



PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, April 10, 2023
OPEN SESSION: 5:30PM

Open Session: HYBRID - Alameda Hospital Boardroom

Join Zoom Meeting
<https://us02web.zoom.us/j/88042448820?pwd=ZXNSRSsvU0RRd2VzZ3g5R2g3NEF2Zz09>

Meeting ID: 880 4244 8820
 Passcode: 032209
 One tap mobile
 Dial by your location
 +1 669 444 9171 US
 +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** Dr. Robert Deutsch,
President
- II. **Roll Call** Alixandria Williams,
District Clerk
- III. **General Public Comments**
- IV. **Pre and Post COVID Procedure for Conduct of Board Meetings by Teleconference** Tom Dirscoll,
Legal Counsel
ENCLOSURE (pages)
- V. **Adjourn into Executive Closed Session**
- VI. **Closed Session Agenda**

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

VII. Adjourn to Open Session

VIII. Reconvene to Public Session

City of Alameda Healthcare District, April 10, 2023



PUBLIC NOTICE

IX. Announcements From Closed Session

Dr. Robert Deutsch,
President

X. REGULAR SESSION AGENDA

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

B	District & Operational Updates INFORMATIONAL		
	1)	District Reports	
	2)	a. President's Report b. Mammogram Services at Alameda Hospital	Dr. Robert Deutsch, President
	3)	Alameda Health System Board Liaison Report	David Sayen
	4)	Alameda Hospital Liaison Report	Dr. Robert Deutsch, President
✓	5)	Executive Director Report ENCLOSURE First Draft of District Priorities First Draft of FY 23-24 District and Jaber Budgets	Debi Stebbins, Executive Director
✓	6)	District - AHS Joint Planning Committee Minutes - March 23, 2023, ENCLOSURE	Gayle Codiga, 1 st Vice President Dr. Robert Deutsch, President

	Consent Agenda		
✓	1)	Acceptance of Minutes, February 13, 2022, ENCLOSURE	Dr. Robert Deutsch, President
✓	2)	Acceptance of January and February 2023 Financial Statements ENCLOSURE	Dr. Robert Deutsch, President



PUBLIC NOTICE

Action Items		
✓	1) Approval of Audit Engagement Letter ENCLOSURE	Debi Stebbins, Executive Director
✓	2) Approval of Policy on Procedure on for Conduct of Board and Standing Committee Meetings by Teleconference ENCLOSURE	Debi Stebbins, Executive Director
	3) Approval of Terms for Renewal of Loan from Bank of Marin secured by 1359 Pearl Street Property ENCLOSURE	Debi Stebbins, Executive Director
	4) Approval of Resolution on Authorized Signatures on Bank of Marin Accounts ENCLOSURE	Debi Stebbins, Executive Director
✓	5) Distribution and Proposed Use of Jaber Funds to AHS ENCLOSURE	Debi Stebbins, Executive Director

F	June 12, 2023, Agenda Preview
	1) Acceptance of April 10, 2023, Minutes
	2) Overview of Alameda Health Care District Insurance Coverage
	3) Review and Approval: FY 23-24 Priorities and District/ Jaber Budget
	4) Adoption of Parcel Tax Levy Resolution

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

XI. Adjournment

Next Scheduled Meeting Date June 12, 2023 (2 nd Monday, every other month or as scheduled)	Open Session 5:30 PM
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April 10, 2023

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

From: Debi Stebbins
Executive Director

RE: Procedure for Conduct of Board Meeting by Teleconference

Attached is a document prepared by Tom Driscoll regarding appropriate procedures for conducting public Board meeting pre-COVID, during the pandemic and post-COVID. In addition there is a new policy for conducting Board meetings post COVID for approval in the open session agenda.



Procedure for the Conduct of Board and Standing Committee Meetings by Teleconference

Background: Prior to the COVID-19 pandemic, the Ralph M. Brown Act had strict requirements for the legislative bodies of local agencies to meet by teleconference (the "Pre-COVID Rules"). These rules remain in effect today.

In March of 2020, the Governor issued an executive order temporarily waiving some of these restrictions. The Legislature then provided a statutory exception, authorizing local agencies to use teleconferencing without complying with all of the Brown Act's restrictions in specified circumstances related to public health and safety emergencies (the "COVID Rules"). These rules also remain in effect, but sunset and expire on January 1, 2024.

A 2023 law implements another temporary exception authorizing agencies to meet by teleconference without strict compliance with either the Pre-COVID Rules, or the COVID Rules (the "Post-COVID Rules"). These rules sunset and expire on January 1, 2026.

Notably, the COVID Rules were based on an agency's need for teleconferencing, while the Post-COVID Rules are based on the circumstances of individual members of the legislative body.

Going Forward: As of January 1, 2023, a District legislative body (that is, the Board or a Standing Committee) may use teleconferencing in accordance with whichever of the following three sets of rules may apply:

1. The Pre-COVID Rules:

While all meetings of the District Board or any of its Standing Committees must be open and public, and all persons shall be permitted to attend any such meeting, a legislative body of the District may use teleconferencing for the benefit of the public and the legislative body with any meeting or proceeding authorized by law. Teleconferencing may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. If a legislative body of the District elects to use teleconferencing, it shall comply with all of the following:

- (1) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly.
- (2) The legislative body shall post agendas at all teleconference locations.

Each teleconference location shall be identified in the notice and agenda of the meeting or



proceeding, and each teleconference location shall be accessible to the public.

- (3) During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the District.

The COVID Rules:

The legislative body of the District may use teleconferencing without complying with the requirements of the Pre-COVID Rules in any of the following circumstances:

(1)(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option.

(B) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the District's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Government Code Section 54960.1.

(C) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(D) An individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.



(E) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register to provide public comment, until that timed public comment period has elapsed.

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(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register, or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference, the legislative body shall, not later than 30 days after teleconferencing for the first time, and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) This subdivision shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

III.

The Post-COVID Rules:

The new statutory authorization expires by its own terms on January 1, 2026. At that point, absent further legislation, the Brown Act's teleconferencing provisions will revert to essentially the same language as before the pandemic.

A District legislative body may use teleconferencing without complying with the Pre-COVID Rules if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda, which location shall be open to the public and situated within the boundaries of the



territory over which the District exercises jurisdiction and the legislative body complies with all of the following:

(1) The legislative body shall provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:

(i) A two-way audiovisual platform.

(ii) A two-way telephonic service and a live webcasting of the meeting.

(2) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment.

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(3) The agenda shall identify and include an opportunity for all persons to attend and address the legislative body directly via a call-in option, via an internet-based service option, and at the in-person location of the meeting.

(4) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(5) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(6) An individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(7) A member of the legislative body shall only participate in the meeting remotely pursuant to this subdivision, if all of the following requirements are met:

(A) One of the following circumstances applies:

(i) The member notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The provisions of this clause shall not be used by any member of the legislative body

for more than two meetings per calendar year.

(ii) The member requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. The legislative body shall request a general description of the circumstances relating to their need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act (Chapter 1 (commencing with Section 56) of Part 2.6 of Division 1 of the Civil Code). For the purposes of this clause, the following requirements apply:

(ii) A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.

(iv) The legislative body may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place the proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting.

(B) The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the

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remote location with the member, and the general nature of the member's relationship with any such individuals.

(C) The member shall participate through both audio and visual technology. (8) The provisions of this subdivision shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

IV. For all teleconferenced meetings: Teleconferencing may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. If a legislative body of the District elects to use teleconferencing, the legislative body shall comply with all of the following:

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Alameda Healthcare System

Alameda Hospital

Boiler, Chiller and Humidification
Infrastructure Upgrade

PRESENTED BY

Madelyn McClellan RA, NCARB

PRESIDENT

Rick Russell PE, LEED AP, CXA

PRINCIPAL

April 10, 2023

AGENDA

1. What is Being Considered for Replacement and Why?
2. Recommendations
3. Budgets

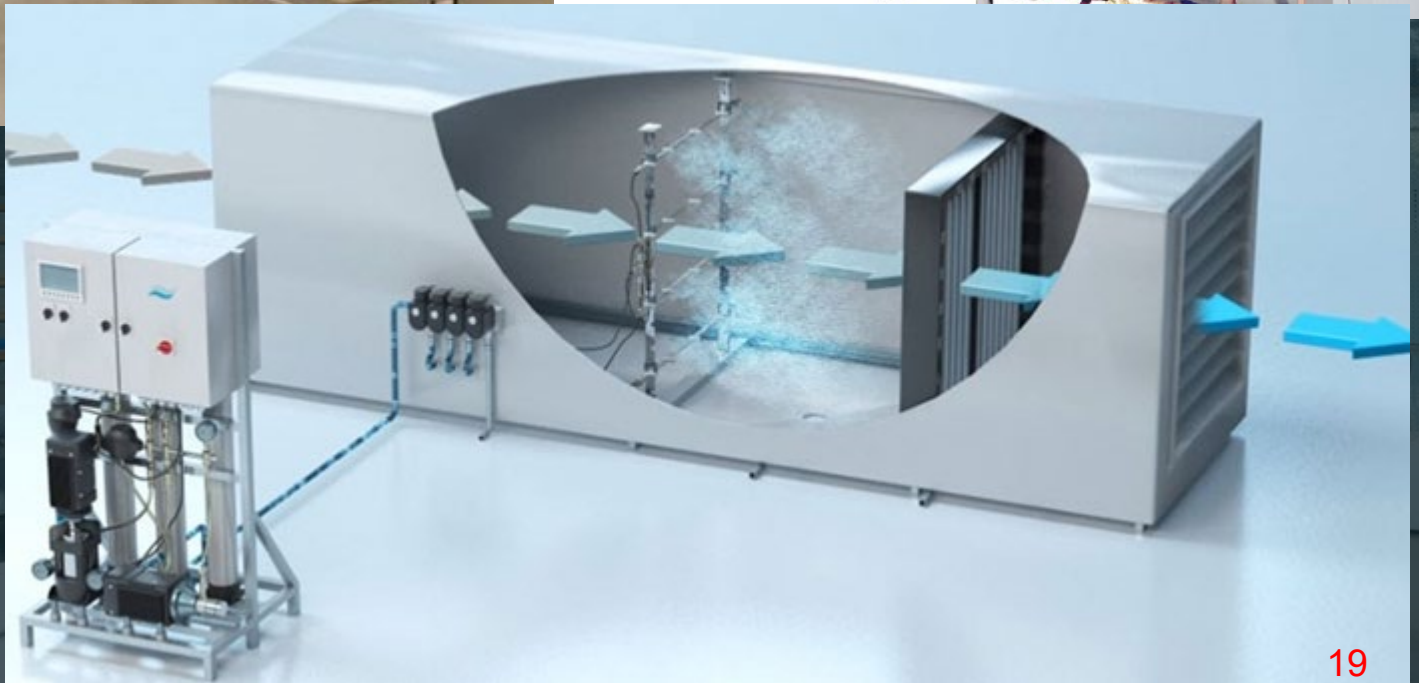
What is Being Considered for Replacement and Why?

- Systems
 - Boilers
 - Chillers
 - Humidifiers
- Active Failure or Near the End of Life
- Not Providing Reliable Comfort Care
- Difficult to Control Temperatures and Humidity in Operating Rooms



Recommendations

- New Higher Efficiency Chillers
 - Improved Cooling
 - Improved Humidity Control
- New Higher Efficiency Boilers
 - Improved Heating
 - Improved Humidity Control
- New Reconfigured Humidifier
 - Improved Humidity Controls
- New Direct Digital Controls
 - Improved Efficiency
 - Improved Control



Budgets

- Prioritization are as follows:
 - Chillers \$6,922,500
 - Humidifier \$750,000
 - Boiler \$ 2,827,500
- **Budget to perform total scope is \$10.5MM
(Included soft costs)**

Alameda Hospital

HVAC Equipment Replacement

Based on review & analysis of:

Feasibility Study

Report Prepared for:

Smith-Karng Architects

March 29, 2023 rev1

MEP Update

more value, less risk

www.tbdconsultants.com



93 Moraga Way, Suite 206 | Orinda | CA | 94563
TEL: (415) 981-9430 | FAX: (415) 941-9434

DUE DILIGENCE REPORT

Alameda Hospital Boiler and Chiller Plant Assessment 2022-1815

Prepared for:

Smith Karng Architecture, Inc.

Prepared by:

Rick Russell, PE, LEED AP, CxA

Dominic Pedotto, PE, LEED AP BD+C

Mike Estrada, PE

James Nguyen, EIT

March 29, 2023

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OVERVIEW

EXECUTIVE SUMMARY

The proposed project is to replace and upgrade the existing, HVAC chilled water central plant, heating hot water central plant, and surgery humidifier system at the Alameda Hospital located at 2070 Clinton Avenue in Alameda, California. Interface Engineering has observed the existing building and discussed the goals of this project with the Owner.

The purpose of this study is to present an evaluation of the existing conditions and summary recommendations for each piece of equipment. The existing equipment includes chillers, cooling towers, boilers, pumps, expansion tanks, pot feeders, air separators, control system, domestic makeup water system, piping systems, natural gas flue exhaust system, and humidifier system. Additionally, as part of the recommendations, if changes are proposed, an overview of code requirements that need to be met are included. The study also presents a review of and recommendations for the electrical systems required for the HVAC chilled water and heating hot water central plants.

An overview of the recommendations for each piece of equipment detailed in the report is as follows. All work associated with each plant is recommended to be replaced at the same time to limit downtime and cost associated with phasing.

1. Chilled Water Plant

- a. Water Cooled Chillers
 - 1) Recommend replacement of existing equipment
 - 2) Concerns/Considerations:
 - a) Emergency ventilation
 - b) Refrigerant relief vents
 - c) Separation of chiller equipment from other equipment
- b. Cooling Towers
 - 1) Recommend replacement of existing equipment
 - 2) Concerns/Considerations:
 - a) Water treatment/filtering
 - b) Tower blowdown drainage connected to sanitary sewer
 - c) Acoustical impacts/mitigation
- c. Chilled Water/Condenser Water Pumps
 - 1) Recommend replacement of existing equipment
 - 2) Concerns/Considerations: Variable frequency drives for variable flow capacity
- d. Expansion Tanks
 - 1) Recommend replacement of existing tanks
 - 2) Concerns/Considerations: Consider bladder or diaphragm style replacement to separate air and water systems.
- e. Air Separator: No existing air separator located. Recommend installation of air/dirt separator.

2. Heating Hot Water Plant
 - a. Gas Fired Boilers
 - 1) Recommend existing boilers are replaced.
 - 2) Concerns/Considerations:
 - a) High efficiency replacement equipment.
 - b) Flue exhaust ductwork should be confirmed to be code compliant.
 - c) Roof mounted flue exhaust fan should be investigated to confirm high temperature/corrosive exhaust rated. May be due for replacement.
 - d) Roof flue exhaust ductwork insulation should be repaired.
 - b. Heating Hot Water Pumps
 - 1) Recommend replacement of existing equipment
 - 2) Concerns/Considerations: Variable frequency drives for variable flow capacity
 - c. Expansion Tank
 - 1) Recommend replacement of existing tanks
 - 2) Concerns/Considerations: Consider bladder or diaphragm style replacement to separate air and water systems.
 - d. Air Separator: No existing air separator located. Recommend installation of air/dirt separator.
3. Central Plant Controls: Recommend new front-end system be installed to provide improved controllability over plants.
4. Domestic Make-up Water System: Recommend new certified backflow preventers be installed on all domestic make-up water connections.
5. Piping Systems
 - a. Recommend all piping is analyzed to confirm level of system performance due to buildup within pipe.
 - b. Recommend any damaged insulation be repaired/replaced.
6. Surgery Humidifier System
 - a. Recommend humidifier system inclusive of dispersion tubes and control valves be replaced.
 - b. Recommend ductwork be reworked within mechanical penthouse to provide required straight run of pipe and space for necessary accessories.

MECHANICAL SYSTEMS

OBSERVED CONDITIONS AND RECOMMENDATIONS

Chilled Water Central Plant

The Alameda Hospital existing chilled water central plant consists of two (2) water cooled chillers, each served by an associated cooling tower and condenser water pump. The chillers operate on a decoupled primary-secondary chilled water loop serving the West and South Wings. On the primary side of the system is a compression style expansion tank, a decoupler, and two (2) constant volume primary pump, one associated with each chiller. The secondary side of the system contains three (3) constant volume secondary pumps with two (2) serving the West Wing and one (1) serving the South Wing. It is recommended that the entire chiller plant be upgraded during the same phase.

Chillers

The existing chiller system consists of two (2) 140-ton Carrier reciprocating chillers. Both chillers are located on the ground floor within the Boiler Room. Each has four (4) compressors and while originally installed with R-22 refrigerant, now operates on R-407C refrigerant. At the time of the site walk, Chiller #1 was found not operational with notes that its refrigerant had been removed and compressor isolation valves closed. Chiller #2 was operational, but only three (3) of its compressor units were functioning. Chiller #2 had barrel refrigerant relief vents installed and piped outside into the adjacent cooling tower yard. Chiller #1 had no barrel refrigerant relief vents installed and no relief piping to the exterior was found. The exact age of equipment is unknown, but latest available drawings indicate Chiller #1 was included in some work performed in 1980. In the same drawing package, Chiller #2 is indicated as existing. In addition to the condition of the equipment Interface also observed the general state of the room. The chillers are currently installed within a large room that houses boilers, air compressors, pumps, chemical treatment, and an electrical motor control center. Additionally, emergency refrigerant exhaust and refrigerant monitoring were not observed. While such an installation is not code compliant now, it is assumed that this was compliant when originally installed.

From discussion with the facilities team, the chillers are in desperate need of replacement and the facility has regular issues maintaining temperatures. It was not clear if this was due to one chiller being offline and the other operating at 75% capacity, or due to other unknown issues with the system. The ASHRAE Equipment Life Expectancy document lists a reciprocating chiller like this as having a typical lifespan of 20 years. Based on this, the observed condition of the equipment, and the controllability issues of the building, it is Interface's recommendation that the chillers both be replaced. During the replacement, the overall chiller room should be investigated to confirm compliance with current codes including but not limited to emergency ventilation, refrigerant relief vents, and separation of chiller equipment from other equipment.

Equipment		Manuf.	Model #	Ton	Evaporator		Condenser		Weight (lbs.)
Tag	Type				EWT/LWT (F)	GPM	EWT/LWT (F)	GPM	
CH-1	Reciprocating	Carrier	30HR140C600	140	54 / 42	261	85 / 95	400	7,600
CH-2	Reciprocating	Carrier	30HR140C600	140	54 / 42	261	85 / 95	400	7,600

Table 1: Existing Chillers



Picture 1: Existing Chiller #1



Picture 2: Existing Chiller #2

Cooling Towers

The existing cooling tower system consists of two (2) Baltimore Aircoil Company cooling towers, (CT-2) serving Chiller #2 and (CT-1) serving Chiller #1. Each tower is estimated to be sized at 175 tons to meet the associated chiller load. Both cooling towers are located outdoors with CT-1 located on the roof and CT-2 located at grade adjacent to the Boiler Room. The cooling towers are both open circuit type with centrifugal fans. No sand separators were observed installed on either system. A single chemical treatment system was found within the Boiler Room. Additionally, both cooling towers drain lines were observed, but it was not clear if these drained to sanitary sewer or Dstorm drain. The exact age of the equipment is unknown, but the latest available drawings indicate CT-1 was included in some work performed in 1980 with CT-2 being assumed to existing prior. Both cooling towers had additional maintenance work performed in March of 2017 including CT-1 being fully rebuilt and CT-2 having mechanical repairs performed as well as its fill media replaced.

From discussion with the facilities team, the cooling towers are in need of replacement. The ASHRAE Equipment Life Expectancy document lists a galvanized metal cooling tower similar to what is installed as having a typical lifespan of 20 years. Based on this, the observed condition of the equipment, and the controllability issues identified as part of the chiller plant, it is Interface's recommendation that the cooling towers both be replaced. During the replacement, additional water treatment should be investigated to aid in increasing the equipment's overall service life. Cooling tower drainage should be investigated to ensure it is code compliant. Finally, noise generation should be investigated to review if acoustical treatments or mediation are required to avoid causing issues with building occupants and adjacent property neighbors.

Equipment		Manuf.	Model Number	Tonnage
Tag	Type			
CT-1	Cooling Tower	American Cooling Tower Inc.	VTO-102	175 Tons
CT-2	Cooling Tower	Baltimore Aircoil Company	VXT 105 MC	175 Tons

Table 2: Existing Cooling Towers



Picture 3: Existing Cooling Tower #1



Picture 4: Existing Cooling Tower #2

Pumps

The existing chilled water central plant is served by seven (7) pumps, one (1) inline pump (P-8) serving the primary chilled water for Chiller #1, one (1) inline pump (P-9) serving the primary chilled water for Chiller #2, one (1) base mounted pump (P-2) serving the condenser water for Chiller #1, one (1) base mounted pump (P-7) serving the condenser water for Chiller #2, one (1) based mounted pump (P-1) serving the South Wing secondary chilled water, and two (2) base mounted pumps (P-5 and P-6) serving the West Wing secondary chilled water. The estimated capacities for each pump is indicated below in the equipment schedule. Pumps all operate at a constant volume without VFDs. The exact age of the equipment is unknown, but the latest available drawings indicate pumps P-1 and P-2 as being included in some work performed in 1980. The remaining equipment is assumed to be existing from prior to that.

The ASHRAE Equipment Life Expectancy document lists base mounted pumps as having a typical lifespan of 20 years and inline pumps as having a typical lifespan of 10 years. Based on this and the observed condition of the equipment, it is Interface's recommendation that all pumps be replaced. During the replacement, VFD's should be added to aid in better system control and energy savings during periods of lower system capacity needs.

Equipment		Manuf.	Model Number	Flow Rate	Feet of Head	Service
Tag	Type					
P-1	Base Mounted	Bell & Gossett	Series 1510	216	120	South Wing CHW
P-2	Base Mounted	Bell & Gossett	Series 1510	400	80	Chiller #1 Condenser Water
P-5	Base Mounted	N/A	N/A	216	105	West Wing CHW
P-6	Base Mounted	N/A	N/A	216	105	West Wing CHW
P-7	Base Mounted	Paco Pumps	30957-133L01	400	20	Chiller #2 Condenser Water
P-8	Inline	Marathon	N/A	216	30	Chiller #1 Primary CHW
P-9	Inline	N/A	N/A	216	30	Chiller #2 Primary CHW

Table 3: Existing Chilled Water Plant Pumps



Picture 5: Chiller #1 Primary Chilled Water Pump (P-8)



Picture 6: Chiller #2 Primary Chilled Water Pump (P-9)



Picture 7: Chiller #1 Condenser Water Pump (P-2)



Picture 8: Chiller #2 Condenser Water Pump (P-7)



Picture 9: South Wing Chilled Water Pump (P-1)



Picture 10: West Wing Chilled Water Pumps (P-5, P-6)

Expansion Tanks

The existing chilled water central plant is served by two (2) expansion tanks. Both appear to be compression style without a bladder or isolator between the water and air. One expansion tank was observed to be disconnected. The exact age of the equipment is unknown, but assumed to have been installed when the original system was built.

The ASHRAE Equipment Life Expectancy document does not list a typical lifespan of this type of equipment. Based on the observed condition and the type of expansion tanks installed, it is Interface’s recommendation that all expansion tanks be replaced with new bladder style tanks to isolate the chilled water system from the air.

Equipment		Service
Tag	Type	
ET-1	Compression	Chilled Water
ET-2	Compression	Chilled Water

Table 4: Existing Expansion Tanks

Picture 11: Expansion Tank 1



Air Separator

No air separator was observed installed in the chilled water central plant.

The ASHRAE Equipment Life Expectancy document does not list a typical lifespan of this type of equipment. Based on the observed that no air separator was installed, it is Interface’s recommendation that a air separator be installed to separate air and dirt particles from the piping system to ensure an extended lifespan of all equipment.

Heating Hot Water Plant

Boilers

The existing heating hot water system consists of two (2) 5,000 MBH Parker Boilers. Both boilers are located on the ground floor within the Boiler Room. Each utilizes natural gas fuel and was recently retrofitted to comply with BAAQMD NOX requirements. From discussion with the facilities team, the associated HCAI paperwork still needs to be completed to finalize the installation. At the time of the site walk, both boilers were operating. Equipment nametags indicate Boiler #1 was built in 1994 and Boiler #2 was built in 1967 and insert in 2016. In addition to the condition of the equipment Interface also observed the general state of the room. The boilers are currently installed within a large room that houses chillers, air compressors, chemical treatment, pumps, and an electrical motor control center. Additionally, boiler flue exhaust appears to utilize a combined ducted system up to the roof where an existing fan provides constant exhaust. The exhaust fan on the roof was observed to have insulation falling off of it.

From discussion with the facilities team, the boilers are operating as intended with the outstanding BAAQMD NOX requirement paperwork needing to be finalized. The equipment does appear to be nearing the end of its useful lifetime. The ASHRAE Equipment Life Expectancy document lists a boiler like this as having a typical lifespan of 25-30 years putting Boiler #2 beyond this life expectancy and Boiler #1 having an estimated 5 more useful years. Based on this and the observed condition of the equipment, it is Interface's recommendation that the boilers are both replaced. Replacing both boilers will allow for similar maintenance stock. During the replacement, high efficiency equipment should be investigated to provide energy savings during periods of lower system demand. While the boilers are replaced, it is also Interface's recommendation that the boiler flue exhaust be evaluated to confirm code compliance. Additionally, it should be confirmed that the exhaust fan on the roof is rated for high temperature/corrosive exhaust and the insulation should be repaired. Any work associated with the heating hot water plant should occur at the same time to ensure minimal downtime.

Equipment		Manuf.	Model Number	Maximum Input Rating (MBH)	Minimum Input Rating (MBH)
Tag	Type				
B-1	Gas Fired	Parker	T5700L	4,999	2,499.5
B-2	Gas Fired	Parker	T5700L	4,999	2,499.5

Table 5: Existing Boilers



Picture 12: Existing Boiler #1



Picture 13: Existing Boiler #2



Picture 14: Gas Flue Exhaust



Picture 15: Gas Flue Exhaust Fan

Pumps

The existing heating hot water central plant is served by four (4) pumps, two (2) base mounted pumps (P-3 and P-4) serving the South Wing heating hot water, and two (2) base mounted pumps (P-10 and P-11) serving the West Wing heating hot water. The estimated capacities for each pump is indicated below in the equipment schedule. Pumps all operate at a constant volume without VFDs. The exact age of the equipment is unknown, but the latest available drawings indicate pumps P-3 and P-4 as being included in some work performed in 1980. The remaining equipment is assumed to be existing from prior to that.

The ASHRAE Equipment Life Expectancy document lists base mounted pumps as having a typical lifespan of 20 years. Based on this and the observed condition of the equipment, it is Interface’s recommendation that all pumps be replaced. During the replacement, VFD’s should be added to aid in better system control and energy savings during periods of lower system capacity needs.

Equipment		Manuf.	Model Number	Flow Rate	Feet of Head	Service
Tag	Type					
P-3	Base Mounted	Bell & Gossett	Series 1510	75	100	South Wing HHW
P-4	Base Mounted	Bell & Gossett	Series 1510	75	100	South Wing HHW
P-10	Base Mounted	Bell & Gossett	N/A	175	105	West Wing HHW
P-11	Base Mounted	Bell & Gossett	N/A	175	105	West Wing HHW

Table 3: Existing Heating Hot Water Plant Pumps



Picture 16: South Wing HHW Pumps P-3 and P-4



Picture 17: West Wing HHW Pumps P-10 and P-11

Expansion Tanks

The existing heating hot water central plant is served by one (1) expansion tank. The tank appears to be compression style without a bladder or isolator between the water and air. The exact age of the equipment is unknown but assumed to have been installed when the original system was built.

The ASHRAE Equipment Life Expectancy document does not list a typical lifespan of this type of equipment. Based on the observed condition and the type of expansion tank installed, it is Interface’s recommendation that the expansion tank be replaced with new bladder style tank to isolate the heating hot water from the air.

Equipment		Service
Tag	Type	
ET-3	Compression	Heating Hot Water

Table 4: Existing Expansion Tank



Picture 18: Expansion Tank 3

Air Separator

No air separator was observed installed in the heating hot water central plant.

The ASHRAE Equipment Life Expectancy document does not list a typical lifespan of this type of equipment. Based on the observed that no air separator was installed, it is Interface’s recommendation that an air separator be installed to separate air and dirt particles from the piping system to ensure an extended lifespan of all equipment.

Central Plant Control System

The central plant is currently controlled by a JCI Metasys system. This technology is outdated and it is recommended that a new front end system be installed to improve controllability.

Domestic Make-Up Water System

The existing domestic make-up water connections were observed with only a single backflow preventer on one of the lines. The remaining lines did not appear to have backflow preventers. It is required that all domestic water be protected by certified backflow preventers.

Piping Systems

The piping systems through the campus appear to be aged with insulation in disrepair in some locations. It is recommended that a full analysis be completed, and any damaged insulation be replaced.

Surgery Humidifier System

The existing surgery steam humidifier system consists of seven (7) zones served by a single multi-zone air handling unit. Each supply air zone is provided with steam by a humidifier located in the mechanical penthouse served by the central steam generators located within the central mechanical plant. The exact age of the equipment is unknown, but the latest available drawings indicate the humidifiers as new in 1966.

From discussion with the facilities team, the central steam generators are in relatively good shape, but the seven (7) zone humidifiers do not function properly and do not have automation controls and must be adjusted manually. Within the spaces served by the humidifier system, all spaces have humidity sensors, but only two (2) of the zones have humidity controls. The ASHRAE Equipment Life Expectancy document lists a pneumatic system like this as having a typical lifespan of 20 years. Based on this and the observed condition of the equipment, it is Interface's recommendation that the seven (7) humidifiers be replaced. During the replacement, direct digital controls should be added for each individual zone to allow for more precise control without manual adjustment. Additionally, the ductwork routing within the mechanical penthouse should be modified to provide sufficient straight horizontal run of duct to meet the humidifier manufacturer requirements. It appears there is sufficient space within the mechanical penthouse to provide the necessary straight run of duct while maintaining the existing floor penetrations into the space below.

Equipment		Manuf.	Model Number	Airflow (CFM)	Orifice Size (inches)	Operating Pressure (PSI)
Tag	Area Served					
H-1	Cystology	Armstrong	5/32	435	5/32	10
H-2	Surgery Room #1	Armstrong	9/32	880	9/32	10
H-3	Surgery Room #2	Armstrong	1/4	1130	1/4	10
H-4	Surgery Room #3	Armstrong	AM-91	750	9/32	10
H-5	Surgery Room #4	Armstrong	AM-91	1110	1/4	10
H-6	Surgery Room #5	Armstrong	AM-91	1120	1/4	10
H-7	Surgery Room #6	Armstrong	AM-91	750	9/32	10

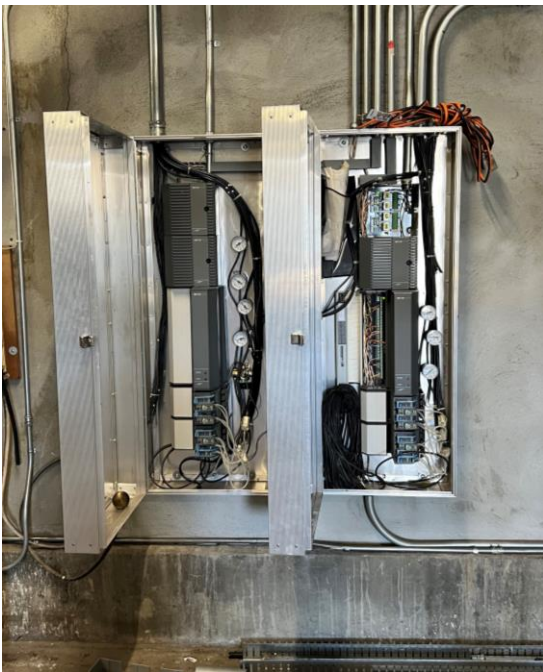
Table 5: Existing Boilers



Picture 19: Existing Central Steam Generators



Picture 20: Existing Steam Humidifiers



Picture 21: Existing Humidifier Controls



Picture 22: Existing Surgery Room Sensors

ELECTRICAL SYSTEMS

OBSERVATIONS

The building is served by Alameda Municipal Power pad-mounted transformer that provides a 277/480V, 3-phase, 4-wire electrical service to the building. Main Switchgear 'MSB', located in the Main Electrical room, is rated at 4000A, 277/480V, 3-phase, 4-wire. Switchgear 'MSB' (Picture 16) serves Panel 'BE' (Picture 17), Panel 'BET' (Picture 18), Panel 'BETA' (Picture 19), the chillers, and Motor Control Center 'MCC-2' (Picture 20) among other equipment. Also, it is assumed that there is sufficient electrical capacity on the existing electrical system.

There are (2) existing generators onsite: a 250KW (located outside) and 314KW generator (located in generator room). The existing 314KW generator serves automatic transfer switch 'ATS-EM' and the 250KW serves automatic transfer switch 'ATS-EMA'. These two transfer switches then distribute power to the rest of the emergency electrical distribution system.

The existing conditions of the disconnecting means and power source information for the existing plant equipment is detailed below.

Existing Chilled and Hot Water System Equipment Electrical Information			
Equipment Name	Power Source	Existing Disconnecting Means Type	Disconnecting Means Condition
Cooling Tower 'CT-1'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Cooling Tower 'CT-2'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Chiller #1	Switchgear 'MSB'	Integrated into equipment	Poor
Chiller #2	Switchgear 'MSB'	Integrated into equipment	Poor
Chilled Water Pump 'P-1'	Motor Control Center 'MCC-2'	External safety switch	Fair
Chilled Water Pump 'P-2'	Motor Control Center 'MCC-2'	External safety switch	Good
Chilled Water Pump 'P-5'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Chilled Water Pump 'P-6'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Chilled Water Pump 'P-7'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Chilled Water Pump 'P-8'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Chilled Water Pump 'P-9'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair

Existing Chilled and Hot Water System Equipment Electrical Information			
Equipment Name	Power Source	Existing Disconnecting Means Type	Disconnecting Means Condition
Boiler 'B-1'	Panel 'BET'	External safety switch	Good
Boiler 'B-2'	Panel 'BET'	External safety switch	Good
Hot Water Pump 'P-3'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Hot Water Pump 'P-4'	Motor Control Center 'MCC-2'	Disconnecting means seems to be at motor control center only.	Fair
Hot Water Pump 'P-10'	Panel 'BET'	Disconnecting means seems to be at motor control center only.	Fair
Hot Water Pump 'P-11'	Panel 'BET'	Disconnecting means seems to be at motor control center only.	Fair



Picture 19: Existing main Switchgear 'MSB'.



Picture 20: Existing panel 'BE'.



Picture 21: Existing panel 'BET'.



Picture 22: Existing panel 'BETA'.



Picture 23: Existing motor control center 'MCC-2'.

RECOMMENDATIONS

It is assumed that any new chilled water central and heating hot water plant equipment will require the same or less power as their respective existing counterparts. Existing electrical panels/motor control center and associated circuits shall be re-used wherever possible to power the replacement equipment.

Perform load readings on the various panels and motor control centers (in accordance with HCAI PIN 70) prior to any replacements.

Provide 120V, single phase power for temperature control panel(s) associated with new Surgery Humidifier System. Utilize the nearest existing 120/208V, 3-phase, 4-wire electrical branch panel with available electrical capacity.

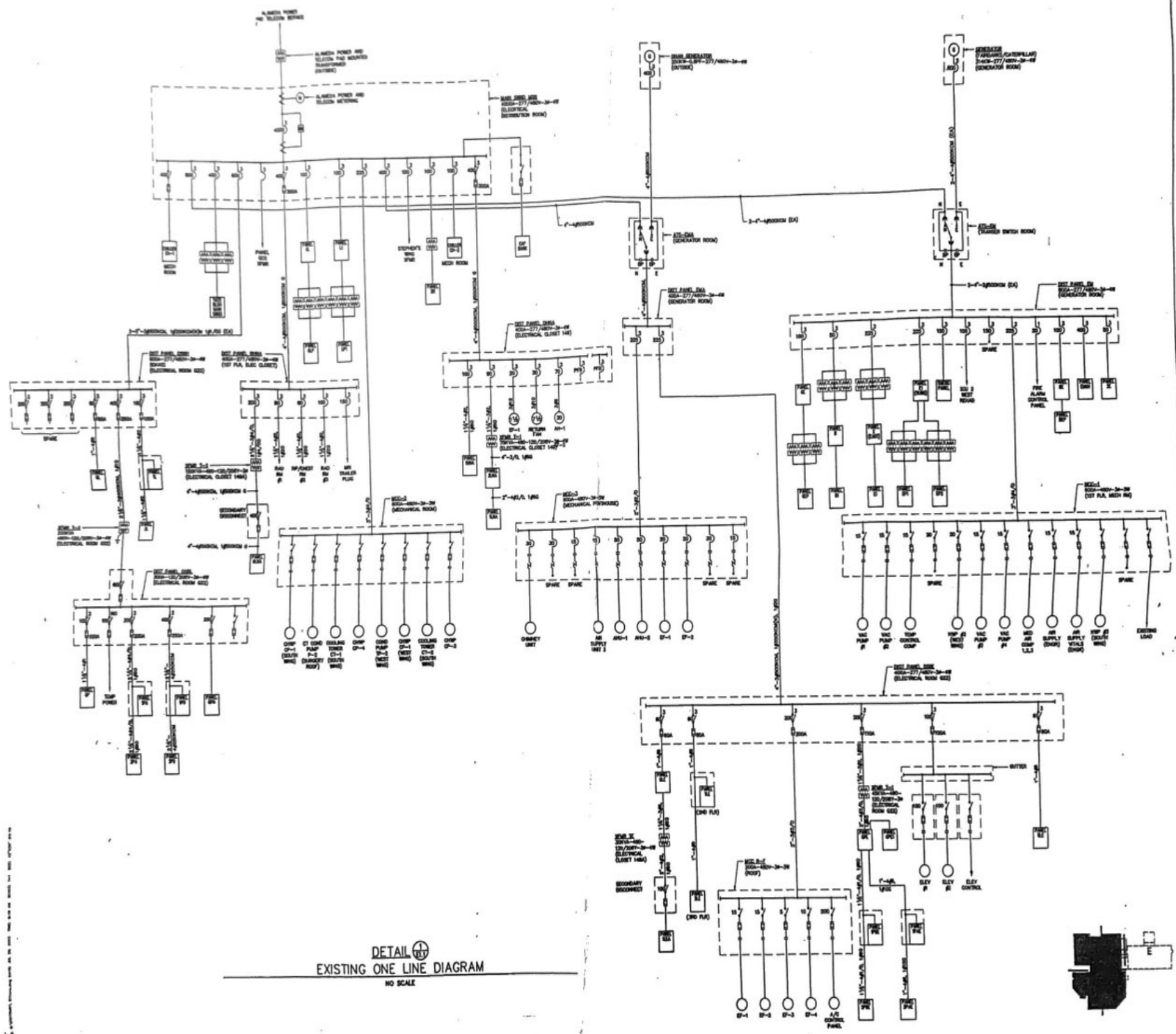
Additionally, see below for specific recommendations regarding plant equipment replacements.

Equipment Name	Recommendation
Cooling Tower 'CT-1'	Re-use existing panel/circuit and provide new safety switch within proximity of new equipment.
Cooling Tower 'CT-2'	Re-use existing panel/circuit and provide new safety switch within proximity of new equipment.
Chiller #1	Re-power via existing circuit breaker (powering existing chiller #2) on switchboard 'MSB' and provide new safety switch within proximity of new equipment.
Chiller #2	Re-power via existing circuit breaker (powering existing chiller #2) on switchboard 'MSB' and provide new safety switch within proximity of new equipment.
Chilled Water Pump 'P-1'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life.
Chilled Water Pump 'P-2'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life.
Chilled Water Pump 'P-5'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Chilled Water Pump 'P-6'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Chilled Water Pump 'P-7'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type

Equipment Name	Recommendation
	bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Chilled Water Pump 'P-8'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Chilled Water Pump 'P-9'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Boiler 'B-1'	Re-use existing panel/circuit and provide new safety switch within proximity of new equipment.
Boiler 'B-2'	Re-use existing panel/circuit and provide new safety switch within proximity of new equipment.
Hot Water Pump 'P-3'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Hot Water Pump 'P-4'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Hot Water Pump 'P-10'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.
Hot Water Pump 'P-11'	Re-use existing panel/circuit and provide VFD (with integral disconnect) within proximity of new equipment when hot water pump exceeds useful life. Consider replacement of the existing motor starter bucket serving pump within Motor Control Center 'MCC-2' with breaker-feeder type bucket. Coordinate with Westinghouse manufacturer as to whether this would be feasible.

APPENDIX A

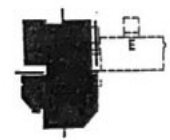
EXISTING SINGLE LINE DIAGRAM



DETAIL 

 EXISTING ONE LINE DIAGRAM

 NO SCALE



Alameda Hospital

HVAC Equipment Replacement

Based on review & analysis of:

Feasibility Study

Report Prepared for:

Smith-Karng Architects

March 29, 2023 rev1

MEP Update

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BASIS OF ESTIMATE

REFERENCE DOCUMENTATION

This Construction Cost Estimate was produced from the following documentation. Design and engineering changes occurring subsequent to the issue of these documents have not been incorporated in this estimate.

<u>Document</u>	<u>Date</u>
- Interface Engineers Due Diligence Report, boiler and chiller plant assessment	29-Mar-23
- Site visit	07-Mar-23

PROJECT DESCRIPTION

Purpose is to enhance correct deficiencies within the Alameda Hospital boiler and chiller plants due to age of equipment. Boilers, chillers, cooling towers and associated equipment are at the end of their useful life and in need of replacement.

BASIS FOR PRICING

This estimate reflects the fair construction value for this project and should not be construed as a prediction of low bid. Prices are based on local prevailing wage construction costs at the time the estimate was prepared. Pricing assumes a procurement process with competitive bidding for all sub-trades of the construction work, which is to mean a minimum of 3 bids for all subcontractors and materials/equipment suppliers. If fewer bids are solicited or received, prices can be expected to be higher.

Subcontractor's markups have been included in each line item unit price. Markups cover the cost of field overhead, home office overhead and subcontractor's profit. Subcontractor's markups typically range from 15% to 25% of the unit price depending on market conditions.

General Contractor's/Construction Manager's Site Requirement costs are calculated on a percentage basis. General Contractor's/Construction Manager's Jobsite Management costs are also calculated on a percentage basis.

Site Requirements	7.0%
Jobsite Management	12.0%
Phasing	20.0%

General Contractor's/Construction Manager's overhead and fees are based on a percentage of the total direct costs plus general conditions, and covers the contractor's bond, insurance, site office overheads and profit.

Insurance & Bonding	3.0%
General Contractor Bonding	0.7%
Sub-Contractor Bonding	1.2%
OSIP	1.1%
Fee (G.C. Profit)	5.0%

Unless identified otherwise, the cost of such items as overtime, shift premiums and construction phasing are not included in the line item unit price.

This cost estimate is based on standard industry practice, professional experience and knowledge of the local construction market costs. TBD Consultants have no control over the material and labor costs, contractors methods of establishing prices or the market and bidding conditions at the time of bid. Therefore TBD Consultants do not guarantee that the bids received will not vary from this cost estimate.

CONTINGENCY

Design Contingency	20.0%
---------------------------	-------

The Design Contingency is carried to cover scope that lacks definition and scope that is *anticipated* to be added to the Design. As the Design becomes more complete the Design Contingency will reduce.

Construction Contingency	0.0%	<i>Carried else where in owners budget</i>
---------------------------------	------	--

The Construction Contingency is carried to cover the unforeseen during construction execution and Risks that do not currently have mitigation plans. As Risks are mitigated, Construction Contingency can be reduce, but should not be eliminated.

An owners contingency has not been included in this construction cost estimate, but it is advised that the owner carry additional contingency to cover scope change, bidding conditions, claims and delays.

BASIS OF ESTIMATE

ESCALATION - ALL ESTIMATE SECTIONS

The timing of the start of construction is unknown at this time. Therefore all costs are represented in today's dollars, and escalation from today to the midpoint of construction is excluded

EXCLUSIONS

- Land acquisition, feasibility studies, financing costs and all other owner costs
- All professional fees and associated insurance
- Site surveys, existing condition reports and soils investigation costs
- Items identified in the design as Not In Contract [NIC]
- Hazardous materials investigations
- Utility company back charges, including work required off-site and utilities rates
- Work to City streets and sidewalks
- Items defined as Vendor / Owner supplied and Vendor / Owner installed
- Permits
- Owners contingency
- Design Fees
- PG & E Fees
- Sustainability Fees (LEED)
- Furniture, fixtures and equipment (FF&E)
- Hazardous soil remediation / soil improvements
- Project "soft" costs
- Base building structural strengthening to accommodate larger rooftop cooling tower. (we have included a larger structural dunnage on the roof under the equipment.

GRAND SUMMARY

	TOTAL	COMMENTS
OPTION ESTIMATES		
REPLACE BOILER, COOLING TOWER AND CHILLER	7,361,701	
ALTERNATE 1: HUMIDIFICATION SYSTEM REPAIRS	567,565	
ALTERNATE 2: DEMO EXPANSION TANKS	36,065	
ALTERNATE 3: REPLACE FLUE EXHAUST FAN	102,286	
GRAND TOTAL	8,067,617	

REPLACE BOILER, COOLING TOWER AND CHILLER

SECTION	%	TOTAL	COMMENTS
10 FOUNDATIONS			
20 BASEMENT CONSTRUCTION			
A SUBSTRUCTURE			
10 SUPERSTRUCTURE	0.4%	15,000	
20 EXTERIOR ENCLOSURE	2.0%	81,800	
30 ROOFING	0.2%	10,000	
B SHELL	2.6%	106,800	
10 INTERIOR CONSTRUCTION	1.2%	50,380	
20 STAIRS	0.2%	10,000	
30 INTERIOR FINISHES	0.6%	24,620	
C INTERIORS	2.1%	85,000	
10 CONVEYING			
20 PLUMBING	1.8%	71,659	
30 HVAC	86.9%	3,549,338	
40 FIRE PROTECTION	0.2%	10,000	
50 ELECTRICAL	5.3%	215,348	
D SERVICES	94.1%	3,846,345	
10 EQUIPMENT			
20 FURNISHINGS			
E EQUIPMENT + FURNISHINGS			
10 SPECIAL CONSTRUCTION			
20 SELECTIVE BUILDING DEMOLITION	1.1%	44,420	
F SPECIAL CONSTRUCTION + DEMOLITION	1.1%	44,420	
10 SITE PREPARATION			
20 SITE IMPROVEMENTS	0.1%	4,000	
30 SITE MECHANICAL UTILITIES			
40 SITE ELECTRICAL UTILITIES			
50 OTHER SITE CONSTRUCTION			
G BUILDING SITEWORK	0.1%	4,000	
DIRECT COSTS		4,086,565	
SITE REQUIREMENTS	7.0%	286,060	\$47,677 per month
JOBSITE MANAGEMENT	12.0%	490,388	\$81,731 per month
PHASING	20.0%	817,313	\$136,219 per month
ESTIMATE SUB-TOTAL		5,680,325	
INSURANCE + BONDING	3.0%	170,410	
FEE	5.0%	284,016	
ESTIMATE SUB-TOTAL		6,134,751	
DESIGN CONTINGENCY	20.0%	1,226,950	
CONSTRUCTION CONTINGENCY			excluded
ESTIMATE SUB-TOTAL		7,361,701	
ESCALATION			excluded
ESTIMATE TOTAL		7,361,701	total add-ons 80.14%

Estimator: DJ, AB
GSF: N/A

BOILER AND CHILLER PLANT DETAIL

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
1							
2		Foundations					
3							
4		<u>Standard Foundations</u>		NA			no work anticipated
5							
6		FOUNDATIONS					
7							
8		Basement Construction		NA			no work anticipated
9							
10		BASEMENT CONSTRUCTION					
11							
12		Superstructure					
13							
14		Supplement existing structural steel cooling tower dunnage on roof, to accommodate larger sized cooling tower and condenser water pump	1	LS	15,000.00	15,000	
15							
16		SUPERSTRUCTURE				15,000	
17							
18		Exterior Enclosure					
19							
20		<u>Exterior Walls</u>					
21		Reframe and patch back exterior wall at temp opening for equipment removal/reinstall (mtl stud framing, insulation, exterior gyp, ext stucco, including reframing at exterior door)	120	SF	200.00	24,000	
22		Temp wall infill, for use at temp opening when not open for equipment pathway in/out. Including rebuilding a few times	120	SF	75.00	9,000	
23		Refinish exterior wall at prior locations of cooling tower enclosure wall connection and sound insulation / metal mesh attachment	380	SF	60.00	22,800	
24							
25		<u>Louvers</u>					
26		Remove exterior wall louvers at 1st floor mechanical room due to rust condition	1	LS	2,500.00	2,500	
27		Provide new louvers	160	SF	125.00	20,000	
28							
29		<u>Exterior Doors</u>					
30		Remove/reinstall ext door, frame, single. Replace hardware and frame	1	EA	3,500.00	3,500	
31							
32		EXTERIOR ENCLOSURE				81,800	
33							
34		Roofing					
35							
36		<u>Roof Coverings</u>					
37		Roof repairs and protection allowance for work at rooftop cooling tower	1	AL	10,000.00	10,000	Refer to Superstructure section for cooling tower roof deck and support structure work
38							
39		ROOFING				10,000	

Estimator: DJ, AB
GSF: N/A

BOILER AND CHILLER PLANT DETAIL

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
40							
41		Interior Construction					
42							
43		<u>Partitions</u>					
44		New interior gypboard at inside face of exterior wall	1	LS	1,080.00	1,080	
45		Rated walls isolating chillers, gypboard, metal studs	900	SF	45.00	40,500	walls to slab soffit above, firestopping at any utility penetrations
46		Allow for cut/patch rated partitions along piping pathway down from new cooling tower on roof	1	LS	5,000.00	5,000	
47							
48		<u>Doors</u>					
49		New chiller enclosure door/frame/hdwr	1	EA	3,800.00	3,800	
50							
51		INTERIOR CONSTRUCTION				50,380	
52							
53		Stairs					
54							
55		Temporary construction access stairs/scaffolding from loading dock area up to roof above 2nd floor, for exterior access to rooftop cooling tower	1	LS	10,000.00	10,000	
56							
57		STAIRS				10,000	
58							
59		Interior Finishes					
60							
61		<u>Wall Finishes</u>					
62		Paint new chiller enclosure walls, both sides, and interior face of exterior wall, at temp opening	2,040	SF	3.00	6,120	
63		Misc. touch up painting	1	LS	1,000.00	1,000	
64							
65		<u>Ceiling Finishes</u>					
66		Misc. touch up paint	1	LS	1,000.00	1,000	
67		Allow for cut/patch ceilings along pathway of cooling tower piping from roof, along ceiling of level 1	1	LS	15,000.00	15,000	
68							
69		<u>Floor Finishes</u>					
70		Misc. repairs, patching, touchup at painted floor finish	1	LS	1,500.00	1,500	painting floor finish assumed
71							
72		INTERIOR FINISHES				24,620	
73							
74		Conveying					no work anticipated
75							
76		CONVEYING					
77							
78		Plumbing					
79							
80		<u>Trade demo</u>					
81		Disconnect makeup water from existing equipment, serving chill, condenser and heating water systems	1	LS	6,603.45	6,603	
82							
83		<u>Domestic Water Distribution</u>					
84		Rework/reconfigure makeup water serving chill and condenser water systems	1	LS	7,142.10	7,142	
85		Add backflow preventers to makeup water systems as necessary	1	LS	12,000.00	12,000	
86		Rework/reconfigure makeup water serving heating hot water system	1	LS	2,910.00	2,910	

Estimator: DJ, AB
GSF: N/A

BOILER AND CHILLER PLANT DETAIL

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
86							
88		<u>Misc. plumbing</u>					
89		Misc. rework, reroute repair of plumbing systems in mechanical/boiler room	1	LS	26,600.00	26,600	for access for moving old and new chillers
		<u>Natural gas</u>					
		Reroute/reconfigure and reconnect gas piping at boilers to accommodate boiler removal and new boiler installation	1	LS	4,460.00	4,460	
90							
91		<u>Misc. Plumbing requirements</u>					
92		Site supervision, documentation, coordination, testing, mob/demob, GC's and GR's	1	LS	11,943.00	11,943	
93							
94		PLUMBING				71,659	
95							
96		HVAC					
97							
98		<u>Trade demo</u>					
99		Disconnect/remove chill water piping, valves, specialties and insulation to accommodate replacement	1	LS	3,530.00	3,530	
100		Disconnect/remove condenser water piping, valves, specialties and insulation to accommodate chiller replacement	1	LS	3,530.00	3,530	
101		Disconnect/remove condenser water piping, valves, specialties and insulation to accommodate CT replacement	1	LS	7,060.00	7,060	
102		Disconnect/remove heating hot water piping, valves, specialties and insulation to accommodate boiler replacement	1	LS	3,530.00	3,530	
102		Disconnect and remove water treatment equipment	1	LS	2,140.00	2,140	
104		Demo cooling tower, at grade, 175 ton, associated piping, valves, supports and appurtenances, remove housekeeping pad	1	LS	14,750.00	14,750	
105		Demo cooling tower, on roof, 175 ton, associated piping, fittings, valves, specialties and appurtenances	1	LS	12,250.00	12,250	
106		Demo condenser water pumps, 400gpm, 80ft hd	2	EA	1,480.00	2,960	
107		Demo chiller, 140 ton, pull out thru exterior mechanical room wall into CT enclosure	2	EA	10,500.00	21,000	
108		Demo chill water pumps, 216gpm, 120 ft hd	3	EA	1,480.00	4,440	
109		Demo chill water pumps, in-line, 216 gpm, 30 ft hd	2	EA	1,070.00	2,140	
110		Safe-off and abandon existing expansion tanks	1	LS	1,070.00	1,070	
111		Demo existing Parker boilers, 4999MBH each	2	EA	22,496.00	44,992	
112		Demo existing HHW pumps	4	EA	1,070.00	4,280	
113		Misc. demo, associated equipment	1	EA	8,100.00	8,100	

Estimator: DJ, AB
GSF : N/A

BOILER AND CHILLER PLANT DETAIL

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
114							
115		<u>Heat Generating Systems</u>					
116		New heating hot water boilers, gas fired, high efficiency, 5000 MBH	2	EA	300,000.00	600,000	
117		Inspect and correct deficiencies associated with boiler flue exhaust, remove, modify, reinstall to accomdate boiler replacement work	1	LS	23,450.00	23,450	
118		Inspect and maintain boiler flue exhaust fan on roof	1	LS	5,000.00	5,000	
119		Repair insulation on flue exhaust fan	1	LS	3,000.00	3,000	
120		New HHW pumps, base mounted end suction, 75gpm	2	EA	2,550.00	5,100	
121		New HHW pumps, base mounted end suction, 175gpm	2	EA	3,750.00	7,500	
122		Vibration isolation	4	EA	1,200.00	4,800	
123		VFD	12	HP	300.00	3,600	
124		New bladder type expansion tank	1	LS	2,500.00	2,500	
125		New air seperator	1	LS	2,200.00	2,200	
126		Misc, HVAC equipment and devices	1	LS	6,000.00	6,000	
127		Temporary boiler during construction, includes temp piping, valving etc.	1	LS	112,500.00	112,500	
127							
129		<u>Cooling Generating Systems</u>					
130		New cooling tower at grade		NA			opting for bigger CT on roof
131		New dual cell, cooling tower on roof	350	TON	500.00	175,000	
132		Support structure and vibration isolation allowance for cooling tower on roof	1	LS	70,000.00	70,000	
133		Replace chillers 1st floor mechanical room, bring chillers in thru CT enclosure and exterior mechanical room wall	280	TON	1,200.00	336,000	
134		Replace steel frame base mount with vibration isolators under chillers	2	EA	35,000.00	70,000	
135		Patch housekeeping pads at prior anchor points	2	EA	1,200.00	2,400	
136		New condenser water pumps, 400 gpm	2	EA	25,000.00	50,000	
137		New chill water pumps, 216 gpm	3	EA	27,500.00	82,500	
138		New chill water pumps, in-line, 216 gpm	2	EA	7,500.00	15,000	
139		Vibration isolation	5	EA	5,000.00	25,000	
140		VFD, include integral disconnect switch	70	HP	310.00	21,700	
141		Temporary air cooled chiller during construction, includes temp piping, valving etc.	1	LS	90,000.00	90,000	
142		New water treatment equipment, chemical treatment	2	LS	12,500.00	25,000	
143		New tower water filtration skid	2	LS	55,000.00	110,000	
144		New expansion tank, bladder type	2	EA	3,500.00	7,000	
145		New air seperator	1	EA	3,000.00	3,000	
146		New chemical pot feeder	1	EA	2,000.00	2,000	
147		Refrigerant sensors, alarms, and purge exhaust fan serving chiller room	1	LS	25,000.00	25,000	
148							
149		<u>Distribution Systems</u>					
150		Misc. chiller and condenser water piping reroute and reconfiguration to accommodate new equipment, route new condenser water from CT at roof to mechanical room	1	LS	270,000.00	270,000	
151		Misc. heating hot water piping reroute and reconfiguration to accommodate new boilers, pumps, expansion tank and air seperator	1	LS	115,000.00	115,000	
152		Misc. piping system reroute/reconfiguration to accommodate boiler and chiller move-out and move-in	1	LS	50,000.00	50,000	for access for moving old and new chillers, boilers and accomdate chiller room enclosure
153		Misc. MEP rework to accommodate installation of new chiller enclosure walls	1	LS	8,060.00	8,060.00	
154		Inspect and replace pipe insulation as necessary	1	LS	28,200.00	28,200	

Estimator: DJ, AB
GSF: N/A

BOILER AND CHILLER PLANT DETAIL

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
155							
156		<u>Controls & Instrumentation</u>					
157		New BMS controls head end	1	LS	15,000.00	15,000	
158		BMS controls serving new equipment	130	PTS	2,250.00	292,500	
159							
160		<u>Systems Testing & Balancing</u>	360	HRS	175.00	63,000	
161							
162		<u>Other HVAC Systems & Equipment</u>					
163		Crane and rigging	1	LS	95,000.00	95,000	
164		Misc HVAC requirements, site supervision, mob/demob, documentation, testing, startup, commissioning, GC's and GR's	1	LS	591,556.00	591,556	
165							
166		HVAC				3,549,338	
167							
168		<u>Fire Protection</u>					
169							
170		<u>Misc. sprinkler rework/reconfiguration to accommodate equipment replacement work</u>	1	LS	10,000.00	10,000	
171							
172		FIRE PROTECTION				10,000	
173							
174		<u>Electrical</u>					
175							
176		<u>Misc. electrical and lighting rework/reconfiguration to accommodate equipment replacement</u>	1	LS	40,000.00	40,000	
177							
178		<u>Machine and equipment power</u>					
179		Safe-off and disconnect existing CT, reconnect power once new CT is installed, add safety switch within proximity of new equipment, inspect/replace components/devices as necessary	2	EA	4,010.00	8,020	
180		Safe-off and disconnect existing chiller, reconnect power once new chiller is installed, pull new feeder via existing CB, add safety switch in proximity of chiller, inspect/replace components/devices as necessary	2	EA	7,830.00	15,660	
180		Safe-off and disconnect existing CW pumps, reconnect power once new pumps are installed, replace motor starter bucket, inspect/replace components/devices as necessary	2	EA	9,130.00	18,260	
181		Safe-off and disconnect existing CHW pumps, reconnect power once new pumps are installed, replace motor starter bucket, inspect/replace components/devices as necessary	5	EA	7,710.00	38,550	
183		Safe-off and disconnect existing boilers, reconnect power once new boilers are installed, inspect/replace components/devices as necessary	2	EA	2,890.00	5,780	
183		Safe-off and disconnect existing HHW pumps, reconnect power once new pumps are installed, replace motor starter bucket, inspect/replace components/devices as necessary	4	EA	6,300.00	25,200	
180		Add safety switch to existing boiler power connections	2	EA	660.00	1,320	
180		Temp power serving temp chiller	1	LS	15,000.00	15,000	

Estimator: DJ, AB
GSF: N/A

BOILER AND CHILLER PLANT DETAIL

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
186							
187		<u>Communications & Security</u>					
188		Misc. rework/reconfiguration of existing	1	LS	5,000.00	5,000	
189							
190		<u>Misc. electrical requirements</u>					
191		Site supervision, mob/demob, documentation, testing, startup, GC's and GR's	1	LS	34,558.00	34,558	
		Misc. load testing per HCAI PIN 70	1	LS	8,000.00	8,000	
192							
193		ELECTRICAL				215,348	
194							
195		Equipment		NA			no work anticipated
196							
197		EQUIPMENT					
198							
199		Furnishings		NA			no work anticipated
200							
201		<u>Fixed Furnishings</u>					
202		Alameda Hospital to remove/reinstall fixed furnishings as necessary					work by owner
203							
204		<u>Moveable Furnishings</u>					
205		Alameda Hospital to remove/reinstall moveable furnishings as necessary					work by owner
206							
207		FURNISHINGS					
208							
209		Special Construction		NA			no work anticipated
210							
211		SPECIAL CONSTRUCTION					
212							
213		<u>Selective Building Demolition</u>					
214							
215		<u>Building Elements Demolition</u>					
216		Remove cooling tower enclosure at grade, incl foundations	1,188	SF	16.94	20,120	quantity is wall area
217		Cut temp opening in exterior wall of existing mechanical room, at former location of cooling tower	120	SF	15.00	1,800	
218							
219		<u>Hazardous Components Abatement</u>	1	LS	22,500.00	22,500	assumed at chilled water piping insulation at the chillers, and exhaust fan on roof
220							
221		SELECTIVE BUILDING DEMOLITION				44,420	
222							
223		Site Preparation		NA			no work anticipated
224							
225		SITE PREPARATION					
226							
227		<u>Site Improvements</u>					
228							
229		Patch paving at demolished cooling tower foundations	160	SF	25.00	4,000	
230							
231		SITE IMPROVEMENTS				4,000	
232							
233		Site Mechanical Utilities		NA			no work anticipated
234							
235		SITE MECHANICAL UTILITIES					
236							
237		<u>Site Electrical Utilities</u>		NA			no work anticipated
238							
239		SITE ELECTRICAL UTILITIES					

ALTERNATES

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
1							
2		<u>ALTERNATE 1: HUMIDIFICATION SYSTEM REPAIRS</u>					
3							
4		<u>Interior construction</u>					
5		Allow wall cut/patch at new humidification and temperature controls devices on walls	7	RMS	1,250.00	8,750.00	1 location per room
6							
7		<u>Trade demolition</u>					
8		Demo existing humidifiers, humidifier pipework, control valves, ductwork, devices, valves, specialties and controls (H-1 thru H-7)	7	EA	3,530.00	24,710.00	
9							
10		<u>HVAC equipment</u>					
11		New duct mounted humidifiers, pressurized steam dispersion panel	7	EA	5,500.00	38,500.00	
12							
13		<u>Piping distribution</u>					
14		Rework/reconfigure, reroute humidifier piping, valves, specialties and controls serving new humidifiers	7	LOCN	5,900.00	41,300.00	
		Pipe insulation	7	LOCN	800.00	5,600.00	
		Valves and specialties	7	LOCN	590.00	4,130.00	
15							
16		<u>Air distribution</u>					
17		Reroute ductwork to accommodate manufacturer recommended horizontal straight run	1,400	LBS	30.00	42,000.00	
18		Duct insulation	840	SF	7.00	5,880.00	
19		Connect to existing duct	14	EA	635.00	8,890.00	
20							
21		<u>Temperature controls</u>					
22		Add temperature and humidity sensors in existing OR's	6	EA	1,000.00	6,000.00	
		New BMS controls, DDC	21	PTS	2,250.00	47,250.00	
		Misc. controls upgrades	10	PTS	2,250.00	22,500.00	
		120V power connection serving control panel	1	LS	1,500.00	1,500.00	
23							
24		<u>Testing and balancing</u>	40	HRS	175.00	7,000.00	
25							
26		<u>Misc. HVAC requirements</u>					
27		Misc HVAC requirements, site supervision, mob/demob, documentation, testing, startup, commissioning, GC's and GR's	1	LS	51,052.00	51,052.00	
28							
29					Markups (80.14%):	252,503	
30							
31		ALTERNATE 1: HUMIDIFICATION SYSTEM REPAIRS				567,565	
32							
33		<u>ALTERNATE 2: DEMO EXPANSION TANKS</u>					
34							
35		Disassemble, cut-up and remove/dispose of existing CHW expansion tanks	2	EA	6,300.00	12,600	
36		Disassemble, cut-up and remove/dispose of existing HHW expansion tank	1	EA	7,420.00	7,420	
37							
38					Markups (80.14%):	16,045	
39							
40		ALTERNATE 2: DEMO EXPANSION TANKS				36,065	

ALTERNATES

REF	MF	DESCRIPTION	QUANTITY	UoM	UNIT RATE	TOTAL	COMMENTS
41							
42		<u>ALTERNATE 3: REPLACE FLUE EXHAUST FAN</u>					
43							
44		Demo existing exhaust and and associated flue	1	LS	4,780.00	4,780	
45		Install new boiler flue exhaust fan	1	EA	15,000.00	15,000	
46		New boiler flue, supports and anchors	1	LS	25,000.00	25,000	
47		Vibration isolation	1	LS	5,000.00	5,000	
48		Power disconnect/reconnect, add safety switch	1	LS	2,000.00	2,000	
49		Replace pneumatic controls with DDC	1	LS	5,000.00	5,000	
50							
51					Markups (80.14%):	45,506	
52							
53		ALTERNATE 3: REPLACE FLUE EXHAUST FAN				102,286	

Patient Experience Alameda Hospital January 2023

Alameda Hospital January 2023

H-CAHPS (N=20) <i>N may vary by question</i>	FY22 Baseline	FY23 Goal	FY23 YTD	December 2022	January 2023
Overall Hospital Rating	55.18	71.66	66.06	53.00	79.50
Communication with Nurses	69.28	74.70	72.51	75.17	83.96
Communication with Doctors	74.97	77.85	78.65	85.61	80.42
Cleanliness and Quietness of Hospital Environment* (<i>*2 questions-noted below</i>)	52.53	51.01	62.97	66.67	72.18
<i>Quietness (no separate goal set)</i>	43.02		52.18	41.40	63.77
<i>Cleanliness (no separate goal set)</i>	62.04		73.77	91.94	80.58
Responsiveness of Hospital Staff	60.5	70.18	66.56	56.47	74.98
Communication about Medicines	48.49	59.39	62.74	67.05	56.86
Care Transitions	44.58	46.04	43.33	51.00	49.13
Discharge Information	79.98	84.14	82.55	76.00	87.24

Action Plan

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



Alameda District Board Presentation 4/10/2023

AHD

Acute Care

	February	Budget	Var	% Var	YTD	Budget	Var	% Var	PYTD	Var	% Var
Patient Days	1,240	1,027	213	20.7%	9,151	6,988	2,163	31.0%	7,673	1,478	19.3%
Discharges	218	159	59	37.5%	1,726	1,468	258	17.6%	1,512	214	14.2%
<i>Average Daily Census</i>	44.3	36.7	7.6	20.7%	37.7	28.8	8.9	31.0%	31.6	6.1	19.3%
<i>Average Length of Stay</i>	5.7	6.5	-0.8	-12.2%	5.3	4.8	0.5	11.4%	5.1	0.2	4.5%
Adjusted Patient Days	1,971	1,588	383	24.1%	15,286	11,636	3,650	31.4%	12,533	2,752	22.0%
Adjusted Discharges	347	245	101	41.4%	2,883	2,445	439	17.9%	2,470	413	16.7%
Occupancy %	67%	56%	0%	0.0%	57%	44%	0%	0.0%	48%	0%	0.0%
Observation Equiv Days	140	99	42	42.1%	1,351	670	681	101.7%	1,110	241	21.8%
CMI	1.438	1.49	-0.053	-3.5%	1.441	1.5	-0.059	-3.9%	1.5	-0.059	-3.9%
Surgeries	154	83	71	84.7%	1,034	1,258	-224	-17.8%	1,285	-251	-19.5%
IP Surgeries	39	8	31	365.3%	246	270	-24	-9.0%	258	-12	-4.7%
OP Surgeries	115	75	40	53.4%	788	987	-199	-20.2%	1,027	-239	-23.3%
Emergency Visits	1,260	1,065	195	18.3%	11,068	9,556	1,512	15.8%	9,601	1,467	15.3%
Clinic Visits	990	948	42	4.4%	8,127	7,841	286	3.7%	7,827	300	3.8%
Paid FTE	581	596	15	2.5%	595	578	-18	-3.1%	574	-21	-3.7%
Productive FTE	539	522	-17	-3.2%	516	490	-26	-5.4%	498	-18	-3.6%
Paid FTE per AOB	2.21	2.22	0.01	0.6%	2.22	2.11	-0.1	-4.8%	2.21	0	-0.2%
Worked Hours Per APD	11.7	11.1	-0.6	-5.2%	11	10.2	-0.7	-7.2%	11	0	-0.2%
Worked Hours Per AD	267	363	96	26.5%	273	306	33	10.8%	302	28	9.4%

	February	Budget	Var	% Var	YTD	Budget	Var	% Var	PYTD	Var	% Var
SNF											
Patient Days	4,633	4,563	70.00	0.02	36,796	40,710	-3,914	-9.6%	37,650	-1,509	-4.0%
Discharges	12	13	-1.00	-0.08	92	125	-33.0	-0.3	133	-42	-31.6%
<i>Average Daily Census</i>	165.5	163.0	2.50	0.02	151.4	167.5	-16.1	-0.1	154.9	-6.2	-4.0%
<i>Average Length of Stay</i>	386.1	355.3	30.78	0.09	400.0	326.2	73.8	0.2	283.1	114.1	40.3%
Adjusted Patient Days	4,652	4,574	-579	-12.7%	36,943	40,810	-4,521	-11.1%	37,758	-1,469	-3.9%
Adjusted Discharges	12	13	-1	-7.7%	92	125	-33	-26.4%	133	-42	-31.6%
Occupancy %	78%	90%	0%	0.0%	82%	93%	0%	0.0%	86%	0%	0.0%
Bed Holds	59	55	4	8.0%	373	417	-44	-10.6%	360	13	3.6%

Alameda Hospital District: Feb 2023

In Thousands	MTD	YTD
<i>Operating Revenue -----</i>		
Net Patient Revenue	\$8,536	\$69,435
Capitation Revenue	518	4,147
Other Government Programs	1,455	14,156
Other Revenues	435	3,546
Total Revenue - All Sources	10,944	91,284
Budget Revenue	10,043	82,533
Collection %	15.1%	15.1%
Budget Collection %	14.3%	14.3%
<i>Operating Expenses -----</i>		
Salaries & Benefits	9,319	77,275
Purchased Services	913	8,444
Materials and Supplies	1,059	9,037
Facilities	297	2,554
Depreciation	386	3,160
General & Administration	47	373
Total Operating Expenses	12,022	100,843
Budget Expenses	10,422	84,265
Contribution Margin	(1,079)	(9,559)
Budget Contribution Margin	(379)	(1,732)

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

- Alameda District Hospital acute average daily census was 44.3 in January which is 67% occupancy. Census has increased over budget for the month with a YTD of 37.7.
- Acute Volume and Revenue Highlights:
 - CMI is at 1.44 is 3.5% below budget for the month and 3.9% below budget YTD. Generally, a higher CMI increases the expected LOS.
 - LOS decreased in the month to 5.7; below budget of 6.5. YTD LOS is 5.3 and PY was 5.1.
 - Observation days has decreased to 140 and is above budget of 99.
 - Surgeries increased to 154 in February above budget of 83. Only 2 rooms are open with the SPD closure.
 - OP Surgery is above budget by 40 and 53.4%; YTD below budget by 20.2%
 - IP Surgery is below budget by 31 and 365.3%; YTD below budget by 9%
- Expenses
 - Registry and Overtime are above budget due to staffing shortages and difficulty recruiting.
 - Meetings continue with the Union regarding adding 12-hour work shifts.
 - Reviewing registry usage and working to standardize process and suppliers. Reviewing contract with Vaya and looking at other registries that AHS is using. Nurse Manager regularly attending MDRs and advocating for earlier discharge times.
 - 4 new grads recruited in Nursing and started in March.

- Skilled Nursing Volume and Revenue Highlights:
 - Park Bridge, Fairmont and Southshore are in outbreak status and admissions hindered.
 - Discharges at 12 were below budget of 13. Working with Case Management team on discharge planning.
 - As of January 28, Park Bridge growth has increased and Post Acute SBU slightly above census budget.

- Expenses
 - OT has gone down from previous month due to use of SANs and Registry.
 - Registry FTE has gone below budget but inflated due to old invoices. Working with AP on accruals.
 - High pharmaceuticals cost due to old invoices. Working with AP on accruals.
 - Recruiting efforts continuing and wages are being bargained for

- Alameda District Hospital acute average daily census runs approximately 57% occupancy; mostly admissions coming through the ED. YTD census is 37.7.
 - Med surg and Tele (58 beds)
 - ICU census (8 Beds)
 - Clinics include Wound Care Clinic & Marina Wellness Center
- Skilled Nursing runs at approximately 82% capacity; mostly admissions from AHS hospitals.
 - Hospital (Subacute 35 beds)
 - Park Bridge (120 beds) and
 - Fairmont South Shore Annex (26 beds)

Appendix

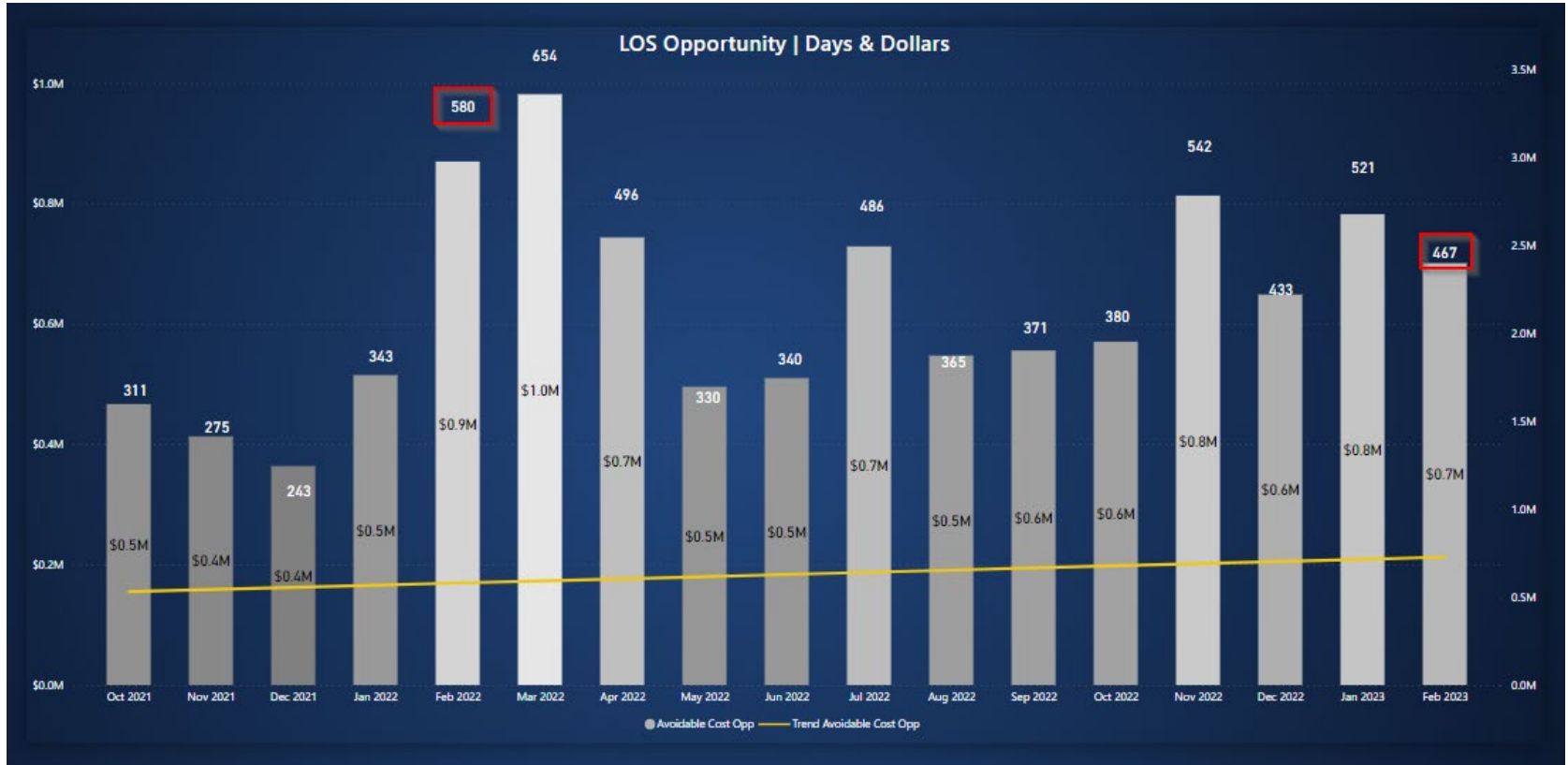
AHS Finance Committee Presentation



February 2023 Financial Report Finance Committee 4/5/2023

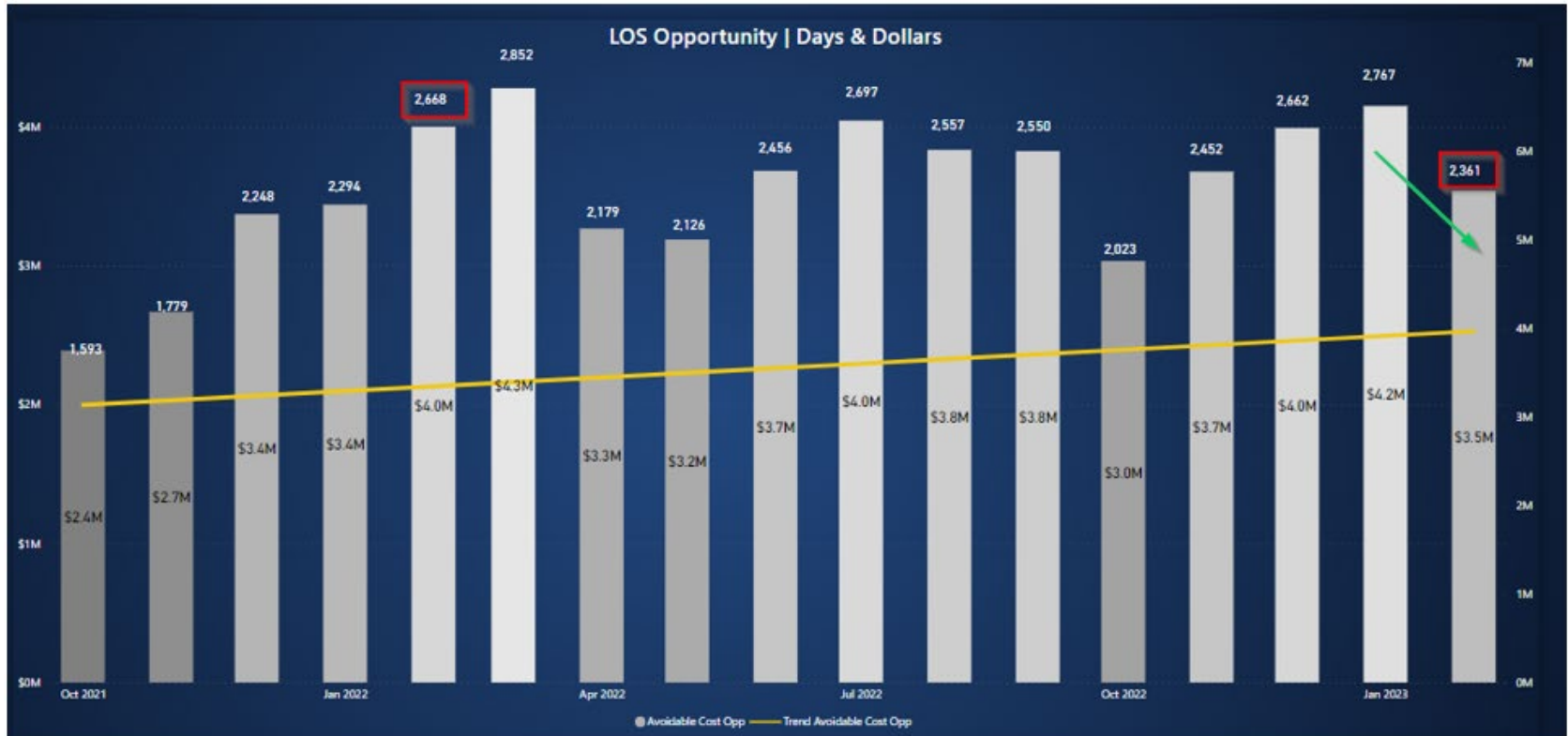
	February	Budget	Variance	% Var	YTD	YTD	Variance	% Var	PY YTD	Variance	% Var
					Actual	Budget			Actual		
ACUTE											
Patient Days	8,676	8,410	266	3.2%	76,323	69,199	7,124	10.3%	70,249	6,074	8.6%
Discharges	1,453	1,432	21	1.5%	11,907	12,324	(417)	-3.4%	11,946	(39)	-0.3%
Average Daily Census	309.9	300.3	9.6	3.2%	314.1	284.8	29.3	10.3%	289.1	25.0	8.6%
Average Length of Stay	6.0	5.9	0.1	1.7%	6.4	5.6	0.8	14.3%	5.9	0.5	8.5%
Adjusted Patient Days	14,169	12,961	1,208	9.3%	120,276	108,012	12,264	11.4%	108,998	11,278	10.3%
Adjusted Discharges	2,373	2,206	167	7.6%	18,764	19,236	(472)	-2.5%	18,535	229	1.2%
CMI	1.559	1.529	0.030	2.0%	1.539	1.540	(0.001)	-0.1%	1.540	(0.001)	-0.1%
Emergency Visits	7,605	6,882	723	10.5%	63,440	63,337	103	0.2%	61,345	2,095	3.4%
Trauma Cases	269	236	33	14.0%	2,083	2,026	57	2.8%	1,996	87	4.4%
Observation Equivalent Days	237	146	91	62.3%	1,976	1,143	833	72.9%	4,386	(2,410)	-54.9%
PES Equivalent Days	621	567	54	9.5%	5,151	4,403	748	17.0%	4,386	765	17.4%
Surgeries	705	565	140	24.8%	5,696	5,484	212	3.9%	5,299	397	7.5%
IP Surgeries	297	272	25	9.2%	2,672	2,769	(97)	-3.5%	2,618	54	2.1%
OP Surgeries	408	293	115	39.2%	3,024	2,715	309	11.4%	2,681	343	12.8%
Deliveries	102	100	2	2.0%	957	990	(33)	-3.3%	947	10	1.1%
SNF											
Patient Days	7,598	7,364	234	3.2%	63,623	66,152	(2,529)	-3.8%	62,899	724	1.2%
Discharges	21	24	(3)	-12.5%	171	212	(41)	-19.3%	213	(42)	-19.7%
Average Daily Census	271.4	263.0	8.4	3.2%	261.8	272.2	(10.4)	-3.8%	258.8	3.0	1.2%
Average Length of Stay	361.8	307.7	54.1	17.6%	372.1	312.1	60.0	19.2%	295.3	76.8	26.0%
CLINIC VISITS											
Clinic Visits	24,678	25,965	(1,287)	-5.0%	207,574	214,067	(6,493)	-3.0%	192,377	15,197	7.9%
Telehealth Visits	4,294	4,438	(144)	-3.2%	38,598	38,601	(3)	0.0%	46,882	(8,284)	-17.7%
Physician wRVU	82,851	149,900	(67,050)	-44.7%	761,253	760,120	1,133	0.1%	719,834	41,419	5.8%
Total Adjusted Patient Days	25,425	23,386	2,039	8.7%	211,933	202,510	9,423	4.7%	198,410	13,523	6.8%
Total Adjusted Discharges	2,303	2,158	145	6.7%	18,291	18,756	(465)	-2.5%	18,119	172	0.9%

Alameda Hospital (AH)



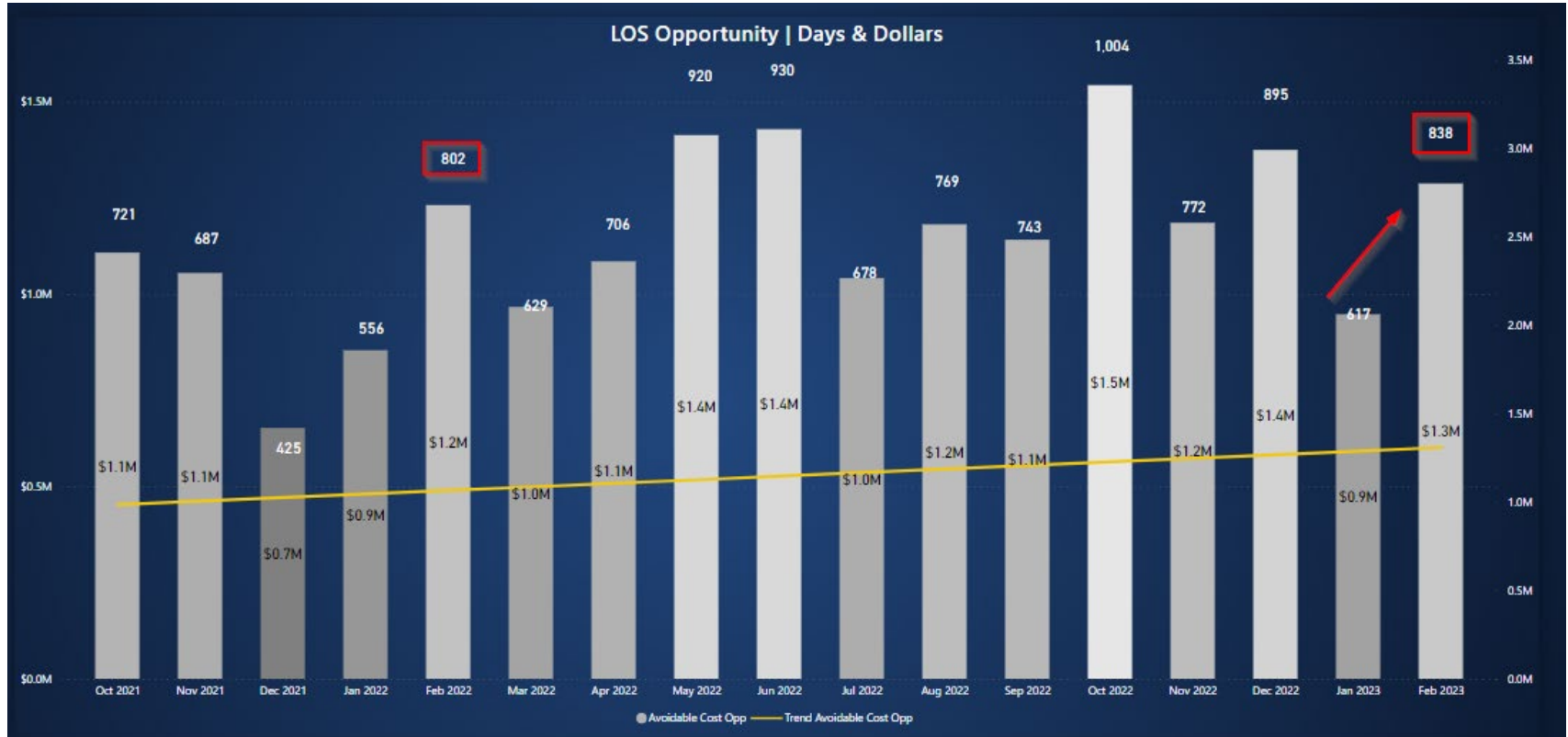
- LOS Variance Days: The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. February has 467 days which is a **10% month over month improvement** and is **19.5% improvement year over** year February.
- LOS Variance Dollars: The AHS additional cost of resources due to the variance days for February was \$0.7M. (calculated at \$1,500/day). Does not include the \$2.3M opportunity cost of the bed being unavailable for another patient (weighted average per diem reimbursement all heads in a bed \$4,883~~69~~)

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



- **LOS Variance Days:** The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. February has 2,361 days which is **14.7% month over month improvement** and is **11.5% improvement year over year** February.
- **LOS Variance Dollars:** AHS estimated additional cost of resources due to the variance days for February was \$3.5M (calculated at \$1,500/day). Does not include the \$11.5M opportunity cost of the bed being unavailable to another patient (weighted average per diem reimbursement all heads in a bed \$4,883).

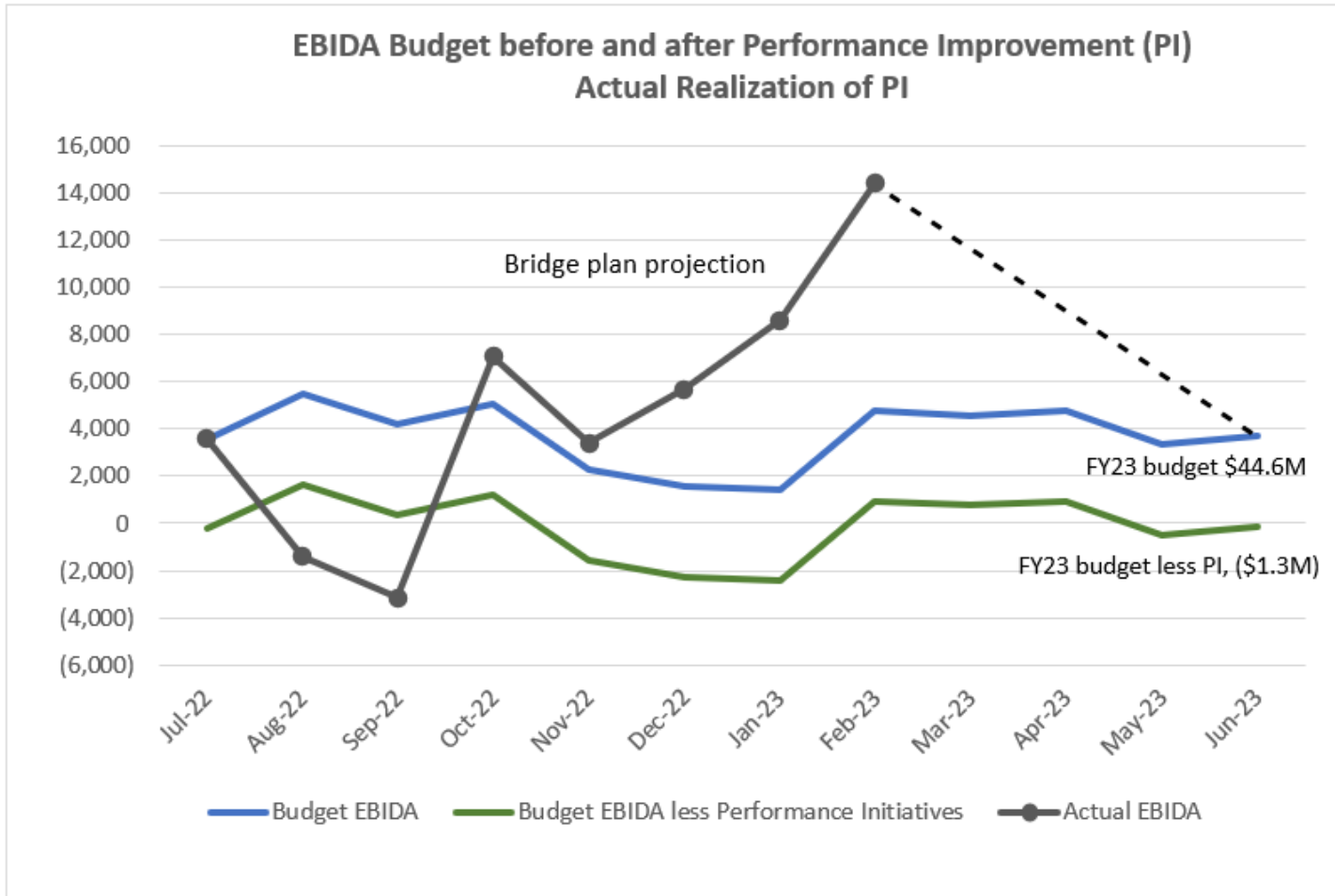
John George Psychiatric Hospital (JGPH)



- **LOS Variance Days:** The total # of actual days in a bed in excess of the allowed # of days from national and state regulatory acuity models. February has 838 days which is a 36% month over month increase and is 4.5% higher year over year.
- **LOS Variance Dollars:** AHS additional cost of resources due to the variance days for February was \$1.3M. (calculated at \$1,500/day). Does not include the opportunity cost of the bed being available for another patient.

- Operating Revenue is favorable \$18.7M and 19.2%. YTD is favorable \$97.9M and 12.2%.
- Operating Expense is unfavorable \$8.6M and 9.2%. YTD is unfavorable by \$91.3M and 11.8%.
- Non-operating is unfavorable \$0.1M for the month and \$0.7M YTD from imputed lease interest required for the implementation of GASB 87.
- Net Income is \$14.0M and favorable to budget by \$9.9M. YTD Net Income is \$35.4M and favorable by \$5.9M.
- EBIDA is \$14.4M resulting in an EBIDA Margin of 12.4%; above budget by \$10.4M. YTD is \$38.1M with an EBIDA Margin of 4.2%; above budget by \$9.2M.

	February 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 116,154	\$ 97,463	\$ 18,691	19.2%	\$ 903,161	\$ 805,306	\$ 97,855	12.2%	\$ 831,688	8.6%
Operating expense	101,958	93,360	(8,598)	(9.2)%	866,908	775,648	(91,260)	(11.8)%	763,380	(13.6)%
Operating income (loss)	14,196	4,103	10,093	246.0%	36,253	29,658	6,595	22.2%	68,308	(46.9)%
Other non-operating activity	(172)	(25)	(147)	(588.0)%	(867)	(201)	(666)	(331.3)%	(154)	(463.5)%
Net Income (loss)	\$ 14,024	\$ 4,078	\$ 9,946	243.9%	\$ 35,386	\$ 29,457	\$ 5,929	20.1%	\$ 68,154	(48.1)%
EBIDA adjustments	367	(71)	438		2,694	(569)	3,263		5,518	
EBIDA	\$ 14,391	\$ 4,007	\$ 10,384		\$ 38,080	\$ 28,888	\$ 9,192		\$ 73,672	
Operating Margin	12.2%	4.2%	8.0%		4.0%	3.7%	0.3%		8.2%	
EBIDA Margin	12.4%	4.1%	8.3%		4.2%	3.6%	0.6%		8.9%	



Best Initiatives net of fees (\$23.4 million)

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

Internal Initiatives (\$22.5 million)

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

- Gross patient service revenue is favorable to budget by \$21.5M and 7.2%. Patient days above budget by 3.2%, trauma cases by 14%, surgery by 24.8% and ED volumes by 10.5%.
 - The average LOS is 6.0 and at budget for the month. YTD LOS is 6.4 which is above PYTD of 5.9 and 8.5%. CMI is above budget for the month by 2.0%. YTD CMI is at budget and consistent with prior year at 1.540.
- NPSR Collection ratio was 18.9% and above budget by 0.8% driven higher patient volumes and slight improvement in payor mix toward commercial. YTD, at 18.6% and 0.4% better than budget; revenue cycle indicators continue to improve.
- Longer LOS trend is negatively impacting the Zero Balance Analysis resulting in a lower collection ratio due to medical necessity denials and lower reimbursement for administrative days.

	February 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 188,417	\$ 183,911	\$ 4,506	2.5%	\$ 1,627,502	\$ 1,541,352	\$ 86,150	5.6%	\$ 1,489,442	9.3%
Outpatient service revenue	105,953	88,758	17,195	19.4%	837,170	764,790	72,380	9.5%	730,040	14.7%
Professional service revenue	26,813	27,016	(203)	(0.8)%	236,030	228,300	7,730	3.4%	220,865	6.9%
Gross patient service revenue	321,183	299,685	21,498	7.2%	2,700,702	2,534,442	166,261	6.6%	2,440,348	10.7%
Deductions from revenue	(260,408)	(245,338)	(15,071)	(6.1)%	(2,199,173)	(2,074,072)	(125,101)	(6.0)%	(1,979,384)	11.1%
Net patient service revenue	60,775	54,348	6,427	11.8%	501,529	460,370	41,159	8.9%	460,963	(8.8)%
Collection % - NPSR	18.9%	18.1%	0.8%		18.6%	18.2%	0.4%		18.9%	
Capitation and HPAC	3,937	3,835	101	2.6%	31,408	30,684	724	2.4%	30,789	2.0%
Other government programs	47,924	35,846	12,079	33.7%	341,522	286,765	54,757	19.1%	314,623	8.5%
Other operating revenue	3,518	3,435	83	2.4%	28,702	27,487	1,215	4.4%	25,313	13.4%
Total operating revenue	\$ 116,153	\$ 97,464	\$ 18,690	19.2%	\$ 903,161	\$ 805,306	\$ 97,855	12.2%	\$ 831,688	8.6%

- Other government programs was favorable for the month by \$12.1M and 33.7% driven by the following.
 - Measure A revenue increased for CY2022 Q3 adjustment (\$7.7M).
 - Supplemental program increased for AB915 FY22 (\$4.2M).

YTD favorable by \$54.8M driven by GPP (\$4.0M), CalAIM ECM (\$0.5M), Measure A (\$16.3M), QIP (\$24.9M), BHCS FY21 (\$4.4M), AB915 FY22 (\$4.2M), Physician SPA FY17 (\$1.9M), GME FY23 (\$1.9M), quality incentive (\$0.4M) and offset by SNF Supplement FY15 (\$1.6M) and FY18 (\$2.1M).

- Other operating revenue was favorable for the month \$0.1M, driven by lower Highland parking revenue, grant revenue, and offset by higher retail pharmacy (\$0.3M).

YTD favorable by \$1.2M and 4.4% driven by higher pharmacy revenue (\$2.5M) and offset by grant revenue (\$1.0M) and parking revenue (\$0.5M).

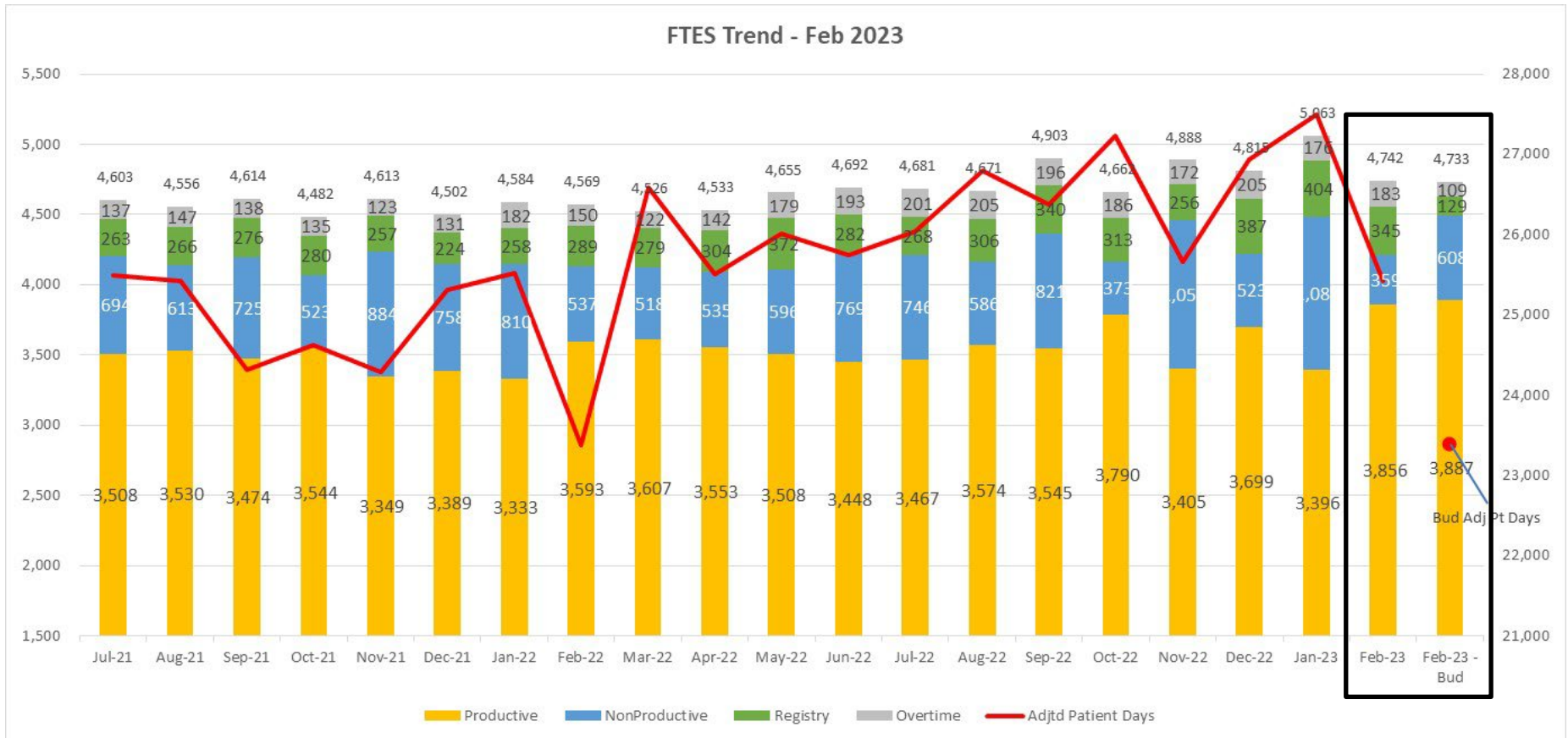
	February 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	60,775	54,348	6,427	11.8%	501,529	460,370	41,159	8.9%	460,963	(8.8)%
Capitation and HPAC	3,937	3,835	101	2.6%	31,408	30,684	724	2.4%	30,789	2.0%
Medi-Cal Waiver	8,228	8,208	20	0.2%	70,195	65,667	4,528	6.9%	103,916	(32.5)%
Measure A and parcel tax	18,518	10,734	7,784	72.5%	102,189	85,875	16,314	19.0%	85,875	19.0%
Supplemental Programs	21,178	16,903	4,275	25.3%	169,138	135,224	33,914	25.1%	121,302	39.4%
Other government programs	47,924	35,846	12,079	33.7%	341,522	286,765	54,756	19.1%	311,093	9.8%
Grant Revenue	1,378	1,388	(10)	(0.7)%	9,691	11,115	(1,425)	(12.8)%	8,269	17.2%
Other Operating Revenue	2,139	2,046	93	4.6%	19,011	16,372	2,639	16.1%	17,044	11.5%
Other operating revenue	3,518	3,435	83	2.4%	28,702	27,487	1,215	4.4%	25,313	13.4%
Total operating revenue	\$ 116,153	\$ 97,464	\$ 18,690	19.2%	\$ 903,160	\$ 805,306	\$ 97,855	12.2%	\$ 828,158	8.6%

- Operating Expense is \$102.0M and unfavorable to budget by \$8.6M and 9.2% . YTD, unfavorable \$91.2M and 11.8%.
 - Labor costs are discussed on next slide.
- Purchased Services is favorable \$0.6M and 7.7% driven by timing of Huron contingency fees (\$0.9M) and offset by higher HIM services (\$0.2M) and security (\$0.1M). YTD, unfavorable \$1.4M and 2.1% driven by higher HIM services (\$1.0M), Covid related activity (\$0.9M), security (\$0.8M), and outside medical services (\$0.6M) offset by favorable consultant fees (\$1.1M) and Huron contingency fees (\$0.8M).
- Material and Supplies are unfavorable \$1.0M and 12.1% driven by pharmaceuticals (\$0.6M) and medical supplies (\$0.4M). YTD, unfavorable \$10.8M and 15.8%, driven by higher pharmaceuticals (\$4.7M), medical supplies (\$4.2M), non-medical supplies (\$0.8M), bed/gurney purchase (\$0.6M), and food (\$0.5M).
- Facilities are unfavorable (\$0.2M) driven by utilities (\$0.4), facility repairs (\$0.1M) and offset by GASB reduction in rent/lease expense (\$0.3M). YTD was favorable (\$2.0M) driven by higher utilities (\$1.3M) and offset by lower repairs for equipment and buildings (\$0.7M) and implementation of GASB 87 (\$2.6M) which reduction rent expense and included it as amortization expense.

	February 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 72,959	\$ 65,162	\$ (7,797)	(12.0)%	\$ 627,943	\$ 548,832	\$ (79,111)	(14.4)%	\$ 548,071	(14.6)%
Physician contract services	3,448	3,284	(164)	(5.0)%	26,656	26,275	(381)	(1.5)%	24,716	(7.8)%
Purchased services	7,661	8,301	640	7.7%	67,899	66,489	(1,410)	(2.1)%	61,237	(10.9)%
Materials and supplies	9,491	8,466	(1,025)	(12.1)%	79,777	68,910	(10,867)	(15.8)%	70,062	(13.9)%
Facilities	3,482	3,243	(239)	(7.4)%	23,934	25,945	2,011	7.8%	22,999	(4.1)%
Depreciation and amortization	2,967	2,675	(292)	(10.9)%	23,967	21,399	(2,568)	(12.0)%	20,457	(17.2)%
General and administrative	1,950	2,229	279	12.5%	16,732	17,798	1,066	6.0%	15,838	(5.6)%
Total operating expense	\$ 101,958	\$ 93,360	\$ (8,598)	(9.2)%	\$ 866,908	\$ 775,648	\$ (91,260)	(11.8)%	\$ 763,380	(13.6)%

- Total Labor costs are unfavorable for the month \$8.8M and 12.0%; Paid FTEs are unfavorable 9. YTD Labor costs are exceeding budget by \$79.1M and 14.4%. YTD Paid FTE are unfavorable 104.
 - Labor costs are unfavorable to budget driven by increased volume of acute patient days (3.2% above budget) and labor shortages requiring overtime and the use of registry at significantly higher rates.
 - Staff (non-physician) rate variances include overtime utilization (\$1.0M/mo, \$13.5M/yr), unrealized “BEST” savings (\$1.4M/mo, \$11.0M/yr), extra shift pay “CES” (+\$0.1M/mo, \$3.0M/yr), increases to base pay rates (\$0.7M/mo, \$3.8M/yr), other including hiring/retention bonus and settlements (+\$0.5M/mo, \$1.8M/yr), offset by volume variance (222 FTE \$2.1M/mo, 104 FTE \$8.5M/yr).
 - MTD Physician Salaries were \$0.1M over budget due to Hospitalists (\$0.2M), Internal Medicine (\$0.1M) and offset by Emergency (\$0.1M). YTD Physician salaries were \$4.1M over budget. The largest variances were Hospitalists (\$1.4M), Internal Medicine (\$0.5M), Anesthesiology (\$0.4M) and OB/GYN (\$0.4M) with remaining variance across many specialties.
 - Higher registry usage (month at 216 FTE and \$3.3M, YTD at 198 FTE and \$25.9M) at higher rates (month \$2.6M, YTD \$21.2M) continue. February reflects a return to the July-December 2022 run rate \$7.8M.
 - Employee Benefits are unfavorable \$0.8M and 7.3% driven by timing of self-funded health expenditures (\$0.1 M), FICA (\$0.4M), and self-funded workers compensation (\$0.3M). YTD unfavorable \$2.8M and 3.1% driven by self-funded health expenditures (\$3.1M), self-funded workers compensation (\$0.8M), remote working stipend (\$0.2M) and offset by timing of FICA (\$1.3M).
 - Retirement higher than budget for the month due to the beginning of the calendar year and reset of contribution limits. YTD reflects budget timing versus actual contributions that was offset by ACERA contribution for incentive/bonus payments.

	February 2023				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages	\$ 41,961	\$ 41,577	\$ (384)	(0.9)%	\$ 379,355	\$ 354,779	\$ (24,576)	(6.9)%	\$ 343,256	(10.5)%
Salaries and wages (physicians)	7,514	7,412	(102)	(1.4)%	62,438	58,342	(4,096)	(7.0)%	50,006	(24.9)%
Registry	7,841	1,959	(5,882)	(300.3)%	64,003	16,880	(47,123)	(279.2)%	38,121	(67.9)%
Employee benefits (taxes, insurance)	11,926	11,116	(810)	(7.3)%	93,239	90,437	(2,802)	(3.1)%	83,669	(11.4)%
Retirement	6,502	5,883	(619)	(10.5)%	51,188	50,674	(514)	(1.0)%	48,218	(6.2)%
Retirement (deferred)	(2,785)	(2,785)	-	0.0%	(22,280)	(22,280)	-	0.0%	(15,200)	46.6%
Total labor costs	\$ 72,959	\$ 65,162	\$ (7,797)	(12.0)%	\$ 627,943	\$ 548,832	\$ (79,111)	(14.4)%	\$ 548,071	(14.6)%
Compensation ratio	62.8%	66.9%	4.1%		69.5%	68.2%	-1.3%		65.9%	
Paid FTEs	4,741	4,732	(9)	(0.2)%	4,803	4,699	(104)	(2.2)%	4,565	5.2%



- February 2023 shows a negative variance of 9 Paid FTEs, due to registry FTEs exceeding budget due to increase in patient days and vacancies. YTD unfavorable variance is 118 FTEs.
- Registry is high, productive labor is low and is high non-productive due to holidays.

- Days in Cash are 3.3 and slightly higher than year-end; typically, below 5.0 days.
- Gross AR Days decreased 0.1 days and Net AR Days decreased 1.4 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run. The target is 30 days.
- Net Position is negative \$28.2M and declined \$35.4M from June 30, 2022 reflecting YTD Net Income.
- Net Negative Balance is \$29.1M and higher than prior month. NNB consists of the liquidity facility (loan) of \$54.3M plus the restricted cash of \$25.2M; and is below the June 30, 2023 ceiling of \$110.0M.

	<u>Feb-23</u>	<u>Jan-23</u>	<u>FY 2022</u>
Days in cash	3.3	3.2	2.3
Gross days in patient receivable	62.7	62.8	64.6
Net days in patient receivable	40.1	41.5	43.8
Due from/(to) third-party payors	198,258	118,100	25,750
Due from/(to) County	(1,886)	45,269	65,152
Days in accounts payable	37.9	42.0	50.4
% of AP over 60 days	2.6%	2.7%	1.5%
Current ratio	1.5	1.5	1.2
Net position - fund balance/(deficit)	\$ (28,165)	\$ (42,191)	\$ (63,551)
Net negative balance - receivable/(payable)	\$ (29,103)	\$ (4,002)	\$ 50,718

AR Summary - Total AR - Days

Min: 65.2 Max: 71.0 Most Recent: 67.5

Hospital RCM

AR Days Target (Huron) = 57.0

February 2023 AR Days = 65.2



Hospital Revenue Cycle Key Indicators

- HB AR Days decreased 1.9 days from prior month.
- HB payments posted (collections) were \$50.8M for the month above the YTD trend at \$52.1M.
- ParaRev AR (outsourced) decreased \$20.6M from \$70.6M in January to \$50.0M; partnership with Cloudmed to assist with clinical denials.
- Candidate for Billing (CFB) increased 0.9 days to 7.7 days in February. Target is <4 CFB days.
- Continuous process improvement is underway in denial prevention.
 - DNFB Task Force
 - High risk, trauma, and high dollar review
 - Clinical appeals. Clinical appeals nurse is trained and working on \$40.0M in clinical necessity payer denials with the assistance of Cloudmed.

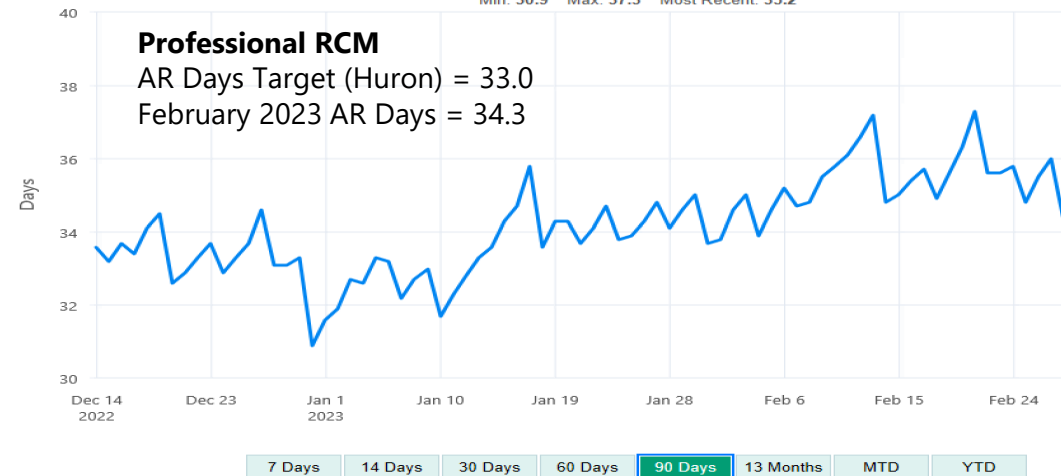
Total Active AR - Days

Min: 30.9 Max: 37.3 Most Recent: 35.2

Professional RCM

AR Days Target (Huron) = 33.0

February 2023 AR Days = 34.3



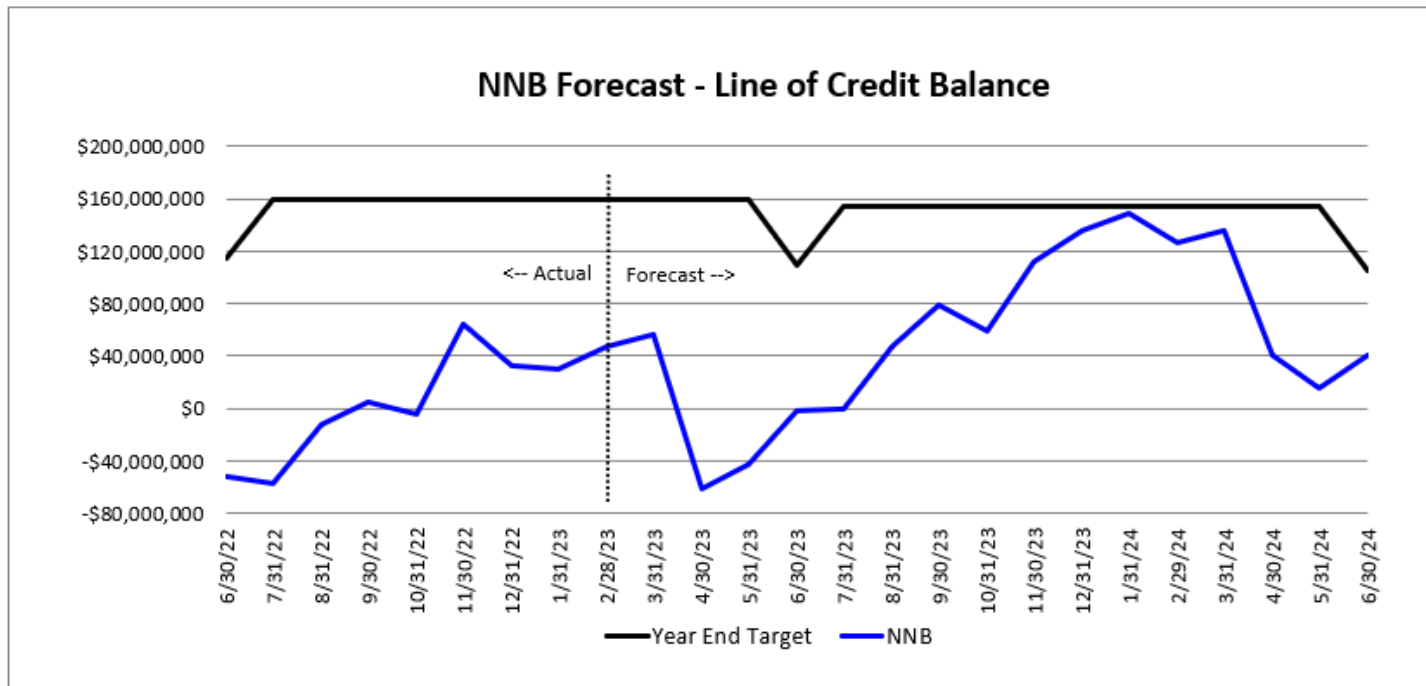
Professional Revenue Cycle Key Indicators

- PB AR Days were increased 0.5 from prior month.
- PB payments posted (collections) were \$7.7M for the month below the YTD trend of \$7.9M.
- Continuous process improvement is underway in denial prevention.
 - Denial trending by visit and procedure
 - Department Denial Task Force for prevention

- FY22 collections were \$705.6M exceeding FY21 and FY20 collections. The transition to Epic occurred in FY20 on September 29, 2019. Volumes dropped during the pandemic (3/2021); however, collections strong with improved Revenue Cycle.
- FY23 Patient collections are running approximately 12.6% higher than the same time period in FY22.

PATIENT COLLECTIONS (in thousands)							
	Behavioral		Total				
	Legacy	Health	Epic	FY 2023	FY 2022	FY 2021	FY 2020
Jul	9	11,070	63,180	74,259	59,732	41,373	48,828
Aug	1	-	58,589	58,590	57,374	53,893	42,989
Sep	71	7,924	68,067	76,062	61,968	64,484	40,138
Oct	48	7,482	52,267	59,797	49,923	51,514	57,632
Nov	3	-	56,937	56,940	52,057	49,499	32,906
Dec	27	3,506	63,485	67,018	68,121	53,274	42,428
Jan	20	14,834	56,598	71,452	62,292	34,443	52,418
Feb	12	-	57,874	57,886	52,269	49,157	53,205
Mar	-	-	-	-	62,888	58,922	71,292
Apr	-	-	-	-	56,235	55,646	41,450
May	-	-	-	-	69,591	44,005	44,065
Jun	-	-	-	-	53,187	43,889	46,112
Total	191	44,816	476,997	522,004	705,637	600,099	573,463
	% change between fiscal years			12.6%	17.6%	4.6%	

- Expanded projection through FY24 for planning purposes and both years expected to be below NNB limit .
 - FY23 Cash Flow from Operations increased \$12.4M from increased draws to cover higher operating expenditures, annual funding AHS retirement plan, and timing for collecting on stronger patient revenue. The forecast was updated based on the FY23 projection with bridge plans to achieve FY23 Budget.
 - Capital budget cash flow at \$31.8M; YTD capital was \$11.7M. The cashflow assumes another \$8.5M will be spent this fiscal year. FY24 forecast estimated \$28.0M.
 - The FY24 cashflows were increased for a modest 3% increase in payroll and accounts payable. Patient receipts were also increased by 3%. Supplementals were forecasted based on run rate modified for any one-time items. Once the FY24 budget is completed and estimate will be updated.



- GPP cash flow for April 2023 was reduced by \$7.3M and moved to March 2024 to reflect CY22 Final Reconciliation payment timing.
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in a separate table as the final settlement amounts and timing are unknown.

Material Items Included in NNB Forecast								
(in thousands)								
	Apr-23	Jul-23	Oct-23	Nov-23	Jan-24	Mar-24	Apr-24	May-24
HPAC amendment and AB85 realignment	\$ -	\$ -	\$ -	\$ (38,000)	\$ 40,000	\$ -	\$ -	\$ -
EPP (semi-annual)	19,900		20,000				20,000	
QIP (annual)	76,700						70,000	
GPP (quarterly)	41,908	26,000	26,000		26,000	7,300	26,000	
Medi-Cal Managed Care Rate Range (annual)	36,000							36,000
	<u>\$ 174,508</u>	<u>\$ 26,000</u>	<u>\$ 46,000</u>	<u>\$ (38,000)</u>	<u>\$ 66,000</u>	<u>\$ 7,300</u>	<u>\$ 116,000</u>	<u>\$ 36,000</u>

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

Entity Financial Statement

Feb 2023 Financial Statement by Entity

Pg 1 of 2

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
<i>Operating Revenue -----</i>								
<i>Net Patient Revenue</i>	\$8,536	\$2,082	\$4,663	\$31,744	\$5,690	\$8,060	\$0	\$60,775
<i>Capitation Revenue</i>	518	14	869	2,014	51	471	0	3,937
<i>Other Government Programs</i>	1,455	741	34	12,465	41	1,554	0	16,291
<i>Other Revenues</i>	435	190	320	1,728	333	512	0	3,518
Total Revenue - All Sources	10,944	3,027	5,886	47,951	6,115	10,596	0	84,520
<i>Budget Revenue</i>	10,043	2,216	4,553	41,011	5,617	10,175	(0)	73,614
Collection %	15.1%	17.6%	39.9%	18.1%	30.4%	16.9%		18.9%
<i>Budget Collection %</i>	14.3%	17.9%	37.9%	17.0%	31.3%	18.0%		18.1%
<i>Operating Expenses -----</i>								
<i>Salaries & Benefits</i>	9,319	3,851	7,367	28,990	6,837	7,749	8,845	72,957
<i>Purchased Services</i>	913	367	183	3,328	1,691	732	3,895	11,109
<i>Materials and Supplies</i>	1,059	320	613	6,429	202	786	81	9,491
<i>Facilities</i>	297	303	110	1,528	130	283	831	3,482
<i>Depreciation</i>	386	26	166	359	19	173	1,838	2,967
<i>General & Administration</i>	47	5	11	32	2	14	1,838	1,950
Total Operating Expenses	12,022	4,871	8,451	40,667	8,881	9,737	17,328	101,957
<i>Budget Expenses</i>	10,422	4,301	7,548	37,762	7,931	9,141	16,256	93,360
Contribution Margin	(1,079)	(1,844)	(2,565)	7,285	(2,765)	859	(17,328)	(17,437)
<i>Budget Contribution Margin</i>	(379)	(2,085)	(2,995)	3,248	(2,313)	1,034	(16,256)	(19,746)

Feb 2023 Financial Statement by Entity

Pg 2 of 2

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
Contribution Margin	(1,079)	(1,844)	(2,565)	7,285	(2,765)	859	(17,328)	(17,437)
<i>Budget Contribution Margin</i>	<i>(379)</i>	<i>(2,085)</i>	<i>(2,995)</i>	<i>3,248</i>	<i>(2,313)</i>	<i>1,034</i>	<i>(16,256)</i>	<i>(19,746)</i>
System Overhead Expense Allocation	3,283	953	1,608	7,445	1,964	2,075	(17,328)	0
Measure A Allocation	2,230	976	1,643	8,865	1,708	2,628	0	18,050
GPP								8,208
QIP								5,375
Total Non-Operating Activity	(10)	(10)	(17)	(91)	(17)	(27)	0	(172)
Net Income (Loss) After Allocations	(2,141)	(1,831)	(2,547)	8,614	(3,038)	1,384	0	14,025
<i>Budget Net Income (Loss) After Allocatio</i>	<i>(1,491)</i>	<i>(2,396)</i>	<i>(3,241)</i>	<i>82</i>	<i>(3,031)</i>	<i>572</i>	<i>0</i>	<i>4,079</i>
EBIDA Adjustments								
Interest Income (Expense)	23	10	17	91	17	27	0	185
Depreciation	1,016	67	437	944	50	454	0	2,967
Amortization (GASB-68, GASB-75)	(0)	(208)	(528)	(1,552)	(416)	(81)	0	(2,785)
Total EBIDA Adjustments	1,038	(131)	(75)	(517)	(349)	400	0	367
EBIDA	(1,103)	(1,962)	(2,621)	8,097	(3,387)	1,784	0	14,391
<i>Budget EBIDA</i>	<i>(788)</i>	<i>(2,490)</i>	<i>(3,527)</i>	<i>(490)</i>	<i>(3,344)</i>	<i>1,063</i>	<i>0</i>	<i>4,008</i>
<i>Operating Margin</i>	<i>-9.9%</i>	<i>-60.9%</i>	<i>-43.6%</i>	<i>15.2%</i>	<i>-45.2%</i>	<i>8.1%</i>		<i>-20.6%</i>
<i>EBIDA %</i>	<i>-10.1%</i>	<i>-64.8%</i>	<i>-44.5%</i>	<i>16.9%</i>	<i>-55.4%</i>	<i>16.8%</i>		<i>17.0%</i>

Feb 2023 YTD Financial Statement by Entity

Pg 1 of 2

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
<i>Operating Revenue -----</i>								
<i>Net Patient Revenue</i>	\$69,435	\$15,592	\$37,471	\$256,491	\$46,522	\$76,017	\$0	\$501,529
<i>Capitation Revenue</i>	4,147	113	6,863	16,111	409	3,766	0	31,408
<i>Other Government Programs</i>	14,156	1,307	416	71,786	4,742	13,003	0	105,411
<i>Other Revenues</i>	3,546	1,552	2,613	14,096	2,716	4,178	0	28,702
Total Revenue - All Sources	91,284	18,565	47,363	358,484	54,390	96,964	0	667,050
<i>Budget Revenue</i>	82,533	19,609	38,419	334,209	48,789	90,945	0	614,506
<i>Collection %</i>	15.1%	17.6%	39.9%	17.1%	29.8%	18.9%		18.6%
<i>Budget Collection %</i>	14.3%	17.7%	38.9%	16.5%	31.3%	19.7%		18.2%
<i>Operating Expenses -----</i>								
Salaries & Benefits	77,275	32,619	58,461	254,065	61,169	67,341	77,012	627,942
Purchased Services	8,444	3,199	2,485	29,304	8,656	5,955	36,513	94,555
Materials and Supplies	9,037	2,655	2,934	54,872	2,008	7,395	877	79,777
Facilities	2,554	1,937	1,037	8,835	1,801	2,302	5,468	23,934
Depreciation	3,160	203	1,324	2,794	149	1,418	14,918	23,967
General & Administration	373	35	106	1,239	35	157	14,786	16,732
Total Operating Expenses	100,843	40,645	66,347	351,110	73,818	84,567	149,575	866,906
<i>Budget Expenses</i>	84,265	37,038	62,112	314,775	66,424	76,009	135,025	775,648
Contribution Margin	(9,559)	(22,081)	(18,984)	7,374	(19,428)	12,397	(149,575)	(199,856)
Cost/Charge Ratio	22%	46%	71%	23%	47%	21%		32%
<i>Budget Contribution Margin</i>	(1,732)	(17,429)	(23,693)	19,435	(17,635)	14,937	(135,025)	(161,142)

Feb 2023 YTD Financial Statement by Entity

Pg 2 of 2

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
Contribution Margin	(9,559)	(22,081)	(18,984)	7,374	(19,428)	12,397	(149,575)	(199,856)
Cost/Charge Ratio	22%	46%	71%	23%	47%	21%		32%
<i>Budget Contribution Margin</i>	<i>(1,732)</i>	<i>(17,429)</i>	<i>(23,693)</i>	<i>19,435</i>	<i>(17,635)</i>	<i>14,937</i>	<i>(135,025)</i>	<i>(161,142)</i>
System Overhead Expense Allocation	25,017	7,772	13,063	71,203	15,065	17,456	(149,575)	0
Measure A Allocation	12,163	5,324	8,963	48,349	9,318	14,331	0	98,447
GPP								69,718
QIP								67,946
Total Non Operating Activity	15	(54)	(92)	(495)	(95)	(147)	0	(867)
Net Income (Loss) After Allocations	(22,398)	(24,583)	(23,176)	(15,974)	(25,271)	9,126	0	35,387
<i>Budget Net Income (Loss) After Allocation:</i>	<i>(11,129)</i>	<i>(20,395)</i>	<i>(26,224)</i>	<i>(7,928)</i>	<i>(24,121)</i>	<i>10,587</i>	<i>0</i>	<i>29,457</i>
EBIDA Adjustments								
Interest Income (Expense)	124	54	92	495	95	147	0	1,007
Depreciation	8,370	537	3,507	7,402	396	3,756	0	23,967
Amortization (GASB-68, GASB-75)	(1)	(1,716)	(4,018)	(12,753)	(3,064)	(729)	0	(22,280)
Total EBIDA Adjustments	8,493	(1,125)	(419)	(4,856)	(2,573)	3,174	0	2,694
EBIDA	(13,904)	(25,708)	(23,595)	(20,831)	(27,844)	12,299	0	38,081
<i>Budget EBIDA</i>	<i>(5,509)</i>	<i>(21,225)</i>	<i>(28,403)</i>	<i>(12,511)</i>	<i>(26,624)</i>	<i>14,491</i>	<i>0</i>	<i>28,887</i>
<i>Operating Margin</i>	<i>-10.5%</i>	<i>-118.9%</i>	<i>-40.1%</i>	<i>2.1%</i>	<i>-35.7%</i>	<i>12.8%</i>		<i>-30.0%</i>
EBIDA %	-15.2%	-138.5%	-49.8%	-5.8%	-51.2%	12.7%		5.7%

Entity Financial Statements

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

Financial Reporting: Supplemental Revenues

Supplemental Revenue Allocation Methodology		
Account	Description	Supplemental Allocation Method
36100	COUNTY HPAC	Budget FY2023 HPAC Gross Revenues
36101	COUNTY HPAC AMENDMENT	Budget FY2023 HPAC Gross Revenues
36115	COUNTY EMS FUNDING	Direct Assignment to Highland Hospital
36120	COUNTY TRAUMA FUNDING	Direct Assignment to Highland Hospital
36300	SECTION 1115 SPCP WAIVER	GPP: Allocation Method pending
36305	STATE SNF SUPPLEMENTAL	Budget FY2023 SNF Gross Revenue
36306	AB85 REALIGNMENT	Budget FY2023 HPAC Gross Revenues
36314	SPA#17-030, Prop#56	Budget FY2023 PF Gross Revenue
36315	DHCS PHYSICIANS SPA 05-023 PNP	Budget FY2023 PF Gross Revenue excl FQ
36325	MEDI-CAL MGD CARE SUPPLEMENTAL	Budget FY2023 Gross Revenue for MCal Mgd Care Acute Patients
36328	EPP-Enhanced Payment Program	Budget FY2023 Gross Revenue for MCal Mgd Care Acute Patients
36329	QIP-Quality Improvement Progra	QIP: Allocation Method pending
36331	SB239 HOSPITAL FEE (MGD CARE)	Budget FY2023 HPAC & Uninsured (Self-Pay)
36332	MEDI-CAL GME (Graduate Medical Education)	Direct Assignment to Highland Hospital
36340	AB915 CERT PUBLIC EXPENDITURE	Budget FY2023 Acute Medi-Cal FFS OP Gross Revenues
36400	MEASURE A/AA	FY2023 Budget Direct Operating Expenses
36410	AHD PARCEL TAX REVENUE	Direct Assignment to Alameda Hospital

System Overhead Methodology

Shared System Expenses

- Shared Expense Allocation Methods:
 - ▶ Shared system expenses other than IT expenses are allocated based on the relative % of direct facility expenses less depreciation.
 - ▶ This simplified method aligned very closely with the more detailed in-depth allocation process studied in 2020 and will allow for a more efficient process of generating monthly financial statements on a timely basis.
 - ▶ IT expenses are allocated based on EPIC charges, which is a more accurate way to assign value for that service.

Shared System Expenses
System IS Ancillary
Admin & General
Amb Homeless
Security
System IS IP
Nursing Admin
System IS Ambulatory
Human Resources
Accounting, System IT, Quality
Physician Contracting
Medical Staff/Phys Services
Capital, Plant, Maintenance
Materials & Purchasing

System YTD Overhead Allocation

System Overhead Allocation	
<i>Allocation by Entity</i>	<i>% of Direct Expense</i>
ALAMEDA	16.7%
FAIRMONT	5.2%
FQHC	8.7%
HIGHLAND	47.6%
JOHN GEORGE	10.1%
SAN LEANDRO	11.7%
	<hr/>
	100.0%

April 10, 2023

Memorandum: City of Alameda Health Care District
Board of Directors

From: Debi Stebbins
Executive Director

RE: **Proposed FY 2023-2024 District Priorities**

Recommendation. The following District priorities for the work plan and budget for the FY 2023-2024 are presented below for Board review, input and approval:

ARCHITECTURAL AND PROGRAM DESIGN FOR SEISMIC COMPLIANCE

Continue architectural design and planning in collaboration with AHS and incorporating appropriate consultants including structural engineering, placement of auxiliary water towers, central plant upgrade and achievement of required NPC upgrades.

Define optimal bed configuration including acute, distinct-part SNF and/or subacute

Continue to refine estimates of total project costs.

ADVOCACY:

Collaborate with Association of California Health Care Districts (ACHD) on advocacy for AB 869 extending the deadline for compliance with 2030 seismic retrofit by 5 years.

Design community education regarding importance of legislation on ensuring availability of community health resources in Alameda, including emergency services.

Engage Community Advisory Committee in designing a advocacy plan for legislation and identifying key leadership in stakeholder groups to be contacted.

Develop social media program to orient community on importance of retaining health care services provided at Alameda Hospital

FINANCING PLAN:

Explore various financing options for seismic retrofit including bond issuance, local, state and federal financing options.

PROGRAM DEVELOPMENT:

Continue to work with AHS leadership on exploration of two to three program development opportunities that will enhance the operational and financial success of Alameda Hospital so that it can continue to meet the expectations of Alameda constituents and be a valuable component of Alameda Health System.



April 10, 2023

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

From: Debi Stebbins
Executive Director

RE: Preliminary Discussion of General Operating and Jaber FY 2024
Budgets

We generally have had a first discussion of the next fiscal year budget at the April Board meetings. This year there has been a delay in obtaining a couple of categories of expenses which are sizable. The first is Insurance premiums largely due to escalating property insurance premiums on the hospital properties. Some carriers are even exiting coverage of property due to the unprecedented number of weather-related losses across the nation. We will get a quote sometime later this month, but it was not available for this meeting.

The second category is interest paid on the loan secured by the Jaber property. We have a term sheet for which Ms. Codiga and I are recommending approval. However, the Bank only scheduled the appraisal of the property for yesterday and we have not received results yet.

Finally, I have not included any other consulting and architectural fees and would like to discuss your thoughts on this expense item given the on-going work of the Joint Planning Committee. This will undoubtedly include the need for more architectural planning.

The missing items are highlighted in yellow on the attached sheets for the General Operating and Jaber budgets. I will review trends for those items on which we project. The other items should be clearer by the end of the month. I can send an amended proposed budget well in advance of our June Board meeting, where it will be ready for Board review and approval.

	BUDGET FY 2021	BUDGET 2022	BUDGET 2023	YTD ACTUAL thru 2/22)	PROJ FY ACTUAL 2023	BUDGET 2024
REVENUE AND OTHER SUPPORT:						
District Tax Revenues	6,009,468	5,981,689	6,009,000	\$3,045,517	6,090,000	\$6,090,000
County Commission (1.7%)	102,161	101,689	109,000	\$51,774	103,530	\$103,530
NET REVENUE	5,907,307	5,880,000	5,900,000	\$2,993,743	5,986,470	\$5,986,470
EXPENSES:						
EXECUTIVE DIRECTOR PROFESSIONAL FEES	132,220	135,000	173,000	\$100,499	162,831	\$191,000
REGISTRY (EXECUTIVE ASST) .5 FTE (1000 HRS)	50,500	59,800	56,000	\$43,558	78,758	110,000,
PROFESSIONAL FEES	482,112	333,250	334,800			
Accounting CHW LLP	16,800	17,500	18,200	\$15,600	18,200	\$18,500
Other Consulting Fees						
SCI Consulting (tax collection services)	13,812	14,000	15,000	\$9,131	15,000	\$16,000
TCA Partners (financial report filing)	1,500	1,750	1,600	\$0	1,600	\$1,600
Strategic Planning/Advocacy	450,000	300,000	300,000	\$45,000	45,000	
LEGAL FEES	75,000	75,000	50,000	\$28,470	50,000	\$50,000
ANNUAL INDEPENDENT AUDIT	13,500	14,000	14,000	\$15,510	15,510	\$16,000
OFFICE SUPPLIES	4,500	4,500	4,000	\$113	2,000	\$2,500
PURCHASED SERVICES	10,900	10,000	10,000			
video taping service	3,900	3,000	3,000	\$500	2,000	\$3,000
website maintenance	7,000	7,000	7,000		1,788	\$1,800
REPAIR & MAINTENANCE	4,200	0	1,000	\$0	500	\$500
LEASE 888 WILLOW/1402 Park Street)	28,464	21,336	21,420	\$12,945	18,829	\$20,429
UTILITIES (Water, garbage, Electric)	1,800	0	0	\$0	0	\$0
COMMUNICATIONS SOFTWARE						
Phone/Internet	240	1,550	1,000	\$1,760	2,640	\$2,640
Quickbooks/zoom			2,000			

	BUDGET FY 2021	BUDGET 2022	BUDGET 2023	YTD ACTUAL thru 2/22)	PROJ FY ACTUAL 2023	BUDGET 2024
INSURANCE	58,500	80,425	126,166			
Crime (ACIP)	1,500	1,500	1,528	\$1,459	1,500	
D & O ISLIP)	17,000	18,000	20,034	\$19,177	20,000	
Property (HARPP)	40,000	60,925	104,604			
DEPRECIATION & AMORTIZATION	367,024	152,951	153,000			
INTEREST	52,000	50,000	50,000	\$35,553	53,329	
TRAVEL & EDUCATION	15,000	7,000	10,000	\$6,298	8,000	\$10,000
OTHER EXPENSES	290,800	286,200	533,571			
Election Year Expenses	250,000	0	250,000	\$0	0	\$0
Dues & Subscriptions						
(West Lagoon Assn)	3,200		3,460		3,460	\$3,460
ACHD Membership		9,000	8,111	\$0	8,111	\$8,111
Other Membership: (Chamber, ABL)	5,000	4,200	4,000	\$3,500	3,500	\$4,000
Board Stipends	4,500	3,000	3,000			
District Marketing/Promotions	10,000	5,000	5,000	\$0	2,000	\$5,000
Donations (AHS, Foundation, etc)	10,000	10,000	10,000	\$1,030	2,500	\$5,000
Community Paramedicine Grant/CARE Program		250,000	250,000	\$0	250,000	\$250,000
Other Miscellaneous	8,100	5,000				
TOTAL EXPENSES	1,584,720	1,229,462	1,536,957			
NET REVENUE less TOTAL EXPENSES	4,322,587	4,650,538	4,363,043			
Distict Uses of Funds:						
Total Expenses	1,584,720	1,229,462	1,536,957			
less DEPRECIATION	367,024	152,951	153,000			
PRINCIPAL ON NOTE	31,000	32,200	35,000			
DISTRICT USE OF FUNDS	1,248,696	1,108,711	1,418,957			
AVAILABLE BALANCE FOR TRANSFER TO AHS						
NET REVENUE	5,907,307	5,880,000	5,900,000			

	BUDGET FY 2021	BUDGET 2022	BUDGET 2023	YTD ACTUAL thru 2/22)	PROJ FY ACTUAL 2023	BUDGET 2024
LESS: DISTRICT USE OF FUNDS	1,248,696	1,108,711	1,418,957			
AVAILABLE BALANCE FOR TRANSFER TO AHS	4,658,611	4,771,289	4,481,043			

City of Alameda Health Care District - Jaber Properties
 FY 2023/2024 Proposed Budget

Attachment B

	BUDGET FY 2020	BUDGET FY 2021	BUDGET 2022	Actual thru 12/22	Proj FY 2023	BUDGET 2024		
REVENUE								
RENTS	\$227,850	\$227,850	\$225,000	\$95,517	\$191,034	\$210,000		
OTHER REVENUE	\$2,500	\$2,500	\$1,500	\$2,451	\$4,902	\$5,000		
TOTAL REVENUE	\$230,350	\$230,350	\$226,500	\$97,968	\$195,936	\$215,000		
EXPENSES								
REPAIRS & MAINTENANCE	\$30,000	\$30,000	\$20,000	\$14,827	\$29,654	\$30,000		
UTILITIES	\$11,000	\$11,000	\$10,000	\$5,854	\$11,705	\$12,000		
INSURANCE	\$5,300	\$5,300	\$9,000					
DEPRECIATION	\$37,400	\$37,400	\$37,400	\$18,700	\$37,400			
OTHER EXPENSES	\$26,000	\$26,000	\$25,000					
Management Fee	\$11,000	\$11,000	\$10,000	\$6,613	\$9,919	\$11,000		
Landscaping/Other	\$5,000	\$5,000	\$7,000	\$2,700	\$4,050	\$6,000		
Cleaning, Inspection	\$10,000	\$10,000	\$8,000	\$5,328	\$7,992	\$9,000		
TOTAL EXPENSES	\$109,700	\$109,700	\$101,400					
NET REVENUE OVER EXPENSES	\$120,650	\$120,650	\$125,100					

Joint Planning Committee Minutes
AHS - City of Alameda Health Care District
Date: March 23, 2023
Time: 4 - 6 p.m.

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

Agenda Item-Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 4 p.m. by Dr. Robert Deutsch.	
Joint Planning Committee Meeting Minutes	Dr. Deutsch briefly reviewed the minutes from January 26, 2023.	A motion to accept the January 26 th minutes was made by Ms. Codiga and Seconded by Mr. Fratzke. The motion was unanimously carried.

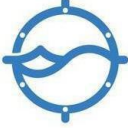
<p>Attendance Requirements Under the Terminated State of Emergency</p>	<p>Ms. Stebbins informed the group that due to the Board Member participation from the District and AHS these are public meetings. Therefore, they must follow the public meeting guidelines and quorums. Moving forward anyone can attend via teleconference. However, Board Members would be required to attend in person unless there are extenuating circumstances.</p>	
<p>AHS Strategic Programing Consideration</p>	<p>Ms. Stebbins informed the group that Title 22 does require that there needs to be emergency services provided to be in compliance.</p> <p>Mr. Espinoza noted the need for continued growth in the post-acute services. There is a huge need for skilled nursing beds. Mr. Espinoza Without other facilities taking them, they sit in the acute care facilities. Mr. Espinoza also suggested a geriatric focused ED.</p> <p>Mr. Fratzke noted that there should be more clarity on the services taking place at Alameda Hospital to better plan for seismic upgrades. Mr. Fratzke shared the following programs considerations.</p> <p>Mental Health Services: that include Inpatient Psychiatric Unit, Institute for Mental disease, Crisis Treatment Unit, Addiction Services, Outpatient Behavioral Health Clinic, Mental Urgent Care.</p> <p>Acute Care: Observation Unit</p> <p>Skilled Nursing: Medical Skilled Nursing Unit and more Skilled Nursing beds in general.</p> <p>Ms. Dong added that she previously met with Ms. Stebbins regarding Mental Health Urgent Care. There is a current model that exists in Los Angeles that could be followed.</p> <p>Dr. Deutsch questioned the group if there was a forum of any kind to discuss the mental health needs of AHS and various programs and funding. Mr. Fratzke noted there is not a specific group to discuss the continuum of mental health care but would be helpful and even collaborating with the county.</p> <p>Ms. Dong added that the county has a mental health advisory program that was created by state statute. A previous report from the Department of Justice noted how useful this was. Ms. Dong also added that the new District Attorney has created a mental health task force. Ms. Dong suggested contacting the HHS region nine captain that lives in Alameda.</p> <p>Ms. Stebbins suggested tracking data on the skilled nursing current population and what the need would be for a medial SNF level facility. Also, the volume of admission from our own skilled nursing beds into Alameda Hospital or other acute care settings in the system.</p> <p>Mr. Espinoza noted there is a program called Medcar Data that tracks post-acute admissions to acute hospitals that gives a percentage based on particular admission i.e. (cardiovascular, stroke etc.) This will give you the highest percentage in the area. SNF programs are then created based on this data to</p>	<p>Mr. Espinoza will work with Mr. Torrance and Ms. Brizuela to collect volume information of SNF usage and other levels of skilled nursing.</p> <p>Mr. Fratzke will work with Ms. Dong to discuss a more strategic plan relating to mental health programs.</p>

	<p>better support hospitals.</p> <p>Mr. Espinoza also suggested adding a secured mental health unit SNF level of care. They are very rare, and most are full.</p> <p>Dr. Joshi noted that her experience is trying to optimize transfers of SNF patients. There is opportunity for improvement, streamlining and pathway development.</p>	
Sources or Financing 2030 Retrofit	<p>Ms. Manlapaz noted that we should determine what services are going to be provided as that will better depict the renovations needed.</p> <p>Ms. Stebbins reported on the bill 869 introduced by assemblyman Wood. There are two categories of hospitals that would be eligible for a five-year extension under the 2030 seismic deadline.</p> <ol style="list-style-type: none"> 1) Small rural hospitals 2) All district hospitals that fit one of four criteria's <ol style="list-style-type: none"> a) One – two story structures with a small revenue base. b) There is a demonstrated financial hardship meeting the 2030 standards. c) Serve an above average percent of Medi-Cal patients. d) Has tried to float a bond and failed in the last couple of years. <p>Ms. Stebbins also noted that there is a possibility if this bond was turned down by the voters it would qualify the hospital for the 4th criterion. MS. Stebbins noted that Alameda Hospital is getting some special attention on this bill as the hospital sits in one of the worst risk areas. Therefore, there may be more pressure on Alameda Hospital to meet deadlines because it is in such a high-risk area.</p> <p>Mr. Fratzke noted that the current district boundaries cover the entire island. All the residents are being levied \$300 per year for taxes to the health district. Mr. Fratzke added that it takes a 66 percent vote to pass a bond and it is unlikely in the current economic conditions this bond would pass. Mr. Fratzke suggested demonstrating the dynamic that would warrant an affirmative no the bond won't pass.</p> <p>Ms. Stebbins noted this would be a great suggestion for a potential amendment to this bill.</p>	Ms. Stebbins will follow up with ACHD the suggested amendment for an affirmative no and other updates.
Status of Alameda Hospital Capital Projects	<p>Madelyn McClellan has been contracted from the Smith-Karng Architecture Firm to procure a conditions assessment based on the current conditions of the chillers and boilers. A detailed report with estimates is expected to be done by March 29, 2023. Ms. McClellan noted that all of the components coordinate together and some of the older components will not support the new ones. If there are components that can reasonably be saved, they will try to do so. Ms. McClellan added that this would be an estimated two-year project.</p>	Ms. Stebbins and Mr. Fratzke will discuss Ms. McClellan's continued contract and funding.

	<p>Ms. McClellan has only been contracted for the conditions assessment report at this time. Once a further contract is set in place her team can create a sematic design and timeline of development.</p> <p>Ms. Ford noted that some of the projects from Ms. McClellan's assessment could overlap toward the seismic upgrades but the general maintenance of equipment would not.</p> <p>Ms. Lang reported that over the past few months she along with Theresa Cooper and Greg Victorino have been meeting with each of the surgical services to collect a needs assessment for each service. The focus has been service lines that operate or function around Alameda Hospital and what types of strategies can be deployed to facilitate services with the least amount of risk based on the facility's current limitations. The goal is to create a comprehensive assessment acrost all of the services while looking at the case mix and the services provided by site.</p> <p>Dr. Pirnia noted that most of the Orthopedic limitations are the equipment based. Additionally, making sure that there are complementary services cohosted in a way that facilities care. Dr. Pirnia noted added that due to different services being located at different campuses, this creates limitations to care.</p> <p>Ms. Stebbins questioned the group if there was a piece of equipment that could be of use.</p> <p>Dr. Pirnia noted that the need for a new microscope soon.</p> <p>Ms. Ford added the seismic upgrade of the West Wing could dovetail into the equipment upgrade as the West Wing only needs a share wall on the first floor.</p>	<p>Ms. McClellan and Ms. Ford will connect regarding coordination on projects.</p> <p>Dr. Lang and Dr. Pirnia will collaborate on equipment needs that are an immediate necessity.</p> <p>Ms. Stebbins will contact legal counsel regarding the use of Jaber Funds.</p>
Adjournment	Dr. Deutsch adjourned the meeting at 5:15 pm	

Minutes submitted by: Alixandria Williams, Executive Assistant

Approved: _____

 <p>City of Alameda HEALTH CARE DISTRICT</p>	<p>Meeting Minutes for February 13, 2023- Open Session Location: Zoom</p>		
<p>Board Members Present</p>	<p>Legal Counsel Present</p>	<p>Also Present</p>	<p>Absent</p>
<p>Robert Deutsch MD, Gayle Codiga, Stewart Chen DC, David Sayen, Jeff Cambra</p>	<p>Tom Driscoll</p>	<p>Debi Stebbins Alixandria Williams Mario Harding Kimberly Miranda Ronica Shelton Dr. Nikita Joshi Richard Espinoza</p>	

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
Call to Order	The meeting was called to order at 5:30 p.m. by the Board president Dr. Robert Deutsch.	
Roll Call	Roll was called prior to the start of the closed session. A quorum of Directors was present.	
AHS Financial Presentation	<p>Kimberly Miranda presented the December 2022 Financial Report to the group.</p> <p>Ms. Miranda reported that the acute patient days have been over budget at 41.3 percent and have been running high all year. The December length of stay increased from 5.1 days to 6.3 days. Ms. Miranda added that the Alameda discharges are above budget and there is an overall length of stay issue.</p> <p>The CMI at 1.537 is 4.3 percent higher than budget with a larger case mix index. Ms. Miranda reported that surgeries were at 146 and below budget. There is improvement in the outpatient side which indicates more elective surgeries. In December 2022 emergency room visits were higher at 23 percent over budget compared to 17 percent. The adjusted discharged are 6.3 percent compared to the</p>	<p>Ms. Miranda will research pulling transfers out of EPIC.</p>

adjusted patient days at 41.3 percent impacted the longer length of stay.

Ms. Miranda also reported that all the skilled nursing sites have been struggling. With the increased COVID-19 outbreaks and the inability to staff the room. This has been an ongoing challenge and is backing up through-put in the hospital.

Mr. Espinoza added due to the COVID-19 outbreaks and there has been a staffing issue at Park Bridge. February is the first month that post-acute is ahead of budget or census. Currently the sub-acute unit is completely full.

Ms. Miranda added that there is an overage with paid FTEs and Productive FTEs which is to be expected with more patients. Ms. Miranda also noted that the payor mix the commercial and fee for service medical was down a little. Managed Medi-Cal was close to budget, and Medicare and managed Medicare was also up.

Ms. Miranda informed the group that AHS is just rolling out entity financial statements and is implanting Monthly Operating Reviews (MOR). This will help make sure costs are in the right place so we can look at each entity to budget and ensure they are being managed properly and have a sustainable organization.

There was a negative contribution margin of 2.3 million YTD, it is 7.3 million. Ms. Miranda noted calculations of actual physician expense for the entity are still being done. This is a challenge because everything is being grouped into one cost center. Once this is corrected, service line financials can be conducted and will be a great building block.

Ms. Miranda added that the revenues were better than the budget, meaning more money is being collected.

Observation days. We want to make sure we are being paid for these days. Skilled nursing South Shore patients moved to Fairmount.

Mr. Espinoza added due to the COVID-19 outbreaks and there has been a staffing issue at Park Bridge. February is the first month that post-acute is ahead of budget or census. Currently the sub-acute unit is completely full. Mr. Espinoza also added that COVID-19 regulations are changing. During the outbreaks COVID- 19 patients were considered red zone as patients needed separate staff, which added additional expenses.

Ms. Miranda informed the group that in the month of December we beat the budget by 2.6 million YTD we are still 10.9 million below budget (unfavorable).

	<p>Ms. Miranda also noted that AHS is contracted with mostly everyone and are still working on credentialing to make sure they can be paid appropriately for the claims. Contacts have been built in EPIC to provide patients with estimates. Ms. Miranda noted that being contracted seems to be the best approach.</p>	
Brown Act Resolution	<p>The Districts Legal Counsel Tom Driscoll informed the group that after February 28, 2023, we would no longer be under the COVID -19 State of Emergency regulations. Prior in-person meeting regulations will resume.</p> <p>Board Members may attend meetings via teleconference for extenuating circumstances. There is also a limit on how many times a year a Board Member may attend meetings via teleconference.</p>	
Introduction of New Board Member	<p>Dr. Deutsch welcomed Jeff Cambra to the Board.</p>	
AHS Managed Care Contracts	<p>Mr. Harding presented the draft assessment for the cooling towers to the group. The final draft will come later and include costs for the recommendations. Mr. Harding noted that the second cooling tower is still waiting to be connected.</p> <p>Mr. Harding reported that the Sterile Processing Department (SPD) at Alameda Hospital has been shut down since March of 2022. Highland continues to service Alamedas sterile processing needs. Currently there are only two ORs running at Alameda Hospital. The current estimate to upgrade the SPD at Alameda Hospital is about 5 million dollars.</p> <p>The plan is to bring in a mobile sterile processing trailer to San Leandro Hospital that would be able to service both the Alameda and San Leandro Campuses.</p> <p>Ms. Stebbins noted that the Sterile Processing Trailer at San Leandro Hospital could be a permanent solution to the support Alameda Hospital which would be able to save money.</p> <p>Dr. Deutsch suggested that there be a seamless process implemented so surgical services are not delayed.</p> <p>Mr. Harding reported that the engineering staff must manually control OR temperatures each day. Currently there are two cooling towers, one is down and the other is operating at 75 percent capacity. There are 7 water pumps that also need to be updated. Mr. Harding also noted that the 4 hot water pumps will also need to be replaced along with an expansion tank.</p> <p>Mr. Harding added that adding a Central Plant Controls would allow for automated updates and a more seamless process and the physician's Lounge has been updated as of February 8, 2023.</p>	<p>Mr. Harding will provide a timeline based on the final report.</p> <p>Mr. Harding and Ms. Stebbins will work on funding solutions to present at the Joint Planning Committee Meeting on March 23, 2023.</p>

	Mr. Helena added that a lot of the equipment will affect the bottom line. By replacing some of the equipment and leaving bad pipes or water pumps it could put stress on the updates.	
Patient Experience	Ms. Shelton explained that the overall hospital ratings are between 1 -10 and only ratings of 9 and 10 are included in the report. Surveys are conducted by phone for every discharged patient. Out of the 33 people who responded in November of 2022, 81 percent gave a 9 or 10 rating for their overall hospital experience. Ms. Shelton informed the group that all other ratings such as communication with doctors, nurses and cleanliness are rated by scores of always seldom or never. Ms. Shelton noted that communications with doctors and nurses was above goal as was cleanliness and quietness. Ms. Shelton added that Medication education was rolled out in the patient handbook and what to expect. Ms. Shelton also noted that there are new whiteboards for inpatient stays.	
Alameda Medical Staff Update	Dr. Nakita Joshi was unable to attend the meeting and will update the Board during the April 10 th Board Meeting.	
Presidents Report	Dr. Deutsch informed the group that we will be meeting in person starting April 10 th .	
Alameda Health System Board Liaison Report	David Sayen informed the group that he is still awaiting appointment to the Alameda Health System Board but is on the agenda for February 28 ,2023. Mr. Sayen did note that he has been listening in on some of the meetings and there was a detailed report on the translation services for patients and the effort being made to provide those services.	
Alameda Hospital Liaison Report	Dr. Deutsch reported that the Hospital was extremely busy in December 2022. With RSV, COVID-19, and the Flu. This was an example of why the hospital needs to maintain its bed capacity.	
Executive Director Report	Ms. Stebbins informed the group new signature cards are needed for the Board to include the two new board members. This may require everyone going into the South Shore Branch to sign. Ms. Stebbins reported that the District had been following new legislation from assemblyman Woods office that would grant a five - year extension on the 2030 Seismic Regulations and potential funding from HCAI for rural hospitals having trouble meeting these standards.	
Joint Planning Committee Meeting Minutes	Dr. Deutsch briefly updated the group on the JPC Meeting and deciding where they would like to be in the future. There were several recommendations from Ratcliff regarding upgrades and making the facility more useful.	

Consent Agenda		
	<p>A. Acceptance of Minutes of December 12, 2022</p> <p>B. Acceptance of Financial Statements, from November 2022</p> <p>C. Acceptance of Financial Statements, from December 2022</p>	<p>A motion to accept the three consent agenda items was made by Dr. Deutsch, seconded by Dr. Chen, and unanimously carried.</p>
Action Items		
Proposed Officer Liaison Positions	<p>Dr. Deutsch asked the group if all the individuals who are currently in the proposed liaison and officer positions are willing to maintain their roles. With no objects a motion was proposed.</p>	<p>A motion to accept the officer and liaison positions was made by Dr. Chen and seconded by Mr. Cambra. The motion was unanimously carried.</p>
Parcel Tax Installment Due	<p>Ms. Stebbins informed the group that the parcel tax is the total parcel proceeds plus the cost of running the district each year plus added depreciation as a non-cash expense. The net of this is distributed to AHS and split into three parcel payments. One after the December parcel tax is Collected, the second after the April parcel tax is collected and the last after the audit in October for the True Up payment. Ms. Stebbins recommend that the first installment of 2.3 million be transferred to AHS tomorrow February 14, 2023. 2.3 million is designed to represent the current bank balance and what is expected to be spent. The next installment will be in April 2023</p>	<p>A motion to transfer the funds was made but Ms. Codiga and seconded by Dr. Chen. The motion was unanimously carried.</p>
Jaber Distribution	<p>Ms. Stebbins informed the group that Jaber Fund was initiated from a trust created by Alice Jaber in 1992. The properties are now controlled by the district after being transferred in 2002. Every year 20 percent of the corpus and 20 percent of the net income make up the Jaber Fund. This year, \$164,018 would be distributed and the funds are supposed to go to capital equipment for the benefit of patients at Alameda Hospital.</p> <p>Ms. Stebbins suggested the funds could go towards the infrastructure upgrade. Mr. Driscoll confirmed infrastructure upgrades are considered capital equipment as it would be hard to treat patients without them. The Board will consult with AHS on equipment needs at the April Board meeting.</p>	<p>Ms. Stebbins will consult with AHS on a specific piece of equipment</p>

Community Representative	Dr. Deutsch suggested adding Rowena Manlapaz as a community representative for the Joint Planning Committee.	A motion to appoint Rowena Manlapaz as the JPC Community Representative was made by Mr. Cambra and Seconded by Ms. Codiga. The motion was unanimously approved.
	The meeting adjourned at 7:30pm.	A motion to adjourn was made by Dr. Chen and Seconded by Ms. Codiga. The motion was unanimously approved.

Minutes submitted by: Debi Stebbins, Executive Director

Approved: _____

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(January 1-31, 2023)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2022	As of 1/31/2023
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 2,665,096
Grant and other receivables	335,062	491,667
Prepaid expenses and deposits	108,828	54,357
Total current assets	<u>2,949,313</u>	<u>3,211,120</u>
Assets limited as to use	709,693	800,192
Capital Assets, net of accumulated depreciation	2,278,048	2,179,816
	<u>5,937,054</u>	<u>6,191,127</u>
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	<u>\$ 6,141,018</u>	<u>\$ 6,394,344</u>

Liabilities and Net Position

Current liabilities:

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

Net position:

Total net position (deficit)	<u>5,028,215</u>	<u>5,301,908</u>
Total liabilities and net position	<u>\$ 6,141,018</u>	<u>\$ 6,394,344</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 1/31/2023	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,938,514	\$ 3,441,667	\$ 3,441,667	-	0%
Rents	186,828	111,619	122,500	(10,881)	244%
Other revenues	-	-	-	-	
Total revenues	6,125,343	3,553,286	3,564,167	(10,881)	
Expenses					
Professional fees - executive director	173,083	110,500	100,917	(9,583)	-9%
Professional fees - Assistant	53,957	24,896	32,667	7,770	24%
Professional fees	184,049	245,913	238,467	(7,446)	-3%
Supplies	5,300	1,721	2,333	613	26%
Purchased services	3,500	1,800	5,833	4,033	69%
Repairs and maintenance	8,264	15,971	19,833	3,862	19%
Rents	19,269	12,262	12,495	233	2%
Utilities	12,256	8,697	6,417	(2,281)	-36%
Insurance	99,309	75,108	77,680	2,572	3%
Depreciation and amortization	170,640	98,980	111,067	12,087	
Interest	48,140	26,665	29,167	2,502	9%
Travel, meeting and conferences	6,298	8,691	5,833	(2,858)	-49%
Other expenses	29,089	7,594	151,667	144,073	95%
Community projects and programs	250,000	4,818	159,583	154,765	97%
Total expenses	1,063,155	643,617	953,958	310,342	
Operating gains	5,062,188	2,909,669	2,610,208	299,461	11%
Transfers	(3,546,494)	(2,635,976)	-		
Increase(Decrease) in net position	1,515,694	273,693	2,610,208		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 5,301,908	\$ 2,610,208		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 1/31/2023
Increase(Decrease) in net position	\$ 1,515,694	\$ 273,693
Add Non Cash items		
Depreciation	170,640	98,980
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	(156,605)
Prepaid expenses and deposits	(22,557)	54,471
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(14,108)
Deferred revenues	203,217	8,212
Net Cash provided(used) by operating activities	1,688,808	264,644
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(90,499)
Net Cash used in investing activities	(31,097)	(90,499)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(14,471)
Net cash used by financing activities	(34,132)	(14,471)
Net change in cash and cash equivalents	1,623,579	159,673
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 2,665,096

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 1/31/2023	Jaber 1/31/2023	As of 1/31/2023
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 2,665,096	\$ -	\$ 2,665,096
Grant and other receivables	335,062	0	335,062	491,667	0	491,667
Prepaid expenses and deposits	108,829	(0)	108,828	54,357	(0)	54,357
Total current assets	2,949,313	(0)	2,949,313	3,211,120	(0)	3,211,120
Due To Due From	14,925	(14,925)	0	25,333	(25,333)	0
Assets limited as to use	0	709,693	709,693	0	800,192	800,192
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,348,532	831,283	2,179,816
	4,389,185	1,547,869	5,937,054	4,584,985	1,606,142	6,191,127
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	4,788,202	1,606,142	6,394,344
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	38,714	0	38,714
Accounts payable and accrued expenses	66,681	0	66,681	52,574	0	52,574
Total current liabilities	103,465	0	103,465	91,288	0	91,288
Deferred revenue	203,217	0	203,217	211,429	0	211,429
Debt borrowings net of current maturities	806,121	0	806,121	789,719	0	789,719
Total liabilities	1,112,803	0	1,112,803	1,092,437	0	1,092,437
Net position:						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	3,695,765	1,606,142	5,301,908
Total liabilities and net position	\$4,593,149	\$1,547,869	\$6,141,018	\$4,788,202	\$1,606,142	\$6,394,344

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	Actual YTD 6/30/2022	District 1/31/2023	Jaber 1/31/2023	Actual YTD 1/31/2023
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	3,441,667	0	3,441,667
Rents	0	186,828	186,828	0	111,619	111,619
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	3,441,667	111,619	3,553,286
Expenses						
Professional fees - executive director	173,083	0	173,083	110,500	0	110,500
Professional fees - Assistant	53,957	0	53,957	24,896	0	24,896
Professional fees	174,851	9,198	184,049	240,197	5,716	245,913
Supplies	5,300	0	5,300	1,721	0	1,721
Purchased services	3,500	0	3,500	1,800	0	1,800
Repairs and maintenance	1,584	6,680	8,264	249	15,722	15,971
Rents	19,269	0	19,269	12,262	0	12,262
Utilities	1,070	11,185	12,256	1,494	7,203	8,697
Insurance	99,309	0	99,309	75,108	0	75,108
Depreciation and amortization	133,240	37,400	170,640	77,163	21,817	98,980
Interest	48,140	0	48,140	26,665	0	26,665
Travel, meeting and conferences	6,298	0	6,298	8,691	0	8,691
Other expenses	32,044	(2,955)	29,088	4,707	2,889	7,595
Community projects and programs	250,000	0	250,000	4,818	0	4,818
Total expenses	1,001,646	61,508	1,063,154	590,271	53,346	643,618
Operating gains	4,936,869	125,320	5,062,189	2,851,395	58,273	2,909,668
Transfers	(3,414,871)	(131,623)	(3,546,494)	(2,635,976)	0	(2,635,976)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	215,419	58,273	273,692
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	3,695,766	1,606,142	5,301,908

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2022	6/30/2022	YTD 6/30/2022	1/31/2023	1/31/2023	YTD 1/31/2023
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	215,419	58,273	273,692
Add Non Cash items						
Depreciation	133,240	37,400	170,640	77,163	21,817	98,980
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	(156,605)	0	(156,605)
Prepaid expenses and deposits	(22,557)	0	(22,557)	54,471	0	54,471
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(10,409)	10,409	0
Accounts payable and accrued expenses	50,954	0	50,954	(14,106)	0	(14,106)
Deferred revenues	203,217	0	203,217	8,212		
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	174,146	90,498	256,432
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	0	(0)	0
Changes in assets limited to use	0	(31,097)	(31,097)	0	(90,498)	(90,498)
Net Cash used in investing activities	0	(31,097)	(31,097)	0	(90,498)	(90,498)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(14,473)	0	(14,473)
Net cash used by financing activities	(34,132)	0	(34,132)	(14,473)	0	(14,473)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	159,673	0	159,673
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	2,665,096	(0)	2,665,096

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(February 1-28, 2023)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2022	As of 2/28/2023
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 2,505,423	\$ 743,581
Grant and other receivables	335,062	983,631
Prepaid expenses and deposits	108,828	43,999
Total current assets	<u>2,949,313</u>	<u>1,771,212</u>
Assets limited as to use	709,693	814,347
Capital Assets, net of accumulated depreciation	2,278,048	2,165,782
	<u>5,937,054</u>	<u>4,751,342</u>
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	<u>\$ 6,141,018</u>	<u>\$ 4,954,559</u>
 Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 36,784	\$ 38,714
Accounts payable and accrued expenses	66,681	48,674
Total current liabilities	<u>103,465</u>	<u>87,387</u>
Deferred revenue	203,217	211,429
Debt borrowings net of current maturities	806,121	789,719
Total liabilities	<u>1,112,803</u>	<u>1,088,536</u>
 Net position:		
Total net position (deficit)	<u>5,028,215</u>	<u>3,866,022</u>
Total liabilities and net position	<u>\$ 6,141,018</u>	<u>\$ 4,954,559</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 2/28/2023	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,938,514	\$ 3,933,333	\$ 3,933,333	-	0%
Rents	186,828	127,704	140,000	(12,296)	279%
Other revenues	-	-	-	-	
Total revenues	6,125,343	4,061,037	4,073,333	(12,296)	
Expenses					
Professional fees - executive director	173,083	113,100	115,333	2,233	2%
Professional fees - Assistant	53,957	40,758	37,333	(3,424)	-9%
Professional fees	184,049	242,800	272,533	29,733	11%
Supplies	5,300	1,721	2,667	946	35%
Purchased services	3,500	1,800	6,667	4,867	73%
Repairs and maintenance	8,264	16,451	22,667	6,216	27%
Rents	19,269	14,697	14,280	(417)	-3%
Utilities	12,256	9,528	7,333	(2,195)	-30%
Insurance	99,309	85,465	88,777	3,312	4%
Depreciation and amortization	170,640	113,013	126,933	13,920	
Interest	48,140	26,665	33,333	6,668	20%
Travel, meeting and conferences	6,298	8,691	6,667	(2,025)	-30%
Other expenses	29,089	7,747	173,333	165,587	96%
Community projects and programs	250,000	4,818	182,381	177,563	97%
Total expenses	1,063,155	687,254	1,090,238	402,984	
Operating gains	5,062,188	3,373,783	2,983,095	390,688	13%
Transfers	(3,546,494)	(4,535,976)	-		
Increase(Decrease) in net position	1,515,694	(1,162,193)	2,983,095		
Net position at <i>beginning of the year</i>	3,512,521	5,028,215	-		
Net position at the <i>end of the period</i>	\$ 5,028,215	\$ 3,866,022	\$ 2,983,095		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 2/28/2023
Increase(Decrease) in net position	\$ 1,515,694	\$ (1,162,193)
Add Non Cash items		
Depreciation	170,640	113,013
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	(648,569)
Prepaid expenses and deposits	(22,557)	64,829
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(18,008)
Deferred revenues	203,217	8,212
Net Cash provided(used) by operating activities	1,688,808	(1,642,716)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(104,654)
Net Cash used in investing activities	(31,097)	(104,654)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(14,471)
Net cash used by financing activities	(34,132)	(14,471)
Net change in cash and cash equivalents	1,623,579	(1,761,841)
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	\$ 2,505,423	\$ 743,581

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 2/28/2023	Jaber 2/28/2023	As of 2/28/2023
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 2,505,423	\$ -	\$ 2,505,423	\$ 743,581	\$ -	\$ 743,581
Grant and other receivables	335,062	0	335,062	983,631	0	983,631
Prepaid expenses and deposits	108,829	(0)	108,828	44,000	(0)	43,999
Total current assets	2,949,313	(0)	2,949,313	1,771,212	(0)	1,771,212
Due To Due From	14,925	(14,925)	0	25,333	(25,333)	0
Assets limited as to use	0	709,693	709,693	0	814,347	814,347
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,337,616	828,167	2,165,782
	4,389,185	1,547,869	5,937,054	3,134,161	1,617,181	4,751,342
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	3,337,378	1,617,181	4,954,559
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	36,784	0	36,784	38,714	0	38,714
Accounts payable and accrued expenses	66,681	0	66,681	48,674	0	48,674
Total current liabilities	103,465	0	103,465	87,388	0	87,388
Deferred revenue	203,217	0	203,217	211,429	0	211,429
Debt borrowings net of current maturities	806,121	0	806,121	789,719	0	789,719
Total liabilities	1,112,803	0	1,112,803	1,088,537	0	1,088,537
Net position:						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	2,248,841	1,617,181	3,866,022
Total liabilities and net position	\$4,593,149	\$1,547,869	\$6,141,018	\$3,337,378	\$1,617,181	\$4,954,559

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	Actual YTD 6/30/2022	District 2/28/2023	Jaber 2/28/2023	Actual YTD 2/28/2023
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	3,933,333	0	3,933,333
Rents	0	186,828	186,828	0	127,704	127,704
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	3,933,333	127,704	4,061,037
Expenses						
Professional fees - executive director	173,083	0	173,083	113,100	0	113,100
Professional fees - Assistant	53,957	0	53,957	40,758	0	40,758
Professional fees	174,851	9,198	184,049	236,297	6,503	242,800
Supplies	5,300	0	5,300	1,721	0	1,721
Purchased services	3,500	0	3,500	1,800	0	1,800
Repairs and maintenance	1,584	6,680	8,264	249	16,202	16,451
Rents	19,269	0	19,269	14,697	0	14,697
Utilities	1,070	11,185	12,256	1,564	7,964	9,528
Insurance	99,309	0	99,309	85,465	0	85,465
Depreciation and amortization	133,240	37,400	170,640	88,080	24,933	113,013
Interest	48,140	0	48,140	26,665	0	26,665
Travel, meeting and conferences	6,298	0	6,298	8,691	0	8,691
Other expenses	32,044	(2,955)	29,088	4,958	2,790	7,748
Community projects and programs	250,000	0	250,000	4,818	0	4,818
Total expenses	1,001,646	61,508	1,063,154	628,863	58,393	687,255
Operating gains	4,936,869	125,320	5,062,189	3,304,470	69,311	3,373,782
Transfers	(3,414,871)	(131,623)	(3,546,494)	(4,535,976)	0	(4,535,976)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(1,231,506)	69,311	(1,162,194)
Net position at <i>beginning of the year</i>	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the <i>end of the period</i>	3,480,346	1,547,869	5,028,216	2,248,841	1,617,181	3,866,022

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual YTD	District	Jaber	Actual YTD
	6/30/2022	6/30/2022	6/30/2022	2/28/2023	2/28/2023	2/28/2023
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(1,231,506)	69,311	(1,162,194)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	88,080	24,933	113,013
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	(648,570)	0	(648,570)
Prepaid expenses and deposits	(22,557)	0	(22,557)	64,829	0	64,829
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(10,409)	10,409	0
Accounts payable and accrued expenses	50,954	0	50,954	(18,006)	0	(18,006)
Deferred revenues	203,217	0	203,217	8,212		
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	(1,747,370)	104,654	(1,650,928)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	(0)	0	(0)
Changes in assets limited to use	0	(31,097)	(31,097)	0	(104,654)	(104,654)
Net Cash used in investing activities	0	(31,097)	(31,097)	(0)	(104,654)	(104,654)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(14,473)	0	(14,473)
Net cash used by financing activities	(34,132)	0	(34,132)	(14,473)	0	(14,473)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	(1,761,843)	0	(1,761,843)
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	743,581	(0)	743,581



April 10, 2023

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

From: Debi Stebbins
Executive Director

RE: Audit Engagement Proposal

Attached is the proposal for the audit engagement with JWT & Associates, LLP to conduct the FY 2023 audit for the District for a projected \$11,000 plus expenses.

I am recommending that the District Board approve the engagement proposal.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

1111 E. Herndon Avenue, Suite 211
Fresno, California 93720
Voice: (559) 431-7708 Fax:(559) 431-7685

March 22, 2023

Deborah E. Stebbins, Executive Director
City of Alameda Health Care District
1402 Park Street, Suite A/B
Alameda, California 94501

We are pleased to confirm our understanding of the services we are to provide for the City of Alameda Health Care District (the “District”) for the year ended June 30, 2023. We will audit the financial statements of the District, which comprise the statement of net position as of June 30, 2023, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements.

Management’s Discussion and Analysis

Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management’s discussion and analysis (MD&A), to supplement the District’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District’s MD&A in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The MD&A is a RSI which is required by U. S. generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited.

Audit Objective

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principlesⁱ and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and will include tests of the accounting records and other procedures we consider necessary to enable us to express such opinions. We will issue written reports upon completion of our audit of the District's financial statements. Our reports will be addressed to the governing board of directors of the District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete any of the audit or are unable to form or have not formed opinions, we may decline to express opinions or may withdraw from this engagement.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit are properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from

your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Audit Procedures—Internal Control

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provision of laws and regulations that determine the reported amounts and disclosures in the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes

Other Services

We will also assist in preparing the financial statements of the District in conformity with U.S. generally accepted accounting principles based on information provided by you. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Management Responsibilities

Management is responsible for designing, implementing, and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles;

and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws and regulations.

If other supplementary information is presented, other than the MD&A, you are responsible for the preparation of this supplementary information in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon or make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

You agree to assume all management responsibilities for financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

HIPPA Business Associate Agreement

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder (“HIPAA”), we shall enter into a HIPAA Business Associate Agreement with the District.

Engagement Administration, Fees, and Other

We may from time to time, and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We understand that your employees assist in preparing all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

The audit documentation for this engagement is the property of JWT & Associates, LLP and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to request by certain regulators or their designee. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of JWT & Associates, LLP personnel. Furthermore, upon request, we may provide copies of selected audit documentation to certain regulators or their designee. Certain regulator or their designee may intend or decide to distribute the copies or information contained therein to others, including other certain regulators.

We expect to begin our audit in either August or September, and to issue our reports shortly thereafter. Rick Jackson is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

Our fee for these services will be \$11,000 for the year, plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) not to exceed \$250 for the year. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 90 days or more overdue and may not be

resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

If any dispute arises among the parties hereto, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under Rules for Professional Accounting and Related Services Disputes before resorting to litigation. Costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules of Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final. In agreeing to arbitration, we both acknowledge that in the event of a dispute over fees charged by the accountant, each of us is giving up the right to have the dispute decided in a court of law before a judge or jury and instead we are accepting the use of arbitration for resolution.

We appreciate the opportunity to be of service to the District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,

JW7 & Associates, LLP

APPROVED:

Name and Title



April 10, 2023

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

From: Debi Stebbins
Executive Director

RE: Procedure for Teleconferencing under Post-COVID Rules

Attached is a new Procedure for Teleconferencing under Post-COVID rules for Board review and approval. It is based on the opinion submitted by District Counsel, Tom Driscoll.



CITY OF ALAMEDA HEALTH CARE DISTRICT

Procedure for the Conduct of Board and Standing Committee Meetings by Teleconference

The new statutory authorization expires by its own terms on January 1, 2026. At that point, absent further legislation, the Brown Act's teleconferencing provisions will revert to essentially the same language as before the pandemic.

The City of Alameda Health Care District ("District") may use teleconferencing without complying with the Pre-COVID Rules if, during the teleconference meeting, at least a quorum of the members of the District Board participates in person from a singular physical location clearly identified on the agenda, which location shall be open to the public and situated within the boundaries of the territory over which the District exercises jurisdiction and the District Board complies with all of the following:

(1) The District Board shall provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:

(i) A two-way audiovisual platform.

(ii) A two-way telephonic service and a live webcasting of the meeting.

(2) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the District shall also give notice of the means by which members of the public may access the meeting and offer public comment.

(3) The agenda shall identify and include an opportunity for all persons to attend and address the legislative body directly via a call-in option, via an internet-based service option, and at the in-person location of the meeting.

(4) In the event of a disruption that prevents the District from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the District's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the District Board shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(5) The District Board shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(6) An individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the District Board, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(7) A member of the District Board shall only participate in the meeting remotely pursuant to this subdivision, if all of the following requirements are met:

(A) One of the following circumstances applies:

(i) The member notifies the District Clerk at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year.

(ii) The member requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. The legislative body shall request a general description of the circumstances relating to their need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act (Chapter 1 (commencing with Section 56) of Part 2.6 of Division 1 of the Civil Code). For the purposes of this clause, the following requirements apply:

(iii) A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.

(iv) The District Board may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place the proposed action on such a request on the posted agenda for the meeting for which the request is made, the District Board may take action at the beginning of the meeting.

(B) The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.

(C) The member shall participate through both audio and visual technology.

(8) The provisions of this subdivision shall not serve as a means for any member of the Board to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

IV. For all teleconferenced meetings: Teleconferencing may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the Board. If District Board elects to use teleconferencing, the Board shall comply with all of the following:

(1) The teleconferenced meetings shall be conducted in a manner that protects the statutory and constitutional rights of the District Board.



- (2) All votes taken during a teleconferenced meeting shall be by roll call, and no action shall be taken by secret ballot, whether preliminary or final.
- (3) The Board shall publicly report any action taken and the vote or abstention on that action of each member present for the action.
- (4) Prior to taking final action, the Board shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of the District executive during the open meeting in which the final action is to be taken.

Adopted by the City of Alameda Health Care District Board:

_____ yes
_____ no
_____ abstentions

April 10, 2023



April 10, 2023

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

From: Debi Stebbins
Executive Director

RE: New Bank of Marin Loan

Attached is the term sheet that Director Codiga have negotiated with officials from the Bank of Marin regarding the new loan. The loan is secured this time by just the Pearl Street residential property and has a beginning balance of \$834,000. It is based on a 10 year fixed loan rate amortized over 20 years at 2.23% above the 10 year Treasury Constant Maturity (TCM) rate.

We are requesting approval by the Board of the terms of the loan. It should be noted that the property appraisal is scheduled for later in the week of April 10, 2023.



Pat Collins
Bank of Marin
Phone: (510) 748-8803
Fax: (510) 748-8033

March 10, 2023

Debi Stebbins
Executive Director
City of Alameda Healthcare District
1402 Park St., Suite A/B
Alameda, CA 94501

Dear Debi:

In response to your request, Bank of Marin ("Bank") is pleased to express our interest in pursuing a loan based upon the following primary terms, it being understood that some additional terms and/or conditions may be required by us before a formal commitment is extended:

1. Type of Facility: Commercial Real Estate Term Loan
2. Borrower: City of Alameda Healthcare District
3. Purpose: To refinance an 8 unit multi-family property located at 1359 Pearl St., Alameda, CA 94501.
4. Proposed Loan Amount: The amount of the loan will be the lower of eight hundred thirty four thousand Dollars (\$834,000), or 50% of the appraised value. The loan maximum is further dependent upon the debt service coverage at loan funding being a minimum of 1.50 to 1 based upon the lower of appraiser's stabilized net operating income (as determined by the appraisal) or Borrower's actual net operating income (adjusted for vacancy, property management, property taxes and reserves as determined by the appraisal) with debt service calculated based on a 25-year amortization.
5. Loan Term: 10 years
6. Interest Rate: 10-Year Fixed: At time of loan approval, the interest rate on the loan will be determined based on the 10-year Treasury Constant Maturity (TCM), ("the Index"), plus a spread of 2.23%, Based on the Index as of 3/09/2023 the indicative rate on the loan would be 6.21%. The actual rate on the loan is subject to changes in the Index until the rate is locked at final loan approval.

Interest will accrue daily on the simple interest basis of a 365/360 day year.

7. Repayment: Principal and Interest payments will be payable in monthly installments in the approximate amount of \$6,118 based on a 20 year amortization at 6.21% with all accrued interest and unpaid principal payable at maturity.
8. Loan Fee: 0.50% of the loan amount or \$834,000.
9. Prepayment Penalty: During each 12-month period of the first 60 months of this Note, Borrower may prepay up to 20% of the principal balance outstanding at the inception of the 12-month period without any prepayment fee (the "Permitted Prepayment"). Any prepayment of principal in an amount greater than the Permitted Prepayment is subject to Lender first receiving a prepayment fee that equals a percentage applied to the amount greater than the Permitted Prepayment as follows: 5% during the first 12-month period of this Note; 4% during the second 12-month period; 3% during the third 12-month period; 2% during the fourth 12-month period; and 1% during the fifth 12-month period. After the first 60 months of this Note, Borrower may make principal payments before they are due without any prepayment fee. Prepayments of principal will not, unless agreed to by Lender in writing, change Borrower's obligation to make payments in accordance with the payment schedule in this Note until the Note is paid in full. Rather, early principal payments may result in Borrower making fewer scheduled payments. Notwithstanding the foregoing, any Permitted Prepayment which occurs concurrent with full repayment of the principal balance outstanding of this Note will be subject to the prepayment fee. Further, any Permitted Prepayment which occurs in the 12-month period preceding full repayment of the principal balance outstanding of this Note will be retroactively subject to the prepayment fee that is applicable at the time that full repayment of the principal balance outstanding is received by Lender.
10. Collateral: First Deed of Trust with Assignment of Rents on real property and improvements located at 1359 Pearl St., Alameda, CA 94501.
11. Title Insurance: Lender's Policy of Title Insurance with appropriate endorsements, subject only to those liens, easements and restrictions acceptable to Bank.
12. Insurance: Hazard, liability and business interruption insurance in amounts acceptable to Bank.

If the property is determined to be in a Special Flood Hazard Area as defined by FEMA, flood insurance will be required.
13. Guarantors: N/A

14. Reporting None required
Requirements:

15. Additional
Requirements:

1. In consideration of credit extended by Lender, Borrower shall maintain its primary bank account with Bank of Marin.
2. Receipt and satisfactory review of an Environmental Questionnaire.

Property must be appraised by an appraiser engaged by Bank of Marin. You will have to pay for the appraisal fee prior to ordering the appraisal. Additionally, you will pay the costs for all the title and lien searches, filings, title insurance and escrow fees, appraisal review fees, flood determination certification, tax service fees, legal fees, or the like that may be incurred in connection with perfection of our rights as to this loan. If we are concerned that there could be any environmental liability risks, we may consult with an environmental specialist and may require an environmental audit. While your cost reimbursement obligations will include such consulting and audit expenses, we will obtain your approval before proceeding with such an audit.

THIS LETTER OF INTEREST IS FOR DISCUSSION PURPOSES ONLY AND IS NOT AN OFFER OR COMMITMENT TO LEND. THIS LETTER OF INTEREST REFLECTS THE BANK'S PRELIMINARY INTEREST IN EXPLORING A CREDIT ARRANGEMENT AND WILL NOT BE BINDING ON THE BANK OR THE ADDRESSEE. The terms proposed herein including rates and margins are subject to revision at Bank of Marin's discretion. Should Bank of Marin enter into a credit relationship with the borrower, documents may contain additional or different terms, covenants and conditions. This letter of interest may not be contradicted by evidence or any alleged oral agreement, may not be disclosed, and may not be relied upon for any purpose without Bank of Marin's prior written consent.

This proposal will expire on 3/24/23.

If these proposed terms and conditions are acceptable to you, please indicate by signing and returning a copy of this letter to us.

Upon signed acceptance of this letter and receipt of a good faith deposit in the amount of 4,000, we shall proceed with underwriting and credit approval. If a commitment is not ultimately delivered, the good faith deposit will be returned to you, less any out-of-pocket expenses incurred by Bank of Marin.

Thank you for providing us the opportunity to be of service to you. Please call Chad Means at (510) 918-7408 or Pat Collins at (510) 748-8803 if you have any questions or we can be of additional assistance.

Sincerely,



Chad Means
Senior Vice President
Commercial Banking Regional Manager

Acknowledged: Debra G. Stebbins Date: 3/20/23



April 10, 2023

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

From: Debi Stebbins
Executive Director

RE: Resolution for Signatories on Bank of Marin Accounts

Since we have new Board members, I am recommending that the Board approve the attached resolution adding all Board members as signatories on the Bank of Marin accounts. In addition to submitting the resolution, each Board member will be asked to complete a form (see attached) providing individual information required by the Bank.



**RESOLUTION OF CORPORATIONS, PARTNERSHIPS,
LLCS, ASSOCIATIONS AND ORGANIZATIONS**

FROM: NAME AND ADDRESS OF ENTITY	TO: NAME AND ADDRESS OF FINANCIAL INSTITUTION Bank of Marin 2208 South Shore Center Alameda CA 94501
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IT IS RESOLVED THAT: The following persons or combination of persons listed as signers on the signature card are authorized to endorse, on behalf of this organization, any checks or other items payable to the organization or its order, to deposit such checks and other items into the account, with or without such endorsement and to direct withdrawals from the account by check drawn on the account or otherwise, including withdrawals payable to anyone who is an authorized signer.

RESOLUTION APPLIES TO ACCOUNT NUMBER:

NAME	TITLE
1.	
2.	
3.	
4.	
5.	
6.	

FURTHER RESOLVED THAT: This organization hereby ratifies and confirms the acts of its officers, agents or employees in heretofore opening the account with this Bank together with any acts performed in relation thereto. I certify that: I am secretary of the above named corporation or unincorporated association; the foregoing is a copy of Resolutions adopted by the Board of Directors of said organization effective on the date noted below; the signature card signed on _____, by said officer of this organization is the signature contemplated aby the foregoing resolutions; all of the signatures appearing for authorized signers on the signature card referenced by said resolutions are those of the persons authorized to withdraw funds in accordance with said resolutions until such authority is revoked by giving written notice to the bank signed by authorized officers of this organization, and, these resolutions are still in force and are unmodified.

WITNESS my hand and seal of the organization:

SEAL

_____ Signature, Secretary	_____ Effective Date
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*ABSENSE OF SEAL WILL NOT AFFECT VALIDITY OF RESOLUTION.

Concurring signatures for unincorporated association;

The undersigned, being the former signers on the account contemplate above, ratify the foregoing.

_____ Signature	_____ Signature
--------------------	--------------------



Consumer Information Form

Full Name: _____ US Citizen: Yes No

Physical Address: _____
Street City Zip Code

Mailing Address: _____
(if different than physical) Street or PO Box City Zip Code

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Occupation (select from list on back of this page): _____

Mother's Maiden Name: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ issue date: / / expiration date: / /

Occupation Codes

200	ACCOUNTANT/BOOKKEEPR	346	CORONER	113	HOME MAKER	159	PARKING ATTENDANT
309	ACTOR	385	COSMETOLOGIST	387	HOTEL CLERK	475	PASSENGER TRANSPORT
310	ACUPUNCTURIST	416	COUNSELOR/THERAPIST	388	HR SPECIALIST	441	PHARMACIST
489	ADMINISTRATIVE ASST	347	CREDIT ANALYST	389	IMMIGRATION INSPECTR	442	PHOTOGRAPHER
312	ADVERTISING	348	CRIMINAL INVESTGTR	390	INDUSTRIAL ENGINEER	128	PHYS/OCCU THERAPIST
315	ANESTHESIOLOGIST	349	DENTAL HYGIENIST	391	INFO/RECORD CLERK	342	PILOT
316	ANIMAL BREEDER	350	DENTIST	392	INSULATION WORKER	445	PLUMBER
318	ARCHITECT	351	DERMATOLOGIST	393	INSURANCE SALES AGNT	371	POLICE OFFICER
492	ARTIST	352	DIETITIAN/NUTRITION	394	INTERIOR DESIGNER	447	POSTAL CLERK/CARRIER
319	AUDIOLOGIST	353	DISHWASHER	395	INTERPRETER/TRANSLAT	119	PROPERTY MANAGER
308	AUDITOR	365	DOCTOR	124	INVESTMENT ADVISOR	340	PSYCHOL/PSYCHIATRIST
304	AUTO SALES PERSON	354	DRYWALL INSTALLER	122	IT SPECIALIST	454	RADIATION TECH/THPST
321	AVIATION INSPECTOR	356	ECONOMIST	370	JANITORIAL WORKER	317	REAL ESTATE APPRAISR
322	BAKER	357	EDITOR	396	JEWELER/PRCS STN MTL	457	REAL ESTATE BROKER
109	BANKER	204	ELECTED OFFICIAL	400	LANDSCAPE/GROUNDKPR	123	REAL ESTATE INVESTOR
324	BARISTA/BARTENDER	358	ELECTRICAL ENGINEER	201	LAWYER/ATTORNEY	458	REAL ESTATE SALE AGT
325	BIOLOGIST	359	ELECTRICIAN	403	LIBRARIAN	459	RECEPTIONIST
488	BOOK PUBLISHER	361	ELEVATOR REPAIRER	405	LOAN COUNSELOR/OFFCR	460	RECOLOGIST
326	BROADCAST TECHNICIAN	414	ENGINEER	508	LOAN GUARANTOR	491	RESTAURANT OWNER
440	BROKER/DEALER	503	ENOLOGIST	406	LOCKSMITH/SAFE REPR	463	RETAIL SALESPERSON
497	BUSINESS ANALYST	419	EVENT PLANNER	407	LOSS PREVENTION	120	RETAIL STORE OWNER
328	BUTCHER/MEAT CUTTER	366	FARMER/RANCHER	408	MACHINIST	303	SALESPERSON
329	CABINETMAKER	367	FASHION DESIGNER	409	MAID/HOUSEKEEP CLEAN	466	SECURITY GUARD
202	CAR DEALER/REPAIR	368	FINANCIAL ANALYST	411	MAINTENANCE WORKER	126	SERVER/WAITER
330	CARPENTER	495	FIRE FIGHTER	415	MARKETING	506	SHIPPING SPECIALIST
331	CARPET/FLOOR INSTALL	369	FIRE INSPECTOR	417	MASSAGE THERAPIST	468	SHOE/LEATHER WORKER
332	CASHIER	127	FITNESS TRAINER	305	MECHANIC	469	SOCIAL WORKER
355	CEILING INSTALLER	372	FLIGHT ATTENDANT	418	MEDICAL ASST/TECH	496	SOFTWARE ENGR/DEVLPR
444	CEMENT PLASTOR MASON	314	FLIGHT ENGINEER	428	MEDICAL DOCTOR	490	STORAGE OWNER
334	CHEF	375	FLORAL DESIGNER	421	MIDWIFE	112	STUDENT
336	CHILD/ELDER CARE WKR	377	FUNDRAISER	422	MILITARY SERVICE	474	TAX PREPARER
337	CHIROPRACTOR	378	FURNITURE FINISHER	118	MINOR/BENEFICIARY	513	TAXI/RIDESHARE DRVER
398	CITY CLERK	379	GEM/DIAMOND WORKER	426	MUSICIAN/SINGER	493	TEACHER
338	CIVIL ENGINEER	121	GENERAL CONTRACTOR	511	NUCLEAR MEDICINE SPC	477	TELEMARKETER
339	CLERGY	380	GENETIC COUNSELOR	429	NURSE/NURSE PRACT	481	TRAVEL AGENT
341	COMMERCIAL FISHERMAN	381	GEOPHYSICAL DATA TEC	434	ORTHODONTIST	494	UNEMPLOYED
343	COMPLIANCE OFFICER	382	GRAPHIC DESIGNER	435	PAINTER	487	VETERINARIAN
344	COMPUTER PROGRAMMER	383	HAIRDRESSER/STYLIST	436	PARALEGAL/LEGAL ASST	501	VINEYARD OWNER
345	CONSTRUCTION LABORER	386	HOME APPL REPAIRER	362	PARAMEDIC	502	WINE SPECIALIST

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: February 13, 2023

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

FROM: Deborah E. Stebbins,
Executive Director

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

Action

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

Background and Discussion

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

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

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

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

CITY OF ALAMEDA HEALTH CARE DISTRICT

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

The Jaber Will stipulates that the maximum that may be withdrawn from the Jaber Fund on an annual basis is twenty percent (20%) of the sum of the net income earned during the prior fiscal year plus twenty percent (20%) value of the cash assets of the Fund valued as of the last day of the prior fiscal year. The District has authorized the following distributions to Alameda Health System in the past from the Jaber Fund

Contribution for 2015 and 2016	Made 10/9/17	\$283,614	
Contribution for 2017	Made 12/20/17	\$74,017	
Contribution for 2018	Made 7/5/18	\$77,308	
Contribution for 2019	Made 6/16/20	\$152,470	
Contribution for 2020	Made 6/21/21	\$117,850	
Contribution for 2021	Made 6/12/22	\$131,623	
Contribution for 2022	TBD	\$164,018	

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

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

CITY OF ALAMEDA HEALTH CARE DISTRICT

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CITY OF ALAMEDA HEALTH CARE DISTRICT

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

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

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

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

Liabilities - - -

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

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

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

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

Contribution for 2020 Made on 6/21/21 (117,850) Contribution for 2021 Made on 6/8/22 (131,623)
Contribution for 2022 Made on TBD (164,018) Contribution for 2023 Made on TBD

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

1 - The funds must be used for capital equipment; and

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