

**NOTICE AND AGENDA OF REGULAR MEETING
OF THE BOARD OF DIRECTORS
MENDOCINO COAST HEALTH CARE DISTRICT**

Thursday, April 29, 2021

**6:00 P.M. Open Session
4:00 P.M. Closed Session**

Meeting via Zoom Conference

Topic: Mendocino Coast Health Care District Board of Directors Meeting

Date/Time: April 29th, 2021 06:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/95960176804?pwd=dEo1d2tnYUlxHBhVHg3ZzJYRDdwQT09>

Meeting ID: 959 6017 6804

Passcode: 339604

One tap mobile

+16699009128,,95960176804#,,,,*339604# US (San Jose)

+12532158782,,95960176804#,,,,*339604# US (Tacoma)

Dial by your location

+1 669 900 9128 US (San Jose)

Meeting ID: 959 6017 6804

Passcode: 339604

Find your local number: <https://zoom.us/u/apTNcHYcD>

PLEASE TAKE NOTICE a Regular Board of Directors meeting has been called for Thursday, April 29th, 2021 at 6:00 pm. **This meeting will be held via Zoom Conference only in order to reduce the risk of spreading coronavirus (COVID-19) and pursuant to the Governor's Executive Orders N-25-20 and N-29-20.**

No physical location from which members of the public may observe the meeting and offer public comment will be provided.

CONDUCT OF BUSINESS:

1. **4:00 P.M. CALL TO ORDER:** Ms. Jessica Grinberg, Chair

2. **ROLL CALL**

3. **PUBLIC COMMENTS**

This portion of the meeting is reserved for persons desiring to address the Board of Directors on any matter which the District has jurisdiction. You may state your name and address for the record. Time is limited to 3 minutes per speaker. The Board of Directors can take no action on your presentation, but can seek clarification to points made in your presentation or comments.

BROWN ACT REQUIREMENTS: Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.

4. **CLOSED SESSION**

a) **Information/Action:** Discussion with legal counsel: Future options of the Mendocino Coast Healthcare District.

5. **6:00 P.M. OPEN SESSION CALL TO ORDER-** Ms. Jessica Grinberg, Chair

6. **ROLL CALL**

7. **REPORT ON CLOSED SESSION MATTERS**

a) **Information/Action:** Discussion with legal Counsel: Future options of the Mendocino Coast Healthcare District.

8. **PUBLIC COMMENTS**

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9.. **APPROVAL OF THE AGENDA:** Ms. Jessica Grinberg, Chair

NEW BUSINESS:

10.**ACTION:** Approval of March 25, 2021 Minutes: Ms. Jessica Grinberg, Chair
TAB 1

11.**INFORMATION/ACTION:** Establishment of ad hoc committee: Community assessment one year post affiliation: Ms. Jessica Grinberg, Chair

12. INFORMATION/ACTION: Discussion regarding CARES fund : Board Treasurer

13. INFORMATION/ACTION: Establishment of ad hoc committee: Broadband access for coastal residents: Ms. Jessica Grinberg, Chair

14. INFORMATION/ACTION: Establishment of ad hoc committee: Seismic compliance and future of facility: Ms. Jessica Grinberg, Chair

15. INFORMATION/ACTION: Disposition of surplus furniture: Mr. John Redding, Treasurer
TAB 2

16. INFORMATION/ACTION: Lease request from Mendocino Coast Healthcare Foundation: Ms. Jessica Grinberg, Chair
TAB 3

REPORTS:

17. INFORMATION/ACTION: District office update: Michelle McMillan, District Office Manager

18. INFORMATION/ACTION: Finance Report: Mr. John Redding, Treasurer

a. For discussion and possible action

i. Budget preparation

ii. YTD financials for the District

iii. Establish a schedule for adoption of AH's capital improvement plan for FY21.

iv. Use of funds raised by the Foundation for the hospital

19. FUTURE AGENDA ITEMS: Ms. Jessica Grinberg, Chair

20. PUBLIC COMMENTS

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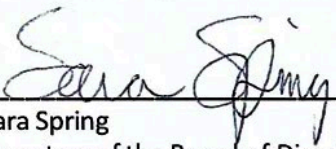
21. COMMENTS FROM BOARD OF DIRECTORS

22. ADJOURNMENT: Ms. Jessica Grinberg, Chair

Dated: April 26th, 2021

STATE OF CALIFORNIA)
COUNTY OF MENDOCINO

I declare under penalty of perjury that I am employed by the Mendocino Coast Health Care District Board of Directors; and that I posted this notice at the North and Patient Services Building Lobby entrances to the Adventist Health Mendocino Coast Hospital on April 26th, 2021



Sara Spring
Secretary of the Board of Directors

Date 4/26/2021

All disabled persons requesting disability related modifications or accommodations, including auxiliary aids or service may make such request in order to participate in a public meeting to Karen Arnold, Secretary of the Board of Directors, 700 River Drive, Fort Bragg, CA 95437 no later than 1 working day prior to the meeting that such matter be included on that month's agenda.

*Per District Resolution, each member of the public who wishes to speak shall be limited to three minutes each per agenda item. Please identify yourself prior to speaking. Thank you.

TAB 1

**NOTICE AND AGENDA OF REGULAR MEETING
OF THE BOARD OF DIRECTORS
MENDOCINO COAST HEALTH CARE DISTRICT**

THURSDAY, February 25, 2021

**6:00 P.M. Open Session
5:30 P.M. Closed Session**

Meeting via Zoom Conference

PLEASE TAKE NOTICE a regular Board of Directors meeting has been called for Thursday, February 25, 2021 at 6:00 pm. **This meeting will be held via teleconference only in order to reduce the risk of spreading coronavirus (COVID-19) and pursuant to the Governor's Executive Orders N-25-20 and N-29-20.**

No physical location from which members of the public may observe the meeting and offer public comment will be provided.

Topic: MCHCD BOD Meeting

Time: Feb 25, 2021 06:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/3453214116>

Meeting ID: 345 321 4116

One tap mobile

+16699009128,,3453214116# US (San Jose)

Dial by your location

+1 669 900 9128 US (San Jose)

Meeting ID: 345 321 4116

Find your local number: <https://zoom.us/u/aiOIPgPEP>

CONDUCT OF BUSINESS:

1. **CALL TO ORDER:** Ms. Jessica Grinberg, Chair

2. **ROLL CALL**

3. **PUBLIC COMMENTS**

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BROWN ACT REQUIREMENTS: Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.

4. **CLOSED SESSION**

INFORMATION/ACTION: CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION (Gov. Code section 54956.9(d)(2).): (ONE ITEM).

5. **6:00 P.M. OPEN SESSION CALL TO ORDER-** Ms. Jessica Grinberg, Chair

6. **ROLL CALL**

7. **REPORT ON CLOSED SESSION MATTERS**

INFORMATION/ACTION: CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION (Gov. Code section 54956.9(d)(2).): (ONE ITEM).

8. **PUBLIC COMMENTS**

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BROWN ACT REQUIREMENTS: Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.

9. **APPROVAL OF THE AGENDA:** Ms. Jessica Grinberg, Chair

NEW BUSINESS:

10. **INFORMATION/ACTION:** Adopt February 28, 2021 as the cancellation date for the Retained Insurance Coverages: Ms. Jessica Grinberg, Chair **TAB 1**

11. **INFORMATION/ACTION:** Adventist Health Mendocino Coast Update: Ms. Judy Leach & Executive Team

12. **INFORMATION/ACTION:** Approval of January 28, 2021 Minutes: Ms. Jessica Grinberg **TAB 2**

13. **INFORMATION/ACTION:** Accept the resignation of Ms. Kitty Bruning from the 2018 Measure C Taxpayer Oversight Committee: Ms. Jessica Grinberg, Chair
14. **INFORMATION/ACTION:** Discuss replacement plan for a new member to the 2018 Measure C Oversight Taxpayer Committee: Ms. Jessica Grinberg, Chair
15. **INFORMATION/ACTION:** Accept the capital expenditures recommendation from the 2018 Measure C Taxpayer Oversight Committee: Ms. Amy McColley, Vice Chair **TAB 3**
16. **INFORMATION/ACTION:** Update on Seismic Compliance Plan: Mr. John Redding **TAB 4**
17. **INFORMATION/ACTION:** Request from Dr. Jennine Miller for assistance in communicating the existence of a depression hot line: Mr. John Redding
18. **INFORMATION:** Update on Strategic Planning Workshop: Ms. Amy McColley, Vice Chair **TAB 5**

OLD BUSINESS:

19. **INFORMATION/ACTION:** Update from Ad Hoc Committee on Web Design: Mr. John Redding and Mr. Norman de Vall

REPORTS:

20. **INFORMATION/ACTION:** Finance Report: Ms. Sara Spring, Treasurer **TAB 6**
21. **FUTURE AGENDA ITEMS:** Ms. Jessica Grinberg, Chair

22. **PUBLIC COMMENTS**

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BROWN ACT REQUIREMENTS: Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.

23. **COMMENTS FROM BOARD OF DIRECTORS**

24. **NEXT MEETING:** TO BE DETERMINED

25. **ADJOURNMENT:** Ms. Jessica Grinberg, Chair

Dated: February 22, 2021

STATE OF CALIFORNIA)
COUNTY OF MENDOCINO

I declare under penalty of perjury that I am employed by the Mendocino Coast Health Care District Board of Directors; and that I posted this notice at the North and Patient Services Building Lobby entrances to the Adventist Health Mendocino Coast Hospital on February 22, 2021

R# for Jessica Grinberg

Jessica Grinberg

Chair & Secretary of the Board of Directors

2/22/2021

Date

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*Per District Resolution, each member of the public who wishes to speak shall be limited to three minutes each per agenda item. Please identify yourself prior to speaking. Thank you.

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THIS FIRST AMENDMENT TO TRANSFER OF BUSINESS OPERATIONS AGREEMENT (“Amendment”) is made and entered into as of June 30, 2020, by and among MENDOCINO COAST HEALTH CARE DISTRICT, a local health care district of the State of California (the “District”), ADVENTIST HEALTH MENDOCINO COAST, a California nonprofit public benefit corporation (“AH Mendocino”), and STONE POINT HEALTH, a California nonprofit public benefit corporation (“Stone Point Health”), which is the sole corporate member of AH Mendocino and an affiliate of ADVENTIST HEALTH SYSTEM/WEST, d/b/a ADVENTIST HEALTH, a California nonprofit religious corporation.

RECITALS

A. District, AH Mendocino and Stone Point Health are parties to that certain Transfer of Business Operations Agreement (the “Agreement”), dated as May 5, 2020 pursuant to which AH Mendocino has agreed to acquire from District certain assets, liabilities, and other operational items to ensure continuous operation of the Hospital.

B. The Parties desire to amend and modify the Agreement as set forth below:

5. Section 8.6. A new Section 8.6 is hereby added to the Agreement to read in its entirety as follows: “8.6 Renewal of Retained Insurance Policies. District shall renew all insurance policies set forth under Schedule 8.6 (“Retained Insurance Policies”) so that they are in effect as of and after the Closing Date. The Retained Insurance Policies shall be renewed for such periods as is shown in Schedule 8.6. The District’s obligation to maintain any Retained Insurance Policy shall end on: (a) the last day of the renewal period specified in Schedule 8.6 for each such policy, (b) the date that is thirty (30) days after the date of the District’s receipt of the written termination notice from AH Mendocino contemplated in Section 10.12(c), or (c) one-hundred and eighty (180) days from the Closing Date, whichever occurs first.”

Schedule 8.6

RETAINED INSURANCE POLICIES

- 1) Automobile Liability & Physical Damage – retained until December 31, 2020 unless terminated per Section 10.12.(c)
- 2) Healthcare Professional Liability/General Liability (including coverage for physicians on the District’s Healthcare Professional Liability/General Liability policy prior to the Closing Date) – retained until December 31, 2020 unless terminated per Section 10.12(c)
- 3) Beta Healthcare Directors & Officers Insurance and Employment Practices Liability Insurance – retained until December 31, 2020 unless terminated per Section 10.12.(c)
- 4) Beta Healthcare Workers Compensation Insurance – retained until July 31, 2020

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**NO DOCUMENT
AVAILABLE FOR THIS
AGENDA ITEM**

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Priority Rank	Description	Total Needs	PO Created / Contract Signed	Oversight Committee Allocation \$\$	Comments
1	Fire Sprinkler Pipe Issues	28,575	28,575	28,575	
2	Surgery - (2) ESU Machine (2 Force Triad Ligasure)	29,000	29,000		
3	New Provider Year 1 Compensation	2,900,000	175,000		Primary Care Physician x4, Primary Care APP, x2 Ortho APP 1, Ortho 1, Oncology 1, Behavioral Health Consultant 1
4	Sterile Processing Feasibility Study	65,000	65,000		Architect/Engineer engagement to assess needed construction to remedy workflow.
5	Interior Refresh (Flooring/Art/Painting)	275,000	275,000		
6	Furniture (Registration, ER Waiting, Front Lobby, PT, Lab, ICU)	100,440	100,440		
7	Ambulatory Cerner Implementation IT Hardware	70,000	70,000		
8	MACH 7 PACS	107,000	107,000		
9	Surgery - Waste Device	41,903	-	41,903	
10	HVAC / Kitchen / ED	2,600,000	-	961,000	High level benchmark pricing, does not include design/permits
11	Ambulance (replacement/increase capability)	260,000	-	260,000	
12	Roof Repair	935,000	-	935,000	Scope of project to be determined.
13	Lab Equipment	800,000	-		Replace and update end of life analyzers. Working to get AH Premier pricing quote.
14	Hot Water Heater	6,499	-		
Totals		8,218,417	850,015	2,226,478	

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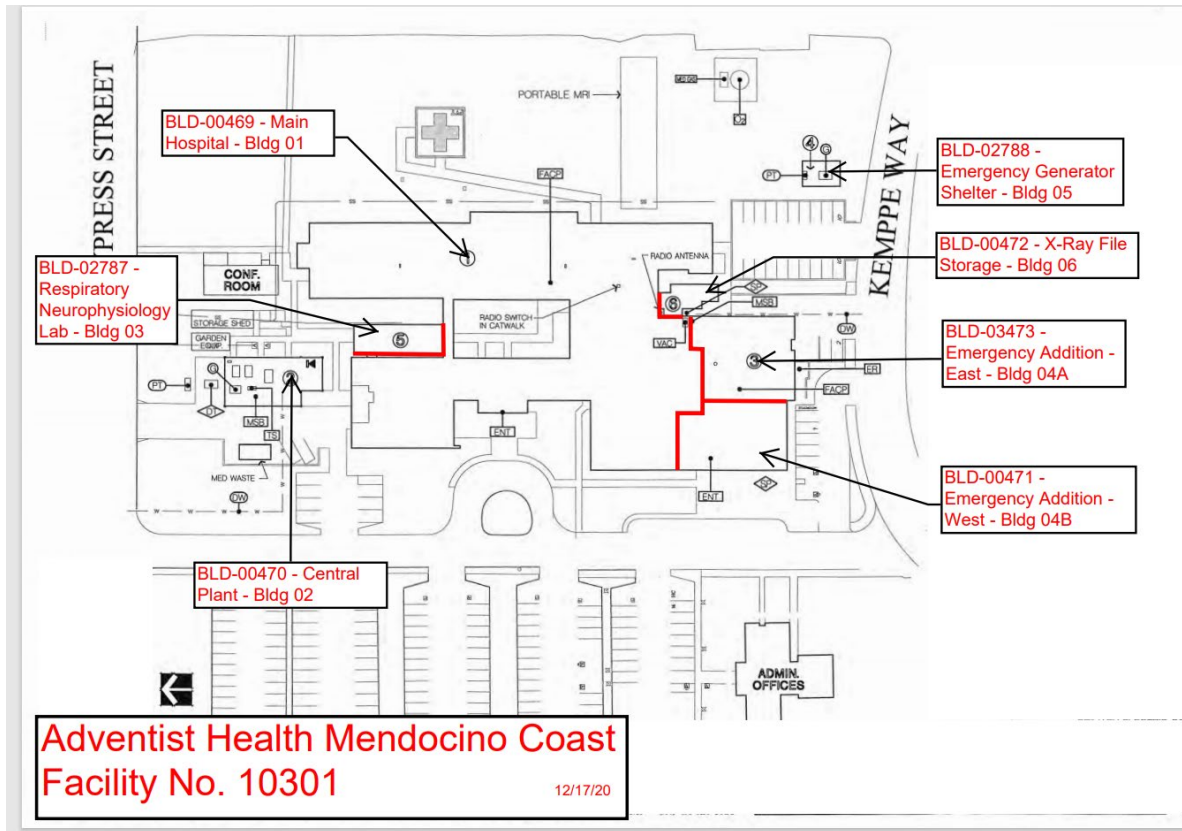
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Update on Seismic Compliance

1. Buildings Subject to New Seismic Requirements



2. Current State of Seismic Compliance

		Actual SPC	SPC Required	Actual NPC	NPC Required
BLD-00469	Main Hospital	2	5	2	5
BLD-00470	Central Plant	2	5	2	5
BLD-00471	Emergency Addition - West	4	4	2	4
BLD-00472	X-Ray File Storage	5	5	4	5
BLD-02787	Respiratory Neurophysiology Lab	4	4	2	4
BLD-02788	Emergency Generator Shelter	4	4	3	4
BLD-03473	Emergency Addition - East	4	4	2	4

Source: OSHPD, Feb. 2021

SPC or Structural Performance Category is related to the foundations
NPC or Non-Performance Category is related to pipes and equipment

3. Other Buildings to be Included

"In the course of adding the new Medical Air System Shed to the building inventory done after my response to your request for information, it appears there are numerous buildings that need to be added to the general acute care building inventory.

I have relayed this information to (our contact person at the Adventist) for his comments and action. Without knowing their use and if they were constructed under OSA / OSHPD jurisdiction, we cannot yet assign the SPC and NPC ratings."

- Patrick Rodgers, Structural Engineer, OSHPD, email correspondence, Feb. 10, 2021

4. Schedule

- Jan. 1, 2024 -- Submit compliance plan including architect-engineer plans and drawings, schedule, and cost.
- Jan. 1, 2028 – Submit certification that construction is underway or slated to start in time to meet deadline
- Jan. 1, 2030 – Upgrades complete

If a building a hospital is not in compliance as of 1-1-2030, its license will be revoked.

There is discussion in the Legislature to once again move the deadline this time to 2032.

5. Estimated Cost in Future Dollars is \$24.3 million

This estimate may need to be updated to account for other buildings not previously identified and for inflation should it exceed 2%/year.

Seismic Upgrade Retrofit

Ft. Bragg, CA

Conceptual Statement of Probable Cost

05/24/19

PROJECT COST SUMMARY - SEISMIC RETROFIT

		Main Hospital 58,000 BGSF	Central Plant 3,200 BGSF	TOTAL 61,200 BGSF
CONSTRUCTION				
Construction Costs		\$13,831,443	\$611,717	\$14,443,160
Escalation to Midpoint of Construction		\$1,332,745	\$58,943	\$1,391,688
Total Construction Costs		\$15,164,188	\$670,660	\$15,834,848
ARCHITECTURAL AND ENGINEERING				
A&E Full Services Construction Administration	8.50%	\$1,288,956	\$57,006	\$1,345,962
A&E Construction Contingency	1.50%	\$227,463	\$10,060	\$237,523
Total Architectural and Engineering Costs		\$1,516,419	\$67,066	\$1,583,485
CONSULTANTS				
Other Consultant Fees	2.00%	\$303,284	\$13,413	\$316,697
Move Management	20.00%	\$3,032,838	\$0	\$3,032,838
Total Consultant Costs		\$3,336,121	\$13,413	\$3,349,535
PERMITS AND FEES				
OSHPD Permit Fees	1.64%	\$248,693	\$10,999	\$259,692
Total Permits and Fees Costs		\$248,693	\$10,999	\$259,692
INSPECTION AND TESTING				
QA Testing & Certified Inspections	2.00%	\$303,284	\$13,413	\$316,697
Commissioning	0.50%	\$75,821	\$3,353	\$79,174
Total Inspection and Testing Costs		\$379,105	\$16,766	\$395,871
PROJECT MANAGEMENT				
Owner/Outside Project Management Fees	2.50%	\$379,105	\$16,766	\$395,871
Total Project Management Costs		\$379,105	\$16,766	\$395,871
OWNER'S CONTINGENCIES				
Owners Contingency	10.00%	\$1,516,419	\$67,066	\$1,583,485
Total Owner's Contingency Costs		\$1,516,419	\$67,066	\$1,583,485
SITE ACQUISITION				
Entitlements		Excluded	Excluded	Excluded
Total Site Acquisition		\$0	\$0	\$0
FINANCING				
Interim Financing (Capitalized Interest)	4.00%	\$901,602	\$34,509	\$936,111
Total Financing		\$901,602	\$34,509	\$936,111
TOTAL PROJECT COSTS		\$23,441,651	\$897,246	\$24,338,897
COSTS PER SQUARE FOOT				
Construction (Including Escalation)		\$261.45	\$209.58	\$471
Equipment & Furnishings		\$0.00	\$0.00	\$0
Architectural and Engineering		\$26.15	\$20.96	\$47
Consultants		\$57.52	\$4.19	\$62
Permits and Fees		\$4.29	\$3.44	\$8
Inspection and Testing		\$6.54	\$5.24	\$12
Project Management		\$6.54	\$5.24	\$12
Owner's Contingency		\$26.15	\$20.96	\$47
Site Acquisition		\$0.00	\$0.00	\$0
Relocation Expenses		\$0.00	\$0.00	\$0
Financing		\$15.54	\$10.78	\$26
Total Cost per Square Foot		\$404.17	\$280.39	\$684.56

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STRATEGIC PLANNING

BE A LEADER
CREATE A PLAN
MAKE A DIFFERENCE



INTERIM LEADERSHIP
& HEALTHCARE CONSULTING

jpschuessler@sbcglobal.net
307-413-8114

PLANNING IS THE KEY RESPONSIBILITY OF LEADERSHIP



MANAGING
REVOLVES AROUND "DOING THINGS RIGHT"

LEADERSHIP
REVOLVES AROUND "CHOOSING THE RIGHT
THINGS TO DO"

The process by
which leaders
“choose the right
things to do”
is called
Strategic Planning





STRATEGIC PLANNING IS AN ANALYTICAL AND CREATIVE LEADERSHIP ROLE

ANALYTICAL

the need to honestly and thoroughly evaluate your current situation



CREATIVE

the process of inventing a future for your organization





LOOKING AHEAD

Planning is not guessing about the future and then trying to position your organization to intersect with that possible future



CREATE THE PATH

Leaders will instead invent or create the future for themselves and the organization, and will do so in a way which shares ownership of that created future with their colleagues



LET'S GET STARTED

ESTABLISHING A
DIRECTION FOR YOUR
ORGANIZATION

OVERVIEW

Building a Plan Using a 5-Step Process

1. Clearly articulate the current state
2. Define desired future state
3. Identify obstacles
4. Brainstorm solutions to obstacles
5. Create action plans for strategic initiatives



THIS PLANNING PROCESS IS:



Easy to Understand



Uncomplicated



Scalable



Flexible



Successful



PLANNING METHODOLOGY



STEP 1

Define the
Current State



STEP 2

Define the
Desired
Future State



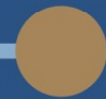
STEP 3

Identify
Obstacles



STEP 4

Brainstorm
Solutions to
Overcoming
Obstacles



STEP 5

Create an
Action Plan
for each
Strategic
Initiative



STEP 1 - DEFINE CURRENT STATE USING SWOT ANALYSIS

STRENGTHS

Things your organization does well

Qualities that separate you from other organizations

Internal resources

Tangible assets

Uniquely positioned to provide support in the community

WEAKNESSES

Things your organization lacks

Things your competitors do better

Resource limitations

Small footprint / database

Technology obsolescence

OPPORTUNITIES

Undeserved markets

Emerging need for your service

Fundraising campaign

Partnerships

Increased community engagement

THREATS

Emerging competitors

Changing regulatory environment

Lack of clear mission

Emerging technologies



STEP 2 - DESIRED FUTURE STATE



ENVISION

An ideal future for your organization

DEFINE

What is the Desired Future State

- What would it feel like when achieved?
- What news headline would make you feel proud?

PROGRESS

Meaningful change occurs when an organization progresses from the current state toward the desired future state



STEP 3 - IDENTIFY THE OBSTACLES

FROM POINT A TO POINT B

Identify and describe the Obstacles challenging the organization

These Obstacles separate where we are now (Current State) from where we want to be (Desired Future State).



STEP 4 - BRAINSTORM ALTERNATIVES



BRAINSTORM SOLUTIONS TO OVERCOMING OBSTACLES

Refine, select, and clearly articulate five Strategic Initiatives that will overcome the Obstacles identified in Step 3



STEP 5 - CREATE ACTION PLANS

IMPLEMENTATION PLAN FOR EACH STRATEGIC INITIATIVE

The team will outline in detail what needs to be accomplished for each Strategic Initiative



METRICS



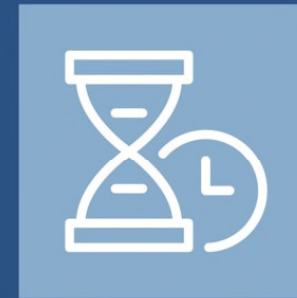
LEADER



RESOURCES



ASSUMPTIONS



TIMELINE



MONITORING





ADDITIONAL CONSIDERATIONS FOR EACH ACTION PLAN

- Competitive intelligence
- Industry trends
- Analysis of stakeholder reaction
- Information on concerns
- Alternate strategies
- Major risk factors
- Major interdependencies
- Strategic alliances or partnerships required
- Technology implications
- Best, worst, most likely, case scenarios
- Current and evolving customer demand
- Current market position



ACTION PLAN IMPLEMENTATION

After the strategy has been decided upon in Step 4, the role of a board is mostly one of oversight and approval of resource allocations

Management is primarily responsible for developing and implementing the Action Plans





QUESTIONS?





COMMUNICATING YOUR PLAN

CONSIDERATIONS FOR IMPLEMENTATION



LET'S CONTINUE

PUTTING THE PLAN INTO ACTION

OVERVIEW

Considerations for Implementation

- How to use the plan
- Presenting the plan to the team
- Vetting good ideas using the plan





A GOOD PLAN HAS SEVERAL USES

COMMUNICATING GOALS WITH OTHERS

The power of the plan is its ability to focus priorities and mobilize teams towards common goals

How you communicate your plan with others will set the tone, direct resources, and manage expectations of everyone involved in the organization



HOW LEADERS UTILIZE THE PLAN

POSITIONING YOUR TEAM TO ACHIEVE THEIR GOALS

Each employee's job becomes more meaningful to him/her when a supervisor can tie effective job performance to organizational success

Good leaders teach everyone in the organization that there are no unimportant jobs



ALWAYS REMEMBER!

Leaders are constantly bombarded with “good ideas”
When the “good idea” is proposed by a board member or powerful stakeholder, it is easy to lose focus

The Strategic Plan can provide a buffer for leaders to defer "good ideas" for future consideration during next year's planning conference





**INTERIM LEADERSHIP
& HEALTHCARE CONSULTING**

ADDRESS

James P. Schuessler
2729 Miro Court, #101, Fort Worth TX, 76107

PHONE NUMBER

307-413-8114

EMAIL ADDRESS

jpschuessler@sbcglobal.net

THANK YOU

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Mendocino Coast Health Care District
Statement of Cash Balances as of February 22, 2021

	Feb-21
Operating Account	\$9,650,000 Estimate
Bond Restricted Reserve Fund	\$407,350
Restricted Measure C	\$2,301,918
Board Special Appropriation	\$2,000,000
Restricted Capital Fund	\$1,000,000
Restricted LAIF Cash	\$3,464,297
	<hr/>
	\$18,823,565
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TAB 2/3

	July	August	September	October	November	December	January	February	March	YTD
Beginning Operating Cash	\$ 6,980,275	\$ 3,742,368	\$ 4,614,743	\$ 5,776,911	\$ 7,501,371	\$ 9,016,247	\$ 9,193,258	\$10,649,414	\$10,067,773	
Sources of Cash:										
Patient Receipts -- AH	\$ 2,786,744	\$ 2,423,445	\$ 4,999,345	\$ 3,647,975	\$ 2,960,843	\$ 4,330,769	\$ 3,234,991	\$ 3,333,308	\$ 4,233,233	\$ 31,950,653
PIP Payment -- AH	\$ 496,000	\$ 496,000	\$ 496,000	\$ 496,000	\$ 503,600	\$ 755,400	\$ 503,600	\$ 503,600	\$ 503,600	\$ 4,753,800
Sale of Inventory/Prepays & MCDH PTO Liab Purch	\$ -	\$ -	\$ -	\$ 1,153,054	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,153,054
Receipt of Semi-Annual Rent	\$ -	\$ 875,000	\$ -	\$ -	\$ -	\$ -	\$ 875,000	\$ -		\$ 1,750,000
Property Tax Receipts incl Measure C Payment	\$ -	\$ 171,082	\$ -	\$ -	\$ -	\$ 1,372,245	\$ -	\$ -	\$ -	\$ 1,543,327
Other -State Programs	\$ -	\$ -	\$ 231,429	\$ -	\$ 1,283,817	\$ 90,936	\$ 227,177	\$ 827,652	\$ 253,068	\$ 2,914,079
Other	\$ 800	\$ 100,853	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,653
340B-Payments	\$ 98,945	\$ 95,103	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 194,048
TOTAL SOURCES	\$ 3,382,489	\$ 4,161,483	\$ 5,726,774	\$ 5,297,029	\$ 4,748,260	\$ 6,549,350	\$ 4,840,768	\$ 4,664,560	\$ 4,989,901	\$ 44,360,614
Less payable to AH for Hospital AR receipts only	\$ (5,070)	\$ (938,121)	\$ (4,176,207)	\$ (2,907,410)	\$ (2,299,528)	\$ (4,850,279)	\$ (3,323,706)	\$ (3,069,542)	\$ (3,519,711)	\$ (25,089,574)
TOTAL SOURCES NET	\$ 3,377,419	\$ 3,223,362	\$ 1,550,567	\$ 2,389,619	\$ 2,448,732	\$ 1,699,071	\$ 1,517,062	\$ 1,595,018	\$ 1,470,190	\$ 19,271,040
Uses of Cash:										
Vendor Payments- AP	\$ 2,832,006	\$ 1,341,024	\$ 232,047	\$ 238,943	\$ 72,106	\$ 167,330	\$ 60,907	\$ 129,534	\$ 98,970	\$ 4,883,455
PTO Payment	\$ 96,949	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 96,949
Pension Payment	\$ -	\$ -	\$ -	\$ -	\$ 861,750	\$ 8	\$ -	\$ -	\$ -	\$ 861,758
Payroll Period ending 06-27-20 & 7-11-2020 & PR Tax	\$ 1,466,787	\$ 9,963	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,476,750
Legal Settlement	\$ 125,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 125,000
Insurance - Tail Payment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,523,397	\$ 1,523,397
AH Transition Purchased Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,000,000	\$ 1,670,602	\$ 3,670,602
Intergovernmental Transfer (IGT)	\$ -	\$ -	\$ -	\$ 331,633	\$ -	\$ 386,598	\$ -	\$ -	\$ -	\$ 718,231
Transfer to Improvements Fund/Measure C	\$ 2,000,000	\$ -	\$ 109,060	\$ -	\$ -	\$ 873,091	\$ -	\$ -	\$ -	\$ 2,982,151
Transfer to Restricted Capital Fund	\$ -	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000
Bank of New York Bond Payment	\$ 94,583	\$ -	\$ 47,292	\$ 94,583	\$ -	\$ 94,583	\$ -	\$ 47,125	\$ 47,125	\$ 425,292
TOTAL USES	\$ 6,615,325	\$ 2,350,987	\$ 388,399	\$ 665,159	\$ 933,856	\$ 1,521,610	\$ 60,907	\$ 2,176,659	\$ 3,340,094	\$ 17,763,586
ENDING OPERATING CASH	\$ 3,742,369	\$ 4,614,743	\$ 5,776,911	\$ 7,501,371	\$ 9,016,247	\$ 9,193,708	\$10,649,413	\$10,067,773	\$ 8,197,869	

Statement of Cash Balances

Unrestricted Funds

Operating Cash Balance	\$ 8,197,869
LAIF	\$ 3,469,775
TOTAL	\$11,667,644

Restricted Funds

Measure C	\$ 2,301,918
Improvements Fund	\$ 2,982,151
Special Board Appropriation	\$ 2,000,000
Restructed Capital Fund (for future facilities)	\$ 1,000,000
TOTAL	\$ 8,284,069

Upcoming Cash Transactions

4/23/2021	IGT	\$ (270,206)	
5/15/2021	Property Taxes	\$ 300,000	GO Bond
		\$ 600,000	Measure C
7/31/2021	IGT match	\$ 540,412	
		\$1,170,206	

