✓Included in the PDF posted September 26, 2016
✓Included in the PDF posted September 28, 2016
✓Included in the PDF posted September 30, 2016

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PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, October 3, 2016

OPEN SESSION: 5:30 P.M.

Location:

Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue, Alameda, CA 94501

Office of the Clerk: (510) 814-4001

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

I. Call to Order **(5:30 p.m. – Alameda Hospital, Dal Cielo Conference Room)** Kathryn Sáenz Duke

II. Roll Call

III. General Public Comments

IV. Regular Agenda

A. Community Health, Safety and Wellness Focus Presentation
INFORMATIONAL

- Alameda Family Services
  - Lynne Moore-Kerr, Head Start/Early Head Start Director
  - Daniel Javes, Health and Family Services Manager

C. Alameda Health System and Alameda Hospital Updates

✓ 1) FY 2015-2016 (Q4, April-May-June) AHS Quality Dashboard **ENCLOSURE (PAGES 4-5)** — Kerin Torpey Bashaw. VP, Quality; Eileen Pummer, Director of Quality Programs

✓ 2) FY 2015-2016 (Q4, April-May-June) AHS Financial Report

- Patient Utilization Data FY Comparison
- Alameda Hospital's EBIDA, Operating Margin and AHS Overhead Allocation Analysis **ENCLOSURE (PAGE 6)**
- Insurance Contracting Update

3) Hospital CAO Report **ENCLOSURE (PAGES 7-17)** — Bonnie Panlasigui, CAO

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D. District Updates & Operational Updates

1) District Liaison Reports
INFORMATIONAL

✓ a. Alameda Health System Liaison Report — Tracy Jensen
ENCLOSURE (PAGES 18)

✓ b. Community Health Liaison Report — Jim Meyers, DrPH
ENCLOSURE (PAGES 19)

c. Alameda Hospital Liaison Report — Robert Deutsch, MD
VERBAL REPORT(PAGES 20-21)

✓ d. President's Report — Kathryn Sáenz Duke
ENCLOSURE (PAGES)

✓ • Review and Approval of Community Survey — Kathryn Sáenz Duke
ACTION ITEM ENCLOSURE (PAGES 22-26)

e. Other District Outreach Reports and Member Updates — All

✓ 2) Review and Discussion of Decision Points for Vision and District Staffing — Kathryn Sáenz Duke
ENCLOSURE (PAGES 27-42)

E. Consent Agenda — **ACTION ITEMS**

✓ 1) Acceptance of June 6, 2016 Meeting Minutes ENCLOSURE (PAGES 43-48)

✓ 2) Acceptance of June 28, 2016 Special Meeting Minutes ENCLOSURE (PAGES 49-55)

✓ 3) Acceptance of August 1, 2016 Meeting Minutes ENCLOSURE (PAGES 56-62)

✓ 4) Acceptance of Financial Statements: July/August 2016 ENCLOSURE (PAGES 63-70)

F. Action Items — **ACTION ITEMS**

✓ 1) Adoption of Meeting Schedule for Calendar Year 2017 ENCLOSURE (PAGES 71-72)

✓ 2) Review and Approval of FYE June 30, 2016 Audit ENCLOSURE (PAGES 73-90)

✓ 3) Review and Approval of Creating an Ad Hoc Committee and Charter on Alameda Hospital Facilities & Seismic Planning ENCLOSURE (PAGES 91-92)

G. December 12, 2016 Agenda Preview — Kristen Thorson
INFORMATIONAL - SUBJECT TO CHANGE
***Date pending per Board approval of Calendar**

1) Executive Director Search / District Staffing Update

✓Included in the PDF posted September 26, 2016
✓Included in the PDF posted September 28, 2016
✓Included in the PDF posted September 30, 2016

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V. General Public Comments

VI. Board Comment

VII. Adjournment

Next Meeting TBD	5:30 PM Open Session Dal Cielo Conference Room Alameda Hospital

Alameda Hospital Balanced Score Card (FY 2016)

QUALITY INDICATORS	AH BASELINE FY15	YTD FY16	AH CURRENT PERFORMANCE						BENCHMARK /GOAL	COMPAR-ISON ORG.
			May-16	n	Jun-16	n	Jul-16	n		
I. 30-Day Readmissions (all diagnoses):										
30-Day Readmissions (# of readmits # of total admissions)	5.47%	**9.10%**	6.90%	12/174	10.10%	17/158	10.50%	18/172	15.20%	HSAG/ CMS(CA)
II. Medication Errors:										
Acute (# errors/doses dispensed)	0.07%	**0.06%**	0.07%	15/ 20090	0.05%	10/ 20727	n/a	n/a	0.10%	AH
Acute (# errors/100 patient days)	1.19	**0.13**	1.15	15/1300	0.82	10/1206		n/a	TBD	TBD
LTC (# errors/100 patient days)	0.040	**0.020**	0.00	0/5274	0.00	0/5108		n/a	TBD	TBD
III. HAPU:										
Acute: patients w/ at least 1 HAPU per 1,000 pt days	0.35	**0.129**	0.00%	0/1300	0.00%	0/1206	0.00%	0/1321	1.00	CALNOC
Total number of HAPUS Long-Term Care (Sub-Acute; SSC; WE)	0.23	**0.52**	0.38	2/5274	0.38	2/5107	0.00	0/5249	2.54	NE
IV. Falls (per 1000 patient days):										
Acute (CCU/TELE/3W)	1.87	**1.59**	2.31	3/1300	1.66	2/1206	1.62	2/1331	2.43	CALNOC
Long-Term Care (Sub-Acute; SSC; WE)	1.99	**1.75**	2.65	14/5274	1.37	7/5107	1.91	10/5249	5.78	MQI
V. Infection Prevention:										
Catheter Associated Urinary Tract Infections (per catheter days)	0%	**0%**	0%	199	0%	436	n/a	n/a	0.56%	NHSN
Hand Hygiene (percent compliance)	91%	**92%**	91%	30/33	93%	28/30	n/a	n/a	90%	TJC
Surgical Site Infections (per inpatient elective orthopedic procedures)	0%	**n/a**	0%	n/a	0.00%	n/a	0.00%	n/a	0.00%	NHSN
VI. Core Measures (percent compliance):										
Inpatient Perfect Care (All or None)	94.68%	**96.63%**	75%	4	n/a		TBD		90%	AHS TNM
Immunizations Measure Set Perfect	94.60%	**97.33%**	n/a		n/a		TBD		90%	AHS TNM
Stroke Measure Set Perfect Care	94.00%	**94.92%**	75%	4	n/a		TBD		90%	AHS TNM
Venous Thromboembolism Measure Set Perfect Care	98.26%	**97.79%**	n/a		n/a		TBD		90%	AHS TNM
Tobacco Cessation Measure Set	75.71%	**83.33%**	76%	21	n/a		TBD		90%	TBD
OP-5 Median Time from ED Arrival to ECG (min)	16	14.77	10	1	11	5	TBD		10	CMS / TJC
Sepsis Bundle Compliance	n/a	22.95%	50.0%	4	41.7%	12	TBD		TBD	
VII. HCAHPS (Top Box Percent):										
Rate the Hospital 9 or 10	55.3	**58.9**	72.2	12	77.2	15		TBD	68.3	Press Ganey
VIII. ED Turn-Around-Times (TAT):										
Door ➡ Doctor Time (min)	28	**24**	25	937	19	1291	19	913	30	AHS TNM
Door ➡ Admit (hrs)	4.4	**4.4**	4.5	178	4.1	166	4.1	182	4.0	AHS TNM
IX. Stroke (Mean Times):										
Door ➡ CT for Code Stroke	22	**19**	15	15	22	12	15	15	25	Am St Assoc
Door ➡ Alteplase	54	**48**	40	2	32	2		n/a	60	Am St Assoc

Note: Some metrics take up to 90 days to be compiled. * Tobacco Core Measures data collection did not start until January 2015. Updated 9/22/16

DP=Data pending/ NA = Not Available / NC = No Cases / NE = Not Established/ TBD = To Be Determined

Green = Meets or exceeds goal; Yellow = slightly below goal (10%); Red = Significantly below goal (more than 10%)

Alameda Hospital Balanced Score Card (FY 2016)

I. 30-Day Readmissions: (all diagnoses):

· **Successes:** Readmission rates continue to be low. The ongoing partnership with Community Paramedics Program since June 2015 has helped keep rates down. Social Workers making referrals to the Community Paramedics Program to assist with medical compliance, making sure they got their medicine, attending MD appointments, following diet, assisting with community resources, getting ID to get into certain programs, have food they need. Etc.

II. Medication Errors:

· **Continuing Opportunities for Improvement:** Med Errors are now being reported in Midas, which should improve the accuracy and completeness of reporting.

III. HAPU:

· **Successes:** There were no HAPUS in the coded data.

· The rate of LTC HAPUs continues to be low and far below the national benchmark.

IV. FALLS:

· **Successes:**

· Acute and LTC patient falls continue to be better than benchmark. None of the reported falls had severe injury.

V. Infection Prevention:

· **Continuing Opportunities for Improvement:** We need to do more hygiene audits per month to get a representative sample. In prior months, we sampled over 90 cases.

VI. Core Measures:

· **Successes:** In May Perfect Care compliance for Alameda Hospital fell below the 90% target at 75%**.**

· **Continuing Opportunities for Improvement** – Stroke measure set overall compliance was at 75%. Out of the four stroke cases, one fell out due to the nurse not administering the aspirin medication ordered by the physician. Stroke coordinator followed up with education for the staff involved in the incident.

For the tobacco measure set, total of five cases fell out with two due to clinical factors which CMS has now approved as satisfactory exceptions (intubation and cognitive impairment) starting with July 2016 discharges while the other three cases were due to documentation omissions by staff that need to be addressed by revisiting the workflow for Tobacco cessation and continuous education.

· **Sepsis Fallouts**

There were two fall outs in May because there were no physician order for the initial lactate w/in the 3 hr timeframe.

In June, there were seven (7) fall outs with 3 cases wherein the initial lactate was not ordered w/in the 3 hr timeframe; 2 cases wherein the fluid challenge ordered in ED was an insufficient amount while the rest were due to either repeat lactate was not done w/in the timeframe and antibiotic that was ordered in the ED was not documented correctly.

· **Actions to Improve Compliance:** Cases are reviewed at the Sepsis HRT meeting; Medical and nursing staff follow-up and education; Laboratory staff follow-up and education; Plan to revise ED sepsis orders to comply with the CMS fluid challenge requirement.

VII. HCAHPS:

· **Successes:** Scores for "Rate the Hospital 9-10" surpassed the goal (68.3%) again with a score of 77.2% and is trending upward since January 2016.

VIII. ED Turn-Around-Times

· **Successes:** Door to Doctor times continue to meet the goal per CEP data.

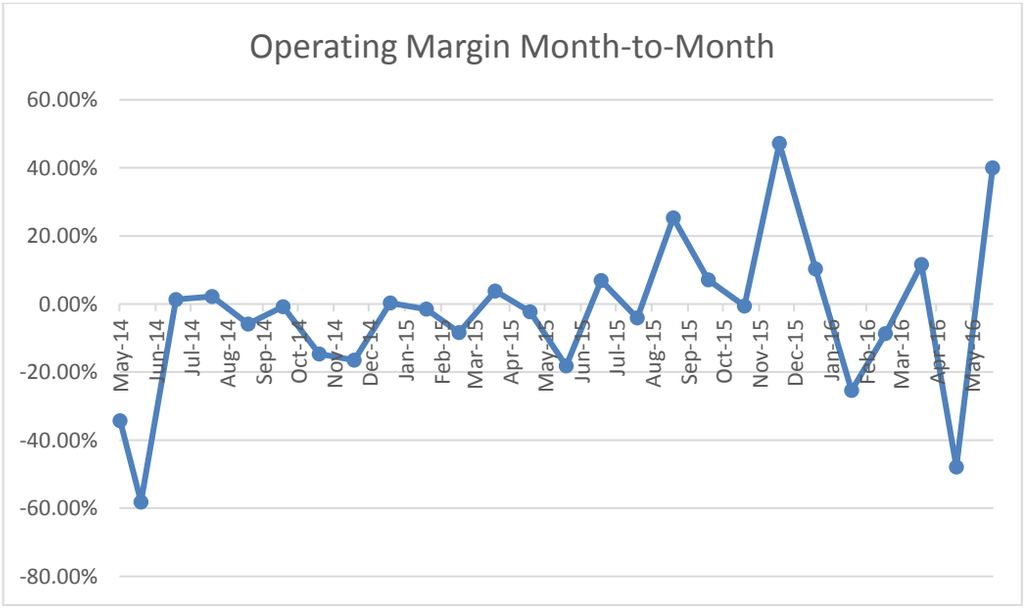
· **Continuing Opportunities for Improvement:** Door to Admit times continue to be high and are not meeting goals. Inpatient nursing staffing issues are causing patients to be boarded in the ED. This has been ongoing for over a year. There are also vacant nursing positions due to attrition and permanent staff converting to Services as Needed status.

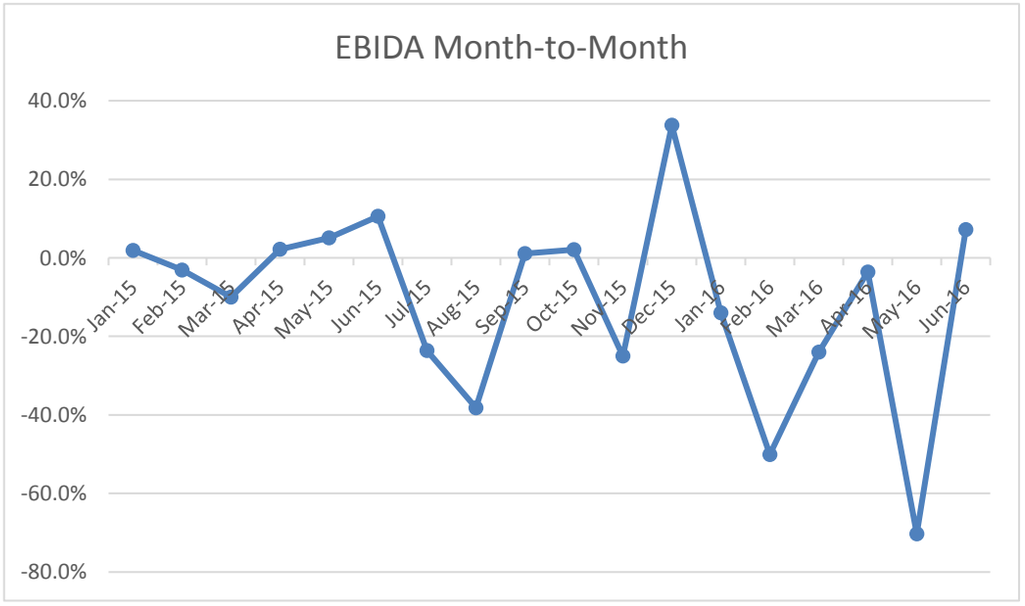
IX. Stroke Mean Times:

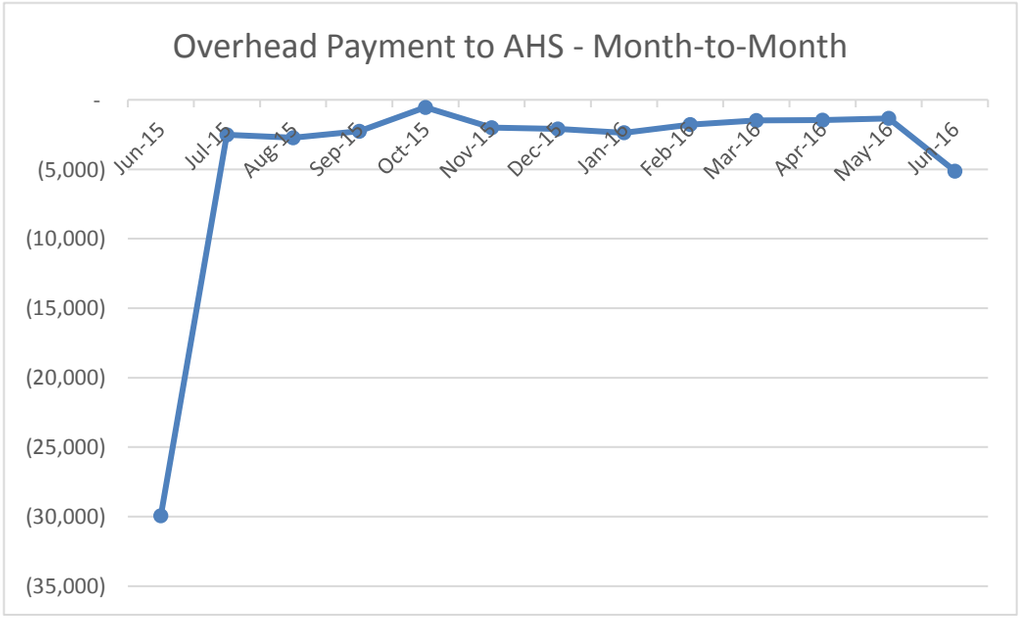
· Door to CT for Code Stroke: Times continue to meet goals.

· Door to Alteplase: Alteplase was not given in June. Data for prior months continues to meet the goal.

Operating Margin, EBIDA and Overhead Payment to AHS
May 2014 to June 2016







Operating Margin, EBIDA and Overhead Payment to AHS
May 2014 to June 2016

Source Data: Alameda Health System
Prepared By; Jim Meyers, DrPH

October 3, 2016
District Board Meeting

Alameda Hospital
A member of Alameda Health System

2070 Clinton Avenue
Alameda, CA 94501

MEMORANDUM

TO: Alameda Hospital Medical Staff, Leadership and Employees
City of Alameda Health Care District, Board of Directors

FROM: Bonnie Panlasigui, FACHE
Chief Administrative Officer

DATE: September 29, 2016

SUBJECT: Q3 (Jul - Sep) 2016 Update

True North Goal 1: Access: Be a leader in access to quality, affordable care

Action	Outcome/Status
Innovation Challenge Award	Bonnie is presenting along with the Alameda Fire Department's EMS Chief the Innovation Challenge Award winning presentation titled "Community Paramedicine: EMS of the Future" at the Hospital Council of Northern and Central California Annual Summit Sep 28-30. The goal is to share successes in reducing same diagnosis readmissions and reducing unnecessary ER visits and gain political support for expanding the pilot to other cities. Overall readmissions from the main six diagnoses focused on reduced from 10.2% to 2.75% over a period of a year.

True North Goal 2: Sustainability: Be an organization with an investment grade credit rating

Action	Outcome/Status
Cash Collections/Volume of non-contracted insurance patients	According to the patient access department, July collections resulted in $21,041 and August collections resulted in $14,085. There are still patients arriving with non-contracted insurance and they are electing to have their services at the hospital. For outpatient services, we had 21 patients in July, 31 patients in August, and so far 24 patients in September had their services here with an insurance that is not contracted with our hospital.

True North Goal 3: Integration: Achieve zero preventative harm and produce the best achievable outcomes

Action	Outcome/Status
Five year anniversary being a Certified Stroke Center	On September 30, 2011, Alameda Hospital was officially certified as a primary stroke center and this year will be our five year anniversary in having a successful certification in providing primary stroke care to the community. A big thank you to Dr. Claudine Dutaret and Michaele Baxter for being there for creating the program from scratch and keeping it successful over the years with re-certification surveys and through working with education to the team at Alameda Hospital. We plan to celebrate the five year anniversary during the Community Health Fair and is being coordinated with Louise Nakada.
Joint Commission Lab Survey outcome	On 9/20-9/21, there was a successful lab Joint Commission survey 11 findings, 7 directly related to a new Joint Commission regulation called IQCP (Individualized Quality Control Plan) which went into effect January 2016. There were no findings in any other departments that interact with the lab department. Overall, the surveyor was very pleased with the care and services provided at Alameda Hospital and he was very complimentary of the staff. The plan of correction is due 11/21 and the team is already working on the details to submit to Joint Commission.

True North Goal 4: Experience: Be the best place to stay well, heal, and receive care

Action	Outcome/Status
Renovations at Alameda Hospital	The renovations of focusing on the flooring and paint are nearly complete with all units complete except for the sub-acute unit on the second floor, which requires asbestos removal prior to installation of the new flooring. Additional work to be complete in all areas of the hospital includes painting of the door jams and hand rails. We are awaiting the new hospital lobby furniture to arrive that will be placed in the main lobby, second and third floor waiting areas and radiology, physical therapy, outpatient surgery and telemetry waiting areas. We also are in the process of ordering new privacy curtains and new blinds for the patient rooms. All items should be delivered and installed by end of this calendar year.
HCAHPS patient satisfaction scores	The HCAHPS scores are continuing to improve at a very good steady pace over the last six months. Last year, the percent of patients that rated Alameda Hospital a 9 or 10 was as low as 28% and as of July 2016, 81% of our patients rated us a 9 or a 10, which exceeds the goal of 68% and the national average of 72%. A big thank you to the nursing leadership for remaining focused on evidence based practices such as hourly rounding, bedside shift report and nurse leader rounding on patients to improve

	the overall perception of care at Alameda Hospital.

True North Goal 5: Network: Provide the highest rated community health programs

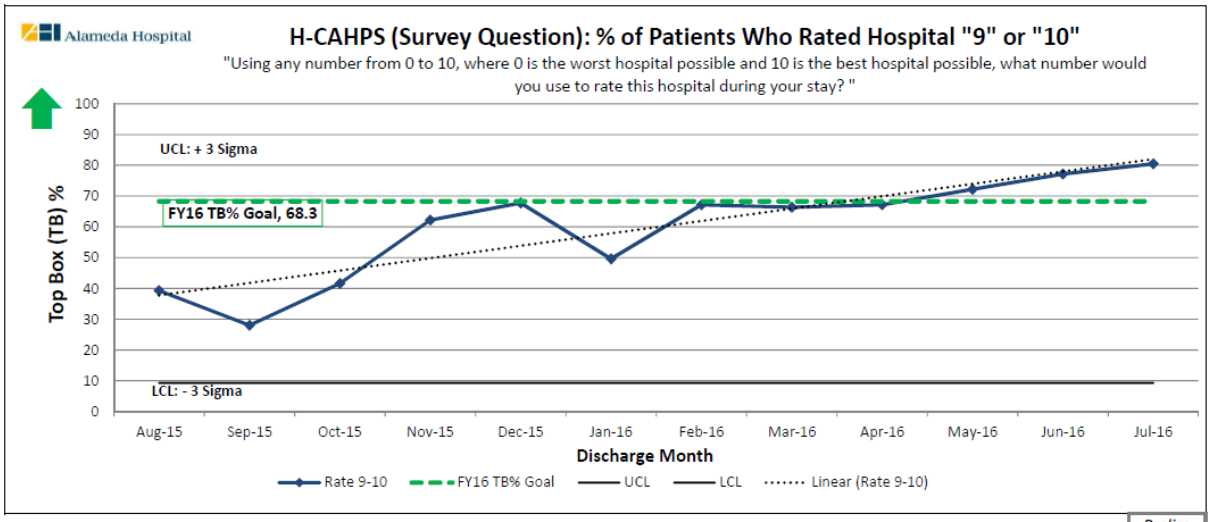
Action	Outcome/Result
Community Events/Outreach	Below are a variety of events we have participated in and plan to participate in as an active member of the community offering health screenings and having a presence on the island to be visible. • Fourth of July parade: July • Park Street Art and Wine Festival: July • Stroke assessment at Alameda Library: Aug • Participation in City of Alameda Benefits Fair: Sep • Alameda Hospital Gala: October 1st • Community Health Fair: October 22nd
Internal Marketing Campaign and Emergency Care Marketing Postcards	The AHS marketing department is completing the internal marketing campaign (designs and placements in back of packet) and ED postcard campaign (designs in back of packet). The internal campaign should be up by end of this calendar year and the postcards will be mailed out in increments of three months between now and Mar 2017.

True North Goal 6: Workforce: Be the best place to lean and work

Action	Outcome/Result
Employee Engagement Committee	The employee engagement committee announced their name as: PROPS (Peers Recognizing Others for Phenomenal Service) and they have distributed "mission award" cards for nomination opportunities that focus on the words of our mission statement of: Caring, Healing, Teaching, Serving All. The goal is to have quarterly recognition of a selected winner in each category of the mission statement with recognition being on the unit or department where the employee works so their peers can help celebrate their accomplishment/contribution to the team. (see attachment at back of packet)
Employee Engagement Survey	The employee engagement scores in the 2016 survey reflected an overall improvement in every single question over last year's pulse survey except for one question which focused on fair pay, which should be addressed by end of this calendar year. A big thank you to the management team as the manager domain questions were the highest rated, which reflects a very positive relationship between employees and their direct supervisor. Below are some areas where we improved the most over last year: • This organization supports me in balancing my work life and professional life • I get the tools and resources I need to provide the best care/service for our patients • I have confidence in senior management's

	leadership • I am satisfied with the recognition I receive for doing a good job • The person I report to is a good communicator • The environment makes me want to go above and beyond what's expected of me • Overall, I am a satisfied employee (see attachment at back of packet for further details on the scores)
Waters Edge Name Change	Waters Edge officially changed their name from Waters Edge to Park Bridge Rehabilitation and Wellness Center on September 1st. This was a result of the request from the building owners, the Zimmerman family, to have a unique name that did not share the same name with the existing Waters Edge Assisted Living Facility with AEC Living in Harbor Bay within Alameda. Attached in the back of the packet are pictures from the ribbon cutting event. The Mayor of Alameda attended to show support to Albert, one of the residents, who sits on the city's council for disabled citizens. (see attached picture)

HCAHPS Patient Satisfaction Improvement



Reporting Date:		Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Prelim Jul-16
True North Metric: "Rate the Hospital 9-10"	TB%	39.3	28	41.6	62.2	67.8	49.6	67.2	66.4	67.2	72.2	77.2	80.5
	n	19	13	18	20	17	21	20	13	20	12	15	18
	Rank	1	1	1	12	26	1	25	21	25	46	71	83
Closing Date:		10/15/15	11/15/15	12/15/15	1/15/16	2/15/16	3/15/16	4/15/16	5/15/16	6/15/16	7/15/16	8/15/16	9/15/16

NR = No Responses (to date)

Top Five Priority Index Questions:	
	1. Nurses treat with courtesy/respect (Comm w/ Nurses)
	2. Staff do everything help with pain (Response of Hosp Staff)
	3. Call button help soon as wanted it (Response of Hosp Staff)
	4. Nurses listen carefully to you (Comm w/ Nurses)
	5. Nurses expl in way you understand (Comm w/ Nurses)

H-CAHPS Star Rating: ★★ (2/5 stars)

CMS Quarterly Public Reporting: CY Q3 2014 - Q2 2015

HGH (Adj)	State	National
Top Box % Average		
52%*	68%	72%

*Publicly Reported score variation due to CMS adjustment

T. Montoya
Last Updated: 8/25/2016

Source: Press Ganey Database

AHS Quality Performance Improvement Dept.

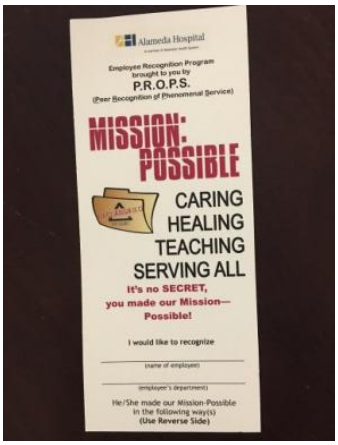
Alameda Hospital Pulse Survey Employee Engagement Score Analysis

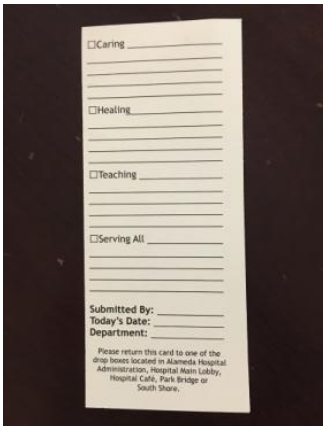
Organization Domain	2015 Pulse Score	2016 AH Survey Score	Variance
This organization provides high-quality care and service.	3.82	3.84	0.02
This organization cares about employee safety.	3.71	3.95	0.24
This organization conducts business in an ethical manner.	3.65	4.02	0.37
Different work units work well together in this organization.	3.58	3.80	0.22
This organization supports me in balancing my work life and personal life.	3.55	3.98	0.43
This organization treats employees with respect.	3.52	3.83	0.31
I have confidence in senior management's leadership.	3.50	3.85	0.35
I get the tools and resources I need to provide the best care/service for our clients/patients.	3.30	3.77	0.47
This organization provides career development opportunities.	3.20	3.45	0.25
My pay is fair compared to other healthcare employers in this area.	2.53	2.48	(0.05)
AVERAGE SCORE	**3.44**	**3.70**	0.26

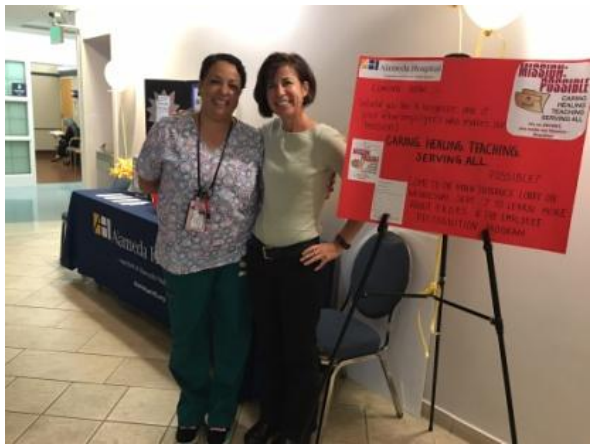
Manager Domain	Pulse	Full Survey	Variance
The person I report to treats me with respect.	4.22	4.42	0.20
I respect the abilities of the person to whom I report.	4.13	4.40	0.27
The person I report to cares about my job satisfaction.	4.07	4.25	0.18
The person I report to encourages teamwork.	4.07	4.23	0.16
The person I report to is a good communicator.	3.99	4.26	0.27
I am involved in decisions that affect my work.	3.65	3.85	0.20
I am satisfied with the recognition I receive for doing a good job.	3.46	3.85	0.39
AVERAGE SCORE	**3.94**	**4.18**	0.24

Employee Domain	Pulse	Full Survey	Variance
I like the work I do.	4.43	4.45	0.02
My work unit works well together.	4.10	4.10	0.00
My job makes good use of my skills and abilities.	4.08	4.16	0.08
I feel like I belong to this organization.	3.84	4.12	0.28
The environment makes me want to go above and beyond what's expected of me.	3.25	3.61	0.36
AVERAGE SCORE	**3.94**	**4.09**	0.15

Engagement Indicator	Pulse	Full Survey	Variance
I would like to be working at this organization three years from now.	3.89	3.98	0.09
I am proud to tell people I work for this organization.	3.85	3.90	0.05
I would recommend this organization as a good place to work.	3.62	3.85	0.23
Overall, I am a satisfied employee.	3.62	3.91	0.29
I would stay with this organization if offered a similar job elsewhere.	3.54	3.71	0.17
I would recommend this organization to family and friends who need care.	3.53	3.82	0.29
AVERAGE SCORE	**3.68**	**3.86**	0.19



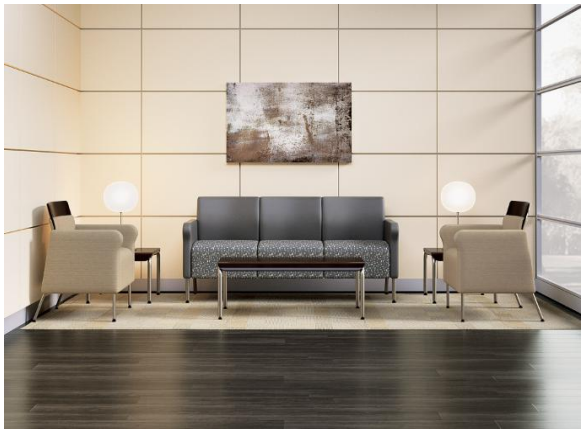




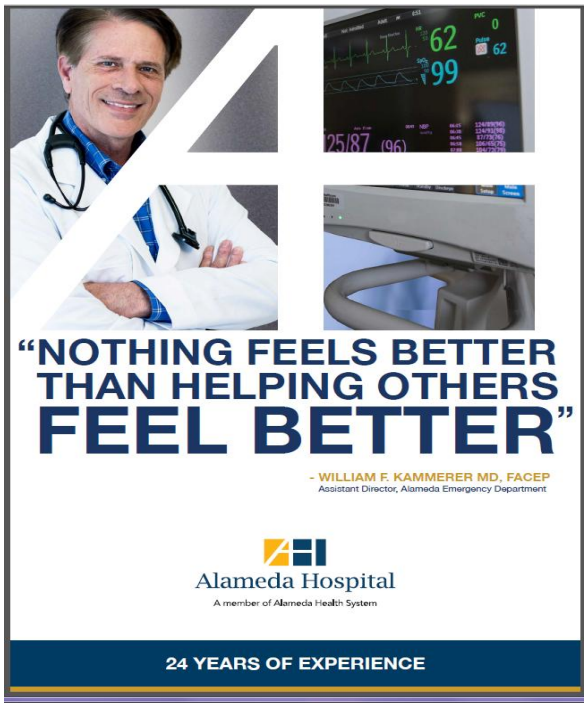
Sample images of lobby furniture (color and design to be different color)

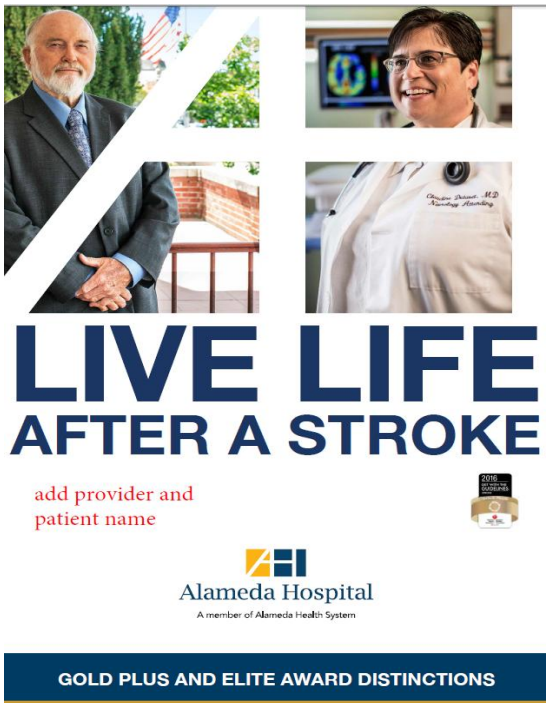


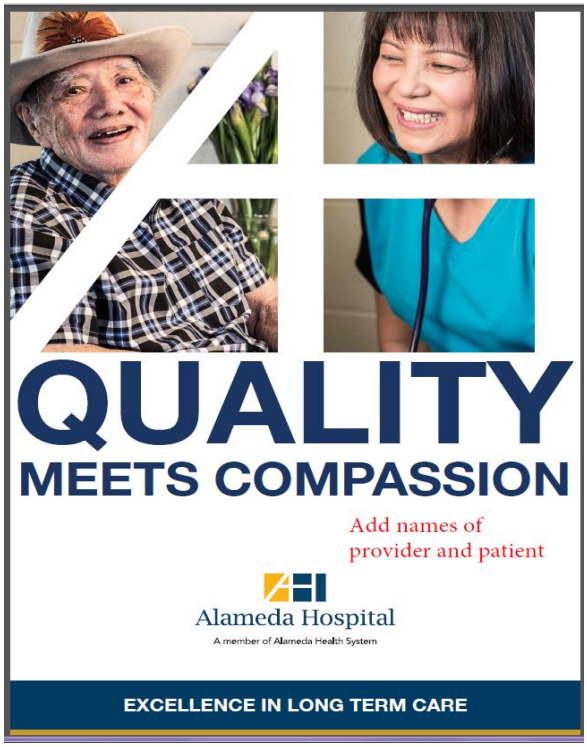


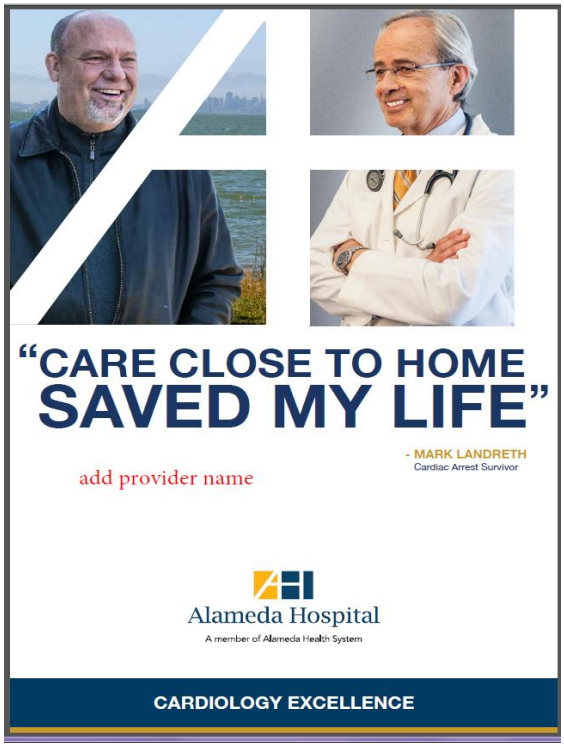



Marketing Internal Campaign



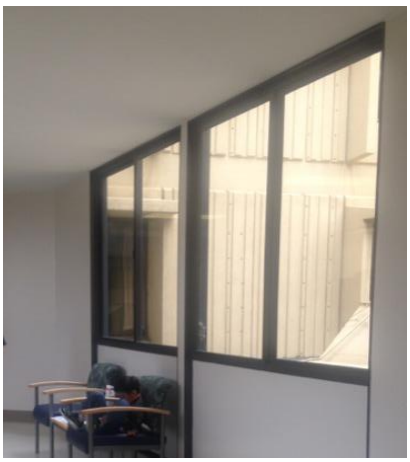




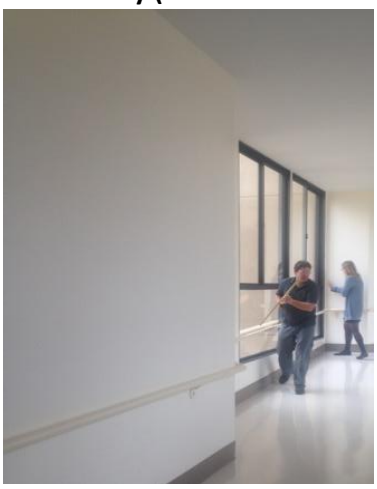


Placement of internal signage:

1st floor, 2nd floor, 3rd floor elevators **second floor hallway (bottom half of windows)**



3rd floor hallway (bottom half of windows)

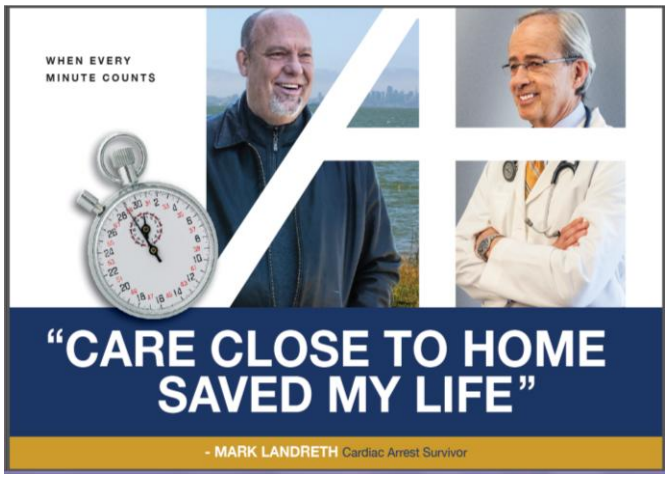


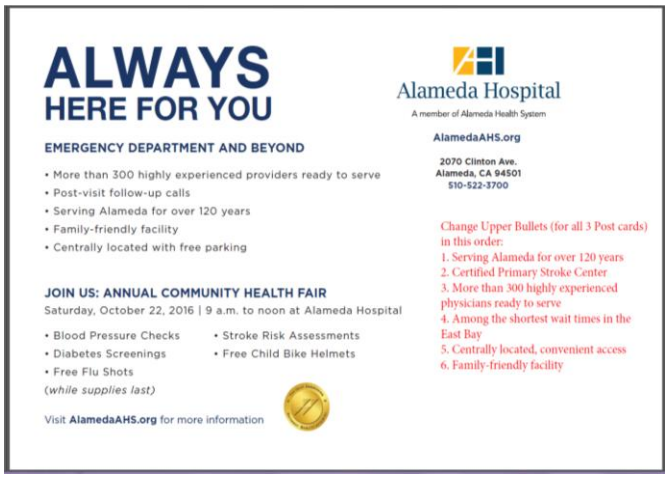
2nd floor & 3rd floor lobbies

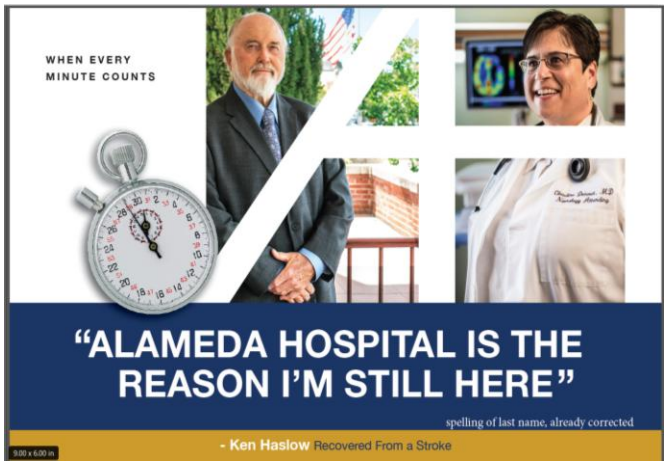
Stephens Wing/Admin Building 1st floor

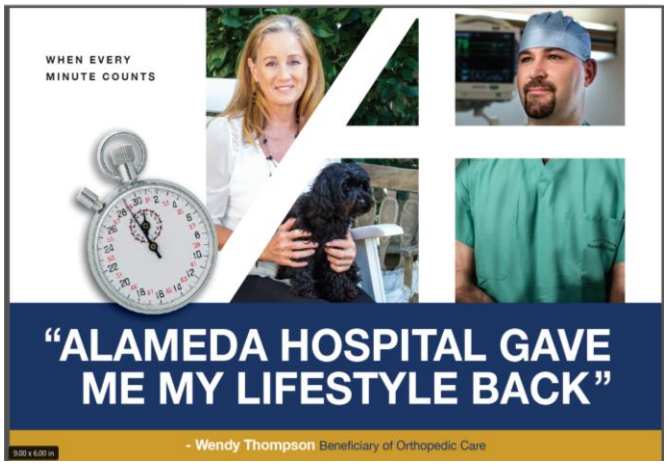
Parking lot banner flags

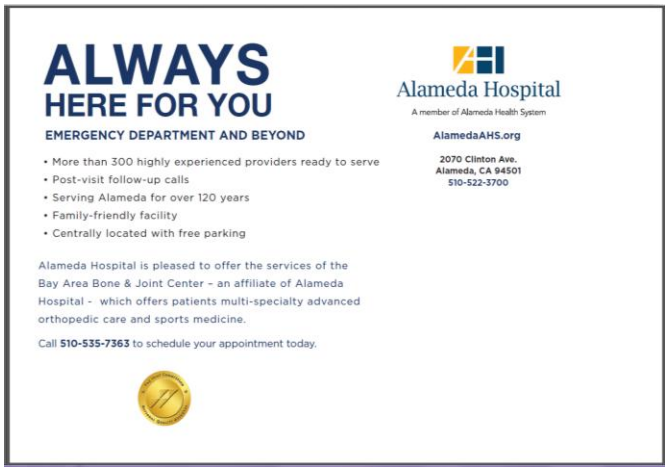
ED Campaign: (to be mailed out in increments of every 3 months: Oct 2016, Jan 2017, Mar 2017)











Park Bridge Ribbon Cutting Event

Mayor Trish Spencer, Resident Arnold, Bonnie Panlasigui

New Park Bridge brochure on display in unit

DATE: September 22, 2016

MEETING DATE: October 3, 2016

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

FROM: Tracy Jensen

SUBJECT: AHS Liaison Report

1. **New AHS Board Member** appointed by the Board of Supervisors: Gary Charland is the Executive Vice President/CEO of Masonic Homes of California, formerly the Executive Director of Washington Township Medical Group.

2. **AHS board pending appointments:** Anthony Thompson, Senior Vice President with Union Business Bank and the treasurer of the AHS Foundation, and Kimberly Horton, CEO of Vibra Hospital, a Long Term Acute Care facility in Sacramento. The Board of Supervisors Health Committee will consider these appointments on Monday September 26.

3. **Waters Edge name change** to Park Bridge Rehabilitation & Wellness Center.

4. **Legislation**.

    a. AB 2737 (Bonta-D), would require a health care district (example: Eden Township) that provides no direct health services to spend a minimum of 80% of its budget for community grants for health care services and no more than 20% on administration. Signed by Governor Brown on September 22.

    b. AB 72 (Bonta-D), would establish that if noncontract services are provided at a contracted facility the enrollee or the insured is only required to pay the "in-network cost-sharing" amount that they would be responsible for if the health professional was a contracted provider. Governor must sign or veto by September 30.

5. **Hospital Council 2016 Summit**: I will be attending the event sponsored by the Hospital Council of Northern and Southern California, where I look forward to hearing Bonnie's presentation about our Community paramedic program.

6. **AHS Org. Chart** (attached)

DATE: 15 September 2016

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

FROM: Jim Meyers, DrPH

SUBJECT: **CoAHCD Community Liaison Report**

During the previous 2 months, I have communicated with the following people in support of future community liaison work on behalf of the District:

- Jim Franz - City of Alameda Community Development & Resiliency Coordinator
- Delvecchio Finley - AHS CEO

I look forward to beginning support of our District's community liaison mission once our Executive Director and Full-Time Board Clerk/Administrative Assistant are hired.

MEETING DATE: October 3, 2016

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

FROM: Kathryn Sáenz Duke, President

SUBJECT: Election; State activities of note; Staff Search

November Elections. There are two board terms ending this year, and two candidates who filed for those District board positions: the incumbents Mike Williams and Kathryn Sáenz Duke. With the same number of candidates as there are seats available, these candidates' names will not appear on the ballot.

Association of California Healthcare Districts: Recent News

1. Healthcare districts receive attention from statewide officials. In late August our District received an email from the Association of California Healthcare Districts (ACHD) requesting information on our District for a hearing happening a few days later. This information would be added to information from other health care districts, then put into a presentation to our state's "Little Hoover" Commission. Thanks to quick work by Kristin Thorson, Tom Driscoll and myself, we responded quickly to those few questions that were relevant to our situation (see attachment).

Below are excerpts from ACHD's more recent newsletter regarding statewide bodies' plans for hearings regarding special districts, and specifically healthcare districts:

> The Little Hoover Commission is reviewing California's vast network of special districts, and... has identified Healthcare Districts for a more in-depth focused review, following its initial introductory hearing on August 25, 2016 about special districts in California…. ACHD provided written and oral testimony at this initial Commission meeting…..
>
> The Commission has also scheduled a roundtable discussion to further explore the landscape of Healthcare Districts, with a focus on those Healthcare Districts that have received attention from local grand juries, the Legislature and others. The roundtable discussion will be held on **Wednesday, November 16**, from 1:30 p.m. to 3:30 p.m. in the Lower Level Conference Room of 925 L Street, Sacramento.
>
> In response to the challenge from the Little Hoover Commission, the Assembly Local Government Committee and the Senate Governance & Finance Committee, the ACHD Board has now established a Working Group comprised of the leadership of Healthcare Districts statewide to review the changing role of Healthcare Districts, enhance accountability and improve transparency.

2. AB 2737 (Bonta). Assembly Bill 2737 was opposed by ACHD. It passed the Legislature, and is now before the Governor. This bill is directed at "nonprovider healthcare districts," and requires such districts (as specifically described within the bill)

to "spend at least 80 percent of their annual budget on community grants awarded to organizations that provide direct health services."
Our district does not come under the scope of this bill because "nonprovider health care district" means a health care district that meets a number of criteria, which include:

(1) The district does not provide direct health care services to consumers.
(2) ...
(3) The district has assets of twenty million dollars ($20,000,000) or more.

"Direct health service" is defined in the bill as ownership **OR** direct operation of a hospital, medical clinic, ambulance service, transportation program for seniors or persons with disabilities, a wellness center, health education, or other similar service.

Executive Director Search; HFS Assistance

You may recall that the HFS June 6, 2016 report to our Board included this section:

> METHODOLOGY
> HFS met with each Board member and selected other individuals. We suggest further feedback be gathered through emailed surveys, a "town hall" style public meeting with key stakeholders and community leaders invited, and further public feedback at District Board meetings.
>
> The Stakeholders
> • CAHCD Board members
> • AHS leadership, especially Alameda Hospital leadership
> • Community members and leaders

Although our District has already reached the $5000 budget cap per our contract with HFS, Mr. Whiteside and his company have generously continued to be available to our Board for comments and advice at no additional charge. He recently reviewed and discussed with me the attached draft document for an email (and perhaps also hard copy) survey of our community, per the methodology recommendations by HFS.

After the content is finalized and the formatting improved, we will reach out to a number of community organizations to ask if they can and will disseminate the survey through their own email lists. We can also work with organizations such as Mastick Senior Center to distribute hard copy versions of the survey to people not likely respond by email. And we can place notices or short articles in several electronic or print media to advertise the availability of this survey and to encourage responses from as many community members as possible.

Assuming that we continue on the path recommended by HFS, after the community survey has been completed we can begin planning a "town hall" style public meeting with key stakeholders and community leaders.

Attachments:

- August 2016 Response from our District to ACHD's request for information
- Draft version of community survey.

Background:
On April 9, 2002, the voters of the City of Alameda approved the formation of the City of Alameda Health Care District, authorized to assess and collect a parcel tax that has been providing almost all of the $5-$6 million of our District's annual funds. This action allowed Alameda Hospital to continue providing our community with quality and personalized health care. A decade later, changing health system realities brought the District to an additional step toward maintain local emergency and hospital services by executing a Joint Powers Agreement with the Alameda Health System (AHS).[1] While the District retains ownership, AHS obtained possession, use and control of Alameda Hospital from the City of Alameda Health Care District ("District"), effective May 1, 2014.

The District continues to provide substantial support to Alameda Hospital through the parcel tax funds and that support is essential to the continuing operation of the hospital and the community's access to its services. The parcel tax funds in the last two years have gone to fund much needed capital equipment, deferred maintenance to the facility, and facility renovations which all go toward serving our District's community. The District's Mission Statement, as approved after our affiliation with Alameda Health System, is:

- Oversee the maintenance and operation of a District-owned hospital and other District-owned health care facilities;
- Collect, disburse, review and educate the community on the use of parcel taxes collected under the authority of the District;
- To be a leader for the health and well-being of the residents of and visitors to the District;
- And, to do any and all other acts and things necessary to carry out the provisions of the Bylaws and the Local Health Care District Law

General Numbers

- What are the general demographics of your District? Can you provide the *total population* for your District?
    - 77,660 residents (http://www.city-data.com/city/Alameda-California.html)

****Hospital-Specific Numbers:**

- How many total *hospital visits* did you have in the last calendar/fiscal year?
    - FY2015-2016
        - Surgeries (inpatient and outpatient) = 2,239
        - Acute Hospital Admission = 2,258
        - Emergency Room Visits = 15,090
        - Skilled Nursing Admissions = 332

Positive Measures

- Has your District received any awards, recognition, or high federally-recognized ratings that you can provide? If you are ACHD certified, how has this certification benefitted your District?
    - Alameda Hospital has received numerous awards and recognition for the quality of care provided to the Community.

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

- Alameda Hospital's skilled nursing facilities are five-star rated by the Centers for Medicare and Medicaid Services.
- The American College of Cardiology and the American Heart Association have recognized Alameda Hospital for its high standards in cardiac care.
- Alameda Hospital's certified primary stroke center has advanced certification by the Joint Commission.
- Alameda Hospital has received the Gold Plus Target Stroke Elite Award from the American Stroke Association (ASA) four years in a row.

Economic Measures

- Can you speak to the number of total *jobs* that your District provides?
  - The District does not have any employees or paid staff at this time. Alameda Hospital employs 694 people
- What is the total *payroll* of your District?
  - The District has not had any employees since our affiliation with Alameda Health System.

Community Impact

- How many people are served annually by your District, via health fairs, vaccinations, or other *community health services*?
  - Alameda Hospital holds an annual health fair which draws approximately 1,500 members of the community.
  - Free flu shots are usually provided during this event.
- What kind of *emergency preparedness* services does your District offer?
  - The District through Alameda Hospital maintains access to emergency room and inpatient services on an island community.
  - The District will be working with community stakeholders and Alameda Hospital on disaster and emergency preparedness in the community

Negative Impact without Healthcare District

Finally, can you briefly describe the *negative impact* that would occur if your Healthcare District ceased to exist? How far would community members have to drive to the next nearest hospital/clinic? What services would be lost?

- If the district ceased to exist and there is a major emergency affecting our community, we expect there would be no hospital or emergency room health care services within our "island community", which relies heavily on our four bridges over water plus an underwater tunnel for people and supplies to enter and exit our community. The services that would be lost are: General Acute Care Hospital (100 beds), Emergency Room, Outpatient Services (PT, Lab, Radiology, wound care, surgeries, cancer care and infusion therapy, etc.), and Skilled Nursing facilities (181 beds). In addition to this loss of emergency and acute care services referenced in the first two bullets of our District's Mission Statement (see above), the disappearance of our District and the parcel tax funds we oversee would prevent us from moving ahead with the third part of our Mission: To be a leader for the health and well-being of the residents of and visitors to the District.

DRAFT: CoAHCD email survey sections- revised 9.9.16

Brief History

In 2014 the City of Alameda Health Care District affiliated with the Alameda Health System (AHS)[1] for management and operations of Alameda Hospital's inpatient and outpatient services and facilities. Since then, Alameda Hospital has moved toward improved fiscal stability and overall organizational health. These accomplishments have allowed the District's parcel tax funds (authorized in 2002) to be used for a range of Alameda Hospital facility improvements, for improving patient care, and for responding to the significant health system pressures affecting AHS, Alameda Hospital, and much larger hospitals and health systems.

As these change pressures continue, how best can our District maintain access to local emergency and inpatient hospital services, while also moving ahead as a "community-based health care district" that continues to own but not operate Alameda Hospital?

What is important to you? Please let us know below

The first part of our District's Mission Statement calls us to "**Oversee the maintenance and operation of a District-owned hospital and other District-owned health care facilities**." How important is it for our community to continue to have…

1. …Alameda Hospital offer local access to emergency and inpatient health care services?
2. …a number of outpatient health care services available locally through Alameda Hospital-affiliated health care professionals?
3. …Alameda Hospital survive the growing pressures from much larger commercial insurance companies, government payers, drug companies, and other hospital & health systems?

Our District's Mission Statement also reflects our change to being a community-based health care district that should be "**a leader for the health and well-being of the residents of and visitors to the District**." How important is it for our community to…

4. …have our District take a leadership role in identifying health needs in our community, then working with stakeholder groups to address those needs

5. …have one or two staff people who work directly for our District and do not report to AHS?

6. …continue supporting a $298/year parcel tax to accomplish all parts of our Mission?

[1] http://www.alamedahealthsystem.org/

[Suggest a 4 point scale for all numbered questions above: Very Important, Somewhat Important, Not Important, Don't Know. For questions below, the response format is indicated.]

7. Please mark the three community health topics most important to your health and our community's health (listed below in random order)

- ❖ access to and promotion of healthy foods
- ❖ health differences across different ethnic or racial groups
- ❖ healthy schools
- ❖ children and youth
- ❖ alcohol and other substance abuse
- ❖ air quality
- ❖ access to safe, appropriate housing
- ❖ safety, health and medical care in a community emergency
- ❖ tobacco use
- ❖ increasing physical fitness and activity
- ❖ seniors and aging
- ❖ gun violence
- ❖ pedestrian and bicyclist safety
- ❖ Other topic? [please suggest] _____

GETTING TO KNOW YOU

Please answer only for yourself. [2]

1. What is your current age? 20-40, 41-65, 66+ _____
2. How many people living in your home are younger than 20? _____
3. *[OMIT? Can we get survey data on this? Maybe the next two questions suffice?]* What kind of health insurance do you currently have?
   Medicare
   Medi-Cal
   Blue Cross
   Blue Shield
   Kaiser
   No insurance
   Other:_____

4. During the past twelve months, how many times did you go to the main Alameda Hospital building or its related outpatient sites for health care?
   - 0-5 visits, 6-10 visits, 10+ visits
5. During those same twelve months, how often did you receive health care services from another provider within or outside the City of Alameda, such as Kaiser or Summit/Alta Bates?

[2] If your household includes more than one adult, please forward this email to that person, who can then add his/her own comments and information. We hope to hear from as many people as possible in our district.

- 0-5 visits, 6-10 visits, 10+ visits

6. How long have you lived in the City of Alameda?
   - 0-15 yrs, 15-30 yrs, 31+ yrs
7. Would you like to directly receive information from our District about recent news or future events?
   NO____
   YES_____Please print your email address [or your phone number?]. We will NOT share this contact information with others.

_____

YOUR QUESTIONS OR COMMENTS ABOUT ANY OF THE ABOVE:

_____

_____

_____

Thanks. We welcome your thoughtful comments and suggestions.

- Robert Deutsch, MD
- Tracy Jensen
- Jim Meyers, DrPH
- Kathryn Sáenz Duke
- Michael Williams

CITY OF ALAMEDA HEALTH CARE DISTRICT MISSION STATEMENT:

- Oversee the maintenance and operation of a District-owned hospital and other District-owned health care facilities;
- Collect, disburse, review and educate the community on the use of parcel taxes collected under the authority of the District;
- To be a leader for the health and well-being of the residents of and visitors to the District;
- And, to do any and all other acts and things necessary to carry out the provisions of the Bylaws and the Local Health Care District Law.

MEETING DATE: October 3, 2016

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

FROM: Kathryn Saenz Duke, President
Kristen Thorson, District Clerk

SUBJECT: Review and Discussion of Decision Points for Vision and District Staffing

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As a follow-up item to a discussion at the August 6, 2016 District Board meeting, Director Meyers requested a summary of decision points and agreed upon timeline for an agenda itme and discussion.

The attached detailed summary & timeline below represents the specific actions and discussion that have take place since January 2015, relating to the Vision 2015 work and district staffing (Executive Director and District Clerk).

Below is the timeline agreed upon for selection and hiring of district staff.

Acceptance of Timeline for Executive Director:11/9/15		
	Date	Status
Approve the draft ED Job Description	Draft presented at 11/9/15 Meeting	Not approved
Board President to Select Search Committee to Oversee Executive Hiring Firm Process	4/11/16, engage HFS to assist in ED Search	√
Make Job Description changes as needed		Not Complete
Complete search process in February – with identification of at least two finalist for full board interview process.		Not Complete
Special Board Meeting in February for final interview of candidates and board vote		Not Complete
Hire a new Executive Director by March 2016		Not Complete

Acceptance of Timeline for Hiring Administrative Associate (District Clerk): 11/9/15		
	Date	Status
Approve Job Description	Draft presented at 11/9/15 Meeting	Not approved
Board President to Select Search/Hiring Committee after Executive Director is in Place		Not Complete
Make Job Description changes as needed		Not Complete
Hire a Full-time Clerk by July 2015		Not Complete

For Fiscal Year 2016-2017 Operating Budget funding for 2 positions, approved 6/6/16:

Salaries, wage and benefits	170,000	0.5 FTE Exec. Director (95K) 1.0 FTE Clerk (75K/base hourly rate $25-$30 + agency fees, i.e. Robert Half)

Time line of decision points and discussion relating to Vision 2015 ad hoc committee and District Staffing (Executive Director and Administrative Associate).

DATE	Agenda Item	FORMAL ACTION	Detail	Footnote
1/12/15	President's Report	NO ACTION	Announcement by President McCormick of a formation of Subcommittee, Director Meyers and Director Sáenz Duke asked to be on the committee	1
2/2/15	Subcommittee Update	NO ACTION	Reference Footnote	2
3/2/15	Subcommittee Update	NO ACTION		3
	Closed Session	Public Employee Performance Evaluation Title: District Clerk	Closed Session Minutes	N/A
4/13/15	Subcommittee Update	NO ACTION		4
6/1/15	Vision 2015 Report/Update	NO ACTION	Power Point Presentation that included the following section • Vision 2015 Charter • Research Conducted • Findings from Research • Recommendations • Budget • Proposal for Discussion and Vote	5
	Approval of FY 2015-2016 Operating Budget	Director Jensen moved adoption of the budget as presented which included Option 1. Director Saenz Duke seconded the motion. After no further discussion the motion carried. **Option 1:** • District Budget to fund an Executive Director at .5 FTE under: o reasonable District operating expenses language (JPA 2.2) o hospital general operating expenses	Reviewed FY 15-16 budget and option 1 that was included in the Vision 2015 Report presentation.	

DATE	Agenda Item	FORMAL ACTION	Detail	Footnote
		language (Measure A) • AHS to fully fund the District Clerk at 1.0 FTE		
8/3/15	President's Report	No Action	He asked the Vision 2015 Committee for a final report with a type of marketing or business plan as a stepping off point and moving forward with the He requested the report be presented at the October meeting.	6
	Vision 2015 Report	No Action		
9/14/15	Approval of Parcel Tax Budget	Director Jensen made a motion to revise the budget changing the District budget to $531,130, eliminate the District Clerk 1.0 FTE line item, leaving the total uses of the parcel tax at $5,830,966. After the motion there was discussion noting that Mr. Cox proposed moving the $130,000 to Facilities Projects. Director Jensen revised her motion to increase Facilities Projects to $3.0 M and eliminate the line item, District Clerk 1.0 FTE leaving the total uses of the parcel tax at $5,830,966. Director Saenz Duke seconded the motion.		7
10/26/15	Discussion on Next Steps for Recruitment of Support Personnel for District Operations	NO ACTION	Director Jensen suggested that an ad hoc hiring committee be identified to determine the process. Director Deutsch noted that there was a consensus to have recommendations (relating to the Vision 2015 work) on the agenda for discussion at the November 9 meeting.	8
11/9/15	Acceptance of the Vision 2015 Report and Recommendations	Three (3) actions were taken based on the recommendations in the Report. 1. Adoption of Mission Statement 2. Acceptance of timeline for recruitment of District staff 3. Acceptance of Report with no further	Timeline as noted in the presentation Executive Director ○ Approve the draft ED Job Description ○ Board President to Select Search Committee	9

DATE	Agenda Item	FORMAL ACTION	Detail	Footnote
		action. After discussion involving all directors, Director Williams moved and Director Sáenz Duke seconded to adopt the Vision 2015 Report's mission statement by revising bullets #2 and #4 on page 50 of the packet as follows: • "Collect, disburse, review and ~~oversee~~ educate the community on use of parcel taxes collected under the authority of the District." • "And, to do any and all other acts and things necessary to carry out the provision of the~~se~~ Bylaws and the Local Health Care District Law."	to Oversee Executive Hiring Firm Process ○ Make Job Description changes as needed ○ Complete search process in February – with identification of at least two finalist for full board interview process. ○ Special Board Meeting in February for final interview of candidates and board vote ○ Hire a new Executive Director by March 2016 ○ Approve the draft ED Job Description District Clerk / Administrative Associate ○ Approve Job Description ○ Board President to Select Search/Hiring Committee after Executive Director is in Place ○ Make Job Description changes as needed ○ Hire a Full-time Clerk by July 2015	
11/9/15		Director Meyers moved and Director Sáenz Duke seconded to accept the process as written on pages 53-54 with the provision that any expenditure of funds or engagement of executive search firm for hiring an Executive Director and District Clerk/ Associate Assistant would require an action made by the Board in open session. The motion carried with 4-1 (Jensen).		
11/9/15		Director Jensen moved and Director Williams seconded to accept the Vision 2015 Final Report with no further action on any further recommendations in the report. Motion approved		

DATE	Agenda Item	FORMAL ACTION	Detail	Footnote
		unanimously.		
1/18/16	Review, Discussion and Approval of Bylaws Revisions	Director Jensen moved and Director Sáenz Duke seconded to adopt the revisions to the bylaws with changes noted in the minutes. The motion carried.	Included addition of new liaison positions (Community Health Liaison and Alameda Hospital Liaison) relating to recommendations from Vision 2015 work and language pertaining to Executive Director.	10
2/8/16	Selection of Executive Director Search Committee and Review of Proposed Charter	The Board agreed to appoint Director Sáenz Duke and Director Williams to the ad hoc committee for the Executive Director Search Committee.		11
4/11/16	Executive Director Search Update and Consulting Recommendation	Director Jensen made a motion to enter into a consulting agreement with HFS for a limited scope as outlined in the proposal as a cost of not to exceed $5,200 and Director Meyers seconded. The motion carried.	Scope included: 1. An initial meeting with the Search Committee to gather information regarding CAHCD's current and prospective environment and to determine key responsibilities and goals of the Executive Director 2. Attend and facilitate a town hall style public meeting to allow the Board to solicit feedback from the public/residents of Alameda 3. Attend and facilitate a final public District Board meeting where the members of the Board, following steps 1 and 2, can discuss and decide on the decision for the most effective leadership models and initial input on key characteristics and skill set for the new executive leadership 4. Other tasks may include interviewing key stakeholders, members of the community, facilitate an e-platform for the public to address ideas, concerns and suggestions in a confidential setting and other tasks as deemed necessary	12

DATE	Agenda Item	FORMAL ACTION	Detail	Footnote
6/6/16	Executive Director (ED) Search Update	NO ACTION		13
	Review and Approval of Fiscal Year 2016-2017 Operating Budget	Director Deutsch made a motion to approve the Fiscal Year 2016-2017 District Operating Budget as presented and Director Meyers seconded. The motion carried.	Included funding ($170,000) for Executive Director and Administrative Associate (District Clerk) in FY 2016-2017 Operating Budget	
8/1/16	President's Report	NO ACTION	.	14

[1]***January 12, 2015 Minutes***– *He (President McCormick) also announced the formation of a sub-committee to study and report on the direction, purpose and scope the Board of Directors should pursue post-affiliation. Director Meyers and Director Sáenz Duke have been asked to head up this committee and have agreed to work on this project.*

[2]***February 2, 2015 Minutes*** –Subcommittee Update. *Director Sáenz Duke outlined the work that she and Director Meyers had been working on as part of the subcommittee that was formed at the January 12th meeting to look at the role and scope of the District post affiliation. She noted that the proposed name of for the subcommittee was "Vision 2015" and read the proposed charter as follows; To study and report on the direction, purpose and scope of work the Board of Directors should pursue as we adjust to significantly different primary responsibilities and opportunities for our Board activities". She noted that the Board's "vision" work complements the responsibility to stay informed about and interactive with AHS as it operates the District's health facilities and spends the District tax funds. The Vision 2015 would focus less on oversight of Alameda Health System issues and more on our District's role in assessing and advocating for our community's health and well-being. These complementary responsibilities are in the spirit of California H&S Code Section 32121.9.*

Director Sáenz Duke reviewed some of the specific actions that have begun or will be discussed such as gathering written information on other Healthcare Districts not operating hospitals, talking with relevant people, and looking for synergies with our District stakeholders' (including AHS, Alameda County, and City of Alameda) goals relating to health.

Director McCormick noted that the Board should not lose sight over the oversight of the parcel tax. He referenced a idea from Director Sáenz Duke about the format of future meetings and alternating AHS updates and new District activities.

Director Meyers discussed exploring an information scan, performed by a outside contractor, that would look at other healthcare district that do not operate hospitals and what they do to gleam ideas on what the District may decide to do. He thought that such work would entail approximately 80 hours of work for $10,000-12,000.

Director Deutsch suggested that the District ask other District's to come and speak with our District for a nominal fee instead of paying a consultant. Director Meyers agreed with Dr. Deutsch that there would be great value in having other District's come speak to our District.

There was continued discussion on the subcommittee work and proposed activities including looking more in depth at the Association of California Healthcare Districts (ACHD) and membership opportunities, continued research on other similar districts, reviewing the role and duties of the District Clerk and how that informs the Vision 2015 work. There was discussion on the Brown Act and guideline on how to gather information from other Board members without violating the Brown Act. The Board requested an overview of ACHD and membership opportunities.

Director Jensen stated that she agreed with the direction of the subcommittee. She agreed that there should be resources allocated to this work and that we should look at community partnerships as outlined by Director Sáenz Duke.

There was a discussion on support for activities of the vision work. The board requested a job description and normal role of a clerk to inform the Board and to guide the vision 2015 work.

[3]**March 2, 2015 Minutes**– Vision 2015 Report. *Director Meyers reported that he and Director Duke met with Alameda Hospital Foundation President Terrie Kurrasch and Executive Director Louise Nakada how to the District and Foundation could complement each other. He and Director Duke continue to learn more about other districts and specifically community based districts through their Vision 2015 work. He encouraged those in the room and in the community to let*

them know what the District can do for you. Director Duke encouraged President McCormick to bring up the Vision 2015 at LOWV Forum in March and ask for input.

[4]**April 13, 2015 Minutes**. Vision 2015 Report. *Director Duke provided an update on the Vision 2015 work and summary of conversations with two CEO's of local healthcare districts with similarities to COAHCD. They spoke with Sequoia Healthcare District and Petaluma Healthcare District. She noted that a final report would be presented at the next board meeting.*

[5]**June 1, 2015 Minutes**– Vision 2015 Report & Approval of FY 2015-2016 Operating Budget. *Director Meyers thanks Director Saenz Duke for working with him on the Vision 2015. He and Director Saenz Duke reviewed the presentation that was included in the packet on pages 89-116. The presentation outlined the Vision 2015 charter, research conducted, findings from research, recommendation budget and proposal for discussion and vote. They reported their findings of what the District could do, guided by the JPA and local health care district law, and how we could do it and topics of possible priority. Reference presentation.*

Director Meyers outlined the minimum amount of staffing required to move forward with the areas identified on pages 112-115 of the presentation. Two options were presented as listed below.

Option 1:

- *District Budget to fund an Executive Director at .5 FTE under:*
  - *reasonable District operating expenses language (JPA 2.2)*
  - *hospital general operating expenses language (Measure A)*
- *AHS to fully fund the District Clerk at 1.0 FTE*

Option 2:

- *AHS to fund an Executive Director at .5 FTE under:*
  - *AHS shall make available support personnel required for conduct of District business (JPA 4.1.g)*
- *AHS to fully fund the District Clerk at 1.0 FTE (JPA 4.1.g)*

Director Meyers stated that he has presented an operating budget that includes Option 1. Director Jensen agreed that the District should be thoughtful and proactive to fulfill the authority in the future. Director Jensen stated that many of these things, prior to the affiliation, were conducted by hospital staff. She continued to state that AHS and hospital staff continue to do these activities. She noted that the outreach may not be strategic in the approach and specific to Alameda. President McCormick noted that he liked the presentation and that this was a wonderful first step for the work that has been done.

Director Meyers directed the Board back to page 69 for the operating budget. He noted that the budget has dropped 35% over prior year's budget with the inclusion of the 0.5 FTE Executive Director. Director Meyers noted that the approval of the budget was on the table for approval. He inquired about the process of approval of the budget by AHS and then the approval of the parcel tax plan by AHS and the order of such approvals. If the Board approves the budget as presented, the Board has approved Option 1.

After the motion was made Director Deutsch commented that the savings in the budget may be a stretch if the FY 214-2015 budget was in a sense created with little experience as to what would happen in the first year post affiliation. With the executive director position, he did not know what the 0.5 FTE would involve.

He expressed that it was difficult to sort out the potential overlaps with what AHS and the hospital continue to do and what the District may do. If the approval of the budget is necessary to continue the dialogue of the vision, he would support it.

Director Jensen commented that the 0.5 FTE Executive Director was a good place to start. She felt a need for the District to be more involved and proactive in the community separate from AHS. Director Deutsch noted the premise and campaign that the parcel tax was to support the operations of an acute care hospital and emergency services. He stated that he understood that the mission of hospital's can change and it has changed over the years. He continued to say that there was a risk or concern from the community for taking on direct responsibilities as opposed to facilitating forums between organizations. While he had concerns about mission creep, he would support Option 1.

Director Meyers noted that the majority of their discussion in developing this report was focused on Measure A.

Ms. Edwards, Chief Strategy Officer commented that adding the FTE is one thing and then adding the resources to effectuate change, additional resources will be needed. The District will need resources to equitably contribute to some of the ideas proposed or to support those activities already done by the System and Hospital. She expressed that she agreed with the proposed mission and vision that was presented.

Director Meyers did include some funding in the budget (education and consulting) to partially support pursuit of the vision work as the District moves forward.

[6]**August 3, 2015 Minutes –** Vision 2015 Update. *Director Sáenz Duke and Director Meyers presented to the alameda Hospital Foundation that was very well received. They also have an invitation to present at Rotary. They planned a meeting with David Cox to discuss and answer questions he may have about the budget that was passed.*

Petaluma Health Care District is scheduled to present at the October 5 meeting and asked the Board for ideas or comments on content or questions for them to contact her or Ms. Thorson.

Director Sáenz Duke thought it would be good idea to discuss communication outside of the Brown Act as a Board and to have guidelines for the Board to follow and assist in their role on the Board.

She commented on the recent revisions to the bylaws and the need to review as the Board moves forward with hiring an executive director.

Director Deutsch commended Director Sáenz Duke and Director Meyers for the work they have done.

Director Meyers informed the Board that he had a meeting with David Cox, CFO and Mark Fratzke, COO about the Vision 2015, budget approval and additional FTE's and opportunities for the District going forward as a community based district and the potential vision 2015 work and looking forward to giving a final report.

[7]**September 14, 2015 Minutes** – Review and Approval of FY 2016 Parcel Tax Budget. *Ms. Panlasigui directed the Board to the last page in the packet and as noted below in the table.*

City of Alameda Health Care District - Fiscal 2016 Budget Recommendation	***Fiscal 2015 Budget***	***Fiscal 2016 Proposed***

Estimated parcel tax receipts	***$ 5,784,199***	***$ 5,830,966***
District budget allocation	*613,527*	*400,130*
District Clerk - 1.0 FTE		*130,000*
Repayment of loan plus accrued interest	*1,598,438*	*-*
Repayment of AH Foundation Loan	*405,000*	*-*
Facilities Projects	*231,038*	*2,870,000*
Capital Equipment	*1,000,000*	*2,000,000*
Accounts Payable Reduction	*1,936,197*	*-*
Long Term Capital Reserve	*-*	*430,837*
Total Uses of Parcel Tax	***$ 5,784,199***	***$ 5,830,966***

Ms. Panlasigui outlined the differences from FY 2015 to FY 2016 that included additional funds going toward capital equipment and remodel of facility with new flooring and paint as well as new beds for the inpatient units. More funds will be allocated to the Long Term Capital Reserve in future year as capital investments in equipment and facility are made in order to help fund seismic requirements for 2030.

Ms. Panlasigui suggested that the she present the parcel tax budget for approval in April before the start of the fiscal year and to coincide with the budget process for AHS.

Director Deutsch asked about the District Clerk line item. Ms. Panlasigui noted that $130,000 is included in the budget which was agreed to by the System. Director Saenz Duke asked if the Clerk would be an AHS employee to which Ms. Panlasigui responded yes. She asked what happened to 0.5 FTE Executive Director (ED). Ms. Panlasigui noted that the funding for the ED is included in the district budget allocation line item. Director Saenz Duke asked for clarification on the 1.0 FTE Clerk position as she recalled it was included in the District budget and then taken out. Director Meyers noted that it was in the District Budget but not in the parcel tax budget. Ms. Thorson reminded the Board that the dollars included in the District budget was included in error and that the JPA calls for the provision of a clerk and support services. Since Ms. Thorson noted that she is employed through AHS and function as both the Clerk and the Executive Assistant to the CAO

Director Meyers reminded the Board that when the budget was approved, the Board voted 5-0 to fund 0.5 FTE ED and to as AHS to fund 1.0 Clerk position. He then stated that AHS approved the budget and request. Director Meyers noted that in conversations with David Cox, CFO, they increased the amount for the 1.0 FTE Clerk position to include human resource expenses and experience. Director Meyers stated that AHS would be funding the Clerk position.

Director Deutsch noted that the expense is coming out of the parcel tax budget. If the position is fully funded by AHS then the expense would not be included on this budget. He noted again that this is coming out of parcel tax receipts. He continued to say that the District Board has influence over how the parcel tax funds are spent, for example capital expenditures. If the $130,000 is coming out of the parcel tax funds, then those funds would not go towards the other items the list for this campus.

Mr. Driscoll provided clarification. During the negotiation of the JPA, the understanding was that AHS would absorb the cost of the clerk out of the hospital operating budget and at the time it was anticipated to by 0.5 FTE. This year the Board has asked AHS to commit to a full time clerk and AHS has come back with a proposal to fund out of the parcel tax dollars. If AHS did not use the $130,000 for salary and benefits, there may be another purpose of the funds.

Director Deutsch noted that the Board has to justify to the community that the parcel tax that they pay is going toward important projects at Alameda Hospital. Seeing a line item of that amount is hard to justify in terms of what needs to be done to run district operations. If AHS wants to budget something then the District would not have to defend so to speak and would appreciate AHS carrying the cost. He also wanted to discuss the ED position.

David Cox, CFO stated that AHS wants to be consistent with letter and the intent of the agreement. The agreement states that AHS will provide services of a clerk and could divert these dollars somewhere else. If it is the desire of the District to have a full time clerk, which may in a sense go over what the intent of the agreement, AHS could move these dollars down somewhere else and would be open to discussing this with the District.

Director Saenz Duke read the language from the JPA relating to the District Clerk and support services and noted and stated that there is some room for interpretation. Director Meyers noted that this language was what was included in the Vision 2015 presentation.

Director Deutsch noted that providing for a clerk could be someone that is doing other functions such as the current clerk. He did not think the position needed to be a 1.0 FTE.

Director Meyers asked for a point of order, which was granted. He stated that he had the floor and was speaking and had the floor. He noted that the Board approved the support personnel with the budget and we requested a 1.0 FTE from AHS for support of operations and a new vision. Director Meyers noted that the support personnel would be supporting the Board and the new mission and not just be providing clerk services. He added that if the Board is going to re-visit the level of support needed that has already been approved, then that would have to be put on the agenda for discussion.

Director Deutsch asked to respond to Director Meyers. He noted that the Board voted 5-0 to have AHS fund a District Clerk and by using the parcel tax budget to fund the position, essentially AHS is not funding the position and that it is being funded by the District.

Director Meyers thanked Mr. Cox for his flexibility in addressing this. He asked Mr. Cox if AHS would be willing to fund the position out of the AHS budget. Mr. Cox stated that he did not want this to be a controversial issue for the District and that he believed that it would be possible.

Director Meyers stated that it was his full belief that a 1.0 FTE was needed to sit at the District Office to handle the mission of the District. He also stated that he liked the idea of that person reporting to the ED and not someone at AHS so that their priorities, and sometimes conflict of interest, don't ever occur. It is an ongoing issue and a question from the constituents about how we run our District and how separate we are from AHS. He believes this is a compromise that allows us to look more like partners than it looks like staff of AHS CAO's and staff of the District at the same time. He said that in the long term this would help the District and AHS partner better.

Mr. Cox suggested moving the $130,000 down to facilities to make it an even $3.0 M.

Mr. Finley noted that this is probably something that AHS can support and can find a result for but hearing the latter comment about reporting structure and obligations, he did not think it was as immaterial as moving funds from one line item or budget to another, without the consideration of who is the hiring agent and reporting authority for those individuals. He stated perhaps there is more consensus around the desire and direction of the Board as a whole and concurrently there should be a discussion about how AHS can meet the District in the middle to figure out how best support the District. He is open to any form of arrangement but do not want to gloss over, and say it is as easy as moving a line item if there are some other underlying things the District is trying to achieve that would not be met by moving a line item.

Director Deutsch noted that this is an important discussion to have as it has to deal with the mission of the District. Historically, the parcel tax was passed in 2002 to support the operations of Alameda Hospital. When the JPA was made, it was specified that the parcel tax fund would go toward supporting Alameda Hospital including operations, capital equipment and seismic. He stated that he did not believe that by voting 5-0 and asking AHS to fund 1.0 FTE clerk position indicates that anything AHS decides to go along with essentially comes out of the funds that AHS has agreed to go towards supporting Alameda Hospital. He went on to say that he and Director Meyers have different philosophies and it would behoove Director Meyers to convince this Board of specific projects that the District should be doing independent of what AHS and Alameda Hospital does rather than spend large amounts of money on positions that with uncertainty as to what those positions are going to do and then to have to defend that to the community who voted to prevent the closure of the Hospital in 2002. He further stated that he understands that there are public health needs in Alameda but he does not believe that the District has been given the mandate to meet those needs and certainly not with the funds voted on by the citizens.

Director Meyers stated that the District is looking at itself as a community based district. He noted that the items in the vision presentation outlined the authorities of local healthcare districts, what community based healthcare districts are and what the District might become to the electorate. He stated that when he ran for office, he ran with the premise that the District could be more than just oversight of a hospital. He stated that parcel tax dollars were very specific and would go toward operations and debt. Director Meyers stated that the District has other income besides the parcel tax. Director Meyers noted that the Board discussed what kinds of support would a community based district need and the Board was under a deadline to submit a plan for the parcel tax to AHS. He continued to say that the Board discussed and came to the conclusion of having 0.5 Executive Director and 1.0 FTE clerk, presented to AHS and AHS approved the support services requested by the Board. He stated that if AHS can support a 1.0 FTE and not have the funding come from the parcel tax, he would say thank you and it does not become an issue to our voters and it respects the decision at the last meeting. If AHS can agree to supporting the District, then he was ready to vote on a parcel tax budget. Director Meyers stated that he and Director Saenz Duke cannot present ideas of what the District can do without knowing what kind of support there is going to be. He did not want to revisit the discussion as the Board 5-0 in support of the additional FTE's. He stated that the electorate may be upset seeing the funding for the clerk position out of the parcel tax, but they may not if they knew that the District was providing a different kind of mission that is valuable to this community.

Director Jensen stated she was ready to make an amendment to the parcel tax budget to address this discussion.

After Director Jensen's motion, Dr. Yeh had a comment. Director Meyers asked if this was a Public Comment. Director Deutsch stated that he was an ex officio member of the Board. Director Meyers stated that he was not aware of this.

Dr. Yeh stated that he was involved in negotiating the terms of the JPA and was not sure what additional side project would add to the System. He said that a lot of the issues with the System is trying to bring all facilities together within the system and having additional side projects (referring to possible new mission/vision), he was not sure how the system feels about it and how the people of Alameda would feel. The additional projects should be part of AHS and not separate and extend to Alameda and San Leandro communities as the System has a better use and access to resources than the District could have.

Director Meyers noted that they were having a discussion that is not on the agenda and asked Mr. Driscoll to step in. He stated that Dr. Yeh was not involved in the previous conversation when the Board discussed community based healthcare districts and requirements of local healthcare district law. He stated that there are a whole other set of laws and requirements that the District has not done since becoming a district and he was elected to push his agenda that agenda. He stated that the community does have need on the island and that need should be discussed and addressed and reported back to the City on how well we are doing. The District should be lead agents in that process by gathering people together and not necessarily providing services or implementing programs.

Director Deutsch noted that in regards to the vote on support staff with the budget, that budget often have placeholders and that before we actually fund $225,000 in support staff that the Board has an idea of what it is going towards. Director Meyers said that Vision 2015 committee did its work and provided that information at the last meeting. Director Deutsch disagreed with Director Meyers.

Director Meyers asked Mr. Driscoll to advise if the Board was rehashing the discussion from the last meeting and was it appropriate to have this discussion without it being formally on the agenda. Mr. Driscoll agreed that the discussion was moving back toward the budget discussion which was not on the agenda and the Board should not be revisiting a prior action at this time.

Director Meyers recapped what was presented at the last meeting about what the District could do as a community based district organized into three specific areas; the way in which we provide care on this island in an equitable way; how we prepare for the disaster in an equitable way and; the way in which we have an environment on the island conducive to health or not.

Director Meyers asked Mr. Finley if he would support the District's mission by funding the $130,000 clerk position. Mr. Finley restated that he did not see any underlying issue of AHS funding the position with a couple of caveats. Under the JPA, he believes that there needs tobe mutual agreement on what the need of support services is and that by providing this support, AHS is not agreeing to this in perpetuity. AHS and the District would need to evaluate the position to determine the need of the position. There is discussion about who this person reports to and the reporting structure since the position will be employed by AHS with a dotted line relationship to the Board of Directors. In addition, he commented on Dr. Yeh's statement noting that AHS is not just an acute care hospital and in many ways concerned more about equitable care, access to care, social determinates of health, population health, and community based medicine. He would hope that the District would see AHS as a valuable partner in its efforts.

Mr. Finley stated that AHS is willing to revise the budget for this fiscal year and continue to work with the District to make sure that the resource is maximized.

Director Jensen noted that there was no discussion of expanding the role of the Board of Directors and hopes to move forward in collaboration with AHS and support of the community

Discussion on Next Steps for Recruitment of Support Personnel for District Operations

Director Deutsch noted that there was one position that the Board has authority to fund and one position that will be funded by AHS through the parcel tax funds and asked the Board to discuss next steps. The Board can move forward with the Executive Director while the District Clerk requires collaboration and input to AHS.

Director Meyers noted that the job duties of the executive director and support personnel are related to the final report from Vision 2015 committee and what the Board thinks about the report. He also noted that it would be hard to hire support personnel without having a job description. Duke welcomed input from the Board

Director Deutsch suggested asking the Clerk to contact recruitment firm and start to look for potential candidates for the Board to review. Director Meyers requested that this wait until the Board reviewed draft job descriptions that he and Director Sáenz Duke have prepared as part of their Vision 2015 work and final report. Ms. Thorson noted that Clerk noted that the idea

Director Meyers noted that the committee was asked to give a report, and can include other recommendations at the request of the Board. He stated that he wanted to have a discussion about the report and avoid making a recommendation and then the Board just accepting it or not. Ms. Thorson noted that by

agendizing an acceptance of a report and recommendations would allow the board to discuss and approve moving forward with a Job description set of guidelines for an Executive Director and support personnel, make changes to the proposal of defer to another meeting if the Board felt more discussion or work needed to be done. Mr. Driscoll affirmed that by putting the acceptance of the report and recommendation as an action item would allow the board to make decisions based on the discussion and materials presented.

Director Jensen stated that support personnel including the Executive Director would rely on the report and how the Board feels about moving forward. She would not feel comfortable about hiring without knowing the clear direction and consensus of the Board regarding Vision 2015. Director Jensen suggested that an ad hoc hiring committee be identified to determine the process. Director Deutsch noted that there was a consensus to have recommendations and on the agenda for discussion at the November 9 meeting.

[8]***October 26, 2015 Minutes*** – Discussion on Next Steps for Recruitment of Support Personnel for District Operations. Director Deutsch noted that there was one position that the Board has authority to fund and one position that will be funded by AHS through the parcel tax funds and asked the Board to discuss next steps. The Board can move forward with the Executive Director while the District Clerk requires collaboration and input to AHS.

Director Meyers noted that the job duties of the executive director and support personnel are related to the final report from Vision 2015 committee and what the Board thinks about the report. He also noted that it would be hard to hire support personnel without having a job description. Duke welcomed input from the Board

Director Deutsch suggested asking the Clerk to contact recruitment firm and start to look for potential candidates for the Board to review. Director Meyers requested that this wait until the Board reviewed draft job descriptions that he and Director Sáenz Duke have prepared as part of their Vision 2015 work and final report.

Director Meyers noted that the committee was asked to give a report, and can include other recommendations at the request of the Board. He stated that he wanted to have a discussion about the report and avoid making a recommendation and then the Board just accepting it or not. Ms. Thorson noted that by agendizing an acceptance of a report and recommendations would allow the board to discuss and approve moving forward with a Job description set of guidelines for an Executive Director and support personnel, make changes to the proposal of defer to another meeting if the Board felt more discussion or work needed to be done. Mr. Driscoll affirmed that by putting the acceptance of the report and recommendation as an action item would allow the board to make decisions based on the discussion and materials presented.

Director Jensen stated that support personnel including the Executive Director would rely on the report and how the Board feels about moving forward. She would not feel comfortable about hiring without knowing the clear direction and consensus of the Board regarding Vision 2015. Director Jensen suggested that an ad hoc hiring committee be identified to determine the process. Director Deutsch noted that there was a consensus to have recommendations and on the agenda for discussion at the November 9 meeting.

[9]**November 9, 2015 Minutes** – Acceptance of the Vision 2015 Report and Recommendations. *Director Deutsch requested that the report be given and then any specific action on any recommendations be considered individually by the Board. Director Meyers and Director Sáenz Duke presented pages 36-72 of the Board packet and their Vision 2015 final report.*

After some general discussion about how to best to proceed, Mr. Driscoll advised that the Board could accept the report as a whole, or take separate actions on the following items,

1) mission statement, 2) proposed bylaws (to be reviewed at next meeting), 3) Executive Director job description, 4) District Clerk/Administrative Associate job description and 5) Lead agent for Community Health.

Director Meyers had a question regarding a one week public notice requirement for revising By Laws. It was agreed to have the Board's Counsel review the Vision 2015 report's suggested By Laws changes and make any revisions or corrections he deemed appropriate, then post that text at least one week prior to the next board meeting. Director Deutsch recommended that an additional liaison position be added to the By Laws: Alameda Hospital Liaison. This position would focus on issues relating to quality of care at Alameda Hospital. He also asked if any of the other Board members had suggested additions, revisions, or deletions to the current bylaws; no others were offered at that time.

It was agreed to postpone any further discussion of by laws revisions until the next board meeting.

[10]**February 8, 2016 Minutes** – Selection of Executive Director Search Committee and Review of Proposed Charter. There was discussion regarding the memo on selection of an ad hoc committee to begin the process of selecting an Executive Director. The Board agreed that the ad hoc committee come back to the April 11, 2016 Board meeting with proposals from 2-3 firms to help with the search for an Executive Director.

[11]**April 11, 2016 Minutes** – Executive Director Search Update and Consulting Recommendation. Only action noted in minutes.

[12]**June 6, 2016 Minutes** – Executive Director (ED) Search Update. Director Sáenz Duke, Director Williams reviewed progress on the ED search. They introduced Don Whiteside from HFS consultants who gave an overview and findings of the interviews with the Board, community and leadership from the hospital. He noted three leadership models that could be explored for the Executive Director; 1) Full Time Employed, 2) contracted individual to start-up/re-build District, and 3) hire ED through management company. Next steps included conducting a Town Hall meeting to get input from the community on hiring an ED for the District, email survey to community stakeholders to get input and articles or guest editorials about the District and vision as a community based health care district. He said it was clear from his discussions there was a difference in the perceived and actual responsibilities of the District and Board. Mr. Whiteside stated that the District needed to clarify scope and trajectory in order to identify the appropriate leadership model that will be most effective for the District.

There was discussion from the Board on the possible roles and responsibility of the ED and timing of a public forum either in the next few months or after the November election. Mr. Whiteside will put is his comments into a written statement and send a written report to the Board of Directors.

[13]**August 1, 2016 Minutes** – President's Report. …Director Duke proceeded with the next portion of her written report about staff support for the District. She stated that she and Director Jensen discussed with Mr. Finley about the possibility of AHS providing professional staff support to our District by direct funding from AHS, which we would use to select, hire and supervise staff who report directly to the District. Director Meyers voiced his concern over this discussion as the Board has voted, determined its mission is proceeding to hire staff through an approved budget. He felt that these conversations inferred that the option of what to do about staffing was still open for discussion. He stated that he was shocked to hear these conversations were occurring. Director Meyers requested a discussion at the next meeting that would include a summary of the decisions made to date and agreed upon timeline. He stated that we are our own District and need to have our own unique identity separate from the hospital and AHS

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Monday, June 6, 2016 Regular Meeting

Board Members Present		Legal Counsel Present	Excused / Absent
Robert Deutsch, MD Tracy Jensen Jim Meyers, DrPH	Kathryn Sáenz Duke Michael Williams	Thomas Driscoll, Esq.	
Submitted by: Kristen Thorson, District Clerk			

Topic		Discussion	Action / Follow-Up
I.	Call to Order	The meeting was called to order at 5:38 p.m.	
II.	Roll Call	Kristen Thorson called roll, noting a quorum of Directors was present.	
III.	General Public Comments	None.	
IV.	Regular Agenda		
	A. Alameda Health System and Alameda Hospital Updates		
	1) FY Q3 Financial AHS Reporting (Jan-Feb-March & YTD)	David Cox, Alameda Health System CFO, provided a financial presentation in addition to the update on the commercial insurance contract status that was provided in the board materials. Copies of the presentation are available from the Clerk and will be posted on the website. Director Deutsch expressed his concern over the continued delay in getting contracts with all commercial insurances and said that the impact is major for patients and residents of Alameda. He proposed adopting a resolution that urged AHS to settle contracts will all commercial insurers. He read the proposed resolution to the Board. Director Williams stated that he was not comfortable voting on the resolution as the resolution had not been made available to the public in advance of the meeting. Discussion on motion: Director Meyers noted that this subject was a big topic of conversation	Director Deutsch made a motion to adopt the resolution urging AHS to settle contracts with all commercial insurers and Director Meyers seconded. Discussion followed as noted to the left. Director Deutsch called the question. The motion did not pass with a vote of 1-4.

Topic	Discussion	Action / Follow-Up
	at the recent City of Alameda / District Liaison Committee and agreed with Director Williams on taking action without notice to the public. Director Jensen appreciated the resolution presented but wanted to hear more from AHS and the community and suggested a special meeting to discuss. Director Saenz Duke stated that she was not prepared to support the resolution at this time and commented that there were other ways to address the issue. Director Deutsch expressed his disappointment with the sense of the Board. Director Deutsch stated he would endorse a special meeting to discuss in more depth with community and AHS leadership including the CEO and CFO. Mr. Cox noted that public sentiment expressed directly to the payors would make an impact. 2) FY Q3 Quality AHS Reporting (Jan-Feb-March & YTD) A revised quality score card was distributed to the Board. Eileen Pummer, Director of Quality reviewed the quality scorecard. Director Meyers noted 30-day readmission and the positive impact of the Community Paramedicine (CP) program in the City of Alameda. He requested additional information and updates at a future meeting. Ms. Panlasigui mentioned the CP program had received the Hospital Council Innovation Challenge Award and will be presenting at the annual Summit in Napa Valley in September. 3) Alameda Hospital CAO Report Ms. Panlasigui reviewed her written report as distributed at the meeting and noted the following; a new COO has been selected for AHS, a new nurse grad program is being implemented at Alameda Hospital, union negotiations with California Nurses Association are progressing with hopes to get to wages increases soon, plans to share the AHS strategic plan and details of the strategic business units (SBU's) will be shared with the District Board at a future meeting.	
B.	Community Health, Safety and Wellness Focus Presentation Director Sáenz Duke noted that this would be a standing agenda items with presentations from local entities and organizations. There was no presentation at the meeting.	No action taken.
C.	District Updates & Operational Updates	
	1) Executive Director (ED) Search Update Director Sáenz Duke, Director Williams reviewed progress on the ED search. They introduced Don Whiteside from HFS consultants who gave an overview and findings of the interviews with the Board, community and leadership from the hospital. He noted three leadership models that could be explored for the Executive Director; 1) Full Time Employed, 2) contracted individual to start-up/re-build District, and 3) hire ED through management company. Next steps included conducting a Town Hall meeting gto get input form the	No action taken.

Topic	Discussion	Action / Follow-Up
	community on hiring an ED for the District, email survey to community stakeholders to get input and articles or guest editorials about the District and vision as a community based health care district. He said it was clear from his discussions there was a difference in the perceived and actual responsibilities of the District and Board. Mr. Whiteside stated that the District needed to clarify scope and trajectory in order to identify the appropriate leadership model that will be most effective for the District. Don Whiteside also noted that our District does not reflect - by agenda or content found in meeting minutes - content typical of community-based Districts. Our meetings are almost solely filled with hospital-related content. He suggested we consider a more separated presence from the hospital and suggested different meeting locations and much more of our District meetings focused on community-based issues. There was discussion from the Board on the possible roles and responsibility of the ED and timing of a public forum either in the next few months or after the November election. Mr. Whiteside will put is his comments into a written statement and send a written report to the Board of Directors.	
A short break was taken from 7:50 pm and the meeting was reconvened at 8:00 pm.		
D.	District Liaison Reports	
	1) Alameda Health System Liaison Report Director Jensen reviewed her written report as included in the materials. 2) Community Health Liaison Report Director Meyers provided a verbal report noting that the City of Alameda / District Liaison Committee met and discussions at the meeting included relations with the VA, siesimic requirements for 2030 and how the VA may be a potential partner. He also mentioned attending a meeting recently on transportation demand management on the island. 3) Alameda Hospital Liaison Report Director Deutsch did not have anything further to report. 4) President's Report Director Saenz Duke informed the Board that she had recently met with Dave Brown from Supervisor Wilma Chan's office as well as Susan Davis from Alameda Unified School District. 5) Other District Outreach Reports and Member Updates • ACHD Annual Meeting Recap	No action taken.

Topic	Discussion	Action / Follow-Up
	Directors Meyers, Williams and Jensen provided a brief update on their attendance at the Association of California Health Care District's Annual Meeting. All felt that attending the meeting was worthwhile. Director Meyers noted that health care districts are increasingly under scrutiny in particular Eden Healthcare District in San Leandro.	
E.	Consent Agenda	
	1) Authorization to transfer April 2016 Parcel Tax Installment 2) Acceptance of February 8, 2016 Minutes 3) Acceptance of April 11, 2016 Minutes 4) Acceptance of March-April 2016 Financial Statements Director Meyers noted a few grammatical edits to the minutes and would connect with the Clerk after the meeting with notes. Ms. Thorson reviewed the financial statements and answered questions from Director Jensen.	Director Jensen pulled item 4) from the consent agenda. Director Jensen made a motion to accept the remainder of the consent agenda and Director Williams seconded. The motion carried. Director Jensen made a motion to accept the March and April Financial Statements and Director Williams seconded. The motion carried.
F.	Action Items	
	1) Adoption of Resolution to Levy Parcel Tax	Director Jensen made a motion to adopt Resolution 2016-1 to levy the parcel tax for Fiscal Year 2016-2017 and Director Meyers seconded. The motion carried with one abstention (Deutsch)
	2) Approval of Alameda County Mutual Certification and Indemnification Agreement	Director Jensen made a motion to approve the Alameda County Mutual Certification and Indemnification Agreement and Director Williams seconded. The motion carried.
	3) Review and Approval of Fiscal Year 2016-2017 Operating Budget Ms. Thorson noted that on page 18 of the packet for the operating budget, the Total Expenses line item and Variance from 6/30/16 Budget should be $667,668.	Director Deutsch made a motion to approve the Fiscal Year 2016-2017 District Operating Budget as presented and Director Meyers seconded. The motion carried.

Topic	Discussion	Action / Follow-Up
	4) Review and Approval of Fiscal Year 2016-2017 Parcel Tax Budget Ms. Panlasigui reviewed the parcel tax budget presented in the board packet. Director Deutsch requested that $500,000 be allocated toward a Program Development line item. Ms. Panlasigui noted that she did not forsee an issue with this change but would need to bring back to AHS to review. Seismic Retrofit could be reduced to allocate the $500,000 to Program Development. The Board inquired as to where the Long Term Capital Reserve funds are being held. Action was deferred to a special meeting.	No action taken.
	5) Approval to Engage TCA Partners for FYE June 30, 2016 Annual Audit	Director Deutsch made a motion to approve engagement of TCA Partners for the FYE June 30, 2016 Annual audit and Director Jensen seconded. The motion carried.
	6) Discussion and Decision of Lease at 888 Willow Street The Board agreed to remain in the location and make no changes.	Director Meyers made a motion to continue the lease agreement as is at 888 Willow, Unit B and Director Williams seconded. The motion carried.
	7) Adoption of Resolution for November 8, 2016 General Election Ms. Thorson noted one change on the Notice of General Election form, under incumbent name, “Appointed Yes/No” for Director Duke should read “NO”. Correction will be made prior to sending to the Registrar of Voters.	Director Deutsch made a motion to adopt Resolution 2016-2 and Director Meyers seconded. The motion carried with one abstention (Williams).
	8) Authorization to Bind District Insurance Policies for Fiscal Year 2016-2017	Director Meyers made a motion to authorize the President to bind District insurance policies for FY 2016-2017 and Director Deutsch seconded. The motion carried.
G.	August 1, 2016 Agenda Preview	
	1) FY Q4 (April-May-June) AHS Reporting 2) Alameda Hospital CAO Report 3) Acceptance of June 6, 2016 Minutes 4) FYE June 30, 2016 Parcel Tax Expenditure Report 5) Community Health, Safety and Wellness Focus Presentation	No action taken.

Topic	Discussion	Action / Follow-Up
V.	**General Public Comments**	No action taken.
None		
VI.	**Board Comments**	No action taken.
None		
VII.	**Adjournment**	
	Being no further business the meeting was adjourned at 9:14 p.m.	

Attest: _____

Michael Williams
Secretary

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Monday, June 28, 2016 Special Meeting

Board Members Present		Legal Counsel Present	Excused / Absent
Robert Deutsch, MD Tracy Jensen Jim Meyers, DrPH	Kathryn Sáenz Duke Michael Williams	Thomas Driscoll, Esq.	
Submitted by: Kristen Thorson, District Clerk			

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 5:35 p.m.	
II. Roll Call	Kristen Thorson called roll, noting a quorum of Directors was present.	
III. Regular Agenda		
A. Discussion in regards to Alameda Health System / Alameda Hospital Payor Contracting Status and Strategy		
1) Introduction	Director Sáenz Duke made framing comments on the intent of the discussion at the meeting and process for public comment.	No action taken.
2) Board Comments	Director Deutsch indicated that he would have additional comments later in the meeting regarding the resolution. He noted that over 300 citizens and 38 physicians had signed a petition requesting Alameda Health System to accept the latest/best offers from all the major health insurance plans so that patients who have those plans may resume using services of Alameda Hospital. He further stated that the volume of public at the meeting and those that signed the petition attest to the fact that the difficulty of accessing services at the hospital is important to the community, the insurance contracting issue is important to all and the hospital and facilities are important to the community. He thanked the public for coming to the meeting to show support and said he hoped to come to a resolution at the meeting regarding the insurance contracting. There were no other Board comments.	No action taken.

Topic	Discussion	Action / Follow-Up
	3) AHS Updates on Payor Contracting Status and Strategy • Market Analytics Delvecchio Finley, CEO, David Cox, CFO and Bonnie Panlasigui provided an update on the payor contracting status and strategy including some market analytics as outlined in the presentation. Mr. Finley stated that AHS shares the sentiment of the comments made. He commented on the many positive things that have been accomplished since the affiliation and the challenges faced with the insurance contracting and receiving appropriate reimbursement for services provided. He stated that the concern of the Board, providers and community is equally important to AHS. Mr. Cox noted from his presentation that the contracting strategy which seeks to align AH/AHS with payers who were willing to provide fair compensation for services has been has been very successful overall and AH and the community is benefitting from this in terms of financial stability, reinvestment in programs and services, facilities, equipment, human capital, and ensuring that all vendors are paid. He further stated that agreements with HealthNet, United, Kaiser, Canopy Health, and many other payers have been finalized and negotiations continue with Anthem, CIGNA, and Aetna, and Blue Shield. He outlined in detail updates relating to commercial plans, AHS strategic assessment relating to the hospital and payor contracting strategy noting that utilization by commercial payors has been declining, and AHS's commitment to contract negotiations and recommendations for outreach, communications to the community and ways the community can help. Copies of the presentation will be available from the Clerk and posted on the website. Ms. Panlasigui also provided an overview of the prompt pay/self pay policy available to patients. Copies of a letter that the community could send to health insurance plans encouraging those companies to contract with AHS and a non-participating health plan letter that provide information on assistance that was available from the hospital staff so that patients could continue to use hospital services while contracts were being negotiated was made available to the public.	No action taken.
	Director Deutsch requested an opportunity to respond to comments made by AHS leadership. He expressed concern over the contracting strategy and the fact that AHS has stated that they have been successful. He did not believe that the strategy could be called a success if the collateral damage is the community not being able to use the hospital and services. The rates from some plans were raised and those that did not raise the rates, AHS allowed the contracts to lapse and the detriment to the community. He felt that if money was not the object in the case of Anthem, then why not accept a rate and work out the contract later. In regards to Canpoy Health, it does not exist yet and there is a long way to go to replace the other payors such as Anthem, Blue Cross. He commented that the fact that utilization has been reported to have declined may not be from the payors but due to the atrophy and closure of programs at	

Topic	Discussion	Action / Follow-Up
	the hospital such as the 1206 (b) clinic (primary care) and infusion center. In regards to the self-pay program, he said it was a good idea but it's not working. In summary, the contract strategy has been catastrophic and he is not optimistic that this issue will be resolved anytime soon unless the community or board takes action.	
	4) Public Comments The following people made public comments relating to Regular Agenda Item A. All expressed concern over the contracting issues at Alameda Hospital and the desire to continue using alameda hospital and its services. • Trish Spencer • Marilyn Ezzy Ashcraft • Jim Oddie • Mike Carlson • Pauletta Chanco Lowery • Steve Lowery, MD • Stephen Van Meter, MD • Karen Herzog, MD • Adrien Abuyen • Kari Thompson • Claudine Dutaret, MD • Karen Rothblatt • David Maxey • Karen Guthrie • Don Coughlin	No action taken.
	Director Jensen requested to respond to comments made by the public. She commented that she was on the Board when the affiliation was negotiated and not everything was discussed in detail, including specific services. The goal of the affiliation was to keep the hospital open with emergency services. She stated that while not everything was discussed, the care has improved under the affiliation with AHS. She commented on nurses and staff that have gone without raises in many years and noted that progress has been made and will be made to bring salaries to market rates. Director Saenz Duke asked AHS about any factual information as to why the insurance companies were not present at the meeting. Mr. Cox responded that the insurance companies were aware of the meeting. He stated that it is not that there is a difference in agreement on terms but that the insurance companies have been busy and have not been able to meet with AHS. He asked the community for assistance in contacting the insurance companies to raise the profile. Director Meyers asked for the magnitude of difference in amounts that have been offered	

Topic	Discussion	Action / Follow-Up
	compared to other payors and rates that have been negotiated. Mr. Cox stated that there is no offer on the table and reiterated that the insurance companies have been busy and have not had time to meet with AHS. He said that we (as the community) to reach out to the plans to let them know the impact this is having. Director Deutsch stated that the community was being tripled taxed through, parcel tax, sales tax and through insurance premiums. He asked why AHS would not accept a lower rate or the same rate as before the contract lapsed. Director Deutsch noted that historically the Hospital has had contracts with every health plan because we felt that it was right to do even though it may have been a loss leader in order to serve the community. He stated that the strategy to let the contract lapse was a mistake because of the collateral damage to the community. The resolution asks AHS to fix the problem and accept the rates and the District and community will work with AHS to put pressure on the health plans.	
B.	Action Items	
	1) Review and Discussion of Proposed Resolution by Robert Deutsch Director Deutsch presented the resolution noting that it was advisory in nature to Alameda Health System. The resolution was read in its entirety. Discussion #1 after motion made: Director Meyers noted the community and Board have expressed their concern, that help was needed from the community to make noise with the insurance companies and that we needed to make sure that we pay our nurses equal to the system. He also noted that he supported the resolution without the one (1) month deadline. Director Williams noted that it was good to hear from the community, the resolution was clearly advisory and that support the community was needed to in this process with health plans. Director Saenz Duke distributed suggested revisions to the resolution. Director Deutsch disagreed with the revisions. Mr. Finley noted that he and AHS leadership were listening intently and have heard the concerns of the Board and community. He reiterated comments from Mr. Cox that there is no offer on the table other than, in one case, a willingness to get to the System when they can. Taking the best lowest rate does have a ripple effect including impact on other payers and AHS is responding to many variables. Discussion #2 Director Jensen confirmed the comments that there was no offer on the table to respond to and asked for senior AHS leaders to communicate regularly with the Board of Directors. Director Deutsch suggested that that AHS roll over the rates that were in place at the end of the	Director Deutsch made a motion to adopt the advisory resolution as presented. Director Meyers seconded the motion. Further discussion (#1) occurred including comments from all Directors and Delvecchio Finley, CEO as noted to the left. Motion did not pass with a 1-4 vote. Further discussion (#2) occurred. Director Williams made a motion to adopt the resolution striking the last three words of the resolution and Director Meyers seconded the motion. Director Jensen suggested the following edits to the resolution. Insert after 6th "Whereas" Whereas, the City of Alameda Health Care District Board deplores this current state of affairs, wherein, some Alameda

Topic	Discussion	Action / Follow-Up
	year and renegotiate going forward. He stated that the tactic was not working and recommended a change in tactic. Director Meyers noted that he has heard the community and their concern and did not want to tie AHS's hands with any deadlines in the resolution and trusted leadership and AHS. Mr. Cox noted that staff and leadership are working hard to better communicate prompt pay policy to patients. Public Comment was provided by the following individuals during discussion of this action item: • Carol Gerdes, MD • Jane Sullwold • April Fredian, MD • Rosemary McNally • Karen Rothblatt The Board requested and update in 2 weeks on contracting status and AHS leadership agreed to the regular updates going forward.	residents cannot use Alameda Hospital services because Alameda Health System has allowed insurance contracts to terminate with major insurance plans, Change "Resolved" to the following: The City of Alameda Health Care District requests the Chief Executive Officer of Alameda Health System to direct his administration to promptly re-establish insurance contracts with all commercial insurers that provide coverage to Alameda residents. Director Williams accepted the amendment to his motion and Director Meyers seconded the amended motion. Motion carried with one abstention.
	2) Review and Approval of the FY 2016-2017 Parcel Tax Budget Ms. Panlasigui presented the Parcel Tax budget for FY 2016-2017. Noting the requested change from the presented budget at the 6/3/16 meeting. $500,000 was allocated to Program Development. Discussion occurred with Director Deutsch requesting $800,000 in Program Development to support the community (primary care) clinic and infusion center. He also requested to delay approval of the budget as it was important to know if the additional funds could be made available in the parcel tax budget.	Director Williams made a motion to approve the budget as presented. Director Jensen seconded the motion. Discussion occurred. The question was called and the motion carried 4-1.

	Alameda Health District - Fiscal 2016 Budget Recommendation	Fiscal 2015 Budget	Fiscal 2016 Budget	6/3/2016 Fiscal 2017 Proposed	6/28/2016 Fiscal 2017 Proposed
1	Estimated parcel tax receipts	$ 5,784,199	$ 6,003,078	$ 5,957,818	$ 5,957,818

Topic	Discussion					Action / Follow-Up
	3	District budget allocation	613,527	397,630	611,998	611,998	
		Allocation to Alameda Health System	**$ 5,170,672**	**$ 5,605,448**	**$ 5,345,820**	**$ 5,345,820**	
		AHS Anticipated Uses of Funds					
	4	Repayment of loan plus accrued interest	1,598,438	-	-	-	
	5	Repayment of AH Foundation Loan	405,000	-	-	-	
	6	Facilities Projects	231,038	2,870,000	1,000,000	1,000,000	
	7	Capital Equipment	1,000,000	2,000,000	1,000,000	1,000,000	
	8	Accounts Payable Reduction	1,936,196	-	-	-	
	9	Seismic Retrofit	-	-	2,345,820	1,845,820	
	10	Long Term Capital Reserve	-	735,448	1,000,000	1,000,000	
	11	Program Development	-	-	-	500,000	
	12	Operating Support	-	-	-	-	
	13	**Total Anticipated Uses**	**$ 5,170,672**	**$ 5,605,448**	**$ 5,345,820**	**$ 5,345,820**	
C.	District Updates & Operational Updates						
	Ms. Thorson reminded the Board of the upcoming 4th of July Parade and participation by Alameda Hospital/Alameda Health System and the District. She encouraged all to participate in the parade entry.						No action taken.
IV.	General Public Comments						
There were no additional public comments							
V.	**Board Comments**						
Director Williams thanked Director Deutsch and commented on an amazing meeting as an example of how the public process should work.							
VI.	**Adjournment**						
Being no further business the meeting was adjourned at 8:43 p.m.							

Attest:

Michael Williams
Secretary

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Monday, August 1, 2016 Special Meeting

Board Members Present		Legal Counsel Present	Excused / Absent
Robert Deutsch, MD Tracy Jensen Jim Meyers, DrPH (via teleconference)	Kathryn Sáenz Duke Michael Williams	Thomas Driscoll, Esq.	
Submitted by: Kristen Thorson, District Clerk			

Topic		Discussion	Action / Follow-Up
I.	Call to Order	The meeting was called to order at 5:35 p.m.	
II.	Roll Call	Kristen Thorson called roll, noting a quorum of Directors was present with Director Meyers present via teleconference.	
III.	Regular Agenda		
	A. Community Health, Safety and Wellness Focus Presentation Cindy Houts, Executive Director of the Alameda Food Bank provided an overview of the services provided and people served through the Alameda Food Bank. Ms. Houts distributed a handout that will be posted with the materials online.		No action taken.
	B. Alameda Health System and Alameda Hospital Updates		
	1) Follow-up from District Board Meeting on June 28, 2016 Bonnie Panlasigui, CAO reviewed in detail the memo distributed in the packet on pages 3-5 that outlined follow-up from the June 28, 2016 special meeting. Items addressed included clarification on nurse retention, surgical volume, infusion center and the primary care practice in Alameda operated by AHS. She also noted that she will be meeting individually with each physician with assistance from the Finance division to review the status updates on contracting and the out of network options available at Alameda Hospital. In relation to the update on the primary care practice in Alameda, Director Deutsch inquired about the feasibility of an FQHC in Alameda. David Cox, CFO indicated that the process to open a FQHC is laborious and could take 6-12 months to develop. Alameda Health Partners is working on recruitment of a primary care physician to replace Dr. Jenna Brimmer who is no longer seeing		No action taken.

Topic	Discussion	Action / Follow-Up
	primary care patients. Director Deutsch noted a slight nuance that the patients were not Dr. Brimmer's patients and that the 1206(b) clinic was under operational control of Alameda Hospital the patients were actually patients of the clinic.	
	2) FYE June 30, 2016 Parcel Tax Expenditure Report Ms. Panlasigui reviewed in detail the parcel tax expenditures as outline in the table on page 6 of the packet.	No action taken.
	3) Anthem Follow-up Mr. Cox provided the following updates in additional to the written memo on page 7-8 of the packet. • Anthem has requested AHS be patient. Anthem was invited to attend the Board meeting but were not in attendance. Anthem has stated that more staff will be in place in September to address backlog in contracting due to recent departures of contracting staff within Anthem. • Aetna has promised a proposal. • Canopy Health was up and running as of August 1, 2016 Director Meyers inquired about Blue Shield and Mr. Cox responded that there was no activity. Director Meyers encouraged the Board to write letters to insurance companies. Director Meyers also inquired about how much of the contracting issues are due to the accountable care organization's. Mr. Cox noted that ACO's do play a role. Mr. Cox noted work continues to get the word out on the discount policy and noted that patients have been utilizing the program and that it does work.. Mr. Cox noted year end financial results for Alameda Hospital with a close to 4.6 EBIDA compared to a -6 in the previous fiscal year. The hospital is doing well financially and AHS, in addition to support form the parcel tax, ias investing n capital and programs at the facility. Director Jensen requested data on who is coming to Alameda Hospital and utilizing services and how those numbers compare to prior years. Mr. Cox noted that Medicare was the largest payor volume. He also noted that gross revenue was up indicating that activity has also increased. Director Deutsch asked about the creation of the long term capital reserve fund and if those funds of $1.4m that has been budgeted for over the last two fiscal years, were in a designated account. Mr. Cox replied that due to the System's relationship with Alameda County, a separate account cannot be set up and allocation of those funds would be in bookkeeping only. Director Deutsch noted that banks will want to see money when the time comes to invest in seismic capital for Alameda Hospital. Delvecchio Finley, CEO confirmed that AHS cannot set up a separate account as stated by Mr. Cox. He suggested that an Ad Hoc Committee be created sooner than later to begin discussion on seismic planning. Director Meyers agreed that a joint group should meet to discuss long term plans relating to seismic. He also noted that money should be set aside and some	

Topic	Discussion	Action / Follow-Up
	mechanism should be put in place to track funds year after year. He reference the City of Alameda Liaison Committee and discussion about long term planning and seismic that occurred at that meeting at the beginning of June. Mr. Finley introduced Luis Fonseca, the system's new Chief Operating Officer. Mr. Finley requested that Mr. Fonseca identify point people from AHS to have at the next meeting and begin meeting as early as next month.	
C.	District Updates & Operational Updates	
	1) Review of Approved Resolution: 2016-3 Director Saenz Duke noted the final resolution approved at the June 28, 2016 meeting that was included in the packet. Ms. Thorson added that the final document was provided as information to the Board as during the meeting there was significant discussion and verbal edits made to the resolution that were ultimately approved.	No action taken.
	2) District Liaison Reports	
	a. Alameda Health System Liaison Report Director Jensen noted new AHS leaders recently hired, Luis Fonseca, COO (who was in attendance at the meeting) and Ghassan Jamaleddine, MD, CMO. She also informed the Board that she would be attending the Hospital Council Summit in Napa in the fall at which the Community Paramedicine (CP) program will receive an innovation award. She thanked the Fire department and first responders in the City of Alameda for the work they do in the CP program. b. Community Health Liaison Report Director Meyers reviewed the memo included in the board packet noting that the start of community stakeholder groups was on hold until District staff were on board, he attended a meeting of the Social Services Human Relations Board to discuss the 2016 Community Needs Assessment Survey and opportunities for shared use of the survey, and that there would be short monthly community presentations to increase awareness of health and well issues and how the community responds to those issues in Alameda. c. Alameda Hospital Liaison Report Director Deutsch stated that there are a lot of issues going on at the hospital and restated the obvious as it relates to insurance contracts. He continues to believe that the community is being alienated and are not able to use services at the hospital despite efforts of AHS to provide programs to allow out of network use of the hospital. He stated he will continue to remind the community about the need for contracts with all commercial payors and will continue to remind AHS as to the importance of this issue. He noted that AHS is doing a fantastic job of moving the infusion program	

Topic	Discussion	Action / Follow-Up
	forward. He noted that while nursing staffing is still a problem, the new grad program and mentoring program are in place to help alleviate shortages and use of registry. He was glad to hear of the possibility of a Federally Qualified Health Clinic (FQHC) in Alameda. Director Meyers asked in the California Nurses Association contract had been settled and the response was no the contract had not been settled. There was discussion on the agreement from the June 28th meeting for AHS to provide the Board with updates every two weeks. Director Jensen noted that she did not need an update is the information was status quo. Director Meyers liked every two weeks and noted that knowing the most current information even it if was status quo would help in communication with the community and support AHS as well. Director Deutsch requested at least once a month. Mr. Finley stated that it would be a better cadence for AHS to move toward once a month updates to the Board. It was agreed to monthly updates that would be routed through the District Clerk to forward to the Board of Directors. d. President's Report Director Saenz Duke reviewed her written report included in the packet. She noted that was approached by the League of Women Voters about an opportunity to participate in a forum. Potential topics included, state of hospital/system, insurance issues, medical needs of the in an emergency situation and an annual update of "State of Health" of the District as required by law. Director Meyers noted that the District would not be able to do a "State of Health" presentation until full time District staff was in place. Director Williams stated that he thought it was a good opportunity to share with the community the new direction/vision of the Board, issues with the hospital. He also noted that there may not be time for a forum before the November Election. Director Deutsch noted that the Board could be speaking from divergent opinions. Director Williams said that the District should drive the presentation not the League of Women Voters. The Board discussed timing of a presentation or joint forum and determined that it would be best to schedule in early 2017. Director Duke proceeded with the next portion of her written report about staff support for the District. She stated that she and Director Jensen discussed with Mr. Finley about the possibility of AHS providing professional staff support to our District by direct funding from AHS, which we would use to select, hire and supervise staff who report directly to the District. Director Meyers voiced his concern over this discussion as the Board has voted, determined its mission is proceeding to hire staff through an approved budget. He felt that these conversations inferred that the option of what to do about staffing was still open for discussion. He stated that he was shocked to hear these conversations were occurring. Director Meyers requested a discussion at the next meeting that would include a summary of the decisions made to date and agreed upon timeline. He stated that we are our own District and need to have our own unique identity separate from the hospital and AHS. Director Saenz Duke noted Director Meyers comments. Director Williams concurred with Director Meyers and stated that the Board had agreed to a plan, are exploring that plan and are	

Topic	Discussion	Action / Follow-Up
	moving in the right direction. He stated that the subcommittee has looked at different employment models and agreed that the Board should discuss at the next meeting. Director Williams requested to see the scope of oversight of the District over Alameda Hospital. He recalled the mandate of the voters and the new direction represents a change from that mandate. Director Deutsch continued to state that as a community district, the District plays an important role in the hospital oversight and sustainability and goals should be similar to that of AHS. Director Deutsch noted that Eden Healthcare District has recently been under scrutiny for spending funds with little to show to the community. Director Deutsch agreed that the Board should re-visit this issue and fully flush out at the next meeting. Director Saenz Duke and Director Williams will be scheduling meeting with HFS to continue in the search for an Executive Director. e. Other District Outreach and Member Updates No other reports or updates were given.	
D.	Consent Agenda	
	1) Acceptance of June 6, 2016 Meeting Minutes	Director Deutsch requested to remove items 1 and 2 from the consent calendar for discussion.
	2) Acceptance of June 28, 2016 Special Meeting Minutes Director Deutsch stated that minutes from the last two meetings were redacted to a minimum and did not reflect what happened at the meeting. He disagreed with the minutes as presented. He requested that the District Clerk express the issues and viewpoints more thoroughly. He continued to state that with an Election in November, community may look at the minutes to determine how people stood on key issues. Director Saenz Duke stated that she had requested that the minutes be more concise and reflect the action taken at the meeting but agreed that there could be a balance. Director Meyers applauded the attempt to make the minutes more concise. He stated he was accustomed to seeing a draft of the minutes or brief summary shortly after a meeting giving time to the members of the Board and/or committee time to comment while the meeting is still fresh in everyone's mind. Director Meyers requested a specific change to the June 6, 2016 minutes under the report from Don Whiteside from HFS consultants. There was discussion on the process of reviewing the minutes and providing feedback to the Clerk on the minutes. Ms. Thorson suggested that she redraft the minutes based on the comments at the meeting and send out to the Board with a deadline of two weeks from the meeting.	
	3) Acceptance of Financial Statements: May/June 2016	Director Deutsch made a motion to accept the May and June 2016

Topic	Discussion	Action / Follow-Up
		Financial Statements as presented and Director Jensen seconded. Voting was taken by roll call. The motion carried.
E.	Action Items	
	1) Recommendation for Parcel Tax Consultant Services with SCI Consulting Group Director Deutsch and Ms. Thorson presented a recommendation to utilize SCI Consulting Group for the FY 2016-2017 parcel tax process. The cost of the engagement is $9,800 for the fiscal year. Details of the services were outlined on the memo included in the packet. Director Deutsch noted that the services provided by SCI would be beneficial to the District. Mr. Driscoll requested one change to the agreement on page 2 of the agreement, 6. Indemnification, adding the following noted in red "…by willful misconduct or negligence of or by Consultant...."	Director Deutsch made a motion to enter into an agreement Voting was taken by roll call. The motion carried.
F.	October 3, 2016 Agenda Preview Ms. Thorson noted the following items for the October 3, 2016 Board meeting. Additional topics based on the discussion and request of the Board are listed below. • Discussion of role of the District in the affiliation with Alameda Health System • Update on hiring of District Staff and review of decision made to date and timeline • Review of the scope of oversight of the District over Alameda Hospital • Utilization data on who is coming to Alameda Hospital and utilizing services and how those numbers compare to prior years • Ad hoc Seismic Planning Committee – Identification of key participants from AHS and District	
	1) Alameda Health System and Alameda Hospital Updates • FY Q4 (April-May-June) AHS Financial and Quality Reporting • Hospital CAO Report 2) Review and Approval of FYE Audit 3) Community Health, Safety and Wellness Focus Presentation 4) Review and Approval of Regular Meeting Calendar for CY 2017	
IV.	**General Public Comments**	

Topic	Discussion	Action / Follow-Up
None		
V. Board Comments		
None		
VI. Adjournment		
	Being no further business the meeting was adjourned at 7:56 p.m.	

Attest:

Michael Williams
Secretary

DATE: July 25, 2016

MEETIN DATE: August 1, 2016 Board Meeting

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

FROM: Kristen Thorson, District Clerk

SUBJECT: July and August 2016 Financial Statements

Action

Acceptance of the July and August 2016 District Financials

Discussion Highlights

The financials show a comparison of Actual (prior fiscal year and YTD) to YTD Budget. A variance percentage is shown from actual compared to budget. The budget has been spread evenly over 12 months.

Requests for additional information or clarification on the Financial Statement can be brought to the District Clerk and a response will be coordinated through the District's financial consultant.

July Utilities are above budget due to water, sewer and garbage bills being received and paid in the month for the Jaber Properties. These bills cover a 3 month period. Over the course of the fiscal year, utilities will balance out and we anticipate that they will be on budget at the end of the year. The budget is straight line budget spread evenly over the 12 months.

August Repairs and Maintenance are above budget for the month of August. There was a significant repair made at the Jaber property that required replacement of a sewer pipe in two of the units.

Professional Fees (Accounting, Consultant, Legal, Audit) were above budget in August primarily due to a onetime expense from TCA Partners, the audit firm. This expense was the result of work to complete the fixed asset system for the District in order to accurately account for depreciation going forward. As noted in August YTD, Depreciation and Ammonization was under budget by nearly $8,000. Annual depreciation for FY 2016-2017 as a result of this work and the annual audit will be approximately $262,000 instead of the budgeted amount of $453,000 resulting in a favorable variance in this line item for the remainder of the year.

The August pacel tax installment of $294,000 was received in August which accounts for the increase in cash at the end of the period to $711,091.

I am working with CHW, LLP to develop a process for a year end true-up of revenues (parcel tax and Jaber revenues) over expenses to determine the amount of a transfer to AHS. Parcel tax transfers to AHS have occurred in Jan/Feb and May/June of each year. The amount of the transfers has been Board approved thus creating a slight delay from when the installments are received (December/April) to the actual transfer. A third transfer would take into account the August installment and any excess Jaber revenues. More information will be forthcoming as we work through the details.

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2015	As of 6/30/2016	As of 7/31/2016
Assets			
Current assets:			
Cash and cash equivalents	$ 292,794	$ 471,592	$ 429,862
Grant and other receivables	291,854	293,921	775,338
Prepaid expenses and deposits	88,075	19,710	44,426
Total current assets	672,723	785,223	1,249,625
Assets limited as to use	255,304	328,241	333,834
Capital Assets, net of accumulated depreciation	3,650,181	3,535,723	3,502,021
	4,578,208	4,649,187	5,085,481
Other Assets	16,433	14,192	14,006
Total assets	$ 4,594,641	$ 4,663,380	$ 5,099,487
Liabilities and Net Position			
Current liabilities:			
Current maturities of debt borrowings	$ 26,940	$ 28,405	$ 29,804
Accounts payable and accrued expenses	5,653	8,700	8,700
Total current liabilities	32,592	37,105	38,504
Debt borrowings net of current maturities	1,031,855	1,003,450	999,679
Total liabilities	1,064,447	1,040,555	1,038,183
Net position:			
Invested in capital assets, net of related debt	3,650,181	3,535,723	3,502,021
Restricted, by contributors	255,304	328,241	333,834
Unrestricted (deficit)	(375,291)	(241,139)	225,448
Total net position (deficit)	3,530,194	3,622,825	4,061,304
Total liabilities and net position	$ 4,594,641	$ 4,663,380	$ 5,099,487

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 7/31/2016	Budget YTD 7/31/2016	Variance	
Revenues and other support						
District Tax Revenues	$ 5,737,101	$ 5,778,442	$ 481,417	$ 481,364	(53)	0%
Rents	172,112	181,283	15,478	15,121	(357)	-2%
Other revenues	1,990	289,969	-	-	-	
Total revenues	5,911,203	6,249,693	496,894	496,485	(409)	
Expenses						
Salaries, wage and benefits	-	-	-	7,917	7,917	100%
Professional fees	116,102	82,236	10,250	8,575	(1,675)	-20%
Supplies	3,906	3,960	823	392	(431)	-110%
Purchased services	-	-	-	300	300	100%
Repairs and maintenance	11,113	12,972	1,250	1,750	500	29%
Rents	22,150	24,835	2,112	2,109	(3)	0%
Utilities	7,148	7,914	1,981	870	(1,111)	-128%
Insurance	82,516	75,474	3,847	4,167	320	8%
Depreciation and amortization	455,541	406,665	33,889	37,775	3,886	
Interest	71,360	50,541	4,084	4,090	5	0%
Travel, meeting and conferences	2,057	1,527	260	917	657	72%
Other expenses	74,112	6,716	(78)	10,292	10,370	101%
Total expenses	846,006	672,839	58,416	79,152	20,736	
Operating gains	5,065,197	5,576,854	438,478	417,333	(21,145)	-5%
Transfers	(3,585,725)	(5,484,222)	-	(414,841)		
Increase in net position	1,479,472	92,632	438,478	2,492		
Net position at *beginning of the year*	2,050,722	3,530,194	3,622,825	3,622,825		
Net position at the *end of the period*	$ 3,530,194	$ 3,622,825	$ 4,061,304	$ 3,625,318		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 7/31/2016	Budget YTD 7/31/2016
Increase in net position	$ 1,479,472	$ 92,632	$ 438,478	$ 2,492
Add Non Cash items				
Depreciation	455,541	406,665	33,889	37,775
Changes in operating assets and liabilities				
Grant and other receivables	(571)	(2,067)	(481,417)	-
Prepaid expenses and deposits	(88,075)	68,365	(24,715)	-
Accounts payable and accrued expenses	(111,939)	3,047	-	-
Net Cash provided(used) by operating activities	1,734,428	568,641	(33,765)	40,267
Cash flows from investing activities				
Acquisition of Property Plant and Equipment	(14,481)	(289,966)	0	(208)
Changes in assets limited to use	68,517	(72,937)	(5,593)	-
Net Cash used in investing activities	54,037	(362,903)	(5,593)	(208)
Cash flows from financing activities				
Principal payments on debt borrowings	(1,525,806)	(26,940)	(2,372)	(2,367)
Net cash used by financing activities	(1,525,806)	(26,940)	(2,372)	(2,367)
Net change in cash and cash equivalents	262,658	178,798	(41,730)	37,691
Cash at the beginning of the year	30,136	292,794	471,592	292,794
Cash at the end of the period	$ 292,794	$ 471,592	$ 429,862	$ 330,486

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2015	As of 6/30/2016	As of 8/31/2016
Assets			
Current assets:			
Cash and cash equivalents	$ 292,794	$ 471,592	$ 711,091
Grant and other receivables	291,854	293,921	962,833
Prepaid expenses and deposits	88,075	19,710	40,579
Total current assets	672,723	785,223	1,714,503
Assets limited as to use	255,304	328,241	337,941
Capital Assets, net of accumulated depreciation	3,650,181	3,535,723	3,468,319
	4,578,208	4,649,187	5,520,763
Other Assets	16,433	14,192	13,819
Total assets	$ 4,594,641	$ 4,663,380	$ 5,534,582
Liabilities and Net Position			
Current liabilities:			
Current maturities of debt borrowings	$ 26,940	$ 28,405	$ 29,804
Accounts payable and accrued expenses	5,653	8,700	8,700
Total current liabilities	32,592	37,105	38,504
Debt borrowings net of current maturities	1,031,855	1,003,450	997,433
Total liabilities	1,064,447	1,040,555	1,035,937
Net position:			
Invested in capital assets, net of related debt	3,650,181	3,535,723	3,468,319
Restricted, by contributors	255,304	328,241	337,941
Unrestricted (deficit)	(375,291)	(241,139)	692,385
Total net position (deficit)	3,530,194	3,622,825	4,498,645
Total liabilities and net position	$ 4,594,641	$ 4,663,380	$ 5,534,582

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 8/31/2016	Budget YTD 8/31/2016	Variance	
Revenues and other support						
District Tax Revenues	$ 5,737,101	$ 5,778,442	$ 962,833	$ 962,728	(106)	0%
Rents	172,112	181,283	30,634	30,242	(392)	-1%
Other revenues	1,990	289,969	-	-	-	
Total revenues	5,911,203	6,249,693	993,467	992,970	(497)	
Expenses						
Salaries, wage and benefits	-	-	-	15,833	15,833	100%
Professional fees	116,102	82,236	20,627	17,150	(3,477)	-20%
Supplies	3,906	3,960	823	783	(39)	-5%
Purchased services	-	-	-	600	600	100%
Repairs and maintenance	11,113	12,972	4,791	3,500	(1,291)	-37%
Rents	22,150	24,835	4,223	4,218	(5)	0%
Utilities	7,148	7,914	2,170	1,740	(430)	-25%
Insurance	82,516	75,474	7,693	8,333	640	8%
Depreciation and amortization	455,541	406,665	67,777	75,550	7,773	
Interest	71,360	50,541	8,295	8,179	(116)	-1%
Travel, meeting and conferences	2,057	1,527	260	1,833	1,574	86%
Other expenses	74,112	6,716	988	20,583	19,596	95%
Total expenses	846,006	672,839	117,647	158,304	40,657	
Operating gains	5,065,197	5,576,854	875,820	834,666	(41,154)	-5%
Transfers	(3,585,725)	(5,484,222)	-	(829,682)		
Increase in net position	1,479,472	92,632	875,820	4,984		
Net position at *beginning of the year*	2,050,722	3,530,194	3,622,825	3,622,825		
Net position at the *end of the period*	$ 3,530,194	$ 3,622,825	$ 4,498,645	$ 3,627,810		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2015	Actual YTD 6/30/2016	Actual YTD 8/31/2016	Budget YTD 8/31/2016
Increase in net position	$ 1,479,472	$ 92,632	$ 875,820	$ 4,984
Add Non Cash items				
Depreciation	455,541	406,665	67,777	75,550
Changes in operating assets and liabilities				
Grant and other receivables	(571)	(2,067)	(668,912)	-
Prepaid expenses and deposits	(88,075)	68,365	(20,869)	-
Accounts payable and accrued expenses	(111,939)	3,047	-	-
Net Cash provided(used) by operating activities	1,734,428	568,641	253,816	80,534
Cash flows from investing activities				
Acquisition of Property Plant and Equipment	(14,481)	(289,966)	(0)	(417)
Changes in assets limited to use	68,517	(72,937)	(9,700)	-
Net Cash used in investing activities	54,037	(362,903)	(9,700)	(417)
Cash flows from financing activities				
Principal payments on debt borrowings	(1,525,806)	(26,940)	(4,618)	(4,734)
Net cash used by financing activities	(1,525,806)	(26,940)	(4,618)	(4,734)
Net change in cash and cash equivalents	262,658	178,798	239,499	75,383
Cash at the beginning of the year	30,136	292,794	471,592	292,794
Cash at the end of the period	$ 292,794	$ 471,592	$ 711,091	$ 368,178

MEETING DATE: October 3, 2016

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

FROM: Kristen Thorson, District Clerk

SUBJECT: Adoption of 2017 Meeting Calendar

I am proposing that we move the monthly meetings to the 2nd Monday of the month, every other month beginning in December, 2016. Last year when the calendar was approved, the Board decided not to have a meeting in December, however, I feel that the Board should meet as to not allow four month break in meetings.

The District Board has historically met on the first Monday of the month. Moving the meetings to the 2nd Monday will allow more time to prepare monthly reports and actions items and will not conflict with any major holidays, major community meetings or school calendars.

District Board Meeting Schedule
Proposed: October 3, 2016

Closed Session: As needed, time to be determined by the District Board
Location: District Office, 888 Willow (Unit B)

Open Session: 5:30 PM
Location: Dal Cielo Conference Room, Alameda Hospital

	Major Approval Items | Key Business Milestones
2016	
December 12, 2016	• FY Q1 (Jul-Aug-Sep) AHS Reporting
2017	
February 13, 2017	• FY Q2 (Oct-Nov-Dec) AHS Reporting
April 10, 2017	• Review and Approval FY 2017-2018 Budget • Review Annual Audit Engagement
June12, 2017	• Adoption of Parcel Tax Levy Resolution • Review and Approval of 2017-2018 Parcel Tax Budget • Review and Approval of Mutual Certification and Indemnification Agreement • Review and Approval of FY 2017-2018 Insurance Renewals • FY Q3 (Jan-Feb-Mar) AHS Reporting

August 14, 2016	• Q4 (Apr-May-Jun) AHS Reporting
October 9, 2016	• Review and Approval of FYE Annual Audit • Review of Calendar Year 2018 Meeting Calendar
December 12, 2016	• FY Q1 (Jul-Aug-Sep) AHS Reporting

Audited Financial Statements

CITY OF ALAMEDA
HEALTH CARE DISTRICT

June 30, 2016

Audited Financial Statements

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2016

Management's Discussion and Analysis

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2016

The District Clerk and Treasurer of the City of Alameda Health Care District (the District) has prepared this annual discussion and analysis in order to provide an overview of the District's performance for the fiscal year ended June 30, 2016 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments.* The intent of this document is to provide additional information on the District's historical financial performance as a whole in addition to providing a prospective look at revenue growth, operating expenses, and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2016 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

Financial Highlights

For the year of operations ending June 30, 2016, the District received $5,778,000 million in parcel taxes from the County of Alameda and $181,000 in rental income. The prior year taxes were $5,737,000 and rental income was $172,000.

Total District expenses for 2016 were $673,000: ($407,000 in depreciation and amortization, $51,000 in interest expense, $82,000 in professional fees, $75,000 in insurance and $58,000 in various other types of expenses. Transfers to the Alameda Health System were $5.5 million, leaving the District with an increase in net position for the year of $93,000.

Total District expenses for 2015 were $846,000: $456,000 in depreciation and amortization,$71,000 in interest expense, $113,000 in professional fees, $83,000 in insurance and $123,000 in various other types of expenses. Transfers to the Alameda Health System were $3.6 million, leaving the District with an increase in net position for the year of $1.5 million. During the 2015 year the District also repaid $1.5 million in loans to the Alameda Health System for a total cash outflow in 2015 of $5.1 million.

For the year ended June 30, 2014, from July 1, 2013 through April 30, 2014, the District continued to operate Alameda Hospital. Effective May 1, 2014, operations of the Hospital were turned over to Alameda Health System (AHS), a public hospital authority created by the Alameda County Board of Supervisors through a joint powers agreement. The agreement called for the transfer of specific assets and liabilities of the District to AHS which were related to the operations of the Alameda Hospital. The District maintained ownership of the Alameda Hospital land and real property (buildings and fixed equipment). The transfer included, without limitation, all cash and other deposits, accounts receivable, personal property (including all supplies, equipment and other fixed assets), intangible property, contractual rights, licenses, intellectual property and claims and causes of action, together with all the rights and privileges in any way belonging thereto, free and clear of all encumbrances. Through this affiliation, the District will continue to support the providing of health care services to those individuals, primarily, who reside in the local geographic area.

The District will also continue to operate as a health care district which will allow for the continued collection of parcel taxes and certain rental income from which the District will pay certain operating expenses. Excess earnings will be remitted to AHS in order to support the operations of the Alameda Hospital by AHS.

Balance Sheet

As of June 30, 2016, the District's current assets are comprised of $471,600 in operating cash and $293,921 in parcel taxes receivable. Other assets include cash and cash equivalents of $328,241 which are restricted for specific purposes and $3,535,723 of capital assets, net of accumulated depreciation. Current liabilities of the District include $28,405 of current maturities of debt borrowings and $8,700 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to $1,003,450

As of June 30, 2015, the District's current assets are comprised of $292,794 in operating cash, $291,854 in parcel taxes receivable due from the County of Alameda, and $88,075 of prepaid expenses, most of which will expire during the next fiscal year. Other assets include cash and cash equivalents of $255,304 which are restricted for specific purposes and $3,650,181 of capital assets, net of accumulated depreciation. Current liabilities of the District include $26,940 of current maturities of debt borrowings and $5,653 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to $1,031,855.

Statements of Revenues, Expenses and Changes in Net Position

For the year ended June 30, 2016 and 2015, the District realized an increase in net position of $92,639 and $1,479,471, respectively. The 2016 year approximated budget and expectations.

As previously mentioned, the District operated Alameda Hospital through April 30, 2014. At that time, the District suffered a $3.7 million loss from total District transactions. From May 1, 2014 to June 30, 2014, the District, after turning over hospital operations to AHS, was able to realize a small gain from District operations of just over $100,000 to end the year with an approximate $3.6 million loss.

The District annual budget for 2017 has been set at $5.9 million in revenue from parcel taxes and $181,000 in rental income. Operating expenses for 2017 are expected to be approximately $848,000, which includes depreciation and amortization of $262,000. The approximate cash flow excess of approximately $5.5 million will be remitted to AHS to help support the operations of the Alameda Hospital, formerly operated by the District.

JWT & Associates, LLP

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Report of Independent Auditors

The Board of Directors
City of Alameda Health Care District
Alameda, California

We have audited the accompanying financial statements of the City of Alameda Health Care District, (the District) which comprise the balance sheets as of June 30, 2016 and 2015, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we express no such opinion. 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the District at June 30, 2016 and 2015, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Supplementary Information

Management's discussion and analysis is not a required part of the financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

JWT & Associates, LLP

Fresno, California
October 3, 2016

Balance Sheets

CITY OF ALAMEDA HEALTH CARE DISTRICT

	June 30	
	2016	2015
Assets		
Current assets:		
Cash and cash equivalents	$ 471,600	$ 292,794
Other receivables	293,921	291,854
Prepaid expenses and deposits	19,710	88,075
Total current assets	785,231	672,723
Assets limited as to use	328,241	255,304
Capital assets, net of accumulated depreciation	3,535,723	3,650,181
	4,649,195	4,578,208
Deferred outflows of resources	14,192	16,433
	$ 4,663,387	$ 4,594,641
Liabilities		
Current liabilities:		
Current maturities of debt borrowings	$ 28,405	$ 26,940
Accounts payable and accrued expenses	8,700	5,653
Total current liabilities	37,105	32,593
Debt borrowings, net of current maturities	1,003,450	1,031,855
	1,040,555	1,064,448
Deferred inflows of resources		
Net position		
Invested in capital assets, net of related debt	3,535,723	3,650,181
Restricted, by contributors	328,241	255,304
Unrestricted (deficit)	(241,132)	(375,292)
Total net position	3,622,832	3,530,193
	$ 4,663,387	$ 4,594,641

See accompanying notes and auditor's report

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2016	2015
Operating revenues		
Net patient service revenue		
Other operating revenue	$ 181,283	$ 172,112
Total operating revenues	181,283	172,112
Operating expenses		
Professional fees	82,236	113,103
Supplies	3,960	3,906
Purchased services	12,972	11,113
Building and equipment rent	24,835	22,150
Utilities and phone	7,914	7,148
Insurance	75,474	82,515
Depreciation and amortization	406,665	455,541
Other operating expenses	8,235	79,170
Total operating expenses	622,291	774,646
Operating loss	(441,008)	(602,534)
Nonoperating revenues (expenses)		
District tax revenues	5,778,441	5,737,100
Investment income	3	1,990
Property adjustment	289,966	
Interest expense	(50,541)	(71,360)
Transfers to AHS	(5,484,222)	(3,585,725)
Total nonoperating revenues (expenses)	533,647	2,082,005
Increase in net position	92,639	1,479,471
Net position at beginning of the year	3,530,193	2,050,722
Net position at end of the year	$ 3,622,832	$ 3,530,193

See accompanying notes and auditor's report

Statements of Cash Flows

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2016	2015
Cash flows from operating activities:		
Cash received from operations, other than patient services	$ 179,216	$ 171,541
Cash payments to suppliers and contractors	(144,214)	(519,119)
Net cash (used in) operating activities	35,002	(347,578)
Cash flows from noncapital financing activities:		
District tax revenues	5,778,441	5,737,100
Transfers to AHS	(5,484,222)	(3,585,725)
Net cash provided by noncapital financing activities	294,219	2,151,375
Cash flows from capital financing activities:		
Purchase of capital assets		(14,480)
Principal payments on debt borrowings	(26,940)	(1,525,806)
Interest payments on debt borrowings	(50,541)	(71,360)
Net cash (used in) capital financing activities	(77,481)	(1,611,646)
Cash flows from investing activities:		
Net change in assets limited as to use and other assets	(72,937)	68,517
Investment income	3	1,990
Net cash provided by (used in) investing activities	(72,934)	70,507
Net increase in cash and cash equivalents	178,806	262,658
Cash and cash equivalents at beginning of year	292,794	30,136
Cash and cash equivalents at end of year	$ 471,600	$ 292,794

See accompanying notes and auditor's report

Statements of Cash Flows (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2016	2015
Reconciliation of operating income to net cash provided by operating activities:		
Operating (loss)	$ (441,008)	$ (602,534)
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	406,665	455,541
Changes in operating assets and liabilities:		
Other receivables	(2,067)	(571)
Prepaid expenses and deposits	68,365	(88,075)
Accounts payable and accrued expenses	3,047	(111,939)
Net cash provided by operating activities	$ 35,002	$ (347,578)

See accompanying notes and auditor's report

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES

Reporting Entity: The City of Alameda Health Care District, (d.b.a. Alameda District), heretofore referred to as (the District) is a public entity organized under Local District District Law as set forth in the Health and Safety Code of the State of California. The District is a political subdivision of the State of California and is generally not subject to federal or state income taxes. The District is governed by a five-member Board of Directors, elected from within the boundaries of the health care district to specified terms of office. The District is located in Alameda, California.

Through April 30, 2014, the District operated Alameda Hospital (the Hospital), which comprised a 100-bed acute care facility, a 35-bed sub acute unit within the Hospital, a 26-bed skilled nursing facility adjacent to the Hospital campus and another 120-bed skilled nursing facility near the Hospital campus which the District took over operations of in August, 2012. Effective May 1, 2014, operations of the Hospital were turned over to the Alameda Health System (AHS), a public hospital authority created by the Alameda County Board of Supervisors, through a joint powers agreement (the affiliation agreement). Through this affiliation with AHS, the District will continue to provide health care services primarily to individuals who reside in the local geographic area.

Basis of Preparation: The accounting policies and financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operational revenues and expenses.

The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement Number 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the District has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB) that do not conflict with or contradict GASB pronouncements.

Management's Discussion and Analysis: The management's discussion and analysis is a narrative introduction and analytical overview of the District's financial activities for the year being presented. This analysis is similar to the analysis provided in the annual reports of organizations in the private sector. As stated in the opinion letter, the management's discussion and analysis is not a required part of the financial statements but is supplementary information and therefore not subject to audit procedures or the expression of an opinion on it by auditors.

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

Recent Pronouncements: The District has incorporated the following recent GASB issued statements within this financial statement presentation: (1) GASB 61 - *The Financial Reporting Entity: Omnibus* which helps better define financial presentation and component units; GASB 62 - *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements* which supercedes GASB 20; GASB 63 - Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources and Net Position - which establishes new standards involving consumption of net position and the acquisition of net position, both of which are applicable to future periods as well as further defining net position (formerly net assets); and is reviewing the impact of GASB 65 - *Items Previously Reported as Assets and Liabilities* once it is adopted next year as it may cause restatement of the June 30, 2013 net position by restating amounts related to unamortized debt issuance costs previously reported as assets. For purposes of financial statement presentation, deferred outflows are shown with the assets of the District on the balance sheet and deferred inflows are considered deferred revenues and grouped with the liabilities of the District on the balance sheet. No other adoptions of these pronouncements materially affected the District's financial statements.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents: The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in nonoperating revenues when earned.

Assets Limited as to Use: Assets limited as to use include contributor restricted funds, amounts designated by the Board of Directors for replacement or purchases of capital assets, and other specific purposes, and amounts held by trustees under specified agreements. Assets limited as to use consist primarily of deposits on hand with local banking and investment institutions, and bond trustees.

Risk Management: The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters.

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 40 years for buildings and improvements, and 3 to 10 years for major moveable equipment. The District periodically reviews its capital assets for value impairment. As of June 30, 2016 and 2015, the District has determined that no capital assets are impaired.

Net Position: Net position is presented in three categories. The first category is net position "invested in capital assets, net of related debt". This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets.

The second category is "restricted" net position. This category consists of externally designated constraints placed on those net position by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation.

The third category is "unrestricted" net position. This category consists of net position that does not meet the definition or criteria of the previous two categories.

District Tax Revenues: The District receives much of its financial support from parcel taxes. These funds are used to support operations and meet required debt service agreements. They are classified as non-operating revenue as the revenue is not directly linked to patient care. Parcel taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Parcel taxes are considered delinquent on the day following each payment due date.

Operating Revenues and Expenses: The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating revenues and expenses are those transactions not considered directly linked to providing health care services.

NOTE B - CASH AND CASH EQUIVALENTS

As of June 30, 2016 and 2015, the District had deposits invested in various financial institutions in the form of cash and cash equivalents in the amounts of $799,841 and $548,098 respectively. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), except for $250,000 per account that is federally insured.

The CGC and the District's investment policy do not contain legal or policy requirements that would limit the exposure to custodial risk for deposits. Custodial risk for deposits is the risk that, in the event of the failure of a depository financial institution, the District would not be able to recover its deposits or will not be able to recover collateral securities that are in possession of an outside party.

Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

NOTE C - CONCENTRATION OF CREDIT RISK

The District receives approximately 97% of their revenues from the County of Alameda under the parcel taxing program. These funds are used to support operations and meet required debt service agreements. Parcel taxes are levied by the County on the District's behalf during the year. Parcel taxes are secured by properties within the District, management believes that there is no credit risk associated with these parcel taxes.

NOTE D - OTHER RECEIVABLES

Other receivables as were comprised of the following Alameda County parcel taxes in the amounts of $293,921 and $291,854 as of June 30, 2016 and 2015, respectively.

NOTE E - ASSETS LIMITED AS TO USE

Assets limited as to use are related to the Jaber agreement as described in Note F and were comprised of cash and cash equivalents in the amounts of $328,241 and $255,304 as of June 30, 2016 and 2015, respectively.

NOTE F - CAPITAL ASSETS

The District received two parcels of improved rental-real estate by court order dated December 3, 2003, pursuant to the terms of the Alice M. Jaber 1992 Trust. As successor to the former non-profit Alameda Hospital, the District has agreed to abide by the terms of the Trust Agreement. The Trust Agreement and the will of Alice M. Jaber require the District to account for the property as part of the Abraham Jaber and Mary A. Jaber Memorial Fund. Among other things, the District is prohibited from selling all or any portion of the parcels received until after the death of certain named family members and, if the property is sold, it may not be sold to any descendant, spouse or relative to the third degree of any such descendant of a named family member. The net carrying value of this property is $849,828 and $849,828 at June 30, 2016 and 2015, respectively. Capital assets as of June 30, 2016 and 2015 were comprised of the following:

	Balance at June 30, 2015	Adjustments & Additions	Retirements	Balance at June 30, 2016
Land and land improvements	$ 1,376,954			$ 1,376,954
Buildings and improvements	25,520,035	$ (479)		25,519,556
Equipment	3,739,728			3,739,728
Construction-in-progress				
Totals at historical cost	30,636,717	(479)		30,636,238
Less accumulated depreciation	(26,986,536)	(113,979)		(27,100,515)
Capital assets, net	$ 3,650,181	$ (114,458)	$	$ 3,535,723

	Balance at June 30, 2014	Transfers & Additions	Retirements	Balance at June 30, 2015
Land and land improvements	$ 1,376,954			$ 1,376,954
Buildings and improvements	25,505,075	$ 14,960		25,520,035
Equipment	3,739,728			3,739,728
Construction-in-progress				
Totals at historical cost	30,621,757	14,960		30,636,717
Less accumulated depreciation	(26,532,756)	(453,780)		(26,986,536)
Capital assets, net	$ 4,089,001	$ (438,820)	$	$ 3,650,181

NOTE G - DEBT BORROWINGS

As of June 30, 2016 and 2015, debt borrowings were as follows:

	2016	2015
Note payable to a bank; principal and interest at 4.75% due in monthly installments of $6,457 through October 15, 2022; collateralized by District property:	$ 1,031,855	$ 1,058,795
Other debt borrowings		
	1,031,855	1,058,795
Less current maturities of debt borrowings	(28,405)	(26,940)
	$ 1,003,450	$ 1,031,855

Future principal maturities for debt borrowings for the next succeeding years are: $28,405 in 2017; $29,804 in 2018; $31,271 in 2019; $32,688 in 2020; and $34,421 in 2021.

NOTE H - RELATED PARTY TRANSACTIONS

The Alameda Hospital Foundation (the Foundation), has been established as a nonprofit public benefit corporation under the Internal Revenue Code Section 501 c (3) to solicit contributions on behalf of the District. Substantially all funds raised except for funds required for operation of the Foundation, are distributed to the District or held for the benefit of the District. The Foundation's funds, which represent the Foundation's unrestricted resources, are distributed to the District in amounts and in period determined by the Foundation's Board of Trustees, who may also restrict the use of funds for District property and equipment replacement or expansion, reimbursement of expenses, or other specific purposes. Effective May 1, 2014, any further donations by the Foundation will be made directly to AHS according to the affiliation agreement. The Foundation is not considered a component unit of the District as the Foundation, in the absence of donor restrictions, has complete and discretionary control over the amounts, the timing, and the use of its donations to the District and management does not consider the assets to be material to the District.

NOTE I - RETIREMENT PLANS

As the District no longer has employees, there were no related retirement plans in place as of June 30, 2016 and 2015. For 2014, all contributions have been transferred to AHS according to the affiliation agreement as AHS has assumed stewardship over all retirement plans for the former Alameda Hospital employees. The District no longer employeed as of May 1, 2014.

NOTE J - COMMITMENTS AND CONTINGENCIES

Construction-in-Progress: As of June 30, 2016 and 2015, the District has no commitments under any construction-in-progress projects for various remodeling, major repair, certain expansion projects on the District's premises.

Operating Leases: The District leases various equipment and facilities under operating leases expiring at various dates. Total building and equipment rent expense for the years ended June 30, 2016 and 2015, were $24,835 and $22,150, respectively. Future minimum lease payments for the succeeding years under operating leases as of June 30, 2016 and 2015 are not considered material as AHS has assumed responsibility for the significant leases associated with patient care effective May 1, 2014 according to the affiliation agreement. Other District lease or rent agreements that have initial or remaining lease terms in excess of one year are not considered material.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2016 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

Risk Management Insurance Programs: AHS has assumed responsibility for all employee-related insurance programs effective May 1, 2014. The District has purchased tail coverage on other specific types of insurance where appropriate in conjunction with the affiliation agreement in order to prevent any lapse in coverage.

Seismic Retrofit: The California District Facilities Seismic Safety Act (SB 1953) specifies certain requirements that must be met at various dates in order to increase the probability that a California District can maintain uninterrupted operations following a major earthquake. Effective May 1, 2014, AHS has assumed responsibility for seismic retrofit according to the affiliation agreement.

NOTE K - AFFILIATION AGREEMENT

District management has had ongoing financial challenges operating a small general acute care District with 24-hour emergency services in this very competitive health care environment. The current and future changes brought about by healthcare reform at both the State and Federal levels, as well as other regulatory requirements and reimbursement reductions greatly compounded the challenges facing the District. Furthermore, the District is in need of capital resources to assist with required seismic retrofits, electronic health record implementation and other deferred facility and equipment replacements. Due to this situation, the District Board of Directors executed an affiliation agreement with a local health care system during the year ended June 30, 2014.

Effective May 1, 2014, operations of the Hospital were turned over to the Alameda Health System (AHS), a public hospital authority created by the Alameda County Board of Supervisors through a joint powers agreement. The agreement called for the transfer of specific assets and liabilities of the District to AHS which were related to the operations of the Alameda Hospital. The District maintained ownership of the Alameda Hospital land and real property (buildings and fixed equipment). The transfer included, without limitation, all cash and other deposits, accounts receivable, personal property (including all supplies, equipment and other fixed assets), intangible property, contractual rights, licenses, intellectual property and claims and causes of action, together with all the rights and privileges in any way belonging thereto, free and clear of all encumbrances. Through this affiliation, the District will continue to support the providing of health care services to those individuals, primarily, who reside in the local geographic area.

Transfers made to AHS related to this affiliation agreement for the year ended June 30, 2016 and 2015 amounted to $5,484,222 and $3,585,725, respectively.

NOTE L - SUBSEQUENT EVENTS

Management evaluated the effect of subsequent events on the financial statements through October 3, 2016, the date the financial statements are issued, and determined that there are no material subsequent events that have not been disclosed.

For October 3, 2016 Board Meeting

City of Alameda Health Care District Facilities Planning Committee

The City of Alameda Health Care District Board of Directors have a responsibility to oversee the ownership, provision and maintenance of a publically -owned hospital supported by parcel taxes collected from the citizens of the City of Alameda. That hospital must have, at a minimum: a 24-hour emergency service supported by normal support services and inpatient care comprised of at least 25 inpatient operational beds.

The current hospital does not meet seismic requirements necessary for continued operations after 2030 and repairs/new construction must occur between now and 2030 to ensure the citizens of Alameda have these minimum services available at all times.

A City of Alameda Health Care District Facilities Planning Committee is being formed as a sub-committee of the District Board and will be comprised of two District Directors supported by the District Executive Director and District administrative support person.

Partnership with Alameda Health System, the current operator of the Alameda Hospital, will be essential during the committee process. The assigned committee Directors will determine the level of joint planning necessary to complete the committee charter activities and request assistance from AHS planners and leaders as appropriate.

Goal: In 2030, a seismically compliant District-owned hospital will be open for services within the zip code of 94501 with at least the minimum services outlined in the current JPA.

Committee Charter: Complete all planning and actions necessary to ensure the provision of seismic compliant emergency room and supportive inpatient services in a District-owned hospital in the City of Alameda past the year 2030. Initial planning report with recommended actions to be completed by March 30, 2018.

Committee Membership:

- Two City of Alameda Health Care District Directors will be assigned to the committee and one will serve as chair.
- The Chair will be given an annual planning and operations budget and will direct the expenditures of the funds to ensure the attainment of the committee's goals.
- The Alameda Health System will be invited to provide planning input at regular intervals as determined by the committee Chair.

Assumptions:

- A District Executive Director will manage the committee and formal committee meetings will begin no later than 3 months after hire.
- A hospital planning and construction consultant will be hired to support the committee's activities and that selection process will completed no later than 6 months after the ED hire.

Author: Jim Meyers, DrPH
Review: Kathryn Sáenz Duke

For October 3, 2016 Board Meeting

Initial Guidance Questions - To Be Completed and Approved by District by March 30, 2017

- In FY 2017-2018, what is the minimum amount of parcel tax to set aside to insure the goal is met? This amount should be conservative estimate used until a formal committee report is completed and action voted on the following question: What amount of money should be set aside each year from the parcel tax starting in FY 2018-2019 to meet this goal?
- How should these funds managed be allocated to insure these parcel tax funds are restricted for these purposes and available to meet the goal? How are they legally held in order to insure the capital assets funded remain the property of the District?

Broad Questions to Be Formally Reported and Completed by March 30, 2018

- Is the current location and structure of the hospital capable of supporting demolition and construction of all required upgrades to meet 2030 State seismic requirements and maintain emergency and inpatient services?
    - If yes, when does planning for that work need to begin to insure the goal is met?
    - If no, what are the options to insure the people of Alameda still have a District-owned seismically compliant hospital with the emergency and inpatient services on the island?

- What steps should to be taken to ensure the District owns the upgraded hospital in 2030? These could involve revisiting and revising the JPA language, planning for necessary financing, soliciting community input, working with Alameda Health System staff and consultants who have relevant expertise and experience, and other steps the Planning Committee deems appropriate.

Author: Jim Meyers, DrPH
Review: Kathryn Sáenz Duke