

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

2016 COMPLIANCE STATEMENT

and

INCLUDING HEALTHCARE COMPLIANCE REPORT

(January 1, 2016 - December 31, 2016)

TABLE OF CONTENTS

1.	COMPLIANCE STATEMENT	1
2.	SCHEDULE AND PHASING PLAN – HOSPITAL COMMITMENT	1
2.1	Construction Schedules.....	1
2.2	Milestones	2
3.	COMMUNITY COMMITMENTS	2
3.1	Workforce Agreement – DA Exhibit E	2
3.2	Community Healthcare Program – DA Exhibit F (See HCR – Attachment 1)	3
3.3	Housing Program – DA Exhibit G.....	3
3.4	Public Improvements – DA Exhibit H.....	4
3.5	Transportation Program – DA Exhibit I	4
4.	PAYMENT SCHEDULE AND REIMBURSEMENT OF CITY COSTS Exhibit N.....	4
5.	INSTITUTIONAL MASTER PLAN UPDATE.....	4

ATTACHMENTS:

ATTACHMENT 1 – Compliance Statement Summary and Healthcare Compliance Report

ATTACHMENT 2 – Development Agreement Payments Schedule/CPMC Payments

ATTACHMENT 3 – Entry Level Operational Hiring

ATTACHMENT 4 – Construction and Local Business Enterprise Hiring

ATTACHMENT 5 – Transportation Demand Management Summary

ATTACHMENT 6 – St. Luke’s Milestone Completion Notice

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 commenced in October 2016

ii. Medical Office Building - Foundation work commenced in January 2016

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 commenced in December 2016

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 63% entry level First Source hiring rate for calendar year 2016. 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 28% of the total 2016 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. 16% of the total construction work in 2016 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 fourth installment of \$1,725,000 was paid on 11/14/2016;

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 fourth installment of \$8,100,000 was paid on 11/14/2016.

3.4 Public Improvements (Exhibit H)

CPMC has met its obligations to make payments for Public Improvements and pedestrian safety measures as described below and outlined in Attachment 2, as follows:

- The fourth installment of \$1,675,000 was paid on 11/14/2016.

These payments covered lighting and pedestrian safety surrounding the Tenderloin, transit and safety improvements around Van Ness and Geary and traffic safety and enforcement around the Pacific and California campuses.

3.5 Transportation Program (Exhibit K)

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

- The fourth installment of \$2,500,000 was paid on 11/14/2016.

- b. TDM. CPMC has begun implementation of the enhanced Transportation Demand Management (TDM) Plan. The existing elements of the TDM program that continue to be 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 2016, The City (OEWD, City Attorney and the Planning Department) invoiced CPMC a total of \$244,711.80. (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 November of 2016 the sales of 3848-50 California Street and 2315 Sacramento Street were completed. The City consented to the Assignment and Assumption Agreement entered into by CPMC in connection with these transfers.

ATTACHMENT 1

Compliance Statement Summary and Healthcare Compliance Report

CPMC Development Agreement						
DA Compliance Statement Summary						
Fiscal Year 2016						
Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
Compliance Statement	DA 8.2.1	Within 150 days following the end of year, CPMC shall provide a report to the Planning Director showing compliance, if and to the extent required under this Agreement, with (i) the Hospital Commitment, (ii) each of the Community Commitments, including the Healthcare Compliance Report and (iii) the provisions of this Agreement regarding reimbursement of City Costs.	11/08/2013	11/08/2023	In compliance. Compliance Statement submitted 5/31/17	Compliance Statement and Attachments 1-5
Construction Schedule	DA 4.2.3	Keep the City informed of progress in satisfying the Hospital Commitment by reporting to the City on the timing and progress of the construction at the St. Luke's Campus and the Van Ness and Geary Campus	11/08/2013	11/08/2023	In compliance. Both VN and STL projects on schedule.	Compliance Statement, Construction Schedules
Milestone Completion Notice	DA 4.2.3	Provide notice to the City confirming the completion of milestones	11/08/2013	11/08/2019	In compliance. Completed exterior work milestones in November 2016.	Compliance Statement
Schedule and Phasing Milestone Table	Exhibit C	Update Milestone Table with schedule and phasing updates as information becomes available	11/08/2013	11/08/2019	In compliance. Construction schedule/phasing table is current.	Compliance Statement, Milestone Table
First Source Entry Level Hiring	Exhibit E C.3	Good faith efforts to fill 40% of available entry level positions with System Referrals	11/08/2013	11/08/2023	In compliance at 63%. CPMC, in coordination with OEWD, is making the required good faith efforts regarding the First Source Entry Level Hiring Goal.	Compliance Statement Attachment 3
Workforce Training Payment	Exhibit E D	Provide \$1,000,000 to the City as a contribution to the City's programs that provide workforce training to economically disadvantaged residents. Such payments shall be payable as follows: \$1,000,000 paid to OEWD within thirty days after the Effective Date, and managed by OEWD/CityBuild. The remainder of \$3,000,000 shall be paid to the San Francisco Foundation in accordance with Payment Schedule, Exhibit N	11/08/2013	11/08/2014	In compliance.	Compliance Statement Attachment 2
Construction Hiring	Exhibit E A.5a	Good faith efforts to fill 50% of new entry-level positions for non-union administrative and engineering candidates	11/08/2013	11/08/2023	In compliance. 83%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.5b	Good faith efforts to fill 50% of new entry-level positions for administrative and engineering internship candidates	11/08/2013	11/08/2023	In compliance. 60%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.5d	Good faith efforts to fill 30% of trade hours worked by new and core opportunities for union journeymen and apprentices	11/08/2013	11/08/2023	In compliance. 28%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.6e	Good faith efforts to fill 21% of hours for new union apprentices by System Referrals	11/08/2013	11/08/2023	In compliance. 37%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.7b	Good faith efforts to fill 50% of new Entry-Level Positions for union apprentice candidates	11/08/2013	11/08/2023	In compliance. 30%	Compliance Statement, Attachment 4
Construction	Exhibit E B.4	Good faith effort to Contract with Local Business Enterprises 14% of the value of all Contracts	11/08/2013	11/08/2023	In compliance. 16%	Compliance Statement, Attachment 4
Construction	Exhibit E B.4b(i)	Create Workforce Development Group	11/08/2013	11/08/2023	In compliance. Conducted various meetings between CityBuild, trade partners, CPMC/Sutter	Compliance Statement, Attachment 4
Community Health Program	Exhibit F	23 various commitments	Varies	Varies	In compliance. \$1.725M paid 11/14/16. See separate sheets	Compliance Statement, Attachment 1
Housing Program	Exhibit G	City replacement fees for demolition of existing residential units at the site of the Cathedral Hill MOB and Affordable Housing payments	11/08/2013	11/08/2017	In compliance. \$8.100M paid 11/14/16	Compliance Statement, Attachment 2
Public Improvements	Exhibit H	Public Improvements and pedestrian safety measures	11/08/2013	11/08/2016	In compliance. \$1.675M paid 11/14/16	Compliance Statement, Attachment 2
Transportation Program	Exhibit K	Payments for transit improvements	11/08/2013	11/08/2023	In compliance. \$2.500M paid 11/14/16	Compliance Statement, Attachments 2 and 5
Payment Schedule and Reimbursement of City Costs	DA 4.7	Pay City costs incurred for review of annual DA compliance	11/08/2013	11/08/2023	In compliance. \$244,711 paid in 2016	Compliance Statement, Attachment 2
Institutional Master Plan Update	DA 8.2.1	Compliance Statement satisfies the requirements for and is submitted in lieu of IMP Update	11/08/2013	11/08/2023	In compliance. Notified City of 3848-50 California Street and 2315 Sacramento Street transactions	Compliance Statement, IMP Update

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

CPMC Development Agreement						
Healthcare Compliance Report						
Fiscal Year 2016						
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 43,370 Unduplicated Patients between 1/1/2016 and 12/31/2016. This is a surplus of 12,925 Unduplicated Patients for 2016.	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 2016 CPMC spent a total of \$12,682,128 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.	2016 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 2016, CPMC had a total 33,372 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 13,354 beneficiaries. ²	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 is also working 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 has 125 members enrolled in the CPMC/NEMS partnership and they conduct 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 \$1,725,000 in 2016. 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 2016.	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.	
	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 2016 are at or below a 5% increase as compared to 2015.	

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

May 3, 2017

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, 2016 to December 31st, 2016, 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 2016.
- Advisor selected a random sample of 25 patients from calendar year 2016 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 2015.

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 30,445 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 44,207. With the subtraction of the agreed 837 unduplicated patients, the allowable number of unduplicated patients for 2016 is 43,370, representing a surplus of 12,925 unduplicated patients for 2016. 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, 2016 to December 31, 2016 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

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.

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 B



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

Tel: +1 415 783 4000

www.deloitte.com

May 3, 2017

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, 2016 to December 31st, 2016 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 \$12,682,128), 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.

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Very truly yours,

Deloitte & Touche LLP

By: Edlin 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-16

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 7/1/16	Cap Rate Jan - Jun 16	Cap Rate Jul - Dec 15	Cap Rate Mar - Jun 15	Total Member Months	Retro Mar 15 - Jun 15	Retro Jul 15 - Dec 15	Retro Jan 16 - Jun 16	Retro Jul - Nov 16	Dec-16
					-					
					1,534			(1)	(15)	1,550
					848				20	828
					-					
					-					
					2					2
					1,656			1	21	1,634
					343				-	343
					3,796				(3)	3,799
					6,130				3	6,127
					14,131			11	(38)	14,158
					4,932			(12)	15	4,929
					33,372	-	-	(1)	3	33,370
					OK Total Net Retro					2

Retro MCE rate change

\$ -

Stop Loss Premium paid on behalf of Provider

EXHIBIT E

May 2017

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 over five years.

To date, The San Francisco Foundation has received five payments totaling \$7,475,000 and has taken a 7% management fee. The sixth and final installment of \$1,125,000 will be received in November/December 2017.

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**, **Curry Senior Center**, **Mission Neighborhood Health Center**, and **San Francisco Community Clinic Consortium**.

2013 Outcomes

The **San Francisco AIDS Foundation** 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.

Mission Neighborhood Center and the **SF Community Clinic Consortium** engaged in a financial assessment and business planning process that resulted in the conclusion that it was not financially feasible for Clinic Consortium members to create an Independent Practice Association. 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, Medical, 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, and to **HealthRight 360** to explore medical group partnerships for Clinic Consortium members. In addition to **HealthRight 360**, potential partner clinics included the **Glide Foundation**, **Lyon-Martin Women's Health Services** (both of which merged with HR360), **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**. Funds were also allocated to the **Progress Foundation** 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.

2014 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%.

All nine community-based clinics 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. Some clinics reported up to 95% of known hospital discharges were contacted and 94% of known emergency room discharges contacted. The funding also required improvement of their response time to patient referrals. The majority of clinics reported a response rate of 99% with the exception of two clinics (St. Anthony's Foundation and Native American Health Center) who were in the process of establishing their protocol.

In general, the grant reports reflect a significant improvement from prior years. 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 to receive

timely notification on hospitalization and emergency room visits. 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. 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 barriers to meeting their appointments. St. Anthony's Foundation is employing virtual consultations with a 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.

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)

With this funding, Bayview Hunters Point and Stepping Stone will develop a model for stabilizing health and psycho-social risk factors for older adults in the community and in Adult Day Health Care settings. The overall goal is to reduce overuse of emergency rooms, unnecessary hospitalization, and readmission rates of frail seniors and people with disabilities whose needs can be addressed in a community setting. In addition, this pilot will create a pathway for these ADHC Centers to provide comprehensive client-centered care inclusive of mental health services which will make them eligible to receive Medi-Cal reimbursement.

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)

Please note: the grants awarded in 2015 total \$1,132,000. In addition, **Glide Foundation** completed the transfer of \$210,588 from a grant awarded in 2014 to **HealthRIGHT 360**, which brings the overall total grant amount in 2015 to \$1,342,588.

2015 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. Both agencies cited that a second year of support would have provided the data needed to qualify for State and local funding.

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 which is currently under negotiation.

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 case plan 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 them to articulate the need for culturally based healing circles within the larger public mental health system. The Healing Circles are continuing through a grant from the Department of Children, Youth and their Families and has 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 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". There was also a significant reduction in the number of individuals transported to private hospital emergency rooms. The Progress Foundation Urgent Care Clinic also served as a statewide model for other counties and was instrumental in the passage of SB 82 establishing a funding source for community-based psychiatric clinics.

2016 Grants

Drug Policy Alliance: to support planning and implementation of a multi-departmental pre-arrest 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 CBD 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)

The Women's Community Clinic: to support the merger of Women's Community Clinic with HealthRight 360. (\$50,000 over 12 months)

2016 Outcomes

Reports for 2016 grants are not due until July 2017; therefore progress on the grants mentioned above will appear in the May 2018 report.

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	Total Budget	\$ 7,475,000.00
		\$1,125,000
		\$ 47,798.00
	\$ 8,647,798.00	
	\$5,042,580	
	\$ 300,000.00	
	\$523,250	
	\$78,750	
	\$ 5,944,580.00	
	\$ 2,703,218.00	

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 Vocation 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 has 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 2016 Grants:

In determining how best to allocate the grantmaking 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 meeting would help seek input on reducing barriers for entry-level job seekers, and also look into how 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 selected will serve as the providers of Job Readiness Training, and/or On-the-Job Training services.

Of the 13 proposals submitted, the following 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 were expected to work with the Workforce Committee and the San Francisco workforce system to do outreach to potential program participants in the targeted communities. The organizations were also expected to meet quarterly for the duration of the grant.

The first quarterly meeting was conducted in April, 2015 and was an opportunity for the grantees and Committee to meet and established short, intermediate, and long-term goals. It was also an opportunity to establish and create a collaborative relationship amongst each other. 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 to 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 to 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 amongst the cohort members;
- Rotation of meeting at offices of different grantees and partners to continue the collaborative working relationship and learning opportunities.

Outcomes:

In having these quarterly meetings, both CPMC and OEWD have played an integral role in the meetings and overall process. CPMC has worked with each of the grantees from hosting an onsite visit to CPMC, and coordinating meeting 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.

As a result of the collaborative efforts over the last three years, between the six grantees and the Committee, 373 clients from the targeted neighborhoods have been placed in entry-level positions either at CPMC or related in-demand employers in the medical settings. *(Please note these numbers do not include their final quarter numbers which are due June 1, 2017)* Of the 373 clients, 40 have been placed directly with CPMC.

FY 2017 Grants:

In FY17, the Committee renewed the original four grantees but noted there were two neighborhoods that lacked representation, the Southeastern neighborhood and Western Addition neighborhoods in the City of San Francisco. In response, the Committee released a duplicate RFP focused directly on these two neighborhoods. As a result, the Committee 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)

The original four grantees were renewed for funding totaling \$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)

Due to the timing of this report, the complete annual outcomes for the grant year are not available for inclusion. The final outcomes are due June 1, 2017, and this report reflects

outcomes through March 2017. Please note grant outcomes and funds for the Workforce Development Fund are on a fiscal calendar rather than a calendar year.

The San Francisco Foundation to CPMC - Workforce Development Financial Report					
	2013	2014	2015	2016	Total Budget
Revenues					
Income - Cash Received	\$2,000,000.00	\$1,000,000.00	\$0.00	\$0.00	\$3,000,000.00
Interest	\$351.32	\$7,829.92	\$10,662.30	\$18,952.07	\$37,795.61
Total	\$2,000,351.32	\$1,007,829.92	\$10,662.30	\$18,952.07	\$3,037,795.61
Expenses					
Grants Expense	\$0.00	\$0.00	\$675,000.00	\$663,000.00	\$1,338,000.00
Fee	\$210,157.56	\$2,990.47	\$3,941.10	\$2,992.95	\$220,082.08
Expenses	\$0.00	\$0.00	\$3,311.54	\$5,922.52	\$9,234.06
Total	\$210,157.56	\$2,990.47	\$682,252.64	\$671,915.47	\$1,567,316.14
Net Remaining	\$1,790,193.76	\$1,004,839.45	-\$671,590.34	-\$652,963.40	\$1,470,479.47

EXHIBIT F

CPMC: Culturally and Linguistically Appropriate Services Action Plan*+A1:D15

*This action plan will serve as an initial template and will be updated with results of the CLAS 2015 Assessment for future planning & monitoring.

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><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 document audit and CLAS assessment.</p> <p>3. Continued review of 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 based on the 2015 CLAS Assessment</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>		
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	<p>a) Designated Senior leadership that supports and promotes CLAS through policies, practices and allocated resources.</p> <p>b) Continued partnership with grassroots community organizations and advocacy groups to bridge the gap of cultural competency within healthcare.</p> <p>c) Reviewed the Patient Relations, Community Benefit, Customer Service, and Patient Education departmental budgets which document financial contributions to the provision of culturally and linguistically appropriate services for patients and community partners (September 2016).</p> <p>d) Developed relationships at the Sutter System level to support the following areas:</p> <ul style="list-style-type: none"> • Patient Family Advisory committees (June 2016) • Staff educational training on diversity, inclusion and unconscious bias (October 2016) • Health disparities research via patient demographic data analysis (August 2016) <p>e) Discussed the strategies for health disparities improvement with key senior leaders and established buy-in for a potential Advancing Health Equity project (August 2016).</p> <p>f) Engaged leadership and senior management Unconscious Bias, Diversity and Inclusion training (December 2016).</p> <p>g) 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 (September 2016).</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 assessment.</p> <p>3. Budgeted resources to support CLAS in the Customer Service, Patient Relations and Community Benefit Departments.</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>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 were reviewed in the Health Equality Index survey, documenting CPMC's intent to respect cultural diversity and to recognize and value each employee's uniqueness and contributions to a productive workforce.</p> <p>b) 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.</p> <p>c) 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>d) Established partnership with Human Resources to discuss the possibility of integrating a language component in staff recruitment via the CLAS assessment.</p> <p>e) Engaged staff in a poster presentation event that highlighted the various ways CPMC is working to develop CLAS within the organization. Posters included: Interpreter Services, Patient Family Advisory Committees, ADA Steering Committee, Community Benefit, Spiritual Care Services, LGBTQ Care, Patient Experience, Human Resources, and CLAS Standards.</p> <p>f) Engaged staff feedback regarding the educational CLAS posters and their perception of CLAS at CPMC for 2016</p> <p>g) 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. Developing recognition system and guidelines for 2017.</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>	<p>1. Developed a new all staff survey to collect and track voluntarily reported bi-lingual language capacities of staff.</p> <p>2. Developed recognition system and guidelines for conversationally competent bi-lingual staff, to encourage colloquial conversation in a patient's primary language.</p> <p>3. Continued affirmative action planning and metrics tracking through Human Resources.</p> <p>4. Analyzed bi-lingual staff survey data to capture the volume of bilingual staff and evaluate the capacity to increase recruitment and certification of qualified bi-lingual staff.</p>

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 all staff cultural competence, diversity and inclusion training via online learning portal (Healthstream) to ensure knowledge/adoption of organizational cultural competency, and why it is important to our patients, visitors and staff.</p> <p>b) Continued to integrate clinical staff training with culturally competent specific criteria 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 new training opportunities for staff and senior leadership in the areas of cultural competency, diversity and inclusion:</p> <ol style="list-style-type: none"> 1. CPMC all staff seminar entitled "Understanding the Importance of Unconscious Bias" via nationally renowned speaker, Lenora Billings-Harris (December 2016) 2. CEO Town Halls presentation regarding CLAS and the importance of cultural and linguistic sensitivity (September 2016) 3. Transgender health symposium with patient panel (October 2016) 4. Internal Medicine grand rounds regarding Unconscious Bias (January 2016) and Transgender health (August 2016). 5. Interactive, online LGBTQ training made available to all staff free of cost (June-September 2016) 6. Poster presentation highlighting the various ways CPMC is working to develop CLAS within the organization. Posters included: Interpreter Services, Patient Family Advisory Committees, ADA Steering Committee, Community Benefit, Spiritual Care Services, LGBTQ Care, Patient Experience, Human Resources, and CLAS (October 2016) 7. All staff holiday party highlighted the ways in which CPMC is partnering with and engaging the community through Community Benefit (December 2016) <p>d) Commenced meetings in partnership with the Sutter System to review and revamp New Employee Orientation (NEO). NEO is a consistent platform for education, including information on the importance of personalized care, partnering, and sensitive communication approaches (March 2016).</p> <p>e) Participated in the evaluation of a new senior management course surrounding unconscious bias.</p> <p>f) Began process to develop new nursing training involving Integrative Healing Arts and mindfulness practices, in partnership with the Sutter System (November 2016).</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 completed trainings.</p> <p>2. Developed an Educational Strategic Action Planning team via the CLAS Assessment to:</p> <ul style="list-style-type: none"> • Review and evaluate existing educational programs and materials that support cultural competence, diversity and inclusion. • Research, evaluate and identify new educational programs and materials based on identified gaps within existing programs/materials. • Increase promotion of cultural competence education and training resources available to all staff and volunteers. • Enhance education for senior management and leadership.

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>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) Continued to provide certified medical interpreter vendor services for 2016 with ability to deliver language assistance in over 200 languages to complement internal staff interpreters.</p> <p>e) Continued to provide internal certified medical interpreters for the following languages: Chinese dialects, Spanish, Russian, Vietnamese, Japanese and Korean.</p> <p>f) Installed a new telephonic interpreter system in all four hospitals including dual handset phones, cordless phones and dialing instructions.</p> <p>g) Attended the 2016 CyraCom Interpreter Services symposium to discuss industry best practices for the provision of interpreter services via various modalities as well as the appropriate procedures for recognizing and engaging bilingual staff. Also reviewed the importance of culturally and linguistically appropriate services with respect to LEP Patients.</p> <p>h) Began the Interpreter Services quality improvement assessment (A3 Thinking and Planning).</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. Conducted a quality improvement report (A3 Thinking and Planning) to enhance our ability to deliver language services efficiently and effectively.</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) 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>c) Continued to follow-up and report any concerns or issues with the telephonic interpreter system to our vendor.</p> <p>d) 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>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>

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. 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. 	<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. Monitored vendor interpreters for quality; periodically screened interpreters as needed. 5. Reviewed vendor translation process for quality control.
<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 (at 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) Coordinated a review of multi-language signage at key points throughout all campuses notifying patients of the availability of language assistance services. d) Initiated the development of way finding team to address signage and way finding on each campus. e) 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. 	<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. Conduct round by Staff interpreters to audit the accuracy and adequacy of multi-lingual signs. 2. Began the process to assess the adequacy of multilingual signage.

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>		
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	<ul style="list-style-type: none"> a) Reviewed department level goals & policies for Interpreter Services, Patient Relations to support management accountability and infuse cultural & linguistic elements in planning/operations. b) 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. c) Completed Health Equality Index to review CPMC policies and practices that surround the LGBTQ community including community outreach, staff education, signage and patient rights. 	KEY INDICATORS: <ul style="list-style-type: none"> a) CLAS integrated within service, administrative, and supportive functions b) CLAS integrated within organization's strategic goals and priorities c) CLAS integrated within organizational planning, development and related to outcomes accountability 	<ul style="list-style-type: none"> 1. Continued to have a process in place in which policies and procedures are routinely reviewed. 2. Monitored departmental level goals and success indicators through the Performance Success and Development Process (PSDP). 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.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	<ul style="list-style-type: none"> a) Utilized the CLAS Action planning committee to ensure that CLAS standards were reflected and infused in services provided to the diverse patient population. b) Began to develop 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. c) Analyzed the in-person and over-the-phone interpretation data in the Interpreter Services Quality Assessment (A3 Thinking & Planning) to make interpretation services more efficient and improve the quality of service for patients. Identified strengths and areas for improvement. d) Implemented a more efficient over-the-phone interpreter vendor which was of a high quality and easy for staff to use, improving patients 24/7 access to over 200 languages for interpretation. e) Gained staff feedback on the CLAS services for 2016 at CPMC via the poster presentation. f) Continued to monitor the number of staff medical interpreters and appropriate use of vendor services to enhance delivery of service to our LEP patients. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Assessment of performance and progress in implementing CLAS Standards b) Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities 	<ul style="list-style-type: none"> 1. Began the process to update annual department level goals to reflect CLAS and language improvement strategy. 2. 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.

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 assessment at intake and enter 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 project surrounding the investigation of various health disparities within the organization. In 2017 the process will be utilized to generate health equity scores for various affiliates. 	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.
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. b) Community Benefit department developed 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. 	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. All complaints and grievances are investigated. 	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 developed a 2016 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.

Diabetes Center Update

As requested in the letter dated May 17, 2016, the following is a status update for items 1 through 4 outlined in Director Garcia's letter:

1. **Added Spanish language capacity is warranted:** CPMC hired a 0.8 FTE Spanish-speaking Registered Dietician and Certified Diabetes Educator for St. Luke's Diabetes Center. This creates additional Spanish language capacity, as the staff is bilingual and bicultural.
2. **Spanish language classes should be offered:** Group classes at St. Luke's are now being offered as a new service, but not yet in Spanish. We anticipate that Spanish language classes will begin in summer 2017.
3. **Reception staff would improve patient care and experience:** While CPMC does not plan to add a dedicated receptionist at the center, we are monitoring patient access through a specific question in our bilingual patient satisfaction survey to continue to assess if there are access challenges caused by not having a receptionist. Additionally, we have created new signage and improved wayfinding to the center since our last meeting.
4. **HealthFirst Program provides connections for SLDC Patients:** Our Advisory Council is now within SHIDEN (Sutter Health Integrated Diabetes Education Network) as our certification is at the Sutter System level. Diabetes Center staff from our service line attend these meetings. The St. Luke's Diabetes Center and HealthFirst continue to collaborate and ensure our services are coordinated and meeting the needs of the population.

We appreciate the opportunity to continue working together to improve the care of San Franciscans and providing the highest quality, culturally competent patient care possible.

ATTACHMENT 2

Development Agreement

Payments Schedule/CPMC

Payments

DEVELOPMENT AGREEMENT PAYMENT SCHEDULE¹

	Agency	Effective Date + 30 days	First Installment ²	Second Installment	Third Installment	Fourth Installment	11/14/16 CPMC Payments	Fifth Installment	TOTAL
Affordable Housing Payment ³	MOH	2,400,000	6,700,000	7,000,000	8,825,000	8,100,000	Completed	3,475,000	36,500,000
Healthcare Innovation Fund ⁴	Foundation	2,000,000	1,500,000	1,125,000	1,125,000	1,725,000	Completed	1,125,000	8,600,000
Bus Rapid Transit contribution ⁵	MTA		2,100,000	2,900,000					5,000,000
Transit Fee ⁵	MTA				1,500,000	2,500,000	Completed	2,500,000	6,500,000
Bicycle Studies Contribution ⁵	MTA	400,000							400,000
Workforce training payment ⁶	Foundation	1,000,000	2,000,000	1,000,000					4,000,000
Tenderloin sidewalk widening and pedestrian lighting improvements ⁷	DPW/PUC	400,000	1,200,000	1,275,000	1,275,000	100,000	Completed		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	Completed		1,550,000
Enforcement & traffic safety measures around Pacific & California Campuses ⁷	MTA	300,000	300,000	700,000	700,000	1,000,000	Completed		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 All initially capitalized terms are as defined in the Agreement, unless otherwise defined herein.

² 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.

³ As set forth in Exhibit G.

⁴ The "Innovation Fund" is defined in Exhibit F.

⁵ As set forth in Exhibit K.

⁶ As set forth in Exhibit E.

⁷ As set forth in Exhibit H.



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

Date: November 14, 2016

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

**Re: Development Agreement Fourth Installment
Payment**

By Hand Delivery

Remarks:

Pursuit to instructions we are delivering Check No. 29100 totaling in the amount of Twelve Million Two Hundred Seventy-Five and 00/100 Dollars (\$12,275,000.00) to the City and County of San Francisco, in satisfaction of the Fourth 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 H – Public Improvements

Tenderloin Lighting & Traffic Safety: **\$100,000**

CH Transit and Safety Improvements: **\$575,000**

Pacific & California Campus Traffic Enforcement & Safety: **\$1,000,000**

Exhibit G – Housing Program

Affordable Housing Payment: **\$8,100,000**

Exhibit K – Transportation Program

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

November 14, 2016

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

Kind Regards,



Vahram Massehian

I, Phillip C. Wong, acknowledge receipt on behalf of the City and County of San Francisco.
[Print Name]

x Phillip C. Wong Signature

CC:

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



Sutter Health Capital

P.O. Box 619110
Roseville, CA 95661

Bank of America
Commercial Disbursement Account
Northbrook, IL

CHECK NO.
29101

70-2328
0719

DATE
11/03/16

CHECK AMOUNT
*******1,725,000.00**

One million seven hundred twenty five thousand and 00/100 Dollars

PAY TO THE ORDER OF

SAN FRANCISCO FOUNDATION
1 EMBARCADERO CENTER
STE 1400
SAN FRANCISCO CA 94111
United States of America

Sum Kim
Jeff

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK-HOLD AT ANGLE TO VIEW

⑈0000029101⑈ ⑆071923284⑆ 8765016224⑈

415-600-7325

Re: **Innovation Fund Fourth Installment**

By Hand Delivery

Remarks:

Pursuant to instructions, we are delivering Check No. 29101 in the amount of One Million Seven Hundred and Twenty-Five and 00/100 Dollars (\$1,725,000.00) in satisfaction of the Fourth 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,

[Signature]

Vahram Massehian

Sent to Fannie
on 11-14-16
[Signature]

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

x *[Signature]* Signature

CC:

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

June 3, 2016

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	Total
OEWD	CPMC11-021	January 2016 – March 2016	\$ 53,162.75
City Attorney	#20, 1100299	January 2016 – March 2016	\$ 2,867.50
Contract Monitoring Division	Q3, FY 15-16	January 2016 – March 2016	\$ 1,145.87
SF Planning	2012.0403W	January 2016 – March 2016	\$ 3,519.29
TOTAL AMOUNT DUE:			\$ 60,695.41

Sincerely,

Phillip C. Wong

Phillip C. Wong
Office of Economic and Workforce Development



August 15, 2016

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 (Q4 FY 15-16)	Total
OEWD	CPMC11-022	April 2016 – June 2016	\$ 44,293.25
City Attorney	#21, 1100299	April 2016 – June 2016	\$ 3,700.00
Contract Monitoring Division	Q4, FY 15-16	April 2016 – June 2016	\$ 873.04
SF Planning	2012.0403W	April 2016 – June 2016	\$ 2,280.71
SF Planning	2016-004775MCM	April 2016 – June 2016	\$ 2,300.91
TOTAL AMOUNT DUE:			\$ 53,447.91

Sincerely,

Phillip C. Wong

Phillip C. Wong
Office of Economic and Workforce Development



November 29, 2016

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 (Q1 FY 16-17)	Total
OEWD	CPMC11-023	July 2016 – September 2016	\$ 44,804.75
City Attorney	#22, 1100299	July 2016 – September 2016	\$ 10,165.00
Contract Monitoring Division	FY 16-17, Q1	July 2016 – September 2016	\$ 518.37
SF Planning	07/01/16- 09/30/16	July 2016 – September 2016	\$ 11,165.93
TOTAL AMOUNT DUE:			\$ 66,654.05

Sincerely,

Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development



March 6, 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 (Q2 FY 16-17)	Total
OEWD	CPMC11-024	October 2016 – December 2016	\$ 44,552.50
City Attorney	#23, 1100299	October 2016 – December 2016	\$ 9,492.50
Contract Monitoring Division	FY 16-17, Q2	October 2016 – December 2016	\$ 709.35
SF Planning	10/01/16- 12/31/16	October 2016 – December 2016	\$ 9,160.08
TOTAL AMOUNT DUE:			\$ 63,914.43

Sincerely,

Signature: 

Email: merrick.pascual@sfgov.org
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 2015 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 127 entry level hires in 2016. To reach the 40% goal, 50 FS hires were needed. CPMC hired 80 FS candidates in 2016. • 78% of FS hires came from targeted neighborhoods in 2016. • Thru the first four months of 2017 CPMC has a 50% FS hiring rate, 12 FS hires out of 24 total hires. • Thru the first four months of 2017, 58% 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 2016. • Exhibit B charts the percentage of those hires from targeted neighborhoods in 2016. • Exhibit C charts the local hiring percentage for the first four months in 2017. • Exhibit D charts the percentage of those hires from targeted neighborhoods in 2017.
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. 51 job fairs, employer spotlights, meetings/workshops in 2016. At the time of this submittal CPMC has participated in an additional 7 engagements in 2017, 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. 2016 thru Aug. 2017 were provided to OEWD, see Exhibit F. • Detailed Hiring Projections for Aug. 2017 thru Aug. 2018 will be provided to OEWD in August 2017.

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.

Challenges

- San Francisco's unemployment rate in 2016 was approx. 3%, the lowest in 16 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

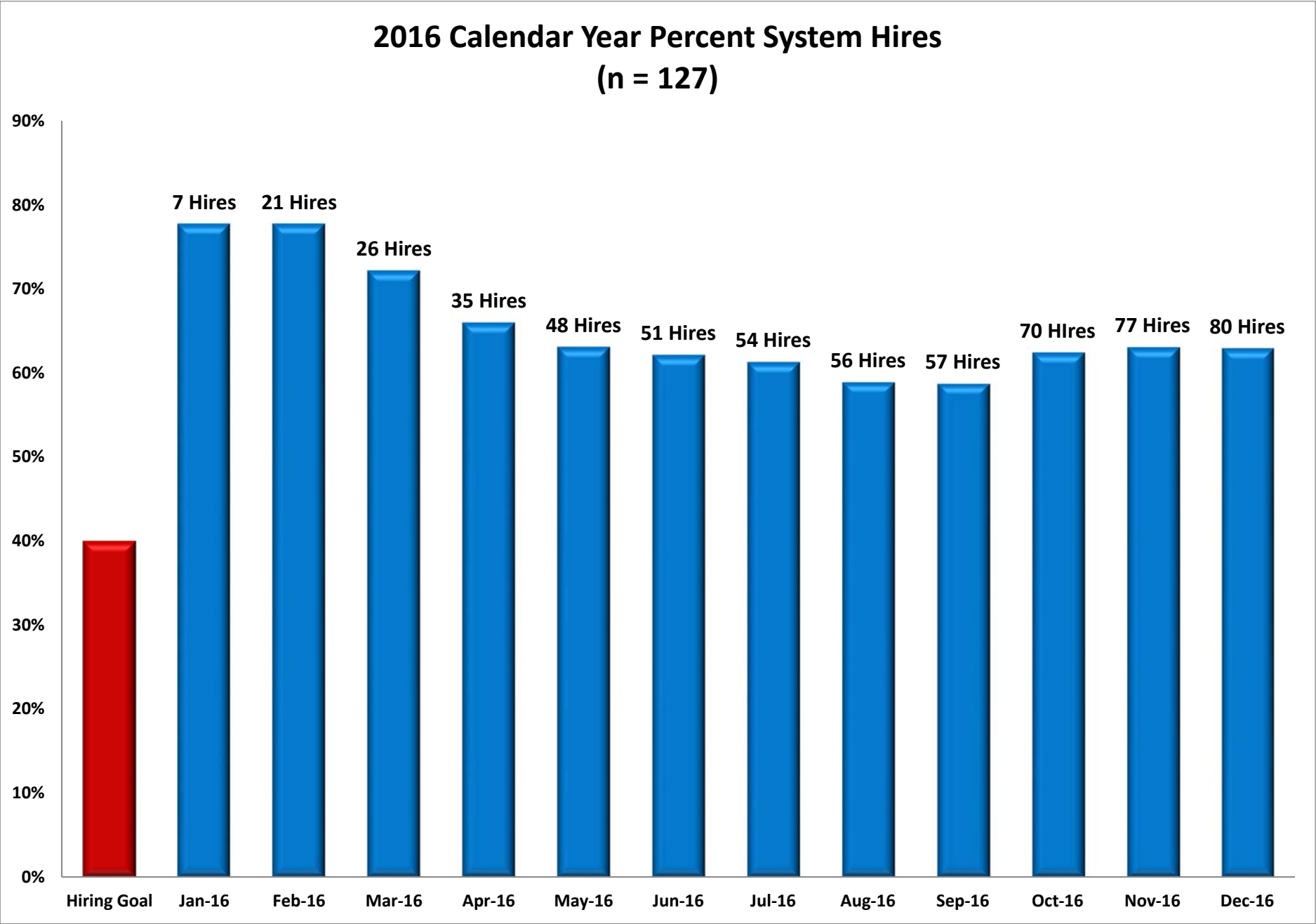


EXHIBIT B

**2016 Calendar Year - % of System Hires from Target Neighborhoods
(n = 80)**

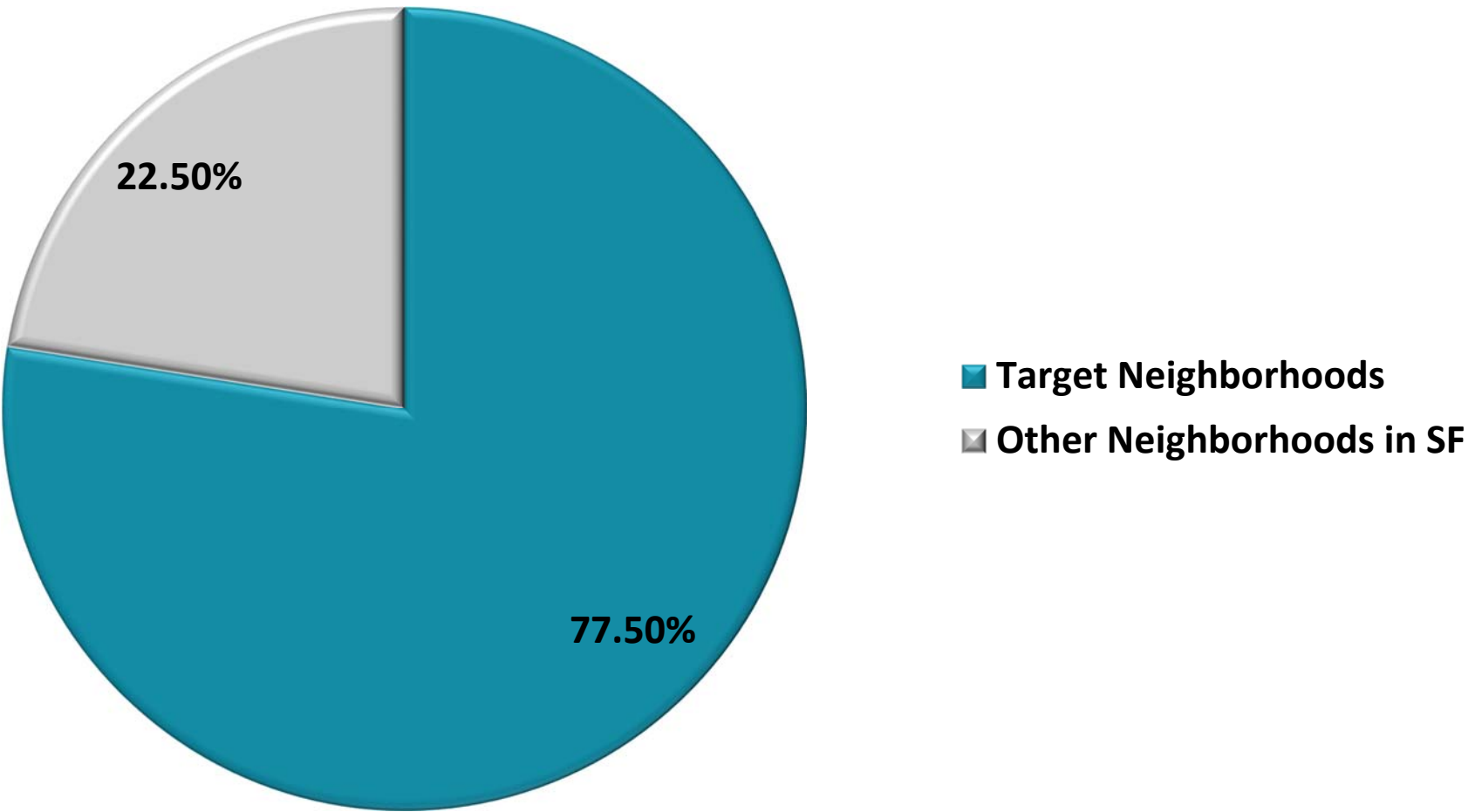


EXHIBIT C

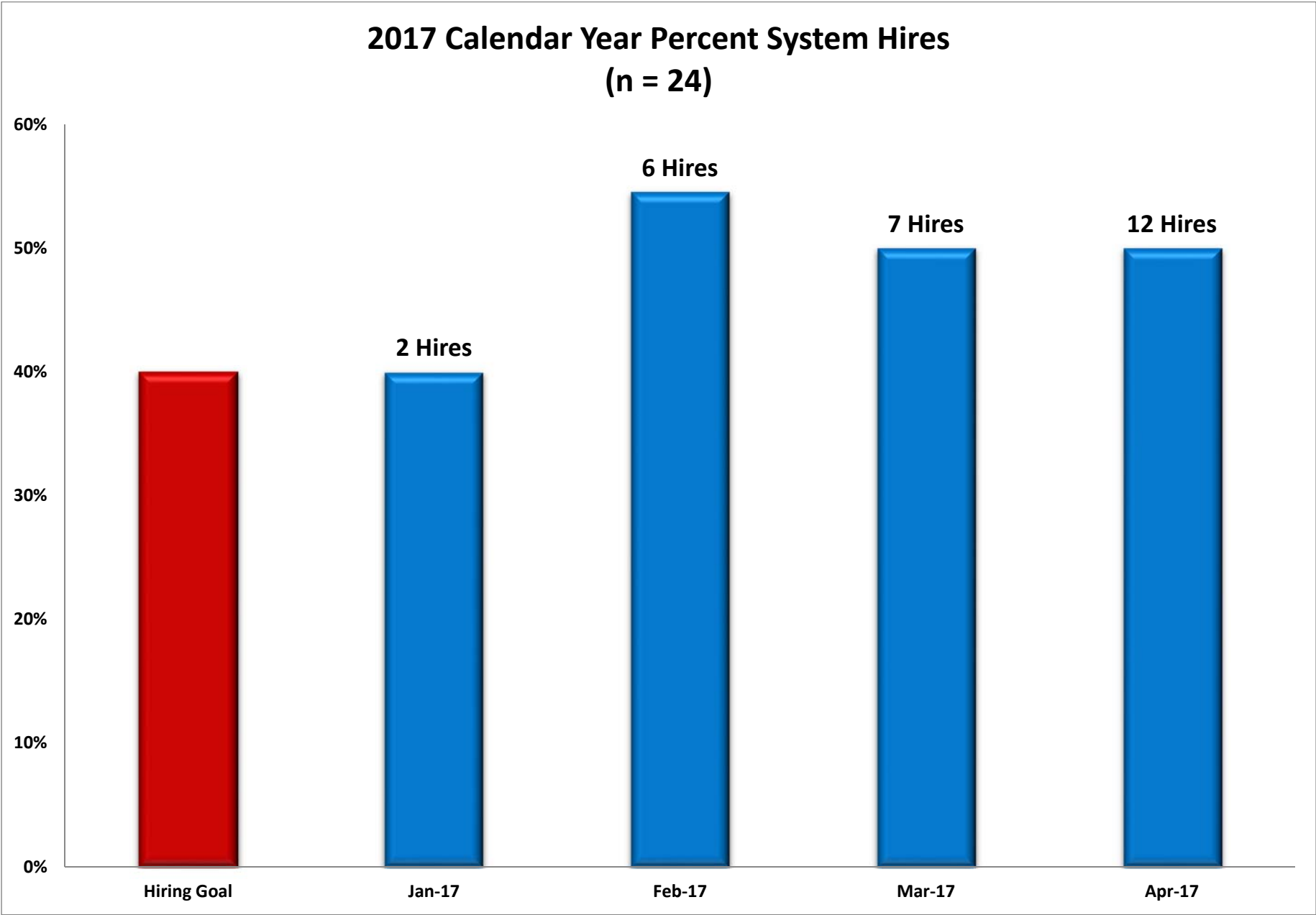


EXHIBIT D

**2017 Calendar Year - % of System Hires from Target Neighborhoods
(n = 12)**

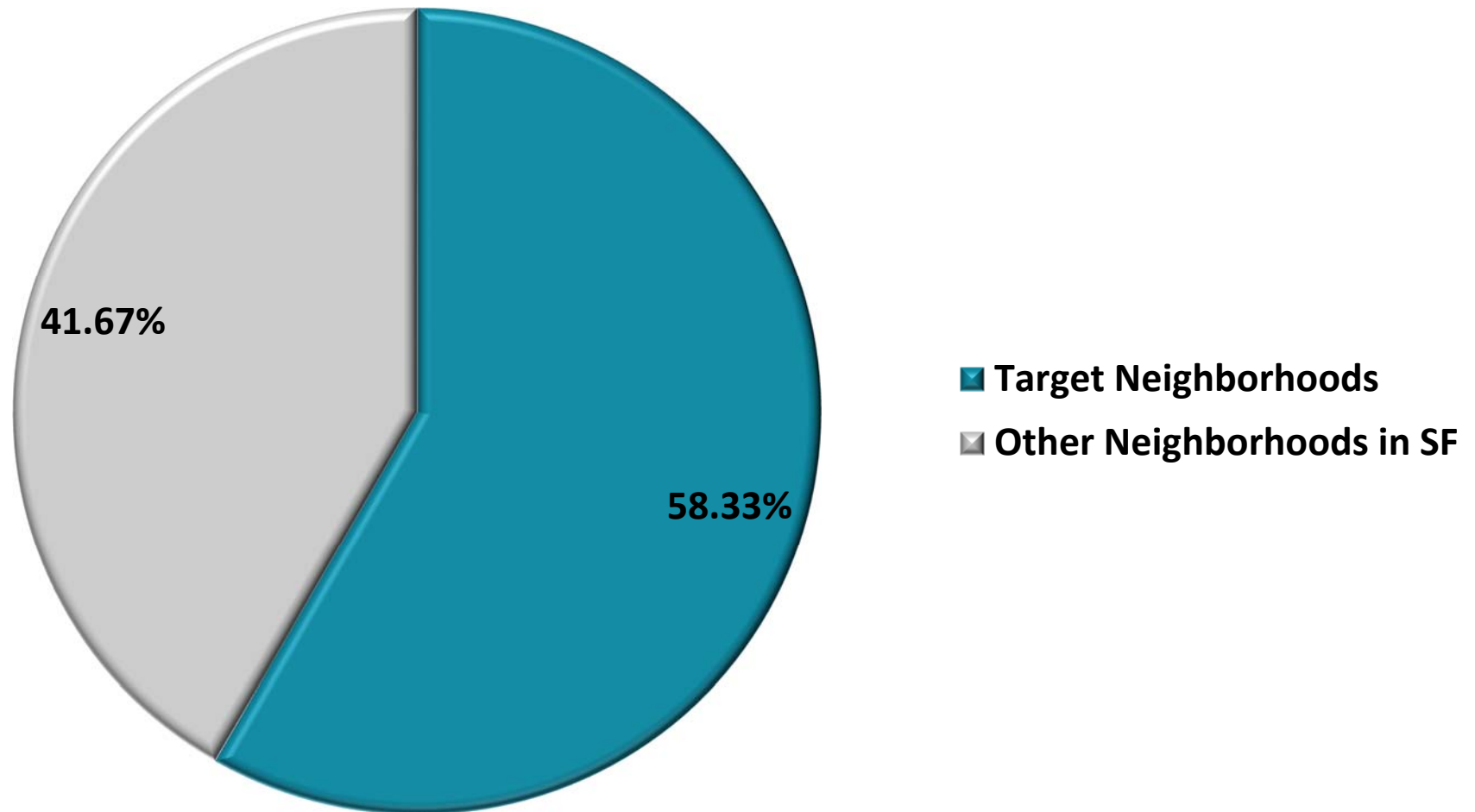


EXHIBIT E

Good Faith Efforts Log as of 05.01.2017

Date	Meeting	CPMC Participants
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
12/15/2016	Employer Spotlight @ Larkin Street Youth Services in Tenderloin Neighborhood	Pragna Dave Kevin Trang
11/30/2016	Pre-Screen Event @ JVS	Pragna Dave Kevin Trang
11/29/2016	Pre-Screen Event @ WANAP	Pragna Dave Kevin Trang
11/16/2016	Speak to CCSF about CNA positions at CPMC	Pragna Dave Kevin Trang
10/24/2016	Pre-Screen Event @ CNAP	Pragna Dave Kevin Trang
10/05/2016	CCSF Job Fair	Pragna Dave Kevin Trang
09/30/2016	Quarterly Meeting w/ SF Foundation	Vahram Massehian
09/30/2016	Pre-Screen Event @ Mission Hiring Hall	Pragna Dave
09/29/2016	Pre-Screen Event for CNAs @ JVS	Pragna Dave
09/20/2016	Employer Spotlight @ Hospitality House in Tenderloin Neighborhood	Pragna Dave Kevin Trang
09/13/2016	JVS Training - CPMC CNA	Pragna Dave Kevin Trang
09/09/2016	MA Internship Program Discussion @ 1625 Van Ness	Pragna Dave Laura Van
08/31/2016	WANAP Pre-Screen Event	Pragna Dave
08/26/2016	WANAP & CPMC Meeting	Pragna Dave Kevin Trang

08/16/2016	OEWD, CPMC, and Tenderloin CBO Partner Meeting	Pragna Dave Kevin Trang Rebecca Ostrander Vahram Massehian
08/10/2016	JVS Pre-Screen Event	Pragna Dave Kevin Trang
08/02/2016	Mission Language & Vocational School Meet and Greet	Pragna Dave Kevin Trang
07/28/2016	MA Internship Program Discussion @ JVS	Pragna Dave Jessenya Ramirez Laura Van
07/22/2016	Employer Spotlight for MAs @ CCSF	Pragna Dave Kevin Trang
07/19/2016	Employer Spotlight @ Goodwill	Pragna Dave Kevin Trang
07/14/2016	CNAP Pre-Screen Event	Pragna Dave Kevin Trang
06/22/2016	Employer Spotlight @ MEDA	Pragna Dave
06/17/2016	JVS Pre-Screen Event	Pragna Dave
06/16/2016	Job Developer Huddle	Pragna Dave
06/13/2016	Partnership Meeting with CCSF students in clinical fields	Pragna Dave Edward Battista Melissa White Laura Van
06/02/2016	CPMC Quarterly Meeting	Pragna Dave Edward Battista Vahram Massehian
05/19/2016	WANAP Annual Job Fair	Pragna Dave Kevin Trang
05/16/2016	JVS Health Career Fair	Pragna Dave
05/09/2016	CCSF Job Fair	Pragna Dave
05/05/2016	JVS Pre-Screen Event	Pragna Dave Kevin Trang
05/04/2016	CCSF Culinary Program Meet and Greet	Pragna Dave
04/30/2016	Speak to CCSF about Housekeeping Aide positions at CPMC	Pragna Dave
04/20/2016	Speak to CCSF about CNA positions at CPMC	Pragna Dave Kevin Trang
04/19/2016	Employer Spotlight @ VVNAP	Pragna Dave Kevin Trang
04/12/2016	Employer Spotlight @ WANAP	Pragna Dave Kevin Trang
04/06/2016	Goodwill Annual Job Fair	Pragna Dave Kevin Trang
03/31/2016	JVS Pre-Screen Event	Pragna Dave Kevin Trang
03/30/2016	Meeting w/ Arriba Juntos	Pragna Dave Kevin Trang

03/29/2016	Meeting w/ Christy Coleman @ WANAP	Pragna Dave
03/24/2016	Internship/Externship Conference Call w/ JVS	Pragna Dave Vahram Massehian Edward Battista
03/18/2016	JVS Pre-Screen Event	Pragna Dave
03/17/2016	TSFF/OEWD/CPMC Meeting @ SFOEWD	Pragna Dave Vahram Massehian Edward Battista Melissa White
03/08/2016	CPMC/SFLGBT/Up Glo Meeting @ SFOEWD	Pragna Dave
03/07/2016	Meeting with Director @ WANAP	Pragna Dave Kevin Trang
03/03/2016	CPMC Employer Spotlight @ PRC	Pragna Dave
02/11/2016	Foundation Meeting	Pragna Dave Vahram Massehian Melissa White Edward Battista
02/09/2016	JVS Pre-Screen Event	Pragna Dave Kevin Trang
01/28/2016	CPMC/NAP/SF Foundation Meeting	Pragna Dave Kevin Trang
01/27/2016	CNAP Employee Spotlight & Pre-Screen Event	Pragna Dave Kevin Trang
01/25/2016	JRT Program Discussion @ MHH	Pragna Dave
01/21/2016	Quarterly CPMC Meeting @ JVS	Pragna Dave Vahram Massehian Melissa White



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

Signature of authorized employer representative

8/1/16

Date

08/01/2016

Entry-Level Position Title	Number Currently Filled	Number Currently Available (as of 07.19.2016)	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)
Housekeeping Aide	9	2	11	Ongoing-based on facility needs	Yes
Food Service Aide	20	4	16	Ongoing-based on facility needs	Yes
Cook	4	1	5	Ongoing-based on facility needs	Yes
Security Officer	15	10	15	Ongoing-based on facility needs	No

Transporter/Transport Aide	1	1	5	Ongoing-based on facility needs	No
Sales Gift Shop	0	0	0	Ongoing-based on facility needs	No
Phlebotomy/Specimen Handling Lab Aide	7	1	8	Ongoing-based on facility needs	No
EKG Technician	0	0	1	Ongoing-based on facility needs	No
Medical Assistant	12	6	9	Ongoing-based on facility needs	No
Rehabilitation Aide	1	0	3	Ongoing-based on facility needs	No
Aquatic Instructor	0	0	1	Ongoing-based on facility needs	No
Speech Therapy Aide	0	0	0	Ongoing-based on facility needs	No
Pathology Accessioner	1	4	6	Ongoing-based on facility needs	No
Client Services Representative	1	0	2	Ongoing-based on facility needs	No
Patient Services Representative	1	0	4	Ongoing-based on facility needs	No
Patient Support Representative	0	0	0	Ongoing-based on facility needs	No
Patient Access Representative	14	9	18	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	2	1	3	Ongoing-based on facility needs	No
Home Health Aide	1	1	1	Ongoing-based on facility needs	Yes
Certified Nursing Assistant	10	2	6	Ongoing-based on facility needs	Yes
Hospital Attendant	6	3	6	Ongoing-based on facility needs	Yes
Certified Hospital Attendant	35	7	28	Ongoing-based on facility needs	Yes
Unit Coordinator/Unit Clerk	24	3	19	Ongoing-based on facility needs	No
Emergency Dept. Technician	6	0	6	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



ATTACHMENT 4

Construction and Local Business Enterprise Hiring

2016 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	29% (VNGH) 27% (STL) 25% (VNMOB) 28% 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, 2016 May 12, 2016 September 15, 2016	
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	37%	

Local Business Enterprise Hiring

	Category	Goal	Actual	Comments
7.	Contracting with Local Business Enterprises	14% of the value of all Contracts	14% (VNGH) 23% (STL) 9% (VNMOB) 16% Overall	\$78,596,885 VNGH \$39,978,340 STL \$3,180,946 VNMOB \$121,756,171 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 29% at Van Ness and Geary Hospital Project, 27% at St. Luke's Hospital Project and 25% at Van Ness Medical Office Building with a combined 28% on the three projects of total through 2016 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 2016 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 37% for 2016 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 have begun coordination on list trade interview preparation. This interview preparation will work to assist 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. We will be hosting summer construction interns and will be mentoring 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, 2016, May 12, 2016 and September 15, 2016.
- **Administrative and Project Engineer Intern Hiring:** Administrative Hires: Goal of 50%. Achieved 83% for 2016. Project Engineer Intern Hires: Goal of 50%. Achieved 60% for 2016 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 2016

- Document Control Coordinator (STL)
- Parking Coordinator (VNGC)
- Safety Coordinator (STL)
- Accounting Clerk
- Front Desk Coordinator (STL)
- Parking Coordinator (STL)
- Workforce Development Intern (VNGC)
- Accounting Clerk (VNGC)

Project Engineer Internships

- OSPDH
- Site & Structure Intern
- Commissioning Intern

- **LBE Program:** Goal of 14%. Achieved 16% VNGH / 23% STL / 9% VNMOB through 2016 and 16% for both projects overall with \$121,756,171. **(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 the 66 events in the community during 2016

- CityBuild Academy with Custom Engineering Openings (Glaziers) 1/25/2016
- Van Ness Campus Community Advisory Group Meeting 1/28/2016
- SFUSD John O'Connell High School TECH 21 Mentor Day 2/3/2016
- SFUSD John O'Connell High School TECH 21 Mentor Day 2/10/2016
- Sutter Health CPMC Workforce Development Group Meeting 2/11/2016
- Treasure Island Job Corps Job Site Tour 2/18/2016
- SFSU Summer Internship Recruitment Event 2/23/2016
- Cathedral Hill Neighbors Meeting 2/29/2016
- Young Community Developers Construction Presentation 3/1/2016
- SFUSD John O'Connell High School TECH 21 Mentor Day 3/2/2016

- SFUSD John O'Connell High School TECH 21 Mentor Day 3/9/2016
- Sacramento State Summer Internship Recruitment Event 3/10/2016
- SF Chamber: CityBeat Breakfast 3/16/2016
- Job Corps Treasure Island Community Relations Luncheon 3/18/2016
- ACE Mentors Job Site Tour 3/17/2016
- San Francisco Conservation Corps Site Tour 3/24/2016
- City College of San Francisco Construction Management Site Tour 3/24/2016
- City College of San Francisco Construction Management Office Tour 3/25/2016
- CityBuild Academy Job Site Tour 3/30/2016
- School of Architecture – Academy of Art Job Site Tour 4/5/2016
- Southland Training Module at CityBuild Academy 4/6/2016
- Asian Neighborhood Design Graduation 4/8/2016
- Young Community Developers EPA Job Site Tour 4/12/2016
- John O'Connell High School Career Panel 4/13/2016
- CAPSA Employment Mixer 4/27/2016
- JVS 2016 Strictly Business Awards Luncheon 5/2/2016
- 10th Annual SFPUC Construction Contractors 5/6/2016
- Charity Cultural Services Center Community Appreciation Day 5/6/2016
- Sutter Health CPMC Workforce Development Group Meeting 5/12/2016
- Creative ArtBar – Leap Sandcastle 5/12/2016
- CAPSA Final Presentations 5/13/2016
- H & M Fire Protection Training Module at CityBuild Academy 5/17/2016
- Project Open Hand Volunteer Evening 5/18/2016
- Southland Interview Prep at CityBuild Academy 5/25/2016
- San Francisco Conservation Corps Site Tour 5/26/2016
- Van Ness Campus Community Advisory Group Meeting 5/26/2016
- CityBuild Academy JRT Site Tour 6/1/2016
- Charity Cultural Services Center Fundraiser 6/3/2016
- CityBuild Academy and CAPSA Graduation – 6/9/2016
- SFUSD John O'Connell High School TECH 21 Mentor Day 6/17/2016
- SFUSD John O'Connell High School TECH 21 Mentor Day 6/24/2016
- Treasure Island Job Corps Construction Presentation 6/28/2016
- GFE Norcal Presentation at CityBuild Academy 6/30/2016
- St. Luke's Community Advisory Group Meeting 6/30/2016
- Asian Neighborhood Design Graduation 7/22/2016
- CityBuild Academy JRT Site Tour 7/27/2016
- CityBuild Academy with Custom Engineering Openings (Glaziers) 8/5/2016
- Project Open Hand Volunteer Evening 8/8/2016
- San Francisco Conservation Corps Site Tour 8/9/2016
- GFE Norcal Training Module at CityBuild Academy 8/31/2016
- Cal Drywall Training Module at CityBuild Academy 9/7/2016
- Sutter Health CPMC Workforce Development Group Meeting 9/15/2016
- Van Ness and Geary Community Advisory Group Meeting 9/22/2016
- Renaissance Entrepreneurship Center - Bayview Fundraiser 10/6/2016
- Leap Sandcastle Classic 10/15/2016
- St. Luke's Community Advisory Group Meeting 10/27/2016
- Young Community Developers EPA Job Site Tour 10/27/2016
- Treasure Island Job Corps Job Site Tour 11/1/2016



- o Fall Showcase TECH 21 at John O'Connell High School 11/17/2016
- o Treasure Island Job Corps Construction Presentation 11/18/2016
- o Tech 21 Advisory Board Meeting 11/29/2016
- o CAPSA – Final Presentations 12/2/2016
- o John O'Connell High School Industry Partner Brunch 12/6/2016
- o La Voz Latinas - Sgt. Macaulay Park Winter Wonderland 12/14/2016
- o Mission Bernal Winter Walk 12/15/2016
- o CityBuild Academy and CAPSA Graduation 12/19/2016

Exhibit

A

All Projects

Workforce Contractor Summary
City and County of San Francisco - CityBuild
Reporting Period: All Date Before 12/31/2016

Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A & B Construction	3,107.00	930.00	29.93%				
A&B PAINTING, INC.	3,254.50	639.00	19.63%	639.00	19.63%	639.00	100.00%
Advance Pneumatic Tube	6,439.50	897.00	13.93%	3,476.00	53.98%	897.00	25.81%
AJS PAINTING DECORATING	1,152.00	1,152.00	100.00%	548.00	47.57%	548.00	100.00%
Alamillo Rebar Inc.	12,999.00	1,156.00	8.89%	3,936.50	30.28%	995.00	25.28%
Alcal Specialty Contracting, Inc.	2,712.00			1,029.00	37.94%		
ANDERSON CARPET AND LINOLEUM SALES CO.	258.00	26.00	10.08%	26.00	10.08%	26.00	100.00%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
B. T. Mancini Co., Inc.	172.00						
BAGATELOS GLASS SYSTEMS INC	7,523.50	62.00	0.82%	717.00	9.53%		
Bailey Fence Company, Inc.	8.00						
Bay Area Firestop, Inc	1,368.00						
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Line Cutting & Coring, Inc.	237.50	64.00	26.95%	8.00	3.37%		
Bayside Insulation, Inc.	4,174.00			1,781.00	42.67%		
Bear Scaffold and Services	780.00	128.00	16.41%	47.50	6.09%		
BECKER ELECTRIC INC.	18,172.63	7,144.13	39.31%	4,093.00	22.52%	1,613.00	39.41%
Bellanti Plumbing Inc.	52.00			23.00	44.23%		
BIGGE CRANE AND RIGGING CO	171.00						
Broadway Sheet Metal	74.00						
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
Bullard's Heating & Air Inc	24,386.50	9,700.50	39.78%	8,250.50	33.83%	5,516.50	66.86%
C. E. Toland & Son	550.00	8.00	1.45%	132.00	24.00%		
CAL CON PUMPING LLC	117.00						
CAL-WEST CONCRETE CUTTING, INC.	1,329.75						
CALIFORNIA DRYWALL COMPANY	200,647.00	30,077.00	14.99%	37,138.00	18.51%	9,721.00	26.18%
Capitol Builders Hardware Inc	135.00	8.00	5.93%	14.00	10.37%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	21,242.50	801.50	3.77%	1,971.50	9.28%	265.00	13.44%
Cell-crete Corporation	107.00	26.00	24.30%	26.00	24.30%		
CF&T Concrete Pumping	1,301.00						
Charles Pankow Builders, Ltd	175,867.55	58,814.00	33.44%	30,368.00	17.27%	13,464.00	44.34%
Clark Pacific	7,130.00	745.50	10.46%	974.50	13.67%	338.00	34.68%
Clipper International	41,431.00	20,602.50	49.73%				
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	631.50	2.00	0.32%	199.50	31.59%	2.00	1.00%
Comtel Systems Technology, Inc	394.00						
CONCO CEMENT COMPANY	12,225.50	698.50	5.71%	3,419.50	27.97%	561.00	16.41%
CONCO PUMPING	145.75						
Concrete Wall Sawing Co., Inc.	985.00						
CONDON-JOHNSON & ASSOCIATES INC	2,049.00	25.00	1.22%				
Convergint Technologies LLC	431.50						
Cupertino Electric Inc.	6,988.00	2,631.00	37.65%	597.00	8.54%	442.00	74.04%
D & J Tile Company, Inc.	688.50	5.00	0.73%	94.00	13.65%		
David M Schmitt	39,531.50	5,196.50	13.15%	5,791.00	14.65%	2,962.00	51.15%
De Haro Ramirez Group	336.00	107.50	31.99%				
Del Secco Diamond Core & Saw, Inc.	7.50						

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.	1,437.00			40.00	2.78%		
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	95.50						
Fidato	1,693.00						
FORENSIC ANALYTICAL CONSULTING SERVICES	247.50						
Frank M Booth, Inc	850.00			124.00	14.59%		
George Family NorCal	2,625.50	176.00	6.70%	533.50	20.32%		
Gerdau Reinforcing Steel	42,644.50	3,605.00	8.45%	15,194.50	35.63%	3,605.00	23.73%
Giron Construction	45,191.08	34,345.58	76.00%	9,755.33	21.59%	7,896.83	80.95%
H&M Fire Protection, Inc.	5,275.00	1,430.50	27.12%	1,849.50	35.06%		
Harrison Drywall Inc.	189,174.50	60,802.50	32.14%	39,280.00	20.76%	16,365.50	41.66%
HATTON'S CRANE & RIGGING INC	166.50						
Herrero Contractors, Inc.	120,659.05	50,088.30	41.51%	22,317.50	18.50%	15,132.30	67.80%
Hoem & Associates, Inc	214.00	15.50	7.24%	111.50	52.10%	15.50	13.90%
HVAC Controls Corporation	7,721.00			397.00	5.14%		
Interstate Concrete Pumping	93.50						
Ireland Interior Systems, Inc.	169.00	23.00	13.61%				
ISEC, Inc. - Englewood, CO	13,347.52	2,019.50	15.13%	4,005.50	30.01%	1,045.50	26.10%
John Jackson Masonry	2,459.50	28.00	1.14%	244.50	9.94%		
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	3,008.00	2,832.00	94.15%	1,376.00	45.74%	1,224.00	88.95%
Kwan Wo Ironworks Inc. - San Francisco, CA	16,560.00	13,674.00	82.57%	7,104.00	42.90%	6,182.00	87.02%
Lewis M. Merlo Inc.	81.50	16.00	19.63%				
Liquidyn, Inc.	70,138.00	20,157.50	28.74%	20,827.50	29.70%	4,480.50	21.51%
Malcolm Drilling Company, Inc.	47,977.00	9,993.00	20.83%	1,803.00	3.76%	1,173.00	65.06%
MARTIN M. RON ASSOC. INC.	5,379.00	885.50	16.46%	60.00	1.12%	50.00	83.33%
McGill Erection and Welding, Inc.	606.00	88.00	14.52%	32.00	5.28%		
MCGUIRE & HESTER	17,333.75	1,882.50	10.86%	1,070.50	6.18%	162.00	15.13%
McMillan Electric Co.	30.50			13.00	42.62%		
Mission City Rebar, Inc.	328.00			94.00	28.66%		
MODULAR HEALTHCARE ENGINEERING DESIGNS LLC	2,528.00						
Morrow Equipment Company	1,506.25			112.50	7.47%		
NELCO, INC. (SAN LEANDRO, CA)	614.50						
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	21,455.75	3,859.00	17.99%	3,835.00	17.87%	2,523.00	65.79%
Otis Elevator Company - SAN FRANCISCO, CA	13,112.75	396.50	3.02%	5,885.00	44.88%		
PACIFIC ERECTORS, INC	49,482.00	8,776.00	17.74%	18,625.00	37.64%	8,586.00	46.10%
Paradigm Design-Build, Inc	3,058.00			447.00	14.62%		
PERFORMANCE CONTRACTING INC - Richmond, CA	6,784.00	574.00	8.46%	3,474.00	51.21%	574.00	16.52%
Performance Swing Stage, Inc.	68.00						
Peterson Mechanical, Inc.	10,811.25	57.00	0.53%	3,805.00	35.19%	57.00	1.50%
Peterson Power Systems	375.00						
Phoenix Electric Company	1,139.25	546.75	47.99%	182.00	15.98%	149.50	82.14%
Primecut Concrete Sawing & Drilling	747.00						
QOL Corp dba CEOWD Glazing	37,164.00	16,652.00	44.81%	7,331.00	19.73%	5,194.00	70.85%

Ransome Company	61.50						
Reliance Engineering Inc	130.00	7.00	5.38%	7.00	5.38%	7.00	100.00%
RFJ Meiswinkel Company	6,174.00	1,506.00	24.39%	393.00	6.37%	2.00	0.51%
RLH FIRE PROTECTION	28,699.00	2,387.00	8.32%	15,803.50	55.07%	509.50	3.22%
Rosendin Electric, Inc.	188,619.50	39,128.00	20.74%	37,835.50	20.06%	9,895.50	26.15%
Rubecon General Contracting, Inc.	376.00						
Ryan Engineering, Inc.	32,062.25	18,863.50	58.83%				
Safway Services, LLC - Burlingame	12,008.75	2,495.50	20.78%	4,901.50	40.82%	1,715.00	34.99%
Scaffold Solutions	1,303.50	173.00	13.27%	348.50	26.74%	45.50	13.06%
Sheedy Drayage Co	4,841.50	378.00	7.81%	663.50	13.70%	63.00	9.50%
Southland Industries	253,894.50	58,002.50	22.85%	97,489.00	38.40%	32,270.00	33.10%
Statewide Construction Sweeping	121.50						
Superior Coring & Cutting Inc.	68.00	16.50	24.26%				
Superior Electric Inc.	187.00						
SUPERIOR GUNITE	7,108.00	76.50	1.08%	114.00	1.60%	12.00	10.53%
TC STEEL	535.00			233.00	43.55%		
Temper Insulation Co., Inc.	1,580.50	1,514.50	95.82%	571.00	36.13%	571.00	100.00%
The Boldt Company	84,434.25	31,704.50	37.55%	2,359.00	2.79%	550.50	23.34%
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.	37,257.49	17,070.95	45.82%	9,906.06	26.59%	5,041.29	50.89%
Tile West, Inc.	209.00	105.00	50.24%				
Van Mulder Sheet Metal, Inc.	10,723.00	2,312.00	21.56%	1,103.50	10.29%	811.00	73.49%
VFC Lightning Protection, Inc.	13.50						
Viking Drillers, Inc.	386.50						
WPCS International-Suisun City, Inc.	11,286.50	1,394.00	12.35%	2,335.00	20.69%	1,228.00	52.59%
Yolanda's Construction Management and Traffic Control	22,671.75	17,629.00	77.76%				
your all day everyday janitorial service	3,331.73	3,303.73	99.16%				
Total	2,209,121.80	620,355.94	28.08%	471,580.39	21.35%	175,262.92	37.17%

**** 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
City and County of San Francisco - CityBuild
Reporting Period: All Date Before 12/31/2016

Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A&B PAINTING, INC.	3,254.50	639.00	19.63%	639.00	19.63%	639.00	100.00%
Advance Pneumatic Tube	5,228.50	273.00	5.22%	2,831.00	54.15%	273.00	9.64%
AJS PAINTING DECORATING	1,152.00	1,152.00	100.00%	548.00	47.57%	548.00	100.00%
Alcal Specialty Contracting, Inc.	2,712.00			1,029.00	37.94%		
ANDERSON CARPET AND LINOLEUM SALES CO.	258.00	26.00	10.08%	26.00	10.08%	26.00	100.00%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
B. T. Mancini Co., Inc.	68.00						
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Line Cutting & Coring, Inc.	223.00	64.00	28.70%	8.00	3.59%		
BECKER ELECTRIC INC.	15,790.63	6,061.13	38.38%	3,011.00	19.07%	1,613.00	53.57%
Broadway Sheet Metal	74.00						
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
Bullard's Heating & Air Inc	24,386.50	9,700.50	39.78%	8,250.50	33.83%	5,516.50	66.86%
C. E. Toland & Son	550.00	8.00	1.45%	132.00	24.00%		
CAL CON PUMPING LLC	10.50						
CAL-WEST CONCRETE CUTTING, INC.	1,000.50						
CALIFORNIA DRYWALL COMPANY	200,647.00	30,077.00	14.99%	37,138.00	18.51%	9,721.00	26.18%
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	16,169.00	555.00	3.43%	1,464.50	9.06%	193.00	13.18%
CF&T Concrete Pumping	996.50						
Charles Pankow Builders, Ltd	103,780.05	33,162.00	31.95%	22,970.00	22.13%	9,019.00	39.26%
Clipper International	30,446.00	13,986.50	45.94%				
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	631.50	2.00	0.32%	199.50	31.59%	2.00	1.00%
Comtel Systems Technology, Inc	101.00						
Concrete Wall Sawing Co., Inc.	985.00						
Convergint Technologies LLC	239.50						
D & J Tile Company, Inc.	688.50	5.00	0.73%	94.00	13.65%		
David M Schmitt	39,531.50	5,196.50	13.15%	5,791.00	14.65%	2,962.00	51.15%
De Haro Ramirez Group	260.00	99.50	38.27%				
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	58.00						
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	77.50						
Fidato	1,018.00						
George Family NorCal	2,625.50	176.00	6.70%	533.50	20.32%		
Gerdau Reinforcing Steel	42,644.50	3,605.00	8.45%	15,194.50	35.63%	3,605.00	23.73%
Giron Construction	45,191.08	34,345.58	76.00%	9,755.33	21.59%	7,896.83	80.95%
H&M Fire Protection, Inc.	4,440.00	1,289.50	29.04%	1,599.00	36.01%		
Harrison Drywall Inc.	24,014.00	11,646.00	48.50%	5,328.50	22.19%	4,190.50	78.64%
Herrero Contractors, Inc.	85,851.05	36,683.80	42.73%	16,016.50	18.66%	8,831.30	55.14%
HVAC Controls Corporation	5,680.00			180.00	3.17%		
ISEC, Inc. - Englewood, CO	13,347.52	2,019.50	15.13%	4,005.50	30.01%	1,045.50	26.10%
John Jackson Masonry	2,459.50	28.00	1.14%	244.50	9.94%		

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	3,008.00	2,832.00	94.15%	1,376.00	45.74%	1,224.00	88.95%
Kwan Wo Ironworks Inc. - San Francisco, CA	9,188.00	7,979.00	86.84%	4,021.00	43.76%	3,475.00	86.42%
Liquidyn, Inc.	52,885.00	18,741.50	35.44%	16,419.50	31.05%	3,869.50	23.57%
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.	4,029.00	484.00	12.01%	53.00	1.32%	50.00	94.34%
MCGUIRE & HESTER	15,871.50	1,882.50	11.86%	949.00	5.98%	162.00	17.07%
McMillan Electric Co.	30.50			13.00	42.62%		
Mission City Rebar, Inc.	328.00			94.00	28.66%		
MODULAR HEALTHCARE ENGINEERING DESIGNS LLC	2,528.00						
Morrow Equipment Company	1,142.00			91.50	8.01%		
NELCO, INC. (SAN LEANDRO, CA)	614.50						
OLSON & CO. STEEL	21,455.75	3,859.00	17.99%	3,835.00	17.87%	2,523.00	65.79%
Otis Elevator Company - SAN FRANCISCO, CA	7,733.75	159.00	2.06%	3,794.75	49.07%		
PACIFIC ERECTORS, INC	44,319.00	8,353.00	18.85%	17,037.00	38.44%	8,163.00	47.91%
PERFORMANCE CONTRACTING INC - Richmond, CA	6,784.00	574.00	8.46%	3,474.00	51.21%	574.00	16.52%
Peterson Mechanical, Inc.	8,581.25	16.00	0.19%	3,214.00	37.45%	16.00	0.50%
Peterson Power Systems	119.00						
Phoenix Electric Company	1,057.25	545.25	51.57%	182.00	17.21%	149.50	82.14%
Primecut Concrete Sawing & Drilling	747.00						
QOL Corp dba CEOWD Glazing	37,164.00	16,652.00	44.81%	7,331.00	19.73%	5,194.00	70.85%
Reliance Engineering Inc	48.00						
RFJ Meiswinkel Company	6,174.00	1,506.00	24.39%	393.00	6.37%	2.00	0.51%
RLH FIRE PROTECTION	24,224.50	666.50	2.75%	14,027.50	57.91%	495.50	3.53%
Rosendin Electric, Inc.	141,655.50	25,351.50	17.90%	24,839.50	17.54%	6,096.50	24.54%
Rubecon General Contracting, Inc.	376.00						
Ryan Engineering, Inc.	15,022.00	11,476.50	76.40%				
Safway Services, LLC - Burlingame	12,008.75	2,495.50	20.78%	4,901.50	40.82%	1,715.00	34.99%
Sheedy Drayage Co	3,104.50	255.50	8.23%	603.50	19.44%	63.00	10.44%
Southland Industries	163,383.50	40,746.50	24.94%	66,073.00	40.44%	24,783.00	37.51%
Statewide Construction Sweeping	121.50						
Superior Coring & Cutting Inc.	19.50	13.00	66.67%				
Superior Electric Inc.	144.00						
SUPERIOR GUNITE	1,644.50	64.50	3.92%	45.00	2.74%		
TC STEEL	427.00			184.00	43.09%		
Temper Insulation Co., Inc.	1,580.50	1,514.50	95.82%	571.00	36.13%	571.00	100.00%
The Boldt Company	69,161.25	28,198.50	40.77%	2,359.00	3.41%	550.50	23.34%
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.	22,691.49	11,438.45	50.41%	6,400.06	28.20%	2,886.79	45.11%
Van Mulder Sheet Metal, Inc.	3,431.50	738.00	21.51%	144.50	4.21%	144.50	100.00%
WPCS International-Suisun City, Inc.	8,581.00	1,394.00	16.25%	1,963.00	22.88%	1,228.00	62.56%
Yolanda's Construction Management and Traffic Control	17,072.75	12,933.00	75.75%				
your all day everyday janitorial service	3,331.73	3,303.73	99.16%				
Total	1,531,557.05	437,758.94	28.58%	339,695.64	22.18%	127,338.42	37.49%

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

--Van Ness and Geary Hospital

St. Luke's Hospital Project

Workforce Contractor Summary
City and County of San Francisco - CityBuild
Reporting Period: All Date Before 12/31/2016

Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A & B Construction	3,107.00	930.00	29.93%				
Advance Pneumatic Tube	1,211.00	624.00	51.53%	645.00	53.26%	624.00	96.74%
Alamillo Rebar Inc.	12,999.00	1,156.00	8.89%	3,936.50	30.28%	995.00	25.28%
B. T. Mancini Co., Inc.	104.00						
BAGATELOS GLASS SYSTEMS INC	7,523.50	62.00	0.82%	717.00	9.53%		
Bailey Fence Company, Inc.	8.00						
Bay Area Firestop, Inc	1,368.00						
Bay Line Cutting & Coring, Inc.	14.50						
Bayside Insulation, Inc.	4,174.00			1,781.00	42.67%		
BECKER ELECTRIC INC.	2,382.00	1,083.00	45.47%	1,082.00	45.42%		
Bellanti Plumbing Inc.	52.00			23.00	44.23%		
BIGGE CRANE AND RIGGING CO	171.00						
CAL CON PUMPING LLC	106.50						
CAL-WEST CONCRETE CUTTING, INC.	329.25						
Capitol Builders Hardware Inc	135.00	8.00	5.93%	14.00	10.37%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	5,073.50	246.50	4.86%	507.00	9.99%	72.00	14.20%
Cell-crete Corporation	107.00	26.00	24.30%	26.00	24.30%		
CF&T Concrete Pumping	304.50						
Charles Pankow Builders, Ltd	39,312.00	11,941.50	30.38%	2,708.00	6.89%	1,292.50	47.73%
Clark Pacific	7,130.00	745.50	10.46%	974.50	13.67%	338.00	34.68%
Clipper International	8,930.50	5,550.50	62.15%				
Comtel Systems Technology, Inc	293.00						
CONCO PUMPING	145.75						
CONDON-JOHNSON & ASSOCIATES INC	2,049.00	25.00	1.22%				
Convergint Technologies LLC	192.00						
De Haro Ramirez Group	76.00	8.00	10.53%				
Del Secco Diamond Core & Saw, Inc.	7.50						
F.D. Thomas, Inc.	1,379.00			40.00	2.90%		
F3 & Associates Inc.	68.00			30.00	44.12%		
Fibrebond Corporation	18.00						
Fidato	675.00						
FORENSIC ANALYTICAL CONSULTING SERVICES	247.50						
H&M Fire Protection, Inc.	784.50	141.00	17.97%	241.00	30.72%		
Harrison Drywall Inc.	165,160.50	49,156.50	29.76%	33,951.50	20.56%	12,175.00	35.86%
HATTON'S CRANE & RIGGING INC	166.50						
Herrero Contractors, Inc.	34,808.00	13,404.50	38.51%	6,301.00	18.10%	6,301.00	100.00%
Hoem & Associates, Inc	214.00	15.50	7.24%	111.50	52.10%	15.50	13.90%
HVAC Controls Corporation	2,041.00			217.00	10.63%		
Interstate Concrete Pumping	93.50						
Ireland Interior Systems, Inc.	169.00	23.00	13.61%				
Kwan Wo Ironworks Inc. - San Francisco, CA	7,372.00	5,695.00	77.25%	3,083.00	41.82%	2,707.00	87.80%
Lewis M. Merlo Inc.	81.50	16.00	19.63%				
Liquidyn, Inc.	17,253.00	1,416.00	8.21%	4,408.00	25.55%	611.00	13.86%
MARTIN M. RON ASSOC. INC.	1,350.00	401.50	29.74%	7.00	0.52%		
McGill Erection and Welding, Inc.	606.00	88.00	14.52%	32.00	5.28%		
Morrow Equipment Company	364.25			21.00	5.77%		

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	5,379.00	237.50	4.42%	2,090.25	38.86%		
PACIFIC ERECTORS, INC	5,163.00	423.00	8.19%	1,588.00	30.76%	423.00	26.64%
Paradigm Design-Build, Inc	3,058.00			447.00	14.62%		
Performance Swing Stage, Inc.	68.00						
Peterson Mechanical, Inc.	2,230.00	41.00	1.84%	591.00	26.50%	41.00	6.94%
Peterson Power Systems	256.00						
Ransome Company	61.50						
RLH FIRE PROTECTION	4,474.50	1,720.50	38.45%	1,776.00	39.69%	14.00	0.79%
Rosendin Electric, Inc.	46,964.00	13,776.50	29.33%	12,996.00	27.67%	3,799.00	29.23%
Ryan Engineering, Inc.	17,040.25	7,387.00	43.35%				
Scaffold Solutions	1,303.50	173.00	13.27%	348.50	26.74%	45.50	13.06%
Sheedy Drayage Co	1,737.00	122.50	7.05%	60.00	3.45%		
Southland Industries	90,511.00	17,256.00	19.07%	31,416.00	34.71%	7,487.00	23.83%
Superior Coring & Cutting Inc.	48.50	3.50	7.22%				
Superior Electric Inc.	43.00						
SUPERIOR GUNITE	806.00			34.00	4.22%		
TC STEEL	108.00			49.00	45.37%		
The Boldt Company	15,273.00	3,506.00	22.96%				
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.	7,335.50	3,684.00	50.22%	1,567.50	21.37%	663.00	42.30%
Tile West, Inc.	209.00	105.00	50.24%				
Van Mulder Sheet Metal, Inc.	7,291.50	1,574.00	21.59%	959.00	13.15%	666.50	69.50%
VFC Lightning Protection, Inc.	13.50						
WPCS International-Suisun City, Inc.	2,705.50			372.00	13.75%		
Yolanda's Construction Management and Traffic Control	5,599.00	4,696.00	83.87%				
Total	573,015.50	156,907.00	27.38%	119,465.75	20.85%	41,295.50	34.57%

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

--St. Lukes Replacement Hospital

Van Ness and Geary Medical Office Building Project

Workforce Contractor Summary							
City and County of San Francisco - CityBuild							
Reporting Period: All Date Before 12/31/2016							
Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
Bear Scaffold and Services	780.00	128.00	16.41%	47.50	6.09%		
Charles Pankow Builders, Ltd	32,775.50	13,710.50	41.83%	4,690.00	14.31%	3,152.50	67.22%
Clipper International	2,054.50	1,065.50	51.86%				
CONCO CEMENT COMPANY	12,225.50	698.50	5.71%	3,419.50	27.97%	561.00	16.41%
Cupertino Electric Inc.	6,988.00	2,631.00	37.65%	597.00	8.54%	442.00	74.04%
EVANS BROTHERS INC	14,539.50	2,791.00	19.20%	1,410.00	9.70%	955.00	67.73%
Frank M Booth, Inc	850.00			124.00	14.59%		
H&M Fire Protection, Inc.	50.50			9.50	18.81%		
Malcolm Drilling Company, Inc.	20,385.00	2,696.50	13.23%	19.50	0.10%	8.00	41.03%
MCGUIRE & HESTER	1,462.25			121.50	8.31%		
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	4,657.50	12.00	0.26%	35.00	0.75%	12.00	34.29%
THE LAWSON ROOFING CO., INC.	7,230.50	1,948.50	26.95%	1,938.50	26.81%	1,491.50	76.94%
Viking Drillers, Inc.	386.50						
Total	104,549.25	25,690.00	24.57%	12,419.00	11.88%	6,629.00	53.38%

** NOTES: Projects List **

--Van Ness Garage and Medical Office Building

HerreroBoldt Projects

Workforce Contractor Summary
City and County of San Francisco - CityBuild
Reporting Period: All Date Before 12/31/2016

Contractor	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
A & B Construction	3,107.00	930.00	29.93%				
A&B PAINTING, INC.	3,254.50	639.00	19.63%	639.00	19.63%	639.00	100.00%
Advance Pneumatic Tube	6,439.50	897.00	13.93%	3,476.00	53.98%	897.00	25.81%
AJS PAINTING DECORATING	1,152.00	1,152.00	100.00%	548.00	47.57%	548.00	100.00%
Alamillo Rebar Inc.	12,999.00	1,156.00	8.89%	3,936.50	30.28%	995.00	25.28%
Alcal Specialty Contracting, Inc.	2,712.00			1,029.00	37.94%		
ANDERSON CARPET AND LINOLEUM SALES CO.	258.00	26.00	10.08%	26.00	10.08%	26.00	100.00%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
B. T. Mancini Co., Inc.	172.00						
BAGATELOS GLASS SYSTEMS INC	7,523.50	62.00	0.82%	717.00	9.53%		
Bailey Fence Company, Inc.	8.00						
Bay Area Firestop, Inc	1,368.00						
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Line Cutting & Coring, Inc.	237.50	64.00	26.95%	8.00	3.37%		
Bayside Insulation, Inc.	4,174.00			1,781.00	42.67%		
BECKER ELECTRIC INC.	18,172.63	7,144.13	39.31%	4,093.00	22.52%	1,613.00	39.41%
Bellanti Plumbing Inc.	52.00			23.00	44.23%		
BIGGE CRANE AND RIGGING CO	171.00						
Broadway Sheet Metal	74.00						
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
Bullard's Heating & Air Inc	24,386.50	9,700.50	39.78%	8,250.50	33.83%	5,516.50	66.86%
C. E. Toland & Son	550.00	8.00	1.45%	132.00	24.00%		
CAL CON PUMPING LLC	117.00						
CAL-WEST CONCRETE CUTTING, INC.	1,329.75						
CALIFORNIA DRYWALL COMPANY	200,647.00	30,077.00	14.99%	37,138.00	18.51%	9,721.00	26.18%
Capitol Builders Hardware Inc	135.00	8.00	5.93%	14.00	10.37%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	21,242.50	801.50	3.77%	1,971.50	9.28%	265.00	13.44%
Cell-crete Corporation	107.00	26.00	24.30%	26.00	24.30%		
CF&T Concrete Pumping	1,301.00						
Charles Pankow Builders, Ltd	143,092.05	45,103.50	31.52%	25,678.00	17.95%	10,311.50	40.16%
Clark Pacific	7,130.00	745.50	10.46%	974.50	13.67%	338.00	34.68%
Clipper International	39,376.50	19,537.00	49.62%				
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	631.50	2.00	0.32%	199.50	31.59%	2.00	1.00%
Comtel Systems Technology, Inc	394.00						
CONCO PUMPING	145.75						
Concrete Wall Sawing Co., Inc.	985.00						
CONDON-JOHNSON & ASSOCIATES INC	2,049.00	25.00	1.22%				
Convergint Technologies LLC	431.50						
D & J Tile Company, Inc.	688.50	5.00	0.73%	94.00	13.65%		
David M Schmitt	39,531.50	5,196.50	13.15%	5,791.00	14.65%	2,962.00	51.15%
De Haro Ramirez Group	336.00	107.50	31.99%				
Del Secco Diamond Core & Saw, Inc.	7.50						
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	1,437.00			40.00	2.78%		
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	95.50						
Fidato	1,693.00						
FORENSIC ANALYTICAL CONSULTING SERVICES	247.50						
George Family NorCal	2,625.50	176.00	6.70%	533.50	20.32%		
Gerdau Reinforcing Steel	42,644.50	3,605.00	8.45%	15,194.50	35.63%	3,605.00	23.73%
Giron Construction	45,191.08	34,345.58	76.00%	9,755.33	21.59%	7,896.83	80.95%
H&M Fire Protection, Inc.	5,224.50	1,430.50	27.38%	1,840.00	35.22%		
Harrison Drywall Inc.	189,174.50	60,802.50	32.14%	39,280.00	20.76%	16,365.50	41.66%
HATTON'S CRANE & RIGGING INC	166.50						
Herrero Contractors, Inc.	120,659.05	50,088.30	41.51%	22,317.50	18.50%	15,132.30	67.80%
Hoem & Associates, Inc	214.00	15.50	7.24%	111.50	52.10%	15.50	13.90%
HVAC Controls Corporation	7,721.00			397.00	5.14%		
Interstate Concrete Pumping	93.50						
Ireland Interior Systems, Inc.	169.00	23.00	13.61%				
ISEC, Inc. - Englewood, CO	13,347.52	2,019.50	15.13%	4,005.50	30.01%	1,045.50	26.10%
John Jackson Masonry	2,459.50	28.00	1.14%	244.50	9.94%		
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	3,008.00	2,832.00	94.15%	1,376.00	45.74%	1,224.00	88.95%
Kwan Wo Ironworks Inc. - San Francisco, CA	16,560.00	13,674.00	82.57%	7,104.00	42.90%	6,182.00	87.02%
Lewis M. Merlo Inc.	81.50	16.00	19.63%				
Liquidyn, Inc.	70,138.00	20,157.50	28.74%	20,827.50	29.70%	4,480.50	21.51%
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.	5,379.00	885.50	16.46%	60.00	1.12%	50.00	83.33%
McGill Erection and Welding, Inc.	606.00	88.00	14.52%	32.00	5.28%		
MCGUIRE & HESTER	15,871.50	1,882.50	11.86%	949.00	5.98%	162.00	17.07%
McMillan Electric Co.	30.50			13.00	42.62%		
Mission City Rebar, Inc.	328.00			94.00	28.66%		
MODULAR HEALTHCARE ENGINEERING DESIGNS LLC	2,528.00						
Morrow Equipment Company	1,506.25			112.50	7.47%		
NELCO, INC. (SAN LEANDRO, CA)	614.50						
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	21,455.75	3,859.00	17.99%	3,835.00	17.87%	2,523.00	65.79%
Otis Elevator Company - SAN FRANCISCO, CA	13,112.75	396.50	3.02%	5,885.00	44.88%		
PACIFIC ERECTORS, INC	49,482.00	8,776.00	17.74%	18,625.00	37.64%	8,586.00	46.10%
Paradigm Design-Build, Inc	3,058.00			447.00	14.62%		
PERFORMANCE CONTRACTING INC - Richmond, CA	6,784.00	574.00	8.46%	3,474.00	51.21%	574.00	16.52%
Performance Swing Stage, Inc.	68.00						
Peterson Mechanical, Inc.	10,811.25	57.00	0.53%	3,805.00	35.19%	57.00	1.50%
Peterson Power Systems	375.00						
Phoenix Electric Company	1,057.25	545.25	51.57%	182.00	17.21%	149.50	82.14%
Primecut Concrete Sawing & Drilling	747.00						
QOL Corp dba CEOWD Glazing	37,164.00	16,652.00	44.81%	7,331.00	19.73%	5,194.00	70.85%
Ransome Company	61.50						
Reliance Engineering Inc	48.00						
RFJ Meiswinkel Company	6,174.00	1,506.00	24.39%	393.00	6.37%	2.00	0.51%
RLH FIRE PROTECTION	28,699.00	2,387.00	8.32%	15,803.50	55.07%	509.50	3.22%
Rosendin Electric, Inc.	188,619.50	39,128.00	20.74%	37,835.50	20.06%	9,895.50	26.15%

Rubecon General Contracting, Inc.	376.00						
Ryan Engineering, Inc.	32,062.25	18,863.50	58.83%				
Safway Services, LLC - Burlingame	12,008.75	2,495.50	20.78%	4,901.50	40.82%	1,715.00	34.99%
Scaffold Solutions	1,303.50	173.00	13.27%	348.50	26.74%	45.50	13.06%
Sheedy Drayage Co	4,841.50	378.00	7.81%	663.50	13.70%	63.00	9.50%
Southland Industries	253,894.50	58,002.50	22.85%	97,489.00	38.40%	32,270.00	33.10%
Statewide Construction Sweeping	121.50						
Superior Coring & Cutting Inc.	68.00	16.50	24.26%				
Superior Electric Inc.	187.00						
SUPERIOR GUNITE	2,450.50	64.50	2.63%	79.00	3.22%		
TC STEEL	535.00			233.00	43.55%		
Temper Insulation Co., Inc.	1,580.50	1,514.50	95.82%	571.00	36.13%	571.00	100.00%
The Boldt Company	84,434.25	31,704.50	37.55%	2,359.00	2.79%	550.50	23.34%
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.	30,026.99	15,122.45	50.36%	7,967.56	26.53%	3,549.79	44.55%
Tile West, Inc.	209.00	105.00	50.24%				
Van Mulder Sheet Metal, Inc.	10,723.00	2,312.00	21.56%	1,103.50	10.29%	811.00	73.49%
VFC Lightning Protection, Inc.	13.50						
WPCS International-Suisun City, Inc.	11,286.50	1,394.00	12.35%	2,335.00	20.69%	1,228.00	52.59%
Yolanda's Construction Management and Traffic Control	22,671.75	17,629.00	77.76%				
your all day everyday janitorial service	3,331.73	3,303.73	99.16%				
Total	2,104,572.55	594,665.94	28.26%	459,161.39	21.82%	168,633.92	36.73%

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

--Van Ness and Geary Hospital

--St. Lukes Replacement Hospital

Exhibit B

Total New Apprentice Hires on CPMC Projects
Through December 2016: **756**

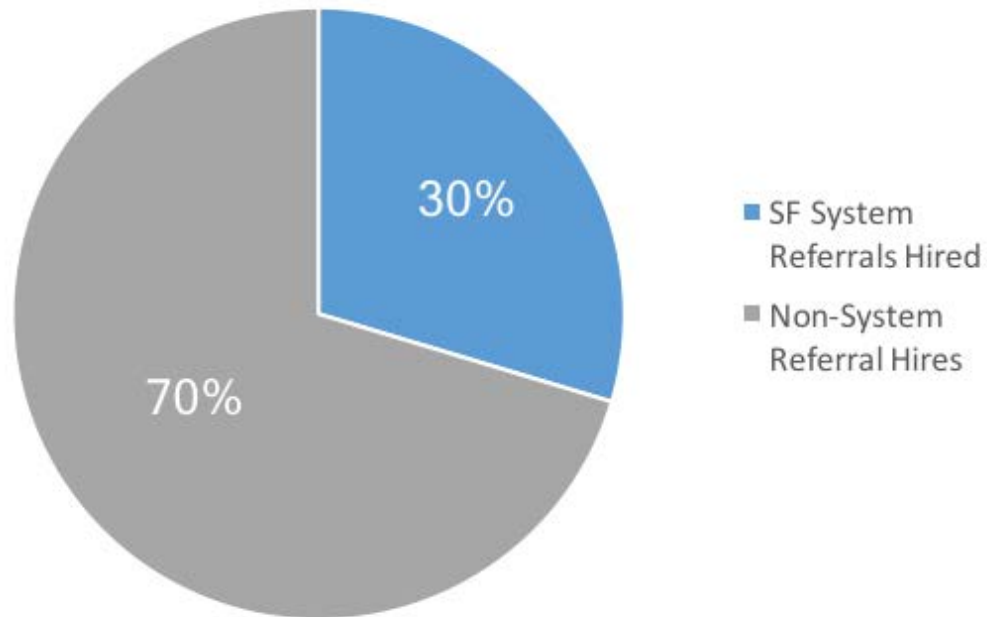


Exhibit C

Van Ness and Geary Campus Hospital Project LBE Reporting 2016

LBE Company



Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16

HERREROBOLDT	50,702	78,053	56,987	39,148	57,679	61,484	43,593	48,046	52,907	52,217	37,361	37,049
Total LBE Billing - HB	1,198,551	2,284,810	3,690,293	3,676,305	5,650,305	4,502,112	4,397,997	6,324,504	6,410,661	4,162,577	4,041,832	4,394,042
Cumulative LBE Billing	29,569,492	31,854,301	35,544,595	39,220,900	44,871,205	49,373,317	53,771,313	60,095,817	66,506,478	70,669,056	74,710,888	79,104,930
HerreroBoldt Billing	15,270,864	17,590,023	20,875,836	19,695,305	27,716,477	22,603,007	25,354,506	29,184,174	31,498,295	27,745,721	28,398,616	24,025,079
Cumulative HB Billing	270,492,806	288,082,829	308,958,665	328,653,970	356,370,447	378,973,454	404,327,960	433,512,134	465,010,429	492,756,150	521,154,766	545,179,845
% LBE Monthly	7.8%	13.0%	17.7%	18.7%	20.4%	19.9%	17.3%	21.7%	20.4%	15.0%	14.2%	18.3%
% LBE Total - HB	10.9%	11.1%	11.5%	11.9%	12.6%	13.0%	13.3%	13.9%	14.3%	14.3%	14.3%	14.5%

The Replacement Hospital at the St. Luke's Campus Project LBE Reporting 2016

LBE Company



Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16

Total LBE Billing - HB Hosp + MR	1,223,771	1,705,184	2,834,535	3,076,819	2,592,875	3,452,331	2,820,290	4,568,292	1,182,513	4,215,372	2,127,071	1,551,475
Cumulative LBE Billing	9,851,583	11,556,768	14,391,303	17,468,121	20,060,996	23,513,327	26,333,616	30,901,909	32,084,421	36,299,794	38,426,865	39,978,340
HerreroBoldt Billing	7,078,401	8,506,187	9,818,940	8,398,318	8,564,276	10,474,148	9,534,621	12,631,150	5,932,770	9,872,005	8,543,043	6,174,816
Cumulative HB Hosp + MR Billing	75,369,263	83,875,450	93,694,390	102,092,708	110,656,984	121,131,132	130,665,753	143,296,903	149,229,673	159,101,678	167,644,721	173,819,537
% LBE Monthly	17.3%	20.0%	28.9%	36.6%	30.3%	33.0%	29.6%	36.2%	19.9%	42.7%	24.9%	25.1%
% LBE Total - HB Hosp + MR	13.1%	13.8%	15.4%	17.1%	18.1%	19.4%	20.2%	21.6%	21.5%	22.8%	22.9%	23.0%

Collaborate, Really Collaborate
Tightly Couple Learning with Action

Increase Relatedness
Projects as Networks of Commitments

Optimize the Whole



Van Ness and Geary Campus MOB Project LBE Reporting 2016



LBE Report

Year	Garage Billing	MOB Billing	Conco Rebar (subtiers/ vendors)	Cupertino (subtiers/ vendors)	EBI (subtiers/ vendors)	H & M	Lawson	Pankow (vendors)	Superior Gunite (subtier/ vendors)	Total Billing	Total LBE \$'s	% LBE \$'s
2015	\$ 5,524,025.00	\$ 12,197.25	\$ -	\$ -	\$ 74,748.83	\$ 48,780.53	\$ -	\$ 68,171.37		\$ 5,536,222.25	\$ 191,700.73	3.46%
2016	\$ 27,275,912.00	\$ 8,308,509.25	\$ -	\$ 1,062,559.22	\$ 808,617.93	\$ 266,412.03	\$ 819,066.42	\$ 224,290.63	\$ -	\$ 35,584,421.25	\$ 3,180,946.23	8.94%

Collaborate, Really Collaborate

Tightly Couple Learning with Action

Increase Relatedness

Projects as Networks of Commitments

Optimize the Whole

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
BergDavis Public Affairs	Public Affairs
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 2016 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 2016 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

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, 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 84% return rate (response rate in 2015 was 70%)
- Conducted our first patient/visitor survey
 - The majority of visitors to all four campuses (63%) came in a car either driving alone, carpooling or being dropped off.
 - Public transit's mode share was 19% and it is higher on campuses that are near regional transit service (33% at St. Luke's).
 - Most visitors (79%) are short-term, less than 3-hours. About 50% of short-term visitors park on the street to avoid parking garage charges.

2017 update (January-April)

- BART Shuttle hours extended in January 2017 (5:30AM-8:15PM)
- Rolled out 50% transit subsidy program in January 2017. Approximately 750 employees have taken advantage of the transit subsidy through the first four month of 2017
- Conducting the annual transportation fairs earlier in the year to further promote the transit subsidy program
- Decreased monthly parking across the enterprise by approximately 9% by the increased parking rates in 2017
- Placed funding request to install bicycle security cages at the Davies and St Luke's campuses

2016 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.

CPMC conducted an employee/physician commute survey of approximately 6,250 staff, who works at our campuses during October, 2016. The survey was administered through our intranet Healthstream platform.

The response rate was 84% with 5,236 staff completing the survey online. CPMC was required to have a minimum 30% return rate at each of its four campuses. Based on 2016 survey results, CPMC's commute mode share baselines for 2016 are as follows:

- SOV (drive alone) 56%
- Public Transit 25%
- Bicycle/Walk 7%
- Carpooling 7% (includes vanpooling at 0.5%)
- Other 5% (includes Uber/Lyft at 2% 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 39%
- California 21%
- Davies 15%
- St. Luke's 14%
- Other 11%

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 1-5 miles from their workplace.

- San Francisco 43% (San Francisco County)
- Daly City/South Bay 24% (San Mateo and Santa Clara Counties)
- East Bay 23% (Alameda, Contra Costa and Solano Counties)
- North Bay 8% (Marin, Napa and Sonoma Counties)
- Other 2%

2016 Patient/Visitor Survey Results

Summary

The 2016 Patient/Visitor Survey was conducted on Wednesday, May 18th and Thursday, May 19th of 2016, from 9:00 a.m. to 4:00 p.m. at each of the four campus complexes that comprise the California Pacific Medical Center – Pacific, California, Davies and St. Luke's. The survey collected 200 valid responses from each campus and achieved a 95% confidence interval for statistical analysis. Major highlights of the analysis of survey responses include:

1. The majority of visitors to CPMC are patients that come to get medical care or see a doctor, except for Pacific Campus, which receives more visitors accompanying someone else or visiting a patient in the hospital.
2. The majority of visitors get to campus in a car either driving alone, carpooling or by being dropped off.
3. Visitors that drove to campus split equally between parking in a garage and paying for parking, and parking on the street for free, or in a meter for a lower price.
4. Visitors' public transit use was highest on St. Luke's and Davies Campuses where there is regional transit service nearby (BART and Muni light rail respectively). These results show there is a direct relationship between public transit's mode share at CPMC campuses and availability of regional transit service.
5. Visitors come mostly from surrounding cities in the City and County of San Francisco, and generally they spent less than 30 minutes to get to campus. The Pacific Campus has the largest share of visitors from other parts of the Bay Area and rest of California, due to the regional draw of its specialty services.
6. Ride hailing services (taxi, Uber, Lyft), public transit and other modes (walking, biking, and other) are more common among visitors that live near CPMC and spend less than 30 minutes getting there.
7. Visitors that came to CPMC on a ride hailing service or public transit were also more likely to stay on campus for a short period of time (less than 1 hour). Visitors that came in a car were more likely to stay longer than 1 hour.
8. The analysis of parking versus length of stay shows that people make rational decisions with regards to the price of parking. Although a slight majority of visitors parked in a garage and paid for parking (either in full or discounted), close to 50 percent of visitors parked on the street or used a different mode of transportation.
9. Visitors that parked and spent less than 1 hour on campus split equally between parking in a garage and paying for parking, and parking on the street. Meanwhile visitors that parked and spent between 1 and 3 hours on campus have a higher proportion of parking on the street.

10. In contrast, visitors that spent between 3 and 24 hours on campus were more likely to park in a garage with a discount or pay full price. While those that stayed in the hospital for more than a day mostly parked in a garage at a discount or with validation.

The major takeaway from the survey findings is that the majority of visitors to CPMC campuses come from within the City and County of San Francisco. They drive to campus and park in a garage for a fee or park on the street for free, in about equal proportions. Those that park in a garage for a fee typically stay in the hospital for less than 1 hour or for an extended time (more than 3 hours and more than a day). While those that park on the street for free typically stay in the hospital for more than 1 hour, but less than 3 hours.

These findings suggest that the pricing structure of CPMC garages and street parking regulations around CPMC campuses (either time limits or cost) are not well aligned, creating an incentive for people to drive and park in the neighborhood streets surrounding CPMC campuses. This is perhaps an area where both CPMC and the City of San Francisco can work together to develop a policy framework and regulation strategy that minimizes the use of street parking, mitigates traffic impacts to surrounding residential neighborhoods, and reduces patient and visitors' vehicle trips to CPMC campuses.

The analysis also shows that CPMC campuses that are near a regional transit service (subway or light rail) experience a higher share of visitor trips in public transit. This finding suggests that both proximity to regional transit service (i.e. walking distance to a station) and a direct connection to regional transit service (i.e. a last mile shuttle connection) can be effective in attracting a larger share of trips in alternative modes, and reducing patient and visitor's vehicle trips to CPMC campuses.

2016 CPMC ON-SITE PARKING, CARPOOL AND BICYCLE FACILITIES			
CAMPUS	ON-SITE PARKING SPACES	EMPLOYEES REGISTERED CARPOOL	BIKE PARKING SPOTS
PAC	477	5	30
CAL	282	21	34
DAV	431	4	38
STL	212	2	18
VISITORS PARKING RATE		\$ 5.00	PER HOUR (w/increment of \$2 per 1/2 hr) Up to a maximum of \$30.00 per day
PATIENT PARKING RATE		\$ 12.00	FLAT RATE - ALL DAY (Requires coupon issued by Department)
EMPLOYEE DAILY RATE		\$ 20.00	FLAT RATE - ALL DAY
EMPLOYEE MONTHLY RATE		\$ 120.00	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. 7% (450 employees)
 Approximately 24% of CPMC employees (1,652 employees) are eligible for the transit subsidy and 10% (136) of those eligible actually participate.

2016 CPMC OFF-SITE PARKING SUBSIDIES			
CAMPUS	OFF-SITE PARKING LOCATION	OFF-SITE CONTRACTED SPACES	EMPLOYEES WITH PARKING SPOTS
PAC	Japan Center 1610 Geary Boulevard San Francisco 94114	400	382
CAL	Geary Mall Garage 5200 Geary Blvd. San Francisco 94114	80	55
F O L S O M	148 Townsend St. San Francisco 94107	5	5
	350 2nd Street San Francisco 94107	10	10
	75 Hawthorne St. San Francisco 94105	6	6
	24 Hrs Fitness San Francisco 94107	5	5
1825 Sac	Staples Garage San Francisco 94109	50	45
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.			

ATTACHMENT 6

St. Luke's Milestone Completion Notice



To: Elizabeth Purl, Development Performance Coordinator, San Francisco Planning Department, City and County of San Francisco

From: Tom Minard, Sutter Health

Date: November 1, 2016

Re: Milestone Completion Notice

As required by Section 4.2.3 of the Development Agreement CPMC shall provide a Milestone Completion notice to the City within thirty days following the completion of each milestone listed in the Schedule and Phasing Plan (Exhibit C), from CPMC's project manager for the construction of the St. Luke's Campus Hospital, which shall, to the best of such individual's knowledge following reasonable due diligence: (i) confirm the completion of the Milestone, (ii) update the construction schedule for each and describe any material changes to the schedule and the reasons therefore, (iii) describe any existing or anticipated material delays in meeting the Milestones that follow, and (iv) confirm CPMC's expectation to satisfy the St. Luke's Campus Hospital Opening Deadline.

As indicated by this letter, the completion of exterior work occurred on November 1, 2016 and, accordingly, this Milestone is satisfied. Large material will continue to be brought into the building via five decks along Cesar Chavez Street. Please see updated construction schedule attached. There are no anticipated material delays in meeting remaining Milestones.

Very truly yours,

Tom Minard
Program Manager
Sutter Health

New Hospital at Valencia and Cesar Chavez Construction Schedule

[illegible]