

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, April 12, 2021
OPEN SESSION: 5:30 PM

Location: Remote via ZOOM

[Open Session](#) Via ZOOM

Join Zoom Meeting – Open Session- April 12, 2021

Time: 5:30 PM Pacific Time (US and Canada)

<https://us02web.zoom.us/j/85624756123?pwd=M0FhTzhIV3V3Y1FLMnNwc0VialhHQT09>

Meeting ID: 856 2475 6123

Passcode: 785493

One tap mobile | +16699006833,,85624756123# US
(San Jose)

Office of the Clerk: 510-263-8223

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

- | | |
|--|---------------------------------------|
| I. Call to Order | Michael Williams |
| II. Roll Call | Leta Hillman |
| III. General Public Comments | |
| IV. Adjourn into Executive Closed Session | |
| V. Closed Session Agenda | |
| A. Call to Order | Mike Williams |
| B. Report on Health Care District Trade Secrets | Health and Safety Code
Sec. 32106 |
| C. Potential Litigation | Health and Safety Code
Sec 54957.6 |
| D. Adjourn to Open Session | |
| VI. Reconvene to Public Session | |
| A. Announcements from Closed Session | Michael Williams |

VII. General Public Comments

VIII. Regular Agenda

B. YTD AHS Reporting **INFORMATIONAL**

- ✓ 1) Alameda Health System / Alameda Hospital Update / Status of 2020 Alameda Hospital Seismic Project
ENCLOSURE (pages 4-11) Mark Fratzke, Interim COO
- ✓ 2) Patient Experience **ENCLOSURE (pages 12-16)** Ronica Shelton, VP of Patient Care Services
- ✓ 3) AHS Financials and Budget Update **ENCLOSURE (pages 17-38)** Ann Metzger, VP of Finance
- 4) Alameda Hospital Medical Staff Update Catherine Pyun, DO

C. District & Operational Updates **INFORMATIONAL**

- 1) District Reports
 - a. President's Report Michael Williams
 - ✓ b. Alameda Health System Board Liaison Report
ENCLOSURE (page 39) Tracy Jensen
 - c. Alameda Hospital Liaison Report Robert Deutsch, MD
 - ✓ d. Executive Director Report and Board Updates
ENCLOSURE (pages 40-42) Debi Stebbins

D. Consent Agenda

- ✓ 1) Acceptance of Minutes, February 22, 2021 **ENCLOSURE (pages 43-46)**
- ✓ 2) Acceptance of January and February 2021 Financial Statements **ENCLOSURE (pages 47-60)**

E. Action Items

- ✓ 1) Approval of Recommendation on Distribution of Jaber Funds to Support AHS Capital Equipment Expenditures
ENCLOSURE (pages 61-63) Debi Stebbins
- ✓ 2) Community Advisory Board Update **ENCLOSURE (pages 64-67)** Stewart Chen
- ✓ 3) Proposed FY 2021-2022 District Priorities
ENCLOSURE (pages 68-69) Debi Stebbins
- ✓ 4) Review of FY 2021-2022 Goals: Priorities and Operating Budget for City of Alameda Health Care District and Jaber Properties
ENCLOSURE (pages 70-77) Debi Stebbins

F. June 14, 2021 Agenda Preview

- 1) Acceptance of April 12, 2021 Minutes

G. Informational Items:

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

IX. General Public Comments

X. Board Comments

XI. Adjournment

<p>Next Scheduled Meeting Dates (2nd Monday, every other month or as scheduled) June 14, 2021</p>	<p>Open Session 5:30 PM Remote via ZOOM</p>
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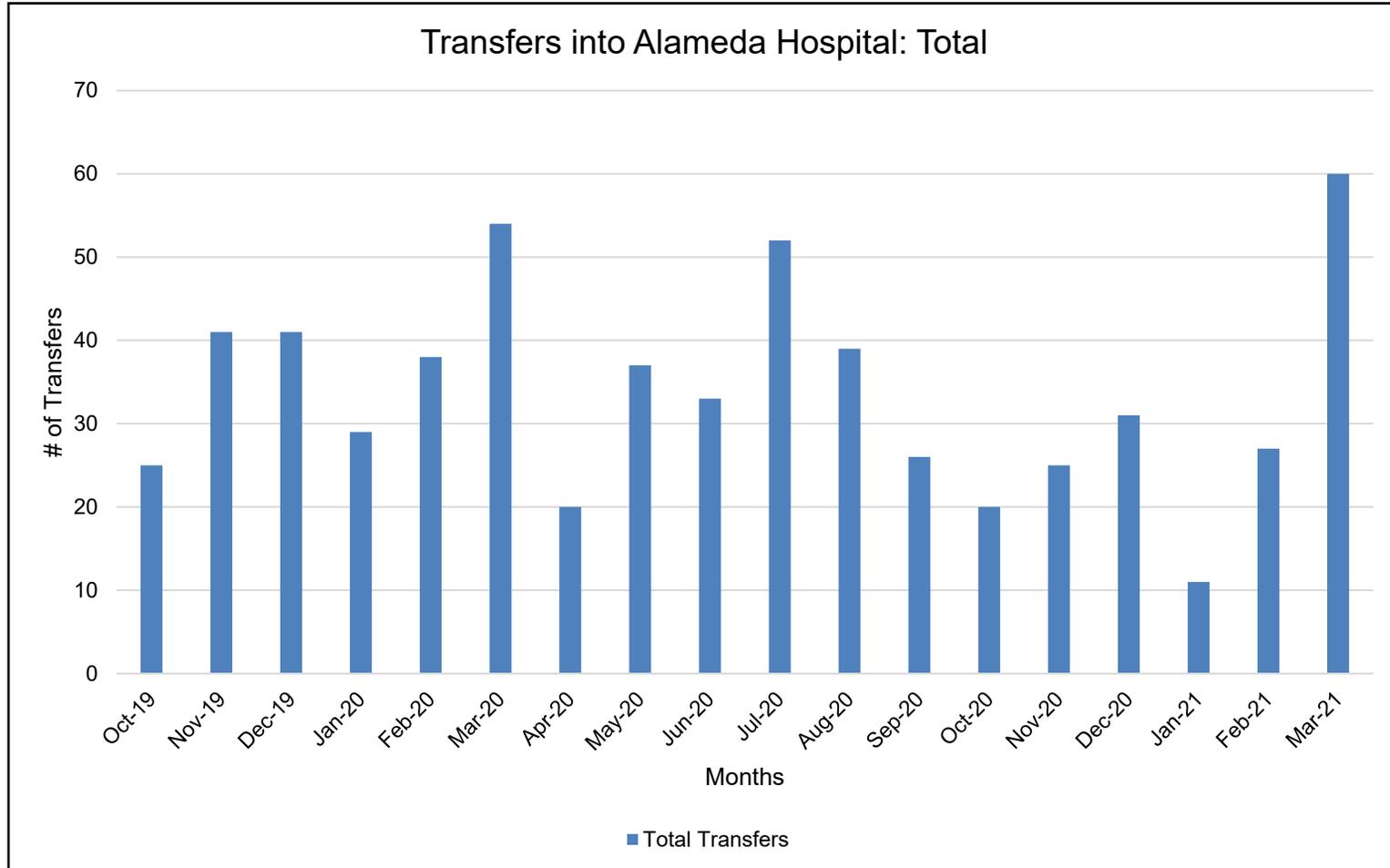
Chief Operating Officer Report



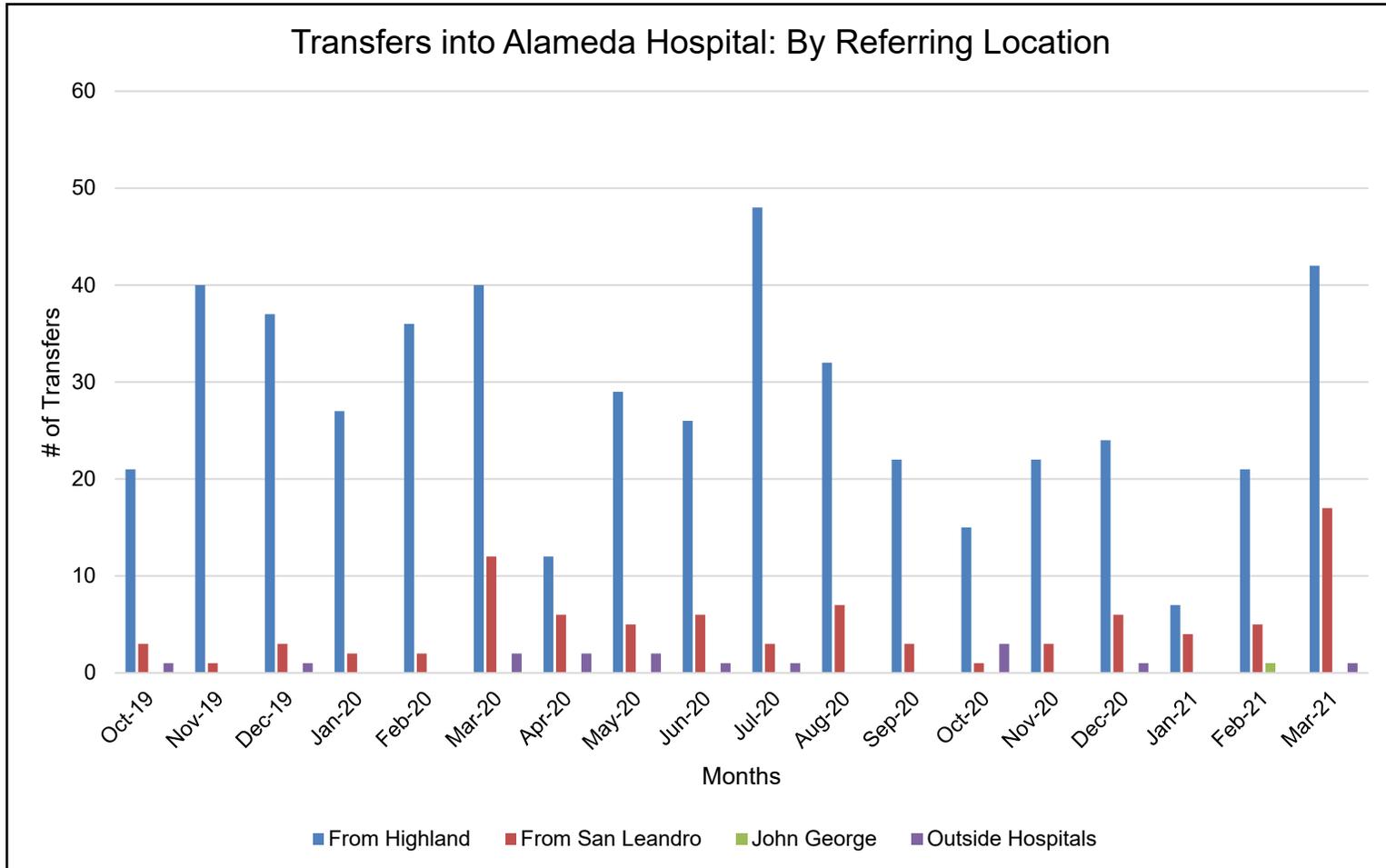
Seismic/Kitchen Relocation Project Update

- \$25,181,000 budget with \$13 million spent thus far
- Kitchen to open mid-June 2021 (soon)
- From June 2021 through October 2021, the bridge connecting a seismically sound building from a non-seismic building will be taken down (part of \$25 mill budget)
- Kitchen will have all new equipment
- Neighborhood zoom week of 4/19 to listen re: concerns/noise

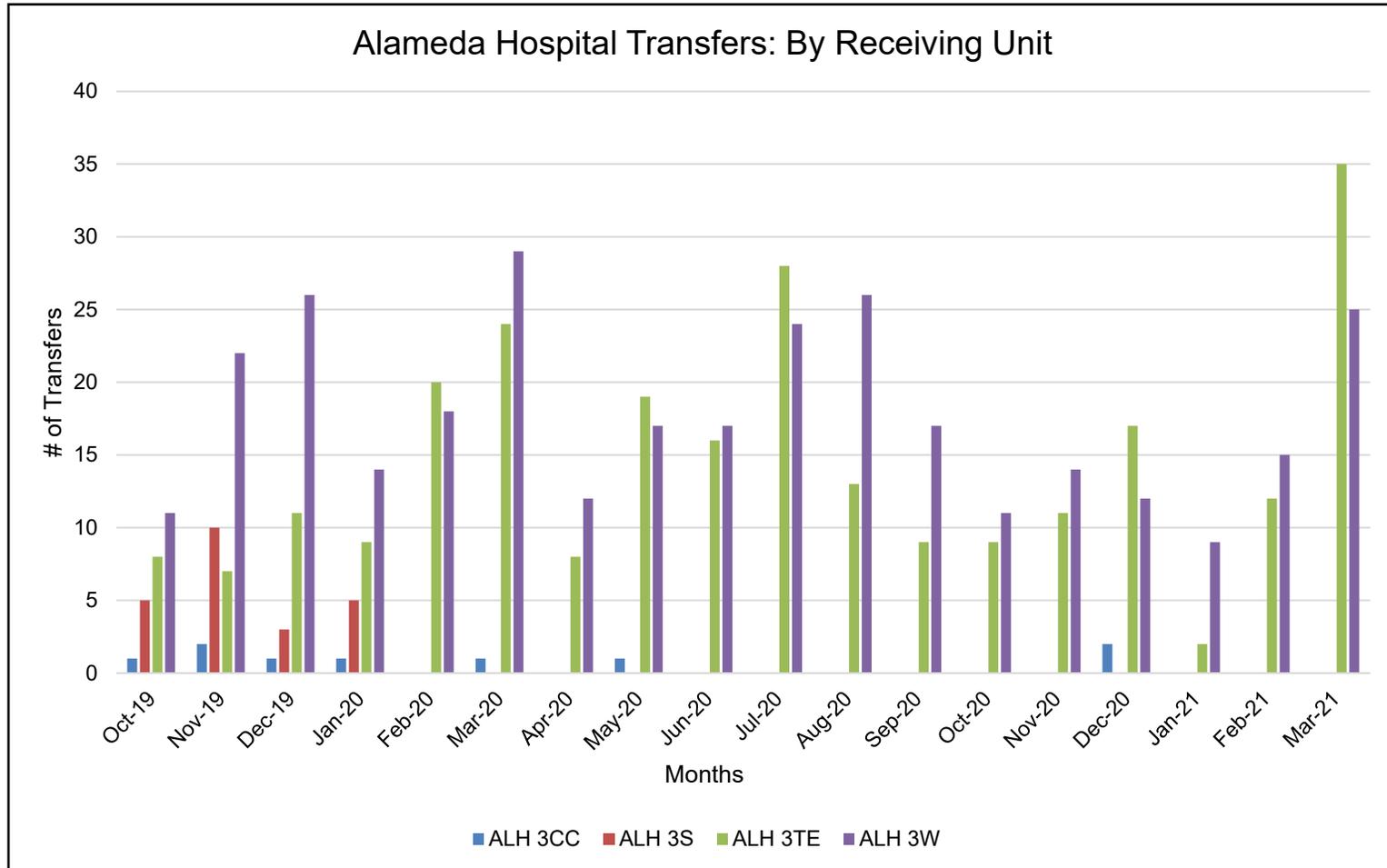
Total Transfers into Alameda Hospital: Oct 2019 – March 2021



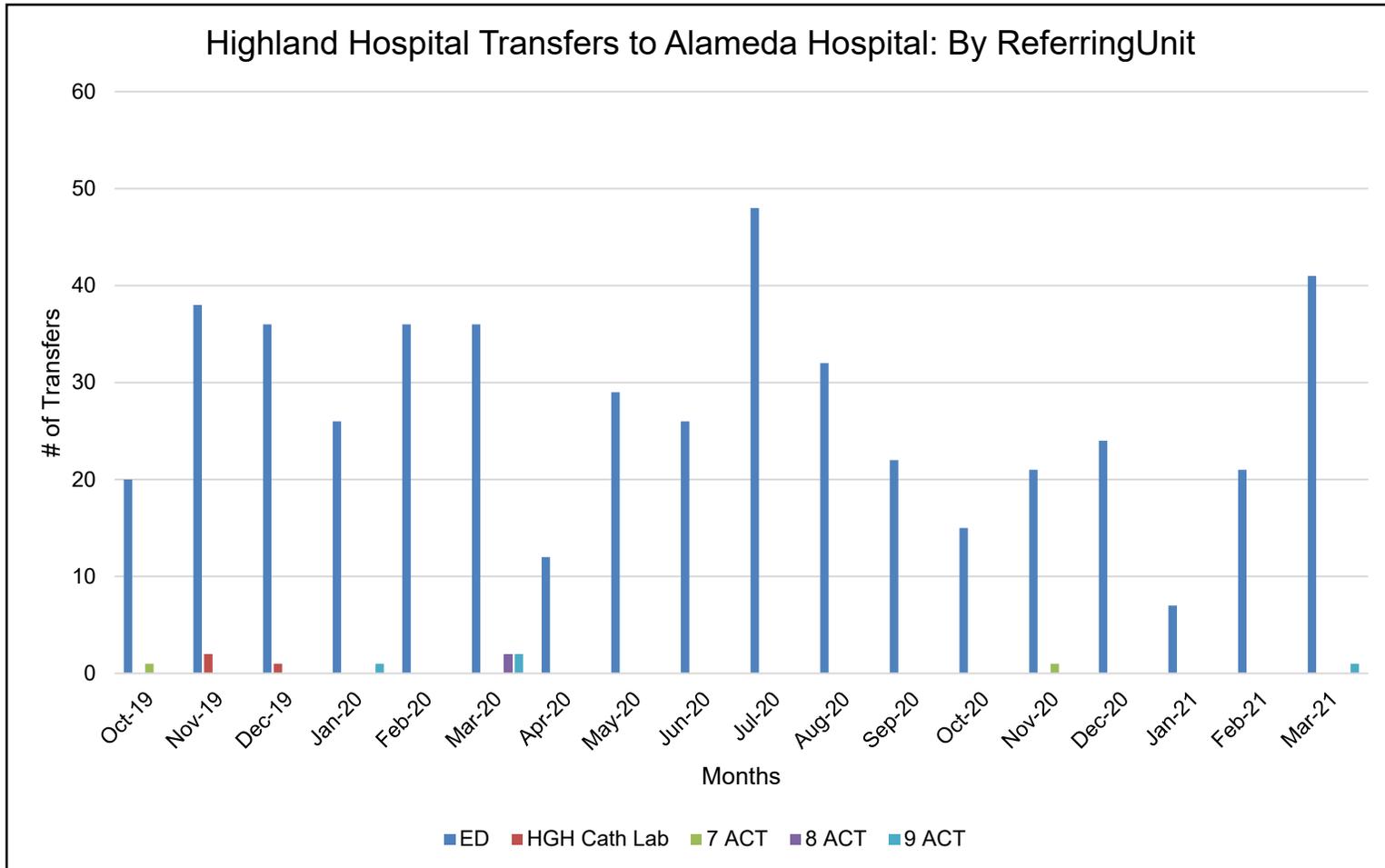
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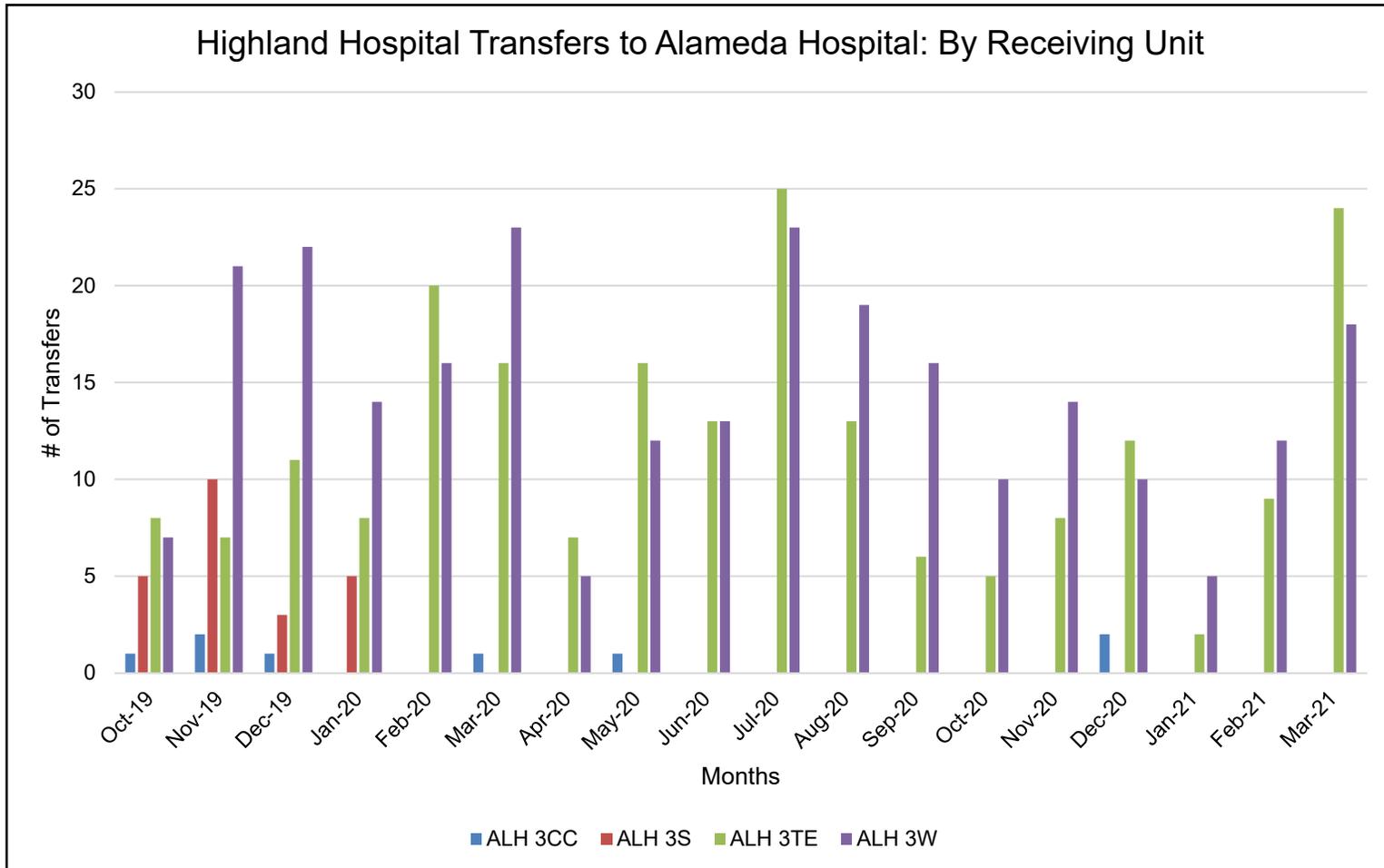
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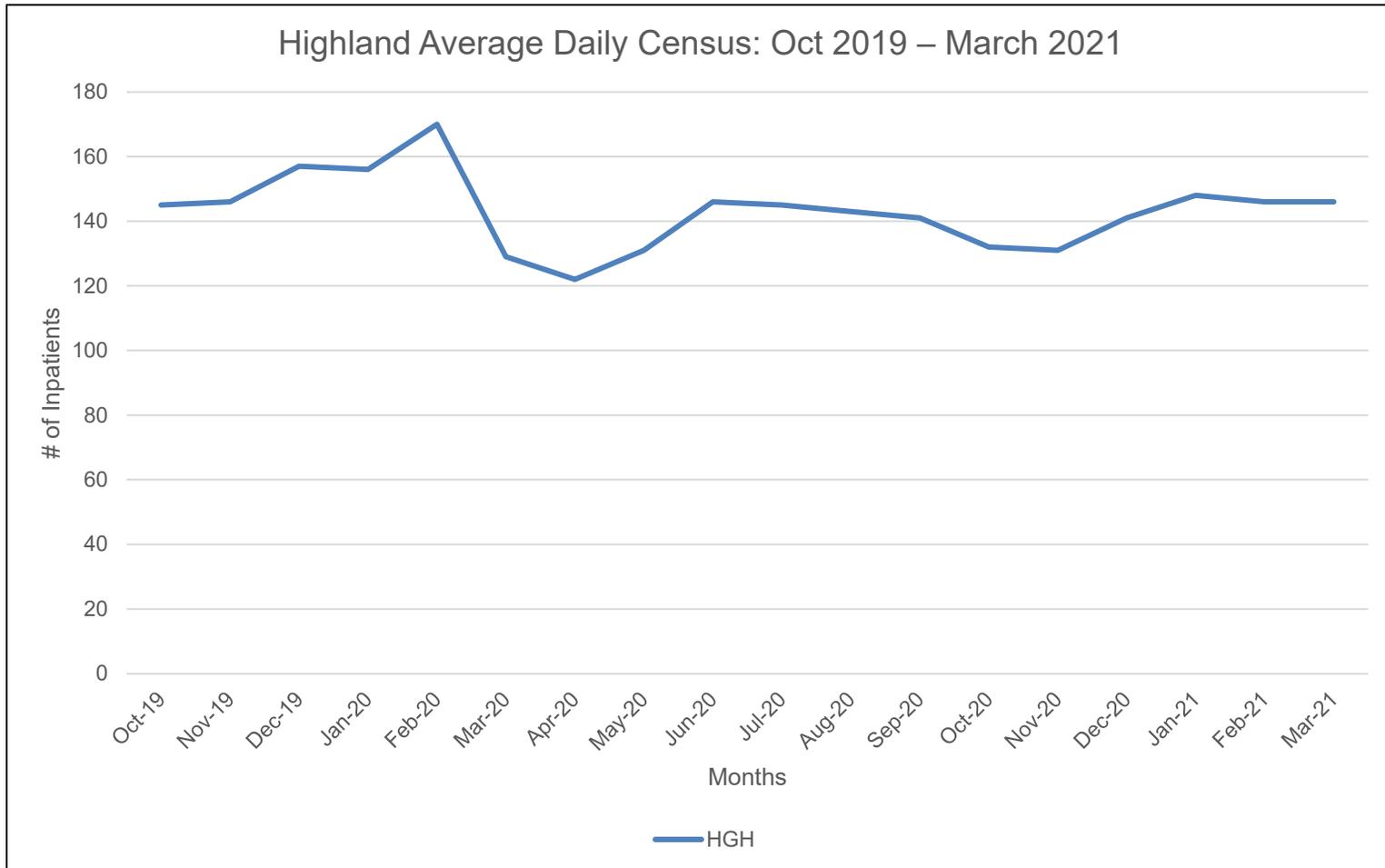
Total Transfers into Alameda Hospital: Oct 2019 – March 2021



Total Transfers into Alameda Hospital: Oct 2019 – March 2021



Highland Hospital Average Daily Census: Oct 2019 – March 2021



Patient Experience Alameda Hospital *Preliminary January 2021 Data*

Patient Experience Data

* = preliminary

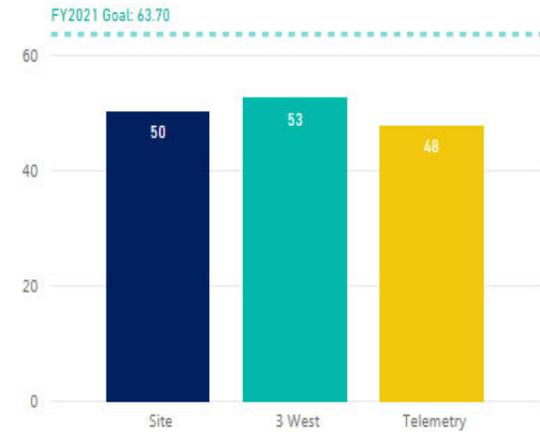
HCAHPS (YTD N=159)	FY21 GOAL	FY20 YTD January *	December Month	January Month*
Rate the Hospital 9-10	63.70	50.44	50.00	52.00
Nurses treat with courtesy/respect	76.10	72.26	76.47	74.67
Call button help soon as wanted it	55.30	55.58	41.38	57.60
Doctors treat with courtesy/respect	79.40	82.08	79.41	90.26
Care Transition	46.10	39.69	37.14	34.83
Hosp staff took pref into account	36.60	34.29	63.64	47.43
Good understanding managing health	46.90	35.84	32.25	37.90
Understood purpose of taking meds	53.50	48.84	47.83	44.91

Rate the hospital 9 or 10

Rate the hospital 9 or 10 by month and site



Rate the hospital top box by site



Year	2020																				2021			
	February		March		April		May		June		July		August		September		October		November		December		January	
	Unit	Top Box	n	Top Box	n	Top Box	n	Top Box	n	Top Box	n	Top Box	n											
Site	67.23	26	68.59	34	61.16	19	39.18	17	52.55	22	44.00	25	41.67	24	62.50	24	51.85	27	51.85	27	50.00	34	52.00	13
3 West	51.85	13	91.75	16	60.50	8	38.00	10	60.50	8	22.22	9	50.00	14	63.64	11	63.64	11	53.85	13	40.00	5	69.43	7
Telemetry	82.62	13	54.25	16	61.64	11	40.86	7	51.85	13	60.00	15	30.00	10	58.33	12	38.46	13	46.15	13	51.72	29	25.00	4

Question: Using any number from 0 to 10, where 0 is the worst hospital possible, what number would you use to rate this hospital during your stay?

Data Review

- *Rate the hospital* slight increase in January but not meeting goal.
- *Doctors treat with courtesy/respect and call light responsiveness* all meeting goal.
- *Nurses treat with courtesy/respect* slight decrease in January.
- Care Transition domain 1 of 3 metrics are meeting goal.

Action Plan

Metrics with opportunity for improvement	Follow-Up Actions	Date of Completion
Rate the Hospital and key drivers	<ul style="list-style-type: none"> • Moving forward with three actions to drive patient experience across AHS. 1. <u>Standards</u> - GIFT is the service standard for the organization and replaces AIDET 2. <u>Build organizational knowledge</u> – implement Patient Experience Boot Camps for all leaders to complete with action plans, metrics and sign off by one-up leadership 3. <u>Daily Work</u> – leaders to integrate patient experience into their daily work practices (audits, monitoring, metrics) • Nurse leaders met with Oliva Kriebel to brainstorm current scores and implement action plans. • Posting and discussion of HCAHPS data and patient comments with staff • Data shared at physician and staff department meetings. Patient comments shared. • <u>ED</u> Patient Experience Council to address patient concerns/issues and improve patient experience. Focus will be Discharge Process. • SMILE board (Safety, Metrics, Issues, Logistics, Encouragement) roll out on all units • Education and roll out of new rounding tool, Sentact, 2/2021 • Planning White Board education 	Ongoing
Care Transition domain-preferences taken into account in d/c planning	<ul style="list-style-type: none"> • Care Transition Managers are focusing on iRounds to support PRIME. 10 rounds per week. 	Ongoing



Alameda District Board Meeting – YTD February
Finance Report
Posted 4/07/2021

Fiscal 2022 Budget Goals and Guiding Principles

Adopted by Board of Trustees

PRACTICAL

Use run rate budgeting to establish a realistic and achievable target, recognizing organizational change and new leadership need time to implement major changes. Develop strategic plan to impact future year budgeting.

EXTERNAL FACTORS

Develop modelling to account for short-term external factors that may not be reflected in baseline, such as COVID contingency, policy changes, new programs.

SUSTAINABLE

Generate sufficient revenue for a **breakeven operating margin**. Cash flow from operation is not expected to be sufficient to pay prior years recoupments from supplemental programs. Engage with the County regarding options to be more structurally sustainable.

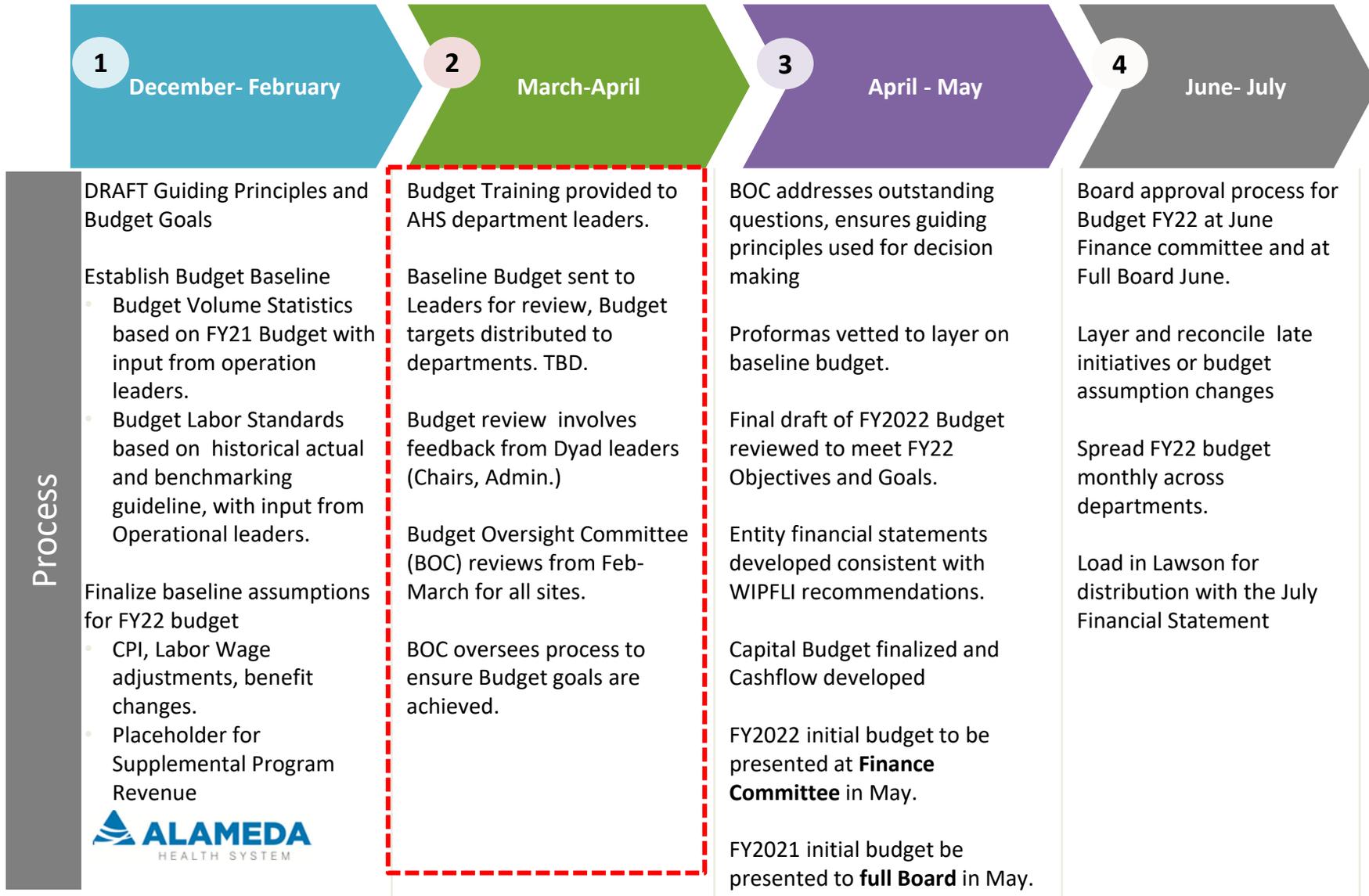
CONTINUOUS IMPROVEMENT

Show continuous improvement in operations over run rate, especially by leveraging technology tools/investments such as Epic and focusing on expense management. Stronger focus from stabilizing in FY21 to improvement in FY22.

Role of Budget Oversight Committee (BOC)

- Decision-making body that oversees the budgeting process.
 - Executes the goals set by Board of Trustees (BOT)
 - Provides the following:
 - Develops and approves global assumptions (Volume, CPI, Labor, contracts, etc)
 - Oversees the Leadership review of cost centers and ensures alignment
 - Determines Strategic initiatives and operational improvement to be built in Budget
- Membership:
 - CEO, COO, CHRO, CFO, CMO
 - FP&A supports the process and executes BOC decisions

FY 2022 Budget Process



Current Financial Status for Budget 2022

	FY22 EBIDA	FY22 Net Income	Notes
<i>Adjusted Baseline Budget</i>	<i>(\$67,000)</i>	<i>(\$163,000)</i>	<i>12 mos ended 2/28/20 pre-Covid trued up for CPI /Wage (Inflation) Adjusted for Supplementals, IT, EBMG</i>
FY22 Budget Changes			
BOS Assumptions:			
Change in Labor; labor hours/UOS	\$26,000	\$26,000	Based new labor standards, w/o vacancies
Non-labor CPI	(\$3,000)	(\$3,000)	Tiered based on Vizient projections
Volume / Gross charge changes	\$20,000	\$20,000	Calculating based on Epic charge data
Wage CPI	(\$14,000)	(\$14,000)	
Benefit package	(\$4,000)	(\$4,000)	Estimated retirement/taxes associated to wage increases
<i>Subtotal</i>	<i>\$25,000</i>	<i>\$25,000</i>	
<i>Manager Edits</i>	<i>TBD</i>	<i>TBD</i>	<i>Currently in progress</i>
<i>Performance Improvement</i>			<i>Work in process, high level estimates used</i>
<i>Subtotal</i>	<i>\$42,000</i>	<i>\$99,200</i>	<i>Target to get to zero</i>
EBIDA Adjustments			
Update GASB-68, GASB-75 (no EBIDA impact)	N/A	\$40,000	Estimate based on 4-year average
Update Depreciation (no EBIDA impact)	N/A	(\$1,200)	Estimate based on annualized FY21
Update Interest	N/A	\$0	Estimate without changes to baseline
<i>Subtotal</i>	<i>\$0</i>	<i>\$38,800</i>	
TOTAL	\$0	\$0	

Represents estimate/projection based on most current information.

Revenue Enhancement & Cost Saving Tactics



Overtime Management

Length of Stay Management

Staff Flexing/Labor Optimization

JGH Improvements

Revenue Cycle Enhancement

Payor Contracts



Dental FQHC

IOP/Wellness model efficiencies

Volume/productivity increases

Contract negotiations

Out of Network HPAC

Foundation restructuring

Vacancies

Break-even Operating Margin for Budget 2022

Current Budget Focus

- Working with managers to review their budget and ensure accuracy
 - Engage to drive accountability and validate budget
- Perform opportunity analysis on every “Balloon” to determine cost/benefit for Revenue Enhancement and Cost Savings Tactics identified.
 - Budget Oversight Committee developing assumptions and achievable targets
 - Selecting initiatives to layer on top of Preliminary Budget
 - Identify leadership champions and gain commitment on targets
 - Build proformas/bridge plans to ultimately be used to communicate progress on initiative and monitor in FY22
- Preparing preliminary budget for April Board of Trustee Retreat
 - Prepare Presentation to share with Leadership and Trustees

- Operating Revenue is unfavorable \$2.8M and 3.3%; YTD unfavorable by \$32.0M and 4.4%
- Operating Expense is unfavorable \$1.5M and 1.8%; YTD favorable \$1.1M and 0.1%
- Net Loss is \$4.6M and below budget by \$4.4M; YTD Net Loss is \$26.6M and below budget by \$30.0M
- EBIDA is negative \$3.2M resulting in a negative EBIDA Margin of 3.9%; below budget by \$4.6M.
- YTD EBIDA is negative \$15.7M resulting in a negative Margin of 2.2%; below budget by \$41.0M.

	February 2021				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 82,564	\$ 85,347	\$ (2,783)	(3.3)%	\$ 699,773	\$ 731,797	\$ (32,024)	(4.4)%	\$ 724,171	(3.4)%
Operating expense	86,938	85,436	(1,503)	(1.8)%	725,228	726,293	1,065	0.1%	726,960	0.2%
Operating income (loss)	(4,374)	(89)	(4,285)	(4824.1)%	(25,456)	5,504	(30,960)	(562.5)%	(2,789)	(812.6)%
Other non-operating activity	(246)	(147)	(99)	(66.9)%	(1,160)	(2,154)	995	46.2%	(1,992)	41.8%
Net Income (loss)	\$ (4,620)	\$ (236)	\$ (4,384)	(1855.9)%	\$ (26,615)	\$ 3,350	\$ (29,965)	(894.5)%	\$ (4,782)	(456.6)%
EBIDA adjustments	1,412	1,636	(223)		10,928	21,958	(11,030)		43,645	
EBIDA	\$ (3,208)	\$ 1,399	\$ (4,607)		\$ (15,687)	\$ 25,308	\$ (40,996)		\$ 38,863	
Operating Margin	(5.3)%	(0.1)%	(5.2)%		(3.6)%	0.8%	(4.4)%		(0.4)%	
EBIDA Margin	(3.9)%	1.6%	(5.5)%		(2.2)%	3.5%	(5.7)%		5.4%	

- Gross patient service revenue is unfavorable to budget by \$12.8M and 4.6% due to lower patient volumes. COVID 19 impact was not included in the FY21 Budget. Some areas are seeing volume increases as reflected in the smaller budget variance in the current month of 4.6% verses the YTD variance of 9.9%.
- NPSR Collection ratio was 16.4%, consistent to budget and the YTD run rate. Budget rate increases are evenly applied in the budget model and realization is expected for the remainder of the year.

	February 2021				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 167,164	\$ 167,411	\$ (247)	(0.1)%	\$ 1,356,390	\$ 1,409,045	\$ (52,656)	(3.7)%	\$ 1,370,397	(1.0)%
Outpatient service revenue	73,734	87,562	(13,828)	(15.8)%	587,537	744,367	(156,830)	(21.1)%	697,511	(15.8)%
Professional service revenue	26,123	24,858	1,266	5.1%	206,471	233,800	(27,330)	(11.7)%	216,632	(4.7)%
Gross patient service revenue	267,021	279,831	(12,810)	(4.6)%	2,150,397	2,387,213	(236,816)	(9.9)%	2,284,541	(5.9)%
Deductions from revenue	(223,306)	(233,835)	10,529	4.5%	(1,798,057)	(1,988,854)	190,796	9.6%	(1,912,644)	(6.0)%
Net patient service revenue	43,715	45,996	(2,280)	(5.0)%	352,340	398,359	(46,019)	(11.6)%	371,897	5.3%
Collection % - NPSR	16.4%	16.4%	(0.1)%		16.4%	16.7%	(0.3)%		16.3%	
Capitation and HPAC	3,955	3,811	144	3.8%	30,065	29,603	462	1.6%	27,174	10.6%
Other government programs	31,789	33,073	(1,285)	(3.9)%	292,562	280,587	11,974	4.3%	303,360	(3.6)%
Other operating revenue	3,105	2,467	638	25.8%	24,806	23,248	1,559	6.7%	21,740	14.1%
Total operating revenue	\$ 82,564	\$ 85,347	\$ (2,783)	(3.3)%	\$ 699,773	\$ 731,797	\$ (32,024)	(4.4)%	\$ 724,171	(3.4)%

- Other government programs are unfavorable to budget by \$1.3M and 3.9%.
 - Medi-Cal Rate Range adjustment \$1.6M
 - County funding for start-up costs for the Covid-19 Quarantine Skilled Nursing Facility \$0.3M.
 - YTD, FY20 County settlement for JGP of \$12.9M was received and accrued as part of the FY20 audit and will be a permanent budget variance for the FY21.

	February 2021				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	43,715	45,996	(2,280)	(5.0)%	352,340	398,359	(46,019)	(11.6)%	371,897	5.3%
Capitation and HPAC	3,955	3,811	144	3.8%	30,065	29,603	462	1.6%	27,174	10.6%
Medi-Cal Waiver	5,541	5,541	0	0.0%	44,328	44,327	1	0.0%	74,067	(40.2)%
Measure A and parcel tax	10,223	10,223	(0)	(0.0)%	83,039	81,788	1,251	1.5%	82,398	0.8%
Supplemental Programs	15,682	17,309	(1,628)	(9.4)%	135,676	154,473	(18,796)	(12.2)%	146,896	(7.6)%
Covid-19	343	-	343	100.0%	29,519	-	29,519	100.0%	-	100.0%
Other government programs	31,789	33,073	(1,285)	(3.9)%	292,562	280,587	11,974	4.3%	303,360	(3.6)%
Grants & Research Protocol	1,386	1,085	301	27.8%	7,606	9,604	(1,997)	(20.8)%	7,177	6.0%
Other Operating Revenue	1,719	1,382	336	24.3%	17,200	13,644	3,556	26.1%	14,563	18.1%
Other operating revenue	3,105	2,467	638	25.8%	24,806	23,248	1,559	6.7%	21,740	14.1%
Total operating revenue	\$ 82,564	\$ 85,347	\$ (2,783)	(3.3)%	\$ 699,773	\$ 731,797	\$ (32,024)	(4.4)%	\$ 724,171	(3.4)%

- Operating Expense was \$86.9M and unfavorable by \$1.5M and 1.8%; YTD favorable \$1.1M and 0.1%.
 - The Labor costs are discussed on next slide.
- Physician contract services are unfavorable \$0.3M and 11.9% driven by AIM Hospitalist coverage and locum fees which began in December for Neurology and Anesthesiology unknown at the time of budgeting.
- Purchased Services approximate budget. YTD is favorable by \$3.5M and 6.5% representing positive variances across many departments consistent with lower volumes.
- Material and Supplies are unfavorable \$0.7M and 8.6% driven by higher pharmaceutical costs which was offset by lower surgery, implant and prosthesis supplies. YTD continues to run negative primarily due to COVID 19 treatment cost for anti-viral drugs, cleaning supplies and lab reagents.
- Facilities are favorable \$0.1M for the month driven by timing of facility repairs; YTD facility repairs (\$879k), Rental Equipment (\$416k), and Utilities (\$285k) are below budget.
- General and Administrative are being managed; timing differences.
 - YTD reflects strike costs for housing, travel, and management fee of \$2.9M partially offset by dividend payment from BETA for \$0.8M.

	February 2021				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 61,867	\$ 61,062	\$ (805)	(1.3)%	\$ 527,842	\$ 527,251	\$ (591)	(0.1)%	\$ 516,302	(2.2)%
Physician contract services	3,246	2,900	(346)	(11.9)%	25,388	24,946	(442)	(1.8)%	57,305	55.7%
Purchased services	6,358	6,333	(25)	(0.4)%	49,694	53,143	3,449	6.5%	51,553	3.6%
Materials and supplies	8,255	7,604	(651)	(8.6)%	62,908	61,798	(1,110)	(1.8)%	55,976	(12.4)%
Facilities	2,632	2,770	138	5.0%	22,342	23,561	1,219	5.2%	21,850	(2.3)%
Depreciation	2,606	2,962	355	12.0%	21,288	21,104	(184)	(0.9)%	12,822	(66.0)%
General and administrative	1,974	1,805	(169)	(9.3)%	15,766	14,489	(1,276)	(8.8)%	11,153	(41.4)%
Total operating expense	\$ 86,938	\$ 85,436	\$ (1,503)	(1.8)%	\$ 725,228	\$ 726,293	\$ 1,065	0.1%	\$ 726,960	0.2%

- Total Labor costs are \$61.9M and unfavorable for the month \$0.8M and 1.3%
 - Salaries and Registry combined are unfavorable (\$0.2M); significant reduction over run rate.
 - COVID related LOAs codes from payroll were lower in February - \$30K and 8.3 FTEs.
- YTD Salaries and Registry combined are unfavorable \$13.1M driven by COVID LOAs (\$8.7M paid through payroll), strike coverage (\$10.4M), and high rates for registry staff. Offset by positive FTE variance.
- Physician wages includes administrative time which was budgeted in Salaries and wages. Overall, physician wages are running slightly higher than budget. YTD, the variance is \$1.0M caused by the PTO accrual.
- Retirement variances are driven by the FY20 Actuarial reports (ACERA); higher investment returns at the measurement date, 12/31/2019, are reducing long term funding requirements creating a credit as the liability on the Balance Sheet is reduced. In September, The Board approved an adjustment to the final budget.

	February 2021				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages	\$ 38,844	\$ 40,218	\$ 1,374	3.4%	\$ 331,832	\$ 339,569	\$ 7,737	2.3%	\$ 321,049	(3.4)%
Salaries and wages (physicians)	5,619	5,063	(556)	(11.0)%	45,516	43,535	(1,981)	(4.6)%	21,307	(113.6)%
Registry	3,295	1,732	(1,563)	(90.2)%	36,285	15,453	(20,832)	(134.8)%	24,931	(45.5)%
Employee benefits (taxes, insurance)	9,933	9,940	8	0.1%	80,981	83,113	2,132	2.6%	74,624	(8.5)%
Retirement	5,631	5,603	(28)	(0.5)%	44,867	47,062	2,195	4.7%	45,729	1.9%
Retirement (GASB-68, GASB-75)	(1,455)	(1,495)	(40)	(2.7)%	(11,639)	(1,482)	10,158	685.6%	28,662	140.6%
Total labor costs	\$ 61,867	\$ 61,062	\$ (805)	(1.3)%	\$ 527,842	\$ 527,251	\$ (591)	(0.1)%	\$ 516,302	(2.2)%
Compensation ratio	74.9%	71.5%	-3.4%		75.4%	72.0%	-3.4%		71.3%	
Paid FTEs	4,598	4,789	191	4.0%	4,593	4,640	47	1.0%	4,287	7.1%

- Days in Cash is timing variance caused by month end and the difference between draws and pay dates.
- AR Days decreased 5.8 days from the prior month. Additional information on next slide.
- Days in Accounts Payable decreased slightly due to timing and available funding. Percent AP Over 60 days at 1.7% is consistent with prior month.
- Net Position deteriorated \$26.3M from June 30, 2020, driven by YTD Loss of \$26.6M.
- Net Negative Balance is consistent with prior month and below FY20 YE.

	Feb-21	Jan-21	FY 2020
Days in Cash	7.3	13.1	3.2
Gross Days in AR	65.5	71.3	66.7
Days in Accounts Payable	22.8	23.3	33.8
% of AP Over 60 days	1.7%	1.6%	1.1%
Current Ratio	1.0	1.0	1.2
Net Position (Fund Balance)	\$ (304,102)	\$ (299,482)	\$ (277,787)
Net Negative Balance (LOC)	\$ 65,839	\$ 63,327	\$ 83,005



Hospital Billing Days in Accounts Receivable and Candidate For Billing



AR Summary - Total AR - Days

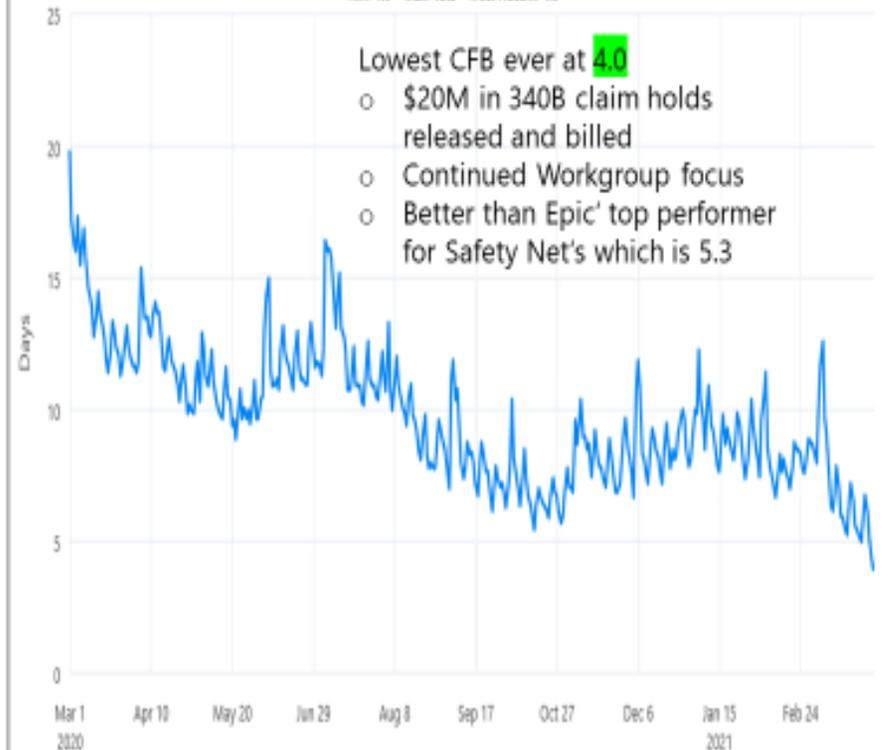
Min: 61.3 Max: 80.3 Most Recent: 61.3



7 Days 14 Days 30 Days 60 Days 90 Days **13 Months** MTD YTD

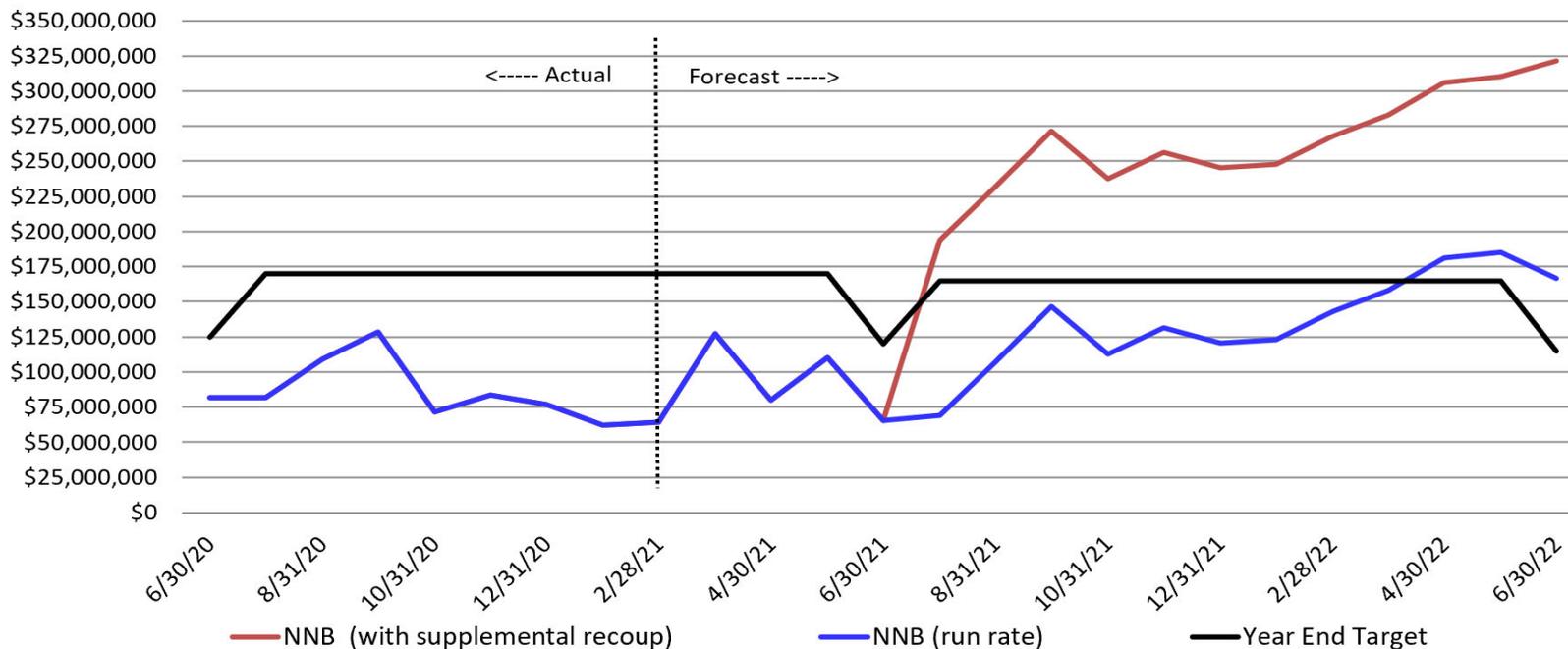
AR Summary - Candidate for Billing - Days

Min: 4.0 Max: 19.8 Most Recent: 4.0



7 Days 14 Days 30 Days 60 Days 90 Days **13 Months** MTD YTD

- Advances in FY20 helped AHS meet the terms of the permanent agreement with the County and positively impacted the NNB balance at 6/30/20 (SNCP - \$15.1M, HPAC - \$16.2M, County Grants - \$0.3M, approval of GME - \$9.5M).
- The FY21 YE NNB Forecast improved by \$24.6M driven by QIP moving from FY22 to FY21, which was partially offset by anticipated higher payroll expenditures for closing SEIU and CNA contracts.
- FY21 Cash Flow Forecast is expected to be below NNB limit (blue line).
 - The forecast is based current run rate of receipts and expenditures from operations.
 - Supplemental revenue is forecasted based on the latest information available.
- PY Recoupments are reflected in the red line and far exceed the NNB Limit.
 - With no new information, the FY10-FY13 Waiver recoupments and Medi-Cal cost report are pushed out in the forecast to the month of July 2021.
 - Physician SPA FY08-FY13 recoupment was delayed until June 2022.



- New table provides more detail on material cash items included in the forecast (County staff request).
 - HPAC amendment for AB85 realignment moved to April.
 - QIP (Jul-19 to Dec-20) moved from FY22 (November) to FY21 (June) based on receipt of DHCS letter requesting IGT in April 2021.
- Overall, the cash flow and NNB forecast is better than expected compared to actual results (YTD EBIDA loss \$15.7M) driven by the following material items.
 - FY09 Waiver Payment -\$7.0M
 - Measure A receipts - \$82.0M YTD and \$4.0M higher than budget
 - COVID Relief received in July, August and January - \$31.7M. Revenue recognized in FY21 is \$28.8M from CARES Act.
 - Reduced CAPEX spending (\$13.1M spend to date; FY21 Capital Budget cashflow - \$60.8M)
 - QIP (Jul-19 to Dec-20) payment, \$31.0M, moved from November of FY22 to June of FY21 based on IGT funding request from DHCS.

	Apr-21	Jun-21	Jul-21	Jun-22
Estimated Waiver recoupment (fy11 - fy15)			(71,602)	
Estimated Medi-Cal FQHC recoupment (fy08 - fy13)			(40,000)	
Estimated Medi-Cal P14 cost report (fy11 - fy15)			(13,201)	
Estimated Physician SPA (fy08 - fy13)				(30,000)
HPAC amendment for AB85 realignment	40,000			5,600
AB915		13,500		
GPP fy21 (quarterly)	20,600			
Medi-Cal Managed Care Rate Range (Jul-19 to Dec-20)		45,000		
QIP (Jul-19 to Dec-20)		31,000		
EPP fy19 (Jan-Jun 2019)	22,000			
	82,600	89,500	(124,803)	(24,400)

- Capital expenditures were approved for \$60.8M and \$13.1M has been processed; running below plan.
- Administrative and clinical leadership met to address critical safety concerns and regulatory issues resulting in the release of \$9.5M in capital expenditures for FY21 4th quarter.

Equipment

Highland Hospital	Surgical instruments, rapid infuser, exam tables, retinal camera, bonchoscope, neuro microscope, and monitors	\$ 1,243
John George Pavilion	CCTV installation	105

Facility

Alameda Hospital	Steris replacement, fire alarm system, roof, and exhaust fan	2,037
Fairmont Hospital	Sewer line, trash compactor, and air conditioning unit	858
Highland Hospital	Floor replacement, washing machines, pneumatic tube system, elevator upgrades, and HVAC/CAV air pressure issues	3,030
San Leandro Hospital	Heating boiler replacement and Code Blue system upgrade	818

Information Systems

System wide	Kronos (employee time and scheduling software), storage refresh, and security monitoring	1,418
		\$ 9,509

Appendix

Volumes

COVID Related Funding and Direct Expenses

February	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
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AHS SUMMARY

ACUTE

Acute Patient Days	8,162	9,090	(928)	(10.2)%	67,440	76,163	(8,723)	(11.5)%	72,933	(5,493)	(7.5)%
Acute Discharges	1,293	1,534	(241)	(15.7)%	11,654	13,257	(1,603)	(12.1)%	12,610	(956)	(7.6)%
<i>Average Daily Census</i>	<i>291.5</i>	<i>324.6</i>	<i>(33.1)</i>	<i>(10.2)%</i>	<i>277.5</i>	<i>313.4</i>	<i>(35.9)</i>	<i>(11.5)%</i>	<i>298.9</i>	<i>(21.4)</i>	<i>(7.2)%</i>
<i>Average Length of Stay</i>	<i>6.3</i>	<i>5.9</i>	<i>0.4</i>	<i>6.8 %</i>	<i>5.8</i>	<i>5.8</i>	<i>-</i>	<i>0.0 %</i>	<i>5.8</i>	<i>-</i>	<i>0.0 %</i>
Acute Adjusted Discharges	1,899	2,326	(427)	(18.4)%	17,108	20,190	(3,082)	(15.3)%	19,243	(2,135)	(11.1)%
Acute Adjusted Patient Day:	11,990	13,780	(1,790)	(13.0)%	99,002	115,996	(16,994)	(14.7)%	111,296	(12,294)	(11.0)%
CMI	1.550	1.453	0.097	7 %	1.514	1.357	0.157	11.6 %	1.357	0.157	11.6 %
ED Visits	6,130	8,025	(1,895)	(23.6)%	53,593	69,422	(15,829)	(22.8)%	69,615	(16,022)	(23.0)%
Trauma Cases	165	221	(56)	(25.3)%	1,809	2,133	(324)	(15.2)%	1,888	(79)	(4.2)%
Observation Equiv Days	95	138	(43)	(31.2)%	806	1,036	(230)	(22.2)%	964	(158)	(16.4)%
PES Equivalent Days	566	1,299	(733)	(56.4)%	4,828	11,386	(6,558)	(57.6)%	7,627	(2,799)	(36.7)%
Surgeries	491	687	(196)	(28.5)%	4,197	6,009	(1,812)	(30.2)%	6,154	(1,957)	(31.8)%
IP Surgeries	271	296	(25)	(8.4)%	2,379	2,797	(418)	(14.9)%	2,926	(547)	(18.7)%
OP Surgeries	220	391	(171)	(43.7)%	1,818	3,212	(1,394)	(43.4)%	3,228	(1,410)	(43.7)%
Deliveries	90	100	(10)	(10.0)%	804	845	(41)	(4.9)%	880	(76)	(8.6)%

SNF

Patient Days	7,190	7,674	(484)	(6.3)%	63,272	66,506	(3,234)	(4.9)%	67,589	(4,317)	(6.4)%
Discharges	36	23	13	56.5 %	272	208	64	30.8 %	228	44	19.3 %
Daily Census	256.8	274.1	(17.3)	(6.3)%	260.4	273.7	(13.3)	(4.9)%	277.0	(16.6)	(6.0)%
<i>Average Length of Stay</i>	<i>199.7</i>	<i>333.7</i>	<i>(134)</i>	<i>(40.2)%</i>	<i>232.6</i>	<i>319.7</i>	<i>(87)</i>	<i>(27.2)%</i>	<i>296.4</i>	<i>(63.8)</i>	<i>(21.5)%</i>

TOTAL CLINIC VISITS

TOTAL CLINIC VISITS	28,655	25,225	3,430	13.6 %	223,061	217,473	5,588	2.6 %	214,191	8,870	4.1 %
Clinic Visits	17,915				128,892				214,191		
Telehealth	10,740				94,169			-			
Physician wRVU	89,698	82,513	7,185	8.7 %	613,434	639,747	(26,313)	(4.1)%	637,756	(24,322)	(3.8)%
Total Adjusted Discharges	1,915	2,374	(459)	(19.3)%	17,092	20,601	(3,509)	(17.0)%	19,405	(2,313)	(11.9)%
Total Adjusted Patient Days	22,124	25,562	(3,438)	(13.4)%	187,336	218,284	(30,948)	(14.2)%	212,399	(25,063)	(11.8)%

Program	Description	Amount
CARES Act Part 1	\$30B nationwide distribution based on Medicare FFS revenue	Received \$10M on April 10, 2020
CARES Act Part 2	Additional \$20B nationwide distribution based on net patient revenue	Received \$4M on April 24, 2020
CARES Act Part 3	\$10B high impact for hospitals with 100+ admission between January 1 to April 10.	Did not qualify: Alameda 1 admission, Highland/San Leandro 18 admissions
CARES Act Part 4	\$200M available via Federal Communications Commission (FCC) for telehealth. Up to \$1M per applicant.	Submitted application for cost of telehealth equipment on April 17, 2020. Notified by America's Essential Hospitals on 7/21/2020 that AHS was not awarded this grant
CARES Act Part 5	\$100M to be used for increased medical supplies, testing and telehealth needs and additional \$1.32B for the prevention, diagnosis, and treatment of COVID-19, plus additional \$583M to expand testing. FQHC clinics were auto awarded based on annual UDS report. Such County wide UDS report includes significant portion of AHS' data.	County awarded \$64K on March 24, 2020 \$751K on April 8 and \$261K on May 7, 2020. AHS and County partnered to provide COVID testing to the Homeless. Agreement was signed on Sep 30, 2020 to reimburse costs up to \$150K.
CARES Act Part 6	\$150B Relief Fund for necessary expenditures incurred due to the public health emergency for local government based on population.	County allocated \$291.63M. Agreement signed 12/17/20 for County to reimburse AHS for Fairmont SNF Quarantine start-up cost up to \$318K.
CARES Act Part 7	Relief fund for SNFs. SNF will receive a fixed distribution of \$50,000, plus \$2,500 per bed	Received \$825,000 on May 22, 2020
CARES Act Part 8	\$4B relief fund for Safety Net hospitals	Waiting for HHS to distribute
CARES Act Part 9	Reconciled payment for providers not filing a Medicare cost report	AHP received \$1M on June 15, 2020
CARES Act Part 10	\$10B high impact for hospitals with 161+ admissions between January 1 to June 10	Received \$8.35M on July 20, 2020
CARES Act Part 11	General Distribution Phase II reconciliation payment to equal 2% of net revenue from patient care	Application submitted Aug 20, 2020. Expect to receive \$5M
CARES Act Part 11	Targeted distribution for Safety Net Hospitals meeting 3 criteria based on FYE 6/30/18 Medicare Cost Report.	Received \$20M on JAN 26, 2021
CARES Act Part 12	Relief fund for SNFs. SNF will receive a fixed distribution of \$10,000, plus \$1,450 per bed	Received \$440,500 on Aug 27, 2020
Subtotal	CARES Act	Received \$44.6M

Program	Description	Amount
Assistant Secretary for Preparedness Response	First round: \$50M nationwide distribution. California Hospital Association (CHA) submitted application for California share of \$4M. Second round: \$100M nationwide distribution. CHA applied for California share of \$10.7M	Received payment for \$25K in MAY 2020 & \$77K in SEP 2020.
CDPH	Grant for outreach and telemedicine for low English proficiency immigrant population	\$20K grant approved. Received payment in June 2020.
United Way of Bay Area	\$1M grant available	Submitted application focused on IT labor cost on May 4, 2020.
IRS	Employer payroll tax credit for employees on leave due to COVID	AHS does not qualify due to being a public employer
FEMA	Federal government will reimburse 75% of cost	AHS is actively looking into apply either separately or together with the County. CAPH has contracted with Ernst & Young to offer group training. AHS has participated in training.
Increased FMAP	For Pre-ACA Medi-Cal FFS inpatient population. 6.2% FMAP increase applied to fiscal quarters impacted.	Received from the State \$382K for JAN-APR 2020 service months, \$615K for MAY-JUL 2020, and \$1.1M for remainder of calendar year 2020.
SNF Rate Increase	SNF/Sub-Acute 10% rate increase effective March 1 for Medi-Cal FFS	Received \$1.5M for MAR-JUN 2020 service months on August 17, 2020. July month of service is paid on the claim.
Medi-Cal Plans	Alameda Alliance announced \$16.6M Health Safety-Net Sustainability Fund	AHS submitted application on May 22, 2020. Awarded \$1.85M or 37% in May cycle, payment received in July. Awarded \$1.05M for June cycle. Program closed.
Subtotal	Non-CARES Act	Received \$6.6M
Total COVID Funding	All programs	Received \$51.2M

COVID-19 expenses from 3/01/20 to 2/28/21 (in thousands)				
	FY 2020 Mar-Jun 2020	FY 2021 Jul-20 to Feb-21	Total	
<u>Directly charged to COVID-19</u>				
Labor costs	\$ 810	\$ 3,901	\$ 4,711	
Purchased Services	234	1,154	1,388	Cleaning and conceige parking services; Work area redesign
Supplies	894	2,415	3,309	PPE and other supplies purchased through non-GPO vendors
Non-medical minor equipment	40	425	465	HEPA air scrubber units
	<u>\$ 1,978</u>	<u>\$ 7,895</u>	<u>\$ 9,873</u>	
<u>Other expenses embedded in dept</u>				
Payroll	\$ 8,007	\$ 8,653	\$ 16,660	COVID-19 specific pay codes
Cleaning Supplies (all campuses)	820	1,084	1,904	amount over prior run rate of \$132k
Linen & Laundry	167	318	485	amount over prior run rate of \$287k
IT Services	330	-	330	assistance with remote access and Epic
IT Equipment	137	-	137	laptops, ipads, and licenses
	<u>\$ 9,461</u>	<u>\$ 10,055</u>	<u>\$ 19,516</u>	
Capital Expenditures	\$ 223	\$ 187	\$ 410	Disinfection technology, Hiflow Respiratory equipment
Total expenditures	<u>\$ 11,662</u>	<u>\$ 18,137</u>	<u>\$ 29,799</u>	

CITY OF ALAMEDA HEALTH CARE DISTRICT

DATE: 4/12/2021
TO: AHCD Board of Directors
FROM: Tracy Jensen

Board of Trustees Update

In January Board Member and Human Resources Committee Chairperson Luisa blue met with me and AHCD ED Debi Stebbins and we toured the Alameda Hospital seismic and dining room project. Trustee Blue has some great ideas for improving the oversight and authority of the HR Committee.

The AHS Board will hold a quarterly retreat on April 30.

In April Chairman Williams, Director Deutsch, Debi Stebbins, and I participated in a meeting to discuss the Community Paramedic Program. Mayor Ezzy Ashcraft, Councilmember Vella, and Acting Fire Department Chief Rick Zombeck shared information about the program, and we all brainstormed about the best uses of the AHCD funding. Mark Fratzke and Dr. Mini Swift discussed AHS post-acute programs for Alameda Hospital patients who are discharged with chronic conditions and a need for regular clinical support. A follow-up meeting will be held later this month.

SYSTEM UPDATES

Soon after his appointment, AHS CEO James Jackson began visiting all clinical sites on a regular basis. These rounding visits are scheduled in advance, with the days/hours shared with staff who are invited to schedule one-on-one meetings with James.

The AHS Chief Human Resources Officer Tony Redmond resigned in early March, and Lorna Jones, J.D. was brought in as the Interim CHRO on March 11. Lorna recently served as the System Director of Labor & Caregiver Relations for PeaceHealth, a not-for-profit health care system with ten hospitals, medical clinics, and laboratories located in Alaska, Washington, and Oregon.

The trend in system wide COVID19 admissions has stabilized, and Alameda Hospital has ranged from 2 to 7 per day over the past month. All AHS acute care sites are seeing leveling off of admissions – not substantial reductions. Since my last report Highland has not had the high census numbers that resulted in *code red* surges when patients could not be admitted from the Emergency Department.

April 12, 2021

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

From: Deborah E. Stebbins
Executive Director

SUBJECT: EXECUTIVE DIRECTOR REPORT

1. Update on New Leadership at Alameda Health System.

Mark Fratzke and I have had two productive meetings since he assumed his position and going forward I will meet with him on a monthly basis. I have been able to bring him up to date on various issues facing AHS and the District, including previous work of the Joint AHS District Seismic Planning Committee. The work of the Committee came to a halt during the transition to the newly appointed AHS Board and I have asked Mark to explore with James Jackson and the new AHS Board of Trustees to consider reconstituting the Committee to continue the seismic response planning. If there is a delay in getting the committee started again, I am recommending the District continue these discussions on our own.

2. Update on Availability of COVID Vaccinations in Alameda

Despite our best efforts, the District was unable to facilitate a development of an additional vaccination site in the City of Alameda due to the prioritization of vaccine distribution to the parts of the County most effected by the incidence of the virus. Alameda continues to have a better than average experience in the incidence of disease, hospitalizations and deaths.

The federal vaccination program that was in place at the Coliseum for a few weeks was by all accounts very efficient and was able to accommodate many Alameda residents. Vaccinations (also from Federal sources) are also available at one CVS store on the island.

3. Status of 2030 Seismic Standards

I have been in contact with both California Hospital Association (CHA) and Association of California Health Districts (ACHD) to follow the progress on renewed lobbying efforts

to amend the terms and timeframe for compliance with the 2030 seismic standards. Note that some of the rationale for amending the standards is based on the acknowledgement most hospitals have or shortly will be in complete compliance with the 2020 seismic standards, which was designed to ensure that buildings would not be at risk for collapse. That being the case, the proposed modifications focus on providing that hospitals surviving a major event would be able to continue to operate essential services, like a functioning emergency department for a 72 hour period following the event.

CHA is taking the lead on the advocacy efforts although for the most part ACHD is in sync with the approach being taken by CHA. We are not a member of CHA since the District no longer operates the Hospital; however I have attached the ACHD Seismic Priorities and Talking Points to give you an overview of the basis for the proposed modifications to the current requirements:

1. Extension of the timeline for compliance by as much as 10 years
2. Limit the requirements to show ability to sustain certain services (e.g. ED) for a specific period of time after a major seismic event
3. Exemption of certain institutions, like single story acute structures (which include many California Critical Access Hospitals (CAH))
4. Streamlining OSHPD Approval processes in order expedite approvals and avoid increasing capital costs due to prolonged approval processes
5. Seek State funding for what heretofore has been an unfunded mandate for California hospitals.

I have joined the ACHD work group of executives that is working on the seismic strategy. I have also volunteered to facilitate meetings with the elected officials we have relationships with to discuss the topic.

CHA's strategy in seeking to amend the 2030 requirements is comprised of pursuing two parallel tracks: a legislative and administrative approach. They are currently working with the state administration to potentially change regulatory requirements through policy changes. At the same time, CHA has facilitated introduction of AB 1464 (Arambula) as a "spot" bill (placeholder) as a strategy to change the requirements on a statutory basis. Presumably depending on how discussions with the administration proceed, the legislative strategy may be dropped. The evolution of these strategies is still in the early stages.

Finally, I am working on a summary of the various aspects of the seismic issues that we can use in the future to educate the officials and the community on how this issue may specifically impact Alameda Hospital and our community.

4. Formation of Community Advisory Committee

Director Chen and I have developed a proposal on the formation of a Community Advisory Committee that is presented as an action item on the April 12 Board agenda.

5. Other Alameda Working Groups

The Mayor's Advisory Panel on Economic Development, of which I am a member, has recently approved a plan on recommendations to the City Council regarding a Recovery Program that will address the needs of those business segments most impacted by the pandemic. I will provide more information to the Board when the date for the presentation to the City Council is scheduled.

The City staff has completed an update of on recommended strategies to address the problems of the homeless in the City of Alameda. The incidence of homelessness in the City has increased significantly in the last year. This trend is relevant to some of the needs that are increasing for use of the community Paramedicine Program

I am also participating in the monthly Governmental Relations and Economic Development Group in the Chamber of Commerce. This group may be an appropriate forum to educate other business leaders in Alameda about the regulatory issues impacting the District. Madlen Saddik, the Chamber Director, has also volunteered to disseminate to the leadership of other Chambers in California that are impacted by the 2030 seismic regulations. ACHD estimates that there may be as many as 25 hospitals that could close by 2030 if the regulations are not changed. At the last meeting of our District-City Subcommittee, Mayor Marilyn Ezzy Ashcraft, requested I send her a list of some of these hospitals so that she may reach out to other Mayors in the State in similarly impacted communities.

City of Alameda Health Care District			Minutes of the City of Alameda Health Care District Board of Directors- Held via ZOOM Open Session Monday, February 22, 2021 Regular Meeting
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Board Members Present:	Legal Counsel Present	Also Present
Tracy Jensen, Robert Deutsch MD, Mike Williams Stewart Chen DC, Gayle Codiga	Tom Driscoll	Debi Stebbins, Leta Hillman

Submitted by: Leta Hillman, Executive Assistant

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 5:30pm by President Michael Williams	
II. Roll Call	Roll had been called prior to the start of the closed session. A quorum of Directors was present.	
III. General Public Comments	No public comments	
V. Regular Agenda		
A. YTD AHS Reporting		
1)	Mark Fratzke introduced himself to the group. Mark was the COO at AHS in 2014 and most recently CEO at Seton Medical Center. His background is in Nursing and he has worked for Kaiser Permanente and The Mayo Clinic and looks forward to supporting the team. - Tracy Jensen requested future updates regarding transfers from Highland to Alameda Hospital - Debi Stebbins requested updates about the relationship between AHS and The County Board of Supervisors	Mark Fratzke, Interim COO
2)	The Finance Committee is developing baseline standards and guiding principles. - Acute patient days below budget by 14.2%. Surgeries are picking up. Clinic visits close to budget.	Kim Miranda, AHS CFO

		<ul style="list-style-type: none"> - EBIDA: - \$2.5m and Net Income of - \$3.9m. YTD EBIDA (cash flow) is - \$25.7m and below budget by \$50.5m. YTD loss is \$34.3m and below budget by \$40.5m. \$20m of CARES Act funds were received in January. Kim provided data on past/in progress and pending funding streams. - Operational Expenses: YTD expenses are \$2.1m to budget. Lower emergency food and shelter were offset by higher laundry costs (COVID-19 related). - December labor costs -\$1.9m due to employees taking advantage of paid leave absences. - Balance Sheet Key Metrics: Gross days in AR improving. Accounts payable is good with vendors being paid timely. Line of credit has been helped with financial assistance from the county. - CMS Price Transparency in CA.- all hospitals must comply by 1/1/2021. AHS completed this and a comparison slide with data from area hospitals was shared. Kim explained that the goal of this is to provide insurance companies and the government with the data of what patient care costs. 	
B. Alameda Hospital Medical Staff Update			
	1)	No report provided	Catherine Pyun, Chief of Medical Staff not present
C. District & Operational Updates			
	1)	District Liaison Reports	
		a. President's Report: No items to report	Michael Williams
		b. Alameda Health System Board Liaison Report: Tracy reported on the installation of the new AHS Board of Directors, AHS staff and leadership changes, facility and vaccine roll-out updates.	Tracy Jensen No action taken.
		c. Alameda Hospital Liaison Report- The beginning of February saw a surge of COVID-19 patients in the ICU (up to 30). This number has since been reduced to 3 patients. Medical staff collected funds to purchase 4 new Ipads for use mainly in the ICU and also for the purchase of 4 ventilators. Windows will be installed in doors in the Telemegy unit. Ronica Shelton confirmed that (24) windows have been ordered. Stewart Chen asked if any of the newer COVID-19 variants have been identified among patients, Dr. Deutsch responded that the hospital currently does not have the capacity to do genotyping. ICU patient care nursing staff ratios remain at 1:1. When needed, additional nurses are brought in.	Robert Deutsch, MD No action taken
		d. Executive Director Report: - Joint Seismic Committee meetings will be restarted, pending the appointment of an additional AHS Board member to the committee. Debi spoke with the VP for Advocacy and Legislation at the CA. Hospital Association: New legislation is that hospitals will need to show their Emergency Departments	Deborah Stebbins No action taken

		<p>can operate within 72 hours after a seismic event. The proposed new deadline is 2037 and to work with the affected unions. True-up distribution to AHS is \$1.25m, after expenses. The Jaber Fund Distribution is typically calculated at 20% of rental income and 20% of the corpus of the assets of the Jaber Fund- this is estimated at \$125,000-\$150,000 and has to be allocated to actual purchased equipment for capital improvements. Debi will work with Mark Fratzke on identifying this equipment.</p> <ul style="list-style-type: none"> - Community Advisory Board: The district wants to engage the community and asked for recommendations for Alameda residents who may wish to participate. - Vaccination Clinic: Vaccines come from the federal government and the county allocation method (from the state). Currently, there are no clinics in Alameda providing vaccination. The reason for lack of clinics is the lack of vaccine supply. The county allocates vaccines based on areas with the highest incidence of COVID- the island of Alameda does not meet this threshold. There is discussion to partner with other cities in setting up clinics, or a way to transport people to other locations. 	
		e. Joint Seismic Planning Committee Report: no report given	Gayle Codiga and Tracy Jensen
D. Consent Agenda			
	1)	Acceptance of Minutes of December 14, 2020 District Board Meeting	A motion was made, seconded and carried to approve the minutes of the board meeting of December 14, 2020
	2)	Acceptance of Financial Statements for November and December 2020	A motion was made, seconded and carried to accept the financial statements
E. Action Items			
	1)	Alameda County Paramedicine Program: Recently, unbudgeted funds were located, allowing the program to continue through the end of June 2021. Debi is recommending that the District fund the program starting in July 2021 at an estimated cost of \$228,000 not to exceed \$250,000 annually. Debi will be speaking with Ronica Shelton regarding Discharge Planning Services and investigating ways for improvement. Dr. Deutsch recommended that data be collected after one year to show measures of effectiveness and how many patients were affected.	Debi Stebbins A motion was made, seconded and carried to try to find additional partners to cover the \$250,000 cost and to support the program up to \$250,000 up to one year.

F. April 12, 2021 Agenda Preview		
1)	Acceptance of February 22, 2021 Minutes	
2)	Acceptance of January 2021 and February 2021 Financial Statements	
3)	Approval of Recommendation on Distribution of Jaber Funds to Support AHS Capital Equipment Expenditures	
4)	Report on Community Advisory Group	
5)	Discussion of budget draft	
Information Items:		
1)	YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)	
VI.	General Public Comments	None
VII.	Board Comments	None
VIII.	Adjournment	There being no further business, the meeting was adjourned at 6:50pm

Approved: _____

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
January 1-31, 2021

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2020	As of 1/31/2021
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,212,789	\$ 2,892,509
Grant and other receivables	298,418	487,696
Prepaid expenses and deposits	6,627	36,589
Total current assets	<u>1,517,834</u>	<u>3,416,794</u>
Assets limited as to use	646,751	734,452
Capital Assets, net of accumulated depreciation	<u>2,623,684</u>	<u>2,513,953</u>
	4,788,269	6,665,199
Other Assets	5,229	3,922
Total assets	<u>\$ 4,793,498</u>	<u>\$ 6,669,121</u>
 Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 34,421	\$ 34,421
Accounts payable and accrued expenses	10,090	3,900
Total current liabilities	<u>44,510</u>	<u>38,321</u>
Debt borrowings net of current maturities	<u>877,568</u>	<u>859,242</u>
Total liabilities	922,078	897,562
 Net position:		
Total net position (deficit)	<u>3,871,419</u>	<u>5,771,558</u>
Total liabilities and net position	<u>\$ 4,793,498</u>	<u>\$ 6,669,121</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 1/31/2021	Budget YTD 1/31/2021	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,887,501	\$ 3,426,582	\$ 3,445,929	(19,347)	-1%
Rents	196,841	110,178	120,995	(10,817)	-9%
Other revenues	15,136	-	292	(292)	
Total revenues	6,099,478	3,536,760	3,567,216	(30,456)	
Expenses					
Professional fees - executive director	130,166	67,904	77,128	9,224	12%
Professional fees	124,198	57,699	338,210	280,511	83%
Supplies	5,399	1,376	5,308	3,933	74%
Purchased services	6,350	250	8,444	8,194	97%
Repairs and maintenance	23,008	8,400	13,565	5,164	38%
Rents	31,880	18,256	16,604	(1,652)	-10%
Utilities	10,811	5,612	8,197	2,585	32%
Insurance	59,728	49,013	34,125	(14,888)	-44%
Depreciation and amortization	190,351	111,038	214,097	103,059	
Interest	52,015	29,666	30,333	667	2%
Travel, meeting and conferences	9,368	8	8,750	8,742	100%
Other expenses	59,214	36,525	168,949	132,424	78%
Total expenses	702,488	385,747	923,710	537,963	
Operating gains	5,396,991	3,151,013	2,643,506	507,507	19%
Transfers	(7,304,490)	(1,250,874)	(2,323,068)		
Increase(Decrease) in net position	(1,907,499)	1,900,139	320,437		
Net position at <i>beginning of the year</i>	5,778,919	3,871,419	3,871,419		
Net position at the <i>end of the period</i>	\$ 3,871,419	\$ 5,771,558	\$ 4,191,857		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 1/31/2021
Increase(Decrease) in net position	\$ (1,907,499)	\$ 1,900,139
Add Non Cash items		
Depreciation	190,351	111,038
Changes in operating assets and liabilities		
Grant and other receivables	223	(189,278)
Prepaid expenses and deposits	8,649	(29,962)
Accounts payable and accrued expenses	(27,948)	(6,190)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(1,736,224)	1,785,747
Cash flows from investing activities		
Changes in assets limited to use	78,558	(87,700)
Net Cash used in investing activities	78,558	(87,701)
Cash flows from financing activities		
Principal payments on debt borrowings	(30,257)	(18,326)
Net cash used by financing activities	(30,257)	(18,326)
Net change in cash and cash equivalents	(1,687,923)	1,679,720
Cash at the beginning of the year	2,900,713	1,212,789
Cash at the end of the period	<u>\$ 1,212,789</u>	<u>\$ 2,892,509</u>

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	As of 6/30/2020	District 1/31/2021	Jaber 1/31/2021	As of 1/31/2021
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 1,212,789	\$ -	\$ 1,212,789	\$ 2,892,509	\$ -	\$ 2,892,509
Grant and other receivables	298,418	0	298,418	487,696	0	487,696
Prepaid expenses and deposits	6,628	(0)	6,627	36,589	(0)	36,589
Total current assets	1,517,834	(0)	1,517,834	3,416,794	(0)	3,416,794
Due To Due From	14,926	(14,926)	0	14,925	(14,925)	0
Assets limited as to use	0	646,751	646,751	0	734,452	734,452
Capital Assets, net of accumulated depreciation	1,695,784	927,900	2,623,684	1,607,870	906,083	2,513,953
	3,228,544	1,559,726	4,788,269	5,039,589	1,625,610	6,665,199
Other Assets	5,229	0	5,229	3,922	0	3,922
Total assets	3,233,772	1,559,726	4,793,498	5,043,511	1,625,610	6,669,121
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	34,421	0	34,421	34,421	0	34,421
Accounts payable and accrued expenses	10,090	0	10,090	3,900	0	3,900
Total current liabilities	44,511	0	44,511	38,321	0	38,321
Debt borrowings net of current maturities	877,568	0	877,568	859,242	0	859,242
Total liabilities	922,079	0	922,079	897,562	0	897,562
Net position:						
Total net position (deficit)	2,311,693	1,559,726	3,871,419	4,145,948	1,625,610	5,771,558
Total liabilities and net position	\$3,233,772	\$1,559,726	\$4,793,498	\$5,043,511	\$1,625,610	\$6,669,121

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 1/31/2021	Jaber 1/31/2021	Actual YTD 1/31/2021
Revenues and other support						
District Tax Revenues	5,887,501	0	5,887,501	3,426,582	0	3,426,582
Rents	0	196,841	196,841	0	110,178	110,178
Other revenues	15,136	0	15,136	0	0	0
Total revenues	5,902,637	196,841	6,099,478.27	3,426,582	110,178	3,536,760
Expenses						
Professional fees - executive director	130,166	0	130,166	67,904	0	67,904
Professional fees	115,022	9,176	124,198	52,223	5,476	57,699
Supplies	5,399	0	5,399	1,376	0	1,376
Purchased services	6,350	0	6,350	250	0	250
Repairs and maintenance	379	22,629	23,008	0	8,400	8,400
Rents	31,880	0	31,880	18,256	0	18,256
Utilities	918	9,892	10,811	181	5,431	5,612
Insurance	55,804	3,924	59,728	49,013	0	49,013
Depreciation and amortization	152,951	37,400	190,351	89,221	21,817	111,038
Interest	52,015	0	52,015	29,666	0	29,666
Travel, meeting and conferences	9,368	0	9,368	8	0	8
Other expenses	55,288	3,926	59,215	33,354	3,170	36,525
Total expenses	615,541	86,947	702,488	341,453	44,294	385,747
Operating gains	5,287,096	109,894	5,396,990	3,085,129	65,884	3,151,013
Transfers	(7,074,714)	(229,776)	(7,304,490)	(1,250,874)	0	(1,250,874)
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	1,834,255	65,884	1,900,139
Net position at <i>beginning of the year</i>	4,099,311	1,679,608	5,778,919	2,311,693	1,559,726	3,871,419
Net position at the <i>end of the period</i>	2,311,693	1,559,726	3,871,419	4,145,948	1,625,610	5,771,558

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 1/31/2021	Jaber 1/31/2021	Actual YTD 1/31/2021
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	1,834,255	65,884	1,900,139
Add Non Cash items						
Depreciation	152,951	37,400	190,351	89,221	21,817	111,038
Changes in operating assets and liabilities						
Grant and other receivables	223	0	223	(189,277)	0	(189,277)
Prepaid expenses and deposits	4,724	3,924	8,648	(29,962)	0	(29,962)
Due To Due From	0	(0)	(0)	0	0	0
Accounts payable and accrued expenses	(27,947)	0	(27,947)	(6,190)	0	(6,190)
Net Cash provided(used) by operating activities	(1,657,666)	(78,559)	(1,736,225)	1,698,047	87,700	1,785,747
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	(0)	(0)	(0)
Changes in assets limited to use	0	78,558	78,558	0	(87,700)	(87,700)
Net Cash used in investing activities	0	78,558	78,559	(0)	(87,700)	(87,701)
Cash flows from financing activities						
Principal payments on debt borrowings	(30,257)	0	(30,257)	(18,326)	0	(18,326)
Net cash used by financing activities	(30,257)	0	(30,257)	(18,326)	0	(18,326)
Net change in cash and cash equivalents	(1,687,923)	(0)	(1,687,923)	1,679,720	(0)	1,679,720
Cash at the beginning of the year	2,900,713	(0)	2,900,713	1,212,789	(0)	1,212,789
Cash at the end of the period	1,212,789	(0)	1,212,789	2,892,509	(0)	2,892,510

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
February 1-28, 2021

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2020	As of 2/28/2021
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,212,789	\$ 2,852,486
Grant and other receivables	298,418	972,529
Prepaid expenses and deposits	6,627	37,360
Total current assets	<u>1,517,834</u>	<u>3,862,375</u>
Assets limited as to use	646,751	734,452
Capital Assets, net of accumulated depreciation	<u>2,623,684</u>	<u>2,505,823</u>
	4,788,269	7,102,650
Other Assets	5,229	3,735
Total assets	<u>\$ 4,793,498</u>	<u>\$ 7,106,385</u>
 Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 34,421	\$ 34,421
Accounts payable and accrued expenses	10,090	5,200
Total current liabilities	<u>44,510</u>	<u>39,621</u>
Debt borrowings net of current maturities	<u>877,568</u>	<u>856,204</u>
Total liabilities	922,078	895,825
 Net position:		
Total net position (deficit)	<u>3,871,419</u>	<u>6,210,560</u>
Total liabilities and net position	<u>\$ 4,793,498</u>	<u>\$ 7,106,385</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 2/28/2021	Budget YTD 2/28/2021	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,887,501	\$ 3,916,093	\$ 3,938,205	(22,111)	-1%
Rents	196,841	113,000	138,280	(25,280)	-18%
Other revenues	15,136	-	333	(333)	
Total revenues	6,099,478	4,029,094	4,076,818	(47,724)	
Expenses					
Professional fees - executive director	130,166	78,988	88,147	9,159	10%
Professional fees	124,198	69,723	386,525	316,803	82%
Supplies	5,399	1,376	6,067	4,691	77%
Purchased services	6,350	2,850	9,650	6,800	70%
Repairs and maintenance	23,008	9,261	15,503	6,241	40%
Rents	31,880	18,256	18,976	720	4%
Utilities	10,811	5,901	9,368	3,467	37%
Insurance	59,728	49,013	39,000	(10,013)	-26%
Depreciation and amortization	190,351	126,901	244,683	117,782	
Interest	52,015	33,485	34,667	1,182	3%
Travel, meeting and conferences	9,368	8	10,000	9,992	100%
Other expenses	59,214	43,319	193,084	149,765	78%
Total expenses	702,488	439,079	1,055,669	616,589	
Operating gains	5,396,991	3,590,014	3,021,149	568,865	19%
Transfers	(7,304,490)	(1,250,874)	(2,654,935)		
Increase(Decrease) in net position	(1,907,499)	2,339,140	366,214		
Net position at <i>beginning of the year</i>	5,778,919	3,871,419	3,871,419		
Net position at the <i>end of the period</i>	\$ 3,871,419	\$ 6,210,560	\$ 4,237,633		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 2/28/2021
Increase(Decrease) in net position	\$ (1,907,499)	\$ 2,339,140
Add Non Cash items		
Depreciation	190,351	126,901
Changes in operating assets and liabilities		
Grant and other receivables	223	(674,112)
Prepaid expenses and deposits	8,649	(30,733)
Accounts payable and accrued expenses	(27,948)	(4,890)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(1,736,224)	1,756,307
Cash flows from investing activities		
Changes in assets limited to use	78,558	(87,700)
Net Cash used in investing activities	78,558	(95,247)
Cash flows from financing activities		
Principal payments on debt borrowings	(30,257)	(21,364)
Net cash used by financing activities	(30,257)	(21,364)
Net change in cash and cash equivalents	(1,687,923)	1,639,696
Cash at the beginning of the year	2,900,713	1,212,789
Cash at the end of the period	<u>\$ 1,212,789</u>	<u>\$ 2,852,486</u>

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	As of 6/30/2020	District 2/28/2021	Jaber 2/28/2021	As of 2/28/2021
Assets						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 1,212,789	\$ -	\$ 1,212,789	\$ 2,852,486	\$ -	\$ 2,852,486
Grant and other receivables	298,418	0	298,418	972,529	0	972,529
Prepaid expenses and deposits	6,628	(0)	6,627	37,361	(0)	37,360
Total current assets	1,517,834	(0)	1,517,834	3,862,375	(0)	3,862,375
Due To Due From	14,926	(14,926)	0	14,925	(14,925)	0
Assets limited as to use	0	646,751	646,751	0	734,452	734,452
Capital Assets, net of accumulated depreciation	1,695,784	927,900	2,623,684	1,602,858	902,966	2,505,823
	3,228,544	1,559,726	4,788,269	5,480,157	1,622,493	7,102,650
Other Assets	5,229	0	5,229	3,735	0	3,735
Total assets	3,233,772	1,559,726	4,793,498	5,483,892	1,622,493	7,106,385
Liabilities and Net Position						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	34,421	0	34,421	34,421	0	34,421
Accounts payable and accrued expenses	10,090	0	10,090	5,200	0	5,200
Total current liabilities	44,511	0	44,511	39,621	0	39,621
Debt borrowings net of current maturities	877,568	0	877,568	856,204	0	856,204
Total liabilities	922,079	0	922,079	895,825	0	895,825
Net position:						
Total net position (deficit)	2,311,693	1,559,726	3,871,419	4,588,067	1,622,493	6,210,560
Total liabilities and net position	\$3,233,772	\$1,559,726	\$4,793,498	\$5,483,892	\$1,622,493	\$7,106,385

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 2/28/2021	Jaber 2/28/2021	Actual YTD 2/28/2021
Revenues and other support						
District Tax Revenues	5,887,501	0	5,887,501	3,916,093	0	3,916,093
Rents	0	196,841	196,841	0	113,000	113,000
Other revenues	15,136	0	15,136	0	0	0
Total revenues	5,902,637	196,841	6,099,478.27	3,916,093	113,000	4,029,094
Expenses						
Professional fees - executive director	130,166	0	130,166	78,988	0	78,988
Professional fees	115,022	9,176	124,198	63,381	6,342	69,723
Supplies	5,399	0	5,399	1,376	0	1,376
Purchased services	6,350	0	6,350	2,850	0	2,850
Repairs and maintenance	379	22,629	23,008	0	9,261	9,261
Rents	31,880	0	31,880	18,256	0	18,256
Utilities	918	9,892	10,811	181	5,720	5,901
Insurance	55,804	3,924	59,728	49,013	0	49,013
Depreciation and amortization	152,951	37,400	190,351	101,967	24,933	126,901
Interest	52,015	0	52,015	33,485	0	33,485
Travel, meeting and conferences	9,368	0	9,368	8	0	8
Other expenses	55,288	3,926	59,215	39,342	3,977	43,319
Total expenses	615,541	86,947	702,488	388,846	50,233	439,079
Operating gains	5,287,096	109,894	5,396,990	3,527,247	62,767	3,590,014
Transfers	(7,074,714)	(229,776)	(7,304,490)	(1,250,874)	0	(1,250,874)
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	2,276,373	62,767	2,339,140
Net position at <i>beginning of the year</i>	4,099,311	1,679,608	5,778,919	2,311,693	1,559,726	3,871,419
Net position at the <i>end of the period</i>	2,311,693	1,559,726	3,871,419	4,588,067	1,622,493	6,210,560

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 2/28/2021	Jaber 2/28/2021	Actual YTD 2/28/2021
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	2,276,373	62,767	2,339,140
Add Non Cash items						
Depreciation	152,951	37,400	190,351	101,967	24,933	126,901
Changes in operating assets and liabilities						
Grant and other receivables	223	0	223	(674,111)	0	(674,111)
Prepaid expenses and deposits	4,724	3,924	8,648	(30,733)	0	(30,733)
Due To Due From	0	(0)	(0)	0	0	0
Accounts payable and accrued expenses	(27,947)	0	(27,947)	(4,890)	0	(4,890)
Net Cash provided(used) by operating activities	(1,657,666)	(78,559)	(1,736,225)	1,668,607	87,700	1,756,307
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	(7,546)	0	(7,546)
Changes in assets limited to use	0	78,558	78,558	0	(87,700)	(87,700)
Net Cash used in investing activities	0	78,558	78,559	(7,546)	(87,700)	(95,247)
Cash flows from financing activities						
Principal payments on debt borrowings	(30,257)	0	(30,257)	(21,364)	0	(21,364)
Net cash used by financing activities	(30,257)	0	(30,257)	(21,364)	0	(21,364)
Net change in cash and cash equivalents	(1,687,923)	(0)	(1,687,923)	1,639,697	0	1,639,697
Cash at the beginning of the year	2,900,713	(0)	2,900,713	1,212,789	(0)	1,212,789
Cash at the end of the period	1,212,789	(0)	1,212,789	2,852,486	(0)	2,852,486

MEETING DATE: April 12, 2021

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

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Recommendation on Distribution from the Jaber Fund to Alameda Health System for Purchase of Capital Equipment for period ending June 30, 2020

Action

Approval of a distribution from the Jaber Fund to Alameda Health System in the amount of \$117,850 for purchase of capital equipment for Alameda Hospital, for the period ending June 30, 2020. An accounting of the proposed use of FY 2020 distribution of Jaber funds in the coming year will be provided by AHS leadership at the April 12, 2021 Board meeting.

Background and Discussion

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

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

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

1. The Jaber Estate bequest provides that: "The Fund shall be used for the purchase of capital equipment directly related to the diagnosis and treatment of patients at Alameda Hospital. Such equipment includes, but is not limited to, machinery and equipment listed below and similar machinery and equipment. This list is given not to limit the types of equipment that I would hope to make available to patients at Alameda Hospital: Diagnostic imaging machinery; surgical equipment, including equipment for the treatment of eye disease; patient monitoring equipment for critical care."
2. The **JPA** Side Letter agreement with Alameda Health System states: "Jaber Properties. District owns two parcels of real property, located at 2711 Encinal Avenue and 1359 Pearl Street (the "Jaber Properties"), that are unrelated to the

CITY OF ALAMEDA HEALTH CARE DISTRICT

day-to-day operation of Alameda Hospital. For the avoidance of doubt, the Parties agree that the Jaber Properties shall not be included on Schedule 2.2 to the Agreement, and, therefore, pursuant to Section 2.2 of the Agreement, District shall promptly pay all tenant rents, proceeds, awards, revenues, and other consideration of whatever form or nature from any and all sources received by District from or attributable to the Jaber Properties (the "Jaber Revenues") to AHS and such Jaber Revenues shall be included in the definition of "Parcel Tax Revenue" (in addition to all other revenues not set forth on Schedule 2.2 to the Agreement) for the purposes of Section 2.2 of the Agreement. ."

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

Contribution for 2015 and 2016	Made 10/9/17	\$283,614	
Contribution for 2017	Made 12/20/17	\$74,017	
Contribution for 2018	Made 7/5/18	\$77,308	
Contribution for 2019	Made 6/16/20	\$152,470	
Recommended Contribution for 2020		\$117,850	

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

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

City of Alameda Healthcare District
 Analysis of Jaber Property
 Distribution History
 FYE 6/30/19

	6/30/2015	6/30/2016	6/30/ 2017	6/30/2018	6/30/2019	6/30/2020
Rents	172,112	181,283	182,808	204,791	199,820	196,841
Expenses	(86,026)	(73,265)	(82,302)	(86,195)	(74,472)	(86,947)
Gains/(Losses)	86,086	108,017	100,505	118,595	125,348	109,895
Cash Assets	\$ 255,304	\$ 328,241	754,413	557,671	725,309	646,752
Due From District	214,567	287,050	(4,480)	(9,374)	(14,925)	(14,925)
Prepaid			3,263	3,263	3,924	(0)
Liabilities						
Balance of the Cash Fund	\$ 469,871	\$615,291	\$ 753,196	\$ 551,560	\$ 714,308	\$ 631,827
Adjustments(retro application of funding)		\$ (111,191)	(233,614)	(283,614)	(77,306)	(152,470)
	\$ 469,871	\$ 504,100	\$ 519,582	\$ 267,946	\$ 637,002	\$ 479,357
20% of Net Rental Income	\$ 17,217	\$ 21,603	\$ 20,101	\$ 23,719	\$ 25,070	\$ 21,979
20% of the cash fund	93,974	100,820	103,916	53,589	127,400	95,871
Limit of Contribution	111,191	122,423	124,017	77,308	152,470	117,850
Contribution for 2015 & 2016	Made on 10/9/17	(111,191)	(122,423)	{50,000}		
Contribution for 2017	Made on 12/20/17		(74,017)			
Contribution for 2018	Made on 7/5/18			(77,306)		
Contribution for 2019	Made on 6/16/20				(152,470)	

April 12, 2021

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

From: Stewart Chen, DC Debi Stebbins
Director Executive Director

RE: **Formation of District Community Advisory Committee**

Recommendation:

Recommendation that the District Board of Directors appoint a Community Advisory Committee comprised of 12-15 community leaders to be chaired by Dr. Stewart Chen, Director, District Board of Directors. The purpose of the Committee would be to facilitate communication with the Alameda community regarding issues and challenges facing the District and Alameda Hospital. The members would agree to serve as a sounding board for District leadership on community response to the District priorities and activities and, where appropriate, assist in disseminating updates on these issues and general trends in health care delivery to the broader community.

Background:

By October, 2021, AHS will complete the project that brings Alameda Hospital in compliance with the 2020 seismic requirements. Henceforth, the JPA calls for initiating the planning to comply with the current 2030 seismic guidelines. This initiative was started in 2020 through the work of the Joint AHS District Seismic Planning Committee; however, progress on this was temporarily suspended at the time the AHS leadership changed in late 2020. In 2020, the pandemic also has resulted in changes the way health care is delivered in all communities, in some cases on a permanent basis. These changes are likely to influence the strategic planning and capitalization of facility development.

The District faces the challenge of both advocating for modifications to the current guidelines as well as addressing possible new directions in programs that will enhance the effectiveness of Alameda Hospital in meeting the health care needs of the community of Alameda as well as contributing both programmatically and financially to the AHS system.

Discussion:

The attached draft letter of invitation will be sent to prospective committee members which will be identified by members of the District Board. It is expected the Committee will meet on at least a quarterly basis beginning in May 2021. A first meeting will include an orientation to the terms of the Joint Powers Agreement as well as an overview of the requirements and implications of the 2030 seismic standards.

DRAFT LETTER TO PROSPECTIVE COMMUNITY ADVISORY COMMITTEE**DATE**

Dear _____

The City of Alameda Health Care District Board of Directors recently approved the formation of a Community Advisory Committee. The purpose of this letter is to invite you, as a leader in and knowledge of the Alameda community, to become a member of the Advisory Committee.

As you are no doubt aware, the Health Care District, which previously governed operations of Alameda Hospital, entered into an affiliation with Alameda Health System (AHS) under a Joint Powers Agreement. Under the affiliation, AHS took over licensure and management of operations at Alameda Hospital. The District Board is responsible for ownership of the real property associated with the hospital, collects annual parcel taxes and ensures that the parcel taxes are limited in use to the provision of hospital and health care to residents of Alameda.

There are a number of issues the District is currently addressing. The current Joint Powers Agreement calls for the District and AHS to work together to develop a plan for meeting new seismic standards for hospital buildings effective in 2030. This year AHS is completing a construction project to ensure compliance with current seismic standards. However, regulations for building standards in 2030 are currently very arduous and projected to place a financial burden for over 200 California hospitals. This financial burden comes on top of the extraordinary financial strain imposed by the pandemic.

One activity to which the District has already committed is active advocacy for legislative relief at the State level in terms of modification of the terms and timeline for new seismic regulations.

In addition, the pandemic accelerated some of the changes in how health care is organized and delivered. For example, hospitalizations may continue to decline and be replaced by outpatient care. Telemedicine will last beyond the pandemic and is likely to change the utilization of all medical care facilities. Given these changes, what will be the impact in terms of how health care is delivered on the island and what facilities will be needed?

The role of the Community Advisory Committee will be to provide a program to strengthen two way communication between the residents and businesses in Alameda and the District in order to make better decisions regarding the organization of health care services and designing facilities that can best meet these needs. We project the Committee will meet quarterly. We hope that you will join us in this new endeavor. If you have questions or comments, please feel free to contact either of us.

Best regards,

Stewart Chen, DC
Member, Board of Directors
City of Alameda Health Care District

Debi Stebbins
Executive Director
City of Alameda Health Care District

April 12, 2021

Memorandum: City of Alameda Health Care District
Board of Directors

From: Debi Stebbins
Executive Director

RE: **FY 2021-2022 District Priorities**

Recommendation: The following District priorities for the work plan and budget for FY 2021-2022 are presented below for Board review, input and approval:

ADVOCACY

Provide active input/support for the modification or amendment to the current 2030 seismic requirements as provided for in SB 1953

Work proactively in lobbying and communicating the positions and strategies of both the Association of California Health Districts (ACHD) and the California Hospital Association (CHA)

Communicate District positions to local and state elected officials and other interest groups, including presentations to the community at large

RELATIONSHIP BETWEEN AHS AND THE DISTRICT

Seek opportunities to educate new AHS Board on the rationale and history of the terms of the Joint Powers Agreement

Reconstitute the Joint AHS District Seismic Planning Committee to address both strategy for complying with or modifying 2030 standards as well as exploring feasibility of facility development at Alameda Hospital

Evaluate new program opportunities with AHS leadership that would enhance the effectiveness of Alameda Hospital in meeting community needs and contribute to the success of AHS as a system.

COMMUNITY ADVISORY COMMITTEE

Establish a District Community Advisory Committee comprised of Alameda leadership (residents, business and government leaders) in order to:

Educate community leaders on the trends and issues confronting health care delivery in Alameda and the Bay Area

Obtain community input on existing and potential programs and services

Discuss how post-pandemic changes may impact the structure and priorities for health care delivery

SUPPORT FOR ALAMEDA COMMUNITY PARAMEDICINE PROGRAM

Participate in efforts to increase the effectiveness of coordination between the paramedicine program and AHS management to improve metrics on repeat use of services by at risk citizens and reduced length of stay and readmissions

Seek sources to augment District funding for the program in FY 2022 and beyond

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: April 12, 2021
TO: City of Alameda Health Care District, Board of Directors
FROM: Debi Stebbins, Executive Director
SUBJECT: Review of proposed FY 2022 General Operating and Jaber Budgets

Action:

Recommendation to accept Fiscal Year Ending June 30, 2021 City of Alameda Health Care District Operating Budget and Jaber Properties Budgets as outlined in Attachments A and B to this memorandum.

Overview:

The proposed budget was prepared in consultation with the District financial consultant, Kelly Hohenbrink, and based on YTD actual expense projections based on year to date actual expenses through February 2021 for the Operating Budget and through December 2020 for the Jaber Properties. The following two budgets, District Operations and Jaber Properties, are presented for your review.

Per the affiliation Joint Powers Agreement (JPA) (Section 2.2 Parcel Tax Revenue), "District shall be permitted to withhold and retain, from the Parcel Tax Revenue an amount equal to the reasonable out-of-pocket costs and expenses actually incurred by the District for its statutorily required services, costs of elections, meetings, strategic planning, insurance, administration and collection of the parcel tax and payment of legal obligations, if any (known or unknown), unrelated to the administration and operation of Alameda Hospital ("District Expenses"); provided, however, that in no event shall the amounts withheld and retained by the District in accordance with the foregoing exceed what is reasonably required for such District Expenses during any fiscal year without prior written approval of AHS."

As one might expect, District expenses were impacted by the COVID-19 pandemic in FY 2021 which impacted how business was conducted in many respects.

Revenue:

Revenue projections are based on estimates from SCI Consulting, the firm that monitors the collection of District parcel tax revenue. Between FY 2020 and FY 2021 tax revenue remained essentially flat. Note that the projected actual revenue is based on

taxes paid to date through December, 2020. The other major installment of the parcel tax occurs each April.

Property tax, including parcel taxes, are governed by the County Tax Collector. Property tax payments do not seem to have been adversely impacted due to the health crisis. However, the District parcel tax (Measure A) was structured under the County's "Teeter" plan, under which the County is obligated to pay the District all taxes due even if they are delinquent to the County. Therefore, we are projecting essentially flat revenue in FY 2022 compared to actual FY 2021.

Expenses:

We have separated out the two key "staff" positions for the District from professional fees. These include the Executive Director at 50% time and the Executive Assistant, for whom we contract with a "registry" (Robert Half) at approximately 50% time. Expenses for this position were lower than budgeted in FY 2021 due to the shelter in place requirements. In order to make the position more attractive we now guarantee use of Leta's services for 20 hours per week through our contractual agreement with Robert Half. The budget projects an increase over projected actual 2021 expenses because the minimum guarantee was not in place until October, 2020. The budget reflects a full year of projected use of an Executive Assistant.

Professional Fees.

Professional fees include payments to our accounting, audit and tax collection consultants which reflect small cost of living increase in FY 2022.

Strategic Planning Consulting. The original budget included \$450,000 for strategic planning. There was discussion at the Joint AHS-District Seismic Planning Committee of the need to project a distribution and rationalization of services within AHS.

A proposal from Kaufman Hall to conduct an analysis of the development of additional programs and services at Alameda Hospital was tabled at the December Board meeting due to the changes in Board and management leadership at AHS and the impact of the pandemic on planning for future health services. Therefore there were no strategic planning consulting expenses incurred in FY 2021.

I have proposed a budget of \$300,000 for Strategic Planning consultation in FY 2022.. This assumes that the Joint AHS-District Seismic Planning Committee is reconstituted and may continue its work to explore program development at Alameda Hospital. It also would cover additional architectural planning that might be required for 2030 seismic planning as well as our continuing lobbying efforts in Sacramento to adjust the current 2030 seismic standards.

Legal fees, which covers expenses to Thomas Driscoll III and Hooper Lundy are projected to come in under the FY2021 budget in part due to delays in advancing

planning initiatives, which often require legal review and input. We are projecting them to return to prior year levels at \$75,000 for FY 2022.

Purchased services is increasing slightly since it includes expenses for the videographer (assuming we resume face to face Board meetings in FY 2022) and also includes \$7000 per year for website maintenance.

Insurance premiums have remained rather stable in all areas but Property (HARPP) coverage, to 52,979 , exceeding our \$40,000 budget by 32%. This is based on information from our broker, Alliant, suggesting that premium increases of 12-20% in premiums are likely next year due to the continued loss of property in California this year. We are projecting a 15% increase in property coverage premiums again in FY 2022 at \$60,925.

Depreciation and Amortization. As a part of the FY 2020 annual audit, our auditor updated our depreciation projections for the building and equipment on which Alameda Hospital operates in a manner that reflected the actual projected life of these assets. As a result the actual depreciation and amortization for FY 2021 has been running significantly below the original budget for this category. Note the budget for FY 2021 was finalized and approved before the completion of the FY 2020 audit. As a result, projected depreciation and amortization for actual FY 2021 and budgeted FY 2022 is \$152, 952, significantly lower than prior years. Since depreciation is a non-cash expense, this adjustment has no impact on the cash expenses of the District or the funds available for distribution each year to AHS.

Interest expenses are projected to remain essentially flat, reflecting declines in interest rates over the last year. The balance on the loan with Bank of Marin is as of the end of February, 2021 is \$890,994 currently at the same interest rate of 5.51% as prior years. The current loan matures in October 2022. The Bank of Marin is interested in extending financing at that time. The interest rates may be lower in 2022 given recent trends in interest rates charged to borrowers.

Travel and Education:

Due to the pandemic, we incurred no travel and education expenses for FY 2021, a positive variance from budget of \$15,000. We are budgeted a more modest \$7,000 for FY 2022 since many organizations are still conducting educational opportunities via zoom rather than in person.

Other Expenses:

The following explains noteworthy changes in the Other Expenses category.

Election Fees.

There were two Board seats up for election in the November 2020 election (FY2021). We had budgeted \$250,000 for election fees in 2020; however, Mike Williams and Dr. Stewart Chen ran uncontested and therefore were not on the ballot, resulting in a

positive variance of \$250,000 from budget. There are no Board seats up for re-election in FY 2022; therefore no election fees are budgeted for next year. In October 2022 (FY 2023) three seats will be up for election.

Dues and Subscriptions include our membership in the healthcare leadership forum, Adaptive Business Leaders (ABL) at \$3500 per year and our \$500 membership in the Alameda Chamber of Commerce. Larger memberships are budgeted separately including the Association of California Health Care Districts (ACHD) for \$8100. We rejoined ACHD in FY 2021 due to the importance of participating in the lobbying efforts they are currently undertaking, along with the California Hospital Association, to amend the 2030 seismic requirements.

District Marketing and Promotions – While very little was spent in FY 2021, \$5000 is budgeted next year to allow for communication support for our Community Advisory Committee activities as well as promotion of our support for the Community Paramedicine program. (see below)

Donations. We have customarily provided donations to AHS, the Alameda Hospital Foundation and Chamber of Commerce events each year. \$10,000 is budgeted in FY 2022 for support of these and other smaller community events.

Community Paramedicine Program: The most significant new expense for the District in FY 2022 is \$250,000 for support of the continuation for one year of the Alameda Fire Department Community Paramedicine Program. Support for the program was approved at the February 2021 District Board meeting. The Executive Director will monitor the performance of the program in concert with AFD and AHS leadership and report regularly on the status of the program to the District Board. The District will also explore other sources of funding for the program to underwrite the costs to the Districts and to establish more permanent funding sources after FY 2022.

In summary, the District Use of Funds are budgeted for FY 2022 at \$1,110,261 which is a significant increase over the projected actual expenses FY 2021 of \$500,949 due the favorable variances in election and strategic planning expenses.

In summary, under the proposed budget the projected funds available for transfer to AHS after appropriate District expenses in FY 2021 will be \$4,769,739, a decrease of \$610,831 from the FY 2021 projected funds available for distribution of \$5,380,570.. This decrease is driven largely by the favorable expense variances this year, but a distribution of \$4,769,739 is also a higher distribution than has been budgeted in prior years. Of course, any budgeted expenses which are not spent in FY 2022 will ultimately be added to the distributions back to AHS.

Jaber Properties Budget

The FY 2022 budget for the Jaber properties remains quite consistent with prior year budget and actual projected expenses for FY 2021. The net revenue (\$226,500) over expenses (\$101,400) is budgeted at \$125,100.

Revenue (rental income) was slightly lower in projected 2021 actual due to our decision to grant six months rent relief to our major retail tenant, a catering company, during the COVID pandemic. Fortunately the tenant, a small Alameda business, resumed rent payments in January 2021 and has weathered the COVID hardship.

The Jaber budget reflects no significant changes in expenses compared to FY 2019. We continue to budget appropriate maintenance expenses due to the age of the properties.

**City of Alameda Health Care District
FY 2021-2022 Proposed Operating Budget**

Attachment A

	A	B	C	D	E	F
		BUDGET FY 2020	BUDGET 2021	YTD ACTUAL 2021 (thru 2/21)	PROJ FY ACTUAL 2021	BUDGET 2022
1						
2						
3	REVENUE AND OTHER SUPPORT:					
4	District Tax Revenues	6,009,468	6,009,468	3,297,025	5,983,234	5,981,689
5	County Commission (1.7%)	-102,161	-102,161	-56,084	-101,715	-101,689
6	NET REVENUE	5,907,307	5,907,307	3,241,861	5,881,519	5,880,000
7						
8	EXPENSES:					
9						
10	EXECUTIVE DIRECTOR PROFESSIONAL FEES	115,000	132,220	88,999	133,498	135,000
11						
12	REGISTRY (EXECUTIVE ASST) .5 FTE (1000 HRS)	75,000	50,500	23,920	40,920	59,800
13						
14						
15	PROFESSIONAL FEES	529,850	482,112	28,118	31,918	333,250
16	Accounting CHW LLP	15,600	16,800	13,000	16,800	17,500
17						
18	Other Consulting Fees					
19	SCI Consulting (tax collection services)	12,750	13,812	13,488	13,488	14,000
20	TCA Partners (financial report filing)	1,500	1,500	1,630	1,630	1,750
21	Strategic Planning	500,000	450,000			300,000
22						
23	LEGAL FEES	75,000	75,000	32,974	60,000	75,000
24						
25	ANNUAL INDEPENDENT AUDIT	10,500	13,500	10,750	13,500	14,000
26						
27	OFFICE SUPPLIES	4,000	4,500	3,000	4,500	4,500
28						
29						
30	PURCHASED SERVICES	7,300	10,900	8,000	8,500	10,000
31	video taping service	7,300	3,900	1,000	1,500	3,000
32	website maintenance		7,000	7,000	7,000	7,000
33						
34	REPAIR & MAINTENANCE	2,500	4,200	0	0	0
35						
36	LEASE 888 WILLOW/1402 Park Street)	28,200	28,464	16,452	23,460	21,336
37						
38	UTILITIES	2,880	4,160	1,074	1,576	1,550
39	Water, garbage, Electric	1,800	1,800	240	240	0
40	Phone Service + Internet	240	240	834	1,336	1,550
41	Internet Service	840	2,120			
42						
43	INSURANCE	48,000	58,500	71,937	71,937	80,425
44	Crime (ACIP)		1,500	1,323	1,323	1,500
45	D & O ISLIP)		17,000	17,635	17,635	18,000
46	Property (HARPP)		40,000	52,979	52,979	60,925
47						
48	DEPRECIATION & AMORTIZATION	367,024	367,024	101,967	152,951	152,951
49	Building	351,197	351,197	96,529	144,793	144,793
50	Equipment	15,827	15,827	5,438	8,158	8,158
51						
52	INTEREST	51,139	52,000	33,485	50,224	50,000
53						
54	TRAVEL & EDUCATION	15,000	15,000	0	0	7,000

**City of Alameda Health Care District
FY 2021-2022 Proposed Operating Budget**

Attachment A

	A	B	C	D	E	F
		BUDGET FY 2020	BUDGET 2021	YTD ACTUAL 2021 (thru 2/21)	PROJ FY ACTUAL 2021	BUDGET 2022
1						
55	Travel		5,000			2,000
56	Education		10,000			5,000
57						
58	OTHER EXPENSES	31,300	290,800	28,000	29,500	286,200
59	Election Year Expenses	0	250,000	0	0	0
60	Dues & Subscriptions					
61	HOA Expenes (888 Willow only)	5,000	3,200	0	0	0
62	Other (ABL Membership, Chamber of C)		5,000	3,500	4,000	4,200
63	ACHD Membership			8,100	8,100	9,000
64	Board Stipends	7,200	4,500	2,600	3,600	3,000
65	District Marketing/Promotions	10,000	10,000	1,800	1,800	5,000
66	Donations (AHS, Foundation, etc)		10,000	7,000	7,000	10,000
67	Community Paramedicine Grant					250,000
68	Other Miscellaneous	9,100	8,100	5,000	5,000	5000
69						
70	TOTAL EXPENSES	1,362,693	1,588,880	448,676	622,484	1,231,012
71						
72	NET REVENUE less TOTAL EXPENSES	4,544,614	4,318,427	2,793,185	5,259,035	4,648,988
73						
74	DISTRICT USE OF FUNDS:					
75	TOTAL EXPENSES	1,362,693	1,588,880	499,660	622,484	1,231,012
76	less DEPRECIATION (non-cash expense)	367,024	367,024	101,967	152,951	152,951
77	PRINCIPAL ON NOTE	31,123	31,000	15,708	31,416	32,200
78	DISTRICT USE OF FUNDS:	1,026,792	1,252,856	413,401	500,949	1,110,261
79						
80	AVAILABLE BALANCE FOR TRANSFER TO AHS:					
81	NET REVENUE	5,907,307	5,907,307	3,241,861	5,881,519	5,880,000
82	LESS: DISTRICT USE OF FUNDS	1,026,792	1,252,856	413,401	500,949	1,110,261
83	AVAILABLE BALANCE FOR TRANSFER TO AHS:	4,880,515	4,654,451	2,828,460	5,380,570	4,769,739

**City of Alameda Health Care District
FY 2021-2022 Proposed Budget - JABER PROPERTIES**

	BUDGET FY 2019	BUDGET FY 2020	ACTUAL YTD THRU 12/31/20	PROJ FY ACTUAL 2021	BUDGET 2022
REVENUE					
RENTS	\$214,953	\$227,850	\$94,059	\$208,110	\$225,000
OTHER REVENUE	\$2,500	\$2,500	\$1,000	\$1,500	\$1,500
TOTAL REVENUE	\$217,453	\$230,350	\$95,059	\$209,610	\$226,500
EXPENSES					
REPAIRS & MAINTENANCE	\$30,000	\$30,000	\$7,309	\$14,618	\$20,000
UTILITIES	\$10,000	\$11,000	\$4,169	\$8,338	\$10,000
INSURANCE	\$5,125	\$5,300	\$7,481	\$7,481	\$9,000
DEPRECIATION	\$37,400	\$37,400	\$18,700	\$37,400	\$37,400
OTHER EXPENSES	\$24,000	\$26,000	\$13,039	\$26,078	\$25,000
Management Fee	\$10,000	\$11,000	\$4,609	\$9,218	\$10,000
Landscaping/Other	\$4,000	\$5,000	\$4,430	\$8,860	\$7,000
Cleaning, Inspection	\$10,000	\$10,000	\$4,000	\$8,000	\$8,000
TOTAL EXPENSES	\$106,525	\$109,700	\$50,698	\$93,915	\$101,400
NET REVENUE OVER EXPENSES	\$110,928	\$120,650	\$44,361	\$115,695	\$125,100