

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

2014 COMPLIANCE STATEMENT

and

INCLUDING HEALTHCARE COMPLIANCE REPORT

(January 1, 2014 - December 31, 2014)

TABLE OF CONTENTS

1.	COMPLIANCE STATEMENT	1
2.	SCHEDULE AND PHASING PLAN – HOSPITAL COMMITMENT	1
2.1	Construction Schedules.....	2
2.2	Milestones	2
3.	COMMUNITY COMMITMENTS	3
3.1	Workforce Agreement – DA Exhibit E	3
3.2	Community Healthcare Program – DA Exhibit F (See HCR – Attachment 1)	4
3.3	Housing Program – DA Exhibit G.....	4
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.....	5

ATTACHMENTS:

ATTACHMENT 1 – Healthcare Compliance Report and Compliance Statement Summary

ATTACHMENT 2 – Development Agreement Payments Schedule/CPMC Payment Transmittals

ATTACHMENT 3 – Entry Level Operational Hiring

ATTACHMENT 4 – Construction and Local Business Enterprise Hiring

ATTACHMENT 5 – St. Luke’s Milestone Completion Notices

ATTACHMENT 6 – Transportation Demand Management Summary

1. COMPLIANCE STATEMENT

This Compliance Statement is submitted under Section 8 of the Development Agreement demonstrating compliance with the Development Agreement 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 Development Agreement, and (iii) reimbursement of City Costs. See Section 8.2.1.¹ Compliance with the Healthcare Obligations is separately 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 to the City on the timing and progress of the 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

- Shoring and excavation completed in November 2014
- Foundation for the new hospital commenced in December 2014

ii. Medical Office Building.

- Abatement of the existing buildings began in January 2015.

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 the St. Luke's Campus– Construction Activity

- San Jose Avenue utility relocation to allow for construction of the new hospital completed in September 2014.

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.

- Excavation for the new hospital commenced in October 2014.
- Foundation for the new hospital commenced in December 2014.

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						■	■

2.2 Milestones

- Milestone Completion Notice. As indicated in the Milestone Table below, the submittal of Increment 1 to OSHPD occurred on February 3rd and, accordingly, this Milestone is satisfied approximately a year ahead of the Milestone Schedule. CPMC also provided Milestone Completion Notices (see Attachments 5 and 6) on June 9th and November 7th, as required by Section 4.2.3, indicating completion of the first five (5) milestones. There are no anticipated material delays in meeting future milestones, assuming continued cooperation with OSHPD.
- Milestone Table. The Milestone Table below describes CPMC's Compliance with the Schedule and Phasing Plan, Exhibit C.

Date	Milestone	Status
On or before May 11, 2016	Completion of San Jose Avenue City Project	Complete - 7/29/2013
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 St. Luke's Campus Hospital	Complete - 2/3/14
On or before twelve (12) months after submission of Increment 1 to OSHPD for the St. Luke's Campus Hospital	Commencement of construction of the San Jose Avenue CPMC Project	Commencement - 5/5/14 Complete – 11/14
On or before eighteen (18) months after submission of Increment 1 to OSHPD for the St. Luke's Campus Hospital	Receipt of Increment 1 permit from OSHPD for the St. Luke's Campus Hospital	Complete – 8/5/14
On or before three (3) months after receipt of Increment 1 permit from OSHPD for the St. Luke's Campus Hospital	Commencement of Shoring/Excavation Work for the St. Luke's Campus Hospital	Commencement - 10/21/14
On or before twenty (20) months from Commencement of Shoring/Excavation Work	Completion of Exterior Work for the	Not yet due.

for the St. Luke's Campus Hospital	St. Luke's Campus Hospital	
On or before forty-two (42) months from receipt of Increment 1 permit from OSHPD for the St. Luke's Campus Hospital	Notice of Completion of Construction of St. Luke's Campus Hospital provided to the City	Not yet due.
St. Luke's Campus Hospital Opening Deadline: On or before twenty four (24) months from the Opening of the Cathedral Hill Campus Hospital	Notice of Opening of the St. Luke's Campus Hospital provided to the City	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 3 and 4. The elements of "good faith" have been met. See Attachment 3 for specifics on entry level hiring for hospital operations.

CPMC is working 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. First Source 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 36% of the total 2014 construction hours. 66% 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. 11% of the total construction work in 2014 was been performed by San Francisco based businesses.

d. Payments. CPMC has met its Development Agreement obligations to provide funds for workforce training programs.

- i. The second installment for Workforce training of \$1,000,000 was paid on 11/25/2014;

See Attachment 2, Development Agreement Payments Schedule and CPMC Payment Transmittals.

3.2 Community Healthcare Program (Exhibit F)

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

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 second installment of \$7,000,000 was paid on 11/17/2014.

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 second installment of payments totaling \$1,975,000 were paid on 11/17/2014.

These payments covered lighting and pedestrian safety surrounding the Tenderloin and traffic safety and enforcement around the Pacific and California.

3.5 Transportation Program (Exhibit K)

- a. Payments. CPMC has made all required payments for transit improvements as follows:
 - The second installment of payments totaling \$2,900,000 for Transit/BRT improvements were paid on 11/17/2014.
- b. TDM. CPMC has certain survey and other obligations in connection with the enhanced Transportation Demand Management (TDM) Plan. These obligations commence in 2015. The existing elements of the TDM program that continue to be implemented by CPMC 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 6.

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 2014, The City (OEWD and City Attorney) invoiced CPMC a total of \$116,793.53. (Jan.-Dec.) Said sum was paid in full by February 13, 2015. 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. The deed for 26-28 27th Street was recorded on June 27th, 2014. CPMC is currently using the property temporarily for construction coordination office purposes. On March 24, 2014 the sale of 2018 Webster Street (residential building) was completed. On October 16, 2014 the sale of 2400 Clay Street (medical offices) was completed. The City consented to the Assignment and Assumption Agreements entered into by CPMC in connection with these transfers.

CPMC Development Agreement						
DA Compliance Statement Summary						
Fiscal Year 2014						
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 5/31/14	Compliance Statement and Attachments 1-6
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. Four milestones met in 2014.	Compliance Statement, Attachment 5
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. CPMC, in coordination with OEWD, is making the required good faith efforts regarding the First Source Entry Level Hiring Goal. Hiring deficiency was 18 entry-level positions; deficiency will roll over and be added to next year's hiring target	Compliance Statement Attachment 3
Workforce Training Payment	Exhibit E D	Provide \$4,000,000 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. \$1M paid 11/25/14	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. 100%	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. 70%	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. 36%	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. 36%	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. 66%	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. 11%	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. 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. \$7M paid 11/25/14	Compliance Statement, Attachment 2
Public Improvements	Exhibit H	Public Improvements and pedestrian safety measures	11/08/2013	11/08/2016	In compliance. 1.975 paid 11/25/14	Compliance Statement, Attachment 2
Transportation Program	Exhibit K	Payments for transit improvements	11/08/2013	11/08/2023	In compliance. \$2.9M paid 11/25/14	Compliance Statement, Attachments 2 and 6
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. \$116,793 paid 2/13/14	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 property transactions	Compliance Statement, IMP Update

ATTACHMENT 1 HEALTHCARE COMPLIANCE REPORT

CPMC Development Agreement						
Healthcare Compliance Report						
Fiscal Year 2014						
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 28,596 Unduplicated Patients between 1/1/2014 and 12/31/2014. This is 1,849 patients short of the Unduplicated Patient Commitment. CPMC made good faith efforts to meet this commitment, however, a variety of factors (The Affordable Care Act and others) had a significant impact on the Uninsured and Medi-Cal populations' access to care in San Francisco during 2014 and contributed to CPMC's deficit of unduplicated lives. The Development Agreement considers the possibility that changes in the health care sector may impact CPMC's ability to meet the Unduplicated Patient Commitment and allows for a carryover or 2 year rolling average of the Unduplicated Patient Commitment when considering compliance. CPMC will work to satisfy the Unduplicated Patient Commitment through the 2 year rolling average during years 2014 and 2015.	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 2014 CPMC spent a total of \$14,604,433 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	In compliance. CPMC maintained Charity Care policies that are no more restrictive than our Charity Care policies in Fiscal Year 2011. No changes were made to CPMC's Charity Care policies.	2014 Charity Care Policy
	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	Not yet applicable. Obligation commences on 1/1/2016.	
	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.	Deloitte & Touche Report
New Medi-Cal Beneficiaries Commitment	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 enrolled 13,968 new Medi-Cal beneficiaries in 2014. CPMC met the 5,400 additional Medi-Cal beneficiaries commitment in 2014 and exceeded it. As of December 2014, CPMC had a total 31,097 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 11,079 beneficiaries. ²	San Francisco Health Plan Capitation Report
	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. No available MSO with a primary care provider based in the Tenderloin currently exists. CPMC is contracted with one MSO, North East Medical Services, and is in discussions around how to serve Tenderloin patients given the lack of an additional MSO with a primary care base in the Tenderloin.	

Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
Innovation Fund	3a	Executed Innovation Fund Agreement in the form provided with The San Francisco Foundation. Create a committee of fund advisors to advise the Innovation Fund Foundation.	08/10/2013	10/07/2017	In compliance. CPMC executed the agreement with The San Francisco Foundation. The Committee was formed and CPMC continues to participate via an appointed a member to provide disbursement advice.	
	3b	CPMC shall pay to the Innovation Fund Foundation \$8,600,000 in accordance with Exhibit N.	08/10/2013	10/07/2017	In compliance. Per Exhibit N, CPMC paid the Innovation Fund \$1,125,000 in 2014. The payment was made on time, within 30 days of Finally Granted.	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 2014.	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 commenced work and is in the process of engaging an outside consultant to further enhance the quality of recommendations. CPMC, DPH, and the Health Commission have agreed to extend the date of presentation to the Health Commission to 12/31/2015.	
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.	
St. Luke's Campus	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.	
	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	In compliance. CPMC is making good faith efforts to integrate medical staffs and patient quality outcomes at all four campuses. CPMC now has the same physician groups providing services at all four campuses in the following specialties: Internal Medicine Hospitalists, Pediatric Hospitalists, Emergency Medicine, Radiology, Pathology, Oncology, Neurology, and Anesthesia. Efforts to further integrate medical staff and quality improvement initiatives are ongoing.	

Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
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).	
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.	
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).	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 2014 are at or below a 5% increase as compared to 2013.	

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 8, 2015

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 April 13, 2015, this report summarizes the results of the assessment of unduplicated patients performed by Deloitte & Touche LLP ("D&T") as requested by Sutter Health for its subsidiary California Pacific Medical Center ("Company" 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 1, 2014 to December 31, 2014, reasonably represents and are supported by CPMC's Patient Accounting records.

Our procedures included the following:

- D&T 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 D&T.
- D&T 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.
- D&T 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 2014.
- D&T selected a random sample of 25 patients from calendar year 2014 and evaluated supporting documentation provided by CPMC that supports CPMC's classification of the patient as a Medi-Cal or Charity Care recipient.

- D&T's methodology used in the procedures were consistent with those used in the review of the baseline periods for calendar years 2009 through 2013.

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 29,433. With the subtraction of the agreed 837 unduplicated patients, the allowable number of unduplicated patients for 2014 is 28,596, representing a deficit of 1,849 unduplicated patients for 2014. 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, 2014 to December 31, 2014 at the California, Davies, Pacific and St. Luke's campuses of CPMC as reflected in the CPMC Patient Accounting records.

D&T 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.

D&T'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 D&T 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. D&T hereby authorizes CPMC to provide the Recipient with a copy of this report ("Deliverable") for such purpose. CPMC acknowledges and agrees that D&T has no responsibility to CPMC with respect to the provision of this Deliverable to the Recipient or with respect to its contents.

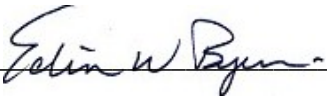
CPMC acknowledges that neither the services nor the Deliverable express or will express an opinion or any other form of assurance. The engagement is limited in nature and does not comprehend all matters relating to CPMC that might be pertinent or necessary to CPMC or the Recipient. CPMC acknowledges that it is solely responsible for providing accurate and complete information requested

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.

by D&T for its services under the Engagement Letter dated November 22, 2013 and the corresponding Statement Of Work dated April 13, 2015 The Deliverable may not address all the questions that the Recipient may have. The Deliverable cannot be relied on to disclose errors or fraud should they exist. The Deliverable also may contain sensitive and candid comments about CPMC, Sutter or the engagement that may be subject to interpretation.

Very truly yours,

Deloitte & Touche LLP

By: _____

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 8, 2015

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 April 13, 2015, this report summarizes the results of the assessment of community benefits expense performed by Deloitte & Touche LLP ("D&T") 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 1, 2014 to December 31st, 2014 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:

- D&T reviewed the Community Healthcare Program contract to understand the contractual requirements between CPMC and the City of San Francisco. D&T 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).
- D&T 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 \$14,604,433), D&T 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:

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.

- 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.

D&T 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.

D&T'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 D&T 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. D&T hereby authorizes CPMC to provide the Recipient with a copy of this report ("Deliverable") for such purpose. CPMC acknowledges and agrees that D&T 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 D&T for its services under the Engagement Letter dated November 22, 2013 and the corresponding Statement Of Work dated April 13, 2015. The Deliverable may not address all the questions that the Recipient may have. The Deliverable cannot be relied on to disclose errors or fraud should they exist. The Deliverable also may contain sensitive and candid comments about CPMC, Sutter or the engagement that may be subject to interpretation.

Very truly yours,

Deloitte & Touche LLP

By: Edwin W Byers

Ed Byers
Principal

EXHIBIT C

FINANCIAL ASSISTANCE PROGRAM FOR LOW INCOME UNINSURED PATIENTS FREQUENTLY ASKED QUESTIONS

How Do I Determine Whether I Qualify for Financial Assistance for My Hospital Medical Bills?

We offer financial assistance to our low-income, uninsured patients who meet the program eligibility requirements. Please refer to the chart, located in this packet, for the family income eligibility criteria.

If your family income is below 400% of the Federal Poverty Income Guidelines you may qualify for 100% Charity Care for your hospital bill.

Catastrophic medical coverage is also available for low income uninsured patients whose eligible medical bills exceed 30% of the patient's annual family income.

We will begin the eligibility determination process done once they have received a completed application form along with your income verification documents. Failure to submit a completed application and supporting documentation in a timely matter may result in denial of Charity Care.

How Do I Apply for Financial Assistance?

Complete the attached form and return to:

Sutter Health Shared Services
Central Billing Office
Attention: Bad Debt & Charity Care Team Member
P.O. Box 619010
Roseville, CA 95661-9998

You must provide income documentation, such as current bank statement, tax returns, pay stubs, or employer salary history with your application in order to process your charity request.

We will process your application and may need to contact you as part of the application process and may request additional information. If you need assistance in completing the form, please call **Sutter Health Shared Services Contact Center at Toll Free Number 855-398-1633.**

How Does The Notification Process Work?

Once the eligibility process is complete you will receive a Financial Assistance Notification form in the mail. The form will indicate if you are eligible for full or partial financial assistance. You may receive a notification that you are ineligible for financial assistance or that more information is needed to make a determination.

Sutter Health Federal Poverty Income Guideline Sliding Scale
Eligibility Guide for January 30, 2014 to January 30, 2015: Using household income and size
as calculated in the Attachment A, identify eligibility for financial discount.

Family Size	Period	Federal Poverty Guidelines (100%)	If income is below 400% (shown below) of FPIG, eligible for Full write-off
1	Annual	\$11,670	\$46,680
	Monthly	\$973	\$3,890
2	Annual	\$15,730	\$62,920
	Monthly	\$1,311	\$5,243
3	Annual	\$19,790	\$79,160
	Monthly	\$1,649	\$6,597
4	Annual	\$23,850	\$95,400
	Monthly	\$1,988	\$7,950
5	Annual	\$27,910	\$111,640
	Monthly	\$2,326	\$9,303
6	Annual	\$31,970	\$127,880
	Monthly	\$2,664	\$10,657
7	Annual	\$36,030	\$144,120
	Monthly	\$3,003	\$12,010
8	Annual	\$40,090	\$160,360
	Monthly	\$3,341	\$13,363
Add this amount for each family member beyond 8			
Each additional family member	Annual	\$4,060	\$16,240
	Monthly	\$338	\$1,353

STATEMENT OF FINANCIAL CONDITION (Attachment A)

PATIENT NAME _____ SPOUSE _____
 ADDRESS _____ PHONE _____
 ACCOUNT # _____ SSN _____
 (PATIENT) (SPOUSE)

FAMILY STATUS: List all dependents that you support

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

FAMILY SIZE

Total Family Members (add patient, spouse and dependents from above) _____

	Yes	No
Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other Insurance that may apply (such as an auto policy)?	<input type="checkbox"/>	<input type="checkbox"/>
Were your injuries caused by a third party (such as during a car accident or slip and fall)?	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I agree to allow Sutter Health to check employment and credit history for the purpose of determining my eligibility for a financial 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)

PLEASE RETURN THIS FORM TO:

Sutter Health Shared Services
Central Billing Office
Attention: Bad Debt & Charity Care Team Member
P.O. Box 619010
Roseville, CA 95661-9998

AFFIDAVIT

I, _____ (please print), declare under penalty of perjury under the laws of the State of California that the statement given below is true and correct to the best of my knowledge and belief:

Any Person Who Signs This Statement And Who Willfully States As True Any Material Matter Which Is Known To Be False Is Subject To The Penalties Prescribed For Perjury In The Penal Code By The State Of California, Sec. 11054 Of The W. & I., Code.

Signature of Person Making Declaration

Address

Date of Declaration

City, State, and Zip Code

(Optional) Witnessed by

Title

EXHIBIT D

Capitation Support - Medi - Cal

December-14

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 loss Stop Loss	Cap Rate Eff 12/1/14	Cap Rate Eff 1/1/14	Cap Rate EFF 1/1/2013	Total Member Months	Retro 2013	Retro Jan 14-Nov14	Jul-Nov MCE	Dec-14
	\$	\$	\$	(38)	(4)	(34)		
	\$	\$	\$	968		(45)		1,043
	\$	\$	\$	1,071	1	(17)		1,087
	\$	\$	\$	(1)		(1)		
	\$	\$	\$	-				
	\$	\$	\$	8				8
	\$	\$	\$	1,185		54		1,131
	\$	\$	\$	329		14		315
	\$	\$	\$	3,045	1	2		3,042
	\$	\$	\$	7,030				7,030
	\$	\$	\$	10,933		(30)	33	10,936
	\$	\$	\$	6,505				6,505
	\$	\$	\$	31,050	(2)	(63)	33	31,097
					OK Total Net Retro	(32)		

Retro MCE rate change

\$

\$

Stop Loss Premium paid on behalf of Provider

EXHIBIT E

May 2015

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.

The San Francisco Foundation received its first payment of \$2,000,000 toward the Community Health Innovation Fund on September 4, 2013, a second payment of \$1,500,000 on November 26, 2013 and a third of \$1,125,000 on November 25, 2014, for a total of \$4,625,000. As part of the development agreement, TSFF took a combined 7% management fee of \$323,750.

Starting in 2013, the first round of grants were awarded to five organizations focused on 1) Affordable Care Act reform readiness for community clinics that are part of the San Francisco Community Clinic Consortium; 2) strategic opportunities to improve services to people with HIV/AIDS; and 3) expansion of comprehensive and emergency mental health services in San Francisco.

In the fall of 2014, a second round of grants totaling \$2,010,292 was 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 early 2015, a supplemental award of \$72,000 was made to a Community Health Innovation Fund 2014 grantee, the Progress Foundation, for crisis intervention services. A description of the 2014 and 2015 grants-to-date are provided below.

2014 Care Coordination Grants:

1. **Glide Clinic** – To provide a care coordinator position to enhance specialty care coordination and reduce preventable re-hospitalization rates (\$220,558).
2. **HealthRight 360** – To provide a care coordinator position to reduce preventable re-hospitalization rates (\$220,558).
3. **Lyon-Martin** – To support infrastructure and staff to the existing care coordination team with a specific focus on increasing all specialty care and post-hospitalization follow-through (\$220,558).
4. **Mission Neighborhood Health Center** – To support the centralization of referral functions among all clinic sites, and an integrated quality improvement effort on referrals for all of the clinic sites (\$220,558).
5. **Native American Health Center** – To provide a dedicated nurse care coordinator position and the integration of a behavioral health provider into the established care team (\$220,558).
6. **Northeast Medical Services** – To provide a full-time nurse practitioner to provide home visits as a complement to the existing care coordination programs and a full-time medical clinic clerk to ensure that patients follow through with urgent or required specialty care appointments (\$220,558).
7. **St. Anthony Foundation** – To support the expansion and improvement of the Care Coordination Program by providing training in line with established, evidence-based practices for targeting, referring and coaching patients (\$220,558).
8. **South of Market Health Center** – To support staff who provide care coordination services, purchase i2i Systems, an HIT software, to enhance population management, and consultant services to assist with data collection and analysis related to developing base-line metrics for hospital re-admissions (\$220,558).
9. **Women's Community Clinic** – To improve the use of the Lifetime Clinical record and to support health information technology systems and human resources (i2i Disease registry and Data Analyst) to provide care coordination for all clients and more specifically, high risk clients (\$220,558).

Other 2014/2015 Health Innovation Grants:

10. **HealthRight 360** – To explore a potential Independent Physician Association partner for eight San Francisco community clinics who are members of the San Francisco Community Clinic Consortium (\$25,000).
11. **Progress Foundation** – To support the provision of 24-hour crisis intervention and emergency care patients in need of immediate care (\$72,000).

Since 2013, a total of \$3,326,992 has been granted from the Community Health Innovation Fund.

A Request for Proposal for a third round of funding was developed in December 2014 for \$740,000 to support community- based mental health services to address isolation and depression for low-income seniors residing in the targeted communities. In addition, funds will be allocated to provide mental health services to the formerly incarcerated, establish a “Wellness Center” providing social support and enhanced services for dual-diagnosed, and to provide

training and clinical support for Community Safety Ambassadors and Street Violence Prevention workers. Grants will be made in May 2015.

WORKFORCE FUND

As a companion to the Community Health Innovation Fund, Sutter West Bay Hospital entered into a Workforce Fund Grant Agreement on October 9, 2013 and created a Workforce Fund of \$3,000,000 to provide grants to educational institutions and non-profit organizations in communities that are impacted by CPMC hospital renovation and construction projects. 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 Agreement). The affected communities include the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown, and Southeastern neighborhoods.

To manage the Workforce Fund, the Agreement created a Committee of Fund Advisors (Workforce Committee) consisting of one representative of the Office of Economic and Workforce Development (OEWD) on behalf of the City, one representative of CPMC, and one representative of The San Francisco Foundation. TSFF received its first payment of \$2,000,000 toward 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 (DA), TSFF took a combined 7% management fee of \$210,000.

During FY 2015, the Workforce Committee met quarterly with a goal to prepare and release its initial round of requests for proposals (RFP) to educational institutions and community-based organizations to provide services that reduce barriers to employment with CMPC consistent with the DA. The Barrier Reduction RFP was built in part on recommendations gleaned from seven focus group meetings that the Workforce Committee hosted in the spring of 2014. Participants in those meetings included workforce development organizations, job placement agencies, CPMC employment staff and supervisors, OEWD job training staff, community residents who had (a) successfully and (b) unsuccessfully applied for employment with CPMC, and advocacy groups that had participated in the process that created the CPMC DA. The RFP was sent to forty institutions of higher education and nonprofit organizations, asking that they articulate proposals stating how they could provide programs to reduce barriers to employment and provide job preparedness services to residents in the six target neighborhoods seeking entry level employment with CPMC or related in-demand employers. The RFP asked applicants to submit work plans and qualifications to provide job-readiness services and/or on-the-job training, which were identified as major employment barriers during the focus group meetings.

The RFP was released in November 2014; proposals were due in January 2015. Thirteen organizations responded to the RFP and submitted proposals. TSFF Community Development staff assembled a team of five reviewers that included the Oakland Private Industries Council, the Salvation Army One Stop, OEWD, CPMC, and the consultant that crafted the RFP to review and score/rank proposals. The ranked proposals were submitted to the Workforce Committee

during its meeting on March 2, 2015. Following a discussion of the reviewers' ranking and comments, as well as the merits of the applications, the Workforce Committee made the decision to recommend one-year grants to the following four organizations totaling \$550,000.

Barrier Reduction Grants:

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 youth at CPMC, and/or other health care facilities in San Francisco (\$150,000).
2. **Positive Resource Center** – To provide program support for job readiness training and placement in employment for disabled, low-income job seekers in San Francisco (\$100,000).
3. **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 San Francisco (\$150,000).
4. **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).

Community Development staff then entered grant applications in TSFF's grants management system and drafted recommendations for approval with a projected April 1, 2015 start date.

Staff also prepared letters for the applicants that were declined by the Workforce Committee. The grant recommendations were sent to the San Francisco Foundation Trustees on April 9, 2015 for their decision, which is expected by April 23, 2015. Last, Community Development staff scheduled a meeting between the grantees and the Workforce Committee to formally launch the barrier reduction work for mid-to late-April, and will follow up with quarterly meetings with the grantees and the Committee. Additional RFPs will be prepared and released as needed during the latter part of 2015.

The San Francisco Foundation to CPMC - Health Innovation Fund Financial Report

	2013	2014	2015	Total Budget
Revenues				
Income - Cash Received	\$3,500,000	\$1,125,000	\$0	\$4,625,000
Income - Cash Pledged	\$5,100,000	-\$1,125,000	\$0	\$3,975,000
Interest	\$2,523	\$6,025	\$2,647	\$11,195
			Total Revenue	\$8,611,195
Expenses				
Grants Expense	\$964,700	\$2,290,292	\$72,000	\$3,326,992
Grants Projected			\$974,258	\$974,258
Fee	\$245,000	\$78,750	\$0	\$323,750
Fee Projected			\$278,250	\$278,250
			Total Expenses	\$4,903,250
Net Remaining	\$392,823	\$5,029,806	\$3,779,946	\$3,707,945

EXHIBIT F

Section 10: Culturally and Linguistically Appropriate Services

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Organizational Values and Principles	ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: <i>Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and speed the spread of best practices.</i>		
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.	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 the Standard 1	KEY INDICATORS: a) Established 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 b) Ensure that all individuals receiving health care and services experience culturally and linguistically appropriate encounters 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 d) Intentional effort to eliminate discrimination and disparities	Audits patient education materials for quality and appropriate language translations. Updates are made as needed to include cultural competency. Reviews CME course offering and ensure all documentation that have cultural & linguistic appropriate information.
Governance, Leadership and Workforce:	ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: <i>Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and speed the spread of best practices.</i>		
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	a) Designated Senior leadership supports and promotes CLAS through policies, practices and allocated resources. b) Established West Bay Region Reporting and Analytics team in January 2015 to adopt best practices for administration as well as the enterprise data warehouse and business intelligence technology to enhance reporting. c) Community Benefits Department intentionally partners with grassroots community organizations and advocacy groups to bridge the gap of cultural competency within healthcare	KEY INDICATORS: a) Provision of appropriate resources and accountability b) Organization's demonstrated appreciation and respect for diverse beliefs and practices c) Supports transparency and communication between the service setting and the populations that it serves	Update and review Administrative policies every three years and monitored by the Policy & Procedure Committee.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
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>a) Actively engaged in promoting workforce recruitment of the diverse population in the service area and continue to have on-going engagements with various community outreach programs in SF to promote our hiring efforts. Numerous workforce meetings with various outreach programs completed in 2014</p> <p>b) Employees are required to participate in online education to enhance our capacity to provide culturally competent care to our growing diverse patient population.</p>	<p>KEY INDICATORS:</p> <p>a) Environment in which culturally diverse individuals feel welcomed and valued</p> <p>b) Trust and engagement with the communities and populations served</p> <p>c) Workforce reflects populations served</p>	<p>a) Collect and track language capacity of staff and voluntary equal employment opportunity metrics through HR system.</p> <p>b) Engage in affirmative action planning and metrics are tracked annually.</p> <p>c) Focus and work with specific departments to recruit and hire staff based on the cultural and linguistic needs of patients through Human Resources. Pull and analyze data from HR and patient care systems to inform these efforts.</p>
EDUCATION & TRAINING	<i>ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and speed the spread of best practices.</i>		
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	<p>a) Annual training is given to all Sutter employees to ensure knowledge/adoption of the components of organizational cultural competency, and why it is important to our patients, staff and organization.</p> <p>b) Certified Interpreters will, on request, provide education/information on cultural beliefs and practices to further personalized care.</p> <p>c) Clinical/Staff training is integrated with culturally competent specific criteria to accomplish the following:</p> <ol style="list-style-type: none"> 1) Upon patient registration, staff captures religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, and interpreter request are all documented. 2) Learning assessment is completed on admission by the nurse for every patient. 3) Childbirth Education Classes- conducted in Spanish Group Prenatal Program (formerly called Centering)- conducted in Spanish 4) Comprehensive Perinatal Services Program for our MediCal OB patients- conducted in Spanish 5) Completion of annual mandatory training for all employees is tracked and reported to managers; percentage of completed trainings are monitored. 	<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>a) Monitor and Track percentage of completed trainings.</p> <p>b) Report status on completion of annual mandatory training to Managers.</p>

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Communication and Language Assistance:	ORGANIZATIONAL FOCUS - PATIENT EXPERIENCE: Delivering a consistently excellent patient experience through the Eyes of our patients.		
<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) Provide interpreter services at no cost to patients with Limited English Proficiency (LEP) 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) Language assistance is offered 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) Staff are informed on using 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) Interpreter Services provides internal certified staff for 3 Chinese dialects, Spanish, Russian, Vietnamese, Japanese and Korean.</p> <p>e) Employed 30 staff interpreters and 10.7 FTE for 2014. Vendor services with ability to deliver language assistance in over 200 languages are used to complement internal staff interpreters.</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) Monitor 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) Monitor LEP census by campus for common languages.</p> <p>3) Identify incorrect LEP needs in the Sutter Electronic Health Record are reported for correction on regular basis.</p> <p>4) Conduct a quality improvement workshop in 2014 to enhance our ability to deliver language assistance efficiently and effectively.</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) Patients are informed regarding availability of language assistance services in their preferred language verbally with the assistance of phone interpreters as needed and in print.</p> <p>b) Print notices include those with our top 4 common languages (Chinese, Spanish, Russian & Tagalog), and Language Identifications instructions are in 20 common languages phone interpreting.</p> <p>c) Provide 24 hr midwifery phone line with a Spanish-speaking provider and Spanish-speaking phone operators</p> <p>d) Education handouts and EPIC smart phrases in Spanish. Smart phrases provide lists of resources, birth plans, risks and benefits of procedures, New OB instructions.</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) Review regularly to ensure multi-language signage at key points throughout all campuses</p> <p>2) Notify patients of the availability of language assistance services. .</p>

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	a) Individuals providing language assistance include Certified Medical Interpreters & Qualified Bilingual Staff b) Interpreter Services Department has programs that evaluate and ensure the language competency of our bilingual staff c) Vendor interpreters are audited and monitored for quality. d) Continuous monitoring of appropriate ratio of staff interpreters to vendor provided services to enhance delivery of service to out LEP patients. e) A Medical interpreter is an individual who is fluent in English and in a second language or National Certified with the Registry of Interpreters for the Deaf (RID) in sign language. Family and friends are not used to provide interpretation (except on request by patient and after being informed that a trained interpreter can be made available at no cost and also if deemed by health care provider that there are no conflicts of interest)	KEY INDICATORS: 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	1. Maintain and publicize up-to-date information about Qualified Bilingual Staff (certified at Medical/Basic level by external independent agency) on the institutional intranet 2. Establish a quality assurance program to ensure and validate the competency level of our vendor's interpreters. 3. Monitor our certified interpreters activities regularly as related to their efficiency and competency. 4. Audit and monitored vendor's interpreters for quality routinely and pre-screened interpreters as needed. 5. Audit translated documents for quality
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	a) Signage provided in our common languages: Chinese, Spanish, Russian and Tagalog (at St Luke's) b) Translation resources are made available to staff. The hospital departments and care providers determine which translated documents and languages are needed based on its patient population. c) Regular review to ensure multi-language signage at key points throughout all campuses notifying patients of the availability of language assistance services.	KEY INDICATORS: 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	1. Conduct round by Staff interpreters to audit the accuracy and adequacy of multi-lingual signs. 2. Provide and review results of Patient Satisfaction Surveys in multi-languages . 3. Assess materials for essential communications in multi-languages.
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.	Appropriate department level goals & policies support management accountability to infuse Cultural & Linguistic elements in planning/operations and are monitored by the Policy & Procedure Committee.	KEY INDICATORS: 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	Update and review Administrative policies every three years and monitor through the Policy & Procedure Committee.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	<p>a) Internal assessments conducted on a bi-annual basis to ensure that CLAS standards are reflected and infused in our services that we provide to the diverse patient population.</p> <p>b) Results of appropriate department level assessments reported to Senior Management for planning, enhancement, and implementation of CLAS-related activities.</p>	<p>KEY INDICATORS:</p> <p>a) Assessment of performance and progress in implementing CLAS Standards</p> <p>b) Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities</p>	Update annual department level goals to reflect CLAS and language improvement strategy.
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.	<p>a) Electronic Health Record system implemented to collect/record demographic data and language needs of patients and department level assessments done as needed and care provided appropriately.</p> <p>b) Sutter Electronic Health Record generated LEP Census Reports made available by campus to all appropriate departments for assessment.</p> <p>c) There is a large amount of cultural demographic data that is collected through various clinical applications within the enterprise system.</p> <p>d) Cultural data collection begins with standard work across registration and clinical operations to capture relevant information provided by the patient. Capture of this information may be enhanced by custom built tools within the EHR. Once collected, this data is aggregated and analyzed to define specific cultural segments within Sutter's broader patient population.</p> <p>e) Cultural data collection begins with standard work across registration and clinical operations to capture relevant information provided by the patient. Capture of this information may be enhanced by custom built tools within the EHR. Once collected, this data is aggregated and analyzed to define specific cultural segments within Sutter's broader patient population.</p> <p>f) Our vision is that these segments are matched to outcomes across a wide variety of treatment variables to allow for targeted interventions within the healthcare setting. Interventions can range from simple treatments (i.e. medication choices), to more sophisticated care coordination efforts that span the continuum from inpatient to outpatient and which leverage Lean process improvement. Once implemented, the impact of these interventions can be measured to assess efficacy, with further improvement planning based on the metrics. What is subsequently created is a continuous process which identifies cultural groups, defines treatments and support based on their specific needs, and promotes ongoing improvement through metric based outcomes assessments.</p>	<p>KEY INDICATORS:</p> <p>a) Accurately identify population groups within a service area monitor individual needs, access, utilization, quality of care, and outcome patterns</p> <p>b) Improved service planning that enhances access and coordination of care</p> <p>c) Measurement to what extent health care services are provided equitably</p>	Generate LEP Census Reports from Sutter Electronic Health Record System and use it to provide appropriate departments for assessment.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
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.	a) Conducts a tri-annual community health needs assessment in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Health. b) CPMC works with SFHIP and through an annual implementation plan to respond to needs identified in the assessment. c) Interpreter Services periodically evaluate geographic language demographic & needs data as well as CPMC's LEP census reports and plan the provision of language assistance accordingly.	KEY INDICATORS: 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	1) Submit the tri-annual community health needs assessment and annual implementation plans to the IRS and OSHPD and also publish on the CPMC public website. 2) Participate in SFHIP on an ongoing basis through the Steering Committee.
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.	a) Conducts a tri-annual community health needs assessment in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Health. b) Works with SFHIP and through an annual implementation plan to respond to needs identified in the assessment.	KEY INDICATORS: 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	1) Submit the tri-annual community health needs assessment and annual implementation plans to the IRS and OSHPD and also publish on the CPMC public website. 2) Participate in SFHIP on an ongoing basis through the Steering Committee.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
<p>14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.</p>	<p>a) Patient & Customer Relations Department processes complaints & grievances of all nature with commitment to service excellence and quality personalized care. 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.</p> <p>b) Cultural/diversity complaints tracked as an Event Type in our Online Occurrence Report system. All complaints and grievances are investigated.</p> <p>c) Patient Satisfaction surveys are provided in preferred languages.</p>	<p>KEY INDICATORS: 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</p>	<p>1) Track cultural/diversity complaints as an Event Type in our Online Occurrence Report system.</p> <p>2) Investigate all complaints and grievances. In compliance with CMS, grievances are acknowledge within 7 days and final response given within 30 days.</p>
<p>15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.</p>	<p>a) Communicated through website, staff meeting and city-wide partnerships.</p> <p>b) Continues to inform the city with up to date on the hiring in accordance with the development agreement</p>	<p>KEY INDICATORS: 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</p>	<p>1) Communicate CLAS related community benefits and language assistant to Senior Management</p> <p>2) Broadcast updates through internal and external channels.</p>

ATTACHMENT 2

Development Agreement

Payments Schedule and

CPMC Payment

Transmittals/Invoices

2014 PAYMENT SCHEDULE¹

	Agency	Effective Date + 30 days	First Installment ²	Second Installment	11/25/14 CPMC Payments	Third Installment	Fourth Installment	Fifth Installment	TOTAL
Affordable Housing Payment ³	MOH	2,400,000	6,700,000	7,000,000	Completed	8,825,000	8,100,000	3,475,000	36,500,000
Healthcare Innovation Fund ⁴	Foundation	2,000,000	1,500,000	1,125,000	Completed	1,125,000	1,725,000	1,125,000	8,600,000
Bus Rapid Transit contribution ⁵	MTA		2,100,000	2,900,000	Completed				5,000,000
Transit Fee ⁵	MTA					1,500,000	2,500,000	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	Completed				4,000,000
Tenderloin sidewalk widening and pedestrian lighting improvements ⁷	DPW/PUC	400,000	1,200,000	1,275,000	Completed	1,275,000	100,000		4,250,000
Tenderloin Safe Passage Grant ⁷	OEWD	200,000							200,000
Transit and safety improvements in neighborhoods around the Cathedral Hill Campus ⁷	MTA	200,000	200,000			575,000	575,000		1,550,000
Enforcement & traffic safety measures around Pacific & California Campuses ⁷	MTA	300,000	300,000	700,000	Completed	700,000	1,000,000		3,000,000
Total		6,900,000	14,000,000	14,000,000	Completed	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.

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 2013 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 81 entry level hires in 2014. To reach the 40% goal, 32 FS hires were needed. CPMC hired 18 FS candidates in 2014, a deficit of 14. • 77% of FS hires came from targeted neighborhoods in 2014. • Thru the first five months of 2015 CPMC has a 55% FS hiring rate, 41 FS hires out of 74 total hires. • Thru the first five months of 2015, 65% of FS hires came from targeted neighborhoods. • Of the 59 total FS hires made between Jan. 2014 and May 2015, 56 are still employed by CPMC, a retention rate of 94.9%. • CPMC is actively referring every San Francisco candidate to OEWD to improve their chances for employment, whether at CPMC or elsewhere. • Approximately 11% of FS candidates get jobs at CPMC compared to approximately only 2% of San Franciscans outside the FS referral system. • Exhibit A charts the local hiring percentage for 2014. • Exhibit B charts the percentage of those hires from targeted neighborhoods in 2014. • Exhibit C charts the local hiring percentage for the first five months in 2015. • Exhibit D charts the percentage of those hires from targeted neighborhoods in 2015.
---------------	--

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. 25 job fairs, employer spotlights, meetings/workshops in 2014. At the time of this submittal CPMC has participated in an additional 24 engagements in 2015, see Exhibit E. 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. 2014 thru Aug. 2015 were provided to OEWD on August 1st 2014, see Exhibit F. Detailed Hiring Projections for Aug. 2015 thru Aug. 2016 will be provided to OEWD in August 2015.

Priorities for 2015

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.
- Hosting half day workshop at CPMC with our hiring managers and Neighborhood Access Points(Chinatown, Western Addition, Visitacion Valley), Self Help for the Elderly, Jewish Vocational Services, Positive Resource Center, Goodwill, Mission Hiring Hall.

Challenges

- Current unemployment rate in San Francisco is approx. 3.5%, the lowest in 15 years.
- Strain on our CPMC workforce due to the limited pipeline of qualified San Francisco candidates.
- Delay by the SF Foundation in awarding the \$3 million in workforce training grant funds.
- Escalating cost of living and lack of affordable housing within San Francisco.

EXHIBIT A

2014 Calendar Year % System Hires, Cumulative System Hires (n=81)

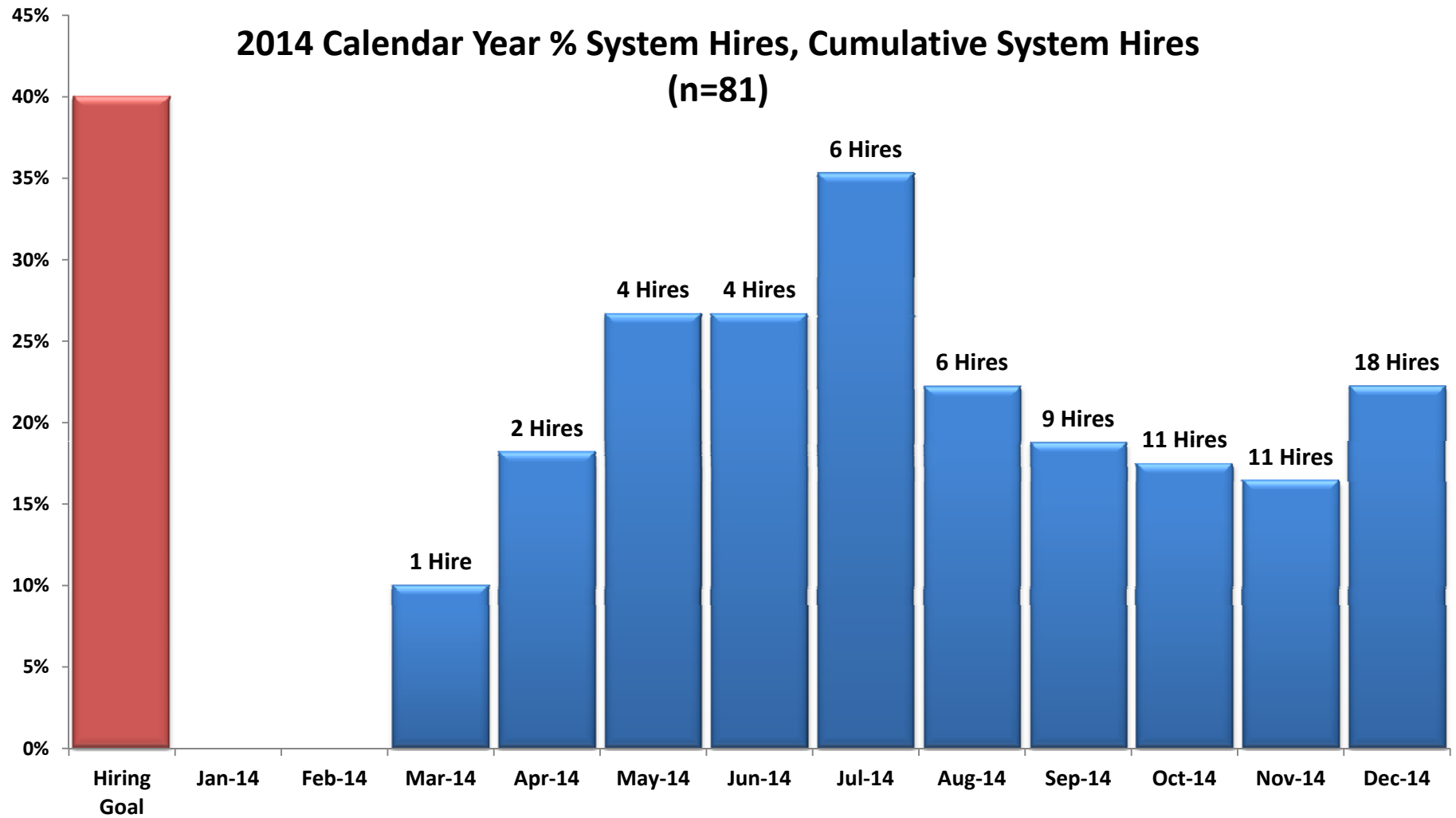


EXHIBIT B

**2014 Calendar Year - % of System Hires from Target Neighborhoods
(n=18)**

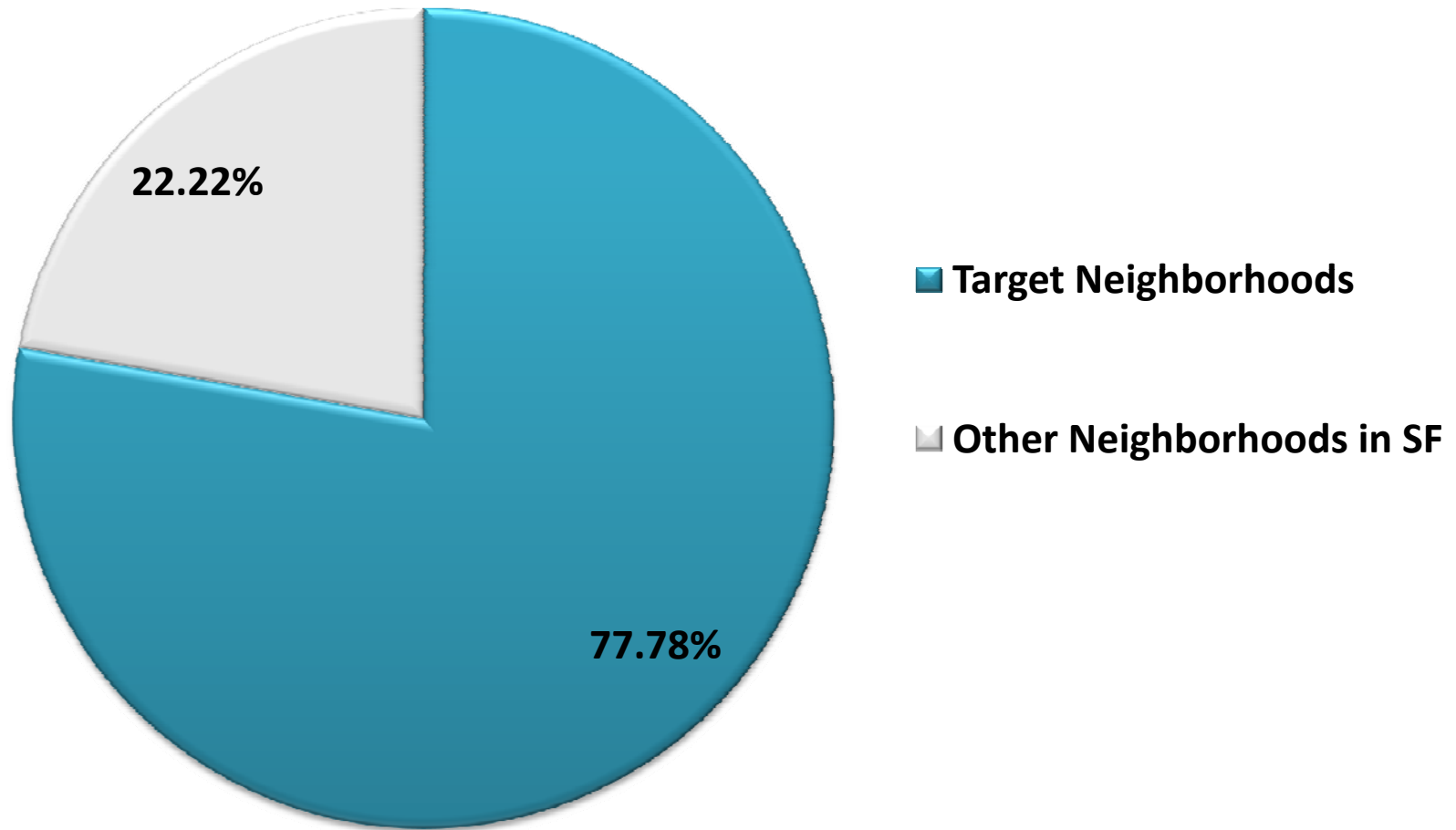


EXHIBIT C

2015 Calendar Year % System Hires, Cumulative System Hires (n=74)

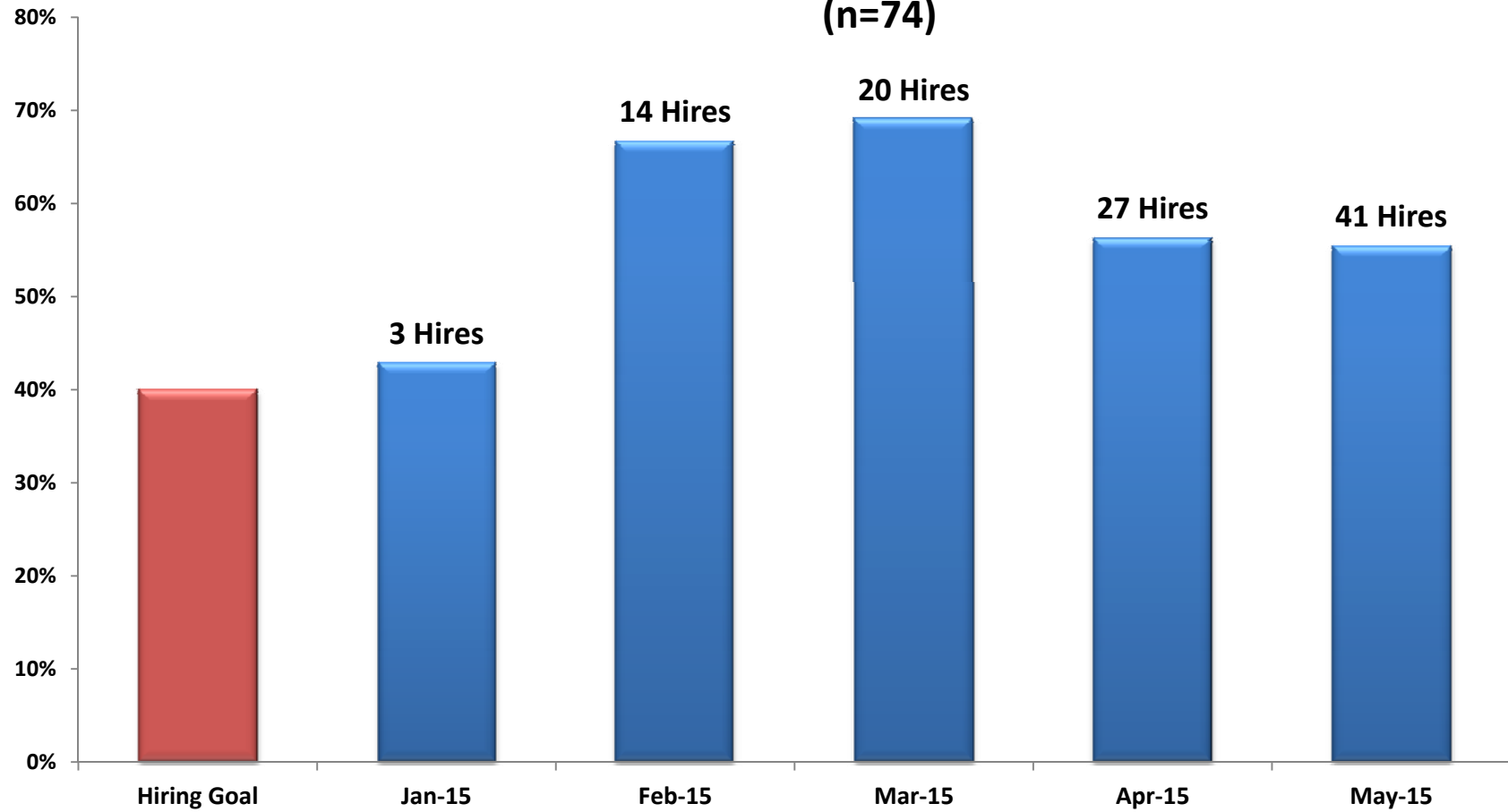


EXHIBIT D

**2015 Calendar Year - % of System Hires from Target Neighborhoods
(n=41)**

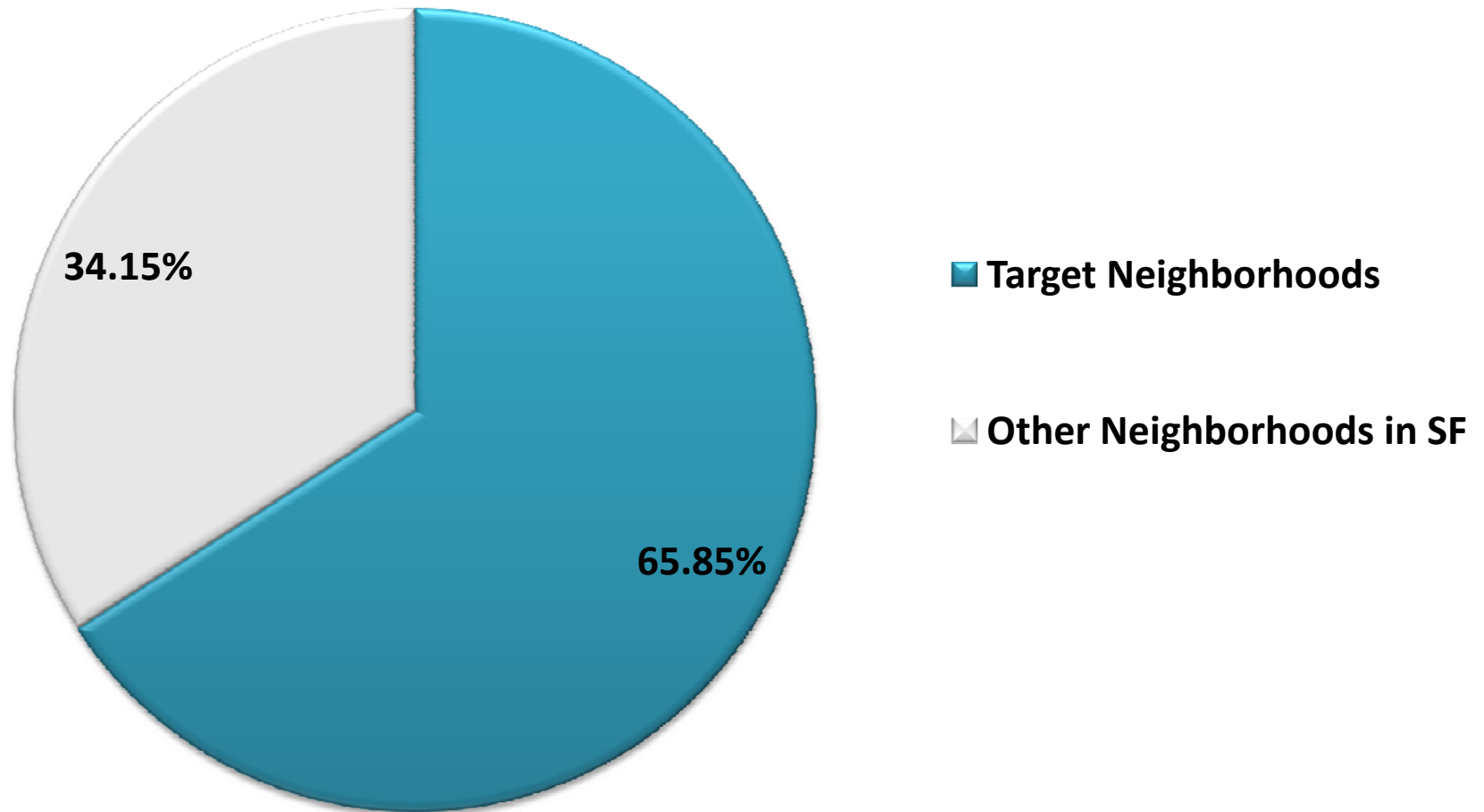


EXHIBIT E

Good Faith Efforts Log as of 5.20.15

Date	Meeting	Type	CPMC Participants	Location
05/20/2015	WANAP Job Fair	Job Fair	Tony Wagner	Western Addition
05/14/2015	Chinatown Employer Spotlight	Employer Spotlight	Tony Wagner	Chinatown
05/13/2015	Women's Community Clinic	Workshop	Tony Wagner	Western Addition
05/08/2015	CPMC Entry-Level Workforce Needs	Workshop	Vahram Massehian, Melissa White, Tony Wagner, Pragna Dave, Ben Grover; Hiring Managers	
05/07/2015	Strictly Business Luncheon	Meeting	Maynard Jenkins, Vahram Massehian, Melissa White, Tony Wagner, Pragna Dave, Ben Grover	
05/05/2015	NAP Meeting	Workshop	Pragna Dave, Tony Wagner	
04/24/2015	JVS Excel presentation	Meeting	Tony Wagner	
04/09/2015	Healthcare Academy Graduation	Meeting	Tony Wagner	
04/08/2015	Goodwill Job Fair	Job Fair	Tony Wagner	SOMA
03/18/2015	HCAB @ JVS	Meeting	Tony Wagner	
03/18/2015	HSA Employer Showcase	Employer Spotlight	Tony Wagner	Mission
03/06/2015	Lessons Learned	Meeting	Tony Wagner, Varham Massehian	
03/04/2015	SF Chamber of Commerce	Meeting	Tony Wagner	
02/24/2015	Meeting with Executive Director of Western Addition	Meeting	Tony Wagner	Western Addition
02/10/2015	CCSF Culinary Arts Showcase	Employer Spotlight	Tony Wagner	Chinatown
02/09/2015	Job Fair	Job Fair	Tony Wagner	Mission
02/09/2015	JVS/CPMC Internship Meeting	Meeting	Pragna Dave	
02/06/2015	Meeting with Todd Rufo	Meeting	Tony Wagner; Melissa White; Vahram Massehian	
02/02/2015	JVS/CPMC Internship Meeting	Meeting	Donna Sieker; Tony Wagner; Pragna Dave	
01/30/2015	Meeting with NAP coordinators	Meeting	Pragna Dave; Tony Wagner	
01/29/2015	WISF Subcommittee meeting	Meeting	Tony Wagner	
01/20/2015	Meet London Breed	Meeting	Tony Wagner; Melissa White; Mike Cohill	Western Addition

01/15/2015	Employer Spotlight	Employer Spotlight	Tony Wagner	Western Addition
01/13/2015	Job Fair	Job Fair	Tony Wagner	Mission
12/18/2014	JVS Healthcare Advisory Board Meeting	Meeting	Tony Wagner	
12/12/2014	JVS Recruitment Workshop	Meeting	Angela Hawkins; Minty Gill	
12/04/2014	SF Hearing	Meeting	Tony Wagner; Rebecca Ostrander	
11/18/2014	Employer showcase	Employer Spotlight	Tony Wagner	Visitation Valley
11/05/2014	CPMC Check-in	Meeting	Maynard Jenkins; Rebecca Ostrander	
10/10/2014	Employer showcase	Employer Spotlight	Tony Wagner; Rebecca Ostrander	Lakeview
10/03/2014	CPMC Check-in	Meeting	Maynard Jenkins; Rebecca Ostrander	
08/07/2014	Group Interview-Chinatown	Workshop	Tony Wagner	Chinatown
08/05/2014	SFOEWD Employer Showcase	Employer Spotlight	Tony Wagner	
07/30/2014	JVS	Meeting	Tony Wagner	
06/26/2014	Attended JVS Healthcare Academy Graduation	Meeting	Tony Wagner	
06/12/2014	Attended WISF Healthcare subcommittee meeting at SFOEWD	Meeting	Tony Wagner	
05/27/2014	Meeting with SFOEWD	Meeting	Tony Wagner	
05/19/2014	Workforce Development RFP Focus Group	Meeting	Tony Wagner	
05/13/2014	Attended CCSF Employer Roundtable and Culinary Student Showcase	Meeting	Tony Wagner	
04/25/2014	Participated in employer panel for Healthcare Academy participants at JVS	Meeting	Tony Wagner	
04/24/2014	Meeting SFOEWD	Meeting	Rebecca Ostrander	

04/03/2014	Participated as recruiter at Job Fair for Mayor's Committee for Employment of Persons with Disabilities	Meeting	Tony Wagner	
03/25/2014	Meeting with SFOEWD	Meeting	Tony Wagner; Angela Hawkins	
02/27/2014	Phone conference with SFOEWD about interviews	Meeting	Tony Wagner	
02/04/2014	Phone conversation with SFOEWD regarding lack of candidates from JVS and SHE	Meeting	Tony Wagner; Angela Hawkins	
01/28/2014	Met with SFOEWD to discuss completion do document and process	Meeting	Tony Wagner; Angela Hawkins	
01/16/2014	Phone Conference with SFOEWD about implementation of 1st source tracker	Meeting	Tony Wagner	
01/14/2014	Met SFOEWD with Chuck Flacks and Winnie Yu regarding process and tracking of candidates	Meeting	Tony Wagner	

EXHIBIT F



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):

- | | |
|--|--|
| <input type="checkbox"/> Tenant | <input type="checkbox"/> Subtenant |
| <input checked="" type="checkbox"/> Developer | <input type="checkbox"/> Biotech Payroll Tax Exclusion applicant |
| <input type="checkbox"/> Contractor | |
| <input type="checkbox"/> Subcontractor | <input type="checkbox"/> "Scene in San Francisco" Rebate applicant |
| <input type="checkbox"/> 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: 415-600-7340

Fax: 415-600-7339

City Department (if Contract or Lease):

Contact Person: Maynard Jenkins, Regional VP Human Resources

State: CA

Zip: 94120

Email: jenkinml@sutterhealth.org

8/1/2014

Date

Signature of authorized employer representative

Projections August 10th, 2014-August 9th, 2015

Entry-Level Position Title	Number Currently Filled	Number Currently Available	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)
Housekeepers	282	4	18	August- October	Yes
Food Service Aide	133	3	10	August- October	Yes
Cooks	28	3	4	August- March	Yes
Security Officer	58	3	12	August- November	No
Transporter/Transport Aide	83	3	3	August-March	No
Sales Gift Shop	0	0	0	N/A	No
Clerk/Receptionist	24	2	0	August- July	No
Phlebotomy/Specimen Handling	40	4	2	August- July	No

Lab Aide					
EKG Technician	12	6	1	August- May	No
Medical Assistant	31	3	2	August-March	No
Rehabilitation Aide	16	3	0	August- March	No
Aquatic Instructor	1	0	0	N/A	No
Speech Therapy Aide	0	0	0	N/A	No
Pathology Lab Accessioner	5	1	1	August- March	No
Client Services Representative	12	0	0	N/A	No
Patient Services Representative	12	0	1	N/A	No
Patient Registration Representative	0	4	0	August- March	No
Point of Service Specialist	0	1	0	August-January	No
PBX Operator	7	1	4	August - January	No
Administrative Coordinator	9	1	0	August- January	No
Certified Home Health Aide	11	0	1	N/A	Yes
Certified Nursing Assistant	9	0	4	N/A	Yes
Hospital Attendant	18	9	5	August-July	Yes
Certified Hospital Attendant	70	0	5	N/A	Yes
Unit Coordinator	96	3	3	August- March	No
Emergency Dept. Technician	12	6	7	N/A	No
Other Entry- Level Positions					
Patient Support Representative	7	0	1	N/A	No
Patient Access Representative	81	17	4	August- March	No
Central Distribution Aide	22	0	0	N/A	Yes
Dietary Clerk	5	0	0	N/A	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

2014 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	33% (VNGC) / 54% (STL) / 36% overall	
2.	Entry-Level Positions for union apprentice candidates	50% of new hire opportunities filled with System Referrals	66%	12 out 18
3.	Create Workforce Development Group	Creation of Group	Meetings held January 28, 2014 April 24, 2014 August 27 2014	
4.	Entry-Level Positions for non-union administrative and engineering candidates	50% of new hire opportunities filled with System Referrals	100%	
5.	Entry-Level Positions for administrative and engineering internship candidates	50% of new hire opportunities filled with System Referrals	70%	
6.	Number of apprentice hours for new union apprentices	21% of hours for new union apprentices by System Referrals	36%	System referrals

Local Business Enterprise Hiring

	Category	Goal	Actual	Comments
7.	Contracting with Local Business Enterprises	14% of the value of all Contracts	11% (VNGC) / 13% (STL) 11% overall	\$10,968,804 to LBEs in 2014

- **San Francisco Resident Construction Hiring Goals:** Construction hiring goals are to have 30% of the total hire hours performed by San Francisco Workforce, including 50% for new apprentice positions. 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 Systems**
Goal of 30%. Achieved 33% and 54% and combined 36% of total 2014 construction hours. **(Exhibit A)**
- **San Francisco Workforce Hours for apprentice hires from Elation Systems**
Goal of 50%. Achieved 66% for 2014 and in compliance based on the good faith efforts. Twelve of Eighteen new apprentices were San Francisco residents. **(Exhibit B)**

In 2014 HerreroBOLDT has produced and shared with CityBuild a major scope milestone schedule of the potential start dates of trade partners and sub-contractors.

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 Tech21 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 January 28, 2014, April 24, 2014 and August 27, 2014.
- **Administrative and Project Engineer Intern Hiring:** Administrative Hires: Goal of 50%. Achieved 100% for 2014. Project Engineer Intern Hires: Goal of 50%. Achieved 70% for 2014 and in compliance based on the good faith efforts. All of the Administrative hires are graduates of the Construction Admin and Professional Services Academy (CAPSA)

Administrative Hires

- Accounting Clerk
- Administrative Assistant
- BIM Administrator & Support (STL)
- Business and Risk Management Assistant

Project Engineer Internships

- Site and Structure Project Engineer Intern
- MEP Project Engineer Intern
- Production Project Engineer Intern
- High School Intern from Build SF (SFUSD)
- High School Intern from Build SF (SFUSD)

- **LBE Program:** Goal of 14%. Achieved 11% VNGC / 13% STL through 2014 and 11% for both projects overall with \$10,968,804. **(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.

HerreroBOLDT has worked closely with the CMD to establish the perimeters of this customized agreement.

- **Preconstruction Meetings with CityBuild, Trade Partners and Sub-Contractors**



Ryan Engineering and Malcolm Drilling (March 13, 2014)

NTK Construction (March 27, 2014)

Pankow Builders, Lawson Roofing, Malcolm Drilling (Tunnel) (September 8, 2014)

- **CityBuild - Workforce Training:**

HerreroBOLDT continues to teach 13 extended learning classes at the Construction Admin and Professional Services Academy (CAPSA) during the course of the spring and fall 2014 semester. HerreroBOLDT supplements the program's curriculum with construction industry instruction.

HerreroBOLDT, OEWD – CityBuild, Asbestos Abatement Workers Union Local 67 and industry partners collaborated on an Asbestos Abatement training to provide lead and asbestos training, physicals and union indentures for San Franciscans which included residents of the Western Addition. Five graduates of the training were hired to work on the Van Ness and Geary Campus hospital project.

H & M Fire Protection presented at the CityBuild Academy. H & M Fire Protection was able to identify a prospective student interested in the Fire Sprinkler Apprenticeship program. H & M Fire Protection mentored the student and the student has joined the Fire Sprinkler Apprenticeship program and is currently employed by H & M Fire Protection.

California Drywall conducted its first extended training module at the CityBuild Academy August 2014.

HerreroBOLDT, Herrick Corp., CityBuild and the Ironworker's Apprenticeship Program conclude 2014 by establishing a unique partnership to train San Francisco residents for entry level opportunities in structural steel. The training will be a supplemental module to the CityBuild curriculum providing cycle 20 participants with a pathway to employment.

Southland's Workforce Initiatives

CityBuild Academy

Southland leads two trainings per Cycle that involves a Piping Project and Sheet Metal Project and will begin teaching an HR class next Cycle with our HR Manager. We currently employ two CityBuild graduates. Additionally, Southland preps each student by presenting on the following topics during the training:

Foremen Expectations

Safety

Leadership

Conflict Resolution related to projects

Teamwork

Craftsmanship

Magic Zone - Western Addition

Southland has an active partnership with Magic Zone. Periodically trains a group of clients to prep for hiring. Southland currently employs one pre-apprentice from Magic Zone that successfully went through the SMACNA Internship program that occurs annually.

B.U.I.L.D. Bay Area



Southland is attempting to establish a partnership with this agency to assist with training SF residents for future Sheet Metal pre-apprentice and apprentice positions in Local 104.

America Works

Southland periodically speaks to clients about various opportunities with the Local Unions and at Southland. We participate in talks with soon to be released inmates at the San Francisco Jail Facility.

MBK (My Brother's Keeper) Initiative - San Francisco

Southland is partnering with the San Francisco Foundation and the Office of the Mayor to work on this program initiated by the Obama Administration, which is designed to employ under-represented minorities across major metropolitan regions across the United States.

- **Additional Community Engagement:**

HerreroBOLDT attended or conducted the following events in the community for 2014

- Construction Employers Association Dinner 1/14/2014
- Van Ness and Geary Campus Community Meeting 1/15/2014
- CPMC - HerreroBOLDT Workforce Development Group Meeting 1/30/2014
- Tech21 Summer Internship Kick Off Meeting 2/12/2014
- Construction Admin and Professional Services Academy Mixer 2/19/2014
- Charity Cultural Services Center's Appreciation Day 2/27/2014
- Mock Interviews for Philip Burton High School 3/4/2014
- Collective Impact Love and Basketball Tournament 3/8/2014
- CCSF Construction Management Mixer 3/18/2014
- St. Luke's Campus Community Meeting 3/19/2014
- SFSU Project Engineer Summer Internship Recruitment Event 4/4/2014
- SF Conservation Corp Graduation 4/24/2014
- Laborer's Community Training Foundation Fundraiser 5/2/2014
- Collect Impact Fundraiser 5/8/2014
- CityBuild Academy Open House 5/9/2014
- Project Engineer Summer Intern Training Event 5/28/2014
- CityBuild Academy Graduation 6/5/2014
- Charity Cultural Services Center Fundraiser 6/20/2014
- SFCC – HerreroBOLDT Lower Polk Neighborhood Clean Up and Outreach
- SFUSD - Career Technical Education Internship 6/30/2014 & 7/2/2014
- Collective Impact Mentor Day – 7/7/2014
- Real World Learning: A Summer Showcase at OC – 7/10/2014
- St. Luke's Campus Community Advisory Group Meeting – 7/17/2014
- Cal Drywall Training Module at CityBuild - 7/28/2014
- Site Visit to Asian Neighborhood Design – 8/3/2014
- Construction Education Day – 8/14/2014
- Van Ness and Geary Campus Community Advisory Group Meeting 8/21/2014
- CPMC - HerreroBoldt Workforce Development Group Meeting 8/27/2014
- Asian Neighborhood Design Employer Advisory Group – 9/3/2014
- San Francisco Conservation Corps Presentation – 9/16/2014
- St. Luke's Campus Groundbreaking – 9/26/2014
- Ironworker's Gladiator Program Draft Day – 10/1/2014
- CityBuild Academy Open House – 10/3/2014



- Construction Careers Presentation – Young Community Developers – 10/7/2014
 - St. Luke's Campus Community Advisory Group Meeting – 10/15/2014
 - Asian Neighborhood Design Graduation – 10/27/2014
 - CityBuild Academy Cycle 19 Graduation – 10/27/2014
 - Construction Careers Presentation – San Francisco Conservation Corps – 11/7/2014
 - Sgt. Macaulay Park Event with La Voz Latinas – 12/22/2014
-
- We produce a quarterly newsletter to update the community around the Van Ness and Geary Campus about the activity generated by construction.

Exhibit A

Van Ness and Geary Campus Hospital Project Resident Hours 2014

Workforce Contractor Summary
HerreroBoldt Partners
Date before 12/31/2014

Contractor	Total Hours			Apprentice Hours			
	Total	San Francisco Residents	San Francisco Residents%	Total	Total%	San Francisco Residents	San Francisco Residents%
Categories							
Selected Projects							
TOTAL	104480.20	33992.20	32.53%	10269.45	9.83%	3868.25	3.70%
Art Alger Inc., DBA Peninsula Crane & Rigg	740.00			162.00	21.89%		
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	22.73%
Charles Pankow Builders, Ltd	4468.00	1058.50	23.69%	796.00	17.82%	454.00	10.16%
Clipper International	1396.50	734.00	52.56%				
CMC CONSTRUCTION- 2	53.50						
CMC Traffic Control Specialists dba CMC Cor	241.50			10.50	4.35%		
De Haro Ramirez Group	260.00	99.50	38.27%				
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
Ferma Corporation	34474.50	8830.00	25.61%	1411.50	4.09%	841.50	2.44%
Gerdau Reinforcing Steel	2479.50	77.00	3.11%	416.00	16.78%	77.00	3.11%
Herrero Contractors, Inc.	14421.45	6381.20	44.25%	3757.45	26.05%	606.25	4.20%
KING CRANE SERVICE	761.00			287.50	37.78%		
Kwan Wo Ironworks Inc.	1163.00	767.00	65.95%	345.00	29.66%	345.00	29.66%
Malcolm Drilling Company, Inc.	17394.00	5672.50	32.61%	1750.50	10.06%	1165.00	6.70%
MARTIN M. RON ASSOC. INC.	735.00	114.50	15.58%	29.00	3.95%	29.00	3.95%
MCGUIRE & HESTER	1600.50	243.50	15.21%	370.00	23.12%	162.00	10.12%
Phoenix Electric Company	911.50	424.25	46.54%	182.00	19.97%	149.50	16.40%
Reliance Engineering Inc	267.50						
Rosendin Electric, Inc.	8708.00	454.00	5.21%				
Ryan Engineering, Inc.	8931.00	6929.50	77.59%				
Safway Services, LLC - Burlingame	213.00	22.00	10.33%	84.50	39.67%	18.00	8.45%

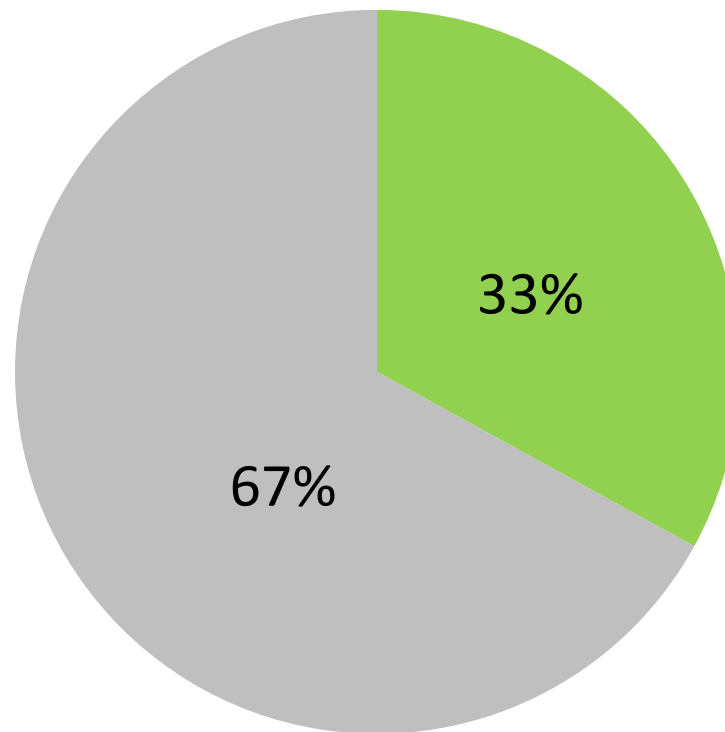
Sheedy Drayage Co	816.00	38.50	4.72%				
THE LAWSON ROOFING CO., INC.	2582.00	1126.50	43.63%	662.50	25.66%	16.00	0.62%
Yolanda's Construction Management and Tra	1150.75	1006.75	87.49%				

** NOTES: Projects List **

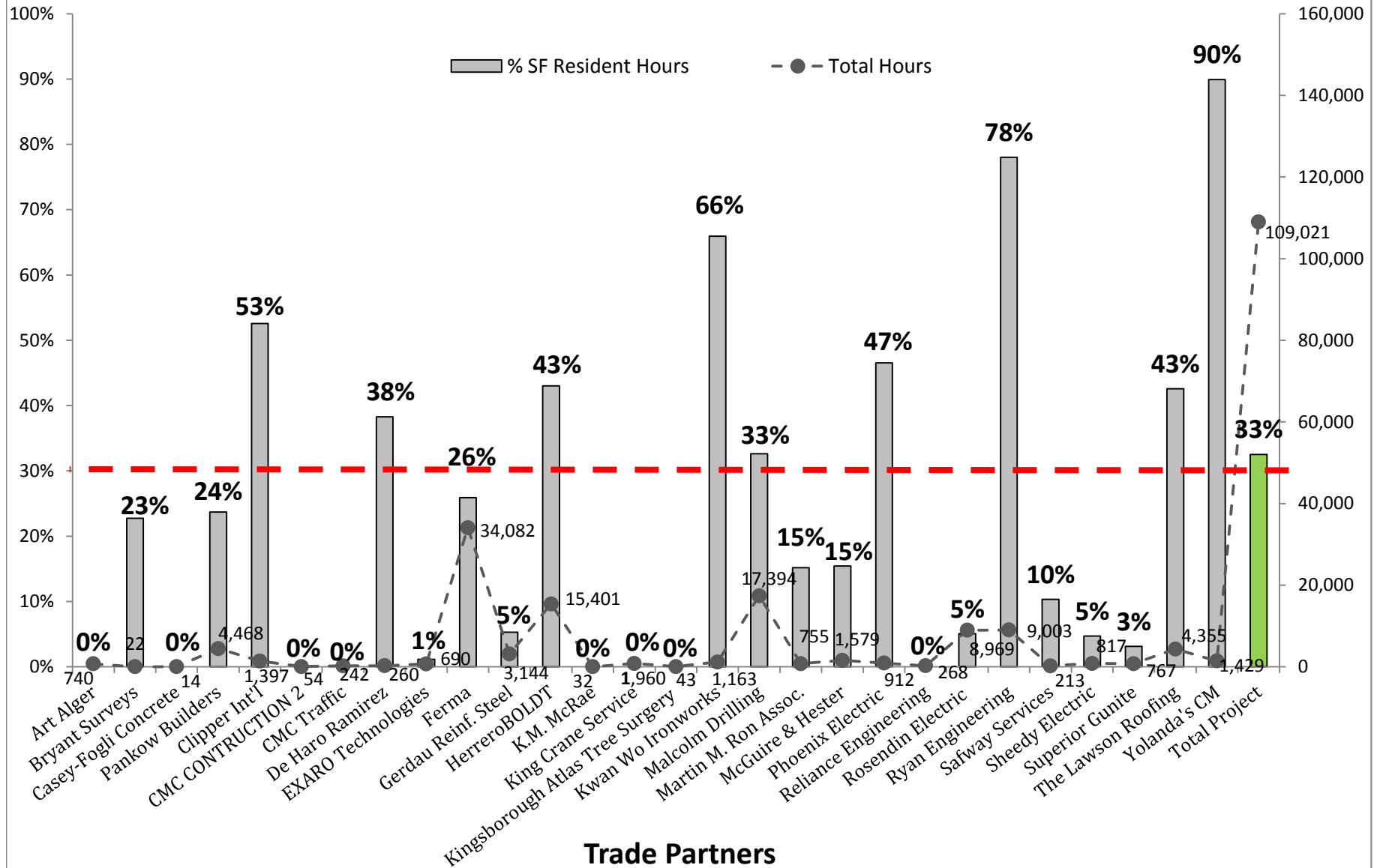
--Cathedral Hill Hospital

VNGC Hospital Summary Overall - December 2014

■ SF Resident Hours ■ Non San Francisco Resident Hours



VNGC SF Resident Hours Project Summary Overall - December 2014



The Replacement Hospital at the St. Luke's Campus Resident Hours 2014

Workforce Contractor Summary
HerreroBoldt Partners
Date before 12/31/2014

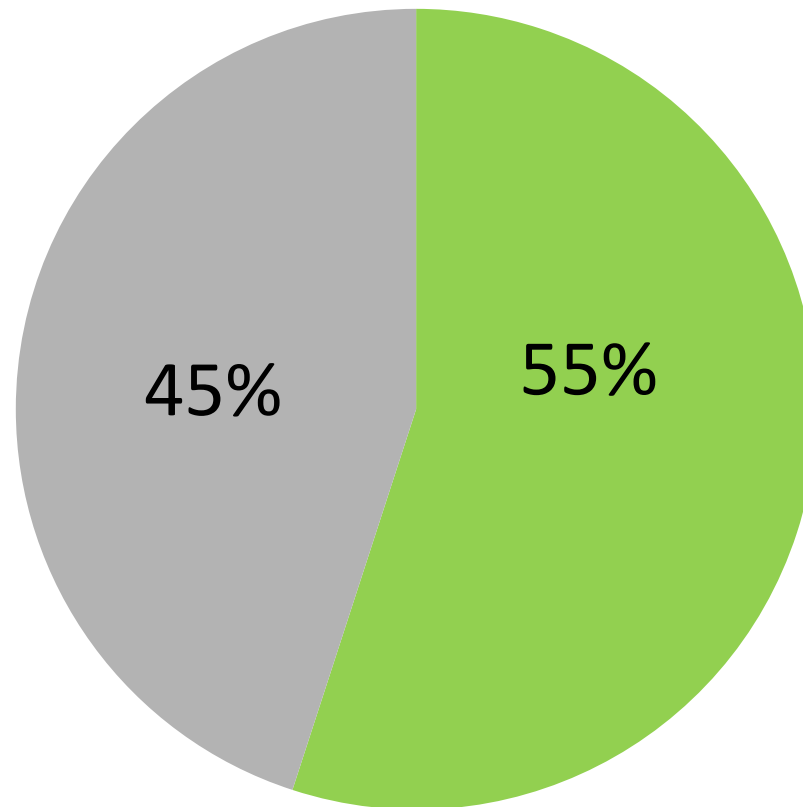
Contractor	Total Hours			Apprentice Hours			
	Total	San Francisco Residents	San Francisco Residents%	Total	Total%	San Francisco Residents	San Francisco Residents%
Categories							
Selected Projects							
TOTAL	16369.75	9080.00	55.47%	974.00	5.95%	963.00	5.88%
CONDON-JOHNSON & ASSOCIATES INC	242.00	13.00	5.37%				
De Haro Ramirez Group	35.00	11.00	31.43%				
Harrison Drywall Inc.	287.50			11.00	3.83%		
Herrero Contractors, Inc.	3236.00	1389.50	42.94%	673.50	20.81%	673.50	20.81%
NTK Construction, Inc.	6898.50	4944.50	71.68%	275.50	3.99%	275.50	3.99%
RLH FIRE PROTECTION	44.00	14.00	31.82%	14.00	31.82%	14.00	31.82%
Rosendin Electric, Inc.	543.00						
Ryan Engineering, Inc.	5030.75	2708.00	53.83%				
Southland Industries	53.00						

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

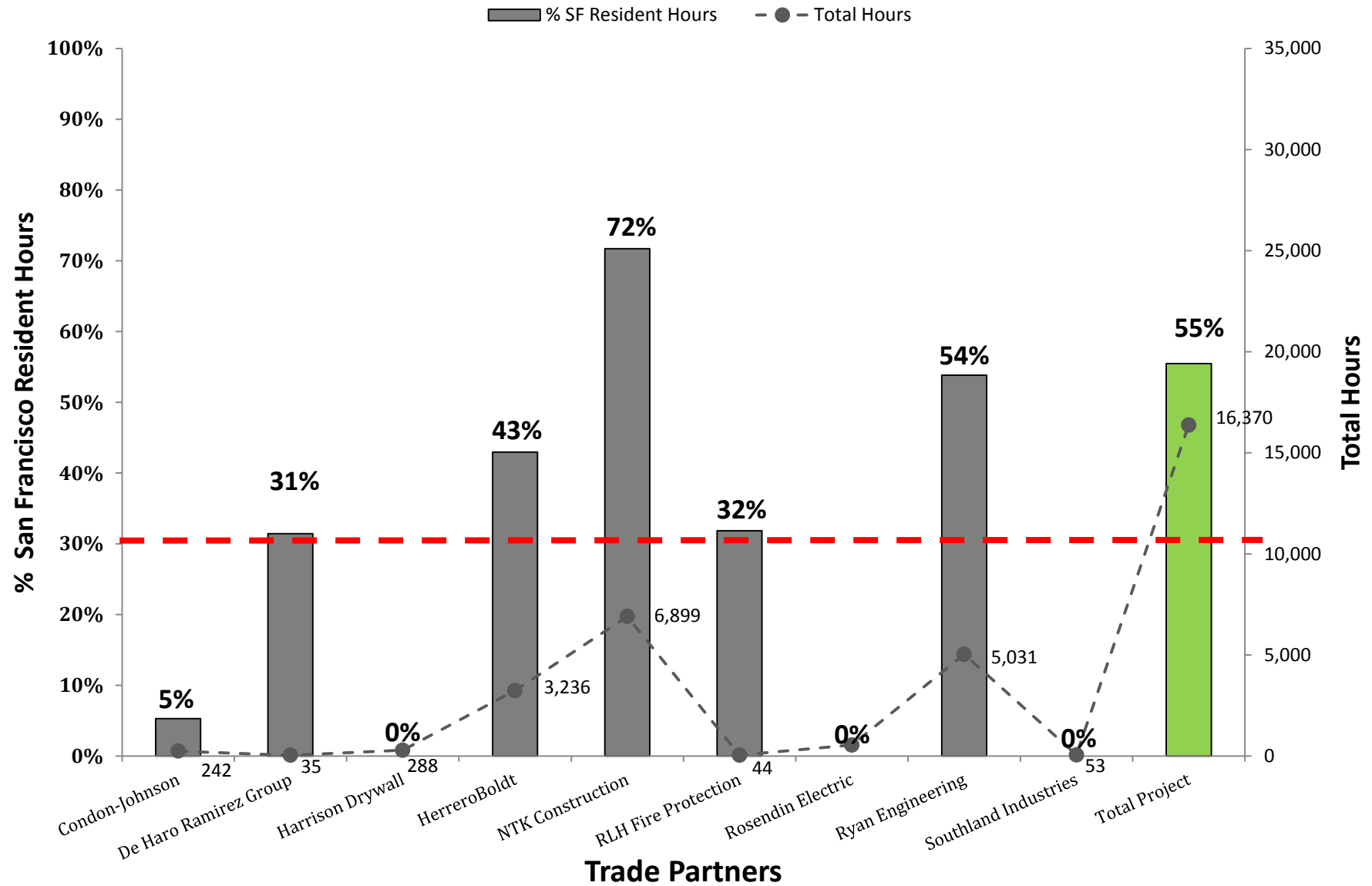
--Replacement Hospital at St Luke's Campus

The Replacement Hospital at St. Luke's Campus Project Summary Overall

■ San Francisco Resident Hours ■ Non San Francisco Resident Hours



The Replacement Hospital at St. Luke's Campus Project Summary Overall - December 2014



CPMC Combined Hospital Projects' Resident Hours 2014

Workforce Contractor Summary
HerreroBoldt Partners
Date before 12/31/2014

Contractor	Total Hours			Apprentice Hours			
	Total	San Francisco Residents	San Francisco Residents%	Total	Total%	San Francisco Residents	San Francisco Residents%
Categories							
Selected Projects							
TOTAL	120849.95	43072.20	35.64%	11243.45	9.30%	4831.25	4.00%
Art Alger Inc., DBA Peninsula Crane & Rigg	740.00			162.00	21.89%		
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	22.73%
Charles Pankow Builders, Ltd	4468.00	1058.50	23.69%	796.00	17.82%	454.00	10.16%
Clipper International	1396.50	734.00	52.56%				
CMC CONSTRUCTION- 2	53.50						
CMC Traffic Control Specialists dba CMC Cor	241.50			10.50	4.35%		
CONDON-JOHNSON & ASSOCIATES INC	242.00	13.00	5.37%				
De Haro Ramirez Group	295.00	110.50	37.46%				
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
Ferma Corporation	34474.50	8830.00	25.61%	1411.50	4.09%	841.50	2.44%
Gerdau Reinforcing Steel	2479.50	77.00	3.11%	416.00	16.78%	77.00	3.11%
Harrison Drywall Inc.	287.50			11.00	3.83%		
Herrero Contractors, Inc.	17657.45	7770.70	44.01%	4430.95	25.09%	1279.75	7.25%
KING CRANE SERVICE	761.00			287.50	37.78%		
Kwan Wo Ironworks Inc.	1163.00	767.00	65.95%	345.00	29.66%	345.00	29.66%
Malcolm Drilling Company, Inc.	17394.00	5672.50	32.61%	1750.50	10.06%	1165.00	6.70%
MARTIN M. RON ASSOC. INC.	735.00	114.50	15.58%	29.00	3.95%	29.00	3.95%
MCGUIRE & HESTER	1600.50	243.50	15.21%	370.00	23.12%	162.00	10.12%
NTK Construction, Inc.	6898.50	4944.50	71.68%	275.50	3.99%	275.50	3.99%
Phoenix Electric Company	911.50	424.25	46.54%	182.00	19.97%	149.50	16.40%
Reliance Engineering Inc	267.50						

RLH FIRE PROTECTION	44.00	14.00	31.82%	14.00	31.82%	14.00	31.82%
Rosendin Electric, Inc.	9251.00	454.00	4.91%				
Ryan Engineering, Inc.	13961.75	9637.50	69.03%				
Safway Services, LLC - Burlingame	213.00	22.00	10.33%	84.50	39.67%	18.00	8.45%
Sheedy Drayage Co	816.00	38.50	4.72%				
Southland Industries	53.00						
THE LAWSON ROOFING CO., INC.	2582.00	1126.50	43.63%	662.50	25.66%	16.00	0.62%
Yolanda's Construction Management and Tra	1150.75	1006.75	87.49%				

** NOTES: Projects List **

--Cathedral Hill Hospital

--Replacement Hospital at St Luke's Campus

CPMC Combined Projects Summary- December 2014

■ SF Resident Hours ■ Non San Francisco Resident Hours

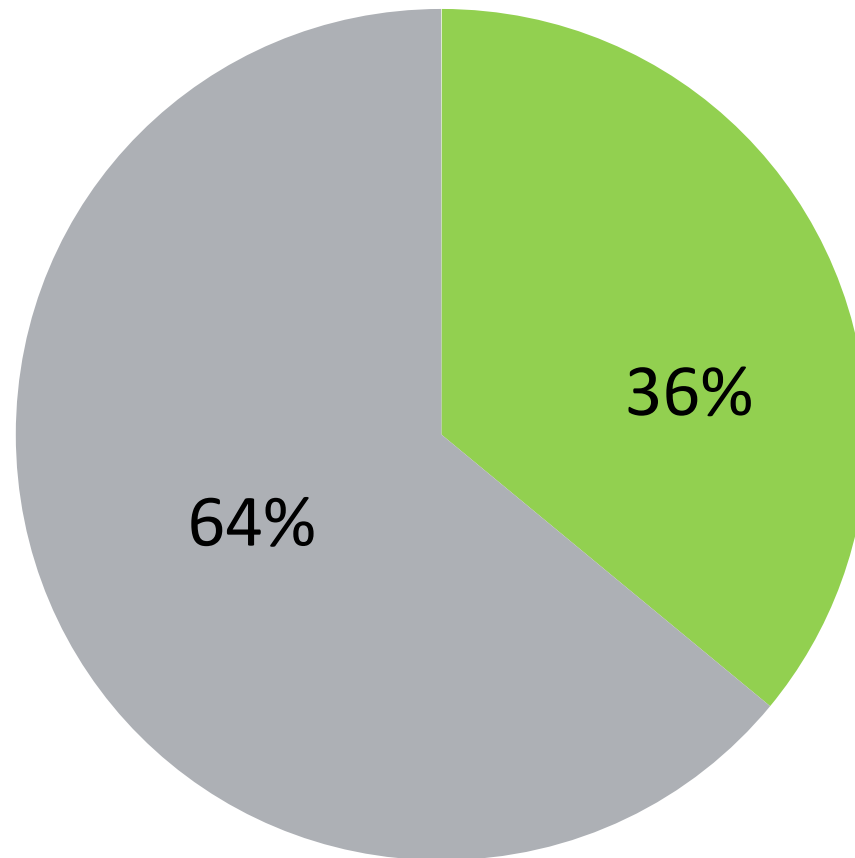


Exhibit B

18 New Apprentice Hires - CPMC

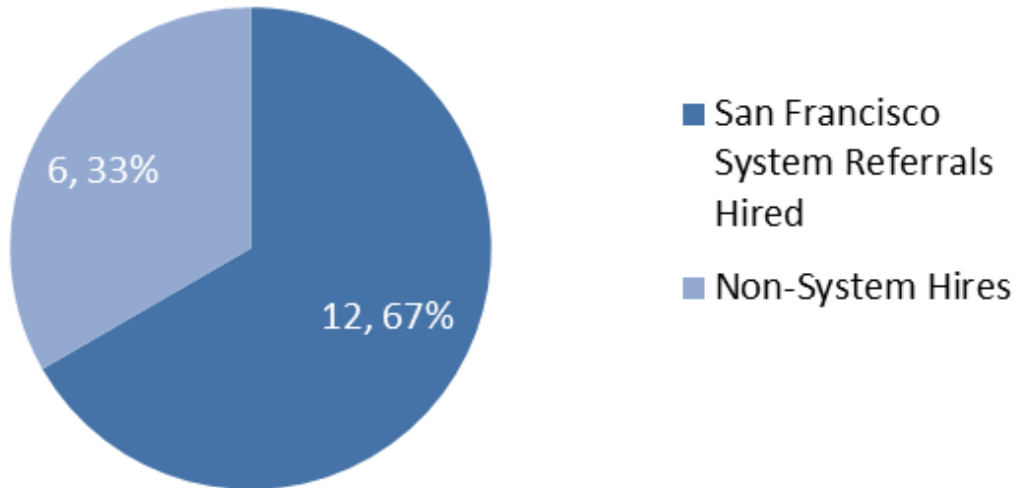


Exhibit C



Van Ness and Geary Campus Hospital Project Local Business Enterprise Utilization for 2014

Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14

HERREROBOLDT	0	74,045	12,137	74,396	104,776	37,928	40,762	64,174	111,666	49,417	40,557	45,832
Total LBE Billing - HB	21,418	378,062	555,645	397,617	367,755	1,592,500	175,304	147,366	516,007	1,424,277	392,989	565,344
Cumulative LBE Billing	862,361	1,240,423	1,796,068	2,193,685	2,561,440	4,153,941	4,329,244	5,784,759	6,237,029	7,661,306	8,054,295	8,619,639
HerreroBoldt Billing	38,034	3,420,794	3,876,850	3,711,806	3,711,807	4,523,893	7,074,622	15,505,034	8,079,434	6,652,547	7,052,419	6,167,167
Cumulative HB Billing	8,466,846	11,887,640	15,764,489	19,476,295	23,188,102	27,711,995	34,786,617	50,291,651	58,371,085	65,023,632	72,076,051	78,243,218
% LBE Monthly	56.3%	11.1%	14.3%	10.7%	9.9%	35.2%	2.5%	1.0%	6.4%	21.4%	5.6%	9.2%
% LBE Total - HB	10.2%	10.4%	11.4%	11.3%	11.0%	15.0%	12.4%	11.5%	10.7%	11.8%	11.2%	11.0%

St. Luke's Hospital Project Local Business Project Local Business Enterprise Utilization 2014

LBE Company	LBE Report	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Total LBE Billing - HB Hosp + MR		113,002	85,384	780,795	85,009	618,928	237,377	237,353	101,405	89,912
Cumulative LBE Billing		113,002	198,386	979,181	1,064,190	1,683,118	1,920,495	2,157,848	2,259,253	2,349,165
HerreroBoldt Billing		894,474	956,231	2,408,094	1,522,886	2,084,718	1,673,718	2,487,933	3,067,810	3,390,485
Cumulative HB Hosp + MR Billing		894,474	1,850,705	4,258,799	5,781,685	7,866,402	9,540,120	12,028,053	15,095,863	18,486,348
% LBE Monthly		12.6%	8.9%	32.4%	5.6%	29.7%	14.2%	9.5%	3.3%	2.7%
% LBE Total - HB Hosp + MR		12.6%	10.7%	23.0%	18.4%	21.4%	20.1%	17.9%	15.0%	12.7%

Collaborate, Really Collaborate

Tightly Couple Learning with Action

Increase Relatedness

Projects as Networks of Commitments

Optimize the Whole

ATTACHMENT 5

St. Luke's Milestone Completion Notices



RECEIVED

FEB 27 2014

CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
REGISTRATION DESK

To: Elizabeth Watty, Assistant Director of Current Planning, City and County of San Francisco

From: Phil Kay, Sutter Health

Date: February 27, 2014

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. The completion of the San Jose Avenue project milestone was managed by the Department of Public Works and was satisfied in 2013.

As indicated by the attached acceptance letter from the California Office of Statewide Health Planning and Development (OSHPD), the submittal of Increment 1 to OSHPD occurred on February 3, 2014 and, accordingly, this Milestone is satisfied. Please see updated construction schedule attached. There are no anticipated material delays in meeting future Milestones, assuming continued cooperation with OSHPD.

Very truly yours,

Phil Kay
Project Manager
Sutter Health

SMITHGROUP

architecture engineering interiors planning

TRANSMITTAL
www.smithgroup.com

PROJECT NAME

St Lukes Hospital

SUBJECT

OSHPD # H132655-38-0

TO

John Chin

ADDRESS:

OSHPD FDD

**400 R Street, Suite 200
Sacramento, CA 95811**

FROM

Reaz Haque, Project Architect

ADDRESS

**SmithGroup, 301 Battery Street, 7th Floor
San Francisco, CA 94111**

PROJECT NO

38412.000

DATE

FEBRUARY 3, 2014

E-MAIL FOR ARCHITECT

Reaz.Haque@SmithGroupJJR.com

TELEPHONE NO.

(415) 343-2022

WE ARE SENDING YOU: ATTACHED ☐

UNDER SEPARATE COVER ☒

VIA: Hand Carry

THE FOLLOWING

Increment 1, Segment 3A: Structural Foundation and Frame

Drawings: 2 copies, full size drawings

Structural Calculations: 2 copies

Letter of Authorization

Project Application Forms

OFFICE OF
STATEWIDE HEALTH
PLANNING AND
DEVELOPMENT
FACILITIES
DEVELOPMENT
DIVISION
2014 FEB 3 PM 2 38



To: Elizabeth Watty, Assistant Director of Current Planning, City and County of San Francisco

From: Phil Kay, Sutter Health

Date: June 9, 2014

Re: Milestone Completion Notice



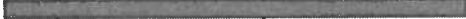


As required by Section 4.2.3 of the Development Agreement CPMC shall provide a Milestone Completion notice to the City within thirty days following the completion of each milestone listed in the Schedule and Phasing Plan (Exhibit C), from CPMC's project manager for the construction of the St. Luke's 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. The completion of the San Jose Avenue City Project milestone was managed by the Department of Public Works and was satisfied in 2013 and the submittal of Increment 1 to OSHPD by Sutter/CPMC occurred on February 3, 2014.

The attached Department of Public Works permit issuance occurred on May 2, 2014 and the San Jose Avenue CPMC Project began on May 5th, accordingly, this Milestone is satisfied. Please see attached construction schedule. There are no anticipated material delays in meeting future Milestones, assuming continued cooperation with OSHPD and the City and County of San Francisco.

Very truly yours,

Phil Kay
Project Manager
Sutter Health

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							



To: Elizabeth Watty, Assistant Director of Current Planning, City and County of San Francisco
From: Phil Kay, Sutter Health
Date: November 7, 2014
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 the attached acceptance letter from the California Office of Statewide Health Planning and Development (OSHPD), the approval of the Foundation Shoring permit occurred on August 5, 2014 and, accordingly, this Milestone is satisfied. The increment numbering system for this project was revised by OSHPD subsequent to the execution of the Development Agreement.

In addition, the project site was occupied by the General Contractor on October 9th to facilitate invasive soil testing and the shoring work began on October 21st, 2014 (see attached permit approval).

We do not have any updates to the construction schedule and do not anticipate material delays in meeting future Milestones at this time, assuming continued cooperation with OSHPD. We confirm that we expect to satisfy the St. Luke's Campus Hospital Opening Deadline.

Very truly yours,

Phil Kay
Project Manager
Sutter Health

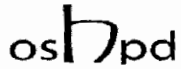
California Campus
3700 California Street

Davies Campus
Castro & Duboce Streets

Pacific Campus
2333 Buchanan Street

St. Luke's Campus
3555 Cesar Chavez Street

Mailing Address:
P.O. Box 7999
SF, CA 94120
(415) 600-6000



Office of Statewide Health Planning and Development

**Facilities Development Division**

400 R Street, Suite 200
Sacramento, CA 95811
Phone: (916) 440-8300
Fax: (916) 324-9188
www.oshpd.ca.gov/fdd

August 5, 2014

Stephen Peppler - C10625
SMITH GROUP
301 Battery Street, 7th Floor
San Francisco, CA 94111

Facility: California Pacific Medical Center-St. Lukes Hospital - 18188
3555 Cesar Chavez Street
San Francisco, CA 94110

Project #: I140001-38-04
Building Permit #: I140001-38-04-BPT01

Project Title: Increment 4, Foundation Shoring, Replacement Hospital at St. Luke's Campus

Enclosed is the Building Permit application package for this project. (The Building Permit application package includes the Application for Building Permit, the approved Application for Inspector of Record, and the approved Testing, Inspection and Observation (TIO) Program for the project listed above.) ***The Building Permit has been issued with comments on the plans and/or specifications. Before construction is completed, OSHPD Facilities Development Division (FDD) will back check the comments either in the field or at the OSHPD office. FDD will require compliance with the comments before construction pertaining to the comments may begin.***

Please post the Building Permit at the project site and maintain a complete set of the stamped, approved construction documents on-site at all times.

The ***OSH-FD-801 Notice of Start of Construction*** form must be submitted to the Office prior to beginning construction. The completed form must show the construction start date and include the name and address of the contractor, the contract price, and the date on which the contract was given.

Construction, in accordance with the approved construction documents, must commence by 06/30/2015 or this permit will be voided unless an extension has been requested and approved prior to this date.

All correspondence submitted to this Office must be identified by the OSHPD project number: I140001-38-04.

Verified Compliance Reports must be submitted to the Office in accordance with California Code of Regulations (CCR), Title 24.

August 5, 2014
Stephen Peppler
Project #: I140001-38-04
Building Permit #: I140001-38-04-BPT01
Page 2

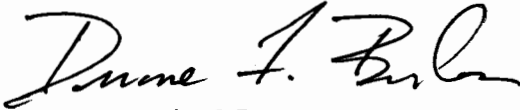
☒ TIO Program is **APPROVED WITH COMMENTS:**

☒ The identities of firms or individuals performing required tests shall be submitted to the OSHPD Compliance Officer prior to performance of the work.

☒ The identities of individuals performing required special inspections shall be submitted to the OSHPD Compliance Officer prior to performance of the work.

☒ Samples of tests and inspection reports shall be submitted to the OSHPD Compliance Officer prior to performance of the work.

If there are any questions, please contact me at (916) 440-8409 or by email at duane.borba@oshpd.ca.gov.



Duane F. Borba, P.E.
Regional Compliance Officer

Enclosures

cc: Licensing & Certification
Facility Representative
Project File
IOR

ATTACHMENT 6

Transportation Demand Management

CPMC Transportation Program

CPMC has certain survey and other obligations in connection with the enhanced Transportation Demand Management (TDM) Plan. These obligations commence in 2015. The existing elements of the TDM program that continue to be implemented by CPMC include employee, visitor and patient parking management, transit subsidies, pre-tax commute benefit program, carpool, carshare, bicycle, emergency ride and courtesy ride home programs.

Below is a summary of how CPMC has begun working in 2015 on the following:

Transportation Demand Management (TDM)	<ul style="list-style-type: none"> • CPMC hired a full-time, experienced TDM manager in April 2015. • Mandatory employee and physician commute baseline transportation surveys starting in July to gauge commute patterns, behavior and to provide benchmarks. • Collaborate with HR and Communications to create and launch an educational TDM outreach program utilizing new employee orientation, intranet updates, e-newsletters, campus posters and campus wide commute expos (Sept-Dec.). Educational outreach to include: <ul style="list-style-type: none"> -CPMC mycommute branding -Pre-tax commute benefit that we offer through WageWorks -San Francisco Emergency Ride Home (ERH) Program -BART Shuttles and BART Service Schedules -Carpool formation assistance with free preferential parking -Personalized commuting assistance • Review and scope of current CPMC shuttle program operation <ul style="list-style-type: none"> -Operation efficiencies, service standards and expansion to meet the increasing ridership demand especially from BART stations -Improve CPMC shuttle stop signage in designated campus white zones -Increase fleet size with 2 additional 25 passenger buses -Cost assessment of purchasing alternative fuel vehicles -Rebranding shuttles • TDM assessments at each campus started in April of 2015 <ul style="list-style-type: none"> -Carpool designated parking and signage -Zipcar and City Carshare locations and utilization -Bike racks and safe riding/parking signage -Dedicated TDM information bulletin boards
---	--

2014 CPMC ON-SITE PARKING, CARPOOL AND BICYCLE FACILITIES			
CAMPUS	ON-SITE PARKING SPACES	EMPLOYEES REGISTERED CARPOOL	BIKE PARKING SPOTS
PAC	477	2	30
CAL	526	22	34
DAV	431	1	38
STL	212	3	12
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)

2014 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	379
CAL	Geary Mall Garage 5200 Geary Blvd. San Francisco 94114	80	53
F O L S O M	777 Harrison St. San Francisco 94107	8	8
	350 2nd Street San Francisco 94107	9	9
	75 Hawthorne St. San Francisco 94105	6	6
	24 Hrs Fitness San Francisco 94107	6	6
1825 Sac	Staples Garage San Francisco 94109	50	47
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.			