Handouts & Presentation(s) from February 13, 2017 District Board Meeting

Α.	Ala	meda Health System and Alameda Hospital Updates	
	2)	Hospital CAO Report Included in Handouts and Presentations Packet (Post 2-14-17)	James E.T. Jackson, M.P.H. Chief Administrative Officer
F	D		
В.	Dis	trict & Operational Updates	
	1)	Review and Discussion of City of Alameda - Community Needs Assessment Survey with Jim Franz	Kathryn Sáenz Duke Jim Franz
		Distributed a larger print version of draft survey at the meeting Included in Handouts and Presentations Packet (Post 2-14-17)	
	2)	District Liaison Reports	
		a. President's Report Included in Handouts and Presentations Packet (Post 2-14-17)	Kathryn Sáenz Duke
	3)	Analysis of Jaber Will and Use of Funds PRESENTATION Included in Handouts and Presentations Packet (Post 2-14-17)	Thomas Driscoll
	4)	LAFCo and Ballot Language Analysis on Use of Parcel Tax Funds PRESENTATION	Thomas Driscoll
		Included in Handouts and Presentations Packet (Post 2-14-17)	
	Flv	ers: Alameda Hospital Foundation 5K Walk / Run	

Flyers: Alameda Hospital Foundation 5K Walk / Run Included in Handouts and Presentations Packet (Post 2-14-17)



MEMORANDUM

A member of Alameda Health System

2070 Clinton Avenue Alameda, CA 94501

TO:	City of Alameda Health Care District, Board of Directors
FROM:	James E.T. Jackson, MPH Chief Administrative Officer
DATE:	February 13, 2017
SUBJECT:	February Chief Administrative Officer's Report

Access: Be a leader in access to quality, affordable care

The census data for the month of December follows:

ALAMEDA HEALTH SYSTEM
ALAMEDA CAMPUS - Patient Volumes
For the Month and Year-to-Date ending December, 2016
Fiscal 2017

	ACTUAL	BUDGET	VARIANCE	% Var	YTD	BUDGET	VARIANCE	% Var	PYTD	% Var
INPATIENT VOLUMES										
Acute Discharges	206	209	(3)	(1)%	1,103	1,238	(135)	(11)%	1,094	1%
Acute Patient Days (a)	1,072	1,178	(106)	(9)%	5,516	6,992	(1,476)	(21)%	6,040	(9)%
Average daily census	34.6	38.0	(3.4)	(9)%	30.0	38.0	(8.0)	(21)%	32.8	(9)%
Acute Length of Stay	5.2	5.6	0.4	7 %	5.0	5.6	0.6	11 %	5.5	(9)%
Long Term Care Discharges	16	26	(10)	<mark>(</mark> 38)%	159	151	8	5%	146	9%
Long Term Care Patient Days	5,311	5,363	(52)	(1)%	31,219	31,832	(613)	(2)%	31,499	(1)%
Average daily census	171.3	173.0	(1.7)	(1)%	169.7	173.0	(3.3)	(2)%	171.2	(1)%
Long Term Length of Stay	331.9	206.3	(125.6)	(61)%	196.3	210.8	14.5	7 %	215.7	(9)%

- Alameda Acute Patient Days are below budget 106 days (9%) in the month.
- FYTD patient days are 1,476 (21%) below budget and (9%) below last FYTD.

EMERGENCY & URGENT CARE										1
ED-AH Admits	203	164	39	24 %	1,056	974	82	8%	964	10 %
ED-AH Visits	1,232	1,311	(79)	(6)%	7,366	7,782	(416)	(5)%	7,880	(7)%
Total Urgent & Emergent	1,435	1,475	(40)	(3)%	8,422	8,756	(334)	(4)%	8,844	(5)%
Left Without Being Seen (LWBS)	6	15	(9)	(60)%	82	88	(6)	(7)%	133	(38)%
LWBS % of Total ED - AH	0.4 %	1.0 %	(0.6)%	(00)/0	1.0 %	1.0 %	0.0%	(77%	1.5 %	(30)/0
LWBS % OF TOTALED - AH	0.4 %	1.0 %	(0.0/%		1.0 %	1.0 %	0.0 %		1.5 %	
ED Admits % of ED Visits	14.1 %	11.1 %	3.0 %		12.5 %	11.1 %	1.4 %		10.9 %	
ED Admits % of Total Admits	91.4%	69.8%	21.6 %		83.7%	70.1%	13.6 %		77.7%	
ED Visits per Day	46	48	(2)		46	48	(2)		48	(4)%
SURGERIES										
Inpatient	58	55	3	5 %	332	315	17	5 %	315	5%
Outpatient	158	114	44	39 %	787	849	(62)	(7)%	849	(7)%
Total Surgeries	216	169	47	28 %	1,119	1,164	(45)	(4)%	1,164	(4)%
-										

- Surgical volume increased sharply in December; the number of Surgeries performed was above budget by 47 cases (28%)
- FYTD surgeries remain below budget by 45 cases (4%)
- Emergency Room volumes are below budget 40 visits (3%) for the month and 334 visits YTD (4%)
- ED volume is down 5% compared to last FYTD.

Sustainability: be an organization with an investment grade credit rating

I defer this pillar to the comprehensive report being share by David Cox, AHS CFO at this meeting.

Integration: Achieve zero preventable harm & produce the best achievable outcomes

I will be speaking at length at another point in this meeting about the latest quality data for Alameda Hospital.

Experience: Be the best place to stay well, heal and receive care

As reported in the Quality Dashboard, Alameda Hospital's "Rate the Hospital 9-10" for Q2 of the fiscal year is as follows. YTD was 68.6, slightly above the goal of 68.3.

	АН	YTD		АН С	URRENT PI	ERFORMANCE	E		BENCHMARK	COMPAR-
QUALITY INDICATORS	BASELINE FY16	FY17	Sep- 16	n	Oct- 16	n	Nov- 16	n	/GOAL	ISON ORG.
HCAHPS (Top Box Percent):										
Rate the Hospital 9 or 10	58.9	68.6	69.4	18	70.5	15	TBD		68.3	Press Ganey

The most recent HCAHPS dashboard follows. The November results are positive, but the December & January preliminary results are below expectations. Census and physical plant challenges have been factors, and leadership is pursuing all opportunities to address issues noted.



HCAHPS/	T	RUE	NORTH	łМ	etric						Wate	ch Met	rics (Dri	ivers)				
Inpatient	"R	ate	the Hospi	ital 9) or 10"		Nurse	Commur	nication	Staff F	Responsi	veness	Pain	Manage	ment	Comm	unicatior Meds	h About
FY17 YTD TB%	63.6						76.0			55.2 63.6			50.4					
FY17 Goal TB%	61.4						76.8			58.4			70.2			58.6		
FY16 Baseline TB%	e 58.9				69.8			53.1			63.8		53.3					
Month Metric Status Closing Date	Top Box Closed	c % d	Dec-1 Top Box Prelin 02/15/17	r % 1	Jan-1 Top Box Prelin	c %	Nov-16 TB% Closed 01/15/17	Dec-16 TB% Prelim	Jan-17 TB% Prelim	Nov-16 TB% Closed	Dec-16 TB% Prelim	Jan-17 TB% Prelim 03/15/17	Nov-16 TB% Closed	Dec-16 TB% Prelim	Jan-17 TB% Prelim 03/15/17	Nov-16 TB% Closed	TB% Prelim	Jan-17 TB% Prelim 03/15/17
INPATIENT (All Units)	65.9	16		15	47.2	12		78.2	67.7	51.5	62.0	26.0	70.3	67.5	20.3	37.8	41.9	29.4
MEDSURG	63.9	6	63.9	9	54.3	7	57.1	81.2	62.7	45.3	62.8	34.6	55.3	57.8	5.3	33.6	46.1	0.0
TELE	67.2	10	30.5	5	37.2	4	82.7	73.8	76.0	53.6	57.8	20.3	85.3	75.3	95.3	46.1	36.1	62.8

Less Than Baseline Greater than or Equal to Baseline and Less Than Goal Above Goal

NR = No Responses



Source: Press Ganey

Updated: 2/6/2017

Network: Provide the highest rated community health programs

Alameda Health System (AHS), Alameda Unified School District (AUSD) and the FACES for the Future Coalition today announced that they have partnered to introduce a multi-year healthcare internship and leadership development program for high school students in Alameda County.

The FACES for the Future South Alameda County Program serving students at Alameda High School (soon to expand to Encinal High School) kicked off on February 8th. Students are assigned to a specific department (both clinical and administrative) within the hospital for a semester-long internship. The FACES for the Future South Alameda County Program places underrepresented high school students in internship positions at AHS's Alameda and San Leandro Hospitals while providing additional academic support, wellness training and psychosocial intervention. Consequently, the program cultivates Alameda County's future healthcare workforce—one that reflects the local community and delivers culturally competent care.

Workforce: Be the best place to learn and work

On Tuesday February 7th, we piloted our first AHS Career Day (CD), in partnership with SEIU-UHW Education Fund; this event took place at Alameda Hospital

- CD partners in attendance included:
- Peralta Community College District (Alameda, Berkeley City, Laney) Financial Aid Director, Assistant Vice Chancellor of Enrollment Management
- Chabot Community College Nursing and Medical Assisting Program Directors
- Quest Nursing Education Center Instructor
- SEIU-UHW education Fund Career Counselor, Outreach Program Coordinator
- AHS Recruitment team members

Our target audience included all Alameda Hospital staff. Karen Hopkins, HRBP AH/SLH, marketed the event widespread across the Alameda Hospital Campus engaging managers, in this chance to focus on their employees' career development.

In addition, we secured a front-page article on the AHS Intranet to reach out to employees across the organization - generating their interest, and letting them know that they could attend too.

The objectives for the day were to:

- Create opportunities for AH employees to connect to career development personnel and explore career options.
- Learn about solutions to career challenges e.g. financial burden associated with returning to school and career movement.
- Realize steps to take in planning your career pathway and who's there to provide support for you along the way.

There were between 40-50 employees in attendance and although the turnout was small, AHS employee responses were very positive – with one employee in particular, signing up for a class at Quest Nursing Education Center, and discovering that their SEIU-UHW Education Fund would pay the tuition for this class.

Thank you for your time and attention.

Introduction:

The Social Service Human Relations Board (SSHRB) is an advisory board to Alameda's city council and makes annual funding recommendations for community and social service projects within the city of Alameda. SSHRB wants you to have a voice in how this money is invested. Information collected by this survey will be useful for the City of Alameda, the Alameda Unified School District, and Alameda social services agencies as they plan for the future of Alameda. Please assist us by completing this survey. Please complete ONE survey for each household.

Praft 2017 Survey

1. COMMUNITY SERVICES

Consider the community's need for the following SERVICES in the City of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High Need
Food Programs	0	0	O,	O I
Senior Services	0	\bigcirc	0	0
Teen Services (ages 13 to 18)	· 0	0	O I	0
Youth Services(ages 5 to 12)	0	0	0	0;
Child Care Services (under age 5)	O	0	0	0
LGBTQ Services	0	0	0	0
Library Services	0	0	0	0
Literacy (Adult/Child) Programs	0	0	0	0
Safety and Anti-Crime Programs	0		0	0
Health Services	0	• • •	0	
Disability Services	Q	0	0	0
Mental Health Services	0	0	0	0.
Legal Services	0	0	0	0
Rental and Utility Assistance	0	0		0
Fair Housing Counseling/Mediation/Tenants Rights	0	0	0	0
Language Assistance/Translation		0	0	
Foreclosure Counseling	O	0	0	0
Employment and Business Development Services	\bigcirc	0	0	0
Computer Skills	Ö	0	, O	0
Access to Information and Communication Technologies	0	0	0	0

4. BUSINESS AND JOBS

Consider the community's need for BUSINESS AND JOBS in the City of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High Need
Employment Training	0	0	0	O
Job Creation/Retention	0	0	0	0
Start Up Business Assistance	0	0	0	0
Small Business Loans	0	\bigcirc	0	0
Business Mentoring	0	0	0.	0
Youth Employment	0	0	0	0
Personal Finance Education	0	0	0	0

5. HOUSING

Consider the community's need for HOUSING in the City of Alameda. Rate the need level for each of the following items.

	No Need	Low Need	Moderate Need	High Need
Affordable Rental Housing	0	Ó	0	0
Energy Efficient Improvements	0	0	0	0
Homeowners Assistance	Q	0	0	0
Housing for People with Disabilities	0	0	0	0
Housing for Veterans	0	0	0	0
Large Family Housing	0	0	0	0
Lead-Based Paint Abatement	0	0	0	0
Senior Housing	0	\bigcirc	0	0
Single Family Housing	0	Q,	0	0
Single Person Homeownership (non disabled or elderly)	0	0	0	0

9. If you have experienced discrimination in housing in Alameda, who do you believe discriminated against you? Landlord/Property Manager Mortgage Lender or Bank Real Estate Agent Mortgage Insurer 10. If you have experienced discrimination in housing in Alameda, on what basis do you believe you were discriminated against? Disability Age Race Sexual Orientation National Origin Gender **Familial Status** Religion Color Other (please specify) 11. If you have experienced discrimination in housing in Alameda, did you report the incident? Yes No 12. If you have experienced discrimination in housing in Alameda and you did not report it, why not? Did not know where to report Afraid of retaliation Did not believe it would make a difference Too much trouble Other (please specify) 13. Please add any comments. If you feel you have been discriminated against, please contact the Department of Housing and Urban Development (HUD) or Eden Counseling for Hope & Opportunity (ECHQ)

21. Have you or someone in your apply.	household been diagnosed with a	disability or impairment? Select all that
Hearing difficulty: deaf or having s	erious difficulty hearing (DEAR)	
Vision difficulty: blind or having se	rious difficulty seeing, even when wearing (glasses (DEYE)
Cognitive difficulty: because of a making decisions (DREM)	physical, mental, or emotional problem, hav	ring difficulty remembering, concentrating, or
Ambulatory difficulty: having serie	ous difficulty walking or climbing stairs (DPH	1Y)
Self-care difficulty: having difficulty	y bathing or dressing (DDRS)	
Independent living difficulty: beca as visiting a doctor's office or shopp	· · ·	blem, having difficulty doing errands alone such
Other (please specify)		
]	
22. Please indicate which of the fo	bliowing agencies or organizations	you or any members of your
household have received services	s from in the past 12 months. Selec	t all that apply.
211 (Eden I & R)	One Stop Career Center (at the Co of Alameda)	elleg AUSD Afterschool Program
Alameda Food Bank	Family Violence Law Center	Bessie Coleman Court
Alameda Point Collaborative		Faith Based Programs
Midway Shelter	Bananas Childcare Resource and Referral	Meals on Wheels/ Friendly Visitors
Atameda Boys and Girls Club	Four Bridges	Operation Dignity
Girls Inc of the Island City	Echo Fair Housing	St. Vincent de Paul Society
Mastick Senior Center	Alameda Recreation and Park	EAP/EASE Utility Assistance from
Alameda Free Library		Alameda Municipal Power
Alameda Head Start/Early Start	Alameda Firefighters Toy Program	Utility Assistance Programs
Alameda Family Services	School Based Health Centers (form Tri-High)	
	Alameda Housing Authority	Family Support Center
	Alameda Island Kids	
Other (please specify)		
23. For statistical purposes only, p not have a phone number, please		ur primary phone number. If you do
L		
24. Do you		
	Yes/No	If Yes, What Area?
live in Alameda?		
work in Alameda?		
have children under age		

18 who attend school in Alameda?

28. If you have children between grade 9-12, please indicate any school(s) they are currently attending. Select all that apply.
Encinal Jr. & Sr. High School ACLC: Alameda Community Learning St Joseph-Notre Dame High School Center NEA Community Learning Center
ASTI: Alameda Science and
Island High School Technology Institute Home School
Chinese Christian School
Other (please specify)
29. Where do your school age children spend time afterschool (approximately between 3 and 6 pm)?
Alameda Unified School District afterschool program
Alameda Recreation and Park Department afterschool at home, supervised by caregiver program
Alameda Boys and Girls Club
Girls Inc of the Island City
Other (please specify)
30. Does someone in your household (Or do any of your school age children) receive free or reduced school breakfast/lunch? If not, why? (If interested, learn more about Alameda Unified School District's <u>Free & Reduced Price</u> <u>Meals Program.</u>)
Did not feel person qualified
Did not know program existed
Embarrassed to apply
Other (please specify)
31. Do you or someone in your household receive food from the Alameda Food Bank? If not, why?(If interested, learn more about the Alameda Food Bank programs, contact <u>www.alamedafoodbank.org</u>)
Did not feel qualified
Did not know program existed
Embarrassed to apply
Other (please specify)
32. Thank you for taking the time to complete this survey. Your responses will be helpful in building a stronger community in Alamada. If you would like to appear with a staff member about the survey places

stronger community in Alameda. If you would like to speak with a staff member about the survey please contact Jim Franz at jfranz@alamedaca.gov, or call 510-747-6883. If you would like to receive a copy of the surmary report of the survey results, please write your email address below.

MEETING DATE:	February 13, 2017
TO:	City of Alameda Health Care District, Board of Directors
FROM:	Kathryn Sáenz Duke, President
SUBJECT:	President's Report

<u>AHF Presentation</u>. Last month Mr. Ken Pearce, President of the Alameda Hospital Foundation contacted me to inform our board that AHF kicked off 2017 by approving funds for a new \$46,000 sterilizer for the OR and \$2,000 for a hospital staff training clinic in March. President Pearce also asked if one or two of us board members would like to make a presentation at AHF's April 20th meeting, 5:30 pm.

You may recall that Director Meyers and I visited the AHF board in June 2015. We gave the group greetings from our District board, and updated on Vision 2015 activities to date and plans for the future, and spoke of our two boards looking for ways we might work together for the benefit of Alameda Hospital and entire City of Alameda Health Care District.

President Pearce looks forward to putting onto AHF's April agenda an item including a short presentation by one or two of our District board members. Please consider whether this would interest you and fit your schedule.

<u>City Council-CAHCD Liaison Meeting</u>. Director Deutsch, CAO James Jackson, District Clerk and AHS Executive Assistant Kristen Thorson, and I participated in this meeting on January 5. Also attending were Mayor Spencer, Councilmember Jim Oddie, City Manager Jill Keimach, and Fire Chief Doug Long. There was initial discussion about who should chair the meeting and whether to approve the draft minutes from the prior Liaison Meeting.

Then Mr. Jackson gave a presentation on Alameda Hospital's current situation, AHS financial investments in Alameda Hospital since the affiliation, current status of insurance contracts, Alameda Hospital quality of care measurements, and a plan to hire a consultant to determine the feasibility (or not) of cost-effectively remodeling Alameda Hospital on its current site to meet 2030 seismic standards. There was general discussion and much interest in all of these topics, but especially the last three listed above. Kristen agreed to create minutes for that meeting.

<u>CAHCD Community Advisory Board meeting: Executive Director</u>. Our District has not had an active community advisory board since I came onto the Board in mid-2014. At our previous board meeting, it was agreed to have me and Director Williams convene an initial advisory group whose members can advise us on the specific issue of our Board's staffing situation, and become better informed about our District's challenges and potential, and help us communicate with our larger community about our District's future. When Director Williams was unable to participate in convening the new advisory board, Director Jensen stepped up to work with me in identifying an initial group of people who collectively bring substantial breadth of experience and involvement in our community. On February 8, the group convened in our District's office included people in leadership positions at AUSD, City of Alameda Social Service & Human Relations Board, Alameda Fire Department, City of Alameda Meals on Wheels, Alameda Chamber, a realtor, and board members of several nonprofit organizations helping local children and youth. Everyone present actively participated, and several people stayed longer than the scheduled meeting time to continue the lively discussion.

Out of the many comments and questions from the group, a consensus clearly emerged from the Advisory Board members present that our District must have our own staff to effectively protect and support us moving ahead in our relationship with both AHS and our local community. One person spoke of her recent experience with her organization's merger of a smaller organization with a larger one, and the clear need for the smaller organization to continue having its own Executive Director. Other members also spoke of the importance of their organization or agency having their own staff.

Director Jensen and I left the meeting with a clear message that our Board should move quickly toward bringing on an Executive Director and Executive Assistant who are directly responsible to our District's Board, while working with both our community members and AHS staff, assisted by our advisory board.

Analysis of Jaber Will and Use of Funds

February 13, 2017 City of Alameda health Care District Board of Directors Meeting Thomas L. Driscoll

The Jaber Estate bequest provides, in three relevant provisions, that:

1. "<u>The Fund shall be used for the purchase of capital equipment</u> <u>directly related to the diagnosis and treatment of patients at</u> <u>Alameda Hospital.</u> Such equipment includes, but is not limited to, machinery and equipment listed below and similar machinery and equipment. This list is given not to limit the types of equipment that I would hope to make available to patients at Alameda Hospital: Diagnostic imaging machinery; surgical equipment, including equipment for the treatment of eye disease; patient monitoring equipment for critical care."

- 2. "The maximum that may be withdrawn from the Fund is twenty percent (20%) of the sum of:
 - the net income earned during the prior fiscal year, plus
 - the value of the principal of the Fund valued as of the last day of the prior fiscal year;

provided, however, if there is an emergency such that a greater amount of the Fund needs to be used to maintain ALAMEDA HOSPITAL at or restore ALAMEDA HOSPITAL to its level or operation in its prior fiscal year, and there are no other reasonably available resources for this purpose, the Board of Trustees of the ALAMEDA HOSPITAL or ALAMEDA HOSPITAL FOUNDATION as the case may be, may use a greater amount of the Fund, up to the whole thereof, in its discretion, <u>to maintain or</u> <u>restore the level of operation."</u> 3. "If the Fund includes real property located at 1359 Pearl Street, Alameda, California, or real property located at 2711 Encinal Street, Alameda, California, neither of such parcels of real property nor any portion of such parcels shall be sold until after the death of all family members listed by name in Article FIRST, Paragraph C, hereinafter referred to collectively as "named family members."

Further, if such property is sold after such deaths, it shall not be sold to any spouse of a named family member; nor to any descendant of a named family member; nor to the spouse of any such descendant; nor to a relative to the third degree of any such descendant or of his or her spouse; nor to an agent for any of them."

LAFCo and Ballot Language Analysis on Use of Parcel Tax Funds

February 13, 2017 City of Alameda health Care District Board of Directors Meeting Thomas L. Driscoll

Ballot Language

SPECIAL TAX FOR CITY OF ALAMEDA HEALTH CARE DISTRICT

<u>So that the Alameda Hospital may remain open and continue to provide</u> <u>emergency and other healthcare services</u>, shall the Local Agency Formation Commission of Alameda County's January 10, 2002 resolution, ordering the formation of the City of Alameda Health Care District in the territory described, subject to certain terms and conditions, including adding a \$13,000,000 appropriations limit, and authorizing the District to levy an annual special tax of up to \$298 per parcel or per possessory interest, to defray operating <u>expenses and capital needs</u>, all as more particularly described in the resolution, be approved?

The District shall establish an administrative review process in accordance with the law.

Ballot Language

The revenues generated by the special tax will be used <u>only</u> for the specific purposes of <u>repaying outstanding hospital indebtedness and</u> <u>defraying ongoing hospital general operating and capital improvement</u> <u>expenses.</u>

The special tax will be deposited into a fund held by the Alameda County Treasurer.

The District shall cause to be filed an annual report with its Board of Directors, commencing not later than January 1, 2003, and annually thereafter, which report shall contain information regarding the amount of special tax revenue collected an expended as well as the status of projects funded with the proceeds of the special tax.

LAFCo RESOLUTION NO. 01-15

Approval of formation of the proposed District and the associated special tax would enable a new local agency <u>to provide needed services in an efficient and accountable manner.</u>

The business plan further indicates that in subsequent fiscal periods, the proposed District would use special tax revenues <u>to restore eliminated services</u> <u>or establish new ones.</u>

The formation of the proposed District and imposition of the associated special tax would be <u>for the purpose of ensuring continued operation of Alameda</u> <u>Hospital.</u>

The purpose of the tax shall be <u>to assist the proposed District in meeting the</u> <u>costs of providing emergency, acute care and other medical services, and</u> <u>operating and improving property of the proposed District.</u>

ALAMEDA COUNTY LOCAL AGENCY FORMATION COMMISSION IMPARTIAL <u>ANALYSIS</u> FOR THE PROPOSED FORMATION OF THE CITY OF ALAMEDA HEALTH CARE DISTRICT AND AUTHORIZATION FOR SPECIAL TAX LEVY

If the special tax is approved by the voters, the District would be required to use the tax proceeds <u>to repay hospital indebtedness and to</u> <u>defray ongoing operating and capital improvement expenses of the</u> <u>District.</u>

STAFF MEMO TO LAFCo COMMISSIONERS (12-6-2001)

Upon approval of this application, the applicants are requesting that LAFCo determine the appropriations limit of this District and call for a special election for April 9, 2002 to place a single measure requesting approval of the District supported by a tax to fund operations and capital acquisitions.

According to the Hospital, the proposed District and a special parcel tax are seen as the best means currently available to provide ongoing supplemental revenues which can <u>ensure the hospital is able to remain open and provided</u> <u>needed health care services to the community.</u>

The approval of the formation of the District and sphere of influence and associated parcel and possessory interest tax would <u>enable the continued use of existing facilities and agencies to provide needed services in an efficient and accountable manner.</u>

LAFCo RESOLUTION NO. 2002-02

Formation of the proposed district shall be contingent upon voter approval, at the same election as formation, of a special tax to assist the proposed district in meeting the costs of providing emergency, acute care, and other medical services, and operating and improving property of the proposed district.

The purpose of the tax shall be <u>to assist the proposed District in meeting the</u> <u>costs of providing emergency, acute care and other healthcare services, and</u> <u>operating and improving property of the proposed District.</u>

The full text of the ballot measure for the 2002 Parcel Tax shall read as set forth in Appendix "B". The Commission requests that the full text of the ballot measure be printed in the ballot pamphlet.

Appendix B of LAFCo Resolution 2002-02 PROPOSED CITY OF ALAMEDA HEALTH CARE DISTRICT MEASURE

So the Alameda Hospital may remain open and continue to provide emergency and other healthcare services, shall the Local Agency Formation Commission of Alameda County's January 10, 2002 resolution, ordering the formation of the City of Alameda Health Care District in the territory described, subject to certain terms and conditions, including adding a \$13,000,000 appropriations limit, and authorizing the District to levy an annual special tax of up to \$298 per parcel or per possessory interest, to defray operating expenses and capital needs, all as more particularly described in the resolution, be approved?





Alameda Hospital Foundation, 2070 Clinton Avenue, Alameda, CA 94501.