

**CALIFORNIA PACIFIC MEDICAL CENTER
LONG RANGE DEVELOPMENT PLAN
DEVELOPMENT AGREEMENT**

2017 COMPLIANCE STATEMENT

and

INCLUDING HEALTHCARE COMPLIANCE REPORT

(January 1, 2017 - December 31, 2017)

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1. COMPLIANCE STATEMENT

This Compliance Statement is submitted under Section 8 of the Development Agreement (DA) demonstrating compliance with the DA obligations, including, without limitations, (i) the Hospital Commitment, (ii) each of the Community Commitments, including each of the Healthcare Obligations described in Exhibit F of the DA, and (iii) reimbursement of City Costs. See Section 8.2.1.¹ Compliance with the Healthcare Obligations is separately addressed and described in the Healthcare Compliance Report, attached hereto as Attachment 1.

2. SCHEDULE AND PHASING PLAN – HOSPITAL COMMITMENT

2.1 Construction Schedules

CPMC has, in accordance with Section 4.2.3, kept the City informed of its progress in satisfying the Hospital Commitment by reporting on the timing/progress of construction at the St. Luke's Campus and the Van Ness and Geary Campus, as described below.

- a. Van Ness and Geary Campus - Construction Activity
 - i. Hospital – Interior work continued through all of 2017
 - ii. Medical Office Building - Steel superstructure was completed in 2017
Exterior panel installation commenced in October 2017

Schedule 1 – Van Ness and Geary Campus

Sutter Health CPMC Van Ness and Geary Campus - Construction Schedule								
2/14/14	2013	2014	2015	2016	2017	2018	2019	2020
Van Ness & Geary Campus								
Hospital								
Mobilization, Demolition, Excavation & Shoring								
Tunnel Construction								
Hospital Construction								
Training, stocking and licensing								
Medical Office Building								
Mobilization, Demolition, Excavation & Shoring								
Medical Office Building Construction								
Training and stocking								

- b. Replacement Hospital at CPMC St. Luke's Campus– Construction Activity
Interior work continued through all of 2017

Schedule 2 – St. Luke's Campus

Sutter Health CPMC Replacement Hospital at the St. Luke's Campus - Construction Schedule							
2/14/14	2014	2015	2016	2017	2018	2019	2020
Hospital							
Temporary & Permanent Power Underground Infrastructure							
Water Line Relocation & Other Make Ready Work							
Structure / Exterior							
Interiors							
Training, stocking and licensing							

¹ All Section and Exhibit references are to the Development Agreement unless otherwise noted. Unless separately defined, capitalized terms have the meaning provided in the Development Agreement.

2.2 Milestones

- a. Milestone Completion Notice. As indicated in the Milestone Table below, the completion of exterior work on the St. Luke's Campus Hospital occurred in November and, accordingly, this Milestone is satisfied. There are no anticipated material delays in meeting future milestones, assuming continued cooperation with OSHPD.
- b. Milestone Table. The Milestone Table below describes CPMC's Compliance with the Schedule and Phasing Plan as noted in Development Agreement Exhibit C.

Date	Milestone	Status
On or before May 11, 2016	Completion of the San Jose Avenue City Project	Completed - 7/29/13
On or before the later of February 1, 2015 or 18 months from the Effective Date	Submit St. Luke's Increment 1 to OSHPD for the replacement hospital at CPMC St. Luke's	Completed - 2/3/14
On or before twelve (12) months after submission of Increment 1 to OSHPD for the replacement hospital at CPMC St. Luke's Campus	Commencement of construction of the San Jose Avenue CPMC Project	Commenced - 5/5/14
On or before eighteen (18) months after submission of Increment 1 to OSHPD for the replacement hospital at CPMC St. Luke's	Receipt of Increment 1 permit from OSHPD for the replacement hospital at CPMC St. Luke's	Completed - 8/5/14
On or before three (3) months after receipt of Increment 1 permit from OSHPD for the replacement hospital at CPMC St. Luke's Campus	Commencement of Shoring /Excavation work for the replacement hospital at CPMC St. Luke's Campus	Commenced - 10/21/14
On or before twenty (20) months from Commencement of Shoring/Excavation work for the replacement hospital at CPMC St. Luke's Campus	Completion of Exterior Work for the replacement hospital at CPMC St. Luke's Campus	Completed – 11/1/16
On or before forty-two (42) months from receipt of Increment 1 permit from OSHPD for the replacement hospital at CPMC St. Luke's Campus	Notice of Completion of Construction of replacement hospital at CPMC St. Luke's Campus provided to the City	Not yet due
St. Luke's Hospital Opening Deadline: On or before twenty four (24) months from the Opening of the Cathedral Hill Campus Hospital	Notice of Opening of the replacement hospital at CPMC St. Luke's Campus provided to the	Not yet due

3. COMMUNITY COMMITMENTS

3.1 Workforce Agreement (Exhibit E)

- a. First Source Entry Level Hiring

CPMC is in compliance and, in coordination with First Source, is making the required good faith efforts regarding the Entry Level Hiring Goal. What constitutes good faith efforts is stated in DA Exhibit E, Sections 5 and 9. CPMC achieved a 58% entry level First Source hiring rate for calendar year 2017. See Attachment 3 for specifics on entry level hiring for hospital operations.

CPMC continues to work with the City and its Healthcare and Hospitality Academies to develop the process that will enhance opportunity for targeted groups and accelerate the progress toward the 40% First Source hiring goal.

- b. Construction Hiring. CPMC is in compliance and, in coordination with CityBuild, is making the required good faith efforts regarding the Construction Hiring Goal. See Attachment 4 for specifics on construction hiring.

Construction hiring goals are to have 30% of the total hire hours performed by San Francisco Workforce, including 50% for new apprentice positions. Construction contractors on the hospital replacement projects hired San Francisco residents for 25% of the total 2017 construction hours. 30% of apprentice opportunities were filled by San Francisco residents.

- c. Local Business Enterprise. CPMC, in coordination with the City's Contract Monitoring Division, is making the required good faith efforts and receiving technical assistance on developing and reporting Local Business Enterprise (LBE) program goals. See Attachment 4 for specifics on the LBE program.

The goal for the LBE program is 14% San Francisco based business contracting. 17% of the total construction work in 2017 was been performed by San Francisco based businesses.

3.2 Community Healthcare Program (Exhibit F)

CPMC is meeting its Community Health Care obligations. See Attachment 1, Healthcare Compliance Report.

- a. Payments. CPMC has met its DA obligations to provide funds for the Healthcare Innovation program.

-The fifth installment of \$1,125,000 was paid on 11/8/2017;

See Attachment 2, Development Agreement Payments Schedule.

3.3 Housing Program (Exhibit G)

CPMC has met its Housing Program obligations by making the payments described below and as outlined in Attachment 2 to this Compliance Statement:

- a. Affordable Housing Payments. CPMC made the required Affordable Housing payments as follows:

-The fifth installment of \$3,475,000 was paid on 11/08/2017.

3.4 Transportation Program (Exhibit K)

- a. Payments. CPMC has made all required payments as follows:

-The fifth installment of \$2,500,000 was paid on 11/08/2017.

- b. TDM. CPMC is implementing the enhanced Transportation Demand Management (TDM) Plan. The elements of the TDM program that are being implemented include employee, visitor and patient parking management, transit subsidies, pre-tax commute benefit program, carpool, carshare, bicycle, emergency ride and courtesy ride home programs. See Attachment 5.

4. PAYMENT SCHEDULE AND REIMBURSEMENT OF CITY COSTS

- a. Payments. CPMC has made all required payments to date. Attachment 2 outlines CPMC compliance with all of its payment obligations, including payment obligations under Exhibit F Healthcare Program, and as further described in Attachment 1, Healthcare Compliance Report.
- b. Reimbursements. CPMC has made all required reimbursement payments. In calendar year 2017, The City (OEWD, City Attorney and the Planning Department) invoiced CPMC a total of \$181,268.25. (Jan.-Dec.) Said sum was paid in full. See Attachment 2.

5. INSTITUTIONAL MASTER PLAN UPDATE

The Development Agreement provides that the Compliance Statement generally satisfies the requirements for and is submitted in lieu of any IMP Update otherwise required pursuant to Planning Code Section 304.5(b). The Compliance Statement and this Agreement shall also satisfy the requirements of Health Commission Resolution No. 02-10.

- a. Property Transactions. In December of 2017 the sale of 2395 Sacramento Street was completed. The City consented to the Assignment and Assumption Agreement entered into by CPMC in connection with this transfer.

ATTACHMENT 1

Compliance Statement Summary and Healthcare Compliance Report

CPMC Development Agreement						
Healthcare Compliance Report						
Fiscal Year 2017						
Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
Baseline Commitment	1a	<u>Unduplicated Patient Commitment</u> : Care for a total of not less than 30,445 Unduplicated Patients.	11/08/2013	11/08/2023	In compliance. CPMC served a total of 39,569 Unduplicated Patients between 1/1/2017 and 12/31/2017. This is a surplus of 9,123 Unduplicated Patients for 2017.	Deloitte & Touche Report
	1a	<u>Baseline Expenditure Commitment</u> : Spend at least \$8,000,000 for Community Benefits in San Francisco.	11/08/2013	11/08/2023	In compliance. CPMC substantially exceeded the \$8,000,000 Baseline Expenditure Commitment. In 2017 CPMC spent a total of \$12,503,772 for Community Benefits in San Francisco.	Deloitte & Touche Report
	1d	<u>Transition to Affordable Care Act</u> : Maintain Charity Care policies through 12/31/2015 that are no more restrictive than Charity Care policies in fiscal year 2011.	11/08/2013	12/31/2015	Commitment completed.	
	1d	<u>Transition to Affordable Care Act</u> : Ensure Charity Care policies comply with California law and do not deny Charity Care patients access to inpatient services.	01/01/2016	11/08/2023	In compliance. CPMC maintained Charity Care policies that comply with California law and ensured access to Charity Care patients to inpatient services.	2017 Charity Care Policy
	1e	<u>Bayview Child Health Center</u> : Provide financial and operational support for comprehensive pediatric primary care to residents of the Bayview area through the Center in a manner and amount generally consistent with the level of support in fiscal year 2011-2012.	11/08/2013	11/08/2023	In compliance. CPMC provided financial and operational support for the Bayview Child Health Center consistent with 2011-2012 levels. In November 2013, South of Market Health Center (SMHC), in collaboration with CPMC and the Sutter Pacific Medical Foundation, received funding from the federal Health Resources and Services Administration to transfer ownership of the Bayview Child Health Center to SMHC. The transfer was effective 9/1/14. The Development Agreement provides that CPMC may "sell, lease or transfer programs, services or service lines to meet evolving community needs, operational cost-effectiveness, or quality standards." CPMC provided the following support to the SMHC and the clinic as part of the Baseline Commitment in the Development Agreement: 1. Financial support through an operations grant each year for five years as the clinic becomes sustainable under the Federally Qualified Health Center model; 2. Leased the former BCHC Medical Director to SMHC through the end of 2015 to promote continuity of care; 3. Transferred all assets to SMHC at no cost; 4. Invested over \$1,000,000 in tenant improvements to bring the clinic to OSHPD 3 compliance; and, 5. Remains the clinic's specialty and hospital partner-- providing Bayview children with comprehensive services across the care continuum.	
	2a	Continue to participate with a standard services agreement in the San Francisco Health Plan Medi-Cal managed care program in accordance with Section 2b.	08/10/2013	08/10/2023	In compliance. CPMC continues to have a standard services agreement with San Francisco Health Plan.	
	2b	Accept responsibility for providing hospital services for 5,400 additional Medi-Cal managed care beneficiaries and shall remain open to accepting all New Enrollees until the 5,400 additional Medi-Cal managed care beneficiaries are enrolled.	08/10/2013	08/10/2023	In compliance. CPMC met the 5,400 additional Medi-Cal beneficiaries commitment in 2014 and continues to exceed it. As of December 2017, CPMC had a total 32,739 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 15,199 beneficiaries.	San Francisco Health Plan Capitation Report

Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
New Medi-Cal Beneficiaries Commitment	2f	Contract with at least 2 management services organizations (MSO) or equivalent participating in the Medi-Cal program. If an MSO becomes available with a primary care provider base in the Tenderloin before 12/31/2015, CPMC must contract with the MSO to care for 1,500 new enrollees.	08/10/2013	12/31/2015.	In compliance. There continues to be no available MSO with a primary care provider based in the Tenderloin and despite efforts by CPMC to support the creation of one, it was deemed financially unfeasible by clinic partners. CPMC is contracted with one MSO, North East Medical Services, and worked with NEMS and St. Anthony's Clinic, a primary care provider in the Tenderloin, to have St. Anthony's join the NEMS MSO. Thus, through forging this new partnership CPMC is the hospital partner for one of St. Anthony's participating medical groups and will work with them to grow enrollment to 1,500 members. CPMC continues to work with St. Anthony's leadership to develop a path to sustainability and support outreach efforts, funded through the Healthcare Innovation Fund. To date, St. Anthony's conducts ongoing outreach events to Tenderloin residents through the St. Anthony's Dining Room, Tenderloin family serving providers, Project Homeless Connect and enhanced Medi-Cal eligibility screening and enrollment at the clinic.	
Innovation Fund	3a	Executed Innovation Fund Agreement in the form provided with The San Francisco Foundation. Create a committee of fund advisors to advise the Innovation Fund Foundation.	08/10/2013	10/07/2017	In compliance. CPMC executed the agreement with The San Francisco Foundation. The Committee was formed and CPMC continues to participate via an appointed a member to provide disbursement advice.	
	3b	CPMC shall pay to the Innovation Fund Foundation \$8,600,000 in accordance with Exhibit N.	08/10/2013	10/07/2017	In compliance. Per Exhibit N, CPMC paid the Innovation Fund \$1,125,000 in 2017. The payment was made on time.	Innovation Fund Report.
	3c	Distribution of the Innovation Fund	08/10/2013	10/07/2017	In compliance. See Innovation Fund Report for distributions made in 2017.	Innovation Fund Report.
Sub-Acute Care Services	4	CPMC shall work with SFDPH and other hospital operators in good faith to develop specific proposals for providing Sub-Acute Care Services in San Francisco and present to the Health Commission by 6/30/2014, or such date as the participating hospitals and the Health Commission determine.	08/10/2013	06/30/2014 or such date as participating hospitals and Health Commission determine	In compliance. CPMC engaged a consultant and worked with hospitals, post acute providers and city departments to conduct a comprehensive assessment of the post acute care landscape in San Francisco, including sub acute services. The report included specific recommendations to meet the post acute, including sub acute, care needs in San Francisco. CPMC and the team presented the report to the Health Commission on 2/16/2016. CPMC and the other San Francisco hospitals have convened a Post Acute Care Collaborative to work towards implementing recommendations outlined in the report.	
Hospitals at the St. Luke's and Cathedral Hill Campuses	5a	St. Luke's Campus Hospital will be a 120-bed General Acute Care Hospital with comprehensive emergency services.	Within 24 months of the Opening of Cathedral Hill Hospital.	10 years	In compliance. CPMC expects to meet the St. Luke's Campus Hospital Opening Commitment. See Development Agreement Compliance Statement for construction and Milestone timeline. CPMC noticed the Health Commission of closures, eliminations or reductions in the level of service provided, and transfers management through the city's Proposition Q process. CPMC is not including services that are moving between CPMC campuses or consolidating at a CPMC campus.	
	5b	Additional 30 bed Space: The "shelled" space at Cathedral Hill Campus Hospital shall not be built-out for and placed into operation 30 licensed acute care beds until after the St. Luke's Campus Hospital is opened and has a daily census as outlined in Section 5b of Exhibit F.	Refer to Section 5b of Exhibit F.	10 years	Not yet applicable. Subject to completion of Cathedral Hill Campus Hospital and St. Luke's Campus Hospital utilization.	
	6a(i)	Provide the services listed in Section 6aiA-C at St. Luke's Campus Hospital.	Opening of St. Luke's Campus Hospital.	10 years	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	
	6a(ii)	Establish, operate, and maintain a Center of Excellence in Community Health at the St. Luke's Campus.	Opening of St. Luke's Campus Hospital.	10 years	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	

Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
St. Luke's Campus	6a(iii)	Establish, operate, and maintain a Center of Excellence in Senior Health at the St. Luke's Campus.	Opening of St. Luke's Campus Hospital.	10 years	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	
	6b	<u>St. Luke's Campus Medical Office Building:</u> CPMC shall submit a proposal for development at the St. Luke's Campus Medical Office Building to the Sutter West Bay Board or give the City the option if construction has not started within 5 years after the Opening of the St. Luke's Campus Hospital.	Refer to Section 6b(i)	10/08/2023	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	
Integration of St. Luke's Medical Staff and Patient Quality Outcomes	7	CPMC shall continue its good faith efforts at the clinical integration of medical staffs at the St. Luke's Campus, with the medical staffs at its other campuses, and on quality improvement initiatives for the purpose of improving patient quality of care at all of the CPMC Campuses.	10/08/2013	10/08/2023	Commitment completed in 2016. CPMC now has a single medical staff at all four campuses, including St. Luke's. The integration of medical staff was complete following votes in 2016 of the St. Luke's and CPMC medical staffs, and approval of the hospital's Board. CPMC's quality improvement initiatives are also run across the four campuses.	
Participation in the Community Benefits Partnership	8	CPMC shall continue to actively participate in the Community Benefits Partnership, or its successor, to prepare a community benefit plan for submittal to OSHPD.	10/08/2013	10/08/2023	In compliance. CPMC actively participated in the Building a Healthier San Francisco (BHSF) Task Force and needs assessment process for submission to OSHPD. CPMC also actively participates in BHSF's successor, San Francisco Health Improvement Partnership (SFHIP) and the needs assessment process.	
Service Agreements with Chinese Hospital	9	CPMC shall continue to provide pediatric, obstetric, and certain tertiary services to Chinese Hospital patients in a manner generally consistent with existing service agreements.	08/10/2013	08/10/2023	In compliance. During the period covered by this report, CPMC has continued to provide services generally consistent with existing service agreements. CPMC maintained its agreement with Chinese Community Health Plan (CCHP) for their Commercial HMO population and added a new contract in 2014 for their Covered California population. CPMC also maintained its longstanding Transfer Agreement and contract for high risk OB/GYN care with Chinese Hospital.	
Culturally and Linguistically Appropriate Services	10	CPMC shall deliver at all campuses culturally and linguistically appropriate services that are representative of San Francisco's diverse communities and are in accordance with the mandates, guidelines and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS).	08/10/2013	08/10/2023	In compliance. CPMC delivers services at all campuses that are culturally and linguistically appropriate and in accordance with the mandates, guidelines, and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS). In 2015 CPMC conducted a CLAS Assessment and provided the assessment to DPH in September 2015. CPMC continued efforts to implement assessment recommendations and improve cultural and linguistic access to services across our four campuses.	CLAS Report
City Health Services System	11	For the period from 1/1/2014 to 12/31/2016, the negotiated fee for service increase for CPMC shall not exceed 5% annually as compared to the prior calendar year fee for service rates, and for the following 7 years CPMC shall limit annualized increases to no more than the Medical Rate of Inflation plus 1.5%.	01/01/2014	12/31/2024	In compliance. The negotiated fee for service rates in 2017 are at or below a the Medical Rate of Inflation plus 1.5% as compared to 2016. The independent actuary report verified the 2015 compliance with this provision. The City formally requested the independent actuary verification for 2016 and 2017 and this work is in process.	

¹ 8/10/2013 indicates commitments on the Development Agreement Effective Date
11/8/2013 indicates commencement on the date Approvals were Finally Granted

² There is a clerical error at the end of Sec.2.b. of Exhibit F, in that the number of existing enrollees as of January 1, 2012, should be stated to be 12,140, rather than 14,850. CPMC would suggest that this figure be corrected for future reference. The 14,850 figure referenced in the Development Agreement double counts Healthy Families members-- including Healthy Families as a separate count and as part of the Medi-Cal enrollees. This clerical correction does not affect CPMC's New Medi-Cal Beneficiaries Commitment, which remains at 5,400.

EXHIBIT A



Deloitte & Touche LLP
555 Mission St
San Francisco CA 94105
USA

Tel: +1 415 783 4000

www.deloitte.com

April 2, 2018

Mr. Henry Yu
CFO California Pacific Medical Center (CPMC)
2351 Clay Street
San Francisco, CA 94115

Dear Mr. Yu:

In accordance with our statement of work ("SOW") dated March 30, 2017, this report summarizes the results of the assessment of unduplicated patients performed by Deloitte & Touche LLP ("Advisor" or "we" or "us") as requested by Sutter Health for its subsidiary California Pacific Medical Center (collectively "Company" or "Sutter" or "CPMC").

At your request, we performed an assessment of the unduplicated patients to be reported by CPMC to the City of San Francisco related to the entitlement CPMC is seeking from the City of San Francisco to build a new hospital on the CPMC campus. This assessment of unduplicated patients, as defined in the agreement between CPMC and the City of San Francisco, included evaluating whether the number of unduplicated patients treated at the following CPMC campuses: California, Davies, Pacific and St. Luke's, from the period of January 1st, 2017 to December 31st, 2017, reasonably represents and are supported by CPMC's Patient Accounting records.

Our procedures included the following:

- Advisor conducted interviews with business managers to understand the process and calculations of unduplicated patients to identify Medi-Cal and Charity Care patients, and consider whether the process is consistent with the prior year and as previously understood by Advisor.
- Advisor obtained from CPMC the patient details from the period for Medi-Cal and Charity Care patients and performed data analytics on the received data to determine the number of unduplicated Medi-Cal and Charity Care patients.
- Advisor performed data analysis on the unduplicated patient listings, starting with raw data extracted from the patient accounting system, to evaluate whether duplicate patients are included in the listings for calendar year 2017.
- Advisor selected a random sample of 25 patients from calendar year 2017 and evaluated supporting documentation provided by CPMC that supports CPMC's classification of the patient as a Medi-Cal or Charity Care recipient.
- Advisor's methodology used in the procedures were consistent with those used in the review of the baseline periods for calendar years 2009 through 2012.

This report is intended solely for the information and internal use of Sutter Health and its subsidiary California Pacific Medical Center, and should not be used or relied upon by any other person or entity.

CPMC is subject under the Development Agreement to an “Unduplicated Patient Commitment” of 30,446 Unduplicated Patients (as defined.) This amount is not to include utilization attributable to the 5,400 additional “New Beneficiaries Commitment.” It is our understanding that CPMC and the City of San Francisco have agreed to an adjustment of 837 unduplicated patients as the number necessary to exclude the utilization of the 5,400 additional Medi-Cal managed care enrollees from the commitment.

Based on the procedures performed above, the total unduplicated patient count is 40,406. With the subtraction of the agreed 837 unduplicated patients, the allowable number of unduplicated patients for 2017 is 39,569, representing a surplus of 9,123 for 2017. This net unduplicated patient count developed by CPMC appears reasonable and reflects the number of Medi-Cal and Charity Care patients treated the period of January 1, 2017 to December 31, 2017 at the California, Davies, Pacific and St. Luke’s campuses of CPMC as reflected in the CPMC Patient Accounting records.

Advisor did not make any management decisions, perform any management functions, or assume any management responsibilities. Our observations and recommendations are based solely on the results of our assessment of the unduplicated patient listings. Our services were performed in accordance with the Statement on Standards for Consulting Services that is issued by the American Institute of Certified Public Accountants. We are providing our observations, advice, and recommendations. However, our services do not constitute an engagement to provide audit, compilation, review, or attestation services as described in the pronouncements on professional standards issued by the American Institute of Certified Public Accountants, and, therefore, we do not express an opinion or other form of assurance with respect to our services.

In addition, we did not provide any legal advice regarding our services nor did we provide any assurance regarding the outcome of any future audit or regulatory examination or other regulatory action; the responsibility for all legal issues with respect to these matters, such as reviewing all deliverables and work product for any legal implications to CPMC, is CPMC’s. It is further understood that CPMC management has responsibility for, among other things, identifying and ensuring compliance with laws and regulations applicable to CPMC’s activities and for establishing and maintaining effective internal control to assure such compliance. CPMC has responsibility for reviewing and approving any reports and/or deliverables.

Advisor’s services may include advice and recommendations, but all decisions in connection with the implementation of such advice and recommendations is the responsibility of, and made by, CPMC.

In connection with this assessment, CPMC has informed Advisor that the Company has been requested by the City of San Francisco (the “Recipient”) to provide it with a paper copy or portable document format (PDF) of the Deliverable for informational purposes. Advisor hereby authorizes CPMC to provide the Recipient with a copy of this report (“Deliverable”) for such purpose. CPMC acknowledges and agrees that Advisor has no responsibility to CPMC with respect to the provision of this Deliverable to the Recipient or with respect to its contents.

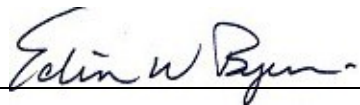
CPMC acknowledges that neither the services nor the Deliverable express or will express an opinion or any other form of assurance. The engagement is limited in nature and does not comprehend all matters relating to CPMC that might be pertinent or necessary to CPMC or the Recipient. CPMC acknowledges that it is solely responsible for providing accurate and complete information requested by Advisor for its services under the Engagement Letter dated November 22, 2013 and the corresponding Statement of Work dated March 30, 2017. The Deliverable may not address all the questions that the Recipient may have. The Deliverable cannot be relied on to disclose errors or fraud should they exist. The Deliverable also may

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contain sensitive and candid comments about CPMC, Sutter or the engagement that may be subject to interpretation.

Very truly yours,

Deloitte & Touche LLP

By: _____

Ed Byers

Principal

EXHIBIT B



Deloitte & Touche LLP
555 Mission St
San Francisco, CA 94105
USA

Tel: +1 415 783 4000

www.deloitte.com

April 2, 2018

Mr. Henry Yu
CFO California Pacific Medical Center (CPMC)
2351 Clay Street
San Francisco, CA 94115

Dear Mr. Yu:

In accordance with our statement of work (“SOW”) dated March 30, 2017, this report summarizes the results of the assessment of community benefits expense performed by Deloitte & Touche LLP (“Advisor” or “we” or “us”) as requested by Sutter Health for its subsidiary California Pacific Medical Center (“Company” or “Sutter” or “CPMC”).

At your request, we performed an assessment of the processes and internal controls over the recording of “community benefit” Category 3 costs, including a reconciliation of incurred costs from the period of January 1st, 2017 to December 31st, 2017 and whether they meet, at a minimum, the \$8,000,000 threshold established by the city of San Francisco. The assessment also included an analysis to determine that the expense items and their categories align to community health benefits category guidelines from the City of San Francisco.

Our procedures included the following:

- Advisor reviewed the Community Healthcare Program contract to understand the contractual requirements between CPMC and the City of San Francisco. Advisor also reviewed the city guidelines charter to determine what expenses can and should be considered Category 3 expenses as defined in the Catholic Health Association of the United States publication, [A Guideline for Planning and Reporting Community Benefits](#) (CBISA).
- Advisor obtained the list of expenses from CPMC under the Community Health Benefits expense categories and gained an understanding of the process for recording costs. We evaluated the data for reasonableness through walkthroughs and assessment of written processes of accounting for program funding and costs.
- Leveraging the full list of community benefit expenses (reported as \$12,503,772), Advisor then performed the following procedures:
 - Selected individual projects, which in summary exceeded \$8,000,000.
 - Obtained transaction detail for each of these individual projects.
 - Selected 45 random transaction samples across the projects and performed the following procedures:

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- Compared the accuracy and completeness of the costs to the supporting documentation (e.g., accounting data, checks, invoices, etc.).
- Assessed whether each of these 45 samples were valid category 3 CBISA expenses.

Based on the procedures performed above, the community health benefits expenses incurred by CPMC appear reasonable and reflect that at least the minimum amount of USD \$8,000,000 was spent on valid community health benefits program as required by the City of San Francisco.

Advisor did not make any management decisions, perform any management functions, or assume any management responsibilities. Our observations and recommendations are based solely on the results of our assessment of the unduplicated patient listings. Our services were performed in accordance with the Statement on Standards for Consulting Services that is issued by the American Institute of Certified Public Accountants. We are providing our observations, advice, and recommendations. However, our services do not constitute an engagement to provide audit, compilation, review, or attestation services as described in the pronouncements on professional standards issued by the American Institute of Certified Public Accountants, and, therefore, we do not express an opinion or other form of assurance with respect to our services.

In addition, we did not provide any legal advice regarding our services nor did we provide any assurance regarding the outcome of any future audit or regulatory examination or other regulatory action; the responsibility for all legal issues with respect to these matters, such as reviewing all deliverables and work product for any legal implications to CPMC, is CPMC's. It is further understood that CPMC management has responsibility for, among other things, identifying and ensuring compliance with laws and regulations applicable to CPMC's activities and for establishing and maintaining effective internal control to assure such compliance. CPMC has responsibility for reviewing and approving any reports and/or deliverables.

Advisor's services may include advice and recommendations, but all decisions in connection with the implementation of such advice and recommendations is the responsibility of, and made by, CPMC.

In connection with this assessment, CPMC has informed Advisor that the Company has been requested by the City of San Francisco (the "Recipient") to provide it with a paper copy or portable document format (PDF) of the Deliverable for informational purposes. Advisor hereby authorizes CPMC to provide the Recipient with a copy of this report ("Deliverable") for such purpose. CPMC acknowledges and agrees that Advisor has no responsibility to CPMC with respect to the provision of this Deliverable to the Recipient or with respect to its contents.

CPMC acknowledges that neither the services nor the Deliverable express or will express an opinion or any other form of assurance. The engagement is limited in nature and does not comprehend all matters relating to CPMC that might be pertinent or necessary to CPMC or the Recipient. CPMC acknowledges that it is solely responsible for providing accurate and complete information requested by Advisor for its services under the Engagement Letter dated November 22, 2013 and the corresponding Statement of Work dated March 30, 2017. The Deliverable may not address all the questions that the Recipient may have. The Deliverable cannot be relied on to disclose errors or fraud should they exist. The Deliverable also may contain sensitive and candid comments about CPMC, Sutter or the engagement that may be subject to interpretation.

Very truly yours,

Deloitte & Touche LLP

By: Edwin W. Byers

Ed Byers
Principal

EXHIBIT C

Finance Policy: Supersedes Policy	DRAFT POLICY DATE	11/18//28/2015
	Effective Date:	01/01/2016
	Final Approved Date:	
	Revised Date:	12/31/2015
	Next Review Date:	1/1/2019
	Owner:	Jeff Sprague, CFO
	Policy Area:	Finance
	References:	
POLICY ON FINANCIAL ASSISTANCE (CHARITY CARE)		

PURPOSE

The purpose of the policy is to provide patients with information on the Financial Assistance (Charity Care) available at Sutter Health hospital facilities and to outline the process for determining eligibility for Financial Assistance.

POLICY

It is the policy of Sutter Health to provide patients with understandable written information regarding Financial Assistance to provide income-based Financial Assistance (Charity Care) to qualified patients.

SCOPE

This policy applies to all licensed hospital facilities operated by Sutter Health or an Affiliated Entity (as that term is defined in the bylaws of Sutter Health), and all other hospitals in which Sutter Health and/or an Affiliated Entity has a direct or indirect voting control or equity interest of greater than 50% (hereafter referred to as "Hospital" or "Sutter Health Hospitals" (as listed in Appendix G). Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a Hospital's bill. This policy does not create an obligation for the Hospital to pay for such physicians' or other medical providers' services. In California, an emergency physician who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

DEFINITIONS

Complex/Specialized Services: "Complex/Specialized Services" are services that Sutter Health or a Hospital determines are complex and specialized (e.g., transplants, experimental and investigational services) as well as certain elective services that are typically excluded from coverage under health plan coverage agreements (e.g., cosmetic procedures).

Federal Poverty Level (FPL): The "Federal Poverty Level" of "FPL" is the measure of income level that is published annually by the United States Department of Health and Human Services (HHS) and is used by Hospitals for determining eligibility for Financial Assistance.

Financial Assistance: "Financial Assistance" refers to Full Charity Care and High Medical Cost Charity Care (as outlined in section A.1 Eligibility).

Hospital Services: “Hospital Services” are all services that a Hospital is licensed to provide, including emergency and other medically necessary care (excluding Complex/Specialized Services).

Primary Language of Hospital’s Service Area: A “Primary Language of Hospital’s Service Area” is a language used by the lesser of 1,000 people or 5% of the community served by the Hospital based upon the most recent Community Health Needs Assessment performed by Hospital.

Uninsured Patient: An “Uninsured Patient” is a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

Insured Patient: An “Insured Patient” is a patient who has a third-party source of payment for a portion of their medical expenses, but excludes patients who are covered by Medi-Cal.

Patient Responsibility: “Patient Responsibility” is the amount that an Insured Patient is responsible to pay out-of-pocket after the patient’s third-party coverage has determined the amount of the patient’s benefits.

PROCEDURES

A. ELIGIBILITY

1. **Eligibility Criteria:** During the application process set forth in sections B and C below, Hospitals shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
FULL CHARITY CARE	Patient is an Uninsured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL	Full write off of all charges for Hospital Services
HIGH MEDICAL COST CHARITY CARE (for Insured Patients)	<ol style="list-style-type: none">1. Patient is an Insured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL; <p><u>and</u></p> <ol style="list-style-type: none">2. Medical expenses for themselves or their family (incurred at the Hospital or paid to other providers in the past 12 months) exceed 10% of the patient’s Family Income.	A write off of the Patient Responsibility amount for Hospital Services

2. Calculating Family Income: To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:
 - a) Patient Family: The Patient Family shall be determined as follows:
 - (i) Adult Patients: For patients over 18 years of age, the Patient Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
 - (ii) Minor Patients: For patients under 18 years of age, the Patient Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.
 - b) Proof of Family Income: Patient shall only be required to provide recent pay stubs or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date Family Income. Sutter may validate income by using external presumptive eligibility service providers, provided that such service only determines eligibility using only information permitted by this policy.
 - c) Calculating Family Income for Expired Patients: Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Family Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance
3. Calculating Family Income as a Percentage of FPL: After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the federal poverty level for a family of three is \$20,000, and a patient's Family Income is \$60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. Hospitals shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.
4. Special Circumstance – Benefits Exhausted During Inpatient Stay: When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the Hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A Hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the Hospital shall write off all charges for services that the Hospital provided after the patient exceeded the benefit cap.
5. Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this policy:

- a) Uninsured Patient seeks Complex/Specialized Services: Generally, Uninsured Patients who seek Complex/Specialized services (e.g. transplants, experimental or investigational procedures), and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the Hospital (or designee) prior to the provision of such services in order to be eligible for Financial Assistance. Hospitals shall develop a process for patients to seek prior administrative approval for services that require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Financial Assistance.
- b) Medi-Cal Patients with Share of Cost: Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. Hospitals shall seek to collect these amounts from the patients.
- c) Patient declines covered services: An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sutter, or a patient refuses to transfer from a Sutter hospital to an in-network facility) is not eligible for Financial Assistance
- d) Insured Patient does not cooperate with third-party payer: An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.
- e) Payer pays patient directly: If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.
- f) Information falsification: Hospitals may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.
- g) Third party recoveries: If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.
- h) Professional (physician) Services: Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in Exhibit A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

B. APPLICATION PROCESS

1. Each Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the Hospital to a patient. A patient who indicates at any time the financial inability to pay a bill for Hospital Services shall be

evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.

2. Patients who wish to apply for Financial Assistance shall use the Sutter Health standardized application form, the "Application for Financial Assistance", Exhibit B.
3. Patients may request assistance with completing the Application for Financial Assistance in person at the Sutter Health Hospitals listed on Exhibit A, over the phone at 855-398-1633, through the mail, or via the Sutter Health website (www.sutterhealth.org).
4. Patients should mail Applications for Financial Assistance to Sutter Health, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.
5. Patients should complete the Application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within 240 days of the date the Hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

C. FINANCIAL ASSISTANCE DETERMINATION

1. The Hospital will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s).
2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
 - a) The Hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California).
 - b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
3. Once a Full Charity Care or High Medical Cost Charity Care determination has been made, a "Notification Form" (Exhibit D) will be sent to each applicant advising them of the Hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.
5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

D. DISPUTES

A patient may seek review of any decision by the Hospital to deny Financial Assistance by notifying the individual responsible for finance at the Hospital or designee, of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The individual responsible for finance at the Hospital or designee shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. **Languages:** This Policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.
2. **Information Provided to Patients During the Provision of Hospital Services:**
 - a) **Preadmission or Registration:** During preadmission or registration (or as soon thereafter as practicable) Hospitals shall provide all patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. Hospitals shall identify the department that Patients can visit to receive information about, and assistance with applying for, Financial Assistance.
 - b) **Financial Assistance Counselors:** Patients who may be Uninsured Patients shall be assigned Financial Counselors, who shall visit with the patients in person at the hospital. Financial Counselors shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy, and assist with the application process.
 - c) **Emergency Services:** In the case of emergency services, Hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
 - d) **Applications Provided at Discharge:** At the time of discharge, Hospitals shall provide all Patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal and California Children's Services or any other potentially applicable government program.
3. **Information Provide to Patients at Other Times:**
 - a) **Contact Information:** Patients may call 1-855-398-1633 or contact the Hospital department listed on Exhibit G to obtain additional information about Financial Assistance and assistance with the application process.
 - b) **Billing Statements:** Hospitals shall bill patients in accordance with the Sutter Health Hospital Billing and Collections Policy. Billing statements to patients shall include Exhibit E, which contains a plain language summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain

additional information about Financial Assistance including the Financial Assistance Policy, a plain language summary of the policy, and the Application for Financial Assistance. A summary of your legal rights is included in Exhibit F, and also included on the patient's final billing statement.

- c) Upon Request: Hospitals shall provide patients with paper copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. **Publicity of Financial Assistance Information:**

- a) Public Posting: Hospitals shall post copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for services.
- b) Website: The Financial Assistance Policy, Application for Financial Assistance and plain language summary shall be available in a prominent place on the Sutter Health website (www.sutterhealth.org) and on each individual Hospital's website. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- c) Mail: Patients may request a copy of the Financial Assistance Policy, Application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.
- d) Advertisements/Press Releases: As necessary, and as least on an annual basis Sutter Health will place an advertisement regarding of the availability of Financial Assistance at Hospitals in the principal newspaper(s) in the communities served by Sutter Health, or when doing so is not practical, Sutter will issue a Press Release containing this information, or use other means that Sutter Health concludes will widely publicize the availability of the policy to affected patients in our communities.
- e) Community Awareness: Sutter Health will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

F. MISCELLANEOUS

1. **Recordkeeping:**

Records relating to Financial Assistance must be readily accessible. Hospital must maintain information regarding the number of Uninsured Patients who have received services from hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.

2. **Payment Plans:**

Patients may be eligible for a payment plan. Payment plan shall be offered and negotiated per the Sutter Health Hospital Billing and Collections Policy.

3. **Billing and Collections:**

Hospitals may employ reasonable collection efforts to obtain payment from Patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by Hospital or by any collection agency engaged by Hospital. General collection activities may include issuing patient statements, phone calls, and referral of statements have been sent to the patient or guarantor. Affiliates and Revenue Cycle departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions (as defined by the Sutter Health Hospitals' Billing and Collection Policy). Copies of the Hospital Billing and Collection policy may be obtained free of charge on the Sutter Health website at www.sutterhealth.org, by calling 855-398-1633 or within the Hospital Patient Registration, Patient Financial Services offices and the emergency department.

4. **Submission to OSHPD:**

Sutter Health Hospitals will submit Financial Assistance policies to the Office of Statewide Planning and Healthcare Development (OSHPD). Policies can be located on the OSHPD website located here: <https://syfphr.oshpd.ca.gov/>

5. **Amounts Generally Billed:**

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

REFERENCE

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

California Health and Safety Code section 124700 through 127446

This policy is intended to be read with the Sutter Health Billing and collection Policy (Finance Policy 14-227).

ATTACHMENTS

Exhibit A – Providers Covered and Not Covered by Policy

Exhibit B – Application for Financial Assistance

Exhibit C – Financial Assistance Calculation Worksheet

Exhibit D – Notification Form Sutter Health Eligibility Determination for Charity Care

Exhibit E – Important Billing Information for Patients

Exhibit F – Notice of Rights

Exhibit G – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Exhibit A

Providers Covered and Not Covered by Policy

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> are **covered** under this Policy.

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> that are **NOT covered** under this Policy

Exhibit B
APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT NAME _____
SPOUSE _____
ADDRESS _____
PHONE _____
ACCOUNT# _____ SNN _____

(PATIENT) (SPOUSE)

FAMILY STATUS: List any spouse, domestic partner, or children under the age of 21. If patient is a minor, list all parents, caretaker relatives, and siblings under 21

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact Person & Telephone: _____

If _____ Self-Employed, _____ Name _____ of _____ Business: _____

Spouse Employer: _____ Position: _____

Contact Person & Telephone: _____

If _____ Self-Employed, _____ Name _____ of _____ Business: _____

CURRENT MONTHLY INCOME

	Patient	Other Family
<i>Add:</i> Gross Pay (before deductions)	_____	_____
<i>Add:</i> Income from Operating Business (if Self-Employed)	_____	_____
<i>Add:</i> Other Income:		
Interest and Dividends	_____	_____
From Real Estate or Personal Property	_____	_____
Social Security	_____	_____
Other (specify):	_____	_____
Alimony or Support Payments Received	_____	_____
<i>Subtract:</i> Alimony, Support Payments Paid	_____	_____
<i>Equals:</i> Current Monthly Income	_____	_____
Total Current Monthly Income (add Patient + Spouse)	_____	_____
Income from above	_____	_____

FAMILY SIZE

Total Family Members _____
(Add patient, parents (for minor patients), spouse and children from above)

Yes No

Do you have health insurance?

☐ ☐

Do you have other Insurance that may apply (such as an auto policy)?

☐ ☐

Were your injuries caused by a third party (such as during a car accident or slip and fall)?

☐ ☐

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financing discount, I understand that I may be required to provide proof of the information I am providing.

(Signature of Patient or Guarantor)

(Date)

(Signature of Spouse)

(Date)

Exhibit C
FINANCIAL ASSISTANCE CALCULATION WORKSHEET

Patient Name: _____ Patient Account #: _____
Hospital: _____

Special Considerations/Circumstances: _____

	Yes	No
Does Patient have Health Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medi-Cal?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

If the patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program.

Does Patient have other insurance (i.e. auto medpay)?	<input type="checkbox"/>	<input type="checkbox"/>
Was Patient injured by a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Self-Pay??	<input type="checkbox"/>	<input type="checkbox"/>

Financial Assistance Calculation:

Total Combined Current Monthly Family Income \$ _____
(From Application for Financial Assistance)

Family Size (From Application for Financial Assistance) _____

Qualification for Financial Assistance Met	Yes	No
--	-----	----

Exhibit D

NOTIFICATION FORM
SUTTER HEALTH
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE

Sutter Health has conducted an eligibility determination for financial assistance for:

PATIENTS NAME

ACCOUNT NUMBER

DATE(S) OF SERVICE

The request for financial assistance was made by the patient or on behalf of the patient on _____.
This determination was completed on _____.

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for financial assistance has been approved for services rendered on_____.

After applying the financial assistance reduction, the amount owed is \$_____.

Your request for financial assistance is pending approval. However, the following information is required before any adjustment can be applied to your account:

Your request for financial assistance has been denied because:

REASON:

Granting of financial assistance is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided incomplete or inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant Financial Assistance and hold the you and/or third parties responsible for the hospital's charges.

If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

If you have any questions on this determination, please contact:

Patient Financial Services
855-398-1633

Exhibit E

Important Billing Information for Patients Financial Assistance Plain Language Summary

Thank you for choosing Sutter Health. This handout is designed to help our patients understand the Financial Assistance that is available to eligible patients, the application process for Financial Assistance, and your payment options. Your hospital bill will not include any bill for services you may receive during your hospital stay from physicians, anesthesiologists, clinical professionals, ambulance companies, and other providers that may bill you separately for their services. If you wish to seek assistance with paying your bills from these other providers, you will need to contact the providers directly.

Emergency Services: If you received emergency services at the hospital, you will receive a separate bill for the emergency room physician. Any questions pertaining to the emergency room physician's services should be directed to the physician. An emergency room physician, as defined in Section 127450 of the Health and Safety Code, who provides emergency medical services in a hospital that provides emergency care is required by law to provide discounts to uninsured patients or insured patients with high medical costs who are at or below 350% of the federal poverty level.

Payment Options: Sutter Health has many options to assist you with payment of your hospital bill.

Payment Plans: Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient.

Medi-Cal & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. Sutter Health has staff available to assist you with applying for government programs like Medi-Cal. Please contact Patient Financial Assistance at (855) 398-1633 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with organizations that may assist you further with applying for government assistance, if needed.

Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the hospital financial assistance department at (855) 398-1633 for more detail and assistance to see if you qualify for health care coverage through Covered California.

Summary of Financial Assistance (Charity Care): Sutter Health is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following are categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at

the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.

- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located within the Patient Access / Registration Departments at the Hospital or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration and Patient Financial Services offices as well as at www.sutterhealth.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Notice of Availability of Financial Estimates: You may request a written estimate of your financial responsibility for hospital services. Requests for estimates must be made during business hours. The estimate will provide you with an estimate of the amount the hospital will require the patient to pay for health care services, procedures, and supplies that are reasonably expected to be provided by the hospital. Estimates are based on the average length of stay and services provided for the patient's diagnosis. They are not promises to provide services at fixed costs. A patient's financial responsibility may be more or less than the estimate based on the services the patient actually receives.

The hospital can provide estimates of the amount of hospital services only. There may be additional charges for services that will be provided by physicians during a patient's stay in the hospital, such as bills from personal physicians, and any anesthesiologists, pathologists, radiologists, ambulance companies or other medical professionals who are not employees of the hospital. Patients will receive a separate bill for these services.

If you have any questions about written estimates, please contact Patient Access at 855-398-1637. If you have any questions, or if you would like to pay by telephone, please contact the Patient Financial Services at 855-398-1633.

Exhibit F

Notice of Rights

Thank you for selecting Sutter Health for your recent services. Enclosed please find a statement of the charges for your hospital visit. **Payment is due immediately.** You may be entitled to discounts if you meet certain financial qualifications, discussed below, or if you submit payment promptly.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that will be provided by physicians during your stay in the hospital, such as bills from physicians, and any anesthesiologists, pathologists, radiologists, ambulance services, or other medical professionals who are not employees of the hospital. You may receive a separate bill for their services.

Summary of Your Rights: State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (328-4357) or online at www.ftc.gov.

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact Patient Financial Services office at 855-398-1633 for a referral

Sutter Health has agreements with external collection agencies to collect payments from patients. Collection Agencies are required to comply with the hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the hospital and the patient.

Financial Assistance (Charity Care): Sutter Health is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located at located within the Patient Access / Registration Departments at the Hospital, or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a

representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration or Patient Financial Services offices, as well as at sutterhealth.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Health Insurance/Government Program Coverage/Financial Assistance: If you have health insurance coverage, Medicare, Medi-Cal, California Children's Services, or any other source of payment for this bill, please contact Patient Financial Services at 855-398-1633. If appropriate, Patient Financial Services will bill those entities for your care.

If you do not have health insurance or coverage through a government program like Medi-Cal or Medicare, you may be eligible for government program assistance. Patient Financial Services can provide you with application forms, and assist you with the application process.

If you have received an award of Financial Assistance from the Hospital that you believe covers the services that are the subject of this bill, please contact Patient Financial Services at 855-398-1633.

California Health Benefit Exchange: You may be eligible for health care coverage under Covered California. Contact the hospital Business Services for more detail and assistance to see if you qualify for health care coverage through Covered California.

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill, or would like to apply for Financial Assistance or government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

Exhibit G

Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Alta Bates Summit Medical Center

Patient Access/Registration

Ashby Campus

2450 Ashby Avenue
Berkeley, CA 94705
510-204-4444

Herrick Campus

2001 Dwight Way
Berkeley, CA 94704
510-204-4444

Summit Campus

350 Hawthorne Avenue
Oakland, CA 94609
510-655-4000

<http://www.altabatessummit.org>

California Pacific Medical Center

Patient Access/Registration

California Campus

3700 California Street
San Francisco, CA 94118
415-600-6000

Pacific Campus

2333 Buchanan Street
San Francisco, CA 94115
415-600-6000

Davies Campus

Castro and Duboce
San Francisco, CA 94114
415-600-6000

St. Luke's Campus

3555 Cesar Chavez St.
San Francisco, CA 94110
415-647-8600

<http://www.cpmc.org>

Eden Medical Center

Patient Access/Registration

Eden Campus

20103 Lake Chabot Road
Castro Valley, CA 94546
510-537-1234

<http://www.edenmedicalcenter.org>

Kahi Mohala, A Behavioral Healthcare System

Patient Access/Registration

91-2301 Fort Weaver Road
Ewa Beach, HI 96706
808-671-8511

<http://www.kahimohala.org>

Memorial Medical Center

Patient Access/Registration

1700 Coffee Road
Modesto, CA 95355
209-526-4500

<http://www.memorialmedicalcenter.org>

Memorial Hospital, Los Banos

Patient Access/Registration

520 I Street
Los Banos, CA 93635
209-826-0591

<http://www.memoriallosbanos.org>

Menlo Park Surgical Hospital

Patient Access/Registration

570 Willow Road
Menlo Park, CA 94025
650-324-8500

<http://www.pamf.org/mpsh>

Mills-Peninsula Health Services

Patient Access/Registration

1501 Trousdale Drive
Burlingame, CA 94010
(650) 696-5400

<http://www.mills-peninsula.org>

Novato Community Hospital

Patient Access/Registration

180 Rowland Way
Novato, CA 94945
415-897-3111

<http://www.novatocommunity.org>

Sutter Amador Hospital

Patient Access/Registration

200 Mission Blvd.
Jackson, CA 95642
209-223-7500

<http://www.sutteramador.org>

Sutter Auburn Faith Hospital

Patient Access/Registration

11815 Education Street
Auburn, CA 95602
530-888-4500

<http://www.sutterauburnfaith.org>

Sutter Coast Hospital

Patient Access/Registration

800 East Washington Blvd.
Crescent City, CA 95531
707-464-8511

<http://www.suttercoast.org>

Sutter Davis Hospital

Patient Access/Registration

2000 Sutter Place
(P.O. Box 1617)
Davis, CA 95617
530-756-6440

<http://www.sutterdavis.org>

Sutter Delta Medical Center

Patient Access/Registration

3901 Lone Tree Way
Antioch, CA 94509
925-779-7200

<http://www.sutterdelta.org>

Sutter Lakeside Hospital and Center for Health

Patient Access/Registration

5176 Hill Road East
Lakeport, CA 95453
707-262-5000

<http://www.sutterlakeside.org>

Sutter Maternity & Surgery Center of Santa Cruz

Patient Access/Registration

2900 Chanticleer Avenue
Santa Cruz, CA 95065-1816
831-477-2200

<http://www.suttersantacruz.org>

Sutter Medical Center, Sacramento

Patient Access/Registration

Sutter General Hospital
2801 L Street
Sacramento, CA 95816
916-454-2222

Sutter Memorial Hospital

5151 F Street
Sacramento, CA 95819
916-454-3333

Sutter Center for Psychiatry

7700 Folsom Blvd.
Sacramento, CA 95826
916-386-3000

<http://www.suttermedicalcenter.org>

Sutter Roseville Medical Center***Patient Access/Registration***

One Medical Plaza
Roseville, CA 95661
916-781-1000

<http://www.sutterroseville.org>

Sutter Santa Rosa Regional Hospital***Patient Access/Registration***

30 Mark West Springs Road
Santa Rosa, CA 95403
707-576-4000

<http://www.suttersantarosa.org>

Sutter Solano Medical Center***Patient Access/Registration***

300 Hospital Drive
Vallejo, CA 94589
707-554-4444

<http://www.suttersolano.org>

Sutter Tracy Community Hospital***Patient Access/Registration***

1420 N. Tracy Boulevard
Tracy, CA 95376-3497
209-835-1500

<http://www.suttertracy.org>

EXHIBIT D

Capitation Support - Medi - Cal

December-17

CPMC (CAL)NEM

Family/Foster/Refugee

Aged

Disabled / Blind

Indigent Child

Indigent Adult

BCCTP

Aged - Dual

Blind/Disabled - Dual

Child Converting from HF

Child 18

MCE

Adult19

Cap less Stop Loss	Cap Rate Eff 1/1/17	Cap Rate Jul - Dec 16	Total Member Months	Retro	Retro Jan 16 - Jun 16	Retro Jul - Dec 16	Retro 2017	Dec-17
			-					
			1,557				(19)	1,576
			899			2	79	818
			-					
			-					
			2					2
			2,055				37	2,018
			368				8	360
			3,591			1	20	3,570
			6,161				18	6,143
			13,748			(1)	(49)	13,798
			4,450				(4)	4,454
			32,831	-	-	2	90	32,739

OK Total Net Retro

92

Retro MCE rate change

\$ -

Stop Loss Premium paid on behalf of Provider

EXHIBIT E

May 2018

The San Francisco Foundation's Report on the activities-to-date of the Community Health Innovation Fund and the Workforce Fund.

COMMUNITY HEALTH INNOVATION FUND

Sutter West Bay Hospitals, a California nonprofit corporation doing business as California Pacific Medical Center (CPMC), entered into a development agreement with the City and County of San Francisco related to the construction of CPMC's medical facilities. In July 2013, representatives from CPMC's Community Health Programs, San Francisco Department of Public Health, and The San Francisco Foundation (TSFF) formed a Committee to oversee the strategy for granting \$8,600,000 of the Community Health Innovation Fund monies. To date, The San Francisco Foundation has received six payments totaling \$8,600,000.

2013

Grants

The first round of grants was awarded to organizations focused on 1) Affordable Care Act reform readiness for community clinics; 2) strategic opportunities to improve services to people with HIV/AIDS; and 3) expansion of comprehensive mental health services in San Francisco. The grants were made to the **San Francisco AIDS Foundation** (\$465,000), Curry Senior Center (\$185,000), **Mission Neighborhood Health Center** (\$128,700), and **San Francisco Community Clinic Consortium** (\$186,000).

Outcomes

The grant supported the construction of the **San Francisco AIDS Foundation** new site. SFAF opened the doors of its new facility in 2016 and is in the process of completing the OSHA requirements necessary to relocate their clinical services. The new, 14,700 square-foot, three-story building will enable The AIDS Foundation to expand case management services by 25%, mental health counseling by 25%, substance use and harm reduction counseling by 50%, and HIV and STI screening up to 40%.

Curry Senior Center successfully completed organizational requirements for compliance, which resulted in their ability to be certified for Medicare reimbursement. They were also able to expand their diabetes educational services, hire a Spanish-speaking Health Coach, and provide Aftercare Group Sessions on self-care.

Funding allowed **Mission Neighborhood Health Center** and the **SF Community Clinic Consortium** to conduct a financial assessment and business planning process to test the feasibility of the Clinic Consortium to create an Independent Practice Association as a strategy to maximize reimbursement rates under the new ACA. The Clinic Consortium also provided training to over 120 clinic staff on ACA, enrollment and eligibility regulations, and alternative payment methodologies. Clinic staff in turn, enrolled thousands of San Francisco patients into Healthy San Francisco, Medicare, Medi-Cal, and Covered California.

2014

Grants

In 2014, two-year grants were awarded to nine community-based clinics to enhance care coordination with the goal of reducing re-hospitalization rates for high risk patients. Each of the following clinics received \$220,588 totaling \$1,985,292: **HealthRight 360, Glide Foundation, Lyon-Martin Women's Health Services, Mission Neighborhood Health Center, Native American Health Center, North East Medical Services, St. Anthony Foundation, SF Medical Center Outpatient Clinic, and the Women's Community Clinic.** **HR360** received an additional \$25,000 to provide technical assistance to align Coordinated Care Protocols for all clinic partners. Funds were also allocated to the **Progress Foundation** (\$280,000) to establish a stronger partnership with the San Francisco Police Department to transport homeless individuals suffering from mental illness to Dore Urgent Care Clinic, a community-based health and mental health treatment facility rather than to private and public hospital emergency rooms.

Outcomes

The **Progress Foundation** was able to hire additional staff to expand to 24-hour care and establish a stronger partnership with the San Francisco Police Department regarding transport of homeless and mentally ill patients. The number of clients who received immediate clinical treatment increased by 90%.

First year results from **HealthRight360, Glide Foundation, Lyon-Martin Women's Health Services, Mission Neighborhood Health Center, Native American Health Center, North East Medical Services, St. Anthony Foundation, SF Medical Center Outpatient Clinic and the Women's Community Clinic** reported utilization of funds to hire additional staff to improve their data management systems and to provide targeted outreach and follow-up for patients discharged from hospitals and the emergency room. An average of 75% of patients identified as hospital discharge patients and 70% of emergency room patients were contacted following their release for follow-up appointments within 7 days. Some clinics reported up to 95% of known hospital discharges were contacted and 94% of known emergency room discharges contacted within the 7 day timeframe. The funding also required improvement of their response time to non-scheduled patient referrals to be opened and reviewed within 10 days. The majority of clinics reported an improved time response rate of 99%.

In general, the grant reports reflect significant improvements from prior years of operation. The clinics continue to work towards achieving "clean and updated" data as cost efficiently as possible and also continue their efforts to reconcile the limitations of the Lifetime Clinical Report (software platform utilized by SF General and some hospital systems) to receive timely notification on hospitalization and emergency room visits of clinic patients. The majority of clinics have hired Referral and Care Coordinators or Nurse Case Managers who can provide the "high-touch" needed to insure clinic patients adhere to their appointments. One clinic reported that of the 1,483 referrals initiated between January-March, only 4% were no-shows, a dramatic

improvement from prior reports. Funding has allowed clinics to utilize technology and pioneer innovative strategies. Two clinics (St. Anthony's Foundation and North East Medical Services) have instituted a Home Visitation program for patients identified as high risk and who face logistical and social barriers to meeting their appointments. St. Anthony's Foundation is employing virtual consultations with their physician using Apple's FaceTime. In addition, St. Anthony's has instituted Care Messaging to all of its patients. A consistent challenge cited by the majority of clinics is in the recruitment, hiring and retention of qualified staff to provide Care Coordination largely due to the low salary structure and high cost of living in the Bay Area. The final reports for this set of grants will be submitted by the clinics in early July, 2017.

2015

Grants

In 2015, the Community Health Innovation Fund Committee identified the need for direct funding to community-based organizations focused on mental health services for high-risk populations and improved quality of life for low-income seniors. Grants were made to the following organizations:

Bayview-Hunter's Point Multipurpose Senior Services: to increase access to mental health services for vulnerable seniors and adults with disabilities in low-income, underserved communities through piloting a Community-Based Health Home (\$150,000) and to build operational capacity for the Senior Ex-Offender Program to provide expanded services to aging formerly incarcerated African American males. (\$100,000)

Stepping Stone Senior Services: to increase access to Mental Health Services for vulnerable Seniors and Adults with Disabilities in underserved communities through a pilot of the Community-Based Home Health model. (\$150,000)

Central City Hospitality House: to support the Community Building Program to ameliorate the negative impact of trauma exposure on community and CCHH staff members by increasing access to a range of mental health and support services. (\$150,000)

Westside Mental Health Services: to provide African American low and moderate-income children, youth, and families with culturally based mental health services including healing circles and linkages to outpatient and primary care treatment that will help them take control of their recovery and healing from mental illness, substance abuse, violence, racism, and trauma. (\$90,000)

St. Anthony Foundation: to support infrastructure needs to increase the delivery of comprehensive, high quality healthcare services at no cost to low-income residents of San Francisco's Tenderloin neighborhood. (\$420,000)

Progress Foundation: to sustain their 24-hour clinical services and to align their billing system to capture MediCal reimbursement for mental health services. (\$72,000)

Outcomes

Over the course of their grant, **Bayview-Hunters Point Multipurpose Senior Services** and **Stepping Stone Senior Services** each identified 10-15 seniors, targeting formerly homeless with mental health diagnosis or living alone without existing social support. The target population utilized the Emergency Room as their primary source of care. Both organizations hired a RN

Navigator who addressed immediate crises, provided health/mental health assessment and education, medication management, accompaniment to health appointments, follow-up care and referral for specialty services. Results point to improved health, mental health, and reduction in ER visits and hospitalizations when compared with the baseline data that was collected. Of 17 seniors enrolled in the Bayview-Hunters Point MSSP project, eight participated in weekly professional counseling sessions resulting in improvement in their quality of life and decreased depression and isolation. The funding also supported participation by both agencies in a State cohort of senior service organizations working to design an Adult Day Healthcare/Community-Based Health Home model. Continued funding support for both projects was a major challenge. Both organizations cited the passage of the City's Prop I (Dignity Fund), would provide a funding stream to sustain the service, however, in the case of **Stepping Stone**, funds were not available to continue the program.

Bayview-Hunters Point Multipurpose Senior Services also received funds to strengthen their Senior Ex-Offender Program. Funds for dedicated staff time allowed them to purchase 1768 Newcomb for \$1.6 million and to raise \$80,000 from new funding sources. The building (an old police station) will allow them to provide transitional housing for 14 formerly incarcerated and homeless residents. This project will be supported by funds from the SF Department of Probation.

Central City Hospitality House exceeded their goal of providing 16 community events (goal was four) focused on violence prevention, increasing community cohesion and ability to respond to and recover from trauma. The events engaged 345 community members (goal was 150). In addition, 80 participants were assessed and referred to behavioral health services. "Talking Tech in the Tenderloin" provided a discussion series between tech company representatives and community members addressing displacement and workforce needs. CCHH also provided two 17-week sessions on Healing, Organizing and Leadership Development for 16 interns (Peer Advocates). Training graduates stated that the sessions reduced isolation, helped them develop new leadership skills, and increased social connection to the Tenderloin community. Through the Harm Reduction Therapy Center, therapists provided services to 84 participants of which 77% maintained sufficient engagement to achieve at least one Wellness goal. For CCHH staff who experienced an increased level of crisis and trauma over the prior year, funds were used to engage Blooming Willow Coaching which brought together a team of over 30 Bay Area coaches, therapists and trainers to provide individual wellness coaching and skills building workshops. The evaluation survey found that 92% reported having built new skills to support their navigation of unsafe and stressful environments at the workplace and 92% increased skills in supporting their peers. Blooming Willow established a Culture Keepers Committee, a peer-based wellness support group within the agency to sustain the gains made in improving staff cohesion and morale. Having built staff cohesion, the agency was able to move forward on the implementation of their new theory of change and commitment to their mission.

Westside Community Services provided 196 culturally-based healing circles to over 164 community residents who were suffering from trauma-inflicted depression and other psychoses. Though falling short of their goal of engaging 400 participants, the project cited success in bringing first responder survivors of violence to address their own self-care. The grant also supported training of Healing Circle Facilitators (community leaders/residents) trained by the Bay Area Association of Black Psychologists and the Copeland Center's Wellness Recovery Action Planning. Facilitators received the Community Inclusion Peer Facilitator Certification. Healing Circles were provided to targeted populations: Women in Recovery, People Living with HIV, Ajani Youth, Westside Man Up Project (formerly incarcerated African American men), and parents of murdered children. Eighty-seven percent (87%) reported positive outcomes and

improvement in their mental health and a decrease of negative impacts of trauma. The grant allowed Westside Community Services to provide the rationale for culturally based healing circles as a valid treatment protocol. The services have continued with a grant from the Office of Children, Youth and their Families. The healing circles have been built in as a component of a larger collaborative of nine African American partner agencies working to provide comprehensive care for high-risk African American youth and their families.

St. Anthony Foundation received a two-year grant to help meet the system requirements as a new Federally Qualified Health Center. With these funds, they have been able to enroll 500 new patients, design and implement a sliding fee scale, and hire a new Clinical Social Worker to address the complex health and mental health needs of patients. They are working to connect patients being discharged from homeless shelters by providing transportation support (Uber, Lyft) to attend medical appointments. The clinic currently has 300 Medi-Cal managed patients waiting assignment to a provider network. In Year 2 of their grant (2017) they will need to fully implement the HRSA Program Requirements and accounting systems as well as strengthen their outreach to high risk patients.

Funding to keep the **Progress Foundation's** Dore Urgent Care Clinic open everyday for 24 hours increased referrals from SFPD by 56% and reduced referrals to SFGH Psychiatric Emergency Services (PES) resulting in a 50% drop in "Red Alert Days" where PES was challenged with the large number of incoming patients and limited medical staff. There was also a significant reduction in the number of individuals transported to private hospital emergency rooms. The Progress Foundation Urgent Care Clinic was instrumental as a model and in providing data in the passage of SB 82 establishing a funding source for community-based psychiatric clinics in other counties.

2016 Grants

Drug Policy Alliance: to support planning and implementation of a multi-departmental pre-booking diversion program that will reduce incarceration and increase access to health and mental health services for SF high risk populations and to complete a proposal for \$5.9 million in funding from the California Board of State and Community Corrections. (\$250,000 over 12 months)

Central City Hospitality House: to support and train peer health volunteers, staff, and outreach teams to enhance their ability to engage other community members, leading to a healthier neighborhood with people seeing themselves as part of the solution. (\$500,000 over 2 years)

North of Market Tenderloin Community Benefit Corporation: to improve the stability, livability and sustainability of the Tenderloin through the Tenderloin Community Benefit Corporation Healthy Neighborhood Initiative. (\$150,000 over 24 months)

Public Health Foundation Enterprises: to reduce unnecessary use of hospital emergency room services by providing transportation to the Sobering Center. (\$35,000 over 12 months)

Outcomes

Drug Policy Alliance has completed the planning and implementation of a multi-departmental pre-booking diversion program to reduce the recidivism rate for drug and alcohol offenders and strengthened collaboration across city departments with community-based organizations. An

MOU was established delineating shared principles and identified roles and responsibilities of each of the participating organizations (Department of Public Health, Police Department, District Attorney, Public Defender, Sheriff's Department, BART Police, Sentencing Commission, Adult Probation, Glide Foundation, Fenton Institute and the Drug Policy Alliance). To date, the Law Enforcement Assisted Diversion or LEAD is operating in the Tenderloin/Civic Center and Mission neighborhoods. For each neighborhood, a team of law enforcement officers and a complementary team of social service providers, including outreach workers and case managers, work to provide assistance to high-risk individuals referred by SFPD and BART Police. As of March 2018, 62 individuals have been referred for services. The goal of the program is to serve 250 individuals over the next 2 years. This grant also provided support to submit a proposal for \$5.9million to the California Board of State and Community Corrections on behalf of the City. The City was awarded the full \$5.9 million and scored the highest of all applications received.

Central City Hospitality House has completed 12 months of their 24-month grant. This grant will end on June 30, 2019. They have made significant progress in reaching their 3 primary outcomes by hiring a Training & Volunteer Coordinator and Deputy Director of Programs. Funding also continues to provide peer staff support and training that has resulted in an increased level of services to community residents. The increased level of coaching support for staff has resulted in a reduction of police involvement and increased staff's capacity to identify, intervene and de-escalate potential crisis situations. In the first year, over 75 volunteers enrolled in 38 trainings contributing 2,500 service hours in one or more of the agency's six programs. Additionally 140 community members (their goal was 75) have participated in community-building activities including neighborhood forums on public safety, gentrification and voter education. Ten peer staff (formerly homeless) was promoted (goal was 3 staff) within the agency and agency partnerships strengthened with the Tenderloin CBD and Mayor's Office of Civic Engagement multi-neighborhood ambassadors. Funding has strengthened their capacity to offer joint training activities, team meetings and develop one-on-one support. Twenty-one in-service trainings have been provided (goal was 12) on harm reduction techniques, client engagement, conflict prevention/de-escalation, resource referrals, etc. with 105 individuals participating in at least 1 training and 70 participated in multiple trainings. More activities are planned for the second year.

North of Market Tenderloin Community Benefit Corporation (NMTCBC)

In their 1st year report (of a 2 year grant) NMTCBC completed their strategic plan to guide them to 2020 and they are now in the process of an Executive search that they hope to complete by mid-2018. Staff has expanded from 2 part-time to 3 full-time positions. They have moved to a storefront office on Ellis Street to be more accessible to the Tenderloin community. Half of the new office space is designed as a community meeting place. NMTCBC has hosted over 20 meetings during the grant period. They successfully negotiated a new street cleaning contract with a new vendor reducing cost by \$185,000. The new vendor (Downtown Streets Team) provides an employment path for homeless individuals. Assessment rates have increased and cleaning costs reduced creating an income stream to support the new program staff. The fundraising goal was \$325,000. The actual amount raised through grants and earned income was \$651,500. The Safe Senior program is in place. Over 26,000 seniors and 17,945 children were assisted with safe street crossings in the first year. Six Safe Senior Ambassadors have been hired. The Safe Route to School program is in the pilot stage. Neighborhood improvements are more visible, 70 positive street banners have been installed and over 100 residents have participated in each of their community meetings.

Public Health Foundation Enterprises – Sobering Center

This grant provided critical transportation services to divert individuals from hospital emergency rooms to the Sobering Center where they are offered additional services to promote medical detoxification, recovery and case management. Funds allowed the Center and its services to be open 24 hours a day. During the 2016-17 fiscal year, the Center received 1,125 total calls for transport, 981 calls were made from emergency rooms and 144 from shelters, clinics, treatment programs. The Center anticipates the numbers will increase in FY 2017-18.

2017 Grants

Reports for 2017 grants are not due until July 2018, therefore progress on the grants mentioned below will appear in the May 2019 report.

Public Health Foundation-Sobering Center Transport: to provide interim support to maintain transport services. (\$150,000 one year)

St. Anthony's Foundation: to increase part-time Outreach Worker position to full-time to increase patient referral to their clinic. (\$35,000 one year)

Central City Hospitality House: to support housing placement, case management, and leadership development of Tenderloin residents to advocate for improved living conditions and access to services. (\$167,000 one year)

Garden 2 Table: to support the Camelot Green Kitchen project and cultural events to promote healthy living for SRO residents in the Tenderloin community. (\$125,000 one year)

Neighborhood Empowerment Network: to engage Bayview community agencies and residents in a community planning process to ensure the health and safety of residents. (\$150,000 one year)

Women's Community Clinic: to provide infrastructure support for updated financial and patient tracking software and staff time to complete the merger with HR360. (\$50,000 one year)

The San Francisco Foundation to CPMC - Community Health Innovation Fund						
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	Total Budget
	7/1/2013 - 6/30/2014	7/1/2014 - 6/30/2015	7/1/2015 - 6/30/2016	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	
Beginning Balance	\$ 8,600,000.00	\$ 6,760,566.41	\$ 4,044,949.84	\$ 3,634,050.59	\$ 2,661,976.36	\$ 8,600,000.00
Revenues						
Income - Cash Received	\$ 8,600,000.00					\$ 8,600,000.00
Interest	\$ 10,049.71	\$ 10,417.93	\$ 11,512.35	\$ 15,212.63	\$ 16,666.92	\$ 63,859.54
Total Revenues	\$ 8,610,049.71	\$ 10,417.93	\$ 11,512.35	\$ 15,212.63	\$ 16,666.92	\$ 8,663,859.54
Expenses						
Grants Made	\$ 1,244,700.00	\$ 2,722,292.00	\$ 420,000.00	\$ 985,000.00	\$ 627,000.00	\$ 5,998,992.00
Fees	\$ 604,783.30	\$ 3,742.50	\$ 2,411.60	\$ 2,286.86	\$ 2,125.28	\$ 615,349.54
Total Expenses	\$ 1,849,483.30	\$ 2,726,034.50	\$ 422,411.60	\$ 987,286.86	\$ 629,125.28	\$ 6,614,341.54
Remaining Balance	\$ 6,760,566.41	\$ 4,044,949.84	\$ 3,634,050.59	\$ 2,661,976.36	\$ 2,049,518.00	\$ 2,049,518.00

WORKFORCE DEVELOPMENT FUND

As a companion to the Community Health Innovation Fund, Sutter West Bay Hospital, a California nonprofit corporation doing business as California Pacific Medical Center (CPMC) entered into a Workforce Fund Grant Agreement with The San Francisco Foundation on October 9, 2013. As part of the development agreement, a Workforce Fund of \$3,000,000 was created to provide grants to educational institutions and non-profit organizations in communities that are impacted by CPMC's hospital renovation and construction project. The goal of the fund is to engage in barrier reduction and job training for employment opportunities with CPMC, in accordance with the terms of the Workforce Fund Agreement. The affected communities include the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods in the City of San Francisco.

To manage the Workforce Fund, a committee of fund advisors (Workforce Development Committee) was created and consists of a representative from the Office of Economic and Workforce Development (OEWD) on behalf of the City, a representative from CPMC, and a representative from The San Francisco Foundation (TSFF). TSFF received its first payment of \$2,000,000 towards the Workforce Fund on November 26, 2013, and a second payment of \$1,000,000 on November 25, 2014, completing the \$3,000,000 pledge. As part of the Development Agreement, TSFF took a combined seven percent management fee of \$210,000.

Since the last report in May 2016, the six Barrier Reduction grantees, Jewish Vocational Services (JVS), Mission Hiring Hall (MHH), Positive Resource Center (PRC), Self-Help for the Elderly (SHE), Young Community Developers (YCD), and Success Center SF (SCSF), and the Workforce Development Committee have continued to meet quarterly. The original four grantees, JVS, MHH, PRC and SHE will complete their second year of funding on April 30, 2017. YCD and SCSF will have completed their first year of funding, also on April 30, 2017.

FY 2015 & FY 2016 Grants:

In determining how best to allocate the grant making funds, to help reduce barriers to accessing jobs at CPMC, the Workforce Committee engaged a local consulting firm, KDG Enterprises to plan, coordinate and facilitate a series of eight focus group meetings. The focus group meetings provided the Workforce Committee with essential input on structural issues which present barriers for entry-level job seekers. This input was invaluable in our design of prospective grants to improve systems that provide training, workforce experience and skill building. The Foundation issued a Request for Proposal (RFP) in late 2014 that was developed based on the recommendations from the focus group meetings. The purpose of the RFP was to solicit proposals from experienced, educational and nonprofit organizations with a proven track record of providing integrated and coordinated, case-managed barrier removal, training and workforce preparedness services for non-construction, non-managerial and non-supervisory, entry-level employment at CPMC and/or other medical settings. Specifically, grantees were selected to provide Job Readiness Training, and/or On-the-Job Training services which were recommended during the focus group meetings.

Of the 13 proposals submitted, four organizations were approved for funding totaling \$540,000:

1. **Jewish Vocational Services:** To provide program support for job readiness training supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. (\$150,000)

2. **Mission Hiring Hall:** To provide program support for job readiness training and placement services designed to overcome barriers to employment for low income, minority, and underserved San Francisco residents. (\$150,000)
3. **Positive Resource Center:** To provide program support for job readiness training and placement in employment for disabled, low-income job seekers in San Francisco County. (\$90,000)
4. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander older adults and high needs youth in the City and County of San Francisco. (\$150,000)

Upon receiving the funds, the funded organizations worked with the Workforce Committee and the San Francisco workforce system to do outreach to potential program participants in the targeted communities. The organizations were required to meet quarterly as a cohort to share lessons learned and provide peer support to each other for the duration of their grants.

The first quarterly meeting was conducted in April 2015 and was an opportunity for the grantees and Committee to meet and establish short, intermediate, and long-term goals. It was also an opportunity to establish and create a collaborative relationship. The cohort created the following goals:

Goals:

Short-term goals:

- Conducting a site visit at CPMC and meeting with CPMC hiring managers to facilitate relationship building with CPMC;
- Collaborative marketing and communications materials in order to facilitate identification of clients who may be ready for immediate employment opportunities, and to also prevent duplicate efforts in marketing and communication materials.

Intermediate goals:

- Assessment by CPMC with the grantees in order to address curriculum design and project implementation;
- Developing referral relationships;
- CPMC will develop a branding video about who they are, roots, history, value and value added of working for the organization.

Long-term goals:

- Grant implementation, i.e., hiring and training San Francisco residents in the targeted neighborhoods as noted in the Development Agreement;
- Quarterly meetings which include sharing best practices among the group, sharing to reduce duplication of efforts and continued collaborative efforts and learnings among the cohort members;
- Rotation of meeting at offices of different grantees and partners to continue the collaborative working relationship and learning opportunities.

FY 2015 & FY 2016 Outcomes:

Through the collaborative effort between the four grantees and the Committee over two fiscal years (July 1, 2014 – June 30, 2016), 519 San Francisco residents received either paid work experience, demonstrated gains in workplace competencies (i.e. computer/administrative training, academic skills and language skills), job readiness training or on-the-job training. 347 clients from the targeted neighborhoods have been placed in entry-level positions either at

CPMC or other healthcare employers in San Francisco and the Bay Area. Of the 347 clients, 53 have been placed directly at CPMC medical facilities.

FY 2017 Grants:

In FY17, the Committee renewed the original four grantees but noted two neighborhoods lacked direct grantee representation: The Southeastern and Western Addition neighborhoods. Responding to this, the Committee released a duplicate RFP focused on these two specific neighborhoods and approved two additional grants to the following organizations for a total of \$250,000:

1. **Success Center SF:** To create a Healthcare Pathway for low-income residents in the Western Addition neighborhood of San Francisco, who face multiple barriers to employment to obtain and retain jobs in healthcare. (\$125,000)
2. **Young Community Developers:** To deliver job readiness training and associated placement services for residents of the Southeast sector of San Francisco with CPMC, and/or other health care facilities in San Francisco. (\$125,000)

Additionally, in 2017 grants to the original four grantees were renewed for another year for a total of \$500,000:

1. **Jewish Vocational Services:** To provide program support for job readiness training, supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. (\$125,000)
2. **Mission Hiring Hall:** To provide program support for job readiness training and placement services designed to overcome barriers to employment for low income, minority, and underserved San Francisco residents. (\$125,000)
3. **Positive Resource Center:** To provide program support for job readiness training and placement in employment for disabled, low-income job seekers in San Francisco County. (\$125,000)
4. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander older adults and high needs youth in the City and County of San Francisco. (\$125,000)

Goals:

The goals of the FY2017 grant portfolio were similar to the goals of the FY2016 grant portfolio, with variance within the short-term goals.

Short-term goals:

- Familiarize grantees new to the cohort with the hiring process of CPMC and facilitate relationships between the CPMC Recruitment Services Team Member and the CPMC hiring managers.
- Align program curriculum and training with the required qualifications of open CPMC positions.
- Share marketing and communications materials to facilitate identification of clients who may be ready for immediate employment opportunities or identify clients that require different types and levels of training, as well as to prevent duplicative efforts.

- Orient new staff members of the individual organization to existing practices of the cohort and the relationship between the cohort, CPMC, OEWD and TSFF.

Intermediate goals:

- Continued alignment and assessment by CPMC with the grantees to address curriculum design and project implementation;
- Develop referral relationships;
- CPMC to develop a branding video about CPMC, i.e., who CPMC is, its roots, history, value and value added of working for the organization.
- Continued alignment between hiring projections for CPMC and required placements by grantees.

Long-term goals:

- Grant implementation, i.e., hiring and training San Francisco residents in the targeted neighborhoods as required by the Development Agreement;
- Quarterly meetings which include sharing best practices among the group, sharing to reduce duplication of efforts and continued collaborative efforts and learnings among the cohort members;
- Rotation of meeting at offices of different grantees and partners to continue the collaborative working relationship and learning opportunities.
- Strengthen the workforce training and services infrastructure in the Tenderloin Neighborhood to increase healthcare job placements for Tenderloin residents.

FY 2017 Outcomes:

CPMC and OEWD have played an integral role in the overall process. CPMC continues to work closely with each of the grantees from coordinating meetings with their hiring managers, to working directly with the grantees to discuss CPMC's hiring needs and strengthening the relationship between the grantees and hiring managers, as well as partnering with the Office of Economic and Workforce Development and The San Francisco Foundation to identify new grantees.

Through collaborative efforts between the six grantees and the Committee over the FY17 grant period (May 1, 2016 – April 30, 2017), 476 San Francisco residents received either paid work experience, demonstrated gains in workplace competencies (i.e. computer/administrative training, academic skills, language skills, Medical Assistant training), barrier removal services, job readiness training or on-the-job training.

330 clients from the targeted neighborhoods have been placed in entry-level positions either at CPMC or other healthcare employers in San Francisco and the Bay Area. Grantees of the CPMC cohort exceed their overall placement goal of 192 by 172%. Of the 330 placements, 22 of those were placed at CPMC facilities. The Committee and the grantee cohort will continue to strategize to meet CPMC's overall job placement goals for target neighborhood residents.

Due to poor performance metrics and placements at CPMC healthcare facilities, the Committee discontinued its funding for Positive Resource Center (PRC) and Mission Hiring Hall (MHH) at the end of the 2017 grant period. The target population of PRC was not the best fit for the per diem initial hiring period of the CPMC hiring process. PRC's clients are largely from the disabled population and have stated to PRC that they lose significant health care and other benefits when they accept per diem employment that has uncertain working hours and total compensation before being hired permanently. The wage uncertainty created issues around paying rent and other living expenses upon which their overall livelihood depends. MHH has

suffered significant staff turnover during the two years they participated in the cohort, and this turnover has significantly affected its ability to meet the goals it set for its CPMC Workforce Development grants.

FY 2018 Grants:

In 2018, the committee decided to renew four of the six FY 2017 grantees and added one new organization, which has attained high numbers in job placements through CPMC in the past. The Committee also changed the timing for grant awards to align The San Francisco Foundation's grant period with the contracting period of the Committee member OEWD, which begins July 1st of each calendar year. As a result, the grant period was shortened to a six-month grant period (January 1, 2018 – June 30, 2018). The Committee decided to prorate the grant amount from \$365,000 to \$182,500 since the grant period was reduced by half. In addition, the Committee decided to reduce the numerical metrics for workforce training services and job placements by half as well.

The resulting four grantees were renewed for an interim period through June 30, 2018 for funding totaling \$182,500:

1. **Jewish Vocational Services:** To provide job readiness training and placement assistance for low-income San Franciscan residents into living wage jobs at CPMC, and/or other health care facilities in San Francisco. (\$42,500)
2. **Success Centers:** To create a Healthcare Pathway for low-income residents in the Western Addition neighborhood of San Francisco, who face multiple barriers to employment to obtain and retain jobs in healthcare. (\$32,500)
3. **Young Community Developers:** To deliver job readiness training and associated placement services for residents of the Southeast sector of San Francisco with CPMC, and/or other health care facilities in San Francisco. (\$32,500)
4. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander job seekers in the City and County of San Francisco. (\$42,500)

The committee added FACES SF to the list of grantees with \$32,500 in interim funding:

1. **FACES SF:** To provide job readiness and placement assistance services for low-income residents of the Southeast Sector of San Francisco to attain clinical or non-clinical employment at CPMC and/or other health care facilities in San Francisco.

FY 2018 Outcomes:

In terms of the financial report, funds from The San Francisco Foundation were not disbursed in FY 2017 due to the change in the grant period at the request of the Committee to begin the grant period on July 1st. In addition, delays in decision-making at the Committee level and staff transitions at The San Francisco Foundation caused the FY 2018 grants to begin on January 1, 2018 rather than July 1, 2017.

As of March 31, 2018, the cohort collectively provided some form of workforce training to 250 San Francisco residents. 71 residents from the targeted neighborhoods as well as other San

Francisco neighborhoods were placed in entry-level jobs in the healthcare sector. Of the 71 placements, 20 of those were placed directly at CPMC facilities.

The complete outcomes for this grant period are not yet available due to the timing of this report. The report above is representative of the grant's first quarter (January 1, 2018 – March 31, 2018).

Three Year Outcomes:

The Foundation, CPMC and OEWD collaboratively have played an integral role in the quarterly meetings and overall process, which are facilitated by consultants hired by the Foundation. CPMC worked with each of the grantees from hosting onsite visits to CPMC and coordinating meetings with their hiring managers, to working directly with the grantees to discuss CPMC's hiring needs and strengthening their relationship between the grantees and hiring managers.

Through this collaborative effort between a total of seven grantees and the Committee over the last three years (FY 2015 – FY18), 920 clients from the targeted neighborhoods and from other neighborhoods have been placed in entry-level positions either at CPMC or other healthcare employers in San Francisco and the Bay Area. *(Please note these numbers do not include the final quarter numbers which are due June 30, 2018)* Of the 920 clients, 95 have been placed directly with CPMC.

The San Francisco Foundation to CPMC - Workforce Development Financial Report						
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	Total Budget
	7/1/2013 - 6/30/2014	7/1/2014 - 6/30/2015	7/1/2015 - 6/30/2016	7/1/2016 - 6/30/2017	7/1/2017 - 6/30/2018	
Beginning Balance	\$ 3,000,000.00	\$2,793,911.49	\$2,250,347.13	\$1,465,353.37	\$1,476,459.47	\$ 3,000,000.00
Revenues						
Income - Cash Receiv	\$3,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000,000.00
Interest	\$5,528.69	\$10,034.64	\$15,483.88	\$15,782.32	\$11,855.16	\$58,684.69
Total	\$3,005,528.69	\$2,803,946.13	\$2,265,831.01	\$1,481,135.69	\$1,488,314.63	\$3,058,684.69
Expenses						
Grants Expense	\$0.00	\$550,000.00	\$788,000.00	\$0.00	\$182,500.00	\$1,520,500.00
Fee	\$211,617.20	\$3,599.00	\$3,553.89	\$2,451.45	\$1,502.05	\$222,723.59
Expenses	\$0.00	\$0.00	\$8,923.75	\$2,224.77	\$0.00	\$11,148.52
Total	\$211,617.20	\$553,599.00	\$800,477.64	\$4,676.22	\$184,002.05	\$1,754,372.11
Remaining Balance	\$2,793,911.49	\$2,250,347.13	\$1,465,353.37	\$1,476,459.47	\$1,304,312.58	\$1,304,312.58

EXHIBIT F

CPMC: Culturally and Linguistically Appropriate Services Action Plan

2017 Report to the City

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Organizational Values and Principles	<i>ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.</i>		
<p>1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.</p>	<p>a) Maintained a CLAS Action Planning committee, to support the improvement, monitoring, and development of culturally and linguistically appropriate services.</p> <p>b) Maintained an ADA Steering Committee to support the improvement, monitoring, and development of ADA accessible and appropriate services at CPMC</p> <p>c) Initiated or continued partnership between the CLAS Action Planning Team and the following hospital departments: Nursing Education, Quality and Safety, Interpreter Services, Volunteer Services, Community Benefit, Data and Management, Human Resources, Patient Relations, Spiritual Care Services, and Nursing.</p> <p><u>Note:</u> Standards 2 through 15 represent the practices and policies intended to be the fundamental building blocks of culturally and linguistically appropriate services that are necessary to achieve Standard 1. Therefore, the strategies in which CLAS care is addressed will be further discussed in the following standards. This includes the result components and action steps of the CLAS assessment as well.</p>	<p>KEY INDICATORS:</p> <p>a) Establish safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care</p> <p>b) Ensure that all individuals receiving health care and services experience culturally and linguistically appropriate encounters</p> <p>c) Meet communication needs so that individuals understand the health care and services they are receiving, can participate effectively in their own care, and make informed decisions</p> <p>d) Intentional effort to eliminate discrimination and disparities</p>	<p>1. Held regular meetings with the CLAS Action Planning committee, to support the improvement, monitoring, and development of culturally and linguistically appropriate services.</p> <p>2. Continued review of policy, procedures and programs through CLAS Action Planning.</p> <p>3. Continued review of Continued Medical Education (CME) course offerings to ensure educational activities addressed health disparities and/or cultural/language barriers.</p> <p>4. Developed a CLAS Quality Improvement Assessment (A3 Thinking and Planning) for 2016-2017 Improvement Initiatives.</p>

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Governance, Leadership and Workforce:	<i>ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.</i>		
<p>2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.</p>	<p>a) Designated Senior leadership that supports and promotes CLAS through policies, practices and allocated resources. Discussed with the senior leadership and directors of Community Benefit the ways in which CLAS standards could be further integrated into the systems and structures of CPMC.</p> <p>b) Continued partnership with grassroots community organizations and advocacy groups to bridge the gap of cultural competency within healthcare. Presented the St. Luke's Hospital Health First community clinic as a model and best practice of care to the Sutter System.</p> <p>c) Reviewed the Patient Relations, Community Benefit and Patient Education departmental budgets which document financial contributions to the provision of systems that support culturally and linguistically appropriate services for patients and community partners (2017).</p> <p>d) Developed relationships at the Sutter System level to support the following areas (continued from 2016):</p> <ul style="list-style-type: none"> • Patient Family Advisory committees • Staff educational training on diversity, inclusion and unconscious bias. • Research and analysis on patient health outcomes to inform potential racial disparities in care. <p>e) Initiated communications with the CPMC developmental planning teams to inform on topics such as bilingual signage, inclusive artwork/décor, staff training and policy development at the new Van Ness and Mission Bernal Campuses.</p> <p>f) Hospital CEO, Dr. Warren Browner, presented CLAS and the importance of being culturally sensitive to all staff at the quarterly Town Halls for all four CPMC campuses (February 2017).</p> <p>g) Initiated or continued partnership between the CLAS Action Planning Team and the following hospital departments: Nursing Education, Quality and Safety, Interpreter Services, Volunteer Services, Community Benefit, Data and Management, Human Resources, Patient Relations, Spiritual Care Services, and Nursing.</p>	<p>KEY INDICATORS:</p> <p>a) Provision of appropriate resources and accountability</p> <p>b) Organization's demonstrated appreciation and respect for diverse beliefs and practices</p> <p>c) Supports transparency and communication between the service setting and the populations that it serves</p>	<p>1. Continued to have a process in place in which policies and procedures are routinely reviewed.</p> <p>2. Updated senior management on CLAS implementations and progress by way of regular Senior Management meetings.</p> <p>3. Budgeted resources to support CLAS related services in the Interpreter Services, Nursing Education and Community Benefit Departments.</p>

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Governance, Leadership and Workforce:	ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: <i>Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.</i>		
<p>3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.</p>	<p>a) Reviewed policies on Equal Employment and Employee Relations in the Health Equality Index survey, documenting CPMC's intent to respect diversity within gender, gender identity, and sexual orientation and to recognize and value each employee's uniqueness and contributions to a productive workforce.</p> <p>b) Continued promoting workforce recruitment in diverse populations and developed new engagements with the LGBT community in SF to promote our hiring efforts via "Out&Equal" job site.</p> <p>c) Assessed the diversity of senior leadership, clinical staff, ancillary staff and administrative staff via an all staff bi-lingual survey which allowed staff to self-report as bi-lingual. Developed recognition system and guidelines for 2017.</p> <p>d) Engaged staff in various trainings and development opportunities surrounding CLAS including:</p> <ol style="list-style-type: none"> 1. CNA Trainings - Cultural Sensitivity & Spiritual Care: 5 - 1 hour trainings to all CNAs 2. Ethics Summer Symposium Presentation: Patient Centered Cultural Competence 3. Spiritual Care Week - Cultivating Inclusivity 4. BiWeekly Interfaith Services - Davies Rehab & SNF Units 5. Tea for the Soul - Specific Nursing Units 6. Nurses Week Blessing of Hands 7. Educational Program - Developing awareness & sensitivity to patient cultural issues. <p>e) Participated in Sutter System Sponsored Inclusion dialogs facilitated to engage employee feedback on topics of Diversity and Inclusion.</p> <p>f) Participated in the Sutter level inclusion resource groups focusing on creating an inclusive environment for staff who support or identify with LGBTQ and ADA issues.</p> <p>g) Continued to partner with Human resources to generate report on overall staff diversity overall and throughout the various management levels for Affirmative Action planning.</p>	<p>KEY INDICATORS:</p> <p>a) Environment in which culturally diverse individuals feel welcomed and valued b) Trust and engagement with the communities and populations served c) Workforce reflects populations served</p>	<ol style="list-style-type: none"> 1. Documented and monitor demographics across the various levels of senior leadership and management staff to assess diversity representation. 2. Reviewed policies on Equal Employment and Employee Relations documenting CPMC's intent to respect cultural diversity and to recognize and value each employee's uniqueness and contributions to a productive workforce. 3. Reviewed the Organizational Leadership Chart and the Board of Trustees containing hospital staff, clinicians and community members to assess diversity representation in senior leadership and board. 4. Implemented recognition system and follow set guidelines for conversationally competent bi-lingual staff, to encourage informal conversation in a patient's primary language.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
EDUCATION & TRAINING	ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: <i>Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and speed spread best practices.</i>		
<p>4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.</p>	<p>a) Completed annual cultural competence, diversity and inclusion training for all staff via online learning portal (Healthstream) to ensure knowledge/adoption of organizational cultural competency, including why it is important to our patients, visitors and staff.</p> <p>b) Continued to integrate culturally competent specific criteria in staff registration training to capture patient religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, and interpreter need at patient admission.</p> <p>c) Developed training opportunities for staff and senior leadership in the areas of cultural competency, diversity and inclusion:</p> <ol style="list-style-type: none"> 1. CEO Town Halls presentation regarding CLAS and the importance of cultural and linguistic sensitivity (February 2017) 2. Transgender health symposium with patient panel (October 2017) 3. Internal Medicine grand rounds focusing on issues related to cultural sensitivity and cultural competency. 4. Interactive, online LGBTQ training made available to all staff free of cost (June-September 2017) 5. CNA Trainings - Cultural Sensitivity & Spiritual Care: 5 - 1 hour trainings to all CNAs 6. Ethics Summer Symposium Presentation: Patient Centered Cultural Competence 7. Spiritual Care Week - Cultivating Inclusivity 8. Educational Program - Developing awareness & sensitivity to patient cultural issues. 9. Annual Cultural Competency Healthstream Course (2013-2017) 10. Appreciating Differences course to managers (throughout 2014-2017) 11. Began research and development of training regarding safety for Limited English Proficient (LEP) patients. <p>d) Began partnership with Nursing Education to discuss integrating CLAS in all educational trainings.</p> <p>e) Developed grant to produce new nursing training involving Integrative Healing Arts and mindfulness practices, in partnership with the Sutter System.</p>	<p>KEY INDICATORS:</p> <p>a) Workforce demonstrates the attitudes, knowledge, and skills necessary to provide care to diverse populations</p> <p>b) Capacity of staff to provide services that are culturally and linguistic and supports health literacy</p> <p>c) Education and training programs that address the impact of culture on health and health care</p>	<p>1. Monitor and track percentage of Nursing Education training opportunities for staff that involve topics related to cultural competency, diversity and inclusion.</p> <p>2. Developed an Educational Strategic Action Planning team via the CLAS Assessment to:</p> <ol style="list-style-type: none"> a) Review and evaluate existing educational programs and materials that support cultural competence, diversity and inclusion. b) Research, evaluate and identify new educational programs and materials based on identified gaps within existing programs/materials. c) Increase promotion of cultural competence education and training resources available to all staff and volunteers. d) Enhance education for senior management and leadership.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Communication and Language Assistance:	ORGANIZATIONAL FOCUS - PATIENT EXPERIENCE: <i>Delivering a consistently excellent patient experience through the eyes of our patients.</i>		
<p>5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.</p>	<p>a) Provided interpreter services at no cost to patients with Limited English Proficiency (LEP) patients or who are deaf or hard-of-hearing, in order to enhance effective communication and ensure access to health care information and services in accordance with Federal, State and Local regulations.</p> <p>b) Offered language assistance at different points of service and levels of care e.g. emergency area, outpatient and inpatient. Interpretation methods include: in person interpreting, over-the-phone interpreting.</p> <p>c) Informed all staff on how to use the electronic health record system to record patient's need for interpreters, and use of the institution's interpreter services to offer language assistance as needed.</p> <p>d) Reviewed Interpreter Services program and process to ensure quality, access and efficiency. Implemented the system wide Tiered System for increased efficiency and service access.</p> <p>e) Continued to provide certified medical interpreter vendor services with ability to deliver language assistance in over 200 languages to complement internal staff interpreters.</p> <p>f) Continued to provide internal certified medical staff interpreters for the following languages: Chinese dialects, Spanish, Russian, Vietnamese, Japanese and Korean.</p>	<p>KEY INDICATORS:</p> <p>a) Individuals with limited English proficiency and/or other communication needs have equitable access to health services</p> <p>b) Individuals understand their care and service options and participate in decisions regarding their health and health care</p> <p>c) Improved patient safety and reduce medical error related to miscommunication</p>	<p>1. Monitored and track both pre-scheduled and same day scheduled interpreting activities by language groups & interpreting modalities (i.e. in person, telephonic, remote video)</p> <p>2. Monitored LEP census by campus for common languages.</p> <p>3. Identified incorrect LEP needs in the Sutter Electronic Health Record are reported for correction on regular basis.</p> <p>4. Educated on Interpreter Services to inform all staff on how to use the electronic health record system to record patient's need for interpreters</p> <p>5. Reviewed industry best practices for interpreter services including remote video interpreting and telephonic interpreting.</p> <p>6. Maintained practices and policies compliant with Health and Safety Code Section 1259.</p>
<p>6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<p>a) Continued to identify language needs at registration and inform patients of the availability of language assistance resources at no cost.</p> <p>b) Updated regulation signage notifying patients of interpreter services available free of charge.</p> <p>c) Continued to communicate with staff the availability of telephonic interpreter services and their ability to utilize the services to communicate with patients in over 200 languages 24 hours 7 days a week.</p> <p>d) Continued to follow-up and report any concerns or issues with the telephonic interpreter system to our vendor.</p> <p>e) Provided written notices in the top 13 languages in all outpatient locations to advise patients and their families of the availability of interpreters in accordance with Health and Safety Code Section 1259.</p> <p>f) Developed and piloted a mobile survey tool via MyRounding to round on LEP patients. Collected data from interpreter rounds to inform on process of communicating the availability of language assistance services.</p>	<p>KEY INDICATORS:</p> <p>a) Individuals with limited English proficiency are informed, in their preferred language, that language services are readily available at no cost to them</p> <p>b) Coordinated and facilitated access to language services</p>	<p>1. Notified patients of the availability of language assistance services at no cost to them and continued regular audits of posted language notifications. Posted multilingual signage in all outpatient facilities to notify patients of free interpretation services.</p> <p>2. Continued to monitor and maintain policies and procedures related to informing patients of language/ interpretation services.</p> <p>3. Collected data from LEP patient rounds to inform on the frequency of use and communications regarding the availability of language services.</p>

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Communication and Language Assistance:	<i>ORGANIZATIONAL FOCUS - PATIENT EXPERIENCE: Delivering a consistently excellent patient experience through the eyes of our patients.</i>		
<p>7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p>	<ul style="list-style-type: none"> a) Continued to have a process to evaluate the language competency of qualified bilingual staff for language assistance. b) Continued to audit and monitor vendor interpreters for quality; periodically screened interpreters as needed. c) Continued to offer educational opportunities to staff medical interpreters to maintain and enhance their skill levels. d) Developed new process for identifying bi-lingual staff and expanded the process to recognize and evaluate the competencies of bi-lingual staff. e) Constructed and disseminated communications on the restrictions of recognized conversationally competent bi-lingual staff—no medical interpreting. f) Developed and piloted a mobile survey tool via MyRounding to round on LEP patients. Collected data from interpreter rounds to inform on quality of care and interpreter services provided to LEP patients. 	<p>KEY INDICATORS:</p> <ul style="list-style-type: none"> a) Accurate and effective communication between individuals and providers b) Individuals are empowered to negotiate and advocate, on their own behalf, for important services via effective and accurate communication with health and health care staff 	<ul style="list-style-type: none"> 1. Maintained and publicized up-to-date information about Qualified Bilingual Staff (certified at Medical/Basic level by external independent agency) on the institutional intranet 2. Established a quality assurance program to ensure and validate the competency of our vendor interpreters. 3. Monitored our certified interpreter's activities as related to their efficiency and competency. 4. Reviewed vendor translation process for quality control. 5. Collected data from LEP patient rounds to inform on the quality of interpreter use and potential use of untrained individuals.
<p>8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.</p>	<ul style="list-style-type: none"> a) Continued to provide signage in our common languages: Chinese, Spanish, Russian and Tagalog (including St Luke's). b) Continued to make available translation resources to staff. The hospital departments and care providers determine which translated documents and languages are needed based on patient population. c) Initiated the development of way finding team to address signage and way finding on each campus. d) Audited the multilingual signage and interpreter notification postings. Walked through every patient facing area to ensure multilingual information was posted notifying patients of their right to free interpreter services in accordance with Health and Safety Code Section 1259. e) Initiated communications with CPMC 2020 planning for the Van Ness and Mission Bernal Campus to discuss topics such as bilingual digital signage and wayfinding. f) Translated appropriate patient education materials and intake documents. Completed additional translation of: <ul style="list-style-type: none"> a. Patient welcome video and welcome packet b. Physical Medicine and Rehabilitation class materials c. Pulmonary rehabilitation program documents d. Transplant procedure materials 	<p>KEY INDICATORS:</p> <ul style="list-style-type: none"> a) Readers of other languages and individuals with various health literacy levels are able to access care and service b) Individuals are able to make informed decisions about their health care/service options 	<ul style="list-style-type: none"> 1. Completed periodic reviews by Staff interpreters to audit the accuracy and adequacy of multi-lingual signs 2. Initiated the development of way finding team to address signage and way finding on each campus. 3. Audited the multilingual signage and interpreter notification postings. Walk through every patient facing area to ensure multilingual information was posted notifying patients of their right to free interpreter services

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Continuous Improvement and Evaluation:	<i>ORGANIZATIONAL FOCUS – FUTURE: Continually reimagine the way we deliver care to best serve the needs of our patients.</i>		
<p>9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</p>	<p>a) Reviewed department level goals & policies for Interpreter Services, Patient Relations to support management accountability and infuse cultural & linguistic elements in planning/operations.</p> <p>b) Completed Health Equality Index to review CPMC policies and practices that surround the LGBTQ community including community outreach, staff education, signage and patient rights.</p> <p>c) Participated in Sutter System Sponsored Inclusion dialogs facilitated to engage employee feedback on issues of Diversity and Inclusion.</p> <p>d) Participated in the Sutter level inclusion resource groups focusing on creating an inclusive environment for staff who support or identify with LGBTQ and ADA issues and/or community.</p> <p>e) Designated Senior leadership that supports and promotes CLAS through policies, practices and allocated resources. Discussed with the senior leadership and directors of Community Benefit the ways in which CLAS standards could be further integrated into the systems and structures of CPMC.</p>	<p>KEY INDICATORS:</p> <p>a) CLAS integrated within service, administrative, and supportive functions</p> <p>b) CLAS integrated within organization's strategic goals and priorities</p> <p>c) CLAS integrated within organizational planning, development and related to outcomes accountability</p>	<p>1. Continued to have a process in place in which policies and procedures are routinely reviewed.</p> <p>2. Monitored departmental level goals and success indicators through the Performance Success and Development Process (PSDP).</p> <p>3. Developed and regularly met with the CLAS Action planning committee to review the structural framework surrounding CLAS and the organizational capacity to deliver CLAS.</p> <p>4. Reviewed Human Resources policies and programming on Equal Employment, Employee Relations and Employee Benefits documenting CPMC's intent to respect cultural diversity and value each employee's uniqueness and contributions to a productive workforce. Reviewed Interpreter services policy, patient rights and responsibility policy, chaplaincy policy, HR policy, CME procedure</p>
<p>10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</p>	<p>a) Utilized the CLAS Action planning committee to ensure that CLAS standards were reflected and infused in services provided to the diverse patient population.</p> <p>b) Analyzed a CLAS Quality Assessment (A3 Thinking & Planning) to review the organization's CLAS-related activities and integrate CLAS-related measures into continuous quality improvement activities.</p> <p>c) Re-analyzed the in-person and over-the-phone interpretation data in the Interpreter Services Quality to make interpretation services more efficient and improve the quality of service for patients. Identified strengths and areas for improvement.</p> <p>d) Continued tracking the percentage of staff educational opportunities that integrate components of cultural competency into training via partnership with Nursing Education.</p> <p>e) Partnered with the Quality and Safety team to assess the impact of CLAS related implementations and programs on patient safety and health outcomes.</p> <p>f) Identified and monitored the various areas of the hospital practices that fulfill the CLAS standards.</p>	<p>KEY INDICATORS:</p> <p>a) Assessment of performance and progress in implementing CLAS Standards</p> <p>b) Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities</p>	<p>1. Continued development in the CLAS Action Planning focus areas (Framework Development, Education/Staff Development, Data Collection/Measurement, Communication Engagement) for quality improvement and data collection.</p> <p>2. Tracked the percentage of CEU training events that integrate components of cultural competency in training material.</p>

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Continuous Improvement and Evaluation:	<i>ORGANIZATIONAL FOCUS – FUTURE: Continually reimagine the way we deliver care to best serve the needs of our patients.</i>		
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	<ul style="list-style-type: none"> a) Used Electronic Health Record system to collect/record demographic data and language needs of patients. Interpreter department level assessment was completed to validate language services provided as indicated. b) Generated Sutter Electronic Health Record LEP Census Reports by campus to analyze interpreter usage frequency. c) Continued to collect demographic data, spiritual preferences and educational needs at intake by entering information into the electronic health record system during Pre-registration. d) Continued to provide LEP patient census tool for staff interpreters to locate LEP patients by language as needed. e) Aligned CPMC efforts with the Sutter System Advancing Health Equity project analyzing patient health outcomes by demographics to inform potential racial disparities in care outcomes. f) Partnered with Data Management team to generate personalized demographic reports on patient diversity and health outcomes. Made reports available to staff via internal intranet. <ul style="list-style-type: none"> 1. Patient REAL Demographics 2. Patient Readmission by Race & Primary Language 3. ED visit by Patient race and Primary language 4. Bi-lingual staff report 5. Staff REAL Demographics 6. Staff Turnover by Race/Ethnicity g) Continued to partner with Human resources to generate report on overall staff diversity and diversity throughout the various management levels for Affirmative Action planning. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Accurately identify population groups within a service area monitor individual needs, access, utilization, quality of care, and outcome patterns b) Improved service planning that enhances access and coordination of care c) Measurement to what extent health care services are provided equitably 	<ul style="list-style-type: none"> 1. LEP Census Reports generated by staff interpreters to locate LEP patients and provide appropriate services. 2. Generated weekly/monthly dashboard reports that monitor request volume, cancellation, and vendor dependency. 3. Conducted monthly analysis of over the phone interpretation. 4. Attended regular meetings with the Sutter System on the Advancing Health Equity Project. 5. Generated monthly patient demographic reports. 6. Continued to capture patient religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, and interpreter need at patient admission.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	<ul style="list-style-type: none"> a) Community Benefit department participated in the 2016 community health needs assessment in partnership with SFHIP and other community based organizations, San Francisco Hospitals and the San Francisco Department of Public Health. Began implementation of the plan developed in 2016 including components of trauma informed care. b) Community Benefit department continued the advancement the annual implementation plan to respond to needs identified in 2016 SF Community Health Needs Assessment. c) Evaluated Interpreter Services geographic language demographics & needs data as well as CPMC's LEP census reports and planned the provision of language assistance accordingly. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Determination of service assets and needs of populations in service areas (needs assessment) to support resource inventory and gap analysis b) Analysis of demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative) of populations served 	<ul style="list-style-type: none"> 1. Participated in SFHIP on an ongoing basis through the Community Benefit Steering Committee. 2. Continued partnership with SFHIP to address needs identified in the needs assessment. 3. Ensured community health programs investments align with needs assessment and SFHIP priorities.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Community Engagement:	<i>ORGANIZATIONAL FOCUS – MARKET: Develop an integrated approach to serving our patients and other customers through partnerships with providers and payers.</i>		
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	<ul style="list-style-type: none"> a) Community Benefit department participated in the 2016 community health needs assessment in partnership with SFHIP and other community based organizations. b) Reviewed community partners: Over 70 organizations and their descriptions as well as the nature of their partnership with CPMC. Many of the organizations represent racial/ethnic/gender minority groups which focus on increasing access to care and preventative services for diverse groups in the Bay area. c) Continued receiving input from the patient population via the Patient Family Advisory Committee. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Provided responsive and appropriate service delivery informed and guided by community interests, expertise, and needs b) Increased appropriate use of services by engaging by underserved minority groups to design and services their needs and desires c) Empower members of underserved minority communities become active participants in the health and health care process 	<ul style="list-style-type: none"> 1. Participated in SFHIP on an ongoing basis through the Community Benefit Steering Committee. 2. Ensured CPMC's community health programs investments align with needs assessment and SFHIP priorities, including priority neighborhoods and communities with identified health disparities.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	<ul style="list-style-type: none"> a) Continued to process complaints & grievances of all nature with commitment to service excellence and quality personalized care by Patient & Customer Relations Department. Process ensures that patient is contacted within 7 days with resolutions and next steps and or need for mediation and final response is given within 30 days. b) Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. Additionally began to review patient complaint information via primary language. All complaints and grievances are investigated. c) Began process to track Language and ADA access complaints as an Event Type in our Online Occurrence Report system. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Facilitate open and transparent two-way communication/feedback that meets federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures 	<ul style="list-style-type: none"> 1. Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. 2. Investigated all complaints and grievances. In compliance with CMS, grievances are acknowledged within 7 days and final response given within 30 days.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	<ul style="list-style-type: none"> a) Continued to inform the city with up to date information on the hiring in accordance with the development agreement b) Identified external communications documents such as the Interpreter Services Availability notice, Patients/ Visitors with Disabilities Policy & Procedure, Pre-Registration, Intake and Admitting policy, Side by Side Magazine, and the 2016 Report to the Community. Internal communications documents were also reviewed including Hands on Healing, Take 5 and the internal intranet/portal for information reported to staff. From this information, the CLAS action Planning committee re-developed a 2017 Communication plan to address the ways in which communication around CLAS can be enhanced and expanded. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Information conveyed to intended audiences about efforts and accomplishments in meeting the National CLAS Standards to meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups 	<ul style="list-style-type: none"> 1. Communicate CLAS related community benefits and language assistance to Senior Management 2. Broadcast updates through internal and external channels. 3. Improve and update internal and external CLAS communications via the efforts of the CLAS Action Planning committee. -Internal dashboard reporting/ CEO town halls, and external Community Benefit communications via CPMC website

ATTACHMENT 2

Development Agreement

Payments Schedule/CPMC

Payments

	Agency	Effective Date + 30 days	First Installment ¹	Second Installment	Third Installment	Fourth Installment	Fifth Installment	11/08/17 CPMC Payments	TOTAL
Affordable Housing Payment ²	MOH	2,400,000	6,700,000	7,000,000	8,825,000	8,100,000	3,475,000	Completed	36,500,000
Healthcare Innovation Fund ³	Foundation	2,000,000	1,500,000	1,125,000	1,125,000	1,725,000	1,125,000	Completed	8,600,000
Bus Rapid Transit contribution ⁴	MTA		2,100,000	2,900,000					5,000,000
Transit Fee ⁵	MTA				1,500,000	2,500,000	2,500,000	Completed	6,500,000
Bicycle Studies Contribution ⁵	MTA	400,000							400,000
Workforce training payment ⁵	Foundation	1,000,000	2,000,000	1,000,000					4,000,000
Tenderloin sidewalk widening and pedestrian lighting improvements ⁶	DPW/PUC	400,000	1,200,000	1,275,000	1,275,000	100,000			4,250,000
Tenderloin Safe Passage Grant ⁷	OEWD	200,000							200,000
Transit and safety improvements in neighborhoods around the Cathedral Hill Campus ⁷	MTA	200,000	200,000		575,000	575,000			1,550,000
Enforcement & traffic safety measures around Pacific & California Campuses ⁷	MTA	300,000	300,000	700,000	700,000	1,000,000			3,000,000
Total		6,900,000	14,000,000	14,000,000	14,000,000	14,000,000	7,100,000		70,000,000

¹ First Installment is due thirty (30) days after the earlier of the date the Approvals are Finally Granted or the date the Cathedral Hill Campus Hospital Commences Construction, and each following Installment is due on each anniversary thereafter.

² As set forth in Exhibit G.

³ The "Innovation Fund" is defined in Exhibit F.

⁴ As set forth in Exhibit K.

⁵ As set forth in Exhibit E.

⁶ As set forth in Exhibit H.



We Plus You

Enterprise Development

California Campus
3700 California Street

Davies Campus
Castro & Duboce
Streets

Pacific Campus
2333 Buchanan Street

St. Luke's Campus
3555 Cesar Chavez
Street

Mailing Address
P.O. Box 7999
San Francisco, CA
94120
415.600.6000

To: The San Francisco Foundation
1 Embarcadero Center, Suite 1400
San Francisco, CA 94111
Attention: Landon Williams

Date: November 14, 2017

From Vahram Massehian
Senior Project Manager Enterprise Development
California Pacific Medical Center
633 Folsom Street, 1st Floor
San Francisco, CA 94107
415-600-7325

Re: Innovation Fund Fifth Installment

By Hand Delivery

Remarks:

Pursuant to instructions, we are delivering Check No. 4380039 in the amount of One Million One Hundred and Twenty-Five and 00/100 Dollars (\$1,125,000.00) in satisfaction of the Fifth Installment payment due under Section 3(b) of Exhibit F (aka "The Innovation Fund") of the Development Agreement Relating to the Construction and Reconstruction of Healthcare Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan by and between the City and County of San Francisco and Sutter Health, and the associated Innovation Fund Agreement.

If anything in the above is in error, please immediately contact me.

Kind Regards,

Vahram Massehian

I, Landon Williams, acknowledge receipt on behalf of the San Francisco Foundation.
[Print Name]

x Signature

CC:

Robin Havens, Mayor's Office of Economic and Workforce Development (w/o Enclosure)
Henry Yu, California Pacific Medical Center (w/o Enclosure)



Enterprise Development

California Campus
3700 California Street

Davies Campus
Castro & Duboce
Streets

Pacific Campus
2333 Buchanan Street

St. Luke's Campus
3555 Cesar Chavez
Street

Mailing Address
P.O. Box 7999
San Francisco, CA
94120
415.600.6000

To: Tom Shanahan
Office of Economic and Workforce Development
1 Dr. Carlton B. Goodlett Place, Room 448
San Francisco, CA 94102

Date: November 08, 2017

From Vahram Massehian
Senior Project Manager Enterprise Development
California Pacific Medical Center
633 Folsom Street, 1st Floor
San Francisco, CA 94107
415-600-7325

**Re: Development Agreement Fifth Installment
Payment**

By Hand Delivery

Remarks:

Pursuit to instructions we are delivering Check No. 4380038 totaling in the amount of Five Million Nine Hundred Seventy-Five and 00/100 Dollars (\$5,975,000.00) to the City and County of San Francisco, in satisfaction of the Fifth Installment payment due under the following sections of the Development Agreement Relating to the Construction and Reconstruction of Healthcare Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan by and between the City and County of San Francisco and Sutter Health:

Exhibit G – Housing Program

Affordable Housing Payment: **\$3,475,000**

Exhibit K – Transportation Program

Transit Fee: **\$2,500,000**

November 08, 2017

If anything in the above is in error, please immediately contact me.

Kind Regards,

Vahram Massehian

I, Thomas Shanahan, acknowledge receipt on behalf of the City and County of San Francisco.
[Print Name]

x Thomas Shanahan Signature

CC:
Henry Yu, California Pacific Medical Center (w/o Enclosure)

RECEIPT		DATE <u>11/8/2017</u>	No. <u>715205</u>
RECEIVED FROM <u>Sutter Health</u>		<u>\$5,975,099.00</u>	
<u>Five Million, Nine Hundred Seventy-Five Thousand Dollars</u>		DOLLARS	
<input type="radio"/> FOR RENT		<u>CPM C</u>	
<input type="radio"/> FOR			
ACCOUNT		<input type="radio"/> CASH	FROM _____ TO <u>NEW D</u>
PAYMENT		<input type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
		BY <u>Thomas Shanahan</u>	

May 30, 2017

Vahram Massehian
Senior Project Manager
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661-9110

Dear Mr. Massehian,

Pursuant to the Memorandum of Understanding between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies for work performed on the California Pacific Medical Center project.

Payment should be made out to the Office of Economic and Workforce Development and mailed to the attention of Phillip C. Wong (address below) for distribution amongst City Agencies and City Contractors.

Office of Economic and Workforce Development
Attn: Phillip C. Wong
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4653

Department	Invoice #	Invoice Period (Q3 FY 16-17)	Total
OEWD	CPMC11-025	January 2017 – March 2017	\$ 34,420.00
City Attorney	#24, 1100299	January 2017 – March 2017	\$ 2,090.00
Contract Monitoring Division	FY 16-17, Q3	January 2017 – March 2017	\$ 611.13
SF Planning	01/01/17- 03/31/17	January 2017 – March 2017	\$ 9,714.22
TOTAL AMOUNT DUE:			\$ 46,835.35

Sincerely,

Signature: 

Email: merrick.pascual@sfgov.org

Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development





City and County of San Francisco :: Edwin M. Lee, Mayor
Economic and Workforce Development :: Todd Rufo, Director

July 27, 2017

Vahram Massehian
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661

Dear Mr. Massehian:

Pursuant to the Development Agreement between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies and City Contractors for work performed on the California Pacific Medical Center project.

Payment should be made out directly to the Office of Economic and Workforce Development in **one (1) consolidated check**, and mailed to the attention of Thomas Shanahan (address below) for distribution amongst City Agencies and City Contractors

Office of Economic and Workforce Development
Attn: Thomas Shanahan
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDPCMC11_26	April 2017 - June 2017	\$ 27,082.00
Contract Monitoring Division	FY 16-17, Q4	April 2017 - June 2017	\$ 470.64
City Attorney	1100299	April 2017 - June 2017	\$ 190.00
SF Planning	4/01/17-6/30/17	April 2017 - June 2017	\$ 8,427.28
Total Amount Due:			\$ 36,169.92

Sincerely,

DocuSigned by:

8687E129144B45D...

Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development



1 Dr. Carlton B. Goodlett Place, Room 448

San Francisco, CA 94102 | www.oewd.org

p: 415-554.6969 f: 415-554.6018



City and County of San Francisco :: Edwin M. Lee, Mayor
Economic and Workforce Development :: Todd Rufo, Director

Date: December 4, 2017

To: Vahram Massehian
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661


CC: Thomas Shanahan

From: Merrick Pascual

Subject: CPMC, OEWD Invoice No.: OEWDCPMC11_26, Q4 FY 16-17, SUPPLEMENT

This is a payment request for Q4 FY 16-17 (April 1, 2017 - June 30, 2017) in the amount of \$16,599.42

Please make the check payable to the CCSF – Office of Economic & Workforce Development. If you have questions or need additional information do not hesitate to contact me at (415) 701-4811 or merrick.pascual@sfgov.org. Thank you.

DocuSigned by:

8687E129144B45D...

Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development
1 South Van Ness, San Francisco, CA 94103-5416





City and County of San Francisco :: Edwin M. Lee, Mayor
Economic and Workforce Development :: Todd Rufo, Director

December 4, 2017

Vahram Massehian
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661

Dear Mr. Massehian:

Pursuant to the Development Agreement between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies and City Contractors for work performed on the California Pacific Medical Center project.

Payment should be made out directly to the Office of Economic and Workforce Development in **one (1) consolidated check**, and mailed to the attention of Thomas Shanahan (address below) for distribution amongst City Agencies and City Contractors

Office of Economic and Workforce Development
Attn: Thomas Shanahan
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDPMC11_27	July 2017 - September 2017	\$ 33,584.80
Contract Monitoring Division	FY 17-18, Q1	July 2017 - September 2017	\$ 1,230.07
City Attorney	1100299	July 2017 - September 2017	\$ 190.00
SF Planning	7/01/17-9/30/17	July 2017 - September 2017	\$ 13,479.70
Total Amount Due:			\$ 48,484.57

Sincerely,

DocuSigned by:

8687E129144B45D...

Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development





City and County of San Francisco :: Mark Farrell, Mayor
 Economic and Workforce Development :: Todd Rufo, Director

March 5, 2018

Vahram Massehian
 California Pacific Medical Center
 P.O. Box 619110
 Roseville, CA 95661

Dear Mr. Massehian:

Pursuant to the Development Agreement between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies and City Contractors for work performed on the California Pacific Medical Center project.

Payment should be made out directly to the Office of Economic and Workforce Development in **one (1) consolidated check**, and mailed to the attention of Thomas Shanahan (address below) for distribution amongst City Agencies and City Contractors

Office of Economic and Workforce Development
 Attn: Thomas Shanahan
 City Hall, Rm. 448
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDPMC11_28	October 2017 - December 2017	\$ 38,342.40
SF Planning	10/01/17-12/31/17	October 2017 - December 2017	\$ 3,924.51

Less: Credit from Q1	\$ 9,087.92
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Total Amount Due:	\$ 33,178.99
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Sincerely,

DocuSigned by:

 8687E129144B45D...

Merrick Pascual
 Chief Financial Officer
 Office of Economic and Workforce Development

ATTACHMENT 3

Entry Level Operational Hiring

Process with SFOEWD/First Source Hiring Program

CPMC, in coordination with OEWD, is making the required good faith efforts regarding the First Source (FS) Entry Level Hiring Goal.

CPMC has been working with OEWD and its network of providers to build off 2016 and further refine the hiring processes and procedures that will enhance opportunities for targeted groups and accelerate the progress toward the 40% local hiring goal. The recruitment team at CPMC meets regularly with OEWD. We have developed a foundation and mutually shared vision for working together throughout the term of the Development Agreement.

Below is a summary of how CPMC has demonstrated good faith efforts to date:

Hiring	<ul style="list-style-type: none"> • CPMC made 57 entry level hires in 2017. To reach the 40% goal, 23 FS hires were needed. CPMC hired 33 FS candidates in 2017. • 73% of FS hires came from targeted neighborhoods in 2017. • Thru the first four months of 2018 CPMC has a 46% FS hiring rate, 11 FS hires out of 24 total hires. • Thru the first four months of 2018, 64% of FS hires came from targeted neighborhoods. • CPMC is actively referring every San Francisco candidate to OEWD to improve their chances for employment, whether at CPMC or elsewhere. • Exhibit A charts the local hiring percentage for 2017. • Exhibit B charts the percentage of those hires from targeted neighborhoods in 2017. • Exhibit C charts the local hiring percentage for the first four months in 2018. • Exhibit D charts the percentage of those hires from targeted neighborhoods in the first four months of 2018.
Active Engagement and Resource Allocation	<ul style="list-style-type: none"> • Weekly meetings with hiring managers with constant reminders on the importance of the workforce agreement. • Engaged in approx. 24 job fairs, employer spotlights, meetings/workshops in 2017. At the time of this submittal CPMC has participated in an additional 8 engagements in 2018, see Exhibit E.

	<ul style="list-style-type: none"> • In addition to one full time recruiter designated to entry level hiring, CPMC applied additional resources to effectively evaluate and process referrals.
Hiring Projections	<ul style="list-style-type: none"> • Detailed Hiring Projections for Aug. 2017 thru Aug. 2018 were provided to OEWD, see Exhibit F. • Detailed Hiring Projections for Aug. 2018 thru Aug. 2019 will be provided to OEWD in August 2018.

Priorities for 2017

In addition to meeting the minimum good faith efforts of providing OEWD with hiring projections, notifying OEWD of all entry level positions, giving OEWD an exclusive 10 days to refer candidates for entry level positions, considering candidates referred by the workforce system, working to meet the hiring goal of 40%, and continuing to fine-tune the systems put in place thus far, CPMC has also committed to the following:

- Participating in regular weekly check-ins with OEWD and its sector leads.
- Attending various community job fairs/events sponsored by OEWD and various CBOs targeting the priority areas noted in the Development Agreement.
- Applying approximately 50 hours per week in time and resources to monitor, track, capture, report, and effectively evaluate and process referrals.
- Prioritizing system referrals past the minimum 10 days if a requisition has not been filled.
- Expediting the application of the Workforce Training funds.
- Worked with CBO leads to identify qualified candidates.

Challenges

- San Francisco's unemployment rate is approx. 2.3%, the lowest in 18 years.
- Strain on our CPMC workforce due to the limited pipeline of qualified San Francisco candidates.
- Escalating cost of living and lack of affordable housing within San Francisco.

EXHIBIT A

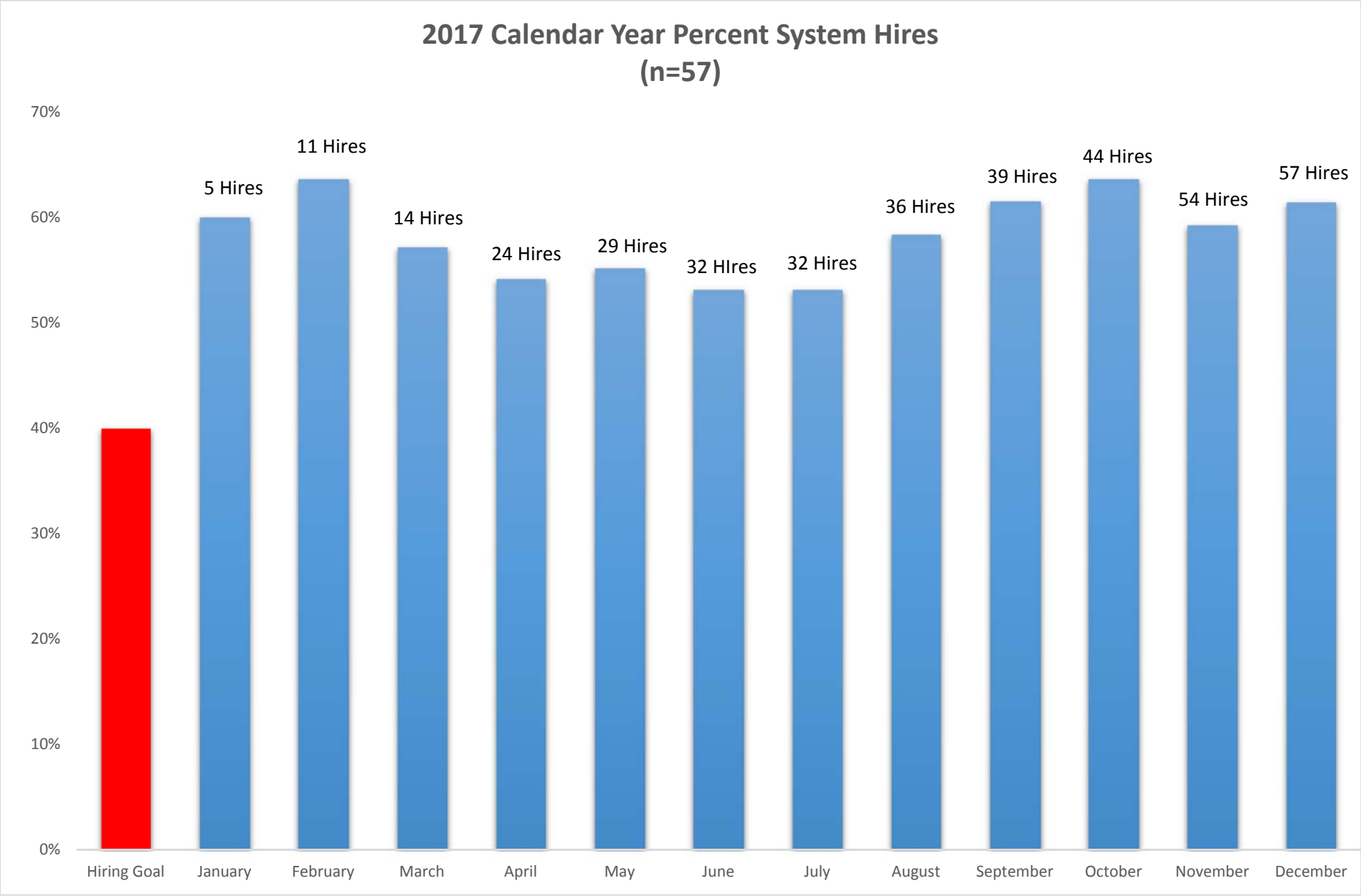


EXHIBIT B

**2017 CALENDAR YEAR - % OF SYSTEM HIRES FROM PRIORITY NEIGHBORHOODS
(N=33)**

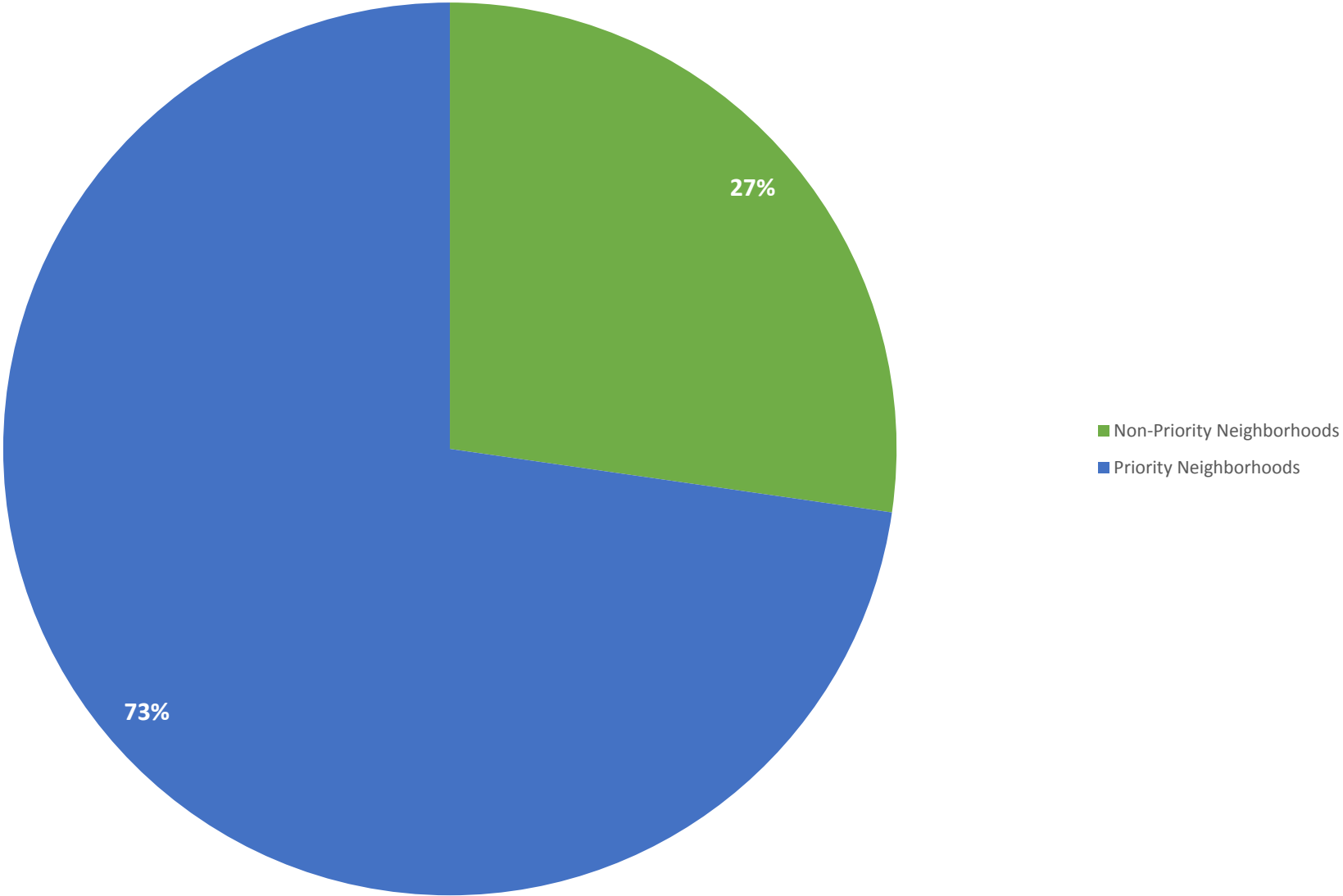


EXHIBIT C

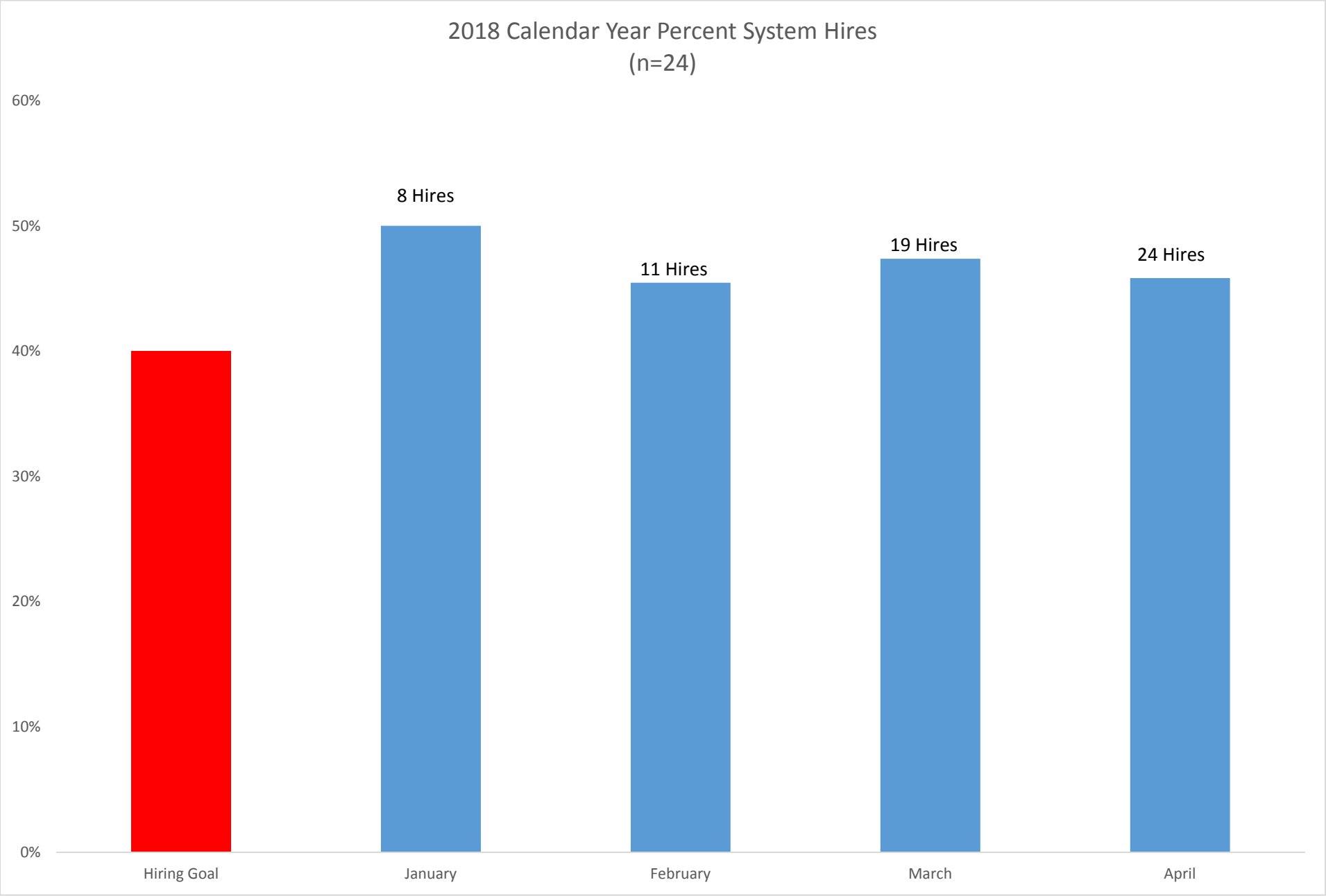


EXHIBIT D

2018 CALENDAR YEAR - % OF SYSTEM HIRES FROM PRIORITY NEIGHBORHOODS
N=11

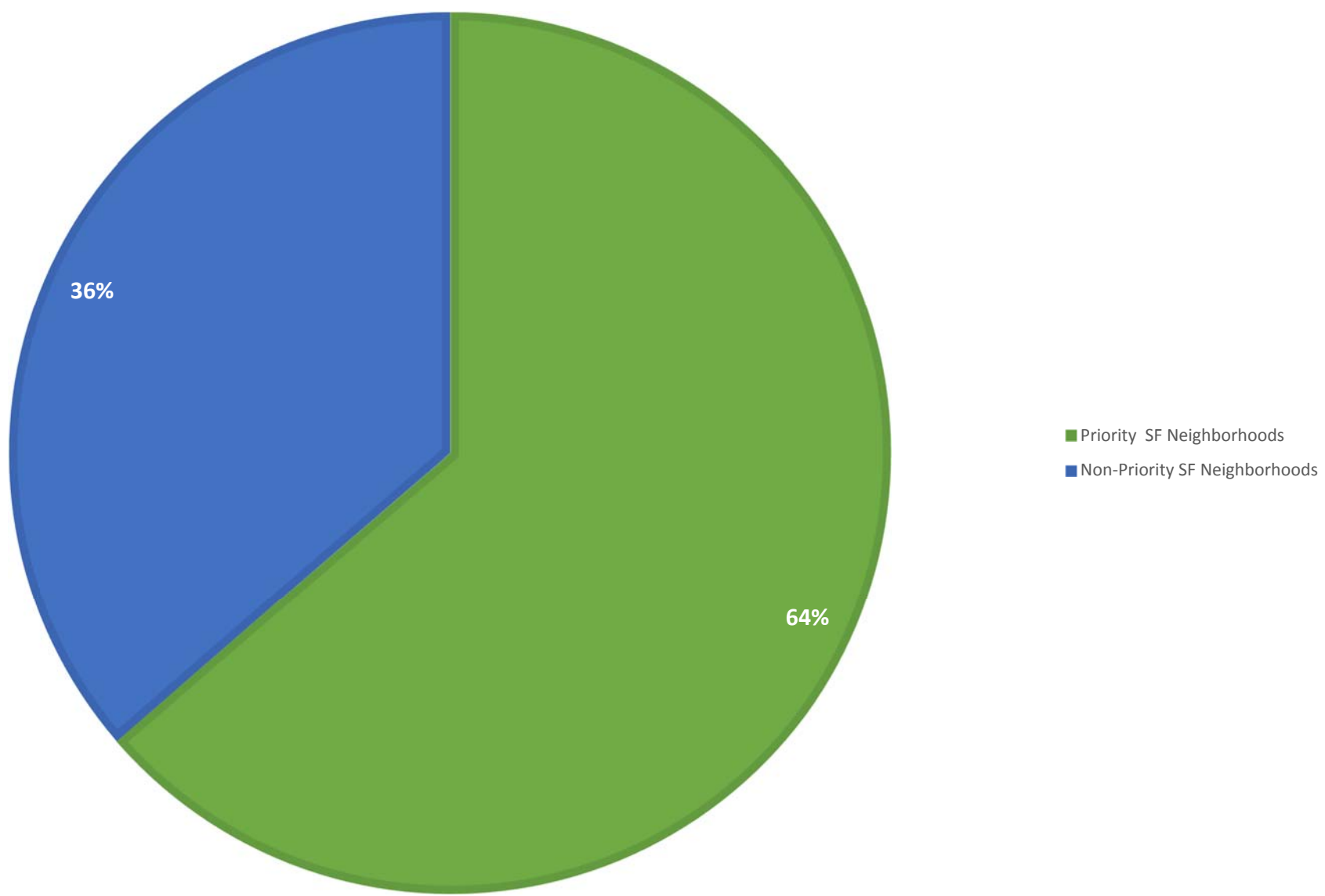


EXHIBIT E

Date	Meeting	CPMC Participants
05/03/2018	Mission Hiring Hall	Pragna Dave Jennifer Dela Rosa
04/12/2018	YCD Event	Pragna Dave Jennifer Dela Rosa
03/22/2018	Visitation Valley Employer Spotlight	Pragna Dave
03/21/2018	Western Addition NAP pre screen event	Pragna Dave Jennifer Dela Rosa
03/05/2018	Meeting with SF Foundation and OEWD	Vahram Massehian
02/09/2018	Meeting with Code Tenderloin	Vahram Massehian
01/18/2018	Employer Spotlight @ Hospitality House in Tenderloin Neighborhood	Pragna Dave Jana Fernandez
01/10/2018	Culinary Showcase & Graduation	Rebecca Ostrander Jana Fernandez
12/19/2017	Retention Project	Rebecca Ostrander
12/12/2017	Pre-Screen Event @ JVS	Pragna Dave
12/08/2017	Conference Call with SF Foundation & OEWD	Ed Battista Vahram Messehian Melissa White Pragna Dave
11/09/2017	Employer Spotlight @ VVNAP	Pragna Dave Jana Fernandez
10/18/2017	Employer Spotlight @ Hospitality House in Tenderloin Neighborhood	Pragna Dave Jana Fernandez

10/05/2017	Job Fair @ CCSF	Pragna Dave Jana Fernandez
09/28/2017	CPMC DA Compliance Hearing	Pragna Dave Vahram Massehian Melissa White Edward Battista
09/19/2017	Foundation Meeting	Edward Battista Vahram Massehian
09/14/2017	Employer Spotlight @ CNAP	Pragna Dave Jana Fernandez
09/13/2017	CPMC @ WISF Meeting	Edward Battista Pragna Dave
07/27/2017	Employer Spotlight @ JVS	Pragna Dave Jana Fernandez
07/25/2017	Employer Spotlight @ WANAP	Pragna Dave Jana Fernandez
07/14/2017	Job Fair @ CCSF	Pragna Dave Jana Fernandez
07/06/2017	Foundation Meeting	Vahram Massehian
06/13/2017	Employer Spotlight @ FacesSF	Pragna Dave Kevin Trang
05/09/2017	JVS Strictly Business Luncheon	Pragna Dave Vahram Massehian
05/04/2017	CCSF Job Fair	Pragna Dave Kevin Trang
04/18/2017	Pre-Screen Event @ WANAP	Pragna Dave
03/31/2017	SF Mayor's Youth Job Bus	Pragna Dave Rebecca Ostrander
03/30/2017	Employer Spotlight @ Arriba Juntos	Pragna Dave Kevin Trang
02/22/2017	Pre-Screen Event @ Hospitality House in Tenderloin Neighborhood	Pragna Dave Kevin Trang

02/16/2017	Pre-Screen Event @ WANAP	Pragna Dave Kevin Trang
02/09/2017	CPMC DA Compliance Hearing	Pragna Dave Vahram Massehian Edward Battista Melissa White Emily Webb
01/11/2017	CPMC Quarterly Meeting @ YCD	Pragna Dave Rebecca Ostrander Vahram Massehian



Edwin M. Lee, Mayor

Office of Economic and Workforce Development
Workforce Development Division

NON-CONSTRUCTION FIRST SOURCE EMPLOYER'S PROJECTION OF ENTRY LEVEL POSITIONS

By signing this form, employers agree to participate in the San Francisco Workforce Development System established by the City and County of San Francisco, and comply with the provisions of the First Source Hiring Program pursuant to Chapter 83 of the San Francisco Administrative Code. As an indication of good faith efforts to comply with First Source, the Employer must fill out this form at commencement of contract/tax year to indicate:

- For a Tenant/Sub-tenant, the number of **Entry Level Positions** in the company that are currently filled and those that are currently available on premises leased by the City of San Francisco.
- For the successful Developer, Contractor, or Subcontractor, **Entry Level Positions** that are currently filled and those that will be available during construction work.
- For a tenant of a private commercial project that falls under Chapter 83 provisions of the City Administrative Code, the number of **Entry Level Positions** that are currently filled and those that will be available within the lease holding business at project address.
- For companies applying for the Biotech Payroll Tax Exclusion and Central Market Street and Tenderloin Area Payroll Expense Tax Exclusion, the number of **Entry Level Positions** that are currently filled and those that will be available in the current tax year.
- For a successful organization awarded a City contract in excess of \$50,000, the number of **Entry Level Positions** that are currently filled and those that will be available within the business or non-profit organization.
- If positions listed are subject to collective bargaining agreements.

Note: If an **Entry Level Position** becomes available during the term of the lease and/or contract, Employer must notify the First Source Hiring Administration.

Entry Level Position means a non-managerial position that requires either no education above a high school diploma or certified equivalency, or less than two (2) years of training or specific preparation. Apprenticeship positions should be included.

Type of Employer (check one):

- ☐ Tenant
☐ Developer
☐ Contractor
☐ Subcontractor
☐ Central Market Street and Tenderloin Area Payroll Expense Tax Exclusion applicant
- ☐ Subtenant
☐ Biotech Payroll Tax Exclusion applicant
☐ "Scene in San Francisco" Rebate applicant

Identify Project or Construction Project (if applicable):

Name of Employer: California Pacific Medical Center

Street Address: P.O. Box 7999

City: San Francisco

Telephone: 415.600.4088

Fax:

City Department (if Contract or Lease):

Contact Person: Edward Battista, Director of CPMC HR

State: CA

Zip: 94120

Email: BattisE@sutterhealth.org

7-31-17

Date

Signature of authorized employer representative

Entry-Level Position Title	Number Currently Filled	Number Currently Available (as of 07.31.2017)	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)
Housekeeping Aide	3	0	4	Ongoing-based on facility needs	Yes
Food Service Aide	16	3	10	Ongoing-based on facility needs	Yes
Cook	3	1	2	Ongoing-based on facility needs	Yes
Security Officer	0	0	4	Ongoing-based on facility needs	No

Transporter/Transport Aide	1	0	1	Ongoing-based on facility needs	No
Sales Gift Shop	0	0	0	Ongoing-based on facility needs	No
Phlebotomy/Specimen Handling Lab Aide	1	0	2	Ongoing-based on facility needs	No
EKG Technician	0	0	0	Ongoing-based on facility needs	No
Medical Assistant	1	0	4	Ongoing-based on facility needs	No
Rehabilitation Aide	0	0	0	Ongoing-based on facility needs	No
Aquatic Instructor	0	0	0	Ongoing-based on facility needs	No
Speech Therapy Aide	0	0	0	Ongoing-based on facility needs	No
Pathology Accessioner	5	1	2	Ongoing-based on facility needs	No
Client Services Representative	0	1	0	Ongoing-based on facility needs	No
Patient Services Representative	0	0	0	Ongoing-based on facility needs	No
Patient Support Representative	0	0	0	Ongoing-based on facility needs	No
Patient Access Representative	0	0	4	Ongoing-based on facility needs	No
Point of Service Specialist	0	0	0	Ongoing-based on facility needs	No
Medical Administrative Assistant	0	0	0	Ongoing-based on facility needs	No
Health Information Technology/Billing	0	0	0	Ongoing-based on facility needs	No
PBX Operator	4	0	2	Ongoing-based on facility needs	No
Home Health Aide	0	0	0	Ongoing-based on facility needs	Yes
Certified Nursing Assistant/ Certified Hospital Attendant	25	0	22	Ongoing-based on facility needs	Yes
Unit Coordinator/Unit Clerk	13	0	10	Ongoing-based on facility needs	No
Emergency Dept. Technician	5	0	3	Ongoing-based on facility needs	No

Please fax, email, or mail this form SIGNED to:

Attn: Business Services

Tel: 415-701-4848

Fax: 415-701-4897

FIRSTSOURCE
HIRING
CITY & COUNTY OF SAN FRANCISCO

ATTACHMENT 4

Construction and Local Business Enterprise Hiring

2017 CONSTRUCTION WORKFORCE DEVELOPMENT

First Source Hiring Program for Construction

	Category	Goal	Actual	Comments
1.	New and core opportunities for union journeymen and apprentices	30% of trade hours worked by San Francisco Residents	26% (VNGH) 23% (STL) 24% (VNMOB) 25% overall	
2.	Entry-Level Positions for union apprentice candidates	50% of new hire opportunities filled with System Referrals	30%	223 out of 754
3.	Workforce Development Group	Creation of Group	Meetings held February 11, 2017 May 12, 2017 September 15, 2017	
4.	Entry-Level Positions for non-union administrative and engineering candidates	50% of new hire opportunities filled with System Referrals	83%	25 out of 30 Sourced through the CAPSA – Mission Hiring Hall
5.	Entry-Level Positions for administrative and engineering internship candidates	50% of new hire opportunities filled with System Referrals	60%	22 out of 37 Sourcing through SFSU - MESA Engineering Department Program
6.	Number of apprentice hours for new union apprentices	21% of hours for new union apprentices by System Referrals	36%	

Local Business Enterprise Hiring

	Category	Goal	Actual	Comments
7.	Contracting with Local Business Enterprises	14% of the value of all Contracts	16% (VNGH) 24% (STL) 10% (VNMOB) 17% Overall	\$135,721,860 VNGH \$59,409,303 STL \$9,455,246 VNMOB \$204,586,409 Total



San Francisco Resident Construction Workforce Hiring Goals: Construction hiring goals are to have 30% of the total hire hours performed by San Francisco residents, including 50% for new hire apprentice opportunities. Coordinated meetings between the Office of Economic and Workforce Development (OEWD) – CityBuild, trade partners and subcontractors to develop a work plan with regards to our efforts to achieve these goals.

- **San Francisco Workforce Hours for construction hires from Elation System**
Goal of 30%. Achieved 26% at Van Ness and Geary Hospital Project, 24% at St. Luke's Hospital Project and 24% at Van Ness Medical Office Building with a combined total of 25% on the three projects through 2017 construction hours performed by San Francisco residents. **(Exhibit A)**
- **San Francisco Workforce Goal for new hire apprentices from Elation Systems** Goal of 50%. Achieved 30% for 2017 and in compliance based on the good faith efforts. **(Exhibit B)**
- **San Francisco Workforce Goal for new hire apprentice hours from Elation Systems** Goal of 21%. Achieved 36% for 2017 and in compliance based on the good faith efforts.

Planning at the end of 2015 was initiated with the Glazier Union, CityBuild, Custom Engineering Openings (Glazing contractor) and HerreroBoldt to develop a training that would prepare San Francisco residents for entry level opportunities for apprentice Glaziers.

HerreroBoldt and Southland Industries begun coordination on list trade interview preparation. This interview preparation assists individual in what to say in a list trade interview.

All of the supplemental trainings were funded in part from the CPMC Construction Workforce Funding that sits with OEWD.

HerreroBOLDT is currently working with the San Francisco Unified School District's Tech21, SFCC, Asian Neighborhood Design and other CBO programs in building capacity for the apprentice pipeline. During the summer we mentored construction interns and graduates of the Tech 21 program.

- **The Workforce Development Group** for the projects which includes HerreroBOLDT, Trade Partners, Union Representatives, CityBuild and CPMC was established and meetings were held on February 11, 2017, May 12, 2017 and September 15, 2017.
- **Administrative and Project Engineer Intern Hiring:** Administrative Hires: Goal of 50%. Achieved 83% for 2017. Project Engineer Intern Hires: Goal of 50%. Achieved 60% for 2017 and in compliance based on the good faith efforts.

HerreroBoldt teaches 13 classes at the Construction Administrative and Professional Services Academy (CAPSA) each semester. These construction industry specific training modules supplement the teaching in the CAPSA program. CAPSA provides San Francisco resident jobseekers with the highest level of career development with vocational training facilitated at CCSF-Mission Campus, combined with Job-Readiness at Mission Hiring Hall.

Of the 30 first source administrative positions that have come available 25 have been filled with system referrals.

HerreroBoldt is sourcing candidates from the MESA Engineering Program (MEP). MEP recruits historically underrepresented students into SFSU's engineering program. Throughout their studies, the women and men in the program receive academic support and personal counseling to keep them on track toward their degrees. MEP helps participating students graduate and enter the job market with the skill and confidence they need to succeed as engineers.



Four of the San Francisco resident project engineering interns have been hired by HerreroBoldt as fulltime project engineers.

Administrative Hires in 2017

- Project Coordinator (Becker)
- Accounting Intern (VNGC)
- Accounting Clerk (Becker)
- Project Coordinator (VNGC/Becker)
- Admin Coordinator (VNGC)
- Financial Intern (VNGC/STL)
- Workforce Development Intern (VNGC)

Project Engineer Internships in 2017

- Exteriors Intern
 - Field Engineer Intern
 - Field Engineer Intern
 - Production Intern (STL)
 - Field Engineer Intern (STL)
- **LBE Program:** Goal of 14%. Achieved 16% VNGH / 23% STL / 10% VNMOB through 2017 and 17% for all projects overall with \$204,586,409. **(Exhibit C)** The goals for the Local Business Enterprise (LBE) program are 14% San Francisco based business contracting with no distinction between Contract Monitoring Division (CMD) certified and HerreroBOLDT certified. Included with report is a list of CMD certified contractors and suppliers.

HerreroBOLDT has worked closely with the CMD to establish the perimeters of this customized program. HerreroBoldt and its subcontractors have contracted with an array of CMD certified contractors and suppliers. **(Exhibit D)**

- **Additional Community Engagement:** HerreroBOLDT attended or conducted 54 events in the community during 2017

PlanGrid Site tour	1/19/2017
SFUSD CTE Showcase	1/25/2017
Meeting with Lower Polk Community Benefit District	1/26/2017
SFFD Station 3 Site Tour	1/31/2017
SFUSD Tech 21 Work Based Learning Lab	2/1/2017
Tech 21 Student Internship	2/1/2017
TIDHI Construction Workforce Presentation	2/3/2017
SFUSD Tech 21 Work Based Learning Lab	2/1/2017
CPMC 2015 Compliance Hearing	2/8/2017
Sacramento State Summer Internship Recruitment	2/16/2017
CityBuild JRT Site Walk	2/22/2017
San Francisco State Summer Internship Recruitment	3/1/2017
Sutter Health CPMC Workforce Development Group Meeting	3/2/2017
Update Meeting with Daniel Burnham Court	3/13/2017
CityBuild JRT Site Walk	3/15/2017
Asian Neighborhood Design Graduation	3/16/2017
Collaborate, Really Collaborate	Increase Relatedness
Tightly Couple Learning with Action	Optimize the Whole
	Projects as Networks of Commitments



Kick Off Meeting with CMD and Rudolph and Sletten	3/21/2017
CityBuild Job Site Tour and Informational Interviews	3/30/2017
CityBuild JRT Site Tour	4/5/2017
CityBuild Sheet Metal Prospect Tour	4/12/2017
Future of Health Care	4/13/2017
Cal Drywall at CityBuild Academy	4/20/2017
Tech 21 Senior Defense Presentations	4/25/2017
Community Advisory Group/Community Meeting - St. Luke's Campus	4/26/2017
Van Ness Campus Community Advisory Group & Community Partners Lunch and Site Tour	4/27/2017
CCSC 2017 Community Appreciation Luncheon	4/28/2017
TIDHI Construction Workforce Presentation	5/5/2017
Jewish Vocational Services 2017 Strictly Business Luncheon	5/9/2017
San Francisco Conservation Corp Meet and Greet	5/11/2017
CAPSA - Student Final Presentations	5/12/2017
Mission Hiring Hall Job Fair	5/16/2017
Interrupt, Predict, and Organize Site Tour	5/19/2017
Charity Cultural Services Center Fundraiser	6/9/2017
Tech 21 Work Based Learning Summer Rotation	6/27/2017
CCSF - Architecture Class Presentation and Site Tour	6/28/2017
Tech 21 Work Based Learning Summer Rotation	6/29/2017
Sutter Health CPMC Workforce Development Group	7/13/2017
Mission Bernal Campus Summer Intern Lunch, Meeting & Site Walk	7/26/2017
Interrupt, Predict, and Organize Site Tour	6/28/2017
San Francisco Conservation Corp Site Tour	7/2/2017
CityBuild JRT Site Tour	8/2/2017
Summer Internship Final Presentations	8/18/2017
Leap Arts in Education Bake Auction	8/30/2017
Meeting with MBC Neighbors on Site work	9/5/2017
Workforce Investment San Francisco CPMC Employer Spotlight	9/13/2017
Volunteer Work for Casa de Las Madre	9/19/2017
Rudolph and Sletten LBE Outreach for VNMOB Tenant Improvements	10/2/2017
San Francisco Conservation Corps Site Walk	10/18/2017
Community Meeting – St. Luke's Campus	10/25/2017
Mission Hiring Hall Construction Mixer	11/7/2017
Leap Sandcastle Contest	11/11/2017
CAPSA Student Final Presentations	12/8/2017
JVS Industry Partner Brunch at John O'Connell	12/14/2017
La Voz Latina's Winter Wonderland	12/20/2017

Exhibit

A

All Projects

Workforce Contractor Summary
California Pacific Medical Center
Reporting Period: All Date Before 12/31/2017

Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A & B Construction	4,483.00	1,251.00	27.91%				
A&B PAINTING, INC.	26,492.50	7,446.00	28.11%	5,836.00	22.03%	3,615.00	61.94%
Advance Pneumatic Tube	8,152.50	946.00	11.60%	4,448.00	54.56%	946.00	21.27%
AJS PAINTING DECORATING	2,054.00	1,654.00	80.53%	833.50	40.58%	833.50	100.00%
Alamillo Rebar Inc.	13,041.00	1,164.00	8.93%	3,944.50	30.25%	1,003.00	25.43%
Alcal Specialty Contracting, Inc.	6,232.00			2,032.50	32.61%		
ANDERSON CARPET AND LINOLEUM SALES CO.	40,605.50	14,976.50	36.88%	18,504.50	45.57%	12,277.00	66.35%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
Assa Abloy Entrance Systems - Monroe, NC	91.00						
B E I Steel, Inc.	624.50	231.00	36.99%	342.00	54.76%	142.00	41.52%
B. T. Mancini Co., Inc.	3,460.00			1,308.00	37.80%		
BAGATELOS GLASS SYSTEMS INC	11,772.00	158.00	1.34%	813.00	6.91%		
Bailey Fence Company, Inc.	8.00						
BAY AREA CONCRETES, INC	279.00			11.00	3.94%		
Bay Area Firestop, Inc	4,085.50			813.50	19.91%		
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Area Traffic Solutions Inc.	144.00						
Bay Line Cutting & Coring, Inc.	376.50	108.00	28.69%	8.00	2.12%		
Bayside Insulation, Inc.	6,975.00			2,891.00	41.45%		
Bear Scaffold and Services	1,048.50	160.00	15.26%	103.00	9.82%		
BECKER ELECTRIC INC.	37,426.63	11,543.13	30.84%	7,714.00	20.61%	1,780.00	23.07%
Bellanti Plumbing Inc.	52.00			23.00	44.23%		
BIGGE CRANE AND RIGGING CO	171.00						
Boyett Construction, Inc.	69.50			10.00	14.39%		
Broadway Sheet Metal	1,920.50						
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
Bullard's Heating & Air Inc	37,217.50	12,289.50	33.02%	13,792.50	37.06%	7,263.50	52.66%
C. E. Toland & Son	3,972.00	944.00	23.77%	423.00	10.65%	8.00	1.89%
CAL CON PUMPING LLC	117.00						
CAL-WEST CONCRETE CUTTING, INC.	1,412.25						
CALCO FENCE, INC	18.00						
CALIFORNIA DRYWALL COMPANY	517,932.50	62,209.00	12.01%	76,206.00	14.71%	17,814.00	23.38%
California Sheet Metal, Inc.	559.00			194.00	34.70%		
CALIFORNIA TILE INSTALLERS	190.00			95.00	50.00%		
Capitol Builders Hardware Inc	8,555.00	2,073.50	24.24%	899.00	10.51%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	21,781.50	801.50	3.68%	1,979.50	9.09%	265.00	13.39%
Cell-crete Corporation	1,900.50	315.50	16.60%	85.50	4.50%		
CF&T Concrete Pumping	1,301.00						
CHAIX COMPANY	97.00	32.50	33.51%	16.00	16.49%		
Charles Pankow Builders, Ltd	223,540.05	78,087.00	34.93%	36,487.00	16.32%	16,944.50	46.44%
Chrisp Company	13.00			8.50	65.38%		
Clark Pacific	9,560.00	745.50	7.80%	974.50	10.19%	338.00	34.68%
Clipper International	78,904.50	36,908.00	46.78%				
CMC CONSTRUCTION- 2	1,658.00	128.00	7.72%	316.00	19.06%	99.00	31.33%
CMC Traffic Control Specialists dba CMC Construction	2,862.50	1,407.00	49.15%	478.50	16.72%	73.00	15.26%
Comtel Systems Technology, Inc	17,068.00	2,484.50	14.56%	1,398.00	8.19%	1,343.00	96.07%

CONCO CEMENT COMPANY	26,183.50	1,445.50	5.52%	5,728.50	21.88%	1,022.00	17.84%
CONCO PUMPING	145.75						
Concrete Wall Sawing Co., Inc.	1,008.00						
CONDON-JOHNSON & ASSOCIATES INC	2,049.00	25.00	1.22%				
Convergint Technologies LLC	2,264.00						
Cupertino Electric Inc.	18,182.00	4,671.00	25.69%	2,447.00	13.46%	1,243.00	50.80%
D & J Tile Company, Inc.	61,117.20	7,414.80	12.13%	16,684.80	27.30%	3,694.50	22.14%
D.C. Vient, Inc.	11,432.50	1,134.00	9.92%	1,187.00	10.38%	1,108.00	93.34%
David M Schmitt	88,785.56	11,229.98	12.65%	13,701.73	15.43%	5,437.73	39.69%
De Haro Ramirez Group	336.00	107.50	31.99%				
Del Secco Diamond Core & Saw, Inc.	7.50						
Delta Grinding Co., Inc. dba Diablo Grinding Inc.	8.00						
E & S MASONRY CORPORATION	2,003.00						
Eco Bay Services, Inc.	165.00	55.00	33.33%	38.00	23.03%		
EVANS BROTHERS INC	14,539.50	2,791.00	19.20%	1,410.00	9.70%	955.00	67.73%
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	4,645.50			462.00	9.95%		
F3 & Associates Inc.	808.00			234.50	29.02%		
Fast Wrap Reno One LLC	741.50						
FBD VANGUARD CONSTRUCTION INC	255.75			48.00	18.77%		
Ferma Corporation	34,474.50	8,830.00	25.61%	1,411.50	4.09%	841.50	59.62%
Fibrebond Corporation	353.50						
Fidato	4,749.50	114.00	2.40%	15.00	0.32%		
Fitzgibbon Masonry	2,417.50						
FORENSIC ANALYTICAL CONSULTING SERVICES	247.50						
Frank M Booth, Inc	8,438.00	1,521.00	18.03%	1,925.50	22.82%	478.00	24.82%
George Family NorCal	36,940.00	4,792.50	12.97%	10,928.50	29.58%	1,070.50	9.80%
Gerdau Reinforcing Steel	42,853.00	3,605.00	8.41%	15,317.00	35.74%	3,605.00	23.54%
Giron Construction	98,924.58	64,884.08	65.59%	17,312.33	17.50%	11,878.83	68.61%
Ground Penetrating Radar Systems, Inc	8.25						
H&M Fire Protection, Inc.	9,261.50	2,694.50	29.09%	3,874.50	41.83%	859.50	22.18%
Harrison Drywall Inc.	350,103.50	97,384.50	27.82%	62,961.50	17.98%	24,454.00	38.84%
HATTON'S CRANE & RIGGING INC	166.50						
Herrero Contractors, Inc.	222,390.80	89,896.80	40.42%	32,883.75	14.79%	23,318.30	70.91%
Hoem & Associates, Inc	10,622.00	3,548.50	33.41%	1,737.50	16.36%	1,104.50	63.57%
HVAC Controls Corporation	23,603.00	569.00	2.41%	4,854.50	20.57%	548.00	11.29%
INTEGRATED SIGN INSTALLATIONS INC	224.50			15.00	6.68%		
Intelligent Technologies and Services, Inc.	89.00	3.00	3.37%				
Interstate Concrete Pumping	99.00						
Ireland Interior Systems, Inc.	16,180.00	6,530.50	40.36%	5,388.00	33.30%	2,776.00	51.52%
ISEC, Inc. - Englewood, CO	64,767.27	17,803.25	27.49%	23,181.00	35.79%	9,391.25	40.51%
John Jackson Masonry	2,829.00	28.00	0.99%	248.50	8.78%		
K.M. McRae, Inc.	31.50						
KING CRANE SERVICE	1,494.00			570.00	38.15%		
Kingsborough Atlas Tree Surgery, Inc.	42.50						
KWAN WO IRONWORKS INC	15,180.00	14,738.00	97.09%	6,212.00	40.92%	6,060.00	97.55%
Kwan Wo Ironworks Inc. - San Francisco, CA	18,812.00	15,750.00	83.72%	8,074.00	42.92%	7,056.00	87.39%
L C General Engineering & Construction, Inc.	12,392.50	5,057.50	40.81%	4,064.00	32.79%	2,925.50	71.99%
Lewis M. Merlo Inc.	81.50	16.00	19.63%				
Liquidyn, Inc.	85,738.00	24,960.50	29.11%	25,928.50	30.24%	5,221.50	20.14%
Lombardo	459.00			130.00	28.32%		
Malcolm Drilling Company, Inc.	48,017.00	9,993.00	20.81%	1,803.00	3.75%	1,173.00	65.06%
MARTIN M. RON ASSOC. INC.	6,215.00	1,087.00	17.49%	144.00	2.32%	131.00	90.97%

Master Protection, LP dba FireMaster	75.50						
McGill Erection and Welding, Inc.	606.00	88.00	14.52%	32.00	5.28%		
MCGUIRE & HESTER	32,741.50	4,883.50	14.92%	3,878.50	11.85%	1,972.50	50.86%
McMillan Electric Co.	30.50			13.00	42.62%		
MDB Interiors, Inc	1,036.00	120.50	11.63%	135.50	13.08%	112.50	83.03%
Mission City Rebar, Inc.	358.00	8.00	2.23%	112.00	31.28%	8.00	7.14%
MODULAR HEALTHCARE ENGINEERING DESIGNS LLC	7,742.00						
Morrow Equipment Company	1,907.50			227.25	11.91%		
NATIONAL AIR BALANCE COMPANY INC	1,759.00			532.00	30.24%		
NELCO, INC. (SAN LEANDRO, CA)	614.50						
Nor-Cal Industrial Floors, Inc.	36.00						
Nor-Cal Scaffolding, Inc	127.00			40.00	31.50%		
NTK Construction, Inc.	7,691.00	5,392.50	70.11%	275.50	3.58%	275.50	100.00%
OLSON & CO. STEEL	25,496.75	4,033.00	15.82%	4,393.00	17.23%	2,659.00	60.53%
Otis Elevator Company - SAN FRANCISCO, CA	44,957.75	924.00	2.06%	17,336.00	38.56%	376.00	2.17%
PACIFIC ERECTORS, INC	81,455.50	14,913.00	18.31%	32,436.50	39.82%	14,649.00	45.16%
PACIFIC SEALANTS	444.00			172.00	38.74%		
Paradigm Design-Build, Inc	6,541.50	32.00	0.49%	1,042.50	15.94%	32.00	3.07%
PERFORMANCE CONTRACTING INC - Richmond, CA	19,326.00	3,832.00	19.83%	9,534.00	49.33%	2,944.00	30.88%
Performance Swing Stage, Inc.	149.50						
Peterson Mechanical, Inc.	16,994.00	57.00	0.34%	6,347.50	37.35%	57.00	0.90%
Peterson Power Systems	2,058.20			3.50	0.17%		
Phoenix Electric Company	1,351.25	657.25	48.64%	187.50	13.88%	149.50	79.73%
Primecut Concrete Sawing & Drilling	1,855.00						
PROGRESS GLASS COMPANY	178.50	77.00	43.14%	69.00	38.66%	69.00	100.00%
QOL Corp dba CEOWD Glazing	60,582.00	27,856.00	45.98%	13,918.00	22.97%	10,397.50	74.71%
Rana Creek Habitat Restoration	3,136.25						
Ransome Company	61.50						
Reliance Engineering Inc	183.50	7.00	3.81%	7.00	3.81%	7.00	100.00%
RFJ Meiswinkel Company	8,849.00	1,730.00	19.55%	393.00	4.44%	2.00	0.51%
RLH FIRE PROTECTION	40,287.50	4,295.00	10.66%	20,836.50	51.72%	509.50	2.45%
Rosendin Electric, Inc.	487,914.00	101,806.00	20.87%	93,619.00	19.19%	29,248.50	31.24%
Rubecon General Contracting, Inc.	5,001.00	724.00	14.48%	500.00	10.00%	500.00	100.00%
Ryan Engineering, Inc.	32,062.25	18,863.50	58.83%				
Safway Services, LLC - Burlingame	25,460.75	4,930.00	19.36%	10,514.50	41.30%	3,079.00	29.28%
Scaffold Solutions	1,884.00	237.50	12.61%	478.50	25.40%	48.50	10.14%
SERVICE BY MEDALLION	720.00						
SERVICE METAL PRODUCTS	5,925.25	140.00	2.36%	808.00	13.64%	140.00	17.33%
Service West, Inc.	42.00						
Sheedy Drayage Co	7,173.00	687.50	9.58%	1,127.50	15.72%	174.50	15.48%
Smoke Guard California, Inc.	110.00			40.00	36.36%		
Southland Industries	439,923.00	98,547.00	22.40%	162,681.00	36.98%	53,149.50	32.67%
Statewide Construction Sweeping	121.50						
Stomper Company Inc	490.00	16.00	3.27%	40.00	8.16%		
Superior Coring & Cutting Inc.	80.50	16.50	20.50%				
Superior Electric Inc.	220.00						
SUPERIOR GUNITE	8,531.50	76.50	0.90%	201.50	2.36%	12.00	5.96%
TC STEEL	683.00			291.00	42.61%		
Temper Insulation Co., Inc.	5,319.00	4,437.50	83.43%	1,991.00	37.43%	1,991.00	100.00%
The Boldt Company	184,836.75	62,372.50	33.74%	6,671.00	3.61%	2,749.00	41.21%
The Herrick Corporation	110,675.50	34,618.00	31.28%	21,597.50	19.51%	9,768.00	45.23%
THE LAWSON ROOFING CO., INC.	66,003.74	25,959.95	39.33%	13,900.56	21.06%	5,291.29	38.07%
The Smith Company, Inc.	44.00			14.00	31.82%		

Tile West, Inc.	11,721.65	2,731.50	23.30%	4,385.00	37.41%	1,135.00	25.88%
UNIQUE ELEVATOR INTERIORS INC	713.00			361.50	50.70%		
US Glass & Aluminum	1,648.00			510.00	30.95%		
VAN MULDER SHEET METAL, INC.	30,525.50	6,650.50	21.79%	3,531.50	11.57%	1,217.50	34.48%
VFC Lightning Protection, Inc.	204.00			39.00	19.12%		
Vickers Concrete Sawing, Inc.	9.00						
Viking Drillers, Inc.	396.00						
WALTERS & WOLF GLASS	6,405.50			3,308.50	51.65%		
WALTERS & WOLF PRECAST	9,711.50	718.50	7.40%	2,609.50	26.87%	530.00	20.31%
WPCS International-Suisun City, Inc.	64,391.00	8,680.50	13.48%	15,605.50	24.24%	6,303.50	40.39%
Yolanda's Construction Management and Traffic Control	22,671.75	17,629.00	77.76%				
your all day everyday janitorial service	11,283.33	11,083.33	98.23%				
Total	4,364,372.26	1,110,861.07	25.45%	910,905.42	20.87%	330,740.90	36.31%

**** NOTES: Projects List ****

- St. Lukes Replacement Hospital
- Van Ness and Geary Hospital
- Van Ness Garage and Medical Office Building

Van Ness and Geary Hospital Project

Workforce Contractor Summary							
California Pacific Medical Center							
Reporting Period: All Date Before 12/31/2017							
Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A&B PAINTING, INC.	26,492.50	7,446.00	28.11%	5,836.00	22.03%	3,615.00	61.94%
Advance Pneumatic Tube	6,855.50	315.00	4.59%	3,748.00	54.67%	315.00	8.40%
AJS PAINTING DECORATING	2,054.00	1,654.00	80.53%	833.50	40.58%	833.50	100.00%
Alcal Specialty Contracting, Inc.	6,232.00			2,032.50	32.61%		
ANDERSON CARPET AND LINOLEUM SALES CO.	40,605.50	14,976.50	36.88%	18,504.50	45.57%	12,277.00	66.35%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
B. T. Mancini Co., Inc.	1,998.00			876.00	43.84%		
BAY AREA CONCRETES, INC	279.00			11.00	3.94%		
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Line Cutting & Coring, Inc.	315.00	100.00	31.75%	8.00	2.54%		
BECKER ELECTRIC INC.	28,417.63	7,910.13	27.84%	4,786.00	16.84%	1,745.00	36.46%
Broadway Sheet Metal	1,550.00						
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
Bullard's Heating & Air Inc	37,217.50	12,289.50	33.02%	13,792.50	37.06%	7,263.50	52.66%
C. E. Toland & Son	3,972.00	944.00	23.77%	423.00	10.65%	8.00	1.89%
CAL CON PUMPING LLC	10.50						
CAL-WEST CONCRETE CUTTING, INC.	1,078.50						
CALIFORNIA DRYWALL COMPANY	517,932.50	62,209.00	12.01%	76,206.00	14.71%	17,814.00	23.38%
California Sheet Metal, Inc.	483.00			139.00	28.78%		
CALIFORNIA TILE INSTALLERS	190.00			95.00	50.00%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	16,647.00	555.00	3.33%	1,472.50	8.85%	193.00	13.11%
Cell-crete Corporation	1,055.50	193.50	18.33%	51.50	4.88%		
CF&T Concrete Pumping	996.50						
CHAIX COMPANY	97.00	32.50	33.51%	16.00	16.49%		
Charles Pankow Builders, Ltd	108,137.05	34,058.00	31.50%	23,409.00	21.65%	9,035.00	38.60%
Clipper International	54,971.50	28,405.50	51.67%				
CMC CONSTRUCTION- 2	1,658.00	128.00	7.72%	316.00	19.06%	99.00	31.33%
CMC Traffic Control Specialists dba CMC Construction	2,862.50	1,407.00	49.15%	478.50	16.72%	73.00	15.26%
Comtel Systems Technology, Inc	9,557.00	2,110.50	22.08%	983.00	10.29%	983.00	100.00%
Concrete Wall Sawing Co., Inc.	1,008.00						
Convergint Technologies LLC	1,387.50						
D & J Tile Company, Inc.	61,117.20	7,414.80	12.13%	16,684.80	27.30%	3,694.50	22.14%
David M Schmitt	88,785.56	11,229.98	12.65%	13,701.73	15.43%	5,437.73	39.69%
De Haro Ramirez Group	260.00	99.50	38.27%				
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	2,817.50			404.00	14.34%		
F3 & Associates Inc.	740.00			204.50	27.64%		
Fast Wrap Reno One LLC	741.50						
FBD VANGUARD CONSTRUCTION INC	255.75			48.00	18.77%		
Ferma Corporation	34,474.50	8,830.00	25.61%	1,411.50	4.09%	841.50	59.62%
Fibrebond Corporation	335.50						
Fidato	2,928.50			15.00	0.51%		
George Family NorCal	36,940.00	4,792.50	12.97%	10,928.50	29.58%	1,070.50	9.80%
Gerdau Reinforcing Steel	42,853.00	3,605.00	8.41%	15,317.00	35.74%	3,605.00	23.54%
Giron Construction	98,924.58	64,884.08	65.59%	17,312.33	17.50%	11,878.83	68.61%
H&M Fire Protection, Inc.	4,664.00	1,347.50	28.89%	1,697.50	36.40%		

Harrison Drywall Inc.	52,811.00	26,066.50	49.36%	10,600.00	20.07%	7,340.00	69.25%
Herrero Contractors, Inc.	165,738.80	72,110.30	43.51%	26,110.75	15.75%	16,545.30	63.37%
HVAC Controls Corporation	18,863.00	555.00	2.94%	3,708.50	19.66%	534.00	14.40%
Intelligent Technologies and Services, Inc.	54.00						
ISEC, Inc. - Englewood, CO	64,767.27	17,803.25	27.49%	23,181.00	35.79%	9,391.25	40.51%
John Jackson Masonry	2,829.00	28.00	0.99%	248.50	8.78%		
K.M. McRae, Inc.	31.50						
KING CRANE SERVICE	1,494.00			570.00	38.15%		
Kingsborough Atlas Tree Surgery, Inc.	42.50						
KWAN WO IRONWORKS INC	15,180.00	14,738.00	97.09%	6,212.00	40.92%	6,060.00	97.55%
Kwan Wo Ironworks Inc. - San Francisco, CA	9,396.00	8,171.00	86.96%	4,117.00	43.82%	3,571.00	86.74%
L C General Engineering & Construction, Inc.	12,392.50	5,057.50	40.81%	4,064.00	32.79%	2,925.50	71.99%
Liquidyn, Inc.	65,185.00	23,460.50	35.99%	20,718.50	31.78%	4,610.50	22.25%
Malcolm Drilling Company, Inc.	27,592.00	7,296.50	26.44%	1,783.50	6.46%	1,165.00	65.32%
MARTIN M. RON ASSOC. INC.	4,710.00	597.50	12.69%	117.00	2.48%	111.00	94.87%
MCGUIRE & HESTER	21,018.00	1,898.50	9.03%	1,695.00	8.06%	178.00	10.50%
McMillan Electric Co.	30.50			13.00	42.62%		
Mission City Rebar, Inc.	328.00			94.00	28.66%		
MODULAR HEALTHCARE ENGINEERING DESIGNS LLC	7,742.00						
Morrow Equipment Company	1,497.00			197.25	13.18%		
NATIONAL AIR BALANCE COMPANY INC	592.00			14.00	2.36%		
NELCO, INC. (SAN LEANDRO, CA)	614.50						
Nor-Cal Industrial Floors, Inc.	36.00						
OLSON & CO. STEEL	21,999.25	3,883.00	17.65%	3,859.00	17.54%	2,523.00	65.38%
Otis Elevator Company - SAN FRANCISCO, CA	36,208.50	686.50	1.90%	13,880.00	38.33%	376.00	2.71%
PACIFIC ERECTORS, INC	72,434.50	14,354.00	19.82%	28,936.50	39.95%	14,090.00	48.69%
Paradigm Design-Build, Inc	2,037.50			413.50	20.29%		
PERFORMANCE CONTRACTING INC - Richmond, CA	19,326.00	3,832.00	19.83%	9,534.00	49.33%	2,944.00	30.88%
Peterson Mechanical, Inc.	13,639.50	16.00	0.12%	5,297.50	38.84%	16.00	0.30%
Peterson Power Systems	1,254.20						
Phoenix Electric Company	1,269.25	655.75	51.66%	187.50	14.77%	149.50	79.73%
Primecut Concrete Sawing & Drilling	1,855.00						
PROGRESS GLASS COMPANY	178.50	77.00	43.14%	69.00	38.66%	69.00	100.00%
QOL Corp dba CEOWD Glazing	60,582.00	27,856.00	45.98%	13,918.00	22.97%	10,397.50	74.71%
Rana Creek Habitat Restoration	3,136.25						
Reliance Engineering Inc	101.50						
RFJ Meiswinkel Company	8,849.00	1,730.00	19.55%	393.00	4.44%	2.00	0.51%
RLH FIRE PROTECTION	33,500.50	666.50	1.99%	18,916.50	56.47%	495.50	2.62%
Rosendin Electric, Inc.	375,277.50	69,463.00	18.51%	63,745.50	16.99%	19,373.50	30.39%
Rubecon General Contracting, Inc.	5,001.00	724.00	14.48%	500.00	10.00%	500.00	100.00%
Ryan Engineering, Inc.	15,022.00	11,476.50	76.40%				
Safway Services, LLC - Burlingame	25,460.75	4,930.00	19.36%	10,514.50	41.30%	3,079.00	29.28%
SERVICE BY MEDALLION	720.00						
Service West, Inc.	42.00						
Sheedy Drayage Co	5,057.00	505.50	10.00%	1,018.50	20.14%	174.50	17.13%
Smoke Guard California, Inc.	110.00			40.00	36.36%		
Southland Industries	321,274.50	77,418.50	24.10%	122,006.50	37.98%	44,958.50	36.85%
Statewide Construction Sweeping	121.50						
Superior Coring & Cutting Inc.	19.50	13.00	66.67%				
Superior Electric Inc.	153.00						
SUPERIOR GUNITE	1,644.50	64.50	3.92%	45.00	2.74%		
TC STEEL	575.00			242.00	42.09%		
Temper Insulation Co., Inc.	5,319.00	4,437.50	83.43%	1,991.00	37.43%	1,991.00	100.00%

The Boldt Company	153,248.75	54,660.00	35.67%	6,235.50	4.07%	2,313.50	37.10%
The Herrick Corporation	74,415.00	26,245.00	35.27%	13,735.50	18.46%	5,129.00	37.34%
THE LAWSON ROOFING CO., INC.	43,378.74	18,404.45	42.43%	9,042.56	20.85%	2,896.79	32.04%
The Smith Company, Inc.	44.00			14.00	31.82%		
UNIQUE ELEVATOR INTERIORS INC	713.00			361.50	50.70%		
US Glass & Aluminum	1,648.00			510.00	30.95%		
VAN MULDER SHEET METAL, INC.	18,625.50	5,068.50	27.21%	2,321.50	12.46%	551.00	23.73%
VFC Lightning Protection, Inc.	103.00						
WPCS International-Suisun City, Inc.	49,904.50	8,640.50	17.31%	13,051.50	26.15%	6,263.50	47.99%
Yolanda's Construction Management and Traffic Control	17,072.75	12,933.00	75.75%				
your all day everyday janitorial service	11,283.33	11,083.33	98.23%				
Total	3,127,181.11	814,830.07	26.06%	676,214.42	21.62%	251,592.90	37.21%

**** NOTES: Projects List ****

--Van Ness and Geary Hospital

St. Luke's Hospital Project

Workforce Contractor Summary							
California Pacific Medical Center							
Reporting Period: All Date Before 12/31/2017							
Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A & B Construction	4,483.00	1,251.00	27.91%				
Advance Pneumatic Tube	1,297.00	631.00	48.65%	700.00	53.97%	631.00	90.14%
Alamillo Rebar Inc.	13,041.00	1,164.00	8.93%	3,944.50	30.25%	1,003.00	25.43%
Assa Abloy Entrance Systems - Monroe, NC	91.00						
B. T. Mancini Co., Inc.	1,462.00			432.00	29.55%		
BAGATELOS GLASS SYSTEMS INC	11,772.00	158.00	1.34%	813.00	6.91%		
Bailey Fence Company, Inc.	8.00						
Bay Area Firestop, Inc	4,085.50			813.50	19.91%		
Bay Area Traffic Solutions Inc.	144.00						
Bay Line Cutting & Coring, Inc.	61.50	8.00	13.01%				
Bayside Insulation, Inc.	6,975.00			2,891.00	41.45%		
BECKER ELECTRIC INC.	9,009.00	3,633.00	40.33%	2,928.00	32.50%	35.00	1.20%
Bellanti Plumbing Inc.	52.00			23.00	44.23%		
BIGGE CRANE AND RIGGING CO	171.00						
Broadway Sheet Metal	370.50						
CAL CON PUMPING LLC	106.50						
CAL-WEST CONCRETE CUTTING, INC.	333.75						
CALCO FENCE, INC	18.00						
California Sheet Metal, Inc.	76.00			55.00	72.37%		
Capitol Builders Hardware Inc	8,555.00	2,073.50	24.24%	899.00	10.51%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	5,134.50	246.50	4.80%	507.00	9.87%	72.00	14.20%
Cell-crete Corporation	698.50	81.50	11.67%	34.00	4.87%		
CF&T Concrete Pumping	304.50						
Charles Pankow Builders, Ltd	39,851.00	11,984.00	30.07%	2,750.50	6.90%	1,292.50	46.99%
Chrisp Company	13.00			8.50	65.38%		
Clark Pacific	9,560.00	745.50	7.80%	974.50	10.19%	338.00	34.68%
Clipper International	15,922.50	5,648.50	35.47%				
Comtel Systems Technology, Inc	7,511.00	374.00	4.98%	415.00	5.53%	360.00	86.75%
CONCO PUMPING	145.75						
CONDON-JOHNSON & ASSOCIATES INC	2,049.00	25.00	1.22%				
Convergint Technologies LLC	876.50						
D.C. Vient, Inc.	11,432.50	1,134.00	9.92%	1,187.00	10.38%	1,108.00	93.34%
De Haro Ramirez Group	76.00	8.00	10.53%				
Del Secco Diamond Core & Saw, Inc.	7.50						
Delta Grinding Co., Inc. dba Diablo Grinding Inc.	8.00						
E & S MASONRY CORPORATION	2,003.00						
F.D. Thomas, Inc.	1,828.00			58.00	3.17%		
F3 & Associates Inc.	68.00			30.00	44.12%		
Fibrebond Corporation	18.00						
Fidato	1,821.00	114.00	6.26%				
FORENSIC ANALYTICAL CONSULTING SERVICES	247.50						
Ground Penetrating Radar Systems, Inc	8.25						
H&M Fire Protection, Inc.	1,287.50	424.00	32.93%	314.00	24.39%		
Harrison Drywall Inc.	279,535.50	67,954.00	24.31%	49,671.50	17.77%	16,405.00	33.03%
HATTON'S CRANE & RIGGING INC	166.50						
Herrero Contractors, Inc.	56,652.00	17,786.50	31.40%	6,773.00	11.96%	6,773.00	100.00%

Hoem & Associates, Inc	10,622.00	3,548.50	33.41%	1,737.50	16.36%	1,104.50	63.57%
HVAC Controls Corporation	4,740.00	14.00	0.30%	1,146.00	24.18%	14.00	1.22%
INTEGRATED SIGN INSTALLATIONS INC	224.50			15.00	6.68%		
Intelligent Technologies and Services, Inc.	35.00	3.00	8.57%				
Interstate Concrete Pumping	99.00						
Ireland Interior Systems, Inc.	16,180.00	6,530.50	40.36%	5,388.00	33.30%	2,776.00	51.52%
Kwan Wo Ironworks Inc. - San Francisco, CA	9,416.00	7,579.00	80.49%	3,957.00	42.02%	3,485.00	88.07%
Lewis M. Merlo Inc.	81.50	16.00	19.63%				
Liquidyn, Inc.	20,553.00	1,500.00	7.30%	5,210.00	25.35%	611.00	11.73%
Lombardo	239.75			32.25	13.45%		
MARTIN M. RON ASSOC. INC.	1,505.00	489.50	32.52%	27.00	1.79%	20.00	74.07%
Master Protection, LP dba FireMaster	75.50						
McGill Erection and Welding, Inc.	606.00	88.00	14.52%	32.00	5.28%		
MCGUIRE & HESTER	10,261.25	2,985.00	29.09%	2,062.00	20.10%	1,794.50	87.03%
MDB Interiors, Inc	1,036.00	120.50	11.63%	135.50	13.08%	112.50	83.03%
Mission City Rebar, Inc.	30.00	8.00	26.67%	18.00	60.00%	8.00	44.44%
Morrow Equipment Company	410.50			30.00	7.31%		
NATIONAL AIR BALANCE COMPANY INC	1,167.00			518.00	44.39%		
Nor-Cal Scaffolding, Inc	127.00			40.00	31.50%		
NTK Construction, Inc.	7,691.00	5,392.50	70.11%	275.50	3.58%	275.50	100.00%
Otis Elevator Company - SAN FRANCISCO, CA	8,304.75	237.50	2.86%	3,237.25	38.98%		
PACIFIC ERECTORS, INC	5,163.00	423.00	8.19%	1,588.00	30.76%	423.00	26.64%
PACIFIC SEALANTS	444.00			172.00	38.74%		
Paradigm Design-Build, Inc	4,504.00	32.00	0.71%	629.00	13.97%	32.00	5.09%
Performance Swing Stage, Inc.	149.50						
Peterson Mechanical, Inc.	3,354.50	41.00	1.22%	1,050.00	31.30%	41.00	3.90%
Peterson Power Systems	804.00			3.50	0.44%		
Ransome Company	61.50						
RLH FIRE PROTECTION	6,787.00	3,628.50	53.46%	1,920.00	28.29%	14.00	0.73%
Rosendin Electric, Inc.	112,636.50	32,343.00	28.71%	29,873.50	26.52%	9,875.00	33.06%
Ryan Engineering, Inc.	17,040.25	7,387.00	43.35%				
Scaffold Solutions	1,884.00	237.50	12.61%	478.50	25.40%	48.50	10.14%
SERVICE METAL PRODUCTS	5,925.25	140.00	2.36%	808.00	13.64%	140.00	17.33%
Sheedy Drayage Co	2,116.00	182.00	8.60%	109.00	5.15%		
Southland Industries	118,648.50	21,128.50	17.81%	40,674.50	34.28%	8,191.00	20.14%
Stomper Company Inc	490.00	16.00	3.27%	40.00	8.16%		
Superior Coring & Cutting Inc.	61.00	3.50	5.74%				
Superior Electric Inc.	67.00						
SUPERIOR GUNITE	806.00			34.00	4.22%		
TC STEEL	108.00			49.00	45.37%		
The Boldt Company	31,588.00	7,712.50	24.42%	435.50	1.38%	435.50	100.00%
The Herrick Corporation	17,362.50	4,046.00	23.30%	3,999.00	23.03%	2,750.00	68.77%
THE LAWSON ROOFING CO., INC.	13,770.50	5,235.50	38.02%	2,703.50	19.63%	687.00	25.41%
Tile West, Inc.	11,721.65	2,731.50	23.30%	4,385.00	37.41%	1,135.00	25.88%
VAN MULDER SHEET METAL, INC.	11,786.00	1,582.00	13.42%	1,194.00	10.13%	666.50	55.82%
VFC Lightning Protection, Inc.	101.00			39.00	38.61%		
Vickers Concrete Sawing, Inc.	9.00						
WPCS International-Suisun City, Inc.	14,486.50	40.00	0.28%	2,554.00	17.63%	40.00	1.57%
Yolanda's Construction Management and Traffic Control	5,599.00	4,696.00	83.87%				
Total	980,216.15	235,561.50	24.03%	192,822.00	19.67%	62,697.00	32.52%

**** NOTES: Projects List ****

--St. Lukes Replacement Hospital

Van Ness and Geary Medical Office Building Project

Workforce Contractor Summary							
California Pacific Medical Center							
Reporting Period: All Date Before 12/31/2017							
Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
B E I Steel, Inc.	624.50	231.00	36.99%	342.00	54.76%	142.00	41.52%
Bear Scaffold and Services	1,048.50	160.00	15.26%	103.00	9.82%		
Boyett Construction, Inc.	69.50			10.00	14.39%		
Cell-crete Corporation	146.50	40.50	27.65%				
Charles Pankow Builders, Ltd	75,552.00	32,045.00	42.41%	10,327.50	13.67%	6,617.00	64.07%
Clipper International	8,010.50	2,854.00	35.63%				
CONCO CEMENT COMPANY	26,183.50	1,445.50	5.52%	5,728.50	21.88%	1,022.00	17.84%
Cupertino Electric Inc.	18,182.00	4,671.00	25.69%	2,447.00	13.46%	1,243.00	50.80%
Eco Bay Services, Inc.	165.00	55.00	33.33%	38.00	23.03%		
EVANS BROTHERS INC	14,539.50	2,791.00	19.20%	1,410.00	9.70%	955.00	67.73%
Fitzgibbon Masonry	2,417.50						
Frank M Booth, Inc	8,438.00	1,521.00	18.03%	1,925.50	22.82%	478.00	24.82%
H&M Fire Protection, Inc.	3,310.00	923.00	27.89%	1,863.00	56.28%	859.50	46.14%
Harrison Drywall Inc.	17,757.00	3,364.00	18.94%	2,690.00	15.15%	709.00	26.36%
Lombardo	219.25			97.75	44.58%		
Malcolm Drilling Company, Inc.	20,425.00	2,696.50	13.20%	19.50	0.10%	8.00	41.03%
MCGUIRE & HESTER	1,462.25			121.50	8.31%		
OLSON & CO. STEEL	3,497.50	150.00	4.29%	534.00	15.27%	136.00	25.47%
Otis Elevator Company - SAN FRANCISCO, CA	444.50			218.75	49.21%		
PACIFIC ERECTORS, INC	3,858.00	136.00	3.53%	1,912.00	49.56%	136.00	7.11%
Phoenix Electric Company	82.00	1.50	1.83%				
Reliance Engineering Inc	82.00	7.00	8.54%	7.00	8.54%	7.00	100.00%
SUPERIOR GUNITE	6,081.00	12.00	0.20%	122.50	2.01%	12.00	9.80%
The Herrick Corporation	18,898.00	4,327.00	22.90%	3,863.00	20.44%	1,889.00	48.90%
THE LAWSON ROOFING CO., INC.	8,854.50	2,320.00	26.20%	2,154.50	24.33%	1,707.50	79.25%
VAN MULDER SHEET METAL, INC.	114.00			16.00	14.04%		
Viking Drillers, Inc.	396.00						
WALTERS & WOLF GLASS	6,405.50			3,308.50	51.65%		
WALTERS & WOLF PRECAST	9,711.50	718.50	7.40%	2,609.50	26.87%	530.00	20.31%
Total	256,975.00	60,469.50	23.53%	41,869.00	16.29%	16,451.00	39.29%
** NOTES: Projects List **							
--Van Ness Garage and Medical Office Building							

HerreroBoldt Projects

Workforce Contractor Summary							
California Pacific Medical Center							
Reporting Period: All Date Before 12/31/2017							
Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A & B Construction	4,483.00	1,251.00	27.91%				
A&B PAINTING, INC.	26,492.50	7,446.00	28.11%	5,836.00	22.03%	3,615.00	61.94%
Advance Pneumatic Tube	8,152.50	946.00	11.60%	4,448.00	54.56%	946.00	21.27%
AJS PAINTING DECORATING	2,054.00	1,654.00	80.53%	833.50	40.58%	833.50	100.00%
Alamillo Rebar Inc.	13,041.00	1,164.00	8.93%	3,944.50	30.25%	1,003.00	25.43%
Alcal Specialty Contracting, Inc.	6,232.00			2,032.50	32.61%		
ANDERSON CARPET AND LINOLEUM SALES CO.	40,605.50	14,976.50	36.88%	18,504.50	45.57%	12,277.00	66.35%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
Assa Abloy Entrance Systems - Monroe, NC	91.00						
B. T. Mancini Co., Inc.	3,460.00			1,308.00	37.80%		
BAGATELOS GLASS SYSTEMS INC	11,772.00	158.00	1.34%	813.00	6.91%		
Bailey Fence Company, Inc.	8.00						
BAY AREA CONCRETES, INC	279.00			11.00	3.94%		
Bay Area Firestop, Inc	4,085.50			813.50	19.91%		
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Area Traffic Solutions Inc.	144.00						
Bay Line Cutting & Coring, Inc.	376.50	108.00	28.69%	8.00	2.12%		
Bayside Insulation, Inc.	6,975.00			2,891.00	41.45%		
BECKER ELECTRIC INC.	37,426.63	11,543.13	30.84%	7,714.00	20.61%	1,780.00	23.07%
Bellanti Plumbing Inc.	52.00			23.00	44.23%		
BIGGE CRANE AND RIGGING CO	171.00						
Broadway Sheet Metal	1,920.50						
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
Bullard's Heating & Air Inc	37,217.50	12,289.50	33.02%	13,792.50	37.06%	7,263.50	52.66%
C. E. Toland & Son	3,972.00	944.00	23.77%	423.00	10.65%	8.00	1.89%
CAL CON PUMPING LLC	117.00						
CAL-WEST CONCRETE CUTTING, INC.	1,412.25						
CALCO FENCE, INC	18.00						
CALIFORNIA DRYWALL COMPANY	517,932.50	62,209.00	12.01%	76,206.00	14.71%	17,814.00	23.38%
California Sheet Metal, Inc.	559.00			194.00	34.70%		
CALIFORNIA TILE INSTALLERS	190.00			95.00	50.00%		
Capitol Builders Hardware Inc	8,555.00	2,073.50	24.24%	899.00	10.51%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	21,781.50	801.50	3.68%	1,979.50	9.09%	265.00	13.39%
Cell-crete Corporation	1,754.00	275.00	15.68%	85.50	4.87%		
CF&T Concrete Pumping	1,301.00						
CHAIX COMPANY	97.00	32.50	33.51%	16.00	16.49%		
Charles Pankow Builders, Ltd	147,988.05	46,042.00	31.11%	26,159.50	17.68%	10,327.50	39.48%
Chrisp Company	13.00			8.50	65.38%		
Clark Pacific	9,560.00	745.50	7.80%	974.50	10.19%	338.00	34.68%
Clipper International	70,894.00	34,054.00	48.04%				
CMC CONSTRUCTION- 2	1,658.00	128.00	7.72%	316.00	19.06%	99.00	31.33%
CMC Traffic Control Specialists dba CMC Construction	2,862.50	1,407.00	49.15%	478.50	16.72%	73.00	15.26%
Comtel Systems Technology, Inc	17,068.00	2,484.50	14.56%	1,398.00	8.19%	1,343.00	96.07%
CONCO PUMPING	145.75						
Concrete Wall Sawing Co., Inc.	1,008.00						
CONDON-JOHNSON & ASSOCIATES INC	2,049.00	25.00	1.22%				

Convergint Technologies LLC	2,264.00						
D & J Tile Company, Inc.	61,117.20	7,414.80	12.13%	16,684.80	27.30%	3,694.50	22.14%
D.C. Vient, Inc.	11,432.50	1,134.00	9.92%	1,187.00	10.38%	1,108.00	93.34%
David M Schmitt	88,785.56	11,229.98	12.65%	13,701.73	15.43%	5,437.73	39.69%
De Haro Ramirez Group	336.00	107.50	31.99%				
Del Secco Diamond Core & Saw, Inc.	7.50						
Delta Grinding Co., Inc. dba Diablo Grinding Inc.	8.00						
E & S MASONRY CORPORATION	2,003.00						
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	4,645.50			462.00	9.95%		
F3 & Associates Inc.	808.00			234.50	29.02%		
Fast Wrap Reno One LLC	741.50						
FBD VANGUARD CONSTRUCTION INC	255.75			48.00	18.77%		
Ferma Corporation	34,474.50	8,830.00	25.61%	1,411.50	4.09%	841.50	59.62%
Fibrebond Corporation	353.50						
Fidato	4,749.50	114.00	2.40%	15.00	0.32%		
FORENSIC ANALYTICAL CONSULTING SERVICES	247.50						
George Family NorCal	36,940.00	4,792.50	12.97%	10,928.50	29.58%	1,070.50	9.80%
Gerdau Reinforcing Steel	42,853.00	3,605.00	8.41%	15,317.00	35.74%	3,605.00	23.54%
Giron Construction	98,924.58	64,884.08	65.59%	17,312.33	17.50%	11,878.83	68.61%
Ground Penetrating Radar Systems, Inc	8.25						
H&M Fire Protection, Inc.	5,951.50	1,771.50	29.77%	2,011.50	33.80%		
Harrison Drywall Inc.	332,346.50	94,020.50	28.29%	60,271.50	18.14%	23,745.00	39.40%
HATTON'S CRANE & RIGGING INC	166.50						
Herrero Contractors, Inc.	222,390.80	89,896.80	40.42%	32,883.75	14.79%	23,318.30	70.91%
Hoem & Associates, Inc	10,622.00	3,548.50	33.41%	1,737.50	16.36%	1,104.50	63.57%
HVAC Controls Corporation	23,603.00	569.00	2.41%	4,854.50	20.57%	548.00	11.29%
INTEGRATED SIGN INSTALLATIONS INC	224.50			15.00	6.68%		
Intelligent Technologies and Services, Inc.	89.00	3.00	3.37%				
Interstate Concrete Pumping	99.00						
Ireland Interior Systems, Inc.	16,180.00	6,530.50	40.36%	5,388.00	33.30%	2,776.00	51.52%
ISEC, Inc. - Englewood, CO	64,767.27	17,803.25	27.49%	23,181.00	35.79%	9,391.25	40.51%
John Jackson Masonry	2,829.00	28.00	0.99%	248.50	8.78%		
K.M. McRae, Inc.	31.50						
KING CRANE SERVICE	1,494.00			570.00	38.15%		
Kingsborough Atlas Tree Surgery, Inc.	42.50						
KWAN WO IRONWORKS INC	15,180.00	14,738.00	97.09%	6,212.00	40.92%	6,060.00	97.55%
Kwan Wo Ironworks Inc. - San Francisco, CA	18,812.00	15,750.00	83.72%	8,074.00	42.92%	7,056.00	87.39%
L C General Engineering & Construction, Inc.	12,392.50	5,057.50	40.81%	4,064.00	32.79%	2,925.50	71.99%
Lewis M. Merlo Inc.	81.50	16.00	19.63%				
Liquidyn, Inc.	85,738.00	24,960.50	29.11%	25,928.50	30.24%	5,221.50	20.14%
Lombardo	239.75			32.25	13.45%		
Malcolm Drilling Company, Inc.	27,592.00	7,296.50	26.44%	1,783.50	6.46%	1,165.00	65.32%
MARTIN M. RON ASSOC. INC.	6,215.00	1,087.00	17.49%	144.00	2.32%	131.00	90.97%
Master Protection, LP dba FireMaster	75.50						
McGill Erection and Welding, Inc.	606.00	88.00	14.52%	32.00	5.28%		
MCGUIRE & HESTER	31,279.25	4,883.50	15.61%	3,757.00	12.01%	1,972.50	52.50%
McMillan Electric Co.	30.50			13.00	42.62%		
MDB Interiors, Inc	1,036.00	120.50	11.63%	135.50	13.08%	112.50	83.03%
Mission City Rebar, Inc.	358.00	8.00	2.23%	112.00	31.28%	8.00	7.14%
MODULAR HEALTHCARE ENGINEERING DESIGNS LLC	7,742.00						
Morrow Equipment Company	1,907.50			227.25	11.91%		
NATIONAL AIR BALANCE COMPANY INC	1,759.00			532.00	30.24%		

NELCO, INC. (SAN LEANDRO, CA)	614.50						
Nor-Cal Industrial Floors, Inc.	36.00						
Nor-Cal Scaffolding, Inc	127.00			40.00	31.50%		
NTK Construction, Inc.	7,691.00	5,392.50	70.11%	275.50	3.58%	275.50	100.00%
OLSON & CO. STEEL	21,999.25	3,883.00	17.65%	3,859.00	17.54%	2,523.00	65.38%
Otis Elevator Company - SAN FRANCISCO, CA	44,513.25	924.00	2.08%	17,117.25	38.45%	376.00	2.20%
PACIFIC ERECTORS, INC	77,597.50	14,777.00	19.04%	30,524.50	39.34%	14,513.00	47.55%
PACIFIC SEALANTS	444.00			172.00	38.74%		
Paradigm Design-Build, Inc	6,541.50	32.00	0.49%	1,042.50	15.94%	32.00	3.07%
PERFORMANCE CONTRACTING INC - Richmond, CA	19,326.00	3,832.00	19.83%	9,534.00	49.33%	2,944.00	30.88%
Performance Swing Stage, Inc.	149.50						
Peterson Mechanical, Inc.	16,994.00	57.00	0.34%	6,347.50	37.35%	57.00	0.90%
Peterson Power Systems	2,058.20			3.50	0.17%		
Phoenix Electric Company	1,269.25	655.75	51.66%	187.50	14.77%	149.50	79.73%
Primecut Concrete Sawing & Drilling	1,855.00						
PROGRESS GLASS COMPANY	178.50	77.00	43.14%	69.00	38.66%	69.00	100.00%
QOL Corp dba CEOWD Glazing	60,582.00	27,856.00	45.98%	13,918.00	22.97%	10,397.50	74.71%
Rana Creek Habitat Restoration	3,136.25						
Ransome Company	61.50						
Reliance Engineering Inc	101.50						
RFJ Meiswinkel Company	8,849.00	1,730.00	19.55%	393.00	4.44%	2.00	0.51%
RLH FIRE PROTECTION	40,287.50	4,295.00	10.66%	20,836.50	51.72%	509.50	2.45%
Rosendin Electric, Inc.	487,914.00	101,806.00	20.87%	93,619.00	19.19%	29,248.50	31.24%
Rubecon General Contracting, Inc.	5,001.00	724.00	14.48%	500.00	10.00%	500.00	100.00%
Ryan Engineering, Inc.	32,062.25	18,863.50	58.83%				
Safway Services, LLC - Burlingame	25,460.75	4,930.00	19.36%	10,514.50	41.30%	3,079.00	29.28%
Scaffold Solutions	1,884.00	237.50	12.61%	478.50	25.40%	48.50	10.14%
SERVICE BY MEDALLION	720.00						
SERVICE METAL PRODUCTS	5,925.25	140.00	2.36%	808.00	13.64%	140.00	17.33%
Service West, Inc.	42.00						
Sheedy Drayage Co	7,173.00	687.50	9.58%	1,127.50	15.72%	174.50	15.48%
Smoke Guard California, Inc.	110.00			40.00	36.36%		
Southland Industries	439,923.00	98,547.00	22.40%	162,681.00	36.98%	53,149.50	32.67%
Statewide Construction Sweeping	121.50						
Stomper Company Inc	490.00	16.00	3.27%	40.00	8.16%		
Superior Coring & Cutting Inc.	80.50	16.50	20.50%				
Superior Electric Inc.	220.00						
SUPERIOR GUNITE	2,450.50	64.50	2.63%	79.00	3.22%		
TC STEEL	683.00			291.00	42.61%		
Temper Insulation Co., Inc.	5,319.00	4,437.50	83.43%	1,991.00	37.43%	1,991.00	100.00%
The Boldt Company	184,836.75	62,372.50	33.74%	6,671.00	3.61%	2,749.00	41.21%
The Herrick Corporation	91,777.50	30,291.00	33.00%	17,734.50	19.32%	7,879.00	44.43%
THE LAWSON ROOFING CO., INC.	57,149.24	23,639.95	41.37%	11,746.06	20.55%	3,583.79	30.51%
The Smith Company, Inc.	44.00			14.00	31.82%		
Tile West, Inc.	11,721.65	2,731.50	23.30%	4,385.00	37.41%	1,135.00	25.88%
UNIQUE ELEVATOR INTERIORS INC	713.00			361.50	50.70%		
US Glass & Aluminum	1,648.00			510.00	30.95%		
VAN MULDER SHEET METAL, INC.	30,411.50	6,650.50	21.87%	3,515.50	11.56%	1,217.50	34.63%
VFC Lightning Protection, Inc.	204.00			39.00	19.12%		
Vickers Concrete Sawing, Inc.	9.00						
WPCS International-Suisun City, Inc.	64,391.00	8,680.50	13.48%	15,605.50	24.24%	6,303.50	40.39%
Yolanda's Construction Management and Traffic Control	22,671.75	17,629.00	77.76%				
your all day everyday janitorial service	11,283.33	11,083.33	98.23%				

Total	4,107,397.26	1,050,391.57	25.57%	869,036.42	21.16%	314,289.90	36.17%
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**** NOTES: Projects List ****

--St. Lukes Replacement Hospital

--Van Ness and Geary Hospital

Exhibit B

Total New Apprentice Hires on CPMC Projects
Through December 2017

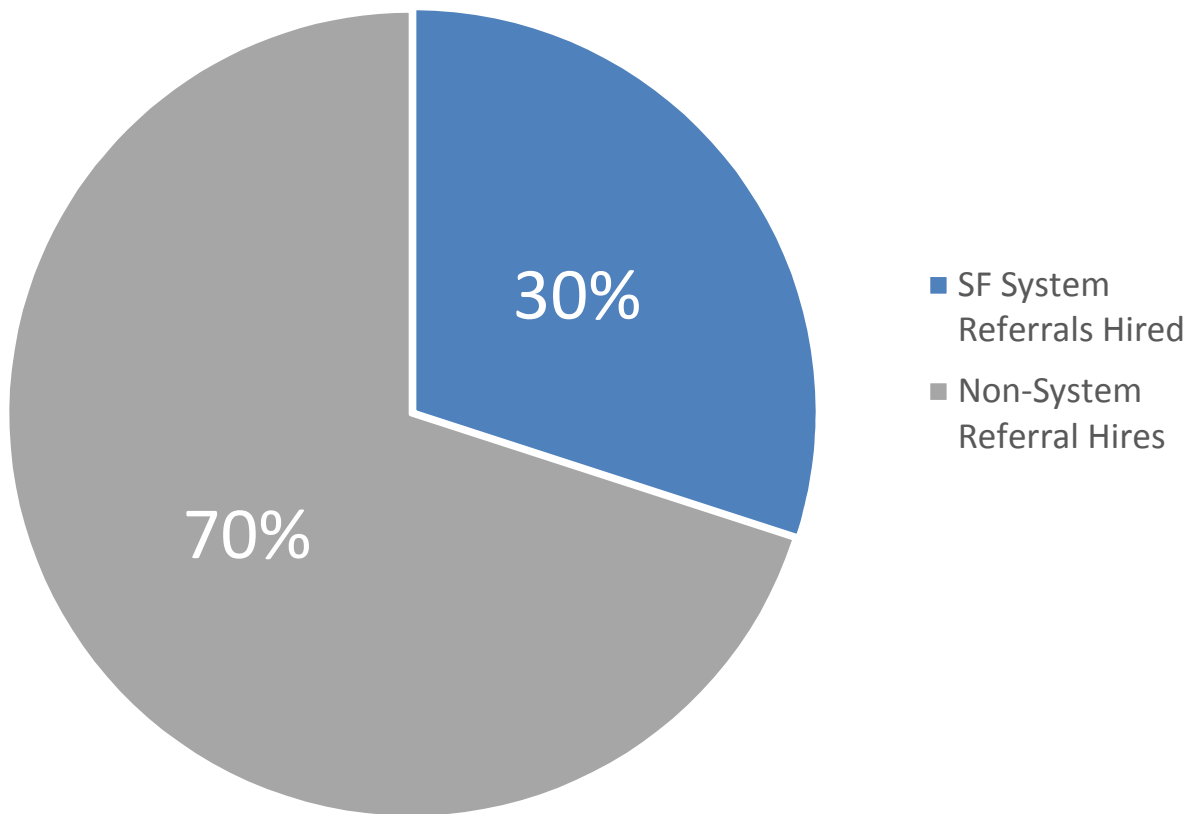


Exhibit C



Van Ness and Geary Campus Hospital Project LBE Reporting 2017

LBE Company	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
HerreroBOLDT												
HERREROBOLDT												
Total LBE Billing - HB	5,917,010	10,345,233	5,533,264	4,407,266	4,095,361	3,644,534	3,402,248	4,691,222	4,209,056	3,573,461	4,300,582	3,116,432
Cumulative LBE Billing	83,778,124	94,123,357	99,656,621	104,063,887	108,159,248	111,803,782	115,206,030	119,897,252	124,106,308	127,679,769	131,980,351	135,096,783
HerreroBoldt Billing	26,321,951	27,243,757	28,735,568	24,980,239	30,787,184	24,312,542	27,743,399	32,796,710	25,729,007	24,659,094	25,882,182	21,290,009
Cumulative HB Billing	571,501,796	598,745,553	627,481,121	652,461,360	683,248,544	707,561,086	735,304,485	768,101,195	793,830,203	818,489,296	844,371,479	865,661,487
% LBE Monthly	22.5%	38.0%	19.3%	17.6%	13.3%	15.0%	12.3%	14.3%	16.4%	14.5%	16.6%	14.6%
% LBE Total - HB	14.7%	15.7%	15.9%	15.9%	15.8%	15.8%	15.7%	15.6%	15.6%	15.6%	15.6%	15.6%

The Replacement Hospital at the St. Luke's Campus Project Project LBE Reporting 2017

LBE Company	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
HerreroBOLDT												
Total LBE Billing - HB Hosp + MR	2,695,219	1,807,302	1,960,562	2,163,556	2,617,418	2,223,208	1,767,425	1,714,905	1,452,416	1,073,238	577,939	542,848
Cumulative LBE Billing	42,673,559	44,480,861	46,441,423	48,604,978	51,222,397	53,445,605	55,213,030	56,927,935	58,380,352	59,453,589	60,031,528	60,574,376
HerreroBoldt Billing	7,598,389	7,834,161	6,657,325	6,445,522	9,012,465	8,633,652	7,022,829	8,170,364	7,641,305	6,701,069	5,725,108	4,893,178
Cumulative HB Hosp + MR Billing	181,417,926	189,252,087	195,909,412	202,354,934	211,367,399	220,001,051	227,023,880	235,194,245	242,835,550	249,536,619	255,261,727	260,154,905
% LBE Monthly	35.5%	23.1%	29.4%	33.6%	29.0%	25.8%	25.2%	21.0%	19.0%	16.0%	10.1%	11.1%
% LBE Total - HB Hosp + MR	23.5%	23.5%	23.7%	24.0%	24.2%	24.3%	24.3%	24.2%	24.0%	23.8%	23.5%	23.3%

Collaborate, Really Collaborate
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Increase Relatedness
Projects as Networks of Commitments

Optimize the Whole



Van Ness and Geary Campus MOB Project LBE Reporting 2017

LBE Report																	
Year	Month	Garage Billing	MOB Billing	Bear Scaffold	Conco Rebar (subtiers/ vendors)	Cupertino (subtiers/ vendors)	EBI (subtiers/ vendors)	H & M	Harrison	Herrick (subtier and vendors)	Lawson	Pankow (vendors)	Superior Gunitite (subtier/ vendors)	Frank M. Booth	Total Billing	Total LBE \$'s	% LBE \$'s
2015		\$ 5,524,025.00	\$ 12,197.25	\$ 9,618.89	\$ -	\$ -	\$ 74,416.37	\$ 48,780.53				\$ 68,171.37			\$ 5,536,222.25	\$ 200,987.16	3.63%
2015		\$ 21,751,887.00	\$ 8,296,312.00	\$ 63,969.04	\$ -	\$ 1,062,559.22	\$ 733,869.10	\$ 217,631.50	\$ -	\$ -	\$ 819,066.42	\$ 156,119.26	\$ -	\$ -	\$ 30,048,199.00	\$ 3,053,214.54	10.16%
2016		\$ 57,642,428.00	\$ 62,726,051.25	\$ 192,245.22	\$ -	\$ 3,070,273.05	\$ 1,542,154.57	\$ 1,864,891.22	\$ 2,612,139.20	\$ 654,387.00	\$ 1,910,770.98	\$ 661,599.78	\$ -	\$ 2,847,726.00	\$ 120,368,479.25	\$ 12,508,461.02	10.39%
2017		\$ 115,284,856.00	\$ 125,452,102.50	\$ 384,490.44	\$ -	\$ 6,140,546.10	\$ 3,084,309.14	\$ 3,729,782.44	\$ 5,224,278.40	\$ 1,308,774.00	\$ 3,821,541.96	\$ 1,323,199.56	\$ -	\$ 5,695,452.00	\$ 240,736,958.50	\$ 25,016,922.04	10.39%

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Exhibit D

CMD Certified LBE's on CPMC Construction Projects	
A R SANCHEZ COREA & ASSOC INC	Regulatory Compliance
A1 Protective Services	Security
AJS Painting	Painting Contractor
Ark Sign	Sign Supplier
Baylight	Electrical Contractor
Becker Electric	Lighting installation and Misc. Electrical
BergDavis Public Affairs	Public Affairs
Big Mouth Productions	Progress Photos
Black Bear	Security
Borden Decal	Decal Supplier
Bullard's Heating and Air Inc	Sheet Metal Contractor
Center Hardware	Hardware Supplier
City Source Rental & Supply	Construction Material
Clipper International	Operator Contractor
CMC Traffic Control	Traffic Supplier
David Schmitt	Firestopping Contractor
DLD Lumber	Lumber Supplier
Eco Bay Environmental	Abatement Contractor
Everyday Janitorial	Janitorial Supplier
Fluid Gauge	Material Supplier
Front Line	Structural Contractor
Giron Construction	General Contractor
H & M Fire Protection	Fire Sprinkler Contractor
Harrison Drywall	Metal Framing Contractor
JRM Equipment	Equipment Supplier
LC Engineering	General Contractor
Level Construction	Material Supplier
Linoleum Larry's, Inc.	Flooring Contractor
LiquiDyn	Plumbing Contractor
Martin Ron	Surveying Contractor
Merriweather & Williams	Human Resources
Mike O'Brien Trucking	Trucking
Modulus Consulting	Consulting Supplier
Muller Construction Supply	Construction Material
Municon	Monitoring Services
NTK Construction	General Engineering
Phoenix (M&H Sub)	Electrical Contractor



Reliance Engineering	Electrical Contractor
Rubecon Builders	General Contractor
SF Paint Company	Paint Supplier
TBC Safety	Safety Supplier
Team North	Trucking
Temper Insulation Co. Inc	Insulation Contractor
The M-Line	Media and Website Services
The Supply Closet	Construction Material
United CA Glass & Door	Glazing Contractor
Vibro Acoustic	Monitoring Services
Wireless Voice & Data	Construction Material
YCAT-C	Traffic Control

ATTACHMENT 5

Transportation Demand Management Summary

Transportation Demand Management 2017 Program Summary

The Transportation Demand Management Program at California Pacific Medical Center is comprised of the following elements: parking management, shuttle connection services (inter-campus and last mile connections to transit), alternative commute program (ridesharing, biking and walking), program support and communications and performance evaluation. The summary below describes the activities undertaken in 2017 for each area.

Parking Management Program

- Evaluated all employee parking both onsite/offsite to recommend rate increases that will support SOV trip and parking demand reduction goals
- Maintain inventory of all employee onsite/offsite parking and current utilization
- Continue to forge strong working relationship with SFMTA traffic enforcement to mitigate pedestrian and vehicle congestion at Pacific campus
- Dedicated a parking attendant at the Pacific Campus to manage traffic control and direct patient drop off/pick up, including Lyft and Uber

Shuttle Connection Services

- Ongoing review of current shuttle operations for both last mile solutions and inter-campus to improve operation efficiencies, service standards and meet increasing BART ridership demands
- Improved white zone at Pacific Campus (Clay/Buchanan) to better accommodate CPMC shuttles and San Francisco Paratransit services

Alternative Commute Services

- Carpool dedicated reserved spaces currently at Pacific, St Luke's and California campuses
- Zipcar carsharing services are available at all four campuses
- Maintain bike racks in and around the campuses

Program Support & Communications

- Maintain the San Francisco Emergency Ride Home Program (ERH) benefit
- Collaborate with Human Resources and Communications to enhance educational TDM outreach through CPMC intranet, weekly Take 5 updates and TDM reminders, Hands@Work newsletter and new employee orientation
- Maintain dedicated TDM information bulletin boards at each campus

- Employ a full-time TDM Manager and maintain an experienced TDM consultant under contract

Performance Evaluation

- Conducted employee/physician commute survey resulting in an 79% return rate

2018 update

- Dedicated Shuttle 24th St. Bart Station to St. Luke's (Mission Bernal Campus) from 6am to 6pm Monday through Friday
- 2018 Transportation Fairs to be held at the four Campuses in October
- Continue to decrease monthly parking across the enterprise by approximately 5% by the increased parking rates in 2017
- Daily parking demand decreased by approximately 35% across all campuses, which is attributable to the parking rate increases
- Installed two additional secured bicycle cages at Davies and St Luke's (MBC)
- Joined the SF Bicycle Coalition as Corporate Sponsor
- Promoted and participated in May 10 Bike to Work Day
- Working to establish a partnership with Scoop to create a carpool program for CPMC staff

2017 Employee/Physician Commute Survey Results Summary

A major component of the TDM Plan and a requirement of the DA is the annual employee/physician commute survey. The survey provides baselines for CPMC relative to reporting data to the SFMTA.

Sutter Health's overall 2017 employee population in San Francisco was approximately 6,250 staff. The survey was administered to eligible staff through our intranet Healthstream platform with 4,946 CPMC staff completing the survey, for a response rate of roughly 80%.

CPMC is required to have a minimum 30% response rate to the survey at each of its four campuses. Based on the 2017 employee commute survey results, CPMC's commute mode share baseline for 2017 is as follows:

- SOV (drive alone) 55%
- Public Transit 25%
- Bicycle/Walk 6% (walking is 5%, biking is 1.3%)
- Carpooling 7% (includes vanpooling at 0.4%)
- Other 7% (includes Uber/Lyft at 3% and motorcycles at 1%)

CPMC employees/physicians work at four campuses and a handful of office locations in San Francisco with 60 percent of staff working at the Pacific and California campuses.

- Pacific 40%
- California 20%
- Davies 15%
- St. Luke's 13%
- Other 12%

CPMC employees/physicians reside throughout the greater Bay Area with the greatest concentration in San Francisco. CPMC has over 40% of their workforce living within San Francisco County, or within 1-5 miles from their workplace.

- San Francisco 46% (San Francisco County)
- East Bay 24% (Alameda, Contra Costa and Solano Counties)
- Daly City/South Bay 19% (San Mateo and Santa Clara Counties)
- North Bay 9% (Marin, Napa and Sonoma Counties)
- Other 2%

2017 CPMC ON-SITE PARKING, CARPOOL AND BICYCLE FACILITIES			
CAMPUS	ON-SITE PARKING SPACES	EMPLOYEES REGISTERED CARPOOL	BIKE PARKING SPOTS
PAC	477	4	30
CAL	282	21	34
DAV	431	3	38
STL	212	1	18
VISITORS PARKING RATE		\$ 8.00	PER HOUR (w/increment of \$2 per 1/2 hr) Up to a maximum of \$30.00 per day
PATIENT PARKING RATE		\$ 14.00	FLAT RATE - ALL DAY (Requires coupon issued by Department)
EMPLOYEE DAILY RATE		\$ 24.00	FLAT RATE - ALL DAY
EMPLOYEE MONTHLY RATE		\$ 180.00	MONTHLY
The on-site parking rate structure is the same for Visitors/Patients/Employees across all CPMC owned facilities			
The percentage of employees who participate in the commuter benefits program is approx. 16% (800 employees)			

2017 CPMC OFF-SITE PARKING SUBSIDIES			
CAMPUS	OFF-SITE PARKING LOCATION	OFF-SITE CONTRACTED SPACES 2017	EMPLOYEES WITH PARKING SPOTS
PAC	Japan Center 1610 Geary Boulevard San Francisco 94114	400	350
CAL	Geary Mall Garage 5200 Geary Blvd. San Francisco 94114	80	50
F O L S O M	148 Townsend St. San Francisco 94107	2	2
	350 2nd Street San Francisco 94107	3	3
	75 Hawthorne St. San Francisco 94105	7	7
	24 Hrs Fitness San Francisco 94107	3	3
475 Brannan	475 Brannan Street San Francisco 94107	15	15
1825 Sac	Staples Garage San Francisco 94109	31	31
DAV	No current employee parking leases	N/A	N/A
STL	No current employee parking leases	N/A	N/A
1375 Sutter	No current employee parking leases	N/A	N/A
Off-Site parking rates are not under CPMC's control. CPMC employees who park at off-site facilities pay subsidized rates that vary by facility.			