√ Included in the PDF posted on OCTOBER 8, 2021

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, October 11, 2021
OPEN SESSION: 5:30 PM

Location: REMOTE VIA ZOOM

Open Session : Remote Via Zoom
Join Zoom Meeting – Open Session- October 11, 2021 Time: 5:30 PM Pacific Time (US and Canada) https://us02web.zoom.us/j/82132753732?pwd=K095eEd1VTVReFlySW1XZE4yMVVyQT09 Meeting ID: 821 3275 3732 Passcode: 216482 One tap mobile: +16699006833,,82132753732# US (San Jose) Dial by your location: +1 669 900 6833 US (San Jose)

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 — Michael Williams

II. Roll Call — Leta Hillman

III. General Public Comments

IV. √ Brown Act Resolution **ENCLOSURE (pages 4-5)** — Tom Driscoll

V. Adjourn into Executive Closed Session

VI. Closed Session Agenda

	A.	Call to Order	Mike Williams
	B.	Report on Healthcare Trade Secrets	Health and Safety Code Sec. 32106
	C.	Adjourn to Open Session	

VI. Reconvene to Public Session

	A.	Announcements from Closed Session	Michael Williams

VII. General Public Comments

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VIII. Regular Agenda

A.	YTD AHS Reporting **INFORMATIONAL**		
√	1)	Overview of Alameda Health Care District Insurance Coverage: Matt McManus, Alliant Insurance **ENCLOSURE (pages 6-24)**	Debi Stebbins Matt McManus
√	2)	Alameda Health System / Alameda Hospital Update / Status of 2020 Alameda Hospital Seismic Project **ENCLOSURE (pages 25-34)**	Mark Fratzke, Interim COO
√	3)	Patient Experience **ENCLOSURE (pages 35-37)**	Ronica Shelton, VP of Patient Care Services
√	4)	AHS Financials and Budget Update **ENCLOSURE (pages 38-53)**	Kimberly Miranda, AHS CFO
	5)	Alameda Hospital Medical Staff Update	Catherine Pyun, DO

B.	District & Operational Updates **INFORMATIONAL**		
	1)	District Reports	
		a. President's Report Subcommittee Alameda City Council Meeting	Michael Williams
		b. Alameda Health System Board Liaison Report	Tracy Jensen
		c. Alameda Hospital Liaison Report	Robert Deutsch, MD
√		d. Executive Director Report **ENCLOSURE (pages 54-57)**	Debi Stebbins
		e. Alameda Hospital Strategic Planning Committee Report	Gayle Codiga
√		f. Report From Community Advisory Board **ENCLOSURE (pages 58-60)**	Stewart Chen

C. Consent Agenda

√ 1) Acceptance of Minutes, Special Board Meeting, September 9, 2021 **ENCLOSURE (pages 61-62)**

√ 2) Acceptance of July and August 2021 Financial Statements **ENCLOSURE (pages 63-76)**

√ 3) Review of Proposed District Board Meeting Calendar FY 2021-2022 **ENCLOSURE (page 77)**

D. Action Items

√ 1) Election of Officers and Appointments to Liaison Positions **ENCLOSURE (pages 78-82)**

E.	December 13, 2021 Agenda Preview		
	1)	Acceptance of October 11, 2021 Minutes	
	2)	Second Review and Approval of District Board Meeting Calendar FY 2021-2022	
	3)	Recommendation to Approve True-Up Tax Distribution to AHS	

√ Included in the PDF posted on OCTOBER 8, 2021

F.	Informational Items:		
		YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)	

X. General Public Comments

XI. Board Comments

XII. Adjournment

Next Scheduled Meeting Dates (2nd Monday, every other month or as scheduled) **December 13, 2021**	Open Session 5:30 PM

City of Alameda
HEALTH CARE DISTRICT

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: October 11, 2021

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

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Authorization to Continue the Use of Teleconferences

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.

CITY OF ALAMEDA HEALTH CARE DISTRICT

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.

State of the Insurance Market & Renewal Outlook

October 2021

Presented by:

Matt McManus

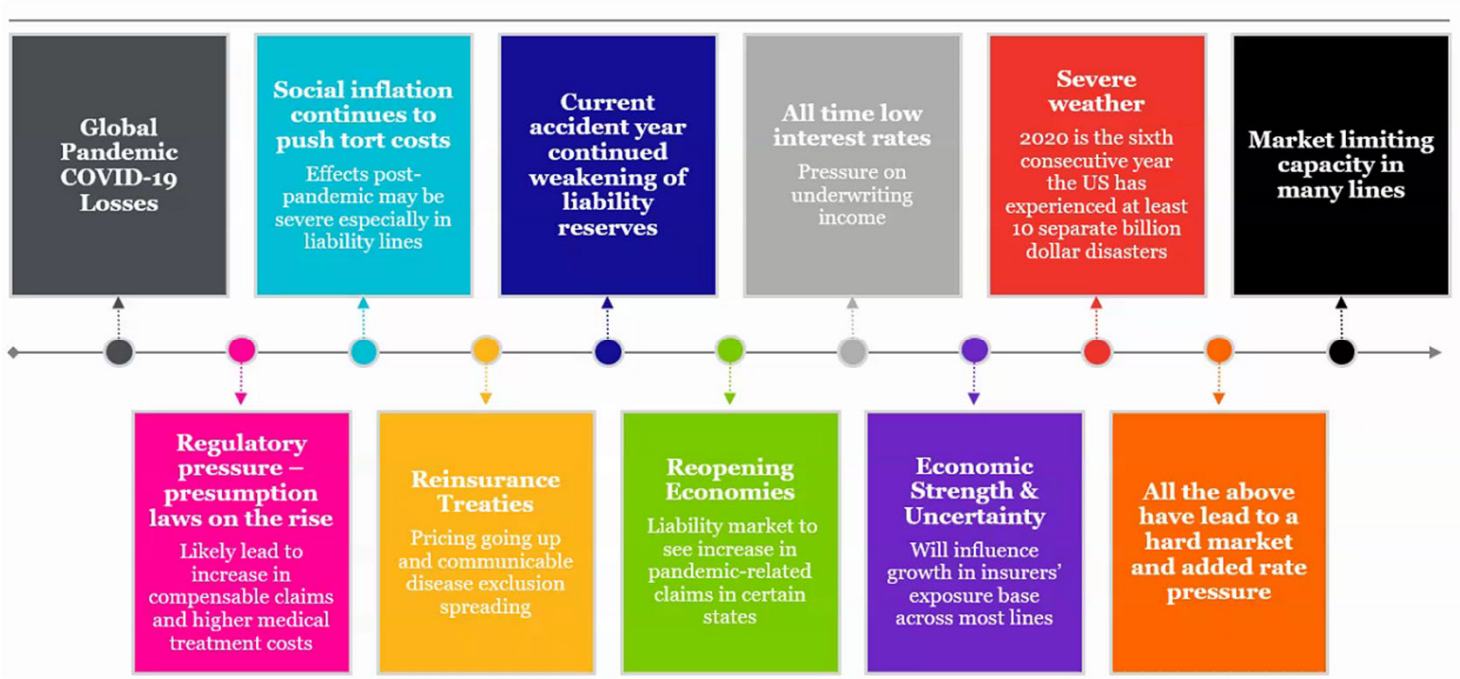
(THIS INFORMATION HAS BEEN CONSOLIDATED FROM VARIOUS INDUSTRY SOURCES)

A proud member of the Alliant Insurance Services team since 2009, Matt McManus specializes in insurance placements for public sector and healthcare clientele. Matt has extensive experience with market negotiations, marketing specifications consultation and carrier relations.

His current book of business consists of more than twenty hospitals, four Joint Power Authorities, numerous cities, counties, special districts and colleges. Matt was recognized as a 2018 Honoree for Business Insurance's Breakout Awards (40 Under 40).

This prestigious awards program recognizes elite professionals from across the U.S. who represent the future of our industry. Honorees are recognized for excellence in service, leadership, and industry knowledge.

What has changed in the recent past?



Source: Chubb Ins. Group

Catastrophic Property Loss Impacts

Market Shifting Events.

Large catastrophic property losses generate billion dollar events, and shift the insurance market.

If Cat losses continue to develop at increasing rates, insurance rates will respond with higher rates.

The insurance industry is webbed together; while an entity may not have wildfire exposure, if wildfire is leading to significant loss increases for insurers – rates will rise.

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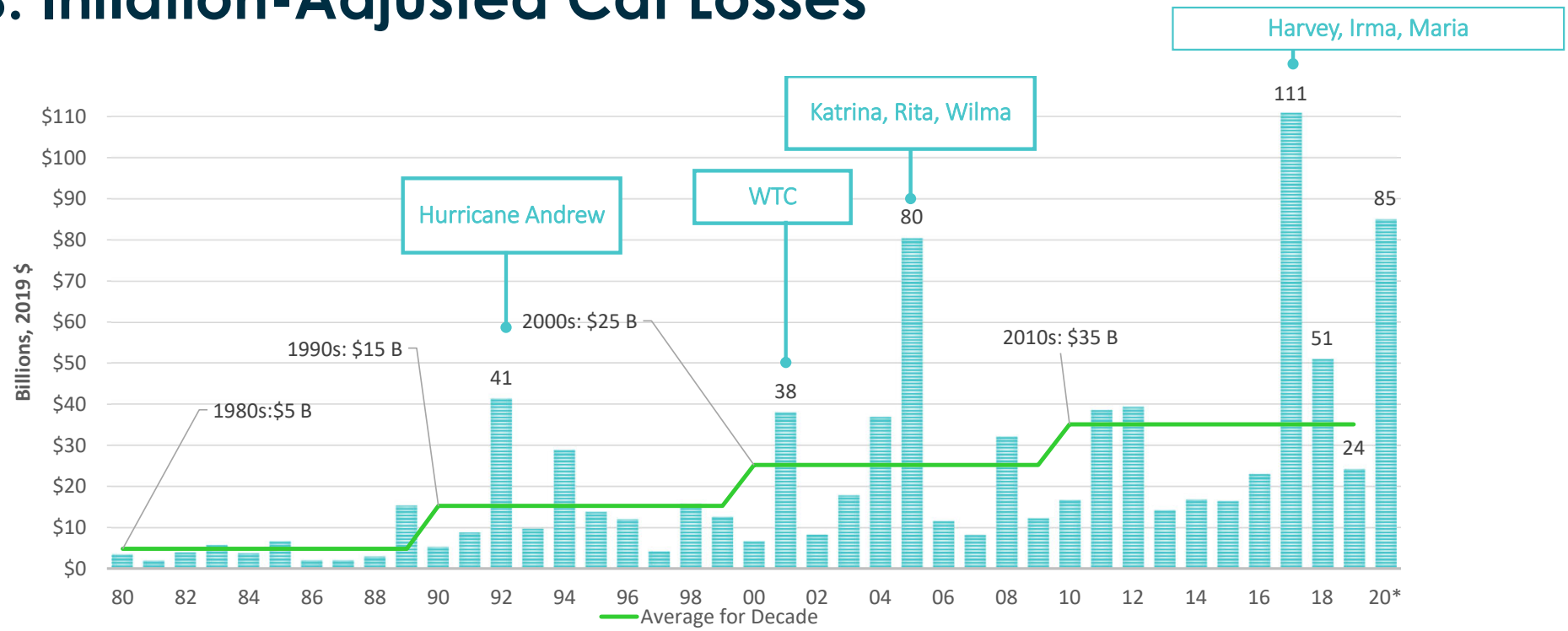
U.S. Inflation-Adjusted Cat Losses



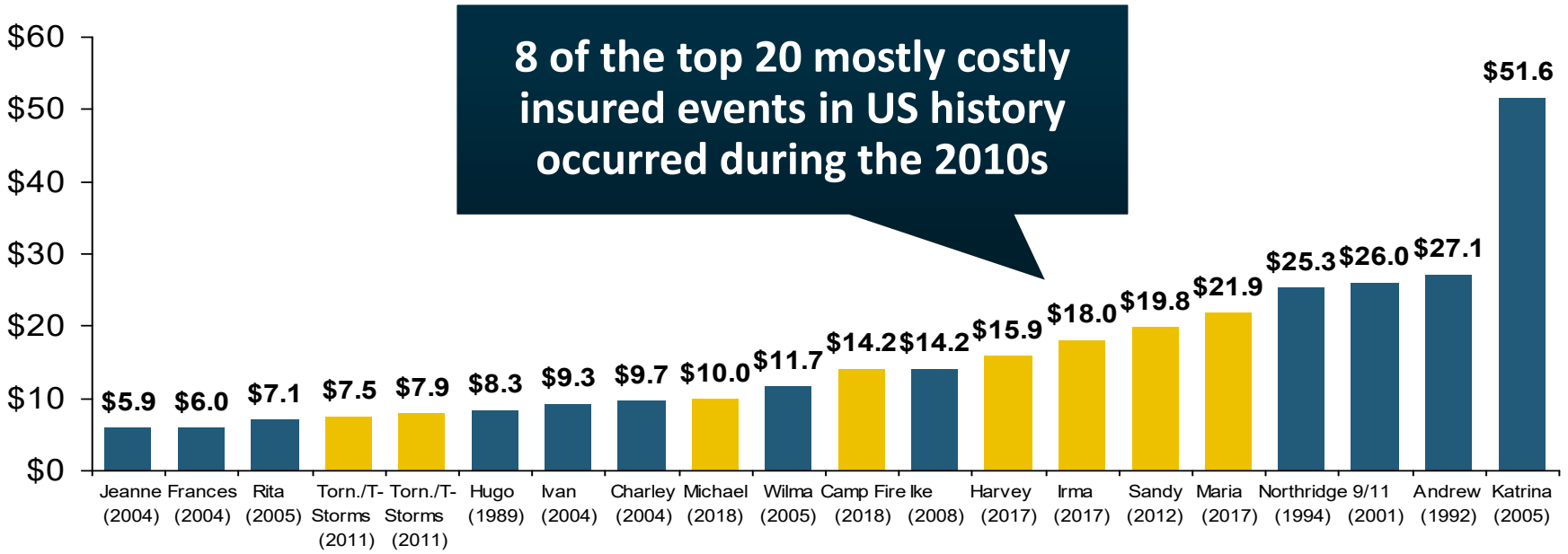
Average Insured Loss per Year for 1980-2019 is $19.8 B. 2019 was mild, but 2020 had significant hurricanes and wildfires.

Sources: Property Claims Service, a Verisk Analytics business; Insurance Information Institute.

Top 20 Most Costly Disasters in U.S. History—Katrina Still Ranks #1

(Insured Losses, 2017 Dollars, $ Billions)*

COVID-19 insured property losses remain highly uncertain, but could easily make the top 10



17 of the 20 Most Expensive Insurance Events in US History Have Occurred Since 2004

*Estimated. dollars

Sources: PCS, RMS, Karen Clark & Co; USC Center for Risk and Uncertainty Management adjustments to 2017 using the CPI.

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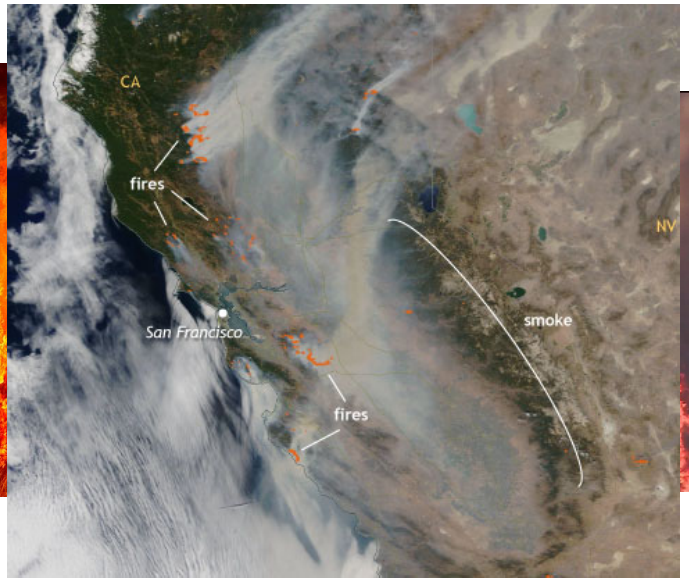
Wildfires



Record-breaking wildfires are occurring more often. **Eight of the 10 largest fires in California history have burned in the past decade.**

2021 Texas Power Crises – The Deep Freeze

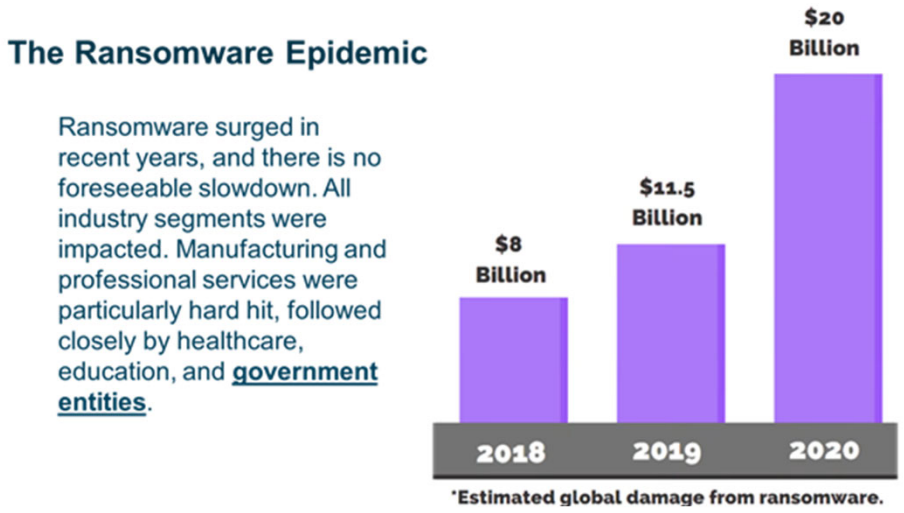
- Over 110 deaths associated
- Estimated $90B in total losses projected
- Estimated $35B of physical damage
- Estimated $20B+ insured losses
- Insured loss not yet determined but estimated to be the largest Q1 loss recorded.

- Damages triggering D&O, CGL and property policies

- Unlike most natural disasters, the damage wasn't the event itself – wind, shake, etc., but the resultant shut down or damage to businesses, utilities, pipes, buildings and contents.

Cyber Liability Market Conditions

- Top 10 cyber insurance carriers (controls about 70 - 75% of the marketplace) all report an overwhelming increase in ransomware claims
  - Public Entity was the most successfully targeted sector in terms of penetration by the attackers and frequency
    - ➢ Amongst the least prepared due to older software/computer equipment, lack of training, low IT security budgets



Source: Purplesec

Cyber Liability: Looking Ahead

Higher	Lower
Increase in critical examination of risks	Lower Capacity
Retentions	Sub-limits
Increased requests for information	Narrowing of coverage terms
Increase in declinations	Fewer coverage accommodations

Toward the Future

Property Renewal Outlook

- Increased scrutiny of client data (SOV, loss runs, COPE, etc.)
- Increased retentions and caps on certain types of exposure
  - Wildfire
  - Strikes, Riots and Civil Commotion
  - Silent Cyber
- Premium increases expected
  - All Risk
  - Earthquake

Cyber Renewal Outlook

Cybercrime is projected to hit $6 trillion annually by 2021, was $2 trillion in 2019

- Significant Rate Pressure on Cyber Liability placements
- Likely pushes for increased retentions
- Excess layer pricing being 'reset' at higher levels
- Changes to coverage and underwriting standards are underway

Ransomware is now the fastest growing in frequency and severity of claims for insurance companies

- *Largest cyber extortion demand +$20M*
- *Largest cyber extortion payment +$5M*

- Core coverage issues: Ransomware coverage, business interruption, limit availability

Alliant

City of Alameda Health Care District

2021 – 2022

Insurance Policies with Alliant Insurance Services, Inc.

Presented by:

Matt McManus
First Vice President

Alliant Insurance Services, Inc.
1301 Dove Street, Suite 200
Newport Beach, CA 92660
O 949 756 0271
F 619 699 0906

CA License No. 0C36861

City of Alameda Health Care District
Schedule of Coverages as of October 1, 2021

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/ SELF-INSURED RETENTION	20-21 PREMIUM	21-22 PREMIUM
APIP – All Risk Property Program Total Insured Values: $81,865,715 As of July 1, 2021	7/1/21-7/1/22	Various Companies	APIP2021 (Dec 06) Pol. Ext. 0547	$100,000,000 All Perils Various Sub-limits Apply	$25,000 Property Deductible All Risk	$50,829.00 Premium $498.00 Service Fee $1,651.94 SL Taxes $52,978.94 Total	$73,417.00 Premium $529.00 Service Fee $2,386.06 SL Taxes $76,332.06 Total
APIP – Boiler & Machinery Total Insured Values: $81,865,715 As of July 1, 2021	7/1/21-7/1/22	Various Companies	APIP2021 (Dec 06) Pol. Ext. 0547	$100,000,000 Boiler Explosion and Machinery Breakdown as respects Combined Property Damage and Business Interruption/ Extra Expense Various Sub-limits Apply	$25,000	Included in Property above	Included in Property above
APIP – Cyber Total Insured Values: $81,865,715 As of July 1, 2021	7/1/21-7/1/22	Lloyd's of London – Beazley Syndicate: Syndicates 2623-623, Crum & Forster Specialty Insurance Company, Liberty Surplus Insurance Corporation	FN2105500	$2,000,000 Insured/Member Annual Aggregate Limit of Liability For Each Insured/Member $40,000,000 Annual Policy and Program Aggregate Limit of Liability for all Insureds/Members combined Various Sub-limits Apply	$50,000	Included in Property above	Included in Property above

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Phone 949-756-0271 • Fax 949-756-2713 • www.alliant.com • License No. 0C3686

City of Alameda Health Care District
Schedule of Coverages as of October 1, 2021

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/ SELF-INSURED RETENTION	20-21 PREMIUM	21-22 PREMIUM
APIP – Pollution Total Insured Values: $81,865,715 As of July 1, 2021	7/1/21-7/1/22	Ironshore Specialty Insurance Company	ISPILLSCAZ08001	$25,000,000 Policy Program Aggregate $2,000,000 Per Pollution Incident $2,000,000 Per Named Insured Aggregate $2,000,000 Per JPA/Pool Aggregate $250,000 Image Restoration Per Pollution Incident $250,000 Image Restoration Program Aggregate $250,000 Evacuation Expenses Per Pollution Incident $250,000 Evacuation Expenses Program Aggregate Various Sub-limits Apply	$50,000 Each Pollution Incident After July 1, 2021 $500,000 Each Pollution Incident Prior to July 1, 2021 $750,000 Underground Storage Tanks (less than 25 years old) $1,000,000 Underground Storage Tanks (more than 25 years old) 3 Days Waiting Period for Business Interruption	Included in Property above	Included in Property above

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ACIP Crime	7/1/21-7/1/22	National Union Fire Insurance Company of Pittsburgh, Pa.	14249761	$1,000,000 For the Following Coverage: • Employee theft Including Faithful Performance of duty • Forgery Or Alteration • Inside Premises Theft Of Money And Securities • Inside Premises Robbery And Safe Burglary Other Property • Outside The Premises • Computer Fraud • Funds Transfer Fraud • Money Orders And Counterfeit Paper Currency	$2,500	$1,323.00	$1,389.00

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Schedule of Coverages as of October 1, 2021

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Special Liability Insurance	9/29/21-9/29/22	Great American E&S Insurance Company	214510004	$5,000,000 Maximum Per Occurrence Limit for All Coverages Combined $5,000,000 Personal Injury (Including Bodily Injury and Property Damage) $5,000,000 Public Officials Errors and Omissions $5,000,000 Nose Coverage. Retro 7-01-04 $5,000,000 Non-Owned and Hired Automobile Liability $5,000,000 Products / Combined Operations $1,000,000 Fire Damage Legal Liability Per Occurrence	$10,000	$13,443.00 Premium $672.13 TRIA Premium $458.74 SLT&F $1,623.24 Agency Fee $1,438.23 MGA Fee $17,635.34 Total	$14,518.00 Premium $471.84 SLT&F $1,669.57 Agency Fee $1,553.28 MGA Fee $18,212.69 Total

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City of Alameda Health Care District
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Commercial General Liability	3/19/21-3/19/22	Penn-Star Insurance Company	CPV0041540	$2,000,000 General Aggregate Included Products/Completed Operations Aggregate $1,000,000 Personal & Advertising Injury Limit $1,000,000 Each Occurrence Limit $100,000 Damage to Premises Rented to You $5,000 Medical Expense Limit Any One Person	$500 Per Claim Deductible Includes Loss Adjustment Expense	$828.00 Premium $26.91 SLT&F $150.00 Broker Fee $1,004.91 Total	$2,917.00 Premium $98.87 SLT&F $125.00 Inspection Fee $110.00 Broker Fee $3250.87 Total
Commercial Excess Liability	3/19/21-3/19/22	Scottsdale Insurance Company	XBS0131940	$5,000,000 Each Occurrence or Accident $5,000,000 Annual Aggregate	N/A	$4,000.00 Premium $130.00 SLT&F $100.00 Broker Fee $4,230.00 Total	$4,000.00 Premium $130.00 SLT&F $100.00 Broker Fee $4,230.00 Total

NOTES: The information provided is only a summary subject to actual policy limits, coverages, terms and conditions. Please also be reminded that each of the policies listed above, specifically the liability policies, has specific Claims Reporting Procedures. It is important that you adhere to it so as not to void coverage. Please review your policy including the endorsements.

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ALAMEDA HEALTH SYSTEM

Chief Operating Officer Report
Highland Hospital
10.11.2021

Throughput

- Multidisciplinary Team Rounds – version 2
- Rounding on floors – Mark Brown and Nursing Leaders
- ED Fast Track Space
- Community Hospital Discharges

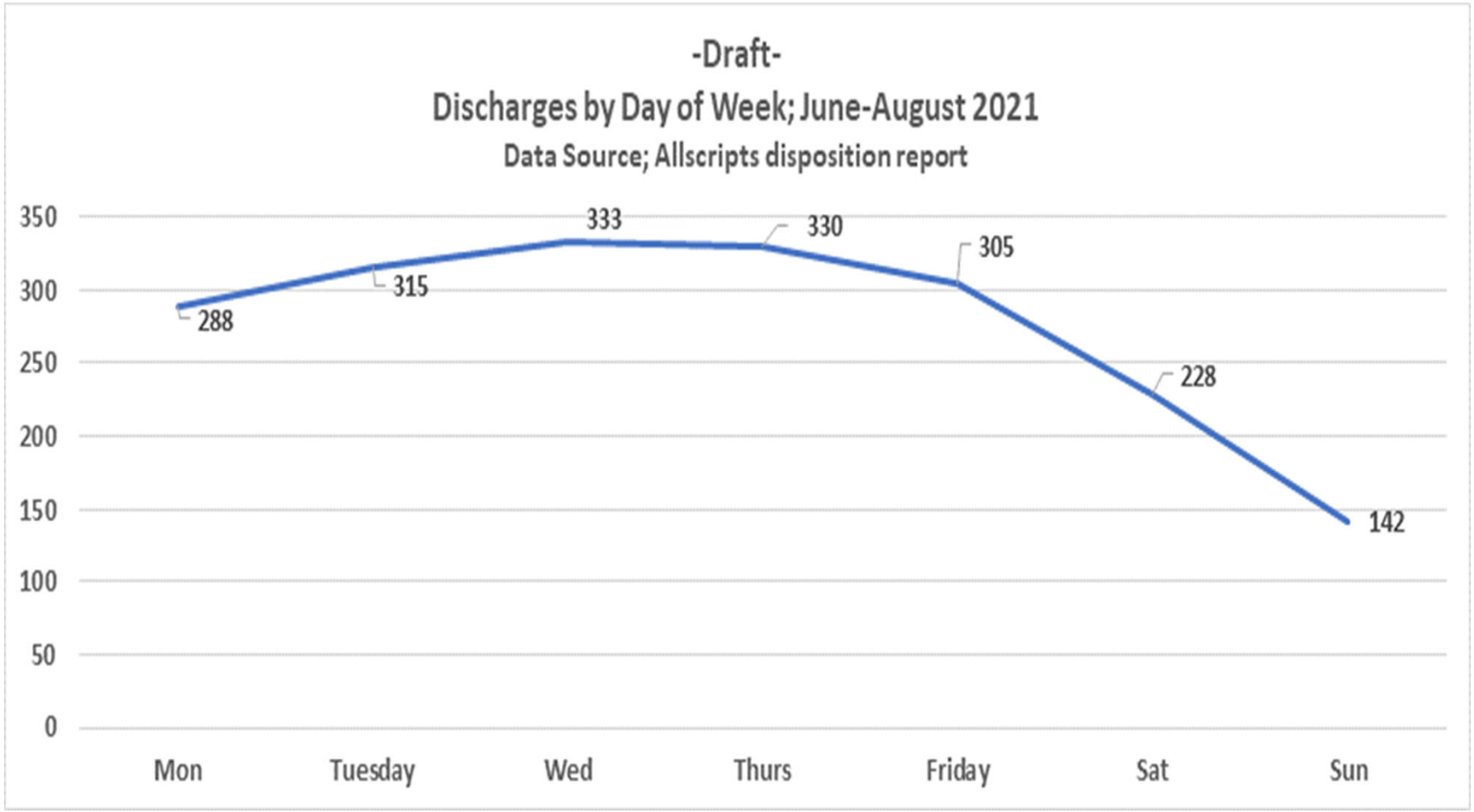
Discharge Categories

Day	LOS >10 Days	Kaiser Patients	SL/AH Zip Codes
09-21-2021	39	7	12
09-27-2021	25	6	8
10-04-2021	23	4	8

Throughput

- Multidisciplinary Team Rounds
- Rounding on floors – Mark Brown and Nursing Leaders
- ED Fast Track Space
- Community Hospital Discharges
- Throughput BEST Initiative
- Develop a 7 day a week hospital

Highland Discharges by Day of Week



ALAMEDA HEALTH SYSTEM

Radiology Initiatives

- Troy Ashford – new Radiology Director
- Outpatient MRI backlog
- HGH GE 1.5T projected upgrade completion date summer of 2022
- No weekend MRI at SL/AH

Area	Backlog
Highland	200
San Leandro	14
Alameda Hospital	6
Clinics	9
TOTAL	229

Actions:

- Adding weekend MRI at AH for SL/AH
- MRI backlog to be gone in 12 weeks (10-12 every weekend)

ALAMEDA HEALTH SYSTEM

Mammography

Mammography Services Backlog 10/1/2021		
Location	Diagnostic	Screening
HGH/EWC	98	274
SLH	17	78
ALH	4	116
CHCN Community	15	97
Total	134	565

Actions:

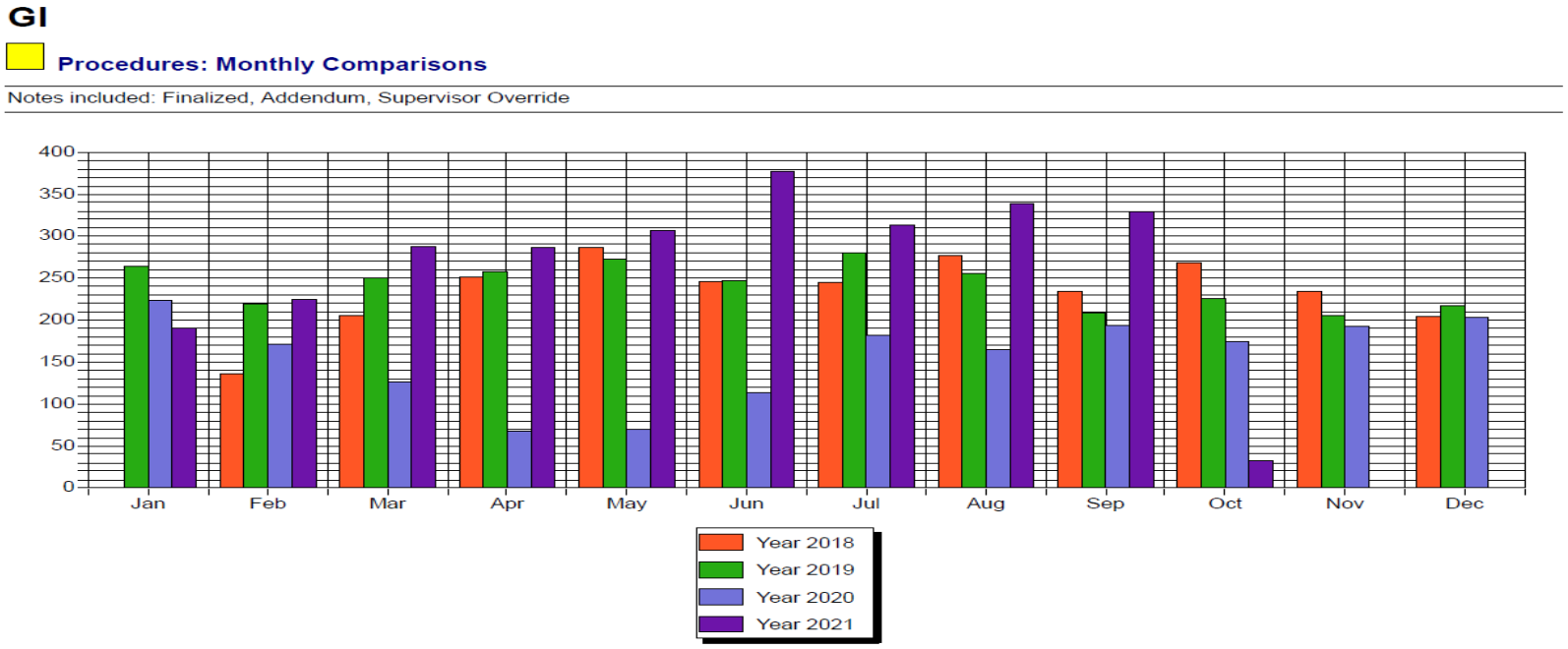
- HGH opened the second mammography room on 10/4/2021 / created 21 additional appointments time slots.
- Approximately eight weeks to eliminate the current backlog.
- Created walk-in capacity.

GI/Endoscopy Backlog Improvements

Endoscopy Referral WQ/Backlog			Hand count	Hand count	Hand count	Hand count	Hand count
			5/28/2021	6/25/2021	7/30/2021	8/27/2021	9/24/2021
Colons			449	509	329	179	141
EGDs			55	70	52	62	53
Doubles			83	94	58	19	16
Referrals/Backlog	Total		587	673	439	260	210

Actions:

- Hired more staff to accommodate another half day
- Extended hours of operations by changing nursing shifts



ALAMEDA HEALTH SYSTEM

New Leadership

- Troy Ashford – Director Radiology
- Director Cardiovascular Service Line
- Patty Espeseth, CAO John George
- Mark Brown, CAO Highland Hospital
- Mario Harding, CAO SL/AH – Oct 11 start date
- CNO interviews completed Oct 11.

Questions?

Patient Experience Alameda Hospital

August 2021

Alameda Hospital August 2021

H-CAHPS (N=21) *N may vary by question*	FY21 Baseline	FY22 Goal	FY22 YTD	August 21
Overall Hospital Rating	55.18	61.73	57.57	64.67
Communication with Nurses	69.28	74.7	69.82	73.58
Communication with Doctors	74.97	77.85	65.95	65.45
Responsiveness of Hospital Staff	60.5	70.18	63.64	67.53
Communication about Medicines	48.49	59.39	48.3	43.3
Cleanliness and Quietness of Hospital Environment* *(*2 questions-noted below)*	52.53	51.01	59.53	65.25
Cleanliness (no separate goal set)	62.04	NA	65.95	59.1
Quietness (no separate goal set)	43.02	NA	53.1	71.4
Discharge Information	79.98	84.14	72.11	80.1
Care Transitions	44.58	46.04	41.49	37.31

Metrics with opportunity for improvement	Follow-Up Actions	Date of Completion
Rate the Hospital and key drivers	• Actions to drive patient experience across AHS. 1. Standards - GIFT is the service standard for the organization and replaces AIDET 2. Build organizational knowledge – implement Patient Experience Boot Camps for all leaders to complete with action plans, metrics and sign off by one-up leadership 3. Daily Work – leaders to integrate patient experience into their daily work practices (audits, monitoring, metrics) • Olivia Kriebl will attend monthly AH Leadership to discuss patient experience and actions. • Posting and discussion of HCAHPS data and patient comments with staff • Data shared at physician and staff department meetings. Patient comments shared. • ED Patient Experience Council to address patient concerns/issues and improve patient experience. Focus will be communication/working on an ED patient handbook. • SMILE board (Safety, Metrics, Issues, Logistics, Encouragement) roll out on all units • Education and roll out of new rounding tool, Sentact, 2/2021 • Planning White Board education	Ongoing
Care Transition domain-preferences taken into account in d/c planning	• Care Transition Managers are focusing on iRounds to support PRIME. 10 rounds per week.	Ongoing

Alameda District Board Presentation
10/11/2021

August 2021 Financial Report
Volume Highlights – Alameda Acute

	August	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
AHD											
Acute Care											
Patient Days	894	906	(12)	(1.3)%	1,688	1,809	(121)	(6.7)%	1,761	(73)	(4.1)%
Discharges	175	210	(35)	(16.7)%	352	415	(63)	(15.2)%	378	(26)	(6.9)%
Average Daily Census	*28.8*	*29.2*	(0.4)	(1.4)%	*27.2*	*29.2*	(2.0)	(6.8)%	*28.4*	(1.2)	(4.2)%
Average Length of Stay	*5.1*	*4.3*	0.8	18.6 %	*4.8*	*4.4*	0.4	9.1 %	*4.7*	0.1	2.1 %
Occupancy	42%	43%	(1.0)%		40%	43%	(3.0)%		42%	*(2.0)%*	
Observation Equiv Days	142	55	87	158.2 %	201	109	92	84.4 %	332	(131)	(39.5)%
CMI	1.465	1.445	0.020	1.4 %	1.498	1.445	0.053	3.7 %	1.445	0.053	3.7 %
AHD Medicare CMI	1.439	1.451	(0.012)	(0.8)%	1.511	1.473	0.038	2.6 %	1.473	0.038	2.6 %
AHD Medicare LOS	4.0	4.5	(0.5)	(11.1)%	4.4	4.0	0.4	10.0 %	4.0	0.4	10.0 %
Surgeries	172	187	(15)	(8.0)%	287	375	(88)	(23.5)%	142	145	102.1 %
IP Surgeries	32	41	(9)	(22.0)%	51	82	(31)	(37.8)%	56	(5)	(8.9)%
OP Surgeries	140	146	(6)	(4.1)%	236	293	(57)	(19.5)%	86	150	174.4 %
Emergency Visits	1,262	1,327	(65)	(4.9)%	2,501	2,664	(163)	(6.1)%	1,938	563	29.1 %
Deliveries	-	-	-	0.0 %	-	-	-	0.0 %	-	-	0.0 %
Clinic Visits	975	1,188	(213)	(17.9)%	1,941	2,326	(385)	(16.6)%	1,975	(34)	(1.7)%
										-	0.0 %
Paid FTEs	371	367	(4)	(1.1)%	372	371	(1)	(0.3)%	391	(19)	(4.9)%
Prod FTEs	329	312	(17)	(5.4)%	323	315	(8)	(2.5)%	335	(12)	(3.6)%
Paid FTE Per AOB	8.96	9.11	0.15	1.6 %	9.53	9.27	(0.26)	(2.8)%	10.21	(0.68)	(6.7)%
Worked Hours per AD	232	190	(42)	(22.1)%	227	196	(31)	(15.8)%	232	(5)	(2.2)%
Worked Hours per APD	45.0	44.0	(1.0)	(2.3)%	47.0	45.0	(2.0)	(4.4)%	50.0	(3.0)	(6.0)%
Adjusted Discharges	251	290	(39)	(13.4)%	504	569	(65)	(11.4)%	510	(6)	(1.2)%
Adjusted Patient Days	1,284	1,249	35	2.8 %	2,419	2,482	(63)	(2.5)%	2,374	45	1.9 %

August 2021 Financial Report
Volume Highlights – Alameda Skilled Nursing

	August	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
SNF											
Patient Days	4,826	5,330	(504)	(9.5)%	9,664	10,634	(970)	(9.1)%	9,901	(237)	(2.4)%
Bed Holds	44	64	(20)	(31.3)%	58	129	(71)	(55.0)%	75	(17)	(22.7)%
Discharges	15	22	(7)	(31.8)%	31	43	(12)	(27.9)%	37	(6)	(16.2)%
Average Daily Census	*155.7*	*171.9*	*(16.2)*	*(9.4)%*	*155.9*	*171.5*	*(15.6)*	*(9.1)%*	*159.7*	*(3.8)*	*(2.4)%*
Average Length of Stay	*321.7*	*242.3*	*79.4*	*32.8 %*	*311.7*	*247.3*	*64.4*	*26.0 %*	*267.6*	*44.1*	*16.5 %*
Occupancy	*86%*	*95%*	*(9.0)%*		*86%*	*95%*	*(9.0)%*		*56%*	*30.0 %*	
Paid FTEs	216	199	*(17.0)*	*(8.5)%*	209	199	*(10.0)*	*(5.0)%*	180	29	16.1 %
Prod FTEs	193	174	*(19.0)*	*(10.9)%*	183	174	*(9.0)*	*(5.2)%*	158	25	15.8 %

August 2021 Financial Report
Statistic Highlights

- Alameda District Hospital has an acute average daily census of 28.8 in August which is 42% occupancy; mostly admissions coming through the ED
  - Med surg and Tele (58 beds)
  - ICU census (8 Beds)
  - Clinics include Wound Care Clinic & Marina Wellness Center
- August Acute Highlights:
  - LOS increased significantly due to difficulty with patient placements
  - Observation days increased from prior year and budget
  - Surgeries are increasing to pre-covid levels due to increased capacity of OR Rooms. Increases in Ophthalmology & Orthopedic cases.
- Skilled Nursing in the Hospital (Subacute 35 beds), Park Bridge (120 beds) and South Shore (26 beds)
  - COVID isolation requirements and complex residents have negatively impacted the census.
  - Roof repairs at Park Bridge are in progress.
  - Alameda Sub-Acute has 2 beds out of service due to seismic work which is expected to be completed in October.
  - Park Bridge (and Fairmont) had Covid outbreaks in August and admissions were on hold during parts of the outbreak.

August 2021 Financial Report Highlights – Alameda Health System

- Operating Revenue is favorable $0.4M and 0.4%. YTD is unfavorable $0.3M and 0.2%.
- Net Income is $1.6M and favorable to budget by $0.6M. YTD is $2.7M and unfavorable by $2.2M. Net Income profitable two months in a row!
- EBIDA is $2.3M resulting in an EBIDA Margin of 2.5%; above budget by $0.4M. YTD is $4.2M with an EBIDA Margin of 2.3%; below budget by $2.2M.

	August 2021				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 93,215	$ 92,807	$ 408	0.4%	$ 186,149	$ 186,458	$ (310)	(0.2)%	$ 169,117	10.1%
Operating expense	91,580	91,500	(80)	(0.1)%	183,265	180,925	(2,340)	(1.3)%	179,888	(1.9)%
Operating income (loss)	**1,634**	**1,307**	**328**	**25.1%**	**2,884**	**5,534**	**(2,650)**	**(47.9)%**	**(10,771)**	**126.8%**
Other non-operating activity	(70)	(301)	230	76.6%	(158)	(600)	443	73.7%	(450)	65.0%
Net Income (loss)	**$ 1,564**	**$ 1,006**	**$ 558**	**55.4%**	**$ 2,726**	**$ 4,933**	**$ (2,207)**	**(44.7)%**	**$ (11,221)**	**124.3%**
EBIDA adjustments	737	933	(196)		1,493	1,866	(373)		2,829	
EBIDA	**$ 2,301**	**$ 1,939**	**$ 362**		**$ 4,219**	**$ 6,800**	**$ (2,580)**		**$ (8,392)**	
Operating Margin	1.8%	1.4%	0.3%		1.5%	3.0%	(1.4)%		(6.4)%	
EBIDA Margin	2.5%	2.1%	0.4%		2.3%	3.6%	(1.4)%		(5.0)%	

August 2021 Financial Report
Net Patient Services Revenue Highlights

- Gross patient service revenue is favorable to budget by $0.8M and 0.3% due to lower than planned volumes in Inpatient. However, mix of services improved for ED and surgical volumes resulting in a favorable outpatient variance. FY22 Budget assumed volumes would ramp up to pre-covid levels.
- NPSR Collection ratio was 16.4% and consistent with budget.
- Other government programs are consistent to budget. Received $0.1M from Prop 56 relating to the tobacco tax.
- Other operating revenue is favorable $0.4M driven by Retail Pharmacy ($0.3M). YTD, Retail Pharmacy exceeding budget $1.0M primarily from scripts for rheumatology medications and some oral oncology medication.

	August 2021				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 186,971	$ 188,520	$ (1,549)	(0.8)%	$ 373,311	$ 381,398	$ (8,087)	(2.1)%	$ 345,985	7.9%
Outpatient service revenue	96,265	91,677	4,588	5.0%	191,124	183,567	7,557	4.1%	147,200	29.8%
Professional service revenue	28,061	30,314	(2,253)	(7.4)%	55,694	61,093	(5,399)	(8.8)%	50,585	10.1%
Gross patient service revenue	311,297	310,511	787	0.3%	620,129	626,058	(5,929)	(0.9)%	543,770	14.0%
Deductions from revenue	(260,174)	(259,220)	(954)	(0.4)%	(518,264)	(522,634)	4,370	0.8%	(453,375)	14.3%
Net patient service revenue	**51,123**	**51,290**	**(167)**	**(0.3)%**	**101,865**	**103,425**	**(1,559)**	**(1.5)%**	**90,395**	**(12.7)%**
Collection % - NPSR	16.4%	16.5%	(0.1)%		16.4%	16.5%	(0.1)%		16.6%	
Capitation and HPAC	3,839	3,792	47	1.2%	7,681	7,584	96	1.3%	6,869	11.8%
Other government programs	35,001	34,891	110	0.3%	69,935	69,781	154	0.2%	66,430	5.3%
Other operating revenue	3,252	2,834	418	14.8%	6,668	5,668	999	17.6%	5,423	23.0%
Total operating revenue	**$ 93,215**	**$ 92,807**	**$ 408**	**0.4%**	**$ 186,149**	**$ 186,458**	**$ (310)**	**(0.2)%**	**$ 169,117**	**10.1%**

August 2021 Financial Report
Expense Highlights

- Total Labor costs are $66.0M and favorable for the month $0.7M and 1.0%.
  - Salaries and Registry combined are favorable $0.4M driven by positive Paid FTE variance of 58 below budget offset by high registry and overtime.
  - Physician wages are unfavorable $0.3M driven by higher physician wages in Emergency Medicine ($400k) and mid-level overtime particularly in surgery ($100k), offset by favorability in Pathology and Oral Surgery.
  - Employee Benefits are $0.7M under budget for the month driven by timing differences for expenditures under the self-funded health plan ($0.3M) and self-funded workers compensation plan ($0.2M).
  - YTD Salary and Registry costs combined are $1.5M over budget due to higher cost per FTE. Labor shortage created a greater need for registry at higher critical rates and overtime.

- Material and Supplies are unfavorable for the month $0.6M and 7.9%
  - Higher pharmaceuticals expenditures ($0.3M - offset by Retail Pharmacy revenue) and Clinical Lab reagents from Covid-19 testing activity ($0.3M). YTD unfavorable $1.0M and 6.6%, driven by higher pharmaceuticals ($0.7M) and Covid-19 testing activity ($0.3M).

- Other variances are not material and considered timing differences between expenditures and budget.

	August 2021				Year-To-Date				FY 2021	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 65,990	$ 66,686	$ 696	1.0%	$ 134,034	$ 131,634	$ (2,400)	(1.8)%	$ 131,492	(1.9)%
Physician contract services	3,074	3,067	(7)	(0.2)%	5,983	6,134	151	2.5%	6,100	1.9%
Purchased services	6,745	6,658	(88)	(1.3)%	12,599	13,312	713	5.4%	12,682	0.7%
Materials and supplies	8,298	7,691	(607)	(7.9)%	16,240	15,236	(1,004)	(6.6)%	15,477	(4.9)%
Facilities	3,170	3,175	5	0.2%	5,895	6,162	267	4.3%	6,547	10.0%
Depreciation	2,554	2,503	(51)	(2.0)%	5,108	5,006	(102)	(2.0)%	5,258	2.9%
General and administrative	1,750	1,721	(29)	(1.7)%	3,408	3,442	34	1.0%	2,332	(46.2)%
Total operating expense	**$ 91,580**	**$ 91,500**	**$ (80)**	**(0.1)%**	**$ 183,265**	**$ 180,925**	**$ (2,340)**	**(1.3)%**	**$ 179,888**	**(1.9)%**

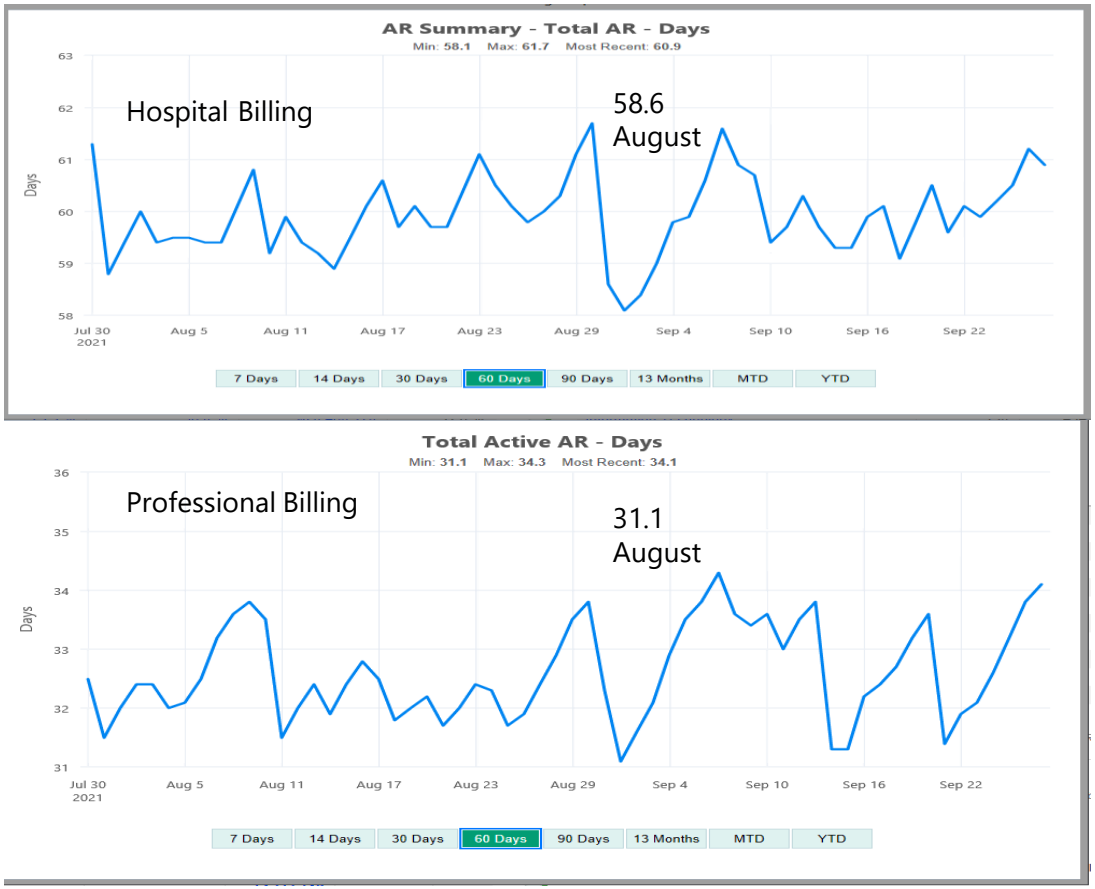
August 2021 Financial Report
Balance Sheet Key Metrics

- AR Days decreased 1.4 days from the prior month. Next slide.
- Days in Accounts Payable increased due to timing and available funding. The target is 30 days. Percent AP Over 60 days at 6.5% and higher than the prior month from resolution of vendor credit balances.
- Net Position is negative and improved from June 30, 2021, driven by YTD net income of $2.7M.

	Aug-21	Jul-21	FY 2021
Days in Cash	3.3	2.6	2.5
Gross Days in AR	55.5	56.9	62.7
Days in Accounts Payable	27.8	23.9	24.6
% of AP Over 60 days	6.5%	0.6%	0.3%
Current Ratio	1.1	1.1	1.0
Net Position (Fund Balance)	$ (226,577)	$ (228,281)	$ (229,443)
Net Negative Balance (LOC)	$ 11,672	$ 27,680	$ 15,690

August 2021 Financial Report
AR Trending

Hospital and Professional Billing AR Days August 2021



Hospital Billing AR Days for August 58.6

- Decreased .02 from July

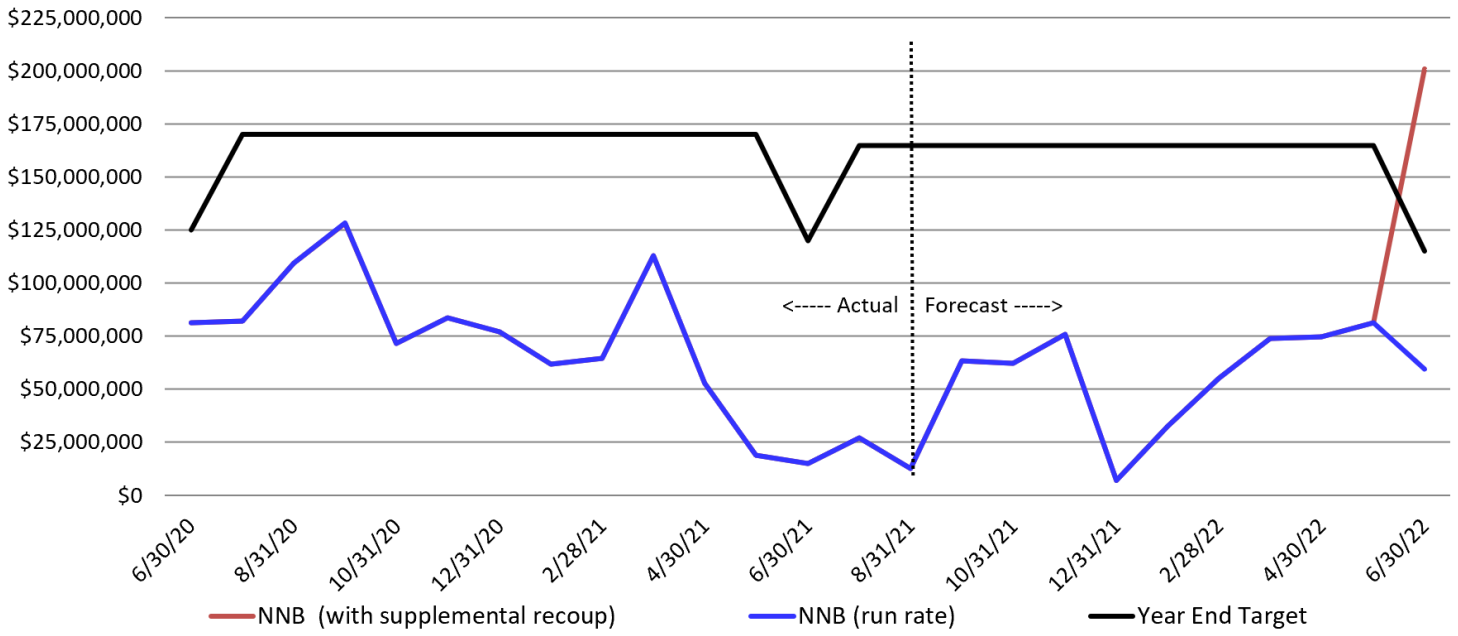
Professional Billing AR Days for August 31.1

- Decreased .09 from July

- HB and PB Cash combined for August was $52,657,350
  - August was $6.7M lower than July, mainly due to July being a catch up month for Medi-Cal Payments.

August 2021 Financial Report
Line of Credit (NNB) Forecast

- FY22 Cash Flow from Operations Forecast is expected to be below NNB limit (blue line).
  - Anticipated cash flow from FY22 budget including lift from performance improvement initiatives ($25.6M).
  - Supplemental revenue is forecasted based on the latest information available.
  - Capital budget cash flow at $32.4M and currently running below plan.
- NNB at 6/30/22 forecast declined over prior month by $32.7M –
  - Adjustment due to timing change in supplemental cash flows $46.0M. See next slide.
  - BCHS retro cash $6.0M received in September and timing for other receipts including retail pharmacy, Measure A and cash collections partially offset.
- PY Recoupments were pushed out to the end of the fiscal year, reflected in the red line, and far exceed the NNB Limit.



August 2021 Financial Report
Table of Material Items Impacting NNB Forecast

- Items that changed since previous presentation
  - Moved up Rate Range cashflow (6-month program period ended June 2020) from June 2022 to December 2021 based on IGT letter received ($20.0M).
  - The Medi-Cal Rate Range ($16.0M) and QIP ($30.0M) programs transitioned from a fiscal year to a calendar year starting 1/1/2021. CAPH clarified timing of cash flows resulting in pushing out cashflow from June 2022 to FY23 (Fall 2022).
- Prior year recoupment are reflected in June 2022; no new information is available for timing of repayment.

Material Items Included in NNB Forecast
(in thousands)

	Oct-21	Dec-21	Jan-22	Apr-22	Jun-22
Estimated Waiver recoupment (fy11 - fy15)	$ -	$ -	$ -	$ -	$ (57,943)
Estimated Medi-Cal FQHC recoupment (fy08 - fy13)					(40,000)
Estimated Medi-Cal P14 cost report (fy11 - fy15)					(13,201)
Estimated Physician SPA (fy08 - fy13)					(30,000)
HPAC amendment for AB85 realignment (fy22)		45,600			
AB85 realignment repayment (fy19)	(22,273)				
EPP (semi-annual)	21,000			21,000	
QIP (Jul-Dec 2020)					32,000
GPP (quarterly)	20,600	20,600	20,600	20,600	
Medi-Cal Managed Care Rate Range (Jul-Dec 2020)		20,000			
Capital Designation Funds (from County)					14,000
	$ 19,327	$ 86,200	$ 20,600	$ 41,600	$ (95,144)

Appendix

AHS Volume Statistics
COVID Related Funding
Direct Expenses

ALAMEDA HEALTH SYSTEM

August 2021 Financial Report
Volume Highlights

	August	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% VAR
ACUTE											
Acute Patient Days	8,748	8,891	(143)	(1.6)%	17,510	17,700	(190)	(1.1)%	17,651	(141)	(0.8)%
Acute Discharges	1,495	1,638	(143)	(8.7)%	3,083	3,274	(191)	(5.8)%	3,059	24	0.8 %
Average Daily Census	*282.2*	*286.8*	*(4.6)*	*(1.6)%*	*282.4*	*285.5*	*(3.1)*	*(1.1)%*	*284.7*	*(2.3)*	*(0.8)%*
Average Length of Stay	*5.9*	*5.4*	*0.5*	*9.3 %*	*5.7*	*5.4*	*0.3*	*5.6 %*	*5.8*	*(0.1)*	*(1.7)%*
Acute Adjusted Discharges	2,316	2,483	(167)	(6.7)%	4,772	4,950	(178)	(3.6)%	4,475	297	6.6 %
Acute Adjusted Patient Days	13,551	13,479	72	0.5 %	27,105	26,762	343	1.3 %	25,823	1,282	5.0 %
CMI	1.552	1.560	(0.008)	(0.5)%	1.554	1.552	0.002	0.1 %	1.552	0.002	0.1 %
ED Visits	8,288	8,833	(545)	(6.2)%	16,523	17,690	(1,167)	(6.6)%	13,801	2,722	19.7 %
Trauma Cases	263	269	(6)	(2.2)%	522	554	(32)	(5.8)%	506	16	3.2 %
Observation Equiv Days	231	94	137	145.7 %	391	186	205	110.2 %	526	(135)	(25.7)%
PES Equivalent Days	574	712	(138)	(19.4)%	1,151	1,369	(218)	(15.9)%	1,294	(143)	(11.1)%
Surgeries	696	742	(46)	(6.2)%	1,337	1,474	(137)	(9.3)%	1,046	291	27.8 %
IP Surgeries	349	339	10	2.9 %	697	672	25	3.7 %	645	52	8.1 %
OP Surgeries	347	403	(56)	(13.9)%	640	802	(162)	(20.2)%	401	239	59.6 %
Deliveries	149	108	41	38.0 %	263	216	47	21.8 %	229	34	14.8 %
SNF											
Patient Days	8,030	8,525	(495)	(5.8)%	16,162	17,024	(862)	(5.1)%	16,114	48	0.3 %
Discharges	32	29	3	10.3 %	60	57	3	5.3 %	51	9	17.6 %
Daily Census	*259.0*	*275.0*	*(16.0)*	*(5.8)%*	*260.7*	*274.6*	*(13.9)*	*(5.1)%*	*259.9*	*0.8*	*0.3 %*
Average Length of Stay	*250.9*	*294.0*	*(43)*	*(14.6)%*	*269.4*	*298.7*	*(29)*	*(9.7)%*	*316.0*	*(46.6)*	*(14.7)%*
TOTAL CLINIC VISITS	27,810	30,851	(3,041)	(9.9)%	55,156	57,703	(2,547)	(4.4)%	45,290	9,866	21.8 %
Clinic Visits	21,296				42,526				28,256	14,270	50.5 %
Telehealth	6,514				12,630				17,034	(4,404)	(25.9)%
Physician wRVU	92,830	94,710	(1,880)	(2.0)%	184,710	184,760	(50)	0.0 %	145,368	39,342	27.1 %
Total Adjusted Discharges	2,313	2,478	(165)	(6.7)%	4,752	4,934	(182)	(3.7)%	4,433	319	7.2 %
Total Adjusted Patient Days	25,417	25,885	(468)	(1.8)%	50,912	51,437	(525)	(1.0)%	48,132	2,780	5.8 %

August 2021 Financial Report
Covid 19 Funding

Program	Description	Amount
CARES Act Part 1	$30B nationwide distribution based on Medicare FFS revenue	Received $10M on April 10, 2020
CARES Act Part 2	Additional $20B nationwide distribution based on net patient revenue	Received $4M on April 24, 2020
CARES Act Part 3	$10B high impact for hospitals with 100+ admission between January 1 to April 10.	Did not qualify: Alameda 1 admission, Highland/San Leandro 18 admissions
CARES Act Part 4	$200M available via Federal Communications Commission (FCC) for telehealth. Up to $1M per applicant.	Submitted application for cost of telehealth equipment on April 17, 2020. Notified by America's Essential Hospitals on 7/21/2020 that AHS was not awarded this grant
CARES Act Part 5	$100M to be used for increased medical supplies, testing and telehealth needs and additional $1.32B for the prevention, diagnosis, and treatment of COVID-19, plus additional $583M to expand testing. FQHC clinics were auto awarded based on annual UDS report. Such County wide UDS report includes significant portion of AHS' data.	County awarded $64K on March 24, 2020 $751K on April 8 and $261K on May 7, 2020. AHS and County partnered to provide COVID testing to the Homeless. Agreement was signed on Sep 30, 2020 to reimburse costs. Received $268K on January 1, 2021, $437K on March 26, 2021, and invoiced for $636K on May 10, 2021.
CARES Act Part 6	$150B Relief Fund for necessary expenditures incurred due to the public health emergency for local government based on population.	County allocated $291.63M. Agreement signed 12/17/20 for County to reimburse AHS for Fairmont SNF Quarantine start-up cost up to $318K. Received $318K on March 12, 2021.
CARES Act Part 7	Relief fund for SNFs. SNF will receive a fixed distribution of $50,000, plus $2,500 per bed	Received $825,000 on May 22, 2020
CARES Act Part 8	$4B relief fund for Safety Net hospitals	Waiting for HHS to distribute
CARES Act Part 9	Reconciled payment for providers not filing a Medicare cost report	AHP received $1M on June 15, 2020
CARES Act Part 10	$10B high impact for hospitals with 161+ admissions between January 1 to June 10	Received $8.35M on July 20, 2020
CARES Act Part 11	General Distribution Phase II reconciliation payment to equal 2% of net revenue from patient care	Application submitted August 20, 2020. Expect to receive $5M
CARES Act Part 11	Targeted distribution for Safety Net Hospitals meeting 3 criteria based on FYE 6/30/18 Medicare Cost Report.	Received $20M on January 26, 2021
CARES Act Part 12	Relief fund for SNFs. SNF will receive a fixed distribution of $10,000, plus $1,450 per bed	Received $440,500 on August 27, 2020
Subtotal	CARES Act	Received $46.3M

August 2021 Financial Report
Covid 19 Funding

Program	Description	Amount
Assistant Secretary for Preparedness Response	First round: $50M nationwide distribution. California Hospital Association (CHA) submitted application for California share of $4M. Second round: $100M nationwide distribution. CHA applied for California share of $10.7M	Received payment for $25K in MAY 2020 & $77K in SEP 2020.
CDPH	Grant for outreach and telemedicine for low English proficiency immigrant population	$20K grant approved. Received payment in JUN 2020.
United Way of Bay Area	$1M grant available	Submitted application focused on IT labor cost on May 4, 2020.
IRS	Employer payroll tax credit for employees on leave due to COVID	AHS does not qualify due to being a public employer
FEMA	Federal government will reimburse 75% of cost	AHS is actively looking into apply either separately or together with the County. CAPH has contracted with Ernst & Young to offer group training. AHS has participated in training.
Increased FMAP	For Pre-ACA Medi-Cal FFS inpatient population. 6.2% FMAP increase applied to fiscal quarters impacted.	Received from the State $2.1M for JAN-DEC 2020 service months and $2.5M for JAN-JUN 2021.
SNF Rate Increase	SNF/Sub-Acute 10% rate increase effective March 1 for Medi-Cal FFS	Received $1.5M for MAR-JUN 2020 service months on August 17, 2020. July month of service is paid on the claim.
Medi-Cal Plans	Alameda Alliance announced $16.6M Health Safety-Net Sustainability Fund	AHS submitted application on May 22, 2020. Awarded $1.85M or 37% in May cycle, payment received in July. Awarded $1.05M for June cycle. Program closed.
Subtotal	Non-CARES Act	Received $9.1M
Total COVID Funding	All programs	Received $55.4M

August 2021 Financial Report
Covid 19 Expenditures

COVID-19 expenses from 3/01/20 to 8/31/21
(in thousands)

	FY 2020*	FY 2021	FY 2022	Total	
Directly charged to COVID-19					
Labor costs	$ 810	$ 6,027	$ 579	$ 7,416	
Purchased Services	234	2,261	151	2,646	Cleaning and conceige parking services; Work area redesign
Supplies	894	2,442	2	3,338	PPE and other supplies purchased through non-GPO vendors
Non-medical minor equipment	40	623	180	843	Various
	$ 1,978	$ 11,353	$ 912	$ 14,243	
Other expenses embedded in dept					
Payroll	$ 8,007	$ 9,346	$ 14	$ 17,367	COVID-19 specific pay codes
Cleaning Supplies (all campuses)	820	1,369	(9)	2,180	amount over prior run rate of $132k
Linen & Laundry	167	341	25	533	amount over prior run rate of $287k
IT Services	330	-	-	330	assistance with remote access and Epic
IT Equipment	137	-	-	137	laptops, ipads, and licenses
	$ 9,461	$ 11,056	$ 30	$ 20,547	
Capital Expenditures	$ 223	$ 187	$ -	$ 410	Disinfection technology, Hiflow Respiratory equipment
Total expenditures	$ 11,662	$ 22,596	$ 942	$ 35,200	

* starting 3/01/20

October 11, 2021

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

From: Deborah E. Stebbins
Executive Director

SUBJECT: EXECUTIVE DIRECTOR REPORT

1. **Update on Advocacy for Amending SB 1953 2030 Requirements**: **Hospital Disaster Modernization Plans**

As you are aware, in mid September, the initiative driven by the California Hospital Association to modify the current SB 1953 2030 seismic requirements was introduced as a budget trailer initiative, including

a. Focus on the assurance that hospitals would be able to operate specified emergency services, including necessary support functions like diagnostic and some surgery capability in compliant buildings following a major seismic event, and

b. Demonstration of compliance with this capability by 2037.

rather than the more extreme current requirements for a costly overhaul of the entire acute care facility.

In the end, the budget trailer did not prevail, being overshadowed by other hospital association priorities, including defeating potential “hazard” pay to hospital workers during the pandemic that would have had enormous financial consequences for California hospitals. The trailer bill also encountered continuing resistance from organized labor, including CNA and the Building and Trades unions.

While CHA and ACHD indicate that the seismic issues remains a high advocacy priority for their legislative agenda, it is not yet clear what form – legislative or administrative – continued advocacy will take. The District’s participation in the prior advocacy efforts was extensive, including multiple meetings by our Board members and physicians, with legislators, local elected officials, community groups. Pared with presentations of our position paper prepared earlier this year, the District had an opportunity to educate these groups to the problems with the existing legislative requirements. Although our efforts were unsuccessful this round, we had an opportunity to lay the groundwork for more awareness to the inordinate expense required

for compliance with the 2030 regulations and its potential to divert resources from other important health care priorities especially in the wake of the pandemic's impact on hospitals.

Following the defeat of the budget trailer, I have had discussions with several of the District and AHS leaders that we may need to broaden our next round of advocacy efforts. Its clear there was uneven participation in the last round of effort by even those hospitals that are most impacted by the 2030 regulations. Many of those hospitals are District hospitals, but the Association of California District hospitals (ACHD) deferred almost entirely to CHA on active advocacy. Some of the major California systems like Kaiser, UC hospitals, some Sutter facilities have already invested major capital in compliance with 2030 and thus are not actively engaged. Other systems and hospitals seem to counting some last minute reprieve from their implementation.

While we should follow upcoming strategies by CHA on this issue, I have been encouraged to concurrently developing a strategy that is more specific to our situation at Alameda Hospital. This would involve developing our rationale for Alameda Hospital and our community being uniquely vulnerable to the chance for geographic isolation following an earthquake. This might make us eligible for different strategy, probably through introduction of legislation focused on achieving program flexibility to the requirements imposed on other California hospitals. There has been precedent for this for hospitals in other unique situations, such as Seton Coastside in Moss Beach (maintains a small acute license, larger SNF bed capacity, and most importantly, an Emergency Department due to its potentially isolated location on the Coastside.). Another potential precedent we can follow is presently under consideration (SB 564 Cortez) that provides some program flexibility for 2030 standards for O'Connor Hospital (San Jose) and Santa Clara County Medical Center.

A couple of weeks ago (after the budget trailer failure), Directors Jensen and Deutsch and I had an opportunity to discuss the problems with existing requirements with three business representatives from CNA. The discussion was frank and productive. I believe it would be easier to garner support from organized labor for a "carve out" approach for Alameda Hospital due to the geographic vulnerability argument and in order to our common interest of preserving jobs in Alameda.

I have asked Tom Driscoll to help me identify the best legal team to support the Alameda Hospital focused strategy with State licensing and OSHPD. We'll be discussing the strategy further at the Strategic Planning Committee and our Community Advisory Committee

2. Alameda Hospital Strategic Planning Committee

The AHS CEO and Interim COO are still interviewing consultant candidates for the completion of a new strategic planning for the entire system. For this reason, our Alameda Hospital Strategic Planning Committee has had to delay some advancement of strategic direction until progress is made on direction for the overall system. We expect a decision about a consultant will be sometime after an October 2021 AHS Board of Trustees retreat.

In anticipation that the ultimate strategic direction for Alameda Hospital will include new program development, including programs that strengthen utilization of the Emergency Department, provide needed new services for the whole County and make positive financial contribution to the AHS system, I have initiated research on a couple of programs discussed at the last Strategic Planning Committee.

- Inpatient Gero-Psych Program:

I have met with the new Chief Administrative Officer for Behavioral Health Services at AHS, Patty Espeseth. Patty has extensive experience in Behavioral Health Programs in a number of local organizations, including Telecare. Most recently she worked with Mark Fratzke at Seton Medical Center and directed their very successful 24 bed inpatient gero-psych program. The program was financially successful and received referrals from 32 counties in California. Patty has agreed to participate in the next Strategic Planning meeting to discuss this and other behavioral health needs in the County. There are numerous behavioral health priorities the County itself has and development of this kind of program could also strengthen the interface between County Behavioral Health Care Services and AHS.

- Certified Geriatric Emergency Department at Alameda Hospital:

Another program enhancement discussed for the Alameda Hospital ED is pursuing certification of the Department as a Geriatric certified facility. There are three levels of certification, which entails geriatric centered policies and protocols, staff training, modifications to facilities and some special equipment. Not only would this provide improved services to the many senior patients Alameda Hospital already serves in its ED, but it would provide a marketing advantage to the hospital. Based on an initial review of the most basic level of certification standards, the AH ED may already qualify. There are currently few certified GED's in the East Bay.

I have arranged for a zoom meeting with the leadership with the Geriatric Emergency Department Collaborative, a national organization overseeing the three levels of certification for GED's later this month to include Dr. Nikita Joshi, the Director of the Alameda Hospital ED, Ronica Shelton, VP Patient Care Services, Alameda Hospital and Drew Laine, Nurse Manager of the

Alameda Hospital ED. After an initial discussion, the plan would be to discuss this potential program at the next Alameda Hospital Strategic Planning Committee.

3. Community Paramedicine Program

Mark Fratzke recently organized a zoom meeting between Rick Zombeck Chief of the AFD, Sheila Lyzwa, Vice President of Care Management and myself at AHS to discuss improved communication and potential referrals between the discharge planners and the paramedicine program. We will meet again later in the year but in the meantime AHS and the Fire Department will be keeping careful data on the volume and types of referrals to the program. Mark has set a goal at AHS for reducing average length of stay across the system by .5 days this year. Hopefully the paramedicine program can contribute to achieving that goal. This was Rick Zombeck's last meeting before his retirement and he was acknowledged for his many contributions to the Paramedicine Program, which he was largely responsible for creating as well as his leadership for Alameda as a whole.

City of Alameda Health Care District	**Minutes of the City of Alameda Health Care District Community Advisory Committee Held via ZOOM** Open Session Tuesday, August 24, 2021

Members Present:	Also Present	Absent
Stewart Chen, Doug Biggs, Amos White, Ross Peterson Mia Bonta, Dr. Nikita Joshi	Debi Stebbins, Leta Hillman	Gayle Codiga, Madlen Saddik, Lena Tam Jeff Cambra, Tony Corica, Jim Oddie Verna Castro

Submitted by: Leta Hillman, Executive Assistant

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 3:40PM	
II. Roll Call	Roll call completed and recorded	
III. General Public Comments	No public comments	
IV. Regular Agenda		
1) Update on Advocacy Efforts: Disaster Modernization Plan	Debi Stebbins gave an introduction of the meeting's agenda to include Ross Peterson's and Dr. Joshi's roles. -A history of Bill 1953 was given. There have been numerous extensions to the original deadlines of seismic retrofits. Debi provided updates related to the seismic deadlines and said Alameda Hospital was in good shape. First Deadline was 2008, extended to 2020: - requirements designed to prevent total facilities collapse - Alameda Hospital completes $25 million project in October 2021 Second Deadline: 2030 -requirements designed to allow continued operation post seismic event to include: bracing, anchoring equipment, utilities and services -31% of California hospitals have non-compliant beds -22% of California hospitals are in financial distress and this could increase to 40% due to the seismic burden. This data was collected prior to the COVID-19 pandemic with current estimates to be higher due to the pandemic.	

-SB-1953 was an unfunded mandate with no public funds set aside for upgrades. Hospitals were asked to fund the monies up front with no ability to pass through the costs to payors.
- A map of Alameda Hospital was posted. The plan would be to move most of the support functions to the South Wing (the newest building) and keep the Emergency Department open and have 25 acute care beds. The estimated cost is $200 million which Alameda Health System and The District would be unable to support. The District is working with the California Hospital Association and Association of California Health Districts on alternatives.

- Changes to the Law and New Initiatives:
This is called The Disaster Modernization Plan, a budget trailer for the 2021-2022 budget. It was decided to get the 2030 requirements amended. It would focus on capital improvements to sustain emergency department operations. The deadline would be extended from 2030 to 2037. For Alameda Hospital, it would reduce the projected $200 million expenditure, retain an emergency department and acute care beds.

The Disaster Modernization Plan is needed:
-to prevent further increases of hospitals being in financial distress
-avoids possible closure of 75 acute care hospitals throughout the state of CA.
-avoids healthcare voids in underserved and geographically vulnerable communities
-revised standards in the delivery of emergency care
-the COVID-19 pandemic has caused extreme financial hardships on hospitals

The budget trailers will be decided upon in mid-September by the state legislature. If the bill is not passed and approved, it will not be discussed again until 2022. The district has reached out to Senator Skinner's office, county officials, local union leadership and elected city officials.

Safety issues have been brought to the forefront by the unions and the California Nursing Association, expedited by the COVID-19 pandemic.

Doug Biggs asked if the CA. Hospital Association has developed safety standards. Working with unions, it is important to work with their leadership.
- Once the bill is passed, a new set of standards would need to be defined.

-Ross Petersen inquired about an organization putting together an analysis of what the impact would be (beds lost, jobs lost) if the Seismic 2030 standards were implemented. Several organizations do not think that hospitals would close and that an executive order would be implemented in the case of a seismic event.

If the bill is passed, planning would begin immediately to develop standards to meet the 2037 deadline. What are the future needs of healthcare and how will it be

		delivered? The most important need is to preserve the emergency department at Alameda Hospital. Amos White asked if there is a long-term growth plan for Alameda Hospital. Alameda Health System's new leadership is developing strategic plans and there is a new joint Alameda Health System/Alameda Healthcare District Strategic Planning Meeting. Architectural planning had been included in the previous WIPLI Report.
2) Alameda Hospital Emergency Department: Updates and Best Practices		Dr. Nikita Joshi provided an update: Higher volume of very sick, unvaccinated patients are being admitted to the hospital. The nursing and tech staffs have been impacted and the hospital is not fully staffed. This has affected EMS arrivals. The stroke program has been expanded through the tele-neurology program. Alameda Health System hired a neuro-interventionalist, who will be able to do stroke intervention at Highland Hospital. Previously patients needed to be transferred to UCSF or Eden Health System. AHS has added staffing to Dr. Deutsch's group in the ICU at Alameda Hospital. There is a current search for a Chief Administrative Officer position who will serve under Mark Fratzke and will work with Ronica Shelton. Emergency Room utilization rates have not returned to pre-covid levels and staffing is below pre-covid levels. 20-30% of admitted ICU patients are COVID-19 related. Dr. Joshi said that Alameda Hospital's emergency department operates at a very high level and is capable of transferring a patient if necessary and also has the capacity to accept more patients. Dr. Joshi believes that community outreach is critical to informing Alameda's residents on the hospital's services. Dr. Joshi and Debi Stebbins have spoken about, and support the hospital's emergency department becoming geriatric certified as a long term goal and value added service.
3) May 20, 2021 Minutes		The draft of the minutes were reviewed. A motion was made to approve and seconded.
4) Group Discussion		Debi Stebbins will keep the committee members updated on the budget trailer updates and plan to continue the discussion on new programs. Doug Biggs recommended that Dr. Joshi might be able to send a letter to the editor at the local Alameda newspaper, highlighting the services at Alameda Hospital. Debi Stebbins referenced the urgent care centers in lieu of acute care services. Ross Petersen stressed the importance of increasing the emergency department volume at Alameda Hospital. Mia Bonta agreed to broker a conversation with the CA. Nursing Association and other advocacy.
V. Adjournment		There being no further business, the meeting was adjourned at 5:00pm

Approved: _____

City of Alameda Health Care District

Minutes of the City of Alameda Health Care District Board of Directors- Held via ZOOM

Open Session
Thursday, September 9, 2021 Special Board Meeting

Board Members Present:	Legal Counsel Present	Also Present
Tracy Jensen, Robert Deutsch MD, Mike Williams Stewart Chen DC, Gayle Codiga	Tom Driscoll	Debi Stebbins, Leta Hillman, Mark Fratzke

Submitted by: Leta Hillman, Executive Assistant

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 4:15pm by President Michael Williams	
II. Roll Call	A quorum of Directors was present.	
III. General Public Comments	No public comments	
IV. Regular Agenda A. Review and Approval of Minutes of August 9, 2021 Board Meeting	A motion was made, seconded and carried to approve the minutes of the August 9, 2021 board meeting. 4 members were in attendance and 1 member was absent	
B. Update on Rules Impacting Board Meetings Under the Brown Act	N-29-20, is the bill the Governor Newsom signed last year, permitting remote meetings affected by The Brown Act. The bill expires September 30, 2021. Requirements: Quorum present, can require masks be worn, people can join remotely if it is posted the location where the remote person will take the call. In order to have a meeting at Alameda Hospital, visitor restrictions remain in place, special approval would be needed. An alternate location would be The District office, the Board members would be in attendance. Technology options include purchasing a monitor to enable a hybrid in person/zoom meeting. Gayle Codiga inquired about having the meeting outside due to concern about being present inside the hospital. The annual ACHD meeting has been changed from an in-person conference to a remote one, due to a surge in COVID-19 infections and the area wild fires.	
C. Report on Advocacy Efforts Relating to 2030 Seismic Requirements	Reasons for the decision not to move forward with the 2030 Advocacy Efforts: The recall effort is using resources and the budget focus is concentrating on climate change, water conservation, and education. California Hospital Association and ACHD have not shared much information. There was an $8 billion issue that several	

			organized labor groups that hospitals would need to pay hazardous work pay due to COVID-19.If the measure had passed, CHA said they would not be able to pay this and offered a compromise not to move forward with the bill. The Building and Trades Unions were also opposed to the 2030 advocacy efforts. Debi Stebbins recommended that the District engage their own lobbyist, The District could also pursue a special license for specialized care. Mia Bonta participated in the most recent District Community Advisory Committee Meeting. Doug Biggs, Executive Director of The Alameda Point Collaborative suggested the Lobbyist Dione Eringer, the 1st woman President of the SEIU and a former assembly person Debi spoke with Alameda officials and learned there may be funding available through the Infrastructure Program. The City of Alameda has its own lobbyist but would not be available to the District. Other suggestions including the District partnering with another hospital in engaging a lobbyist. Mark Fratzke mentioned that the hospital lobby is not as strong as it once was, due to their compliance with the current seismic regulations. Several powerful unions continue to oppose the new regulations. Mark recommended that a targeted approach to persuade legislators is better: to include initiatives that would benefit Alameda only, not the entire state. Having one small exception would be more readily supported and accepted. Strategic planning for Alameda Health System will be concluded in three-four months and suggested two parallel tracks: 1. Identify a potential lobbyist and 2. Strategic Planning. Some of the suggestions from the 2019 Kaufman Hall report can be implemented: This may include: acute care beds, emergency department volume, neuro-psych programs and a geriatric certified emergency department. Will these programs be financially sustainable? There is a meeting scheduled with representatives of The California Nursing Association. Debi contacted Assemblywoman Buffy Wicks and highlighted the recent closing of several Easy Bay hospitals. If a small group of elected officials could be engaged, it would help future advocacy efforts and support of future bills. The District and Alameda Health System needs to decide and design what Alameda needs. Mike Williams added that any new initiatives need to conform to the Joint Powers Agreement.
V.	**General Public Comments**		None
VI.	**Adjournment**		There being no further business, the meeting was adjourned at 5:15pm

Approved: _____

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

July 1-31, 2021

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2021	As of 7/31/2021
Assets		
Current assets:		
Cash and cash equivalents	$ 881,844	$ 854,435
Grant and other receivables	295,937	785,937
Prepaid expenses and deposits	86,271	77,701
Total current assets	1,264,051	1,718,073
Assets limited as to use	678,596	691,150
Capital Assets, net of accumulated depreciation	2,443,120	2,427,444
	4,385,767	4,836,666
Other Assets	2,988	2,801
Total assets	$ 4,388,755	$ 4,839,468
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 34,853	$ 36,941
Accounts payable and accrued expenses	9,100	10,400
Total current liabilities	43,953	47,341
Debt borrowings net of current maturities	842,184	837,401
Total liabilities	886,137	884,742
Net position:		
Total net position (deficit)	3,502,618	3,954,725
Total liabilities and net position	$ 4,388,755	$ 4,839,468

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 7/31/2021	Budget YTD 7/31/2021	Variance	
Revenues and other support					
District Tax Revenues	$ 5,892,501	$ 490,000	$ 490,000	-	0%
Rents	189,737	15,518	18,750	(3,232)	-17%
Other revenues	-	-	125	(125)	
Total revenues	6,082,238	505,518	508,875	(3,357)	
Expenses					
Professional fees - executive director	123,321	11,083	11,250	167	1%
Professional fees	-	-	4,983	4,983	100%
Professional fees	96,116	4,363	36,021	31,657	88%
Supplies	5,417	-	375	375	100%
Purchased services	3,850	-	833	833	100%
Repairs and maintenance	15,579	373	2,917	2,544	87%
Rents	27,015	1,752	1,778	26	1%
Utilities	13,085	1,091	963	(128)	-13%
Insurance	92,786	8,570	7,452	(1,118)	-15%
Depreciation and amortization	190,351	15,863	15,863	0	
Interest	47,321	4,161	4,167	5	0%
Travel, meeting and conferences	352	-	583	583	100%
Other expenses	69,123	6,155	23,850	17,695	74%
Total expenses	684,316	53,410	111,034	57,624	
Operating gains	5,397,922	452,107	397,841	54,267	14%
Transfers	(5,766,724)	-	(397,478)		
Increase(Decrease) in net position	(368,802)	452,107	362		
Net position at *beginning of the year*	3,871,419	3,502,618	3,502,618		
Net position at the *end of the period*	$ 3,502,618	$ 3,954,725	$ 3,502,981		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 7/31/2021
Increase(Decrease) in net position	$ (368,802)	$ 452,107
Add Non Cash items		
Depreciation	190,351	15,863
Changes in operating assets and liabilities		
Grant and other receivables	2,481	(490,000)
Prepaid expenses and deposits	(79,643)	8,570
Accounts payable and accrued expenses	(990)	1,300
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(256,603)	(12,160)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(7,546)	0
Changes in assets limited to use	(31,845)	(12,554)
Net Cash used in investing activities	(39,391)	(12,554)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,951)	(2,695)
Net cash used by financing activities	(34,951)	(2,695)
Net change in cash and cash equivalents	(330,945)	(27,409)
Cash at the beginning of the year	1,212,789	881,844
Cash at the end of the period	$ 881,844	$ 854,435

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2021	Jaber 6/30/2021	As of 6/30/2021	District 7/31/2021	Jaber 7/31/2021	As of 7/31/2021
Assets						
Current assets:						
Cash and cash equivalents	$ 881,844	$ -	$ 881,844	$ 854,435	$ -	$ 854,435
Grant and other receivables	295,937	0	295,937	785,937	0	785,937
Prepaid expenses and deposits	86,271	(0)	86,271	77,701	(0)	77,701
Total current assets	1,264,051	(0)	1,264,051	1,718,073	(0)	1,718,073
Due To Due From	14,925	(14,925)	0	14,925	(14,925)	0
Assets limited as to use	0	678,596	678,596	0	691,150	691,150
Capital Assets, net of accumulated depreciation	1,552,621	890,500	2,443,121	1,540,061	887,383	2,427,444
	2,831,597	1,554,171	4,385,768	3,273,058	1,563,608	4,836,666
Other Assets	2,988	0	2,988	2,801	0	2,801
Total assets	2,834,585	1,554,171	4,388,756	3,275,859	1,563,608	4,839,468
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	34,853	0	34,853	36,941	0	36,941
Accounts payable and accrued expenses	9,101	0	9,101	10,400	0	10,400
Total current liabilities	43,954	0	43,954	47,341	0	47,341
Debt borrowings net of current maturities	842,183	0	842,183	837,401	0	837,401
Total liabilities	886,137	0	886,137	884,742	0	884,742
Net position:						
Invested in capital assets, net of related debt	2,623,684	0	2,623,684	2,623,684	0	2,623,684
Restricted, by contributors	0	1,554,171	1,554,171	0	1,563,608	1,563,608
Unrestricted (deficit)	(675,237)	0	(675,237)	(232,566)	0	(232,566)
Total net position (deficit)	1,948,447	1,554,171	3,502,618	2,391,118	1,563,608	3,954,725
Total liabilities and net position	$2,834,585	$1,554,171	$4,388,756	$3,275,860	$1,563,608	$4,839,468

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 7/31/2021	Jaber 7/31/2021	Actual YTD 7/31/2021
Revenues and other support						
District Tax Revenues	5,892,501	0	5,892,501	490,000	0	490,000
Rents	0	189,737	189,737	0	15,518	15,518
Other revenues	0	0	0	0	0	0
Total revenues	5,892,501	189,737	6,082,238	490,000	15,518	505,518
Expenses						
Professional fees - executive director	123,321	0	123,321	11,083	0	11,083
Professional fees	86,721	9,396	96,116	3,600	763	4,363
Supplies	5,417	0	5,417	0	0	0
Purchased services	3,850	0	3,850	0	0	0
Repairs and maintenance	0	15,579	15,579	0	373	373
Rents	27,015	0	27,015	1,752	0	1,752
Utilities	3,119	9,966	13,085	0	1,091	1,091
Insurance	92,786	0	92,786	8,570	0	8,570
Depreciation and amortization	152,951	37,400	190,351	12,746	3,117	15,863
Interest	47,321	0	47,321	4,161	0	4,161
Travel, meeting and conferences	352	0	352	0	0	0
Other expenses	64,022	5,101	69,123	5,418	737	6,155
Total expenses	606,873	77,442	684,315	47,330	6,081	53,410
Operating gains	5,285,628	112,295	5,397,923	442,670	9,437	452,107
Transfers	(5,648,874)	(117,850)	(5,766,724)	0	0	0
Increase(Decrease) in net position	(363,246)	(5,555)	(368,801)	442,670	9,437	452,107
Net position at *beginning of the year*	2,311,693	1,559,726	3,871,419	1,948,447	1,554,171	3,502,618
Net position at the *end of the period*	1,948,447	1,554,171	3,502,618	2,391,118	1,563,608	3,954,725

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 7/31/2021	Jaber 7/31/2021	Actual YTD 7/31/2021
Increase(Decrease) in net position	(363,246)	(5,555)	(368,801)	442,670	9,437	452,107
Add Non Cash items						
Depreciation	152,951	37,400	190,351	12,746	3,117	15,863
Changes in operating assets and liabilities						
Grant and other receivables	2,481	0	2,481	(490,000)	0	(490,000)
Prepaid expenses and deposits	(79,643)	0	(79,643)	8,570	0	8,570
Due To Due From	0	0	0	0	0	0
Accounts payable and accrued expenses	(989)	0	(989)	1,299	0	1,299
Net Cash provided(used) by operating activities	(288,447)	31,845	(256,602)	(24,715)	12,554	(12,161)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	(7,547)	0	(7,547)	0	(0)	0
Changes in assets limited to use	0	(31,845)	(31,845)	0	(12,554)	(12,554)
Net Cash used in investing activities	(7,547)	(31,845)	(39,392)	0	(12,554)	(12,554)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,952)	0	(34,952)	(2,694)	0	(2,694)
Net cash used by financing activities	(34,952)	0	(34,952)	(2,694)	0	(2,694)
Net change in cash and cash equivalents	(330,945)	(0)	(330,945)	(27,409)	(0)	(27,409)
Cash at the beginning of the year	1,212,789	(0)	1,212,789	881,844	(0)	881,844
Cash at the end of the period	881,844	(0)	881,844	854,435	(0)	854,435

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

August 1-31, 2021

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2021	As of 8/31/2021
Assets		
Current assets:		
Cash and cash equivalents	$ 881,844	$ 1,127,109
Grant and other receivables	295,937	975,299
Prepaid expenses and deposits	86,271	61,650
Total current assets	1,264,051	2,164,058
Assets limited as to use	678,596	710,349
Capital Assets, net of accumulated depreciation	2,443,120	2,411,768
	4,385,767	5,286,176
Other Assets	2,988	2,615
Total assets	$ 4,388,755	$ 5,288,791
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 34,853	$ 36,941
Accounts payable and accrued expenses	9,100	11,700
Total current liabilities	43,953	48,641
Debt borrowings net of current maturities	842,184	834,694
Total liabilities	886,137	883,335
Net position:		
Total net position (deficit)	3,502,618	4,405,456
Total liabilities and net position	$ 4,388,755	$ 5,288,791

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 8/31/2021	Budget YTD 8/31/2021	Variance	
Revenues and other support					
District Tax Revenues	$ 5,892,501	$ 980,000	$ 980,000	-	0%
Rents	189,737	31,051	37,500	(6,449)	-17%
Other revenues	-	-	250	(250)	
Total revenues	6,082,238	1,011,051	1,017,750	(6,699)	
Expenses					
Professional fees - executive director	123,321	31,417	22,500	(8,917)	-40%
Professional fees	-	-	9,967	9,967	100%
Professional fees	96,116	6,427	72,042	65,615	91%
Supplies	5,417	383	750	367	49%
Purchased services	3,850	-	1,667	1,667	100%
Repairs and maintenance	15,579	1,084	5,833	4,749	81%
Rents	27,015	3,504	3,556	53	1%
Utilities	13,085	1,632	1,925	293	15%
Insurance	92,786	17,140	14,904	(2,235)	-15%
Depreciation and amortization	190,351	31,725	31,725	0	
Interest	47,321	8,310	8,333	24	0%
Travel, meeting and conferences	352	2,350	1,167	(1,183)	####
Other expenses	69,123	4,243	47,700	43,457	91%
Total expenses	684,316	108,214	222,069	113,855	
Operating gains	5,397,922	902,838	795,681	107,156	13%
Transfers	(5,766,724)	-	(794,957)		
Increase(Decrease) in net position	(368,802)	902,838	725		
Net position at *beginning of the year*	3,871,419	3,502,618	3,502,618		
Net position at the *end of the period*	$ 3,502,618	$ 4,405,456	$ 3,503,343		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2021	Actual YTD 8/31/2021
Increase(Decrease) in net position	$ (368,802)	$ 902,838
Add Non Cash items		
Depreciation	190,351	31,725
Changes in operating assets and liabilities		
Grant and other receivables	2,481	(679,363)
Prepaid expenses and deposits	(79,643)	24,620
Accounts payable and accrued expenses	(990)	2,600
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(256,603)	282,421
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(7,546)	(0)
Changes in assets limited to use	(31,845)	(31,753)
Net Cash used in investing activities	(39,391)	(31,753)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,951)	(5,402)
Net cash used by financing activities	(34,951)	(5,402)
Net change in cash and cash equivalents	(330,945)	245,265
Cash at the beginning of the year	1,212,789	881,844
Cash at the end of the period	$ 881,844	$ 1,127,109

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2021	Jaber 6/30/2021	As of 6/30/2021	District 8/31/2021	Jaber 8/31/2021	As of 8/31/2021
Assets						
Current assets:						
Cash and cash equivalents	$ 881,844	$ -	$ 881,844	$ 1,127,109	$ -	$ 1,127,109
Grant and other receivables	295,937	0	295,937	975,299	0	975,299
Prepaid expenses and deposits	86,271	(0)	86,271	61,651	(0)	61,650
Total current assets	1,264,051	(0)	1,264,051	2,164,059	(0)	2,164,058
Due To Due From	14,925	(14,925)	0	14,925	(14,925)	0
Assets limited as to use	0	678,596	678,596	0	710,349	710,349
Capital Assets, net of accumulated depreciation	1,552,621	890,500	2,443,121	1,527,502	884,267	2,411,768
	2,831,597	1,554,171	4,385,768	3,706,485	1,579,691	5,286,176
Other Assets	2,988	0	2,988	2,615	0	2,615
Total assets	2,834,585	1,554,171	4,388,756	3,709,099	1,579,691	5,288,791
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	34,853	0	34,853	36,941	0	36,941
Accounts payable and accrued expenses	9,101	0	9,101	11,700	0	11,700
Total current liabilities	43,954	0	43,954	48,641	0	48,641
Debt borrowings net of current maturities	842,183	0	842,183	834,694	0	834,694
Total liabilities	886,137	0	886,137	883,335	0	883,335
Net position:						
Invested in capital assets, net of related debt	2,623,684	0	2,623,684	2,623,684	0	2,623,684
Restricted, by contributors	0	1,554,171	1,554,171	0	1,579,691	1,579,691
Unrestricted (deficit)	(675,237)	0	(675,237)	202,081	0	202,081
Total net position (deficit)	1,948,447	1,554,171	3,502,618	2,825,765	1,579,691	4,405,456
Total liabilities and net position	$2,834,585	$1,554,171	$4,388,756	$3,709,100	$1,579,691	$5,288,791

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 8/31/2021	Jaber 8/31/2021	Actual YTD 8/31/2021
Revenues and other support						
District Tax Revenues	5,892,501	0	5,892,501	980,000	0	980,000
Rents	0	189,737	189,737	0	31,051	31,051
Other revenues	0	0	0	0	0	0
Total revenues	5,892,501	189,737	6,082,238	980,000	31,051	1,011,051
Expenses						
Professional fees - executive director	123,321	0	123,321	31,417	0	31,417
Professional fees	86,721	9,396	96,116	4,900	1,527	6,427
Supplies	5,417	0	5,417	383	0	383
Purchased services	3,850	0	3,850	0	0	0
Repairs and maintenance	0	15,579	15,579	0	1,084	1,084
Rents	27,015	0	27,015	3,504	0	3,504
Utilities	3,119	9,966	13,085	211	1,421	1,632
Insurance	92,786	0	92,786	17,140	0	17,140
Depreciation and amortization	152,951	37,400	190,351	25,492	6,233	31,725
Interest	47,321	0	47,321	8,310	0	8,310
Travel, meeting and conferences	352	0	352	2,350	0	2,350
Other expenses	64,022	5,101	69,123	8,978	(4,735)	4,243
Total expenses	606,873	77,442	684,315	102,682	5,532	108,214
Operating gains	5,285,628	112,295	5,397,923	877,318	25,520	902,838
Transfers	(5,648,874)	(117,850)	(5,766,724)	0	0	0
Increase(Decrease) in net position	(363,246)	(5,555)	(368,801)	877,318	25,520	902,838
Net position at *beginning of the year*	2,311,693	1,559,726	3,871,419	1,948,447	1,554,171	3,502,618
Net position at the *end of the period*	1,948,447	1,554,171	3,502,618	2,825,765	1,579,691	4,405,456

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021	District 8/31/2021	Jaber 8/31/2021	Actual YTD 8/31/2021
Increase(Decrease) in net position	(363,246)	(5,555)	(368,801)	877,318	25,520	902,838
Add Non Cash items						
Depreciation	152,951	37,400	190,351	25,492	6,233	31,725
Changes in operating assets and liabilities						
Grant and other receivables	2,481	0	2,481	(679,363)	0	(679,363)
Prepaid expenses and deposits	(79,643)	0	(79,643)	24,620	0	24,620
Due To Due From	0	0	0	0	0	0
Accounts payable and accrued expenses	(989)	0	(989)	2,599	0	2,599
Net Cash provided(used) by operating activities	(288,447)	31,845	(256,602)	250,666	31,753	282,420
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	(7,547)	0	(7,547)	(0)	0	(0)
Changes in assets limited to use	0	(31,845)	(31,845)	0	(31,753)	(31,753)
Net Cash used in investing activities	(7,547)	(31,845)	(39,392)	(0)	(31,753)	(31,753)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,952)	0	(34,952)	(5,402)	0	(5,402)
Net cash used by financing activities	(34,952)	0	(34,952)	(5,402)	0	(5,402)
Net change in cash and cash equivalents	(330,945)	(0)	(330,945)	245,265	0	245,265
Cash at the beginning of the year	1,212,789	(0)	1,212,789	881,844	(0)	881,844
Cash at the end of the period	881,844	(0)	881,844	1,127,109	(0)	1,127,109

CITY OF ALAMEDA HEALTH CARE DISTRICT

October 11, 2021

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

From: Debi Stebbins
Executive Director

RE: Proposed Board Meeting Schedule 2021-2022

Major Action Items

2021

Monday, December 13 — True-Up Tax Distribution to AHS

2022

Monday, February 14 — December Tax Installment to AHS
Distribution from Jaber Funds to AHS

Monday, April 11 — Review and Approval District FY 22-23 Budget
Review Annual Audit Engagement

Monday, June 13 — Adoption of Parcel Tax Levy Resolution
Review and Approval of 2021-2022 Parcel Tax Budget

Monday, August 8 — Mutual Certification and Indemnification with County
Review of FY 2022-2023 Insurance Renewals
Executive Director Evaluation and Contract Review

Monday, October 10 — Review and Acceptance of FY 2021-2022 Audit
Review of CY 2021-2022 Meeting Calendar
Election of Officers and Appointments to Liaison Positions

Monday, December 12 — Recommendation to Approve True-Up Tax Distribution to AHS

CITY OF ALAMEDA HEALTH CARE DISTRICT

Meeting Date: October 11, 2021

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

From: Michael Williams, president

Subject: Election of District Officers and Appointment to Liaison Positions

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The annual election of City of Alameda Health Care District Officers is scheduled to take place at the October 11, 2021 Board Meeting. Election of officers last occurred in August 2020. Since I have heard from no Board members requesting a change in Board assignments, I am proposing no changes from the current assignments. The only exception is adding Dr. Stewart Chen as Treasurer in addition to his current role as Chair of the Community Outreach Committee.

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	Michael Williams
1st Vice President	Gayle Codiga
2nd Vice President	Robert Deutsch, MD
Secretary	Tracy Jensen
Treasurer	Stewart Chen, DC
Alameda Health System Liaison	Tracy Jensen
Community Health Liaison	Stewart Chen, DC
Alameda Hospital Liaison	Robert Deutsch, MD
Representative #2 on City of Alameda Liaison Committee	Robert Deutsch, MD

Board members were asked for their preferences for offices and liaison positions. Results are listed below.

President Williams will ask for nominations for each office beginning with President and proceed with discussion and voting for each office. The nominations, discussion and voting will continue in the following order outlined below in the table.

	Board of Directors (by Alpha)				
Board Member Preferences	Codiga[1]	Deutsch	Jensen	Chen	Williams
President / Representative #1 to City of Alameda Liaison Committee					X
1st Vice President	X				
2nd Vice President		X			
Secretary			X		
Treasurer				X	
Alameda Health System Liaison			X		
Community Health Liaison	Co-Chair			X Chair	
Alameda Hospital Liaison		X			
Representative #2 on City of Alameda Liaison Committee		X			

Please note from the Bylaws: *"Each officer shall be elected upon receiving a majority vote with each member of the Board of Directors having one vote. In the event that there is no majority for a single office, the candidate with the fewest votes shall be eliminated from candidacy and a runoff election with the remaining candidates shalltake place. In the event that more than two candidates have an equal number of votes, the office shall be selected by random lot."*

Excerpt from the Bylaws of Offices of the Board is attached.

F. 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.

G. Officers will report to the full District Board on any significant developments involving District staff, community outreach involving the District, or interactions with the Alameda Health System Board or senior staff.

Section 2. President

A. The President shall perform the following duties:

1. Preside over the meetings of the Board of Directors;

2. Sign and execute (jointly with the Secretary where appropriate), in the name of the District, all contracts and conveyances and all other instruments in writing that have been authorized by the Board of Directors;

3. Subject to any duly-adopted Policy of the Board regarding the signing of checks, exercise the power to co-sign, with the Secretary checks drawn on the funds of the District whenever:

a. There is no person authorized by resolution of the Board of Directors to sign checks on behalf of the District regarding a particular matter; or

b. It is appropriate or necessary for the President and Secretary to sign a check drawn on District funds.

4. Have, subject to the advice and publicly approved decisions of the Board of Directors, general responsibility for the affairs of the District.

5. Provide the District's Executive Director with general supervisory input during the year, in accordance with publicly approved decisions of the Board of Directors and/or consultation with a duly appointed District liaison. This supervision shall include attention to significant employment activities such as performance appraisals, disciplinary activities, and salary and benefits negotiations.

6. Generally discharge all other duties that shall be required of the President by the Bylaws of the District.

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

Section 3. Vice-Presidents

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

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

Section 4. Secretary

The Secretary shall have the following duties:

A. To act as Secretary of the District and the Board of Directors.

B. To be responsible for the proper keeping of the records of all actions, proceedings, and minutes of meetings of the Board of Directors.

C. To be responsible for the proper recording, and maintaining in a special book or file for such purpose, all ordinances and resolutions of the Board of Directors (other than amendments to these Bylaws) pertaining to policy or administrative matters of the District and its facilities.

D. To serve, or cause to be served, all notices required either by law or these Bylaws. In the event of the Secretary's absence, inability, refusal or neglect to do so, such notices may be served by any person so directed by the President or Board of Directors.

E. To perform such other duties as pertain to the Secretary's office and as are prescribed by the Board of Directors.

Section 5. Treasurer

A. The Board of Directors shall establish its own treasury and shall appoint a Treasurer charged with the safekeeping and disbursal of the funds in the treasury.

B. The Treasurer shall be responsible for the general oversight of the financial affairs of the District, including, but not limited to oversight of the receiving and depositing of all funds accruing to the District, coordinating and overseeing the proper levy and collection of the District's annual parcel tax, performance of all duties incident to the office of Treasurer and such other duties as may be delegated or assigned to him or her by the Board of Directors, provided, however, that the District staff shall implement, and carry out the day to day aspects of the District's financial affairs.

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

Section 6. Alameda Health System (AHS) Liaison

A. As authorized by section 3.1 of the Joint Powers Agreement entered into by Alameda Health System (AHS) and the City of Alameda Health Care District, the District may nominate one designee to serve as a voting member of the AHS Board of directors.

B. Upon approval of the nomination by the County Board of Supervisors, the appointee will be a voting member of the AHS Board of Directors, and shall be the District's AHS Liaison, serving as the primary conduit of information between the Board of AHS and the Board of the District.

C. The AHS Liaison shall consistently attend meetings of the Boards of both AHS and the District, and keep each Board informed of decisions or other developments that are relevant to the other Board and their key staff. However, the AHS Liaison shall not disclose to either Board any information that has been discussed within closed session of one of the Boards, or information that is otherwise subject to confidentiality protection.

D. The AHS Liaison shall always act in the best interests of the District, and will notify the District Board if there is a situation known to be or likely to become a conflict between the AHS Liaison's loyalties to the District and to the AHS Board or other health-related entity.

Section 7. Community Health Liaison

A. The Community Health Liaison shall be a major conduit of information between the Board and its staff in matters involving community health assessment and improvement activities.

B. The Community Health Liaison will regularly meet with District staff and other community leaders or groups to accomplish the mission of the District.

Section 8. Alameda Hospital Liaison

A. The Alameda Hospital Liaison shall be a major conduit of information between the Board and its staff in matters involving the operation, programs, services and quality of care under the auspices of Alameda Hospital.

B. The Alameda Hospital Liaison will have regular dialogue with District staff and with the Alameda Hospital Chief Administrative Officer, and will keep the Board informed of decisions or other developments that are relevant to accomplishing the mission of the District.