City of Alameda
Health Care District

PUBLIC NOTICE

OPEN SESSION AGENDA

MONDAY, SEPTEMBER 14, 2026 @ 5:30 PM

LOCATION: 2070 CLINTON AVE. ALAMEDA, CA 94501

ALAMEDA HOSPITAL - CONFERENCE ROOM A

Join Zoom Meeting

https://us02web.zoom.us/j/81427229760?pwd=diqaQ2wP3XA2TaGG37NrNowVYel6ag.1

Meeting ID: 814 2722 9760

Passcode: 167990

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.

1. Call to Order	Jeff Cambra, President
2. Roll Call / General Public Comments	Alixandria Williams, District Clerk

A. GUEST PRESENTATIONS

1. Series B COP and Resolution No. 2026-07 TO FOLLOW	Adam Bauer, Fieldman Rolapp
2. AHS COP Approval ENCLOSURE (Pages 5 - 8)	Peter Hohl, Executive Director

B. AHS REPORTS

1. Alameda Hospital Updates ENCLOSURE (Pages 9 - 27)	Salma Adin, VP Patient Care
2. AH/AHS Finance Report ENCLOSURE (Pages 28 - 42)	Grace Mesina, Director of Finance
3. Alameda Hospital Medical Staff Update VERBAL UPDATE	Dr. Masana Kalluri

C. DISTRICT AND OPERATIONAL UPDATES

1. President's Report ENCLOSURE (Page 43)	Jeff Cambra, President

2. Executive Director's Report — Peter Hohl, Executive Director
   ENCLOSURE (Pages 44 - 66)

3. Seismic Update — Kristen Thorson, Porter Consulting
   ENCLOSURE (Pages 67 -81)

4. Alameda Hospital Liaison Report — Robert Deutsch, Secretary
   VERBAL UPDATE

5. AHS Board Liaison Report — David Sayen, AHS Liaison
   ENCLOSURE (Page 82)

6. Communications Subcommittee — Jeff Cambra, President
   ENCLOSURE (Page 83)

7. Property Oversight Committee — Jeff Cambra, President
   ENCLOSURE (Pages 84)

D. CONSENT AGENDA

1. Acceptance of July 13, 2026 Meeting Minutes — Jeff Cambra, President
   ENCLOSURE (Pages 85 - 92)

2. Acceptance of June 2026 Financial Statements — Jeff Cambra President
   ENCLOSURE (Pages 93 -101)

E. ACTION ITEMS

1. Seismic Project Side Agreement #2 — Peter Hohl, Executive Director
   ENCLOSURE (Pages 102 - 104)

2. Jaber Property FY 25-26 Distribution — Peter Hohl, Executive Director
   ENCLOSURE (Pages 105 - 106)

3. Revised Conflict of Interest Policy — Tom Driscoll, District Legal
   ENCLOSURE (Pages 107 - 115)

4. Special Inspections and Testing RFQP Award — Kristen Thorson, Porter Consulting
   ENCLOSURE (Pages 116 -119)

F. NEXT MEETING DATE/PREVIEW

1. October 13, 2026 Time TBD
2. November 9, 2026 @ 5:30 PM
3. Recommendation to Approve True-Up Parcel Tax Distribution to AHS
4. Review and Acceptance of FY 2025 – 2026 Audit
5. Review of CY 2027 Meeting Dates

G. ADJOURNMENT

City of Alameda
Health Care District

Alameda Hospital Seismic and Operational Upgrade Project

2026 Series B Certificate of Participation (COP) Request

Not to Exceed Amount of $58.0 million

Request
Alameda Health System Board of Trustee approval of a 2026 Series B Certificate of Participation amount not to exceed $58.0 million. The combined COP amount for Series A and Series B for the District would be $71.5 million, which is the maximum amount that can be borrowed utilizing parcel taxes as collateral.

Background
At the AHS Finance Committee meeting on May 1, 2024, the Committee reviewed and approved a proposed amendment to the Joint Powers Agreement between AHS and the City of Alameda Health Care District Alameda along with projected costs associated with the seismic and operational upgrade projects at Alameda Hospital. The projects were to be funded by Series A and Series B COPs with parcel taxes used as collateral and the source of repayment. Below are the financial projections that were presented to the finance committee at their May 1, 2024 meeting:

	Per 5/24 Finance Committee Mtg.
Annual Parcel Tax	6,036,813
Total Series A and Series B Annual Debt Service	3,640,540
Amount Available for District Exp. & Hospital Operations	2,396,273
Project Cost Estimate Used	54,100,000
Interest Rate Used	5.30%

After the effective date of the amended JPA approved by the AHS Finance Committee and Board of Trustees and prior to closing of the 2024 Series A COPs, project costs were revised with a new total cost estimated at that time to be $56.42 million, an increase of $2.32 million. This updated project budget is the budget the project team used as their starting point. Below is a comparison of the project cost estimates approved at the May 2024 Finance Committee meeting with this revised budget used as the starting point by the project team. The revised estimates are based on interest rate and other estimates used as part of the 2026 Series B offering:

	Per 5/24 Finance Committee Mtg.	Series B Revised Initial Estimate
Annual Parcel Tax	6,036,813	6,111,000
Total Series A and Series B Annual Debt Service	3,640,540	3,377,679
Amount Available for District Exp. & Hospital Operations	2,396,273	2,733,321
Project Cost Estimate Used	54,100,000	56,420,000
Interest Rate Used	5.30%	4.86%

Reforecast of Project Costs
As the seismic team worked through the details of the project over the last two years, more information became available and additional required scope was identified. Cost projections were updated to incorporate requirements that had not been budgeted (or had been underbudgeted) in the original projections and to incorporate new project scope that had not been previously contemplated. The table below identifies the cost impact of these changes:

($Millions)		Unbudgeted	Under Budgeted	New Scope		
Project	Original Funding	SNF Make Ready	Budget Increased	Offsite Parking	Moment Frame	Revised Budget
Seismic Project	$29.67		$3.26	$1.99	$2.37	$37.29
SNF Operational Upgrade	$25.75	$4.82				$30.57
Cost of Issuance	$1.00					$1.00
Total	$56.42	$4.82	$3.26	$1.99	$2.37	$68.85

The revised estimated project cost increased by $12.43 million and is now estimated to be $68.85 million. Below is a comparison of the project budget approved by the AHS Finance Committee and the revised estimate associated with the 2026 Series B offering:

	Per 5/24 Finance Committee Mtg.	Series B Revised Initial Estimate	Unbudgeted/ New Scope	Revised Estimate Subtotal
Annual Parcel Tax	6,036,813	6,111,000	0	6,111,000
Total Series A and Series B Annual Debt Service	3,640,540	3,377,679	702,208	4,079,887
Amount Available for District Exp. & Hospital Operations	2,396,273	2,733,321		2,031,113
Project Cost Estimate Used	54,100,000	56,420,000	12,430,000	68,850,000
Interest Rate Used	5.30%	4.86%	4.86%	4.86%

Alameda Hospital Water Intrusion Issue

Alameda hospital suffers from recurring water intrusion observed in multiple areas of the South Wing and Radiology Addition. RDH, a specialized consultant, was engaged to perform a targeted investigation into the causes which included evaluation of EIFS walls, windows, roof areas, decks, and transitions. They also conducted field observations and targeted water testing. This evaluation identified deficiencies in face-sealed EIFS wall systems and vulnerabilities at windows, roof transitions, and deck-to-wall connections.

RDH presented several options to resolve the issues – a short-term targeted rehabilitation of impacted areas with a life span of 3-5 years or a full façade replacement with a life span of 30-40 years. AHS in consultation with the District and the Seismic project team believes the best solution for the water intrusion issue is the full façade replacement option. The estimated cost for the full replacement is $8.75 million.

Because a full façade replacement would occur at the same time as the seismic and operational upgrade projects and intersect these projects at numerous points, it was concluded the best choice would be to incorporate this additional project into the seismic and operational upgrade projects. Adding this project increases the overall project budget from $68.85 million to $77.60 million.

According to the JPA, capital projects like the façade replacement are the responsibility of AHS and not the District. Including the cost of the replacement in the 2026 Series B COP funding request presents potential risk to the District in the event project funds are not sufficient to complete the seismic project. As a result, the District Board requires assurances from AHS through a memorialized agreement that in the event the project does not have funds available to complete the project, AHS will contribute the funds necessary for project completion up to a maximum of the amount the project spent on the full façade replacement.

Below is a table that factors in the financial impact of including the water intrusion project with the seismic and operational upgrade projects:

	Per 5/24 Finance Committee Mtg.	Series B Revised Initial Estimate	Unbudgeted/ New Scope	Water Intrusion Project	Revised Estimate Subtotal
Annual Parcel Tax	6,036,813	6,111,000	0	0	6,111,000
Total Series A and Series B Annual Debt Service	3,640,540	3,377,679	702,208	494,314	4,574,201
Amount Available for District Exp. & Hospital Operations	2,396,273	2,733,321	2,031,113		1,536,799
Project Cost Estimate Used	54,100,000	56,420,000	12,430,000	8,750,000	77,600,000
Interest Rate Used	5.30%	4.86%	4.86%	4.86%	4.86%

2026 Series B COP Request

The District requests a 2026 Series B COP amount not to exceed $58.00 million. The table below displays three alternatives based on total project costs, the $58.00 million not to exceed amount, and factoring in the impact of the 2024 Series A funding. The first alternative is labeled base case and makes no changes or reductions to the $77.60 million total project cost. Alternative 1 reduces the project's total budget through a $1.50 million reduction in the contingency budget and Alternative 2 reduces the project's contingency budget by $2.50 million.

The project budget currently has an owner contingency of $9.40 million which is approximately 25% of the hard construction costs. This amount has not changed since the original budget estimate. However, as projects become more refined and detailed, cost projections become less uncertain and there is an opportunity to reduce the level of contingency.

($millions)	Base	Alt. 1	Alt. 2
Total Project Costs	$77.60	$77.60	$77.60
Cost Reduction Options			
- HCAI Grant Opportunity	$0.00	$0.00	$0.00
- Reduce Contingency Budget	$0.00	$1.50	$2.50
Subtotal Project Costs	$77.60	$76.10	$75.10
2024 Series A COP Funding			
- 2024 Par Amount	$13.50	$13.50	$13.50
- 2024 Premium (Net)	$0.94	$0.94	$0.94
- 2024 COP Interest Income	$0.80	$0.80	$0.80
Subtotal Series A Funding	$15.24	$15.24	$15.24
Remaining Project Costs	$62.36	$60.86	$59.86
2026 Series B COP Funding			
- 2026 COP Amount	$58.00	$58.00	$58.00
- 2026 COP Interest Income	$3.00	$3.00	$3.00
Subtotal Series B Funding	$61.00	$61.00	$61.00
Project Surplus (Deficit)	**($1.36)**	**$0.14**	**$1.14**

Outlook for Parcel Tax Growth
The annual parcel tax is $298 per parcel and annual parcel taxes are included in the County of Alameda Teeter plan – ensuring the parcel tax is fully funded to the District regardless of collections. In the last 10 years, the number of parcels subject to the tax have grown by approximately 1,000 parcels or an average of 100 per year. The 2026 population of the city of Alameda is 80,023 and is projected to grow to 90,560 by 2030 and 92,465 in 2040 based on City of Alameda projections. The implication is the number of parcels subject to the tax will also continue to grow.

Disposition of any Remaining Project Funds After Project Completion
The 2026 Series B COP offering has been constructed in a way that any funds remaining after project completion can be used for any of the following purposes:

1. Pay debt service on 2026 COPs
2. Fund additional capital projects at Alameda Hospital
3. Fund costs associated with the HVAC project

Surplus project funds cannot be used to offset AHS operational expenses.

ALAMEDA HEALTH SYSTEM

Northern Region Monthly Operating Report

August 2026

Salma Adin, Chief Administrative Officer & Associate Chief Nursing Officer,
Alameda Hospital & Wilma Chan Highland Hospital Campuses

FY26 Year End

					Worse than FY25	Better than FY25	Improvement Goal	Benchmark Goal *
Safe Care - Caring, Healing, Teaching All			Performance FYTD				FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	SLH	HGH	ALH		Improvement	Benchmark
Provide safe care	Eliminate Patient Harms	Total Patient Harms						
		CLABSI # Events/SIR	*	*	*		NHSN 25th %tile	NHSN 10th %tile
		CAUTI # Events/SIR	*	*	*		NHSN 50th %tile	NHSN 25th %tile
		MRSA # Events/SIR	*	*	*		NHSN 50th %tile	NHSN 25th %tile
		C. Difficile # Events/SIR	*	*	*		NHSN 75th %tile	NHSN 50th %tile
		SSI # Events/SIR	*	*	*		NHSN 75th %tile	NHSN 50th %tile
		Falls with Injury/% Per 1000 Days					10% reduction	NDNQI 25th %tile
		Reportable HAPI #/% per 1000 Discharges					10% reduction	20% reduction
		Behavior Events with Physical Injury					10% reduction	20% reduction
		HAPI all Stages #/% per 1000 Discharges					10% reduction	20% reduction
		Serious Safety Events (F or Greater)					Na	Na
	Reduce Mortality from Sepsis	Sepsis Mortality Observed: Expected			*		Observed= Predicted	Vizient 50th %tile
		Bundle Compliance Sepsis Early Management					CMS 75th %tile	CMS 95 %tile
	Embed Critical Behaviors	Hand Hygiene Compliance						95%

Fiscal Year Starts in July 1 and Ends June 30

FY26 YTD is results from July 2025 to SLH

FY26 Year End

			Worse than FY25	Better than FY25	Improvement Goal	Benchmark Goal *
Timely, Effective, and Efficient Care			Performance		FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	SLH	HGH	ALH	Improvement	Benchmark
Promote wellbeing	Provide the right care at the right time	All Cause 30-Day Readmission Rate				50% gap reduction to CMS 50th %tile	CMS 50th %tile
Provide accessible care	Minimize Time Spent Waiting for our Patients	ED Boarding Time for Admitted Patients				50% gap ↓ to: SLH/AH: Prepandemic Highland TJC max	SLH/AH: Prepandemic HGH: TJC Max Board
Equitable Care			Performance			FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	SLH	HGH	ALH	Improvement	Benchmark
Serving all: Deliver equitable care	Health-related social needs recognized and addressed	Health-related social needs assessment completed on inpatients	*			10% improvement	20% improvement
		% of patients that screened positive for at least 1 Health-related social needs	NA	NA	NA		
Patient-Centered Care			Performance			FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	SLH	HGH	ALH	Improvement	Benchmark
	Optimize performance regarding patient experience	Likelihood to recommend Acute	*	*	*	1% absolute improvement	SLH/AH: 50%tile HGH: 75%tile
		Likelihood to recommend ED			*		50th %tile
		Likelihood to recommend Amb Surg	*				50th %tile
		Communication with Nurses					50th %tile
		Communication with Providers					SLH/AH: 50th %tile HGH:90th %tile

Fiscal Year Starts in July 1 and Ends June 30

FY26 YTD is results from July 2025 to SLH

Objective and Key Results FY27 Proposal: Quality

				Improvement Goal		Benchmark Goal	
Objective	**OKR Metric**	**Status**	FY 26	**Goal**	**Rationale**	**Goal**	**Rationale**
Safety							
Safety by Choice - Not Chance	Hospital Acquired Infections	New	25	21 Events	NHSN 50th Percentile Or if better improve by 5 Percentile	14 Events	NHSN 25th Percentile Or if better than O Events
	Safety Alert Reported Harms	New	289	249	Behavior 15% ↑ Reportable HAPI 10%↓ Falls w/Injury NDNQI 50th %tile	232	Behavior 10% ↑ Reportable HAPI 20%↓ Falls w/Injury 10% ↓ NDNQI 50th %tile
	Bundle Compliance Sepsis Early Management	Keep	71.26%	76.61%	Midas National 50th Percentile or if better than 75th Percentile	81.36%	Midas National 75th Percentile or if better than 80th Percentile
	Composite 30-day Death Rate	New	100%	50%	50% of metrics at or better than 5 STAR per Vizient	80%	80% of metrics at or better than 5 STAR per Vizient
Effective/Efficient Care							
	Composite Readmission metrics	New	29%	50%	50% of metrics at or better than 3 STAR per Vizient	80%	80% of metrics at or better than 3 STAR per Vizient

Included in CMS Star Rating

Objective and Key Results FY27 Proposal: Quality

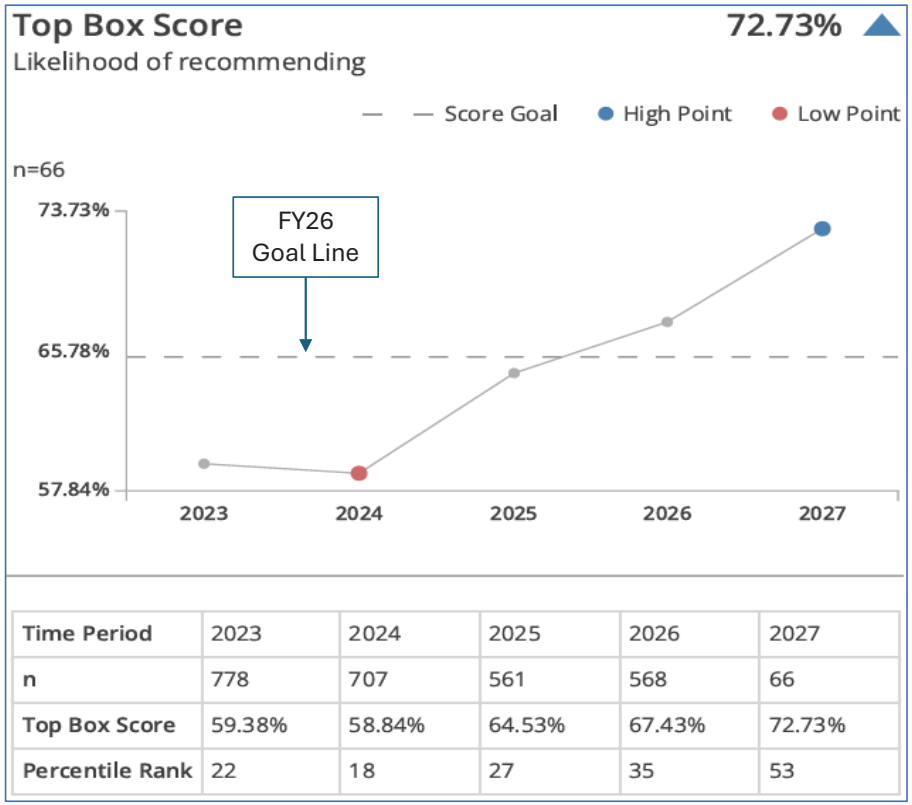
Objective	OKR Metric	Status	FY26	Improvement Goal		Benchmark Goal	
				Goal	Rationale	Goal	Rationale
Timely							
Right Care, Right Time, Right Place	ED Boarding Time for Patients needing an Inpt bed Community Hospital	Revise	1:38	1:34	50% gap closure to benchmark	1:30	Pre-pandemic Performance
	ED Boarding Time for Patients needing an Inpt bed Highland		8:02	7:38		4:00	TJC guidance for max boarding time
	Time patients spent in the ED before being sent home Community Hospital	New	2:39	2:24	50% gap closure to benchmark	2:10	CMS National Rate Low Volume
	Time patients spent in the ED before being sent home Highland	New	4:07	3:47		3:27	CMS National Rate High Volume
Equitable Care							
Serving all: Deliver equitable care	Childhood Immunization Status Black/African American children	New	31.73%	32.79%	10% gap closure to the 90th Percentile	34.79%	90th Percentile
Patient Centered Care							
Be the most welcoming system to receive care	Likelihood to recommend care composite	Keep	76.14%	77.14%	1% absolute improvement	77.23%	National 75th Percentile or if better than Improve by 5 percentiles

AH - ED Patient Experience (PX)

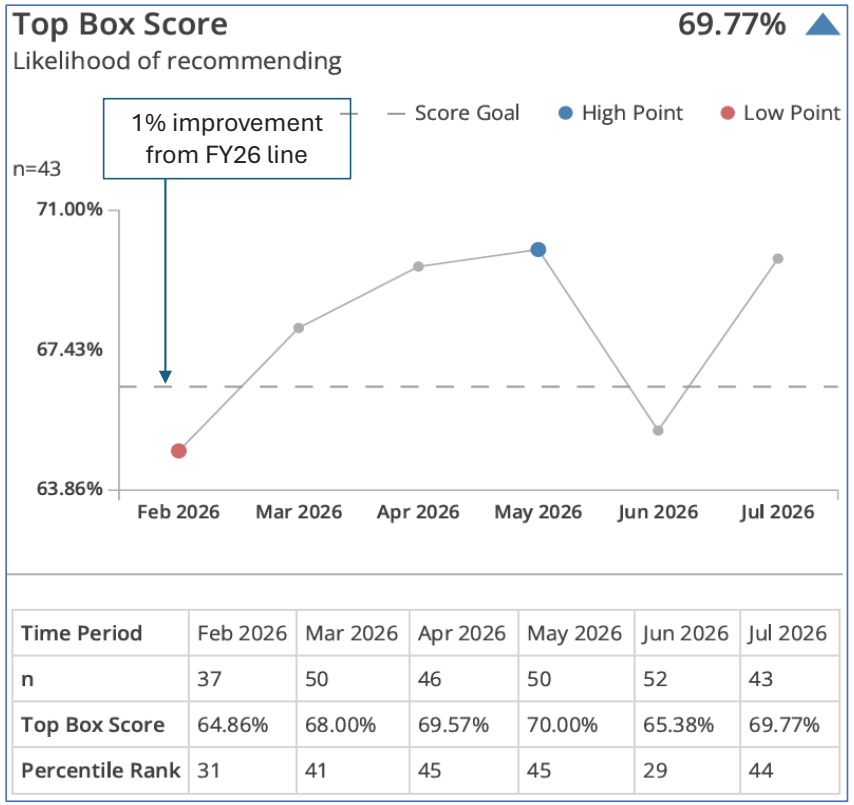
Likelihood to Recommend (LTR)

Top Box Score (% "Very Good" Response)

LTR Baseline (FY26)	LTR 1% improvement from FY26	LTR FYTD27
65.53	66.53	72.73



Time Period	2023	2024	2025	2026	2027
n	778	707	561	568	66
Top Box Score	59.38%	58.84%	64.53%	67.43%	72.73%
Percentile Rank	22	18	27	35	53



Time Period	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026
n	37	50	46	50	52	43
Top Box Score	64.86%	68.00%	69.57%	70.00%	65.38%	69.77%
Percentile Rank	31	41	45	45	29	44

Alameda Hospital – ED

Patient Experience FY26 Performance & FY27 Goal Recommendations

Measure	FY26 Goal	FY26 % Top Box Score	FY26 Percentile Rank	YoY Change % Top Box (FY25 to FY26)	FY27 Goal Setting		
					1% Top Box Improvement	Next Quartile	Stretch Goal
Likelihood Recommend	65.53	***67.2***	***35th***	***2.9***	***68.2 (39th)***	***71.6 (50th)***	***72.8 (55th)***
Arrival Overall	48.67	52.62	36th	5.01	53.6 (39th)	57.8 (50th)	59.7 (55th)
Nurses Overall	68.26	72.41	35th	5.16	73.4 (40th)	75.8 (50th)	76.9 (55th)
Doctors Overall	68.15	72.01	47th	4.86	73.0 (53rd)	72.4 (50th)	73.5 (55th)

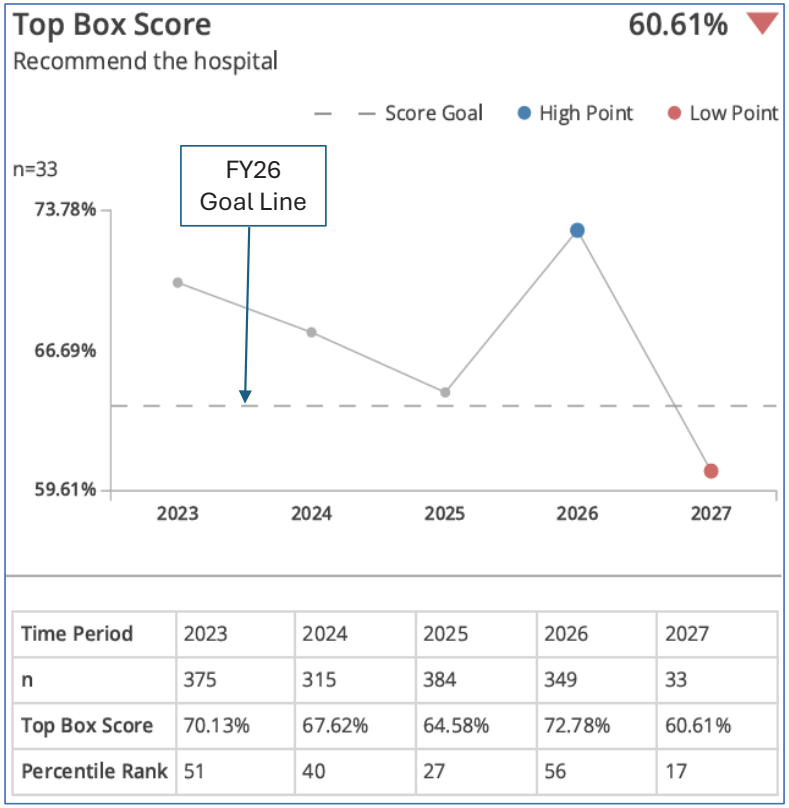
Legend
Met Goal
Above Baseline
Did Not Meet Goal

AH- Inpatient Patient Experience (PX)

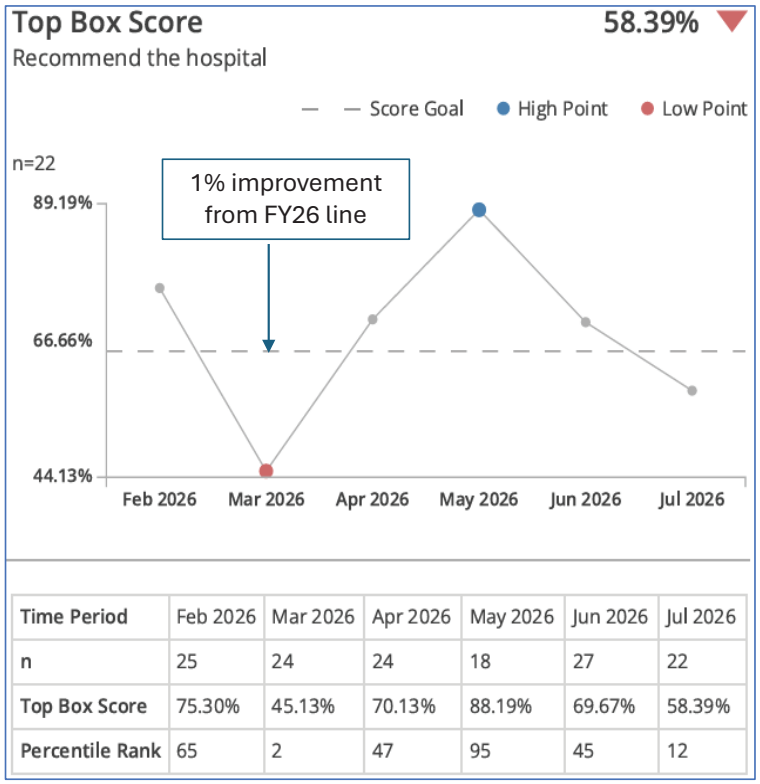
Inpatient Likelihood to Recommend (LTR)

Top Box Score % ("Definitely" Response)

LTR Baseline (FY26)	LTR 1% improvement from FY26	LTR FYTD27
63.96	64.96	60.61



Time Period	2023	2024	2025	2026	2027
n	375	315	384	349	33
Top Box Score	70.13%	67.62%	64.58%	72.78%	60.61%
Percentile Rank	51	40	27	56	17



Time Period	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026
n	25	24	24	18	27	22
Top Box Score	75.30%	45.13%	70.13%	88.19%	69.67%	58.39%
Percentile Rank	65	2	47	95	45	12

Alameda Hospital – Inpatient / HCAHPs

Patient Experience FY26 Performance & FY27 Goal Recommendations

Measure	FY26 Goal	FY26 % Top Box Score	FY26 Percentile Rank	YoY Change % Top Box (FY25 to FY26)	FY27 Goal Setting		
					1% Top Box Improvement	Next Quartile	Stretch Goal
Recommend hospital	63.96	***72.03***	***54th***	***9.12***	***73.0 (57th)***	***78 (75th)***	***84.2 (90th)***
Rate hospital 0-10	65.71	69.32	45th	5.17	70.3 (51st)	70.2 (50th)	76.4 (75th)
Comm w/ Nurses	70.59	75.26	21st	5.87	76.3 (27th)	79.5 (50th)	83 (75th)
Response of Staff	63.02	61.34	44th	-0.58	62.3 (48th)	62.6 (50th)	68.4 (75th)
Comm w/ Doctors	76.43	79.12	50th	3.62	80.1 (58th)	82.6 (75th)	86.4 (90th)
Cleanliness	73.45	73.29	48th	1.26	74.3 (54th)	73.4 (50th)	78.8 (75th)
Comm About Medicines	54.55	56.68	21st	3.71	57.7 (28th)	61.2 (50th)	65 (75th)
Discharge Information	86.16	81.97	11th	-3.01	83 (17th)	87 (50th)	89.4 (75th)
Restful Environment	50.42	54.56	35th	5.4	55.6 (42nd)	56.9 (50th)	61.9 (75th)
Care Coordination	68.16	64.87	10th	-1.91	65.9 (13th)	72.9 (50th)	77.1 (75th)
Info About Symptoms	68.31	65.11	14th	-2.3	66.1 (18th)	71.6 (50th)	75.7 (75th)

Legend
Met Goal
Above Baseline
Did Not Meet Goal

Alameda Entity Financials – July 2026

In Thousands	MTD ACTUAL	MTD BUDGET	MTD VARIANCE
Operating Revenue ----------			
Net Patient Revenue	$10,899	$10,598	$300
Capitation Revenue	204	199	5
Other Government Programs	3,216	3,295	(79)
Other Revenues	899	99	800
Total Revenue - All Sources	**$15,217**	**$14,192**	**$1,025**
Collection %	***15.6%***	***16.0%***	***-0.4%***
Operating Expenses ----------			
Salaries & Benefits	10,551	10,371	(180)
Purchased Services	580	616	35
Contracted and Allocated Provider	782	741	(42)
Materials and Supplies	876	934	58
Facilities	763	506	(257)
Depreciation	361	393	32
General & Administration	134	38	(97)
Total Operating Expenses	**$14,049**	**$13,599**	**($450)**
Contribution Margin	**$1,169**	**$593**	**$576**
Total FTEs	632	618	(14)
Total Acute Adj Patient Days	1,927	1,519	(408)

Alameda MOR Financials – July 2026

ROLLUP: Alameda excluding PB and SS

	MONTH				ACTION PLAN
	MTD Actual	MTD Budget	Var	%Var	Action Plan to include plan to reach 100% of goal to budget. Include strategies/tactics to address barriers and estimated
OR Cases	25	14	11	78.6%	IP: 4 cases, OP: 7 higher than budget
OR Minutes	2,288	1,318	970	73.6%	due to more cases than budget
OR Minutes per Case	92	94	(3)	-2.8%	
ED/PES Visits	1,784	1,734	50	2.9%	IP 14 cases; OP 36 cases
Clinic Visits	1,467	1,420	47	3.3%	Ortho Clinic 50 visits; Wound Care -3 visits
Nursing Unit Days (incl Obs excl L&D)	1,222	1,049	173	16.5%	
Acute Days (incl ED, Surg, CCL L&D)	1,028	842	186	22.1%	Med/Surg 113; Tele 81 offset by CCU -9
Observation Days	223	235	(11)	-4.9%	Tele -18 offset by Med/Surg 6
Acute Discharges	221	230	(9)	-3.9%	CCU -10; Tele -8
Observation Discharges	0	63	(63)	-100.0%	
Average Daily Census (ADC)	33.2	27.1	6.0	22.1%	
Observation ADC	7.2	7.6	(0.4)	-4.9%	
Average Length of Stay (ALOS)	4.7	3.7	(1.0)	-27.1%	CMI at 1.624 to budget of 1.610 Var
Paid FTE	385.8	372.6	(13.2)	-3.5%	Tele -8 FTEs; Med/Surg -8 offset by Ortho Clinic 3
Paid FTE per ADC	11.6	13.7	2.1	15.2%	
Productive FTE	310.5	318.6	8.2	2.6%	
Non-Productive FTE	75.3	54.0	(21.4)	-39.6%	
Training Hours	2,420	1,402	(1,018)	-72.6%	Med/Surg -345; Lab -328; CCU -202; Nrsg Admin -130; ED -120 offset by Tele 185
Training % of Productive Hours	4.4%	2.5%	(1.9%)	-77.2%	

Alameda MOR Financials – July 2026

ROLLUP: Alameda excluding PB and SS

	MONTH				ACTION PLAN
	MTD Actual	MTD Budget	Var	%Var	Action Plan to include plan to reach 100% of goal to budget. Include strategies/tactics to address barriers and estimated
Missed Meals and Breaks Hours	617	574	(43)	-7.5%	Med/Surg -62; Nrsg Admin -51; CCU -33; Tele -26; Comm -26 offset by ED 99 & Diag Imaging 40
Missed Meals and Breaks $	54,616	51,202	(3,414)	-6.7%	
Rest Between Shifts Hours	759	482	(277)	-57.4%	Tele -215; Med/Surg -58
Rest Between Shifts $	83,186	56,368	(26,818)	-47.6%	
PERFORMANCE INITIATIVES					
Overtime (OT) Hours	5,743	3,393	(2,350)	-69.3%	Tele -780; Med/Surg -766; ED -417; CCU -293; Nrsg Admin -108; Plant Maint -103 offset by Adminttng 80 and OT 60
Overtime (OT) FTE	32.4	19.2	(13.3)	-69.3%	
Overtime (OT) Average Hourly Rate	116.62	134.73	18.10	13.4%	
OT Hours as % of Productive Hours	10.4%	6.0%	(4.4%)	-73.7%	
Registry Hours	2,778	1,971	(807)	-40.9%	CCU -533; PT -289; Tele -200; EKG -120 offset by 259 Med/Surg; 222 RT; UM 82
Registry FTE	15.7	11.1	(4.6)	-40.9%	
Registry Average Hourly Rate	100.26	119.88	19.63	16.4%	
Registry Hours as % of Productive Hours	5.1%	3.5%	(1.6%)	-44.6%	

Alameda MOR Financials – July 2026

ROLLUP: Alameda excluding PB and SS

	MONTH					ACTION PLAN
	MTD Actual	MTD Budget	Var	%Var		Action Plan to include plan to reach 100% of goal to budget. Include strategies/tactics to address barriers and estimated
LABOR COSTS						
Salaries and wages	5,609,577	5,466,849	(142,728)	-2.6%	🔴	Mainly due to OT. RN OT over budget by $189k from Nursing Units & ED
Salaries and wages (physicians)	123,431	186,288	62,858	33.7%	🟢	Ortho Clinic 63k - no actual, has budget. Need to PAR employees to new cost centers
Registry	278,556	236,330	(42,225)	-17.9%	🔴	
Employee benefits (Notes Not Required)	1,659,074	1,559,964	(99,111)	-6.4%	🔴	
Labor Costs	7,670,638	7,449,431	(221,207)	-3.0%	🔴	
NON-LABOR COSTS						
Physician contract services	454,514	382,224	(72,290)	-18.9%	🔴	PACU -38k; Neuro -14k; Specialty -11; Nephrology -6; Pulmonologists -5
Purchased services	465,824	511,909	46,085	9.0%	🟢	Wound Care 43k
Pharmaceuticals	86,227	125,607	39,380	31.4%	🟢	Ortho +56 offset byPharmacy 12k
Supplies	546,669	562,154	15,485	2.8%	🟢	Lab reagents 47k offset by other Medical Surgical supplies -27
Facilities	717,792	501,874	(215,918)	-43.0%	🔴	Plant Maintenance-218k, Core Construction; Local 39; Smith Karng
Depreciation (Notes Not Required)	274,656	307,376	32,720	10.6%	🟢	
General and administrative	9,558	31,178	21,620	69.3%	🟢	
Non-Labor Costs	2,555,239	2,422,322	(132,917)	-5.5%	🔴	
OTHER METRICS						
Supply Costs per Patient Day	532	668	136	20.4%	🟢	
Supply Costs per Case	2,474	2,444	(29)	-1.2%	🔴	

HPPD – July 2026

	MTD Actual	MTD Budget	Var	%Var		YTD Actual	YTD Budget	Var	% Var	
Facility	13.55	13.98	0.44	3.1%		13.55	13.98	0.44	3.1%	
Alameda	11.86	11.26	(0.60)	-5.3%		11.86	11.26	(0.60)	-5.3%	
Highland	13.53	14.23	0.70	4.9%		13.53	14.23	0.70	4.9%	
John George	17.00	18.20	1.20	6.6%		17.00	18.20	1.20	6.6%	
San Leandro (excl Rehab Days)	1.69	1.70	0.01	0.6%		1.69	1.70	0.01	0.6%	
BY CAMPUS, BY UNIT										
ALAMEDA BY UNIT ----------										
CCU	25.90	19.07	(6.84)	-35.8%		25.90	19.07	(6.84)	-35.8%	
Telemetry	11.95	10.25	(1.71)	-16.6%		11.95	10.25	(1.71)	-16.6%	
Med/Surg	8.68	10.05	1.37	13.6%		8.68	10.05	1.37	13.6%	
HIGHLAND BY UNIT ----------										
ICU	23.37	25.65	2.29	8.9%		23.37	25.65	2.29	8.9%	
NICU	23.04	21.89	(1.15)	-5.2%		23.04	21.89	(1.15)	-5.2%	
Step Down	14.70	15.60	0.90	5.8%		14.70	15.60	0.90	5.8%	
7th Floor	11.76	12.23	0.47	3.8%		11.76	12.23	0.47	3.8%	
8th Floor	10.99	11.56	0.56	4.9%		10.99	11.56	0.56	4.9%	
9th Floor	10.52	10.98	0.45	4.1%		10.52	10.98	0.45	4.1%	
OB	10.71	11.95	1.24	10.4%		10.71	11.95	1.24	10.4%	
SAN LEANDRO BY UNIT ----------										
ICU	21.01	21.17	0.16	0.8%		21.01	21.17	0.16	0.8%	
2nd & 3rd Floor	8.94	8.11	(0.84)	-10.3%		8.94	8.11	(0.84)	-10.3%	

July report: ALAMEDA HOSPITAL – Emergency Department

Falls With Injury

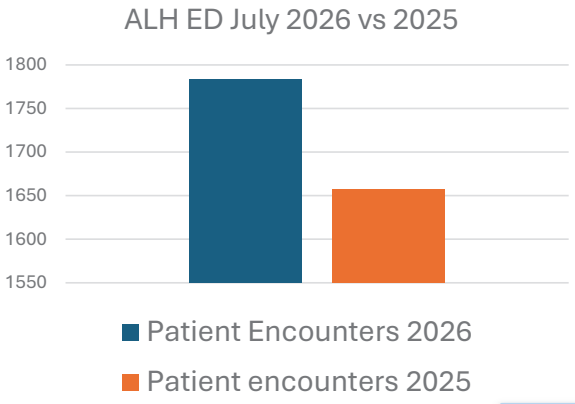
Last Fall	Days since last fall	FY25	FY26
12/1/2024	633	2	0

Falls without injury

Last Fall	Days since last fall	FY25	FY26
7/20/26	37	9	1

Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
05/31/26	52	6	3



AH ED PX Metric/Domain	FY25	FY26 Goal	May	June	July (prelim)	FY27TD	FY27TD %tile
Arrival	47.67	48.67	57.27	49.04	50.00	**55.65**	**43rd**
Nursing	67.26	68.26	81.39	71.91	81.11	**80.07**	**67th**
Doctor	67.15	68.15	75.37	69.83	75.34	**74.50**	**57th**
Likelihood to Recommend	64.53	65.53	70.00	65.38	69.05	**68.97**	**41st**
Environment Cleanliness			54.00	50.98	50.00	**54.55**	**14th**
Staff Cared about You			72.00	70.59	65.85	**66.07**	**27th**
Staff Worked Together			70.00	68.00	67.50	**67.86**	**32nd**

Successes

- APOT 90th percentile at 17.1 minutes
  - Lowest in area x CHO
- MMP and MMM penalty @ 58
- Skills Fair with vendors for devices used in dept.
- Restraint task force with review of hard restraint models.
- MMP and MBP continue with improvements

Opportunities

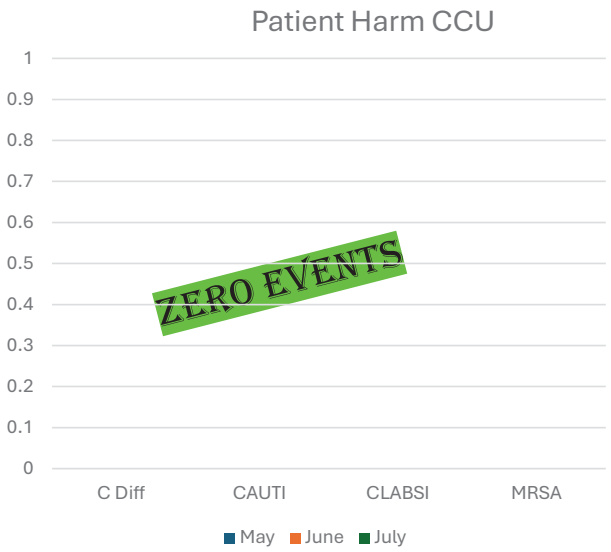
- Staffed Cared about you as person needs improvement
  - Work with Patient Experience
- ED boarding at 2hr 3min. Identified 1500-1600 longest delay correlates with 31% of discharges before 1400
- PIT/Triage area workflow with increase census
- Falls education/signage for patients
- Staff coverage: LOAs : 5 LOAs in July 2 Travelers RN, 1 ED tech

Action Plan

- Overtime review with travel RNs covering LOAs, last minute extensions
- Falls Education (Falls pending in August)
- Cost reduction/efficiency:
- Working with charge RN to ensure no missed meals/breaks for Unit Clerks
  - Individual meeting with employees
  - Educate regarding offering and time constraints.
- Sick time evaluation, counseling when appropriate

Vision: Alameda Health System will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes health of our diverse communities. Not just healthcare. People care. Caring, healing, teaching, serving all.

July Report: ALAMEDA HOSPITAL – Critical Care Department



Falls With Injury

Last Fall	Days since last fall	FY25	FY26
4/8/26	140	0	2

Falls Without Injury

Last Fall	Days since last fall	FY25	FY26
7/24/2025	398	3	1

Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
07/15/25	407	1	1

HAPI

Last Event	Days since last event	FY25	FY26
5/4/2026	114	26	20 (1 reportable)

Successes

- Leap Frog Score of A
- Skills Fair vendors for CCU devices
- Increase staff engagement with Super User requests. (DKA, Bladder scanner, Audits)
- Multiple staff assisted with educating peers.
- Focus on improving debrief process with codes

Opportunities

- Midas communication with staff
- 6 LOA & 1 open charge position
  - 3 Travelers present
  - Charge RN 0.6 interviews offer extended
- Consistent communication of successes
- Completion of SDOH assessments for in-patient is

Action Plan

- Work with Transfer Center, Nsg Sups and Intensivists to increase interfacility transfers to ALH CCU
- ABCDEF Liberation Bundle education
  - Modules
  - 1:1 Education
  - RT collaboration
- Cost reduction/efficiency:
- Sick time evaluation, counseling when appropriate
- Continue to monitor OT and avoiding prebooking OT when possible.

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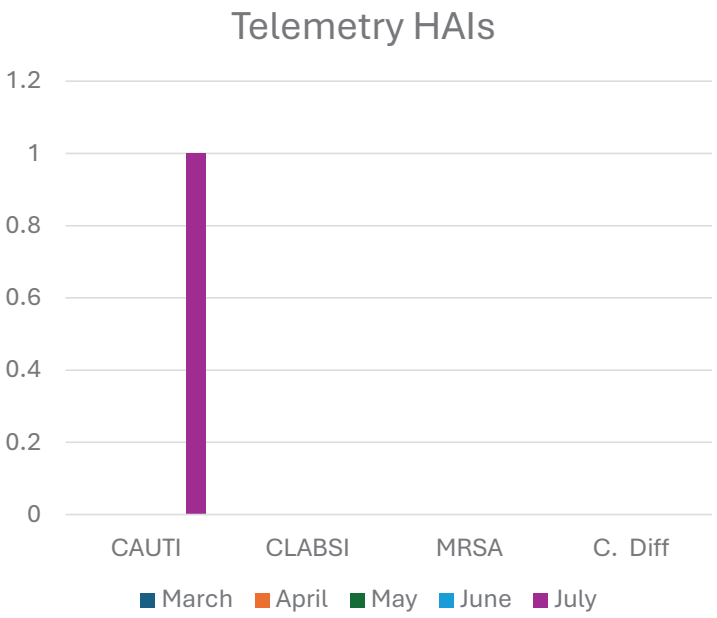
ALAMEDA HOSPITAL – Telemetry Department



Falls With Injury

Last Event	Days since last event	FY26	FY27
6/27/26	59	3	0

Falls Without Injury

Last Event	Days since last event	FY26	FY27
7/3/26	53	24	1

Behavior Events With Harm

Last Event	Days since last event	FY26	FY27
6/23/2026	63	1	0

HAPIs

Last Event	Days since last event	FY26	FY27
7/16/26	40	20	1

Successes

- More consistent use of assignment wizard
- Engaging charge nurses for more admin tasks
- Staff engagement, staff RN III involvement
- Patient admission handbook
- Patient experience scores above goal
- Fully hired for RNs!

Opportunities

- SDOH-67.47 down from previous month
- Hand hygiene-73.7% decreased from previous month
- HAPI-role playing different ways to approach patients refusing assessments; Rover inservice with wound RN to improve documentation
- Discharge communication
- Falls-1 fall in July

Action Plan

- Continue HAPI audits and education with wound champions
- CAUTI prevention
- Mobility champion utilization, Expanding BMAT champions in Tele
- Calling management for all fall huddles and worker injuries
- Utilizing Epic dashboards for real time reminders, educated charge nurses on dashboards
- Purposeful staff rounding- to audit with primary RN what is missing (SDOH, q2hrturns, 2 RN skin, etc)

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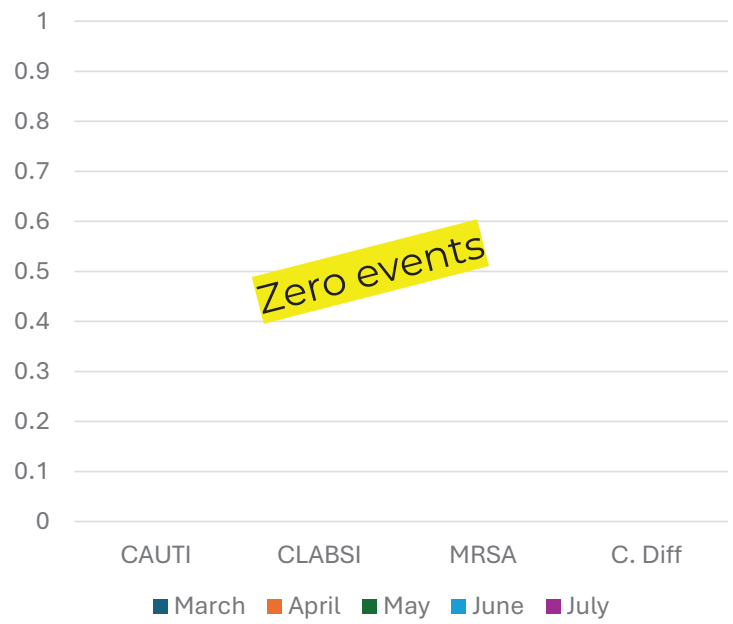
ALAMEDA HOSPITAL – Medical/Surgical Department



Falls With Injury

Last Event	Days since last event	FY26	FY27
5/28/26	89	4	0

Falls Without Injury

Last Event	Days since last event	FY26	FY27
8/6/26	19	9	3

Behavior Events With Harm

Last Event	Days since last event	FY26	FY27
7/26/26	30	4	1

HAPIs

Last Event	Days since last event	FY26	FY27
8/18/25	372	5	0

Successes

- No Falls in July!
- More consistent use of assignment wizard
- Staff engagement, staff RN involvement
- No HAPIs-over 1 year with no HAPI
- No HAIs
- Patient admission handbook
- Patient experience scores
- Fully hired for RNs and CNAs

Opportunities

- SDOH – 82.61
- OT-meeting with scheduler weekly to discuss OT approval
- Hand hygiene-78%
- Discharge instructions

Action Plan

- Continue HAPI audits and education with wound champions
- Purposeful staff rounding- to audit with primary RN what is missing (SDOH, q2hr turns, 2 RN skin, etc)
- Utilizing Epic dashboards for real time reminders, educated charge nurses on dashboards
- Collaborate with Care Coordination for difficult placements

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ALAMEDA HEALTH SYSTEM

Thank You Northern Region!

ALAMEDA HEALTH SYSTEM

Alameda District Board Presentation
Financials July 2026

September 14, 2026

Financial Report July 2026
Alameda District Hospital Financial Statement

In Thousands	MTD ACTUAL	MTD BUDGET	MTD VARIANCE
Operating Revenue ----------			
Net Patient Revenue	$10,899	$10,598	$300
Capitation Revenue	204	199	5
Other Government Programs	3,216	3,295	(79)
Other Revenues	899	99	800
Total Revenue - All Sources	**$15,217**	**$14,192**	**$1,025**
Collection %	***15.6%***	***16.0%***	***-0.4%***
Operating Expenses ----------			
Salaries & Benefits	10,551	10,371	(180)
Purchased Services	580	616	35
Contracted and Allocated Provider	782	741	(42)
Materials and Supplies	876	934	58
Facilities	763	506	(257)
Depreciation	361	393	32
General & Administration	134	38	(97)
Total Operating Expenses	**$14,049**	**$13,599**	**($450)**
Contribution Margin	**$1,169**	**$593**	**$576**
Total FTEs	632	618	(14)
Total Acute Adj Patient Days	1,857	1,656	(201)

Financial Report July 2026
Volume Highlights – Alameda Acute

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
Total Patient Days	1,028	842	186	22.1%	1,028	842	186	22.1%	867	161	18.6%
Total Discharges	221	230	(9)	-3.9%	221	230	(9)	-3.9%	230	(9)	-3.9%
Total Adjusted Patient Days	1,541	1,309	232	17.7%	1,541	1,309	232	17.7%	1,319	222	16.8%
Total Adjusted Discharges	331	311	20	6.5%	331	311	20	6.5%	350	(19)	-5.3%
GENERAL ACUTE											
Patient Days	1,028	842	186	22.1%	1,028	842	186	22.1%	867	161	18.6%
Discharges	221	200	21	10.5%	221	200	21	10.5%	230	(9)	-3.9%
Average Daily Census	33.2	27.1	6.0	22.1%	33.2	27.1	6.0	22.1%	28.0	5.2	18.6%
Average Length of Stay	4.7	4.2	-0.4	10.6%	4.7	4.2	-0.4	10.6%	3.8	(0.9)	-23.4%
Adjusted Patient Days	1,857	1,656	201	12.1%	1,857	1,656	201	12.1%	1,653	204	12.4%
Adjusted Discharges	399	453	(53)	-11.8%	399	453	(53)	-11.8%	438	(39)	-8.9%
Occupancy %	50%	41%	9%	22.1%	50%	41%	9%	22.1%	42%	8%	18.6%
Emergency Visits	1,784	1,734	50	2.9%	1,784	1,734	50	2.9%	1,734	50	2.9%
Left Without Being Seen (LWBS)	3	62	59	1966.7%	3	62	59	1966.7%	62	59	1966.7
Observation Equivalent Days	223	235	(11)	-4.9%	223	235	(11)	-4.9%	216	7	3.2%
IP Surgeries	17	13	4	30.8%	17	13	4	30.8%	13	4	30.8%
OP Surgeries	8	1	7	700.0%	8	1	7	700.0%	1	7	700.0%
Total Surgeries	25	14	11	78.6%	25	14	11	78.6%	14	11	78.6%
Paid FTE	414	401	-14	-3.4%	414	401	-14	-3.4%	409	-5	-1.2%
Productive FTE	336	344	8	2.4%	336	344	8	2.4%	349	13	3.8%
Paid FTE per AOB	6.92	7.50	0.58	7.8%	6.92	7.50	0.58	7.8%	7.68	0.76	9.9%
Worked Hours per APD	32.0	36.8	4.8	13.0%	32.0	36.8	4.8	13.0%	37.4	5.4	14.4%
Worked Hours per AD	149	155	6	3.8%	149	155	6	3.8%	141	-8	-5.6%

3

Financial Report July 2026
Volume Highlights – Alameda Skilled Nursing

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE			
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var	
Campus: ALAMEDA												
SNF with Sub-Acute												
SNF Patient Days	5,118	5,252	(134)	-2.5%	5,118	5,252	(134)	-2.5%	5,408	(290)	-5.4%	
SNF Discharges	11	11	0	2.0%	11	11	0	2.0%	7	4	57.1%	
Average Daily Census	165.1	169.4	(4.3)	-2.5%	165.1	169.4	(4.3)	-2.5%	174.5	(9.4)	-5.4%	
Average Length of Stay	465.3	487.2	21.9	4.5%	465.3	487.2	21.9	4.5%	772.6	307.3	39.8%	
Adjusted Patient Days	5,128	5,284	(156)	-2.9%	5,128	5,284	(156)	-2.9%	5,463	(335)	-6.1%	
Adjusted Discharges	11	11	0	1.6%	11	11	0	1.6%	7	4	55.9%	
Occupancy %	91%	94%	0%	0.0%	91%	94%	0%	0.0%	96%	0%	0.0%	
Bed Holds	84	49	35	69.9%	84	49	35	69.9%	(49)	133	-271.4%	
Paid FTE	218	217	(1)	-0.3%	218	217	(1)	-0.3%	208	(9)	-4.5%	
Productive FTE	171	191	20	10.4%	171	191	20	10.4%	184	13	7.3%	
Paid FTE per AOB	1.32	1.28	(0.04)	-3.3%	1.32	1.28	(0.04)	-3.3%	1.18	(0.13)	-11.4%	
Worked Hours per APD	5.9	6.4	0.5	7.7%	5.9	6.4	0.5	7.7%	6.0	0.1	1.2%	
Worked Hours per AD	2747	3115	368	11.8%	2747	3115	368	11.8%	4617	1870	40.5%	

Financial Report July MTD 2026
Volume Highlights

- Alameda District Hospital acute average daily census was 33.2 in the month of July which is 50% occupancy
- Acute Volume Highlights:
  - Case Mix Index (CMI) is at 1.453, slightly above budget of 1.360.
  - LOS for the month at 4.7 was above budget of 4.2. which was higher than PY at 3.8, driven by slightly higher case mix.
  - Surgeries were at 25 for the month, which is higher than budget of 14.
    - OP Surgery was above budget by 7.
    - IP Surgery was above budget by 4.

- Skilled Nursing :
  - Patient days were below budget by 2.5%.
  - Daily Census was below budget by 2.5%.
  - Discharges were at budget of 11.
  - Occupancy is at 91%

Appendix I

AHS Finance Committee Presentation

ALAMEDA HEALTH SYSTEM

July 2026 Financial Report

Kimberly Miranda, Chief Financial Officer
Finance Committee
September 2, 2026

July 2026 Financial Report
Finance Dashboard

	Metric	FY2027 Goal YTD	Actual YTD	YTD	Trend Lines
Volume					
	Total Adjusted Discharges	2,614	2,769		
	Total Adjusted Patient Days	15,537	16,224		
Revenue Cycle					
	Collection Ratio	19.4%	19.5%		
	Cash as % of Net Revenue	100.0%	112.0%		
	Gross Days in Patient Receivables	60.0	59.4		
Labor					
	Productivity %	100.0%	99.2%		
	Registry as % of Total FTEs	2.9%	3.4%		
	Overtime % excl Company 30	5.3%	6.9%		
	Total FTEs	5,061	4,987		
	FTE per Adjusted Discharge	1.94	1.80		
	*Labor Cost/FTE w/o GASB	$267,148	$270,430		
Profitability					
	Total Cost per Adjusted Discharge	$55,413	$51,938		
	Total Cost per Adjusted Patient Days	$9,323	$8,864		
	Net Income	($864)	$734		
	EBIDA Margin	1.4%	2.6%		
	NNB (Net Negative Balance)	<$95M	-$13,600		
	Net Position	>$0	$117,702		
Capital					
	Capital Spent	$1,708	$925		
	% of Capital Spent	54.2%			

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

July 2026 Financial Report
Balance Sheet Key Metrics

- Days in Cash are 1.7 days and higher than year-end; typically, below 5.0 days.
- Gross AR Days decreased 2.4 and Net AR Days decreased 3.2 from strong cash collections.
- Net Position is $117.7M. In June 2026, the Net Position transitioned from a deficit to a positive balance for the first time since FY2003 primarily due to the Highland FQHC settlement.
- Net Negative Balance is a payable of $13.6M and is expected to be below the June 30, 2027 credit ceiling of $100.0M at the end of the fiscal year.

	Jul-26	Jun-26
Days in cash	1.7	0.5
Gross days in patient receivable	59.4	61.8
Net days in patient receivable	26.2	29.2
Due from/(to) third-party payors	$ 381,262	$ 326,049
Due from/(to) County	$ (11,832)	$ 21,414
Days in accounts payable	35.8	35.7
% of AP over 60 days	4.1%	4.1%
Net position - fund balance/(deficit)	$ 117,702	$ 116,674
Net negative balance - receivable/(payable)	$ (13,604)	$ 18,188

July 2026 Financial Report
Patient collections are growing year over year

PATIENT COLLECTIONS
(in thousands)

	Behavioral Health	Epic	Total FY 2027	FY 2026	FY 2025	FY 2024	FY 2023
Jul	5,303	89,035	94,338	79,811	72,694	79,592	74,260
Aug	-	-	-	110,787	79,768	69,313	58,590
Sep	-	-	-	66,819	69,741	63,322	76,063
Oct	-	-	-	83,191	76,783	63,122	59,796
Nov	-	-	-	82,939	78,747	57,781	56,939
Dec	-	-	-	72,516	94,631	63,867	67,018
Jan	-	-	-	69,320	89,014	68,757	71,452
Feb	-	-	-	94,562	68,511	75,852	57,886
Mar	-	-	-	87,643	91,851	54,720	65,320
Apr	-	-	-	87,798	74,892	61,895	55,307
May	-	-	-	86,038	74,339	102,015	63,795
Jun	-	-	-	75,477	72,211	71,208	70,027
Total	**5,303**	**89,035**	**94,338**	**996,901**	**943,182**	**831,444**	**776,453**
% change between fiscal years			18.2%	5.7%	13.4%	7.1%	

- Cash in July 2027 was one of the highest months in the past year.
- Behavioral Health representing payments from Alameda County for JGP. The FY27 contract in process for $82.8M and FY26 contract was executed at $81.2M. The maximum contract have been paid for prior years.

July 2026 Financial Report Highlights

- Favorable July 2026 revenue variance of $0.5M.
  - Net patient revenue below budget by $0.7M, lower charges/volumes partially offset by collection percentage 15.5% that was 0.1% above budget.
  - Other government programs at budget.
  - Other operating income above budget by $1.2M due to higher retail pharmacy ($1.4M).

- Favorable July 2026 expense variance of $1.1M.
  - Labor costs favorable by $0.3M due to lower FTEs and wage rates.
  - Non-labor cost favorable by $0.8M from favorable timing variances in insurance and legal.

	FY 2027 - July 2026				FY 2026	
	Actual	Budget	Variance	% Var	July 2025	% Var
Operating revenue	$ 144,806	$ 144,307	$ 499	0.3%	$ 137,440	5.4%
Operating expense	143,736	144,851	1,115	0.8%	138,091	(4.1)%
Operating income (loss)	**1,070**	**(544)**	**1,614**	**296.7%**	**(651)**	**264.4%**
Other non-operating activity	(334)	(321)	(13)	(4.0)%	(321)	(4.1)%
Net Income (loss)	**$ 736**	**$ (865)**	**$ 1,601**	**185.1%**	**$ (972)**	**175.7%**
EBIDA adjustments	3,002	2,952	50		2,621	
EBIDA	**$ 3,738**	**$ 2,087**	**$ 1,651**		**$ 1,649**	
Operating Margin	0.7%	(0.4)%	1.1%		(0.5)%	
EBIDA Margin	2.6%	1.4%	1.2%		1.2%	
Total FTEs	4,989	5,061	72	1.4%	5,093	

July 2026 Financial Report
Expense Highlights excluding Labor – greater than $0.5M or 5.0%

- General and administrative favorable from timing of expenditures in insurance ($0.4M) and legal ($0.2M).

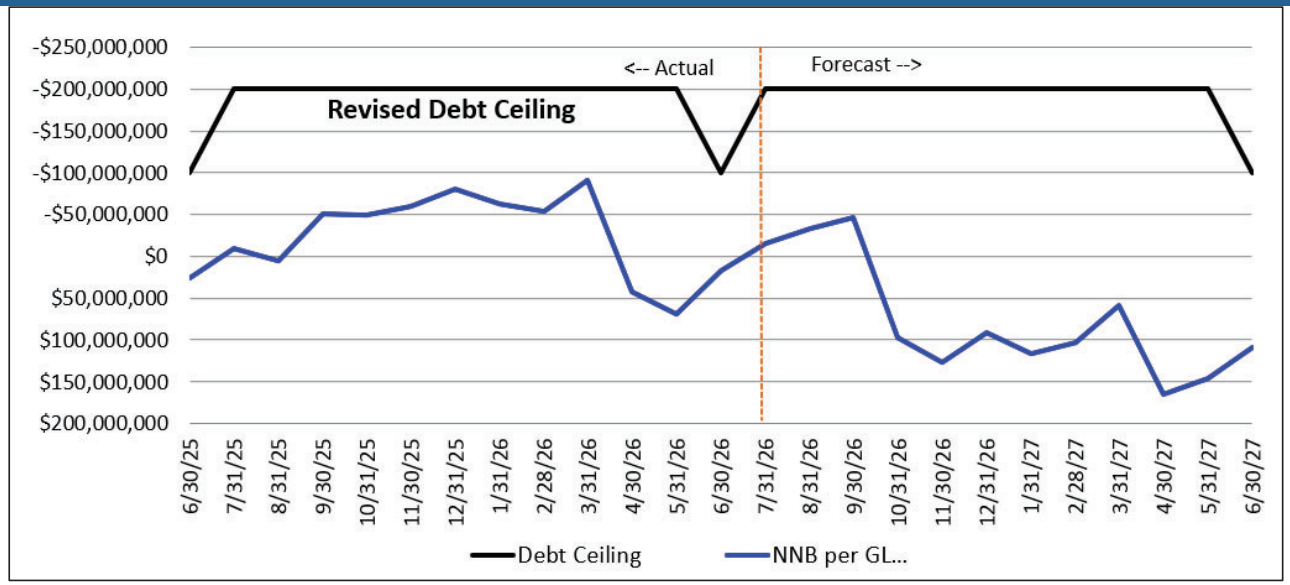
	July 2026				FY 2026	
	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 112,386	$ 112,670	$ 284	0.3%	$ 107,889	(4.2)%
Purchased services	8,510	8,673	163	1.9%	8,685	2.0%
Materials and supplies	14,009	14,192	183	1.3%	13,145	(6.6)%
Facilities	3,793	3,793	-	0.0%	3,710	(2.2)%
Depreciation and amortization	2,658	2,630	(28)	(1.1)%	2,290	(16.1)%
General and administrative	2,380	2,893	513	17.7%	2,372	(0.3)%
Total operating expense	**$ 143,736**	**$ 144,851**	**$ 1,115**	**0.8%**	**$ 138,091**	**(4.1)%**

July 2026 Financial Report
Expense Highlights – Labor

- Staff and registry favorable ($0.3M) or 0.2%.
  - Staff salaries and registry favorable driven lower FTEs (67 FTEs/$1.0M) offset by higher rate ($0.7M).
- Provider salaries and contracts at budget with offsetting variances.
  - Provider salaries favorable from lower FTEs (5 FTEs/$0.2M) and lower rate ($0.5M).
  - Physician contract services unfavorable for month ($0.8M) with the largest variance in surgeons ($0.4M) and the remainder spread across many cost centers.

	July 2026				FY 2026	
	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	$ 63,699	$ 64,140	$ 441	0.7%	$ 61,520	(3.5)%
Salaries and wages (providers)	13,075	13,814	739	5.3%	12,793	(2.2)%
Registry	2,895	2,708	(187)	(6.9)%	3,835	24.5%
Physician contract services	4,163	3,395	(768)	(22.6)%	3,827	(8.8)%
Employee benefits (taxes, insurance)	19,555	19,720	165	0.8%	17,174	(13.9)%
Retirement	8,999	8,893	(106)	(1.2)%	8,741	(3.0)%
Total labor costs	**$ 112,386**	**$ 112,670**	**$ 284**	**0.3%**	**$ 107,889**	**(4.2)%**
Compensation ratio	77.6%	78.1%	0.5%		78.5%	
Paid FTEs - staff	4,446	4,539	93	2.0%	4,696	5.3%
Paid FTEs - providers	371	376	5	1.3%	284	(30.5)%
Paid FTEs - registry	172	146	(26)	(17.8)%	217	20.7%
Total FTEs	4,989	5,061	72	1.4%	5,197	4.0%

July 2026 Financial Report
NNB Debt Forecast



One-time cash items	(in millions)
FQHC (settlement, first payment)	$ 30.2
Old Waiver (fy11)	19.8
FY26 impact	**50.0**
AB85 Realignment (fy24)	49.5
EPP (payment acceleration)	42.4
DP-NF (cy25, final payment)	26.0
FQHC (settlement, subsequent payments)	21.6
County funding	19.3
HPAC Amendment	19.6
MCO Tax (cy25)	10.0
FY27 impact	**188.4**
TOTAL	**$ 238.4**

NNB Modification Terms
(in thousands)

	2026	2027	2028
NNB limit at June 30th	100,000	100,000	85,000
NNB intra period limit	200,000	200,000	135,000

- The NNB projections have improved due to the one-time cash items and the temporary modification to the NNB Permanent Agreement for FY2026 and FY2027.
- The NNB is projected to meet the NNB limit in FY2027.
- Incorporated proposed FY2027 budget.
- Assume the St. Rose IGT will be resolved, and the line of credit and management fees will be paid in full by 6/30/27.

July 2026 Financial Report
NNB Debt Forecast – Material Items

Material Items Included in NNB Forecast
(in thousands)

	Aug-26	Sep-26	FY27 Q2	FY27 Q3	FY27 Q4
GPP (quarterly)	$ 26,771	$ -	$ 21,381	$ 21,381	$ 19,938
EPP (semi-annual)	-	-	79,347	-	47,227
QIP	-	-	65,407	-	56,842
Medi-Cal Rate Range	-	-	-	45,831	-
BHCS (JGP/Alameda County) - fy26	-	12,167	-	-	-
BHCS (JGP/Alameda County) - fy27	-	-	18,900	18,900	25,200
HPAC (block grant)	-	-	21,600	10,800	10,800
HPAC amendment / AB85 Realignment	-	-	49,478	19,636	-
SNF DP-NF (final pmt Jan-27)	-	-	-	23,447	-
St. Rose Hospital LOC	-	-	(5,000)	(5,000)	25,000
Donation to St. Rose Hospital	-	-	(9,250)	(9,250)	-
County funding (RIF, one-time)	-	19,300	-	-	-
	$ 26,771	$ 31,467	$ 241,863	$ 125,745	$ 185,007

Prior Year Reimbursement Settlements

AB915 (fy14-fy20)	(17,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
	$ (42,100)	

- Added County funding related RIF elimination, $19.3M.
- St. Rose IGT remains delayed. Assumed both IGTs resolve by FY27 Q4 with repayment of LOC
- The IGT local share funding commitments confirmed for FY26 and FY27 with exception Eden District.

  AHS - $9.3M
  Measure A - $7.0M
  Supervisor Marquez - $1.0M
  Eden District - $750k

City of Alameda
Health Care District

September 14, 2026

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

FROM: Jeff Cambra – Board President

RE: President's Message

As we move forward towards bringing the Alameda Hospital Campus into compliance with the 2030 seismic requirements, I expect the District to encounter bumps along the way and to reach milestones as part of the project. Fortunately, the bumps have been small and can easily be navigated.

Last month, the District received information relating to the second offering of the Certificates of Participation (COP) and that the credit rating will again be very favorable (Aa2). The board will now need to determine the amount of funds needed to complete the project.

On August 2nd, the Finance Committee of the Alameda Health System met and agreed to a 2026 Series B Certificate of Participation amount not to exceed $58 million. Two major milestones that allow the District to secure sufficient funding to upgrade the Alameda Hospital campus to meet seismic requirements and operational needs.

I want to acknowledge the efforts of Peter Hohl in keeping the District on course and within budget on this major undertaking that will serve the Alameda community beyond the 2030 compliance deadline.

City of Alameda
Health Care District

Date: September 14, 2026

To: City of Alameda Health Care District Board of Directors

From: Peter Hohl, Executive Director

Subject: Executive Director Report – September 2026

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1. ***District Board Elections***
   The three District Board members with expiring terms in 2026 are the only individuals running in the upcoming election. As a result, their names will not be on the ballot and they will continue to be on the District Board for another four-year term. Congratulations to Gayle Codiga, David Sayen, and Robert Deutsch, M.D.!!

2. ***Complaints to City of Alameda Code Enforcement***
   The city of Alameda Code Enforcement Office received complaints/concerns from a resident(s) near the hospital about the upcoming seismic project. The Code Enforcement Office reach out to AHS (and by extension the District) regarding these concerns.

   The concerns cited by the Code Enforcement Office relate to the anticipated noise the project would generate. The resident also raised a separate concern regarding the noise and timing associated with filling the oxygen tank and the testing requirements for backup generators.

   Rather than respond back and forth via email, we have reached out to the Code Enforcement Office to request a face-to-face meeting between enforcement staff (and any other city officials it would make sense to meet with), seismic project staff, District staff, and AHS representatives.

3. ***Alameda Chamber of Commerce Leadership Program***
   Peter Hohl has enrolled in the Leadership Alameda program sponsored by the chamber of commerce at the suggestion of Directors Cambra and Sayen. The time

commitment will be one full day each month beginning in September and running through June 2027. The program connects Alameda business leaders and introduces them to leadership topics, community groups, and city of Alameda leaders.

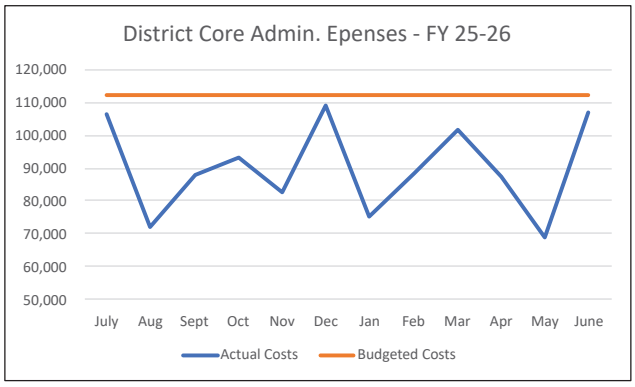
4. *Upcoming ACHD Annual Conference*

The Association of California Healthcare Districts is hosting its annual conference October 7-9 in Monterey, California. District attendees will be Directors Codiga and Sayen, Peter Hohl, and Alix Williams.

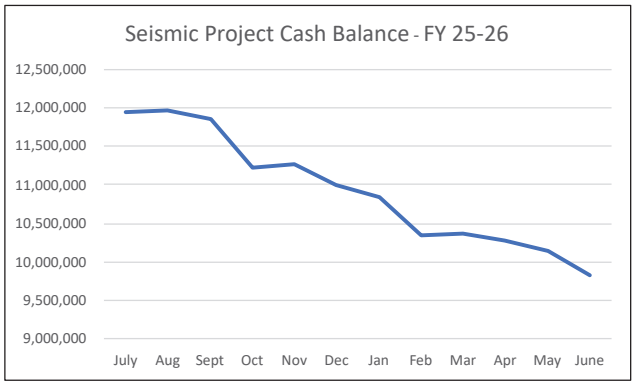
5. *Fiscal Year 2025 – 2026 Audit*

The annual audit for fiscal year 2025-2026 is underway and is targeted to be presented at the November 9th Board meeting.

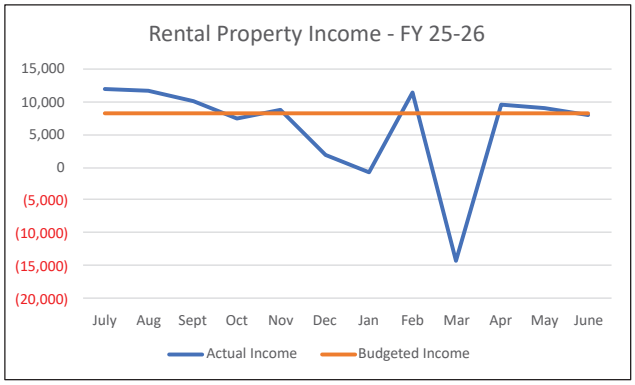
6. *June 2026 Financial Results*



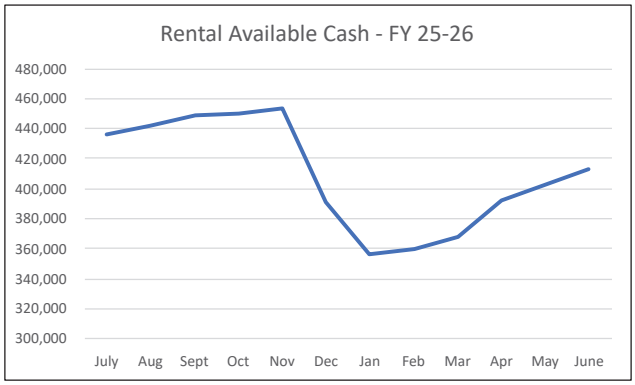
- District CORE administrative expenses were $5K below budget for the month of June and $266K below budget for the fiscal year



- The seismic project spent $338K in the month of June
- The 6/30/26 fiscal year end cash balance was $9.8 M



- The rental properties earned $7.8K in the month of June, slightly less than budget
- The rental properties earned $74.3 for the fiscal year ending 6/30/26. This was approximately $23K below budget



- Net rental cash available for repairs and improvements as of 6/30/26 was $413K

7. *October 13 Special Board Meeting Overview*

A special Board meeting is scheduled for October 13th beginning at 4:30 pm and will focus on two topics – a detailed review and discussion of the fiscal year 2026 – 2027 budget and Board governance - the intended topic for the cancelled Board retreat.

The facilitator from the retreat will be at the October 13th meeting to lead the governance discussion and has asked Board members to review the attached materials (that would have been presented at the retreat) and identify the top topics they would like to discuss at the October meeting. In order to give to the facilitator time to prepare materials, please submit your top topics to Peter Hohl by September 29th.

City of Alameda Health Care District

2025 Board of Directors Self-Assessment Review

July 10, 2026

City of Alameda
Health Care District

1

Why Conduct a Governance Self-Assessment?

- Consider what you govern and what you want to govern
- Identify "leadership gaps," areas where the Board may have opportunities for change or improvement
- Facilitate development and implementation of governance initiatives to improve leadership performance
- Through an effective, well-developed self-assessment process:
  - Governance growth opportunities can be realized
  - Governance knowledge-building can be pinpointed to unique governance needs
  - Orientation of new Directors can be undertaken with added rigor
  - Long-range planning can be conducted with a consensus-based framework driven by governance clarity at every level of leadership responsibility

City of Alameda
Health Care District

2

Key Outcomes of a Successful Self-Assessment

- Define the Board's most critical governance success factors
- Secure anonymous, broad-based and insightful Director input on the critical fundamentals of successful governing leadership
- Create an opportunity to address major issues and ideas in a collaborative manner
- Demonstrate where the Board is both in and out of alignment on leadership fundamentals and issues
- Objectively assess the degree of common Director understanding, expectations and direction for the Board
- Assess deficiencies that may impact the Board's ability to fulfill its fiduciary responsibilities
- Identify opportunities for meaningful leadership improvement
- Help administration better understand and respond to the Board's leadership education and development needs

City of Alameda Health Care District

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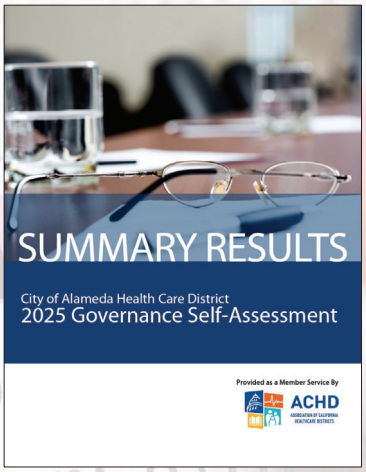
Today's Agenda…

- Overview and discussion of the 2025 City of Alameda Health Care District board self-assessments results
- Identify your Board's potential "governance gaps"
- Explore potential opportunities for Board "governance gain"
- Discussion of the Board's "Return on Governance Impact (RoGI)
- Consensus on needed areas of governance action moving forward
- Wrap-up and next steps

4

Self-Assessment Summary Report

- Assessment of 81 criteria in eight areas
- Suggestions for governance improvement
- Issues and priorities
  - Single highest priority in the next year
  - Strengths and weaknesses
  - Key issues for the board in the next year
  - Trends the board must be ready to deal with in the next year
  - Factors most critical to be addressed for the District to achieve its goals



City of Alameda Health Care District

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Rating City of Alameda Health Care District's Level of Governing Excellence

High Performance

A GREAT BOARD

Low Performance

A POOR BOARD

Level 5: **I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding.***

Level 4: **I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.**

Level 3: **I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.**

Level 2: **I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.**

Level 1: **I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.**

Not sure**. I do not have enough information to make a determination about our performance in this area.**

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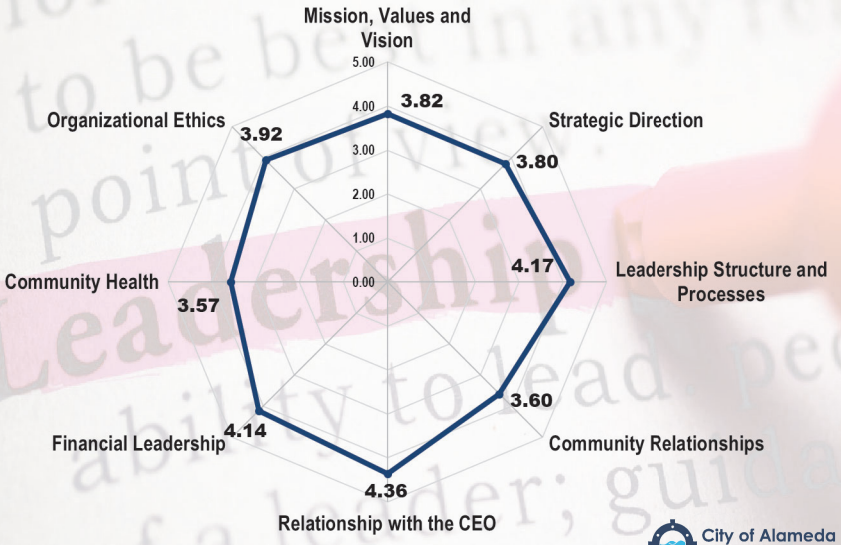
Performance Overview



City of Alameda Health Care District

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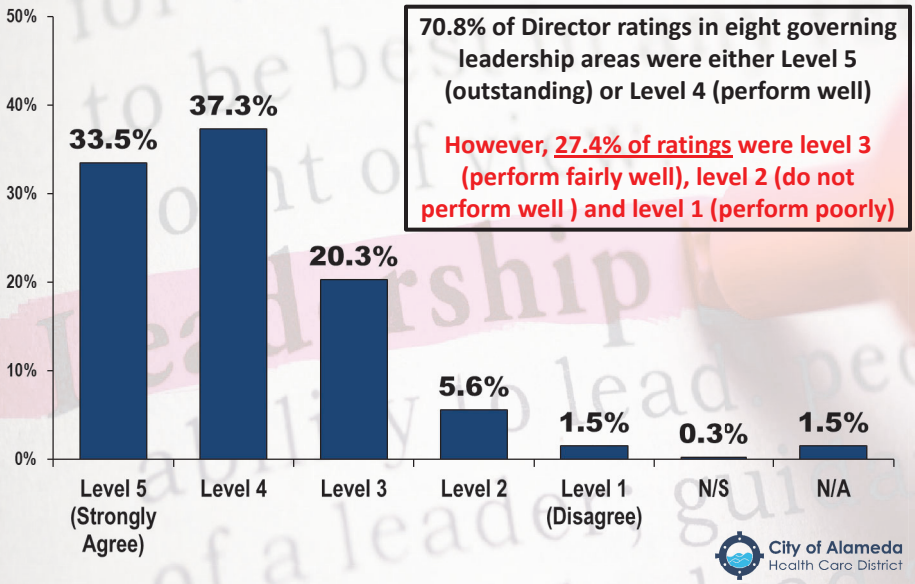
Room for Improvement



70.8% of Director ratings in eight governing leadership areas were either Level 5 (outstanding) or Level 4 (perform well)

However, 27.4% of ratings were level 3 (perform fairly well), level 2 (do not perform well) and level 1 (perform poorly)

City of Alameda Health Care District

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The Board's Overall "Effectiveness Performance Factor"

79%

The board's rating of its performance overall (overall mean score ÷ 5)

City of Alameda Health Care District

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Effectiveness Performance Factor of Leadership Areas

Mission, Values and Vision **76%**	Relationship with the CEO **87%**
Strategic Direction **76%**	Financial Leadership **83%**
Leadership Structure and Processes **83%**	Community Health **71%**
Community Relationships **72%**	Organizational Ethics **78%**

City of Alameda Health Care District

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Five Most Highly Rated Performance Criteria

1. Board meetings comply with the Ralph M. Brown Act (5.00) - *Leadership Structure and Processes*
2. There is a board-wide understanding of and commitment to building a healthier community (5.00) – *Community Health*
3. Directors' and officers' liability insurance provides the protection needed to reassure trustees that a "safe" governance environment exists (4.80) - *Leadership Structure and Processes*
4. Board members are comfortable asking questions about financial issues during board meetings (4.75) – *Financial Leadership*
5. The board ensures that the CEO's compensation package stimulates and rewards excellent performance (4.60) - *Relationship with the CEO*

City of Alameda Health Care District

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Five Lowest Rated Performance Criteria

1. Our organization conducts a periodic community needs assessment that defines and measures the community's health (2.50) – *Community Health*
2. The board has an education development plan that assures board member understanding of issues essential to effective governance, including education and orientation at every board meeting, and annually at the board retreat (3.00) – *Leadership Structure and Processes*
3. Our organization has a process to secure and evaluate community feedback on the value of our programs and services (3.00) – *Community Health*
4. The board regularly monitors progress toward the achievement of our strategic objectives, using board-approved key performance indicators that define organizational success (3.00) – *Strategic Direction*
5. Our organization uses feedback from the community to enhance responsiveness to its community health improvement opportunities (3.20) – *Community Health*

City of Alameda Health Care District

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Issues and Priorities: What Stands Out

- Successfully complete $28.9 million seismic retrofit
- Improve community outreach and engagement
- Successful completion of capital improvements
- Continuing to ensure the viability of hospital operations
- Adapting to funding and policy uncertainties

City of Alameda Health Care District

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Taking a Deeper Look

Lowest rated criteria (mean score)

Criteria that lack consensus*

Criteria where ratings were lower than 4.00

- Analysis of results in all three key areas
- Focus on criteria that appear to be "governance gaps"
- Outline opportunities for "governance gain"

Definition: Individual assessment criteria with more than two ratings of 3, 2 or 1

City of Alameda Health Care District

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Governance Issues for Discussion

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Community Health Improvement through Community Partnerships and Feedback

Governance Gap # 1: Weak Community Listening Infrastructure

The lowest-rated *Community Relationships* criteria were:

- Process for eliciting community input and viewpoints about future service needs (3.2)
- Board members acting as community ambassadors (3.2)
- Communication of plans and priorities to stakeholders (3.4)

In *Community Health*, the Board also rated:

- Process to secure and evaluate community feedback (3.0)
- Use of community feedback to improve responsiveness (3.2)

Board member comment: "Lack of community outreach and engagement" is a significant Board weakness

City of Alameda Health Care District

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Community Health Improvement through Community Partnerships and Feedback

Governance Gain Opportunities

The Board could establish a "Community Intelligence System" that includes:

- Annual community listening sessions
- Stakeholder roundtables
- Community surveys
- Neighborhood forums
- Public reporting of findings

The Board could receive a quarterly "Community Voice" report summarizing:

- Community concerns
- Emerging health needs
- Public perceptions

City of Alameda Health Care District

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Community Health Improvement through Community Partnerships and Feedback

Governance Gap # 2: Partnership Leadership is Not Yet Strategic

The Board rated:

- Collaborative partnerships to build a healthier community (3.8)
- Partnerships to leverage resources for community benefit (3.6)
- Joint assessment of health improvement efforts (3.4)

Do these scores suggest that while partnerships exist, they may be operational or opportunistic rather than strategic?

City of Alameda Health Care District

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Community Health Improvement through Community Partnerships and Feedback

Governance Gain Opportunities

The Board should move from partnering with organizations to **leading a community health improvement coalition**. Potential partners may include:

Alameda Hospital	Park Bridge Nursing Home
Creedon Wound Care Center	Southshore Skilled Nursing Facility
Alameda County Public Health	Schools
Behavioral Health Providers	Housing Organizations
Faith Communities	Senior Services Organizations

Board expectations should include:

- Defined partnership goals
- Shared community health metrics
- Annual partnership evaluation
- Joint accountability for outcomes

City of Alameda Health Care District

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Community Health Improvement through Community Partnerships and Feedback

Governance Gap # 3: Limited Use of Health Outcome Data

The lowest score in the entire Community Health section was:

- Periodic community needs assessment that defines and measures community health (2.5)

Without a reliable periodic community health assessment…

- Priorities are unclear
- Investment in community health are often reactive
- Impact becomes difficult to measure

Governance Gain Opportunity

Work with AHS/Alameda Hospital to create a periodic community health improvement assessment with measures, improvement targets, outcome benefits, and a consistent evaluation process.

City of Alameda Health Care District

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Strategic Direction and Focus

Governance Gap # 4: Strategy is Not Yet KPI-Driven

- Regular monitoring of strategic objectives using Board-approved KPIs: 3.0

Indication: The Board may have goals but may lack an effective strategic accountability framework.

Governance Gain Opportunity

Establish a Strategic Governance Dashboard." Each strategic objective should have:

- Outcome measure
- Target
- Timeline
- Responsible individual
- Status indicator

The Board should less time reviewing activities and more time reviewing strategic outcomes.

City of Alameda Health Care District

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Strategic Direction and Focus

Governance Gap # 5: Community Input is Weakly Integrated Into Strategy

The Board rated "Stakeholder needs and viewpoints assessed in developing goals and strategies" 3.4, a score that aligns closely with the community engagement weaknesses.

Question: Is strategic planning internally driven rather than community informed?

Governance Gain Opportunity

Require strategic planning cycles to include:

- Community listening data
- Partner input
- Community health assessment findings

City of Alameda Health Care District

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Strategic Direction and Focus

Governance Gap # 6: Strategic Focus Appears Dominated by Infrastructure

When asked about priorities, Directors overwhelming identified:

- Seismic retrofit
- Capital projects
- Earthquake preparedness
- Infrastructure improvements

Almost no responses referenced:

- Community health outcomes
- Population health
- Community partnerships
- Access to care
- Behavioral health
- Social determinants of health

City of Alameda Health Care District

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Strategic Direction and Focus

Governance Gain Opportunities

Strategic attention may be overly concentrated on facilities, without enough attention to mission impact.

Board agendas should consistently address both:

- Facilities viability and infrastructure
- Community health improvement

City of Alameda Health Care District

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Governance Development and Leadership Improvement

Governance Gap #7: Governance Education is Underdeveloped

Governance development was one of the weakest assessment sections. Scores included:

- Board orientation broadens future perspectives: 3.4
- Education development plan: 3.0

Governance knowledge building may exist, but does not appear to be systematic. **A highly competent board develops governance capability consistently.**

City of Alameda Health Care District

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Governance Development and Leadership Improvement

Governance Gain Opportunities

Create a governance "knowledge works" learning system. Topics may include areas such as:

- Population health
- Health care finance
- Community engagement processes and techniques
- Public policy issues
- Brown Act updates
- Local, state and national health care trends
- AI and health care transformation

City of Alameda Health Care District

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Q: How well do these observations and recommendations reflect your views on governance today, and what's required for your future governance success?

City of Alameda Health Care District

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What is the Board's "Return on Governance Impact (RoGI)?

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Return on Governance Impact (RoGI) is the measurable improvement in organizational performance, community outcomes, and institutional integrity that results directly from the actions, decisions and effectiveness of the governing board.

City of Alameda Health Care District

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Three Core Components of Return on Governance Impact

- Organizational Impact (Internal Value)
- Community and Mission Impact (External Value)
- Governance System Impact (Structural Value)

City of Alameda Health Care District

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Organizational Impact (*Internal Value*)

The Board's influence on how effectively the City of Alameda Health Care District operates. Includes improvements in…

- Strategic clarity and execution
- Fiscal stewardship
- Organizational resilience
- Executive Director performance and leadership stability
- Operational efficiency driven by Board direction

City of Alameda Health Care District

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Return on City of Alameda Health District

Organizational Impact *(Internal Value)*

- This is the area in the evaluation where the Board appears strongest.
  - Financial leadership scores generally between 4.0 and 4.75
  - Strong Board-Executive Director relationship scores
  - Strong evidence of effective Board meetings
  - Appearance of clarity in governance roles and responsibilities
  - Strong Brown Act compliance

Conclusion: The Board is generating strong value as a steward of public assets.

City of Alameda Health Care District

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Community and Mission Impact (External Value)

The Board's influence on health outcomes, equity, service expansion and other mission-driven impacts. Includes improvements in:

- Community health indicators
- Reach and accessibility of services
- Public trust and accountability
- Partnerships and organizational influence

City of Alameda Health Care District

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Return on City of Alameda Health District

Community and Mission Impact (External Value)

One of the clearest themes: insufficient community engagement

- Community needs assessment: 2.5
- Community feedback process: 3.0
- Community partnerships: 3.6
- Community input process: 3.2
- Community ambassadors: 3.2
- Communication of plans and priorities: 3.4
- Public perception measurement: 3.8

Interestingly the Board scored itself 5.0 on Board-wide commitment to building a healthier community.

Conclusion: The Board has high commitment, but limited measurement. The intent is strong, but the impact is unclear.

City of Alameda Health Care District

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Governance System Impact (Structural Value)

How the Board strengthens is own systems, culture, and long-term leadership capacity. Includes improvements in:

- Quality of governance processes
- Goal alignment and follow-through
- Board culture (trust, integrity, professionalism)
- Board learning and evaluation

City of Alameda Health Care District

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Return on City of Alameda Health District

Governance System Impact (Structural Value)

The Board understands strategic issues and challenges, and has a responsive planning process. However:

- Stakeholder input into strategy scored 3.4
- Corrective action when objectives are missed scored 3.6
- KPI monitoring scored 3.0

Governance development scores were among the lowest:

- Board education broadens perspective: 3.4
- Governance education plan: 3.0

Conclusions: 1) strategy is not yet governed through a rigorous performance framework; and 2) the Board lacks a deliberate knowledge-building system for ongoing governing excellence.

City of Alameda Health Care District

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Q: How would you characterize the Board's present Return on Governance Impact?

City of Alameda Health Care District

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City of Alameda Health Care District

2025 Board of Directors Self-Assessment Review

July 10, 2026

City of Alameda
Health Care District

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City of Alameda Health Care District

Date: September 2, 2026

To: City of Alameda Health Care District Board of Directors

From: Peter Hohl, Executive Director
Kristen Thorson, Project manager Porter Consulting LLC

Subject: September 2026 Update – Seismic and Operational Upgrade Projects

Summary Updates - Seismic and Operational Upgrade Projects

Project 1 – SNF Make Ready.

The Project Team is preparing permit applications and required documentation for submission to HCAI in advance of construction. The team continues to target a late September construction start, although the start date remains dependent on HCAI-related activities, documentation, and approvals. The construction schedule is being finalized with Overaa Construction and will be used to guide coordination, sequencing, and next steps with Hospital departments and key stakeholders.

The SNF Make Ready Project consists of work in three separate areas:

1. *Imaging Department / Cardiovascular Services*
   Renovation of two rooms within the Imaging Department and relocation of Cardiovascular Services from 2 South to the renovated area.

2. *Disaster Supply Storage Area*
   Renovation and optimization of the Disaster Supply Area on 1 West. Connected to NPC 4 and NPC 5 scope and requirements for Hospitals to meet emergency management requirements.

3. *Occupational Therapy and Speech Therapy*
   Renovation of the former Nuclear Medicine space and relocation of Occupational Therapy and Speech Therapy from 2 South into the renovated area.

Construction in each area will be phased to maintain continuous Hospital operations. Some temporary impacts to workflows and departmental locations will be necessary during construction. Porter Consulting and AHS have reviewed the planned work, phasing, and anticipated operational impacts with Hospital personnel to prepare affected departments for construction and temporary workflow changes. Coordination with Hospital stakeholders will continue as the construction schedule is finalized and the project moves toward the anticipated late September start.

The SNF Make Ready project is re necessary enabling activities to support hospital operations while allowing the planned SNF and related seismic improvement projects to advance.

Project 2/3 – SMRF Joint Evaluation.

The Project Team is also preparing permit applications and required documentation for submission to HCAI in advance of construction. The team continues to target a late September construction start, although the start date remains dependent on HCAI-related activities, documentation, and approvals. The construction schedule is being finalized with Overaa Construction and will be used to guide coordination, sequencing, and next steps with Hospital departments and key stakeholders.

The testing locations for Phase 1 include:

- South Building / Emergency Room Addition - 1st Floor
    - Patient Access, old Nuclear Medicine, Imaging/Bone Density Room, and Pharmacy and Emergency Room
- South Building – 2nd Floor
    - Laboratory, Hallway to Conference Room A, 2 South vacant spaces, Cardiovascular Services Department and Occupational Therapy Department.

Project 4/5 – Materials Testing and Condition Assessment (MTCAP)

The Project Team is also preparing permit applications and required documentation for submission to HCAI in advance of construction. The team continues to target a late September construction start, although the start date remains dependent on HCAI-related activities, documentation, and approvals. The construction schedule is being finalized with Overaa Construction and will be used to guide coordination, sequencing, and next steps with Hospital departments and key stakeholders.

The testing locations for Phase 1 include:

- Stephen / West Wing
    - 1st Floor: IDF/Telecom Room, Breezeway, Stairwell, EVS, Sterile Supply/SPD), Engineering, Compactor Driveway, Surgery Stairwell, Generator / ATS Enclosure
    - 2nd Floor: 2 Subacute Rooms, Subacute Rehab / Admin Space, Surgery
    - 3rd Floor: Med / Surg Rooms, Roof Penthouse

Materials testing includes collecting and testing samples from various building components, including concrete foundation and slab cores, wall reinforcing steel (rebar), and other structural materials. Condition assessments involve selectively exposing existing building assemblies to verify existing conditions and construction details, including wall-to-foundation connections, column-to-foundation connections, wall reinforcing, seismic joints, and other structural elements.

Project 6 – NPC 4

The NPC 4 Project addresses the bracing and anchoring of non-structural elements throughout the Hospital, including furniture, equipment, piping, ductwork, and other building components required to meet seismic compliance standards.

The project is currently in Back Check #2, representing the second round of HCAI review. Comments have been received from HCAI, and the Design and Engineering teams are preparing responses and revisions with a goal of resubmitting the plans to HCAI by mid-September. The project schedule included in the construction bid package issued in April anticipated plan approval in early September 2026. Based on the current status of HCAI review, plan approval is now projected for early November 2026, assuming the next submission does not result in an additional back check. This change in the anticipated approval date will shift subsequent project activities and milestones that are being closely monitored.

Project 7 – Skilled Nursing Unit

The renovation of the 2nd Floor South Building for the new 18-bed Skilled Nursing Facility (SNF) is currently in Back Check #3 with HCAI. HCAI has noted a target date of September 30, 2026, where we can expect either additional comments or plan approval.

An additional back check was not originally anticipated, as the Design Team developed a thorough and well-coordinated set of plan documents and addressed comments in the initial 2 reviews. However, Back Check #3 was required primarily to address a proposed alternate means of compliance, along with several additional HCAI comments that are considered minor in nature.

In parallel, AHS coordination and operational planning for the new SNF unit continue through regular planning meetings. These activities are expected to increase as the project approaches HCAI plan approval and the start of construction. Planning efforts will continue to focus on key operational readiness requirements, including equipment, Information Technology (IT), Biomedical Engineering (Biomed), Supply Chain, departmental workflows, and other operational and transition-related needs necessary to support the new unit.

Project 8 – NPC 5

The NPC 5 Project Team continues to refine the plan documents and design details associated with the Water, Wastewater, and Fuel Tank systems in response to HCAI Back Check #2 comments issued on July 6, 2026.

Additional coordination is required as the SPC 4D retrofit scope has developed, creating constructability considerations that affect portions of the NPC 5 design. The Project Team is coordinating the related scopes now to resolve these interfaces and reduce the potential for conflicts, rework, and additional costs during construction. The team is targeting resubmittal to HCAI in September 2026.

Project 9 – SPC4D Retrofit

The SPC 4D Evaluation remains under review with the HCAI Seismic Compliance Unit (SCU). The Evaluation is a required precursor to the SPC 4D retrofit and is closely linked to the MTCAP Project. Completion and approval of the Evaluation cannot occur until the MTCAP work and test results are incorporated.

Through ongoing coordination with SCU, the Evaluation process has identified the primary retrofit requirements necessary to achieve seismic compliance. To maintain the aggressive compliance schedule, the Design and Engineering teams are advancing the retrofit construction documents concurrently with the Evaluation and MTCAP work. This approach carries some risk of redesign depending on the MTCAP results and final approval of the Evaluation; however, the schedule does not allow for a fully sequential process, and HCAI has been supportive of this coordinated approach.

The planned retrofit scope for the Stephens and West Wings includes shear walls, thickened foundations, ground improvements similar to those completed as part of the 2020 Seismic Compliance work, reinforced beams, and structural work associated with the mechanical penthouse on the West Wing roof.

The Design and Engineering teams are also coordinating the architectural, mechanical, electrical, and

plumbing requirements necessary to integrate and construct the structural upgrades.

Compliance Plan & AB 869 Delay in Seismic Compliance

The Compliance Plan and AB 869 Delay in Seismic Compliance Request were approved by HCAI on September 2, 2026.

The Project Team will work diligently to achieve the milestones established in the approved Compliance Plan, as AB 869 provides for penalties when established milestones are not met. Porter Consulting will closely monitor project schedules and compliance milestones and maintain regular communication with HCAI regarding progress, emerging risks, and potential delays.

As the projects advance, the team will focus on identifying schedule impacts early and implementing appropriate mitigation measures to maintain progress toward the approved milestones and ultimately achieve seismic compliance.

Small Rural Hospital Relief Program (SRHRP)

Porter Consulting continues to work with HCAI on the Hospital's grant application under the Small Rural Hospital Relief Program (SRHRP). Eligible costs associated with work already completed and currently in progress have been identified and validated with HCAI.

The next step is to complete and submit the grant application. Following submission, the application will undergo HCAI review to determine the Hospital/District's final eligibility and potential funding opportunity under the program. Porter remains encouraged by the progress to date and will continue working closely with HCAI through the process.

Other Project Updates

Off-Site Parking and Shuttle Program

AHS, Porter Consulting, and ALZ Parking met on August 31 to begin implementation planning for an October 1, 2026 go-live of the parking program.

The initial rollout is anticipated to be a soft launch, with the program primarily utilized by the general contractor and subcontractors. In coordination with AHS, the team is developing talking points, FAQs, and other communications to support broader communication and awareness across the hospital and health system.

Communications

With construction approaching, Porter Consulting has discussed with District leadership the opportunity to hold a formal groundbreaking ceremony recognizing this significant milestone and the collective effort to maintain acute care and emergency services on the island of Alameda. The work undertaken by the District, AHS, the Project Team, and numerous stakeholders represents a substantial commitment to the future of health care access in the community. Porter will work closely with the District to coordinate the event and engage key project stakeholders.

In parallel, while many department leaders and frontline staff are generally aware of the projects and the anticipated start of construction in late September, Porter is working with AHS to develop a broader construction communication. The communication will provide an overview of the seismic program and compliance requirements, anticipated construction activities and timing, and potential operational

impacts as work gets underway.

The District, AHS and Porter are also coordinating closely on other broader communication efforts to external stakeholders.

HVAC Infrastructure Upgrades

Porter and the Design Team continue to coordinate closely with AHS on the HVAC Infrastructure Projects, including schedules, scope, sequencing, and interfaces with the seismic and operational upgrade projects occurring concurrently in shared work areas. Given the complexity and interdependencies among these projects, continued and timely coordination will remain important as the work progresses into construction.

Identifying and resolving scope, sequencing, and constructability issues early will help minimize the potential for field conflicts, operational impacts, schedule delays, rework, and additional costs. The HVAC Infrastructure Projects are multifaceted and complex, with significant coordination requirements similar to those of the seismic projects. Porter and the Design Team will continue to provide coordination and support as needed to help ensure all projects advance in an integrated and timely manner.

Financials

With Overaa Construction now engaged, additional contracts and change orders moving through the approval process, and ongoing discussions related to Tranche 2 / Series B funding, the project management platform is being updated to incorporate the latest commitments, the General Contractor's Schedule of Values, budget adjustments, and forecast information. As these updates are being incorporated and reconciled, a complete updated financial report is not available for this Board meeting.

Cash outlays have remained relatively consistent in recent months. As reflected in the Executive Director's report, approximately $338,000 was paid in June and $105,000 was paid in August. Beginning in September, accounts payable and overall project expenditures are expected to increase as construction activities begin and additional contracts are executed.

Cash flow and projected expenditures continue to be tracked and reviewed monthly, particularly as the District advances Tranche 2 / Series B funding.

Department of Health Care Access and Information

Office of Statewide Hospital Planning and Development
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
Phone: (916) 440-8300
Fax: (916) 274-0102
www.hcai.ca.gov/facilities/building-safety/

September 02, 2026

Aemal Aminy
11210 - ALAMEDA HEALTH SYSTEM
15400 Foothill BLVD., BLDG A
San Leandro, CA 94875

RE: HCAI eSP - Your Compliance Plan Application is now Approved and final payment is due - CP-11210-TEMP01 is now CP-11210.

Alameda Hospital - 11210
2070 Clinton Ave
Alameda, CA 94501

Dear Applicant,

This letter is to acknowledge that on Friday, June 12, 2026, the Department received the facility's Compliance Plan under the application number listed above in fulfillment of the 2025 California Administrative Code (CAC) Chapter 6, Section 1.4. We have completed our review of your Compliance Plan and have provided comments below and assigned it the following status: **Approved**

"Approved" indicates that the submitted Compliance Plan has been reviewed and the Office takes no exception to the submitted Compliance Plan, the facility has reported that they will meet all regulatory NPC deadlines. The Compliance Plan indicates that the facility will not be seismically compliant by the January 1, 2030 deadline and needs additional time. This Compliance Plan has been reviewed in conjunction with an AB 869 delay application with a request to delay the facility's final seismic compliance up to July 30, 2030.

This Compliance Plan, our comments, and the Compliance Plan status will be posted on our Facility Detail website: https://hcai.ca.gov/facilities/building-safety/facility-detail/.

To view any balance due and submit payment, open your application in the eServices Portal Client Access (eSP-eCA); then click on the Payments/Fees menu.

Permanent App. Number: CP-11210

If there is any scope change to the compliance plan, change in the anticipated completion dates, or a change in ownership, please submit an amended application. Per PIN 80 the status of the milestones shall be updated at least once per year.

Sincerely,

Gina Sandoval,
District Structural Engineer
Seismic Compliance Unit

Compliance Method

Bld Nbr	Building Name	Current SPC Rating	Current NPC Rating	Compliance Type	Narrative	Seismic Compliance Related Project Numbers	HCAI Note
BLD-01279	Stephens Wing	2	2	SPC and NPC Retrofit	Building is planned to be upgraded to NPC4, NPC5 and SPC4D.	G250293-01-00; SRU-2024-00152; SER-2025-00059; SRU-2025-0034; SRU-2023-01699	
BLD-01280	West Wing	2	2	SPC and NPC Retrofit	Building is planned to be upgraded to NPC 4, NPC5 and SPC4D	G250293-01-00; SRU-2024-00152; SER-2025-00060; SRU-2025-0035; SRU-2023-01700	
BLD-01281	South Wing	3s	2	NPC Retrofit	The building is planned to be upgraded to NPC 4 and NPC 5. The existing SPC-3s rating will be addressed with the SMRF Project.	G250293-01-00; SRU-2024-00152; SER-2024-00094; S251310-01-00; SRU-2023-01701	
BLD-01282	Radiology Addition	4	2	NPC Retrofit	The building is planned to be upgraded to NPC 4 and NPC 5.	G250293-01-00; SRU-2024-00152; SRU-2023-01702	
BLD-01283	Medical Gas Storage	3	2	NPC Retrofit	The building is planned to be upgraded to NPC 4 and NPC 5.	G250293-01-00; SRU-2024-00152; SRU-2023-01703	
BLD-02630	Compactor Shed	4	2	NPC Retrofit	The building is planned to be upgraded to NPC 4 and NPC 5.	G250293-01-00; SRU-2024-00152; SRU-2023-01704	
BLD-03120	Emergency Room Relocation	3s	2	NPC Retrofit	The building is planned to be upgraded to NPC 4 and NPC 5. The existing SPC3s rating to be addressed with the SMRF Project.	G250293-01-00; SRU-2024-00152; SER-2024-00095; S251310-01-00; SRU-2023-01705	

BLD-05597	LOX Tank	-1	4	NPC Retrofit	The building is planned to be upgraded to NPC5.	G250293-01-00; SRU-2024-00152	

Building Milestones

Bld Nbr	Milestone Type	Description	Completion Date	Status	Related Project Numbers	HCAI Note	HCAI Determination
BLD-01279	Evaluation Report Submittal	SPC 4D SCU Evaluation Submittal	04/07/2025	Completed	SRU-2025-00034		Met
BLD-01279	SPC/Demo/RACs Permit Issuance	Obtain Materials Testing Building Permit	11/03/2026	In Progress			
BLD-01279	SPC/Demo/RACs Construction Project Submittal	SPC 4D Upgrade Construction Document Regional Project Submittal	09/15/2027	In Progress			
BLD-01279	Construction Milestone	Construction milestone for the SPC 4D 50% Completion Milestone	09/10/2029	Not Started			
BLD-01279	Construction Milestone	SPC 4D Upgrade Construction Project 20% Completion Milestone	03/29/2029	Not Started			
BLD-01279	Construction Final	SPC 4D Upgrade Construction Project - Construction Final	07/30/2030	Not Started			
BLD-01279	NPC 4/4D Construction Document Submittal	NPC 4/4D Upgrade Regional Major Projects Submittal	12/24/2025	Completed	S252500-01		Met
BLD-01279	NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	In Progress			
BLD-01279	Construction Final	NPC 4/4D Project(s) - Completion of All Related Projects	03/06/2028	Not Started			
BLD-01279	Construction Milestone	NPC 4/4D Upgrade Construction Project 20% Completion Milestone	04/06/2027	Not Started			
BLD-01280	Material Testing Report Submittal	MTCAP Submittal	04/24/2025	Completed	SER-2025-00060		Met
BLD-01280	Evaluation Report Submittal	SPC 4D SCU Evaluation Submittal	04/07/2025	Completed	SRU-2025-00035		Met

BLD-01280	SPC/Demo/RACs Construction Project Submittal	SPC 4D Upgrade Construction Document - Regional Project Submittal	09/15/2027	In Progress			
BLD-01280	Construction Milestone	Construction milestone for the SPC 4D 50% Completion Milestone	09/10/2029	Not Started			
BLD-01280	Construction Milestone	SPC 4D Upgrade Construction Project 20% Completion Milestone	03/29/2029	Not Started			
BLD-01280	Construction Final	SPC 4D Upgrade Construction Project - Construction Final	07/30/2030	Not Started			
BLD-01280	NPC 4/4D Construction Document Submittal	NPC 4/4D Upgrade Regional Major Projects Submittal	12/24/2025	Completed	S252500-01		Met
BLD-01280	NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	Not Started			
BLD-01280	Construction Final	NPC 4/4D Project(s) - Completion of All Related Projects	03/06/2028	Not Started			
BLD-01280	Construction Milestone	NPC 4/4D Upgrade Construction Project 20% Completion Milestone	04/06/2027	Not Started			
BLD-01281	Evaluation Report Submittal	NPC 4/4D Evaluation Report Submittal	12/29/2023	Completed	SRU-2023-01701		Met
BLD-01281	NPC 4/4D Construction Document Submittal	NPC 4/4D Upgrade Regional Major Projects Submittal	12/24/2025	Completed	S252500-01		Met
BLD-01281	NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	Not Started			
BLD-01281	Construction Milestone	NPC 4/4D Construction 20% Major Project Completion	04/06/2027	Not Started			
BLD-01281	Construction Final	NPC 4/4D Project(s) - Completion of All Related Projects	03/06/2028	Not Started			
BLD-01281	Material Testing Report Submittal	SMRF Testing evaluation submittal	03/25/2025	Completed	SER-2024-00094		Met
BLD-01281	SPC/Demo/RACs Construction Project Submittal	SMRF Regional Major Projects Submittal	08/06/2025	Completed	S251310-01-00		Met

BLD-01281	Construction Milestone	Completion of SMRF Testing Project. Schedule assumes Phase 1 only.	05/19/2027	Not Started	S251310-01-00		
BLD-01281	Material Testing Report Submittal	Material Testing Report Submittal to submit the SMRF testing results report and request for reclassification to SPC 3.	07/16/2027	Not Started			
BLD-01281	Construction Final	NPC 5 Project(s) - Completion of All Related Projects	05/18/2028	Not Started			
BLD-02630	NPC 4/4D Construction Document Submittal	NPC 4/4D Upgrade Regional Major Projects Submittal	12/24/2025	Completed	S252500-01		Met
BLD-02630	NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	Not Started			
BLD-02630	Construction Milestone	NPC 4/4D Construction 20% Major Project Completion	04/06/2027	Not Started			
BLD-02630	Construction Final	NPC 4/4D Project(s) - Completion of All Related Projects	03/06/2028	Not Started			
BLD-02630	Construction Final	NPC 5 Project(s) - Completion of All Related Projects	05/18/2028	Not Started			
BLD-02630	Evaluation Report Submittal	NPC 4/4D Evaluation Report Submittal	12/29/2023	Completed	SRU-2023-01704		Met
BLD-02630	Additional Milestone						
BLD-02630	Additional Milestone						
BLD-02630	Additional Milestone						
BLD-02630	Additional Milestone						
BLD-03120	NPC 4/4D Construction Document Submittal	NPC 4/4D Upgrade Regional Major Projects Submittal	12/24/2025	Completed	S252500-01		Met
BLD-03120	NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	Not Started			
BLD-03120	Construction Milestone	NPC 4/4D Construction 20% Major Project Completion	04/06/2027	Not Started			
BLD-03120	Construction Final	NPC 4/4D Project(s) - Completion of All Related Projects	03/06/2028	Not Started			

BLD-03120	Construction Final	NPC 5 Project(s) - Completion of All Related Projects	05/18/2028	Not Started			
BLD-03120	Material Testing Report Submittal	SMRF Testing evaluation submittal	03/25/2025	Completed	SER-2024-00095		Met
BLD-03120	SPC/Demo/RACs Construction Project Submittal	SMRF Regional Major Projects Submittal	08/25/2025	Completed	S251310-01-00		Met
BLD-03120	Construction Milestone	Completion of SMRF Testing Project. Schedule Assumes Phase 1 only.	05/19/2027	Not Started			
BLD-03120	Material Testing Report Submittal	Material Testing Report Submittal to submit the SMRF testing results report and request for reclassification to SPC 3.	07/16/2027	Not Started	S251310-01-00		
BLD-03120	N/A						
BLD-01283	NPC 4/4D Construction Document Submittal	NPC 4/4D Upgrade Regional Major Projects Submittal	12/24/2025	Completed	S252500-01		Met
BLD-01283	NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	Not Started			
BLD-01283	Construction Milestone	NPC 4/4D Construction 20% Major Project Completion	04/06/2027	Not Started			
BLD-01283	Construction Final	NPC 4/4D Project(s) - Completion of All Related Projects	03/06/2028	Not Started			
BLD-01283	Construction Final	NPC 5 Project(s) - Completion of All Related Projects	05/18/2028	Not Started			
BLD-01283	Evaluation Report Submittal	NPC 4/4D Evaluation Report Submittal	12/29/2023	Completed	SRU-2023-01703		Met
BLD-01283	Additional Milestone						
BLD-01283	Additional Milestone						
BLD-01283	Additional Milestone						
BLD-01283	Additional Milestone						
BLD-01282	NPC 4/4D Construction Document Submittal	NPC 4/4D Upgrade Regional Major Projects Submittal	12/24/2025	Completed	S252500-01		Met
BLD-01282	NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	Not Started			

BLD-01282	Construction Milestone	NPC 4/4D Construction 20% Major Project Completion	04/06/2027	Not Started			
BLD-01282	Construction Final	NPC 4/4D Project(s) - Completion of All Related Projects	03/06/2028	Not Started			
BLD-01282	Construction Final	NPC 5 Project(s) - Completion of All Related Projects	05/18/2028	Not Started			
BLD-01282	Evaluation Report Submittal	NPC 4/4D Evaluation Report Submittal	12/29/2023	Completed	SRU-2023-01702		Met
BLD-01282	Additional Milestone						
BLD-01282	Additional Milestone						
BLD-01282	Additional Milestone						
BLD-01282	Additional Milestone						
BLD-05597	Construction Final	NPC 5 Project(s) - Completion of All Related Projects	05/18/2028	Not Started			
BLD-05597	Evaluation Report Submittal	NPC 5 Evaluation Report Submittal	06/25/2024	Completed	SRU-2024-00152		Met
BLD-05597	NPC 5 Construction Document Submittal	NPC 5 Upgrade Regional Major Projects Submittal	12/12/2025	Completed	S252242-01-00		Met
BLD-05597	NPC 5 Permit Issuance	Obtain NPC 5 Upgrade Major Project Permit(s)	02/17/2027	Not Started	S252242-01-00		
BLD-05597	Construction Milestone	NPC 5 Construction 20% Major Project Completion	09/29/2027	Not Started			
BLD-05597	Additional Milestone						
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BLD-05597	Additional Milestone						

HCAi Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

September 2, 2026

Aemal Aminy
Alameda Health System
15400 Foothill BLVD., BLDG A
San Leandro, CA 94578

Facility: Alameda Hospital- 11210
2070 Clinton Ave
Alameda, CA 94501

Record No.: SES-2025-00008

Title: **AB 869 Delay**

Dear Aemal Aminy,

Your application for a seismic compliance extension under Assembly Bill 869 (AB 869) received on December 2, 2025 has been reviewed for conformance with 2025 California Administrative Code (CAC) Chapter 6, Article 11, Section 1.5.2(3) and Health and Safety Code Section 130065.1. In response to your request for an extension, our office has reviewed your application and has determined the following status for your delay request:

Approved Seismic Compliance Deadline: July 30, 2030

This facility's application to delay the January 1, 2030 seismic compliance deadline has been reviewed and approved under AB 869 and 2025 CAC Chapter 6, Article 11, Section 1.5.2(3). The Office has determined that the facility meets the eligibility requirements for this extension per 2025 CAC Chapter 6, Article 11, Section 1.5.2(3)(a) through (c). According to the Compliance Plan CP-11210 the facility anticipates achieving seismic compliance by July 30, 2030. Accordingly, the updated approved deadline for seismic compliance is July 30, 2030. After July 30, 2030, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 3, 4, 4D or 5, as defined in 2025 CAC Chapter 6, Article 2, Table 2.5.3 and the nonstructural requirements of NPC 5, as defined in 2025 CAC Chapter 6 Article 11, Table 11.1 or shall no longer provide acute care services.

Hospitals that experience challenges in meeting approved milestones are required to coordinate with the Office to submit an updated schedule and develop an updated plan. Future updated compliance plans will be reviewed and, if approved by the Office, will replace the previously approved compliance plan. An update to the AB 869 application will be required if the final compliance date in the updated

compliance plan exceeds the approved deadline date in this letter. Requests for adjustments shall be made with the Office as soon as the reasons for the delay are known but no less than 30 calendar days before any upcoming affected delay schedule or any milestone date. If delays occur and critical milestones are not updated, a daily assessment of five thousand dollars ($5,000) shall be applied until the requirements are met. Additionally, hospitals that fail to meet any milestone or seismic compliance deadline in its most recently approved compliance plan shall not be issued a building permit for any building in the facility except those required for seismic compliance, maintenance, and emergency repairs until the milestone is met and the hospital is adequately progressing toward meeting the hospital's seismic compliance, as determined by the Office.

In other words, any missed milestone in the facility's most recently approved compliance plan will be subject to permit blocking. Additionally, the 10 critical milestones in the facility's most recently approved compliance plan will be subject to fines.

This Delay status and date will be posted on our Facility Detail website:
https://hcai.ca.gov/facilities/building-safety/facility-detail/

If you need further assistance regarding compliance with SB 1953 or AB 869, please feel free to contact Gina Sandoval, District Structural Engineer at gina.sandoval@hcai.ca.gov and by telephone at 916-440-8391.

Respectfully,

Ali Sumer, Ph.D., S.E.
Supervisor – Seismic Compliance Unit
Office of Statewide Hospital Planning & Development
Department of Healthcare Access and Information
cc: Facility Representative

City of Alameda
Health Care District

September 14, 2026

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

FROM: David Sayen – AHS Liaison

RE: AHS Liaison Update

- Potential Change to AHS governance structure
- Senior staffing changes
- St. Rose Update

City of Alameda
Health Care District

September 14, 2026

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

FROM: Jeff Cambra – Communications Committee

RE: 4th of July Entry

The District participated in the Downtown Alameda Business Association's Art and Wine Festival on July 25 & 26, 2026. In addition to staff setting up and staffing the booth, board members Dr. Deutsch, Codiga, Sayen, and Cambra manned the booth and engaged the community. Over 100 quizzes were filled out during the two days of the event.

City of Alameda
Health Care District

September 14, 2026

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

FROM: Jeff Cambra – Property Management Committee

RE: Jaber Properties

Encinal Commercial Property

The tenant who is renting the Encinal commercial property has reported the compressor and refrigeration is in very poor condition and that the unit may need to be replaced. Initial estimates are in the $18,000 range and further investigation is needed to determine the appropriate repair.

1359 Pearl Street

- **Unit H**

The District is progressing on the renovation of unit H. In order to secure the demolition permit for the unit, the City of Alameda Building Department required the District to secure a “J number” from the Bay Area Air Quality District. This agency monitors hazardous materials contained in the unit that would be released into the air during demolition. In order to obtain the J number, the unit must be inspected by a licensed hazardous materials inspection company. The inspection was conducted in August and revealed the presence of asbestos in the linoleum and called out the likelihood of asbestos in the transition flue since it was present in other units. Cambra has secured the report and is preparing the application for a j number.

- **Unit B**

The tenant has requested the carpet in her unit be replaced since it is well past its useful life of 10 years. The estimate to replace the carpet with vinyl plank flooring which is more durable and pet proof is $4,400.00. This amount is above the spending authorization for staff and requires board approval.

City of Alameda
Health Care District

MEETING MINUTES: JULY 13, 2026

LOCATION: CONFERENCE ROOM A

BOARD MEMBERS PRESENT:
Mr. Cambra, Ms. Codiga, Mr. Sayen, Dr. Deutsch,

ABSENT: Dr. Chen - Excused Absence

DISTRICT REPRESENTATIVES PRESENT:
Mr. Hohl, Mr. Driscoll, Ms. Williams

OTHERS PRESENT:
Adam Bauer, Rick Edwards, Kristen Thorson, Matt Brandos, Salma Adin, Richard Espinoza, Grace Mesina, Dr. Masanna Kalluri, Louise Nakada

CALL TO ORDER
The meeting was called to order at 5:30 p.m., with a quorum present.

GUEST PRESENTATIONS:

SERIES B COP OVERVIEW AND RESOLUTION NO. 2026-04:

Mr. Bauer provided an overview of the Series B Certificates of Participation (COP) and financing process, which will generally mirror Series A, with an estimated financing size of approximately $55 million.

A motion was made to approve Resolution No. 2026-04 related to the Series B Certificates of Participation.

Motion: Mr. Sayen
Second: Ms. Codiga
Result: Approved 4-0, with one member absent

SELECTION OF SEISMIC GENERAL CONTRACTOR / RESOLUTION NO. 2026-05:

Ms. Thorson presented Resolution No. 2026-05 regarding selection of the seismic general contractor for the Alameda Hospital 2030 Seismic and Operational Upgrade Projects. Nine HCAI-permitted projects were bid, including two with potential Phase 2 work. Six contractors attended the mandatory pre-bid conference, three proceeded, and two submitted bids; C. Overaa & Co. was the lowest responsive and responsible bidder.

BID AND BUDGET ANALYSIS:

- Moment Frame and MTCAP were below budget, with MTCAP being part of the SPC-4D Retrofit, while Make Ready and NPC-5 were above estimate due to added scope, site logistics, and required improvements.
- The SNF project has an approximately $13 million hard construction budget and $10 million initial bid, with HCAI changes expected to move costs closer to budget. SPC-4D was bid for structural work only; Overaa's bid was approximately $1.2 million, while the District currently anticipates approximately $7 million may ultimately be utilized.
- Projects are collectively approximately $2.2 million over the hard construction budget, including a $1.9 million maximum not-to-exceed parking/shuttle amount. Allowance-based pricing will be reevaluated after HCAI approval and returned to the Board.

Overaa has public-sector, acute care hospital, HCAI, and significant self-performance experience.

PUBLIC COMMENT:

Mr. Rick Edwards of NCECI questioned the significant variance between Overaa's approximately $23 million bid, the $34.4 million second bid, and the approximately $36.1 million engineering estimate. Ms. Thorson explained that pricing for the allowance-based projects will be reevaluated following HCAI approval and returned to the Board for review and approval as the projects advance.

CONTRACT STRUCTURE AND BOARD OVERSIGHT:

- The single-contractor approach supports pricing clarity, site coordination, and continuity. Allowance-based projects will return to the Board after HCAI approval for pricing and funding approval.
- The District remains within the approximately $54 million JPA amendment funding threshold; the award reflects hard construction costs, with contingency preserved for soft costs and unforeseen conditions.

RECOMMENDATION:

- Adopt Resolution No. 2026-05 awarding Projects 1-9 to C. Overaa & Co. for $23,750,151.
- Authorize approximately $3.6 million for immediate commencement of HCAI-approved Projects 1-5.

- Authorize issuance of a Notice to Proceed following contract execution and Board approval; construction is anticipated to begin mid-September.

A motion was made to approve Resolution No. 2026-05 as presented.
Motion: Mr. Cambra
Second: Mr. Sayen
Result: Approved 4-0, with one member absent

ALAMEDA HOSPITAL UPDATES

ALAMEDA HOSPITAL UPDATES / PATIENT CARE EXPERIENCE:

Ms. Adin presented an overview of quality, patient experience, staff safety, and operational performance. Hand hygiene compliance improved to 89.8%, below the 95% benchmark; audits and education are ongoing.

- Falls with injury remain above benchmark despite improvement; call light response and no-pass zone expectations are being reinforced.
- Medication education, rounding, bedside reporting, care board completion, and pharmacy collaboration improved; workers' compensation incidents declined.

PATIENT CARE SERVICES HIGHLIGHTS:

- Emergency Department: Zero falls with injury this year; missed meal and break occurrences decreased approximately 60%; overtime decreased 17%; and bundle compliance improved.
- Critical Care and Telemetry maintained zero hospital-acquired infection events; pressure injuries and falls remain areas of focus.

POST-ACUTE SERVICES UPDATE:

Mr. Espinoza presented an update on workplace violence, cash collections, and Park Bridge operations. Two workplace violence incidents were reported at Fairmont; no incidents were reported at the Alameda sites.

- May and June cash collections were strong; Park Bridge and the Sub-Acute Unit exceeded expectations, and Post-Acute services exceeded the cash collection goal by approximately $1.1 million.
- A Park Bridge sewer line was found to have deterioration and root intrusion. CDPH reviewed the mitigation plan with no findings; abatement and pipe replacement are underway.
- The work is temporarily affecting census and operations, and Legal is reviewing potential insurance coverage.

AHS FINANCE REPORT:

Ms. Mesina presented an update on financial and operational performance. Acute inpatient volume was below budget, while Emergency Department and surgical volumes were above budget. Skilled nursing occupancy was approximately 95%, compared with a budgeted 94%.

- Overtime and missed meal/missed break metrics are now included in monthly reviews; both remain budget priorities, with missed meal/missed break performance improving.
- Parcel tax revenue is reflected under government revenues and will be reconciled at year-end to actual cash received from the District.

ALAMEDA HOSPITAL MEDICAL STAFF REPORT:

Dr. Kalluri presented a Medical Staff update on quality recognition and echocardiography coverage. Alameda Hospital received the American Heart Association Get With The Guidelines Stroke Gold Plus Award, reflecting 100% compliance with most Joint Commission measures for January 2024-December 2025.

- Echocardiography staffing shortages have caused intermittent coverage gaps since March, at times requiring transport to Highland Hospital. Travel technicians are being trained to improve coverage.

DISTRICT AND OPERATIONAL UPDATES:

PRESIDENT'S REPORT:

Mr. Cambra deferred his planned Board retreat remarks until the retreat takes place. He acknowledged the prior work of Ms. Stebbins and others who helped position the District to secure funding for seismic improvements and expressed support for continuing progress toward the 2030 seismic goals.

EXECUTIVE DIRECTOR'S REPORT:

- Mr. Hohl reported that the off-site parking contract was fully executed and a property improvement project was completed for approximately $97,000.
- Tenants were notified of a September 1 rent increase following approximately three years without an increase; required City notice was provided.
- District expenditures remained below budget, with a little over $10 million in available funds at the end of May. Approximately $4.1 million in parcel tax revenue was budgeted for FY 2025-26.

SEISMIC PROJECT UPDATE:

Mr. Brandos presented an update on the water intrusion assessment, repair options, and potential construction impacts. Testing identified deficiencies in portions of the façade, windows/seals, skylights/flashing, roofing, and Level 3 decks; Read prepared corrective-work estimates.

- Full replacement is estimated at approximately $7 million ($4 million direct construction) with a 30- to 40-year useful life.
- A repair approach addressing known failure points is estimated at approximately $1.5 million ($700,000-$800,000 direct costs) and would provide an estimated three- to five-year temporary solution.
- Full replacement is expected to require HCAI involvement and may uncover concealed structural repairs; repairs require less permitting. Estimated duration is three to six months for repairs and nine to twelve months for replacement.
- The work may affect Make Ready and SNF sequencing, with concealed deficiencies potentially adding scope and cost.
- The approach and cost will be coordinated with Alameda Hospital leadership and returned to the Board as needed.

AHS BOARD LIAISON REPORT:

Mr. Sayen presented the AHS Board Liaison report on the health system's financial outlook and strategic priorities. The health system received approximately $30 million in additional funding, providing short-term financial support; uncertainty remains regarding future Medicaid funding and next year's budget.

- An ad hoc committee of labor, County supervisors, and health system leadership will continue financial sustainability discussions; $1 million was provided for an independent financial and operational review.
- Maintaining Level I trauma certification remains a key Board priority supporting clinical services, residency programs, and physician recruitment.
- Primary care access and physician recruitment/retention remain challenges.

ALAMEDA HOSPITAL LIAISON UPDATE:

Dr. Deutsch presented an update on efforts to expand outpatient laboratory and imaging hours at Alameda Hospital. Expansion has not progressed despite discussions over the past two years; current system-wide hours provide no Sunday service and generally end around 5:00 p.m.

- Expanded hours could improve access but remain limited by system-wide staffing, registration, labor, and operational requirements.

City of Alameda
Health Care District

COMMUNICATIONS SUBCOMMITTEE UPDATE:

Mr. Cambra reported positive engagement from a recent community parade and noted District participation in the July 25-26 Art & Wine Festival.

PROPERTY MANAGEMENT REPORT:

Mr. Cambra presented the Property Oversight Committee update. Exterior shingle work on the three District buildings was completed, and the well matter was resolved with required information submitted to East Bay MUD.

- Three gas water heaters are recommended for replacement before January 2027 at approximately $3,350 each, or $11,000 total; comparable gas units are the most cost-effective option.
- Common storage-area cleanup is underway, with cleared space to be evaluated for future rental use.
- Previously approved rent increases are being implemented; the approximately $155,000 shingle project may qualify for partial cost recovery through the City's capital improvement program.
- Unit H renovation planning is underway; demolition and inspections will help define required electrical/fire-rated wall improvements and final costs.

A motion was made to authorize approximately $11,000 to replace the three remaining gas water heaters before the end of the year.

Motion: Dr. Deutsch
Second: Mr. Sayen
Result: Approved 3-0, with two members absent

CONSENT AGENDA:

A motion was made to approve the Consent Agenda, which included the May 12 meeting minutes and the March through May financial statements.
Motion: Dr. Deutsch
Second: Mr. Sayen
Result: Approved 3-0, with two members absent

ACTION ITEMS:

RESOLUTION NO. 2026-06:

Mr. Hohl presented Resolution No. 2026-06 to authorize moving COP investments to LAIF.

A motion was made to approve Resolution No. 2026-06.
Motion: Dr. Deutsch
Second: Mr. Sayen
Result: Approved 3-0, with two members absent

BANK SIGNATORIES:

Mr. Hohl presented a banking resolution designating three authorized signatories, with one signature required for checks under $10,000 and two signatures required for checks of $10,000 or more.
A motion was made to approve the banking signatory resolution as presented.
Motion: Dr. Deutsch
Second: Mr. Sayen
Result: Approved 3-0, with two members absent

PARCEL TAX DISTRIBUTION:

Mr. Hohl presented a proposed parcel tax distribution of $1.5 million payable in August, following the $1 million June distribution, with final reconciliation in December.
A motion was made to approve the $1.5 million parcel tax distribution.
Motion: Mr. Sayen
Second: Mr. Cambra
Result: Approved 2-0, with Dr. Deutsch recused and two members absent

RECORDS RETENTION POLICY:

Mr. Hohl presented a Records Retention Policy establishing retention periods for electronic and physical District records.
A motion was made to approve the Records Retention Policy.
Motion: Dr. Deutsch
Second: Mr. Sayen
Result: Approved 3-0, with two members absent

COMPUTER AND EQUIPMENT USE POLICY:

Mr. Hohl presented a Computer and Equipment Use Policy governing District email, electronic devices, and District-owned equipment.
A motion was made to approve the Computer and Equipment Use Policy.
Motion: Mr. Sayen
Second: Dr. Deutsch
Result: Approved 3-0, with two members absent

EXPENSE REIMBURSEMENT POLICY:

Mr. Hohl presented an Expense Reimbursement Policy establishing documentation requirements for reimbursable District expenses.
A motion was made to approve the Expense Reimbursement Policy.
Motion: Mr. Sayen
Second: Dr. Deutsch
Result: Approved 3-0, with two members absent

ADJOURNMENT:
The meeting was adjourned at 8:03 p.m.

City of Alameda
Health Care District

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(June 1- 30, 2026)

City of Alameda Health Care District
Statement of Activity - District CORE
June 2026

	District	
	Jun 2026	FYTD
Revenue		
Gross Profit	**$0**	**$0**
Expenditures		
Operating Expenses		
5250 Bank Service Charges	$0	$850
5260 Dues and Subscriptions	$7,300	$13,271
5270 District Stipend	($105)	$3,140
5280 Other Purchased Services	$3,180	$25,363
5290 Insurance	$15,708	$189,531
5300 Internet/Phone Expense	$480	$6,822
5310 Utilities	$0	$2,871
5350 Payroll & Employee benefit Expenses	$52,606	$234,765
5365 Payroll Processing Fee	$53	$644
5380 Travel	$42	$6,272
5390 Food/Meals	$0	$6,773
5400 Executive Assistant	($7,891)	$55,628
5410 Accounting Fees	$1,700	$39,150
5430 Legal & Professional Fees	$9,735	$105,101
5450 Education and Conferences	$3,600	$13,275
5460 Community Involvement and Promotion	$732	$21,403
5470 Office Supplies	$355	$3,240
5480 Office Expenses	$0	$270
5490 Executive Director	$0	$164,333
5510 Lease Expense Building	$2,088	$26,595
5550 Interest Expense	$4,181	$45,193
5800 Depreciation Exp Building	$10,546	$126,546
5810 Depreciation Exp Equipment	$2,303	$3,171
5999 Misc. Operating Expenses	$0	$1,236
Total for Operating Expenses	**$106,614**	**$1,095,446**
Total for Expenditures	**$106,614**	**$1,095,446**
Net Operating Revenue	**($106,614)**	**($1,095,446)**
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	$435,178	$6,095,595
Total for Nonoperating Revenue	**$435,178**	**$6,095,595**
Total for Other Revenue	**$435,178**	**$6,095,595**
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers	$1,000,000	$4,020,750
Total for Nonoperating Expenses	**$1,000,000**	**$4,020,750**
Total for Other Expenditures	**$1,000,000**	**$4,020,750**
Net Other Revenue	**($564,822)**	**$2,074,844**
Net Revenue	**($671,436)**	**$979,399**

City of Alameda Health Care District
Statement of Activity - Jaber Properties
June 2026

	1359 Pearl Street		2711 Encinal Ave		Total for Rental Property	
	Jun 2026	FYTD	Jun 2026	FTYD	Jun 2026	FYTD
Revenue						
Operating Revenue						
4100 Rental Revenues	$12,737	$172,345	$3,331	$41,788	$16,068	$214,133
4110 Laundry Income	$160	$1,928			$160	$1,928
Total for Operating Revenue	**$12,897**	**$174,273**	**$3,331**	**$41,788**	**$16,228**	**$216,061**
Total for Revenue	**$12,897**	**$174,273**	**$3,331**	**$41,788**	**$16,228**	**$216,061**
Gross Profit	**$12,897**	**$174,273**	**$3,331**	**$41,788**	**$16,228**	**$216,061**
Expenditures						
Operating Expenses						
5000 Rental Property Expenses						
5105 Landscaping	$275	$7,950			$275	$7,950
5110 Mngt fees Jaber	$686	$8,834	$171	$2,140	$856	$10,974
5120 Repairs & Mntc- Jaber	$2,279	$63,779		$1,035	$2,279	$64,814
5130 Utilities	$1,187	$11,825			$1,187	$11,825
5165 Depreciation Exp Building Rental					$3,771	$44,790
5170 Misc. Expenses-Rental		$894				$894
Total for 5000 Rental Property Expenses	**$4,427**	**$93,283**	**$171**	**$3,174**	**$8,369**	**$141,247**
Total for Operating Expenses	**$4,427**	**$93,283**	**$171**	**$3,174**	**$8,369**	**$141,247**
Total for Expenditures	**$4,427**	**$93,283**	**$171**	**$3,174**	**$8,369**	**$141,247**
Net Operating Revenue	**$8,471**	**$80,991**	**$3,160**	**$38,614**	**$7,860**	**$74,814**
Net Revenue	**$8,471**	**$80,991**	**$3,160**	**$38,614**	**$7,860**	**$74,814**

Cash Available for Maintenance/Repairs	
B/S Period Ending Bank Statement Cash Balance	**$774,475**
Less: Amount Due AHS for Fiscal Years 2024 & 2025	**($239,376)**
Less: FY 25-26 Due AHS for 20% of Net Revenue	**($14,963)**
Less: FY 25-26 Due AHS for 20% of Cash Balance	**($107,020)**
Estimated Cash Available for Maintance/Repairs	**$413,116**

City of Alameda Health Care District
Statement of Activity - Consolidated
June 2026

	Total	
	Jun 2026	FYTD
Revenue		
Operating Revenue		
4100 Rental Revenues	$16,068	$214,133
4110 Laundry Income	$160	$1,928
4500 Gains, Interest, etc	$27,957	$422,033
Total for Operating Revenue	**$44,186**	**$638,094**
Total for Revenue	**$44,186**	**$638,094**
Gross Profit	**$44,186**	**$638,094**
Expenditures		
Operating Expenses		
5000 Rental Property Expenses		
5105 Landscaping	$275	$7,950
5110 Mngt fees Jaber	$856	$10,974
5120 Repairs & Mntc- Jaber	$2,279	$64,814
5130 Utilities	$1,187	$11,825
5165 Depreciation Exp Building Rental	$3,771	$44,790
5170 Misc. Expenses-Rental		$894
Total for 5000 Rental Property Expenses	**$8,369**	**$141,247**
5250 Bank Service Charges		$850
5260 Dues and Subscriptions	$7,300	$13,271
5270 District Stipend	($105)	$3,140
5280 Other Purchased Services	$3,180	$25,363
5290 Insurance	$15,708	$189,531
5300 Internet/Phone Expense	$480	$6,822
5310 Utilities		$2,871
5350 Payroll & Employee benefit Expenses	$52,606	$234,765
5365 Payroll Processing Fee	$53	$644
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5410 Accounting Fees	$1,700	$39,150
5430 Legal & Professional Fees	$9,735	$105,101
5450 Education and Conferences	$3,600	$13,275
5460 Community Involvement and Promotion	$732	$21,403
5470 Office Supplies	$355	$3,240
5480 Office Expenses		$270

5490 Executive Director		$164,333
5510 Lease Expense Building	$2,088	$26,595
5550 Interest Expense	$195,223	$706,839
5800 Depreciation Exp Building	$10,546	$126,546
5810 Depreciation Exp Equipment	$2,303	$3,171
5999 Misc. Operating Expenses		$1,236
Total for Operating Expenses	**$306,025**	**$1,898,339**
Total for Expenditures	**$306,025**	**$1,898,339**
Net Operating Revenue	**($261,839)**	**($1,260,245)**
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	$435,178	$6,095,595
Total for Nonoperating Revenue	**$435,178**	**$6,095,595**
Total for Other Revenue	**$435,178**	**$6,095,595**
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers	$1,000,000	$4,020,750
Total for Nonoperating Expenses	**$1,000,000**	**$4,020,750**
Total for Other Expenditures	**$1,000,000**	**$4,020,750**
Net Other Revenue	**($564,822)**	**$2,074,844**
Net Revenue	**($826,661)**	**$814,600**

CITY OF ALAMEDA HEALTH CARE DISTRICT
Seismic Project Summary of Additions and Outlays
as of May 2026

	Inception	2025						2026						
	Through 6/30/25	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Total
Beginning COP Balance (per bank statement)		12,549,850	11,929,234	11,967,851	11,847,718	11,227,550	11,263,032	11,005,550	10,845,432	10,347,671	10,373,507	10,265,708	10,142,983	
Additions														
Deposits	14,442,992													0
Transfers	0													0
COP Interest Income	404,673	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836	27,566	26,329	26,704	385,890
Capital Gains	60	0	0	0	0	0	0	0	0	0	0	0		
Other	0	0	0	0	0	0	0	0	0	0	0	0		0
Total Additions	14,847,725	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836	27,566	26,329	26,704	385,890
Outlays														
NPC 4 - Equipment Bracing/Anchoring	364,135	106,824	0	4,239	51,117	0	49,282	19,412	113,014	0	4,775	18,715	14,859	382,237
NPC 5 - Tanks - Water and Sewage	410,443	18,013	0	30,883	118,321	0	121,104	47,552	117,833	0	15,937	11,059	149,632	630,334
SNF Operational Upgrade	809,612	113,271	0	100,782	390,440	0	72,361	72,092	204,132	0	77,613	100,607	80,736	1,212,034
SPC - Stephens	422,182	71,275	0	22,470	67,082	0	36,392	30,174	74,624	0	23,744	10,902	49,370	386,033
SPC - West Wing	258,968	345,065	0	0	29,237	0	22,148	21,761	17,774	0	13,299	7,771	43,123	500,179
Loan Cost	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Principle Payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Payments/Adjustments	32,535	4,949	0	0	0	0	(11,990)	0	0	0	(3)	0	0	(7,044)
Total Outlay	2,297,875	659,397	0	158,374	656,199	0	289,296	190,991	527,377	0	135,365	149,054	337,720	3,103,772
Change in Net Position	12,549,850	(620,616)	38,617	(120,133)	(620,168)	35,482	(257,482)	(160,118)	(497,761)	25,836	(107,799)	(122,725)	(311,016)	(2,717,882)
Ending COP Balance (per bank statement)	**12,549,850**	**11,929,234**	**11,967,851**	**11,847,718**	**11,227,550**	**11,263,032**	**11,005,550**	**10,845,432**	**10,347,671**	**10,373,507**	**10,265,708**	**10,142,983**	**9,831,968**	

City of Alameda Health Care District
Statement of Financial Position
As of Jun 30, 2026

	Total	
	As of Jun 30, 2026	As of Jun 30, 2025
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	$3,017,188	$2,864,930
1002 Bank of Marin - Rental Property	$774,475	$847,965
1003 Drysdale Property Management Acct	$2,509	
1004 US Bank - Trust Account	$10,311,431	$13,032,539
Total for Bank Accounts	**$14,105,603**	**$16,745,433**
Other Current Assets		
1069 Property Tax Receivable	$307,000	$307,476
1101 Prepaid and other assets	$145,313	$14,537
1102 Prepaid and other assets - J	$0	($0)
Total for Other Current Assets	**$452,313**	**$322,013**
Total for Current Assets	**$14,557,917**	**$17,067,446**
Fixed Assets		
1230 Leasehold Improvements	$14,481	$14,481
1250 Construction in Progress	$5,401,646	$2,297,875
Hospital Property		
1200 Land	$267,945	$267,945
1210 Land Improvements	$286,897	$286,897
1221 Hospital Buildings	$22,864,173	$22,864,173
1222 Building Improvements	$1,571,566	$1,571,566
1225 Fixed Equipment	$3,747,274	$3,747,274
1260 Accumulated Depr-Land Improvements	($286,897)	($286,897)
1271 Accumulated Depr-Hospital Buildings	($24,014,732)	($23,893,559)
1275 Accumulated Depr-Fixed Equipment	($3,742,573)	($3,739,402)
1280 Accumulated Depr-Leasehold Improvement	($14,840)	($14,840)
Total for Hospital Property	**$678,812**	**$803,157**
Jaber Property		
1201 Land Jaber Property	$610,000	$610,000
1228 Equipment-Jaber	$6,529	
1229 Other Bldgs - Rental Property	$1,073,488	$1,073,488
1232 Improvement-Jaber	$51,808	
1279 Accumulated Depr-Other Bldgs Rental Prop	($855,814)	($811,024)
Total for Jaber Property	**$886,012**	**$872,464**
SNF (CW&S) Property		
1202 Land(CW&S)	$212,113	$212,113

1231 Other Assets SNF(CW&S)	$134,336	$134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	($129,528)	($124,155)
Total for SNF (CW&S) Property	**$216,921**	**$222,294**
Total for Fixed Assets	**$7,197,871**	**$4,210,271**
Other Assets		
1199 Lease Receivable	$127,101	$127,101
Total for Other Assets	**$127,101**	**$127,101**
Total for Assets	**$21,882,889**	**$21,404,818**
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	$4,500	$43,311
Total for Accounts Payable	**$4,500**	**$43,311**
Credit Cards		
2030 Credit Card Payable	$1,341	
Total for Credit Cards	**$1,341**	**$0**
Other Current Liabilities		
2018 Cur Portion of Bank Loan	$26,769	$25,040
2019 Cur Portion of Bond Oblgs	$295,000	$293,792
2021 Accrued Liabilities	$30,300	
2022 Interest Payable	$191,042	$195,271
Total for Other Current Liabilities	**$543,111**	**$514,103**
Total for Current Liabilities	**$548,952**	**$557,414**
Long-term Liabilities		
2199 Deferred revenue	$119,127	$119,127
2250 Bond Obligations	$12,805,000	$13,096,208
2251 Bond Premium	$1,419,337	$1,433,559
2270 Debt Obligations	$726,873	$753,410
Total for Long-term Liabilities	**$15,070,338**	**$15,402,304**
Total for Liabilities	**$15,619,289**	**$15,959,718**
Equity		
3100 Unrestricted Net Assets	$1,534,323	$1,534,323
3200 Net Assets Trust	($87,700)	($87,700)
3300 Restricted net assets	$1,724,329	$1,720,429
3400 Invested Capital, net of deb	$2,278,048	$2,278,048
Retained Earnings	$0	$0
Net Revenue	$814,600	($0)
Total for Equity	**$6,263,600**	**$5,445,100**
Total for Liabilities and Equity	**$21,882,889**	**$21,404,818**

City of Alameda Health Care District
Statement of Cash Flows
July, 2025-June, 2026

Account Name	Total
OPERATING ACTIVITIES	
Net Revenue	$814,600
Adjustments to reconcile Net Revenue to Net Cash provided by operations:	
1069 Property Tax Receivable	$476
1101 Prepaid and other assets	($130,777)
1102 Prepaid and other assets - J	($0)
1232 Jaber Property:Improvement-Jaber	($51,808)
2018 Cur Portion of Bank Loan	$1,729
2019 Cur Portion of Bond Oblgs	$1,208
2020 Accounts Payable (A/P)	($38,811)
2021 Accrued Liabilities	$30,300
2022 Interest Payable	($4,229)
2030 Credit Card Payable	$1,341
Adjustments to reconcile Net Revenue to Net Cash:	**($190,572)**
Net cash provided by operating activities	**$624,028**
INVESTING ACTIVITIES	
1228 Jaber Property:Equipment-Jaber	($6,529)
1250 Construction in Progress	($3,103,771)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	$121,173
1275 Hospital Property:Accumulated Depr-Fixed Equipment	$3,171
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	$44,790
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	$5,373
Net cash provided by investing activities	**($2,935,792)**
FINANCING ACTIVITIES	
2250 Bond Obligations	($291,208)
2251 Bond Premium	($14,222)
2270 Debt Obligations	($26,536)
3300 Restricted net assets	$3,900
Net cash provided by financing activities	**($328,066)**
NET CASH INCREASE FOR PERIOD	**($2,639,830)**
Cash at beginning of period	**$16,745,433**
CASH AT END OF PERIOD	**$14,105,603**

City of Alameda
Health Care District

Date: September 14, 2026

To: City of Alameda Health Care District Board of Directors

From: Peter Hohl, Executive Director

Subject: Seismic Side Agreement #2

RECOMMENDATION

Approve seismic side agreement #2 provided the final form of the agreement is not materially different from the attached draft.

BACKGROUND

Including the cost of the water intrusion repair at Alameda hospital in the 2026 Series B COP funding request introduces risk to the District in the event the project runs out of funds to complete the project. This risk arises because the 2026 Series B funding request of $58 million is the maximum amount the District can borrow given the level of parcel taxes used as collateral for the COPs. The consequence is there can be no Series C if additional funding is needed to complete the project.

To protect the District's obligation to complete the seismic compliance project by 2030, a side letter with AHS is needed to address the additional risk the District faces by including the water intrusion repair in the overall seismic project. In the event of a funding shortfall to complete the seismic project, the side agreement would require AHS to contribute the amount necessary to complete the project up to a maximum amount the project spent on the water intrusion repair – currently estimated at $8.75 million.

The side letter also updates several sections of JPA amendment #1 and those areas are highlighted in green.

SIDE LETTER #2

Further to that certain AGREEMENT RE: IMPLEMENTATION OF THE JOINT POWERS AGREEMENT 2030 SEISMIC RETROFIT PROJECT (the "Project"), dated January 28, 2026, by and between Alameda County Medical Center, a public hospital authority created by the Alameda County Board of Supervisors pursuant to Section 101850 of the California Health and Safety Code, doing business as Alameda Health System ("AHS"), and the City of Alameda Health Care District ("District"):

The District agrees to the following, and seeks approval of the same from AHS as an Approval Notice:

1. As of the date hereof, it is estimated that it will cost $77,610,000 to implement the Project, comprising the improvements necessary to satisfy the 2030 Seismic Requirements, and complete other improvements for the upgrade and repurposing of Alameda Hospital as necessary to make Alameda Hospital more sustainable and responsive to current and anticipated community healthcare needs. Neither AHS nor the District has the current ability to pay for the Project.

2. District shall maintain separate budgets and accounting schedules for the Project ("Project Account") to be equitably allocated and earmarked to the following categories:

Seismic Upgrades Project Account
Operational Upgrades Project Account
Water Intrusion Project Account
Costs of Issuance Account

For the Series B issuance of $58,000,000, the Parties estimate that the foregoing accounts shall be funded (from COP proceeds) and earmarked for use in the following accounts and amounts:

a. $37,290,000 for the Seismic Upgrades Project Account
b. $30,570,000 for the Operational Upgrades Project Account
c. $8,750,000 for the Water Intrusion Project Account
d. $1,000,000 for the Costs of Issuance Account (includes the Underwriter's Discount)

3. The District commits to seeking all potential available resources to fund the Project, including, without limitation, from the County, additional COPs, grants, and the like. Except as provided in the next sentence, in no event shall AHS be required to repay the COPs or fund the Project, including, without limitation, through any AHS Capital Contributions or otherwise. If there are insufficient project funds to complete the project, AHS shall contribute the amount necessary to complete the seismic project up to a maximum of what it costs for the water intrusion repair (estimated at $8.75 million).

4. If, despite the parties' diligent efforts, all three Project Goals cannot be met, AHS

or the District, as the case may be, shall have the right, prior to the issuance of the Series B COPs, to terminate the Series B issuance upon written notice to the other Party.

5. This Side Letter (and any future Side Letters) shall be binding on AHS only if signed by the AHS COO or CEO.

AHS hereby gives its approval.

AHS:

ALAMEDA HEALTH SYSTEM

By: _____
James Jackson, CEO
Dated: _____

DISTRICT:

CITY OF ALAMEDA HEALTH CARE DISTRICT

By: _____
Peter Hohl, Executive Director
Dated: _____

City of Alameda
Health Care District

Date: September 14, 2026

To: City of Alameda Health Care District Board of Directors

From: Peter Hohl, Executive Director

Subject: Jaber Property FY 25-26 Distribution

RECOMMENDATION

Approve the FY 25-26 Jaber property distribution calculation with the funds to be used by Alameda Hospital for the purchase of medical equipment for the hospital.

BACKGROUND

The Jaber Trust Agreement specifies that funds in the trust be used to purchase capital equipment directly related to the diagnosis and treatment of patients at Alameda hospital. The types of equipment mentioned in the Trust include diagnostic imaging machinery, surgical equipment, equipment for the treatment of eye disease, patient monitoring equipment for critical care, and similar machinery and equipment.

The Trust Agreement identifies the maximum amount that can be withdrawn from the Jaber funds as 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. The value of the principal of the fund is the bank account cash balance at the end of the prior fiscal year.

A separate side agreement with AHS requires Jaber funds to be treated like parcel tax dollars.

CALCULATION OF JABER FUND PAYOUT FOR FISCAL YEAR 25-25

Per the attached schedule, net income earned for fiscal year 25–26 was $74,000 and the cash balance at the end of June 2026 was $535,099 (after adjusting for prior years Jaber fund payouts that have not yet been made to AHS). The maximum that the Jaber fund is permitted to pay out for the fiscal year is $14,963 from net income and $107,020 from the 6/30/26 cash balance for a total of $121,983.

Jaber fund payouts for fiscal years 23-24 ($109,374) and 24-25 ($130,002) were calculated and approved by the District Board but have not yet been paid out to AHS.

City of Aameda Health Care District
Jaber Property Payment to AHS

	FY 23-24	FY 24-25	*APPROVE* FY 25-26
Rental Revenue	$202,831	$221,074	$216,061
Rental Expenses	$103,499	$114,841	$141,247
Net Revenue	$99,332	$106,233	$74,814
Period Ending B/S Cash Balance	$697,407	$847,965	$774,475
Payment Due AHS (Prior FY)	$156,013	$123,138	$130,002
Prior Payment(s) Still Due AHS	$0	$156,013	$109,374
Ending Cash Balance	$541,394	$568,814	$535,099
Maximum Amount Due AHS:			
20% of Net Revenue	$19,866	$21,247	$14,963
20% of Cash Balance	$108,279	$108,755	$107,020
Subtotal Owed to AHS	$128,145	$130,002	$121,983

Payment Date	Fiscal Year	Amt. Due	Unpaid
6/18/24	FY 22	$39,204	
6/11/24	FY 22	$124,796	
7/22/25	FY 23	$156,013	
7/22/25	FY 24	$13,764	
TBD	FY 24	$109,374	$109,374
TBD	FY 25	$130,002	$130,002
TBD	FY 26	$121,983	$121,983
			$361,358

Notes:
1. FY 23-24 and FY 24-25 were calculated by the prior accountant and were previously approved by the Board

City of Alameda Health Care District

POLICY TITLE: **CONFLICT OF INTEREST CODE**

POLICY NUMBER: P-19

REVISED: **September 14. 2026**

POLICY:

As a governmental agency, The City of Alameda Health Care District (the "District"), all members of the District's Board of Directors (the "Board") and employees are subject to California laws regulating conflicts of interest and requiring certain financial disclosures. The Political Reform Act of 1974 (California government Code §81000, et. Seq.) (the "PRA") requires, among other things, each state and local government agency to adopt and promulgate its own conflict of interest code (§87300). Section 18730 of the California Code of Regulations provides that incorporation by reference of the terms of that regulation constitutes the adoption and promulgation of a conflict-of-interest code as required by the PRA.

The District has therefore adopted by reference Section 18730 as the Conflict-of-Interest Code including as that regulation may hereinafter be amended or modified by the FPPC. The purpose of the Code is to provide for the disclosure of Investments, Business Positions, Interests in Real Property and Income of Designated Officials and Employees that may be materially affected by their official actions, and, in appropriate circumstances, to provide that Designated Officials and Employees (as defined below) should be disqualified from acting in order that conflicts of interest may be avoided. The needs of the District's constituents shall be the priority of the Board. When the Board. and/or a Director believes they may have a conflict of interest, the District's legal counsel shall be requested to determine if one exists or not.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this Conflict of Interest Code.

Pursuant to the Political Reform Act, Government Code Section 87306.5, the District shall review its Conflict of Interest Code biennially, by October 1 of each even-numbered year.

GUIDELINES:

City of Alameda Health Care District

The following Guidelines and referenced procedures shall govern the accessibility for inspection and copying of all of the public records of the District, and shall be administered by the Executive Director of the District. This Code shall be in addition to and shall not be construed to supersede or limit in any way, the application of (i) any policies and procedures adopted by the District pertaining to conflicts of interest that are not otherwise codified herein or (ii) other laws and regulations pertaining to conflicts of interest of public officials, including but not limited to Government Code Sections 1090 (financial interest in contracts), 87100 (financial interest in governmental decisions) and 1126 (employment-based conflicts of interest), each of which is hereby incorporated by reference into this Code. The following is a summary of the prohibitions of those statutes:

a. **Government Code Section 1090:** prohibits any member of the Board, officer or employee of the District from participating in the making of any District contract in which he/she has financial interest. This prohibition against participation in the making of a contract includes but is not limited to discussing or voting upon the contract or influencing or attempting to influence another member of the Board as to his/her vote on the contract (NOTE: A violation of Section 1090 carries with it the risk that the District contract in question will be declared void under Government Code Section 1092.)
b. **Government Code Section 87100**: prohibits any member of the Board, officer, or employee of the District from making, participating in making or in any way attempting to use their official position to influence a District decision in which he/she knows or has reason to know he/she has a financial interest. This prohibition against participation in The District's decision-making includes but is not limited to discussing or voting upon the matter or influencing or attempting to influence another member of the Board as to The District's decision or vote on the matter.
c. **Government Code Section 1126**: prohibits any member of the Board, officer or employee of the District from engaging in any employment, activity, or enterprise for compensation that is inconsistent, incompatible, or in conflict with their public duties..

DISCLOSURE STATEMENTS:

1. Designated Officials and Employees: The persons holding positions listed in the Appendix are Designated Officials and Employees. As described in the Appendix, each Designated Official and Employee shall file annual statements disclosing his/her Business Positions, Relationships with the District, Interests in Real Property within the

City of Alameda Health Care District

District, Investments in Business Entities, Income, or sources of Income as well as those Interests in Real Property, Business Positions, Investments and Income and sources of income of his/her Immediate Family members, which might foreseeably be affected materially by the operations of the District in a manner different from the public generally or a significant segment thereof.

2. Time of Filing Statements: As provided in Section 18730, California Code of Regulations.

3. Forms: Forms will be supplied by the District.

4. Place of Filing: Designated Employees shall file their Statements of Economic Interests (Form 700) with the District's Administration, which shall make the statements available for public inspection and reproduction (Government Code Section 81800). Statements of Designated Employees shall be retained by the District. Members of the Board shall file their original statements with the Alameda County Elections Department and shall provide copies to be retained by the District.

DESIGNATED EMPLOYEES

The following is a list of the positions ("Designated Employees") which The City of Alameda Health Care District Board has determined will entail the making or participation in the making of decisions which may foreseeably have a material effect on any financial interest:

1. Members of the District Board of Directors, all Executive Officers, anyone making public investments on behalf of the District, General Counsel and Consultants/Contractors (Individuals providing services that involve making or influencing government decisions).

2. With respect to Consultants, the Executive Director may determine in writing that a particular consultant, although a "Designated Employee," is hired to perform a range of duties that are limited in scope and thus is not required to comply with all the written disclosure requirements described in these categories. Such determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Executive Director's determination is a public record and shall be retained for public inspection by the District in the same manner as this Conflict of Interest Code. Nothing herein excuses any such consultant from any other provision of this Conflict of Interest Code.

City of Alameda
Health Care District

DISCLOSURE

TYPES OF INVESTMENTS, BUSINESS POSITIONS, INTEREST IN REAL PROPERTY AND SOURCES OF INCOME THAT ARE REPORTABLE

General Rule: An investment, business position, interest in real property, or source of income, including gifts, is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income, may foreseeably be affected materially by any decision made or participated in by the Designated Employee by virtue of his or her official position. Financial interests are reportable only if they are located within the District or if the business entity is doing business or planning to do business within the District (and such plans are known by the Designated Employee) or had done business within the District at any time during the two years prior to the filing of the Statement.

Furthermore, pursuant to Government Code Section 87302(a), the Board has determined that the following, but not by way of limitation, specific business which a Designated Official or employee has an Investment, Business Position, an Interest in Real Property, or derives Income there from are reportable:

1. Bank, Savings and Loan or other Thrift Associations
2. Third Party Payors for Health Care Services (including health maintenance organizations, hospital service plans, preferred provider organizations and indemnity health insurance carriers)
3. Liability Insurance Companies (including carriers which offer or sell professional liability insurance, comprehensive liability insurance, directors' and officers' liability and other types of insurance maintained by or on behalf of the District
4. Real Estate Companies
5. Ambulance Services Companies
6. Health Care Providers/Facilities (including hospitals, skilled nursing homes, home health agencies, medical groups, ambulatory care centers, clinics, etc.)
7. Consulting Firms (architectural, legal, accounting)
8. `Any other Business Entity which supplies materials and/or supplies to "The District", or which has supplied materials and/or supplies to the District at any time during the two (2) years prior to the time any statement or other action is required under this Code.

City of Alameda Health Care District

POLICY TITLE: **CONFLICT OF INTEREST ~~POLICY~~ CODE**

POLICY NUMBER: P-19

~~ADOPTION~~REVISED: 09-14~~7~~-~~15~~-2025~~6~~

~~REVISIONS:~~
POLICY:

As a governmental agency, The City of Alameda Health Care District ~~"The District"~~(the "District"), all members of ~~"The Board"~~the District's Board of Directors (the "Board") and employees are subject to California laws regulating conflicts of interest and requiring certain financial disclosures. The Political Reform Act of 1974 (California government Code §81000, ~~et.seq~~et. Seq.) (the "PRA") requires, among other things, each state and local government agency to adopt and promulgate~~d~~ its own conflict of interest code (§87300). Section 18730 of the California Code of Regulations~~, "Regulations of the Fair Political Practices Commission,"~~ provides that incorporation by reference of the terms of that regulation constitutes the adoption and promulgation of a conflict-of-interest code as required by the PRA.

~~"The District"~~The District has therefore adopted by reference Section 18730 as the Conflict-of-Interest Code including as that regulation may hereinafter be amended or modified by the FPPC. The purpose of the Code is to provide for the disclosure of Investments, Business Positions, Interests in Real Property and Income of Designated Officials and Employees that may be materially affected by their official actions, and, in appropriate circumstances, to provide that Designated Officials and Employees (as defined below) should be disqualified from acting in order that conflicts of interest may be avoided. The needs of ~~"The District"~~the District's~~.~~ constituents sh~~ould~~all be the priority of ~~"The Board"~~the Board. When ~~"The Board"~~the Board. and/or a Director believes they may have a conflict of interest, ~~"T~~the District's~~"~~ legal counsel shall be requested to determine if one exists or not.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this Conflict of Interest Code.

Pursuant to the Political Reform Act, Government Code Section 87306.5, the District shall review its Conflict of Interest Code biennially, by October 1 of each even-numbered year.

City of Alameda Health Care District

GUIDELINES :

~~1. This Code shall be in addition to and shall not be construed to supersede or limit in any way, the application of (i) any policies and procedures adopted by "The District" pertaining to conflicts of interest that are not otherwise codified herein or~~

~~2.~~ The following Guidelines and referenced procedures shall govern the accessibility for inspection and copying of all of the public records of ~~"The District"~~the District, and shall~~. These guidelines are to~~ be administered by the Executive Director of ~~"The District"~~the District. This Code shall be in addition to and shall not be construed to supersede or limit in any way, the application of (i) any policies and procedures adopted by the District pertaining to conflicts of interest that are not otherwise codified herein or (ii) other laws and regulations pertaining to conflicts of interest of public officials, including but not limited to Government Code Sections 1090 (financial interest in contracts), 87100 (financial interest in governmental decisions) and 1126 (employment-based conflicts of interest), each of which is hereby incorporated by reference into th is~~e~~ Code. The following is a summary of the prohibitions of those statutes:

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a. **Government Code Section 1090:** prohibits any member of ~~"The Board"~~the Board, officer or employee of ~~"The District"~~the District from participating in the making of any ~~"~~District~~"~~ contract in which he/she has financial interest. This prohibition against participation in the making of a contract includes but is not limited to discussing or voting upon the contract or influencing or attempting to influence another member of ~~"The Board"~~the Board as to his/her vote on the contract (NOTE: A violation of Section 1090 carries with it the risk that ~~"The District"~~the District contract in question will be declared void under Government Code Section 1092.)
b. **Government Code Section 87100**~~-~~: prohibits any member of ~~"The District"~~the Board, officer, or employee of ~~"The District"~~the District from making, participating in making or in any way attempting to use their official position to influence a ~~"The District"~~the District decision in which he/she knows or has reason to know he/she has a financial interest. This prohibition against participation in ~~"~~The District's~~"~~ decision-making includes but is not limited to discussing or voting upon the matter or influencing or attempting to influence another member of ~~"The Board"~~the Board as to ~~"~~The District's~~"~~ decision or vote on the matter.
c. **Government Code Section 1126**: prohibits any member of ~~"The Board"~~the Board, officer or employee of ~~"The District"~~the District from engaging in any

City of Alameda Health Care District

employment, activity, or enterprise for compensation that is inconsistent, incompatible, or in conflict with their public duties. ~~"The District"~~.

DISCLOSURE STATEMENTS

1. Designated Officials and Employees: The persons holding positions listed in the Appendix are Designated Officials and Employees. As described in the Appendix, each Designated Official and Employee shall file annual statements disclosing his/her Business Positions, ~~Health Care Facility~~ Relationships with the District, Interests in R~~r~~eal Property w~~W~~ithin the ~~Jurisdiction~~District, Investments in Business Entities, Income, or sources of Income as well as those Interests in Real Property, Business Positions, Investments and Income and sources of income of his/her Immediate Family members, which might foreseeably be affected materially by the operations of ~~"The District"~~the District in a manner different from the public generally or a significant segment thereof.

2. Time of Filing Statements: As provided in Section 18730, California Code of Regulations.

3. Forms: Forms will be supplied by ~~"The District"~~the District.

4. Place of Filing: Designated E~~e~~mployees ~~, except members of "The Board",~~ shall file their Statements of Economic Interests (Form 700) with ~~"~~t~~T~~he District's~~"~~ Administration, whicho ~~wi~~shall make the statements available for public inspection and reproduction (Government Code Section 81800). Statements of ~~d~~Designated ~~e~~Employees ~~wi~~shall be retained by ~~"The District"~~the District. Members of ~~"The Board"~~the Board ~~wi~~shall file their original statements with the Alameda County Elections Department and ~~wi~~shall provide copies to be retained by ~~"The District"~~the District.

DESIGNATED EMPLOYEES

The following is a list of the positions ("Designated Employees") which The City of Alameda Health Care District Board has determined will entail the making or participation in the making of decisions which may ~~foreseeably~~ foreseeably have a material effect on any financial interest:

Members of the District Board of Directors, all Executive Officers, anyone making public investments on behalf of the District, General Counsel and Consultants/Contractors (Individuals providing services that involve making or influencing government decisions).

City of Alameda Health Care District

With respect to Consultants, the Executive Director may determine in writing that a particular consultant, although a "Designated Employee," is hired to perform a range of duties that are limited in scope and thus is not required to comply with all the written disclosure requirements described in these categories. Such determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Executive Director's determination is a public record and shall be retained for public inspection by the District in the same manner as this Conflict of Interest Code. Nothing herein excuses any such consultant from any other provision of this Conflict of Interest Code.

~~1. Members of the Board of "The Board", elected or appointed.~~

~~2. "The District's" Executive Director and Controller. "The Board" has determined that the disclosure requirements of this Code shall be equally applicable to each of the above listed "designated employee." i.e., each of said designated employees will be subject to all disclosure requirements of this Code. Consultants to "The District" may also be subject to the disclosure requirements of this Code, as determined on a case-by-case basis by "The Board". This decision shall be based upon the determination of whether the Consultant participates in the making of decisions on behalf of "The District".~~

DISCLOSURE
TYPES OF INVESTMENTS, BUSINESS POSITIONS, INTEREST IN REAL PROPERTY AND SOURCES OF INCOME THAT ARE REPORTABLE

~~-~~General Rule: An investment, business position, interest in real property, or source of income, including gifts, is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income, may foreseeably~~e~~ be affected materially by any decision made or participated in by the D~~d~~esignated ~~e~~Employee by virtue of his or her official position. Financial interests are reportable only if located within ~~"The District"~~the District or if the business entity is doing business or planning to do business within ~~"The District"~~the District (and such plans are known by the D~~d~~esignated E~~e~~mployee) or had done business within ~~"The District"~~the District at any time during the two years prior to the filing of the Statement. ~~Furthermore, pursuant to Government Code Section 87302(a), "The Board" has determined that the following, but not by way of limitation, specific Business Entities in~~

Furthermore, pursuant to Government Code Section 87302(a), ~~"The Board"~~the Board has determined that the following, but not by way of limitation, specific business which a Designated Official or employee has an Investment, Business Position, an Interest in Real Property, or derives Income there from are reportable:

City of Alameda
Health Care District

1. Bank, Savings and Loan or other Thrift Associations
2. Third Party Payors for Health Care Services (including health maintenance organizations, hospital service plans, preferred provider organizations and indemnity health insurance carriers)
3. Liability Insurance Companies (including carriers which offer or sell professional liability insurance, comprehensive liability insurance, directors' and officers' liability and other types of insurance maintained by or on behalf of ~~"The District"~~the District
4. Real Estate Companies
5. Ambulance Services Companies
6. Health Care Providers/Facilities (including hospitals, skilled nursing homes,
home health agencies, medical groups, ambulatory care centers, clinics, etc.)
7. Consulting Firms (architectural, legal, accounting)
8. Any other Business Entity which supplies materials and/or supplies to "The District", or which has supplied materials and/or supplies to the District at any time during the two (2) years prior to the time any statement or other action is required under this Code.

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City of Alameda Health Care District

Date: September 1, 2026

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

Cc: Peter J. Hohl, Executive Director

From: Kristen Thorson, Project Manager, Porter Consulting LLC

Subject: RFQP Award: Selection of Special Inspection and Testing Firm - MatriScope Engineering Laboratories

RECOMMENDATION

Approve the selection of MatriScope Engineering Laboratories to provide special inspection and testing services for Projects 1–8 in an not-to-exceed amount of $352,265, and authorize the Executive Director, to execute the agreement and related project authorizations, subject to review and approval as to form

Note, Projects 6-8 are allowances that may be authorized individually after HCAI approval and reconciliation of the final scope. Project 9, the SPC-4D Retrofit, is excluded from this RFQP and recommendation.

Project	Project Name
1	SNF Make-Ready
2	SMRF Joint Evaluation - Phase 1
3	SMRF Joint Evaluation - Phase 2
4	MTCAP - Phase 1
5	MTCAP - Phase 2
6	*NPC 4 Upgrades*
7	*Skilled Nursing Facility*
8	*NPC 5 Upgrades*
9	*SPC4D Retrofit - EXCLUDED*

BACKGROUND

The District issued a Request for Qualifications and Proposals (RFQP) to four firms. Each firm had demonstrated experience in general acute-care hospitals and HCAI projects, and each received the same project information available at the time of solicitation.

The RFQP stated the District's intent to award Projects 1-8 to one firm. A single-firm approach is consistent with the procurement strategy used for the design team, Inspector of Record, and general

contractor and is intended to improve continuity, scheduling, reporting, and coordination across the interrelated projects.

Porter Consulting reviewed the four submissions for RFQP responsiveness; hospital and HCAI experience; proposed personnel and certifications, including Certified Welding Inspector (CWI) qualifications; office and laboratory support; proposed scope, quantities, assumptions, and exclusions; and fees and rate sheets. Follow-up emails and calls were used to clarify scope, fees, and inspector qualifications. Based on this review, MatriScope provided the best overall value and detail in their proposal and is recommended for Projects 1-8. Project 9 will be procured separately after the HCAI regional construction documents are sufficiently developed and the scope is defined.

The fee structure separates currently defined work from future work. Projects 1, 2, and 4 are base scopes. Projects 3 and 5 are Phase 2 allowances and will proceed only if required by HCAI and authorized by the District. Projects 6-8 are allowances pending HCAI plan approval. Before any allowance is activated on Projects 6-8, the project team will reconcile the approved documents, TIO requirements, quantities, staffing assumptions, and fee, and obtain appropriate authorization.

EVALUATION SUMMARY

The District conducted a competitive RFQP process and evaluated the submissions for responsiveness, hospital and HCAI experience, proposed personnel and certifications, office and laboratory capabilities, technical approach, scope assumptions, and fees. Follow-up communications were conducted to clarify scope, pricing, and personnel qualifications.

MatriScope was determined to provide the best overall value based on its competitive fee, detailed technical proposal, relevant Alameda Hospital experience, experience with HCAI-regulated healthcare projects, Bay Area office and laboratory resources, and qualified personnel identified for the work. Its proposed fee was also determined to be fair and reasonable through the competitive procurement process.

Although the proposed fees are based on the available construction documents and draft TIO forms, final inspection requirements, quantities, and staffing will be reconciled before each project or allowance is authorized. Services will be invoiced monthly on a time-and-materials basis against approved rates and the applicable not-to-exceed authorization.

MATRISCOPE QUALIFICATIONS

MatriScope and its affiliated firm, Signet Testing Laboratories, report a combined 90 years of experience. MatriScope served as the special inspection and testing firm for the Alameda Hospital 2020 Seismic Upgrades and Kitchen Relocation Project, providing useful familiarity with the campus and project stakeholders. MatriScope is a certified Small Business Enterprise and has offices in Sacramento, Livermore, and Hayward, with Bay Area laboratory support in Livermore.

FINANCIAL IMPACT AND ANALYSIS

The attached budget analysis includes existing Testing and Inspection commitments for the program, including previously approved Inspector of Record fees, hazardous-material survey testing already completed, and MatriScope's proposed special inspection and testing fees. Based on current budgets,

the Testing and Inspection line item has a projected shortfall of approximately $558,841.

Proposed Series B budget adjustments totaling $1,155,178 would result in an estimated remaining line-item balance of approximately $596,337, subject to the assumptions in the budget analysis. This balance should not be considered surplus. Although the principal structural scope for the SPC-4D Retrofit has been identified, the project remains high risk because significant details of the planned retrofit and associated requirements are still being developed. The remaining balance will be retained for SPC-4D activities, owner-held certified industrial hygienist services, additional testing and inspection requirements, scope changes, and potential change orders to existing contracts.

Testing and Inspection Budget Analysis
for Recommendation on Special Inspection and Testing Services

Project	Project Name	Current Budget	Committed	Remaining	Anticipated (SI - MatriScope Propsoal Only)	Budget Remaining +/(-)	Proposed Budget Adjust with Series B	Budget Remaining +/(-)	Footnotes
1	SNF Make-Ready	$ 81,817	$ 97,250	$ (15,433)	$ (32,769)	$ (48,202)	$ 49,433	$ 1,231	
	Inspector of Record		$ 97,250						
	Special Inspections and Testing		$ -		$ (32,769)				
	Other		$ -						
2	SMRF Joint Evaluation - Phase 1	$ 50,000	$ 30,199	$ 19,801	$ (31,829)	$ (12,028)	$ 31,529	$ 19,501	
	Inspector of Record		$ 25,330						
	Special Inspections and Testing		$ 4,869		$ (31,829)				
	Other		$ -						
3	SMRF Joint Evaluation - Phase 2	$ 50,000	$ 25,330	$ 24,670	$ (17,012)	$ 7,659	$ -	$ 7,659	
	Inspector of Record		$ 25,330						
	Special Inspections and Testing		$ -		$ (17,012)				
	Other		$ -						
4	MTCAP - Phase 1	$ -	$ 27,400	$ (27,400)	$ (76,318)	$ (103,718)	$ -	$ (103,718)	1
	Inspector of Record	$ -	$ 27,400						
	Special Inspections and Testing		$ -		$ (76,318)				
	Other		$ -						
5	MTCAP - Phase 2	$ -	$ 27,400	$ (27,400)	$ (69,113)	$ (96,513)	$ -	$ (96,513)	1
	Inspector of Record	$ -	$ 27,400						
	Special Inspections and Testing		$ -		$ (69,113)				
	Other		$ -		+				
6	NPC 4 Upgrades	$ 160,000	$ 174,080	$ (14,080)	$ (41,536)	$ (55,616)	$ 230,693	$ 175,077	
	Inspector of Record		$ 174,080						
	Special Inspections and Testing		$ -		$ (41,536)				
	Other		$ -						
7	Skilled Nursing Facility	$ 464,254	$ 354,692	$ 109,562	$ (38,181)	$ 71,381	$ -	$ 71,381	2
	Inspector of Record		$ 314,820						
	Special Inspections and Testing		$ -		$ (38,181)				
	Other		$ 39,872						
8	NPC 5 Upgrades	$ 173,236	$ 218,718	$ (45,482)	$ (45,507)	$ (90,989)	$ 306,371	$ 215,382	
	Inspector of Record		$ 179,805						
	Special Inspections and Testing		$ -		$ (45,507)				
	Other		$ 38,913						
9	SPC4D Retrofit (Stephens/West)	$ 331,810	$ 561,625	$ (229,815)	$ -	$ (229,815)	$ 537,152	$ 307,337	
	Inspector of Record		$ 534,200						
	Special Inspections and Testing		$ -		-				
	Other		$ 27,425						
	Total	$ 1,311,117	$ 1,516,694	$ (205,577)	$ (352,265)	$ (557,841)	$ 1,155,178	$ 597,337	3

Foot Notes:

1 MTCAP Budget is allocated out of SPC4D budget, however it will be tracked separately.

2 Budget Increase planned for Line item Under Project 7, SNF; however, funding will be allocated out of Equipment Line item to reduce overall net need with Series B.

3 Although the principal structural scope for the SPC-4D Retrofit has been identified, significant risk remains because related architectural, MEP, phasing, testing, access, and operational requirements are still being developed and may materially affect the final scope, schedule, and cost. Accordingly, the current budget balance should not be considered surplus; it must be retained for SPC-4D activities, owner-held certified industrial hygienist (CIH) services, scope changes, and potential change orders to existing contracts within Testing and Inspections. Costs for CIH services and other testing and inspection requirements remain to be determined.

Other Notes:

1 Original Budgets were set at ~4% of Hard Construction costs in 2023-2024 for Special Inspections, IOR fees, and other services in the category.

2 Budgets were under estimated or not comtemplated in original scope at the time of setting budget (i.e. SMRF, MR, MTCAP) budgets.

3 This analysis does not include Façade scope.

4 Refernce to memo for rationale and analysis for recommendation to advance with MatriScope for the project scope.

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