√ Included in the PDF posted on AUGUST 6, 2021

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, August 9, 2021

OPEN SESSION: 5:30 PM

Location: Remote via ZOOM

Open Session - Via ZOOM

Join Zoom Meeting – Open Session- August 9, 2021

https://us02web.zoom.us/j/81772869119?pwd=Y0RmMXlPSzg2dWZjV1BwM3VXaDJGdz09

Meeting ID: 817 7286 9119

Passcode: 610569

One tap mobile: +16699006833,,81772869119# 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.	**Adjourn into Executive Closed Session**	
V.	**Closed Session Agenda**	
	A. Call to Order	Mike Williams
	B. Annual Evaluation of Executive Director	Performance Evaluation Gov't Code Sec 54957
	C. Report on Health Care District Trade Secrets	Health and Safety Code Sec. 32106
	D. 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. √ Approval to Renew Contract with Executive Director: July 1, 2021 to June 30, 2022 **ENCLOSURE (page 4)** — Michael Williams

B. YTD AHS Reporting **INFORMATIONAL**

√ 1) Alameda Health System / Alameda Hospital Update / Status of 2020 Alameda Hospital Seismic Project **ENCLOSURE (pages 5-20)** — Mark Fratzke, Interim COO

√ 2) Patient Experience **ENCLOSURE (pages 21-23)** — Ronica Shelton, VP of Patient Care Services

a. Follow up on Management of ED arriving by Alameda Fire Department Ambulances **ENCLOSURE (pages 24-28)**

√ 3) AHS Financials and Budget Update **ENCLOSURE (pages 29-41)** — Kimberly Miranda, AHS CFO

4) Alameda Hospital Medical Staff Update — Catherine Pyun, DO

a. Update on Sub Specialist Coverage at Alameda Hospital

C. District & Operational Updates **INFORMATIONAL**

1) District Reports

a. President's Report — 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 42-58)** — Debi Stebbins

e. Alameda Hospital Strategic Planning Committee Report — Gayle Codiga

D. Consent Agenda

√ 1) Acceptance of Minutes, June 14, 2021 **ENCLOSURE (pages 59-64)**

√ 2) Acceptance of April, May and June 2021 Financial Statements **ENCLOSURE (pages 65-85)**

E. October 11, 2021 Agenda Preview

1) Acceptance of August 9, 2021 Minutes

2) Election of Officers and Appointment to Liaison Positions

3) Report From The Alameda Hospital Strategic Planning Committee

4) Overview of Alameda Health Care District Insurance Coverage (Matt McManus, Alliant Insurance)

5) Report From Community Advisory Group

√ Included in the PDF posted on AUGUST 6, 2021

F. Informational Items:

YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)

IX. General Public Comments

X. Board Comments

XI. Adjournment

Next Scheduled Meeting Dates (2nd Monday, every other month or as scheduled) **October 11, 2021**	Open Session 5:30 PM Remote via ZOOM

City of Alameda
HEALTH CARE DISTRICT

DATE: August 9, 2021

TO: Board of Directors
City of Alameda Health Care District

FROM: Mike Williams, President
Gayle Codiga, 1st Vice President

SUBJECT: Renewal of Contract with Deborah E. Stebbins Group, LLC for Services of Executive Director

Recommendation:

Following an annual evaluation by the Board of Directors, it is recommended that the contract with THE DEBORAH E. STEBBINS GROUP, LLC to provide the District with the services of an Executive Director (namely, Deborah E. Stebbins) be extended for one year to June 30, 2022 according to the following principal terms, all of which will be incorporated into a mutually agreeable written agreement between the parties:

Term and Termination: Term of one year, renewable for successive one-year terms, subject to the right of either party to terminate the agreement upon 90 days prior written notice.

Time Commitment: The parties anticipate approximately 1000 hours per year, to be structured as the demands of the position require

Office/Tools/Equipment: Contractor will have access to District office space and equipment, but will utilize Contractor's facilities and equipment when working away from the District office

Expenses: Contractor will be reimbursed for the actual costs of incidental expenses incurred in fulfilling the duties hereunder, such as tolls, parking and mileage (at the IRS standard rate). Extraordinary expenses (such as out of area travel, conference fees, etc.) must be pursuant to the District's budget and approved in advance by the Board President.

Intellectual Property. All District-related intellectual property developed with the assistance of Contractor shall be and remain the property of the District.

Compensation: Recommendations regarding compensation are pending based upon further review by District Board of Directors.

It is recommended that the Board authorize the Board President to approve and execute a renewed contract under the terms outlined above.

ALAMEDA HEALTH SYSTEM

Alameda Hospital District Board
COO Report
8.9.2021

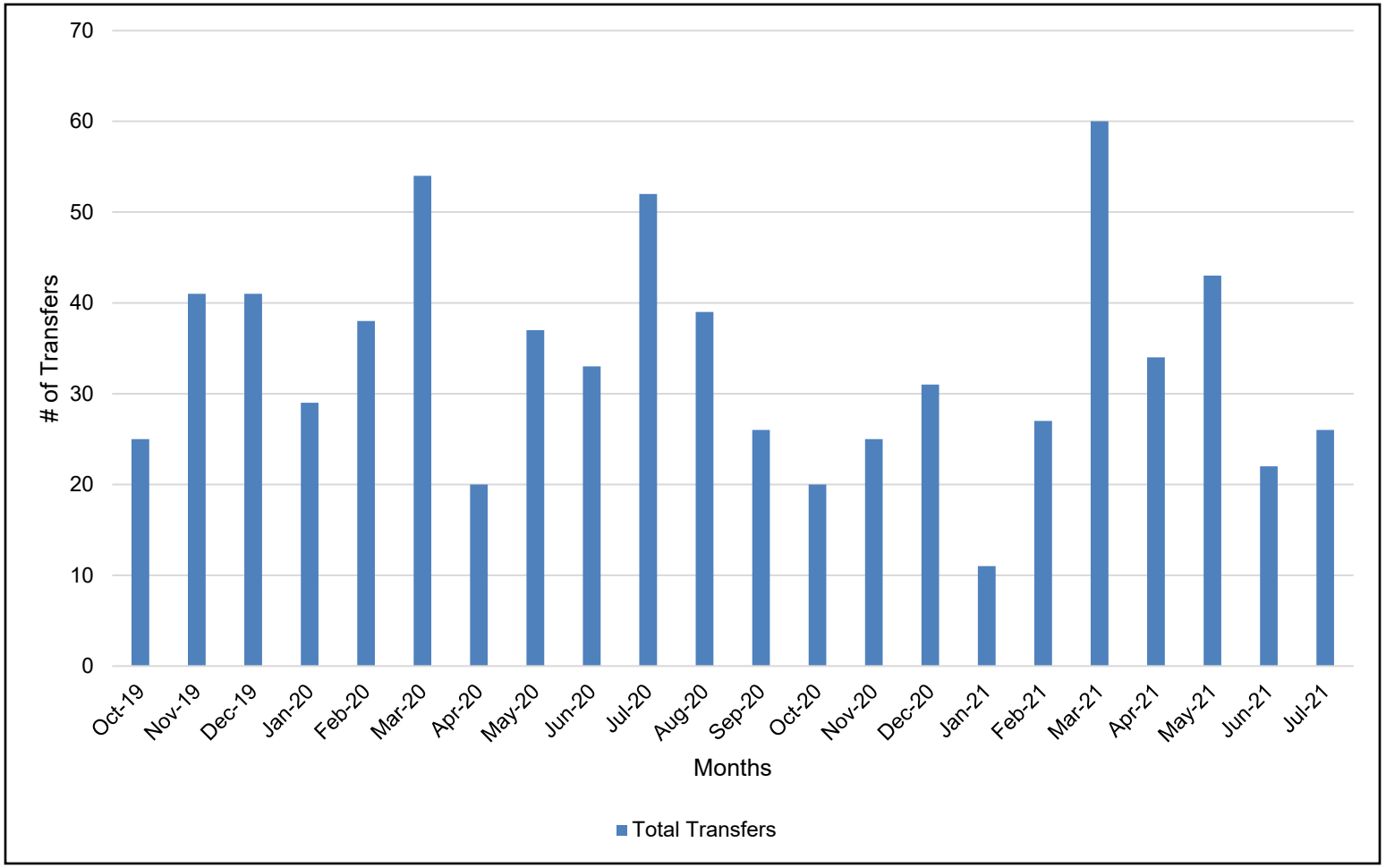
Topics

1. Seismic Project
2. Transfers to AH
3. Surgical Volume (block scheduling)
4. Length of Stay Initiative
5. Chief Administrative Officer Search Update

Seismic Work

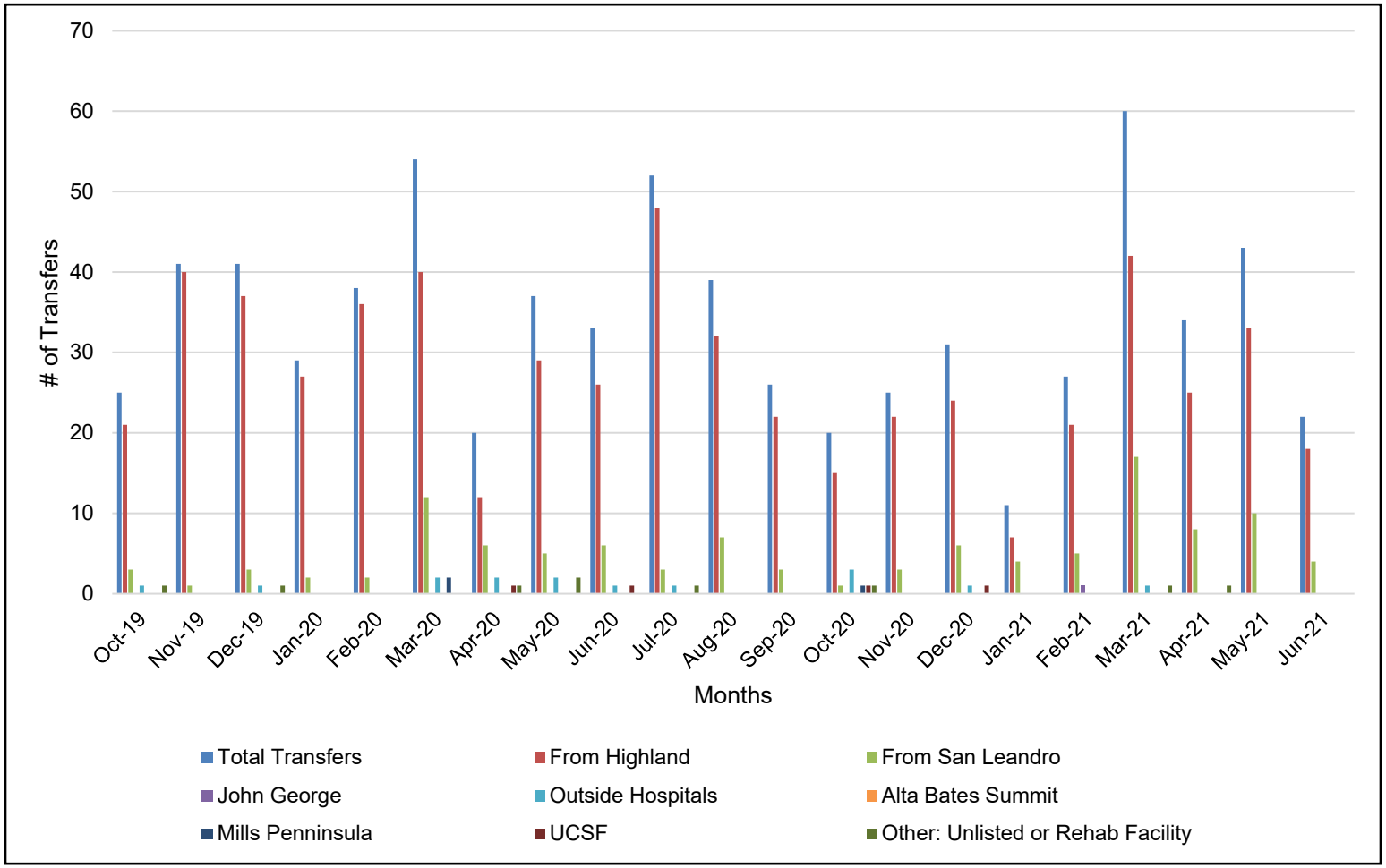
- Kitchen to open end of October
- Bridge closed August 11
- Demolition of bridge August 23
- Bridge completion January 31, 2022

Total Transfers into Alameda Hospital
Oct 2019 – July 2021



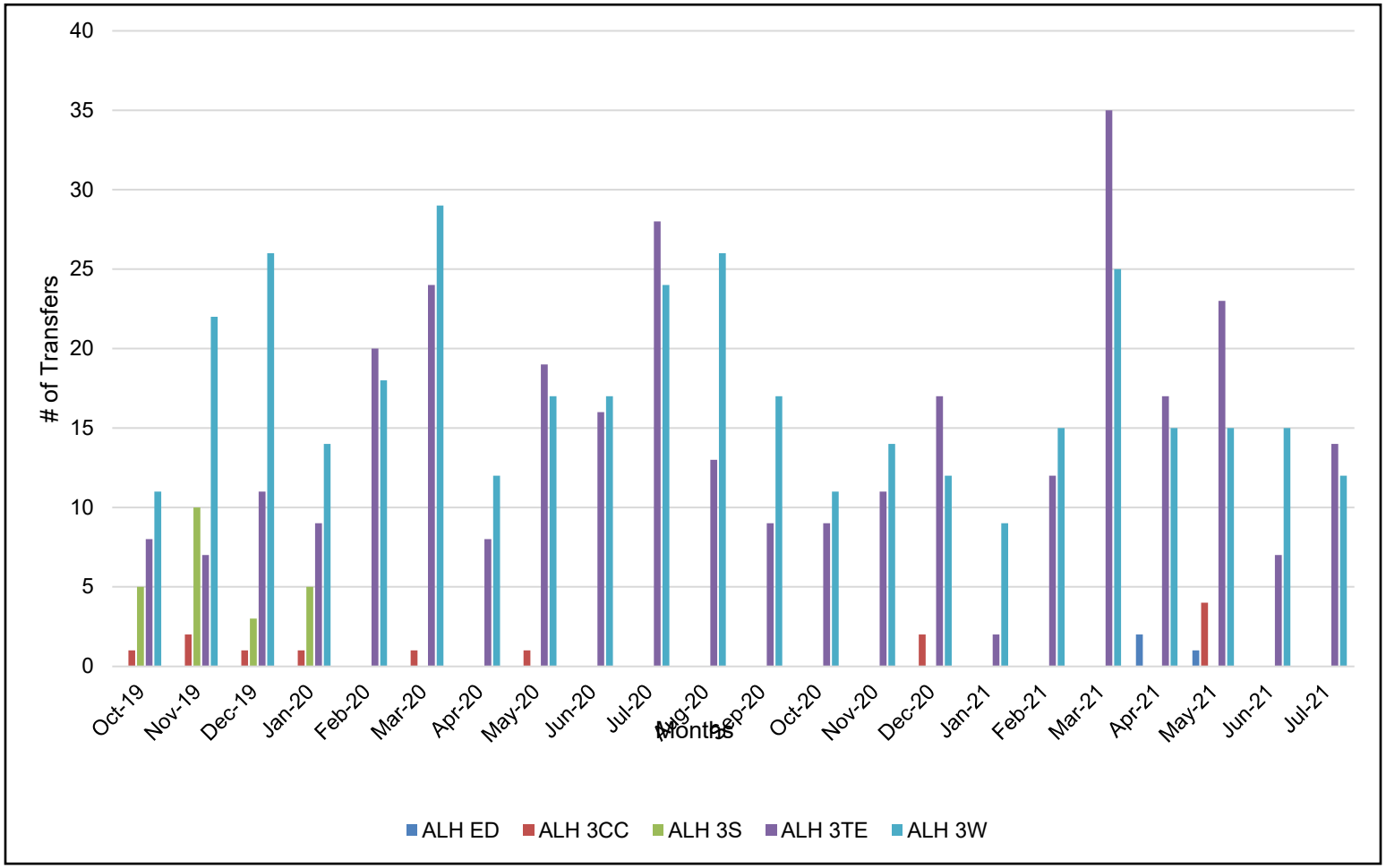
ALAMEDA HEALTH SYSTEM

Total Transfers by Referring Location
Oct 2019 – July 2021



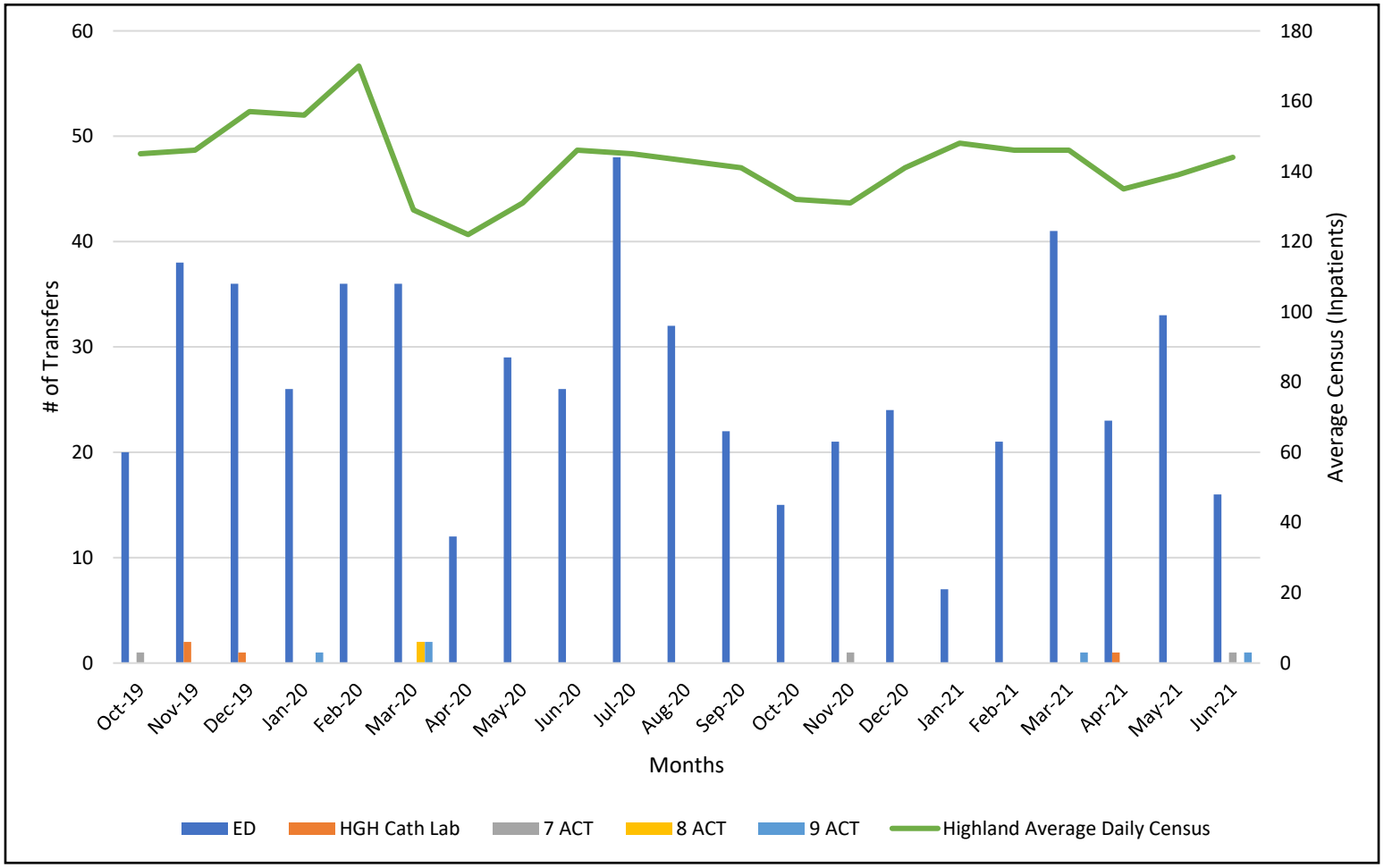
ALAMEDA HEALTH SYSTEM

Total Transfers by Receiving Unit
Oct 2019 – July 2021



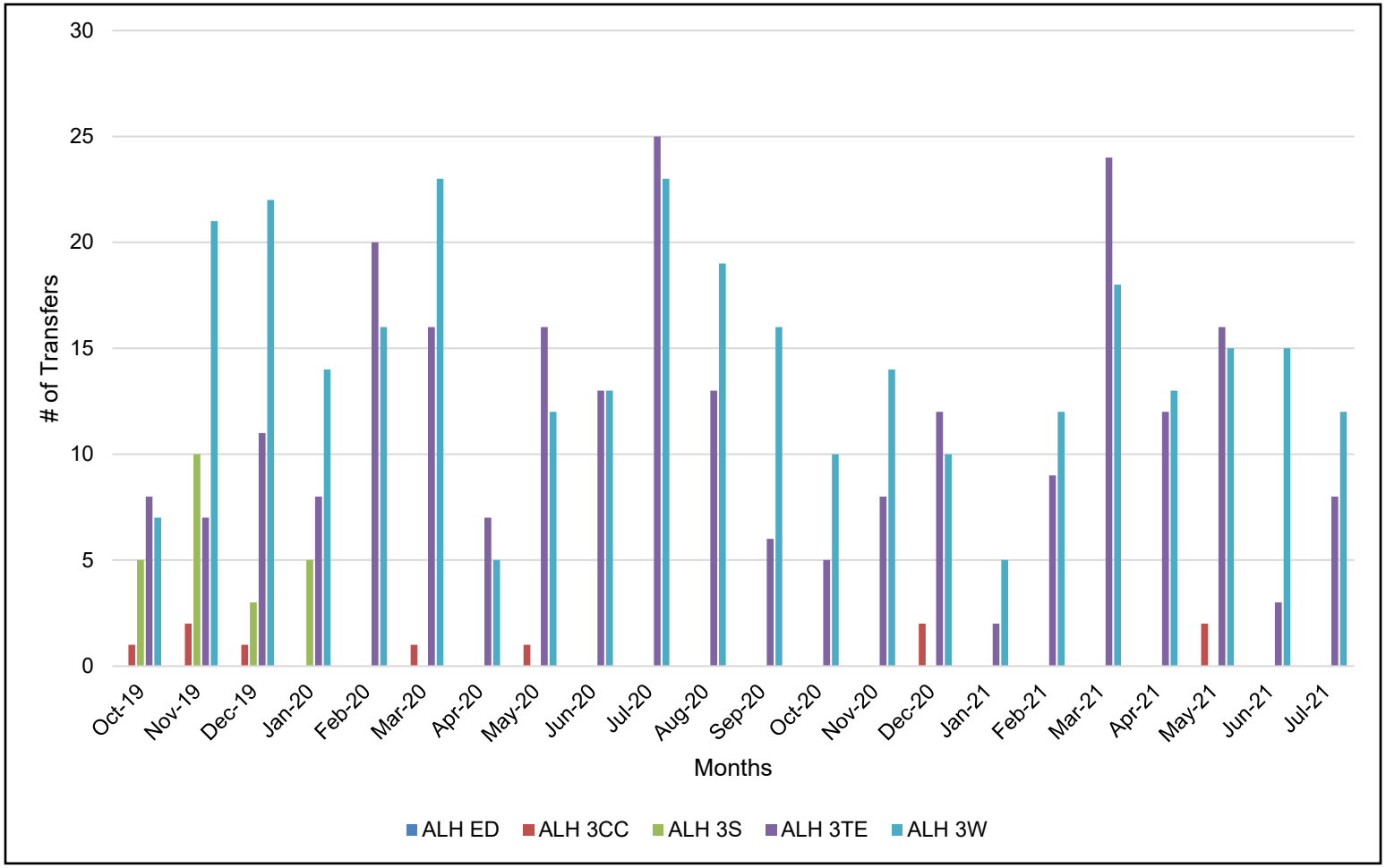
ALAMEDA HEALTH SYSTEM

Highland Hospital Transfers by Referring Unit Oct 2019 – July 2021



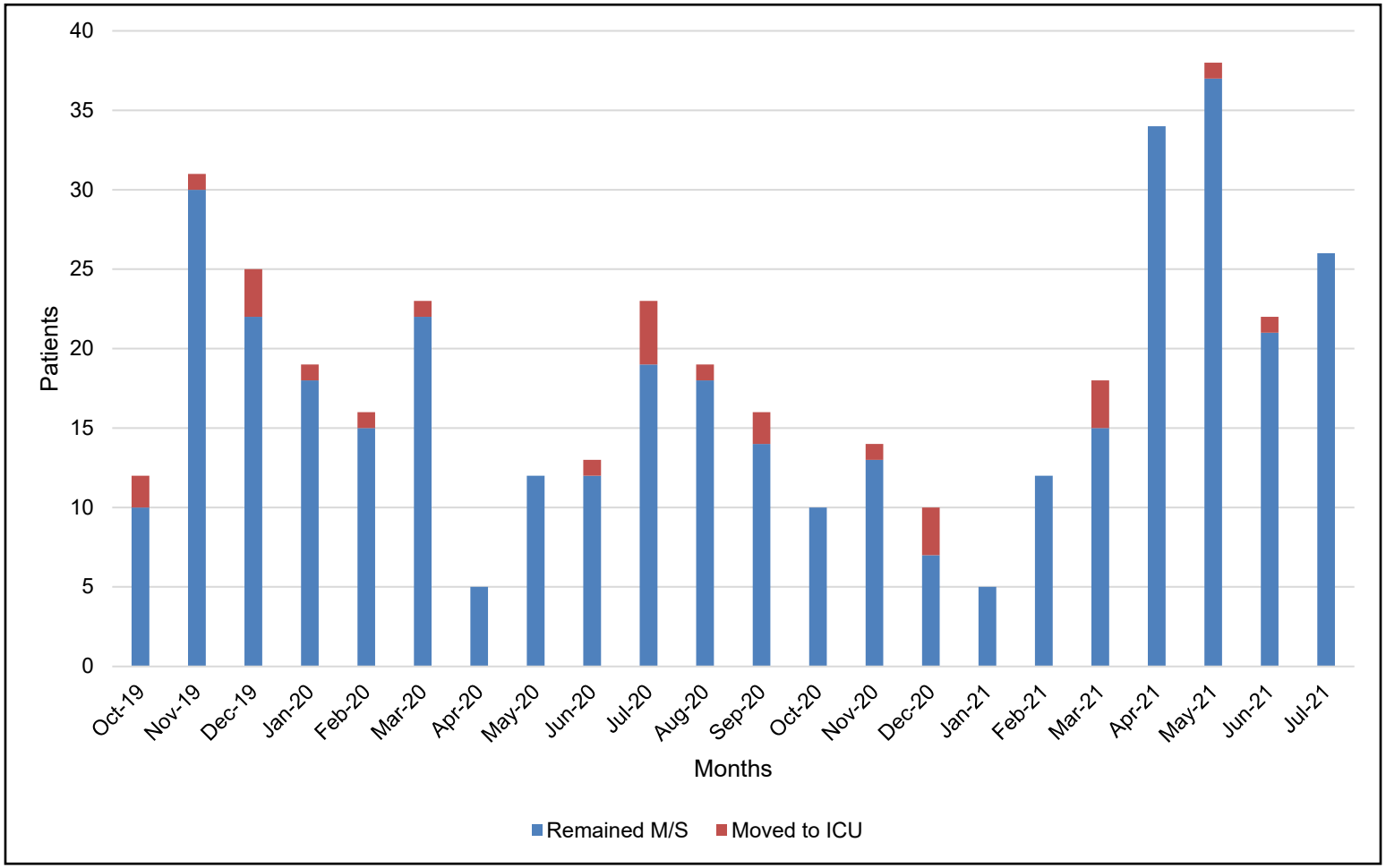
ALAMEDA HEALTH SYSTEM

Highland Hospital Transfer by Receiving Unit
Oct 2019 – July 2021



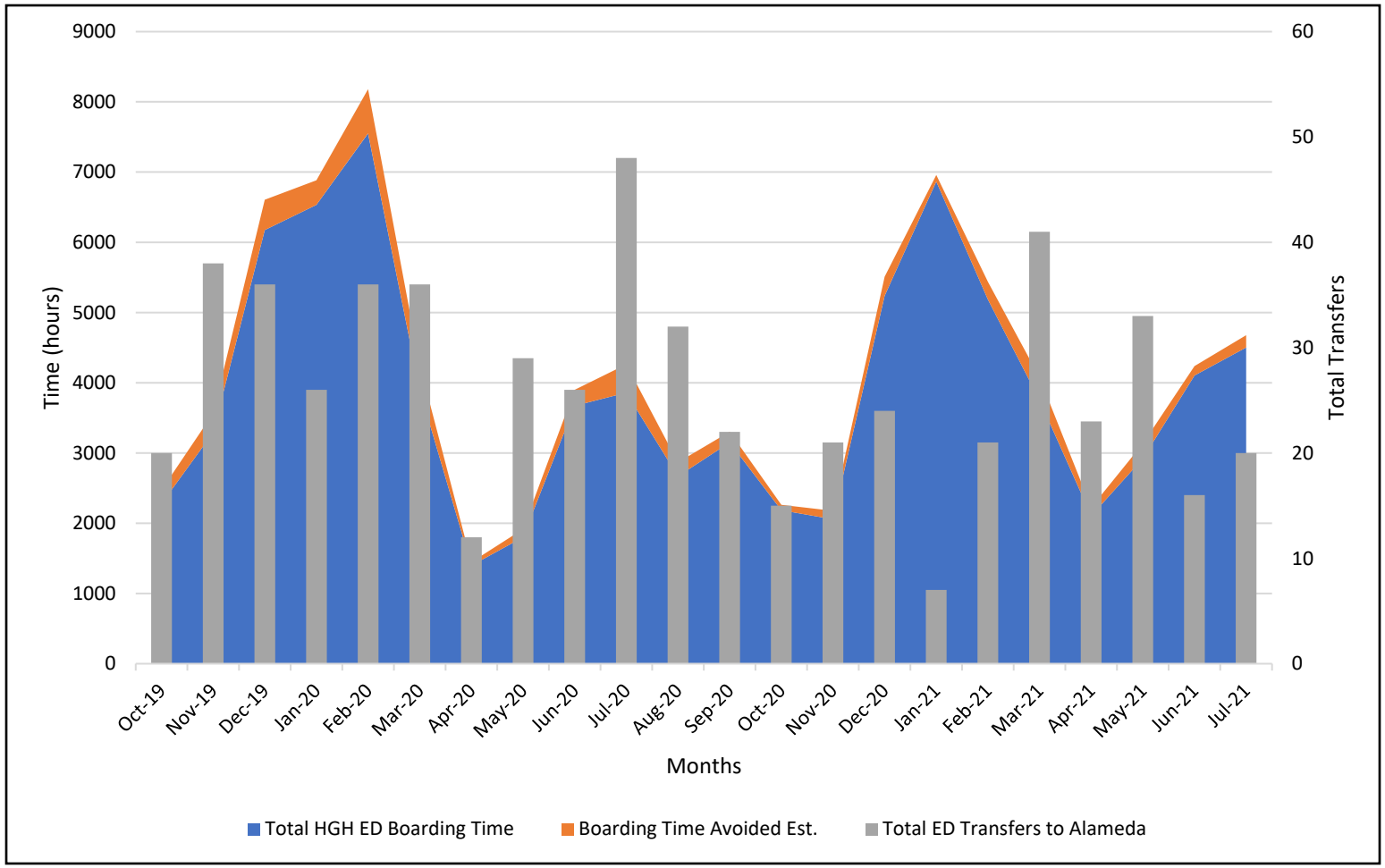
ALAMEDA HEALTH SYSTEM

Med-Surg to ICU Upgrades
Oct 2019 – June 2021



ALAMEDA HEALTH SYSTEM

Impact of ED Transfers on Highland Boarding Time Oct 2019 – June 2021



Highland ED transfers to Alameda reduce boarding time by an estimated 6% each month.

ALAMEDA HEALTH SYSTEM

Surgical Volume

Current Situation

- Highland hospital has insufficient OR capacity to meet AHS surgical demand and backlog.
- Both elective and non-elective procedures done at Highland
- Available 5 OR rooms at each site (Alameda and San Leandro) Hospitals (10 total).
- Alameda and San Leandro hospitals both have available operating room capacity. 2 OR's being used at both sites.

Recommendation

1. Alameda Hospital
   - Run 3 operative rooms/day
   - Transition elective Ob-GYN, Orthopedic, Ophthalmology, Pain, Neurosurgery procedures to AH
2. San Leandro Hospital, phased increase
   - Phase 1, 2 operative rooms per day
   - Phase 2, 3 rooms operative per day
   - Gradually transition Vascular, Gen Surgery, Podiatry, Dental procedures to SL.
3. Approve 1.8 FTE's for phase 1 (1.4 FTE AH, 0.4 FTE SL)

Next Steps

- Form workgroup to implement block scheduling
- Complete a look-back analysis and assess block schedule utilization review at 6 months.
- Assess as time goes on

Length of Stay Initiative

Goal – decrease LOS by 0.5 days for savings across system of approximately $8 million

- Implementing:
  - Scripted MDR's daily (eventual walking rounds)
  - Long LOS meeting weekly
  - Daily afternoon discharge meeting
  - Removing discharge barriers

Chief Administrative Officer Search

- 6 Candidates
- Interviews ended last Thursday August 5
- Will select 2 – Highland and Alameda/San Leandro
- CAO for John George already started – Patty Espeseth, LMFT
- Probably start date mid-late September

Patient Experience Alameda Hospital preliminary

May 2021 Data

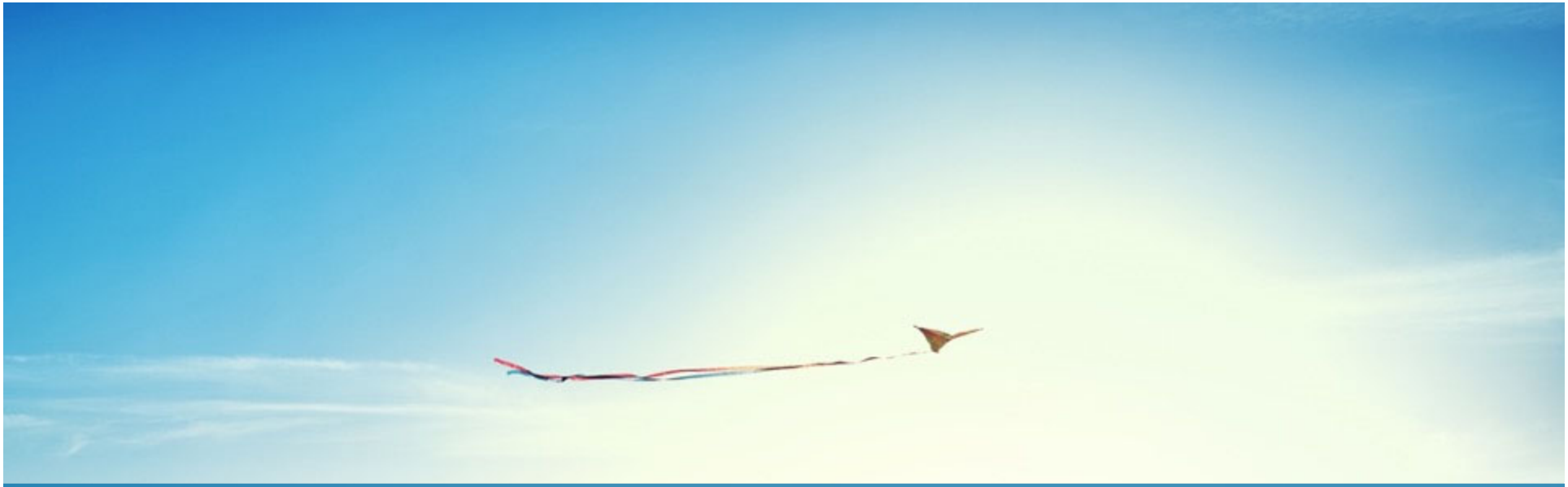
Patient Experience Data

* = preliminary

HCAHPS (YTD N=279)	FY21 GOAL	FY20 YTD May*	April Month	May Month*
Rate the Hospital 9-10	63.70	54.22	64.67	63.52
Nurses treat with courtesy/respect	76.10	75.94	88.39	80.65
Call button help soon as wanted it	55.30	59.14	67.95	67.06
Doctors treat with courtesy/respect	79.40	81.64	84.70	81.58
Care Transition	46.10	43.83	55.00	57.34
Hosp staff took pref into account	36.60	37.11	72.20	63.87
Good understanding managing health	46.90	41.59	57.73	60.11
Understood purpose of taking meds	53.50	52.87	64.40	66.07

Action Plan

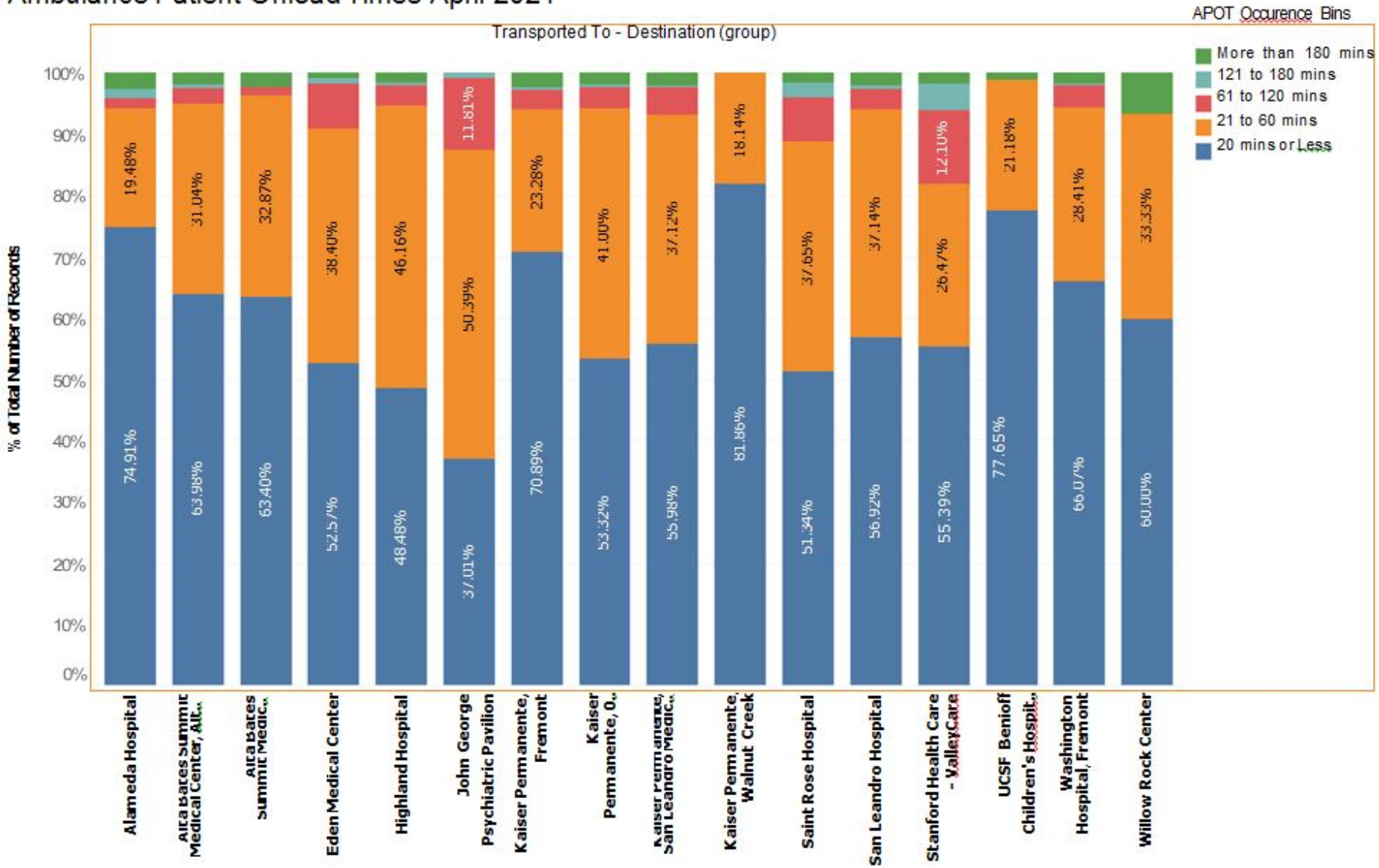
Metrics with opportunity for improvement	Follow-Up Actions	Date of Completion
Rate the Hospital and key drivers	• Actions to drive patient experience across AHS. 1. Standards - GIFT is the service standard for the organization and replaces AIDET 2. Build organizational knowledge – implement Patient Experience 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 Kreibl 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 HEALTH SYSTEM

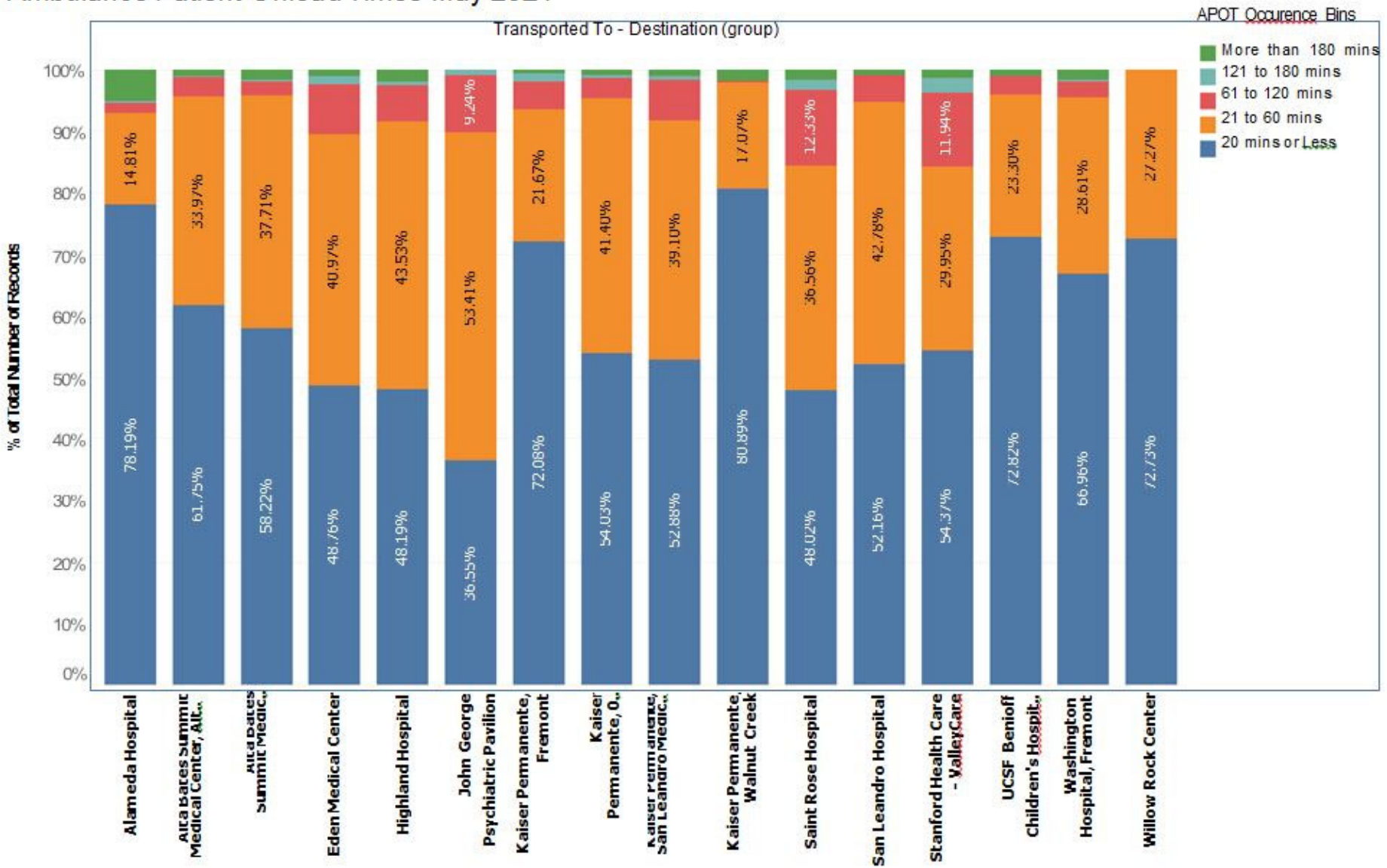
Ambulance Patient Offload Time
Alameda Hospital

Ambulance Patient Offload Times April 2021



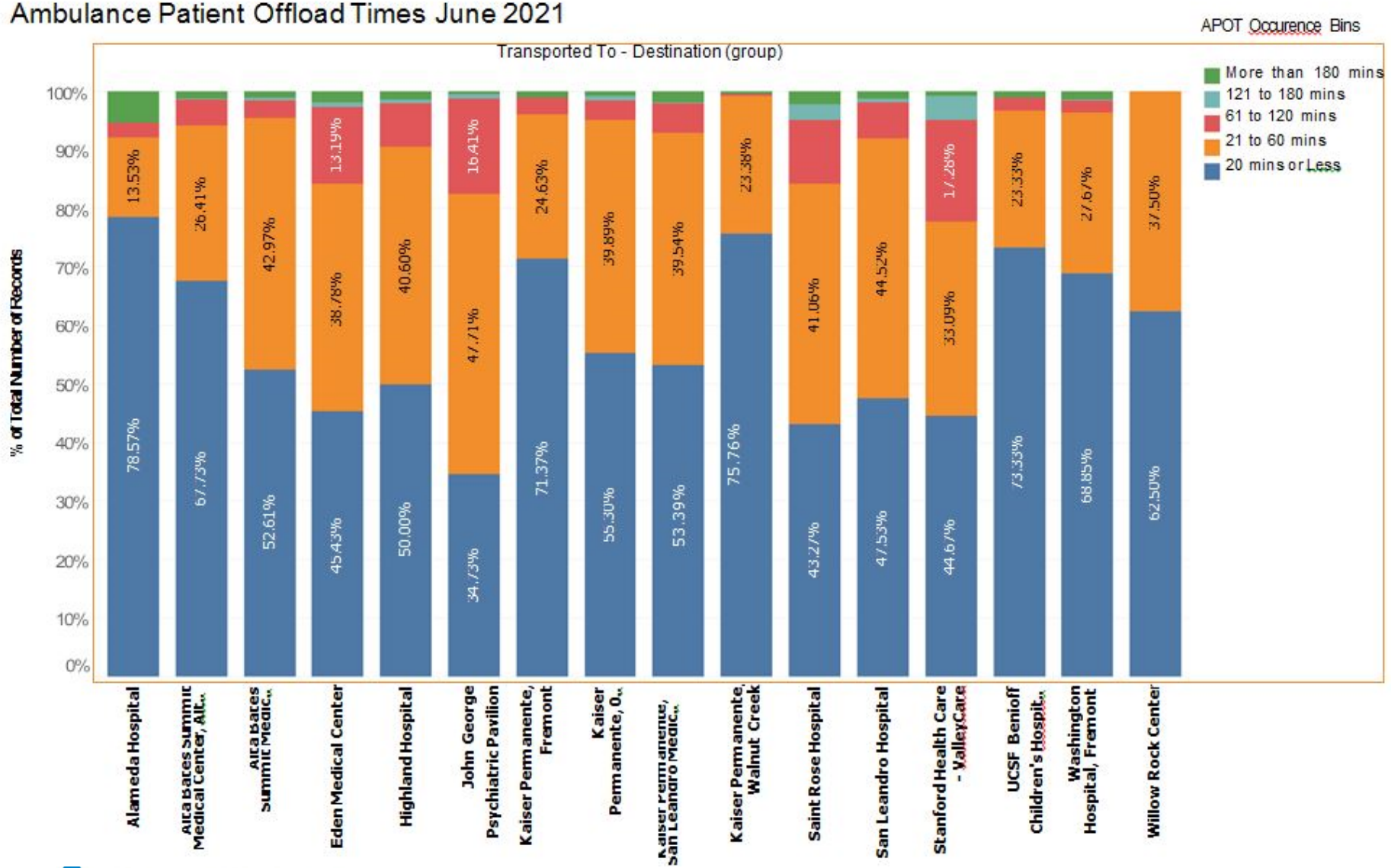
ALAMEDA HEALTH SYSTEM

Ambulance Patient Offload Times May 2021



HEALTH SYSTEM

Ambulance Patient Offload Times June 2021



ALAMEDA HEALTH SYSTEM

SBAR

S- Situation

There have been three incident reports forwarded from Alameda Fire/EMS regarding patients being held in ambulances in our parking lot in recent weeks.

B- Background

Alameda Fire/ EMS crews reported that when they arrived at Alameda Hospital with patients, they were directed by either the Triage RN or the Shift Coordinator to hold the patients in their rig until a bed became available in the ED. One of those patients was a high acuity patient and required rapid assessment by a physician. These hold times ranged from a few minutes to over an hour.

A- Assessment

Upon review of the specific cases with Alameda ED RNs, it was discovered that this is a belief that it is acceptable to hold patients in ambulances when the census is high. "Patient Safety" is cited as the reasoning. Staff feel that it is safer to keep the patient in the ambulance with EMS crew monitoring them, than to bring them into an overfull department.

R- Recommendation

- Nurse Manager has notified the team the reasons that this is not an acceptable practice. A detailed plan is being implemented to quickly receive all ambulance patients and efficiently provide appropriate bed placement.
- Nursing Manger is updating the Coordinator role in ED by creating a specific task list and providing expectations. Changes have been made to assure the right team member is in the role and can focus on the job at hand.
- Throughput meetings have begun that include working with Hospitalists group to get admission orders placed in a timely manner as a means to decompress the ED.
- Nursing leadership is including the importance of throughput to take report and accept admissions in a timely manner to decompress the ED. This is communicated via the Unit SMILE Huddle Board. The Shift Coordinators on the floors have been given the direction to take report and accept admissions from the ED if a primary RN is not available.


ALAMEDA
HEALTH SYSTEM
Alameda District Board Meeting
Finance Update
August 9, 2021
1

Financial Report
General Comments

- June 30, 2021 is fiscal year end and the AHS standard procedure is to keep books open to capture transactions related to FY21 improving accuracy and reducing the number of audit adjustments required.
  - Preliminary internal Financial Statements will be presented in September consistent with information provided to our auditors: Moss Adams.
  - The Audited Financial Statements will be completed late November after review of Audit Committee and ultimate approval from the Board of Trustees.
- The May financial report is included in this presentation.
- As a reminder, the FY22 Operating and Capital Budget was approved in June and presented to the District Board last meeting.
- Entity Financial reporting is moving ahead and the FY22 Budget has been built in EPSi by Entity.
  - ELT will begin reviewing Actual financial statements by entity
  - Entity Financial Statements will be available for strategic planning and updating the AHS LRFP.

May 2021 Financial Report Highlights

- Operating Revenue below budget by $21.1M and 2.1% driven by lower volumes due to pandemic
  - NPSR below budget by $54.1M partially offset by CARES funding of $30.9M
- Operating Expense is unfavorable $13.0M and 1.3% driven by unfavorable Labor and Benefit costs ($15.4M) slightly offset by Purchased Services ($1.8M) consistent with lower volumes, particularly surgical departments/implants.
  - Unable to flex down expenses to volumes due to FY21 specific COVID related costs including LOAs ($22.0M) Union Contract Settlements with CNA and SEIU ($10.7M), net strike costs ($7.2M), severance ($1.4M).
  - Non-cash Retirement favorable $10.0M and Paid FTEs favorable 89.
- Net Income YTD Net Loss is $34.1M and below budget by $35.4M
- YTD EBIDA is negative $16.8M resulting in a negative EBIDA Margin of 1.7%; below budget by $45.0M.

	Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 981,157	$ 1,002,207	$ (21,050)	(2.1)%	$ 993,084	(1.2)%
Operating expense	1,011,080	998,117	(12,963)	(1.3)%	1,010,784	(0.0)%
Operating income (loss)	**(29,923)**	**4,090**	**(34,013)**	**(831.6)%**	**(17,700)**	**(69.1)%**
Other non-operating activity	(4,211)	(2,805)	(1,406)	(50.1)%	(2,714)	(55.1)%
Net Income (loss)	**$ (34,133)**	**$ 1,285**	**$ (35,419)**	**(2756.3)%**	**$ (20,415)**	**(67.2)%**
EBIDA adjustments	17,360	26,928	(9,568)		65,984	
EBIDA	**$ (16,773)**	**$ 28,213**	**$ (44,986)**		**$ 45,570**	
Operating Margin	(3.0)%	0.4%	(3.5)%		(1.8)%	
EBIDA Margin	(1.7)%	2.8%	(4.5)%		4.6%	

May 2021 Financial Report
Balance Sheet Key Metrics

- Days in Cash is timing variance caused by month end and the difference between draws and pay dates.
- AR Days increased 3.0 days from the prior month. Next slide.
- Days in Accounts Payable increased due to timing and available funding. Percent AP Over 60 days at 1.6% is slightly higher than the prior month. The target is 30 days.
- Net Position deteriorated $33.8M from June 30, 2020, driven by YTD Loss of $34.1M.
- Net Negative Balance is below the June 30, 2021 target of $120.0M.

	May-21	Apr-21	FY 2020
Days in Cash	4.5	7.5	3.2
Gross Days in AR	59.1	56.1	66.7
Days in Accounts Payable	24.6	22.6	33.8
% of AP Over 60 days	1.6%	1.5%	1.1%
Current Ratio	0.9	1.0	1.2
Net Position (Fund Balance)	$ (311,620)	$ (307,296)	$ (277,787)
Net Negative Balance (LOC)	$ 20,431	$ 54,327	$ 83,005

May 2021 Financial Report
Patient Collections

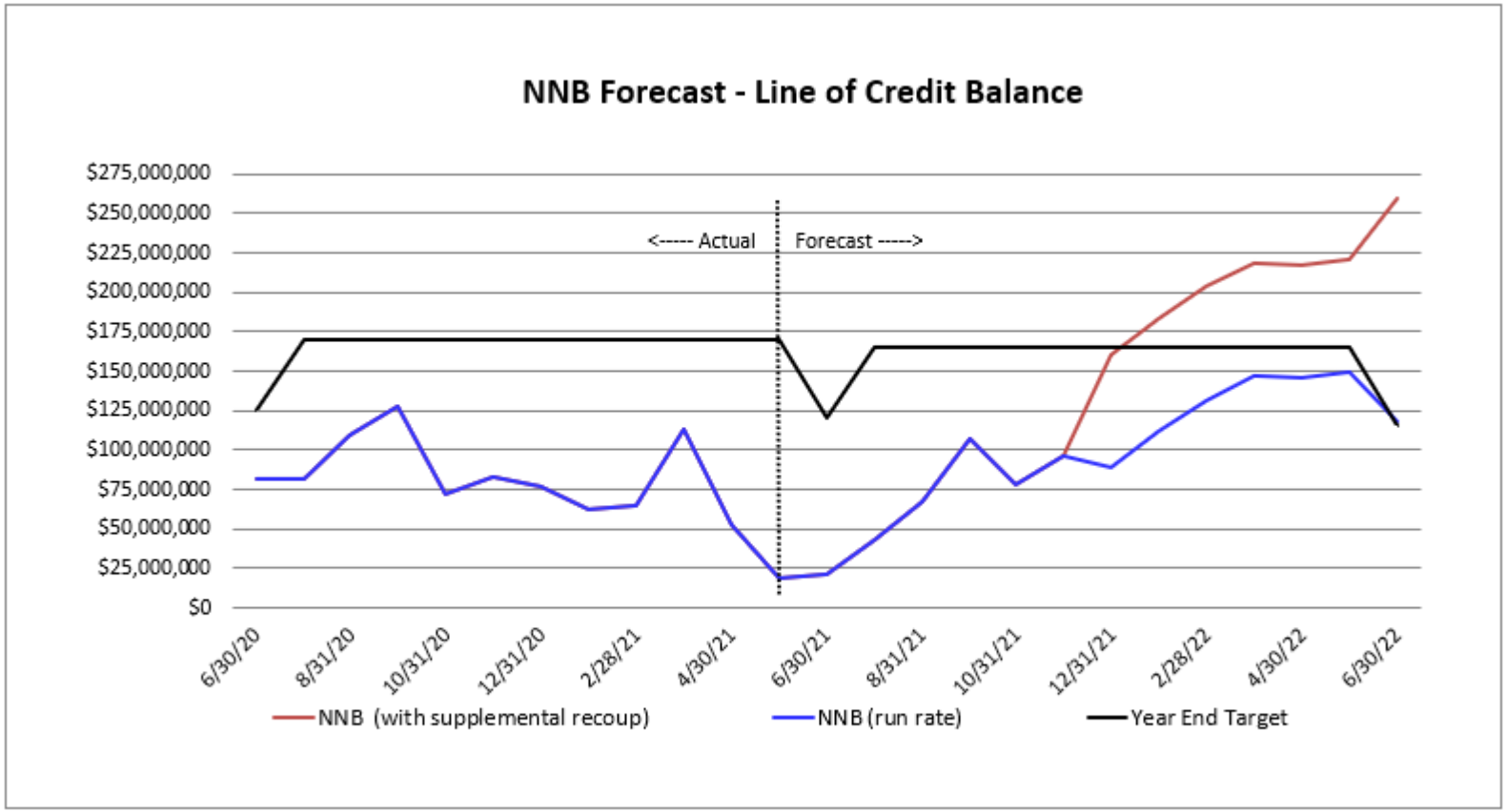
- FY21 cash collections annualized are $563M exceeding FY20 and FY19 collections.
- AHS had forecasted lower collections due to lower volumes associated with the COVID 19 pandemic.

PATIENT COLLECTIONS
(in thousands)

	Legacy	Epic	Total FY 2021	Total FY 2020	Total FY 2019
Jul	556	36,622	37,178	48,828	45,908
Aug	500	50,868	51,368	42,989	47,021
Sep	862	50,728	51,590	40,138	47,317
Oct	475	51,039	51,514	51,986	42,250
Nov	122	43,671	43,793	28,147	48,408
Dec	62	53,212	53,274	40,178	52,060
Jan	78	28,637	28,715	51,535	38,844
Feb	389	43,452	43,841	53,205	57,119
Mar	288	55,167	55,455	68,592	47,508
Apr	1,023	54,623	55,646	41,450	41,626
May	155	43,850	44,005	44,065	46,599
Jun	-	-	-	38,353	47,587
Total	**4,510**	**511,870**	**516,381**	**549,466**	**562,247**

May 2021 Financial Report
Line of Credit (NNB) Forecast

- Advances in FY20 helped AHS meet the terms of the permanent agreement with the County and positively impacted the NNB balance at 6/30/20 (SNCP - $15.1M, HPAC - $16.2M, County Grants - $0.3M, approval of GME - $9.5M).
- The June 30, 2021 NNB Forecast increased $1.4M. Lower than planned capital spending in the 4th quarter ($11.6M) and strong patient receipts ($1.1M) were offset by delay in Capital Designation funds from County ($14.0M).
- FY21 Cash Flow Forecast is expected to be below NNB limit (blue line).
  - The forecast is based current run rate of receipts and expenditures from operations.
  - Supplemental revenue is forecasted based on the latest information available.
- PY Recoupments are reflected in the red line and far exceed the NNB Limit.



May 2021 Financial Report
Material Items Impacting NNB

- New table provides more detail on material cash items included in the forecast (County staff request).
  - Moved Capital Designation fund ($14M) balance due from County to June 2022.
- Overall, the cash flow and NNB forecast is better than expected compared to actual results driven by the following material items.
  - YTD EBIDA loss - $16.8M; including CNA and SEIU settlement, strike and COVID related leaves.
  - FY09 Waiver Payment -$7.0M
  - Patient Cash and Measure A higher than projected
  - COVID Relief funds received in FY21 is $33.6M. Revenue recognized in FY21 is $30.9M.
  - Reduced CAPEX spending ($18.2M spend to date; FY21 Capital Budget cashflow - $60.8M)

Material Items Included in NNB Forecast
(in thousands)

	Jun-21	Jul-21	Oct-21	Dec-21	Jan-22	Apr-22	Jun-22
Estimated Waiver recoupment (fy11 - fy15)	$ -	$ (13,141)	$ -	$ (58,461)	$ -	$ -	$ -
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)
AB915	13,000						
EPP (semi-annual)			21,000			21,000	
GPP (quarterly)		20,600	20,600		20,600	20,600	
Medi-Cal Managed Care Rate Range (Jul-19 to Dec-20)	9,500						
QIP (Jul-19 to Dec-20)	7,900						
Capital Designation Funds (from County)							14,000
	$ 30,400	$ 7,459	$ 41,600	$ (71,662)	$ 20,600	$ 41,600	$ (56,000)

Appendix

YTD Volume Highlight
COVID Related Funding
COVID Direct Expenses
Net Supplemental Payable, May 31, 2021

May 2021 Financial Report
Volume Highlights

	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
AHS SUMMARY							
ACUTE							
Acute Patient Days	92,290	105,685	(13,395)	(12.7)%	96,976	(4,686)	(4.8)%
Acute Discharges	16,256	18,192	(1,936)	(10.6)%	16,951	(695)	(4.1)%
Average Daily Census	*275.5*	*315.5*	*(40.0)*	*(12.7)%*	*288.6*	*(13.1)*	*(4.5)%*
Average Length of Stay	*5.7*	*5.8*	*(0.1)*	*(1.7)%*	*5.7*	-	*0.0 %*
Acute Adjusted Discharges	24,205	27,706	(3,501)	(12.6)%	25,477	(1,272)	(5.0)%
Acute Adjusted Patient Days	137,420	160,958	(23,538)	(14.6)%	145,755	(8,335)	(5.7)%
CMI	1.515	1.357	0.158	11.6 %	1.357	0.158	11.6 %
ED Visits	75,270	96,062	(20,792)	(21.6)%	87,816	(12,546)	(14.3)%
Trauma Cases	2,486	2,913	(427)	(14.7)%	2,410	76	3.2 %
Observation Equiv Days	1,083	1,424	(341)	(23.9)%	1,320	(237)	(18.0)%
PES Equivalent Days	6,518	15,626	(9,108)	(58.3)%	10,293	(3,775)	(36.7)%
Surgeries	6,202	8,323	(2,121)	(25.5)%	7,462	(1,260)	(16.9)%
IP Surgeries	3,328	3,788	(460)	(12.1)%	3,726	(398)	(10.7)%
OP Surgeries	2,874	4,535	(1,661)	(36.6)%	3,736	(862)	(23.1)%
Deliveries	1,116	1,171	(55)	(4.7)%	1,174	(58)	(4.9)%
SNF							
Patient Days	86,925	91,765	(4,840)	(5.3)%	92,959	(6,034)	(6.5)%
Discharges	361	301	60	19.9 %	284	77	27.1 %
Daily Census	*259.5*	*273.9*	*(14.4)*	*(5.3)%*	*276.7*	*(17.2)*	*(6.2)%*
Average Length of Stay	*240.8*	*304.9*	*(64)*	*(21.0)%*	*327.3*	*(86.5)*	*(26.4)%*
TOTAL CLINIC VISITS	328,211	303,860	24,351	8.0 %	276,321	51,890	18.8 %
Clinic Visits	203,491				250,859		
Telehealth	124,720				25,462		
Physician wRVU	886,018	907,351	(21,333)	(2.4)%	831,959	54,059	6.5 %
Total Adjusted Discharges	24,158	28,305	(4,147)	(14.7)%	25,494	(1,336)	(5.2)%
Total Adjusted Patient Days	260,543	302,217	(41,674)	(13.8)%	280,952	(20,409)	(7.3)%

May 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 $46.2M

May 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 $997K for JAN-JUL 2020 service months, $1.1M for remainder of calendar year 2020, and $698K for MAR-APR 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 $7.3M
Total COVID Funding	All programs	Received $53.6M

ALAMEDA HEALTH SYSTEM

May 2021 Financial Report
Covid 19 Expenditures

COVID-19 expenses from 3/01/20 to 5/31/21
(in thousands)

	FY 2020 Mar-Jun 2020	FY 2021 Jul-20 to May-21	Total	
Directly charged to COVID-19				
Labor costs	$ 810	$ 5,658	$ 6,468	
Purchased Services	234	2,008	2,242	Cleaning and conceige parking services; Work area redesign
Supplies	894	2,437	3,331	PPE and other supplies purchased through non-GPO vendors
Non-medical minor equipment	40	622	662	HEPA air scrubber units
	$ 1,978	$ 10,725	$ 12,703	
Other expenses embedded in dept				
Payroll	$ 8,007	$ 9,272	$ 17,279	COVID-19 specific pay codes
Cleaning Supplies (all campuses)	820	1,358	2,178	amount over prior run rate of $132k
Linen & Laundry	167	411	578	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	$ 11,041	$ 20,502	
Capital Expenditures	$ 223	$ 187	$ 410	Disinfection technology, Hiflow Respiratory equipment
Total expenditures	$ 11,662	$ 21,953	$ 33,615	

May 2021 Financial Report
Supplemental Programs

Net Reimbursement Supplemental Programs & Cash Flow Estimate

PROGRAMS	as of 5/31/2021				Cash Flow			Comments
	FY02-18	FY19-20	FY21	Net Balance	FY21		FY22 +	
Medicare cost report	$ 3,242	$ (1,713)	$ (8,833)	$ (7,304)	$ (109)	June	$ (7,195)	Older years pending disputed SSI ratio
Medi-Cal P14 Waiver (FY16 forward)	3,762	(13,835)	(10,597)	(20,670)	-		(20,670)	P14 audits are in various stages of completion.
Medi-Cal P14 Old Waiver (FY10-15)	(13,201)			(13,201)	-		(13,201)	DHCS has delayed the settlement until all designated public hospitals have finalized the appeal process.
Old Waiver (FY10-15, DSH/SNCP)	(71,084)	-	-	(71,084)	-		(71,084)	Pool of fund to be reconciled before Dec 2020. Recently delayed until further notice.
Current Waiver (GPP+PRIME) FY16-20	(3,000)	(21,679)	(252)	(24,931)	3,700	June	(28,631)	Global Payment Program subsidizing remaining uninsured, PRIME is metrics-based incentive payment.
AB85 Realignment	-	(8,000)		(8,000)	-		(8,000)	Realignment funding for physical health covering Medi-Cal and Indigent. It passes through HPAC contract as an amendment.
FQHC	(35,231)	(10,778)	(5,500)	(51,509)	-		(51,509)	Negotiating settlement for Highland FQ clinics is on the way.
Physician SPA (FY08-13)	(30,000)	-	-	(30,000)	-		(30,000)	High risk of $30M payback from the previous years (FY2008-2013) is expected 2022-2023 due to insufficient support.
Physician SPA (FY14 forward)	3,059	1,906	3,300	8,265	-		8,265	Reconciliation on utilization file with the State. COVID expedited cash payment.
Medi-Cal Managed Care EPP	-	19,786	35,750	55,536	-		55,536	EPP (Enhanced Payment Program). New supplemental payment program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care QIP	-	6,977	36,445	43,422	7,900	June	35,522	QIP (Quality Incentive Program). New supplemental payment program for services provided to Medi-Cal Managed Care. QIP will switch to calendar years from 2021 onward.
Medi-Cal Managed Care Rate Range	(249)	(7,524)	34,242	26,469	10,800	June	15,669	Subsidize rates for Medi-Cal Managed Care members in Alameda
Medi-Cal Managed Care GME	-	2,445	2,380	4,825	1,900	June	2,925	CMS approved in Mar 2020
Medi-Cal SNF Cost Settlement	-	6,879	8,616	15,495	-		15,495	Pending reconciliation with State
AB915	(10,000)	7,700	8,250	5,950	13,000	June	(7,050)	AB915/Medi-Cal Hospital OP cost settlement
All Other Suppl Programs	-	-	1,759	1,759	1,600	June	159	Hospital Fee, NDPH & P4P programs
Total	**$ (152,703)**	**$ (17,837)**	**$ 105,561**	**$ (64,979)**	**$ 38,791**		**$ (103,770)**	

August 9, 2021

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

From: Deborah E. Stebbins
Executive Director

SUBJECT: EXECUTIVE DIRECTOR REPORT

1. **Dates to Calendar:**

Two items for the Board of Directors to calendar:

Annual Meeting of the Association of California District Hospitals (ACHD)

September 23-24, 2021 – in person event in Squaw Creek Resort

September 22, 2021 – optional Governance Day (targeted at Board members)

This year's conference which, as of this writing is still scheduled as an in-person conference, should provide an opportunity for discussion of many topics of relevance in Alameda, including updates on the impact of the pandemic and new strategies for addressing the current state seismic requirements.

Alameda Chamber of Commerce "Alameda Economic Forecast" Conference - October 1, 2021 (virtual)

If you have an interest in learning ,pre about the agendas or would like to register, contact Leta or Debi

2. **Advocacy for Amending SB 1953 2020 Requirements**: **Hospital Disaster Modernization Plans**

The upcoming weeks are an important time period in the District's efforts to advocate for modifications of the 2030 seismic requirements.

The California Hospital Association (CHA)and the Association of California health Care Districts (ACHD) have jointly advocated for major changes in the current 2030 seismic requirements. **I am enclosing position papers from CHA and ACHD that summarize the rationale for changes in the**

regulations. These new proposals are being referred to as **"Hospital Disaster Modernization Plans**". In addition, I have shared the position paper approved at the June meeting of the District Board with the leadership of both Associations. Both AHS and the District have written letters of support advocating for the proposed changes in the law.

We have also sent copies of the District position paper to local elected officials. On Thursday, Director Tracy Jensen and I will be meeting with representatives of Senator Nancy Skinner's office to discuss the District's position on this matter and the impact implementation of the law in its current form could have on availability of health care on Alameda after 2030.

I have been in communication in the last week with Alex Hawthorne, VP of Advocacy at CHA. Specifically, the proposal to change the requirements are included in a budget trailer bill associated with the Governor's draft CA State budget for FY 2021-2022. In summary the trailer proposes two major amendments to the 2030 requirements:

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.

According to Mr. Hawthorne, the language will be considered along with other trailers between mid August, when the legislature returns until mid September, when it adjourns for the period. If we fail to succeed in getting approval for the trailer, the issue cannot be considered again until after the first of the year. At this time, it is generally felt there is adequate support our position among Senate leadership. Most of the advocacy is focused on outreach to Assembly members. The District of course is in a position where our Assembly representation is in transition but we could consider sending our position paper to the candidates for the Assembly special election.

Finally, I had a chance to share our position on this topic with the Alameda Chamber of Commerce Government and Economic Development Committee, of which I am a member, this week. We have kept the City officials apprised of this topic and now that legislative language has been drafted I will request that the City officials endorse the District position as well.

Since the advocacy efforts are reaching a critical stage, I plan to work with Dr. Chen to schedule another meeting of our Community Advisory Committee to update that group as well.

3. Alameda Hospital Strategic Planning Committee

The second meeting of the Alameda Hospital Strategic Planning Committee was held on August 2, 2021. Since minutes from the meeting are not yet available, I am presenting an overview of the topics discussed.

In addition to a brief discussion of the seismic issues, I introduced the Committee to the consulting proposal submitted by Kaufman Hall to the District in November, 2020. That proposal centered on the potential evaluation of several new programs that could be considered in order to strengthen the Hospital's service to its own community as well as the larger AHS system. The components of the proposal would include a community needs assessment for certain programs, a "gap" analysis in terms of community interest/demand for the program, and a financial analysis on the potential impact such program(s) would have directly at Alameda Hospital and for the broader AHS system. As you recall, the District Board tabled any action to proceed with the study due to the transition in leadership underway at AHS at the time. The purpose of reviewing the proposal again at the Committee was simply to illustrate the type of approach the Strategic Planning Committee might take to explore new or restored programs at Alameda Hospital.

Mark Fratzke communicated to the Committee that James Jackson and he are currently interviewing consulting firms to direct a broader strategic planning process for AHS as a whole. Since the District has a history with Kaufman Hall in previous studies of need and demand at Alameda, they have added Kaufman Hall to the list of firms they are considering. Mark and I will continue to discuss how the AHS strategic planning efforts will coordinate with the work of the Alameda Hospital Strategic Planning Committee and any focused evaluation of program opportunities

The Strategic Planning Committee had a very good discussion of programs that have the greatest potential for optimizing the contribution of Alameda Hospital to the community as well as the overall AHS system. These include restoration of a primary care clinic on the island, gero-psych or medi-psych inpatient services, geriatric certification of the Alameda emergency department and other services directed to the aging population in the community (e.g. cancer care, orthopedics). Mark Fratzke also mentioned that AHS is evaluating increased use of the excess surgical capacity at Alameda Hospital for scheduling elective, outpatient surgeries that currently cannot be accommodated at Highland Hospital. There is a new Medical Director at John George Hospital who has significant experience with Gero-Psych services and will be brought into these discussions.

As the Committee continues to evaluate which programs to study in more depth, as staff to the Committee I will make sure we bring in expertise in some of these areas (example: attributes and advantages of pursuing

geriatric certification in the Emergency Department) to educate the Committee and the District Board.

4. Update on District Insurance Coverage:

For many years now, the District has secured insurance coverage through Alliant Insurance Services, Inc. Alliant insures about 90% of public entities in California, including almost all District hospitals, and has a large public portfolio across the country. I am attaching a copy of our **current coverage and premiums by type of coverage**, most of which have now been secured for the coming year. Due to the length of our August agenda, I am proposing that we have a complete review of our insurance coverage at the October Board meeting. Matt McManus, Vice President at Alliant, has handled our account since 2009, and has agreed to present an overview of our coverage and trends in October.

The District coverage is much more straightforward today that it was when the District operated the hospital and other patient care functions. We basically have coverage for the property associated with all Hospital buildings, the South Shore and Park Ridge Skilled Nursing Facilities and other off-site programs like Wound Care, etc. We also have Special Liability coverage (known as SLIP) for issues like accurate parcel tax collection, Directors and Officers Liability, etc. There is separate Commercial General Liability coverage for our two rental properties (one commercial, one residential apartment) bequested to the District through the Jaber trust.

As most of you are aware, innumerable environmental and social factors, such as wildfires, storms, floods and unseasonal freezes as well as civil unrest have led to unprecedented property losses over the last couple of years. Hence, there has been a major impact on the availability and cost of property insurance in the last year. Our property coverage, which is by far our largest insurance expense, was not able to be quoted and bound until the last minute in July due to problems in securing pricing from carriers. Instead of increasing by the 25% increase we projected at the time we finalized our budget in April, the final premium came in at a 42% increase ($73,400) over the prior year's premium of $50,800. Compared to many institutions these are very small numbers but the percentage increase are still large.

It will be useful for the Board to receive an overview of our current coverage structure and trends at the next meeting.

CHA | California Hospital Association

FAQs

July 3, 2021

Drawing Upon the Lessons of COVID-19, California Must Modernize its Disaster Preparedness Standards for Hospitals

Proposal will refocus 2030 hospital seismic requirements on emergency services and provide additional time for hospitals to comply as they begin the long recovery from the impact of the pandemic.

1. We've just seen what happened to the condo in Surfside, FL? Won't pushing off the 2030 seismic standard risk hospital worker and patient safety?

Absolutely not. Unlike residential buildings such as the condo in Surfside, *California hospital buildings are already among the safest in the world.* More than 96% of all hospital buildings have met the state's rigorous seismic life safety construction standards for 2020, and the remaining handful of buildings are expected to come into compliance by 2025. The 2030 standard is entirely different than the world-class 2020 *stay standing* requirement.

This means that California hospital buildings are *already* able to withstand an earthquake and patients and workers are *already* protected.

2. Hospitals have known about this requirement for decades. Is this really about needing more time or are hospitals simply trying to get out of doing this work?

Hospitals in no way are trying to "get out of doing this work." Rather, on the heels of the pandemic, where we learned that health care workers are the resource in greatest demand, they are trying to meet the needs of their communities following a disaster while accounting for the massive changes that have occurred in the way care is delivered in the past three decades.

This law was conceived in the 1990s based on that era's data and science. The 2030 standard's assumption that all patient care services will be needed after an earthquake is outdated – today, health care is delivered effectively at sites throughout California's communities, including outpatient clinics, physicians' offices, and increasingly through telehealth and home-based care. It's no longer about a single, massive, centralized building. *Instead of using 1990s strategies based on old data and science, the law must be modernized to reflect how health care is delivered in the 21st century.* This requires a continued focus on health care providers being prepared for disasters of all kinds and ensuring access to what communities need most: emergency services.

Hospitals have already spent years and billions of dollars upgrading their buildings to survive an earthquake. Now that hospital buildings are safe, the focus must be on maintaining access to emergency services.

If this were easy, it would already be done. Instead, nearly two-thirds (64%) of hospitals (274 out of 426) have not yet been able to meet the 2030 deadline. These represent 649 buildings statewide that must be upgraded or else will no longer be available for patient care.

Hospitals want to be able to comply, but if the standard is not achievable, hospitals' ability to keep their doors open is in jeopardy.

3. **Aren't hospitals' already recovered from the impact of the pandemic? Why can't you do this construction by 2030, more than eight years away?**

Hospitals are continuing to suffer losses from the pandemic, and it will take years to get back to "normal." Even excluding the impact of the pandemic, this mandate – estimated by RAND to potentially cost upward of $100 billion statewide and double that when adding financing costs – would have been practically unattainable. Given the time it will take to recover, it is now fantastical, especially at a time when everyone is working to keep health care costs down.

With hospital margins and revenue forecasts battered by the pandemic, it will be difficult if not impossible to secure financing for projects of this magnitude. Even with federal financial relief, hospitals in the Golden State still endured a net loss of more than $8 billion last year. And the financial losses continue to mount, with California hospitals projected to lose up to an additional $2.2 billion in 2021 and no additional federal relief in sight.

Unless current law is changed, hospitals unable to secure the funding to complete that construction in the next several years will be forced to close their doors. It's important to remember that for projects of this size, planning and design, regulatory approvals, financing approval, and more all begin years before a single shovel touches the earth, and that the entire project timeline is a decade long.

No community should lose its local hospital because of an outdated state law.

4. **What's wrong with just giving hospitals more time to meet the 2030 seismic standard?**

Both are important, but hospitals need more than just time to make sure they can recover from the pandemic, meet the needs of their communities post-disaster, and most importantly – avoid closure due to a sheer inability to afford the current mandate. The RAND Corporation estimates that unless state law is changed, we are potentially looking at a $100+ billion price tag, without even factoring the added costs of financing.

Hospitals will never, ever waver from their responsibility to their workers, their patients, and their communities, but the truth is that this magnitude of the expense for this mandate – and the risk that carries for hospital closure – is not balanced by any notable benefits. That's why the proposal still calls for tens of billions in upgrades while recognizing that hospitals train constantly for disasters, including internal and external patient transfers, all with an intense focus on strategies to keep patients safe. This proposal takes into account the existing planning and capabilities of *every hospital in California* to manage disaster response, and focuses resources on the needs of this community once a disaster strikes, *in the emergency room, and on the services needed to support emergency care.*

5. **Hospitals are claiming they can't afford this. Can't the state just grant exceptions and provide funding for those that can prove hardship?**

Opponents to these changes have incorrectly stated that there are hardship exemptions and funds to complete these requirements. That is simply not true. The 2030 seismic standard is state law, and there are no exemptions

and there is no state funding. Unless the Legislature acts to provide relief, there absolutely will be hospitals unable to comply and patients who lose access to care – both during an emergency and at *all other times* – as a result.

6. **Hospitals are an essential service that people rely on during and after a crisis. How can you justify fewer services being available in a community experiencing an earthquake?**

The focus during a disaster should be on providing emergency services. Routine care can and should be provided outside of the disaster zone.

It is clear that not all services are going to be needed immediately following an earthquake. For example, all of the following and more will be suspended during and after a crisis: knee replacements, plastic surgeries, and colonoscopies. The operational standard at issue with the 2030 deadline should be modernized to apply only to those buildings in which *post-event emergency medical services* are located.

These services include the emergency department, and the resources and services necessary to support it, including food, water, pharmaceutical supplies, clinical laboratory service, radiology service, operating rooms, pre- and post-surgery spaces, and more.

Given that a disaster can result in a surge of patients, every hospital will be required to have capacity above historic levels in buildings that will be able to continue operating.

By definition, this proposal requires that the most critical aspect of health care — *emergency care* — is available to those who need it during and after the next disaster. By creating a network of hospitals with post-event emergency medical services throughout the state, California will be well-positioned to respond to a seismic event, or any other disaster that comes our way.

7. **Why are maternity and pharmacy services not on the list of services to be in buildings that would be fully operational? What will happen to people who need those services?**

Patients requiring routine maternity care and pharmacy services can safely receive care outside of the disaster zone at nearby hospitals. However, if these patients require immediate care, the emergency department will be available to care for them.

Pharmaceutical supplies in hospitals' emergency caches, which are required by the Centers for Medicare & Medicaid Services in case of a disaster, will be housed in fully operational buildings, and will be readily accessible. Those caches will be replenished following the immediate disaster response.

8. **Don't workers need to be assured their jobs will remain after an earthquake?**

As we've learned from the pandemic, the greatest resource during an emergency is our state's health care workers.

Those who can safely travel to work after an earthquake, which will undoubtedly damage infrastructure such as freeways, gas and power lines, and communications networks, will be needed to provide emergency care, not non-emergent hospital services. Depending on the situation, those workers may need to temporarily provide that care in a different building on the hospital campus, a different location of a health system, and even in a different city or county outside of the disaster zone.

Health care workers who cannot or need not be on site, should not be put at risk, and be able to shelter in place at home with their families.

Like with other infrastructure in a community, any buildings that need repair can be repaired. Hospitals have demonstrated the ability during the pandemic to build temporary structures where care can be delivered if needed on a temporary basis while any repairs to permanent buildings are made.

Hospitals will always stand with their communities and build back if needed. But they cannot do that if this costly state mandate first closes their doors.

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CHA | California Hospital Association

Key Messages

Hospitals Urge Lawmakers to Support Disaster Modernization Plan

1. **California hospitals are already some of the safest buildings in the state.**
   - Today, more than 96% of all patient care buildings have met the state's rigorous construction standards, meaning they will remain standing during a major earthquake.
   - The remaining handful of buildings will meet this standard by no later than 2025.
   - As a result of the decades of work and billions of dollars already spent to safeguard all hospital buildings in California, ***patients and workers will be protected when the next earthquake strikes.***
2. **State legislators must pass the Hospital Disaster Modernization Plan.**
   - This plan will modernize existing state law by prioritizing critical health care resources most needed after an earthquake or any other type of disaster.
   - The plan will continue to ensure all hospital buildings are structurally safe and able to withstand a major earthquake.
   - It will require all hospital buildings that house emergency services to continue to operate after an earthquake — including ensuring the availability of the services and supplies associated with emergency care, pre- and post-surgery, diagnostic imaging, clinical lab, pharmaceuticals, food, water, and more.
   - Hospitals also will be required to invest in strengthening facilities that provide non-emergency services.
   - The plan will provide hospitals with the additional time needed to meet these requirements.
3. **An outdated state law from the 1990s requires every hospital building in which patient care services are provided to be *fully operational* after an earthquake by Jan. 1, 2030.**
   - This law applies to every patient care building — including those that house the full hospital kitchen, the entire pharmacy, exam and procedure rooms that will be empty post-seismic event, inpatient rehabilitation services, and more. Hospital buildings that can't meet this deadline will be forced to close.
   - According to RAND, the ***fully operational requirement could cost hospitals well more than $100 billion***, without financing. When financing costs are included, the price tag could soar to more than $200 billion.

- This comes at a time when hospitals are still reeling from the financial devastation caused by the COVID-19 pandemic. ***California hospitals lost more than $8 billion in 2020 and are expected to lose up to an additional $2 billion this year*** due to the pandemic.
- Instead of using 1990s strategies based on old data and science, California lawmakers must modernize this law to reflect how health care is delivered in the 21st century.

Outline of Disaster Preparedness Modernization Proposal

1) Refocus the Requirement on Post-Event Emergency Medical Services

- The current 2030 standard requires that a building be reasonably capable of *providing services* following an earthquake. That means it must meet a classification of Structural Performance Category-3 or higher (e.g., SPC-3, SPC-4, SPC-4D, or SPC-5) for *every* acute care area of the hospital or the building can no longer be used to care for patients.
- Refocus this *operational* standard to those buildings in which *post-event emergency medical services* are located.
- *Post-event emergency medical services* would be:
    - The emergency department
    - Storage areas for food, water, medical testing and monitoring equipment, and pharmaceutical supplies
    - Some equipment and supplies for clinical laboratory service
    - Some equipment and supplies for radiological service
    - Some operating rooms for surgical service
    - Some patient holding areas and post-anesthesia care stations for anesthesia service
    - For patients following emergent surgeries, intensive care service
- The Office of Statewide Health Planning and Development (OSHPD), which regulates hospital buildings, in consultation with the California Department of Public Health (CDPH), which licenses hospital services, will create proportionate standards for how many of the above services hospitals will provide. These standards will plan for 150% of the average amount of emergency department admissions from 2017, 2018, and 2019.
    - *For example, if a hospital typically needed four of its operating rooms to support the emergency department, it would need six located in operational buildings.*
- Next year (2022), hospitals with emergency departments would report to OSHPD and CDPH the building in which all potential post-event emergency medical services are located, so that both departments would have that line of sight.
- Next year and the year after (2022 and 2023), OSHPD and CDPH would develop regulations.

2) Strengthen Patient Care Areas

- Currently, over 96% of all hospital buildings have met the SPC-2 standard or higher; all will be in compliance by January 1, 2025. This proposal would further strengthen each and every one of those buildings. Those that house post-event emergency medical services would meet the standards described above.
- The remaining acute care patient areas would include operating rooms that will not be used for scheduled admissions, which will be canceled immediately after an earthquake and medical/surgical units that will be empty once the hospital transfers patients to hospitals outside of the disaster zone.
- These remaining patient care area buildings would all need to come to the level of SPC-2 through engineering evaluation, unless they are among the lowest collapse probability and the lowest seismic areas in the state, or of a single-story wood-framed construction.
- And they would all need to anchor and brace equipment and utility lines to the level of Non-Structural Performance Category-3 or higher to provide an even greater level of safety.

3) Provide Additional Time to Comply

- Hospitals need a decade to plan, gain approval, and construct capital improvement projects like that required by the current 2030 standard. Prior to the COVID-19 pandemic, this timeline was challenging at best. Given hospitals' worsened financial position, additional time to comply is more needed than ever.
- An additional seven years — until 2037 — for all hospitals to strengthen their buildings to these new standards is needed.

2021 – 2022

Insurance Policies with Alliant Insurance Services, Inc.

Presented by:

Matt McManus
First Vice President

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)	$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)	$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

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

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/ SELF-INSURED RETENTION	20-21 PREMIUM	21-22 PREMIUM
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

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/ SELF-INSURED RETENTION	20-21 PREMIUM	21-22 PREMIUM
Special Liability Insurance	9/29/20-9/29/21	Great American E&S Insurance Company	214510003	$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 $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	Not Expiring

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/ SELF-INSURED RETENTION	20-21 PREMIUM	21-22 PREMIUM
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.

City of Alameda Health Care District	**Minutes of the City of Alameda Health Care District Board of Directors- Held via ZOOM** Open Session Monday, June 14, 2021 Regular Meeting		
Board Members Present:	Legal Counsel Present	Also Present	Absent
Tracy Jensen, Robert Deutsch MD, Mike Williams Stewart Chen DC, Gayle Codiga	Tom Driscoll	Debi Stebbins	Leta Hillman

Submitted by: Leta Hillman, Executive Assistant

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 5:40pm by President Michael Williams	
II. Roll Call	Roll had been called prior to the start of the closed session. A quorum of Directors was present.	
III. General Public Comments	No public comments	
V. Regular Agenda		
A. YTD AHS Reporting		
1)	Alameda Hospitals: Between October 2019-May 2021, the main source of transfers was Highland Hospital, followed by San Leandro Hospital. From Highland Hospital. The largest referral is the Highland Emergency Department. These transfers reduced boarding time by 6% monthly at Highland Hospital. Status of Seismic Project: 100% Completed: Underground plumbing and grease trap, wall framing, overhead ducts, duct install in shaft; 98% Completed: In wall and overhead electric; 95% Completed: In wall and overhead plumbing, sheet rock. Construction complete date under AB 2190 is 10/31/2021 and all work remains on schedule and budget.	Mark Fratzke, Interim COO
2)	Data for Patient Experience in March: All scores, with the exception of "Rate Alameda Hospital" exceeded the 2021 goals. The ongoing actions contribute to the improvement of all scores. Tasks include: building organizational knowledge, leaders integrating patient experiences into daily work tasks, posting and discussion of patient comments, data sharing at physician and department meetings, SMILE boards (safety, metrics, issues, logistics and encouragement). Care Transition Managers are focused on IRounds, measured at 10 rounds per week. ED Patient Experience Council: Members include Nurse and Physician leaders, 4 active community members, patient relations. The group meets every other month and the goal is to engage the community. Tracy Jensen	Ronica Shelton, VP Patient Care Services

			inquired about adding a representative from First Responders and Ronica Shelton agreed this would be a positive addition. Joint Commission: On June 3-4, three surveyors engaged the staff and were very impressed with the ongoing COVID screening process. Surveyors met with all departments. There are a few areas that need improvement for consistency. Mike Williams reported several incidents where ambulance crews were not provided access to enter Alameda Hospital with patients and were forced to wait or remain in the parking lot with patients waiting. Ronica Shelton is aware of the issue and she is formulating a new Emergency Department | Triage policy as this affects patient safety. Dr. Deutsch advised that this issue needs to be brought to the Quality Committee. Tracy Jensen recommended that this issue be discussed at the August District Board Meeting.	
		3)	The YTD Financial data is from April: Gross revenue remains below budget; 7.4% for April and 9.1% YTD. Patient volumes are increasing. Operating expenses are below budget by $1.4 million mainly due to labor costs, registry to cover COVID-19 leaves, strike fees and settlement of the CNA labor contracts- were negative factors affecting labor costs. YTD net income is a loss of $29.8 million, unfavorable to budget by $32.9 million. Balance Sheet: AR days have decreased by 3.2 days from the previous month. Net position continues to decline, showing a YTD loss of $29.8 million The line of credit with Alameda County is 54.3, below the target of 120. It is projected that AHS will meet all terms of the agreement this current fiscal year. The Revenue Cycle and IT teams have been working to improve AR collections consistently. Line of Credit (NNB): The June 30, 2021 NNB Forecast improved by $30 million due to verbal agreement with the state to defer FY12 Old Waiver Recoupment in the amount of $34.7 million. FY21 Cash Flow Forecast is expected to be below NNB limit. Fund advances in FY20 helped Alameda Health System meet the terms of the permanent agreement with the county. FY 2022 Budget- Goals and Guiding Principles; The budget was approved in June 2021. Develop a strategic plan to impact future year budgeting Develop modelling to account for short term external factors, such as: COVID contingency, new programs and policy changes Generate sufficient revenue to attain a breakeven operating margin. Engage with Alameda county to explore options to become more structurally sustainable Show continuous operational improvement by using technology tools such as EPIC, focusing on expense management. The focus in FY21 is stabilization and in FY22 it is improvement Factors that Influence Projected Risk in FY22 Budget: patient volume does not return to pre-COVID levels, managing length of stay, overtime reductions and flex scheduling, impact on supplemental funding, telehealth revenue is at risk. Confidence Level to Achieve Performance Improvement: The AHS Budget Oversight Committee came up with a confidence level of 80%, the EBIDA risk would be $5.2 million; If a stretch performance initiative of 26% of the "other" was reached,(this figure is not built into the budget), the $5.2 million would be offset.	Kimberly Miranda, AHS CFO

B.	Alameda Hospital Medical Staff Update		
	1)	Dr. Pyun is working on getting additional sub-specialists. Remote Neurology coverage is working out well. It is challenging when treating some transfer patients from Highland Hospital without insurance, especially cancer patients. Doctors at Alameda Hospital are unable to schedule appointments for treatment and are referred back to Urgent Care at Highland Hospital- two groups are currently working on finding a solution. Mark Fratzke responded to Dr. Deutsch's questioning of this issue, as he was unaware of the issue, he and Dr. Pyun to discuss further. There is no Oncology Coordinator at Highland Hospital. In mid-July, Dr.Deutsch's and Dr. Lowery's Critical Care contract will end. Future Critical Care will be managed by a group of (7) critical care physicians, including Dr. Deutsch who will be assigned once a month. Mock Survey Results: Dr. Pyun was very complimentary of the survey, it's planning and results and brought to light areas of improvement.	Dr. Catherine Pyun, Chief of Medical Staff
C.	District & Operational Updates		
	1)	District Liaison Reports	
		a.President's Report: No items to report Mike Williams asked about the status of "remote meetings". As of mid-June, the Governor extended remote meeting requirements for at least one month. Board members are mixed on whether the remote or in-person model is more efficient though the consensus is that eventually in-person meetings will return.	Michael Williams No action taken
		b. Alameda Health System Liaison Report The AHS board is now complete with the addition of Trustee Mark Friedman, the CEO of Eden Health District. The Board of Supervisors is moving forward with evaluating governance models for the restructure of AHS. The AHS Board of Directors now understands how the Alameda Healthcare District operates and coordinates with AHS, given the report provided at the April AHS Board Retreat.	Tracy Jensen No action taken.
		c. Alameda Hospital Liaison Report Dr. Deutsch spoke about the lack of physician specialists, including access to user friendly systems. Alameda Hospital is currently unable to perform echocardiograms and must transfer patients to Highland Hospital for such studies.	Robert Deutsch, MD No action taken
		d. Community Advisory Board Committee Update, Minutes from May 20th Meeting Dr. Chen gave an overview of the 1st meeting of this committee. The members are a good representation of the Alameda community. The group spoke to the various healthcare challenges that Alameda Hospital currently experiences. The meeting's minutes have been included in the packet. Debi Stebbins added that the drafted Position Paper and Seismic requirements will be a focus of the next meeting.	Debi Stebbins Stewart Chen
		e. Executive Director Report and Board Updates Addition to the presentation: The annual meeting of the CA. Health Care Districts is scheduled from September 22-24, 2021 in Squaw Creek, registration information will be emailed to the District board. There was a meeting between AHS, the District and Alameda Fire Department to discuss the Community Paramedicine Program met. This program can contribute to reducing hospital "length of stays" across the AHS system and better use of resources. The goal of future meetings will be to improve use of this resource	Debi Stebbins

			to reduce length of stay and readmissions. Alameda Hospital Strategic Planning Committee: The first meeting is scheduled for June 21,2021 and Gayle Codiga has agreed to Chair this group. Dr. Stephen Lowery is recommended as a committee member (he subsequently agreed to serve). Debi Stebbins presented a Seismic Position Paper. The paper's purpose is to educate elected officials, advocacy groups, community members and stakeholders and state regulators. The way SB1953 is currently structured is not sustainable. The 2008 deadline was extended to 2020, this first wave outlined what was needed to complete structural reform to prevent a complete collapse of hospitals (based on damage from the Northridge earthquake). The second wave of regulations has a deadline of 2030, allowing for continued healthcare services in case of a significant seismic event. It is estimated to cost $40-$140 billion across all hospitals in California. These costs may prevent or delay the adoption of new technologies, methods on how healthcare is delivered, and other improvements. The 2030 legislation would require a 2nd relocation of the kitchen at Alameda Hospital, plus all of the diagnostic and some of the therapeutic departments that support in-patient care into the South Wing of Alameda Hospital. Based on advice from Ratcliff Architects, this construction is both expensive and disruptive to the hospital's operation and would require a potentially untenable shutdown of hospital services.	
D.		Consent Agenda		
		1)	Acceptance of Minutes of April 12, 2021 District Board Meeting	A motion was made, seconded and carried to approve the minutes of the board meeting.
		2)	Acceptance of Financial Statements for March 2021	A motion was made, seconded and carried to accept the financial statement for March. April's documents were not available.
		3)	Adoption of Resolution 2021-1: Levying the Parcel Tax for FY 2021-2022	A motion was made, seconded and carried to approve. The document to be sent to Mike Williams and Tracy Jensen for signature
		4)	Approval of Mutual Certification and Indemnification Agreement with Alameda County	A motion was made, seconded and carried to approve. The document to be sent to Tom Driscoll for signature
		5)	Approval of Resolution 2021-2: Extension of Spending Authority	A motion was made, seconded and carried to

				approve. The document to be sent to Mike Williams and Tracy Jensen for signature
E.	Action Items			
		1)	Resolution 2021-3: Affirmation of Support for Asian Americans and Pacific Islander Communities (AAPI) Upon approval, the signed resolution will be posted on the District's website. Dr. Chen spoke to the physical violence against elderly Asian citizens. The API Democratic Caucus advocated to governmental agencies and non-profit groups asking their members to speak against this hate. Dr. Chen appreciates the District board's acceptance of this resolution.	Debi Stebbins and Stewart Chen A motion was made, seconded and carried to accept 5-0. The signed resolution has been posted on the District's website
		2)	Distribution of December 2020 and April 2021 Tax Installment to AHS. This is 1 of 2 large distributions for the year. The December 2020 parcel tax remittance of $2,937,366. was received on December 15, 2020. The April 2021 parcel tax installment of $2,638,636 was received on April 15, 2021. The two installments total $ 5,576,002. The recommendation is for the District to distribute the entire December 2020 installment of $2,937,366 plus a portion of the April 2021 installment for a total distribution of $4,398,000 in June 2021.	Debi Stebbins: A motion was made, seconded and carried to accept 5-0
		3)	Approval of Recommendation on Distribution of Jaber Funds to Support AHS Capital Equipment Expenditures. It is recommended that $117,850 be given back to AHS for the purchase of several EGK machines, a bladder scanner, and a blanket warmer granted.	Debi Stebbins: A motion was made, seconded and carried to accept 5-0
		4)	Recommendation to Approve Amended 2021-2022 District Priorities In April, the District Board reviewed the priorities that support the budget. The District wanted to also make sure there was a discussion with AHS that Alameda Hospital maintain services that support the community. The Alameda Hospital Strategic Planning Committee will be tasked to ensure that both inpatient and outpatient serviced are developed by Alameda Hospital.	Debi Stebbins: A motion was made, seconded and carried to accept the amended priorities 5-0
		5)	FY 2021-2022 Audit Engagement Letter This is a recommendation to retain the firm, JWT & Associates to conduct the audit for 2020-2021 The fee is $10,750 for the upcoming year.	Debi Stebbins: A motion was made, seconded and carried to accept and extend contract
F.	August 9, 2021 Agenda Preview			
		1)	Acceptance of June 14, 2021 Minutes	
		2)	Acceptance of April, May and June 2021 Financial Statements	
		3)	Report from The Alameda Hospital Strategic Planning Committee	
		4)	Overview of FY 2021-2022 Insurance Renewals	
		Information Items:		

		1)	YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)		
VI.	**General Public Comments**			None	
VII.	**Board Comments**			None	
VIII.	**Adjournment**			There being no further business, the meeting was adjourned at 7:15pm	

Approved: _____

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

April 1-30, 2021

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2020	As of 4/30/2021
Assets		
Current assets:		
Cash and cash equivalents	$ 1,212,789	$ 5,413,873
Grant and other receivables	298,418	(0)
Prepaid expenses and deposits	6,627	38,287
Total current assets	1,517,834	5,452,160
Assets limited as to use	646,751	768,726
Capital Assets, net of accumulated depreciation	2,623,684	2,474,472
	4,788,269	8,695,358
Other Assets	5,229	3,362
Total assets	$ 4,793,498	$ 8,698,719
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 34,421	$ 34,421
Accounts payable and accrued expenses	10,090	6,500
Total current liabilities	44,510	40,921
Debt borrowings net of current maturities	877,568	850,770
Total liabilities	922,078	891,691
Net position:		
Total net position (deficit)	3,871,419	7,807,029
Total liabilities and net position	$ 4,793,498	$ 8,698,719

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 4/30/2021	Budget YTD 6/30/2021	Variance	
Revenues and other support					
District Tax Revenues	$ 5,887,501	$ 5,587,564	$ 4,922,756	664,808	14%
Rents	196,841	158,741	172,850	(14,109)	-8%
Other revenues	15,136	-	417	(417)	
Total revenues	6,099,478	5,746,304	5,096,023	650,282	
Expenses					
Professional fees - executive director	130,166	101,154	110,183	9,029	8%
Professional fees	124,198	87,402	483,157	395,754	82%
Supplies	5,399	3,115	7,583	4,468	59%
Purchased services	6,350	2,850	12,063	9,213	76%
Repairs and maintenance	23,008	11,029	19,378	8,349	43%
Rents	31,880	21,760	23,720	1,960	8%
Utilities	10,811	8,927	11,710	2,783	24%
Insurance	59,728	63,048	48,750	(14,298)	-29%
Depreciation and amortization	190,351	158,626	305,853	147,228	
Interest	52,015	41,763	43,333	1,571	4%
Travel, meeting and conferences	9,368	76	12,500	12,425	99%
Other expenses	59,214	60,072	241,355	181,283	75%
Total expenses	702,488	559,822	1,319,586	759,764	
Operating gains	5,396,991	5,186,483	3,776,437	1,410,046	37%
Transfers	(7,304,490)	(1,250,874)	(3,318,669)		
Increase(Decrease) in net position	(1,907,499)	3,935,609	457,768		
Net position at *beginning of the year*	5,778,919	3,871,419	3,871,419		
Net position at the *end of the period*	$ 3,871,419	$ 7,807,028	$ 4,329,187		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 4/30/2021
Increase(Decrease) in net position	$ (1,907,499)	$ 3,935,609
Add Non Cash items		
Depreciation	190,351	158,626
Changes in operating assets and liabilities		
Grant and other receivables	223	298,418
Prepaid expenses and deposits	8,649	(31,660)
Accounts payable and accrued expenses	(27,948)	(3,590)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(1,736,224)	4,357,403
Cash flows from investing activities		
Changes in assets limited to use	78,558	(121,975)
Net Cash used in investing activities	78,558	(129,521)
Cash flows from financing activities		
Principal payments on debt borrowings	(30,257)	(26,798)
Net cash used by financing activities	(30,257)	(26,798)
Net change in cash and cash equivalents	(1,687,923)	4,201,084
Cash at the beginning of the year	2,900,713	1,212,789
Cash at the end of the period	$ 1,212,789	$ 5,413,873

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2020	Jaber 6/30/2020	As of 6/30/2020	District 4/30/2021	Jaber 4/30/2021	As of 4/30/2021
Assets						
Current assets:						
Cash and cash equivalents	$ 1,212,789	$ -	$ 1,212,789	$ 5,413,873	$ -	$ 5,413,873
Grant and other receivables	298,418	0	298,418	(0)	0	(0)
Prepaid expenses and deposits	6,628	(0)	6,627	38,287	(0)	38,287
Total current assets	1,517,834	(0)	1,517,834	5,452,160	(0)	5,452,160
Due To Due From	14,926	(14,926)	0	14,925	(14,925)	0
Assets limited as to use	0	646,751	646,751	0	768,726	768,726
Capital Assets, net of accumulated depreciation	1,695,784	927,900	2,623,684	1,577,738	896,733	2,474,471
	3,228,544	1,559,726	4,788,269	7,044,823	1,650,534	8,695,357
Other Assets	5,229	0	5,229	3,362	0	3,362
Total assets	3,233,772	1,559,726	4,793,498	7,048,185	1,650,534	8,698,719
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	34,421	0	34,421	34,421	0	34,421
Accounts payable and accrued expenses	10,090	0	10,090	6,500	0	6,500
Total current liabilities	44,511	0	44,511	40,921	0	40,921
Debt borrowings net of current maturities	877,568	0	877,568	850,770	0	850,770
Total liabilities	922,079	0	922,079	891,690	0	891,690
Net position:						
Total net position (deficit)	2,311,693	1,559,726	3,871,419	6,156,494	1,650,534	7,807,029
Total liabilities and net position	$3,233,772	$1,559,726	$4,793,498	$7,048,185	$1,650,534	$8,698,719

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 4/30/2021	Jaber 4/30/2021	Actual YTD 4/30/2021
Revenues and other support						
District Tax Revenues	5,887,501	0	5,887,501	5,587,564	0	5,587,564
Rents	0	196,841	196,841	0	158,741	158,741
Other revenues	15,136	0	15,136	0	0	0
Total revenues	5,902,637	196,841	6,099,478.27	5,587,564	158,741	5,746,304
Expenses						
Professional fees - executive director	130,166	0	130,166	101,154	0	101,154
Professional fees	115,022	9,176	124,198	79,534	7,869	87,402
Supplies	5,399	0	5,399	3,115	0	3,115
Purchased services	6,350	0	6,350	2,850	0	2,850
Repairs and maintenance	379	22,629	23,008	0	11,029	11,029
Rents	31,880	0	31,880	21,760	0	21,760
Utilities	918	9,892	10,811	209	8,718	8,927
Insurance	55,804	3,924	59,728	63,048	0	63,048
Depreciation and amortization	152,951	37,400	190,351	127,459	31,167	158,626
Interest	52,015	0	52,015	41,763	0	41,763
Travel, meeting and conferences	9,368	0	9,368	76	0	76
Other expenses	55,288	3,926	59,215	50,922	9,150	60,072
Total expenses	615,541	86,947	702,488	491,889	67,932	559,821
Operating gains	5,287,096	109,894	5,396,990	5,095,675	90,808	5,186,483
Transfers	(7,074,714)	(229,776)	(7,304,490)	(1,250,874)	0	(1,250,874)
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	3,844,801	90,808	3,935,609
Net position at *beginning of the year*	4,099,311	1,679,608	5,778,919	2,311,693	1,559,726	3,871,419
Net position at the *end of the period*	2,311,693	1,559,726	3,871,419	6,156,494	1,650,534	7,807,029

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 4/30/2021	Jaber 4/30/2021	Actual YTD 4/30/2021
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	3,844,801	90,808	3,935,609
Add Non Cash items						
Depreciation	152,951	37,400	190,351	127,459	31,167	158,626
Changes in operating assets and liabilities						
Grant and other receivables	223	0	223	298,419	0	298,419
Prepaid expenses and deposits	4,724	3,924	8,648	(31,660)	0	(31,660)
Due To Due From	0	(0)	(0)	0	0	0
Accounts payable and accrued expenses	(27,947)	0	(27,947)	(3,590)	0	(3,590)
Net Cash provided(used) by operating activities	(1,657,666)	(78,559)	(1,736,225)	4,235,429	121,975	4,357,404
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	(7,546)	(0)	(7,546)
Changes in assets limited to use	0	78,558	78,558	0	(121,975)	(121,975)
Net Cash used in investing activities	0	78,558	78,559	(7,546)	(121,975)	(129,521)
Cash flows from financing activities						
Principal payments on debt borrowings	(30,257)	0	(30,257)	(26,798)	0	(26,798)
Net cash used by financing activities	(30,257)	0	(30,257)	(26,798)	0	(26,798)
Net change in cash and cash equivalents	(1,687,923)	(0)	(1,687,923)	4,201,084	0	4,201,084
Cash at the beginning of the year	2,900,713	(0)	2,900,713	1,212,789	(0)	1,212,789
Cash at the end of the period	1,212,789	(0)	1,212,789	5,413,873	(0)	5,413,873

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

May 1-31, 2021

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2020	As of 5/31/2021
Assets		
Current assets:		
Cash and cash equivalents	$ 1,212,789	$ 5,400,105
Grant and other receivables	298,418	0
Prepaid expenses and deposits	6,627	31,018
Total current assets	1,517,834	5,431,123
Assets limited as to use	646,751	782,622
Capital Assets, net of accumulated depreciation	2,623,684	2,458,796
	4,788,269	8,672,541
Other Assets	5,229	3,175
Total assets	$ 4,793,498	$ 8,675,716
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 34,421	$ 34,421
Accounts payable and accrued expenses	10,090	6,500
Total current liabilities	44,510	40,921
Debt borrowings net of current maturities	877,568	848,102
Total liabilities	922,078	889,022
Net position:		
Total net position (deficit)	3,871,419	7,786,694
Total liabilities and net position	$ 4,793,498	$ 8,675,716

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 5/31/2021	Budget YTD 6/30/2021	Variance	
Revenues and other support					
District Tax Revenues	$ 5,887,501	$ 5,594,363	$ 5,415,031	179,332	3%
Rents	196,841	174,246	190,135	(15,889)	-8%
Other revenues	15,136	-	458	(458)	
Total revenues	6,099,478	5,768,609	5,605,625	162,984	
Expenses					
Professional fees - executive director	130,166	101,154	121,202	20,047	17%
Professional fees	124,198	92,753	531,472	438,719	83%
Supplies	5,399	4,209	8,342	4,133	50%
Purchased services	6,350	2,850	13,269	10,419	79%
Repairs and maintenance	23,008	15,244	21,316	6,072	28%
Rents	31,880	23,511	26,092	2,581	10%
Utilities	10,811	9,255	12,881	3,626	28%
Insurance	59,728	70,317	53,625	(16,692)	-31%
Depreciation and amortization	190,351	174,488	336,439	161,950	
Interest	52,015	45,950	47,667	1,717	4%
Travel, meeting and conferences	9,368	324	13,750	13,426	98%
Other expenses	59,214	62,404	265,491	203,087	76%
Total expenses	702,488	602,460	1,451,544	849,085	
Operating gains	5,396,991	5,166,149	4,154,080	1,012,068	24%
Transfers	(7,304,490)	(1,250,874)	(3,650,536)		
Increase(Decrease) in net position	(1,907,499)	3,915,275	503,544		
Net position at *beginning of the year*	5,778,919	3,871,419	3,871,419		
Net position at the *end of the period*	$ 3,871,419	$ 7,786,694	$ 4,374,964		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 5/31/2021
Increase(Decrease) in net position	$ (1,907,499)	$ 3,915,275
Add Non Cash items		
Depreciation	190,351	174,488
Changes in operating assets and liabilities		
Grant and other receivables	223	298,417
Prepaid expenses and deposits	8,649	(24,391)
Accounts payable and accrued expenses	(27,948)	(3,590)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(1,736,224)	4,360,199
Cash flows from investing activities		
Changes in assets limited to use	78,558	(135,871)
Net Cash used in investing activities	78,558	(143,417)
Cash flows from financing activities		
Principal payments on debt borrowings	(30,257)	(29,466)
Net cash used by financing activities	(30,257)	(29,466)
Net change in cash and cash equivalents	(1,687,923)	4,187,316
Cash at the beginning of the year	2,900,713	1,212,789
Cash at the end of the period	$ 1,212,789	$ 5,400,105

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2017	District 6/30/2020	Jaber 6/30/2020	As of 6/30/2020	District 5/31/2021	Jaber 5/31/2021	As of 5/31/2021
Assets							
Current assets:							
Cash and cash equivalents	$ 481,704	$ 1,212,789	$ -	$ 1,212,789	$ 5,400,105	$ -	$ 5,400,105
Grant and other receivables	295,780	298,418	0	298,418	0	0	0
Prepaid expenses and deposits	34,697	6,628	(0)	6,627	31,018	(0)	31,018
Total current assets	812,181	1,517,834	(0)	1,517,834	5,431,124	(0)	5,431,123
Due To Due From	0	14,926	(14,926)	0	14,925	(14,925)	0
Assets limited as to use	754,413	0	646,751	646,751	0	782,622	782,622
Capital Assets, net of accumulated depreciation	3,277,695	1,695,784	927,900	2,623,684	1,565,180	893,616	2,458,796
	4,844,289	3,228,544	1,559,726	4,788,269	7,011,228	1,661,313	8,672,541
Other Assets	11,952	5,229	0	5,229	3,175	0	3,175
Total assets	4,856,240	3,233,772	1,559,726	4,793,498	7,014,403	1,661,313	8,675,716
Liabilities and Net Position							
Current liabilities:							
Current maturities of debt borrowings	29,804	34,421	0	34,421	34,421	0	34,421
Accounts payable and accrued expenses	1,964	10,090	0	10,090	6,501	0	6,501
Total current liabilities	31,768	44,511	0	44,511	40,922	0	40,922
Debt borrowings net of current maturities	973,525	877,568	0	877,568	848,101	0	848,101
Total liabilities	1,005,292	922,079	0	922,079	889,023	0	889,023
Net position:							
Total net position (deficit)	3,850,948	2,311,693	1,559,726	3,871,419	6,125,380	1,661,313	7,786,694
Total liabilities and net position	$4,856,240	$3,233,772	$1,559,726	$4,793,498	$7,014,403	$1,661,313	$8,675,716

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2017	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 5/31/2021	Jaber 5/31/2021	Actual YTD 5/31/2021
Revenues and other support							
District Tax Revenues	5,844,087	5,887,501	0	5,887,501	5,594,363	0	5,594,363
Rents	183,188	0	196,841	196,841	0	174,246	174,246
Other revenues	14	15,136	0	15,136	0	0	0
Total revenues	6,027,289	5,902,637	196,841	6,099,478.27	5,594,363	174,246	5,768,609
Expenses							
Professional fees - executive director	0	130,166	0	130,166	101,154	0	101,154
Professional fees	98,692	115,022	9,176	124,198	84,121	8,632	92,753
Supplies	3,380	5,399	0	5,399	4,209	0	4,209
Purchased services	5,600	6,350	0	6,350	2,850	0	2,850
Repairs and maintenance	22,247	379	22,629	23,008	0	15,244	15,244
Rents	25,634	31,880	0	31,880	23,511	0	23,511
Utilities	10,038	918	9,892	10,811	209	9,046	9,255
Insurance	57,699	55,804	3,924	59,728	70,317	0	70,317
Depreciation and amortization	260,269	152,951	37,400	190,351	140,205	34,283	174,488
Interest	48,954	52,015	0	52,015	45,950	0	45,950
Travel, meeting and conferences	260	9,368	0	9,368	324	0	324
Other expenses	8,097	55,288	3,926	59,215	56,952	5,452	62,404
Total expenses	540,868	615,541	86,947	702,488	529,802	72,658	602,460
Operating gains	5,486,421	5,287,096	109,894	5,396,990	5,064,561	101,587	5,166,148
Transfers	(5,258,297)	(7,074,714)	(229,776)	(7,304,490)	(1,250,874)	0	(1,250,874)
Increase(Decrease) in net position	228,124	(1,787,618)	(119,882)	(1,907,500)	3,813,687	101,587	3,915,274
Net position at *beginning of the year*	3,622,825	4,099,311	1,679,608	5,778,919	2,311,693	1,559,726	3,871,419
Net position at the *end of the period*	3,850,948	2,311,693	1,559,726	3,871,419	6,125,380	1,661,313	7,786,694

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2017	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 5/31/2021	Jaber 5/31/2021	Actual YTD 5/31/2021
Increase(Decrease) in net position	228,124	(1,787,618)	(119,882)	(1,907,500)	3,813,687	101,587	3,915,274
Add Non Cash items							
Depreciation	260,269	152,951	37,400	190,351	140,205	34,283	174,488
Changes in operating assets and liabilities							
Grant and other receivables	(1,858)	223	0	223	298,418	0	298,418
Prepaid expenses and deposits	(14,987)	4,724	3,924	8,648	(24,391)	0	(24,391)
Due To Due From	0	0	(0)	(0)	0	0	0
Accounts payable and accrued expenses	(6,736)	(27,947)	0	(27,947)	(3,589)	0	(3,589)
Net Cash provided(used) by operating activities	464,811	(1,657,666)	(78,559)	(1,736,225)	4,224,330	135,871	4,360,200
Cash flows from investing activities							
Acquisition of Property Plant and Equipment	(0)	0	0	0	(7,547)	0	(7,547)
Changes in assets limited to use	(426,172)	0	78,558	78,558	0	(135,871)	(135,871)
Net Cash used in investing activities	(426,172)	0	78,558	78,559	(7,547)	(135,871)	(143,418)
Cash flows from financing activities							
Principal payments on debt borrowings	(28,527)	(30,257)	0	(30,257)	(29,467)	0	(29,467)
Net cash used by financing activities	(28,527)	(30,257)	0	(30,257)	(29,467)	0	(29,467)
Net change in cash and cash equivalents	10,112	(1,687,923)	(0)	(1,687,923)	4,187,316	0	4,187,316
Cash at the beginning of the year	471,592	2,900,713	(0)	2,900,713	1,212,789	(0)	1,212,789
Cash at the end of the period	481,704	1,212,789	(0)	1,212,789	5,400,105	(0)	5,400,105

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

June 1-30, 2021

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2020	As of 6/30/2021
Assets		
Current assets:		
Cash and cash equivalents	$ 1,212,789	$ 881,844
Grant and other receivables	298,418	295,937
Prepaid expenses and deposits	6,627	86,271
Total current assets	1,517,834	1,264,051
Assets limited as to use	646,751	678,596
Capital Assets, net of accumulated depreciation	2,623,684	2,443,120
	4,788,269	4,385,767
Other Assets	5,229	2,988
Total assets	$ 4,793,498	$ 4,388,755
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 34,421	$ 34,853
Accounts payable and accrued expenses	10,090	9,100
Total current liabilities	44,510	43,953
Debt borrowings net of current maturities	877,568	842,184
Total liabilities	922,078	886,137
Net position:		
Total net position (deficit)	3,871,419	3,502,618
Total liabilities and net position	$ 4,793,498	$ 4,388,755

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 6/30/2021	Budget YTD 6/30/2021	Variance	
Revenues and other support					
District Tax Revenues	$ 5,887,501	$ 5,892,501	$ 5,907,307	(14,806)	0%
Rents	196,841	189,737	207,420	(17,683)	-9%
Other revenues	15,136	-	500	(500)	
Total revenues	6,099,478	6,082,238	6,115,227	(32,989)	
Expenses					
Professional fees - executive director	130,166	123,321	132,220	8,899	7%
Professional fees	124,198	96,116	579,788	483,672	83%
Supplies	5,399	5,417	9,100	3,683	40%
Purchased services	6,350	3,850	14,475	10,625	73%
Repairs and maintenance	23,008	15,579	23,254	7,675	33%
Rents	31,880	27,015	28,464	1,449	5%
Utilities	10,811	13,085	14,052	967	7%
Insurance	59,728	92,786	58,500	(34,286)	-59%
Depreciation and amortization	190,351	190,351	367,024	176,673	
Interest	52,015	47,321	52,000	4,679	9%
Travel, meeting and conferences	9,368	352	15,000	14,648	98%
Other expenses	59,214	69,123	340,126	271,003	80%
Total expenses	702,488	684,316	1,634,003	949,687	
Operating gains	5,396,991	5,397,922	4,481,224	916,698	20%
Transfers	(7,304,490)	(5,766,724)	(3,982,403)		
Increase(Decrease) in net position	(1,907,499)	(368,802)	498,821		
Net position at *beginning of the year*	5,778,919	3,871,419	3,871,419		
Net position at the *end of the period*	$ 3,871,419	$ 3,502,618	$ 4,370,240		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 6/30/2021
Increase(Decrease) in net position	$ (1,907,499)	$ (368,802)
Add Non Cash items		
Depreciation	190,351	190,351
Changes in operating assets and liabilities		
Grant and other receivables	223	2,481
Prepaid expenses and deposits	8,649	(79,643)
Accounts payable and accrued expenses	(27,948)	(990)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(1,736,224)	(256,603)
Cash flows from investing activities		
Changes in assets limited to use	78,558	(31,845)
Net Cash used in investing activities	78,558	(39,391)
Cash flows from financing activities		
Principal payments on debt borrowings	(30,257)	(34,951)
Net cash used by financing activities	(30,257)	(34,951)
Net change in cash and cash equivalents	(1,687,923)	(330,945)
Cash at the beginning of the year	2,900,713	1,212,789
Cash at the end of the period	$ 1,212,789	$ 881,844

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2017	District 6/30/2020	Jaber 6/30/2020	As of 6/30/2020	District 6/30/2021	Jaber 6/30/2021	As of 6/30/2021
Assets							
Current assets:							
Cash and cash equivalents	$ 481,704	$ 1,212,789	$ -	$ 1,212,789	$ 881,844	$ -	$ 881,844
Grant and other receivables	295,780	298,418	0	298,418	295,937	0	295,937
Prepaid expenses and deposits	34,697	6,628	(0)	6,627	86,271	(0)	86,271
Total current assets	812,181	1,517,834	(0)	1,517,834	1,264,051	(0)	1,264,051
Due To Due From	0	14,926	(14,926)	0	14,925	(14,925)	0
Assets limited as to use	754,413	0	646,751	646,751	0	678,596	678,596
Capital Assets, net of accumulated depreciation	3,277,695	1,695,784	927,900	2,623,684	1,552,621	890,500	2,443,121
	4,844,289	3,228,544	1,559,726	4,788,269	2,831,597	1,554,171	4,385,768
Other Assets	11,952	5,229	0	5,229	2,988	0	2,988
Total assets	4,856,240	3,233,772	1,559,726	4,793,498	2,834,585	1,554,171	4,388,756
Liabilities and Net Position							
Current liabilities:							
Current maturities of debt borrowings	29,804	34,421	0	34,421	34,853	0	34,853
Accounts payable and accrued expenses	1,964	10,090	0	10,090	9,101	0	9,101
Total current liabilities	31,768	44,511	0	44,511	43,954	0	43,954
Debt borrowings net of current maturities	973,525	877,568	0	877,568	842,183	0	842,183
Total liabilities	1,005,292	922,079	0	922,079	886,137	0	886,137
Net position:							
Total net position (deficit)	3,850,948	2,311,693	1,559,726	3,871,419	1,948,447	1,554,171	3,502,618
Total liabilities and net position	$4,856,240	$3,233,772	$1,559,726	$4,793,498	$2,834,585	$1,554,171	$4,388,756

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2017	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021
Revenues and other support							
District Tax Revenues	5,844,087	5,887,501	0	5,887,501	5,892,501	0	5,892,501
Rents	183,188	0	196,841	196,841	0	189,737	189,737
Other revenues	14	15,136	0	15,136	0	0	0
Total revenues	6,027,289	5,902,637	196,841	6,099,478.27	5,892,501	189,737	6,082,238
Expenses							
Professional fees - executive director	0	130,166	0	130,166	123,321	0	123,321
Professional fees	98,692	115,022	9,176	124,198	86,721	9,396	96,116
Supplies	3,380	5,399	0	5,399	5,417	0	5,417
Purchased services	5,600	6,350	0	6,350	3,850	0	3,850
Repairs and maintenance	22,247	379	22,629	23,008	0	15,579	15,579
Rents	25,634	31,880	0	31,880	27,015	0	27,015
Utilities	10,038	918	9,892	10,811	3,119	9,966	13,085
Insurance	57,699	55,804	3,924	59,728	92,786	0	92,786
Depreciation and amortization	260,269	152,951	37,400	190,351	152,951	37,400	190,351
Interest	48,954	52,015	0	52,015	47,321	0	47,321
Travel, meeting and conferences	260	9,368	0	9,368	352	0	352
Other expenses	8,097	55,288	3,926	59,215	64,022	5,101	69,123
Total expenses	540,868	615,541	86,947	702,488	606,873	77,442	684,315
Operating gains	5,486,421	5,287,096	109,894	5,396,990	5,285,628	112,295	5,397,923
Transfers	(5,258,297)	(7,074,714)	(229,776)	(7,304,490)	(5,648,874)	(117,850)	(5,766,724)
Increase(Decrease) in net position	228,124	(1,787,618)	(119,882)	(1,907,500)	(363,246)	(5,555)	(368,801)
Net position at *beginning of the year*	3,622,825	4,099,311	1,679,608	5,778,919	2,311,693	1,559,726	3,871,419
Net position at the *end of the period*	3,850,948	2,311,693	1,559,726	3,871,419	1,948,447	1,554,171	3,502,618

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2017	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 6/30/2021	Jaber 6/30/2021	Actual YTD 6/30/2021
Increase(Decrease) in net position	228,124	(1,787,618)	(119,882)	(1,907,500)	(363,246)	(5,555)	(368,801)
Add Non Cash items							
Depreciation	260,269	152,951	37,400	190,351	152,951	37,400	190,351
Changes in operating assets and liabilities							
Grant and other receivables	(1,858)	223	0	223	2,481	0	2,481
Prepaid expenses and deposits	(14,987)	4,724	3,924	8,648	(79,643)	0	(79,643)
Due To Due From	0	0	(0)	(0)	0	0	0
Accounts payable and accrued expenses	(6,736)	(27,947)	0	(27,947)	(989)	0	(989)
Net Cash provided(used) by operating activities	464,811	(1,657,666)	(78,559)	(1,736,225)	(288,447)	31,845	(256,602)
Cash flows from investing activities							
Acquisition of Property Plant and Equipment	(0)	0	0	0	(7,547)	0	(7,547)
Changes in assets limited to use	(426,172)	0	78,558	78,558	0	(31,845)	(31,845)
Net Cash used in investing activities	(426,172)	0	78,558	78,559	(7,547)	(31,845)	(39,392)
Cash flows from financing activities							
Principal payments on debt borrowings	(28,527)	(30,257)	0	(30,257)	(34,952)	0	(34,952)
Net cash used by financing activities	(28,527)	(30,257)	0	(30,257)	(34,952)	0	(34,952)
Net change in cash and cash equivalents	10,112	(1,687,923)	(0)	(1,687,923)	(330,945)	(0)	(330,945)
Cash at the beginning of the year	471,592	2,900,713	(0)	2,900,713	1,212,789	(0)	1,212,789
Cash at the end of the period	481,704	1,212,789	(0)	1,212,789	881,844	(0)	881,844