Presentation Contents

- Project Status
- Compliance Overview
- Workforce Presentation
- Department of Public Health Presentation
- Summary of Key Points
COMPLIANCE OVERVIEW
Project Status

• Planning Commission Approved Development Agreement ("DA") and Entitlements on May 23, 2013
• DA became effective on August 10, 2013 and was finally granted on November 8, 2013
• This is the second annual reporting period (2014 calendar year for most requirements; August 2014-July 2015 for hiring programs)
• Cathedral Hill Hospital and St. Luke’s Hospital under construction
Construction Schedule

**DA Obligation**

- St. Luke’s Campus Hospital Opening Deadline: on or before 2 years after the opening of the Cathedral Hill Hospital.
  - Penalties begin accruing if St. Luke’s is not open within 1 year of Cathedral Hill opening.
- Exhibit C of the DA outlines key milestones to track likelihood of CPMC meeting this obligation.
- CPMC submitted 4 milestones in 2014 and is on track to meet this obligation.
- CPMC continues to provide construction schedules and live updates through their web site.
# Compliance Overview - Action Items

## CPMC DA Compliance Review Period - JANUARY 1 - DECEMBER 31, 2014

<table>
<thead>
<tr>
<th>Community Benefit</th>
<th>Compliance</th>
<th>Community Benefit</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Commitments</td>
<td></td>
<td>Healthcare Commitments</td>
<td></td>
</tr>
<tr>
<td>City Build / Construction Jobs</td>
<td>In Compliance</td>
<td>Baseline Healthcare</td>
<td>In Compliance</td>
</tr>
<tr>
<td>First Source / End Use Jobs</td>
<td>In Compliance</td>
<td>Medi-Cal Commitment</td>
<td>In Compliance</td>
</tr>
<tr>
<td>Workforce Fund</td>
<td>In Compliance</td>
<td>Healthcare Innovation Fund</td>
<td>In Compliance</td>
</tr>
<tr>
<td>Local Business Enterprises</td>
<td>In Compliance</td>
<td>Other Healthcare Commitments</td>
<td>In Compliance</td>
</tr>
<tr>
<td>Housing Program</td>
<td>In Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Improvements</td>
<td>In Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visioning Plans</td>
<td>In Compliance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Compliance Overview - Payments

**CPMC DA Compliance Review Period - JANUARY 1- DECEMBER 31, 2014**

<table>
<thead>
<tr>
<th>Public Funding Recipient</th>
<th>CPMC Payments</th>
<th>Public Funding Recipient</th>
<th>CPMC Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Training Payment</td>
<td>Completed</td>
<td>Housing Program</td>
<td></td>
</tr>
<tr>
<td>Community Healthcare Program – Innovation Fund</td>
<td>Completed</td>
<td>Affordable Housing Payment</td>
<td>Completed</td>
</tr>
<tr>
<td>Public Improvements</td>
<td></td>
<td>Transportation Program</td>
<td></td>
</tr>
<tr>
<td>Tenderloin Lighting &amp; Traffic Safety</td>
<td>Completed</td>
<td>BRT Funding</td>
<td>Completed</td>
</tr>
<tr>
<td>Pac/Cal Enforcement &amp; Traffic Safety</td>
<td>Completed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WORKFORCE
# First Source Hiring Program - Construction


<table>
<thead>
<tr>
<th>GOAL</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 50% of new entry-level positions for non-union administrative and engineering candidates will be filled with system referrals</td>
<td>CPMC’s contractors filled all eleven (100%) applicable positions with system referrals.</td>
</tr>
</tbody>
</table>
## First Source Hiring Program - Construction

### 2. Hiring Goals – August 2013 Through July 2015

<table>
<thead>
<tr>
<th>GOAL</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 50% of new entry-level positions for administrative and engineering internship candidates will be filled with system referrals</td>
<td>CPMC’s contractors filled 16 of the 25 (64%) applicable positions with system referrals.</td>
</tr>
</tbody>
</table>
### First Source Hiring Program - Construction


<table>
<thead>
<tr>
<th>GOAL</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 50% of new entry-level union apprentice candidates will be filled with system referrals who are also CityBuild Academy graduates.</td>
<td>CPMC’s contractors filled 21 out of 52 (40%) of the applicable union apprentice positions with system referrals.</td>
</tr>
</tbody>
</table>
## First Source Hiring Program - Construction


<table>
<thead>
<tr>
<th>GOAL</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minimum of 30% of trade hours for union journeymen and apprentices will be performed by San Francisco residents</td>
<td>CPMC’s contractors reported 101,152 hours performed by San Francisco residents out of 297,506 total hours. This represents 34% of overall work hours performed by San Francisco residents.</td>
</tr>
</tbody>
</table>
SF Work Hours by Neighborhood
Data through November 2015

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Neighborhood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potrero Hill (94107)</td>
<td>Inner Mission/Bernal Heights (94110)</td>
<td>2%</td>
</tr>
<tr>
<td>Western Addition/Japantown (94115)</td>
<td>Bayview-Hunters Point (94124)</td>
<td>18%</td>
</tr>
<tr>
<td>Ingleside – Excelsior/Crocker-Amazon (94112)</td>
<td>Visitacion Valley/Sunnydale (94134)</td>
<td>18%</td>
</tr>
<tr>
<td>Other SF</td>
<td>Other SF</td>
<td>28%</td>
</tr>
<tr>
<td>Less than 1%</td>
<td>Less than 1%</td>
<td>12%</td>
</tr>
<tr>
<td>Haight Ashbury (94117)</td>
<td>Financial District (94105)</td>
<td>2%</td>
</tr>
<tr>
<td>Financial District (94105)</td>
<td>Twin Peaks – Glen Park (94131)</td>
<td>2%</td>
</tr>
<tr>
<td>South of Market (94103)</td>
<td>Marina (94123)</td>
<td>16%</td>
</tr>
<tr>
<td>Hayes Valley/Tenderloin (94102)</td>
<td>Chinatown (94108)</td>
<td>12%</td>
</tr>
</tbody>
</table>
First Source Hiring Program for CPMC Operations

Hiring Goals

Fill at least 40% of entry-level positions with system referrals each hiring year.

• If CPMC does not fill 40% of entry-level positions with system referrals in a hiring year, the number of entry-level positions constituting the hiring deficiency will roll over and be added to the annual hiring target for the following hiring year.
First Source Hiring Program for CPMC Operations

Hiring Goals

Priority Neighborhoods:

• Western Addition
• Tenderloin
• Mission/SOMA
• Outer Mission/Excelsior
• Chinatown
• Southeast Neighborhoods
First Source Hiring Program for CPMC Operations

Hiring Goals – Program Year Two (August 2014 – July 2015)

Fill at least 40% of entry-level positions with system referrals each hiring year.

- CPMC filled 41% (80 out of 196) of the applicable positions with system referrals
- 74% (59 out of 80) system referral hires reside in the priority neighborhoods specified in the development agreement
- CPMC’s hiring deficiency was 11 entry-level positions; this deficiency will roll over and be added to this current year’s annual hiring target
First Source Hiring Program for CPMC Operations

Workforce Fund Grant Agreement

- CPMC shall pay $3 million into a workforce fund administered by San Francisco Foundation
- Focus on barrier removal and job training for the employment opportunities created by the project
- The Fund will target educational institutions and non-profit organizations with an existing track record of working in the priority neighborhoods
- Current grantees: FacesSF, Jewish Vocational Service, Mission Hiring Hall, Positive Resource Center, Self-Help for the Elderly, Success Center
First Source Hiring Program for CPMC Operations

Good Faith Efforts

• Initial Failings
  • Failure to Submit Entry-Level Job Notices until December, 2013
  • Failure to Submit Entry-Level Hiring Projections until April, 2014

• Subsequent Improvement
  • Daily Submittal of Entry-Level Job Notices
  • August 1 Submittal of Entry-Level Hiring Projections
  • Monthly Reporting (D.A. requires every six months)
  • Weekly Meetings/Conference Calls
  • CPMC Hiring Manager Trainings
  • Hiring Events and Application Workshops in Priority Neighborhoods
  • CPMC & OEWD Staffing Enhancements
HEALTHCARE
# Summary of Healthcare Commitments

<table>
<thead>
<tr>
<th>DA Provision</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Charity Care</td>
<td>Maintain current levels of care for low-income individuals</td>
</tr>
<tr>
<td>New Medi-Cal Beneficiaries</td>
<td>Increase care for low-income individuals</td>
</tr>
<tr>
<td>Innovation Fund</td>
<td>Support community-based services to reduce unnecessary hospital care</td>
</tr>
<tr>
<td>Sub-acute Services</td>
<td>Work with other SF hospitals to develop proposals for addressing citywide need for sub-acute services</td>
</tr>
<tr>
<td>Integration of Medical Staff</td>
<td>Ensure seamless patient care across Sutter’s SF facilities</td>
</tr>
<tr>
<td>Community Benefits Partnership</td>
<td>Continue community partnerships to improve health</td>
</tr>
<tr>
<td>Chinese Hospital Agreements</td>
<td>Maintain partnership with Chinese Hospital</td>
</tr>
<tr>
<td>Culturally and Linguistically Appropriate Services</td>
<td>Ensure culturally and linguistically appropriate services are provided</td>
</tr>
</tbody>
</table>
## Baseline Charity Care

<table>
<thead>
<tr>
<th>DA Provision</th>
<th>CPMC 2014 Performance</th>
<th>Compliant</th>
</tr>
</thead>
</table>
| **Care for 30,445 charity care or Medi-Cal patients annually** | Care provided for 28,596 unduplicated charity care and Medi-Cal patients.  
  • Compliance verified by third party audit.  
  • Falls short of 2014 obligation by 1,849 patients  
  • Must serve 32,294 in 2015 to remain in compliance under 2-year rolling average provision | Yes       |
| **Spend $8 million annually for community benefit for the poor and underserved** | Community benefit in the amount of $14,604,433 provided.  
  • Compliance verified by third party audit. | Yes       |
| **Maintain current charity care policies through 12/31/15 and thereafter in accordance with state law** | No change to charity care policies since 2011 | Yes       |
| **Provide financial and other services or operational support to the Bayview Child Health Center** | Support to the Bayview Child Health Center included:  
  • $325,000 operations grant/yr for 5 years  
  • Lease of the former BCHC Medical Director  
  • Transferred all assets, valued at $91,786.22;  
  • Invested >$1 million in tenant improvements  
  • Remains the clinic’s specialty and hospital partner | Yes       |
## New Medi-Cal Beneficiaries

<table>
<thead>
<tr>
<th>DA Provision</th>
<th>CPMC 2014 Performance</th>
<th>Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to participate in Medi-Cal managed care with San Francisco Health Plan</td>
<td>Continued participation in Medi-Cal managed care with San Francisco Health Plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Assume responsibility for <strong>5,400</strong> new Medi-Cal Managed Care beneficiaries for a total of <strong>20,250</strong>*</td>
<td>A cumulative total of <strong>16,247</strong> new Medi-Cal Managed Care beneficiaries enrolled for a total of <strong>31,097</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>1,500</strong> of the new Medi-Cal beneficiaries to come through a partnership with a Tenderloin-serving primary care provider able to contract with Medi-Cal managed care</td>
<td>No available Tenderloin-serving primary care provider able to contract with Medi-Cal managed care was available during the reporting period</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*This is a corrected figure, erroneously reported in the Development Agreement as **22,728**. The obligation to serve **5,400** new Medi-Cal managed care beneficiaries remains.
Innovation Fund

<table>
<thead>
<tr>
<th>DA Provision</th>
<th>CPMC 2014 Performance</th>
<th>Compliant</th>
</tr>
</thead>
</table>
| Provide $8.6 million to create an Innovation Fund  
• $3.5 million in 2013  
• $1.125 million in 2014  
• $1.125 million in 2015  
• $1.725 million in 2016  
• $1.125 million in 2017 | $4.625 million in payments made:  
• $2 million on 9/4/13  
• $1.5 million on 11/26/13  
• $1.125 on 11/24/14 | Yes |
| Grant funds to third-party recipients that  
• Support and improve the capacity of community clinics  
• Support community-based health, human service, and behavioral health service providers to reduce unnecessary hospitalizations | CPMC is a member of the Innovation Fund Committee, which, in 2014 granted $2,010,292 to support:  
• Affordable Care Act readiness for community clinics  
• Care coordination in community clinics to reduce unnecessary hospitalization  
• expansion of emergency mental health services | Yes |
## Additional Healthcare Provisions

<table>
<thead>
<tr>
<th>DA Provision</th>
<th>CPMC 2014 Performance</th>
<th>Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop specific proposals for providing sub-acute care services in SF and present to Health Commission by 6/30/14</td>
<td>Extension granted to 12/31/15 to coordinate with other related efforts</td>
<td>Yes</td>
</tr>
<tr>
<td>Continue good faith efforts to integrate medical staffs at St. Luke’s with medical staff of other hospital campuses</td>
<td>In 2014, Pediatric Hospitalists were added to the following list of physician groups that are the same for each hospital campus: Internal Medicine Hospitalists, Emergency Medicine, Radiology, Pathology, Oncology, Neurology, and Anesthesia.</td>
<td>Yes</td>
</tr>
<tr>
<td>Continue active participation in the Community Benefits Partnership</td>
<td>Continued participation in SFHIP, a CBP successor coalition</td>
<td>Yes</td>
</tr>
<tr>
<td>Continue relationship with Chinese Hospital in a manner generally consistent with existing agreements</td>
<td>Continued to provide services in a manner agreeable to both parties</td>
<td>Yes</td>
</tr>
<tr>
<td>Deliver services in accordance with national Culturally and Linguistically Appropriate Services standards</td>
<td>Policies and metrics in place providing for the delivery of services in accordance with national standards</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Key Healthcare Issues

**Key Issues During Commission Review of 2013 Annual Report**

- Possible 2014 baseline commitment shortfall
- Status of Tenderloin Medi-Cal Managed Care provider
- Culturally and linguistically appropriate services at the St. Luke’s Diabetes Clinic
- Reduction of skilled nursing facility beds

**Progress on Key Issues in 2015**

- Baseline Charity Care Shortfall
- Update on 1,500 Tenderloin Medi-Cal Managed Care beneficiaries
- Culturally and linguistically appropriate services
- Subacute Care/Post-Acute Care Project
- Public Dialogue on the Service Mix at Sutter-CPMC Hospitals
FEE INCREASE LIMITATION
Fee Increase Update

- Actuarial analysis of 2014 rate increase was delayed
- In 2015, HSS has worked with the HSS actuary to identify key questions for an independent auditor to answer.
- HSS will forward those questions in the next two weeks and will request that CPMC suggest actuaries for HSS to review and agree upon.
SUMMARY
Summary of Key Points

- Construction and Payments
- Baseline Charity Care Commitment
- Tenderloin Medi-Cal provision
- 40% End-Use Hiring Requirement
COMMENTS AND QUESTIONS
Existing TDM Measures

- CPMC currently offers the following TDM program at all of its four campuses, unless otherwise noted:
  - Shuttle - free shuttle service, typically operating from 5am -9pm. Available to physicians and staff, and occasionally patients and visitors. Six “all day” routes and four peak-hour routes that provide additional service to remote parking lots or BART. All campuses are served by at least one route.
  - Employee Parking Pricing - monthly parking passes for on-campus CPMC garages and lots, and subsidized off-site parking lots (i.e. Japantown). Under evaluation.
  - Visitor/ Patient Parking Pricing - Patients and family members of patients are eligible for vouchers that limit the daily max to $12.
  - Commuter Checks - Employees able to purchase transit fares pre-tax. Expanding outreach.
  - Carpool Program - Free parking for registered carpools and vanpools (3+ participants). SL has reserved parking for carpools.
  - Bicycle Parking - bicycle racks at each campus. Adding racks.
  - Emergency Ride Home Program - Participation in the City’s Emergency Ride Home program.
  - Courtesy Ride Home - CPMC security provides employees with a ride home/ to transit or parking during the evening within a four block radius of each campus. Expect to phase out due to staffing challenges.
  - Car Sharing - Car share vehicles are located at or near all four campuses.
  - Transit Subsidy - Davies provides a $20/ month transit subsidy to participating employees; many employees at SL receive a $10/ month transit subsidy.
Approved Enhanced TDM Plan

• Transportation Demand Management Plan dated 4/1/13 was approved as part of the EIR and included as a condition of project approval (Condition #35 of Motion #18889), and is on-file with City (cpmc.sfplanning.org).

• Goal is to reduce single occupant vehicle/drive alone trips (and related parking demand) to 15% below baseline by 2024, associated air quality and greenhouse gas emissions, as well as promote the City of San Francisco’s Transit First policies.

• Divided into Near-Term (0-2 Year), Mid-Term (2-5 year), and Long-Term (5+ year) obligations.
Approved TDM Plan, cont’d

• Near Term TDM Components (0-2 years) for outreach, marketing and information include:
  – Hire TDM coordinator – Done.
  – Reinstate the Transportation Services Newsletter – Done. Included in other employee communications
  – Provide TDM communication boards in campus cafeterias, enhance the TDM site on intranet and public website
  – Reinstate and expand the annual Transportation Fair
  – Promote the existing courtesy ride home program – being phased out due to staffing challenges.
  – Increase marketing of the City’s Emergency Ride Home program
  – Design an outreach program, and
  – Develop a TDM operations and maintenance budget.

• Measures substantially progressing toward fulfillment; therefore in compliance.
• Presented at SFMTA Citizens Advisory Council (CAC) on August 7, 2014
Background Slides

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TDM Requirements
TDM- Mid Term (2 to 5 years)

- **Shower Facilities** – Showers and changing facilities required in new facilities.
- **Marketing and Outreach** – Continue the TDM and Outreach program and implement methods for improving marketing and outreach.
- **Real Time Transit Information** – Install real-time transit information signs in the lobbies of existing facilities and provide links to real-time transit information on the intranet/public website.
- **Bicycle Parking** – Monitor number and location of bicycle racks annually and increase as necessary. Install bicycle lockers in new and existing garages.
- **Carsharing** – Allot additional parking spaces to carsharing services in both new and existing buildings based on demand.
- **Rideshare Program** – CPMC shall create an internal rideshare program (e.g. RideSpring or a 511.org interface). CPMC shall also explore the feasibility of coordinating a rideshare program with other large institutions in order to increase the pool of carpoolers and vanpoolers.
- **Carpool and Vanpool Parking** – CPMC shall continue to provide reserved carpool and vanpool parking at all new parking facilities based on demand.
- **Shuttle Restructuring** – and development of a 10-year fleet replacement plan with ADA/Green Vehicles
- **Transit Subsidy** – CPMC shall expand the transit subsidy program to include all campuses and increase the value of the monthly subsidy to be up to the equivalent of the cost of a MUNI Fast Pass, with the employee covering up to 50% of the transit pass cost [rather than subsidy].
- **Transportation Surveys** – CPMC shall continue to conduct an annual employee transportation survey. CPMC shall achieve a minimum a thirty percent response rate. Each three years, an employee/patient/visitor survey shall also be conducted. If the goals are not met, CPMC must pay SFMTA for enhanced TDM measures up to $75,000. Conducted in June 2015.
TDM– Long Term (5+ years)

- **Real Time Transit Information** – install real-time transit information signs in the lobbies of all new facilities and provide links to real time transit information on the intranet/public website.

- **Car Sharing** – Create a corporate carshare account with reduced rates to staff.

- **Parking Pricing** – Monitor parking demand, adjust permit fees to balance supply and demand.

- **Marketing and Outreach** – Continue the TDM and Outreach program and investigate methods for improving marketing and outreach.

- **Transportation Surveys** – Continue to conduct annual employee transportation survey to receive feedback on TDM programs. CPMC shall achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey shall also be conducted to track visitor mode split.