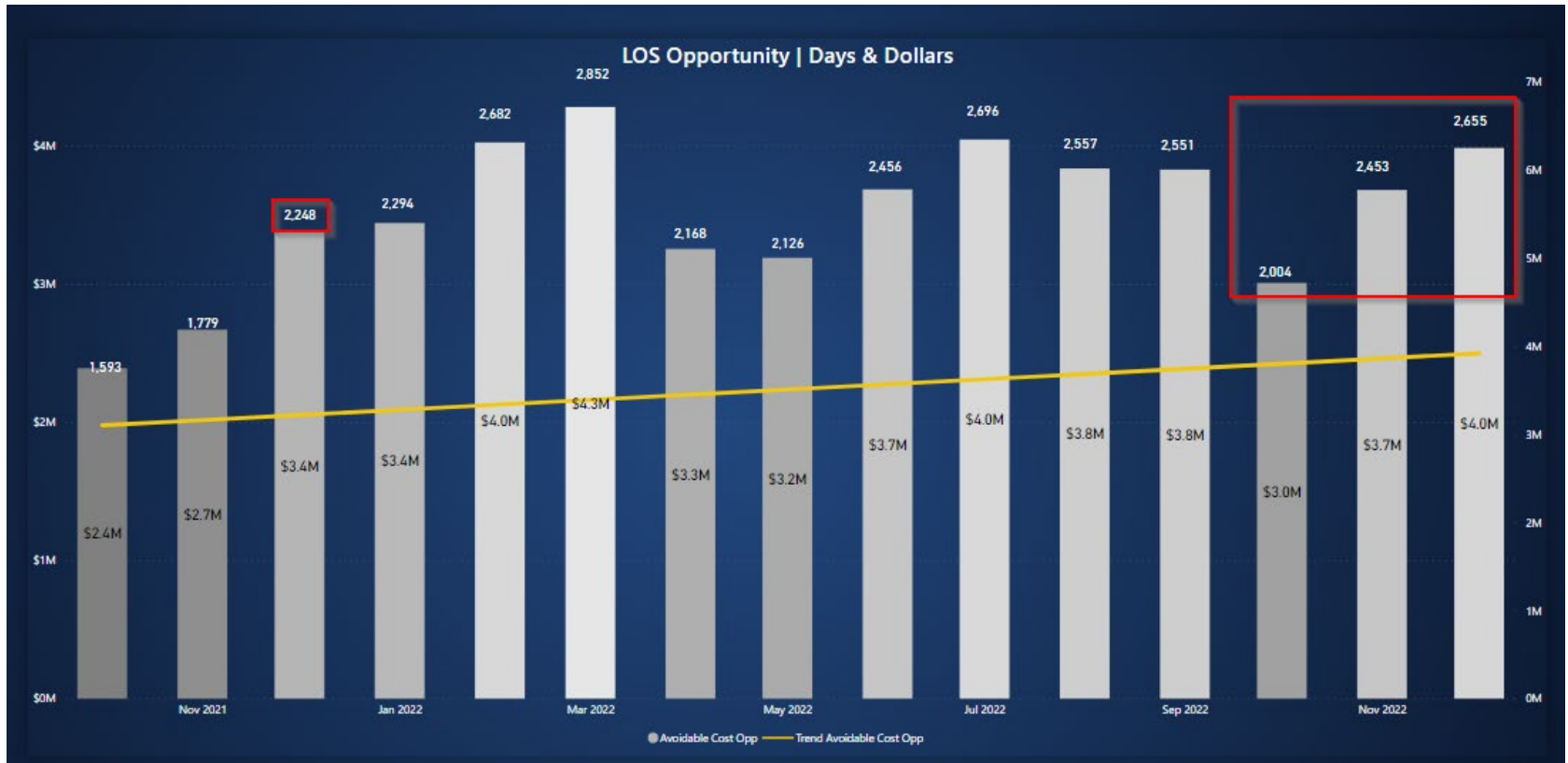
AHS Finance Committee Presentation



Finance Committee, February 1, 2023 December 2022 Financials

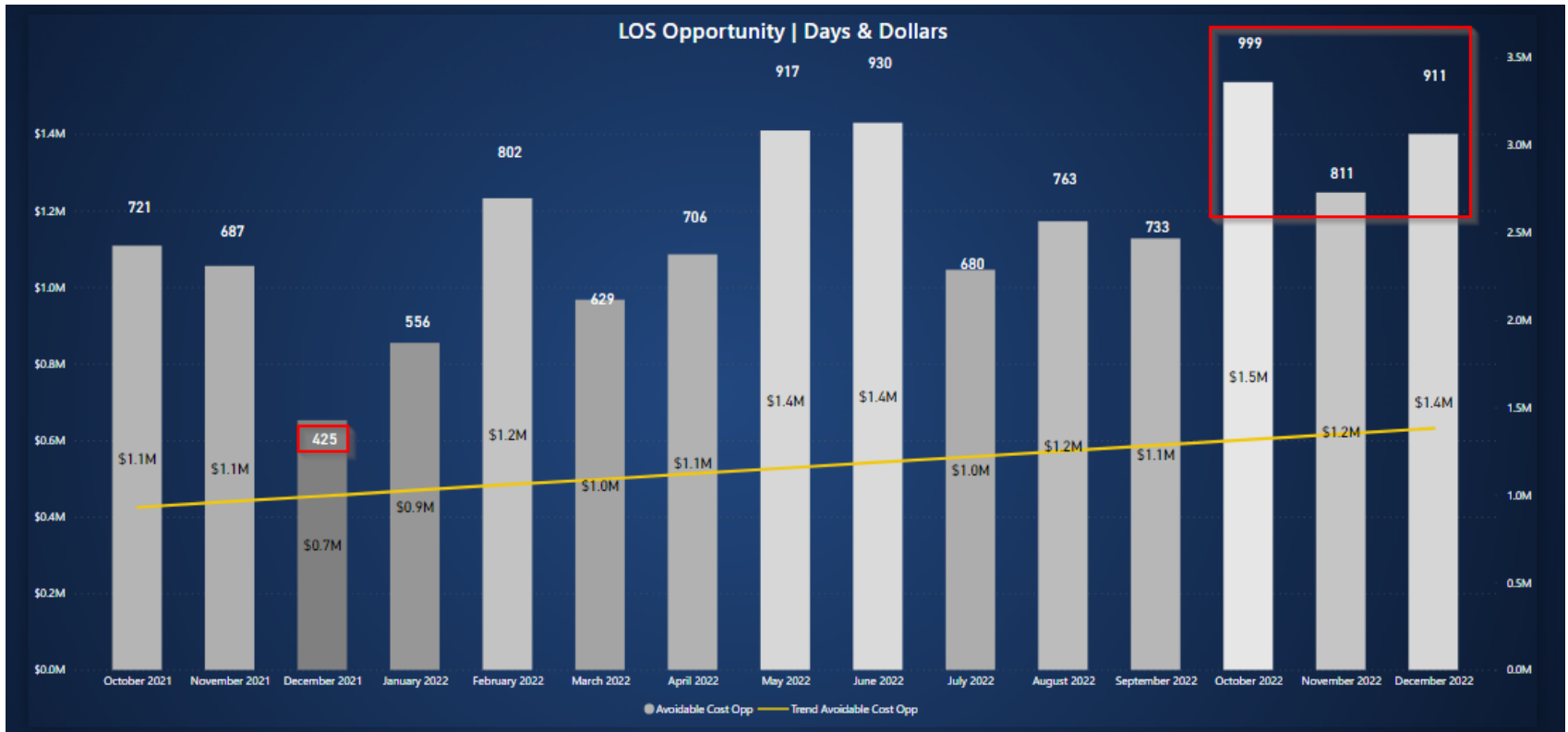
	December	BUDGET	#VAR	% VAR	YTD	BUDGET	#VAR	% VAR	PYTD	#VAR	% Var
ACUTE											
Acute Patient Days	10,068	8,886	1,182	13.3 %	57,528	51,424	6,104	11.9 %	52,025	5,503	10.6 %
Acute Discharges	1,534	1,554	(20)	(1.3)%	8,928	9,478	(550)	(5.8)%	9,229	(301)	(3.3)%
Average Daily Census	324.8	286.6	38.2	13.3 %	312.7	279.5	33.2	11.9 %	282.7	30.0	10.6 %
Average Length of Stay	6.6	5.7	0.9	15.8 %	6.4	5.4	1.0	18.5 %	5.6	0.8	14.3 %
Acute Adjusted Discharges	2,350	2,365	(15)	(0.6)%	13,892	14,558	(666)	(4.6)%	14,102	(210)	(1.5)%
Acute Adjusted Patient Days	15,424	13,524	1,900	14.0 %	89,514	78,987	10,527	13.3 %	79,494	10,020	12.6 %
CMI	1.508	1.548	(0.040)	(2.6)%	1.529	1.528	0.001	0.1 %	1.528	0.001	0.1 %
ED Visits											
ED Visits	8,323	7,917	406	5.1 %	47,991	48,358	(367)	(0.8)%	46,831	1,160	2.5 %
Trauma Cases	270	219	51	23.3 %	1,616	1,566	50	3.2 %	1,543	73	4.7 %
Observation Equiv Days	284	166	118	71.1 %	1,468	827	641	77.5 %	1,113	355	31.9 %
PES Equivalent Days	551	512	39	7.6 %	3,837	3,251	586	18.0 %	3,239	598	18.5 %
Surgeries	754	700	54	7.7 %	4,337	4,226	111	2.6 %	4,080	257	6.3 %
IP Surgeries	359	339	20	5.9 %	2,093	2,196	(103)	(4.7)%	2,076	17	0.8 %
OP Surgeries	395	361	34	9.4 %	2,244	2,030	214	10.5 %	2,004	240	12.0 %
Deliveries	123	126	(3)	(2.4)%	725	764	(39)	(5.1)%	731	(6)	(0.8)%
SNF											
Patient Days	8,014	8,607	(593)	(6.9)%	47,747	50,468	(2,721)	(5.4)%	47,968	(221)	(0.5)%
Discharges	15	23	(8)	(34.8)%	112	172	(60)	(34.9)%	170	(58)	(34.1)%
Daily Census	258.5	277.6	(19.1)	(6.9)%	259.5	274.3	(14.8)	(5.4)%	260.7	(1.2)	(0.5)%
Average Length of Stay	534.3	374.2	160	42.8 %	426.3	293.4	133	45.3 %	282.2	144.1	51.1 %
CLINIC VISITS											
CLINIC VISITS	30,303	32,833	(2,530)	(7.7)%	181,952	190,136	(8,184)	(4.3)%	175,046	6,906	3.9 %
Clinic Visits	24,899				152,704				140,642	12,062	8.6 %
Telehealth	5,404				29,248				34,404	(5,156)	(15.0)%
Physician wRVU											
Physician wRVU	98,681	88,823	9,858	11.1 %	582,240	526,711	55,529	10.5 %	549,276	32,964	6.0 %
Total Adjusted Discharges	2,307	2,345	(38)	(1.6)%	13,655	14,480	(825)	(5.7)%	14,050	(395)	(2.8)%
Total Adjusted Patient Days	26,933	26,012	921	3.5 %	159,018	152,889	6,129	4.0 %	149,470	9,548	6.4 %

Acute Care Hospitals: HGH, SLH (excludes Rehab), ADH



- **LOS Variance Days:** The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. December: 2,655 days which is 8.2% month over month increase. But still remains 18.1% higher year over year December.
- **LOS Variance Dollars:** The AHS estimated additional cost of resources due to the variance days for December was \$4.0M (calculated at \$1,500/day). Does not include the \$8.0M opportunity cost of the bed being unavailable to another patient (weighted average per diem reimbursement \$3,500).

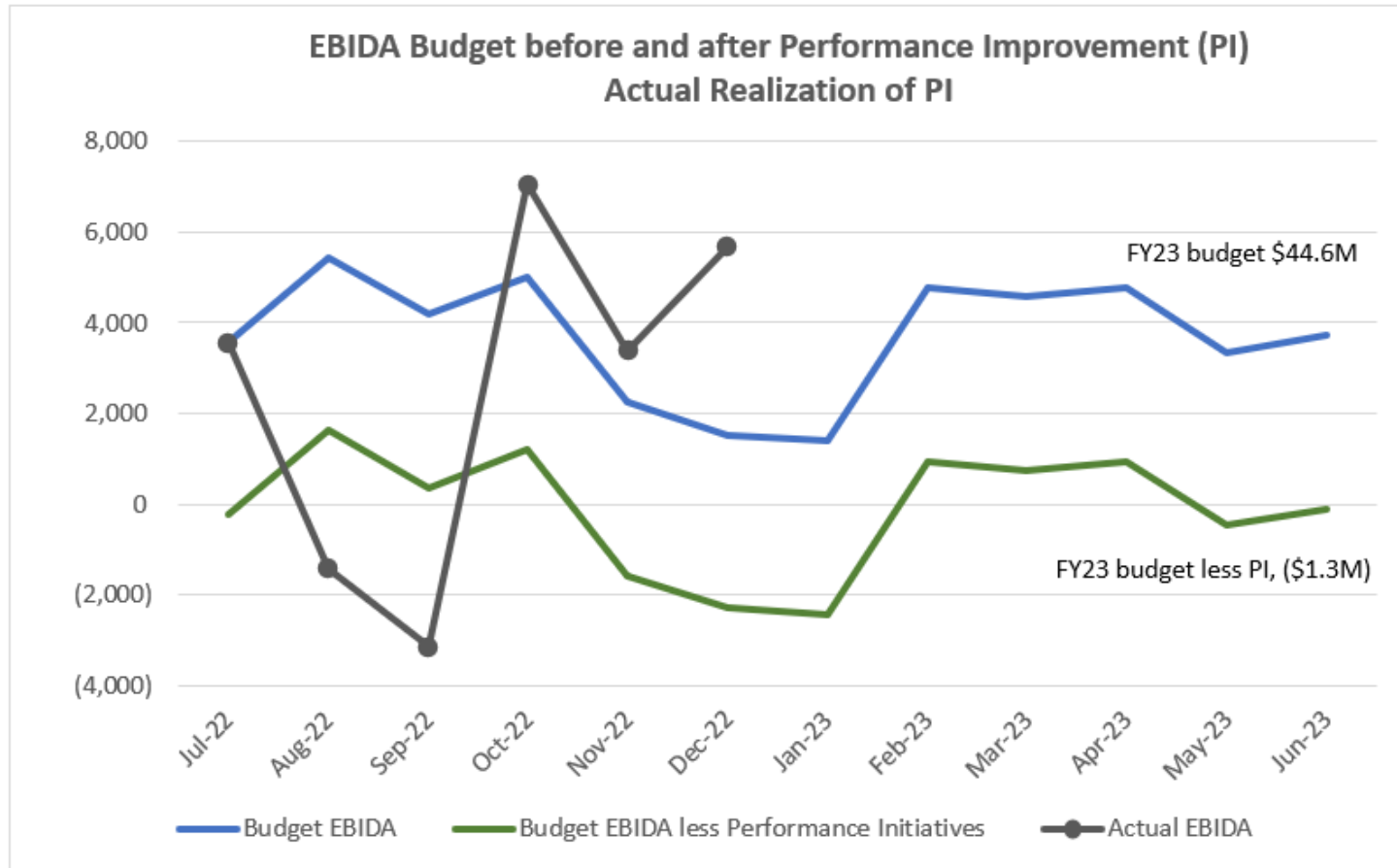
John George Psychiatric Hospital (JGPH)



- **LOS Variance Days:** The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. December: 911 days which is 12.3% month over month increase and is 114% higher year over year December.
- **LOS Variance Dollars:** The AHS additional cost of resources due to the variance days for December was \$1.4M. (calculated at \$1,500/day). Does not include the opportunity cost of the bed being available for another patient.

- Operating Revenue is favorable \$15.6M and 15.4%. YTD is favorable \$50.7M and 8.4%.
- Operating Expense is unfavorable \$13.3M and 13.6%. YTD is unfavorable by \$61.2M and 10.5%.
- Non-operating is unfavorable \$0.1M for the month and \$0.5M YTD from imputed lease interest required for the implementation of GASB 87.
- Net Income is \$5.3M and favorable to budget by \$2.1M. YTD Net Income is \$13.1M and unfavorable by \$10.9M.
- EBIDA is \$5.7M resulting in an EBIDA Margin of 4.9%; above budget by \$2.6M. YTD is \$15.1M with an EBIDA Margin of 2.3%; below budget by \$8.4M.

	December 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 116,776	\$ 101,210	\$ 15,566	15.4%	\$ 657,392	\$ 606,671	\$ 50,721	8.4%	\$ 614,855	6.9%
Operating expense	111,342	98,033	(13,309)	(13.6)%	643,731	582,540	(61,191)	(10.5)%	562,367	(14.5)%
Operating income (loss)	5,434	3,177	2,257	71.0%	13,661	24,131	(10,470)	(43.4)%	52,488	(74.0)%
Other non-operating activity	(158)	(25)	(133)	(532.0)%	(604)	(151)	(453)	(300.0)%	3,227	(118.7)%
Net Income (loss)	\$ 5,276	\$ 3,152	\$ 2,124	67.4%	\$ 13,057	\$ 23,980	\$ (10,923)	(45.6)%	\$ 55,715	(76.6)%
EBIDA adjustments	411	(71)	482		2,051	(427)	2,478		4,339	
EBIDA	\$ 5,687	\$ 3,081	\$ 2,606		\$ 15,108	\$ 23,553	\$ (8,445)		\$ 60,055	
Operating Margin	4.7%	3.1%	1.6%		2.1%	4.0%	(1.9)%		8.5%	
EBIDA Margin	4.9%	3.0%	1.9%		2.3%	3.9%	(1.6)%		9.8%	



Best Initiatives net of fees (\$23.4 million)

- Care Optimization, \$12.4 million
- Revenue Cycle, \$6.8 million
- Supply Chain, \$2.9 million
- Pharmacy, \$1.3 million

Internal Initiatives (\$22.5 million)

- Registry utilization and rates, \$11.0 million
- Payor Contracting, \$3.9 million
- Highland FQHC Clinics, \$3.7 million
- Overtime Reduction, \$2.6 million
- Other (net of strategy) \$1.3 million

- Gross patient service revenue is favorable to budget by \$34.3M and 10.7%. Patient days above budget by 13.3%, trauma cases, surgery and ED volumes strong. Favorable mix of services.
 - The average LOS increased to 6.6 and 0.9 days and 15.8% higher than budget. YTD LOS is 6.4 which is above PYTD of 5.6 and 14.3%. CMI is below budget for the month by 2.6%. YTD CMI is above budget by 0.1%, and higher than prior year by 0.1%.
- NPSR Collection ratio was 17.7% and below budget by 0.4% driven by Medi-Cal FY16 cost report settlement (\$1.4M) and timing of JGP County receipts. YTD, at 18.4% strong; although, the collection ratio is decreasing as reimbursement on accounts with longer LOS are not realized.
- Longer LOS trend is negatively impacting the Zero Balance Analysis resulting in a lower collection ratio.

	December 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 217,471	\$ 195,505	\$ 21,966	11.2%	\$ 1,228,948	\$ 1,160,529	\$ 68,419	5.9%	\$ 1,117,748	9.9%
Outpatient service revenue	106,447	95,217	11,230	11.8%	627,337	580,849	46,488	8.0%	553,058	13.4%
Professional service revenue	30,664	29,597	1,068	3.6%	179,175	172,754	6,421	3.7%	168,464	6.4%
Gross patient service revenue	354,582	320,319	34,264	10.7%	2,035,460	1,914,132	121,328	6.3%	1,839,271	10.7%
Deductions from revenue	(291,844)	(262,228)	(29,616)	(11.3)%	(1,660,971)	(1,566,163)	(94,808)	(6.1)%	(1,506,224)	10.3%
Net patient service revenue	62,739	58,091	4,648	8.0%	374,489	347,969	26,520	7.6%	333,047	(12.4)%
Collection % - NPSR	17.7%	18.1%	(0.4)%		18.4%	18.2%	0.2%		18.1%	
Capitation and HPAC	3,936	3,835	101	2.6%	23,528	23,013	515	2.2%	23,060	2.0%
Other government programs	45,279	35,846	9,433	26.3%	237,510	215,074	22,436	10.4%	239,342	(0.8)%
Other operating revenue	4,822	3,438	1,384	40.3%	21,864	20,615	1,250	6.1%	19,406	12.7%
Total operating revenue	\$ 116,776	\$ 101,210	\$ 15,566	15.4%	\$ 657,391	\$ 606,671	\$ 50,721	8.4%	\$ 614,856	6.9%

- Other government programs was favorable for the month by \$9.4M and 26.3% driven by the following.
 - Medi-Cal waiver increased for GPP CY21 final settlement (\$1.4M).
 - Measure A increased based on payments for CY22 Q4 (\$1.1M).
 - Supplemental program increased for FY21 BHCS settlement (\$5.6M).
 - Supplemental program increased for GME FY23 Q1-Q2 from FMAP extension (\$1.3M).

YTD favorable by \$22.4M driven by Measure A (\$8.5M), BHCS FY21 (\$7.9M), GPP (\$4.0M), Physician SPA FY17 (\$1.9M), GME FY23 (\$1.3M) and offset by SNF Supplement FY18 (\$2.1M).

- Other operating revenue was favorable for the month \$1.4M, driven by higher retail pharmacy cash (\$0.6M) and a class action settlement (\$1.0M).
 - The 340b regulations effective 1/01/22 limit the benefit of accessing lower cost drugs as Medi-Cal scripts are now reimbursed at cost plus a flat fee.

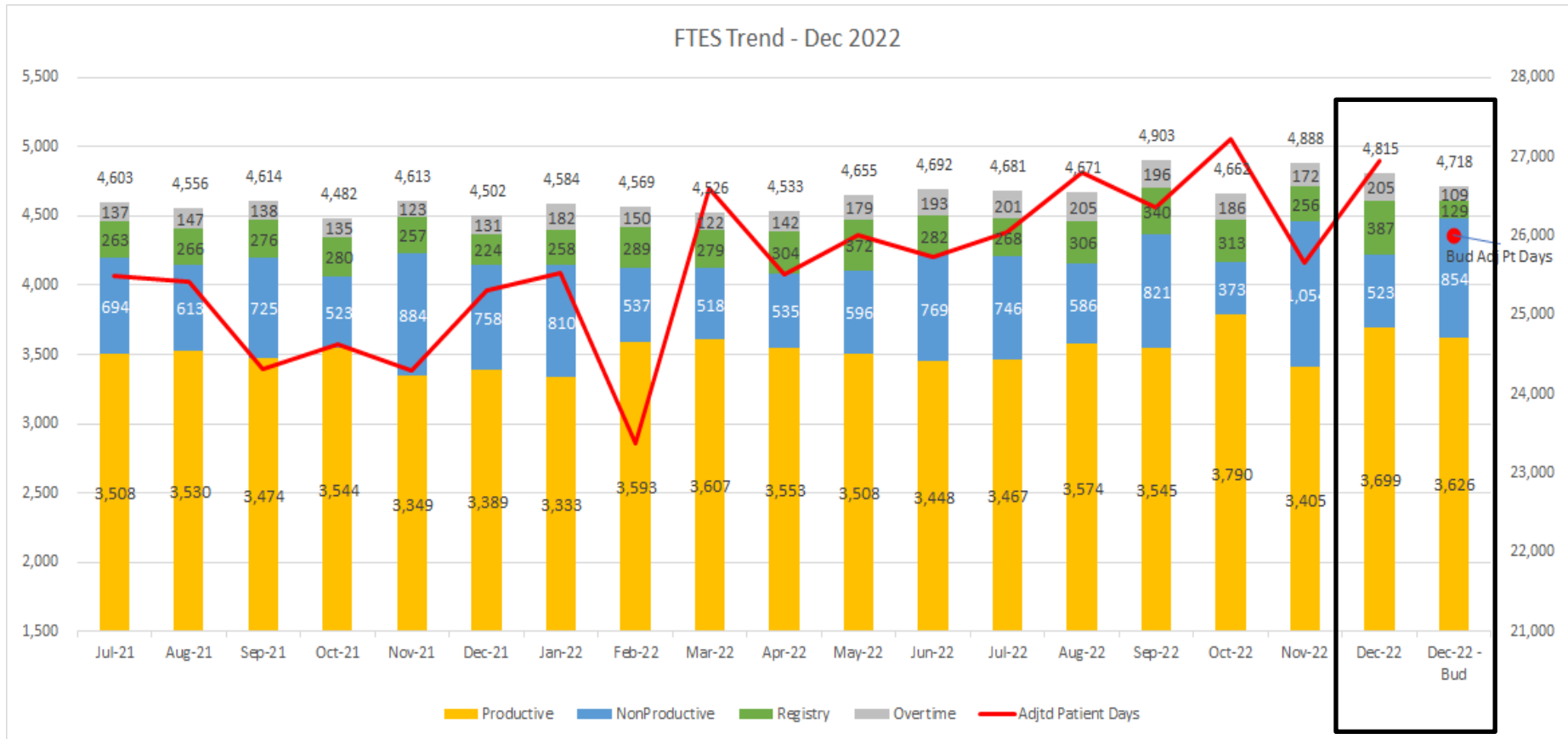
	December 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	62,739	58,091	4,648	8.0%	374,489	347,969	26,520	7.6%	333,047	(12.4)%
Capitation and HPAC	3,936	3,835	101	2.6%	23,528	23,013	515	2.2%	23,060	2.0%
Medi-Cal Waiver	9,582	8,208	1,373	16.7%	53,759	49,250	4,509	9.2%	75,715	(29.0)%
Measure A and parcel tax	11,900	10,734	1,166	10.9%	72,936	64,406	8,530	13.2%	64,406	13.2%
Supplemental Programs	23,797	16,903	6,894	40.8%	110,815	101,418	9,398	9.3%	99,221	11.7%
Other government programs	45,279	35,846	9,433	26.3%	237,511	215,074	22,437	10.4%	239,342	(0.8)%
Grant Revenue	1,191	1,391	(201)	(14.4)%	6,823	8,336	(1,512)	(18.1)%	5,938	14.9%
Other Operating Revenue	3,632	2,047	1,585	77.5%	15,041	12,279	2,762	22.5%	13,468	11.7%
Other operating revenue	4,822	3,438	1,384	40.3%	21,864	20,615	1,250	6.1%	19,406	12.7%
Total operating revenue	\$ 116,776	\$ 101,210	\$ 15,566	15.4%	\$ 657,392	\$ 606,671	\$ 50,721	8.4%	\$ 614,856	6.9%

- Operating Expense is \$111.3M and unfavorable to budget by \$13.3M and 13.6% . YTD unfavorable \$61.2M and 10.5%.
 - Labor costs are discussed on next slide.
- Purchased Services is favorable \$0.6M and 7.7% driven by timing of Huron contingency fees (\$0.6M), software licensing/hosting (\$0.2M), and offset by higher HIM services (\$0.2M). YTD, favorable \$0.6M and 1.4% driven by timing of Huron contingency fees (\$1.4M), consultant services (\$0.9M), software licenses/hosting (\$0.5M), and offset by higher HIM services (\$0.7M), Covid related activity (\$0.7M), security (\$0.6M), and outside medical services (\$0.3M).
- Material and Supplies are unfavorable \$0.5M and 5.2% driven by pharmaceuticals (\$1.0M), AH bed purchase (\$0.3M), and offset by non-surgical medical supplies (\$0.4M) and lab reagents (\$0.3M). YTD, unfavorable \$7.3M and 14.1%, driven by higher pharmaceuticals (\$3.1M), non-surgical medical supplies (\$2.0M), surgical supplies (\$1.1M), AH bed purchase (\$0.5M), non-medical supplies (\$0.4M), and food (\$0.3M).
- Facilities and depreciation/amortization variances are offsetting related to the implementation of GASB 87, which changed the accounting for building and equipment leases. These variances will be ongoing in FY23.

	December 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 82,573	\$ 68,971	\$ (13,602)	(19.7)%	\$ 468,624	\$ 412,328	\$ (56,296)	(13.7)%	\$ 404,059	(16.0)%
Physician contract services	3,514	3,284	(230)	(7.0)%	20,016	19,706	(310)	(1.6)%	18,172	(10.1)%
Purchased services	7,658	8,300	642	7.7%	49,154	49,834	680	1.4%	44,415	(10.7)%
Materials and supplies	9,836	9,350	(486)	(5.2)%	59,131	51,824	(7,307)	(14.1)%	51,482	(14.9)%
Facilities	2,767	3,243	476	14.7%	16,547	19,459	2,912	15.0%	17,231	4.0%
Depreciation and amortization	3,025	2,675	(350)	(13.1)%	18,043	16,049	(1,994)	(12.4)%	15,381	(17.3)%
General and administrative	1,969	2,210	241	10.9%	12,216	13,340	1,124	8.4%	11,627	(5.1)%
Total operating expense	\$ 111,342	\$ 98,033	\$ (13,309)	(13.6)%	\$ 643,731	\$ 582,540	\$ (61,191)	(10.5)%	\$ 562,367	(14.5)%

- Total Labor costs are unfavorable for the month \$13.6M and 19.7%; Paid FTEs are unfavorable 98. YTD Labor costs are exceeding budget by \$56.3M and 13.7%. YTD Paid FTE are unfavorable 80.
 - Labor costs are unfavorable to budget driven by increased volume of acute patient days (13.3% above budget), labor shortages and COVID leave coverage requiring overtime and the use of registry at significantly higher rates.
 - Staff (non-physician) rate variances include overtime utilization (\$1.5M/mo, \$11.1M/yr), unrealized “BEST” savings (\$1.4M/mo, \$8.3M/yr), extra shift pay “CES” (\$0.2M/mo, \$3.0M/yr), increases to base pay rates (\$0.4M/mo, \$2.7M/yr), other including hiring/retention bonus and settlements (\$0.5M/mo, \$2.1M/yr), offset by volume variance (86 FTE \$1.8M/mo, 73 FTE \$6.9M/yr).
 - MTD Physician Salaries were \$1.6M over budget, due to Hospitalists (\$0.3M), Emergency (\$0.2M), and Anesthesiology (\$0.2M). YTD Physician salaries were \$3.6M over budget. The three largest variances were Hospitalists (\$1.1M), OB/GYN (\$0.4M) and Anesthesiology (\$0.4M) with remaining variance across many specialties.
 - Higher registry usage (258 FTE and \$4.3M for month and 183 FTE and \$18.1M YTD) and at higher rates (\$3.9M for month and \$16.0M YTD) continues. December reflects an increase over run rate reflecting catch up and high usage with holidays.
 - Employee Benefits are unfavorable \$2.0M and 17.5% driven by timing of self-funded health expenditures (\$1.6M), self-funded workers compensation (\$0.2M) and other benefits (\$0.3M) offset by FICA (\$0.2M). YTD actual is driven by self-funded health expenditures (\$2.4M) and self-funded workers compensation (\$0.6M) offset by timing of FICA (\$2.7M).
 - Retirement approximates budget for the month as more employees have reached the maximum contribution limit, which reduces the employer’s contribution. YTD reflects budget timing versus actual contributions that was offset by ACERA contribution for incentive/bonus payments.

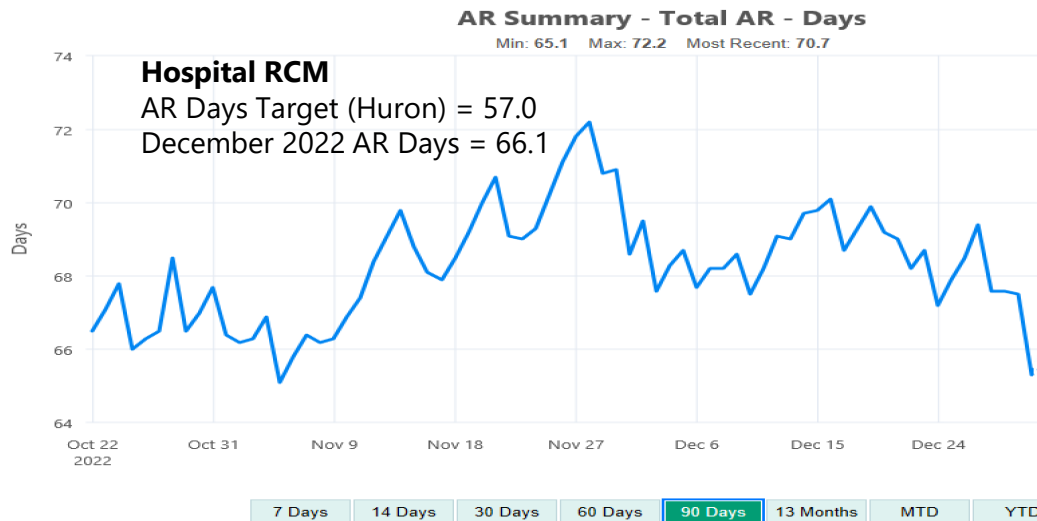
	December 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages	\$ 47,415	\$ 45,553	\$ (1,862)	(4.1)%	\$ 286,491	\$ 266,726	\$ (19,765)	(7.4)%	\$ 258,410	(10.9)%
Salaries and wages (physicians)	7,899	6,266	(1,633)	(26.1)%	47,004	43,394	(3,610)	(8.3)%	36,782	(27.8)%
Registry	10,369	2,158	(8,211)	(380.5)%	46,977	12,760	(34,217)	(268.2)%	25,006	(87.9)%
Employee benefits (taxes, insurance)	13,308	11,327	(1,981)	(17.5)%	67,958	67,865	(93)	(0.1)%	60,793	(11.8)%
Retirement	6,367	6,452	85	1.3%	36,904	38,293	1,389	3.6%	34,468	(7.1)%
Retirement (deferred)	(2,785)	(2,785)	-	0.0%	(16,710)	(16,710)	-	0.0%	(11,400)	46.6%
Total labor costs	\$ 82,573	\$ 68,971	\$ (13,602)	(19.7)%	\$ 468,624	\$ 412,328	\$ (56,296)	(13.7)%	\$ 404,059	(16.0)%
Compensation ratio	70.7%	68.1%	-2.6%		71.3%	68.0%	-3.3%		65.7%	
Paid FTEs	4,814	4,716	(98)	(2.1)%	4,769	4,689	(80)	(1.7)%	4,560	4.6%



- December 2022 shows a negative variance of 97 Paid FTEs, due to overtime and registry FTEs exceeding budget due to increase in patient days. YTD unfavorable variance is 80 FTEs.
- Registry is high, productive labor is high as is non-productive due to holidays.

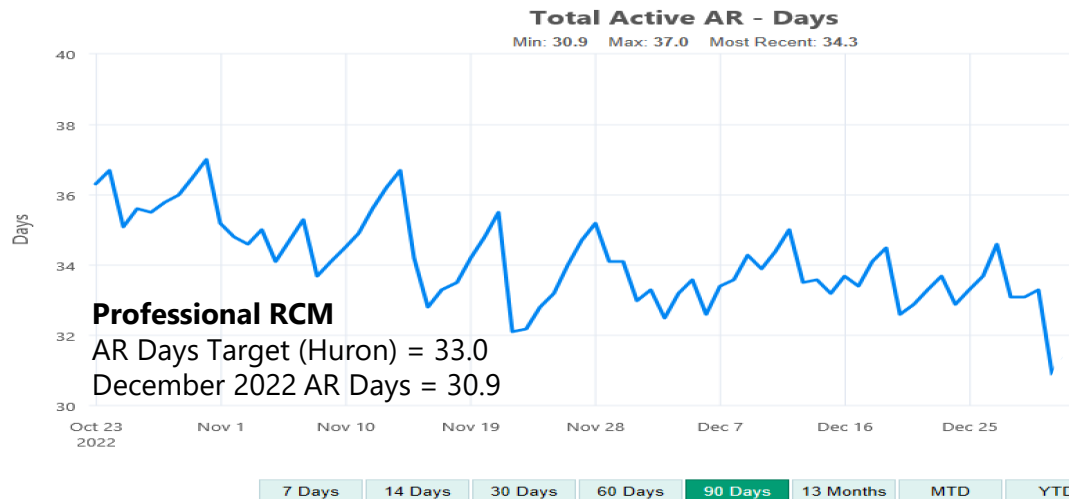
- Days in Cash are 2.4 and consistent with year-end; typically, below 5.0 days.
- Gross AR Days decreased 2.9 days and Net AR Days decreased 1.2 days. See next slide for additional detail.
- Days in Accounts Payable increased due to timing of the check run and large invoices. The target is 30 days.
- Net Position is negative \$50.5M and improved \$13.1M from June 30, 2022 reflecting YTD Net Income.
- Net Negative Balance is \$32.8M and higher than prior month. NNB consists of the liquidity facility (loan) of \$57.9M plus the restricted cash of \$25.1M; and is below the June 30, 2023 ceiling of \$110.0M.

	<u>Dec-22</u>	<u>Nov-22</u>	<u>FY 2022</u>
Days in cash	2.4	5.2	2.3
Gross days in patient receivable	61.7	64.6	64.6
Net days in patient receivable	41.0	42.2	43.8
Due from/(to) third-party payors	73,000	60,079	25,750
Due from/(to) County	102,901	92,498	65,152
Days in accounts payable	37.3	34.1	50.4
% of AP over 60 days	2.8%	2.7%	1.5%
Current ratio	1.5	1.5	1.2
Net position - fund balance/(deficit)	\$ (50,494)	\$ (55,769)	\$ (63,551)
Net negative balance - receivable/(payable)	\$ (32,839)	\$ (28,484)	\$ 50,718



Hospital Revenue Cycle Key Indicators

- HB AR Days decreased 2.5 days from prior month.
- HB payments posted (collections) were \$55.0M for the month above the YTD trend at \$52.0M.
- ParaRev AR (outsourced) decreased \$19.6M from \$100.0M in November to \$80.4M; partnership with Cloudmed to assist with clinical denials.
- Candidate for Billing (CFB) decreased 0.8 days to 5.7 days in December. Target is <4 CFB days.
- Continuous process improvement is underway in denial prevention.
 - DNFB Task Force
 - High risk, trauma, and high dollar review
 - Clinical appeals. Clinical appeals nurse is trained and working on \$30.0M in clinical necessity payer denials with the assistance of Cloudmed.



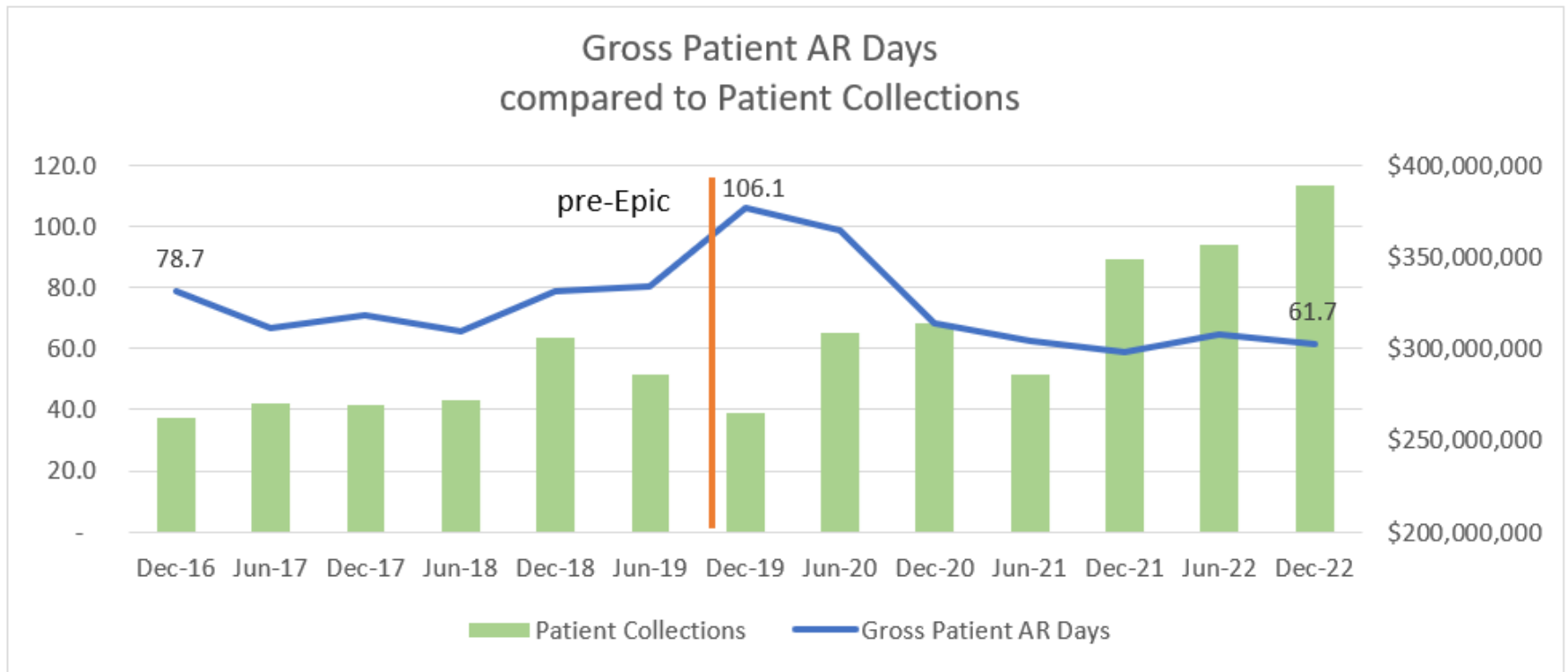
Professional Revenue Cycle Key Indicators

- PB AR Days were decreased 3.2 from prior month.
- PB payments posted (collections) were \$8.5M for the month above the YTD trend of \$7.8M.
- Continuous process improvement is underway in denial prevention.
 - Denial trending by visit and procedure
 - Department Denial Task Force for prevention

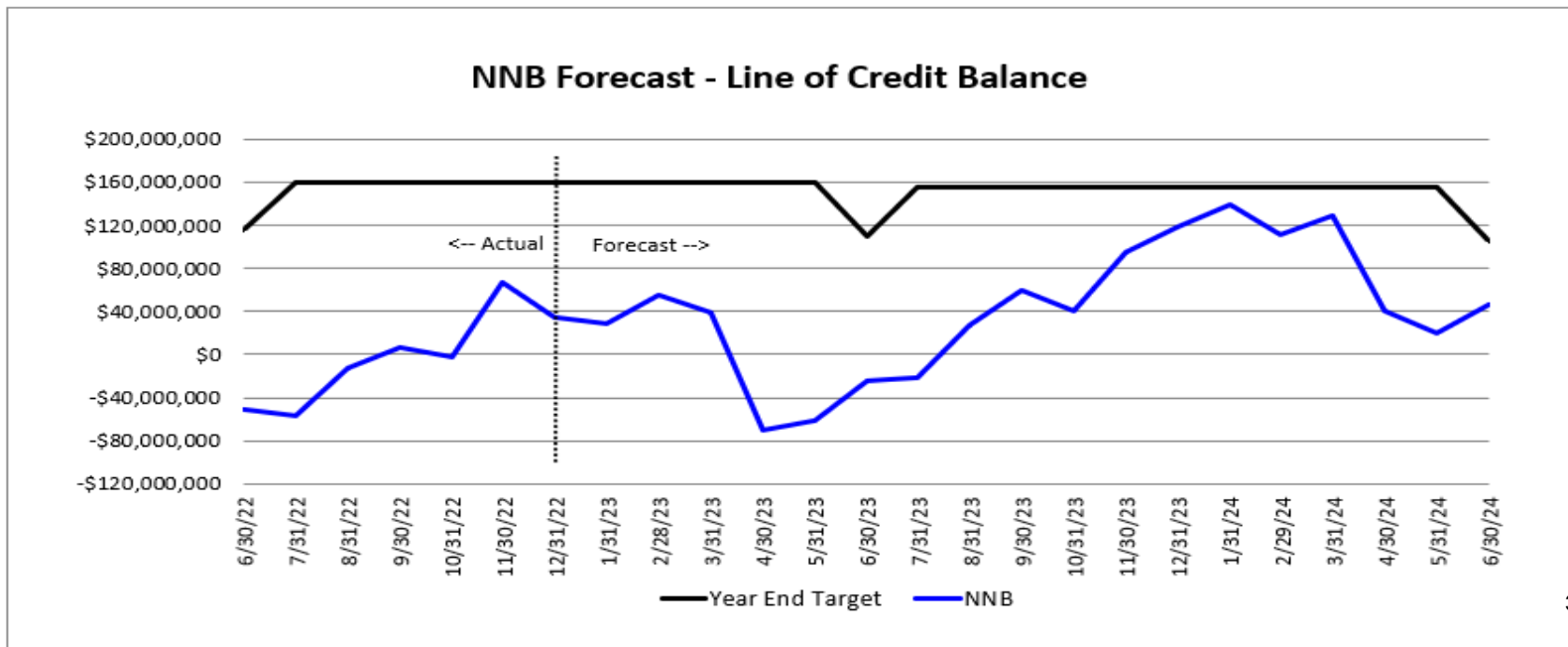
- FY22 collections were \$705.6M exceeding FY21 and FY20 collections. The transition to Epic occurred in FY20 on September 29, 2019. Volumes dropped during the pandemic (3/2021); however, collections strong with improved Revenue Cycle.
- FY23 Patient collections are running approximately 11.5% higher than the same time period in FY22.

PATIENT COLLECTIONS (in thousands)							
	Behavioral		Total				
	Legacy	Health	Epic	FY 2023	FY 2022	FY 2021	FY 2020
Jul	9	11,070	63,180	74,259	59,732	41,373	48,828
Aug	1	-	58,589	58,590	57,374	53,893	42,989
Sep	71	7,924	68,067	76,062	61,968	64,484	40,138
Oct	48	7,482	52,267	59,797	49,923	51,514	57,632
Nov	3	-	56,937	56,940	52,057	49,499	32,906
Dec	27	-	63,485	63,512	68,121	53,274	42,428
Jan	-	-	-	-	62,292	34,443	52,418
Feb	-	-	-	-	52,269	49,157	53,205
Mar	-	-	-	-	62,888	58,922	71,292
Apr	-	-	-	-	56,235	55,646	41,450
May	-	-	-	-	69,591	44,005	44,065
Jun	-	-	-	-	53,187	43,889	46,112
Total	159	26,476	362,525	389,160	705,637	600,099	573,463
	% change between fiscal years			11.5%	17.6%	4.6%	

- Gross patient account receivable days are consolidated and included hospital and professional billing.
- Reduction in days of 22% from 78.7 at 12/31/2016 to 61.7 at 12/31/2022.
- Improvement in patient collections over fiscal year 2021 and 2022 and 2023.



- Expanded projection through FY24 for planning purposes and both years expected to be below NNB limit .
 - FY23 Cash Flow from Operations improved \$13.1M from prior month’s forecast as the result of improved patient receipts, Measure A and other supplemental funding. The forecast was updated based on the FY23 projection with bridge plans (Achieving FY23 Budget).
 - Capital budget cash flow at \$31.8M; YTD capital was \$7.8M. The cashflow assumes another \$11.4M will be spent this fiscal year. FY24 forecast estimated \$28.0M.
 - The FY24 cashflows were increased for a modest 3% increase in payroll and accounts payable. Patient receipts were also increased by 3%. Supplementals were forecasted based on run rate modified for any one-time items.
 - Once the FY24 budget is completed and estimate will be updated.



- The information for FY23 was updated for timing of QIP from June 2023 to April 2023 and the amount increased by \$12.2M from \$64.5M to \$76.7M from FMAP extension. EPP was decreased in April from \$21.5M to \$19.9M.
- The table was expanded to include the FY24 cash forecast.
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in a separate table as the final settlement amounts and timing are unknown.

Material Items Included in NNB Forecast
(in thousands)

	Jan-23	Apr-23	Jul-23	Oct-23	Nov-23	Jan-24	Apr-24	May-24
HPAC amendment and AB85 realignment	\$ 40,000	\$ -	\$ -	\$ -	\$ (38,000)	\$ 40,000	\$ -	\$ -
EPP (semi-annual)		19,900		20,000			20,000	
QIP (annual)		76,700					70,000	
GPP (quarterly)		49,200	26,000	26,000		26,000	26,000	
Medi-Cal Managed Care Rate Range (annual)		36,000						36,000
	<u>\$ 40,000</u>	<u>\$ 181,800</u>	<u>\$ 26,000</u>	<u>\$ 46,000</u>	<u>\$ (38,000)</u>	<u>\$ 66,000</u>	<u>\$ 116,000</u>	<u>\$ 36,000</u>

Prior Year Reimbursement Settlements

Waiver recoupment (fy10, fy11, fy14, fy15)	\$ (16,190)
Medi-Cal FQHC recoupment (fy08 - fy13)	\$ (40,000)
Physician SPA (fy08 - fy13)	\$ (30,000)

Date: February 13, 2023

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

From: Debi Stebbins
Executive Director

RE: Executive Director Report – February 2023

1. Change in Meeting Rules for Public Entities

As a reminder, effective February 28, 2023, the Governor has suspended the Emergency status for the State of California that enabled public organizations to hold meetings in a virtual format due to the COVID 19 public health crisis. Therefore, beginning at the April 2023 Board meeting we will hold our Board and any relevant committee meetings in person under the pre-COVID format. I have confirmed use of Conference Room A at Alameda Hospital (Open Session) and the 2nd Floor Administrative Conference Room (Closed Session) for all 2023 meetings.

2. Annual Dinner – Alameda County Special District Association

The annual dinner of the Alameda County Special District Association will be held Monday, March 20 in Castro Valley. There will be an outside speaker and a presentation on 2024 ballot initiatives. If you are interested in attending, Alix or I can make reservations for you.

3. Joint AHS – District Planning Committee

The first meeting of the Joint AHS-District Planning Committee was held on January 26, 2023. The meeting was well attended and provided an opportunity to orient the AHS representatives to the prior history of discussions between AHS and the District as well as the extensive seismic planning that has been conducted by the District. The Committee will meet every other month. Minutes from the January meeting are included in the February Board packet.

4. Renewal of Loan with Bank of Marin

Gayle Codiga and I met with representatives of the loan department at Bank of Marin last October to initiate the process of replacing our existing loan (balance of \$829,767). For two months, the bank did not make progress on formulating a proposal for the terms

of a new loan. However, they extended our old loan till this month under a new 7.73% interest rate while keeping our monthly payments flat. The net effect is that we are paying higher interest and lower principal payments each month. This month the bank again extended our loan for 90 days under the same interest rate. Remarkably I learned this month that they had not even collected any data to put together proposed terms of a new loan. The loan officer has indicated they are extending the current loan for another ninety days under the same terms. The services of the loan department at Bank of Marin are lacking. I have expressed our concerns to Bank leadership.

5. Alameda Fire Department CARE Program Update

The quarterly meeting of the CARE program stakeholders meeting was held last week. Chief Nick Luby presented a report for the annual period ending December 16, 2022. The same report, marking the pilot period for the program will be presented to the City Council later this month.

During the year there were 621 CARE team engagements, a 134% increase over the prior period. Thirty-nine percent (39%) of the mental health responses were transported from the scene to another location. Of the transports, 14.5% were transported to Alameda Hospital. Overall, 5150 volume declined significantly, one of the primary goals of the program. A large percentage of the mental health responses were referred to Alameda Family Services for case management which coordinates with up to 32 other community agencies and organizations.

6. Advocacy Update:

I am keeping apprised of ACHD's efforts to get legislation introduced that provides relief to District Hospitals for the 2030 seismic requirements either in terms of an extension or financing. At this time due to the projected deficit in the State budget financing assistance from the State for seismic retrofit seems unlikely. ACHD is coordinating with both Assemblymembers Garcia and Wood. As of this writing no draft legislation has been produced. I followed up with ACHD staff and members and there was no immediate interest in sharing in the engagement of an outside consultant to assist ACHD in their lobbying efforts. I'll keep the Board apprised of any changes. CHA does not seem to be doing anything in relation to seismic advocacy for this legislative session.

Joint Planning Committee Minute
AHS - City of Alameda Health Care District
Date: January 26, 2023
Time: 4 - 6 p.m.

<p>District Board: Dr. Robert Deutsch – President Gayle Codiga - 1st Vice President Debi Stebbins - Executive Director</p>	<p>Alameda Health Systems: Jeanette Dong - AHS Chief Strategy Officer Richard Espinoza - AHS CAO Post-Acute Services Mark Fratzke - AHS COO Mark Friedman - AHS Board of Trustees Eric Gulley - Director of Business Intelligence Mario Harding - AHS CAO Community Hospitals James Helena - AHS Director of Facilities Kimberly Miranda - AHS Chief Financial Officer - (Absent)</p>
<p>District Board / AHS Liaison: David Sayen</p>	<p>Alameda Health System Fellows: Ashley Brizuela Ethan Torrence</p>
<p>Alameda Hospital Medical Staff: Dr. Nikita Joshi - AH Chief of Staff and Medical Director of AH ED Dr. Pimia - Orthopedic Surgeon and AH Vice Chief of Staff</p>	<p>Consultants: Katy Ford - Ratcliff Architects</p>

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 4:05 pm by Dr. Robert Deutsch. Dr. Deutsch suggested that the committee also consider the short-term planning needs that involve major capital expenses and policies.	
Introductions	Each attendee briefly introduced themselves and their role.	

Joint Planning Committee Minute
AHS - City of Alameda Health Care District
Date: January 26, 2023
Time: 4 - 6 p.m.

<p>Joint Planning Committee History</p>	<p>Ms. Stebbins reviewed the History of the Joint Planning Committee between AHS and the Alameda Health Care District. The June 2020 report provided in the agenda was approved by the District prior to the committee’s hiatus.</p> <p>Ms. Stebbins informed the group that the original charge of the committee was to; “review current and future capital, and operational needs and service demands as well as possible sources and applications of funds.</p> <p>The intent is to address the health care needs of the residents of Alameda consistent with the mission operational capacity and fiscal constraints of both the Health Care District and the Health Care System.”</p> <p>There were two complete studies done by the previous committee members:</p> <ol style="list-style-type: none"> 1. Kaufman Hall Study: This study projected acute bed needs by 2030 based on population projections, demographic trends and the expectation that health care delivery will continue to shift from inpatient to outpatient in the future. The conclusion based on the previous 2018/2019 utilization was that; in 2029 there would be a need for 25 acute care beds at Alameda Hospital. It was noted that the average census at Alameda Hospital currently exceeds that projection. About one third of the patients in acute care are admitted through the ED. It is noteworthy that there about six skilled nursing facilities on the island; when those patients need acute hospitalization, they are admitted though the ED Therefore, there is a higher percentage of admissions through the ED than an average community hospital would have 2. <u>Ratcliff Architects</u>: The District Board commissioned Ratcliff to complete an assessment of the four buildings at the Alameda Hospital Campus. <p>The Ratcliff study at that time resulted in a plan that would put all acute care services and supporting departments that are required under Title 22 into the South Wing, a building that is already compliant with 2030 SPC standards. The South Wing, built in 1983, is the newest building on the Alameda Hospital Campus and is compliant with all 2030 SPC structural requirements. Ratcliff projected a project cost of \$200 M. - It was felt that this approach would not only be prohibitively expensive and also operationally so disruptive that closure of the hospital would probably be required during construction.</p> <p>Four Recommendations were referred to at both the District and AHS Boards at the conclusion of the first Joint Committee’s work:</p> <ol style="list-style-type: none"> 1. Review and Approval by Both Boards: 2. Legislative Advocacy Effort with the Support of AHS: 	
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Joint Planning Committee Minute
AHS - City of Alameda Health Care District
Date: January 26, 2023
Time: 4 - 6 p.m.

The goal was to modify the nature of the requirements for 2030. Alameda Hospital is not the only hospital facing the possibility of closure in 2030 if the requirements are not met. There have been efforts including the possibility of extending the deadline, however that is not always a guarantee.

3.Exploring New Programs:

To increase the utilization of Alameda Hospital and to meet the needs of what is provided on the island. Such as a Geriatric Med-Psych Unit and a Certified Geriatric ED.

Service Line Distribution and Optimization

AHS management could expedite the strategic planning efforts and look at distribution of services within the AHS system that utilized both the strengths of AHS and Alameda Hospital.

Although circumstances are very different than in 2020 the charge seems to be still very fitting for this time.

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

Date: January 26, 2023

Time: 4 - 6 p.m.

<p>Joint Powers Agreement</p>	<p>Ms. Stebbins reviewed the history of the District’s search for an appropriate affiliation partner that began in 2012. The District realized it could not survive as a standalone hospital, and needed access to capital. Being the only hospital on the island created a situation of vulnerability for residents of Alameda in the case of a disaster. AHS and the District have a common mission and vision and it is far easier legally to create an affiliation with two public entities.</p> <p>The terms of the JPA provide that AHS would fund the 2020 seismic requirements, the largest being moving the kitchen to the Stephens Wing. This also included moving everything out of the administration building. AHS took over hospital operations and the license, but the District retains ownership of the real property. AHS could determine what capital contributions they wanted to make beyond the yearly Parcel Tax contribution. Ms. Stebbins added that AHS has no obligation to fund the 2030 seismic requirements. AHS also agreed that they would not reduce the number of AHS licenses to less than 50 beds or eliminate or close the basic emergency department without the consent of both parties.</p> <p>Dr. Deutsch added that the affiliation created political support for the County safety net which has been beneficial to AHS. There was a ballot measure in Alameda County to “levy a 0.5 percent sales tax throughout the county to fund operations at the County Healthcare System which included Highland Hospital and AHS. The measure did pass by a two thirds majority.</p> <p>Alameda Hospital now serves overflow patients from Highland when, as is often the case, the census there is at capacity. The bed capacity at Highland Hospital does not meet the needs of the community. However, through the affiliation, patients can be assisted at Alameda and San Leandro Hospitals. Overall, this has been a mutually beneficial affiliation.</p> <p>There was a suggestion that it could be part of the work of the Joint Planning Committee to evaluate whether the JPA terms have been successful for both organizations.</p>	
<p>Review of Architectural Options</p>	<p>Ms. Katy Ford, partner at Ratcliff Architects, presented an overview of the four main buildings at Alameda Hospital.</p> <p>The administration building has been decanted, the bridge that connected it to the Stephens Wing has been removed.</p> <p>The Stephens Wing and West Wing have been updated to SPC 2 (is compliant until 2030). The South</p>	

Joint Planning Committee Minute
AHS - City of Alameda Health Care District
Date: January 26, 2023
Time: 4 - 6 p.m.

Wing is updated to SPC 3 and is 2030 compliant. There will be some required NPC upgrades in the South Wing. There will also be a requirement for a larger septic tank and a larger emergency water storage tank.

Ms. Ford noted that it wasn't feasible to combine everything into the South Wing; a new central plant would have to be built and everyone would have to be relocated.

The projects have been grouped into the following:

- 1) Upgrade Stephens Wing to SPC-4D- Seismic Upgrade
- 2) Upgrade West Wing to SPC-4D Seismic Upgrade
- 3) NPC 10,000 Gallon Sewer Holding Tank
- 4) NPC 5 – Emergency Generator
- 5) NPC 4 Upgrade

Ms. Ford noted tackling number 1 first due to it being a larger project and taking more time.

Ms. Stebbins presented the four options to Upgrade the Campus. There may well be additional options but this provides alternatives that result in different inventories of acute and long-term care beds.

- 1) Not to Upgrade the Stephens Wing – Relocating the Kitchen and Displacement of South Wing Operations. This was determined not to be a reasonable option given its cost.

Estimation 82-100 Million

- 2) Upgrade the Stephens Wing and Keep the Existing Bed Configuration

This does not add any capacity for Skilled Nursing beds.

Estimation 52-60 Million

- 3) Converting the 29 Med Surg Beds in the Stephens Wing to SNF Beds

The ADA requirements would change, rooms need to be larger, there would be an increase in the number of bathrooms to rooms.

Estimation 62-75 Million

- 4) Maximize SNF Long term care.

Estimation 100-120 Million

Joint Planning Committee Minute
AHS - City of Alameda Health Care District

Date: January 26, 2023

Time: 4 - 6 p.m.

Ms. Stebbins noted that this is similar to an approach taken at Seton coast side, another remotely located facility which has permission from the State to operate a small acute care unit associated with a large hospital based SNF and an Emergency Department. Ms. Stebbins stated alternatives can be added or subtracted. The goal is to get down to a manageable project which provides the right complement of beds to support the AHS system and serve the Alameda community.

Mr. Harding added that there are also additional upgrades that need to be taken into consideration. The cooling towers and chillers that impact the surgery suits need to be updated. Mr. Harding also noted that as of March 2020 the Sterile Processing Unit had been discontinued at the Alameda campus and is managed by the Highland Campus. Mr. Harding noted that to update the Sterile Processing Unit would cost an estimated 6-8 million dollars. A final infrastructure report will be coming in February 2023.

Mr. Fratzke added that by the end of March 2023 there will be a portable Sterile Processing Unit at the San Leandro hospital that can service all of the OR needs for San Leandro and Alameda Hospitals. Mr. Fratzke added that there is also approximately \$1 million being spent to repair and renovate the South Shore SNF.

Dr. Pirnia noted it is becoming increasingly challenging to use the operating rooms at Alameda Hospital given these issues. The Sterile Processing issue is a large problem due to the requirements to use as little flashing as possible. This limits the number of cases physicians can perform to meet those requirements. There is a degree of uncertainty when coming to the hospital if physicians can operate and remain in the parameters. Dr. Pirnia also noted the OR size should be taken into consideration as equipment is getting larger.

Mr. Helena added that the building needs to be brought up to speed. Along with updating the chillers and cooler, the temperature and humidity need to be able to be adjusted without human intervention. These are some capabilities that are provided at Highland.

Advocacy Efforts

Ms. Stebbins informed the group the District has been active in their advocacy efforts. AB 2904 was approved by both houses without objection. This bill would have given an extension of time however, the governor vetoed the bill two days before signatures were due. The Governor does not like one off legislation that would make an exception for one entity.

Joint Planning Committee Minute
AHS - City of Alameda Health Care District
Date: January 26, 2023
Time: 4 - 6 p.m.


	<p>The District is working with the state and assemblymen on another bill that would grant a time extension to hospitals. Ms. Stebbins informed the group that funding is the biggest concern of the Committee. Districts are legally subdivisions of the state. Districts and public institutions have to go back to voters to get funding for these projects.</p>	
<p>Data Overview Administrative Fellows</p>	<p>Mr. Torrence presented the statistical data that he and Ms. Alvarez gathered from Epic EHR and Power BI Dashboards.</p> <p>Mr. Torrence highlighted some of the facts of Alameda Hospital</p> <ul style="list-style-type: none"> - There are 66 General Acute Beds - 58 Unspecified GAC Beds - 8 Coronary Care Critical Care Unit Beds) <p>The volume of patients at Alameda Hospital for 2022 was 25,662 patients' days with 2,711 inpatient admissions. This compares to San Leandro Hospital with about 37,000 patients' days.</p> <p>The average daily census was 43.2 which is about a 65 percent occupancy rate compared to San Leandro Hospital with 42.2. The Case Mix at Alameda Hospital is 1.29 compared to 1.28 San Leandro Hospital.</p> <ul style="list-style-type: none"> - The Length of stay at AH is 5.1 which is on par to Highland Hospital, San Leandro Hospital has an average length of stay of 4.2 days. - The payor mix for all inpatient admissions was 42.9% Medicare and 17.8 % Medical Managed Care. - Transfers to Alameda Hospital totaled 675 with a large majority coming from Highland Hospital. Compared to San Leandro's 606 transfers. - Transfers out of Alameda Hospital totaled 340 compared to San Leandro Hospital with 522, with a majority going to Highland Hospital. <p>Many of the transfers from San Leandro to Alameda are from ED to ED. If there is a stroke patient that comes into San Leandro they are transferred to Alameda because of the stroke program.</p> <p>Dr. Deutsch made a motion to have Dr. Isolani to join the Committee, the motion was unanimously carried. Dr. Deutsch suggested the committee meet every two months.</p>	<p>Follow up with data to see where each transfer is coming from</p>

Joint Planning Committee Minute
AHS - City of Alameda Health Care District
Date: January 26, 2023
Time: 4 - 6 p.m.

<p>Next Meeting Date: March 23, 2023 Time: 4 p.m. Location: Zoom</p>	
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Minutes submitted by: Alix Williams, Clerk of the District Board of Directors.

Approved: _____

 <p>City of Alameda HEALTH CARE DISTRICT</p>	<p>Meeting Minutes for December 12, 2022 - Open Session Location: Zoom</p>		
<p>Board Members Present</p>	<p>Legal Counsel Present</p>	<p>Also Present</p>	<p>Absent</p>
<p>Tracy Jensen, Robert Deutsch MD, Gayle Codiga, Stewart Chen DC, David Sayen</p>	<p>Tom Driscoll</p>	<p>Debi Stebbins Alixandria Williams Sandra Wellington Dr. Nikita Joshi</p>	<p>Mario Harding</p>

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
<p>Call to Order</p>	<p>The meeting was called to order at 5:45 p.m. by the 1st Vice President Gayle Codiga.</p> <p>Ms. Codiga reported the only action item from the closed session was renewal of the contract with the Executive Director was approved to renew the contract with the Executive Director through June 30, 2023 at a 10% increase in compensation.</p> <p>Ms. Codiga noted with regret the resignation of Tracy Jensen and introduced a Resolution acknowledging her many contributions to the District and the community of Alameda over the last 8 years. Ms. Stebbins noted that a donation was made in Ms. Jensen's honor to <i>Youth Alive</i>, a charitable organization addressing prevention of violence among youth. Ms. Jensen has also served on the Board of Youth Alive.</p>	<p>Dr. Deutsch made a motion to approve the contract renewal for the Executive Director Debi Stebbins. The Motion was seconded by Ms. Codiga and unanimously carried.</p> <p>Dr. Deutsch made a motion to adopt resolution # 5 acknowledging the contributions made by Tracy Jensen to the District. The resolution was seconded by Dr. Chen and was unanimously approved. A copy of the Resolution is attached to the minutes.</p>

Roll Call	Roll was called prior to the start of the closed session. A quorum of Directors was present.	
Administration of Oath of Office for David Sayen	<p>Ms. Codiga introduced newly elected Board member David Sayen. Debi Stebbins briefly reviewed Mr. Sayen's resume. He served for several years as Regional Administrator for Region 9 of CMS. He now works as an independent consultant, advising investors and other clients on government contracting, compliance, business development and strategy.</p> <p>Mr. Sayen was a member of the Federal Senior Executive Service, a graduate of the Federal Executives Institute and a fellow of the Council on Excellence in Government. He has extensive experience in public affairs and developing and executing campaigns as well as in health insurance and access to health services and the federal health care reimbursement system. He received his MBA in health administration from Temple University.</p>	Ms. Codiga administered the Oath of Office to Mr. Sayen.
Election of President for the City of Alameda Health Care District. Representative for the AHS Board of Trustees	Gayle nominated Dr. Deutsch as the new president of the District. Gayle nominated David Sayne to be the AHS Board of Trustee representative.	<p>A motion to elect Dr. Deutsch for president was made by Ms. Codiga,,seconded by Dr. Chen and was unanimously approved.</p> <p>A motion for David Sayen to be the District representative to the AHS Board of Trustee representative was made by Ms. Codiga seconded by Dr. Deutsch. The motion was unanimously carried.</p>
Alameda Health System/ Alameda Hospital Update	No reports submitted.	

Patient Experience	No report submitted.	
Financial Update	Written report submitted by AHS CFO Kimberly Miranda who was unable to attend the Board meeting.	
AHS Managed Care Contracts	Sandra Wellington, Manager of Payor Relation from AHS reported on the status of the third contracts AHS has finalized or is in the process of negotiating. A few of the hospitals in AHS are out of network and have presented issues with patients not being able to get referrals to physicians as needed. AHS has completed many of the agreements in their health plan and their negotiations for the psych services at John George. Ms. Wellington also presented a visual timeline of the health plans and AHS's goals for the upcoming year. Most of the professional contracts are completed.	
	<p>Dr. Joshi reported on the status of the Alameda Hospital. The volume of patients has been increasing due to the rise of respiratory illness and more patients have tested positive with Covid.</p> <p>There has also been an increase in pediatric volume in the emergency department. In the spring of 2023 the hospital will be doing a pediatric readiness survey to evaluate the department's ability to manage pediatric patients".</p> <p>The increased Covid volume will continue to impact the inpatient throughput. If the skilled nursing facilities have higher number of Covid patients it will make it harder to discharge patients back to the SNF's</p> <p>Alameda Hospital has also added podiatry coverage for ER and inpatients.</p>	
State of Emergency Status	Gayle updated the board that as of February 28, 2023 the state of emergency status will be removed and in person meetings will resume beginning with the April Board meeting. Debi Stebbins will provide more information on the change as we approach the April meeting.	
Alameda Hospital Liaison Report	Dr. Deutsch reported there is a major concern at the Alameda Hospital only having two functional operating rooms available. The surgery suite needs to have an updated HVAC system. This has resulted in delays in surgical cases; more functional operating rooms are a high priority. The addition of more podiatric cases will increase the need for more surgical capacity.	Ms. Stebbins will draft an email to Mark Fratzke and Mario Harding requesting an update on the surgery suites and cost for updates.
District Board Seat Vacancy	Ms. Stebbins informed the board that due to the resignation of Mike Williams, there has to be a reappointment to the Board within 60 days. The opening has to be posted in 3 public spaces and an	Ms. Stebbins will send out dates to the Board for the

	<p>application will be sent out to interested parties. The Board will go through an interview process of the individuals that apply</p> <p>Tom Driscoll informed the Board that if we do not meet the deadline of January 31, 2023, then the county will appoint someone.</p> <p>Mr. Driscoll also recommended publishing a legal notice in the newspaper.</p>	<p>application and interview process.</p> <p>Debi will work with Alix to reach out to past interested parties and post the position in public locations and on social media</p> <p>Debi will reach out to Madlen Saddick from the chamber of commerce regarding possible applicants.</p> <p>Debi will reach out to Sarah Henry, the City public information officer to post on Next-door.</p>
<p>Executive Director Report</p>	<p>Ms. Stebbins reported that the District is shooting for early January to set up the first Joint Planning Committee meeting between AHS and the District. The purpose is to look at the seismic planning work that has been done by the District and evaluate programs that are consistent with the needs of the Alameda community and the strategic direction of AHS.</p> <p>Ms. Stebbins reported that she and Ms. Codiga have met with Bank of Marin regarding renewal of the loan the District has that is secured by the Jaber properties. The response from the Bank has been rather slow. Last week the Bank notified the district that they have extended the loan. It was originally a 10-year note amortized over 25 years with a 5.51 interstate rate. The new interest rate is 7.73. Due to Bank of Marin not being very forthcoming on the terms for the new loan the District is evaluating seeking proposals from alternative lenders. The current balance of the loan is over \$800,000.</p>	

Consent Agenda		
	<p>A. Acceptance of Minutes of October 12, 2022</p> <p>B. Acceptance of Financial Statements, from September 2022</p> <p>C. Acceptance of Financial Statements, from October 2022</p>	<p>A motion to accept the three consent agenda items was made by Dr. Deutsch, seconded by Dr. Chen and unanimously carried.</p>
Action Items		
	<p>A. Board Meeting Calendar Dates for 2023</p> <p>February 13, April 10, June 12, August 7, October 9, December 11.</p>	<p>A motion was by Dr. Deutsch, seconded by Ms. Codiga and unanimously carried to accept the proposed 2023 Board meeting Schedule.</p>
<p>Proposal to Engage MJM Advocacy Consultants</p>	<p>B. Contract with MJM I will need to look at video for this section</p> <ul style="list-style-type: none"> - Ms. Stebbins - proposed the Board reengage their relationship with MJM. MJM would work specifically on financing for the seismic project. - Other districts we can connect wit 	
<p>Adjournment</p>	<p>There being no further business, the meeting adjourned at 6:40pm</p>	

Minutes submitted by: Debi Stebbins, Executive Director

Approved: _____



Resolution 2022 - 5

**RESOLUTION IN RECOGNITION AND APPRECIATION OF
DISTINGUISHED SERVICE BY TRACY JENSEN**

WHEREAS, the City of Alameda Health Care District mission is:

- to ensure maintenance and operation of Alameda Hospital and other health care facilities in the City of Alameda in conjunction with Alameda Health System, - to collect, disburse review and educate the community on the use of taxes collected under the authority of the District,
- to be a leader for the health and well-being of the residents and visitors to the District;

WHEREAS, Tracy Jensen has devoted her career to furthering policy development at a federal, state and local level and developing programs that address and improve the quality of life and health care of residents of the City of Alameda and Alameda County;

WHEREAS, Tracy Jensen has served as a member of the Board of Directors of the City of Alameda Health Care District and the liaison member of the District Board on the Alameda Health System Board of Trustees since 2014;

WHEREAS, during her service on the Board of Directors Tracy Jensen has provided invaluable insight, perspective and guidance to the Board of Directors to assist the organization in fulfilling its mission;

WHEREAS, during her service on the District Board, Tracy Jensen has worked to ensure that Alamedans receive the highest quality of care and access to essential health care services through the maintenance of facilities and creation of innovative programs;

WHEREAS, in her dual roles on the Boards of the City of Alameda Health Care District and Alameda Health System, Tracy Jensen has played an essential role in ensuring effective collaboration between the two organizations, supporting the intent of the Joint Powers Agreement established in 2014;

WHEREAS, Tracy Jensen is moving on in the next stage of her career in community leadership to serve as an elected member of the City of Alameda City Council;

NOW, THEREFORE BE IT RESOLVED, that the City of Alameda Health Care District acknowledges and extends its gratitude to Tracy Jensen for her distinguished service to the Board of Directors and her lasting contributions to the communities of Alameda and Alameda County.

As adopted this 12th day of December, 2022 by the Alameda HealthCare District Board of Directors.

Gayle Codiga
First Vice President



CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(November 1-30, 2022)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of <u>6/30/2022</u>	As of <u>11/30/2022</u>
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 605,975
Grant and other receivables	335,062	2,492,579
Prepaid expenses and deposits	108,828	75,072
Total current assets	<u>2,949,313</u>	<u>3,173,626</u>
Assets limited as to use	709,693	779,421
Capital Assets, net of accumulated depreciation	2,278,048	2,207,882
	<u>5,937,054</u>	<u>6,160,929</u>
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	<u>\$ 6,141,018</u>	<u>\$ 6,364,146</u>
Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 36,784	\$ 38,714
Accounts payable and accrued expenses	66,681	52,574
Total current liabilities	<u>103,465</u>	<u>91,287</u>
Deferred revenue	203,217	203,217
Debt borrowings net of current maturities	806,121	791,052
Total liabilities	<u>1,112,803</u>	<u>1,085,557</u>
Net position:		
Total net position (deficit)	<u>5,028,215</u>	<u>5,278,590</u>
Total liabilities and net position	<u>\$ 6,141,018</u>	<u>\$ 6,364,146</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 11/30/2022	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,938,514	\$ 2,458,333	\$ 2,458,333	-	0%
Rents	186,828	84,649	87,500	(2,851)	213%
Other revenues	-	-	-	-	
Total revenues	6,125,343	2,542,982	2,545,833	(2,851)	
Expenses					
Professional fees - executive director	173,083	70,833	72,083	1,250	2%
Professional fees - Assistant	53,957	19,633	23,333	3,700	16%
Professional fees	184,049	216,032	170,333	(45,699)	-27%
Supplies	5,300	264	1,667	1,403	84%
Purchased services	3,500	300	4,167	3,867	93%
Repairs and maintenance	8,264	10,359	14,167	3,808	27%
Rents	19,269	10,511	8,925	(1,586)	-18%
Utilities	12,256	5,494	4,583	(911)	-20%
Insurance	99,309	54,393	55,486	1,093	2%
Depreciation and amortization	170,640	70,913	79,333	8,420	
Interest	48,140	21,142	20,833	(308)	-1%
Travel, meeting and conferences	6,298	7,105	4,167	(2,939)	-71%
Other expenses	29,089	1,939	108,333	106,394	98%
Community projects and programs	250,000	3,690	113,988	110,298	97%
Total expenses	1,063,155	492,608	681,399	188,791	
Operating gains	5,062,188	2,050,374	1,864,435	185,939	10%
Transfers	(3,546,494)	(1,800,000)	-		
Increase(Decrease) in net position	1,515,694	250,374	1,864,435		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 5,278,589	\$ 1,864,435		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 11/30/2022
Increase(Decrease) in net position	\$ 1,515,694	\$ 250,374
Add Non Cash items		
Depreciation	170,640	70,913
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	(2,157,517)
Prepaid expenses and deposits	(22,557)	33,756
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(14,108)
Deferred revenues	203,217	-
Net Cash provided(used) by operating activities	1,688,808	(1,816,581)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(1)
Changes in assets limited to use	(31,097)	(69,728)
Net Cash used in investing activities	(31,097)	(69,728)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(13,138)
Net cash used by financing activities	(34,132)	(13,138)
Net change in cash and cash equivalents	1,623,579	(1,899,448)
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 605,975

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 11/30/2022	Jaber 11/30/2022	As of 11/30/2022
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 605,975	\$ -	\$ 605,975
Grant and other receivables	335,062	0	335,062	2,492,579	0	2,492,579
Prepaid expenses and deposits	108,829	(0)	108,828	75,072	(0)	75,072
Total current assets	2,949,313	(0)	2,949,313	3,173,627	(0)	3,173,626
Due To Due From	14,925	(14,925)	0	20,129	(20,129)	0
Assets limited as to use	0	709,693	709,693	0	779,421	779,421
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,370,366	837,517	2,207,882
	4,389,185	1,547,869	5,937,054	4,564,121	1,596,809	6,160,929
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	4,767,338	1,596,809	6,364,146
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	38,714	0	38,714
Accounts payable and accrued expenses	66,681	0	66,681	52,574	0	52,574
Total current liabilities	103,465	0	103,465	91,287	0	91,287
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	806,121	0	806,121	791,052	0	791,052
Total liabilities	1,112,803	0	1,112,803	1,085,557	0	1,085,557
Net position:						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	3,681,781	1,596,809	5,278,590
Total liabilities and net position	\$4,593,149	\$1,547,869	\$6,141,018	\$4,767,337	\$1,596,809	\$6,364,146

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District		Actual		Actual	
	6/30/2022	Jaber 6/30/2022	YTD 6/30/2022	District 11/30/2022	Jaber 11/30/2022	YTD 11/30/2022
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	2,458,333	0	2,458,333
Rents	0	186,828	186,828	0	84,649	84,649
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	2,458,333	84,649	2,542,982
Expenses						
Professional fees - executive director	173,083	0	173,083	70,833	0	70,833
Professional fees - Assistant	53,957	0	53,957	19,633	0	19,633
Professional fees	174,851	9,198	184,049	211,890	4,142	216,032
Supplies	5,300	0	5,300	264	0	264
Purchased services	3,500	0	3,500	300	0	300
Repairs and maintenance	1,584	6,680	8,264	249	10,110	10,359
Rents	19,269	0	19,269	10,511	0	10,511
Utilities	1,070	11,185	12,256	702	4,792	5,494
Insurance	99,309	0	99,309	54,393	0	54,393
Depreciation and amortization	133,240	37,400	170,640	55,330	15,583	70,913
Interest	48,140	0	48,140	21,142	0	21,142
Travel, meeting and conferences	6,298	0	6,298	7,105	0	7,105
Other expenses	32,044	(2,955)	29,088	857	1,082	1,939
Community projects and programs	250,000	0	250,000	3,690	0	3,690
Total expenses	1,001,646	61,508	1,063,154	456,898	35,710	492,608
Operating gains	4,936,869	125,320	5,062,189	2,001,435	48,939	2,050,374
Transfers	(3,414,871)	(131,623)	(3,546,494)	(1,800,000)	0	(1,800,000)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	201,435	48,939	250,374
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	3,681,781	1,596,809	5,278,590

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	11/30/2022	11/30/2022	YTD 11/30/2022
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	201,435	48,939	250,374
Add Non Cash items						
Depreciation	133,240	37,400	170,640	55,330	15,583	70,913
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	(2,157,518)	0	(2,157,518)
Prepaid expenses and deposits	(22,557)	0	(22,557)	33,756	0	33,756
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(5,205)	5,205	0
Accounts payable and accrued expenses	50,954	0	50,954	(14,107)	0	(14,107)
Deferred revenues	203,217	0	203,217			
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	(1,886,308)	69,727	(1,816,581)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	(0)	0	(0)
Changes in assets limited to use	0	(31,097)	(31,097)	0	(69,727)	(69,727)
Net Cash used in investing activities	0	(31,097)	(31,097)	(0)	(69,727)	(69,727)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(13,140)	0	(13,140)
Net cash used by financing activities	(34,132)	0	(34,132)	(13,140)	0	(13,140)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	(1,899,449)	0	(1,899,449)
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0.0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	605,975	(0.0)	605,975



CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(December 1-31, 2022)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2022	As of 12/31/2022
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 2,713,597
Grant and other receivables	335,062	-
Prepaid expenses and deposits	108,828	64,715
Total current assets	<u>2,949,313</u>	<u>2,778,312</u>
Assets limited as to use	709,693	792,180
Capital Assets, net of accumulated depreciation	2,278,048	2,193,849
	<u>5,937,054</u>	<u>5,764,340</u>
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	<u>\$ 6,141,018</u>	<u>\$ 5,967,557</u>

Liabilities and Net Position

Current liabilities:

Current maturities of debt borrowings	\$ 36,784	\$ 38,714
Accounts payable and accrued expenses	66,681	52,574
Total current liabilities	<u>103,465</u>	<u>91,287</u>
Deferred revenue	203,217	211,429
Debt borrowings net of current maturities	806,121	789,719
Total liabilities	<u>1,112,803</u>	<u>1,092,436</u>

Net position:

Total net position (deficit)	<u>5,028,215</u>	<u>4,875,121</u>
Total liabilities and net position	<u>\$ 6,141,018</u>	<u>\$ 5,967,557</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 12/31/2022	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,938,514	\$ 2,950,000	\$ 2,950,000	-	0%
Rents	186,828	95,517	105,000	(9,483)	234%
Other revenues	-	-	-	-	
Total revenues	6,125,343	3,045,517	3,055,000	(9,483)	
Expenses					
Professional fees - executive director	173,083	79,333	86,500	7,167	8%
Professional fees - Assistant	53,957	22,481	28,000	5,519	20%
Professional fees	184,049	238,388	204,400	(33,988)	-17%
Supplies	5,300	264	2,000	1,736	87%
Purchased services	3,500	300	5,000	4,700	94%
Repairs and maintenance	8,264	15,076	17,000	1,924	11%
Rents	19,269	10,511	10,710	200	2%
Utilities	12,256	6,590	5,500	(1,090)	-20%
Insurance	99,309	64,750	66,583	1,833	3%
Depreciation and amortization	170,640	84,947	95,200	10,253	
Interest	48,140	26,665	25,000	(1,665)	-7%
Travel, meeting and conferences	6,298	7,105	5,000	(2,105)	-42%
Other expenses	29,089	2,536	130,000	127,464	98%
Community projects and programs	250,000	3,690	136,786	133,096	97%
Total expenses	1,063,155	562,636	817,679	255,043	
Operating gains	5,062,188	2,482,882	2,237,322	245,560	11%
Transfers	(3,546,494)	(2,635,976)	-		
Increase(Decrease) in net position	1,515,694	(153,094)	2,237,322		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 4,875,121	\$ 2,237,322		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 12/31/2022
Increase(Decrease) in net position	\$ 1,515,694	\$ (153,094)
Add Non Cash items		
Depreciation	170,640	84,947
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	335,062
Prepaid expenses and deposits	(22,557)	44,114
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(14,108)
Deferred revenues	203,217	8,212
Net Cash provided(used) by operating activities	1,688,808	305,133
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(82,487)
Net Cash used in investing activities	(31,097)	(82,488)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(14,471)
Net cash used by financing activities	(34,132)	(14,471)
Net change in cash and cash equivalents	1,623,579	208,174
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 2,713,597

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 12/31/2022	Jaber 12/31/2022	As of 12/31/2022
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 2,713,597	\$ -	\$ 2,713,597
Grant and other receivables	335,062	0	335,062	0	0	0
Prepaid expenses and deposits	108,829	(0)	108,828	64,715	(0)	64,715
Total current assets	2,949,313	(0)	2,949,313	2,778,312	(0)	2,778,312
Due To Due From	14,925	(14,925)	0	25,333	(25,333)	0
Assets limited as to use	0	709,693	709,693	0	792,180	792,180
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,359,449	834,400	2,193,849
	4,389,185	1,547,869	5,937,054	4,163,093	1,601,247	5,764,340
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	4,366,310	1,601,247	5,967,557
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	38,714	0	38,714
Accounts payable and accrued expenses	66,681	0	66,681	52,574	0	52,574
Total current liabilities	103,465	0	103,465	91,287	0	91,287
Deferred revenue	203,217	0	203,217	211,429	0	211,429
Debt borrowings net of current maturities	806,121	0	806,121	789,719	0	789,719
Total liabilities	1,112,803	0	1,112,803	1,092,436	0	1,092,436
Net position:						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	3,273,874	1,601,247	4,875,121
Total liabilities and net position	\$4,593,149	\$1,547,869	\$6,141,018	\$4,366,310	\$1,601,247	\$5,967,557

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	Actual YTD 6/30/2022	District 12/31/2022	Jaber 12/31/2022	Actual YTD 12/31/2022
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	2,950,000	0	2,950,000
Rents	0	186,828	186,828	0	95,517	95,517
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	2,950,000	95,517	3,045,517
Expenses						
Professional fees - executive director	173,083	0	173,083	79,333	0	79,333
Professional fees - Assistant	53,957	0	53,957	22,481	0	22,481
Professional fees	174,851	9,198	184,049	233,459	4,929	238,388
Supplies	5,300	0	5,300	264	0	264
Purchased services	3,500	0	3,500	300	0	300
Repairs and maintenance	1,584	6,680	8,264	249	14,827	15,076
Rents	19,269	0	19,269	10,511	0	10,511
Utilities	1,070	11,185	12,256	736	5,854	6,590
Insurance	99,309	0	99,309	64,750	0	64,750
Depreciation and amortization	133,240	37,400	170,640	66,247	18,700	84,947
Interest	48,140	0	48,140	26,665	0	26,665
Travel, meeting and conferences	6,298	0	6,298	7,105	0	7,105
Other expenses	32,044	(2,955)	29,088	4,707	(2,171)	2,536
Community projects and programs	250,000	0	250,000	3,690	0	3,690
Total expenses	1,001,646	61,508	1,063,154	520,496	42,140	562,636
Operating gains	4,936,869	125,320	5,062,189	2,429,504	53,378	2,482,882
Transfers	(3,414,871)	(131,623)	(3,546,494)	(2,635,976)	0	(2,635,976)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(206,472)	53,378	(153,094)
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	3,273,874	1,601,247	4,875,122

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District		Actual		Actual	
	6/30/2022	Jaber 6/30/2022	YTD 6/30/2022	District 12/31/2022	Jaber 12/31/2022	YTD 12/31/2022
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(206,472)	53,378	(153,094)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	66,247	18,700	84,947
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	335,062	0	335,062
Prepaid expenses and deposits	(22,557)	0	(22,557)	44,114	0	44,114
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(10,409)	10,409	0
Accounts payable and accrued expenses	50,954	0	50,954	(14,107)	0	(14,107)
Deferred revenues	203,217	0	203,217	8,212		
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	222,647	82,487	296,921
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	0	0	0
Changes in assets limited to use	0	(31,097)	(31,097)	0	(82,487)	(82,487)
Net Cash used in investing activities	0	(31,097)	(31,097)	0	(82,487)	(82,487)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(14,473)	0	(14,473)
Net cash used by financing activities	(34,132)	0	(34,132)	(14,473)	0	(14,473)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	208,174	0	208,174
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	2,713,597	(0)	2,713,597



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

From: Robert Deutsch, MD
President

RE: Proposed Officers and Liaison Positions - 2023

The annual election of City of Alameda Health Care District Officers usually takes place at the October Board meeting. It was delayed in 2022 due to the possible changes in the composition of the Board. I am proposing the following slate of officers and liaison positions for 2023/

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 2021-2022

Office/Liaison Position	Board Member
President / Representative #1 to City of Alameda Liaison Committee	Robert Deutsch, MD
1 st Vice President	Gayle Codiga
2 nd Vice President	Stewart Chen, DC
Secretary	Jeff Cambra
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

DATE: February 13, 2023

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

FROM: Debi Stebbins,
Executive Director

RE: Distribution of December 2022 Parcel Tax
Revenue Recommendation

The December 2021 parcel tax revenue was \$2,992,160.27. In consideration of the financial position of the District as of December 31, 2022, I am recommending a distribution payment to Alameda Health System of \$2.3 million. The amount takes into consideration the existing financial position of the District along with projected additional operating expenses that may be incurred prior to the projected next installment of parcel tax revenue that will be received in April, 2023.

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2023

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

FROM: Deborah E. Stebbins,
Executive Director

SUBJECT: Recommendation on Distribution from the
Jaber Fund to Alameda Health System for
Capital Improvements to Alameda Hospital

Action

Approval of a distribution from the Jaber Fund to Alameda Health System in the amount of \$164,018 for purchase of capital improvements at Alameda Hospital, for the period ending June 30, 2022. An accounting of the proposed use of FY 2022 distribution of Jaber funds in the coming year will be provided by AHS leadership at the February 13, 2023, Board meeting.

Background and Discussion

Ms. Alice Jaber established her Trust in 1992, naming Alameda Hospital as a major beneficiary. Upon her death, and pursuant to the terms of the Trust, certain Trust assets were distributed to the City of Alameda Health Care District, as the successor-in-interest to Alameda Hospital (the nonprofit corporation) in appreciation of the care given by Alameda Hospital. Among the assets are two parcels of real property located in the City of Alameda.

- 1359 Pearl Street, an apartment complex with seven 2-bedroom units and one 3-bedroom unit
- 2711 Encinal Street, a retail storefront

There are two governing documents that provide restrictions on how the funds can be distributed and for what purpose - the Jaber Will and the JPA Side Letter agreement with Alameda Health System (AHS).

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

CITY OF ALAMEDA HEALTH CARE DISTRICT

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 (the "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. ."

The Jaber Will stipulates that the maximum 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%) value of the cash assets of the Fund valued as of the last day of the prior fiscal year. The District has authorized the following distributions to Alameda Health System in the past from the Jaber Fund

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	TBD	\$164,018	

As a reminder, review of the annual distribution from the fund occurs after the end of the fiscal year and upon completion of the annual audit.

Note that there has been variation in the contributions from the Jaber Fund from year to year largely due to variation in the Cash Assets Value of the Jaber Fund. The complete documentation on the basis for the distribution is shown on the attached spreadsheet.

CITY OF ALAMEDA HEALTH CARE DISTRICT

Analysis of Jaber Property
Potential Distribution Plan
FYE 6/30/22

6/30/2020 6/30/2021 6/30/2022

Rents 196,841 189,737 186,828 Expenses (86,947) (77,442) (61,508) Gains/(Losses) 109,894
112,295 125,320

Cash Assets 646,751 678,596 709,693 Due From District (14,926) (14,925) (14,925) Prepaid (0)
(0) (0)

Liabilities - - -

Balance of the Cash Fund \$ 631,826 \$ 663,671 \$694,769 Adjustments (retro application of
funding) (152,470) (117,850) - \$ 479,356 \$ 545,821 \$694,769

20% of Net Rental Income \$ 21,979 \$ 22,459 \$ 25,064

20% of the cash fund 95,871 109,164 138,954

Limit of Contribution 117,850 131,623 164,018

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 TBD (164,018) Contribution for 2023 Made on TBD

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."