

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

SPECIAL MEETING AGENDA

Tuesday, August 6, 2019

CLOSED SESSION: 4:30 PM | OPEN SESSION: 5:30 P.M.

Location:

Closed Session 2 East Board Room	Open Session Dal Cielo Conference Room (Room A)
Alameda Hospital 2070 Clinton Avenue, Alameda, CA 94501	

Office of the Clerk: 510-473-0755

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.

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- I. **Call to Order** (2 East Board Room) Michael Williams
- II. **Roll Call** Debi Stebbins
- III. **General Public Comments**
- IV. **Adjourn into Executive Closed Session** (2 East Board Room)
- V. **Closed Session Agenda**
 - A. Call to Order
 - B. Report Involving Health Care District Trade Secrets Health and Safety Code
Section 32106
 - C. Conference with Legal Counsel pursuant to Govt Code Section 54956.9(d)(4) to discuss potential litigation (1 case) Govt code Section
54956.9(d)(4)
 - D. Adjourn into Open Session
- VI. **Reconvene to Public Session** (Expected to start at 5:30 p.m. – Dal Cielo Conference Room)
 - A. Announcements from Closed Session Michael Williams
- VII. **General Public Comments**
- VIII. **Regular Agenda**
 - A. YTD AHS Reporting **INFORMATIONAL**
 - ✓ 1) Alameda Health System / Alameda Hospital Update & Status of 2020 Alameda Hospital Seismic Project Luis Fonseca, COO

(ENCLOSURE (PAG3 4-39))

C. District & Operational Updates **INFORMATIONAL**

1) District Liaison Reports

- a. President's Report Michael Williams
- b. Community Liaison Report Dennis Popalardo
- c. Alameda Health System Board Liaison Report Tracy Jensen
- d. Alameda Hospital Liaison Report Robert Deutsch
- ✓ e. Executive Director Report and Board Updates Debi Stebbins
ENCLOSURE (PAGES 40-42)

D. Consent Agenda **ACTION ITEM**

- ✓ 1) Acceptance of Minutes of June 24, 2019 **ENCLOSURE (PAGES 43-51)**
- ✓ 2) Acceptance of Minutes of Special Meeting, July 5, 2019 **ENCLOSURE (PAGES 52-53)**

E. Action Items

- ✓ 1) Acceptance of Financial Statements, May and June, 2019 **ENCLOSURE (PAGES 54-69)**
- ✓ 2) Approval of Annual Audit Engagement Letter with JWT and Associates for FY 2018-2019
ENCLOSURE (PAGES 70-76)
- ✓ 3) Annual Election of Officers and Appointments to Liaison Positions **ENCLOSURE (PAGES 77-81)**
- ✓ 4) Approval to Adjust Compensation Under Independent Contractor Ageement with Executive Director, Deborah E. Stebbins Group, LLC **ENCLOSURE (PAGES 82)**
- ✓ 5) Revised Signing Authority Policy **ENCLOSURE (PAGES 83)**

F. October 14, 2019 Agenda Preview

Debi Stebbins

INFORMATIONAL - SUBJECT TO CHANGE

Action Items

- 1) Acceptance of August 6, 2019 Minutes
- 2) Acceptance of Financial Statements: July and August, 2019

Informational Items:

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

IX. General Public Comments

X. Board Comment

XI. Adjournment

<p>Next Scheduled Meeting Dates (2nd Monday, every other month or as scheduled) October 14, 2019</p>	<p>Open Session 5:30 PM Dal Cielo Conference Room Alameda Hospital</p>
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COO Report

City of Alameda Health Care District Board of Directors Report
August 6, 2019

Financial Report

- ALOS – *below* budget in June and in year end by 8% and 7% respectively.
- Long Term Care Days – slightly *below* budget in June by 1%, but above by 1% in year end.
 - ALOS *below* budget by 34% and 14% in year end.

	June	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	% Var
INPATIENT VOLUMES										
Acute Discharges	241	177	64	36 %	2,715	2,299	416	18 %	2,408	13 %
Acute Patient Days	1,166	913	253	28 %	13,896	12,567	1,329	11 %	13,095	6 %
<i>Average daily census</i>	38.9	30.4	8.5	28 %	38.1	34.4	3.7	11 %	35.9	6 %
<i>Acute Length of Stay</i>	4.8	5.2	(0.4)	(8)%	5.1	5.5	(0.4)	(7)%	5.4	(6)%
Long Term Care Discharges	33	22	11	50 %	282	241	41	17 %	258	9 %
Long Term Care Patient Days	5,180	5,209	(29)	(1)%	63,430	62,780	650	1 %	63,075	1 %
<i>Average daily census</i>	172.7	173.6	(0.9)	(1)%	173.8	172.0	1.8	1 %	172.8	1 %
<i>Long Term Length of Stay</i>	157.0	236.8	(79.8)	(34)%	224.9	260.5	(35.6)	(14)%	244.5	(8)%
Total Urgent & Emergent	1,323	1,256	67	5 %	16,554	15,944	610	4 %	16,681	(1)%
Total Surgeries	178	191	(13)	(7)%	2,338	2,223	115	5 %	2,211	6 %
Total Minutes	16,050	12,881	3,169	25 %	202,710	143,940	58,770	41 %	196,080	3 %

Patient Experience

Alameda Hospital

May Data

Patient Experience Data

(7/19/19)

H-CAHPS (YTD N=246)	FY19 GOAL	FY19 YTD May	YTD Last Month - April
Rate the Hospital 9-10	64.6	54.3	56.30
Nurses treat with courtesy/respect	81.8	74.3	74.90
Call button help soon as wanted it	56.4	51.9	53.20
Doctors treat with courtesy/respect	79	75.1	75.6
Courtesy of person cleaning room ^{^*}	90	82.1	82.8
Courtesy of person served food ^{^*}	91.8	86.8	NA
Care Transition	47.6	44.1	43.98
	NA	35.9	35.9

Data Review

- YTD *Rate the hospital* score decreased YTD by 2.0
- Month of May score for *Rate the hospital* above target at 87.5
- Slight decrease in courtesy and respect areas and call light responsiveness.
- Slight increase in Care Transition domain
- Inpatient comments of 7 out of 10 positive; negatives of noise at night and working condition of call light.
- Comments for Surgery positives 6 out of 8 with positive notation of staff, provider treatment and cleanliness of area
- Comments ED 11 of 14 positive as to care and service provided

Inpatient Comments

Alameda Hospital Inpatient Comments

Rating	Comment
Positive	I think I received excellent healthcare at Alameda Hospital. And I'm very thankful to the medical staff for that.
Positive	Well that it is a very good hospital and I would recommend it to other people because they have very good care. And they attend the people very well. And they give good food. And for me all was good. And I am grateful because you attended me very well. And I would recommend it to other people. OK thank you very much. What is your name? OK. OK... OK thank you bye.
Positive	Everyone in the hospital was amazing from the nurses to the doctors to the supervisors. The room is very clean. I feel very comfortable and being cared and knowing not only what's wrong with me but also what I need to do in future. I'm super impressed. Thank you so much.
Positive	Oh, all was good.
Positive	No comment at all. I am satisfied with my stay over there.
Positive	Well, that was the comment that I wanted to leave. Other than everybody being so wonderful, I don't have any other comments.
Positive	Okay, very good.
Mixed	Your staff was mainly professional. There was one night, maybe two, in which there was a great deal of noise. It was very difficult. It was Friday of my stay. It was difficult to get to sleep.
Mixed	I would say that the care in the emergency room was outstanding and the care in critical care was outstanding. The regular hospital was at times hit and miss and there was just so much going on and so many people around and it's difficult to describe but overall I was very pleased with the care that I received.
Mixed	I'd love to talk to you about that call button that we talked about at the beginning. Well, negative comments on the call button. Oh, okay, well basically it's a technical problem that I visited the hospital in previous times, and I've had the same problem where the call button would come lose or something where it just would not work so a nurse would not be able to come in and check on me because they never got a signal, so if they could improve the call buttons to better ones that actually would work, it would be fantastic for them, and for me too.

Alameda Hospital Surgery Patient Comments

Rating	Comment
Positive	Very much professional. OK good.
Positive	I love Alameda Hospital. I have excellent care every time I go there. Every single time. The staff is great. The nurses fantastic. The doctors are wonderful. Especially that *Doctor Jorge Kim. I appreciate my service very much.
Positive	Everything was just fine it was great. The services, the doctors, the nurses. Everything was explained to me before hand, before the procedure. Everything was great.
Positive	My experience was great at Alameda Hospital because all the personnel was friendly. I feel very comfortable in that place. The doctor really professional. Everybody who work in the hospital was nice, tried to feel me the best about... Was good experience for me.
Positive	I am very comfortable with the experience I had with the treatment they did on me. All the nurses and doctors helped me in that very difficult moment I was in and I thank them. I would recommend them thank you.
Positive	My comment is that I very well liked how they attended to me and it is very clean and very good doctors.
Mixed	I've got some corrective surgery to correct what was done wrong the first time so I don't want to make a comment on that.
Mixed	The comment I have was a bad experience with the anesthetic, or anesthesia, whatever it's called. I talked to *Dr. Bui, he gave me some pills, I guess they were supposed to, I don't know what they were supposed to do, I guess they were like seasick pills, to keep the nausea down, but the same day, which was the day after surgery, I went to his office, he removed the bandage over my eye, and I told him I experienced the nausea, and when I left his office, I had to use the garbage can outside of his office because I started vomiting, and this kinda went on for about three days, but it wasn't real bad, it was just occasional throwing up so, that's the only bad experience.

Alameda Hospital ED Comments

Rating	Comment
Positive	The attention I received was excellent both from hospital personnel, attending the desk and also the nurses and the doctor. I would highly recommend the ER department at Alameda Hospital.
Positive	It is very very good, I like it.
Positive	I was very pleased. The comment is, I was very pleased with the overall treatment and attention to my needs.
Positive	First of all, I've been there multiple times, dealt with multiple nurses, faculty, doctors, etc. They've all been very attentive, compassionate, caring and just ready to help me 'cause every time I've been in there it's been for extreme anxiety attacks, so I'm figuring I'm dyin' so they're. They take me seriously, they treat me and they send me on my way. It's a comfortable visit, pleasant and I'm just happy it's here in town, I live like 2 blocks away so.
Positive	I was admitted to Alameda Emergency Room in a very expedited manner. I did not have to wait for anything. The triage nurse basically met me at the check in station. So there was no waiting and I got in right away.
Positive	Yes, it was very good and feel good about going there because I always come home.
Positive	*Dr. Shah, who saw me, was just incredible. She was so caring, and so thoughtful, as was my nurse, who's name I can't remember, unfortunately. Everybody that I came in contact with, I was pretty sick, I was dehydrated, and I had an ear infection that was causing a great deal of _____ and nausea, and everybody from the moment I went in, could not have been more kind, or more thoughtful, to both myself and my neighbor, who brought me in.
Positive	The treatment that my daughter received at Alameda Hospital emergency dept. was excellent, they went above & beyond to make her comfortable while she was there.
Positive	The care I received at Alameda Hospital was excellent. The one thing I do want to say is, that the emergency room was absolutely empty that night. So, I don't know how it would be as far as wait times and that type of thing if there had been more people but, I was treated very nicely. Thank you.
Positive	Of the three days I was at the hospital, I was treated very good by the doctors and the nurses especially. Fact everybody I dealt with treated me with a lot of respect and care. That's it.

Alameda Hospital ED Comments

Rating	Comment
Positive	That's fine.
Negative	The person that _____ the room should I announce or notify the patient that he is coming in because the guy that was _____ in my room just kind of like walked in and out 3 or 4 times and gave me no notice. If I had been like naked or something, he would have just walked in, and, you know, obviously he should like announce his presence or his entry or something, but other than that, it was great.
Negative	Instead of the room I was in I would rather of have the gurney instead of sitting in a chair, was very uncomfortable. I wanted to lay down. Plus the security guard told me not to lounge in the waiting room. I was in pain I had a skin condition, my stomach was hurting me, I was throwing up before I went in there and I wasn't lounging. I just, you know those finished seats, I just put my feet up toward my stomach and put my hooding and my jacket behind me. They didn't give me a blanket, I was cold.
Mixed	Well, my last visit was very, very excellent. I was very well satisfied. But, you have on nurse here that's very arrogant, comes off as she's prejudice or, I'll just say that if I had to deal with her I won't come back. This is not the first time, this is not the second time, I don't know if she's prejudice or just has a bad attitude... her name is *Jaclyn and... and I think that maybe you guys need to... or have a conversation with her, how she treats the patient, because it's not acceptable. I appreciate because the time before, before my last visit, was very, very nasty, but I received a letter and I guess they notified the staff this time I was very much appreciative and very well taken care of and excellent treatment. I have nothing bad to say, matter of fact, that's my favorite place to go. Like I said *Jaclyn is not helping...

Action Plan

Metrics with opportunity for improvement	Follow-Up Actions	Date of Completion	Identified Barriers/Challenges
Rate the Hospital and key drivers	<ul style="list-style-type: none"> • Posting and discussion of HCAHPS data including comments with staff; use negative comments for action planning • Surgery and Emergency departments monitoring and using Press Ganey data and comments for staff discussion and improvement • Nursing implementation of medication education sheets for patients • Hourly Rounding skill validation and monitoring and utilization of No Pass Zone and GIFT for nursing staff • Active engagement and training of GIFT and No Pass Zone of patient departments not trained to date 	<p>ongoing</p> <p>ongoing</p> <p>ongoing</p> <p>June 1 2019</p> <p>August 2019</p>	
Care Transition domain-preferences taken into account in d/c planning	<ul style="list-style-type: none"> • Care Transition Managers to recommit to iRounds to support PRIME - request to prioritize AH 	ongoing	
Provider courtesy and respect	<ul style="list-style-type: none"> • VP PCS sharing patient comments with providers and data to be sent directly to department chairs 	Ongoing	

Facilities Update

- **AB2190 Extension Background and Update**

Community Events



Caring for Our Community

Health and Wellness in our Community

- Community Stroke Risk Assessments
 - September 6, 2019, 9 am – 12 pm, Harbor Bay Community Center
- Red Cross Community Blood Drive, August 16, 2019
- Alameda Running Festival, September 15, 2019
- Annual Community Health Fair, October 19, 2019
- Alameda Hospital Foundation Fall Gala, November 2, 2019
- Alameda Collaborative for Children Youth and Families and Alameda Senior Service Action Team

QUESTIONS

Office of Statewide Planning and Development
Facilities Development Division
Hussain Bhatia, Supervisor, HFR, Seismic Compliance Unit
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833

Facility ID: 11210
Facility Name: Alameda Hospital

Re: AB2190 Application for Seismic Extension
Original Building BLD-01278

Dear Mr. Bhatia,

Alameda Health System hereby submits a letter describing the compliance method to achieve seismic compliance under AB2190 and H & S Code 130062 (AB 2190 Retrofit). AHS intends to replace to meet seismic standards by moving general acute care services from the building and repurposing under an alternate OSHPD designation. AHS requests extension for compliance of May 1, 2021.

BACKGROUND

Alameda Hospital (“AH”), an affiliate of Alameda Health System (“AHS”), and certain aspects of AH’s physical infrastructure are not currently in compliance with the seismic requirements set forth by State of California.

Planning for the SB90-mandated AH seismic retrofit began approximately 10 years ago under the City of Alameda Health Care District (“District”). Due to many factors, including significant financial hardship, the District was not able to advance the project or completion of the work to meet seismic compliance. In 2013, the District, began discussion with AHS and in May 2014 affiliated with AHS and entered into a Joint Powers Agreement. One of the main reasons for the affiliation was to partner with a larger organization that could leverage volume and revenue sources to be able to fund the work to meet seismic compliance. The Joint Powers Agreement entered into with the City of Alameda Health District that requires AHS to “oversee and implement” the SB 90 upgrades and to maintain uninterrupted provision of essential hospital services that are currently located in or will be impacted by the seismically non-compliant areas.

In order to achieve seismic compliance for the Original Building BLD-01278, AHS has a replacement plan that will relocate the acute care services currently in this building to a existing conforming building through OSHPD Project I170009-01-01 as identified below.

1. Increment 1 (Seismic)

The work to be performed in the impacted areas of the West and Stephens Wings includes the removal of the existing concrete slab to perform chemical grout injections to reinforce the soil until the required compression strength is achieved, installation of new concrete

shear wall infill in designated walls and removal of an existing pedestrian bridge. Completion of this work plan (Increment 1) will bring the impacted areas into compliance with the legally mandated seismic retrofit requirements; however additional work will be required and provided under the work plans associated with Projects 2 and 4 as described in this summary to fully equip the seismically compliant space to accommodate hospital services.

2. Increment 2 (Kitchen Relocation)

New construction for the kitchen, dining and associated spaces. The existing kitchen will operate in its existing location in the East Building until the project is complete. The food and nutrition service will then be relocated to the seismically compliant Stephens Wing. The Kitchen is an essential service that is required to be in a seismically compliant building.

Each of the above work plans have been submitted to the Office of Statewide Health Planning and Development (“OSHPD”) for review and approval.

AHS has engaged Webcor Builders, to perform the work as described above to achieve seismic SPC compliance. Webcor is serving as the Construction Manager (CM) at Risk and is currently providing Pre-Construction services. During Pre-Construction, Webcor will conduct investigations of the facility and fully review the OSHPD approved plans to develop a detailed proposal of how to most effectively complete the seismic retrofit projects within a guaranteed and fixed budget (i.e. eliminating the risk of unanticipated and unbudgeted cost overruns). During the pre-construction phase the CM at Risk will develop a “Guaranteed Maximum Price” (GMP) for the project in coordination with the design team. The GMP will be based on any findings from the pre-construction phase and the OSHPD approved plans. Webcor will also serve as the general contractor during the pre-construction phase and for the duration of the project, managing all trades and construction related work. In April, 2019 the AHS Board of Trustees will review the recommendation for the cost of construction including the proposed timeline for construction. As stated above, AHS anticipates that seismic compliance will be achieved by May 1, 2021.

A high-level extension schedule is listed below and the detailed schedule will be uploaded to the OSHPD eServices Portal with the official AB2190 Application. With the extension request of December 31, 2020, we have allowed sufficient time for licensing and full operational occupancy.

	Project#	Submission of Plans for Review	OSHPD Plans Approved	Submission of a Construction Schedule with AB2190 Application	Obtain Building Permit	Beginning of Construction	Completion of Construction
Increment 2 (Kitchen Relocation)	1170009-01-02	4/2018	Pending	4/1/2019	Upon OSHPD Approval	6/3/2019	4/16/2020
Increment 1 (Seismic)	1170009-01-01	2/2018	5/18/2018	4/1/2019	6/1/2019	6/3/2019	10/28/2020

Milestones

The preliminary construction schedule includes the following proposed milestones as the basis for determining whether the AHS is making adequate progress towards meeting the seismic compliance deadline.

Milestone	Project	Completion Date
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Kitchen Substantial Completion	I170009-01-02	April 16, 2020
Removal of Pedestrian Bridge and Infill	I170009-01-01	September 8, 2020

Please let me know if you have any questions related to our application and request for extension under AB2190.

Sincerely,



Luis Fonseca
Chief Operating Officer
Alameda Health System

Office of Statewide Planning and Development
Facilities Development Division
Hussain Bhatia, Supervisor, HFR, Seismic Compliance Unit
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833

Facility ID: 11210
Facility Name: Alameda Hospital

Re: AB2190 Application for Seismic Extension
Stephens Wing BLD-01279

Dear Mr. Bhatia,

Alameda Health System hereby submits a letter describing the compliance method to achieve seismic compliance under AB2190 and H & S Code 130062 (AB 2190 Retrofit). AHS intends to retrofit to meet seismic standards primarily by modifying the building in a manner that brings the building up to SPC-2 standards. AHS requests extension for compliance of May 1, 2021 .

BACKGROUND

Alameda Hospital (“AH”), an affiliate of Alameda Health System (“AHS”), and certain aspects of AH’s physical infrastructure are not currently in compliance with the seismic requirements set forth by State of California.

Planning for the SB90-mandated AH seismic retrofit began approximately 10 years ago under the City of Alameda Health Care District (“District”). Due to many factors, including significant financial hardship, the District was not able to advance the project or completion of the work to meet seismic compliance. In 2013, the District, began discussion with AHS and in May 2014 affiliated with AHS and entered into a Joint Powers Agreement. One of the main reasons for the affiliation was to partner with a larger organization that could leverage volume and revenue sources to be able to fund the work to meet seismic compliance. The Joint Powers Agreement entered into with the City of Alameda Health District that requires AHS to “oversee and implement” the SB 90 upgrades and to maintain uninterrupted provision of essential hospital services that are currently located in or will be impacted by the seismically non-compliant areas.

In order to achieve seismic retrofit compliance for the Stephens Wing BLD-01279, there are four (4) inter-related projects that need to be completed as described below.

1. Make Ready – Project 1, Occupational Therapy

Relocates the Occupational Therapy (“OT”) Department from the 1st floor West Wing to the 2nd floor South Building that formerly hosted a now vacated nursing unit. Whereas OT is currently located in an area that does not require seismic retrofit, the relocation is required to make space available for the subsequent relocation of environmental and linen services (“EVS”) that is currently located in an area requiring seismic retrofit. The OT

relocation is the 1st of 2 “make ready” projects needed to prepare for the seismic upgrade activities.

2. Make Ready – Project 2, EVS

This is the 2nd Make Ready project that includes a remodel of the existing OT area on the 1st floor of the West Wing with new flooring, ceiling, 2 bathrooms and office to serve as the new permanent home of EVS. However, prior to relocation to its new permanent home, EVS will be temporarily relocated to the 2nd floor South Building to accommodate the seismic upgrade work in the West and Stephens Wings.

3. Increment 1 (Seismic)

The work to be performed in the impacted areas of the West and Stephens Wings includes the removal of the existing concrete slab to perform chemical grout injections to reinforce the soil until the required compression strength is achieved, installation of new concrete shear wall infill in designated walls and removal of an existing pedestrian bridge. Completion of this work plan (Increment 1) will bring the impacted areas into compliance with the legally mandated seismic retrofit requirements; however additional work will be required and provided under the work plans associated with Projects 2 and 4 as described in this summary to fully equip the seismically compliant space to accommodate hospital services.

4. Increment 2 (Kitchen Relocation)

New construction for the kitchen, dining and associated spaces. The existing kitchen will operate in its existing location in the East Building until the project is complete. The food and nutrition service will then be relocated to the seismically compliant Stephens Wing. The Kitchen is an essential service that is required to be in a seismically compliant building.

Each of the above work plans have been submitted to the Office of Statewide Health Planning and Development (“OSHPD”) for review and approval. To-date, 3 of the 4 project plans have received OSHPD approval with the last project (Increment 2) is in the review process.

AHS has engaged Webcor Builders, to perform the work as described above to achieve seismic SPC compliance. Webcor is serving as the Construction Manager (CM) at Risk and is currently providing Pre-Construction services. During Pre-Construction, Webcor will conduct investigations of the facility and fully review the OSHPD approved plans to develop a detailed proposal of how to most effectively complete the seismic retrofit projects within a guaranteed and fixed budget (i.e. eliminating the risk of unanticipated and unbudgeted cost overruns). During the pre-construction phase the CM at Risk will develop a “Guaranteed Maximum Price” (GMP) for the project in coordination with the design team. The GMP will be based on any findings from the pre-construction phase and the OSHPD approved plans. Webcor will also serve as the general contractor during the pre-construction phase and for the duration of the project, managing all trades and construction related work. In April, 2019 the AHS Board of Trustees will review the recommendation for the cost of construction including the proposed timeline for construction. As stated above, AHS anticipates that seismic compliance will be achieved by May 1, 2021 .

A high-level extension schedule is listed below and the detailed schedule will be uploaded to the OSHPD eServices Portal with the official AB2190 Application. With the extension request of December 31, 2020, we have allowed sufficient time for licensing and full operational occupancy.

	Project#	Submission of Plans for Review	OSHPD Plans Approved	Submission of a Construction Schedule with AB2190 Application	Obtain Building Permit	Beginning of Construction	Completion of Construction
Make Ready Project 1 Occupational Therapy	5181111-01-00	5/2018	10/30/2018	4/1/2019	6/1/2019	6/24/2019	10/21/2019
Make Ready Project 2 EVS Relocation	5181422-01-00	6/2018	10/2/2018	4/1/2019	6/1/2019	11/19/2019	3/9/2020
Increment 2 (Kitchen Relocation)	1170009-01-02	4/2018	Pending	4/1/2019	Upon OSHPD Approval	6/3/2019	4/16/2020
Increment 1 (Seismic)	1170009-01-01	2/2018	5/18/2018	4/1/2019	6/1/2019	6/3/2019	10/28/2020

Milestones

The preliminary construction schedule includes the following proposed milestones as the basis for determining whether the AHS is making adequate progress towards meeting the seismic compliance deadline.

Milestone	Project	Completion Date
OT Substantial Completion ¹	S181111-01-00	October 21, 2019
Installation, Start-up and Test of New Air Handler	S181422-01-00	March 2-26, 2020
Kitchen Substantial Completion ²	I170009-01-02	April 16, 2020
Removal of Pedestrian Bridge and Infill	I170009-01-01	September 8, 2020

¹This does not include 2 weeks for OSHPD certification and occupancy

Please let me know if you have any questions related to our application and request for extension under AB2190.

Sincerely,



Luis Fonseca
Chief Operating Officer
Alameda Health System

June 7, 2019

Office of Statewide Planning and Development
Facilities Development Division
Hussain Bhatia, Supervisor, HFR, Seismic Compliance Unit
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833

Facility ID: 11210
Facility Name: Alameda Hospital

Re: AB2190 Application for Seismic Extension rev 6-7-19
Original Building BLD-01278

Dear Mr. Bhatia,

Alameda Health System has submitted an application for Seismic Extension under AB2190 which was submitted to OSHPD by the statutory deadline of April 1, 2019. There has been significant changes to the proposed plan and timeline that was submitted to OSHPD. Alameda Health System hereby submits a revised letter describing the compliance method to achieve seismic compliance under AB2190 and H & S Code 130062 (AB 2190 Replace). AHS intends to replace to meet seismic standards primarily by modifying the building in a manner that brings the building up to SPC-2 standards. AHS now requests to revise the extension date for compliance from May 1, 2021 to a new date of October 31, 2021.

BACKGROUND

Alameda Hospital (“AH”), an affiliate of Alameda Health System (“AHS”), and certain aspects of AH’s physical infrastructure are not currently in compliance with the seismic requirements set forth by California Senate Bill 90 (“SB 90”). As initially drafted and passed into law, SB 90 required healthcare facilities to comply with upgraded seismic standards by year-end 2013. Subsequent to passage of SB 90, the California Senate passed another bill (“SB 306”) extending the SB 90 seismic upgrade deadline to December 19, 2019.

Planning for the SB90-mandated AH seismic retrofit began approximately 10 years ago under the City of Alameda Health Care District (“District”). Due to many factors, including significant financial hardship, the District was not able to advance the project or completion of the work to meet seismic compliance. In 2013, the District, began discussion with AHS and in May 2014 affiliated with AHS and entered into a Joint Powers Agreement. One of the main reasons for the affiliation was to partner with a larger organization that could leverage volume and revenue sources to be able to fund the work to meet seismic compliance. The Joint Powers Agreement entered into with the City of Alameda Health District that requires AHS to “oversee and implement” the SB 90 upgrades and to maintain uninterrupted provision of essential hospital services that are currently located in or will be impacted by the seismically non-compliant areas.

In order to achieve seismic retrofit compliance, there are four (4) inter-related projects that need to be completed as described below.

1. Make Ready – Project 1, Occupational Therapy
Relocates the Occupational Therapy (“OT”) Department from the 1st floor West Wing to the 2nd floor South Building that formerly hosted a now vacated nursing unit. Whereas OT is currently located in an area that does not require seismic retrofit, the relocation is required to make space available for the subsequent relocation of environmental and linen services (“EVS”) that is currently located in an area requiring seismic retrofit. The OT relocation is the 1st of 2 “make ready” projects needed to prepare for the seismic upgrade activities.
2. Make Ready – Project 2, EVS
This is the 2nd Make Ready project that includes a remodel of the existing OT area on the 1st floor of the West Wing with new flooring, ceiling, 2 bathrooms and office to serve as the new permanent home of EVS. However, prior to relocation to its new permanent home, EVS will be temporarily relocated to the 2nd floor South Building to accommodate the seismic upgrade work in the West and Stephens Wings.
3. Increment 1 (Seismic)
The work to be performed in the impacted areas of the West and Stephens Wings includes the removal of the existing concrete slab to perform chemical grout injections to reinforce the soil until the required compression strength is achieved, installation of new concrete shear wall infill in designated walls and removal of an existing pedestrian bridge. Completion of this work plan (Increment 1) will bring the impacted areas into compliance with the legally mandated seismic retrofit requirements; however additional work will be required and provided under the work plans associated with Projects 2 and 4 as described in this summary to fully equip the seismically compliant space to accommodate hospital services.
4. Increment 2 (Kitchen Relocation)
New construction for the kitchen, dining and associated spaces. The existing kitchen will operate in its existing location in the Original Building until the project is complete. The food and nutrition service will then be relocated to the seismically compliant Stephens Wing. The Kitchen is an essential service that is required to be in a seismically compliant building.

Each of the above work plans have been submitted to the Office of Statewide Health Planning and Development (“OSHPD”) for review and approval. To-date, 4 of the 4 project plans have received OSHPD approval.

AHS engaged Webcor Builders, to perform the work as described above to achieve seismic SPC compliance and to serve as the Construction Manager (CM) at Risk and Pre-Construction services. Webcor developed a “Guaranteed Maximum Price” (GMP) for the project in coordination with the design team. The GMP was reviewed by AHS and AHS opted to not move forward with Webcor, the GMP and the proposed timeline for construction. This decision was based on the overall accuracy of the GMP and some significant overpricing in key areas. As an organization, AHS opted to not move forward with Webcor due to these reasons.

AHS is currently engaging another general contractor to present a proposal, construction cost and timeline to meet the SB90-mandated seismic retrofit for Alameda Hospital. At this time, our timeline is very high level as we are still working with the contractor on all of the integral factors.

A high-level extension schedule is listed below. Each of the 4 projects are dependent on each other to ultimately achieve the seismic compliance. Due to these phasing moves and complexities, we are now planning to run the 3 of the 4 phases sequentially which is extending our requested compliance date to October 31, 2021.

	Project#	Submission of Plans for Review	OSHPD Plans Approved	Obtain Building Permit (no later than date)	Approximate Start of Construction	Approximate Completion of Construction
Make Ready Project 1 Occupational Therapy	S181111-01-00	5/2018	10/30/2018	10/30/2019	10/1/2019	2/1/2020
Make Ready Project 2 EVS Relocation	S181422-01-00	6/2018	10/2/2018	10/2/2019	2/24/2020	6/1/2020
Increment 1 (Seismic)	1170009-01-01	2/2018	5/18/2018	5/7/2019	11/1/2019	10/31/2021 ¹
Increment 2 (Kitchen Relocation)	1170009-01-02	4/2018	4/8/2019	5/8/2020	5/14/2020	8/31/2021 ²


¹ Increment 1 cannot be completed until Increment 2 is complete due to logistics of the facility and critical operations. AHS will work with OSHPD on details and approvals.
² Request short extension of Notice of Start of Construction due to phasing and logistics of the Make Ready Projects and Inc 1.

Milestones

The preliminary construction has yet to be finalized; however, AHS is proposing the following revised milestones as the basis for determining whether the AHS is making adequate progress towards meeting the seismic compliance deadline.

Milestone	Project(s)	Completion Date
Obtain Certificate of Substantial Compliance for Occupational Therapy	S181111-01-00	January 2020
Obtain Certificate of Substantial Compliance for EVS Relocation	1170009-01-01	June 2020

Please let me know if you have any questions related to our updated application and request for extension under AB2190.

Sincerely,

 Luis Fonseca
 Chief Operating Officer
 Alameda Health System

June 5, 2019

Office of Statewide Planning and Development
Facilities Development Division
Hussain Bhatia, Supervisor, HFR, Seismic Compliance Unit
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833

Facility ID: 11210
Facility Name: Alameda Hospital

Re: AB2190 Application for Seismic Extension
Stephens Wing BLD-01279

Dear Mr. Bhatia,

Alameda Health System has submitted an application for Seismic Extension under AB2190 which was submitted to OSHPD by the statutory deadline of April 1, 2019. There has been significant changes to the proposed plan and timeline that was submitted to OSHPD. Alameda Health System hereby submits a revised letter describing the compliance method to achieve seismic compliance under AB2190 and H & S Code 130062 (AB 2190 Retrofit). AHS intends to retrofit to meet seismic standards primarily by modifying the building in a manner that brings the building up to SPC-2 standards. AHS now requests to revise the extension date for compliance from May 1, 2021 to a new date of October 31, 2021.

BACKGROUND

Alameda Hospital (“AH”), an affiliate of Alameda Health System (“AHS”), and certain aspects of AH’s physical infrastructure are not currently in compliance with the seismic requirements set forth by California Senate Bill 90 (“SB 90”). As initially drafted and passed into law, SB 90 required healthcare facilities to comply with upgraded seismic standards by year-end 2013. Subsequent to passage of SB 90, the California Senate passed another bill (“SB 306”) extending the SB 90 seismic upgrade deadline to December 19, 2019.

Planning for the SB90-mandated AH seismic retrofit began approximately 10 years ago under the City of Alameda Health Care District (“District”). Due to many factors, including significant financial hardship, the District was not able to advance the project or completion of the work to meet seismic compliance. In 2013, the District, began discussion with AHS and in May 2014 affiliated with AHS and entered into a Joint Powers Agreement. One of the main reasons for the affiliation was to partner with a larger organization that could leverage volume and revenue sources to be able to fund the work to meet seismic compliance. The Joint Powers Agreement entered into with the City of Alameda Health District that requires AHS to “oversee and implement” the SB 90 upgrades and to maintain uninterrupted provision of essential hospital services that are currently located in or will be impacted by the seismically non-compliant areas.

In order to achieve seismic retrofit compliance, there are four (4) inter-related projects that need to be completed as described below.

1. Make Ready – Project 1, Occupational Therapy

Relocates the Occupational Therapy (“OT”) Department from the 1st floor West Wing to the 2nd floor South Building that formerly hosted a now vacated nursing unit. Whereas OT is currently located in an area that does not require seismic retrofit, the relocation is required to make space available for the subsequent relocation of environmental and linen services (“EVS”) that is currently located in an area requiring seismic retrofit. The OT relocation is the 1st of 2 “make ready” projects needed to prepare for the seismic upgrade activities.

2. Make Ready – Project 2, EVS

This is the 2nd Make Ready project that includes a remodel of the existing OT area on the 1st floor of the West Wing with new flooring, ceiling, 2 bathrooms and office to serve as the new permanent home of EVS. However, prior to relocation to its new permanent home, EVS will be temporarily relocated to the 2nd floor South Building to accommodate the seismic upgrade work in the West and Stephens Wings.

3. Increment 1 (Seismic)

The work to be performed in the impacted areas of the West and Stephens Wings includes the removal of the existing concrete slab to perform chemical grout injections to reinforce the soil until the required compression strength is achieved, installation of new concrete shear wall infill in designated walls and removal of an existing pedestrian bridge. Completion of this work plan (Increment 1) will bring the impacted areas into compliance with the legally mandated seismic retrofit requirements; however additional work will be required and provided under the work plans associated with Projects 2 and 4 as described in this summary to fully equip the seismically compliant space to accommodate hospital services.

4. Increment 2 (Kitchen Relocation)

New construction for the kitchen, dining and associated spaces. The existing kitchen will operate in its existing location in the East Building until the project is complete. The food and nutrition service will then be relocated to the seismically compliant Stephens Wing. The Kitchen is an essential service that is required to be in a seismically compliant building.

Each of the above work plans have been submitted to the Office of Statewide Health Planning and Development (“OSHPD”) for review and approval. To-date, 4 of the 4 project plans have received OSHPD approval.

AHS engaged Webcor Builders, to perform the work as described above to achieve seismic SPC compliance and to serve as the Construction Manager (CM) at Risk and Pre-Construction services. Webcor developed a “Guaranteed Maximum Price” (GMP) for the project in coordination with the design team. The GMP was reviewed by AHS and AHS opted to not move forward with Webcor, the GMP and the proposed timeline for construction. This decision was based on the overall accuracy of the GMP and some significant overpricing in key areas. As an organization, AHS opted to not move forward with Webcor due to these reasons.

AHS is currently engaging another general contractor to present a proposal, construction cost and timeline to meet the SB90-mandated seismic retrofit for Alameda Hospital. At this time, our timeline is very high level as we are still working with the contractor on all of the integral factors.

A high-level extension schedule is listed below. Each of the 4 projects are dependent on each other to ultimately achieve the seismic compliance. Due to these phasing moves and complexities, we are now planning to run the 3 of the 4 phases sequentially which is extending our requested compliance date to October 31, 2021.

	Project#	Submission of Plans for Review	OSHPD Plans Approved	Obtain Building Permit (no later than date)	Approximate Start of Construction	Approximate Completion of Construction
Make Ready Project 1 Occupational Therapy	S181111-01-00	5/2018	10/30/2018	10/30/2019	10/1/2019	2/1/2020
Make Ready Project 2 EVS Relocation	S181422-01-00	6/2018	10/2/2018	10/2/2019	2/24/2020	6/1/2020
Increment 1 (Seismic)	I170009-01-01	2/2018	5/18/2018	5/7/2019	11/1/2019	10/31/2021 ¹
Increment 2 (Kitchen Relocation)	I170009-01-02	4/2018	4/8/2019	5/8/2020	5/14/2020	8/31/2021 ²

¹ Increment 1 cannot be completed until Increment 2 is complete due to logistics of the facility and critical operations. AHS will work with OSHPD on details and approvals.
² Request short extension of Notice of Start of Construction due to phasing and logistics of the Make Ready Projects and Inc 1.

Milestones

The preliminary construction has yet to be finalized; however, AHS is proposing the following revised milestones as the basis for determining whether the AHS is making adequate progress towards meeting the seismic compliance deadline.

Milestone	Project(s)	Completion Date
Obtain Certificate of Substantial Compliance for Occupational Therapy	S181111-01-00	January 2020
Obtain Certificate of Substantial Compliance for EVS Relocation	I170009-01-01	June 2020

Please let me know if you have any questions related to our updated application and request for extension under AB2190.

Sincerely,

Luis Fonseca
 Chief Operating Officer
 Alameda Health System



Office of Statewide Health Planning and Development

**Facilities Development Division**

2020 West El Camino Avenue, Suite 800

Sacramento, CA 95833

(916) 440-8300

(916) 324-9188 Fax

www.oshpd.ca.gov/construction-finance

June 10, 2019

Luis Fonseca, COO
11210 - Alameda Hospital
2070 Clinton Avenue
Alameda, CA 94501

RE: Alameda Hospital - #11210
2070 Clinton Avenue - Alameda, CA 94501
Application #: SES-2019-00123 - AB 2190 Extension - Replace

Dear Mr. Fonseca:

Your application for a seismic compliance extension for Alameda Hospital, **BLD-01278, Original Hospital** under Assembly Bill 2190 (AB 2190) has been reviewed for conformance with Health and Safety Code Section 130062. Your application states that your compliance plan for this building will be **Replace**.

In response to your request for an extension, and the supporting documentation contained in your submittal, our office hereby grants an AB 2190 extension deadline to **October 31, 2021**, for compliance of this building with the Senate Bill 1953 (SB 1953) structural seismic standards.

Your method of compliance requires relocation of general acute care services from the **BLD-01278** into other conforming hospital buildings. All construction work must be completed, and a Certificate of Occupancy issued for the relocated services by the extended deadline for compliance.

In accordance with your approved extension schedule, submittal of a construction schedule, obtaining a building permit, and start of construction will be completed no later than **January 1, 2020** (AB2190 (d)(1)).

Status reports are due July 1, 2019 and October 1, January 1, April 1, and July 1 thereafter until seismic compliance is achieved. Please note that missing the deadlines above shall result in an assessment of a fine of five thousand dollars (\$5,000) per calendar day until the requirements are met. An extension granted pursuant to this section for a hospital building where the assessment for a penalty exceeds 60 days may be revoked by OSHPD. Should it become necessary to adjust the deadlines or length of extension, please contact us a minimum of thirty days prior to the deadline or extension date. The total extension, including the adjustment, shall not exceed the amount of time needed to come into compliance or July 1, 2022, whichever occurs first.

Luis Fonseca, COO
Alameda Hospital
June 10, 2019
Page Two

If you need further assistance regarding compliance with SB 1953 or AB 2190, please feel free to contact Hussain Bhatia, Supervisor, Seismic Compliance at hussain.bhatia@oshpd.ca.gov or by telephone at (916) 440-8388.

Respectfully,



Paul Coleman, Architect, Deputy Director
OSHDP - Facilities Development Division

cc: Kristen Thorson, Alameda Health System
Hussain Bhatia, OSHPD
File



Office of Statewide Health Planning and Development

**Facilities Development Division**

2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
(916) 440-8300
(916) 324-9188 Fax
www.oshpd.ca.gov/construction-finance

June 10, 2019

Luis Fonseca, COO
11210 - Alameda Hospital
2070 Clinton Avenue
Alameda, CA 94501

RE: Alameda Hospital - #11210
2070 Clinton Avenue - Alameda, CA 94501
Application #: SES-2019-00064 - AB 2190 Extension - Retrofit

Dear Mr. Fonseca:

Your application for a seismic compliance extension for Alameda Hospital, **BLD-01279, Stephens Wing** under Assembly Bill 2190 (AB 2190) has been reviewed for conformance with Health and Safety Code Section 130062. Your application states that your compliance plan for this building will be **Retrofit**.

In response to your request for an extension, and the supporting documentation contained in your submittal, our office hereby grants an AB 2190 extension deadline to **October 31, 2021**, for compliance of this building with the Senate Bill 1953 (SB 1953) structural seismic standards.

Your method of compliance requires retrofit of an existing building. All construction work must be completed, and a Construction Final issued for the retrofitted building by the extended deadline for compliance.

In accordance with your approved extension schedule, submittal of a construction schedule, obtaining a building permit, and start of construction will be completed no later than **January 1, 2020** (AB2190 (d)(1)).

Status reports are due July 1, 2019 and October 1, January 1, April 1, and July 1 thereafter until seismic compliance is achieved. Please note that missing the deadlines above shall result in an assessment of a fine of five thousand dollars (\$5,000) per calendar day until the requirements are met. An extension granted pursuant to this section for a hospital building where the assessment for a penalty exceeds 60 days may be revoked by OSHPD. Should it become necessary to adjust the deadlines or length of extension, please contact us a minimum of thirty days prior to the deadline or extension date. The total extension, including the adjustment, shall not exceed the amount of time needed to come into compliance or July 1, 2022, whichever occurs first.

Luis Fonseca, COO
Alameda Hospital
June 10, 2019
Page Two

If you need further assistance regarding compliance with SB 1953 or AB 2190, please feel free to contact Hussain Bhatia, Supervisor, Seismic Compliance at hussain.bhatia@oshpd.ca.gov or by telephone at (916) 440-8388.

Respectfully,



Paul Coleman, Architect, Deputy Director
Facilities Development Division

cc: Kristen Thorson, Alameda Hospital
Hussain Bhatia, OSHPD
File

AB 2190 Quarterly Reports for 11210 Alameda Hospital

OSHPD Building Nbr	Bldg Name	Construction Project Nbr	Milestone Date	Milestone Description	Milestone Comments	Report Year and Quarter	Milestone Quarterly Update
BL D-01278	Original Hospital	1170009-01-01	11/1/2019	Commence Construction	Seismic increment 117/0009-01-011	2019 - Q2	On schedule
			2/1/2020	Achieve substantial completion for OT	S181111-01-00	2019 - Q2	AHS confirms in the July 2019 Quarterly Report that the milestone to achieve substantial completion of OT is 2/1/2020.
			6/30/2020	Achieve substantial completion of EVS relocation	1170009-01-01	2019 - Q2	AHS confirms in the July 2019 Quarterly Report that the milestone to achieve substantial completion of EVS 7/1/2020. Note that in the AB2190 letter, AHS indicated June 2020 and not a specific day of the month. I am specifying end of the month and specifically 6/30/2020 in this quarterly report.
			10/31/2021	Construction Completion	Seismic increment 117/0009-01-011	2019 - Q2	On schedule
BL D-01279	Stephens Wing	1170009-01-01	11/1/2019	Commence Construction	Seismic increment 1170009-01-01	2019 - Q2	On schedule
			2/1/2020	Obtain Certificate of Substantial Compliance for OT	S181111-01-00	2019 - Q2	AHS confirms in the July 2019 Quarterly Report that the milestone to achieve substantial completion of OT is 2/1/2020.
			6/30/2020	Achieve Substantial Completion for EVS Relocation	1170009-01-01	2019 - Q2	AHS confirms in the July 2019 Quarterly Report that the milestone to achieve substantial completion of EVS Relocation on 6/30/2020. Note that in the AB2190 letter, AHS indicated June 2020 and not a specific day of the month. I am specifying end of the month and specifically 7/1/2020 in this quarterly report.
			10/31/2021	Construction Completion	Seismic increment 1170009-01-01	2019 - Q2	On schedule

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

FROM: Luis Fonseca, Chief Operating Officer

MEETING DATE: August 6, 2019

SUBJECT: AB2190 Extension Background and Update

As the District is aware, Alameda Health System (AHS), applied for and received an extension for 2020 State of California mandated seismic compliance. The memorandum outlines the timeline and communications with OSHPD relating to the AB2190 Extension and the work to be completed by AHS.

Extension Request Background & History

AHS submitted the application for seismic extension under AB2190 to OSHPD for the Original Hospital Building and Stephens Wing on April 1, 2019. This application was supported by the inclusion of a letter detailing the various elements of the project. Concurrently, AHS had engaged Webcor Builders, to perform the work related to the seismic remediation and associated projects (Kitchen, EVS and OT Relocations) to achieve seismic SPC compliance. Webcor developed a “Guaranteed Maximum Price” (GMP) for the project in coordination with the design team. The GMP was reviewed by AHS and after a comprehensive assessment, opted to not move forward with Webcor, the GMP and the proposed timeline for construction. This decision was based on the overall accuracy of the GMP and some significant overpricing in key areas. Again, as an organization, AHS opted to not move forward with Webcor due to these reasons. Due to this significant change, AHS communicated with OSHPD and was allowed to resubmit the Extension Letter Request understanding the current situation and circumstances. With strong support from the OSHPD field office, the revised extension request letter was resubmitted on June 7, 2019. On June 10, 2019, AHS received formal confirmation from OSHPD accepting our extension request for both buildings with a revised deadline on October 31, 2021.

Quarterly Reports

Assembly Bill 2190 (2018) requires that hospitals granted AB 2190 extensions must provide a quarterly status report to the Office, with the first report due on July 1, 2019, and every quarter thereafter until seismic compliance is achieved. Regulations permit a quarterly report to be submitted 15 calendar days before the report is due.

AHS has submitted the first quarterly report as mandated by OSHPD and AB2190. All quarterly reports are posted publicly on the OSHPD website and the first quarter reports are attached to this memorandum for your reference.

Milestones

There are two (2) legally mandated milestones that carry a legislative penalty of \$5000/day if they are not met. The first is identification of two mutually agreed upon tasks in the construction project

schedule that have been identified in the project’s critical path. To date, AHS has not identified the construction milestones as the revised construction schedule with the new general contractor is still being defined. OSHPD is fully aware of this and will be expecting AHS to submit those milestones once the GMP is finalized and approved by the Board of Trustees.

The second requirement incorporates additional project dates that demonstrate overall management and compliance of the program. Unlike previous seismic extensions, AB 2190 is a managed compliance program that will be actively monitored throughout the extension period. AHS and OSHPD have agreed to several target dates. Although there is no legislative penalty associated with these target dates, the project team, general contractor and AHS have reviewed and identified key dates that will help keep the project on track.

Summary:

AHS continues to work with the selected contractor to finalize the project schedule and final proposal (GMP) to meet the SB90-mandated seismic retrofit for Alameda Hospital. The GMP will be presented to the AHS Board of Trustees in September 2019.

Attachments

Date	Letter/Communication/Milestone	Attachment
April 1, 2019	Original Extension Request Letter Bldg -01278	A-1
	Original Extension Request Letter Bldg -01279	A-2
June 7, 2019	Revised Extension Request Letters Bldg -01278	B-1
	Revised Extension Request Letters Bldg -01279	B-2
June 10, 2019	OSHPD Approval of AB2190 Extension Bldg -01278	C-1
	OSHPD Approval of AB2190 Extension Bldg -01279	C-2
July 3, 2019	OSHPD Quarterly Report	D

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: August 6, 2019
TO: City of Alameda Health Care District, Board of Directors
FROM: Debi Stebbins, Executive Director
SUBJECT: Executive Director Report

Architectural Planning with Ratcliff Architects:

The Ad Hoc Planning Committee (Gayle Codiga, Bobby Deutsch, Debi Stebbins) has met an additional time with Ratcliff to discuss planning for the 2030 seismic requirements. Our target had been to determine if acute, emergency and necessary ancillary services could be accommodated just in the South Wing, which, by and large, is compliant with 2030 standards. We should have a detailed report on 2030 architectural planning at the August Board meeting.

Lunch with New Alameda City Manager, September 20, 2019

Just a reminder that the Chamber of Commerce luncheon to meet the new City Manager, Erik Levitt from 11 am -1:30 onboard the USS-Hornet. If you have not already done, please let know if would like to attend.

Recent Meeting with AHS Board members and management

On August 25, 2019 Directors Williams and Codiga and I met with AHS Trustees DeVries, Peterson, and Banjori, CEO Delvecchio Finley, COO Luis Fonseca along with our respective legal counsels. The AHS Board members reassured the District has every intension of meeting its JPA obligation to complete the 2020 seismic retrofit project. They also indicated they want to begin monthly meetings to discuss planning challenges ahead for the 2030 to which we agreed. AHS leadership stated they might not want to continue the relationship after completing the 2020 project.

We had a productive discussion of the conversations that led to the Districts concern about AHS commitment to the project. The current projection is for management to bring the project to the Board for approval at their September meeting.

Mayor's Economic Development Committee.

I have been invited to fill the health care seat on Mayor Marilyn Ezzy-Ashcraft's Economic Development Committee starting in September.\

Next District – City of Alameda Subcommittee

Two dates have been suggested by City staff for the next Subcommittee meeting: September 5, 4-5 pm or September 11, 4-5 pm. At the Board meeting, I check with our members on your preferred date and confirm with the City.

Recruitment for Part time Administrative Assistant

I am beginning recruitment for a 16 hour/week Administrative assistant. Please let me know if you know of anyone I should reach out to who might be a candidate.

POSITION DESCRIPTION

ADMINISTRATIVE ASSISTANT CITY OF ALAMEDA HEALTH CARE DISTRICT

Position Summary:

Key Responsibilities:

1. Assists Executive Director with set up for bimonthly District Board of Directors and other committee meetings.
2. Attends Board and Committee meetings and takes minutes.
3. Processes invoices and prepares checks for signature of Executive Director and/or Directors.
4. Schedules Meetings for Executive Director, Board members and outside parties as needed.
5. Regularly checks District e-mail and voice mail and relays information as appropriate
6. Compiles financial information for transmittal to District accountant, including bank statements, owner's packet for rental properties, and monthly spreadsheets of checks issued.
7. Posts documents to District website, including agendas, Board packets, videotapes of Board meetings and other District information and updates.
8. Maintains system of hard copy and electronic files for the District.
9. Generates memos, emails, minutes and reports as appropriate.
10. Answers incoming calls and assumes other receptionist duties when needed.

Position Requirements:

1. BA preferred or comparable experience in a business setting
2. Familiarity with City of Alameda a plus
3. Excellent written communication skills
4. Proficiency with Microsoft Office Suite, particularly WORD, Power Point and Excel
5. Experience with Quick Books a plus

Open Session

Monday, June 24, 2019 Regular Meeting

Board Members Present		Legal Counsel Present	Excused / Absent
Michael Williams Robert Deutsch, MD Tracy Jensen		Tom Driscoll	Gayle Codiga Dennis Popalardo
Submitted by: Debi Stebbins, Executive Director			
Topic	Discussion	Action / Follow-Up	
I. Call to Order	The meeting was called to order at 5:40 p.m.		
II. Roll Call	Roll, had been called prior to the start of the closed session. A quorum of Directors was present.		
III. Report from Closed Session	President Williams noted that there were no actions taken in Closed Session.		
IV. General Public Comments	There were no comments from the general public.		
V. Presentation on New City of Alameda Health Care District Website	Tracy Brotzy of West Advertising presented an overview of the new District website. Board members gave suggestions for modifications and refinement of some of the website components.		
VI.	Regular Agenda		
A. YTD AHS Reporting			

<p>1)</p>	<p>Mr. Fonseca, COO of AHS, presented an update on the System and Alameda Hospital. He elaborated on the status of the AHS FY 2019-2020 budget which remains in a significant deficit position and loss compared to actual 2018-2029 results. Management presented several options for program closures, including OB Services at Highland, the Women’s Clinics and Psychiatric Emergency Services for the County. The AHS Board deferred action on the decision to close these services at the last AHS Board meeting.</p> <p>Director Jensen noted that from Mr. Fonseca’s report Alameda Hospital’s volume of discharges exceeded budget while the average length of stay was below budget. The number of visits to the ED in the month was 1309 and surgeries was 227. Surgery minutes exceeded budget by 68% which indicates the complexity of the surgery was significantly higher than budget.</p> <p>Mr. Fonseca noted that ED visit volume was below budget across the whole system.</p> <p>Alameda Hospital Facilities Update:</p> <p>Mr. Fonseca continued with an update on construction and facilities at Alameda Hospital. The application for the seismic retrofit under SB 2190 was submitted on April 1, 2019 and approval from OSHPD was received on June 10, 2019. Under this approval, construction must start no later than January 1, 2020.</p> <p>Mr. Fonseca reported that following termination of the relationship with Webcor, a contract had been finalized with Layton Construction (the contractor on</p>	<p>No action taken.</p>	
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	<p>the San Leandro Hospital Rehab project) to develop a guaranteed maximum price. AHS representatives are in continual communication with Layton and, so far, Mr. Fonseca's feedback is that they can expect more reasonable estimates than those developed by Webcor.</p> <p>Director Jensen noted that at a prior meeting of the AHS Board, a resolution had been passed in relation to the budget challenges facing the System, the Board authorized management to look at all capital projects in progress, including the Alameda Hospital seismic project, should be reviewed. In light of the risk of the project being suspended by AHS management or Board, Ms. Jensen requested that the communication with and an updated schedule submitted to OSHPD for the project be provided to the District. Mr. Fonseca indicated he would provide that. Ms. Jensen also requested that in light of the concern of District constituents that representatives of Layton Construction be available at the next District Board meeting to report on the progress of construction planning.</p> <p>In answer to questions from several Board members regarding the commitment of the System to the SB2190 project, Mr. Fonseca indicated he had given directions to his staff that the project should be proceeding as per schedule. He also indicated that ultimately proceeding with the project would be up to the AHS Board.</p>		
2)	<p>Medical Staff Report</p> <p>Dr. Joseph Marzouk reported that CMS has conducted a validation survey in the last couple of weeks as a result of a patient complaint. There were issues raised in relation to patient rights, use of psychotropic drugs, and use of restraints. The results of the survey have not yet been received.</p>		

	<p>The Medical Staff approved credentialing requirements for Advanced Practitioners which now will go to the AHS Board for approval.</p> <p>As a part of the budget planning for FY 2020, AHS plans to close the primary clinic opened less than a year ago in Alameda.</p> <p>One more hospitalist has been added at Alameda Hospital to accommodate the additional transfers from Highland Hospital. Dr. Deutsch noted that the clinic had not ever been promoted to the medical community or public by AHS. Furthermore the clinic did not accept uninsured patients.</p>		
B.			
1)	District Liaison Repots		
	<p>a. President's Report</p> <p>President Williams reported that there was an Ad Hoc District – City Liaison Committee in May with the Mayor, new City Manager and the Deputy Fire Chief. At that meeting Mr. Fonseca had indicated that AHS management did not feel there was a need for acute care beds or emergency services in Alameda in the future. This had created major concern on the part of District leadership as well as City leadearship. Follow up meetings with County and State officials had taken place to voice District concerns that AHS may not comply with the JPA requirements to complete the SB 2190 seismic requirements.</p>		No action taken.

	<p>b. Community Liaison Report</p> <p>No report</p>		No action She taken.
	<p>c. Alameda Health System Liaison Report</p> <p>Director Jensen provided an update as liaison to the AHS Board of Trustees. She reported that the System has been experiencing significant difficulty in achieving EBIDA targets in the FY 2020 budget. It is anticipated that approval of a final AHS budget will not occur for two months.</p> <p>She reiterated her concern that the AHS Board approved a budget premise last month allowing AHS management to reassess all in progress capital projects including the AH seismic project.</p>		No action taken.
	<p>d. Alameda Hospital Liaison Report</p> <p>Director Deutsch updated the Board on the status of daily transfers from Highland to the Emergency Department at Alameda Hospital. There continue to be 4-6 transfers per day with the average length of stay of 4.5 days.</p> <p>He also expressed concern that there was still no Cardiologist consultant coverage for Alameda Hospital on the weekends. Director Jensen asked about what would happen if a patient with a cardiac condition needed admission to ICU on a weekend. Dr. Deutsch explained this would mean the patient would not have access to a consulting cardiologist except by phone via the hospitalist.</p>		No action taken.
	<p>e. Executive Director Report</p>		No action taken.

	<p>Ms. Stebbins reviewed letters sent from Mr. DeVries, chairman of the AHS Board to Director Williams regarding the seismic project and a response letter from President Williams. To date no response has been received from AHS.</p> <p>As a result of this correspondence and the recent meeting with the City officials, the District leadership has alerted County and State officials about District concern that AHS leadership may want to ignore the requirements of meeting the 2020 seismic requirements and maintenance of acute beds and an ED license, as specified under the 2013 JPA.</p> <p>Mr. Fonseca added clarification that the current discussions of the commitment to the seismic project is being made in he context of balancing the System resources and AHS' projections of need in Alameda.</p> <p>Director Jensen noted that when invited to participate in 2018 in the Kaufman Hall study on ways AHS could optimize use of AH within the System, the System had refused to be a part of the study.</p> <p>Mr. Driscoll noted that on the Board's behalf he was returning the mutual indemnication between the District and the County with regard to the collection of parcel taxes.</p>		
C.	Consent Agenda		
1)	Acceptance of Minutes of April 8, 2019		<p>There was a recommendation to modify the draft minutes to remove the sentence " Director Williams, Popalardo and Jensen indicated their support of (Measure A)" since it could be misconstrued</p>

		<p>that the entire District Board had acted upon an endorsement of the measure.</p> <p>With that amendment, a motion was made, seconded and carried unanimously to approve the minutes of the board meeting of February 11, 2019.</p>
D. Action Items		
1)	Acceptance of Financial Statements for January and February 2019	A motion was made, seconded and carried unanimously to approve the Financial Statements for January and February 2019.
2)	<p>Approval of Distribution from the Jaber fund to Alameda Health System in the amount of \$77,308 for the purchase of capital equipment for Alameda Hospital for the period ending June 30, 2018.</p> <p>The Jaber Estate bequest provides that the Jaber fund shall be used for the purchase of capital equipment directly related to the diagnosis and treatment of patients at Alameda Hospital. The Jaber will also stipulates that a maximum of 20% of the sum of the net income earned during the prior fiscal year plus the value of the principal of the Fund valued as of the last day of the prior fiscal year. This</p>	<p>A motion was made, seconded and carries to authorize distribution from the Jaber account for use of purchase of capital expenses relating to purchase of a Thunderbolt Analyzer, Stago STA Compact Max and Alcon Centurion.</p>

	amount would be \$77,308 for the fiscal year ending June 30, 2018.		
5)	Discussion of Change of Date for June, 2019 District Board meeting At the request of the Executive Director, the scheduled meeting for June, 2019 was changed from June 10, 2019 to June 17, 2019.		It was moved, seconded and carried to change the date of the June, 2019 District Board meeting to June 17, 2019.
E.	August, 2019 agenda Preview		
	Action Items		No action taken.
1)	Acceptance of April 8, 2019 Minutes		
2)	Acceptance of Financial Statements: May and June,, 2019		
3)	Status Update on 2020 seismic project		
4)	Election of Officers 2019-2020		
5)	Executive Director Contract Renewal		
	Information Items:		No action taken.
1)	YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)		
VI.	General Public Comments		None
VII.	Board Comments		None

VIII. Adjournment

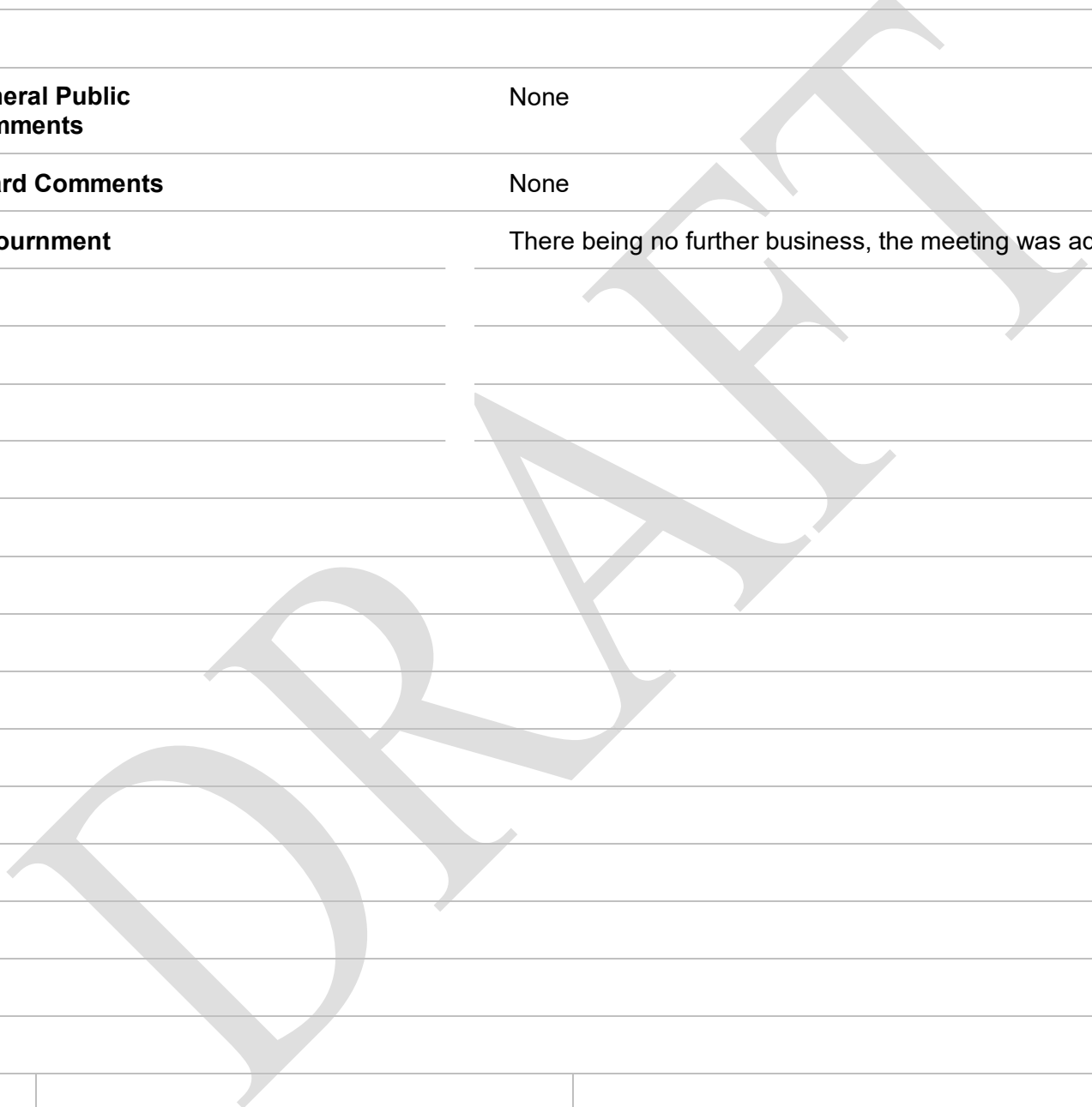
There being no further business, the meeting was adjourned at 7:45 pm

Approved: _____

DRAFT

Board Members Present			Executive Director	Legal Counsel Present	Excused / Absent
Gayle Godfrey Codiga Tracy Jensen Michael Williams			Dennis Popalardo (by phone) @ 9531 E. State Route 106, Union, WA 98592	Debi Stebbins	Robert Deutsch, MD
		Submitted by: Debi Stebbins, Executive Director			
Topic		Discussion		Action / Follow-Up	
I. Call to Order		The meeting was called to order at 12:45 pm			
II. Roll Call		Roll, had been called prior to the start of the closed session. A quorum of Directors was present.			
III. Report from Closed Session		President Williams noted that there were no actions taken in Closed Session.			
IV. General Public Comments		There were no comments from the general public.			
V.		Regular Agenda			
Action Items					
Resolution No. 2019-1, Authorization to Levy the City of Alameda Health Care District Parcel Tax for FY 2019-2020		It was moved, seconded and carried to approve Resolution No. 2019-1, authorizing the levy of the FY 2019-2020 Parcel Tax by the District by a roll call vote: Ayes – 4; Nays – 0, Absent – 1.			

	Discussion of Dates for August Board Meeting	The date for the next District Board meeting was set for Tuesday, August 6, 2019: Closed session: 4:30 pm; Open session: 5:30 pm.
VI.	General Public Comments	None
VII.	Board Comments	None
VIII.	Adjournment	There being no further business, the meeting was adjourned at 1:15 PM.



CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD
MAY 1 -31, 2019

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2018	As of 5/31/2019
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,008,285	\$ 2,956,863
Grant and other receivables	298,045	0
Prepaid expenses and deposits	34,364	20,520
Total current assets	<u>1,340,694</u>	<u>2,977,383</u>
Assets limited as to use	557,671	710,988
Capital Assets, net of accumulated depreciation	3,030,118	2,803,172
	<u>4,928,483</u>	<u>6,491,543</u>
Other Assets	9,711	7,657
Total assets	<u>\$ 4,938,194</u>	<u>\$ 6,499,200</u>
 Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 31,271	\$ 31,271
Accounts payable and accrued expenses	16,000	24,715
Total current liabilities	<u>47,271</u>	<u>55,986</u>
Debt borrowings net of current maturities	939,726	913,151
Total liabilities	<u>986,997</u>	<u>969,137</u>
 Net position:		
Total net position (deficit)	<u>3,951,197</u>	<u>5,530,063</u>
Total liabilities and net position	<u>\$ 4,938,194</u>	<u>\$ 6,499,200</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2018	Actual YTD 5/31/2019	Budget YTD 5/31/2019	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,920,695	\$ 5,601,599	\$ 5,404,022	(197,577)	-4%
Rents	204,791	184,616	197,040	12,424	6%
Other revenues	6	-	2,292	2,292	
Total revenues	6,125,491	5,786,216	5,603,354	(182,861)	
Expenses					
Professional fees - executive director	-	112,258	105,417	(6,841)	-6%
Professional fees	96,006	318,061	495,321	177,260	36%
Supplies	2,646	16,251	8,342	(7,910)	-95%
Purchased services	6,471	3,950	4,125	175	4%
Repairs and maintenance	19,076	8,971	28,417	19,446	68%
Rents	26,478	22,887	24,922	2,035	8%
Utilities	10,459	9,892	11,807	1,914	16%
Insurance	47,368	49,349	43,368	(5,980)	-14%
Depreciation and amortization	249,818	229,000	370,722	141,722	
Interest	47,945	48,840	41,059	(7,781)	-19%
Travel, meeting and conferences	1,500	18	13,750	13,733	100%
Other expenses	9,399	190,593	297,642	107,049	36%
Total expenses	517,167	1,010,069	1,444,891	434,822	
Operating gains	5,608,325	4,776,146	4,158,463	(617,683)	-15%
Transfers	(5,508,076)	(3,197,280)	(4,563,248)		
Increase in net position	100,249	1,578,866	(404,785)		
Net position at <i>beginning of the year</i>	3,850,948	3,951,197	3,951,197		
Net position at the <i>end of the period</i>	\$ 3,951,197	\$ 5,530,064	\$ 3,546,412		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2018	Actual YTD 5/31/2019
Increase in net position	\$ 100,249	\$ 1,578,866
Add Non Cash items		
Depreciation	249,818	229,000
Changes in operating assets and liabilities		
Grant and other receivables	(2,265)	298,046
Prepaid expenses and deposits	333	13,844
Accounts payable and accrued expenses	14,036	8,715
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	362,171	2,128,471
Cash flows from investing activities		
Changes in assets limited to use	196,742	(153,317)
Net Cash used in investing activities	196,742	(153,317)
Cash flows from financing activities		
Principal payments on debt borrowings	(32,331)	(26,576)
Net cash used by financing activities	(32,331)	(26,576)
Net change in cash and cash equivalents	526,581	1,948,579
Cash at the beginning of the year	481,704	1,008,285
Cash at the end of the period	\$ 1,008,285	\$ 2,956,863

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

Assets

Current assets:

	District 6/30/2018	Jaber 6/30/2018	As of 6/30/2018	District 5/31/2019	Jaber 5/31/2019	As of 5/31/2019
Cash and cash equivalents	\$ 1,008,285	\$ -	\$ 1,008,285	\$ 2,956,863	\$ -	\$ 2,956,863
Grant and other receivables	298,045	0	298,045	0	0	0
Prepaid expenses and deposits	31,101	3,263	34,364	16,160	4,360	20,520
Total current assets	1,337,432	3,263	1,340,694	2,973,023	4,360	2,977,383
Due To Due From	9,374	(9,374)	0	14,925	(14,925)	0
Assets limited as to use	0	557,671	557,671	0	710,988	710,988
Capital Assets, net of accumulated depreciation	1,522,518	1,507,600	3,030,118	1,329,856	1,473,317	2,803,172
Other Assets	2,869,324	2,059,160	4,928,483	4,317,803	2,173,740	6,491,543
	9,711	0	9,711	7,657	0	7,657
Total assets	2,879,034	2,059,160	4,938,194	4,325,460	2,173,740	6,499,200

Liabilities and Net Position

Current liabilities:

Current maturities of debt borrowings	32,449	0	32,449	31,271	0	31,271
Accounts payable and accrued expenses	16,000	0	16,000	24,715	0	24,715
Total current liabilities	47,271	0	47,271	55,986	0	55,986
Debt borrowings net of current maturities	938,548	0	938,548	913,151	0	913,151
Total liabilities	986,997	0	986,997	969,137	0	969,137

Net position:

Total net position (deficit)	1,892,036	2,059,160	3,951,197	3,356,323	2,173,740	5,530,064
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Total liabilities and net position

Total liabilities and net position	\$2,879,034	\$2,059,160	\$4,938,194	\$4,325,460	\$2,173,740	\$6,499,200
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Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District		Jaber		Actual		Actual	
	6/30/2018	6/30/2018	6/30/2018	6/30/2018	5/31/2019	5/31/2019	YTD	YTD
Revenues and other support								
District Tax Revenues	5,920,695	0	5,920,695	0	5,601,599	0	5,601,599	5,601,599
Rents	0	204,791	204,791	0	0	184,616	184,616	184,616
Other revenues	6	0	6	0	0	0	0	0
Total revenues	5,920,701	204,791	6,125,491	184,616	5,601,599	184,616	5,786,216	5,786,216
Expenses								
Professional fees - executive director	0	0	0	0	112,258	0	112,258	112,258
Professional fees	86,369	9,638	96,006	8,910	309,151	8,910	318,061	318,061
Supplies	2,646	0	2,646	0	16,251	0	16,251	16,251
Purchased services	6,471	0	6,471	0	3,950	0	3,950	3,950
Repairs and maintenance	0	19,076	19,076	8,971	0	8,971	8,971	8,971
Rents	26,478	0	26,478	0	22,887	0	22,887	22,887
Utilities	620	9,840	10,459	8,809	1,084	8,809	9,892	9,892
Insurance	42,474	4,894	47,368	4,135	45,214	4,135	49,349	49,349
Depreciation and amortization	212,418	37,400	249,818	34,283	194,716	34,283	229,000	229,000
Interest	47,945	0	47,945	0	48,840	0	48,840	48,840
Travel, meeting and conferences	1,500	0	1,500	0	18	0	18	18
Other expenses	4,052	5,348	9,399	4,929	185,664	4,929	190,593	190,593
Total expenses	430,971	86,195	517,167	70,037	940,033	70,037	1,010,070	1,010,070
Operating gains	5,489,730	118,595	5,608,325	114,580	4,661,566	114,580	4,776,146	4,776,146
Transfers	(5,150,445)	(357,631)	(5,508,076)	0	(3,197,280)	0	(3,197,280)	(3,197,280)
Increase in net position	339,285	(239,036)	100,249	114,580	1,464,286	114,580	1,578,866	1,578,866
Net position at beginning of the year	1,552,752	2,298,196	3,850,948	2,059,160	1,892,037	2,059,160	3,951,197	3,951,197
Net position at the end of the period	1,892,037	2,059,160	3,951,197	2,173,740	3,356,323	2,173,740	5,530,063	5,530,063

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual			*Actual		
	District 6/30/2018	Jaber 6/30/2018	YTD 6/30/2018	District 5/31/2019	Jaber 5/31/2019	YTD 5/31/2019
Increase in net position	339,285	(239,036)	100,249	1,464,286	114,580	1,578,866
Add Non Cash items						
Depreciation	212,418	37,400	249,818	194,716	34,283	229,000
Changes in operating assets and liabilities						
Grant and other receivables	(2,265)	0	(2,265)	298,045	0	298,046
Prepaid expenses and deposits	333	0	333	14,941	(1,098)	13,844
Due To Due From	(4,894)	4,894	0	(5,551)	5,551	0
Accounts payable and accrued expenses	14,037	0	14,036	8,715	0	8,715
Net Cash provided(used) by operating activities	558,913	(196,741)	362,171	1,975,153	153,316	2,128,470
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	(0)	(0)	(0)	(0)
Changes in assets limited to use	0	196,742	196,742	0	(153,316)	(153,316)
Net Cash used in investing activities	0	196,742	196,742	(0)	(153,316)	(153,316)
Cash flows from financing activities						
Principal payments on debt borrowings	(32,331)	0	(32,331)	(26,576)	0	(26,576)
Net cash used by financing activities	(32,331)	0	(32,331)	(26,576)	0	(26,576)
Net change in cash and cash equivalents	526,582	0	526,581	1,948,578	0	1,948,579
Cash at the beginning of the year	481,704	(0)	481,704	1,008,285	0	1,008,285
Cash at the end of the period	1,008,285	0	1,008,285	2,956,862	0	2,956,863

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

June 1-30, 2019

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2018	As of 6/30/2019
Assets		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,008,285	\$ 2,900,713
Grant and other receivables	298,045	0
Prepaid expenses and deposits	34,364	15,276
Total current assets	<u>1,340,694</u>	<u>2,915,989</u>
Assets limited as to use	557,671	725,309
Capital Assets, net of accumulated depreciation	3,030,118	2,782,541
	<u>4,928,483</u>	<u>6,423,840</u>
Other Assets	9,711	7,470
Total assets	<u>\$ 4,938,194</u>	<u>\$ 6,431,309</u>
 Liabilities and Net Position		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 31,271	\$ 31,271
Accounts payable and accrued expenses	16,000	5,215
Total current liabilities	<u>47,271</u>	<u>36,486</u>
Debt borrowings net of current maturities	939,726	910,633
Total liabilities	<u>986,997</u>	<u>947,119</u>
 Net position:		
Total net position (deficit)	<u>3,951,197</u>	<u>5,484,191</u>
Total liabilities and net position	<u>\$ 4,938,194</u>	<u>\$ 6,431,309</u>

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2018	Actual YTD 6/30/2019	Budget YTD 6/30/2019	Variance	
Revenues and other support					
District Tax Revenues	\$ 5,920,695	\$ 5,603,983	\$ 5,895,297	291,314	5%
Rents	204,791	199,820	214,953	15,133	7%
Other revenues	6	-	2,500	2,500	
Total revenues	6,125,491	5,803,804	6,112,750	308,946	
Expenses					
Professional fees - executive director	-	112,258	115,000	2,742	2%
Professional fees	96,006	335,564	540,350	204,787	38%
Supplies	2,646	26,289	9,100	(17,189)	#####
Purchased services	6,471	3,950	4,500	550	12%
Repairs and maintenance	19,076	10,726	31,000	20,274	65%
Rents	26,478	28,187	27,188	(999)	-4%
Utilities	10,459	10,861	12,880	2,019	16%
Insurance	47,368	54,593	47,311	(7,282)	-15%
Depreciation and amortization	249,818	249,818	404,424	154,606	
Interest	47,945	53,178	44,792	(8,386)	-19%
Travel, meeting and conferences	1,500	18	15,000	14,983	100%
Other expenses	9,399	188,090	324,700	136,610	42%
Total expenses	517,167	1,073,530	1,576,245	502,715	
Operating gains	5,608,325	4,730,273	4,536,505	(193,768)	-4%
Transfers	(5,508,076)	(3,197,280)	(4,978,089)		
Increase in net position	100,249	1,532,993	(441,584)		
Net position at <i>beginning of the year</i>	3,850,948	3,951,197	3,951,197		
Net position at the <i>end of the period</i>	\$ 3,951,197	\$ 5,484,191	\$ 3,509,613		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2018	Actual YTD 6/30/2019
Increase in net position	\$ 100,249	\$ 1,532,993
Add Non Cash items		
Depreciation	249,818	249,818
Changes in operating assets and liabilities		
Grant and other receivables	(2,265)	298,046
Prepaid expenses and deposits	333	19,088
Accounts payable and accrued expenses	14,036	(10,785)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	362,171	2,089,160
Cash flows from investing activities		
Changes in assets limited to use	196,742	(167,638)
Net Cash used in investing activities	196,742	(167,638)
Cash flows from financing activities		
Principal payments on debt borrowings	(32,331)	(29,094)
Net cash used by financing activities	(32,331)	(29,094)
Net change in cash and cash equivalents	526,581	1,892,428
Cash at the beginning of the year	481,704	1,008,285
Cash at the end of the period	\$ 1,008,285	\$ 2,900,713

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT

Assets

Current assets:

	District 6/30/2018	Jaber 6/30/2018	As of 6/30/2018	District 6/30/2019	Jaber 6/30/2019	As of 6/30/2019
Cash and cash equivalents	\$ 1,008,285	\$ -	\$ 1,008,285	\$ 2,900,713	\$ -	\$ 2,900,713
Grant and other receivables	298,045	0	298,045	0	0	0
Prepaid expenses and deposits	31,101	3,263	34,364	11,352	3,924	15,276
Total current assets	1,337,432	3,263	1,340,694	2,912,065	3,924	2,915,989
Due To Due From	9,374	(9,374)	0	14,925	(14,925)	0
Assets limited as to use	0	557,671	557,671	0	725,309	725,309
Capital Assets, net of accumulated depreciation	1,522,518	1,507,600	3,030,118	1,312,341	1,470,200	2,782,541
Other Assets	2,869,324	2,059,160	4,928,483	4,239,331	2,184,508	6,423,839
Total assets	9,711	0	9,711	7,470	0	7,470
	2,879,034	2,059,160	4,938,194	4,246,801	2,184,508	6,431,309

Liabilities and Net Position

Current liabilities:

Current maturities of debt borrowings	32,449	0	32,449	31,271	0	31,271
Accounts payable and accrued expenses	16,000	0	16,000	5,215	0	5,215
Total current liabilities	47,271	0	47,271	36,486	0	36,486
Debt borrowings net of current maturities	938,548	0	938,548	910,633	0	910,633
Total liabilities	986,997	0	986,997	947,119	0	947,119

Net position:

Total net position (deficit)	1,892,036	2,059,160	3,951,197	3,299,682	2,184,508	5,484,191
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Total liabilities and net position

	\$2,879,034	\$2,059,160	\$4,938,194	\$4,246,801	\$2,184,508	\$6,431,309
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Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District		Jaber		Actual YTD		Actual YTD	
	6/30/2018	6/30/2018	6/30/2018	6/30/2018	6/30/2019	6/30/2019	6/30/2019	6/30/2019
Revenues and other support								
District Tax Revenues	5,920,695	0	5,920,695	0	5,603,983	0	5,603,983	
Rents	0	204,791	204,791	0	0	199,820	199,820	
Other revenues	6	0	6	0	0	0	0	
Total revenues	5,920,701	204,791	6,125,491	199,820	5,603,983	199,820	5,803,804	
Expenses								
Professional fees - executive director	0	0	0	0	112,258	0	112,258	
Professional fees	86,369	9,638	96,006	9,754	325,809	9,754	335,564	
Supplies	2,646	0	2,646	0	26,289	0	26,289	
Purchased services	6,471	0	6,471	0	3,950	0	3,950	
Repairs and maintenance	0	19,076	19,076	0	0	10,726	10,726	
Rents	26,478	0	26,478	0	28,187	0	28,187	
Utilities	620	9,840	10,459	9,622	1,240	9,622	10,861	
Insurance	42,474	4,894	47,368	4,571	50,022	4,571	54,593	
Depreciation and amortization	212,418	37,400	249,818	37,400	212,418	37,400	249,818	
Interest	47,945	0	47,945	0	53,178	0	53,178	
Travel, meeting and conferences	1,500	0	1,500	0	18	0	18	
Other expenses	4,052	5,348	9,399	2,399	185,690	2,399	188,090	
Total expenses	430,971	86,195	517,167	74,472	999,058	74,472	1,073,530	
Operating gains	5,489,730	118,595	5,608,325	125,348	4,604,925	125,348	4,730,273	
Transfers	(5,150,445)	(357,631)	(5,508,076)	0	(3,197,280)	0	(3,197,280)	
Increase in net position	339,285	(239,036)	100,249	125,348	1,407,645	125,348	1,532,993	
Net position at beginning of the year	1,552,752	2,298,196	3,850,948	2,059,160	1,892,037	2,059,160	3,951,197	
Net position at the end of the period	1,892,037	2,059,160	3,951,197	2,184,508	3,299,682	2,184,508	5,484,191	

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District	Jaber	Actual	District	Jaber	Actual
	6/30/2018	6/30/2018	YTD 6/30/2018	6/30/2019	6/30/2019	YTD 6/30/2019
Increase in net position	339,285	(239,036)	100,249	1,407,645	125,348	1,532,993
Add Non Cash items						
Depreciation	212,418	37,400	249,818	212,418	37,400	249,818
Changes in operating assets and liabilities						
Grant and other receivables	(2,265)	0	(2,265)	298,046	0	298,046
Prepaid expenses and deposits	333	0	333	19,749	(661)	19,088
Due To Due From	(4,894)	4,894	0	(5,551)	5,551	0
Accounts payable and accrued expenses	14,037	0	14,036	(10,785)	0	(10,785)
Net Cash provided(used) by operating activities	558,913	(196,741)	362,171	1,921,523	167,638	2,089,160
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	(0)	0	0	0
Changes in assets limited to use	0	196,742	196,742	0	(167,638)	(167,638)
Net Cash used in investing activities	0	196,742	196,742	0	(167,638)	(167,638)
Cash flows from financing activities						
Principal payments on debt borrowings	(32,331)	0	(32,331)	(29,094)	0	(29,094)
Net cash used by financing activities	(32,331)	0	(32,331)	(29,094)	0	(29,094)
Net change in cash and cash equivalents	526,582	0	526,581	1,892,429	(0)	1,892,428
Cash at the beginning of the year	481,704	(0)	481,704	1,008,285	0	1,008,285
Cash at the end of the period	1,008,285	0	1,008,285	2,900,713	(0)	2,900,713

Check Run for all Expenses
July 2018-June 2019

Check #	Date	Vendor	Description	Amount	dept
452	7/3/2018	Deborah E. Stebbins Group, LLC	Professional Fees	6,845.00	Jul 8610.26
452	7/3/2018	Deborah E. Stebbins Group, LLC	Office Supplies	214.89	Jul 8610.46
453	7/3/2018	Gather & Grub	Board Meeting Dinner	242.78	Jul 8620.43
454	7/3/2018	Sandy's Cleaning	Cleaning 88 Willow	200.00	Jul 8610.75
455	7/3/2018	Thomas L. Driscoll	Services and Board Meeting	5,585.00	Jul 2021.00
456	7/3/2018	Amy Demmon	Board meeting Video	450.00	Jul 8620.69
457	7/6/2018	Deborah E. Stebbins Group, LLC	Professional Fees	9,583.00	Jul 8610.26
458	7/26/2018	OVO Willow Properties	888 Willow Rent	2,248.78	Jul 8610.75
459	8/6/2018	Deborah E. Stebbins Group, LLC	Professional Fees	9,583.00	Aug 8610.26
459	8/6/2018	Deborah E. Stebbins Group, LLC	Office Supplies	764.35	Aug 8610.46
459	8/6/2018	Deborah E. Stebbins Group, LLC	Dues and Subscriptions	179.88	Aug 8610.86
459	8/6/2018	Deborah E. Stebbins Group, LLC	Miscellaneous Expense	159.50	Aug 8610.90
460	8/6/2018	Thomas L. Driscoll	Legal Fees	1,665.00	Aug 8610.23
461	8/27/2018	CHW LLP	Professional Fees	3,900.00	Aug 8510.26
462	8/27/2018	Gather & Grub	Board Meeting Dinner	526.02	Aug 8620.43
463	8/27/2018	OVO Willow Properties	Rent - Sept -18	2,248.78	Aug 8610.75
464	8/27/2018	Amy Demmon	Board meeting Video	450.00	Aug 8620.69
465	8/27/2018	Deborah E. Stebbins Group, LLC	Professional Fees	9,583.00	Aug 8610.26
465	8/27/2018	Deborah E. Stebbins Group, LLC	Office Supplies	337.70	Aug 8610.46
466	9/23/2018	Deborah E. Stebbins Group, LLC	Professional Fees	9,583.00	Sep 8610.26
467	9/23/2018	OVO Willow Properties	Rent	2,248.78	Sep 8610.75
468		VOID		-	Sep
469	10/15/2018	Alliant Insurance	Insurance	15,136.23	Oct 1101.00
470	10/15/2018	Kaufman Hall	Professional Services	58,308.83	Oct 8610.29
471	10/15/2018	OVO Willow Properties	Rent	2,248.78	Oct 8610.75
472	10/15/2018	Thomas Driscoll	Legal	4,595.00	Oct 8610.23
473		VOID		-	Oct
474	10/22/2018	Gather and Grub	Meals	535.66	Oct 8620.43
475	10/30/2015	Amy Demmon	Audio Board Meeting	450.00	Oct 8620.69
476	10/30/2018	VOID			Oct
477	10/30/2018	JWT & Associates	Professional Services	8,750.00	Oct 8610.24
478	10/30/2018	Kristen Thorson	Telephone	446.42	Oct 8610.85
479	10/30/2018	Mike Williams	Board Stipend	200.00	Oct 8620.69
480	10/30/2018	Robert Deutsch MD	Board Stipend	200.00	Oct 8620.69
481	10/30/2018	Tracy Jensen	Board Stipend	200.00	Oct 8620.69
482		VOID			Oct
483	10/30/2018	Gayle Codiga	Board Stipend	200.00	Oct 8620.69
484	10/30/2018	JWT & Associates	Professional Services	2,045.00	Oct 8610.24
485	10/30/2018	Deborah E. Stebbins Group, LLC	Office Supplies	1,322.66	Oct 8610.46
485	10/30/2018	Deborah E. Stebbins Group, LLC	Utilities	105.43	Oct 8610.77
485	10/30/2018	Deborah E. Stebbins Group, LLC	Miscellaneous/Mail	133.83	Oct 8610.90
485	10/30/2018	Deborah E. Stebbins Group, LLC	Meals/Ent	245.74	Oct 8620.43
486	10/30/2018	Deborah E. Stebbins Group, LLC	Professional Services	9,583.00	Oct 8610.26
487	11/23/2018	Deborah E. Stebbins Group, LLC	Professional Services	9,583.00	Nov 8610.26
488		VOID			Nov
489		VOID			Nov
490	11/23/2018	Alameda County Industries	Garbage Collection	27.51	Nov 8610.77
491	11/23/2018	Kaufman Hall	Strategic Planning Exp	58,250.00	Nov 8610.29
492	11/23/2018	Thomas L Driscoll	Legal Fees	1,940.00	Nov 8610.23
493	11/23/2018	OVO Willow Properties	Rental Expense	2,248.00	Nov 8610.75
494		VOID			Nov
495	11/23/2018	Deborah E. Stebbins Group, LLC	Office Supplies	86.03	Nov 8610.46
495	11/23/2018	Deborah E. Stebbins Group, LLC	Utilities	105.43	Nov 8610.77
495	11/23/2018	Deborah E. Stebbins Group, LLC	Travel & Entertainment	8.75	Nov 8610.88
495	11/23/2018	Deborah E. Stebbins Group, LLC	Miscellaneous	56.00	Nov 8610.90
495	11/23/2018	Deborah E. Stebbins Group, LLC	Meals	137.56	Nov 8620.43
496	12/18/2018	Amy Demmon	Professional Fee video	450.00	Dec 8620.69
497	12/18/2018	Thomas L. Driscoll	legal fees	1,485.00	Dec 8610.23
498	12/18/2018	Alameda County Industries	Utilities	27.51	Dec 8610.77
499	12/18/2018	OVO Willow Properties	Rental Fees	2,248.00	Dec 8610.75
500	12/18/2018	Kaufman Hall	Prof Fees	58,250.00	Dec 8610.29
501	12/26/2018	Deborah E. Stebbins Group, LLC	Prof Fees	9,583.00	Dec 8610.26
502	12/26/2018	Deborah E. Stebbins Group, LLC	Office Supplies	47.60	Dec 8610.46
502	12/26/2018	Deborah E. Stebbins Group, LLC	Utilities (Sonic)	77.35	Dec 8610.77
502	12/26/2018	Deborah E. Stebbins Group, LLC	Travel	8.75	Dec 8610.88
502	12/26/2018	Deborah E. Stebbins Group, LLC	Miscellaneous	9.90	Dec 8610.90
503		VOID			Jan
504		VOID			Jan
505		VOID			Jan
506		VOID			Jan
507		VOID			Jan
508		VOID			Jan
509		VOID			Jan
510	1/24/2019	Alameda West Lagoon HOA	HOA Fees	2,855.00	Jan 8610.86
511	1/25/2019	OVO Willow Properties	Ren	2,248.00	Jan 8610.75
512	1/26/2019	Gather and Grub	Meals/Ent	394.67	Jan 8620.43
513	1/27/2019	Alliant Insurance	Insurance	15,136.23	Jan 1101.00

Check Run for all Expenses
July 2018-June 2019

514	1/28/2019	Alameda County Industries	Utilities	√	27.51	Jan	8610.77
515	1/29/2019	Thomas L. Driscoll	Legal	√	1,980.00	Jan	8610.23
516	1/30/2019	Deborah E. Stebbins Group, LLC	Prof Fees	√	9,583.00	Jan	8610.26
517	2/11/2019	Herbs & Spices	Meals/Ent	√	439.76	Feb	8620.43
518	2/11/2019	JWT & Associates	Accounting	√	1,575.00	Feb	8510.26
519	2/11/2019	Amy Demmon	Consulting	√	450.00	Feb	8620.69
520	2/11/2019	Alameda County Industries	Utilities	√	27.51	Feb	8610.77
521	2/11/2019	Kaufman Hall	Consulting	√	58,919.60	Feb	8610.29
522		VOID				Feb	
523		VOID				Feb	
524		VOID				Feb	
525		VOID				Feb	
526		VOID				Feb	
527	2/11/2019	Amy Demmon	Consulting	√	450.00	Feb	8620.69
528	2/11/2019	Deborah E. Stebbins Group, LLC	Supplies	√	62.00	Feb	8610.46
528	2/11/2019	Deborah E. Stebbins Group, LLC	Utilities	√	78.30	Feb	8610.77
528	2/11/2019	Deborah E. Stebbins Group, LLC	Miscellaneous	√	84.00	Feb	8610.90
528	2/11/2019	Deborah E. Stebbins Group, LLC	Meals/Ent	√	34.73	Feb	8620.43
529	2/22/2019	OVO Willow Properties	rent	√	2,248.00	Feb	8610.75
530	2/22/2019	West Advertising	Advertising	√	2,000.00	Feb	8630.29
531	2/11/2019	Deborah E. Stebbins Group, LLC	Prof Fees	√	9,583.00	Feb	8610.26
532	3/5/2019	Alameda chamber of Commerce	meals & entertainment	√	225.00	Mar	8620.43
533	3/5/2019	Thomas L. Driscoll	legal fees	√	1,748.00	Mar	8610.23
534	3/5/2019	Alameda chamber of Commerce	annual Membership dues	√	530.00	Mar	8610.86
535	3/5/2019	Thomas L. Driscoll	legal fees	√	995.00	Mar	8610.23
536	3/18/2019	Alameda County Industries	utilities	√	27.51	Mar	8610.77
537	3/18/2019	Alameda Health System FDN	donation	√	6,000.00	Mar	8610.99
538	3/18/2019	OVO Willow PROperties	rent	√	2,349.98	Mar	8610.75
539	3/28/2019	Deborah E. Stebbins Group, LLC	prof services	√	9,583.00	Mar	8610.26
540	3/28/2019	Kaufman Hall	prof services	√	183.43	Mar	8610.29
541	3/28/2019	Deborah E. Stebbins Group, LLC	office supplies	√	82.12	Mar	8610.46
541	3/28/2019	Deborah E. Stebbins Group, LLC	fedex	√	57.26	Mar	8610.46
541	3/28/2019	Deborah E. Stebbins Group, LLC	miscellaneous (table cloth cleaning	√	140.00	Mar	8610.46
541	3/28/2019	Deborah E. Stebbins Group, LLC	utilities	√	78.04	Mar	8610.77
541	3/28/2019	Deborah E. Stebbins Group, LLC	parking	√	5.00	Mar	8610.90
541	3/28/2019	Deborah E. Stebbins Group, LLC	meals/ent	√	168.18	Mar	8620.43
542	4/8/2019	Alameda County Industries	utilities	√	27.51	Apr	8610.77
543	4/8/2019	Alliant Insurance Services	insurance	√	5,232.50	Apr	1101.00
544	4/8/2019	Herbs & Spices	meals & en	√	603.62	Apr	8620.43
545	4/8/2019	Thomas L. Driscoll	legal fees	√	1,242.00	Apr	8610.23
546	4/8/2019	Alameda Co. Registrar of Voters	election fees	√	170,156.00	Apr	8620.84
547	4/18/2019	Amy Demmon	prof fees	√	450.00	Apr	8620.69
548	4/18/2019	Deborah E. Stebbins Group, LLC	prof fees	√	9,583.00	Apr	8610.26
549	4/18/2019	Hooper Lundy Bookman	legal fees	√	3,325.00	Apr	8610.23
550	4/18/2019	JWT & Associates	acctg	√	125.00	Apr	8610.24
551	4/23/2019	OVO Willow Properties	rent	√	2,349.98	May	8610.75
552	5/14/2019	City of Alameda	bus lic encinal	√	129.00	May	9520.84
553	5/14/2019	Ratcliff Architects	architectual planning	√	10,875.00	May	8610.29
554	5/14/2019	Thomas L. Driscoll	legal	√	1,961.00	May	8610.23
555	5/14/2019	Alameda County Industries	utilities	√	27.51	May	8610.77
556	5/14/2019	City of Alameda	bus lic pearl	√	189.00	May	9520.84
557	5/14/2019	West Advertising	Advertising	√	3,495.00	May	8630.29
558	5/14/2019	SCI Consulting	tax collection	√	6,528.12	May	8610.22
559	5/14/2019	SCI Consulting	tax collection	√	6,205.08	May	8610.22
560	5/14/2019	Deborah E. Stebbins Group, LLC	exec director	√	9,583.00	May	8620.43
561	6/5/2019	OVO Willow Properties	rent	√	2,349.98	Jun	8610.75
562	6/5/2019	Ratcliff Architects	architectual planning	o	16,522.00	Jun	8610.29
563	6/5/2019	Thomas L. Driscoll	legal	√	6,486.00	Jun	8610.23
564	6/20/2019	CHW LLP	Accounting	o	5,200.00	Jun	2021.00
565	6/20/2019	Herbs & Spices	Meals/Ent	o	323.85	Jun	8620.43
566	6/20/2019	CHW LLP	Accounting	o	5,200.00	Jun	2021.00
567	6/24/2019	Ratcliff Architects	architectual planning	√	2,750.00	Jun	8610.29
568	6/24/2019	Sandy's Cleaning	janitorial	o	600.00	Jun	8610.75
569	6/26/2016	Deborah E. Stebbins Group, LLC	exec director	o	9,583.00	Jun	8620.43
570	6/26/2016	OVO Willow Properties	rent	o	2,349.98	Jun	8610.75
571	6/26/2016	Deborah E. Stebbins Group, LLC	out of pkt: parking	o	26.25	Jun	8610.90
571	6/26/2016	Deborah E. Stebbins Group, LLC	Office Supplies	o	65.52	Jun	8610.46
571	6/26/2016	Deborah E. Stebbins Group, LLC	Utilities (Sonic)	o	156.08	Jun	8610.77
571	6/26/2016	Deborah E. Stebbins Group, LLC	Misc	o	64.95	Jun	8610.46
					730,048.19		
				o	40,091.63		Outstandi Plus on B:
				√	689,956.56		

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: August 6. 2019
FROM: Debi Stebbins, Executive Director
SUBJECT: Approval of Annual Audit Engagement Letter with JWT and Associates for FY 2018-2019

Recommendation:

Approve Annual Engagement Letter with JWT and Associates for FY 2018-2019 for a total fee of \$10,800 plus expenses not to exceed \$250.

Background: The proposed engagement letter is attached.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

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

July 11, 2019

Deborah E. Stebbins, Executive Director
City of Alameda Health Care District
888 Willow Street
Alameda, California 94501

We are pleased to confirm our understanding of the services we are to provide for the City of Alameda Health Care District (the "District") for the year ended June 30, 2019. We will audit the financial statements of the District, which comprise the statement of net position as of June 30, 2019, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Discussion and Analysis

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

Audit Objective

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

Audit Procedures—General

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

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

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

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

Audit Procedures—Internal Control

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

Audit Procedures—Compliance

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

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

Other Services

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

Management Responsibilities

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

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

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

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

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

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

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

HIPPA Business Associate Agreement

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

Engagement Administration, Fees, and Other

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

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

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

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

Our fee for these services will be \$10,800 for the year, plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) not to exceed \$250 for the year. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 90 days or more overdue and may not be

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

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

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

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

Very truly yours,

JW7 & Associates, LLP

APPROVED:

Name and Title

CITY OF ALAMEDA HEALTH CARE DISTRICT

Meeting Date: August 6, 2019

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

From: Debi Stebbins, Executive Director

Subject: Election of District Officers and Appointment to Liaison Positions

The annual election of City of Alameda Health Care District Officers is scheduled to take place at the August 6, 2019 Board Meeting. Election of officers last occurred in June, 2018.

Article III, Section 1., Officers of the District Bylaws provides for the election of District Officers. Officers shall hold their office for terms of one (1) year or until such time as a successor is elected. An officer may be removed from office by a majority of the Board of Directors at any time. Officers may serve consecutive terms.

Current List of Officers and Offices

Office/Liaison Position	Board Member
President / Representative #1 to City of Alameda Liaison Committee	Michael Williams
1 st Vice President	Robert Deutsch, MD
2 nd Vice President	Gayle Codiga
Secretary	Tracy Jensen
Treasurer	Dennis Popalardo
Alameda Health System Liaison	Tracy Jensen
Community Health Liaison	Dennis Popalardo
Alameda Hospital Liaison	Robert Deutsch, MD
Representative #2 on City of Alameda Liaison Committee	Robert Deutsch, MD

Board members were asked for their preferences for offices and liaison positions. Results are listed below.

President Williams will ask for nominations for each office beginning with President and proceed with discussion and voting for each office. The nominations, discussion and voting will continue in the following order outlined below in the table.

Board Member Preferences	Board of Directors (by Alpha)				
	Codiga ¹	Deutsch	Jensen	Popalardo ²	Williams
President / Representative #1 to City of Alameda Liaison Committee					1 st
1 st Vice President		X			
2 nd Vice President	X				
Secretary			X		
Treasurer				X	
Alameda Health System Liaison			X		
Community Health Liaison					
Alameda Hospital Liaison		X			
Representative #2 on City of Alameda Liaison Committee		X			

¹ Director Codiga expressed that she is happy with the current roles but willing to take on another role if someone does not want to continue

² Director Popalardo expressed interest in President, 1st Vice President or 2nd Vice President if incumbents vacate their positions.

Please note from the Bylaws: *“Each officer shall be elected upon receiving a majority vote with each member of the Board of Directors having one vote. In the event that there is no majority for a single office, the candidate with the fewest votes shall be eliminated from candidacy and a runoff election with the remaining candidates shall take place. In the event that more than two candidates have an equal number of votes, the office shall be selected by random lot.”*

Excerpt from the Bylaws of Offices of the Board is attached.

F. Officers shall hold their office for terms of one (1) year or until such time as a successor is elected. An officer may be removed from office by a majority of the Board of Directors at any time. Officers may serve consecutive terms.

G. Officers will report to the full District Board on any significant developments involving District staff, community outreach involving the District, or interactions with the Alameda Health System Board or senior staff.

Section 2. President

A. The President shall perform the following duties:

1. Preside over the meetings of the Board of Directors;
2. Sign and execute (jointly with the Secretary where appropriate), in the name of the District, all contracts and conveyances and all other instruments in writing that have been authorized by the Board of Directors;
3. Subject to any duly-adopted Policy of the Board regarding the signing of checks, exercise the power to co-sign, with the Secretary checks drawn on the funds of the District whenever:
 - a. There is no person authorized by resolution of the Board of Directors to sign checks on behalf of the District regarding a particular matter; or
 - b. It is appropriate or necessary for the President and Secretary to sign a check drawn on District funds.
4. Have, subject to the advice and publicly approved decisions of the Board of Directors, general responsibility for the affairs of the District.
5. Provide the District's Executive Director with general supervisory input during the year, in accordance with publicly approved decisions of the Board of Directors and/or consultation with a duly appointed District liaison. This supervision shall include attention to significant employment activities such as performance appraisals, disciplinary activities, and salary and benefits negotiations.
6. Generally discharge all other duties that shall be required of the President by the Bylaws of the District.

B. If at any time, the President is unable to act as President, the Vice Presidents, in the order hereinafter set forth, shall take the President's place and perform the President's duties; and if the Vice Presidents are also unable to act, the Board may appoint someone else to do so, in whom shall be vested, temporarily, all the functions and duties of the office of the President.

Section 3. Vice-Presidents

A. In the absence of the President or given the inability of the President to serve, the First Vice-President, or in the First Vice-President's absence, the Second Vice-President, shall perform the duties of the President.

B. Perform such reasonable duties as may be required by the members of the Board of Directors or by the President.

Section 4. Secretary

The Secretary shall have the following duties:

A. To act as Secretary of the District and the Board of Directors.

B. To be responsible for the proper keeping of the records of all actions, proceedings, and minutes of meetings of the Board of Directors.

C. To be responsible for the proper recording, and maintaining in a special book or file for such purpose, all ordinances and resolutions of the Board of Directors (other than amendments to these Bylaws) pertaining to policy or administrative matters of the District and its facilities.

D. To serve, or cause to be served, all notices required either by law or these Bylaws. In the event of the Secretary's absence, inability, refusal or neglect to do so, such notices may be served by any person so directed by the President or Board of Directors.

E. To perform such other duties as pertain to the Secretary's office and as are prescribed by the Board of Directors.

Section 5. Treasurer

A. The Board of Directors shall establish its own treasury and shall appoint a Treasurer charged with the safekeeping and disbursement of the funds in the treasury.

B. The Treasurer shall be responsible for the general oversight of the financial affairs of the District, including, but not limited to oversight of the receiving and depositing of all funds accruing to the District, coordinating and overseeing the proper levy and collection of the District's annual parcel tax, performance of all duties incident to the office of Treasurer and such other duties as may be delegated or assigned to him or her by the Board of Directors, provided, however, that the District staff shall implement, and carry out the day to day aspects of the District's financial affairs.

C. The Treasurer shall maintain active and regular contact with the District staff for the purpose of obtaining that information necessary to carry out his or her duties.

Section 6. Alameda Health System (AHS) Liaison

A. As authorized by section 3.1 of the Joint Powers Agreement entered into by Alameda Health System (AHS) and the City of Alameda Health Care District, the District may nominate one designee to serve as a voting member of the AHS Board of directors.

B. Upon approval of the nomination by the County Board of Supervisors, the appointee will be a voting member of the AHS Board of Directors, and shall be the District's AHS Liaison, serving as the primary conduit of information between the Board of AHS and the Board of the District.

C. The AHS Liaison shall consistently attend meetings of the Boards of both AHS and the District, and keep each Board informed of decisions or other developments that are relevant to the other Board and their key staff. However, the AHS Liaison shall not disclose to either Board any information that has been discussed within closed session of one of the Boards, or information that is otherwise subject to confidentiality protection.

D. The AHS Liaison shall always act in the best interests of the District, and will notify the District Board if there is a situation known to be or likely to become a conflict between the AHS Liaison's loyalties to the District and to the AHS Board or other health-related entity.

Section 7. Community Health Liaison

A. The Community Health Liaison shall be a major conduit of information between the Board and its staff in matters involving community health assessment and improvement activities.

B. The Community Health Liaison will regularly meet with District staff and other community leaders or groups to accomplish the mission of the District.

Section 8. Alameda Hospital Liaison

A. The Alameda Hospital Liaison shall be a major conduit of information between the Board and its staff in matters involving the operation, programs, services and quality of care under the auspices of Alameda Hospital.

B. The Alameda Hospital Liaison will have regular dialogue with District staff and with the Alameda Hospital Chief Administrative Officer, and will keep the Board informed of decisions or other developments that are relevant to accomplishing the mission of the District.

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: August 6, 2019

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

FROM: Michael Williams, President

SUBJECT: Renewal of Contract with Deborah E. Stebbins Group, LLC and Adjustment in Compensation for Services of Executive Director

Recommendation:

Following an annual evaluation by the Board of Directors, it is recommended that the contract with THE DEBORAH E. STEBBINS GROUP, LLC to provide the District with the services of an Executive Director (namely, Deborah E. Stebbins) be extended for one year to June 11, 2020 according to the following principal terms, all of which will be incorporated into a mutually agreeable written agreement between the parties:

Term and Termination: Initial term of one year, renewable for successive one-year terms, subject to the right of either party to terminate the agreement upon 90 days prior written notice.

Time Commitment: The parties anticipate approximately 1000 hours per year, to be structured as the demands of the position require

Compensation: \$129,000 per year, payable in equal monthly installments against invoices submitted by the Contractor effective July 1, 2019.

Office/Tools/Equipment: Contractor will have access to District office space and equipment, but will utilize Contractor's facilities and equipment when working away from the District office

Expenses: Contractor will be reimbursed for the actual costs of incidental expenses incurred in fulfilling the duties hereunder, such as tolls, parking and mileage (at the IRS standard rate). Extraordinary expenses (such as out of area travel, conference fees, etc.) must be pursuant to the District's budget and approved in advance by the Board President.

Intellectual Property. All District-related intellectual property developed with the assistance of Contractor shall be and remain the property of the District.

It is recommended that the Board authorize the Board President to approve and execute a renewed contract under the terms outlined above.

CITY OF ALAMEDA HEALTH CARE DISTRICT

City of Alameda Health Care District
Policy 2019-3
REVISED SIGNATURE AUTHORITY

I. PURPOSE:

The District maintains a number of bank accounts for business purposes that require checks to be written and monies to be deposited and withdrawn in the normal course of business. This policy defines the responsibility and authorization limits for the disbursement of funds for the District to its vendors by check effective August 7, 2019.

II. POLICY:

- a. The Board of Directors authorizes all members of the Board to serve as the organizations check signors.
- b. The Board of Directors authorizes the Executive Director of the District to serve as a check signor for the organization.
- c. The Board of Directors authorizes the following signature requirements with regard to the dollar value of all disbursements:
 - i. Disbursements of \$14,999 or less require the manual signature of the Executive Director or one of the Directors.
 - ii. Disbursements of \$15,000 or more requires the manual signature of two of the following: the Executive Director or Directors.