



BOARD OF TRUSTEES SPECIAL MEETING

WEDNESDAY, NOVEMBER 19, 2025

6:00pm or immediately following the Quality Professional Services Committee Meeting

Conference Center at Highland Care Pavilion

1411 East 31st Street Oakland, CA 94602

Ronna Jojola Gonsalves, Clerk of the Board

(510) 535-7515

LOCATION:

Open Session, In Person: HCP Conference Center, see above address

Teleconference Location: 4501 Pleasanton Avenue, Pleasanton, CA 94566

ZOOM Meeting Link:¹

<https://alamedahealthsystem.zoom.us/j/9361457125?pwd=4JnAmhDnBaLqY4GWf4PQBwp3w0Puy2.1&omn=84957721824>

Meeting ID: 936 145 7125

Meeting Password: 20200513

One tap mobile

+14086380968,,9361457125# or

+13462487799,,9361457125#

Dial by your location

+1 408 638 0968 US (San Jose)

+1 346 248 7799 US (Houston)

+1 646 518 9805 US (New York)

Find your local number: <https://alamedahealthsystem.zoom.us/j/9361457125?pwd=4JnAmhDnBaLqY4GWf4PQBwp3w0Puy2.1&omn=84957721824>

MEMBERS

Alan E. Fox	Greg Garrett
Lilavati Indulkar, MD	Donna Linton
Nicholas Moss, MD	Nely Obligation
Rachel Richman	David Sayen
Sblend A. Sblendorio	

¹ Log into the meeting at www.zoom.us. You will be directed to download the meeting app (free) if you have not used ZOOM previously. ZOOM meetings may be accessed on computers and portable devices.

BOARD OF TRUSTEES SPECIAL MEETING AGENDA

SPECIAL NOTE: Per Brown Act requirements, Trustees of the Alameda Health System will attend board and committee meetings in person at the location(s) noticed on this agenda. Staff and members of the public may attend either in person at the location noticed on this agenda, or remotely via Zoom, using the link included on this agenda.

Public Comment Instructions

If you attend the meeting in person and wish to address the Board or Committee regarding an item on the agenda or in their purview, please see the Clerk of the Board to sign up.

If you attend the meeting remotely and wish to address the Board of Trustees or Committee regarding an item on the agenda or in their purview, send an email to cob@alamedahealthsystem.org prior to the start of the meeting, or via Zoom chat during the meeting. Your comment will be heard at the appropriate time.

Each speaker, whether in person or remote, will be allotted between one and three minutes to speak, depending on the number of speakers present.

OPEN SESSION / ROLL CALL

PUBLIC COMMENT

ACTION/DISCUSSION

A. ACTION/DISCUSSION: Labor Efficiencies to Address Budget Shortfalls

Kim Miranda, Chief Financial Officer

CLOSED SESSION

1. Conference with Labor Negotiators

[Government Code Section 54957.6]

AHS Designated Representatives: Ulysses Madison, Director of People Operations

Employee Organization: UAPD, ILWU, ACMEA, SEIU, CNA, SEIU-UHW

TRUSTEE COMMENTS

ADJOURNMENT

Our Mission

Caring, Healing, Teaching, Serving All

Strategic Vision

AHS will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

Values

Compassion, Commitment, Teamwork, Excellence, Integrity, and Respect.

Meeting Procedures

All items appearing on the agenda are subject to action by the Board of Trustees. Staff recommendations are subject to action and change by the Board of Trustees.

The Board of Trustees is the Policy Body of the Alameda Health System. The Board has several standing Committees where Board matters are the subject of discussion at which members of the public are urged to testify. Board procedures do not permit: 1) persons in the audience at a Committee meeting to vocally express support or opposition to statements by Board Members or by other persons testifying; 2) ringing and use of cell phones, pagers, and similar sound-producing electronic devices; 3) signs to be brought into the meeting or displayed in the room; 4) standing in the meeting room. Citizens are encouraged to testify at Committee meetings and to write letters to the Clerk of the Board or to its members, 1411 East 31st Street Oakland, CA 94602.

Members of the public are advised that all Board and Committee proceedings are recorded (audio), including comments and statements by the public in the course of the meetings. Copies of the audio recordings will be made available to the public. Copies of the agendas and supporting documents can be found here: <http://www.alamedahealthsystem.org/meeting-agendas-and-minutes/>. By attending and participating in Board/Committee meetings, members of the public consent to audio recording of any statements they may make during the proceedings.

Disability Access

To request accommodation or assistance to participate in the meeting please contact the Clerk of the Board. Requests made at least 48 hours in advance of the meeting will help to ensure availability.

In order to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to perfumes and various other chemical-based scented products. Please help us to accommodate these individuals.

The AHS Board of Trustees is committed to protecting the private health information (PHI) of our patients. We ask that speakers refrain from disclosing or discussing the PHI of others. Please also know that, should you decide to disclose your PHI, the Trustees will still likely refer your matter, to the extent it involves PHI, to the executive staff for a confidential review of the facts and for confidential handling. If you would like more information regarding the confidentiality of PHI as it relates to the Health Insurance Privacy and Accountability Act, please refer to 45CFR Section 164.101, et.seq.

ACTION/DISCUSSION: Labor Efficiencies to Address Budget Shortfalls

Rightsizing Update

Board of Trustees

Kim Miranda
Chief Financial Officer
11/19/25

Objective: Ensure Financial Stability

- The Net Negative Balance (NNB) functions as Alameda Health System's only true emergency fund — we do not have other sources of cash or outside financing to draw upon when operating funds run short.
- Cash levels are projected to decline steadily through FY26. Without substantial cost reductions, AHS will run out of cash by of June, 2026.
- ❑ AHS needs to immediately identify \$235m of expense reductions through the end of FY2027.
 - ❑ FY26: \$95 million
 - ❑ FY27: \$140 million

Guiding Principles

To align our workforce and services with AHS's Mission, community needs, financial stewardship, and operational efficiency, reduction efforts should consider the following:

Maintain Grant-Funded Programs: All grant-funded programs shall continue at their current funding levels until renewal. No reductions or additions should be made until funding is reassessed.

Preserve Essential Community Health Programs: Programs addressing unmet needs identified in the Community Health Needs Assessment—specifically homeless care, substance abuse treatment, and primary care — shall remain fully supported, and intact, and all efforts should be made to optimize access to these services.

Consolidate Leadership and Clinical Services: Prioritize opportunities to streamline both clinical and non-clinical leadership roles, as well as clinical services and functions, to improve efficiency without compromising care quality.

Eliminate Non-Essential Services: Discontinue non-reimbursable or out-of-scope services for Federally Qualified Health Centers (FQHCs) to focus resources on core services: Family Medicine, Internal Medicine, Pediatrics, and Maternal Health.

Strengthen Core Hospital-Based Specialties: Prioritize investment in hospital-based specialty care, including internal medicine, critical care, emergency services, and surgical specialties (downstream from ED and trauma care), to ensure robust inpatient and acute care capacity.

Optimize Staffing Levels: Staffing should meet or exceed established productivity levels, balancing workload and resource allocation for sustainability.

Streamline the Patient Journey: Focus resources on emergency, medical, and surgical hospital-based specialties to enhance patient care pathways, while de-prioritizing direct employment of elective specialists in favor of contracting or referrals when appropriate.

Rightsizing Summary

Total FTE Reduction of 372

FTE Reduction from Leadership: 56.2

Financial Savings for FY26: \$37m

Total Financial Savings: \$78m

Questions