



PUBLIC NOTICE
CLOSED SESSION @ 4:30 PM – OPEN SESSION @ 5:30 PM

OPEN SESSION AGENDA
MONDAY, JULY 13, 2026 @ 5:30 PM
LOCATION : CONFERENCE ROOM A

Join Zoom Meeting
<https://us02web.zoom.us/j/87358135140?pwd=XDQ2TYIIL3WRj8OA11DSGpQmpl1Q2W.1>
Meeting ID: 873 5813 5140
Passcode: 901933

Office of the Clerk: 510-263-8223

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

- | | |
|---|--|
| 1. Call to Order | Jeff Cambra,
President |
| 2. Roll Call/ General Public Comments | Alixandria Williams,
District Clerk |
| 3. ADJOURN INTO EXECUTIVE CLOSED SESSION | |
| A. Report on Health Care Trade Secrets | Health and Safety
Code Sec. 32106 |
| 4. RECONVENE INTO OPEN SESSION | |

OPEN SESSION AGENDA

- | | |
|--|---|
| A. GUEST PRESENTATIONS | |
| 1. Series B COP Overview and Resolution 2026 -04
ENCLOSURE (Pages 1 -8) | Adam Bauer,
Fieldman Rolapp |
| 2. Selection of Seismic General Contractor Resolution No. 2026 – 05
ENCLOSURE (Pages 9 -19) | Kristen Thorson,
Porter Consulting |
| B. AHS REPORTS | |
| 1. Alameda Hospital Updates/ Patient Care Experience
ENCLOSURE (Pages 20 - 40) | Salma Adin,
VP Patient Care |
| 2. Post Acute Services Update

ENCLOSURE (Pages 41 - 47) | Richard Espinoza,

CAO – Post Acute
Services |



PUBLIC NOTICE

- | | |
|--|--|
| 3. AH/ AHS Finance Report
ENCLOSURE (Pages 48 -69) | Grace Mesina,
Director of Finance |
| 4. Alameda Hospital Medical Staff Update

ENCLOSURE (Pages 70 - 71) | Dr. Masana Kalluri,

AH Chief of Staff |

C. DISTRICT AND OPERATIONAL UPDATES

- | | |
|---|---------------------------------------|
| 1. President's Report
ENCLOSURE (Page 72) | Jeff Cambra,
President |
| 2. Executive Director's Report
ENCLOSURE (Pages 73 - 75) | Peter Hohl,
Executive Director |
| 3. Seismic Update
ENCLOSURE (Pages 76 -81) | Kristen Thorson,
Porter Consulting |
| 4. Alameda Hospital Liaison Report
ENCLOSURE (Page 82) | Robert Deutsch,
Secretary |
| 5. AHS Board Liaison Report
ENCLOSURE (Page 83) | David Sayen,
AHS Liaison |
| 6. Communications Subcommittee
ENCLOSURE (Pages 84 -85) | Jeff Cambra,
President |
| 7. Property Oversight Committee
ENCLOSURE (Pages 86 - 92) | Jeff Cambra,
President |

D. CONSENT AGENDA

- | | |
|--|---------------------------|
| 1. Acceptance of May 12, 2026 Meeting Minutes
ENCLOSURE (Pages 93 -102) | Jeff Cambra,
President |
| 2. Acceptance of March - May 2026 Financial Statements
ENCLOSURE (Pages 103 - 135) | Jeff Cambra,
President |

E. ACTION ITEMS

- | | |
|--|----------------------------------|
| 1. Resolution 2026 - 06 to Approve Moving COP investments to LAIF
ENCLOSURE (Page 136) | Peter Hoh,
Executive Director |
| 2. Board Signature Cards for District Banking
ENCLOSURE (Page 137) | Jeff Camba,
President |



PUBLIC NOTICE

- | | |
|--|---------------------------------------|
| 3. Partial Parcel Tax Distribution to AHS
ENCLOSURE (Page 138) | Peter Hohl,
Executive Director |
| 4. Records Retention Policy
ENCLOSURE (Pages 139 -142) | Peter Hohl,
Executive Director |
| 5. Computer and Equipment Use Policy
ENCLOSURE (Pages 143 - 150) | Peter Hohl,
Executive Director |
| 6. Expense Reimbursement Policy

ENCLOSURE (Pages 151 -153) | Peter Hohl,

Executive Director |

F. NEXT MEETING DATE/ PREVIEW

1. September 14, 2026 @ 5:30 pm
2. Acceptance of July 13, 2026 Minutes
3. Acceptance of June – July 2026 Financial Statements



RESOLUTION NO.2026- 04

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE

DISTRICT STATE OF CALIFORNIA

* * *

RESOLUTION OF THE BOARD OF DIRECTORS OF THE CITY OF ALAMEDA HEALTH CARE DISTRICT AUTHORIZING THE COMMENCEMENT OF PROCEEDINGS IN CONNECTION WITH THE PLANNED SERIES B FINANCING OF IMPROVEMENTS TO THE ALAMEDA HOSPITAL, EXPRESSING ITS OFFICIAL INTENT REGARDING CAPITAL EXPENDITURES TO BE REIMBURSED WITH PROCEEDS OF THE PROPOSED FINANCING, RETAINING BOND COUNSEL AND DISCLOSURE COUNSEL, AND DIRECTING CERTAIN ACTIONS WITH RESPECT THERETO

RESOLVED, by the Board of Directors (the "Board") of the City of Alameda Health Care District, Alameda County, California (the "District"), as follows:

WHEREAS, the District owns Alameda Hospital, a duly licensed general acute care hospital ("Alameda Hospital"), and owns and/or leases other separately located facilities and hospital distinct part units, all located in the County of Alameda, California (the "County");

WHEREAS, the District and Alameda County Medical Center a public hospital authority created by the Alameda County Board of Supervisors pursuant to section 101850 of the California Health and Safety Code, doing business as Alameda Health System ("AHS"), have entered into a joint powers agreement, dated November 26, 2013, as amended, among other things, facilitate the preservation of Alameda Hospital as a health care resource in the County, to provide for the continuing operation of Alameda Hospital through the delegation to AHS of the possession and control, and the ongoing operation, management and oversight, of Alameda Hospital, including, but not be limited to, responsibilities for licensure, governance, operation, administration, financial management and maintenance (including, but not limited to, compliance with ongoing regulatory and seismic requirements) of Alameda Hospital, all for the benefit of the communities that both parties serve;

WHEREAS, to satisfy the State of California's 2030 seismic retrofit requirements pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act, being sections 130000 through 130070 of the California Health and Safety Code (the "2030 Seismic Requirements"), the District and AHS have agreed to a plan whereby the District will finance the planning, design and construction of improvements to Alameda Hospital in

order to make it compliant with the 2030 Seismic Requirements and to make any other improvements to Alameda Hospital as determined by District and AHS (collectively, the “Project”);

WHEREAS, on August 29, 2024, the District previously caused the execution and delivery of Certificates of Participation (2024 Financing Program, Series A) in the original aggregate principal amount of \$13,500,000 to finance the first phase of the Project, specifically including the design, engineering, and preliminary construction costs of the Project; and

WHEREAS, District staff has determined that it is in the best interest of the District to authorize the preparation of the necessary documents to consummate the financing of the remainder of the Project, contingent on subsequent Board approval, and to retain a municipal advisor and bond and disclosure counsel to assist the District with such financing;

WHEREAS, the District intends to finance all or a portion of the remainder of the Project with the proceeds of the sale of obligations the interest upon which is excluded from gross income for federal income tax purposes (the “Obligations”); and

WHEREAS, prior to the issuance of the Obligations the District desires to incur certain expenditures with respect to the Project from available monies of the District prior to the issuance of such Obligations by the District for the purpose of financing costs associated with the Project on a long-term basis, which expenditures may be reimbursed from a portion of the proceeds of the sale of the Obligations;

NOW, THEREFORE, it is hereby DECLARED and ORDERED, as follows:

Section 1. The Board authorizes appropriate officers and officials of the District to proceed with the preparation of the necessary documents in connection with the proposed financing, subject to the final approval thereof by the Board at a subsequent meeting.

Section 2. The District hereby states its intention and reasonably expects to reimburse Project costs incurred prior to the issuance of the Obligations with proceeds of the Obligations.

Section 3. The reasonably expected maximum principal amount of the Obligations is \$_____,000,000.

Section 4. This resolution is being adopted not later than 60 days after the date (“Expenditure Date or Dates”) that the District will expend monies for the portion of the Project costs to be reimbursed from proceeds of the Obligations.

Section 5. Except as described below, the expected date of issue of the Obligations will be within 18 months of the later of the Expenditure Date or Dates and the date the Project is placed in service; provided, the reimbursement may not be made more than three years after the original expenditure is paid.

Section 6. Proceeds of the Obligations to be used to reimburse for Project costs are not expected to be used, within one year of reimbursement, directly or indirectly to pay debt service with respect to any obligation (other than to pay current debt service coming due within the next succeeding one year period on any tax-exempt obligation of the District (other than the Obligations)) or to be held as a reasonably required reserve or replacement fund with respect to an obligation of the District or any entity related in any manner to the District, or to reimburse any expenditure that was originally paid with the proceeds of any obligation, or to replace funds that are or will be used in such manner.

Section 7. This resolution is consistent with the budgetary and financial circumstances of the District, as of the date hereof. No monies from sources other than the Obligation issue are, or are reasonably expected to be reserved, allocated on a long-term basis, or otherwise set aside by the District (or any related party) pursuant to their budget or financial policies with respect to the Project costs. To the best of our knowledge, this Board is not aware of the previous adoption of official intents by the District that have been made as a matter of course for the purpose of reimbursing expenditures and for which tax-exempt obligations have not been issued.

Section 8. The limitations described in Section 4 and Section 5 do not apply to (a) costs of issuance of the Obligations, (b) an amount not in excess of the lesser of \$100,000 or five percent (5%) of the proceeds of the Obligations, or (c) any preliminary expenditures, such as architectural, engineering, surveying, soil testing, and similar costs other than land acquisition, site preparation, and similar costs incident to commencement of construction, not in excess of twenty percent (20%) of the aggregate issue price of the Obligations that finances the Project for which the preliminary expenditures were incurred.

Section 9. This resolution is adopted as official action of the District in order to comply with Treasury Regulation § 1.150-2 and any other regulations of the Internal Revenue Service relating to the qualification for reimbursement of District expenditures incurred prior to the date of issue of the Obligations, is part of the District's official proceedings, and will be available for inspection by the general public at the main administrative office of the District.

Section 10. Fieldman, Rolapp & Associates, Inc. ("Fieldman") the designated municipal advisor to the District in connection with the financing in accordance with the original contract with G.L.Hicks Financial, LLC executed on July 10, 2023, which was assigned to Fieldman on April 25, 2025. The term of the agreement extends through July 10, 2028 with services provided on an hourly basis.

Section 11. Stradling Yocca Carlson & Rauth LLP is hereby designated as bond counsel to the District in connection with the financing. Any Officer is authorized to enter into an agreement with such firm, the compensation for such services to be contingent upon the successful consummation of such financing.

Section 12. Pierson Ferdinand LLP is hereby designated as disclosure counsel to the District in connection with the financing. Any Officer is authorized to enter into an

agreement with such firm, the compensation for such services to be contingent upon the successful consummation of such financing.

Section 13. All actions of the officers, agents and employees of the District that are in conformity with the purposes and intent of this Resolution, whether taken before or after the adoption hereof, are hereby ratified and confirmed.

Section 14. This Resolution shall take effect upon its adoption by the Board.

Section 15. The Secretary shall certify to the adoption of this Resolution and provide for the appropriate distribution thereof.

PASSED, APPROVED AND ADOPTED by the Board of Directors of the City of Alameda Health Care District on this ____ day of _____, 2026.

President

ATTEST:

Secretary

STATE OF CALIFORNIA)
) ss.
COUNTY OF ALAMEDA)

I, the undersigned Secretary of the Board of Directors of the City of Alameda Health Care District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted by the Board of Directors of the District at a meeting thereof on the ____ day of _____, 2026, by the following vote of the members thereof:

AYES:

NOES:

ABSTAIN:

ABSENT:

Secretary



Date: July 6, 2026

To: City of Alameda Health Care District Board of Directors

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

Subject: Alameda Hospital 2030 Seismic and Operational Upgrade Projects Recommendation to Award Bid to C. Overaa & Co.

RECOMMENDATION

Adopt Resolution No. 2026-05 authorizing the District Board of Directors to:

1. Award the Alameda Hospital 2030 Seismic and Operational Upgrade Projects 1–9 to C. Overaa & Co. in the amount of \$23,750,151;
2. Authorize the execution of the construction contract for Projects 1–5 in the amount of \$3,6010,750;
3. Authorize issuance of the Notice to Proceed following Board approval and satisfaction of all contract execution requirements.

BACKGROUND

On April 20, 2026, the District issued the Bid Package for the Alameda Hospital 2030 Seismic and Operational Upgrade Projects using a single general contractor procurement strategy. The procurement schedule spanned approximately 65 calendar days and included a mandatory pre-bid conference, site walks, eight addenda, a formal request for information (RFI) period, bid opening, and bid review culminating with the recommendation to the Board of Directors at the July 13, 2026 meeting.

The single general contractor delivery approach was selected to:

- Provide earlier certainty regarding overall construction costs.
- Address the operational and site constraints associated with the active Alameda Hospital campus.
- Improve coordination, scheduling, and construction sequencing across multiple interconnected projects.
- Reduce risks associated with managing several contractors on a complex, multi-year hospital modernization program.

Projects 1 through 5 were competitively hard bid based on fully permitted plans approved by the California

Department of Health Care Access and Information (HCAI). Projects 6 through 9 were included in the procurement process as owner allowances to establish a single construction contract while design and permitting continue.

The projects included in Bid Package 1 were:

- Project 1 – Skilled Nursing Facility (SNF) Make-Ready
- Project 2 – Structural Monitoring and Retrofit Feasibility (SMRF) Joint Evaluation – Phase 1
- Project 3 – Structural Monitoring and Retrofit Feasibility (SMRF) Joint Evaluation – Phase 2
- Project 4 – Material Testing and Condition Assessment Program (MTCAP) – Phase 1
- Project 5 – Material Testing and Condition Assessment Program (MTCAP) – Phase 2
- Project 6 – NPC 4 Upgrades
- Project 7 – Skilled Nursing Facility Replacement
- Project 8 – NPC 5 Upgrades
- Project 9 – SPC 4D Retrofit

RFP / Bid schedule activities schedule summary:

Activity	Date(s)
RFP Issue to Contractors	Mon 4/20/26
RFP Addendum 001	Tue 4/28/26
RFP Project Site Walk	Tue 5/5/26 – Thu 5/7/26
RFP Addendum 002	Wed 5/13/26
RFP Addendum 003	Tue 5/19/26
RFP Project Site Walk - Trade Partners	Wed 5/20/26 – Thu 5/21/26
RFP Addendum 004	Tue 5/26/26
RFP Addendum 005	Mon 6/1/26
RFP Addendum 006	Wed 6/10/26
RFP RFI Due Date	Fri 6/12/26
RFP Addendum 007	Mon 6/15/26
RFP Addendum 008	Fri 6/19/26
RFP Bid Due / Bid Opening	Wed 6/24/26
Bid Protest Period Expires [5 calendar days]	Tue 6/30/26
Bid Review Completion	Wed 7/8/26
District Contract Approval (13 July Board Meeting)	Mon 7/13/26

More than 20 qualified general contractors were directly notified of the bidding opportunity. The solicitation was also advertised through four industry trade websites and published in accordance with public contracting requirements. Six general contractors attended the mandatory pre-bid conference and site walk.

Contractors that elected not to participate in the bid process cited several factors influencing their decision, including the competitive public bidding environment, the hard bid procurement methodology, and staffing and resource commitments for their organizations with other active projects or projects in the pipeline.

Following the close of bidding on June 24, 2026, the District received two bids. After completion of the bid review process, C. Overaa & Co. was determined to be the lowest responsive and responsible bidder.

Founded in 1907, C. Overaa & Co. has more than 115 years of experience in the construction industry and has successfully delivered complex projects across multiple market sectors, including healthcare. The firm has extensive experience constructing and renovating facilities regulated by the California Department of Health Care Access and Information (HCAI), including work within occupied general acute care hospitals. This experience positions the contractor to effectively manage the complexities of the Alameda Hospital 2030 Seismic and Operational Upgrade Projects while maintaining hospital operations and meeting HCAI regulatory requirements.

PROJECT DETAIL AND SCOPE CHANGES BY PROJECT

- Project 1 SNF Make-Ready
 - The bid for the Skilled Nursing Facility (SNF) Make-Ready Project exceeds the project budget by approximately \$440,000. When prior project commitments are included, the total hard construction budget exceeds the available budget by approximately \$607,000.
 - This variance is primarily attributable to design modifications required by HCAI plan check comments and expanded project scope identified during the final design process. Key cost drivers include:
 - i. Incorporation of NPC 4 upgrade work within the SNF Make-Ready areas to minimize disruption and maximize contractor efficiencies.
 - ii. Fire and Life Safety improvements, including upgrades to existing conditions within the disaster supply storage area, to meet current building and fire code requirements.
 - iii. Code-required modifications to the Occupational Health and Speech Therapy areas, resulting in additional construction scope.
 - Throughout the design process the project team evaluated multiple alternatives and value engineering opportunities to minimize the financial impact of these required changes while maintaining compliance with HCAI requirements and preserving the operational objectives of the project. Despite these efforts, the additional scope was necessary to meet current regulatory and operational requirements.

- Project 2 SMRF Joint Evaluation – Phase 1 and Project 3 SMRF Joint Evaluation Phase 2
 - The bid for the hard construction of Projects 2 and 3 and the previous commitment is \$1,055,587 below the project budget.
 - The favorable bid results are attributed, in part, to the project team's phased approach to structural testing and investigation. By strategically sequencing the work and maximizing access to testing locations within unoccupied spaces and areas planned for future construction, the permitted plans represent a reduction in scope from the conceptual design and original budget. This approach is expected to improve construction efficiency and contributed to costs that were lower than originally projected.

- The Phase 2 scope is dependent upon the findings of the Phase 1 investigation. If the Phase 1 results are favorable, portions of the Phase 2 work may be reduced or eliminated, creating the potential to realize approximately \$170,766 in project savings.
 - Unfavorable results may result in additional structural analysis and repair work at all Moment Frame connections.

- Project 4 Material Testing and Condition Assessment Program (MTCAP) – PHASE 1 and Project 5 Material Testing and Condition Assessment Program (MTCAP) – PHASE 2
 - The Material Testing and Condition Assessment Program (MTCAP) is a subset of the SPC 4D Retrofit Project. While a separate budget was not established specifically for MTCAP, the project team segregated an estimated \$1.0 million from the SPC 4D budget for the hard construction scope, divided equally between Phases 1 and 2 for planning purposes.
 - The bid for the combined hard construction scope of both phases is approximately \$600,000, which is below the budget estimate.
 - Similar to the SMRF Joint Evaluation projects, the Phase 2 MTCAP scope is dependent upon the findings of the Phase 1 investigation. If the Phase 1 results are favorable, portions of the Phase 2 work may be reduced or eliminated, creating the potential to realize approximately \$93,327 in project savings.
 - Unfavorable results may result in additional structural analysis and expanded SPC 4D scope not currently included in the current 80% documents.

- Project 6: NPC 4 Upgrades
 - The NPC 4 Upgrade scope was procured as an allowance because the design remains under review by HCAI.
 - The allowance price bid for NPC 4 is approximately \$2.0 million below the current hard construction budget. However, because the project has not yet received final HCAI approval, the allowance should not be considered a realized cost savings at this time.
 - The actual contract value for this scope will be refined following HCAI approval as final phasing, constructability, and sequencing are incorporated into the project. Additional costs within the hard construction budget may be necessary to address construction phasing, unforeseen / existing conditions, department logistics, and access requirements within an occupied hospital while maintaining uninterrupted patient care and critical hospital operations throughout construction.

- Project 7: Skilled Nursing Facility (SNF)
 - The Skilled Nursing Facility (SNF) Project was procured as an allowance because the design remains under review by the California Department of Health Care Access and Information (HCAI).

- The allowance price bid is approximately \$3.0 million below the current hard construction budget. However, because the project has not yet received final HCAI approval, the allowance should not be considered a realized cost savings at this time.
 - The project is currently in HCAI Back Check No. 2, during which several substantive design revisions have been identified, including additional Fire and Life Safety upgrades within the corridor system.
 - Additional factors that may affect the final construction cost include:
 - i. Incorporation of NPC 4 upgrade work into the SNF Project to support future seismic compliance requirements.
 - ii. Additional scope within the Respiratory Therapy Department resulting from design refinements and code requirements associated with the SNF Project. The NPC 4 upgrades for this department are also planned to be completed as part of the SNF Project to minimize impacts and maximize contractor efficiency.
 - The actual contract value for this scope will be refined following completion of the HCAI review process the project scope, and contract value will be reconciled to reflect the final approved design, constructability requirements, and construction phasing within an occupied healthcare facility.
- Project 8: NPC 5 Upgrades
 - The allowance price bid for the NPC 5 Upgrades exceeds the current hard construction budget by approximately \$1.2 million.
 - A portion of the variance is attributable to design refinements that include additional site improvements to accommodate required egress modifications, fire lane enhancements, and voluntary site accessibility upgrades.
 - In addition, the final design established the size and location of the underground wastewater storage tank. Installation of this specific tank in an area with a high groundwater table introduces increased construction complexity, including dewatering requirements, specialized excavation methods, site logistics, and sequencing, all of which contribute to the higher construction cost.
 - The Hard Construction Bid Analysis identifies \$2.0 million in committed costs for the NPC 5 project. This amount represents the cost of the off-site parking and shuttle program required during construction. Although this expense is outside the general contractor's contract, it is classified as a Hard Construction cost because it is directly attributable to the construction project and is necessary to support construction activities. The cost has been allocated to NPC 5 because this project has the greatest impact on parking availability.
 - The \$2.0 million committed cost, combined with the construction bid exceeding the budget by approximately \$1.2 million, results in a total Hard Construction budget variance of approximately \$3.1 million.
 - Project 9: SPC 4D Retrofit

- The allowance price bid for the SPC 4D Retrofit was based solely on the currently identified structural retrofit scope and excludes architectural, mechanical, electrical, plumbing, other supporting building system improvements, and phasing that will be finalized as the design progresses.
- The final design and construction requirements remain dependent upon the results of the Material Testing and Condition Assessment Program (MTCAP). The findings from the MTCAP investigation will be incorporated into the final Structural Evaluation Report and subsequently reflected in the final HCAI construction documents.
- Based on the design effort completed to date, the project team estimates that approximately 80 percent of the anticipated structural scope has been defined. As material testing and condition assessment (Projects 4,5 – MTCAP) results become available, the final retrofit design and construction scope will be further refined by the design team.
- Although the current allowance price bid provides a reasonable basis for evaluating the project, we anticipate the full hard construction budget for the Stephens Wing and West Wing retrofit work will be required to complete the project. No project savings are assumed until completion of the MTCAP investigations and final HCAI-approved design.
- Throughout the evaluation and design process the project team has undertaken significant due diligence to identify opportunities to reduce project scope and construction costs while maintaining the required seismic performance objectives and regulatory compliance. The team continues to work collaboratively with HCAI to evaluate the retrofit scope comprehensively and identify opportunities for cost efficiencies without compromising seismic performance.

FINANCIAL IMPACT AND FINANCIAL ANALYSIS

An analysis comparing the hard construction bid to the project budget is provided in the table below. While the hard construction costs for Projects 1–5 are below the budget allocated for those components, we do not consider these amounts to be realized project savings at this time. Projects 6–9 have not yet reached final design or pricing, and the remaining project budgets will continue to be refined as design development, permitting, and future procurement activities progress.

The Hard Construction budget line includes costs associated with the general contractor as well as the direct costs of construction work. It may also include project-related expenses that fall outside the general contractor's scope of work, such as temporary office and personnel relocation costs or the cost of an off-site parking and shuttle program, as demonstrated in the NPC 5 project.

Based on the current analysis, we anticipate the full project budget will be required to deliver the complete Alameda Hospital 2030 Seismic and Operational Upgrade Projects. The favorable bid results for Projects 1–5 do, however, indicate positive market pricing and may provide opportunities for future cost efficiencies as the remaining projects advance. Any potential savings will be evaluated as project scope, pricing, and construction costs become more certain.

City of Alameda Health Care District
Alameda Hospital Seismic and Operational Upgrade Projects 1-9

Hard Construction Bid Analysis

Date: 7/6/2026
Developed by: Porter Consulting

					<i>D</i>	<i>F</i>	<i>H</i>	<i>K</i>	<i>M</i>	<i>O</i>	<i>Q</i>	
					Hard Construction Budget	Hard Construction Committed	Hard Construction Remaining (D-F)	Bid Price C. Overaa & Co.	Hard Construction Remaining (F+H)	Projected ETC	Hard Construction Budget Remaining	
Seismic or Operational Upgrade	District Project Category	Project Bid #	Type of Bid ^{1,2}	Project Name								(over)/under
Operational	Project 4 SNF	Project 1	Base	SNF MAKE-READY	\$ 2,337,630	\$ 167,884	\$ 2,169,746	\$ 2,777,612	\$ (607,866)	\$ -	\$ (607,866)	
Seismic	Project 3a/3b SPC4D Stephens/West	Project 2	Base	SMRF JOINT EVALUATION - PHASE 1	\$ 760,000	\$ 43,750	\$ 716,250	\$ 249,497	\$ 466,753	\$ -	\$ 466,753	
Seismic	Project 3a/3b SPC4D Stephens/West	Project 3	Allowance	SMRF JOINT EVALUATION - PHASE 2	\$ 760,000	\$ -	\$ 760,000	\$ 170,766	\$ 589,234	\$ -	\$ 589,234	
					\$ 1,520,000	\$ 43,750	\$ 1,476,250	\$ 420,263	\$ 1,055,987	\$ -	\$ 1,055,987	
Seismic	Project 3a/3b SPC4D Stephens/West	Project 4	Base	MTCAP - PHASE 1	\$ 500,000	\$ -	\$ 500,000	\$ 310,548	\$ 189,452			
Seismic	Project 3a/3b SPC4D Stephens/West	Project 5	Allowance	MTCAP - PHASE 2	\$ 500,000	\$ -	\$ 500,000	\$ 93,327	\$ 406,673			
					\$ 1,000,000	\$ -	\$ 1,000,000	\$ 403,875	\$ 596,125	\$ -	\$ 596,125	
Subtotal Base Projects + Allowance Phase 2					\$ 4,857,630	\$ 211,634	\$ 4,645,996	\$ 3,601,750	\$ 1,044,246	\$ -	\$ 1,044,246	
Seismic	Project 1 - NPC	Project 6	Allowance	NPC 4 UPGRADES	\$ 4,000,000	\$ 43,750	\$ 3,956,250	\$ 1,998,503	\$ 1,957,747	\$ 2,132,747	\$ (175,000)	
Operational	Project 4 SNF	Project 7	Allowance	SKILLED NURSING UNIT (SNF)	\$ 13,264,394	\$ 81,250	\$ 13,183,144	\$ 10,322,326	\$ 2,860,818	\$ 2,860,818	\$ -	
Seismic	Project 1 - NPC	Project 8	Allowance	NPC 5 UPGRADES	\$ 5,521,038	\$ 2,036,099 ³	\$ 3,484,939	\$ 6,594,897 ⁴	\$ (3,109,958)	\$ 45,000	\$ (3,154,958)	
Seismic	Project 3a/3b SPC4D Stephens/West	Project 9	Allowance	SPC 4D RETROFIT (bid limited Structural scope only)	\$ 8,480,290	\$ -	\$ 8,480,290	\$ 1,232,675	\$ 7,247,615	\$ 7,247,615	\$ -	
Subtotal Current Allowance Projects					\$ 31,265,722	\$ 2,161,099	\$ 29,104,623	\$ 20,148,401	\$ 8,956,222	\$ 12,286,180	\$ (3,329,958)	
Total					\$ 36,123,352	\$ 2,372,733	\$ 33,750,619	\$ 23,750,151	\$ 10,000,468	\$ 12,286,180	\$ (2,285,712)	

Footnotes:

- 1 Base Bid = HCAI Approved Project
- 2 Allowance Bid = Non-HCAI approved project
- 3 Committed Costs include the off-site parking and shuttle program of \$1.9M.
- 4 Overaa Bid is ~\$1M over original budget, with parking costs allocated to Hard Construction, both contribute to the variance of \$3.1M

RESOLUTION NO. 2026-05

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE
CITY OF ALAMEDA HEALTH CARE DISTRICT AWARDING THE
ALAMEDA HOSPITAL SEISMIC AND OPERATIONAL UPGRADE PROJECTS 1–9
TO C. OVERAA & CO.; AUTHORIZING DESIGNATED INITIAL PROJECT PHASES
TO PROCEED SEQUENTIALLY; AND DIRECTING STAFF TO RETURN TO THE
BOARD FOR AUTHORIZATION BEFORE ISSUING NOTICES TO PROCEED FOR
REMAINING PROJECT PHASES**

WHEREAS, the City of Alameda Health Care District (“District”) is undertaking the Alameda Hospital Seismic and Operational Upgrade Projects 1–9 (collectively, the “Project”); and

WHEREAS, the District conducted a competitive bid process intended to select a single prime contractor for all nine Alameda Hospital 2030 Seismic and Operational Upgrade projects; and

WHEREAS, C. Overaa & Co., a California corporation submitted the bid selected for award for the Project in the total bid amount of Twenty-Three Million Seven Hundred Fifty Thousand One Hundred Fifty-One Dollars (\$23,750,151); and

WHEREAS, Projects 1 through 5 are fully permitted by the Department of Health Care Access and Information (“HCAI”) and consist of the following (the “Initial Phases”):

- a. Project 1: SNF Make-Ready;
- b. Project 2: SMRF Joint Evaluation – Phase 1;
- c. Project 3: SMRF Joint Evaluation – Phase 2;
- d. Project 4: Material Testing and Condition Assessment Program (“MTCAP”) – Phase 1; and
- e. Project 5: Material Testing and Condition Assessment Program (“MTCAP”) – Phase 2; and

WHEREAS, Projects 6 through 9 are currently in the HCAI permitting process and remain in differing stages of plan review and approval, and consist of the following (the “Later Phases”):

- f. Project 6: NPC 4 Upgrades;
- g. Project 7: Skilled Nursing Facility;
- h. Project 8: NPC 5 Upgrades; and
- i. Project 9: SPC 4D Retrofit; and

WHEREAS, the Board desires to award the Project to C. Overaa & Co. while authorizing only designated Initial Phases to proceed at this time; and

WHEREAS, the Board further desires that staff issue separate Notices to Proceed for the designated Initial Phases sequentially, based on project readiness, HCAI requirements, operational needs, and the terms of the contract documents; and

WHEREAS, the Board does not intend by this Resolution to authorize immediate commencement of the Later Phases, and instead directs staff to return to the Board for further authorization before issuing any Notice to Proceed for those Later Phases; and

WHEREAS, the initial authorization for the Initial Phases shall be limited to a not-to-exceed amount of Three Million Six Hundred One Thousand Seven Hundred Fifty Dollars (\$3,601,750), which includes allowances for Phase 2 of the SMRF Joint Evaluation and MTCAP work; and

WHEREAS, the Phase 2 allowances shall be exercised only if required by HCAI, and the District may elect not to exercise any allowance or future project phase as permitted by the contract documents; and

WHEREAS, each project phase may have a unique schedule duration, scope, sequencing requirement, and contract term based on the nature of the work and the applicable regulatory approvals.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE CITY OF ALAMEDA HEALTH CARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

Section 1. Recitals.

The foregoing recitals are true and correct and are incorporated into this Resolution by this reference.

Section 2. Award of Project.

The Board hereby awards the Alameda Hospital Seismic and Operational Upgrade Projects 1–9 to C. Overaa & Co. in the total bid amount of **\$23,750,151**, subject to the limitations, sequencing, approvals, and conditions set forth in this Resolution and the applicable contract documents.

Section 3. Authorization to Execute Contract Documents.

The Board hereby authorizes the District’s Executive Director, or other authorized District officer or designee to execute the contract documents, individual project contracts, task authorizations, and related documents necessary to effectuate the award to C. Overaa & Co., subject to approval as to form by District Counsel.

Section 4. Initial Authorized Project Phases.

The Board hereby authorizes staff to issue a Notice to Proceed with the Initial Phases.

Section 5. Initial Not-to-Exceed Authorization.

The total amount authorized for the Initial Phases shall not exceed **\$3,601,750**, inclusive of applicable allowances for Project 3 and Project 5. No allowance shall be exercised unless required by HCAI and authorized in accordance with the contract documents.

Section 6. Sequential Notices to Proceed.

Staff is hereby directed to issue separate Notices to Proceed for the Initial Phases sequentially, as appropriate, based on HCAI requirements, project readiness, operational coordination, and the applicable scope and schedule for each phase. This Resolution does not authorize staff to issue a blanket Notice to Proceed for all project phases.

Section 7. Remaining Project Phases.

The Board does not authorize issuance of Notices to Proceed for the Later Phases. Before any Notice to Proceed may be issued for the Later Phases, staff shall return to the Board for further authorization after the applicable plans have received required approvals, including HCAI approval where applicable, and after staff has reviewed the documents for any potential changes to scope, schedule, bid allowance pricing, or contract amount.

Section 8. Reservation of Rights.

The District reserves all rights under the contract documents, including the right not to exercise any allowance, not to authorize any future phase, and not to issue a Notice to Proceed for any project phase unless and until the Board determines that doing so is appropriate and in the best interests of the District.

Section 9. Further Acts.

The District’s Executive Director, staff, consultants, legal counsel, and authorized designees are hereby authorized and directed to take all actions reasonably necessary to carry out the intent of this Resolution, provided that such actions remain within the authority granted by this Resolution and the approved contract documents.

Section 10. Effective Date.

This Resolution shall take effect immediately upon its adoption.

PASSED, APPROVED, AND ADOPTED by the Board of Directors of the City of Alameda Health Care District at a regular meeting held on July 13, 2026, by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

President, Board of Directors
City of Alameda Health Care District

ATTEST:

Secretary, Board of Directors
City of Alameda Health Care District

Northern Region Monthly Operating Report

June 2026

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

Quality

Annette Johnson - System Overview – North Region

Acute Hospital MOR Summary FY 2026 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.

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

Timely, Effective, and Efficient Care			Performance			FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	May 2026	FY26 YTD	FY25 Actual	Improvement	Benchmark
Promote wellbeing	Provide the right care at the right time	All Cause 30-Day Readmission Rate				50% gap reduction to CMS 50th %tile	CMS 50th %tile
Provide accessible care	Minimize Time Spent Waiting for our Patients	ED Boarding Time for Admitted Patients				50% gap ↓ to: SLH/AH: Prepandemic Highland TJC max	SLH/AH: Prepandemic HGH: TJC Max Board
Equitable Care			Performance			FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	May 2026	FY26 YTD	FY25 Actual	Improvement	Benchmark
Serving all: Deliver equitable care	Health-related social needs recognized and addressed	Health-related social needs assessment completed on inpatients	*			10% improvement	20% improvement
		% of patients that screened positive for at least 1 Health-related social needs			NA		
Patient-Centered Care			Performance			FY26 Goals	
OBJECTIVES	KEY RESULTS	Detailed KPIs	May 2026	FY26 YTD	FY25 Actual	Improvement	Benchmark
Optimize performance regarding patient experience		Likelihood to recommend Acute	*	*	*	1% absolute improvement	SLH/AH: 50%tile HGH: 75%tile
		Likelihood to recommend ED			*		50th %tile
		Likelihood to recommend Amb Surg	*				50th %tile
		Communication with Nurses					50th %tile
		Communication with Providers	*				SLH/AH: 50th %tile HGH:90th %tile

Fiscal Year Starts in July 1 and Ends June 30

FY26 YTD is results from July 2025 to SLH

Opportunity: Falls with Injury

ACTIONS

Implement Tabletop Simulation Testing Across All Sites

- Map workflows for call light response
- Define staff positioning, triage roles, and cross-coverage expectations

Establish a "No-Pass" Zone:

- Mandate that any available staff member—regardless of department—must physically answer an active call light to address immediate needs.

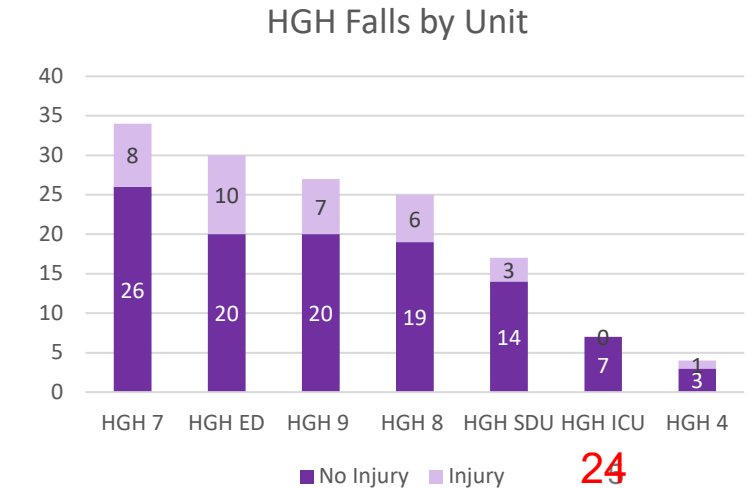
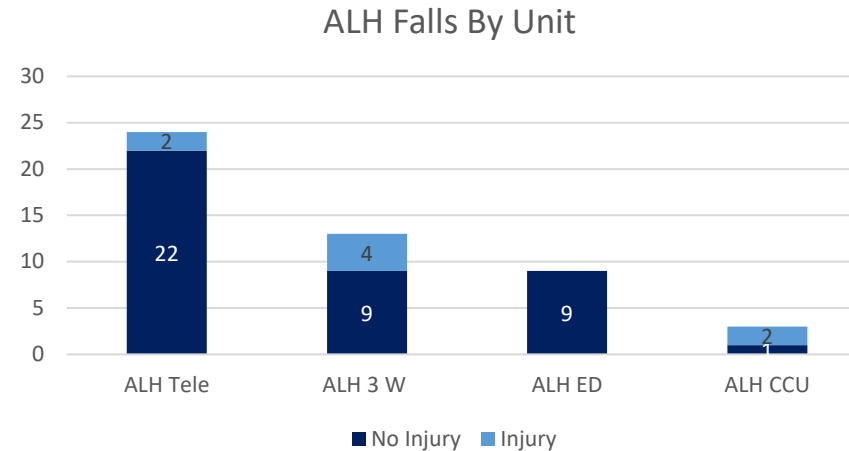
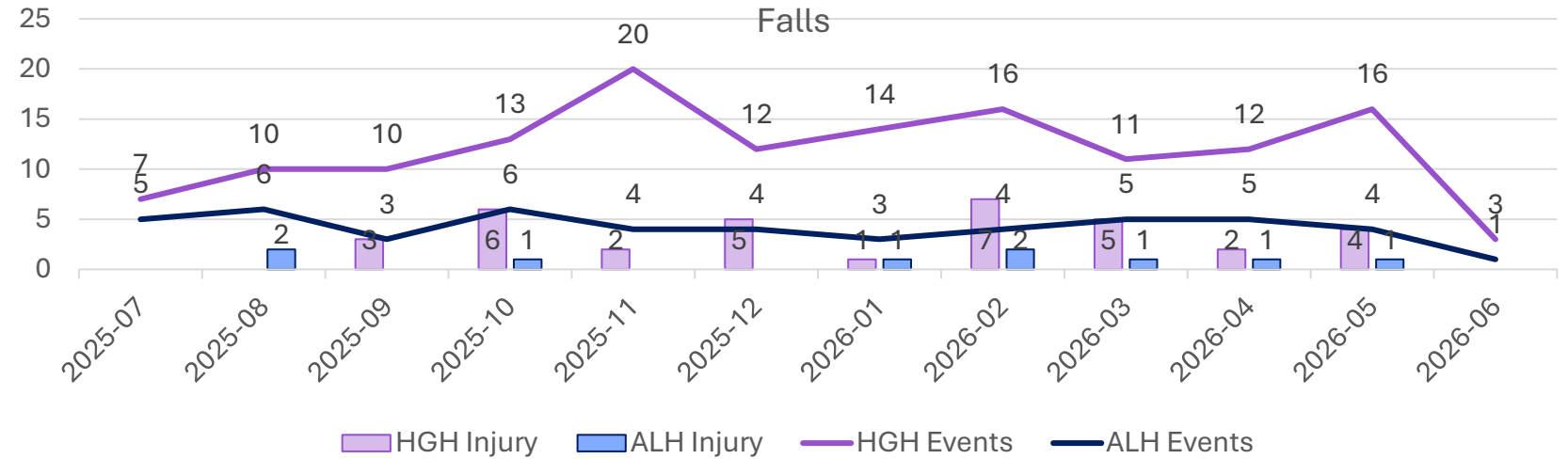
Strengthen Call Light Response Infrastructure

- Ensure alerts are audible/visible throughout the unit
- Implement clear triage and escalation protocols

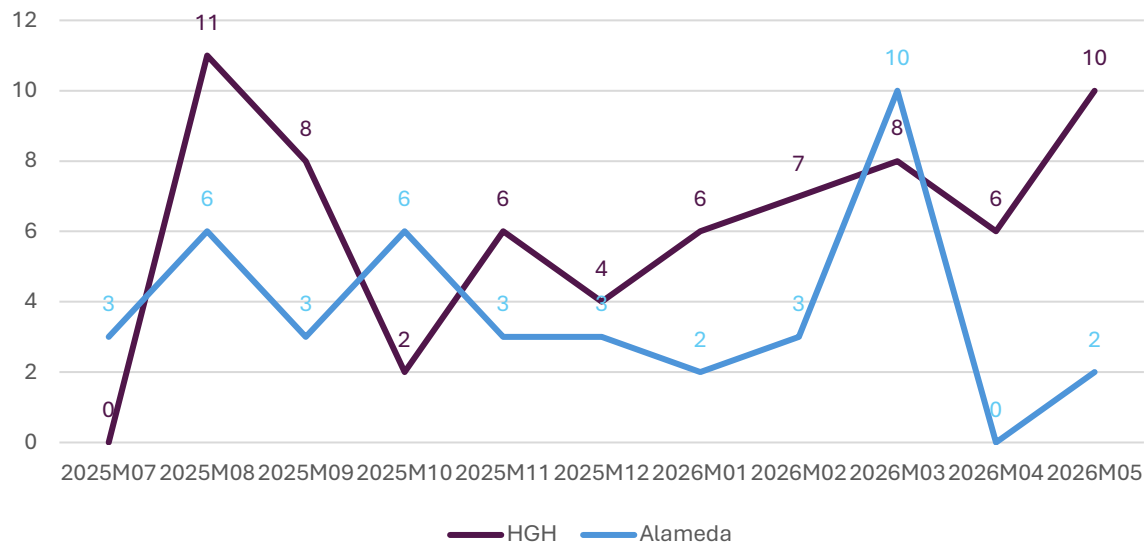
Engage Key Teams (NPD, QAPI, PCS)

- Create "secret shopper" scenarios to have an unbiased overview of the call light response times

	FYTD 26	FY 25	Improve	Benchmark
Highland	37 Events 0.47 Rate	36 Events 0.44 Rate	32 Events 0.396 Rate	13 Events 0.24 Rate
Alameda	8 Events 0.67 Rate	10 Events 0.53 Rate	9 Events 0.477 rate	3 Events 0.24 Rate



HAPI ALL



Actions

Educate and Reinforce best practice during annual Skills Days

Manager Led case reviews at PI Meetings and Unit Huddles

Prepare for HAPI ECQM for 2028

– ED no longer excluded

EPIC Improvements: LDA single wound taxonomy, and OPA/Automation

- Submitting COT Request

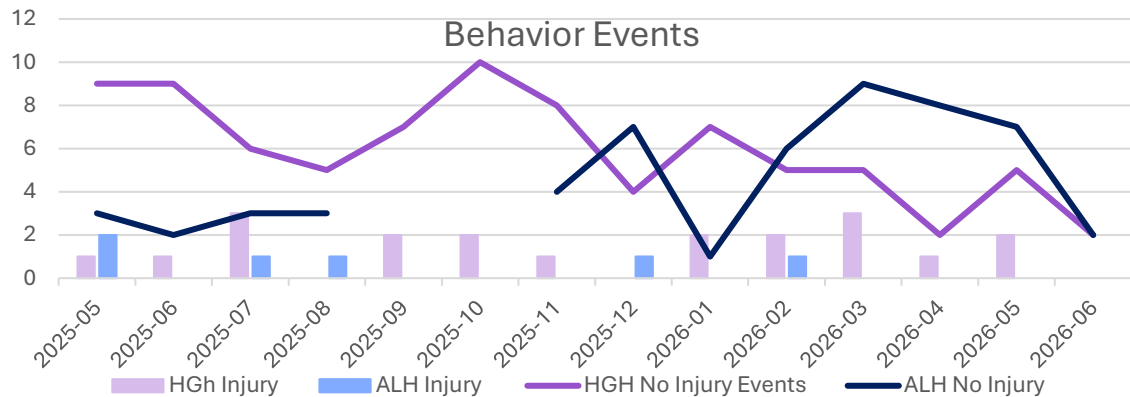
Opportunity: HAPI

	FYTD 26	FY 25	Improve	Benchmark
HGH Rptable	12 Events 1.15 Rate	0 Events 0 Rate	0 Events 0 Rates	0 Events 0 Rate
HGH All	68 Events 6.49 Rate	78 Events 7.01 Rate	70 Events 6.309 Rate	62 Events 5.608 Rate
ALH Rptable	5 Events 1.99 Rate	0 Events 0 Rate	0 Events 0 Rates	0 Events 0 Rate
ALH All	41 Events 16.32 Rate	50 Events 18.22 Rate	45 Events 16.398 Rate	40 Events 14.576 Rate

Questions Level	HGH	ALH
Compliance for High Risk Patients	89%	87%
2 RN SKIN CHECK ON ADMISSION TO UNIT, INCLUDES 2ND RN COSIGN	86%	83%
DRESSINGS APPLIED TO BONY PROMINENCES AND UNDER MEDICAL DEVICES	97%	89%
HEEL(S) ADMISSION PHOTO	97%	92%
HOB 30° DEGREE OR LESS	94%	91%
OFF LOAD HEEL(S) INTERVENTION IN PLACE	85%	99%
PATIENT'S NUTRITIONAL STATUS ASSESSED AND DOCUMENTED IN PAST 24 HOURS: %, MLs, or NPO	97%	98%
Q 2H TURNING OR REPOSITIONING DOCUMENTED PAST 24 HRS	80%	50%
SACRAL ADMISSION PHOTO	96%	93%
SPECIALTY BED IN PLACE IF INDICATED OR WAFLELE OVERLAY	96%	92%
SPECIALTY BED OR OVERLAY CHARTED	94%	93%
WOUND CARE CONSULT ORDERED FOR BRADEN SCORE 18 OR BELOW AND PRESSURE INJURY PRESENT	97%	93%
WOUND(S) DOCUMENTED ON AVATAR	97%	99%
.		
Compliance for Low Risk Patients	93%	75%
2 RN SKIN CHECK ON ADMISSION TO UNIT, INCLUDES 2ND RN COSIGN	92%	72%
HEEL(S) ADMISSION PHOTO	94%	78%
SACRAL ADMISSION PHOTO	92%	73%

25

Opportunity: Behavior Events



	FYTD 26	FY25	Improve	Bench mark
Highland	31 Events 0.61 Rate	36 Events 0.63 Rate	32 Events 0.567 Rate	28 Events 0.504 Rate
Alameda	13 Events 1.09 Rate	10 Events 0.76 Rate	9 Events 0.684 Rate	8 Events 0.608 Rate

Actions

90 Day Analysis : New WPV Reduction Committee

Reviewing, Improving Midas Safety Alert Submission and Reporting

Designing awareness education tools/best practice review

HGH Top Event Types	Avg Risk	No Injury	Injury
PT BEH: Assault, Patient/Visitor to Staff	C-D	27	13
PT BEH: Behavior, Verbal, Abusive, Threatening	Close to a C	19	0
ST BEH: Hospital Employee Issue, Nursing, Behavior	C-D	2	0

ALH Event Type	Avg Risk	No Injury	Injury
PT BEH: Assault, Patient/Visitor to Staff	Close to a D	19	6
PT BEH: Behavior, Verbal, Abusive, Threatening	C	25	0
PT BEH: Sexually Inappropriate Behavior	D	1	26 0

Opportunity: Hand Hygiene

Highland Hospital

Surveyed Department	HGH 4ACT		HGH 5ACT ICU		HGH 6ACT SDU		HGH 7ACT/MED/SURG/T ELE		HGH 8ACT Med/Surg		HGH 9ACT Med/Surg		HGH ED		HGH Surgery (OR-SDS-PACU)	
	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)
Nursing Unit Staff (Unit clerk, CNA, RN, etc)	180	138	780	360	360	306	210	180	216	120	318	342	150	60	162	18
EVS/Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Food and Nutrition Services	0	0	0	0	0	0	0	0	0	0	0	0				
Infection Control							0	0	0	0						
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PT/OT/Speech																
Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	180	138	780	360	360	306	210	180	216	120	318	342	150	60	162	18

	FYTD 26	FY25	Benchmark
Highland	91.55%	89.36%	95%
Alameda	89.75%	82.62%	95%

Surveyed Department	ALN 3 ICU		ALN 3 Telemed		ALN 3W Med/Surg		ALN Emergency Department		ALN Surgery	
	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)	Previous Month (May 26)	Current Month (Jun 26)
Nursing Unit Staff (Unit clerk, CNA, RN, etc)	168	126	150	126	156	126	174	90	6	0
Ambulatory Clinic	0	0	0	0						
Engineering	0	0	0	0	0	0	0	0		
EVS/Housekeeping	0	0	6	0	0	0	0	0	0	0
Food and Nutrition Services	0	0	0	0	0	0				
Infection Control	0	0	0	0	0	0	0	0		
Other	0	0	0	0	0	0	0	0	0	0
PT/OT/Speech										
Respiratory Therapy	0	0	0	0	0	0	0	0		
Total	168	126	156	126	156	126	174	90	6	0

Health Care Worker Role	Highland		Alameda	
	FY25	FYTD 26	FY25	FYTD 26
*Overall	89.35%	93.11%	84.20%	89.61%
Nurse/Nursing Assistant	90.28%	94.01%	78.30%	84.31%
Physician	88.90%	92.19%	96.00%	98.44%
RT	76.95%	81.25%	86.72%	91.86%
Other	95.21%	98.61%	57.98%	51.34%
PT/OT	98.02%	98.40%	76.71%	53.40%
Unknown	91.43%	98%	80.21%	84.85%
Medical Assistant	79.39%	82.80%	82.26%	85.42%

Actions

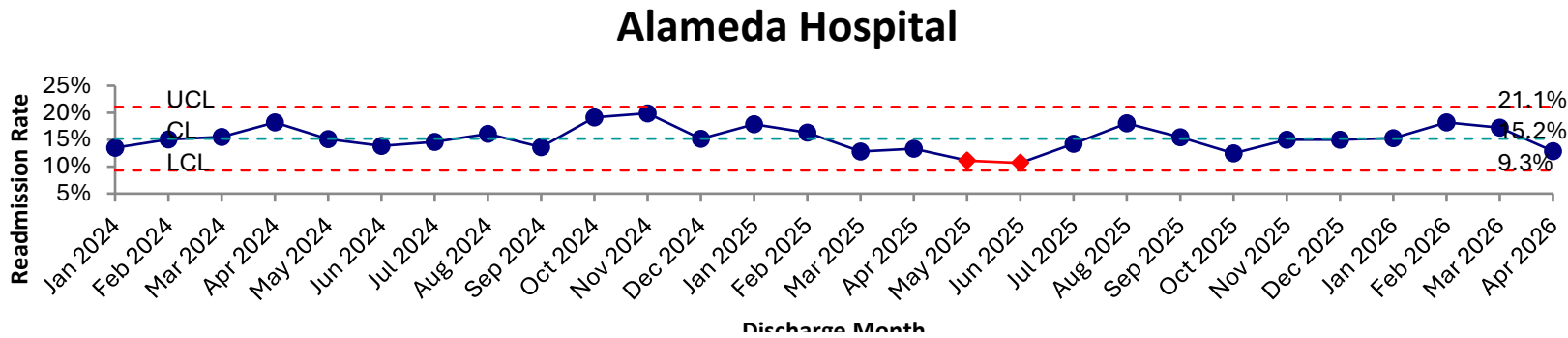
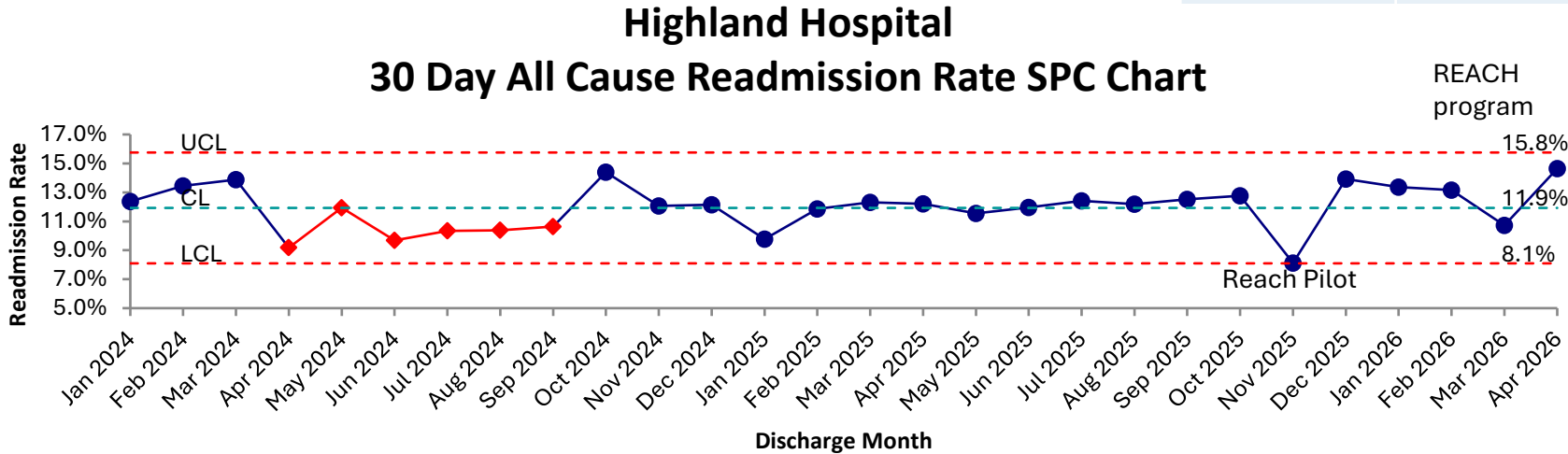
Daily Data Reporting: Number of Audits completed Daily & Compliance Rate by Role

E-Learning Modules: Redeploying to reinforce best practices

Signage & Templates: IPC team reviewing Five Moments signage: Updating, and distribution in key locations

Opportunity: Readmissions

	FYTD 26	FY25	Improve	Benchmark
Highland	12.06%	11.27%	11.69%	11.12%
Alameda	15.35%	14.82%	11.69%	11.12%



CMS - % Readmit within 30 Days	AMI			COPD			Heart Failure			Pneumonia		
	FY 24	FY 25	FYTD 26	FY 24	FY 25	FYTD 26	FY 24	FY 25	FYTD 26	FY 24	FY 25	FYTD 26
AHS Wide	14.8%	13.6%	6.9%	17.8%	20.0%	17.6%	15.0%	20.7%	21.2%	16.6%	19.6%	15.3%
Alameda Hospital	0.0%	14.3%	0.0%	36.0%	15.8%	10.7%	13.8%	20.4%	28.6%	21.5%	18.8%	18.6%
Highland	20.0%	14.3%	8.0%	6.1%	15.8%	18.2%	17.8%	15.9%	13.2%	8.9%	19.4%	16.4%
San Leandro	0.0%	0.0%	0.0%	16.3%	24.3%	22.9%	14.0%	25.7%	22.1%	14.3%	21.5%	9.9%

Actions

- REACH: Post discharge follow-up
- Risk stratification: Establish guidelines for EPIC readmission risk score
- Inform REACH Triaging Complex Care Program enrollment (ECM services)
- Correct payor information at registration
- Incorrect info delays discharges and uncoordinated discharges

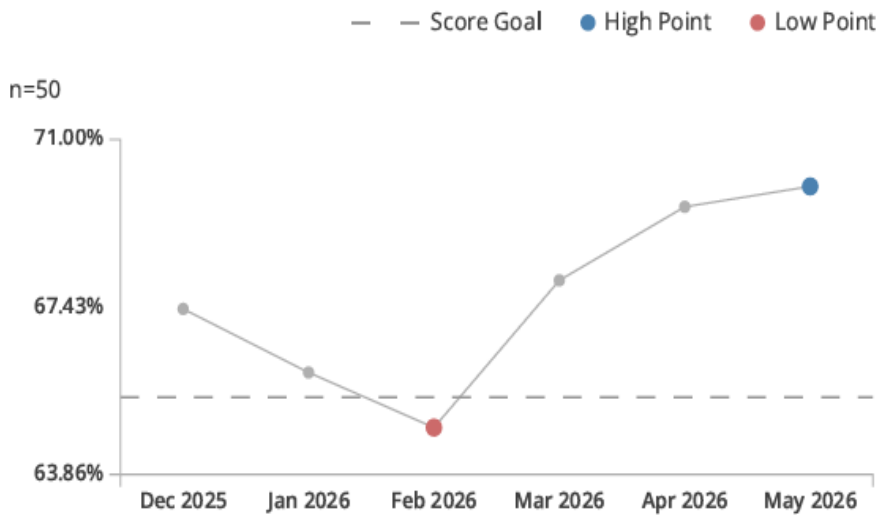
Patient Care Experience

Angela Ng, MD -System Overview North Region

Alameda Hospital - ED Patient Experience (PX)

LTR Baseline (FY25)	LTR FY26 Goal	LTR FYTD26
64.53	65.53	67.52

ED Likelihood to Recommend (LTR)
Top Box Score % ("Very Good" Response)



Time Period	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
n	46	53	37	50	46	50
Top Box Score	67.39%	66.04%	64.86%	68.00%	69.57%	70.00%
Percentile Rank	36	32	31	41	45	45

AH ED PX Metric/Domain	FY25	FY26 Goal	Mar	Apr	May Prelim (n=50)	FYTD26	Action Planning/Intervention	Status
Arrival Comfort of waiting area Waiting time to treatment area	47.67	48.67	56.73	46.39	57.27	53.02	ED Clerk Engagement training	In development
Nursing Courtesy of nurses Nurses took time to listen Nurses' attention to your needs Nurses' concern for privacy Nurses' responses to quest/concerns	67.26	68.26	70.54	71.15	81.39	72.47	<ul style="list-style-type: none"> ED Leader Rounding Program: ED Charge RN Sentact Leader Rounding Training Continued patient data and comment sharing and huddle reminders 	<ul style="list-style-type: none"> Completed 2/5 Rounding Launching
Doctor Courtesy of doctors Doctors took time to listen Doctors informative re treatment Doctors' concern for comfort Doctors include you trtmt decision	67.15	68.15	69.88	72.46	75.37	72.20	<ul style="list-style-type: none"> Data and Comment sharing with med staff 3 month data and Patient Comment analysis for Physician PEARLS – to be used in med staff meeting 	<ul style="list-style-type: none"> Ongoing Decks going out to medical directors all sites this week

May Prelim. Declines to watch

- Personal/Insurance Info
- Cleanliness of ER/ED
- Staff worked together to care for you

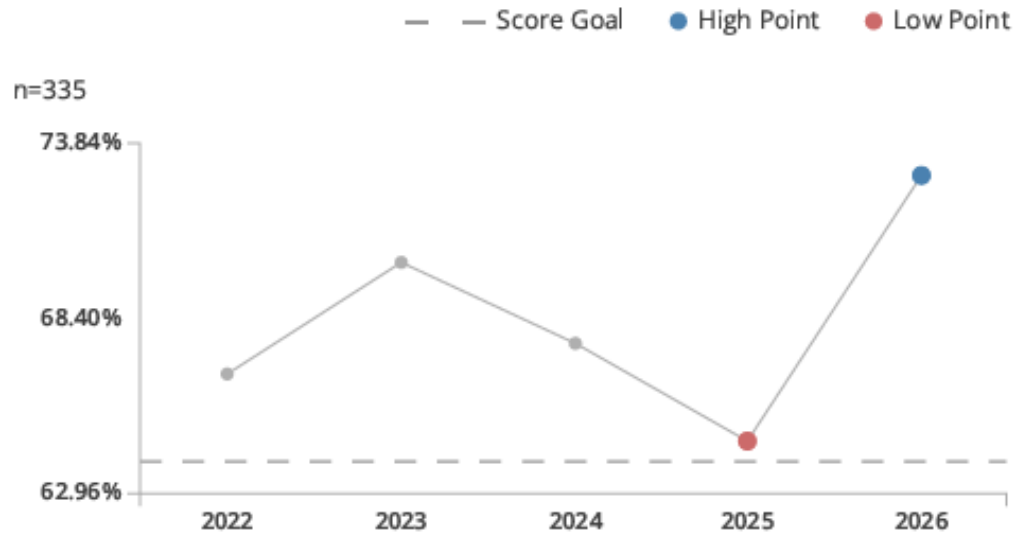
Other metrics tracked	Personal/Insurance Info Overall	69.09
	Information about home care	65.45
	Staff cared about you as person	72.00
	Cleanliness of ER/ED	54.00
	Staff worked together care for you	70.00

30

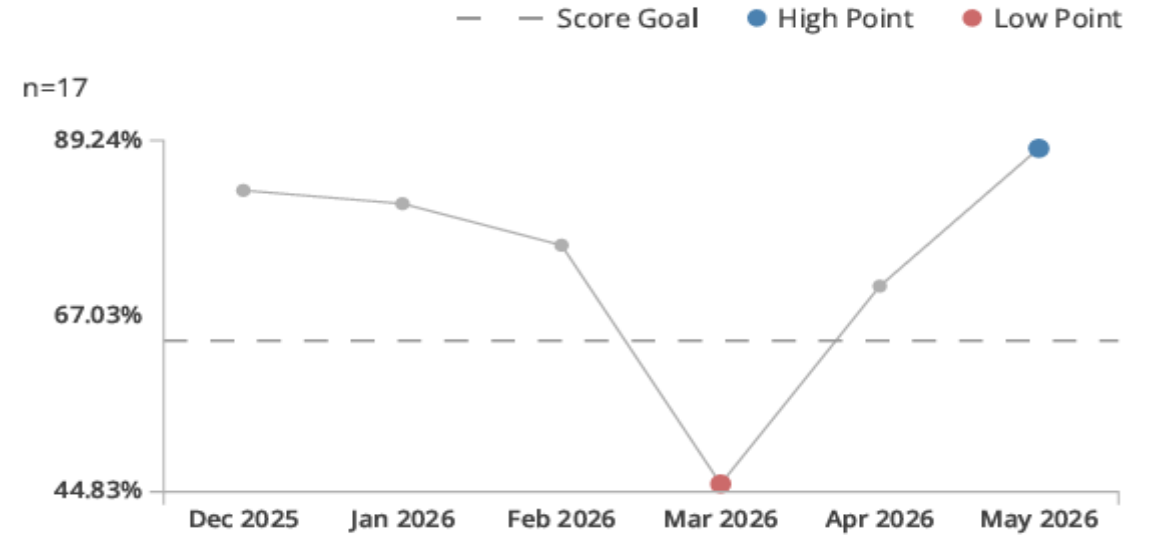
LTR FY25	LTR FY26 Goal	LTR FYTD26
62.96	63.96	72.84

Alameda Hospital - Inpatient Patient Experience (PX)

Inpatient Likelihood to Recommend (LTR)
Top Box Score % ("Definitely" Response)



Time Period	2022	2023	2024	2025	2026
n	183	375	315	384	335
Top Box Score	66.67%	70.13%	67.62%	64.58%	72.84%
Percentile Rank	41	51	40	27	56



Time Period	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
n	41	32	25	24	24	17
Top Box Score	82.93%	81.25%	76.00%	45.83%	70.83%	88.24%
Percentile Rank	87	83	68	2	49	95

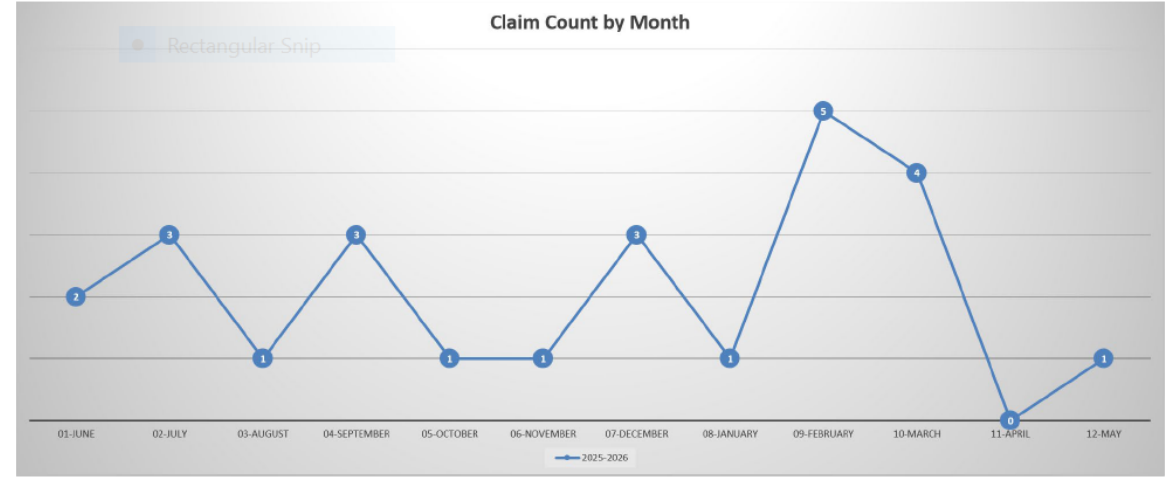
AH Inpatient PX Domain	FY25	FY26 GOAL	Mar	Apr	May Prelim (n=17)	FYTD26	FYTD26 %tile 7/1/25-FYTD	CMS Star %tile 1/1/25-12/31/25	Action/Intervention	Status
Nurse Comm	69.59	70.59	71.50	77.43	81.09	75.35	59 th	38 th	Nurse Leader Rounding	Ongoing – To Update rotating question for additional audit to support new initiative launches
									BSSR Standardization	Standard BSSR Tool & E-learning complete, pending launch
									PHR -4Ps	Ongoing Monitoring
Response of Hosp Staff	62.02	63.02	71.42	70.61	54.69	61.67	57 th	48 th	Care Board Accuracy/Validation	Ongoing Sentact Monitoring
									PHR NPZ	Ongoing Monitoring
Doctors Comm	75.43	76.43	68.73	80.11	84.54	79.07	68 th	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	68.33	75.77	87.99	72.71	52 nd	49 th	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	44.94	42.80	72.69	56.40	60 th	57 th	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	58.99	65.37	89.33	81.64	17 th	38 th	Care Coordination Rounding	Ongoing- started mid October
									AVS- Huddle Reminders for staff to review area on signs/symp to watch for	In discussion
Restful Hosp Environment	49.42	50.42	55.61	53.71	58.24	54.40	73 rd	48 th	Quietness hours, rounding in evening to assess barriers	Hold
Care Coordination (Doctors/Nurses/other Staff)	67.16	68.16	54.15	64.64	71.51	64.70	28 th	29 th	Care Coordination Rounding – Help needed at home, follow up care, Discharge needs	Ongoing
									Interdisciplinary Discharge Rounding	Hold for discussion
Info About Symptoms	67.31	68.31	65.40	69.08	62.07	64.69	36 th	34 th	Know before you go posters/cards	In development

Workplace Injuries

Terrie Dixon & Greg Stephens:
Needle Stick Sub-Committee Report Out
Manager Report Out North Region

Claim Summary: 6/01/25 to 6/01/26

Valuation Date	Total Paid	Total Reserves	Total Incurred	Count	Open Count
05/31/26	\$139,040	\$269,349	\$408,389	25	10



Frequency by Department (6/01/25 to 6/01/26)

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
AHD TELEMETRY	8	32.00%	\$30,907	7.57%
AHD WEST MED SURG	3	12.00%	\$5,116	1.25%
AHD CRITICAL CARE UNIT (CCU)	3	12.00%	\$56,715	13.89%
AHD RADIOLOGY	2	8.00%	\$98,621	24.15%
AHD ADMITTING	2	8.00%	\$163,233	39.97%
AHD EMERGENCY	1	4.00%	\$3,170	0.78%
AHD CARDIOLOGY	1	4.00%	\$8,036	1.97%
AHD NURSING FLOAT	1	4.00%	\$7,691	1.88%
AHD LABORATORY	1	4.00%	\$680	0.17%
AHD RESPIRATORY	1	4.00%	\$14,000	3.43%

Frequency by Cause (6/01/25 to 6/01/26)

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Struck or Injured By	12	48.00%	\$218,532	53.51%
Strain or Injury By	6	24.00%	\$63,136	15.46%
Fall, Slip or Trip Injury	4	16.00%	\$23,881	5.85%
Cut, Puncture, Scrape Injured by	1	4.00%	\$4,219	1.03%
Striking Against or Stepping on	1	4.00%	\$1,180	0.29%
Motor Vehicle	1	4.00%	\$97,442	23.86%

New Claims Filed in May

Date of Injury	Claim #	Occupation	Department	Injury Cause	Injury Cause Group	Loss Type	Nature of Injury	Body Part
5/3/2026	26001131	AHD Staff Nurse II	AHD TELEMETRY	Fellow Workers, Patient or Other Person	Struck or Injured By	PH Combative Patient	Contusion/Bruise	Chest

Patient Care Services

ALAMEDA HOSPITAL

May ALAMEDA HOSPITAL – Emergency Department

Falls With Injury

Last Fall	Days since last fall	FY25	FY26
12/1/2024	564	2	0

Falls without injury

Last Fall	Days since last fall	FY25	FY26
4/27/26	56	7	9

Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
05/31/26	23	6	3

Nursing Domain Drill Down – May 2026



Survey Items	SECTION/DOMAIN	Survey Type	n	Top Box Score			Percentile Rank	
				Current (May 2026)	Previous (Apr 2026)	Goal		
Section: Nurses	NURSES	PG	53	81.06%	71.15%	68.26%	9.91%	72
Courtesy of nurses	NURSES	PG	53	84.91%	74.51%	—	10.40%	79
Nurses took time to listen	NURSES	PG	53	79.25%	74.51%	—	4.74%	63
Nurses' attention to your needs	NURSES	PG	53	83.02%	68.63%	—	14.39%	81
Nurses' concern for privacy	NURSES	PG	52	80.77%	67.35%	—	13.42%	72
Nurses' responses to quest/concerns	NURSES	PG	53	77.36%	70.59%	—	6.77%	61

Successes

- Charge RN Rounding started with continued above goal Patient Experience scores
- Biggest improvement: Likelihood to recommend
- MMP and MBP 60% decrease over last month.
- Overtime hours 17% decrease
- FYTD Sepsis bundle compliance significant improvement and exceeding improvement goal.

Opportunities

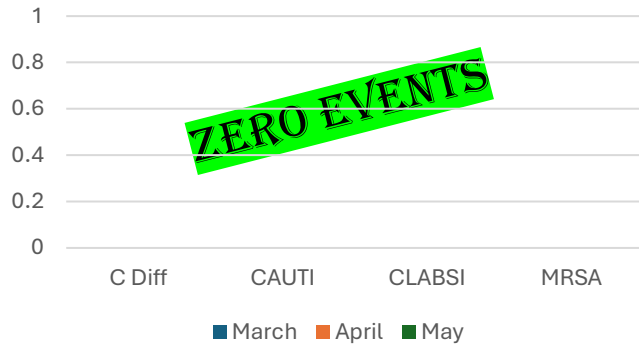
- Stroke VS / NIHSS documentation at 100%
- Staff coverage
 - 5 LOAs : 1 SANS RN cover, 3 Travelers by 6/10 (2 RN, 1 ED Tech)
- CLINTEK POCT U Preg – decrease wait time for exams pending Preg results, decrease cost of lab test. Awaiting EPIC documentation

Action Plan

- Stroke TJC Education to be completed by 6.30
- Cost reduction/efficiency:
- Working with charge RN to ensure no missed meals/breaks for Unit Clerks
 - Individual meeting with employees
 - Educate regarding offering and time constraints.
- Sick time evaluation, counseling when appropriate
- Continue to monitor OT and avoiding prebooking OT when possible, per MOU.
 - Utilize travelers

May ALAMEDA HOSPITAL – Critical Care Department

Patient Harm CCU



Falls With Injury

Last Fall	Days since last fall	FY25	FY26
4/8/26	71	0	2

Falls Without Injury

Last Fall	Days since last fall	FY25	FY26
7/24/2025	329	3	1

Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
07/15/25	338	1	1

HAPI

Last Event	Days since last event	FY25	FY26
5/4/2026	45	26	20 (1 reportable)

Successes

- Leap Frog Score of A
- IV US guided class initiated
- SKIN/HAPI: New wound champions added to the CCU team.
- Score Debrief scheduled for June
- Increase staff engagement with Super User requests. (DKA, Bladder scanner, Audits)

Opportunities

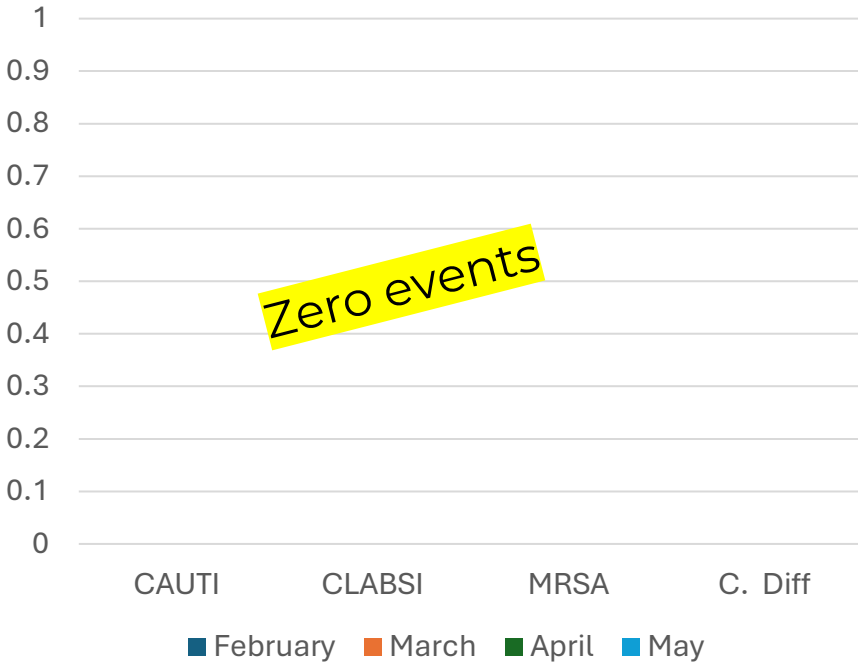
- 4 LOA & 1 open charge position
 - o 3 Travelers present
 - o Charge RN 0.6 interviews 2 week of July
- Rover education for wound documentation for all staff.
- Completion of SDOH assessments for in-patient is below goal at 33.33% for 15 discharges from CCU.

Action Plan

- Stroke TJC education completed by 6.30.26
- HAPI education and wound champion huddles
 - Focus on escalation of refusals
 - Pressure Injury Policy pending
 - Wound Care RN huddle
- Cost reduction/efficiency:
- Sick time evaluation, counseling when appropriate
- Continue to monitor OT and avoiding prebooking OT when possible.

ALAMEDA HOSPITAL – Telemetry Department

Telemetry HAIs



Falls With Injury

Last Event	Days since last event	FY25	FY26
3/8/26	100	3	2

Falls Without Injury

Last Event	Days since last event	FY25	FY26
6/14/26	2	21	24

Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
6/13/2025	368	2	0

HAPIs

Last Event	Days since last event	FY25	FY26
6/11/26	5	17	20

Successes

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

Opportunities

- Falls-1 fall in May
- SDOH-77%
- Hand hygiene-75.9%
- HAPI-role playing different ways to approach patients refusing assessments; Rover inservice with wound RN to improve documentation

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.
- Purposeful staff rounding- to audit with primary RN what is missing (SDOH, q2hrturns, 2 RN skin, etc)

ALAMEDA HOSPITAL – Medical/Surgical Department

3W HAIs



Falls With Injury

Last Event	Days since last event	FY25	FY26
5/28/26	19	4	4

Falls Without Injury

Last Event	Days since last event	FY25	FY26
4/24/26	53	18	9

Behavior Events With Harm

Last Event	Days since last event	FY25	FY26
2/13/26	123	1	4

HAPIs

Last Event	Days since last event	FY25	FY26
8/18/25	302	7	5

Successes

- More consistent use of assignment wizard
- Staff engagement
- No HAPIs, behavior events
- Patient admission handbook
- Patient experience scores
- Debriefed SCORE survey
- Filled all currently open positions

Opportunities

- SDOH –
- OT-meeting with scheduler weekly to discuss OT approval
- Hand hygiene-78
- SCORE survey results-creating action plan to tackle lower scores

Action Plan

- Continue HAPI audits and education with wound champions
- Purposeful staff rounding- to audit with primary RN what is missing (SDOH, q2hr turns, 2 RN skin, etc)
- Utilizing Epic dashboards for real time reminders.
- Continue to meet 1:1 with staff to improve culture and patient care
- Planning charge retreat for August

Thank
You
Northern
Region!



Post-Acute Quality Report 6/24/26
Richard Espinoza, NHA, CAO Post-Acute Services



CMS Overall Quality Star Rating

All sites 5 stars in Quality Measures



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

Ratings for Alameda County Medical Center D/P SNF (056479) San Leandro, California			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★★★	★★★★★	★★★★★	★★★★★



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

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

May CDPH/CMS Visits

- **CDPH/CMS visits:**

St. Rose:	2 visits – self-reports, both with no findings
South shore:	3 visits, 2 self-reports, , 2 no findings, 1 finding around a foot cradle not in place at the time of visit
Park Bridge:	2 visits – self-reports, both with no findings

- **Annual survey DHCS for our Alameda Hospital Sub-Acute unit:**

1 finding around time clock punch when performing a double on two floors within the same unit. PEC accepted by DHCS.

- **Joint Commission – Acute Rehabilitation Unit:**

No findings on the unit and a Performance Strength for Dr. Daniel Winkle’s mind body work with patients and staff – no findings in any rehab areas.

May Post Acute Falls

- All teams continue fall prevention strategies, falling star program, fall risk assessments, pharmacy review, rehabilitation interventions, post-fall huddles and updated care plans/education. Assisted falls and poor safety awareness interventions as rehabilitation assists patients and as residents become stronger.
- Fairmont (109 beds) and Park Bridge (120 beds) largest PA facilities in the system.

Falls (L)	Comparison Group State Average	Comparison Group National Average
	30.1%	44.2%

Number of Falls					
St. Rose	Fairmont	Sub Acute	South Shore	Park Bridge	Acute Rehab
6	6	0	1	6	1
9.40%	1.83%	0	1.29%	1.72%	1.32%

Workplace Violence May

- Park Bridge: 0
 - AH Sub-Acute: 0
 - South Shore: 0
 - St. Rose: 0
 - ARU: 0
 - Fairmont: 2
-
- 1 resident spat at a C.NA when repositioning in the front lawn area (buddy system and PPE in place moving forward) and 1 scratch to the C.NA's arm during ADL care from a cognitively impaired resident. Also, implementation of buddy system for this resident.

May Post-Acute Collections

- 3 sites achieved lower AR Days goal of 58: (FMT, PB, AH SA)
- 4 sites had greater collections than goal: (FMT, PB, SS, AH SA)
- 1 site working on a rebill for Alameda Alliance payment: (FMT)
- St Rose reduced their AR days from 95 days in April to 79 in May. 16 days better.
- Post-Acute SNF/SA units collected **\$1,105,167.07** greater than monthly goal.

	ACTUAL		GOAL		VARIANCE				
	COLLECTIONS	AR DAYS	COLLECTIONS	AR DAYS	COLLECTIONS			AR DAYS	
FAIRMONT	\$ 2,726,538.04	50.4	\$ 2,348,826.15	58	\$ 377,711.89	OVER	★	(7.6)	★
PARK BRIDGE	\$ 2,474,020.59	52.8	\$ 2,334,833.56	58	\$ 139,187.03	OVER	★	(5.2)	★
SOUTH SHORE	\$ 625,090.62	61.7	\$ 450,819.37	58	\$ 174,271.25	OVER	★	3.7	
SUB-ACUTE AH	\$ 1,651,684.26	56	\$ 1,208,284.40	58	\$ 443,399.86	OVER	★	(2.0)	★
ST ROSE ***	\$ 449,221.23	79	\$ 478,624.19	58	\$ (29,402.96)	UNDER		21.0	
TOTAL	\$ 7,926,554.74	59.98	\$ 6,821,387.67	58	\$ 1,105,167.07	OVER	★	2.0	

Thank you

Questions?



Alameda District Board Presentation Financials May 2026 July 6, 2026

In Thousands	MTD ACTUAL	MTD BUDGET	MTD VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
<i>Operating Revenue -----</i>						
Gross Revenues	65,648	63,517	2,131	738,362	707,682	30,680
Deductions	55,034	53,069	(1,966)	622,439	591,169	(31,270)
Net Patient Revenue	\$10,614	\$10,448	\$166	\$115,923	\$116,513	(\$590)
Capitation Revenue	438	196	242	2,402	2,161	242
Other Government Programs	2,310	3,194	(883)	33,812	35,126	(1,314)
Other Revenues	309	65	244	1,586	685	901
Total Revenue - All Sources	\$13,671	\$13,903	(\$232)	\$153,723	\$154,485	(\$761)
Collection %	16.2%	16.4%	-0.3%	15.7%	16.5%	-0.8%
<i>Operating Expenses -----</i>						
Salaries & Benefits	9,869	10,082	213	109,453	107,366	(2,087)
Purchased Services	524	635	111	6,599	7,190	592
Contracted and Allocated Provider	743	1,347	605	8,727	14,245	5,517
Materials and Supplies	867	969	101	10,713	11,137	423
Facilities	567	455	(112)	6,459	4,456	(2,003)
Depreciation	370	379	10	4,339	4,517	177
General & Administration	13	23	10	370	502	132
Total Operating Expenses	\$12,953	\$13,890	\$938	\$146,660	\$149,411	\$2,751
Contribution Margin	\$718	\$13	\$705	\$7,063	\$5,073	\$1,990
Total FTEs	595	607	11	630.8	621.2	(9.6) ●
Total Acute Adj Patient Days	1,717	1,671	(46)	20,094	19,552	542 ●
OT FTEs	54.2	46.5	(7.7)	48.7	46.5	(2.2) ●
Missed Meals Hours	803	688	(114)	9,842	7,653	(2,189) ●

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
Total Patient Days	6,162	6,202	-40	-0.6%	67,958	68,301	-343	-0.5%	67,775	183	0.3%
Total Discharges	211	215	-4	-1.8%	2,609	2,606	3	0.1%	2,606	3	0.1%
Total Adjusted Patient Days	9,895	9,207	689	7.5%	103,121	99,441	3,680	3.7%	100,712	2,409	2.4%
Total Adjusted Discharges	339	319	20	6.2%	3,959	3,795	164	4.3%	3,872	86	2.2%
GENERAL ACUTE											
Patient Days	830	911	-81	-8.9%	10,873	11,130	-257	-2.3%	11,310	-437	-3.9%
Discharges	207	203	4	2.2%	2,485	2,474	11	0.4%	2,493	-8	-0.3%
Average Daily Census	26.8	29.4	-2.6	-8.9%	32.5	33.2	-0.8	-2.3%	33.8	-1.3	-3.9%
Average Length of Stay	4	4.5	0.5	10.9%	4.4	4.5	0.1	2.7%	4.5	0.2	3.6%
Adjusted Patient Days	1,717	1,671	46	2.7%	20,094	19,552	542	2.8%	20,365	-271	-1.3%
Adjusted Discharges	428	372	57	15.3%	4,592	4,347	245	5.6%	4,489	103	2.3%
Occupancy %	41%	45%	-4%	-8.9%	49%	50%	-1%	-2.3%	51%	-2%	-3.9%
Paid FTE	397	399	2	0.6%	410	411	1	0.2%	413	2	0.6%
Productive FTE	352	350	-3	-0.8%	353	359	6	1.8%	359	6	1.7%
Paid FTE Per AOB	7.16	7.4	0.24	3.2%	6.84	7.05	0.2	2.9%	6.79	-0.05	-0.8%
Worked Hours per APD	36.3	37	0.7	1.9%	33.6	35.2	1.6	4.4%	33.7	0.1	0.3%
Worked Hours per AD	146	167	21	12.6%	147	158	11	7.0%	153	6	3.9%
Emergency Visits	1,838	1,690	148	8.8%	19,186	18,173	1,013	5.6%	18,330	856	4.7%
Left Without Being Seen (LWBS)	64	0	-64	-100.0%	649	0	-649	-100.0%	595	-54	-8.3%
Observation Equivalent Days	268	207	61	29.6%	2,747	2,153	594	27.6%	2,322	425	18.3%
IP Surgeries	23	17	6	38.0%	177	185	-8	-4.5%	159	18	11.3%
OP Surgeries	9	0	9	0.0%	64	0	64	0.0%	456	-392	-86.0%
Total Surgeries	32	17	15	92.1%	241	185	56	30.0%	615	-374	-60.8%

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
SNF with Sub-Acute											
SNF Patient Days	5,332	5,290	42	0.8%	57,085	57,171	-86	-0.2%	56,465	620	1.1%
SNF Discharges	4	12	-8	-67.2%	124	132	-8	-6.0%	113	11	9.7%
Average Daily Census	172	170.7	1.3	0.8%	170.4	170.7	-0.3	-0.2%	168.6	1.9	1.1%
Average Length of Stay	1,333.00	433.3	-899.7	-207.6%	460.4	433.4	-27	-6.2%	499.7	39.3	7.9%
Adjusted Patient Days	5,350	5,301	49	0.9%	57,389	57,264	124	0.2%	56,746	643	1.1%
Adjusted Discharges	4	12	-8	-67.2%	125	132	-7	-5.7%	114	11	9.8%
Occupancy %	95%	94%	0%	0.0%	94%	94%	0%	0.0%	93%	0%	0.0%
Bed Holds	35	50	-15	-29.6%	572	519	53	10.3%	529	43	8.1%
Paid FTE	199	208	9	4.2%	220	210	-11	-5.1%	217	-3	-1.4%
Productive FTE	180	182	2	1.1%	196	183	-13	-7.2%	193	-3	-1.7%
Paid FTE per AOB	1.15	1.21	0.06	5.1%	1.29	1.23	-0.06	-4.8%	1.28	0	-0.3%
Worked Hours per APD	6	6.1	0.1	2.0%	6.5	6.1	-0.4	-7.0%	6.5	0	-0.5%
Worked Hours per AD	7962	2642	-5320	-201.4%	3015	2654	-361	-13.6%	3255	240	7.4%

- Alameda District Hospital acute average daily census was 26.8 in the month of May which is 41% occupancy
- Acute Volume Highlights:
 - Case Mix Index (CMI) is at 1.441, slightly below budget by 1.443%.
 - LOS for the month at 4.0 was below budget of 4.5. which was lower than PY at 4.5, driven by slightly lower case mix.
 - Surgeries were at 32 for the month, which is higher than budget of 17.
 - OP Surgery was above budget by 9.
 - IP Surgery was above budget by 6.
- Skilled Nursing :
 - Patient days were above budget by 0.8%.
 - Daily Census was above budget by 0.8%.
 - Discharges were below budget by 8 or 67.2%.
 - Occupancy is at 95%

Appendix I

AHS Finance Committee Presentation

May 2026 Financial Report

Kimberly Miranda, Chief Financial Officer
Finance Committee
July 1, 2026

May 2026 Financial Report

Finance Dashboard

May-2026

Metric	FY2026 Goal YTD	Actual YTD	YTD	Trend Lines
Volume				
Total Adjusted Discharges	29,577	29,876	●	
Total Adjusted Patient Days	335,754	341,025	●	
Revenue Cycle				
Collection Ratio	19.5%	19.0%	●	
Cash as % of Net Revenue	100.0%	104.2%	●	
Gross Days in Patient Receivables	62.0	59.9	●	
Labor				
Productivity %	100.0%	TBD	●	
Registry as % of Total FTEs	4.2%	3.5%	●	
Overtime % excl Company 30	4.5%	5.8%	●	
Total FTEs	5,125	5,138	●	
FTE per Adjusted Discharge	0.17	0.17	●	
*Labor Cost/FTE w/o GASB	\$243,950	\$247,368	●	
Profitability				
Total Cost per Adjusted Discharge	\$50,138	\$50,418	●	
Total Cost per Adjusted Patient Days	\$4,417	\$4,417	●	
Net Income	\$3,579	(\$5,703)	●	
EBIDA Margin	2.3%	1.6%	●	
NNB (Net Negative Balance)	<\$95M	\$68,490	●	
Net Position	>\$0	-\$67,333	●	
Capital				
Capital Spent	\$27,339	\$18,795	●	
% of Capital Spent		68.7%		

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

May 2026 Financial Report

YTD Highlights

- Favorable YTD revenue variance of \$13.4M.
 - Net patient revenue below budget (\$2.6), higher charges/volumes partially offset by collection percentage - 0.5% below budget.
 - Other government programs above budget (\$2.6) with offsetting supplemental revenue impacts.
 - Other operating income above budget by (\$13.4M) driven from retail pharmacy (\$5.0M), one-time items of SAC law settlement on older claims (\$3.1M).
- Unfavorable YTD expense variance of \$23.4M.
 - Labor costs unfavorable by \$10.5M due to higher FTE and wage rates, employee benefits (\$6.0M), retirement (\$2.6M).
 - Non-labor cost unfavorable driven by pharmaceuticals (\$4.3M) and facilities (\$7.1M) partially offset by transportation budget discrepancy (\$2.8M) and utilities, cell phones and computer equipment (\$3.5M).

	May 2026				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 140,223	\$ 137,509	\$ 2,714	2.0%	\$ 1,504,023	\$ 1,490,603	\$ 13,420	0.9%	\$ 1,455,158	3.4%
Operating expense	134,853	138,889	4,036	2.9%	1,506,298	1,482,932	(23,366)	(1.6)%	1,446,907	(4.1)%
Operating income (loss)	5,370	(1,380)	6,750	489.1%	(2,275)	7,671	(9,946)	(129.7)%	8,251	(127.6)%
Other non-operating activity	(261)	(133)	(128)	(96.2)%	(3,428)	(4,092)	664	16.2%	(4,171)	17.8%
Net Income (loss)	\$ 5,109	\$ (1,513)	\$ 6,622	437.7%	\$ (5,703)	\$ 3,579	\$ (9,282)	(259.3)%	\$ 4,080	(239.8)%
EBIDA adjustments	2,717	2,545	172		29,729	31,397	(1,668)		38,472	
EBIDA	\$ 7,826	\$ 1,032	\$ 6,794		\$ 24,026	\$ 34,976	\$ (10,950)		\$ 42,552	
Operating Margin	3.8%	(1.0)%	4.8%		(0.2)%	0.5%	(0.7)%		0.6%	
EBIDA Margin	5.6%	0.8%	4.8%		1.6%	2.3%	(0.7)%		2.9%	
Total FTEs	4,929	5,079	150	3.0%	5,138	5,125	(13)	(0.3)%	5,093	

Net Patient Services Revenue Highlights

- Gross patient service revenue favorable driven by outpatient services
 - General Acute inpatient days below budget 6.8% with fewer trauma cases consistent with a lower LOS and CMI.
 - Inpatient surgery below budget 28.2% for month and 8.6% YTD.
 - Acute Rehab inpatient days exceeded budget 11.2% for the month and below budget YTD 3.6%
 - ED visits approximate budget with a higher charge per visit; YTD visits exceeding budget by 2.9%.
 - Outpatient surgery below budget 5.5% and higher than budget 4.4% YTD.
 - JGP PES visits below budget 14.3% and above budget 2.5% YTD.
 - Clinic visits lower than budget 8.9% and lower than budget by 4.9% YTD.
 - SNF and Subacute census at 96% consistent with budget.
- NSPR Collection ratio above budget for month and YTD below budget.
 - Medicare cost report adjustment in the month (\$0.7M).
 - Commercial mix improved consistent with higher trauma cases from the prior month.

	May 2026				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 213,679	\$ 224,409	\$ (10,729)	(4.8)%	\$ 2,438,731	\$ 2,445,507	\$ (6,776)	(0.3)%	\$ 2,362,240	3.2%
Outpatient service revenue	160,891	156,193	4,698	3.0%	1,740,183	1,627,945	112,239	6.9%	1,586,852	9.7%
Professional service revenue	41,922	43,641	(1,720)	(3.9)%	465,559	465,097	462	0.1%	471,543	(1.3)%
Gross patient service revenue	416,492	424,243	(7,751)	(1.8)%	4,644,473	4,538,548	105,925	2.3%	4,420,636	5.1%
Deductions from revenue	(334,793)	(341,312)	6,519	1.9%	(3,759,927)	(3,651,354)	(108,573)	(3.0)%	(3,565,596)	5.5%
Net patient service revenue	81,699	82,931	(1,232)	(1.5)%	884,546	887,194	(2,648)	(0.3)%	855,039	(3.5)%
Collection % - NPSR	19.6%	19.5%	0.1%		19.0%	19.5%	(0.5)%		19.3%	
Capitation and HPAC	8,350	4,160	4,190	100.7%	52,866	49,097	3,769	7.7%	50,790	4.1%
Other government programs	41,878	45,415	(3,537)	(7.8)%	498,648	499,565	(917)	(0.2)%	491,811	1.4%
Other operating revenue	8,296	5,003	3,293	65.8%	67,962	54,747	13,215	24.1%	57,518	18.2%
Total operating revenue	\$ 140,223	\$ 137,509	\$ 2,715	2.0%	\$ 1,504,023	\$ 1,490,604	\$ 13,419	0.9%	\$ 1,455,158	3.4%

Governmental and Other Revenue Highlights

- Other government programs lower due to parcel tax (\$0.7M) and Q3 Measure A (\$2.5M). YTD, unfavorable due to several variances. Key drivers were favorable GPP FY25 (\$4.4M) and Rate Range CY24 (\$4.2M) offset by Measure A (\$3.0M), SNF Medi-Cal FY21 reconciliation (\$2.4M), Prop56 (\$2.3M), QIP CY24 (\$1.5M).
- Other operating revenue favorable driven by receipt of grants MAA (\$1.6M), Opioid Use Disorder (\$0.7M) and SUD (\$0.2M). SRH management fee (\$0.3M), and other (\$0.2M). YTD, favorable driven by the payer settlements (\$3.1M), SRH management fee excluded from the budget (\$3.6M), higher retail pharmacy (\$5.0M).

	May 2026				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	81,699	82,931	(1,232)	(1.5)%	884,546	887,194	(2,648)	(0.3)%	855,039	(3.5)%
Capitation and HPAC	8,350	4,160	4,190	100.7%	52,866	49,097	3,769	7.7%	50,790	4.1%
Medi-Cal Waiver	8,480	8,474	6	0.1%	97,636	93,209	4,426	4.7%	102,121	(4.4)%
Measure A and parcel tax	9,512	12,760	(3,247)	(25.5)%	137,354	140,355	(3,001)	(2.1)%	137,546	(0.1)%
Supplemental Programs	23,886	24,182	(296)	(1.2)%	263,658	266,001	(2,343)	(0.9)%	252,144	4.6%
Other government programs	41,878	45,415	(3,537)	(7.8)%	498,648	499,565	(917)	(0.2)%	491,811	1.4%
Grant Revenue	4,248	1,422	2,826	198.8%	16,128	14,929	1,199	8.0%	14,384	12.1%
Other Operating Revenue	4,048	3,582	467	13.0%	51,834	39,818	12,017	30.2%	43,134	20.2%
Other operating revenue	8,296	5,003	3,293	65.8%	67,962	54,747	13,215	24.1%	57,518	0.0%
Total operating revenue	\$ 140,223	\$ 137,509	\$ 2,715	2.0%	\$ 1,504,023	\$ 1,490,604	\$ 13,419	0.9%	\$ 1,455,158	3.4%

May 2026 Financial Report

Expense Highlights excluding

- Purchased services favorable due to budget discrepancies (\$0.5M) and timing of invoicing for Cloudmed (\$0.4M). YTD, favorable due budget discrepancies (\$4.0M) offset by higher management consulting services (\$0.6M).
 - Budget discrepancies: Actual software licensing fees are recorded as amortization due to GASB96, budget for ambulance costs high due to duplicate invoices in prior year offset by coders included in purchased services and budgeted under registry.
- Material and supplies favorable to budget by (\$0.4M) from volume rebates and PO adjustments (\$0.5M) and computer printers (\$0.2M) offset by unfavorable outpatient pharmacy (\$0.3M). YTD, unfavorable due to pharmaceuticals (\$4.3M), surgical supplies (\$1.6M), inventory adjustment (\$0.9M) offset by favorable variance computer equipment (\$1.5M).
- Facilities unfavorable from Highland facility repairs (\$0.9M). YTD, unfavorable from facility repairs (\$7.1M), offset by favorable utilities (\$2.1M). Facility repairs occurred at Highland Hospital (\$4.1M), Alameda Hospital (\$1.9M), and San Leandro Hospital (\$0.5M).
- Depreciation and amortization unfavorable from lower equipment depreciation (\$0.4M) offset by higher lease and software amortization (\$0.4M). YTD, favorable from lower equipment depreciation (\$4.5) offset by higher lease and software amortization (\$3.7M).
- General and administrative favorable across many departments. YTD, favorable from recruitment expense (\$0.7M), insurance (\$0.8M) and other expense (\$0.5M) offset by the remaining unfavorable variance (\$0.2) across many cost centers.

	May 2026				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 104,452	\$ 107,984	\$ 3,532	3.3%	\$ 1,165,064	\$ 1,145,952	\$ (19,112)	(1.7)%	\$ 1,095,685	(6.3)%
Purchased services	7,861	8,711	850	9.8%	94,122	97,953	3,831	3.9%	96,154	2.1%
Materials and supplies	13,677	14,058	381	2.7%	151,877	146,396	(5,481)	(3.7)%	141,799	(7.1)%
Facilities	3,857	2,958	(899)	(30.4)%	40,791	35,578	(5,213)	(14.7)%	35,750	(14.1)%
Depreciation and amortization	2,446	2,399	(47)	(2.0)%	26,316	27,162	846	3.1%	34,564	23.9%
General and administrative	2,560	2,779	219	7.9%	28,128	29,891	1,763	5.9%	42,955	34.5%
Total operating expense	\$ 134,853	\$ 138,889	\$ 4,036	2.9%	\$ 1,506,298	\$ 1,482,932	\$ (23,366)	(1.6)%	\$ 1,446,907	(4.1)%

May 2026 Financial Report

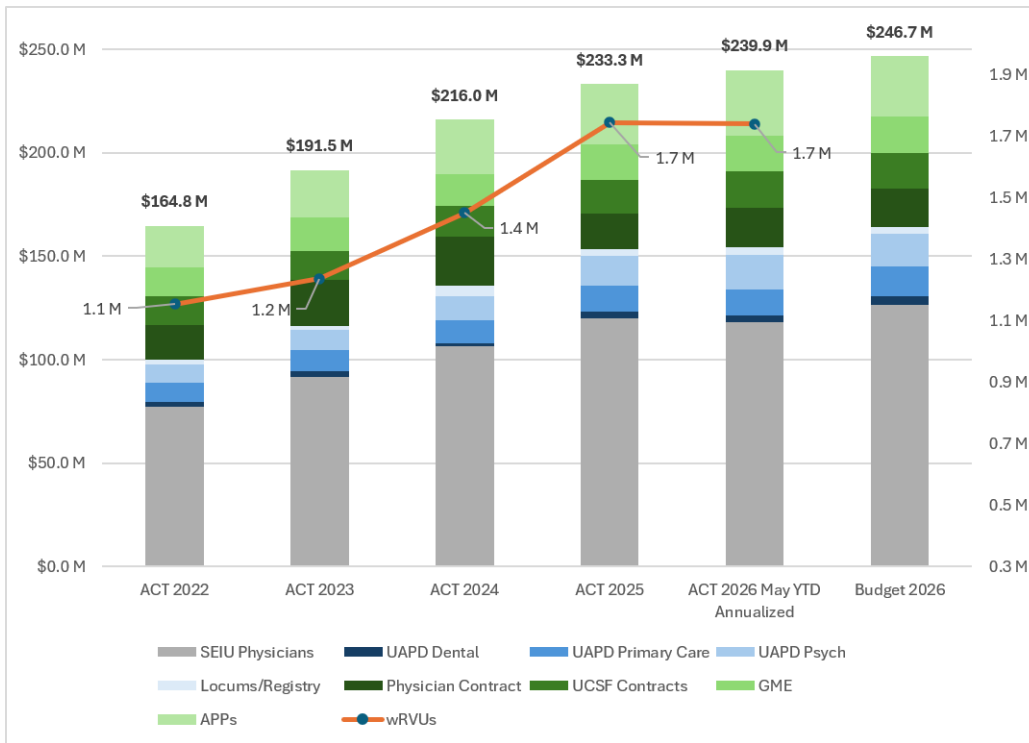
Expense Highlights – Labor

- Staff and registry favorable for month (\$1.6M) and YTD (\$12.3M).
 - Staff salaries and registry favorable driven lower FTEs (123 FTEs/\$1.6M). YTD, unfavorable due to higher rate (\$7.3M) and higher FTEs (34 FTEs/\$5.0M).
- Provider salaries and contracts favorable for month (\$1.1M) and favorable YTD (\$1.8M).
 - Provider salaries favorable from lower FTEs (27 FTEs/\$0.9M) and lower rate (\$0.4M). YTD, favorable from lower FTEs (21 FTEs/\$7.5M) due to FY26 recruitment unrealized offset by higher rate (\$4.2M) which includes paternity payout (\$1.6M). Physician contract services unfavorable for month (\$0.2M) and YTD (\$1.5M) due to locum expense.

	May 2026				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 58,917	\$ 58,993	\$ 76	0.1%	\$ 665,752	\$ 641,771	\$ (23,981)	(3.7)%	\$ 609,931	(9.2)%
Salaries and wages (providers)	12,631	13,961	1,330	9.5%	141,123	144,409	3,286	2.3%	135,589	(4.1)%
Registry	2,730	4,274	1,544	36.1%	34,654	46,300	11,646	25.2%	47,399	26.9%
Physician contract services	3,703	3,532	(171)	(4.8)%	41,455	39,990	(1,465)	(3.7)%	38,797	(6.9)%
Employee benefits (taxes, insur	17,763	18,588	825	4.4%	189,410	183,385	(6,025)	(3.3)%	176,359	(7.4)%
Retirement	8,708	8,636	(72)	(0.8)%	92,670	90,097	(2,573)	(2.9)%	87,610	(5.8)%
Total labor costs	\$ 104,452	\$ 107,984	\$ 3,532	3.3%	\$ 1,165,064	\$ 1,145,952	\$ (19,112)	(1.7)%	\$ 1,095,685	(6.3)%
Compensation ratio	74.5%	78.5%	4.0%		77.5%	76.9%	-0.6%		75.3%	
Paid FTEs - staff	4,409	4,461	52	1.2%	4,577	4,506	(71)	(1.6)%	4,600	0.5%
Paid FTEs - providers	376	403	27	6.7%	382	403	21	5.2%	291	(31.3)%
Paid FTEs - registry	144	215	71	33.0%	179	216	37	17.1%	290	38.3%
Total FTEs	4,929	5,079	150	3.0%	5,138	5,125	(13)	(0.3)%	5,181	0.8%

May 2026 Financial Report

Total Provider Expense



	ACT 2022	ACT 2023	ACT 2024	ACT 2025	ACT 2026 May YTD Annualized	Budget 2026
Clinic Visits		353,882	389,733	392,141	409,417	435,106
% Change			10.1%	0.6%	4.4%	6.3%

Paid FTEs	ACT 2022	ACT 2023	ACT 2024	ACT 2025	ACT 2026 May YTD Annualized	Budget 2026
SEIU Physicians	180.0	197.1	213.2	223.1	222.7	243.1
UAPD Dental	8.7	9.8	8.3	9.0	8.1	11.4
UAPD Primary Care	27.8	28.4	30.7	32.7	30.5	34.8
UAPD Psych	17.1	17.4	19.2	23.9	26.5	23.5
GME	134.6	136.8	137.4	139.1	140.0	138.6
APPs	76.8	81.6	84.6	90.8	93.0	91.3
Subtotal Physicians	445.0	471.1	493.3	518.6	520.8	542.7

Service Type	ACT 2022	ACT 2023	ACT 2024	ACT 2025	ACT 2026 May YTD Annualized	Budget 2026
SEIU Physicians	\$77.3 M	\$91.8 M	\$106.3 M	\$120.2 M	\$118.1 M	\$126.4 M
UAPD Dental	\$2.3 M	\$2.7 M	\$1.7 M	\$2.8 M	\$3.2 M	\$4.1 M
UAPD Primary Care	\$9.4 M	\$10.3 M	\$10.9 M	\$12.6 M	\$12.8 M	\$14.7 M
UAPD Psych	\$8.7 M	\$9.6 M	\$11.7 M	\$14.7 M	\$16.5 M	\$15.7 M
Locums/Registry	\$2.2 M	\$1.7 M	\$5.3 M	\$3.0 M	\$3.5 M	\$3.2 M
Physician Contract	\$17.0 M	\$22.4 M	\$23.3 M	\$17.1 M	\$19.2 M	\$18.6 M
UCSF Contracts	\$14.0 M	\$14.0 M	\$15.1 M	\$16.2 M	\$17.8 M	\$17.2 M
GME	\$13.9 M	\$16.1 M	\$15.6 M	\$17.3 M	\$17.2 M	\$17.5 M
APPs	\$20.0 M	\$22.9 M	\$26.1 M	\$29.3 M	\$31.6 M	\$29.3 M
Subtotal Physicians	\$164.8 M	\$191.5 M	\$216.0 M	\$233.3 M	\$239.9 M	\$246.7 M

Notes:

1. FY26 SEIU excludes President and admin staff dollars.
2. Locums: FY2024-2026 for John George-Psych, General Surgery & Eastmont Wellness center.
3. GME FTEs include residents.

May 2026 Financial Report

Expense Highlights – Benefits

- Employee benefits is favorable due to Kaiser health plan(\$0.6M), self-funded health (\$0.9M), offset by FICA (\$0.7M). YTD, unfavorable due to self-funded health (\$10.4M), FICA (\$2.3M) and worker's comp (\$0.2M) offset by Kaiser health plan (\$4.8M), other benefits (\$2.6M).
- Retirement expense approximated budget in the month. YTD, unfavorable due to ACERA (\$0.9M), AHS retirement plan (\$0.4M), union plans (\$0.9M) and other plans (\$0.4M).

	May 2026				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 58,917	\$ 58,993	\$ 76	0.1%	\$ 665,752	\$ 641,771	\$ (23,981)	(3.7)%	\$ 609,931	(9.2)%
Salaries and wages (providers)	12,631	13,961	1,330	9.5%	141,123	144,409	3,286	2.3%	135,589	(4.1)%
Registry	2,730	4,274	1,544	36.1%	34,654	46,300	11,646	25.2%	47,399	26.9%
Physician contract services	3,703	3,532	(171)	(4.8)%	41,455	39,990	(1,465)	(3.7)%	38,797	(6.9)%
Employee benefits (taxes, insur	17,763	18,588	825	4.4%	189,410	183,385	(6,025)	(3.3)%	176,359	(7.4)%
Retirement	8,708	8,636	(72)	(0.8)%	92,670	90,097	(2,573)	(2.9)%	87,610	(5.8)%
Total labor costs	\$ 104,452	\$ 107,984	\$ 3,532	3.3%	\$ 1,165,064	\$ 1,145,952	\$ (19,112)	(1.7)%	\$ 1,095,685	(6.3)%
Compensation ratio	74.5%	78.5%	4.0%		77.5%	76.9%	-0.6%		75.3%	
Paid FTEs - staff	4,409	4,461	52	1.2%	4,577	4,506	(71)	(1.6)%	4,600	0.5%
Paid FTEs - providers	376	403	27	6.7%	382	403	21	5.2%	291	(31.3)%
Paid FTEs - registry	144	215	71	33.0%	179	216	37	17.1%	290	38.3%
Total FTEs	4,929	5,079	150	3.0%	5,138	5,125	(13)	(0.3)%	5,181	0.8%

May 2026 Financial Report

Balance Sheet Key Metrics

- Days in Cash are 2.0 days and lower than year-end; typically, below 5.0 days.
- Gross AR Days decreased 5.3 and Net AR Days decreased 2.7. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run.
- Net Position is negative \$67.3M due YTD Net Loss offset by Jaber capital funds.
- Net Negative Balance is a receivable of \$68.5M. NNB consists of the liquidity facility (loan) of \$39.9M and the restricted cash of \$28.3M; and is expected to be below the June 30, 2026 credit ceiling of \$95.0M at the end of the fiscal year.

	<u>May-26</u>	<u>Apr-26</u>	<u>FY 2025</u>
Days in cash	2.0	0.7	2.9
Gross days in patient receivable	59.9	65.2	62.4
Net days in patient receivable	40.4	43.1	43.8
Due from/(to) third-party payors	\$ 131,731	\$ 166,151	\$ 158,555
Due from/(to) County	\$ 11,475	\$ (9,648)	\$ 49,680
Days in accounts payable	36.9	39.5	38.3
% of AP over 60 days	0.9%	1.6%	4.0%
Net position - fund balance/(deficit)	\$ (67,333)	\$ (72,443)	\$ (61,798)
Net negative balance - receivable/(payable)	\$ 68,490	\$ 42,401	\$ 26,949

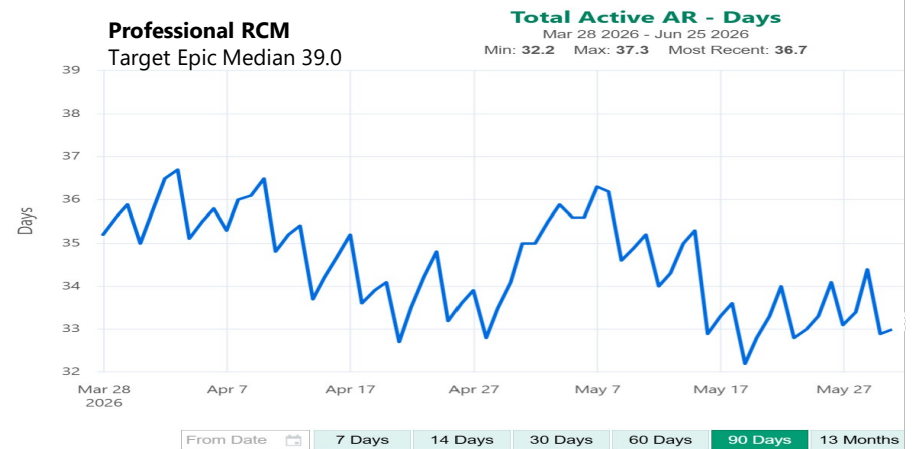
Trending Graph



Hospital Revenue Cycle Key Indicators

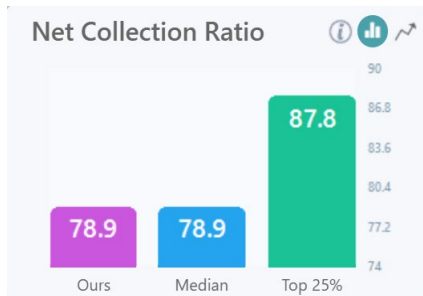
- HB AR Days decreased by 3.7 days compared to prior month. April AR Days were 67.9 days, and May AR Days ended at 64.2 days.
- May collections were higher at \$66.2M. FYTD26 average monthly collection is trending higher than FY25 by \$739K per month. FYTD26 average monthly collection is approximately \$62M and FY25 average monthly collection was approximately \$61.3M.

Trending Graph

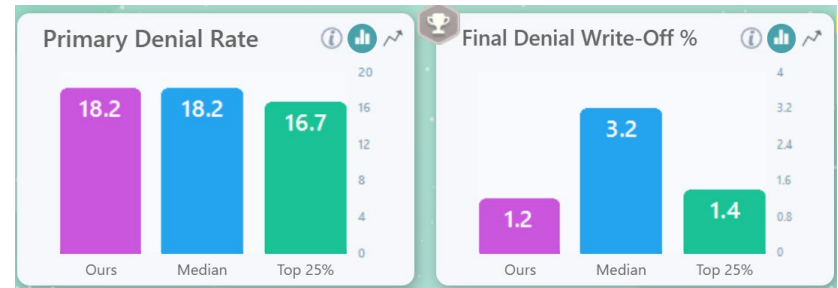


Professional Revenue Cycle Key Indicators

- PB AR Days decreased by 2 days compared to prior month. April AR Days were 35.0 days, and May AR Days ended at 33.3 days.
- May collections reported was \$14.1M. This is above the monthly trend of approximately \$8.4M.
- Enterprise CDI launched to address provider clinical documentation along with charge automation, and usage of Epic tools. Pilot project in progress with Inpt. Critical Care, Obstetrics & Gynecology. Outpatient continues with Neurology, Optometry, Pediatrics, Critical Care, and Nephrology. Orthopedics, OMG, and ENT closed.



- AHS is currently collecting 78.9% of expected payments which fell to the median. We are typically, at or near the top 25th percentile of all safety net hospitals.
- We have identified an issue with Medicare non-covered service that are not separately payable and is considered contractual adjustment.
- Net collection ratio metric shows the ratio of payments collected (less any refunds) to expected reimbursement for hospital accounts that were fully resolved within the past 91 days.



- Primary denial rate increased to 18.2% of net collections and is at top 25th percentile of safety net hospitals and represents all claim that payers have adjudicated. Less work rework and steady cash flows.
- Final denial write-off rate is 1.2% of net collections and approximates the top 25th percentile of safety net hospitals and represents all claims with a final denial and closed accounts.

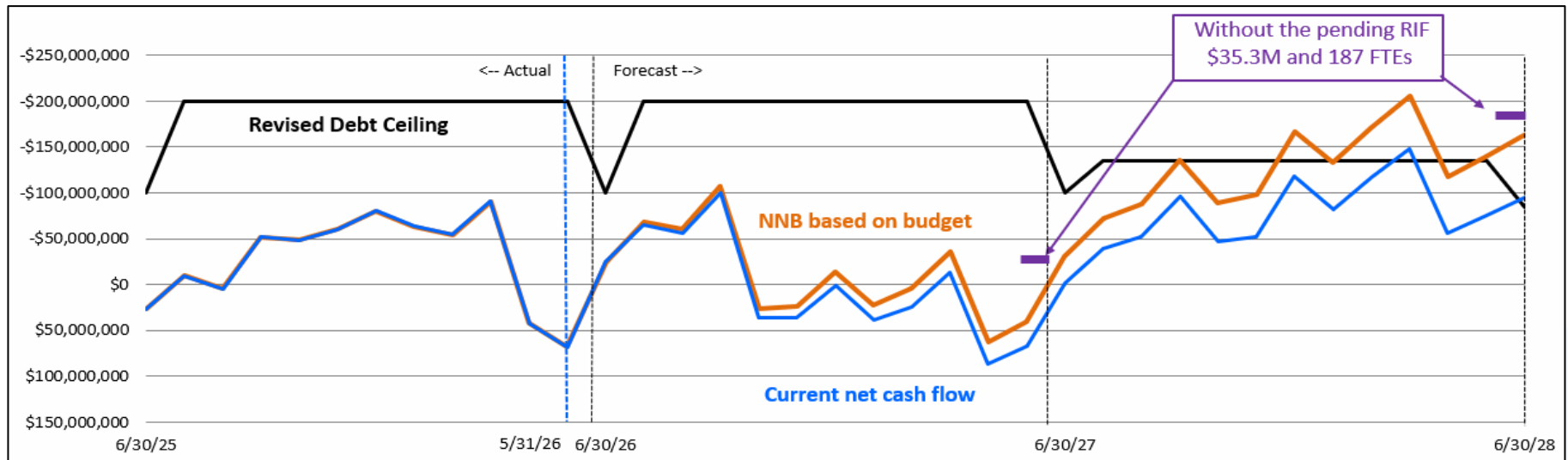
Patient collections are growing

PATIENT COLLECTIONS (in thousands)							
	Behavioral Health	Epic	Total FY 2026	FY 2025	FY 2024	FY 2023	FY 2022
Jul	11,928	67,883	79,811	72,694	79,592	74,260	59,732
Aug	28,651	82,136	110,787	79,768	69,313	58,590	57,374
Sep	-	66,819	66,819	69,741	63,322	76,063	61,968
Oct	868	82,323	83,191	76,783	63,122	59,796	49,923
Nov	11,569	71,370	82,939	78,747	57,781	56,939	52,057
Dec	7,275	65,241	72,516	94,631	63,867	67,018	68,121
Jan	6,034	63,286	69,320	89,014	68,757	71,452	62,292
Feb	4,293	90,269	94,562	68,511	75,852	57,886	52,269
Mar	9,323	78,320	87,643	91,851	54,720	65,320	62,888
Apr	13,109	74,689	87,798	74,892	61,895	55,307	56,235
May	5,343	80,695	86,038	74,339	102,015	63,795	69,591
Jun	-	-	-	72,211	71,208	70,027	53,187
Total	98,393	823,031	921,424	943,182	831,444	776,453	705,637
	% change between fiscal years		5.8%	13.4%	7.1%	10.0%	

- Behavioral Health representing payments from Alameda County for JGP. The FY26 contract was executed at \$81.2M. The maximum contract have been paid for prior years.
- The County has agreed to reduce the withhold on invoices to 10% for the current fiscal year. The maximum contract amount has not been changed. Previous year withholds have not been adjusted.

May 2026 Financial Report

NNB Debt Forecast



One-time cash items	(in millions)
FQHC (settlement)	\$ 30.2
Old Waiver (fy11)	19.8
FY26 impact	50.0
DP-NF (final payment)	26.0
HPAC Amendment	19.6
EPP (payment acceleration)	42.4
FY27 impact	88.0
TOTAL	\$ 138.0

- Impact of the FY2027 budget cash flow reflected in the orange line. A balanced budget has not been achieved.
- The NNB projections have improved due to the one-time cash items and the temporary modification to the NNB Permanent Agreement for FY2026 and FY2027.
- The NNB is projected to exceed the NNB limit in FY2028 if interventions are not taken.

	NNB Modification Terms (in thousands)		
	2026	2027	2028
NNB limit at June 30th	100,000	100,000	85,000
NNB intra period limit	200,000	200,000	135,000

NNB Debt Forecast – Material Items

Material Items Included in NNB Forecast

(in thousands)

	Jun-26	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
GPP (quarterly)	\$ -	\$ 22,352	\$ 22,352	\$ 27,394	\$ 19,325
EPP (semi-annual)	297	-	72,317	-	42,417
QIP	-	-	56,842	-	56,842
Medi-Cal Rate Range	-	-	-	45,831	-
BHCS (JGP/Alameda County) - fy26	7,219	12,167	-	-	-
BHCS (JGP/Alameda County) - fy27	-	-	18,900	18,900	25,200
HPAC	-	-	21,600	10,800	10,800
AB85 Realignment	-	-	4,789	19,636	-
SNF DP-NF (final pmt Jan-27)	-	-	-	26,000	-
Waiver recoupment (fy11, fy12)	-	-	-	-	-
St. Rose Hospital LOC	(4,400)	15,000	-	(7,500)	7,500
Donation to St. Rose Hospital	(10,507)	-	-	(10,507)	-
	<u>\$ (7,391)</u>	<u>\$ 49,519</u>	<u>\$ 196,800</u>	<u>\$ 130,554</u>	<u>\$ 162,084</u>

Prior Year Reimbursement Settlements

AB915 (fy14-fy20)	(17,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
	<u>\$ (42,100)</u>	

- Table is consistent with prior month.
- St. Rose IGT remains delayed and Epic implementation will add stress to the current cash flow.
- The IGT local share is \$18M: Measure A -\$7.0M, Supervisor Marquez - \$1.0 M, Eden District - \$750k and AHS - \$9.3M. (The table has not been updated).

May 2026 Consolidated Results



- SRH's YTD net loss (\$15.1M), \$28.4M unfavorable to budget
 - Gross charges above budget in line with increased census primarily in SNF unit due to collaboration with Stanford starting March 16th.
 - Net patient service revenue variance, favorable 10.9% (\$7.6M), driven by increased patient volumes across all clinical departments, resulting in higher inpatient and outpatient service activity.
 - QAF continues to be recognized based on the contractor's analysis and recommendation, while awaiting CMS approval of the new program.
 - Expenses unfavorable in most categories driven primarily by labor expenses.

- MOB's YTD net income (\$432K), \$81K favorable to budget.
 - The favorable performance was achieved despite higher repairs and maintenance incurred during the period for some spring tasking.

- Foundation's YTD net income (\$160K), \$91K favorable to budget largely driven writing off Raisers' Edge's renewal invoices. The donor database renewal expenses were assumed and paid by off by AHS Foundation resulting in lower-than-budgeted operating expenses.

CONSOLIDATED												
	Actual	Budget	Var (\$)	Var (%)	Actual	Budget	Var (\$)	Var (%)	FY2026	FY2025	Var (\$)	Var (%)
Total Net Patient Service Revenue	\$9,732	\$9,343	\$389	4.2%	\$77,633	\$70,017	\$7,616	10.9%	\$77,633	\$67,951	\$9,682	14.2%
Total Other Revenue	\$618	\$37,156	(\$36,537)	-98.3%	\$2,363	\$38,391	(\$36,029)	-93.8%	\$2,363	\$40,026	(\$37,664)	-94.1%
TOTAL OPERATING REVENUE	\$10,350	\$46,499	(\$36,148)	-77.7%	\$79,995	\$108,408	(\$28,413)	-26.2%	\$79,995	\$107,977	(\$27,982)	-25.9%
Less: Operating Expenses	\$12,759	\$11,677	(\$1,082)	-9.3%	\$92,723	\$92,089	(\$634)	-0.7%	\$92,723	\$92,049	(\$674)	-0.7%
EBITDA	(\$2,409)	\$34,822	(\$37,231)	-106.9%	(\$12,728)	\$16,319	(\$29,046)	-178.0%	(\$12,728)	\$15,928	(\$28,656)	-179.9%
Total Non-Operating Exp/(Income)	\$367	\$444	(\$77)	-17.3%	\$1,762	\$2,599	(\$837)	-32.2%	\$1,762	\$3,510	(\$1,748)	-49.8%
NET INCOME/(LOSS)	(\$2,776)	\$34,378	(\$37,154)	-108.1%	(\$14,490)	\$13,719	(\$28,210)	-205.6%	(\$14,490)	\$12,418	(\$26,908)	-216.7%

**Alameda Hospital
Medical Executive Committee
Report to
Alameda Health Care District Board**

July 13, 2026

Manasa Kalluri, MD, AH Chief of Staff

Alameda Hospital Medical Executive Committee Report

- **American Heart Association**
 - Get with the Guidelines Award
 - Period: January 2024-December 2025
- **Patient Experience**
 - Echo Tech Shortages
 - Began in March with ongoing improvements to streamline the process and address delays in patient care
 - Staffing coverage travelers



The American Heart Association and
American Stroke Association proudly recognizes

Alameda Hospital
Alameda, CA

Get With The Guidelines® - Stroke GOLD PLUS with Target: Stroke
Honor Roll Elite and Target: Type 2 Diabetes Honor Roll
Achievement Award Hospital

The American Heart Association recognizes this hospital for its continued success
in using the **Get With The Guidelines**® program.
Thank you for applying the most up-to-date evidence-based treatment guidelines
to improve patient care and outcomes in the community you serve.*

Nancy Brown
Chief Executive Officer
American Heart Association

Stacey E. Rosen, M.D.
President
American Heart Association

*For more information, please visit [Heart.org/GWTGQualityAwards](https://www.heart.org/GWTGQualityAwards).





July 13, 2026

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

FROM: Jeff Cambra – President

RE: President's Report

July marks another milestone in the District's plan to bring the buildings in the Alameda Hospital complex into compliance with the State of California's 2030 seismic codes. Bids for the massive project have been received and are currently being evaluated. The Board will soon be asked to determine how much funding will be needed to complete the project and authorize the issuance of the Certificates of Participation. This decision is very complicated, because it requires the board to look into the future and predict costs that are constantly being pushed by the impact of tariffs, materials shortages, supply chain disruptions, etc. Fortunately, the District's production team has the experience to factor all these variables into making a final deamination of cost.

July is also noteworthy because the District board of directors will participate in a board retreat to step back from the day-to-day operations of the District and focus on the principles of good governance, stewardship, and community engagement. I am looking forward to hearing from by fellow board members on these topics and charting a course for the continued success of the District.



July 13, 2026

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

From: Peter Hohl
Executive Director

RE: Executive Director Report – July 2026

1. *Offsite Parking Contract*

Final contract language for the offsite parking venue during the seismic project has been agreed to and the contract will be formally signed in the near future.

2. *Jaber Property Shingle Replacement Project Update*

The shingle project for buildings two and three were completed in June at a cost of \$97,000. This finishes the replacement of shingles on all three buildings. A special thanks to Jeff Cambra for managing this project.

3. *Jaber Property Rent Increases*

The Jaber residential rental properties have not received a rent increase in over three years. The rental units are part of the City of Alameda Rent Program and as a result, are subject to rent increase limitations. Each year the Rent Program publishes a General Rental Adjustment (AGA), which is the amount landlords are permitted to increase rents by each year. For those landlords that did not raise rents in a prior year or years, there is a provision called banking which permits the recapture of at least some of the foregone prior year(s) rent increases. The table below calculates the rent increase the District will be seeking this year:

Unit #	Current Rent	Market Comps	2026 Rate Increase			\$ Rent Increase	New Rental Rate	Program Fee ⁶	New Monthly Rent
			2026-2027 AGA	Maximum Banking %	Total 2026 Increase				
Unit A	\$2,482.62	\$2.2K-\$2.6K	2.7%	2.9%	5.6%	\$139.03	\$2,621.65	\$7.08	\$2,628.73
Unit B	\$1,727.04	\$2.2K-\$2.6K	2.7%	2.9%	5.6%	\$96.71	\$1,823.75	\$7.08	\$1,830.84
Unit C	\$2,150.00	\$2.2K-\$2.6K	2.7%	2.9%	5.6%	\$120.40	\$2,270.40	\$7.08	\$2,277.48
Unit D	\$1,586.20	\$2.2K-\$2.6K	2.7%	2.9%	5.6%	\$88.83	\$1,675.03	\$7.08	\$1,682.11
Unit E	\$1,900.00	\$2.2K-\$2.6K	2.7%	2.9%	5.6%	\$106.40	\$2,006.40	\$7.08	\$2,013.48
Unit F	\$1,543.00	\$2.2K-\$2.6K	2.7%	2.9%	5.6%	\$86.41	\$1,629.41	\$7.08	\$1,636.49
Unit G	\$2,000.00	\$2.2K-\$2.6K	2.7%	2.9%	5.6%	\$112.00	\$2,112.00	\$7.08	\$2,119.08
Unit H	Vacant		2.7%	2.9%	5.6%	N/A	N/A	N/A	N/A
						\$749.78	\$14,138.64	\$50	\$14,188.22

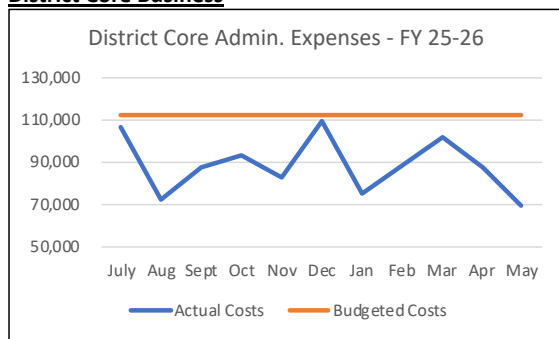
Notes:

1. AGA = Annual General Adjustment published by the city of Alameda
2. Effective date of tenant increase is September 1, 2026
3. Owner would like to provide tenants with 60 day notice of rent increase
4. Unit A rent includes utilities
5. Rental rates are per month
6. Program fee is registration fee cost for 2026-2027 of \$170 - 50% of which can be charged to tenants over a 12 month period

The District also discovered that not all rental units had been registered properly with the City of Alameda Rent Program and that registration fees for fiscal year 2024 – 2025 had not been paid. Those two issues need to be resolved prior to the effective date of rental rate increases and are expected to be addressed shortly.

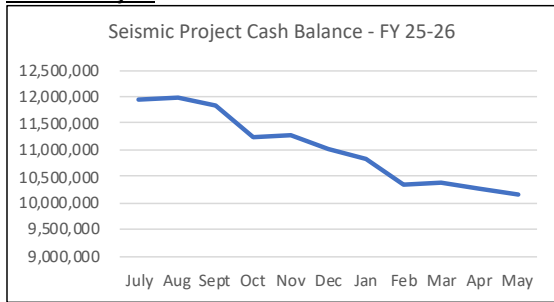
4. March - May 2026 Financial Results

District Core Business



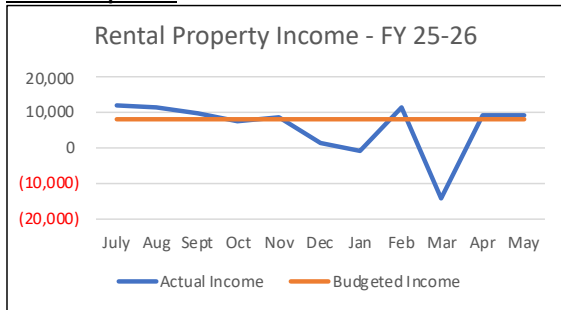
- District administrative expenses were \$257K for the period March - May, which was \$77K below budget for the same period
- Fiscal YTD administrative expenses were \$261K below budget
- The largest monthly expenditures were for staffing and benefits, insurance, and legal fees

Seismic Project

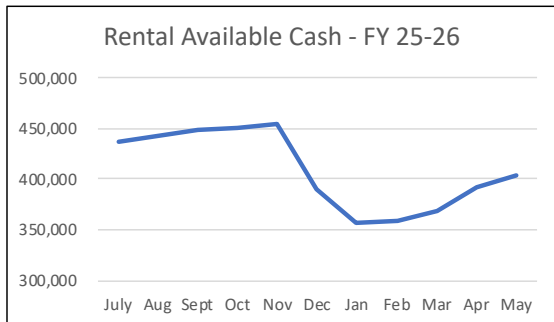


- The seismic project spent \$284K for the period March - May
- The May ending project cash balance was \$10.1 MM

Rental Properties



- Rental property income for the period March - May was \$4.4K, which was driven by a \$14K loss in March related to costs incurred for an electrical panel replacement (\$20K) and a water heater replacement (\$5K)
- May Fiscal YTD income was \$67K



- May ending rental property cash available to the District was \$403K

Date: July 6, 2026

To: City of Alameda Health Care District Board of Directors

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

Subject: July 2026 Update – Seismic and Operational Upgrade Projects

Seismic and Operational Upgrade Projects

Exhibit A provides an overview of key milestones related to the projects and associated applications or processes with HCAI and other agencies. Key updates have been highlighted to identify progress from the May District Board Meeting and reporting cycle.

Financials

Financial Summary from prior Board reporting snapshot:

	April 2026	July 2026
Budget:	\$56,419,742	\$56,419,742
Total Committed:	\$8,451,474	\$12,560,056
Invoiced	\$5,600,528	\$5,938,405
Paid	\$5,451,475	\$5,938,405

Committed costs increased from the previous reporting period primarily due to the execution and processing of new contracts for the Inspector of Record (IOR), the off-site parking and shuttle contract, and additional services authorized for Ratcliff for the projects.

Refer to Exhibit B – Financial Summary for detailed budget, commitment, and expenditure information.

Project Updates & Coordination Activities

Weekly coordination meetings continue with Alameda Health System (AHS) leadership and key stakeholders to support planning, decision-making, and project implementation. Project activities continue to increase in anticipation of Board approval of the general contractor contract award and the commencement of construction activities.

Current efforts remain focused on advancing HCAI plan approvals for the Skilled Nursing Facility (SNF), NPC 4 Upgrades, and NPC 5 Upgrades, while continuing the development and refinement of the SPC 4D Retrofit design. Concurrently, the project team is coordinating construction phasing, operational planning, and stakeholder engagement to support a seamless transition into construction while minimizing impacts to hospital operations and patient care.

IT and Biomedical Equipment (Biomed) coordination meetings have been initiated to ensure the new clinical, staff Make-Ready, and Skilled Nursing Facility (SNF) spaces have the necessary equipment, technology, and infrastructure to support operations upon completion of construction. Current efforts are focused on refining the equipment procurement plan, validating equipment requirements, identifying potential vendors, and developing preliminary pricing estimates.

AHS Materials Management and Purchasing will be integrated into future coordination meetings to support procurement planning, equipment standardization, and contract strategy. This multidisciplinary planning effort will help ensure timely equipment acquisition, installation, and operational readiness in advance of project completion.

Implementation planning meetings will begin next month to coordinate logistics, operations, and communications for the Off-Site Parking and Shuttle Program, which is anticipated to launch in October 2026. The program will be implemented through a phased rollout aligned with construction activities, allowing the project team and AHS to monitor operations, gather stakeholder feedback, and make adjustments to communications and operational processes as needed to support the needs of the hospital, staff, patients, physicians, and visitors.

EXHIBIT A – KEY HCAI MILESTONE TRACKING

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 to be Submitted	6/12/2026
Status Update	RMKS addressed and dates updated to reflect projected schedule and dates identified by HCAI (i.e. SPC4D regional submittal September 2027.)	

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	6/12/2026
Status Update	CP RMKS submitted, once CP is approved we anticipate Delay Application to be addressed by HCAI	

2025 AB 1882 Annual Reporting <i>*12/31/2026 HCAI Mandate</i>	Submitted to HCAI*	12/29/2025
	Accepted by HCAI	1/12/2026
Status Update	No updates. Next Update anticipated in October-December 2026 for submittal by end of year.	

SRHRP Grant Program	Grant Preparation	Ongoing
	Grant Submittal	TBD
Status Update	Initial set of documents, contracts and dollar amounts submitted to HCAI. Clarification on documents and details due from Porter to HCAI in July 2026.	

Project	Milestone	Date
NPC 4	NPC 4 Evaluation Letters Back Check #1 Responses Submitted	12/05/2025
	NPC 4 Evaluation Letters <ul style="list-style-type: none"> Proposed Retrofit Acceptable 	1/26/2027
	Construction Documents Submitted to HCAI <i>*03/01/2026 HCAI Mandate</i>	12/24/2025
	Back Check #1 Remarks Received from HCAI	4/10/2026
	Back Check #1 Responses Submitted to HCAI	7/7/2026
Status Update	Backcheck 1 responses submitted to HCAI on 7/7/26.	

NPC 5	Construction Documents Submitted to HCAI <i>*03/01/2026 HCAI Mandate</i>	12/15/2025
	Back Check #1 Remarks Received from HCAI	2/19/2026
	Back Check #1 Responses Submitted to HCAI	4/14/2026
	Back Check #2 Remarks from HCAI	7/6/2026
	City of Alameda - Fire Department Review of Fuel Tank Scope Submitted	2/4/2026
	City of Alameda - Fire Department Review of Fuel Tank Scope Approval	3/18/2026
	City of Alameda – Voluntary Site Accessibility Improvements Submittal	4/13/2026
	City of Alameda Voluntary Site Accessibility Improvements Plan Check 1 Comments Received	5/6/2026
	City of Alameda Voluntary Site Accessibility Improvements Plan Check 1 Comments Response Submittal	6/17/2026
	City of Alameda Voluntary Site Accessibility Improvements Plan Check 2 Comments Received	6/26/2026
City of Alameda Voluntary Site Accessibility Improvements Plan Check 2 Comments Response Submittal	7/1/2026	
Status Update	Design team is reviewing architectural and Structural comments. All other disciplines (MEP, FLS) have approved. Resubmittal TBD estimated 30 day or less. Concurrent City review on voluntary site accessibility improvements.	

SPC4D Evaluation Stephens & West Wings	Back Check #1 Remarks Received from HCAI	12/19/2025
	Back Check #1 Responses Submitted to HCAI	5/28/2026
	HCAI SCU Review anticipated	July 2026
Status Update	Structural Engineers will be meeting with HCAI SCU to review evaluation, remarks and responses to advance the SPC4D retrofit of Stephens and West Wing.	

Project	Milestone	Date
Skilled Nursing Unit	Construction Documents Submitted to HCAI	9/22/2025
	Back Check #1 Remarks Received from HCAI	11/17/2025
	Back Check #1 Responses Submitted to HCAI	02/12/2026
	Back Check #2 Remarks Received from HCAI	04/17/2026
	Back Check #2 Responses Submitted to HCAI	6/24/26
Status Update	Advance Nurse Call Change Order with the design team and AHS to incorporate into future plan documents.	



City of Alameda Health Care District

Projects Summary

Project	Budget	Committed	Anticipated	(Over)/Under	Invoiced	Paid	WORK PAID			
Cost of Issuance CIT-21-001 Alameda Hospital Costs associated with financing the COP's	\$ 1,000,000	\$ 1,000,000	\$ 0	\$ 0	\$ 576,586	\$ 576,586	WORK PAID		50% 57%	IN PROGRESS
District Project 1 - NPC Upgrades CIT-18-003 Alameda Hospital NPC 4 and NPC 5 (Seismic Upgrade)	\$ 14,879,277	\$ 5,128,944	\$ 9,140,902	\$ 609,431	\$ 1,772,657	\$ 1,772,657	WORK PAID		62% 34%	IN PROGRESS
District Project 2 - Stephens Wing (SPC) CIT-18-001 Alameda Hospital SPC 4D Projects - Stephens and West (Seismic Upgrade)	\$ 8,883,383	\$ 1,481,480	\$ 705,713	\$ 6,696,191	\$ 851,805	\$ 851,805	WORK PAID		36% 57%	IN PROGRESS
District Project 3 - West Wing (SPC) CIT-18-002 Alameda Hospital SPC4D Upgrades to West Wing at Alameda Hospital	\$ 5,905,241	\$ 1,332,108	\$ 1,848,000	\$ 2,725,133	\$ 483,760	\$ 483,760	WORK PAID		36% 36%	IN PROGRESS
District Project 4 - 2S SNF Unit (Operational Upgrad... CIT-18-004 Alameda Hospital Renovation of existing space on 2 South for an 18 Bed Skilled Nursing Unit	\$ 25,751,840	\$ 3,762,967	\$ 13,961,363	\$ 8,027,511	\$ 2,253,439	\$ 2,253,439	WORK PAID		87% 59%	IN PROGRESS
Total	\$ 56,419,742	\$ 12,705,499	\$ 25,655,978	\$ 18,058,266	\$ 5,938,247	\$ 5,938,247	WORK PAID		54% 46%	



ALAMEDA HOSPITAL LIAISON REPORT – NO WRITTEN REPORT



July 13, 2026

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

FROM: David Sayen – AHS Board Liaison

RE: AHS Board Liaison Report

1. Status of labor negotiation with SEIU physicians
2. Status of the Ad Hoc committee with Labor and Supervisors
3. Status of Joint Clinical Committee
4. Board strategic direction

July 13, 2026

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

FROM: Jeff Cambra – Communications Committee

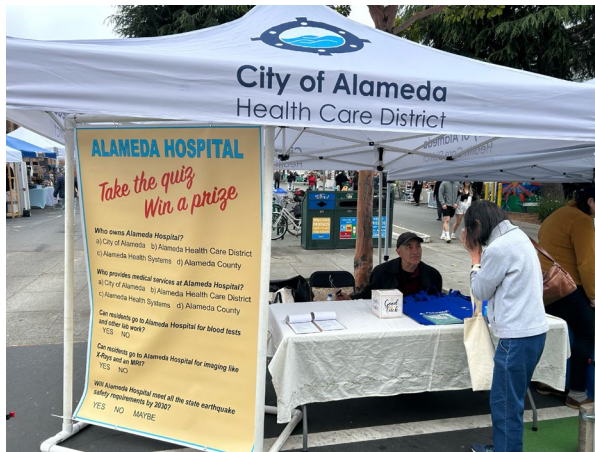
RE: Communications Committee Update

4th of July Parade – Participation

Once again, the District sponsored the cable car to transport District and AHS staff in the City of Alameda’s Fourth of July Parade.



Park Street Art & Wine Festival – Participation



The District will continue its outreach to the Alameda community by participating in the Downtown Alameda Business Association’s Art & Wine Festival on July 25 & 26 by staffing a space in the event and having attendees test their knowledge of the services available at Alameda Hospital by taking a quiz with the opportunity to win a gift certificate to a local restaurant.

July 13, 2026

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

FROM: Jeff Cambra – Property Management Committee (PMC)

RE: 1359 Pearl Street, Alameda, CA 94501

Background

The District owns an eight-unit apartment building at 1359 Pearl Street, Alameda, CA 94501 and a small commercial building located at 2711 Encinal Avenue, Alameda, Ca 94501. Ms. Alice Jaber established her Trust in 1992, naming Alameda Hospital as a major beneficiary. Upon her death, and pursuant to the terms of the Trust, these two properties were distributed to the City of Alameda Health Care District, as the successor-in-interest to Alameda Hospital (the nonprofit corporation) in appreciation of the care given by Alameda Hospital.

SHINGLE PROJECT PART TWO - \$97,260.00 - COMPLETED



WELL DECOMMISSION \$984.00 + \$900.00

The District received a request from East Bay Municipal Utility District to decommission the well that was located on 1359 Pearl Street, Alameda, CA/The authority for such action was provided by Section 28 of EBMUD Regulations Governing Water Service, Section 26. See attached. Initially, AT Weber was contacted to provide an estimate to decommission the well. Justin indicated that the work needed to be done by a contractor holding a C-57 license. After multiple attempts to try and locate a contractor that would respond to an email or phone message, Clear Heart Drilling, Inc. from Santa Rosa responded to the request for a quote. The company was not able to provide an estimate without inspecting the well.

The quote to provide the inspection was four hours at \$246.00 per hour or \$984.00. After following up with the other contacts and receiving no reply, the District contracted to obtain an estimate. The estimator indicated that to decommission a well, it would need to fill in the shaft with concrete or collapse the well shaft housing using explosives. While not receiving a formal proposal, the contractor indicated it would be very expensive. The District contacted EBMUD again to get clarification on what was required to “decommission” a well and received authorization to “cap” the well by removing the pump, expansion tank, and all electrical connections. AT Weber was then contracted to “cap” the well. EBMUD has been informed that the well has been capped.



WATER HEATER REPLACEMENT – ACTION ITEM

The Bay Area Air Quality District oversees air quality in the greater San Francisco Bay Area. It amended Rule 9-6 which governs the installation of natural gas fired residential water heaters. Effective January 1, 2027, standard natural gas water heaters will not be permitted as replacement units in residential. A review of all the water heater units in the property concluded that three were beyond their useful life and could fail at any time. While it might be possible to repair these units, as time goes on, the likelihood of a nonrepairable condition occurring goes up, and the District would be forced to install a heat pump or on demand water heater at a cost much greater than the cost to replace the current natural gas water heater with another natural gas unit.

The estimated cost to replace the three remaining water heaters is estimated at under \$11,000. Board approval is required as the amount is over the informal \$5,000.00 authority of the executive director.

Rule Background

Air District staff developed amendments to [Rule 9-4: Nitrogen Oxides from Fan Type Residential Central Furnaces](#) and [Rule 9-6: Nitrogen Oxides Emissions from Natural Gas-Fired Boilers and Water Heaters](#). These rules govern point of sale emission standards for small, typically residential and commercial, water and space heating systems.

Emissions of nitrogen oxides impact local and regional air quality and contribute to the formation of ozone and secondary particulate matter. Amendments to these rules were adopted by the Air District Board of Directors in March 2023 introducing a zero-NOx requirement for newly installed furnaces and water heaters in the Bay Area with compliance dates beginning with small water heaters manufactured after January 1, 2027. Additional information on the rule amendments can be found on the [Building Appliance Rules](#) web page as well as in the following documents:

- [Fact Sheet – Proposed Amendments to Rules 9-4 and 9-6](#) (238 Kb PDF, 1 pg, posted 1/30/2025)
- [Frequently Asked Questions – Adopted Amendments to Rules 9-4 and 9-6](#) (664 Kb PDF, 5 pgs, posted 1/30/2025)

As part of the rule implementation, the Air District has convened an Implementation Working Group, or IWG, made up of external stakeholders. More information on the IWG, including meetings and materials can be found on the [Building Appliance Implementation Working Group](#) web page.

These rule amendments apply to residential and commercial furnaces and water heaters, and no other natural gas appliances. Under these rules, water heaters and gas furnaces would have to meet zero-emission standards for oxides of nitrogen, or NOx. The only commercially available appliances that currently meet those standards are electric, but if a natural gas appliance demonstrates that it meets the standards, it would be allowed under the proposed amendments.

Compliance Dates

Ultra-low NOx standard implementation date (applies to appliances manufactured after the noted date):

- **Jan. 1, 2024** – For residential fan-type central furnaces. This standard matches existing standards in other large California air districts, and natural gas appliances are currently available to meet this standard.

Zero NOx standard implementation dates (applies to appliances manufactured after the noted date):

- **Jan. 1, 2027** – Water heaters less than 75,000 BTU/hr (typically residential tank water heaters)
- **Jan. 1, 2029** – Residential and commercial furnaces
- **Jan. 1, 2031** – Water heaters between 75,000 and 2 million BTU/hr (commercial and multifamily). This standard includes instantaneous or tankless water heaters.

STORAGE AREA CLEANUP

As reported at the last board meeting, the District contacted the Alameda Food Bank and arranged for a large donation of a variety of products that were stored in the two areas. Drysdale Property Management was able to use a number of items, and other items went to recycling. There is still one unit full of mostly cleaning supplies, charcoal briquets, and a large quantity of new boxes. We continue to locate sources for the remaining items so that any useable item does not wind up in the landfill.



Once both of the units are empty, the structure will be evaluated for safety. These units may be rented to current tenants or the general public to provide additional income to the District.

1359 PEARL STREET RENT INCREASES

Working with Drysdale Property Management, the District has sent out a notice of a rent increase which included an Annual General Adjustment of 2.7%, a “banked” amount of 2.9% not taken in previous years, and a 1/12th portion of one half of the City of Alameda Annual Registration Fee. The new rents will be effective with the September 1, 2026 payment.

Current monthly rental income (Unit H is vacant)	\$13,388.86
Monthly rental income on September 1, 2026	\$14,138.64



Available cash as of May 30, 2026 \$403,000.00
Balance does not reflect accounts payable of \$97,260.00.00

RENOVATION OF UNIT H

PHASE ONE- DEMOLOTION

The initial work on the rehab of Unit H has begun. Joanna Bianchi has prepared the “demolition” drawings and has submitted the application for a demolition permit to the City of Alameda. Once issued, the District will select a contractor to perform the demolition.

The project is being divided into four phases and is expected to take approximately 12 months to complete. Phases Two, Three, and Four are:

PHASE TWO – TRADES INSPECTIONS

PHASE THREE -DESIGN & COST PROJECTIONS

PHASE FOUR-CONSTRUCTION

The PMC will prepare a detailed description of each phase and present it to the board as an information item.

Date: July 13, 2026
To: City of Alameda Health Care District Board of Directors
From: Peter Hohl, Executive Director
Subject: Jaber Property Water Heater Replacement

RECOMMENDATION

Approve the replacement of all water heaters past their service life – to be completed in 2026.

OVERVIEW

A number of water heaters at the rental property on Pearl Street are past their useful life. Beginning January 1, 2027, it will be illegal to sell or install gas water heaters in most residential units in Alameda County. After that date, only zero emission water heaters can be installed. Installing zero emission water heaters is substantially more expensive than gas water heaters and may require significant changes to the underlying electrical infrastructure of our rental units. As a result, the District would like to replace all older water heaters in 2026 with gas water heaters.



MEETING MINUTES: MAY 11, 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. Williams

OTHERS PRESENT:

Salma Adin, Dr. Kalluri, Grace Mesina, Richard Espinoza, Kristen Thorson, Matt Brondos, Louise Nakada, James Helena

CALL TO ORDER

The meeting was called to order at 5:33 p.m., with a quorum present.

GUEST PRESENTATIONS:

ALAMEDA HOSPITAL WATER INTRUSION UPDATE:

- Ms. Thorson provided an update on the water intrusion investigation and potential impacts to the seismic and operational upgrade projects.
- RDH conducted field observations and water testing that identified deterioration in exterior building systems, including EIFS, roofing, windows, skylights, and deck-to-wall transitions contributing to water intrusion.
- The findings may indicate broader deterioration issues within the South Wing consistent with the aging facility infrastructure.
- RDH presented remediation options ranging from targeted rehabilitation and maintenance to full replacement of exterior systems and waterproof components.
- The investigation was initiated to assess risks associated with the seismic and operational upgrade projects, including the SNF and former nuclear medicine areas.
- Assessment and testing costs totaled approximately \$275,000.
- There is currently no direct impact to the seismic compliance schedule, though risks to the SNF and make-ready projects continue to be evaluated.

SRHRP Grant Program:

- Ms. Thorson provided an overview of the Small Rural Hospital Relief Program (SRHRP) and reported that recent legislation expanded eligibility to include special healthcare districts.



- HCAI encouraged submission of an application and indicated several district seismic and facility projects may qualify for reimbursement funding.
- Certain seismic-related design and engineering costs may qualify retroactively for reimbursement.
- Ms. Thorson stated the program provides approximately \$55 million in annual funding, with additional reimbursement opportunities currently available.
- Multiple special district hospitals have already received grant awards through the program.

AHS REPORTS:

ALAMEDA HOSPITAL UPDATES:

- Ms. Adin introduced herself as the Interim CAO and VP of Patient Care.
- Ms. Adin reported improvements in Emergency Department patient experience, communication, and wait times, with top box scores reaching the highest levels in the past five fiscal years.
- Patient experience scores across ICU, Surgery, Telemetry, and MedSurg departments also exceeded annual goals.
- Alameda Hospital received the Alameda Health System Celebrate the Service Award for sustained patient experience improvement.
- Alameda Hospital achieved a Leapfrog “A” Hospital Safety Grade and improved from a three-star to four-star CMS quality rating.
- Quality improvements included reduced Emergency Department boarding times, improved sepsis outcomes, and reductions in Emergency Department falls and behavioral events with harm.
- Ongoing improvement efforts remain focused on patient falls and hospital-acquired pressure ulcers.

POST-ACUTE SERVICES UPDATE:

- Mr. Espinoza reported two patient-to-patient altercations resulted in automatic CMS deficiency citations under updated guidelines, reducing the facility’s health inspection rating.
- All three post-acute sites currently maintain three-star overall ratings and five-star quality measure ratings, with staffing ratings expected to improve following updated CMS payroll submissions.
- Federal surveys are expected to resume at Alameda and St. Rose post-acute facilities in the coming months.
- The post-acute workforce achieved two consecutive months with zero workers’ compensation claims or employee injuries across approximately 500 employees.



- Post-acute sites exceeded monthly cash collection goals and accounts receivable targets.
- St. Rose reimbursement timelines are expected to improve following Medi-Cal licensing approval.
- Most district-funded equipment purchases have been received, with the remaining Doppler unit expected within 30 to 45 days.

AHS FINANCIAL UPDATE:

- Ms. Mesina reported labor costs and FTE expenses remained above budget due primarily to overtime and premium pay.
- Net income performance remained below budget targets, with year-to-date results reflecting an approximately \$9.1 million negative operating position and Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA) margins below target.
- Net assets remained below established thresholds, while capital spending remained below the planned \$22 million budgeted amount.
- Patient days, emergency visits, observation days, surgery volumes, and SNF/subacute census levels generally remained above budget across the acute hospitals.
- A continued shift in payer mix was reported.
- Mr. Espinoza reported St. Rose entered into a collaboration with Stanford Health Care involving a 27-bed skilled nursing facility lease agreement intended to support East Bay patient placements and increase patient volume at St. Rose.

MEDICAL STAFF UPDATE:

- Dr. Manasa Kalluri introduced herself as the new Chief of Staff at Alameda Hospital, effective April 2026.
- Dr. Kalluri highlighted collaboration across Alameda Hospital and the organization's continued focus on quality patient care.
- Alameda Hospital received the Alameda Health System Elevating Care and Sustaining Improvement Award for patient experience improvements in ICU, Telemetry, and inpatient units.
- Dr. Kalluri reported the hospital is preparing for an upcoming The Joint Commission certification visit.
- Leadership updates included Dr. Kalluri serving as Chief of Staff and Dr. Eisenberg serving as Vice Chief of Staff.



- Dr. Kalluri reviewed combined medical staff committees across Alameda Health System supporting unified clinical governance.
- Previous CT scanner issues were reported resolved following repairs.

DISTRICT AND OPERATIONAL UPDATES:

PRESIDENT'S REPORT:

- Mr. Cambra reported April was a busy month with continued progress on ongoing projects.
- Mr. Cambra thanked Ms. Thorson and the Porter team for helping keep projects on schedule and within budget.
- Ongoing outreach efforts with elected officials and participation in the recent Spring Market event were discussed.
- Updates would also be provided regarding Pearl Street, including the Shingletown and Unit H projects.
- Mr. Cambra acknowledged the continued efforts by staff related to community outreach and coordination with elected officials.

EXECUTIVE DIRECTOR'S REPORT:

- Mr. Hohl provided an update regarding the COPs Series B financing process and reported additional financing details and authorization requests will be presented at the July board meeting.
- A contract was executed with Andy's Roofing for shingle replacement work on Buildings 2 and 3, with project oversight assigned to staff.
- February financial performance was approximately \$23,000 below budget and approximately \$180,000 below budget year-to-date, primarily due to lower-than-expected COP financing expenses.
- Seismic project expenditures totaled approximately \$2.5 million year-to-date, with an available cash balance of approximately \$10 million remaining.
- Rental properties generated approximately \$62,000 above budget year-to-date and maintain approximately \$360,000 in available cash reserves.
- Upcoming projects include shingle replacement work and Unit H refurbishment.
- A preliminary proposed budget of approximately \$1.9 million was presented, lower than the prior year approved budget due to reduced staffing, insurance, and miscellaneous expenses.
- Rental property operations are projected to operate at a loss due to planned renovation and refurbishment projects, including approximately \$265,000 in shingle replacement costs.
- Approximately \$400,000 is budgeted to be transferred to Alameda Health System through parcel tax and investment income revenues.

SEISMIC PROJECT UPDATE:

- Ms. Thorson reviewed current seismic and capital project updates, including permitting progress, project milestones, and bid activities.
- The NPC-4 project remains in back-check review, with ongoing coordination related to project phasing and implementation planning with Alameda Health System and hospital staff.
- Accessibility improvements associated with the NPC-5 tank project were submitted to the City of Alameda, and plan review comments were received.
- Ms. Thorson reported the MTCAP project received HCAI approval, a critical component toward SPC-4D compliance and upcoming bid documentation efforts.
- Moment frame testing is anticipated to begin in the third quarter of 2026 pending completion of bid documentation and contractor selection.
- Bidding activities for the seismic projects have begun, including publication of bid documents and a mandatory pre-bid conference attended by seven general contractors.
- Ongoing contractor requests for information and bid clarification questions are anticipated through the end of May.
- Ms. Thorson reported staff remains on schedule to bring a contractor recommendation to the Board at the July meeting.

ALAMEDA HOSPITAL LIAISON:

- Dr. Deutch reviewed outpatient services available to the community at Alameda Hospital.
- Outpatient services discussed included physical therapy, occupational therapy, speech therapy, laboratory, radiology, and x-ray services.
- Laboratory services are available to outpatients six days per week.
- Dr. Deutch clarified the presentation focused on outpatient services and noted inpatient services continue to include standard acute medical-surgical care and related hospital services.
- In response to Board questions, outpatient radiology and x-ray services were confirmed to remain available during regular operating hours.

AHS BOARD LIAISON REPORT:

- Mr. Sayen reported ongoing efforts to strengthen relationships with leadership at the St. Rose campus.
- St. Rose was described as an older facility facing operational challenges, with the Epic EMR transition expected to improve operations, care coordination, and interoperability with regional healthcare systems.
- Infrastructure upgrades were completed to support Epic implementation, and efforts are ongoing to accelerate the rollout timeline.
- Mr. Sayen discussed Alameda Health System's debt structure, including county-approved borrowing authority up to \$150 million with temporary balances reaching \$200 million during the year.
- Concerns were raised regarding Alameda Health System's long-term financial outlook, continued reliance on county financial support, and reimbursement challenges related to CMS and other government healthcare programs.
- Layoffs were temporarily avoided after the county released a portion of previously withheld claims funding.
- Joint meetings between the Board of Supervisors and labor unions are ongoing regarding potential cost-saving measures and financial stabilization efforts.
- Mr. Sayen questioned the effectiveness of furloughs in an already understaffed environment due to the potential for increased overtime costs.
- Mr. Sayen reported Alameda Health System continues evaluating operational strategies, including transitioning certain outpatient services to the County Health Department and monitoring pending legislation that could impact governance and oversight responsibilities.

COMMUNICATIONS SUBCOMMITTEE:

- Mr. Cambra reported the Communications Committee prepared a monthly summary highlighting recent outreach and community engagement efforts.
- A list of elected officials representing the hospital's service area was developed to support introductions regarding the organization, its governance structure, and community role.
- Ongoing outreach efforts with elected officials and community partners continue, with introductions completed with most identified representatives.
- The organization's first official seismic project press release was prepared for summer distribution, and Board members discussed the potential need for additional simplified community communication materials.
- Planning for participation in the upcoming Fourth of July parade was discussed.

- Mr. Cambra reported the organization participated in its first community outreach event at the Spring Market, where staff engaged residents through informational booth activities and community outreach efforts.
- Community feedback was generally positive, with varying levels of public understanding regarding hospital ownership, services, and available laboratory testing services.
- The Communications Committee continues development of general “evergreen” communication content intended to increase long-term public awareness of the Alameda Health Care District and its role in the community.

PROPERTY MANAGEMENT REPORT:

- Mr. Cambra discussed a utility compliance issue involving required backflow preventers and stated that staff are evaluating compliance requirements, costs, and potential penalties.
- An update was provided on the fence replacement project, including ongoing outreach to adjacent property owners regarding possible cost-sharing participation.
- Mr. Cambra reported staff accessed previously locked storage garages and identified reusable maintenance and cleaning supplies that may be donated or repurposed.
- Board members discussed possible future use of the garages for storage or rental purposes following cleanup and repairs.
- Mr. Cambra provided an update on Unit H and reported that a local architect recommended obtaining as-built drawings and demolition permits to assess existing infrastructure conditions.
- The electrical system in Unit H appears outdated and may not meet current city requirements.
- Proposed redesign plans may include relocating the water heater and improving the unit layout.
- Cost estimates for required drawings have been received, demolition estimates are pending, and Board approval is needed to proceed with the project.
- Mr. Cambra confirmed that Unit H is currently vacant.

A motion was made to authorize an approximate \$5,000 expenditure for architectural drawings related to the Unit H assessment and redevelopment project.

Motion: Dr. Deutsch

Second: Mr. Sayen

Result: Approved unanimously

CONSENT AGENDA:

The Board approved the consent agenda, including the March 9 and April 13 meeting minutes and the February financial statements.

Motion: Dr. Chen

Second: Mr. Sayen

Result: Approved unanimously

ACTION ITEMS:

APPROVAL OF THE DISTRICT BUDGET FOR FY 2027:

Mr. Hohl provided an overview of the FY 2027 budget and operating expenses.

Mr. Hohl reported the Jaber account is currently not earning interest and discussed exploring options for transferring the funds into an interest-bearing account.

A motion was made to approve the District operating budget for FY 2027. Staff will also review the number of parcels currently paying parcel taxes within the city.

Motion: Ms. Codiga

Second: Dr. Deutsch

Result: Approved unanimously

RESOLUTION 2026-02 EXTENSION OF SPENDING AUTHORITY:

A motion was made to approve Resolution 2026-02 regarding the extension of spending authority.

Motion: Ms. Codiga

Second: Dr. Deutsch

Result: Approved unanimously

APPROVAL OF OFFSITE PARKING CONTRACT FOR 2030 SEISMIC PROJECT:

Ms. Thorson provided an overview of the proposed off-site parking agreement with LAZ Parking for the seismic project. The agreement includes 55 parking spaces with capacity to expand to 75 spaces as needed. The contract includes a maximum spending authority of approximately \$2 million over the four-year term. The off-site parking program is expected to begin October 1, 2026, and operate Monday through Friday from 6:00 a.m. to 8:00 p.m.

A motion was made to approve the off-site parking contract.

Motion: Ms. Codiga
Second: Dr. Chen
Result: Approved unanimously

APPROVAL OF PARTIAL PARCEL TAX DISTRIBUTION TO AHS:

Mr. Hohl requested Board authorization for a partial payment in June. The District currently has approximately \$4.2 million in available cash, and an additional payment request may be brought to the Board in August.

A motion was made to approve the partial parcel tax distribution to Alameda Health System.

Motion: Ms. Codiga
Second: Mr. Sayen
Result: Approved unanimously

APPROVAL OF THE ANNUAL AUDIT ENGAGEMENT:

Mr. Hohl requested Board approval of the annual audit engagement with J.T. and Associates. The proposed audit cost is approximately \$3,400 higher than the previous year.

A motion was made to approve the annual audit engagement.

Motion: Ms. Codiga
Second: Dr. Deutsch
Result: Approved unanimously

MUTUAL INDEMNIFICATION CERTIFICATE:

Mr. Driscoll provided an overview of the annual mutual indemnification certificate related to the District's parcel tax collection process. The County acts as the collection agent for the parcel tax and requires annual indemnification approval in the event of a legal challenge. The parcel tax has been collected for approximately 24 years without legal challenge.

A motion was made to approve the mutual indemnification certificate.

Motion: Dr. Deutsch
Second: Ms. Codiga
Result: Approved unanimously

SEISMIC SCOPE CHANGE:

Ms. Thorson presented a recommendation to approve scope changes to the contract with Radcliffe Architects in the amount of approximately \$684,587. The proposed scope changes are primarily related to code updates, expanded project scope, and additional structural and construction administration requirements. The requested increases were determined to be reasonable and necessary based on the current stage and complexity of the projects. Existing A&E budget allocations are expected to absorb most of the additional costs, with funding adjustments between project line items anticipated as needed.

A motion was made to approve the scope changes to the contract with Radcliffe Architects.

Motion: Dr. Chen

Second: Dr. Deutsch

Result: Approved unanimously

RESOLUTION 2026-01 ADOPTION OF ANNUAL PARCEL TAX LEVY:

A motion was made to approve the FY 2027 annual parcel tax levy. Dr. Deutsch recused himself from the discussion and vote.

Motion: Ms. Codiga

Second: Dr. Chen

Recusal: Dr. Deutsch

Result: Approved with four votes in favor and one recusal from Dr. Deutsch.

RESOLUTION 2026-03 NOTICE OF ELECTION:

Mr. Hohl reported that Resolution 2026-03 is required to formally notice the upcoming election and identify the Board positions available for election. Three Board positions will be up for election this year.

A motion was made to approve Resolution 2026-03 regarding the Notice of Election.

Motion: Dr. Chen

Second: Ms. Codiga

Result: Approved unanimously

ADJOURNMENT:

The meeting was adjourned at 8:20 p.m.



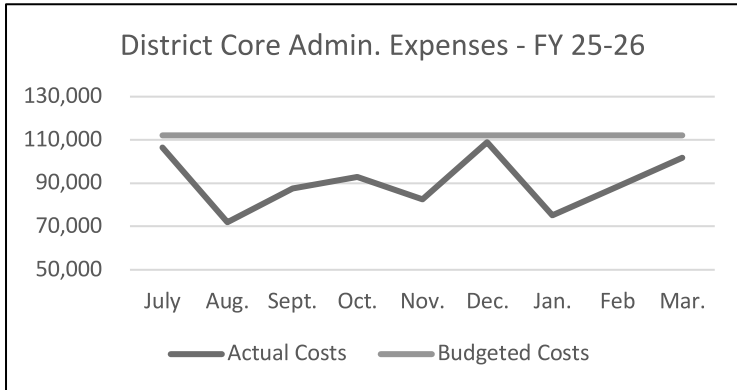
CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(March 1 - 31, 2026)

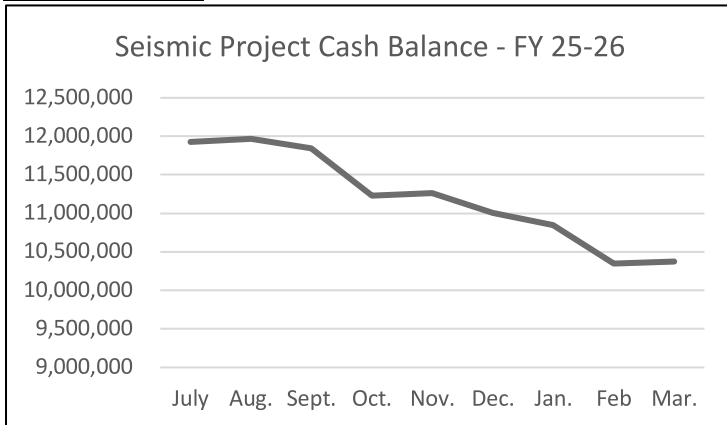
**City of Alameda Health Care District
March 2026 Financial Highlights**

District Core Business



- District administrative expenses were \$101K in March, which was \$10K below budget for the month
- Fiscal YTD expenses were \$193K below budget
- The largest monthly expenditures were \$15K for insurance renewal, \$23K for staff payroll and benefits, and \$21K for prior Executive Director payments

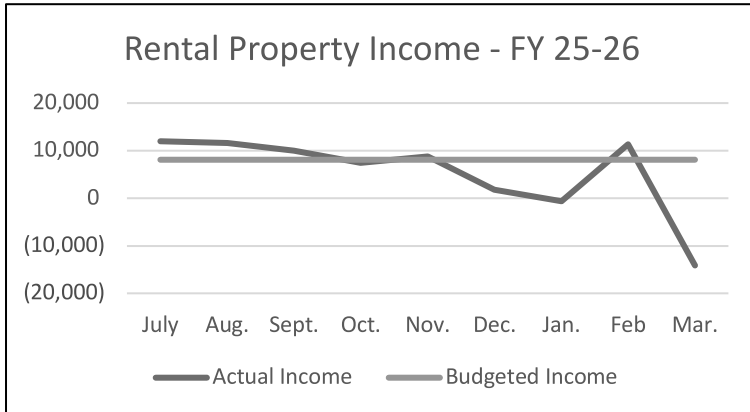
Seismic Project



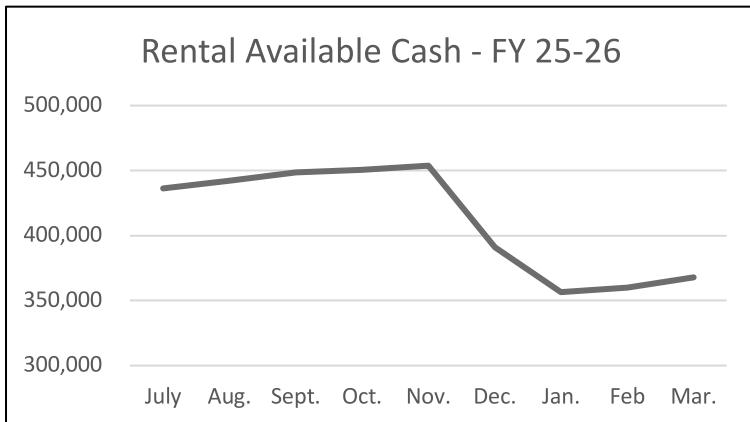
- The seismic project did not pay any invoices in March
- March ending cash balance was \$10.3 MM

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

Rental Properties



- The Jaber properties lost \$14K in the month of March and a positive \$48K net income for the fiscal YTD
- The March loss was driven by high repair costs that included replacement of the electrical panel (\$20K) and water heater replacement (\$5K)



- The March month ending cash balance available to the District was \$368K

City of Alameda Health Care District
Statement of Activity - District Core
March 2026

	Total	
	Mar 2026	Fiscal YTD
Revenue		
Gross Profit		
Expenditures		
Operating Expenses		
5250 Bank Service Charges	156	850
5260 Dues and Subscriptions	0	5,971
5270 District Stipend	525	2,720
5280 Other Purchased Services	1,959	17,550
5290 Insurance	15,649	141,722
5300 Internet/Phone Expense	431	5,143
5310 Utilities		2,871
5350 Payroll & Employee benefit Expenses	23,834	133,870
5365 Payroll Processing Fee	53	485
5380 Travel	31	5,466
5390 Food/Meals	294	5,808
5400 Executive Assistant		69,163
5410 Accounting Fees	1,700	34,050
5430 Legal & Professional Fees	12,036	86,682
5450 Education and Conferences	265	9,675
5460 Community Involvement and Promotion	6,990	6,990
5470 Office Supplies		3,868
5480 Office Expenses	270	270
5490 Executive Director	21,000	166,000
5510 Lease Expense Building	2,088	20,331
5550 Interest Expense	3,763	33,638
5800 Depreciation Exp Building	10,546	94,910
5810 Depreciation Exp Equipment	79	710
5999 Misc. Operating Expenses		1,236
Total for Operating Expenses	101,669	849,980
Total for Expenditures	101,669	849,980
Net Operating Revenue	(101,669)	(849,980)
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	514,583	4,631,250
Total for Nonoperating Revenue	514,583	4,631,250
Total for Other Revenue	514,583	4,631,250
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		3,020,750
Total for Nonoperating Expenses	0	3,020,750
Total for Other Expenditures	0	3,020,750
Net Other Revenue	514,583	1,610,500
Net Revenue	412,915	760,520

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

	Depreciation		1359 Pearl Street		2711 Encinal Ave		Total for Rental Property	
	Mar 2026	Fiscal YTD	Mar 2026	Fiscal YTD	Mar 2026	Fiscal YTD	Mar 2026	Fiscal YTD
Revenue								
Operating Revenue								
4100 Rental Revenues			\$13,414	\$132,785	\$3,331	\$31,795	\$16,745	\$164,580
4110 Laundry Income			\$208	\$1,229			\$208	\$1,229
Total for Operating Revenue	\$0	\$0	\$13,622	\$134,014	\$3,331	\$31,795	\$16,953	\$165,809
Total for Revenue	\$0	\$0	\$13,622	\$134,014	\$3,331	\$31,795	\$16,953	\$165,809
Gross Profit	\$0	\$0	\$13,622	\$134,014	\$3,331	\$31,795	\$16,953	\$165,809
Expenditures								
Operating Expenses								
5000 Rental Property Expenses								
5105 Landscaping			\$275	\$7,125			\$275	\$7,125
5110 Mngt fees Jaber			\$686	\$6,778	\$171	\$1,628	\$856	\$8,406
5120 Repairs & Mntc- Jaber			\$26,000	\$56,704		\$1,035	\$26,000	\$57,739
5130 Utilities			\$191	\$9,694			\$191	\$9,694
5165 Depreciation Exp Building Rental	\$3,771	\$33,476					\$3,771	\$33,476
5170 Misc. Expenses-Rental				\$894				\$894
Total for 5000 Rental Property Expenses	\$3,771	\$33,476	\$27,152	\$81,194	\$171	\$2,663	\$31,094	\$117,333
Total for Operating Expenses	\$3,771	\$33,476	\$27,152	\$81,194	\$171	\$2,663	\$31,094	\$117,333
Total for Expenditures	\$3,771	\$33,476	\$27,152	\$81,194	\$171	\$2,663	\$31,094	\$117,333
Net Operating Revenue	(\$3,771)	(\$33,476)	(\$13,530)	\$52,819	\$3,160	\$29,132	(\$14,141)	\$48,476
Net Revenue	(\$3,771)	(\$33,476)	(\$13,530)	\$52,819	\$3,160	\$29,132	(\$14,141)	\$48,476

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 Maintance/Repairs

Month Ending Bank Statement Cash Balance	\$717,241
Less: Amount Due AHS for Fiscal Years 2024 & 2025	(\$247,552)
Less: Current FY Due AHS for 20% of Net Revenue	(\$9,695)
Less: Current FY Due AHS for 20% of Cash Balance	(\$91,999)
Estimated Cash Available for Maintance/Repairs	\$367,995

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

	Total	
	Mar 2026	Fiscal YTD
Revenue		
Operating Revenue		
4100 Rental Revenues	16,745	164,580
4110 Laundry Income	208	1,229
4500 Gains, Interest, etc	25,864	339,439
Total for Operating Revenue	42,817	505,248
Total for Revenue	42,817	505,248
Gross Profit	42,817	505,248
Expenditures		
Operating Expenses		
5000 Rental Property Expenses		
5105 Landscaping	275	7,125
5110 Mngt fees Jaber	856	8,406
5120 Repairs & Mntc- Jaber	26,000	57,739
5130 Utilities	191	9,694
5165 Depreciation Exp Building Rental	3,771	33,476
5170 Misc. Expenses-Rental		894
Total for 5000 Rental Property Expenses	31,094	117,333
5250 Bank Service Charges	156	850
5260 Dues and Subscriptions		5,971
5270 District Stipend	525	2,720
5280 Other Purchased Services	1,959	17,550
5290 Insurance	15,649	141,722
5300 Internet/Phone Expense	431	5,143
5310 Utilities		2,871
5350 Payroll & Employee benefit Expenses	23,834	133,870
5365 Payroll Processing Fee	53	485
5380 Travel	31	5,466
5390 Food/Meals	294	5,808
5400 Executive Assistant		69,163
5410 Accounting Fees	1,700	34,050
5430 Legal & Professional Fees	12,036	86,682
5450 Education and Conferences	265	9,675
5460 Community Involvement and Promotion	6,990	6,990
5470 Office Supplies		3,868
5480 Office Expenses	270	270
5490 Executive Director	21,000	166,000
5510 Lease Expense Building	2,088	20,331
5550 Interest Expense	479,888	649,242

5800 Depreciation Exp Building	10,546	94,910
5810 Depreciation Exp Equipment	79	710
5999 Misc. Operating Expenses		1,236
Total for Operating Expenses	608,888	1,582,917
Total for Expenditures	608,888	1,582,917
Net Operating Revenue	(566,071)	(1,077,669)
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	514,583	4,631,250
Total for Nonoperating Revenue	514,583	4,631,250
Total for Other Revenue	514,583	4,631,250
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		3,020,750
Total for Nonoperating Expenses	0	3,020,750
Total for Other Expenditures	0	3,020,750
Net Other Revenue	514,583	1,610,500
Net Revenue	(51,487)	532,831

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

	Inception Through 6/30/25	2025						2026						Total
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
Beginning COP Balance (per bank statement)		12,549,850	11,929,234	11,967,851	11,847,718	11,227,550	11,263,032	11,005,550	10,845,432	10,347,671				
Additions														
Deposits	14,442,992													0
Transfers	0													0
COP Interest Income	404,673	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836				305,291
Capital Gains	60	0	0	0	0	0	0	0	0	0				0
Other	0	0	0	0	0	0	0	0	0	0				0
Total Additions	14,847,725	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836	0	0	0	305,291
Outlays														
NPC 4 - Equipment Bracing/Anchoring	364,135	106,824	0	4,239	51,117	0	49,282	19,412	113,014	0				343,888
NPC 5 - Tanks - Water and Sewage	410,443	18,013	0	30,883	118,321	0	121,104	47,552	117,833	0				453,706
SNF Operational Upgrade	809,612	113,271	0	100,782	390,440	0	72,361	72,092	204,132	0				953,078
SPC - Stephens	422,182	71,275	0	22,470	67,082	0	36,392	30,174	74,624	0				302,017
SPC - West Wing	258,968	345,065	0	0	29,237	0	22,148	21,761	17,774	0				435,986
Loan Cost	0	0	0	0	0	0	0	0	0	0				0
Interest Payments	0	0	0	0	0	0	0	0	0	0				0
Principle Payments	0	0	0	0	0	0	0	0	0	0				0
Other Payments/Adjustments	32,535	4,949	0	0	0	0	(11,990)	0	0	0				(7,041)
Total Outlay	2,297,875	659,397	0	158,374	656,199	0	289,296	190,991	527,377	0	0	0	0	2,481,634
Change in Net Position	12,549,850	(620,616)	38,617	(120,133)	(620,168)	35,482	(257,482)	(160,118)	(497,761)	25,836	0	0	0	(2,176,343)
Ending COP Balance (per bank statement)	12,549,850	11,929,234	11,967,851	11,847,718	11,227,550	11,263,032	11,005,550	10,845,432	10,347,671	10,373,507	0	0	0	

City of Alameda Health Care District
Statement of Cash Flows - Consolidated
July 1, 2025 - March31, 2026

Total

OPERATING ACTIVITIES

Net Revenue	\$532,831
Adjustments to reconcile Net Revenue to Net Cash provided by operations:	
1069 Property Tax Receivable	(\$1,287,621)
1101 Prepaid and other assets	(\$46,776)
1102 Prepaid and other assets - J	(\$0)
1232 Jaber Property:Improvement-Jaber	(\$51,808)
2019 Cur Portion of Bond Oblgs	\$1,208
2020 Accounts Payable (A/P)	\$0
2021 Accrued Liabilities	(\$11,300)
2022 Interest Payable	(\$195,271)
2030 Credit Card Payable	\$410
Total for Adjustments to reconcile Net Revenue to Net Cash provided by operations:	(\$1,591,159)
Net cash provided by operating activities	(\$1,058,329)

INVESTING ACTIVITIES

1228 Jaber Property:Equipment-Jaber	(\$6,529)
1250 Construction in Progress	(\$2,489,514)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	\$90,880
1275 Hospital Property:Accumulated Depr-Fixed Equipment	\$710
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	\$33,476
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	\$4,030
Net cash provided by investing activities	(\$2,366,947)

FINANCING ACTIVITIES

2250 Bond Obligations	(\$145,000)
2251 Bond Premium	(\$14,222)
2270 Debt Obligations	(\$20,070)
3300 Restricted net assets	\$3,900
Net cash provided by financing activities	(\$175,392)

NET CASH INCREASE FOR PERIOD

(\$3,600,667)

Cash at beginning of period

\$16,745,433

CASH AT END OF PERIOD

\$13,144,766

City of Alameda Health Care District
Statement of Financial Position - Consolidated
As of Mar 31, 2026

	Total	
	As of Mar 31, 2026	As of Jun 30, 2025
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	\$2,020,044	\$2,864,930
1002 Bank of Marin - Rental Property	\$717,242	\$847,965
1003 Drysdale Property Management Acct	\$22,013	
1004 US Bank - Trust Account	\$10,385,467	\$13,032,539
Total for Bank Accounts	\$13,144,766	\$16,745,433
Other Current Assets		
1069 Property Tax Receivable	\$1,595,097	\$307,476
1101 Prepaid and other assets	\$61,313	\$14,537
1102 Prepaid and other assets - J	\$0	(\$0)
Total for Other Current Assets	\$1,656,410	\$322,013
Total for Current Assets	\$14,801,176	\$17,067,446
Fixed Assets		
1230 Leasehold Improvements	\$14,481	\$14,481
1250 Construction in Progress	\$4,787,389	\$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	(\$23,984,439)	(\$23,893,559)
1275 Accumulated Depr-Fixed Equipment	(\$3,740,112)	(\$3,739,402)
1280 Accumulated Depr-Leasehold Improvement	(\$14,840)	(\$14,840)
Total for Hospital Property	\$711,567	\$803,157
Jaber Property		
1201 Land Jaber Property	\$610,000	\$610,000
1228 Equipment-Jaber	\$6,529	
1229 Other Bldgs - Rental Property	\$1,073,488	\$1,073,488
1232 Improvement-Jaber	\$51,808	
1279 Accumulated Depr-Other Bldgs Rental Prop	(\$844,500)	(\$811,024)
Total for Jaber Property	\$897,326	\$872,464
SNF (CW&S) Property		
1202 Land(CW&S)	\$212,113	\$212,113
1231 Other Assets SNF(CW&S)	\$134,336	\$134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	(\$128,185)	(\$124,155)

Total for SNF (CW&S) Property	\$218,264	\$222,294
Total for Fixed Assets	\$6,629,026	\$4,210,271
Other Assets		
1199 Lease Receivable	\$127,101	\$127,101
Total for Other Assets	\$127,101	\$127,101
Total for Assets	\$21,557,303	\$21,404,818
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	(\$36,057)	(\$36,057)
Total for Accounts Payable	(\$36,057)	(\$36,057)
Credit Cards		
2030 Credit Card Payable	\$410	
Total for Credit Cards	\$410	\$0
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	\$68,068	\$79,368
2022 Interest Payable	\$0	\$195,271
Total for Other Current Liabilities	\$388,107	\$593,471
Total for Current Liabilities	\$352,461	\$557,414
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	\$733,340	\$753,410
Total for Long-term Liabilities	\$15,223,012	\$15,402,304
Total for Liabilities	\$15,575,472	\$15,959,718
Equity		
3100 Unrestricted Net Assets	\$1,534,323	\$1,534,323
3200 Net Assets Trust	(\$87,700)	(\$87,700)
3300 Restricted net assets	\$1,724,329	\$1,720,429
3400 Invested Capital, net of deb	\$2,278,048	\$2,278,048
Retained Earnings	\$0	\$0
Net Revenue	\$532,831	(\$0)
Total for Equity	\$5,981,831	\$5,445,100
Total for Liabilities and Equity	\$21,557,303	\$21,404,818



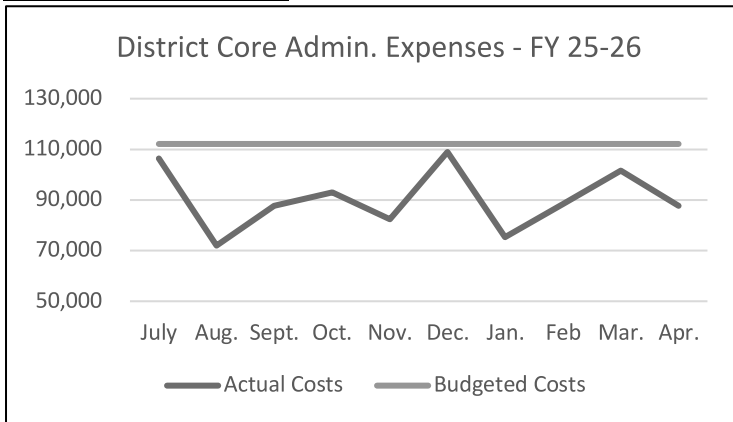
CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(April 1- 30, 2026)

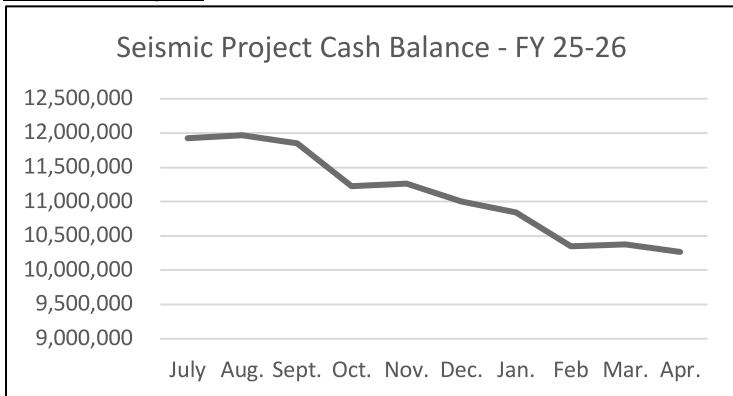
City of Alameda Health Care District April 2026 Financial Highlights

District Core Business



- District administrative expenses were \$87K for April, which was \$24K below budget
- Fiscal YTD expenses were \$218K below budget
- The larger expenditures in April were \$16K for insurance renewals, \$13K for community events (chamber of commerce membership, AHS gala), \$12K for legal fees, and \$24K for staffing and benefits costs

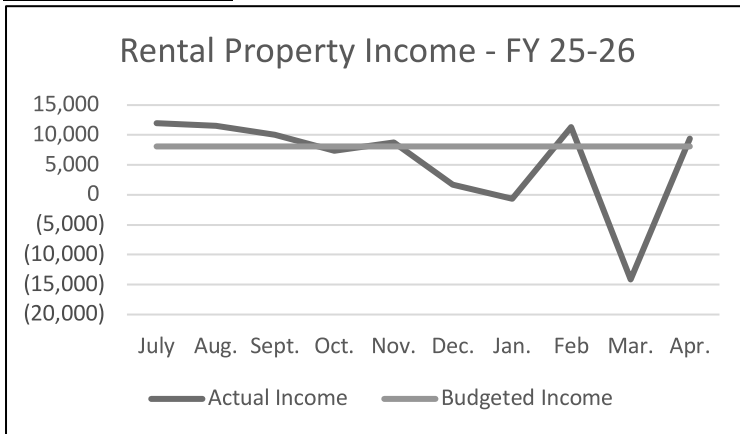
Seismic Project



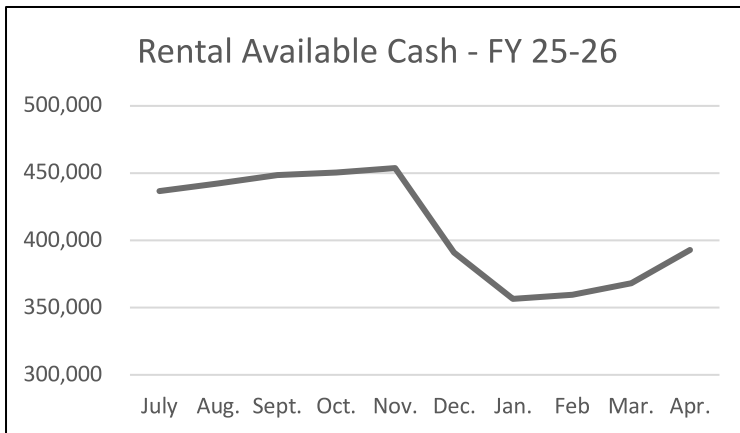
- The seismic project spent \$135K in April and has a month end cash balance of \$10.3 MM

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

Rental Properties



- The rental properties had a profit in April of \$9.4K – slightly better than budget
- Fiscal YTD income was \$58K



- Rental property cash available to the district was \$393K at the end of April

City of Alameda Health Care District
Statement of Activity - District Core
April 2026

	Total	
	Apr 2026	Fiscal YTD
Revenue		
Gross Profit		
Expenditures		
Operating Expenses		
5250 Bank Service Charges	\$0	\$850
5260 Dues and Subscriptions	\$0	\$5,971
5270 District Stipend	\$0	\$2,720
5280 Other Purchased Services	\$1,701	\$19,251
5290 Insurance	\$16,393	\$158,114
5300 Internet/Phone Expense	\$516	\$5,660
5310 Utilities	\$0	\$2,871
5350 Payroll & Employee benefit Expenses	\$24,283	\$158,152
5365 Payroll Processing Fee	\$53	\$538
5380 Travel	\$733	\$6,200
5390 Food/Meals	\$192	\$6,001
5400 Executive Assistant	\$0	\$69,163
5410 Accounting Fees	\$1,700	\$35,750
5430 Legal & Professional Fees	\$11,859	\$98,541
5450 Education and Conferences	\$0	\$9,675
5460 Community Involvement and Promotion	\$13,681	\$20,671
5470 Office Supplies	\$122	\$3,990
5480 Office Expenses	\$0	\$270
5490 Executive Director	\$0	\$166,000
5510 Lease Expense Building	\$2,088	\$22,419
5550 Interest Expense	\$3,632	\$37,270
5800 Depreciation Exp Building	\$10,546	\$105,455
5810 Depreciation Exp Equipment	\$79	\$789
5999 Misc. Operating Expenses	\$0	\$1,236
Total for Operating Expenses	\$87,578	\$937,558
Total for Expenditures	\$87,578	\$937,558
Net Operating Revenue	(\$87,578)	(\$937,558)
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	\$514,583	\$5,145,833
Total for Nonoperating Revenue	\$514,583	\$5,145,833
Total for Other Revenue	\$514,583	\$5,145,833
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		\$3,020,750
Total for Nonoperating Expenses	\$0	\$3,020,750
Total for Other Expenditures	\$0	\$3,020,750
Net Other Revenue	\$514,583	\$2,125,083
Net Revenue	\$427,006	\$1,187,525

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

	Depreciation		1359 Pearl Street		2711 Encinal Ave		Total for Rental Property	
	Apr 2026	Fiscal YTD	Apr 2026	Fiscal YTD	Apr 2026	Fiscal YTD	Apr 2026	Fiscal YTD
Revenue								
Operating Revenue								
4100 Rental Revenues	\$0	\$0	\$13,409	\$146,194	\$3,331	\$35,126	\$16,740	\$181,320
4110 Laundry Income	\$0	\$0	\$361	\$1,590			\$361	\$1,590
Total for Operating Revenue	\$0	\$0	\$13,770	\$147,784	\$3,331	\$35,126	\$17,101	\$182,910
Total for Revenue	\$0	\$0	\$13,770	\$147,784	\$3,331	\$35,126	\$17,101	\$182,910
Gross Profit	\$0	\$0	\$13,770	\$147,784	\$3,331	\$35,126	\$17,101	\$182,910
Expenditures								
Operating Expenses								
5000 Rental Property Expenses								
5105 Landscaping	\$0	\$0	\$275	\$7,400	\$0	\$0	\$275	\$7,400
5110 Mngt fees Jaber	\$0	\$0	\$686	\$7,463	\$171	\$1,798	\$856	\$9,262
5120 Repairs & Mntc- Jaber	\$0	\$0	\$1,813	\$58,517	\$0	\$1,035	\$1,813	\$59,552
5130 Utilities	\$0	\$0	\$945	\$10,638	\$0	\$0	\$945	\$10,638
5165 Depreciation Exp Building Rental	\$3,771	\$37,248	\$0	\$0	\$0	\$0	\$3,771	\$37,248
5170 Misc. Expenses-Rental	\$0	\$0	\$0	\$894	\$0	\$0	\$0	\$894
Total for 5000 Rental Property Expenses	\$3,771	\$37,248	\$3,718	\$84,912	\$171	\$2,833	\$7,660	\$124,993
Total for Operating Expenses	\$3,771	\$37,248	\$3,718	\$84,912	\$171	\$2,833	\$7,660	\$124,993
Total for Expenditures	\$3,771	\$37,248	\$3,718	\$84,912	\$171	\$2,833	\$7,660	\$124,993
Net Operating Revenue	(\$3,771)	(\$37,248)	\$10,052	\$62,872	\$3,160	\$32,293	\$9,441	\$57,917
Net Revenue	(\$3,771)	(\$37,248)	\$10,052	\$62,872	\$3,160	\$32,293	\$9,441	\$57,917

Cash Available for Maintenance/Repairs

Month Ending Bank Statement Cash Balance	\$750,003
Less: Amount Due AHS for Fiscal Years 2024 & 2025	(\$247,552)
Less: Current FY Due AHS for 20% of Net Revenue	(\$11,583)
Less: Current FY Due AHS for 20% of Cash Balance	(\$98,174)
Estimated Cash Available for Maintenance/Repairs	\$392,694

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

	Total	
	Apr 2026	Fiscal YTD
Revenue		
Operating Revenue		
4100 Rental Revenues	\$16,740	\$181,320
4110 Laundry Income	\$361	\$1,590
4500 Gains, Interest, etc	\$27,598	\$367,038
Total for Operating Revenue	\$44,700	\$549,948
Total for Revenue	\$44,700	\$549,948
Gross Profit	\$44,700	\$549,948
Expenditures		
Operating Expenses		
5000 Rental Property Expenses		
5105 Landscaping	\$275	\$7,400
5110 Mngt fees Jaber	\$856	\$9,262
5120 Repairs & Mntc- Jaber	\$1,813	\$59,552
5130 Utilities	\$945	\$10,638
5165 Depreciation Exp Building Rental	\$3,771	\$37,248
5170 Misc. Expenses-Rental		\$894
Total for 5000 Rental Property Expenses	\$7,660	\$124,993
5250 Bank Service Charges		\$850
5260 Dues and Subscriptions		\$5,971
5270 District Stipend		\$2,720
5280 Other Purchased Services	\$1,701	\$19,251
5290 Insurance	\$16,393	\$158,114
5300 Internet/Phone Expense	\$516	\$5,660
5310 Utilities		\$2,871
5350 Payroll & Employee benefit Expenses	\$24,283	\$158,152
5365 Payroll Processing Fee	\$53	\$538
5380 Travel	\$733	\$6,200
5390 Food/Meals	\$192	\$6,001
5400 Executive Assistant		\$69,163
5410 Accounting Fees	\$1,700	\$35,750
5430 Legal & Professional Fees	\$11,859	\$98,541
5450 Education and Conferences		\$9,675
5460 Community Involvement and Promotion	\$13,681	\$20,671
5470 Office Supplies	\$122	\$3,990
5480 Office Expenses		\$270
5490 Executive Director		\$166,000
5510 Lease Expense Building	\$2,088	\$22,419
5550 Interest Expense	\$3,632	\$652,874

5800 Depreciation Exp Building	\$10,546	\$105,455
5810 Depreciation Exp Equipment	\$79	\$789
5999 Misc. Operating Expenses		\$1,236
Total for Operating Expenses	\$95,238	\$1,678,155
Total for Expenditures	\$95,238	\$1,678,155
Net Operating Revenue	(\$50,538)	(\$1,128,207)
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	\$514,583	\$5,145,833
Total for Nonoperating Revenue	\$514,583	\$5,145,833
Total for Other Revenue	\$514,583	\$5,145,833
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		\$3,020,750
Total for Nonoperating Expenses	\$0	\$3,020,750
Total for Other Expenditures	\$0	\$3,020,750
Net Other Revenue	\$514,583	\$2,125,083
Net Revenue	\$464,045	\$996,876

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

	Inception Through 6/30/25	2025						2026						Total
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
Beginning COP Balance (per bank statement)		12,549,850	11,929,234	11,967,851	11,847,718	11,227,550	11,263,032	11,005,550	10,845,432	10,347,671	10,373,507			
Additions														
Deposits	14,442,992													0
Transfers	0													0
COP Interest Income	404,673	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836	27,566			332,857
Capital Gains	60	0	0	0	0	0	0	0	0	0	0			0
Other	0	0	0	0	0	0	0	0	0	0	0			0
Total Additions	14,847,725	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836	27,566	0	0	332,857
Outlays														
NPC 4 - Equipment Bracing/Anchoring	364,135	106,824	0	4,239	51,117	0	49,282	19,412	113,014	0	4,775			348,663
NPC 5 - Tanks - Water and Sewage	410,443	18,013	0	30,883	118,321	0	121,104	47,552	117,833	0	15,937			469,643
SNF Operational Upgrade	809,612	113,271	0	100,782	390,440	0	72,361	72,092	204,132	0	77,613			1,030,691
SPC - Stephens	422,182	71,275	0	22,470	67,082	0	36,392	30,174	74,624	0	23,744			325,761
SPC - West Wing	258,968	345,065	0	0	29,237	0	22,148	21,761	17,774	0	13,299			449,285
Loan Cost	0	0	0	0	0	0	0	0	0	0	0			0
Interest Payments	0	0	0	0	0	0	0	0	0	0	0			0
Principle Payments	0	0	0	0	0	0	0	0	0	0	0			0
Other Payments/Adjustments	32,535	4,949	0	0	0	0	(11,990)	0	0	0	(3)			(7,044)
Total Outlay	2,297,875	659,397	0	158,374	656,199	0	289,296	190,991	527,377	0	135,365	0	0	2,616,999
Change in Net Position	12,549,850	(620,616)	38,617	(120,133)	(620,168)	35,482	(257,482)	(160,118)	(497,761)	25,836	(107,799)	0	0	(2,284,142)
Ending COP Balance (per bank statement)	12,549,850	11,929,234	11,967,851	11,847,718	11,227,550	11,263,032	11,005,550	10,845,432	10,347,671	10,373,507	10,265,708	0	0	

City of Alameda Health Care District
Statement of Cash Flows - Consolidated
July 1, 2025 - April 30, 2026

	Total
OPERATING ACTIVITIES	
Net Revenue	\$996,876
Adjustments to reconcile Net Revenue to Net Cash provided by operations:	
1069 Property Tax Receivable	\$924,610
1101 Prepaid and other assets	(\$30,384)
1102 Prepaid and other assets - J	(\$0)
1232 Jaber Property:Improvement-Jaber	(\$51,808)
2019 Cur Portion of Bond Oblgs	\$1,208
2020 Accounts Payable (A/P)	\$0
2021 Accrued Liabilities	(\$9,600)
2022 Interest Payable	(\$195,271)
2030 Credit Card Payable	\$6,259
Total for Adjustments to reconcile Net Revenue to Net Cash provided by operations:	\$645,014
Net cash provided by operating activities	\$1,641,889
INVESTING ACTIVITIES	
1228 Jaber Property:Equipment-Jaber	(\$6,529)
1250 Construction in Progress	(\$2,616,999)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	\$100,978
1275 Hospital Property:Accumulated Depr-Fixed Equipment	\$789
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	\$37,248
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	\$4,478
Net cash provided by investing activities	(\$2,480,036)
FINANCING ACTIVITIES	
2250 Bond Obligations	(\$145,000)
2251 Bond Premium	(\$14,222)
2270 Debt Obligations	(\$22,271)
3300 Restricted net assets	\$3,900
Net cash provided by financing activities	(\$177,593)
NET CASH INCREASE FOR PERIOD	(\$1,015,740)
Cash at beginning of period	\$16,745,433
CASH AT END OF PERIOD	\$15,729,693

City of Alameda Health Care District
Statement of Financial Position - Consolidated
As of Apr 30, 2026

	Total	
	As of Apr 30, 2026	As of Jun 30, 2025
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	\$4,234,018	\$2,864,930
1002 Bank of Marin - Rental Property	\$750,003	\$847,965
1003 Drysdale Property Management Acct	\$2,464	
1004 US Bank - Trust Account	\$10,743,208	\$13,032,539
Total for Bank Accounts	\$15,729,693	\$16,745,433
Other Current Assets		
1069 Property Tax Receivable	(\$617,133)	\$307,476
1101 Prepaid and other assets	\$44,920	\$14,537
1102 Prepaid and other assets - J	\$0	(\$0)
Total for Other Current Assets	(\$572,213)	\$322,013
Total for Current Assets	\$15,157,480	\$17,067,446
Fixed Assets		
1230 Leasehold Improvements	\$14,481	\$14,481
1250 Construction in Progress	\$4,914,874	\$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	(\$23,994,537)	(\$23,893,559)
1275 Accumulated Depr-Fixed Equipment	(\$3,740,191)	(\$3,739,402)
1280 Accumulated Depr-Leasehold Improvement	(\$14,840)	(\$14,840)
Total for Hospital Property	\$701,390	\$803,157
Jaber Property		
1201 Land Jaber Property	\$610,000	\$610,000
1228 Equipment-Jaber	\$6,529	
1229 Other Bldgs - Rental Property	\$1,073,488	\$1,073,488
1232 Improvement-Jaber	\$51,808	
1279 Accumulated Depr-Other Bldgs Rental Prop	(\$848,272)	(\$811,024)
Total for Jaber Property	\$893,554	\$872,464
SNF (CW&S) Property		
1202 Land(CW&S)	\$212,113	\$212,113
1231 Other Assets SNF(CW&S)	\$134,336	\$134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	(\$128,633)	(\$124,155)

Total for SNF (CW&S) Property	\$217,816	\$222,294
Total for Fixed Assets	\$6,742,115	\$4,210,271
Other Assets		
1199 Lease Receivable	\$127,101	\$127,101
Total for Other Assets	\$127,101	\$127,101
Total for Assets	\$22,026,696	\$21,404,818
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	(\$36,057)	(\$36,057)
Total for Accounts Payable	(\$36,057)	(\$36,057)
Credit Cards		
2030 Credit Card Payable	\$6,259	
Total for Credit Cards	\$6,259	\$0
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	\$69,768	\$79,368
2022 Interest Payable	\$0	\$195,271
Total for Other Current Liabilities	\$389,807	\$593,471
Total for Current Liabilities	\$360,010	\$557,414
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	\$731,138	\$753,410
Total for Long-term Liabilities	\$15,220,810	\$15,402,304
Total for Liabilities	\$15,580,820	\$15,959,718
Equity		
3100 Unrestricted Net Assets	\$1,534,323	\$1,534,323
3200 Net Assets Trust	(\$87,700)	(\$87,700)
3300 Restricted net assets	\$1,724,329	\$1,720,429
3400 Invested Capital, net of deb	\$2,278,048	\$2,278,048
Retained Earnings	\$0	\$0
Net Revenue	\$996,876	(\$0)
Total for Equity	\$6,445,876	\$5,445,100
Total for Liabilities and Equity	\$22,026,696	\$21,404,818



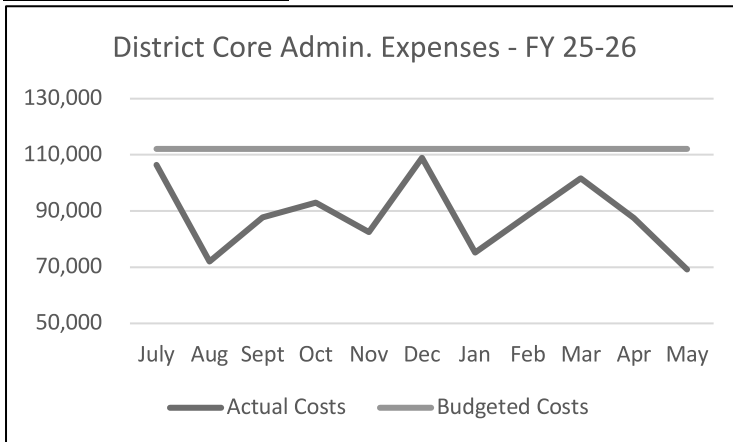
CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
(May 1 - 31, 2026)

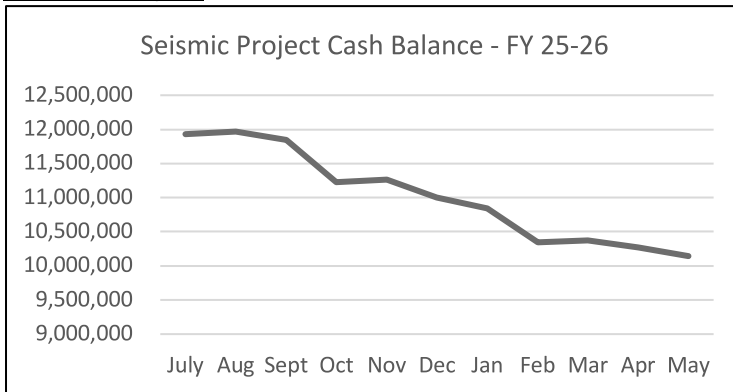
City of Alameda Health Care District May 2026 Financial Highlights

District Core Business



- District administrative expenses were \$69K for May, which was \$43K below budget
- Fiscal YTD administrative expenses were \$261K below budget
- The largest monthly expenditures were \$24K for staffing and benefits, \$15K for insurance, and \$6K for legal fees

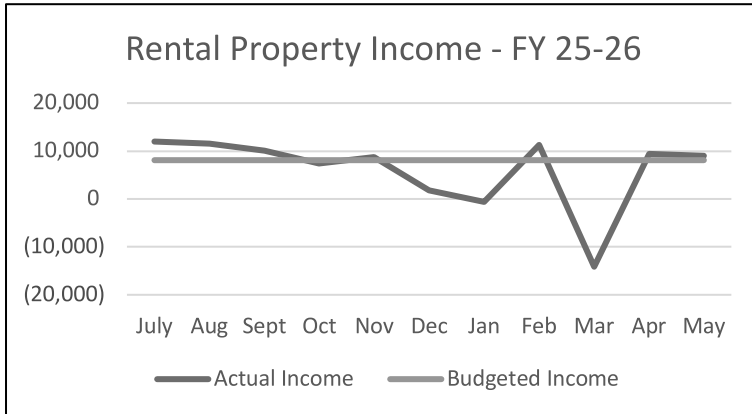
Seismic Project



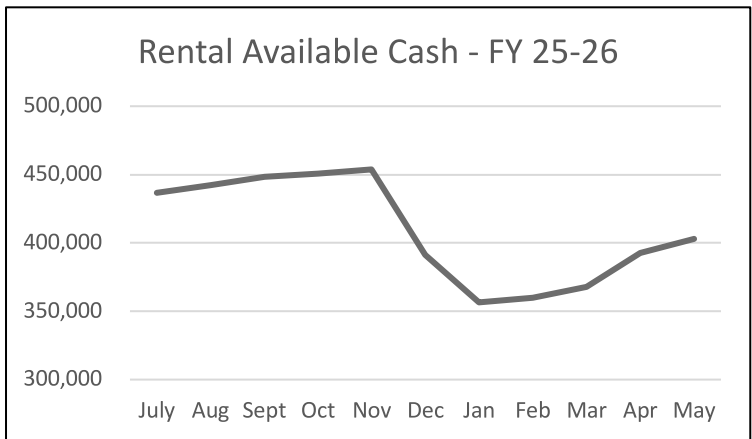
- The seismic project spent \$149K in May
- The May ending project cash balance was \$10.1 MM

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

Rental Properties



- Rental property income for May was \$9K, which was slightly higher than budget
- May Fiscal YTD income was \$67K



- May ending rental property cash available to the District was \$403K

City of Alameda Health Care District
Statement of Activity - District Core
April 2026

	Total	
	Apr 2026	Fiscal YTD
Revenue		
Gross Profit		
Expenditures		
Operating Expenses		
5250 Bank Service Charges	\$0	\$850
5260 Dues and Subscriptions	\$0	\$5,971
5270 District Stipend	\$0	\$2,720
5280 Other Purchased Services	\$1,701	\$19,251
5290 Insurance	\$16,393	\$158,114
5300 Internet/Phone Expense	\$516	\$5,660
5310 Utilities	\$0	\$2,871
5350 Payroll & Employee benefit Expenses	\$24,283	\$158,152
5365 Payroll Processing Fee	\$53	\$538
5380 Travel	\$733	\$6,200
5390 Food/Meals	\$192	\$6,001
5400 Executive Assistant	\$0	\$69,163
5410 Accounting Fees	\$1,700	\$35,750
5430 Legal & Professional Fees	\$11,859	\$98,541
5450 Education and Conferences	\$0	\$9,675
5460 Community Involvement and Promotion	\$13,681	\$20,671
5470 Office Supplies	\$122	\$3,990
5480 Office Expenses	\$0	\$270
5490 Executive Director	\$0	\$166,000
5510 Lease Expense Building	\$2,088	\$22,419
5550 Interest Expense	\$3,632	\$37,270
5800 Depreciation Exp Building	\$10,546	\$105,455
5810 Depreciation Exp Equipment	\$79	\$789
5999 Misc. Operating Expenses	\$0	\$1,236
Total for Operating Expenses	\$87,578	\$937,558
Total for Expenditures	\$87,578	\$937,558
Net Operating Revenue	(\$87,578)	(\$937,558)
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	\$514,583	\$5,145,833
Total for Nonoperating Revenue	\$514,583	\$5,145,833
Total for Other Revenue	\$514,583	\$5,145,833
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		\$3,020,750
Total for Nonoperating Expenses	\$0	\$3,020,750
Total for Other Expenditures	\$0	\$3,020,750
Net Other Revenue	\$514,583	\$2,125,083
Net Revenue	\$427,006	\$1,187,525

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

	Depreciation		1359 Pearl Street		2711 Encinal Ave		Total for Rental Property	
	Apr 2026	Fiscal YTD	Apr 2026	Fiscal YTD	Apr 2026	Fiscal YTD	Apr 2026	Fiscal YTD
Revenue								
Operating Revenue								
4100 Rental Revenues	\$0	\$0	\$13,409	\$146,194	\$3,331	\$35,126	\$16,740	\$181,320
4110 Laundry Income	\$0	\$0	\$361	\$1,590			\$361	\$1,590
Total for Operating Revenue	\$0	\$0	\$13,770	\$147,784	\$3,331	\$35,126	\$17,101	\$182,910
Total for Revenue	\$0	\$0	\$13,770	\$147,784	\$3,331	\$35,126	\$17,101	\$182,910
Gross Profit	\$0	\$0	\$13,770	\$147,784	\$3,331	\$35,126	\$17,101	\$182,910
Expenditures								
Operating Expenses								
5000 Rental Property Expenses								
5105 Landscaping	\$0	\$0	\$275	\$7,400	\$0	\$0	\$275	\$7,400
5110 Mngt fees Jaber	\$0	\$0	\$686	\$7,463	\$171	\$1,798	\$856	\$9,262
5120 Repairs & Mntc- Jaber	\$0	\$0	\$1,813	\$58,517	\$0	\$1,035	\$1,813	\$59,552
5130 Utilities	\$0	\$0	\$945	\$10,638	\$0	\$0	\$945	\$10,638
5165 Depreciation Exp Building Rental	\$3,771	\$37,248	\$0	\$0	\$0	\$0	\$3,771	\$37,248
5170 Misc. Expenses-Rental	\$0	\$0	\$0	\$894	\$0	\$0	\$0	\$894
Total for 5000 Rental Property Expenses	\$3,771	\$37,248	\$3,718	\$84,912	\$171	\$2,833	\$7,660	\$124,993
Total for Operating Expenses	\$3,771	\$37,248	\$3,718	\$84,912	\$171	\$2,833	\$7,660	\$124,993
Total for Expenditures	\$3,771	\$37,248	\$3,718	\$84,912	\$171	\$2,833	\$7,660	\$124,993
Net Operating Revenue	(\$3,771)	(\$37,248)	\$10,052	\$62,872	\$3,160	\$32,293	\$9,441	\$57,917
Net Revenue	(\$3,771)	(\$37,248)	\$10,052	\$62,872	\$3,160	\$32,293	\$9,441	\$57,917

Cash Available for Maintenance/Repairs

Month Ending Bank Statement Cash Balance	\$750,003
Less: Amount Due AHS for Fiscal Years 2024 & 2025	(\$247,552)
Less: Current FY Due AHS for 20% of Net Revenue	(\$11,583)
Less: Current FY Due AHS for 20% of Cash Balance	(\$98,174)
Estimated Cash Available for Maintance/Repairs	\$392,694

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

	Inception Through 6/30/25	2025						2026						Total
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
Beginning COP Balance (per bank statement)		12,549,850	11,929,234	11,967,851	11,847,718	11,227,550	11,263,032	11,005,550	10,845,432	10,347,671	10,373,507			
Additions														
Deposits	14,442,992													0
Transfers	0													0
COP Interest Income	404,673	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836	27,566			332,857
Capital Gains	60	0	0	0	0	0	0	0	0	0	0			0
Other	0	0	0	0	0	0	0	0	0	0	0			0
Total Additions	14,847,725	38,781	38,617	38,241	36,031	35,482	31,814	30,873	29,616	25,836	27,566	0	0	332,857
Outlays														
NPC 4 - Equipment Bracing/Anchoring	364,135	106,824	0	4,239	51,117	0	49,282	19,412	113,014	0	4,775			348,663
NPC 5 - Tanks - Water and Sewage	410,443	18,013	0	30,883	118,321	0	121,104	47,552	117,833	0	15,937			469,643
SNF Operational Upgrade	809,612	113,271	0	100,782	390,440	0	72,361	72,092	204,132	0	77,613			1,030,691
SPC - Stephens	422,182	71,275	0	22,470	67,082	0	36,392	30,174	74,624	0	23,744			325,761
SPC - West Wing	258,968	345,065	0	0	29,237	0	22,148	21,761	17,774	0	13,299			449,285
Loan Cost	0	0	0	0	0	0	0	0	0	0	0			0
Interest Payments	0	0	0	0	0	0	0	0	0	0	0			0
Principle Payments	0	0	0	0	0	0	0	0	0	0	0			0
Other Payments/Adjustments	32,535	4,949	0	0	0	0	(11,990)	0	0	0	(3)			(7,044)
Total Outlay	2,297,875	659,397	0	158,374	656,199	0	289,296	190,991	527,377	0	135,365	0	0	2,616,999
Change in Net Position	12,549,850	(620,616)	38,617	(120,133)	(620,168)	35,482	(257,482)	(160,118)	(497,761)	25,836	(107,799)	0	0	(2,284,142)
Ending COP Balance (per bank statement)	12,549,850	11,929,234	11,967,851	11,847,718	11,227,550	11,263,032	11,005,550	10,845,432	10,347,671	10,373,507	10,265,708	0	0	

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

	Total	
	Apr 2026	Fiscal YTD
Revenue		
Operating Revenue		
4100 Rental Revenues	\$16,740	\$181,320
4110 Laundry Income	\$361	\$1,590
4500 Gains, Interest, etc	\$27,598	\$367,038
Total for Operating Revenue	\$44,700	\$549,948
Total for Revenue	\$44,700	\$549,948
Gross Profit	\$44,700	\$549,948
Expenditures		
Operating Expenses		
5000 Rental Property Expenses		
5105 Landscaping	\$275	\$7,400
5110 Mngt fees Jaber	\$856	\$9,262
5120 Repairs & Mntc- Jaber	\$1,813	\$59,552
5130 Utilities	\$945	\$10,638
5165 Depreciation Exp Building Rental	\$3,771	\$37,248
5170 Misc. Expenses-Rental		\$894
Total for 5000 Rental Property Expenses	\$7,660	\$124,993
5250 Bank Service Charges		\$850
5260 Dues and Subscriptions		\$5,971
5270 District Stipend		\$2,720
5280 Other Purchased Services	\$1,701	\$19,251
5290 Insurance	\$16,393	\$158,114
5300 Internet/Phone Expense	\$516	\$5,660
5310 Utilities		\$2,871
5350 Payroll & Employee benefit Expenses	\$24,283	\$158,152
5365 Payroll Processing Fee	\$53	\$538
5380 Travel	\$733	\$6,200
5390 Food/Meals	\$192	\$6,001
5400 Executive Assistant		\$69,163
5410 Accounting Fees	\$1,700	\$35,750
5430 Legal & Professional Fees	\$11,859	\$98,541
5450 Education and Conferences		\$9,675
5460 Community Involvement and Promotion	\$13,681	\$20,671
5470 Office Supplies	\$122	\$3,990
5480 Office Expenses		\$270
5490 Executive Director		\$166,000
5510 Lease Expense Building	\$2,088	\$22,419
5550 Interest Expense	\$3,632	\$652,874

5800 Depreciation Exp Building	\$10,546	\$105,455
5810 Depreciation Exp Equipment	\$79	\$789
5999 Misc. Operating Expenses		\$1,236
Total for Operating Expenses	\$95,238	\$1,678,155
Total for Expenditures	\$95,238	\$1,678,155
Net Operating Revenue	(\$50,538)	(\$1,128,207)
Other Revenue		
Nonoperating Revenue		
4300 District Tax Revenue	\$514,583	\$5,145,833
Total for Nonoperating Revenue	\$514,583	\$5,145,833
Total for Other Revenue	\$514,583	\$5,145,833
Other Expenditures		
Nonoperating Expenses		
6100 AHS transfers		\$3,020,750
Total for Nonoperating Expenses	\$0	\$3,020,750
Total for Other Expenditures	\$0	\$3,020,750
Net Other Revenue	\$514,583	\$2,125,083
Net Revenue	\$464,045	\$996,876

City of Alameda Health Care District
Statement of Cash Flows - Consolidated
July 1, 2025 - April 30, 2026

Total

OPERATING ACTIVITIES	
Net Revenue	\$996,876
Adjustments to reconcile Net Revenue to Net Cash provided by operations:	
1069 Property Tax Receivable	\$924,610
1101 Prepaid and other assets	(\$30,384)
1102 Prepaid and other assets - J	(\$0)
1232 Jaber Property:Improvement-Jaber	(\$51,808)
2019 Cur Portion of Bond Oblgs	\$1,208
2020 Accounts Payable (A/P)	\$0
2021 Accrued Liabilities	(\$9,600)
2022 Interest Payable	(\$195,271)
2030 Credit Card Payable	\$6,259
Total for Adjustments to reconcile Net Revenue to Net Cash provided by operations:	\$645,014
Net cash provided by operating activities	\$1,641,889
INVESTING ACTIVITIES	
1228 Jaber Property:Equipment-Jaber	(\$6,529)
1250 Construction in Progress	(\$2,616,999)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	\$100,978
1275 Hospital Property:Accumulated Depr-Fixed Equipment	\$789
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	\$37,248
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	\$4,478
Net cash provided by investing activities	(\$2,480,036)
FINANCING ACTIVITIES	
2250 Bond Obligations	(\$145,000)
2251 Bond Premium	(\$14,222)
2270 Debt Obligations	(\$22,271)
3300 Restricted net assets	\$3,900
Net cash provided by financing activities	(\$177,593)
NET CASH INCREASE FOR PERIOD	(\$1,015,740)
Cash at beginning of period	\$16,745,433
CASH AT END OF PERIOD	\$15,729,693

City of Alameda Health Care District
Statement of Financial Position - Consolidated
As of Apr 30, 2026

	Total	
	As of Apr 30, 2026	As of Jun 30, 2025
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	\$4,234,018	\$2,864,930
1002 Bank of Marin - Rental Property	\$750,003	\$847,965
1003 Drysdale Property Management Acct	\$2,464	
1004 US Bank - Trust Account	\$10,743,208	\$13,032,539
Total for Bank Accounts	\$15,729,693	\$16,745,433
Other Current Assets		
1069 Property Tax Receivable	(\$617,133)	\$307,476
1101 Prepaid and other assets	\$44,920	\$14,537
1102 Prepaid and other assets - J	\$0	(\$0)
Total for Other Current Assets	(\$572,213)	\$322,013
Total for Current Assets	\$15,157,480	\$17,067,446
Fixed Assets		
1230 Leasehold Improvements	\$14,481	\$14,481
1250 Construction in Progress	\$4,914,874	\$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	(\$23,994,537)	(\$23,893,559)
1275 Accumulated Depr-Fixed Equipment	(\$3,740,191)	(\$3,739,402)
1280 Accumulated Depr-Leasehold Improvement	(\$14,840)	(\$14,840)
Total for Hospital Property	\$701,390	\$803,157
Jaber Property		
1201 Land Jaber Property	\$610,000	\$610,000
1228 Equipment-Jaber	\$6,529	
1229 Other Bldgs - Rental Property	\$1,073,488	\$1,073,488
1232 Improvement-Jaber	\$51,808	
1279 Accumulated Depr-Other Bldgs Rental Prop	(\$848,272)	(\$811,024)
Total for Jaber Property	\$893,554	\$872,464
SNF (CW&S) Property		
1202 Land(CW&S)	\$212,113	\$212,113
1231 Other Assets SNF(CW&S)	\$134,336	\$134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	(\$128,633)	(\$124,155)

Total for SNF (CW&S) Property	\$217,816	\$222,294
Total for Fixed Assets	\$6,742,115	\$4,210,271
Other Assets		
1199 Lease Receivable	\$127,101	\$127,101
Total for Other Assets	\$127,101	\$127,101
Total for Assets	\$22,026,696	\$21,404,818
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	(\$36,057)	(\$36,057)
Total for Accounts Payable	(\$36,057)	(\$36,057)
Credit Cards		
2030 Credit Card Payable	\$6,259	
Total for Credit Cards	\$6,259	\$0
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	\$69,768	\$79,368
2022 Interest Payable	\$0	\$195,271
Total for Other Current Liabilities	\$389,807	\$593,471
Total for Current Liabilities	\$360,010	\$557,414
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	\$731,138	\$753,410
Total for Long-term Liabilities	\$15,220,810	\$15,402,304
Total for Liabilities	\$15,580,820	\$15,959,718
Equity		
3100 Unrestricted Net Assets	\$1,534,323	\$1,534,323
3200 Net Assets Trust	(\$87,700)	(\$87,700)
3300 Restricted net assets	\$1,724,329	\$1,720,429
3400 Invested Capital, net of deb	\$2,278,048	\$2,278,048
Retained Earnings	\$0	\$0
Net Revenue	\$996,876	(\$0)
Total for Equity	\$6,445,876	\$5,445,100
Total for Liabilities and Equity	\$22,026,696	\$21,404,818



Date: July 13, 2026
To: City of Alameda Health Care District Board of Directors
From: Peter Hohl, Executive Director
Subject: Resolution for Investing in LAIF

RECOMMENDATION

Approve a resolution to transfer Certificate of Participation (“COP”) funds from US Bank to the Local Agency Investment Fund (“LAIF”).

BACKGROUND

The District approved transferring COP funds from US Bank to LAIF at its March 5, 2026, Board meeting. The purpose of the transfer was to achieve higher investment returns than what was available at US Bank. LAIF subsequently notified the District that it requires a formal Board resolution to initiate the transfer of funds from US Bank. The attached resolution is based on a resolution provided to the District by LAIF.

Date: July 13, 2026
To: City of Alameda Health Care District Board of Directors
From: Peter Hohl, Executive Director
Subject: Board Signature Cards for District Banking

RECOMMENDATION

Approve a change in banking so that the only individuals with signature authority on the District's bank accounts are the District President, Treasurer, and Executive Director.

BACKGROUND

Currently all Board members and the Executive Director of the District are signatories on the District's bank account. Small changes to banking, such as new Board members or a change in the Executive Director position, require all new signature cards from all signatories. This can create logistical challenges. In addition, some Board members have expressed a reluctance to sign new signature cards, delaying and potentially preventing important changes to the District's banking.

Most organizations limit banking signature authority to a small number of Board members – typically the President/Chair and Treasurer. For the District, most Board members have never utilized for their signature authority for banking transactions. To simplify and streamline changes in banking, while maintaining appropriate controls, signature authority for banking should be limited to a small number of Board officers.

Date: July 13, 2026
To: City of Alameda Health Care District Board of Directors
From: Peter Hohl, Executive Director
Subject: Partial Parcel Tax Payment to AHS

RECOMMENDATION

Authorize the District to make a partial parcel tax payment to Alameda Health System of \$1,500,000.00 for fiscal year 2026.

BACKGROUND

The District historically makes a partial parcel tax payment to AHS in the June and August timeframes with a final reconciliation and payment completed in December for the prior fiscal year. A partial parcel tax payment of \$1 MM was made to AHS in June 2026. The goal of these partial payments is to provide some level of payment to AHS while retaining sufficient cash to fund the District's operations. Any distribution of parcel tax dollars requires District Board approval before payment can be made.

FUNDING

Parcel tax revenue flows directly to US Bank and the District receives its parcel tax revenue from US Bank net of amounts necessary to fund COP principal and interest payments. December and April are the primary payment dates for parcel tax dollars flowing to US Bank.

The District has a current cash balance of approximately \$3,000,000 in their Bank of Marin operating account, providing sufficient funds to make the partial payment while also being able to fund future District operations.



RECORD RETENTION POLICY 2026-01

It is the Policy of the City of Alameda Health Care District (“the District”) to comply with State requirements for the storage, accessibility, reproduction, and destruction of public records and documents. State law ensures that permanent public records remain permanent, that legal records are not altered, that historic documents are not lost or destroyed, and that local agencies, such as the District, do not retain nonpermanent materials unnecessarily.

Unofficial and non-records are not subject to formal retention and destruction procedures or disclosure, and may be destroyed when no longer needed. Unofficial records include drafts, works in progress, electronic records used to create a final version, copies of records, hand-written notes, and materials that are in a preliminary state and do not yet reflect the official position of the District. Non-records include library/research materials, publications, blank forms and other material generally available to the public that does not reflect the position of the District.

The District Executive Director is responsible for the maintenance of the District’s record keeping system and is authorized to destroy records per this policy.

Procedures:

Sensitive or Confidential documents should be shredded before discarding. These are defined as any document that contains any of the following: Patient records, Personnel private information such as performance reviews, social security numbers, dates of birth etc., bank account numbers and other information deemed to be confidential by District Staff. Staff is advised to err on the side of caution while determining if a document is sensitive in nature or not.

Non-sensitive documents can be placed in the recycle bin or thrown away. Non-sensitive documents are all documents that are normally accessible to the public.

Any record not expressly required by law to be filed and preserved in original form may be destroyed at any time after it is electronically stored on the District's back-up file and/or website. For the purposes of this section, every reproduction shall be deemed to be an original record. The exceptions to this section are Minute Books and Legal Documents as listed on the attached Schedule. A hard copy of all Minute Books and Legal Documents shall be retained.

Any duplicate record, paper or document, the original or a permanent photographic copy of which is in the files of the District, may be destroyed after confirmation that such original or permanent photographic copy remains on file in the District.

All records, papers and documents not listed may be scanned as archival records or destroyed so long as such disposal is consistent with the recommendations of the Local Government Records Management Guidelines as set forth by the Secretary of State.

Per the Local Government Records Management Guidelines as set forth by the Secretary of State, the District is prohibited from destroying or disposing of a record that is any of the following:

- 1) Relates to the formation, change of organization, or reorganization of the District.
- 2) A District ordinance unless it has been repealed or is invalid or unenforceable in which case it can be destroyed after five years after it was repealed or became invalid or unenforceable.
- 3) Minutes of any meeting of the District’s Board of Directors or its Committees.
- 4) Relates to a pending claim or litigation or any settlement or other disposition of litigation within the past two years.
- 5) Records that are subject of a pending Public Records Act request, whether or not the District maintains that the record is exempt from disclosure, until the request is granted or two years have passed since denial.
- 6) Relates to construction that the District has not accepted, or as to which a stop notice claim legally may be presented.
- 7) Relates to any non-discharged debts of the District.
- 8) Relates to the title to real property to which the District has an interest.
- 9) Relates to any non-discharged contract to which the District is a party.
- 10) Has not fulfilled its administrative, fiscal, or legal purpose for which it was created or received.
- 11) Is an unaccepted bid or proposal, which is less than two years old, for the construction or installation of any building, structure, or other public work.
- 12) Specifies the amount of compensation paid to District employees or officers or to independent contractors, or relates to expense reimbursement to District Directors or employees, or the use of District credit cards or travel compensation. These records may be destroyed seven years after the audit for that period is completed.

The attached table represents the District’s official Record Retention schedule (“Schedule A”).

Storage of documents

Permanent records shall be stored at the District’s administrative office. Digital files shall be backed up periodically onto a flash drive stored in the bank safety deposit box and/or a secure cloud-based storage location.

The current-year working documents may be stored at the work location of the official performing such work provided that at least one other staff member is aware of the location and records are moved to the storage room at the District’s administrative office at the end of the fiscal year.

Working documents pertaining to operations, such as training logs and equipment manuals, may be kept at the District’s administrative office.

Schedule A

Record Series Title	Retention Period (Years)	Citations / Remarks / Descriptor
<i>BOARD</i>		
Board member applications	Closed + 7	County Clerk Recorder keeps these documents
Board Compensation	Audit + 7	
Fair Political Practices Commission (FPPC) Statements and Conflict of Interest	Current Year + 5	FPPC Opinions
Oath of Office (Elected Officials)	2	The County Recorder keeps these on file
Statement and Conflict of Interest	1	Form 700 County Recorder keeps these
Training Records	Current + 4	Ethics Training & any others that Board members attend
<i>HUMAN RESOURCES</i>		
Action Requests / Grievances	Permanent	
Applications	5	
Employee Records	Permanent	Active until employee leaves/terminations
Negotiation	Permanent	Notes, notebooks, correspondence, contracts, and Memorandums of Agreements
Payroll Records	Audit +7	
Personnel Records (copies)	Current Year + 2	Attendance; evaluations; drafts; worksheets; postings.
Training Records	Current Year + 7	Staff training records
<i>LEGAL</i>		
Agendas & Notices	Permanent	Original agenda and special meeting notices, including certificates of posting, original summaries, original communications and action agendas for Board and Committee meetings.
Articles of Incorporation	Permanent	
Deeds	Permanent	Property deeds
Contracts and Agreements	Termination + 7	Includes leases, equipment, services or supplies
Grants	25 Years*	*Funding source will usually specify retention requirement
Legal Documents/Lawsuits	Permanent	Includes any legal filings or opinions rendered
Minutes	Permanent	Official minutes and hearing proceedings of District Board, commissions or committees.
Ordinances	Active	Active plus most recent rescinded version
Resolutions	Permanent	
Policies & Procedures	Active	Active plus most recent rescinded version
Public Records Requests	Closed + 5	



Record Series Title	Retention Period (Years)	Citations / Remarks / Descriptor
Meeting Recordings	N/A	
<i>INSURANCE</i>		
Accident/Incident Reports	Permanent	Reports and related records
Bonds, Insurance Certificates, Insurance Policies	Permanent	Bonds and insurance policies insuring property & other assets including Liability insurance.
Workers Compensation Insurance	Permanent	Claim Files, Reports, Incidents (working files) originals filed with Administrator.
<i>ACCOUNTING</i>		
Accounts Payable	Audit + 7	Invoices, check copies, supporting documents.
Accounts Receivable	Audit + 7	Customer payment records
Audit Reports	Permanent	
Bank Reconciliation (checks, payroll, cancelled, void)	Audit + 7	Statements, summaries for receipts, disbursements & reconciliation.
Budget	Audit + 2	Permanently kept as part of Audit report
Budget adjustments, journal entries	Audit + 2	Account transfers.
Deposits, Receipts	Audit + 7	Checks, coins, currency.
Inventory Lists	Current + 2	
Fixed Assets	Current +2	Documentation re: purchases & disposals
Fixed Assets Ledger	Permanent	
General Ledger Reports	Audit + 7	
Vendor Information	Active	
<i>REPORTS</i>		
Independent Audit Reports	Permanent	
Run Reports	Permanent	

COMPUTER AND EQUIPMENT USE POLICY 2026-02

Policy

The City of Alameda Health Care District (“the District”) provides its employees and authorized users access to the District’s computer hardware, software systems, and other electronic devices in order to effectively and efficiently execute the mission and undertakings of the District. Since these resources are purchased with public funds, their use comes with certain requirements and restrictions that do not apply to the use of personally-owned electronic devices and computer systems in the conduct of an individual’s private affairs.

The purpose of this policy is to describe the appropriate use of the District’s computers and computer systems, including all hardware and software, and other District owned electronic devices, whether used on or off District premises, as well as the appropriate use of personally-owned electronic devices, including smart phones and computer equipment, to conduct District business. Additionally, this Policy addresses the retention of email constituting District-related business records.

Procedure

A. Scope and Definitions

- 1) This Policy supersedes all previous District memoranda and policies regarding computer use, email and electronic communications. It applies to all employees and non-District personnel using District computers and computer systems (as defined below), as well as to the use of personally owned electronic devices and computer equipment to conduct District business.
- 2) District computers include, but are not limited to: laptops, desktop workstations, smart phones, and any attached or removable equipment including but not limited to screens, keyboards, printers, and external storage devices.
- 3) District computer systems include, but are not limited to: the local area network, servers, disk storage, firewalls, printers, databases, copiers and application programs, Internet access systems including smart phones, email systems, and any other hardware or software used to transmit, process, or store electronic data or communications constituting District-related business records.
- 4) Communications constituting District-related business records are those communications that relate in a substantive way to the conduct of the District's business. Communications that are primarily personal in nature or that contain no more than incidental mentions of the District's business may not constitute District-related business communications.

B. Ownership of Information

- 1) Regardless of the nature of the content, all electronic files, messages, or data and communications (“Electronic Communications”) created on, sent from, received on, or stored on District computers and computer systems are District property. This includes Electronic Communications files stored on removable media such as diskettes, CDs, DVDs, and USB flash drives. In addition, Electronic Communications constituting District-related business records that are created on, sent from, received on, or stored on personally-owned devices and computers or in personal accounts are also District property. As District property, these Electronic Communications are public records and are subject to all public disclosure laws and District policies regarding public records. (See Section F. below.)

C. No Expectation of Privacy

- 1) Employees do not have a personal privacy right regarding any Electronic Communications created on, sent from, received on, or stored on the District’s computers or computer systems. This is also true of any Electronic Communications constituting District-related business records that are created, sent from, received on, or stored on personally-owned devices and computers or in personal accounts. Employees should have no expectation of privacy in, or confidentiality of, any information stored on District computers or computer systems or information constituting District-related business records that is stored on personally-owned devices and computers or in personal accounts.
- 2) The District reserves the right to access, review, copy, remove or delete any Electronic Communications on the District’s computers or computer systems for any purpose and to disclose them to any third party (inside or outside the District) it deems appropriate, whether the Electronic Communications contain District-related business records or personal information. In accordance with this policy, the District also may disclose any Electronic Communications constituting District-related business records that are stored on personally-owned electronic devices or in personal accounts and may require that such information be transmitted to the District and deleted from said personal accounts.
- 3) Despite the existence of passwords for access to District computer systems, employees should not assume that any Electronic Communications are private, and may not transmit highly confidential information or data in any other ways other than to District.

D. Monitoring

- 1) For security, resource analysis, and/or network maintenance purposes, the District may monitor its computers, computer systems, log files, and network traffic at any time. The District reserves the right to audit its computer systems on a periodic basis to ensure compliance with this policy.

E. Retention of Email

- 1) Regular Purging of Email: District email accounts and email on personally-owned electronic devices or in personal accounts are not intended for permanent storage of District records. It is each employee's responsibility to save and/or file email that he or she receives and wishes



thereafter to access or that are District records and required to be retained by law. Emails or other electronic records related to District business shall be either:

- (a) saved to a District electronic system other than the District email account,
- (b) electronically archived, or
- (c) printed on paper and filed as appropriate.

It is required that District business emails be stored in such manner by District employees on a regular basis and therefore emails older than one year stored in an employee's District email account may be purged by the District unless such emails are relevant to litigation or anticipated litigation. Email trash folders may be purged as often as once a year by the District.

F. Copying/Forwarding Emails & Electronic Communications to District Server/Account

- 1) All Electronic Communications constituting District-related business records sent or received using the personal electronic devices or accounts of District employees and officials must promptly be copied or forwarded to a District account or server. District records pertaining to the District's business whether stored in hard copy or electronically in District accounts or servers or in the personal devices and accounts of employees and officials may be considered public records and therefore subject to the California Public Records Act ("PRA" - Gov. Code §§ 6250 et seq.). Therefore, following notice from the District's Executive Director of the District's receipt of a request for records under the PRA, an employee or official may be required to sign an affidavit attesting, under penalty of perjury, that the employee or official has personally searched his/her personal electronic devices or accounts and then copied or forwarded all Electronic Communications constituting District-related business records to a District account or server.

G. District Computers and Systems are for District Business Use Only

- 1) District computers and computer systems are provided solely for the conduct of the District's business. These systems are not to be used for personal business except under the limited circumstances discussed below.
- 2) Do not store personal files or information on District computers or computer systems except as authorized by this policy.
- 3) Do not use District computer systems or networks to download pictures, music, games or videos for personal use.

- 4) Use only District computers and computer systems for conducting District business unless authorized to use a personally-owned computer or electronic device when necessary to conduct District business in accordance with District Policies and Procedures.
- 5) Use only the District's email system for sending and receiving messages when conducting District business, except as authorized pursuant to District Policies and Procedures.

H. Conditions for Personal Use of District Resources

- 1) Employees may use District-owned computers and computer systems for their personal use only under all the following conditions:
 - (a) The use occurs during an approved work break being taken in accordance with the District's Policies and Procedures
 - (b) There is no additional cost to the District,
 - (c) The use does not interfere with the performance of the employee's official duties, and
 - (d) The use does not distract from the conduct of the District's business and does not disrupt the work of other employees in the conduct of the District's business.
- 2) In addition, personal use of District computers and computer systems must conform to all of the following limitations:
 - (a) The District's official email system, Exchange/Outlook, shall not be used for sending or receiving personal email,
 - (b) District computers and browser software shall not be used to access personal email accounts (Yahoo, Hotmail, Gmail, etc.) or to browse the Internet for non-work-related information, except before or after an employee's scheduled work hours or during authorized work or meal breaks,
 - (c) Personal use must not require installation of any software, hardware, or special configurations or require technical support, other than that which is needed for District business,
 - (d) The use does not compromise the security or integrity of District property, information, or software; and,
 - (e) The use does not violate any federal or state law, including copyright laws, or any District Policies and Procedures.

I. Prohibited Uses

- 1) State and federal laws and the District's Policies and Procedures prohibit certain private activity and certain uses of District resources. The following personal uses of all District computers and computer systems are prohibited at all times:
 - (a) Conducting an outside business or private employment,
 - (b) Supporting, promoting, or soliciting relating to an outside, non-District-related organization or group, including, but not limited to: a private business, a nonprofit organization, or any social, religious or political causes, unless expressly provided for by law or authorized by the District,
 - (c) Assisting in a campaign for the election of a person to an office or for the promotion of, or opposition to, a ballot proposition, except responses to requests for factual information related to such issues that are explicitly permitted and approved by the District prior to release,
 - (d) Participating in or assisting in an effort to lobby any governing body of elected officials, except as authorized by the District,
 - (e) Using resources expressly prohibited by any federal or state law, rule, or regulation, or by any policy of the District.

- 2) The following personal uses of District computers or computer systems or network are prohibited at all times:
 - (a) Using the District's identity (e.g., the District's email address) while accessing the Internet.
 - (b) Participating in activities by email or via the Internet that may present conflicts of interest or give the appearance of unfairness or impropriety,
 - (c) Printing personal documents, photos, graphics, or images that create a cost to the District,
 - (d) Viewing, sending, or forwarding any sexually explicit or other offensive material that is reasonably considered as inappropriate in the workplace in accordance with the definition and examples in the District's Harassment Policy,
 - (e) Downloading and copying software, music, and video, (such as .exe, .mp3, mpeg, .avi, etc.) files for personal use,
 - (f) Using District diskettes, CD-R, paper or other supplies for personal use,
 - (g) Viewing online, non-work-related video broadcasts,

- (h) Using MSN Messenger, ICQ or other similar types of “instant messaging” services with the exception of what is described in section 2 of this policy.
- (i) Downloading and installing any software or software updates, whether for official District software or not, without prior approval by the network administrator.
- (j) Storing any personal files or information on the District’s servers or workstations.

J. Temporary Suspension of Personal Computer Use

Certain features of the Internet that require large downloads may degrade the District’s Internet connection, network, and email system, and should be used only for work-related purposes. For that reason, we discourage employees from accessing personal emails with large attachments. The District reserves the right to temporarily suspend personal use of District computers if personal use is causing unacceptable system slowdowns or failures, which can affect District operations.

K. Non-District Personnel Using District Computer Systems

- 1) In general, only employees may use District computers and computer systems. Non-District personnel may be allowed to use District computers and computer systems for District related business if required by contract. In all cases, non-District personnel are prohibited from using District computers and computer systems unless conducting District business.
- 2) Access to the Internet using the District’s wireless (Wi-Fi) system is secured from the general public with a passkey. At the discretion of an accountable District employee, non-District personnel conducting District-related business at any District facility may be provided the Wi-Fi passkey. Non-District personnel are prohibited from using a District employee’s network (logon) account while using District computers and computer systems. Electronic files created by non-District personnel on District computers and computer systems are District property and subject to public disclosure laws and the policies.

L. Passwords

- 1) Keep network account password(s) secure. Do not write them down or store them electronically on District computers or computer systems.
- 2) Do not disclose network account passwords to anyone, including other employees. If it is necessary to provide another employee with access to computer resources under your network account control, then assign them the appropriate access permissions for their own network account.
- 3) Do not log in to District computers or computer systems using another employee’s network account.

- 4) All personnel shall notify the network administrator of their login passwords and of any changes or additions to their passwords.

M. Computer Security

If your job requires access to sensitive or confidential information, secure your computer if it is to be left unattended. At the end of each workday, log out and turn off (or hibernate) your computer.

N. Instant Messaging and Social Media Websites

Unless specifically required for District work, do not log in or participate in online chat, instant messaging, or other social media websites (e.g. Facebook, Twitter, Wiki, etc.) during District work hours. Participating in such social networking is only permissible during authorized breaks from work in accordance with this Policy.

O. Minimizing Power Consumption

At the end of each work day, each employee shall turn off the workstation monitor and either turn off the computer or put it into hibernation or sleep mode.

P. Environmental Requirements

- 1) Keep assigned computer equipment clean and protected from potentially damaging conditions such as water, heat, and excessive dust.
- 2) Use particular care after removing a laptop from a vehicle where temperature and humidity may exceed a typical office environment. Allow laptops to acclimate to the indoor conditions for 15 minutes before they are powered on.

Q. Software Installation and System Configuration

- 1) To protect from viruses, malware and other methods that can corrupt the integrity of the network and data systems, only authorized personnel are permitted to install software or applications on District computer or computer systems. Employees must exercise great care when visiting websites to avoid downloading and installation of toolbars, and other applications that may compromise the District resources.
- 2) Do not attempt to modify, delete, or disable any configuration, system files, or software programs that reside on a District computer or computer system.
- 3) Do not install or attempt to install software on a District computer or computer system. This prohibition applies to purchased software, shareware or freeware software, software updates and patches downloaded from the Internet, or software supplied by another entity.
- 4) Do not copy software from District computers for use on any other computer.

- 5) Employees with a special need may request acquisition and installation of software that is not typically provided by the District by contacting the Executive Director. If approved, the District will purchase and install the requested software.

R. Risks of Personal Use

Employees who wish to use the District's computer or computer systems for purchasing goods or services on the Internet or for financial transactions, such as with their bank, credit union, State Retirement System, or personal broker, do so at their own risk.

S. Policy Exceptions

The District recognizes that employees may have sound, operational reasons related to their assigned duties and responsibilities that justify seeking an exception to some provision of this policy. Any employee may make a request, in advance, for an exception to a particular policy or procedure to the Executive Director.

T. Policy Violations

Any person who uses District computer or computer systems in violation of this Policy will be subject to discipline up to and including termination.

District Business Expense Reimbursement Policy 2026 – 03

Overview:

The City of Alameda Health Care District’s business expense reimbursement policies are based on and subject to the rules and requirements published by the Internal Revenue Service. These requirements are summarized in part as follows:

- Only ordinary and necessary expenses incurred by an employee or District Board member are reimbursable. Ordinary expenses are defined as the types of expenses that similar organizations incur. Necessary is defined as appropriate or helpful to the District’s business.
- A specific expense must have a business purpose and must be incurred while in the service of being an employee or Board member.
- Documentation and substantiation of an expense must be in sufficient detail to satisfy IRS rules which require the District to identify the nature of each expense and to conclude the reimbursement is an appropriate business expense.
- Expenses also cannot be considered “extravagant” by the IRS.

Eligibility for Reimbursement:

All staff and District Board members are eligible for expense reimbursement. Contractors or non-employees are not eligible. Administrative employees will be reimbursed for expenses incurred on behalf of the District, provided the expense was approved in advance by the Executive Director.

Required Documentation:

The IRS has specific requirements for companies regarding documentation and substantiation of expenses that are necessary in order for the District to reimburse employees and Board members. Bank or credit card statements alone are not sufficient documentation. The District requires original itemized invoices/receipts for each expense reimbursement request. However, photocopies of monthly cell phone and internet invoices are acceptable. If the invoice/receipt does not show payment, then secondary evidence of payment (like a bank statement) would also be necessary. Reimbursement requests that are not submitted with the appropriate documentation will not be paid until the required documentation is submitted.

A Special Word about Business Meals and Entertainment:

Meals with associates, tickets for events and similar expenses must be directly related to the conduct of the District’s business to be reimbursable. Business topics must be discussed during the course of the meal or event, or immediately before or after the event. ITEMIZED receipts must include amount, date, place (if not on the receipt), names of attendees, and business purpose of the event. It is a lot of information to record but the IRS requires this level of detail.

Alcohol: The cost of a beverage with dinner will be reimbursed as part of the meal expense. Drinks not associated with a meal or taken at a bar will not be reimbursed unless there is a legitimate business purpose. As always, act responsibly with alcohol consumption.

Personal Computers and Other Equipment:

Personal computers, iPad’s, printers, and other equipment purchases that are paid for or reimbursed by the District are the property of the District. District property in the possession of

an employee or District Board member may be subject to return to the District in the event an employee or Board member leaves the organization.

Categoryization of Business Expenses and Limits:

The District has developed three business expense categories to assist with tracking and monitoring business expenses. To the extent possible, expense reimbursement submissions need to correctly identify and categorize expenses into the appropriate category:

Category A: Employee Business Expenses. This category is for District staff and includes common business expenses. This is the category staff will use for most business-related expenses. Examples include equipment purchases, software, cell phone charges, business supplies, and internet charges.

Limits: The maximum amount an individual employee may charge to this category for cell phone reimbursement is \$40 per month and \$35 per month for internet. Cell phone reimbursement requires supporting documentation.

Category B: Board Member Expenses. This category is dedicated to costs associated with being a District Board member that are not related to meals or travel. The costs must be incurred while conducting District business.

Category C: Travel and Meal Expenses. The District will reimburse for reasonable travel expenses including meeting registration, travel, lodging, and meals. If air travel is required, the District will reimburse for coach class fares only. Mileage reimbursement will be at the current IRS mileage rate.

Filing Requirements:

A completed Business Expense Reimbursement Form along with original itemized receipts/documentation should be submitted to the District for reimbursement within two (2) months of occurrence. Reimbursement requests with appropriate documentation will be reimbursed usually within two (2) weeks.

EXPENSE REIMBURSEMENT FORM



NAME:	STAFF OR BOARD MEMBER:	DATE:
ADDRESS:	TELEPHONE:	
CITY	STATE:	ZIP:

EMPLOYEE BUSINESS EXPENSE (non-travel/meal related)

Date	Description	Business purpose	Amount
Total Employee Business Expense			\$0.00

BOARD MEMBER EXPENSE (non-travel/meal related)

Date	Description	Business purpose	Amount
Total Board Member Expense			\$0.00

TRAVEL AND MEAL EXPENSE

Date	Description	Business purpose	Amount
Total Travel and Meal Expense			\$0.00

I certify that this reimbursement form is accurate regarding actual and necessary business expenses incurred.

Signature: _____ Date: _____

Approval Signature: _____ Date: _____

TOTAL REIMBURSEMENT REQUEST \$0.00