



**PUBLIC NOTICE  
OPEN SESSION @ 5:30 PM**

**OPEN SESSION AGENDA  
MONDAY, MAY 11, 2026 @ 5:30 PM  
LOCATION : CONFERENCE ROOM A**

[Join Zoom Meeting](#)

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

**Meeting ID: 814 2722 9760**

**Passcode: 167990**

**Office of the Clerk: 510-263-8223**

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

## **OPEN SESSION AGENDA**

1. Call to Order

Jeff Cambra,  
President

2. Roll Call/ General Public Comments

Alixandria Williams,  
District Clerk

### **A. GUEST PRESENTATIONS**

1. Alameda Hospital Water Intrusion Update

**ENCLOSURE (Pages 4 - 13)**

Kristen Thorson,  
Porter Consulting

2. SRHRP Grant Program

**ENCLOSURE (Pages 14 - 22)**

Kristen Thorson,  
Porter Consulting

### **B. AHS REPORTS**

1. Alameda Hospital Updates

**ENCLOSURE (Pages 23 - 40)**

Salma Adin,  
VP Patient Care

A. Patient Care Experience

B. Outcome from CT Scanner Breakage Issue

2. Post Acute Services Update

**ENCLOSURE (Pages 41 - 48)**

Richard Espinoza,  
CAO – Post Acute  
Services



## PUBLIC NOTICE

- |   |  |
|---|--|
| 3. AH/ AHS Finance Report<br><b>ENCLOSURE (Pages 49 -53)</b>                | Grace Mesina,<br>Director of Finance     |
| 4. Alameda Hospital Medical Staff Update<br><b>ENCLOSURE (Pages 54 -56)</b> | Dr. Manasa Kalluri,<br>AH Chief of Staff |

### C. DISTRICT AND OPERATIONAL UPDATES

- |  |                                       |
|--|---------------------------------------|
| 1. President's Report  | Jeff Cambra,<br>President             |
| 2. Executive Director's Report<br><b>ENCLOSURE (Pages 57 - 61)</b> | Peter Hohl,<br>Executive Director     |
| 3. Seismic Update<br><b>ENCLOSURE (Pages 62 -78)</b>               | Kristen Thorson,<br>Porter Consulting |
| 4. Alameda Hospital Liaison Report<br><b>ENCLOSURE (Page 79)</b>   | Robert Deutsch,<br>Secretary          |
| 5. AHS Board Liaison Report<br><b>ENCLOSURE (Page 80)</b>          | David Sayen,<br>AHS Liaison           |
| 6. Communications Subcommittee<br><b>ENCLOSURE (Pages 81 -87)</b>  | Jeff Cambra,<br>President             |
| 7. Property Oversight Committee                                    | Jeff Cambra,<br>President             |

### CI. CONSENT AGENDA

- |   |                           |
|---|---------------------------|
| 1. Acceptance of March 9 and April 13, 2026 Meeting Minutes<br><b>ENCLOSURE (Pages 88 - 95)</b> | Jeff Cambra,<br>President |
| 2. Acceptance of February 2026 Financial Statements<br><b>ENCLOSURE (Pages 96 -105)</b>         |                           |

### CII. ACTION ITEMS

- |   |                                   |
|---|-----------------------------------|
| 1. Approval of District Budget for FY 2027<br><b>ENCLOSURE (Pages 106 -114)</b> | Peter Hohl,<br>Executive Director |
|---|-----------------------------------|



## PUBLIC NOTICE

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|--|--|
| 2. Approval of Offsite Parking Contract for 2030 Seismic Project<br><b>ENCLOSURE (Pages 115 - 124)</b> | Kristen Thorson,<br>Porter Consulting      |
| 3. Approval of Partial Distribution of Parcel Tax to AHS<br><b>ENCLOSURE (Page 125)</b>                | Peter Hohl,<br>Executive Director          |
| 4. Approval of Annual Audit Engagement<br><b>ENCLOSURE (Pages 126 -132)</b>                            | Peter Hohl,<br>Executive Director          |
| 5. Mutual Indemnification Certification<br><b>ENCLOSURE (Pages 133 -135)</b>                           | Tom Driscoll,<br>District Legal<br>Counsel |
| 6. Seismic Scope Change<br><b>ENCLOSURE (Pages 136 - 138)</b>  | Kristen Thorson,<br>Porter Consulting      |
| 7. Resolution 2026 - 01 Adoption of Annual Parcel Tax Levy<br><b>ENCLOSURE (Pages 139 -140)</b>        | Peter Hohl,<br>Executive Director          |
| 8. Resolution 2026 - 02 Extension of Spending Authority<br><b>ENCLOSURE (Pages 141 - 142)</b>          | Peter Hohl,<br>Executive Director          |
| 9. Resolution 2026 -03 Notice of Elections<br><b>ENCLOSURE (Pages 143 -144)</b>                        | Peter Hohl,<br>Executive Director          |

### **A. NEXT MEETING DATE/ PREVIEW**

1. July 13, 2026 @ 5:30 pm
2. Acceptance of May 11, 2026 Minutes
3. Acceptance of March – May 2026 Financial Statements
4. Approval of Seismic Project General Contractor

# ALAMEDA HOSPITAL WATER INTRUSION INVESTIGATION

Presented at  
City of Alameda Health Care District  
Board of Directors Meeting  
May 11, 2026

**RDH**



# Overview

## ISSUE

Recurring water intrusion observed in multiple areas of the South Wing and Radiology Addition  
Potential risk to seismic and operational upgrade projects  
Need to identify root causes and define strategy to address

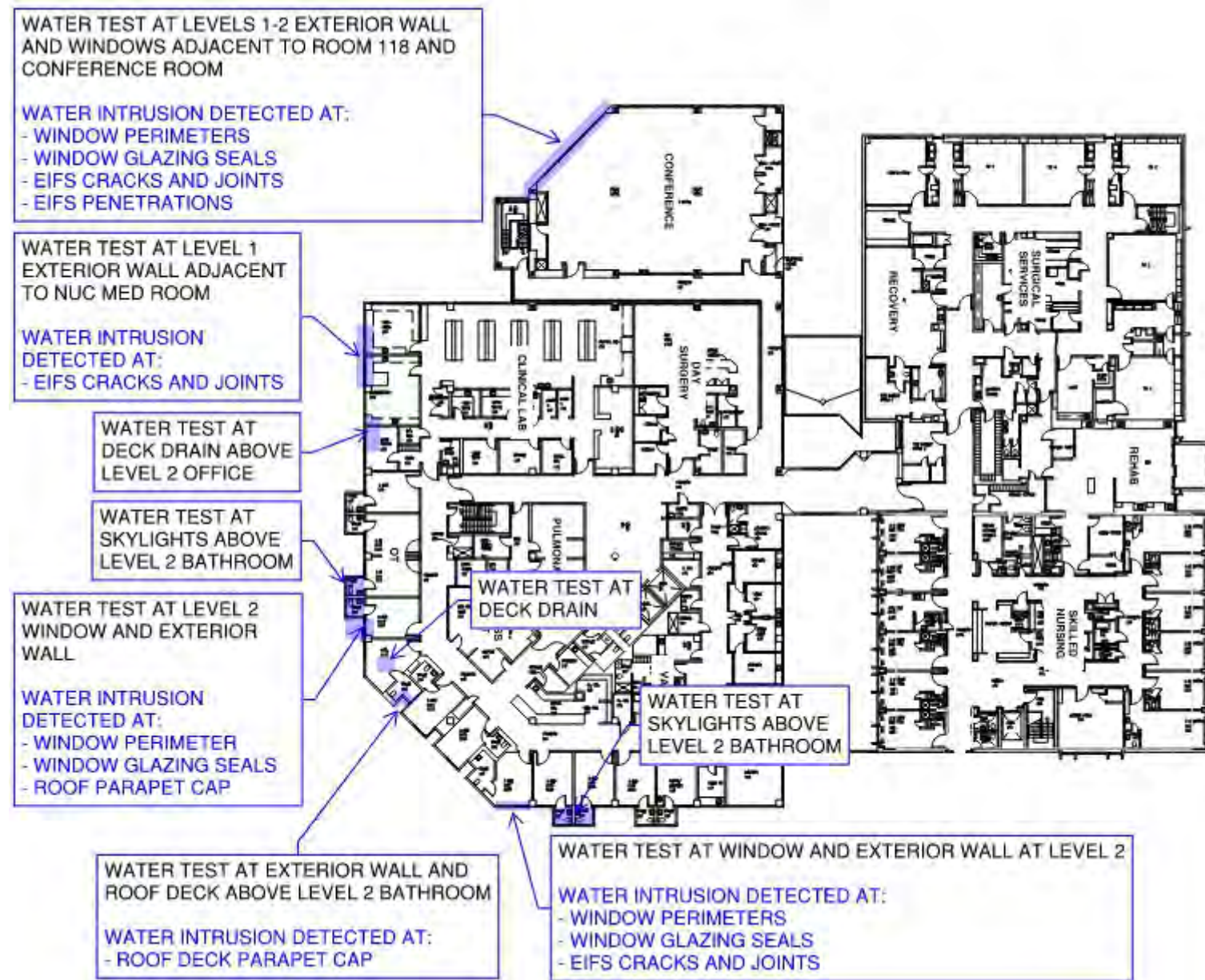
## WHAT WE DID

Engaged building envelope specialists (RDH) to perform targeted investigation  
Reviewed key assemblies: EIFS walls, windows, roof areas, decks, and transitions  
Conducted field observations & targeted water testing of representative locations across affected areas

## What we found

Deficiencies in face-sealed EIFS wall systems (limited water management capability)  
Vulnerabilities at windows, roof transitions, and deck-to-wall connections  
Localized detailing issues contributing to water penetration  
Investigated areas representative of broader system conditions

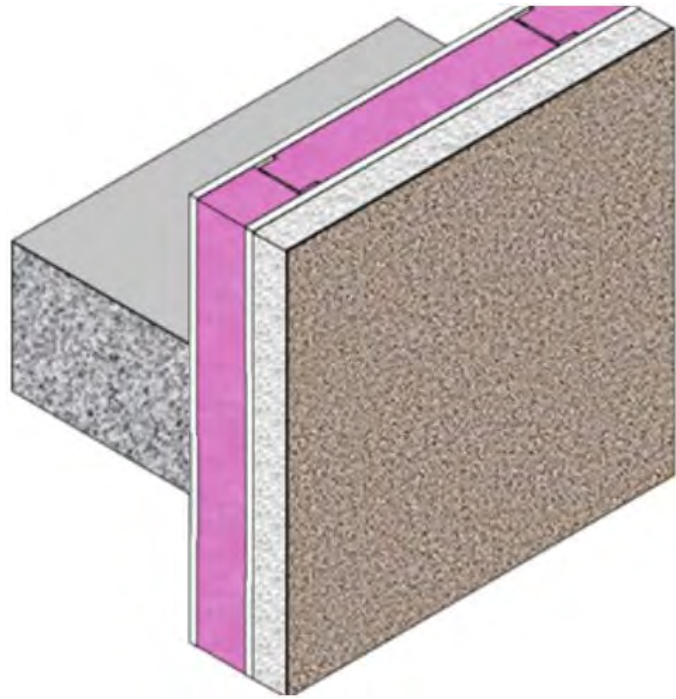
# AREAS OF INVESTIGATION



# EXTERIOR ASSEMBLIES

**RDH**

# EIFS-CLAD EXTERIOR WALLS

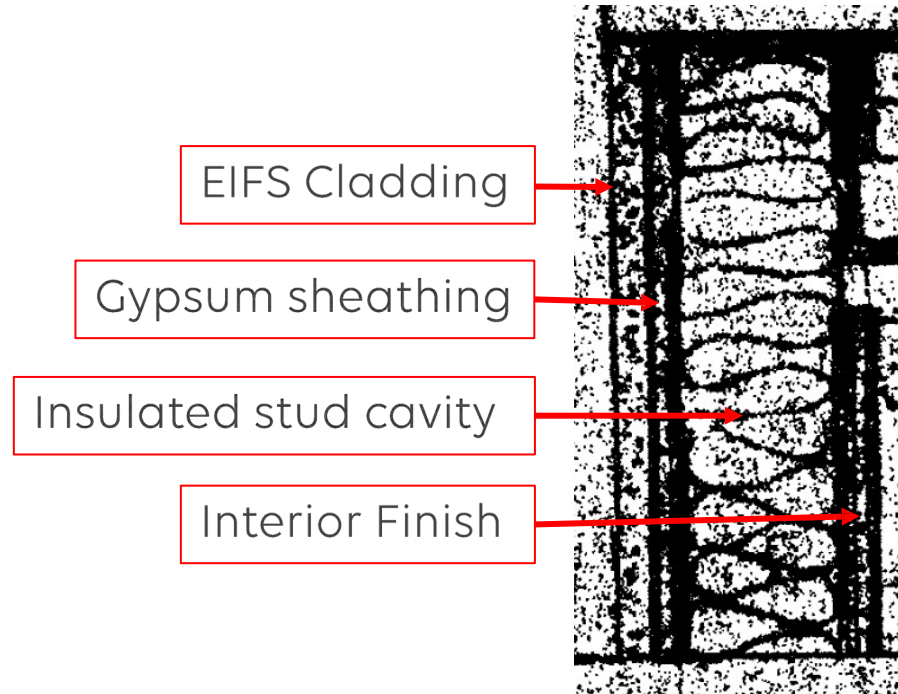


## Concept Sketch – Existing Face-Sealed EIFS Wall Assembly

Exterior

- EIFS Lamina (brown)
- EIFS Exterior Insulation (grey)
- Gypsum Sheathing (White)
- Insulated Stud Cavity (pink)
- Interior Finish (white)

Interior



## Architectural Detail – Existing Face-Sealed EIFS Wall Assembly

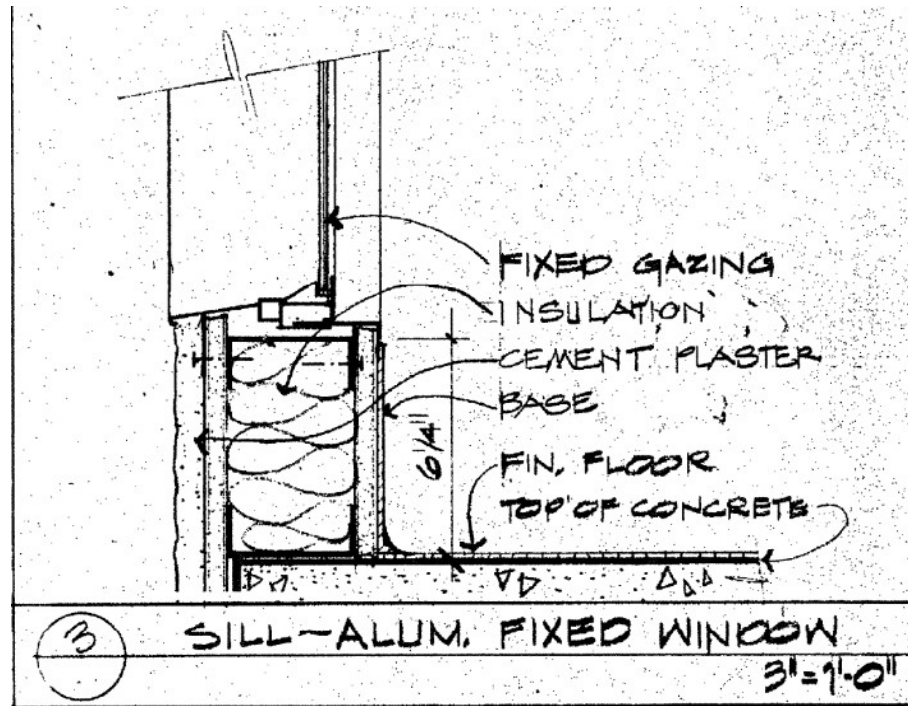
Architectural detail showing the typical exterior wall assembly with EIFS cladding, gypsum sheathing, and an insulated stud cavity.



## Overview – Existing EIFS at South Wing

Face-sealed EIFS is the primary cladding at the South Wing. The existing EIFS is an undrained barrier system, meaning water that bypasses the EIFS does not have a designated route to drain.

# PUNCHED WINDOWS



## Architectural detail – Fixed Window Sill

Architectural detail showing typical detailing at fixed window sills. The Architectural details do not indicate waterproofing in the rough opening.



## Multi-Lite Slider Windows

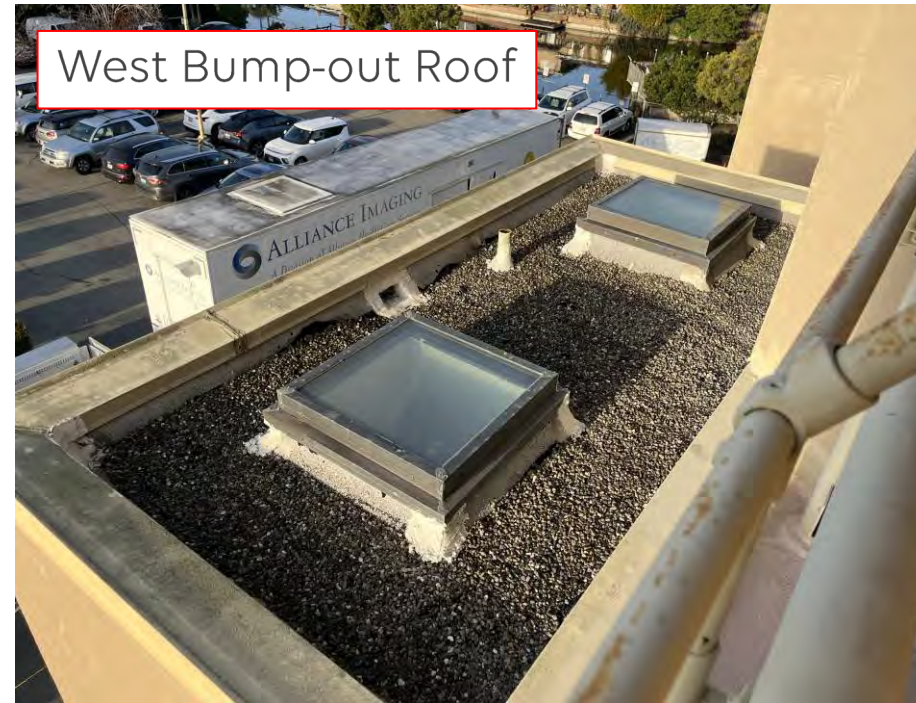
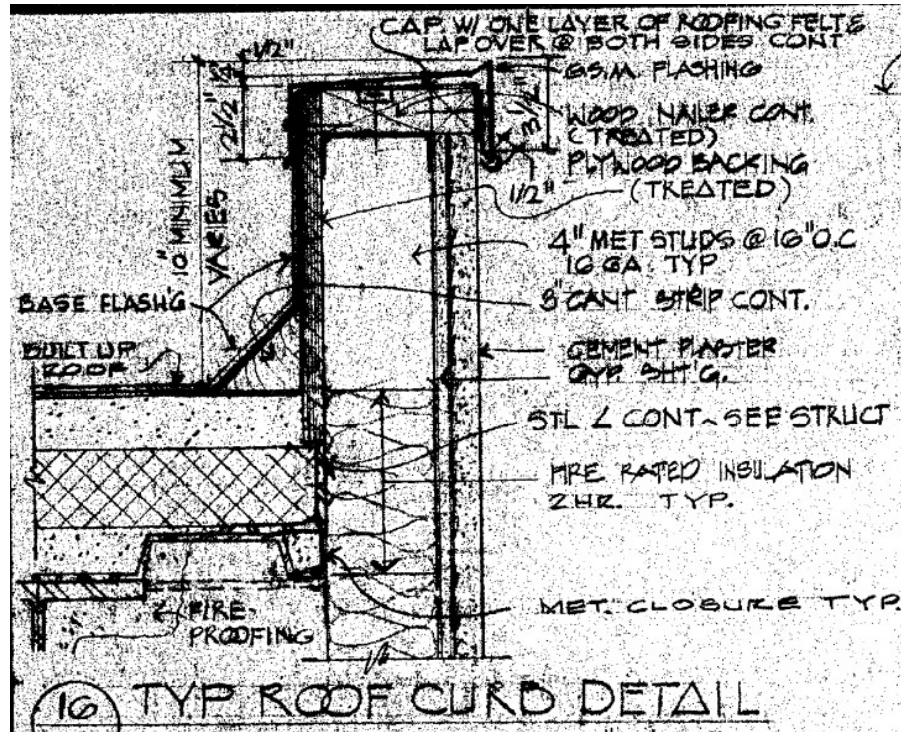
Aluminum-framed windows with two fixed lites and one operable slider lite (Occupational therapy room)



## Dual-Lite Fixed Windows

Aluminum-framed windows with two fixed lites (Radiology Addition conference room)

# LEVEL 3 BUMP-OUT ROOFS AND SKYLIGHTS



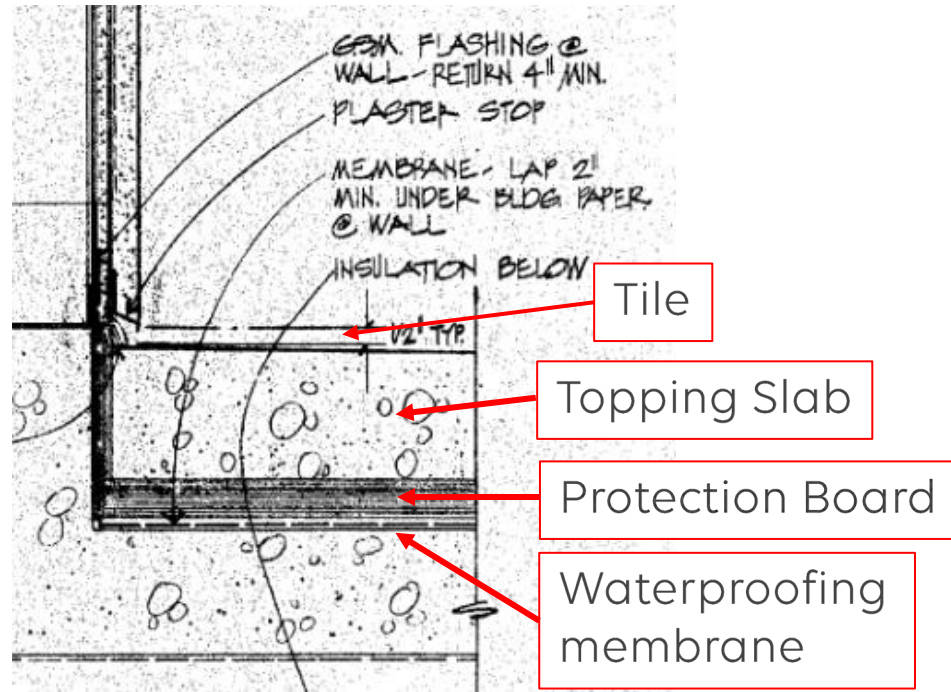
## Architectural Detail – Roof Assembly

Architectural detail showing the typical roof assembly with built-up roofing membrane, topping slab, and exterior insulation.

## Overview – Bump-out Roofs and Skylights

The existing level 3 bump-out roofs include built-up roofing membrane with a rock ballast overtop. Seams and penetrations in the roofing are detailed with fluid-applied membrane. There is both an integral drain and a scupper at each roof. The perimeters include a low parapet capped with metal flashing. Two skylights are set on curbs over the roofing at each bump-out.

# LEVEL 3 DECKS



## Architectural Detail – Level 3 Deck Assembly

As-built architectural detailing showing the typical level 3 deck assembly with tile surfacing, a topping slab, protection board, and a concealed waterproofing membrane over concrete deck.



## Overview – Level 3 Deck with Tile

The existing deck is surfaced with tiles set into bonding mortar over a concrete topping slab. There is an existing concealed waterproofing membrane below the topping slab. Additional fluid-applied membrane is installed over the deck surface around drains and near the exterior edge. The existing drains route water to interior drain pipes.



## Overview – Deck-to-Wall Transition

There is a sheet metal capped low parapet at the exterior edge of the level 3 deck. Fluid-applied membrane is installed adjacent to the deck edge and upturned onto the parapet cap flashing.

# SUMMARY

LOCATION	OPTION	RECOMMENDATIONS
EIFS Cladding	Option 1 (RDH Preferred)	Full replacement of the existing EIFS with a new drained EIFS system. Note that this option may be completed in a phased approach.
	Option 2 (Short Term)	Targeted rehabilitation of the existing EIFS system to limit the amount of water that bypasses the existing face-sealed barrier system.
Windows	Option 1 (RDH Preferred)	Full replacement of the existing windows with new thermally-broken aluminum-framed windows. Note that this option may be completed in a phased approach.
	Option 2 (Short Term)	Targeted rehabilitation of the existing windows and wet-sealing over the existing glazing joints and gaskets, to form a face-sealed barrier system.
Skylights	Option 1 (RDH Preferred)	Full replacement of the existing skylights with new thermally-broken aluminum-framed skylights.
	Option 2 (Short Term)	Targeted rehabilitation of the existing skylights and wet sealing over the existing glazing joints and gaskets, to form a face-sealed barrier system.
Bump-Out Roofs	Option 1 (RDH Preferred)	Replacement of the existing roofing within the next 3 – 5 years with a new 2-ply SBS roofing system.
	Option 2 (Value Engineering)	Replacement of the existing roofing within the next 3 – 5 years with a new single-ply TPO or PVC roofing system.
Decks	Option 1 (Concealed membrane)	Remove the existing deck surfacing, including tile and concrete topping slab, and install a new concealed waterproofing membrane. Replace the deck surfacing per architectural intent.
	Option 2 (Exposed Membrane)	Rehabilitate the existing deck surfacing (tile and mortar repair) and install a new trafficable waterproofing membrane over the tile surface.
Parapet Caps – Bump-Out Roofs and Decks	Option 1	Remove the existing parapet caps and install a new parapet cap waterproofing membrane.

**Note:** While only select areas of the building enclosure at the South Wing and the Radiology Addition were investigated as part of this assessment, we consider the areas that we investigated to be representative of the typical building enclosure systems at the South Wing and the Radiology Addition. As such, we recommend installing systematic repairs to address the deficiencies described in this report. We note that RDH cannot confirm the condition of areas that were not directly examined under this scope. Additional investigation would be required to verify the extent of deterioration in specific areas of the facade that were not investigated as part of this scope.

# NEXT STEPS





Department of Health Care  
Access and Information



**Small and Rural Hospital  
Relief Program**

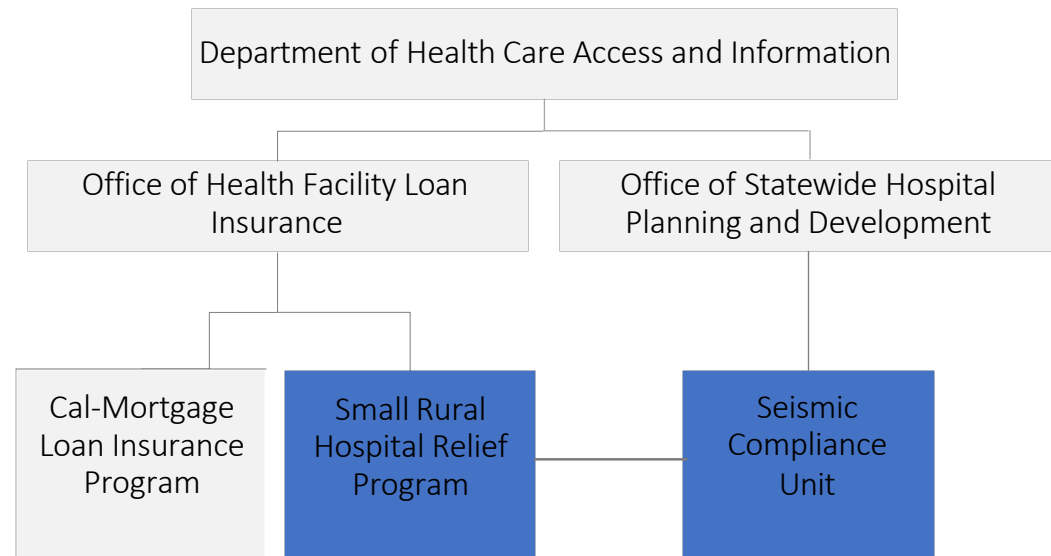
**Excerpts from HCAI Webinar presented on February 20, 2025  
Presented to City of Alameda Health Care District  
Board of Directors Meeting  
May 11, 2026**

# What is Small and Rural Hospital Relief Program?

- Created under SB 395 (2021, Caballero; HSC 130075 through 130079), provides 10% of excise tax revenue collected on the sale of electronic cigarette products to be designated for SRHRP to provide grant funding and collaborative design assistance to advance seismic compliance for small hospitals, rural hospitals and Critical Access Hospitals.
- Further amended under AB 869 (2024; HSC 130078.5 and 130078) expanding eligibility and defining qualifying project types.

# SRHRP Administration

- SRHRP is administered by HCAI's Office of Health Facility Loan Insurance (OHFLI) with technical support and assistance from Office of Statewide Hospital Planning & Development's (OSHPD) Seismic Compliance Unit.



# Who Can Participate?

- A hospital meeting one of the following criteria may be admitted to the program for grant eligibility and technical assistance:
  - A small hospital (HSC §130076(d)(1))–50 beds or fewer; or,
  - A rural hospital (HSC §130076(d)(2)) – as defined by Medical Service Study Areas; or, as defined by HSC 1250.
  - A Critical Access Hospital (HSC §130046(d)(3))– CMS designated
- To qualify for grant funding, a hospital must also indicate that seismic compliance imposes a burden that could result in loss of services for a community.
- Under AB 869, Distressed Hospital Loan Program recipient, a small hospital, a rural hospital, a critical access hospital, or a health care district hospital requesting a delay to 2030 deadline may explore the opportunities under the Small and Rural Hospital Relief Program to assist with seismic compliance.

# Available Funding

- 2023-24 Budget Act designated one-time additional funding of \$50 million.
- Currently \$55 million available for seismic compliance grants
- Additional ~\$2.6 million available every year
- Applications are currently being accepted on an ongoing basis.
- The grant program is a reimbursement model.



# Eligible Projects

Projects must be seismic compliance related only

## 1) Evaluation & Predesign

- Material Testing and Condition Assessment Program (MTCAP)
- Material Testing and Condition Assessment Results (MTCAR)
- SPC 4D evaluation reports
- NPC evaluation reports that help identify overall seismic budget
- Feasibility studies

## 2) Design phase activities

- SPC 4D Construction drawings (structural, arch, mech etc.)

## 3) Construction phase

- Contractor, IOR, Testing labs, consultant fees

# NOT Eligible Projects

Scope that is not seismic compliance related, but desired to be done at the same time with seismic project should be submitted to HCAI as a separate project and will not be included in the grant application.



# Example Project

(Project numbers, costs are fictitious)

Project Number	Description/ Milestones	Project Budget	Completion date	Award Amount example 75%
SCR-1234-12345	Compliance plan	\$10,000	2/25/2025	\$7,500
SER-1234-12345	MTCAP program	\$20,000	3/25/2025	\$15,000
S24####-##-## (or TBD)	MTCAP construction document design 100% Complete	\$30,000	6/25/2025	\$22,500
S24####-##-## (or TBD)	MTCAP construction 50% Complete	\$100,000	9/1/2025	\$75,000
S24####-##-## (or TBD)	MTCAP construction 100% Complete	\$100,000	11/1/2025	\$75,000
SER-####-##### (or TBD)	MTCAR program	\$10,000	12/1/2025	\$7,500
SRU-####-##### (or TBD)	SPC-4D evaluation	\$50,000	8/1/2025	\$37,500
G#####-##-## (or TBD)	Geotech	\$10,000	7/1/2025	\$7,500
H24####-##-## (or TBD)	SPC-4D construction drawings	\$120,000	2/1/2026	\$90,000
H24####-##-## (or TBD)	SPC-4D construction	\$2,000,000	11/1/2026	\$1,500,000
		\$2,450,000		\$1,837,500

# Impact to Alameda Hospital

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HCAI has encouraged Alameda Hospital / City of Alameda Health Care District to apply for grant funding.

Application being developed for eligible Pre-Design and Design Phase activities completed and planned.



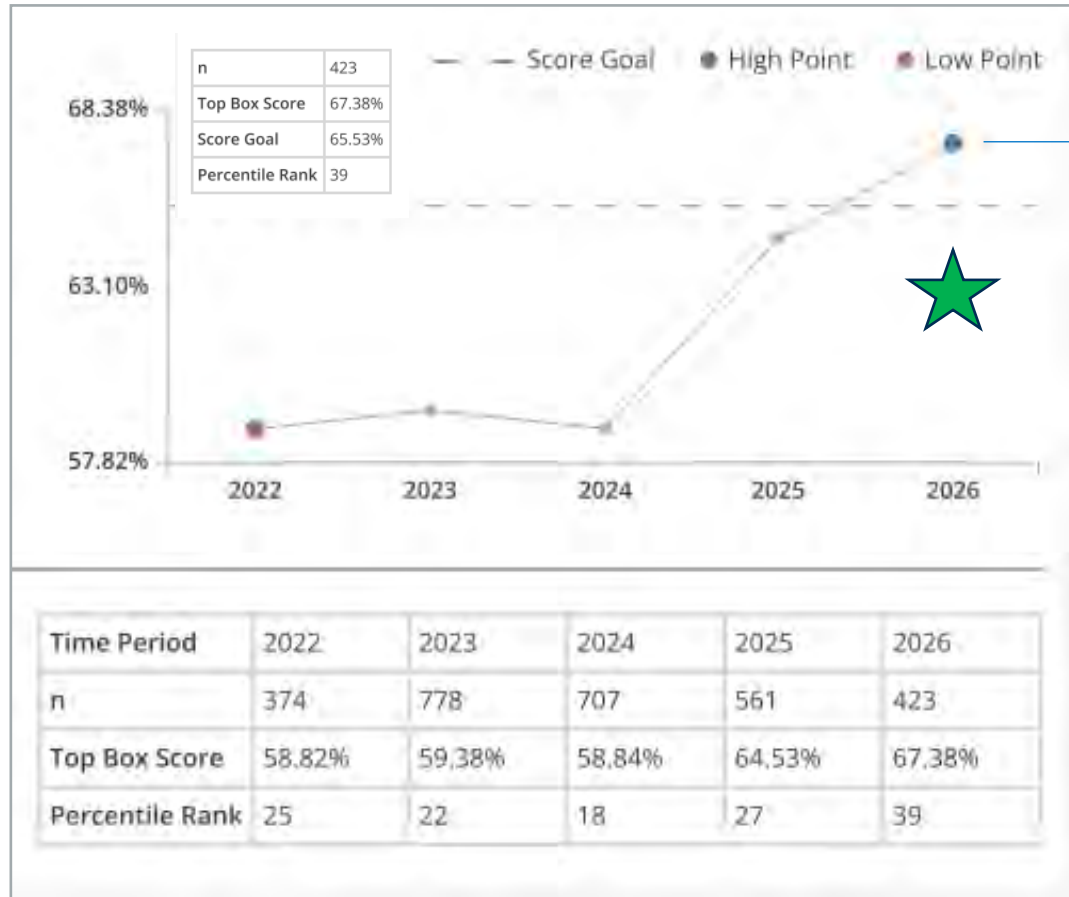
# Alameda Hospital Patient Experience

April 2026

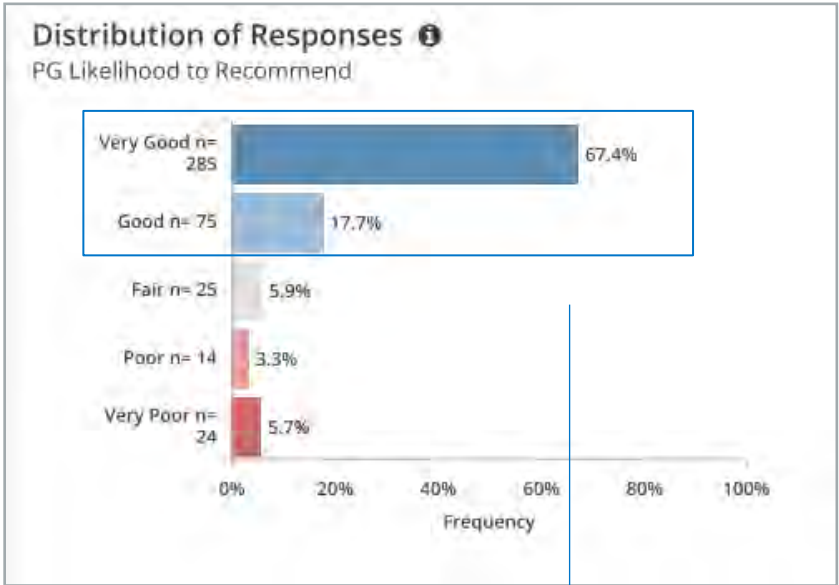
Salma Adin, MBA, BSN, RN ,  
Interim ACNO – Northern Region

# Alameda Hospital – Emergency Department Likelihood to Recommend (LTR)

Top Box Score (% of patients giving “Very good” response)  
Fiscal Year to Date (FYTD)



- FYTD26 Performance**
- Above our annual improvement goal
  - 2 consecutive years of improvement and
  - Highest performance in 5 fiscal years



Top box score that we track only counts the highest response, but it is notable that 85% of patient respondents gave a very good or good rating

\*Benchmarking against 2000+ hospitals nationally

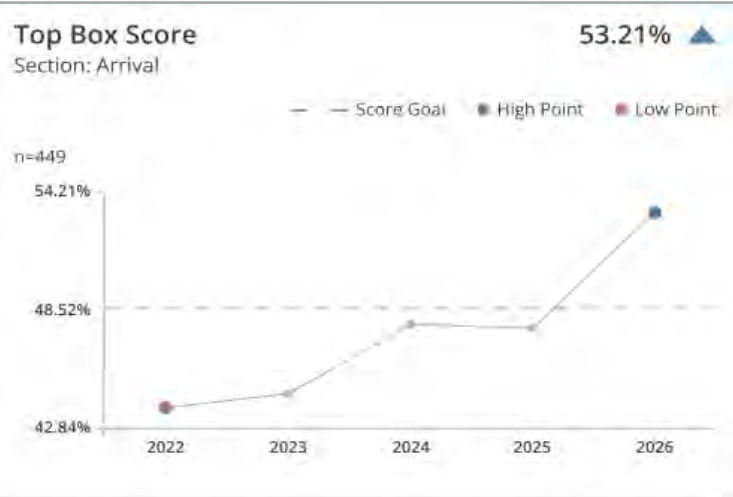
# Alameda Hospital – Emergency Department

## Domain Performance

Top Box Score (% of patients giving “Very good” response)

Fiscal Year to Date (FYTD)

### Arrival Domain



Time Period	2022	2023	2024	2025	2026
n	392	820	740	594	449
Top Box Score	43.84%	44.51%	47.85%	47.67%	53.21%
Percentile Rank	29	25	27	22	41

- Comfort of waiting area
- Waiting time to treatment area

### Doctor Communication Domain



Time Period	2022	2023	2024	2025	2026
n	398	824	756	599	449
Top Box Score	64.25%	64.62%	63.37%	67.15%	71.91%
Percentile Rank	35	30	22	29	51

- Courtesy of doctors
- Doctors took time to listen
- Doctors informative re treatment
- Doctors' concern for comfort
- Doctors include you trtmt decision

### Nursing Communication Domain

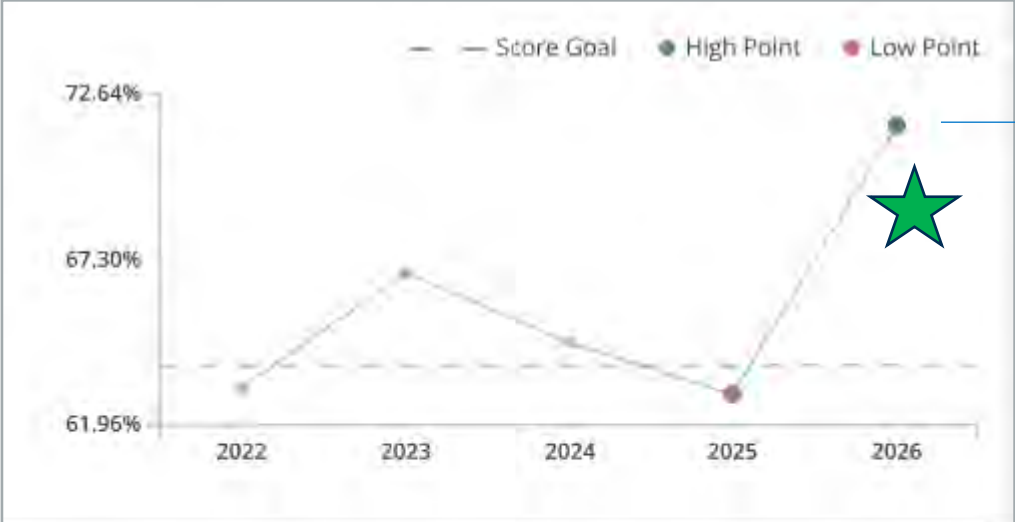


Time Period	2022	2023	2024	2025	2026
n	403	830	767	610	451
Top Box Score	63.35%	65.11%	66.77%	67.26%	71.58%
Percentile Rank	21	22	22	18	34

- Nurses took time to listen
- Nurses' attention to your needs
- Nurses' concern for privacy
- Nurses' responses to quest/concerns

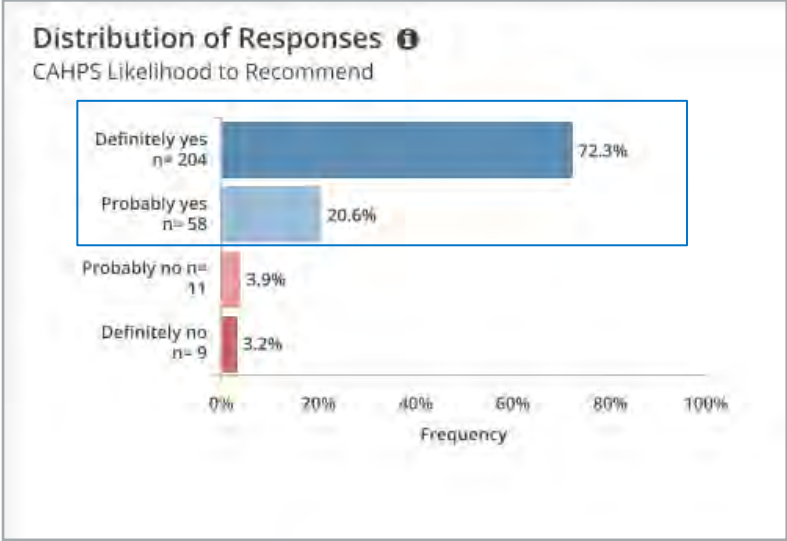
# Alameda Hospital – Inpatient (ICU, Med-Surg, Tele) Likelihood to Recommend

Top Box Score (% of patients giving “Definitely” response)  
Fiscal Year to Date (FYTD)



- FYTD26 Performance**
- Above our annual improvement goal
  - 8.68% top box improvement!
  - Highest performance in 5 fiscal years

Time Period	2022	2023	2024	2025	2026
n	183	375	315	384	282
Top Box Score	63.17%	66.89%	64.62%	62.96%	71.64%
Percentile Rank	31	41	30	23	53



We track and aim for highest responses, but notable that 92% of patient respondents gave highest two responses.

# Alameda Hospital – Inpatient (ICU, Med-Surg, Tele)

## Communication KPI Domain Performance

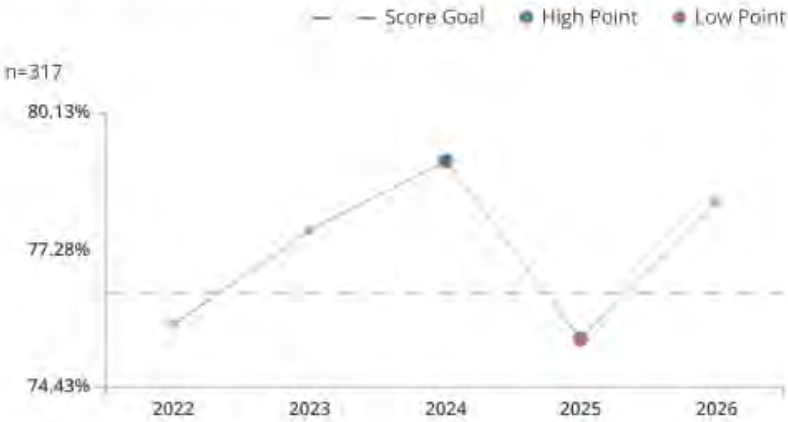
Top Box Score (% of patient giving “Always” response)

Fiscal Year to Date (FYTD)

### Doctor Communication Domain

**Top Box Score** 78.30% ▲

Domain: Comm w/ Doctors



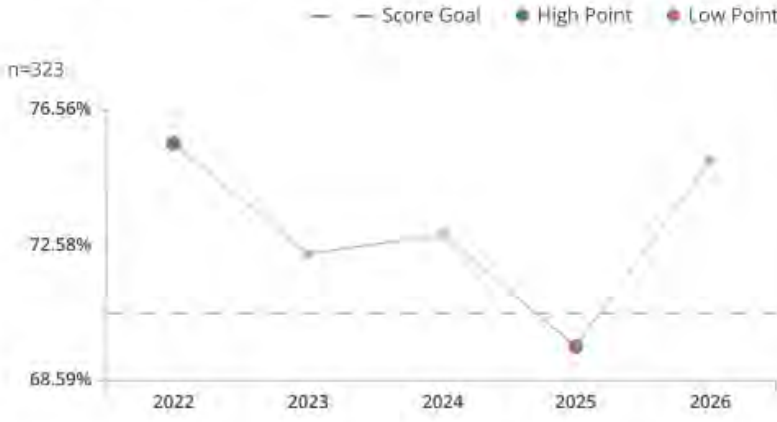
- Doctors treat with courtesy/respect
- Doctors listen carefully to you
- Doctors expl in way you understand

Time Period	2022	2023	2024	2025	2026
n	199	429	341	414	317
Top Box Score	75.73%	77.69%	79.13%	75.43%	78.30%
Percentile Rank	30	38	45	24	44

### Nursing Communication Domain

**Top Box Score** 75.07% ▲

Domain: Comm w/ Nurses



- Nurses treat with courtesy/respect
- Nurses listen carefully to you
- Nurses expl in way you understand

Time Period	2022	2023	2024	2025	2026
n	211	439	349	423	323
Top Box Score	75.56%	72.32%	72.89%	69.59%	75.07%
Percentile Rank	30	13	10	4	21

# Alameda Hospital – Voice of the Patients

## ED & Inpatient Comments

*“My stay at Alameda Hospital was unexpected but I felt that I was heard and seen and treated with respect. The food was surprisingly good, and the staff were all amazing. I came in with a known ailment, and another ailment was discovered while I was there. Both were cured and I had follow -up and a very good experience. I left promising to bring them back flowers.”*

*– ALH Inpatient Patient*

*“Security guard very professional! I believe head nurse was the one who checked me in before we actually went through the ER doors. Very nice and knowledgeable!”*

*– ALH ED Patient*

*“Already informed friends how well I was treated and diagnosed at the ER. Im a veteran that has my medical through the Veterans Administration.”*

*– ALH ED Patient*

# Patient Experience Award

## Elevating Care & Sustaining Improvement

Alameda Hospital Inpatient (ICU, Med-Surg, & Tele) is this year's AHS winner of the: **Patient Experience Elevating Care and Sustaining Improvement Award**

This award celebrates the service line/area within all of AHS that has seen the most improved and sustained patient experience top box score for "Likelihood to recommend" fiscal year to date.

Alameda Hospital Inpatient led the pack with **over 8% top box score** improvement for "Likelihood to Recommend".

This award reflects the joint efforts of all who touch inpatient care including **patient/clinical care teams and our support services teams.**



AH ED PX Metric/Domain	FY25	FY26 Goal	Jan	Feb	Mar Prelim (n=28)	FYTD26	Action Planning/Intervention	Status
<p><b>Arrival</b></p> <p>Comfort of waiting area Waiting time to treatment area</p>	47.67	48.67	53.19	40.00	48.21	52.45	ED Clerk Engagement training	In development
<p><b>Nursing</b></p> <p>Courtesy of nurses Nurses took time to listen Nurses' attention to your needs Nurses' concern for privacy Nurses' responses to quest/concerns</p>	67.26	68.26	58.82	70.27	56.52	70.66	<ul style="list-style-type: none"> <li>ED Leader Rounding Program: ED Charge RN Sentact Leader Rounding Training</li> <li>Continued patient data and comment sharing and huddle reminders</li> </ul>	<ul style="list-style-type: none"> <li>Completed 2/5 Rounding Launching</li> </ul>
<p><b>Doctor</b></p> <p>Courtesy of doctors Doctors took time to listen Doctors informative re treatment Doctors' concern for comfort Doctors include you trtmt decision</p>	67.15	68.15	67.23	64.86	62.59	71.40	<ul style="list-style-type: none"> <li>Data and Comment sharing with med staff</li> <li>3 month data and Patient Comment analysis for Physician PEARLS – to be used in med staff meeting</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>

AH Inpatient PX Domain	FY25	FY26 GOAL	Jan	Feb	Mar Prelim (n=9)	FYTD26	FYTD26 %tile 7/1/25-FYTD	CMS Star %tile 1/1/25-12/31/25	Action/Intervention	Status
Nurse Comm	69.59	70.59	82.35	85.83	84.72	81.08	63rd	38 <sup>th</sup>	Nurse Leader Patient Rounding	Ongoing – Daily Patient Rounding
									<b>BSSR Standardization</b>	Standard BSSR Tool & E-learning complete, pending launch
									PHR -4Ps	Ongoing Monitoring
									Care Board Accuracy/Validation	Ongoing Sentact Monitoring
Response of Hosp Staff	62.02	63.02	87.55	58.27	90.00	63.62	59th	48 <sup>th</sup>	PHR NPZ	Ongoing Monitoring
Doctors Comm	75.43	76.43	85.00	94.87	88.43	82.47	75th	53	Quarterly Pearls – Tip sheet/Comm. Standards reminder	Comm Sheet in development for roll out to med staff
									Annual Module REDE Comm. Model	Ongoing
Cleanliness of hospital environment	72.45	73.45	82.35	69.23	88.89	72.89	50th	49 <sup>th</sup>	EVS leader Rounding	Questions in development with EVS leaders
									Campaign -All Staff Ownership Reminders to help keep spaces clean	In progress – In submission with PACE
Comm About Medicines	53.55	54.55	73.53	56.67	56.67	63.32	65th	57 <sup>th</sup>	Pharmacy Leader Rounding	Ongoing – Report pulling with comments to share with nursing
									Med Comm Tool –Purpose & Side Effects	Ongoing Utilization
Discharge Information	85.16	86.16	81.67	85.14	50.00	84.66	31st	38 <sup>th</sup>	Care Coordination Rounding	Ongoing- started mid October
									AVS- Huddle Reminders for staff to review area on signs/symptom to watch for	In discussion
Restful Hosp Environment	49.42	50.42	72.22	59.04	81.48	62.10	76th	48 <sup>th</sup>	Quietness hours, rounding in evening to assess barriers	Hold
Care Coordination (Doctors/Nurses/other Staff)	67.16	68.16	77.77	78.48	74.07	70.56	35th	29 <sup>th</sup>	Care Coordination Rounding – Help needed at home, follow up care, Discharge needs	Ongoing
									Discharge Family and patient education Nurse, doc, other Staff	Hold for discussion
Info About Symptoms	67.31	68.31	77.78	63.16	87.50	69.12	34th	34 <sup>th</sup>	Discharge AVS reviews with patient	In development

## Alameda Hospital FY 2026 Detailed Quality OKR and KPI Dashboard

Vision: Alameda Health System will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimized the health of our diverse communities.

Safe Care - Caring, Healing, Teaching All			Performance			FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	Mar 2026	FY26 YTD	FY25 Actual	Improvement	Benchmark
Provide safe care	Eliminate Patient Harms	Total Patient Harms	4	21	27	24	14
		CLABSI # Events/SIR	0/NA	0/0	0/0	0/0.317	0/0
		CAUTI # Events/SIR	0/NA	0/0	1/0.56	0/.55	0/.264
		MRSA # Events/SIR	0/NA	0/0	0/0	0/0.658	0/0.335
		C. Difficile # Events/SIR	0/NA	0/0	5/0.75	3/.58	2/.346
		SSI # Events/SIR	0/NA	0/0	1/1.23	1/1.324	0/.849
		Falls with Injury/% Per 1000 Days	1/0.81	6/0.64	10/0.53	9/0.477	3/0.24
		Reportable HAPI #/% per 1000 Discharges	3/11.765	5/2.41	0/0	0/0	0/0
		Behavior Events with Physical Injury	0/0	10/1.06	10/0.76	9/0.684	8/0.608
		HAPI all Stages #/% per 1000 Discharges	10/39.216	36/18.81	50/18.22	45/16.398	40/14.576
	Serious Safety Events (F or Greater)	0	2	0			
	Reduce Mortality from Sepsis	Sepsis Mortality Observed:Expected & Total Deaths	NA	0.78	1.04	1	0.93
		Bundle Compliance Sepsis Early Management	75.00%	83.75%	77.00%	75%	88%
	Embed Critical Behaviors	Hand Hygiene Compliance	92.90%	89.96%	82.62%		95%

Fiscal Year Starts in July 1 and Ends June 30

FY26 YTD is results from July 2025 to Mar 2026

# Strengths

- FYTD No Reported Hospital Acquired Infections
- Sepsis mortality observed -to- expected rate is performing better than the benchmark target at 0.78.
- FYTD Sepsis bundle compliance is better than the improvement goal and is approaching the benchmark stretch goal

HAI	Days Since last Event	HAI	Days Since last Event
CAUTI	439	MRSA	1571
CLABSI	1236	CDIFF	600

## Overall Compliance FY26

Metric	Obser #	Comp %
CLABSI Bundle Compliance	187	79.54
Dressing C/D/I	186	96.69
Bag labeled with date/time?	127	92.92
Central Line Indicated	181	98.69
CHG Bathing	167	95.83
Dressing placed correctly	185	97.48
Swab Caps on each port	185	94.74
Tubing labeled with date/time?	138	91.14

## Overall Compliance FY26

Metric	Obser #	Comp %
CAUTI Bundle Compliance	204	98.50
Closed system maintained	204	100.00
Drainage bag & tubing not touching the floor	203	100.00
Drainage bag below the level of bladder	204	100.00
Foley cath clinically Indicated	204	100.00
Foley Cath secured	203	100.00
Pericare done routinely	197	100.00
Unobstructed urine flow.	204	97.38

# Improving

- March Hand Hygiene compliance exceeded 90% and FYTD demonstrates improvement over FY25
  - Physicians are leading the way with over 98% compliance
  - ICU Hand Hygiene audits exceeded 600 in March while other areas failed to meet the required 200 audits. Wed
- Boarding times in March improved to less than 3 hours FYTD ED boarding continues to demonstrate improvement over FY25.
  - The interquartile range continues to show improvement both reducing variability and decreasing wait times moving from FY2025 2:03 -4:16 to FYTD 2026 1:48 - 3:44.
- Health Care Related Social Needs screening FYTD performance improved OVER 50% from FY2025.
  - by Respiratory Therapists at 97.2%.

## Hand Hygiene Audit Results

Year	2025						2026					
	October		November		December		January		February		March	
Month	%	#	%	#	%	#	%	#	%	#	%	#
Role	%	#	%	#	%	#	%	#	%	#	%	#
*Overall	98.6	432	88.7	950	93.0	947	92.1	1118	87.2	951	92.9	1083
Medical Assistant	100.0	17	80.0	10	0.0	1	0.0	1			0.0	2
Nurse/Nursing Assistant	98.4	189	84.8	441	90.3	444	86.1	495	80.3	466	87.3	471
Other	100.0	13	47.6	21	68.8	16	41.7	12	35.3	34	58.3	12
Physician	99.5	184	97.7	428	98.4	436	99.3	559	98.8	401	98.9	554
PT/OT	100.0	1	17.6	17	0.0	8	0.0	3	85.7	7	40.0	5
RT	100.0	19	92.9	28	97.4	38	92.7	41	97.4	38	97.2	36
Unknown	77.8	9	80.0	5	75.0	4	85.7	7	80.0	5	100.0	3

ED Boarding for Admitted Patients	Mar	YTD
25% of Admits w/in	1:57	1:48
50% of Admits w/in (Median)	2:48	2:33
75% of Admits w/in	3:56	3:44
Max Boarding Time	57:58	57:58

# Opportunities

- Falls with injury rate is not on track to meet the improvement target.
  - 5 reported falls in March: 1 with injury (pain). 4 in Telemetry 1 in 3 West.
  - The most common activity associated with falls is toileting (12 FYTD),
  - Falls while ambulating has resulted in the most injury falls (4 FYTD)s
  - Falls committee/Nursing Education educating on beds and piloting the use of Posey toilet alarms.
  - Hard wire proactive toileting/toileting schedule during hourly rounding
- 10 new HAPI events, 4 reportable in March 2026
  - 8 unavoidable: 1 patient who refused care
  - Opportunities: Compliance to Skin assessments for low risk patients
    - High Risk Patients: Q2 hour turning
  - PCS/IT Applications/Nursing Informatics prioritized Epic Improvement:
    - single wound taxonomy, OPA/automation of task based on Braden

Falls by Event Fiscal Year to Date	Average Risk Score	Events	Harms	Priority Index
FALL: Ambulating w/o assistance and w/o assistive device	Close to a D	9	4	1
FALL: Reaching for an item	C-D	3	1	2
FALL: Toileting	C	12	0	3
FALL: Navigating Bedrails	C-D	2	0	4
FALL: Ambulating w/ assistance and/or w/ assistive device	C	3	1	5
FALL: Transferring to or from bed, chair, etc.	C	4	1	6
FALL: Changing position (e.g., in bed or chair)	C	7	0	7
FALL: Dressing or undressing	C	1	0	8
<b>Total</b>	<b>C</b>	<b>41</b>	<b>7</b>	<b>3</b>

## Overall FY26

Question	# Surveys	% Comp
<b>Compliance for High Risk Patients</b>	819	87
2 RN SKIN CHECK ON ADMISSION TO UNIT, INCLUDES 2ND RN COSIGN	819	84
DRESSINGS APPLIED TO BONY PROMINENCES AND UNDER MEDICAL DEVICES	819	89
HEEL(S) ADMISSION PHOTO	819	92
HOB 30° DEGREE OR LESS	819	90
OFF LOAD HEEL(S) INTERVENTION IN PLACE	819	99
PATIENT'S NUTRITIONAL STATUS ASSESSED AND DOCUMENTED IN PAST 24 HOURS: %, MILs, or NPO	819	98
Q 2H TURNING OR REPOSITIONING DOCUMENTED PAST 24 HRS	819	53
SACRAL ADMISSION PHOTO	819	93
SPECIALTY BED IN PLACE IF INDICATED OR WAFFELE OVERLAY	819	93
SPECIALTY BED OR OVERLAY CHARTED	819	93
WOUND CARE CONSULT ORDERED FOR BRADEN SCORE 18 OR BELOW AND PRESSURE INJURY PRESENT	819	93
WOUND(S) DOCUMENTED ON AVATAR	819	99
<b>Compliance for Low Risk Patients</b>	703	78
2 RN SKIN CHECK ON ADMISSION TO UNIT, INCLUDES 2ND RN COSIGN	703	72
HEEL(S) ADMISSION PHOTO	703	78
SACRAL ADMISSION PHOTO	703	73



# NDNQI – Alameda (Falls and HAPI)

Objective: to perform better than the 50<sup>th</sup> percentile/median

NDNQI Indicator	Measure	CY2024	2024 Percentile	CY2025	2025 Percentile	CY2026 Q1 Preliminary
Patient Falls	Injury Falls per 1k patient days (lower better)	0.82 (n=10)	≥50-75 <sup>th</sup>	0.61 (n=7)	≥50-75 <sup>th</sup>	1.20 (n=4)
Patient Falls-Ambulatory (Emergency Dept.)	Injury Falls per 1k visits (lower better)	0.15 (n=3)	≥25-50 <sup>th</sup>	0.0	<10 <sup>th</sup>	0.0
Pressure Injury	%Patients w/ HAPI Stage 2+ (lower better)	0%*	<10 <sup>th</sup>	0.79% (n=1)	≥50-75 <sup>th</sup>	2.7% (n=1)

Comparison group: Bed size <100 beds

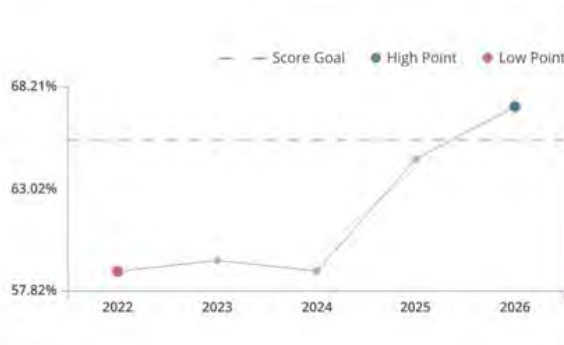
\*2024 HAPI data consists of Q3 and Q4 surveys

## NDNQI Updates

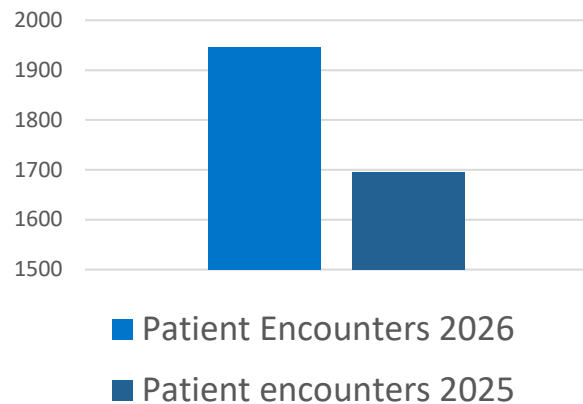
- Patient Falls (acute)
  - Improved in CY25 and close to 50<sup>th</sup> percentile (0.58)
  - However, injury falls in CY26 Q1 are high
- ED Falls
  - Top 10% for CY25 and starting CY26 strong
- HAPI Prevalence Survey
  - Rates should be looked at with caution (survey context, denominator, etc.)
  - Milestones in reporting transparency being achieved
  - Next survey in May

# March ALAMEDA HOSPITAL – Emergency Department

Likelihood to Recommend:  
High point for ALH ED! 2% over goal.



ALH ED March 2026 vs 2025



## Falls With Injury

Last Fall	Days since last fall	FY25	FY26
12/1/2024	502	2	0

## Falls without injury

Last Fall	Days since last fall	FY25	FY26
12/13/2025	490	7	6

## Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
2/17/26	59	6	2

## Growth:

- 2026 March with 15% volume increase from 2025
- Record highest volume for ALH ED: 1946

## Successes

- Initiated ED Charge RN rounding
- 16% increase in Patient Experience reports on Arrival
- ED boarding time improved:
  - FY2025 2:03-4:16 to FY 2026 1:47-3:42
- FYTD Sepsis bundle compliance significant improvement and exceeding improvement goal .
- ED tech traveler arrived and cross training x2 NST for ED tech

## Opportunities

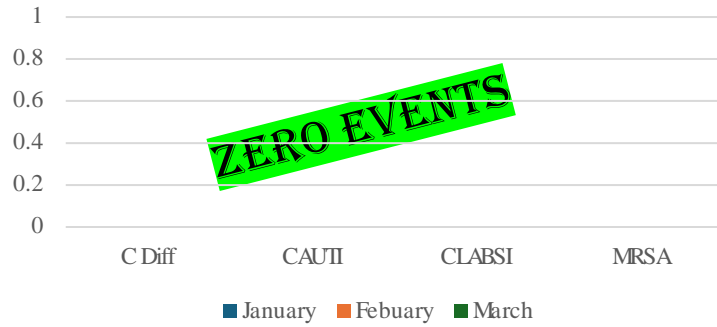
- Missed meal and break increase with increase census and clinical demands.
  - 5 LOAs : 1 SANS RN cover, 3 Travelers by 5/20. (2 RN, 1 ED Tech)
- Education pending: Ultrasound IV class and PCOT Urine preg
- APOT and EPIC EMS waiting Go live 4/16 Education pending

## Action Plan

- Cost reduction/efficiency:
- CLINTEK POCT U Preg – decrease wait time for exams pending Preg results, decrease cost of lab test
- Working with charge RN to ensure no missed meals/breaks for Unit Clerks
  - Individual meeting with employees
  - Educate regarding offering and time constraints.
- Sick time evaluation, counseling when appropriate
- Continue to monitor OT and avoiding prebooking OT when possible, per MOU.

# March ALAMEDA HOSPITAL – Critical Care Department

## Patient Harm CCU



## Falls With Injury

Last Fall	Days since last fall	FY25	FY26
7/24/25	267	3	1

## Falls With Injury

Last Fall	Days since last fall	FY25	FY26
1/17/2026	90	0	1

## Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
7/16/25	275	1	2

## HAPI

Last Event	Days since last event	FY25	FY26
3/10/26	38	26	20 (1 reportable)

## Successes

- 30% of staff attended Trach dislodgement simulation (RN/RT; intensivist led sim)
- Foley cath utilization declined statistically and upward trend of external urinary catheters.
- APACHE data 2025:
  - Sepsis mortality ratio 0.76 8% improved
  - ICU Mortality decrease 0.43 9% decrease

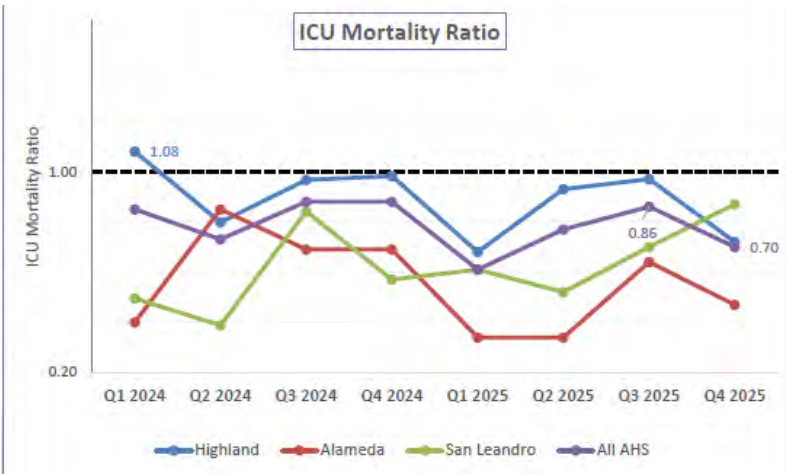
## Opportunities

- 4 LOA
  - o 2 traveler, will decrease OT for coverage
- Completion of SDOH for in-patient transfers
- Transition to ABCDEF Bundle for Awakening/breathing trials
- SKIN/HAPI: Training additional wound champions

## Action Plan

- Working with education for super users for DKA, US guided IV class.
- HAPI education and wound champion huddles
  - Focus on escalation of refusals
  - Pressure Injury Policy pending
  - Posting Skin Resources for huddle
- Cost reduction/efficiency: Sick time evaluation, counseling when appropriate
- Continue to monitor OT and avoiding prebooking OT when possible.

## ICU Mortality Ratio from Apache data 2025



# ALAMEDA HOSPITAL – Telemetry Department

## Telemetry HAIs



## Falls With Injury

Last Event	Days since last event	FY25	FY26
3/8/2026	44	3	2

## Falls Without Injury

Last Event	Days since last event	FY25	FY26
3/29/2026	23	21	18

## Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
6/13/2025	312	2	0

## HAPIs

Last Event	Days since last event	FY25	FY26
3/5/2026	47	17	17

### Successes

- More consistent use of assignment wizard
- Engaging charge nurses for more admin tasks
- Staff engagement
- Patient admission handbook
- Patient experience scores

### Opportunities

- Falls-4 in March, 1 with injury
- SDOH-79%
- Clerk LOA and OT, meeting with Greg and Alicia .
- Hand hygiene-81.3%
- HAPI-role playing different ways to approach patients refusing assessments

### Action Plan

- Continue HAPI audits and education with wound champions
- Mobility champion utilization, calling management for fall huddles, and worker injury
- Utilizing Epic dashboards for real time reminders.
- Culture-management time on the unit, debriefing issues with staff and charges.

# ALAMEDA HOSPITAL – Medical/Surgical Department

3W HAIs

Zero events

CAUTI      CLABSI      MRSA      C. Diff

■ November   ■ December   ■ January

## Falls With Injury

Last Event	Days since last event	FY25	FY26
2/3/26	77	4	3

## Falls Without Injury

Last Event	Days since last event	FY25	FY26
3/16/26	36	18	8

## Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
2/13/26	67	1	4

## HAPIs

Last Event	Days since last event	FY25	FY26
8/18/25	246	7	5

### Successes

- More consistent use of assignment wizard, refreshed training at charge retreat
- Staff engagement
- No HAPIs, behavior events
- Patient admission handbook
- Patient experience scores

### Opportunities

- SDOH –
- Clerk LOA and OT, Nurse aide OT
- Hand hygiene-80.2
- SCORE survey results

### Action Plan

- Continue HAPI audits and education with wound champions
- SCORE survey debriefs
- Utilizing Epic dashboards for real time reminders.
- Continue to meet 1:1 with staff to improve culture and patient care



**Post-Acute Quality Report 5/11/26**  
**Richard Espinoza, NHA, CAO Post-Acute Services**

# CMS Overall Quality Star Rating



## Care Compare Five-Star Ratings of Nursing Homes Provider Rating Report for March 2026

Ratings for <b>Alameda Hospital D/P SNF (555381)</b> Alameda, California			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★	★★	★★★★★	★★★

# CDPH/CMS Visits

- CDPH visits: 0 visits for all campuses
- Survey window open for all sites

# Post-Acute Workers Compensation Claims

Zero claims or late claims in the month of March for the Post-Acute sites. The teams continue to support the staff as best as possible to maintain safe environments and practices. This is the second month in the last three months that has resulted in zero claims.

## Alameda Health System Workers' Compensation Claim Summary

## Post-Acute Units March 2026

### New Claims Filed in March

Date of Injury	Claim #	Occupation	Department	Injury Cause	Injury Cause Group	Loss Type	Nature of Injury	Body Part
NONE								

# Post-Acute March Cash Collection

	ACTUAL		GOAL		VARIANCE				
	COLLECTIONS	AR DAYS	COLLECTIONS	AR DAYS	COLLECTIONS			AR DAYS	
FAIRMONT	\$ 2,397,027.92	52.5	\$ 2,199,574.43	58	\$ 197,453.49	Over	★	(5.5)	★
PARK BRIDGE	\$ 2,233,832.06	52.6	\$ 2,102,387.96	58	\$ 131,444.10	Over	★	(5.4)	★
SOUTH SHORE	\$ 618,267.06	62.5	\$ 444,663.05	58	\$ 173,604.01	Over	★	4.5	
SUB-ACUTE AH	\$ 1,120,057.93	64.4	\$ 1,126,263.04	58	\$ (6,205.11)	Under		6.4	
ST ROSE	\$ 423,080.85	104	\$ 517,520.00	58	\$ (94,439.15)	Under		46.0	
<b>TOTAL</b>	<b>\$ 6,792,265.82</b>	<b>67.20</b>	<b>\$ 6,390,408.48</b>	<b>58</b>	<b>\$ 401,857.34</b>	<b>Over</b>	<b>★</b>	<b>9.2</b>	<b>★</b>

# Pulse Survey

Final participation score: Post-Acute 79%

Teams sharing the results of their individual site surveys and neutral facilitator meetings are being scheduled.

# Sub-Acute Equipment

- Districted provided funds: equipment arrived
- Venous scanner
- Bladder scan
- Portable suction machines
- Pending Doppler

*Thank you*

*Questions?*

# March 2026 Financial Report Finance Committee

Kimberly Miranda, Chief Financial Officer  
May 6, 2026

# March 2026 Financial Report

## Finance Dashboard

### March-2026

Metric	FY2026 Goal YTD	Actual YTD	YTD	Trend Lines
<b>Volume</b>				
Total Adjusted Discharges	24,194	24,409	●	
Total Adjusted Patient Days	273,712	278,458	●	
<b>Revenue Cycle</b>				
Collection Ratio	19.5%	19.2%	●	
Cash as % of Net Revenue	100.0%	102.6%	●	
Gross Days in Patient Receivables	62.0	62.7	●	
<b>Labor</b>				
Productivity %	100.0%	108.5%	●	
Registry as % of Total FTEs	4.2%	3.6%	●	
Overtime % excl Company 30	4.5%	5.7%	●	
Total FTEs	5,132	5,183	●	
FTE per Adjusted Discharge	0.21	0.21	●	
*Labor Cost/FTE w/o GASB	\$242,076	\$246,379	●	
<b>Profitability</b>				
Total Cost per Adjusted Discharge	\$49,943	\$50,733	●	
Total Cost per Adjusted Patient Days	\$4,415	\$4,447	●	
Net Income	\$6,241	(\$9,163)	●	
EBIDA Margin	2.6%	1.2%	●	
NNB (Net Negative Balance)	<\$95M	-\$65,963	●	
Net Position	>\$0	-\$70,793	●	
<b>Capital</b>				
Capital Spent	\$22,368	\$13,272	●	
% of Capital Spent		59.3%		

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

# March 2026 Financial Report

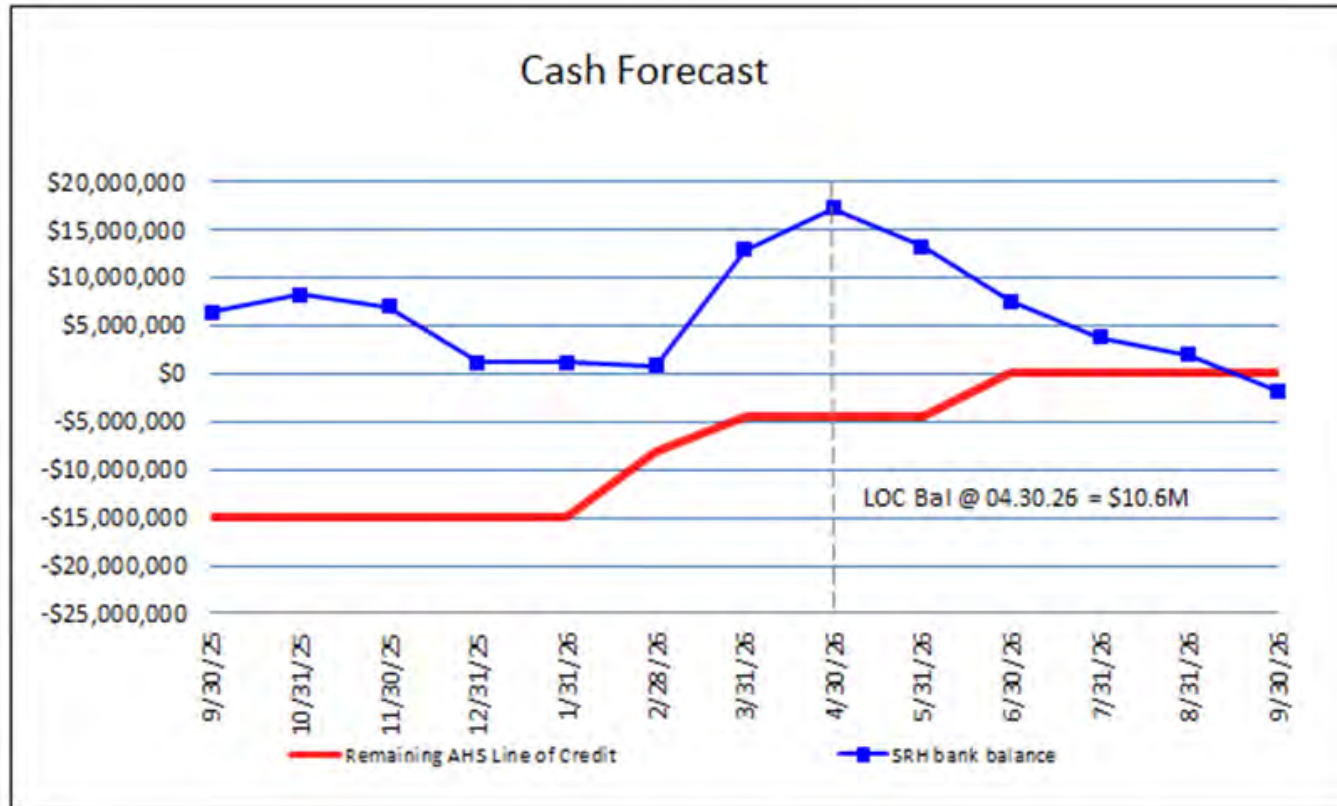
## Volume Highlights – Part 1

	March 2026				FY2026 Year-To-Date				FY2025 Year-To-Date		
	Actual	Budget	Var	% Var	Actual	Budget	Var	% Var	Actual	Var	% Var
<b>Campus: AHS ALL CAMPUS</b>											
Total Adjusted Patient Days	32,668	30,928	1,740	5.6%	278,458	273,712	4,746	1.7%	273,068	5,390	2.0%
Total Adjusted Discharges	2,738	2,764	-26	-0.9%	24,409	24,194	215	0.9%	23,462	947	4.0%
Physician wRVU	150,911	119,322	31,590	26.5%	1,235,615	1,065,845	169,769	15.9%	1,300,439	-64,824	-5.0%
FQHC & Other Clinic Visits	40,181	36,770	3,411	9.3%	326,137	327,675	-1,538	-0.5%	308,523	17,614	5.7%
<b>GENERAL ACUTE</b>											
Patient Days	6,733	6,689	44	0.7%	54,862	58,093	-3,231	-5.6%	58,178	-3,316	-5.7%
Discharges	1,244	1,305	-61	-4.6%	11,096	11,271	-175	-1.5%	11,039	57	0.5%
Average Length of Stay	5.4	5.1	-0.3	-5.6%	4.9	5.2	0.2	4.1%	5.3	0.3	6.2%
Occupancy %	73.0%	72.0%	0.0%		67.0%	71.0%	-4.0%		71.0%	-4.0%	
CMI	1.6530	1.5970	0.0560	3.5%	1.6220	1.5660	0.0550	3.5%	1.6390	-0.0170	-1.0%
Emergency Visits	9,986	9,576	410	4.3%	85,179	82,231	2,948	3.6%	82,175	3,004	3.7%
Trauma Cases	353	273	80	29.3%	2,785	2,701	84	3.1%	2,747	38	1.4%
Observation Equivalent Days	830	651	179	27.5%	6,776	5,980	796	13.3%	5,746	1,031	17.9%
Surgeries	714	694	20	2.8%	6,067	6,011	56	0.9%	6,514	-447	-6.9%
Deliveries	132	149	-17	-11.2%	1,200	1,260	-60	-4.8%	1,206	-6	-0.5%
<b>PSYCH</b>											
Psych Patient Days	2,037	1,992	45	2.3%	18,054	17,847	207	1.2%	17,603	451	2.6%
Psych Discharges	204	221	-17	-7.8%	1,864	1,990	-126	-6.3%	1,859	5	0.3%
Average Length of Stay	10.0	9.0	-1.0	-10.9%	9.7	9.0	-0.7	-8.0%	9.5	-0.2	-2.3%
PES Equivalent Days	629	636	-7	-1.1%	6,190	5,928	263	4.4%	6,045	145	2.4%

# March 2026 Financial Report

## Volume Highlights – Part 2

	March 2026				FY2026 Year-To-Date				FY2025 Year-To-Date		
	Actual	Budget	Var	% Var	Actual	Budget	Var	% Var	Actual	Var	% Var
<b>Campus: AHS ALL CAMPUS</b>											
<b>REHAB</b>											
Rehab Patient Days	762	747	15	2.0%	6,317	6,628	-311	-4.7%	6,308	9	0.1%
Rehab Discharges	56	57	-1	-0.9%	464	501	-37	-7.4%	465	-1	-0.2%
Average Length of Stay	13.6	13.2	-0.4	-2.9%	13.6	13.2	-0.4	-3.0%	13.6	0	-0.4%
Occupancy %	88.0%	86.0%	0.0%		82.0%	86.0%	0.0%		82.0%	0.0%	
<b>SNF WITH SUB-ACUTE</b>											
SNF Patient Days	8,650	8,546	104	1.2%	75,973	75,533	440	0.6%	75,340	633	0.8%
Average Daily Census	279	275.7	3.4	1.2%	277.3	275.7	1.6	0.6%	275	2.3	0.8%
Occupancy %	96.0%	95.0%	0%		96.0%	95.0%	0.0%		95.0%	0.0%	
Bed Holds	132	72	60	83.3%	770	724	46	6.4%	791	-21	-2.7%
<b>PAYOR MIX</b>											
Insurance %	7.4%	6.7%	0.8%		6.8%	7.1%	-0.3%		7.0%	-0.2%	
Medi-Cal %	59.9%	60.7%	-0.9%		59.6%	60.4%	-0.8%		60.5%	-0.9%	
Medicare %	28.1%	27.9%	0.2%		29.3%	27.6%	1.7%		28.3%	1.0%	
Other Govt %	2.6%	1.5%	1.0%		1.6%	1.8%	-0.2%		1.7%	-0.1%	
Self-Pay %	2.1%	3.2%	-1.1%		2.7%	3.1%	-0.3%		2.7%	0.1%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	



- Additional draw from AHS LOC to maintain liquidity, \$3.8M (YTD total - \$10.6M).
- Forecast include prepayment received in March from the Stanford collaboration (\$16.0M).
- QAF CY2024 received in April (\$6.0M).
  - QAF CY2025 not reflected in cash projection, pending CMS notice.
- Full IGT funding (\$36M) is delayed pending CMS approval with timing is unknown. As a result, the AHS LOC is expected to be fully drawn and the Stanford prepayment will be used to support operations, with funds projected to be exhausted by August.
  - When approved, the local share will be provided by AHS (\$9.5M), Eden (\$750K), Sup Marquez (\$1M). Last week, Eden increased contribution from \$500K to \$750K and naming recognition conversation underway.

**Alameda Hospital  
Medical Executive Committee  
Report to  
Board**

*April 22, 2026*

**Manasa Kalluri, MD, AH Chief of Staff**

# Alameda Hospital Medical Executive Committee Report

- **Patient Experience**
  - Elevating Care & Sustaining Improvement Award
  - FYTD 26 Inpatient Domains
    - Seven (7) of the nine (9) metrics are performing above goal
- **Regulatory & Accreditation**
  - TJC Stroke Certification
    - May 18, 2026-August 16, 2026
    - Announced survey, we will get 5–7-day prenotification
- **Medical Staff Officer Changes**
  - Manasa Kalluri, MD, Chief of Staff (*eff. 4/1*)
  - Amy Eisenberg, DO, Vice Chief of Staff (*eff. 4/17*)
  - Tamina Isolani-Nagarvala, DO, Secretary-Treasurer
  - Catherine Pyun, DO, Immediate Past Chief of Staff (*eff. 4/1*)
  - Lily Indulkar, MD, Board of Trustees Physician Representative



# Combined Medical Staff Committees

**Combined AH & AHS Committees provide unified systemwide clinical governance to ensure consistent quality, aligned clinical standards and cohesive medical staffs at Alameda, Highland and San Leandro**

## **Credentials Committee (April 2026)**

- Routine credentialing and privileging
- Telemedicine Credentialing by Proxy
- Ongoing Professional Practice Evaluation (OPPE) is factored into reappointment decisions
- Medical Staff Credentialing and Privileging of Providers (revision)
- Medical Staff Credentialing Information Integrity and Data Security (revision)
- Gastroenterology Privileges (revision)
- Demographic Grid/Application Request (revision)



## **Clinical Practice Council (April 2026)**

- Reviews and approves all protocols, policies and plans that affect the delivery of patient care across the system (HGH, SL, AH)
- MEC approved several systemwide policies/protocols and medication order sets
- Ensures system wide clinical alignment to support safe, consistent patient care



May 11, 2026

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

From: Peter Hohl  
Executive Director

RE: Executive Director Report – May 2026

### **1. *Series B COP Update***

District staff met with Christina English and Adam Bauer of Fieldman on April 29<sup>th</sup> for a preplanning meeting regarding Series B COPs. The financing team and roles for Series A COPs were reviewed as well as a preliminary timeline.

Adam Bauer will attend the District's July Board meeting to provide a more detailed update on the plan and timeline for the Series B COPs and to seek Board adoption of a resolution authorizing the District to proceed with the financing.

### **2. *Jaber Property Shingle Replacement Project Update***

The District has signed a contract with Andy's Roofing for the shingle replacement project on buildings 2 and 3 of the Pearl St. property. A project kickoff meeting was held April 30<sup>th</sup> to make introductions and to talk generally about the project, timeline, and next steps. Jeff Cambra has agreed to fill the role of the District's project manager for this project.

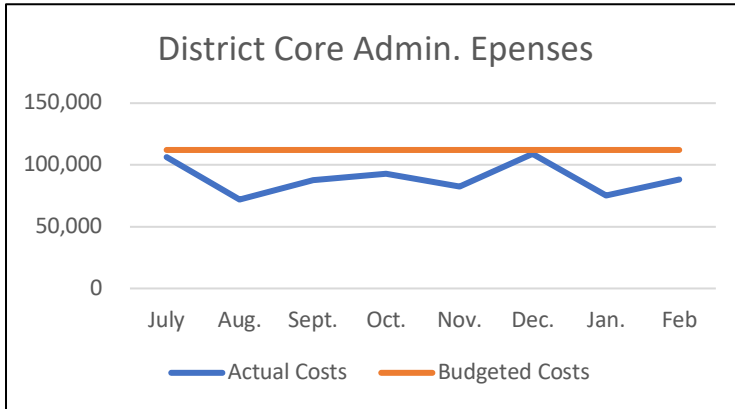
### **3. *Future District Policies Coming to the Board***

The District continues to develop policies that are required due to its status as an employer and a Special District. Policies in development for presentation at the July Board meeting include a records retention policy, a computer and equipment use policy, an expense reimbursement policy and a local vendor use policy.

**City of Alameda Health Care District  
February 2026 Financial Highlights**

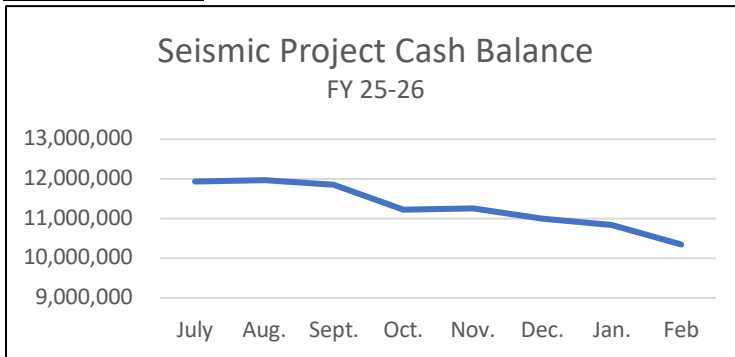
**4. February 2026 Financial Results**

**District Core Business**



- Administrative Expenses of \$88K were \$23K below budget in February and \$183K below budget FYTD
- The biggest driver for the district being under budget YTD continues to be savings as a result of not incurring planning and other expenses related to Series B COPs. This is somewhat offset by funding two ED's

**Seismic Project**

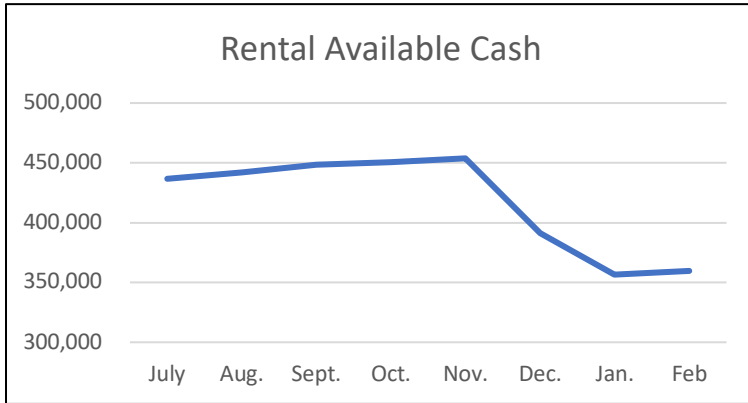


- The seismic project spent approximately \$527K in February and \$2.5 MM FYTD
- The cash balance at the end of February was \$ 10.3 MM

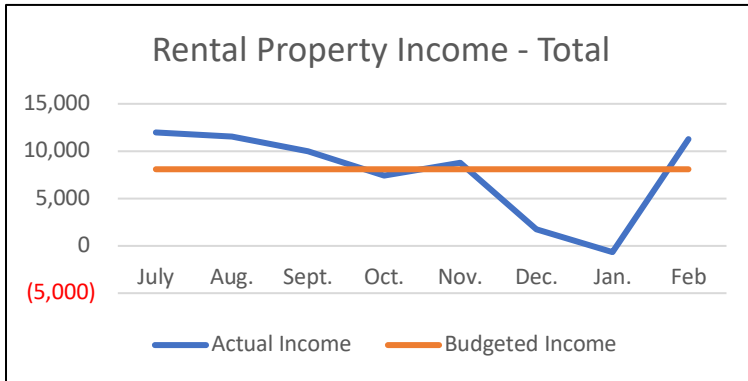
City of Alameda Health Care District  
February 2026 Financial Highlights

4. February 2026 Financial Results

**Rental Properties**



- Available cash for repairs and improvements at the end of February was \$360K
- Significant projects in the pipeline include shingle replacement on buildings 2 and 3 and complete rehabilitation of vacant apartment H



- February income of \$11K was slightly better than the budget of \$8K
- FYTD income was \$62K versus a budget of \$64K

**City of Alameda Health Care District  
Fiscal Year 2026 – 2027 Budget Highlights**

**5. FY 2026-2027 Budget Highlights**

**District Core Budget Key Drivers**

Interest Expense	36%
Legal/Professional Fees	21%
Staffing	17%
Insurance	9%
Depreciation	7%

- 90% of the District’s 2026 – 2027 fiscal year core budget is driven by 5 line items
- The largest budgeted expenditures are for COP interest payments of \$650K, \$300K for legal fees associated with Series B COP’s, staffing costs totaling \$313K, and insurance costs of \$172K

**Proposed District Budget versus Prior Year Budget**

Proposed Budget	\$1,932,792
Prior Year Budget	\$2,011,220

- The proposed Core District total budget is \$78K less than last year’s approved budget
- Staffing costs are \$33K less than last year driven by lower Executive Director expense and not having to pay agency fees for the District Clerk
- HARPP insurance costs are budgeted \$25K less than last year’s budget
- Budgeted miscellaneous expenses are \$37K less than last year’s budget

City of Alameda Health Care District  
Fiscal Year 2026 – 2027 Budget Highlights

5. FY 2026-2027 Budget Highlights

**Rental Properties Budget**

Proposed Budget Net Income	(\$74K)
Prior Year Budget Net Income	\$97K
Project FY End Cash	\$295K

- The District will incur significant one-time expenses for the shingle replacement project (\$100K) and the repair of Apartment H (\$100K)
- Unit H is also projected to be vacant for 3 months in the new fiscal year which lowers revenue

**Transfer to AHS**

Gross Revenue Available	\$6.46 MM
District Funding Required	<u>\$2.14 MM</u>
Projected AHS Transfer	\$4.32 MM

- Gross revenue available is the sum of parcel tax dollars and interest income
- District Funding required includes loan principal expense, which is not included in the budget



Date: May 11, 2026

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

From: Kristen Thorson, Project Manager  
Porter Consulting, LLC

Subject: May 2026 Update – Seismic and Operational Upgrade Projects

**Seismic and Operational Upgrade Projects**

Below is a high-level summary of recently completed key milestones related to the design and permitting of each project. Highlighted items reflect progress made since the March District Board Meeting. SPC4D activities including MTCAP and the Evaluation are critical path items for meeting 2030 and are driving the need for a Delay in Seismic Compliance under AB869.

Project	Milestone	Date
Compliance Plan <i>*01/01/2026 HCAI Mandate</i>	Submitted to HCAI*	11/24/2025
	Remarks Received from HCAI	12/19/2025
	Response Submitted	1/16/2026
	Remarks Received	4/1/2026
	Responses Submitted	<i>May 2026</i>
AB869 Delay in Seismic Compliance Application <i>*01/01/2026 HCAI Mandate</i>	Submitted to HCAI*	12/02/2025
	Remarks Letter Received	4/1/2026
	Responses Submitted with Compliance Plan	<i>May 2026</i>
2025 AB 1882 Annual Reporting <i>*12/31/2026 HCAI Mandate</i>	Submitted to HCAI*	12/29/2025
	Accepted by HCAI	1/12/2026
NPC 4 <i>*03/01/2026 HCAI Mandate</i>	NPC 4 Evaluation Letters Back Check #1 Responses Submitted	12/05/2025
	NPC 4 Evaluation Letters <ul style="list-style-type: none"> <li>Proposed Retrofit Acceptable for 6 out of 7 Buildings.</li> </ul> Response to Remarks on the 7 <sup>th</sup> Building to be submitted March 2026	1/26/2027
	Construction Documents Submitted to HCAI*	12/24/2025
	Remarks Received BC#1	4/10/2026
	Back Check 1 Responses Submitted to HCAI	<i>TBD</i>

Project	Milestone	Date
NPC 5 <i>*03/01/2026 HCAI Mandate</i>	Construction Documents for NPC 5 Upgrades Submitted to HCAI*	12/15/2025
	Back Check #1 Remarks Received from HCAI	2/19/2026
	City of Alameda - Fire Department Review of Fuel Tank Scope Submitted	2/4/2026
	City of Alameda – Voluntary Site Accessibility Improvements Submittal	4/13/2026
	Back Check 1 Responses Submitted to HCAI	4/14/2026
SPC4D Materials Testing (MTCAP) Stephens/West Wings	Materials Testing and Conditions Assessment Program Approval	12/11/2025
	Construction Documents Submitted to HCAI	12/23/2025
	Back Check #1 Remarks Received from HCAI	2/25/2026
	Back Check #1 Responses Submitted to HCAI	3/24/2026
	Back Check #2 Remarks Received from HCAI (45 days)	4/14/2026
	Back Check #1 Responses Submitted to HCAI	4/25/2026
SPC4D Evaluation Stephens/West Wings	Back Check #1 Remarks Received from HCAI	12/19/2025
	Back Check #1 Responses Submitted to HCAI	<i>May 2026</i>
NPC 5 and SPC4D: Geotech Report	Back Check 2 Responses Submitted to HCAI	12/30/2025
	CGS and HCAI Approval of Geotech Report	01/26/2026
Skilled Nursing Unit Renovation	Back Check #1 Remarks Received from HCAI	11/17/2025
	Back Check #1 Responses Submitted	02/12/2026
	Back Check #2 Remarks Received from HCAI	04/17/2026
	Back Check #2 Responses Submitted to HCAI	<i>TBD</i>
SNF Make Ready Project	HCAI Approved Plan Documents	11/21/2025
Moment Frame Project	HCAI Approved Plan Documents	10/13/2025

**Financials**

Financial Summary from prior Board reporting snapshot.

	February 2026	April 2026
Budget:	\$56,419,742	\$56,419,742
Total Committed:	\$8,382,277	\$8,451,474
Invoiced	\$5,316,109	\$5,600,528
Paid	\$4,956,949	\$5,451,475

The delta between invoiced and paid is due to a pending payment requisition in progress and will be processed this week. New Contracts and amended contracts are presented as action items for the Board meeting.

- Ratcliff – Contract Amendment
- Off-Site Parking and Shuttle Services Agreement between LAZ Parking, District and AHS – New

Refer to Exhibit A for additional details.

**Construction Bidding and Request for Qualifications and Proposals (RFQ/P’s)**

*Construction Bidding*

All projects were published for bid as of April 20, 2026. The schedule of key activities associated with the bidding process is outlined below.

The selected procurement method—a single general contractor approach, lowest responsible bidder—is intended to provide the District with earlier clarity on construction costs, address site constraints at the Alameda Hospital campus, and improve overall efficiency and coordination across the project team for this complex, integrated set of projects.

<b><i>Bid Dates and Activities</i></b>	
<b><i>Issue Bid</i></b>	Monday, April 20, 2026
<b><i>Mandatory Pre-Bid Conference RSVP</i></b>	Thursday, April 30, 2026
<b><i>Pre-Bid Conference RSVP by Porter</i></b>	Friday, May 1, 2026
<b><i>Pre-Bid Conference #1 10 am - 12 pm</i></b>	Tuesday, May 5, 2026
<b><i>Pre-Bid Conference #2 10 am - 12 pm</i></b>	Wednesday, May 6, 2026
<b><i>Pre-Bid Conference #3 10 am - 12 pm</i></b>	Thursday, May 7, 2026
<b><i>Pre-Bid RFI Due</i></b>	Thursday, May 21, 2026
<b><i>Pre-Bid RFI Response</i></b>	Thursday, June 4, 2026
<b><i>Final Addenda Issue Date</i></b>	Thursday, June 18, 2026
<b><i>Bid Due 11 am</i></b>	Wednesday, June 24, 2026
<b><i>Bid Opening 11 am</i></b>	Wednesday, June 24, 2026
<b><i>Board Meeting Approval</i></b>	<b>Monday, July 13, 2026</b>

The project team believes this approach represents the most effective strategy for successful execution and coordination across all projects.

Project advertisement was conducted in accordance with District policies and regulations, including publication across four (4) trade platforms and placement of a legal notice in a designated newspaper.

To manage site access and control the volume of attendees, the Pre-Bid Conference has been scheduled over three (3) separate days. As of the Board packet posting, there is strong representation from general contractors registered to attend the Pre-Bid Conferences.

### **Schedule**

The project remains on track with the master schedule and continues to progress in compliance with HCAI requirements. Construction activities are anticipated to begin in Q3 2026, starting with the Make Ready projects and the Moment Frame Project.

Approval of the Materials Testing and Condition Assessment Project by HCAI is anticipated in the coming months, which will allow this critical scope to commence as early as possible in support of critical path activities required to meet 2030 compliance.

The comprehensive master schedule is included as Exhibit B. The schedule has been issued as part of the public bid documents and reflects detailed activity durations and sequencing assumptions. Upon selection of a general contractor, the schedule will be further refined and updated to reflect current conditions, ongoing activities, and key milestones associated with HCAI compliance, as well as overall project completion targets.

### **Project Updates & Coordination Activities**

#### *SNF*

Coordination with AHS is ongoing as the team advances modifications to the Nurse Call System to align with AHS's systemwide standardization initiative, while also supporting operational planning and coordination.

#### *NPC 5*

The City of Alameda Fire Department has completed its review of the fuel tank component of the NPC 5 scope. In addition, voluntary site accessibility improvements have been submitted to the City of Alameda for review; this scope is not subject to review by HCAI.

*To accommodate wastewater tank installation and related construction activities, the existing designated accessible parking spaces will be removed. The project includes scope to relocate one accessible parking space and upgrade two additional spaces to meet current accessibility requirements, which will remain in place following construction.*

*Coordination between the NPC 5 and AHS HVAC Make Ready teams remains ongoing and well-integrated, ensuring alignment of design criteria and project objectives. This collaboration is essential to maintaining the SPC4D retrofit plan, preserving critical path activities, and advancing the HVAC Make Ready work while minimizing risk across both projects.*

*HVAC Coordination*

Coordination between the NPC 5 and AHS HVAC Make Ready teams remains ongoing and well-integrated, ensuring alignment of design criteria and project objectives. This collaboration is essential to maintaining the SPC4D retrofit plan, preserving critical path activities, and advancing the HVAC Make Ready work while minimizing risk across both projects.



# City of Alameda Health Care District










## Projects Summary

Project	Budget	Committed	Anticipated	(Over)/Under	Invoiced	Paid
<b>District Project 1 - NPC Upgrades</b> <b>CIT-18-003</b> Alameda Hospital NPC 4 and NPC 5 (Seismic Upgrade)	\$ 14,879,277	\$ 2,483,885	\$ 2,425,335	\$ 9,970,057	\$ 1,608,166	\$ 1,578,393
<b>District Project 2 - Stephens Wing (SPC)</b> <b>CIT-18-001</b> Alameda Hospital SPC 4D Projects - Stephens and West (Seismic Upgrade)	\$ 8,883,383	\$ 1,301,570	\$ 374,010	\$ 7,207,804	\$ 802,436	\$ 790,189
<b>District Project 3 - West Wing (SPC)</b> <b>CIT-18-002</b> Alameda Hospital SPC4D Upgrades to West Wing at Alameda Hospital	\$ 5,905,241	\$ 613,858	\$ 268,550	\$ 5,022,833	\$ 440,637	\$ 434,211
<b>District Project 4 - 2S SNF Unit (Operational Upgrad...</b> <b>CIT-18-004</b> Alameda Hospital Renovation of existing space on 2 South for an 18 Bed Skilled Nursing Unit	\$ 25,751,840	\$ 3,052,160	\$ 694,195	\$ 22,005,485	\$ 2,172,703	\$ 2,072,097
<b>Total</b>	<b>\$ 55,419,742</b>	<b>\$ 7,451,474</b>	<b>\$ 3,762,090</b>	<b>\$ 44,206,178</b>	<b>\$ 5,023,942</b>	<b>\$ 4,874,890</b>



# City of Alameda Health Care District

## Budget Line Summary

Budget Line	Projects	Budget	Committed	Comt vs Bud	Paid	% Complete
A & E Fees	4 Projects	\$ 4,285,410	\$ 3,621,177	\$ 664,233	\$ 2,263,270	PAID  62%
Consultants	4 Projects	\$ 890,670	\$ 802,905	\$ 87,764	\$ 562,392	PAID  70%
Equipment & Furnishings	4 Projects	\$ 4,908,860	\$ 0	\$ 4,908,860	\$ 0	PAID  0%
Hard Construction	4 Projects	\$ 32,265,722	\$ 327,885	\$ 31,937,837	\$ 283,345	PAID  86%
Inspection & Testing	4 Projects	\$ 1,129,300	\$ 111,079	\$ 1,018,221	\$ 107,342	PAID  96%
Owner Contingency	4 Projects	\$ 9,073,710	\$ 0	\$ 9,073,710	\$ 0	PAID  0%
Permits & Fees	4 Projects	\$ 967,972	\$ 421,533	\$ 546,439	\$ 421,533	PAID  100%
Project Management	4 Projects	\$ 1,898,098	\$ 2,166,895	(\$ 268,797)	\$ 1,247,983	PAID  57%
<b>Total</b>	<b>4 Projects</b>	<b>\$ 55,419,742</b>	<b>\$ 7,451,474</b>	<b>\$ 47,968,268</b>	<b>\$ 4,885,865</b>	PAID  65%

Alameda Hospital 2030 Seismic and Operational Upgrades - Bid Schedule

ID	Task Name	Start	Finish	2024				2025				2026				2027				2028				2029			2030				
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
1	<b>ALAMEDA HOSPITAL</b>	<b>Wed 5/1/24</b>	<b>Tue 7/30/30</b>																												
2																															
3	<b>SMRF JOINT EVALUATION</b>	<b>Wed 6/12/24</b>	<b>Wed 4/12/28</b>																												
4	<b>Moment Frame Design - Structural Program</b>	<b>Wed 6/12/24</b>	<b>Fri 8/8/25</b>																												
13	<b>Moment Frame - Structural Program + Plan Permitting</b>	<b>Fri 3/7/25</b>	<b>Wed 4/12/28</b>																												
14	HCAI Structural Program (South Wing) Submittal	Fri 3/7/25	Fri 3/7/25	◆ 3/7																											
15	HCAI Structural Program Analytical (South Wing) Backcheck #1 Response	Tue 5/20/25	Tue 5/20/25	◆ 5/20																											
16	HCAI Structural Program Analytical (South Wing) Backcheck #1 Submittal	Tue 6/10/25	Tue 6/10/25	◆ 6/10																											
17	HCAI Structural Program (South Wing) Approval	Thu 7/3/25	Thu 7/3/25	◆ 7/3																											
18	HCAI Structural Program Analytical (ED Addition) Submittal	Tue 3/25/25	Tue 3/25/25	◆ 3/25																											
19	HCAI Structural Program Analytical (ED Addition) Backcheck #1 Response	Wed 5/21/25	Wed 5/21/25	◆ 5/21																											
20	HCAI Structural Program Analytical (ED Addition) Backcheck #1 Submittal	Tue 6/10/25	Tue 6/10/25	◆ 6/10																											
21	HCAI Structural Program Analytical (ED Addition) Approval	Thu 7/3/25	Thu 7/3/25	◆ 7/3																											
22	HCAI Plan Submittal	Wed 8/6/25	Wed 8/6/25	◆ 8/6																											
23	HCAI Plan Backcheck #1 Comments [1.5 MO]	Tue 9/16/25	Tue 9/16/25	◆ 9/16																											
24	HCAI Plan Backcheck #1 Resubmittal [0.5 MO]	Tue 10/7/25	Tue 10/7/25	◆ 10/7																											
25	HCAI Plan Approval [1 MO]	Mon 10/13/25	Mon 10/13/25	◆ 10/13																											
26	HCAI Final Report Submittal - Phase 1 (SMRF MTCAR) [HCAI Critical MS]	Fri 7/16/27	Fri 7/16/27	◆ 7/16																											
27	HCAI Final Report Submittal - Phase 2	Fri 12/17/27	Fri 12/17/27	◆ 12/17																											
28	HCAI Final Report Submittal Backcheck #1 Comments [2 MO]	Tue 2/15/28	Tue 2/15/28	◆ 2/15																											
29	HCAI Final Report Submittal Backcheck #1 Resubmittal [1 MO]	Wed 3/15/28	Wed 3/15/28	◆ 3/15																											
30	HCAI Final Report Approval [1 MO]	Wed 4/12/28	Wed 4/12/28	◆ 4/12																											
31	<b>Moment Frame Bid / Contract / Owner Procurement</b>	<b>Mon 4/20/26</b>	<b>Wed 7/29/26</b>																												
32	RFP Issue to Contractors - Bid Package 1	Mon 4/20/26	Mon 4/20/26	◆ 4/20																											
33	RFP Project Site Walk - Bid Package 1	Tue 5/5/26	Thu 5/7/26	◆ 5/5																											
34	RFP RFI Due Date - Bid Package 1	Thu 5/21/26	Thu 5/21/26	◆ 5/21																											
35	RFP Bid Due / Bid Opening - Bid Package 1	Wed 6/24/26	Wed 6/24/26	◆ 6/24																											
36	Bid Protest Period Expires [5 calendar days]	Tue 6/30/26	Tue 6/30/26	◆ 6/30																											
37	Bid Review and Contract Prep	Wed 7/8/26	Wed 7/8/26	◆ 7/8																											
38	District Contract Approval (13 July Board Meeting)	Mon 7/13/26	Mon 7/13/26	◆ 7/13																											
39	"Notice of Award" - Bid / Project Award	Tue 7/14/26	Tue 7/14/26	◆ 7/14																											
40	Contract Execution, Contract Documents and Certifications Due [10 working days]	Wed 7/29/26	Wed 7/29/26	◆ 7/29																											
41	<b>Moment Frame Construction Milestones</b>	<b>Wed 8/12/26</b>	<b>Thu 3/9/28</b>																												
42	NTP / START Construction [Notice of Award + 20 working days]	Wed 8/12/26	Wed 8/12/26	◆ 8/12																											
43	Submittal Substitution Period Expires [Notice of Award + 35 calendar days]	Wed 8/19/26	Wed 8/19/26	◆ 8/19																											
44	Start Early Procurement Submittal Process	Thu 8/13/26	Thu 8/13/26	◆ 8/13																											
45	Contractor Mobilization	Thu 8/20/26	Thu 8/20/26	◆ 8/20																											
46	Submit for Building Permit	Fri 8/28/26	Fri 8/28/26	◆ 8/28																											
47	Obtain Building Permit	Tue 9/15/26	Tue 9/15/26	◆ 9/15																											
48	Notice to Start Construction	Wed 9/16/26	Wed 9/16/26	◆ 9/16																											
49	<b>Construction Phase 1</b>	<b>Thu 9/17/26</b>	<b>Wed 5/19/27</b>																												
50	Start Construction	Thu 9/17/26	Thu 9/17/26	◆ 9/17																											

### Alameda Hospital 2030 Seismic and Operational Upgrades - Bid Schedule

ID	Task Name	Start	Finish	2024												2025				2026				2027				2028				2029				2030			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
51	Construction Milestone - 20%	Wed 11/4/26	Wed 11/4/26	<b>Construction Milestone - 20% ♦ 11/4</b>																																			
52	Construction Milestone - 50%	Thu 1/21/27	Thu 1/21/27	<b>Construction Milestone - 50% ♦ 1/21</b>																																			
53	Finish Construction	Wed 5/19/27	Wed 5/19/27	♦ 5/19																																			
54	<b>Construction Phase 2</b>	<b>Fri 1/22/27</b>	<b>Fri 1/21/28</b>	◆ 1/21																																			
55	Approved Plan Cost Review and Allowance Approval [3 MO]	Fri 1/22/27	Fri 4/16/27	◆ 4/26																																			
56	District Contract Approval (5 calendar days)	Mon 4/26/27	Mon 4/26/27	◆ 5/20																																			
57	Start Construction	Thu 5/20/27	Thu 5/20/27	<b>Construction Milestone - 20% ♦ 7/9</b>																																			
58	Construction Milestone - 20%	Fri 7/9/27	Fri 7/9/27	<b>Construction Milestone - 50% ♦ 9/21</b>																																			
59	Construction Milestone - 50%	Tue 9/21/27	Tue 9/21/27	◆ 1/21																																			
60	Finish Construction	Fri 1/21/28	Fri 1/21/28	◆ 2/7																																			
61	Substantial Completion	Mon 2/7/28	Mon 2/7/28	<b>Construction Milestone - Final ♦ 2/23</b>																																			
62	Construction Milestone - Final	Wed 2/23/28	Wed 2/23/28	◆ 3/9																																			
63	Closeout Documents Received	Thu 3/9/28	Thu 3/9/28	◆ 11/12																																			
64	<b>NPC 4 UPGRADES</b>	<b>Wed 5/1/24</b>	<b>Wed 4/5/28</b>	◆ NPC 4 Evaluation Report (Program) [12/29/2023] Backcheck #1 Response																																			
65	<b>NPC 4 Design</b>	<b>Wed 5/1/24</b>	<b>Thu 12/18/25</b>	◆ 12/5																																			
77	<b>NPC 4 Permitting</b>	<b>Tue 11/12/24</b>	<b>Tue 9/8/26</b>	HCAI Plan Submittal ♦ 12/24																																			
78	NPC 4 Evaluation Report (Program) [12/29/2023] Backcheck #1 Response	Tue 11/12/24	Tue 11/12/24	◆ 4/10																																			
79	NPC 4 Evaluation Report (Program) Backcheck #1 Submittal	Fri 12/5/25	Fri 12/5/25	◆ 6/9																																			
80	NPC 4 Evaluation Report (Program) Approval	Mon 1/26/26	Mon 1/26/26	◆ 7/9																																			
81	HCAI Plan Submittal	Wed 12/24/25	Wed 12/24/25	◆ 8/7																																			
82	HCAI Plan Backcheck #1 Comments [3 MO]	Fri 4/10/26	Fri 4/10/26	◆ 9/8																																			
83	HCAI Plan Backcheck #1 Resubmittal [2 MO]	Tue 6/9/26	Tue 6/9/26	◆ 4/20																																			
84	HCAI Plan Backcheck #2 Comments [1 MO]	Thu 7/9/26	Thu 7/9/26	5/5   5/7																																			
85	HCAI Plan Backcheck #2 Resubmittal [1 MO]	Fri 8/7/26	Fri 8/7/26	◆ 5/21																																			
86	HCAI Plan Approval [1 MO]	Tue 9/8/26	Tue 9/8/26	◆ 6/24																																			
87	<b>NPC 4 Bid / Contract / Owner Procurement</b>	<b>Mon 4/20/26</b>	<b>Wed 7/8/26</b>	◆ 6/30																																			
88	RFP Issue to Contractors - Bid Package 1 Allowance	Mon 4/20/26	Mon 4/20/26	◆ 7/8																																			
89	RFP Project Site Walk - Bid Package 1 Allowance	Tue 5/5/26	Thu 5/7/26	9/9 — 10/23																																			
90	RFP RFI Due Date - Bid Package 1 Allowance	Thu 5/21/26	Thu 5/21/26	◆ 11/9																																			
91	RFP Bid Due / Bid Opening - Bid Package 1 Allowance	Wed 6/24/26	Wed 6/24/26	◆ 11/10																																			
92	Bid Protest Period Expires [5 calendar days]	Tue 6/30/26	Tue 6/30/26	◆ 11/30																																			
93	Bid Review and Contract Prep	Wed 7/8/26	Wed 7/8/26	◆ 12/14																																			
94	<b>NPC 4 Alternate Review / Execution</b>	<b>Wed 9/9/26</b>	<b>Mon 11/30/26</b>	◆ 12/21																																			
95	Approved Plan Cost Review and Allowance Review [1.5 MO]	Wed 9/9/26	Fri 10/23/26	◆ 12/15																																			
96	District Contract Approval (09 November Board Meeting)	Mon 11/9/26	Mon 11/9/26	◆ 12/22																																			
97	"Notice of Award" - Allowance Approval	Tue 11/10/26	Tue 11/10/26	◆ 12/14																																			
98	Contract Execution, Contract Documents and Certifications Due [10 working days]	Mon 11/30/26	Mon 11/30/26	◆ 12/21																																			
99	<b>NPC 4 Construction Milestones</b>	<b>Mon 12/14/26</b>	<b>Wed 4/5/28</b>	◆ 12/15																																			
100	NTP / START Construction [Notice of Award + 20 working days]	Mon 12/14/26	Mon 12/14/26	◆ 12/22																																			
101	Submittal Substitution Period Expires [Notice of Award + 35 calendar days]	Mon 12/21/26	Mon 12/21/26	◆ 12/14																																			
102	Start Early Procurement Submittal Process	Tue 12/15/26	Tue 12/15/26	◆ 12/21																																			
103	Contractor Mobilization	Tue 12/22/26	Tue 12/22/26	◆ 12/15																																			



**Alameda Hospital 2030 Seismic and Operational Upgrades - Bid Schedule**

ID	Task Name	Start	Finish	2024				2025				2026				2027				2028				2029				2030			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
157	<b>NPC 5 Construction Milestones</b>	<b>Wed 10/14/26</b>	<b>Tue 6/20/28</b>																												
158	NTP / START Construction [Notice of Award + 20 working days]	Wed 10/14/26	Wed 10/14/26																												
159	Submittal Substitution Period Expires [Notice of Award + 35 calendar days]	Wed 10/21/26	Wed 10/21/26																												
160	Start Early Procurement Submittal Process	Thu 10/15/26	Thu 10/15/26																												
161	Contractor Mobilization	Thu 10/22/26	Thu 10/22/26																												
162	Submit for Building Permit	Fri 10/30/26	Fri 10/30/26																												
163	Obtain Building Permit [HCAI Critical MS]	Tue 11/17/26	Tue 11/17/26																												
164	Notice to Start Construction	Wed 11/18/26	Wed 11/18/26																												
165	Start Construction	Mon 8/9/27	Mon 8/9/27																												
166	Tank Work Area #1 Completion	Wed 12/15/27	Wed 12/15/27																												
167	Sewer Tank Delivery	Wed 10/13/27	Wed 10/13/27																												
168	Tank Work Area #2 Completion	Mon 4/17/28	Mon 4/17/28																												
169	Construction Milestone - 20%	Wed 9/29/27	Wed 9/29/27																												
170	Construction Milestone - 50% [HCAI Critical MS]	Wed 12/15/27	Wed 12/15/27																												
171	Finish Construction	Tue 4/18/28	Tue 4/18/28																												
172	Substantial Completion	Wed 5/3/28	Wed 5/3/28																												
173	Construction Milestone - Final	Thu 5/18/28	Thu 5/18/28																												
174	Closeout Documents Received	Mon 6/5/28	Mon 6/5/28																												
175	Facility Training / Orientation	Tue 6/20/28	Tue 6/20/28																												
176	<b>MATERIAL TESTING and CONDITION ASSEMENT PROGRAM (MTCAP)</b>	<b>Wed 6/12/24</b>	<b>Tue 11/2/27</b>																												
177	<b>MTCAP Design</b>	<b>Wed 6/12/24</b>	<b>Tue 12/16/25</b>																												
185	<b>MTCAP Program + Plan Permitting</b>	<b>Thu 4/24/25</b>	<b>Tue 10/26/27</b>																												
186	HCAI Structural Materials Testing Program (MTCAP) Submittal	Thu 4/24/25	Thu 4/24/25																												
187	HCAI Structural Materials Testing Program (MTCAP) Backcheck #1 Response	Fri 5/9/25	Fri 5/9/25																												
188	HCAI Structural Materials Testing Program (MTCAP) Backcheck #1 Submittal	Mon 7/28/25	Mon 7/28/25																												
189	HCAI Structural Materials Testing Program (MTCAP) Backcheck #2 Response	Mon 9/8/25	Mon 9/8/25																												
190	HCAI Structural Materials Testing Program (MTCAP) Backcheck #2 Submittal	Wed 10/8/25	Wed 10/8/25																												
191	HCAI Structural Materials Testing Program (MTCAP) Approval	Thu 12/11/25	Thu 12/11/25																												
192	HCAI Plan Submittal	Tue 12/23/25	Tue 12/23/25																												
193	HCAI Plan Backcheck #1 Comments [3 MO]	Wed 2/25/26	Wed 2/25/26																												
194	HCAI Plan Backcheck #1 Resubmittal [2 MO]	Tue 3/24/26	Tue 3/24/26																												
195	HCAI Plan Backcheck #2 Comments [1 MO]	Tue 4/14/26	Tue 4/14/26																												
196	HCAI Plan Backcheck #2 Resubmittal [1 MO]	Wed 5/13/26	Wed 5/13/26																												
197	HCAI Plan Approval [1 MO]	Fri 6/12/26	Fri 6/12/26																												
198	Structural Program Materials Testing Results (MTCAR) Submittal	Mon 6/21/27	Mon 6/21/27																												
199	Structural Program Materials Testing Results (MTCAR) Approval [4 MO]	Tue 10/26/27	Tue 10/26/27																												
200	<b>MTCAP Bid / Contract / Owner Procurement</b>	<b>Mon 4/20/26</b>	<b>Wed 7/8/26</b>																												
201	RFP Issue to Contractors - Bid Package 1 Allowance	Mon 4/20/26	Mon 4/20/26																												
202	RFP Project Site Walk - Bid Package 1 Allowance	Tue 5/5/26	Thu 5/7/26																												
203	RFP RFI Due Date - Bid Package 1 Allowance	Wed 5/20/26	Wed 5/20/26																												
204	RFP Bid Due / Bid Opening - Bid Package 1 Allowance	Wed 6/24/26	Wed 6/24/26																												
205	Bid Protest Period Expires [5 calendar days]	Tue 6/30/26	Tue 6/30/26																												









Alameda Hospital 2030 Seismic and Operational Upgrades - Bid Schedule

ID	Task Name	Start	Finish	2024												2025				2026				2027				2028				2029				2030			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3					
395	<b>AHS OVERSIGHT PROJECTS</b>	Mon 12/25/23	Thu 6/24/27	AHS OVERSIGHT PROJECTS																																			
396	<b>HVAC Make Ready Temp Systems</b>	Mon 12/25/23	Mon 6/15/26	HVAC Make Ready Temp Systems																																			
397	<b>Design</b>	Mon 12/25/23	Fri 5/17/24	[Green bar]																																			
398	Design Start	Mon 12/25/23	Mon 12/25/23	[Green diamond]																																			
399	Design Finish	Fri 5/17/24	Fri 5/17/24	5/17																																			
400	<b>Permitting</b>	Mon 5/20/24	Fri 1/10/25	[Orange bar]																																			
401	Permit Start	Mon 5/20/24	Mon 5/20/24	5/20																																			
402	Permit Finish	Fri 1/10/25	Fri 1/10/25	1/10																																			
403	<b>Construction</b>	Mon 2/3/25	Mon 6/15/26	[Blue bar]																																			
404	Construction Start	Mon 2/3/25	Mon 2/3/25	2/3																																			
405	Construction Finish	Mon 6/15/26	Mon 6/15/26	6/15																																			
406	<b>HVAC Humidification</b>	Thu 12/28/23	Thu 4/30/26	HVAC Humidification																																			
407	<b>Design</b>	Thu 12/28/23	Fri 1/2/26	[Green bar]																																			
408	Design Start	Thu 12/28/23	Thu 12/28/23	[Green diamond]																																			
409	Design Finish	Fri 7/26/24	Fri 7/26/24	7/26																																			
410	Funding Process	Mon 9/29/25	Fri 1/2/26	[Black bar]																																			
411	<b>Permitting</b>	Mon 1/20/25	Fri 4/25/25	[Orange bar]																																			
412	Permit Start	Mon 1/20/25	Mon 1/20/25	[Orange diamond]																																			
413	Permit Finish	Fri 4/25/25	Fri 4/25/25	[Orange diamond]																																			
414	<b>Construction</b>	Mon 7/22/24	Thu 4/30/26	[Blue bar]																																			
415	System Testing and Repairs	Mon 7/22/24	Fri 1/17/25	[Blue diamond]																																			
416	Construction Start	Mon 1/5/26	Mon 1/5/26	1/5																																			
417	Construction Finish	Thu 4/30/26	Thu 4/30/26	4/30																																			
418	<b>HVAC Pumps, Expansion Tanks, Air-Sep</b>	Wed 7/24/24	Tue 8/11/26	HVAC Pumps, Expansion Tanks, Air-Sep																																			
419	<b>Design</b>	Wed 7/24/24	Fri 9/13/24	[Green bar]																																			
420	Design Start	Wed 7/24/24	Wed 7/24/24	7/24																																			
421	Design Finish	Fri 9/13/24	Fri 9/13/24	9/13																																			
422	<b>Permitting</b>	Mon 9/16/24	Fri 11/14/25	[Orange bar]																																			
423	Permit Start	Mon 9/16/24	Mon 9/16/24	9/16																																			
424	Permit Finish	Fri 12/27/24	Fri 12/27/24	12/27																																			
425	Funding Hold	Mon 1/6/25	Fri 11/14/25	[Black bar]																																			
426	<b>Construction</b>	Mon 12/1/25	Tue 8/11/26	[Blue bar]																																			
427	Construction Start	Mon 12/1/25	Mon 12/1/25	12/1																																			
428	Construction Finish	Tue 8/11/26	Tue 8/11/26	8/11																																			
429	<b>HVAC BMS Controls</b>	Wed 1/8/25	Wed 3/31/27	HVAC BMS Controls																																			
430	<b>Design</b>	Wed 1/8/25	Fri 6/12/26	[Green bar]																																			
431	Funding Release	Wed 1/8/25	Wed 12/24/25	[Black bar]																																			
432	Design Start	Thu 3/26/26	Thu 3/26/26	3/26																																			
433	Design Finish	Fri 6/12/26	Fri 6/12/26	6/12																																			
434	<b>Permitting</b>	Mon 6/15/26	Tue 10/6/26	[Orange bar]																																			
435	Permit Start	Mon 6/15/26	Mon 6/15/26	6/15																																			
436	Permit Finish	Tue 10/6/26	Tue 10/6/26	10/6																																			



May 11, 2026

From: Dr. Robert Deutsch

Re: Alameda Hospital Liaison Update

Service	Alameda Hosp-outpatient
EKG	yes
Echocardiogram	yes
Cardiac stress test	No
Pulmonary Function tests	No
X-rays	yes
CT scans	yes
Ultrasound	yes
Nuclear Medicine	No
Bone density	yes
MRI scans	yes
Infusion services	No
Screening Mammograms	yes
Diagnostic mammograms	No
Interventional radiology	No
Surgical services	No



May 11, 2026

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

FROM: David Sayen – AHS Liaison

RE: AHS Liaison Update

- We have formed a joint committee under the auspices of the MEC with their leadership, three board members, the CMO and CEO. We meet monthly.
- The contract with the physicians represented by SEIU is coming to an end and those negotiations will be a challenge.
- The Health Committee (of the BOS) has asked to see the budget in draft at their June meeting. We are looking at a significant deficit.
- We celebrated the arrangement with Stanford publicly, they filled the leased beds.
- I attended the VIP prequel to the Soul of Spring event and met several folks from Stanford, they are clearly committed to the relationship.

May 11, 2026

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

FROM: Jeff Cambra – Communications Committee

RE: Communications Committee Update

### **Community Outreach - Elected Officials**

In March, Peter and Jeff began an “Introduction Campaign” to establish contacts with all the local, regional, state, and federal elected representatives to make them aware of the District, its function, the relationship with Alameda Health Systems, and update them on the status of the seismic project.

To date, the District met with the following City of Alameda elected officials including Mayor Marilyn Ashcraft, Vice Mayor Michelle Pryor, Councilmember Greg Boller, and Councilmember Tracy Jensen. It also met with the following AUSD board of trustee members: President Ryan La Londe, Vice President Heather Little, and Trustee members Jennifer Williams and Carrie Hahnel. Staff also had a zoom meeting with Alameda County Board of Supervisors board member Lena Tam.

Staff will continue to set up meetings with the remainder of the elected representatives that cover the City of Alameda including Councilmember Tony Daysog, AUSD Trustee Gary Lym, State Assemblymember Mia Bonta and Senate member Jesse Arreguin, US House of Representative Lateefah Simon and U.S. Senators Padilla and Shiff.

### **Press Release for Seismic Project**

A mockup of a seismic construction update has been created and is being reviewed with AHS. A copy of the release is included in this report. (SEE ATTACHED).

### **4<sup>th</sup> of July Parade – Participation**

The District will again sponsor the cable car to transport AHS staff in the City of Alameda’s Fourth of July Parade. The District will also rent a convertible if there are three board members interested in participating. Please contact Alix by May 15, 2026 to confirm participation.



## Spring Market – Participation



The District participated in the Downtown Alameda Business Association’s Spring Market by staffing a space in the event and having attendees test their knowledge of the District by taking a quiz with the opportunity to win a gift certificate to a local restaurant. The District received thirty-five questionnaires which gave staff the opportunity to directly engage with residents to both inform them of the District and hear about their experiences with Alameda Hospital.

**ALAMEDA HOSPITAL**

*Take the quiz  
Win a prize*

**Who owns Alameda Hospital?**  
a) City of Alameda b) Alameda Health Care District  
c) Alameda Health Systems d) Alameda County

**Who provides medical services at Alameda Hospital?**  
a) City of Alameda b) Alameda Health Care District  
c) Alameda Health Systems d) Alameda County

**Can residents go to Alameda Hospital for blood tests  
and other lab work??**  
YES NO

**Can residents go to Alameda Hospital for imaging like  
X-Rays and an MRI?**  
YES NO

**Will Alameda Hospital meet all the state earthquake  
requirements by 2030?**  
YES NO MAYBE

## Publicity - Meet the District Board

At the last board meeting, the board approved a community outreach topic list which included a “Meet the Board” post for distribution to the community using local Alameda social media outlets including a number of Facebook groups, Next Door Alameda, and Alameda Reddit. Other avenues would include the Alameda Post. The text would include board positions for each member, a list of items that appear routinely on the District’s agenda, and the date of our next regularly scheduled meeting. Here is the draft of the accompanying graphic. The two formats are to fit the preferred format for various platforms.



The next scheduled publicity post will cover the history of Alameda Hospital starting from when it was called Alameda Sanitarium.

# Alameda Hospital Construction Bulletin



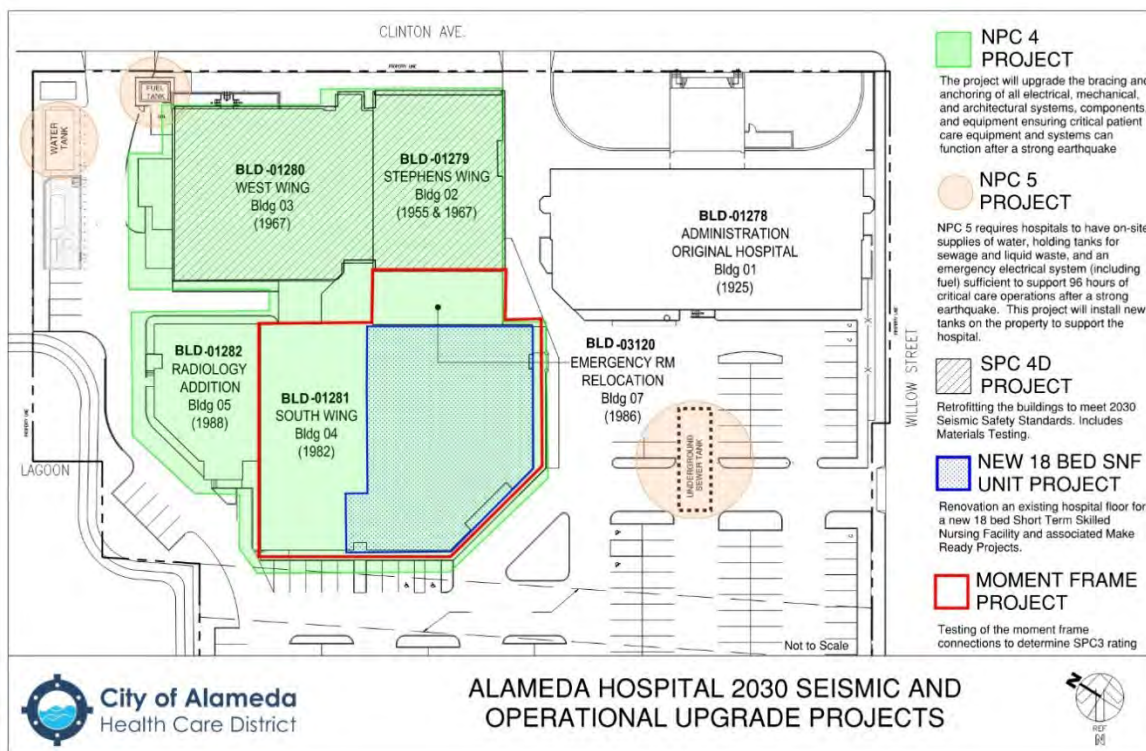
**City of Alameda**  
Health Care District

Issue: #1 | Date: May 2026

Welcome to the 1<sup>st</sup> Edition of the Alameda Hospital Construction Bulletin brought to you by the City of Alameda Health Care District (“District”). This bulletin provides a summary overview of Seismic and Operational Upgrade Projects, timelines, and what to expect on and around the hospital campus. For up-to-date information visit [www.alamedahealthcaredistrict.org/](http://www.alamedahealthcaredistrict.org/) or <https://www.alamedahealthsystem.org/alameda-hospital-seismic-updates>

## What are the Seismic and Operational Upgrade projects?

California Senate Bill 1953 requires all California General Acute-Care Hospitals to meet graduated structural and nonstructural seismic strengthening requirements by established deadlines of January 1, 2002, 2008, and 2030. The extent of work required depends on the structural design, age, and use of the impacted buildings. The District is leading a \$56 million project to achieve full seismic compliance at Alameda hospital by 2030 that will also include the addition of an 18-bed short-stay skilled nursing unit on the second floor of the South Wing (“Operational Upgrade Project”). The District is financing these projects using a portion of the parcel tax revenue received from Alameda residents and is closely partnering with Alameda Health System.



## Timeline & Upcoming Milestone

- Multiple seismic-related construction projects begin this year starting in Q3 2026 and work will also begin on the interior renovations under the Operational Upgrade Project.
- Visit the District’s website for more detailed information regarding the timeline for all projects.

[Timeline - City of Alameda Health Care District](#) –

## Featured Project Updates

### 18 Bed Skilled Nursing Unit —

Renovation of an existing hospital floor into a new 18 bed short term skilled nursing facility unit *expanding services to the community*



Figure 1 Rendering of new unit and Nurse Station



Figure 2 Rendering of 2nd Floor Lobby renovation with project

- **Status:** Design / Permitting Phase
- **Est. Start of Construction:** Q4 2026
- **Est. Construction Duration:** 12 months

## Anticipated Campus Impacts (Patient, Visitor, & Staff Information)

These projects will impact the facility and surrounding neighborhood. Our goal is to mitigate these impacts to the best of our ability and to ensure frequent and effective communications to those impacted through a variety of methods including this Bulletin.

### What should I expect with construction activities?

- **Care Continuity:** The Hospital and Emergency Room will remain open with continuation of all services for the community. There may be temporary impacts to services but our goal is to reduce these impacts to limited periods of time and to provide ample prior notification.
- **Parking:** These projects will impact parking and the parking lot and result in a reduction to the availability of parking spaces at the hospital. Offsite parking with shuttle service will be necessary with the goal of reserving remaining hospital parking spaces for patients and patient care.
- **Entrances & Routes:** Temporary closures and redirects in/out of the facility will be necessary at various times during construction.
- **Noise/Work Hours:** We anticipate there will be some noise during interior and exterior construction work and the project team is committed to following all noise ordinances. Typical work hours are expected to be Monday – Friday, from 6 am – 4 pm, with the possibility of occasional off-hours work to reduce impact on hospital services.
- **Safety:** Construction zones will be clearly marked. We ask that everyone use caution when near designated work zones and stay behind all barriers.

## Questions or Concerns?

**Facilities/Project Team:** [Name/Role] | [Phone] | [Email]

**Communications:** [Name/Email] (media/community inquiries)

*You are receiving this update to support awareness of hospital campus improvements. Timelines are estimates and may change. Please share this information with teams and community partners as appropriate.*



MEETING MINUTES: MARCH 9, 2026

LOCATION: CONFERENCE ROOM A

**BOARD MEMBERS PRESENT:**

Mr. Cambra, Ms. Codiga, Dr. Chen, Mr. Sayen, Dr. Deutsch

**DISTRICT REPRESENTATIVES PRESENT:**

Mr. Hohl, Mr. Driscoll, Ms. Stebbins, Ms. Williams

**OTHERS PRESENT:**

Terrance Shaw, Grace Mesina, Dr. Catherine Pyun, Kristen Thorson, Richard Espinoza, Louise Nakada

**CALL TO ORDER**

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

**ALAMEDA HOSPITAL UPDATES**

**LEADERSHIP TRANSITION:**

- Mr. Shaw introduced Salma Adin as the new Chief Administrative Officer and Assistant Chief Nurse Officer for the Northern Region.
- He noted that she brings extensive leadership experience and is currently transitioning into the role.

**PERFORMANCE AND PATIENT EXPERIENCE:**

- Mr. Shaw reported that hospital performance remains strong, with continued improvement across operations and patient experience.
- Inpatient performance has exceeded targets for four consecutive months.
- Emergency Department performance is improving following workflow and staffing adjustments.
- Early February patient experience scores are trending positively.

**CARE EXPERINCE AND COMMUNICATION:**

- The hospital continues to focus on improving cleanliness through deep cleaning and facility updates.
- Staff are reinforcing discharge communication to ensure patients understand their care instructions.



- Language access continues to expand, with interpreter services and multilingual discharge materials available.

#### **WORKFORCE AND OPERATIONAL PRESSURES:**

- Increased patient volumes have led to higher overtime and missed breaks among staff.
- FTE vacancies have improved from 19 to 15.1, though staffing pressures remain.
- Facilities costs increased due to five flooding incidents, which have since been addressed.

#### **CLINICAL IMPROVEMENTS AND ACCESS:**

- Clinical quality metrics continue to improve, including reductions in patient harm rates.
- Emergency Department redesign efforts are improving patient flow and privacy.
- Leadership is evaluating expanded outpatient services to improve access and reduce ED utilization.

#### **POST-ACUTE SERVICES UPDATE:**

- Mr. Espinoza reported that post-acute services remain stable, with strong compliance and improving performance.
- Multiple regulatory visits resulted in no findings, indicating continued compliance.
- CMS ratings adjusted from 5-star to 3-star due to staffing turnover and scoring changes. Quality ratings remain high.
- January performance was impacted by a flu outbreak, which reduced census levels.
- February performance improved, with volumes exceeding expectations and financial recovery underway.

#### **MEDICAL STAFF UPDATE**

- Dr. Pyun reported that the CT scanner was down for nine days, which was longer than typical repair timelines.
- The delay was caused by vendor communication issues and parts availability.
- The outage impacted Emergency Department operations, including patient flow and ambulance diversions.
- Corrective actions include establishing local parts inventory and improving vendor response expectations.

#### **LEADERSHIP TRANSITION:**

- Dr. Pyun announced that Dr. Manasa Kaluri will assume the role of Chief of Staff effective April 1.

### **AHS FINANCE REPORT:**

- Ms. Mesina provided a financial update, noting that January performance was below budget while year-to-date performance remains favorable.
- She explained that the variance was primarily driven by higher operating costs rather than a decline in patient activity.
- Medi-Cal collections are under review, with lower collection rates impacting revenue.
- Salaries and benefits exceeded budget due to increased imaging costs and higher patient activity.
- Purchased services and supplies remained in line with budget, with minor timing differences.
- Patient volumes exceeded expectations across multiple service lines.
- Emergency Department performance improved, with LWBS decreasing from 53 in January to approximately 36 in February.
- SNF performance was below budget in January due to flu-related impacts but improved in February.
- January margin was below budget; year-to-date performance remains favorable.

### **DISTRICT AND OPERATIONAL UPDATES:**

#### **PRESIDENT'S REPORT:**

- Mr. Cambra provided an overview of Board priorities and ongoing efforts related to community engagement.
- He emphasized the importance of increasing public awareness and ensuring the community has a clearer understanding of the District's role and services.
- Mr. Cambra noted that communication remains a key focus area moving forward, particularly in addressing gaps in public awareness.

#### **EXECUTIVE DIRECTOR'S REPORT:**

- Mr. Hohl provided updates on district operations, projects, and administrative matters.
- He reported that the seismic retrofit and operational upgrade projects continue to progress through planning, coordination, and regulatory review.
- Mr. Hohl noted that property management and improvement efforts are ongoing, with a focus on maintaining district assets.
- A Board retreat is scheduled for July 10 at 1:00 p.m. to support strategic planning and discussion.

#### **FINANCIAL OVERVIEW:**

- Core district operations are currently running below budget, reflecting cost management efforts.



- Seismic project funds remain strong, with approximately \$10.8–\$11 million available.
- Rental property performance has been impacted by recent capital improvements but continues to generate revenue.

#### SEISMIC PROJECT UPDATE:

- Ms. Thorson provided an update on the seismic and operational upgrade projects, noting continued progress through state review and coordination phases.
- Projects are continuing to move through the HCAI review process, requiring coordination across agencies.
- Plan review fees are estimated at \$60,000 to \$90,000.
- The project team has shifted to a single contractor delivery approach to improve coordination and efficiency.
- Construction activity is expected to increase during Q2 through Q4, with multiple projects occurring simultaneously.
- Testing related to the SNF Make Ready project and moment frame work is underway, with early results trending favorably.

#### AHS BOARD LIAISON REPORT:

- Mr. Sayen reported that Alameda Health System is facing a projected budget shortfall of approximately \$17 million to \$37 million.
- The Board previously authorized layoffs and cost reductions in response to the projected deficit.
- Layoffs have been deferred through June 30 to evaluate alternative approaches.
- The County has requested further analysis of options, including maintaining certain behavioral health programs.
- An ad hoc committee has been formed to work with AHS leadership and labor representatives on potential solutions.
- A formal update is expected at the March 17 Board of Supervisors meeting.

#### COMMUNICATIONS SUBCOMMITTEE:

- Mr. Cambra discussed the need to improve public awareness of hospital services and district activities.
- Community members remain unaware of available services and recent improvements.
- Mr. Cambra emphasized the importance of consistent and proactive communication moving forward.



- Revival of the Kate Creighton Award was discussed, as the award has not been presented since 2015. The award recognizes a healthcare provider who has made significant contributions to the health of the Alameda community and honors Kate Creighton, founder of the hospital in the late 1800s and a key figure in its early operations.

#### PROPERTY MANAGEMENT REPORT:

- Mr. Cambra reported the electrical panel replacement project has been completed following a multi-month permitting process.
- Fence replacement is estimated at \$8,370, with outreach to adjacent property owners underway.
- A vacant unit requires significant renovation due to poor conditions.
- Renovation costs are estimated at \$80,000 to \$100,000.
- The property generates approximately \$12,000 to \$15,000 per month in rental income.
- Prolonged vacancy may result in losses of approximately \$2,000 per month.

#### CONSENT AGENDA:

The Board reviewed and approved the consent agenda.

**Motion:** Dr. Chen

**Second:** Dr. Deutsch

**Result:** Approved unanimously

#### GUEST PRESENTATION:

##### BROWN ACT & PUBLIC RECORDS ACT:

- Mr. Driscoll, District legal counsel, provided an overview of recent updates to the Brown Act, including changes related to teleconferencing and meeting participation requirements.
- He presented a summary comparing prior requirements, updates under SB 707, and key considerations for Board members.
- The guidance focused on practical application, particularly when Board members may participate remotely and the conditions required for compliance.

##### Public Records Act & Document Retention:

- Mr. Driscoll also reviewed requirements under the Public Records Act, noting that any communication related to District business may be considered a public record, regardless of format or device used.

- This includes emails, text messages, and other electronic communications, even when conducted on personal devices.
- Public records requests may require retrieval of communications with no time limitation, which could be burdensome without clear policies in place.
- The Board discussed the importance of establishing formal policies for document retention and the use of personal devices to ensure compliance and reduce administrative burden.
- It was noted that Public Records Act obligations may continue to apply to Board members even after leaving their position, for communications created during their tenure.

**ACTION ITEMS:**

**COP FUND INVESTMENT:**

The Board approved transitioning COP (Certificates of Participation) funds to the Local Agency Investment Fund (LAIF), a state-managed investment pool, to improve investment returns while maintaining liquidity for ongoing project expenses.

**Motion:** Dr. Deutsch

**Second:** Dr. Chen

**Result:** Approved unanimously

**INSPECTOR OF RECORD CONTRACT:**

The Board approved awarding a contract to Benchmark Inspection to serve as the Inspector of Record, which is required by California law to ensure that seismic construction work complies with approved plans, safety standards, and regulatory requirements.

**Motion:** Dr. Deutsch

**Second:** Ms. Codiga

**Result:** Approved unanimously

**DELEGATION OF AUTHORITY:**

The Board approved delegating authority to the Executive Director to approve certain seismic-related contracts up to \$220,000, to allow timely decision-making and maintain project momentum between Board meetings.

**Motion:** Dr. Deutsch

**Second:** Mr. Sayen

**Result:** Approved unanimously



**ADJOURNMENT:**

The meeting was adjourned at 7:52 p.m.



**MEETING MINUTES: APRIL 13, 2026**

**LOCATION: 1402 PARK STREET**

**BOARD MEMBERS PRESENT:**

Mr. Cambra, Ms. Codiga, Mr. Sayen, Dr. Deutsch (T.C.), Dr. Chen (T.C.)

**DISTRICT REPRESENTATIVES:**

Mr. Hohl, Mr. Driscoll, Ms. Williams

**OTHERS PRESENT:**

Kristen Thorson, Richard Espinoza, Louise Nakada

**CALL TO ORDER:**

The meeting was called to order at 4 p.m., with a quorum present.

**ACTION ITEMS:**

**1. Shingle Project – Contract Authorization**

- Board reviewed the shingle replacement project for Buildings B and C at the Pearl Street Apartments, to be completed as a like-for-like replacement.
- Contract awarded to Andy's Roofing Co. Inc., the sole respondent to the RFP.
- Contractor meets prevailing wage requirements, verified through the California Department of Industrial Relations and outside counsel.

Motion: To authorize the Executive Director to execute the contract (Enclosures 2–48) was made by Mr. Sayen, seconded by Dr. Deutsch.

Vote (Roll Call):

- Ms. Codiga – Yes
- Dr. Chen – Yes
- Mr. Cambra – Yes

Result: Motion passed unanimously.

**2. Bank Account Authorization Update**

Motion: To remove the former Executive Director from District bank accounts was made by Dr. Deutsch, seconded by Mr. Sayen.

Vote (Roll Call):

- Mr. Cambra – Yes
- Dr. Chen – Yes
- Ms. Codiga – Yes

Result: Motion passed unanimously.

**ADJOURNMENT:**

The meeting was adjourned at 4:12 p.m.



# CITY OF ALAMEDA HEALTH CARE DISTRICT

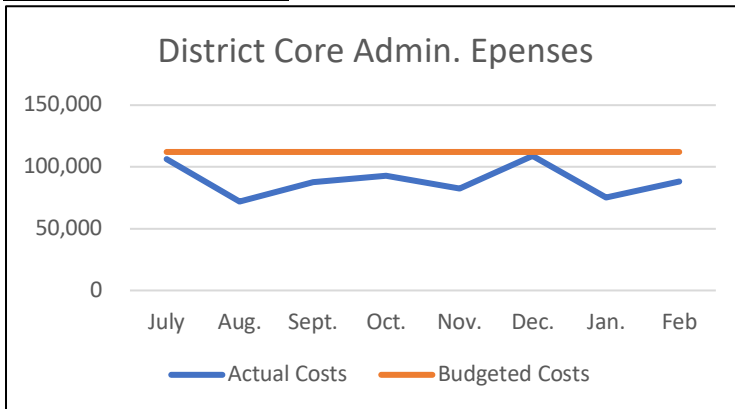
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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
(February 1 - 28, 2026)

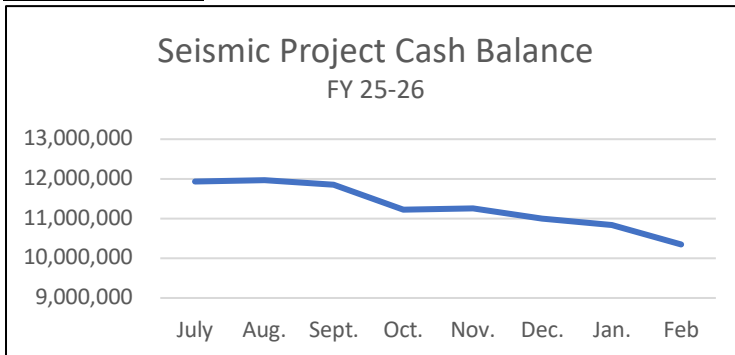
**City of Alameda Health Care District  
February 2026 Financial Highlights**

**District Core Business**



- Administrative Expenses of \$88K were \$23K below budget in February and \$183K below budget FYTD
- The biggest driver for the district being under budget YTD continues to be savings as a result of not incurring planning and other expenses related to Series B COPs. This is somewhat offset by funding two ED's

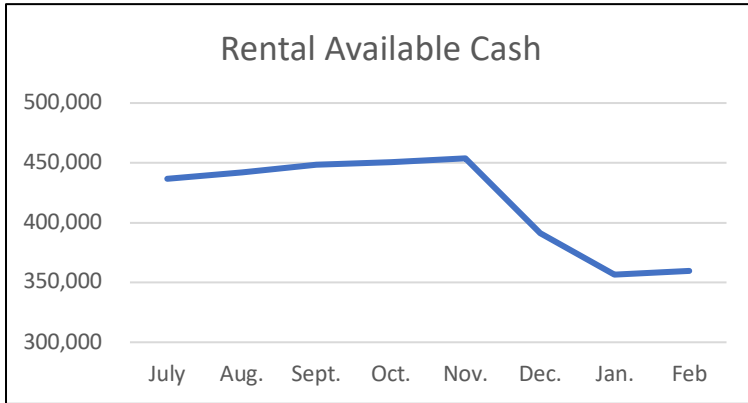
**Seismic Project**



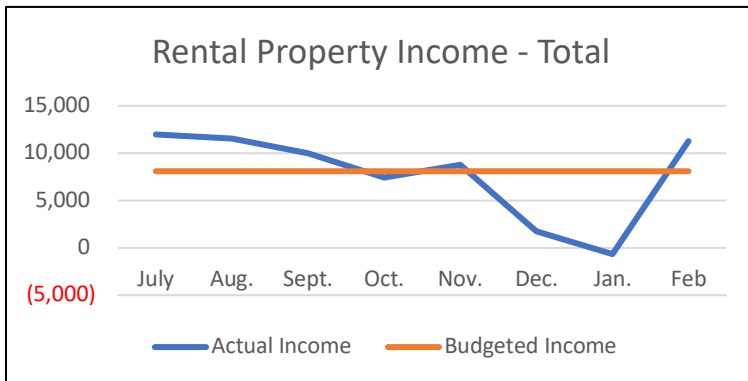
- The seismic project spent approximately \$527K in February and \$2.5 MM FYTD
- The cash balance at the end of February was \$ 10.3 MM

**City of Alameda Health Care District  
February 2026 Financial Highlights**

**Rental Properties**



- Available cash for repairs and improvements at the end of February was \$360K
- Significant projects in the pipeline include shingle replacement on buildings 2 and 3 and complete rehabilitation of vacant apartment H



- February income of \$11K was slightly better than the budget of \$8K
- FYTD income was \$62K versus a budget of \$64K

**Statement of Activity**  
**City of Alameda Health Care District**  
**DISTRICT CORE - February 2026**

	Total	
	Feb 2026	FYTD Feb 2026
Revenue		
<b>Gross Profit</b>		
Expenditures		
Operating Expenses		
5280 Other Purchased Services	\$846	\$15,591
5290 Insurance	\$15,649	\$126,072
5300 Internet/Phone Expense	\$1,906	\$4,712
5350 Payroll & Employee benefit Expenses	\$23,109	\$110,036
5365 Payroll Processing Fee	\$53	\$432
5390 Food/Meals	\$2,232	\$5,514
5410 Accounting Fees	\$1,700	\$32,350
5430 Legal & Professional Fees	\$12,938	\$74,646
5490 Executive Director	\$14,000	\$145,000
5510 Lease Expense Building	\$1,898	\$18,243
5550 Interest Expense	\$3,410	\$29,875
5800 Depreciation Exp Building	\$10,546	\$84,364
5810 Depreciation Exp Equipment	\$79	\$631
5999 Misc. Operating Expenses	\$40	\$1,303
5250 Bank Service Charges	\$0	\$694
5260 Dues and Subscriptions	\$0	\$5,971
5270 District Stipend	\$0	\$2,195
5310 Utilities	\$0	\$2,871
5380 Travel	\$0	\$5,369
5400 Executive Assistant	\$0	\$69,163
5450 Education and Conferences	\$0	\$9,410
5470 Office Supplies	\$0	\$3,868
<b>Total for Operating Expenses</b>	<b>\$88,406</b>	<b>\$748,311</b>
<b>Total for Expenditures</b>	<b>\$88,406</b>	<b>\$748,311</b>
<b>Net Operating Revenue</b>	<b>(\$88,406)</b>	<b>(\$748,311)</b>
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	\$514,583	\$4,116,667
<b>Total for Nonoperating Revenue</b>	<b>\$514,583</b>	<b>\$4,116,667</b>
<b>Total for Other Revenue</b>	<b>\$514,583</b>	<b>\$4,116,667</b>
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		\$3,020,750
<b>Total for Nonoperating Expenses</b>		<b>\$3,020,750</b>
<b>Total for Other Expenditures</b>		<b>\$3,020,750</b>
<b>Net Other Revenue</b>	<b>\$514,583</b>	<b>\$1,095,916</b>
<b>Net Revenue</b>	<b>\$426,177</b>	<b>\$347,605</b>

**City of Alameda Health Care District**  
**Statement of Activity**  
**JABER PROPERTIES - February 2026**

	Depreciation		1359 Pearl Street		2711 Encinal Ave		Total Rental Property	
	Feb 2026	FYTD Feb 2026	Feb 2026	FYTD Feb 2026	Feb 2026	FYTD Feb 2026	Feb 2026	FYTD Feb 2026
<b>Revenue</b>								
Operating Revenue							\$0	\$0
4100 Rental Revenues			\$14,899	\$119,371	\$3,331	\$28,464	\$18,230	\$147,835
4110 Laundry Income			\$0	\$1,021			\$0	\$1,021
<b>Total Operating Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,899</b>	<b>\$120,392</b>	<b>\$3,331</b>	<b>\$28,464</b>	<b>\$18,230</b>	<b>\$148,856</b>
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,899</b>	<b>\$120,392</b>	<b>\$3,331</b>	<b>\$28,464</b>	<b>\$18,230</b>	<b>\$148,856</b>
<b>Gross Profit</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,899</b>	<b>\$120,392</b>	<b>\$3,331</b>	<b>\$28,464</b>	<b>\$18,230</b>	<b>\$148,856</b>
<b>Expenditures</b>								
Operating Expenses							\$0	\$0
5000 Rental Property Expenses							\$0	\$0
5105 Landscaping			\$275	\$6,850			\$275	\$6,850
5110 Mngt fees Jaber			\$762	\$5,982	\$171	\$1,457	\$932	\$7,440
5120 Repairs & Mntc- Jaber			\$885	\$30,814		\$1,035	\$885	\$31,848
5130 Utilities			\$1,088	\$9,502			\$1,088	\$9,502
5165 Depreciation Exp Building Rental	\$3,771	\$29,705					\$3,771	\$29,705
5170 Misc. Expenses-Rental				\$894			\$0	\$894
<b>Total 5000 Rental Property Expenses</b>	<b>\$3,771</b>	<b>\$29,705</b>	<b>\$3,010</b>	<b>\$54,042</b>	<b>\$171</b>	<b>\$2,492</b>	<b>\$6,952</b>	<b>\$86,239</b>
<b>Total Operating Expenses</b>	<b>\$3,771</b>	<b>\$29,705</b>	<b>\$3,010</b>	<b>\$54,042</b>	<b>\$171</b>	<b>\$2,492</b>	<b>\$6,952</b>	<b>\$86,239</b>
<b>Total Expenditures</b>	<b>\$3,771</b>	<b>\$29,705</b>	<b>\$3,010</b>	<b>\$54,042</b>	<b>\$171</b>	<b>\$2,492</b>	<b>\$6,952</b>	<b>\$86,239</b>
<b>Net Operating Revenue</b>	<b>(\$3,771)</b>	<b>(\$29,705)</b>	<b>\$11,889</b>	<b>\$66,350</b>	<b>\$3,160</b>	<b>\$25,972</b>	<b>\$11,278</b>	<b>\$62,617</b>
<b>Net Revenue</b>	<b>(\$3,771)</b>	<b>(\$29,705)</b>	<b>\$11,889</b>	<b>\$66,350</b>	<b>\$3,160</b>	<b>\$25,972</b>	<b>\$11,278</b>	<b>\$62,617</b>

**Cash Available for Maintenance/Repairs**

Month Ending Bank Statement Cash Balance  
Less: Amount Due AHS for Fiscal Years 2024 & 2025  
Less: Current FY Due AHS for 20% of Net Revenue  
Less: Current FY Due AHS for 20% of Cash Balance  
Estimated Cash Available for Maintenance/Repairs

\$709,774
(\$247,552)
(\$12,523)
(\$89,940)
<b>\$359,759</b>

**Statement of Activity**  
**City of Alameda Health Care District**  
**DISTRICT CONSOLIDATED - February 2026**

	Total	
	Feb 2026	FYTD Feb 2026
Revenue		
Operating Revenue		
4100 Rental Revenues	\$18,230	\$147,835
4110 Laundry Income	\$0	\$1,021
4500 Gains, Interest, etc	\$36,224	\$313,575
<b>Total for Operating Revenue</b>	<b>\$54,454</b>	<b>\$462,431</b>
<b>Total for Revenue</b>	<b>\$54,454</b>	<b>\$462,431</b>
<b>Gross Profit</b>	<b>\$54,454</b>	<b>\$462,431</b>
Expenditures		
Operating Expenses		
5000 Rental Property Expenses		
5105 Landscaping	\$275	\$6,850
5110 Mngt fees Jaber	\$932	\$7,440
5120 Repairs & Mntc- Jaber	\$885	\$31,848
5130 Utilities	\$1,088	\$9,502
5165 Depreciation Exp Building Rental	\$3,771	\$29,705
5170 Misc. Expenses-Rental		\$894
<b>Total for 5000 Rental Property Expenses</b>	<b>\$6,952</b>	<b>\$86,239</b>
5280 Other Purchased Services	\$846	\$15,591
5290 Insurance	\$15,649	\$126,072
5300 Internet/Phone Expense	\$1,906	\$4,712
5350 Payroll & Employee benefit Expenses	\$23,109	\$110,036
5365 Payroll Processing Fee	\$53	\$432
5390 Food/Meals	\$2,232	\$5,514
5410 Accounting Fees	\$1,700	\$32,350
5430 Legal & Professional Fees	\$12,938	\$74,646
5490 Executive Director	\$14,000	\$145,000
5510 Lease Expense Building	\$1,898	\$18,243
5550 Interest Expense	\$3,410	\$169,354
5800 Depreciation Exp Building	\$10,546	\$84,364
5810 Depreciation Exp Equipment	\$79	\$631
5999 Misc. Operating Expenses	\$40	\$1,303
5250 Bank Service Charges	\$0	\$694
5260 Dues and Subscriptions	\$0	\$5,971
5270 District Stipend	\$0	\$2,195
5310 Utilities	\$0	\$2,871
5380 Travel	\$0	\$5,369
5400 Executive Assistant	\$0	\$69,163
5450 Education and Conferences	\$0	\$9,410

5470 Office Supplies	\$0	\$3,868
<b>Total for Operating Expenses</b>	<b>\$95,358</b>	<b>\$974,029</b>
<b>Total for Expenditures</b>	<b>\$95,358</b>	<b>\$974,029</b>
<b>Net Operating Revenue</b>	<b>(\$40,904)</b>	<b>(\$511,598)</b>
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	\$514,583	\$4,116,667
<b>Total for Nonoperating Revenue</b>	<b>\$514,583</b>	<b>\$4,116,667</b>
<b>Total for Other Revenue</b>	<b>\$514,583</b>	<b>\$4,116,667</b>
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		\$3,020,750
<b>Total for Nonoperating Expenses</b>		<b>\$3,020,750</b>
<b>Total for Other Expenditures</b>		<b>\$3,020,750</b>
<b>Net Other Revenue</b>	<b>\$514,583</b>	<b>\$1,095,916</b>
<b>Net Revenue</b>	<b>\$473,679</b>	<b>\$584,318</b>

**Statement of Financial Position**  
**City of Alameda Health Care District**  
**DISTRICT CONSOLIDATED - As of Feb 28, 2026**

	Total	
	As of Feb 28, 2026	As of Jun 30, 2025
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	\$2,619,188	\$2,864,930
1002 Bank of Marin - Rental Property	\$709,774	\$847,965
1003 Drysdale Property Management Acct	\$19,602	
1004 US Bank - Trust Account	\$10,359,603	\$13,032,539
<b>Total for Bank Accounts</b>	<b>\$13,708,166</b>	<b>\$16,745,433</b>
Other Current Assets		
1069 Property Tax Receivable	\$1,080,514	\$307,476
1101 Prepaid and other assets	\$68,040	\$14,537
1102 Prepaid and other assets - J	\$0	(\$0)
<b>Total for Other Current Assets</b>	<b>\$1,148,554</b>	<b>\$322,013</b>
<b>Total for Current Assets</b>	<b>\$14,856,720</b>	<b>\$17,067,446</b>
Fixed Assets		
1230 Leasehold Improvements	\$14,481	\$14,481
1250 Construction in Progress	\$4,779,508	\$2,297,875
Hospital Property		
1200 Land	\$267,945	\$267,945
1210 Land Improvements	\$286,897	\$286,897
1221 Hospital Buildings	\$22,864,173	\$22,864,173
1222 Building Improvements	\$1,571,566	\$1,571,566
1225 Fixed Equipment	\$3,747,274	\$3,747,274
1260 Accumulated Depr-Land Improvements	(\$286,897)	(\$286,897)
1271 Accumulated Depr-Hospital Buildings	(\$23,974,341)	(\$23,893,559)
1275 Accumulated Depr-Fixed Equipment	(\$3,740,033)	(\$3,739,402)
1280 Accumulated Depr-Leasehold Improvement	(\$14,840)	(\$14,840)
<b>Total for Hospital Property</b>	<b>\$721,743</b>	<b>\$803,157</b>
Jaber Property		
1201 Land Jaber Property	\$610,000	\$610,000
1228 Equipment-Jaber	\$6,529	
1229 Other Bldgs - Rental Property	\$1,073,488	\$1,073,488
1232 Improvement-Jaber	\$51,808	
1279 Accumulated Depr-Other Bldgs Rental Prop	(\$840,729)	(\$811,024)
<b>Total for Jaber Property</b>	<b>\$901,097</b>	<b>\$872,464</b>
SNF (CW&S) Property		
1202 Land(CW&S)	\$212,113	\$212,113
1231 Other Assets SNF(CW&S)	\$134,336	\$134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	(\$127,737)	(\$124,155)

<b>Total for SNF (CW&amp;S) Property</b>	<b>\$218,712</b>	<b>\$222,294</b>
<b>Total for Fixed Assets</b>	<b>\$6,635,540</b>	<b>\$4,210,271</b>
Other Assets		
1199 Lease Receivable	\$127,101	\$127,101
<b>Total for Other Assets</b>	<b>\$127,101</b>	<b>\$127,101</b>
<b>Total for Assets</b>	<b>\$21,619,361</b>	<b>\$21,404,818</b>
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	(\$36,057)	(\$36,057)
<b>Total for Accounts Payable</b>	<b>(\$36,057)</b>	<b>(\$36,057)</b>
Credit Cards		
2030 Credit Card Payable	\$5,510	
<b>Total for Credit Cards</b>	<b>\$5,510</b>	
Other Current Liabilities		
2018 Cur Portion of Bank Loan	\$25,040	\$25,040
2019 Cur Portion of Bond Oblgs	\$295,000	\$293,792
2021 Accrued Liabilities	\$71,468	\$79,368
2022 Interest Payable	\$0	\$195,271
<b>Total for Other Current Liabilities</b>	<b>\$391,507</b>	<b>\$593,471</b>
<b>Total for Current Liabilities</b>	<b>\$360,961</b>	<b>\$557,414</b>
Long-term Liabilities		
2199 Deferred revenue	\$119,127	\$119,127
2250 Bond Obligations	\$12,951,208	\$13,096,208
2251 Bond Premium	\$1,419,337	\$1,433,559
2270 Debt Obligations	\$735,410	\$753,410
<b>Total for Long-term Liabilities</b>	<b>\$15,225,082</b>	<b>\$15,402,304</b>
<b>Total for Liabilities</b>	<b>\$15,586,043</b>	<b>\$15,959,718</b>
Equity		
3100 Unrestricted Net Assets	\$1,534,323	\$1,534,323
3200 Net Assets Trust	(\$87,700)	(\$87,700)
3300 Restricted net assets	\$1,724,329	\$1,720,429
3400 Invested Capital, net of deb	\$2,278,048	\$2,278,048
Retained Earnings	\$0	\$0
Net Income	\$584,318	(\$0)
<b>Total for Equity</b>	<b>\$6,033,318</b>	<b>\$5,445,100</b>
<b>Total for Liabilities and Equity</b>	<b>\$21,619,361</b>	<b>\$21,404,818</b>

**Statement of Cash Flows**  
**City of Alameda Health Care District**  
**DISTRICT CONSOLIDATED July 2025 - February 2026**

	<b>Total</b>
<b>OPERATING ACTIVITIES</b>	
Net Income	\$584,318
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1069 Property Tax Receivable	(\$773,037)
1101 Prepaid and other assets	(\$53,503)
1102 Prepaid and other assets - J	(\$0)
1232 Jaber Property:Improvement-Jaber	(\$51,808)
2019 Cur Portion of Bond Oblgs	\$1,208
2021 Accrued Liabilities	(\$7,900)
2022 Interest Payable	(\$195,271)
2030 Credit Card Payable	\$5,510
<b>Total for Adjustments to reconcile Net Income to Net Cash provided by operations:</b>	<b>(\$1,074,803)</b>
<b>Net cash provided by operating activities</b>	<b>(\$490,485)</b>
<b>INVESTING ACTIVITIES</b>	
1228 Jaber Property:Equipment-Jaber	(\$6,529)
1250 Construction in Progress	(\$2,481,632)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	\$80,782
1275 Hospital Property:Accumulated Depr-Fixed Equipment	\$631
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	\$29,705
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	\$3,582
<b>Net cash provided by investing activities</b>	<b>(\$2,373,461)</b>
<b>FINANCING ACTIVITIES</b>	
2250 Bond Obligations	(\$145,000)
2251 Bond Premium	(\$14,222)
2270 Debt Obligations	(\$17,999)
3300 Restricted net assets	\$3,900
<b>Net cash provided by financing activities</b>	<b>(\$173,321)</b>
<b>NET CASH INCREASE FOR PERIOD</b>	<b>(\$3,037,267)</b>
<b>Cash at beginning of period</b>	<b>\$16,745,433</b>
<b>CASH AT END OF PERIOD</b>	<b>\$13,708,166</b>

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**Date:** May 11, 2026  
**To:** City of Alameda Health Care District Board of Directors  
**From:** Peter Hohl, Executive Director  
**Subject:** Proposed District Fiscal Year 2026-2027 Operating Budget

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### **RECOMMENDATION**

Approve the District's Fiscal Year 2026-2027 operating budget and Jaber property budget.

### **OVERVIEW**

Per Section 2.2 of the Joint Powers Agreement, the District is permitted to withhold and retain amounts from Parcel Tax Revenue to fund reasonable costs and expenses incurred by the District. This includes costs associated with required services, cost of elections, meetings, strategic planning, insurance, legal obligations and other administrative expenses.

### **APPROACH**

The FY 26-27 District budget was developed by first reviewing all accounting transactions recorded in the District's online accounting system for FY 25-26 to determine cost categories that would be applicable for FY 26-27 and to validate/update projected spending amounts. The District then evaluated whether any new expenditures would be incurred in FY 26-27 that were not reflected in the current fiscal year and estimated the amount of those costs. Similarly, the district evaluated whether there were current FY expenditures that would not be incurred in FY 26-27 and removed those costs. Finally, the FY 26-27 budget was compared versus the 25-26 FY budget and run rate to evaluate any changes and to do a reasonability check on the amounts budgeted for FY 26-27.

Subject matter experts were consulted as needed to provide updates regarding cost estimates. For example, the District's insurance brokers provided insurance cost estimates for FY 26-27.

### **BUDGET SUMMARY**

Revenue/Other Income. Parcel tax revenue was calculated based on an estimated 20,820 parcels paying an annual parcel tax of \$298, less 1.7% for the county commission fee. Other Income was calculated based on FY 25–26 amounts. Estimates for other income associated with Series B COP's were NOT included.

Expenses. The District's core FY 26-27 budget is \$1.9 MM and is approximately \$78K less than the FY 25-26 budget. There are 5 budget line items that account for 90% of the total budget and include interest expense, legal/professional fees, staffing, insurance, and depreciation. The largest expenditures are for COP interest payments (\$650K), legal fees related to Series B

COP's (\$300K), staffing costs (\$313K), and insurance costs (\$172K).

Jaber Properties. The Jaber properties will incur significant expenses related to the shingle replacement project (\$100K) and the repair/refurbishment of vacant apartment H (\$100K). In addition, revenue will be impacted due to the vacancy of apartment H. As a result, the Jaber properties are projected to lose approximately \$74K during the next fiscal year. Despite this, cash reserves are sufficient to fund all planned projects and the cash balance at the end of FY 26-27 is projected to be \$295K.

Transfer to AHS. The transfer of parcel tax payments to AHS, net of District expenses, COP principal and interest payments, and expenses associated with Series B COP's, is projected to be approximately \$4.3 million.

**City of Alameda Health Care District  
Fiscal Year 2026 – 2027 Budget Highlights**

**District Core Budget Key Drivers**

Interest Expense	36%
Legal/Professional Fees	21%
Staffing	17%
Insurance	9%
Depreciation	7%

- 90% of the District’s 2026 – 2027 fiscal year core budget is driven by 5 line items
- The largest budgeted expenditures are for COP interest payments of \$650K, \$300K for legal fees associated with Series B COP’s, staffing costs totaling \$313K, and insurance costs of \$172K

**Proposed District Budget versus Prior Year Budget**

Proposed Budget	\$1,932,792
Prior Year Budget	\$2,011,220

- The proposed Core District total budget is \$78K less than last year’s approved budget
- Staffing costs are \$33K less than last year driven by lower Executive Director expense and not having to pay agency fees for the District Clerk
- HARPP insurance costs are budgeted \$25K less than last year’s budget
- Budgeted miscellaneous expenses are \$37K less than last year’s budget

**City of Alameda Health Care District  
Fiscal Year 2026 – 2027 Budget Highlights**

**Rental Properties Budget**

Proposed Budget Net Income	(\$74K)
Prior Year Budget Net Income	\$97K
Project FY End Cash	\$295K

- The District will incur significant one-time expenses for the shingle replacement project (\$100K) and the repair of Apartment H (\$100K)
- Unit H is also projected to be vacant for 3 months in the new fiscal year which lowers revenue

**Transfer to AHS**

Gross Revenue Available	\$6.46 MM
District Funding Required	<u>\$2.14 MM</u>
Projected AHS Transfer	\$4.32 MM

- Gross revenue available is the sum of parcel tax dollars and interest income
- District Funding required includes loan principal expense, which is not included in the budget

**City of Alameda Health Care District  
2026 - 2027 Budget  
District Core**

<b>Account</b>	<b>FY 26-27 Budget</b>	<b>FY 25-26 Budget</b>	<b>FY 25-26 Forecast</b>	<b>Variance vs. Prior Budget</b>	<b>Variance vs. Forecast</b>
<b>Operating Revenue</b>					
Interest/Other Income	\$372,000	\$200,000	\$376,284	\$172,000	(\$4,284)
Total Operating Revenue	\$372,000	\$200,000	\$376,284	\$172,000	(\$4,284)
<b>Expenses</b>					
Bank Service Charges	\$0	\$0	\$850	\$0	\$850
Dues and Subscriptions	\$15,000	\$0	\$7,200	(\$15,000)	(\$7,800)
District Stipends	\$4,200	\$4,200	\$3,250	\$0	(\$950)
Other Purchased Services	\$20,436	\$0	\$21,000	(\$20,436)	\$564
Insurance	\$172,255	\$196,895	\$188,000	\$24,640	\$15,745
Payroll & Employee Benefits	\$313,106	\$0	\$202,435	(\$313,106)	(\$110,671)
Payroll Taxes	\$23,953	\$0	\$7,881	(\$23,953)	(\$16,072)
Payroll Processing Fee	\$1,800	\$0	\$644	(\$1,800)	(\$1,156)
Food and Meals	\$4,000	\$0	\$6,934	(\$4,000)	\$2,934
Executive Assistant	\$0	\$125,000	\$69,163	\$125,000	\$69,163
Accounting Fees	\$33,100	\$33,000	\$39,000	(\$100)	\$5,900
Legal and Professional Fees	\$412,000	\$396,750	\$120,000	(\$15,250)	(\$292,000)
Office Supplies	\$5,000	\$35,000	\$4,600	\$30,000	(\$400)
Admin. Building Lease	\$25,056	\$24,000	\$24,243	(\$1,056)	(\$813)
Interest Expense	\$696,250	\$713,875	\$656,579	\$17,625	(\$39,671)
Depreciation: Buildings	\$126,552	\$131,000	\$126,548	\$4,448	(\$4)
Depreciation: Equipment	\$948	\$0	\$951	(\$948)	\$3
Internet and Phone	\$3,516	\$0	\$6,120	(\$3,516)	\$2,604
Utilities	\$0	\$0	\$0	\$0	\$0
Travel	\$9,500	\$0	\$6,500	(\$9,500)	(\$3,000)
Education and Conferences	\$17,050	\$15,000	\$13,000	(\$2,050)	(\$4,050)
Community Involvement/Promotion	\$24,990	\$35,000	\$20,500	\$10,010	(\$4,490)
Community Donations	\$20,000	\$15,000	\$13,500	(\$5,000)	(\$6,500)
Miscellaneous Expense	\$4,000	\$41,500	\$1,584	\$37,500	(\$2,416)
Executive Director	\$0	\$245,000	\$152,000	\$245,000	\$152,000
Total Expenses	\$1,932,712	\$2,011,220	\$1,692,482	\$78,508	(\$240,230)
<b>Net Operating Income</b>	<b>(\$1,560,712)</b>	<b>(\$1,811,220)</b>	<b>(\$1,316,198)</b>	<b>\$250,508</b>	<b>(\$244,514)</b>

**City of Alameda Health Care District  
2026 - 2027 Budget  
District Core**

<b>Account</b>	<b>FY 26-27 Budget</b>	<b>% of Budget</b>
Expenses		
Dues and Subscriptions	\$15,000	0.8%
District Stipends	\$4,200	0.2%
Other Purchased Services	\$20,436	1.1%
Insurance	\$172,255	8.9%
Payroll & Employee Benefits	\$313,106	16.2%
Payroll Taxes	\$23,953	1.2%
Payroll Processing Fee	\$1,800	0.1%
Food and Meals	\$4,000	0.2%
Accounting Fees	\$33,100	1.7%
Legal and Professional Fees	\$412,000	21.3%
Office Supplies	\$5,000	0.3%
Admin. Building Lease	\$25,056	1.3%
Interest Expense	\$696,250	36.0%
Depreciation: Buildings	\$126,552	6.5%
Depreciation: Equipment	\$948	0.0%
Internet and Phone	\$3,516	0.2%
Utilities	\$0	0.0%
Travel	\$9,500	0.5%
Education and Conferences	\$17,050	0.9%
Community Involvement/Promotion	\$24,990	1.3%
Community Donations	\$20,000	1.0%
Miscellaneous Expense	\$4,000	0.2%
<b>Total Expenses</b>	<b>\$1,932,712</b>	<b>100.0%</b>

**Notes:**

90% of the District's total budget is for five line items:

Staffing	17.5%
Insurance	8.9%
Legal/Professional Fees	21.3%
Interest Expense	36.0%
Depreciation	6.6%

**City of Alameda Health Care District**  
**2026 - 2027 Budget**  
**Jaber Properties**

<b>Account</b>	<b>FY 26-27 Budget</b>	<b>FY 25-26 Budget</b>	<b>FY 25-26 Forecast</b>	<b>Variance vs. Prior Budget</b>	<b>Variance vs. Forecast</b>
<b>Operating Revenue</b>					
Rental Property Revenue	\$216,000	\$227,300	\$222,000	(\$11,300)	(\$6,000)
Laundry Income	\$1,750	\$0	\$1,750	\$1,750	\$0
Interest/Other Income	\$0	\$5,000	\$0	(\$5,000)	\$0
<b>Total Operating Revenue</b>	<b>\$217,750</b>	<b>\$232,300</b>	<b>\$223,750</b>	<b>(\$14,550)</b>	<b>(\$6,000)</b>
<b>Expenses</b>					
Landscaping	\$11,300	\$0	\$11,300	(\$11,300)	\$0
Management Fees	\$11,200	\$11,116	\$11,200	(\$84)	\$0
Repairs and Maintenance	\$200,000	\$50,000	\$53,000	(\$150,000)	(\$147,000)
Utilities	\$14,500	\$15,877	\$14,500	\$1,377	\$0
Insurance	\$8,926	\$8,216	\$8,216	(\$710)	(\$710)
Miscellaneous Expenses	\$2,000	\$5,000	\$1,500	\$3,000	(\$500)
Depreciation Expense	\$44,500	\$45,000	\$44,500	\$500	\$0
<b>Total Expenses</b>	<b>\$292,426</b>	<b>\$135,209</b>	<b>\$144,216</b>	<b>(\$157,217)</b>	<b>(\$148,210)</b>
<b>Net Revenue Over Expenses</b>	<b>(\$74,676)</b>	<b>\$97,091</b>	<b>\$79,534</b>	<b>(\$171,767)</b>	<b>(\$154,210)</b>

Notes

1. Includes cost to repair Unit H - \$100K
2. Includes cost to replace shingles on buildings 2 and 3 - \$100K
3. Includes reduction in rental income for Unit H for 3 months in the new fiscal year
4. The cash balance remaining at the end of fiscal year 2026 - 2027 would be approximately \$295K

**City of Alameda Health Care District  
2026 - 2027 Budget  
Consolidated**

<b>Account</b>	<b>FY 26-27 Budget</b>	<b>FY 25-26 Budget</b>	<b>FY 25-26 Forecast</b>	<b>Variance vs. Prior Budget</b>	<b>Variance vs. Forecast</b>
<b>Operating Revenue</b>					
Rental Property Revenue	\$216,000	\$227,300	\$222,000	(\$11,300)	(\$6,000)
Laundry Income	\$1,750	\$0	\$1,750	\$1,750	\$0
Interest/Other Income	\$372,000	\$205,000	\$0	\$167,000	\$372,000
<b>Total Operating Revenue</b>	<b>\$589,750</b>	<b>\$432,300</b>	<b>\$223,750</b>	<b>\$157,450</b>	<b>\$366,000</b>
<b>Expenses</b>					
Rental Property Expenses	\$292,426	\$135,209	\$144,216	(\$157,217)	(\$148,210)
Bank Service Charges	\$0	\$0	\$850	\$0	\$850
Dues and Subscriptions	\$15,000	\$0	\$7,200	(\$15,000)	(\$7,800)
District Stipends	\$4,200	\$4,200	\$3,250	\$0	(\$950)
Other Purchased Services	\$20,436	\$0	\$21,000	(\$20,436)	\$564
Insurance	\$172,255	\$196,895	\$188,000	\$24,640	\$15,745
Payroll & Employee Benefits	\$313,106	\$0	\$202,435	(\$313,106)	(\$110,671)
Payroll Taxes	\$23,953	\$0	\$7,881	(\$23,953)	(\$16,072)
Payroll Processing Fee	\$1,800	\$0	\$644	(\$1,800)	(\$1,156)
Food and Meals	\$4,000	\$0	\$6,934	(\$4,000)	\$2,934
Executive Assistant	\$0	\$125,000	\$69,163	\$125,000	\$69,163
Accounting Fees	\$33,100	\$33,000	\$39,000	(\$100)	\$5,900
Legal and Professional Fees	\$412,000	\$396,750	\$120,000	(\$15,250)	(\$292,000)
Office Supplies	\$5,000	\$35,000	\$4,600	\$30,000	(\$400)
Admin. Building Lease	\$25,056	\$24,000	\$24,243	(\$1,056)	(\$813)
Interest Expense	\$696,250	\$713,875	\$656,579	\$17,625	(\$39,671)
Depreciation: Buildings	\$126,552	\$131,000	\$126,548	\$4,448	(\$4)
Depreciation: Equipment	\$948	\$0	\$951	(\$948)	\$3
Internet and Phone	\$3,516	\$0	\$6,120	(\$3,516)	\$2,604
Utilities	\$0	\$0	\$0	\$0	\$0
Travel	\$9,500	\$0	\$6,500	(\$9,500)	(\$3,000)
Education and Conferences	\$17,050	\$15,000	\$13,000	(\$2,050)	(\$4,050)
Community Involvement/Promotion	\$24,990	\$35,000	\$20,500	\$10,010	(\$4,490)
Community Donations	\$20,000	\$15,000	\$13,500		
Miscellaneous Expense	\$4,000	\$41,500	\$1,584	\$37,500	(\$2,416)
Executive Director	\$0	\$245,000	\$152,000	\$245,000	\$152,000
<b>Total Expenses</b>	<b>\$2,225,138</b>	<b>\$2,146,429</b>	<b>\$1,836,698</b>	<b>(\$73,709)</b>	<b>(\$381,940)</b>
<b>Net Operating Income</b>	<b>(\$1,635,388)</b>	<b>(\$1,714,129)</b>	<b>(\$1,612,948)</b>	<b>\$83,741</b>	<b>(\$15,940)</b>
<b>Non-Operating Revenue</b>					
District Tax Revenue	\$6,098,886	\$6,221,942	\$6,174,996	(\$123,056)	(\$76,110)
<b>Total Non-Operating Revenue</b>	<b>\$6,098,886</b>	<b>\$6,221,942</b>	<b>\$6,174,996</b>	<b>(\$123,056)</b>	<b>(\$76,110)</b>
<b>Non-Operating Expenses</b>					
Transfers to AHS	\$4,335,486	\$4,204,307	\$4,020,750	(\$131,179)	(\$314,736)
<b>Total Non-Operating Expenses</b>	<b>\$4,335,486</b>	<b>\$4,204,307</b>	<b>\$4,020,750</b>	<b>(\$131,179)</b>	<b>(\$314,736)</b>
<b>Net Non-Operating Revenue</b>	<b>\$1,763,400</b>	<b>\$2,017,635</b>	<b>\$2,154,246</b>	<b>\$8,123</b>	<b>\$238,626</b>
<b>Net Income</b>	<b>\$128,012</b>	<b>\$303,506</b>	<b>\$541,298</b>	<b>\$91,864</b>	<b>\$222,686</b>

**City of Alameda Health Care District  
2026 - 2027 Budget  
AHS Funds Transfer**

	<b>FY 26-27 Budget</b>	<b>FY 25-26 Budget</b>	<b>Change</b>
<b>Total District Funding Requirement</b>			
Total District Expenses	\$1,932,712	\$2,011,220	(\$78,508)
Less: Depreciation	\$127,500	\$131,000	\$3,500
Plus: COP Principle Expense	\$305,000	\$290,000	\$15,000
Plus: Loan Principle Expense	\$25,188	\$47,415	(\$22,227)
Total District Funding Required	\$2,135,400	\$2,217,635	(\$82,235)
<b>Transfer Amount to AHS</b>			
Parcel Tax Revenue	\$6,098,886	\$6,221,942	(\$123,056)
Plus: Interest Income	\$372,000	\$200,000	\$172,000
Less: District Funding Required	\$2,135,400	\$2,217,635	\$82,235
Total Transfer to AHS	\$4,335,486	\$4,204,307	\$131,179



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**Date:** May 11, 2026

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

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

**Subject:** Offsite Parking Agreement for Seismic Project

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**RECOMMENDATION**

Authorize the Executive Director to execute a contract between LAZ Parking (“LAZ”), Alameda Health System (“AHS”), and the District for the provision of offsite parking and shuttle services. These services will provide alternative parking accommodations for general contractors, subcontractors, the project team, and AHS staff during the construction period, at a cost not to exceed \$2,016.885.

**BACKGROUND**

In the early planning phase, the project team identified anticipated impacts to parking at the Alameda Hospital campus as a direct result of the Seismic and Operational Upgrade Projects (“Projects”). Planning has been a collaborative effort between the District and AHS to develop solutions that maintain adequate parking access for patients, hospital staff, and contractors supporting active construction.

Due to existing site constraints, neighborhood impact and limited on-site parking capacity, the project team advanced an off-site parking and shuttle program to meet projected demand. Multiple options were evaluated across the City before identifying the recommended approach, including South Shore, Marina Village/Research Park, and the City Center Garage.

Leveraging the expertise of Alameda Health System’s existing parking services vendor, LAZ Parking, an off-site lot was identified approximately one mile from the hospital, located at 2475 Santa Clara Avenue. This location was determined to be well-suited due to its convenient access from major thoroughfares into Alameda and its efficient route to and from the hospital campus.

The site provides 55 parking spaces, with the ability to expand capacity to up to 75 spaces through implementation of a valet-assist model.

Through discussions between the District and Alameda Health System, it was proposed that AHS serve as the contracting entity due to its existing relationship with LAZ Parking, with the District assuming financial responsibility. AHS agreed to this approach.

Accordingly, the agreement has been structured as a three-party contract and has been reviewed by all

participating entities and their respective legal counsel.

Exhibit A provides a preview of anticipated parking impacts and estimated durations.

**FINANCIAL IMPACT**

The proposed term of the agreement is July 1, 2026 through June 30, 2030, aligning with the anticipated duration of the Projects. The total Not-to-Exceed (NTE) amount includes the lot lease, management fees, pass-through expenses, shuttle services and associated costs, as well as full implementation of the valet-assist model for the entire contract term. However, it is not anticipated that valet assist will be required for the full duration of the agreement.

The NTE represents the maximum allowable contract value without the need for additional Board approvals. Valet assist will function as a flexible component of the agreement, with costs incurred only when the service is activated. All related expenses will be treated as pass-through costs and aligned with actual usage.

Funding for this service will be allocated from the Seismic and Operational Upgrade project budgets under the Hard Construction line item. Allocation of expenses across the projects will be determined in coordination with the Executive Director and will align with the overall project schedule and associated parking impacts.

For example, in FY 2027–2028, costs may be allocated to NPC 5, when parking demand and construction impacts are expected to be greatest. In FY 2029–2030, expenses would likely shift to the SPC 4D project, as other projects are anticipated to be substantially complete by that time.

Consistent with prior practice, expenses under a single vendor contract may be allocated across multiple projects to accurately track and reflect the true cost associated with each specific project effort.

	FY 2026-2027	FY 2027-2028	FY 2028-2029	FY 2029-2030	
	Year 1	Year 2	Year 3	Year 4	Total NTE
Annual Operating Expense	\$381,841.00	\$474,615.00	\$492,279.00	\$510,650.00	\$1,859,385.00
Lease Fee LAZ Off-Site Lot	\$31,500.00	\$42,000.00	\$42,000.00	\$42,000.00	\$157,500.00
	\$413,341.00	\$516,615.00	\$534,279.00	\$552,650.00	\$2,016,885.00

**Contract Term and Pre-Operational Period**

- The July 1, 2026 start date establishes a pre-operational period to prepare the site, dedicate the lot, and ensure full readiness for service implementation.
- The anticipated go-live date for the off-site parking program at the Hospital is October 1, 2026.
- No recurring fees, including management fees, will be incurred during the pre-operational period (July through September).
- Costs during this period will be limited to one-time, pass-through startup expenses, which may include:
  - Site setup and signage
  - Initial training payroll (typically within approximately two weeks prior to go-live)
  - Minor mobilization and technology setup
- These pre-operational costs are expected to be minimal and will be billed at cost with appropriate supporting documentation.

One (1) month of operating expenses (\$37,944) has been included in the budget to account for potential startup costs, although these expenses are expected to be minimal. Additionally, the Year 1 lease fee has been reduced by three (3) months (\$10,500) to reflect the pre-operational period prior to the October 1, 2026 go-live date, during which no lease costs will be incurred.

### **Valet Assist Model and Implementation**

The Valet Assist model is currently in use at the Hospital and has been in place for several years. It will continue under a separate agreement for services provided to Alameda Health System. The proposed Valet Assist model at the off-site lot will operate in a similar manner, increasing parking capacity from 55 to up to 75 vehicles. This added capacity will be particularly beneficial during peak construction periods, when impacts to on-campus parking are most significant.

A coordinated implementation process will be established among Alameda Health System, LAZ Parking, and the District. Activation of the Valet Assist model will require a minimum of two weeks' notice, with three to four weeks preferred. Recommendations for implementation will be based on sustained parking demand exceeding available capacity, as well as observed queuing or congestion affecting campus operations.

Discontinuation of Valet Assist services will be reassessed based on utilization, demand, and operational conditions, and may occur with a minimum of two weeks' notice.

### **OPERATIONAL DETAILS**

The off-site lot will operate Monday through Friday from 6:00 a.m. to 8:00 p.m. Shuttle service will run at 15-minute intervals during peak periods (6:00 a.m. – 10:00 a.m. and 2:00 p.m. – 6:00 p.m.) and at 30-minute intervals during all other operating hours. Peak periods have been established to align with typical shift changes for contractors and hospital staff.

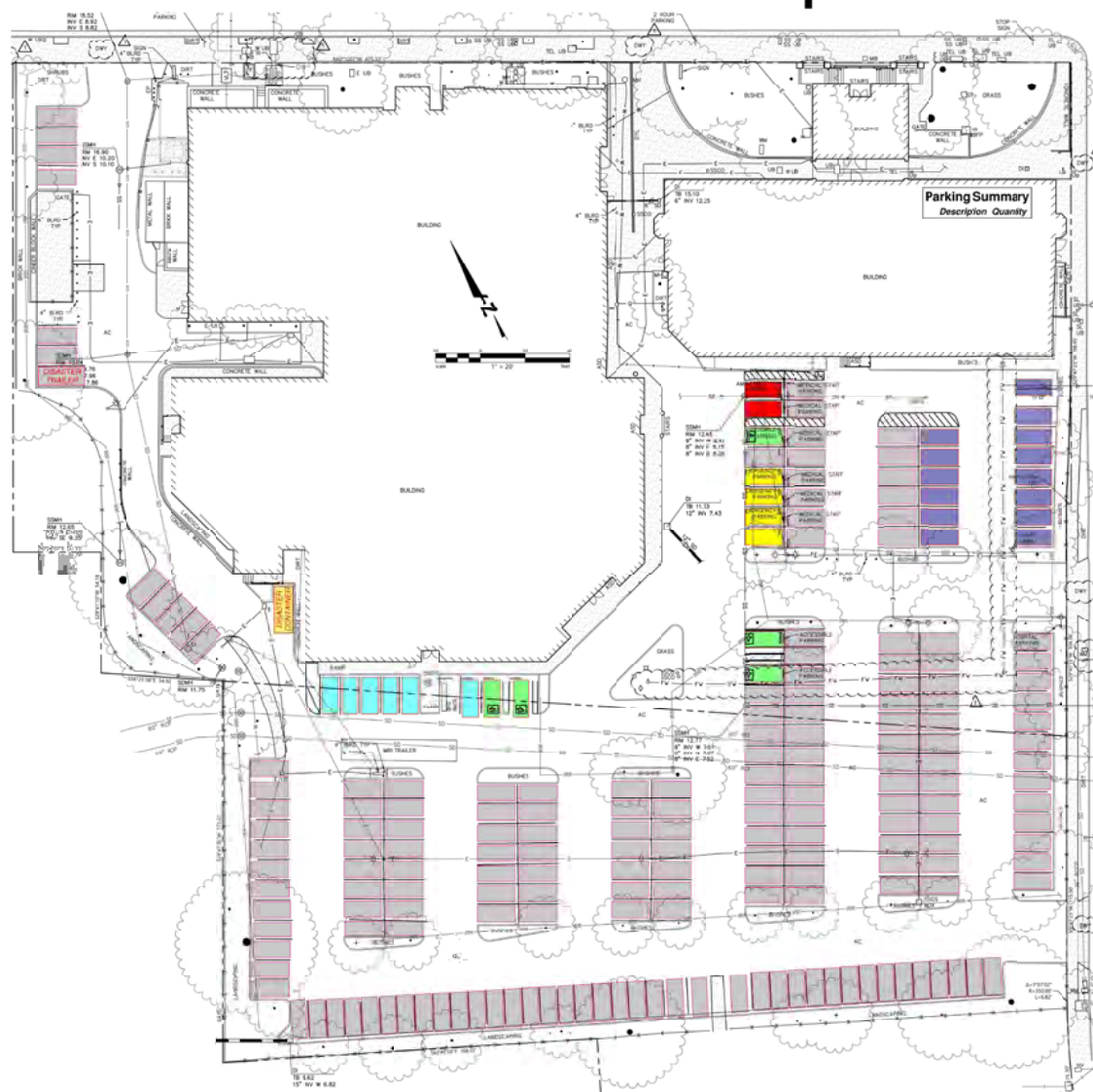
As noted, the off-site lot is located approximately one mile from the hospital, with an estimated shuttle travel time of five (5) minutes. The location provides convenient and accessible access for individuals traveling to and from Alameda Hospital. Due to the construction-related impacts, no contractor parking will be available on the hospital campus, and contractors associated with the Projects will be asked to utilize the off-site parking program.

The District has coordinated with AHS and LAZ for the provision of off-site parking and shuttle services to support both contractor and hospital staff parking needs during construction.

The District will continue to coordinate with Alameda Health System on the development and implementation of a comprehensive communication plan, including timely notifications to the campus community and AHS staff.

## ALAMEDA HOSPITAL 2030 SEISMIC AND OPERATIONAL UPGRADES PROJECTS 1-9 / REFERENCE DOCUMENT

### Construction Impacts: Existing



	Existing
Physicians Lot	14
Ambulatory	2
Emergency 15min	4
Outpatient	6
ADA	5
Staff/Patient	184
<b>TOTAL</b>	<b>215</b>

Parking Summary through Construction Phases  
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## ALAMEDA HOSPITAL 2030 SEISMIC AND OPERATIONAL UPGRADES PROJECTS 1-9 / REFERENCE DOCUMENT

### Construction Impacts: August 2026 - October 2026



	Existing	Permanent Removal	Temp Construction	NET
Physicians Lot	14			14
Ambulatory	2			2
Emergency 15min	4			4
Outpatient	6			6
ADA	5			5
Staff/Patient	184	(4)	(5)	175
<b>TOTAL</b>	<b>215</b>	<b>(4)</b>	<b>(5)</b>	<b>206</b>

Parking Summary through Construction Phases  
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## ALAMEDA HOSPITAL 2030 SEISMIC AND OPERATIONAL UPGRADES PROJECTS 1-9 / REFERENCE DOCUMENT

### Construction Impacts: October 2026 - August 2027

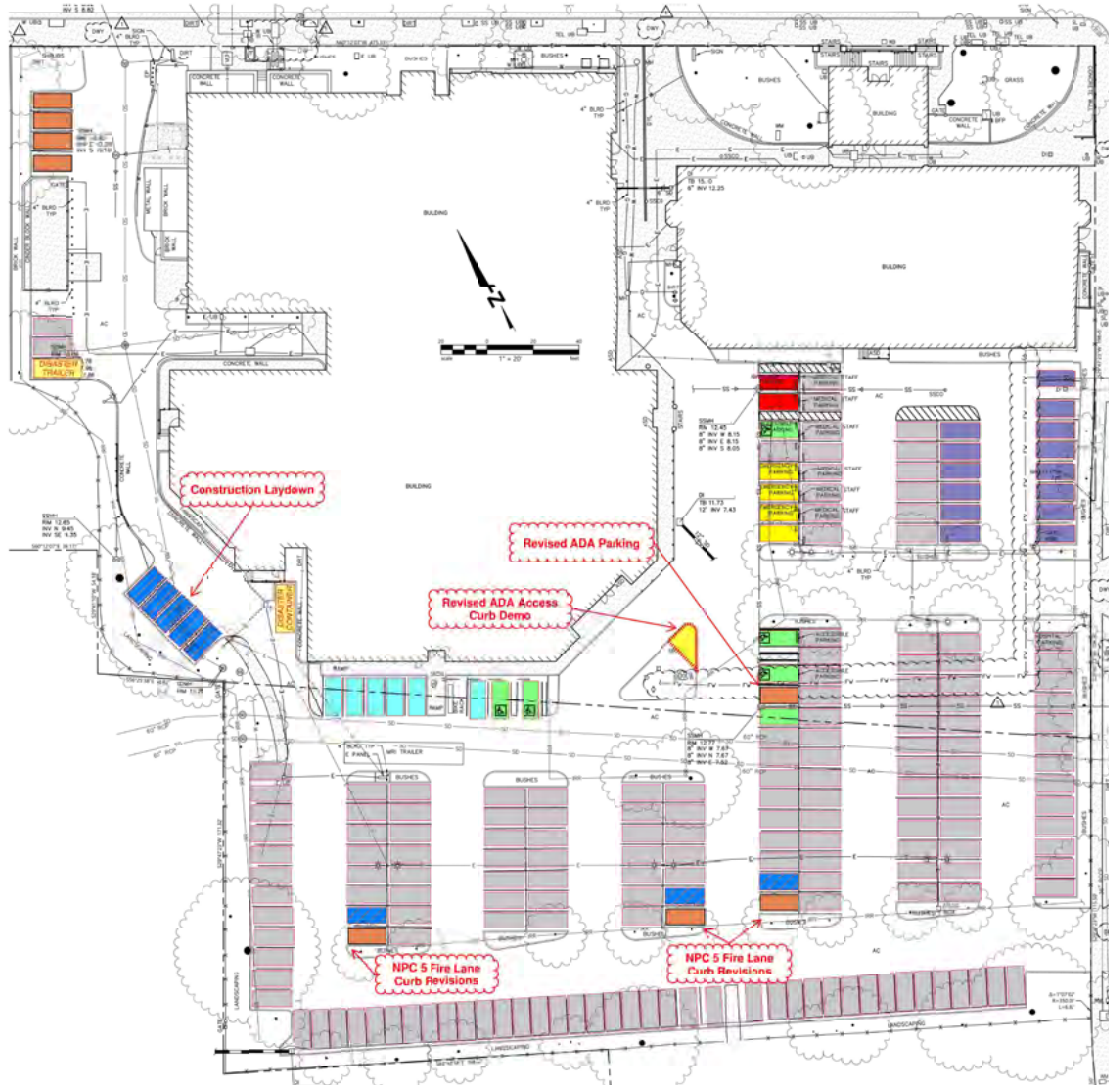


	Existing	Permanent Removal	Temp Construction	NET
Physicians Lot	14			14
Ambulatory	2			2
Emergency 15min	4			4
Outpatient	6		(6)	0
ADA	5		(2)	3
Staff/Patient	184		(1)	174
<b>TOTAL</b>	<b>215</b>	<b>0</b>	<b>(9)</b>	<b>197</b>

Parking Summary through Construction Phases  
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## ALAMEDA HOSPITAL 2030 SEISMIC AND OPERATIONAL UPGRADES PROJECTS 1-9 / REFERENCE DOCUMENT

### Construction Impacts: August 2027 - December 2027

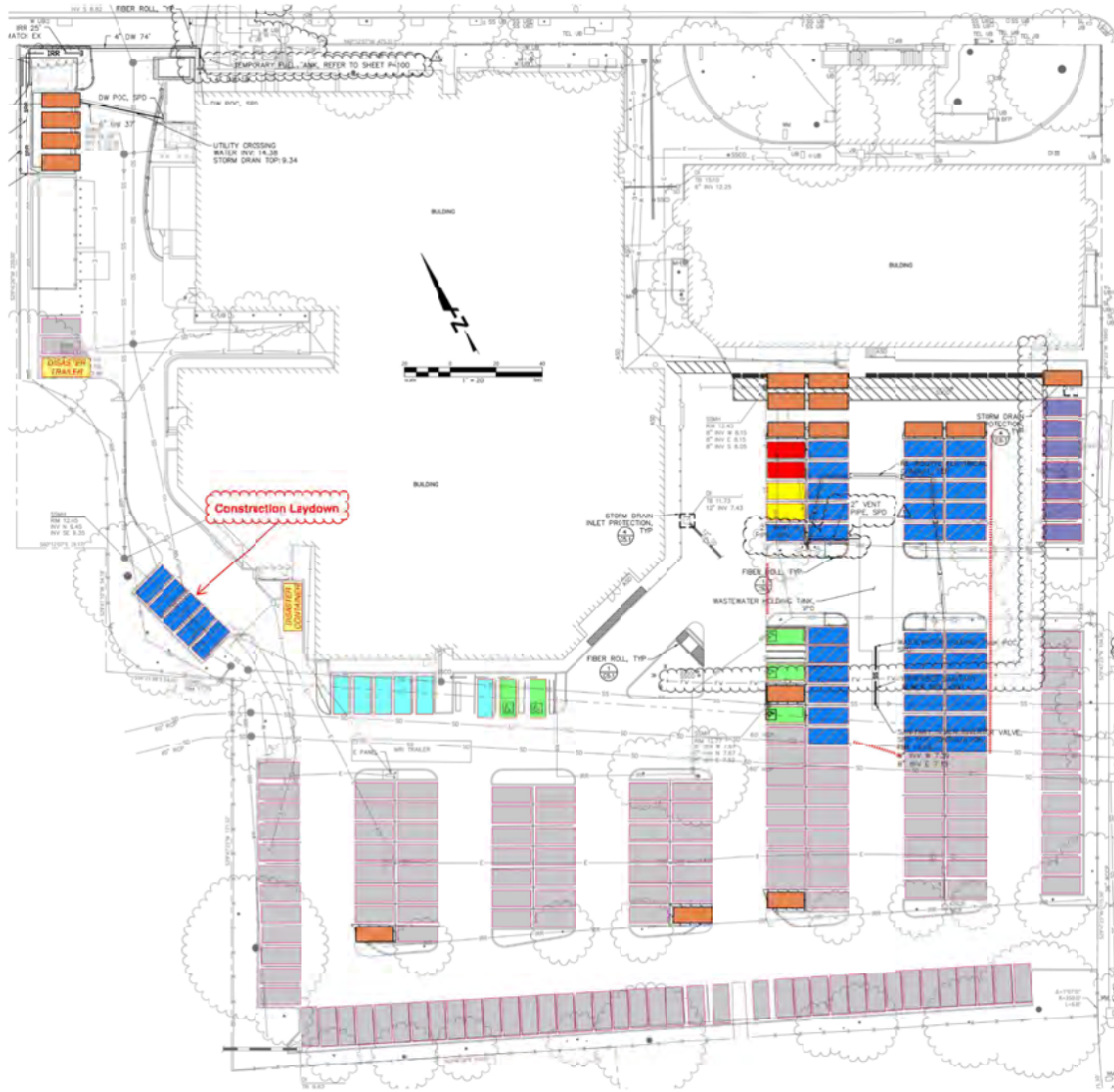


	Existing	Permanent Removal	Temp Construction	NET
Physicians Lot	14			14
Ambulatory	2			2
Emergency 15min	4			4
Outpatient	6		6	6
ADA	5	1	2	6
Staff/Patient	184	(5)	(2)	167
<b>TOTAL</b>	<b>215</b>	<b>(4)</b>	<b>6</b>	<b>199</b>

Parking Summary through Construction Phases  
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## ALAMEDA HOSPITAL 2030 SEISMIC AND OPERATIONAL UPGRADES PROJECTS 1-9 / REFERENCE DOCUMENT

### Construction Impacts: December 2027 - June 2028

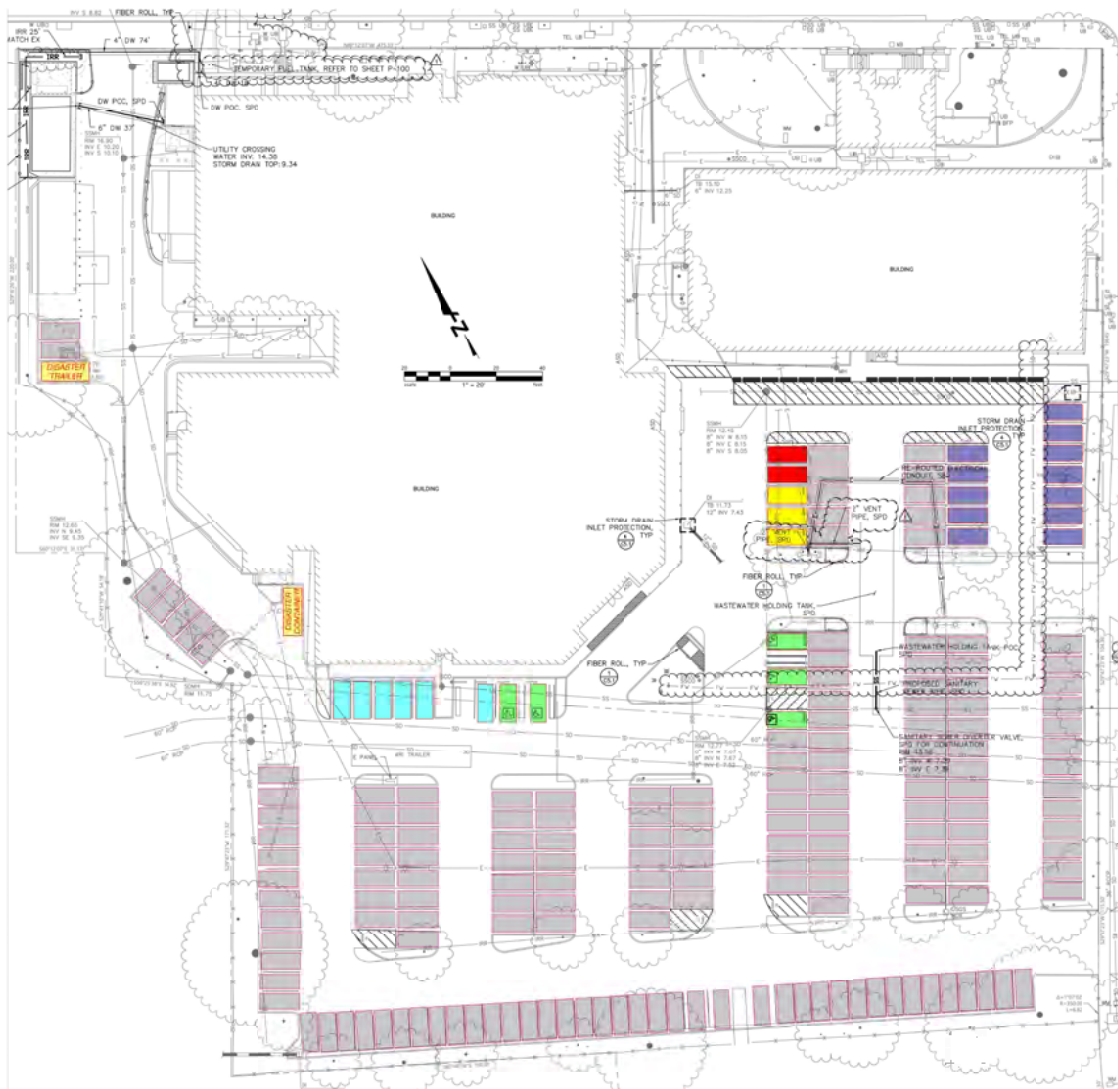


	Existing	Permanent Removal	Temp Construction	NET
Physicians Lot	14	(2)	(5)	7
Ambulatory	2			2
Emergency 15min	4	(1)	(1)	2
Outpatient	6			6
ADA	5	(1)		5
Staff/Patient	184	(5)	(26)	136
<b>TOTAL</b>	<b>215</b>	<b>(9)</b>	<b>(32)</b>	<b>158</b>

Parking Summary through Construction Phases  
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## ALAMEDA HOSPITAL 2030 SEISMIC AND OPERATIONAL UPGRADES PROJECTS 1-9 / REFERENCE DOCUMENT

### Construction Impacts: June 2028 - July 2030 (TBD)

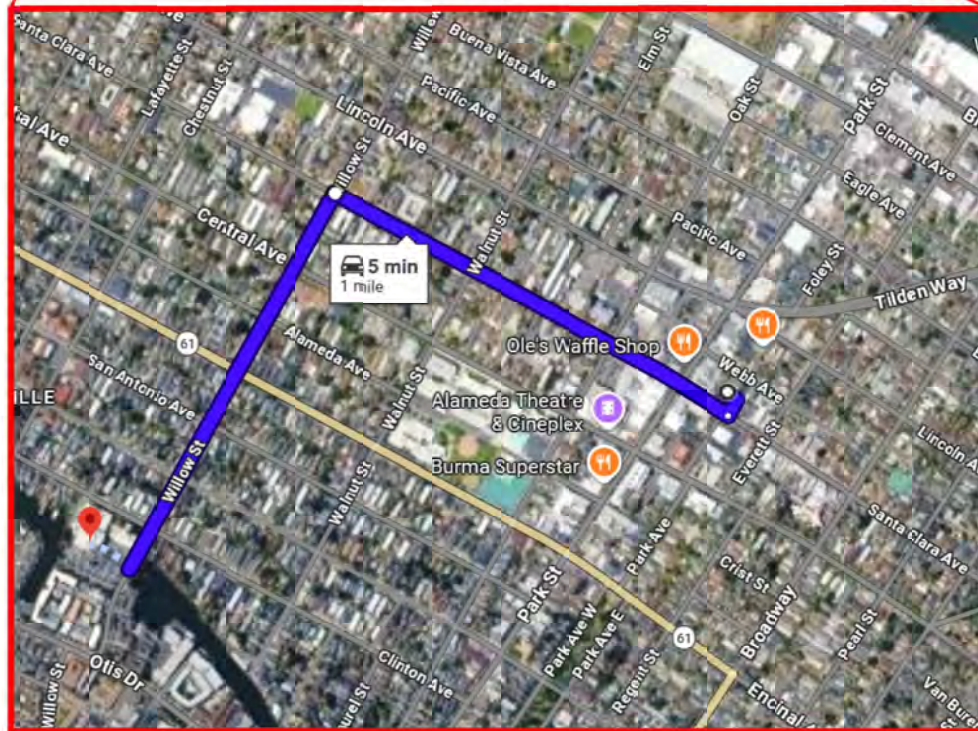
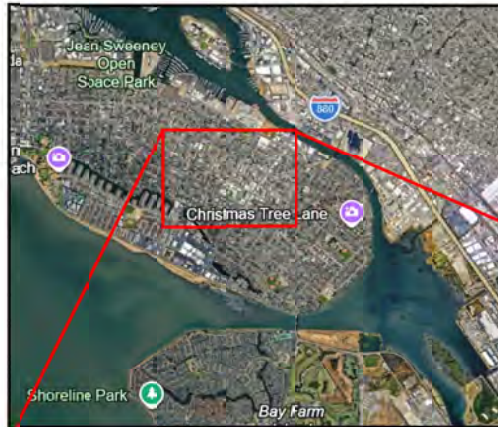


	Existing	Permanent Removal	Temp Construction	NET
Physicians Lot	14	(2)		12
Ambulatory	2	0		2
Emergency 15min	4	(1)		3
Outpatient	6	0		6
ADA	5	0		5
Staff/Patient	184	(14)		170
<b>TOTAL</b>	<b>215</b>	<b>(17)</b>	<b>0</b>	<b>198</b>

Parking Summary through Construction Phases  
Page 6/7

## ALAMEDA HCSPITAL 2030 SEISMIC AND OPERATIONAL UPGRADES PROJECTS 1-9 / REFERENCE DOCUMENT

### Off-Site Parking Summary



<b>OFF-SITE PARKING</b>	
LAZ Parking Lot 2425 Santa Clara Ave Alameda, CA 94501	
<b>DAILY SCHEDULE</b>	
Lot Open: 6:00am Lot Closed: 8:00pm	
<b>SHUTTLE OPERATIONS</b>	
Start: 6:00am End: 8:00pm	
<b>Frequency</b>	
High Frequency	
6:00am - 10:00am	15 minutes
2:00pm - 6:00pm	15 minutes
Low Frequency	
All other hours	30 minutes



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**Date:** May 11, 2026  
**To:** City of Alameda Health Care District Board of Directors  
**From:** Peter Hohl, Executive Director  
**Subject:** Partial Parcel Tax Payment to AHS

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**RECOMMENDATION**

Authorize the District to make a partial parcel tax payment of \$1,000,000.00 to Alameda Health System.

**BACKGROUND**

The District historically makes a partial parcel tax payment to AHS in the June timeframe. The goal is to provide some level of payment to AHS while retaining sufficient cash to fund the District's operations and upcoming COP principal and interest payments. The District typically makes another partial parcel tax payment in August with a final reconciliation and payment to AHS in December for the prior fiscal year. Any distribution of parcel tax dollars requires District Board approval before payment can be made.

**FUNDING**

The District received a parcel tax payment through US Bank of \$3,035,537 on 1/26/26 and \$2,261,305 on 4/14/2026. The District wired \$476,125 back to US Bank on 3/16/26 for their upcoming COP principal and interest payment. US Bank is supposed to transfer parcel tax dollars to the District net of any upcoming COP principal and interest payments but there was a US Bank clerical error and this was not done with their January payment to the District.

The District has a current cash balance of approximately \$4,200,000 in their Bank of Marin operating account, providing sufficient funds to make the partial payment while also funding future District operations.



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**Date:** May 11, 2026  
**To:** City of Alameda Health Care District Board of Directors  
**From:** Peter Hohl, Executive Director  
**Subject:** Annual Audit Engagement

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**RECOMMENDATION**

Approve the annual Audit Engagement letter with JDT and Associates for the fiscal year 2025 - 2026.

**BACKGROUND**

JDT and Associates has been the District's auditor for many years and has consistently met the District's audit review goals.

**COST**

The fee for the audit is \$12,700 plus expenses not to exceed \$250.

# **JWT & Associates, LLP**

A Certified Public Accountancy Limited Liability Partnership

7797 North First Street, Suite 101#111, Fresno, CA 93720

763 West Lighthouse Drive, Saratoga Springs, Utah 84045

Cell: (559) 287-6591 Email: rjctcpa@aol.com

March 23, 2026

Peter Hohl, Executive Director  
City of Alameda Health Care District  
1402 Park Street, Suite A/B  
Alameda, California 94501

We are pleased to confirm our understanding of the services we are to provide for the City of Alameda Health Care District (the “District”) for the year ended June 30, 2026. We will audit the financial statements of the District, which comprise the statement of net position as of June 30, 2026, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements.

## **Management’s Discussion and Analysis**

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

## **Audit Objective**

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

## **Audit Procedures—General**

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

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

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

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

### **Audit Procedures—Internal Control**

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

### **Audit Procedures—Compliance**

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

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

### **Other Services**

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

## **Management Responsibilities**

Management is responsible for designing, implementing, and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

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

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

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

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

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

### **HIPAA Business Associate Agreement**

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

### **Engagement Administration, Fees, and Other**

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

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

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

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

Our fee for these services will be \$12,700 for the year, plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) not to exceed \$250 for the year. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 90 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

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

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

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

*JW7 & Associates, LLP*

APPROVED:

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Name and Title



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**Date:** May 11, 2026  
**To:** City of Alameda Health Care District Board of Directors  
**From:** Peter Hohl, Executive Director  
**Subject:** Certification and Mutual Indemnification Agreement

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**RECOMMENDATION**

Authorize District Legal Counsel to execute the annual Certification and Mutual Indemnification Agreement between the City of Alameda Health Care District and County of Alameda.

**BACKGROUND**

Each year the District Board authorizes the District's Legal Counsel to execute the Certification and Mutual Indemnification Agreement from the Alameda County Auditor-Controller Agency. This executed agreement due to the Office of Auditor-Controller by the 2nd week of August 2026. The language is standardized and has not changed significantly since 2002.

In 2002, hospital counsel at the time of the Asset Transfer and County Council confirmed that the District's Special Assessment meets the requirements of Proposition 218, which updates Proposition 13. This topic was thoroughly researched and validated during the due diligence process before Measure A was placed on the April 2002 ballot.



### **Certification and Mutual Indemnification Agreement**

The CITY OF ALAMEDA HEALTH CARE DISTRICT (hereafter referred to as public agency), by and through its Attorney, hereby certifies that to its best current understanding of the law, the taxes, assessments, and fees placed on the 2026/2027 Secured Property Tax bill by the public agency met the requirements of Proposition 218 that added Articles XIIC and XIID to the State Constitution.

Therefore, for those taxes, assessments and fees which are subject to Proposition 218, and which are challenged in any legal proceeding on the basis that the public agency has failed to comply with the requirements of Proposition 218; the public agency agrees to defend, indemnify and hold harmless the County of Alameda, its Board of Supervisors, its Auditor-Controller/Clerk-Recorder, its officers and employees.

The public agency will pay any final judgment imposed upon the County of Alameda as a result of any act or omission on the part of the public agency in failing to comply with the requirements of Proposition 218.

The County of Alameda, by and through its duly authorized agent, hereby agrees to defend, indemnify and hold harmless the public agency, its employees, agents and elected officials from any and all actions, causes of actions, losses, liens, damages, costs and expenses resulting from the sole negligence of the County of Alameda in assessing, distributing or collecting taxes, assessments and fees on behalf of the public agency.

If a tax, assessment or fee is challenged under Proposition 218 and the proceeds are shared by both the public agency and the County of Alameda; then the parties hereby agree that their proportional share of any liability or judgment shall be equal to their proportional share of the proceeds from the tax, assessment or fee.

The above terms are accepted by the public agency, and I further certify that I am authorized to sign this agreement and bind the public agency to its terms.

CITY OF ALAMEDA HEALTH CARE DISTRICT

COUNTY OF ALAMEDA

Dated: May 11, 2026,

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Signature)

Thomas L. Driscoll  
(Print Name)

\_\_\_\_\_  
(Print Name)

General Counsel  
(Print Title)

President of the Board of Supervisors,  
County of Alameda, California  
(Print Title)

Approved as to Form:

\_\_\_\_\_  
Farand C. Kan  
Deputy County Counsel



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Date: May 11, 2026

To: City of Alameda Health Care District Board of Directors

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

Subject: Ratcliff Contract Amendment for Seismic and Operational Upgrade Projects

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### RECOMMENDATION

Authorize the Executive Director to execute contract amendment(s) with Ratcliff Architects for design services associated with the Seismic and Operational Upgrade Projects, in the amount of \$684,587.

### BACKGROUND

Throughout the design phase, project scope and requirements may evolve in response to existing conditions, scope refinements, and requirements from California Department of Health Care Access and Information and other Authorities Having Jurisdiction (AHJs). These adjustments are typical within the lifecycle of complex healthcare projects and reflect the level of coordination required to advance design.

Through proactive planning, the District established project budgets that include funding for architectural and engineering services to support design, permitting, bidding, construction administration and related activities.

The requested amendment reflects additional services identified as design has progressed, driven by project-specific needs and ongoing coordination. These services represent incremental work necessary to address evolving conditions and maintain project momentum. The revised fee remains aligned with the overall scale and complexity of the projects as well as the budget.

Porter Consulting met with Ratcliff Architects to review the proposed scope changes and related additional services. Based on these discussions, Porter Consulting supports the scope as presented and finds it appropriate and necessary to support project delivery. The associated fees are also considered reasonable and consistent with the needs of the projects.

### PROJECT DETAIL AND SCOPE CHANGES BY PROJECT

The following provides a high-level summary of project-specific scope changes.

#### ***Make Ready:***

1. Addition of a utility sink to support current and future occupational therapy services for patient care.

2. Central Utility Plant upgrades needed to provide code-compliant storage for disaster supplies, including food, water, and linen, supporting both acute and post-acute operations, as well as addressing existing condition constraints.
3. Additional design and coordination effort for structural scope, as original fees did not fully account for the level of work required to support project delivery during the construction phase.

***SNF Project:***

1. Nurse call system revisions requested by AHS, along with associated IT upgrades.
2. Expanded signage scope to provide a comprehensive signage package that extends beyond minimum HCAI requirements, supporting AHJ compliance as well as patient and staff functions and limited wayfinding needs.
3. Additional scope within the Respiratory Therapy Department on the 2nd floor to accommodate space for new SNF rehabilitation services, including addressing existing conditions to support integration of the new design.
4. Additional design and coordination effort for structural scope, as original fees did not fully account for the level of work required to support project delivery during the construction phase.

***NPC 4:***

1. Additional mechanical and plumbing scope to remove abandoned or non-functional equipment within the facility.
2. Additional fees for construction administration for the architects and mechanical and plumbing engineers to support the anticipated project duration, including multiple phases and the complexity of above and below ceiling work.

***NPC 5:***

1. Ongoing coordination with Alameda Health System (AHS) HVAC infrastructure upgrades, including overlapping scope across multiple projects. This has resulted in adjustments to equipment locations and expansion of a concrete equipment pad to support both AHS and NPC 5 project requirements.
2. Additional design and coordination effort for structural scope, as original fees did not fully account for the level of work required to support project delivery during the construction phase.

***SPC 4D Stephens & West Wing:***

1. Additional scope and effort to support SPC 4D compliance requirements, including prerequisite evaluations and documentation, and anticipated effort and time during construction. This includes:
  - Materials Testing and Condition Assessment Program (MTCAP)
  - MTCAP Construction Documents
  - SPC 4D Evaluation
  - SPC 4D Construction Documents

These efforts are critical to achieving SPC 4D compliance and maintaining the facility's ability to operate beyond the State-mandated seismic compliance deadlines, ensuring continued patient care and regulatory alignment.

As the SPC 4D scope advances, additional geotechnical services are anticipated to support required analysis and design, and a future contract amendment will be brought forward for Board consideration.

FINANCIAL IMPACT AND FINANCIAL ANALYSIS

The table below provides a summary of the overall budget, committed expenditures, proposed scope changes and associated fees, and the remaining balance for architectural and engineering (A&E) services following the proposed contract amendment.

Porter Consulting recommends reallocating funds from contingency to address projected negative balances where committed costs exceed budget for the NPC 4, NPC 5, and Make Ready scopes. This approach maintains the integrity of the overall A&E budgets, preserving remaining funds to support future scope adjustments, unanticipated conditions during construction, and potential owner- or operator-driven changes at this time.

We anticipate reallocating Owner’s Contingency (\$9.1M) once final construction costs are established to maintain an appropriate owner-held design contingency as the projects enter the construction phase. This approach ensures the District can effectively manage both anticipated and unforeseen scope changes while maintaining overall budget control.

For projects of this type and complexity, owner-held contingency is typically maintained in the range of 5–10% at start of construction, though the appropriate level may vary based on project-specific factors and risk assessment.

As the SPC 4D scope advances, additional geotechnical services are anticipated to support required analysis and design, and a future contract amendment will be brought forward for Board consideration.

	NPC 4 & 5	SPC Stephens	SPC West Wing	SNF Upgrade	Moment Frame	Make Ready	Total
A&E Budget	\$1,328,601	\$739,549	\$492,889	\$1,724,371	\$288,600	\$471,900	\$5,045,910
Committed Spending	\$1,330,101	\$468,229	\$312,123	\$865,024	\$173,800	\$471,900	\$3,621,177
Proposed Scope Changes	\$145,600	\$129,250	\$129,250	\$176,979	\$0	\$103,508	\$684,587
Subtotal	\$1,475,701	\$597,479	\$441,373	\$1,042,003	\$173,800	\$575,408	\$4,305,764
Remaining Budget After Scope Changes	(\$147,100)	\$142,070	\$51,516	\$682,368	\$114,800	(\$103,508)	\$740,146



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RESOLUTION NO.2026- 01

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH  
CARE DISTRICT STATE OF CALIFORNIA

\* \* \*

LEVYING THE CITY OF ALAMEDA HEALTH CARE  
DISTRICT PARCEL TAX FOR THE FISCAL YEAR  
2026-2027

WHEREAS, the Alameda County Local Agency Formation Commission ("LAFCO") resolved on January 10, 2002, to present a ballot measure to the registered voters of the City of Alameda which, if approved, would authorize the formation of the new health care district within the boundaries of the City of Alameda and authorize the District to levy a parcel tax of up to \$298.00 on each parcel and possessory interest within the proposed district; and

WHEREAS, on April 9, 2002, over two-thirds of the registered voters of the City of Alameda, who voted that day, voted in favor of creating a health care district authorized to tax each parcel and possessory interest within the district's boundaries in an amount up to \$298.00 per year in order to defray ongoing hospital general operating expenses and capital improvement expenses; and

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

WHEREAS, on November 26, 2013, Alameda Health System ("AHS") and the District executed a Joint Powers Agreement ("Agreement") pursuant to (i) Chapter 5 (beginning with Section 6500) of Division 7 of Title 1 of the Government Code, authorizing local public entities, including healthcare districts and counties, to exercise their common powers through joint powers agreements, and (ii) Section 14000.2 of the California Welfare and Institutions Code, authorizing the integration of county hospitals with other hospitals into a system of community service; and

WHEREAS, AHS, a public hospital authority created by the Alameda County Board of Supervisors, pursuant to Section 101850 of the California Health and Safety Code, obtained possession, use and control of Alameda Hospital ("Hospital") from the City of Alameda Health Care District ("District"), a California health care district organized under the California Local Health District Law, California Health and Safety



Code 32000 et seq. effective May 1, 2014 pursuant to the Agreement; and

WHEREAS, pursuant to the Agreement the District agreed to fulfill its mission to serve the health needs of the Alameda City Community by using the parcel tax proceeds to finance the capital needs of Alameda Hospital and the continued operation of its hospital and other health related services; and

WHEREAS, without the levy of a parcel and possessory interest tax in the amount of \$298.00, the District's revenue will be insufficient to allow the provision of continued local access to emergency room care, acute hospital care and other important services to protect and promote safety and health of District residents; and

WHEREAS, the District is authorized under Section 53730.01 of the California Government Code to impose special taxes on all real property within its boundaries.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of the District that the District hereby levies an annual tax on every parcel and possessory interest within the District's boundaries in the amount of Two Hundred Ninety-Eight Dollars (\$298.00) per year (the "Parcel Tax") in order to defray ongoing hospital general operating expenses and capital improvement expenses; provided, however that parcels or possessory interests that have an assessed value (real property and improvements combined) of less than \$30,000 shall be automatically exempt from the Parcel Tax.

PASSED AND ADOPTED on May 11, 2026 by the following vote:

**AYES:** \_\_\_\_\_

**NOES:** \_\_\_\_\_

**ABSENTMENTATION:** \_\_\_\_\_

**ABSENT:** \_\_\_\_\_

**ATTEST:** \_\_\_\_\_

\_\_\_\_\_  
Jeff Cambra, President

\_\_\_\_\_  
Robert Deutsch, MD, Secretary

RESOLUTION NO.2026- 02

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE

DISTRICT STATE OF CALIFORNIA

\* \* \*

EXTENSION OF SPENDING AUTHORITY

WHEREAS, on May 11, 2026, the District adopted the Fiscal Year Ending June 30, 2027, Operating budget; and

WHEREAS, Per the Joint Powers Agreement (“JPA”) between the District and Alameda Health System (“AHS”) 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 District for its statutorily required operations, including without limitation expenses of administrative, legal and accounting services, cost 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 District in accordance with the foregoing exceed what is reasonably required for such District Expenses during any fiscal year without the prior written approval of AHS.”*; and

WHEREAS, AHS has not provided written approval of the operating budget and has not requested to meet with District representatives to discuss the details of the Operating Budget; and

WHEREAS, it is recommended that the Board of Directors authorize an extension of spending authority through June 30, 2027 at Fiscal Year ending June 30, 2026 Operating Budget levels;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of the District that the District hereby authorizes that, until further action is taken specifying otherwise, the City of Alameda Health Care District will continue to utilize its spending authority approved by the District Board on May 12, 2026, until such time that AHS provides written approval of the operating budget.



PASSED AND ADOPTED on May 11, 2026 by the following vote:

**AYES:** \_\_\_\_\_

**NOES:** \_\_\_\_\_

**ABSENTMENTATION:** \_\_\_\_\_

**ABSENT:** \_\_\_\_\_

**ATTEST:** \_\_\_\_\_

\_\_\_\_\_  
Jeff Cambra, President

\_\_\_\_\_  
Robert Deutsch MD, Secretary



RESOLUTION NO. 2026 - 03

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

\*\*\*

NOTICE OF GENERAL ELECTION

NOVEMBER 3, 2026

**WHEREAS**, the City of Alameda Health Care District submits to the Alameda County Registrar of Voters a Notice of General District Election as applicable for the District Board of Directors whose terms that expire on the scheduled election year;

**WHEREAS**, on May 12, 2026 the District will submit, as attached herewith, to the Alameda County Registrar of Voters, the Notice of General District Election specifying information as it pertains to the District offices, which will be voted on this election year.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of the District that the elective offices of the District to be filled at the next general election for four (4) year terms to be held Tuesday, November 3, 2026, are those offices now held by:

David Sayen (4 Year Term)

Gayle Codiga (4 Year Term)

Robert Deutsch ( 4-year Term)

RESOLVED further that the District will not pay for the publication of the candidates' statement of qualifications; and

RESOLVED further that the boundaries of the District are contiguous with the City of Alameda; and

RESOLVED further as of this date, the District attests that it does not have a District seal.



PASSED AND ADOPTED ON: May 11, 2026, by the following vote:

AYES: \_\_\_\_\_

NOES: \_\_\_\_\_

ABSTENTION: \_\_\_\_\_

ABSENT: \_\_\_\_\_

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Jeff Cambra, President